

PMIC Digital Book Series

MEDICAL FEES 2020

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BOOK

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ISBN: 978-1-57066-559-2 (print)
978-1-57066-430-4 (e-book)

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Printed in the United States of America

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FOREWORD

Fee strategies are becoming more and more important as the very structure of health care delivery changes. It is absolutely critical to the success of your medical practice for you to carefully review, analyze and adjust your fees frequently. This comprehensive publication is designed to help you accomplish this formidable task accurately, quickly, and easily.

Medical Fees 2020, our 25th annual edition, is a listing of medical procedure codes, descriptions, UCR fees at the 50th, 75th and 90th percentiles, Medicare fees and Medicare relative value units. The UCR fees listed in this publication are derived from an analysis of over 600 million actual charges. The CPT codes and descriptions are from the official CPT 2020 as published by the American Medical Association. The Medicare fees and RVUS are taken from the Medicare Physician Fee Schedule for Calendar Year 2020 as published in the *Federal Register*.

As I have written in numerous publications over the past 30 years, for every single physician that anyone can find who may be “over-Charging” for medical services and procedures, I can find nine who are not charging enough. *Medical Fees 2020* provides complete, accurate, and statistically valid information regarding usual, customary and reasonable (UCR) as well as Medicare fees and provides an excellent resource for reviewing, adjusting and setting fees.

James B. Davis
Publisher & Editor

DISCLAIMER

This publication is designed to offer basic information regarding medical fees and fee schedule management. The information presented is based upon extensive analysis of various fee databases and the experience and interpretations of the authors. Though all of the information has been carefully researched and checked for accuracy and completeness, neither the authors nor the publisher accepts any responsibility or liability with regard to errors, omissions, misuse or misinterpretation.

CONTRIBUTORS

Medical Fees 2020 is the result of a publishing collaboration between Context4 Healthcare Inc. and Practice Management Information Corporation.

Context4 Healthcare Inc.

Context4 Healthcare Inc. is a leading developer of reimbursement products for the health care industry. Perhaps best known for its CodeLink, Claims Editor and ICD-9-CM software programs, the firm also markets numerous fee, coding and regulatory database products. Context4 Healthcare Inc. products are used by thousands of health care organizations, from solo physician practices to Fortune 500 companies.

Context4 Healthcare Inc. usual, customary and reasonable (UCR) databases were developed over several years by a team of fee experts and mathematicians and were constructed using hundreds of millions of actual submitted charges evenly distributed throughout the United States. To ensure accuracy, charge data was obtained from a variety of sources including third-party payers, clearinghouses, practice management system vendors, billing services, universities, medical practices, hospitals and the Centers for Medicare and Medicaid Services (CMS). In addition to these sources, a database of more than 600 million submitted charges was utilized for reference.

Practice Management Information Corporation (PMIC)

PMIC is the nation's leading independent publisher and distributor of coding, payment and practice management books and software. The company is known for its innovative, high quality products and excellent customer service. Over 100,000 physicians, hospitals, insurance carriers, and other health care professionals regularly choose PMIC for their coding and compliance resources.

PMIC specializes in creating “tools for the business of medicine” by reviewing the work methods, work spaces, and content needs of its customers and then adapting its products to those needs. To create this publication, PMIC takes raw CPT/UCR data from Context4 Healthcare Inc., adds comprehensive introductory materials, full CPT descriptions, and then applies proprietary formulas to estimate fees for new medical services and procedures.

James B. Davis, Editor

Medical Fees has been edited since its inception by James B. Davis, founder and President of Practice Management Information Corporation (PMIC). Mr. Davis has worked with health care professionals for over 40 years and is a nationally known expert in the areas of medical coding, compliance and practice management. Prior to founding PMIC he was an executive with Cedars-Sinai Medical Center and later founded Professional Data Systems (PDS) where he was responsible for processing over \$1 billion in medical claims. He is the author or editor of over 250 books on the subjects of medical coding, billing, reimbursement and practice management and has given seminars to hundreds of health care professionals nationwide.

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TERMINOLOGY

Managing the medical fee schedule and reimbursement process requires a fundamental working knowledge of the words and acronyms used by health care professionals, government agencies, health insurance plans and third party payers to describe services, benefits and reimbursement policies. While glossaries are most often found in the back of books, we feel that readers should have an opportunity to review and learn new terminology before they encounter it within the text.

AAPCC: Adjusted Average Per Capita Cost

Accident and health insurance: Insurance under which benefits are payable in case of disease, accidental injury, or accidental death.

Actual charge: One of the factors determining a physician's payment for a service under Medicare; equivalent to the billed or submitted charge.

Adjusted average per capita cost (AAPCC): An estimate of the average per capita cost incurred by Medicare for each beneficiary in the fee-for-service system, adjusted by county for age, sex, program entitlement and geographic cost difference.

Adjusted historical payment basis (AHPB): The AHPB for a service in a locality is the average payment for that service under the current system.

Age/Sex rating: A method of structuring capitation payments based on enrollee/ membership age and sex.

AHPB: Adjusted Historical Payment Basis

Allowed charge [approved charge]: The amount Medicare approves for payment to a physician. Typically, Medicare pays 80 percent of the approved charge and the beneficiary pays the remaining 20 percent. Physicians may bill beneficiaries for an additional amount above the approved charge.

Alternative Delivery System (ADS): A system of delivering health care benefits that is different from traditional indemnity systems. An HMO is an example of an ADS.

AMA: American Medical Association

Ambulatory Surgery: A surgical procedure for which a patient is admitted, treated and discharged the same day; also referred to as outpatient surgery.

Ambulatory Surgery Center (ASC): Any distinct entity that operates exclusively for the purpose of providing surgical services to patients not requiring hospitalization.

Annual deductible: See Deductible.

Antitrust Laws: Laws that prohibit institutional mergers and acquisitions, exclusive contracts, joint ventures, and other business dealings in areas that may substantially reduce competition or have a tendency to produce a monopoly, and consequently have a detrimental effect on consumer welfare.

Approved charge: Payment for a physician service under CPR. Includes Medicare payment and the beneficiary's coinsurance, but not any balance bill. Also called Allowed Charge or Reasonable Charge.

ASC: Ambulatory Surgical Center

Assignment of benefits: A procedure whereby the subscriber authorizes the carrier to make payment of allowable benefits directly to the provider.

Assignment (Medicare): The term used to refer to a physician's decision to accept Medicare's allowed charge as payment in full; a guarantee not to balance bill.

Assistant-at-surgery: An individual who has the necessary qualifications to participate in a

particular operation and actively assists in performing the surgery.

Balance bill/extra bill: Physicians' charges exceeding the Medicare-allowed charge.

Balance billing: Billing the patient or beneficiary for any fee in excess of the amount allowed by the insurance carrier.

Beneficiary: A person eligible to receive benefits under a health care plan. The term is commonly used with Medicare and Medicaid. Under Part B of Medicare, Americans over 65, many disabled individuals, and certain individuals with end-stage renal disease can become beneficiaries by paying a monthly premium.

BMAD: Part B Medicare Annual Data Files

Bonus Payment: An additional amount paid by Medicare for services provided by physicians in Health Professional Shortage Areas (HPSAs).

Bundling: The use of a single payment for a group of related procedures or services.

Capitation: A census-driven reimbursement system wherein a fixed amount is paid per patient enrolled monthly to the physician to cover services.

Carrier: The insurance company which writes and administers the health insurance policy.

Carrier [Medicare]: A private contractor who administers claims processing and payment for Part B Medicare services. *See Part B [Medicare].*

Case management: Monitoring and coordinating the delivery of health services for individual patients to enhance care and manage costs. Often used for patients with specific diagnoses or who require high-Cost or extensive health care services.

Case rate: A fixed fee for all care associated with a specific procedure.

CF: Conversion Factor

Charge reduction [Medicare]: The percentage difference between a provider's billed charge and the Medicare allowed charge.

Claim: A demand to the carrier, by the insured person, for payment of benefits under a policy.

Claim form: A form used to present claim information in an organized manner to the carrier. See CMSL500.

Clinical Laboratory Improvement Act (CLIA): Set standards to be met by all clinical laboratories, regardless of location, size, or type of laboratory. These standards are based on the complexity of tests performed by the laboratory. Regulations define four levels of testing complexity: waived, moderate complexity, and physician-performed microscope procedures. The Health Care Financing Administration requires all laboratories to register in order to perform testing at any or all of these levels.

CMS: Centers for Medicare and Medicaid Services. The government agency which administers the Medicare and Medicaid programs, formerly known as the Health Care Financing Administration (HCFA).

CMS1500: A universal insurance claim form that is mandated for Medicare billing and generally accepted by all insurance carriers.

COB: Coordination of Benefits

COBRA: Consolidated Omnibus Budget Reconciliation Act of 1985. P.L. 99-272, enacted April 1986.

Coding: The process of choosing codes which properly identify and define medical services and procedures and diagnoses.

Coinsurance: The portion of the balance of covered medical expenses which a beneficiary must pay after payment of the deductible. Under Medicare Part B, the beneficiary pays

coinsurance of 20 percent of allowed charges.
See Deductible.

Competitive pricing: Pricing methods that use market information to establish payment rates that reflect the costs of an efficient HMO or health care provider. One well-known method is competitive bidding, which elicits information on costs through a bidding process.

Comprehensive medical insurance: A policy designed to give the protection offered by both a basic and a major medical health insurance policy.

Conditions of Participation (COP): COPs are statutory requirements that facilities must meet in order to enter into various Medicare/Medicaid contracts with CMS. These standards include those regarding the facility's governing body and management; its compliance with federal, state, and local laws pertaining to health and safety; its procedure for protecting client rights and keeping client records; and its staffing and provision of services under arrangement with outside sources.

Consolidated Omnibus Budget Reconciliation Act (COBRA): Requires an employer to offer employees and their dependents the opportunity to continue their group health coverage under the employer's plan upon the occurrence of certain events that otherwise would cause them to lose their employment-related health plan coverage. COBRA imposes a host of rules governing the obligations and duties of both employers and qualified beneficiaries involved in coverage-Continuation situations. Specific rules under COBRA, for example, address such issues as the length of the required coverage period, notification requirements for employers and plan administrators, procedures for electing continuation coverage, premiums the employer may require beneficiaries to pay, and the circumstances under which an employer may terminate COBRA coverage short of the full continuation period.

Conversion factor: The multiplicative factor applied to the relative value scale to produce a schedule of dollar amounts of payment for physicians.

Conversion factor update: Annual percentage change to the Medicare Fee Schedule conversion factor, established by the Congress or the default formula under Volume Performance Standards.

Coordination of Benefits (COB): A provision in an insurance plan that when a patient is covered under more than one group plan, benefits paid by all plans will be limited to 100 percent of the actual charge.

Copayment: A type of cost sharing where the insured party is responsible for paying a fixed dollar amount per service. Sometimes used more generally as a synonym for cost sharing.

Cost of practice index [Medicare]: A measurement of the differences across geographic areas of the cost of operating a medical practice.

Cost sharing: The portion of payment for health expenses that the beneficiary must pay, including the deductibles, copayments, coinsurance, and balance bill.

Cost shifting: A situation wherein a health care provider compensates for the effect of lower revenue from one payer by increasing charges to another payer.

Coverage decision: A decision by a health plan or insurer whether to pay for or provide a medical service or technology for particular clinical indications.

CPI: Consumer Price Index

CPR: Customary, Prevailing, and Reasonable. The method used by Medicare to determine payments to providers prior to the Medicare Fee Schedule.

CPT [Current Procedural Terminology]: A system of procedure codes and descriptions, and rules and conventions used by medical

procedures to classify and report services and procedures. This procedure coding system is accepted by virtually all commercial insurance carriers and is mandated by Federal law for Medicare and Medicaid and other government health programs.

CQI: Continuous Quality Improvement

Cross-over patient: A patient who has both Medicare and Medicaid coverage.

CRS: Congressional Research Service

Current Procedural Terminology: See CPT.

Customary charge: One of the factors determining a physician's payment for a service under Medicare. Calculated as the physician's median charge for that service over a prior 12-month period. See Customary, Prevailing, And Reasonable.

Customary, Prevailing, and Reasonable (CPR): The method of paying physicians under Medicare from 1965 until implementation of the Medicare Fee Schedule in January 1992. Payment for a service was limited to the lowest of 2) the physician's billed charge for the service; 2) the physician's customary charge for the service; or 3) the prevailing charge for that service in the community. Similar to the usual, customary, and reasonable system used by private insurers.

Deductible: A stipulated amount which the covered person must pay toward the cost of medical treatment before the benefits of the program go into effect. Medicare Part B has an annual deductible of •100.

Deductible carryover: A feature of an insurance plan whereby covered charges in the last three months of the year may be carried over to be counted toward the next year's deductible.

Diagnosis related groups (DRGs): A system of classifying medical cases for payment on the basis of diagnoses. Used under Medicare's

prospective payment system (PPS) for inpatient hospital services.

Direct costs: The labor, supply and equipment costs directly attributable to the provision of a specific service.

DME: Durable Medical Equipment

DME-MAC: Durable Medical Equipment Medicare Administrative Contractor (formerly known as DMERC). Four contracted regional carriers which process Medicare claims for DME, orthotics, prosthetics and supplies. Providers are required to obtain supplier numbers and disclose ownership prior to submitting claims.

Down coding: A process used by insurance carriers to reduce the value of billed procedures by changing the codes submitted to ones of lower value. Procedure code and procedure description mismatch, and diagnosis code not supporting the level of care are the two most common opportunities for insurance carrier down coding.

DRG: Diagnosis Related Groups

E/M: Evaluation and Management

Electronic claim: A claim form which is processed and delivered from one computer to another via some form of magnetic media (magnetic tape, diskette) or via telecommunications (telephone link).

EM: Evaluation and Management

EMC: Electronic Media Claim

EOB [Explanation of Benefits]: A form included with a check from the insurance carrier which explains the benefits that were paid and/or charges that were rejected.

EOMB: Explanation of Medicare Benefits

Evaluation and Management (EM) services: Nontechnical services provided by most physicians for the purpose of diagnosing

and treating diseases and counseling and evaluating patients.

Exclusions: Specific services or conditions which the policy will not cover or which are covered at a limited rate.

Explanation of Benefits: See EOB.

Fee-For-Service (FFS): Refers to paying medical providers for individual services rendered. UCR, CPR, and Fee Schedules are examples of fee-for-service systems.

Fee schedule payment areas: Geographic areas within which payment for a given service under the fee schedule will be the same. See Geographic Adjustment Factor.

Fee schedule: A list of predetermined payments for medical services.

FFS: Fee-for-Service

Fiscal Intermediary (FI): A private contractor who administers claims for Part A services (for example hospital and nursing home) and some Part B services (such as hospital outpatient departments).

FY: Fiscal Year

GAF: Geographic Adjustment Factor

Gaming: Gaining advantage by using improper means to evade the letter or intent of a rule or system.

Generalists: Physicians whose training and practice is not limited by health condition or organ system, who provide comprehensive and continuous services, and who make decisions about treatment for patients presenting with undifferentiated symptoms. Typically include family practitioners, general internists, and general pediatricians.

Geographic Adjustment Factor (GAF): The adjustment made to a service's fee in the Medicare Fee Schedule to determine the correct payment in each fee schedule payment area. As defined in OBRA89, the geographic

adjustment factor for a service is created by combining three separate adjustment factors, one for each component of the Medicare Fee Schedule: physician work, practice expense, and malpractice expense. The adjustment factors for physician work, practice expense, and malpractice are based on the same measures that underlie the GPCI.

Geographic Adjustment Method

(Medicare): The method used to convert Medicare U.S. average fee-for-service per capita costs (USPCCs) to the local adjusted average per capita costs (AAPCCs) used to pay Medicare risk contracting HMOs.

Geographic Practice Cost Index (GPCI):

An index summarizing the prices of inputs to physician services in an area relative to national average prices. The GPCI as originally defined is based on three components, reflecting the opportunity cost of physician work, the costs of goods and services that comprise practice expenses, and malpractice expenses. The GPCI is a single measure that combines these three fixed shares, while the GAF of the Medicare Fee Schedule allows for each service to reflect different shares, creating a GAF for each service. See Geographic Adjustment Factor.

Global service: A group of clinically related services that are treated as a single unit for the purpose of coding, billing, and payment.

Global surgery policy: The payment policy in the Medicare Fee Schedule that specifies the surgical procedure and the related services and visits which are included in a global surgical fee. Separate payment is permitted for the initial evaluation, services for unrelated problems, and return trips to the operating room because of complications.

GPCI: Geographic Practice Cost Index

Harvard relative value study: A study completed by William Hsiao, Ph.D. at Harvard University to develop a resource-based relative value scale and to be used to develop the Medicare Fee Schedule.

HCPCS: See Health Care Common Procedure Coding System.

Health Care Common Procedure Coding System (HCPCS): Coding system based on CPT, but supplemented with additional codes for nonphysician services; required for coding by Medicare carriers.

Health Maintenance Organization (HMO): A type of managed-Care plan that acts as both insurer and provider of a comprehensive set of health care services to an enrolled population. Benefits are financed through capitation with limited copayments, and services are provided through a system of affiliated providers.

Health plan: An organization that acts as an insurer for an enrolled population. May be structured as a fee-for-service or managed care plan.

Health Professional Shortage Areas (HPSAs): Replaces Health Manpower Shortage Areas (HMSAs). A Health Professional Shortage Area means any of the following which the Secretary of the Department of Health and Human Services determines has a shortage of health professionals: (1) an urban or rural area (which need not conform to the geographic boundaries of a political subdivision and which is a rational area for the delivery of health services); (2) a population group; (3) a public or nonprofit private medical facility. Designated HPSAs can apply for National Health Services Corps (NHSC) personnel, or be eligible for the NHSC scholarship program or health profession student loan program.

HHS: U.S. Department of Health and Human Services (also referred to as DHHS).

HI: Hospital Insurance

HMO: An organization that provides comprehensive health services to its members in return for a fixed prepaid fee. There are four types of HMOs: group, staff, independent practice association, and network.

Home Health Agency (HHA): An HHA is a public or private agency or organization, or part of an agency or organization, that meets the requirements for participation in Medicare, that provides services to a beneficiary at this or his or her place of residence, on his or her physician's orders.

Home Health Care (HHC): HHC consists of the services provided to a recipient at his place of residence on physician's orders as part of a written plan of care. These services include nursing service, home health aide service, physical or occupational therapy, and speech pathology and audiology services. Medical supplies, equipment, and appliances suitable for use in the home are also covered under HHC.

HPSA: Health Professional Shortage Area

HSA: Health Service Area

ICD-9-CM [International Classification of Diseases – 9th Revision – Clinical Modification]: A standardized system of describing diagnoses by code numbers developed and maintained by the World Health Organization. Replaced by ICD-10-CM in 2015.

ICD-10-CM [International Classification of Diseases – 10th Revision – Clinical Modification]: A standardized system of describing diagnoses by code numbers developed and maintained by the World Health Organization. Implemented nationwide in 2015.

ICD-10-PCS [International Classification of Diseases- 10th Revisions – Procedure Coding System]: A standardized system of describing procedures performed in the acute hospital setting. Replaced ICD-9-CM Volume 3 Procedure Codes in 2015.

Indemnity schedule: See *Schedule of Allowances*.

Independent Practice Association (IPA): An HMO that contracts with individual physicians to provide services to HMO

members in a negotiated per capita or fee-for-service rate. Physicians maintain their own offices and can contract with other HMO's and see other fee-for-service patients.

Insurance clerk: One of the health care professional's employees assigned the very important job of managing insurance claims in the medical office.

Insured: The person who represents the family unit in relation to the insurance program. Usually the employee whose employment makes this coverage possible.

Insurer: See CARRIER.

Intermediary: An insurance carrier, or data processing company, designed to receive and process Medicare or Medicaid claims on behalf of the government.

International Classification of Diseases: See ICD-10-CM.

IPA: See *Independent Practice Association*.

LCL: Lowest Charge Level Limit

Level 2 codes: See HCPCS.

Limited License Practitioner (LLP): A professional licensed to perform certain health services in independent practice (for example, podiatrists, dentists, optometrists, and chiropractors).

Limiting charge: The maximum amount that a nonparticipating physician is permitted to charge a Medicare beneficiary for a service; a limit on balance billing.

LLP: Limited License Practitioner

Local codes: See HCPCS.

Locality [Medicare]: A geographic area for which a carrier calculates prevailing charges. Localities can be states, aggregations of counties, parts of counties, metropolitan zip code areas, or townships.

Long Term Care (LTC): Health care for patients with chronic disabilities or who suffer from chronic disease requiring assistance with routine activities of daily living.

MAAC [Maximum Allowable Actual Charge]: A limitation on billed charges for Medicare services provided by non-participating physicians. For physicians with charges exceeding 115 percent of the prevailing charge for nonparticipating physicians, MAACs limit increases in actual charges to 1 percent a year. For physicians whose charges are less than 115 percent of the prevailing, MAACs limit actual charge increases so they may not exceed 115 percent. See *Actual Charge, Nonparticipating Physician*.

Major medical insurance: Health insurance to finance the expense of major illnesses and injuries. Major medical policies usually include a substantial deductible clause. Above the initial deductible, major medical insurance is characterized by large benefit maximums.

Malpractice expense: The cost of professional liability insurance incurred by the physicians. A component of the Medicare relative value scale.

Managed care: Any system of health service payment or delivery arrangements where the health plan attempts to control or coordinate use of health services by its enrolled members in order to contain health expenditures, improve quality, or both. Arrangements often involve a defined delivery system of providers with some form of contractual arrangement with the plan.

Management Service Organization (MSO): An entity which provides practice management and other support services to physicians. May include administrative support services such as marketing, billing, financial management, nursing pools, and staff recruitment, etc. Some MSOs purchase the assets of physician practices outright, install office managers and other personnel, and hire physicians through professional service contracts.

Maximum fee schedule: A compensation arrangement in which a participating physician agrees to accept the Schedule of Allowances as his total fee for covered services.

Maximums: The top limit of the amount a carrier will pay for a specific benefit or policy during a specified time period.

Medicaid: A program of federal matching grants to the states to provide health insurance for the poor and medically indigent. States share in financing the program and determine eligibility and benefits consistent with federal standards.

Medicare cost contract: A contract between Medicare and a health plan under which the plan is paid on the basis of reasonable costs to provide some or all of Medicare-Covered services for enrollees.

Medicare Economic Index (MEI): An index that tracks changes over time in physician practice costs and general earnings levels. Since 1975, increases in prevailing charge screens have been limited increases in the MEI. *See Prevailing Charge.*

Medicare Fee Schedule (MFS): The resource-based fee schedule currently used by Medicare to pay for physicians' services. This fee schedule is based on resource costs, and composed of factors representing physician work and practice costs.

Medicare: A federal health insurance program for people 65 or over and for disabled persons with chronic renal disorders.

Medigap insurance: Private health insurance policies designed to supplement Medicare coverage. Benefits may include payment of Medicare deductibles, coinsurance, and balance bills, and payment for services not covered by Medicare.

Mediplan Health Care Act: Health care reform proposal introduced by Representative Fortney "Pete" Stark (H.R. 2610).

MEI: Medicare Economic Index

MFS: Medicare Fee Schedule

Modifiers: Codes used to supplement CPT or HCPCS codes that permit payment to differ for a subset of services billed. They may indicate that the service has been changed in some way.

MSA: Metropolitan Statistical Area

MSO: Management Services Organization

MSP: Medicare Secondary Payor

MUA: Medically Underserved Area

National Claims History (NCH) system: A CMS data reporting system that combines both Part A and Part B claims in a common file.

National codes: See HCPCS.

National practitioner data bank: A permanent record maintained by the U.S. Public Health Service of disciplinary actions taken against physicians and all payments made on behalf of physicians for actual or potential malpractice claims.

NCH: National Claims History (Medicare)

NCQA: National Committee for Quality Assurance

Non-participating physician [Medicare]: A physician who does not sign a Medicare participation agreement, and therefore is not obligated to accept assignment on all Medicare claims. Frequently defined as Nonpar. See Participating Physician, Participating Physician and Supplier Program.

Nonphysician Practitioner (NPP): A health care professional who is not a physician. Examples of NPPs are advance practice nurses, physician assistants, and certified registered nurse anesthetists.

NPP: Nonphysician Provider

Outcome: The consequence of a medical intervention on a patient.

Outcomes and effectiveness research: Medical or health services research that attempts to identify and understand the clinical outcomes (including mortality, morbidity, and functional status) of the delivery of health care.

Overvalued procedure: Procedures whose prevailing charges have been reduced because they were considered “overvalued” by historical CPR.

Paid amount: The portion of a submitted charge that is actually paid, by both third-party payers and the insured, including copayments and balance bills. For Medicare this amount may be less than the allowed charge if the submitted charge is less, or it may be more because of balance billing.

PAR: Participating Physician and Supplier Program (Medicare)

Part A [Medicare]: The Hospital Insurance program, which covers the cost of hospital and related posthospital services. As an entitlement program, it is available without payment of a premium. Beneficiaries are responsible for an initial deductible per spell of illness and coinsurance for some services.

Part B [Medicare]: The Supplementary Medical Insurance program (SMI); covers the costs of physician services, outpatient laboratory and x-ray tests, durable medical equipment, outpatient hospital care, and certain other services. As a voluntary program, Part B requires payment of a monthly premium. Beneficiaries are responsible for a deductible and coinsurance payment for most covered services. See Beneficiary.

Partial capitation: An insurance arrangement where the payment made to a health plan is a combination of a capitated premium and payment based on actual use of services; the proportions specified for these components determine the insurance risk faced by the plan.

Participating Physician and Supplier

Program (PAR): A program that provides financial and administrative incentives for physicians and suppliers to agree in advance to accept assignment on all Medicare claims for a one-year period.

Participating physician: A physician who signs a participation agreement, agreeing to accept assignment on all Medicare claims for a period of one year. Frequently referred to as PAR.

Payment rate: The total amount paid for each unit of service rendered by a health care provider, including both the amount covered by the insurer and the consumer’s cost sharing.

Per diem: Method of reimbursement based upon a flat rate for each day of care to a patient.

Percentile: A measure used in statistics indicating the value below which a given percentage of observations in a group of observations fall. For example, the 50th percentile is the value (or score) below which 50% of the observations may be found.

Performance measure: A specific measure of how well a health plan does in providing health services to its enrolled population. Can be used as a measure of quality.

Performance standard: The target rate of expenditure growth set by the Volume Performance Standard system.

Periodic review of relative values: The recalibration of Medicare’s relative value scale to account for changes that occur over time. CMS is required to conduct a periodic review at least every five years.

PF: Provider File

PHP: Prepaid Health Plan

Physician-Hospital Organization (PHO): A separate legal entity owned by a hospital and participating physicians which can contract

with insurance companies, HMOs or self-insured employers for the provision of medical services. The PHO may also undertake utilization review, credentialing, and quality assurance. Physicians retain ownership of their own practices, maintain significant business outside the PHO, and typically continue in their traditional practice style.

Physician work: A measure of the physician's time, physical effort and skill, mental effort and judgement, and stress from iatrogenic risk associated with providing a medical service. Physician Work is a component of the Medicare relative value scale.

PIN: A code used to report performing physicians and group numbers. PIN stands for Provider Identification Number and is commonly known as the provider number.

Portability: The requirement that insurers waive any preexisting condition exclusion for someone who was previously covered through other insurance as recently as 30 to 90 days earlier.

POS: Point-of-Service

Point-of-service plan: A managed care plan that combines features of both prepaid and fee-for-service insurance. Health plan enrollees decide whether to use network or non-network providers at the time care is needed and usually are charged sizable copayments for selecting the latter.

Policy holder: See Insured.

PPO: Preferred Provider Organization

PPRC: Physician Payment Review Commission

PPS: Prospective Payment System

Practice expense: The cost of nonphysician resources incurred by the physician to provide physician services. Examples are salaries and the cost of fringe benefits received by nurses,

physician assistants, and receptionists who are employed by the physician, and the expenses associated with purchase and use of medical equipment and supplies in the physician's office.

Practice guidelines: An explicit statement of what is known and believed about the benefits, risks, and costs of particular courses of medical action. Intended to assist decisions by practitioners, patients and others about appropriate health care for specific clinical conditions.

Preauthorization: See Precertification.

Precertification: The process of obtaining permission to perform a service from the insurance carrier before the service is performed.

Predetermination: The process of obtaining an estimate of what an insurance carrier will pay for service(s) before the service(s) is/are performed.

Preexisting condition exclusion: A practice of some health insurers to deny coverage to individuals for a certain period, for example, six months, for health conditions that already exist when coverage is initiated.

Preferred Provider Organization (PPO): A managed care health plan that contracts with networks or panels of providers to furnish services and be paid on a negotiated fee schedule. Enrollees are offered a financial incentive to use providers on the preferred list, but may use non-network providers as well.

Premium: An amount paid periodically to purchase medical insurance benefits.

Preventive care: Treatment that aims to avoid the development of illness.

Primary carrier: The insurance carrier which has first responsibility under Coordination of Benefits.

PRO: Peer Review Organization

Procedure coding: See Coding.

Professional component: The part of a relative value or fee that represents the cost of a physician's interpretation of a diagnostic test or treatment planning for a therapeutic procedure.

ProPAC: Prospective Payment Assessment Commission

Prospective Payment System (PPS): The Medicare system used to pay hospitals for inpatient hospital services based on the DRG classification system.

Provider: The person in relation to the insurance program who provides covered services and supplies to the beneficiary.

Provider contracting: Arrangements between managed health care plans and provider in which provider agrees to provide services for plan members.

Provider-Sponsored Organization (PSO): A PSO is a public or private entity established and operated by a health care provider, or a network of affiliated health care providers, that shares substantial financial risk with respect to the provision of those services and has at least a majority financial interest in the entity. PSOs must meet federal standards for quality and solvency, comply with Medicare contractor requirements, and deliver a substantial portion of coordinated care through the affiliated network of providers.

QA: Quality Assurance

Quality assurance: A formal, systematic process to improve quality of care that includes monitoring quality, identifying inadequacies in delivery of care, and correcting these inadequacies.

Rate setting: An approach to cost containment where the government establishes payment rates for all payers for various categories of health services.

Refinement: The correction of relative work values in Medicare's relative value scale which were initially set incorrectly.

Reinsurance: An insurance arrangement where an insurer pays a premium into a pool, and any claims paid by the insurer above a predefined dollar level are covered in whole or in part by the pool.

RBRVS [Resource Based Relative Value Scale]: A government mandated relative value system, based on a study conducted at Harvard University, used for calculating national fee schedules for services provided to Medicare patients.

Reasonable charge: The amount Medicare will pay for a covered service. This is usually the lowest of the actual, customary and prevailing charges.

Relative Value (RV): A value that reflects a comparison with an arbitrary standard.

Relative Value Scale (RVS): An index that assigns specific numeric values to medical services. Multiplying the relative value by a conversion factor results in a fee.

Relative Value Unit (RVU): The unit of measure for a relative value scale. RVUs must be multiplied by a dollar conversion factor to become payment amounts.

Relative Work Value (RWV): An assigned value that reflects the average work of a physician of average efficiency relative to a standard.

Release of information: The patient's signature indicating consent to the release of information necessary for settlement of his or her insurance claim.

Resource Based Relative Value Scale: See *RBRVS*.

Resource costs: The costs of the inputs used by an efficient physician to provide a service or procedure, including both the costs of the physician's own time and effort and the costs

of nonphysician inputs. The apparently redundant use of “resource” with “costs” is a convention used to indicate the average costs of an efficient physician, as distinguished from cost-based reimbursement such as that used for hospitals prior to the prospective payment system.

Revenue share: The proportion of a practice’s total revenue devoted to a particular type of expense. For example, the practice expense revenue share is that proportion of revenue used to pay for practice expense.

RHC: Rural Health Center

RUC: RVS Update Committee

RVS: Relative Value Scale

RVU: Relative Value Unit

RWV: Relative Work Value

Schedule of allowances: A list of specific amounts which the carrier will pay toward the cost of medical services provided.

Secondary carrier: The insurance carrier which is second in responsibility under Coordination of Benefits.

Self-insured health plan: Employer-provided health insurance in which the employer, not an insurer, is at risk for its employees’ medical expenses.

Severity modifier: An adjustment that reflects the effect of patient factors, such as severity of illness, comorbidity, or risk of complications, on the relative work required to deliver a service.

Site-of-service differential: The difference in the amount paid when the same service is performed in different practice settings, for example, an outpatient visit in a physician’s office or a hospital clinic.

Specialty differential: The difference in the relative value or amount paid for the same service when performed by different

specialists. Medicare does not recognize specialty differentials.

Staff model HMO: An HMO in which physicians practice solely as employees of the HMO and usually are paid a salary.

Standard benefit package: A defined set of health insurance benefits that all insurers are required to offer.

Submitted charge: The charge submitted by a provider to the patient or a payer.

Subscriber: See Insured.

Superbill: A multi-part form which provides sufficient information so that patients may file their own insurance claim forms.

Supplemental health services: Benefits offered by an HMO that exceed their basic health service requirements.

Supplemental Security Income (SSI): A federal income support program for low-income disabled, aged, and blind persons. Eligibility for the monthly cash payments is based on the individual’s current status without regard to previous work or contributions to a trust fund.

Supplementary Medical Insurance (SMI): The Medicare program that covers the costs of physicians’ services, outpatient laboratory and x-ray tests, durable medical equipment, outpatient hospital care, and certain other services. This voluntary program requires payment of a monthly premium, which covers about 25 percent of program costs. Beneficiaries are responsible for a deductible and coinsurance payments for most covered services. Also called Part B coverage or benefits.

Supplier: Providers, other than practitioners, of health care services. Suppliers under Medicare include independent labs, durable medical equipment providers, ambulance services, orthotists, prosthetists, and portable x-ray providers.

Table of allowances: *See Schedule of Allowances.*

Technical component: The part of the relative value or fee for a procedure that represents the costs of doing the procedure excluding physician work.

Third Party Administrator (TPA): An administrative organization other than the insurance company or health care provider that collects insurance premiums, pays claims and provides administrative services.

TW: Total Work

UCR [Usual, Customary, and Reasonable]: A method of determining benefits by comparing the physician's charges to those of his or her peers in the same community and specialty. Sometimes called Customary, Prevailing, and Reasonable.

Unbundling: The process of coding, billing, and requesting payment for services that are generally included in a global charge.

Upcoding: The process of selecting a code for a service that is more intense, extensive, or has a higher charge, than the service actually provided.

Update for new and revised codes: Yearly process of determining the relative values of new and revised codes for Medicare's relative value scale.

UPIN: [Unique Physician Identification Number] A unique code number used to identify referring and ordering physicians who may bill the Medicare program.

UR: Utilization Review

Usual, Customary, and Reasonable: See UCR.

Utilization review: The process of reviewing services provided to determine if those services were medically necessary and appropriate. May be performed on a concurrent or a retrospective basis.

Volume [behavioral] offset: The change in the volume of services that occurs in reaction to a change in fees. A 50 percent volume offset means that half of the savings from fee reductions will be offset by increased volume of services.

Volume Performance Standard (VPS): A mechanism included in OBRA89 to adjust fee updates for the Medicare Fee Schedule based on how annual increases in actual expenditures compare to previously determined performance standard rates of increase.

VPS: Volume Performance Standard

Workers' compensation: State laws which provide coverage of medical expenses for employees who are injured during performance of their work.

INTRODUCTION

Setting fees for medical services and procedures involves a lot more than simply deciding the dollar amount associated with a particular service or procedure. Setting fees requires a knowledge of how health insurance plans and third party payers process and pay health insurance claims, a method for determining the value of your procedures and services, an awareness of the going rates in your medical community, a comprehensive knowledge of Medicare, Medicaid, and Worker's Compensation laws, and non-governmental health insurance plan and third party payer billing rules and regulations.

In today's competitive market environment, it is important to understand that your fees are part of your marketing strategy. Fees must be reviewed and adjusted periodically. The adjustment is usually in the form of raising fees; however, fee decreases are sometimes appropriate and may become more common as competition increases. The objective of fee schedule management is to set a fair price for your procedures and services, and to be paid as much of that price as possible most of the time. However, neither setting your fees nor getting paid is as simple as that.

KEY POINTS REGARDING SETTING FEES

1. It is difficult to obtain fee information, profiles, relative values, or conversion factors from most non-governmental health insurance plans and/or third party payers. In addition, medical professionals who are not in the same medical practice are prevented by Federal antitrust legislation from discussing fees for medical services and procedures or asking what competing professionals are paid by a health insurance plan.
2. Some variation of the Medicare Fee Schedule (MFS) based on the Resource Based Relative Value Scale (RBRVS) will likely become the method used for

payment by all health insurance plans and third party payers in the near future.

3. Charging a fee less than what the health insurance plan or third party payer would pay benefits the health insurance plan or third party payer, not you or your patient.
4. Health insurance plans and third party payers may be paying you 25-50% less than they are paying your peers for exactly the same service, simply because you have been careless in maintaining your fee schedule and provider profile.
5. Except for fees for elective plastic surgery, most medical fees are ultimately negotiated or discounted, voluntarily or involuntarily.
6. Fee schedule management puts you in control of the payment process.

PRACTICE MANAGEMENT APPLICATIONS

FEE SCHEDULE REVIEW

The primary application of the information contained in this publication is to review your fees in comparison to the report in order to determine where your fees rank on a national basis. Your fees may then be adjusted, if appropriate, based upon the results of your review and analysis.

BARGAINING WITH THIRD PARTY PAYERS

It is important to your patients and your practice that health insurance plans and third party payers are paying you and/or your patients based upon current, and accurate, UCR data for your geographic area and specialty. Theoretically, the percentile distribution of fees for a specific procedure or service performed in a given geographic area should be identical for all health insurance

plans and third party payers. However, in reality these numbers vary considerably and are also affected by the payment policies of specific health insurance plans and third party payers.

Remember that under the usual, customary and reasonable concept, the health insurance plan and/or third party payer will gladly pay you less than their allowable or customary amount if that's what you billed them. In addition, you can't increase your fees retroactively. However, if the health insurance plan and third party payer's allowables or customary amounts are significantly below your fees, resulting in low payments to you and/or your patients, then you should compare the codes that appear to be underpaid with the data in this publication. If you find that the published data supports a higher payment, then you should appeal the payment to the health insurance plan and/or third party payer.

We strongly suggest that you support your appeal letter by attaching a photocopy of the front cover of this book and the page(s) that include the codes and fees that you are basing your appeal on. We don't guarantee that this will work every time; however, our customers have informed us that this does indeed work most of the time.

COST BENEFIT ANALYSIS

This publication can be used to perform cost benefit analyses for both equipment and human resources. For example, suppose your group practice is considering installing its own automated laboratory equipment or x-ray equipment. A careful review of the Radiology and/or Laboratory sections of this publication will provide you with the fee data you need to perform a cost/benefit analysis for the equipment. You would need to supply the estimated frequency for each service and the acquisition cost of the equipment to complete the analysis.

Likewise, you can perform a similar calculation based upon human resources. For example, suppose you are considering adding an associate to your practice. A careful review

of the Evaluation & Management and appropriate specialty sections of the publication will provide you with the fee data you need to perform a cost/benefit analysis for the associate. As above you would need to provide the estimated frequency for each service and the cost of maintaining the human resource. In either of these examples, you would also have to adjust the forecast total charges by your average collection ratios to achieve an accurate forecast of revenues.

SOURCES OF THE DATA

The usual, customary and reasonable (UCR) fees listed in this book were developed over a period of several years. More than 400 million actual physician charges provides the basis for listed fees, service bureaus, group practices, clinics, universities, and practice management system vendors are among the many types of organizations that supplied the claims data utilized for fee schedule development.

Although the creation of a fee schedule may seem rather straightforward, the process is actually quite complex. For example, many of the codes listed in CPT are performed infrequently. Thus, even with the largest of fee databases, there may be so few instances of a particular code's usage that it is difficult to establish reliable percentile ranges. As another example, some services as listed in CPT are considered variable in performance. That is, when one physician reports the code, he/she may include items or services that another physician does not provide. Clearly, this can significantly impact UCR fee levels.

RELATIONSHIP TO PAYER ALLOWABLES

Contrary to widespread belief, there is no "secret" list of fees that health insurance plan and third party payers use to determine the appropriateness of your charges. Many firms sell fee databases to payers. Payers in turn may utilize one or more of these databases, as well as relative value systems, during the payment adjudication process. This is especially true for rarely performed services

for which reliable payment guidelines are lacking. Additionally, different payers set payment limits at different levels. For example, one health insurance plan and/or third party payer may reimburse at the 90th percentile, another at the 75th percentile, and yet another at the 80th percentile. HMOs and other managed care groups typically negotiate fees that are closer to the 50th percentile for a given area.

HOW WE ESTIMATE FEES FOR NEW CPT CODES

When new CPT codes are introduced at the beginning of each year, it takes several months before health care providers begin routinely submitting them on health insurance claims, before payers begin establishing payment criteria, and before enough claims data becomes available to establish UCR fees and percentiles. Thus, the UCR fees for new CPT 2016 codes presented in herein are estimates, and should be viewed as such.

Two methods were used in preparing fee estimates for new CPT codes. The first method uses a proprietary formula created by PMIC to estimate UCR fees by analyzing UCR and RVU data for related and/or similar CPT codes and then applying the results to the new code(s).

Second, in instances where Medicare has not assigned RVU values, Medicare Fee Schedule data was used. For example, most laboratory services covered by Medicare are under a non-RBRVS schedule. To estimate fees and values for the new lab codes, Medicare's 2020 laboratory fee schedule data was scaled to UCR levels using methods similar to those discussed above. In the case where no data existed that could be used to estimate the UCR percentiles for new codes, no fee data is listed.

The reader is reminded that all UCR fees listed for new codes are estimates. Even though these estimates have been created on a logical basis by using relative value data, there is no way to determine the validity or accuracy of the estimates until data based

upon actual claims has been obtained. At the same time, we feel strongly that setting your fees for these new codes somewhere between the 75th and 90th percentiles is justified based upon the logic used to create the estimates.

GEOGRAPHIC VARIABILITY AND ADJUSTMENT

The 50th, 75th and 90th percentile fees provided in this text are based on national averages and are generally reflective of payer allowables. However; medical fees vary substantially by geographic area. In rural and smaller urban areas the payer allowables may be significantly lower than the percentiles presented in this text. Conversely, in large urban areas the payers may allow fees that are much higher than the average fees shown.

The last chapter of this book includes a list of geographic adjustment factors for cities, counties, areas, regions and states which may be used to "fine tune" the data in this report. The Geographic Adjustment Factors (GAF) are calculated using a weighted average of the work, practice expense and malpractice expense components of the GPCIs. The GAFs can be used to make reasonably reliable geographic adjustments of the UCR fees and Medicare fees.

A SHORT COURSE IN STATISTICS

The usual, customary and reasonable fees in this publication are presented as percentiles. Other publications use fee ranges or average fees instead of percentiles. The use of percentiles is much better than using fee ranges or averages. Presenting a fee range of lowest to highest is only of use to find out if you are lower than the lowest or higher than the highest. It really doesn't help you determine where you should be within the range.

WHAT IS A PERCENTILE?

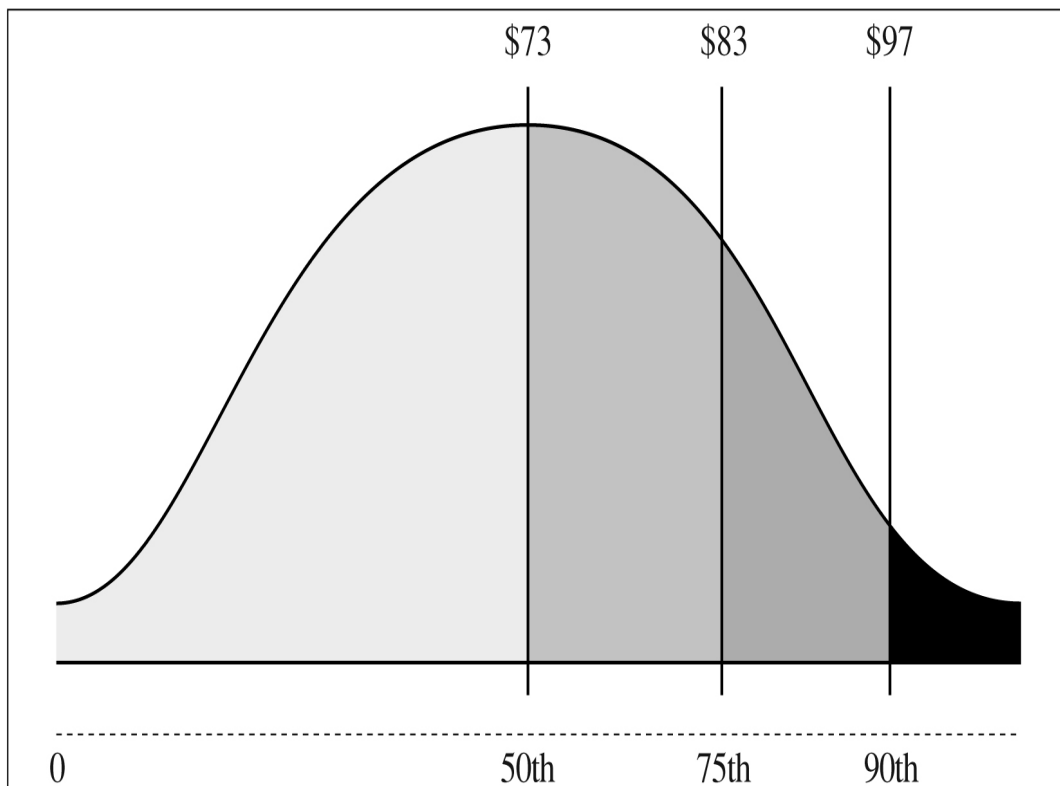
A percentile is defined as a value on a scale of one hundred that indicates the percent of a

distribution that is equal to or below it. To determine the percentile distribution of medical fees, you first have to sort all of the fees collected for each CPT code in numerical order. Then you review the distribution of fees on the percentage scale to determine what the fee values are at the desired percentages. The following simple list helps to illustrate how the 50th percentile is determined.

The easiest way to understand percentile distribution is by showing it as a curve as illustrated below. The curve is created by plotting the fees from a list of fees (see the example on the following page) to determine the percentiles. To illustrate this concept more clearly, let's presume that we have a series of 13 fees for a specific service or procedure that represent 13 different providers. The first step is to rank the fees in ascending order by dollar amount. Then we find the 50th percentile or median by counting down to the middle of the list.

Sample Distribution of Fees for CPT code 99213

- Sample fee #1 = \$61
- Sample fee #2 = \$63
- Sample fee #3 = \$65
- Sample fee #4 = \$67
- Sample fee #5 = \$69
- Sample fee #6 = \$71
- Sample fee #7 = \$73 ◀ 50th percentile
- Sample fee #8 = \$75
- Sample fee #9 = \$77
- Sample fee #10 = \$79
- Sample fee #11 = \$81
- Sample fee #12 = \$83
- Sample fee #13 = \$97



The above Bell Curve illustrates the sample fee distribution for CPT code 99213

50th Percentile

In the previous Bell curve illustration, the 50th percentile means that 50 percent of all fees for CPT code 99213 fall at or below \$73.00. It also means that 50 percent of all fees for CPT code 99213 fall at or above \$73.00. You definitely do not want your fees to be on the left side of the curve because that means that a) you are charging less than over half of all providers for the service and b) you are not getting the payment you deserve.

The 50th percentile is also known as the median. The 50th percentile or median is not the same as the average or mean.

75th Percentile

In the Bell curve on the previous page, the 75th percentile means that 75 percent of all fees for CPT code 99213 fall at or below \$83.00. It also means that 25 percent of all fees for CPT code 99213 fall at or above \$83.00. Being within the 50th to the 75th percentile range is better than being below the 50th percentile.

90th Percentile

In the Bell curve on the previous page, the 90th percentile means that 90 percent of all fees for CPT code 99213 fall at or below \$97.00. It also means that 10 percent of all fees for CPT code 99213 fall at or above \$97.00. Being within the 75th to the 90th percentile range is better than being in the 50th to the 75th percentile range, unless market forces dictate otherwise. For example, for services that are frequently shopped by patients on price, such as total obstetrical care, it would be better to position your fee for this particular service closer to the 50th percentile in order to be competitive.

If your fee is above the 90th percentile, you are charging more than 90 percent of all physicians for procedure. In most cases this would indicate that your fee is too high; however, there are some exceptions. The exceptions are usually based upon specialty differentials, i.e. the traditional thinking that a service performed by a specialist is worth more than the same service performed by a non-specialist.

WHERE YOUR FEES SHOULD BE

The objective of your fee schedule management program should be to keep your fees at the high end of the percentile distribution while still considering other factors, such as local customs and market considerations, which may require an occasional exception. If you find that your fee for a specific service or procedure is lower than the 50th percentile fee, that means that more than 50 percent of all health care providers charge more than you do for this service. It also means your fee is too low and you should raise it.

Likewise, if you find that your fee is higher than the 90th percentile fee, then you are charging more than 90 percent of all health care providers for this service. It may also mean that your fee is too high, but not necessarily. You may simply have done a better job at fee schedule management for a long enough time to get your fees up to a maximum level. You may also be a member of a select group of super specialists who have traditionally charged higher fees for certain procedures and consultations in particular.

GEOGRAPHIC VARIABILITY OF MEDICAL FEES

The percentile fees presented in this book are based on national fee data; however, medical fees vary substantially by geographic area. In rural areas and smaller towns and cities, medical fees may be significantly lower than the percentiles presented in this book. Likewise, in larger cities, medical fees may be significantly higher than the fees presented. There are two primary reasons for the geographic variation in medical fees; namely, the cost of running a medical practice and the cost of medical malpractice insurance.

The cost of practice includes rent, employee costs, and other overhead costs, but not medical malpractice costs. According to the cost of practice indexes published in the Medicare Physicians Fee Schedule, San Francisco has the highest cost of practice and small eastern cities of Missouri have the lowest cost of practice. The Medicare practice expense for San Francisco is about 85%

higher than the practice expense for a small eastern city of Missouri.

The second reason for the geographic variation in medical fees is the cost of medical malpractice insurance. According to the malpractice expense indexes published in the Medicare Fee Schedule, Detroit has the highest cost of medical malpractice insurance and South Dakota has the lowest cost of medical malpractice insurance. The Medicare malpractice expense for Detroit is over 750% higher than the malpractice expense for South Dakota.

These differences in the cost of practice and medical malpractice insurance are reflected in the wide range of fees charged by doctors for identical services provided in different geographic locations.

THE GEOGRAPHIC ADJUSTMENT FACTOR (GAF)

In order to help you improve the accuracy of your percentile medical fees in the area where you practice, we have included an appendix of the Medicare Fee Schedule geographic cost of practice indexes (GPCI) and a geographic adjustment factor (GAF).

The GAF is a sum of the weighted averages of the three GPCIs for each locality. The weighting factors are from the CMS report “*Review of Alternative GPCI Payment Locality Structures – Final Report*,” published in 2010, which weights the physician work GPCI at 52 percent, the practice expense GPCI at 44 percent and the malpractice GPCI four percent. The GAF provides a quick and simple way to determine a more accurate fee for a specific geographic location of a medical practice.

The appendix includes a list of geographic adjustment factors for cities, counties, areas, regions and states that can be used to “fine tune” the fees listed in this book.

HIGHEST AND LOWEST GAFS

The amount of work involved in a medical service or procedure is relatively constant regardless of geographic location. However,

practice expense and medical malpractice expense vary greatly from one area to another. The charts on the following two pages list the ten highest and ten lowest locations for overall geographic adjustment factor, practice expense and malpractice expense. The results are not surprising. The highest ranked locations are in the major metropolitan cities and the lowest ranked locations tend to be found in the southern and mid-western states.

HOW TO REVIEW YOUR FEES

The process of fee review includes gathering resource materials, reviewing the procedure and diagnostic codes you use, reviewing the fees charged for each procedure, making decisions regarding fee adjustments, and making sure that the resulting decisions are implemented and followed.

RESOURCE MATERIALS

Current Code Books

Your fees for medical services and procedures are linked by common business practice and legislation to CPT, HCPCS and ICD-10-CM codes. For commercial health insurance plans and third party payers, these coding systems define what you did and why you did it. Plus their usual, customary and reasonable (UCR) statistics are maintained by procedure code. For Medicare, the codes are an integral part of the Medicare Fee Schedule used to define the relative values of each procedure and are mandated by the new HIPAA legislation. CPT, HCPCS and ICD-10-CM code books may be obtained from many sources, including your local medical bookstore.

Relative Value Data

The relative value reflects the complexity of a service or procedure from a medical point of view. The most widely used source of relative value data is from the Resource-Based Relative Value Scale (RBRVS), a component of the annual Medicare Physician Fee Schedule published by CMS.

TEN HIGHEST MEDICARE WEIGHTED GAF LOCATIONS (DESCENDING)

State/Locality name	Carrier	Loc	Work	PE	MP	GAF
Alaska**	02102	01	1.500	1.118	0.661	1.298
San Jose-Sunnyvale-Santa Clara (Santa Clara County)	01112	09	1.089	1.369	0.401	1.185
Queens	13292	04	1.054	1.214	2.391	1.178
New York City Suburbs/Long Island	13202	02	1.044	1.214	2.425	1.174
San Francisco-Oakland-Hayward (Alameda/Contra Costa County)	01112	07	1.076	1.327	0.440	1.161
San Francisco-Oakland-Hayward (San Francisco County)	01112	05	1.076	1.327	0.440	1.161
San Francisco-Oakland-Hayward (San Mateo County)	01112	06	1.076	1.327	0.440	1.161
San Francisco-Oakland-Hayward (Marin County)	01112	52	1.072	1.314	0.461	1.154
San Jose-Sunnyvale-Santa Clara (San Benito County)	01112	65	1.073	1.284	0.571	1.145
Manhattan	13202	01	1.054	1.192	1.823	1.145

TEN LOWEST MEDICARE WEIGHTED GAF LOCATIONS (ASCENDING)

State/Locality name	Carrier	Loc	Work	PE	MP	GAF
Mississippi	07302	00	0.978	0.856	0.521	0.906
Arkansas	07102	13	0.976	0.859	0.521	0.907
Idaho	02202	00	0.977	0.890	0.464	0.918
Rest of Missouri	05302	99	0.977	0.857	0.910	0.922
Nebraska	05402	00	0.986	0.909	0.277	0.924
Tennessee	10312	35	0.986	0.897	0.509	0.928
Indiana	08102	00	0.982	0.910	0.422	0.928
Iowa	05102	00	0.984	0.907	0.424	0.928
Kentucky	15102	00	0.985	0.874	0.823	0.930
Alabama	10112	00	0.985	0.889	0.707	0.931

TEN HIGHEST MEDICARE PRACTICE EXPENSE LOCATIONS (DESCENDING)

State/Locality name	Carrier	Loc	Work	PE	MP	GAF
San Jose-Sunnyvale-Santa Clara (Santa Clara County)	01112	09	1.089	1.369	0.401	1.185
San Francisco-Oakland-Hayward (Alameda/Contra Costa County)	01112	07	1.076	1.327	0.440	1.161
San Francisco-Oakland-Hayward (San Francisco County)	01112	05	1.076	1.327	0.440	1.161
San Francisco-Oakland-Hayward (San Mateo County)	01112	06	1.076	1.327	0.440	1.161
San Francisco-Oakland-Hayward (Marin County)	01112	52	1.072	1.314	0.461	1.154
Napa	01112	51	1.064	1.284	0.490	1.138
Vallejo-Fairfield	01112	53	1.064	1.284	0.490	1.138
San Jose-Sunnyvale-Santa Clara (San Benito County)	01112	65	1.073	1.284	0.571	1.145
District of Columbia & Maryland/Virginia Suburbs	12202	01	1.049	1.221	1.277	1.134

TEN LOWEST PRACTICE EXPENSE LOCATIONS (ASCENDING)

State/Locality name	Carrier	Loc	Work	PE	MP	GAF
Mississippi	07302	00	0.978	0.856	0.521	0.906
Rest of Missouri	05302	99	0.977	0.857	0.910	0.922
West Virginia	11402	16	0.980	0.857	1.247	0.937
Arkansas	07102	13	0.976	0.859	0.521	0.907
Kentucky	15102	00	0.985	0.874	0.823	0.930
Rest of Louisiana	07202	99	0.981	0.879	1.253	0.947
Oklahoma	04312	00	0.979	0.886	0.868	0.934
Rest of Georgia	10212	99	0.987	0.889	0.989	0.944
Alabama	10112	00	0.985	0.889	0.707	0.931
Idaho	02202	00	0.977	0.890	0.464	0.918

TEN HIGHEST MALPRACTICE EXPENSE LOCATIONS (DESCENDING)

State/Locality name	Carrier	Loc	Work	PE	MP	GAF
Miami	09102	04	0.992	1.026	2.598	1.071
New York City Suburbs/Long Island	13202	02	1.044	1.214	2.425	1.174
Queens	13292	04	1.054	1.214	2.391	1.178
Chicago	06102	16	1.009	1.039	1.898	1.058
Fort Lauderdale	09102	03	0.990	1.006	1.828	1.031
Manhattan	13202	01	1.054	1.192	1.823	1.145
East St. Louis	06102	12	0.993	0.939	1.723	0.998
Detroit	08202	01	0.995	0.993	1.657	1.020
Suburban Chicago	06102	15	1.008	1.057	1.535	1.051
Poughkeepsie/North New York City Suburbs	13202	03	1.022	1.087	1.479	1.069

TEN LOWEST MALPRACTICE EXPENSE LOCATIONS (ASCENDING)

State/Locality name	Carrier	Loc	Work	PE	MP	GAF
Nebraska	05402	00	0.986	0.909	0.277	0.924
Wisconsin	06302	00	0.990	0.949	0.322	0.945
Minnesota	06202	00	1.000	1.012	0.357	0.979
South Dakota***	03402	02	0.975	1.000	0.368	0.962
San Jose-Sunnyvale-Santa Clara (Santa Clara County)	01112	09	1.089	1.369	0.401	1.185
Indiana	08102	00	0.982	0.910	0.422	0.928
Iowa	05102	00	0.984	0.907	0.424	0.928
San Francisco-Oakland-Hayward (Alameda/Contra Costa County)	01112	07	1.076	1.327	0.440	1.161
San Francisco-Oakland-Hayward (San Francisco County)	01112	05	1.076	1.327	0.440	1.161
San Francisco-Oakland-Hayward (San Mateo County)	01112	06	1.076	1.327	0.440	1.161

RBRVS was originally developed for Medicare but is now widely used by commercial insurance plans and other government payers. RBRVS originally included only those CPT codes most likely to be used by providers when treating Medicare patients, but has been expanded to include most CPT codes.

CMS depends heavily on the recommendations of the Relative Value Update Committee (RUC) of the American Medical Association. The RUC consists of physicians representing various specialty societies, geographic areas, and practice settings. The committee performs a major review of the relative values every five years, but every year the relative values are updated for all new or changed CPT codes.

The specialty society advisors determine relative values based on time, mental effort and judgment, technical skill, physical effort and stress due to patient risk required to perform each service or procedure. The Specialty Society makes recommendations to the RUC which in turn makes a proposal to CMS. About 95% of the RUC recommendations are accepted by CMS each year. CMS publishes the relative values for the next calendar year in the Federal Register, usually in late November or early December.

MEDICARE FEE SCHEDULE

The revised Medicare Fee Schedule is published in the Federal Register in late November or early December each year. You may obtain a copy of the Medicare Fee Schedule from your local Medicare carrier, the U.S. government Printing Office, or from private publishers.

GEOGRAPHIC COST OF PRACTICE INDEXES

The Geographic Cost of Practice Indexes, referred to more commonly as GPCIs, are an integral part of the Medicare Fee Schedule. GPCIs are used to make geographic adjustments to the fees calculated using the fee schedule. Current GPCIs are available

from your local Medicare carrier, the U.S. government printing office, and private publishers.

INSURANCE CARRIER EXPLANATION OF BENEFITS (EOBS)

You should collect sample copies of Explanation of Benefits (EOBs) from commercial health insurance plan and third party payers for at least three months prior to your planned fee schedule review. Typically this would be in the last quarter of each calendar year. You don't need a copy of every EOB you receive but you should keep copies of those which include payment for your most common procedures and services. Plus, you should keep copies from different commercial health insurance plans and third party payers even when they are paying for the same procedures or services.

REVIEW PROCEDURE AND SERVICE CODES IN THE CURRENT CPT CODING REFERENCE

Purchase a copy of the revised CPT codes each year and review carefully for any changes which may affect your practice. Review each of the procedure codes from your code listing or superbill in your current CPT coding reference. Pay particular attention to codes that have been added, changed or deleted. Your first step should be to review the summary of additions, changes and deletions, typically included as an Appendix in most CPT coding references. This is the quickest way for you to first cross-reference the codes that you use frequently, and then refer to the full text for make your changes.

- All CPT codes in the new edition marked with a small black circle to the left of the code are NEW codes. Review all new codes carefully to see if any of them can be used instead of UNLISTED procedure codes or as replacements for HCPCS codes.
- ▲ All CPT codes in the new edition with a small black triangle to the left of the code are CHANGED codes. Review the

description of all changed codes carefully to make sure that your superbills and insurance forms have the same descriptions. Not only will this improve your payment, it will also protect you from audit liability.

- () All CPT codes in the new edition enclosed in parentheses are deleted effective January 1st of the year following publication. Most CPT coding references include a referral to a replacement code for most codes that are deleted. Make sure you substitute the replacement codes on your superbills and coding lists.

REVIEW ALL SECTIONS IN THE CPT CODING REFERENCE

Evaluation and Management

Review this section carefully each year for changes in office, hospital, consultation, and other location visit codes.

Surgery

Review all portions of this section of CPT which may be appropriate to your medical practice. Non-surgical practices should review the sections on wound repair, trauma related codes, and any other procedures commonly performed. Pay particular attention to, add-on (+) procedures, and procedures classified as (separate) procedures.

Radiology

Medical practices providing and/or billing for radiology procedures should review this section of CPT carefully. This section includes procedures that are typically performed on a high volume basis, such as chest x-rays, where a small increase in an individual fee can result in a significant increase in total payment.

Laboratory

Medical practices providing and/or billing for laboratory procedures need to review this section of CPT carefully. This section

typically includes procedures that are performed on a high volume basis, such as blood counts, urinalysis, etc., where a small increase in an individual fee can result in a significant increase in total payment.

Medicine

All medical practices should review this entire section to update injections, specialty procedures and diagnostic procedures.

REVIEW CURRENT HCPCS CODES

Purchase a copy of the revised HCPCS codes each year and review carefully for any changes which may affect your practice. Review your most current HCPCS coding reference, particularly the sections covering supplies, materials and injections. CMS revises these codes on an annual basis and most Medicare carriers make continual revisions which are published in the form of newsletters. Use of the proper HCPCS codes can make a significant difference in your payment.

Remember that while HCPCS National Level 2 codes are uniform throughout the United States, the method of billing the codes may vary from one Medicare carrier to another. Check with your local Medicare carrier for proper billing instructions.

REVIEW CURRENT ICD-10-CM CODES

ICD-10-CM replaced ICD-9-CM on October 1, 2015. Purchase a copy of the revised ICD-10-CM codes each year and review carefully for any changes which may affect your practice. It is important that you are using the most current diagnosis codes from the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM). This book is revised and published annually by PMIC and other publishers. Keep track of the frequency of your ICD-10-CM code usage. Add frequently used codes to your reference listings and superbills.

REVIEW ALL YOUR FEES

Review and compare each of your procedures carefully to determine if fees need to be increased, due to increased costs or to maintain your profile, or decreased, in response to changing market conditions or decreased costs. Pay particular attention to the volume of procedures. Small increases in frequently performed procedures and large increases in infrequently performed procedures can usually be implemented without negative results.

REVIEW AND REVISE YOUR SUPERBILLS AND FEE SCHEDULES

After you have reviewed all CPT, HCPCS, and ICD-9-CM codes and descriptions and made any necessary revisions to your fees, you need to carefully review all of your superbills and any other documents that may have codes, descriptions or fees printed on them. Make the required changes and then make sure that the revisions are made and the documents printed.

We strongly recommend that you limit the quantity of superbills printed to no more than a six month supply. Inevitably you will change procedure codes, diagnosis codes and/or fees during a six month period and you want to reserve the ability to reprint your superbills without throwing too many away. We also recommend that you do not print fees on your superbills. While it is easier than looking up fees at the cashier's or receptionist's desk, it also causes potential billing errors for interim fee changes.

Distribute copies of the revised superbills and/or fee schedules to all staff members. Consider that not only billing personnel are involved with codes and fees. The person who answers the telephone in response to fee inquiries from potential patients needs to be well informed about your current fee schedules.

STAND BY YOUR FEES

Once your fees are set stand by them. Make few exceptions to your standard fees and always document exceptions by posting full charges followed by an adjustment. This makes billing easier for everyone and provides an accurate record of how much you are discounting.

RELATIVE VALUE ANALYSIS

Complete a relative value analysis to calculate a conversion factor for your practice. Then use the calculated conversion factor to determine the appropriate fee for each of your procedures. To perform a relative value analysis, you need a current relative value publication, and a list of your 25 most commonly performed procedure codes from the Medicine, Surgery, Radiology and Pathology sections of CPT, and your fees for the procedures. Then complete the following six steps for each section.

1. List 25 codes and fees for each section.
2. Look up the relative value and add to your list.
3. Total all of the fees.
4. Total all of the relative values.
5. Divide the total relative values into the total fees.
6. The result is your average conversion factor.

After you calculate your average conversion factor, you can then multiple the relative value for each of the listed procedures by the conversion factor to determine what the fee should be. It is not unusual to find services and procedures both under and over priced based on relative value analysis. Before raising your prices based on relative value analysis, consider that all health insurance plans and third party payers have a maximum dollar value, based on usual, customary and

reasonable fees that they allow for a given procedure. However, the use of relative values gives you a strong argument for a review of a disputed or underpaid claim.

SAMPLE RVS ANALYSIS FOR SELECTED OB/GYN PROCEDURES

On the following page there is a sample relative value analysis using 25 commonly reported OB/GYN procedures. In addition to the CPT code and description you will find the 75th percentile fee and relative value from this publication. The conversion factor is calculated by dividing the total relative values into the total charges. Obviously a conversion factor calculated using fees at the 50th percentile would be lower and a conversion factor using fees at the 90th percentile would be higher.

DETERMINING FEES FOR NEW PROCEDURES

If you perform a service or procedure for the first time and need to determine a fee, the first place to look would be your relative value reference. If the procedure is listed and has a numeric value, then simply multiply the relative value by your conversion factor to determine the appropriate fee. However, if the procedure or service is unlisted, then you can't calculate a fee by this method. The best alternative is to use a comparative procedure as the basis for first determining approximate relative value and then to calculate the proper fee. Review some of the more common procedures you perform and try to find one that requires similar skills, about the same amount of time, and has the same level of complexity and risk as the new procedure.

Use the relative value of the common procedure as a basis for calculating the fee for the new procedure. Watch insurance carrier EOBs carefully to see how much they are allowing for the new procedure and adjust your fee accordingly. You can also request the prevailing charge for the procedure from your local Medicare intermediary.

COMPUTERIZED FEE SCHEDULES

Several private companies maintain, publish or distribute computerized fee schedules. The stated intent of these fee schedules is to make fee schedule review much easier by letting the computer do all the work. The usefulness of any of these products depends mostly on the quality of the database used to prepare the data and the degree to which the databases can be manipulated in terms of geographic location and medical specialty. The database used by PMIC to prepare this publication is from Context4 Healthcare Inc.

MULTIPLE FEE SCHEDULES

It is essential to have multiple fee schedules in the well managed medical practice. The argument can certainly be made that any service or procedure is worth the same, based on relative value calculations. However, all of your potential payers do not use the same method to pay you, or to calculate the value of the services and procedures you perform.

Fees charged for services provided to Medicare patients are highly regulated by Federal law. Fees charged for services provided to Medicaid beneficiaries and Worker's Compensation Carriers are generally based on fixed fee schedules published by state agencies. Many HMOs and PPOs also reimburse based on fee schedules.

None of these rules and regulations or fee schedules applies to services provided to patients paying cash, services rendered to patients in personal injury cases, or for services covered by private health insurance companies and third party payers. A medical practice with a typical patient mix including Medicare, Medicaid, worker's compensation and private health insurance patients would need to use a minimum of two or three different fee schedules for proper billing.

SAMPLE RELATIVE VALUE ANALYSIS

CODE	DESCRIPTION	50TH	RVU
56420	Drainage of gland abscess	395	4.47
56630	Extensive vulva surgery	2731	27.08
57061	Destruction vagina lesion(s)	295	4.05
57170	Fitting of diaphragm/cap	153	2.02
57180	Treat vaginal bleeding	392	4.97
57265	Extensive repair vagina	2238	25.18
57500	Biopsy of cervix	321	4.11
58120	Dilation and curettage (D & C)	810	8.08
58150	Total hysterectomy	2909	29.25
58200	Extensive hysterectomy	4050	39.03
58300	Insert intrauterine device	229	2.60
58301	Remove intrauterine device	227	2.91
58400	Suspension of uterus	1367	13.14
58600	Division of fallopian tube	1037	10.66
58800	Drainage of ovarian cyst(s)	985	9.96
58820	Drainage of ovarian abscess	1018	9.47
58940	Removal of ovary(s)	1571	15.65
59000	Amniocentesis	471	3.47
59015	Chorion biopsy	611	4.51
59120	Treat ectopic pregnancy	2280	23.49
59400	Obstetrical care	4667	61.53
59510	Cesarean delivery	5163	68.24
59610	VBAC delivery	5140	64.74
59820	therapy missed abortion, completed surgically; first trimester	1074	11.86
59840	Abortion by D & C	720	6.84
	Totals	40854	457.31
	Average Conversion Factor (Total Fees/Total RVUs)		89.34

MEDICARE FEE SCHEDULE

Practices which are *non-participating* must use the Medicare billing limits when billing for services provided to Medicare patients. Practices which are *participating* may charge their regular fees for services provided to Medicare patients.

STANDARD FEE SCHEDULE

This is your standard fee schedule representing the fees that you charge for cash patients, private health insurance patients, Medicaid patients, and, if you are *participating*, to Medicare patients also.

WORKER'S COMPENSATION

This fee schedule is used to bill for services related to treating illnesses and injuries related

to employment. The fee schedules are generally maintained and published by the state agency responsible for worker's compensation cases.

CONTRACT FEE SCHEDULES

You may have additional fee schedules, based on participating agreements with HMOs, PPOs, etc. that must be used to bill for services provided to beneficiaries of these plans.

EXPANDING THE MEDICARE FEE SCHEDULE

The traditional development path in the areas of coding and billing is that policies and procedures mandated by Medicare are implemented shortly thereafter by Medicaid, followed by private health insurance companies and third party payers. However, there are significant issues which must be dealt with before private health insurance companies and third party payers can implement a fee schedule.

Private health insurance companies and third party payers have expressed interest in revising their methods of physician payment. Many support the objectives of Medicare payment reform but have yet to determine the extent to which physician markets will permit changes in relative values. Although few plan to adopt the Medicare Fee Schedule in total, many are contemplating at least marginal changes in relative values to reflect the direction of Medicare changes. Private health insurance companies and third party payers face limits to the magnitude of change they can institute. Insurers offering indemnity policies are concerned that balance billing for technical procedures will increase. Carriers that contract with physicians are concerned about whether specialists whose fees would fall would agree to participate in sufficient numbers.

More extensive or more rapid changes by private health insurance companies and third party payers will require public regulation of

their payment policies. Under an all-payer system, the Medicare relative value scale could be used by each of the payers. A public body would determine payment rates for the various physician services. While the conversion factors used by different payers need not be the same, the entity that determines rates would have a deliberate policy concerning how they would differ. Conversion factors could be updated through volume performance standards or a similar mechanism. Balance billing would be limited, but again, the limits could differ by class of payer. The entity making these decisions (presumably the U.S. Government) would (try to) balance the interests of physicians, private payers, public payers, and patients.

HOW TO IMPLEMENT YOUR NEW FEE SCHEDULE

Regardless of how carefully you review and set your fees, you will still have complaints from patients. While studies have continued to indicate that most patients do not choose providers of medical care based on fees, it is important to keep in mind that many malpractice cases start out as fee disputes. Fee related complaints tend to fall under the five general categories.

FEE COMPARISON

Patients compare fees among each other. In addition, many patients shop fees for elective procedures or routine care. Patients may be well informed regarding the going rates for specific procedures and may ask why your fee is higher than that of other providers. Be prepared to explain your fees for common procedures.

FEE CONSISTENCY

Patients may question what appear to be inconsistencies in your fees from one visit to the next. Patients are not aware of the various levels of service defined by CPT and the fact that some services are packaged or bundled and others are not. Make sure the patient understands exactly what is included in

bundled procedures, and is made aware of the levels of care if he/she questions your fees for visits.

Patients frequently consider the value of your services to be directly proportional to the time you spent with them. This is logical thinking on the patient's part, as many professional services tend to be rendered and billed based on units of time. Prior to publication of the 1992 edition of CPT, there were very few services or procedures that included time components. Therefore, you could explain simply to the patient that your fees are not based on the amount of time spent but rather the complexity of the situation and the level of care required.

With publication of the 1992 CPT, time became part of the definition of the new Evaluation and Management services. As the definition and understanding of the new coding system becomes widespread among the patient population, you may expect some patients to time your services and compare their time with the time associated with particular Evaluation and Management codes.

RELATIVE VALUE

Due to the lack of knowledge and understanding regarding anatomy, physiology and the difficulties involved in various medical procedures, patients make inappropriate comparisons of procedures. They may not understand why a repair of a hip fracture costs more than life-saving treatment for an acute myocardial infarction. Patients are not aware of the traditional discrepancy between the value of cognitive procedures versus technical procedures. of interest is the fact that patients do not recognize any differences in value between cognitive and technical services.

This subjective attitude of the patient population is verified in part by the findings of the Harvard study of Resource Based Relative Values. One of the objectives of the Medicare Fee Schedule is to legislate away the discrepancy by creating a payment system based upon measurable work and cost of practice indexes. If patients question you on

this issue, be prepared to explain how your fees for technical services are calculated. Expect some of your Medicare patients to be knowledgeable of Medicare Fee Schedule rules, regulations and formulas.

ABILITY TO PAY

In the past it was quite common for health care providers to charge patients based on ability to pay. Therefore, some patients were charged a little more, some a little less, and some nothing at all. It was sort of a private Medicaid system. Now with most patients covered by insurance plans and, more importantly, generally aware of basic fees for the most common procedures and services, the situation is different. If patients perceive that you are charging them more because they can pay more, they will probably not come back. Make sure that your discussion of fees includes assurances that your fees are not based on the patient's ability to pay, but rather on the specific services provided.

DISCUSSING FEES WITH YOUR PATIENTS

DISCUSSING FEES AT THE TIME OF APPOINTMENT SCHEDULING

Some practices discuss fees in advance with patients who call to make an appointment. While this may occasionally cause problems when the bill turns out to be higher than quoted on the phone, the major benefit is that the patient has been informed that there will be a charge, and that they are expected to pay. Any statements regarding fees or amounts made during telephone conversations should be noted on the appointment schedule.

SMALL FEES CAN BE STATED AFTER SERVICES HAVE BEEN RENDERED

Services such as office visits, injections and minor procedures can generally be provided without advance discussion of fees. The provider can fill out the charge slip or superbill including fees and instruct the patient to give it to the receptionist, or the

provider can leave the fees blank to be filled out by the receptionist.

When the charge slip is totaled and presented to the patient for payment, the patient has the opportunity to ask questions regarding the services provided and the fees charged. Even if the patient does not pay at the time of service, this presentation of the itemized charge slip makes the patient aware of the fees, which will correspond to the bill received.

DISCUSS LARGER FEES BEFORE PROVIDING SERVICE

Numerous studies have confirmed that when patients are about to undergo major procedures that their first concern is outcome, and their second concern is how much it is going to cost and how are they going to pay for it. Unfortunately, most patients will never express this concern voluntarily. Most medical professionals discuss their findings, treatment plans and the probable outcome(s) of treatment with their patients; however, many neglect any discussion of fees or payment methods. In addition to appreciating the information, discussing the potential cost gives the patient the ability to make an informed decision regarding the service. In order to gain a little perspective on this issue, ask yourself the following questions:

- Would you order a meal in an expensive restaurant from a menu without prices?
- Would you allow a mechanic to perform major service on your car without an estimate of what it was going to cost?
- Would you allow a contractor to begin construction on your new kitchen or bathroom without a bid?

While you most likely answered "no" to each of the above questions, consider that many medical and surgical procedures have fees that are far in excess of repairing cars or adding additions to a house. Yet many medical practices routinely expect the patient to

receive (and pay for) services without any advance knowledge of their cost. None of this has anything to do with ethics. It is simply a matter of providing professional services with the expectation of being paid for those services. You always have the option to provide services at no charge if that is what you want to do.

HOW TO INITIATE FEE DISCUSSIONS

Not everyone is comfortable in discussing fees or money with patients. Many medical professionals absolutely refuse to engage in such discussions. It is not necessary for the medical professional to have this fee discussion with the patient, although patient surveys consistently reveal that the patient prefers to discuss fees directly with the medical professional. But it is important that someone representing the practice, the office manager, insurance manager, or the financial counselor, have a discussion with the patient regarding the fees before major services are rendered.

It is important to make the patient aware that your fees are within the going rates for the community, that the fees to this patient are the same as that for every patient, and, for bundled procedures, that your fee includes specific services and procedures. The following statements represent some of the more successful approaches to this subject:

My (our, the doctor's) usual charge for this service is....

This lets the patient know what the charge will be and that they are being charged the same as everyone else.

The going rate for this service (around here, in the community)....

This opening gives you two options. Either it assures the patient that your fees are in line with those of your colleagues, or it gives you the opportunity to explain why your fees are higher.

My (our, the doctor's) fee covers....

This approach is often used when discussing fees that are global in nature, primarily surgical procedures which include a standard amount of routine follow-up care. Another example would be prenatal care, uncomplicated vaginal delivery and the post-partum visit. This lets the patient know that a single fee covers all of the service.

It is better to state your usual charge first and then explain that any insurance proceeds will be applied against it. By mentioning insurance first, you risk the patient assuming that you will scale your charges based upon insurance payment.

Don't worry. We'll take your insurance as full payment....

What if the patient isn't covered, but doesn't know it? What about deductibles and coinsurance? What about pre-existing conditions and exclusions? You can be sued by the patient for breach of contract if you make the above statement and then attempt to collect from the patient any unpaid balance after insurance, even if the insurance pays you nothing!

Many health insurance companies and third party payers are helping you to protect yourself by requiring pre-Certification before covering services and providing benefits. Many insurance contracts now require pre-authorization for non-emergency hospitalization as well as for certain "abused" procedures such as Total Abdominal Hysterectomy. Failure to obtain pre-authorization can result in outright denial of claims and/or benefit reductions of up to 50 percent with no appeal! In most cases, the patient does not even know that these requirements exist.

STRATEGIC PRICING

In today's competitive environment the successful practice will learn how to keep its existing patients, attract new patients, and

increase its profitability by raising some fees, lowering others, and maintaining enough flexibility to adjust specific fees in response to new opportunities. This process is known as *strategic pricing* and incorporates the following concepts:

MARKET DRIVEN PROCEDURES

Some procedures are price sensitive and patients do call to ask prices of some procedures or services, such as total obstetrical care. It is important that fees for such services be kept comparatively low. On the other hand, consumers know that some procedures are absolutely necessary for them to maintain and they don't shop around for these procedures.

In addition, if your practice provides services that are market driven you want to make sure that the person handling these telephone inquiries is a good salesperson. Ideally, the prospective patient would be "sold" on how good the practice, doctor and/or service is before the requested fee is quoted. This simple technique can significantly increase your new patient volume.

RELATIONSHIP BUILDING

Building a successful practice requires the development of long-term relationships with patients and/or referral sources. Part of your pricing strategy should be based on attracting new relationships with patients or referral sources and on maintaining and develop existing relationships. How much you charge, whether you charge, and how you bill are all considerations that may impact a relationship. An example of this component of strategic pricing is the "free" consultation that most pediatricians provide to parents who are interviewing potential physicians for their new (or about to be born) babies. An investment of 30 to 45 minutes late in an afternoon can result in a patient relationship lasting for 20 years! More and more medical professionals are making themselves available for patient interviews.

PRICE SENSITIVITY

Patients are consumers and they expect prices to increase, including yours. However, they do not react positively to sudden or large increases in fees. This happens most often when the practice has held down fees for a long time and then increases fees suddenly, and by large amounts. This is easy to avoid by using more frequent, small increases.

VOLUME CONSIDERATION

Pay particular attention to volume when considering fee increases. A large increase in a fee that is infrequently performed or rarely repeated on the same patient will likely go unnoticed. Likewise, a small increase in your fees for frequent procedures will also be expected by most patients.

PROMOTIONAL PRICING

Fees for certain services and procedures may be used to attract new patients to your practice. Many practices offer "free" screenings, or reduced fees for physical exams, pap smears, and other preventive services. In today's more health conscious society, patients are very receptive to these new marketing techniques. In addition, you or your practice may have particular services, skills, methods, or special office hours that are not offered elsewhere or close by. Patients do place special value on special services and abilities and are usually willing to pay more for them.

OPTIONS TO INCREASING YOUR FEES

INCREASE PRACTICE PRODUCTIVITY

This doesn't necessarily mean you have to work more, harder or longer. It means simply that you need to look at how you work in order to make sure you are using your time in the most profitable manner. You may need to implement a more formal scheduling and record keeping system for out-of-the-office

services in order to keep track of your time better, and to make sure you are billing for all your services.

Maybe it's time to bring in an associate to take care of those referrals you have been turning down. Or maybe you are considering extended office hours one evening during the week and Saturday mornings to meet the increasing demands of your patients for more convenient (to them) hours.

Make sure that the time you spend with each patient is appropriate for the level of care you need to provide. This means that you have to provide exactly the right amount of your time, from your perspective, in order to keep your schedule, and, the right amount of your time, from the patient's perspective, to provide the perception of value received.

REDUCE YOUR DISCOUNT BUSINESS

In spite of the continuous national furor over medical fees, the truth is, that with very few exceptions, all medical practices are operated as discount businesses. Typical discounts include:

- Giving a discount for cash payment at the time of service
- Discounting your services as a professional courtesy
- Accepting insurance payment as payment in full
- Accepting payments on account without interest charges
- Referring accounts to a collection agency
- Writing off an account as a bad debt
- Accepting a capitation or discounted payment from an HMO, IPA or PPO
- Participating in Medicare
- Providing services to Medicaid patients

You must take the time to review your practice by revenue sources in order to determine if the types of patients you are attracting and the associations you have with payers are profitable. This review process should include answering the following questions:

1. Is Medicare participation in the best interest of my practice?
2. Should I implement payment at the time of service?
3. Are the contracts I have with HMOs and PPOs profitable?
4. Do I have too many Medicaid patients?
5. If I reduce my nonprofitable patient categories, can I replace them with profitable ones?

Finding the right answers to these questions for your practice requires an in depth evaluation of your practice economics, patient demographics, the potential patient pool, patient attitudes, and the attitudes, practices and standards of your medical community.

MEDICAL FEES

FORMAT OF THE LISTINGS

The medical fees listings are presented in six sections, which correspond to the six sections of CPT 2020. Within each section are subsections with anatomic, procedural, condition or descriptor subheadings. The procedures and services are listed in numeric order with exception of the Evaluation and Management section. The Evaluation and Management section has been placed at the beginning of the medical fees listings, because these CPT codes are used by most physicians in reporting a significant portion of their services.

Each entry includes the CPT code, a short description of the procedure or service, UCR fees at the 50th, 75th and 90th percentiles, the national average Medicare fee and the Medicare RVU. Some CPT codes are listed twice. The second listing includes the modifier -26 to indicate that the listing is for the "professional component" of the procedure only.

CPT

CPT procedure code

All procedure codes listed in this publication are CPT 2020 codes. CPT codes are revised and published annually by the American Medical Association (AMA).

Modifier -26 or -TC (No header)

Certain medical procedures are a combination of a physician, or professional, component and a technical component. When the physician performs and reports both parts of the service, the service is reported without modifier -26. When the physician performs and reports only the professional component, the modifier -26 is added to the basic procedure and the fee reduced accordingly. The technical component is usually reported by the hospital with the addition of the modifier -TC.

Description

The descriptions listed in this publication are the official CPT 2020 full descriptions. To make sure that the reader correctly matches the fee information with the proper CPT code, the full description is presented for every CPT code listed.

UCR 50th

Usual, customary and reasonable fee at the 50th percentile

The amount listed in this column represents the 50th percentile of usual, customary, and reasonable fees for the specific service or procedure. The 50th percentile is that point where 50 percent of fees for a given procedure are at or below the amount listed and 50 percent are higher than the amount listed. A zero in this column means that the procedure is an unlisted procedure or there is no data with which to make the calculation or insufficient data to calculate the amount.

UCR 75th

Usual, customary and reasonable fee at the 75th percentile

The amount listed in this column represents the 75th percentile of usual, customary, and reasonable fees for the specific service or procedure. The 75th percentile is that point where 75 percent of fees for a given procedure are at or below the amount listed and 25 percent are higher than the amount listed. A zero in this column means that the procedure is an unlisted procedure or there is no data with which to make the calculation or insufficient data to calculate the amount.

90th UCR

Usual, customary, and reasonable fee at the 90th percentile

The amount listed in this column represents the 90th percentile of usual, customary, and reasonable fees for the specific service or procedure. The 90th percentile is that point where 90 percent of fees for a given procedure are at or below the amount listed and 10 percent are higher than the amount listed. A zero in this column means that the procedure is an unlisted procedure or there is no data with which to make the calculation or insufficient data to calculate the amount.

MFS 2020

Medicare Fee Schedule fee for 2020

The amount listed in this column was calculated by multiplying the total Medicare relative value units from the Medicare Fee Schedule times the proper conversion factor for the code. This amount is listed as a reference so that you can see the relative differences between the UCR and Medicare Fee Schedule amounts for a particular service.

MFS RVU

Medicare Fee Schedule Relative Value Units for 2020

The number listed in this column is the relative value unit from the Resource-Based Relative Value Scale (RBRVS), a component of the annual Medicare Physician Fee Schedule published by CMS. The relative value reflects the complexity of the procedure from a medical point of view. CPT codes for "unlisted" or "by report" services do not have assigned relative values in RBRVS for obvious reasons. Other services or procedures may be provided too infrequently for CMS to establish a relative value.

EVALUATION & MANAGEMENT SERVICES

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
OFFICE OR OTHER OUTPATIENT VISITS						
99201	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	77	96	123	47	1.29
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.	137	173	221	77	2.14
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.	204	256	328	109	3.03
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive	310	390	499	167	4.63

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
	examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.					
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.	402	506	648	211	5.85
99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.	45	57	73	23	0.65
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	82	103	133	46	1.28
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care	132	164	212	76	2.11

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
	with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.					
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.	199	247	320	110	3.06
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.	279	347	449	148	4.11

HOSPITAL OBSERVATION SERVICES

99217	Observation care discharge day management (This code is to be utilized to report all services provided to a patient on discharge from outpatient hospital "observation status" if the discharge is on other than the initial date of "observation status." To report services to a patient designated as "observation status" or "inpatient status" and discharged on the same date, use the codes for Observation or Inpatient Care Services [including Admission and Discharge Services, 99234-99236 as appropriate.]	184	238	465	74	2.05
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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
99218	Initial observation care, per day, for the evaluation and management of a patient which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to outpatient hospital "observation status" are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit.	230	299	584	102	2.82
99219	Initial observation care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to outpatient hospital "observation status" are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.	293	380	742	138	3.83
99220	Initial observation care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to outpatient hospital "observation status" are of high severity. Typically, 70 minutes are spent at the bedside and on the patient's hospital floor or unit.	464	603	1176	188	5.22

HOSPITAL INPATIENT SERVICES

99221	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of	241	318	422	104	2.88
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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
	care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit.					
99222	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.	284	375	498	140	3.89
99223	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of high severity. Typically, 70 minutes are spent at the bedside and on the patient's hospital floor or unit.	423	558	741	206	5.71
99224	Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: Problem focused interval history; Problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.	91	120	159	40	1.12

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
99225	Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 25 minutes are spent at the bedside and on the patient's hospital floor or unit.	158	208	277	74	2.05
99226	Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Typically, 35 minutes are spent at the bedside and on the patient's hospital floor or unit.	255	336	446	106	2.95
99231	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.	91	121	160	40	1.11
99232	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health	153	201	267	74	2.04

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
	care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 25 minutes are spent at the bedside and on the patient's hospital floor or unit.					
99233	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Typically, 35 minutes are spent at the bedside and on the patient's hospital floor or unit.	239	316	419	106	2.94
99234	Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of low severity. Typically, 40 minutes are spent at the bedside and on the patient's hospital floor or unit.	295	389	517	136	3.77
99235	Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.	397	523	695	172	4.77

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
99236	Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of high severity. Typically, 55 minutes are spent at the bedside and on the patient's hospital floor or unit.	598	788	1046	222	6.14
99238	Hospital discharge day management; 30 minutes or less	174	230	305	74	2.06
99239	Hospital discharge day management; more than 30 minutes	272	359	477	109	3.02

CONSULTATIONS

99241	Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 15 minutes are spent face-to-face with the patient and/or family.	133	177	229	49	1.35
99242	Office consultation for a new or established patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.	206	274	355	92	2.55
99243	Office consultation for a new or established patient, which requires these 3 key components: A detailed history; A detailed examination; and	265	352	456	126	3.49

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
	Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.					
99244	Office consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.	383	508	659	189	5.23
99245	Office consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 80 minutes are spent face-to-face with the patient and/or family.	484	641	831	230	6.37
99251	Inpatient consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 20 minutes are spent at the bedside and on the patient's hospital floor or unit.	161	205	281	51	1.41

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
99252	Inpatient consultation for a new or established patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Typically, 40 minutes are spent at the bedside and on the patient's hospital floor or unit.	204	260	356	77	2.13
99253	Inpatient consultation for a new or established patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 55 minutes are spent at the bedside and on the patient's hospital floor or unit.	282	360	493	119	3.29
99254	Inpatient consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 80 minutes are spent at the bedside and on the patient's hospital floor or unit.	360	459	629	173	4.79
99255	Inpatient consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 110 minutes are spent at the bedside and on the patient's hospital floor or unit.	460	587	804	208	5.76

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
99281	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor.	123	160	196	23	0.64
99282	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity.	183	238	291	44	1.23
99283	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity.	447	582	712	66	1.84
99284	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity, and require urgent evaluation by the physician, or other qualified health care professionals but do not pose an immediate significant threat to life or physiologic function.	771	1003	1227	122	3.38

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
99285	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity and pose an immediate significant threat to life or physiologic function.	1252	1630	1994	177	4.91
99288	Physician or other qualified health care professional direction of emergency medical systems (EMS) emergency care, advanced life support	346	451	551	0	0.00

CRITICAL CARE SERVICES

99291	Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes	746	1354	1829	285	7.89
99292	Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)	392	711	960	126	3.49

NURSING FACILITY SERVICES

99304	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Typically, 25 minutes are spent at the bedside and on the patient's facility floor or unit.	181	245	275	92	2.55
99305	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of	233	315	354	132	3.65

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
	moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Typically, 35 minutes are spent at the bedside and on the patient's facility floor or unit.					
99306	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of high severity. Typically, 45 minutes are spent at the bedside and on the patient's facility floor or unit.	302	409	459	170	4.71
99307	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Typically, 10 minutes are spent at the bedside and on the patient's facility floor or unit.	77	104	117	45	1.24
99308	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 15 minutes are spent at the bedside and on the patient's facility floor or unit.	131	177	199	70	1.95

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
99309	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient has developed a significant complication or a significant new problem. Typically, 25 minutes are spent at the bedside and on the patient's facility floor or unit.	182	246	277	93	2.57
99310	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Typically, 35 minutes are spent at the bedside and on the patient's facility floor or unit.	249	337	379	137	3.79
99315	Nursing facility discharge day management; 30 minutes or less	143	193	217	75	2.07
99316	Nursing facility discharge day management; more than 30 minutes	214	289	325	107	2.97
99318	Evaluation and management of a patient involving an annual nursing facility assessment, which requires these 3 key components: A detailed interval history; A comprehensive examination; and Medical decision making that is of low to moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Typically, 30 minutes are spent at the bedside and on the patient's facility floor or unit.	198	268	301	98	2.71

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
99324	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Typically, 20 minutes are spent with the patient and/or family or caregiver.	81	110	124	56	1.54
99325	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent with the patient and/or family or caregiver.	128	172	194	81	2.24
99326	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent with the patient and/or family or caregiver.	228	308	347	141	3.90
99327	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies	303	410	460	189	5.24

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
	are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Typically, 60 minutes are spent with the patient and/or family or caregiver.					
99328	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. Typically, 75 minutes are spent with the patient and/or family or caregiver.	315	426	479	224	6.20
99334	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 15 minutes are spent with the patient and/or family or caregiver.	105	142	159	61	1.70
99335	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 25 minutes are spent with the patient and/or family or caregiver.	156	211	237	97	2.69

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
99336	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent with the patient and/or family or caregiver.	216	292	328	137	3.80
99337	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of moderate to high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Typically, 60 minutes are spent with the patient and/or family or caregiver.	264	357	402	198	5.48

DOMICILIARY, REST HOME (EG. ASSISTED LIVING FACILITY) OR HOME CARE PLAN OVERSIGHT SERVICES

99339	Individual physician supervision of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical therapy plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes	268	362	407	79	2.19
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MEDICAL FEES 2020

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
99340	Individual physician supervision of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical therapy plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more	173	234	263	110	3.05

HOME SERVICES

99341	Home visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.	351	399	527	56	1.54
99342	Home visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.	347	394	520	80	2.21
99343	Home visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other	331	376	497	131	3.63

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
	qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.					
99344	Home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.	295	336	443	186	5.15
99345	Home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. Typically, 75 minutes are spent face-to-face with the patient and/or family.	355	404	534	226	6.27
99347	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 15 minutes are spent face-to-face with the patient and/or family.	86	98	130	56	1.54
99348	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded	137	156	206	86	2.37

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
	problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.					
99349	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.	201	229	302	131	3.63
99350	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of moderate to high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Typically, 60 minutes are spent face-to-face with the patient and/or family.	282	321	424	183	5.06

PROLONGED SERVICES

99354	Prolonged evaluation and management or psychotherapy service(s) (beyond the typical service time of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour (List separately in addition to code for office or other outpatient Evaluation and Management or psychotherapy service)	178	221	274	132	3.66
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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
99355	Prolonged evaluation and management or psychotherapy service(s) (beyond the typical service time of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes (List separately in addition to code for prolonged service)	152	189	233	100	2.78
99356	Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; first hour (List separately in addition to code for inpatient Evaluation and Management service)	201	250	309	94	2.61
99357	Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; each additional 30 minutes (List separately in addition to code for prolonged service)	217	270	334	95	2.63
99358	Prolonged evaluation and management service before and/or after direct patient care; first hour	203	252	311	114	3.15
99359	Prolonged evaluation and management service before and/or after direct patient care; each additional 30 minutes (List separately in addition to code for prolonged service)	104	129	160	56	1.54
99360	Standby service, requiring prolonged attendance, each 30 minutes (eg, operative standby, standby for frozen section, for cesarean/high risk delivery, for monitoring EEG)	229	284	351	63	1.75

CASE MANAGEMENT SERVICES

99366	Medical team conference with interdisciplinary team of health care professionals, face-to-face with patient and/or family, 30 minutes or more, participation by nonphysician qualified health care professional	87	109	134	45	1.24
99367	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by physician	101	126	156	58	1.61
99368	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by nonphysician qualified health care professional	119	148	183	38	1.06

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
CARE PLAN OVERSIGHT SERVICES						
99374	Supervision of a patient under care of home health agency (patient not present) in home, domiciliary or equivalent environment (eg, Alzheimer's facility) requiring complex and multi-disciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical therapy plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes	122	152	188	71	1.98
99375	Supervision of a patient under care of home health agency (patient not present) in home, domiciliary or equivalent environment (eg, Alzheimer's facility) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical therapy plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more	168	209	258	107	2.96
99377	Supervision of a hospice patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical therapy plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes	170	211	260	71	1.98

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
99378	Supervision of a hospice patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical therapy plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more	203	253	313	107	2.96
99379	Supervision of a nursing facility patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical therapy plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes	76	95	117	71	1.98
99380	Supervision of a nursing facility patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical therapy plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more	202	251	310	107	2.96

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
99381	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; infant (age younger than 1 year)	187	233	288	113	3.13
99382	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; early childhood (age 1 through 4 years)	195	243	300	118	3.28
99383	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; late childhood (age 5 through 11 years)	197	245	303	123	3.42
99384	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; adolescent (age 12 through 17 years)	218	271	336	140	3.87
99385	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 18-39 years	252	313	387	135	3.75
99386	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 40-64 years	278	346	427	157	4.34

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
99387	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 65 years and older	287	357	441	170	4.72
99391	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; infant (age younger than 1 year)	162	201	249	102	2.83
99392	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; early childhood (age 1 through 4 years)	174	217	268	109	3.01
99393	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; late childhood (age 5 through 11 years)	174	216	267	108	3.00
99394	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; adolescent (age 12 through 17 years)	190	237	292	119	3.30
99395	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 18-39 years	213	265	328	122	3.38

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
99396	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 40-64 years	231	288	356	130	3.60
99397	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 65 years and older	245	305	376	140	3.87
99401	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes	76	91	127	40	1.12
99402	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes	111	133	185	67	1.85
99403	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes	159	192	267	91	2.53
99404	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes	152	183	255	117	3.24
99406	Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes	30	37	51	16	0.43
99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	58	70	98	30	0.82
99408	Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes	46	55	76	37	1.02
99409	Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; greater than 30 minutes	102	122	170	71	1.98

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
99411	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 30 minutes	30	36	51	20	0.56
99412	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 60 minutes	61	73	102	26	0.71
99415	Prolonged clinical staff service (the service beyond the typical service time) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; first hour (List separately in addition to code for outpatient Evaluation and Management service)	31	37	51	10	0.28
99416	Prolonged clinical staff service (the service beyond the typical service time) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; each additional 30 minutes (List separately in addition to code for prolonged service)	0	0	0	4	0.12
99421	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes	29	34	48	16	0.43
99422	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes	57	69	96	31	0.86
99423	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes	92	111	155	50	1.39
99429	Unlisted preventive medicine service	0	0	0	0	0.00

NON-FACE-TO-FACE PHYSICIAN SERVICES

99441	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	43	51	71	14	0.40
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MEDICAL FEES 2020

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
99442	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion	50	60	83	28	0.78
99443	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion	100	121	168	41	1.14
99446	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review	51	61	85	18	0.51
99447	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 11-20 minutes of medical consultative discussion and review	113	136	189	37	1.03
99448	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 21-30 minutes of medical consultative discussion and review	156	188	262	56	1.54
99449	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 31 minutes or more of medical consultative discussion and review	151	181	252	74	2.05

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
SPECIAL EVALUATION AND MANAGEMENT SERVICES						
99450	Basic life and/or disability examination that includes: Measurement of height, weight, and blood pressure; Completion of a medical history following a life insurance pro forma; Collection of blood sample and/or urinalysis complying with "chain of custody" protocols; and Completion of necessary documentation/certificates.	102	123	171	0	0.00
99451	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a written report to the patient's treating/requesting physician or other qualified health care professional, 5 minutes or more of medical consultative time	60	72	100	38	1.04
99452	Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes	77	93	130	38	1.04
99453	Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment	49	59	83	19	0.52
99454	Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days	101	122	169	62	1.73
99455	Work related or medical disability examination by the treating physician that includes: Completion of a medical history commensurate with the patient's condition; Performance of an examination commensurate with the patient's condition; Formulation of a diagnosis, assessment of capabilities and stability, and calculation of impairment; Development of future medical therapy plan; and Completion of necessary documentation/certificates and report.	161	194	270	0	0.00
99456	Work related or medical disability examination by other than the treating physician that includes: Completion of a medical history commensurate with the patient's condition; Performance of an examination commensurate with the patient's condition; Formulation of a diagnosis, assessment of capabilities and stability, and calculation of impairment; Development of future medical therapy plan; and Completion of necessary documentation/certificates and report.	735	883	1229	0	0.00

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
99457	Remote physiologic monitoring therapy management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; first 20 minutes	101	121	169	52	1.43
99458	Remote physiologic monitoring therapy management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; each additional 20 minutes (List separately in addition to code for primary procedure)	78	94	130	42	1.17

NEWBORN CARE SERVICES

99460	Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant	254	306	425	97	2.70
99461	Initial care, per day, for evaluation and management of normal newborn infant seen in other than hospital or birthing center	127	153	213	93	2.57
99462	Subsequent hospital care, per day, for evaluation and management of normal newborn	127	153	213	43	1.19
99463	Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant admitted and discharged on the same date	264	317	441	113	3.12

DELIVERY/BIRTHING ROOM ATTENDANCE AND RESUSCITATION SERVICES

99464	Attendance at delivery (when requested by the delivering physician or other qualified health care professional) and initial stabilization of newborn	507	609	848	76	2.11
99465	Delivery/birthing room resuscitation, provision of positive pressure ventilation and/or chest compressions in the presence of acute inadequate ventilation and/or cardiac output	988	1188	1654	149	4.13

INPATIENT NEONATAL INTENSIVE CARE SERVICES AND PEDIATRIC AND NEONATAL CRITICAL CARE SERVICES

99466	Critical care face-to-face services, during an interfacility transport of critically ill or critically injured pediatric patient, 24 months of age or	1754	2109	2934	243	6.74
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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
	younger; first 30-74 minutes of hands-on care during transport					
99467	Critical care face-to-face services, during an interfacility transport of critically ill or critically injured pediatric patient, 24 months of age or younger; each additional 30 minutes (List separately in addition to code for primary service)	918	1104	1536	122	3.38
99468	Initial inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger	4889	5879	8181	938	25.98
99469	Subsequent inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger	2933	3527	4908	406	11.25
99471	Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age	2815	3385	4710	812	22.49
99472	Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age	2541	3056	4253	410	11.37
99473	Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration	21	25	35	11	0.31
99474	Self-measured blood pressure using a device validated for clinical accuracy; separate self-measurements of two readings one minute apart, twice daily over a 30-day period (minimum of 12 readings), collection of data reported by the patient and/or caregiver to the physician or other qualified health care professional, with report of average systolic and diastolic pressures and subsequent communication of a therapy plan to the patient	28	34	47	15	0.42
99475	Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 2 through 5 years of age	1881	2262	3148	571	15.83
99476	Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 2 through 5 years of age	1245	1497	2084	354	9.80
99477	Initial hospital care, per day, for the evaluation and management of the neonate, 28 days of age	2555	3072	4275	356	9.87

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
	or younger, who requires intensive observation, frequent interventions, and other intensive care services					
99478	Subsequent intensive care, per day, for the evaluation and management of the recovering very low birth weight infant (present body weight less than 1500 grams)	1177	1416	1970	140	3.88
99479	Subsequent intensive care, per day, for the evaluation and management of the recovering low birth weight infant (present body weight of 1500-2500 grams)	1049	1261	1755	127	3.52
99480	Subsequent intensive care, per day, for the evaluation and management of the recovering infant (present body weight of 2501-5000 grams)	1040	1251	1740	122	3.38

COGNITIVE ASSESSMENT AND CARE PLAN SERVICES

99483	Assessment of and care planning for a patient with cognitive impairment, requiring an independent historian, in the office or other outpatient, home or domiciliary or rest home, with all of the following required elements: Cognition-focused evaluation including a pertinent history and examination; Medical decision making of moderate or high complexity; Functional assessment (eg, basic and instrumental activities of daily living), including decision-making capacity; Use of standardized instruments for staging of dementia (eg, functional assessment staging test [FAST], clinical dementia rating [CDR]); Medication reconciliation and review for high-risk medications; Evaluation for neuropsychiatric and behavioral symptoms, including depression, including use of standardized screening instrument(s); Evaluation of safety (eg, home), including motor vehicle operation; Identification of caregiver(s), caregiver knowledge, caregiver needs, social supports, and the willingness of caregiver to take on caregiving tasks; Development, updating or revision, or review of an Advance Care Plan; Creation of a written care plan, including initial plans to address any neuropsychiatric symptoms, neuro-cognitive symptoms, functional limitations, and referral to community resources as needed (eg, rehabilitation services, adult day programs, support groups) shared with the patient and/or caregiver with initial education and support. Typically, 50 minutes are spent face-to-face with the patient and/or family or caregiver.	317	381	530	265	7.35
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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
CARE MANAGEMENT SERVICES						
99484	Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional, per calendar month, with the following required elements: initial assessment or follow-up monitoring, including the use of applicable validated rating scales; behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes; facilitating and coordinating therapy such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation; and continuity of care with a designated member of the care team.	96	116	161	48	1.33
99485	Supervision by a control physician of interfacility transport care of the critically ill or critically injured pediatric patient, 24 months of age or younger, includes two-way communication with transport team before transport, at the referring facility and during the transport, including data interpretation and report; first 30 minutes	263	317	440	79	2.19
99486	Supervision by a control physician of interfacility transport care of the critically ill or critically injured pediatric patient, 24 months of age or younger, includes two-way communication with transport team before transport, at the referring facility and during the transport, including data interpretation and report; each additional 30 minutes (List separately in addition to code for primary procedure)	191	230	320	69	1.91
99487	Complex chronic care management services, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, establishment or substantial revision of a comprehensive care plan, moderate or high complexity medical decision making; 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.;	122	146	203	92	2.56

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
99489	Complex chronic care management services, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, establishment or substantial revision of a comprehensive care plan, moderate or high complexity medical decision making; 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.; each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)	66	80	111	45	1.24
99490	Chronic care management services, at least 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient; chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline; comprehensive care plan established, implemented, revised, or monitored.	66	79	110	42	1.17
99491	Chronic care management services, provided personally by a physician or other qualified health care professional, at least 30 minutes of physician or other qualified health care professional time, per calendar month, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient; chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline; comprehensive care plan established, implemented, revised, or monitored.	126	151	211	84	2.33

PSYCHIATRIC COLLABORATIVE CARE MANAGEMENT SERVICES

99492	Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care	254	305	425	157	4.35
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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
	professional, with the following required elements: outreach to and engagement in therapy a patient directed by the treating physician or other qualified health care professional; initial assessment of the patient, including administration of validated rating scales, with the development of an individualized therapy plan; review by the psychiatric consultant with modifications of the plan if recommended; entering patient in a registry and tracking patient follow-up and progress using the registry, with appropriate documentation, and participation in weekly caseload consultation with the psychiatric consultant; and provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused therapy strategies.					
99493	Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: tracking patient follow-up and progress using the registry, with appropriate documentation; participation in weekly caseload consultation with the psychiatric consultant; ongoing collaboration with and coordination of the patient's mental health care with the treating physician or other qualified health care professional and any other treating mental health providers; additional review of progress and recommendations for changes in therapy, as indicated, including medications, based on recommendations provided by the psychiatric consultant; provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused therapy strategies; monitoring of patient outcomes using validated rating scales; and relapse prevention planning with patients as they achieve remission of symptoms and/or other therapy goals and are prepared for discharge from active therapy.	201	242	337	126	3.50
99494	Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional (List separately in addition to code for primary procedure)	112	135	187	64	1.77

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
TRANSITIONAL CARE MANAGEMENT SERVICES						
99495	Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge Medical decision making of at least moderate complexity during the service period Face-to-face visit, within 14 calendar days of discharge	304	365	508	188	5.20
99496	Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge Medical decision making of high complexity during the service period Face-to-face visit, within 7 calendar days of discharge	378	455	633	248	6.87
ADVANCE CARE PLANNING						
99497		135	155	226	86	2.40
99497	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate	152	183	254	87	2.41
99498	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; each additional 30 minutes (List separately in addition to code for primary procedure)	151	181	252	76	2.11
99499	Unlisted evaluation and management service	0	0	0	0	0.00

SURGERY SERVICES

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
GENERAL						
10004	Fine needle aspiration biopsy, without imaging guidance; each additional lesion (List separately in addition to code for primary procedure)	120	168	265	53	1.48
10005	Fine needle aspiration biopsy, including ultrasound guidance; first lesion	310	436	686	132	3.67
10006	Fine needle aspiration biopsy, including ultrasound guidance; each additional lesion (List separately in addition to code for primary procedure)	187	262	413	61	1.70
10007	Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion	622	873	1375	304	8.43
10008	Fine needle aspiration biopsy, including fluoroscopic guidance; each additional lesion (List separately in addition to code for primary procedure)	353	496	781	173	4.79
10009	Fine needle aspiration biopsy, including CT guidance; first lesion	508	713	1123	481	13.32
10010	Fine needle aspiration biopsy, including CT guidance; each additional lesion (List separately in addition to code for primary procedure)	592	830	1308	289	8.02
10011	Fine needle aspiration biopsy, including MR guidance; first lesion	0	0	0	0	0.00
10012	Fine needle aspiration biopsy, including MR guidance; each additional lesion (List separately in addition to code for primary procedure)	0	0	0	0	0.00
10021	Fine needle aspiration biopsy, without imaging guidance; first lesion	300	421	663	101	2.80

INTEGUMENTARY SYSTEM

SKIN, SUBCUTANEOUS AND ACCESSORY STRUCTURES

10030	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst), soft tissue (eg, extremity, abdominal wall, neck), percutaneous	669	939	1479	633	17.53
10035	Placement of soft tissue localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; first lesion	509	715	1126	463	12.84

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
10036	Placement of soft tissue localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; each additional lesion (List separately in addition to code for primary procedure)	748	1050	1654	394	10.92
10040	Acne surgery (eg, marsupialization, opening or removal of multiple milia, comedones, cysts, pustules)	202	283	446	112	3.11
10060	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single	234	328	517	124	3.44
10061	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); complicated or multiple	505	709	1116	215	5.97
10080	Incision and drainage of pilonidal cyst; simple	462	649	1022	216	5.99
10081	Incision and drainage of pilonidal cyst; complicated	899	1261	1987	313	8.67
10120	Incision and removal of foreign body, subcutaneous tissues; simple	309	433	683	156	4.31
10121	Incision and removal of foreign body, subcutaneous tissues; complicated	550	772	1216	280	7.76
10140	Incision and drainage of hematoma, seroma or fluid collection	305	428	675	175	4.85
10160	Puncture aspiration of abscess, hematoma, bulla, or cyst	285	401	631	134	3.71
10180	Incision and drainage, complex, postoperative wound infection	567	795	1253	263	7.30
11000	Debridement of extensive eczematous or infected skin; up to 10% of body surface	101	140	174	58	1.61
11001	Debridement of extensive eczematous or infected skin; each additional 10% of the body surface, or part thereof (List separately in addition to code for primary procedure)	51	71	88	24	0.67
11004	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia and perineum	1528	2125	2641	602	16.68
11005	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; abdominal wall, with or without fascial closure	1979	2752	3420	820	22.72

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
11006	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia, perineum and abdominal wall, with or without fascial closure	1844	2563	3186	739	20.49
11008	Removal of prosthetic material or mesh, abdominal wall for infection (eg, for chronic or recurrent mesh infection or necrotizing soft tissue infection) (List separately in addition to code for primary procedure)	755	1050	1305	288	7.99
11010	Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin and subcutaneous tissues	1049	1458	1812	489	13.56
11011	Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin, subcutaneous tissue, muscle fascia, and muscle	1203	1673	2079	545	15.10
11012	Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin, subcutaneous tissue, muscle fascia, muscle, and bone	1830	2545	3163	698	19.34
11042	Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less	212	294	366	129	3.57
11043	Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less	508	707	879	240	6.64
11044	Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less	648	901	1120	323	8.96
11045	Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	76	105	131	43	1.19
11046	Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	141	197	244	77	2.12
11047	Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	232	323	401	127	3.53

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
11055	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); single lesion	71	92	126	64	1.78
11056	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); 2 to 4 lesions	86	111	152	76	2.10
11057	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); more than 4 lesions	101	131	179	83	2.31
11102	Tangential biopsy of skin (eg, shave, scoop, saucerize, curette); single lesion	186	236	303	102	2.84
11103	Tangential biopsy of skin (eg, shave, scoop, saucerize, curette); each separate/additional lesion (List separately in addition to code for primary procedure)	99	126	161	54	1.51
11104	Punch biopsy of skin (including simple closure, when performed); single lesion	235	298	382	129	3.57
11105	Punch biopsy of skin (including simple closure, when performed); each separate/additional lesion (List separately in addition to code for primary procedure)	119	151	193	62	1.72
11106	Incisional biopsy of skin (eg, wedge) (including simple closure, when performed); single lesion	272	346	442	156	4.32
11107	Incisional biopsy of skin (eg, wedge) (including simple closure, when performed); each separate/additional lesion (List separately in addition to code for primary procedure)	118	151	193	74	2.04
11200	Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions	160	203	260	91	2.52
11201	Removal of skin tags, multiple fibrocutaneous tags, any area; each additional 10 lesions, or part thereof (List separately in addition to code for primary procedure)	46	58	74	19	0.53
11300	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.5 cm or less	154	201	261	102	2.84
11301	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.6 to 1.0 cm	183	239	310	125	3.45
11302	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 1.1 to 2.0 cm	207	271	352	144	3.99
11303	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter over 2.0 cm	254	332	431	158	4.39

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
11305	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less	151	198	257	108	2.99
11306	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm	177	231	300	126	3.50
11307	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm	204	266	346	148	4.09
11308	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter over 2.0 cm	218	284	369	158	4.37
11310	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less	176	230	299	119	3.29
11311	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm	189	247	321	141	3.90
11312	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm	232	303	394	163	4.51
11313	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 2.0 cm	294	384	499	190	5.27
11400	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.5 cm or less	223	291	379	129	3.57
11401	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.6 to 1.0 cm	256	335	435	157	4.35
11402	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 1.1 to 2.0 cm	302	395	513	174	4.83
11403	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 2.1 to 3.0 cm	365	477	619	201	5.58
11404	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 3.1 to 4.0 cm	434	567	737	229	6.34
11406	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter over 4.0 cm	662	865	1123	327	9.07

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
11420	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less	218	284	369	130	3.60
11421	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm	277	361	470	164	4.54
11422	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm	334	437	567	184	5.11
11423	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm	398	520	675	210	5.81
11424	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm	460	602	781	242	6.71
11426	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm	702	918	1193	348	9.63
11440	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less	251	329	427	143	3.97
11441	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.6 to 1.0 cm	313	408	531	176	4.88
11442	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 1.1 to 2.0 cm	368	481	625	196	5.43
11443	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 2.1 to 3.0 cm	456	596	774	233	6.45
11444	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 3.1 to 4.0 cm	568	742	964	292	8.09
11446	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face,	807	1055	1370	402	11.14

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
	ears, eyelids, nose, lips, mucous membrane; excised diameter over 4.0 cm					
11450	Excision of skin and subcutaneous tissue for hidradenitis, axillary; with simple or intermediate repair	846	1105	1436	421	11.67
11451	Excision of skin and subcutaneous tissue for hidradenitis, axillary; with complex repair	1099	1436	1865	525	14.54
11462	Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with simple or intermediate repair	810	1059	1375	410	11.36
11463	Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with complex repair	1096	1433	1861	534	14.79
11470	Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal, or umbilical; with simple or intermediate repair	913	1193	1550	447	12.38
11471	Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal, or umbilical; with complex repair	1143	1494	1941	544	15.08
11600	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.5 cm or less	318	411	554	202	5.61
11601	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.6 to 1.0 cm	360	465	627	235	6.52
11602	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 1.1 to 2.0 cm	402	519	700	253	7.02
11603	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 2.1 to 3.0 cm	466	602	811	289	8.00
11604	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 3.1 to 4.0 cm	556	718	968	322	8.93
11606	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter over 4.0 cm	897	1158	1561	462	12.81
11620	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less	346	447	602	204	5.64
11621	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm	379	490	660	236	6.55

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
11622	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm	427	551	743	262	7.25
11623	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm	527	680	917	307	8.52
11624	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm	672	868	1170	348	9.65
11626	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm	922	1191	1604	421	11.66
11640	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.5 cm or less	352	455	613	208	5.77
11641	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.6 to 1.0 cm	426	551	742	245	6.78
11642	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 1.1 to 2.0 cm	492	636	857	278	7.69
11643	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 2.1 to 3.0 cm	612	790	1065	327	9.06
11644	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 3.1 to 4.0 cm	825	1066	1437	403	11.18
11646	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter over 4.0 cm	1149	1485	2001	526	14.57
NAILS						
11719	Trimming of nondystrophic nails, any number	35	46	62	14	0.40
11720	Debridement of nail(s) by any method(s); 1 to 5	50	65	88	34	0.93
11721	Debridement of nail(s) by any method(s); 6 or more	71	92	124	47	1.29
11730	Avulsion of nail plate, partial or complete, simple; single	162	210	283	113	3.14
11732	Avulsion of nail plate, partial or complete, simple; each additional nail plate (List separately in addition to code for primary procedure)	77	100	135	34	0.95

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
11740	Evacuation of subungual hematoma	115	149	201	55	1.52
11750	Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal	369	479	646	161	4.45
11755	Biopsy of nail unit (eg, plate, bed, matrix, hyponychium, proximal and lateral nail folds) (separate procedure)	216	281	378	125	3.47
11760	Repair of nail bed	532	690	931	200	5.55
11762	Reconstruction of nail bed with graft	453	587	791	305	8.44
11765	Wedge excision of skin of nail fold (eg, for ingrown toenail)	247	321	433	173	4.80

PILONIDAL CYST

11770	Excision of pilonidal cyst or sinus; simple	670	869	1172	322	8.92
11771	Excision of pilonidal cyst or sinus; extensive	1298	1683	2270	624	17.29
11772	Excision of pilonidal cyst or sinus; complicated	1664	2157	2910	756	20.95

INTRODUCTION

11900	Injection, intralesional; up to and including 7 lesions	105	135	176	56	1.56
11901	Injection, intralesional; more than 7 lesions	151	195	254	71	1.97
11920	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less	517	667	868	192	5.33
11921	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.1 to 20.0 sq cm	715	922	1200	219	6.08
11922	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; each additional 20.0 sq cm, or part thereof (List separately in addition to code for primary procedure)	292	376	490	62	1.71
11950	Subcutaneous injection of filling material (eg, collagen); 1 cc or less	281	362	471	82	2.26
11951	Subcutaneous injection of filling material (eg, collagen); 1.1 to 5.0 cc	221	285	371	111	3.07

MEDICAL FEES 2020

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
11952	Subcutaneous injection of filling material (eg, collagen); 5.1 to 10.0 cc	4058	5232	6809	149	4.13
11954	Subcutaneous injection of filling material (eg, collagen); over 10.0 cc	500	644	839	164	4.54
11960	Insertion of tissue expander(s) for other than breast, including subsequent expansion	3222	4153	5405	1014	28.11
11970	Replacement of tissue expander with permanent prosthesis	2451	3160	4112	636	17.62
11971	Removal of tissue expander(s) without insertion of prosthesis	1160	1496	1946	497	13.77
11976	Removal, implantable contraceptive capsules	247	319	415	150	4.15
11980	Subcutaneous hormone pellet implantation (implantation of estradiol and/or testosterone pellets beneath the skin)	232	299	390	97	2.69
11981	Insertion, non-biodegradable drug delivery implant	303	390	508	107	2.96
11982	Removal, non-biodegradable drug delivery implant	319	411	535	121	3.36
11983	Removal with reinsertion, non-biodegradable drug delivery implant	497	641	834	150	4.15

REPAIR (CLOSURE)

12001	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less	321	457	602	93	2.58
12002	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.6 cm to 7.5 cm	418	596	784	114	3.16
12004	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 7.6 cm to 12.5 cm	532	758	998	133	3.69
12005	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 12.6 cm to 20.0 cm	678	965	1271	176	4.88
12006	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 20.1 cm to 30.0 cm	818	1165	1535	208	5.76

SURGERY – INTEGUMENTARY SYSTEM

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
12007	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); over 30.0 cm	845	1203	1584	237	6.58
12011	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less	414	589	776	114	3.15
12013	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm	476	677	892	119	3.29
12014	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm	589	839	1105	144	4.00
12015	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm	750	1068	1407	175	4.84
12016	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm	936	1333	1756	222	6.16
12017	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm	582	828	1091	162	4.48
12018	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm	660	939	1237	183	5.08
12020	therapy superficial wound dehiscence; simple closure	580	826	1088	304	8.41
12021	therapy superficial wound dehiscence; with packing	346	493	649	177	4.90
12031	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.5 cm or less	436	601	849	259	7.17
12032	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.6 cm to 7.5 cm	539	743	1050	310	8.59
12034	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 7.6 cm to 12.5 cm	676	931	1316	333	9.24
12035	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 12.6 cm to 20.0 cm	978	1347	1905	398	11.03

MEDICAL FEES 2020

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
12036	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 20.1 cm to 30.0 cm	1201	1655	2339	445	12.34
12037	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); over 30.0 cm	1257	1732	2448	506	14.01
12041	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less	514	708	1001	259	7.19
12042	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.6 cm to 7.5 cm	570	785	1109	308	8.54
12044	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 7.6 cm to 12.5 cm	806	1110	1569	383	10.60
12045	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 12.6 cm to 20.0 cm	1048	1444	2042	420	11.63
12046	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 20.1 cm to 30.0 cm	934	1286	1818	507	14.05
12047	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; over 30.0 cm	1025	1412	1997	557	15.43
12051	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less	557	767	1085	279	7.73
12052	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm	612	843	1192	313	8.67
12053	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm	759	1045	1478	367	10.16
12054	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm	993	1368	1934	387	10.72
12055	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm	1231	1696	2398	502	13.92
12056	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm	1086	1496	2115	590	16.34
12057	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm	1154	1590	2248	627	17.37

SURGERY – INTEGUMENTARY SYSTEM

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
13100	Repair, complex, trunk; 1.1 cm to 2.5 cm	557	742	1076	351	9.72
13101	Repair, complex, trunk; 2.6 cm to 7.5 cm	701	933	1353	412	11.41
13102	Repair, complex, trunk; each additional 5 cm or less (List separately in addition to code for primary procedure)	282	376	545	124	3.43
13120	Repair, complex, scalp, arms, and/or legs; 1.1 cm to 2.5 cm	597	796	1154	366	10.14
13121	Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm	751	1000	1450	442	12.24
13122	Repair, complex, scalp, arms, and/or legs; each additional 5 cm or less (List separately in addition to code for primary procedure)	281	374	543	135	3.74
13131	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.1 cm to 2.5 cm	668	889	1290	401	11.11
13132	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 2.6 cm to 7.5 cm	916	1220	1768	490	13.59
13133	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; each additional 5 cm or less (List separately in addition to code for primary procedure)	394	524	760	180	4.98
13151	Repair, complex, eyelids, nose, ears and/or lips; 1.1 cm to 2.5 cm	774	1031	1494	438	12.13
13152	Repair, complex, eyelids, nose, ears and/or lips; 2.6 cm to 7.5 cm	1020	1358	1969	518	14.36
13153	Repair, complex, eyelids, nose, ears and/or lips; each additional 5 cm or less (List separately in addition to code for primary procedure)	509	678	983	197	5.45
13160	Secondary closure of surgical wound or dehiscence, extensive or complicated	2011	2679	3884	830	22.99
14000	Adjacent tissue transfer or rearrangement, trunk; defect 10 sq cm or less	1303	1889	3341	646	17.89
14001	Adjacent tissue transfer or rearrangement, trunk; defect 10.1 sq cm to 30.0 sq cm	1837	2664	4711	825	22.85
14020	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10 sq cm or less	1416	2052	3629	715	19.80
14021	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10.1 sq cm to 30.0 sq cm	1663	2411	4263	889	24.63

MEDICAL FEES 2020

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
14040	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less	1639	2376	4201	778	21.56
14041	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10.1 sq cm to 30.0 sq cm	1829	2651	4689	952	26.37
14060	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less	1660	2407	4257	790	21.90
14061	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10.1 sq cm to 30.0 sq cm	2033	2948	5214	1024	28.36
14301	Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm	2849	4130	7304	1114	30.86
14302	Adjacent tissue transfer or rearrangement, any area; each additional 30.0 sq cm, or part thereof (List separately in addition to code for primary procedure)	755	1094	1935	228	6.31
14350	Filletted finger or toe flap, including preparation of recipient site	1527	2214	3915	712	19.73
15002	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; first 100 sq cm or 1% of body area of infants and children	913	1291	1921	362	10.04
15003	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; each additional 100 sq cm, or part thereof, or each additional 1% of body area of infants and children (List separately in addition to code for primary procedure)	217	307	457	75	2.08
15004	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; first 100 sq cm or 1% of body area of infants and children	912	1290	1919	413	11.44

SURGERY – INTEGUMENTARY SYSTEM

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
15005	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; each additional 100 sq cm, or part thereof, or each additional 1% of body area of infants and children (List separately in addition to code for primary procedure)	373	528	785	126	3.50
15040	Harvest of skin for tissue cultured skin autograft, 100 sq cm or less	504	713	1061	270	7.47
15050	Pinch graft, single or multiple, to cover small ulcer, tip of digit, or other minimal open area (except on face), up to defect size 2 cm diameter	1252	1771	2635	605	16.77
15100	Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)	2170	3069	4567	896	24.84
15101	Split-thickness autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	525	742	1104	195	5.40
15110	Epidermal autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children	1718	2430	3615	835	23.13
15111	Epidermal autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	249	352	524	120	3.33
15115	Epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children	1656	2342	3485	824	22.84
15116	Epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	418	591	880	174	4.81
15120	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)	2290	3240	4821	879	24.36

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
15121	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	747	1057	1573	218	6.05
15130	Dermal autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children	1793	2536	3773	745	20.63
15131	Dermal autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	249	352	523	103	2.86
15135	Dermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children	2067	2924	4351	903	25.01
15136	Dermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	246	348	518	102	2.83
15150	Tissue cultured skin autograft, trunk, arms, legs; first 25 sq cm or less	1764	2495	3713	733	20.30
15151	Tissue cultured skin autograft, trunk, arms, legs; additional 1 sq cm to 75 sq cm (List separately in addition to code for primary procedure)	302	427	635	125	3.47
15152	Tissue cultured skin autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	499	705	1049	161	4.47
15155	Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 25 sq cm or less	2004	2835	4218	832	23.06
15156	Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; additional 1 sq cm to 75 sq cm (List separately in addition to code for primary procedure)	403	570	849	167	4.64

SURGERY – INTEGUMENTARY SYSTEM

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
15157	Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	451	638	949	187	5.19
15200	Full thickness graft, free, including direct closure of donor site, trunk; 20 sq cm or less	2120	2999	4462	864	23.93
15201	Full thickness graft, free, including direct closure of donor site, trunk; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	347	491	730	152	4.20
15220	Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; 20 sq cm or less	1603	2268	3375	793	21.98
15221	Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	399	564	840	139	3.86
15240	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 20 sq cm or less	2175	3076	4577	957	26.53
15241	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	583	825	1228	187	5.18
15260	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; 20 sq cm or less	1969	2785	4144	1029	28.50
15261	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	659	933	1388	216	5.99
15271	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	297	420	624	155	4.29
15272	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface	69	97	145	27	0.75

MEDICAL FEES 2020

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
	area, or part thereof (List separately in addition to code for primary procedure)					
15273	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	820	1159	1725	322	8.93
15274	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	207	293	436	82	2.26
15275	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	318	449	669	162	4.48
15276	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)	88	124	185	35	0.98
15277	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	1010	1428	2125	353	9.79
15278	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	310	438	652	96	2.67
15570	Formation of direct or tubed pedicle, with or without transfer; trunk	1912	2704	4024	946	26.22
15572	Formation of direct or tubed pedicle, with or without transfer; scalp, arms, or legs	2016	2851	4242	913	25.30

SURGERY – INTEGUMENTARY SYSTEM

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
15574	Formation of direct or tubed pedicle, with or without transfer; forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands or feet	2180	3084	4589	929	25.75
15576	Formation of direct or tubed pedicle, with or without transfer; eyelids, nose, ears, lips, or intraoral	1897	2683	3993	821	22.75
15600	Delay of flap or sectioning of flap (division and inset); at trunk	1064	1505	2239	342	9.47
15610	Delay of flap or sectioning of flap (division and inset); at scalp, arms, or legs	1047	1481	2203	371	10.29
15620	Delay of flap or sectioning of flap (division and inset); at forehead, cheeks, chin, neck, axillae, genitalia, hands, or feet	1283	1815	2700	455	12.60
15630	Delay of flap or sectioning of flap (division and inset); at eyelids, nose, ears, or lips	1194	1689	2513	471	13.06
15650	Transfer, intermediate, of any pedicle flap (eg, abdomen to wrist, Walking tube), any location	1261	1784	2654	524	14.51
15730	Midface flap (ie, zygomaticofacial flap) with preservation of vascular pedicle(s)	4325	6118	9103	1550	42.95
15731	Forehead flap with preservation of vascular pedicle (eg, axial pattern flap, paramedian forehead flap)	3016	4266	6347	1158	32.09
15733	Muscle, myocutaneous, or fasciocutaneous flap; head and neck with named vascular pedicle (ie, buccinators, genioglossus, temporalis, masseter, sternocleidomastoid, levator scapulae)	3250	4597	6840	1081	29.94
15734	Muscle, myocutaneous, or fasciocutaneous flap; trunk	4569	6464	9617	1574	43.61
15736	Muscle, myocutaneous, or fasciocutaneous flap; upper extremity	4113	5819	8658	1274	35.30
15738	Muscle, myocutaneous, or fasciocutaneous flap; lower extremity	3883	5493	8173	1351	37.43
15740	Flap; island pedicle requiring identification and dissection of an anatomically named axial vessel	2922	4133	6150	1033	28.62
15750	Flap; neurovascular pedicle	2921	4132	6147	953	26.41
15756	Free muscle or myocutaneous flap with microvascular anastomosis	8591	12152	18082	2383	66.02
15757	Free skin flap with microvascular anastomosis	9268	13110	19506	2368	65.62

MEDICAL FEES 2020

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
15758	Free fascial flap with microvascular anastomosis	9692	13710	20400	2383	66.04
15760	Graft; composite (eg, full thickness of external ear or nasal ala), including primary closure, donor area	2317	3278	4877	871	24.14
15769	Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)	1204	1704	2535	500	13.86
15770	Graft; derma-fat-fascia	1977	2796	4161	688	19.05
15771	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate	1438	2034	3027	597	16.55
15772	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; each additional 50 cc injectate, or part thereof (List separately in addition to code for primary procedure)	454	642	955	188	5.22
15773	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25 cc or less injectate	1451	2053	3055	603	16.70
15774	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; each additional 25 cc injectate, or part thereof (List separately in addition to code for primary procedure)	440	622	926	183	5.06
15775	Punch graft for hair transplant; 1 to 15 punch grafts	875	1238	1842	383	10.60
15776	Punch graft for hair transplant; more than 15 punch grafts	1259	1781	2650	525	14.54
15777	Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (ie, breast, trunk) (List separately in addition to code for primary procedure)	710	1005	1495	226	6.25
15780	Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis)	1933	3310	5156	909	25.20
15781	Dermabrasion; segmental, face	958	1640	2555	566	15.67
15782	Dermabrasion; regional, other than face	1628	2787	4343	554	15.35
15783	Dermabrasion; superficial, any site (eg, tattoo removal)	1400	2397	3734	476	13.20

SURGERY – INTEGUMENTARY SYSTEM

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
15786	Abrasion; single lesion (eg, keratosis, scar)	491	841	1311	248	6.87
15787	Abrasion; each additional 4 lesions or less (List separately in addition to code for primary procedure)	126	215	335	42	1.15
15788	Chemical peel, facial; epidermal	633	1083	1688	442	12.26
15789	Chemical peel, facial; dermal	877	1502	2339	555	15.38
15792	Chemical peel, nonfacial; epidermal	634	1085	1691	397	10.99
15793	Chemical peel, nonfacial; dermal	833	1427	2223	492	13.64
15819	Cervicoplasty	2434	4169	6495	829	22.96
15820	Blepharoplasty, lower eyelid;	1907	3265	5087	586	16.23
15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad	3126	5354	8341	629	17.42
15822	Blepharoplasty, upper eyelid;	3115	5335	8312	466	12.91
15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid	2125	3640	5671	629	17.44
15824	Rhytidectomy; forehead	0	0	0	0	0.00
15825	Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)	0	0	0	0	0.00
15826	Rhytidectomy; glabellar frown lines	0	0	0	0	0.00
15828	Rhytidectomy; cheek, chin, and neck	0	0	0	0	0.00
15829	Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap	0	0	0	0	0.00
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy	3527	6040	9410	1226	33.98
15832	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh	2905	4975	7751	959	26.57
15833	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg	2675	4581	7138	911	25.23
15834	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip	2728	4672	7279	929	25.73
15835	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock	2861	4899	7633	974	26.98
15836	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm	2383	4082	6359	782	21.67

MEDICAL FEES 2020

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
15837	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand	2640	4521	7044	899	24.90
15838	Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad	1965	3365	5242	669	18.53
15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area	2279	3903	6081	918	25.44
15840	Graft for facial nerve paralysis; free fascia graft (including obtaining fascia)	4138	7086	11040	1044	28.93
15841	Graft for facial nerve paralysis; free muscle graft (including obtaining graft)	5468	9364	14589	1861	51.57
15842	Graft for facial nerve paralysis; free muscle flap by microsurgical technique	8329	14263	22222	2835	78.55
15845	Graft for facial nerve paralysis; regional muscle transfer	3072	5260	8196	1046	28.97
15847	Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes umbilical transposition and fascial plication) (List separately in addition to code for primary procedure)	1418	2429	3784	0	0.00
15850	Removal of sutures under anesthesia (other than local), same surgeon	127	217	338	93	2.57
15851	Removal of sutures under anesthesia (other than local), other surgeon	153	261	407	106	2.93
15852	Dressing change (for other than burns) under anesthesia (other than local)	129	220	343	48	1.34
15860	Intravenous injection of agent (eg, fluorescein) to test vascular flow in flap or graft	341	585	911	113	3.13
15876	Suction assisted lipectomy; head and neck	0	0	0	0	0.00
15877	Suction assisted lipectomy; trunk	3042	5209	8116	0	0.00
15878	Suction assisted lipectomy; upper extremity	0	0	0	0	0.00
15879	Suction assisted lipectomy; lower extremity	0	0	0	0	0.00
15920	Excision, coccygeal pressure ulcer, with coccygectomy; with primary suture	1495	2052	2963	651	18.05
15922	Excision, coccygeal pressure ulcer, with coccygectomy; with flap closure	1888	2592	3743	823	22.80
15931	Excision, sacral pressure ulcer, with primary suture;	1530	2100	3033	728	20.18

SURGERY – INTEGUMENTARY SYSTEM

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
15933	Excision, sacral pressure ulcer, with primary suture; with ostectomy	2067	2837	4098	901	24.96
15934	Excision, sacral pressure ulcer, with skin flap closure;	2262	3104	4483	986	27.31
15935	Excision, sacral pressure ulcer, with skin flap closure; with ostectomy	2751	3776	5454	1199	33.22
15936	Excision, sacral pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure;	2080	2854	4123	939	26.03
15937	Excision, sacral pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure; with ostectomy	2213	3037	4386	1087	30.13
15940	Excision, ischial pressure ulcer, with primary suture;	1702	2337	3375	732	20.29
15941	Excision, ischial pressure ulcer, with primary suture; with ostectomy (ischietomy)	2189	3004	4339	954	26.43
15944	Excision, ischial pressure ulcer, with skin flap closure;	2176	2986	4313	948	26.27
15945	Excision, ischial pressure ulcer, with skin flap closure; with ostectomy	2427	3330	4810	1057	29.30
15946	Excision, ischial pressure ulcer, with ostectomy, in preparation for muscle or myocutaneous flap or skin graft closure	3501	4805	6940	1699	47.09
15950	Excision, trochanteric pressure ulcer, with primary suture;	1459	2002	2891	636	17.61
15951	Excision, trochanteric pressure ulcer, with primary suture; with ostectomy	2129	2921	4219	928	25.70
15952	Excision, trochanteric pressure ulcer, with skin flap closure;	2179	2991	4319	950	26.31
15953	Excision, trochanteric pressure ulcer, with skin flap closure; with ostectomy	2399	3292	4754	1045	28.96
15956	Excision, trochanteric pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure;	2527	3468	5008	1218	33.75
15958	Excision, trochanteric pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure; with ostectomy	2141	2938	4243	1230	34.08
15999	Unlisted procedure, excision pressure ulcer	0	0	0	0	0.00

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
16000	Initial therapy, first degree burn, when no more than local therapy is required	184	253	365	75	2.09
16020	Dressings and/or debridement of partial-thickness burns, initial or subsequent; small (less than 5% total body surface area)	198	272	393	85	2.35
16025	Dressings and/or debridement of partial-thickness burns, initial or subsequent; medium (eg, whole face or whole extremity, or 5% to 10% total body surface area)	346	474	685	158	4.39
16030	Dressings and/or debridement of partial-thickness burns, initial or subsequent; large (eg, more than 1 extremity, or greater than 10% total body surface area)	439	603	871	200	5.54
16035	Escharotomy; initial incision	331	455	657	206	5.71
16036	Escharotomy; each additional incision (List separately in addition to code for primary procedure)	153	210	303	86	2.37

DESTRUCTION

17000	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); first lesion	124	170	240	67	1.85
17003	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); second through 14 lesions, each (List separately in addition to code for first lesion)	18	25	35	6	0.17
17004	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses), 15 or more lesions	296	406	573	162	4.48
17106	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm	812	1113	1573	351	9.72
17107	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm	1218	1669	2357	459	12.73
17108	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm	1939	2657	3755	655	18.14
17110	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions	188	258	364	114	3.17

SURGERY – INTEGUMENTARY SYSTEM

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
17111	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions	239	328	464	134	3.72
17250	Chemical cauterization of granulation tissue (ie, proud flesh)	178	244	344	87	2.42
17260	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 0.5 cm or less	170	233	329	99	2.74
17261	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 0.6 to 1.0 cm	232	318	449	149	4.13
17262	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 1.1 to 2.0 cm	281	384	543	181	5.01
17263	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 2.1 to 3.0 cm	311	426	602	197	5.45
17264	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 3.1 to 4.0 cm	349	479	676	211	5.84
17266	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter over 4.0 cm	392	537	759	240	6.66
17270	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less	235	321	454	152	4.22
17271	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm	251	344	486	168	4.65
17272	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm	290	397	561	192	5.32

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
17273	Destruction, malignant lesion (eg, laser surgery, electro-surgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 2.1 to 3.0 cm	334	458	647	214	5.92
17274	Destruction, malignant lesion (eg, laser surgery, electro-surgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 3.1 to 4.0 cm	402	551	779	252	6.97
17276	Destruction, malignant lesion (eg, laser surgery, electro-surgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter over 4.0 cm	440	603	851	291	8.07
17280	Destruction, malignant lesion (eg, laser surgery, electro-surgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less	219	300	424	142	3.94
17281	Destruction, malignant lesion (eg, laser surgery, electro-surgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm	274	375	530	183	5.06
17282	Destruction, malignant lesion (eg, laser surgery, electro-surgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm	315	432	610	210	5.82
17283	Destruction, malignant lesion (eg, laser surgery, electro-surgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 2.1 to 3.0 cm	386	528	746	250	6.94
17284	Destruction, malignant lesion (eg, laser surgery, electro-surgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 3.1 to 4.0 cm	435	596	842	285	7.90
17286	Destruction, malignant lesion (eg, laser surgery, electro-surgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 4.0 cm	559	766	1083	367	10.18
17311	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of	1173	1608	2272	680	18.84

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
	specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), head, neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; first stage, up to 5 tissue blocks					
17312	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), head, neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; each additional stage after the first stage, up to 5 tissue blocks (List separately in addition to code for primary procedure)	707	969	1370	408	11.30
17313	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), of the trunk, arms, or legs; first stage, up to 5 tissue blocks	1068	1464	2068	637	17.66
17314	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), of the trunk, arms, or legs; each additional stage after the first stage, up to 5 tissue blocks (List separately in addition to code for primary procedure)	656	899	1270	390	10.80
17315	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), each additional block after the first 5 tissue blocks, any stage (List separately in addition to code for primary procedure)	154	211	298	80	2.22

MEDICAL FEES 2020

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
17340	Cryotherapy (CO2 slush, liquid N2) for acne	101	138	195	54	1.50
17360	Chemical exfoliation for acne (eg, acne paste, acid)	252	345	487	127	3.52
17380	Electrolysis epilation, each 30 minutes	56	77	108	0	0.00
17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue	0	0	0	0	0.00

BREAST

19000	Puncture aspiration of cyst of breast;	227	319	404	112	3.11
19001	Puncture aspiration of cyst of breast; each additional cyst (List separately in addition to code for primary procedure)	86	120	152	28	0.78
19020	Mastotomy with exploration or drainage of abscess, deep	1029	1443	1827	489	13.54
19030	Injection procedure only for mammary ductogram or galactogram	308	432	547	173	4.79
19081	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including stereotactic guidance	1293	2008	2777	626	17.34
19082	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including stereotactic guidance (List separately in addition to code for primary procedure)	755	1173	1622	505	13.98
19083	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including ultrasound guidance	1259	1956	2705	619	17.16
19084	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including ultrasound guidance (List separately in addition to code for primary procedure)	862	1339	1851	491	13.60
19085	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy	1756	2727	3771	945	26.18

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
	specimen, when performed, percutaneous; first lesion, including magnetic resonance guidance					
19086	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including magnetic resonance guidance (List separately in addition to code for primary procedure)	1000	1554	2148	751	20.81
19100	Biopsy of breast; percutaneous, needle core, not using imaging guidance (separate procedure)	351	545	754	159	4.40
19101	Biopsy of breast; open, incisional	768	1192	1649	347	9.62
19105	Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance, each fibroadenoma	5936	9221	12751	2802	77.64
19110	Nipple exploration, with or without excision of a solitary lactiferous duct or a papilloma lactiferous duct	1070	1662	2298	506	14.01
19112	Excision of lactiferous duct fistula	1106	1718	2375	476	13.20
19120	Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion (except 19300), open, male or female, 1 or more lesions	1210	1880	2600	524	14.52
19125	Excision of breast lesion identified by preoperative placement of radiological marker, open; single lesion	1362	2115	2925	579	16.05
19126	Excision of breast lesion identified by preoperative placement of radiological marker, open; each additional lesion separately identified by a preoperative radiological marker (List separately in addition to code for primary procedure)	508	789	1090	169	4.68
19281	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including mammographic guidance	418	649	897	252	6.97
19282	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including mammographic guidance (List separately in addition to code for primary procedure)	238	370	512	178	4.92

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
19283	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including stereotactic guidance	458	712	985	279	7.74
19284	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including stereotactic guidance (List separately in addition to code for primary procedure)	227	353	489	213	5.90
19285	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including ultrasound guidance	515	799	1105	468	12.98
19286	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including ultrasound guidance (List separately in addition to code for primary procedure)	444	689	953	400	11.08
19287	Placement of breast localization device(s) (eg clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including magnetic resonance guidance	1337	2077	2872	798	22.10
19288	Placement of breast localization device(s) (eg clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including magnetic resonance guidance (List separately in addition to code for primary procedure)	1344	2088	2887	634	17.58
19294	Preparation of tumor cavity, with placement of a radiation therapy applicator for intraoperative radiation therapy (IORT) concurrent with partial mastectomy (List separately in addition to code for primary procedure)	386	599	828	174	4.81
19296	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; on date separate from partial mastectomy	10329	16045	22188	4123	114.23
19297	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; concurrent with partial mastectomy (List separately in addition to code for primary procedure)	247	384	531	100	2.77

SURGERY – INTEGUMENTARY SYSTEM

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
19298	Placement of radiotherapy after loading brachytherapy catheters (multiple tube and button type) into the breast for interstitial radioelement application following (at the time of or subsequent to) partial mastectomy, includes imaging guidance	2177	3381	4676	1027	28.47
19300	Mastectomy for gynecomastia	1563	2428	3357	571	15.83
19301	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy);	1724	2678	3703	688	19.06
19302	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy); with axillary lymphadenectomy	2417	3755	5193	946	26.20
19303	Mastectomy, simple, complete	2528	3926	5430	1005	27.84
19305	Mastectomy, radical, including pectoral muscles, axillary lymph nodes	3098	4813	6656	1193	33.05
19306	Mastectomy, radical, including pectoral muscles, axillary and internal mammary lymph nodes (Urban type operation)	2683	4167	5763	1266	35.09
19307	Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle	3179	4938	6828	1262	34.98
19316	Mastopexy	2731	4617	7788	807	22.37
19318	Reduction mammoplasty	4180	7066	11919	1145	31.72
19324	Mammoplasty, augmentation; without prosthetic implant	1845	3118	5260	556	15.41
19325	Mammoplasty, augmentation; with prosthetic implant	2443	4129	6966	675	18.69
19328	Removal of intact mammary implant	1576	2663	4493	521	14.43
19330	Removal of mammary implant material	1924	3252	5486	661	18.31
19340	Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	3013	5094	8592	1031	28.58
19342	Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	3060	5173	8726	966	26.78
19350	Nipple/areola reconstruction	2813	4756	8022	860	23.82
19355	Correction of inverted nipples	2605	4403	7427	785	21.76

MEDICAL FEES 2020

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
19357	Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion	4658	7873	13280	1565	43.37
19361	Breast reconstruction with latissimus dorsi flap, without prosthetic implant	5727	9680	16329	1641	45.46
19364	Breast reconstruction with free flap	19727	33344	56248	2877	79.72
19366	Breast reconstruction with other technique	4680	7911	13345	1457	40.38
19367	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site;	5639	9531	16077	1859	51.50
19368	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site; with microvascular anastomosis (supercharging)	7606	12857	21688	2293	63.54
19369	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), double pedicle, including closure of donor site	7064	11940	20141	2130	59.01
19370	Open periprosthetic capsulotomy, breast	2057	3478	5866	719	19.91
19371	Periprosthetic capsulectomy, breast	3046	5148	8685	821	22.76
19380	Revision of reconstructed breast	2839	4799	8095	811	22.47
19396	Preparation of moulage for custom breast implant	982	1659	2799	296	8.20
19499	Unlisted procedure, breast	0	0	0	0	0.00

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
MUSCULOSKELETAL SYSTEM						
GENERAL						
20100	Exploration of penetrating wound (separate procedure); neck	1812	2404	3338	630	17.47
20101	Exploration of penetrating wound (separate procedure); chest	911	1209	1678	495	13.71
20102	Exploration of penetrating wound (separate procedure); abdomen/flank/back	1041	1382	1918	532	14.74
20103	Exploration of penetrating wound (separate procedure); extremity	1488	1975	2742	598	16.57
20150	Excision of epiphyseal bar, with or without autogenous soft tissue graft obtained through same fascial incision	2903	3852	5347	1049	29.06
20200	Biopsy, muscle; superficial	478	635	881	219	6.07
20205	Biopsy, muscle; deep	689	914	1269	306	8.47
20206	Biopsy, muscle, percutaneous needle	295	391	543	244	6.76
20220	Biopsy, bone, trocar, or needle; superficial (eg, ilium, sternum, spinous process, ribs)	351	466	646	254	7.04
20225	Biopsy, bone, trocar, or needle; deep (eg, vertebral body, femur)	623	827	1147	430	11.92
20240	Biopsy, bone, open; superficial (eg, sternum, spinous process, rib, patella, olecranon process, calcaneus, tarsal, metatarsal, carpal, metacarpal, phalanx)	532	707	981	152	4.21
20245	Biopsy, bone, open; deep (eg, humeral shaft, ischium, femoral shaft)	1480	1964	2726	363	10.07
20250	Biopsy, vertebral body, open; thoracic	1506	1999	2775	411	11.38
20251	Biopsy, vertebral body, open; lumbar or cervical	1665	2209	3067	446	12.36
20500	Injection of sinus tract; therapeutic (separate procedure)	205	272	377	117	3.25
20501	Injection of sinus tract; diagnostic (sinogram)	171	227	315	141	3.91
20520	Removal of foreign body in muscle or tendon sheath; simple	453	601	834	218	6.03
20525	Removal of foreign body in muscle or tendon sheath; deep or complicated	1112	1476	2049	491	13.60

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
20526	Injection, therapeutic (eg, local anesthetic, corticosteroid), carpal tunnel	203	270	374	81	2.25
20527	Injection, enzyme (eg, collagenase), palmar fascial cord (ie, Dupuytren's contracture)	230	305	423	88	2.43
20550	Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")	139	185	257	56	1.56
20551	Injection(s); single tendon origin/insertion	152	202	281	58	1.60
20552	Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)	148	196	273	57	1.59
20553	Injection(s); single or multiple trigger point(s), 3 or more muscles	177	235	327	66	1.82
20555	Placement of needles or catheters into muscle and/or soft tissue for subsequent interstitial radioelement application (at the time of or subsequent to the procedure)	408	541	751	342	9.48
20560	Needle insertion(s) without injection(s); 1 or 2 muscle(s)	74	98	136	27	0.74
20561	Needle insertion(s) without injection(s); 3 or more muscles	110	146	202	40	1.10
20600	Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); without ultrasound guidance	125	165	229	52	1.44
20604	Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); with ultrasound guidance, with permanent recording and reporting	204	271	376	78	2.17
20605	Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); without ultrasound guidance	139	185	256	54	1.49
20606	Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); with ultrasound guidance, with permanent recording and reporting	231	306	425	87	2.40
20610	Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); without ultrasound guidance	186	247	343	64	1.77

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
20611	Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); with ultrasound guidance, with permanent recording and reporting	285	379	526	97	2.68
20612	Aspiration and/or injection of ganglion cyst(s) any location	152	202	280	64	1.76
20615	Aspiration and injection for therapy bone cyst	459	609	845	256	7.10
20650	Insertion of wire or pin with application of skeletal traction, including removal (separate procedure)	505	670	930	219	6.08
20660	Application of cranial tongs, caliper, or stereotactic frame, including removal (separate procedure)	809	1074	1490	253	7.00
20661	Application of halo, including removal; cranial	1525	2024	2810	521	14.43
20662	Application of halo, including removal; pelvic	1478	1962	2723	534	14.80
20663	Application of halo, including removal; femoral	1359	1804	2504	491	13.61
20664	Application of halo, including removal, cranial, 6 or more pins placed, for thin skull osteology (eg, pediatric patients, hydrocephalus, osteogenesis imperfecta)	2500	3318	4606	903	25.03
20665	Removal of tongs or halo applied by another individual	357	473	657	115	3.19
20670	Removal of implant; superficial (eg, buried wire, pin or rod) (separate procedure)	908	1205	1673	380	10.53
20680	Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)	1485	1971	2736	635	17.59
20690	Application of a uniplane (pins or wires in 1 plane), unilateral, external fixation system	1636	2171	3013	621	17.22
20692	Application of a multiplane (pins or wires in more than 1 plane), unilateral, external fixation system (eg, Ilizarov, Monticelli type)	2963	3932	5458	1165	32.28
20693	Adjustment or revision of external fixation system requiring anesthesia (eg, new pin[s] or wire[s] and/or new ring[s] or bar[s])	1359	1803	2503	461	12.76
20694	Removal, under anesthesia, of external fixation system	1103	1464	2032	442	12.25
20696	Application of multiplane (pins or wires in more than 1 plane), unilateral, external fixation with stereotactic computer-assisted adjustment (eg, spatial frame), including imaging; initial	3383	4490	6232	1239	34.33

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
	and subsequent alignment(s), assessment(s), and computation(s) of adjustment schedule(s)					
20697	Application of multiplane (pins or wires in more than 1 plane), unilateral, external fixation with stereotactic computer-assisted adjustment (eg, spatial frame), including imaging; exchange (ie, removal and replacement) of strut, each	4689	6223	8638	2086	57.81
20700	Manual preparation and insertion of drug-delivery device(s), deep (eg, subfascial) (List separately in addition to code for primary procedure)	244	323	449	88	2.44
20701	Removal of drug-delivery device(s), deep (eg, subfascial) (List separately in addition to code for primary procedure)	182	241	335	66	1.82
20702	Manual preparation and insertion of drug-delivery device(s), intramedullary (List separately in addition to code for primary procedure)	406	538	747	147	4.06
20703	Removal of drug-delivery device(s), intramedullary (List separately in addition to code for primary procedure)	291	386	535	105	2.91
20704	Manual preparation and insertion of drug-delivery device(s), intra-articular (List separately in addition to code for primary procedure)	423	561	778	153	4.23
20705	Removal of drug-delivery device(s), intra-articular (List separately in addition to code for primary procedure)	348	461	640	126	3.48
20802	Replantation, arm (includes surgical neck of humerus through elbow joint), complete amputation	7945	10543	14636	2871	79.54
20805	Replantation, forearm (includes radius and ulna to radial carpal joint), complete amputation	9460	12554	17427	3418	94.71
20808	Replantation, hand (includes hand through metacarpophalangeal joints), complete amputation	11439	15180	21073	4133	114.52
20816	Replantation, digit, excluding thumb (includes metacarpophalangeal joint to insertion of flexor sublimis tendon), complete amputation	5951	7898	10963	2150	59.58
20822	Replantation, digit, excluding thumb (includes distal tip to sublimis tendon insertion), complete amputation	5118	6792	9429	1849	51.24

SURGERY – MUSCULOSKELETAL SYSTEM

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
20824	Replantation, thumb (includes carpometacarpal joint to MP joint), complete amputation	5961	7911	10982	2154	59.68
20827	Replantation, thumb (includes distal tip to MP joint), complete amputation	5258	6978	9686	1900	52.64
20838	Replantation, foot, complete amputation	8055	10689	14838	2910	80.64
20900	Bone graft, any donor area; minor or small (eg, dowel or button)	1088	1444	2005	420	11.64
20902	Bone graft, any donor area; major or large	1175	1559	2164	294	8.16
20910	Cartilage graft; costochondral	1358	1802	2502	487	13.50
20912	Cartilage graft; nasal septum	1389	1843	2558	492	13.63
20920	Fascia lata graft; by stripper	1121	1487	2065	405	11.22
20922	Fascia lata graft; by incision and area exposure, complex or sheet	1653	2193	3045	616	17.06
20924	Tendon graft, from a distance (eg, palmaris, toe extensor, plantaris)	1491	1979	2748	527	14.60
20930	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure)	548	727	1009	0	0.00
20931	Allograft, structural, for spine surgery only (List separately in addition to code for primary procedure)	456	605	841	116	3.22
20932	Allograft, includes templating, cutting, placement and internal fixation, when performed; osteoarticular, including articular surface and contiguous bone (List separately in addition to code for primary procedure)	2061	2735	3796	745	20.63
20933	Allograft, includes templating, cutting, placement and internal fixation, when performed; hemicortical intercalary, partial (ie, hemicylindrical) (List separately in addition to code for primary procedure)	1894	2513	3489	684	18.96
20934	Allograft, includes templating, cutting, placement and internal fixation, when performed; intercalary, complete (ie, cylindrical) (List separately in addition to code for primary procedure)	2060	2733	3794	744	20.62
20936	Autograft for spine surgery only (includes harvesting the graft); local (eg, ribs, spinous process, or laminar fragments) obtained from same incision (List separately in addition to code for primary procedure)	708	939	1304	0	0.00

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
20937	Autograft for spine surgery only (includes harvesting the graft); morselized (through separate skin or fascial incision) (List separately in addition to code for primary procedure)	614	815	1131	175	4.85
20938	Autograft for spine surgery only (includes harvesting the graft); structural, bicortical or tricortical (through separate skin or fascial incision) (List separately in addition to code for primary procedure)	968	1285	1784	193	5.34
20939	Bone marrow aspiration for bone grafting, spine surgery only, through separate skin or fascial incision (List separately in addition to code for primary procedure)	217	288	400	73	2.03
20950	Monitoring of interstitial fluid pressure (includes insertion of device, eg, wick catheter technique, needle manometer technique) in detection of muscle compartment syndrome	569	755	1049	268	7.43
20955	Bone graft with microvascular anastomosis; fibula	7091	9410	13063	2562	70.99
20956	Bone graft with microvascular anastomosis; iliac crest	7643	10143	14080	2762	76.52
20957	Bone graft with microvascular anastomosis; metatarsal	7953	10554	14651	2873	79.62
20962	Bone graft with microvascular anastomosis; other than fibula, iliac crest, or metatarsal	7681	10193	14150	2775	76.90
20969	Free osteocutaneous flap with microvascular anastomosis; other than iliac crest, metatarsal, or great toe	9443	12531	17396	2837	78.61
20970	Free osteocutaneous flap with microvascular anastomosis; iliac crest	8257	10958	15212	2984	82.67
20972	Free osteocutaneous flap with microvascular anastomosis; metatarsal	8235	10929	15171	2976	82.45
20973	Free osteocutaneous flap with microvascular anastomosis; great toe with web space	8699	11544	16025	3143	87.09
20974	Electrical stimulation to aid bone healing; noninvasive (nonoperative)	390	518	719	82	2.26
20975	Electrical stimulation to aid bone healing; invasive (operative)	824	1094	1518	185	5.12
20979	Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative)	204	271	376	55	1.53

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
20982	Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft tissue when involved by tumor extension, percutaneous, including imaging guidance when performed; radiofrequency	4326	5741	7969	3938	109.12
20983	Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft tissue when involved by tumor extension, percutaneous, including imaging guidance when performed; cryoablation	16241	21553	29920	5868	162.60
20985	Computer-assisted surgical navigational procedure for musculoskeletal procedures, image-less (List separately in addition to code for primary procedure)	499	662	919	153	4.24
20999	Unlisted procedure, musculoskeletal system, general	0	0	0	0	0.00

HEAD

21010	Arthrotomy, temporomandibular joint	1793	2626	4015	776	21.49
21011	Excision, tumor, soft tissue of face or scalp, subcutaneous; less than 2 cm	804	1178	1800	374	10.35
21012	Excision, tumor, soft tissue of face or scalp, subcutaneous; 2 cm or greater	932	1365	2086	351	9.72
21013	Excision, tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); less than 2 cm	1204	1762	2694	548	15.18
21014	Excision, tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); 2 cm or greater	1483	2172	3321	541	15.00
21015	Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; less than 2 cm	1853	2713	4148	732	20.28
21016	Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; 2 cm or greater	2712	3971	6071	1050	29.09
21025	Excision of bone (eg, for osteomyelitis or bone abscess); mandible	1913	2801	4282	854	23.65
21026	Excision of bone (eg, for osteomyelitis or bone abscess); facial bone(s)	1202	1759	2690	580	16.08
21029	Removal by contouring of benign tumor of facial bone (eg, fibrous dysplasia)	2531	3705	5665	789	21.85

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
21030	Excision of benign tumor or cyst of maxilla or zygoma by enucleation and curettage	1004	1470	2247	508	14.07
21031	Excision of torus mandibularis	860	1259	1925	401	11.12
21032	Excision of maxillary torus palatinus	913	1336	2043	402	11.14
21034	Excision of malignant tumor of maxilla or zygoma	3107	4549	6955	1344	37.23
21040	Excision of benign tumor or cyst of mandible, by enucleation and/or curettage	915	1340	2048	512	14.18
21044	Excision of malignant tumor of mandible;	2600	3808	5822	895	24.79
21045	Excision of malignant tumor of mandible; radical resection	4165	6099	9324	1252	34.69
21046	Excision of benign tumor or cyst of mandible; requiring intra-oral osteotomy (eg, locally aggressive or destructive lesion[s])	3060	4481	6852	1085	30.07
21047	Excision of benign tumor or cyst of mandible; requiring extra-oral osteotomy and partial mandibulectomy (eg, locally aggressive or destructive lesion[s])	5009	7334	11214	1326	36.75
21048	Excision of benign tumor or cyst of maxilla; requiring intra-oral osteotomy (eg, locally aggressive or destructive lesion[s])	3249	4757	7273	1101	30.50
21049	Excision of benign tumor or cyst of maxilla; requiring extra-oral osteotomy and partial maxillectomy (eg, locally aggressive or destructive lesion[s])	2895	4238	6480	1252	34.69
21050	Condylectomy, temporomandibular joint (separate procedure)	2104	3080	4710	910	25.21
21060	Meniscectomy, partial or complete, temporomandibular joint (separate procedure)	1913	2800	4282	827	22.92
21070	Coronoidectomy (separate procedure)	1926	2821	4313	650	18.02
21073	Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (ie, general or monitored anesthesia care)	722	1057	1616	394	10.92
21076	Impression and custom preparation; surgical obturator prosthesis	2077	3041	4650	934	25.89
21077	Impression and custom preparation; orbital prosthesis	5412	7924	12115	2311	64.03

SURGERY – MUSCULOSKELETAL SYSTEM

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
21079	Impression and custom preparation; interim obturator prosthesis	1904	2787	4262	1573	43.59
21080	Impression and custom preparation; definitive obturator prosthesis	6083	8907	1361 9	1799	49.84
21081	Impression and custom preparation; mandibular resection prosthesis	2766	4050	6193	1653	45.79
21082	Impression and custom preparation; palatal augmentation prosthesis	3562	5216	7975	1531	42.41
21083	Impression and custom preparation; palatal lift prosthesis	3395	4971	7600	1459	40.42
21084	Impression and custom preparation; speech aid prosthesis	3895	5702	8719	1670	46.27
21085	Impression and custom preparation; oral surgical splint	1553	2274	3477	724	20.07
21086	Impression and custom preparation; auricular prosthesis	6161	9021	13793	1720	47.65
21087	Impression and custom preparation; nasal prosthesis	4021	5887	9002	1720	47.65
21088	Impression and custom preparation; facial prosthesis	7233	10590	16192	0	0.00
21089	Unlisted maxillofacial prosthetic procedure	0	0	0	0	0.00
21100	Application of halo type appliance for maxillofacial fixation, includes removal (separate procedure)	1606	2351	3594	684	18.94
21110	Application of interdental fixation device for conditions other than fracture or dislocation, includes removal	1523	2230	3409	851	23.59
21116	Injection procedure for temporomandibular joint arthrography	455	666	1018	203	5.62
21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)	1604	2348	3591	694	19.22
21121	Genioplasty; sliding osteotomy, single piece	3951	5786	8846	702	19.44
21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)	1847	2705	4136	799	22.14
21123	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)	2099	3074	4700	908	25.16

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
21125	Augmentation, mandibular body or angle; prosthetic material	6750	9883	15111	2919	80.89
21127	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)	9609	14069	21511	4156	115.15
21137	Reduction forehead; contouring only	1815	2657	4063	785	21.75
21138	Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)	2217	3246	4964	959	26.57
21139	Reduction forehead; contouring and setback of anterior frontal sinus wall	2677	3920	5993	1158	32.08
21141	Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without bone graft	6392	9359	14310	1388	38.46
21142	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, without bone graft	7214	10563	16151	1427	39.53
21143	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, without bone graft	7651	11202	17127	1482	41.06
21145	Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)	8446	12366	18907	1622	44.93
21146	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted unilateral alveolar cleft)	6104	8937	13664	1692	46.89
21147	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted bilateral alveolar cleft or multiple osteotomies)	8717	12764	19516	1784	49.42
21150	Reconstruction midface, LeFort II; anterior intrusion (eg, Treacher-Collins Syndrome)	3947	5779	8836	1707	47.30
21151	Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts)	4346	6363	9729	1880	52.08
21154	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I	4676	6847	10469	2022	56.04

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
21155	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with LeFort I	5190	7600	11620	2245	62.20
21159	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); without LeFort I	6224	9113	13934	2692	74.59
21160	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); with LeFort I	6752	9887	15117	2920	80.92
21172	Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)	5028	7363	11257	2175	60.26
21175	Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (eg, plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts)	8552	12522	19145	2324	64.39
21179	Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)	3688	5400	8257	1595	44.20
21180	Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts)	4126	6041	9236	1784	49.44
21181	Reconstruction by contouring of benign tumor of cranial bones (eg, fibrous dysplasia), extracranial	1790	2621	4007	774	21.45
21182	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting less than 40 sq cm	5148	7537	11524	2226	61.69
21183	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 40 sq cm but less than 80 sq cm	5607	8209	12552	2425	67.19
21184	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple	6035	8836	13510	2610	72.32

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
	autografts (includes obtaining grafts); total area of bone grafting greater than 80 sq cm					
21188	Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)	3886	5690	8700	1681	46.57
21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft	6129	8975	13722	1291	35.78
21194	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft)	3441	5039	7704	1488	41.24
21195	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation	3299	4831	7387	1427	39.54
21196	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation	8136	11913	18214	1478	40.94
21198	Osteotomy, mandible, segmental;	3669	5372	8213	1150	31.86
21199	Osteotomy, mandible, segmental; with genioglossus advancement	3789	5548	8483	1078	29.88
21206	Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard)	2747	4022	6150	1188	32.92
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)	2310	3382	5171	1758	48.72
21209	Osteoplasty, facial bones; reduction	1970	2884	4410	829	22.97
21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)	3272	4790	7324	2040	56.52
21215	Graft, bone; mandible (includes obtaining graft)	5334	7810	11941	4233	117.30
21230	Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)	3001	4395	6719	772	21.38
21235	Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)	2155	3155	4823	747	20.70
21240	Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)	5531	8098	12382	1113	30.85
21242	Arthroplasty, temporomandibular joint, with allograft	2437	3568	5455	1054	29.20
21243	Arthroplasty, temporomandibular joint, with prosthetic joint replacement	7902	11570	17690	1698	47.06
21244	Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate)	4306	6306	9641	1058	29.32

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
21245	Reconstruction of mandible or maxilla, subperiosteal implant; partial	2886	4225	6460	1248	34.58
21246	Reconstruction of mandible or maxilla, subperiosteal implant; complete	2059	3015	4611	891	24.68
21247	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (eg, for hemifacial microsomia)	3833	5612	8580	1658	45.93
21248	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial	2163	3167	4842	1059	29.35
21249	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); complete	2245	3287	5026	1450	40.17
21255	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)	3279	4800	7340	1418	39.29
21256	Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (eg, micro-ophthalmia)	3002	4396	6721	1299	35.98
21260	Periorbital osteotomies for orbital hypertelorism, with bone grafts; extracranial approach	3346	4899	7491	1447	40.10
21261	Periorbital osteotomies for orbital hypertelorism, with bone grafts; combined intra- and extracranial approach	5935	8690	13286	2567	71.12
21263	Periorbital osteotomies for orbital hypertelorism, with bone grafts; with forehead advancement	5488	8036	12287	2374	65.77
21267	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial approach	3913	5729	8760	1692	46.89
21268	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; combined intra- and extracranial approach	4909	7188	10990	2123	58.83
21270	Malar augmentation, prosthetic material	2434	3564	5449	1053	29.17
21275	Secondary revision of orbitocraniofacial reconstruction	2036	2981	4558	881	24.40
21280	Medial canthopexy (separate procedure)	1950	2855	4366	593	16.44
21282	Lateral canthopexy	2411	3530	5397	400	11.09

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
21295	Reduction of masseter muscle and bone (eg, for therapy benign masseteric hypertrophy); extraoral approach	450	659	1007	195	5.39
21296	Reduction of masseter muscle and bone (eg, for therapy benign masseteric hypertrophy); intraoral approach	969	1419	2169	419	11.61
21299	Unlisted craniofacial and maxillofacial procedure	0	0	0	0	0.00
21310	Closed therapy nasal bone fracture without manipulation	223	325	583	130	3.59
21315	Closed therapy nasal bone fracture; without stabilization	725	1058	1896	281	7.80
21320	Closed therapy nasal bone fracture; with stabilization	756	1103	1976	261	7.23
21325	Open therapy nasal fracture; uncomplicated	1429	2085	3736	449	12.45
21330	Open therapy nasal fracture; complicated, with internal and/or external skeletal fixation	1730	2523	4521	578	16.01
21335	Open therapy nasal fracture; with concomitant open therapy fractured septum	2383	3475	6227	734	20.35
21336	Open therapy nasal septal fracture, with or without stabilization	1802	2629	4711	657	18.20
21337	Closed therapy nasal septal fracture, with or without stabilization	1000	1459	2614	422	11.70
21338	Open therapy nasoethmoid fracture; without external fixation	1627	2373	4252	676	18.74
21339	Open therapy nasoethmoid fracture; with external fixation	1849	2697	4833	769	21.30
21340	Percutaneous therapy nasoethmoid complex fracture, with splint, wire or headcap fixation, including repair of canthal ligaments and/or the nasolacrimal apparatus	1852	2701	4840	770	21.33
21343	Open therapy depressed frontal sinus fracture	2665	3887	6966	1108	30.70
21344	Open therapy complicated (eg, comminuted or involving posterior wall) frontal sinus fracture, via coronal or multiple approaches	3444	5023	9002	1432	39.67
21345	Closed therapy nasomaxillary complex fracture (LeFort II type), with interdental wire fixation or fixation of denture or splint	1942	2833	5076	807	22.37

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
21346	Open therapy nasomaxillary complex fracture (LeFort II type); with wiring and/or local fixation	2379	3470	6217	989	27.40
21347	Open therapy nasomaxillary complex fracture (LeFort II type); requiring multiple open approaches	2524	3681	6596	1049	29.07
21348	Open therapy nasomaxillary complex fracture (LeFort II type); with bone grafting (includes obtaining graft)	2697	3934	7050	1121	31.07
21355	Percutaneous therapy fracture of malar area, including zygomatic arch and malar tripod, with manipulation	1064	1552	2782	442	12.26
21356	Open therapy depressed zygomatic arch fracture (eg, Gillies approach)	1632	2381	4266	514	14.24
21360	Open therapy depressed malar fracture, including zygomatic arch and malar tripod	2160	3151	5646	528	14.64
21365	Open therapy complicated (eg, comminuted or involving cranial nerve foramina) fracture(s) of malar area, including zygomatic arch and malar tripod; with internal fixation and multiple surgical approaches	3504	5111	9159	1142	31.64
21366	Open therapy complicated (eg, comminuted or involving cranial nerve foramina) fracture(s) of malar area, including zygomatic arch and malar tripod; with bone grafting (includes obtaining graft)	3215	4689	8403	1336	37.03
21385	Open therapy orbital floor blowout fracture; transantral approach (Caldwell-Luc type operation)	1874	2733	4897	779	21.58
21386	Open therapy orbital floor blowout fracture; periorbital approach	2240	3267	5854	676	18.73
21387	Open therapy orbital floor blowout fracture; combined approach	1956	2853	5112	813	22.53
21390	Open therapy orbital floor blowout fracture; periorbital approach, with alloplastic or other implant	2925	4266	7644	829	22.97
21395	Open therapy orbital floor blowout fracture; periorbital approach with bone graft (includes obtaining graft)	2546	3714	6655	1059	29.33
21400	Closed therapy fracture of orbit, except blowout; without manipulation	534	778	1395	208	5.77

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
21401	Closed therapy fracture of orbit, except blowout; with manipulation	1283	1872	3354	533	14.78
21406	Open therapy fracture of orbit, except blowout; without implant	1453	2120	3799	604	16.74
21407	Open therapy fracture of orbit, except blowout; with implant	2724	3973	7120	667	18.48
21408	Open therapy fracture of orbit, except blowout; with bone grafting (includes obtaining graft)	2272	3314	5938	944	26.17
21421	Closed therapy palatal or maxillary fracture (LeFort I type), with interdental wire fixation or fixation of denture or splint	1664	2427	4350	692	19.17
21422	Open therapy palatal or maxillary fracture (LeFort I type);	2558	3730	6684	666	18.45
21423	Open therapy palatal or maxillary fracture (LeFort I type); complicated (comminuted or involving cranial nerve foramina), multiple approaches	2772	4043	7246	795	22.04
21431	Closed therapy craniofacial separation (LeFort III type) using interdental wire fixation of denture or splint	1729	2522	4520	719	19.92
21432	Open therapy craniofacial separation (LeFort III type); with wiring and/or internal fixation	1802	2629	4711	749	20.76
21433	Open therapy craniofacial separation (LeFort III type); complicated (eg, comminuted or involving cranial nerve foramina), multiple surgical approaches	4385	6396	11461	1823	50.51
21435	Open therapy craniofacial separation (LeFort III type); complicated, utilizing internal and/or external fixation techniques (eg, head cap, halo device, and/or intermaxillary fixation)	3540	5163	9251	1471	40.77
21436	Open therapy craniofacial separation (LeFort III type); complicated, multiple surgical approaches, internal fixation, with bone grafting (includes obtaining graft)	5141	7499	13438	2137	59.22
21440	Closed therapy mandibular or maxillary alveolar ridge fracture (separate procedure)	1512	2205	3952	647	17.93
21445	Open therapy mandibular or maxillary alveolar ridge fracture (separate procedure)	2136	3115	5582	801	22.20
21450	Closed therapy mandibular fracture; without manipulation	1679	2449	4388	593	16.44

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
21451	Closed therapy mandibular fracture; with manipulation	2647	3860	6918	778	21.55
21452	Percutaneous therapy mandibular fracture, with external fixation	1747	2548	4565	726	20.12
21453	Closed therapy mandibular fracture with interdental fixation	2775	4047	7253	1036	28.71
21454	Open therapy mandibular fracture with external fixation	1272	1855	3324	529	14.65
21461	Open therapy mandibular fracture; without interdental fixation	3759	5482	9824	2074	57.47
21462	Open therapy mandibular fracture; with interdental fixation	4372	6376	11426	2218	61.46
21465	Open therapy mandibular condylar fracture	2092	3052	5469	870	24.10
21470	Open therapy complicated mandibular fracture by multiple surgical approaches including internal fixation, interdental fixation, and/or wiring of dentures or splints	4489	6547	11731	1222	33.85
21480	Closed therapy temporomandibular dislocation; initial or subsequent	254	371	665	121	3.34
21485	Closed therapy temporomandibular dislocation; complicated (eg, recurrent requiring intermaxillary fixation or splinting), initial or subsequent	1568	2287	4098	910	25.21
21490	Open therapy temporomandibular dislocation	2064	3010	5394	858	23.77
21497	Interdental wiring, for condition other than fracture	1613	2353	4217	707	19.60
21499	Unlisted musculoskeletal procedure, head	0	0	0	0	0.00

NECK (SOFT TISSUES) AND THORAX

21501	Incision and drainage, deep abscess or hematoma, soft tissues of neck or thorax;	1023	1506	2415	485	13.43
21502	Incision and drainage, deep abscess or hematoma, soft tissues of neck or thorax; with partial rib osteotomy	1339	1970	3160	527	14.61
21510	Incision, deep, with opening of bone cortex (eg, for osteomyelitis or bone abscess), thorax	1184	1742	2795	466	12.92
21550	Biopsy, soft tissue of neck or thorax	544	800	1283	271	7.50
21552	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; 3 cm or greater	1182	1739	2790	465	12.89

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
21554	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); 5 cm or greater	2009	2957	4743	763	21.13
21555	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; less than 3 cm	946	1392	2234	443	12.27
21556	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); less than 5 cm	1379	2029	3255	549	15.22
21557	Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; less than 5 cm	2455	3613	5796	995	27.57
21558	Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; 5 cm or greater	4056	5969	9576	1402	38.86
21600	Excision of rib, partial	2236	3291	5279	575	15.94
21601	Excision of chest wall tumor including rib(s)	3131	4608	7392	1233	34.17
21602	Excision of chest wall tumor involving rib(s), with plastic reconstruction; without mediastinal lymphadenectomy	4200	6180	9914	1654	45.83
21603	Excision of chest wall tumor involving rib(s), with plastic reconstruction; with mediastinal lymphadenectomy	4648	6840	10972	1830	50.72
21610	Costotransversectomy (separate procedure)	3161	4652	7463	1245	34.50
21615	Excision first and/or cervical rib;	1889	2781	4460	645	17.87
21616	Excision first and/or cervical rib; with sympathectomy	1898	2793	4480	747	20.71
21620	Ostectomy of sternum, partial	1409	2073	3326	527	14.61
21627	Sternal debridement	1591	2342	3757	562	15.56
21630	Radical resection of sternum;	3219	4737	7599	1268	35.13
21632	Radical resection of sternum; with mediastinal lymphadenectomy	3203	4713	7560	1261	34.95
21685	Hyoid myotomy and suspension	2850	4193	6727	1017	28.17
21700	Division of scalenus anticus; without resection of cervical rib	1451	2135	3425	374	10.36
21705	Division of scalenus anticus; with resection of cervical rib	1424	2096	3362	561	15.54
21720	Division of sternocleidomastoid for torticollis, open operation; without cast application	1374	2023	3245	541	15.00

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
21725	Division of sternocleidomastoid for torticollis, open operation; with cast application	1429	2104	3375	563	15.60
21740	Reconstructive repair of pectus excavatum or carinatum; open	2728	4015	6440	1074	29.77
21742	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), without thoracoscopy	2197	3233	5186	0	0.00
21743	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), with thoracoscopy	7442	10953	17569	0	0.00
21750	Closure of median sternotomy separation with or without debridement (separate procedure)	2551	3754	6023	710	19.66
21811	Open therapy rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 1-3 ribs	1673	2462	3950	622	17.24
21812	Open therapy rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 4-6 ribs	2026	2981	4783	759	21.03
21813	Open therapy rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 7 or more ribs	2634	3877	6219	1038	28.75
21820	Closed therapy sternum fracture	383	564	904	151	4.18
21825	Open therapy sternum fracture with or without skeletal fixation	1316	1937	3107	564	15.64
21899	Unlisted procedure, neck or thorax	0	0	0	0	0.00

BACK AND FLANK

21920	Biopsy, soft tissue of back or flank; superficial	497	731	1173	264	7.32
21925	Biopsy, soft tissue of back or flank; deep	1038	1528	2451	484	13.42
21930	Excision, tumor, soft tissue of back or flank, subcutaneous; less than 3 cm	1089	1603	2571	509	14.11
21931	Excision, tumor, soft tissue of back or flank, subcutaneous; 3 cm or greater	1260	1854	2974	492	13.62
21932	Excision, tumor, soft tissue of back or flank, subfascial (eg, intramuscular); less than 5 cm	1691	2489	3992	692	19.18
21933	Excision, tumor, soft tissue of back or flank, subfascial (eg, intramuscular); 5 cm or greater	2015	2965	4756	772	21.38
21935	Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; less than 5 cm	2670	3929	6303	1073	29.73

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
21936	Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; 5 cm or greater	4312	6346	10179	1480	41.00

SPINE (VERTEBRAL COLUMN)

22010	Incision and drainage, open, of deep abscess (subfascial), posterior spine; cervical, thoracic, or cervicothoracic	2780	4091	6563	1000	27.72
22015	Incision and drainage, open, of deep abscess (subfascial), posterior spine; lumbar, sacral, or lumbosacral	2705	3980	6385	985	27.28
22100	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; cervical	2470	3634	5830	891	24.68
22101	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; thoracic	2304	3390	5438	907	25.14
22102	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; lumbar	3987	5868	9413	854	23.65
22103	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; each additional segment (List separately in addition to code for primary procedure)	510	750	1203	148	4.09
22110	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; cervical	3016	4438	7119	1086	30.10
22112	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; thoracic	2960	4356	6987	1166	32.30
22114	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; lumbar	2960	4356	6987	1166	32.30
22116	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure)	510	750	1203	147	4.08

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
22206	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); thoracic	7267	10694	17154	2562	71.00
22207	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); lumbar	7303	10747	17240	2507	69.46
22208	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); each additional vertebral segment (List separately in addition to code for primary procedure)	1948	2867	4598	618	17.13
22210	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; cervical	5209	7665	12296	1868	51.75
22212	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; thoracic	4794	7056	11318	1561	43.25
22214	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar	4430	6519	10457	1567	43.42
22216	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; each additional vertebral segment (List separately in addition to primary procedure)	1146	1687	2706	381	10.56
22220	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; cervical	5661	8331	13364	1709	47.35
22222	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; thoracic	4605	6778	10872	1814	50.26
22224	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; lumbar	5233	7702	12354	1664	46.10
22226	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure)	1601	2356	3780	381	10.56
22310	Closed therapy vertebral body fracture(s), without manipulation, requiring and including casting or bracing	973	1432	2298	314	8.70
22315	Closed therapy vertebral fracture(s) and/or dislocation(s) requiring casting or bracing, with and including casting and/or bracing by manipulation or traction	2353	3463	5555	914	25.32
22318	Open therapy and/or reduction of odontoid fracture(s) and or dislocation(s) (including os odontoidium), anterior approach, including placement of internal fixation; without grafting	5195	7645	12263	1708	47.33

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
22319	Open therapy and/or reduction of odontoid fracture(s) and or dislocation(s) (including os odontoideum), anterior approach, including placement of internal fixation; with grafting	4824	7100	11389	1900	52.65
22325	Open therapy and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; lumbar	4497	6618	10616	1515	41.99
22326	Open therapy and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; cervical	4679	6887	11047	1563	43.30
22327	Open therapy and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; thoracic	4557	6706	10758	1578	43.73
22328	Open therapy and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; each additional fractured vertebra or dislocated segment (List separately in addition to code for primary procedure)	1025	1508	2419	295	8.17
22505	Manipulation of spine requiring anesthesia, any region	163	240	384	136	3.76
22510	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic	2057	3028	4857	1873	51.90
22511	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral	2038	2999	4810	1855	51.40
22512	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cervicothoracic or lumbosacral vertebral body (List separately in addition to code for primary procedure)	969	1426	2288	882	24.45
22513	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; thoracic	9645	14195	22770	6826	189.15
22514	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using	10300	15158	24315	6797	188.34

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
	mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; lumbar					
22515	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)	8074	11883	19061	3810	105.57
22526	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level	5813	8555	13723	2290	63.44
22527	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; 1 or more additional levels (List separately in addition to code for primary procedure)	4869	7166	11495	1918	53.14
22532	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic	5441	8008	12845	1881	52.11
22533	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	4163	6127	9828	1734	48.04
22534	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic or lumbar, each additional vertebral segment (List separately in addition to code for primary procedure)	1074	1580	2535	378	10.48
22548	Arthrodesis, anterior transoral or extraoral technique, clivus-C1-C2 (atlas-axis), with or without excision of odontoid process	6326	10240	17777	2039	56.49
22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below C2	5479	8868	15396	1782	49.38
22552	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for primary procedure)	1336	2163	3755	417	11.55

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
22554	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2	4070	6587	11436	1311	36.33
22556	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic	5229	8464	14694	1739	48.18
22558	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	4583	7417	12877	1602	44.39
22585	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)	1081	1749	3036	343	9.51
22586	Arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance, includes bone graft when performed, L5-S1 interspace	6550	10602	18407	2111	58.49
22590	Arthrodesis, posterior technique, craniocervical (occiput-C2)	5504	8910	15468	1647	45.63
22595	Arthrodesis, posterior technique, atlas-axis (C1-C2)	5014	8116	14090	1570	43.50
22600	Arthrodesis, posterior or posterolateral technique, single level; cervical below C2 segment	4119	6667	11574	1346	37.29
22610	Arthrodesis, posterior or posterolateral technique, single level; thoracic (with lateral transverse technique, when performed)	3969	6425	11154	1323	36.66
22612	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)	4938	7993	13877	1660	46.00
22614	Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure)	1263	2044	3549	411	11.38
22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar	4464	7225	12544	1645	45.59
22632	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; each	1013	1640	2847	338	9.36

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
	additional interspace (List separately in addition to code for primary procedure)					
22633	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; lumbar	5583	9037	15689	1937	53.67
22634	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; each additional interspace and segment (List separately in addition to code for primary procedure)	1542	2496	4333	520	14.41
22800	Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments	4824	7808	13555	1421	39.37
22802	Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12 vertebral segments	7646	12375	21485	2203	61.05
22804	Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments	10744	17390	30191	2538	70.33
22808	Arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3 vertebral segments	4525	7325	12717	1918	53.15
22810	Arthrodesis, anterior, for spinal deformity, with or without cast; 4 to 7 vertebral segments	7995	12941	22467	2147	59.50
22812	Arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more vertebral segments	7157	11585	20112	2306	63.91
22818	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); single or 2 segments	7017	11358	19719	2261	62.66
22819	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); 3 or more segments	8072	13066	22683	2601	72.08
22830	Exploration of spinal fusion	2612	4227	7339	854	23.65
22840	Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) (List separately in addition to code for primary procedure)	2462	3984	6917	797	22.08

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
22841	Internal spinal fixation by wiring of spinous processes (List separately in addition to code for primary procedure)	1724	2791	4846	0	0.00
22842	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments (List separately in addition to code for primary procedure)	2614	4232	7347	800	22.18
22843	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments (List separately in addition to code for primary procedure)	2803	4538	7878	855	23.70
22844	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 13 or more vertebral segments (List separately in addition to code for primary procedure)	4047	6550	11372	1034	28.64
22845	Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)	2629	4255	7387	764	21.17
22846	Anterior instrumentation; 4 to 7 vertebral segments (List separately in addition to code for primary procedure)	2711	4388	7618	794	22.01
22847	Anterior instrumentation; 8 or more vertebral segments (List separately in addition to code for primary procedure)	2879	4660	8091	846	23.43
22848	Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum (List separately in addition to code for primary procedure)	1142	1848	3208	378	10.47
22849	Reinsertion of spinal fixation device	4038	6535	11346	1362	37.75
22850	Removal of posterior nonsegmental instrumentation (eg, Harrington rod)	2217	3588	6230	761	21.09
22852	Removal of posterior segmental instrumentation	2207	3572	6202	731	20.25
22853	Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to intervertebral disc space in conjunction with interbody arthrodesis, each interspace (List separately in addition to code for primary procedure)	832	1347	2338	271	7.52
22854	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when	1127	1824	3168	352	9.74

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
	performed, to vertebral corpectomy(ies) (vertebral body resection, partial or complete) defect, in conjunction with interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)					
22855	Removal of anterior instrumentation	3472	5619	9756	1159	32.12
22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctomy for nerve root or spinal cord decompression and microdissection); single interspace, cervical	5556	8993	15614	1710	47.38
22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), single interspace, lumbar	5745	9299	16144	1851	51.30
22858	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctomy for nerve root or spinal cord decompression and microdissection); second level, cervical (List separately in addition to code for primary procedure)	1920	3108	5396	536	14.86
22859	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh, methylmethacrylate) to intervertebral disc space or vertebral body defect without interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)	936	1514	2629	352	9.74
22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	7502	12143	21082	2418	66.99
22862	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	7421	12011	20852	2411	66.80
22864	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	6083	9847	17095	2156	59.74
22865	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	6946	11243	19519	2352	65.18
22867	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level	2921	4728	8209	1021	28.28
22868	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion,	671	1087	1887	256	7.08

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
	including image guidance when performed, with open decompression, lumbar; second level (List separately in addition to code for primary procedure)					
22869	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level	23182	37522	65144	464	12.85
22870	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; second level (List separately in addition to code for primary procedure)	784	1268	2202	130	3.59
22899	Unlisted procedure, spine	0	0	0	0	0.00

ABDOMEN

22900	Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); less than 5 cm	1281	2073	3598	588	16.30
22901	Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); 5 cm or greater	1845	2987	5185	698	19.35
22902	Excision, tumor, soft tissue of abdominal wall, subcutaneous; less than 3 cm	1013	1639	2846	476	13.18
22903	Excision, tumor, soft tissue of abdominal wall, subcutaneous; 3 cm or greater	1154	1868	3244	459	12.72
22904	Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; less than 5 cm	3419	5534	9608	1102	30.53
22905	Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; 5 cm or greater	3923	6349	11023	1392	38.58
22999	Unlisted procedure, abdomen, musculoskeletal system	0	0	0	0	0.00

SHOULDER

23000	Removal of subdeltoid calcareous deposits, open	1527	2091	3277	595	16.49
23020	Capsular contracture release (eg, Sever type procedure)	2087	2857	4479	719	19.92
23030	Incision and drainage, shoulder area; deep abscess or hematoma	969	1327	2080	449	12.44
23031	Incision and drainage, shoulder area; infected bursa	1089	1491	2338	417	11.55

SURGERY – MUSCULOSKELETAL SYSTEM

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
23035	Incision, bone cortex (eg, osteomyelitis or bone abscess), shoulder area	1920	2629	4121	709	19.64
23040	Arthrotomy, glenohumeral joint, including exploration, drainage, or removal of foreign body	2145	2937	4604	747	20.71
23044	Arthrotomy, acromioclavicular, sternoclavicular joint, including exploration, drainage, or removal of foreign body	1539	2107	3302	589	16.33
23065	Biopsy, soft tissue of shoulder area; superficial	348	477	748	230	6.38
23066	Biopsy, soft tissue of shoulder area; deep	1445	1979	3103	586	16.25
23071	Excision, tumor, soft tissue of shoulder area, subcutaneous; 3 cm or greater	1157	1585	2484	438	12.15
23073	Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); 5 cm or greater	1959	2682	4204	726	20.12
23075	Excision, tumor, soft tissue of shoulder area, subcutaneous; less than 3 cm	973	1332	2087	519	14.39
23076	Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); less than 5 cm	1513	2072	3248	564	15.63
23077	Radical resection of tumor (eg, sarcoma), soft tissue of shoulder area; less than 5 cm	3089	4229	6630	1182	32.75
23078	Radical resection of tumor (eg, sarcoma), soft tissue of shoulder area; 5 cm or greater	4368	5980	9375	1502	41.61
23100	Arthrotomy, glenohumeral joint, including biopsy	1368	1872	2935	523	14.50
23101	Arthrotomy, acromioclavicular joint or sternoclavicular joint, including biopsy and/or excision of torn cartilage	1241	1699	2664	475	13.16
23105	Arthrotomy; glenohumeral joint, with synovectomy, with or without biopsy	1922	2631	4125	662	18.35
23106	Arthrotomy; sternoclavicular joint, with synovectomy, with or without biopsy	1356	1857	2911	519	14.38
23107	Arthrotomy, glenohumeral joint, with joint exploration, with or without removal of loose or foreign body	1930	2643	4143	687	19.03
23120	Claviculectomy; partial	1760	2410	3778	608	16.86
23125	Claviculectomy; total	1932	2645	4146	739	20.48
23130	Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release	1939	2655	4162	638	17.68

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
23140	Excision or curettage of bone cyst or benign tumor of clavicle or scapula;	1569	2148	3368	576	15.96
23145	Excision or curettage of bone cyst or benign tumor of clavicle or scapula; with autograft (includes obtaining graft)	1893	2592	4063	724	20.07
23146	Excision or curettage of bone cyst or benign tumor of clavicle or scapula; with allograft	1692	2317	3632	647	17.94
23150	Excision or curettage of bone cyst or benign tumor of proximal humerus;	2335	3197	5012	694	19.24
23155	Excision or curettage of bone cyst or benign tumor of proximal humerus; with autograft (includes obtaining graft)	2166	2966	4650	829	22.97
23156	Excision or curettage of bone cyst or benign tumor of proximal humerus; with allograft	1846	2527	3962	706	19.57
23170	Sequestrectomy (eg, for osteomyelitis or bone abscess), clavicle	1528	2092	3279	585	16.20
23172	Sequestrectomy (eg, for osteomyelitis or bone abscess), scapula	1544	2114	3314	591	16.37
23174	Sequestrectomy (eg, for osteomyelitis or bone abscess), humeral head to surgical neck	2068	2832	4439	791	21.93
23180	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), clavicle	1908	2613	4096	693	19.19
23182	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), scapula	1793	2455	3848	686	19.01
23184	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), proximal humerus	2166	2966	4650	768	21.29
23190	Ostectomy of scapula, partial (eg, superior medial angle)	1560	2136	3348	597	16.54
23195	Resection, humeral head	2035	2787	4369	779	21.58
23200	Radical resection of tumor; clavicle	4117	5637	8836	1575	43.65
23210	Radical resection of tumor; scapula	4837	6623	10383	1851	51.29
23220	Radical resection of tumor, proximal humerus	5318	7282	11415	2035	56.39
23330	Removal of foreign body, shoulder; subcutaneous	782	1070	1678	299	8.29

SURGERY – MUSCULOSKELETAL SYSTEM

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
23333	Removal of foreign body, shoulder; deep (subfascial or intramuscular)	1261	1726	2707	483	13.37
23334	Removal of prosthesis, includes debridement and synovectomy when performed; humeral or glenoid component	2851	3904	6120	1112	30.82
23335	Removal of prosthesis, includes debridement and synovectomy when performed; humeral and glenoid components (eg, total shoulder)	3690	5052	7919	1326	36.75
23350	Injection procedure for shoulder arthrography or enhanced CT/MRI shoulder arthrography	403	552	865	157	4.35
23395	Muscle transfer, any type, shoulder or upper arm; single	3953	5962	10562	1338	37.08
23397	Muscle transfer, any type, shoulder or upper arm; multiple	4245	6402	11341	1191	32.99
23400	Scapulopexy (eg, Sprengels deformity or for paralysis)	3031	4572	8099	1013	28.08
23405	Tenotomy, shoulder area; single tendon	1975	2979	5277	645	17.88
23406	Tenotomy, shoulder area; multiple tendons through same incision	2474	3731	6609	801	22.20
23410	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute	2824	4259	7544	855	23.68
23412	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic	2881	4345	7696	889	24.62
23415	Coracoacromial ligament release, with or without acromioplasty	2393	3610	6394	726	20.11
23420	Reconstruction of complete shoulder (rotator cuff avulsion, chronic (includes acromioplasty)	2902	4376	7752	1013	28.07
23430	Tenodesis of long tendon of biceps	2326	3508	6215	776	21.49
23440	Resection or transplantation of long tendon of biceps	2545	3839	6800	788	21.83
23450	Capsulorrhaphy, anterior; Putti-Platt procedure or Magnuson type operation	2957	4460	7900	988	27.39
23455	Capsulorrhaphy, anterior; with labral repair (eg, Bankart procedure)	3050	4600	8149	1036	28.72
23460	Capsulorrhaphy, anterior, any type; with bone block	3742	5644	9999	1136	31.48
23462	Capsulorrhaphy, anterior, any type; with coracoid process transfer	3474	5239	9281	1115	30.90

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
23465	Capsulorrhaphy, glenohumeral joint, posterior, with or without bone block	3279	4945	8760	1167	32.33
23466	Capsulorrhaphy, glenohumeral joint, any type multi-directional instability	3423	5163	9145	1156	32.04
23470	Arthroplasty, glenohumeral joint; hemiarthroplasty	3509	5293	9376	1253	34.72
23472	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))	4337	6541	11587	1515	41.98
23473	Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component	4550	6863	12157	1690	46.83
23474	Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component	4908	7403	13114	1826	50.60
23480	Osteotomy, clavicle, with or without internal fixation;	2558	3859	6836	855	23.70
23485	Osteotomy, clavicle, with or without internal fixation; with bone graft for nonunion or malunion (includes obtaining graft and/or necessary fixation)	2774	4184	7412	998	27.64
23490	Prophylactic therapy (nailing, pinning, plating or wiring) with or without methylmethacrylate; clavicle	2686	4051	7176	898	24.88
23491	Prophylactic therapy (nailing, pinning, plating or wiring) with or without methylmethacrylate; proximal humerus	3167	4777	8462	1059	29.34
23500	Closed therapy clavicular fracture; without manipulation	629	843	1228	228	6.32
23505	Closed therapy clavicular fracture; with manipulation	940	1261	1838	370	10.26
23515	Open therapy clavicular fracture, includes internal fixation, when performed	2029	2720	3964	750	20.77
23520	Closed therapy sternoclavicular dislocation; without manipulation	679	911	1327	245	6.80
23525	Closed therapy sternoclavicular dislocation; with manipulation	1119	1501	2188	405	11.21
23530	Open therapy sternoclavicular dislocation, acute or chronic;	1653	2216	3230	597	16.55

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
23532	Open therapy sternoclavicular dislocation, acute or chronic; with fascial graft (includes obtaining graft)	1801	2415	3518	651	18.03
23540	Closed therapy acromioclavicular dislocation; without manipulation	664	890	1297	241	6.67
23545	Closed therapy acromioclavicular dislocation; with manipulation	985	1320	1924	356	9.86
23550	Open therapy acromioclavicular dislocation, acute or chronic;	1755	2353	3429	596	16.52
23552	Open therapy acromioclavicular dislocation, acute or chronic; with fascial graft (includes obtaining graft)	1974	2647	3858	680	18.84
23570	Closed therapy scapular fracture; without manipulation	656	880	1282	241	6.69
23575	Closed therapy scapular fracture; with manipulation, with or without skeletal traction (with or without shoulder joint involvement)	1164	1562	2275	421	11.66
23585	Open therapy scapular fracture (body, glenoid or acromion) includes internal fixation, when performed	2849	3820	5567	1021	28.29
23600	Closed therapy proximal humeral (surgical or anatomical neck) fracture; without manipulation	882	1183	1724	341	9.45
23605	Closed therapy proximal humeral (surgical or anatomical neck) fracture; with manipulation, with or without skeletal traction	1298	1741	2537	485	13.45
23615	Open therapy proximal humeral (surgical or anatomical neck) fracture, includes internal fixation, when performed, includes repair of tuberosity(s), when performed;	2541	3408	4966	920	25.50
23616	Open therapy proximal humeral (surgical or anatomical neck) fracture, includes internal fixation, when performed, includes repair of tuberosity(s), when performed; with proximal humeral prosthetic replacement	3774	5061	7374	1291	35.76
23620	Closed therapy greater humeral tuberosity fracture; without manipulation	748	1003	1462	278	7.71
23625	Closed therapy greater humeral tuberosity fracture; with manipulation	1093	1465	2135	395	10.94
23630	Open therapy greater humeral tuberosity fracture, includes internal fixation, when performed	2128	2853	4158	812	22.49

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
23650	Closed therapy shoulder dislocation, with manipulation; without anesthesia	950	1274	1856	331	9.18
23655	Closed therapy shoulder dislocation, with manipulation; requiring anesthesia	1115	1495	2179	420	11.64
23660	Open therapy acute shoulder dislocation	1749	2346	3418	608	16.85
23665	Closed therapy shoulder dislocation, with fracture of greater humeral tuberosity, with manipulation	1221	1637	2385	445	12.33
23670	Open therapy shoulder dislocation, with fracture of greater humeral tuberosity, includes internal fixation, when performed	2349	3151	4591	910	25.22
23675	Closed therapy shoulder dislocation, with surgical or anatomical neck fracture, with manipulation	1477	1981	2887	574	15.90
23680	Open therapy shoulder dislocation, with surgical or anatomical neck fracture, includes internal fixation, when performed	2718	3645	5311	969	26.85
23700	Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)	672	902	1314	203	5.63
23800	Arthrodesis, glenohumeral joint;	2962	3972	5788	1070	29.66
23802	Arthrodesis, glenohumeral joint; with autogenous graft (includes obtaining graft)	3698	4959	7226	1336	37.03
23900	Interthoracoscaphular amputation (forequarter)	4004	5369	7823	1447	40.09
23920	Disarticulation of shoulder;	3243	4348	6336	1172	32.47
23921	Disarticulation of shoulder; secondary closure or scar revision	1349	1809	2636	488	13.51
23929	Unlisted procedure, shoulder	0	0	0	0	0.00

HUMERUS (UPPER ARM) AND ELBOW

23930	Incision and drainage, upper arm or elbow area; deep abscess or hematoma	811	1214	2222	369	10.23
23931	Incision and drainage, upper arm or elbow area; bursa	684	1024	1875	299	8.29
23935	Incision, deep, with opening of bone cortex (eg, for osteomyelitis or bone abscess), humerus or elbow	1577	2360	4319	532	14.74

SURGERY – MUSCULOSKELETAL SYSTEM

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
24000	Arthrotomy, elbow, including exploration, drainage, or removal of foreign body	1516	2270	4153	497	13.78
24006	Arthrotomy of the elbow, with capsular excision for capsular release (separate procedure)	2371	3549	6494	741	20.53
24065	Biopsy, soft tissue of upper arm or elbow area; superficial	366	547	1002	267	7.41
24066	Biopsy, soft tissue of upper arm or elbow area; deep (subfascial or intramuscular)	1406	2105	3852	645	17.86
24071	Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous; 3 cm or greater	1120	1677	3069	423	11.73
24073	Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); 5 cm or greater	1967	2945	5389	726	20.12
24075	Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous; less than 3 cm	1098	1643	3007	537	14.88
24076	Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); less than 5 cm	1481	2217	4058	566	15.69
24077	Radical resection of tumor (eg, sarcoma), soft tissue of upper arm or elbow area; less than 5 cm	3088	4623	8460	1086	30.10
24079	Radical resection of tumor (eg, sarcoma), soft tissue of upper arm or elbow area; 5 cm or greater	4029	6032	11038	1385	38.37
24100	Arthrotomy, elbow; with synovial biopsy only	1236	1851	3387	435	12.05
24101	Arthrotomy, elbow; with joint exploration, with or without biopsy, with or without removal of loose or foreign body	1697	2541	4650	521	14.45
24102	Arthrotomy, elbow; with synovectomy	2080	3113	5697	642	17.78
24105	Excision, olecranon bursa	1115	1669	3054	367	10.18
24110	Excision or curettage of bone cyst or benign tumor, humerus;	2278	3411	6241	611	16.93
24115	Excision or curettage of bone cyst or benign tumor, humerus; with autograft (includes obtaining graft)	2183	3268	5981	768	21.28
24116	Excision or curettage of bone cyst or benign tumor, humerus; with allograft	2552	3820	6990	898	24.87

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
24120	Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process;	1879	2812	5146	554	15.34
24125	Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process; with autograft (includes obtaining graft)	1839	2752	5036	647	17.92
24126	Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process; with allograft	1921	2875	5261	676	18.72
24130	Excision, radial head	1760	2634	4821	530	14.69
24134	Sequestrectomy (eg, for osteomyelitis or bone abscess), shaft or distal humerus	2213	3313	6062	778	21.57
24136	Sequestrectomy (eg, for osteomyelitis or bone abscess), radial head or neck	1870	2800	5124	658	18.23
24138	Sequestrectomy (eg, for osteomyelitis or bone abscess), olecranon process	2013	3013	5514	708	19.62
24140	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), humerus	2293	3433	6281	732	20.28
24145	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), radial head or neck	1756	2629	4812	618	17.12
24147	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), olecranon process	1981	2966	5428	649	17.99
24149	Radical resection of capsule, soft tissue, and heterotopic bone, elbow, with contracture release (separate procedure)	3504	5246	9599	1223	33.88
24150	Radical resection of tumor, shaft or distal humerus	4597	6882	12594	1617	44.81
24152	Radical resection of tumor, radial head or neck	3993	5978	10938	1405	38.92
24155	Resection of elbow joint (arthrectomy)	2525	3780	6917	888	24.61
24160	Removal of prosthesis, includes debridement and synovectomy when performed; humeral and ulnar components	3728	5581	10213	1311	36.34
24164	Removal of prosthesis, includes debridement and synovectomy when performed; radial head	2026	3033	5550	751	20.82

SURGERY – MUSCULOSKELETAL SYSTEM

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
24200	Removal of foreign body, upper arm or elbow area; subcutaneous	434	650	1189	224	6.20
24201	Removal of foreign body, upper arm or elbow area; deep (subfascial or intramuscular)	1215	1819	3329	568	15.75
24220	Injection procedure for elbow arthrography	459	686	1256	184	5.11
24300	Manipulation, elbow, under anesthesia	1249	1870	3422	442	12.25
24301	Muscle or tendon transfer, any type, upper arm or elbow, single (excluding 24320-24331)	2134	3194	5845	781	21.63
24305	Tendon lengthening, upper arm or elbow, each tendon	1812	2712	4962	603	16.70
24310	Tenotomy, open, elbow to shoulder, each tendon	1639	2454	4490	490	13.59
24320	Tenoplasty, with muscle transfer, with or without free graft, elbow to shoulder, single (Seddon-Brookes type procedure)	2314	3463	6338	814	22.55
24330	Flexor-plasty, elbow (eg, Steindler type advancement);	2126	3182	5823	748	20.72
24331	Flexor-plasty, elbow (eg, Steindler type advancement); with extensor advancement	2329	3486	6380	819	22.70
24332	Tenolysis, triceps	1815	2717	4972	638	17.69
24340	Tenodesis of biceps tendon at elbow (separate procedure)	1889	2828	5174	640	17.72
24341	Repair, tendon or muscle, upper arm or elbow, each tendon or muscle, primary or secondary (excludes rotator cuff)	2319	3471	6351	775	21.47
24342	Reinsertion of ruptured biceps or triceps tendon, distal, with or without tendon graft	2550	3818	6986	808	22.39
24343	Repair lateral collateral ligament, elbow, with local tissue	2234	3345	6121	737	20.42
24344	Reconstruction lateral collateral ligament, elbow, with tendon graft (includes harvesting of graft)	3182	4763	8715	1139	31.57
24345	Repair medial collateral ligament, elbow, with local tissue	2222	3326	6086	730	20.24
24346	Reconstruction medial collateral ligament, elbow, with tendon graft (includes harvesting of graft)	3385	5067	9271	1147	31.77

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
24357	Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); percutaneous	1577	2361	4320	432	11.98
24358	Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); debridement, soft tissue and/or bone, open	1669	2498	4572	547	15.17
24359	Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); debridement, soft tissue and/or bone, open with tendon repair or reattachment	2085	3121	5711	689	19.09
24360	Arthroplasty, elbow; with membrane (eg, fascial)	2671	3998	7316	939	26.03
24361	Arthroplasty, elbow; with distal humeral prosthetic replacement	2986	4469	8179	1050	29.10
24362	Arthroplasty, elbow; with implant and fascia lata ligament reconstruction	3144	4706	8611	1106	30.64
24363	Arthroplasty, elbow; with distal humerus and proximal ulnar prosthetic replacement (eg, total elbow)	4449	6660	12187	1515	41.99
24365	Arthroplasty, radial head;	1894	2835	5188	666	18.46
24366	Arthroplasty, radial head; with implant	1935	2897	5300	711	19.71
24370	Revision of total elbow arthroplasty, including allograft when performed; humeral or ulnar component	4580	6856	12546	1611	44.64
24371	Revision of total elbow arthroplasty, including allograft when performed; humeral and ulnar component	5284	7910	14474	1859	51.50
24400	Osteotomy, humerus, with or without internal fixation	2648	3964	7254	857	23.76
24410	Multiple osteotomies with realignment on intramedullary rod, humeral shaft (Sofield type procedure)	3133	4691	8583	1102	30.54
24420	Osteoplasty, humerus (eg, shortening or lengthening) (excluding 64876)	3036	4545	8316	1068	29.59
24430	Repair of nonunion or malunion, humerus; without graft (eg, compression technique)	3097	4636	8483	1101	30.50
24435	Repair of nonunion or malunion, humerus; with iliac or other autograft (includes obtaining graft)	3360	5029	9203	1120	31.04

SURGERY – MUSCULOSKELETAL SYSTEM

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
24470	Hemiepiphyseal arrest (eg, cubitus varus or valgus, distal humerus)	1987	2975	5444	699	19.37
24495	Decompression fasciotomy, forearm, with brachial artery exploration	1934	2896	5299	845	23.42
24498	Prophylactic therapy (nailing, pinning, plating or wiring), with or without methylmethacrylate, humeral shaft	2567	3843	7032	903	25.02
24500	Closed therapy humeral shaft fracture; without manipulation	982	1320	1855	371	10.28
24505	Closed therapy humeral shaft fracture; with manipulation, with or without skeletal traction	1440	1934	2720	518	14.34
24515	Open therapy humeral shaft fracture with plate/screws, with or without cerclage	2559	3438	4834	916	25.37
24516	therapy humeral shaft fracture, with insertion of intramedullary implant, with or without cerclage and/or locking screws	2517	3381	4754	895	24.80
24530	Closed therapy supracondylar or transcondylar humeral fracture, with or without intercondylar extension; without manipulation	1129	1517	2133	393	10.90
24535	Closed therapy supracondylar or transcondylar humeral fracture, with or without intercondylar extension; with manipulation, with or without skin or skeletal traction	1875	2519	3542	640	17.74
24538	Percutaneous skeletal fixation of supracondylar or transcondylar humeral fracture, with or without intercondylar extension	2569	3452	4853	794	22.01
24545	Open therapy humeral supracondylar or transcondylar fracture, includes internal fixation, when performed; without intercondylar extension	2728	3665	5152	969	26.84
24546	Open therapy humeral supracondylar or transcondylar fracture, includes internal fixation, when performed; with intercondylar extension	3185	4280	6017	1082	29.98
24560	Closed therapy humeral epicondylar fracture, medial or lateral; without manipulation	923	1240	1743	340	9.43
24565	Closed therapy humeral epicondylar fracture, medial or lateral; with manipulation	1789	2403	3378	558	15.45
24566	Percutaneous skeletal fixation of humeral epicondylar fracture, medial or lateral, with manipulation	2398	3221	4529	747	20.71

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
24575	Open therapy humeral epicondylar fracture, medial or lateral, includes internal fixation, when performed	2338	3142	4417	763	21.13
24576	Closed therapy humeral condylar fracture, medial or lateral; without manipulation	990	1330	1870	358	9.92
24577	Closed therapy humeral condylar fracture, medial or lateral; with manipulation	1840	2471	3475	573	15.89
24579	Open therapy humeral condylar fracture, medial or lateral, includes internal fixation, when performed	2632	3535	4971	866	24.00
24582	Percutaneous skeletal fixation of humeral condylar fracture, medial or lateral, with manipulation	2657	3570	5019	843	23.36
24586	Open therapy periarticular fracture and/or dislocation of the elbow (fracture distal humerus and proximal ulna and/or proximal radius);	3326	4468	6282	1134	31.41
24587	Open therapy periarticular fracture and/or dislocation of the elbow (fracture distal humerus and proximal ulna and/or proximal radius); with implant arthroplasty	3639	4888	6873	1134	31.43
24600	therapy closed elbow dislocation; without anesthesia	1103	1482	2084	385	10.66
24605	therapy closed elbow dislocation; requiring anesthesia	1330	1786	2511	492	13.64
24615	Open therapy acute or chronic elbow dislocation	2238	3007	4228	743	20.60
24620	Closed therapy Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna with dislocation of radial head), with manipulation	1627	2186	3074	577	15.99
24635	Open therapy Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna with dislocation of radial head), includes internal fixation, when performed	2404	3229	4540	701	19.43
24640	Closed therapy radial head subluxation in child, nursemaid elbow, with manipulation	428	575	809	104	2.89
24650	Closed therapy radial head or neck fracture; without manipulation	753	1012	1423	271	7.51
24655	Closed therapy radial head or neck fracture; with manipulation	1321	1775	2496	458	12.68

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
24665	Open therapy radial head or neck fracture, includes internal fixation or radial head excision, when performed;	1953	2624	3689	681	18.87
24666	Open therapy radial head or neck fracture, includes internal fixation or radial head excision, when performed; with radial head prosthetic replacement	2192	2945	4141	763	21.15
24670	Closed therapy ulnar fracture, proximal end (eg, olecranon or coronoid process[es]); without manipulation	834	1120	1575	302	8.36
24675	Closed therapy ulnar fracture, proximal end (eg, olecranon or coronoid process[es]); with manipulation	1309	1758	2472	476	13.19
24685	Open therapy ulnar fracture, proximal end (eg, olecranon or coronoid process[es]), includes internal fixation, when performed	2022	2717	3820	680	18.84
24800	Arthrodesis, elbow joint; local	2777	3731	5246	866	23.99
24802	Arthrodesis, elbow joint; with autogenous graft (includes obtaining graft)	3351	4503	6330	1045	28.95
24900	Amputation, arm through humerus; with primary closure	2466	3313	4658	769	21.30
24920	Amputation, arm through humerus; open, circular (guillotine)	2448	3290	4625	763	21.15
24925	Amputation, arm through humerus; secondary closure or scar revision	1893	2543	3575	590	16.35
24930	Amputation, arm through humerus; re-amputation	2589	3478	4889	807	22.36
24931	Amputation, arm through humerus; with implant	3118	4188	5889	972	26.93
24935	Stump elongation, upper extremity	3970	5333	7498	1238	34.29
24940	Cineplasty, upper extremity, complete procedure	3165	4252	5977	0	0.00
24999	Unlisted procedure, humerus or elbow	0	0	0	0	0.00
FOREARM AND WRIST						
25000	Incision, extensor tendon sheath, wrist (eg, de Quervains disease)	1267	2068	3858	352	9.74
25001	Incision, flexor tendon sheath, wrist (eg, flexor carpi radialis)	1524	2486	4639	357	9.88

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
25020	Decompression fasciotomy, forearm and/or wrist, flexor OR extensor compartment; without debridement of nonviable muscle and/or nerve	2467	4025	7511	663	18.36
25023	Decompression fasciotomy, forearm and/or wrist, flexor OR extensor compartment; with debridement of nonviable muscle and/or nerve	3077	5020	9367	1245	34.49
25024	Decompression fasciotomy, forearm and/or wrist, flexor AND extensor compartment; without debridement of nonviable muscle and/or nerve	2289	3734	6969	815	22.57
25025	Decompression fasciotomy, forearm and/or wrist, flexor AND extensor compartment; with debridement of nonviable muscle and/or nerve	3533	5764	10756	1255	34.77
25028	Incision and drainage, forearm and/or wrist; deep abscess or hematoma	1517	2475	4618	616	17.07
25031	Incision and drainage, forearm and/or wrist; bursa	1215	1982	3698	364	10.09
25035	Incision, deep, bone cortex, forearm and/or wrist (eg, osteomyelitis or bone abscess)	1909	3114	5811	607	16.82
25040	Arthrotomy, radiocarpal or midcarpal joint, with exploration, drainage, or removal of foreign body	1907	3111	5806	584	16.18
25065	Biopsy, soft tissue of forearm and/or wrist; superficial	405	660	1232	266	7.37
25066	Biopsy, soft tissue of forearm and/or wrist; deep (subfascial or intramuscular)	1141	1861	3473	372	10.30
25071	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; 3 cm or greater	1207	1969	3674	442	12.25
25073	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); 3 cm or greater	1665	2717	5070	557	15.43
25075	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; less than 3 cm	1085	1770	3303	524	14.52
25076	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); less than 3 cm	1635	2667	4976	538	14.91
25077	Radical resection of tumor (eg, sarcoma), soft tissue of forearm and/or wrist area; less than 3 cm	3088	5038	9401	926	25.65
25078	Radical resection of tumor (eg, sarcoma), soft tissue of forearm and/or wrist area; 3 cm or greater	3660	5970	11140	1214	33.64
25085	Capsulotomy, wrist (eg, contracture)	2154	3513	6556	467	12.93

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
25100	Arthrotomy, wrist joint; with biopsy	1204	1964	3665	361	10.00
25101	Arthrotomy, wrist joint; with joint exploration, with or without biopsy, with or without removal of loose or foreign body	1321	2156	4023	420	11.63
25105	Arthrotomy, wrist joint; with synovectomy	1629	2657	4959	504	13.97
25107	Arthrotomy, distal radioulnar joint including repair of triangular cartilage, complex	2047	3339	6232	640	17.72
25109	Excision of tendon, forearm and/or wrist, flexor or extensor, each	1800	2936	5479	559	15.48
25110	Excision, lesion of tendon sheath, forearm and/or wrist	1272	2074	3871	355	9.84
25111	Excision of ganglion, wrist (dorsal or volar); primary	1127	1839	3432	333	9.24
25112	Excision of ganglion, wrist (dorsal or volar); recurrent	1297	2116	3948	402	11.15
25115	Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (eg, tenosynovitis, fungus, Tbc, or other granulomas, rheumatoid arthritis); flexors	2663	4345	8107	787	21.81
25116	Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (eg, tenosynovitis, fungus, Tbc, or other granulomas, rheumatoid arthritis); extensors, with or without transposition of dorsal retinaculum	2240	3654	6818	624	17.30
25118	Synovectomy, extensor tendon sheath, wrist, single compartment;	1622	2647	4939	396	10.96
25119	Synovectomy, extensor tendon sheath, wrist, single compartment; with resection of distal ulna	1720	2807	5238	516	14.29
25120	Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process);	2081	3395	6336	520	14.42
25125	Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process); with autograft (includes obtaining graft)	2060	3361	6271	617	17.11
25126	Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process); with allograft	2076	3386	6319	622	17.24
25130	Excision or curettage of bone cyst or benign tumor of carpal bones;	1885	3076	5739	466	12.91

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
25135	Excision or curettage of bone cyst or benign tumor of carpal bones; with autograft (includes obtaining graft)	1941	3166	5908	582	16.12
25136	Excision or curettage of bone cyst or benign tumor of carpal bones; with allograft	1722	2809	5241	516	14.30
25145	Sequestrectomy (eg, for osteomyelitis or bone abscess), forearm and/or wrist	1801	2938	5483	540	14.96
25150	Partial excision (craterization, saucerization, or diaphysectomy) of bone (eg, for osteomyelitis); ulna	1737	2834	5289	588	16.28
25151	Partial excision (craterization, saucerization, or diaphysectomy) of bone (eg, for osteomyelitis); radius	2032	3315	6187	607	16.81
25170	Radical resection of tumor, radius or ulna	5128	8365	15610	1537	42.59
25210	Carpectomy; 1 bone	1615	2634	4916	510	14.12
25215	Carpectomy; all bones of proximal row	2267	3698	6901	643	17.81
25230	Radial styloidectomy (separate procedure)	1648	2689	5018	449	12.44
25240	Excision distal ulna partial or complete (eg, Darrach type or matched resection)	1775	2896	5404	446	12.35
25246	Injection procedure for wrist arthrography	448	731	1365	189	5.25
25248	Exploration with removal of deep foreign body, forearm or wrist	1274	2078	3878	432	11.97
25250	Removal of wrist prosthesis; (separate procedure)	1846	3011	5619	553	15.33
25251	Removal of wrist prosthesis; complicated, including total wrist	2501	4079	7613	750	20.77
25259	Manipulation, wrist, under anesthesia	1342	2190	4086	439	12.16
25260	Repair, tendon or muscle, flexor, forearm and/or wrist; primary, single, each tendon or muscle	2276	3713	6928	656	18.18
25263	Repair, tendon or muscle, flexor, forearm and/or wrist; secondary, single, each tendon or muscle	1644	2681	5004	656	18.19
25265	Repair, tendon or muscle, flexor, forearm and/or wrist; secondary, with free graft (includes obtaining graft), each tendon or muscle	2599	4241	7913	779	21.59
25270	Repair, tendon or muscle, extensor, forearm and/or wrist; primary, single, each tendon or muscle	1764	2878	5371	512	14.19

SURGERY – MUSCULOSKELETAL SYSTEM

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
25272	Repair, tendon or muscle, extensor, forearm and/or wrist; secondary, single, each tendon or muscle	1844	3008	5613	581	16.09
25274	Repair, tendon or muscle, extensor, forearm and/or wrist; secondary, with free graft (includes obtaining graft), each tendon or muscle	2344	3823	7135	693	19.19
25275	Repair, tendon sheath, extensor, forearm and/or wrist, with free graft (includes obtaining graft) (eg, for extensor carpi ulnaris subluxation)	2318	3781	7056	699	19.37
25280	Lengthening or shortening of flexor or extensor tendon, forearm and/or wrist, single, each tendon	2418	3944	7360	588	16.30
25290	Tenotomy, open, flexor or extensor tendon, forearm and/or wrist, single, each tendon	1850	3017	5630	453	12.54
25295	Tenolysis, flexor or extensor tendon, forearm and/or wrist, single, each tendon	1934	3155	5887	547	15.15
25300	Tenodesis at wrist; flexors of fingers	2373	3871	7224	711	19.71
25301	Tenodesis at wrist; extensors of fingers	2116	3453	6443	669	18.54
25310	Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; each tendon	2537	4139	7724	644	17.85
25312	Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; with tendon graft(s) (includes obtaining graft), each tendon	2747	4481	8362	747	20.71
25315	Flexor origin slide (eg, for cerebral palsy, Volkmann contracture), forearm and/or wrist;	2678	4368	8151	803	22.24
25316	Flexor origin slide (eg, for cerebral palsy, Volkmann contracture), forearm and/or wrist; with tendon(s) transfer	3182	5191	9687	954	26.43
25320	Capsulorrhaphy or reconstruction, wrist, open (eg, capsulodesis, ligament repair, tendon transfer or graft) (includes synovectomy, capsulotomy and open reduction) for carpal instability	3359	5480	10227	1023	28.34
25332	Arthroplasty, wrist, with or without interposition, with or without external or internal fixation	3351	5467	10202	877	24.31
25335	Centralization of wrist on ulna (eg, radial club hand)	3282	5354	9991	984	27.26
25337	Reconstruction for stabilization of unstable distal ulna or distal radioulnar joint, secondary by soft tissue stabilization (eg, tendon transfer,	3074	5015	9358	921	25.52

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
	tendon graft or weave, or tenodesis) with or without open reduction of distal radioulnar joint					
25350	Osteotomy, radius; distal third	2150	3508	6546	703	19.47
25355	Osteotomy, radius; middle or proximal third	2658	4337	8093	797	22.08
25360	Osteotomy; ulna	2121	3460	6457	681	18.86
25365	Osteotomy; radius AND ulna	3185	5195	9694	955	26.45
25370	Multiple osteotomies, with realignment on intramedullary rod (Sofield type procedure); radius OR ulna	3510	5725	10684	1052	29.15
25375	Multiple osteotomies, with realignment on intramedullary rod (Sofield type procedure); radius AND ulna	3319	5415	10105	995	27.57
25390	Osteoplasty, radius OR ulna; shortening	2696	4398	8207	800	22.18
25391	Osteoplasty, radius OR ulna; lengthening with autograft	3466	5655	10552	1039	28.79
25392	Osteoplasty, radius AND ulna; shortening (excluding 64876)	3529	5757	10743	1058	29.31
25393	Osteoplasty, radius AND ulna; lengthening with autograft	3931	6413	11967	1178	32.65
25394	Osteoplasty, carpal bone, shortening	2727	4449	8302	817	22.65
25400	Repair of nonunion or malunion, radius OR ulna; without graft (eg, compression technique)	2715	4430	8266	836	23.17
25405	Repair of nonunion or malunion, radius OR ulna; with autograft (includes obtaining graft)	3463	5650	10543	1081	29.95
25415	Repair of nonunion or malunion, radius AND ulna; without graft (eg, compression technique)	3368	5494	10252	1009	27.97
25420	Repair of nonunion or malunion, radius AND ulna; with autograft (includes obtaining graft)	4059	6621	12355	1217	33.71
25425	Repair of defect with autograft; radius OR ulna	3352	5468	10204	1005	27.84
25426	Repair of defect with autograft; radius AND ulna	3909	6378	11901	1172	32.47
25430	Insertion of vascular pedicle into carpal bone (eg, Hori procedure)	2537	4138	7723	760	21.07
25431	Repair of nonunion of carpal bone (excluding carpal scaphoid (navicular)) (includes obtaining graft and necessary fixation), each bone	2741	4472	8346	822	22.77
25440	Repair of nonunion, scaphoid carpal (navicular) bone, with or without radial styloidectomy (includes obtaining graft and necessary fixation)	2571	4194	7826	799	22.13

SURGERY – MUSCULOSKELETAL SYSTEM

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
25441	Arthroplasty with prosthetic replacement; distal radius	3259	5317	9922	977	27.07
25442	Arthroplasty with prosthetic replacement; distal ulna	2803	4572	8533	840	23.28
25443	Arthroplasty with prosthetic replacement; scaphoid carpal (navicular)	2722	4441	8287	816	22.61
25444	Arthroplasty with prosthetic replacement; lunate	2878	4694	8760	863	23.90
25445	Arthroplasty with prosthetic replacement; trapezium	2351	3835	7156	751	20.82
25446	Arthroplasty with prosthetic replacement; distal radius and partial or entire carpus (total wrist)	4077	6651	12410	1222	33.86
25447	Arthroplasty, interposition, intercarpal or carpometacarpal joints	2917	4758	8879	862	23.88
25449	Revision of arthroplasty, including removal of implant, wrist joint	3385	5523	10306	1078	29.87
25450	Epiphyseal arrest by epiphysiodesis or stapling; distal radius OR ulna	2142	3494	6520	642	17.79
25455	Epiphyseal arrest by epiphysiodesis or stapling; distal radius AND ulna	2528	4125	7697	758	21.00
25490	Prophylactic therapy (nailing, pinning, plating or wiring) with or without methylmethacrylate; radius	2497	4074	7602	748	20.74
25491	Prophylactic therapy (nailing, pinning, plating or wiring) with or without methylmethacrylate; ulna	2567	4188	7814	769	21.32
25492	Prophylactic therapy (nailing, pinning, plating or wiring) with or without methylmethacrylate; radius AND ulna	3148	5136	9584	944	26.15
25500	Closed therapy radial shaft fracture; without manipulation	740	1001	1573	288	7.98
25505	Closed therapy radial shaft fracture; with manipulation	1418	1920	3016	523	14.49
25515	Open therapy radial shaft fracture, includes internal fixation, when performed	2012	2723	4278	697	19.30
25520	Closed therapy radial shaft fracture and closed therapy dislocation of distal radioulnar joint (Galeazzi fracture/dislocation)	1637	2215	3480	595	16.48
25525	Open therapy radial shaft fracture, includes internal fixation, when performed, and closed therapy distal radioulnar joint dislocation (Galeazzi fracture/ dislocation), includes percutaneous skeletal fixation, when performed	2389	3234	5081	821	22.74

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
25526	Open therapy radial shaft fracture, includes internal fixation, when performed, and open therapy distal radioulnar joint dislocation (Galeazzi fracture/ dislocation), includes internal fixation, when performed, includes repair of triangular fibrocartilage complex	3005	4068	6390	995	27.56
25530	Closed therapy ulnar shaft fracture; without manipulation	734	994	1561	271	7.52
25535	Closed therapy ulnar shaft fracture; with manipulation	1326	1794	2819	509	14.09
25545	Open therapy ulnar shaft fracture, includes internal fixation, when performed	1882	2548	4002	647	17.94
25560	Closed therapy radial and ulnar shaft fractures; without manipulation	791	1071	1683	294	8.15
25565	Closed therapy radial and ulnar shaft fractures; with manipulation	1500	2031	3190	536	14.85
25574	Open therapy radial AND ulnar shaft fractures, with internal fixation, when performed; of radius OR ulna	1989	2692	4230	701	19.42
25575	Open therapy radial AND ulnar shaft fractures, with internal fixation, when performed; of radius AND ulna	2691	3642	5722	938	26.00
25600	Closed therapy distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, includes closed therapy fracture of ulnar styloid, when performed; without manipulation	897	1214	1908	343	9.51
25605	Closed therapy distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, includes closed therapy fracture of ulnar styloid, when performed; with manipulation	1595	2159	3392	562	15.58
25606	Percutaneous skeletal fixation of distal radial fracture or epiphyseal separation	2026	2742	4308	690	19.11
25607	Open therapy distal radial extra-articular fracture or epiphyseal separation, with internal fixation	2151	2911	4573	765	21.20
25608	Open therapy distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 2 fragments	2424	3281	5155	858	23.78
25609	Open therapy distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 3 or more fragments	3166	4284	6731	1092	30.26
25622	Closed therapy carpal scaphoid (navicular) fracture; without manipulation	870	1177	1849	316	8.76

SURGERY – MUSCULOSKELETAL SYSTEM

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
25624	Closed therapy carpal scaphoid (navicular) fracture; with manipulation	1379	1867	2933	501	13.89
25628	Open therapy carpal scaphoid (navicular) fracture, includes internal fixation, when performed	2197	2973	4670	748	20.73
25630	Closed therapy carpal bone fracture (excluding carpal scaphoid [navicular]); without manipulation, each bone	824	1115	1752	317	8.77
25635	Closed therapy carpal bone fracture (excluding carpal scaphoid [navicular]); with manipulation, each bone	1409	1907	2996	477	13.22
25645	Open therapy carpal bone fracture (other than carpal scaphoid [navicular]), each bone	1766	2390	3755	593	16.44
25650	Closed therapy ulnar styloid fracture	883	1195	1877	337	9.35
25651	Percutaneous skeletal fixation of ulnar styloid fracture	1510	2043	3210	507	14.05
25652	Open therapy ulnar styloid fracture	1883	2549	4005	647	17.93
25660	Closed therapy radiocarpal or intercarpal dislocation, 1 or more bones, with manipulation	1186	1605	2521	431	11.94
25670	Open therapy radiocarpal or intercarpal dislocation, 1 or more bones	1730	2341	3677	633	17.53
25671	Percutaneous skeletal fixation of distal radioulnar dislocation	1552	2100	3299	552	15.30
25675	Closed therapy distal radioulnar dislocation with manipulation	1271	1720	2702	459	12.73
25676	Open therapy distal radioulnar dislocation, acute or chronic	1809	2449	3847	657	18.21
25680	Closed therapy trans-scaphoperilunar type of fracture dislocation, with manipulation	1458	1973	3099	545	15.11
25685	Open therapy trans-scaphoperilunar type of fracture dislocation	2245	3038	4773	766	21.22
25690	Closed therapy lunate dislocation, with manipulation	1390	1882	2956	505	14.00
25695	Open therapy lunate dislocation	1999	2705	4250	660	18.30
25800	Arthrodesis, wrist; complete, without bone graft (includes radiocarpal and/or intercarpal and/or carpometacarpal joints)	2376	3216	5053	761	21.10
25805	Arthrodesis, wrist; with sliding graft	2428	3286	5163	882	24.45
25810	Arthrodesis, wrist; with iliac or other autograft (includes obtaining graft)	2925	3959	6219	902	24.99

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
25820	Arthrodesis, wrist; limited, without bone graft (eg, intercarpal or radiocarpal)	2284	3092	4857	656	18.19
25825	Arthrodesis, wrist; with autograft (includes obtaining graft)	2576	3486	5476	806	22.32
25830	Arthrodesis, distal radioulnar joint with segmental resection of ulna, with or without bone graft (eg, Sauve-Kapandji procedure)	2795	3782	5942	1016	28.14
25900	Amputation, forearm, through radius and ulna;	2038	2758	4333	741	20.52
25905	Amputation, forearm, through radius and ulna; open, circular (guillotine)	2011	2722	4276	731	20.25
25907	Amputation, forearm, through radius and ulna; secondary closure or scar revision	1759	2380	3740	639	17.71
25909	Amputation, forearm, through radius and ulna; re-amputation	1964	2659	4177	714	19.78
25915	Krukenberg procedure	3356	4542	7135	1219	33.79
25920	Disarticulation through wrist;	2045	2768	4348	743	20.59
25922	Disarticulation through wrist; secondary closure or scar revision	1799	2436	3826	654	18.12
25924	Disarticulation through wrist; re-amputation	1995	2700	4242	725	20.09
25927	Transmetacarpal amputation;	2383	3226	5068	866	24.00
25929	Transmetacarpal amputation; secondary closure or scar revision	1711	2316	3638	622	17.23
25931	Transmetacarpal amputation; re-amputation	2197	2973	4671	798	22.12
25999	Unlisted procedure, forearm or wrist	0	0	0	0	0.00

HAND AND FINGERS

26010	Drainage of finger abscess; simple	619	995	1859	311	8.62
26011	Drainage of finger abscess; complicated (eg, felon)	955	1534	2867	450	12.47
26020	Drainage of tendon sheath, digit and/or palm, each	1343	2156	4030	576	15.96
26025	Drainage of palmar bursa; single, bursa	1345	2160	4037	437	12.12
26030	Drainage of palmar bursa; multiple bursa	1527	2452	4583	511	14.15
26034	Incision, bone cortex, hand or finger (eg, osteomyelitis or bone abscess)	1625	2610	4877	567	15.72

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
26035	Decompression fingers and/or hand, injection injury (eg, grease gun)	2703	4341	8113	893	24.75
26037	Decompressive fasciotomy, hand (excludes 26035)	1572	2524	4717	589	16.32
26040	Fasciotomy, palmar (eg, Dupuytren's contracture); percutaneous	1027	1649	3082	325	9.00
26045	Fasciotomy, palmar (eg, Dupuytren's contracture); open, partial	1496	2403	4491	488	13.52
26055	Tendon sheath incision (eg, for trigger finger)	1695	2722	5086	564	15.62
26060	Tenotomy, percutaneous, single, each digit	809	1300	2429	267	7.41
26070	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; carpometacarpal joint	966	1552	2900	333	9.23
26075	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; metacarpophalangeal joint, each	1140	1830	3420	348	9.64
26080	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; interphalangeal joint, each	1304	2095	3914	408	11.31
26100	Arthrotomy with biopsy; carpometacarpal joint, each	1061	1703	3183	350	9.71
26105	Arthrotomy with biopsy; metacarpophalangeal joint, each	1068	1715	3206	353	9.78
26110	Arthrotomy with biopsy; interphalangeal joint, each	1030	1654	3091	335	9.28
26111	Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; 1.5 cm or greater	1410	2264	4231	433	11.99
26113	Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); 1.5 cm or greater	1757	2822	5273	569	15.76
26115	Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; less than 1.5 cm	1463	2349	4390	550	15.24
26116	Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); less than 1.5 cm	1669	2680	5008	546	15.13
26117	Radical resection of tumor (eg, sarcoma), soft tissue of hand or finger; less than 3 cm	2517	4042	7554	774	21.45

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
26118	Radical resection of tumor (eg, sarcoma), soft tissue of hand or finger; 3 cm or greater	3319	5331	9961	1097	30.39
26121	Fasciectomy, palm only, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft)	2679	4302	8040	622	17.23
26123	Fasciectomy, partial palmar with release of single digit including proximal interphalangeal joint, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft);	3116	5004	9351	868	24.04
26125	Fasciectomy, partial palmar with release of single digit including proximal interphalangeal joint, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft); each additional digit (List separately in addition to code for primary procedure)	1121	1801	3365	284	7.87
26130	Synovectomy, carpometacarpal joint	1465	2352	4396	484	13.41
26135	Synovectomy, metacarpophalangeal joint including intrinsic release and extensor hood reconstruction, each digit	1855	2978	5566	575	15.92
26140	Synovectomy, proximal interphalangeal joint, including extensor reconstruction, each interphalangeal joint	1730	2778	5191	526	14.57
26145	Synovectomy, tendon sheath, radical (tenosynovectomy), flexor tendon, palm and/or finger, each tendon	2020	3245	6063	534	14.81
26160	Excision of lesion of tendon sheath or joint capsule (eg, cyst, mucous cyst, or ganglion), hand or finger	1683	2703	5051	590	16.34
26170	Excision of tendon, palm, flexor or extensor, single, each tendon	1508	2422	4526	423	11.71
26180	Excision of tendon, finger, flexor or extensor, each tendon	1525	2449	4577	464	12.85
26185	Sesamoidectomy, thumb or finger (separate procedure)	1735	2785	5205	573	15.88
26200	Excision or curettage of bone cyst or benign tumor of metacarpal;	1596	2563	4789	470	13.01
26205	Excision or curettage of bone cyst or benign tumor of metacarpal; with autograft (includes obtaining graft)	1904	3057	5713	629	17.43

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
26210	Excision or curettage of bone cyst or benign tumor of proximal, middle, or distal phalanx of finger;	2341	3760	7026	461	12.78
26215	Excision or curettage of bone cyst or benign tumor of proximal, middle, or distal phalanx of finger; with autograft (includes obtaining graft)	1817	2917	5452	588	16.29
26230	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); metacarpal	1525	2449	4576	520	14.40
26235	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); proximal or middle phalanx of finger	1498	2406	4497	512	14.20
26236	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); distal phalanx of finger	1375	2208	4127	458	12.70
26250	Radical resection of tumor, metacarpal	3364	5403	10096	1112	30.80
26260	Radical resection of tumor, proximal or middle phalanx of finger	2520	4047	7562	833	23.07
26262	Radical resection of tumor, distal phalanx of finger	1987	3191	5962	656	18.19
26320	Removal of implant from finger or hand	1213	1947	3639	361	10.01
26340	Manipulation, finger joint, under anesthesia, each joint	1172	1698	2885	353	9.79
26341	Manipulation, palmar fascial cord (ie, Dupuytren's cord), post enzyme injection (eg, collagenase), single cord	305	442	751	110	3.05
26350	Repair or advancement, flexor tendon, not in zone 2 digital flexor tendon sheath (eg, no man's land); primary or secondary without free graft, each tendon	2398	3474	5903	751	20.81
26352	Repair or advancement, flexor tendon, not in zone 2 digital flexor tendon sheath (eg, no man's land); secondary with free graft (includes obtaining graft), each tendon	2511	3638	6183	842	23.32
26356	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); primary, without free graft, each tendon	3094	4482	7617	825	22.86
26357	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, without free graft, each tendon	2603	3771	6408	925	25.62

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
26358	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, with free graft (includes obtaining graft), each tendon	2919	4228	7186	1024	28.36
26370	Repair or advancement of profundus tendon, with intact superficialis tendon; primary, each tendon	2528	3662	6224	793	21.98
26372	Repair or advancement of profundus tendon, with intact superficialis tendon; secondary with free graft (includes obtaining graft), each tendon	2756	3993	6786	929	25.74
26373	Repair or advancement of profundus tendon, with intact superficialis tendon; secondary without free graft, each tendon	2646	3833	6515	892	24.71
26390	Excision flexor tendon, with implantation of synthetic rod for delayed tendon graft, hand or finger, each rod	2619	3794	6449	883	24.48
26392	Removal of synthetic rod and insertion of flexor tendon graft, hand or finger (includes obtaining graft), each rod	3025	4382	7448	1020	28.25
26410	Repair, extensor tendon, hand, primary or secondary; without free graft, each tendon	1863	2699	4586	598	16.56
26412	Repair, extensor tendon, hand, primary or secondary; with free graft (includes obtaining graft), each tendon	2019	2925	4972	713	19.75
26415	Excision of extensor tendon, with implantation of synthetic rod for delayed tendon graft, hand or finger, each rod	2547	3689	6269	858	23.78
26416	Removal of synthetic rod and insertion of extensor tendon graft (includes obtaining graft), hand or finger, each rod	2762	4001	6799	931	25.79
26418	Repair, extensor tendon, finger, primary or secondary; without free graft, each tendon	1953	2830	4809	615	17.03
26420	Repair, extensor tendon, finger, primary or secondary; with free graft (includes obtaining graft) each tendon	2340	3390	5761	746	20.67
26426	Repair of extensor tendon, central slip, secondary (eg, boutonniere deformity); using local tissue(s), including lateral band(s), each finger	2007	2907	4940	522	14.46
26428	Repair of extensor tendon, central slip, secondary (eg, boutonniere deformity); with free graft (includes obtaining graft), each finger	2370	3433	5834	799	22.13

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
26432	Closed therapy distal extensor tendon insertion, with or without percutaneous pinning (eg, mallet finger)	1521	2203	3744	531	14.70
26433	Repair of extensor tendon, distal insertion, primary or secondary; without graft (eg, mallet finger)	1773	2568	4365	564	15.62
26434	Repair of extensor tendon, distal insertion, primary or secondary; with free graft (includes obtaining graft)	2045	2963	5036	689	19.10
26437	Realignment of extensor tendon, hand, each tendon	2224	3222	5476	660	18.30
26440	Tenolysis, flexor tendon; palm OR finger, each tendon	2082	3017	5127	651	18.04
26442	Tenolysis, flexor tendon; palm AND finger, each tendon	2750	3984	6771	1002	27.77
26445	Tenolysis, extensor tendon, hand OR finger, each tendon	1931	2797	4754	607	16.81
26449	Tenolysis, complex, extensor tendon, finger, including forearm, each tendon	2013	2916	4956	721	19.97
26450	Tenotomy, flexor, palm, open, each tendon	1156	1674	2845	441	12.22
26455	Tenotomy, flexor, finger, open, each tendon	1422	2060	3500	438	12.13
26460	Tenotomy, extensor, hand or finger, open, each tendon	1374	1991	3384	428	11.85
26471	Tenodesis; of proximal interphalangeal joint, each joint	2069	2997	5093	653	18.09
26474	Tenodesis; of distal joint, each joint	1903	2757	4685	641	17.77
26476	Lengthening of tendon, extensor, hand or finger, each tendon	2164	3135	5328	633	17.53
26477	Shortening of tendon, extensor, hand or finger, each tendon	1482	2147	3649	616	17.08
26478	Lengthening of tendon, flexor, hand or finger, each tendon	2441	3536	6010	659	18.25
26479	Shortening of tendon, flexor, hand or finger, each tendon	1980	2868	4875	667	18.49
26480	Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; without free graft, each tendon	2750	3983	6769	791	21.91

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
26483	Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; with free tendon graft (includes obtaining graft), each tendon	2701	3913	6650	882	24.45
26485	Transfer or transplant of tendon, palmar; without free tendon graft, each tendon	2569	3721	6323	846	23.44
26489	Transfer or transplant of tendon, palmar; with free tendon graft (includes obtaining graft), each tendon	2910	4215	7163	981	27.17
26490	Opponensplasty; superficialis tendon transfer type, each tendon	2494	3613	6140	841	23.29
26492	Opponensplasty; tendon transfer with graft (includes obtaining graft), each tendon	2767	4009	6813	933	25.84
26494	Opponensplasty; hypothenar muscle transfer	2505	3628	6167	844	23.39
26496	Opponensplasty; other methods	2671	3869	6575	900	24.94
26497	Transfer of tendon to restore intrinsic function; ring and small finger	2707	3922	6665	912	25.28
26498	Transfer of tendon to restore intrinsic function; all 4 fingers	3563	5161	8771	1201	33.27
26499	Correction claw finger, other methods	2599	3765	6399	876	24.27
26500	Reconstruction of tendon pulley, each tendon; with local tissues (separate procedure)	2114	3062	5204	659	18.26
26502	Reconstruction of tendon pulley, each tendon; with tendon or fascial graft (includes obtaining graft) (separate procedure)	2096	3037	5161	753	20.86
26508	Release of thenar muscle(s) (eg, thumb contracture)	1993	2887	4906	672	18.61
26510	Cross intrinsic transfer, each tendon	1890	2738	4653	637	17.65
26516	Capsulodesis, metacarpophalangeal joint; single digit	2301	3334	5666	743	20.59
26517	Capsulodesis, metacarpophalangeal joint; 2 digits	2584	3743	6362	871	24.13
26518	Capsulodesis, metacarpophalangeal joint; 3 or 4 digits	2618	3793	6446	882	24.45
26520	Capsulectomy or capsulotomy; metacarpophalangeal joint, each joint	2211	3202	5442	684	18.94
26525	Capsulectomy or capsulotomy; interphalangeal joint, each joint	2179	3157	5365	685	18.99

SURGERY – MUSCULOSKELETAL SYSTEM

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
26530	Arthroplasty, metacarpophalangeal joint; each joint	1791	2595	4410	560	15.52
26531	Arthroplasty, metacarpophalangeal joint; with prosthetic implant, each joint	2126	3080	5235	652	18.07
26535	Arthroplasty, interphalangeal joint; each joint	1757	2545	4326	450	12.48
26536	Arthroplasty, interphalangeal joint; with prosthetic implant, each joint	2455	3557	6045	752	20.83
26540	Repair of collateral ligament, metacarpophalangeal or interphalangeal joint	2311	3348	5689	697	19.32
26541	Reconstruction, collateral ligament, metacarpophalangeal joint, single; with tendon or fascial graft (includes obtaining graft)	2544	3685	6264	843	23.36
26542	Reconstruction, collateral ligament, metacarpophalangeal joint, single; with local tissue (eg, adductor advancement)	2445	3541	6018	719	19.93
26545	Reconstruction, collateral ligament, interphalangeal joint, single, including graft, each joint	2542	3683	6259	750	20.78
26546	Repair non-union, metacarpal or phalanx (includes obtaining bone graft with or without external or internal fixation)	3007	4357	7404	1044	28.94
26548	Repair and reconstruction, finger, volar plate, interphalangeal joint	2510	3636	6179	802	22.22
26550	Pollicization of a digit	5079	7358	12505	1712	47.43
26551	Transfer, toe-to-hand with microvascular anastomosis; great toe wrap-around with bone graft	10193	14765	25094	3435	95.18
26553	Transfer, toe-to-hand with microvascular anastomosis; other than great toe, single	10126	14669	24930	3413	94.56
26554	Transfer, toe-to-hand with microvascular anastomosis; other than great toe, double	11810	17108	29075	3980	110.28
26555	Transfer, finger to another position without microvascular anastomosis	4242	6145	10443	1430	39.61
26556	Transfer, free toe joint, with microvascular anastomosis	10519	15238	25898	3545	98.23
26560	Repair of syndactyly (web finger) each web space; with skin flaps	1864	2701	4590	628	17.41
26561	Repair of syndactyly (web finger) each web space; with skin flaps and grafts	3146	4558	7746	994	27.55

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
26562	Repair of syndactyly (web finger) each web space; complex (eg, involving bone, nails)	4163	6030	10248	1403	38.87
26565	Osteotomy; metacarpal, each	1999	2895	4921	716	19.85
26567	Osteotomy; phalanx of finger, each	2136	3095	5260	721	19.97
26568	Osteoplasty, lengthening, metacarpal or phalanx	2804	4061	6902	945	26.18
26580	Repair cleft hand	4688	6792	11542	1580	43.78
26587	Reconstruction of polydactylous digit, soft tissue and bone	3253	4713	8009	1084	30.05
26590	Repair macrodactylia, each digit	4367	6326	10751	1472	40.78
26591	Repair, intrinsic muscles of hand, each muscle	1924	2787	4736	471	13.04
26593	Release, intrinsic muscles of hand, each muscle	2029	2939	4996	637	17.65
26596	Excision of constricting ring of finger, with multiple Z-plasties	2410	3490	5932	812	22.50
26600	Closed therapy metacarpal fracture, single; without manipulation, each bone	754	1093	1857	307	8.50
26605	Closed therapy metacarpal fracture, single; with manipulation, each bone	866	1255	2133	337	9.33
26607	Closed therapy metacarpal fracture, with manipulation, with external fixation, each bone	1272	1842	3131	504	13.97
26608	Percutaneous skeletal fixation of metacarpal fracture, each bone	1503	2177	3699	498	13.80
26615	Open therapy metacarpal fracture, single, includes internal fixation, when performed, each bone	1729	2505	4257	597	16.55
26641	Closed therapy carpometacarpal dislocation, thumb, with manipulation	1066	1544	2624	397	11.00
26645	Closed therapy carpometacarpal fracture dislocation, thumb (Bennett fracture), with manipulation	1326	1921	3264	447	12.38
26650	Percutaneous skeletal fixation of carpometacarpal fracture dislocation, thumb (Bennett fracture), with manipulation	1559	2258	3838	497	13.77
26665	Open therapy carpometacarpal fracture dislocation, thumb (Bennett fracture), includes internal fixation, when performed	1952	2828	4806	650	18.01
26670	Closed therapy carpometacarpal dislocation, other than thumb, with manipulation, each joint; without anesthesia	1006	1457	2476	356	9.86

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
26675	Closed therapy carpometacarpal dislocation, other than thumb, with manipulation, each joint; requiring anesthesia	1413	2046	3477	476	13.19
26676	Percutaneous skeletal fixation of carpometacarpal dislocation, other than thumb, with manipulation, each joint	1525	2209	3755	525	14.54
26685	Open therapy carpometacarpal dislocation, other than thumb; includes internal fixation, when performed, each joint	1829	2650	4504	597	16.55
26686	Open therapy carpometacarpal dislocation, other than thumb; complex, multiple, or delayed reduction	1850	2680	4555	650	18.00
26700	Closed therapy metacarpophalangeal dislocation, single, with manipulation; without anesthesia	877	1271	2160	345	9.55
26705	Closed therapy metacarpophalangeal dislocation, single, with manipulation; requiring anesthesia	1076	1559	2649	437	12.10
26706	Percutaneous skeletal fixation of metacarpophalangeal dislocation, single, with manipulation	1361	1972	3351	459	12.71
26715	Open therapy metacarpophalangeal dislocation, single, includes internal fixation, when performed	1843	2669	4537	594	16.47
26720	Closed therapy phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; without manipulation, each	574	832	1414	204	5.66
26725	Closed therapy phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; with manipulation, with or without skin or skeletal traction, each	952	1380	2345	352	9.75
26727	Percutaneous skeletal fixation of unstable phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, with manipulation, each	1586	2298	3906	489	13.56
26735	Open therapy phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, includes internal fixation, when performed, each	1890	2738	4652	617	17.11
26740	Closed therapy articular fracture, involving metacarpophalangeal or interphalangeal joint; without manipulation, each	658	954	1621	238	6.60

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
26742	Closed therapy articular fracture, involving metacarpophalangeal or interphalangeal joint; with manipulation, each	1072	1553	2639	386	10.69
26746	Open therapy articular fracture, involving metacarpophalangeal or interphalangeal joint, includes internal fixation, when performed, each	2301	3333	5665	772	21.38
26750	Closed therapy distal phalangeal fracture, finger or thumb; without manipulation, each	538	779	1324	192	5.32
26755	Closed therapy distal phalangeal fracture, finger or thumb; with manipulation, each	859	1244	2114	329	9.12
26756	Percutaneous skeletal fixation of distal phalangeal fracture, finger or thumb, each	1319	1911	3247	437	12.12
26765	Open therapy distal phalangeal fracture, finger or thumb, includes internal fixation, when performed, each	1611	2334	3967	520	14.42
26770	Closed therapy interphalangeal joint dislocation, single, with manipulation; without anesthesia	750	1087	1847	292	8.08
26775	Closed therapy interphalangeal joint dislocation, single, with manipulation; requiring anesthesia	991	1436	2440	398	11.04
26776	Percutaneous skeletal fixation of interphalangeal joint dislocation, single, with manipulation	1466	2124	3610	463	12.84
26785	Open therapy interphalangeal joint dislocation, includes internal fixation, when performed, single	1678	2431	4132	567	15.71
26820	Fusion in opposition, thumb, with autogenous graft (includes obtaining graft)	2469	3577	6080	832	23.06
26841	Arthrodesis, carpometacarpal joint, thumb, with or without internal fixation;	2292	3320	5642	767	21.26
26842	Arthrodesis, carpometacarpal joint, thumb, with or without internal fixation; with autograft (includes obtaining graft)	2448	3546	6027	825	22.86
26843	Arthrodesis, carpometacarpal joint, digit, other than thumb, each;	2318	3359	5708	781	21.65
26844	Arthrodesis, carpometacarpal joint, digit, other than thumb, each; with autograft (includes obtaining graft)	2566	3717	6317	865	23.96

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
26850	Arthrodesis, metacarpophalangeal joint, with or without internal fixation;	2454	3555	6041	732	20.28
26852	Arthrodesis, metacarpophalangeal joint, with or without internal fixation; with autograft (includes obtaining graft)	2536	3674	6244	838	23.21
26860	Arthrodesis, interphalangeal joint, with or without internal fixation;	2114	3062	5204	601	16.64
26861	Arthrodesis, interphalangeal joint, with or without internal fixation; each additional interphalangeal joint (List separately in addition to code for primary procedure)	419	607	1031	108	2.98
26862	Arthrodesis, interphalangeal joint, with or without internal fixation; with autograft (includes obtaining graft)	2396	3470	5898	765	21.19
26863	Arthrodesis, interphalangeal joint, with or without internal fixation; with autograft (includes obtaining graft), each additional joint (List separately in addition to code for primary procedure)	709	1027	1745	239	6.62
26910	Amputation, metacarpal, with finger or thumb (ray amputation), single, with or without interosseous transfer	2173	3148	5350	763	21.14
26951	Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with direct closure	1889	2737	4652	691	19.15
26952	Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with local advancement flaps (V-Y, hood)	2152	3117	5298	682	18.91
26989	Unlisted procedure, hands or fingers	0	0	0	0	0.00

PELVIS AND HIP JOINT

26990	Incision and drainage, pelvis or hip joint area; deep abscess or hematoma	1801	2709	4135	681	18.87
26991	Incision and drainage, pelvis or hip joint area; infected bursa	1542	2318	3539	738	20.45
26992	Incision, bone cortex, pelvis and/or hip joint (eg, osteomyelitis or bone abscess)	2537	3815	5824	1030	28.55
27000	Tenotomy, adductor of hip, percutaneous (separate procedure)	1421	2137	3262	420	11.65
27001	Tenotomy, adductor of hip, open	2118	3185	4863	564	15.62

MEDICAL FEES 2020

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
27003	Tenotomy, adductor, subcutaneous, open, with obturator neurectomy	1989	2991	4566	622	17.23
27005	Tenotomy, hip flexor(s), open (separate procedure)	2209	3321	5070	753	20.87
27006	Tenotomy, abductors and/or extensor(s) of hip, open (separate procedure)	2338	3516	5368	747	20.70
27025	Fasciotomy, hip or thigh, any type	1841	2768	4226	957	26.52
27027	Decompression fasciotomy(ies), pelvic (buttock) compartment(s) (eg, gluteus medius-minimus, gluteus maximus, iliopsoas, and/or tensor fascia lata muscle), unilateral	2981	4482	6842	932	25.82
27030	Arthrotomy, hip, with drainage (eg, infection)	2752	4138	6317	979	27.12
27033	Arthrotomy, hip, including exploration or removal of loose or foreign body	2971	4468	6821	1015	28.12
27035	Denervation, hip joint, intrapelvic or extrapelvic intra-articular branches of sciatic, femoral, or obturator nerves	3812	5732	8750	1192	33.02
27036	Capsulectomy or capsulotomy, hip, with or without excision of heterotopic bone, with release of hip flexor muscles (ie, gluteus medius, gluteus minimus, tensor fascia latae, rectus femoris, sartorius, iliopsoas)	3333	5011	7650	1055	29.22
27040	Biopsy, soft tissue of pelvis and hip area; superficial	676	1016	1552	357	9.89
27041	Biopsy, soft tissue of pelvis and hip area; deep, subfascial or intramuscular	2065	3105	4740	728	20.16
27043	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; 3 cm or greater	1322	1988	3035	490	13.57
27045	Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); 5 cm or greater	2062	3100	4733	771	21.37
27047	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; less than 3 cm	1194	1795	2741	502	13.90
27048	Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); less than 5 cm	1566	2354	3594	636	17.62
27049	Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; less than 5 cm	4465	6714	10250	1396	38.68
27050	Arthrotomy, with biopsy; sacroiliac joint	1337	2010	3069	418	11.58

SURGERY – MUSCULOSKELETAL SYSTEM

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
27052	Arthrotomy, with biopsy; hip joint	1922	2890	4412	601	16.65
27054	Arthrotomy with synovectomy, hip joint	1974	2968	4531	715	19.81
27057	Decompression fasciotomy(ies), pelvic (buttock) compartment(s) (eg, gluteus medius-minimus, gluteus maximus, iliopsoas, and/or tensor fascia lata muscle) with debridement of nonviable muscle, unilateral	3380	5083	7759	1057	29.28
27059	Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; 5 cm or greater	5685	8549	13051	1893	52.45
27060	Excision; ischial bursa	1547	2326	3551	484	13.40
27062	Excision; trochanteric bursa or calcification	1461	2197	3353	472	13.09
27065	Excision of bone cyst or benign tumor, wing of ilium, symphysis pubis, or greater trochanter of femur; superficial, includes autograft, when performed	2094	3149	4807	541	15.00
27066	Excision of bone cyst or benign tumor, wing of ilium, symphysis pubis, or greater trochanter of femur; deep (subfascial), includes autograft, when performed	2569	3863	5898	844	23.39
27067	Excision of bone cyst or benign tumor, wing of ilium, symphysis pubis, or greater trochanter of femur; with autograft requiring separate incision	3451	5188	7921	1079	29.89
27070	Partial excision, wing of ilium, symphysis pubis, or greater trochanter of femur, (craterization, saucerization) (eg, osteomyelitis or bone abscess); superficial	2923	4395	6710	914	25.32
27071	Partial excision, wing of ilium, symphysis pubis, or greater trochanter of femur, (craterization, saucerization) (eg, osteomyelitis or bone abscess); deep (subfascial or intramuscular)	2883	4335	6619	985	27.28
27075	Radical resection of tumor; wing of ilium, 1 pubic or ischial ramus or symphysis pubis	6990	10511	16046	2185	60.55
27076	Radical resection of tumor; ilium, including acetabulum, both pubic rami, or ischium and acetabulum	8462	12724	19425	2645	73.30
27077	Radical resection of tumor; innominate bone, total	9443	14199	21677	2952	81.80
27078	Radical resection of tumor; ischial tuberosity and greater trochanter of femur	6890	10360	15815	2154	59.68

MEDICAL FEES 2020

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
27080	Coccygectomy, primary	1574	2367	3613	534	14.79
27086	Removal of foreign body, pelvis or hip; subcutaneous tissue	1014	1524	2327	317	8.78
27087	Removal of foreign body, pelvis or hip; deep (subfascial or intramuscular)	1602	2409	3677	642	17.79
27090	Removal of hip prosthesis; (separate procedure)	2453	3689	5632	867	24.01
27091	Removal of hip prosthesis; complicated, including total hip prosthesis, methylmethacrylate with or without insertion of spacer	4736	7121	10871	1666	46.17
27093	Injection procedure for hip arthrography; without anesthesia	560	842	1285	224	6.22
27095	Injection procedure for hip arthrography; with anesthesia	585	880	1343	302	8.36
27096	Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed	604	908	1386	166	4.61
27097	Release or recession, hamstring, proximal	2274	3420	5221	711	19.70
27098	Transfer, adductor to ischium	2313	3479	5311	723	20.04
27100	Transfer external oblique muscle to greater trochanter including fascial or tendon extension (graft)	2759	4149	6334	863	23.90
27105	Transfer paraspinal muscle to hip (includes fascial or tendon extension graft)	2893	4350	6641	904	25.06
27110	Transfer iliopsoas; to greater trochanter of femur	3236	4866	7428	1012	28.03
27111	Transfer iliopsoas; to femoral neck	3005	4518	6898	939	26.03
27120	Acetabuloplasty; (eg, Whitman, Colonna, Haygroves, or cup type)	4336	6520	9953	1356	37.56
27122	Acetabuloplasty; resection, femoral head (eg, Girdlestone procedure)	3396	5106	7795	1148	31.82
27125	Hemiarthroplasty, hip, partial (eg, femoral stem prosthesis, bipolar arthroplasty)	3387	5094	7776	1181	32.72
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	4296	6459	9861	1415	39.21

SURGERY – MUSCULOSKELETAL SYSTEM

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
27132	Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft	5053	7597	11598	1749	48.45
27134	Revision of total hip arthroplasty; both components, with or without autograft or allograft	5962	8965	13685	1999	55.39
27137	Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft	4554	6847	10453	1536	42.57
27138	Revision of total hip arthroplasty; femoral component only, with or without allograft	4663	7011	10703	1597	44.25
27140	Osteotomy and transfer of greater trochanter of femur (separate procedure)	2541	3821	5834	933	25.85
27146	Osteotomy, iliac, acetabular or innominate bone;	6290	9459	14440	1333	36.94
27147	Osteotomy, iliac, acetabular or innominate bone; with open reduction of hip	4895	7360	11236	1530	42.40
27151	Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy	5861	8814	13455	1656	45.88
27156	Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy and with open reduction of hip	5711	8587	13110	1785	49.47
27158	Osteotomy, pelvis, bilateral (eg, congenital malformation)	4677	7032	10735	1462	40.51
27161	Osteotomy, femoral neck (separate procedure)	4071	6121	9344	1273	35.26
27165	Osteotomy, intertrochanteric or subtrochanteric including internal or external fixation and/or cast	5505	8277	12636	1432	39.68
27170	Bone graft, femoral head, neck, intertrochanteric or subtrochanteric area (includes obtaining bone graft)	3054	4593	7011	1226	33.97
27175	therapy slipped femoral epiphysis; by traction, without reduction	2221	3340	5099	694	19.24
27176	therapy slipped femoral epiphysis; by single or multiple pinning, in situ	3517	5289	8074	959	26.57
27177	Open therapy slipped femoral epiphysis; single or multiple pinning or bone graft (includes obtaining graft)	3716	5588	8530	1162	32.19

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
27178	Open therapy slipped femoral epiphysis; closed manipulation with single or multiple pinning	3067	4612	7041	959	26.57
27179	Open therapy slipped femoral epiphysis; osteoplasty of femoral neck (Heyman type procedure)	3261	4904	7486	1020	28.25
27181	Open therapy slipped femoral epiphysis; osteotomy and internal fixation	3737	5619	8578	1168	32.37
27185	Epiphyseal arrest by epiphysiodesis or stapling, greater trochanter of femur	2392	3597	5491	748	20.72
27187	Prophylactic therapy (nailing, pinning, plating or wiring) with or without methylmethacrylate, femoral neck and proximal femur	3109	4675	7136	1038	28.76
27197	Closed therapy posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; without manipulation	391	524	713	133	3.68
27198	Closed therapy posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; with manipulation, requiring more than local anesthesia (ie, general anesthesia, moderate sedation, spinal/epidural)	1899	2547	3464	319	8.84
27200	Closed therapy coccygeal fracture	572	768	1044	192	5.32
27202	Open therapy coccygeal fracture	1580	2120	2883	552	15.29
27215	Open therapy iliac spine(s), tuberosity avulsion, or iliac wing fracture(s), unilateral, for pelvic bone fracture patterns that do not disrupt the pelvic ring, includes internal fixation, when performed	2054	2756	3748	629	17.44
27216	Percutaneous skeletal fixation of posterior pelvic bone fracture and/or dislocation, for fracture patterns that disrupt the pelvic ring, unilateral (includes ipsilateral ilium, sacroiliac joint and/or sacrum)	2944	3949	5372	933	25.86
27217	Open therapy anterior pelvic bone fracture and/or dislocation for fracture patterns that disrupt the pelvic ring, unilateral, includes internal fixation, when performed (includes	2859	3834	5215	876	24.27

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
	pubic symphysis and/or ipsilateral superior/inferior rami)					
27218	Open therapy posterior pelvic bone fracture and/or dislocation, for fracture patterns that disrupt the pelvic ring, unilateral, includes internal fixation, when performed (includes ipsilateral ilium, sacroiliac joint and/or sacrum)	3866	5186	7053	1208	33.47
27220	Closed therapy acetabulum (hip socket) fracture(s); without manipulation	1505	2018	2746	448	12.40
27222	Closed therapy acetabulum (hip socket) fracture(s); with manipulation, with or without skeletal traction	2870	3850	5237	1015	28.13
27226	Open therapy posterior or anterior acetabular wall fracture, with internal fixation	3158	4236	5762	1102	30.53
27227	Open therapy acetabular fracture(s) involving anterior or posterior (one) column, or a fracture running transversely across the acetabulum, with internal fixation	5052	6777	9218	1727	47.85
27228	Open therapy acetabular fracture(s) involving anterior and posterior (two) columns, includes T-fracture and both column fracture with complete articular detachment, or single column or transverse fracture with associated acetabular wall fracture, with internal fixation	5797	7775	10575	1962	54.36
27230	Closed therapy femoral fracture, proximal end, neck; without manipulation	1390	1864	2536	501	13.89
27232	Closed therapy femoral fracture, proximal end, neck; with manipulation, with or without skeletal traction	2141	2872	3907	780	21.62
27235	Percutaneous skeletal fixation of femoral fracture, proximal end, neck	2834	3801	5170	947	26.23
27236	Open therapy femoral fracture, proximal end, neck, internal fixation or prosthetic replacement	3441	4615	6278	1246	34.53
27238	ClosedTherapy intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; without manipulation	1330	1784	2427	483	13.38
27240	ClosedTherapy intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with manipulation, with or without skin or skeletal traction	2695	3615	4917	994	27.54
27244	Therapy intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with plate/screw type implant, with or without cerclage	3574	4793	6520	1283	35.54

MEDICAL FEES 2020

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
27245	Therapy intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with intramedullary implant, with or without interlocking screws and/or cerclage	3745	5022	6832	1281	35.50
27246	Closed therapy greater trochanteric fracture, without manipulation	1075	1441	1961	404	11.19
27248	Open therapy greater trochanteric fracture, includes internal fixation, when performed	2089	2802	3811	778	21.57
27250	Closed therapy hip dislocation, traumatic; without anesthesia	1536	2060	2802	192	5.33
27252	Closed therapy hip dislocation, traumatic; requiring anesthesia	2150	2883	3922	787	21.82
27253	Open therapy hip dislocation, traumatic, without internal fixation	2802	3758	5111	982	27.22
27254	Open therapy hip dislocation, traumatic, with acetabular wall and femoral head fracture, with or without internal or external fixation	3661	4911	6680	1328	36.81
27256	therapy spontaneous hip dislocation (developmental, including congenital or pathological), by abduction, splint or traction; without anesthesia, without manipulation	995	1335	1816	317	8.77
27257	therapy spontaneous hip dislocation (developmental, including congenital or pathological), by abduction, splint or traction; with manipulation, requiring anesthesia	1375	1844	2509	377	10.44
27258	Open therapy spontaneous hip dislocation (developmental, including congenital or pathological), replacement of femoral head in acetabulum (including tenotomy, etc);	3318	4450	6053	1158	32.10
27259	Open therapy spontaneous hip dislocation (developmental, including congenital or pathological), replacement of femoral head in acetabulum (including tenotomy, etc); with femoral shaft shortening	4624	6202	8436	1615	44.74
27265	Closed therapy post hip arthroplasty dislocation; without anesthesia	1258	1687	2295	421	11.66
27266	Closed therapy post hip arthroplasty dislocation; requiring regional or general anesthesia	1622	2176	2959	606	16.80
27267	Closed therapy femoral fracture, proximal end, head; without manipulation	1301	1745	2374	454	12.59

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
27268	Closed therapy femoral fracture, proximal end, head; with manipulation	1614	2165	2945	564	15.62
27269	Open therapy femoral fracture, proximal end, head, includes internal fixation, when performed	3413	4577	6226	1299	35.99
27275	Manipulation, hip joint, requiring general anesthesia	788	1057	1437	190	5.26
27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device	2014	2701	3674	915	25.34
27280	Arthrodesis, open, sacroiliac joint, including obtaining bone graft, including instrumentation, when performed	3531	4735	6441	1415	39.22
27282	Arthrodesis, symphysis pubis (including obtaining graft)	2558	3431	4667	893	24.75
27284	Arthrodesis, hip joint (including obtaining graft);	4819	6463	8791	1682	46.62
27286	Arthrodesis, hip joint (including obtaining graft); with subtrochanteric osteotomy	4927	6609	8989	1720	47.67
27290	Interpelviabdominal amputation (hindquarter amputation)	4857	6514	8861	1696	46.99
27295	Disarticulation of hip	3852	5167	7028	1315	36.43
27299	Unlisted procedure, pelvis or hip joint	0	0	0	0	0.00

FEMUR (THIGH REGION) AND KNEE JOINT

27301	Incision and drainage, deep abscess, bursa, or hematoma, thigh or knee region	1627	2389	3370	701	19.43
27303	Incision, deep, with opening of bone cortex, femur or knee (eg, osteomyelitis or bone abscess)	1757	2580	3639	668	18.51
27305	Fasciotomy, iliotibial (tenotomy), open	1480	2172	3064	501	13.87
27306	Tenotomy, percutaneous, adductor or hamstring; single tendon (separate procedure)	1124	1650	2327	356	9.87
27307	Tenotomy, percutaneous, adductor or hamstring; multiple tendons	1499	2201	3105	499	13.84
27310	Arthrotomy, knee, with exploration, drainage, or removal of foreign body (eg, infection)	2199	3229	4555	762	21.11

MEDICAL FEES 2020

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
27323	Biopsy, soft tissue of thigh or knee area; superficial	357	524	739	285	7.91
27324	Biopsy, soft tissue of thigh or knee area; deep (subfascial or intramuscular)	1176	1726	2435	420	11.65
27325	Neurectomy, hamstring muscle	1753	2573	3630	584	16.18
27326	Neurectomy, popliteal (gastrocnemius)	1617	2374	3350	539	14.93
27327	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; less than 3 cm	1054	1547	2183	503	13.94
27328	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); less than 5 cm	1495	2195	3097	650	18.02
27329	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; less than 5 cm	3173	4657	6571	1087	30.13
27330	Arthrotomy, knee; with synovial biopsy only	1285	1886	2661	428	11.86
27331	Arthrotomy, knee; including joint exploration, biopsy, or removal of loose or foreign bodies	1653	2426	3423	494	13.68
27332	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial OR lateral	2013	2955	4169	671	18.58
27333	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial AND lateral	1833	2691	3796	611	16.92
27334	Arthrotomy, with synovectomy, knee; anterior OR posterior	2024	2971	4192	713	19.76
27335	Arthrotomy, with synovectomy, knee; anterior AND posterior including popliteal area	2360	3465	4888	797	22.09
27337	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; 3 cm or greater	1116	1639	2312	437	12.11
27339	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); 5 cm or greater	2175	3193	4504	788	21.84
27340	Excision, prepatellar bursa	1217	1787	2521	386	10.70
27345	Excision of synovial cyst of popliteal space (eg, Baker's cyst)	1622	2381	3359	503	13.94
27347	Excision of lesion of meniscus or capsule (eg, cyst, ganglion), knee	1592	2338	3298	548	15.19
27350	Patellectomy or hemipatellectomy	2024	2971	4192	680	18.83

SURGERY – MUSCULOSKELETAL SYSTEM

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
27355	Excision or curettage of bone cyst or benign tumor of femur;	2007	2946	4157	630	17.45
27356	Excision or curettage of bone cyst or benign tumor of femur; with allograft	2350	3450	4868	770	21.33
27357	Excision or curettage of bone cyst or benign tumor of femur; with autograft (includes obtaining graft)	2551	3745	5284	850	23.55
27358	Excision or curettage of bone cyst or benign tumor of femur; with internal fixation (List in addition to code for primary procedure)	870	1277	1802	290	8.03
27360	Partial excision (craterization, saucerization, or diaphysectomy) bone, femur, proximal tibia and/or fibula (eg, osteomyelitis or bone abscess)	2595	3809	5373	914	25.33
27364	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; 5 cm or greater	5149	7558	10663	1632	45.22
27365	Radical resection of tumor, femur or knee	5820	8544	12053	2153	59.66
27369	Injection procedure for contrast knee arthrography or contrast enhanced CT/MRI knee arthrography	378	555	783	162	4.48
27372	Removal of foreign body, deep, thigh region or knee area	1452	2131	3007	623	17.25
27380	Suture of infrapatellar tendon; primary	1833	2690	3795	633	17.53
27381	Suture of infrapatellar tendon; secondary reconstruction, including fascial or tendon graft	2423	3557	5018	843	23.35
27385	Suture of quadriceps or hamstring muscle rupture; primary	1995	2929	4132	613	16.98
27386	Suture of quadriceps or hamstring muscle rupture; secondary reconstruction, including fascial or tendon graft	2522	3703	5224	880	24.39
27390	Tenotomy, open, hamstring, knee to hip; single tendon	1400	2055	2899	466	12.92
27391	Tenotomy, open, hamstring, knee to hip; multiple tendons, 1 leg	1764	2589	3653	588	16.28
27392	Tenotomy, open, hamstring, knee to hip; multiple tendons, bilateral	2227	3270	4613	742	20.56
27393	Lengthening of hamstring tendon; single tendon	1470	2158	3044	530	14.69
27394	Lengthening of hamstring tendon; multiple tendons, 1 leg	1204	1767	2493	681	18.88

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
27395	Lengthening of hamstring tendon; multiple tendons, bilateral	3676	5396	7613	917	25.41
27396	Transplant or transfer (with muscle redirection or rerouting), thigh (eg, extensor to flexor); single tendon	1927	2829	3991	642	17.79
27397	Transplant or transfer (with muscle redirection or rerouting), thigh (eg, extensor to flexor); multiple tendons	2861	4200	5925	953	26.41
27400	Transfer, tendon or muscle, hamstrings to femur (eg, Egger's type procedure)	2172	3189	4498	724	20.05
27403	Arthrotomy with meniscus repair, knee	2337	3430	4840	670	18.56
27405	Repair, primary, torn ligament and/or capsule, knee; collateral	2262	3320	4684	704	19.50
27407	Repair, primary, torn ligament and/or capsule, knee; cruciate	2566	3768	5315	828	22.95
27409	Repair, primary, torn ligament and/or capsule, knee; collateral and cruciate ligaments	3026	4442	6266	1008	27.93
27412	Autologous chondrocyte implantation, knee	5037	7395	10432	1721	47.70
27415	Osteochondral allograft, knee, open	4185	6143	8666	1432	39.67
27416	Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft[s])	2779	4080	5756	1022	28.33
27418	Anterior tibial tubercleplasty (eg, Maquet type procedure)	2481	3642	5138	863	23.92
27420	Reconstruction of dislocating patella; (eg, Hauser type procedure)	2269	3330	4698	775	21.47
27422	Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release (eg, Campbell, Goldwaite type procedure)	2519	3697	5216	775	21.48
27424	Reconstruction of dislocating patella; with patellectomy	2339	3433	4844	779	21.59
27425	Lateral retinacular release, open	2316	3400	4797	468	12.96
27427	Ligamentous reconstruction (augmentation), knee; extra-articular	2341	3437	4848	741	20.53
27428	Ligamentous reconstruction (augmentation), knee; intra-articular (open)	3621	5316	7500	1162	32.20

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
27429	Ligamentous reconstruction (augmentation), knee; intra-articular (open) and extra-articular	3567	5236	7387	1307	36.22
27430	Quadricepsplasty (eg, Bennett or Thompson type)	2176	3194	4506	773	21.41
27435	Capsulotomy, posterior capsular release, knee	2092	3071	4332	843	23.36
27437	Arthroplasty, patella; without prosthesis	2277	3342	4715	686	19.02
27438	Arthroplasty, patella; with prosthesis	2417	3548	5005	877	24.31
27440	Arthroplasty, knee, tibial plateau;	2496	3664	5169	832	23.04
27441	Arthroplasty, knee, tibial plateau; with debridement and partial synovectomy	2578	3785	5340	859	23.80
27442	Arthroplasty, femoral condyles or tibial plateau(s), knee;	2533	3718	5245	909	25.20
27443	Arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement and partial synovectomy	2543	3732	5266	847	23.47
27445	Arthroplasty, knee, hinge prosthesis (eg, Walldius type)	4236	6218	8772	1310	36.29
27446	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	3521	5168	7291	1209	33.49
27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	4354	6392	9017	1413	39.16
27448	Osteotomy, femur, shaft or supracondylar; without fixation	2570	3772	5322	856	23.72
27450	Osteotomy, femur, shaft or supracondylar; with fixation	3549	5209	7349	1059	29.33
27454	Osteotomy, multiple, with realignment on intramedullary rod, femoral shaft (eg, Sofield type procedure)	4058	5957	8404	1352	37.46
27455	Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus [bowleg] or genu valgus [knock-knee]); before epiphyseal closure	2770	4066	5737	992	27.50
27457	Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus [bowleg] or genu valgus [knock-knee]); after epiphyseal closure	3178	4666	6583	1003	27.80
27465	Osteoplasty, femur; shortening (excluding 64876)	3918	5752	8115	1305	36.17

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
27466	Osteoplasty, femur; lengthening	4948	7264	10248	1235	34.23
27468	Osteoplasty, femur; combined, lengthening and shortening with femoral segment transfer	4203	6170	8705	1400	38.80
27470	Repair, nonunion or malunion, femur, distal to head and neck; without graft (eg, compression technique)	3561	5228	7376	1228	34.04
27472	Repair, nonunion or malunion, femur, distal to head and neck; with iliac or other autogenous bone graft (includes obtaining graft)	3606	5293	7467	1318	36.52
27475	Arrest, epiphyseal, any method (eg, epiphysiodesis); distal femur	2786	4090	5770	690	19.12
27477	Arrest, epiphyseal, any method (eg, epiphysiodesis); tibia and fibula, proximal	2292	3365	4747	764	21.16
27479	Arrest, epiphyseal, any method (eg, epiphysiodesis); combined distal femur, proximal tibia and fibula	3448	5062	7142	958	26.55
27485	Arrest, hemicepiphyseal, distal femur or proximal tibia or fibula (eg, genu varus or valgus)	2674	3926	5539	699	19.37
27486	Revision of total knee arthroplasty, with or without allograft; 1 component	4103	6024	8498	1468	40.68
27487	Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	5366	7878	11114	1836	50.88
27488	Removal of prosthesis, including total knee prosthesis, methylmethacrylate with or without insertion of spacer, knee	3413	5010	7068	1252	34.70
27495	Prophylactic therapy (nailing, pinning, plating, or wiring) with or without methylmethacrylate, femur	3442	5053	7128	1177	32.60
27496	Decompression fasciotomy, thigh and/or knee, 1 compartment (flexor or extensor or adductor);	1702	2498	3525	567	15.71
27497	Decompression fasciotomy, thigh and/or knee, 1 compartment (flexor or extensor or adductor); with debridement of nonviable muscle and/or nerve	1818	2669	3765	606	16.78
27498	Decompression fasciotomy, thigh and/or knee, multiple compartments;	2046	3004	4238	682	18.89
27499	Decompression fasciotomy, thigh and/or knee, multiple compartments; with debridement of nonviable muscle and/or nerve	2192	3217	4539	730	20.23

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
27500	Closed therapy femoral shaft fracture, without manipulation	1653	2230	3287	541	15.00
27501	Closed therapy supracondylar or transcondylar femoral fracture with or without intercondylar extension, without manipulation	1531	2066	3045	526	14.57
27502	Closed therapy femoral shaft fracture, with manipulation, with or without skin or skeletal traction	2412	3254	4796	792	21.94
27503	Closed therapy supracondylar or transcondylar femoral fracture with or without intercondylar extension, with manipulation, with or without skin or skeletal traction	2326	3138	4625	834	23.12
27506	Open therapy femoral shaft fracture, with or without external fixation, with insertion of intramedullary implant, with or without cerclage and/or locking screws	4021	5425	7996	1395	38.64
27507	Open therapy femoral shaft fracture with plate/screws, with or without cerclage	2935	3961	5837	1013	28.07
27508	Closed therapy femoral fracture, distal end, medial or lateral condyle, without manipulation	1475	1990	2933	545	15.09
27509	Percutaneous skeletal fixation of femoral fracture, distal end, medial or lateral condyle, or supracondylar or transcondylar, with or without intercondylar extension, or distal femoral epiphyseal separation	1831	2471	3642	688	19.07
27510	Closed therapy femoral fracture, distal end, medial or lateral condyle, with manipulation	2161	2916	4298	709	19.64
27511	Open therapy femoral supracondylar or transcondylar fracture without intercondylar extension, includes internal fixation, when performed	2980	4022	5928	1043	28.89
27513	Open therapy femoral supracondylar or transcondylar fracture with intercondylar extension, includes internal fixation, when performed	3660	4939	7279	1296	35.91
27514	Open therapy femoral fracture, distal end, medial or lateral condyle, includes internal fixation, when performed	3047	4111	6059	1010	27.99
27516	Closed therapy distal femoral epiphyseal separation; without manipulation	1588	2143	3159	532	14.74
27517	Closed therapy distal femoral epiphyseal separation; with manipulation, with or without skin or skeletal traction	2136	2882	4248	715	19.82

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
27519	Open therapy distal femoral epiphyseal separation, includes internal fixation, when performed	2779	3750	5527	931	25.79
27520	Closed therapy patellar fracture, without manipulation	867	1170	1724	334	9.25
27524	Open therapy patellar fracture, with internal fixation and/or partial or complete patellectomy and soft tissue repair	2251	3038	4477	784	21.73
27530	Closed therapy tibial fracture, proximal (plateau); without manipulation	1006	1358	2002	314	8.70
27532	Closed therapy tibial fracture, proximal (plateau); with or without manipulation, with skeletal traction	1669	2252	3319	641	17.76
27535	Open therapy tibial fracture, proximal (plateau); unicondylar, includes internal fixation, when performed	2693	3634	5356	937	25.96
27536	Open therapy tibial fracture, proximal (plateau); bicondylar, with or without internal fixation	3482	4698	6924	1239	34.34
27538	Closed therapy intercondylar spine(s) and/or tuberosity fracture(s) of knee, with or without manipulation	1345	1815	2675	495	13.72
27540	Open therapy intercondylar spine(s) and/or tuberosity fracture(s) of the knee, includes internal fixation, when performed	2634	3554	5238	844	23.39
27550	Closed therapy knee dislocation; without anesthesia	1202	1621	2390	543	15.05
27552	Closed therapy knee dislocation; requiring anesthesia	1664	2245	3309	655	18.14
27556	Open therapy knee dislocation, includes internal fixation, when performed; without primary ligamentous repair or augmentation/reconstruction	2735	3691	5439	916	25.38
27557	Open therapy knee dislocation, includes internal fixation, when performed; with primary ligamentous repair	3264	4405	6492	1093	30.29
27558	Open therapy knee dislocation, includes internal fixation, when performed; with primary ligamentous repair, with augmentation/reconstruction	3721	5021	7400	1246	34.53
27560	Closed therapy patellar dislocation; without anesthesia	881	1189	1753	388	10.74

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
27562	Closed therapy patellar dislocation; requiring anesthesia	1510	2037	3003	506	14.01
27566	Open therapy patellar dislocation, with or without partial or total patellectomy	2782	3755	5534	932	25.82
27570	Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)	572	772	1138	157	4.34
27580	Arthrodesis, knee, any technique	4229	5707	8411	1522	42.18
27590	Amputation, thigh, through femur, any level;	2234	3015	4443	831	23.02
27591	Amputation, thigh, through femur, any level; immediate fitting technique including first cast	3007	4057	5979	1007	27.90
27592	Amputation, thigh, through femur, any level; open, circular (guillotine)	1995	2692	3968	707	19.58
27594	Amputation, thigh, through femur, any level; secondary closure or scar revision	1421	1918	2827	534	14.79
27596	Amputation, thigh, through femur, any level; re-amputation	2089	2819	4154	747	20.69
27598	Disarticulation at knee	2158	2912	4292	743	20.60
27599	Unlisted procedure, femur or knee	0	0	0	0	0.00

LEG (TIBIA AND FIBULA) AND ANKLE JOINT

27600	Decompression fasciotomy, leg; anterior and/or lateral compartments only	1257	1761	2774	423	11.71
27601	Decompression fasciotomy, leg; posterior compartment(s) only	1243	1741	2742	465	12.88
27602	Decompression fasciotomy, leg; anterior and/or lateral, and posterior compartment(s)	1475	2066	3255	506	14.03
27603	Incision and drainage, leg or ankle; deep abscess or hematoma	1201	1682	2649	553	15.33
27604	Incision and drainage, leg or ankle; infected bursa	1061	1486	2341	493	13.66
27605	Tenotomy, percutaneous, Achilles tendon (separate procedure); local anesthesia	979	1372	2161	355	9.83
27606	Tenotomy, percutaneous, Achilles tendon (separate procedure); general anesthesia	955	1337	2106	288	7.99
27607	Incision (eg, osteomyelitis or bone abscess), leg or ankle	1775	2487	3917	630	17.46

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
27610	Arthrotomy, ankle, including exploration, drainage, or removal of foreign body	1958	2743	4321	675	18.71
27612	Arthrotomy, posterior capsular release, ankle, with or without Achilles tendon lengthening	1746	2446	3853	580	16.08
27613	Biopsy, soft tissue of leg or ankle area; superficial	559	783	1233	261	7.22
27614	Biopsy, soft tissue of leg or ankle area; deep (subfascial or intramuscular)	1285	1800	2836	601	16.64
27615	Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; less than 5 cm	2668	3737	5887	1070	29.65
27616	Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; 5 cm or greater	4193	5874	9252	1329	36.83
27618	Excision, tumor, soft tissue of leg or ankle area, subcutaneous; less than 3 cm	1071	1500	2363	489	13.55
27619	Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); less than 5 cm	1446	2025	3190	480	13.31
27620	Arthrotomy, ankle, with joint exploration, with or without biopsy, with or without removal of loose or foreign body	1521	2130	3356	466	12.90
27625	Arthrotomy, with synovectomy, ankle;	1539	2156	3396	601	16.64
27626	Arthrotomy, with synovectomy, ankle; including tenosynovectomy	1854	2597	4091	629	17.44
27630	Excision of lesion of tendon sheath or capsule (eg, cyst or ganglion), leg and/or ankle	1350	1891	2979	571	15.81
27632	Excision, tumor, soft tissue of leg or ankle area, subcutaneous; 3 cm or greater	1195	1674	2636	431	11.94
27634	Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); 5 cm or greater	1908	2673	4211	712	19.73
27635	Excision or curettage of bone cyst or benign tumor, tibia or fibula;	1971	2761	4349	605	16.77
27637	Excision or curettage of bone cyst or benign tumor, tibia or fibula; with autograft (includes obtaining graft)	2129	2982	4698	779	21.59
27638	Excision or curettage of bone cyst or benign tumor, tibia or fibula; with allograft	2292	3210	5057	798	22.10
27640	Partial excision (craterization, saucerization, or diaphysectomy), bone (eg, osteomyelitis); tibia	2613	3661	5766	866	23.99

SURGERY – MUSCULOSKELETAL SYSTEM

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
27641	Partial excision (craterization, saucerization, or diaphysectomy), bone (eg, osteomyelitis); fibula	2008	2812	4430	689	19.09
27645	Radical resection of tumor; tibia	5213	7302	11501	1851	51.29
27646	Radical resection of tumor; fibula	4524	6336	9981	1606	44.51
27647	Radical resection of tumor; talus or calcaneus	2981	4175	6577	1059	29.33
27648	Injection procedure for ankle arthrography	302	423	666	207	5.73
27650	Repair, primary, open or percutaneous, ruptured Achilles tendon;	2139	2996	4719	684	18.95
27652	Repair, primary, open or percutaneous, ruptured Achilles tendon; with graft (includes obtaining graft)	2064	2892	4555	691	19.16
27654	Repair, secondary, Achilles tendon, with or without graft	2106	2950	4647	741	20.54
27656	Repair, fascial defect of leg	1855	2598	4092	659	18.25
27658	Repair, flexor tendon, leg; primary, without graft, each tendon	1270	1778	2801	384	10.63
27659	Repair, flexor tendon, leg; secondary, with or without graft, each tendon	1405	1968	3100	489	13.54
27664	Repair, extensor tendon, leg; primary, without graft, each tendon	1109	1554	2448	375	10.38
27665	Repair, extensor tendon, leg; secondary, with or without graft, each tendon	1313	1840	2898	431	11.94
27675	Repair, dislocating peroneal tendons; without fibular osteotomy	1398	1958	3084	510	14.14
27676	Repair, dislocating peroneal tendons; with fibular osteotomy	2017	2825	4450	623	17.25
27680	Tenolysis, flexor or extensor tendon, leg and/or ankle; single, each tendon	1284	1799	2833	441	12.22
27681	Tenolysis, flexor or extensor tendon, leg and/or ankle; multiple tendons (through separate incision[s])	1488	2085	3284	538	14.91
27685	Lengthening or shortening of tendon, leg or ankle; single tendon (separate procedure)	1523	2133	3360	686	19.02
27686	Lengthening or shortening of tendon, leg or ankle; multiple tendons (through same incision), each	1759	2464	3881	563	15.61
27687	Gastrocnemius recession (eg, Strayer procedure)	1355	1898	2990	472	13.09

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
27690	Transfer or transplant of single tendon (with muscle redirection or rerouting); superficial (eg, anterior tibial extensors into midfoot)	1906	2670	4205	664	18.41
27691	Transfer or transplant of single tendon (with muscle redirection or rerouting); deep (eg, anterior tibial or posterior tibial through interosseous space, flexor digitorum longus, flexor hallucis longus, or peroneal tendon to midfoot or hindfoot)	2260	3166	4987	774	21.46
27692	Transfer or transplant of single tendon (with muscle redirection or rerouting); each additional tendon (List separately in addition to code for primary procedure)	348	487	767	109	3.01
27695	Repair, primary, disrupted ligament, ankle; collateral	1589	2225	3505	493	13.66
27696	Repair, primary, disrupted ligament, ankle; both collateral ligaments	1764	2471	3893	581	16.09
27698	Repair, secondary, disrupted ligament, ankle, collateral (eg, Watson-Jones procedure)	2040	2858	4502	664	18.39
27700	Arthroplasty, ankle;	1822	2552	4020	638	17.69
27702	Arthroplasty, ankle; with implant (total ankle)	2914	4081	6429	1005	27.85
27703	Arthroplasty, ankle; revision, total ankle	3141	4400	6930	1164	32.24
27704	Removal of ankle implant	1624	2275	3584	597	16.53
27705	Osteotomy; tibia	2583	3618	5698	789	21.87
27707	Osteotomy; fibula	1177	1648	2596	415	11.49
27709	Osteotomy; tibia and fibula	3558	4983	7850	1217	33.71
27712	Osteotomy; multiple, with realignment on intramedullary rod (eg, Sofield type procedure)	3235	4531	7138	1149	31.83
27715	Osteoplasty, tibia and fibula, lengthening or shortening	4178	5853	9219	1118	30.97
27720	Repair of nonunion or malunion, tibia; without graft, (eg, compression technique)	2680	3753	5912	912	25.28
27722	Repair of nonunion or malunion, tibia; with sliding graft	2620	3670	5781	930	25.78
27724	Repair of nonunion or malunion, tibia; with iliac or other autograft (includes obtaining graft)	3464	4852	7643	1315	36.43
27725	Repair of nonunion or malunion, tibia; by synostosis, with fibula, any method	3569	5000	7875	1267	35.12

SURGERY – MUSCULOSKELETAL SYSTEM

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
27726	Repair of fibula nonunion and/or malunion with internal fixation	2911	4077	6422	998	27.66
27727	Repair of congenital pseudarthrosis, tibia	3046	4267	6721	1082	29.97
27730	Arrest, epiphyseal (epiphysiodesis), open; distal tibia	1721	2410	3796	611	16.93
27732	Arrest, epiphyseal (epiphysiodesis), open; distal fibula	1318	1846	2908	468	12.97
27734	Arrest, epiphyseal (epiphysiodesis), open; distal tibia and fibula	1926	2698	4249	684	18.95
27740	Arrest, epiphyseal (epiphysiodesis), any method, combined, proximal and distal tibia and fibula;	2076	2908	4581	737	20.43
27742	Arrest, epiphyseal (epiphysiodesis), any method, combined, proximal and distal tibia and fibula; and distal femur	2281	3195	5032	810	22.44
27745	Prophylactic therapy (nailing, pinning, plating or wiring) with or without methylmethacrylate, tibia	2513	3520	5544	793	21.96
27750	Closed therapy tibial shaft fracture (with or without fibular fracture); without manipulation	1092	1530	2409	358	9.91
27752	Closed therapy tibial shaft fracture (with or without fibular fracture); with manipulation, with or without skeletal traction	1588	2225	3504	557	15.42
27756	Percutaneous skeletal fixation of tibial shaft fracture (with or without fibular fracture) (eg, pins or screws)	1822	2552	4020	598	16.57
27758	Open therapy tibial shaft fracture (with or without fibular fracture), with plate/screws, with or without cerclage	2605	3649	5747	932	25.83
27759	therapy tibial shaft fracture (with or without fibular fracture) by intramedullary implant, with or without interlocking screws and/or cerclage	2985	4181	6586	1041	28.85
27760	Closed therapy medial malleolus fracture; without manipulation	883	1236	1948	345	9.56
27762	Closed therapy medial malleolus fracture; with manipulation, with or without skin or skeletal traction	1486	2082	3280	497	13.76
27766	Open therapy medial malleolus fracture, includes internal fixation, when performed	1898	2659	4188	628	17.41

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CPT	DESCRIPTION	UCR 50TH	UCR 75TH	UCR 90TH	MFS 2020	MFS RVU
27767	Closed therapy posterior malleolus fracture; without manipulation	757	1061	1671	297	8.24
27768	Closed therapy posterior malleolus fracture; with manipulation	1297	1817	2861	461	12.76
27769	Open therapy posterior malleolus fracture, includes internal fixation, when performed	2031	2845	4482	760	21.05
27780	Closed therapy proximal fibula or shaft fracture; without manipulation	801	1122	1768	318	8.80
27781	Closed therapy proximal fibula or shaft fracture; with manipulation	1206	1689	2660	449	12.43
27784	Open therapy proximal fibula or shaft fracture, includes internal fixation, when performed	2008	2813	4430	740	20.51
27786	Closed therapy distal fibular fracture (lateral malleolus); without manipulation	853	1195	1882	325	9.01
27788	Closed therapy distal fibular fracture (lateral malleolus); with manipulation	1170	1640	2583	441	12.21
27792	Open therapy distal fibular fracture (lateral malleolus), includes internal fixation, when performed	1982	2777	4374	673	18.66
27808	Closed therapy bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli or medial and posterior malleoli); without manipulation	907	1270	2000	345	9.57
27810	Closed therapy bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli or medial and posterior malleoli); with manipulation	1431	2004	3157	486	13.48
27814	Open therapy bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli, or medial and posterior malleoli), includes internal fixation, when performed	2304	3227	5083	799	22.13
27816	Closed therapy trimalleolar ankle fracture; without manipulation	889	1246	1963	338	9.36
27818	Closed therapy trimalleolar ankle fracture; with manipulation	1446	2026	3191	505	13.99
27822	Open therapy trimalleolar ankle fracture, includes internal fixation, when performed, medial and/or lateral malleolus; without fixation of posterior lip	2533	3548	5589	902	24.98

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
27823	Open therapy trimalleolar ankle fracture, includes internal fixation, when performed, medial and/or lateral malleolus; with fixation of posterior lip	2944	4124	6496	1020	28.26
27824	Closed therapy fracture of weight bearing articular portion of distal tibia (eg, pilon or tibial plafond), with or without anesthesia; without manipulation	984	1379	2172	329	9.11
27825	Closed therapy fracture of weight bearing articular portion of distal tibia (eg, pilon or tibial plafond), with or without anesthesia; with skeletal traction and/or requiring manipulation	1570	2199	3463	567	15.72
27826	Open therapy fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal fixation, when performed; of fibula only	2466	3454	5441	886	24.55
27827	Open therapy fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal fixation, when performed; of tibia only	3260	4566	7192	1157	32.05
27828	Open therapy fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal fixation, when performed; of both tibia and fibula	3809	5336	8405	1375	38.10
27829	Open therapy distal tibiofibular joint (syndesmosis) disruption, includes internal fixation, when performed	1972	2762	4351	729	20.20
27830	Closed therapy proximal tibiofibular joint dislocation; without anesthesia	1129	1582	2491	401	11.11
27831	Closed therapy proximal tibiofibular joint dislocation; requiring anesthesia	1182	1656	2608	420	11.63
27832	Open therapy proximal tibiofibular joint dislocation, includes internal fixation, when performed, or with excision of proximal fibula	2218	3106	4893	787	21.82
27840	Closed therapy ankle dislocation; without anesthesia	1086	1522	2397	391	10.84
27842	Closed therapy ankle dislocation; requiring anesthesia, with or without percutaneous skeletal fixation	1403	1965	3095	512	14.20
27846	Open therapy ankle dislocation, with or without percutaneous skeletal fixation; without repair or internal fixation	2076	2908	4581	744	20.61

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
27848	Open therapy ankle dislocation, with or without percutaneous skeletal fixation; with repair or internal or external fixation	2298	3219	5070	833	23.07
27860	Manipulation of ankle under general anesthesia (includes application of traction or other fixation apparatus)	593	831	1309	177	4.91
27870	Arthrodesis, ankle, open	3032	4248	6691	1065	29.51
27871	Arthrodesis, tibiofibular joint, proximal or distal	2069	2898	4566	717	19.88
27880	Amputation, leg, through tibia and fibula;	2429	3402	5359	951	26.35
27881	Amputation, leg, through tibia and fibula; with immediate fitting technique including application of first cast	2401	3363	5298	896	24.84
27882	Amputation, leg, through tibia and fibula; open, circular (guillotine)	1786	2502	3940	625	17.31
27884	Amputation, leg, through tibia and fibula; secondary closure or scar revision	1567	2195	3457	598	16.57
27886	Amputation, leg, through tibia and fibula; re-amputation	1989	2786	4388	684	18.96
27888	Amputation, ankle, through malleoli of tibia and fibula (eg, Syme, Pirogoff type procedures), with plastic closure and resection of nerves	1926	2698	4249	684	18.95
27889	Ankle disarticulation	1954	2738	4312	672	18.61
27892	Decompression fasciotomy, leg; anterior and/or lateral compartments only, with debridement of nonviable muscle and/or nerve	1439	2016	3175	573	15.89
27893	Decompression fasciotomy, leg; posterior compartment(s) only, with debridement of nonviable muscle and/or nerve	1791	2508	3951	636	17.62
27894	Decompression fasciotomy, leg; anterior and/or lateral, and posterior compartment(s), with debridement of nonviable muscle and/or nerve	2290	3208	5053	878	24.32
27899	Unlisted procedure, leg or ankle	0	0	0	0	0.00
FOOT AND TOES						
28002	Incision and drainage below fascia, with or without tendon sheath involvement, foot; single bursal space	918	1359	2668	461	12.76
28003	Incision and drainage below fascia, with or without tendon sheath involvement, foot; multiple areas	1225	1812	3558	728	20.18

SURGERY – MUSCULOSKELETAL SYSTEM

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
28005	Incision, bone cortex (eg, osteomyelitis or bone abscess), foot	1284	1901	3731	601	16.64
28008	Fasciotomy, foot and/or toe	1017	1506	2955	451	12.50
28010	Tenotomy, percutaneous, toe; single tendon	560	829	1626	241	6.69
28011	Tenotomy, percutaneous, toe; multiple tendons	687	1017	1997	328	9.09
28020	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; intertarsal or tarsometatarsal joint	1210	1790	3514	559	15.50
28022	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; metatarsophalangeal joint	1022	1512	2969	507	14.06
28024	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; interphalangeal joint	814	1205	2366	476	13.18
28035	Release, tarsal tunnel (posterior tibial nerve decompression)	1510	2235	4386	548	15.18
28039	Excision, tumor, soft tissue of foot or toe, subcutaneous; 1.5 cm or greater	1272	1882	3694	516	14.30
28041	Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); 1.5 cm or greater	1231	1822	3576	472	13.07
28043	Excision, tumor, soft tissue of foot or toe, subcutaneous; less than 1.5 cm	785	1162	2281	409	11.33
28045	Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); less than 1.5 cm	1029	1523	2990	507	14.05
28046	Radical resection of tumor (eg, sarcoma), soft tissue of foot or toe; less than 3 cm	1526	2259	4434	746	20.67
28047	Radical resection of tumor (eg, sarcoma), soft tissue of foot or toe; 3 cm or greater	2299	3403	6680	1085	30.07
28050	Arthrotomy with biopsy; intertarsal or tarsometatarsal joint	972	1439	2824	440	12.18
28052	Arthrotomy with biopsy; metatarsophalangeal joint	1026	1518	2980	464	12.85
28054	Arthrotomy with biopsy; interphalangeal joint	859	1271	2495	388	10.76
28055	Neurectomy, intrinsic musculature of foot	1020	1509	2963	402	11.14
28060	Fasciectomy, plantar fascia; partial (separate procedure)	1166	1726	3389	544	15.07
28062	Fasciectomy, plantar fascia; radical (separate procedure)	1314	1946	3819	606	16.79

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
28070	Synovectomy; intertarsal or tarsometatarsal joint, each	1319	1953	3833	551	15.26
28072	Synovectomy; metatarsophalangeal joint, each	1220	1806	3545	507	14.06
28080	Excision, interdigital (Morton) neuroma, single, each	1223	1811	3554	548	15.18
28086	Synovectomy, tendon sheath, foot; flexor	1305	1932	3792	559	15.48
28088	Synovectomy, tendon sheath, foot; extensor	1214	1797	3528	451	12.50
28090	Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (eg, cyst or ganglion); foot	1008	1491	2927	486	13.48
28092	Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (eg, cyst or ganglion); toe(s), each	947	1401	2750	441	12.21
28100	Excision or curettage of bone cyst or benign tumor, talus or calcaneus;	1773	2625	5152	636	17.62
28102	Excision or curettage of bone cyst or benign tumor, talus or calcaneus; with iliac or other autograft (includes obtaining graft)	1400	2072	4067	633	17.54
28103	Excision or curettage of bone cyst or benign tumor, talus or calcaneus; with allograft	1303	1928	3784	406	11.24
28104	Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus;	2192	3244	6369	551	15.26
28106	Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus; with iliac or other autograft (includes obtaining graft)	985	1458	2862	445	12.34
28107	Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus; with allograft	1178	1744	3423	533	14.76
28108	Excision or curettage of bone cyst or benign tumor, phalanges of foot	1423	2106	4135	457	12.66
28110	Ostectomy, partial excision, fifth metatarsal head (bunionette) (separate procedure)	1120	1658	3255	482	13.36
28111	Ostectomy, complete excision; first metatarsal head	1115	1651	3240	509	14.09
28112	Ostectomy, complete excision; other metatarsal head (second, third or fourth)	1203	1780	3494	508	14.07
28113	Ostectomy, complete excision; fifth metatarsal head	1258	1862	3655	611	16.94

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
28114	Ostectomy, complete excision; all metatarsal heads, with partial proximal phalangectomy, excluding first metatarsal (eg, Clayton type procedure)	2385	3531	6930	1100	30.49
28116	Ostectomy, excision of tarsal coalition	1993	2950	5791	794	22.01
28118	Ostectomy, calcaneus;	1466	2170	4259	625	17.32
28119	Ostectomy, calcaneus; for spur, with or without plantar fascial release	1323	1959	3845	545	15.11
28120	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); talus or calcaneus	1528	2262	4440	705	19.53
28122	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); tarsal or metatarsal bone, except talus or calcaneus	1377	2038	4000	620	17.17
28124	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); phalanx of toe	1008	1492	2930	498	13.80
28126	Resection, partial or complete, phalangeal base, each toe	766	1134	2225	409	11.32
28130	Talectomy (astragalectomy)	1453	2151	4223	657	18.21
28140	Metatarsectomy	1273	1885	3700	613	16.98
28150	Phalangectomy, toe, each toe	812	1202	2359	438	12.15
28153	Resection, condyle(s), distal end of phalanx, each toe	861	1274	2500	430	11.92
28160	Hemiphalangectomy or interphalangeal joint excision, toe, proximal end of phalanx, each	1009	1494	2932	432	11.98
28171	Radical resection of tumor; tarsal (except talus or calcaneus)	2563	3793	7446	1159	32.11
28173	Radical resection of tumor; metatarsal	1696	2510	4928	767	21.25
28175	Radical resection of tumor; phalanx of toe	1089	1611	3163	492	13.64
28190	Removal of foreign body, foot; subcutaneous	557	930	2032	262	7.27
28192	Removal of foreign body, foot; deep	927	1546	3381	487	13.50
28193	Removal of foreign body, foot; complicated	1117	1864	4075	551	15.28
28200	Repair, tendon, flexor, foot; primary or secondary, without free graft, each tendon	1280	2135	4667	514	14.24

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
28202	Repair, tendon, flexor, foot; secondary with free graft, each tendon (includes obtaining graft)	1220	2035	4449	629	17.44
28208	Repair, tendon, extensor, foot; primary or secondary, each tendon	1103	1840	4023	502	13.90
28210	Repair, tendon, extensor, foot; secondary with free graft, each tendon (includes obtaining graft)	1342	2239	4895	613	16.99
28220	Tenolysis, flexor, foot; single tendon	905	1509	3299	470	13.01
28222	Tenolysis, flexor, foot; multiple tendons	1019	1700	3717	540	14.97
28225	Tenolysis, extensor, foot; single tendon	1015	1692	3700	435	12.05
28226	Tenolysis, extensor, foot; multiple tendons	1414	2358	5155	638	17.69
28230	Tenotomy, open, tendon flexor; foot, single or multiple tendon(s) (separate procedure)	830	1384	3026	453	12.56
28232	Tenotomy, open, tendon flexor; toe, single tendon (separate procedure)	775	1292	2825	401	11.10
28234	Tenotomy, open, extensor, foot or toe, each tendon	884	1475	3225	426	11.81
28238	Reconstruction (advancement), posterior tibial tendon with excision of accessory tarsal navicular bone (eg, Kidner type procedure)	1675	2794	6108	693	19.20
28240	Tenotomy, lengthening, or release, abductor hallucis muscle	973	1622	3547	467	12.93
28250	Division of plantar fascia and muscle (eg, Steindler stripping) (separate procedure)	1234	2059	4502	605	16.75
28260	Capsulotomy, midfoot; medial release only (separate procedure)	1447	2414	5279	729	20.20
28261	Capsulotomy, midfoot; with tendon lengthening	2781	4639	10143	1250	34.64
28262	Capsulotomy, midfoot; extensive, including posterior talotibial capsulotomy and tendon(s) lengthening (eg, resistant clubfoot deformity)	4105	6847	14971	1458	40.41
28264	Capsulotomy, midtarsal (eg, Heyman type procedure)	2172	3623	7921	1053	29.17
28270	Capsulotomy; metatarsophalangeal joint, with or without tenorrhaphy, each joint (separate procedure)	1017	1697	3710	513	14.21
28272	Capsulotomy; interphalangeal joint, each joint (separate procedure)	634	1058	2313	406	11.25

SURGERY – MUSCULOSKELETAL SYSTEM

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
28280	Syndactylization, toes (eg, webbing or Kelikian type procedure)	1188	1982	4334	535	14.83
28285	Correction, hammertoe (eg, interphalangeal fusion, partial or total phalangectomy)	1270	2119	4632	559	15.48
28286	Correction, cock-up fifth toe, with plastic skin closure (eg, Ruiz-Mora type procedure)	976	1628	3560	465	12.89
28288	Ostectomy, partial, exostectomy or condylectomy, metatarsal head, each metatarsal head	1425	2377	5198	634	17.57
28289	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; without implant	1676	2796	6114	743	20.59
28291	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; with implant	1631	2720	5947	760	21.06
28292	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with resection of proximal phalanx base, when performed, any method	1872	3123	6828	754	20.89
28295	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal metatarsal osteotomy, any method	2131	3554	7770	1030	28.53
28296	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with distal metatarsal osteotomy, any method	2017	3364	7355	945	26.18
28297	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with first metatarsal and medial cuneiform joint arthrodesis, any method	2113	3524	7704	1093	30.28
28298	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal phalanx osteotomy, any method	1827	3048	6665	877	24.31
28299	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with double osteotomy, any method	2393	3992	8727	1050	29.10
28300	Osteotomy; calcaneus (eg, Dwyer or Chambers type procedure), with or without internal fixation	1958	3266	7142	678	18.78
28302	Osteotomy; talus	1651	2754	6021	746	20.66
28304	Osteotomy, tarsal bones, other than calcaneus or talus;	1881	3137	6858	852	23.61

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
28305	Osteotomy, tarsal bones, other than calcaneus or talus; with autograft (includes obtaining graft) (eg, Fowler type)	1985	3312	7240	697	19.30
28306	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal	1520	2536	5544	631	17.49
28307	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal with autograft (other than first toe)	1380	2301	5032	646	17.90
28308	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; other than first metatarsal, each	1376	2296	5019	593	16.43
28309	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; multiple (eg, Swanson type cavus foot procedure)	2563	4276	9348	920	25.48
28310	Osteotomy, shortening, angular or rotational correction; proximal phalanx, first toe (separate procedure)	1225	2044	4469	569	15.78
28312	Osteotomy, shortening, angular or rotational correction; other phalanges, any toe	1496	2496	5457	523	14.49
28313	Reconstruction, angular deformity of toe, soft tissue procedures only (eg, overlapping second toe, fifth toe, curly toes)	1301	2170	4745	546	15.13
28315	Sesamoidectomy, first toe (separate procedure)	1064	1775	3880	502	13.90
28320	Repair, nonunion or malunion; tarsal bones	1666	2778	6074	637	17.66
28322	Repair, nonunion or malunion; metatarsal, with or without bone graft (includes obtaining graft)	1944	3243	7091	815	22.57
28340	Reconstruction, toe, macrodactyly; soft tissue resection	1324	2209	4829	598	16.57
28341	Reconstruction, toe, macrodactyly; requiring bone resection	1534	2559	5595	693	19.20
28344	Reconstruction, toe(s); polydactyly	1315	2194	4796	442	12.26
28345	Reconstruction, toe(s); syndactyly, with or without skin graft(s), each web	1502	2505	5477	541	14.99
28360	Reconstruction, cleft foot	2519	4203	9188	1138	31.53
28400	Closed therapy calcaneal fracture; without manipulation	686	942	1413	256	7.09

SURGERY – MUSCULOSKELETAL SYSTEM

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
28405	Closed therapy calcaneal fracture; with manipulation	935	1284	1925	401	11.12
28406	Percutaneous skeletal fixation of calcaneal fracture, with manipulation	1531	2103	3153	562	15.58
28415	Open therapy calcaneal fracture, includes internal fixation, when performed;	3070	4217	6323	1165	32.28
28420	Open therapy calcaneal fracture, includes internal fixation, when performed; with primary iliac or other autogenous bone graft (includes obtaining graft)	3334	4580	6867	1339	37.10
28430	Closed therapy talus fracture; without manipulation	668	918	1377	247	6.85
28435	Closed therapy talus fracture; with manipulation	814	1119	1677	377	10.46
28436	Percutaneous skeletal fixation of talus fracture, with manipulation	1209	1660	2489	485	13.45
28445	Open therapy talus fracture, includes internal fixation, when performed	2840	3902	5850	1079	29.91
28446	Open osteochondral autograft, talus (includes obtaining graft[s])	3441	4727	7088	1275	35.34
28450	therapy tarsal bone fracture (except talus and calcaneus); without manipulation, each	598	821	1231	219	6.07
28455	therapy tarsal bone fracture (except talus and calcaneus); with manipulation, each	630	866	1298	298	8.27
28456	Percutaneous skeletal fixation of tarsal bone fracture (except talus and calcaneus), with manipulation, each	875	1202	1803	352	9.74
28465	Open therapy tarsal bone fracture (except talus and calcaneus), includes internal fixation, when performed, each	1804	2478	3716	656	18.18
28470	Closed therapy metatarsal fracture; without manipulation, each	590	810	1215	226	6.26
28475	Closed therapy metatarsal fracture; with manipulation, each	610	837	1256	266	7.37
28476	Percutaneous skeletal fixation of metatarsal fracture, with manipulation, each	1031	1416	2123	381	10.56
28485	Open therapy metatarsal fracture, includes internal fixation, when performed, each	1520	2088	3131	573	15.89
28490	Closed therapy fracture great toe, phalanx or phalanges; without manipulation	383	526	789	147	4.07

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
28495	Closed therapy fracture great toe, phalanx or phalanges; with manipulation	429	589	883	184	5.10
28496	Percutaneous skeletal fixation of fracture great toe, phalanx or phalanges, with manipulation	1057	1452	2177	468	12.98
28505	Open therapy fracture, great toe, phalanx or phalanges, includes internal fixation, when performed	1517	2084	3124	690	19.12
28510	Closed therapy fracture, phalanx or phalanges, other than great toe; without manipulation, each	325	446	669	125	3.47
28515	Closed therapy fracture, phalanx or phalanges, other than great toe; with manipulation, each	392	539	808	169	4.67
28525	Open therapy fracture, phalanx or phalanges, other than great toe, includes internal fixation, when performed, each	1316	1807	2710	595	16.50
28530	Closed therapy sesamoid fracture	329	452	678	119	3.30
28531	Open therapy sesamoid fracture, with or without internal fixation	874	1201	1801	351	9.73
28540	Closed therapy tarsal bone dislocation, other than talotarsal; without anesthesia	500	688	1031	201	5.57
28545	Closed therapy tarsal bone dislocation, other than talotarsal; requiring anesthesia	779	1070	1605	313	8.67
28546	Percutaneous skeletal fixation of tarsal bone dislocation, other than talotarsal, with manipulation	1504	2066	3098	604	16.74
28555	Open therapy tarsal bone dislocation, includes internal fixation, when performed	1934	2657	3984	888	24.60
28570	Closed therapy talotarsal joint dislocation; without anesthesia	590	811	1216	237	6.57
28575	Closed therapy talotarsal joint dislocation; requiring anesthesia	956	1313	1969	384	10.64
28576	Percutaneous skeletal fixation of talotarsal joint dislocation, with manipulation	1001	1375	2062	402	11.14
28585	Open therapy talotarsal joint dislocation, includes internal fixation, when performed	1993	2738	4105	900	24.94
28600	Closed therapy tarsometatarsal joint dislocation; without anesthesia	454	624	936	223	6.19
28605	Closed therapy tarsometatarsal joint dislocation; requiring anesthesia	861	1183	1773	346	9.58

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
28606	Percutaneous skeletal fixation of tarsometatarsal joint dislocation, with manipulation	1278	1756	2633	404	11.19
28615	Open therapy tarsometatarsal joint dislocation, includes internal fixation, when performed	2103	2890	4333	846	23.43
28630	Closed therapy metatarsophalangeal joint dislocation; without anesthesia	412	567	850	162	4.49
28635	Closed therapy metatarsophalangeal joint dislocation; requiring anesthesia	394	542	812	182	5.04
28636	Percutaneous skeletal fixation of metatarsophalangeal joint dislocation, with manipulation	773	1062	1593	324	8.98
28645	Open therapy metatarsophalangeal joint dislocation, includes internal fixation, when performed	1424	1957	2934	683	18.93
28660	Closed therapy interphalangeal joint dislocation; without anesthesia	457	628	942	123	3.42
28665	Closed therapy interphalangeal joint dislocation; requiring anesthesia	430	591	886	159	4.41
28666	Percutaneous skeletal fixation of interphalangeal joint dislocation, with manipulation	430	591	887	173	4.79
28675	Open therapy interphalangeal joint dislocation, includes internal fixation, when performed	1251	1719	2577	593	16.42
28705	Arthrodesis; pantalar	3238	4449	6670	1280	35.47
28715	Arthrodesis; triple	2800	3847	5768	979	27.12
28725	Arthrodesis; subtalar	2311	3174	4760	811	22.47
28730	Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse;	2208	3034	4549	765	21.21
28735	Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse; with osteotomy (eg, flatfoot correction)	2084	2863	4293	808	22.38
28737	Arthrodesis, with tendon lengthening and advancement, midtarsal, tarsal navicular-cuneiform (eg, Miller type procedure)	1821	2501	3751	718	19.89
28740	Arthrodesis, midtarsal or tarsometatarsal, single joint	1944	2671	4005	873	24.20
28750	Arthrodesis, great toe; metatarsophalangeal joint	2198	3020	4528	830	22.99

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
28755	Arthrodesis, great toe; interphalangeal joint	1292	1775	2662	531	14.70
28760	Arthrodesis, with extensor hallucis longus transfer to first metatarsal neck, great toe, interphalangeal joint (eg, Jones type procedure)	1711	2351	3525	814	22.55
28800	Amputation, foot; midtarsal (eg, Chopart type procedure)	1441	1980	2969	557	15.42
28805	Amputation, foot; transmetatarsal	1808	2484	3725	753	20.86
28810	Amputation, metatarsal, with toe, single	1136	1560	2339	446	12.37
28820	Amputation, toe; metatarsophalangeal joint	1183	1625	2437	581	16.11
28825	Amputation, toe; interphalangeal joint	1158	1591	2386	556	15.40
28890	Extracorporeal shock wave, high energy, performed by a physician or other qualified health care professional, requiring anesthesia other than local, including ultrasound guidance, involving the plantar fascia	712	978	1467	331	9.18
28899	Unlisted procedure, foot or toes	0	0	0	0	0.00

APPLICATION OF CASTS AND STRAPPING

29000	Application of halo type body cast (see 20661-20663 for insertion)	963	1331	1858	350	9.69
29010	Application of Risser jacket, localizer, body; only	661	914	1276	275	7.63
29015	Application of Risser jacket, localizer, body; including head	817	1129	1576	297	8.22
29035	Application of body cast, shoulder to hips;	708	980	1367	257	7.13
29040	Application of body cast, shoulder to hips; including head, Minerva type	812	1122	1566	295	8.17
29044	Application of body cast, shoulder to hips; including 1 thigh	796	1100	1536	289	8.01
29046	Application of body cast, shoulder to hips; including both thighs	872	1206	1683	317	8.78
29049	Application, cast; figure-of-eight	277	383	535	101	2.79
29055	Application, cast; shoulder spica	1298	1795	2504	224	6.22
29058	Application, cast; plaster Velpeau	349	482	673	127	3.51
29065	Application, cast; shoulder to hand (long arm)	272	376	524	97	2.70
29075	Application, cast; elbow to finger (short arm)	235	325	453	88	2.43

CPT	DESCRIPTION	UCR 50TH	UCR 75TH	UCR 90TH	MFS 2020	MFS RVU
29085	Application, cast; hand and lower forearm (gauntlet)	248	343	479	97	2.68
29086	Application, cast; finger (eg, contracture)	161	222	310	80	2.22
29105	Application of long arm splint (shoulder to hand)	279	385	538	83	2.31
29125	Application of short arm splint (forearm to hand); static	192	265	370	66	1.82
29126	Application of short arm splint (forearm to hand); dynamic	176	243	340	79	2.18
29130	Application of finger splint; static	114	157	219	43	1.18
29131	Application of finger splint; dynamic	136	188	263	53	1.48
29200	Strapping; thorax	81	112	157	34	0.93
29240	Strapping; shoulder (eg, Velpeau)	81	113	157	32	0.88
29260	Strapping; elbow or wrist	76	106	147	31	0.86
29280	Strapping; hand or finger	81	113	157	32	0.88
29305	Application of hip spica cast; 1 leg	604	820	1216	250	6.93
29325	Application of hip spica cast; 1 and one-half spica or both legs	772	1048	1553	277	7.68
29345	Application of long leg cast (thigh to toes);	372	506	750	139	3.85
29355	Application of long leg cast (thigh to toes); walker or ambulatory type	407	553	819	145	4.03
29358	Application of long leg cast brace	580	788	1167	163	4.51
29365	Application of cylinder cast (thigh to ankle)	314	426	632	125	3.47
29405	Application of short leg cast (below knee to toes);	234	317	470	82	2.26
29425	Application of short leg cast (below knee to toes); walking or ambulatory type	243	331	490	78	2.17
29435	Application of patellar tendon bearing (PTB) cast	342	465	689	117	3.25
29440	Adding walker to previously applied cast	107	146	216	44	1.23
29445	Application of rigid total contact leg cast	294	399	592	134	3.72
29450	Application of clubfoot cast with molding or manipulation, long or short leg	393	534	791	148	4.11

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
29505	Application of long leg splint (thigh to ankle or toes)	264	358	531	87	2.41
29515	Application of short leg splint (calf to foot)	198	269	399	73	2.01
29520	Strapping; hip	101	137	203	36	1.00
29530	Strapping; knee	81	110	163	31	0.87
29540	Strapping; ankle and/or foot	70	96	142	29	0.81
29550	Strapping; toes	56	76	112	19	0.54
29580	Strapping; Unna boot	114	154	229	65	1.80
29581	Application of multi-layer compression system; leg (below knee), including ankle and foot	152	207	306	92	2.54
29584	Application of multi-layer compression system; upper arm, forearm, hand, and fingers	92	125	185	86	2.37
29700	Removal or bivalving; gauntlet, boot or body cast	159	216	320	64	1.78
29705	Removal or bivalving; full arm or full leg cast	203	276	409	66	1.82
29710	Removal or bivalving; shoulder or hip spica, Minerva, or Risser jacket, etc.	303	412	611	126	3.48
29720	Repair of spica, body cast or jacket	207	282	418	86	2.38
29730	Windowing of cast	147	200	296	64	1.76
29740	Wedging of cast (except clubfoot casts)	241	328	486	102	2.82
29750	Wedging of clubfoot cast	229	312	462	110	3.06
29799	Unlisted procedure, casting or strapping	0	0	0	0	0.00

ARTHROSCOPY

29800	Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure)	2014	3648	6652	550	15.23
29804	Arthroscopy, temporomandibular joint, surgical	2940	5326	9711	641	17.76
29805	Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)	1348	2441	4451	489	13.55
29806	Arthroscopy, shoulder, surgical; capsulorrhaphy	3516	6370	11614	1102	30.54
29807	Arthroscopy, shoulder, surgical; repair of SLAP lesion	3347	6063	11055	1078	29.87
29819	Arthroscopy, shoulder, surgical; with removal of loose body or foreign body	2214	4011	7314	610	16.91

SURGERY – MUSCULOSKELETAL SYSTEM

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
29820	Arthroscopy, shoulder, surgical; synovectomy, partial	1913	3465	6319	559	15.48
29821	Arthroscopy, shoulder, surgical; synovectomy, complete	2063	3736	6813	617	17.10
29822	Arthroscopy, shoulder, surgical; debridement, limited	2000	3624	6608	600	16.63
29823	Arthroscopy, shoulder, surgical; debridement, extensive	2480	4493	8193	653	18.10
29824	Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	2263	4099	7474	702	19.46
29825	Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation	2000	3623	6606	610	16.91
29826	Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed (List separately in addition to code for primary procedure)	1628	2948	5376	182	5.05
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	3538	6409	11686	1116	30.91
29828	Arthroscopy, shoulder, surgical; biceps tenodesis	2946	5337	9732	957	26.52
29830	Arthroscopy, elbow, diagnostic, with or without synovial biopsy (separate procedure)	1740	3153	5748	475	13.16
29834	Arthroscopy, elbow, surgical; with removal of loose body or foreign body	1878	3403	6205	512	14.19
29835	Arthroscopy, elbow, surgical; synovectomy, partial	1915	3470	6327	529	14.67
29836	Arthroscopy, elbow, surgical; synovectomy, complete	1963	3556	6484	608	16.84
29837	Arthroscopy, elbow, surgical; debridement, limited	1990	3605	6574	549	15.20
29838	Arthroscopy, elbow, surgical; debridement, extensive	2258	4090	7457	616	17.07
29840	Arthroscopy, wrist, diagnostic, with or without synovial biopsy (separate procedure)	1684	3050	5562	469	12.99
29843	Arthroscopy, wrist, surgical; for infection, lavage and drainage	1851	3354	6115	505	14.00

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
29844	Arthroscopy, wrist, surgical; synovectomy, partial	2034	3685	6719	520	14.40
29845	Arthroscopy, wrist, surgical; synovectomy, complete	2117	3835	6993	607	16.81
29846	Arthroscopy, wrist, surgical; excision and/or repair of triangular fibrocartilage and/or joint debridement	2357	4270	7785	544	15.06
29847	Arthroscopy, wrist, surgical; internal fixation for fracture or instability	2480	4492	8190	566	15.68
29848	Endoscopy, wrist, surgical, with release of transverse carpal ligament	2020	3659	6672	530	14.69
29850	Arthroscopically aided therapy intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without manipulation; without internal or external fixation (includes arthroscopy)	2378	4307	7854	649	17.98
29851	Arthroscopically aided therapy intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without manipulation; with internal or external fixation (includes arthroscopy)	2937	5319	9699	970	26.87
29855	Arthroscopically aided therapy tibial fracture, proximal (plateau); unicondylar, includes internal fixation, when performed (includes arthroscopy)	2490	4511	8226	815	22.57
29856	Arthroscopically aided therapy tibial fracture, proximal (plateau); bicondylar, includes internal fixation, when performed (includes arthroscopy)	3323	6020	10977	1032	28.60
29860	Arthroscopy, hip, diagnostic with or without synovial biopsy (separate procedure)	2306	4178	7618	694	19.24
29861	Arthroscopy, hip, surgical; with removal of loose body or foreign body	2520	4565	8324	751	20.82
29862	Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum	2819	5107	9313	846	23.45
29863	Arthroscopy, hip, surgical; with synovectomy	2531	4585	8361	849	23.52
29866	Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the autograft[s])	3265	5915	10785	1095	30.33

SURGERY – MUSCULOSKELETAL SYSTEM

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
29867	Arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty)	3896	7058	12869	1332	36.92
29868	Arthroscopy, knee, surgical; meniscal transplantation (includes arthrotomy for meniscal insertion), medial or lateral	5561	10073	18367	1745	48.34
29870	Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	1514	2742	5001	593	16.42
29871	Arthroscopy, knee, surgical; for infection, lavage and drainage	1667	3019	5505	534	14.81
29873	Arthroscopy, knee, surgical; with lateral release	1856	3362	6129	550	15.24
29874	Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	2082	3772	6878	560	15.51
29875	Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	1942	3517	6413	516	14.31
29876	Arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (eg, medial or lateral)	2615	4737	8636	680	18.85
29877	Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	2175	3940	7183	646	17.91
29879	Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture	2682	4858	8858	689	19.09
29880	Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	3253	5893	10744	584	16.19
29881	Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	2619	4744	8650	563	15.60
29882	Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral)	2749	4979	9078	721	19.98
29883	Arthroscopy, knee, surgical; with meniscus repair (medial AND lateral)	3297	5973	10891	876	24.28

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
29884	Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)	2326	4213	7682	644	17.85
29885	Arthroscopy, knee, surgical; drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion)	2807	5084	9270	786	21.77
29886	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion	2312	4189	7637	662	18.35
29887	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation	2398	4344	7920	782	21.67
29888	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	3468	6283	11456	1022	28.32
29889	Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction	4026	7293	13298	1275	35.32
29891	Arthroscopy, ankle, surgical, excision of osteochondral defect of talus and/or tibia, including drilling of the defect	2232	4043	7371	697	19.32
29892	Arthroscopically aided repair of large osteochondritis dissecans lesion, talar dome fracture, or tibial plafond fracture, with or without internal fixation (includes arthroscopy)	2156	3905	7121	678	18.78
29893	Endoscopic plantar fasciotomy	1395	2526	4606	661	18.31
29894	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with removal of loose body or foreign body	2015	3649	6654	519	14.39
29895	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; synovectomy, partial	1833	3320	6054	484	13.40
29897	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, limited	1903	3446	6284	520	14.41
29898	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, extensive	2007	3635	6629	586	16.24
29899	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with ankle arthrodesis	3459	6265	11424	1074	29.77
29900	Arthroscopy, metacarpophalangeal joint, diagnostic, includes synovial biopsy	1898	3438	6268	518	14.35
29901	Arthroscopy, metacarpophalangeal joint, surgical; with debridement	2043	3701	6749	558	15.45

SURGERY – MUSCULOSKELETAL SYSTEM

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
29902	Arthroscopy, metacarpophalangeal joint, surgical; with reduction of displaced ulnar collateral ligament (eg, Stener lesion)	2170	3931	7168	592	16.41
29904	Arthroscopy, subtalar joint, surgical; with removal of loose body or foreign body	2431	4403	8028	663	18.38
29905	Arthroscopy, subtalar joint, surgical; with synovectomy	1896	3435	6263	538	14.92
29906	Arthroscopy, subtalar joint, surgical; with debridement	2110	3822	6969	691	19.14
29907	Arthroscopy, subtalar joint, surgical; with subtalar arthrodesis	3346	6061	11051	913	25.30
29914	Arthroscopy, hip, surgical; with femoroplasty (ie, therapy cam lesion)	3192	5781	10542	1036	28.72
29915	Arthroscopy, hip, surgical; with acetabuloplasty (ie, therapy pincer lesion)	3339	6048	11028	1067	29.57
29916	Arthroscopy, hip, surgical; with labral repair	3114	5640	10285	1068	29.58
29999	Unlisted procedure, arthroscopy	0	0	0	0	0.00

MEDICAL FEES 2020

CPT	DESCRIPTION	UCR 50TH	UCR 75TH	UCR 90TH	MFS 2020	MFS RVU
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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
RESPIRATORY SYSTEM						
NOSE						
30000	Drainage abscess or hematoma, nasal, internal approach	467	661	1038	259	7.18
30020	Drainage abscess or hematoma, nasal septum	476	674	1058	262	7.25
30100	Biopsy, intranasal	305	432	678	145	4.03
30110	Excision, nasal polyp(s), simple	489	692	1087	246	6.82
30115	Excision, nasal polyp(s), extensive	1013	1435	2254	458	12.70
30117	Excision or destruction (eg, laser), intranasal lesion; internal approach	1825	2585	4060	955	26.47
30118	Excision or destruction (eg, laser), intranasal lesion; external approach (lateral rhinotomy)	1887	2673	4199	797	22.09
30120	Excision or surgical planing of skin of nose for rhinophyma	1434	2031	3191	527	14.61
30124	Excision dermoid cyst, nose; simple, skin, subcutaneous	712	1008	1583	301	8.33
30125	Excision dermoid cyst, nose; complex, under bone or cartilage	1534	2174	3414	648	17.96
30130	Excision inferior turbinate, partial or complete, any method	1116	1580	2482	407	11.28
30140	Submucous resection inferior turbinate, partial or complete, any method	1624	2301	3614	292	8.08
30150	Rhinectomy; partial	2297	3253	5110	811	22.47
30160	Rhinectomy; total	1932	2736	4298	816	22.61
30200	Injection into turbinate(s), therapeutic	222	314	493	115	3.18
30210	Displacement therapy (Proetz type)	255	361	567	153	4.24
30220	Insertion, nasal septal prosthesis (button)	598	847	1331	314	8.70
30300	Removal foreign body, intranasal; office type procedure	531	752	1181	195	5.40
30310	Removal foreign body, intranasal; requiring general anesthesia	608	862	1354	209	5.80
30320	Removal foreign body, intranasal; by lateral rhinotomy	1134	1606	2522	479	13.27

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip	3217	4557	7158	1239	34.34
30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip	3806	5392	8468	1439	39.86
30420	Rhinoplasty, primary; including major septal repair	4639	6571	10320	1455	40.33
30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)	2540	3598	5651	1073	29.73
30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)	3215	4554	7152	1358	37.63
30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)	5270	7465	11724	1798	49.81
30460	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only	2867	4061	6379	862	23.88
30462	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum, osteotomies	5296	7503	11784	1658	45.93
30465	Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)	2798	3964	6226	1030	28.54
30520	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft	1956	2770	4351	665	18.44
30540	Repair choanal atresia; intranasal	2476	3508	5509	730	20.24
30545	Repair choanal atresia; transpalatine	2362	3346	5255	998	27.65
30560	Lysis intranasal synechia	567	803	1262	301	8.34
30580	Repair fistula; oromaxillary (combine with 31030 if antrotomy is included)	1666	2360	3706	643	17.81
30600	Repair fistula; oronasal	1791	2538	3986	609	16.87
30620	Septal or other intranasal dermatoplasty (does not include obtaining graft)	1559	2209	3469	659	18.25
30630	Repair nasal septal perforations	1931	2736	4297	666	18.45
30801	Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, electrocautery, radiofrequency ablation, or tissue volume reduction); superficial	507	719	1129	223	6.18

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
30802	Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, electrocautery, radiofrequency ablation, or tissue volume reduction); intramural (ie, submucosal)	693	982	1542	284	7.86
30901	Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method	266	376	591	148	4.09
30903	Control nasal hemorrhage, anterior, complex (extensive cautery and/or packing) any method	505	715	1123	234	6.49
30905	Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; initial	637	903	1418	348	9.64
30906	Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; subsequent	625	886	1392	362	10.04
30915	Ligation arteries; ethmoidal	1433	2030	3187	605	16.77
30920	Ligation arteries; internal maxillary artery, transantral	2078	2943	4623	878	24.32
30930	Fracture nasal inferior turbinate(s), therapeutic	403	570	896	122	3.37
30999	Unlisted procedure, nose	0	0	0	0	0.00

ACCESSORY SINUSES

31000	Lavage by cannulation; maxillary sinus (antrum puncture or natural ostium)	335	475	746	187	5.17
31002	Lavage by cannulation; sphenoid sinus	452	640	1006	195	5.39
31020	Sinusotomy, maxillary (antrotomy); intranasal	1008	1428	2242	488	13.52
31030	Sinusotomy, maxillary (antrotomy); radical (Caldwell-Luc) without removal of antrochoanal polyps	1868	2646	4156	666	18.46
31032	Sinusotomy, maxillary (antrotomy); radical (Caldwell-Luc) with removal of antrochoanal polyps	1781	2524	3964	597	16.53
31040	Pterygomaxillary fossa surgery, any approach	1919	2718	4269	811	22.46
31050	Sinusotomy, sphenoid, with or without biopsy;	1211	1716	2695	512	14.18
31051	Sinusotomy, sphenoid, with or without biopsy; with mucosal stripping or removal of polyp(s)	1623	2299	3611	686	19.00
31070	Sinusotomy frontal; external, simple (trephine operation)	1104	1564	2456	466	12.92

MEDICAL FEES 2020

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
31075	Sinusotomy frontal; transorbital, unilateral (for mucocele or osteoma, Lynch type)	1951	2764	4341	824	22.84
31080	Sinusotomy frontal; oblitative without osteoplastic flap, brow incision (includes ablation)	2571	3642	5719	1086	30.09
31081	Sinusotomy frontal; oblitative, without osteoplastic flap, coronal incision (includes ablation)	3003	4254	6681	1168	32.37
31084	Sinusotomy frontal; oblitative, with osteoplastic flap, brow incision	2864	4058	6373	1210	33.53
31085	Sinusotomy frontal; oblitative, with osteoplastic flap, coronal incision	3205	4540	7130	1250	34.63
31086	Sinusotomy frontal; nonoblitative, with osteoplastic flap, brow incision	2788	3950	6204	1178	32.64
31087	Sinusotomy frontal; nonoblitative, with osteoplastic flap, coronal incision	2671	3783	5942	1128	31.26
31090	Sinusotomy, unilateral, 3 or more paranasal sinuses (frontal, maxillary, ethmoid, sphenoid)	2243	3177	4990	1095	30.34
31200	Ethmoidectomy; intranasal, anterior	1243	1761	2765	615	17.05
31201	Ethmoidectomy; intranasal, total	1903	2696	4234	794	21.99
31205	Ethmoidectomy; extranasal, total	2775	3931	6174	951	26.34
31225	Maxillectomy; without orbital exenteration	5548	7859	12344	1882	52.16
31230	Maxillectomy; with orbital exenteration (en bloc)	4946	7006	11003	2089	57.89
31231	Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)	468	566	771	198	5.48
31233	Nasal/sinus endoscopy, diagnostic; with maxillary sinusoscopy (via inferior meatus or canine fossa puncture)	458	553	753	269	7.45
31235	Nasal/sinus endoscopy, diagnostic; with sphenoid sinusoscopy (via puncture of sphenoidal face or cannulation of ostium)	483	584	795	306	8.49
31237	Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)	702	849	1156	260	7.21
31238	Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage	729	882	1200	257	7.11

SURGERY – RESPIRATORY SYSTEM

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
31239	Nasal/sinus endoscopy, surgical; with dacryocystorhinostomy	2431	2940	4003	628	17.41
31240	Nasal/sinus endoscopy, surgical; with concha bullosa resection	614	743	1012	163	4.52
31241	Nasal/sinus endoscopy, surgical; with ligation of sphenopalatine artery	1229	1487	2024	461	12.77
31253	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including frontal sinus exploration, with removal of tissue from frontal sinus, when performed	3959	4789	6519	520	14.40
31254	Nasal/sinus endoscopy, surgical with ethmoidectomy; partial (anterior)	1569	1898	2584	433	11.99
31255	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior)	2149	2599	3538	336	9.31
31256	Nasal/sinus endoscopy, surgical, with maxillary antrostomy;	1621	1961	2669	187	5.17
31257	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy	2964	3586	4881	463	12.82
31259	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy, with removal of tissue from the sphenoid sinus	3508	4244	5777	490	13.57
31267	Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus	2147	2597	3535	275	7.61
31276	Nasal/sinus endoscopy, surgical, with frontal sinus exploration, including removal of tissue from frontal sinus, when performed	2169	2624	3572	392	10.86
31287	Nasal/sinus endoscopy, surgical, with sphenoidotomy;	1572	1901	2588	209	5.78
31288	Nasal/sinus endoscopy, surgical, with sphenoidotomy; with removal of tissue from the sphenoid sinus	1976	2391	3255	242	6.71
31290	Nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak; ethmoid region	3623	4383	5967	1180	32.71
31291	Nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak; sphenoid region	3887	4702	6401	1261	34.95

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
31292	Nasal/sinus endoscopy, surgical, with orbital decompression; medial or inferior wall	3061	3702	5040	1026	28.42
31293	Nasal/sinus endoscopy, surgical, with orbital decompression; medial and inferior wall	2677	3239	4409	1108	30.71
31294	Nasal/sinus endoscopy, surgical, with optic nerve decompression	3066	3709	5049	1269	35.17
31295	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); maxillary sinus ostium, transnasal or via canine fossa	4464	5400	7351	1932	53.54
31296	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal sinus ostium	5611	6787	9239	1959	54.27
31297	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); sphenoid sinus ostium	5286	6394	8704	1917	53.12
31298	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal and sphenoid sinus ostia	8823	10673	14529	3685	102.11
31299	Unlisted procedure, accessory sinuses	0	0	0	0	0.00

LARYNX

31300	Laryngotomy (thyrotomy, laryngofissure), with removal of tumor or laryngocele, cordectomy	3704	5038	6829	1304	36.13
31360	Laryngectomy; total, without radical neck dissection	6274	8533	11565	2138	59.23
31365	Laryngectomy; total, with radical neck dissection	6221	8461	11468	2645	73.29
31367	Laryngectomy; subtotal supraglottic, without radical neck dissection	6420	8732	11835	2260	62.62
31368	Laryngectomy; subtotal supraglottic, with radical neck dissection	7122	9686	13128	2507	69.46
31370	Partial laryngectomy (hemilaryngectomy); horizontal	6032	8204	11119	2123	58.83
31375	Partial laryngectomy (hemilaryngectomy); laterovertical	5725	7787	10554	2015	55.84
31380	Partial laryngectomy (hemilaryngectomy); anterovertical	5645	7678	10407	1987	55.06
31382	Partial laryngectomy (hemilaryngectomy); antero-latero-vertical	6192	8421	11414	2179	60.39

SURGERY – RESPIRATORY SYSTEM

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
31390	Pharyngolaryngectomy, with radical neck dissection; without reconstruction	8313	11306	15324	2926	81.08
31395	Pharyngolaryngectomy, with radical neck dissection; with reconstruction	8761	11916	16150	3084	85.45
31400	Arytenoidectomy or arytenoidopexy, external approach	2873	3907	5296	1011	28.02
31420	Epiglottidectomy	2408	3276	4440	848	23.49
31500	Intubation, endotracheal, emergency procedure	606	824	1116	149	4.14
31502	Tracheotomy tube change prior to establishment of fistula tract	127	173	234	36	1.01
31505	Laryngoscopy, indirect; diagnostic (separate procedure)	184	250	339	90	2.48
31510	Laryngoscopy, indirect; with biopsy	621	845	1145	219	6.06
31511	Laryngoscopy, indirect; with removal of foreign body	619	842	1142	218	6.04
31512	Laryngoscopy, indirect; with removal of lesion	614	835	1132	216	5.99
31513	Laryngoscopy, indirect; with vocal cord injection	385	524	710	134	3.72
31515	Laryngoscopy direct, with or without tracheoscopy; for aspiration	647	879	1192	213	5.90
31520	Laryngoscopy direct, with or without tracheoscopy; diagnostic, newborn	622	846	1147	160	4.44
31525	Laryngoscopy direct, with or without tracheoscopy; diagnostic, except newborn	557	757	1027	258	7.15
31526	Laryngoscopy direct, with or without tracheoscopy; diagnostic, with operating microscope or telescope	911	1239	1679	161	4.46
31527	Laryngoscopy direct, with or without tracheoscopy; with insertion of obturator	569	774	1049	200	5.55
31528	Laryngoscopy direct, with or without tracheoscopy; with dilation, initial	489	665	901	148	4.09
31529	Laryngoscopy direct, with or without tracheoscopy; with dilation, subsequent	634	862	1169	166	4.59
31530	Laryngoscopy, direct, operative, with foreign body removal;	702	955	1295	206	5.70
31531	Laryngoscopy, direct, operative, with foreign body removal; with operating microscope or telescope	820	1115	1511	218	6.04

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
31535	Laryngoscopy, direct, operative, with biopsy;	657	894	1211	195	5.39
31536	Laryngoscopy, direct, operative, with biopsy; with operating microscope or telescope	845	1149	1558	217	6.00
31540	Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis;	1053	1432	1941	249	6.89
31541	Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis; with operating microscope or telescope	1168	1589	2154	271	7.52
31545	Laryngoscopy, direct, operative, with operating microscope or telescope, with submucosal removal of non-neoplastic lesion(s) of vocal cord; reconstruction with local tissue flap(s)	1211	1647	2232	373	10.33
31546	Laryngoscopy, direct, operative, with operating microscope or telescope, with submucosal removal of non-neoplastic lesion(s) of vocal cord; reconstruction with graft(s) (includes obtaining autograft)	1610	2189	2967	567	15.70
31551	Laryngoplasty; for laryngeal stenosis, with graft, without indwelling stent placement, younger than 12 years of age	4469	6078	8239	1573	43.59
31552	Laryngoplasty; for laryngeal stenosis, with graft, without indwelling stent placement, age 12 years or older	4311	5864	7948	1518	42.05
31553	Laryngoplasty; for laryngeal stenosis, with graft, with indwelling stent placement, younger than 12 years of age	4907	6674	9046	1727	47.86
31554	Laryngoplasty; for laryngeal stenosis, with graft, with indwelling stent placement, age 12 years or older	4908	6675	9048	1728	47.87
31560	Laryngoscopy, direct, operative, with arytenoidectomy;	916	1245	1688	322	8.93
31561	Laryngoscopy, direct, operative, with arytenoidectomy; with operating microscope or telescope	1347	1832	2482	352	9.74
31570	Laryngoscopy, direct, with injection into vocal cord(s), therapeutic;	941	1280	1735	349	9.68
31571	Laryngoscopy, direct, with injection into vocal cord(s), therapeutic; with operating microscope or telescope	1049	1426	1933	256	7.10

SURGERY – RESPIRATORY SYSTEM

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
31572	Laryngoscopy, flexible; with ablation or destruction of lesion(s) with laser, unilateral	1118	1520	2060	533	14.76
31573	Laryngoscopy, flexible; with therapeutic injection(s) (eg, chemodenevation agent or corticosteroid, injected percutaneous, transoral, or via endoscope channel), unilateral	671	913	1237	282	7.82
31574	Laryngoscopy, flexible; with injection(s) for augmentation (eg, percutaneous, transoral), unilateral	2227	3028	4104	1030	28.53
31575	Laryngoscopy, flexible; diagnostic	293	399	541	126	3.49
31576	Laryngoscopy, flexible; with biopsy(ies)	578	787	1066	275	7.63
31577	Laryngoscopy, flexible; with removal of foreign body(s)	813	1106	1499	286	7.93
31578	Laryngoscopy, flexible; with removal of lesion(s), non-laser	882	1199	1625	310	8.60
31579	Laryngoscopy, flexible or rigid telescopic, with stroboscopy	527	717	972	197	5.46
31580	Laryngoplasty; for laryngeal web, with indwelling keel or stent insertion	3719	5058	6855	1309	36.27
31584	Laryngoplasty; with open reduction and fixation of (eg, plating) fracture, includes tracheostomy, if performed	4118	5600	7590	1449	40.16
31587	Laryngoplasty, cricoid split, without graft placement	3470	4719	6396	1221	33.84
31590	Laryngeal reinnervation by neuromuscular pedicle	2558	3479	4716	900	24.95
31591	Laryngoplasty, medialization, unilateral	3495	4754	6444	1110	30.76
31592	Cricotracheal resection	5032	6844	9276	1771	49.08
31599	Unlisted procedure, larynx	0	0	0	0	0.00

TRACHEA AND BRONCHI

31600	Tracheostomy, planned (separate procedure);	1107	1589	2193	321	8.89
31601	Tracheostomy, planned (separate procedure); younger than 2 years	1116	1602	2211	466	12.92
31603	Tracheostomy, emergency procedure; transtracheal	804	1155	1593	336	9.30

MEDICAL FEES 2020

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
31605	Tracheostomy, emergency procedure; cricothyroid membrane	835	1199	1654	350	9.70
31610	Tracheostomy, fenestration procedure with skin flaps	2139	3071	4238	985	27.28
31611	Construction of tracheoesophageal fistula and subsequent insertion of an alaryngeal speech prosthesis (eg, voice button, Blom-Singer prosthesis)	1659	2382	3287	546	15.12
31612	Tracheal puncture, percutaneous with transtracheal aspiration and/or injection	215	308	425	89	2.46
31613	Tracheostoma revision; simple, without flap rotation	1329	1908	2633	449	12.45
31614	Tracheostoma revision; complex, with flap rotation	2239	3213	4434	748	20.74
31615	Tracheobronchoscopy through established tracheostomy incision	484	694	958	176	4.88
31622	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)	676	970	1338	249	6.89
31623	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with brushing or protected brushings	551	790	1091	276	7.66
31624	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial alveolar lavage	604	867	1196	258	7.16
31625	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites	618	888	1225	354	9.80
31626	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of fiducial markers, single or multiple	944	1355	1870	860	23.82
31627	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with computer-assisted, image-guided navigation (List separately in addition to code for primary procedure[s])	2273	3263	4503	1310	36.31
31628	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe	780	1119	1545	375	10.40

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
31629	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i)	769	1104	1524	464	12.86
31630	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with tracheal/bronchial dilation or closed reduction of fracture	739	1060	1463	206	5.72
31631	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required)	770	1105	1525	237	6.56
31632	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), each additional lobe (List separately in addition to code for primary procedure)	229	329	453	66	1.82
31633	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), each additional lobe (List separately in addition to code for primary procedure)	177	255	351	82	2.26
31634	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, with assessment of air leak, with administration of occlusive substance (eg, fibrin glue), if performed	4270	6130	8459	1767	48.95
31635	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of foreign body	685	983	1357	292	8.09
31636	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of bronchial stent(s) (includes tracheal/bronchial dilation as required), initial bronchus	715	1026	1416	228	6.33
31637	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; each additional major bronchus stented (List separately in addition to code for primary procedure)	232	334	460	80	2.22
31638	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with revision of tracheal or bronchial stent inserted at previous session (includes tracheal/bronchial dilation as required)	888	1275	1759	259	7.17

MEDICAL FEES 2020

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
31640	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with excision of tumor	842	1209	1668	260	7.21
31641	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with destruction of tumor or relief of stenosis by any method other than excision (eg, laser therapy, cryotherapy)	882	1266	1746	266	7.37
31643	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of catheter(s) for intracavitary radioelement application	440	631	871	182	5.04
31645	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, initial	527	756	1044	271	7.52
31646	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, subsequent, same hospital stay	430	618	852	147	4.08
31647	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), initial lobe	577	829	1144	219	6.07
31648	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), initial lobe	559	803	1108	208	5.77
31649	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), each additional lobe (List separately in addition to code for primary procedure)	170	244	337	70	1.95
31651	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), each additional lobe (List separately in addition to code for primary procedure[s])	186	267	368	77	2.13
31652	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), one or two mediastinal and/or hilar lymph node stations or structures	1196	1716	2368	1128	31.26

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
31653	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), 3 or more mediastinal and/or hilar lymph node stations or structures	1253	1798	2482	1177	32.61
31654	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transendoscopic endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s) (List separately in addition to code for primary procedure[s])	221	318	438	126	3.48
31660	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 1 lobe	613	880	1214	202	5.61
31661	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 2 or more lobes	519	745	1028	215	5.95
31717	Catheterization with bronchial brush biopsy	677	972	1341	280	7.76
31720	Catheter aspiration (separate procedure); nasotracheal	117	168	232	57	1.59
31725	Catheter aspiration (separate procedure); tracheobronchial with fiberscope, bedside	268	385	532	82	2.27
31730	Transtracheal (percutaneous) introduction of needle wire dilator/stent or indwelling tube for oxygen therapy	1342	1926	2657	1221	33.84
31750	Tracheoplasty; cervical	4804	6896	9516	1412	39.13
31755	Tracheoplasty; tracheopharyngeal fistulization, each stage	4291	6160	8500	1775	49.19
31760	Tracheoplasty; intrathoracic	3458	4964	6850	1431	39.64
31766	Carinal reconstruction	4481	6433	8877	1854	51.37
31770	Bronchoplasty; graft repair	3353	4814	6642	1387	38.44
31775	Bronchoplasty; excision stenosis and anastomosis	3523	5057	6978	1457	40.38
31780	Excision tracheal stenosis and anastomosis; cervical	3308	4749	6553	1235	34.23
31781	Excision tracheal stenosis and anastomosis; cervicothoracic	3494	5015	6921	1445	40.05

MEDICAL FEES 2020

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
31785	Excision of tracheal tumor or carcinoma; cervical	2690	3861	5327	1113	30.83
31786	Excision of tracheal tumor or carcinoma; thoracic	3633	5216	7197	1503	41.65
31800	Suture of tracheal wound or injury; cervical	1776	2550	3518	735	20.36
31805	Suture of tracheal wound or injury; intrathoracic	2055	2950	4071	850	23.56
31820	Surgical closure tracheostomy or fistula; without plastic repair	1182	1696	2340	448	12.42
31825	Surgical closure tracheostomy or fistula; with plastic repair	1727	2479	3421	619	17.15
31830	Revision of tracheostomy scar	1157	1660	2291	479	13.26
31899	Unlisted procedure, trachea, bronchi	0	0	0	0	0.00

LUNGS AND PLEURA

32035	Thoracostomy; with rib resection for empyema	1457	2166	3631	758	21.00
32036	Thoracostomy; with open flap drainage for empyema	1561	2321	3890	812	22.50
32096	Thoracotomy, with diagnostic biopsy(ies) of lung infiltrate(s) (eg, wedge, incisional), unilateral	1885	2802	4697	835	23.15
32097	Thoracotomy, with diagnostic biopsy(ies) of lung nodule(s) or mass(es) (eg, wedge, incisional), unilateral	1874	2785	4668	836	23.17
32098	Thoracotomy, with biopsy(ies) of pleura	1901	2826	4737	793	21.96
32100	Thoracotomy; with exploration	2689	3996	6698	844	23.39
32110	Thoracotomy; with control of traumatic hemorrhage and/or repair of lung tear	4155	6176	10351	1530	42.40
32120	Thoracotomy; for postoperative complications	2669	3968	6650	909	25.20
32124	Thoracotomy; with open intrapleural pneumolysis	2467	3667	6146	965	26.75
32140	Thoracotomy; with cyst(s) removal, includes pleural procedure when performed	1984	2949	4943	1032	28.59
32141	Thoracotomy; with resection-plication of bullae, includes any pleural procedure when performed	3459	5142	8618	1589	44.04
32150	Thoracotomy; with removal of intrapleural foreign body or fibrin deposit	2761	4104	6878	1046	28.98

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
32151	Thoracotomy; with removal of intrapulmonary foreign body	2013	2993	5016	1047	29.01
32160	Thoracotomy; with cardiac massage	2420	3597	6029	829	22.97
32200	Pneumonostomy, with open drainage of abscess or cyst	2275	3383	5669	1183	32.79
32215	Pleural scarification for repeat pneumothorax	1597	2375	3980	831	23.02
32220	Decortication, pulmonary (separate procedure); total	3792	5637	9448	1657	45.90
32225	Decortication, pulmonary (separate procedure); partial	2641	3926	6581	1036	28.72
32310	Pleurectomy, parietal (separate procedure)	1828	2717	4554	951	26.34
32320	Decortication and parietal pleurectomy	4739	7045	11808	1666	46.15
32400	Biopsy, pleura, percutaneous needle	343	510	855	165	4.56
32405	Biopsy, lung or mediastinum, percutaneous needle	421	626	1049	409	11.32
32440	Removal of lung, pneumonectomy;	4586	6817	11425	1633	45.25
32442	Removal of lung, pneumonectomy; with resection of segment of trachea followed by broncho-tracheal anastomosis (sleeve pneumonectomy)	6150	9142	15322	3198	88.62
32445	Removal of lung, pneumonectomy; extrapleural	7098	10551	17684	3691	102.28
32480	Removal of lung, other than pneumonectomy; single lobe (lobectomy)	3910	5812	9741	1542	42.74
32482	Removal of lung, other than pneumonectomy; 2 lobes (bilobectomy)	4019	5975	10014	1653	45.81
32484	Removal of lung, other than pneumonectomy; single segment (segmentectomy)	4583	6812	11418	1495	41.43
32486	Removal of lung, other than pneumonectomy; with circumferential resection of segment of bronchus followed by broncho-bronchial anastomosis (sleeve lobectomy)	4725	7024	11772	2457	68.09
32488	Removal of lung, other than pneumonectomy; with all remaining lung following previous removal of a portion of lung (completion pneumonectomy)	4801	7137	11963	2497	69.19
32491	Removal of lung, other than pneumonectomy; with resection-plication of emphysematous lung(s) (bullous or non-bullous) for lung volume reduction, sternal split or transthoracic approach, includes any pleural procedure, when performed	2948	4382	7345	1533	42.48

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
32501	Resection and repair of portion of bronchus (bronchoplasty) when performed at time of lobectomy or segmentectomy (List separately in addition to code for primary procedure)	489	726	1217	254	7.04
32503	Resection of apical lung tumor (eg, Pancoast tumor), including chest wall resection, rib(s) resection(s), neurovascular dissection, when performed; without chest wall reconstruction(s)	3602	5355	8975	1873	51.91
32504	Resection of apical lung tumor (eg, Pancoast tumor), including chest wall resection, rib(s) resection(s), neurovascular dissection, when performed; with chest wall reconstruction	4105	6103	10228	2135	59.16
32505	Thoracotomy; with therapeutic wedge resection (eg, mass, nodule), initial	2505	3723	6241	971	26.90
32506	Thoracotomy; with therapeutic wedge resection (eg, mass or nodule), each additional resection, ipsilateral (List separately in addition to code for primary procedure)	575	855	1433	163	4.52
32507	Thoracotomy; with diagnostic wedge resection followed by anatomic lung resection (List separately in addition to code for primary procedure)	408	607	1017	163	4.52
32540	Extrapleural enucleation of empyema (empyemectomy)	3817	5674	9509	1808	50.10
32550	Insertion of indwelling tunneled pleural catheter with cuff	912	1356	2273	810	22.45
32551	Tube thoracostomy, includes connection to drainage system (eg, water seal), when performed, open (separate procedure)	575	854	1432	165	4.56
32552	Removal of indwelling tunneled pleural catheter with cuff	517	768	1288	191	5.28
32553	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-thoracic, single or multiple	698	1037	1738	545	15.10
32554	Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance	506	753	1261	228	6.33
32555	Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance	444	660	1105	319	8.85
32556	Pleural drainage, percutaneous, with insertion of indwelling catheter; without imaging guidance	931	1384	2319	688	19.05
32557	Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance	643	955	1601	633	17.55

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
32560	Instillation, via chest tube/catheter, agent for pleurodesis (eg, talc for recurrent or persistent pneumothorax)	399	592	993	266	7.38
32561	Instillation(s), via chest tube/catheter, agent for fibrinolysis (eg, fibrinolytic agent for break up of multiloculated effusion); initial day	226	336	563	96	2.66
32562	Instillation(s), via chest tube/catheter, agent for fibrinolysis (eg, fibrinolytic agent for break up of multiloculated effusion); subsequent day	197	293	490	87	2.40
32601	Thoracoscopy, diagnostic (separate procedure); lungs, pericardial sac, mediastinal or pleural space, without biopsy	968	1440	2413	322	8.93
32604	Thoracoscopy, diagnostic (separate procedure); pericardial sac, with biopsy	963	1431	2398	501	13.87
32606	Thoracoscopy, diagnostic (separate procedure); mediastinal space, with biopsy	1409	2095	3511	483	13.38
32607	Thoracoscopy; with diagnostic biopsy(ies) of lung infiltrate(s) (eg, wedge, incisional), unilateral	916	1362	2283	322	8.92
32608	Thoracoscopy; with diagnostic biopsy(ies) of lung nodule(s) or mass(es) (eg, wedge, incisional), unilateral	1071	1592	2668	396	10.96
32609	Thoracoscopy; with biopsy(ies) of pleura	806	1198	2008	268	7.43
32650	Thoracoscopy, surgical; with pleurodesis (eg, mechanical or chemical)	1912	2843	4764	693	19.21
32651	Thoracoscopy, surgical; with partial pulmonary decortication	3046	4528	7589	1142	31.63
32652	Thoracoscopy, surgical; with total pulmonary decortication, including intrapleural pneumonolysis	4144	6159	10324	1732	48.00
32653	Thoracoscopy, surgical; with removal of intrapleural foreign body or fibrin deposit	3104	4614	7734	1107	30.67
32654	Thoracoscopy, surgical; with control of traumatic hemorrhage	3501	5205	8724	1211	33.56
32655	Thoracoscopy, surgical; with resection-plication of bullae, includes any pleural procedure when performed	2755	4096	6865	996	27.59
32656	Thoracoscopy, surgical; with parietal pleurectomy	2488	3698	6198	835	23.15
32658	Thoracoscopy, surgical; with removal of clot or foreign body from pericardial sac	1430	2125	3562	743	20.60

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
32659	Thoracoscopy, surgical; with creation of pericardial window or partial resection of pericardial sac for drainage	2361	3510	5883	762	21.11
32661	Thoracoscopy, surgical; with excision of pericardial cyst, tumor, or mass	1598	2376	3982	831	23.03
32662	Thoracoscopy, surgical; with excision of mediastinal cyst, tumor, or mass	2944	4377	7336	929	25.75
32663	Thoracoscopy, surgical; with lobectomy (single lobe)	4136	6148	10304	1459	40.43
32664	Thoracoscopy, surgical; with thoracic sympathectomy	1697	2523	4229	883	24.46
32665	Thoracoscopy, surgical; with esophagomyotomy (Heller type)	2470	3671	6153	1284	35.59
32666	Thoracoscopy, surgical; with therapeutic wedge resection (eg, mass, nodule), initial unilateral	2676	3978	6667	905	25.08
32667	Thoracoscopy, surgical; with therapeutic wedge resection (eg, mass or nodule), each additional resection, ipsilateral (List separately in addition to code for primary procedure)	496	737	1235	163	4.53
32668	Thoracoscopy, surgical; with diagnostic wedge resection followed by anatomic lung resection (List separately in addition to code for primary procedure)	462	686	1150	163	4.53
32669	Thoracoscopy, surgical; with removal of a single lung segment (segmentectomy)	4283	6367	10671	1401	38.83
32670	Thoracoscopy, surgical; with removal of two lobes (bilobectomy)	3756	5583	9358	1673	46.37
32671	Thoracoscopy, surgical; with removal of lung (pneumonectomy)	3563	5296	8876	1853	51.34
32672	Thoracoscopy, surgical; with resection-plication for emphysematous lung (bullous or non-bullous) for lung volume reduction (LVRS), unilateral includes any pleural procedure, when performed	3055	4541	7611	1589	44.02
32673	Thoracoscopy, surgical; with resection of thymus, unilateral or bilateral	3779	5617	9415	1269	35.17
32674	Thoracoscopy, surgical; with mediastinal and regional lymphadenectomy (List separately in addition to code for primary procedure)	645	959	1608	225	6.23
32701	Thoracic target(s) delineation for stereotactic body radiation therapy (SRS/SBRT), (photon or particle beam), entire course of therapy	508	755	1265	223	6.19
32800	Repair lung hernia through chest wall	1893	2814	4717	985	27.28

SURGERY – RESPIRATORY SYSTEM

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
32810	Closure of chest wall following open flap drainage for empyema (Clagett type procedure)	1803	2680	4492	938	25.98
32815	Open closure of major bronchial fistula	6578	9778	16388	2920	80.91
32820	Major reconstruction, chest wall (posttraumatic)	2664	3960	6637	1385	38.39
32850	Donor pneumonectomy(s) (including cold preservation), from cadaver donor	0	0	0	0	0.00
32851	Lung transplant, single; without cardiopulmonary bypass	6582	9784	16399	3423	94.85
32852	Lung transplant, single; with cardiopulmonary bypass	7151	10629	17815	3719	103.04
32853	Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary bypass	10256	15246	25553	4798	132.95
32854	Lung transplant, double (bilateral sequential or en bloc); with cardiopulmonary bypass	12532	18629	31223	5096	141.20
32855	Backbench standard preparation of cadaver donor lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare pulmonary venous/atrial cuff, pulmonary artery, and bronchus; unilateral	561	834	1397	0	0.00
32856	Backbench standard preparation of cadaver donor lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare pulmonary venous/atrial cuff, pulmonary artery, and bronchus; bilateral	888	1320	2213	0	0.00
32900	Resection of ribs, extrapleural, all stages	4216	6267	10505	1481	41.04
32905	Thoracoplasty, Schede type or extrapleural (all stages);	2676	3978	6667	1392	38.56
32906	Thoracoplasty, Schede type or extrapleural (all stages); with closure of bronchopleural fistula	3307	4916	8240	1720	47.66
32940	Pneumonolysis, extraperiosteal, including filling or packing procedures	2471	3673	6157	1285	35.61
32960	Pneumothorax, therapeutic, intrapleural injection of air	251	372	624	130	3.61
32994	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, including imaging guidance when performed, unilateral; cryoablation	10810	16069	26932	5622	155.77
32997	Total lung lavage (unilateral)	683	1015	1701	355	9.84

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
32998	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, including imaging guidance when performed, unilateral; radiofrequency	4344	6457	10822	3593	99.57
32999	Unlisted procedure, lungs and pleura	0	0	0	0	0.00

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
33016	Pericardiocentesis, including imaging guidance, when performed	656	868	1234	247	6.85
33017	Pericardial drainage with insertion of indwelling catheter, percutaneous, including fluoroscopy and/or ultrasound guidance, when performed; 6 years and older without congenital cardiac anomaly	680	900	1279	256	7.10
33018	Pericardial drainage with insertion of indwelling catheter, percutaneous, including fluoroscopy and/or ultrasound guidance, when performed; birth through 5 years of age or any age with congenital cardiac anomaly	774	1025	1457	292	8.09
33019	Pericardial drainage with insertion of indwelling catheter, percutaneous, including CT guidance	629	833	1183	237	6.57
33020	Pericardiotomy for removal of clot or foreign body (primary procedure)	2472	3272	4649	862	23.89
33025	Creation of pericardial window or partial resection for drainage	2413	3194	4539	803	22.26
33030	Pericardiectomy, subtotal or complete; without cardiopulmonary bypass	5142	6807	9672	2089	57.87
33031	Pericardiectomy, subtotal or complete; with cardiopulmonary bypass	7408	9806	13933	2588	71.70
33050	Resection of pericardial cyst or tumor	2777	3676	5224	1047	29.01
33120	Excision of intracardiac tumor, resection with cardiopulmonary bypass	5264	6969	9902	2190	60.68
33130	Resection of external cardiac tumor	3785	5011	7120	1427	39.54
33140	Transmyocardial laser revascularization, by thoracotomy; (separate procedure)	4321	5721	8129	1629	45.14
33141	Transmyocardial laser revascularization, by thoracotomy; performed at the time of other open cardiac procedure(s) (List separately in addition to code for primary procedure)	404	535	761	138	3.82
33202	Insertion of epicardial electrode(s); open incision (eg, thoracotomy, median sternotomy, subxiphoid approach)	2524	3341	4747	804	22.28

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
33203	Insertion of epicardial electrode(s); endoscopic approach (eg, thoracoscopy, pericardioscopy)	2233	2955	4199	842	23.32
33206	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial	1451	1921	2730	476	13.18
33207	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular	1380	1826	2595	502	13.92
33208	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular	1534	2031	2885	546	15.13
33210	Insertion or replacement of temporary transvenous single chamber cardiac electrode or pacemaker catheter (separate procedure)	519	687	976	171	4.74
33211	Insertion or replacement of temporary transvenous dual chamber pacing electrodes (separate procedure)	490	648	921	177	4.90
33212	Insertion of pacemaker pulse generator only; with existing single lead	904	1196	1700	336	9.32
33213	Insertion of pacemaker pulse generator only; with existing dual leads	1014	1342	1907	351	9.73
33214	Upgrade of implanted pacemaker system, conversion of single chamber system to dual chamber system (includes removal of previously placed pulse generator, testing of existing lead, insertion of new lead, insertion of new pulse generator)	1298	1719	2442	501	13.89
33215	Repositioning of previously implanted transvenous pacemaker or implantable defibrillator (right atrial or right ventricular) electrode	793	1050	1492	325	9.01
33216	Insertion of a single transvenous electrode, permanent pacemaker or implantable defibrillator	1056	1398	1986	389	10.79
33217	Insertion of 2 transvenous electrodes, permanent pacemaker or implantable defibrillator	927	1227	1744	384	10.63
33218	Repair of single transvenous electrode, permanent pacemaker or implantable defibrillator	1042	1379	1960	404	11.20
33220	Repair of 2 transvenous electrodes for permanent pacemaker or implantable defibrillator	1044	1383	1965	394	10.91

SURGERY – CARDIOVASCULAR SYSTEM

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
33221	Insertion of pacemaker pulse generator only; with existing multiple leads	953	1261	1792	379	10.49
33222	Relocation of skin pocket for pacemaker	859	1137	1616	355	9.84
33223	Relocation of skin pocket for implantable defibrillator	1020	1350	1919	429	11.88
33224	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, with attachment to previously placed pacemaker or implantable defibrillator pulse generator (including revision of pocket, removal, insertion, and/or replacement of existing generator)	1304	1726	2452	541	14.98
33225	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (eg, for upgrade to dual chamber system) (List separately in addition to code for primary procedure)	1202	1591	2261	493	13.65
33226	Repositioning of previously implanted cardiac venous system (left ventricular) electrode (including removal, insertion and/or replacement of existing generator)	1271	1682	2390	520	14.40
33227	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; single lead system	874	1157	1645	354	9.82
33228	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system	913	1208	1717	371	10.28
33229	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system	958	1268	1802	392	10.87
33230	Insertion of implantable defibrillator pulse generator only; with existing dual leads	1147	1519	2158	400	11.09
33231	Insertion of implantable defibrillator pulse generator only; with existing multiple leads	1116	1478	2100	421	11.66
33233	Removal of permanent pacemaker pulse generator only	656	868	1233	241	6.68
33234	Removal of transvenous pacemaker electrode(s); single lead system, atrial or ventricular	1277	1691	2402	509	14.09
33235	Removal of transvenous pacemaker electrode(s); dual lead system	1748	2313	3287	668	18.50

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
33236	Removal of permanent epicardial pacemaker and electrodes by thoracotomy; single lead system, atrial or ventricular	2159	2858	4061	814	22.55
33237	Removal of permanent epicardial pacemaker and electrodes by thoracotomy; dual lead system	2316	3066	4356	873	24.19
33238	Removal of permanent transvenous electrode(s) by thoracotomy	2600	3442	4891	980	27.16
33240	Insertion of implantable defibrillator pulse generator only; with existing single lead	1253	1658	2356	382	10.59
33241	Removal of implantable defibrillator pulse generator only	690	914	1298	224	6.20
33243	Removal of single or dual chamber implantable defibrillator electrode(s); by thoracotomy	4889	6472	9196	1430	39.63
33244	Removal of single or dual chamber implantable defibrillator electrode(s); by transvenous extraction	2519	3334	4737	906	25.11
33249	Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber	2596	3437	4884	961	26.62
33250	Operative ablation of supraventricular arrhythmogenic focus or pathway (eg, Wolff-Parkinson-White, atrioventricular node re-entry), tract(s) and/or focus (foci); without cardiopulmonary bypass	4032	5338	7585	1520	42.12
33251	Operative ablation of supraventricular arrhythmogenic focus or pathway (eg, Wolff-Parkinson-White, atrioventricular node re-entry), tract(s) and/or focus (foci); with cardiopulmonary bypass	4506	5965	8476	1699	47.07
33254	Operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure)	3742	4954	7039	1411	39.09
33255	Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); without cardiopulmonary bypass	4507	5966	8478	1699	47.08
33256	Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); with cardiopulmonary bypass	5369	7107	10099	2024	56.08
33257	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), limited (eg, modified maze procedure) (List separately in addition to code for primary procedure)	1575	2084	2962	606	16.80

SURGERY – CARDIOVASCULAR SYSTEM

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
33258	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), without cardiopulmonary bypass (List separately in addition to code for primary procedure)	1798	2380	3382	678	18.78
33259	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), with cardiopulmonary bypass (List separately in addition to code for primary procedure)	2403	3181	4520	880	24.38
33261	Operative ablation of ventricular arrhythmogenic focus with cardiopulmonary bypass	4466	5912	8400	1684	46.65
33262	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; single lead system	1020	1351	1919	391	10.83
33263	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; dual lead system	1015	1344	1910	406	11.26
33264	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; multiple lead system	1035	1370	1947	425	11.77
33265	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure), without cardiopulmonary bypass	3625	4799	6819	1418	39.30
33266	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure), without cardiopulmonary bypass	5007	6628	9419	1928	53.43
33270	Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters, when performed	1699	2249	3195	593	16.43
33271	Insertion of subcutaneous implantable defibrillator electrode	1261	1669	2372	475	13.17
33272	Removal of subcutaneous implantable defibrillator electrode	1105	1463	2078	363	10.07

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
33273	Repositioning of previously implanted subcutaneous implantable defibrillator electrode	1110	1469	2087	418	11.59
33274	Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed	1260	1668	2370	510	14.12
33275	Transcatheter removal of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography), when performed	1479	1958	2782	558	15.45
33285	Insertion, subcutaneous cardiac rhythm monitor, including programming	10753	14235	20227	5159	142.96
33286	Removal, subcutaneous cardiac rhythm monitor	280	370	526	138	3.81
33289	Transcatheter implantation of wireless pulmonary artery pressure sensor for long-term hemodynamic monitoring, including deployment and calibration of the sensor, right heart catheterization, selective pulmonary catheterization, radiological supervision and interpretation, and pulmonary artery angiography, when performed	865	1145	1627	345	9.55
33300	Repair of cardiac wound; without bypass	6507	8614	12240	2565	71.06
33305	Repair of cardiac wound; with cardiopulmonary bypass	9089	12031	17096	4293	118.96
33310	Cardiotomy, exploratory (includes removal of foreign body, atrial or ventricular thrombus); without bypass	3235	4282	6085	1219	33.79
33315	Cardiotomy, exploratory (includes removal of foreign body, atrial or ventricular thrombus); with cardiopulmonary bypass	4922	6516	9259	2000	55.41
33320	Suture repair of aorta or great vessels; without shunt or cardiopulmonary bypass	2915	3859	5483	1099	30.45
33321	Suture repair of aorta or great vessels; with shunt bypass	3288	4352	6184	1239	34.34
33322	Suture repair of aorta or great vessels; with cardiopulmonary bypass	3849	5096	7241	1451	40.21
33330	Insertion of graft, aorta or great vessels; without shunt, or cardiopulmonary bypass	3945	5223	7421	1487	41.21

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
33335	Insertion of graft, aorta or great vessels; with cardiopulmonary bypass	5183	6861	9749	1954	54.14
33340	Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transseptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, when performed, and radiological supervision and interpretation	2071	2742	3896	828	22.93
33361	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach	3479	4606	6544	1269	35.16
33362	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach	3845	5090	7233	1383	38.31
33363	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach	3983	5272	7491	1433	39.72
33364	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach	4116	5449	7743	1434	39.73
33365	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (eg, median sternotomy, mediastinotomy)	4624	6121	8698	1515	41.98
33366	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transapical exposure (eg, left thoracotomy)	4999	6617	9403	1650	45.72
33367	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with percutaneous peripheral arterial and venous cannulation (eg, femoral vessels) (List separately in addition to code for primary procedure)	1751	2318	3294	660	18.29
33368	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with open peripheral arterial and venous cannulation (eg, femoral, iliac, axillary vessels) (List separately in addition to code for primary procedure)	2065	2734	3884	778	21.57
33369	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with central arterial and venous cannulation (eg, aorta, right	2726	3608	5127	1027	28.47

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
	atrium, pulmonary artery) (List separately in addition to code for primary procedure)					
33390	Valvuloplasty, aortic valve, open, with cardiopulmonary bypass; simple (ie, valvotomy, debridement, debulking, and/or simple commissural resuspension)	6052	8293	11838	2018	55.91
33391	Valvuloplasty, aortic valve, open, with cardiopulmonary bypass; complex (eg, leaflet extension, leaflet resection, leaflet reconstruction, or annuloplasty)	7268	9960	14218	2398	66.44
33404	Construction of apical-aortic conduit	4977	6820	9735	1827	50.62
33405	Replacement, aortic valve, open, with cardiopulmonary bypass; with prosthetic valve other than homograft or stentless valve	6215	8517	12157	2373	65.76
33406	Replacement, aortic valve, open, with cardiopulmonary bypass; with allograft valve (freehand)	8205	11245	16051	3012	83.46
33410	Replacement, aortic valve, open, with cardiopulmonary bypass; with stentless tissue valve	6746	9245	13196	2659	73.69
33411	Replacement, aortic valve; with aortic annulus enlargement, noncoronary sinus	9199	12606	17994	3515	97.40
33412	Replacement, aortic valve; with transventricular aortic annulus enlargement (Konno procedure)	8993	12324	17591	3301	91.47
33413	Replacement, aortic valve; by translocation of autologous pulmonary valve with allograft replacement of pulmonary valve (Ross procedure)	9204	12613	18005	3379	93.62
33414	Repair of left ventricular outflow tract obstruction by patch enlargement of the outflow tract	6119	8386	11970	2246	62.24
33415	Resection or incision of subvalvular tissue for discrete subvalvular aortic stenosis	7814	10709	15286	2123	58.83
33416	Ventriculomyotomy (-myectomy) for idiopathic hypertrophic subaortic stenosis (eg, asymmetric septal hypertrophy)	7292	9993	14264	2113	58.54
33417	Aortoplasty (gusset) for supraaortic stenosis	4742	6498	9276	1741	48.23
33418	Transcatheter mitral valve repair, percutaneous approach, including transeptal puncture when performed; initial prosthesis	4750	6510	9292	1882	52.16

SURGERY – CARDIOVASCULAR SYSTEM

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
33419	Transcatheter mitral valve repair, percutaneous approach, including transeptal puncture when performed; additional prosthesis(es) during same session (List separately in addition to code for primary procedure)	1216	1667	2379	445	12.32
33420	Valvotomy, mitral valve; closed heart	4126	5655	8072	1515	41.97
33422	Valvotomy, mitral valve; open heart, with cardiopulmonary bypass	4736	6490	9264	1738	48.17
33425	Valvuloplasty, mitral valve, with cardiopulmonary bypass;	8788	12044	17192	2857	79.16
33426	Valvuloplasty, mitral valve, with cardiopulmonary bypass; with prosthetic ring	6626	9080	12962	2490	69.00
33427	Valvuloplasty, mitral valve, with cardiopulmonary bypass; radical reconstruction, with or without ring	7292	9993	14264	2554	70.77
33430	Replacement, mitral valve, with cardiopulmonary bypass	7597	10412	14862	2929	81.15
33440	Replacement, aortic valve; by translocation of autologous pulmonary valve and transventricular aortic annulus enlargement of the left ventricular outflow tract with valved conduit replacement of pulmonary valve (Ross-Konno procedure)	9776	13398	19124	3589	99.44
33460	Valvectomy, tricuspid valve, with cardiopulmonary bypass	6851	9389	13403	2515	69.69
33463	Valvuloplasty, tricuspid valve; without ring insertion	8751	11992	17119	3229	89.47
33464	Valvuloplasty, tricuspid valve; with ring insertion	7356	10081	14389	2552	70.72
33465	Replacement, tricuspid valve, with cardiopulmonary bypass	7855	10765	15366	2883	79.89
33468	Tricuspid valve repositioning and plication for Ebstein anomaly	6984	9571	13662	2564	71.04
33470	Valvotomy, pulmonary valve, closed heart; transventricular	3521	4825	6887	1292	35.81
33471	Valvotomy, pulmonary valve, closed heart; via pulmonary artery	3764	5159	7364	1382	38.29
33474	Valvotomy, pulmonary valve, open heart, with cardiopulmonary bypass	6201	8497	12130	2276	63.07

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
33475	Replacement, pulmonary valve	9771	13390	19114	2438	67.56
33476	Right ventricular resection for infundibular stenosis, with or without commissurotomy	4328	5931	8466	1589	44.02
33477	Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed	7053	9666	13797	1423	39.42
33478	Outflow tract augmentation (gusset), with or without commissurotomy or infundibular resection	4472	6129	8749	1642	45.49
33496	Repair of non-structural prosthetic valve dysfunction with cardiopulmonary bypass (separate procedure)	4738	6493	9268	1739	48.19
33500	Repair of coronary arteriovenous or arteriocardiac chamber fistula; with cardiopulmonary bypass	4563	6277	8684	1631	45.20
33501	Repair of coronary arteriovenous or arteriocardiac chamber fistula; without cardiopulmonary bypass	3259	4483	6202	1165	32.28
33502	Repair of anomalous coronary artery from pulmonary artery origin; by ligation	3725	5125	7089	1332	36.90
33503	Repair of anomalous coronary artery from pulmonary artery origin; by graft, without cardiopulmonary bypass	3870	5323	7364	1383	38.33
33504	Repair of anomalous coronary artery from pulmonary artery origin; by graft, with cardiopulmonary bypass	4279	5886	8142	1529	42.38
33505	Repair of anomalous coronary artery from pulmonary artery origin; with construction of intrapulmonary artery tunnel (Takeuchi procedure)	6037	8305	11489	2158	59.80
33506	Repair of anomalous coronary artery from pulmonary artery origin; by translocation from pulmonary artery to aorta	6008	8265	11433	2148	59.51
33507	Repair of anomalous (eg, intramural) aortic origin of coronary artery by unroofing or translocation	5460	7510	10389	1801	49.89
33508	Endoscopy, surgical, including video-assisted harvest of vein(s) for coronary artery bypass procedure (List separately in addition to code for primary procedure)	48	65	91	17	0.48

SURGERY – CARDIOVASCULAR SYSTEM

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
33510	Coronary artery bypass, vein only; single coronary venous graft	5297	7286	10079	2022	56.04
33511	Coronary artery bypass, vein only; 2 coronary venous grafts	5442	7486	10356	2220	61.51
33512	Coronary artery bypass, vein only; 3 coronary venous grafts	6206	8537	11810	2528	70.06
33513	Coronary artery bypass, vein only; 4 coronary venous grafts	6699	9215	12748	2595	71.91
33514	Coronary artery bypass, vein only; 5 coronary venous grafts	7639	10509	14538	2731	75.67
33516	Coronary artery bypass, vein only; 6 or more coronary venous grafts	7916	10889	15064	2830	78.41
33517	Coronary artery bypass, using venous graft(s) and arterial graft(s); single vein graft (List separately in addition to code for primary procedure)	512	705	975	196	5.44
33518	Coronary artery bypass, using venous graft(s) and arterial graft(s); 2 venous grafts (List separately in addition to code for primary procedure)	1059	1456	2014	431	11.95
33519	Coronary artery bypass, using venous graft(s) and arterial graft(s); 3 venous grafts (List separately in addition to code for primary procedure)	1417	1949	2697	570	15.80
33521	Coronary artery bypass, using venous graft(s) and arterial graft(s); 4 venous grafts (List separately in addition to code for primary procedure)	1799	2474	3423	685	18.97
33522	Coronary artery bypass, using venous graft(s) and arterial graft(s); 5 venous grafts (List separately in addition to code for primary procedure)	2045	2814	3892	767	21.26
33523	Coronary artery bypass, using venous graft(s) and arterial graft(s); 6 or more venous grafts (List separately in addition to code for primary procedure)	2439	3355	4642	872	24.16
33530	Reoperation, coronary artery bypass procedure or valve procedure, more than 1 month after original operation (List separately in addition to code for primary procedure)	1545	2126	2940	551	15.26
33533	Coronary artery bypass, using arterial graft(s); single arterial graft	5219	7180	9932	1956	54.19

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
33534	Coronary artery bypass, using arterial graft(s); 2 coronary arterial grafts	6341	8722	12066	2298	63.68
33535	Coronary artery bypass, using arterial graft(s); 3 coronary arterial grafts	7135	9815	13578	2563	71.02
33536	Coronary artery bypass, using arterial graft(s); 4 or more coronary arterial grafts	8218	11304	15638	2762	76.53
33542	Myocardial resection (eg, ventricular aneurysmectomy)	7570	10414	14406	2748	76.15
33545	Repair of postinfarction ventricular septal defect, with or without myocardial resection	8994	12373	17116	3215	89.09
33548	Surgical ventricular restoration procedure, includes prosthetic patch, when performed (eg, ventricular remodeling, SVR, SAVER, Dor procedures)	8662	11916	16484	3096	85.80
33572	Coronary endarterectomy, open, any method, of left anterior descending, circumflex, or right coronary artery performed in conjunction with coronary artery bypass graft procedure, each vessel (List separately in addition to primary procedure)	674	927	1282	241	6.68
33600	Closure of atrioventricular valve (mitral or tricuspid) by suture or patch	5018	6902	9548	1794	49.70
33602	Closure of semilunar valve (aortic or pulmonary) by suture or patch	4871	6701	9270	1741	48.25
33606	Anastomosis of pulmonary artery to aorta (Damus-Kaye-Stansel procedure)	5194	7145	9885	1857	51.45
33608	Repair of complex cardiac anomaly other than pulmonary atresia with ventricular septal defect by construction or replacement of conduit from right or left ventricle to pulmonary artery	9803	13486	18656	1880	52.10
33610	Repair of complex cardiac anomalies (eg, single ventricle with subaortic obstruction) by surgical enlargement of ventricular septal defect	5185	7133	9867	1854	51.36
33611	Repair of double outlet right ventricle with intraventricular tunnel repair;	5705	7848	10857	2039	56.51
33612	Repair of double outlet right ventricle with intraventricular tunnel repair; with repair of right ventricular outflow tract obstruction	5857	8056	11145	2094	58.01
33615	Repair of complex cardiac anomalies (eg, tricuspid atresia) by closure of atrial septal defect and anastomosis of atria or vena cava to pulmonary artery (simple Fontan procedure)	5836	8028	11106	2086	57.81

SURGERY – CARDIOVASCULAR SYSTEM

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
33617	Repair of complex cardiac anomalies (eg, single ventricle) by modified Fontan procedure	11451	15752	21791	2261	62.65
33619	Repair of single ventricle with aortic outflow obstruction and aortic arch hypoplasia (hypoplastic left heart syndrome) (eg, Norwood procedure)	14549	20014	27687	2861	79.28
33620	Application of right and left pulmonary artery bands (eg, hybrid approach stage 1)	5539	7620	10541	1724	47.77
33621	Transthoracic insertion of catheter for stent placement with catheter removal and closure (eg, hybrid approach stage 1)	2717	3737	5170	971	26.91
33622	Reconstruction of complex cardiac anomaly (eg, single ventricle or hypoplastic left heart) with palliation of single ventricle with aortic outflow obstruction and aortic arch hypoplasia, creation of cavopulmonary anastomosis, and removal of right and left pulmonary bands (eg, hybrid approach stage 2, Norwood, bidirectional Glenn, pulmonary artery debanding)	10058	13836	19141	3596	99.63
33641	Repair atrial septal defect, secundum, with cardiopulmonary bypass, with or without patch	5516	7588	10497	1713	47.46
33645	Direct or patch closure, sinus venosus, with or without anomalous pulmonary venous drainage	7256	9982	13808	1809	50.13
33647	Repair of atrial septal defect and ventricular septal defect, with direct or patch closure	9619	13232	18305	1899	52.62
33660	Repair of incomplete or partial atrioventricular canal (ostium primum atrial septal defect), with or without atrioventricular valve repair	5136	7065	9773	1836	50.87
33665	Repair of intermediate or transitional atrioventricular canal, with or without atrioventricular valve repair	5595	7697	10647	2000	55.42
33670	Repair of complete atrioventricular canal, with or without prosthetic valve	10914	15014	20769	2064	57.18
33675	Closure of multiple ventricular septal defects;	5765	7930	10970	2061	57.10
33676	Closure of multiple ventricular septal defects; with pulmonary valvotomy or infundibular resection (acyanotic)	5916	8138	11258	2115	58.60
33677	Closure of multiple ventricular septal defects; with removal of pulmonary artery band, with or without gusset	6148	8458	11700	2198	60.90

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
33681	Closure of single ventricular septal defect, with or without patch;	7628	10493	14515	1922	53.27
33684	Closure of single ventricular septal defect, with or without patch; with pulmonary valvotomy or infundibular resection (acyanotic)	5522	7597	10509	1974	54.70
33688	Closure of single ventricular septal defect, with or without patch; with removal of pulmonary artery band, with or without gusset	5512	7583	10490	1970	54.60
33690	Banding of pulmonary artery	5786	7959	11011	1252	34.69
33692	Complete repair tetralogy of Fallot without pulmonary atresia;	5723	7873	10891	2046	56.69
33694	Complete repair tetralogy of Fallot without pulmonary atresia; with transannular patch	10466	14397	19917	2039	56.51
33697	Complete repair tetralogy of Fallot with pulmonary atresia including construction of conduit from right ventricle to pulmonary artery and closure of ventricular septal defect	6010	8267	11437	2148	59.53
33702	Repair sinus of Valsalva fistula, with cardiopulmonary bypass;	4517	6213	8595	1615	44.74
33710	Repair sinus of Valsalva fistula, with cardiopulmonary bypass; with repair of ventricular septal defect	5997	8249	11412	2144	59.40
33720	Repair sinus of Valsalva aneurysm, with cardiopulmonary bypass	4520	6218	8601	1616	44.77
33722	Closure of aortico-left ventricular tunnel	4756	6542	9051	1700	47.11
33724	Repair of isolated partial anomalous pulmonary venous return (eg, Scimitar Syndrome)	4497	6186	8557	1607	44.54
33726	Repair of pulmonary venous stenosis	5942	8174	11308	2124	58.86
33730	Complete repair of anomalous pulmonary venous return (supracardiac, intracardiac, or infracardiac types)	6020	8282	11457	2095	58.06
33732	Repair of cor triatriatum or supra-ventricular mitral ring by resection of left atrial membrane	4815	6623	9162	1721	47.69
33735	Atrial septectomy or septostomy; closed heart (Blalock-Hanlon type operation)	3782	5202	7197	1352	37.46
33736	Atrial septectomy or septostomy; open heart with cardiopulmonary bypass	6490	8927	12350	1468	40.67
33737	Atrial septectomy or septostomy; open heart, with inflow occlusion	3789	5212	7210	1354	37.53

SURGERY – CARDIOVASCULAR SYSTEM

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
33750	Shunt; subclavian to pulmonary artery (Blalock-Taussig type operation)	6519	8968	12406	1319	36.55
33755	Shunt; ascending aorta to pulmonary artery (Waterston type operation)	3843	5287	7314	1374	38.07
33762	Shunt; descending aorta to pulmonary artery (Potts-Smith type operation)	3748	5155	7131	1340	37.12
33764	Shunt; central, with prosthetic graft	3843	5287	7314	1374	38.07
33766	Shunt; superior vena cava to pulmonary artery for flow to 1 lung (classical Glenn procedure)	3898	5362	7418	1393	38.61
33767	Shunt; superior vena cava to pulmonary artery for flow to both lungs (bidirectional Glenn procedure)	7574	10418	14412	1486	41.17
33768	Anastomosis, cavopulmonary, second superior vena cava (List separately in addition to primary procedure)	1220	1678	2321	436	12.08
33770	Repair of transposition of the great arteries with ventricular septal defect and subpulmonary stenosis; without surgical enlargement of ventricular septal defect	6195	8521	11788	2214	61.36
33771	Repair of transposition of the great arteries with ventricular septal defect and subpulmonary stenosis; with surgical enlargement of ventricular septal defect	6376	8771	12134	2279	63.16
33774	Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass;	5256	7230	10002	1879	52.06
33775	Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; with removal of pulmonary band	5415	7449	10305	1936	53.64
33776	Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; with closure of ventricular septal defect	5725	7876	10895	2047	56.71
33777	Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; with repair of subpulmonic obstruction	5532	7610	10528	1978	54.80
33778	Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type);	7143	9826	13593	2456	68.06

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
33779	Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with removal of pulmonary band	6806	9362	12951	2433	67.41
33780	Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with closure of ventricular septal defect	6929	9531	13185	2477	68.63
33781	Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with repair of subpulmonic obstruction	6770	9313	12884	2420	67.06
33782	Aortic root translocation with ventricular septal defect and pulmonary stenosis repair (ie, Nikaidoh procedure); without coronary ostium reimplantation	9456	13007	17994	3380	93.66
33783	Aortic root translocation with ventricular septal defect and pulmonary stenosis repair (ie, Nikaidoh procedure); with reimplantation of 1 or both coronary ostia	10225	14065	19458	3655	101.28
33786	Total repair, truncus arteriosus (Rastelli type operation)	6663	9166	12680	2382	66.00
33788	Reimplantation of an anomalous pulmonary artery	4482	6165	8528	1602	44.39
33800	Aortic suspension (aortopexy) for tracheal decompression (eg, for tracheomalacia) (separate procedure)	2882	3965	5485	1030	28.55
33802	Division of aberrant vessel (vascular ring);	3454	4751	6573	1131	31.34
33803	Division of aberrant vessel (vascular ring); with reanastomosis	3365	4629	6403	1203	33.33
33813	Obliteration of aortopulmonary septal defect; without cardiopulmonary bypass	3620	4980	6889	1294	35.86
33814	Obliteration of aortopulmonary septal defect; with cardiopulmonary bypass	4448	6119	8465	1590	44.06
33820	Repair of patent ductus arteriosus; by ligation	5284	7269	10056	1010	27.99
33822	Repair of patent ductus arteriosus; by division, younger than 18 years	5977	8222	11374	1065	29.51
33824	Repair of patent ductus arteriosus; by division, 18 years and older	3447	4741	6559	1232	34.14
33840	Excision of coarctation of aorta, with or without associated patent ductus arteriosus; with direct anastomosis	5896	8110	11219	1293	35.82

SURGERY – CARDIOVASCULAR SYSTEM

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
33845	Excision of coarctation of aorta, with or without associated patent ductus arteriosus; with graft	3893	5355	7408	1392	38.56
33851	Excision of coarctation of aorta, with or without associated patent ductus arteriosus; repair using either left subclavian artery or prosthetic material as gusset for enlargement	3715	5111	7070	1328	36.80
33852	Repair of hypoplastic or interrupted aortic arch using autogenous or prosthetic material; without cardiopulmonary bypass	4086	5620	7775	1461	40.47
33853	Repair of hypoplastic or interrupted aortic arch using autogenous or prosthetic material; with cardiopulmonary bypass	9830	13523	18707	1914	53.04
33858	Ascending aorta graft, with cardiopulmonary bypass, includes valve suspension, when performed; for aortic dissection	9948	13685	18931	3556	98.54
33859	Ascending aorta graft, with cardiopulmonary bypass, includes valve suspension, when performed; for aortic disease other than dissection (eg, aneurysm)	7142	9824	13591	2553	70.74
33863	Ascending aorta graft, with cardiopulmonary bypass, with aortic root replacement using valved conduit and coronary reconstruction (eg, Bentall)	9403	12935	17894	3299	91.41
33864	Ascending aorta graft, with cardiopulmonary bypass with valve suspension, with coronary reconstruction and valve-sparing aortic root remodeling (eg, David Procedure, Yacoub Procedure)	12744	17530	24251	3370	93.39
33866	Aortic hemiarch graft including isolation and control of the arch vessels, beveled open distal aortic anastomosis extending under one or more of the arch vessels, and total circulatory arrest or isolated cerebral perfusion (List separately in addition to code for primary procedure)	3306	4548	6292	967	26.79
33871	Transverse aortic arch graft, with cardiopulmonary bypass, with profound hypothermia, total circulatory arrest and isolated cerebral perfusion with reimplantation of arch vessel(s) (eg, island pedicle or individual arch vessel reimplantation)	9565	13157	18201	3419	94.74
33875	Descending thoracic aorta graft, with or without bypass	8027	11042	15275	2869	79.51
33877	Repair of thoracoabdominal aortic aneurysm with graft, with or without cardiopulmonary bypass	12208	16794	23232	3795	105.15

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
33880	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin	5823	8011	11082	1879	52.06
33881	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); not involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin	4832	6647	9195	1613	44.69
33883	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); initial extension	3266	4493	6215	1167	32.35
33884	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); each additional proximal extension (List separately in addition to code for primary procedure)	1161	1597	2209	415	11.50
33886	Placement of distal extension prosthesis(s) delayed after endovascular repair of descending thoracic aorta	2802	3854	5331	1001	27.75
33889	Open subclavian to carotid artery transposition performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision, unilateral	2317	3187	4409	828	22.95
33891	Bypass graft, with other than vein, transcervical retropharyngeal carotid-carotid, performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision	2834	3898	5393	1013	28.07
33910	Pulmonary artery embolectomy; with cardiopulmonary bypass	6348	8732	12080	2785	77.18
33915	Pulmonary artery embolectomy; without cardiopulmonary bypass	4026	5538	7662	1439	39.88

SURGERY – CARDIOVASCULAR SYSTEM

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
33916	Pulmonary endarterectomy, with or without embolectomy, with cardiopulmonary bypass	12770	17567	24302	4419	122.44
33917	Repair of pulmonary artery stenosis by reconstruction with patch or graft	8004	11010	15231	1520	42.12
33920	Repair of pulmonary atresia with ventricular septal defect, by construction or replacement of conduit from right or left ventricle to pulmonary artery	5295	7284	10077	1893	52.45
33922	Transection of pulmonary artery with cardiopulmonary bypass	4057	5581	7721	1450	40.19
33924	Ligation and takedown of a systemic-to-pulmonary artery shunt, performed in conjunction with a congenital heart procedure (List separately in addition to code for primary procedure)	1663	2288	3166	299	8.29
33925	Repair of pulmonary artery arborization anomalies by unifocalization; without cardiopulmonary bypass	5022	6908	9556	1795	49.74
33926	Repair of pulmonary artery arborization anomalies by unifocalization; with cardiopulmonary bypass	7071	9727	13456	2528	70.04
33927	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy	7477	10285	14228	2673	74.06
33928	Removal and replacement of total replacement heart system (artificial heart)	5791	7966	11019	0	0.00
33929	Removal of a total replacement heart system (artificial heart) for heart transplantation (List separately in addition to code for primary procedure)	5245	7215	9981	0	0.00
33930	Donor cardiectomy-pneumonectomy (including cold preservation)	0	0	0	0	0.00
33933	Backbench standard preparation of cadaver donor heart/lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare aorta, superior vena cava, inferior vena cava, and trachea for implantation	1089	1498	2073	0	0.00
33935	Heart-lung transplant with recipient cardiectomy-pneumonectomy	14505	19952	27602	5185	143.67
33940	Donor cardiectomy (including cold preservation)	0	0	0	0	0.00

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
33944	Backbench standard preparation of cadaver donor heart allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare aorta, superior vena cava, inferior vena cava, pulmonary artery, and left atrium for implantation	1170	1609	2226	0	0.00
33945	Heart transplant, with or without recipient cardiectomy	16661	22919	31706	5093	141.12
33946	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-venous	1045	1438	1989	323	8.95
33947	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-arterial	1170	1610	2227	359	9.95
33948	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-venous	835	1148	1589	250	6.93
33949	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-arterial	946	1301	1800	243	6.73
33951	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed)	1243	1710	2365	444	12.31
33952	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)	1343	1848	2556	448	12.42
33953	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age	2009	2763	3822	495	13.72
33954	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, 6 years and older	1572	2162	2991	499	13.82

SURGERY – CARDIOVASCULAR SYSTEM

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
33955	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age	2817	3875	5360	869	24.07
33956	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of central cannula(e) by sternotomy or thoracotomy, 6 years and older	2856	3929	5436	874	24.23
33957	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed)	541	744	1030	193	5.36
33958	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)	590	811	1122	193	5.36
33959	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age (includes fluoroscopic guidance, when performed)	686	943	1304	245	6.79
33962	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, 6 years and older (includes fluoroscopic guidance, when performed)	686	943	1304	245	6.79
33963	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age (includes fluoroscopic guidance, when performed)	1370	1885	2607	490	13.57
33964	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition central cannula(e) by sternotomy or thoracotomy, 6 years and older (includes fluoroscopic guidance, when performed)	1446	1989	2751	517	14.32

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
33965	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age	541	744	1030	193	5.36
33966	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older	850	1170	1618	248	6.87
33967	Insertion of intra-aortic balloon assist device, percutaneous	759	1045	1445	271	7.51
33968	Removal of intra-aortic balloon assist device, percutaneous	102	140	194	35	0.98
33969	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age	1285	1768	2446	285	7.91
33970	Insertion of intra-aortic balloon assist device through the femoral artery, open approach	1018	1400	1937	371	10.27
33971	Removal of intra-aortic balloon assist device including repair of femoral artery, with or without graft	1902	2616	3619	735	20.37
33973	Insertion of intra-aortic balloon assist device through the ascending aorta	1501	2065	2857	537	14.87
33974	Removal of intra-aortic balloon assist device from the ascending aorta, including repair of the ascending aorta, with or without graft	2595	3569	4937	928	25.70
33975	Insertion of ventricular assist device; extracorporeal, single ventricle	4485	6170	8535	1367	37.88
33976	Insertion of ventricular assist device; extracorporeal, biventricular	4650	6397	8849	1662	46.06
33977	Removal of ventricular assist device; extracorporeal, single ventricle	3482	4790	6627	1177	32.62
33978	Removal of ventricular assist device; extracorporeal, biventricular	3893	5355	7408	1392	38.56
33979	Insertion of ventricular assist device, implantable intracorporeal, single ventricle	7798	10727	14839	2039	56.50
33980	Removal of ventricular assist device, implantable intracorporeal, single ventricle	10225	14066	19458	1861	51.56

SURGERY – CARDIOVASCULAR SYSTEM

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
33981	Replacement of extracorporeal ventricular assist device, single or biventricular, pump(s), single or each pump	2437	3352	4638	871	24.14
33982	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, without cardiopulmonary bypass	5726	7877	10897	2047	56.72
33983	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, with cardiopulmonary bypass	6769	9312	12882	2420	67.05
33984	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, 6 years and older	996	1371	1896	298	8.25
33985	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age	1744	2399	3319	538	14.90
33986	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, 6 years and older	1895	2606	3606	548	15.19
33987	Arterial exposure with creation of graft conduit (eg, chimney graft) to facilitate arterial perfusion for ECMO/ECLS (List separately in addition to code for primary procedure)	610	839	1160	218	6.04
33988	Insertion of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS	2278	3133	4334	814	22.56
33989	Removal of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS	1446	1989	2751	517	14.32
33990	Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; arterial access only	1109	1526	2111	445	12.32
33991	Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; both arterial and venous access, with transeptal puncture	1825	2511	3474	652	18.08
33992	Removal of percutaneous ventricular assist device at separate and distinct session from insertion	535	735	1017	209	5.78

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
33993	Repositioning of percutaneous ventricular assist device with imaging guidance at separate and distinct session from insertion	463	636	880	182	5.04
33999	Unlisted procedure, cardiac surgery	0	0	0	0	0.00
ARTERIES AND VEINS						
34001	Embolectomy or thrombectomy, with or without catheter; carotid, subclavian or innominate artery, by neck incision	2561	3308	4422	959	26.56
34051	Embolectomy or thrombectomy, with or without catheter; innominate, subclavian artery, by thoracic incision	2764	3570	4771	1034	28.66
34101	Embolectomy or thrombectomy, with or without catheter; axillary, brachial, innominate, subclavian artery, by arm incision	1736	2242	2997	627	17.38
34111	Embolectomy or thrombectomy, with or without catheter; radial or ulnar artery, by arm incision	1766	2281	3048	630	17.47
34151	Embolectomy or thrombectomy, with or without catheter; renal, celiac, mesentery, aortoiliac artery, by abdominal incision	4080	5270	7043	1459	40.42
34201	Embolectomy or thrombectomy, with or without catheter; femoropopliteal, aortoiliac artery, by leg incision	2687	3470	4638	1076	29.82
34203	Embolectomy or thrombectomy, with or without catheter; popliteal-tibio-peroneal artery, by leg incision	2538	3279	4382	997	27.62
34401	Thrombectomy, direct or with catheter; vena cava, iliac vein, by abdominal incision	4069	5256	7025	1523	42.20
34421	Thrombectomy, direct or with catheter; vena cava, iliac, femoropopliteal vein, by leg incision	2079	2685	3589	778	21.56
34451	Thrombectomy, direct or with catheter; vena cava, iliac, femoropopliteal vein, by abdominal and leg incision	4022	5195	6944	1505	41.71
34471	Thrombectomy, direct or with catheter; subclavian vein, by neck incision	3019	3900	5212	1130	31.31
34490	Thrombectomy, direct or with catheter; axillary and subclavian vein, by arm incision	1785	2306	3082	668	18.51
34501	Valvuloplasty, femoral vein	2494	3221	4305	933	25.86
34502	Reconstruction of vena cava, any method	5683	7341	9811	1615	44.76

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
34510	Venous valve transposition, any vein donor	2858	3692	4934	1070	29.64
34520	Cross-over vein graft to venous system	2769	3576	4780	1036	28.71
34530	Saphenopopliteal vein anastomosis	2628	3394	4537	983	27.25
34701	Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)	3042	3929	5251	1305	36.16
34702	Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)	5204	6722	8985	1948	53.97
34703	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uni-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)	3700	4779	6387	1439	39.88
34704	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uni-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level	6407	8276	11061	2398	66.44

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
	of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)					
34705	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)	3719	4804	6420	1607	44.53
34706	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)	6079	7853	10496	2423	67.14
34707	Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and therapy zone angioplasty/stenting, when performed, unilateral; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation)	3400	4392	5870	1218	33.75
34708	Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s)	5195	6710	8968	1944	53.87

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
	proximally to the aortic bifurcation and distally to the iliac bifurcation, and therapy zone angioplasty/stenting, when performed, unilateral; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, traumatic disruption)					
34709	Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and therapy zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)	774	1000	1336	340	9.42
34710	Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, endoleak, or endograft migration, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and therapy zone angioplasty/stenting, when performed; initial vessel treated	2132	2754	3681	841	23.31
34711	Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, endoleak, or endograft migration, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and therapy zone angioplasty/stenting, when performed; each additional vessel treated (List separately in addition to code for primary procedure)	843	1089	1456	313	8.68
34712	Transcatheter delivery of enhanced fixation device(s) to the endograft (eg, anchor, screw, tack) and all associated radiological supervision and interpretation	1690	2183	2918	693	19.20
34713	Percutaneous access and closure of femoral artery for delivery of endograft through a large sheath (12 French or larger), including ultrasound guidance, when performed, unilateral (List separately in addition to code for primary procedure)	338	437	584	131	3.63

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
34714	Open femoral artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by groin incision, unilateral (List separately in addition to code for primary procedure)	668	862	1152	284	7.87
34715	Open axillary/subclavian artery exposure for delivery of endovascular prosthesis by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure)	841	1086	1452	315	8.72
34716	Open axillary/subclavian artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure)	1179	1523	2035	390	10.80
34717	Endovascular repair of iliac artery at the time of aorto-iliac artery endograft placement by deployment of an iliac branched endograft including pre-procedure sizing and device selection, all ipsilateral selective iliac artery catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally in the internal iliac, external iliac, and common femoral artery(ies), and therapy zone angioplasty/stenting, when performed, for rupture or other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, penetrating ulcer, traumatic disruption), unilateral (List separately in addition to code for primary procedure)	1248	1612	2154	467	12.94
34718	Endovascular repair of iliac artery, not associated with placement of an aorto-iliac artery endograft at the same session, by deployment of an iliac branched endograft, including pre-procedure sizing and device selection, all ipsilateral selective iliac artery catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally in the internal iliac, external iliac, and common femoral artery(ies), and therapy zone angioplasty/stenting, when performed, for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, penetrating ulcer), unilateral	3479	4494	6007	1302	36.08

SURGERY – CARDIOVASCULAR SYSTEM

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
34808	Endovascular placement of iliac artery occlusion device (List separately in addition to code for primary procedure)	560	724	967	210	5.81
34812	Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)	891	1151	1538	217	6.01
34813	Placement of femoral-femoral prosthetic graft during endovascular aortic aneurysm repair (List separately in addition to code for primary procedure)	636	821	1098	249	6.90
34820	Open iliac artery exposure for delivery of endovascular prosthesis or iliac occlusion during endovascular therapy, by abdominal or retroperitoneal incision, unilateral (List separately in addition to code for primary procedure)	999	1291	1725	367	10.18
34830	Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; tube prosthesis	4938	6379	8525	1848	51.21
34831	Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; aorto-bi-iliac prosthesis	5404	6980	9330	2022	56.04
34832	Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; aorto-bifemoral prosthesis	5311	6861	9170	1988	55.08
34833	Open iliac artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by abdominal or retroperitoneal incision, unilateral (List separately in addition to code for primary procedure)	1242	1604	2144	424	11.74
34834	Open brachial artery exposure for delivery of endovascular prosthesis, unilateral (List separately in addition to code for primary procedure)	834	1077	1440	136	3.77
34839	Physician planning of a patient-specific fenestrated visceral aortic endograft requiring a minimum of 90 minutes of physician time	0	0	0	0	0.00
34841	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or	4274	5521	7379	0	0.00

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
	traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including one visceral artery endoprosthesis (superior mesenteric, celiac or renal artery)					
34842	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including two visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])	5009	6471	8648	0	0.00
34843	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including three visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])	5569	7193	9615	0	0.00
34844	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including four or more visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])	6022	7778	10396	0	0.00
34845	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including one visceral artery endoprosthesis (superior mesenteric, celiac or renal artery)	5420	7000	9357	0	0.00
34846	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm,	5849	7555	10097	0	0.00

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
	pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including two visceral artery endoprotheses (superior mesenteric, celiac and/or renal artery[s])					
34847	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including three visceral artery endoprotheses (superior mesenteric, celiac and/or renal artery[s])	6713	8671	11590	0	0.00
34848	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including four or more visceral artery endoprotheses (superior mesenteric, celiac and/or renal artery[s])	7166	9256	12371	0	0.00
35001	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm and associated occlusive disease, carotid, subclavian artery, by neck incision	3144	4061	5427	1177	32.60
35002	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, carotid, subclavian artery, by neck incision	3182	4110	5494	1191	33.00
35005	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, vertebral artery	2785	3597	4808	1042	28.88
35011	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion,	2660	3435	4592	1052	29.14

MEDICAL FEES 2020

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
	with or without patch graft; for aneurysm and associated occlusive disease, axillary-brachial artery, by arm incision					
35013	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, axillary-brachial artery, by arm incision	3535	4566	6103	1323	36.66
35021	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, innominate, subclavian artery, by thoracic incision	3514	4539	6067	1315	36.44
35022	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, innominate, subclavian artery, by thoracic incision	4021	5194	6942	1505	41.70
35045	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, radial or ulnar artery	2727	3522	4708	1026	28.44
35081	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta	5096	6583	8798	1816	50.33
35082	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta	6262	8088	10810	2291	63.49
35091	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta involving visceral vessels (mesenteric, celiac, renal)	5592	7223	9654	1877	52.02
35092	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta involving visceral vessels (mesenteric, celiac, renal)	7306	9437	12613	2734	75.76
35102	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion,	5737	7411	9905	1972	54.64

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
	with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta involving iliac vessels (common, hypogastric, external)					
35103	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta involving iliac vessels (common, hypogastric, external)	6272	8101	10828	2347	65.04
35111	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, splenic artery	3721	4807	6424	1393	38.59
35112	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, splenic artery	4579	5915	7906	1714	47.49
35121	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, hepatic, celiac, renal, or mesenteric artery	4430	5722	7648	1658	45.94
35122	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, hepatic, celiac, renal, or mesenteric artery	5299	6845	9148	1983	54.95
35131	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, iliac artery (common, hypogastric, external)	3860	4986	6664	1445	40.03
35132	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, iliac artery (common, hypogastric, external)	4579	5915	7906	1714	47.49
35141	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, common femoral artery (profunda femoris, superficial femoral)	3033	3918	5237	1156	32.04

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
35142	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, common femoral artery (profunda femoris, superficial femoral)	3671	4742	6337	1395	38.65
35151	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, popliteal artery	3597	4646	6210	1298	35.97
35152	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, popliteal artery	3914	5056	6757	1465	40.59
35180	Repair, congenital arteriovenous fistula; head and neck	2452	3168	4234	918	25.43
35182	Repair, congenital arteriovenous fistula; thorax and abdomen	4994	6451	8622	1869	51.79
35184	Repair, congenital arteriovenous fistula; extremities	2699	3486	4660	1010	27.99
35188	Repair, acquired or traumatic arteriovenous fistula; head and neck	3566	4606	6156	1335	36.98
35189	Repair, acquired or traumatic arteriovenous fistula; thorax and abdomen	4228	5462	7300	1583	43.85
35190	Repair, acquired or traumatic arteriovenous fistula; extremities	2031	2624	3507	799	22.14
35201	Repair blood vessel, direct; neck	2968	3833	5123	987	27.34
35206	Repair blood vessel, direct; upper extremity	2511	3244	4335	819	22.68
35207	Repair blood vessel, direct; hand, finger	3261	4213	5631	785	21.76
35211	Repair blood vessel, direct; intrathoracic, with bypass	4455	5754	7690	1452	40.24
35216	Repair blood vessel, direct; intrathoracic, without bypass	6470	8357	11170	2169	60.09
35221	Repair blood vessel, direct; intra-abdominal	4540	5865	7838	1539	42.64
35226	Repair blood vessel, direct; lower extremity	2460	3177	4246	872	24.17
35231	Repair blood vessel with vein graft; neck	3509	4533	6058	1313	36.39
35236	Repair blood vessel with vein graft; upper extremity	3073	3969	5305	1053	29.18

SURGERY – CARDIOVASCULAR SYSTEM

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
35241	Repair blood vessel with vein graft; intrathoracic, with bypass	4004	5172	6912	1498	41.52
35246	Repair blood vessel with vein graft; intrathoracic, without bypass	4367	5641	7540	1634	45.29
35251	Repair blood vessel with vein graft; intra-abdominal	4890	6316	8442	1830	50.71
35256	Repair blood vessel with vein graft; lower extremity	3186	4116	5501	1075	29.78
35261	Repair blood vessel with graft other than vein; neck	2742	3541	4733	1026	28.43
35266	Repair blood vessel with graft other than vein; upper extremity	2465	3184	4256	907	25.12
35271	Repair blood vessel with graft other than vein; intrathoracic, with bypass	3853	4977	6653	1442	39.96
35276	Repair blood vessel with graft other than vein; intrathoracic, without bypass	4065	5250	7017	1521	42.15
35281	Repair blood vessel with graft other than vein; intra-abdominal	4562	5893	7876	1707	47.31
35286	Repair blood vessel with graft other than vein; lower extremity	3031	3915	5233	980	27.16
35301	Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision	2989	3861	5160	1187	32.90
35302	Thromboendarterectomy, including patch graft, if performed; superficial femoral artery	3001	3876	5180	1177	32.60
35303	Thromboendarterectomy, including patch graft, if performed; popliteal artery	3201	4134	5525	1299	36.00
35304	Thromboendarterectomy, including patch graft, if performed; tibioperoneal trunk artery	3391	4380	5855	1338	37.07
35305	Thromboendarterectomy, including patch graft, if performed; tibial or peroneal artery, initial vessel	3044	3931	5255	1285	35.61
35306	Thromboendarterectomy, including patch graft, if performed; each additional tibial or peroneal artery (List separately in addition to code for primary procedure)	1250	1614	2158	468	12.96
35311	Thromboendarterectomy, including patch graft, if performed; subclavian, innominate, by thoracic incision	4352	5621	7513	1629	45.13

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
35321	Thromboendarterectomy, including patch graft, if performed; axillary-brachial	2545	3288	4394	936	25.94
35331	Thromboendarterectomy, including patch graft, if performed; abdominal aorta	3910	5050	6750	1524	42.23
35341	Thromboendarterectomy, including patch graft, if performed; mesenteric, celiac, or renal	3855	4980	6656	1443	39.98
35351	Thromboendarterectomy, including patch graft, if performed; iliac	3291	4251	5681	1347	37.31
35355	Thromboendarterectomy, including patch graft, if performed; iliofemoral	3041	3928	5250	1082	29.99
35361	Thromboendarterectomy, including patch graft, if performed; combined aortoiliac	4265	5509	7363	1596	44.23
35363	Thromboendarterectomy, including patch graft, if performed; combined aortoiliofemoral	4551	5878	7856	1703	47.19
35371	Thromboendarterectomy, including patch graft, if performed; common femoral	2349	3034	4055	857	23.75
35372	Thromboendarterectomy, including patch graft, if performed; deep (profunda) femoral	2658	3434	4590	1027	28.45
35390	Reoperation, carotid, thromboendarterectomy, more than 1 month after original operation (List separately in addition to code for primary procedure)	422	545	728	168	4.65
35400	Angioscopy (noncoronary vessels or grafts) during therapeutic intervention (List separately in addition to code for primary procedure)	453	585	782	156	4.32
35500	Harvest of upper extremity vein, 1 segment, for lower extremity or coronary artery bypass procedure (List separately in addition to code for primary procedure)	892	1105	1609	335	9.29
35501	Bypass graft, with vein; common carotid-ipsilateral internal carotid	4096	5076	7387	1531	42.43
35506	Bypass graft, with vein; carotid-subclavian or subclavian-carotid	3573	4427	6443	1336	37.01
35508	Bypass graft, with vein; carotid-vertebral	3720	4609	6708	1391	38.53
35509	Bypass graft, with vein; carotid-contralateral carotid	3964	4912	7148	1482	41.06
35510	Bypass graft, with vein; carotid-brachial	3446	4271	6215	1288	35.70
35511	Bypass graft, with vein; subclavian-subclavian	3142	3894	5667	1175	32.55

SURGERY – CARDIOVASCULAR SYSTEM

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
35512	Bypass graft, with vein; subclavian-brachial	3381	4189	6097	1264	35.02
35515	Bypass graft, with vein; subclavian-vertebral	3720	4609	6708	1391	38.53
35516	Bypass graft, with vein; subclavian-axillary	3420	4238	6168	1279	35.43
35518	Bypass graft, with vein; axillary-axillary	3203	3969	5776	1197	33.18
35521	Bypass graft, with vein; axillary-femoral	3439	4261	6201	1286	35.62
35522	Bypass graft, with vein; axillary-brachial	3416	4232	6159	1277	35.38
35523	Bypass graft, with vein; brachial-ulnar or -radial	3596	4456	6485	1344	37.25
35525	Bypass graft, with vein; brachial-brachial	3187	3949	5747	1191	33.01
35526	Bypass graft, with vein; aortosubclavian, aortoinnominate, or aortocarotid	4841	5999	8731	1810	50.15
35531	Bypass graft, with vein; aortoceliac or aortomesenteric	5468	6776	9861	2044	56.64
35533	Bypass graft, with vein; axillary-femoral-femoral	4225	5236	7620	1580	43.77
35535	Bypass graft, with vein; hepatorenal	5341	6619	9633	1997	55.33
35536	Bypass graft, with vein; splenorenal	4742	5876	8552	1773	49.12
35537	Bypass graft, with vein; aortoiliac	5852	7252	10554	2188	60.62
35538	Bypass graft, with vein; aortobi-iliac	6559	8128	11828	2452	67.94
35539	Bypass graft, with vein; aortofemoral	6155	7628	11100	2301	63.76
35540	Bypass graft, with vein; aortobifemoral	6863	8504	12376	2566	71.09
35556	Bypass graft, with vein; femoral-popliteal	3791	4697	6836	1470	40.73
35558	Bypass graft, with vein; femoral-femoral	3262	4042	5883	1290	35.75
35560	Bypass graft, with vein; aortorenal	4782	5925	8623	1788	49.53
35563	Bypass graft, with vein; ilioiliac	3709	4596	6689	1387	38.42
35565	Bypass graft, with vein; iliofemoral	3673	4552	6624	1373	38.05
35566	Bypass graft, with vein; femoral-anterior tibial, posterior tibial, peroneal artery or other distal vessels	4738	5871	8544	1754	48.60
35570	Bypass graft, with vein; tibial-tibial, peroneal-tibial, or tibial/peroneal trunk-tibial	4132	5120	7451	1545	42.80
35571	Bypass graft, with vein; popliteal-tibial, -peroneal artery or other distal vessels	4004	4962	7221	1391	38.55

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
35572	Harvest of femoropopliteal vein, 1 segment, for vascular reconstruction procedure (eg, aortic, vena caval, coronary, peripheral artery) (List separately in addition to code for primary procedure)	736	913	1328	362	10.04
35583	In-situ vein bypass; femoral-popliteal	4125	5112	7439	1516	42.00
35585	In-situ vein bypass; femoral-anterior tibial, posterior tibial, or peroneal artery	4398	5450	7932	1757	48.69
35587	In-situ vein bypass; popliteal-tibial, peroneal	3828	4743	6903	1431	39.65
35600	Harvest of upper extremity artery, 1 segment, for coronary artery bypass procedure (List separately in addition to code for primary procedure)	760	942	1371	269	7.44
35601	Bypass graft, with other than vein; common carotid-ipsilateral internal carotid	3991	5115	7341	1467	40.66
35606	Bypass graft, with other than vein; carotid-subclavian	3603	4618	6628	1230	34.09
35612	Bypass graft, with other than vein; subclavian-subclavian	2974	3812	5471	1094	30.30
35616	Bypass graft, with other than vein; subclavian-axillary	3143	4028	5781	1156	32.02
35621	Bypass graft, with other than vein; axillary-femoral	3238	4151	5957	1151	31.89
35623	Bypass graft, with other than vein; axillary-popliteal or -tibial	3743	4798	6886	1376	38.14
35626	Bypass graft, with other than vein; aortosubclavian, aortoinnominate, or aortocarotid	5393	6913	9921	1664	46.12
35631	Bypass graft, with other than vein; aortoceliac, aortomesenteric, aortorenal	6123	7848	11264	1943	53.84
35632	Bypass graft, with other than vein; ilio-cealic	5155	6607	9482	1895	52.52
35633	Bypass graft, with other than vein; ilio-mesenteric	5659	7253	10410	2081	57.66
35634	Bypass graft, with other than vein; iliorenal	5045	6466	9280	1855	51.40
35636	Bypass graft, with other than vein; splenorenal (splenic to renal arterial anastomosis)	4547	5828	8365	1672	46.33
35637	Bypass graft, with other than vein; aortoiliac	4733	6066	8706	1740	48.22
35638	Bypass graft, with other than vein; aortobi-iliac	4675	5991	8599	1830	50.70

SURGERY – CARDIOVASCULAR SYSTEM

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
35642	Bypass graft, with other than vein; carotid-vertebral	2808	3599	5165	1033	28.61
35645	Bypass graft, with other than vein; subclavian-vertebral	2697	3457	4961	992	27.48
35646	Bypass graft, with other than vein; aortobifemoral	4683	6002	8614	1801	49.90
35647	Bypass graft, with other than vein; aortofemoral	4219	5408	7761	1624	44.99
35650	Bypass graft, with other than vein; axillary-axillary	2996	3840	5511	1071	29.67
35654	Bypass graft, with other than vein; axillary-femoral-femoral	3786	4852	6964	1437	39.83
35656	Bypass graft, with other than vein; femoral-popliteal	3091	3961	5685	1134	31.41
35661	Bypass graft, with other than vein; femoral-femoral	2926	3750	5382	1137	31.51
35663	Bypass graft, with other than vein; ilioiliac	3469	4446	6380	1275	35.34
35665	Bypass graft, with other than vein; iliofemoral	3139	4023	5774	1232	34.13
35666	Bypass graft, with other than vein; femoral-anterior tibial, posterior tibial, or peroneal artery	3693	4734	6794	1336	37.02
35671	Bypass graft, with other than vein; popliteal-tibial or -peroneal artery	3226	4135	5934	1178	32.65
35681	Bypass graft; composite, prosthetic and vein (List separately in addition to code for primary procedure)	270	346	497	85	2.36
35682	Bypass graft; autogenous composite, 2 segments of veins from 2 locations (List separately in addition to code for primary procedure)	1010	1294	1858	371	10.29
35683	Bypass graft; autogenous composite, 3 or more segments of vein from 2 or more locations (List separately in addition to code for primary procedure)	1167	1496	2147	429	11.89
35685	Placement of vein patch or cuff at distal anastomosis of bypass graft, synthetic conduit (List separately in addition to code for primary procedure)	611	784	1125	209	5.78
35686	Creation of distal arteriovenous fistula during lower extremity bypass surgery (non-hemodialysis) (List separately in addition to code for primary procedure)	459	589	845	169	4.68

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
35691	Transposition and/or reimplantation; vertebral to carotid artery	2694	3453	4956	991	27.45
35693	Transposition and/or reimplantation; vertebral to subclavian artery	2374	3043	4367	873	24.19
35694	Transposition and/or reimplantation; subclavian to carotid artery	2815	3608	5178	1035	28.68
35695	Transposition and/or reimplantation; carotid to subclavian artery	2922	3745	5375	1074	29.77
35697	Reimplantation, visceral artery to infrarenal aortic prosthesis, each artery (List separately in addition to code for primary procedure)	468	599	860	155	4.29
35700	Reoperation, femoral-popliteal or femoral (popliteal)-anterior tibial, posterior tibial, peroneal artery, or other distal vessels, more than 1 month after original operation (List separately in addition to code for primary procedure)	446	572	821	160	4.44
35701	Exploration not followed by surgical repair, artery; neck (eg, carotid, subclavian)	1879	2408	3456	457	12.66
35702	Exploration not followed by surgical repair, artery; upper extremity (eg, axillary, brachial, radial, ulnar)	1168	1497	2148	429	11.90
35703	Exploration not followed by surgical repair, artery; lower extremity (eg, common femoral, deep femoral, superficial femoral, popliteal, tibial, peroneal)	1186	1520	2181	436	12.08
35800	Exploration for postoperative hemorrhage, thrombosis or infection; neck	1854	2376	3410	751	20.82
35820	Exploration for postoperative hemorrhage, thrombosis or infection; chest	5793	7425	10657	2103	58.28
35840	Exploration for postoperative hemorrhage, thrombosis or infection; abdomen	3008	3856	5534	1258	34.86
35860	Exploration for postoperative hemorrhage, thrombosis or infection; extremity	1955	2506	3597	877	24.31
35870	Repair of graft-enteric fistula	3550	4550	6530	1305	36.17
35875	Thrombectomy of arterial or venous graft (other than hemodialysis graft or fistula);	1652	2117	3038	624	17.30
35876	Thrombectomy of arterial or venous graft (other than hemodialysis graft or fistula); with revision of arterial or venous graft	2769	3549	5094	993	27.52

SURGERY – CARDIOVASCULAR SYSTEM

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
35879	Revision, lower extremity arterial bypass, without thrombectomy, open; with vein patch angioplasty	2533	3246	4659	971	26.90
35881	Revision, lower extremity arterial bypass, without thrombectomy, open; with segmental vein interposition	2913	3734	5359	1071	29.68
35883	Revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; with nonautogenous patch graft (eg, Dacron, ePTFE, bovine pericardium)	3040	3896	5592	1261	34.94
35884	Revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; with autogenous vein patch graft	3535	4531	6503	1300	36.02
35901	Excision of infected graft; neck	1341	1718	2466	493	13.66
35903	Excision of infected graft; extremity	1694	2171	3116	592	16.41
35905	Excision of infected graft; thorax	5051	6473	9291	1857	51.46
35907	Excision of infected graft; abdomen	5690	7292	10466	1997	55.34
36000	Introduction of needle or intracatheter, vein	75	107	126	29	0.79
36002	Injection procedures (eg, thrombin) for percutaneous therapy extremity pseudoaneurysm	398	564	666	160	4.43
36005	Injection procedure for extremity venography (including introduction of needle or intracatheter)	562	796	940	305	8.44
36010	Introduction of catheter, superior or inferior vena cava	654	926	1093	543	15.04
36011	Selective catheter placement, venous system; first order branch (eg, renal vein, jugular vein)	1046	1481	1749	890	24.67
36012	Selective catheter placement, venous system; second order, or more selective, branch (eg, left adrenal vein, petrosal sinus)	1618	2293	2707	904	25.06
36013	Introduction of catheter, right heart or main pulmonary artery	913	1293	1527	822	22.78
36014	Selective catheter placement, left or right pulmonary artery	941	1333	1574	857	23.74
36015	Selective catheter placement, segmental or subsegmental pulmonary artery	1020	1444	1705	928	25.72
36100	Introduction of needle or intracatheter, carotid or vertebral artery	1053	1492	1762	536	14.86

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
36140	Introduction of needle or intracatheter, upper or lower extremity artery	805	1141	1347	493	13.66
36160	Introduction of needle or intracatheter, aortic, translumbar	1340	1898	2240	562	15.58
36200	Introduction of catheter, aorta	836	1185	1399	608	16.85
36215	Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family	2676	3791	4475	1109	30.72
36216	Selective catheter placement, arterial system; initial second order thoracic or brachiocephalic branch, within a vascular family	1794	2542	3001	1175	32.57
36217	Selective catheter placement, arterial system; initial third order or more selective thoracic or brachiocephalic branch, within a vascular family	1963	2781	3283	1947	53.94
36218	Selective catheter placement, arterial system; additional second order, third order, and beyond, thoracic or brachiocephalic branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)	276	391	462	236	6.54
36221	Non-selective catheter placement, thoracic aorta, with angiography of the extracranial carotid, vertebral, and/or intracranial vessels, unilateral or bilateral, and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed	1653	2341	2764	1084	30.04
36222	Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral extracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed	1409	1996	2357	1283	35.55
36223	Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed	1809	2562	3025	1647	45.63
36224	Selective catheter placement, internal carotid artery, unilateral, with angiography of the ipsilateral intracranial carotid circulation and all	2336	3309	3907	2127	58.93

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
	associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed					
36225	Selective catheter placement, subclavian or innominate artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed	1734	2457	2900	1579	43.75
36226	Selective catheter placement, vertebral artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed	2209	3129	3693	2011	55.71
36227	Selective catheter placement, external carotid artery, unilateral, with angiography of the ipsilateral external carotid circulation and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	508	719	849	257	7.11
36228	Selective catheter placement, each intracranial branch of the internal carotid or vertebral arteries, unilateral, with angiography of the selected vessel circulation and all associated radiological supervision and interpretation (eg, middle cerebral artery, posterior inferior cerebellar artery) (List separately in addition to code for primary procedure)	1493	2115	2497	1359	37.67
36245	Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family	1514	2145	2532	1378	38.19
36246	Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family	1200	1699	2006	886	24.55
36247	Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family	1984	2811	3318	1560	43.23
36248	Selective catheter placement, arterial system; additional second order, third order, and beyond, abdominal, pelvic, or lower extremity artery branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)	244	345	408	141	3.92

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
36251	Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral	1576	2233	2636	1435	39.76
36252	Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; bilateral	1571	2226	2628	1545	42.81
36253	Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral	2496	3536	4174	2272	62.96
36254	Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; bilateral	2443	3461	4086	2224	61.63
36260	Insertion of implantable intra-arterial infusion pump (eg, for chemotherapy of liver)	1628	2306	2722	683	18.93
36261	Revision of implanted intra-arterial infusion pump	1010	1431	1690	424	11.75
36262	Removal of implanted intra-arterial infusion pump	770	1091	1288	323	8.96

SURGERY – CARDIOVASCULAR SYSTEM

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
36299	Unlisted procedure, vascular injection	0	0	0	0	0.00
36400	Venipuncture, younger than age 3 years, necessitating the skill of a physician or other qualified health care professional, not to be used for routine venipuncture; femoral or jugular vein	51	72	85	27	0.76
36405	Venipuncture, younger than age 3 years, necessitating the skill of a physician or other qualified health care professional, not to be used for routine venipuncture; scalp vein	66	94	111	24	0.66
36406	Venipuncture, younger than age 3 years, necessitating the skill of a physician or other qualified health care professional, not to be used for routine venipuncture; other vein	35	50	59	17	0.47
36410	Venipuncture, age 3 years or older, necessitating the skill of a physician or other qualified health care professional (separate procedure), for diagnostic or therapeutic purposes (not to be used for routine venipuncture)	35	50	59	18	0.49
36415	Collection of venous blood by venipuncture	15	22	25	0	0.00
36416	Collection of capillary blood specimen (eg, finger, heel, ear stick)	15	21	25	0	0.00
36420	Venipuncture, cutdown; younger than age 1 year	120	169	200	50	1.39
36425	Venipuncture, cutdown; age 1 or over	51	72	85	42	1.15
36430	Transfusion, blood or blood components	113	160	189	36	0.99
36440	Push transfusion, blood, 2 years or younger	126	179	211	53	1.47
36450	Exchange transfusion, blood; newborn	463	655	774	178	4.93
36455	Exchange transfusion, blood; other than newborn	318	451	532	133	3.68
36456	Partial exchange transfusion, blood, plasma or crystalloid necessitating the skill of a physician or other qualified health care professional, newborn	252	357	421	106	2.93
36460	Transfusion, intrauterine, fetal	1370	1941	2291	365	10.10
36465	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein, accessory saphenous vein)	3590	5086	6004	1550	42.95

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
36466	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg	3559	5041	5951	1720	47.65
36468	Injection(s) of sclerosant for spider veins (telangiectasia), limb or trunk	263	372	439	0	0.00
36470	Injection of sclerosant; single incompetent vein (other than telangiectasia)	355	503	594	112	3.10
36471	Injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg	405	573	677	202	5.59
36473	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated	3314	4695	5542	1458	40.41
36474	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	629	891	1052	297	8.23
36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	4434	6281	7415	1405	38.93
36476	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	1018	1442	1702	318	8.81
36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	3886	5505	6499	1092	30.26
36479	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	1053	1491	1760	335	9.28

SURGERY – CARDIOVASCULAR SYSTEM

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
36481	Percutaneous portal vein catheterization by any method	2166	3069	3623	1972	54.65
36482	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated	4669	6614	7808	1950	54.03
36483	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	407	576	681	161	4.45
36500	Venous catheterization for selective organ blood sampling	643	910	1075	191	5.29
36510	Catheterization of umbilical vein for diagnosis or therapy, newborn	394	558	659	85	2.36
36511	Therapeutic apheresis; for white blood cells	421	597	704	114	3.15
36512	Therapeutic apheresis; for red blood cells	410	581	686	113	3.12
36513	Therapeutic apheresis; for platelets	180	255	301	114	3.15
36514	Therapeutic apheresis; for plasma pheresis	764	1082	1278	692	19.17
36516	Therapeutic apheresis; with extracorporeal immunoabsorption, selective adsorption or selective filtration and plasma reinfusion	5379	7619	8995	2001	55.44
36522	Photopheresis, extracorporeal	2929	4149	4898	1970	54.60
36555	Insertion of non-tunneled centrally inserted central venous catheter; younger than 5 years of age	786	1114	1315	193	5.35
36556	Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older	580	821	969	219	6.08
36557	Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; younger than 5 years of age	2968	4204	4963	1132	31.36
36558	Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; age 5 years or older	1183	1676	1978	836	23.17

MEDICAL FEES 2020

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
36560	Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; younger than 5 years of age	2989	4234	4998	1351	37.43
36561	Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; age 5 years or older	1782	2524	2979	1105	30.61
36563	Insertion of tunneled centrally inserted central venous access device with subcutaneous pump	1559	2208	2606	1224	33.92
36565	Insertion of tunneled centrally inserted central venous access device, requiring 2 catheters via 2 separate venous access sites; without subcutaneous port or pump (eg, Tesio type catheter)	1314	1862	2198	903	25.02
36566	Insertion of tunneled centrally inserted central venous access device, requiring 2 catheters via 2 separate venous access sites; with subcutaneous port(s)	6317	8948	10563	4772	132.23
36568	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, without imaging guidance; younger than 5 years of age	691	979	1156	97	2.68
36569	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, without imaging guidance; age 5 years or older	440	624	736	99	2.73
36570	Insertion of peripherally inserted central venous access device, with subcutaneous port; younger than 5 years of age	3172	4494	5305	1527	42.32
36571	Insertion of peripherally inserted central venous access device, with subcutaneous port; age 5 years or older	1874	2655	3134	1337	37.05
36572	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the insertion; younger than 5 years of age	848	1202	1419	445	12.34
36573	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the insertion; age 5 years or older	1742	2468	2913	411	11.38

SURGERY – CARDIOVASCULAR SYSTEM

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
36575	Repair of tunneled or non-tunneled central venous access catheter, without subcutaneous port or pump, central or peripheral insertion site	309	437	516	165	4.57
36576	Repair of central venous access device, with subcutaneous port or pump, central or peripheral insertion site	752	1065	1257	351	9.72
36578	Replacement, catheter only, of central venous access device, with subcutaneous port or pump, central or peripheral insertion site	882	1249	1474	484	13.42
36580	Replacement, complete, of a non-tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access	318	450	532	224	6.22
36581	Replacement, complete, of a tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access	1715	2430	2869	827	22.91
36582	Replacement, complete, of a tunneled centrally inserted central venous access device, with subcutaneous port, through same venous access	1585	2245	2650	1020	28.25
36583	Replacement, complete, of a tunneled centrally inserted central venous access device, with subcutaneous pump, through same venous access	3101	4392	5185	1301	36.06
36584	Replacement, complete, of a peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, through same venous access, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the replacement	393	557	658	358	9.92
36585	Replacement, complete, of a peripherally inserted central venous access device, with subcutaneous port, through same venous access	2702	3827	4518	1134	31.42
36589	Removal of tunneled central venous catheter, without subcutaneous port or pump	458	649	767	172	4.76
36590	Removal of tunneled central venous access device, with subcutaneous port or pump, central or peripheral insertion	727	1030	1217	231	6.40
36591	Collection of blood specimen from a completely implantable venous access device	61	87	102	25	0.70
36592	Collection of blood specimen using established central or peripheral catheter, venous, not otherwise specified	64	91	107	29	0.79

MEDICAL FEES 2020

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
36593	Declotting by thrombolytic agent of implanted vascular access device or catheter	85	120	142	32	0.89
36595	Mechanical removal of pericatheter obstructive material (eg, fibrin sheath) from central venous device via separate venous access	1144	1620	1912	646	17.89
36596	Mechanical removal of intraluminal (intracatheter) obstructive material from central venous device through device lumen	319	452	533	125	3.47
36597	Repositioning of previously placed central venous catheter under fluoroscopic guidance	243	344	406	137	3.79
36598	Contrast injection(s) for radiologic evaluation of existing central venous access device, including fluoroscopy, image documentation and report	297	421	497	124	3.44
36600	Arterial puncture, withdrawal of blood for diagnosis	81	114	135	31	0.86
36620	Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous	347	492	580	46	1.28
36625	Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); cutdown	342	484	572	110	3.06
36640	Arterial catheterization for prolonged infusion therapy (chemotherapy), cutdown	285	403	476	119	3.31
36660	Catheterization, umbilical artery, newborn, for diagnosis or therapy	389	552	651	71	1.97
36680	Placement of needle for intraosseous infusion	334	474	559	63	1.74
36800	Insertion of cannula for hemodialysis, other purpose (separate procedure); vein to vein	439	539	757	128	3.55
36810	Insertion of cannula for hemodialysis, other purpose (separate procedure); arteriovenous, external (Scribner type)	555	680	956	221	6.11
36815	Insertion of cannula for hemodialysis, other purpose (separate procedure); arteriovenous, external revision, or closure	356	436	613	141	3.92
36818	Arteriovenous anastomosis, open; by upper arm cephalic vein transposition	1911	2342	3292	726	20.11
36819	Arteriovenous anastomosis, open; by upper arm basilic vein transposition	2184	2677	3763	768	21.27

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
36820	Arteriovenous anastomosis, open; by forearm vein transposition	2095	2568	3609	765	21.20
36821	Arteriovenous anastomosis, open; direct, any site (eg, Cimino type) (separate procedure)	1882	2306	3242	697	19.31
36823	Insertion of arterial and venous cannula(s) for isolated extracorporeal circulation including regional chemotherapy perfusion to an extremity, with or without hyperthermia, with removal of cannula(s) and repair of arteriotomy and venotomy sites	3697	4531	6369	1469	40.71
36825	Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); autogenous graft	2037	2497	3510	834	23.11
36830	Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); nonautogenous graft (eg, biological collagen, thermoplastic graft)	1933	2369	3330	700	19.41
36831	Thrombectomy, open, arteriovenous fistula without revision, autogenous or nonautogenous dialysis graft (separate procedure)	1438	1762	2477	646	17.90
36832	Revision, open, arteriovenous fistula; without thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)	1924	2358	3315	793	21.97
36833	Revision, open, arteriovenous fistula; with thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)	2062	2527	3553	850	23.56
36835	Insertion of Thomas shunt (separate procedure)	1259	1543	2168	500	13.86
36838	Distal revascularization and interval ligation (DRIL), upper extremity hemodialysis access (steal syndrome)	3356	4113	5782	1202	33.30
36860	External cannula declotting (separate procedure); without balloon catheter	553	677	952	254	7.05
36861	External cannula declotting (separate procedure); with balloon catheter	368	451	634	146	4.05
36901	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and	1455	1783	2506	712	19.73

MEDICAL FEES 2020

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
	interpretation and image documentation and report;					
36902	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty	3237	3967	5577	1335	36.98
36903	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis segment	14763	18096	25436	5281	146.33
36904	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s);	3542	4342	6103	1976	54.75
36905	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis	5686	6970	9797	2481	68.75

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
	segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty					
36906	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit	18386	22536	31677	6556	181.66
36907	Transluminal balloon angioplasty, central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the angioplasty (List separately in addition to code for primary procedure)	1860	2280	3204	710	19.66
36908	Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)	6650	8151	11458	2152	59.63
36909	Dialysis circuit permanent vascular embolization or occlusion (including main circuit or any accessory veins), endovascular, including all imaging and radiological supervision and interpretation necessary to complete the intervention (List separately in addition to code for primary procedure)	5014	6145	8638	2051	56.82
37140	Venous anastomosis, open; portocaval	6147	7535	10592	2443	67.70
37145	Venous anastomosis, open; renoportal	5700	6986	9820	2265	62.77
37160	Venous anastomosis, open; caval-mesenteric	5855	7177	10088	2327	64.48
37180	Venous anastomosis, open; splenorenal, proximal	5629	6900	9698	2237	61.99
37181	Venous anastomosis, open; splenorenal, distal (selective decompression of esophagogastric varices, any technique)	6147	7535	10592	2443	67.70

MEDICAL FEES 2020

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
37182	Insertion of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract formation/dilatation, stent placement and all associated imaging guidance and documentation)	3017	3698	5198	857	23.74
37183	Revision of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract recannulization/dilatation, stent placement and all associated imaging guidance and documentation)	6981	8557	12027	6355	176.09
37184	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); initial vessel	2245	2752	3868	2021	56.01
37185	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); second and all subsequent vessel(s) within the same vascular family (List separately in addition to code for primary mechanical thrombectomy procedure)	662	811	1140	611	16.92
37186	Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)	2640	3236	4548	1357	37.60
37187	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance	2015	2470	3471	1987	55.05
37188	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance, repeat therapy on subsequent day during course of thrombolytic therapy	1836	2251	3164	1672	46.32

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
37191	Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	2698	3307	4648	2456	68.05
37192	Repositioning of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	3477	4262	5990	1382	38.29
37193	Retrieval (removal) of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	1788	2191	3080	1627	45.09
37195	Thrombolysis, cerebral, by intravenous infusion	1615	1980	2782	0	0.00
37197	Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter), includes radiological supervision and interpretation, and imaging guidance (ultrasound or fluoroscopy), when performed	1936	2372	3335	1648	45.66
37200	Transcatheter biopsy	904	1109	1558	227	6.30
37211	Transcatheter therapy, arterial infusion for thrombolysis other than coronary or intracranial, any method, including radiological supervision and interpretation, initial therapy day	1167	1431	2011	405	11.22
37212	Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial therapy day	1107	1357	1908	354	9.81
37213	Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued therapy on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed;	757	928	1305	244	6.76
37214	Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision	433	530	745	129	3.57

MEDICAL FEES 2020

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
	and interpretation, continued therapy on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed; cessation of thrombolysis including removal of catheter and vessel closure by any method					
37215	Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection	2964	3633	5106	1048	29.04
37216	Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; without distal embolic protection	3314	4062	5710	1020	28.27
37217	Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery by retrograde therapy, open ipsilateral cervical carotid artery exposure, including angioplasty, when performed, and radiological supervision and interpretation	2851	3494	4912	1132	31.37
37218	Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery, open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation	2158	2645	3717	857	23.76
37220	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty	3255	3989	5608	2963	82.10
37221	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	4430	5430	7632	4012	111.17
37222	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)	1519	1862	2617	767	21.25
37223	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	2549	3124	4391	1965	54.46

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
37224	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty	3871	4745	6670	3524	97.65
37225	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed	26403	32363	45490	11582	320.92
37226	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	17151	21022	29550	10286	285.00
37227	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed	33298	40814	57369	14891	412.62
37228	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty	5572	6830	9600	5072	140.55
37229	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed	25486	31239	43911	11626	322.15
37230	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	13205	16185	22751	10457	289.75
37231	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed	33655	41253	57986	14476	401.11
37232	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)	1154	1414	1988	1049	29.07
37233	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel,	2991	3666	5153	1288	35.70

MEDICAL FEES 2020

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
	when performed (List separately in addition to code for primary procedure)					
37234	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	10027	12291	17277	3985	110.43
37235	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	10565	12950	18203	4199	116.35
37236	Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; initial artery	3801	4659	6549	3460	95.88
37237	Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; each additional artery (List separately in addition to code for primary procedure)	2256	2765	3886	1920	53.20
37238	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; initial vein	8268	10135	14245	3260	90.33
37239	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; each additional vein (List separately in addition to code for primary procedure)	4542	5567	7825	1510	41.85
37241	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging	7479	9167	12885	5059	140.19

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
	guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)					
37242	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; arterial, other than hemorrhage or tumor (eg, congenital or acquired arterial malformations, arteriovenous malformations, arteriovenous fistulas, aneurysms, pseudoaneurysms)	8594	10534	14807	7824	216.78
37243	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction	22181	27188	38216	9873	273.58
37244	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation	7959	9756	13713	7246	200.77
37246	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; initial artery	5093	6243	8776	2106	58.35
37247	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)	1724	2114	2971	741	20.53
37248	Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; initial vein	3602	4415	6205	1549	42.93

MEDICAL FEES 2020

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
37249	Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; each additional vein (List separately in addition to code for primary procedure)	1488	1824	2564	566	15.67
37252	Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; initial noncoronary vessel (List separately in addition to code for primary procedure)	3427	4201	5905	1201	33.29
37253	Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; each additional noncoronary vessel (List separately in addition to code for primary procedure)	559	685	962	194	5.38
37500	Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS)	1668	2045	2874	663	18.37
37501	Unlisted vascular endoscopy procedure	0	0	0	0	0.00
37565	Ligation, internal jugular vein	2195	2691	3782	755	20.93
37600	Ligation; external carotid artery	2052	2516	3536	766	21.22
37605	Ligation; internal or common carotid artery	1946	2385	3353	773	21.43
37606	Ligation; internal or common carotid artery, with gradual occlusion, as with Selverstone or Crutchfield clamp	1880	2304	3238	747	20.70
37607	Ligation or banding of angioaccess arteriovenous fistula	1093	1340	1883	392	10.86
37609	Ligation or biopsy, temporal artery	767	940	1321	323	8.94
37615	Ligation, major artery (eg, post-traumatic, rupture); neck	1391	1705	2397	553	15.32
37616	Ligation, major artery (eg, post-traumatic, rupture); chest	2908	3564	5009	1156	32.02
37617	Ligation, major artery (eg, post-traumatic, rupture); abdomen	3613	4428	6224	1394	38.62
37618	Ligation, major artery (eg, post-traumatic, rupture); extremity	1129	1384	1946	405	11.23
37619	Ligation of inferior vena cava	4575	5607	7882	1818	50.38

SURGERY – CARDIOVASCULAR SYSTEM

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
37650	Ligation of femoral vein	1207	1479	2079	480	13.29
37660	Ligation of common iliac vein	3481	4266	5997	1383	38.33
37700	Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions	750	920	1293	256	7.08
37718	Ligation, division, and stripping, short saphenous vein	1265	1551	2180	440	12.20
37722	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below	1495	1832	2575	494	13.69
37735	Ligation and division and complete stripping of long or short saphenous veins with radical excision of ulcer and skin graft and/or interruption of communicating veins of lower leg, with excision of deep fascia	1530	1875	2636	608	16.85
37760	Ligation of perforator veins, subfascial, radical (Linton type), including skin graft, when performed, open, 1 leg	1395	1710	2404	653	18.10
37761	Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg	1765	2163	3040	567	15.71
37765	Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions	1518	1860	2615	458	12.68
37766	Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions	1647	2018	2837	535	14.82
37780	Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)	615	754	1059	244	6.77
37785	Ligation, division, and/or excision of varicose vein cluster(s), 1 leg	942	1155	1623	368	10.20
37788	Penile revascularization, artery, with or without vein graft	3316	4065	5714	1318	36.52
37790	Penile venous occlusive procedure	1274	1562	2195	506	14.03
37799	Unlisted procedure, vascular surgery	0	0	0	0	0.00

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CPT	DESCRIPTION	UCR 50TH	UCR 75TH	UCR 90TH	MFS 2020	MFS RVU
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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
HEMIC AND LYMPHATIC SYSTEMS						
SPLEEN						
38100	Splenectomy; total (separate procedure)	3259	4314	6733	1212	33.59
38101	Splenectomy; partial (separate procedure)	3092	4093	6388	1226	33.96
38102	Splenectomy; total, en bloc for extensive disease, in conjunction with other procedure (List in addition to code for primary procedure)	814	1078	1682	275	7.63
38115	Repair of ruptured spleen (splenorrhaphy) with or without partial splenectomy	3385	4481	6994	1342	37.18
38120	Laparoscopy, surgical, splenectomy	3045	4031	6291	1107	30.67
38129	Unlisted laparoscopy procedure, spleen	0	0	0	0	0.00
38200	Injection procedure for splenoportography	351	464	724	139	3.85

GENERAL

38204	Management of recipient hematopoietic progenitor cell donor search and cell acquisition	267	353	551	106	2.93
38205	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; allogeneic	285	377	588	88	2.44
38206	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; autologous	336	444	694	88	2.43
38207	Transplant preparation of hematopoietic progenitor cells; cryopreservation and storage	568	752	1174	47	1.31
38208	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, without washing, per donor	307	407	635	30	0.83
38209	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, with washing, per donor	32	42	66	13	0.35
38210	Transplant preparation of hematopoietic progenitor cells; specific cell depletion within harvest, T-cell depletion	209	276	431	83	2.29
38211	Transplant preparation of hematopoietic progenitor cells; tumor cell depletion	189	251	391	75	2.08
38212	Transplant preparation of hematopoietic progenitor cells; red blood cell removal	127	168	261	50	1.39

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
38213	Transplant preparation of hematopoietic progenitor cells; platelet depletion	32	42	66	13	0.35
38214	Transplant preparation of hematopoietic progenitor cells; plasma (volume) depletion	128	170	265	43	1.20
38215	Transplant preparation of hematopoietic progenitor cells; cell concentration in plasma, mononuclear, or buffy coat layer	127	168	261	50	1.39
38220	Diagnostic bone marrow; aspiration(s)	398	527	822	172	4.77
38221	Diagnostic bone marrow; biopsy(ies)	425	563	879	161	4.47
38222	Diagnostic bone marrow; biopsy(ies) and aspiration(s)	402	532	831	178	4.94
38230	Bone marrow harvesting for transplantation; allogeneic	799	1057	1650	214	5.92
38232	Bone marrow harvesting for transplantation; autologous	1120	1483	2315	208	5.76
38240	Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor	2035	2693	4203	245	6.78
38241	Hematopoietic progenitor cell (HPC); autologous transplantation	1526	2020	3152	181	5.02
38242	Allogeneic lymphocyte infusions	643	852	1329	131	3.63
38243	Hematopoietic progenitor cell (HPC); HPC boost	318	421	656	126	3.49

LYMPH NODES AND LYMPHATIC CHANNELS

38300	Drainage of lymph node abscess or lymphadenitis; simple	856	1133	1768	339	9.40
38305	Drainage of lymph node abscess or lymphadenitis; extensive	1189	1574	2457	510	14.13
38308	Lymphangiectomy or other operations on lymphatic channels	1904	2520	3934	475	13.17
38380	Suture and/or ligation of thoracic duct; cervical approach	1490	1972	3077	590	16.36
38381	Suture and/or ligation of thoracic duct; thoracic approach	2115	2800	4370	838	23.23
38382	Suture and/or ligation of thoracic duct; abdominal approach	1787	2366	3692	708	19.63

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2018	MFS RVU
38500	Biopsy or excision of lymph node(s); open, superficial	800	1059	1652	349	9.68
38505	Biopsy or excision of lymph node(s); by needle, superficial (eg, cervical, inguinal, axillary)	308	408	636	128	3.55
38510	Biopsy or excision of lymph node(s); open, deep cervical node(s)	1289	1707	2664	545	15.10
38520	Biopsy or excision of lymph node(s); open, deep cervical node(s) with excision scalene fat pad	1172	1552	2422	485	13.44
38525	Biopsy or excision of lymph node(s); open, deep axillary node(s)	1219	1614	2518	458	12.70
38530	Biopsy or excision of lymph node(s); open, internal mammary node(s)	3030	4011	6260	590	16.34
38531	Biopsy or excision of lymph node(s); open, inguino-femoral node(s)	1261	1669	2604	452	12.52
38542	Dissection, deep jugular node(s)	1376	1822	2843	537	14.87
38550	Excision of cystic hygroma, axillary or cervical; without deep neurovascular dissection	1358	1797	2805	538	14.91
38555	Excision of cystic hygroma, axillary or cervical; with deep neurovascular dissection	2691	3561	5558	1066	29.55
38562	Limited lymphadenectomy for staging (separate procedure); pelvic and para-aortic	2286	3026	4722	737	20.41
38564	Limited lymphadenectomy for staging (separate procedure); retroperitoneal (aortic and/or splenic)	2128	2817	4396	737	20.43
38570	Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple	1744	2309	3603	534	14.79
38571	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy	2240	2966	4628	692	19.17
38572	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy), single or multiple	2866	3794	5922	950	26.32
38573	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling, peritoneal washings, peritoneal biopsy(ies), omentectomy, and diaphragmatic washings, including diaphragmatic and other serosal biopsy(ies), when performed	3658	4843	7558	1210	33.52

MEDICAL FEES 2020

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
38589	Unlisted laparoscopy procedure, lymphatic system	0	0	0	0	0.00
38700	Suprahyoid lymphadenectomy	2393	3168	4944	833	23.08
38720	Cervical lymphadenectomy (complete)	3846	5091	7945	1391	38.53
38724	Cervical lymphadenectomy (modified radical neck dissection)	4449	5889	9192	1500	41.55
38740	Axillary lymphadenectomy; superficial	1914	2534	3955	732	20.29
38745	Axillary lymphadenectomy; complete	2501	3311	5168	922	25.55
38746	Thoracic lymphadenectomy by thoracotomy, mediastinal and regional lymphadenectomy (List separately in addition to code for primary procedure)	677	896	1399	224	6.22
38747	Abdominal lymphadenectomy, regional, including celiac, gastric, portal, peripancreatic, with or without para-aortic and vena caval nodes (List separately in addition to code for primary procedure)	823	1090	1701	281	7.78
38760	Inguinofemoral lymphadenectomy, superficial, including Cloquet's node (separate procedure)	2321	3073	4796	877	24.29
38765	Inguinofemoral lymphadenectomy, superficial, in continuity with pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes (separate procedure)	3515	4652	7261	1361	37.72
38770	Pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes (separate procedure)	2293	3036	4738	838	23.22
38780	Retroperitoneal transabdominal lymphadenectomy, extensive, including pelvic, aortic, and renal nodes (separate procedure)	3776	4998	7801	1080	29.92
38790	Injection procedure; lymphangiography	307	406	634	85	2.36
38792	Injection procedure; radioactive tracer for identification of sentinel node	134	178	278	86	2.37
38794	Cannulation, thoracic duct	776	1027	1603	307	8.52
38900	Intraoperative identification (eg, mapping) of sentinel lymph node(s) includes injection of non-radioactive dye, when performed (List separately in addition to code for primary procedure)	419	554	865	145	4.03
38999	Unlisted procedure, hemic or lymphatic system	0	0	0	0	0.00

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
MEDIASTINUM AND DIAPHRAGM						
MEDIASTINUM						
39000		1520	2023	3261	516	14.33
39000	Mediastinotomy with exploration, drainage, removal of foreign body, or biopsy; cervical approach	1278	1723	2511	518	14.34
39010	Mediastinotomy with exploration, drainage, removal of foreign body, or biopsy; transthoracic approach, including either transthoracic or median sternotomy	2515	3393	4944	821	22.75
39200	Resection of mediastinal cyst	2651	3575	5211	910	25.21
39220	Resection of mediastinal tumor	3635	4903	7145	1184	32.80
39401	Mediastinoscopy; includes biopsy(ies) of mediastinal mass (eg, lymphoma), when performed	989	1333	1943	322	8.93
39402	Mediastinoscopy; with lymph node biopsy(ies) (eg, lung cancer staging)	1165	1572	2291	422	11.68
39499	Unlisted procedure, mediastinum	0	0	0	0	0.00
DIAPHRAGM						
39501		2594	3452	5566	884	24.56
39501	Repair, laceration of diaphragm, any approach	2603	3511	5117	894	24.78
39503	Repair, neonatal diaphragmatic hernia, with or without chest tube insertion and with or without creation of ventral hernia	19528	26341	38388	6251	173.20
39540	Repair, diaphragmatic hernia (other than neonatal), traumatic; acute	2670	3601	5248	913	25.31
39541	Repair, diaphragmatic hernia (other than neonatal), traumatic; chronic	2944	3971	5786	986	27.33
39545	Imbrication of diaphragm for eventration, transthoracic or transabdominal, paralytic or nonparalytic	3115	4202	6124	933	25.85
39560	Resection, diaphragm; with simple repair (eg, primary suture)	2432	3280	4781	835	23.15
39561	Resection, diaphragm; with complex repair (eg, prosthetic material, local muscle flap)	3772	5087	7414	1295	35.87
39599	Unlisted procedure, diaphragm	0	0	0	0	0.00

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CPT	DESCRIPTION	UCR 50TH	UCR 75TH	UCR 90TH	MFS 2020	MFS RVU
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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
DIGESTIVE SYSTEM						
LIPS						
40490	Biopsy of lip	236	325	445	128	3.55
40500	Vermilionectomy (lip shave), with mucosal advancement	1152	1584	2171	531	14.71
40510	Excision of lip; transverse wedge excision with primary closure	1086	1494	2048	504	13.97
40520	Excision of lip; V-excision with primary direct linear closure	1144	1574	2156	513	14.22
40525	Excision of lip; full thickness, reconstruction with local flap (eg, Estlander or fan)	2015	2772	3798	573	15.88
40527	Excision of lip; full thickness, reconstruction with cross lip flap (Abbe-Estlander)	1388	1909	2616	640	17.73
40530	Resection of lip, more than one-fourth, without reconstruction	1222	1681	2304	563	15.61
40650	Repair lip, full thickness; vermilion only	1304	1794	2458	479	13.27
40652	Repair lip, full thickness; up to half vertical height	1423	1957	2682	525	14.54
40654	Repair lip, full thickness; over one-half vertical height, or complex	1469	2021	2769	597	16.53
40700	Plastic repair of cleft lip/nasal deformity; primary, partial or complete, unilateral	3474	4778	6547	1055	29.23
40701	Plastic repair of cleft lip/nasal deformity; primary bilateral, 1-stage procedure	2711	3728	5109	1249	34.62
40702	Plastic repair of cleft lip/nasal deformity; primary bilateral, 1 of 2 stages	2275	3128	4287	1048	29.05
40720	Plastic repair of cleft lip/nasal deformity; secondary, by recreation of defect and reclosure	3609	4964	6802	1077	29.83
40761	Plastic repair of cleft lip/nasal deformity; with cross lip pedicle flap (Abbe-Estlander type), including sectioning and inserting of pedicle	2463	3388	4642	1135	31.46
40799	Unlisted procedure, lips	0	0	0	0	0.00
VESTIBULE OF MOUTH						
40800	Drainage of abscess, cyst, hematoma, vestibule of mouth; simple	407	560	767	215	5.96

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
40801	Drainage of abscess, cyst, hematoma, vestibule of mouth; complicated	526	724	992	310	8.59
40804	Removal of embedded foreign body, vestibule of mouth; simple	448	617	845	203	5.63
40805	Removal of embedded foreign body, vestibule of mouth; complicated	665	914	1253	306	8.49
40806	Incision of labial frenum (frenotomy)	278	382	523	102	2.84
40808	Biopsy, vestibule of mouth	394	542	743	164	4.54
40810	Excision of lesion of mucosa and submucosa, vestibule of mouth; without repair	457	629	861	217	6.01
40812	Excision of lesion of mucosa and submucosa, vestibule of mouth; with simple repair	566	779	1067	296	8.19
40814	Excision of lesion of mucosa and submucosa, vestibule of mouth; with complex repair	763	1050	1439	393	10.88
40816	Excision of lesion of mucosa and submucosa, vestibule of mouth; complex, with excision of underlying muscle	865	1189	1630	413	11.45
40818	Excision of mucosa of vestibule of mouth as donor graft	820	1128	1545	378	10.48
40819	Excision of frenum, labial or buccal (frenumectomy, frenulectomy, frenectomy)	507	697	955	291	8.06
40820	Destruction of lesion or scar of vestibule of mouth by physical methods (eg, laser, thermal, cryo, chemical)	594	817	1119	268	7.42
40830	Closure of laceration, vestibule of mouth; 2.5 cm or less	1013	1394	1910	288	7.98
40831	Closure of laceration, vestibule of mouth; over 2.5 cm or complex	1015	1396	1912	367	10.18
40840	Vestibuloplasty; anterior	1828	2515	3446	864	23.93
40842	Vestibuloplasty; posterior, unilateral	1919	2639	3616	946	26.20
40843	Vestibuloplasty; posterior, bilateral	2535	3487	4778	1233	34.17
40844	Vestibuloplasty; entire arch	3303	4543	6226	1550	42.94
40845	Vestibuloplasty; complex (including ridge extension, muscle repositioning)	4110	5654	7747	1519	42.10
40899	Unlisted procedure, vestibule of mouth	0	0	0	0	0.00

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
TONGUE AND FLOOR OF MOUTH						
41000	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; lingual	393	540	740	164	4.54
41005	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; sublingual, superficial	485	668	915	224	6.20
41006	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; sublingual, deep, supramylohyoid	918	1263	1730	354	9.81
41007	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; submental space	754	1037	1421	348	9.63
41008	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; submandibular space	781	1075	1473	397	10.99
41009	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; masticator space	839	1154	1581	426	11.81
41010	Incision of lingual frenum (frenotomy)	495	682	934	215	5.97
41015	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; sublingual	975	1341	1838	419	11.60
41016	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; submental	982	1350	1850	470	13.01
41017	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; submandibular	1100	1513	2073	468	12.96
41018	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; masticator space	1161	1597	2188	526	14.58
41019	Placement of needles, catheters, or other device(s) into the head and/or neck region (percutaneous, transoral, or transnasal) for subsequent interstitial radioelement application	1088	1497	2051	502	13.90
41100	Biopsy of tongue; anterior two-thirds	401	551	755	180	5.00
41105	Biopsy of tongue; posterior one-third	407	560	767	182	5.05
41108	Biopsy of floor of mouth	311	428	586	160	4.43
41110	Excision of lesion of tongue without closure	457	628	861	227	6.29

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
41112	Excision of lesion of tongue with closure; anterior two-thirds	747	1027	1407	345	9.57
41113	Excision of lesion of tongue with closure; posterior one-third	838	1152	1579	375	10.40
41114	Excision of lesion of tongue with closure; with local tongue flap	1274	1753	2402	640	17.74
41115	Excision of lingual frenum (frenectomy)	530	729	999	262	7.25
41116	Excision, lesion of floor of mouth	793	1091	1495	343	9.50
41120	Glossectomy; less than one-half tongue	3144	4325	5926	1097	30.39
41130	Glossectomy; hemiglossectomy	3852	5298	7260	1356	37.58
41135	Glossectomy; partial, with unilateral radical neck dissection	4990	6864	9405	2240	62.07
41140	Glossectomy; complete or total, with or without tracheostomy, without radical neck dissection	4884	6718	9205	2251	62.38
41145	Glossectomy; complete or total, with or without tracheostomy, with unilateral radical neck dissection	6181	8501	11649	2849	78.94
41150	Glossectomy; composite procedure with resection floor of mouth and mandibular resection, without radical neck dissection	7071	9726	13327	2267	62.82
41153	Glossectomy; composite procedure with resection floor of mouth, with suprahyoid neck dissection	5357	7368	10097	2469	68.42
41155	Glossectomy; composite procedure with resection floor of mouth, mandibular resection, and radical neck dissection (Commando type)	7174	9868	13521	3110	86.18
41250	Repair of laceration 2.5 cm or less; floor of mouth and/or anterior two-thirds of tongue	763	1050	1439	288	7.98
41251	Repair of laceration 2.5 cm or less; posterior one-third of tongue	691	951	1303	319	8.83
41252	Repair of laceration of tongue, floor of mouth, over 2.6 cm or complex	978	1345	1843	331	9.18
41510	Suture of tongue to lip for micrognathia (Douglas type procedure)	1000	1375	1884	461	12.77
41512	Tongue base suspension, permanent suture technique	1474	2027	2777	679	18.82
41520	Frenoplasty (surgical revision of frenum, eg, with Z-plasty)	918	1263	1731	367	10.16

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
41530	Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session	5917	8138	11151	979	27.12
41599	Unlisted procedure, tongue, floor of mouth	0	0	0	0	0.00
DENTOALVEOLAR STRUCTURES						
41800		654	886	1241	299	8.29
41800	Drainage of abscess, cyst, hematoma from dentoalveolar structures	723	995	1363	302	8.38
41805	Removal of embedded foreign body from dentoalveolar structures; soft tissues	1015	1396	1912	305	8.45
41806	Removal of embedded foreign body from dentoalveolar structures; bone	896	1233	1690	413	11.45
41820	Gingivectomy, excision gingiva, each quadrant	800	1100	1507	0	0.00
41821	Operculectomy, excision pericoronal tissues	285	392	537	0	0.00
41822	Excision of fibrous tuberosities, dentoalveolar structures	688	946	1296	357	9.88
41823	Excision of osseous tuberosities, dentoalveolar structures	597	821	1125	525	14.54
41825	Excision of lesion or tumor (except listed above), dentoalveolar structures; without repair	448	616	843	223	6.19
41826	Excision of lesion or tumor (except listed above), dentoalveolar structures; with simple repair	712	979	1341	323	8.96
41827	Excision of lesion or tumor (except listed above), dentoalveolar structures; with complex repair	1067	1468	2011	461	12.76
41828	Excision of hyperplastic alveolar mucosa, each quadrant (specify)	525	723	990	359	9.95
41830	Alveolectomy, including curettage of osteitis or sequestrectomy	767	1055	1446	472	13.07
41850	Destruction of lesion (except excision), dentoalveolar structures	0	0	0	0	0.00
41870	Periodontal mucosal grafting	559	769	1054	0	0.00
41872	Gingivoplasty, each quadrant (specify)	943	1298	1778	463	12.82
41874	Alveoloplasty, each quadrant (specify)	649	893	1224	404	11.20
41899	Unlisted procedure, dentoalveolar structures	0	0	0	0	0.00

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
PALATE AND UVULA						
42000	Drainage of abscess of palate, uvula	531	749	1175	162	4.49
42100	Biopsy of palate, uvula	376	531	833	152	4.22
42104	Excision, lesion of palate, uvula; without closure	503	709	1113	224	6.20
42106	Excision, lesion of palate, uvula; with simple primary closure	622	877	1378	275	7.62
42107	Excision, lesion of palate, uvula; with local flap closure	1044	1471	2310	479	13.27
42120	Resection of palate or extensive resection of lesion	2836	3997	6276	1037	28.74
42140	Uvulectomy, excision of uvula	548	772	1212	290	8.04
42145	Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)	2158	3042	4776	715	19.80
42160	Destruction of lesion, palate or uvula (thermal, cryo or chemical)	651	917	1440	242	6.71
42180	Repair, laceration of palate; up to 2 cm	695	980	1539	259	7.17
42182	Repair, laceration of palate; over 2 cm or complex	906	1277	2005	337	9.34
42200	Palatoplasty for cleft palate, soft and/or hard palate only	3380	4765	7481	984	27.26
42205	Palatoplasty for cleft palate, with closure of alveolar ridge; soft tissue only	2756	3885	6100	1026	28.42
42210	Palatoplasty for cleft palate, with closure of alveolar ridge; with bone graft to alveolar ridge (includes obtaining graft)	4300	6061	9516	1144	31.70
42215	Palatoplasty for cleft palate; major revision	2520	3552	5577	746	20.66
42220	Palatoplasty for cleft palate; secondary lengthening procedure	1648	2323	3647	613	16.99
42225	Palatoplasty for cleft palate; attachment pharyngeal flap	3873	5459	8572	1019	28.24
42226	Lengthening of palate, and pharyngeal flap	2472	3484	5470	913	25.29
42227	Lengthening of palate, with island flap	2294	3233	5076	854	23.65
42235	Repair of anterior palate, including vomer flap	2346	3306	5191	747	20.70

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
42260	Repair of nasolabial fistula	2308	3254	5109	859	23.80
42280	Maxillary impression for palatal prosthesis	351	495	777	183	5.08
42281	Insertion of pin-retained palatal prosthesis	631	890	1397	235	6.51
42299	Unlisted procedure, palate, uvula	0	0	0	0	0.00

SALIVARY GLAND AND DUCTS

42300	Drainage of abscess; parotid, simple	592	834	1309	220	6.10
42305	Drainage of abscess; parotid, complicated	1188	1675	2629	442	12.25
42310	Drainage of abscess; submaxillary or sublingual, intraoral	484	682	1071	180	4.99
42320	Drainage of abscess; submaxillary, external	709	999	1569	264	7.31
42330	Sialolithotomy; submandibular (submaxillary), sublingual or parotid, uncomplicated, intraoral	543	765	1201	239	6.63
42335	Sialolithotomy; submandibular (submaxillary), complicated, intraoral	928	1308	2054	417	11.55
42340	Sialolithotomy; parotid, extraoral or complicated intraoral	1376	1940	3046	512	14.19
42400	Biopsy of salivary gland; needle	229	322	506	106	2.95
42405	Biopsy of salivary gland; incisional	705	994	1560	311	8.61
42408	Excision of sublingual salivary cyst (ranula)	1064	1500	2355	542	15.03
42409	Marsupialization of sublingual salivary cyst (ranula)	1009	1422	2232	375	10.40
42410	Excision of parotid tumor or parotid gland; lateral lobe, without nerve dissection	1736	2446	3841	646	17.91
42415	Excision of parotid tumor or parotid gland; lateral lobe, with dissection and preservation of facial nerve	3083	4345	6823	1092	30.25
42420	Excision of parotid tumor or parotid gland; total, with dissection and preservation of facial nerve	3702	5218	8193	1227	33.99
42425	Excision of parotid tumor or parotid gland; total, en bloc removal with sacrifice of facial nerve	2325	3277	5145	865	23.97
42426	Excision of parotid tumor or parotid gland; total, with unilateral radical neck dissection	3760	5300	8322	1399	38.77

MEDICAL FEES 2020

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
42440	Excision of submandibular (submaxillary) gland	1514	2134	3351	426	11.80
42450	Excision of sublingual gland	1357	1912	3002	476	13.19
42500	Plastic repair of salivary duct, sialodochoplasty; primary or simple	1348	1899	2982	450	12.48
42505	Plastic repair of salivary duct, sialodochoplasty; secondary or complicated	1821	2566	4029	578	16.01
42507	Parotid duct diversion, bilateral (Wilke type procedure);	1383	1949	3061	515	14.26
42509	Parotid duct diversion, bilateral (Wilke type procedure); with excision of both submandibular glands	2297	3237	5083	855	23.68
42510	Parotid duct diversion, bilateral (Wilke type procedure); with ligation of both submandibular (Wharton's) ducts	1702	2399	3767	633	17.55
42550	Injection procedure for sialography	426	600	942	158	4.39
42600	Closure salivary fistula	1413	1992	3127	526	14.57
42650	Dilation salivary duct	186	262	412	81	2.25
42660	Dilation and catheterization of salivary duct, with or without injection	340	479	753	127	3.52
42665	Ligation salivary duct, intraoral	952	1342	2108	354	9.82
42699	Unlisted procedure, salivary glands or ducts	0	0	0	0	0.00
PHARYNX, ADENOIDS AND TONSILS						
42700	Incision and drainage abscess; peritonsillar	491	801	1746	197	5.46
42720	Incision and drainage abscess; retropharyngeal or parapharyngeal, intraoral approach	1068	1740	3794	467	12.95
42725	Incision and drainage abscess; retropharyngeal or parapharyngeal, external approach	1940	3161	6892	832	23.06
42800	Biopsy; oropharynx	372	606	1322	162	4.49
42804	Biopsy; nasopharynx, visible lesion, simple	457	744	1623	204	5.65
42806	Biopsy; nasopharynx, survey for unknown primary lesion	510	831	1812	228	6.33
42808	Excision or destruction of lesion of pharynx, any method	597	972	2120	236	6.53
42809	Removal of foreign body from pharynx	570	928	2024	208	5.76

SURGERY – DIGESTIVE SYSTEM

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
42810	Excision branchial cleft cyst or vestige, confined to skin and subcutaneous tissues	1106	1801	3927	397	11.00
42815	Excision branchial cleft cyst, vestige, or fistula, extending beneath subcutaneous tissues and/or into pharynx	1848	3010	6564	564	15.62
42820	Tonsillectomy and adenoidectomy; younger than age 12	943	1537	3351	298	8.26
42821	Tonsillectomy and adenoidectomy; age 12 or over	931	1518	3309	311	8.62
42825	Tonsillectomy, primary or secondary; younger than age 12	829	1350	2944	271	7.52
42826	Tonsillectomy, primary or secondary; age 12 or over	788	1284	2799	260	7.20
42830	Adenoidectomy, primary; younger than age 12	662	1078	2351	215	5.95
42831	Adenoidectomy, primary; age 12 or over	706	1150	2508	232	6.44
42835	Adenoidectomy, secondary; younger than age 12	607	988	2155	199	5.51
42836	Adenoidectomy, secondary; age 12 or over	760	1238	2700	249	6.89
42842	Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; without closure	3095	5043	10996	1039	28.78
42844	Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; closure with local flap (eg, tongue, buccal)	4382	7139	15567	1432	39.67
42845	Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; closure with other flap	7058	11499	25075	2306	63.90
42860	Excision of tonsil tags	596	972	2119	195	5.40
42870	Excision or destruction lingual tonsil, any method (separate procedure)	1638	2669	5820	606	16.78
42890	Limited pharyngectomy	4296	6998	15261	1472	40.78
42892	Resection of lateral pharyngeal wall or pyriform sinus, direct closure by advancement of lateral and posterior pharyngeal walls	5920	9646	21033	1934	53.60
42894	Resection of pharyngeal wall requiring closure with myocutaneous or fasciocutaneous flap or free muscle, skin, or fascial flap with microvascular anastomosis	7482	12190	26582	2445	67.74
42900	Suture pharynx for wound or injury	1056	1720	3751	345	9.56

MEDICAL FEES 2020

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
42950	Pharyngoplasty (plastic or reconstructive operation on pharynx)	2744	4471	9750	825	22.86
42953	Pharyngoesophageal repair	3022	4924	10736	987	27.36
42955	Pharyngostomy (fistulization of pharynx, external for feeding)	2397	3905	8515	783	21.70
42960	Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); simple	451	735	1603	171	4.73
42961	Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); complicated, requiring hospitalization	1000	1629	3553	430	11.92
42962	Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); with secondary surgical intervention	1309	2132	4649	531	14.70
42970	Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); simple, with posterior nasal packs, with or without anterior packs and/or cautery	1296	2111	4603	423	11.73
42971	Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); complicated, requiring hospitalization	1430	2330	5082	467	12.95
42972	Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); with secondary surgical intervention	1603	2611	5694	524	14.51
42999	Unlisted procedure, pharynx, adenoids, or tonsils	0	0	0	0	0.00
ESOPHAGUS						
43020	Esophagotomy, cervical approach, with removal of foreign body	1316	1917	3166	587	16.27
43030	Cricopharyngeal myotomy	1686	2455	4054	537	14.89
43045	Esophagotomy, thoracic approach, with removal of foreign body	3046	4435	7326	1358	37.64
43100	Excision of lesion, esophagus, with primary repair; cervical approach	1457	2122	3505	650	18.01
43101	Excision of lesion, esophagus, with primary repair; thoracic or abdominal approach	2355	3429	5663	1050	29.10
43107	Total or near total esophagectomy, without thoracotomy; with pharyngogastrostomy or cervical esophagogastronomy, with or without pyloroplasty (transhiatal)	7605	11075	18293	3124	86.57

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
43108	Total or near total esophagectomy, without thoracotomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation and anastomosis(es)	10484	15267	25217	4676	129.57
43112	Total or near total esophagectomy, with thoracotomy; with pharyngogastrostomy or cervical esophagogastronomy, with or without pyloroplasty (ie, McKeown esophagectomy or tri-incisional esophagectomy)	8194	11933	19709	3655	101.27
43113	Total or near total esophagectomy, with thoracotomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)	10233	14902	24614	4564	126.47
43116	Partial esophagectomy, cervical, with free intestinal graft, including microvascular anastomosis, obtaining the graft and intestinal reconstruction	11737	17093	28232	5235	145.06
43117	Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with thoracic esophagogastronomy, with or without pyloroplasty (Ivor Lewis)	7714	11233	18554	3405	94.36
43118	Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)	8530	12422	20517	3805	105.42
43121	Partial esophagectomy, distal two-thirds, with thoracotomy only, with or without proximal gastrectomy, with thoracic esophagogastronomy, with or without pyloroplasty	6701	9758	16117	2989	82.81
43122	Partial esophagectomy, thoracoabdominal or abdominal approach, with or without proximal gastrectomy; with esophagogastronomy, with or without pyloroplasty	6018	8763	14474	2684	74.37
43123	Partial esophagectomy, thoracoabdominal or abdominal approach, with or without proximal gastrectomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)	10614	15456	25529	4734	131.17
43124	Total or partial esophagectomy, without reconstruction (any approach), with cervical esophagostomy	8944	13025	21513	3989	110.54

MEDICAL FEES 2020

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
43130	Diverticulectomy of hypopharynx or esophagus, with or without myotomy; cervical approach	2405	3502	5784	818	22.66
43135	Diverticulectomy of hypopharynx or esophagus, with or without myotomy; thoracic approach	3448	5021	8293	1538	42.61
43180	Esophagoscopy, rigid, transoral with diverticulectomy of hypopharynx or cervical esophagus (eg, Zenker's diverticulum), with cricopharyngeal myotomy, includes use of telescope or operating microscope and repair, when performed	1632	2377	3926	566	15.68
43191	Esophagoscopy, rigid, transoral; diagnostic, including collection of specimen(s) by brushing or washing when performed (separate procedure)	390	568	939	160	4.43
43192	Esophagoscopy, rigid, transoral; with directed submucosal injection(s), any substance	404	588	972	175	4.86
43193	Esophagoscopy, rigid, transoral; with biopsy, single or multiple	543	790	1305	175	4.85
43194	Esophagoscopy, rigid, transoral; with removal of foreign body(s)	569	829	1369	200	5.55
43195	Esophagoscopy, rigid, transoral; with balloon dilation (less than 30 mm diameter)	571	831	1373	191	5.28
43196	Esophagoscopy, rigid, transoral; with insertion of guide wire followed by dilation over guide wire	993	1445	2387	203	5.63
43197	Esophagoscopy, flexible, transnasal; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	557	811	1339	199	5.52
43198	Esophagoscopy, flexible, transnasal; with biopsy, single or multiple	670	976	1611	219	6.08
43200	Esophagoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	659	960	1585	249	6.89
43201	Esophagoscopy, flexible, transoral; with directed submucosal injection(s), any substance	643	937	1548	249	6.89
43202	Esophagoscopy, flexible, transoral; with biopsy, single or multiple	662	964	1592	348	9.64

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
43204	Esophagoscopy, flexible, transoral; with injection sclerosis of esophageal varices	316	460	759	141	3.90
43205	Esophagoscopy, flexible, transoral; with band ligation of esophageal varices	712	1037	1713	147	4.07
43206	Esophagoscopy, flexible, transoral; with optical endomicroscopy	659	959	1584	294	8.14
43210	Esophagogastroduodenoscopy, flexible, transoral; with esophagogastric fundoplasty, partial or complete, includes duodenoscopy when performed	1259	1833	3028	451	12.51
43211	Esophagoscopy, flexible, transoral; with endoscopic mucosal resection	548	798	1318	244	6.77
43212	Esophagoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	628	914	1510	198	5.48
43213	Esophagoscopy, flexible, transoral; with dilation of esophagus, by balloon or dilator, retrograde (includes fluoroscopic guidance, when performed)	1387	2020	3336	1263	34.99
43214	Esophagoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)	740	1077	1779	201	5.56
43215	Esophagoscopy, flexible, transoral; with removal of foreign body(s)	779	1134	1873	395	10.95
43216	Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	885	1288	2128	404	11.19
43217	Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	925	1347	2225	413	11.43
43220	Esophagoscopy, flexible, transoral; with transendoscopic balloon dilation (less than 30 mm diameter)	1141	1662	2745	1039	28.79
43226	Esophagoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) over guide wire	804	1171	1934	368	10.19
43227	Esophagoscopy, flexible, transoral; with control of bleeding, any method	813	1184	1955	638	17.69

MEDICAL FEES 2020

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
43229	Esophagoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	808	1177	1944	715	19.82
43231	Esophagoscopy, flexible, transoral; with endoscopic ultrasound examination	589	858	1418	166	4.59
43232	Esophagoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s)	750	1092	1803	208	5.75
43233	Esophagogastroduodenoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)	633	921	1521	239	6.62
43235	Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	650	947	1564	288	7.98
43236	Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance	756	1102	1819	384	10.65
43237	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures	674	982	1622	204	5.64
43238	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), (includes endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures)	820	1194	1973	242	6.70
43239	Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple	814	1186	1959	384	10.63
43240	Esophagogastroduodenoscopy, flexible, transoral; with transmural drainage of pseudocyst (includes placement of transmural drainage catheter[s]/stent[s], when performed, and endoscopic ultrasound, when performed)	1222	1779	2939	409	11.33
43241	Esophagogastroduodenoscopy, flexible, transoral; with insertion of intraluminal tube or catheter	617	898	1484	148	4.09
43242	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle	1097	1598	2639	274	7.58

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
	aspiration/biopsy(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)					
43243	Esophagogastroduodenoscopy, flexible, transoral; with injection sclerosis of esophageal/gastric varices	785	1143	1888	247	6.85
43244	Esophagogastroduodenoscopy, flexible, transoral; with band ligation of esophageal/gastric varices	841	1225	2023	256	7.08
43245	Esophagogastroduodenoscopy, flexible, transoral; with dilation of gastric/duodenal stricture(s) (eg, balloon, bougie)	857	1248	2061	606	16.79
43246	Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube	757	1102	1821	209	5.80
43247	Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body(s)	756	1101	1819	381	10.57
43248	Esophagogastroduodenoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) through esophagus over guide wire	834	1215	2006	400	11.07
43249	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter)	1231	1793	2961	1121	31.05
43250	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	1007	1466	2421	446	12.35
43251	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	951	1384	2286	490	13.58
43252	Esophagogastroduodenoscopy, flexible, transoral; with optical endomicroscopy	661	963	1591	334	9.25
43253	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided transmural injection of diagnostic or therapeutic substance(s) (eg, anesthetic, neurolytic agent) or fiducial marker(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)	855	1245	2056	274	7.60

MEDICAL FEES 2020

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
43254	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection	921	1341	2215	281	7.80
43255	Esophagogastroduodenoscopy, flexible, transoral; with control of bleeding, any method	892	1298	2145	675	18.69
43257	Esophagogastroduodenoscopy, flexible, transoral; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for therapy gastroesophageal reflux disease	887	1292	2134	243	6.74
43259	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination, including the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis	881	1283	2120	236	6.53
43260	Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	1001	1458	2408	336	9.31
43261	Endoscopic retrograde cholangiopancreatography (ERCP); with biopsy, single or multiple	1113	1621	2678	352	9.76
43262	Endoscopic retrograde cholangiopancreatography (ERCP); with sphincterotomy/papillotomy	1232	1795	2964	372	10.30
43263	Endoscopic retrograde cholangiopancreatography (ERCP); with pressure measurement of sphincter of Oddi	994	1447	2391	372	10.30
43264	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of calculi/debris from biliary/pancreatic duct(s)	1451	2113	3489	379	10.49
43265	Endoscopic retrograde cholangiopancreatography (ERCP); with destruction of calculi, any method (eg, mechanical, electrohydraulic, lithotripsy)	1569	2284	3773	451	12.51
43266	Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	743	1082	1788	227	6.29
43270	Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	1084	1579	2607	734	20.35

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
43273	Endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s) (List separately in addition to code(s) for primary procedure)	390	568	938	125	3.47
43274	Endoscopic retrograde cholangiopancreatography (ERCP); with placement of endoscopic stent into biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent	1436	2090	3453	482	13.36
43275	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s)	1214	1769	2921	392	10.86
43276	Endoscopic retrograde cholangiopancreatography (ERCP); with removal and exchange of stent(s), biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent exchanged	1574	2292	3786	502	13.90
43277	Endoscopic retrograde cholangiopancreatography (ERCP); with trans-endoscopic balloon dilation of biliary/pancreatic duct(s) or of ampulla (sphincteroplasty), including sphincterotomy, when performed, each duct	1171	1705	2816	394	10.92
43278	Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s), or other lesion(s), including pre- and post-dilation and guide wire passage, when performed	1326	1931	3190	451	12.51
43279	Laparoscopy, surgical, esophagomyotomy (Heller type), with fundoplasty, when performed	3634	5292	8741	1355	37.55
43280	Laparoscopy, surgical, esophagogastric fundoplasty (eg, Nissen, Toupet procedures)	3088	4498	7429	1136	31.48
43281	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; without implantation of mesh	4597	6694	11057	1625	45.02
43282	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; with implantation of mesh	4464	6500	10736	1827	50.62

MEDICAL FEES 2020

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
43283	Laparoscopy, surgical, esophageal lengthening procedure (eg, Collis gastroplasty or wedge gastroplasty) (List separately in addition to code for primary procedure)	464	676	1116	166	4.60
43284	Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (ie, magnetic band), including cruroplasty when performed	2050	2985	4930	684	18.94
43285	Removal of esophageal sphincter augmentation device	1579	2299	3797	704	19.51
43286	Esophagectomy, total or near total, with laparoscopic mobilization of the abdominal and mediastinal esophagus and proximal gastrectomy, with laparoscopic pyloric drainage procedure if performed, with open cervical pharyngogastrostomy or esophagogastrostomy (ie, laparoscopic transhiatal esophagectomy)	7468	10875	17962	3331	92.29
43287	Esophagectomy, distal two-thirds, with laparoscopic mobilization of the abdominal and lower mediastinal esophagus and proximal gastrectomy, with laparoscopic pyloric drainage procedure if performed, with separate thoracoscopic mobilization of the middle and upper mediastinal esophagus and thoracic esophagogastrostomy (ie, laparoscopic thoracoscopic esophagectomy, Ivor Lewis esophagectomy)	10357	15083	24912	3770	104.46
43288	Esophagectomy, total or near total, with thoracoscopic mobilization of the upper, middle, and lower mediastinal esophagus, with separate laparoscopic proximal gastrectomy, with laparoscopic pyloric drainage procedure if performed, with open cervical pharyngogastrostomy or esophagogastrostomy (ie, thoracoscopic, laparoscopic and cervical incision esophagectomy, McKeown esophagectomy, tri-incisional esophagectomy)	8885	12939	21371	3963	109.81
43289	Unlisted laparoscopy procedure, esophagus	0	0	0	0	0.00
43300	Esophagoplasty (plastic repair or reconstruction), cervical approach; without repair of tracheoesophageal fistula	1261	2984	5348	638	17.69
43305	Esophagoplasty (plastic repair or reconstruction), cervical approach; with repair of tracheoesophageal fistula	2230	5277	9457	1129	31.28
43310	Esophagoplasty (plastic repair or reconstruction), thoracic approach; without repair of tracheoesophageal fistula	3060	7240	12976	1549	42.92

SURGERY – DIGESTIVE SYSTEM

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
43312	Esophagoplasty (plastic repair or reconstruction), thoracic approach; with repair of tracheoesophageal fistula	3292	7788	13959	1666	46.17
43313	Esophagoplasty for congenital defect (plastic repair or reconstruction), thoracic approach; without repair of congenital tracheoesophageal fistula	5643	13350	23927	2856	79.14
43314	Esophagoplasty for congenital defect (plastic repair or reconstruction), thoracic approach; with repair of congenital tracheoesophageal fistula	6081	14387	25786	3078	85.29
43320	Esophagogastrostomy (cardioplasty), with or without vagotomy and pyloroplasty, transabdominal or transthoracic approach	2905	6874	12320	1471	40.75
43325	Esophagogastric fundoplasty, with fundic patch (Thal-Nissen procedure)	2825	6683	11979	1430	39.62
43327	Esophagogastric fundoplasty partial or complete; laparotomy	2501	5917	10605	863	23.90
43328	Esophagogastric fundoplasty partial or complete; thoracotomy	2324	5499	9856	1177	32.60
43330	Esophagomyotomy (Heller type); abdominal approach	2778	6572	11779	1406	38.96
43331	Esophagomyotomy (Heller type); thoracic approach	2764	6538	11719	1399	38.76
43332	Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; without implantation of mesh or other prosthesis	3058	7235	12968	1217	33.71
43333	Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; with implantation of mesh or other prosthesis	3191	7549	13530	1329	36.82
43334	Repair, paraesophageal hiatal hernia (including fundoplication), via thoracotomy, except neonatal; without implantation of mesh or other prosthesis	2893	6844	12266	1307	36.22
43335	Repair, paraesophageal hiatal hernia (including fundoplication), via thoracotomy, except neonatal; with implantation of mesh or other prosthesis	2763	6537	11716	1398	38.75
43336	Repair, paraesophageal hiatal hernia, (including fundoplication), via thoracoabdominal incision,	2997	7090	12707	1517	42.03

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
	except neonatal; without implantation of mesh or other prosthesis					
43337	Repair, paraesophageal hiatal hernia, (including fundoplication), via thoracoabdominal incision, except neonatal; with implantation of mesh or other prosthesis	3198	7566	13560	1619	44.85
43338	Esophageal lengthening procedure (eg, Collis gastroplasty or wedge gastroplasty) (List separately in addition to code for primary procedure)	240	568	1019	122	3.37
43340	Esophagojejunostomy (without total gastrectomy); abdominal approach	2868	6786	12163	1452	40.23
43341	Esophagojejunostomy (without total gastrectomy); thoracic approach	2890	6837	12254	1463	40.53
43351	Esophagostomy, fistulization of esophagus, external; thoracic approach	2714	6422	11510	1374	38.07
43352	Esophagostomy, fistulization of esophagus, external; cervical approach	2197	5199	9318	1112	30.82
43360	Gastrointestinal reconstruction for previous esophagectomy, for obstructing esophageal lesion or fistula, or for previous esophageal exclusion; with stomach, with or without pyloroplasty	4649	11000	19715	2353	65.21
43361	Gastrointestinal reconstruction for previous esophagectomy, for obstructing esophageal lesion or fistula, or for previous esophageal exclusion; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)	5605	13262	23770	2837	78.62
43400	Ligation, direct, esophageal varices	3166	7491	13427	1603	44.41
43405	Ligation or stapling at gastroesophageal junction for pre-existing esophageal perforation	3002	7103	12731	1520	42.11
43410	Suture of esophageal wound or injury; cervical approach	2094	4954	8880	1060	29.37
43415	Suture of esophageal wound or injury; transthoracic or transabdominal approach	5551	13133	23539	2690	74.54
43420	Closure of esophagostomy or fistula; cervical approach	2075	4909	8798	1050	29.10
43425	Closure of esophagostomy or fistula; transthoracic or transabdominal approach	2976	7041	12620	1506	41.74

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
43450	Dilation of esophagus, by unguided sound or bougie, single or multiple passes	344	815	1461	176	4.87
43453	Dilation of esophagus, over guide wire	994	2351	4214	905	25.07
43460	Esophagogastric tamponade, with balloon (Sengstaken type)	437	1034	1853	221	6.13
43496	Free jejunum transfer with microvascular anastomosis	4314	10208	18295	0	0.00
43499	Unlisted procedure, esophagus	0	0	0	0	0.00
STOMACH						
43500	Gastrotomy; with exploration or foreign body removal	2079	3081	5103	824	22.83
43501	Gastrotomy; with suture repair of bleeding ulcer	3164	4689	7767	1418	39.28
43502	Gastrotomy; with suture repair of pre-existing esophagogastric laceration (eg, Mallory-Weiss)	4976	7374	12216	1606	44.51
43510	Gastrotomy; with esophageal dilation and insertion of permanent intraluminal tube (eg, Celestin or Mousseaux-Barbin)	3090	4579	7586	998	27.64
43520	Pyloromyotomy, cutting of pyloric muscle (Fredet-Ramstedt type operation)	2258	3346	5543	719	19.93
43605	Biopsy of stomach, by laparotomy	2733	4051	6711	882	24.45
43610	Excision, local; ulcer or benign tumor of stomach	2553	3784	6268	1031	28.58
43611	Excision, local; malignant tumor of stomach	3397	5034	8340	1286	35.63
43620	Gastrectomy, total; with esophagoenterostomy	6472	9591	15888	2089	57.89
43621	Gastrectomy, total; with Roux-en-Y reconstruction	6731	9975	16525	2390	66.22
43622	Gastrectomy, total; with formation of intestinal pouch, any type	7549	11188	18534	2437	67.53
43631	Gastrectomy, partial, distal; with gastroduodenostomy	3854	5711	9461	1527	42.30
43632	Gastrectomy, partial, distal; with gastrojejunostomy	5100	7558	12522	2142	59.35
43633	Gastrectomy, partial, distal; with Roux-en-Y reconstruction	4987	7391	12244	2026	56.13
43634	Gastrectomy, partial, distal; with formation of intestinal pouch	6941	10286	17041	2241	62.09

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
43635	Vagotomy when performed with partial distal gastrectomy (List separately in addition to code[s] for primary procedure)	347	514	851	119	3.29
43640	Vagotomy including pyloroplasty, with or without gastrostomy; truncal or selective	3840	5691	9428	1240	34.35
43641	Vagotomy including pyloroplasty, with or without gastrostomy; parietal cell (highly selective)	3925	5817	9636	1267	35.11
43644	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)	5119	7586	12568	1829	50.67
43645	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption	6065	8988	14890	1947	53.95
43647	Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum	2464	3651	6049	0	0.00
43648	Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum	2194	3252	5387	0	0.00
43651	Laparoscopy, surgical; transection of vagus nerves, truncal	2133	3161	5237	689	19.08
43652	Laparoscopy, surgical; transection of vagus nerves, selective or highly selective	2492	3693	6118	804	22.29
43653	Laparoscopy, surgical; gastrostomy, without construction of gastric tube (eg, Stamm procedure) (separate procedure)	1957	2900	4805	603	16.72
43659	Unlisted laparoscopy procedure, stomach	0	0	0	0	0.00
43752	Naso- or oro-gastric tube placement, requiring physician's skill and fluoroscopic guidance (includes fluoroscopy, image documentation and report)	145	214	355	43	1.18
43753	Gastric intubation and aspiration(s) therapeutic, necessitating physician's skill (eg, for gastrointestinal hemorrhage), including lavage if performed	143	211	350	23	0.65
43754	Gastric intubation and aspiration, diagnostic; single specimen (eg, acid analysis)	300	445	737	187	5.18
43755	Gastric intubation and aspiration, diagnostic; collection of multiple fractional specimens with gastric stimulation, single or double lumen tube (gastric secretory study) (eg, histamine, insulin,	547	810	1342	176	4.89

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
	pentagastrin, calcium, secretin), includes drug administration					
43756	Duodenal intubation and aspiration, diagnostic, includes image guidance; single specimen (eg, bile study for crystals or afferent loop culture)	795	1178	1951	257	7.11
43757	Duodenal intubation and aspiration, diagnostic, includes image guidance; collection of multiple fractional specimens with pancreatic or gallbladder stimulation, single or double lumen tube, includes drug administration	1091	1617	2679	352	9.76
43761	Repositioning of a naso- or oro-gastric feeding tube, through the duodenum for enteric nutrition	322	478	791	126	3.50
43762	Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; not requiring revision of gastrostomy tract	381	564	934	233	6.45
43763	Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; requiring revision of gastrostomy tract	1047	1552	2571	348	9.64
43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components)	3521	5218	8645	1184	32.81
43771	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only	3949	5852	9695	1345	37.28
43772	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only	2480	3675	6089	1001	27.75
43773	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only	4168	6176	10232	1345	37.28
43774	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components	2905	4306	7133	1011	28.01
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	4130	6121	10140	1175	32.57

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
43800	Pyloroplasty	2360	3498	5795	982	27.20
43810	Gastroduodenostomy	3320	4920	8151	1072	29.70
43820	Gastrojejunostomy; without vagotomy	3618	5361	8882	1414	39.18
43825	Gastrojejunostomy; with vagotomy, any type	4274	6334	10493	1380	38.23
43830	Gastrostomy, open; without construction of gastric tube (eg, Stamm procedure) (separate procedure)	1920	2845	4714	738	20.44
43831	Gastrostomy, open; neonatal, for feeding	1959	2903	4809	632	17.52
43832	Gastrostomy, open; with construction of gastric tube (eg, Janeway procedure)	2424	3592	5951	1095	30.33
43840	Gastrorrhaphy, suture of perforated duodenal or gastric ulcer, wound, or injury	3378	5006	8293	1432	39.67
43842	Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty	3866	5729	9490	1206	33.41
43843	Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty	4183	6199	10270	1350	37.42
43845	Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (50 to 100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch)	6618	9807	16247	2050	56.80
43846	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy	4559	6757	11194	1710	47.39
43847	Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption	5892	8731	14464	1902	52.70
43848	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure)	6668	9881	16369	2039	56.49
43850	Revision of gastroduodenal anastomosis (gastroduodenostomy) with reconstruction; without vagotomy	5317	7879	13053	1716	47.56
43855	Revision of gastroduodenal anastomosis (gastroduodenostomy) with reconstruction; with vagotomy	5516	8174	13542	1781	49.34

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
43860	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; without vagotomy	4920	7290	12078	1722	47.72
43865	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; with vagotomy	5581	8270	13701	1802	49.92
43870	Closure of gastrostomy, surgical	2170	3216	5328	746	20.68
43880	Closure of gastrocolic fistula	5188	7689	12738	1675	46.41
43881	Implantation or replacement of gastric neurostimulator electrodes, antrum, open	2348	3479	5764	0	0.00
43882	Revision or removal of gastric neurostimulator electrodes, antrum, open	2804	4155	6884	0	0.00
43886	Gastric restrictive procedure, open; revision of subcutaneous port component only	1183	1753	2904	382	10.58
43887	Gastric restrictive procedure, open; removal of subcutaneous port component only	1064	1577	2613	344	9.52
43888	Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only	1505	2230	3694	486	13.46
43999	Unlisted procedure, stomach	0	0	0	0	0.00
INTESTINES (EXCEPT RECTUM)						
44005	Enterolysis (freeing of intestinal adhesion) (separate procedure)	2745	3542	5079	1149	31.85
44010	Duodenotomy, for exploration, biopsy(s), or foreign body removal	2308	2978	4270	898	24.89
44015	Tube or needle catheter jejunostomy for enteral alimentation, intraoperative, any method (List separately in addition to primary procedure)	464	599	858	150	4.15
44020	Enterotomy, small intestine, other than duodenum; for exploration, biopsy(s), or foreign body removal	2664	3438	4930	1024	28.38
44021	Enterotomy, small intestine, other than duodenum; for decompression (eg, Baker tube)	2496	3220	4618	1024	28.38
44025	Colotomy, for exploration, biopsy(s), or foreign body removal	2674	3450	4948	1033	28.61

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
44050	Reduction of volvulus, intussusception, internal hernia, by laparotomy	2556	3298	4729	983	27.25
44055	Correction of malrotation by lysis of duodenal bands and/or reduction of midgut volvulus (eg, Ladd procedure)	4806	6200	8891	1567	43.43
44100	Biopsy of intestine by capsule, tube, peroral (1 or more specimens)	254	327	469	112	3.11
44110	Excision of 1 or more lesions of small or large intestine not requiring anastomosis, exteriorization, or fistulization; single enterotomy	2496	3221	4618	886	24.54
44111	Excision of 1 or more lesions of small or large intestine not requiring anastomosis, exteriorization, or fistulization; multiple enterotomies	2638	3404	4881	1027	28.45
44120	Enterectomy, resection of small intestine; single resection and anastomosis	3254	4199	6021	1286	35.63
44121	Enterectomy, resection of small intestine; each additional resection and anastomosis (List separately in addition to code for primary procedure)	732	944	1354	254	7.04
44125	Enterectomy, resection of small intestine; with enterostomy	3642	4699	6739	1239	34.33
44126	Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; without tapering	8281	10684	15320	2601	72.08
44127	Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; with tapering	7729	9973	14301	3008	83.35
44128	Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; each additional resection and anastomosis (List separately in addition to code for primary procedure)	659	851	1220	257	7.11
44130	Enteroenterostomy, anastomosis of intestine, with or without cutaneous enterostomy (separate procedure)	3662	4725	6775	1382	38.28
44132	Donor enterectomy (including cold preservation), open; from cadaver donor	0	0	0	0	0.00

SURGERY – DIGESTIVE SYSTEM

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
44133	Donor enterectomy (including cold preservation), open; partial, from living donor	0	0	0	0	0.00
44135	Intestinal allotransplantation; from cadaver donor	0	0	0	0	0.00
44136	Intestinal allotransplantation; from living donor	0	0	0	0	0.00
44137	Removal of transplanted intestinal allograft, complete	3439	4438	6363	0	0.00
44139	Mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy (List separately in addition to primary procedure)	362	467	670	127	3.52
44140	Colectomy, partial; with anastomosis	3473	4481	6425	1410	39.07
44141	Colectomy, partial; with skin level cecostomy or colostomy	4391	5666	8124	1914	53.04
44143	Colectomy, partial; with end colostomy and closure of distal segment (Hartmann type procedure)	4176	5389	7727	1747	48.41
44144	Colectomy, partial; with resection, with colostomy or ileostomy and creation of mucofistula	4529	5843	8378	1856	51.43
44145	Colectomy, partial; with coloproctostomy (low pelvic anastomosis)	4532	5848	8385	1734	48.06
44146	Colectomy, partial; with coloproctostomy (low pelvic anastomosis), with colostomy	5447	7028	10078	2211	61.27
44147	Colectomy, partial; abdominal and transanal approach	4259	5495	7879	2035	56.40
44150	Colectomy, total, abdominal, without proctectomy; with ileostomy or ileoproctostomy	4955	6393	9167	1955	54.16
44151	Colectomy, total, abdominal, without proctectomy; with continent ileostomy	5838	7532	10800	2272	62.95
44155	Colectomy, total, abdominal, with proctectomy; with ileostomy	5659	7302	10470	2168	60.07
44156	Colectomy, total, abdominal, with proctectomy; with continent ileostomy	6250	8065	11564	2432	67.40
44157	Colectomy, total, abdominal, with proctectomy; with ileoanal anastomosis, includes loop ileostomy, and rectal mucosectomy, when performed	5928	7648	10967	2307	63.92

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
44158	Colectomy, total, abdominal, with proctectomy; with ileoanal anastomosis, creation of ileal reservoir (S or J), includes loop ileostomy, and rectal mucosectomy, when performed	6076	7840	11241	2365	65.52
44160	Colectomy, partial, with removal of terminal ileum with ileocolostomy	3436	4433	6357	1304	36.14
44180	Laparoscopy, surgical, enterolysis (freeing of intestinal adhesion) (separate procedure)	2409	3109	4458	967	26.79
44186	Laparoscopy, surgical; jejunostomy (eg, for decompression or feeding)	1823	2352	3372	685	18.98
44187	Laparoscopy, surgical; ileostomy or jejunostomy, non-tube	3153	4068	5834	1148	31.81
44188	Laparoscopy, surgical, colostomy or skin level cecostomy	3254	4199	6021	1279	35.44
44202	Laparoscopy, surgical; enterectomy, resection of small intestine, single resection and anastomosis	3685	4754	6817	1456	40.34
44203	Laparoscopy, surgical; each additional small intestine resection and anastomosis (List separately in addition to code for primary procedure)	722	932	1337	253	7.00
44204	Laparoscopy, surgical; colectomy, partial, with anastomosis	3892	5022	7201	1613	44.70
44205	Laparoscopy, surgical; colectomy, partial, with removal of terminal ileum with ileocolostomy	3628	4681	6713	1401	38.82
44206	Laparoscopy, surgical; colectomy, partial, with end colostomy and closure of distal segment (Hartmann type procedure)	4449	5740	8231	1833	50.79
44207	Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis)	4845	6252	8965	1902	52.69
44208	Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis) with colostomy	5460	7045	10102	2071	57.38
44210	Laparoscopy, surgical; colectomy, total, abdominal, without proctectomy, with ileostomy or ileoproctostomy	5452	7034	10087	1853	51.34
44211	Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileoanal anastomosis, creation of ileal reservoir (S or J), with loop ileostomy, includes rectal mucosectomy, when performed	7009	9043	12967	2209	61.22

SURGERY – DIGESTIVE SYSTEM

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
44212	Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileostomy	6227	8035	11521	2130	59.02
44213	Laparoscopy, surgical, mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy (List separately in addition to primary procedure)	538	694	995	196	5.43
44227	Laparoscopy, surgical, closure of enterostomy, large or small intestine, with resection and anastomosis	4380	5652	8104	1747	48.40
44238	Unlisted laparoscopy procedure, intestine (except rectum)	0	0	0	0	0.00
44300	Placement, enterostomy or cecostomy, tube open (eg, for feeding or decompression) (separate procedure)	2110	2722	3904	886	24.54
44310	Ileostomy or jejunostomy, non-tube	3026	3904	5598	1092	30.26
44312	Revision of ileostomy; simple (release of superficial scar) (separate procedure)	1755	2264	3246	621	17.22
44314	Revision of ileostomy; complicated (reconstruction in-depth) (separate procedure)	2809	3625	5198	1053	29.18
44316	Continent ileostomy (Kock procedure) (separate procedure)	3826	4937	7079	1489	41.26
44320	Colostomy or skin level cecostomy;	3102	4003	5739	1260	34.91
44322	Colostomy or skin level cecostomy; with multiple biopsies (eg, for congenital megacolon) (separate procedure)	2712	3499	5017	1055	29.24
44340	Revision of colostomy; simple (release of superficial scar) (separate procedure)	1618	2088	2994	652	18.06
44345	Revision of colostomy; complicated (reconstruction in-depth) (separate procedure)	2652	3422	4907	1100	30.48
44346	Revision of colostomy; with repair of paracolostomy hernia (separate procedure)	2938	3791	5436	1240	34.36
44360	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	587	813	1268	149	4.14
44361	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with biopsy, single or multiple	792	1096	1710	165	4.57

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
44363	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of foreign body(s)	778	1077	1680	200	5.54
44364	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	912	1263	1970	213	5.90
44365	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	1862	2578	4022	189	5.24
44366	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	864	1197	1867	250	6.93
44369	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	908	1258	1962	256	7.10
44370	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with transendoscopic stent placement (includes predilation)	826	1143	1784	278	7.69
44372	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with placement of percutaneous jejunostomy tube	807	1118	1743	250	6.93
44373	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with conversion of percutaneous gastrostomy tube to percutaneous jejunostomy tube	689	953	1487	200	5.55
44376	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	662	917	1430	296	8.20
44377	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with biopsy, single or multiple	1643	2274	3548	311	8.63

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
44378	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	1223	1693	2641	401	11.10
44379	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with transendoscopic stent placement (includes predilation)	1267	1754	2737	426	11.80
44380	Ileoscopy, through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	345	477	745	188	5.20
44381	Ileoscopy, through stoma; with transendoscopic balloon dilation	2994	4145	6467	1006	27.88
44382	Ileoscopy, through stoma; with biopsy, single or multiple	426	589	919	294	8.14
44384	Ileoscopy, through stoma; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	576	798	1245	160	4.44
44385	Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	573	793	1238	206	5.71
44386	Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); with biopsy, single or multiple	787	1090	1700	308	8.54
44388	Colonoscopy through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	801	1109	1730	314	8.69
44388-53		0	0	0	184	5.09
44389	Colonoscopy through stoma; with biopsy, single or multiple	927	1283	2002	413	11.44
44390	Colonoscopy through stoma; with removal of foreign body(s)	1205	1668	2602	405	11.22
44391	Colonoscopy through stoma; with control of bleeding, any method	1037	1435	2239	695	19.27
44392	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	1023	1417	2210	382	10.58

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
44394	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	1068	1479	2307	437	12.11
44401	Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre-and post-dilation and guide wire passage, when performed)	8652	11979	18688	2895	80.23
44402	Colonoscopy through stoma; with endoscopic stent placement (including pre- and post-dilation and guide wire passage, when performed)	812	1124	1753	273	7.56
44403	Colonoscopy through stoma; with endoscopic mucosal resection	942	1304	2034	317	8.77
44404	Colonoscopy through stoma; with directed submucosal injection(s), any substance	838	1160	1810	411	11.38
44405	Colonoscopy through stoma; with transendoscopic balloon dilation	1709	2366	3690	574	15.91
44406	Colonoscopy through stoma; with endoscopic ultrasound examination, limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures	711	984	1535	239	6.62
44407	Colonoscopy through stoma; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures	854	1182	1844	287	7.95
44408	Colonoscopy through stoma; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed	717	993	1549	241	6.68
44500	Introduction of long gastrointestinal tube (eg, Miller-Abbott) (separate procedure)	84	116	181	20	0.56
44602	Suture of small intestine (enterorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture; single perforation	3572	4946	7716	1483	41.09
44603	Suture of small intestine (enterorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture; multiple perforations	4184	5793	9037	1702	47.15
44604	Suture of large intestine (colorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture (single or multiple perforations); without colostomy	2831	3919	6114	1111	30.78

SURGERY – DIGESTIVE SYSTEM

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
44605	Suture of large intestine (colorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture (single or multiple perforations); with colostomy	3557	4925	7682	1369	37.93
44615	Intestinal stricturoplasty (enterotomy and enterorrhaphy) with or without dilation, for intestinal obstruction	3284	4547	7094	1132	31.36
44620	Closure of enterostomy, large or small intestine;	2477	3429	5349	908	25.16
44625	Closure of enterostomy, large or small intestine; with resection and anastomosis other than colorectal	3038	4206	6562	1060	29.38
44626	Closure of enterostomy, large or small intestine; with resection and colorectal anastomosis (eg, closure of Hartmann type procedure)	4231	5858	9138	1679	46.53
44640	Closure of intestinal cutaneous fistula	4204	5821	9081	1468	40.69
44650	Closure of enteroenteric or enterocolic fistula	4063	5625	8775	1518	42.06
44660	Closure of enterovesical fistula; without intestinal or bladder resection	3294	4561	7115	1397	38.72
44661	Closure of enterovesical fistula; with intestine and/or bladder resection	4226	5851	9127	1627	45.07
44680	Intestinal plication (separate procedure)	3315	4590	7160	1114	30.87
44700	Exclusion of small intestine from pelvis by mesh or other prosthesis, or native tissue (eg, bladder or omentum)	2383	3299	5146	1049	29.06
44701	Intraoperative colonic lavage (List separately in addition to code for primary procedure)	460	637	994	179	4.97
44705	Preparation of fecal microbiota for instillation, including assessment of donor specimen	333	462	720	114	3.16
44715	Backbench standard preparation of cadaver or living donor intestine allograft prior to transplantation, including mobilization and fashioning of the superior mesenteric artery and vein	986	1365	2130	0	0.00
44720	Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; venous anastomosis, each	861	1192	1860	289	8.02
44721	Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; arterial anastomosis, each	1204	1667	2600	405	11.21

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
44799	Unlisted procedure, small intestine	0	0	0	0	0.00

MECKEL’S DIVERTICULUM AND THE MESENTERY

44800	Excision of Meckel's diverticulum (diverticulectomy) or omphalomesenteric duct	2203	3051	4759	807	22.37
44820	Excision of lesion of mesentery (separate procedure)	2609	3613	5636	877	24.30
44850	Suture of mesentery (separate procedure)	2541	3519	5489	782	21.68
44899	Unlisted procedure, Meckel's diverticulum and the mesentery	0	0	0	0	0.00

APPENDIX

44900	Incision and drainage of appendiceal abscess, open	2452	3394	5295	824	22.83
44950	Appendectomy;	1754	2428	3787	676	18.73
44955	Appendectomy; when done for indicated purpose at time of other major procedure (not as separate procedure) (List separately in addition to code for primary procedure)	264	365	570	88	2.43
44960	Appendectomy; for ruptured appendix with abscess or generalized peritonitis	2299	3184	4966	922	25.56
44970	Laparoscopy, surgical, appendectomy	1712	2371	3698	631	17.49
44979	Unlisted laparoscopy procedure, appendix	0	0	0	0	0.00

COLON AND RECTUM

45000	Transrectal drainage of pelvic abscess	1173	1608	2605	446	12.35
45005	Incision and drainage of submucosal abscess, rectum	550	754	1221	302	8.38
45020	Incision and drainage of deep supralevator, pelvirectal, or retrorectal abscess	1337	1833	2968	598	16.58
45100	Biopsy of anorectal wall, anal approach (eg, congenital megacolon)	917	1258	2037	312	8.65
45108	Anorectal myomectomy	979	1343	2175	389	10.77
45110	Proctectomy; complete, combined abdominoperineal, with colostomy	5230	7171	11614	1917	53.13
45111	Proctectomy; partial resection of rectum, transabdominal approach	3194	4380	7093	1137	31.50

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
45112	Proctectomy, combined abdominoperineal, pull-through procedure (eg, colo-anal anastomosis)	6188	8485	13742	1947	53.95
45113	Proctectomy, partial, with rectal mucosectomy, ileoanal anastomosis, creation of ileal reservoir (S or J), with or without loop ileostomy	7114	9755	15798	1956	54.21
45114	Proctectomy, partial, with anastomosis; abdominal and transsacral approach	4822	6612	10708	1914	53.03
45116	Proctectomy, partial, with anastomosis; transsacral approach only (Kraske type)	4064	5572	9024	1613	44.69
45119	Proctectomy, combined abdominoperineal pull-through procedure (eg, colo-anal anastomosis), with creation of colonic reservoir (eg, J-pouch), with diverting enterostomy when performed	5069	6951	11257	2012	55.75
45120	Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; with pull-through procedure and anastomosis (eg, Swenson, Duhamel, or Soave type operation)	4233	5804	9400	1680	46.55
45121	Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; with subtotal or total colectomy, with multiple biopsies	4625	6341	10270	1836	50.86
45123	Proctectomy, partial, without anastomosis, perineal approach	3249	4455	7215	1164	32.24
45126	Pelvic exenteration for colorectal malignancy, with proctectomy (with or without colostomy), with removal of bladder and ureteral transplantations, and/or hysterectomy, or cervicectomy, with or without removal of tube(s), with or without removal of ovary(s), or any combination thereof	7289	9995	16187	2893	80.16
45130	Excision of rectal procidentia, with anastomosis; perineal approach	2842	3898	6312	1132	31.38
45135	Excision of rectal procidentia, with anastomosis; abdominal and perineal approach	3400	4662	7550	1349	37.39
45136	Excision of ileoanal reservoir with ileostomy	4712	6461	10464	1870	51.82
45150	Division of stricture of rectum	1105	1515	2453	438	12.15
45160	Excision of rectal tumor by proctotomy, transsacral or transcoccygeal approach	2713	3721	6026	1077	29.84

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
45171	Excision of rectal tumor, transanal approach; not including muscularis propria (ie, partial thickness)	1727	2368	3836	632	17.50
45172	Excision of rectal tumor, transanal approach; including muscularis propria (ie, full thickness)	2384	3269	5294	848	23.51
45190	Destruction of rectal tumor (eg, electrodesiccation, electrosurgery, laser ablation, laser resection, cryosurgery) transanal approach	3044	4174	6760	730	20.22
45300	Proctosigmoidoscopy, rigid; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	263	360	583	127	3.52
45303	Proctosigmoidoscopy, rigid; with dilation (eg, balloon, guide wire, bougie)	2151	2950	4777	983	27.25
45305	Proctosigmoidoscopy, rigid; with biopsy, single or multiple	393	538	872	167	4.63
45307	Proctosigmoidoscopy, rigid; with removal of foreign body	485	665	1076	192	5.33
45308	Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery	477	655	1060	189	5.25
45309	Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, or other lesion by snare technique	494	677	1096	196	5.43
45315	Proctosigmoidoscopy, rigid; with removal of multiple tumors, polyps, or other lesions by hot biopsy forceps, bipolar cautery or snare technique	539	739	1197	214	5.93
45317	Proctosigmoidoscopy, rigid; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	670	919	1488	209	5.78
45320	Proctosigmoidoscopy, rigid; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique (eg, laser)	526	721	1167	209	5.78
45321	Proctosigmoidoscopy, rigid; with decompression of volvulus	274	375	608	109	3.01
45327	Proctosigmoidoscopy, rigid; with transendoscopic stent placement (includes predilation)	310	425	689	123	3.41

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
45330	Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	315	432	699	180	4.98
45331	Sigmoidoscopy, flexible; with biopsy, single or multiple	426	584	946	283	7.83
45332	Sigmoidoscopy, flexible; with removal of foreign body(s)	523	717	1162	272	7.54
45333	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	574	787	1274	322	8.92
45334	Sigmoidoscopy, flexible; with control of bleeding, any method	557	763	1236	542	15.03
45335	Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance	505	693	1122	274	7.58
45337	Sigmoidoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed	426	584	946	121	3.34
45338	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	668	916	1484	291	8.07
45340	Sigmoidoscopy, flexible; with transendoscopic balloon dilation	683	937	1517	466	12.92
45341	Sigmoidoscopy, flexible; with endoscopic ultrasound examination	502	689	1116	129	3.57
45342	Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)	701	961	1557	176	4.89
45346	Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	3102	4254	6890	2824	78.26
45347	Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	564	774	1253	160	4.44
45349	Sigmoidoscopy, flexible; with endoscopic mucosal resection	682	935	1515	207	5.73
45350	Sigmoidoscopy, flexible; with band ligation(s) (eg, hemorrhoids)	911	1250	2024	643	17.81

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
45378	Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	910	1248	2021	340	9.42
45378-53		0	0	0	194	5.38
45379	Colonoscopy, flexible; with removal of foreign body(s)	1160	1591	2577	438	12.15
45380	Colonoscopy, flexible; with biopsy, single or multiple	1075	1474	2387	438	12.13
45381	Colonoscopy, flexible; with directed submucosal injection(s), any substance	1041	1427	2311	435	12.04
45382	Colonoscopy, flexible; with control of bleeding, any method	1208	1656	2682	723	20.02
45384	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	1169	1603	2596	488	13.53
45385	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	1218	1671	2706	457	12.67
45386	Colonoscopy, flexible; with transendoscopic balloon dilation	1365	1871	3030	628	17.41
45388	Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	3286	4507	7298	2992	82.90
45389	Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide wire passage, when performed)	1103	1512	2449	302	8.37
45390	Colonoscopy, flexible; with endoscopic mucosal resection	1162	1593	2580	346	9.59
45391	Colonoscopy, flexible; with endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures	1016	1393	2256	268	7.43
45392	Colonoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures	1055	1447	2344	317	8.78

SURGERY – DIGESTIVE SYSTEM

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
45393	Colonoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed	820	1125	1822	264	7.31
45395	Laparoscopy, surgical; proctectomy, complete, combined abdominoperineal, with colostomy	5415	7426	12026	2053	56.88
45397	Laparoscopy, surgical; proctectomy, combined abdominoperineal pull-through procedure (eg, colo-anal anastomosis), with creation of colonic reservoir (eg, J-pouch), with diverting enterostomy, when performed	6576	9017	14603	2233	61.86
45398	Colonoscopy, flexible; with band ligation(s) (eg, hemorrhoids)	1283	1759	2849	807	22.37
45399	Unlisted procedure, colon	0	0	0	0	0.00
45400	Laparoscopy, surgical; proctopexy (for prolapse)	2881	3951	6399	1186	32.87
45402	Laparoscopy, surgical; proctopexy (for prolapse), with sigmoid resection	3854	5285	8560	1584	43.88
45499	Unlisted laparoscopy procedure, rectum	0	0	0	0	0.00
45500	Proctoplasty; for stenosis	1488	2041	3306	591	16.37
45505	Proctoplasty; for prolapse of mucous membrane	1739	2385	3862	622	17.24
45520	Perirectal injection of sclerosing solution for prolapse	203	279	451	161	4.45
45540	Proctopexy (eg, for prolapse); abdominal approach	2809	3851	6237	1107	30.66
45541	Proctopexy (eg, for prolapse); perineal approach	2941	4032	6531	987	27.35
45550	Proctopexy (eg, for prolapse); with sigmoid resection, abdominal approach	3747	5138	8321	1529	42.38
45560	Repair of rectocele (separate procedure)	1723	2363	3827	723	20.02
45562	Exploration, repair, and presacral drainage for rectal injury;	2975	4080	6607	1181	32.72
45563	Exploration, repair, and presacral drainage for rectal injury; with colostomy	4392	6022	9753	1743	48.30
45800	Closure of rectovesical fistula;	3360	4607	7461	1334	36.95
45805	Closure of rectovesical fistula; with colostomy	3893	5338	8645	1545	42.81
45820	Closure of rectourethral fistula;	3369	4620	7481	1337	37.05

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
45825	Closure of rectourethral fistula; with colostomy	4068	5578	9034	1615	44.74
45900	Reduction of proctidentia (separate procedure) under anesthesia	558	766	1240	222	6.14
45905	Dilation of anal sphincter (separate procedure) under anesthesia other than local	583	799	1295	175	4.86
45910	Dilation of rectal stricture (separate procedure) under anesthesia other than local	625	857	1388	200	5.54
45915	Removal of fecal impaction or foreign body (separate procedure) under anesthesia	778	1067	1728	357	9.90
45990	Anorectal exam, surgical, requiring anesthesia (general, spinal, or epidural), diagnostic	330	453	734	111	3.07
45999	Unlisted procedure, rectum	0	0	0	0	0.00
46020	Placement of seton	719	979	1424	292	8.10
46030	Removal of anal seton, other marker	365	498	723	149	4.13
46040	Incision and drainage of ischiorectal and/or perirectal abscess (separate procedure)	1224	1668	2424	568	15.73
46045	Incision and drainage of intramural, intramuscular, or submucosal abscess, transanal, under anesthesia	1086	1479	2150	457	12.66
46050	Incision and drainage, perianal abscess, superficial	515	702	1020	226	6.27
46060	Incision and drainage of ischiorectal or intramural abscess, with fistulectomy or fistulotomy, submuscular, with or without placement of seton	1357	1848	2687	502	13.91
46070	Incision, anal septum (infant)	596	811	1180	276	7.65
46080	Sphincterotomy, anal, division of sphincter (separate procedure)	593	808	1175	279	7.74
46083	Incision of thrombosed hemorrhoid, external	426	580	843	199	5.52
46200	Fissurectomy, including sphincterotomy, when performed	1063	1448	2105	478	13.25
46220	Excision of single external papilla or tag, anus	483	658	957	236	6.54
46221	Hemorrhoidectomy, internal, by rubber band ligation(s)	555	757	1100	283	7.84
46230	Excision of multiple external papillae or tags, anus	660	900	1308	304	8.43

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
46250	Hemorrhoidectomy, external, 2 or more columns/groups	916	1247	1813	492	13.62
46255	Hemorrhoidectomy, internal and external, single column/group;	1203	1638	2382	537	14.88
46257	Hemorrhoidectomy, internal and external, single column/group; with fissurectomy	1184	1613	2345	446	12.35
46258	Hemorrhoidectomy, internal and external, single column/group; with fistulectomy, including fissurectomy, when performed	1267	1725	2508	495	13.72
46260	Hemorrhoidectomy, internal and external, 2 or more columns/groups;	1373	1871	2720	501	13.87
46261	Hemorrhoidectomy, internal and external, 2 or more columns/groups; with fissurectomy	1507	2052	2984	547	15.16
46262	Hemorrhoidectomy, internal and external, 2 or more columns/groups; with fistulectomy, including fissurectomy, when performed	1566	2133	3101	580	16.08
46270	Surgical therapy anal fistula (fistulectomy/fistulotomy); subcutaneous	1223	1665	2421	544	15.06
46275	Surgical therapy anal fistula (fistulectomy/fistulotomy); intersphincteric	1327	1807	2628	573	15.87
46280	Surgical therapy anal fistula (fistulectomy/fistulotomy); transsphincteric, suprasphincteric, extrasphincteric or multiple, including placement of seton, when performed	1417	1930	2806	495	13.71
46285	Surgical therapy anal fistula (fistulectomy/fistulotomy); second stage	1238	1687	2453	569	15.78
46288	Closure of anal fistula with rectal advancement flap	1762	2400	3489	575	15.94
46320	Excision of thrombosed hemorrhoid, external	419	570	829	204	5.65
46500	Injection of sclerosing solution, hemorrhoids	365	497	723	308	8.54
46505	Chemodenervation of internal anal sphincter	791	1077	1566	309	8.55
46600	Anoscopy; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	217	296	430	106	2.94
46601	Anoscopy; diagnostic, with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, including collection of specimen(s) by brushing or washing, when performed	637	868	1262	148	4.10

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
46604	Anoscopy; with dilation (eg, balloon, guide wire, bougie)	1007	1372	1995	685	18.99
46606	Anoscopy; with biopsy, single or multiple	692	943	1371	264	7.31
46607	Anoscopy; with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, with biopsy, single or multiple	878	1197	1740	208	5.75
46608	Anoscopy; with removal of foreign body	598	814	1184	277	7.68
46610	Anoscopy; with removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery	544	741	1078	263	7.30
46611	Anoscopy; with removal of single tumor, polyp, or other lesion by snare technique	503	685	996	209	5.78
46612	Anoscopy; with removal of multiple tumors, polyps, or other lesions by hot biopsy forceps, bipolar cautery or snare technique	693	944	1372	321	8.90
46614	Anoscopy; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	698	951	1383	152	4.21
46615	Anoscopy; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	0	0	0	166	4.60
46700	Anoplasty, plastic operation for stricture; adult	1825	2486	3614	685	18.97
46705	Anoplasty, plastic operation for stricture; infant	1272	1733	2519	590	16.34
46706	Repair of anal fistula with fibrin glue	400	545	793	186	5.14
46707	Repair of anorectal fistula with plug (eg, porcine small intestine submucosa [SIS])	1122	1528	2222	520	14.41
46710	Repair of ileoanal pouch fistula/sinus (eg, perineal or vaginal), pouch advancement; transperineal approach	2517	3429	4985	1167	32.33
46712	Repair of ileoanal pouch fistula/sinus (eg, perineal or vaginal), pouch advancement; combined transperineal and transabdominal approach	5061	6894	10024	2346	65.01
46715	Repair of low imperforate anus; with anoperineal fistula (cut-back procedure)	1245	1696	2465	577	15.99
46716	Repair of low imperforate anus; with transposition of anoperineal or anovestibular fistula	2759	3759	5464	1279	35.44

SURGERY – DIGESTIVE SYSTEM

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
46730	Repair of high imperforate anus without fistula; perineal or sacroperineal approach	4475	6096	8863	2074	57.48
46735	Repair of high imperforate anus without fistula; combined transabdominal and sacroperineal approaches	5160	7029	10219	2392	66.28
46740	Repair of high imperforate anus with rectourethral or rectovaginal fistula; perineal or sacroperineal approach	4886	6656	9677	2265	62.76
46742	Repair of high imperforate anus with rectourethral or rectovaginal fistula; combined transabdominal and sacroperineal approaches	5660	7710	11209	2624	72.70
46744	Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, sacroperineal approach	8024	10930	15890	3719	103.06
46746	Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, combined abdominal and sacroperineal approach;	8853	12059	17532	4104	113.71
46748	Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, combined abdominal and sacroperineal approach; with vaginal lengthening by intestinal graft or pedicle flaps	9609	13089	19030	4454	123.42
46750	Sphincteroplasty, anal, for incontinence or prolapse; adult	2538	3457	5027	785	21.75
46751	Sphincteroplasty, anal, for incontinence or prolapse; child	1497	2039	2965	694	19.23
46753	Graft (Thiersch operation) for rectal incontinence and/or prolapse	1397	1903	2766	647	17.94
46754	Removal of Thiersch wire or suture, anal canal	724	986	1434	336	9.30
46760	Sphincteroplasty, anal, for incontinence, adult; muscle transplant	2460	3351	4872	1140	31.60
46761	Sphincteroplasty, anal, for incontinence, adult; levator muscle imbrication (Park posterior anal repair)	2790	3800	5524	962	26.66
46900	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical	408	555	807	244	6.77
46910	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation	581	792	1151	267	7.39

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
46916	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery	432	589	856	253	7.00
46917	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery	764	1040	1512	432	11.98
46922	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision	615	838	1219	303	8.39
46924	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	1198	1632	2372	555	15.38
46930	Destruction of internal hemorrhoid(s) by thermal energy (eg, infrared coagulation, cautery, radiofrequency)	583	795	1155	221	6.12
46940	Curettage or cautery of anal fissure, including dilation of anal sphincter (separate procedure); initial	805	1096	1594	254	7.05
46942	Curettage or cautery of anal fissure, including dilation of anal sphincter (separate procedure); subsequent	708	964	1402	243	6.72
46945	Hemorrhoidectomy, internal, by ligation other than rubber band; single hemorrhoid column/group, without imaging guidance	718	977	1421	348	9.63
46946	Hemorrhoidectomy, internal, by ligation other than rubber band; 2 or more hemorrhoid columns/groups, without imaging guidance	764	1040	1512	392	10.86
46947	Hemorrhoidopexy (eg, for prolapsing internal hemorrhoids) by stapling	1012	1378	2003	402	11.15
46948	Hemorrhoidectomy, internal, by transanal hemorrhoidal dearterialization, 2 or more hemorrhoid columns/groups, including ultrasound guidance, with mucopexy, when performed	990	1348	1960	459	12.71
46999	Unlisted procedure, anus	0	0	0	0	0.00
LIVER						
47000	Biopsy of liver, needle; percutaneous	448	658	1035	319	8.85
47001	Biopsy of liver, needle; when done for indicated purpose at time of other major procedure (List separately in addition to code for primary procedure)	299	438	690	110	3.04

SURGERY – DIGESTIVE SYSTEM

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
47010	Hepatotomy, for open drainage of abscess or cyst, 1 or 2 stages	3139	4609	7251	1272	35.24
47015	Laparotomy, with aspiration and/or injection of hepatic parasitic (eg, amoebic or echinococcal) cyst(s) or abscess(es)	2157	3167	4982	1226	33.97
47100	Biopsy of liver, wedge	2341	3437	5407	889	24.64
47120	Hepatectomy, resection of liver; partial lobectomy	7093	10413	16381	2454	68.01
47122	Hepatectomy, resection of liver; trisegmentectomy	10409	15280	24039	3613	100.10
47125	Hepatectomy, resection of liver; total left lobectomy	9328	13694	21543	3241	89.80
47130	Hepatectomy, resection of liver; total right lobectomy	10020	14710	23141	3481	96.45
47133	Donor hepatectomy (including cold preservation), from cadaver donor	0	0	0	0	0.00
47135	Liver allotransplantation, orthotopic, partial or whole, from cadaver or living donor, any age	29606	43462	68375	5668	157.05
47140	Donor hepatectomy (including cold preservation), from living donor; left lateral segment only (segments II and III)	6603	9694	15250	3753	103.98
47141	Donor hepatectomy (including cold preservation), from living donor; total left lobectomy (segments II, III and IV)	7910	11611	18267	4495	124.55
47142	Donor hepatectomy (including cold preservation), from living donor; total right lobectomy (segments V, VI, VII and VIII)	8727	12811	20155	4959	137.42
47143	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; without trisegment or lobe split	2124	3117	4904	0	0.00
47144	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; with trisegment split	794	1166	1834	0	0.00

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
	of whole liver graft into 2 partial liver grafts (ie, left lateral segment [segments II and III] and right trisegment [segments I and IV through VIII])					
47145	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; with lobe split of whole liver graft into 2 partial liver grafts (ie, left lobe [segments II, III, and IV] and right lobe [segments I and V through VIII])	807	1184	1863	0	0.00
47146	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; venous anastomosis, each	608	892	1404	345	9.57
47147	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; arterial anastomosis, each	832	1221	1921	403	11.16
47300	Marsupialization of cyst or abscess of liver	2091	3069	4828	1188	32.92
47350	Management of liver hemorrhage; simple suture of liver wound or injury	3738	5488	8634	1439	39.88
47360	Management of liver hemorrhage; complex suture of liver wound or injury, with or without hepatic artery ligation	5357	7865	12373	1978	54.80
47361	Management of liver hemorrhage; exploration of hepatic wound, extensive debridement, coagulation and/or suture, with or without packing of liver	8268	12137	19094	3188	88.33
47362	Management of liver hemorrhage; re-exploration of hepatic wound for removal of packing	4019	5900	9282	1528	42.33
47370	Laparoscopy, surgical, ablation of 1 or more liver tumor(s); radiofrequency	3158	4636	7293	1314	36.41
47371	Laparoscopy, surgical, ablation of 1 or more liver tumor(s); cryosurgical	2329	3419	5378	1323	36.67
47379	Unlisted laparoscopic procedure, liver	0	0	0	0	0.00
47380	Ablation, open, of 1 or more liver tumor(s); radiofrequency	3965	5821	9157	1520	42.11
47381	Ablation, open, of 1 or more liver tumor(s); cryosurgical	2744	4028	6337	1559	43.21

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
47382	Ablation, 1 or more liver tumor(s), percutaneous, radiofrequency	4967	7292	11472	4522	125.30
47383	Ablation, 1 or more liver tumor(s), percutaneous, cryoablation	1239 0	18189	28615	7041	195.10
47399	Unlisted procedure, liver	0	0	0	0	0.00

BILIARY TRACT

47400		6501	8840	13053	2257	62.62
47400	Hepaticotomy or hepaticostomy with exploration, drainage, or removal of calculus	6485	8812	12612	2270	62.91
47420	Choledochotomy or choledochostomy with exploration, drainage, or removal of calculus, with or without cholecystotomy; without transduodenal sphincterotomy or sphincteroplasty	3573	4856	6949	1411	39.10
47425	Choledochotomy or choledochostomy with exploration, drainage, or removal of calculus, with or without cholecystotomy; with transduodenal sphincterotomy or sphincteroplasty	4114	5591	8001	1440	39.91
47460	Transduodenal sphincterotomy or sphincteroplasty, with or without transduodenal extraction of calculus (separate procedure)	3822	5193	7432	1338	37.07
47480	Cholecystotomy or cholecystostomy, open, with exploration, drainage, or removal of calculus (separate procedure)	2460	3343	4785	925	25.62
47490	Cholecystostomy, percutaneous, complete procedure, including imaging guidance, catheter placement, cholecystogram when performed, and radiological supervision and interpretation	1330	1808	2587	346	9.59
47531	Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; existing access	431	586	839	397	10.99
47532	Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access (eg, percutaneous transhepatic cholangiogram)	1613	2192	3138	871	24.14

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
47533	Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; external	2632	3577	5119	1292	35.80
47534	Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; internal-external	1522	2068	2960	1468	40.69
47535	Conversion of external biliary drainage catheter to internal-external biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation	2176	2957	4232	1017	28.19
47536	Exchange of biliary drainage catheter (eg, external, internal-external, or conversion of internal-external to external only), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation	787	1069	1530	716	19.85
47537	Removal of biliary drainage catheter, percutaneous, requiring fluoroscopic guidance (eg, with concurrent indwelling biliary stents), including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation	794	1079	1544	462	12.81
47538	Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; existing access	9096	12359	17688	4398	121.87
47539	Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; new access, without placement of separate biliary	13852	18823	26939	4849	134.37

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
	drainage catheter					
47540	Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; new access, with placement of separate biliary drainage catheter (eg, external or internal-external)	11323	15386	22020	4948	137.09
47541	Placement of access through the biliary tree and into small bowel to assist with an endoscopic biliary procedure (eg, rendezvous procedure), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation, new access	3569	4850	6941	1249	34.62
47542	Balloon dilation of biliary duct(s) or of ampulla (sphincteroplasty), percutaneous, including imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation, each duct (List separately in addition to code for primary procedure)	543	738	1057	533	14.78
47543	Endoluminal biopsy(ies) of biliary tree, percutaneous, any method(s) (eg, brush, forceps, and/or needle), including imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation, single or multiple (List separately in addition to code for primary procedure)	602	818	1170	476	13.19
47544	Removal of calculi/debris from biliary duct(s) and/or gallbladder, percutaneous, including destruction of calculi by any method (eg, mechanical, electrohydraulic, lithotripsy) when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	2200	2989	4278	1021	28.30
47550	Biliary endoscopy, intraoperative (choledochoscopy) (List separately in addition to code for primary procedure)	464	630	901	174	4.81
47552	Biliary endoscopy, percutaneous via T-tube or other tract; diagnostic, with collection of specimen(s) by brushing and/or washing, when performed (separate procedure)	876	1191	1704	287	7.96

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
47553	Biliary endoscopy, percutaneous via T-tube or other tract; with biopsy, single or multiple	866	1177	1685	290	8.04
47554	Biliary endoscopy, percutaneous via T-tube or other tract; with removal of calculus/calculi	1549	2105	3013	542	15.03
47555	Biliary endoscopy, percutaneous via T-tube or other tract; with dilation of biliary duct stricture(s) without stent	986	1339	1917	345	9.56
47556	Biliary endoscopy, percutaneous via T-tube or other tract; with dilation of biliary duct stricture(s) with stent	1116	1517	2171	391	10.83
47562	Laparoscopy, surgical; cholecystectomy	2039	2770	3965	693	19.19
47563	Laparoscopy, surgical; cholecystectomy with cholangiography	2081	2828	4047	754	20.89
47564	Laparoscopy, surgical; cholecystectomy with exploration of common duct	2687	3651	5225	1172	32.48
47570	Laparoscopy, surgical; cholecystoenterostomy	2332	3169	4535	816	22.62
47579	Unlisted laparoscopy procedure, biliary tract	0	0	0	0	0.00
47600	Cholecystectomy;	2754	3743	5357	1125	31.17
47605	Cholecystectomy; with cholangiography	2691	3656	5232	1184	32.80
47610	Cholecystectomy with exploration of common duct;	3253	4420	6326	1322	36.62
47612	Cholecystectomy with exploration of common duct; with choledochoenterostomy	3839	5217	7466	1344	37.24
47620	Cholecystectomy with exploration of common duct; with transduodenal sphincterotomy or sphincteroplasty, with or without cholangiography	4144	5631	8059	1451	40.20
47700	Exploration for congenital atresia of bile ducts, without repair, with or without liver biopsy, with or without cholangiography	3176	4316	6177	1112	30.81
47701	Portoenterostomy (eg, Kasai procedure)	5229	7105	10169	1830	50.72
47711	Excision of bile duct tumor, with or without primary repair of bile duct; extrahepatic	4684	6365	9110	1640	45.44
47712	Excision of bile duct tumor, with or without primary repair of bile duct; intrahepatic	6015	8174	11698	2106	58.35
47715	Excision of choledochal cyst	4006	5444	7791	1402	38.86
47720	Cholecystoenterostomy; direct	3475	4722	6758	1217	33.71

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
47721	Cholecystoenterostomy; with gastroenterostomy	4077	5540	7929	1427	39.55
47740	Cholecystoenterostomy; Roux-en-Y	3954	5372	7689	1384	38.35
47741	Cholecystoenterostomy; Roux-en-Y with gastroenterostomy	4443	6037	8641	1555	43.10
47760	Anastomosis, of extrahepatic biliary ducts and gastrointestinal tract	6043	8211	11752	2371	65.69
47765	Anastomosis, of intrahepatic ducts and gastrointestinal tract	9152	12436	17799	3204	88.78
47780	Anastomosis, Roux-en-Y, of extrahepatic biliary ducts and gastrointestinal tract	6986	9493	13586	2604	72.15
47785	Anastomosis, Roux-en-Y, of intrahepatic biliary ducts and gastrointestinal tract	9850	13384	19155	3423	94.84
47800	Reconstruction, plastic, of extrahepatic biliary ducts with end-to-end anastomosis	6756	9180	13138	1660	45.99
47801	Placement of choledochal stent	3353	4555	6520	1174	32.52
47802	U-tube hepaticoenterostomy	4595	6243	8936	1609	44.57
47900	Suture of extrahepatic biliary duct for pre-existing injury (separate procedure)	4101	5572	7975	1436	39.78
47999	Unlisted procedure, biliary tract	0	0	0	0	0.00
PANCREAS						
48000	Placement of drains, peripancreatic, for acute pancreatitis;	5673	7709	11033	1986	55.03
48001	Placement of drains, peripancreatic, for acute pancreatitis; with cholecystostomy, gastrostomy, and jejunostomy	6950	9444	13517	2433	67.42
48020	Removal of pancreatic calculus	3544	4816	6893	1241	34.38
48100	Biopsy of pancreas, open (eg, fine needle aspiration, needle core biopsy, wedge biopsy)	2379	3233	4627	930	25.77
48102	Biopsy of pancreas, percutaneous needle	955	1298	1857	556	15.40
48105	Resection or debridement of pancreas and peripancreatic tissue for acute necrotizing pancreatitis	7390	10042	14372	2987	82.78
48120	Excision of lesion of pancreas (eg, cyst, adenoma)	3321	4512	6458	1162	32.21

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
48140	Pancreatectomy, distal subtotal, with or without splenectomy; without pancreaticojejunostomy	4633	6295	9009	1645	45.58
48145	Pancreatectomy, distal subtotal, with or without splenectomy; with pancreaticojejunostomy	4916	6680	9561	1721	47.69
48146	Pancreatectomy, distal, near-total with preservation of duodenum (Child-type procedure)	5667	7700	11021	1984	54.97
48148	Excision of ampulla of Vater	3759	5107	7310	1316	36.46
48150	Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple-type procedure); with pancreaticojejunostomy	9376	12740	18234	3280	90.89
48152	Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple-type procedure); without pancreaticojejunostomy	8706	11830	16931	3048	84.45
48153	Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochoenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure); with pancreaticojejunostomy	9398	12770	18277	3267	90.53
48154	Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochoenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure); without pancreaticojejunostomy	8743	11880	17003	3061	84.81
48155	Pancreatectomy, total	5444	7398	10588	1906	52.81
48160	Pancreatectomy, total or subtotal, with autologous transplantation of pancreas or pancreatic islet cells	0	0	0	0	0.00
48400	Injection procedure for intraoperative pancreatography (List separately in addition to code for primary procedure)	324	440	630	113	3.14
48500	Marsupialization of pancreatic cyst	3462	4704	6732	1212	33.58
48510	External drainage, pseudocyst of pancreas, open	3300	4484	6418	1155	32.01
48520	Internal anastomosis of pancreatic cyst to gastrointestinal tract; direct	3286	4464	6389	1150	31.87
48540	Internal anastomosis of pancreatic cyst to gastrointestinal tract; Roux-en-Y	3942	5357	7667	1380	38.24

SURGERY – DIGESTIVE SYSTEM

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
48545	Pancreatorrhaphy for injury	4049	5502	7875	1418	39.28
48547	Duodenal exclusion with gastrojejunostomy for pancreatic injury	5398	7335	10497	1890	52.36
48548	Pancreaticojejunostomy, side-to-side anastomosis (Puestow-type operation)	5007	6804	9738	1753	48.57
48550	Donor pancreatectomy (including cold preservation), with or without duodenal segment for transplantation	0	0	0	0	0.00
48551	Backbench standard preparation of cadaver donor pancreas allograft prior to transplantation, including dissection of allograft from surrounding soft tissues, splenectomy, duodenotomy, ligation of bile duct, ligation of mesenteric vessels, and Y-graft arterial anastomoses from iliac artery to superior mesenteric artery and to splenic artery	676	919	1316	0	0.00
48552	Backbench reconstruction of cadaver donor pancreas allograft prior to transplantation, venous anastomosis, each	710	965	1381	249	6.89
48554	Transplantation of pancreatic allograft	8529	11589	16586	2687	74.45
48556	Removal of transplanted pancreatic allograft	3828	5201	7444	1340	37.13
48999	Unlisted procedure, pancreas	0	0	0	0	0.00
ABDOMEN, PERITONEUM AND OMENTUM						
49000	Exploratory laparotomy, exploratory celiotomy with or without biopsy(s) (separate procedure)	2083	2998	4731	808	22.38
49002	Reopening of recent laparotomy	2964	4266	6732	1099	30.44
49010	Exploration, retroperitoneal area with or without biopsy(s) (separate procedure)	2605	3748	5915	970	26.89
49013	Preperitoneal pelvic packing for hemorrhage associated with pelvic trauma, including local exploration	1043	1501	2368	459	12.71
49014	Re-exploration of pelvic wound with removal of preperitoneal pelvic packing, including repacking, when performed	862	1241	1958	379	10.51
49020	Drainage of peritoneal abscess or localized peritonitis, exclusive of appendiceal abscess, open	4135	5951	9392	1673	46.36
49040	Drainage of subdiaphragmatic or subphrenic abscess, open	2538	3653	5764	1052	29.16

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
49060	Drainage of retroperitoneal abscess, open	2851	4103	6475	1156	32.02
49062	Drainage of extraperitoneal lymphocele to peritoneal cavity, open	1836	2642	4170	808	22.38
49082	Abdominal paracentesis (diagnostic or therapeutic); without imaging guidance	419	603	951	210	5.82
49083	Abdominal paracentesis (diagnostic or therapeutic); with imaging guidance	415	597	942	309	8.56
49084	Peritoneal lavage, including imaging guidance, when performed	287	412	651	114	3.16
49180	Biopsy, abdominal or retroperitoneal mass, percutaneous needle	387	557	880	175	4.86
49185	Sclerotherapy of a fluid collection (eg, lymphocele, cyst, or seroma), percutaneous, including contrast injection(s), sclerosant injection(s), diagnostic study, imaging guidance (eg, ultrasound, fluoroscopy) and radiological supervision and interpretation when performed	1556	2239	3533	1206	33.42
49203	Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor 5 cm diameter or less	3425	4929	7779	1252	34.68
49204	Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor 5.1-10.0 cm diameter	4266	6139	9688	1596	44.21
49205	Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor greater than 10.0 cm diameter	5245	7547	11911	1828	50.64
49215	Excision of presacral or sacrococcygeal tumor	6985	10051	15862	2327	64.48
49220	Staging laparotomy for Hodgkins disease or lymphoma (includes splenectomy, needle or open biopsies of both liver lobes, possibly also removal of abdominal nodes, abdominal node and/or bone marrow biopsies, ovarian repositioning)	2327	3348	5284	1024	28.36
49250	Umbilectomy, omphalectomy, excision of umbilicus (separate procedure)	1507	2169	3422	617	17.09

SURGERY – DIGESTIVE SYSTEM

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
49255	Omentectomy, epiploectomy, resection of omentum (separate procedure)	2025	2914	4599	825	22.86
49320	Laparoscopy, abdomen, peritoneum, and omentum, diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	1048	1508	2379	344	9.54
49321	Laparoscopy, surgical; with biopsy (single or multiple)	1109	1596	2519	362	10.02
49322	Laparoscopy, surgical; with aspiration of cavity or cyst (eg, ovarian cyst) (single or multiple)	1123	1616	2551	392	10.85
49323	Laparoscopy, surgical; with drainage of lymphocele to peritoneal cavity	1791	2578	4068	673	18.64
49324	Laparoscopy, surgical; with insertion of tunneled intraperitoneal catheter	1019	1466	2313	409	11.34
49325	Laparoscopy, surgical; with revision of previously placed intraperitoneal cannula or catheter, with removal of intraluminal obstructive material if performed	1074	1546	2440	437	12.10
49326	Laparoscopy, surgical; with omentopexy (omental tacking procedure) (List separately in addition to code for primary procedure)	510	735	1159	199	5.52
49327	Laparoscopy, surgical; with placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), intra-abdominal, intrapelvic, and/or retroperitoneum, including imaging guidance, if performed, single or multiple (List separately in addition to code for primary procedure)	313	450	710	138	3.81
49329	Unlisted laparoscopy procedure, abdomen, peritoneum and omentum	0	0	0	0	0.00
49400	Injection of air or contrast into peritoneal cavity (separate procedure)	368	530	836	150	4.15
49402	Removal of peritoneal foreign body from peritoneal cavity	2324	3344	5277	900	24.93
49405	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); visceral (eg, kidney, liver, spleen, lung/mediastinum), percutaneous	997	1434	2263	907	25.14
49406	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, percutaneous	996	1434	2262	907	25.13

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
49407	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, transvaginal or transrectal	1122	1614	2548	745	20.65
49411	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or multiple	903	1300	2051	502	13.92
49412	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), open, intra-abdominal, intrapelvic, and/or retroperitoneum, including image guidance, if performed, single or multiple (List separately in addition to code for primary procedure)	198	285	449	87	2.41
49418	Insertion of tunneled intraperitoneal catheter (eg, dialysis, intraperitoneal chemotherapy instillation, management of ascites), complete procedure, including imaging guidance, catheter placement, contrast injection when performed, and radiological supervision and interpretation, percutaneous	1447	2082	3286	1231	34.11
49419	Insertion of tunneled intraperitoneal catheter, with subcutaneous port (ie, totally implantable)	1236	1779	2807	452	12.52
49421	Insertion of tunneled intraperitoneal catheter for dialysis, open	915	1317	2078	240	6.65
49422	Removal of tunneled intraperitoneal catheter	1086	1563	2466	233	6.46
49423	Exchange of previously placed abscess or cyst drainage catheter under radiological guidance (separate procedure)	673	969	1529	613	16.98
49424	Contrast injection for assessment of abscess or cyst via previously placed drainage catheter or tube (separate procedure)	199	286	451	173	4.79
49425	Insertion of peritoneal-venous shunt	1702	2449	3865	748	20.74
49426	Revision of peritoneal-venous shunt	1596	2296	3624	702	19.45
49427	Injection procedure (eg, contrast media) for evaluation of previously placed peritoneal-venous shunt	103	148	233	41	1.13
49428	Ligation of peritoneal-venous shunt	1032	1485	2344	454	12.58
49429	Removal of peritoneal-venous shunt	1096	1577	2489	482	13.36

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
49435	Insertion of subcutaneous extension to intraperitoneal cannula or catheter with remote chest exit site (List separately in addition to code for primary procedure)	312	449	709	126	3.50
49436	Delayed creation of exit site from embedded subcutaneous segment of intraperitoneal cannula or catheter	452	651	1027	196	5.42
49440	Insertion of gastrostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	1056	1520	2399	962	26.65
49441	Insertion of duodenostomy or jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	1208	1738	2743	1090	30.19
49442	Insertion of cecostomy or other colonic tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	2070	2979	4701	911	25.23
49446	Conversion of gastrostomy tube to gastro-jejunosomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	1015	1461	2306	924	25.61
49450	Replacement of gastrostomy or cecostomy (or other colonic) tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	744	1070	1689	677	18.76
49451	Replacement of duodenostomy or jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	806	1160	1830	734	20.33
49452	Replacement of gastro-jejunosomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	987	1420	2241	898	24.89
49460	Mechanical removal of obstructive material from gastrostomy, duodenostomy, jejunostomy, gastro-jejunosomy, or cecostomy (or other colonic) tube, any method, under fluoroscopic guidance including contrast injection(s), if performed, image documentation and report	1333	1919	3028	751	20.80
49465	Contrast injection(s) for radiological evaluation of existing gastrostomy, duodenostomy, jejunostomy, gastro-jejunosomy, or cecostomy (or other colonic) tube, from a percutaneous approach including image documentation and report	172	248	391	157	4.34

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
49491	Repair, initial inguinal hernia, preterm infant (younger than 37 weeks gestation at birth), performed from birth up to 50 weeks postconception age, with or without hydrocelectomy; reducible	2475	3562	5621	837	23.20
49492	Repair, initial inguinal hernia, preterm infant (younger than 37 weeks gestation at birth), performed from birth up to 50 weeks postconception age, with or without hydrocelectomy; incarcerated or strangulated	2292	3298	5204	1008	27.93
49495	Repair, initial inguinal hernia, full term infant younger than age 6 months, or preterm infant older than 50 weeks postconception age and younger than age 6 months at the time of surgery, with or without hydrocelectomy; reducible	1599	2302	3632	429	11.89
49496	Repair, initial inguinal hernia, full term infant younger than age 6 months, or preterm infant older than 50 weeks postconception age and younger than age 6 months at the time of surgery, with or without hydrocelectomy; incarcerated or strangulated	1467	2111	3332	645	17.88
49500	Repair initial inguinal hernia, age 6 months to younger than 5 years, with or without hydrocelectomy; reducible	1611	2319	3659	433	11.99
49501	Repair initial inguinal hernia, age 6 months to younger than 5 years, with or without hydrocelectomy; incarcerated or strangulated	1447	2082	3285	636	17.63
49505	Repair initial inguinal hernia, age 5 years or older; reducible	1524	2193	3461	547	15.17
49507	Repair initial inguinal hernia, age 5 years or older; incarcerated or strangulated	1766	2542	4011	616	17.07
49520	Repair recurrent inguinal hernia, any age; reducible	1786	2570	4056	664	18.40
49521	Repair recurrent inguinal hernia, any age; incarcerated or strangulated	2034	2927	4619	754	20.89
49525	Repair inguinal hernia, sliding, any age	1714	2466	3892	603	16.71
49540	Repair lumbar hernia	1611	2319	3660	709	19.64
49550	Repair initial femoral hernia, any age; reducible	1515	2181	3441	606	16.78
49553	Repair initial femoral hernia, any age; incarcerated or strangulated	1659	2387	3767	663	18.38

SURGERY – DIGESTIVE SYSTEM

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
49555	Repair recurrent femoral hernia; reducible	1439	2071	3268	633	17.54
49557	Repair recurrent femoral hernia; incarcerated or strangulated	1730	2489	3928	761	21.08
49560	Repair initial incisional or ventral hernia; reducible	1940	2792	4406	776	21.50
49561	Repair initial incisional or ventral hernia; incarcerated or strangulated	2423	3487	5503	978	27.09
49565	Repair recurrent incisional or ventral hernia; reducible	2032	2924	4615	808	22.38
49566	Repair recurrent incisional or ventral hernia; incarcerated or strangulated	2498	3594	5672	987	27.34
49568	Implantation of mesh or other prosthesis for open incisional or ventral hernia repair or mesh for closure of debridement for necrotizing soft tissue infection (List separately in addition to code for the incisional or ventral hernia repair)	734	1056	1667	281	7.80
49570	Repair epigastric hernia (eg, preperitoneal fat); reducible (separate procedure)	1233	1774	2800	437	12.12
49572	Repair epigastric hernia (eg, preperitoneal fat); incarcerated or strangulated	1504	2164	3415	544	15.06
49580	Repair umbilical hernia, younger than age 5 years; reducible	1322	1902	3002	350	9.69
49582	Repair umbilical hernia, younger than age 5 years; incarcerated or strangulated	1153	1659	2618	507	14.05
49585	Repair umbilical hernia, age 5 years or older; reducible	1281	1843	2909	468	12.96
49587	Repair umbilical hernia, age 5 years or older; incarcerated or strangulated	1380	1985	3133	500	13.86
49590	Repair spigelian hernia	1524	2193	3461	602	16.68
49600	Repair of small omphalocele, with primary closure	1753	2523	3982	771	21.37
49605	Repair of large omphalocele or gastroschisis; with or without prosthesis	15767	22689	35807	5219	144.61
49606	Repair of large omphalocele or gastroschisis; with removal of prosthesis, final reduction and closure, in operating room	3817	5493	8669	1195	33.10
49610	Repair of omphalocele (Gross type operation); first stage	1652	2377	3751	726	20.13

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
49611	Repair of omphalocele (Gross type operation); second stage	1454	2092	3302	640	17.72
49650	Laparoscopy, surgical; repair initial inguinal hernia	1293	1861	2938	451	12.50
49651	Laparoscopy, surgical; repair recurrent inguinal hernia	1578	2271	3584	588	16.28
49652	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); reducible	1950	2806	4428	783	21.69
49653	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); incarcerated or strangulated	2423	3486	5502	977	27.08
49654	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); reducible	2162	3112	4911	889	24.63
49655	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated	2695	3878	6120	1087	30.12
49656	Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); reducible	2370	3410	5382	964	26.72
49657	Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated	3358	4832	7626	1390	38.52
49659	Unlisted laparoscopy procedure, hernioplasty, herniorrhaphy, herniotomy	0	0	0	0	0.00
49900	Suture, secondary, of abdominal wall for evisceration or dehiscence	2078	2991	4720	857	23.75
49904	Omental flap, extra-abdominal (eg, for reconstruction of sternal and chest wall defects)	4793	6897	10884	1465	40.58
49905	Omental flap, intra-abdominal (List separately in addition to code for primary procedure)	1081	1555	2454	372	10.30
49906	Free omental flap with microvascular anastomosis	4960	7138	11265	0	0.00
49999	Unlisted procedure, abdomen, peritoneum and omentum	0	0	0	0	0.00

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
URINARY SYSTEM						
KIDNEY						
50010	Renal exploration, not necessitating other specific procedures	1810	2898	4850	767	21.24
50020	Drainage of perirenal or renal abscess, open	2492	3989	6676	1055	29.24
50040	Nephrostomy, nephrotomy with drainage	3747	5999	10039	961	26.63
50045	Nephrotomy, with exploration	2293	3671	6144	971	26.91
50060	Nephrolithotomy; removal of calculus	2806	4491	7517	1188	32.92
50065	Nephrolithotomy; secondary surgical operation for calculus	2975	4763	7971	1260	34.91
50070	Nephrolithotomy; complicated by congenital kidney abnormality	2916	4669	7813	1235	34.22
50075	Nephrolithotomy; removal of large staghorn calculus filling renal pelvis and calyces (including anatomic pyelolithotomy)	3588	5744	9613	1519	42.10
50080	Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; up to 2 cm	2881	4612	7718	905	25.09
50081	Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; over 2 cm	3783	6056	10136	1332	36.90
50100	Transection or repositioning of aberrant renal vessels (separate procedure)	2682	4293	7185	1136	31.47
50120	Pyelotomy; with exploration	2336	3740	6258	989	27.41
50125	Pyelotomy; with drainage, pyelostomy	2416	3868	6473	1023	28.35
50130	Pyelotomy; with removal of calculus (pyelolithotomy, pelviolithotomy, including coagulum pyelolithotomy)	2542	4070	6811	1077	29.83
50135	Pyelotomy; complicated (eg, secondary operation, congenital kidney abnormality)	2760	4419	7395	1169	32.39
50200	Renal biopsy; percutaneous, by trocar or needle	607	972	1627	558	15.47
50205	Renal biopsy; by surgical exposure of kidney	2546	4077	6822	792	21.94
50220	Nephrectomy, including partial ureterectomy, any open approach including rib resection;	3285	5259	8802	1094	30.31

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
50225	Nephrectomy, including partial ureterectomy, any open approach including rib resection; complicated because of previous surgery on same kidney	2960	4738	7930	1253	34.73
50230	Nephrectomy, including partial ureterectomy, any open approach including rib resection; radical, with regional lymphadenectomy and/or vena caval thrombectomy	4048	6481	10846	1337	37.04
50234	Nephrectomy with total ureterectomy and bladder cuff; through same incision	4558	7297	12212	1358	37.62
50236	Nephrectomy with total ureterectomy and bladder cuff; through separate incision	3605	5771	9658	1527	42.30
50240	Nephrectomy, partial	4267	6831	11433	1382	38.28
50250	Ablation, open, 1 or more renal mass lesion(s), cryosurgical, including intraoperative ultrasound guidance and monitoring, if performed	2995	4794	8023	1268	35.14
50280	Excision or unroofing of cyst(s) of kidney	2360	3778	6322	999	27.69
50290	Excision of perinephric cyst	2211	3539	5923	936	25.94
50300	Donor nephrectomy (including cold preservation); from cadaver donor, unilateral or bilateral	0	0	0	0	0.00
50320	Donor nephrectomy (including cold preservation); open, from living donor	3726	5965	9982	1578	43.72
50323	Backbench standard preparation of cadaver donor renal allograft prior to transplantation, including dissection and removal of perinephric fat, diaphragmatic and retroperitoneal attachments, excision of adrenal gland, and preparation of ureter(s), renal vein(s), and renal artery(s), ligating branches, as necessary	1119	1792	2999	0	0.00
50325	Backbench standard preparation of living donor renal allograft (open or laparoscopic) prior to transplantation, including dissection and removal of perinephric fat and preparation of ureter(s), renal vein(s), and renal artery(s), ligating branches, as necessary	1209	1936	3240	0	0.00
50327	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; venous anastomosis, each	564	903	1511	228	6.31
50328	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; arterial anastomosis, each	492	788	1319	200	5.53

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
50329	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; ureteral anastomosis, each	458	734	1228	190	5.26
50340	Recipient nephrectomy (separate procedure)	2350	3763	6297	995	27.58
50360	Renal allotransplantation, implantation of graft; without recipient nephrectomy	8296	13281	22227	2539	70.34
50365	Renal allotransplantation, implantation of graft; with recipient nephrectomy	7121	11400	19079	3016	83.56
50370	Removal of transplanted renal allograft	3526	5645	9446	1265	35.06
50380	Renal autotransplantation, reimplantation of kidney	4983	7977	13350	2110	58.47
50382	Removal (via snare/capture) and replacement of internally dwelling ureteral stent via percutaneous approach, including radiological supervision and interpretation	1504	2407	4029	1131	31.33
50384	Removal (via snare/capture) of internally dwelling ureteral stent via percutaneous approach, including radiological supervision and interpretation	1473	2358	3946	924	25.59
50385	Removal (via snare/capture) and replacement of internally dwelling ureteral stent via transurethral approach, without use of cystoscopy, including radiological supervision and interpretation	1794	2872	4807	1112	30.80
50386	Removal (via snare/capture) of internally dwelling ureteral stent via transurethral approach, without use of cystoscopy, including radiological supervision and interpretation	1481	2370	3967	762	21.11
50387	Removal and replacement of externally accessible nephroureteral catheter (eg, external/internal stent) requiring fluoroscopic guidance, including radiological supervision and interpretation	619	991	1659	564	15.62
50389	Removal of nephrostomy tube, requiring fluoroscopic guidance (eg, with concurrent indwelling ureteral stent)	414	662	1109	386	10.69
50390	Aspiration and/or injection of renal cyst or pelvis by needle, percutaneous	366	586	981	100	2.77
50391	Instillation(s) of therapeutic agent into renal pelvis and/or ureter through established nephrostomy, pyelostomy or ureterostomy tube (eg, anticarcinogenic or antifungal agent)	303	484	811	128	3.55

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
50396	Manometric studies through nephrostomy or pyelostomy tube, or indwelling ureteral catheter	286	458	767	121	3.36
50400	Pyeloplasty (Foley Y-pyeloplasty), plastic operation on renal pelvis, with or without plastic operation on ureter, nephropexy, nephrostomy, pyelostomy, or ureteral splinting; simple	3930	6291	10528	1213	33.61
50405	Pyeloplasty (Foley Y-pyeloplasty), plastic operation on renal pelvis, with or without plastic operation on ureter, nephropexy, nephrostomy, pyelostomy, or ureteral splinting; complicated (congenital kidney abnormality, secondary pyeloplasty, solitary kidney, calycolplasty)	5025	8044	13462	1455	40.31
50430	Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; new access	610	977	1635	584	16.17
50431	Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; existing access	266	426	714	266	7.36
50432	Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	1003	1606	2687	913	25.30
50433	Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, new access	1298	2077	3476	1181	32.73
50434	Convert nephrostomy catheter to nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, via pre-existing nephrostomy tract	1741	2786	4663	940	26.06

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
50435	Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	635	1017	1703	579	16.03
50436	Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, with postprocedure tube placement, when performed;	411	657	1100	157	4.35
50437	Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, with postprocedure tube placement, when performed; including new access into the renal collecting system	685	1097	1835	263	7.29
50500	Nephrorrhaphy, suture of kidney wound or injury	3060	4899	8199	1296	35.91
50520	Closure of nephrocutaneous or pyelocutaneous fistula	2876	4605	7706	1218	33.75
50525	Closure of nephrovisceral fistula (eg, renocolic), including visceral repair; abdominal approach	3651	5845	9782	1546	42.84
50526	Closure of nephrovisceral fistula (eg, renocolic), including visceral repair; thoracic approach	3914	6266	10487	1658	45.93
50540	Symphysiotomy for horseshoe kidney with or without pyeloplasty and/or other plastic procedure, unilateral or bilateral (1 operation)	2823	4520	7564	1196	33.13
50541	Laparoscopy, surgical; ablation of renal cysts	2214	3545	5933	956	26.50
50542	Laparoscopy, surgical; ablation of renal mass lesion(s), including intraoperative ultrasound guidance and monitoring, when performed	2869	4592	7685	1215	33.66
50543	Laparoscopy, surgical; partial nephrectomy	4251	6805	11389	1552	43.00
50544	Laparoscopy, surgical; pyeloplasty	3724	5961	9976	1298	35.96
50545	Laparoscopy, surgical; radical nephrectomy (includes removal of Gerota's fascia and surrounding fatty tissue, removal of regional lymph nodes, and adrenalectomy)	3681	5893	9862	1395	38.66

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
50546	Laparoscopy, surgical; nephrectomy, including partial ureterectomy	3525	5642	9443	1255	34.78
50547	Laparoscopy, surgical; donor nephrectomy (including cold preservation), from living donor	5234	8379	14023	1683	46.63
50548	Laparoscopy, surgical; nephrectomy with total ureterectomy	4007	6415	10735	1403	38.88
50549	Unlisted laparoscopy procedure, renal	0	0	0	0	0.00
50551	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;	883	1413	2365	374	10.36
50553	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter	1132	1811	3032	400	11.07
50555	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy	1012	1621	2713	429	11.88
50557	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy	1029	1648	2758	436	12.08
50561	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus	1629	2607	4364	493	13.66
50562	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with resection of tumor	1426	2282	3820	604	16.73
50570	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;	1208	1935	3238	512	14.18
50572	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter	1307	2093	3503	554	15.34

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
50574	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy	1390	2225	3724	589	16.31
50575	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with endopyelotomy (includes cystoscopy, ureteroscopy, dilation of ureter and ureteral pelvic junction, incision of ureteral pelvic junction and insertion of endopyelotomy stent)	1759	2816	4713	745	20.64
50576	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy	1387	2220	3715	587	16.27
50580	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus	2238	3583	5997	633	17.53
50590	Lithotripsy, extracorporeal shock wave	2035	3257	5451	764	21.17
50592	Ablation, 1 or more renal tumor(s), percutaneous, unilateral, radiofrequency	3615	5787	9685	3291	91.19
50593	Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy	4888	7826	13097	4450	123.31
URETER						
50600	Ureterotomy with exploration or drainage (separate procedure)	3049	3764	5301	978	27.10
50605	Ureterotomy for insertion of indwelling stent, all types	2943	3633	5117	1042	28.87
50606	Endoluminal biopsy of ureter and/or renal pelvis, non-endoscopic, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	2003	2472	3482	642	17.80
50610	Ureterolithotomy; upper one-third of ureter	3071	3790	5339	985	27.29
50620	Ureterolithotomy; middle one-third of ureter	2937	3625	5106	942	26.10
50630	Ureterolithotomy; lower one-third of ureter	2900	3579	5041	930	25.77

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
50650	Ureterectomy, with bladder cuff (separate procedure)	3189	3935	5544	1083	30.00
50660	Ureterectomy, total, ectopic ureter, combination abdominal, vaginal and/or perineal approach	3715	4586	6460	1192	33.02
50684	Injection procedure for ureterography or ureteropyelography through ureterostomy or indwelling ureteral catheter	474	585	824	121	3.34
50686	Manometric studies through ureterostomy or indwelling ureteral catheter	453	560	788	145	4.03
50688	Change of ureterostomy tube or externally accessible ureteral stent via ileal conduit	267	330	465	81	2.24
50690	Injection procedure for visualization of ileal conduit and/or ureteropyelography, exclusive of radiologic service	265	327	461	112	3.09
50693	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; pre-existing nephrostomy tract	1176	1452	2045	1071	29.67
50694	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, without separate nephrostomy catheter	2176	2686	3783	1189	32.95
50695	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, with separate nephrostomy catheter	2653	3275	4613	1441	39.92
50700	Ureteroplasty, plastic operation on ureter (eg, stricture)	3007	3711	5227	964	26.72
50705	Ureteral embolization or occlusion, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	6082	7506	10574	1951	54.05
50706	Balloon dilation, ureteral stricture, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological	1427	1761	2481	973	26.96

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
	supervision and interpretation (List separately in addition to code for primary procedure)					
50715	Ureterolysis, with or without repositioning of ureter for retroperitoneal fibrosis	3796	4686	6600	1254	34.76
50722	Ureterolysis for ovarian vein syndrome	4419	5455	7684	1076	29.82
50725	Ureterolysis for retrocaval ureter, with reanastomosis of upper urinary tract or vena cava	3584	4423	6231	1149	31.85
50727	Revision of urinary-cutaneous anastomosis (any type urostomy);	1995	2463	3469	530	14.69
50728	Revision of urinary-cutaneous anastomosis (any type urostomy); with repair of fascial defect and hernia	2393	2954	4161	768	21.27
50740	Ureteropyelostomy, anastomosis of ureter and renal pelvis	4011	4951	6974	1287	35.65
50750	Ureterocalycostomy, anastomosis of ureter to renal calyx	3748	4626	6516	1202	33.31
50760	Ureteroureterostomy	3773	4656	6559	1179	32.68
50770	Transureteroureterostomy, anastomosis of ureter to contralateral ureter	3748	4626	6516	1202	33.31
50780	Ureteroneocystostomy; anastomosis of single ureter to bladder	3810	4703	6625	1155	32.00
50782	Ureteroneocystostomy; anastomosis of duplicated ureter to bladder	4021	4963	6991	1120	31.04
50783	Ureteroneocystostomy; with extensive ureteral tailoring	3663	4520	6368	1175	32.55
50785	Ureteroneocystostomy; with vesico-psoas hitch or bladder flap	3838	4737	6672	1265	35.05
50800	Ureteroenterostomy, direct anastomosis of ureter to intestine	3010	3715	5233	965	26.75
50810	Ureterosigmoidostomy, with creation of sigmoid bladder and establishment of abdominal or perineal colostomy, including intestine anastomosis	4591	5666	7982	1472	40.80
50815	Ureterocolon conduit, including intestine anastomosis	3976	4908	6913	1275	35.34
50820	Ureteroileal conduit (ileal bladder), including intestine anastomosis (Bricker operation)	4167	5143	7244	1370	37.95

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
50825	Continent diversion, including intestine anastomosis using any segment of small and/or large intestine (Kock pouch or Camey enterocystoplasty)	5385	6647	9363	1727	47.86
50830	Urinary undiversion (eg, taking down of ureteroileal conduit, ureterosigmoidostomy or ureteroenterostomy with ureteroureterostomy or ureteroneocystostomy)	5857	7229	10182	1878	52.05
50840	Replacement of all or part of ureter by intestine segment, including intestine anastomosis	3996	4932	6947	1282	35.51
50845	Cutaneous appendico-vesicostomy	4665	5758	8111	1304	36.13
50860	Ureterostomy, transplantation of ureter to skin	3072	3791	5341	985	27.30
50900	Ureterorrhaphy, suture of ureter (separate procedure)	2735	3376	4756	877	24.31
50920	Closure of ureterocutaneous fistula	2861	3532	4975	918	25.43
50930	Closure of ureterovisceral fistula (including visceral repair)	3582	4420	6227	1149	31.83
50940	Deligation of ureter	2882	3557	5010	924	25.61
50945	Laparoscopy, surgical; ureterolithotomy	3158	3898	5491	1013	28.07
50947	Laparoscopy, surgical; ureteroneocystostomy with cystoscopy and ureteral stent placement	4630	5715	8050	1445	40.05
50948	Laparoscopy, surgical; ureteroneocystostomy without cystoscopy and ureteral stent placement	4093	5052	7117	1328	36.79
50949	Unlisted laparoscopy procedure, ureter	0	0	0	0	0.00
50951	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;	1220	1505	2121	391	10.84
50953	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter	1293	1596	2248	415	11.49
50955	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy	1382	1705	2402	443	12.28
50957	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of	1395	1722	2426	448	12.40

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
	radiologic service; with fulguration and/or incision, with or without biopsy					
50961	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus	1256	1550	2183	403	11.16
50970	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;	1203	1485	2091	386	10.69
50972	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter	1163	1436	2023	373	10.34
50974	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy	1535	1894	2668	492	13.64
50976	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy	1515	1869	2633	486	13.46
50980	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus	1158	1429	2013	371	10.29

BLADDER

51020	Cystotomy or cystostomy; with fulguration and/or insertion of radioactive material	1410	1888	2524	488	13.51
51030	Cystotomy or cystostomy; with cryosurgical destruction of intravesical lesion	1421	1902	2542	491	13.61
51040	Cystostomy, cystotomy with drainage	918	1229	1643	301	8.34
51045	Cystotomy, with insertion of ureteral catheter or stent (separate procedure)	1219	1631	2181	521	14.43
51050	Cystolithotomy, cystotomy with removal of calculus, without vesical neck resection	1463	1959	2619	491	13.60
51060	Transvesical ureterolithotomy	1754	2348	3138	606	16.80

MEDICAL FEES 2020

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
51065	Cystotomy, with calculus basket extraction and/or ultrasonic or electrohydraulic fragmentation of ureteral calculus	1746	2336	3123	603	16.72
51080	Drainage of perivesical or prevesical space abscess	1231	1648	2202	425	11.79
51100	Aspiration of bladder; by needle	204	272	364	70	1.95
51101	Aspiration of bladder; by trocar or intracatheter	424	567	758	147	4.06
51102	Aspiration of bladder; with insertion of suprapubic catheter	651	871	1164	245	6.78
51500	Excision of urachal cyst or sinus, with or without umbilical hernia repair	2052	2746	3671	663	18.37
51520	Cystotomy; for simple excision of vesical neck (separate procedure)	1793	2399	3207	620	17.17
51525	Cystotomy; for excision of bladder diverticulum, single or multiple (separate procedure)	2577	3450	4612	895	24.81
51530	Cystotomy; for excision of bladder tumor	2322	3108	4155	803	22.24
51535	Cystotomy for excision, incision, or repair of ureterocele	2353	3150	4211	813	22.54
51550	Cystectomy, partial; simple	2858	3826	5114	1004	27.82
51555	Cystectomy, partial; complicated (eg, postradiation, previous surgery, difficult location)	3827	5122	6847	1320	36.58
51565	Cystectomy, partial, with reimplantation of ureter(s) into bladder (ureteroneocystostomy)	3924	5253	7022	1357	37.59
51570	Cystectomy, complete; (separate procedure)	4448	5954	7960	1538	42.61
51575	Cystectomy, complete; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	5498	7359	9837	1900	52.66
51580	Cystectomy, complete, with ureterosigmoidostomy or ureterocutaneous transplantations;	5717	7652	10229	1976	54.76
51585	Cystectomy, complete, with ureterosigmoidostomy or ureterocutaneous transplantations; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	6364	8519	11388	2200	60.96
51590	Cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including intestine anastomosis;	6609	8846	11825	2017	55.89

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
51595	Cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including intestine anastomosis; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	7660	10253	13706	2281	63.21
51596	Cystectomy, complete, with continent diversion, any open technique, using any segment of small and/or large intestine to construct neobladder	9121	12208	16320	2453	67.98
51597	Pelvic exenteration, complete, for vesical, prostatic or urethral malignancy, with removal of bladder and ureteral transplantations, with or without hysterectomy and/or abdominoperineal resection of rectum and colon and colostomy, or any combination thereof	7961	10657	14246	2392	66.28
51600	Injection procedure for cystography or voiding urethrocytography	382	511	683	212	5.88
51605	Injection procedure and placement of chain for contrast and/or chain urethrocytography	121	161	216	40	1.12
51610	Injection procedure for retrograde urethrocytography	349	467	624	124	3.43
51700	Bladder irrigation, simple, lavage and/or instillation	210	281	375	77	2.14
51701	Insertion of non-indwelling bladder catheter (eg, straight catheterization for residual urine)	152	204	273	46	1.28
51702	Insertion of temporary indwelling bladder catheter; simple (eg, Foley)	195	261	350	63	1.74
51703	Insertion of temporary indwelling bladder catheter; complicated (eg, altered anatomy, fractured catheter/balloon)	305	408	545	144	3.98
51705	Change of cystostomy tube; simple	243	325	435	98	2.71
51710	Change of cystostomy tube; complicated	328	439	587	136	3.77
51715	Endoscopic injection of implant material into the submucosal tissues of the urethra and/or bladder neck	837	1120	1497	353	9.78
51720	Bladder instillation of anticarcinogenic agent (including retention time)	285	381	509	86	2.38
51725	Simple cystometrogram (CMG) (eg, spinal manometer)	534	774	1121	218	6.04
51725-26		193	279	405	79	2.18

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
51725-TC		0	0	0	139	3.86
51726	Complex cystometrogram (ie, calibrated electronic equipment);	692	1004	1453	297	8.23
51726-26		204	296	429	88	2.43
51726-TC		0	0	0	209	5.80
51727	Complex cystometrogram (ie, calibrated electronic equipment); with urethral pressure profile studies (ie, urethral closure pressure profile), any technique	594	862	1247	357	9.88
51727-26		185	269	389	111	3.08
51727-TC		0	0	0	245	6.80
51728	Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure), any technique	809	1173	1699	361	10.00
51728-26		244	354	513	109	3.02
51728-TC		0	0	0	252	6.98
51729	Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure) and urethral pressure profile studies (ie, urethral closure pressure profile), any technique	812	1178	1705	385	10.67
51729-26		279	404	585	132	3.66
51729-TC		0	0	0	253	7.01
51736	Simple uroflowmetry (UFR) (eg, stop-watch flow rate, mechanical uroflowmeter)	112	162	234	14	0.39
51736-26		69	99	144	9	0.24
51736-TC		0	0	0	5	0.15
51741	Complex uroflowmetry (eg, calibrated electronic equipment)	187	271	393	15	0.41
51741-26		114	165	240	9	0.25
51741-TC		0	0	0	6	0.16
51784	Electromyography studies (EMG) of anal or urethral sphincter, other than needle, any technique	530	768	1111	69	1.92
51784-26		303	440	637	40	1.10

SURGERY – URINARY SYSTEM

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
51784-TC		0	0	0	30	0.82
51785	Needle electromyography studies (EMG) of anal or urethral sphincter, any technique	3495	5067	7335	384	10.64
51785-26		874	1267	1834	96	2.66
51785-TC		0	0	0	288	7.98
51792	Stimulus evoked response (eg, measurement of bulbocavernosus reflex latency time)	511	740	1072	254	7.04
51792-26		115	166	241	57	1.58
51792-TC		0	0	0	197	5.46
51797	Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)	409	592	858	166	4.61
51797-26		103	149	216	42	1.16
51797-TC		0	0	0	125	3.45
51798	Measurement of post-voiding residual urine and/or bladder capacity by ultrasound, non-imaging	61	88	128	10	0.29
51800	Cystoplasty or cystourethroplasty, plastic operation on bladder and/or vesical neck (anterior Y-plasty, vesical fundus resection), any procedure, with or without wedge resection of posterior vesical neck	3549	4882	6888	1087	30.12
51820	Cystourethroplasty with unilateral or bilateral ureteroneocystostomy	3030	4169	5882	1130	31.30
51840	Anterior vesicourethropexy, or urethropexy (eg, Marshall-Marchetti-Krantz, Burch); simple	1618	2226	3140	711	19.70
51841	Anterior vesicourethropexy, or urethropexy (eg, Marshall-Marchetti-Krantz, Burch); complicated (eg, secondary repair)	2208	3038	4286	823	22.81
51845	Abdomino-vaginal vesical neck suspension, with or without endoscopic control (eg, Stamey, Raz, modified Pereyra)	1626	2238	3157	606	16.80
51860	Cystorrhaphy, suture of bladder wound, injury or rupture; simple	1976	2718	3835	778	21.55
51865	Cystorrhaphy, suture of bladder wound, injury or rupture; complicated	2452	3373	4759	937	25.97
51880	Closure of cystostomy (separate procedure)	1399	1925	2715	485	13.45

MEDICAL FEES 2020

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
51900	Closure of vesicovaginal fistula, abdominal approach	2304	3170	4472	859	23.80
51920	Closure of vesicouterine fistula;	2133	2934	4140	795	22.03
51925	Closure of vesicouterine fistula; with hysterectomy	2975	4093	5775	1109	30.73
51940	Closure, exstrophy of bladder	4589	6314	8907	1711	47.40
51960	Enterocystoplasty, including intestinal anastomosis	5225	7189	10142	1444	40.00
51980	Cutaneous vesicostomy	2716	3736	5271	743	20.59
51990	Laparoscopy, surgical; urethral suspension for stress incontinence	2024	2784	3928	779	21.59
51992	Laparoscopy, surgical; sling operation for stress incontinence (eg, fascia or synthetic)	2535	3487	4920	877	24.30
51999	Unlisted laparoscopy procedure, bladder	0	0	0	0	0.00
52000	Cystourethroscopy (separate procedure)	508	718	1016	216	5.99
52001	Cystourethroscopy with irrigation and evacuation of multiple obstructing clots	855	1207	1710	429	11.89
52005	Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;	713	1006	1425	302	8.37
52007	Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with brush biopsy of ureter and/or renal pelvis	1373	1939	2745	488	13.51
52010	Cystourethroscopy, with ejaculatory duct catheterization, with or without irrigation, instillation, or duct radiography, exclusive of radiologic service	1009	1424	2016	409	11.33
52204	Cystourethroscopy, with biopsy(s)	1014	1431	2026	396	10.97
52214	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands	1667	2353	3331	751	20.81
52224	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or therapy MINOR (less than 0.5 cm) lesion(s) with or without biopsy	2011	2839	4020	785	21.74

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
52234	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)	869	1227	1737	256	7.08
52235	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)	1050	1482	2099	300	8.31
52240	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; LARGE bladder tumor(s)	1539	2173	3077	408	11.31
52250	Cystourethroscopy with insertion of radioactive substance, with or without biopsy or fulguration	614	867	1228	249	6.90
52260	Cystourethroscopy, with dilation of bladder for interstitial cystitis; general or conduction (spinal) anesthesia	603	852	1206	219	6.08
52265	Cystourethroscopy, with dilation of bladder for interstitial cystitis; local anesthesia	755	1066	1509	392	10.86
52270	Cystourethroscopy, with internal urethrotomy; female	752	1061	1503	414	11.47
52275	Cystourethroscopy, with internal urethrotomy; male	1001	1413	2000	543	15.05
52276	Cystourethroscopy with direct vision internal urethrotomy	913	1289	1826	275	7.62
52277	Cystourethroscopy, with resection of external sphincter (sphincterotomy)	828	1169	1655	336	9.30
52281	Cystourethroscopy, with calibration and/or dilation of urethral stricture or stenosis, with or without meatotomy, with or without injection procedure for cystography, male or female	770	1086	1538	331	9.16
52282	Cystourethroscopy, with insertion of permanent urethral stent	1050	1482	2099	352	9.74
52283	Cystourethroscopy, with steroid injection into stricture	699	987	1398	336	9.31
52285	Cystourethroscopy for therapy the female urethral syndrome with any or all of the following: urethral meatotomy, urethral dilation, internal urethrotomy, lysis of urethrovaginal septal fibrosis, lateral incisions of the bladder neck, and fulguration of polyp(s) of urethra, bladder neck, and/or trigone	644	910	1288	335	9.27
52287	Cystourethroscopy, with injection(s) for chemodenervation of the bladder	893	1261	1785	371	10.27

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
52290	Cystourethroscopy; with ureteral meatotomy, unilateral or bilateral	903	1275	1805	254	7.03
52300	Cystourethroscopy; with resection or fulguration of orthotopic ureterocele(s), unilateral or bilateral	904	1276	1807	291	8.06
52301	Cystourethroscopy; with resection or fulguration of ectopic ureterocele(s), unilateral or bilateral	744	1050	1486	301	8.35
52305	Cystourethroscopy; with incision or resection of orifice of bladder diverticulum, single or multiple	716	1011	1431	290	8.04
52310	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); simple	711	1003	1420	298	8.26
52315	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); complicated	1194	1685	2385	479	13.28
52317	Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; simple or small (less than 2.5 cm)	1924	2715	3845	901	24.97
52318	Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; complicated or large (over 2.5 cm)	1589	2242	3175	493	13.66
52320	Cystourethroscopy (including ureteral catheterization); with removal of ureteral calculus	908	1282	1816	257	7.11
52325	Cystourethroscopy (including ureteral catheterization); with fragmentation of ureteral calculus (eg, ultrasonic or electro-hydraulic technique)	870	1227	1738	333	9.22
52327	Cystourethroscopy (including ureteral catheterization); with subureteric injection of implant material	1288	1819	2575	274	7.59
52330	Cystourethroscopy (including ureteral catheterization); with manipulation, without removal of ureteral calculus	1260	1778	2517	598	16.58
52332	Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)	1039	1466	2076	467	12.95
52334	Cystourethroscopy with insertion of ureteral guide wire through kidney to establish a percutaneous nephrostomy, retrograde	714	1007	1426	190	5.27

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
52341	Cystourethroscopy; with therapy ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)	860	1213	1718	296	8.19
52342	Cystourethroscopy; with therapy ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)	824	1163	1647	321	8.89
52343	Cystourethroscopy; with therapy intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)	884	1248	1767	358	9.93
52344	Cystourethroscopy with ureteroscopy; with therapy ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)	1063	1500	2124	384	10.63
52345	Cystourethroscopy with ureteroscopy; with therapy ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)	1149	1622	2297	410	11.37
52346	Cystourethroscopy with ureteroscopy; with therapy intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)	1429	2016	2855	464	12.86
52351	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic	982	1386	1962	314	8.71
52352	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)	1106	1561	2211	369	10.23
52353	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)	1304	1841	2606	408	11.31
52354	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with biopsy and/or fulguration of ureteral or renal pelvic lesion	1360	1920	2718	434	12.03
52355	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with resection of ureteral or renal pelvic tumor	1555	2194	3107	486	13.48
52356	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)	1294	1826	2586	432	11.98
52400	Cystourethroscopy with incision, fulguration, or resection of congenital posterior urethral valves, or congenital obstructive hypertrophic mucosal folds	1753	2474	3503	497	13.78

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
52402	Cystourethroscopy with transurethral resection or incision of ejaculatory ducts	686	968	1370	278	7.70
52441	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant	2523	3562	5043	1397	38.70
52442	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure)	2172	3065	4340	1017	28.18
52450	Transurethral incision of prostate	1323	1868	2644	490	13.59
52500	Transurethral resection of bladder neck (separate procedure)	1502	2121	3003	509	14.10
52601	Transurethral electroresection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)	2235	3155	4467	760	21.05
52630	Transurethral resection; residual or regrowth of obstructive prostate tissue including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)	1340	1891	2678	419	11.60
52640	Transurethral resection; of postoperative bladder neck contracture	985	1391	1969	329	9.12
52647	Laser coagulation of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included if performed)	4255	6005	8504	1673	46.35
52648	Laser vaporization of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)	4078	5756	8151	1726	47.82
52649	Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)	2567	3623	5130	860	23.83
52700	Transurethral drainage of prostatic abscess	1134	1600	2266	459	12.73

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
53000	Urethrotomy or urethrostomy, external (separate procedure); pendulous urethra	421	572	761	154	4.27
URETHRA						
53010	Urethrotomy or urethrostomy, external (separate procedure); perineal urethra, external	838	1138	1514	306	8.49
53020	Meatotomy, cutting of meatus (separate procedure); except infant	277	377	501	101	2.80
53025	Meatotomy, cutting of meatus (separate procedure); infant	192	261	348	70	1.95
53040	Drainage of deep periurethral abscess	1117	1518	2018	409	11.32
53060	Drainage of Skene's gland abscess or cyst	531	721	959	194	5.38
53080	Drainage of perineal urinary extravasation; uncomplicated (separate procedure)	1195	1624	2159	437	12.11
53085	Drainage of perineal urinary extravasation; complicated	1848	2511	3339	676	18.73
53200	Biopsy of urethra	461	627	833	164	4.54
53210	Urethrectomy, total, including cystostomy; female	2225	3023	4020	814	22.55
53215	Urethrectomy, total, including cystostomy; male	2646	3596	4782	968	26.82
53220	Excision or fulguration of carcinoma of urethra	1285	1747	2323	470	13.03
53230	Excision of urethral diverticulum (separate procedure); female	1743	2369	3150	634	17.58
53235	Excision of urethral diverticulum (separate procedure); male	1802	2450	3257	659	18.27
53240	Marsupialization of urethral diverticulum, male or female	1206	1638	2179	441	12.22
53250	Excision of bulbourethral gland (Cowper's gland)	1127	1531	2036	412	11.42
53260	Excision or fulguration; urethral polyp(s), distal urethra	606	824	1095	212	5.87
53265	Excision or fulguration; urethral caruncle	625	849	1130	233	6.45
53270	Excision or fulguration; Skene's glands	591	803	1068	216	5.98
53275	Excision or fulguration; urethral prolapse	779	1058	1408	274	7.58
53400	Urethroplasty; first stage, for fistula, diverticulum, or stricture (eg, Johansen type)	2704	3675	4887	836	23.16

MEDICAL FEES 2020

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
53405	Urethroplasty; second stage (formation of urethra), including urinary diversion	2488	3381	4496	910	25.22
53410	Urethroplasty, 1-stage reconstruction of male anterior urethra	3412	4637	6166	1020	28.26
53415	Urethroplasty, transpubic or perineal, 1-stage, for reconstruction or repair of prostatic or membranous urethra	3863	5251	6982	1178	32.64
53420	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; first stage	2397	3258	4332	877	24.30
53425	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; second stage	2669	3627	4823	976	27.05
53430	Urethroplasty, reconstruction of female urethra	3195	4342	5773	1013	28.07
53431	Urethroplasty with tubularization of posterior urethra and/or lower bladder for incontinence (eg, Tenago, Leadbetter procedure)	3287	4467	5941	1203	33.32
53440	Sling operation for correction of male urinary incontinence (eg, fascia or synthetic)	2325	3160	4202	785	21.74
53442	Removal or revision of sling for male urinary incontinence (eg, fascia or synthetic)	2232	3033	4033	816	22.62
53444	Insertion of tandem cuff (dual cuff)	2261	3073	4086	827	22.92
53445	Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff	2770	3765	5007	786	21.77
53446	Removal of inflatable urethral/bladder neck sphincter, including pump, reservoir, and cuff	1887	2565	3411	669	18.53
53447	Removal and replacement of inflatable urethral/bladder neck sphincter including pump, reservoir, and cuff at the same operative session	2507	3407	4530	842	23.33
53448	Removal and replacement of inflatable urethral/bladder neck sphincter including pump, reservoir, and cuff through an infected field at the same operative session including irrigation and debridement of infected tissue	3644	4953	6586	1333	36.94
53449	Repair of inflatable urethral/bladder neck sphincter, including pump, reservoir, and cuff	1743	2369	3150	638	17.67
53450	Urethromeatoplasty, with mucosal advancement	1462	1987	2642	426	11.80
53460	Urethromeatoplasty, with partial excision of distal urethral segment (Richardson type procedure)	1292	1756	2335	476	13.20

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
53500	Urethrolisis, transvaginal, secondary, open, including cystourethroscopy (eg, postsurgical obstruction, scarring)	2159	2935	3902	781	21.65
53502	Urethrorrhaphy, suture of urethral wound or injury, female	1382	1878	2498	506	14.01
53505	Urethrorrhaphy, suture of urethral wound or injury; penile	1381	1877	2496	505	14.00
53510	Urethrorrhaphy, suture of urethral wound or injury; perineal	1798	2444	3250	658	18.23
53515	Urethrorrhaphy, suture of urethral wound or injury; prostatomembranous	2267	3081	4097	829	22.98
53520	Closure of urethrostomy or urethrocutaneous fistula, male (separate procedure)	1586	2156	2867	580	16.08
53600	Dilation of urethral stricture by passage of sound or urethral dilator, male; initial	218	297	394	88	2.43
53601	Dilation of urethral stricture by passage of sound or urethral dilator, male; subsequent	196	267	355	83	2.31
53605	Dilation of urethral stricture or vesical neck by passage of sound or urethral dilator, male, general or conduction (spinal) anesthesia	189	257	342	67	1.87
53620	Dilation of urethral stricture by passage of filiform and follower, male; initial	279	379	504	152	4.22
53621	Dilation of urethral stricture by passage of filiform and follower, male; subsequent	261	355	473	144	3.98
53660	Dilation of female urethra including suppository and/or instillation; initial	183	249	331	73	2.02
53661	Dilation of female urethra including suppository and/or instillation; subsequent	176	239	318	72	1.99
53665	Dilation of female urethra, general or conduction (spinal) anesthesia	110	149	198	40	1.11
53850	Transurethral destruction of prostate tissue; by microwave thermotherapy	6039	8207	10914	1600	44.34
53852	Transurethral destruction of prostate tissue; by radiofrequency thermotherapy	5272	7165	9528	1552	43.00
53854	Transurethral destruction of prostate tissue; by radiofrequency generated water vapor thermotherapy	4598	6249	8310	1847	51.18
53855	Insertion of a temporary prostatic urethral stent, including urethral measurement	1829	2486	3306	761	21.09

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
53860	Transurethral radiofrequency micro-remodeling of the female bladder neck and proximal urethra for stress urinary incontinence	5440	7393	9832	2157	59.77
53899	Unlisted procedure, urinary system	0	0	0	0	0.00

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
MALE GENITAL SYSTEM						
PENIS						
54000	Slitting of prepuce, dorsal or lateral (separate procedure); newborn	447	644	784	162	4.49
54001	Slitting of prepuce, dorsal or lateral (separate procedure); except newborn	467	672	819	200	5.55
54015	Incision and drainage of penis, deep	781	1125	1370	319	8.83
54050	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical	254	366	446	138	3.83
54055	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation	343	493	601	130	3.59
54056	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery	284	410	499	144	3.99
54057	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery	382	550	670	142	3.94
54060	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision	504	726	884	194	5.37
54065	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	475	684	833	226	6.27
54100	Biopsy of penis; (separate procedure)	390	561	684	205	5.67
54105	Biopsy of penis; deep structures	705	1016	1238	279	7.74
54110	Excision of penile plaque (Peyronie disease);	2281	3287	4004	650	18.02
54111	Excision of penile plaque (Peyronie disease); with graft to 5 cm in length	2299	3312	4035	834	23.11
54112	Excision of penile plaque (Peyronie disease); with graft greater than 5 cm in length	2693	3880	4726	977	27.07
54115	Removal foreign body from deep penile tissue (eg, plastic implant)	1301	1875	2284	472	13.08
54120	Amputation of penis; partial	1854	2672	3255	658	18.23
54125	Amputation of penis; complete	2341	3372	4108	849	23.53

MEDICAL FEES 2020

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
54130	Amputation of penis, radical; with bilateral inguofemoral lymphadenectomy	3428	4939	6016	1244	34.46
54135	Amputation of penis, radical; in continuity with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes	4345	6260	7626	1576	43.68
54150	Circumcision, using clamp or other device with regional dorsal penile or ring block	444	640	780	159	4.40
54160	Circumcision, surgical excision other than clamp, device, or dorsal slit; neonate (28 days of age or less)	444	639	779	227	6.29
54161	Circumcision, surgical excision other than clamp, device, or dorsal slit; older than 28 days of age	691	995	1212	205	5.68
54162	Lysis or excision of penile post-circumcision adhesions	681	982	1196	267	7.39
54163	Repair incomplete circumcision	786	1132	1379	226	6.27
54164	Frenulotomy of penis	617	889	1083	200	5.54
54200	Injection procedure for Peyronie disease;	268	387	471	114	3.17
54205	Injection procedure for Peyronie disease; with surgical exposure of plaque	1528	2201	2682	554	15.36
54220	Irrigation of corpora cavernosa for priapism	613	883	1076	219	6.07
54230	Injection procedure for corpora cavernosography	285	411	501	104	2.87
54231	Dynamic cavernosometry, including intracavernosal injection of vasoactive drugs (eg, papaverine, phentolamine)	405	583	711	147	4.07
54235	Injection of corpora cavernosa with pharmacologic agent(s) (eg, papaverine, phentolamine)	248	358	436	91	2.53
54240	Penile plethysmography	388	559	681	106	2.94
54240-26		248	357	435	68	1.88
54240-TC		0	0	0	38	1.06
54250	Nocturnal penile tumescence and/or rigidity test	614	884	1077	127	3.51
54250-26		552	796	970	114	3.16
54250-TC		0	0	0	13	0.35
54300	Plastic operation of penis for straightening of chordee (eg, hypospadias), with or without mobilization of urethra	2604	3752	4570	672	18.62

SURGERY – MALE GENITAL SYSTEM

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
54304	Plastic operation on penis for correction of chordee or for first stage hypospadias repair with or without transplantation of prepuce and/or skin flaps	2581	3719	4530	781	21.63
54308	Urethroplasty for second stage hypospadias repair (including urinary diversion); less than 3 cm	2055	2961	3607	746	20.66
54312	Urethroplasty for second stage hypospadias repair (including urinary diversion); greater than 3 cm	2351	3388	4127	853	23.64
54316	Urethroplasty for second stage hypospadias repair (including urinary diversion) with free skin graft obtained from site other than genitalia	2862	4123	5023	1038	28.77
54318	Urethroplasty for third stage hypospadias repair to release penis from scrotum (eg, third stage Cecil repair)	2043	2944	3586	741	20.54
54322	1-stage distal hypospadias repair (with or without chordee or circumcision); with simple meatal advancement (eg, Magpi, V-flap)	2679	3861	4703	815	22.58
54324	1-stage distal hypospadias repair (with or without chordee or circumcision); with urethroplasty by local skin flaps (eg, flip-flap, prepuccial flap)	3565	5136	6257	1009	27.96
54326	1-stage distal hypospadias repair (with or without chordee or circumcision); with urethroplasty by local skin flaps and mobilization of urethra	3556	5124	6242	984	27.27
54328	1-stage distal hypospadias repair (with or without chordee or circumcision); with extensive dissection to correct chordee and urethroplasty with local skin flaps, skin graft patch, and/or island flap	3757	5413	6594	978	27.09
54332	1-stage proximal penile or penoscrotal hypospadias repair requiring extensive dissection to correct chordee and urethroplasty by use of skin graft tube and/or island flap	3765	5424	6608	1055	29.24
54336	1-stage perineal hypospadias repair requiring extensive dissection to correct chordee and urethroplasty by use of skin graft tube and/or island flap	3417	4923	5997	1240	34.35
54340	Repair of hypospadias complications (ie, fistula, stricture, diverticula); by closure, incision, or excision, simple	2150	3097	3773	593	16.44
54344	Repair of hypospadias complications (ie, fistula, stricture, diverticula); requiring mobilization of skin flaps and urethroplasty with flap or patch graft	3662	5276	6427	986	27.33

MEDICAL FEES 2020

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
54348	Repair of hypospadias complications (ie, fistula, stricture, diverticula); requiring extensive dissection and urethroplasty with flap, patch or tubed graft (includes urinary diversion)	2907	4188	5102	1055	29.22
54352	Repair of hypospadias cripple requiring extensive dissection and excision of previously constructed structures including re-release of chordee and reconstruction of urethra and penis by use of local skin as grafts and island flaps and skin brought in as flaps or grafts	4069	5863	7143	1476	40.91
54360	Plastic operation on penis to correct angulation	2771	3992	4864	751	20.82
54380	Plastic operation on penis for epispadias distal to external sphincter;	2297	3309	4031	833	23.09
54385	Plastic operation on penis for epispadias distal to external sphincter; with incontinence	2670	3847	4686	969	26.84
54390	Plastic operation on penis for epispadias distal to external sphincter; with exstrophy of bladder	3567	5139	6261	1294	35.86
54400	Insertion of penile prosthesis; non-inflatable (semi-rigid)	1763	2540	3094	554	15.34
54401	Insertion of penile prosthesis; inflatable (self-contained)	1888	2720	3314	685	18.98
54405	Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir	2999	4321	5263	843	23.37
54406	Removal of all components of a multi-component, inflatable penile prosthesis without replacement of prosthesis	2055	2961	3607	762	21.11
54408	Repair of component(s) of a multi-component, inflatable penile prosthesis	2265	3263	3976	824	22.83
54410	Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session	3017	4347	5296	897	24.85
54411	Removal and replacement of all components of a multi-component inflatable penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue	2956	4259	5189	1073	29.72
54415	Removal of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis, without replacement of prosthesis	1519	2188	2666	551	15.27

SURGERY – MALE GENITAL SYSTEM

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
54416	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis at the same operative session	2043	2944	3586	741	20.54
54417	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue	2582	3721	4532	937	25.96
54420	Corpora cavernosa-saphenous vein shunt (priapism operation), unilateral or bilateral	2022	2914	3549	734	20.33
54430	Corpora cavernosa-corpora spongiosum shunt (priapism operation), unilateral or bilateral	1835	2644	3221	666	18.45
54435	Corpora cavernosa-glans penis fistulization (eg, biopsy needle, Winter procedure, rongeur, or punch) for priapism	1192	1717	2092	432	11.98
54437	Repair of traumatic corporeal tear(s)	1879	2707	3298	703	19.47
54438	Replantation, penis, complete amputation including urethral repair	3844	5538	6746	1395	38.64
54440	Plastic operation of penis for injury	2240	3227	3931	0	0.00
54450	Foreskin manipulation including lysis of preputial adhesions and stretching	164	236	288	71	1.98
TESTIS						
54500	Biopsy of testis, needle (separate procedure)	196	279	396	77	2.14
54505	Biopsy of testis, incisional (separate procedure)	764	1087	1542	219	6.06
54512	Excision of extraparenchymal lesion of testis	1696	2412	3422	562	15.56
54520	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach	1057	1503	2132	339	9.40
54522	Orchiectomy, partial	1559	2217	3145	614	17.01
54530	Orchiectomy, radical, for tumor; inguinal approach	1527	2172	3081	528	14.63
54535	Orchiectomy, radical, for tumor; with abdominal exploration	1969	2801	3973	776	21.49
54550	Exploration for undescended testis (inguinal or scrotal area)	1545	2198	3117	512	14.20
54560	Exploration for undescended testis with abdominal exploration	1818	2586	3668	716	19.84

MEDICAL FEES 2020

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
54600	Reduction of torsion of testis, surgical, with or without fixation of contralateral testis	1404	1997	2833	472	13.07
54620	Fixation of contralateral testis (separate procedure)	993	1413	2004	312	8.64
54640	Orchiopexy, inguinal or scrotal approach	1940	2759	3914	453	12.55
54650	Orchiopexy, abdominal approach, for intra-abdominal testis (eg, Fowler-Stephens)	2422	3445	4888	742	20.55
54660	Insertion of testicular prosthesis (separate procedure)	1226	1743	2473	371	10.29
54670	Suture or repair of testicular injury	1077	1531	2173	424	11.75
54680	Transplantation of testis(es) to thigh (because of scrotal destruction)	2085	2965	4206	821	22.75
54690	Laparoscopy, surgical; orchiectomy	1736	2469	3502	684	18.94
54692	Laparoscopy, surgical; orchiopexy for intra-abdominal testis	2864	4074	5779	790	21.90
54699	Unlisted laparoscopy procedure, testis	0	0	0	0	0.00

EPIDIDYMIS

54700	Incision and drainage of epididymis, testis and/or scrotal space (eg, abscess or hematoma)	624	887	1258	223	6.18
54800	Biopsy of epididymis, needle	333	473	671	131	3.63
54830	Excision of local lesion of epididymis	1093	1555	2205	387	10.72
54840	Excision of spermatocele, with or without epididymectomy	992	1410	2001	335	9.27
54860	Epididymectomy; unilateral	1104	1570	2228	436	12.07
54861	Epididymectomy; bilateral	1501	2135	3029	591	16.38
54865	Exploration of epididymis, with or without biopsy	947	1346	1910	373	10.33
54900	Epididymovasostomy, anastomosis of epididymis to vas deferens; unilateral	2120	3015	4277	835	23.13
54901	Epididymovasostomy, anastomosis of epididymis to vas deferens; bilateral	2800	3982	5649	1103	30.55

TUNICA VAGINALIS

55000	Puncture aspiration of hydrocele, tunica vaginalis, with or without injection of medication	294	418	593	122	3.39
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SURGERY – MALE GENITAL SYSTEM

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
55040	Excision of hydrocele; unilateral	1070	1521	2158	351	9.72
55041	Excision of hydrocele; bilateral	1525	2169	3077	532	14.75
55060	Repair of tunica vaginalis hydrocele (Bottle type)	1153	1639	2326	396	10.97
SCROTUM						
55100	Drainage of scrotal wall abscess	633	900	1277	232	6.43
55110	Scrotal exploration	1080	1536	2179	404	11.19
55120	Removal of foreign body in scrotum	934	1328	1884	368	10.19
55150	Resection of scrotum	1441	2050	2908	512	14.20
55175	Scrotoplasty; simple	1205	1713	2431	377	10.46
55180	Scrotoplasty; complicated	2238	3182	4515	722	20.00
VAS DEFERENS						
55200	Vasotomy, cannulization with or without incision of vas, unilateral or bilateral (separate procedure)	1080	1537	2180	425	11.79
55250	Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s)	1017	1447	2053	372	10.32
55300	Vasotomy for vasograms, seminal vesiculograms, or epididymograms, unilateral or bilateral	494	703	997	195	5.39
55400	Vasovasostomy, vasovasorrhaphy	2987	4248	6027	520	14.42
SPERMATIC CORD						
55500	Excision of hydrocele of spermatic cord, unilateral (separate procedure)	1099	1563	2217	410	11.35
55520	Excision of lesion of spermatic cord (separate procedure)	1168	1661	2356	476	13.20
55530	Excision of varicocele or ligation of spermatic veins for varicocele; (separate procedure)	1207	1716	2435	366	10.13
55535	Excision of varicocele or ligation of spermatic veins for varicocele; abdominal approach	1835	2610	3702	448	12.41
55540	Excision of varicocele or ligation of spermatic veins for varicocele; with hernia repair	1472	2093	2969	580	16.06
55550	Laparoscopy, surgical, with ligation of spermatic veins for varicocele	1444	2053	2913	446	12.37
55559	Unlisted laparoscopy procedure, spermatic cord	1223	1740	2468	0	0.00

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
SEMINAL VESICLES						
55600	Vesiculotomy;	1113	1584	2246	438	12.15
55605	Vesiculotomy; complicated	1381	1964	2786	544	15.07
55650	Vesiculectomy, any approach	1899	2701	3831	748	20.72
55680	Excision of Mullerian duct cyst	915	1302	1847	361	9.99
PROSTATE						
55700	Biopsy, prostate; needle or punch, single or multiple, any approach	581	827	1173	256	7.09
55705	Biopsy, prostate; incisional, any approach	703	1000	1418	277	7.67
55706	Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance	1104	1571	2228	388	10.75
55720	Prostatotomy, external drainage of prostatic abscess, any approach; simple	1196	1701	2413	471	13.05
55725	Prostatotomy, external drainage of prostatic abscess, any approach; complicated	1571	2234	3169	619	17.14
55801	Prostatectomy, perineal, subtotal (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy)	3435	4640	6786	1141	31.62
55810	Prostatectomy, perineal radical;	4113	5556	8126	1366	37.86
55812	Prostatectomy, perineal radical; with lymph node biopsy(s) (limited pelvic lymphadenectomy)	5049	6821	9976	1677	46.48
55815	Prostatectomy, perineal radical; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes	5532	7472	10929	1838	50.92
55821	Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); suprapubic, subtotal, 1 or 2 stages	2545	3438	5028	911	25.24
55831	Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); retropubic, subtotal	2743	3706	5420	986	27.32
55840	Prostatectomy, retropubic radical, with or without nerve sparing;	4007	5413	7917	1220	33.81

SURGERY – MALE GENITAL SYSTEM

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
55842	Prostatectomy, retropubic radical, with or without nerve sparing; with lymph node biopsy(s) (limited pelvic lymphadenectomy)	3675	4964	7261	1221	33.83
55845	Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	4621	6242	9130	1421	39.38
55860	Exposure of prostate, any approach, for insertion of radioactive substance;	2746	3710	5426	912	25.28
55862	Exposure of prostate, any approach, for insertion of radioactive substance; with lymph node biopsy(s) (limited pelvic lymphadenectomy)	3440	4647	6797	1143	31.67
55865	Exposure of prostate, any approach, for insertion of radioactive substance; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes	4190	5660	8278	1392	38.57
55866	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed	4951	6689	9783	1505	41.69
55870	Electroejaculation	546	738	1080	182	5.03
55873	Cryosurgical ablation of the prostate (includes ultrasonic guidance and monitoring)	6959	9400	13748	6335	175.53
55874	Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed	8008	10818	15822	3143	87.09
55875	Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy	2263	3057	4471	801	22.20
55876	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple	408	551	805	150	4.16
55899	Unlisted procedure, male genital system	2198	2970	4343	0	0.00

MEDICAL FEES 2020

CPT	DESCRIPTION	UCR 50TH	UCR 75TH	UCR 90TH	MFS 2020	MFS RVU
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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
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REPRODUCTIVE SYSTEM PROCEDURES

55920	Placement of needles or catheters into pelvic organs and/or genitalia (except prostate) for subsequent interstitial radioelement application	1373	1855	2713	472	13.09
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INTERSEX SURGERY

55970	Intersex surgery; male to female	0	0	0	0	0.00
55980	Intersex surgery; female to male	0	0	0	0	0.00

MEDICAL FEES 2020

CPT	DESCRIPTION	UCR 50TH	UCR 75TH	UCR 90TH	MFS 2020	MFS RVU
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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
FEMALE GENITAL SYSTEM						
VULVA, PERINEUM AND INTROITUS						
56405	Incision and drainage of vulva or perineal abscess	376	489	721	133	3.69
56420	Incision and drainage of Bartholin's gland abscess	395	514	758	161	4.47
56440	Marsupialization of Bartholin's gland cyst	573	746	1099	189	5.25
56441	Lysis of labial adhesions	393	511	753	170	4.72
56442	Hymenotomy, simple incision	152	197	291	49	1.36
56501	Destruction of lesion(s), vulva; simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	299	389	573	169	4.69
56515	Destruction of lesion(s), vulva; extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	635	826	1217	262	7.25
56605	Biopsy of vulva or perineum (separate procedure); 1 lesion	227	295	436	94	2.60
56606	Biopsy of vulva or perineum (separate procedure); each separate additional lesion (List separately in addition to code for primary procedure)	113	147	217	40	1.11
56620	Vulvectomy simple; partial	1564	2035	3000	575	15.92
56625	Vulvectomy simple; complete	2022	2631	3879	672	18.61
56630	Vulvectomy, radical, partial;	2731	3553	5238	977	27.08
56631	Vulvectomy, radical, partial; with unilateral inguinofemoral lymphadenectomy	3553	4622	6815	1221	33.83
56632	Vulvectomy, radical, partial; with bilateral inguinofemoral lymphadenectomy	4269	5554	8189	1454	40.28
56633	Vulvectomy, radical, complete;	3042	3958	5836	1262	34.96
56634	Vulvectomy, radical, complete; with unilateral inguinofemoral lymphadenectomy	3253	4232	6241	1331	36.88
56637	Vulvectomy, radical, complete; with bilateral inguinofemoral lymphadenectomy	3772	4907	7236	1546	42.84
56640	Vulvectomy, radical, complete, with inguinofemoral, iliac, and pelvic lymphadenectomy	3774	4910	7240	1565	43.37

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
56700	Partial hymenectomy or revision of hymenal ring	540	703	1036	205	5.68
56740	Excision of Bartholin's gland or cyst	838	1090	1607	322	8.92
56800	Plastic repair of introitus	722	939	1385	259	7.17
56805	Clitoroplasty for intersex state	2926	3807	5614	1214	33.63
56810	Perineoplasty, repair of perineum, nonobstetrical (separate procedure)	708	922	1359	279	7.72
56820	Colposcopy of the vulva;	305	397	586	124	3.43
56821	Colposcopy of the vulva; with biopsy(s)	366	476	702	165	4.57
VAGINA						
57000	Colpotomy; with exploration	495	644	950	205	5.69
57010	Colpotomy; with drainage of pelvic abscess	1127	1466	2162	467	12.95
57020	Colpocentesis (separate procedure)	306	398	586	114	3.17
57022	Incision and drainage of vaginal hematoma; obstetrical/postpartum	444	577	851	184	5.10
57023	Incision and drainage of vaginal hematoma; non-obstetrical (eg, post-trauma, spontaneous bleeding)	797	1037	1529	331	9.16
57061	Destruction of vaginal lesion(s); simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	295	384	566	146	4.05
57065	Destruction of vaginal lesion(s); extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	584	760	1120	230	6.37
57100	Biopsy of vaginal mucosa; simple (separate procedure)	254	330	487	100	2.76
57105	Biopsy of vaginal mucosa; extensive, requiring suture (including cysts)	380	494	729	165	4.56
57106	Vaginectomy, partial removal of vaginal wall;	1488	1936	2855	537	14.89
57107	Vaginectomy, partial removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy)	3933	5117	7545	1499	41.53
57109	Vaginectomy, partial removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy) with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy)	4369	5684	8382	1781	49.34

SURGERY – FEMALE GENITAL SYSTEM

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
57110	Vaginectomy, complete removal of vaginal wall;	2312	3007	4435	943	26.14
57111	Vaginectomy, complete removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy)	4377	5695	8397	1781	49.34
57112	Vaginectomy, complete removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy) with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy)	4699	6113	9014	1905	52.78
57120	Colpocleisis (Le Fort type)	1372	1785	2632	545	15.11
57130	Excision of vaginal septum	580	754	1113	214	5.93
57135	Excision of vaginal cyst or tumor	556	724	1067	230	6.38
57150	Irrigation of vagina and/or application of medicament for therapy bacterial, parasitic, or fungoid disease	126	164	242	56	1.54
57155	Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy	1208	1571	2317	393	10.90
57156	Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy	485	631	930	221	6.13
57160	Fitting and insertion of pessary or other intravaginal support device	172	224	330	71	1.96
57170	Diaphragm or cervical cap fitting with instructions	153	199	293	73	2.02
57180	Introduction of any hemostatic agent or pack for spontaneous or traumatic nonobstetrical vaginal hemorrhage (separate procedure)	392	510	751	179	4.97
57200	Colporrhaphy, suture of injury of vagina (nonobstetrical)	838	1090	1608	331	9.17
57210	Colpoperineorrhaphy, suture of injury of vagina and/or perineum (nonobstetrical)	1150	1496	2206	400	11.07
57220	Plastic operation on urethral sphincter, vaginal approach (eg, Kelly urethral plication)	737	959	1414	349	9.67
57230	Plastic repair of urethrocele	1031	1342	1978	428	11.85
57240	Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele, including cystourethroscopy, when performed	1559	2029	2991	631	17.49
57250	Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy	1529	1990	2934	635	17.60

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
57260	Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed;	1972	2565	3782	809	22.43
57265	Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed; with enterocele repair	2238	2912	4294	909	25.18
57267	Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach (List separately in addition to code for primary procedure)	675	878	1294	265	7.34
57268	Repair of enterocele, vaginal approach (separate procedure)	1311	1706	2516	518	14.36
57270	Repair of enterocele, abdominal approach (separate procedure)	1686	2193	3234	846	23.44
57280	Colpopexy, abdominal approach	2549	3316	4889	1006	27.87
57282	Colpopexy, vaginal; extra-peritoneal approach (sacrospinous, iliococcygeus)	1522	1980	2920	548	15.18
57283	Colpopexy, vaginal; intra-peritoneal approach (uterosacral, levator myorrhaphy)	1777	2312	3409	731	20.25
57284	Paravaginal defect repair (including repair of cystocele, if performed); open abdominal approach	2246	2923	4310	862	23.88
57285	Paravaginal defect repair (including repair of cystocele, if performed); vaginal approach	1683	2190	3229	717	19.88
57287	Removal or revision of sling for stress incontinence (eg, fascia or synthetic)	1815	2361	3481	746	20.68
57288	Sling operation for stress incontinence (eg, fascia or synthetic)	2065	2687	3962	765	21.19
57289	Pereyra procedure, including anterior colporrhaphy	1971	2564	3781	817	22.65
57291	Construction of artificial vagina; without graft	1364	1775	2618	566	15.68
57292	Construction of artificial vagina; with graft	2082	2709	3995	864	23.93
57295	Revision (including removal) of prosthetic vaginal graft; vaginal approach	1258	1637	2414	514	14.23
57296	Revision (including removal) of prosthetic vaginal graft; open abdominal approach	2384	3102	4574	989	27.40
57300	Closure of rectovaginal fistula; vaginal or transanal approach	1862	2423	3572	615	17.05

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
57305	Closure of rectovaginal fistula; abdominal approach	2433	3165	4668	1009	27.96
57307	Closure of rectovaginal fistula; abdominal approach, with concomitant colostomy	2644	3441	5073	1097	30.39
57308	Closure of rectovaginal fistula; transperineal approach, with perineal body reconstruction, with or without levator plication	1653	2151	3172	686	19.00
57310	Closure of urethrovaginal fistula;	1205	1568	2312	500	13.85
57311	Closure of urethrovaginal fistula; with bulbocavernosus transplant	1364	1775	2618	566	15.68
57320	Closure of vesicovaginal fistula; vaginal approach	1379	1794	2646	572	15.85
57330	Closure of vesicovaginal fistula; transvesical and vaginal approach	1903	2476	3651	789	21.87
57335	Vaginoplasty for intersex state	2955	3845	5669	1226	33.96
57400	Dilation of vagina under anesthesia (other than local)	414	539	795	138	3.81
57410	Pelvic examination under anesthesia (other than local)	252	328	484	111	3.07
57415	Removal of impacted vaginal foreign body (separate procedure) under anesthesia (other than local)	391	508	749	176	4.89
57420	Colposcopy of the entire vagina, with cervix if present;	320	416	614	130	3.61
57421	Colposcopy of the entire vagina, with cervix if present; with biopsy(s) of vagina/cervix	407	529	781	175	4.86
57423	Paravaginal defect repair (including repair of cystocele, if performed), laparoscopic approach	2035	2647	3903	968	26.83
57425	Laparoscopy, surgical, colpoexy (suspension of vaginal apex)	2449	3187	4699	1022	28.31
57426	Revision (including removal) of prosthetic vaginal graft, laparoscopic approach	2164	2816	4152	898	24.87
CERVIX UTERI						
57452	Colposcopy of the cervix including upper/adjacent vagina;	289	377	555	125	3.45
57454	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix and endocervical curettage	406	529	779	170	4.71

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
57455	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix	357	464	685	160	4.44
57456	Colposcopy of the cervix including upper/adjacent vagina; with endocervical curettage	355	461	680	150	4.17
57460	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode biopsy(s) of the cervix	753	980	1445	317	8.78
57461	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode conization of the cervix	886	1152	1699	355	9.85
57500	Biopsy of cervix, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)	321	432	621	148	4.11
57505	Endocervical curettage (not done as part of a dilation and curettage)	275	370	532	133	3.69
57510	Cautery of cervix; electro or thermal	343	462	664	156	4.33
57511	Cautery of cervix; cryocautery, initial or repeat	332	447	642	180	5.00
57513	Cautery of cervix; laser ablation	651	876	1259	183	5.08
57520	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser	939	1264	1817	346	9.59
57522	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; loop electrode excision	831	1119	1608	298	8.25
57530	Trachelectomy (cervicectomy), amputation of cervix (separate procedure)	996	1341	1927	376	10.42
57531	Radical trachelectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling biopsy, with or without removal of tube(s), with or without removal of ovary(s)	4487	6042	8685	1910	52.93
57540	Excision of cervical stump, abdominal approach;	1936	2607	3748	824	22.84
57545	Excision of cervical stump, abdominal approach; with pelvic floor repair	2041	2749	3951	869	24.08
57550	Excision of cervical stump, vaginal approach;	1033	1392	2000	440	12.19

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
57555	Excision of cervical stump, vaginal approach; with anterior and/or posterior repair	1505	2026	2912	641	17.75
57556	Excision of cervical stump, vaginal approach; with repair of enterocele	1425	1919	2758	607	16.81
57558	Dilation and curettage of cervical stump	351	473	679	149	4.14
57700	Cerclage of uterine cervix, nonobstetrical	821	1105	1588	349	9.68
57720	Trachelorrhaphy, plastic repair of uterine cervix, vaginal approach	808	1089	1565	337	9.33
57800	Dilation of cervical canal, instrumental (separate procedure)	175	235	338	73	2.01

CORPUS UTERI

58100	Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)	280	378	543	101	2.80
58110	Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure)	145	196	282	53	1.46
58120	Dilation and curettage, diagnostic and/or therapeutic (nonobstetrical)	810	1091	1568	292	8.08
58140	Myomectomy, excision of fibroid tumor(s) of uterus, 1 to 4 intramural myoma(s) with total weight of 250 g or less and/or removal of surface myomas; abdominal approach	2711	3650	5247	972	26.92
58145	Myomectomy, excision of fibroid tumor(s) of uterus, 1 to 4 intramural myoma(s) with total weight of 250 g or less and/or removal of surface myomas; vaginal approach	1781	2398	3447	586	16.24
58146	Myomectomy, excision of fibroid tumor(s) of uterus, 5 or more intramural myomas and/or intramural myomas with total weight greater than 250 g, abdominal approach	3513	4731	6800	1212	33.58
58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);	2909	3917	5630	1056	29.25
58152	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s); with colpo-urethrocystopexy (eg, Marshall-Marchetti-Krantz, Burch)	3361	4526	6506	1311	36.34

MEDICAL FEES 2020

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
58180	Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)	2947	3969	5704	1005	27.84
58200	Total abdominal hysterectomy, including partial vaginectomy, with para-aortic and pelvic lymph node sampling, with or without removal of tube(s), with or without removal of ovary(s)	4050	5454	7839	1409	39.03
58210	Radical abdominal hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with or without removal of tube(s), with or without removal of ovary(s)	5780	7784	11187	1890	52.37
58240	Pelvic exenteration for gynecologic malignancy, with total abdominal hysterectomy or cervicectomy, with or without removal of tube(s), with or without removal of ovary(s), with removal of bladder and ureteral transplantations, and/or abdominoperineal resection of rectum and colon and colostomy, or any combination thereof	8567	11537	16582	3025	83.81
58260	Vaginal hysterectomy, for uterus 250 g or less;	2313	3115	4477	873	24.20
58262	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)	2557	3443	4949	970	26.87
58263	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s), with repair of enterocele	2730	3676	5284	1042	28.87
58267	Vaginal hysterectomy, for uterus 250 g or less; with colpo-urethrocytopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control	2681	3611	5189	1116	30.91
58270	Vaginal hysterectomy, for uterus 250 g or less; with repair of enterocele	2730	3676	5284	932	25.83
58275	Vaginal hysterectomy, with total or partial vaginectomy;	2430	3272	4702	1034	28.66
58280	Vaginal hysterectomy, with total or partial vaginectomy; with repair of enterocele	2604	3507	5040	1109	30.72
58285	Vaginal hysterectomy, radical (Schauta type operation)	3572	4811	6914	1461	40.47
58290	Vaginal hysterectomy, for uterus greater than 250 g;	3038	4091	5879	1208	33.46
58291	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	3668	4939	7099	1308	36.25

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
58292	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s), with repair of enterocele	3239	4362	6269	1379	38.21
58293	Vaginal hysterectomy, for uterus greater than 250 g; with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control	3365	4532	6514	1433	39.70
58294	Vaginal hysterectomy, for uterus greater than 250 g; with repair of enterocele	3004	4046	5815	1279	35.44
58300	Insertion of intrauterine device (IUD)	229	308	442	94	2.60
58301	Removal of intrauterine device (IUD)	227	305	439	105	2.91
58321	Artificial insemination; intra-cervical	237	320	460	82	2.26
58322	Artificial insemination; intra-uterine	238	321	461	92	2.56
58323	Sperm washing for artificial insemination	139	188	270	16	0.45
58340	Catheterization and introduction of saline or contrast material for saline infusion sonohysterography (SIS) or hysterosalpingography	458	616	886	200	5.53
58345	Transcervical introduction of fallopian tube catheter for diagnosis and/or re-establishing patency (any method), with or without hysterosalpingography	1613	2173	3123	298	8.27
58346	Insertion of Heyman capsules for clinical brachytherapy	1157	1558	2240	493	13.65
58350	Chromotubation of oviduct, including materials	267	360	517	131	3.62
58353	Endometrial ablation, thermal, without hysteroscopic guidance	2109	2840	4082	1029	28.51
58356	Endometrial cryoablation with ultrasonic guidance, including endometrial curettage, when performed	4422	5955	8559	1878	52.04
58400	Uterine suspension, with or without shortening of round ligaments, with or without shortening of sacrouterine ligaments; (separate procedure)	1367	1841	2646	474	13.14
58410	Uterine suspension, with or without shortening of round ligaments, with or without shortening of sacrouterine ligaments; with presacral sympathectomy	1999	2692	3869	851	23.58
58520	Hysterorrhaphy, repair of ruptured uterus (nonobstetrical)	1957	2636	3789	833	23.09

MEDICAL FEES 2020

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
58540	Hysteroplasty, repair of uterine anomaly (Strassman type)	2252	3032	4358	959	26.56
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;	2299	3097	4451	760	21.06
58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	2443	3290	4729	865	23.97
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;	3176	4276	6146	879	24.36
58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	3031	4081	5866	947	26.23
58545	Laparoscopy, surgical, myomectomy, excision; 1 to 4 intramural myomas with total weight of 250 g or less and/or removal of surface myomas	2759	3715	5340	941	26.07
58546	Laparoscopy, surgical, myomectomy, excision; 5 or more intramural myomas and/or intramural myomas with total weight greater than 250 g	3558	4792	6887	1173	32.51
58548	Laparoscopy, surgical, with radical hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with removal of tube(s) and ovary(s), if performed	5445	7332	10539	1948	53.99
58550	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less;	2530	3407	4896	924	25.59
58552	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	2675	3602	5177	1029	28.52
58553	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g;	3031	4081	5866	1180	32.70
58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	3413	4596	6606	1376	38.13
58555	Hysteroscopy, diagnostic (separate procedure)	867	1168	1678	334	9.26
58558	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C	1683	2267	3258	1430	39.61
58559	Hysteroscopy, surgical; with lysis of intrauterine adhesions (any method)	1672	2251	3236	301	8.33
58560	Hysteroscopy, surgical; with division or resection of intrauterine septum (any method)	2039	2746	3946	331	9.16

SURGERY – FEMALE GENITAL SYSTEM

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
58561	Hysteroscopy, surgical; with removal of leiomyomata	1909	2571	3695	378	10.48
58562	Hysteroscopy, surgical; with removal of impacted foreign body	1036	1395	2005	408	11.31
58563	Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electro-surgical ablation, thermoablation)	3314	4463	6415	2007	55.61
58565	Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants	4066	5476	7870	1864	51.65
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;	2512	3382	4861	830	22.99
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	2663	3586	5154	936	25.93
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;	3054	4113	5911	1078	29.87
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	3512	4729	6797	1264	35.03
58575	Laparoscopy, surgical, total hysterectomy for resection of malignancy (tumor debulking), with omentectomy including salpingo-oophorectomy, unilateral or bilateral, when performed	5829	7849	11282	1982	54.91
58578	Unlisted laparoscopy procedure, uterus	1777	2393	3440	0	0.00
58579	Unlisted hysteroscopy procedure, uterus	0	0	0	0	0.00
OVIDUCT/OVARY						
58600	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral	1037	1490	2382	385	10.66
58605	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, postpartum, unilateral or bilateral, during same hospitalization (separate procedure)	1027	1476	2359	348	9.65
58611	Ligation or transection of fallopian tube(s) when done at the time of cesarean delivery or intra-abdominal surgery (not a separate procedure) (List separately in addition to code for primary procedure)	317	456	728	81	2.24

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
58615	Occlusion of fallopian tube(s) by device (eg, band, clip, Falope ring) vaginal or suprapubic approach	801	1151	1840	261	7.24
58660	Laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis) (separate procedure)	1845	2651	4238	709	19.65
58661	Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)	1983	2848	4553	681	18.86
58662	Laparoscopy, surgical; with fulguration or excision of lesions of the ovary, pelvic viscera, or peritoneal surface by any method	2035	2923	4672	745	20.63
58670	Laparoscopy, surgical; with fulguration of oviducts (with or without transection)	1154	1658	2651	386	10.69
58671	Laparoscopy, surgical; with occlusion of oviducts by device (eg, band, clip, or Falope ring)	1122	1612	2577	385	10.67
58672	Laparoscopy, surgical; with fimbrioplasty	4679	6723	10746	769	21.31
58673	Laparoscopy, surgical; with salpingostomy (salpingoneostomy)	2461	3536	5652	835	23.15
58674	Laparoscopy, surgical, ablation of uterine fibroid(s) including intraoperative ultrasound guidance and monitoring, radiofrequency	2770	3980	6361	855	23.68
58679	Unlisted laparoscopy procedure, oviduct, ovary	3018	4336	6930	0	0.00
58700	Salpingectomy, complete or partial, unilateral or bilateral (separate procedure)	2016	2896	4630	826	22.90
58720	Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)	2059	2958	4729	778	21.57
58740	Lysis of adhesions (salpingolysis, ovariolysis)	2036	2925	4676	937	25.96
58750	Tubotubal anastomosis	2832	4069	6504	951	26.36
58752	Tubouterine implantation	2825	4058	6487	949	26.29
58760	Fimbrioplasty	2551	3665	5858	857	23.74
58770	Salpingostomy (salpingoneostomy)	2683	3855	6161	901	24.97
OVARY						
58800	Drainage of ovarian cyst(s), unilateral or bilateral (separate procedure); vaginal approach	985	1415	2262	359	9.96
58805	Drainage of ovarian cyst(s), unilateral or bilateral (separate procedure); abdominal approach	1066	1532	2448	437	12.11

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
58820	Drainage of ovarian abscess; vaginal approach, open	1018	1462	2337	342	9.47
58822	Drainage of ovarian abscess; abdominal approach	2211	3177	5078	743	20.58
58825	Transposition, ovary(s)	1939	2786	4452	738	20.44
58900	Biopsy of ovary, unilateral or bilateral (separate procedure)	1330	1911	3055	447	12.38
58920	Wedge resection or bisection of ovary, unilateral or bilateral	2215	3182	5085	744	20.61
58925	Ovarian cystectomy, unilateral or bilateral	2036	2925	4676	793	21.98
58940	Oophorectomy, partial or total, unilateral or bilateral;	1571	2257	3607	565	15.65
58943	Oophorectomy, partial or total, unilateral or bilateral; for ovarian, tubal or primary peritoneal malignancy, with para-aortic and pelvic lymph node biopsies, peritoneal washings, peritoneal biopsies, diaphragmatic assessments, with or without salpingectomy(s), with or without omentectomy	3597	5167	8259	1215	33.68
58950	Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy;	3390	4870	7785	1179	32.68
58951	Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy; with total abdominal hysterectomy, pelvic and limited para-aortic lymphadenectomy	4995	7177	11471	1493	41.36
58952	Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy; with radical dissection for debulking (ie, radical excision or destruction, intra-abdominal or retroperitoneal tumors)	5076	7292	11656	1695	46.97
58953	Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking;	5783	8309	13280	2079	57.61
58954	Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking; with pelvic lymphadenectomy and limited para-aortic lymphadenectomy	6482	9313	14885	2253	62.43

MEDICAL FEES 2020

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
58956	Bilateral salpingo-oophorectomy with total omentectomy, total abdominal hysterectomy for malignancy	4162	5980	9558	1413	39.15
58957	Resection (tumor debulking) of recurrent ovarian, tubal, primary peritoneal, uterine malignancy (intra-abdominal, retroperitoneal tumors), with omentectomy, if performed;	4503	6469	10341	1641	45.46
58958	Resection (tumor debulking) of recurrent ovarian, tubal, primary peritoneal, uterine malignancy (intra-abdominal, retroperitoneal tumors), with omentectomy, if performed; with pelvic lymphadenectomy and limited para-aortic lymphadenectomy	5408	7769	12419	1816	50.33
58960	Laparotomy, for staging or restaging of ovarian, tubal, or primary peritoneal malignancy (second look), with or without omentectomy, peritoneal washing, biopsy of abdominal and pelvic peritoneum, diaphragmatic assessment with pelvic and limited para-aortic lymphadenectomy	2959	4251	6796	1010	27.99

IN VITRO FERTILIZATION

58970	Follicle puncture for oocyte retrieval, any method	2019	2900	4635	244	6.75
58974	Embryo transfer, intrauterine	1069	1536	2455	0	0.00
58976	Gamete, zygote, or embryo intrafallopian transfer, any method	788	1132	1809	265	7.33

OTHER PROCEDURES

58999	Unlisted procedure, female genital system (nonobstetrical)	713	1024	1636	0	0.00
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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
MATERNITY CARE AND DELIVERY						
ANTEPARTUM AND FETAL INVASIVE SERVICES						
59000	Amniocentesis; diagnostic	471	622	898	125	3.47
59001	Amniocentesis; therapeutic amniotic fluid reduction (includes ultrasound guidance)	775	1023	1476	187	5.18
59012	Cordocentesis (intrauterine), any method	733	967	1396	212	5.87
59015	Chorionic villus sampling, any method	611	807	1165	163	4.51
59020	Fetal contraction stress test	241	318	459	72	2.00
59020-26		129	170	246	39	1.07
59020-TC		0	0	0	34	0.93
59025	Fetal non-stress test	136	180	259	49	1.37
59025-26		83	110	159	30	0.84
59025-TC		0	0	0	19	0.53
59030	Fetal scalp blood sampling	287	379	546	118	3.28
59050	Fetal monitoring during labor by consulting physician (ie, non-attending physician) with written report; supervision and interpretation	184	243	350	54	1.49
59051	Fetal monitoring during labor by consulting physician (ie, non-attending physician) with written report; interpretation only	148	195	281	44	1.23
59070	Transabdominal amnioinfusion, including ultrasound guidance	1024	1353	1952	419	11.62
59072	Fetal umbilical cord occlusion, including ultrasound guidance	1329	1755	2532	549	15.20
59074	Fetal fluid drainage (eg, vesicocentesis, thoracocentesis, paracentesis), including ultrasound guidance	1202	1588	2291	403	11.17
59076	Fetal shunt placement, including ultrasound guidance	1329	1755	2532	549	15.20
59100	Hysterotomy, abdominal (eg, for hydatidiform mole, abortion)	2156	2847	4107	890	24.66
59120	Surgical therapy ectopic pregnancy; tubal or ovarian, requiring salpingectomy and/or oophorectomy, abdominal or vaginal approach	2280	3011	4345	848	23.49

MEDICAL FEES 2020

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
59121	Surgical therapy ectopic pregnancy; tubal or ovarian, without salpingectomy and/or oophorectomy	2056	2715	3917	849	23.52
59130	Surgical therapy ectopic pregnancy; abdominal pregnancy	2394	3161	4560	988	27.38
59135	Surgical therapy ectopic pregnancy; interstitial, uterine pregnancy requiring total hysterectomy	2367	3125	4509	977	27.07
59136	Surgical therapy ectopic pregnancy; interstitial, uterine pregnancy with partial resection of uterus	2269	2997	4324	937	25.96
59140	Surgical therapy ectopic pregnancy; cervical, with evacuation	1043	1377	1987	431	11.93
59150	Laparoscopic therapy ectopic pregnancy; without salpingectomy and/or oophorectomy	2161	2854	4117	822	22.79
59151	Laparoscopic therapy ectopic pregnancy; with salpingectomy and/or oophorectomy	2257	2980	4300	803	22.25
59160	Curettage, postpartum	632	834	1204	250	6.92
59200	Insertion of cervical dilator (eg, laminaria, prostaglandin) (separate procedure)	210	278	401	92	2.56
59300	Episiotomy or vaginal repair, by other than attending	525	693	1000	222	6.15
59320	Cerclage of cervix, during pregnancy; vaginal	709	936	1351	158	4.38
59325	Cerclage of cervix, during pregnancy; abdominal	615	812	1171	254	7.03
59350	Hysterorrhaphy of ruptured uterus	713	942	1359	294	8.16

VAGINAL DELIVERY, ANTEPARTUM AND POSTPARTUM CARE

59400	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care	4667	6162	8891	2221	61.53
59409	Vaginal delivery only (with or without episiotomy and/or forceps);	2323	3067	4425	849	23.53
59410	Vaginal delivery only (with or without episiotomy and/or forceps); including postpartum care	2695	3559	5134	1093	30.29
59412	External cephalic version, with or without tocolysis	341	450	649	108	3.00
59414	Delivery of placenta (separate procedure)	300	396	571	96	2.66

SURGERY – MATERNITY CARE AND DELIVERY

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
59425	Antepartum care only; 4-6 visits	862	1139	1643	488	13.52
59426	Antepartum care only; 7 or more visits	2031	2682	3870	868	24.06
59430	Postpartum care only (separate procedure)	342	452	652	215	5.96

CESAREAN DELIVERY

59510	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care	5163	6818	9837	2463	68.24
59514	Cesarean delivery only;	2670	3526	5087	960	26.59
59515	Cesarean delivery only; including postpartum care	3254	4297	6200	1331	36.89
59525	Subtotal or total hysterectomy after cesarean delivery (List separately in addition to code for primary procedure)	1584	2091	3017	509	14.10

DELIVERY AFTER PREVIOUS CESAREAN DELIVERY

59610	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery	5140	6787	9792	2336	64.74
59612	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps);	2715	3586	5173	960	26.59
59614	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps); including postpartum care	3179	4197	6056	1193	33.05
59618	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care, following attempted vaginal delivery after previous cesarean delivery	5485	7243	10450	2495	69.12
59620	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery;	2950	3896	5621	994	27.55
59622	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; including postpartum care	3674	4852	7000	1376	38.12

ABORTION

59812	therapy incomplete abortion, any trimester, completed surgically	910	1202	1734	357	9.89
59820	therapy missed abortion, completed surgically; first trimester	1074	1418	2045	428	11.86

MEDICAL FEES 2020

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
59821	therapy missed abortion, completed surgically; second trimester	1165	1539	2220	427	11.82
59830	therapy septic abortion, completed surgically	1147	1515	2185	473	13.12
59840	Induced abortion, by dilation and curettage	720	951	1372	247	6.84
59841	Induced abortion, by dilation and evacuation	923	1219	1759	425	11.77
59850	Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines;	977	1290	1861	405	11.23
59851	Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage and/or evacuation	1052	1390	2005	435	12.04
59852	Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines; with hysterotomy (failed intra-amniotic injection)	1441	1902	2744	598	16.58
59855	Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines;	1148	1516	2187	441	12.23
59856	Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage and/or evacuation	2166	2860	4127	518	14.36
59857	Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines; with hysterotomy (failed medical evacuation)	1443	1906	2750	607	16.81
OTHER PROCEDURES						
59866	Multifetal pregnancy reduction(s) (MPR)	1725	2278	3286	250	6.94
59870	Uterine evacuation and curettage for hydatidiform mole	1262	1666	2404	531	14.71

SURGERY – MATERNITY CARE AND DELIVERY

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
59871	Removal of cerclage suture under anesthesia (other than local)	444	586	846	139	3.85
59897	Unlisted fetal invasive procedure, including ultrasound guidance, when performed	2502	3304	4766	0	0.00
59898	Unlisted laparoscopy procedure, maternity care and delivery	0	0	0	0	0.00
59899	Unlisted procedure, maternity care and delivery	594	785	1132	0	0.00

MEDICAL FEES 2020

CPT	DESCRIPTION	UCR 50TH	UCR 75TH	UCR 90TH	MFS 2020	MFS RVU
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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
ENDOCRINE SYSTEM						
THYROID GLAND						
60000	Incision and drainage of thyroglossal duct cyst, infected	523	707	1065	180	4.99
60100	Biopsy thyroid, percutaneous core needle	293	396	597	115	3.18
60200	Excision of cyst or adenoma of thyroid, or transection of isthmus	1715	2320	3495	691	19.14
60210	Partial thyroid lobectomy, unilateral; with or without isthmusectomy	2056	2780	4189	736	20.40
60212	Partial thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy	3127	4229	6372	1077	29.85
60220	Total thyroid lobectomy, unilateral; with or without isthmusectomy	2170	2934	4421	734	20.34
60225	Total thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy	2564	3467	5223	970	26.87
60240	Thyroidectomy, total or complete	2878	3893	5865	957	26.53
60252	Thyroidectomy, total or subtotal for malignancy; with limited neck dissection	4041	5466	8235	1376	38.13
60254	Thyroidectomy, total or subtotal for malignancy; with radical neck dissection	4719	6382	9616	1740	48.20
60260	Thyroidectomy, removal of all remaining thyroid tissue following previous removal of a portion of thyroid	3079	4164	6273	1135	31.45
60270	Thyroidectomy, including substernal thyroid; sternal split or transthoracic approach	4136	5594	8428	1425	39.48
60271	Thyroidectomy, including substernal thyroid; cervical approach	3129	4232	6376	1100	30.48
60280	Excision of thyroglossal duct cyst or sinus;	1534	2075	3126	460	12.75
60281	Excision of thyroglossal duct cyst or sinus; recurrent	1766	2389	3599	608	16.86
60300	Aspiration and/or injection, thyroid cyst	399	540	813	117	3.24
60500	Parathyroidectomy or exploration of parathyroid(s);	2939	3975	5988	1009	27.97
60502	Parathyroidectomy or exploration of parathyroid(s); re-exploration	3943	5333	8035	1353	37.50

MEDICAL FEES 2020

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
60505	Parathyroidectomy or exploration of parathyroid(s); with mediastinal exploration, sternal split or transthoracic approach	4203	5684	8564	1448	40.12
60512	Parathyroid autotransplantation (List separately in addition to code for primary procedure)	744	1006	1516	254	7.03
60520	Thymectomy, partial or total; transcervical approach (separate procedure)	3342	4519	6809	1097	30.40
60521	Thymectomy, partial or total; sternal split or transthoracic approach, without radical mediastinal dissection (separate procedure)	3856	5215	7857	1170	32.43
60522	Thymectomy, partial or total; sternal split or transthoracic approach, with radical mediastinal dissection (separate procedure)	4134	5591	8423	1424	39.46
60540	Adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal (separate procedure);	3335	4510	6794	1119	31.02
60545	Adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal (separate procedure); with excision of adjacent retroperitoneal tumor	3746	5067	7634	1291	35.76
60600	Excision of carotid body tumor; without excision of carotid artery	4159	5625	8475	1433	39.70
60605	Excision of carotid body tumor; with excision of carotid artery	5052	6832	10293	1740	48.22
60650	Laparoscopy, surgical, with adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal	3721	5033	7582	1249	34.62
60659	Unlisted laparoscopy procedure, endocrine system	0	0	0	0	0.00
60699	Unlisted procedure, endocrine system	0	0	0	0	0.00

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
NERVOUS SYSTEM						
SKULL, MENINGES AND BRAIN						
61000	Subdural tap through fontanelle, or suture, infant, unilateral or bilateral; initial	453	681	980	117	3.25
61001	Subdural tap through fontanelle, or suture, infant, unilateral or bilateral; subsequent taps	431	648	931	112	3.09
61020	Ventricular puncture through previous burr hole, fontanelle, suture, or implanted ventricular catheter/reservoir; without injection	528	795	1143	109	3.03
61026	Ventricular puncture through previous burr hole, fontanelle, suture, or implanted ventricular catheter/reservoir; with injection of medication or other substance for diagnosis or therapy	475	714	1027	111	3.08
61050	Cisternal or lateral cervical (C1-C2) puncture; without injection (separate procedure)	299	450	647	88	2.44
61055	Cisternal or lateral cervical (C1-C2) puncture; with injection of medication or other substance for diagnosis or therapy	417	627	902	128	3.56
61070	Puncture of shunt tubing or reservoir for aspiration or injection procedure	356	535	769	59	1.63
61105	Twist drill hole for subdural or ventricular puncture	1846	2778	3994	478	13.25
61107	Twist drill hole(s) for subdural, intracerebral, or ventricular puncture; for implanting ventricular catheter, pressure recording device, or other intracerebral monitoring device	1322	1989	2861	328	9.08
61108	Twist drill hole(s) for subdural, intracerebral, or ventricular puncture; for evacuation and/or drainage of subdural hematoma	3040	4573	6575	932	25.83
61120	Burr hole(s) for ventricular puncture (including injection of gas, contrast media, dye, or radioactive material)	2999	4511	6486	777	21.52
61140	Burr hole(s) or trephine; with biopsy of brain or intracranial lesion	3920	5897	8479	1319	36.54
61150	Burr hole(s) or trephine; with drainage of brain abscess or cyst	5436	8177	11758	1408	39.01
61151	Burr hole(s) or trephine; with subsequent tapping (aspiration) of intracranial abscess or cyst	3989	6002	8630	1033	28.63

MEDICAL FEES 2020

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
61154	Burr hole(s) with evacuation and/or drainage of hematoma, extradural or subdural	4042	6080	8742	1324	36.68
61156	Burr hole(s); with aspiration of hematoma or cyst, intracerebral	4994	7513	10803	1293	35.84
61210	Burr hole(s); for implanting ventricular catheter, reservoir, EEG electrode(s), pressure recording device, or other cerebral monitoring device (separate procedure)	1529	2300	3308	384	10.65
61215	Insertion of subcutaneous reservoir, pump or continuous infusion system for connection to ventricular catheter	1855	2791	4013	526	14.58
61250	Burr hole(s) or trephine, supratentorial, exploratory, not followed by other surgery	3482	5239	7532	902	24.99
61253	Burr hole(s) or trephine, infratentorial, unilateral or bilateral	3989	6002	8630	1033	28.63
61304	Craniectomy or craniotomy, exploratory; supratentorial	5597	7819	11789	1711	47.42
61305	Craniectomy or craniotomy, exploratory; infratentorial (posterior fossa)	6656	9299	14021	2091	57.95
61312	Craniectomy or craniotomy for evacuation of hematoma, supratentorial; extradural or subdural	6690	9346	14091	2164	59.97
61313	Craniectomy or craniotomy for evacuation of hematoma, supratentorial; intracerebral	6440	8997	13564	2066	57.25
61314	Craniectomy or craniotomy for evacuation of hematoma, infratentorial; extradural or subdural	5736	8013	12082	1904	52.76
61315	Craniectomy or craniotomy for evacuation of hematoma, infratentorial; intracerebellar	6570	9180	13840	2154	59.68
61316	Incision and subcutaneous placement of cranial bone graft (List separately in addition to code for primary procedure)	310	434	654	92	2.54
61320	Craniectomy or craniotomy, drainage of intracranial abscess; supratentorial	6358	8883	13392	1980	54.85
61321	Craniectomy or craniotomy, drainage of intracranial abscess; infratentorial	7057	9859	14865	2217	61.44
61322	Craniectomy or craniotomy, decompressive, with or without duraplasty, for therapy intracranial hypertension, without evacuation of associated intraparenchymal hematoma; without lobectomy	7641	10675	16095	2480	68.72

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
61323	Craniectomy or craniotomy, decompressive, with or without duraplasty, for therapy intracranial hypertension, without evacuation of associated intraparenchymal hematoma; with lobectomy	7684	10736	16186	2499	69.25
61330	Decompression of orbit only, transcranial approach	5945	8306	12523	1868	51.76
61333	Exploration of orbit (transcranial approach), with removal of lesion	6708	9372	14129	2108	58.40
61340	Subtemporal cranial decompression (pseudotumor cerebri, slit ventricle syndrome)	4777	6674	10062	1501	41.59
61343	Craniectomy, suboccipital with cervical laminectomy for decompression of medulla and spinal cord, with or without dural graft (eg, Arnold-Chiari malformation)	8067	11270	16992	2289	63.43
61345	Other cranial decompression, posterior fossa	6457	9021	13601	2127	58.95
61450	Craniectomy, subtemporal, for section, compression, or decompression of sensory root of gasserian ganglion	6372	8903	13423	2002	55.48
61458	Craniectomy, suboccipital; for exploration or decompression of cranial nerves	6578	9190	13855	2096	58.08
61460	Craniectomy, suboccipital; for section of 1 or more cranial nerves	6987	9762	14717	2195	60.83
61500	Craniectomy; with excision of tumor or other bone lesion of skull	4516	6309	9512	1367	37.89
61501	Craniectomy; for osteomyelitis	3778	5278	7957	1187	32.89
61510	Craniectomy, trephination, bone flap craniotomy; for excision of brain tumor, supratentorial, except meningioma	6963	9727	14666	2287	63.36
61512	Craniectomy, trephination, bone flap craniotomy; for excision of meningioma, supratentorial	8321	11626	17528	2664	73.82
61514	Craniectomy, trephination, bone flap craniotomy; for excision of brain abscess, supratentorial	6029	8423	12699	1990	55.14
61516	Craniectomy, trephination, bone flap craniotomy; for excision or fenestration of cyst, supratentorial	6700	9360	14112	1950	54.04
61517	Implantation of brain intracavitary chemotherapy agent (List separately in addition to code for primary procedure)	291	406	612	91	2.53

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
61518	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; except meningioma, cerebellopontine angle tumor, or midline tumor at base of skull	8871	12394	18686	2885	79.95
61519	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; meningioma	9223	12885	19426	3084	85.45
61520	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; cerebellopontine angle tumor	12108	16916	25504	3915	108.48
61521	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; midline tumor at base of skull	11639	16261	24517	3329	92.25
61522	Craniectomy, infratentorial or posterior fossa; for excision of brain abscess	7260	10143	15293	2281	63.21
61524	Craniectomy, infratentorial or posterior fossa; for excision or fenestration of cyst	6911	9656	14558	2172	60.17
61526	Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor;	11135	15556	23454	3499	96.94
61530	Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor; combined with middle/posterior fossa craniotomy/craniectomy	10241	14308	21572	3218	89.16
61531	Subdural implantation of strip electrodes through 1 or more burr or trephine hole(s) for long-term seizure monitoring	4045	5652	8521	1271	35.22
61533	Craniotomy with elevation of bone flap; for subdural implantation of an electrode array, for long-term seizure monitoring	5061	7070	10660	1590	44.06
61534	Craniotomy with elevation of bone flap; for excision of epileptogenic focus without electrocorticography during surgery	5459	7627	11500	1715	47.53
61535	Craniotomy with elevation of bone flap; for removal of epidural or subdural electrode array, without excision of cerebral tissue (separate procedure)	3311	4626	6975	1040	28.83
61536	Craniotomy with elevation of bone flap; for excision of cerebral epileptogenic focus, with electrocorticography during surgery (includes removal of electrode array)	8569	11971	18049	2692	74.60
61537	Craniotomy with elevation of bone flap; for lobectomy, temporal lobe, without electrocorticography during surgery	9685	13531	20400	2574	71.33

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
61538	Craniotomy with elevation of bone flap; for lobectomy, temporal lobe, with electrocorticography during surgery	8859	12377	18661	2784	77.13
61539	Craniotomy with elevation of bone flap; for lobectomy, other than temporal lobe, partial or total, with electrocorticography during surgery	7839	10952	16513	2463	68.25
61540	Craniotomy with elevation of bone flap; for lobectomy, other than temporal lobe, partial or total, without electrocorticography during surgery	7233	10105	15235	2273	62.97
61541	Craniotomy with elevation of bone flap; for transection of corpus callosum	7133	9965	15025	2241	62.10
61543	Craniotomy with elevation of bone flap; for partial or subtotal (functional) hemispherectomy	7212	10076	15192	2266	62.79
61544	Craniotomy with elevation of bone flap; for excision or coagulation of choroid plexus	6304	8807	13278	1981	54.88
61545	Craniotomy with elevation of bone flap; for excision of craniopharyngioma	10603	14813	22334	3331	92.31
61546	Craniotomy for hypophysectomy or excision of pituitary tumor, intracranial approach	7660	10702	16135	2407	66.69
61548	Hypophysectomy or excision of pituitary tumor, transnasal or transseptal approach, nonstereotactic	5178	7235	10908	1631	45.20
61550	Craniectomy for craniosynostosis; single cranial suture	3934	5496	8287	1236	34.25
61552	Craniectomy for craniosynostosis; multiple cranial sutures	4911	6862	10345	1543	42.76
61556	Craniotomy for craniosynostosis; frontal or parietal bone flap	5659	7906	11920	1778	49.27
61557	Craniotomy for craniosynostosis; bifrontal bone flap	5576	7791	11746	1752	48.55
61558	Extensive craniectomy for multiple cranial suture craniosynostosis (eg, cloverleaf skull); not requiring bone grafts	6230	8704	13123	1957	54.24
61559	Extensive craniectomy for multiple cranial suture craniosynostosis (eg, cloverleaf skull); recontouring with multiple osteotomies and bone autografts (eg, barrel-stave procedure) (includes obtaining grafts)	7826	10934	16484	2497	69.18

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
61563	Excision, intra and extracranial, benign tumor of cranial bone (eg, fibrous dysplasia); without optic nerve decompression	6576	9187	13851	2066	57.25
61564	Excision, intra and extracranial, benign tumor of cranial bone (eg, fibrous dysplasia); with optic nerve decompression	7987	11159	16825	2510	69.54
61566	Craniotomy with elevation of bone flap; for selective amygdalohippocampectomy	7450	10408	15692	2341	64.86
61567	Craniotomy with elevation of bone flap; for multiple subpial transections, with electrocorticography during surgery	8493	11865	17889	2668	73.94
61570	Craniectomy or craniotomy; with excision of foreign body from brain	6198	8659	13055	1947	53.96
61571	Craniectomy or craniotomy; with therapy penetrating wound of brain	6602	9224	13907	2074	57.48
61575	Transoral approach to skull base, brain stem or upper spinal cord for biopsy, decompression or excision of lesion;	8322	11626	17529	2615	72.45
61576	Transoral approach to skull base, brain stem or upper spinal cord for biopsy, decompression or excision of lesion; requiring splitting of tongue and/or mandible (including tracheostomy)	13941	19477	29364	4380	121.37
61580	Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, ethmoidectomy, sphenoidectomy, without maxillectomy or orbital exenteration	7462	10425	15718	2546	70.54
61581	Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, orbital exenteration, ethmoidectomy, sphenoidectomy and/or maxillectomy	8799	12294	18535	2765	76.61
61582	Craniofacial approach to anterior cranial fossa; extradural, including unilateral or bifrontal craniotomy, elevation of frontal lobe(s), osteotomy of base of anterior cranial fossa	10192	14239	21468	3202	88.73
61583	Craniofacial approach to anterior cranial fossa; intradural, including unilateral or bifrontal craniotomy, elevation or resection of frontal lobe, osteotomy of base of anterior cranial fossa	10853	15163	22861	3008	83.34
61584	Orbitocranial approach to anterior cranial fossa, extradural, including supraorbital ridge osteotomy and elevation of frontal and/or temporal lobe(s); without orbital exenteration	12119	16932	25528	2991	82.88

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
61585	Orbitocranial approach to anterior cranial fossa, extradural, including supraorbital ridge osteotomy and elevation of frontal and/or temporal lobe(s); with orbital exenteration	10804	15094	22757	3395	94.06
61586	Bicoronal, transzygomatic and/or LeFort I osteotomy approach to anterior cranial fossa with or without internal fixation, without bone graft	8182	11430	17234	2571	71.23
61590	Infratemporal pre-auricular approach to middle cranial fossa (parapharyngeal space, infratemporal and midline skull base, nasopharynx), with or without disarticulation of the mandible, including parotidectomy, craniotomy, decompression and/or mobilization of the facial nerve and/or petrous carotid artery	9645	13475	20316	3164	87.68
61591	Infratemporal post-auricular approach to middle cranial fossa (internal auditory meatus, petrous apex, tentorium, cavernous sinus, parasellar area, infratemporal fossa) including mastoidectomy, resection of sigmoid sinus, with or without decompression and/or mobilization of contents of auditory canal or petrous carotid artery	9664	13501	20356	3199	88.65
61592	Orbitocranial zygomatic approach to middle cranial fossa (cavernous sinus and carotid artery, clivus, basilar artery or petrous apex) including osteotomy of zygoma, craniotomy, extra- or intradural elevation of temporal lobe	15070	21054	31742	3312	91.76
61595	Transtemporal approach to posterior cranial fossa, jugular foramen or midline skull base, including mastoidectomy, decompression of sigmoid sinus and/or facial nerve, with or without mobilization	6341	8858	13356	2463	68.26
61596	Transcochlear approach to posterior cranial fossa, jugular foramen or midline skull base, including labyrinthectomy, decompression, with or without mobilization of facial nerve and/or petrous carotid artery	8051	11247	16958	2530	70.09
61597	Transcondylar (far lateral) approach to posterior cranial fossa, jugular foramen or midline skull base, including occipital condylectomy, mastoidectomy, resection of C1-C3 vertebral body(s), decompression of vertebral artery, with or without mobilization	9762	13639	20563	3067	84.99
61598	Transpetrosal approach to posterior cranial fossa, clivus or foramen magnum, including	9469	13229	19946	2975	82.44

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
	ligation of superior petrosal sinus and/or sigmoid sinus					
61600	Resection or excision of neoplastic, vascular or infectious lesion of base of anterior cranial fossa; extradural	6986	9760	14715	2214	61.36
61601	Resection or excision of neoplastic, vascular or infectious lesion of base of anterior cranial fossa; intradural, including dural repair, with or without graft	9886	13811	20823	2512	69.61
61605	Resection or excision of neoplastic, vascular or infectious lesion of infratemporal fossa, parapharyngeal space, petrous apex; extradural	7430	10381	15651	2246	62.24
61606	Resection or excision of neoplastic, vascular or infectious lesion of infratemporal fossa, parapharyngeal space, petrous apex; intradural, including dural repair, with or without graft	9740	13608	20517	3060	84.80
61607	Resection or excision of neoplastic, vascular or infectious lesion of parasellar area, cavernous sinus, clivus or midline skull base; extradural	8880	12406	18705	2790	77.31
61608	Resection or excision of neoplastic, vascular or infectious lesion of parasellar area, cavernous sinus, clivus or midline skull base; intradural, including dural repair, with or without graft	12997	18159	27378	3400	94.20
61611	Transection or ligation, carotid artery in petrous canal; without repair (List separately in addition to code for primary procedure)	1558	2176	3281	489	13.56
61613	Obliteration of carotid aneurysm, arteriovenous malformation, or carotid-cavernous fistula by dissection within cavernous sinus	10954	15304	23074	3442	95.37
61615	Resection or excision of neoplastic, vascular or infectious lesion of base of posterior cranial fossa, jugular foramen, foramen magnum, or C1-C3 vertebral bodies; extradural	9338	13046	19670	2934	81.30
61616	Resection or excision of neoplastic, vascular or infectious lesion of base of posterior cranial fossa, jugular foramen, foramen magnum, or C1-C3 vertebral bodies; intradural, including dural repair, with or without graft	13717	19164	28894	3466	96.05
61618	Secondary repair of dura for cerebrospinal fluid leak, anterior, middle or posterior cranial fossa following surgery of the skull base; by free tissue graft (eg, pericranium, fascia, tensor fascia lata, adipose tissue, homologous or synthetic grafts)	5494	7676	11573	1330	36.86

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
61619	Secondary repair of dura for cerebrospinal fluid leak, anterior, middle or posterior cranial fossa following surgery of the skull base; by local or regionalized vascularized pedicle flap or myocutaneous flap (including galea, temporalis, frontalis or occipitalis muscle)	4572	6388	9631	1466	40.63
61623	Endovascular temporary balloon arterial occlusion, head or neck (extracranial/intracranial) including selective catheterization of vessel to be occluded, positioning and inflation of occlusion balloon, concomitant neurological monitoring, and radiologic supervision and interpretation of all angiography required for balloon occlusion and to exclude vascular injury post occlusion	2168	3104	5362	598	16.56
61624	Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method; central nervous system (intracranial, spinal cord)	4446	6366	10998	1203	33.34
61626	Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method; non-central nervous system, head or neck (extracranial, brachiocephalic branch)	3479	4981	8607	924	25.61
61630	Balloon angioplasty, intracranial (eg, atherosclerotic stenosis), percutaneous	4454	6377	11018	1426	39.52
61635	Transcatheter placement of intravascular stent(s), intracranial (eg, atherosclerotic stenosis), including balloon angioplasty, if performed	4463	6389	11039	1516	42.01
61640	Balloon dilatation of intracranial vasospasm, percutaneous; initial vessel	1814	2598	4488	506	14.01
61641	Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in same vascular territory (List separately in addition to code for primary procedure)	605	865	1495	178	4.92
61642	Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in different vascular territory (List separately in addition to code for primary procedure)	1209	1731	2991	355	9.84
61645	Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method,	2566	3673	6346	873	24.19

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
	including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s)					
61650	Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial, including catheter placement, diagnostic angiography, and imaging guidance; initial vascular territory	1853	2653	4584	596	16.51
61651	Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial, including catheter placement, diagnostic angiography, and imaging guidance; each additional vascular territory (List separately in addition to code for primary procedure)	913	1306	2257	255	7.07
61680	Surgery of intracranial arteriovenous malformation; supratentorial, simple	9244	13234	22865	2351	65.13
61682	Surgery of intracranial arteriovenous malformation; supratentorial, complex	14473	20721	35800	4465	123.73
61684	Surgery of intracranial arteriovenous malformation; infratentorial, simple	10115	14481	25020	2971	82.32
61686	Surgery of intracranial arteriovenous malformation; infratentorial, complex	16485	23602	40779	4842	134.17
61690	Surgery of intracranial arteriovenous malformation; dural, simple	7746	11090	19160	2275	63.04
61692	Surgery of intracranial arteriovenous malformation; dural, complex	13038	18666	32250	3829	106.11
61697	Surgery of complex intracranial aneurysm, intracranial approach; carotid circulation	14359	20557	35518	4427	122.67
61698	Surgery of complex intracranial aneurysm, intracranial approach; vertebrobasilar circulation	16961	24283	41955	4982	138.04
61700	Surgery of simple intracranial aneurysm, intracranial approach; carotid circulation	11895	17029	29423	3565	98.77
61702	Surgery of simple intracranial aneurysm, intracranial approach; vertebrobasilar circulation	14388	20599	35590	4226	117.10
61703	Surgery of intracranial aneurysm, cervical approach by application of occluding clamp to cervical carotid artery (Selverstone-Crutchfield type)	4815	6894	11911	1414	39.19

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
61705	Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intracranial and cervical occlusion of carotid artery	9251	13244	22883	2717	75.29
61708	Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intracranial electrothrombosis	9047	12952	22379	2657	73.63
61710	Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intra-arterial embolization, injection procedure, or balloon catheter	7629	10922	18871	2241	62.09
61711	Anastomosis, arterial, extracranial-intracranial (eg, middle cerebral/cortical) arteries	9803	14035	24248	2705	74.94
61720	Creation of lesion by stereotactic method, including burr hole(s) and localizing and recording techniques, single or multiple stages; globus pallidus or thalamus	4503	6447	11139	1323	36.65
61735	Creation of lesion by stereotactic method, including burr hole(s) and localizing and recording techniques, single or multiple stages; subcortical structure(s) other than globus pallidus or thalamus	5646	8083	13966	1658	45.95
61750	Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion;	5285	7566	13072	1467	40.64
61751	Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion; with computed tomography and/or magnetic resonance guidance	4827	6910	11939	1435	39.77
61760	Stereotactic implantation of depth electrodes into the cerebrum for long-term seizure monitoring	6761	9680	16725	1646	45.61
61770	Stereotactic localization, including burr hole(s), with insertion of catheter(s) or probe(s) for placement of radiation source	5755	8240	14236	1690	46.84
61781	Stereotactic computer-assisted (navigational) procedure; cranial, intradural (List separately in addition to code for primary procedure)	890	1275	2203	246	6.81
61782	Stereotactic computer-assisted (navigational) procedure; cranial, extradural (List separately in addition to code for primary procedure)	568	814	1406	181	5.01
61783	Stereotactic computer-assisted (navigational) procedure; spinal (List separately in addition to code for primary procedure)	816	1168	2017	244	6.76

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
61790	Creation of lesion by stereotactic method, percutaneous, by neurolytic agent (eg, alcohol, thermal, electrical, radiofrequency); gasserian ganglion	3720	5326	9201	913	25.31
61791	Creation of lesion by stereotactic method, percutaneous, by neurolytic agent (eg, alcohol, thermal, electrical, radiofrequency); trigeminal medullary tract	3987	5708	9863	1171	32.45
61796	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion	4142	5930	10246	1055	29.24
61797	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (List separately in addition to code for primary procedure)	907	1298	2243	229	6.35
61798	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion	5656	8098	13991	1436	39.80
61799	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (List separately in addition to code for primary procedure)	1247	1785	3084	317	8.78
61800	Application of stereotactic headframe for stereotactic radiosurgery (List separately in addition to code for primary procedure)	659	944	1630	159	4.40
61850	Twist drill or burr hole(s) for implantation of neurostimulator electrodes, cortical	3486	4991	8623	1024	28.37
61860	Craniectomy or craniotomy for implantation of neurostimulator electrodes, cerebral, cortical	5548	7942	13723	1629	45.15
61863	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording; first array	6155	8812	15226	1564	43.35
61864	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording; each additional array (List separately in addition to primary procedure)	1490	2133	3686	296	8.20

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
61867	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; first array	7160	10251	17712	2379	65.91
61868	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; each additional array (List separately in addition to primary procedure)	1761	2522	4357	521	14.45
61870	Craniectomy for implantation of neurostimulator electrodes, cerebellar, cortical	4197	6009	10382	1233	34.16
61880	Revision or removal of intracranial neurostimulator electrodes	1730	2477	4280	600	16.62
61885	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array	1642	2351	4061	539	14.93
61886	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to 2 or more electrode arrays	2820	4038	6976	891	24.69
61888	Revision or removal of cranial neurostimulator pulse generator or receiver	1219	1746	3016	411	11.39
62000	Elevation of depressed skull fracture; simple, extradural	3655	5233	9042	1074	29.75
62005	Elevation of depressed skull fracture; compound or comminuted, extradural	4553	6518	11261	1323	36.66
62010	Elevation of depressed skull fracture; with repair of dura and/or debridement of brain	5253	7521	12994	1598	44.28
62100	Craniotomy for repair of dural/cerebrospinal fluid leak, including surgery for rhinorrhea/otorrhea	5484	7852	13566	1647	45.63
62115	Reduction of craniomegalic skull (eg, treated hydrocephalus); not requiring bone grafts or cranioplasty	5947	8514	14710	1747	48.40
62117	Reduction of craniomegalic skull (eg, treated hydrocephalus); requiring craniotomy and	6975	9987	17254	2049	56.77

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
	reconstruction with or without bone graft (includes obtaining grafts)					
62120	Repair of encephalocele, skull vault, including cranioplasty	6730	9635	16647	2188	60.63
62121	Craniotomy for repair of encephalocele, skull base	5079	7272	12564	1625	45.04
62140	Cranioplasty for skull defect; up to 5 cm diameter	3599	5153	8904	1068	29.58
62141	Cranioplasty for skull defect; larger than 5 cm diameter	4257	6095	10530	1188	32.93
62142	Removal of bone flap or prosthetic plate of skull	3461	4954	8560	921	25.53
62143	Replacement of bone flap or prosthetic plate of skull	3748	5367	9272	1084	30.03
62145	Cranioplasty for skull defect with reparative brain surgery	5463	7821	13513	1483	41.08
62146	Cranioplasty with autograft (includes obtaining bone grafts); up to 5 cm diameter	4008	5738	9914	1177	32.62
62147	Cranioplasty with autograft (includes obtaining bone grafts); larger than 5 cm diameter	5557	7956	13746	1481	41.03
62148	Incision and retrieval of subcutaneous cranial bone graft for cranioplasty (List separately in addition to code for primary procedure)	451	646	1115	132	3.67
62160	Neuroendoscopy, intracranial, for placement or replacement of ventricular catheter and attachment to shunt system or external drainage (List separately in addition to code for primary procedure)	753	1078	1863	197	5.47
62161	Neuroendoscopy, intracranial; with dissection of adhesions, fenestration of septum pellucidum or intraventricular cysts (including placement, replacement, or removal of ventricular catheter)	6102	8737	15095	1575	43.65
62162	Neuroendoscopy, intracranial; with fenestration or excision of colloid cyst, including placement of external ventricular catheter for drainage	6700	9592	16573	1968	54.53
62163	Neuroendoscopy, intracranial; with retrieval of foreign body	4343	6218	10744	1276	35.35
62164	Neuroendoscopy, intracranial; with excision of brain tumor, including placement of external ventricular catheter for drainage	7419	10622	18351	2179	60.38

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
62165	Neuroendoscopy, intracranial; with excision of pituitary tumor, transnasal or trans-sphenoidal approach	6172	8837	15268	1584	43.90
62180	Ventriculocisternostomy (Torkildsen type operation)	5672	8120	14030	1666	46.16
62190	Creation of shunt; subarachnoid/subdural-atrial, -jugular, -auricular	3278	4693	8109	963	26.68
62192	Creation of shunt; subarachnoid/subdural-peritoneal, -pleural, other terminus	3480	4982	8607	1022	28.32
62194	Replacement or irrigation, subarachnoid/subdural catheter	1728	2473	4273	507	14.06
62200	Ventriculocisternostomy, third ventricle;	4880	6987	12072	1433	39.72
62201	Ventriculocisternostomy, third ventricle; stereotactic, neuroendoscopic method	4715	6751	11664	1256	34.80
62220	Creation of shunt; ventriculo-atrial, -jugular, -auricular	3499	5010	8656	1028	28.48
62223	Creation of shunt; ventriculo-peritoneal, -pleural, other terminus	3820	5470	9450	1083	30.02
62225	Replacement or irrigation, ventricular catheter	1980	2834	4897	547	15.17
62230	Replacement or revision of cerebrospinal fluid shunt, obstructed valve, or distal catheter in shunt system	3305	4731	8174	876	24.27
62252	Reprogramming of programmable cerebrospinal shunt	322	460	796	83	2.31
62252-26		185	265	458	48	1.33
62252-TC		0	0	0	35	0.98
62256	Removal of complete cerebrospinal fluid shunt system; without replacement	2044	2927	5057	627	17.37
62258	Removal of complete cerebrospinal fluid shunt system; with replacement by similar or other shunt at same operation	4402	6302	10888	1156	32.04

SPINE AND SPINAL CORD

62263	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 2 or more days	1628	2764	4847	632	17.50
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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
62264	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 1 day	1690	2868	5030	452	12.53
62267	Percutaneous aspiration within the nucleus pulposus, intervertebral disc, or paravertebral tissue for diagnostic purposes	558	947	1660	274	7.60
62268	Percutaneous aspiration, spinal cord cyst or syrinx	883	1499	2630	269	7.44
62269	Biopsy of spinal cord, percutaneous needle	871	1478	2592	276	7.65
62270	Spinal puncture, lumbar, diagnostic;	408	693	1215	143	3.97
62272	Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter);	453	768	1347	188	5.22
62273	Injection, epidural, of blood or clot patch	721	1224	2146	177	4.90
62280	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; subarachnoid	1152	1955	3430	365	10.12
62281	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic	610	1036	1817	246	6.83
62282	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, lumbar, sacral (caudal)	616	1045	1833	316	8.76
62284	Injection procedure for myelography and/or computed tomography, lumbar	413	701	1230	204	5.66
62287	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar	3025	5135	9006	605	16.76
62290	Injection procedure for discography, each level; lumbar	710	1205	2113	364	10.08
62291	Injection procedure for discography, each level; cervical or thoracic	767	1302	2284	345	9.55

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
62292	Injection procedure for chemonucleolysis, including discography, intervertebral disc, single or multiple levels, lumbar	1900	3225	5656	602	16.69
62294	Injection procedure, arterial, for occlusion of arteriovenous malformation, spinal	3115	5288	9275	988	27.37
62302	Myelography via lumbar injection, including radiological supervision and interpretation; cervical	532	902	1583	266	7.37
62303	Myelography via lumbar injection, including radiological supervision and interpretation; thoracic	537	912	1600	271	7.51
62304	Myelography via lumbar injection, including radiological supervision and interpretation; lumbosacral	526	892	1565	262	7.27
62305	Myelography via lumbar injection, including radiological supervision and interpretation; 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical)	576	978	1715	285	7.91
62320	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance	608	1033	1811	169	4.67
62321	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)	810	1374	2410	266	7.37
62322	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance	804	1364	2393	154	4.27
62323	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)	755	1281	2247	263	7.29

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
62324	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance	787	1335	2342	147	4.06
62325	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)	889	1509	2647	250	6.94
62326	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance	609	1034	1814	151	4.18
62327	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)	700	1188	2084	255	7.07
62328	Spinal puncture, lumbar, diagnostic; with fluoroscopic or CT guidance	842	1430	2508	267	7.40
62329	Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter); with fluoroscopic or CT guidance	1046	1776	3114	332	9.19
62350	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy	1855	3149	5523	413	11.45
62351	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; with laminectomy	4362	7404	12987	907	25.12

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
62355	Removal of previously implanted intrathecal or epidural catheter	816	1385	2429	281	7.79
62360	Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir	1127	1913	3355	326	9.04
62361	Implantation or replacement of device for intrathecal or epidural drug infusion; nonprogrammable pump	1402	2380	4175	445	12.32
62362	Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming	1515	2572	4512	398	11.03
62365	Removal of subcutaneous reservoir or pump, previously implanted for intrathecal or epidural infusion	1293	2194	3849	306	8.48
62367	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); without reprogramming or refill	140	237	416	33	0.92
62368	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming	178	302	529	47	1.29
62369	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill	325	552	968	99	2.73
62370	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill (requiring skill of a physician or other qualified health care professional)	354	600	1053	102	2.83
62380	Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc, 1 interspace, lumbar	10294	17473	30647	0	0.00
63001	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or	3836	6512	11421	1289	35.72

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
	discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; cervical					
63003	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; thoracic	3926	6664	11688	1290	35.75
63005	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; lumbar, except for spondylolisthesis	3630	6161	10807	1243	34.44
63011	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; sacral	2961	5025	8814	1134	31.42
63012	Laminectomy with removal of abnormal facets and/or pars inter-articularis with decompression of cauda equina and nerve roots for spondylolisthesis, lumbar (Gill type procedure)	3494	5931	10403	1247	34.54
63015	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; cervical	4879	8282	14527	1544	42.77
63016	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; thoracic	4721	8013	14055	1588	44.01
63017	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; lumbar	3925	6663	11687	1313	36.39
63020	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical	4655	7902	13860	1208	33.48
63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar	3599	6109	10715	1014	28.11

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
63035	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (List separately in addition to code for primary procedure)	877	1489	2612	200	5.55
63040	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; cervical	4664	7917	13885	1454	40.29
63042	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar	4333	7354	12899	1355	37.54
63043	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional cervical interspace (List separately in addition to code for primary procedure)	1521	2582	4528	0	0.00
63044	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional lumbar interspace (List separately in addition to code for primary procedure)	1660	2817	4941	0	0.00
63045	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; cervical	4127	7005	12286	1342	37.19
63046	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; thoracic	4313	7321	12841	1281	35.49
63047	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar	3818	6481	11367	1151	31.90

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
63048	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)	874	1483	2602	221	6.13
63050	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments;	4954	8409	14748	1571	43.52
63051	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments; with reconstruction of the posterior bony elements (including the application of bridging bone graft and non-segmental fixation devices [eg, wire, suture, mini-plates], when performed)	5603	9511	16682	1782	49.37
63055	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; thoracic	5934	10073	17668	1697	47.03
63056	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (eg, far lateral herniated intervertebral disc)	6206	10535	18477	1555	43.08
63057	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; each additional segment, thoracic or lumbar (List separately in addition to code for primary procedure)	1994	3385	5937	335	9.28
63064	Costovertebral approach with decompression of spinal cord or nerve root(s) (eg, herniated intervertebral disc), thoracic; single segment	5498	9333	16369	1860	51.53
63066	Costovertebral approach with decompression of spinal cord or nerve root(s) (eg, herniated intervertebral disc), thoracic; each additional segment (List separately in addition to code for primary procedure)	680	1153	2023	215	5.97
63075	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, single interspace	5083	8627	15132	1411	39.10
63076	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, each additional	1392	2363	4145	258	7.14

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
	interspace (List separately in addition to code for primary procedure)					
63077	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; thoracic, single interspace	4965	8428	14782	1574	43.62
63078	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; thoracic, each additional interspace (List separately in addition to code for primary procedure)	684	1161	2037	217	6.01
63081	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment	5706	9686	16989	1839	50.95
63082	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, each additional segment (List separately in addition to code for primary procedure)	1089	1848	3242	279	7.72
63085	Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, single segment	5673	9630	16890	2011	55.73
63086	Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, each additional segment (List separately in addition to code for primary procedure)	790	1340	2351	200	5.53
63087	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; single segment	6938	11776	20655	2519	69.80
63088	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; each additional segment (List separately in addition to code for primary procedure)	888	1508	2644	268	7.43
63090	Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s),	5854	9937	17429	2053	56.88

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
	lower thoracic, lumbar, or sacral; single segment					
63091	Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; each additional segment (List separately in addition to code for primary procedure)	916	1554	2726	187	5.18
63101	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); thoracic, single segment	7685	13045	22881	2428	67.27
63102	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); lumbar, single segment	6292	10681	18733	2365	65.53
63103	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); thoracic or lumbar, each additional segment (List separately in addition to code for primary procedure)	915	1553	2723	308	8.53
63170	Laminectomy with myelotomy (eg, Bischof or DREZ type), cervical, thoracic, or thoracolumbar	5230	8878	15572	1658	45.95
63172	Laminectomy with drainage of intramedullary cyst/syrinx; to subarachnoid space	4554	7731	13559	1444	40.01
63173	Laminectomy with drainage of intramedullary cyst/syrinx; to peritoneal or pleural space	5667	9620	16873	1797	49.79
63180	Laminectomy and section of dentate ligaments, with or without dural graft, cervical; 1 or 2 segments	4879	8281	14525	1547	42.86
63182	Laminectomy and section of dentate ligaments, with or without dural graft, cervical; more than 2 segments	5357	9093	15948	1698	47.06
63185	Laminectomy with rhizotomy; 1 or 2 segments	2703	4588	8046	1196	33.15
63190	Laminectomy with rhizotomy; more than 2 segments	4101	6962	12210	1300	36.03

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
63191	Laminectomy with section of spinal accessory nerve	4527	7684	13478	1435	39.77
63194	Laminectomy with cordotomy, with section of 1 spinothalamic tract, 1 stage; cervical	5243	8899	15609	1662	46.06
63195	Laminectomy with cordotomy, with section of 1 spinothalamic tract, 1 stage; thoracic	5038	8552	14999	1597	44.26
63196	Laminectomy with cordotomy, with section of both spinothalamic tracts, 1 stage; cervical	5850	9929	17415	1855	51.39
63197	Laminectomy with cordotomy, with section of both spinothalamic tracts, 1 stage; thoracic	5620	9539	16731	1782	49.37
63198	Laminectomy with cordotomy with section of both spinothalamic tracts, 2 stages within 14 days; cervical	6871	11662	20455	2178	60.36
63199	Laminectomy with cordotomy with section of both spinothalamic tracts, 2 stages within 14 days; thoracic	7200	12221	21435	2283	63.25
63200	Laminectomy, with release of tethered spinal cord, lumbar	5261	8930	15662	1595	44.19
63250	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; cervical	8422	16912	31087	3103	85.99
63251	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracic	8721	17512	32190	3172	87.89
63252	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracolumbar	8671	17410	32003	3171	87.87
63265	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; cervical	5168	10377	19074	1742	48.28
63266	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; thoracic	5388	10819	19887	1795	49.75
63267	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; lumbar	4333	8700	15992	1432	39.68
63268	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; sacral	3997	8025	14752	1477	40.93

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
63270	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; cervical	5893	11832	21749	2166	60.01
63271	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; thoracic	6494	13040	23970	2160	59.84
63272	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; lumbar	6100	12249	22515	1970	54.59
63273	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; sacral	5310	10663	19600	1945	53.88
63275	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, cervical	5678	11401	20957	1882	52.14
63276	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, thoracic	5702	11449	21045	1867	51.73
63277	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, lumbar	4928	9895	18188	1627	45.09
63278	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, sacral	4514	9063	16660	1657	45.91
63280	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, cervical	7565	15190	27923	2210	61.23
63281	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, thoracic	6657	13366	24569	2184	60.52
63282	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, lumbar	6469	12990	23878	2060	57.08
63283	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, sacral	5395	10833	19913	1980	54.87
63285	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, cervical	7491	15041	27648	2730	75.65
63286	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracic	7378	14814	27230	2698	74.75
63287	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracolumbar	7813	15689	28839	2866	79.41
63290	Laminectomy for biopsy/excision of intraspinal neoplasm; combined extradural-intradural lesion, any level	7931	15926	29275	2915	80.78
63295	Osteoplastic reconstruction of dorsal spinal elements, following primary intraspinal procedure (List separately in addition to code for primary procedure)	1206	2421	4450	345	9.55

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
63300	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, cervical	5707	11459	21065	1918	53.15
63301	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by transthoracic approach	6257	12564	23095	2299	63.71
63302	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by thoracolumbar approach	6173	12396	22786	2271	62.94
63303	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, lumbar or sacral by transperitoneal or retroperitoneal approach	6554	13159	24189	2415	66.91
63304	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, cervical	6650	13352	24543	2450	67.89
63305	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by transthoracic approach	7195	14448	26557	2609	72.30
63306	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by thoracolumbar approach	6959	13973	25686	2564	71.05
63307	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, lumbar or sacral by transperitoneal or retroperitoneal approach	6923	13901	25553	2511	69.58
63308	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; each additional segment (List separately in addition to codes for single segment)	1062	2132	3919	338	9.37
63600	Creation of lesion of spinal cord by stereotactic method, percutaneous, any modality (including stimulation and/or recording)	2505	5030	9247	1136	31.48
63610	Stereotactic stimulation of spinal cord, percutaneous, separate procedure not followed by other surgery	1672	3358	6172	605	16.75

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
63620	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion	5188	10416	19147	1165	32.29
63621	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (List separately in addition to code for primary procedure)	729	1465	2692	263	7.30
63650	Percutaneous implantation of neurostimulator electrode array, epidural	4302	8639	15879	1955	54.18
63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural	2703	5427	9975	867	24.01
63661	Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	1915	3845	7068	661	18.32
63662	Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	2437	4893	8994	877	24.30
63663	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	3080	6185	11368	880	24.38
63664	Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	2517	5054	9289	913	25.29
63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling	1410	2831	5204	374	10.37
63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver	1685	3383	6218	386	10.70
63700	Repair of meningocele; less than 5 cm diameter	5579	11203	20593	1358	37.62
63702	Repair of meningocele; larger than 5 cm diameter	4079	8190	15055	1485	41.16
63704	Repair of myelomeningocele; less than 5 cm diameter	4679	9395	17270	1724	47.77
63706	Repair of myelomeningocele; larger than 5 cm diameter	5207	10455	19218	1919	53.16

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
63707	Repair of dural/cerebrospinal fluid leak, not requiring laminectomy	3047	6118	11246	968	26.82
63709	Repair of dural/cerebrospinal fluid leak or pseudomeningocele, with laminectomy	3404	6835	12563	1156	32.04
63710	Dural graft, spinal	3616	7261	13348	1133	31.40
63740	Creation of shunt, lumbar, subarachnoid-peritoneal, -pleural, or other; including laminectomy	2768	5559	10218	1016	28.16
63741	Creation of shunt, lumbar, subarachnoid-peritoneal, -pleural, or other; percutaneous, not requiring laminectomy	1882	3779	6947	703	19.49
63744	Replacement, irrigation or revision of lumbosubarachnoid shunt	2095	4206	7732	709	19.64
63746	Removal of entire lumbosubarachnoid shunt system without replacement	1704	3422	6290	628	17.40

EXTRACRANIAL NERVES, PERIPHERAL NERVES AND AUTONOMIC NERVOUS SYSTEM

64400	Injection(s), anesthetic agent(s) and/or steroid; trigeminal nerve, each branch (ie, ophthalmic, maxillary, mandibular)	306	511	960	110	3.05
64405	Injection(s), anesthetic agent(s) and/or steroid; greater occipital nerve	272	455	853	75	2.07
64408	Injection(s), anesthetic agent(s) and/or steroid; vagus nerve	422	704	1321	71	1.97
64415	Injection(s), anesthetic agent(s) and/or steroid; brachial plexus	893	1492	2800	116	3.22
64416	Injection(s), anesthetic agent(s) and/or steroid; brachial plexus, continuous infusion by catheter (including catheter placement)	1513	2526	4741	67	1.85
64417	Injection(s), anesthetic agent(s) and/or steroid; axillary nerve	814	1359	2550	140	3.89
64418	Injection(s), anesthetic agent(s) and/or steroid; suprascapular nerve	331	552	1037	87	2.42
64420	Injection(s), anesthetic agent(s) and/or steroid; intercostal nerve, single level	468	781	1467	103	2.85
64421	Injection(s), anesthetic agent(s) and/or steroid; intercostal nerve, each additional level (List separately in addition to code for primary procedure)	630	1052	1974	35	0.97

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
64425	Injection(s), anesthetic agent(s) and/or steroid; ilioinguinal, iliohypogastric nerves	419	700	1313	115	3.19
64430	Injection(s), anesthetic agent(s) and/or steroid; pudendal nerve	389	649	1218	93	2.57
64435	Injection(s), anesthetic agent(s) and/or steroid; paracervical (uterine) nerve	304	507	952	75	2.09
64445	Injection(s), anesthetic agent(s) and/or steroid; sciatic nerve	676	1128	2117	129	3.57
64446	Injection(s), anesthetic agent(s) and/or steroid; sciatic nerve, continuous infusion by catheter (including catheter placement)	1337	2233	4191	62	1.71
64447	Injection(s), anesthetic agent(s) and/or steroid; femoral nerve	799	1334	2504	91	2.53
64448	Injection(s), anesthetic agent(s) and/or steroid; femoral nerve, continuous infusion by catheter (including catheter placement)	1376	2297	4311	64	1.77
64449	Injection(s), anesthetic agent(s) and/or steroid; lumbar plexus, posterior approach, continuous infusion by catheter (including catheter placement)	602	1006	1888	65	1.79
64450	Injection(s), anesthetic agent(s) and/or steroid; other peripheral nerve or branch	273	455	854	79	2.18
64451	Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	841	1405	2636	216	5.99
64454	Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches, including imaging guidance, when performed	850	1419	2662	218	6.05
64455	Injection(s), anesthetic agent and/or steroid, plantar common digital nerve(s) (eg, Morton's neuroma)	126	210	395	50	1.38
64461	Paravertebral block (PVB) (paraspinous block), thoracic; single injection site (includes imaging guidance, when performed)	713	1190	2233	135	3.75
64462	Paravertebral block (PVB) (paraspinous block), thoracic; second and any additional injection site(s) (includes imaging guidance, when performed) (List separately in addition to code for primary procedure)	410	684	1285	76	2.11

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
64463	Paravertebral block (PVB) (paraspinous block), thoracic; continuous infusion by catheter (includes imaging guidance, when performed)	856	1430	2683	206	5.70
64479	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level	958	1599	3002	262	7.26
64480	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level (List separately in addition to code for primary procedure)	474	791	1485	130	3.61
64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level	970	1620	3041	243	6.73
64484	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level (List separately in addition to code for primary procedure)	483	806	1513	107	2.96
64486	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) unilateral; by injection(s) (includes imaging guidance, when performed)	634	1059	1988	114	3.17
64487	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) unilateral; by continuous infusion(s) (includes imaging guidance, when performed)	727	1215	2279	186	5.16
64488	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) bilateral; by injections (includes imaging guidance, when performed)	1016	1696	3184	140	3.89
64489	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) bilateral; by continuous infusions (includes imaging guidance, when performed)	679	1134	2129	288	7.99
64490	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	916	1529	2869	196	5.42
64491	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image	433	724	1358	98	2.72

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
	guidance (fluoroscopy or CT), cervical or thoracic; second level (List separately in addition to code for primary procedure)					
64492	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)	405	677	1270	99	2.74
64493	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	994	1659	3114	178	4.93
64494	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level (List separately in addition to code for primary procedure)	474	792	1486	91	2.53
64495	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)	406	679	1274	91	2.53
64505	Injection, anesthetic agent; sphenopalatine ganglion	303	505	948	131	3.62
64510	Injection, anesthetic agent; stellate ganglion (cervical sympathetic)	532	888	1667	143	3.95
64517	Injection, anesthetic agent; superior hypogastric plexus	719	1201	2254	197	5.47
64520	Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)	503	839	1576	220	6.09
64530	Injection, anesthetic agent; celiac plexus, with or without radiologic monitoring	610	1019	1913	221	6.12
64553	Percutaneous implantation of neurostimulator electrode array; cranial nerve	2128	3554	6670	2075	57.50
64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	1932	3226	6055	1922	53.25

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
64561	Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed	6624	11061	20758	771	21.36
64566	Posterior tibial neurostimulation, percutaneous needle electrode, single therapy, includes programming	311	519	974	130	3.59
64568	Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	1907	3185	5977	652	18.06
64569	Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator	2276	3801	7134	790	21.90
64570	Removal of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	2960	4943	9277	761	21.08
64575	Incision for implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	3872	6464	12132	354	9.80
64580	Incision for implantation of neurostimulator electrode array; neuromuscular	1260	2103	3948	324	8.97
64581	Incision for implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)	2033	3395	6372	692	19.17
64585	Revision or removal of peripheral neurostimulator electrode array	708	1183	2219	254	7.05
64590	Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling	692	1155	2169	274	7.58
64595	Revision or removal of peripheral or gastric neurostimulator pulse generator or receiver	689	1150	2158	245	6.80
64600	Destruction by neurolytic agent, trigeminal nerve; supraorbital, infraorbital, mental, or inferior alveolar branch	897	1503	2891	460	12.74
64605	Destruction by neurolytic agent, trigeminal nerve; second and third division branches at foramen ovale	2027	3396	6530	643	17.82
64610	Destruction by neurolytic agent, trigeminal nerve; second and third division branches at foramen ovale under radiologic monitoring	2287	3831	7368	805	22.30

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
64611	Chemodenervation of parotid and submandibular salivary glands, bilateral	317	531	1020	125	3.47
64612	Chemodenervation of muscle(s); muscle(s) innervated by facial nerve, unilateral (eg, for blepharospasm, hemifacial spasm)	361	605	1164	138	3.82
64615	Chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine)	406	679	1306	156	4.32
64616	Chemodenervation of muscle(s); neck muscle(s), excluding muscles of the larynx, unilateral (eg, for cervical dystonia, spasmodic torticollis)	354	593	1141	138	3.82
64617	Chemodenervation of muscle(s); larynx, unilateral, percutaneous (eg, for spasmodic dysphonia), includes guidance by needle electromyography, when performed	618	1035	1991	167	4.63
64620	Destruction by neurolytic agent, intercostal nerve	772	1293	2487	215	5.96
64624	Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed	1316	2205	4240	418	11.57
64625	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	1609	2694	5182	510	14.14
64630	Destruction by neurolytic agent; pudendal nerve	356	596	1147	250	6.94
64632	Destruction by neurolytic agent; plantar common digital nerve	197	331	636	90	2.50
64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	1397	2340	4501	431	11.94
64634	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint (List separately in addition to code for primary procedure)	626	1048	2016	193	5.34
64635	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	1413	2367	4552	426	11.81

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
64636	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately in addition to code for primary procedure)	610	1022	1965	176	4.87
64640	Destruction by neurolytic agent; other peripheral nerve or branch	610	1022	1965	254	7.05
64642	Chemodeneration of one extremity; 1-4 muscle(s)	402	673	1295	151	4.19
64643	Chemodeneration of one extremity; each additional extremity, 1-4 muscle(s) (List separately in addition to code for primary procedure)	269	451	868	96	2.65
64644	Chemodeneration of one extremity; 5 or more muscles	443	743	1429	176	4.89
64645	Chemodeneration of one extremity; each additional extremity, 5 or more muscles (List separately in addition to code for primary procedure)	340	569	1094	121	3.35
64646	Chemodeneration of trunk muscle(s); 1-5 muscle(s)	429	718	1381	159	4.41
64647	Chemodeneration of trunk muscle(s); 6 or more muscles	407	682	1311	184	5.09
64650	Chemodeneration of eccrine glands; both axillae	252	421	811	83	2.30
64653	Chemodeneration of eccrine glands; other area(s) (eg, scalp, face, neck), per day	273	457	880	101	2.79
64680	Destruction by neurolytic agent, with or without radiologic monitoring; celiac plexus	760	1273	2448	345	9.55
64681	Destruction by neurolytic agent, with or without radiologic monitoring; superior hypogastric plexus	716	1200	2308	582	16.12
64702	Neuroplasty; digital, 1 or both, same digit	1825	3057	5879	523	14.49
64704	Neuroplasty; nerve of hand or foot	990	1657	3188	334	9.26
64708	Neuroplasty, major peripheral nerve, arm or leg, open; other than specified	1823	3053	5871	524	14.51
64712	Neuroplasty, major peripheral nerve, arm or leg, open; sciatic nerve	1691	2832	5446	612	16.95

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
64713	Neuroplasty, major peripheral nerve, arm or leg, open; brachial plexus	2956	4952	9523	815	22.57
64714	Neuroplasty, major peripheral nerve, arm or leg, open; lumbar plexus	2342	3922	7543	763	21.13
64716	Neuroplasty and/or transposition; cranial nerve (specify)	2652	4443	8544	534	14.81
64718	Neuroplasty and/or transposition; ulnar nerve at elbow	2145	3593	6911	619	17.14
64719	Neuroplasty and/or transposition; ulnar nerve at wrist	1595	2671	5137	418	11.59
64721	Neuroplasty and/or transposition; median nerve at carpal tunnel	1782	2985	5741	453	12.54
64722	Decompression; unspecified nerve(s) (specify)	1018	1705	3279	374	10.35
64726	Decompression; plantar digital nerve	810	1356	2608	279	7.73
64727	Internal neurolysis, requiring use of operating microscope (List separately in addition to code for neuroplasty) (Neuroplasty includes external neurolysis)	1009	1690	3251	190	5.27
64732	Transection or avulsion of; supraorbital nerve	1526	2411	4476	461	12.76
64734	Transection or avulsion of; infraorbital nerve	1724	2723	5055	520	14.41
64736	Transection or avulsion of; mental nerve	1197	1892	3512	361	10.01
64738	Transection or avulsion of; inferior alveolar nerve by osteotomy	1555	2457	4560	469	13.00
64740	Transection or avulsion of; lingual nerve	1615	2551	4736	487	13.50
64742	Transection or avulsion of; facial nerve, differential or complete	1681	2655	4929	507	14.05
64744	Transection or avulsion of; greater occipital nerve	1708	2698	5009	515	14.28
64746	Transection or avulsion of; phrenic nerve	1489	2353	4367	449	12.45
64755	Transection or avulsion of; vagus nerves limited to proximal stomach (selective proximal vagotomy, proximal gastric vagotomy, parietal cell vagotomy, supra- or highly selective vagotomy)	3208	5068	9408	968	26.82
64760	Transection or avulsion of; vagus nerve (vagotomy), abdominal	1797	2838	5269	542	15.02

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
64763	Transection or avulsion of obturator nerve, extrapelvic, with or without adductor tenotomy	1779	2810	5216	537	14.87
64766	Transection or avulsion of obturator nerve, intrapelvic, with or without adductor tenotomy	2195	3468	6437	662	18.35
64771	Transection or avulsion of other cranial nerve, extradural	2096	3311	6146	632	17.52
64772	Transection or avulsion of other spinal nerve, extradural	2180	3444	6393	587	16.27
64774	Excision of neuroma; cutaneous nerve, surgically identifiable	1017	1607	2983	426	11.81
64776	Excision of neuroma; digital nerve, 1 or both, same digit	1235	1951	3621	405	11.23
64778	Excision of neuroma; digital nerve, each additional digit (List separately in addition to code for primary procedure)	633	1000	1856	191	5.29
64782	Excision of neuroma; hand or foot, except digital nerve	1292	2041	3789	474	13.13
64783	Excision of neuroma; hand or foot, each additional nerve, except same digit (List separately in addition to code for primary procedure)	755	1192	2214	228	6.31
64784	Excision of neuroma; major peripheral nerve, except sciatic	2704	4272	7930	760	21.07
64786	Excision of neuroma; sciatic nerve	3495	5522	10250	1055	29.22
64787	Implantation of nerve end into bone or muscle (List separately in addition to neuroma excision)	912	1440	2674	251	6.96
64788	Excision of neurofibroma or neurolemmoma; cutaneous nerve	1344	2123	3941	419	11.60
64790	Excision of neurofibroma or neurolemmoma; major peripheral nerve	2663	4207	7810	871	24.13
64792	Excision of neurofibroma or neurolemmoma; extensive (including malignant type)	3654	5773	10717	1103	30.55
64795	Biopsy of nerve	736	1163	2159	201	5.57
64802	Sympathectomy, cervical	2876	4543	8433	868	24.04
64804	Sympathectomy, cervicothoracic	4086	6455	11983	1233	34.16
64809	Sympathectomy, thoracolumbar	3746	5918	10987	1130	31.32

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
64818	Sympathectomy, lumbar	2517	3977	7383	813	22.54
64820	Sympathectomy; digital arteries, each digit	2185	3452	6409	759	21.04
64821	Sympathectomy; radial artery	2398	3789	7034	724	20.05
64822	Sympathectomy; ulnar artery	2398	3789	7034	724	20.05
64823	Sympathectomy; superficial palmar arch	2726	4307	7995	822	22.79
64831	Suture of digital nerve, hand or foot; 1 nerve	2294	3624	6728	717	19.86
64832	Suture of digital nerve, hand or foot; each additional digital nerve (List separately in addition to code for primary procedure)	1144	1807	3354	351	9.73
64834	Suture of 1 nerve; hand or foot, common sensory nerve	2344	3703	6874	772	21.38
64835	Suture of 1 nerve; median motor thenar	2822	4458	8275	851	23.59
64836	Suture of 1 nerve; ulnar motor	2567	4055	7527	851	23.59
64837	Suture of each additional nerve, hand or foot (List separately in addition to code for primary procedure)	1273	2011	3733	384	10.64
64840	Suture of posterior tibial nerve	3325	5253	9752	1003	27.80
64856	Suture of major peripheral nerve, arm or leg, except sciatic; including transposition	3361	5309	9856	1055	29.23
64857	Suture of major peripheral nerve, arm or leg, except sciatic; without transposition	3255	5142	9546	1099	30.44
64858	Suture of sciatic nerve	4071	6431	11938	1228	34.03
64859	Suture of each additional major peripheral nerve (List separately in addition to code for primary procedure)	1109	1752	3252	261	7.23
64861	Suture of; brachial plexus	5231	8264	15341	1578	43.73
64862	Suture of; lumbar plexus	4761	7521	13962	1436	39.80
64864	Suture of facial nerve; extracranial	3648	5762	10697	896	24.83
64865	Suture of facial nerve; infratemporal, with or without grafting	3743	5913	10977	1129	31.29
64866	Anastomosis; facial-spinal accessory	4393	6941	12885	1326	36.73
64868	Anastomosis; facial-hypoglossal	3428	5416	10054	1034	28.66
64872	Suture of nerve; requiring secondary or delayed suture (List separately in addition to code for primary neurorrhaphy)	405	641	1189	122	3.39

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
64874	Suture of nerve; requiring extensive mobilization, or transposition of nerve (List separately in addition to code for nerve suture)	645	1020	1893	182	5.05
64876	Suture of nerve; requiring shortening of bone of extremity (List separately in addition to code for nerve suture)	683	1079	2003	206	5.71
64885	Nerve graft (includes obtaining graft), head or neck; up to 4 cm in length	3810	6019	11173	1149	31.85
64886	Nerve graft (includes obtaining graft), head or neck; more than 4 cm length	4755	7512	13944	1326	36.75
64890	Nerve graft (includes obtaining graft), single strand, hand or foot; up to 4 cm length	3427	5414	10051	1127	31.24
64891	Nerve graft (includes obtaining graft), single strand, hand or foot; more than 4 cm length	3975	6279	11657	1199	33.23
64892	Nerve graft (includes obtaining graft), single strand, arm or leg; up to 4 cm length	3633	5739	10654	1096	30.37
64893	Nerve graft (includes obtaining graft), single strand, arm or leg; more than 4 cm length	3877	6124	11369	1170	32.41
64895	Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; up to 4 cm length	4593	7256	13471	1386	38.40
64896	Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; more than 4 cm length	4953	7825	14527	1494	41.41
64897	Nerve graft (includes obtaining graft), multiple strands (cable), arm or leg; up to 4 cm length	4388	6931	12867	1324	36.68
64898	Nerve graft (includes obtaining graft), multiple strands (cable), arm or leg; more than 4 cm length	4751	7506	13934	1433	39.72
64901	Nerve graft, each additional nerve; single strand (List separately in addition to code for primary procedure)	2072	3273	6076	625	17.32
64902	Nerve graft, each additional nerve; multiple strands (cable) (List separately in addition to code for primary procedure)	2402	3794	7044	725	20.08
64905	Nerve pedicle transfer; first stage	4474	7068	13121	1065	29.51
64907	Nerve pedicle transfer; second stage	4507	7120	13218	1360	37.68
64910	Nerve repair; with synthetic conduit or vein allograft (eg, nerve tube), each nerve	2496	3943	7320	820	22.73

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CPT	DESCRIPTION	UCR 50TH	UCR 75TH	UCR 90TH	MFS 2020	MFS RVU
64911	Nerve repair; with autogenous vein graft (includes harvest of vein graft), each nerve	3538	5590	10377	1068	29.58
64912	Nerve repair; with nerve allograft, each nerve, first strand (cable)	2462	3890	7221	951	26.35
64913	Nerve repair; with nerve allograft, each additional strand (List separately in addition to code for primary procedure)	535	845	1569	186	5.16
64999	Unlisted procedure, nervous system	0	0	0	0	0.00

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
EYE AND OCULAR ADNEXA						
EYEBALL						
65091	Evisceration of ocular contents; without implant	2058	2925	4040	704	19.52
65093	Evisceration of ocular contents; with implant	2038	2897	4002	698	19.33
65101	Enucleation of eye; without implant	2390	3397	4692	811	22.48
65103	Enucleation of eye; with implant, muscles not attached to implant	2029	2884	3983	841	23.31
65105	Enucleation of eye; with implant, muscles attached to implant	2542	3613	4991	922	25.56
65110	Exenteration of orbit (does not include skin graft), removal of orbital contents; only	3920	5571	7696	1300	36.03
65112	Exenteration of orbit (does not include skin graft), removal of orbital contents; with therapeutic removal of bone	4538	6450	8911	1499	41.54
65114	Exenteration of orbit (does not include skin graft), removal of orbital contents; with muscle or myocutaneous flap	4755	6759	9337	1568	43.46
65125	Modification of ocular implant with placement or replacement of pegs (eg, drilling receptacle for prosthesis appendage) (separate procedure)	1457	2071	2861	468	12.96
65130	Insertion of ocular implant secondary; after evisceration, in scleral shell	2367	3365	4649	807	22.37
65135	Insertion of ocular implant secondary; after enucleation, muscles not attached to implant	2401	3413	4714	818	22.66
65140	Insertion of ocular implant secondary; after enucleation, muscles attached to implant	2608	3707	5121	884	24.49
65150	Reinsertion of ocular implant; with or without conjunctival graft	1879	2670	3689	651	18.05
65155	Reinsertion of ocular implant; with use of foreign material for reinforcement and/or attachment of muscles to implant	2729	3879	5358	924	25.60
65175	Removal of ocular implant	2130	3028	4183	732	20.27
65205	Removal of foreign body, external eye; conjunctival superficial	140	199	275	38	1.06
65210	Removal of foreign body, external eye; conjunctival embedded (includes concretions), subconjunctival, or scleral nonperforating	152	216	299	47	1.30

MEDICAL FEES 2020

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
65220	Removal of foreign body, external eye; corneal, without slit lamp	241	343	473	61	1.70
65222	Removal of foreign body, external eye; corneal, with slit lamp	179	254	351	70	1.93
65235	Removal of foreign body, intraocular; from anterior chamber of eye or lens	1765	2509	3466	734	20.34
65260	Removal of foreign body, intraocular; from posterior segment, magnetic extraction, anterior or posterior route	3065	4357	6019	993	27.52
65265	Removal of foreign body, intraocular; from posterior segment, nonmagnetic extraction	2408	3423	4728	1116	30.91
65270	Repair of laceration; conjunctiva, with or without nonperforating laceration sclera, direct closure	871	1238	1711	287	7.94
65272	Repair of laceration; conjunctiva, by mobilization and rearrangement, without hospitalization	1628	2314	3197	531	14.70
65273	Repair of laceration; conjunctiva, by mobilization and rearrangement, with hospitalization	1213	1725	2382	390	10.80
65275	Repair of laceration; cornea, nonperforating, with or without removal foreign body	1851	2631	3634	598	16.56
65280	Repair of laceration; cornea and/or sclera, perforating, not involving uveal tissue	1939	2756	3807	686	19.00
65285	Repair of laceration; cornea and/or sclera, perforating, with reposition or resection of uveal tissue	2807	3990	5512	1134	31.42
65286	Repair of laceration; application of tissue glue, wounds of cornea and/or sclera	1453	2066	2854	720	19.94
65290	Repair of wound, extraocular muscle, tendon and/or Tenon's capsule	1561	2219	3065	502	13.90

ANTERIOR SEGMENT

65400	Excision of lesion, cornea (keratectomy, lamellar, partial), except pterygium	1334	1894	2876	700	19.41
65410	Biopsy of cornea	443	629	956	147	4.08
65420	Excision or transposition of pterygium; without graft	1055	1497	2273	542	15.01
65426	Excision or transposition of pterygium; with graft	1517	2153	3269	680	18.83

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
65430	Scraping of cornea, diagnostic, for smear and/or culture	339	482	732	118	3.28
65435	Removal of corneal epithelium; with or without chemocauterization (abrasion, curettage)	171	243	368	84	2.33
65436	Removal of corneal epithelium; with application of chelating agent (eg, EDTA)	821	1165	1769	396	10.96
65450	Destruction of lesion of cornea by cryotherapy, photocoagulation or thermocauterization	978	1388	2108	333	9.24
65600	Multiple punctures of anterior cornea (eg, for corneal erosion, tattoo)	682	967	1469	423	11.71
65710	Keratoplasty (corneal transplant); anterior lamellar	3167	4495	6826	1149	31.85
65730	Keratoplasty (corneal transplant); penetrating (except in aphakia or pseudophakia)	3755	5330	8094	1271	35.23
65750	Keratoplasty (corneal transplant); penetrating (in aphakia)	3763	5341	8111	1278	35.42
65755	Keratoplasty (corneal transplant); penetrating (in pseudophakia)	3637	5162	7839	1273	35.26
65756	Keratoplasty (corneal transplant); endothelial	3694	5243	7962	1207	33.44
65757	Backbench preparation of corneal endothelial allograft prior to transplantation (List separately in addition to code for primary procedure)	709	1006	1528	0	0.00
65760	Keratomileusis	0	0	0	0	0.00
65765	Keratophakia	0	0	0	0	0.00
65767	Epikeratoplasty	0	0	0	0	0.00
65770	Keratoprosthesis	4821	6844	10392	1428	39.56
65771	Radial keratotomy	0	0	0	0	0.00
65772	Corneal relaxing incision for correction of surgically induced astigmatism	1017	1444	2193	462	12.81
65775	Corneal wedge resection for correction of surgically induced astigmatism	1731	2458	3732	575	15.93
65778	Placement of amniotic membrane on the ocular surface; without sutures	2512	3565	5414	1436	39.80
65779	Placement of amniotic membrane on the ocular surface; single layer, sutured	2372	3367	5113	1243	34.43
65780	Ocular surface reconstruction; amniotic membrane transplantation, multiple layers	2028	2878	4371	680	18.84

MEDICAL FEES 2020

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
65781	Ocular surface reconstruction; limbal stem cell allograft (eg, cadaveric or living donor)	4094	5812	8825	1359	37.67
65782	Ocular surface reconstruction; limbal conjunctival autograft (includes obtaining graft)	2428	3447	5234	1174	32.52
65785	Implantation of intrastromal corneal ring segments	7331	10406	15802	2434	67.45
65800	Paracentesis of anterior chamber of eye (separate procedure); with removal of aqueous	354	503	764	122	3.39
65810	Paracentesis of anterior chamber of eye (separate procedure); with removal of vitreous and/or discission of anterior hyaloid membrane, with or without air injection	1240	1760	2673	474	13.14
65815	Paracentesis of anterior chamber of eye (separate procedure); with removal of blood, with or without irrigation and/or air injection	1414	2007	3048	658	18.22
65820	Goniotomy	2057	2920	4434	802	22.21
65850	Trabeculotomy ab externo	2234	3171	4815	861	23.86
65855	Trabeculoplasty by laser surgery	936	1328	2017	252	6.99
65860	Severing adhesions of anterior segment, laser technique (separate procedure)	947	1344	2041	317	8.77
65865	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); goniosynechiae	1525	2165	3287	485	13.45
65870	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); anterior synechiae, except goniosynechiae	1270	1802	2737	605	16.77
65875	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); posterior synechiae	1497	2125	3228	645	17.87
65880	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); corneovitreal adhesions	2044	2902	4407	679	18.81
65900	Removal of epithelial downgrowth, anterior chamber of eye	3016	4281	6501	1001	27.75
65920	Removal of implanted material, anterior segment of eye	2095	2974	4516	807	22.37

SURGERY – EYE AND OCULAR ADNEXA

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
65930	Removal of blood clot, anterior segment of eye	1619	2298	3490	654	18.11
66020	Injection, anterior chamber of eye (separate procedure); air or liquid	407	578	878	198	5.49
66030	Injection, anterior chamber of eye (separate procedure); medication	356	506	768	177	4.91
66130	Excision of lesion, sclera	2086	2987	5030	719	19.93
66150	Fistulization of sclera for glaucoma; trephination with iridectomy	2598	3720	6265	896	24.82
66155	Fistulization of sclera for glaucoma; thermocauterization with iridectomy	2596	3717	6260	895	24.80
66160	Fistulization of sclera for glaucoma; sclerectomy with punch or scissors, with iridectomy	2923	4186	7050	1008	27.93
66170	Fistulization of sclera for glaucoma; trabeculectomy ab externo in absence of previous surgery	2512	3597	6057	1117	30.94
66172	Fistulization of sclera for glaucoma; trabeculectomy ab externo with scarring from previous ocular surgery or trauma (includes injection of antifibrotic agents)	3020	4326	7284	1216	33.70
66174	Transluminal dilation of aqueous outflow canal; without retention of device or stent	3104	4446	7487	966	26.77
66175	Transluminal dilation of aqueous outflow canal; with retention of device or stent	2610	3738	6294	1012	28.04
66179	Aqueous shunt to extraocular equatorial plate reservoir, external approach; without graft	2619	3750	6315	1102	30.53
66180	Aqueous shunt to extraocular equatorial plate reservoir, external approach; with graft	3213	4602	7749	1163	32.23
66183	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach	2818	4036	6797	1051	29.12
66184	Revision of aqueous shunt to extraocular equatorial plate reservoir; without graft	2535	3630	6113	803	22.25
66185	Revision of aqueous shunt to extraocular equatorial plate reservoir; with graft	2166	3102	5224	865	23.96
66225	Repair of scleral staphyloma with graft	2763	3957	6664	953	26.40
66250	Revision or repair of operative wound of anterior segment, any type, early or late, major or minor procedure	1599	2291	3857	771	21.36

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
66500	Iridotomy by stab incision (separate procedure); except transfixion	1105	1583	2665	381	10.56
66505	Iridotomy by stab incision (separate procedure); with transfixion as for iris bombe	1207	1728	2910	416	11.53
66600	Iridectomy, with corneoscleral or corneal section; for removal of lesion	2576	3689	6212	888	24.61
66605	Iridectomy, with corneoscleral or corneal section; with cyclectomy	3196	4578	7708	1102	30.54
66625	Iridectomy, with corneoscleral or corneal section; peripheral for glaucoma (separate procedure)	1167	1671	2814	438	12.13
66630	Iridectomy, with corneoscleral or corneal section; sector for glaucoma (separate procedure)	1681	2407	4054	580	16.06
66635	Iridectomy, with corneoscleral or corneal section; optical (separate procedure)	1695	2428	4089	585	16.20
66680	Repair of iris, ciliary body (as for iridodialysis)	1718	2460	4142	530	14.69
66682	Suture of iris, ciliary body (separate procedure) with retrieval of suture through small incision (eg, McCannel suture)	1604	2297	3868	689	19.08
66700	Ciliary body destruction; diathermy	1341	1920	3233	462	12.81
66710	Ciliary body destruction; cyclophotocoagulation, transscleral	1372	1966	3310	453	12.56
66711	Ciliary body destruction; cyclophotocoagulation, endoscopic, without concomitant removal of crystalline lens	1628	2331	3926	514	14.23
66720	Ciliary body destruction; cryotherapy	1174	1682	2832	472	13.09
66740	Ciliary body destruction; cyclodialysis	1583	2267	3817	449	12.45
66761	Iridotomy/iridectomy by laser surgery (eg, for glaucoma) (per session)	946	1355	2282	306	8.49
66762	Iridoplasty by photocoagulation (1 or more sessions) (eg, for improvement of vision, for widening of anterior chamber angle)	1016	1455	2450	488	13.51
66770	Destruction of cyst or lesion iris or ciliary body (nonexcisional procedure)	1571	2250	3789	542	15.01
66820	Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); stab incision technique (Ziegler or Wheeler knife)	1260	1814	3302	440	12.18

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
66821	Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (eg, YAG laser) (1 or more stages)	807	1161	2113	339	9.40
66825	Repositioning of intraocular lens prosthesis, requiring an incision (separate procedure)	1929	2776	5053	812	22.49
66830	Removal of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid) with corneo-scleral section, with or without iridectomy (iridocapsulotomy, iridocapsulectomy)	1927	2773	5047	725	20.08
66840	Removal of lens material; aspiration technique, 1 or more stages	1823	2623	4775	709	19.64
66850	Removal of lens material; phacofragmentation technique (mechanical or ultrasonic) (eg, phacoemulsification), with aspiration	2160	3108	5658	808	22.38
66852	Removal of lens material; pars plana approach, with or without vitrectomy	3056	4397	8005	860	23.84
66920	Removal of lens material; intracapsular	2972	4276	7784	768	21.28
66930	Removal of lens material; intracapsular, for dislocated lens	3377	4859	8845	875	24.25
66940	Removal of lens material; extracapsular (other than 66840, 66850, 66852)	2430	3496	6365	800	22.16
66982	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; without endoscopic cyclophotocoagulation	2781	4001	7283	765	21.20
66983	Intracapsular cataract extraction with insertion of intraocular lens prosthesis (1 stage procedure)	0	0	0	0	0.00
66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); without endoscopic cyclophotocoagulation	2519	3624	6597	558	15.45

MEDICAL FEES 2020

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
66985	Insertion of intraocular lens prosthesis (secondary implant), not associated with concurrent cataract removal	2103	3026	5509	784	21.72
66986	Exchange of intraocular lens	2514	3617	6585	925	25.64
66987	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; with endoscopic cyclophotocoagulation	0	0	0	0	0.00
66988	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); with endoscopic cyclophotocoagulation	0	0	0	0	0.00
66990	Use of ophthalmic endoscope (List separately in addition to code for primary procedure)	327	471	857	92	2.55
66999	Unlisted procedure, anterior segment of eye	0	0	0	0	0.00
POSTERIOR SEGMENT						
67005	Removal of vitreous, anterior approach (open sky technique or limbal incision); partial removal	1887	2573	3431	482	13.36
67010	Removal of vitreous, anterior approach (open sky technique or limbal incision); subtotal removal with mechanical vitrectomy	2046	2791	3721	553	15.32
67015	Aspiration or release of vitreous, subretinal or choroidal fluid, pars plana approach (posterior sclerotomy)	1415	1929	2572	605	16.75
67025	Injection of vitreous substitute, pars plana or limbal approach (fluid-gas exchange), with or without aspiration (separate procedure)	1427	1946	2594	754	20.90
67027	Implantation of intravitreal drug delivery system (eg, ganciclovir implant), includes concomitant removal of vitreous	3587	4891	6522	869	24.07
67028	Intravitreal injection of a pharmacologic agent (separate procedure)	448	611	814	103	2.86
67030	Dissection of vitreous strands (without removal), pars plana approach	2292	3125	4167	555	15.38

SURGERY – EYE AND OCULAR ADNEXA

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
67031	Severing of vitreous strands, vitreous face adhesions, sheets, membranes or opacities, laser surgery (1 or more stages)	887	1210	1613	399	11.06
67036	Vitrectomy, mechanical, pars plana approach;	3139	4281	5707	918	25.44
67039	Vitrectomy, mechanical, pars plana approach; with focal endolaser photocoagulation	3672	5008	6677	983	27.24
67040	Vitrectomy, mechanical, pars plana approach; with endolaser panretinal photocoagulation	3662	4994	6659	1062	29.44
67041	Vitrectomy, mechanical, pars plana approach; with removal of preretinal cellular membrane (eg, macular pucker)	3460	4718	6291	1174	32.54
67042	Vitrectomy, mechanical, pars plana approach; with removal of internal limiting membrane of retina (eg, for repair of macular hole, diabetic macular edema), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil)	3866	5273	7030	1174	32.53
67043	Vitrectomy, mechanical, pars plana approach; with removal of subretinal membrane (eg, choroidal neovascularization), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil) and laser photocoagulation	3966	5409	7212	1239	34.33
67101	Repair of retinal detachment, including drainage of subretinal fluid when performed; cryotherapy	1536	2095	2794	339	9.39
67105	Repair of retinal detachment, including drainage of subretinal fluid when performed; photocoagulation	1576	2149	2865	303	8.40
67107	Repair of retinal detachment; scleral buckling (such as lamellar scleral dissection, imbrication or encircling procedure), including, when performed, implant, cryotherapy, photocoagulation, and drainage of subretinal fluid	3084	4206	5608	1154	31.97
67108	Repair of retinal detachment; with vitrectomy, any method, including, when performed, air or gas tamponade, focal endolaser photocoagulation, cryotherapy, drainage of subretinal fluid, scleral buckling, and/or removal of lens by same technique	4089	5576	7435	1222	33.87
67110	Repair of retinal detachment; by injection of air or other gas (eg, pneumatic retinopexy)	2135	2911	3882	906	25.11
67113	Repair of complex retinal detachment (eg, proliferative vitreoretinopathy, stage C-1 or	4333	5910	7879	1366	37.85

MEDICAL FEES 2020

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
	greater, diabetic traction retinal detachment, retinopathy of prematurity, retinal tear of greater than 90 degrees), with vitrectomy and membrane peeling, including, when performed, air, gas, or silicone oil tamponade, cryotherapy, endolaser photocoagulation, drainage of subretinal fluid, scleral buckling, and/or removal of lens					
67115	Release of encircling material (posterior segment)	2101	2865	3820	509	14.10
67120	Removal of implanted material, posterior segment; extraocular	1684	2296	3062	682	18.89
67121	Removal of implanted material, posterior segment; intraocular	2164	2951	3935	925	25.63
67141	Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage, 1 or more sessions; cryotherapy, diathermy	1185	1616	2155	536	14.85
67145	Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage, 1 or more sessions; photocoagulation (laser or xenon arc)	1275	1739	2319	540	14.95
67208	Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; cryotherapy, diathermy	1763	2405	3206	614	17.00
67210	Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; photocoagulation	1356	1850	2466	529	14.65
67218	Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; radiation by implantation of source (includes removal of source)	4106	5599	7466	1422	39.41
67220	Destruction of localized lesion of choroid (eg, choroidal neovascularization); photocoagulation (eg, laser), 1 or more sessions	1428	1948	2597	545	15.09
67221	Destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy (includes intravenous infusion)	762	1039	1386	287	7.96
67225	Destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy, second eye, at single session (List separately in addition to code for primary eye therapy)	246	336	448	31	0.85

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
67227	Destruction of extensive or progressive retinopathy (eg, diabetic retinopathy), cryotherapy, diathermy	1241	1693	2257	301	8.33
67228	therapy extensive or progressive retinopathy (eg, diabetic retinopathy), photocoagulation	1929	2631	3508	349	9.67
67229	therapy extensive or progressive retinopathy, 1 or more sessions, preterm infant (less than 37 weeks gestation at birth), performed from birth up to 1 year of age (eg, retinopathy of prematurity), photocoagulation or cryotherapy	2670	3642	4855	1189	32.95
67250	Scleral reinforcement (separate procedure); without graft	3551	4842	6457	860	23.83
67255	Scleral reinforcement (separate procedure); with graft	1771	2415	3220	698	19.35
67299	Unlisted procedure, posterior segment	0	0	0	0	0.00

OCULAR ADNEXA

67311	Strabismus surgery, recession or resection procedure; 1 horizontal muscle	2326	3277	6252	610	16.89
67312	Strabismus surgery, recession or resection procedure; 2 horizontal muscles	2437	3433	6551	733	20.30
67314	Strabismus surgery, recession or resection procedure; 1 vertical muscle (excluding superior oblique)	2322	3272	6244	692	19.18
67316	Strabismus surgery, recession or resection procedure; 2 or more vertical muscles (excluding superior oblique)	2526	3558	6790	821	22.76
67318	Strabismus surgery, any procedure, superior oblique muscle	2447	3447	6578	723	20.02
67320	Transposition procedure (eg, for paretic extraocular muscle), any extraocular muscle (specify) (List separately in addition to code for primary procedure)	2007	2827	5395	328	9.10
67331	Strabismus surgery on patient with previous eye surgery or injury that did not involve the extraocular muscles (List separately in addition to code for primary procedure)	1282	1807	3448	312	8.65
67332	Strabismus surgery on patient with scarring of extraocular muscles (eg, prior ocular injury, strabismus or retinal detachment surgery) or restrictive myopathy (eg, dysthyroid ophthalmopathy) (List separately in addition to code for primary procedure)	1731	2439	4653	338	9.37

MEDICAL FEES 2020

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
67334	Strabismus surgery by posterior fixation suture technique, with or without muscle recession (List separately in addition to code for primary procedure)	1721	2425	4628	307	8.52
67335	Placement of adjustable suture(s) during strabismus surgery, including postoperative adjustment(s) of suture(s) (List separately in addition to code for specific strabismus surgery)	762	1074	2050	150	4.17
67340	Strabismus surgery involving exploration and/or repair of detached extraocular muscle(s) (List separately in addition to code for primary procedure)	2359	3323	6342	365	10.12
67343	Release of extensive scar tissue without detaching extraocular muscle (separate procedure)	1912	2694	5142	671	18.60
67345	Chemodenervation of extraocular muscle	716	1009	1925	250	6.92
67346	Biopsy of extraocular muscle	686	967	1845	197	5.45
67399	Unlisted procedure, extraocular muscle	0	0	0	0	0.00
67400	Orbitotomy without bone flap (frontal or transconjunctival approach); for exploration, with or without biopsy	4029	5676	10832	1006	27.87
67405	Orbitotomy without bone flap (frontal or transconjunctival approach); with drainage only	2217	3124	5961	865	23.96
67412	Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of lesion	2459	3464	6611	942	26.11
67413	Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of foreign body	2543	3582	6836	931	25.80
67414	Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of bone for decompression	3959	5578	10645	1428	39.58
67415	Fine needle aspiration of orbital contents	370	522	996	107	2.96
67420	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of lesion	4081	5749	10971	1717	47.57
67430	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of foreign body	4483	6316	12053	1347	37.32

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
67440	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with drainage	4338	6113	11664	1305	36.15
67445	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of bone for decompression	6180	8707	16614	1504	41.68
67450	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); for exploration, with or without biopsy	4509	6353	12124	1354	37.52
67500	Retrobulbar injection; medication (separate procedure, does not include supply of medication)	354	499	953	75	2.07
67505	Retrobulbar injection; alcohol	297	418	798	85	2.35
67515	Injection of medication or other substance into Tenon's capsule	203	286	545	65	1.81
67550	Orbital implant (implant outside muscle cone); insertion	3209	4522	8628	1047	29.02
67560	Orbital implant (implant outside muscle cone); removal or revision	3204	4514	8614	1073	29.73
67570	Optic nerve decompression (eg, incision or fenestration of optic nerve sheath)	5782	8147	15546	1288	35.68
67599	Unlisted procedure, orbit	0	0	0	0	0.00
67700	Blepharotomy, drainage of abscess, eyelid	504	694	1073	286	7.92
67710	Severing of tarsorrhaphy	457	629	973	241	6.68
67715	Canthotomy (separate procedure)	544	749	1158	259	7.19
67800	Excision of chalazion; single	259	357	552	131	3.64
67801	Excision of chalazion; multiple, same lid	406	559	864	166	4.61
67805	Excision of chalazion; multiple, different lids	482	664	1027	206	5.72
67808	Excision of chalazion; under general anesthesia and/or requiring hospitalization, single or multiple	975	1343	2077	376	10.42
67810	Incisional biopsy of eyelid skin including lid margin	339	467	722	185	5.13
67820	Correction of trichiasis; epilation, by forceps only	120	165	256	27	0.75
67825	Correction of trichiasis; epilation by other than forceps (eg, by electrosurgery, cryotherapy, laser surgery)	306	421	652	136	3.77

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
67830	Correction of trichiasis; incision of lid margin	633	871	1347	275	7.62
67835	Correction of trichiasis; incision of lid margin, with free mucous membrane graft	1379	1899	2937	449	12.43
67840	Excision of lesion of eyelid (except chalazion) without closure or with simple direct closure	543	748	1157	285	7.91
67850	Destruction of lesion of lid margin (up to 1 cm)	503	693	1072	221	6.12
67875	Temporary closure of eyelids by suture (eg, Frost suture)	656	903	1397	181	5.01
67880	Construction of intermarginal adhesions, median tarsorrhaphy, or canthorrhaphy;	1111	1530	2366	473	13.10
67882	Construction of intermarginal adhesions, median tarsorrhaphy, or canthorrhaphy; with transposition of tarsal plate	1522	2096	3242	581	16.10
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)	2272	3128	4837	660	18.30
67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia)	2518	3466	5360	799	22.13
67902	Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)	2442	3363	5200	740	20.50
67903	Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach	2040	2808	4343	614	17.00
67904	Repair of blepharoptosis; (tarso) levator resection or advancement, external approach	2240	3084	4769	755	20.92
67906	Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)	1590	2190	3386	517	14.33
67908	Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (eg, Fasanella-Servat type)	2588	3563	5510	528	14.62
67909	Reduction of overcorrection of ptosis	1585	2182	3374	557	15.43
67911	Correction of lid retraction	2531	3485	5388	572	15.86
67912	Correction of lagophthalmos, with implantation of upper eyelid lid load (eg, gold weight)	2138	2944	4552	927	25.69
67914	Repair of ectropion; suture	1189	1637	2532	493	13.65
67915	Repair of ectropion; thermocauterization	952	1311	2027	313	8.66

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
67916	Repair of ectropion; excision tarsal wedge	1740	2396	3704	619	17.16
67917	Repair of ectropion; extensive (eg, tarsal strip operations)	1917	2639	4081	632	17.50
67921	Repair of entropion; suture	1044	1437	2223	483	13.38
67922	Repair of entropion; thermocauterization	934	1287	1989	304	8.42
67923	Repair of entropion; excision tarsal wedge	1567	2158	3337	619	17.16
67924	Repair of entropion; extensive (eg, tarsal strip or capsulopalpebral fascia repairs operation)	1735	2389	3695	659	18.27
67930	Suture of recent wound, eyelid, involving lid margin, tarsus, and/or palpebral conjunctiva direct closure; partial thickness	786	1082	1673	377	10.45
67935	Suture of recent wound, eyelid, involving lid margin, tarsus, and/or palpebral conjunctiva direct closure; full thickness	1418	1953	3020	611	16.92
67938	Removal of embedded foreign body, eyelid	463	637	986	266	7.36
67950	Canthoplasty (reconstruction of canthus)	1780	2450	3789	593	16.43
67961	Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; up to one-fourth of lid margin	1825	2513	3886	595	16.49
67966	Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; over one-fourth of lid margin	2088	2875	4446	793	21.96
67971	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; up to two-thirds of eyelid, 1 stage or first stage	2382	3280	5072	738	20.45
67973	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; total eyelid, lower, 1 stage or first stage	2577	3548	5487	950	26.31
67974	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; total eyelid, upper, 1 stage or first stage	2850	3924	6068	947	26.25
67975	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; second stage	1620	2231	3449	699	19.38

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
67999	Unlisted procedure, eyelids	0	0	0	0	0.00
CONJUNCTIVA						
68020	Incision of conjunctiva, drainage of cyst	278	367	510	123	3.41
68040	Expression of conjunctival follicles (eg, for trachoma)	203	268	372	64	1.78
68100	Biopsy of conjunctiva	434	573	796	183	5.06
68110	Excision of lesion, conjunctiva; up to 1 cm	497	657	912	239	6.63
68115	Excision of lesion, conjunctiva; over 1 cm	707	933	1297	332	9.19
68130	Excision of lesion, conjunctiva; with adjacent sclera	1281	1691	2349	560	15.51
68135	Destruction of lesion, conjunctiva	445	587	815	161	4.46
68200	Subconjunctival injection	158	208	290	43	1.19
68320	Conjunctivoplasty; with conjunctival graft or extensive rearrangement	1570	2072	2879	754	20.88
68325	Conjunctivoplasty; with buccal mucous membrane graft (includes obtaining graft)	1379	1820	2528	670	18.56
68326	Conjunctivoplasty, reconstruction cul-de-sac; with conjunctival graft or extensive rearrangement	3215	4243	5894	658	18.22
68328	Conjunctivoplasty, reconstruction cul-de-sac; with buccal mucous membrane graft (includes obtaining graft)	1489	1965	2730	723	20.04
68330	Repair of symblepharon; conjunctivoplasty, without graft	1512	1995	2772	630	17.46
68335	Repair of symblepharon; with free graft conjunctiva or buccal mucous membrane (includes obtaining graft)	1878	2479	3443	660	18.28
68340	Repair of symblepharon; division of symblepharon, with or without insertion of conformer or contact lens	1418	1872	2601	593	16.44
68360	Conjunctival flap; bridge or partial (separate procedure)	1134	1496	2079	551	15.26
68362	Conjunctival flap; total (such as Gunderson thin flap or purse string flap)	1741	2298	3192	668	18.52
68371	Harvesting conjunctival allograft, living donor	867	1144	1590	421	11.67
68399	Unlisted procedure, conjunctiva	0	0	0	0	0.00

SURGERY – EYE AND OCULAR ADNEXA

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
68400	Incision, drainage of lacrimal gland	617	814	1131	300	8.30
68420	Incision, drainage of lacrimal sac (dacryocystotomy or dacryocystostomy)	618	815	1133	337	9.35
68440	Snip incision of lacrimal punctum	356	470	653	105	2.92
68500	Excision of lacrimal gland (dacryoadenectomy), except for tumor; total	2131	2812	3907	1035	28.68
68505	Excision of lacrimal gland (dacryoadenectomy), except for tumor; partial	2121	2800	3889	1030	28.55
68510	Biopsy of lacrimal gland	959	1266	1759	466	12.91
68520	Excision of lacrimal sac (dacryocystectomy)	1492	1969	2736	725	20.08
68525	Biopsy of lacrimal sac	576	760	1056	270	7.47
68530	Removal of foreign body or dacryolith, lacrimal passages	1009	1332	1851	443	12.28
68540	Excision of lacrimal gland tumor; frontal approach	2007	2649	3680	975	27.01
68550	Excision of lacrimal gland tumor; involving osteotomy	2478	3270	4543	1204	33.35
68700	Plastic repair of canaliculi	1695	2237	3108	616	17.07
68705	Correction of everted punctum, cautery	559	738	1025	259	7.19
68720	Dacryocystorhinostomy (fistulization of lacrimal sac to nasal cavity)	2411	3182	4421	799	22.13
68745	Conjunctivorhinostomy (fistulization of conjunctiva to nasal cavity); without tube	1650	2178	3026	802	22.21
68750	Conjunctivorhinostomy (fistulization of conjunctiva to nasal cavity); with insertion of tube or stent	2631	3473	4825	836	23.17
68760	Closure of the lacrimal punctum; by thermocauterization, ligation, or laser surgery	381	503	699	219	6.07
68761	Closure of the lacrimal punctum; by plug, each	264	349	484	152	4.20
68770	Closure of lacrimal fistula (separate procedure)	1320	1742	2419	641	17.76
68801	Dilation of lacrimal punctum, with or without irrigation	226	298	414	94	2.60
68810	Probing of nasolacrimal duct, with or without irrigation;	408	539	748	163	4.51

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CPT	DESCRIPTION	UCR 50TH	UCR 75TH	UCR 90TH	MFS 2020	MFS RVU
68811	Probing of nasolacrimal duct, with or without irrigation; requiring general anesthesia	586	773	1074	138	3.82
68815	Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent	1199	1583	2199	398	11.04
68816	Probing of nasolacrimal duct, with or without irrigation; with transluminal balloon catheter dilation	1602	2114	2937	803	22.26
68840	Probing of lacrimal canaliculi, with or without irrigation	322	425	591	134	3.70
68850	Injection of contrast medium for dacryocystography	175	230	320	65	1.80
68899	Unlisted procedure, lacrimal system	0	0	0	0	0.00

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
AUDITORY SYSTEM						
EXTERNAL EAR						
69000	Drainage external ear, abscess or hematoma; simple	442	593	825	193	5.34
69005	Drainage external ear, abscess or hematoma; complicated	588	789	1097	223	6.18
69020	Drainage external auditory canal, abscess	407	546	759	236	6.55
69090	Ear piercing	53	71	99	0	0.00
69100	Biopsy external ear	171	229	319	101	2.79
69105	Biopsy external auditory canal	355	477	663	144	4.00
69110	Excision external ear; partial, simple repair	992	1331	1851	475	13.16
69120	Excision external ear; complete amputation	899	1205	1677	403	11.16
69140	Excision exostosis(es), external auditory canal	2681	3596	5001	898	24.87
69145	Excision soft tissue lesion, external auditory canal	990	1328	1846	409	11.34
69150	Radical excision external auditory canal lesion; without neck dissection	2356	3160	4395	1056	29.25
69155	Radical excision external auditory canal lesion; with neck dissection	3758	5039	7009	1684	46.65
69200	Removal foreign body from external auditory canal; without general anesthesia	257	344	479	83	2.31
69205	Removal foreign body from external auditory canal; with general anesthesia	322	432	601	100	2.77
69209	Removal impacted cerumen using irrigation/lavage, unilateral	38	51	71	14	0.40
69210	Removal impacted cerumen requiring instrumentation, unilateral	102	137	190	49	1.36
69220	Debridement, mastoidectomy cavity, simple (eg, routine cleaning)	258	345	481	81	2.25
69222	Debridement, mastoidectomy cavity, complex (eg, with anesthesia or more than routine cleaning)	481	645	898	217	6.02
69300	Otoplasty, protruding ear, with or without size reduction	2270	3045	4235	637	17.65

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
69310	Reconstruction of external auditory canal (meatoplasty) (eg, for stenosis due to injury, infection) (separate procedure)	2651	3554	4944	1118	30.99
69320	Reconstruction external auditory canal for congenital atresia, single stage	5651	7578	10541	1569	43.47
69399	Unlisted procedure, external ear	0	0	0	0	0.00

MIDDLE EAR

69420	Myringotomy including aspiration and/or eustachian tube inflation	406	648	1224	192	5.31
69421	Myringotomy including aspiration and/or eustachian tube inflation requiring general anesthesia	503	803	1517	152	4.21
69424	Ventilating tube removal requiring general anesthesia	310	494	933	131	3.62
69433	Tympanostomy (requiring insertion of ventilating tube), local or topical anesthesia	457	730	1379	203	5.62
69436	Tympanostomy (requiring insertion of ventilating tube), general anesthesia	678	1081	2043	162	4.48
69440	Middle ear exploration through postauricular or ear canal incision	2152	3433	6487	704	19.51
69450	Tympanolysis, transcanal	1265	2018	3814	557	15.43
69501	Transmastoid antrotomy (simple mastoidectomy)	2593	4136	7816	736	20.39
69502	Mastoidectomy; complete	2928	4672	8828	978	27.11
69505	Mastoidectomy; modified radical	4351	6942	13118	1235	34.22
69511	Mastoidectomy; radical	4458	7112	13440	1265	35.06
69530	Petrous apicectomy including radical mastoidectomy	5203	8301	15685	1697	47.02
69535	Resection temporal bone, external approach	9008	14372	27157	2723	75.45
69540	Excision aural polyp	425	677	1280	210	5.83
69550	Excision aural glomus tumor; transcanal	3760	5999	11335	1067	29.57
69552	Excision aural glomus tumor; transmastoid	5676	9056	17112	1611	44.64
69554	Excision aural glomus tumor; extended (extratemporal)	9103	14523	27443	2584	71.59

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
69601	Revision mastoidectomy; resulting in complete mastoidectomy	3714	5926	11197	1054	29.21
69602	Revision mastoidectomy; resulting in modified radical mastoidectomy	3928	6267	11841	1115	30.89
69603	Revision mastoidectomy; resulting in radical mastoidectomy	4556	7269	13735	1293	35.83
69604	Revision mastoidectomy; resulting in tympanoplasty	4014	6404	12102	1139	31.57
69605	Revision mastoidectomy; with apicectomy	5640	8999	17005	1601	44.36
69610	Tympanic membrane repair, with or without site preparation of perforation for closure, with or without patch	901	1438	2717	388	10.75
69620	Myringoplasty (surgery confined to drumhead and donor area)	1984	3166	5983	724	20.05
69631	Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; without ossicular chain reconstruction	3032	4837	9141	905	25.09
69632	Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; with ossicular chain reconstruction (eg, postfenestration)	3740	5967	11275	1103	30.57
69633	Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; with ossicular chain reconstruction and synthetic prosthesis (eg, partial ossicular replacement prosthesis [PORP], total ossicular replacement prosthesis [TORP])	3598	5740	10847	1069	29.62
69635	Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); without ossicular chain reconstruction	3154	5032	9508	1266	35.09
69636	Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); with ossicular chain reconstruction	4030	6429	12149	1417	39.25
69637	Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or	3643	5813	10984	1410	39.07

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
	tympanic membrane repair); with ossicular chain reconstruction and synthetic prosthesis (eg, partial ossicular replacement prosthesis [PORP], total ossicular replacement prosthesis [TORP])					
69641	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); without ossicular chain reconstruction	3784	6037	11407	1066	29.55
69642	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with ossicular chain reconstruction	4201	6703	12666	1370	37.97
69643	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with intact or reconstructed wall, without ossicular chain reconstruction	4439	7082	13382	1252	34.69
69644	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with intact or reconstructed canal wall, with ossicular chain reconstruction	4539	7242	13684	1517	42.03
69645	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); radical or complete, without ossicular chain reconstruction	4612	7358	13903	1493	41.36
69646	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); radical or complete, with ossicular chain reconstruction	5519	8805	16638	1582	43.84
69650	Stapes mobilization	2756	4398	8310	821	22.76
69660	Stapedectomy or stapedotomy with reestablishment of ossicular continuity, with or without use of foreign material;	3072	4901	9260	948	26.27
69661	Stapedectomy or stapedotomy with reestablishment of ossicular continuity, with or without use of foreign material; with footplate drill out	3971	6335	11971	1238	34.29
69662	Revision of stapedectomy or stapedotomy	3838	6123	11570	1181	32.72
69666	Repair oval window fistula	2805	4475	8456	828	22.95
69667	Repair round window fistula	2545	4061	7673	828	22.93
69670	Mastoid obliteration (separate procedure)	3060	4882	9225	969	26.84

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
69676	Tympanic neurectomy	2996	4780	9031	850	23.56
69700	Closure postauricular fistula, mastoid (separate procedure)	2429	3875	7322	689	19.10
69710	Implantation or replacement of electromagnetic bone conduction hearing device in temporal bone	0	0	0	0	0.00
69711	Removal or repair of electromagnetic bone conduction hearing device in temporal bone	3054	4873	9208	867	24.02
69714	Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy	3171	5060	9561	1087	30.12
69715	Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy	4740	7563	14291	1345	37.28
69717	Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy	4019	6413	12117	1141	31.61
69718	Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy	4790	7642	14440	1359	37.67
69720	Decompression facial nerve, intratemporal; lateral to geniculate ganglion	4290	6845	12934	1218	33.74
69725	Decompression facial nerve, intratemporal; including medial to geniculate ganglion	6787	10829	20462	1926	53.38
69740	Suture facial nerve, intratemporal, with or without graft or decompression; lateral to geniculate ganglion	4207	6713	12684	1194	33.09
69745	Suture facial nerve, intratemporal, with or without graft or decompression; including medial to geniculate ganglion	4483	7153	13516	1273	35.26
69799	Unlisted procedure, middle ear	0	0	0	0	0.00
INNER EAR						
69801	Labyrinthotomy, with perfusion of vestibuloactive drug(s), transcanal	1208	1927	3641	218	6.05

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
69805	Endolymphatic sac operation; without shunt	3755	5991	11320	1066	29.53
69806	Endolymphatic sac operation; with shunt	3364	5368	10143	955	26.46
69905	Labyrinthectomy; transcanal	3308	5279	9974	939	26.02
69910	Labyrinthectomy; with mastoidectomy	3620	5776	10913	1027	28.47
69915	Vestibular nerve section, translabyrinthine approach	5498	8772	16575	1561	43.24
69930	Cochlear device implantation, with or without mastoidectomy	4639	7401	13984	1254	34.75
69949	Unlisted procedure, inner ear	0	0	0	0	0.00

TEMPORAL BONE, MIDDLE FOSSA APPROACH

69950	Vestibular nerve section, transcranial approach	6388	10192	19259	1813	50.24
69955	Total facial nerve decompression and/or repair (may include graft)	7143	11397	21536	2028	56.18
69960	Decompression internal auditory canal	6892	10995	20777	1956	54.20
69970	Removal of tumor, temporal bone	7737	12344	23326	2196	60.85
69979	Unlisted procedure, temporal bone, middle fossa approach	0	0	0	0	0.00
69990	Microsurgical techniques, requiring use of operating microscope (List separately in addition to code for primary procedure)	905	1444	2728	227	6.30

RADIOLOGY

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
DIAGNOSTIC RADIOLOGY (DIAGNOSTIC IMAGING)						
70010	Myelography, posterior fossa, radiological supervision and interpretation	178	223	310	62	1.72
70015	Cisternography, positive contrast, radiological supervision and interpretation	475	595	828	166	4.60
70015-26		0	0	0	61	1.69
70015-TC		0	0	0	105	2.91
70030	Radiologic examination, eye, for detection of foreign body	90	112	156	31	0.87
70030-26		34	43	59	9	0.24
70030-TC		0	0	0	23	0.63
70100	Radiologic examination, mandible; partial, less than 4 views	93	116	162	37	1.03
70100-26		35	44	62	9	0.26
70100-TC		0	0	0	28	0.77
70110	Radiologic examination, mandible; complete, minimum of 4 views	123	155	215	43	1.19
70110-26		47	59	83	13	0.36
70110-TC		0	0	0	30	0.83
70120	Radiologic examination, mastoids; less than 3 views per side	103	129	179	37	1.03
70120-26		30	37	51	9	0.26
70120-TC		0	0	0	28	0.77
70130	Radiologic examination, mastoids; complete, minimum of 3 views per side	171	215	298	61	1.68
70130-26		58	72	101	18	0.49
70130-TC		0	0	0	43	1.19
70134	Radiologic examination, internal auditory meati, complete	164	206	286	57	1.59
70134-26		0	0	0	18	0.50

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
70134-TC		0	0	0	39	1.09
70140	Radiologic examination, facial bones; less than 3 views	112	140	195	32	0.88
70140-26		38	48	66	10	0.29
70140-TC		0	0	0	21	0.59
70150	Radiologic examination, facial bones; complete, minimum of 3 views	131	164	229	47	1.29
70150-26		49	62	86	14	0.38
70150-TC		0	0	0	33	0.91
70160	Radiologic examination, nasal bones, complete, minimum of 3 views	98	123	171	37	1.02
70160-26		34	43	60	9	0.25
70160-TC		0	0	0	28	0.77
70170	Dacryocystography, nasolacrimal duct, radiological supervision and interpretation	43	54	76	0	0.00
70170-26		0	0	0	15	0.42
70170-TC		0	0	0	0	0.00
70190	Radiologic examination; optic foramina	100	126	175	39	1.08
70190-26		33	41	57	12	0.32
70190-TC		0	0	0	27	0.76
70200	Radiologic examination; orbits, complete, minimum of 4 views	135	169	235	47	1.31
70200-26		54	68	95	14	0.40
70200-TC		0	0	0	33	0.91
70210	Radiologic examination, sinuses, paranasal, less than 3 views	70	88	122	31	0.87
70210-26		30	38	52	9	0.25
70210-TC		0	0	0	22	0.62
70220	Radiologic examination, sinuses, paranasal, complete, minimum of 3 views	109	137	190	37	1.03
70220-26		47	59	82	12	0.32
70220-TC		0	0	0	26	0.71

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
70240	Radiologic examination, sella turcica	97	122	169	34	0.94
70240-26		0	0	0	10	0.28
70240-TC		0	0	0	24	0.66
70250	Radiologic examination, skull; less than 4 views	106	132	184	36	1.00
70250-26		44	56	77	10	0.29
70250-TC		0	0	0	26	0.71
70260	Radiologic examination, skull; complete, minimum of 4 views	146	184	255	45	1.24
70260-26		62	78	109	15	0.41
70260-TC		0	0	0	30	0.83
70300	Radiologic examination, teeth; single view	39	49	68	14	0.39
70300-26		25	32	44	6	0.16
70300-TC		0	0	0	8	0.23
70310	Radiologic examination, teeth; partial examination, less than full mouth	111	139	194	40	1.10
70310-26		16	20	28	8	0.22
70310-TC		0	0	0	32	0.88
70320	Radiologic examination, teeth; complete, full mouth	181	227	316	56	1.56
70320-26		28	35	48	12	0.33
70320-TC		0	0	0	44	1.23
70328	Radiologic examination, temporomandibular joint, open and closed mouth; unilateral	96	120	167	34	0.94
70328-26		37	47	65	9	0.26
70328-TC		0	0	0	25	0.68
70330	Radiologic examination, temporomandibular joint, open and closed mouth; bilateral	143	180	250	52	1.45
70330-26		45	57	79	13	0.35
70330-TC		0	0	0	40	1.10
70332	Temporomandibular joint arthrography, radiological supervision and interpretation	204	255	355	83	2.29

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
70332-26		126	158	220	28	0.77
70332-TC		0	0	0	55	1.52
70336	Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)	1487	1865	2592	309	8.56
70336-26		275	345	480	76	2.10
70336-TC		0	0	0	233	6.46
70350	Cephalogram, orthodontic	124	156	217	18	0.49
70350-26		46	57	80	9	0.26
70350-TC		0	0	0	8	0.23
70355	Orthopantomogram (eg, panoramic x-ray)	126	158	220	19	0.54
70355-26		42	52	73	11	0.30
70355-TC		0	0	0	9	0.24
70360	Radiologic examination; neck, soft tissue	96	120	167	31	0.86
70360-26		35	44	61	9	0.26
70360-TC		0	0	0	22	0.60
70370	Radiologic examination; pharynx or larynx, including fluoroscopy and/or magnification technique	199	250	348	90	2.49
70370-26		76	95	132	15	0.42
70370-TC		0	0	0	75	2.07
70371	Complex dynamic pharyngeal and speech evaluation by cine or video recording	252	315	438	109	3.03
70371-26		95	119	166	44	1.21
70371-TC		0	0	0	66	1.82
70380	Radiologic examination, salivary gland for calculus	104	131	182	36	1.01
70380-26		0	0	0	9	0.24
70380-TC		0	0	0	28	0.77
70390	Sialography, radiological supervision and interpretation	326	409	569	114	3.16
70390-26		0	0	0	19	0.54
70390-TC		0	0	0	95	2.62

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
70450	Computed tomography, head or brain; without contrast material	624	767	1044	117	3.25
70450-26		173	212	289	44	1.21
70450-TC		0	0	0	74	2.04
70460	Computed tomography, head or brain; with contrast material(s)	703	864	1177	166	4.59
70460-26		213	261	356	58	1.60
70460-TC		0	0	0	108	2.99
70470	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections	859	1056	1438	194	5.38
70470-26		242	297	405	65	1.80
70470-TC		0	0	0	129	3.58
70480	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	790	971	1323	178	4.92
70480-26		229	281	383	65	1.81
70480-TC		0	0	0	112	3.11
70481	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s)	923	1134	1545	227	6.29
70481-26		257	316	431	58	1.60
70481-TC		0	0	0	169	4.69
70482	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material, followed by contrast material(s) and further sections	1051	1292	1759	247	6.84
70482-26		261	321	437	65	1.79
70482-TC		0	0	0	182	5.05
70486	Computed tomography, maxillofacial area; without contrast material	708	870	1185	141	3.92
70486-26		205	252	343	44	1.22
70486-TC		0	0	0	97	2.70
70487	Computed tomography, maxillofacial area; with contrast material(s)	819	1007	1371	170	4.70

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
70487-26		228	280	382	58	1.60
70487-TC		0	0	0	112	3.10
70488	Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections	1030	1266	1724	207	5.73
70488-26		254	312	425	65	1.80
70488-TC		0	0	0	142	3.93
70490	Computed tomography, soft tissue neck; without contrast material	734	902	1229	167	4.63
70490-26		230	282	385	66	1.82
70490-TC		0	0	0	101	2.81
70491	Computed tomography, soft tissue neck; with contrast material(s)	848	1042	1420	206	5.70
70491-26		247	304	414	71	1.96
70491-TC		0	0	0	135	3.74
70492	Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections	1126	1384	1885	249	6.89
70492-26		304	374	509	83	2.31
70492-TC		0	0	0	165	4.58
70496	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	1311	1611	2194	272	7.53
70496-26		302	371	505	90	2.48
70496-TC		0	0	0	182	5.05
70498	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	1300	1598	2176	272	7.53
70498-26		299	367	500	90	2.48
70498-TC		0	0	0	182	5.05
70540	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	1504	1849	2517	265	7.34

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
70540-26		297	365	497	69	1.90
70540-TC		0	0	0	196	5.44
70542	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)	1601	1968	2681	315	8.72
70542-26		323	398	541	83	2.31
70542-TC		0	0	0	231	6.41
70543	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences	2363	2904	3955	396	10.96
70543-26		410	504	686	109	3.03
70543-TC		0	0	0	286	7.93
70544	Magnetic resonance angiography, head; without contrast material(s)	1465	1800	2452	249	6.90
70544-26		235	289	394	61	1.70
70544-TC		0	0	0	188	5.20
70545	Magnetic resonance angiography, head; with contrast material(s)	1510	1856	2528	260	7.21
70545-26		300	369	502	61	1.70
70545-TC		0	0	0	199	5.51
70546	Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences	2310	2839	3867	377	10.46
70546-26		352	432	589	76	2.11
70546-TC		0	0	0	301	8.35
70547	Magnetic resonance angiography, neck; without contrast material(s)	1520	1868	2544	250	6.93
70547-26		246	302	412	62	1.71
70547-TC		0	0	0	188	5.22
70548	Magnetic resonance angiography, neck; with contrast material(s)	1613	1983	2700	279	7.74
70548-26		238	292	398	77	2.13
70548-TC		0	0	0	202	5.61

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
70549	Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences	2259	2777	3782	396	10.97
70549-26		339	417	568	92	2.56
70549-TC		0	0	0	304	8.41
70551	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	1426	1752	2386	227	6.28
70551-26		288	354	482	76	2.11
70551-TC		0	0	0	150	4.17
70552	Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)	1533	1884	2565	314	8.69
70552-26		347	427	581	91	2.53
70552-TC		0	0	0	222	6.16
70553	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences	2264	2783	3790	371	10.27
70553-26		425	522	711	117	3.25
70553-TC		0	0	0	253	7.02
70554	Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration	1960	2409	3281	439	12.16
70554-26		425	522	711	108	2.99
70554-TC		0	0	0	331	9.17
70555	Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing	439	539	734	0	0.00
70555-26		0	0	0	129	3.57
70555-TC		0	0	0	0	0.00
70557	Magnetic resonance (eg, proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or residual vascular malformation); without contrast material	711	874	1190	0	0.00

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
70557-26		0	0	0	165	4.58
70557-TC		0	0	0	0	0.00
70558	Magnetic resonance (eg, proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or residual vascular malformation); with contrast material(s)	756	929	1265	0	0.00
70558-26		0	0	0	176	4.87
70558-TC		0	0	0	0	0.00
70559	Magnetic resonance (eg, proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or residual vascular malformation); without contrast material(s), followed by contrast material(s) and further sequences	922	1133	1543	0	0.00
70559-26		0	0	0	169	4.67
70559-TC		0	0	0	0	0.00
71045	Radiologic examination, chest; single view	64	78	107	26	0.72
71045-26		34	41	57	9	0.26
71045-TC		0	0	0	17	0.46
71046	Radiologic examination, chest; 2 views	94	115	157	33	0.92
71046-26		39	48	65	11	0.31
71046-TC		0	0	0	22	0.61
71047	Radiologic examination, chest; 3 views	118	144	196	42	1.16
71047-26		48	59	80	14	0.39
71047-TC		0	0	0	28	0.77
71048	Radiologic examination, chest; 4 or more views	134	164	224	45	1.26
71048-26		63	76	104	17	0.46
71048-TC		0	0	0	29	0.80
71100	Radiologic examination, ribs, unilateral; 2 views	106	129	177	36	1.00
71100-26		44	53	73	12	0.32

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
71100-TC		0	0	0	25	0.68
71101	Radiologic examination, ribs, unilateral; including posteroanterior chest, minimum of 3 views	122	148	203	42	1.15
71101-26		51	62	84	14	0.38
71101-TC		0	0	0	28	0.77
71110	Radiologic examination, ribs, bilateral; 3 views	127	154	211	44	1.21
71110-26		52	64	87	15	0.42
71110-TC		0	0	0	29	0.79
71111	Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views	155	189	259	52	1.44
71111-26		62	75	103	17	0.46
71111-TC		0	0	0	35	0.98
71120	Radiologic examination; sternum, minimum of 2 views	97	119	163	33	0.92
71120-26		38	46	63	10	0.29
71120-TC		0	0	0	23	0.63
71130	Radiologic examination; sternoclavicular joint or joints, minimum of 3 views	118	143	196	40	1.12
71130-26		41	50	68	12	0.32
71130-TC		0	0	0	29	0.80
71250	Computed tomography, thorax; without contrast material	756	921	1260	161	4.45
71250-26		207	252	345	59	1.64
71250-TC		0	0	0	101	2.81
71260	Computed tomography, thorax; with contrast material(s)	920	1121	1533	199	5.52
71260-26		232	283	387	64	1.77
71260-TC		0	0	0	135	3.75
71270	Computed tomography, thorax; without contrast material, followed by contrast material(s) and further sections	1246	1518	2076	236	6.53

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
71270-26		302	369	504	70	1.95
71270-TC		0	0	0	165	4.58
71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	1257	1532	2095	275	7.63
71275-26		320	390	533	93	2.58
71275-TC		0	0	0	182	5.05
71550	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	1602	1953	2671	308	8.53
71550-26		286	348	476	75	2.08
71550-TC		0	0	0	233	6.45
71551	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s)	1758	2143	2931	444	12.31
71551-26		389	475	649	88	2.45
71551-TC		0	0	0	356	9.86
71552	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	2430	2962	4050	497	13.76
71552-26		425	518	709	115	3.18
71552-TC		0	0	0	382	10.58
71555	Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	1977	2410	3296	390	10.81
71555-26		406	494	676	92	2.54
71555-TC		0	0	0	298	8.27
72020	Radiologic examination, spine, single view, specify level	80	101	137	25	0.68
72020-26		30	38	52	8	0.23
72020-TC		0	0	0	16	0.45
72040	Radiologic examination, spine, cervical; 2 or 3 views	91	114	156	39	1.07

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
72040-26		37	47	64	12	0.32
72040-TC		0	0	0	27	0.75
72050	Radiologic examination, spine, cervical; 4 or 5 views	165	208	282	51	1.42
72050-26		59	74	101	14	0.39
72050-TC		0	0	0	37	1.03
72052	Radiologic examination, spine, cervical; 6 or more views	196	247	336	60	1.67
72052-26		67	84	114	16	0.43
72052-TC		0	0	0	45	1.24
72070	Radiologic examination, spine; thoracic, 2 views	92	116	158	32	0.89
72070-26		38	48	65	10	0.29
72070-TC		0	0	0	22	0.60
72072	Radiologic examination, spine; thoracic, 3 views	121	152	206	39	1.08
72072-26		42	53	72	12	0.33
72072-TC		0	0	0	27	0.75
72074	Radiologic examination, spine; thoracic, minimum of 4 views	140	176	239	44	1.21
72074-26		42	53	72	13	0.35
72074-TC		0	0	0	31	0.86
72080	Radiologic examination, spine; thoracolumbar junction, minimum of 2 views	118	149	202	35	0.96
72080-26		46	58	79	11	0.31
72080-TC		0	0	0	23	0.65
72081	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view	123	155	211	42	1.17
72081-26		49	61	83	14	0.38
72081-TC		0	0	0	29	0.79
72082	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral	176	222	302	69	1.90

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
	spine if performed (eg, scoliosis evaluation); 2 or 3 views					
72082-26		55	69	94	17	0.46
72082-TC		0	0	0	52	1.44
72083	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 4 or 5 views	192	241	328	80	2.21
72083-26		59	74	101	19	0.52
72083-TC		0	0	0	61	1.69
72084	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); minimum of 6 views	175	221	300	95	2.62
72084-26		68	85	116	21	0.59
72084-TC		0	0	0	73	2.03
72100	Radiologic examination, spine, lumbosacral; 2 or 3 views	110	138	188	39	1.07
72100-26		44	56	76	12	0.32
72100-TC		0	0	0	27	0.75
72110	Radiologic examination, spine, lumbosacral; minimum of 4 views	168	212	288	49	1.36
72110-26		58	74	100	13	0.37
72110-TC		0	0	0	36	0.99
72114	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views	214	270	367	60	1.67
72114-26		69	87	118	16	0.43
72114-TC		0	0	0	45	1.24
72120	Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views	133	167	227	40	1.11
72120-26		44	56	75	12	0.32
72120-TC		0	0	0	29	0.79
72125	Computed tomography, cervical spine; without contrast material	777	977	1286	158	4.38

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
72125-26		205	257	339	51	1.42
72125-TC		0	0	0	107	2.96
72126	Computed tomography, cervical spine; with contrast material	971	1220	1605	198	5.50
72126-26		231	290	382	62	1.73
72126-TC		0	0	0	136	3.77
72127	Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections	1199	1507	1983	234	6.48
72127-26		232	291	383	65	1.80
72127-TC		0	0	0	169	4.68
72128	Computed tomography, thoracic spine; without contrast material	743	934	1230	158	4.38
72128-26		199	250	329	51	1.42
72128-TC		0	0	0	107	2.96
72129	Computed tomography, thoracic spine; with contrast material	799	1004	1321	200	5.54
72129-26		223	280	368	62	1.73
72129-TC		0	0	0	138	3.81
72130	Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections	1170	1471	1936	234	6.49
72130-26		225	283	372	65	1.80
72130-TC		0	0	0	169	4.69
72131	Computed tomography, lumbar spine; without contrast material	786	989	1301	157	4.36
72131-26		204	256	337	51	1.42
72131-TC		0	0	0	106	2.94
72132	Computed tomography, lumbar spine; with contrast material	960	1207	1588	199	5.51
72132-26		227	286	376	62	1.73
72132-TC		0	0	0	136	3.78
72133	Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections	1230	1546	2035	233	6.45

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
72133-26		230	290	381	65	1.79
72133-TC		0	0	0	168	4.66
72141	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	1484	1865	2455	221	6.11
72141-26		310	389	512	76	2.11
72141-TC		0	0	0	144	4.00
72142	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)	1605	2018	2655	320	8.88
72142-26		364	458	602	92	2.54
72142-TC		0	0	0	229	6.34
72146	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	1482	1863	2451	221	6.11
72146-26		296	372	490	76	2.11
72146-TC		0	0	0	144	4.00
72147	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)	1501	1887	2483	318	8.82
72147-26		375	472	621	91	2.53
72147-TC		0	0	0	227	6.29
72148	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	1477	1856	2443	221	6.12
72148-26		281	353	464	76	2.11
72148-TC		0	0	0	145	4.01
72149	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)	1671	2100	2764	315	8.74
72149-26		356	448	589	91	2.53
72149-TC		0	0	0	224	6.21
72156	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical	2266	2849	3748	374	10.35

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
72156-26		427	536	706	117	3.25
72156-TC		0	0	0	256	7.10
72157	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic	2214	2782	3661	374	10.37
72157-26		431	542	713	117	3.25
72157-TC		0	0	0	257	7.12
72158	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar	2274	2858	3760	373	10.33
72158-26		424	532	701	117	3.25
72158-TC		0	0	0	256	7.08
72159	Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)	1921	2414	3177	405	11.22
72159-26		346	435	572	92	2.56
72159-TC		0	0	0	313	8.66
72170	Radiologic examination, pelvis; 1 or 2 views	109	137	180	29	0.80
72170-26		39	49	64	9	0.25
72170-TC		0	0	0	20	0.55
72190	Radiologic examination, pelvis; complete, minimum of 3 views	132	166	219	41	1.14
72190-26		44	56	73	13	0.36
72190-TC		0	0	0	28	0.78
72191	Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	1043	1311	1725	274	7.59
72191-26		291	365	481	92	2.54
72191-TC		0	0	0	182	5.05
72192	Computed tomography, pelvis; without contrast material	700	880	1158	148	4.09
72192-26		192	241	317	56	1.54

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
72192-TC		0	0	0	92	2.55
72193	Computed tomography, pelvis; with contrast material(s)	814	1023	1346	241	6.69
72193-26		212	266	350	59	1.64
72193-TC		0	0	0	182	5.05
72194	Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections	1107	1391	1831	245	6.78
72194-26		253	318	418	62	1.73
72194-TC		0	0	0	182	5.05
72195	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)	1473	1852	2437	270	7.49
72195-26		270	340	447	75	2.08
72195-TC		0	0	0	195	5.41
72196	Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	1629	2048	2695	315	8.74
72196-26		333	419	551	89	2.46
72196-TC		0	0	0	227	6.28
72197	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences	2318	2913	3833	397	10.99
72197-26		393	494	650	112	3.10
72197-TC		0	0	0	285	7.89
72198	Magnetic resonance angiography, pelvis, with or without contrast material(s)	2039	2562	3372	392	10.86
72198-26		331	416	547	91	2.52
72198-TC		0	0	0	301	8.34
72200	Radiologic examination, sacroiliac joints; less than 3 views	95	120	157	32	0.90
72200-26		36	45	60	9	0.25
72200-TC		0	0	0	23	0.65
72202	Radiologic examination, sacroiliac joints; 3 or more views	106	134	176	39	1.07

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
72202-26		36	45	59	12	0.33
72202-TC		0	0	0	27	0.74
72220	Radiologic examination, sacrum and coccyx, minimum of 2 views	94	118	156	32	0.88
72220-26		35	44	58	9	0.25
72220-TC		0	0	0	23	0.63
72240	Myelography, cervical, radiological supervision and interpretation	412	518	682	113	3.14
72240-26		168	212	279	47	1.30
72240-TC		0	0	0	66	1.84
72255	Myelography, thoracic, radiological supervision and interpretation	413	519	683	115	3.19
72255-26		0	0	0	49	1.35
72255-TC		0	0	0	66	1.84
72265	Myelography, lumbosacral, radiological supervision and interpretation	410	515	677	105	2.90
72265-26		173	217	286	42	1.16
72265-TC		0	0	0	63	1.74
72270	Myelography, 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical), radiological supervision and interpretation	541	680	895	144	4.00
72270-26		257	323	425	69	1.91
72270-TC		0	0	0	75	2.09
72275	Epidurography, radiological supervision and interpretation	450	566	744	133	3.69
72275-26		226	284	373	40	1.12
72275-TC		0	0	0	93	2.57
72285	Discography, cervical or thoracic, radiological supervision and interpretation	716	901	1185	125	3.45
72285-26		199	250	329	61	1.68
72285-TC		0	0	0	64	1.77
72295	Discography, lumbar, radiological supervision and interpretation	802	1008	1326	109	3.02

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
72295-26		170	214	282	44	1.21
72295-TC		0	0	0	65	1.81
73000	Radiologic examination; clavicle, complete	90	114	160	32	0.88
73000-26		32	40	56	9	0.24
73000-TC		0	0	0	23	0.64
73010	Radiologic examination; scapula, complete	96	122	171	28	0.78
73010-26		34	43	60	9	0.26
73010-TC		0	0	0	19	0.52
73020	Radiologic examination, shoulder; 1 view	68	86	121	22	0.60
73020-26		27	34	48	8	0.22
73020-TC		0	0	0	14	0.38
73030	Radiologic examination, shoulder; complete, minimum of 2 views	98	124	174	34	0.93
73030-26		37	47	66	10	0.27
73030-TC		0	0	0	24	0.66
73040	Radiologic examination, shoulder, arthrography, radiological supervision and interpretation	322	409	574	122	3.39
73040-26		99	126	177	28	0.78
73040-TC		0	0	0	94	2.61
73050	Radiologic examination; acromioclavicular joints, bilateral, with or without weighted distraction	113	143	201	32	0.88
73050-26		38	48	68	10	0.27
73050-TC		0	0	0	22	0.61
73060	Radiologic examination; humerus, minimum of 2 views	87	111	155	32	0.88
73060-26		32	40	57	9	0.24
73060-TC		0	0	0	23	0.64
73070	Radiologic examination, elbow; 2 views	85	108	151	29	0.80
73070-26		30	38	54	9	0.24
73070-TC		0	0	0	20	0.56

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
73080	Radiologic examination, elbow; complete, minimum of 3 views	105	133	187	31	0.87
73080-26		35	45	63	9	0.25
73080-TC		0	0	0	22	0.62
73085	Radiologic examination, elbow, arthrography, radiological supervision and interpretation	296	376	528	115	3.18
73085-26		99	125	176	30	0.83
73085-TC		0	0	0	85	2.35
73090	Radiologic examination; forearm, 2 views	84	106	149	29	0.81
73090-26		31	39	55	9	0.24
73090-TC		0	0	0	21	0.57
73092	Radiologic examination; upper extremity, infant, minimum of 2 views	78	99	139	31	0.85
73092-26		28	36	50	8	0.23
73092-TC		0	0	0	22	0.62
73100	Radiologic examination, wrist; 2 views	83	106	148	33	0.92
73100-26		29	37	52	9	0.24
73100-TC		0	0	0	25	0.68
73110	Radiologic examination, wrist; complete, minimum of 3 views	111	140	197	39	1.09
73110-26		36	46	65	9	0.25
73110-TC		0	0	0	30	0.84
73115	Radiologic examination, wrist, arthrography, radiological supervision and interpretation	297	377	529	128	3.56
73115-26		93	117	165	29	0.80
73115-TC		0	0	0	100	2.76
73120	Radiologic examination, hand; 2 views	79	100	141	31	0.85
73120-26		29	37	52	9	0.24
73120-TC		0	0	0	22	0.61
73130	Radiologic examination, hand; minimum of 3 views	99	126	177	35	0.98
73130-26		34	43	61	9	0.25

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
73130-TC		0	0	0	26	0.73
73140	Radiologic examination, finger(s), minimum of 2 views	82	104	147	36	1.00
73140-26		25	31	44	7	0.20
73140-TC		0	0	0	29	0.80
73200	Computed tomography, upper extremity; without contrast material	688	873	1225	163	4.53
73200-26		181	230	323	51	1.42
73200-TC		0	0	0	112	3.11
73201	Computed tomography, upper extremity; with contrast material(s)	823	1044	1465	226	6.26
73201-26		194	247	346	59	1.64
73201-TC		0	0	0	167	4.62
73202	Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections	1152	1461	2051	245	6.78
73202-26		213	271	380	62	1.73
73202-TC		0	0	0	182	5.05
73206	Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	1090	1383	1941	274	7.59
73206-26		286	362	509	92	2.54
73206-TC		0	0	0	182	5.05
73218	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)	1402	1778	2496	302	8.38
73218-26		247	313	439	69	1.92
73218-TC		0	0	0	233	6.46
73219	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; with contrast material(s)	1544	1958	2749	396	10.98
73219-26		286	362	509	84	2.32
73219-TC		0	0	0	313	8.66

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
73220	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	2121	2690	3776	486	13.48
73220-26		356	451	633	110	3.04
73220-TC		0	0	0	377	10.44
73221	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	1396	1771	2486	233	6.47
73221-26		252	320	449	70	1.95
73221-TC		0	0	0	163	4.52
73222	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; with contrast material(s)	1713	2173	3050	371	10.29
73222-26		298	378	531	84	2.32
73222-TC		0	0	0	288	7.97
73223	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences	2172	2755	3867	459	12.72
73223-26		353	448	629	110	3.04
73223-TC		0	0	0	349	9.68
73225	Magnetic resonance angiography, upper extremity, with or without contrast material(s)	1579	2003	2812	402	11.13
73225-26		316	400	562	89	2.47
73225-TC		0	0	0	313	8.66
73501	Radiologic examination, hip, unilateral, with pelvis when performed; 1 view	77	97	135	32	0.89
73501-26		29	37	51	10	0.27
73501-TC		0	0	0	22	0.62
73502	Radiologic examination, hip, unilateral, with pelvis when performed; 2-3 views	113	142	197	46	1.27
73502-26		38	47	66	12	0.32
73502-TC		0	0	0	34	0.95

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
73503	Radiologic examination, hip, unilateral, with pelvis when performed; minimum of 4 views	143	181	251	57	1.57
73503-26		49	61	85	14	0.39
73503-TC		0	0	0	43	1.18
73521	Radiologic examination, hips, bilateral, with pelvis when performed; 2 views	106	133	185	40	1.12
73521-26		37	46	64	12	0.32
73521-TC		0	0	0	29	0.80
73522	Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views	139	175	242	53	1.46
73522-26		49	62	86	15	0.42
73522-TC		0	0	0	38	1.04
73523	Radiologic examination, hips, bilateral, with pelvis when performed; minimum of 5 views	159	200	278	60	1.66
73523-26		53	67	93	16	0.45
73523-TC		0	0	0	44	1.21
73525	Radiologic examination, hip, arthrography, radiological supervision and interpretation	308	388	539	125	3.47
73525-26		107	135	187	30	0.84
73525-TC		0	0	0	95	2.63
73551	Radiologic examination, femur; 1 view	75	95	131	30	0.82
73551-26		27	34	48	9	0.24
73551-TC		0	0	0	21	0.58
73552	Radiologic examination, femur; minimum 2 views	90	113	158	35	0.97
73552-26		31	39	54	9	0.26
73552-TC		0	0	0	26	0.71
73560	Radiologic examination, knee; 1 or 2 views	91	115	159	34	0.94
73560-26		33	41	57	9	0.24
73560-TC		0	0	0	25	0.70
73562	Radiologic examination, knee; 3 views	108	136	188	40	1.10
73562-26		35	45	62	10	0.27

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
73562-TC		0	0	0	30	0.83
73564	Radiologic examination, knee; complete, 4 or more views	127	160	222	44	1.23
73564-26		43	54	75	12	0.32
73564-TC		0	0	0	33	0.91
73565	Radiologic examination, knee; both knees, standing, anteroposterior	89	112	156	39	1.09
73565-26		31	39	54	9	0.25
73565-TC		0	0	0	30	0.84
73580	Radiologic examination, knee, arthrography, radiological supervision and interpretation	282	356	494	139	3.84
73580-26		95	120	166	30	0.82
73580-TC		0	0	0	109	3.02
73590	Radiologic examination; tibia and fibula, 2 views	83	104	145	31	0.86
73590-26		31	39	54	8	0.23
73590-TC		0	0	0	23	0.63
73592	Radiologic examination; lower extremity, infant, minimum of 2 views	87	110	152	31	0.85
73592-26		28	35	49	8	0.23
73592-TC		0	0	0	22	0.62
73600	Radiologic examination, ankle; 2 views	85	107	149	32	0.89
73600-26		31	39	54	9	0.24
73600-TC		0	0	0	23	0.65
73610	Radiologic examination, ankle; complete, minimum of 3 views	100	126	175	35	0.98
73610-26		34	43	60	9	0.25
73610-TC		0	0	0	26	0.73
73615	Radiologic examination, ankle, arthrography, radiological supervision and interpretation	214	270	375	130	3.61
73615-26		85	107	149	30	0.83
73615-TC		0	0	0	100	2.78

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
73620	Radiologic examination, foot; 2 views	65	82	114	28	0.78
73620-26		26	32	45	8	0.22
73620-TC		0	0	0	20	0.56
73630	Radiologic examination, foot; complete, minimum of 3 views	97	122	169	33	0.92
73630-26		35	44	61	9	0.24
73630-TC		0	0	0	25	0.68
73650	Radiologic examination; calcaneus, minimum of 2 views	74	94	130	29	0.79
73650-26		27	34	47	8	0.23
73650-TC		0	0	0	20	0.56
73660	Radiologic examination; toe(s), minimum of 2 views	77	97	135	29	0.79
73660-26		24	31	42	7	0.19
73660-TC		0	0	0	22	0.60
73700	Computed tomography, lower extremity; without contrast material	711	902	1116	157	4.36
73700-26		188	239	296	51	1.42
73700-TC		0	0	0	106	2.94
73701	Computed tomography, lower extremity; with contrast material(s)	838	1063	1315	197	5.45
73701-26		208	264	327	59	1.64
73701-TC		0	0	0	138	3.81
73702	Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections	1074	1364	1687	237	6.56
73702-26		229	290	359	62	1.72
73702-TC		0	0	0	175	4.84
73706	Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	1303	1655	2047	278	7.71
73706-26		304	387	478	96	2.66

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
73706-TC		0	0	0	182	5.05
73718	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)	1425	1809	2238	262	7.25
73718-26		242	307	380	69	1.91
73718-TC		0	0	0	193	5.34
73719	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s)	1463	1857	2298	310	8.58
73719-26		298	378	468	83	2.31
73719-TC		0	0	0	226	6.27
73720	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	2189	2778	3437	396	10.98
73720-26		358	454	562	109	3.03
73720-TC		0	0	0	287	7.95
73721	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	1410	1790	2215	232	6.44
73721-26		255	324	401	69	1.92
73721-TC		0	0	0	163	4.52
73722	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with contrast material(s)	1786	2266	2804	372	10.31
73722-26		316	401	496	84	2.32
73722-TC		0	0	0	288	7.99
73723	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences	2156	2736	3385	458	12.70
73723-26		361	458	566	110	3.04
73723-TC		0	0	0	349	9.66
73725	Magnetic resonance angiography, lower extremity, with or without contrast material(s)	1873	2378	2942	393	10.88
73725-26		301	382	473	92	2.55

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
73725-TC		0	0	0	301	8.33
74018	Radiologic examination, abdomen; 1 view	83	109	154	30	0.82
74018-26		34	45	64	9	0.26
74018-TC		0	0	0	20	0.56
74019	Radiologic examination, abdomen; 2 views	95	125	177	36	1.01
74019-26		42	56	79	12	0.33
74019-TC		0	0	0	25	0.68
74021	Radiologic examination, abdomen; 3 or more views	114	149	211	42	1.17
74021-26		48	64	90	14	0.38
74021-TC		0	0	0	29	0.79
74022	Radiologic examination, complete acute abdomen series, including 2 or more views of the abdomen (eg, supine, erect, decubitus), and a single view chest	142	187	265	49	1.36
74022-26		61	79	113	16	0.45
74022-TC		0	0	0	33	0.91
74150	Computed tomography, abdomen; without contrast material	727	953	1351	152	4.20
74150-26		224	294	416	61	1.69
74150-TC		0	0	0	91	2.51
74160	Computed tomography, abdomen; with contrast material(s)	954	1252	1773	248	6.86
74160-26		226	297	421	65	1.81
74160-TC		0	0	0	182	5.05
74170	Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections	1120	1470	2082	254	7.04
74170-26		267	350	496	72	1.99
74170-TC		0	0	0	182	5.05
74174	Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	1501	1969	2789	411	11.40

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
74174-26		379	497	704	112	3.10
74174-TC		0	0	0	300	8.30
74175	Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	1212	1590	2252	275	7.62
74175-26		313	410	582	93	2.57
74175-TC		0	0	0	182	5.05
74176	Computed tomography, abdomen and pelvis; without contrast material	783	1027	1455	203	5.63
74176-26		326	427	605	89	2.47
74176-TC		0	0	0	114	3.16
74177	Computed tomography, abdomen and pelvis; with contrast material(s)	1267	1663	2356	332	9.21
74177-26		345	453	641	93	2.59
74177-TC		0	0	0	239	6.62
74178	Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	1313	1723	2441	374	10.35
74178-26		397	521	737	102	2.84
74178-TC		0	0	0	271	7.51
74181	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	1409	1849	2619	229	6.34
74181-26		290	381	540	75	2.08
74181-TC		0	0	0	154	4.26
74182	Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)	1661	2179	3087	357	9.90
74182-26		321	421	596	89	2.46
74182-TC		0	0	0	269	7.44
74183	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences	2331	3059	4333	397	11.01
74183-26		401	527	746	112	3.10

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
74183-TC		0	0	0	285	7.91
74185	Magnetic resonance angiography, abdomen, with or without contrast material(s)	1766	2317	3283	394	10.91
74185-26		336	440	624	91	2.53
74185-TC		0	0	0	302	8.38
74190	Peritoneogram (eg, after injection of air or contrast), radiological supervision and interpretation	203	267	378	0	0.00
74190-26		82	108	153	24	0.66
74190-TC		0	0	0	0	0.00
74210	Radiologic examination, pharynx and/or cervical esophagus, including scout neck radiograph(s) and delayed image(s), when performed, contrast (eg, barium) study	168	215	319	96	2.66
74210-26		70	89	132	30	0.84
74210-TC		0	0	0	66	1.82
74220	Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study	258	330	488	98	2.71
74220-26		82	105	155	31	0.85
74220-TC		0	0	0	67	1.86
74221	Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; double-contrast (eg, high-density barium and effervescent agent) study	249	319	472	110	3.06
74221-26		0	0	0	36	0.99
74221-TC		0	0	0	75	2.07
74230	Radiologic examination, swallowing function, with cineradiography/videoradiography, including scout neck radiograph(s) and delayed image(s), when performed, contrast (eg, barium) study	234	299	443	131	3.64
74230-26		96	122	181	27	0.75
74230-TC		0	0	0	104	2.89
74235	Removal of foreign body(s), esophageal, with use of balloon catheter, radiological supervision and interpretation	138	176	261	0	0.00

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
74235-26		0	0	0	61	1.69
74235-TC		0	0	0	0	0.00
74240	Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study	353	452	668	122	3.39
74240-26		123	157	232	42	1.15
74240-TC		0	0	0	81	2.24
74246	Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; double-contrast (eg, high-density barium and effervescent agent) study, including glucagon, when administered	308	394	583	141	3.90
74246-26		101	130	192	46	1.28
74246-TC		0	0	0	95	2.62
74248	Radiologic small intestine follow-through study, including multiple serial images (List separately in addition to code for primary procedure for upper GI radiologic examination)	189	242	358	84	2.32
74248-26		0	0	0	36	0.99
74248-TC		0	0	0	48	1.33
74250	Radiologic examination, small intestine, including multiple serial images and scout abdominal radiograph(s), when performed; single-contrast (eg, barium) study	279	356	527	123	3.41
74250-26		86	110	163	42	1.16
74250-TC		0	0	0	81	2.25
74251	Radiologic examination, small intestine, including multiple serial images and scout abdominal radiograph(s), when performed; double-contrast (eg, high-density barium and air via enteroclysis tube) study, including glucagon, when administered	629	804	1190	408	11.31
74251-26		0	0	0	60	1.66
74251-TC		0	0	0	348	9.65
74261	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	1144	1464	2165	235	6.51

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
74261-26		373	477	706	123	3.40
74261-TC		0	0	0	112	3.11
74262	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed	1143	1463	2164	310	8.59
74262-26		439	561	830	128	3.54
74262-TC		0	0	0	182	5.05
74263	Computed tomographic (CT) colonography, screening, including image postprocessing	1381	1766	2613	763	21.15
74263-26		390	499	738	117	3.25
74263-TC		0	0	0	646	17.90
74270	Radiologic examination, colon, including scout abdominal radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study	464	593	878	157	4.34
74270-26		126	161	239	53	1.47
74270-TC		0	0	0	104	2.87
74280	Radiologic examination, colon, including scout abdominal radiograph(s) and delayed image(s), when performed; double-contrast (eg, high density barium and air) study, including glucagon, when administered	571	730	1080	225	6.24
74280-26		166	213	315	64	1.78
74280-TC		0	0	0	161	4.46
74283	Therapeutic enema, contrast or air, for reduction of intussusception or other intraluminal obstruction (eg, meconium ileus)	466	596	882	253	7.00
74283-26		350	447	662	106	2.94
74283-TC		0	0	0	147	4.06
74290	Cholecystography, oral contrast	188	241	356	83	2.31
74290-26		0	0	0	16	0.45
74290-TC		0	0	0	67	1.86
74300	Cholangiography and/or pancreatography; intraoperative, radiological supervision and interpretation	324	415	614	0	0.00

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
74300-26		62	79	117	18	0.51
74300-TC		0	0	0	0	0.00
74301	Cholangiography and/or pancreatography; additional set intraoperative, radiological supervision and interpretation (List separately in addition to code for primary procedure)	34	43	63	0	0.00
74301-26		0	0	0	11	0.30
74301-TC		0	0	0	0	0.00
74328	Endoscopic catheterization of the biliary ductal system, radiological supervision and interpretation	578	739	1093	0	0.00
74328-26		124	158	234	36	1.01
74328-TC		0	0	0	0	0.00
74329	Endoscopic catheterization of the pancreatic ductal system, radiological supervision and interpretation	152	195	288	0	0.00
74329-26		144	184	273	36	1.01
74329-TC		0	0	0	0	0.00
74330	Combined endoscopic catheterization of the biliary and pancreatic ductal systems, radiological supervision and interpretation	443	566	838	0	0.00
74330-26		149	190	281	47	1.30
74330-TC		0	0	0	0	0.00
74340	Introduction of long gastrointestinal tube (eg, Miller-Abbott), including multiple fluoroscopies and images, radiological supervision and interpretation	381	487	721	0	0.00
74340-26		95	121	179	28	0.77
74340-TC		0	0	0	0	0.00
74355	Percutaneous placement of enteroclysis tube, radiological supervision and interpretation	101	130	192	0	0.00
74355-26		0	0	0	39	1.09
74355-TC		0	0	0	0	0.00
74360	Intraluminal dilation of strictures and/or obstructions (eg, esophagus), radiological supervision and interpretation	345	442	654	0	0.00

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
74360-26		124	158	234	29	0.80
74360-TC		0	0	0	0	0.00
74363	Percutaneous transhepatic dilation of biliary duct stricture with or without placement of stent, radiological supervision and interpretation	125	160	237	0	0.00
74363-26		0	0	0	45	1.24
74363-TC		0	0	0	0	0.00
74400	Urography (pyelography), intravenous, with or without KUB, with or without tomography	303	517	1125	130	3.60
74400-26		91	156	338	25	0.69
74400-TC		0	0	0	105	2.91
74410	Urography, infusion, drip technique and/or bolus technique;	212	362	787	132	3.66
74410-26		105	180	391	25	0.68
74410-TC		0	0	0	108	2.98
74415	Urography, infusion, drip technique and/or bolus technique; with nephrotomography	317	542	1179	154	4.28
74415-26		46	78	169	25	0.69
74415-TC		0	0	0	130	3.59
74420	Urography, retrograde, with or without KUB	450	769	1672	75	2.08
74420-26		70	119	259	26	0.72
74420-TC		0	0	0	49	1.36
74425	Urography, antegrade (pyelostogram, nephrostogram, loopogram), radiological supervision and interpretation	201	343	746	132	3.66
74425-26		80	136	295	26	0.71
74425-TC		0	0	0	106	2.95
74430	Cystography, minimum of 3 views, radiological supervision and interpretation	165	282	614	41	1.13
74430-26		61	104	226	16	0.45
74430-TC		0	0	0	25	0.68
74440	Vasography, vesiculography, or epididymography, radiological supervision and interpretation	268	457	994	93	2.59

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
74440-26		0	0	0	19	0.52
74440-TC		0	0	0	75	2.07
74445	Corpora cavernosography, radiological supervision and interpretation	164	281	610	0	0.00
74445-26		0	0	0	56	1.56
74445-TC		0	0	0	0	0.00
74450	Urethrocytography, retrograde, radiological supervision and interpretation	279	477	1037	0	0.00
74450-26		67	114	248	17	0.46
74450-TC		0	0	0	0	0.00
74455	Urethrocytography, voiding, radiological supervision and interpretation	299	510	1109	99	2.74
74455-26		71	120	262	17	0.46
74455-TC		0	0	0	82	2.28
74470	Radiologic examination, renal cyst study, translumbar, contrast visualization, radiological supervision and interpretation	78	134	291	0	0.00
74470-26		0	0	0	27	0.75
74470-TC		0	0	0	0	0.00
74485	Dilation of ureter(s) or urethra, radiological supervision and interpretation	288	491	1068	115	3.19
74485-26		84	144	312	41	1.14
74485-TC		0	0	0	74	2.05
74710	Pelvimetry, with or without placental localization	116	198	430	40	1.12
74710-26		0	0	0	18	0.49
74710-TC		0	0	0	23	0.63
74712	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation	1501	2564	5574	386	10.69
74712-26		624	1067	2319	153	4.24
74712-TC		0	0	0	233	6.45

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
74713	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; each additional gestation (List separately in addition to code for primary procedure)	754	1288	2801	233	6.46
74713-26		0	0	0	95	2.63
74713-TC		0	0	0	138	3.83
74740	Hysterosalpingography, radiological supervision and interpretation	228	390	848	92	2.54
74740-26		92	158	343	19	0.54
74740-TC		0	0	0	72	2.00
74742	Transcervical catheterization of fallopian tube, radiological supervision and interpretation	412	704	1531	0	0.00
74742-26		112	192	418	31	0.87
74742-TC		0	0	0	0	0.00
74775	Perineogram (eg, vaginogram, for sex determination or extent of anomalies)	93	159	346	0	0.00
74775-26		0	0	0	32	0.88
74775-TC		0	0	0	0	0.00
75557	Cardiac magnetic resonance imaging for morphology and function without contrast material;	1566	2195	3434	325	9.01
75557-26		449	629	984	118	3.28
75557-TC		0	0	0	207	5.73
75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging	1280	1794	2806	451	12.51
75559-26		412	578	904	145	4.03
75559-TC		0	0	0	306	8.48
75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;	2203	3088	4829	427	11.82
75561-26		409	573	896	130	3.61
75561-TC		0	0	0	296	8.21

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging	2164	3033	4744	505	14.00
75563-26		475	665	1040	150	4.17
75563-TC		0	0	0	355	9.83
75565	Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	588	823	1288	53	1.48
75565-26		49	69	108	13	0.35
75565-TC		0	0	0	41	1.13
75571	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	201	281	439	106	2.95
75571-26		90	126	196	30	0.82
75571-TC		0	0	0	77	2.13
75572	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)	738	1034	1617	253	7.01
75572-26		247	347	542	89	2.46
75572-TC		0	0	0	164	4.55
75573	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of LV cardiac function, RV structure and function and evaluation of venous structures, if performed)	1223	1713	2680	312	8.64
75573-26		432	605	947	130	3.59
75573-TC		0	0	0	182	5.05
75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	1126	1578	2468	303	8.40

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
75574-26		356	499	781	121	3.35
75574-TC		0	0	0	182	5.05
75600	Aortography, thoracic, without serialography, radiological supervision and interpretation	432	606	948	204	5.65
75600-26		209	293	459	26	0.71
75600-TC		0	0	0	178	4.94
75605	Aortography, thoracic, by serialography, radiological supervision and interpretation	387	542	848	132	3.67
75605-26		182	255	399	56	1.56
75605-TC		0	0	0	76	2.11
75625	Aortography, abdominal, by serialography, radiological supervision and interpretation	606	849	1329	141	3.92
75625-26		162	227	355	72	1.99
75625-TC		0	0	0	70	1.93
75630	Aortography, abdominal plus bilateral iliofemoral lower extremity, catheter, by serialography, radiological supervision and interpretation	625	876	1371	174	4.81
75630-26		233	326	510	100	2.77
75630-TC		0	0	0	74	2.04
75635	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	1312	1839	2877	303	8.40
75635-26		375	525	821	121	3.35
75635-TC		0	0	0	182	5.05
75705	Angiography, spinal, selective, radiological supervision and interpretation	803	1126	1761	256	7.09
75705-26		400	561	878	119	3.31
75705-TC		0	0	0	136	3.78
75710	Angiography, extremity, unilateral, radiological supervision and interpretation	653	915	1432	167	4.63
75710-26		184	258	403	88	2.45

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
75710-TC		0	0	0	79	2.18
75716	Angiography, extremity, bilateral, radiological supervision and interpretation	812	1138	1780	178	4.94
75716-26		196	275	430	98	2.71
75716-TC		0	0	0	80	2.23
75726	Angiography, visceral, selective or supraseductive (with or without flush aortogram), radiological supervision and interpretation	665	932	1457	188	5.20
75726-26		195	273	427	100	2.78
75726-TC		0	0	0	87	2.42
75731	Angiography, adrenal, unilateral, selective, radiological supervision and interpretation	585	820	1283	166	4.60
75731-26		0	0	0	58	1.62
75731-TC		0	0	0	108	2.98
75733	Angiography, adrenal, bilateral, selective, radiological supervision and interpretation	632	886	1386	179	4.97
75733-26		0	0	0	65	1.81
75733-TC		0	0	0	114	3.16
75736	Angiography, pelvic, selective or supraseductive, radiological supervision and interpretation	651	913	1427	153	4.25
75736-26		198	277	433	56	1.54
75736-TC		0	0	0	98	2.71
75741	Angiography, pulmonary, unilateral, selective, radiological supervision and interpretation	519	727	1137	145	4.03
75741-26		260	364	570	65	1.79
75741-TC		0	0	0	81	2.24
75743	Angiography, pulmonary, bilateral, selective, radiological supervision and interpretation	601	842	1317	164	4.55
75743-26		267	374	584	82	2.28
75743-TC		0	0	0	82	2.27
75746	Angiography, pulmonary, by nonselective catheter or venous injection, radiological supervision and interpretation	504	706	1104	147	4.07

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
75746-26		194	272	426	57	1.57
75746-TC		0	0	0	90	2.50
75756	Angiography, internal mammary, radiological supervision and interpretation	270	379	592	167	4.62
75756-26		188	264	413	57	1.59
75756-TC		0	0	0	109	3.03
75774	Angiography, selective, each additional vessel studied after basic examination, radiological supervision and interpretation (List separately in addition to code for primary procedure)	318	446	697	110	3.04
75774-26		67	94	147	50	1.38
75774-TC		0	0	0	60	1.66
75801	Lymphangiography, extremity only, unilateral, radiological supervision and interpretation	157	241	355	0	0.00
75801-26		0	0	0	44	1.23
75801-TC		0	0	0	0	0.00
75803	Lymphangiography, extremity only, bilateral, radiological supervision and interpretation	212	325	480	0	0.00
75803-26		0	0	0	60	1.66
75803-TC		0	0	0	0	0.00
75805	Lymphangiography, pelvic/abdominal, unilateral, radiological supervision and interpretation	148	227	335	0	0.00
75805-26		0	0	0	42	1.16
75805-TC		0	0	0	0	0.00
75807	Lymphangiography, pelvic/abdominal, bilateral, radiological supervision and interpretation	220	336	496	0	0.00
75807-26		0	0	0	57	1.58
75807-TC		0	0	0	0	0.00
75809	Shuntogram for investigation of previously placed indwelling nonvascular shunt (eg, LeVeen shunt, ventriculoperitoneal shunt, indwelling infusion pump), radiological supervision and interpretation	372	569	841	93	2.57

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
75809-26		91	140	206	24	0.67
75809-TC		0	0	0	69	1.90
75810	Splenoportography, radiological supervision and interpretation	277	424	626	0	0.00
75810-26		0	0	0	51	1.41
75810-TC		0	0	0	0	0.00
75820	Venography, extremity, unilateral, radiological supervision and interpretation	410	627	926	110	3.04
75820-26		119	182	268	35	0.98
75820-TC		0	0	0	74	2.06
75822	Venography, extremity, bilateral, radiological supervision and interpretation	316	484	715	128	3.56
75822-26		114	175	258	53	1.47
75822-TC		0	0	0	75	2.09
75825	Venography, caval, inferior, with serialography, radiological supervision and interpretation	531	812	1200	128	3.55
75825-26		197	301	445	57	1.57
75825-TC		0	0	0	71	1.98
75827	Venography, caval, superior, with serialography, radiological supervision and interpretation	520	796	1176	133	3.69
75827-26		213	325	480	57	1.58
75827-TC		0	0	0	76	2.11
75831	Venography, renal, unilateral, selective, radiological supervision and interpretation	327	500	739	134	3.70
75831-26		188	287	424	56	1.54
75831-TC		0	0	0	78	2.16
75833	Venography, renal, bilateral, selective, radiological supervision and interpretation	615	941	1389	161	4.45
75833-26		248	380	561	74	2.06
75833-TC		0	0	0	86	2.39

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
75840	Venography, adrenal, unilateral, selective, radiological supervision and interpretation	508	777	1147	143	3.97
75840-26		0	0	0	58	1.62
75840-TC		0	0	0	85	2.35
75842	Venography, adrenal, bilateral, selective, radiological supervision and interpretation	619	947	1399	175	4.84
75842-26		0	0	0	77	2.13
75842-TC		0	0	0	98	2.71
75860	Venography, venous sinus (eg, petrosal and inferior sagittal) or jugular, catheter, radiological supervision and interpretation	435	665	982	140	3.89
75860-26		171	262	387	57	1.59
75860-TC		0	0	0	83	2.30
75870	Venography, superior sagittal sinus, radiological supervision and interpretation	585	895	1322	187	5.17
75870-26		195	299	441	65	1.81
75870-TC		0	0	0	121	3.36
75872	Venography, epidural, radiological supervision and interpretation	513	784	1158	143	3.97
75872-26		0	0	0	58	1.62
75872-TC		0	0	0	85	2.35
75880	Venography, orbital, radiological supervision and interpretation	427	654	965	121	3.34
75880-26		0	0	0	36	0.99
75880-TC		0	0	0	85	2.35
75885	Percutaneous transhepatic portography with hemodynamic evaluation, radiological supervision and interpretation	582	891	1316	152	4.21
75885-26		267	408	603	70	1.93
75885-TC		0	0	0	82	2.28
75887	Percutaneous transhepatic portography without hemodynamic evaluation, radiological supervision and interpretation	533	815	1204	153	4.24
75887-26		245	375	554	70	1.95

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
75887-TC		0	0	0	83	2.29
75889	Hepatic venography, wedged or free, with hemodynamic evaluation, radiological supervision and interpretation	1564	2393	3534	138	3.81
75889-26		217	333	491	55	1.53
75889-TC		0	0	0	82	2.28
75891	Hepatic venography, wedged or free, without hemodynamic evaluation, radiological supervision and interpretation	741	1134	1675	140	3.87
75891-26		113	173	255	56	1.56
75891-TC		0	0	0	83	2.31
75893	Venous sampling through catheter, with or without angiography (eg, for parathyroid hormone, renin), radiological supervision and interpretation	204	312	461	117	3.25
75893-26		107	164	242	28	0.77
75893-TC		0	0	0	90	2.48
75894	Transcatheter therapy, embolization, any method, radiological supervision and interpretation	269	362	581	0	0.00
75894-26		0	0	0	74	2.04
75894-TC		0	0	0	0	0.00
75898	Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion, other than for thrombolysis	626	844	1353	0	0.00
75898-26		310	417	669	92	2.56
75898-TC		0	0	0	0	0.00
75901	Mechanical removal of pericatheter obstructive material (eg, fibrin sheath) from central venous device via separate venous access, radiologic supervision and interpretation	482	649	1041	222	6.15
75901-26		65	87	139	24	0.67
75901-TC		0	0	0	198	5.48
75902	Mechanical removal of intraluminal (intracatheter) obstructive material from central venous device through device lumen, radiologic supervision and interpretation	196	264	423	87	2.40

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
75902-26		56	75	121	19	0.54
75902-TC		0	0	0	67	1.86
75956	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin, radiological supervision and interpretation	1173	1580	2533	0	0.00
75956-26		0	0	0	354	9.80
75956-TC		0	0	0	0	0.00
75957	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); not involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin, radiological supervision and interpretation	940	1266	2030	0	0.00
75957-26		0	0	0	303	8.39
75957-TC		0	0	0	0	0.00
75958	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption), radiological supervision and interpretation	569	767	1230	0	0.00
75958-26		0	0	0	201	5.56
75958-TC		0	0	0	0	0.00
75959	Placement of distal extension prosthesis(s) (delayed) after endovascular repair of descending thoracic aorta, as needed, to level of celiac origin, radiological supervision and interpretation	518	698	1119	0	0.00
75959-26		0	0	0	176	4.89
75959-TC		0	0	0	0	0.00
75970	Transcatheter biopsy, radiological supervision and interpretation	1888	2544	4079	0	0.00

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
75970-26		161	217	348	41	1.13
75970-TC		0	0	0	0	0.00
75984	Change of percutaneous tube or drainage catheter with contrast monitoring (eg, genitourinary system, abscess), radiological supervision and interpretation	319	430	689	101	2.79
75984-26		136	184	294	36	0.99
75984-TC		0	0	0	65	1.80
75989	Radiological guidance (ie, fluoroscopy, ultrasound, or computed tomography), for percutaneous drainage (eg, abscess, specimen collection), with placement of catheter, radiological supervision and interpretation	302	407	652	124	3.43
75989-26		219	294	472	60	1.66
75989-TC		0	0	0	64	1.77
76000	Fluoroscopy (separate procedure), up to 1 hour physician or other qualified health care professional time	249	366	618	43	1.18
76000-26		81	119	201	16	0.44
76000-TC		0	0	0	27	0.74
76010	Radiologic examination from nose to rectum for foreign body, single view, child	95	139	235	29	0.81
76010-26		39	57	96	9	0.26
76010-TC		0	0	0	20	0.55
76080	Radiologic examination, abscess, fistula or sinus tract study, radiological supervision and interpretation	190	280	472	60	1.67
76080-26		97	143	241	27	0.74
76080-TC		0	0	0	34	0.93
76098	Radiological examination, surgical specimen	86	126	213	44	1.21
76098-26		33	49	82	16	0.45
76098-TC		0	0	0	27	0.76
76100	Radiologic examination, single plane body section (eg, tomography), other than with urography	184	271	457	99	2.75

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
76100-26		99	146	247	32	0.88
76100-TC		0	0	0	67	1.87
76101	Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; unilateral	423	623	1051	100	2.77
76101-26		0	0	0	28	0.78
76101-TC		0	0	0	72	1.99
76102	Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; bilateral	473	696	1175	179	4.96
76102-26		99	146	246	32	0.89
76102-TC		0	0	0	147	4.07
76120	Cineradiography/videoradiography, except where specifically included	429	631	1065	110	3.06
76120-26		214	315	532	19	0.54
76120-TC		0	0	0	91	2.52
76125	Cineradiography/videoradiography to complement routine examination (List separately in addition to code for primary procedure)	147	217	366	0	0.00
76125-26		43	64	107	14	0.38
76125-TC		0	0	0	0	0.00
76140	Consultation on X-ray examination made elsewhere, written report	99	146	246	0	0.00
76376	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; not requiring image postprocessing on an independent workstation	299	440	742	23	0.65
76376-26		44	64	108	10	0.28
76376-TC		0	0	0	13	0.37
76377	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under	373	548	925	73	2.03

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
	concurrent supervision; requiring image postprocessing on an independent workstation					
76377-26		140	206	348	41	1.13
76377-TC		0	0	0	32	0.90
76380	Computed tomography, limited or localized follow-up study	429	632	1066	147	4.07
76380-26		175	257	435	49	1.37
76380-TC		0	0	0	97	2.70
76390	Magnetic resonance spectroscopy	1845	2714	4580	432	11.98
76390-26		282	415	700	72	2.00
76390-TC		0	0	0	360	9.98
76391	Magnetic resonance (eg, vibration) elastography	788	1159	1957	236	6.54
76391-26		302	444	750	57	1.58
76391-TC		0	0	0	179	4.96
76496	Unlisted fluoroscopic procedure (eg, diagnostic, interventional)	0	0	0	0	0.00
76496-26		0	0	0	0	0.00
76496-TC		0	0	0	0	0.00
76497	Unlisted computed tomography procedure (eg, diagnostic, interventional)	0	0	0	0	0.00
76497-26		0	0	0	0	0.00
76497-TC		0	0	0	0	0.00
76498	Unlisted magnetic resonance procedure (eg, diagnostic, interventional)	0	0	0	0	0.00
76498-26		0	0	0	0	0.00
76498-TC		0	0	0	0	0.00
76499	Unlisted diagnostic radiographic procedure	0	0	0	0	0.00
76499-26		0	0	0	0	0.00
76499-TC		0	0	0	0	0.00

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
76506		315	424	617	117	3.26
76506	Echoencephalography, real time with image documentation (gray scale) (for determination of ventricular size, delineation of cerebral contents, and detection of fluid masses or other intracranial abnormalities), including A-mode encephalography as secondary component where indicated	306	411	610	117	3.25
76506-26		128	172	255	33	0.91
76506-TC		0	0	0	84	2.34
76510	Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter	402	540	802	92	2.56
76510-26		183	247	366	48	1.34
76510-TC		0	0	0	44	1.22
76511	Ophthalmic ultrasound, diagnostic; quantitative A-scan only	171	229	340	63	1.75
76511-26		99	134	198	37	1.02
76511-TC		0	0	0	26	0.73
76512	Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan)	200	269	400	54	1.49
76512-26		111	149	221	32	0.89
76512-TC		0	0	0	22	0.60
76513	Ophthalmic ultrasound, diagnostic; anterior segment ultrasound, immersion (water bath) B-scan or high resolution biomicroscopy	191	257	381	101	2.81
76513-26		151	203	301	37	1.02
76513-TC		0	0	0	65	1.79
76514	Ophthalmic ultrasound, diagnostic; corneal pachymetry, unilateral or bilateral (determination of corneal thickness)	42	57	84	12	0.34
76514-26		22	30	44	8	0.23
76514-TC		0	0	0	4	0.11

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
76516	Ophthalmic biometry by ultrasound echography, A-scan;	181	243	360	49	1.36
76516-26		124	166	247	23	0.65
76516-TC		0	0	0	26	0.71
76519	Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation	182	244	362	68	1.88
76519-26		108	146	216	32	0.88
76519-TC		0	0	0	36	1.00
76529	Ophthalmic ultrasonic foreign body localization	256	344	511	85	2.35
76529-26		0	0	0	34	0.93
76529-TC		0	0	0	51	1.42
76536	Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation	296	397	590	118	3.27
76536-26		104	139	207	29	0.80
76536-TC		0	0	0	89	2.47
76604	Ultrasound, chest (includes mediastinum), real time with image documentation	253	317	419	80	2.23
76604-26		110	139	183	30	0.82
76604-TC		0	0	0	51	1.41
76641	Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete	301	377	498	109	3.02
76641-26		125	157	207	37	1.03
76641-TC		0	0	0	72	1.99
76642	Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; limited	267	335	442	89	2.47
76642-26		115	144	190	35	0.96
76642-TC		0	0	0	54	1.51
76700	Ultrasound, abdominal, real time with image documentation; complete	369	463	611	125	3.47

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
76700-26		149	187	246	42	1.16
76700-TC		0	0	0	83	2.31
76705	Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up)	275	345	455	93	2.57
76705-26		111	139	183	30	0.83
76705-TC		0	0	0	63	1.74
76706	Ultrasound, abdominal aorta, real time with image documentation, screening study for abdominal aortic aneurysm (AAA)	276	346	457	116	3.21
76706-26		96	120	159	28	0.78
76706-TC		0	0	0	88	2.43
76770	Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; complete	341	428	565	115	3.19
76770-26		135	169	223	38	1.04
76770-TC		0	0	0	78	2.15
76775	Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; limited	263	330	435	60	1.66
76775-26		107	135	178	30	0.82
76775-TC		0	0	0	30	0.84
76776	Ultrasound, transplanted kidney, real time and duplex Doppler with image documentation	396	497	656	159	4.41
76776-26		131	165	217	39	1.09
76776-TC		0	0	0	120	3.32
76800	Ultrasound, spinal canal and contents	434	603	921	146	4.04
76800-26		209	290	443	60	1.66
76800-TC		0	0	0	86	2.38
76801	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; single or first gestation	375	521	796	125	3.45
76801-26		168	234	357	51	1.41

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
76801-TC		0	0	0	74	2.04
76802	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)	215	299	457	64	1.78
76802-26		133	184	281	42	1.17
76802-TC		0	0	0	22	0.61
76805	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; single or first gestation	358	498	760	143	3.95
76805-26		151	210	320	51	1.41
76805-TC		0	0	0	92	2.54
76810	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)	306	426	650	93	2.59
76810-26		172	239	365	51	1.40
76810-TC		0	0	0	43	1.19
76811	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; single or first gestation	613	853	1302	181	5.01
76811-26		312	434	663	97	2.68
76811-TC		0	0	0	84	2.33
76812	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)	614	854	1303	202	5.61
76812-26		283	394	602	91	2.51
76812-TC		0	0	0	112	3.10

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
76813	Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; single or first gestation	376	522	797	123	3.42
76813-26		196	272	415	60	1.67
76813-TC		0	0	0	63	1.75
76814	Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; each additional gestation (List separately in addition to code for primary procedure)	264	367	560	80	2.22
76814-26		159	221	337	51	1.40
76814-TC		0	0	0	30	0.82
76815	Ultrasound, pregnant uterus, real time with image documentation, limited (eg, fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid volume), 1 or more fetuses	275	383	584	86	2.37
76815-26		123	171	261	33	0.92
76815-TC		0	0	0	52	1.45
76816	Ultrasound, pregnant uterus, real time with image documentation, follow-up (eg, re-evaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ system(s) suspected or confirmed to be abnormal on a previous scan), transabdominal approach, per fetus	316	439	671	115	3.19
76816-26		137	191	292	43	1.20
76816-TC		0	0	0	72	1.99
76817	Ultrasound, pregnant uterus, real time with image documentation, transvaginal	315	438	669	97	2.70
76817-26		136	189	288	38	1.06
76817-TC		0	0	0	59	1.64
76818	Fetal biophysical profile; with non-stress testing	372	517	789	120	3.33
76818-26		183	254	388	53	1.48
76818-TC		0	0	0	67	1.85

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
76819	Fetal biophysical profile; without non-stress testing	304	423	645	88	2.45
76819-26		130	181	277	39	1.09
76819-TC		0	0	0	49	1.36
76820	Doppler velocimetry, fetal; umbilical artery	229	319	487	48	1.32
76820-26		91	127	193	26	0.71
76820-TC		0	0	0	22	0.61
76821	Doppler velocimetry, fetal; middle cerebral artery	304	422	645	92	2.55
76821-26		135	187	286	35	0.98
76821-TC		0	0	0	57	1.57
76825	Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording;	709	986	1505	278	7.71
76825-26		284	394	602	84	2.33
76825-TC		0	0	0	194	5.38
76826	Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording; follow-up or repeat study	322	448	683	165	4.58
76826-26		138	191	292	42	1.16
76826-TC		0	0	0	123	3.42
76827	Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; complete	331	460	703	75	2.07
76827-26		136	189	289	29	0.81
76827-TC		0	0	0	45	1.26
76828	Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; follow-up or repeat study	157	219	334	53	1.47
76828-26		79	110	167	29	0.79
76828-TC		0	0	0	25	0.68
76830	Ultrasound, transvaginal	303	421	643	125	3.47
76830-26		118	164	251	35	0.98

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
76830-TC		0	0	0	90	2.49
76831	Saline infusion sonohysterography (SIS), including color flow Doppler, when performed	294	409	624	121	3.36
76831-26		139	193	294	37	1.02
76831-TC		0	0	0	84	2.34
76856	Ultrasound, pelvic (nonobstetric), real time with image documentation; complete	333	463	707	112	3.09
76856-26		130	180	275	35	0.97
76856-TC		0	0	0	77	2.12
76857	Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)	204	284	433	49	1.37
76857-26		81	113	173	25	0.70
76857-TC		0	0	0	24	0.67
76870	Ultrasound, scrotum and contents	308	425	617	107	2.96
76870-26		123	170	246	32	0.90
76870-TC		0	0	0	74	2.06
76872	Ultrasound, transrectal;	315	435	631	160	4.43
76872-26		169	233	338	34	0.95
76872-TC		0	0	0	126	3.48
76873	Ultrasound, transrectal; prostate volume study for brachytherapy therapy planning (separate procedure)	416	574	833	179	4.96
76873-26		284	392	569	80	2.22
76873-TC		0	0	0	99	2.74
76881	Ultrasound, complete joint (ie, joint space and peri-articular soft-tissue structures), real-time with image documentation	276	381	553	79	2.19
76881-26		106	147	213	32	0.89
76881-TC		0	0	0	47	1.30
76882	Ultrasound, limited, joint or other nonvascular extremity structure(s) (eg, joint space, peri-articular tendon[s], muscle[s], nerve[s], other soft-tissue structure[s], or soft-tissue mass[es]), real-time with image documentation	115	158	229	58	1.61

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
76882-26		71	97	141	25	0.69
76882-TC		0	0	0	33	0.92
76885	Ultrasound, infant hips, real time with imaging documentation; dynamic (requiring physician or other qualified health care professional manipulation)	416	574	833	146	4.05
76885-26		142	196	284	38	1.05
76885-TC		0	0	0	108	3.00
76886	Ultrasound, infant hips, real time with imaging documentation; limited, static (not requiring physician or other qualified health care professional manipulation)	327	452	656	107	2.97
76886-26		125	172	250	32	0.88
76886-TC		0	0	0	75	2.09
76932	Ultrasonic guidance for endomyocardial biopsy, imaging supervision and interpretation	118	157	215	0	0.00
76932-26		0	0	0	35	0.98
76932-TC		0	0	0	0	0.00
76936	Ultrasound guided compression repair of arterial pseudoaneurysm or arteriovenous fistulae (includes diagnostic ultrasound evaluation, compression of lesion and imaging)	486	645	880	275	7.62
76936-26		311	413	565	100	2.77
76936-TC		0	0	0	175	4.85
76937	Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting (List separately in addition to code for primary procedure)	111	147	201	37	1.03
76937-26		63	84	114	15	0.41
76937-TC		0	0	0	22	0.62
76940	Ultrasound guidance for, and monitoring of, parenchymal tissue ablation	590	783	1070	0	0.00
76940-26		349	464	634	106	2.93

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
76940-TC		0	0	0	0	0.00
76941	Ultrasonic guidance for intrauterine fetal transfusion or cordocentesis, imaging supervision and interpretation	237	314	429	0	0.00
76941-26		0	0	0	69	1.90
76941-TC		0	0	0	0	0.00
76942	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation	291	386	528	58	1.62
76942-26		145	193	263	32	0.90
76942-TC		0	0	0	26	0.72
76945	Ultrasonic guidance for chorionic villus sampling, imaging supervision and interpretation	364	483	660	0	0.00
76945-26		154	205	280	34	0.94
76945-TC		0	0	0	0	0.00
76946	Ultrasonic guidance for amniocentesis, imaging supervision and interpretation	249	330	451	33	0.91
76946-26		115	152	208	19	0.53
76946-TC		0	0	0	14	0.38
76948	Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation	272	361	494	78	2.15
76948-26		214	284	388	34	0.94
76948-TC		0	0	0	44	1.21
76965	Ultrasonic guidance for interstitial radioelement application	526	699	954	95	2.64
76965-26		262	348	475	70	1.93
76965-TC		0	0	0	26	0.71
76970	Ultrasound study follow-up (specify)	194	258	352	91	2.51
76970-26		79	104	142	20	0.55
76970-TC		0	0	0	71	1.96
76975	Gastrointestinal endoscopic ultrasound, supervision and interpretation	159	210	288	0	0.00

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
76975-26		0	0	0	43	1.18
76975-TC		0	0	0	0	0.00
76977	Ultrasound bone density measurement and interpretation, peripheral site(s), any method	39	52	70	7	0.20
76977-26		18	24	33	3	0.08
76977-TC		0	0	0	4	0.12
76978	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); initial lesion	980	1300	1776	332	9.21
76978-26		916	1217	1662	83	2.29
76978-TC		0	0	0	250	6.92
76979	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); each additional lesion with separate injection (List separately in addition to code for primary procedure)	693	919	1256	226	6.26
76979-26		0	0	0	44	1.22
76979-TC		0	0	0	182	5.04
76981	Ultrasound, elastography; parenchyma (eg, organ)	321	426	582	110	3.04
76981-26		101	134	182	30	0.84
76981-TC		0	0	0	79	2.20
76982	Ultrasound, elastography; first target lesion	137	182	249	98	2.71
76982-26		72	96	131	30	0.84
76982-TC		0	0	0	67	1.87
76983	Ultrasound, elastography; each additional target lesion (List separately in addition to code for primary procedure)	185	245	335	60	1.67
76983-26		0	0	0	26	0.71
76983-TC		0	0	0	35	0.96
76998	Ultrasonic guidance, intraoperative	368	488	667	0	0.00
76998-26		201	266	364	65	1.80
76998-TC		0	0	0	0	0.00

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
76999	Unlisted ultrasound procedure (eg, diagnostic, interventional)	0	0	0	0	0.00
76999-26		0	0	0	0	0.00
76999-TC		0	0	0	0	0.00

RADIOLOGIC GUIDANCE

77001	Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular access and catheter manipulation, any necessary contrast injections through access site or catheter with related venography radiologic supervision and interpretation, and radiographic documentation of final catheter position) (List separately in addition to code for primary procedure)	293	389	532	98	2.71
77001-26		66	87	119	19	0.53
77001-TC		0	0	0	79	2.18
77002	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)	238	317	432	110	3.05
77002-26		87	115	158	29	0.79
77002-TC		0	0	0	82	2.26
77003	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid) (List separately in addition to code for primary procedure)	217	288	394	103	2.85
77003-26		92	122	166	31	0.85
77003-TC		0	0	0	72	2.00
77011	Computed tomography guidance for stereotactic localization	824	1094	1495	237	6.57
77011-26		281	374	510	65	1.81
77011-TC		0	0	0	172	4.76
77012	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation	583	774	1057	154	4.26

MEDICAL FEES 2020

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
77012-26		209	277	378	76	2.10
77012-TC		0	0	0	78	2.16
77013	Computed tomography guidance for, and monitoring of, parenchymal tissue ablation	641	851	1162	0	0.00
77013-26		0	0	0	196	5.42
77013-TC		0	0	0	0	0.00
77014	Computed tomography guidance for placement of radiation therapy fields	482	640	874	125	3.45
77014-26		125	166	226	46	1.28
77014-TC		0	0	0	78	2.17
77021	Magnetic resonance imaging guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation	923	1225	1673	473	13.10
77021-26		184	244	334	75	2.07
77021-TC		0	0	0	398	11.03
77022	Magnetic resonance imaging guidance for, and monitoring of, parenchymal tissue ablation	677	899	1228	0	0.00
77022-26		0	0	0	221	6.12
77022-TC		0	0	0	0	0.00
BREAST, MAMMOGRAPHY						
77046	Magnetic resonance imaging, breast, without contrast material; unilateral	763	1013	1384	249	6.90
77046-26		0	0	0	74	2.06
77046-TC		0	0	0	175	4.84
77047	Magnetic resonance imaging, breast, without contrast material; bilateral	949	1260	1722	256	7.08
77047-26		229	304	415	82	2.27
77047-TC		0	0	0	174	4.81
77048	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	1392	1848	2525	394	10.93

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
77048-26		364	483	659	107	2.97
77048-TC		0	0	0	287	7.96
77049	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral	1536	2039	2785	404	11.19
77049-26		360	478	652	118	3.26
77049-TC		0	0	0	286	7.93
77053	Mammary ductogram or galactogram, single duct, radiological supervision and interpretation	280	371	507	58	1.60
77053-26		59	79	108	18	0.51
77053-TC		0	0	0	39	1.09
77054	Mammary ductogram or galactogram, multiple ducts, radiological supervision and interpretation	229	304	415	75	2.07
77054-26		0	0	0	23	0.64
77054-TC		0	0	0	52	1.43
77061	Diagnostic digital breast tomosynthesis; unilateral	175	232	317	0	0.00
77061-26		87	116	159	0	0.00
77061-TC		0	0	0	0	0.00
77062	Diagnostic digital breast tomosynthesis; bilateral	161	214	292	0	0.00
77062-26		82	108	148	0	0.00
77062-TC		0	0	0	0	0.00
77063	Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure)	163	217	296	56	1.55
77063-26		98	130	178	31	0.85
77063-TC		0	0	0	25	0.70
77065	Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral	352	467	638	136	3.78

MEDICAL FEES 2020

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
77065-26		126	168	229	42	1.16
77065-TC		0	0	0	95	2.62
77066	Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral	387	514	702	172	4.76
77066-26		139	185	252	51	1.42
77066-TC		0	0	0	121	3.34
77067	Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed	377	501	684	139	3.86
77067-26		124	165	225	39	1.09
77067-TC		0	0	0	100	2.77

BONE/JOINT STUDIES

77071	Manual application of stress performed by physician or other qualified health care professional for joint radiography, including contralateral joint if indicated	124	164	224	54	1.50
77072	Bone age studies	90	119	163	26	0.71
77072-26		36	48	66	10	0.27
77072-TC		0	0	0	16	0.44
77073	Bone length studies (orthoroentgenogram, scanogram)	120	159	218	45	1.24
77073-26		57	75	103	14	0.39
77073-TC		0	0	0	31	0.85
77074	Radiologic examination, osseous survey; limited (eg, for metastases)	188	249	341	64	1.78
77074-26		87	116	158	23	0.63
77074-TC		0	0	0	42	1.15
77075	Radiologic examination, osseous survey; complete (axial and appendicular skeleton)	289	384	525	97	2.68
77075-26		97	129	176	29	0.79
77075-TC		0	0	0	68	1.89
77076	Radiologic examination, osseous survey, infant	228	302	413	105	2.90

CPT	DESCRIPTION	UCR 50TH	UCR 75TH	UCR 90TH	MFS 2020	MFS RVU
77076-26		102	136	185	36	0.99
77076-TC		0	0	0	69	1.91
77077	Joint survey, single view, 2 or more joints (specify)	114	152	208	47	1.29
77077-26		65	86	118	18	0.49
77077-TC		0	0	0	29	0.80
77078	Computed tomography, bone mineral density study, 1 or more sites, axial skeleton (eg, hips, pelvis, spine)	331	440	601	116	3.22
77078-26		50	66	91	13	0.35
77078-TC		0	0	0	104	2.87
77080	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)	242	321	438	40	1.11
77080-26		46	61	84	10	0.28
77080-TC		0	0	0	30	0.83
77081	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)	92	122	166	33	0.91
77081-26		43	57	78	10	0.29
77081-TC		0	0	0	22	0.62
77084	Magnetic resonance (eg, proton) imaging, bone marrow blood supply	1456	1933	2641	377	10.46
77084-26		177	236	322	82	2.28
77084-TC		0	0	0	295	8.18
77085	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine), including vertebral fracture assessment	165	219	300	54	1.50
77085-26		50	66	90	15	0.42
77085-TC		0	0	0	39	1.08
77086	Vertebral fracture assessment via dual-energy X-ray absorptiometry (DXA)	102	135	185	35	0.97
77086-26		54	71	97	9	0.24

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
77086-TC		0	0	0	26	0.73
RADIATION ONCOLOGY						
77261	Therapeutic radiology therapy planning; simple	237	347	503	74	2.04
77262	Therapeutic radiology therapy planning; intermediate	327	477	692	112	3.09
77263	Therapeutic radiology therapy planning; complex	572	836	1212	174	4.83
77280	Therapeutic radiology simulation-aided field setting; simple	673	983	1426	283	7.85
77280-26		125	182	264	39	1.07
77280-TC		0	0	0	245	6.78
77285	Therapeutic radiology simulation-aided field setting; intermediate	822	1202	1743	475	13.15
77285-26		224	328	476	60	1.65
77285-TC		0	0	0	415	11.50
77290	Therapeutic radiology simulation-aided field setting; complex	1316	1923	2789	508	14.08
77290-26		269	393	569	85	2.36
77290-TC		0	0	0	423	11.72
77293	Respiratory motion management simulation (List separately in addition to code for primary procedure)	1340	1959	2840	461	12.77
77293-26		332	485	703	109	3.03
77293-TC		0	0	0	352	9.74
77295	3-dimensional radiotherapy plan, including dose-volume histograms	3066	4482	6499	498	13.80
77295-26		738	1079	1564	232	6.44
77295-TC		0	0	0	266	7.36
77299	Unlisted procedure, therapeutic radiology clinical therapy planning	0	0	0	0	0.00
77299-26		0	0	0	0	0.00
77299-TC		0	0	0	0	0.00

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
77300	Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of therapy, only when prescribed by the treating physician	344	428	583	68	1.88
77300-26		137	171	233	34	0.93
77300-TC		0	0	0	34	0.95
77301	Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications	6085	7566	10312	1949	54.01
77301-26		1264	1572	2142	433	11.99
77301-TC		0	0	0	1516	42.02
77306	Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)	555	690	940	153	4.23
77306-26		244	303	414	76	2.11
77306-TC		0	0	0	77	2.12
77307	Teletherapy isodose plan; complex (multiple therapy areas, tangential ports, the use of wedges, blocking, rotational beam, or special beam considerations), includes basic dosimetry calculation(s)	964	1198	1633	296	8.20
77307-26		426	530	723	157	4.36
77307-TC		0	0	0	139	3.84
77316	Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)	690	859	1170	223	6.17
77316-26		225	280	381	76	2.11
77316-TC		0	0	0	147	4.06
77317	Brachytherapy isodose plan; intermediate (calculation[s] made from 5 to 10 sources, or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)	905	1125	1534	292	8.09

MEDICAL FEES 2020

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
77317-26		293	365	497	100	2.77
77317-TC		0	0	0	192	5.32
77318	Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)	1027	1277	1740	418	11.57
77318-26		395	491	670	157	4.35
77318-TC		0	0	0	261	7.22
77321	Special teletherapy port plan, particles, hemibody, total body	596	742	1011	97	2.68
77321-26		176	218	298	52	1.45
77321-TC		0	0	0	44	1.23
77331	Special dosimetry (eg, TLD, microdosimetry) (specify), only when prescribed by the treating physician	226	281	383	66	1.84
77331-26		141	175	239	47	1.31
77331-TC		0	0	0	19	0.53
77332	Therapy devices, design and construction; simple (simple block, simple bolus)	261	325	442	48	1.34
77332-26		88	109	148	25	0.68
77332-TC		0	0	0	24	0.66
77333	Therapy devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus)	307	382	520	123	3.41
77333-26		154	192	261	41	1.13
77333-TC		0	0	0	82	2.28
77334	Therapy devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts)	573	712	971	130	3.61
77334-26		210	261	356	63	1.74
77334-TC		0	0	0	67	1.87
77336	Continuing medical physics consultation, including assessment of therapy parameters, quality assurance of dose delivery, and review of patient therapy documentation in support of	279	347	473	81	2.25

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
	the radiation oncologist, reported per week of therapy					
77338	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan	1636	2035	2773	497	13.78
77338-26		736	916	1248	232	6.44
77338-TC		0	0	0	265	7.34
77370	Special medical radiation physics consultation	376	467	637	127	3.51
77371	Radiation therapy delivery, stereotactic radiosurgery (SRS), complete course of therapy cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based	7180	8928	12168	0	0.00
77372	Radiation therapy delivery, stereotactic radiosurgery (SRS), complete course of therapy cranial lesion(s) consisting of 1 session; linear accelerator based	3737	4647	6333	1069	29.63
77373	Stereotactic body radiation therapy, therapy delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	5184	6446	8785	1231	34.10
77385	Intensity modulated radiation therapy delivery (IMRT), includes guidance and tracking, when performed; simple	1851	2302	3138	0	0.00
77386	Intensity modulated radiation therapy delivery (IMRT), includes guidance and tracking, when performed; complex	2582	3211	4376	0	0.00
77387	Guidance for localization of target volume for delivery of radiation therapy, includes intrafraction tracking, when performed	365	453	618	0	0.00
77399	Unlisted procedure, medical radiation physics, dosimetry and Therapy devices, and special services	0	0	0	0	0.00
77399-26		0	0	0	0	0.00
77399-TC		0	0	0	0	0.00
77401	Radiation therapy delivery, superficial and/or ortho voltage, per day	41	58	66	25	0.69
77402	Radiation therapy delivery, ≥ 1 MeV; simple	405	581	659	0	0.00
77407	Radiation therapy delivery, ≥ 1 MeV; intermediate	517	741	841	0	0.00

MEDICAL FEES 2020

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
77412	Radiation therapy delivery, >=1 MeV; complex	554	795	901	0	0.00
77417	Therapeutic radiology port image(s)	82	118	134	12	0.32
77423	High energy neutron radiation therapy delivery, 1 or more isocenter(s) with coplanar or non-coplanar geometry with blocking and/or wedge, and/or compensator(s)	0	0	0	0	0.00
77424	Intraoperative radiation therapy delivery, x-ray, single therapy session	0	0	0	0	0.00
77425	Intraoperative radiation therapy delivery, electrons, single therapy session	0	0	0	0	0.00
77427	Radiation therapy management, 5 therapys	645	978	1107	196	5.44
77431	Radiation therapy management with complete course of therapy consisting of 1 or 2 fractions only	333	504	570	109	3.02
77432	Stereotactic radiation therapy management of cranial lesion(s) (complete course of therapy consisting of 1 session)	1463	2218	2509	439	12.16
77435	Stereotactic body radiation therapy, therapy management, per therapy course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	2233	3384	3827	663	18.36
77469	Intraoperative radiation therapy management	974	1477	1670	328	9.10
77470	Special therapy procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)	1351	2047	2315	137	3.79
77470-26		370	560	634	111	3.07
77470-TC		0	0	0	26	0.72
77499	Unlisted procedure, therapeutic radiology therapy management	0	0	0	0	0.00
77499-26		0	0	0	0	0.00
77499-TC		0	0	0	0	0.00
77520	Proton therapy delivery; simple, without compensation	3415	5176	5854	0	0.00
77522	Proton therapy delivery; simple, with compensation	5781	8763	9911	0	0.00
77523	Proton therapy delivery; intermediate	4453	6749	7634	0	0.00
77525	Proton therapy delivery; complex	4858	7363	8328	0	0.00

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
77600	Hyperthermia, externally generated; superficial (ie, heating to a depth of 4 cm or less)	492	745	843	475	13.17
77600-26		76	115	130	73	2.03
77600-TC		0	0	0	402	11.14
77605	Hyperthermia, externally generated; deep (ie, heating to depths greater than 4 cm)	2211	3351	3790	866	24.00
77605-26		426	645	730	106	2.94
77605-TC		0	0	0	760	21.06
77610	Hyperthermia generated by interstitial probe(s); 5 or fewer interstitial applicators	2316	3510	3970	696	19.29
77610-26		0	0	0	71	1.97
77610-TC		0	0	0	625	17.32
77615	Hyperthermia generated by interstitial probe(s); more than 5 interstitial applicators	3623	5491	6211	1089	30.18
77615-26		0	0	0	100	2.78
77615-TC		0	0	0	989	27.40
77620	Hyperthermia generated by intracavitary probe(s)	1925	2918	3300	625	17.31
77620-26		271	411	465	88	2.44
77620-TC		0	0	0	537	14.87
77750	Infusion or instillation of radioelement solution (includes 3-month follow-up care)	1119	1280	2070	393	10.90
77750-26		808	925	1495	271	7.50
77750-TC		0	0	0	123	3.40
77761	Intracavitary radiation source application; simple	1445	1653	2673	413	11.44
77761-26		0	0	0	209	5.78
77761-TC		0	0	0	204	5.66
77762	Intracavitary radiation source application; intermediate	1915	2191	3542	547	15.16
77762-26		0	0	0	313	8.67
77762-TC		0	0	0	234	6.49

MEDICAL FEES 2020

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
77763	Intracavitary radiation source application; complex	2704	3092	4999	772	21.40
77763-26		0	0	0	470	13.02
77763-TC		0	0	0	302	8.38
77767	Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel	833	953	1541	245	6.78
77767-26		223	256	413	57	1.59
77767-TC		0	0	0	187	5.19
77768	Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions	408	467	755	367	10.16
77768-26		248	284	459	76	2.11
77768-TC		0	0	0	291	8.05
77770	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel	1252	1433	2316	343	9.51
77770-26		351	401	648	106	2.94
77770-TC		0	0	0	237	6.57
77771	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels	2443	2794	4517	612	16.97
77771-26		713	815	1318	206	5.70
77771-TC		0	0	0	407	11.27
77772	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels	3795	4341	7018	922	25.56
77772-26		854	977	1579	291	8.06
77772-TC		0	0	0	632	17.50
77778	Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source, when performed	2855	3266	5280	886	24.56

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
77778-26		1997	2285	3693	475	13.15
77778-TC		0	0	0	412	11.41
77789	Surface application of low dose rate radionuclide source	184	210	340	131	3.63
77789-26		115	132	213	63	1.74
77789-TC		0	0	0	68	1.89
77790	Supervision, handling, loading of radiation source	227	260	420	16	0.43
77799	Unlisted procedure, clinical brachytherapy	0	0	0	0	0.00
77799-26		0	0	0	0	0.00
77799-TC		0	0	0	0	0.00

NUCLEAR MEDICINE

78012	Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)	309	395	545	84	2.33
78012-26		36	46	63	10	0.27
78012-TC		0	0	0	74	2.06
78013	Thyroid imaging (including vascular flow, when performed);	458	586	808	198	5.49
78013-26		55	70	96	18	0.51
78013-TC		0	0	0	180	4.98
78014	Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)	689	883	1217	248	6.86
78014-26		86	110	152	25	0.69
78014-TC		0	0	0	223	6.17
78015	Thyroid carcinoma metastases imaging; limited area (eg, neck and chest only)	418	536	739	232	6.43
78015-26		91	116	160	34	0.94
78015-TC		0	0	0	198	5.49
78016	Thyroid carcinoma metastases imaging; with additional studies (eg, urinary recovery)	775	992	1368	292	8.08

MEDICAL FEES 2020

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
78016-26		0	0	0	35	0.97
78016-TC		0	0	0	257	7.11
78018	Thyroid carcinoma metastases imaging; whole body	734	939	1295	323	8.96
78018-26		166	213	294	42	1.17
78018-TC		0	0	0	281	7.79
78020	Thyroid carcinoma metastases uptake (List separately in addition to code for primary procedure)	205	263	362	86	2.37
78020-26		102	131	181	29	0.79
78020-TC		0	0	0	57	1.58
78070	Parathyroid planar imaging (including subtraction, when performed);	573	734	1011	306	8.48
78070-26		138	176	243	40	1.10
78070-TC		0	0	0	266	7.38
78071	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)	980	1255	1730	365	10.12
78071-26		196	251	346	60	1.66
78071-TC		0	0	0	305	8.46
78072	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization	1563	2002	2759	461	12.76
78072-26		271	347	479	79	2.18
78072-TC		0	0	0	382	10.58
78075	Adrenal imaging, cortex and/or medulla	1229	1574	2170	463	12.82
78075-26		0	0	0	38	1.05
78075-TC		0	0	0	425	11.77
78099	Unlisted endocrine procedure, diagnostic nuclear medicine	0	0	0	0	0.00
78099-26		0	0	0	0	0.00
78099-TC		0	0	0	0	0.00
78102	Bone marrow imaging; limited area	286	384	535	176	4.87

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
78102-26		106	142	198	27	0.75
78102-TC		0	0	0	149	4.12
78103	Bone marrow imaging; multiple areas	494	663	925	224	6.20
78103-26		0	0	0	36	0.99
78103-TC		0	0	0	188	5.21
78104	Bone marrow imaging; whole body	802	1078	1503	258	7.14
78104-26		730	981	1368	40	1.10
78104-TC		0	0	0	218	6.04
78110	Plasma volume, radiopharmaceutical volume-dilution technique (separate procedure); single sampling	172	231	322	72	1.99
78110-26		0	0	0	8	0.23
78110-TC		0	0	0	64	1.76
78111	Plasma volume, radiopharmaceutical volume-dilution technique (separate procedure); multiple samplings	168	226	315	76	2.11
78111-26		0	0	0	10	0.27
78111-TC		0	0	0	66	1.84
78120	Red cell volume determination (separate procedure); single sampling	162	218	304	74	2.04
78120-26		0	0	0	10	0.28
78120-TC		0	0	0	64	1.76
78121	Red cell volume determination (separate procedure); multiple samplings	179	241	335	80	2.23
78121-26		0	0	0	14	0.39
78121-TC		0	0	0	66	1.84
78122	Whole blood volume determination, including separate measurement of plasma volume and red cell volume (radiopharmaceutical volume-dilution technique)	392	527	735	99	2.75
78122-26		86	115	160	22	0.60
78122-TC		0	0	0	78	2.15
78130	Red cell survival study;	288	387	540	130	3.59
78130-26		0	0	0	26	0.73

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
78130-TC		0	0	0	103	2.86
78135	Red cell survival study; differential organ/tissue kinetics (eg, splenic and/or hepatic sequestration)	637	856	1194	289	8.00
78135-26		0	0	0	27	0.76
78135-TC		0	0	0	261	7.24
78140	Labeled red cell sequestration, differential organ/tissue (eg, splenic and/or hepatic)	254	341	476	115	3.19
78140-26		0	0	0	26	0.73
78140-TC		0	0	0	89	2.46
78185	Spleen imaging only, with or without vascular flow	389	522	728	176	4.88
78185-26		0	0	0	17	0.48
78185-TC		0	0	0	159	4.40
78191	Platelet survival study	288	387	540	130	3.59
78191-26		0	0	0	26	0.73
78191-TC		0	0	0	103	2.86
78195	Lymphatics and lymph nodes imaging	849	1141	1591	366	10.15
78195-26		212	285	398	60	1.65
78195-TC		0	0	0	307	8.50
78199	Unlisted hematopoietic, reticuloendothelial and lymphatic procedure, diagnostic nuclear medicine	0	0	0	0	0.00
78199-26		0	0	0	0	0.00
78199-TC		0	0	0	0	0.00
78201	Liver imaging; static only	583	723	1035	197	5.46
78201-26		76	95	135	22	0.60
78201-TC		0	0	0	175	4.86
78202	Liver imaging; with vascular flow	805	998	1428	212	5.88
78202-26		0	0	0	25	0.68
78202-TC		0	0	0	188	5.20
78215	Liver and spleen imaging; static only	449	557	797	202	5.59

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
78215-26		121	150	215	25	0.68
78215-TC		0	0	0	177	4.91
78216	Liver and spleen imaging; with vascular flow	527	654	936	133	3.69
78216-26		182	225	323	28	0.77
78216-TC		0	0	0	105	2.92
78226	Hepatobiliary system imaging, including gallbladder when present;	884	1096	1569	339	9.38
78226-26		126	156	223	37	1.03
78226-TC		0	0	0	301	8.35
78227	Hepatobiliary system imaging, including gallbladder when present; with pharmacologic intervention, including quantitative measurement(s) when performed	1020	1264	1810	457	12.67
78227-26		149	185	264	46	1.27
78227-TC		0	0	0	411	11.40
78230	Salivary gland imaging;	421	522	747	180	4.99
78230-26		0	0	0	23	0.64
78230-TC		0	0	0	157	4.35
78231	Salivary gland imaging; with serial images	255	316	452	109	3.02
78231-26		0	0	0	22	0.62
78231-TC		0	0	0	87	2.40
78232	Salivary gland function study	250	309	443	107	2.96
78232-26		0	0	0	20	0.56
78232-TC		0	0	0	87	2.40
78258	Esophageal motility	553	685	981	223	6.19
78258-26		0	0	0	36	0.99
78258-TC		0	0	0	188	5.20
78261	Gastric mucosa imaging	493	611	874	211	5.84
78261-26		0	0	0	30	0.82
78261-TC		0	0	0	181	5.02
78262	Gastroesophageal reflux study	702	870	1245	248	6.86

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
78262-26		178	221	316	34	0.95
78262-TC		0	0	0	213	5.91
78264	Gastric emptying imaging study (eg, solid, liquid, or both);	769	954	1365	344	9.52
78264-26		145	180	258	40	1.10
78264-TC		0	0	0	304	8.42
78265	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel transit	1218	1510	2160	406	11.26
78265-26		174	216	309	49	1.37
78265-TC		0	0	0	357	9.89
78266	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel and colon transit, multiple days	1296	1607	2299	444	12.31
78266-26		180	223	319	51	1.40
78266-TC		0	0	0	394	10.91
78267	Urea breath test, C-14 (isotopic); acquisition for analysis	34	43	61	0	0.00
78268	Urea breath test, C-14 (isotopic); analysis	163	202	290	0	0.00
78278	Acute gastrointestinal blood loss imaging	641	795	1138	360	9.97
78278-26		182	226	323	50	1.39
78278-TC		0	0	0	310	8.58
78282	Gastrointestinal protein loss	39	48	69	0	0.00
78282-26		0	0	0	17	0.46
78282-TC		0	0	0	0	0.00
78290	Intestine imaging (eg, ectopic gastric mucosa, Meckel's localization, volvulus)	556	689	987	341	9.44
78290-26		125	156	223	34	0.94
78290-TC		0	0	0	307	8.50
78291	Peritoneal-venous shunt patency test (eg, for LeVeen, Denver shunt)	616	763	1092	263	7.30
78291-26		0	0	0	44	1.22
78291-TC		0	0	0	219	6.08

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
78299	Unlisted gastrointestinal procedure, diagnostic nuclear medicine	0	0	0	0	0.00
78299-26		0	0	0	0	0.00
78299-TC		0	0	0	0	0.00
78300	Bone and/or joint imaging; limited area	443	535	715	237	6.56
78300-26		109	131	175	32	0.88
78300-TC		0	0	0	205	5.68
78305	Bone and/or joint imaging; multiple areas	537	648	865	287	7.95
78305-26		146	176	235	42	1.17
78305-TC		0	0	0	245	6.78
78306	Bone and/or joint imaging; whole body	664	802	1071	311	8.62
78306-26		162	196	262	44	1.21
78306-TC		0	0	0	267	7.41
78315	Bone and/or joint imaging; 3 phase study	848	1023	1367	358	9.91
78315-26		186	224	299	52	1.43
78315-TC		0	0	0	306	8.48
78350	Bone density (bone mineral content) study, 1 or more sites; single photon absorptiometry	71	86	115	33	0.91
78350-26		0	0	0	11	0.31
78350-TC		0	0	0	22	0.60
78351	Bone density (bone mineral content) study, 1 or more sites; dual photon absorptiometry, 1 or more sites	50	60	81	16	0.44
78399	Unlisted musculoskeletal procedure, diagnostic nuclear medicine	0	0	0	0	0.00
78399-26		0	0	0	0	0.00
78399-TC		0	0	0	0	0.00
78414	Determination of central c-v hemodynamics (non-imaging) (eg, ejection fraction with probe technique) with or without pharmacologic intervention or exercise, single or multiple determinations	68	91	132	0	0.00
78414-26		0	0	0	22	0.62
78414-TC		0	0	0	0	0.00

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
78428	Cardiac shunt detection	446	596	860	191	5.30
78428-26		153	205	296	39	1.07
78428-TC		0	0	0	153	4.23
78429	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	217	290	418	0	0.00
78429-26		0	0	0	86	2.37
78429-TC		0	0	0	0	0.00
78430	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	206	275	397	0	0.00
78430-26		0	0	0	81	2.25
78430-TC		0	0	0	0	0.00
78431	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	240	320	463	0	0.00
78431-26		0	0	0	95	2.62
78431-TC		0	0	0	0	0.00
78432	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability);	255	341	493	0	0.00
78432-26		0	0	0	101	2.79
78432-TC		0	0	0	0	0.00
78433	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); with concurrently	279	373	538	0	0.00

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
	acquired computed tomography transmission scan					
78433-26		0	0	0	110	3.05
78433-TC		0	0	0	0	0.00
78434	Absolute quantitation of myocardial blood flow (AQMBF), positron emission tomography (PET), rest and pharmacologic stress (List separately in addition to code for primary procedure)	81	108	155	0	0.00
78434-26		0	0	0	32	0.88
78434-TC		0	0	0	0	0.00
78445	Non-cardiac vascular flow imaging (ie, angiography, venography)	796	1065	1536	202	5.60
78445-26		102	137	198	26	0.72
78445-TC		0	0	0	176	4.88
78451	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	769	1028	1483	348	9.63
78451-26		215	287	414	69	1.90
78451-TC		0	0	0	279	7.73
78452	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	1223	1635	2360	485	13.43
78452-26		253	338	487	81	2.24
78452-TC		0	0	0	404	11.19
78453	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	428	571	825	313	8.66
78453-26		164	219	317	51	1.41

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
78453-TC		0	0	0	262	7.25
78454	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	763	1020	1472	448	12.42
78454-26		255	341	492	68	1.89
78454-TC		0	0	0	380	10.53
78456	Acute venous thrombosis imaging, peptide	807	1079	1557	318	8.82
78456-26		0	0	0	49	1.37
78456-TC		0	0	0	269	7.45
78457	Venous thrombosis imaging, venogram; unilateral	465	622	897	181	5.02
78457-26		0	0	0	38	1.06
78457-TC		0	0	0	143	3.96
78458	Venous thrombosis imaging, venogram; bilateral	538	719	1038	212	5.88
78458-26		0	0	0	47	1.29
78458-TC		0	0	0	166	4.59
78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study;	3723	4976	7182	0	0.00
78459-26		327	438	632	78	2.15
78459-TC		0	0	0	0	0.00
78466	Myocardial imaging, infarct avid, planar; qualitative or quantitative	478	638	921	206	5.72
78466-26		242	323	466	36	1.00
78466-TC		0	0	0	170	4.72
78468	Myocardial imaging, infarct avid, planar; with ejection fraction by first pass technique	331	442	638	199	5.51
78468-26		166	222	320	40	1.10
78468-TC		0	0	0	159	4.41

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
78469	Myocardial imaging, infarct avid, planar; tomographic SPECT with or without quantification	763	1020	1472	231	6.39
78469-26		189	252	364	46	1.28
78469-TC		0	0	0	184	5.11
78472	Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	588	786	1135	235	6.51
78472-26		159	213	307	49	1.37
78472-TC		0	0	0	186	5.14
78473	Cardiac blood pool imaging, gated equilibrium; multiple studies, wall motion study plus ejection fraction, at rest and stress (exercise and/or pharmacologic), with or without additional quantification	946	1265	1825	298	8.26
78473-26		219	293	422	73	2.01
78473-TC		0	0	0	226	6.25
78481	Cardiac blood pool imaging (planar), first pass technique; single study, at rest or with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification	261	349	503	182	5.03
78481-26		160	213	308	49	1.37
78481-TC		0	0	0	132	3.66
78483	Cardiac blood pool imaging (planar), first pass technique; multiple studies, at rest and with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification	2408	3219	4645	249	6.89
78483-26		458	612	883	73	2.03
78483-TC		0	0	0	175	4.86
78491	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic)	332	444	641	0	0.00
78491-26		0	0	0	75	2.09
78491-TC		0	0	0	0	0.00

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
78492	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic)	2735	3656	5277	0	0.00
78492-26		249	333	481	89	2.46
78492-TC		0	0	0	0	0.00
78494	Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction, with or without quantitative processing	524	701	1012	233	6.47
78494-26		493	658	950	60	1.65
78494-TC		0	0	0	174	4.82
78496	Cardiac blood pool imaging, gated equilibrium, single study, at rest, with right ventricular ejection fraction by first pass technique (List separately in addition to code for primary procedure)	377	504	728	44	1.23
78496-26		80	107	154	25	0.69
78496-TC		0	0	0	19	0.54
78499	Unlisted cardiovascular procedure, diagnostic nuclear medicine	0	0	0	0	0.00
78499-26		0	0	0	0	0.00
78499-TC		0	0	0	0	0.00
78579	Pulmonary ventilation imaging (eg, aerosol or gas)	634	847	1222	193	5.36
78579-26		80	107	155	25	0.68
78579-TC		0	0	0	169	4.68
78580	Pulmonary perfusion imaging (eg, particulate)	666	891	1286	244	6.77
78580-26		122	163	235	37	1.03
78580-TC		0	0	0	207	5.74
78582	Pulmonary ventilation (eg, aerosol or gas) and perfusion imaging	902	1206	1740	344	9.54
78582-26		166	222	321	54	1.49
78582-TC		0	0	0	291	8.05
78597	Quantitative differential pulmonary perfusion, including imaging when performed	577	771	1112	207	5.74

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
78597-26		153	204	295	36	1.00
78597-TC		0	0	0	171	4.74
78598	Quantitative differential pulmonary perfusion and ventilation (eg, aerosol or gas), including imaging when performed	962	1286	1856	314	8.70
78598-26		137	183	265	42	1.16
78598-TC		0	0	0	272	7.54
78599	Unlisted respiratory procedure, diagnostic nuclear medicine	0	0	0	0	0.00
78599-26		0	0	0	0	0.00
78599-TC		0	0	0	0	0.00
78600	Brain imaging, less than 4 static views;	465	604	789	190	5.26
78600-26		0	0	0	22	0.62
78600-TC		0	0	0	167	4.64
78601	Brain imaging, less than 4 static views; with vascular flow	225	293	383	224	6.20
78601-26		101	131	171	26	0.71
78601-TC		0	0	0	198	5.49
78605	Brain imaging, minimum 4 static views;	501	651	851	206	5.71
78605-26		0	0	0	27	0.75
78605-TC		0	0	0	179	4.96
78606	Brain imaging, minimum 4 static views; with vascular flow	666	866	1131	341	9.45
78606-26		127	164	215	32	0.89
78606-TC		0	0	0	309	8.56
78608	Brain imaging, positron emission tomography (PET); metabolic evaluation	3809	4950	6465	0	0.00
78608-26		283	368	481	73	2.03
78608-TC		0	0	0	0	0.00
78609	Brain imaging, positron emission tomography (PET); perfusion evaluation	439	570	745	78	2.16
78609-26		0	0	0	78	2.16
78609-TC		0	0	0	0	0.00

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
78610	Brain imaging, vascular flow only	721	938	1224	179	4.97
78610-26		61	79	103	15	0.42
78610-TC		0	0	0	164	4.55
78630	Cerebrospinal fluid flow, imaging (not including introduction of material); cisternography	707	919	1200	349	9.66
78630-26		134	174	227	34	0.95
78630-TC		0	0	0	314	8.71
78635	Cerebrospinal fluid flow, imaging (not including introduction of material); ventriculography	853	1109	1448	349	9.66
78635-26		0	0	0	31	0.87
78635-TC		0	0	0	317	8.79
78645	Cerebrospinal fluid flow, imaging (not including introduction of material); shunt evaluation	725	942	1230	335	9.28
78645-26		113	146	191	28	0.78
78645-TC		0	0	0	307	8.50
78650	Cerebrospinal fluid leakage detection and localization	689	895	1170	285	7.89
78650-26		0	0	0	26	0.73
78650-TC		0	0	0	258	7.16
78660	Radiopharmaceutical dacryocystography	459	597	780	190	5.27
78660-26		0	0	0	27	0.75
78660-TC		0	0	0	163	4.52
78699	Unlisted nervous system procedure, diagnostic nuclear medicine	0	0	0	0	0.00
78699-26		0	0	0	0	0.00
78699-TC		0	0	0	0	0.00
78700	Kidney imaging morphology;	275	346	491	176	4.89
78700-26		93	117	166	22	0.62
78700-TC		0	0	0	154	4.27
78701	Kidney imaging morphology; with vascular flow	549	690	981	226	6.25

CPT	DESCRIPTION	UCR 50TH	UCR 75TH	UCR 90TH	MFS 2020	MFS RVU
78701-26		100	126	179	25	0.68
78701-TC		0	0	0	201	5.57
78707	Kidney imaging morphology; with vascular flow and function, single study without pharmacological intervention	568	714	1015	240	6.66
78707-26		172	217	308	48	1.33
78707-TC		0	0	0	192	5.33
78708	Kidney imaging morphology; with vascular flow and function, single study, with pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)	651	818	1164	183	5.06
78708-26		213	268	381	60	1.67
78708-TC		0	0	0	122	3.39
78709	Kidney imaging morphology; with vascular flow and function, multiple studies, with and without pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)	993	1248	1775	379	10.50
78709-26		258	324	461	70	1.93
78709-TC		0	0	0	309	8.57
78725	Kidney function study, non-imaging radioisotopic study	504	633	900	112	3.10
78725-26		117	147	209	18	0.51
78725-TC		0	0	0	93	2.59
78730	Urinary bladder residual study (List separately in addition to code for primary procedure)	258	324	461	78	2.17
78730-26		0	0	0	8	0.22
78730-TC		0	0	0	70	1.95
78740	Ureteral reflux study (radiopharmaceutical voiding cystogram)	660	829	1179	224	6.21
78740-26		197	247	351	28	0.77
78740-TC		0	0	0	196	5.44
78761	Testicular imaging with vascular flow	707	888	1263	219	6.06
78761-26		0	0	0	36	1.01
78761-TC		0	0	0	182	5.05

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
78799	Unlisted genitourinary procedure, diagnostic nuclear medicine	0	0	0	0	0.00
78799-26		0	0	0	0	0.00
78799-TC		0	0	0	0	0.00
78800	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, single area (eg, head, neck, chest, pelvis), single day imaging	446	570	780	267	7.40
78800-26		132	169	231	33	0.91
78800-TC		0	0	0	234	6.49
78801	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, 2 or more areas (eg, abdomen and pelvis, head and chest), 1 or more days imaging or single area imaging over 2 or more days	473	604	827	293	8.13
78801-26		79	101	139	37	1.03
78801-TC		0	0	0	256	7.10
78802	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, whole body, single day imaging	3961	5065	6928	322	8.93
78802-26		171	218	298	39	1.09
78802-TC		0	0	0	283	7.84
78803	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), single area (eg, head, neck, chest, pelvis), single day imaging	926	1183	1619	401	11.12
78803-26		206	263	360	54	1.49
78803-TC		0	0	0	348	9.63
78804	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when	1284	1642	2245	681	18.87

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
	performed); planar, whole body, requiring 2 or more days imaging					
78804-26		182	233	318	51	1.40
78804-TC		0	0	0	630	17.47
78808	Injection procedure for radiopharmaceutical localization by non-imaging probe study, intravenous (eg, parathyroid adenoma)	98	125	171	41	1.14
78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)	3044	3892	5323	0	0.00
78811-26		0	0	0	77	2.14
78811-TC		0	0	0	0	0.00
78812	Positron emission tomography (PET) imaging; skull base to mid-thigh	4041	5167	7067	0	0.00
78812-26		338	433	592	95	2.63
78812-TC		0	0	0	0	0.00
78813	Positron emission tomography (PET) imaging; whole body	4520	5779	7904	0	0.00
78813-26		348	445	608	95	2.64
78813-TC		0	0	0	0	0.00
78814	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)	4193	5361	7333	0	0.00
78814-26		383	490	670	109	3.01
78814-TC		0	0	0	0	0.00
78815	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh	4278	5470	7481	0	0.00
78815-26		407	520	712	122	3.37
78815-TC		0	0	0	0	0.00
78816	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	4281	5474	7487	0	0.00
78816-26		411	525	718	123	3.40

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
78816-TC		0	0	0	0	0.00
78830	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, single area (eg, head, neck, chest, pelvis), single day imaging	1105	1413	1932	508	14.07
78830-26		0	0	0	74	2.04
78830-TC		0	0	0	434	12.03
78831	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), minimum 2 areas (eg, pelvis and knees, abdomen and pelvis), single day imaging, or single area imaging over 2 or more days	1598	2043	2795	734	20.35
78831-26		0	0	0	90	2.49
78831-TC		0	0	0	645	17.86
78832	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, minimum 2 areas (eg, pelvis and knees, abdomen and pelvis), single day imaging, or single area imaging over 2 or more days	2079	2659	3636	956	26.48
78832-26		0	0	0	105	2.90
78832-TC		0	0	0	851	23.58
78835	Radiopharmaceutical quantification measurement(s) single area (List separately in addition to code for primary procedure)	232	296	405	106	2.95
78835-26		0	0	0	23	0.64
78835-TC		0	0	0	83	2.31
78999	Unlisted miscellaneous procedure, diagnostic nuclear medicine	0	0	0	0	0.00

RADIOLOGY SERVICES

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
78999-26		0	0	0	0	0.00
78999-TC		0	0	0	0	0.00
79005	Radiopharmaceutical therapy, by oral administration	499	644	949	141	3.92
79005-26		316	407	600	90	2.50
79005-TC		0	0	0	51	1.42
79101	Radiopharmaceutical therapy, by intravenous administration	532	687	1012	153	4.23
79101-26		343	442	652	101	2.79
79101-TC		0	0	0	52	1.44
79200	Radiopharmaceutical therapy, by intracavitary administration	301	388	572	139	3.86
79200-26		0	0	0	85	2.36
79200-TC		0	0	0	54	1.50
79300	Radiopharmaceutical therapy, by interstitial radioactive colloid administration	150	193	284	0	0.00
79300-26		0	0	0	68	1.89
79300-TC		0	0	0	0	0.00
79403	Radiopharmaceutical therapy, radiolabeled monoclonal antibody by intravenous infusion	420	542	798	195	5.39
79403-26		0	0	0	112	3.09
79403-TC		0	0	0	83	2.30
79440	Radiopharmaceutical therapy, by intra-articular administration	271	350	515	126	3.48
79440-26		0	0	0	85	2.36
79440-TC		0	0	0	40	1.12
79445	Radiopharmaceutical therapy, by intra-arterial particulate administration	413	533	785	0	0.00
79445-26		0	0	0	117	3.24
79445-TC		0	0	0	0	0.00
79999	Radiopharmaceutical therapy, unlisted procedure	0	0	0	0	0.00
79999-26		0	0	0	0	0.00

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
79999-TC		0	0	0	0	0.00

PATHOLOGY AND LABORATORY

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
80047	Basic metabolic panel (Calcium, ionized) This panel must include the following: Calcium, ionized (82330) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Potassium (84132) Sodium (84295) Urea Nitrogen (BUN) (84520)	55	79	95	0	0.00
80048	Basic metabolic panel (Calcium, total) This panel must include the following: Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Potassium (84132) Sodium (84295) Urea nitrogen (BUN) (84520)	41	59	71	0	0.00
80050	General health panel This panel must include the following: Comprehensive metabolic panel (80053) Blood count, complete (CBC), automated and automated differential WBC count (85025 or 85027 and 85004) OR Blood count, complete (CBC), automated (85027) and appropriate manual differential WBC count (85007 or 85009) Thyroid stimulating hormone (TSH) (84443)	175	254	304	0	0.00
80051	Electrolyte panel This panel must include the following: Carbon dioxide (bicarbonate) (82374) Chloride (82435) Potassium (84132) Sodium (84295)	29	43	51	0	0.00
80053	Comprehensive metabolic panel This panel must include the following: Albumin (82040) Bilirubin, total (82247) Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Phosphatase, alkaline (84075) Potassium (84132) Protein, total (84155) Sodium (84295) Transferase, alanine amino (ALT) (SGPT) (84460) Transferase, aspartate amino (AST) (SGOT) (84450) Urea nitrogen (BUN) (84520)	59	86	103	0	0.00
80055	Obstetric panel This panel must include the following: Blood count, complete (CBC), automated and automated differential WBC count (85025 or 85027 and 85004) OR Blood count, complete (CBC), automated (85027) and appropriate manual differential WBC count	247	358	428	0	0.00

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
	(85007 or 85009) Hepatitis B surface antigen (HBsAg) (87340) Antibody, rubella (86762) Syphilis test, non-treponemal antibody; qualitative (eg, VDRL, RPR, ART) (86592) Antibody screen, RBC, each serum technique (86850) Blood typing, ABO (86900) AND Blood typing, Rh (D) (86901)					
80061	Lipid panel This panel must include the following: Cholesterol, serum, total (82465) Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718) Triglycerides (84478)	92	134	161	0	0.00
80069	Renal function panel This panel must include the following: Albumin (82040) Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Phosphorus inorganic (phosphate) (84100) Potassium (84132) Sodium (84295) Urea nitrogen (BUN) (84520)	49	72	86	0	0.00
80074	Acute hepatitis panel This panel must include the following: Hepatitis A antibody (HAAb), IgM antibody (86709) Hepatitis B core antibody (HBcAb), IgM antibody (86705) Hepatitis B surface antigen (HBsAg) (87340) Hepatitis C antibody (86803)	381	553	662	0	0.00
80076	Hepatic function panel This panel must include the following: Albumin (82040) Bilirubin, total (82247) Bilirubin, direct (82248) Phosphatase, alkaline (84075) Protein, total (84155) Transferase, alanine amino (ALT) (SGPT) (84460) Transferase, aspartate amino (AST) (SGOT) (84450)	41	59	71	0	0.00
80081	Obstetric panel (includes HIV testing) This panel must include the following: Blood count, complete (CBC), and automated differential WBC count (85025 or 85027 and 85004) OR Blood count, complete (CBC), automated (85027) and appropriate manual differential WBC count (85007 or 85009) Hepatitis B surface antigen (HBsAg) (87340) HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies, single result (87389) Antibody, rubella (86762) Syphilis test, non-treponemal antibody; qualitative (eg, VDRL, RPR, ART) (86592) Antibody screen, RBC, each serum technique (86850) Blood typing, ABO (86900) AND Blood typing, Rh (D) (86901)	475	689	825	0	0.00

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
THERAPEUTIC DRUG ASSAYS						
80145	Adalimumab	159	231	277	0	0.00
80150	Amikacin	65	94	112	0	0.00
80155	Caffeine	53	77	93	0	0.00
80156	Carbamazepine; total	81	118	141	0	0.00
80157	Carbamazepine; free	73	105	126	0	0.00
80158	Cyclosporine	243	353	422	0	0.00
80159	Clozapine	92	134	160	0	0.00
80162	Digoxin; total	73	105	126	0	0.00
80163	Digoxin; free	61	89	106	0	0.00
80164	Valproic acid (dipropylacetic acid); total	84	121	145	0	0.00
80165	Valproic acid (dipropylacetic acid); free	111	161	193	0	0.00
80168	Ethosuximide	121	176	210	0	0.00
80169	Everolimus	191	278	332	0	0.00
80170	Gentamicin	64	93	111	0	0.00
80171	Gabapentin, whole blood, serum, or plasma	87	126	151	0	0.00
80173	Haloperidol	81	117	140	0	0.00
80175	Lamotrigine	136	198	237	0	0.00
80176	Lidocaine	33	47	57	0	0.00
80177	Levetiracetam	88	128	153	0	0.00
80178	Lithium	64	93	111	0	0.00
80180	Mycophenolate (mycophenolic acid)	216	313	375	0	0.00
80183	Oxcarbazepine	114	165	198	0	0.00
80184	Phenobarbital	50	72	87	0	0.00
80185	Phenytoin; total	93	135	162	0	0.00
80186	Phenytoin; free	87	126	150	0	0.00
80187	Posaconazole	112	163	195	0	0.00
80188	Primidone	66	95	114	0	0.00
80190	Procainamide;	102	148	177	0	0.00

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
80192	Procainamide; with metabolites (eg, n-acetyl procainamide)	77	112	134	0	0.00
80194	Quinidine	76	111	132	0	0.00
80195	Sirolimus	187	271	324	0	0.00
80197	Tacrolimus	216	314	376	0	0.00
80198	Theophylline	91	132	158	0	0.00
80199	Tiagabine	88	128	153	0	0.00
80200	Tobramycin	101	147	176	0	0.00
80201	Topiramate	66	95	114	0	0.00
80202	Vancomycin	144	208	249	0	0.00
80203	Zonisamide	155	225	269	0	0.00
80230	Infliximab	159	231	277	0	0.00
80235	Lacosamide	112	163	195	0	0.00
80280	Vedolizumab	159	231	277	0	0.00
80285	Voriconazole	112	163	195	0	0.00
80299	Quantitation of therapeutic drug, not elsewhere specified	51	74	89	0	0.00

DRUG ASSAY

80305	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; capable of being read by direct optical observation only (eg, utilizing immunoassay [eg, dipsticks, cups, cards, or cartridges]), includes sample validation when performed, per date of service	41	59	71	0	0.00
80306	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; read by instrument assisted direct optical observation (eg, utilizing immunoassay [eg, dipsticks, cups, cards, or cartridges]), includes sample validation when performed, per date of service	51	74	89	0	0.00
80307	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; by instrument chemistry analyzers (eg, utilizing immunoassay [eg, EIA, ELISA, EMIT, FPIA, IA, KIMS, RIA]), chromatography (eg, GC, HPLC), and mass spectrometry either with or	219	318	380	0	0.00

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
	without chromatography, (eg, DART, DESI, GC-MS, GC-MS/MS, LC-MS, LC-MS/MS, LDTD, MALDI, TOF) includes sample validation when performed, per date of service					
80320	Alcohols	51	74	89	0	0.00
80321	Alcohol biomarkers; 1 or 2	71	103	124	0	0.00
80322	Alcohol biomarkers; 3 or more	152	220	264	0	0.00
80323	Alkaloids, not otherwise specified	68	99	119	0	0.00
80324	Amphetamines; 1 or 2	63	91	109	0	0.00
80325	Amphetamines; 3 or 4	119	173	207	0	0.00
80326	Amphetamines; 5 or more	17	24	29	0	0.00
80327	Anabolic steroids; 1 or 2	265	384	460	0	0.00
80328	Anabolic steroids; 3 or more	0	0	0	0	0.00
80329	Analgesics, non-opioid; 1 or 2	54	78	93	0	0.00
80330	Analgesics, non-opioid; 3-5	86	126	150	0	0.00
80331	Analgesics, non-opioid; 6 or more	11	16	19	0	0.00
80332	Antidepressants, serotonergic class; 1 or 2	71	102	123	0	0.00
80333	Antidepressants, serotonergic class; 3-5	84	122	146	0	0.00
80334	Antidepressants, serotonergic class; 6 or more	33	49	58	0	0.00
80335	Antidepressants, tricyclic and other cyclicals; 1 or 2	61	89	106	0	0.00
80336	Antidepressants, tricyclic and other cyclicals; 3-5	61	89	106	0	0.00
80337	Antidepressants, tricyclic and other cyclicals; 6 or more	82	119	142	0	0.00
80338	Antidepressants, not otherwise specified	51	74	89	0	0.00
80339	Antiepileptics, not otherwise specified; 1-3	71	103	123	0	0.00
80340	Antiepileptics, not otherwise specified; 4-6	123	178	213	0	0.00
80341	Antiepileptics, not otherwise specified; 7 or more	12	18	21	0	0.00
80342	Antipsychotics, not otherwise specified; 1-3	76	111	133	0	0.00
80343	Antipsychotics, not otherwise specified; 4-6	149	217	260	0	0.00

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
80344	Antipsychotics, not otherwise specified; 7 or more	87	126	151	0	0.00
80345	Barbiturates	58	84	101	0	0.00
80346	Benzodiazepines; 1-12	66	95	114	0	0.00
80347	Benzodiazepines; 13 or more	86	125	150	0	0.00
80348	Buprenorphine	68	99	118	0	0.00
80349	Cannabinoids, natural	63	92	110	0	0.00
80350	Cannabinoids, synthetic; 1-3	51	74	89	0	0.00
80351	Cannabinoids, synthetic; 4-6	51	74	89	0	0.00
80352	Cannabinoids, synthetic; 7 or more	78	113	136	0	0.00
80353	Cocaine	51	74	89	0	0.00
80354	Fentanyl	70	101	121	0	0.00
80355	Gabapentin, non-blood	63	91	109	0	0.00
80356	Heroin metabolite	68	99	119	0	0.00
80357	Ketamine and norketamine	63	91	109	0	0.00
80358	Metadone	57	83	99	0	0.00
80359	Methylenedioxyamphetamines (MDA, MDEA, MDMA)	54	79	94	0	0.00
80360	Methylphenidate	62	90	108	0	0.00
80361	Opiates, 1 or more	69	100	120	0	0.00
80362	Opioids and opiate analogs; 1 or 2	72	104	124	0	0.00
80363	Opioids and Opiate analogs; 3 or 4	63	91	109	0	0.00
80364	Opioids and Opiate analogs; 5 or more	51	74	89	0	0.00
80365	Oxycodone	67	98	117	0	0.00
80366	Pregabalin	63	91	109	0	0.00
80367	Propoxyphene	69	101	121	0	0.00
80368	Sedative hypnotics (non-benzodiazepines)	63	91	109	0	0.00
80369	Skeletal muscle relaxants; 1 or 2	71	103	123	0	0.00
80370	Skeletal muscle relaxants; 3 or more	51	74	89	0	0.00
80371	Stimulants, synthetic	63	91	109	0	0.00

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
80372	Tapentadol	68	98	118	0	0.00
80373	Tramadol	65	94	112	0	0.00
80374	Stereoisomer (enantiomer) analysis, single drug class	66	95	114	0	0.00
80375	Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 1-3	51	74	88	0	0.00
80376	Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 4-6	87	126	151	0	0.00
80377	Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 7 or more	16	23	28	0	0.00

EVOCATIVE/SUPPRESSION TESTING

80400	ACTH stimulation panel; for adrenal insufficiency This panel must include the following: Cortisol (82533 x 2)	182	265	317	0	0.00
80402	ACTH stimulation panel; for 21 hydroxylase deficiency This panel must include the following: Cortisol (82533 x 2) 17 hydroxyprogesterone (83498 x 2)	400	581	695	0	0.00
80406	ACTH stimulation panel; for 3 beta-hydroxydehydrogenase deficiency This panel must include the following: Cortisol (82533 x 2) 17 hydroxypregnenolone (84143 x 2)	360	523	626	0	0.00
80408	Aldosterone suppression evaluation panel (eg, saline infusion) This panel must include the following: Aldosterone (82088 x 2) Renin (84244 x 2)	578	838	1003	0	0.00
80410	Calcitonin stimulation panel (eg, calcium, pentagastrin) This panel must include the following: Calcitonin (82308 x 3)	144	209	251	0	0.00
80412	Corticotropin releasing hormone (CRH) stimulation panel This panel must include the following: Cortisol (82533 x 6) Adrenocorticotropin hormone (ACTH) (82024 x 6)	3320	4818	5767	0	0.00
80414	Chorionic gonadotropin stimulation panel; testosterone response This panel must include the following: Testosterone (84403 x 2 on 3 pooled blood samples)	189	275	329	0	0.00
80415	Chorionic gonadotropin stimulation panel; estradiol response This panel must include the following: Estradiol (82670 x 2 on 3 pooled blood samples)	154	223	267	0	0.00

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
80416	Renal vein renin stimulation panel (eg, captopril) This panel must include the following: Renin (84244 x 6)	867	1258	1506	0	0.00
80417	Peripheral vein renin stimulation panel (eg, captopril) This panel must include the following: Renin (84244 x 2)	202	294	352	0	0.00
80418	Combined rapid anterior pituitary evaluation panel This panel must include the following: Adrenocorticotrophic hormone (ACTH) (82024 x 4) Luteinizing hormone (LH) (83002 x 4) Follicle stimulating hormone (FSH) (83001 x 4) Prolactin (84146 x 4) Human growth hormone (HGH) (83003 x 4) Cortisol (82533 x 4) Thyroid stimulating hormone (TSH) (84443 x 4)	881	1278	1530	0	0.00
80420	Dexamethasone suppression panel, 48 hour This panel must include the following: Free cortisol, urine (82530 x 2) Cortisol (82533 x 2) Volume measurement for timed collection (81050 x 2)	670	973	1165	0	0.00
80422	Glucagon tolerance panel; for insulinoma This panel must include the following: Glucose (82947 x 3) Insulin (83525 x 3)	169	245	293	0	0.00
80424	Glucagon tolerance panel; for pheochromocytoma This panel must include the following: Catecholamines, fractionated (82384 x 2)	232	337	404	0	0.00
80426	Gonadotropin releasing hormone stimulation panel This panel must include the following: Follicle stimulating hormone (FSH) (83001 x 4) Luteinizing hormone (LH) (83002 x 4)	683	991	1186	0	0.00
80428	Growth hormone stimulation panel (eg, arginine infusion, l-dopa administration) This panel must include the following: Human growth hormone (HGH) (83003 x 4)	276	400	479	0	0.00
80430	Growth hormone suppression panel (glucose administration) This panel must include the following: Glucose (82947 x 3) Human growth hormone (HGH) (83003 x 4)	536	777	930	0	0.00
80432	Insulin-induced C-peptide suppression panel This panel must include the following: Insulin (83525) C-peptide (84681 x 5) Glucose (82947 x 5)	686	995	1191	0	0.00
80434	Insulin tolerance panel; for ACTH insufficiency This panel must include the following: Cortisol (82533 x 5) Glucose (82947 x 5)	1180	1713	2050	0	0.00

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
80435	Insulin tolerance panel; for growth hormone deficiency This panel must include the following: Glucose (82947 x 5) Human growth hormone (HGH) (83003 x 5)	474	688	823	0	0.00
80436	Metyrapone panel This panel must include the following: Cortisol (82533 x 2) 11 deoxycortisol (82634 x 2)	373	541	647	0	0.00
80438	Thyrotropin releasing hormone (TRH) stimulation panel; 1 hour This panel must include the following: Thyroid stimulating hormone (TSH) (84443 x 3)	232	337	403	0	0.00
80439	Thyrotropin releasing hormone (TRH) stimulation panel; 2 hour This panel must include the following: Thyroid stimulating hormone (TSH) (84443 x 4)	309	449	537	0	0.00

CONSULTATIONS (CLINICAL PATHOLOGY)

80500	Clinical pathology consultation; limited, without review of patient's history and medical records	101	111	129	23	0.64
80502	Clinical pathology consultation; comprehensive, for a complex diagnostic problem, with review of patient's history and medical records	174	189	221	76	2.11

URINALYSIS

81000	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, with microscopy	16	23	31	0	0.00
81001	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, with microscopy	32	48	63	0	0.00
81002	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, without microscopy	13	20	26	0	0.00
81003	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, without microscopy	14	22	29	0	0.00

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
81005	Urinalysis; qualitative or semiquantitative, except immunoassays	10	16	20	0	0.00
81007	Urinalysis; bacteriuria screen, except by culture or dipstick	33	51	66	0	0.00
81015	Urinalysis; microscopic only	17	26	34	0	0.00
81020	Urinalysis; 2 or 3 glass test	12	19	25	0	0.00
81025	Urine pregnancy test, by visual color comparison methods	25	38	50	0	0.00
81050	Volume measurement for timed collection, each	15	23	31	0	0.00
81099	Unlisted urinalysis procedure	0	0	0	0	0.00

MOLECULAR PATHOLOGY

81105	Human Platelet Antigen 1 genotyping (HPA-1), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61 [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-1a/b (L33P)	158	203	282	0	0.00
81106	Human Platelet Antigen 2 genotyping (HPA-2), GP1BA (glycoprotein Ib [platelet], alpha polypeptide [GPIba]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-2a/b (T145M)	421	541	751	0	0.00
81107	Human Platelet Antigen 3 genotyping (HPA-3), ITGA2B (integrin, alpha 2b [platelet glycoprotein IIb of IIb/IIIa complex], antigen CD41 [GPIIb]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-3a/b (I843S)	421	541	751	0	0.00
81108	Human Platelet Antigen 4 genotyping (HPA-4), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61 [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-4a/b (R143Q)	421	541	751	0	0.00
81109	Human Platelet Antigen 5 genotyping (HPA-5), ITGA2 (integrin, alpha 2 [CD49B, alpha 2 subunit of VLA-2 receptor] [GPIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant (eg, HPA-5a/b [K505E])	421	541	751	0	0.00

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
81110	Human Platelet Antigen 6 genotyping (HPA-6w), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa, antigen CD61] [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-6a/b (R489Q)	304	391	542	0	0.00
81111	Human Platelet Antigen 9 genotyping (HPA-9w), ITGA2B (integrin, alpha 2b [platelet glycoprotein IIb of IIb/IIIa complex, antigen CD41] [GPIIb]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-9a/b (V837M)	421	541	751	0	0.00
81112	Human Platelet Antigen 15 genotyping (HPA-15), CD109 (CD109 molecule) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-15a/b (S682Y)	421	541	751	0	0.00
81120	IDH1 (isocitrate dehydrogenase 1 [NADP+], soluble) (eg, glioma), common variants (eg, R132H, R132C)	299	385	534	0	0.00
81121	IDH2 (isocitrate dehydrogenase 2 [NADP+], mitochondrial) (eg, glioma), common variants (eg, R140W, R172M)	330	424	589	0	0.00
81161	DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy) deletion analysis, and duplication analysis, if performed	308	396	549	0	0.00
81162	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis (ie, detection of large gene rearrangements)	4090	5260	7298	0	0.00
81163	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	4000	5145	7137	0	0.00
81164	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	1903	2448	3395	0	0.00
81165	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	1026	1320	1831	0	0.00

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
81166	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	982	1262	1751	0	0.00
81167	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	921	1185	1644	0	0.00
81170	ABL1 (ABL proto-oncogene 1, non-receptor tyrosine kinase) (eg, acquired imatinib tyrosine kinase inhibitor resistance), gene analysis, variants in the kinase domain	1206	1551	2151	0	0.00
81171	AFF2 (AF4/FMR2 family, member 2 [FMR2]) (eg, fragile X mental retardation 2 [FRAXE]) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	446	574	796	0	0.00
81172	AFF2 (AF4/FMR2 family, member 2 [FMR2]) (eg, fragile X mental retardation 2 [FRAXE]) gene analysis; characterization of alleles (eg, expanded size and methylation status)	895	1151	1597	0	0.00
81173	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; full gene sequence	1199	1542	2139	0	0.00
81174	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; known familial variant	603	776	1076	0	0.00
81175	ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; full gene sequence	1079	1388	1926	0	0.00
81176	ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; targeted sequence analysis (eg, exon 12)	278	358	497	0	0.00
81177	ATN1 (atrophin 1) (eg, dentatorubral-pallidoluysian atrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	446	574	796	0	0.00
81178	A therapyN1 (ataxin 1) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	446	574	796	0	0.00

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
81179	A therapyN2 (ataxin 2) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	446	574	796	0	0.00
81180	A therapyN3 (ataxin 3) (eg, spinocerebellar ataxia, Machado-Joseph disease) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	446	574	796	0	0.00
81181	A therapyN7 (ataxin 7) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	446	574	796	0	0.00
81182	A therapyN8OS (A therapyN8 opposite strand [non-protein coding]) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	446	574	796	0	0.00
81183	A therapyN10 (ataxin 10) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	446	574	796	0	0.00
81184	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	446	574	796	0	0.00
81185	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; full gene sequence	2756	3545	4918	0	0.00
81186	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; known familial variant	603	776	1076	0	0.00
81187	CNBP (CCHC-type zinc finger nucleic acid binding protein) (eg, myotonic dystrophy type 2) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	446	574	796	0	0.00
81188	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	446	574	796	0	0.00
81189	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; full gene sequence	895	1151	1597	0	0.00
81190	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; known familial variant(s)	603	776	1076	0	0.00
81200	ASPA (aspartoacylase) (eg, Canavan disease) gene analysis, common variants (eg, E285A, Y231X)	128	164	228	0	0.00

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
81201	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; full gene sequence	1572	2022	2805	0	0.00
81202	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; known familial variants	1207	1552	2153	0	0.00
81203	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants	608	783	1086	0	0.00
81204	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; characterization of alleles (eg, expanded size or methylation status)	446	574	796	0	0.00
81205	BCKDHB (branched-chain keto acid dehydrogenase E1, beta polypeptide) (eg, maple syrup urine disease) gene analysis, common variants (eg, R183P, G278S, E422X)	338	434	603	0	0.00
81206	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; major breakpoint, qualitative or quantitative	405	520	722	0	0.00
81207	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; minor breakpoint, qualitative or quantitative	252	323	449	0	0.00
81208	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; other breakpoint, qualitative or quantitative	1197	1539	2135	0	0.00
81209	BLM (Bloom syndrome, RecQ helicase-like) (eg, Bloom syndrome) gene analysis, 2281del6ins7 variant	101	130	181	0	0.00
81210	BRAF (B-Raf proto-oncogene, serine/threonine kinase) (eg, colon cancer, melanoma), gene analysis, V600 variant(s)	229	295	409	0	0.00
81212	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; 185delAG, 5385insC, 6174delT variants	762	980	1360	0	0.00
81215	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	485	623	865	0	0.00
81216	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	528	680	943	0	0.00

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
81217	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	496	637	884	0	0.00
81218	CEBPA (CCAAT/enhancer binding protein [C/EBP], alpha) (eg, acute myeloid leukemia), gene analysis, full gene sequence	460	592	821	0	0.00
81219	CALR (calreticulin) (eg, myeloproliferative disorders), gene analysis, common variants in exon 9	307	394	547	0	0.00
81220	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; common variants (eg, ACMG/ACOG guidelines)	1014	1304	1809	0	0.00
81221	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; known familial variants	317	407	565	0	0.00
81222	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; duplication/deletion variants	761	979	1358	0	0.00
81223	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; full gene sequence	1117	1436	1993	0	0.00
81224	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; intron 8 poly-T analysis (eg, male infertility)	254	326	453	0	0.00
81225	CYP2C19 (cytochrome P450, family 2, subfamily C, polypeptide 19) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *8, *17)	691	888	1232	0	0.00
81226	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *9, *10, *17, *19, *29, *35, *41, *1XN, *2XN, *4XN)	1170	1505	2088	0	0.00
81227	CYP2C9 (cytochrome P450, family 2, subfamily C, polypeptide 9) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *5, *6)	478	615	854	0	0.00
81228	Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number variants (eg, bacterial artificial chromosome [BAC] or oligo-based comparative genomic hybridization [CGH] microarray analysis)	1817	2337	3242	0	0.00

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
81229	Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants for chromosomal abnormalities	3048	3920	5439	0	0.00
81230	CYP3A4 (cytochrome P450 family 3 subfamily A member 4) (eg, drug metabolism), gene analysis, common variant(s) (eg, *2, *22)	351	451	626	0	0.00
81231	CYP3A5 (cytochrome P450 family 3 subfamily A member 5) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *7)	255	327	454	0	0.00
81232	DPYD (dihydropyrimidine dehydrogenase) (eg, 5-fluorouracil/5-FU and capecitabine drug metabolism), gene analysis, common variant(s) (eg, *2A, *4, *5, *6)	284	365	507	0	0.00
81233	BTK (Bruton's tyrosine kinase) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, C481S, C481R, C481F)	571	735	1019	0	0.00
81234	DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; evaluation to detect abnormal (expanded) alleles	446	574	796	0	0.00
81235	EGFR (epidermal growth factor receptor) (eg, non-small cell lung cancer) gene analysis, common variants (eg, exon 19 LREA deletion, L858R, T790M, G719A, G719S, L861Q)	454	584	811	0	0.00
81236	EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, myelodysplastic syndrome, myeloproliferative neoplasms) gene analysis, full gene sequence	921	1185	1644	0	0.00
81237	EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, diffuse large B-cell lymphoma) gene analysis, common variant(s) (eg, codon 646)	571	735	1019	0	0.00
81238	F9 (coagulation factor IX) (eg, hemophilia B), full gene sequence	606	779	1081	0	0.00
81239	DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; characterization of alleles (eg, expanded size)	895	1151	1597	0	0.00
81240	F2 (prothrombin, coagulation factor II) (eg, hereditary hypercoagulability) gene analysis, 20210G>A variant	142	183	253	0	0.00

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
81241	F5 (coagulation factor V) (eg, hereditary hypercoagulability) gene analysis, Leiden variant	154	198	274	0	0.00
81242	FANCC (Fanconi anemia, complementation group C) (eg, Fanconi anemia, type C) gene analysis, common variant (eg, IVS4+4A>T)	136	175	242	0	0.00
81243	FMR1 (fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	507	652	905	0	0.00
81244	FMR1 (fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; characterization of alleles (eg, expanded size and promoter methylation status)	81	105	145	0	0.00
81245	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; internal tandem duplication (ITD) variants (ie, exons 14, 15)	179	230	319	0	0.00
81246	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; tyrosine kinase domain (TKD) variants (eg, D835, I836)	306	393	545	0	0.00
81247	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; common variant(s) (eg, A, A-)	282	363	504	0	0.00
81248	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; known familial variant(s)	1222	1572	2181	0	0.00
81249	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; full gene sequence	790	1016	1410	0	0.00
81250	G6PC (glucose-6-phosphatase, catalytic subunit) (eg, Glycogen storage disease, type 1a, von Gierke disease) gene analysis, common variants (eg, R83C, Q347X)	238	306	424	0	0.00
81251	GBA (glucosidase, beta, acid) (eg, Gaucher disease) gene analysis, common variants (eg, N370S, 84GG, L444P, IVS2+1G>A)	254	327	454	0	0.00
81252	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; full gene sequence	111	143	199	0	0.00
81253	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; known familial variants	605	778	1079	0	0.00

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
81254	GJB6 (gap junction protein, beta 6, 30kDa, connexin 30) (eg, nonsyndromic hearing loss) gene analysis, common variants (eg, 309kb [del(GJB6-D13S1830)] and 232kb [del(GJB6-D13S1854)])	0	0	0	0	0.00
81255	HEXA (hexosaminidase A [alpha polypeptide]) (eg, Tay-Sachs disease) gene analysis, common variants (eg, 1278insTATC, 1421+1G>C, G269S)	222	285	396	0	0.00
81256	HFE (hemochromatosis) (eg, hereditary hemochromatosis) gene analysis, common variants (eg, C282Y, H63D)	347	446	619	0	0.00
81257	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; common deletions or variant (eg, Southeast Asian, Thai, Filipino, Mediterranean, alpha3.7, alpha4.2, alpha20.5, Constant Spring)	253	325	451	0	0.00
81258	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; known familial variant	1163	1496	2075	0	0.00
81259	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; full gene sequence	791	1018	1412	0	0.00
81260	IKBKAP (inhibitor of kappa light polypeptide gene enhancer in B-cells, kinase complex-associated protein) (eg, familial dysautonomia) gene analysis, common variants (eg, 2507+6T>C, R696P)	102	131	182	0	0.00
81261	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); amplified methodology (eg, polymerase chain reaction)	357	459	636	0	0.00
81262	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); direct probe methodology (eg, Southern blot)	223	287	398	0	0.00
81263	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemia and lymphoma, B-cell), variable region somatic mutation analysis	516	664	921	0	0.00

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
81264	IGK@ (Immunoglobulin kappa light chain locus) (eg, leukemia and lymphoma, B-cell), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	355	457	633	0	0.00
81265	Comparative analysis using Short Tandem Repeat (STR) markers; patient and comparative specimen (eg, pre-transplant recipient and donor germline testing, post-transplant non-hematopoietic recipient germline [eg, buccal swab or other germline tissue sample] and donor testing, twin zygosity testing, or maternal cell contamination of fetal cells)	475	611	848	0	0.00
81266	Comparative analysis using Short Tandem Repeat (STR) markers; each additional specimen (eg, additional cord blood donor, additional fetal samples from different cultures, or additional zygosity in multiple birth pregnancies) (List separately in addition to code for primary procedure)	1794	2307	3201	0	0.00
81267	Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; without cell selection	822	1058	1468	0	0.00
81268	Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; with cell selection (eg, CD3, CD33), each cell type	675	869	1205	0	0.00
81269	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; duplication/deletion variants	753	969	1344	0	0.00
81270	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) gene analysis, p.Val617Phe (V617F) variant	297	382	530	0	0.00
81271	HTT (huntingtin) (eg, Huntington disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	446	574	796	0	0.00
81272	KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, gastrointestinal stromal tumor [GIST], acute myeloid leukemia, melanoma), gene analysis, targeted sequence analysis (eg, exons 8, 11, 13, 17, 18)	1198	1541	2137	0	0.00
81273	KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, mastocytosis), gene analysis, D816 variant(s)	315	405	562	0	0.00

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
81274	HTT (huntingtin) (eg, Huntington disease) gene analysis; characterization of alleles (eg, expanded size)	895	1151	1597	0	0.00
81275	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; variants in exon 2 (eg, codons 12 and 13)	438	563	781	0	0.00
81276	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; additional variant(s) (eg, codon 61, codon 146)	444	571	792	0	0.00
81277	Cytogenomic neoplasia (genome-wide) microarray analysis, interrogation of genomic regions for copy number and loss-of-heterozygosity variants for chromosomal abnormalities	3778	4860	6742	0	0.00
81283	IFNL3 (interferon, lambda 3) (eg, drug response), gene analysis, rs12979860 variant	177	227	315	0	0.00
81284	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; evaluation to detect abnormal (expanded) alleles	446	574	796	0	0.00
81285	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; characterization of alleles (eg, expanded size)	895	1151	1597	0	0.00
81286	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; full gene sequence	895	1151	1597	0	0.00
81287	MGMT (O-6-methylguanine-DNA methyltransferase) (eg, glioblastoma multiforme) promoter methylation analysis	329	424	588	0	0.00
81288	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; promoter methylation analysis	370	475	659	0	0.00
81289	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; known familial variant(s)	603	776	1076	0	0.00
81290	MCOLN1 (mucolipin 1) (eg, Mucopolipidosis, type IV) gene analysis, common variants (eg, IVS3-2A>G, del6.4kb)	138	177	245	0	0.00
81291	MTHFR (5,10-methylenetetrahydrofolate reductase) (eg, hereditary hypercoagulability) gene analysis, common variants (eg, 677T, 1298C)	212	272	378	0	0.00
81292	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-	1199	1542	2139	0	0.00

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
	polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis					
81293	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	371	477	662	0	0.00
81294	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	510	656	910	0	0.00
81295	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	770	991	1374	0	0.00
81296	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	450	579	804	0	0.00
81297	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	0	0	0	0	0.00
81298	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	1211	1557	2160	0	0.00
81299	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	411	528	733	0	0.00
81300	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	0	0	0	0	0.00
81301	Microsatellite instability analysis (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) of markers for mismatch repair deficiency (eg, BAT25, BAT26), includes comparison of neoplastic and normal tissue, if performed	1193	1535	2129	0	0.00
81302	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; full sequence analysis	1070	1376	1909	0	0.00

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
81303	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; known familial variant	391	503	697	0	0.00
81304	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; duplication/deletion variants	643	827	1148	0	0.00
81305	MYD88 (myeloid differentiation primary response 88) (eg, Waldenstrom's macroglobulinemia, lymphoplasmacytic leukemia) gene analysis, p.Leu265Pro (L265P) variant	397	511	709	0	0.00
81306	NUDT15 (nudix hydrolase 15) (eg, drug metabolism) gene analysis, common variant(s) (eg, *2, *3, *4, *5, *6)	367	472	654	0	0.00
81307	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; full gene sequence	921	1185	1644	0	0.00
81308	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; known familial variant	982	1262	1751	0	0.00
81309	PIK3CA (phosphatidylinositol-4, 5-biphosphate 3-kinase, catalytic subunit alpha) (eg, colorectal and breast cancer) gene analysis, targeted sequence analysis (eg, exons 7, 9, 20)	895	1151	1597	0	0.00
81310	NPM1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, exon 12 variants	255	328	455	0	0.00
81311	NRAS (neuroblastoma RAS viral [v-ras] oncogene homolog) (eg, colorectal carcinoma), gene analysis, variants in exon 2 (eg, codons 12 and 13) and exon 3 (eg, codon 61)	541	696	965	0	0.00
81312	PABPN1 (poly[A] binding protein nuclear 1) (eg, oculopharyngeal muscular dystrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	446	574	796	0	0.00
81313	PCA3/KLK3 (prostate cancer antigen 3 [non-protein coding]/kallikrein-related peptidase 3 [prostate specific antigen]) ratio (eg, prostate cancer)	582	748	1038	0	0.00
81314	PDGFRA (platelet-derived growth factor receptor, alpha polypeptide) (eg, gastrointestinal stromal tumor [GIST]), gene analysis, targeted sequence analysis (eg, exons 12, 18)	1205	1549	2149	0	0.00

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
81315	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; common breakpoints (eg, intron 3 and intron 6), qualitative or quantitative	291	374	519	0	0.00
81316	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; single breakpoint (eg, intron 3, intron 6 or exon 6), qualitative or quantitative	1426	1835	2545	0	0.00
81317	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	1426	1834	2545	0	0.00
81318	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	365	469	651	0	0.00
81319	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	510	657	911	0	0.00
81320	PLCG2 (phospholipase C gamma 2) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, R665W, S707F, L845F)	949	1221	1693	0	0.00
81321	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis	1211	1558	2161	0	0.00
81322	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; known familial variant	335	431	598	0	0.00
81323	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; duplication/deletion variant	912	1173	1627	0	0.00
81324	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; duplication/deletion analysis	1516	1949	2704	0	0.00
81325	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; full sequence analysis	1513	1946	2700	0	0.00

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
81326	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; known familial variant	147	190	263	0	0.00
81327	SEPT9 (Septin9) (eg, colorectal cancer) promoter methylation analysis	414	532	738	0	0.00
81328	SLCO1B1 (solute carrier organic anion transporter family, member 1B1) (eg, adverse drug reaction), gene analysis, common variant(s) (eg, *5)	353	454	630	0	0.00
81329	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; dosage/deletion analysis (eg, carrier testing), includes SMN2 (survival of motor neuron 2, centromeric) analysis, if performed	571	734	1019	0	0.00
81330	SMPD1(sphingomyelin phosphodiesterase 1, acid lysosomal) (eg, Niemann-Pick disease, Type A) gene analysis, common variants (eg, R496L, L302P, fsP330)	148	191	264	0	0.00
81331	SNRPN/UBE3A (small nuclear ribonucleoprotein polypeptide N and ubiquitin protein ligase E3A) (eg, Prader-Willi syndrome and/or Angelman syndrome), methylation analysis	543	698	968	0	0.00
81332	SERPINA1 (serpin peptidase inhibitor, clade A, alpha-1 antiproteinase, antitrypsin, member 1) (eg, alpha-1-antitrypsin deficiency), gene analysis, common variants (eg, *S and *Z)	373	480	666	0	0.00
81333	TGFBI (transforming growth factor beta-induced) (eg, corneal dystrophy) gene analysis, common variants (eg, R124H, R124C, R124L, R555W, R555Q)	446	574	796	0	0.00
81334	RUNX1 (runt related transcription factor 1) (eg, acute myeloid leukemia, familial platelet disorder with associated myeloid malignancy) gene analysis, targeted sequence analysis (eg, exons 3-8)	666	857	1189	0	0.00
81335	TPMT (thiopurine S-methyltransferase) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3)	204	262	364	0	0.00
81336	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; full gene sequence	506	651	903	0	0.00

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
81337	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; known familial sequence variant(s)	572	736	1021	0	0.00
81340	TRB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using amplification methodology (eg, polymerase chain reaction)	570	734	1018	0	0.00
81341	TRB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using direct probe methodology (eg, Southern blot)	224	288	399	0	0.00
81342	TRG@ (T cell antigen receptor, gamma) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	357	459	636	0	0.00
81343	PPP2R2B (protein phosphatase 2 regulatory subunit Bbeta) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	446	574	796	0	0.00
81344	TBP (TATA box binding protein) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	446	574	796	0	0.00
81345	TERT (telomerase reverse transcriptase) (eg, thyroid carcinoma, glioblastoma multiforme) gene analysis, targeted sequence analysis (eg, promoter region)	572	736	1021	0	0.00
81346	TYMS (thymidylate synthetase) (eg, 5-fluorouracil/5-FU drug metabolism), gene analysis, common variant(s) (eg, tandem repeat variant)	569	732	1016	0	0.00
81350	UGT1A1 (UDP glucuronosyltransferase 1 family, polypeptide A1) (eg, drug metabolism, hereditary unconjugated hyperbilirubinemia [Gilbert syndrome]) gene analysis, common variants (eg, *28, *36, *37)	403	518	719	0	0.00
81355	VKORC1 (vitamin K epoxide reductase complex, subunit 1) (eg, warfarin metabolism), gene analysis, common variant(s) (eg, -1639G>A, c.173+1000C>T)	204	262	364	0	0.00
81361	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); common variant(s) (eg, HbS, HbC, HbE)	657	846	1173	0	0.00

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
81362	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); known familial variant(s)	1222	1572	2181	0	0.00
81363	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); duplication/deletion variant(s)	659	848	1176	0	0.00
81364	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); full gene sequence	508	653	906	0	0.00

HUMAN LEUKOCYTE ANTIGEN (HLA) TYPING

81370	HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, -C, -DRB1/3/4/5, and -DQB1	1046	1346	1867	0	0.00
81371	HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, and -DRB1 (eg, verification typing)	1318	1695	2351	0	0.00
81372	HLA Class I typing, low resolution (eg, antigen equivalents); complete (ie, HLA-A, -B, and -C)	665	856	1187	0	0.00
81373	HLA Class I typing, low resolution (eg, antigen equivalents); one locus (eg, HLA-A, -B, or -C), each	389	500	694	0	0.00
81374	HLA Class I typing, low resolution (eg, antigen equivalents); one antigen equivalent (eg, B*27), each	209	269	373	0	0.00
81375	HLA Class II typing, low resolution (eg, antigen equivalents); HLA-DRB1/3/4/5 and -DQB1	610	784	1088	0	0.00
81376	HLA Class II typing, low resolution (eg, antigen equivalents); one locus (eg, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each	185	238	330	0	0.00
81377	HLA Class II typing, low resolution (eg, antigen equivalents); one antigen equivalent, each	379	488	676	0	0.00
81378	HLA Class I and II typing, high resolution (ie, alleles or allele groups), HLA-A, -B, -C, and -DRB1	1415	1820	2526	0	0.00
81379	HLA Class I typing, high resolution (ie, alleles or allele groups); complete (ie, HLA-A, -B, and -C)	1513	1946	2699	0	0.00
81380	HLA Class I typing, high resolution (ie, alleles or allele groups); one locus (eg, HLA-A, -B, or -C), each	555	713	990	0	0.00

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
81381	HLA Class I typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, B*57:01P), each	590	758	1052	0	0.00
81382	HLA Class II typing, high resolution (ie, alleles or allele groups); one locus (eg, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each	504	648	899	0	0.00
81383	HLA Class II typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, HLA-DQB1*06:02P), each	352	452	627	0	0.00

GENOMIC SEQUENCING PROCEDURES AND OTHER MOLECULAR MULTIANALYTE ASSAYS

81400	Molecular pathology procedure, Level 1	214	275	382	0	0.00
81401	Molecular pathology procedure, Level 2	293	377	522	0	0.00
81402	Molecular pathology procedure, Level 3	202	260	361	0	0.00
81403	Molecular pathology procedure, Level 4	305	393	545	0	0.00
81404	Molecular pathology procedure, Level 5	307	395	547	0	0.00
81405	Molecular pathology procedure, Level 6	337	434	602	0	0.00
81406	Molecular pathology procedure, Level 7	520	668	927	0	0.00
81407	Molecular pathology procedure, Level 8	1906	2451	3400	0	0.00
81408	Molecular pathology procedure, Level 9	2091	2689	3731	0	0.00
81410	Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); genomic sequence analysis panel, must include sequencing of at least 9 genes, including FBN1, TGFBR1, TGFBR2, COL3A1, MYH11, ACTA2, SLC2A10, SMAD3, and MYLK	6791	8734	12117	0	0.00
81411	Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); duplication/deletion analysis panel, must include analyses for TGFBR1, TGFBR2, MYH11, and COL3A1	3289	4230	5868	0	0.00
81412	Ashkenazi Jewish associated disorders (eg, Bloom syndrome, Canavan disease, cystic fibrosis, familial dysautonomia, Fanconi anemia group C, Gaucher disease, Tay-Sachs disease), genomic sequence analysis panel, must include sequencing of at least 9 genes, including ASPA,	19353	24892	34532	0	0.00

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
	BLM, CFTR, FANCC, GBA, HEXA, IKBKAP, MCOLN1, and SMPD1					
81413	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); genomic sequence analysis panel, must include sequencing of at least 10 genes, including ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, and SCN5A	4547	5848	8113	0	0.00
81414	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); duplication/deletion gene analysis panel, must include analysis of at least 2 genes, including KCNH2 and KCNQ1	2241	2882	3999	0	0.00
81415	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis	15272	19642	27249	0	0.00
81416	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator exome (eg, parents, siblings) (List separately in addition to code for primary procedure)	13227	17013	23602	0	0.00
81417	Exome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained exome sequence (eg, updated knowledge or unrelated condition/syndrome)	1042	1341	1860	0	0.00
81420	Fetal chromosomal aneuploidy (eg, trisomy 21, monosomy X) genomic sequence analysis panel, circulating cell-free fetal DNA in maternal blood, must include analysis of chromosomes 13, 18, and 21	2545	3274	4542	0	0.00
81422	Fetal chromosomal microdeletion(s) genomic sequence analysis (eg, DiGeorge syndrome, Cri-du-chat syndrome), circulating cell-free fetal DNA in maternal blood	3060	3936	5460	0	0.00
81425	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis	16388	21078	29241	0	0.00
81426	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator genome (eg, parents, siblings) (List separately in addition to code for primary procedure)	8827	11353	15750	0	0.00

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
81427	Genome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained genome sequence (eg, updated knowledge or unrelated condition/syndrome)	7614	9793	13586	0	0.00
81430	Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); genomic sequence analysis panel, must include sequencing of at least 60 genes, including CDH23, CLRN1, GJB2, GPR98, MTRNR1, MYO7A, MYO15A, PCDH15, OTOF, SLC26A4, TMC1, TMPRSS3, USH1C, USH1G, USH2A, and WFS1	5076	6529	9058	0	0.00
81431	Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); duplication/deletion analysis panel, must include copy number analyses for STRC and DFNB1 deletions in GJB2 and GJB6 genes	1311	1686	2340	0	0.00
81432	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); genomic sequence analysis panel, must include sequencing of at least 10 genes, always including BRCA1, BRCA2, CDH1, MLH1, MSH2, MSH6, PALB2, PTEN, STK11, and TP53	1452	1867	2590	0	0.00
81433	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); duplication/deletion analysis panel, must include analyses for BRCA1, BRCA2, MLH1, MSH2, and STK11	1608	2068	2870	0	0.00
81434	Hereditary retinal disorders (eg, retinitis pigmentosa, Leber congenital amaurosis, cone-rod dystrophy), genomic sequence analysis panel, must include sequencing of at least 15 genes, including ABCA4, CNGA1, CRB1, EYS, PDE6A, PDE6B, PRPF31, PRPH2, RDH12, RHO, RP1, RP2, RPE65, RPGR, and USH2A	1980	2547	3533	0	0.00
81435	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis); genomic sequence analysis panel, must include sequencing of at least 10 genes, including APC, BMPR1A, CDH1, MLH1, MSH2, MSH6, MUTYH, PTEN, SMAD4, and STK11	858	1103	1531	0	0.00
81436	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis);	1039	1336	1854	0	0.00

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
	duplication/deletion analysis panel, must include analysis of at least 5 genes, including MLH1, MSH2, EPCAM, SMAD4, and STK11					
81437	Hereditary neuroendocrine tumor disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma); genomic sequence analysis panel, must include sequencing of at least 6 genes, including MAX, SDHB, SDHC, SDHD, TMEM127, and VHL	3021	3885	5390	0	0.00
81438	Hereditary neuroendocrine tumor disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma); duplication/deletion analysis panel, must include analyses for SDHB, SDHC, SDHD, and VHL	1512	1944	2697	0	0.00
81439	Hereditary cardiomyopathy (eg, hypertrophic cardiomyopathy, dilated cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy), genomic sequence analysis panel, must include sequencing of at least 5 cardiomyopathy-related genes (eg, DSG2, MYBPC3, MYH7, PKP2, TTN)	3613	4647	6447	0	0.00
81440	Nuclear encoded mitochondrial genes (eg, neurologic or myopathic phenotypes), genomic sequence panel, must include analysis of at least 100 genes, including BCS1L, C10orf2, COQ2, COX10, DGUOK, MPV17, OPA1, PDSS2, POLG, POLG2, RRM2B, SCO1, SCO2, SLC25A4, SUCLA2, SUCLG1, TAZ, TK2, and TYMP	14070	18097	25106	0	0.00
81442	Noonan spectrum disorders (eg, Noonan syndrome, cardio-facio-cutaneous syndrome, Costello syndrome, LEOPARD syndrome, Noonan-like syndrome), genomic sequence analysis panel, must include sequencing of at least 12 genes, including BRAF, CBL, HRAS, KRAS, MAP2K1, MAP2K2, NRAS, PTPN11, RAF1, RIT1, SHOC2, and SOS1	3173	4081	5661	0	0.00
81443	Genetic testing for severe inherited conditions (eg, cystic fibrosis, Ashkenazi Jewish-associated disorders [eg, Bloom syndrome, Canavan disease, Fanconi anemia type C, mucopolipidosis type VI, Gaucher disease, Tay-Sachs disease], beta hemoglobinopathies, phenylketonuria, galactosemia), genomic sequence analysis panel, must include sequencing of at least 15 genes (eg, ACADM, ARSA, ASPA, ATP7B, BCKDHA, BCKDHB, BLM, CFTR, DHCR7, FANCC,	5062	6510	9032	0	0.00

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
	G6PC, GAA, GALT, GBA, GBE1, HBB, HEXA, IKBKAP, MCOLN1, PAH)					
81445	Targeted genomic sequence analysis panel, solid organ neoplasm, DNA analysis, and RNA analysis when performed, 5-50 genes (eg, ALK, BRAF, CDKN2A, EGFR, ERBB2, KIT, KRAS, NRAS, MET, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, if performed	2427	3122	4331	0	0.00
81448	Hereditary peripheral neuropathies (eg, Charcot-Marie-Tooth, spastic paraplegia), genomic sequence analysis panel, must include sequencing of at least 5 peripheral neuropathy-related genes (eg, BSCL2, GJB1, MFN2, MPZ, REEP1, SPAST, SPG11, SPTLC1)	2014	2591	3594	0	0.00
81450	Targeted genomic sequence analysis panel, hematolymphoid neoplasm or disorder, DNA analysis, and RNA analysis when performed, 5-50 genes (eg, BRAF, CEBPA, DNMT3A, EZH2, FLT3, IDH1, IDH2, JAK2, KRAS, KIT, MLL, NRAS, NPM1, NOTCH1), interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed	2448	3149	4368	0	0.00
81455	Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm, DNA analysis, and RNA analysis when performed, 51 or greater genes (eg, ALK, BRAF, CDKN2A, CEBPA, DNMT3A, EGFR, ERBB2, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MLL, NPM1, NRAS, MET, NOTCH1, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, if performed	5052	6498	9015	0	0.00
81460	Whole mitochondrial genome (eg, Leigh syndrome, mitochondrial encephalomyopathy, lactic acidosis, and stroke-like episodes [MELAS], myoclonic epilepsy with ragged-red fibers [MERFF], neuropathy, ataxia, and retinitis pigmentosa [NARP], Leber hereditary optic neuropathy [LHON]), genomic sequence, must include sequence analysis of entire mitochondrial genome with heteroplasmy detection	2038	2621	3636	0	0.00
81465	Whole mitochondrial genome large deletion analysis panel (eg, Kearns-Sayre syndrome, chronic progressive external ophthalmoplegia), including heteroplasmy detection, if performed	2120	2727	3783	0	0.00

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
81470	X-linked intellectual disability (XLID) (eg, syndromic and non-syndromic XLID); genomic sequence analysis panel, must include sequencing of at least 60 genes, including ARX, ATRX, CDKL5, FGD1, FMR1, HUWE1, IL1RAPL, KDM5C, L1CAM, MECP2, MED12, MID1, OCRL, RPS6KA3, and SLC16A2	3315	4264	5915	0	0.00
81471	X-linked intellectual disability (XLID) (eg, syndromic and non-syndromic XLID); duplication/deletion gene analysis, must include analysis of at least 60 genes, including ARX, ATRX, CDKL5, FGD1, FMR1, HUWE1, IL1RAPL, KDM5C, L1CAM, MECP2, MED12, MID1, OCRL, RPS6KA3, and SLC16A2	3315	4264	5915	0	0.00
81479	Unlisted molecular pathology procedure	0	0	0	0	0.00

MULTIANALYTE ASSAYS WITH ALGORITHMIC ANALYSES

81490	Autoimmune (rheumatoid arthritis), analysis of 12 biomarkers using immunoassays, utilizing serum, prognostic algorithm reported as a disease activity score	1007	1296	1798	0	0.00
81493	Coronary artery disease, mRNA, gene expression profiling by real-time RT-PCR of 23 genes, utilizing whole peripheral blood, algorithm reported as a risk score	1269	1633	2265	0	0.00
81500	Oncology (ovarian), biochemical assays of two proteins (CA-125 and HE4), utilizing serum, with menopausal status, algorithm reported as a risk score	568	730	1013	0	0.00
81503	Oncology (ovarian), biochemical assays of five proteins (CA-125, apolipoprotein A1, beta-2 microglobulin, transferrin, and pre-albumin), utilizing serum, algorithm reported as a risk score	1520	1955	2712	0	0.00
81504	Oncology (tissue of origin), microarray gene expression profiling of > 2000 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as tissue similarity scores	1694	2178	3022	0	0.00
81506	Endocrinology (type 2 diabetes), biochemical assays of seven analytes (glucose, HbA1c, insulin, hs-CRP, adiponectin, ferritin, interleukin 2-receptor alpha), utilizing serum or plasma, algorithm reporting a risk score	231	298	413	0	0.00
81507	Fetal aneuploidy (trisomy 21, 18, and 13) DNA sequence analysis of selected regions using maternal plasma, algorithm reported as a risk score for each trisomy	2531	3256	4517	0	0.00

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
81508	Fetal congenital abnormalities, biochemical assays of two proteins (PAPP-A, hCG [any form]), utilizing maternal serum, algorithm reported as a risk score	225	290	402	0	0.00
81509	Fetal congenital abnormalities, biochemical assays of three proteins (PAPP-A, hCG [any form], DIA), utilizing maternal serum, algorithm reported as a risk score	1524	1960	2719	0	0.00
81510	Fetal congenital abnormalities, biochemical assays of three analytes (AFP, uE3, hCG [any form]), utilizing maternal serum, algorithm reported as a risk score	181	233	323	0	0.00
81511	Fetal congenital abnormalities, biochemical assays of four analytes (AFP, uE3, hCG [any form], DIA) utilizing maternal serum, algorithm reported as a risk score (may include additional results from previous biochemical testing)	389	500	694	0	0.00
81512	Fetal congenital abnormalities, biochemical assays of five analytes (AFP, uE3, total hCG, hyperglycosylated hCG, DIA) utilizing maternal serum, algorithm reported as a risk score	936	1204	1671	0	0.00
81518	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 11 genes (7 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithms reported as percentage risk for metastatic recurrence and likelihood of benefit from extended endocrine therapy	12615	16225	22509	0	0.00
81519	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 21 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence score	4694	6037	8375	0	0.00
81520	Oncology (breast), mRNA gene expression profiling by hybrid capture of 58 genes (50 content and 8 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a recurrence risk score	8621	11089	15383	0	0.00
81521	Oncology (breast), mRNA, microarray gene expression profiling of 70 content genes and 465 housekeeping genes, utilizing fresh frozen or formalin-fixed paraffin-embedded tissue, algorithm reported as index related to risk of distant metastasis	11972	15398	21361	0	0.00
81522	Oncology (breast), mRNA, gene expression profiling by RT-PCR of 12 genes (8 content and 4 housekeeping), utilizing formalin-fixed	12615	16225	22509	0	0.00

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
	paraffin-embedded tissue, algorithm reported as recurrence risk score					
81525	Oncology (colon), mRNA, gene expression profiling by real-time RT-PCR of 12 genes (7 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a recurrence score	4502	5791	8034	0	0.00
81528	Oncology (colorectal) screening, quantitative real-time target and signal amplification of 10 DNA markers (KRAS mutations, promoter methylation of NDRG4 and BMP3) and fecal hemoglobin, utilizing stool, algorithm reported as a positive or negative result	656	843	1170	0	0.00
81535	Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by DAPI stain and morphology, predictive algorithm reported as a drug response score; first single drug or drug combination	1887	2428	3368	0	0.00
81536	Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by DAPI stain and morphology, predictive algorithm reported as a drug response score; each additional single drug or drug combination (List separately in addition to code for primary procedure)	578	744	1032	0	0.00
81538	Oncology (lung), mass spectrometric 8-protein signature, including amyloid A, utilizing serum, prognostic and predictive algorithm reported as good versus poor overall survival	3661	4709	6533	0	0.00
81539	Oncology (high-grade prostate cancer), biochemical assay of four proteins (Total PSA, Free PSA, Intact PSA, and human kallikrein-2 [hK2]), utilizing plasma or serum, prognostic algorithm reported as a probability score	773	994	1379	0	0.00
81540	Oncology (tumor of unknown origin), mRNA, gene expression profiling by real-time RT-PCR of 92 genes (87 content and 5 housekeeping) to classify tumor into main cancer type and subtype, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a probability of a predicted main cancer type and subtype	7652	9841	13653	0	0.00
81541	Oncology (prostate), mRNA gene expression profiling by real-time RT-PCR of 46 genes (31 content and 15 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a disease-specific mortality risk score	3962	5096	7070	0	0.00

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
81542	Oncology (prostate), mRNA, microarray gene expression profiling of 22 content genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as metastasis risk score	0	0	0	0	0.00
81545	Oncology (thyroid), gene expression analysis of 142 genes, utilizing fine needle aspirate, algorithm reported as a categorical result (eg, benign or suspicious)	4129	5311	7368	0	0.00
81551	Oncology (prostate), promoter methylation profiling by real-time PCR of 3 genes (GSTP1, APC, RASSF1), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a likelihood of prostate cancer detection on repeat biopsy	3353	4312	5982	0	0.00
81552	Oncology (uveal melanoma), mRNA, gene expression profiling by real-time RT-PCR of 15 genes (12 content and 3 housekeeping), utilizing fine needle aspirate or formalin-fixed paraffin-embedded tissue, algorithm reported as risk of metastasis	0	0	0	0	0.00
81595	Cardiology (heart transplant), mRNA, gene expression profiling by real-time quantitative PCR of 20 genes (11 content and 9 housekeeping), utilizing subfraction of peripheral blood, algorithm reported as a rejection risk score	3658	4704	6526	0	0.00
81596	Infectious disease, chronic hepatitis C virus (HCV) infection, six biochemical assays (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT, and haptoglobin) utilizing serum, prognostic algorithm reported as scores for fibrosis and necroinflammatory activity in liver	304	391	542	0	0.00
81599	Unlisted multianalyte assay with algorithmic analysis	0	0	0	0	0.00

CHEMISTRY

82009	Ketone body(s) (eg, acetone, acetoacetic acid, beta-hydroxybutyrate); qualitative	13	17	24	0	0.00
82010	Ketone body(s) (eg, acetone, acetoacetic acid, beta-hydroxybutyrate); quantitative	82	106	147	0	0.00
82013	Acetylcholinesterase	116	149	207	0	0.00
82016	Acylcarnitines; qualitative, each specimen	40	51	71	0	0.00

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
82017	Acylcarnitines; quantitative, each specimen	21	27	38	0	0.00
82024	Adrenocorticotrophic hormone (ACTH)	165	212	294	0	0.00
82030	Adenosine, 5-monophosphate, cyclic (cyclic AMP)	54	70	97	0	0.00
82040	Albumin; serum, plasma or whole blood	16	21	29	0	0.00
82042	Albumin; other source, quantitative, each specimen	20	26	36	0	0.00
82043	Albumin; urine (eg, microalbumin), quantitative	70	90	125	0	0.00
82044	Albumin; urine (eg, microalbumin), semiquantitative (eg, reagent strip assay)	16	21	29	0	0.00
82045	Albumin; ischemia modified	51	66	91	0	0.00
82075	Alcohol (ethanol), breath	50	65	90	0	0.00
82085	Aldolase	79	102	141	0	0.00
82088	Aldosterone	152	195	271	0	0.00
82103	Alpha-1-antitrypsin; total	94	120	167	0	0.00
82104	Alpha-1-antitrypsin; phenotype	111	143	199	0	0.00
82105	Alpha-fetoprotein (AFP); serum	95	122	169	0	0.00
82106	Alpha-fetoprotein (AFP); amniotic fluid	78	100	139	0	0.00
82107	Alpha-fetoprotein (AFP); AFP-L3 fraction isoform and total AFP (including ratio)	203	260	361	0	0.00
82108	Aluminum	215	276	383	0	0.00
82120	Amines, vaginal fluid, qualitative	10	13	18	0	0.00
82127	Amino acids; single, qualitative, each specimen	52	67	93	0	0.00
82128	Amino acids; multiple, qualitative, each specimen	43	55	77	0	0.00
82131	Amino acids; single, quantitative, each specimen	68	88	122	0	0.00
82135	Aminolevulinic acid, delta (ALA)	108	139	192	0	0.00
82136	Amino acids, 2 to 5 amino acids, quantitative, each specimen	137	176	244	0	0.00
82139	Amino acids, 6 or more amino acids, quantitative, each specimen	25	32	45	0	0.00
82140	Ammonia	95	122	169	0	0.00

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
82143	Amniotic fluid scan (spectrophotometric)	51	66	92	0	0.00
82150	Amylase	41	52	73	0	0.00
82154	Androstenediol glucuronide	108	139	193	0	0.00
82157	Androstenedione	138	178	247	0	0.00
82160	Androsterone	79	101	140	0	0.00
82163	Angiotensin II	136	174	242	0	0.00
82164	Angiotensin I - converting enzyme (ACE)	113	145	202	0	0.00
82172	Apolipoprotein, each	85	109	151	0	0.00
82175	Arsenic	49	63	87	0	0.00
82180	Ascorbic acid (Vitamin C), blood	48	61	85	0	0.00
82190	Atomic absorption spectroscopy, each analyte	52	67	92	0	0.00
82232	Beta-2 microglobulin	112	144	199	0	0.00
82239	Bile acids; total	84	108	150	0	0.00
82240	Bile acids; cholyglycine	59	76	105	0	0.00
82247	Bilirubin; total	20	26	36	0	0.00
82248	Bilirubin; direct	19	25	34	0	0.00
82252	Bilirubin; feces, qualitative	20	26	36	0	0.00
82261	Biotinidase, each specimen	21	27	38	0	0.00
82270	Blood, occult, by peroxidase activity (eg, guaiac), qualitative; feces, consecutive collected specimens with single determination, for colorectal neoplasm screening (ie, patient was provided 3 cards or single triple card for consecutive collection)	15	20	27	0	0.00
82271	Blood, occult, by peroxidase activity (eg, guaiac), qualitative; other sources	12	16	22	0	0.00
82272	Blood, occult, by peroxidase activity (eg, guaiac), qualitative, feces, 1-3 simultaneous determinations, performed for other than colorectal neoplasm screening	18	24	33	0	0.00
82274	Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, 1-3 simultaneous determinations	61	78	108	0	0.00
82286	Bradykinin	31	40	55	0	0.00

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
82300	Cadmium	59	76	106	0	0.00
82306	Vitamin D; 25 hydroxy, includes fraction(s), if performed	210	270	375	0	0.00
82308	Calcitonin	172	221	307	0	0.00
82310	Calcium; total	27	35	48	0	0.00
82330	Calcium; ionized	78	101	140	0	0.00
82331	Calcium; after calcium infusion test	37	48	67	0	0.00
82340	Calcium; urine quantitative, timed specimen	34	44	60	0	0.00
82355	Calculus; qualitative analysis	55	71	98	0	0.00
82360	Calculus; quantitative analysis, chemical	74	95	131	0	0.00
82365	Calculus; infrared spectroscopy	97	124	173	0	0.00
82370	Calculus; X-ray diffraction	125	161	223	0	0.00
82373	Carbohydrate deficient transferrin	143	184	255	0	0.00
82374	Carbon dioxide (bicarbonate)	16	21	29	0	0.00
82375	Carboxyhemoglobin; quantitative	68	87	121	0	0.00
82376	Carboxyhemoglobin; qualitative	16	20	28	0	0.00
82378	Carcinoembryonic antigen (CEA)	101	130	180	0	0.00
82379	Carnitine (total and free), quantitative, each specimen	21	27	38	0	0.00
82380	Carotene	121	156	216	0	0.00
82382	Catecholamines; total urine	156	201	279	0	0.00
82383	Catecholamines; blood	113	145	202	0	0.00
82384	Catecholamines; fractionated	187	240	333	0	0.00
82387	Cathepsin-D	30	39	54	0	0.00
82390	Ceruloplasmin	85	109	151	0	0.00
82397	Chemiluminescent assay	64	83	115	0	0.00
82415	Chloramphenicol	70	90	125	0	0.00
82435	Chloride; blood	8	10	15	0	0.00
82436	Chloride; urine	20	26	36	0	0.00
82438	Chloride; other source	50	65	90	0	0.00

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
82441	Chlorinated hydrocarbons, screen	52	66	92	0	0.00
82465	Cholesterol, serum or whole blood, total	20	26	36	0	0.00
82480	Cholinesterase; serum	89	114	159	0	0.00
82482	Cholinesterase; RBC	63	81	112	0	0.00
82485	Chondroitin B sulfate, quantitative	93	120	166	0	0.00
82495	Chromium	86	111	153	0	0.00
82507	Citrate	81	104	145	0	0.00
82523	Collagen cross links, any method	162	208	288	0	0.00
82525	Copper	85	109	152	0	0.00
82528	Corticosterone	94	120	167	0	0.00
82530	Cortisol; free	67	86	119	0	0.00
82533	Cortisol; total	94	121	167	0	0.00
82540	Creatine	20	26	36	0	0.00
82542	Column chromatography, includes mass spectrometry, if performed (eg, HPLC, LC, LC/MS, LC/MS-MS, GC, GC/MS-MS, GC/MS, HPLC/MS), non-drug analyte(s) not elsewhere specified, qualitative or quantitative, each specimen	106	136	189	0	0.00
82550	Creatine kinase (CK), (CPK); total	38	49	67	0	0.00
82552	Creatine kinase (CK), (CPK); isoenzymes	62	79	110	0	0.00
82553	Creatine kinase (CK), (CPK); MB fraction only	64	82	114	0	0.00
82554	Creatine kinase (CK), (CPK); isoforms	54	69	96	0	0.00
82565	Creatinine; blood	20	26	36	0	0.00
82570	Creatinine; other source	45	58	81	0	0.00
82575	Creatinine; clearance	60	78	108	0	0.00
82585	Cryofibrinogen	73	94	130	0	0.00
82595	Cryoglobulin, qualitative or semi-quantitative (eg, cryocrit)	70	89	124	0	0.00
82600	Cyanide	82	105	146	0	0.00
82607	Cyanocobalamin (Vitamin B-12);	99	127	177	0	0.00

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
82608	Cyanocobalamin (Vitamin B-12); unsaturated binding capacity	122	157	217	0	0.00
82610	Cystatin C	74	96	133	0	0.00
82615	Cystine and homocystine, urine, qualitative	40	51	71	0	0.00
82626	Dehydroepiandrosterone (DHEA)	106	127	176	0	0.00
82627	Dehydroepiandrosterone-sulfate (DHEA-S)	126	152	210	0	0.00
82633	Desoxycorticosterone, 11-	130	157	216	0	0.00
82634	Deoxycortisol, 11-	92	111	154	0	0.00
82638	Dibucaine number	39	47	64	0	0.00
82642	Dihydrotestosterone (DHT)	264	318	438	0	0.00
82652	Vitamin D; 1, 25 dihydroxy, includes fraction(s), if performed	320	385	531	0	0.00
82656	Elastase, pancreatic (EL-1), fecal, qualitative or semi-quantitative	79	96	132	0	0.00
82657	Enzyme activity in blood cells, cultured cells, or tissue, not elsewhere specified; nonradioactive substrate, each specimen	80	96	132	0	0.00
82658	Enzyme activity in blood cells, cultured cells, or tissue, not elsewhere specified; radioactive substrate, each specimen	141	170	235	0	0.00
82664	Electrophoretic technique, not elsewhere specified	126	151	209	0	0.00
82668	Erythropoietin	141	171	235	0	0.00
82670	Estradiol	145	175	241	0	0.00
82671	Estrogens; fractionated	122	147	202	0	0.00
82672	Estrogens; total	171	206	284	0	0.00
82677	Estriol	104	126	173	0	0.00
82679	Estrone	111	134	184	0	0.00
82693	Ethylene glycol	52	63	86	0	0.00
82696	Etiocolanolone	75	90	124	0	0.00
82705	Fat or lipids, feces; qualitative	92	111	154	0	0.00
82710	Fat or lipids, feces; quantitative	146	176	242	0	0.00
82715	Fat differential, feces, quantitative	61	74	101	0	0.00

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
82725	Fatty acids, nonesterified	70	85	117	0	0.00
82726	Very long chain fatty acids	53	64	88	0	0.00
82728	Ferritin	83	100	138	0	0.00
82731	Fetal fibronectin, cervicovaginal secretions, semi-quantitative	337	406	559	0	0.00
82735	Fluoride	32	39	53	0	0.00
82746	Folic acid; serum	100	120	165	0	0.00
82747	Folic acid; RBC	95	115	158	0	0.00
82757	Fructose, semen	60	72	100	0	0.00
82759	Galactokinase, RBC	105	126	174	0	0.00
82760	Galactose	39	47	64	0	0.00
82775	Galactose-1-phosphate uridyl transferase; quantitative	26	31	43	0	0.00
82776	Galactose-1-phosphate uridyl transferase; screen	24	28	39	0	0.00
82777	Galectin-3	71	86	118	0	0.00
82784	Gammaglobulin (immunoglobulin); IgA, IgD, IgG, IgM, each	62	74	102	0	0.00
82785	Gammaglobulin (immunoglobulin); IgE	92	111	154	0	0.00
82787	Gammaglobulin (immunoglobulin); immunoglobulin subclasses (eg, IgG1, 2, 3, or 4), each	85	103	142	0	0.00
82800	Gases, blood, pH only	25	30	41	0	0.00
82803	Gases, blood, any combination of pH, pCO ₂ , pO ₂ , CO ₂ , HCO ₃ (including calculated O ₂ saturation);	68	82	113	0	0.00
82805	Gases, blood, any combination of pH, pCO ₂ , pO ₂ , CO ₂ , HCO ₃ (including calculated O ₂ saturation); with O ₂ saturation, by direct measurement, except pulse oximetry	90	108	149	0	0.00
82810	Gases, blood, O ₂ saturation only, by direct measurement, except pulse oximetry	41	50	68	0	0.00
82820	Hemoglobin-oxygen affinity (pO ₂ for 50% hemoglobin saturation with oxygen)	63	76	104	0	0.00
82930	Gastric acid analysis, includes pH if performed, each specimen	21	25	34	0	0.00

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
82938	Gastrin after secretin stimulation	86	104	143	0	0.00
82941	Gastrin	103	124	171	0	0.00
82943	Glucagon	176	213	293	0	0.00
82945	Glucose, body fluid, other than blood	54	65	90	0	0.00
82946	Glucagon tolerance test	21	25	34	0	0.00
82947	Glucose; quantitative, blood (except reagent strip)	20	25	34	0	0.00
82948	Glucose; blood, reagent strip	12	15	20	0	0.00
82950	Glucose; post glucose dose (includes glucose)	34	41	56	0	0.00
82951	Glucose; tolerance test (GTT), 3 specimens (includes glucose)	65	78	108	0	0.00
82952	Glucose; tolerance test, each additional beyond 3 specimens (List separately in addition to code for primary procedure)	22	26	36	0	0.00
82955	Glucose-6-phosphate dehydrogenase (G6PD); quantitative	82	99	137	0	0.00
82960	Glucose-6-phosphate dehydrogenase (G6PD); screen	10	12	17	0	0.00
82962	Glucose, blood by glucose monitoring device(s) cleared by the FDA specifically for home use	13	16	22	0	0.00
82963	Glucosidase, beta	105	126	174	0	0.00
82965	Glutamate dehydrogenase	81	98	134	0	0.00
82977	Glutamyltransferase, gamma (GGT)	31	37	51	0	0.00
82978	Glutathione	47	57	78	0	0.00
82979	Glutathione reductase, RBC	87	105	145	0	0.00
82985	Glycated protein	80	97	134	0	0.00
83001	Gonadotropin; follicle stimulating hormone (FSH)	103	124	171	0	0.00
83002	Gonadotropin; luteinizing hormone (LH)	103	124	171	0	0.00
83003	Growth hormone, human (HGH) (somatotropin)	80	96	132	0	0.00
83006	Growth stimulation expressed gene 2 (ST2, Interleukin 1 receptor like-1)	164	198	273	0	0.00
83009	Helicobacter pylori, blood test analysis for urease activity, non-radioactive isotope (eg, C-13)	153	185	255	0	0.00

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
83010	Haptoglobin; quantitative	75	91	125	0	0.00
83012	Haptoglobin; phenotypes	99	119	164	0	0.00
83013	Helicobacter pylori; breath test analysis for urease activity, non-radioactive isotope (eg, C-13)	233	281	387	0	0.00
83014	Helicobacter pylori; drug administration	41	50	69	0	0.00
83015	Heavy metal (eg, arsenic, barium, beryllium, bismuth, antimony, mercury); qualitative, any number of analytes	47	57	79	0	0.00
83018	Heavy metal (eg, arsenic, barium, beryllium, bismuth, antimony, mercury); quantitative, each, not elsewhere specified	104	126	173	0	0.00
83020	Hemoglobin fractionation and quantitation; electrophoresis (eg, A2, S, C, and/or F)	142	172	237	0	0.00
83020-26		50	60	83	19	0.53
83021	Hemoglobin fractionation and quantitation; chromatography (eg, A2, S, C, and/or F)	78	94	130	0	0.00
83026	Hemoglobin; by copper sulfate method, non-automated	13	16	22	0	0.00
83030	Hemoglobin; F (fetal), chemical	26	31	43	0	0.00
83033	Hemoglobin; F (fetal), qualitative	41	49	68	0	0.00
83036	Hemoglobin; glycosylated (A1C)	69	84	115	0	0.00
83037	Hemoglobin; glycosylated (A1C) by device cleared by FDA for home use	31	37	51	0	0.00
83045	Hemoglobin; methemoglobin, qualitative	15	19	26	0	0.00
83050	Hemoglobin; methemoglobin, quantitative	44	53	72	0	0.00
83051	Hemoglobin; plasma	51	61	85	0	0.00
83060	Hemoglobin; sulfhemoglobin, quantitative	37	44	61	0	0.00
83065	Hemoglobin; thermolabile	34	41	56	0	0.00
83068	Hemoglobin; unstable, screen	33	39	54	0	0.00
83069	Hemoglobin; urine	33	40	55	0	0.00
83070	Hemosiderin, qualitative	64	77	107	0	0.00
83080	b-Hexosaminidase, each assay	74	89	122	0	0.00

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
83088	Histamine	208	250	345	0	0.00
83090	Homocysteine	142	171	235	0	0.00
83150	Homovanillic acid (HVA)	57	69	94	0	0.00
83491	Hydroxycorticosteroids, 17- (17-OHCS)	55	67	92	0	0.00
83497	Hydroxyindolacetic acid, 5-(HIAA)	38	46	63	0	0.00
83498	Hydroxyprogesterone, 17-d	34	41	57	0	0.00
83500	Hydroxyproline; free	110	133	184	0	0.00
83505	Hydroxyproline; total	119	143	197	0	0.00
83516	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; qualitative or semiquantitative, multiple step method	100	139	206	0	0.00
83518	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; qualitative or semiquantitative, single step method (eg, reagent strip)	26	36	53	0	0.00
83519	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; quantitative, by radioimmunoassay (eg, RIA)	152	211	312	0	0.00
83520	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; quantitative, not otherwise specified	68	94	139	0	0.00
83525	Insulin; total	65	90	134	0	0.00
83527	Insulin; free	124	173	256	0	0.00
83528	Intrinsic factor	81	113	168	0	0.00
83540	Iron	37	51	76	0	0.00
83550	Iron binding capacity	48	66	98	0	0.00
83570	Isocitric dehydrogenase (IDH)	40	56	83	0	0.00
83582	Ketogenic steroids, fractionation	65	90	133	0	0.00
83586	Ketosteroids, 17- (17-KS); total	103	143	212	0	0.00
83593	Ketosteroids, 17- (17-KS); fractionation	85	117	174	0	0.00
83605	Lactate (lactic acid)	44	61	91	0	0.00
83615	Lactate dehydrogenase (LD), (LDH);	31	44	65	0	0.00

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
83625	Lactate dehydrogenase (LD), (LDH); isoenzymes, separation and quantitation	71	98	145	0	0.00
83630	Lactoferrin, fecal; qualitative	77	107	158	0	0.00
83631	Lactoferrin, fecal; quantitative	207	287	425	0	0.00
83632	Lactogen, human placental (HPL) human chorionic somatomammotropin	92	128	190	0	0.00
83633	Lactose, urine, qualitative	36	50	74	0	0.00
83655	Lead	46	64	95	0	0.00
83661	Fetal lung maturity assessment; lecithin sphingomyelin (L/S) ratio	100	139	207	0	0.00
83662	Fetal lung maturity assessment; foam stability test	86	120	178	0	0.00
83663	Fetal lung maturity assessment; fluorescence polarization	86	120	178	0	0.00
83664	Fetal lung maturity assessment; lamellar body density	86	120	178	0	0.00
83670	Leucine aminopeptidase (LAP)	42	58	86	0	0.00
83690	Lipase	50	69	102	0	0.00
83695	Lipoprotein (a)	59	82	122	0	0.00
83698	Lipoprotein-associated phospholipase A2 (Lp-PLA2)	189	263	390	0	0.00
83700	Lipoprotein, blood; electrophoretic separation and quantitation	23	32	47	0	0.00
83701	Lipoprotein, blood; high resolution fractionation and quantitation of lipoproteins including lipoprotein subclasses when performed (eg, electrophoresis, ultracentrifugation)	191	265	393	0	0.00
83704	Lipoprotein, blood; quantitation of lipoprotein particle number(s) (eg, by nuclear magnetic resonance spectroscopy), includes lipoprotein particle subclass(es), when performed	107	149	221	0	0.00
83718	Lipoprotein, direct measurement; high density cholesterol (HDL cholesterol)	31	43	64	0	0.00
83719	Lipoprotein, direct measurement; VLDL cholesterol	34	48	71	0	0.00
83721	Lipoprotein, direct measurement; LDL cholesterol	40	56	83	0	0.00

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
83722	Lipoprotein, direct measurement; small dense LDL cholesterol	125	173	256	0	0.00
83727	Luteinizing releasing factor (LRH)	342	475	704	0	0.00
83735	Magnesium	40	56	83	0	0.00
83775	Malate dehydrogenase	34	47	69	0	0.00
83785	Manganese	83	115	170	0	0.00
83789	Mass spectrometry and tandem mass spectrometry (eg, MS, MS/MS, MALDI, MS-TOF, QTOF), non-drug analyte(s) not elsewhere specified, qualitative or quantitative, each specimen	104	144	213	0	0.00
83825	Mercury, quantitative	63	87	129	0	0.00
83835	Metanephrines	181	252	373	0	0.00
83857	Methalbumin	49	68	101	0	0.00
83861	Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolality	46	64	95	0	0.00
83864	Mucopolysaccharides, acid, quantitative	165	229	340	0	0.00
83872	Mucin, synovial fluid (Ropes test)	53	74	109	0	0.00
83873	Myelin basic protein, cerebrospinal fluid	137	189	281	0	0.00
83874	Myoglobin	84	116	172	0	0.00
83876	Myeloperoxidase (MPO)	190	264	391	0	0.00
83880	Natriuretic peptide	189	262	389	0	0.00
83883	Nephelometry, each analyte not elsewhere specified	148	206	305	0	0.00
83885	Nickel	118	164	244	0	0.00
83915	Nucleotidase 5'-	52	72	103	0	0.00
83916	Oligoclonal immune (oligoclonal bands)	153	211	302	0	0.00
83918	Organic acids; total, quantitative, each specimen	26	36	52	0	0.00
83919	Organic acids; qualitative, each specimen	255	354	505	0	0.00
83921	Organic acid, single, quantitative	48	67	96	0	0.00
83930	Osmolality; blood	69	95	136	0	0.00
83935	Osmolality; urine	79	109	156	0	0.00

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
83937	Osteocalcin (bone gla protein)	171	237	338	0	0.00
83945	Oxalate	52	72	103	0	0.00
83950	Oncoprotein; HER-2/neu	291	403	575	0	0.00
83951	Oncoprotein; des-gamma-carboxy-prothrombin (DCP)	386	536	764	0	0.00
83970	Parathormone (parathyroid hormone)	217	301	430	0	0.00
83986	pH; body fluid, not otherwise specified	13	18	26	0	0.00
83987	pH; exhaled breath condensate	60	83	119	0	0.00
83992	Phencyclidine (PCP)	51	70	100	0	0.00
83993	Calprotectin, fecal	90	124	177	0	0.00
84030	Phenylalanine (PKU), blood	30	42	59	0	0.00
84035	Phenylketones, qualitative	95	131	188	0	0.00
84060	Phosphatase, acid; total	31	42	60	0	0.00
84066	Phosphatase, acid; prostatic	36	50	71	0	0.00
84075	Phosphatase, alkaline;	15	20	29	0	0.00
84078	Phosphatase, alkaline; heat stable (total not included)	26	35	51	0	0.00
84080	Phosphatase, alkaline; isoenzymes	77	106	152	0	0.00
84081	Phosphatidylglycerol	75	103	147	0	0.00
84085	Phosphogluconate, 6-, dehydrogenase, RBC	38	52	74	0	0.00
84087	Phosphohexose isomerase	47	65	92	0	0.00
84100	Phosphorus inorganic (phosphate);	22	30	43	0	0.00
84105	Phosphorus inorganic (phosphate); urine	21	30	42	0	0.00
84106	Porphobilinogen, urine; qualitative	23	32	46	0	0.00
84110	Porphobilinogen, urine; quantitative	89	123	175	0	0.00
84112	Evaluation of cervicovaginal fluid for specific amniotic fluid protein(s) (eg, placental alpha microglobulin-1 [PAMG-1], placental protein 12 [PP12], alpha-fetoprotein), qualitative, each specimen	186	258	369	0	0.00
84119	Porphyrins, urine; qualitative	52	72	103	0	0.00
84120	Porphyrins, urine; quantitation and fractionation	129	179	256	0	0.00

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
84126	Porphyryns, feces, quantitative	162	225	321	0	0.00
84132	Potassium; serum, plasma or whole blood	19	27	38	0	0.00
84133	Potassium; urine	22	30	43	0	0.00
84134	Prealbumin	78	108	154	0	0.00
84135	Pregnanediol	60	83	119	0	0.00
84138	Pregnanetriol	59	82	118	0	0.00
84140	Pregnenolone	86	119	170	0	0.00
84143	17-hydroxypregnenolone	170	236	337	0	0.00
84144	Progesterone	96	133	190	0	0.00
84145	Procalcitonin (PCT)	83	116	165	0	0.00
84146	Prolactin	135	188	268	0	0.00
84150	Prostaglandin, each	201	279	398	0	0.00
84152	Prostate specific antigen (PSA); complexed (direct measurement)	76	106	151	0	0.00
84153	Prostate specific antigen (PSA); total	108	150	214	0	0.00
84154	Prostate specific antigen (PSA); free	95	131	187	0	0.00
84155	Protein, total, except by refractometry; serum, plasma or whole blood	16	23	32	0	0.00
84156	Protein, total, except by refractometry; urine	42	59	83	0	0.00
84157	Protein, total, except by refractometry; other source (eg, synovial fluid, cerebrospinal fluid)	40	55	79	0	0.00
84160	Protein, total, by refractometry, any source	20	28	40	0	0.00
84163	Pregnancy-associated plasma protein-A (PAPP-A)	82	113	161	0	0.00
84165	Protein; electrophoretic fractionation and quantitation, serum	81	112	159	0	0.00
84165-26		41	57	81	19	0.53
84166	Protein; electrophoretic fractionation and quantitation, other fluids with concentration (eg, urine, CSF)	113	157	224	0	0.00
84166-26		47	65	93	19	0.53
84181	Protein; Western Blot, with interpretation and report, blood or other body fluid	39	54	77	0	0.00

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
84181-26		0	0	0	19	0.53
84182	Protein; Western Blot, with interpretation and report, blood or other body fluid, immunological probe for band identification, each	118	164	234	0	0.00
84182-26		41	57	81	19	0.53
84202	Protoporphyrin, RBC; quantitative	77	107	153	0	0.00
84203	Protoporphyrin, RBC; screen	26	35	51	0	0.00
84206	Proinsulin	97	135	192	0	0.00
84207	Pyridoxal phosphate (Vitamin B-6)	134	185	265	0	0.00
84210	Pyruvate	32	44	63	0	0.00
84220	Pyruvate kinase	153	213	303	0	0.00
84228	Quinine	70	98	139	0	0.00
84233	Receptor assay; estrogen	97	135	192	0	0.00
84234	Receptor assay; progesterone	142	197	280	0	0.00
84235	Receptor assay; endocrine, other than estrogen or progesterone (specify hormone)	187	259	369	0	0.00
84238	Receptor assay; non-endocrine (specify receptor)	116	161	229	0	0.00
84244	Renin	131	182	259	0	0.00
84252	Riboflavin (Vitamin B-2)	66	92	131	0	0.00
84255	Selenium	85	115	142	0	0.00
84260	Serotonin	278	376	466	0	0.00
84270	Sex hormone binding globulin (SHBG)	107	145	180	0	0.00
84275	Sialic acid	96	129	160	0	0.00
84285	Silica	106	143	178	0	0.00
84295	Sodium; serum, plasma or whole blood	25	33	41	0	0.00
84300	Sodium; urine	30	41	51	0	0.00
84302	Sodium; other source	56	76	94	0	0.00
84305	Somatomedin	133	180	223	0	0.00
84307	Somatostatin	183	248	307	0	0.00
84311	Spectrophotometry, analyte not elsewhere specified	31	41	51	0	0.00

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
84315	Specific gravity (except urine)	36	48	60	0	0.00
84375	Sugars, chromatographic, TLC or paper chromatography	138	187	232	0	0.00
84376	Sugars (mono-, di-, and oligosaccharides); single qualitative, each specimen	99	134	166	0	0.00
84377	Sugars (mono-, di-, and oligosaccharides); multiple qualitative, each specimen	50	67	83	0	0.00
84378	Sugars (mono-, di-, and oligosaccharides); single quantitative, each specimen	45	61	75	0	0.00
84379	Sugars (mono-, di-, and oligosaccharides); multiple quantitative, each specimen	52	70	87	0	0.00
84392	Sulfate, urine	19	26	32	0	0.00
84402	Testosterone; free	143	194	240	0	0.00
84403	Testosterone; total	141	191	236	0	0.00
84410	Testosterone; bioavailable, direct measurement (eg, differential precipitation)	158	213	264	0	0.00
84425	Thiamine (Vitamin B-1)	120	163	201	0	0.00
84430	Thiocyanate	43	58	71	0	0.00
84431	Thromboxane metabolite(s), including thromboxane if performed, urine	73	98	122	0	0.00
84432	Thyroglobulin	103	140	173	0	0.00
84436	Thyroxine; total	48	66	81	0	0.00
84437	Thyroxine; requiring elution (eg, neonatal)	9	12	15	0	0.00
84439	Thyroxine; free	89	120	149	0	0.00
84442	Thyroxine binding globulin (TBG)	50	67	83	0	0.00
84443	Thyroid stimulating hormone (TSH)	98	133	164	0	0.00
84445	Thyroid stimulating immune globulins (TSI)	348	471	583	0	0.00
84446	Tocopherol alpha (Vitamin E)	80	108	134	0	0.00
84449	Transcortin (cortisol binding globulin)	99	134	166	0	0.00
84450	Transferase; aspartate amino (AST) (SGOT)	20	28	34	0	0.00
84460	Transferase; alanine amino (ALT) (SGPT)	22	30	37	0	0.00
84466	Transferrin	56	76	94	0	0.00

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
84478	Triglycerides	23	31	39	0	0.00
84479	Thyroid hormone (T3 or T4) uptake or thyroid hormone binding ratio (THBR)	47	64	79	0	0.00
84480	Triiodothyronine T3; total (TT-3)	118	160	198	0	0.00
84481	Triiodothyronine T3; free	164	222	275	0	0.00
84482	Triiodothyronine T3; reverse	103	140	173	0	0.00
84484	Troponin, quantitative	69	93	115	0	0.00
84485	Trypsin; duodenal fluid	33	45	55	0	0.00
84488	Trypsin; feces, qualitative	33	44	55	0	0.00
84490	Trypsin; feces, quantitative, 24-hour collection	15	21	26	0	0.00
84510	Tyrosine	105	142	176	0	0.00
84512	Troponin, qualitative	49	66	81	0	0.00
84520	Urea nitrogen; quantitative	17	24	29	0	0.00
84525	Urea nitrogen; semiquantitative (eg, reagent strip test)	21	29	36	0	0.00
84540	Urea nitrogen, urine	23	32	39	0	0.00
84545	Urea nitrogen, clearance	55	74	91	0	0.00
84550	Uric acid; blood	31	41	51	0	0.00
84560	Uric acid; other source	20	27	34	0	0.00
84577	Urobilinogen, feces, quantitative	75	101	125	0	0.00
84578	Urobilinogen, urine; qualitative	19	25	31	0	0.00
84580	Urobilinogen, urine; quantitative, timed specimen	40	54	67	0	0.00
84583	Urobilinogen, urine; semiquantitative	25	34	42	0	0.00
84585	Vanillylmandelic acid (VMA), urine	45	61	76	0	0.00
84586	Vasoactive intestinal peptide (VIP)	317	429	531	0	0.00
84588	Vasopressin (antidiuretic hormone, ADH)	286	387	479	0	0.00
84590	Vitamin A	73	99	122	0	0.00
84591	Vitamin, not otherwise specified	55	75	93	0	0.00
84597	Vitamin K	49	67	82	0	0.00

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
84600	Volatiles (eg, acetic anhydride, diethylether)	26	35	43	0	0.00
84620	Xylose absorption test, blood and/or urine	54	73	90	0	0.00
84630	Zinc	59	80	99	0	0.00
84681	C-peptide	113	153	189	0	0.00
84702	Gonadotropin, chorionic (hCG); quantitative	87	118	146	0	0.00
84703	Gonadotropin, chorionic (hCG); qualitative	44	59	73	0	0.00
84704	Gonadotropin, chorionic (hCG); free beta chain	82	110	137	0	0.00
84830	Ovulation tests, by visual color comparison methods for human luteinizing hormone	25	34	43	0	0.00
84999	Unlisted chemistry procedure	0	0	0	0	0.00

HEMATOLOGY AND COAGULATION

85002	Bleeding time	31	38	53	0	0.00
85004	Blood count; automated differential WBC count	17	20	29	0	0.00
85007	Blood count; blood smear, microscopic examination with manual differential WBC count	17	21	29	0	0.00
85008	Blood count; blood smear, microscopic examination without manual differential WBC count	37	46	64	0	0.00
85009	Blood count; manual differential WBC count, buffy coat	10	13	18	0	0.00
85013	Blood count; spun microhematocrit	13	15	22	0	0.00
85014	Blood count; hematocrit (Hct)	13	15	22	0	0.00
85018	Blood count; hemoglobin (Hgb)	15	19	27	0	0.00
85025	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count	37	46	65	0	0.00
85027	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)	35	43	60	0	0.00
85032	Blood count; manual cell count (erythrocyte, leukocyte, or platelet) each	9	12	16	0	0.00
85041	Blood count; red blood cell (RBC), automated	10	13	18	0	0.00
85044	Blood count; reticulocyte, manual	25	30	43	0	0.00

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
85045	Blood count; reticulocyte, automated	40	49	69	0	0.00
85046	Blood count; reticulocytes, automated, including 1 or more cellular parameters (eg, reticulocyte hemoglobin content [CHr], immature reticulocyte fraction [IRF], reticulocyte volume [MRV], RNA content), direct measurement	26	32	45	0	0.00
85048	Blood count; leukocyte (WBC), automated	8	10	14	0	0.00
85049	Blood count; platelet, automated	16	20	28	0	0.00
85055	Reticulated platelet assay	108	133	187	0	0.00
85060	Blood smear, peripheral, interpretation by physician with written report	74	91	128	25	0.70
85097	Bone marrow, smear interpretation	223	275	387	71	1.98
85130	Chromogenic substrate assay	48	61	78	0	0.00
85170	Clot retraction	26	33	42	0	0.00
85175	Clot lysis time, whole blood dilution	22	29	37	0	0.00
85210	Clotting; factor II, prothrombin, specific	201	258	330	0	0.00
85220	Clotting; factor V (AcG or proaccelerin), labile factor	181	233	297	0	0.00
85230	Clotting; factor VII (proconvertin, stable factor)	161	206	264	0	0.00
85240	Clotting; factor VIII (AHG), 1-stage	180	231	296	0	0.00
85244	Clotting; factor VIII related antigen	221	284	363	0	0.00
85245	Clotting; factor VIII, VW factor, ristocetin cofactor	198	255	326	0	0.00
85246	Clotting; factor VIII, VW factor antigen	219	281	359	0	0.00
85247	Clotting; factor VIII, von Willebrand factor, multimeric analysis	307	393	503	0	0.00
85250	Clotting; factor IX (PTC or Christmas)	188	241	308	0	0.00
85260	Clotting; factor X (Stuart-Prower)	212	273	349	0	0.00
85270	Clotting; factor XI (PTA)	128	164	210	0	0.00
85280	Clotting; factor XII (Hageman)	164	210	269	0	0.00
85290	Clotting; factor XIII (fibrin stabilizing)	210	270	345	0	0.00
85291	Clotting; factor XIII (fibrin stabilizing), screen solubility	106	137	175	0	0.00

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
85292	Clotting; prekallikrein assay (Fletcher factor assay)	83	107	137	0	0.00
85293	Clotting; high molecular weight kininogen assay (Fitzgerald factor assay)	83	107	137	0	0.00
85300	Clotting inhibitors or anticoagulants; antithrombin III, activity	168	216	276	0	0.00
85301	Clotting inhibitors or anticoagulants; antithrombin III, antigen assay	193	247	316	0	0.00
85302	Clotting inhibitors or anticoagulants; protein C, antigen	198	254	325	0	0.00
85303	Clotting inhibitors or anticoagulants; protein C, activity	183	235	301	0	0.00
85305	Clotting inhibitors or anticoagulants; protein S, total	183	234	300	0	0.00
85306	Clotting inhibitors or anticoagulants; protein S, free	212	272	349	0	0.00
85307	Activated Protein C (APC) resistance assay	149	192	245	0	0.00
85335	Factor inhibitor test	237	304	389	0	0.00
85337	Thrombomodulin	65	83	107	0	0.00
85345	Coagulation time; Lee and White	19	24	31	0	0.00
85347	Coagulation time; activated	21	27	35	0	0.00
85348	Coagulation time; other methods	8	10	13	0	0.00
85360	Euglobulin lysis	51	66	84	0	0.00
85362	Fibrin(ogen) degradation (split) products (FDP) (FSP); agglutination slide, semiquantitative	108	138	177	0	0.00
85366	Fibrin(ogen) degradation (split) products (FDP) (FSP); paracoagulation	94	121	155	0	0.00
85370	Fibrin(ogen) degradation (split) products (FDP) (FSP); quantitative	61	78	100	0	0.00
85378	Fibrin degradation products, D-dimer; qualitative or semiquantitative	59	75	96	0	0.00
85379	Fibrin degradation products, D-dimer; quantitative	100	129	165	0	0.00
85380	Fibrin degradation products, D-dimer; ultrasensitive (eg, for evaluation for venous thromboembolism), qualitative or semiquantitative	31	39	50	0	0.00

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
85384	Fibrinogen; activity	80	102	131	0	0.00
85385	Fibrinogen; antigen	47	60	77	0	0.00
85390	Fibrinolysins or coagulopathy screen, interpretation and report	223	286	366	0	0.00
85390-26		76	98	125	39	1.07
85396	Coagulation/fibrinolysis assay, whole blood (eg, viscoelastic clot assessment), including use of any pharmacologic additive(s), as indicated, including interpretation and written report, per day	182	234	299	21	0.58
85397	Coagulation and fibrinolysis, functional activity, not otherwise specified (eg, ADAMTS-13), each analyte	136	175	223	0	0.00
85400	Fibrinolytic factors and inhibitors; plasmin	39	50	64	0	0.00
85410	Fibrinolytic factors and inhibitors; alpha-2 antiplasmin	26	34	43	0	0.00
85415	Fibrinolytic factors and inhibitors; plasminogen activator	188	241	309	0	0.00
85420	Fibrinolytic factors and inhibitors; plasminogen, except antigenic assay	110	141	181	0	0.00
85421	Fibrinolytic factors and inhibitors; plasminogen, antigenic assay	45	58	74	0	0.00
85441	Heinz bodies; direct	21	32	40	0	0.00
85445	Heinz bodies; induced, acetyl phenylhydrazine	34	51	65	0	0.00
85460	Hemoglobin or RBCs, fetal, for fetomaternal hemorrhage; differential lysis (Kleihauer-Betke)	70	106	134	0	0.00
85461	Hemoglobin or RBCs, fetal, for fetomaternal hemorrhage; rosette	104	157	198	0	0.00
85475	Hemolysin, acid	44	67	84	0	0.00
85520	Heparin assay	134	202	255	0	0.00
85525	Heparin neutralization	29	43	55	0	0.00
85530	Heparin-protamine tolerance test	15	22	28	0	0.00
85536	Iron stain, peripheral blood	52	79	99	0	0.00
85540	Leukocyte alkaline phosphatase with count	47	71	89	0	0.00
85547	Mechanical fragility, RBC	43	65	82	0	0.00

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
85549	Muramidase	67	100	126	0	0.00
85555	Osmotic fragility, RBC; unincubated	37	55	70	0	0.00
85557	Osmotic fragility, RBC; incubated	77	115	145	0	0.00
85576	Platelet, aggregation (in vitro), each agent	330	497	627	0	0.00
85576-26		63	95	120	19	0.53
85597	Phospholipid neutralization; platelet	133	200	252	0	0.00
85598	Phospholipid neutralization; hexagonal phospholipid	143	216	272	0	0.00
85610	Prothrombin time;	21	32	40	0	0.00
85611	Prothrombin time; substitution, plasma fractions, each	30	45	56	0	0.00
85612	Russell viper venom time (includes venom); undiluted	216	325	410	0	0.00
85613	Russell viper venom time (includes venom); diluted	92	138	174	0	0.00
85635	Reptilase test	31	46	58	0	0.00
85651	Sedimentation rate, erythrocyte; non-automated	21	31	40	0	0.00
85652	Sedimentation rate, erythrocyte; automated	38	56	71	0	0.00
85660	Sickling of RBC, reduction	48	73	92	0	0.00
85670	Thrombin time; plasma	49	74	93	0	0.00
85675	Thrombin time; titer	34	52	65	0	0.00
85705	Thromboplastin inhibition, tissue	146	219	276	0	0.00
85730	Thromboplastin time, partial (PTT); plasma or whole blood	48	72	91	0	0.00
85732	Thromboplastin time, partial (PTT); substitution, plasma fractions, each	71	108	136	0	0.00
85810	Viscosity	111	167	210	0	0.00
85999	Unlisted hematology and coagulation procedure	0	0	0	0	0.00

IMMUNOLOGY

86000	Agglutinins, febrile (eg, Brucella, Francisella, Murine typhus, Q fever, Rocky Mountain spotted fever, scrub typhus), each antigen	103	130	165	0	0.00
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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
86001	Allergen specific IgG quantitative or semiquantitative, each allergen	13	17	22	0	0.00
86003	Allergen specific IgE; quantitative or semiquantitative, crude allergen extract, each	33	41	52	0	0.00
86005	Allergen specific IgE; qualitative, multiallergen screen (eg, disk, sponge, card)	38	48	60	0	0.00
86008	Allergen specific IgE; quantitative or semiquantitative, recombinant or purified component, each	33	42	53	0	0.00
86021	Antibody identification; leukocyte antibodies	146	185	234	0	0.00
86022	Antibody identification; platelet antibodies	149	188	239	0	0.00
86023	Antibody identification; platelet associated immunoglobulin assay	156	198	252	0	0.00
86038	Antinuclear antibodies (ANA);	85	108	137	0	0.00
86039	Antinuclear antibodies (ANA); titer	49	62	79	0	0.00
86060	Antistreptolysin 0; titer	61	78	99	0	0.00
86063	Antistreptolysin 0; screen	25	32	41	0	0.00
86077	Blood bank physician services; difficult cross match and/or evaluation of irregular antibody(s), interpretation and written report	152	192	244	56	1.56
86078	Blood bank physician services; investigation of transfusion reaction including suspicion of transmissible disease, interpretation and written report	170	216	274	56	1.56
86079	Blood bank physician services; authorization for deviation from standard blood banking procedures (eg, use of outdated blood, transfusion of Rh incompatible units), with written report	171	217	275	56	1.56
86140	C-reactive protein;	57	72	92	0	0.00
86141	C-reactive protein; high sensitivity (hsCRP)	60	76	96	0	0.00
86146	Beta 2 Glycoprotein I antibody, each	71	90	114	0	0.00
86147	Cardiolipin (phospholipid) antibody, each Ig class	94	119	151	0	0.00
86148	Anti-phosphatidylserine (phospholipid) antibody	46	58	73	0	0.00
86152	Cell enumeration using immunologic selection and identification in fluid specimen (eg, circulating tumor cells in blood);	764	968	1228	0	0.00

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
86153	Cell enumeration using immunologic selection and identification in fluid specimen (eg, circulating tumor cells in blood); physician interpretation and report, when required	0	0	0	0	0.00
86153-26		0	0	0	36	0.99
86155	Chemotaxis assay, specify method	67	85	107	0	0.00
86156	Cold agglutinin; screen	11	14	18	0	0.00
86157	Cold agglutinin; titer	51	65	83	0	0.00
86160	Complement; antigen, each component	93	118	150	0	0.00
86161	Complement; functional activity, each component	51	64	82	0	0.00
86162	Complement; total hemolytic (CH50)	177	224	285	0	0.00
86171	Complement fixation tests, each antigen	17	21	27	0	0.00
86200	Cyclic citrullinated peptide (CCP), antibody	126	160	203	0	0.00
86215	Deoxyribonuclease, antibody	138	175	223	0	0.00
86225	Deoxyribonucleic acid (DNA) antibody; native or double stranded	98	125	158	0	0.00
86226	Deoxyribonucleic acid (DNA) antibody; single stranded	36	46	58	0	0.00
86235	Extractable nuclear antigen, antibody to, any method (eg, nRNP, SS-A, SS-B, Sm, RNP, Sc170, J01), each antibody	86	109	138	0	0.00
86255	Fluorescent noninfectious agent antibody; screen, each antibody	115	146	185	0	0.00
86255-26		47	59	75	19	0.53
86256	Fluorescent noninfectious agent antibody; titer, each antibody	100	126	160	0	0.00
86256-26		37	47	60	19	0.53
86277	Growth hormone, human (HGH), antibody	77	98	124	0	0.00
86280	Hemagglutination inhibition test (HAI)	27	34	43	0	0.00
86294	Immunoassay for tumor antigen, qualitative or semiquantitative (eg, bladder tumor antigen)	50	63	80	0	0.00
86300	Immunoassay for tumor antigen, quantitative; CA 15-3 (27.29)	126	160	203	0	0.00

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
86301	Immunoassay for tumor antigen, quantitative; CA 19-9	145	184	234	0	0.00
86304	Immunoassay for tumor antigen, quantitative; CA 125	131	166	210	0	0.00
86305	Human epididymis protein 4 (HE4)	289	367	465	0	0.00
86308	Heterophile antibodies; screening	25	32	41	0	0.00
86309	Heterophile antibodies; titer	60	76	97	0	0.00
86310	Heterophile antibodies; titers after absorption with beef cells and guinea pig kidney	22	28	36	0	0.00
86316	Immunoassay for tumor antigen, other antigen, quantitative (eg, CA 50, 72-4, 549), each	142	181	229	0	0.00
86317	Immunoassay for infectious agent antibody, quantitative, not otherwise specified	88	112	142	0	0.00
86318	Immunoassay for infectious agent antibody, qualitative or semiquantitative, single step method (eg, reagent strip)	36	45	57	0	0.00
86320	Immunoelectrophoresis; serum	69	88	111	0	0.00
86320-26		54	68	86	19	0.53
86325	Immunoelectrophoresis; other fluids (eg, urine, cerebrospinal fluid) with concentration	89	113	143	0	0.00
86325-26		85	107	136	19	0.53
86327	Immunoelectrophoresis; crossed (2-dimensional assay)	118	149	189	0	0.00
86327-26		0	0	0	23	0.64
86329	Immunodiffusion; not elsewhere specified	56	71	90	0	0.00
86331	Immunodiffusion; gel diffusion, qualitative (Ouchterlony), each antigen or antibody	36	45	58	0	0.00
86332	Immune complex assay	84	107	136	0	0.00
86334	Immunofixation electrophoresis; serum	182	231	293	0	0.00
86334-26		46	59	74	19	0.53
86335	Immunofixation electrophoresis; other fluids with concentration (eg, urine, CSF)	171	217	275	0	0.00
86335-26		54	69	88	19	0.53
86336	Inhibin A	77	98	124	0	0.00

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
86337	Insulin antibodies	218	276	350	0	0.00
86340	Intrinsic factor antibodies	141	179	227	0	0.00
86341	Islet cell antibody	108	137	174	0	0.00
86343	Leukocyte histamine release test (LHR)	210	266	337	0	0.00
86344	Leukocyte phagocytosis	41	52	66	0	0.00
86352	Cellular function assay involving stimulation (eg, mitogen or antigen) and detection of biomarker (eg, ATP)	297	377	478	0	0.00
86353	Lymphocyte transformation, mitogen (phytomitogen) or antigen induced blastogenesis	109	138	175	0	0.00
86355	B cells, total count	97	123	156	0	0.00
86356	Mononuclear cell antigen, quantitative (eg, flow cytometry), not otherwise specified, each antigen	79	100	127	0	0.00
86357	Natural killer (NK) cells, total count	84	107	136	0	0.00
86359	T cells; total count	123	156	197	0	0.00
86360	T cells; absolute CD4 and CD8 count, including ratio	245	311	394	0	0.00
86361	T cells; absolute CD4 count	173	219	278	0	0.00
86367	Stem cells (ie, CD34), total count	243	308	391	0	0.00
86376	Microsomal antibodies (eg, thyroid or liver-kidney), each	98	124	157	0	0.00
86382	Neutralization test, viral	114	144	183	0	0.00
86384	Nitroblue tetrazolium dye test (NTD)	54	68	87	0	0.00
86386	Nuclear Matrix Protein 22 (NMP22), qualitative	51	65	82	0	0.00
86403	Particle agglutination; screen, each antibody	31	39	49	0	0.00
86406	Particle agglutination; titer, each antibody	112	143	181	0	0.00
86430	Rheumatoid factor; qualitative	33	41	53	0	0.00
86431	Rheumatoid factor; quantitative	47	59	75	0	0.00
86480	Tuberculosis test, cell mediated immunity antigen response measurement; gamma interferon	235	298	378	0	0.00
86481	Tuberculosis test, cell mediated immunity antigen response measurement; enumeration of gamma interferon-producing T-cells in cell suspension	298	378	479	0	0.00

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
86485	Skin test; candida	30	38	48	0	0.00
86486	Skin test; unlisted antigen, each	0	0	0	5	0.15
86490	Skin test; coccidioidomycosis	167	211	268	90	2.48
86510	Skin test; histoplasmosis	18	22	28	7	0.19
86580	Skin test; tuberculosis, intradermal	25	32	41	9	0.26
86590	Streptokinase, antibody	25	32	41	0	0.00
86592	Syphilis test, non-treponemal antibody; qualitative (eg, VDRL, RPR, ART)	39	49	63	0	0.00
86593	Syphilis test, non-treponemal antibody; quantitative	26	33	42	0	0.00
86602	Antibody; actinomyces	73	98	127	0	0.00
86603	Antibody; adenovirus	136	181	235	0	0.00
86606	Antibody; Aspergillus	58	77	100	0	0.00
86609	Antibody; bacterium, not elsewhere specified	33	44	58	0	0.00
86611	Antibody; Bartonella	71	94	123	0	0.00
86612	Antibody; Blastomyces	101	134	175	0	0.00
86615	Antibody; Bordetella	96	128	166	0	0.00
86617	Antibody; Borrelia burgdorferi (Lyme disease) confirmatory test (eg, Western Blot or immunoblot)	97	130	169	0	0.00
86618	Antibody; Borrelia burgdorferi (Lyme disease)	137	183	238	0	0.00
86619	Antibody; Borrelia (relapsing fever)	28	37	49	0	0.00
86622	Antibody; Brucella	79	106	138	0	0.00
86625	Antibody; Campylobacter	31	41	53	0	0.00
86628	Antibody; Candida	84	112	145	0	0.00
86631	Antibody; Chlamydia	61	81	105	0	0.00
86632	Antibody; Chlamydia, IgM	72	95	124	0	0.00
86635	Antibody; Coccidioides	55	74	96	0	0.00
86638	Antibody; Coxiella burnetii (Q fever)	45	60	78	0	0.00
86641	Antibody; Cryptococcus	66	88	115	0	0.00
86644	Antibody; cytomegalovirus (CMV)	113	151	197	0	0.00

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
86645	Antibody; cytomegalovirus (CMV), IgM	112	149	194	0	0.00
86648	Antibody; Diphtheria	134	178	232	0	0.00
86651	Antibody; encephalitis, California (La Crosse)	93	124	161	0	0.00
86652	Antibody; encephalitis, Eastern equine	116	154	201	0	0.00
86653	Antibody; encephalitis, St. Louis	96	127	166	0	0.00
86654	Antibody; encephalitis, Western equine	96	128	167	0	0.00
86658	Antibody; enterovirus (eg, coxsackie, echo, polio)	40	53	69	0	0.00
86663	Antibody; Epstein-Barr (EB) virus, early antigen (EA)	101	135	175	0	0.00
86664	Antibody; Epstein-Barr (EB) virus, nuclear antigen (EBNA)	91	122	159	0	0.00
86665	Antibody; Epstein-Barr (EB) virus, viral capsid (VCA)	107	142	185	0	0.00
86666	Antibody; Ehrlichia	71	95	124	0	0.00
86668	Antibody; Francisella tularensis	86	114	149	0	0.00
86671	Antibody; fungus, not elsewhere specified	144	192	250	0	0.00
86674	Antibody; Giardia lamblia	112	150	195	0	0.00
86677	Antibody; Helicobacter pylori	82	109	141	0	0.00
86682	Antibody; helminth, not elsewhere specified	142	190	247	0	0.00
86684	Antibody; Haemophilus influenza	135	179	234	0	0.00
86687	Antibody; HTLV-I	46	61	80	0	0.00
86688	Antibody; HTLV-II	121	161	210	0	0.00
86689	Antibody; HTLV or HIV antibody, confirmatory test (eg, Western Blot)	51	68	88	0	0.00
86692	Antibody; hepatitis, delta agent	143	190	248	0	0.00
86694	Antibody; herpes simplex, non-specific type test	101	135	176	0	0.00
86695	Antibody; herpes simplex, type 1	90	120	156	0	0.00
86696	Antibody; herpes simplex, type 2	116	155	202	0	0.00
86698	Antibody; histoplasma	75	101	131	0	0.00
86701	Antibody; HIV-1	31	41	53	0	0.00

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
86702	Antibody; HIV-2	51	68	89	0	0.00
86703	Antibody; HIV-1 and HIV-2, single result	57	76	99	0	0.00
86704	Hepatitis B core antibody (HBcAb); total	97	129	168	0	0.00
86705	Hepatitis B core antibody (HBcAb); IgM antibody	100	134	174	0	0.00
86706	Hepatitis B surface antibody (HBsAb)	85	113	147	0	0.00
86707	Hepatitis Be antibody (HBeAb)	79	105	136	0	0.00
86708	Hepatitis A antibody (HAAb)	102	135	176	0	0.00
86709	Hepatitis A antibody (HAAb), IgM antibody	86	115	149	0	0.00
86710	Antibody; influenza virus	43	58	75	0	0.00
86711	Antibody; JC (John Cunningham) virus	1448	1931	2512	0	0.00
86713	Antibody; Legionella	106	141	183	0	0.00
86717	Antibody; Leishmania	53	70	91	0	0.00
86720	Antibody; Leptospira	120	160	209	0	0.00
86723	Antibody; Listeria monocytogenes	57	76	99	0	0.00
86727	Antibody; lymphocytic choriomeningitis	55	74	96	0	0.00
86732	Antibody; mucormycosis	60	80	104	0	0.00
86735	Antibody; mumps	91	122	158	0	0.00
86738	Antibody; mycoplasma	55	74	96	0	0.00
86741	Antibody; Neisseria meningitidis	101	134	174	0	0.00
86744	Antibody; Nocardia	64	85	110	0	0.00
86747	Antibody; parvovirus	104	139	181	0	0.00
86750	Antibody; Plasmodium (malaria)	53	70	91	0	0.00
86753	Antibody; protozoa, not elsewhere specified	71	95	124	0	0.00
86756	Antibody; respiratory syncytial virus	35	47	61	0	0.00
86757	Antibody; Rickettsia	82	110	143	0	0.00
86759	Antibody; rotavirus	33	44	57	0	0.00
86762	Antibody; rubella	77	103	134	0	0.00
86765	Antibody; rubeola	98	130	169	0	0.00

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
86768	Antibody; Salmonella	43	58	75	0	0.00
86771	Antibody; Shigella	57	76	99	0	0.00
86774	Antibody; tetanus	129	172	224	0	0.00
86777	Antibody; Toxoplasma	102	136	177	0	0.00
86778	Antibody; Toxoplasma, IgM	105	140	183	0	0.00
86780	Antibody; Treponema pallidum	51	67	88	0	0.00
86784	Antibody; Trichinella	36	48	62	0	0.00
86787	Antibody; varicella-zoster	97	129	168	0	0.00
86788	Antibody; West Nile virus, IgM	71	95	124	0	0.00
86789	Antibody; West Nile virus	75	100	130	0	0.00
86790	Antibody; virus, not elsewhere specified	89	119	154	0	0.00
86793	Antibody; Yersinia	91	122	158	0	0.00
86794	Antibody; Zika virus, IgM	159	212	276	0	0.00
86800	Thyroglobulin antibody	97	129	168	0	0.00
86803	Hepatitis C antibody;	109	146	190	0	0.00
86804	Hepatitis C antibody; confirmatory test (eg, immunoblot)	468	624	812	0	0.00

TISSUE TYPING

86805	Lymphocytotoxicity assay, visual crossmatch; with titration	268	358	466	0	0.00
86806	Lymphocytotoxicity assay, visual crossmatch; without titration	205	273	355	0	0.00
86807	Serum screening for cytotoxic percent reactive antibody (PRA); standard method	233	311	404	0	0.00
86808	Serum screening for cytotoxic percent reactive antibody (PRA); quick method	516	688	895	0	0.00
86812	HLA typing; A, B, or C (eg, A10, B7, B27), single antigen	190	253	329	0	0.00
86813	HLA typing; A, B, or C, multiple antigens	386	514	669	0	0.00
86816	HLA typing; DR/DQ, single antigen	246	329	427	0	0.00
86817	HLA typing; DR/DQ, multiple antigens	423	564	733	0	0.00

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
86821	HLA typing; lymphocyte culture, mixed (MLC)	243	324	422	0	0.00
86825	Human leukocyte antigen (HLA) crossmatch, non-cytotoxic (eg, using flow cytometry); first serum sample or dilution	537	716	932	0	0.00
86826	Human leukocyte antigen (HLA) crossmatch, non-cytotoxic (eg, using flow cytometry); each additional serum sample or sample dilution (List separately in addition to primary procedure)	130	173	225	0	0.00
86828	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, flow cytometry); qualitative assessment of the presence or absence of antibody(ies) to HLA Class I and Class II HLA antigens	140	187	243	0	0.00
86829	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); qualitative assessment of the presence or absence of antibody(ies) to HLA Class I or Class II HLA antigens	278	370	482	0	0.00
86830	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); antibody identification by qualitative panel using complete HLA phenotypes, HLA Class I	258	344	447	0	0.00
86831	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); antibody identification by qualitative panel using complete HLA phenotypes, HLA Class II	300	399	520	0	0.00
86832	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); high definition qualitative panel for identification of antibody specificities (eg, individual antigen per bead methodology), HLA Class I	444	592	770	0	0.00
86833	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); high definition qualitative panel for identification of antibody specificities (eg, individual antigen per bead methodology), HLA Class II	520	694	902	0	0.00
86834	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); semi-quantitative panel (eg, titer), HLA Class I	1174	1565	2036	0	0.00

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
86835	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); semi-quantitative panel (eg, titer), HLA Class II	1061	1414	1839	0	0.00
86849	Unlisted immunology procedure	0	0	0	0	0.00

TRANSFUSION MEDICINE

86850	Antibody screen, RBC, each serum technique	56	80	106	0	0.00
86860	Antibody elution (RBC), each elution	171	245	325	0	0.00
86870	Antibody identification, RBC antibodies, each panel for each serum technique	134	193	255	0	0.00
86880	Antihuman globulin test (Coombs test); direct, each antiserum	74	107	141	0	0.00
86885	Antihuman globulin test (Coombs test); indirect, qualitative, each reagent red cell	27	39	51	0	0.00
86886	Antihuman globulin test (Coombs test); indirect, each antibody titer	79	114	151	0	0.00
86890	Autologous blood or component, collection processing and storage; predeposited	388	557	737	0	0.00
86891	Autologous blood or component, collection processing and storage; intra- or postoperative salvage	769	1103	1460	0	0.00
86900	Blood typing, serologic; ABO	32	46	61	0	0.00
86901	Blood typing, serologic; Rh (D)	35	50	66	0	0.00
86902	Blood typing, serologic; antigen testing of donor blood using reagent serum, each antigen test	129	185	245	0	0.00
86904	Blood typing, serologic; antigen screening for compatible unit using patient serum, per unit screened	268	384	509	0	0.00
86905	Blood typing, serologic; RBC antigens, other than ABO or Rh (D), each	81	116	153	0	0.00
86906	Blood typing, serologic; Rh phenotyping, complete	51	73	96	0	0.00
86910	Blood typing, for paternity testing, per individual; ABO, Rh and MN	0	0	0	0	0.00
86911	Blood typing, for paternity testing, per individual; each additional antigen system	0	0	0	0	0.00

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
86920	Compatibility test each unit; immediate spin technique	93	133	176	0	0.00
86921	Compatibility test each unit; incubation technique	73	105	139	0	0.00
86922	Compatibility test each unit; antiglobulin technique	168	241	319	0	0.00
86923	Compatibility test each unit; electronic	143	205	272	0	0.00
86927	Fresh frozen plasma, thawing, each unit	42	60	80	0	0.00
86930	Frozen blood, each unit; freezing (includes preparation)	0	0	0	0	0.00
86931	Frozen blood, each unit; thawing	0	0	0	0	0.00
86932	Frozen blood, each unit; freezing (includes preparation) and thawing	0	0	0	0	0.00
86940	Hemolysins and agglutinins; auto, screen, each	191	274	363	0	0.00
86941	Hemolysins and agglutinins; incubated	175	251	333	0	0.00
86945	Irradiation of blood product, each unit	305	437	579	0	0.00
86950	Leukocyte transfusion	0	0	0	0	0.00
86960	Volume reduction of blood or blood product (eg, red blood cells or platelets), each unit	64	92	122	0	0.00
86965	Pooling of platelets or other blood products	501	718	951	0	0.00
86970	Pre therapy RBCs for use in RBC antibody detection, identification, and/or compatibility testing; incubation with chemical agents or drugs, each	134	193	255	0	0.00
86971	Pre therapy RBCs for use in RBC antibody detection, identification, and/or compatibility testing; incubation with enzymes, each	105	151	200	0	0.00
86972	Pre therapy RBCs for use in RBC antibody detection, identification, and/or compatibility testing; by density gradient separation	0	0	0	0	0.00
86975	Pre therapy serum for use in RBC antibody identification; incubation with drugs, each	0	0	0	0	0.00
86976	Pre therapy serum for use in RBC antibody identification; by dilution	0	0	0	0	0.00
86977	Pre therapy serum for use in RBC antibody identification; incubation with inhibitors, each	0	0	0	0	0.00

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
86978	Pre therapy serum for use in RBC antibody identification; by differential red cell absorption using patient RBCs or RBCs of known phenotype, each absorption	165	237	313	0	0.00
86985	Splitting of blood or blood products, each unit	102	146	194	0	0.00
86999	Unlisted transfusion medicine procedure	0	0	0	0	0.00

MICROBIOLOGY

87003	Animal inoculation, small animal, with observation and dissection	54	69	91	0	0.00
87015	Concentration (any type), for infectious agents	30	38	51	0	0.00
87040	Culture, bacterial; blood, aerobic, with isolation and presumptive identification of isolates (includes anaerobic culture, if appropriate)	77	99	130	0	0.00
87045	Culture, bacterial; stool, aerobic, with isolation and preliminary examination (eg, KIA, LIA), Salmonella and Shigella species	53	68	90	0	0.00
87046	Culture, bacterial; stool, aerobic, additional pathogens, isolation and presumptive identification of isolates, each plate	42	53	70	0	0.00
87070	Culture, bacterial; any other source except urine, blood or stool, aerobic, with isolation and presumptive identification of isolates	51	65	86	0	0.00
87071	Culture, bacterial; quantitative, aerobic with isolation and presumptive identification of isolates, any source except urine, blood or stool	54	69	91	0	0.00
87073	Culture, bacterial; quantitative, anaerobic with isolation and presumptive identification of isolates, any source except urine, blood or stool	25	32	43	0	0.00
87075	Culture, bacterial; any source, except blood, anaerobic with isolation and presumptive identification of isolates	50	64	85	0	0.00
87076	Culture, bacterial; anaerobic isolate, additional methods required for definitive identification, each isolate	51	65	86	0	0.00
87077	Culture, bacterial; aerobic isolate, additional methods required for definitive identification, each isolate	33	42	55	0	0.00
87081	Culture, presumptive, pathogenic organisms, screening only;	30	38	50	0	0.00

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
87084	Culture, presumptive, pathogenic organisms, screening only; with colony estimation from density chart	40	51	67	0	0.00
87086	Culture, bacterial; quantitative colony count, urine	60	77	102	0	0.00
87088	Culture, bacterial; with isolation and presumptive identification of each isolate, urine	33	42	55	0	0.00
87101	Culture, fungi (mold or yeast) isolation, with presumptive identification of isolates; skin, hair, or nail	88	112	147	0	0.00
87102	Culture, fungi (mold or yeast) isolation, with presumptive identification of isolates; other source (except blood)	41	52	69	0	0.00
87103	Culture, fungi (mold or yeast) isolation, with presumptive identification of isolates; blood	80	103	135	0	0.00
87106	Culture, fungi, definitive identification, each organism; yeast	37	47	62	0	0.00
87107	Culture, fungi, definitive identification, each organism; mold	80	102	134	0	0.00
87109	Culture, mycoplasma, any source	82	105	137	0	0.00
87110	Culture, chlamydia, any source	41	52	68	0	0.00
87116	Culture, tubercle or other acid-fast bacilli (eg, TB, AFB, mycobacteria) any source, with isolation and presumptive identification of isolates	96	122	161	0	0.00
87118	Culture, mycobacterial, definitive identification, each isolate	16	21	27	0	0.00
87140	Culture, typing; immunofluorescent method, each antiserum	51	65	85	0	0.00
87143	Culture, typing; gas liquid chromatography (GLC) or high pressure liquid chromatography (HPLC) method	61	77	102	0	0.00
87147	Culture, typing; immunologic method, other than immunofluorescence (eg, agglutination grouping), per antiserum	33	42	55	0	0.00
87149	Culture, typing; identification by nucleic acid (DNA or RNA) probe, direct probe technique, per culture or isolate, each organism probed	71	91	120	0	0.00
87150	Culture, typing; identification by nucleic acid (DNA or RNA) probe, amplified probe	109	140	184	0	0.00

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
	technique, per culture or isolate, each organism probed					
87152	Culture, typing; identification by pulse field gel typing	25	32	42	0	0.00
87153	Culture, typing; identification by nucleic acid sequencing method, each isolate (eg, sequencing of the 16S rRNA gene)	279	356	468	0	0.00
87158	Culture, typing; other methods	23	30	39	0	0.00
87164	Dark field examination, any source (eg, penile, vaginal, oral, skin); includes specimen collection	50	64	85	0	0.00
87164-26		0	0	0	21	0.57
87166	Dark field examination, any source (eg, penile, vaginal, oral, skin); without collection	36	46	61	0	0.00
87168	Macroscopic examination; arthropod	69	88	116	0	0.00
87169	Macroscopic examination; parasite	24	31	41	0	0.00
87172	Pinworm exam (eg, cellophane tape prep)	39	50	66	0	0.00
87176	Homogenization, tissue, for culture	39	50	65	0	0.00
87177	Ova and parasites, direct smears, concentration and identification	40	51	67	0	0.00
87181	Susceptibility studies, antimicrobial agent; agar dilution method, per agent (eg, antibiotic gradient strip)	18	23	31	0	0.00
87184	Susceptibility studies, antimicrobial agent; disk method, per plate (12 or fewer agents)	30	39	51	0	0.00
87185	Susceptibility studies, antimicrobial agent; enzyme detection (eg, beta lactamase), per enzyme	22	28	37	0	0.00
87186	Susceptibility studies, antimicrobial agent; microdilution or agar dilution (minimum inhibitory concentration [MIC] or breakpoint), each multi-antimicrobial, per plate	42	54	71	0	0.00
87187	Susceptibility studies, antimicrobial agent; microdilution or agar dilution, minimum lethal concentration (MLC), each plate (List separately in addition to code for primary procedure)	47	61	80	0	0.00
87188	Susceptibility studies, antimicrobial agent; macrobroth dilution method, each agent	66	84	111	0	0.00

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
87190	Susceptibility studies, antimicrobial agent; mycobacteria, proportion method, each agent	23	30	39	0	0.00
87197	Serum bactericidal titer (Schlichter test)	48	62	81	0	0.00
87205	Smear, primary source with interpretation; Gram or Giemsa stain for bacteria, fungi, or cell types	33	42	55	0	0.00
87206	Smear, primary source with interpretation; fluorescent and/or acid fast stain for bacteria, fungi, parasites, viruses or cell types	47	59	78	0	0.00
87207	Smear, primary source with interpretation; special stain for inclusion bodies or parasites (eg, malaria, coccidia, microsporidia, trypanosomes, herpes viruses)	53	68	89	0	0.00
87207-26		0	0	0	19	0.53
87209	Smear, primary source with interpretation; complex special stain (eg, trichrome, iron hemotoxylin) for ova and parasites	71	91	119	0	0.00
87210	Smear, primary source with interpretation; wet mount for infectious agents (eg, saline, India ink, KOH preps)	20	26	34	0	0.00
87220	Tissue examination by KOH slide of samples from skin, hair, or nails for fungi or ectoparasite ova or mites (eg, scabies)	25	31	41	0	0.00
87230	Toxin or antitoxin assay, tissue culture (eg, Clostridium difficile toxin)	147	188	247	0	0.00
87250	Virus isolation; inoculation of embryonated eggs, or small animal, includes observation and dissection	84	108	141	0	0.00
87252	Virus isolation; tissue culture inoculation, observation, and presumptive identification by cytopathic effect	137	175	230	0	0.00
87253	Virus isolation; tissue culture, additional studies or definitive identification (eg, hemabsorption, neutralization, immunofluorescence stain), each isolate	69	88	116	0	0.00
87254	Virus isolation; centrifuge enhanced (shell vial) technique, includes identification with immunofluorescence stain, each virus	79	101	133	0	0.00
87255	Virus isolation; including identification by non-immunologic method, other than by cytopathic effect (eg, virus specific enzymatic activity)	105	135	177	0	0.00

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
87260	Infectious agent antigen detection by immunofluorescent technique; adenovirus	41	52	69	0	0.00
87265	Infectious agent antigen detection by immunofluorescent technique; Bordetella pertussis/parapertussis	23	29	38	0	0.00
87267	Infectious agent antigen detection by immunofluorescent technique; Enterovirus, direct fluorescent antibody (DFA)	43	55	72	0	0.00
87269	Infectious agent antigen detection by immunofluorescent technique; giardia	41	52	68	0	0.00
87270	Infectious agent antigen detection by immunofluorescent technique; Chlamydia trachomatis	20	26	34	0	0.00
87271	Infectious agent antigen detection by immunofluorescent technique; Cytomegalovirus, direct fluorescent antibody (DFA)	43	55	72	0	0.00
87272	Infectious agent antigen detection by immunofluorescent technique; cryptosporidium	66	84	110	0	0.00
87273	Infectious agent antigen detection by immunofluorescent technique; Herpes simplex virus type 2	47	60	79	0	0.00
87274	Infectious agent antigen detection by immunofluorescent technique; Herpes simplex virus type 1	77	98	129	0	0.00
87275	Infectious agent antigen detection by immunofluorescent technique; influenza B virus	31	39	52	0	0.00
87276	Infectious agent antigen detection by immunofluorescent technique; influenza A virus	31	39	52	0	0.00
87278	Infectious agent antigen detection by immunofluorescent technique; Legionella pneumophila	157	200	263	0	0.00
87279	Infectious agent antigen detection by immunofluorescent technique; Parainfluenza virus, each type	51	65	86	0	0.00
87280	Infectious agent antigen detection by immunofluorescent technique; respiratory syncytial virus	41	52	68	0	0.00
87281	Infectious agent antigen detection by immunofluorescent technique; Pneumocystis carinii	33	43	56	0	0.00

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
87283	Infectious agent antigen detection by immunofluorescent technique; Rubeola	81	104	136	0	0.00
87285	Infectious agent antigen detection by immunofluorescent technique; Treponema pallidum	39	50	66	0	0.00
87290	Infectious agent antigen detection by immunofluorescent technique; Varicella zoster virus	37	47	62	0	0.00
87299	Infectious agent antigen detection by immunofluorescent technique; not otherwise specified, each organism	81	103	135	0	0.00
87300	Infectious agent antigen detection by immunofluorescent technique, polyvalent for multiple organisms, each polyvalent antiserum	81	103	136	0	0.00
87301	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; adenovirus enteric types 40/41	30	39	51	0	0.00
87305	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; Aspergillus	168	214	282	0	0.00
87320	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; Chlamydia trachomatis	36	46	60	0	0.00
87324	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; Clostridium difficile toxin(s)	131	167	220	0	0.00
87327	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA],	36	45	60	0	0.00

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
	immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; <i>Cryptococcus neoformans</i>					
87328	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; <i>cryptosporidium</i>	30	39	51	0	0.00
87329	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; <i>giardia</i>	41	52	69	0	0.00
87332	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; cytomegalovirus	114	146	192	0	0.00
87335	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; <i>Escherichia coli</i> 0157	56	72	95	0	0.00
87336	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; <i>Entamoeba histolytica</i> dispar group	36	46	61	0	0.00
87337	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; <i>Entamoeba histolytica</i> group	41	52	69	0	0.00
87338	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked	190	242	319	0	0.00

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
	immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; Helicobacter pylori, stool					
87339	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; Helicobacter pylori	30	39	51	0	0.00
87340	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; hepatitis B surface antigen (HBsAg)	75	96	126	0	0.00
87341	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; hepatitis B surface antigen (HBsAg) neutralization	43	55	73	0	0.00
87350	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; hepatitis Be antigen (HBeAg)	79	101	133	0	0.00
87380	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; hepatitis, delta agent	84	107	141	0	0.00
87385	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; Histoplasma capsulatum	156	200	263	0	0.00

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
87389	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies, single result	110	140	185	0	0.00
87390	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; HIV-1	62	80	105	0	0.00
87391	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; HIV-2	24	31	41	0	0.00
87400	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; Influenza, A or B, each	35	44	58	0	0.00
87420	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; respiratory syncytial virus	46	59	77	0	0.00
87425	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; rotavirus	143	182	240	0	0.00
87427	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA])	97	123	162	0	0.00

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
	qualitative or semiquantitative, multiple-step method; Shiga-like toxin					
87430	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; Streptococcus, group A	32	40	53	0	0.00
87449	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; multiple-step method, not otherwise specified, each organism	99	127	167	0	0.00
87450	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; single step method, not otherwise specified, each organism	22	28	37	0	0.00
87451	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; multiple step method, polyvalent for multiple organisms, each polyvalent antiserum	38	48	63	0	0.00
87471	Infectious agent detection by nucleic acid (DNA or RNA); Bartonella henselae and Bartonella quintana, amplified probe technique	88	113	148	0	0.00
87472	Infectious agent detection by nucleic acid (DNA or RNA); Bartonella henselae and Bartonella quintana, quantification	138	176	231	0	0.00
87475	Infectious agent detection by nucleic acid (DNA or RNA); Borrelia burgdorferi, direct probe technique	64	82	108	0	0.00
87476	Infectious agent detection by nucleic acid (DNA or RNA); Borrelia burgdorferi, amplified probe technique	132	168	221	0	0.00
87480	Infectious agent detection by nucleic acid (DNA or RNA); Candida species, direct probe technique	78	100	132	0	0.00

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
87481	Infectious agent detection by nucleic acid (DNA or RNA); <i>Candida</i> species, amplified probe technique	115	147	193	0	0.00
87482	Infectious agent detection by nucleic acid (DNA or RNA); <i>Candida</i> species, quantification	94	121	159	0	0.00
87483	Infectious agent detection by nucleic acid (DNA or RNA); central nervous system pathogen (eg, <i>Neisseria meningitidis</i> , <i>Streptococcus pneumoniae</i> , <i>Listeria</i> , <i>Haemophilus influenzae</i> , <i>E. coli</i> , <i>Streptococcus agalactiae</i> , enterovirus, human parechovirus, herpes simplex virus type 1 and 2, human herpesvirus 6, cytomegalovirus, varicella zoster virus, <i>Cryptococcus</i>), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 12-25 targets	933	1193	1568	0	0.00
87485	Infectious agent detection by nucleic acid (DNA or RNA); <i>Chlamydia pneumoniae</i> , direct probe technique	64	82	108	0	0.00
87486	Infectious agent detection by nucleic acid (DNA or RNA); <i>Chlamydia pneumoniae</i> , amplified probe technique	88	112	147	0	0.00
87487	Infectious agent detection by nucleic acid (DNA or RNA); <i>Chlamydia pneumoniae</i> , quantification	154	197	259	0	0.00
87490	Infectious agent detection by nucleic acid (DNA or RNA); <i>Chlamydia trachomatis</i> , direct probe technique	79	100	132	0	0.00
87491	Infectious agent detection by nucleic acid (DNA or RNA); <i>Chlamydia trachomatis</i> , amplified probe technique	110	141	185	0	0.00
87492	Infectious agent detection by nucleic acid (DNA or RNA); <i>Chlamydia trachomatis</i> , quantification	108	138	182	0	0.00
87493	Infectious agent detection by nucleic acid (DNA or RNA); <i>Clostridium difficile</i> , toxin gene(s), amplified probe technique	137	176	231	0	0.00
87495	Infectious agent detection by nucleic acid (DNA or RNA); cytomegalovirus, direct probe technique	96	123	162	0	0.00
87496	Infectious agent detection by nucleic acid (DNA or RNA); cytomegalovirus, amplified probe technique	110	140	184	0	0.00
87497	Infectious agent detection by nucleic acid (DNA or RNA); cytomegalovirus, quantification	453	578	760	0	0.00

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
87498	Infectious agent detection by nucleic acid (DNA or RNA); enterovirus, amplified probe technique, includes reverse transcription when performed	132	169	222	0	0.00
87500	Infectious agent detection by nucleic acid (DNA or RNA); vancomycin resistance (eg, enterococcus species van A, van B), amplified probe technique	76	97	127	0	0.00
87501	Infectious agent detection by nucleic acid (DNA or RNA); influenza virus, includes reverse transcription, when performed, and amplified probe technique, each type or subtype	86	110	144	0	0.00
87502	Infectious agent detection by nucleic acid (DNA or RNA); influenza virus, for multiple types or sub-types, includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, first 2 types or sub-types	178	228	300	0	0.00
87503	Infectious agent detection by nucleic acid (DNA or RNA); influenza virus, for multiple types or sub-types, includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, each additional influenza virus type or sub-type beyond 2 (List separately in addition to code for primary procedure)	51	65	86	0	0.00
87505	Infectious agent detection by nucleic acid (DNA or RNA); gastrointestinal pathogen (eg, Clostridium difficile, E. coli, Salmonella, Shigella, norovirus, Giardia), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 3-5 targets	177	227	298	0	0.00
87506	Infectious agent detection by nucleic acid (DNA or RNA); gastrointestinal pathogen (eg, Clostridium difficile, E. coli, Salmonella, Shigella, norovirus, Giardia), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 6-11 targets	441	564	741	0	0.00
87507	Infectious agent detection by nucleic acid (DNA or RNA); gastrointestinal pathogen (eg, Clostridium difficile, E. coli, Salmonella, Shigella, norovirus, Giardia), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 12-25 targets	2824	3609	4746	0	0.00

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
87510	Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, direct probe technique	82	104	137	0	0.00
87511	Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, amplified probe technique	131	168	220	0	0.00
87512	Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, quantification	90	115	151	0	0.00
87516	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis B virus, amplified probe technique	174	223	293	0	0.00
87517	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis B virus, quantification	451	576	758	0	0.00
87520	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, direct probe technique	32	41	53	0	0.00
87521	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, amplified probe technique, includes reverse transcription when performed	317	405	533	0	0.00
87522	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, quantification, includes reverse transcription when performed	520	664	873	0	0.00
87525	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis G, direct probe technique	96	122	161	0	0.00
87526	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis G, amplified probe technique	126	161	212	0	0.00
87527	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis G, quantification	134	171	225	0	0.00
87528	Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, direct probe technique	59	75	99	0	0.00
87529	Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, amplified probe technique	132	169	222	0	0.00
87530	Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, quantification	167	214	281	0	0.00
87531	Infectious agent detection by nucleic acid (DNA or RNA); Herpes virus-6, direct probe technique	102	131	172	0	0.00
87532	Infectious agent detection by nucleic acid (DNA or RNA); Herpes virus-6, amplified probe technique	132	168	221	0	0.00

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
87533	Infectious agent detection by nucleic acid (DNA or RNA); Herpes virus-6, quantification	331	423	557	0	0.00
87534	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, direct probe technique	82	104	137	0	0.00
87535	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, amplified probe technique, includes reverse transcription when performed	403	515	678	0	0.00
87536	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, quantification, includes reverse transcription when performed	413	528	695	0	0.00
87537	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, direct probe technique	70	90	118	0	0.00
87538	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, amplified probe technique, includes reverse transcription when performed	173	221	291	0	0.00
87539	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, quantification, includes reverse transcription when performed	188	241	316	0	0.00
87540	Infectious agent detection by nucleic acid (DNA or RNA); Legionella pneumophila, direct probe technique	64	82	108	0	0.00
87541	Infectious agent detection by nucleic acid (DNA or RNA); Legionella pneumophila, amplified probe technique	87	112	147	0	0.00
87542	Infectious agent detection by nucleic acid (DNA or RNA); Legionella pneumophila, quantification	58	74	98	0	0.00
87550	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria species, direct probe technique	64	82	108	0	0.00
87551	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria species, amplified probe technique	71	91	120	0	0.00
87552	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria species, quantification	138	176	231	0	0.00
87555	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria tuberculosis, direct probe technique	86	110	145	0	0.00
87556	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria tuberculosis, amplified probe technique	88	113	148	0	0.00

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
87557	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria tuberculosis, quantification	138	176	231	0	0.00
87560	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria avium-intracellulare, direct probe technique	88	112	147	0	0.00
87561	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria avium-intracellulare, amplified probe technique	152	195	256	0	0.00
87562	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria avium-intracellulare, quantification	138	176	231	0	0.00
87563	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma genitalium, amplified probe technique	113	144	189	0	0.00
87580	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma pneumoniae, direct probe technique	64	82	108	0	0.00
87581	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma pneumoniae, amplified probe technique	88	112	148	0	0.00
87582	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma pneumoniae, quantification	307	392	515	0	0.00
87590	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, direct probe technique	61	78	103	0	0.00
87591	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique	106	136	178	0	0.00
87592	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, quantification	66	85	111	0	0.00
87623	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), low-risk types (eg, 6, 11, 42, 43, 44)	173	221	291	0	0.00
87624	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), high-risk types (eg, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68)	134	171	225	0	0.00
87625	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), types 16 and 18 only, includes type 45, if performed	137	175	230	0	0.00

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
87631	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 3-5 targets	297	380	500	0	0.00
87632	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 6-11 targets	406	519	682	0	0.00
87633	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 12-25 targets	901	1152	1515	0	0.00
87634	Infectious agent detection by nucleic acid (DNA or RNA); respiratory syncytial virus, amplified probe technique	115	146	193	0	0.00
87640	Infectious agent detection by nucleic acid (DNA or RNA); Staphylococcus aureus, amplified probe technique	132	169	222	0	0.00
87641	Infectious agent detection by nucleic acid (DNA or RNA); Staphylococcus aureus, methicillin resistant, amplified probe technique	156	199	261	0	0.00
87650	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group A, direct probe technique	61	78	102	0	0.00
87651	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group A, amplified probe technique	80	103	135	0	0.00
87652	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group A, quantification	105	134	177	0	0.00
87653	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group B, amplified probe technique	131	168	221	0	0.00

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
87660	Infectious agent detection by nucleic acid (DNA or RNA); <i>Trichomonas vaginalis</i> , direct probe technique	82	104	137	0	0.00
87661	Infectious agent detection by nucleic acid (DNA or RNA); <i>Trichomonas vaginalis</i> , amplified probe technique	130	166	218	0	0.00
87662	Infectious agent detection by nucleic acid (DNA or RNA); Zika virus, amplified probe technique	395	504	663	0	0.00
87797	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; direct probe technique, each organism	88	112	148	0	0.00
87798	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; amplified probe technique, each organism	131	167	220	0	0.00
87799	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; quantification, each organism	92	118	155	0	0.00
87800	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; direct probe(s) technique	127	162	213	0	0.00
87801	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; amplified probe(s) technique	210	268	353	0	0.00
87802	Infectious agent antigen detection by immunoassay with direct optical observation; <i>Streptococcus</i> , group B	52	67	88	0	0.00
87803	Infectious agent antigen detection by immunoassay with direct optical observation; <i>Clostridium difficile</i> toxin A	34	43	57	0	0.00
87804	Infectious agent antigen detection by immunoassay with direct optical observation; Influenza	36	46	60	0	0.00
87806	Infectious agent antigen detection by immunoassay with direct optical observation; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies	76	97	127	0	0.00
87807	Infectious agent antigen detection by immunoassay with direct optical observation; respiratory syncytial virus	36	46	60	0	0.00
87808	Infectious agent antigen detection by immunoassay with direct optical observation; <i>Trichomonas vaginalis</i>	36	46	60	0	0.00

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
87809	Infectious agent antigen detection by immunoassay with direct optical observation; adenovirus	30	39	51	0	0.00
87810	Infectious agent antigen detection by immunoassay with direct optical observation; Chlamydia trachomatis	50	64	85	0	0.00
87850	Infectious agent antigen detection by immunoassay with direct optical observation; Neisseria gonorrhoeae	27	35	45	0	0.00
87880	Infectious agent antigen detection by immunoassay with direct optical observation; Streptococcus, group A	36	46	60	0	0.00
87899	Infectious agent antigen detection by immunoassay with direct optical observation; not otherwise specified	37	48	63	0	0.00
87900	Infectious agent drug susceptibility phenotype prediction using regularly updated genotypic bioinformatics	273	349	459	0	0.00
87901	Infectious agent genotype analysis by nucleic acid (DNA or RNA); HIV-1, reverse transcriptase and protease regions	582	744	978	0	0.00
87902	Infectious agent genotype analysis by nucleic acid (DNA or RNA); Hepatitis C virus	691	882	1161	0	0.00
87903	Infectious agent phenotype analysis by nucleic acid (DNA or RNA) with drug resistance tissue culture analysis, HIV 1; first through 10 drugs tested	820	1047	1378	0	0.00
87904	Infectious agent phenotype analysis by nucleic acid (DNA or RNA) with drug resistance tissue culture analysis, HIV 1; each additional drug tested (List separately in addition to code for primary procedure)	46	58	77	0	0.00
87905	Infectious agent enzymatic activity other than virus (eg, sialidase activity in vaginal fluid)	35	45	59	0	0.00
87906	Infectious agent genotype analysis by nucleic acid (DNA or RNA); HIV-1, other region (eg, integrase, fusion)	399	510	671	0	0.00
87910	Infectious agent genotype analysis by nucleic acid (DNA or RNA); cytomegalovirus	827	1056	1389	0	0.00
87912	Infectious agent genotype analysis by nucleic acid (DNA or RNA); Hepatitis B virus	507	648	852	0	0.00

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
87999	Unlisted microbiology procedure	0	0	0	0	0.00

ANATOMIC PATHOLOGY

88000	Necropsy (autopsy), gross examination only; without CNS	0	0	0	0	0.00
88005	Necropsy (autopsy), gross examination only; with brain	0	0	0	0	0.00
88007	Necropsy (autopsy), gross examination only; with brain and spinal cord	0	0	0	0	0.00
88012	Necropsy (autopsy), gross examination only; infant with brain	0	0	0	0	0.00
88014	Necropsy (autopsy), gross examination only; stillborn or newborn with brain	0	0	0	0	0.00
88016	Necropsy (autopsy), gross examination only; macerated stillborn	0	0	0	0	0.00
88020	Necropsy (autopsy), gross and microscopic; without CNS	0	0	0	0	0.00
88025	Necropsy (autopsy), gross and microscopic; with brain	0	0	0	0	0.00
88027	Necropsy (autopsy), gross and microscopic; with brain and spinal cord	0	0	0	0	0.00
88028	Necropsy (autopsy), gross and microscopic; infant with brain	0	0	0	0	0.00
88029	Necropsy (autopsy), gross and microscopic; stillborn or newborn with brain	0	0	0	0	0.00
88036	Necropsy (autopsy), limited, gross and/or microscopic; regional	0	0	0	0	0.00
88037	Necropsy (autopsy), limited, gross and/or microscopic; single organ	0	0	0	0	0.00
88040	Necropsy (autopsy); forensic examination	0	0	0	0	0.00
88045	Necropsy (autopsy); coroner's call	0	0	0	0	0.00
88099	Unlisted necropsy (autopsy) procedure	0	0	0	0	0.00

CYTOPATHOLOGY

88104	Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears with interpretation	180	225	300	70	1.93
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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
88104-26		90	112	150	29	0.81
88104-TC		0	0	0	40	1.12
88106	Cytopathology, fluids, washings or brushings, except cervical or vaginal; simple filter method with interpretation	230	288	384	66	1.83
88106-26		72	90	120	20	0.56
88106-TC		0	0	0	46	1.27
88108	Cytopathology, concentration technique, smears and interpretation (eg, Saccomanno technique)	235	294	392	63	1.75
88108-26		104	130	173	23	0.65
88108-TC		0	0	0	40	1.10
88112	Cytopathology, selective cellular enhancement technique with interpretation (eg, liquid based slide preparation method), except cervical or vaginal	224	280	373	69	1.90
88112-26		147	184	246	29	0.80
88112-TC		0	0	0	40	1.10
88120	Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; manual	1649	2062	2749	589	16.33
88120-26		174	218	291	60	1.67
88120-TC		0	0	0	529	14.66
88121	Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; using computer-assisted technology	1169	1461	1949	450	12.48
88121-26		194	243	323	51	1.41
88121-TC		0	0	0	400	11.07
88125	Cytopathology, forensic (eg, sperm)	93	116	155	27	0.75
88125-26		0	0	0	14	0.40
88125-TC		0	0	0	13	0.35
88130	Sex chromatin identification; Barr bodies	62	77	103	0	0.00
88140	Sex chromatin identification; peripheral blood smear, polymorphonuclear drumsticks	27	34	46	0	0.00

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
88141	Cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician	72	91	121	26	0.73
88142	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision	81	101	135	0	0.00
88143	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with manual screening and rescreening under physician supervision	36	45	59	0	0.00
88147	Cytopathology smears, cervical or vaginal; screening by automated system under physician supervision	56	70	93	0	0.00
88148	Cytopathology smears, cervical or vaginal; screening by automated system with manual rescreening under physician supervision	68	85	113	0	0.00
88150	Cytopathology, slides, cervical or vaginal; manual screening under physician supervision	50	63	84	0	0.00
88152	Cytopathology, slides, cervical or vaginal; with manual screening and computer-assisted rescreening under physician supervision	57	72	95	0	0.00
88153	Cytopathology, slides, cervical or vaginal; with manual screening and rescreening under physician supervision	34	42	56	0	0.00
88155	Cytopathology, slides, cervical or vaginal, definitive hormonal evaluation (eg, maturation index, karyopyknotic index, estrogenic index) (List separately in addition to code[s] for other technical and interpretation services)	20	25	34	0	0.00
88160	Cytopathology, smears, any other source; screening and interpretation	112	140	186	73	2.01
88160-26		76	95	126	27	0.75
88160-TC		0	0	0	45	1.26
88161	Cytopathology, smears, any other source; preparation, screening and interpretation	101	126	169	70	1.93
88161-26		81	101	135	26	0.73
88161-TC		0	0	0	43	1.20
88162	Cytopathology, smears, any other source; extended study involving over 5 slides and/or multiple stains	122	153	204	101	2.80

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
88162-26		48	61	81	40	1.11
88162-TC		0	0	0	61	1.69
88164	Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening under physician supervision	44	55	74	0	0.00
88165	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and rescreening under physician supervision	46	58	77	0	0.00
88166	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening under physician supervision	52	65	87	0	0.00
88167	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening using cell selection and review under physician supervision	52	65	87	0	0.00
88172	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, first evaluation episode, each site	186	233	311	57	1.58
88172-26		136	170	226	38	1.04
88172-TC		0	0	0	19	0.54
88173	Cytopathology, evaluation of fine needle aspirate; interpretation and report	358	447	596	157	4.36
88173-26		226	282	376	74	2.05
88173-TC		0	0	0	83	2.31
88174	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision	139	174	233	0	0.00
88175	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with screening by automated system and manual rescreening or review, under physician supervision	93	117	156	0	0.00
88177	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, each separate additional evaluation episode, same site (List separately in addition to code for primary procedure)	102	127	169	30	0.84

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
88177-26		80	101	134	23	0.64
88177-TC		0	0	0	7	0.20
88182	Flow cytometry, cell cycle or DNA analysis	226	282	376	140	3.89
88182-26		94	117	156	40	1.12
88182-TC		0	0	0	100	2.77
88184	Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; first marker	202	253	337	68	1.89
88185	Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; each additional marker (List separately in addition to code for first marker)	83	104	139	22	0.62
88187	Flow cytometry, interpretation; 2 to 8 markers	203	254	339	39	1.09
88188	Flow cytometry, interpretation; 9 to 15 markers	276	345	460	66	1.83
88189	Flow cytometry, interpretation; 16 or more markers	291	364	485	89	2.46
88199	Unlisted cytopathology procedure	0	0	0	0	0.00
88199-26		0	0	0	0	0.00
88199-TC		0	0	0	0	0.00
CYTOGENETIC STUDIES						
88230		370	446	572	0	0
88230	Tissue culture for non-neoplastic disorders; lymphocyte	414	518	691	0	0.00
88233	Tissue culture for non-neoplastic disorders; skin or other solid tissue biopsy	370	463	618	0	0.00
88235	Tissue culture for non-neoplastic disorders; amniotic fluid or chorionic villus cells	387	484	645	0	0.00
88237	Tissue culture for neoplastic disorders; bone marrow, blood cells	243	304	405	0	0.00
88239	Tissue culture for neoplastic disorders; solid tumor	258	322	430	0	0.00
88240	Cryopreservation, freezing and storage of cells, each cell line	195	244	326	0	0.00
88241	Thawing and expansion of frozen cells, each aliquot	38	47	63	0	0.00

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
88245	Chromosome analysis for breakage syndromes; baseline Sister Chromatid Exchange (SCE), 20-25 cells	595	744	993	0	0.00
88248	Chromosome analysis for breakage syndromes; baseline breakage, score 50-100 cells, count 20 cells, 2 karyotypes (eg, for ataxia telangiectasia, Fanconi anemia, fragile X)	595	744	993	0	0.00
88249	Chromosome analysis for breakage syndromes; score 100 cells, clastogen stress (eg, diepoxybutane, mitomycin C, ionizing radiation, UV radiation)	595	744	993	0	0.00
88261	Chromosome analysis; count 5 cells, 1 karyotype, with banding	400	500	667	0	0.00
88262	Chromosome analysis; count 15-20 cells, 2 karyotypes, with banding	474	593	791	0	0.00
88263	Chromosome analysis; count 45 cells for mosaicism, 2 karyotypes, with banding	508	635	847	0	0.00
88264	Chromosome analysis; analyze 20-25 cells	227	284	379	0	0.00
88267	Chromosome analysis, amniotic fluid or chorionic villus, count 15 cells, 1 karyotype, with banding	562	703	937	0	0.00
88269	Chromosome analysis, in situ for amniotic fluid cells, count cells from 6-12 colonies, 1 karyotype, with banding	487	609	812	0	0.00
88271	Molecular cytogenetics; DNA probe, each (eg, FISH)	93	116	154	0	0.00
88272	Molecular cytogenetics; chromosomal in situ hybridization, analyze 3-5 cells (eg, for derivatives and markers)	100	125	166	0	0.00
88273	Molecular cytogenetics; chromosomal in situ hybridization, analyze 10-30 cells (eg, for microdeletions)	90	112	150	0	0.00
88274	Molecular cytogenetics; interphase in situ hybridization, analyze 25-99 cells	113	142	189	0	0.00
88275	Molecular cytogenetics; interphase in situ hybridization, analyze 100-300 cells	207	258	345	0	0.00
88280	Chromosome analysis; additional karyotypes, each study	87	109	145	0	0.00
88283	Chromosome analysis; additional specialized banding technique (eg, NOR, C-banding)	191	238	318	0	0.00

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
88285	Chromosome analysis; additional cells counted, each study	73	91	122	0	0.00
88289	Chromosome analysis; additional high resolution study	91	113	151	0	0.00
88291	Cytogenetics and molecular cytogenetics, interpretation and report	61	76	101	35	0.96
88299	Unlisted cytogenetic study	0	0	0	0	0.00

SURGICAL PATHOLOGY

88300	Level I - Surgical pathology, gross examination only	68	94	126	16	0.44
88300-26		44	61	82	5	0.13
88300-TC		0	0	0	11	0.31
88302	Level II - Surgical pathology, gross and microscopic examination	130	180	242	31	0.87
88302-26		80	111	150	7	0.20
88302-TC		0	0	0	24	0.67
88304	Level III - Surgical pathology, gross and microscopic examination	173	240	323	42	1.16
88304-26		110	153	206	12	0.33
88304-TC		0	0	0	30	0.83
88305	Level IV - Surgical pathology, gross and microscopic examination	219	304	408	71	1.98
88305-26		150	208	280	39	1.09
88305-TC		0	0	0	32	0.89
88307	Level V - Surgical pathology, gross and microscopic examination	596	827	1113	281	7.80
88307-26		326	452	608	87	2.40
88307-TC		0	0	0	195	5.40
88309	Level VI - Surgical pathology, gross and microscopic examination	857	1190	1600	428	11.85
88309-26		519	720	968	153	4.23
88309-TC		0	0	0	275	7.62

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
88311	Decalcification procedure (List separately in addition to code for surgical pathology examination)	65	91	122	22	0.61
88311-26		49	69	92	13	0.36
88311-TC		0	0	0	9	0.25
88312	Special stain including interpretation and report; Group I for microorganisms (eg, acid fast, methenamine silver)	327	454	610	107	2.97
88312-26		151	209	281	28	0.77
88312-TC		0	0	0	79	2.20
88313	Special stain including interpretation and report; Group II, all other (eg, iron, trichrome), except stain for microorganisms, stains for enzyme constituents, or immunocytochemistry and immunohistochemistry	183	254	342	77	2.14
88313-26		68	94	126	13	0.35
88313-TC		0	0	0	65	1.79
88314	Special stain including interpretation and report; histochemical stain on frozen tissue block (List separately in addition to code for primary procedure)	187	259	348	99	2.73
88314-26		78	108	145	23	0.64
88314-TC		0	0	0	75	2.09
88319	Special stain including interpretation and report; Group III, for enzyme constituents	252	349	470	114	3.15
88319-26		120	167	224	28	0.78
88319-TC		0	0	0	86	2.37
88321	Consultation and report on referred slides prepared elsewhere	329	457	614	102	2.84
88323	Consultation and report on referred material requiring preparation of slides	341	473	637	118	3.26
88323-26		210	291	392	91	2.52
88323-TC		0	0	0	27	0.74
88325	Consultation, comprehensive, with review of records and specimens, with report on referred material	421	584	786	179	4.96

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
88329	Pathology consultation during surgery;	162	225	302	54	1.51
88331	Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen	330	459	617	100	2.78
88331-26		242	336	452	65	1.81
88331-TC		0	0	0	35	0.97
88332	Pathology consultation during surgery; each additional tissue block with frozen section(s) (List separately in addition to code for primary procedure)	181	251	338	56	1.54
88332-26		142	197	265	32	0.90
88332-TC		0	0	0	23	0.64
88333	Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), initial site	313	434	584	92	2.55
88333-26		214	296	399	65	1.81
88333-TC		0	0	0	27	0.74
88334	Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), each additional site (List separately in addition to code for primary procedure)	208	289	389	58	1.60
88334-26		146	203	272	40	1.10
88334-TC		0	0	0	18	0.50
88341	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)	225	312	420	94	2.61
88341-26		110	153	205	30	0.82
88341-TC		0	0	0	65	1.79
88342	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure	243	337	453	107	2.97
88342-26		135	188	252	37	1.02
88342-TC		0	0	0	70	1.95

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
88344	Immunohistochemistry or immunocytochemistry, per specimen; each multiplex antibody stain procedure	442	614	825	175	4.86
88344-26		147	204	274	40	1.11
88344-TC		0	0	0	135	3.75
88346	Immunofluorescence, per specimen; initial single antibody stain procedure	165	229	308	128	3.56
88346-26		113	156	210	38	1.04
88346-TC		0	0	0	91	2.52
88348	Electron microscopy, diagnostic	1146	1591	2140	394	10.92
88348-26		340	472	634	80	2.21
88348-TC		0	0	0	314	8.71
88350	Immunofluorescence, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)	175	243	326	94	2.61
88350-26		98	136	183	30	0.84
88350-TC		0	0	0	64	1.77
88355	Morphometric analysis; skeletal muscle	408	567	762	140	3.88
88355-26		0	0	0	86	2.38
88355-TC		0	0	0	54	1.50
88356	Morphometric analysis; nerve	519	720	968	240	6.66
88356-26		390	542	729	134	3.71
88356-TC		0	0	0	106	2.95
88358	Morphometric analysis; tumor (eg, DNA ploidy)	382	530	712	136	3.77
88358-26		0	0	0	52	1.45
88358-TC		0	0	0	84	2.32
88360	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure; manual	340	472	635	127	3.53
88360-26		199	276	372	44	1.22

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
88360-TC		0	0	0	83	2.31
88361	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure; using computer-assisted technology	330	458	616	129	3.58
88361-26		174	242	325	47	1.29
88361-TC		0	0	0	83	2.29
88362	Nerve teasing preparations	678	941	1265	232	6.44
88362-26		0	0	0	118	3.27
88362-TC		0	0	0	114	3.17
88363	Examination and selection of retrieved archival (ie, previously diagnosed) tissue(s) for molecular analysis (eg, KRAS mutational analysis)	87	120	162	24	0.67
88364	In situ hybridization (eg, FISH), per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)	354	492	661	140	3.89
88364-26		138	191	258	36	1.00
88364-TC		0	0	0	104	2.89
88365	In situ hybridization (eg, FISH), per specimen; initial single probe stain procedure	327	453	610	184	5.10
88365-26		171	237	318	46	1.27
88365-TC		0	0	0	138	3.83
88366	In situ hybridization (eg, FISH), per specimen; each multiplex probe stain procedure	382	530	712	281	7.80
88366-26		226	313	421	65	1.80
88366-TC		0	0	0	217	6.00
88367	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; initial single probe stain procedure	475	659	886	115	3.19
88367-26		177	245	330	36	0.99
88367-TC		0	0	0	79	2.20

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
88368	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; initial single probe stain procedure	705	979	1317	134	3.71
88368-26		256	356	479	43	1.20
88368-TC		0	0	0	91	2.51
88369	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)	537	745	1001	117	3.23
88369-26		123	171	230	34	0.94
88369-TC		0	0	0	83	2.29
88371	Protein analysis of tissue by Western Blot, with interpretation and report;	74	102	138	0	0.00
88371-26		0	0	0	21	0.57
88372	Protein analysis of tissue by Western Blot, with interpretation and report; immunological probe for band identification, each	52	72	97	0	0.00
88372-26		0	0	0	19	0.53
88373	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)	597	829	1115	75	2.08
88373-26		147	204	274	28	0.77
88373-TC		0	0	0	47	1.31
88374	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each multiplex probe stain procedure	677	940	1264	348	9.65
88374-26		178	247	332	46	1.28
88374-TC		0	0	0	302	8.37
88375	Optical endomicroscopic image(s), interpretation and report, real-time or referred, each endoscopic session	149	207	279	51	1.42
88377	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each multiplex probe stain procedure	818	1135	1526	412	11.41

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
88377-26		237	328	442	67	1.87
88377-TC		0	0	0	344	9.54
88380	Microdissection (ie, sample preparation of microscopically identified target); laser capture	220	305	410	138	3.82
88380-26		92	128	172	58	1.60
88380-TC		0	0	0	80	2.22
88381	Microdissection (ie, sample preparation of microscopically identified target); manual	657	912	1227	183	5.07
88381-26		222	309	415	26	0.72
88381-TC		0	0	0	157	4.35
88387	Macroscopic examination, dissection, and preparation of tissue for non-microscopic analytical studies (eg, nucleic acid-based molecular studies); each tissue preparation (eg, a single lymph node)	109	151	203	36	1.00
88387-26		68	94	127	29	0.80
88387-TC		0	0	0	7	0.20
88388	Macroscopic examination, dissection, and preparation of tissue for non-microscopic analytical studies (eg, nucleic acid-based molecular studies); in conjunction with a touch imprint, intraoperative consultation, or frozen section, each tissue preparation (eg, a single lymph node) (List separately in addition to code for primary procedure)	109	152	204	38	1.04
88388-26		0	0	0	25	0.69
88388-TC		0	0	0	13	0.35
88399	Unlisted surgical pathology procedure	0	0	0	0	0.00
88399-26		0	0	0	0	0.00
88399-TC		0	0	0	0	0.00

IN VIVO (EG. TRANSCUTANEOUS) LABORATORY PROCEDURES

88720	Bilirubin, total, transcutaneous	23	32	43	0	0.00
88738	Hemoglobin (Hgb), quantitative, transcutaneous	22	30	41	0	0.00
88740	Hemoglobin, quantitative, transcutaneous, per day; carboxyhemoglobin	38	53	72	0	0.00

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
88741	Hemoglobin, quantitative, transcutaneous, per day; methemoglobin	27	38	51	0	0.00
88749	Unlisted in vivo (eg, transcutaneous) laboratory service	0	0	0	0	0.00

OTHER PROCEDURES

89049	Caffeine halothane contracture test (CHCT) for malignant hyperthermia susceptibility, including interpretation and report	905	1313	1919	257	7.13
89050	Cell count, miscellaneous body fluids (eg, cerebrospinal fluid, joint fluid), except blood;	30	43	63	0	0.00
89051	Cell count, miscellaneous body fluids (eg, cerebrospinal fluid, joint fluid), except blood; with differential count	52	75	109	0	0.00
89055	Leukocyte assessment, fecal, qualitative or semiquantitative	61	88	129	0	0.00
89060	Crystal identification by light microscopy with or without polarizing lens analysis, tissue or any body fluid (except urine)	61	89	130	0	0.00
89060-26		24	35	51	19	0.53
89125	Fat stain, feces, urine, or respiratory secretions	71	103	151	0	0.00
89160	Meat fibers, feces	20	30	43	0	0.00
89190	Nasal smear for eosinophils	19	28	41	0	0.00
89220	Sputum, obtaining specimen, aerosol induced technique (separate procedure)	51	75	109	17	0.46
89230	Sweat collection by iontophoresis	107	155	226	3	0.07
89240	Unlisted miscellaneous pathology test	0	0	0	0	0.00

REPRODUCTIVE MEDICINE PROCEDURES

89250	Culture of oocyte(s)/embryo(s), less than 4 days;	1858	2698	3942	0	0.00
89251	Culture of oocyte(s)/embryo(s), less than 4 days; with co-culture of oocyte(s)/embryos	0	0	0	0	0.00
89253	Assisted embryo hatching, microtechniques (any method)	816	1185	1732	0	0.00
89254	Oocyte identification from follicular fluid	770	1117	1632	0	0.00
89255	Preparation of embryo for transfer (any method)	516	749	1094	0	0.00

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
89257	Sperm identification from aspiration (other than seminal fluid)	0	0	0	0	0.00
89258	Cryopreservation; embryo(s)	1084	1574	2300	0	0.00
89259	Cryopreservation; sperm	306	444	649	0	0.00
89260	Sperm isolation; simple prep (eg, sperm wash and swim-up) for insemination or diagnosis with semen analysis	201	291	426	0	0.00
89261	Sperm isolation; complex prep (eg, Percoll gradient, albumin gradient) for insemination or diagnosis with semen analysis	266	386	564	0	0.00
89264	Sperm identification from testis tissue, fresh or cryopreserved	515	748	1093	0	0.00
89268	Insemination of oocytes	1027	1490	2178	0	0.00
89272	Extended culture of oocyte(s)/embryo(s), 4-7 days	1426	2070	3025	0	0.00
89280	Assisted oocyte fertilization, microtechnique; less than or equal to 10 oocytes	1955	2838	4147	0	0.00
89281	Assisted oocyte fertilization, microtechnique; greater than 10 oocytes	2265	3288	4804	0	0.00
89290	Biopsy, oocyte polar body or embryo blastomere, microtechnique (for pre-implantation genetic diagnosis); less than or equal to 5 embryos	2058	2987	4365	0	0.00
89291	Biopsy, oocyte polar body or embryo blastomere, microtechnique (for pre-implantation genetic diagnosis); greater than 5 embryos	2233	3242	4737	0	0.00
89300	Semen analysis; presence and/or motility of sperm including Huhner test (post coital)	64	93	136	0	0.00
89310	Semen analysis; motility and count (not including Huhner test)	57	83	122	0	0.00
89320	Semen analysis; volume, count, motility, and differential	153	223	326	0	0.00
89321	Semen analysis; sperm presence and motility of sperm, if performed	51	75	109	0	0.00
89322	Semen analysis; volume, count, motility, and differential using strict morphologic criteria (eg, Kruger)	158	229	335	0	0.00
89325	Sperm antibodies	154	224	327	0	0.00
89329	Sperm evaluation; hamster penetration test	71	103	151	0	0.00

CPT	DESCRIPTION	UCR 50TH	UCR 75TH	UCR 90TH	MFS 2020	MFS RVU
89330	Sperm evaluation; cervical mucus penetration test, with or without spinnbarkeit test	97	141	205	0	0.00
89331	Sperm evaluation, for retrograde ejaculation, urine (sperm concentration, motility, and morphology, as indicated)	154	224	327	0	0.00
89335	Cryopreservation, reproductive tissue, testicular	0	0	0	0	0.00
89337	Cryopreservation, mature oocyte(s)	1460	2119	3096	0	0.00
89342	Storage (per year); embryo(s)	539	782	1144	0	0.00
89343	Storage (per year); sperm/semen	289	420	613	0	0.00
89344	Storage (per year); reproductive tissue, testicular/ovarian	0	0	0	0	0.00
89346	Storage (per year); oocyte(s)	61	89	130	0	0.00
89352	Thawing of cryopreserved; embryo(s)	616	894	1307	0	0.00
89353	Thawing of cryopreserved; sperm/semen, each aliquot	108	157	229	0	0.00
89354	Thawing of cryopreserved; reproductive tissue, testicular/ovarian	0	0	0	0	0.00
89356	Thawing of cryopreserved; oocytes, each aliquot	565	819	1198	0	0.00
89398	Unlisted reproductive medicine laboratory procedure	0	0	0	0	0.00

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CPT	DESCRIPTION	UCR 50TH	UCR 75TH	UCR 90TH	MFS 2020	MFS RVU
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MEDICINE

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
90281	Immune globulin (Ig), human, for intramuscular use	61	79	103	0	0.00
90283	Immune globulin (IgIV), human, for intravenous use	0	0	0	0	0.00
90284	Immune globulin (SCIg), human, for use in subcutaneous infusions, 100 mg, each	0	0	0	0	0.00
90287	Botulinum antitoxin, equine, any route	0	0	0	0	0.00
90288	Botulism immune globulin, human, for intravenous use	0	0	0	0	0.00
90291	Cytomegalovirus immune globulin (CMV-IgIV), human, for intravenous use	0	0	0	0	0.00
90296	Diphtheria antitoxin, equine, any route	0	0	0	0	0.00
90371	Hepatitis B immune globulin (HBIG), human, for intramuscular use	179	231	302	0	0.00
90375	Rabies immune globulin (RIg), human, for intramuscular and/or subcutaneous use	563	726	948	0	0.00
90376	Rabies immune globulin, heat-treated (RIg-HT), human, for intramuscular and/or subcutaneous use	535	690	901	0	0.00
90378	Respiratory syncytial virus, monoclonal antibody, recombinant, for intramuscular use, 50 mg, each	1987	2562	3346	0	0.00
90384	Rho(D) immune globulin (RhIg), human, full-dose, for intramuscular use	186	240	313	0	0.00
90385	Rho(D) immune globulin (RhIg), human, mini-dose, for intramuscular use	85	110	144	0	0.00
90386	Rho(D) immune globulin (RhIgIV), human, for intravenous use	0	0	0	0	0.00
90389	Tetanus immune globulin (TIg), human, for intramuscular use	56	72	94	0	0.00
90393	Vaccinia immune globulin, human, for intramuscular use	0	0	0	0	0.00
90396	Varicella-zoster immune globulin, human, for intramuscular use	262	338	442	0	0.00

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
90399	Unlisted immune globulin	0	0	0	0	0.00

IMMUNIZATION ADMINISTRATION FOR VACCINES/TOXOIDS

90460	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered	41	52	68	14	0.40
90461	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; each additional vaccine or toxoid component administered (List separately in addition to code for primary procedure)	25	33	43	13	0.36
90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)	41	52	68	14	0.40
90472	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)	24	31	41	13	0.36
90473	Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid)	30	39	51	14	0.40
90474	Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)	24	31	41	13	0.36

VACCINES, TOXOIDS

90476	Adenovirus vaccine, type 4, live, for oral use	0	0	0	0	0.00
90477	Adenovirus vaccine, type 7, live, for oral use	0	0	0	0	0.00
90581	Anthrax vaccine, for subcutaneous or intramuscular use	0	0	0	0	0.00
90585	Bacillus Calmette-Guerin vaccine (BCG) for tuberculosis, live, for percutaneous use	29	37	49	0	0.00
90586	Bacillus Calmette-Guerin vaccine (BCG) for bladder cancer, live, for intravesical use	246	317	414	0	0.00

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2018	MFS RVU
90587	Dengue vaccine, quadrivalent, live, 3 dose schedule, for subcutaneous use	0	0	0	0	0.00
90619	Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, tetanus toxoid carrier (MenACWY-TT), for intramuscular use	0	0	0	0	0.00
90620	Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB-4C), 2 dose schedule, for intramuscular use	234	301	393	0	0.00
90621	Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB-FHbp), 2 or 3 dose schedule, for intramuscular use	201	259	339	0	0.00
90625	Cholera vaccine, live, adult dosage, 1 dose schedule, for oral use	305	394	514	0	0.00
90630	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, for intradermal use	39	50	65	0	0.00
90632	Hepatitis A vaccine (HepA), adult dosage, for intramuscular use	102	131	171	0	0.00
90633	Hepatitis A vaccine (HepA), pediatric/adolescent dosage-2 dose schedule, for intramuscular use	61	79	103	0	0.00
90634	Hepatitis A vaccine (HepA), pediatric/adolescent dosage-3 dose schedule, for intramuscular use	71	92	120	0	0.00
90636	Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use	152	196	256	0	0.00
90644	Meningococcal conjugate vaccine, serogroups C & Y and Haemophilus influenzae type b vaccine (Hib-MenCY), 4 dose schedule, when administered to children 6 weeks-18 months of age, for intramuscular use	61	79	103	0	0.00
90647	Haemophilus influenzae type b vaccine (Hib), PRP-OMP conjugate, 3 dose schedule, for intramuscular use	49	63	82	0	0.00
90648	Haemophilus influenzae type b vaccine (Hib), PRP-T conjugate, 4 dose schedule, for intramuscular use	48	62	81	0	0.00
90649	Human Papillomavirus vaccine, types 6, 11, 16, 18, quadrivalent (4vHPV), 3 dose schedule, for intramuscular use	223	288	376	0	0.00

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
90650	Human Papillomavirus vaccine, types 16, 18, bivalent (2vHPV), 3 dose schedule, for intramuscular use	203	262	342	0	0.00
90651	Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9vHPV), 2 or 3 dose schedule, for intramuscular use	277	357	466	0	0.00
90653	Influenza vaccine, inactivated (IIV), subunit, adjuvanted, for intramuscular use	63	82	107	0	0.00
90654	Influenza virus vaccine, trivalent (IIV3), split virus, preservative-free, for intradermal use	36	46	60	0	0.00
90655	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.25 mL dosage, for intramuscular use	32	41	53	0	0.00
90656	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.5 mL dosage, for intramuscular use	33	42	55	0	0.00
90657	Influenza virus vaccine, trivalent (IIV3), split virus, 0.25 mL dosage, for intramuscular use	30	39	51	0	0.00
90658	Influenza virus vaccine, trivalent (IIV3), split virus, 0.5 mL dosage, for intramuscular use	30	39	51	0	0.00
90660	Influenza virus vaccine, trivalent, live (LAIV3), for intranasal use	41	52	68	0	0.00
90661	Influenza virus vaccine, trivalent (ccIIV3), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use	44	56	74	0	0.00
90662	Influenza virus vaccine (IIV), split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use	56	72	94	0	0.00
90664	Influenza virus vaccine, live (LAIV), pandemic formulation, for intranasal use	0	0	0	0	0.00
90666	Influenza virus vaccine (IIV), pandemic formulation, split virus, preservative free, for intramuscular use	0	0	0	0	0.00
90667	Influenza virus vaccine (IIV), pandemic formulation, split virus, adjuvanted, for intramuscular use	0	0	0	0	0.00
90668	Influenza virus vaccine (IIV), pandemic formulation, split virus, for intramuscular use	44	56	73	0	0.00

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2018	MFS RVU
90670	Pneumococcal conjugate vaccine, 13 valent (PCV13), for intramuscular use	252	325	424	0	0.00
90672	Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use	41	52	68	0	0.00
90673	Influenza virus vaccine, trivalent (RIV3), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use	51	66	86	0	0.00
90674	Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use	31	39	51	0	0.00
90675	Rabies vaccine, for intramuscular use	388	500	653	0	0.00
90676	Rabies vaccine, for intradermal use	0	0	0	0	0.00
90680	Rotavirus vaccine, pentavalent (RV5), 3 dose schedule, live, for oral use	127	164	214	0	0.00
90681	Rotavirus vaccine, human, attenuated (RV1), 2 dose schedule, live, for oral use	163	210	274	0	0.00
90682	Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use	66	85	111	0	0.00
90685	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.25 mL dosage, for intramuscular use	38	48	63	0	0.00
90686	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use	35	46	60	0	0.00
90687	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.25 mL dosage, for intramuscular use	30	39	51	0	0.00
90688	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.5 mL dosage, for intramuscular use	31	40	52	0	0.00
90689	Influenza virus vaccine, quadrivalent (IIV4), inactivated, adjuvanted, preservative free, 0.25 mL dosage, for intramuscular use	41	54	70	0	0.00
90690	Typhoid vaccine, live, oral	86	111	146	0	0.00
90691	Typhoid vaccine, Vi capsular polysaccharide (ViCPs), for intramuscular use	134	173	226	0	0.00

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
90694	Influenza virus vaccine, quadrivalent (aIV4), inactivated, adjuvanted, preservative free, 0.5 mL dosage, for intramuscular use	0	0	0	0	0.00
90696	Diphtheria, tetanus toxoids, acellular pertussis vaccine and inactivated poliovirus vaccine (DTaP-IPV), when administered to children 4 through 6 years of age, for intramuscular use	91	117	152	0	0.00
90697	Diphtheria, tetanus toxoids, acellular pertussis vaccine, inactivated poliovirus vaccine, Haemophilus influenzae type b PRP-OMP conjugate vaccine, and hepatitis B vaccine (DTaP-IPV-Hib-HepB), for intramuscular use	96	124	162	0	0.00
90698	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Haemophilus influenzae type b, and inactivated poliovirus vaccine, (DTaP-IPV/Hib), for intramuscular use	137	176	230	0	0.00
90700	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than 7 years, for intramuscular use	51	66	86	0	0.00
90702	Diphtheria and tetanus toxoids adsorbed (DT) when administered to individuals younger than 7 years, for intramuscular use	48	62	81	0	0.00
90707	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use	97	125	163	0	0.00
90710	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use	255	329	430	0	0.00
90713	Poliovirus vaccine, inactivated (IPV), for subcutaneous or intramuscular use	55	71	93	0	0.00
90714	Tetanus and diphtheria toxoids adsorbed (Td), preservative free, when administered to individuals 7 years or older, for intramuscular use	45	58	75	0	0.00
90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use	71	92	120	0	0.00
90716	Varicella virus vaccine (VAR), live, for subcutaneous use	158	204	266	0	0.00
90717	Yellow fever vaccine, live, for subcutaneous use	180	233	304	0	0.00

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2018	MFS RVU
90723	Diphtheria, tetanus toxoids, acellular pertussis vaccine, hepatitis B, and inactivated poliovirus vaccine (DTaP-HepB-IPV), for intramuscular use	122	158	206	0	0.00
90732	Pneumococcal polysaccharide vaccine, 23-valent (PPSV23), adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use	130	168	219	0	0.00
90733	Meningococcal polysaccharide vaccine, serogroups A, C, Y, W-135, quadrivalent (MPSV4), for subcutaneous use	156	201	263	0	0.00
90734	Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, diphtheria toxoid carrier (MenACWY-D) or CRM197 carrier (MenACWY-CRM), for intramuscular use	172	222	290	0	0.00
90736	Zoster (shingles) vaccine (HZV), live, for subcutaneous injection	264	341	445	0	0.00
90738	Japanese encephalitis virus vaccine, inactivated, for intramuscular use	333	429	560	0	0.00
90739	Hepatitis B vaccine (HepB), adult dosage, 2 dose schedule, for intramuscular use	161	208	272	0	0.00
90740	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 3 dose schedule, for intramuscular use	203	262	342	0	0.00
90743	Hepatitis B vaccine (HepB), adolescent, 2 dose schedule, for intramuscular use	76	98	128	0	0.00
90744	Hepatitis B vaccine (HepB), pediatric/adolescent dosage, 3 dose schedule, for intramuscular use	56	72	94	0	0.00
90746	Hepatitis B vaccine (HepB), adult dosage, 3 dose schedule, for intramuscular use	102	132	172	0	0.00
90747	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 4 dose schedule, for intramuscular use	216	279	364	0	0.00
90748	Hepatitis B and Haemophilus influenzae type b vaccine (Hib-HepB), for intramuscular use	71	92	120	0	0.00
90749	Unlisted vaccine/toxoid	0	0	0	0	0.00
90750	Zoster (shingles) vaccine (HZV), recombinant, subunit, adjuvanted, for intramuscular use	203	261	341	0	0.00

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
90756	Influenza virus vaccine, quadrivalent (ccIV4), derived from cell cultures, subunit, antibiotic free, 0.5 mL dosage, for intramuscular use	35	46	60	0	0.00

PSYCHIATRY

90785	Interactive complexity (List separately in addition to the code for primary procedure)	20	26	34	16	0.43
90791	Psychiatric diagnostic evaluation	202	259	333	145	4.03
90792	Psychiatric diagnostic evaluation with medical services	303	388	499	161	4.46
90832	Psychotherapy, 30 minutes with patient	102	130	167	71	1.97
90833	Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	103	132	169	73	2.02
90834	Psychotherapy, 45 minutes with patient	137	176	226	95	2.62
90836	Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	153	196	252	92	2.56
90837	Psychotherapy, 60 minutes with patient	153	195	251	141	3.92
90838	Psychotherapy, 60 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	201	257	331	121	3.36
90839	Psychotherapy for crisis; first 60 minutes	202	259	333	148	4.09
90840	Psychotherapy for crisis; each additional 30 minutes (List separately in addition to code for primary service)	94	120	155	71	1.96
90845	Psychoanalysis	178	243	380	100	2.78
90846	Family psychotherapy (without the patient present), 50 minutes	142	193	303	104	2.87
90847	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes	151	206	323	107	2.97
90849	Multiple-family group psychotherapy	102	139	218	37	1.02
90853	Group psychotherapy (other than of a multiple-family group)	55	76	119	28	0.78

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2018	MFS RVU
90863	Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services (List separately in addition to the code for primary procedure)	101	129	163	27	0.76
90865	Narcosynthesis for psychiatric diagnostic and therapeutic purposes (eg, sodium amobarbital (Amytal) interview)	334	428	540	173	4.80
90867	Therapeutic repetitive transcranial magnetic stimulation (TMS) therapy; initial, including cortical mapping, motor threshold determination, delivery and management	654	838	1057	0	0.00
90868	Therapeutic repetitive transcranial magnetic stimulation (TMS) therapy; subsequent delivery and management, per session	483	618	780	0	0.00
90869	Therapeutic repetitive transcranial magnetic stimulation (TMS) therapy; subsequent motor threshold re-determination with delivery and management	755	967	1220	0	0.00
90870	Electroconvulsive therapy (includes necessary monitoring)	327	418	528	180	4.99
90875	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); 30 minutes	127	163	206	64	1.76
90876	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); 45 minutes	136	174	219	111	3.08
90880	Hypnotherapy	178	227	287	111	3.08
90882	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions	49	63	79	0	0.00
90885	Psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes	65	84	106	52	1.43
90887	Interpretation or explanation of results of psychiatric, other medical examinations and	126	161	203	90	2.50

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
	procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient					
90889	Preparation of report of patient's psychiatric status, history, therapy, or progress (other than for legal or consultative purposes) for other individuals, agencies, or insurance carriers	45	58	73	0	0.00
90899	Unlisted psychiatric service or procedure	0	0	0	0	0.00

BIOFEEDBACK

90901	Biofeedback training by any modality	81	140	218	42	1.15
90912	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; initial 15 minutes of one-on-one physician or other qualified health care professional contact with the patient	181	311	484	82	2.27
90913	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; each additional 15 minutes of one-on-one physician or other qualified health care professional contact with the patient (List separately in addition to code for primary procedure)	73	126	196	33	0.92

DIALYSIS

90935	Hemodialysis procedure with single evaluation by a physician or other qualified health care professional	201	267	346	75	2.08
90937	Hemodialysis procedure requiring repeated evaluation(s) with or without substantial revision of dialysis prescription	307	407	528	107	2.97
90940	Hemodialysis access flow study to determine blood flow in grafts and arteriovenous fistulae by an indicator method	0	0	0	0	0.00
90945	Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies), with single evaluation by a physician or other qualified health care professional	255	338	438	88	2.44
90947	Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies) requiring repeated evaluations by a physician	374	497	644	128	3.54

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2018	MFS RVU
	or other qualified health care professional, with or without substantial revision of dialysis prescription					
90951	End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month	2231	2959	3835	960	26.60
90952	End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month	1091	1448	1876	0	0.00
90953	End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month	823	1092	1415	0	0.00
90954	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month	2796	3709	4806	833	23.07
90955	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month	1090	1446	1874	469	13.00
90956	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month	759	1007	1305	327	9.05

MEDICAL FEES 2020

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
90957	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month	1910	2534	3284	660	18.30
90958	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month	1117	1481	1919	449	12.43
90959	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month	743	986	1277	304	8.41
90960	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 4 or more face-to-face visits by a physician or other qualified health care professional per month	610	809	1048	291	8.07
90961	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 2-3 face-to-face visits by a physician or other qualified health care professional per month	506	671	870	245	6.78
90962	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 1 face-to-face visit by a physician or other qualified health care professional per month	423	561	727	189	5.23
90963	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	1933	2564	3323	558	15.46
90964	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	1610	2136	2768	488	13.52

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2018	MFS RVU
90965	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	1334	1770	2294	466	12.92
90966	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 20 years of age and older	535	710	919	244	6.77
90967	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients younger than 2 years of age	68	91	118	18	0.51
90968	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 2-11 years of age	47	63	81	16	0.45
90969	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 12-19 years of age	52	69	90	16	0.43
90970	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 20 years of age and older	18	24	31	8	0.23
90989	Dialysis training, patient, including helper where applicable, any mode, completed course	761	1010	1309	0	0.00
90993	Dialysis training, patient, including helper where applicable, any mode, course not completed, per training session	86	114	148	0	0.00
90997	Hemoperfusion (eg, with activated charcoal or resin)	215	285	369	92	2.56
90999	Unlisted dialysis procedure, inpatient or outpatient	0	0	0	0	0.00

GASTROENTEROLOGY

91010	Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study with interpretation and report;	507	664	979	206	5.70
91010-26		270	353	520	68	1.89
91010-TC		0	0	0	138	3.81

MEDICAL FEES 2020

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
91013	Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study with interpretation and report; with stimulation or perfusion (eg, stimulant, acid or alkali perfusion) (List separately in addition to code for primary procedure)	72	94	139	26	0.73
91013-26		0	0	0	10	0.27
91013-TC		0	0	0	17	0.46
91020	Gastric motility (manometric) studies	607	794	1172	265	7.35
91020-26		329	431	635	77	2.12
91020-TC		0	0	0	189	5.23
91022	Duodenal motility (manometric) study	470	615	907	172	4.77
91022-26		0	0	0	77	2.12
91022-TC		0	0	0	96	2.65
91030	Esophagus, acid perfusion (Bernstein) test for esophagitis	388	508	749	142	3.94
91030-26		0	0	0	48	1.34
91030-TC		0	0	0	94	2.60
91034	Esophagus, gastroesophageal reflux test; with nasal catheter pH electrode(s) placement, recording, analysis and interpretation	457	597	881	195	5.41
91034-26		278	364	537	52	1.44
91034-TC		0	0	0	143	3.97
91035	Esophagus, gastroesophageal reflux test; with mucosal attached telemetry pH electrode placement, recording, analysis and interpretation	1179	1543	2276	495	13.71
91035-26		304	398	587	86	2.37
91035-TC		0	0	0	409	11.34
91037	Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and interpretation;	442	578	853	170	4.71
91037-26		214	280	413	52	1.43
91037-TC		0	0	0	118	3.28

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2018	MFS RVU
91038	Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and interpretation; prolonged (greater than 1 hour, up to 24 hours)	1007	1317	1943	449	12.45
91038-26		273	357	527	58	1.62
91038-TC		0	0	0	391	10.83
91040	Esophageal balloon distension study, diagnostic, with provocation when performed	2054	2687	3964	520	14.40
91040-26		223	292	431	53	1.46
91040-TC		0	0	0	467	12.94
91065	Breath hydrogen or methane test (eg, for detection of lactase deficiency, fructose intolerance, bacterial overgrowth, or oro-cecal gastrointestinal transit)	252	330	487	82	2.26
91065-26		69	90	133	10	0.29
91065-TC		0	0	0	71	1.97
91110	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with interpretation and report	2032	2658	3921	880	24.37
91110-26		623	815	1202	132	3.66
91110-TC		0	0	0	747	20.71
91111	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with interpretation and report	2413	3157	4656	883	24.48
91111-26		0	0	0	53	1.48
91111-TC		0	0	0	830	23.00
91112	Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report	3158	4131	6094	1479	40.99
91112-26		679	888	1310	112	3.09
91112-TC		0	0	0	1368	37.90
91117	Colon motility (manometric) study, minimum 6 hours continuous recording (including provocation tests, eg, meal, intracolonic balloon distension, pharmacologic agents, if performed), with interpretation and report	672	879	1296	141	3.92

MEDICAL FEES 2020

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
91120	Rectal sensation, tone, and compliance test (ie, response to graded balloon distention)	852	1114	1644	498	13.79
91120-26		210	275	406	51	1.41
91120-TC		0	0	0	447	12.38
91122	Anorectal manometry	642	840	1239	257	7.13
91122-26		385	504	744	92	2.55
91122-TC		0	0	0	165	4.58
91132	Electrogastrography, diagnostic, transcutaneous;	561	734	1083	331	9.16
91132-26		0	0	0	28	0.77
91132-TC		0	0	0	303	8.39
91133	Electrogastrography, diagnostic, transcutaneous; with provocative testing	645	844	1245	354	9.82
91133-26		0	0	0	35	0.97
91133-TC		0	0	0	319	8.85
91200	Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report	177	231	341	38	1.05
91200-26		63	83	122	14	0.40
91200-TC		0	0	0	23	0.65
91299	Unlisted diagnostic gastroenterology procedure	0	0	0	0	0.00
91299-26		0	0	0	0	0.00
91299-TC		0	0	0	0	0.00
OPHTHALMOLOGY						
92002	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and therapy program; intermediate, new patient	132	173	225	86	2.37
92004	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and therapy program; comprehensive, new patient, 1 or more visits	206	271	352	153	4.23
92012	Ophthalmological services: medical examination and evaluation, with initiation or	131	172	224	90	2.49

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2018	MFS RVU
	continuation of diagnostic and therapy program; intermediate, established patient					
92014	Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and therapy program; comprehensive, established patient, 1 or more visits	178	234	304	128	3.55
92015	Determination of refractive state	41	55	80	21	0.57
92018	Ophthalmological examination and evaluation, under general anesthesia, with or without manipulation of globe for passive range of motion or other manipulation to facilitate diagnostic examination; complete	459	619	894	147	4.06
92019	Ophthalmological examination and evaluation, under general anesthesia, with or without manipulation of globe for passive range of motion or other manipulation to facilitate diagnostic examination; limited	205	276	399	75	2.07
92020	Gonioscopy (separate procedure)	62	84	121	28	0.78
92025	Computerized corneal topography, unilateral or bilateral, with interpretation and report	87	117	169	38	1.04
92025-26		59	80	115	20	0.56
92025-TC		0	0	0	17	0.48
92060	Sensorimotor examination with multiple measurements of ocular deviation (eg, restrictive or paretic muscle with diplopia) with interpretation and report (separate procedure)	112	152	219	65	1.79
92060-26		66	89	129	39	1.07
92060-TC		0	0	0	26	0.72
92065	Orthoptic and/or pleoptic training, with continuing medical direction and evaluation	83	112	161	54	1.49
92065-26		77	104	150	18	0.51
92065-TC		0	0	0	35	0.98
92071	Fitting of contact lens for therapy ocular surface disease	88	118	171	38	1.06
92072	Fitting of contact lens for management of keratoconus, initial fitting	296	399	576	131	3.62

MEDICAL FEES 2020

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
92081	Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (eg, tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent)	56	76	110	34	0.95
92081-26		43	58	84	17	0.46
92081-TC		0	0	0	18	0.49
92082	Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination (eg, at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, Octopus program 33)	92	124	179	48	1.34
92082-26		67	90	130	22	0.61
92082-TC		0	0	0	26	0.73
92083	Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30 deg, or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2)	136	184	265	64	1.78
92083-26		85	115	166	28	0.78
92083-TC		0	0	0	36	1.00
92100	Serial tonometry (separate procedure) with multiple measurements of intraocular pressure over an extended time period with interpretation and report, same day (eg, diurnal curve or medical therapy acute elevation of intraocular pressure)	128	172	249	84	2.33
92132	Scanning computerized ophthalmic diagnostic imaging, anterior segment, with interpretation and report, unilateral or bilateral	101	136	197	32	0.89
92132-26		58	78	113	17	0.47
92132-TC		0	0	0	15	0.42
92133	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with	102	137	198	38	1.05

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2018	MFS RVU
	interpretation and report, unilateral or bilateral; optic nerve					
92133-26		70	95	137	23	0.63
92133-TC		0	0	0	15	0.42
92134	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina	101	137	197	42	1.15
92134-26		77	104	150	26	0.72
92134-TC		0	0	0	16	0.43
92136	Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation	206	278	401	64	1.76
92136-26		124	167	242	32	0.88
92136-TC		0	0	0	32	0.88
92145	Corneal hysteresis determination, by air impulse stimulation, unilateral or bilateral, with interpretation and report	51	68	99	15	0.42
92145-26		30	41	59	8	0.22
92145-TC		0	0	0	7	0.20
92201	Ophthalmoscopy, extended; with retinal drawing and scleral depression of peripheral retinal disease (eg, for retinal tear, retinal detachment, retinal tumor) with interpretation and report, unilateral or bilateral	71	92	122	26	0.71
92202	Ophthalmoscopy, extended; with drawing of optic nerve or macula (eg, for glaucoma, macular pathology, tumor) with interpretation and report, unilateral or bilateral	45	58	77	16	0.45
92227	Remote imaging for detection of retinal disease (eg, retinopathy in a patient with diabetes) with analysis and report under physician supervision, unilateral or bilateral	41	52	70	14	0.38
92228	Remote imaging for monitoring and management of active retinal disease (eg, diabetic retinopathy) with physician review, interpretation and report, unilateral or bilateral	110	141	187	35	0.96
92228-26		75	96	128	21	0.59
92228-TC		0	0	0	13	0.37

MEDICAL FEES 2020

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
92230	Fluorescein angiography with interpretation and report	172	220	293	79	2.18
92235	Fluorescein angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral	243	313	416	106	2.93
92235-26		149	192	255	44	1.22
92235-TC		0	0	0	62	1.71
92240	Indocyanine-green angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral	509	654	870	205	5.69
92240-26		239	306	408	48	1.34
92240-TC		0	0	0	157	4.35
92242	Fluorescein angiography and indocyanine-green angiography (includes multiframe imaging) performed at the same patient encounter with interpretation and report, unilateral or bilateral	445	571	760	242	6.71
92242-26		220	282	376	56	1.54
92242-TC		0	0	0	187	5.17
92250	Fundus photography with interpretation and report	127	163	217	46	1.27
92250-26		67	86	115	22	0.61
92250-TC		0	0	0	24	0.66
92260	Ophthalmodynamometry	25	33	44	20	0.55
92265	Needle oculoelectromyography, 1 or more extraocular muscles, 1 or both eyes, with interpretation and report	246	316	421	88	2.45
92265-26		0	0	0	48	1.32
92265-TC		0	0	0	41	1.13
92270	Electro-oculography with interpretation and report	163	209	278	99	2.73
92270-26		152	196	260	44	1.21
92270-TC		0	0	0	55	1.52
92273	Electroretinography (ERG), with interpretation and report; full field (ie, ffERG, flash ERG, Ganzfeld ERG)	253	324	432	133	3.68

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2018	MFS RVU
92273-26		111	142	189	38	1.05
92273-TC		0	0	0	95	2.63
92274	Electroretinography (ERG), with interpretation and report; multifocal (mfERG)	202	260	346	90	2.49
92274-26		112	144	192	34	0.93
92274-TC		0	0	0	56	1.56
92283	Color vision examination, extended, eg, anomaloscope or equivalent	81	104	138	54	1.49
92283-26		41	53	71	9	0.26
92283-TC		0	0	0	44	1.23
92284	Dark adaptation examination with interpretation and report	101	129	172	61	1.68
92284-26		64	82	110	13	0.36
92284-TC		0	0	0	48	1.32
92285	External ocular photography with interpretation and report for documentation of medical progress (eg, close-up photography, slit lamp photography, goniophotography, stereo-photography)	73	94	126	22	0.62
92285-26		38	49	65	3	0.09
92285-TC		0	0	0	19	0.53
92286	Anterior segment imaging with interpretation and report; with specular microscopy and endothelial cell analysis	198	254	338	40	1.10
92286-26		136	174	232	23	0.63
92286-TC		0	0	0	17	0.47
92287	Anterior segment imaging with interpretation and report; with fluorescein angiography	289	371	494	161	4.46
92287-26		86	110	146	48	1.32
92287-TC		0	0	0	113	3.14
92310	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens, both eyes, except for aphakia	113	154	227	103	2.86

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
92311	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, 1 eye	142	194	284	106	2.95
92312	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, both eyes	127	173	254	123	3.42
92313	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneoscleral lens	254	346	508	100	2.77
92314	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens, both eyes except for aphakia	96	131	193	88	2.43
92315	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens for aphakia, 1 eye	88	120	176	80	2.22
92316	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens for aphakia, both eyes	109	149	219	100	2.76
92317	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneoscleral lens	92	125	184	84	2.32
92325	Modification of contact lens (separate procedure), with medical supervision of adaptation	50	67	99	45	1.25
92326	Replacement of contact lens	76	103	151	38	1.06
92340	Fitting of spectacles, except for aphakia; monofocal	39	53	78	36	0.99
92341	Fitting of spectacles, except for aphakia; bifocal	46	62	91	42	1.15
92342	Fitting of spectacles, except for aphakia; multifocal, other than bifocal	49	66	98	44	1.23

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2018	MFS RVU
92352	Fitting of spectacle prosthesis for aphakia; monofocal	49	67	98	45	1.24
92353	Fitting of spectacle prosthesis for aphakia; multifocal	57	78	114	52	1.44
92354	Fitting of spectacle mounted low vision aid; single element system	118	160	235	13	0.37
92355	Fitting of spectacle mounted low vision aid; telescopic or other compound lens system	61	83	123	21	0.58
92358	Prosthesis service for aphakia, temporary (disposable or loan, including materials)	16	21	31	11	0.31
92370	Repair and refitting spectacles; except for aphakia	35	47	70	32	0.88
92371	Repair and refitting spectacles; spectacle prosthesis for aphakia	18	25	37	12	0.32
92499	Unlisted ophthalmological service or procedure	0	0	0	0	0.00
92499-26		0	0	0	0	0.00
92499-TC		0	0	0	0	0.00

SPECIAL OTORHINOLARYNGOLOGIC SERVICES

92502	Otolaryngologic examination under general anesthesia	265	394	526	97	2.69
92504	Binocular microscopy (separate diagnostic procedure)	71	105	140	30	0.82
92507	Therapy speech, language, voice, communication, and/or auditory processing disorder; individual	102	151	201	81	2.25
92508	Therapy speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals	57	85	113	25	0.68
92511	Nasopharyngoscopy with endoscope (separate procedure)	327	485	648	115	3.18
92512	Nasal function studies (eg, rhinomanometry)	198	295	393	61	1.69
92516	Facial nerve function studies (eg, electroneuronography)	274	406	543	70	1.94
92520	Laryngeal function studies (ie, aerodynamic testing and acoustic testing)	248	369	493	82	2.28
92521	Evaluation of speech fluency (eg, stuttering, cluttering)	151	224	299	116	3.21

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
92522	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria);	198	294	393	95	2.62
92523	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)	253	376	502	198	5.50
92524	Behavioral and qualitative analysis of voice and resonance	224	333	444	92	2.56
92526	therapy swallowing dysfunction and/or oral function for feeding	136	203	271	90	2.48
92531	Spontaneous nystagmus, including gaze	41	60	80	0	0.00
92532	Positional nystagmus test	56	83	111	0	0.00
92533	Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes 4 tests)	71	105	140	0	0.00
92534	Optokinetic nystagmus test	86	128	171	0	0.00
92537	Caloric vestibular test with recording, bilateral; bithermal (ie, one warm and one cool irrigation in each ear for a total of four irrigations)	101	150	201	43	1.18
92537-26		83	124	166	32	0.90
92537-TC		0	0	0	10	0.28
92538	Caloric vestibular test with recording, bilateral; monothermal (ie, one irrigation in each ear for a total of two irrigations)	61	91	121	23	0.64
92538-26		40	60	80	17	0.46
92538-TC		0	0	0	6	0.18
92540	Basic vestibular evaluation, includes spontaneous nystagmus test with eccentric gaze fixation nystagmus, with recording, positional nystagmus test, minimum of 4 positions, with recording, optokinetic nystagmus test, bidirectional foveal and peripheral stimulation, with recording, and oscillating tracking test, with recording	244	352	507	110	3.04
92540-26		198	286	411	82	2.26
92540-TC		0	0	0	28	0.78
92541	Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording	117	169	244	26	0.72

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2018	MFS RVU
92541-26		80	115	165	22	0.60
92541-TC		0	0	0	4	0.12
92542	Positional nystagmus test, minimum of 4 positions, with recording	105	152	219	30	0.84
92542-26		66	96	137	26	0.72
92542-TC		0	0	0	4	0.12
92544	Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording	216	312	449	18	0.50
92544-26		56	81	116	15	0.41
92544-TC		0	0	0	3	0.09
92545	Oscillating tracking test, with recording	102	148	213	17	0.47
92545-26		83	120	172	14	0.38
92545-TC		0	0	0	3	0.09
92546	Sinusoidal vertical axis rotational testing	203	293	422	114	3.15
92546-26		78	112	162	16	0.43
92546-TC		0	0	0	98	2.72
92547	Use of vertical electrodes (List separately in addition to code for primary procedure)	25	35	51	9	0.24
92548	Computerized dynamic posturography sensory organization test (CDP-SOT), 6 conditions (ie, eyes open, eyes closed, visual sway, platform sway, eyes closed platform sway, platform and visual sway), including interpretation and report;	210	303	436	51	1.41
92548-26		155	224	323	36	0.99
92548-TC		0	0	0	15	0.42
92549	Computerized dynamic posturography sensory organization test (CDP-SOT), 6 conditions (ie, eyes open, eyes closed, visual sway, platform sway, eyes closed platform sway, platform and visual sway), including interpretation and report; with motor control test (MCT) and adaptation test (ADT)	174	252	362	65	1.80
92549-26		0	0	0	46	1.28
92549-TC		0	0	0	19	0.52

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
92550	Tympanometry and reflex threshold measurements	66	85	113	23	0.63
92551	Screening test, pure tone, air only	30	39	52	12	0.33
92552	Pure tone audiometry (threshold); air only	50	65	86	32	0.89
92553	Pure tone audiometry (threshold); air and bone	71	92	122	39	1.08
92555	Speech audiometry threshold;	49	64	84	24	0.67
92556	Speech audiometry threshold; with speech recognition	70	91	120	39	1.07
92557	Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)	106	137	181	39	1.08
92558	Evoked otoacoustic emissions, screening (qualitative measurement of distortion product or transient evoked otoacoustic emissions), automated analysis	66	85	113	10	0.28
92559	Audiometric testing of groups	45	59	77	0	0.00
92560	Bekesy audiometry; screening	41	52	69	0	0.00
92561	Bekesy audiometry; diagnostic	51	66	87	40	1.10
92562	Loudness balance test, alternate binaural or monaural	56	72	96	45	1.25
92563	Tone decay test	46	59	78	31	0.86
92564	Short increment sensitivity index (SISI)	101	130	172	24	0.67
92565	Stenger test, pure tone	46	59	78	16	0.44
92567	Tympanometry (impedance testing)	46	59	78	16	0.45
92568	Acoustic reflex testing, threshold	40	52	69	16	0.45
92570	Acoustic immittance testing, includes tympanometry (impedance testing), acoustic reflex threshold testing, and acoustic reflex decay testing	76	98	130	34	0.94
92571	Filtered speech test	41	53	69	27	0.76
92572	Staggered spondaic word test	109	141	187	35	0.98
92575	Sensorineural acuity level test	102	132	174	66	1.84
92576	Synthetic sentence identification test	65	84	111	37	1.02
92577	Stenger test, speech	41	52	69	14	0.39
92579	Visual reinforcement audiometry (VRA)	101	131	173	48	1.32

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2018	MFS RVU
92582	Conditioning play audiometry	148	191	252	75	2.07
92583	Select picture audiometry	87	112	148	49	1.36
92584	Electrocochleography	227	293	387	75	2.08
92585	Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive	285	369	487	138	3.82
92585-26		158	204	269	27	0.76
92585-TC		0	0	0	110	3.06
92586	Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; limited	254	328	434	97	2.68
92587	Distortion product evoked otoacoustic emissions; limited evaluation (to confirm the presence or absence of hearing disorder, 3-6 frequencies) or transient evoked otoacoustic emissions, with interpretation and report	101	130	172	23	0.63
92587-26		41	53	70	19	0.53
92587-TC		0	0	0	4	0.10
92588	Distortion product evoked otoacoustic emissions; comprehensive diagnostic evaluation (quantitative analysis of outer hair cell function by cochlear mapping, minimum of 12 frequencies), with interpretation and report	134	173	228	35	0.96
92588-26		79	102	134	30	0.83
92588-TC		0	0	0	5	0.13
92590	Hearing aid examination and selection; monaural	102	131	174	0	0.00
92591	Hearing aid examination and selection; binaural	152	197	260	0	0.00
92592	Hearing aid check; monaural	50	65	86	0	0.00
92593	Hearing aid check; binaural	86	111	146	0	0.00
92594	Electroacoustic evaluation for hearing aid; monaural	43	56	74	0	0.00
92595	Electroacoustic evaluation for hearing aid; binaural	82	105	139	0	0.00
92596	Ear protector attenuation measurements	174	225	297	66	1.84

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
92597	Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech	229	296	391	75	2.08
92601	Diagnostic analysis of cochlear implant, patient younger than 7 years of age; with programming	390	504	666	171	4.73
92602	Diagnostic analysis of cochlear implant, patient younger than 7 years of age; subsequent reprogramming	201	260	343	107	2.96
92603	Diagnostic analysis of cochlear implant, age 7 years or older; with programming	310	401	530	159	4.41
92604	Diagnostic analysis of cochlear implant, age 7 years or older; subsequent reprogramming	234	303	400	95	2.64
92605	Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour	255	330	436	97	2.70
92606	Therapeutic service(s) for the use of non-speech-generating device, including programming and modification	101	130	172	86	2.39
92607	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour	233	301	398	132	3.66
92608	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure)	86	111	147	53	1.47
92609	Therapeutic services for the use of speech-generating device, including programming and modification	146	189	250	111	3.08
92610	Evaluation of oral and pharyngeal swallowing function	153	198	261	89	2.47
92611	Motion fluoroscopic evaluation of swallowing function by cine or video recording	282	364	481	95	2.62
92612	Flexible endoscopic evaluation of swallowing by cine or video recording;	529	685	904	205	5.67
92613	Flexible endoscopic evaluation of swallowing by cine or video recording; interpretation and report only	132	171	226	39	1.08
92614	Flexible endoscopic evaluation, laryngeal sensory testing by cine or video recording;	366	473	625	152	4.22

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2018	MFS RVU
92615	Flexible endoscopic evaluation, laryngeal sensory testing by cine or video recording; interpretation and report only	96	124	164	34	0.95
92616	Flexible endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording;	484	625	826	222	6.14
92617	Flexible endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording; interpretation and report only	152	197	260	43	1.18
92618	Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure)	91	117	155	35	0.96
92620	Evaluation of central auditory function, with report; initial 60 minutes	205	265	350	96	2.67
92621	Evaluation of central auditory function, with report; each additional 15 minutes (List separately in addition to code for primary procedure)	61	78	104	23	0.64
92625	Assessment of tinnitus (includes pitch, loudness matching, and masking)	112	145	191	72	2.00
92626	Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); first hour	184	238	314	92	2.56
92627	Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); each additional 15 minutes (List separately in addition to code for primary procedure)	127	164	216	22	0.61
92630	Auditory rehabilitation; prelingual hearing loss	201	260	343	0	0.00
92633	Auditory rehabilitation; postlingual hearing loss	137	177	234	0	0.00
92640	Diagnostic analysis with programming of auditory brainstem implant, per hour	307	396	524	117	3.24
92700	Unlisted otorhinolaryngological service or procedure	0	0	0	0	0.00

CARDIOVASCULAR

92920	Percutaneous transluminal coronary angioplasty; single major coronary artery or branch	1377	1978	2749	556	15.41
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MEDICAL FEES 2020

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
92921	Percutaneous transluminal coronary angioplasty; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	739	1061	1475	0	0.00
92924	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch	1743	2504	3480	663	18.37
92925	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	0	0	0	0	0.00
92928	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	1596	2292	3186	619	17.14
92929	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	810	1163	1616	0	0.00
92933	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch	1821	2616	3636	694	19.24
92934	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	845	1213	1686	0	0.00
92937	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel	1528	2194	3050	618	17.12
92938	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (List separately in addition to code for primary procedure)	865	1242	1726	0	0.00

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2018	MFS RVU
92941	Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel	1722	2473	3438	695	19.27
92943	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel	1812	2602	3617	695	19.27
92944	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (List separately in addition to code for primary procedure)	926	1331	1850	0	0.00
92950	Cardiopulmonary resuscitation (eg, in cardiac arrest)	958	1376	1913	331	9.16
92953	Temporary transcutaneous pacing	43	62	86	1	0.03
92960	Cardioversion, elective, electrical conversion of arrhythmia; external	446	640	890	163	4.51
92961	Cardioversion, elective, electrical conversion of arrhythmia; internal (separate procedure)	639	917	1275	259	7.17
92970	Cardioassist-method of circulatory assist; internal	528	758	1054	198	5.49
92971	Cardioassist-method of circulatory assist; external	305	439	610	105	2.91
92973	Percutaneous transluminal coronary thrombectomy mechanical (List separately in addition to code for primary procedure)	418	601	835	185	5.12
92974	Transcatheter placement of radiation delivery device for subsequent coronary intravascular brachytherapy (List separately in addition to code for primary procedure)	616	885	1230	169	4.68
92975	Thrombolysis, coronary; by intracoronary infusion, including selective coronary angiography	1000	1436	1996	394	10.93

MEDICAL FEES 2020

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
92977	Thrombolysis, coronary; by intravenous infusion	610	876	1217	54	1.51
92978	Endoluminal imaging of coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; initial vessel (List separately in addition to code for primary procedure)	539	774	1076	0	0.00
92978-26		293	421	585	99	2.74
92978-TC		0	0	0	0	0.00
92979	Endoluminal imaging of coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; each additional vessel (List separately in addition to code for primary procedure)	278	399	554	0	0.00
92979-26		229	329	457	80	2.21
92979-TC		0	0	0	0	0.00
92986	Percutaneous balloon valvuloplasty; aortic valve	3688	5296	7362	1378	38.18
92987	Percutaneous balloon valvuloplasty; mitral valve	4111	5904	8207	1421	39.38
92990	Percutaneous balloon valvuloplasty; pulmonary valve	4812	6912	9607	1135	31.46
92992	Atrial septectomy or septostomy; transvenous method, balloon (eg, Rashkind type) (includes cardiac catheterization)	5264	7560	10508	0	0.00
92993	Atrial septectomy or septostomy; blade method (Park septostomy) (includes cardiac catheterization)	3559	5111	7105	0	0.00
92997	Percutaneous transluminal pulmonary artery balloon angioplasty; single vessel	3307	4750	6603	667	18.49
92998	Percutaneous transluminal pulmonary artery balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)	1614	2318	3222	338	9.37

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2018	MFS RVU
93000	Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report	61	86	127	17	0.48
93005	Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report	42	59	87	9	0.24
93010	Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only	43	60	89	9	0.24
93015	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report	267	378	557	72	2.00
93016	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; supervision only, without interpretation and report	70	99	146	23	0.63
93017	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; tracing only, without interpretation and report	141	200	294	34	0.95
93018	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; interpretation and report only	49	69	102	15	0.42
93024	Ergonovine provocation test	305	432	637	112	3.10
93024-26		153	216	319	59	1.63
93024-TC		0	0	0	53	1.47
93025	Microvolt T-wave alternans for assessment of ventricular arrhythmias	956	1355	1998	144	3.98
93025-26		122	172	254	38	1.05
93025-TC		0	0	0	106	2.93
93040	Rhythm ECG, 1-3 leads; with interpretation and report	40	57	84	13	0.36
93041	Rhythm ECG, 1-3 leads; tracing only without interpretation and report	76	107	158	6	0.16
93042	Rhythm ECG, 1-3 leads; interpretation and report only	38	54	80	7	0.20

MEDICAL FEES 2020

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
93050	Arterial pressure waveform analysis for assessment of central arterial pressures, includes obtaining waveform(s), digitization and application of nonlinear mathematical transformations to determine central arterial pressures and augmentation index, with interpretation and report, upper extremity artery, non-invasive	43	60	89	17	0.46
93050-26		22	31	46	9	0.24
93050-TC		0	0	0	8	0.22
93224	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional	306	433	639	90	2.49
93225	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; recording (includes connection, recording, and disconnection)	87	123	181	26	0.72
93226	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; scanning analysis with report	468	663	978	37	1.02
93227	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; review and interpretation by a physician or other qualified health care professional	84	119	175	27	0.75
93228	External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; review and interpretation with report by a physician or other qualified health care professional	71	101	148	27	0.76
93229	External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; technical support for connection and patient instructions for use,	6904	9788	14433	716	19.83

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2018	MFS RVU
	attended surveillance, analysis and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional					
93260	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; implantable subcutaneous lead defibrillator system	172	244	359	74	2.04
93260-26		139	197	290	44	1.23
93260-TC		0	0	0	29	0.81
93261	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable subcutaneous lead defibrillator system	152	215	317	67	1.87
93261-26		121	172	254	38	1.06
93261-TC		0	0	0	29	0.81
93264	Remote monitoring of a wireless pulmonary artery pressure sensor for up to 30 days, including at least weekly downloads of pulmonary artery pressure recordings, interpretation(s), trend analysis, and report(s) by a physician or other qualified health care professional	105	149	220	52	1.43
93268	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; includes transmission, review and interpretation by a physician or other qualified health care professional	493	699	1031	204	5.64
93270	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; recording (includes connection, recording, and disconnection)	217	308	454	9	0.25

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
93271	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; transmission and analysis	2237	3171	4676	169	4.67
93272	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; review and interpretation by a physician or other qualified health care professional	72	102	151	26	0.72
93278	Signal-averaged electrocardiography (SAECG), with or without ECG	76	108	160	31	0.85
93278-26		44	62	92	13	0.36
93278-TC		0	0	0	18	0.49
93279	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead pacemaker system or leadless pacemaker system in one cardiac chamber	121	172	253	62	1.72
93279-26		87	123	182	33	0.92
93279-TC		0	0	0	29	0.80
93280	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead pacemaker system	144	205	302	73	2.03
93280-26		103	145	214	40	1.10
93280-TC		0	0	0	34	0.93
93281	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead pacemaker system	157	222	327	78	2.17

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2018	MFS RVU
93281-26		120	170	251	44	1.22
93281-TC		0	0	0	34	0.95
93282	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead transvenous implantable defibrillator system	163	230	340	75	2.08
93282-26		122	173	255	44	1.22
93282-TC		0	0	0	31	0.86
93283	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead transvenous implantable defibrillator system	184	260	384	94	2.60
93283-26		146	207	305	60	1.66
93283-TC		0	0	0	34	0.94
93284	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead transvenous implantable defibrillator system	211	299	441	101	2.81
93284-26		165	234	345	65	1.80
93284-TC		0	0	0	36	1.01
93285	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; subcutaneous cardiac rhythm monitor system	102	145	214	55	1.52
93285-26		76	107	158	27	0.75
93285-TC		0	0	0	28	0.77

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
93286	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead pacemaker system, or leadless pacemaker system	82	117	172	41	1.14
93286-26		48	68	100	16	0.44
93286-TC		0	0	0	25	0.70
93287	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead implantable defibrillator system	88	125	185	49	1.36
93287-26		77	109	160	24	0.66
93287-TC		0	0	0	25	0.70
93288	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead pacemaker system, or leadless pacemaker system	94	134	197	50	1.39
93288-26		61	86	127	22	0.60
93288-TC		0	0	0	29	0.79
93289	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead transvenous implantable defibrillator system, including analysis of heart rhythm derived data elements	149	211	311	67	1.87
93289-26		118	167	246	39	1.07
93289-TC		0	0	0	29	0.80
93290	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter;	76	108	159	48	1.34

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2018	MFS RVU
	implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors					
93290-26		51	72	106	22	0.62
93290-TC		0	0	0	26	0.72
93291	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; subcutaneous cardiac rhythm monitor system, including heart rhythm derived data analysis	85	121	179	44	1.22
93291-26		56	80	118	19	0.53
93291-TC		0	0	0	25	0.69
93292	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; wearable defibrillator system	77	109	160	46	1.27
93292-26		66	93	137	22	0.61
93292-TC		0	0	0	24	0.66
93293	Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with and without magnet application with analysis, review and report(s) by a physician or other qualified health care professional, up to 90 days	126	178	263	53	1.46
93293-26		48	68	100	16	0.43
93293-TC		0	0	0	37	1.03
93294	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, or leadless pacemaker system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	86	122	180	32	0.89
93295	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead implantable defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	162	230	339	39	1.09

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
93296	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, leadless pacemaker system, or implantable defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	75	107	158	26	0.72
93297	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report(s) by a physician or other qualified health care professional	62	87	129	28	0.77
93298	Interrogation device evaluation(s), (remote) up to 30 days; subcutaneous cardiac rhythm monitor system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional	71	101	149	28	0.78
93303	Transthoracic echocardiography for congenital cardiac anomalies; complete	725	1152	1835	237	6.58
93303-26		241	384	611	65	1.81
93303-TC		0	0	0	172	4.77
93304	Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study	828	1317	2096	163	4.52
93304-26		201	320	510	38	1.04
93304-TC		0	0	0	126	3.48
93306	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography	661	1050	1672	211	5.86
93306-26		208	331	527	75	2.08
93306-TC		0	0	0	136	3.78
93307	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	438	695	1107	144	3.99

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2018	MFS RVU
93307-26		215	342	545	46	1.28
93307-TC		0	0	0	98	2.71
93308	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study	316	503	801	101	2.79
93308-26		101	161	256	26	0.73
93308-TC		0	0	0	74	2.06
93312	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	660	1049	1670	251	6.96
93312-26		376	597	951	113	3.12
93312-TC		0	0	0	139	3.84
93313	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); placement of transesophageal probe only	249	396	631	12	0.33
93314	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); image acquisition, interpretation and report only	604	959	1528	241	6.68
93314-26		229	364	580	93	2.59
93314-TC		0	0	0	148	4.09
93315	Transesophageal echocardiography for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report	521	829	1320	0	0.00
93315-26		0	0	0	132	3.67
93315-TC		0	0	0	0	0.00
93316	Transesophageal echocardiography for congenital cardiac anomalies; placement of transesophageal probe only	321	510	811	28	0.78
93317	Transesophageal echocardiography for congenital cardiac anomalies; image acquisition, interpretation and report only	508	808	1286	0	0.00
93317-26		0	0	0	94	2.61

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
93317-TC		0	0	0	0	0.00
93318	Echocardiography, transesophageal (TEE) for monitoring purposes, including probe placement, real time 2-dimensional image acquisition and interpretation leading to ongoing (continuous) assessment of (dynamically changing) cardiac pumping function and to therapeutic measures on an immediate time basis	543	864	1375	0	0.00
93318-26		0	0	0	107	2.97
93318-TC		0	0	0	0	0.00
93320	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete	249	396	631	54	1.51
93320-26		86	136	217	19	0.52
93320-TC		0	0	0	36	0.99
93321	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); follow-up or limited study (List separately in addition to codes for echocardiographic imaging)	184	292	465	27	0.75
93321-26		42	66	105	8	0.21
93321-TC		0	0	0	19	0.54
93325	Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)	252	400	637	25	0.70
93325-26		41	66	105	3	0.09
93325-TC		0	0	0	22	0.61
93350	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	532	846	1347	193	5.36
93350-26		231	368	586	73	2.02
93350-TC		0	0	0	121	3.34
93351	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-	664	1055	1680	239	6.63

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2018	MFS RVU
	mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional					
93351-26		256	406	647	87	2.42
93351-TC		0	0	0	152	4.21
93352	Use of echocardiographic contrast agent during stress echocardiography (List separately in addition to code for primary procedure)	94	150	239	34	0.95
93355	Echocardiography, transesophageal (TEE) for guidance of a transcatheter intracardiac or great vessel(s) structural intervention(s) (eg, TAVR, transcatheter pulmonary valve replacement, mitral valve repair, paravalvular regurgitation repair, left atrial appendage occlusion/closure, ventricular septal defect closure) (peri-and intra-procedural), real-time image acquisition and documentation, guidance with quantitative measurements, probe manipulation, interpretation, and report, including diagnostic transesophageal echocardiography and, when performed, administration of ultrasound contrast, Doppler, color flow, and 3D	603	958	1526	237	6.58
93356	Myocardial strain imaging using speckle tracking-derived assessment of myocardial mechanics (List separately in addition to codes for echocardiography imaging)	132	210	335	41	1.13
93451	Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed	2800	4283	6930	864	23.94
93451-26		461	705	1141	137	3.80
93451-TC		0	0	0	727	20.14
93452	Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	1588	2430	3932	935	25.91
93452-26		791	1210	1958	247	6.85
93452-TC		0	0	0	688	19.06

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
93453	Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	2609	3991	6459	1205	33.39
93453-26		1020	1561	2526	331	9.17
93453-TC		0	0	0	874	24.22
93454	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;	2448	3745	6060	937	25.97
93454-26		799	1222	1978	250	6.93
93454-TC		0	0	0	687	19.04
93455	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography	2007	3071	4969	1065	29.51
93455-26		904	1384	2239	291	8.07
93455-TC		0	0	0	774	21.44
93456	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization	3437	5258	8508	1186	32.87
93456-26		1023	1565	2533	326	9.02
93456-TC		0	0	0	861	23.85
93457	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization	2029	3103	5022	1314	36.40
93457-26		1096	1676	2713	367	10.18

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2018	MFS RVU
93457-TC		0	0	0	946	26.22
93458	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	4511	6901	11168	1097	30.41
93458-26		903	1381	2235	309	8.56
93458-TC		0	0	0	789	21.85
93459	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography	4428	6774	10961	1195	33.10
93459-26		1004	1536	2486	350	9.70
93459-TC		0	0	0	844	23.40
93460	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	5615	8590	13901	1322	36.63
93460-26		1150	1760	2847	392	10.85
93460-TC		0	0	0	930	25.78
93461	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography	5967	9129	14771	1480	41.00
93461-26		1243	1901	3077	433	12.00

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
93461-TC		0	0	0	1047	29.00
93462	Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure)	558	854	1382	220	6.10
93463	Pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed (List separately in addition to code for primary procedure)	303	463	749	102	2.82
93464	Physiologic exercise study (eg, bicycle or arm ergometry) including assessing hemodynamic measurements before and after (List separately in addition to code for primary procedure)	762	1166	1887	249	6.89
93464-26		341	522	845	92	2.54
93464-TC		0	0	0	157	4.35
93503	Insertion and placement of flow directed catheter (eg, Swan-Ganz) for monitoring purposes	1064	1628	2634	92	2.55
93505	Endomyocardial biopsy	1928	2949	4772	728	20.16
93505-26		906	1386	2243	233	6.46
93505-TC		0	0	0	494	13.70
93530	Right heart catheterization, for congenital cardiac anomalies	1145	1751	2834	0	0.00
93530-26		0	0	0	213	5.90
93530-TC		0	0	0	0	0.00
93531	Combined right heart catheterization and retrograde left heart catheterization, for congenital cardiac anomalies	2343	3585	5801	0	0.00
93531-26		0	0	0	442	12.25
93531-TC		0	0	0	0	0.00
93532	Combined right heart catheterization and transseptal left heart catheterization through intact septum with or without retrograde left heart catheterization, for congenital cardiac anomalies	2539	3885	6286	0	0.00

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2018	MFS RVU
93532-26		0	0	0	552	15.29
93532-TC		0	0	0	0	0.00
93533	Combined right heart catheterization and transeptal left heart catheterization through existing septal opening, with or without retrograde left heart catheterization, for congenital cardiac anomalies	2681	4102	6637	0	0.00
93533-26		0	0	0	370	10.24
93533-TC		0	0	0	0	0.00
93561	Indicator dilution studies such as dye or thermodilution, including arterial and/or venous catheterization; with cardiac output measurement (separate procedure)	154	235	380	0	0.00
93561-26		130	199	322	47	1.31
93561-TC		0	0	0	0	0.00
93562	Indicator dilution studies such as dye or thermodilution, including arterial and/or venous catheterization; subsequent measurement of cardiac output	109	166	269	0	0.00
93562-26		0	0	0	38	1.06
93562-TC		0	0	0	0	0.00
93563	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective coronary angiography during congenital heart catheterization (List separately in addition to code for primary procedure)	230	352	569	60	1.67
93564	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective opacification of aortocoronary venous or arterial bypass graft(s) (eg, aortocoronary saphenous vein, free radial artery, or free mammary artery graft) to one or more coronary arteries and in situ arterial conduits (eg, internal mammary), whether native or used for bypass to one or more coronary arteries during congenital heart catheterization, when performed (List separately in addition to code for primary procedure)	289	442	716	64	1.78

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
93565	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective left ventricular or left atrial angiography (List separately in addition to code for primary procedure)	216	330	535	47	1.29
93566	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective right ventricular or right atrial angiography (List separately in addition to code for primary procedure)	493	755	1221	151	4.18
93567	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for supraaortic aortography (List separately in addition to code for primary procedure)	227	347	562	128	3.55
93568	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for pulmonary angiography (List separately in addition to code for primary procedure)	440	673	1090	139	3.84
93571	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; initial vessel (List separately in addition to code for primary procedure)	354	542	877	0	0.00
93571-26		261	400	646	77	2.12
93571-TC		0	0	0	0	0.00
93572	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; each additional vessel (List separately in addition to code for primary procedure)	233	357	577	0	0.00
93572-26		200	305	494	55	1.53
93572-TC		0	0	0	0	0.00
93580	Percutaneous transcatheter closure of congenital interatrial communication (ie, Fontan fenestration, atrial septal defect) with implant	2938	4495	7274	1021	28.28

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2018	MFS RVU
93581	Percutaneous transcatheter closure of a congenital ventricular septal defect with implant	5186	7934	12839	1391	38.53
93582	Percutaneous transcatheter closure of patent ductus arteriosus	2636	4033	6526	696	19.29
93583	Percutaneous transcatheter septal reduction therapy (eg, alcohol septal ablation) including temporary pacemaker insertion when performed	2792	4272	6913	778	21.56
93590	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, mitral valve	4204	6431	10406	1127	31.23
93591	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, aortic valve	3485	5331	8627	934	25.89
93592	Percutaneous transcatheter closure of paravalvular leak; each additional occlusion device (List separately in addition to code for primary procedure)	1532	2343	3792	411	11.38
93600	Bundle of His recording	569	771	1216	0	0.00
93600-26		280	379	598	125	3.45
93600-TC		0	0	0	0	0.00
93602	Intra-atrial recording	505	684	1079	0	0.00
93602-26		332	450	709	122	3.38
93602-TC		0	0	0	0	0.00
93603	Right ventricular recording	613	830	1309	0	0.00
93603-26		382	517	815	122	3.38
93603-TC		0	0	0	0	0.00
93609	Intraventricular and/or intra-atrial mapping of tachycardia site(s) with catheter manipulation to record from multiple sites to identify origin of tachycardia (List separately in addition to code for primary procedure)	1205	1632	2575	0	0.00
93609-26		750	1015	1602	291	8.05
93609-TC		0	0	0	0	0.00
93610	Intra-atrial pacing	507	686	1083	0	0.00
93610-26		455	617	973	171	4.74

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
93610-TC		0	0	0	0	0.00
93612	Intraventricular pacing	636	861	1359	0	0.00
93612-26		481	651	1027	169	4.69
93612-TC		0	0	0	0	0.00
93613	Intracardiac electrophysiologic 3-dimensional mapping (List separately in addition to code for primary procedure)	1006	1363	2150	311	8.63
93615	Esophageal recording of atrial electrogram with or without ventricular electrogram(s);	93	126	198	0	0.00
93615-26		0	0	0	39	1.09
93615-TC		0	0	0	0	0.00
93616	Esophageal recording of atrial electrogram with or without ventricular electrogram(s); with pacing	178	241	380	0	0.00
93616-26		0	0	0	62	1.72
93616-TC		0	0	0	0	0.00
93618	Induction of arrhythmia by electrical pacing	832	1126	1777	0	0.00
93618-26		524	709	1119	231	6.39
93618-TC		0	0	0	0	0.00
93619	Comprehensive electrophysiologic evaluation with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording, including insertion and repositioning of multiple electrode catheters, without induction or attempted induction of arrhythmia	1029	1393	2198	0	0.00
93619-26		0	0	0	409	11.33
93619-TC		0	0	0	0	0.00
93620	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording	2113	2860	4513	0	0.00
93620-26		1972	2670	4212	655	18.16
93620-TC		0	0	0	0	0.00

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2018	MFS RVU
93621	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left atrial pacing and recording from coronary sinus or left atrium (List separately in addition to code for primary procedure)	397	537	847	0	0.00
93621-26		377	510	805	123	3.40
93621-TC		0	0	0	0	0.00
93622	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left ventricular pacing and recording (List separately in addition to code for primary procedure)	520	705	1112	0	0.00
93622-26		0	0	0	180	4.98
93622-TC		0	0	0	0	0.00
93623	Programmed stimulation and pacing after intravenous drug infusion (List separately in addition to code for primary procedure)	506	686	1082	0	0.00
93623-26		474	642	1012	166	4.59
93623-TC		0	0	0	0	0.00
93624	Electrophysiologic follow-up study with pacing and recording to test effectiveness of therapy, including induction or attempted induction of arrhythmia	720	974	1537	0	0.00
93624-26		0	0	0	251	6.96
93624-TC		0	0	0	0	0.00
93631	Intra-operative epicardial and endocardial pacing and mapping to localize the site of tachycardia or zone of slow conduction for surgical correction	1183	1601	2527	0	0.00
93631-26		0	0	0	413	11.44
93631-TC		0	0	0	0	0.00
93640	Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement;	951	1287	2031	0	0.00

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
93640-26		489	662	1044	187	5.17
93640-TC		0	0	0	0	0.00
93641	Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement; with testing of single or dual chamber pacing cardioverter-defibrillator pulse generator	1008	1365	2154	0	0.00
93641-26		850	1151	1817	327	9.05
93641-TC		0	0	0	0	0.00
93642	Electrophysiologic evaluation of single or dual chamber transvenous pacing cardioverter-defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)	779	1055	1665	350	9.71
93642-26		740	1002	1581	267	7.40
93642-TC		0	0	0	83	2.31
93644	Electrophysiologic evaluation of subcutaneous implantable defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)	582	788	1243	203	5.63
93644-26		0	0	0	150	4.17
93644-TC		0	0	0	53	1.46
93650	Intracardiac catheter ablation of atrioventricular node function, atrioventricular conduction for creation of complete heart block, with or without temporary pacemaker placement	1591	2154	3398	620	17.17
93653	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording (when	2206	2987	4712	877	24.29

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2018	MFS RVU
	necessary), and His bundle recording (when necessary) with intracardiac catheter ablation of arrhythmogenic focus; with therapy supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry					
93654	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording (when necessary), and His bundle recording (when necessary) with intracardiac catheter ablation of arrhythmogenic focus; with therapy ventricular tachycardia or focus of ventricular ectopy including intracardiac electrophysiologic 3D mapping, when performed, and left ventricular pacing and recording, when performed	3072	4159	6563	1174	32.53
93655	Intracardiac catheter ablation of a discrete mechanism of arrhythmia which is distinct from the primary ablated mechanism, including repeat diagnostic maneuvers, to treat a spontaneous or induced arrhythmia (List separately in addition to code for primary procedure)	1098	1487	2347	447	12.39
93656	Comprehensive electrophysiologic evaluation including transseptal catheterizations, insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia including left or right atrial pacing/recording when necessary, right ventricular pacing/recording when necessary, and His bundle recording when necessary with intracardiac catheter ablation of atrial fibrillation by pulmonary vein isolation	2876	3894	6144	1177	32.62
93657	Additional linear or focal intracardiac catheter ablation of the left or right atrium for therapy atrial fibrillation remaining after completion of pulmonary vein isolation (List separately in addition to code for primary procedure)	1032	1397	2204	447	12.38
93660	Evaluation of cardiovascular function with tilt table evaluation, with continuous ECG monitoring and intermittent blood pressure monitoring, with or without pharmacological intervention	433	586	925	162	4.50

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
93660-26		284	385	607	96	2.67
93660-TC		0	0	0	66	1.83
93662	Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (List separately in addition to code for primary procedure)	410	555	875	0	0.00
93662-26		0	0	0	147	4.08
93662-TC		0	0	0	0	0.00
93668	Peripheral arterial disease (PAD) rehabilitation, per session	61	83	131	16	0.44
93701	Bioimpedance-derived physiologic cardiovascular analysis	67	87	123	27	0.74
93702	Bioimpedance spectroscopy (BIS), extracellular fluid analysis for lymphedema assessment(s)	233	303	426	141	3.90
93724	Electronic analysis of antitachycardia pacemaker system (includes electrocardiographic recording, programming of device, induction and termination of tachycardia via implanted pacemaker, and interpretation of recordings)	609	791	1111	290	8.04
93724-26		0	0	0	251	6.96
93724-TC		0	0	0	39	1.08
93740	Temperature gradient studies	66	86	120	8	0.23
93745	Initial set-up and programming by a physician or other qualified health care professional of wearable cardioverter-defibrillator includes initial programming of system, establishing baseline electronic ECG, transmission of data to data repository, patient instruction in wearing system and patient reporting of problems or events	209	272	382	0	0.00
93745-26		0	0	0	0	0.00
93745-TC		0	0	0	0	0.00
93750	Interrogation of ventricular assist device (VAD), in person, with physician or other qualified health care professional analysis of device parameters (eg, drivelines, alarms, power surges), review of device function (eg, flow and volume status, septum status,	157	204	286	59	1.64

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2018	MFS RVU
	recovery), with programming, if performed, and report					
93770	Determination of venous pressure	22	28	40	8	0.23
93784	Ambulatory blood pressure monitoring, utilizing report-generating software, automated, worn continuously for 24 hours or longer; including recording, scanning analysis, interpretation and report	163	212	298	47	1.31
93786	Ambulatory blood pressure monitoring, utilizing report-generating software, automated, worn continuously for 24 hours or longer; recording only	102	132	186	23	0.64
93788	Ambulatory blood pressure monitoring, utilizing report-generating software, automated, worn continuously for 24 hours or longer; scanning analysis with report	32	42	59	5	0.14
93790	Ambulatory blood pressure monitoring, utilizing report-generating software, automated, worn continuously for 24 hours or longer; review with interpretation and report	70	91	128	19	0.53
93792	Patient/caregiver training for initiation of home international normalized ratio (INR) monitoring under the direction of a physician or other qualified health care professional, face-to-face, including use and care of the INR monitor, obtaining blood sample, instructions for reporting home INR test results, and documentation of patient's/caregiver's ability to perform testing and report results	107	138	195	66	1.84
93793	Anticoagulant management for a patient taking warfarin, must include review and interpretation of a new home, office, or lab international normalized ratio (INR) test result, patient instructions, dosage adjustment (as needed), and scheduling of additional test(s), when performed	29	38	53	12	0.33
93797	Physician or other qualified health care professional services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per session)	66	86	121	17	0.46
93798	Physician or other qualified health care professional services for outpatient cardiac rehabilitation; with continuous ECG monitoring (per session)	77	100	141	26	0.72

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
93799	Unlisted cardiovascular service or procedure	0	0	0	0	0.00
93799-26		0	0	0	0	0.00
93799-TC		0	0	0	0	0.00

NON-INVASIVE VASCULAR DIAGNOSTIC STUDIES

93880	Duplex scan of extracranial arteries; complete bilateral study	510	697	1046	204	5.64
93880-26		129	177	265	41	1.13
93880-TC		0	0	0	163	4.51
93882	Duplex scan of extracranial arteries; unilateral or limited study	266	364	546	131	3.64
93882-26		65	88	132	26	0.72
93882-TC		0	0	0	105	2.92
93886	Transcranial Doppler study of the intracranial arteries; complete study	482	658	987	278	7.70
93886-26		135	185	278	49	1.35
93886-TC		0	0	0	229	6.35
93888	Transcranial Doppler study of the intracranial arteries; limited study	288	393	590	166	4.59
93888-26		119	162	243	27	0.75
93888-TC		0	0	0	139	3.84
93890	Transcranial Doppler study of the intracranial arteries; vasoreactivity study	385	526	789	282	7.82
93890-26		75	102	153	53	1.47
93890-TC		0	0	0	229	6.35
93892	Transcranial Doppler study of the intracranial arteries; emboli detection without intravenous microbubble injection	429	586	879	318	8.81
93892-26		91	125	187	62	1.71
93892-TC		0	0	0	256	7.10
93893	Transcranial Doppler study of the intracranial arteries; emboli detection with intravenous microbubble injection	515	703	1056	365	10.10
93893-26		202	276	414	62	1.71

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2018	MFS RVU
93893-TC		0	0	0	303	8.39
93895	Quantitative carotid intima media thickness and carotid atheroma evaluation, bilateral	369	504	756	0	0.00
93895-26		0	0	0	0	0.00
93895-TC		0	0	0	0	0.00

EXTREMITY ARTERIAL STUDIES (INCLUDING DIGITS)

93922	Limited bilateral noninvasive physiologic studies of upper or lower extremity arteries, (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus bidirectional, Doppler waveform recording and analysis at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus volume plethysmography at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries with, transcutaneous oxygen tension measurement at 1-2 levels)	213	291	436	87	2.40
93922-26		41	56	84	13	0.36
93922-TC		0	0	0	74	2.04
93923	Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more levels (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental blood pressure measurements with bidirectional Doppler waveform recording and analysis, at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental volume plethysmography at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental transcutaneous oxygen tension measurements at 3 or more levels), or single level study with provocative functional maneuvers (eg, measurements with postural provocative tests, or measurements with reactive hyperemia)	323	441	661	135	3.74
93923-26		80	110	164	23	0.63
93923-TC		0	0	0	112	3.11
93924	Noninvasive physiologic studies of lower extremity arteries, at rest and following	367	502	753	167	4.62

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
	treadmill stress testing, (ie, bidirectional Doppler waveform or volume plethysmography recording and analysis at rest with ankle/brachial indices immediately after and at timed intervals following performance of a standardized protocol on a motorized treadmill plus recording of time of onset of claudication or other symptoms, maximal walking time, and time to recovery) complete bilateral study					
93924-26		79	108	162	25	0.70
93924-TC		0	0	0	141	3.92
93925	Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study	491	670	1006	259	7.17
93925-26		107	146	219	40	1.11
93925-TC		0	0	0	219	6.06
93926	Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study	359	490	735	153	4.24
93926-26		80	109	164	25	0.69
93926-TC		0	0	0	128	3.55
93930	Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study	431	588	883	210	5.83
93930-26		100	136	204	41	1.14
93930-TC		0	0	0	169	4.69
93931	Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study	330	450	676	131	3.64
93931-26		75	102	154	25	0.70
93931-TC		0	0	0	106	2.94
93970	Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study	516	704	1057	199	5.51
93970-26		131	179	269	35	0.98
93970-TC		0	0	0	163	4.53
93971	Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study	355	484	727	124	3.44

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2018	MFS RVU
93971-26		83	114	171	23	0.63
93971-TC		0	0	0	101	2.81
93975	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study	852	1164	1747	283	7.83
93975-26		323	441	661	59	1.63
93975-TC		0	0	0	224	6.20
93976	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study	489	668	1002	167	4.64
93976-26		190	259	389	41	1.13
93976-TC		0	0	0	127	3.51
93978	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study	423	577	866	192	5.32
93978-26		105	144	216	40	1.12
93978-TC		0	0	0	152	4.20
93979	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study	332	453	679	123	3.42
93979-26		83	113	170	25	0.70
93979-TC		0	0	0	98	2.72
93980	Duplex scan of arterial inflow and venous outflow of penile vessels; complete study	498	680	1020	125	3.46
93980-26		319	435	653	63	1.75
93980-TC		0	0	0	62	1.71
93981	Duplex scan of arterial inflow and venous outflow of penile vessels; follow-up or limited study	222	303	455	75	2.08
93981-26		86	118	177	22	0.61
93981-TC		0	0	0	53	1.47
93985	Duplex scan of arterial inflow and venous outflow for preoperative vessel assessment prior to creation of hemodialysis access; complete bilateral study	631	861	1293	272	7.53
93985-26		0	0	0	40	1.10

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
93985-TC		0	0	0	232	6.43
93986	Duplex scan of arterial inflow and venous outflow for preoperative vessel assessment prior to creation of hemodialysis access; complete unilateral study	366	500	750	158	4.37
93986-26		0	0	0	26	0.71
93986-TC		0	0	0	132	3.66
93990	Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)	381	521	782	158	4.39
93990-26		66	90	134	26	0.71
93990-TC		0	0	0	133	3.68
93998	Unlisted noninvasive vascular diagnostic study	0	0	0	0	0.00

PULMONARY

94002	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, initial day	305	433	714	95	2.63
94003	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, each subsequent day	163	231	381	69	1.90
94004	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; nursing facility, per day	76	108	178	51	1.41
94005	Home ventilator management care plan oversight of a patient (patient not present) in home, domiciliary or rest home (eg. assisted living) requiring review of status, review of laboratories and other studies and revision of orders and respiratory care plan (as appropriate), within a calendar month, 30 minutes or more	214	304	501	95	2.63
94010	Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation	78	111	182	36	1.00
94010-26		35	49	81	9	0.24

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2018	MFS RVU
94010-TC		0	0	0	27	0.76
94011	Measurement of spirometric forced expiratory flows in an infant or child through 2 years of age	211	300	494	89	2.46
94012	Measurement of spirometric forced expiratory flows, before and after bronchodilator, in an infant or child through 2 years of age	340	483	795	145	4.01
94013	Measurement of lung volumes (ie, functional residual capacity [FRC], forced vital capacity [FVC], and expiratory reserve volume [ERV]) in an infant or child through 2 years of age	68	96	159	20	0.55
94014	Patient-initiated spirometric recording per 30-day period of time; includes reinforced education, transmission of spirometric tracing, data capture, analysis of transmitted data, periodic recalibration and review and interpretation by a physician or other qualified health care professional	86	123	202	57	1.58
94015	Patient-initiated spirometric recording per 30-day period of time; recording (includes hook-up, reinforced education, data transmission, data capture, trend analysis, and periodic recalibration)	49	69	114	31	0.86
94016	Patient-initiated spirometric recording per 30-day period of time; review and interpretation only by a physician or other qualified health care professional	50	72	118	26	0.72
94060	Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration	136	193	318	60	1.67
94060-26		49	70	115	13	0.37
94060-TC		0	0	0	47	1.30
94070	Bronchospasm provocation evaluation, multiple spirometric determinations as in 94010, with administered agents (eg, antigen[s], cold air, methacholine)	175	249	411	60	1.67
94070-26		90	128	211	29	0.81
94070-TC		0	0	0	31	0.86
94150	Vital capacity, total (separate procedure)	45	65	106	26	0.71
94150-26		24	33	55	4	0.11

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
94150-TC		0	0	0	22	0.60
94200	Maximum breathing capacity, maximal voluntary ventilation	41	58	95	23	0.63
94200-26		24	34	56	5	0.13
94200-TC		0	0	0	18	0.50
94250	Expired gas collection, quantitative, single procedure (separate procedure)	52	73	121	28	0.77
94250-26		37	52	85	6	0.16
94250-TC		0	0	0	22	0.61
94375	Respiratory flow volume loop	80	114	188	40	1.10
94375-26		44	63	104	15	0.42
94375-TC		0	0	0	25	0.68
94400	Breathing response to CO2 (CO2 response curve)	73	104	172	57	1.59
94400-26		25	36	59	20	0.55
94400-TC		0	0	0	38	1.04
94450	Breathing response to hypoxia (hypoxia response curve)	101	144	237	68	1.88
94450-26		0	0	0	19	0.54
94450-TC		0	0	0	48	1.34
94452	High altitude simulation test (HAST), with interpretation and report by a physician or other qualified health care professional;	153	217	357	53	1.48
94452-26		54	76	125	15	0.41
94452-TC		0	0	0	39	1.07
94453	High altitude simulation test (HAST), with interpretation and report by a physician or other qualified health care professional; with supplemental oxygen titration	250	356	586	73	2.03
94453-26		72	102	168	19	0.54
94453-TC		0	0	0	54	1.49
94610	Intrapulmonary surfactant administration by a physician or other qualified health care professional through endotracheal tube	417	592	975	57	1.59

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2018	MFS RVU
94617	Exercise test for bronchospasm, including pre- and post-spirometry, electrocardiographic recording(s), and pulse oximetry	152	215	355	93	2.58
94617-26		102	144	238	34	0.95
94617-TC		0	0	0	59	1.63
94618	Pulmonary stress testing (eg, 6-minute walk test), including measurement of heart rate, oximetry, and oxygen titration, when performed	106	150	248	34	0.95
94618-26		81	115	190	23	0.65
94618-TC		0	0	0	11	0.30
94621	Cardiopulmonary exercise testing, including measurements of minute ventilation, CO2 production, O2 uptake, and electrocardiographic recordings	404	574	946	162	4.50
94621-26		203	288	476	72	1.99
94621-TC		0	0	0	91	2.51
94640	Pressurized or nonpressurized inhalation therapy for acute airway obstruction for therapeutic purposes and/or for diagnostic purposes such as sputum induction with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing (IPPB) device	45	64	105	18	0.50
94642	Aerosol inhalation of pentamidine for pneumocystis carinii pneumonia therapy or prophylaxis	76	108	179	0	0.00
94644	Continuous inhalation therapy with aerosol medication for acute airway obstruction; first hour	102	144	238	54	1.51
94645	Continuous inhalation therapy with aerosol medication for acute airway obstruction; each additional hour (List separately in addition to code for primary procedure)	76	107	177	17	0.47
94660	Continuous positive airway pressure ventilation (CPAP), initiation and management	130	185	305	65	1.81
94662	Continuous negative pressure ventilation (CNP), initiation and management	84	119	196	37	1.03
94664	Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device	41	58	95	17	0.47

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
94667	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; initial demonstration and/or evaluation	54	76	126	25	0.70
94668	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; subsequent	89	127	209	29	0.81
94669	Mechanical chest wall oscillation to facilitate lung function, per session	64	91	150	30	0.83
94680	Oxygen uptake, expired gas analysis; rest and exercise, direct, simple	86	121	200	54	1.51
94680-26		57	81	134	13	0.36
94680-TC		0	0	0	42	1.15
94681	Oxygen uptake, expired gas analysis; including CO2 output, percentage oxygen extracted	146	207	341	54	1.49
94681-26		67	95	156	10	0.29
94681-TC		0	0	0	43	1.20
94690	Oxygen uptake, expired gas analysis; rest, indirect (separate procedure)	148	211	347	52	1.43
94690-26		21	30	49	4	0.11
94690-TC		0	0	0	48	1.32
94726	Plethysmography for determination of lung volumes and, when performed, airway resistance	147	209	345	54	1.51
94726-26		46	66	108	13	0.35
94726-TC		0	0	0	42	1.16
94727	Gas dilution or washout for determination of lung volumes and, when performed, distribution of ventilation and closing volumes	102	145	238	44	1.23
94727-26		37	53	88	13	0.35
94727-TC		0	0	0	32	0.88
94728	Airway resistance by oscillometry	82	117	192	42	1.15
94728-26		36	52	85	13	0.36
94728-TC		0	0	0	29	0.79

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2018	MFS RVU
94729	Diffusing capacity (eg, carbon monoxide, membrane) (List separately in addition to code for primary procedure)	122	173	286	57	1.59
94729-26		31	44	72	9	0.26
94729-TC		0	0	0	48	1.33
94750	Pulmonary compliance study (eg, plethysmography, volume and pressure measurements)	152	216	357	90	2.48
94750-26		17	25	41	11	0.31
94750-TC		0	0	0	78	2.17
94760	Noninvasive ear or pulse oximetry for oxygen saturation; single determination	15	22	35	3	0.07
94761	Noninvasive ear or pulse oximetry for oxygen saturation; multiple determinations (eg, during exercise)	23	33	55	4	0.11
94762	Noninvasive ear or pulse oximetry for oxygen saturation; by continuous overnight monitoring (separate procedure)	46	65	107	27	0.74
94770	Carbon dioxide, expired gas determination by infrared analyzer	127	181	298	8	0.21
94772	Circadian respiratory pattern recording (pediatric pneumogram), 12-24 hour continuous recording, infant	372	527	869	0	0.00
94772-26		0	0	0	0	0.00
94772-TC		0	0	0	0	0.00
94774	Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time; includes monitor attachment, download of data, review, interpretation, and preparation of a report by a physician or other qualified health care professional	911	1294	2132	0	0.00
94775	Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time; monitor attachment only (includes hook-up, initiation of recording and disconnection)	108	153	253	0	0.00
94776	Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time; monitoring, download of information, receipt	424	602	992	0	0.00

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
	of transmission(s) and analyses by computer only					
94777	Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time; review, interpretation and preparation of report only by a physician or other qualified health care professional	263	373	615	0	0.00
94780	Car seat/bed testing for airway integrity, for infants through 12 months of age, with continual clinical staff observation and continuous recording of pulse oximetry, heart rate and respiratory rate, with interpretation and report; 60 minutes	182	258	425	52	1.43
94781	Car seat/bed testing for airway integrity, for infants through 12 months of age, with continual clinical staff observation and continuous recording of pulse oximetry, heart rate and respiratory rate, with interpretation and report; each additional full 30 minutes (List separately in addition to code for primary procedure)	66	93	154	20	0.56
94799	Unlisted pulmonary service or procedure	0	0	0	0	0.00
94799-26		0	0	0	0	0.00
94799-TC		0	0	0	0	0.00

ALLERGY AND CLINICAL IMMUNOLOGY

95004	Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests	13	16	22	4	0.12
95012	Nitric oxide expired gas determination	37	45	62	20	0.56
95017	Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with venoms, immediate type reaction, including test interpretation and report, specify number of tests	25	31	43	9	0.24
95018	Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with drugs or biologicals, immediate type reaction, including test interpretation and report, specify number of tests	44	54	75	22	0.60

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2018	MFS RVU
95024	Intracutaneous (intra-dermal) tests with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests	14	18	24	8	0.23
95027	Intracutaneous (intra-dermal) tests, sequential and incremental, with allergenic extracts for airborne allergens, immediate type reaction, including test interpretation and report, specify number of tests	14	18	24	5	0.14
95028	Intracutaneous (intra-dermal) tests with allergenic extracts, delayed type reaction, including reading, specify number of tests	25	31	43	13	0.36
95044	Patch or application test(s) (specify number of tests)	15	19	26	5	0.15
95052	Photo patch test(s) (specify number of tests)	22	28	38	6	0.18
95056	Photo tests	111	138	190	47	1.31
95060	Ophthalmic mucous membrane tests	76	95	130	36	0.99
95065	Direct nasal mucous membrane test	62	77	106	26	0.73
95070	Inhalation bronchial challenge testing (not including necessary pulmonary function tests); with histamine, methacholine, or similar compounds	117	145	199	34	0.93
95071	Inhalation bronchial challenge testing (not including necessary pulmonary function tests); with antigens or gases, specify	90	112	154	38	1.06
95076	Ingestion challenge test (sequential and incremental ingestion of test items, eg, food, drug or other substance); initial 120 minutes of testing	227	281	386	122	3.37
95079	Ingestion challenge test (sequential and incremental ingestion of test items, eg, food, drug or other substance); each additional 60 minutes of testing (List separately in addition to code for primary procedure)	167	206	284	87	2.40
95115	Professional services for allergen immunotherapy not including provision of allergenic extracts; single injection	24	28	37	9	0.26
95117	Professional services for allergen immunotherapy not including provision of allergenic extracts; 2 or more injections	32	38	49	11	0.30

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
95120	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; single injection	36	42	55	0	0.00
95125	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 2 or more injections	42	49	64	0	0.00
95130	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; single stinging insect venom	45	53	69	0	0.00
95131	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 2 stinging insect venoms	65	75	99	0	0.00
95132	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 3 stinging insect venoms	75	87	115	0	0.00
95133	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 4 stinging insect venoms	128	148	195	0	0.00
95134	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 5 stinging insect venoms	167	194	255	0	0.00
95144	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy, single dose vial(s) (specify number of vials)	18	21	28	15	0.42
95145	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); single stinging insect venom	39	45	59	31	0.87
95146	Professional services for the supervision of preparation and provision of antigens for	66	77	101	58	1.60

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2018	MFS RVU
	allergen immunotherapy (specify number of doses); 2 single stinging insect venoms					
95147	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 3 single stinging insect venoms	76	89	116	58	1.61
95148	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 4 single stinging insect venoms	98	114	150	85	2.35
95149	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 5 single stinging insect venoms	128	148	195	113	3.12
95165	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses)	23	27	35	15	0.41
95170	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; whole body extract of biting insect or other arthropod (specify number of doses)	20	24	31	11	0.31
95180	Rapid desensitization procedure, each hour (eg, insulin, penicillin, equine serum)	240	278	366	140	3.87
95199	Unlisted allergy/clinical immunologic service or procedure	0	0	0	0	0.00

ENDOCRINOLOGY

95249	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; patient-provided equipment, sensor placement, hook-up, calibration of monitor, patient training, and printout of recording	127	148	194	56	1.54
95250	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; physician or other qualified health care professional (office) provided equipment, sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, and printout of recording	304	353	464	153	4.23
95251	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous	96	111	146	37	1.02

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
	sensor for a minimum of 72 hours; analysis, interpretation and report					

NEUROLOGY AND NEUROMUSCULAR PROCEDURES

95700	Electroencephalogram (EEG) continuous recording, with video when performed, setup, patient education, and takedown when performed, administered in person by EEG technologist, minimum of 8 channels	0	0	0	0	0.00
95705	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; unmonitored	0	0	0	0	0.00
95706	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; with intermittent monitoring and maintenance	0	0	0	0	0.00
95707	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; with continuous, real-time monitoring and maintenance	0	0	0	0	0.00
95708	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; unmonitored	0	0	0	0	0.00
95709	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance	0	0	0	0	0.00
95710	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance	0	0	0	0	0.00
95711	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; unmonitored	0	0	0	0	0.00
95712	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; with intermittent monitoring and maintenance	0	0	0	0	0.00
95713	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; with continuous, real-time monitoring and maintenance	0	0	0	0	0.00

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2018	MFS RVU
95714	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; unmonitored	0	0	0	0	0.00
95715	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance	0	0	0	0	0.00
95716	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance	0	0	0	0	0.00
95717	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2-12 hours of EEG recording; without video	318	480	800	106	2.94
95718	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2-12 hours of EEG recording; with video (VEEG)	418	632	1053	140	3.87
95719	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpretation and report after each 24-hour period; without video	492	743	1238	164	4.55
95720	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpretation and report after each 24-hour period; with video (VEEG)	647	978	1629	216	5.99
95721	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 36 hours, up to 60 hours of EEG recording, without video	653	986	1643	218	6.04

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
95722	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 36 hours, up to 60 hours of EEG recording, with video (VEEG)	792	1196	1994	265	7.33
95723	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 60 hours, up to 84 hours of EEG recording, without video	810	1223	2037	270	7.49
95724	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 60 hours, up to 84 hours of EEG recording, with video (VEEG)	1012	1528	2546	338	9.36
95725	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 84 hours of EEG recording, without video	924	1396	2326	309	8.55
95726	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 84 hours of EEG recording, with video (VEEG)	1279	1931	3218	427	11.83
95782	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	2736	4132	6886	920	25.49
95782-26		459	693	1154	130	3.59
95782-TC		0	0	0	790	21.90
95783	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bi-level ventilation, attended by a technologist	5250	7928	13211	978	27.10

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2018	MFS RVU
95783-26		529	799	1332	141	3.90
95783-TC		0	0	0	837	23.20
95800	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time	400	604	1006	169	4.68
95800-26		131	198	329	43	1.18
95800-TC		0	0	0	126	3.50
95801	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)	223	337	562	91	2.52
95801-26		155	235	391	43	1.18
95801-TC		0	0	0	48	1.34
95803	Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)	304	459	764	152	4.22
95803-26		154	233	388	46	1.27
95803-TC		0	0	0	106	2.95
95805	Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness	1173	1771	2951	423	11.71
95805-26		217	328	546	61	1.68
95805-TC		0	0	0	362	10.03
95806	Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)	408	616	1027	119	3.30
95806-26		177	267	445	46	1.28
95806-TC		0	0	0	73	2.02
95807	Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist	763	1153	1921	415	11.49
95807-26		230	348	579	63	1.75

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
95807-TC		0	0	0	352	9.74
95808	Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist	1527	2306	3843	665	18.42
95808-26		357	539	898	90	2.49
95808-TC		0	0	0	575	15.93
95810	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	1700	2568	4279	621	17.21
95810-26		349	528	879	125	3.45
95810-TC		0	0	0	497	13.76
95811	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist	1837	2775	4624	649	17.98
95811-26		351	529	882	129	3.58
95811-TC		0	0	0	520	14.40
95812	Electroencephalogram (EEG) extended monitoring; 41-60 minutes	723	1091	1819	335	9.29
95812-26		188	283	472	59	1.64
95812-TC		0	0	0	276	7.65
95813	Electroencephalogram (EEG) extended monitoring; 61-119 minutes	861	1300	2166	417	11.55
95813-26		223	337	562	90	2.49
95813-TC		0	0	0	327	9.06
95816	Electroencephalogram (EEG); including recording awake and drowsy	658	994	1656	372	10.30
95816-26		119	180	299	59	1.64
95816-TC		0	0	0	313	8.66
95819	Electroencephalogram (EEG); including recording awake and asleep	712	1076	1792	441	12.23
95819-26		156	235	392	60	1.65
95819-TC		0	0	0	382	10.58

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2018	MFS RVU
95822	Electroencephalogram (EEG); recording in coma or sleep only	971	1466	2443	400	11.09
95822-26		182	274	457	60	1.65
95822-TC		0	0	0	341	9.44
95824	Electroencephalogram (EEG); cerebral death evaluation only	136	206	343	0	0.00
95824-26		0	0	0	40	1.12
95824-TC		0	0	0	0	0.00
95829	Electrocorticogram at surgery (separate procedure)	2914	4401	7333	1910	52.92
95829-26		1222	1845	3075	348	9.63
95829-TC		0	0	0	1562	43.29
95830	Insertion by physician or other qualified health care professional of sphenoidal electrodes for electroencephalographic (EEG) recording	540	815	1358	514	14.23
95836	Electrocorticogram from an implanted brain neurostimulator pulse generator/transmitter, including recording, with interpretation and written report, up to 30 days	337	509	849	115	3.19
95851	Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine)	46	70	117	22	0.62
95852	Range of motion measurements and report (separate procedure); hand, with or without comparison with normal side	43	66	109	19	0.54
95857	Cholinesterase inhibitor challenge test for myasthenia gravis	165	250	416	57	1.57
95860	Needle electromyography; 1 extremity with or without related paraspinal areas	260	393	655	123	3.40
95860-26		157	237	395	54	1.49
95860-TC		0	0	0	69	1.91
95861	Needle electromyography; 2 extremities with or without related paraspinal areas	3439	5194	8655	176	4.87
95861-26		891	1345	2241	85	2.36
95861-TC		0	0	0	91	2.51

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
95863	Needle electromyography; 3 extremities with or without related paraspinal areas	414	626	1043	217	6.02
95863-26		196	296	494	103	2.85
95863-TC		0	0	0	114	3.17
95864	Needle electromyography; 4 extremities with or without related paraspinal areas	2419	3653	6088	255	7.07
95864-26		1005	1518	2529	110	3.04
95864-TC		0	0	0	145	4.03
95865	Needle electromyography; larynx	3160	4773	7953	157	4.34
95865-26		708	1070	1783	87	2.40
95865-TC		0	0	0	70	1.94
95866	Needle electromyography; hemidiaphragm	389	588	980	138	3.83
95866-26		207	312	521	69	1.91
95866-TC		0	0	0	69	1.92
95867	Needle electromyography; cranial nerve supplied muscle(s), unilateral	600	906	1511	110	3.05
95867-26		277	419	698	44	1.22
95867-TC		0	0	0	66	1.83
95868	Needle electromyography; cranial nerve supplied muscles, bilateral	3095	4674	7788	144	4.00
95868-26		998	1507	2512	65	1.80
95868-TC		0	0	0	79	2.20
95869	Needle electromyography; thoracic paraspinal muscles (excluding T1 or T12)	194	292	487	98	2.71
95869-26		50	76	127	21	0.57
95869-TC		0	0	0	77	2.14
95870	Needle electromyography; limited study of muscles in 1 extremity or non-limb (axial) muscles (unilateral or bilateral), other than thoracic paraspinal, cranial nerve supplied muscles, or sphincters	4064	6137	10227	92	2.56
95870-26		523	789	1315	21	0.57
95870-TC		0	0	0	72	1.99

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2018	MFS RVU
95872	Needle electromyography using single fiber electrode, with quantitative measurement of jitter, blocking and/or fiber density, any/all sites of each muscle studied	466	703	1172	204	5.66
95872-26		358	540	901	157	4.35
95872-TC		0	0	0	47	1.31
95873	Electrical stimulation for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure)	162	244	407	78	2.17
95873-26		89	134	224	21	0.57
95873-TC		0	0	0	58	1.60
95874	Needle electromyography for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure)	168	253	422	80	2.23
95874-26		88	132	221	20	0.56
95874-TC		0	0	0	60	1.67
95875	Ischemic limb exercise test with serial specimen(s) acquisition for muscle(s) metabolite(s)	403	608	1013	136	3.78
95875-26		0	0	0	61	1.68
95875-TC		0	0	0	76	2.10
95885	Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; limited (List separately in addition to code for primary procedure)	152	229	381	64	1.77
95885-26		65	97	162	19	0.53
95885-TC		0	0	0	45	1.24
95886	Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; complete, five or more muscles studied, innervated by three or more nerves or four or more spinal levels (List separately in addition to code for primary procedure)	209	315	526	99	2.75

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
95886-26		115	174	290	47	1.31
95886-TC		0	0	0	52	1.44
95887	Needle electromyography, non-extremity (cranial nerve supplied or axial) muscle(s) done with nerve conduction, amplitude and latency/velocity study (List separately in addition to code for primary procedure)	182	275	458	87	2.40
95887-26		43	65	108	39	1.08
95887-TC		0	0	0	48	1.32
95905	Motor and/or sensory nerve conduction, using preconfigured electrode array(s), amplitude and latency/velocity study, each limb, includes F-wave study when performed, with interpretation and report	123	185	308	55	1.53
95905-26		48	73	121	3	0.08
95905-TC		0	0	0	52	1.45
95907	Nerve conduction studies; 1-2 studies	221	333	555	98	2.71
95907-26		125	189	316	56	1.54
95907-TC		0	0	0	42	1.17
95908	Nerve conduction studies; 3-4 studies	293	443	738	124	3.44
95908-26		160	242	404	69	1.92
95908-TC		0	0	0	55	1.52
95909	Nerve conduction studies; 5-6 studies	354	534	891	149	4.12
95909-26		201	304	507	83	2.30
95909-TC		0	0	0	66	1.82
95910	Nerve conduction studies; 7-8 studies	454	685	1142	196	5.42
95910-26		282	426	711	111	3.08
95910-TC		0	0	0	84	2.34
95911	Nerve conduction studies; 9-10 studies	569	860	1433	234	6.49
95911-26		354	535	892	138	3.81
95911-TC		0	0	0	97	2.68
95912	Nerve conduction studies; 11-12 studies	640	967	1612	268	7.43

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2018	MFS RVU
95912-26		427	645	1075	164	4.54
95912-TC		0	0	0	104	2.89
95913	Nerve conduction studies; 13 or more studies	739	1116	1860	310	8.60
95913-26		458	691	1152	195	5.39
95913-TC		0	0	0	116	3.21
95921	Testing of autonomic nervous system function; cardiovagal innervation (parasympathetic function), including 2 or more of the following: heart rate response to deep breathing with recorded R-R interval, Valsalva ratio, and 30:15 ratio	204	308	513	88	2.43
95921-26		106	160	267	47	1.29
95921-TC		0	0	0	41	1.14
95922	Testing of autonomic nervous system function; vasomotor adrenergic innervation (sympathetic adrenergic function), including beat-to-beat blood pressure and R-R interval changes during Valsalva maneuver and at least 5 minutes of passive tilt	234	353	588	101	2.79
95922-26		160	242	402	50	1.38
95922-TC		0	0	0	51	1.41
95923	Testing of autonomic nervous system function; sudomotor, including 1 or more of the following: quantitative sudomotor axon reflex test (QSART), silastic sweat imprint, thermoregulatory sweat test, and changes in sympathetic skin potential	355	536	893	131	3.64
95923-26		225	340	567	47	1.31
95923-TC		0	0	0	84	2.33
95924	Testing of autonomic nervous system function; combined parasympathetic and sympathetic adrenergic function testing with at least 5 minutes of passive tilt	306	462	770	154	4.26
95924-26		291	439	731	91	2.51
95924-TC		0	0	0	63	1.75
95925	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper limbs	306	462	769	143	3.95

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
95925-26		118	178	296	29	0.80
95925-TC		0	0	0	114	3.15
95926	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in lower limbs	265	401	668	136	3.76
95926-26		55	83	139	28	0.78
95926-TC		0	0	0	108	2.98
95927	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in the trunk or head	179	270	450	135	3.75
95927-26		80	121	201	28	0.77
95927-TC		0	0	0	108	2.98
95928	Central motor evoked potential study (transcranial motor stimulation); upper limbs	5422	8189	13646	230	6.38
95928-26		979	1478	2463	82	2.28
95928-TC		0	0	0	148	4.10
95929	Central motor evoked potential study (transcranial motor stimulation); lower limbs	2930	4425	7373	237	6.57
95929-26		895	1352	2252	82	2.28
95929-TC		0	0	0	155	4.29
95930	Visual evoked potential (VEP) checkerboard or flash testing, central nervous system except glaucoma, with interpretation and report	253	382	636	68	1.88
95930-26		76	115	192	19	0.53
95930-TC		0	0	0	49	1.35
95933	Orbicularis oculi (blink) reflex, by electrodiagnostic testing	304	459	765	84	2.33
95933-26		124	187	312	32	0.90
95933-TC		0	0	0	52	1.43
95937	Neuromuscular junction testing (repetitive stimulation, paired stimuli), each nerve, any 1 method	184	278	463	96	2.66
95937-26		69	105	174	36	0.99

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2018	MFS RVU
95937-TC		0	0	0	60	1.67
95938	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper and lower limbs	4688	7081	11799	357	9.88
95938-26		2883	4354	7256	48	1.32
95938-TC		0	0	0	309	8.56
95939	Central motor evoked potential study (transcranial motor stimulation); in upper and lower limbs	8918	13469	22444	536	14.84
95939-26		3873	5849	9746	123	3.41
95939-TC		0	0	0	413	11.43
95940	Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal attendance, each 15 minutes (List separately in addition to code for primary procedure)	698	1054	1756	34	0.94
95941	Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby) or for monitoring of more than one case while in the operating room, per hour (List separately in addition to code for primary procedure)	1619	2446	4075	0	0.00
95943	Simultaneous, independent, quantitative measures of both parasympathetic function and sympathetic function, based on time-frequency analysis of heart rate variability concurrent with time-frequency analysis of continuous respiratory activity, with mean heart rate and blood pressure measures, during rest, paced (deep) breathing, Valsalva maneuvers, and head-up postural change	380	574	956	0	0.00
95943-26		195	294	490	0	0.00
95943-TC		0	0	0	0	0.00
95954	Pharmacological or physical activation requiring physician or other qualified health care professional attendance during EEG recording of activation phase (eg, thiopental activation test)	800	1208	2014	398	11.03
95954-26		408	616	1026	117	3.24
95954-TC		0	0	0	281	7.79

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
95955	Electroencephalogram (EEG) during nonintracranial surgery (eg, carotid surgery)	6570	9922	16534	214	5.94
95955-26		1465	2212	3687	56	1.54
95955-TC		0	0	0	159	4.40
95957	Digital analysis of electroencephalogram (EEG) (eg, for epileptic spike analysis)	626	945	1575	261	7.24
95957-26		239	361	601	106	2.94
95957-TC		0	0	0	155	4.30
95958	Wada activation test for hemispheric function, including electroencephalographic (EEG) monitoring	1958	2957	4928	595	16.49
95958-26		771	1164	1939	234	6.49
95958-TC		0	0	0	361	10.00
95961	Functional cortical and subcortical mapping by stimulation and/or recording of electrodes on brain surface, or of depth electrodes, to provoke seizures or identify vital brain structures; initial hour of attendance by a physician or other qualified health care professional	2843	4293	7154	317	8.79
95961-26		607	917	1527	167	4.62
95961-TC		0	0	0	150	4.17
95962	Functional cortical and subcortical mapping by stimulation and/or recording of electrodes on brain surface, or of depth electrodes, to provoke seizures or identify vital brain structures; each additional hour of attendance by a physician or other qualified health care professional (List separately in addition to code for primary procedure)	1385	2091	3485	269	7.44
95962-26		627	947	1577	178	4.93
95962-TC		0	0	0	91	2.51
95965	Magnetoencephalography (MEG), recording and analysis; for spontaneous brain magnetic activity (eg, epileptic cerebral cortex localization)	1592	2404	4006	0	0.00
95965-26		0	0	0	433	12.01
95965-TC		0	0	0	0	0.00

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2018	MFS RVU
95966	Magnetoencephalography (MEG), recording and analysis; for evoked magnetic fields, single modality (eg, sensory, motor, language, or visual cortex localization)	656	991	1651	0	0.00
95966-26		0	0	0	220	6.09
95966-TC		0	0	0	0	0.00
95967	Magnetoencephalography (MEG), recording and analysis; for evoked magnetic fields, each additional modality (eg, sensory, motor, language, or visual cortex localization) (List separately in addition to code for primary procedure)	573	866	1443	0	0.00
95967-26		0	0	0	192	5.32
95967-TC		0	0	0	0	0.00
95970	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain, cranial nerve, spinal cord, peripheral nerve, or sacral nerve, neurostimulator pulse generator/transmitter, without programming	147	222	371	20	0.55
95971	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with simple spinal cord or peripheral nerve (eg, sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional	151	229	381	52	1.44
95972	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive	249	376	627	58	1.62

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
	neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex spinal cord or peripheral nerve (eg, sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional					
95976	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with simple cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional	121	183	305	43	1.18
95977	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional	166	251	418	56	1.54
95980	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; intraoperative, with programming	114	173	288	48	1.32
95981	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse	79	119	198	36	1.01

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2018	MFS RVU
	generator/transmitter; subsequent, without reprogramming					
95982	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, with reprogramming	128	193	321	58	1.61
95983	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter programming, first 15 minutes face-to-face time with physician or other qualified health care professional	155	234	390	53	1.46
95984	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter programming, each additional 15 minutes face-to-face time with physician or other qualified health care professional (List separately in addition to code for primary procedure)	142	214	357	47	1.29
95990	Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed;	102	154	257	92	2.55
95991	Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed; requiring skill of a physician or other qualified health care professional	257	388	647	117	3.24

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
95992	Canalith repositioning procedure(s) (eg, Epley maneuver, Semont maneuver), per day	86	130	216	46	1.27
95999	Unlisted neurological or neuromuscular diagnostic procedure	0	0	0	0	0.00
96000	Comprehensive computer-based motion analysis by video-taping and 3D kinematics;	257	388	647	96	2.67
96001	Comprehensive computer-based motion analysis by video-taping and 3D kinematics; with dynamic plantar pressure measurements during walking	204	308	514	114	3.16
96002	Dynamic surface electromyography, during walking or other functional activities, 1-12 muscles	51	77	128	23	0.63
96003	Dynamic fine wire electromyography, during walking or other functional activities, 1 muscle	53	79	132	18	0.49
96004	Review and interpretation by physician or other qualified health care professional of comprehensive computer-based motion analysis, dynamic plantar pressure measurements, dynamic surface electromyography during walking or other functional activities, and dynamic fine wire electromyography, with written report	324	489	815	117	3.24
96020	Neurofunctional testing selection and administration during noninvasive imaging functional brain mapping, with test administered entirely by a physician or other qualified health care professional (ie, psychologist), with review of test results and report	535	808	1347	0	0.00
96020-26		0	0	0	168	4.65
96020-TC		0	0	0	0	0.00

MEDICAL GENETICS AND GENETIC COUNSELING SERVICES

96040	Medical genetics and genetic counseling services, each 30 minutes face-to-face with patient/family	151	228	381	47	1.29
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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2018	MFS RVU
96105	Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour	225	340	566	106	2.93
96110	Developmental screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument	31	46	77	10	0.28
96112	Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour	280	423	704	140	3.89
96113	Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; each additional 30 minutes (List separately in addition to code for primary procedure)	131	198	330	63	1.74
96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour	214	323	539	100	2.76
96121	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; each additional hour	205	310	516	86	2.39

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
	(List separately in addition to code for primary procedure)					
96125	Standardized cognitive performance testing (eg, Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report	201	304	507	112	3.10
96127	Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument	20	30	51	5	0.14
96130	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, therapy planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	202	305	508	122	3.38
96131	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, therapy planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)	172	260	434	94	2.60
96132	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, therapy planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	258	389	649	136	3.78
96133	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, therapy planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed;	236	357	595	102	2.84

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2018	MFS RVU
	each additional hour (List separately in addition to code for primary procedure)					
96136	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes	101	153	255	48	1.33
96137	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)	101	153	255	44	1.22
96138	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes	93	140	234	39	1.07
96139	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)	92	139	231	39	1.07
96146	Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only	51	77	128	2	0.06

HEALTH AND BEHAVIOR ASSESSMENT/INTERVENTION

96156	Health behavior assessment, or re-assessment (ie, health-focused clinical interview, behavioral observations, clinical decision making)	299	452	753	100	2.77
96158	Health behavior intervention, individual, face-to-face; initial 30 minutes	204	308	514	68	1.89
96159	Health behavior intervention, individual, face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	71	108	180	24	0.66
96160	Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument	25	38	64	3	0.07
96161	Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument	20	31	51	3	0.07

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
96164	Health behavior intervention, group (2 or more patients), face-to-face; initial 30 minutes	30	46	76	10	0.28
96165	Health behavior intervention, group (2 or more patients), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	14	21	35	5	0.13
96167	Health behavior intervention, family (with the patient present), face-to-face; initial 30 minutes	219	331	552	73	2.03
96168	Health behavior intervention, family (with the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	78	118	196	26	0.72
96170	Health behavior intervention, family (without the patient present), face-to-face; initial 30 minutes	249	375	626	83	2.30
96171	Health behavior intervention, family (without the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	91	137	228	30	0.84

THERAPEUTIC, PROPHYLACTIC, AND DIAGNOSTIC INJECTIONS AND INFUSIONS, AND CHEMOTHERAPY AND OTHER HIGHLY COMPLEX DRUG OR HIGHLY COMPLEX BIOLOGIC ADMINISTRATION

96360	Intravenous infusion, hydration; initial, 31 minutes to 1 hour	152	212	252	35	0.96
96361	Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure)	51	70	84	14	0.38
96365	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour	191	265	315	72	2.00
96366	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)	76	106	126	22	0.61
96367	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion of a new drug/substance, up to 1 hour (List separately in addition to code for primary procedure)	107	148	177	31	0.87
96368	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug);	78	108	129	21	0.59

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2018	MFS RVU
	concurrent infusion (List separately in addition to code for primary procedure)					
96369	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); initial, up to 1 hour, including pump set-up and establishment of subcutaneous infusion site(s)	305	424	505	162	4.49
96370	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)	31	43	51	16	0.43
96371	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); additional pump set-up with establishment of new subcutaneous infusion site(s) (List separately in addition to code for primary procedure)	171	238	283	65	1.79
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	46	63	76	14	0.40
96373	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intra-arterial	46	63	76	19	0.52
96374	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug	131	182	217	40	1.11
96375	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure)	76	106	126	17	0.46
96376	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of the same substance/drug provided in a facility (List separately in addition to code for primary procedure)	103	143	170	0	0.00
96377	Application of on-body injector (includes cannula insertion) for timed subcutaneous injection	81	112	133	20	0.56
96379	Unlisted therapeutic, prophylactic, or diagnostic intravenous or intra-arterial injection or infusion	0	0	0	0	0.00

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
96401	Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic	159	222	264	80	2.22
96402	Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic	102	141	168	32	0.89
96405	Chemotherapy administration; intralesional, up to and including 7 lesions	177	246	293	85	2.35
96406	Chemotherapy administration; intralesional, more than 7 lesions	254	353	421	130	3.61
96409	Chemotherapy administration; intravenous, push technique, single or initial substance/drug	344	477	568	110	3.05
96411	Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure)	205	285	339	60	1.66
96413	Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug	435	604	719	143	3.95
96415	Chemotherapy administration, intravenous infusion technique; each additional hour (List separately in addition to code for primary procedure)	118	164	196	31	0.85
96416	Chemotherapy administration, intravenous infusion technique; initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump	465	646	770	143	3.95
96417	Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to 1 hour (List separately in addition to code for primary procedure)	239	332	396	69	1.92
96420	Chemotherapy administration, intra-arterial; push technique	351	487	580	106	2.93
96422	Chemotherapy administration, intra-arterial; infusion technique, up to 1 hour	374	519	618	174	4.81
96423	Chemotherapy administration, intra-arterial; infusion technique, each additional hour (List separately in addition to code for primary procedure)	268	373	444	80	2.23

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2018	MFS RVU
96425	Chemotherapy administration, intra-arterial; infusion technique, initiation of prolonged infusion (more than 8 hours), requiring the use of a portable or implantable pump	585	813	968	184	5.10
96440	Chemotherapy administration into pleural cavity, requiring and including thoracentesis	2883	4007	4771	911	25.24
96446	Chemotherapy administration into the peritoneal cavity via indwelling port or catheter	665	924	1100	205	5.68
96450	Chemotherapy administration, into CNS (eg, intrathecal), requiring and including spinal puncture	707	982	1170	183	5.08
96521	Refilling and maintenance of portable pump	419	582	694	149	4.13
96522	Refilling and maintenance of implantable pump or reservoir for drug delivery, systemic (eg, intravenous, intra-arterial)	255	354	421	125	3.45
96523	Irrigation of implanted venous access device for drug delivery systems	77	107	128	28	0.78
96542	Chemotherapy injection, subarachnoid or intraventricular via subcutaneous reservoir, single or multiple agents	346	481	573	134	3.72
96549	Unlisted chemotherapy procedure	0	0	0	0	0.00

PHOTODYNAMIC THERAPY

96567	Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitive drug(s), per day	245	340	405	136	3.77
96570	Photodynamic therapy by endoscopic application of light to ablate abnormal tissue via activation of photosensitive drug(s); first 30 minutes (List separately in addition to code for endoscopy or bronchoscopy procedures of lung and gastrointestinal tract)	181	251	299	59	1.63
96571	Photodynamic therapy by endoscopic application of light to ablate abnormal tissue via activation of photosensitive drug(s); each additional 15 minutes (List separately in addition to code for endoscopy or bronchoscopy procedures of lung and gastrointestinal tract)	90	125	149	27	0.75

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
96573	Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day	304	422	502	218	6.03

SPECIAL DERMATOLOGICAL PROCEDURES

96574	Debridement of premalignant hyperkeratotic lesion(s) (ie, targeted curettage, abrasion) followed with photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day	387	537	640	274	7.58
96900	Actinotherapy (ultraviolet light)	50	66	84	23	0.63
96902	Microscopic examination of hairs plucked or clipped by the examiner (excluding hair collected by the patient) to determine telogen and anagen counts, or structural hair shaft abnormality	63	83	106	23	0.64
96904	Whole body integumentary photography, for monitoring of high risk patients with dysplastic nevus syndrome or a history of dysplastic nevi, or patients with a personal or familial history of melanoma	153	202	258	70	1.93
96910	Photochemotherapy; tar and ultraviolet B (Goeckerman therapy) or petrolatum and ultraviolet B	153	202	257	118	3.28
96912	Photochemotherapy; psoralens and ultraviolet A (PUVA)	151	200	254	101	2.80
96913	Photochemotherapy (Goeckerman and/or PUVA) for severe photoresponsive dermatoses requiring at least 4-8 hours of care under direct supervision of the physician (includes application of medication and dressings)	243	322	410	147	4.06
96920	Laser therapy for inflammatory skin disease (psoriasis); total area less than 250 sq cm	315	418	532	166	4.61
96921	Laser therapy for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq cm	374	496	632	182	5.05

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2018	MFS RVU
96922	Laser therapy for inflammatory skin disease (psoriasis); over 500 sq cm	505	669	852	249	6.89
96931	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, first lesion	302	400	510	176	4.87
96932	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, first lesion	214	283	360	129	3.57
96933	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, first lesion	78	103	131	47	1.30
96934	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, each additional lesion (List separately in addition to code for primary procedure)	176	233	297	107	2.97
96935	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, each additional lesion (List separately in addition to code for primary procedure)	81	107	137	62	1.73
96936	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, each additional lesion (List separately in addition to code for primary procedure)	74	98	125	45	1.24
96999	Unlisted special dermatological service or procedure	0	0	0	0	0.00

PHYSICAL MEDICINE AND REHABILITATION

97010	Application of a modality to 1 or more areas; hot or cold packs	26	34	46	6	0.18
97012	Application of a modality to 1 or more areas; traction, mechanical	30	41	55	16	0.43
97014	Application of a modality to 1 or more areas; electrical stimulation (unattended)	34	45	61	15	0.41
97016	Application of a modality to 1 or more areas; vasopneumatic devices	40	54	73	13	0.35
97018	Application of a modality to 1 or more areas; paraffin bath	34	45	61	6	0.17

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
97022	Application of a modality to 1 or more areas; whirlpool	41	55	74	18	0.51
97024	Application of a modality to 1 or more areas; diathermy (eg, microwave)	25	34	46	7	0.20
97026	Application of a modality to 1 or more areas; infrared	30	41	55	6	0.18
97028	Application of a modality to 1 or more areas; ultraviolet	25	34	46	8	0.23
97032	Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes	35	47	64	15	0.42
97033	Application of a modality to 1 or more areas; iontophoresis, each 15 minutes	51	68	92	21	0.59
97034	Application of a modality to 1 or more areas; contrast baths, each 15 minutes	35	47	64	16	0.43
97035	Application of a modality to 1 or more areas; ultrasound, each 15 minutes	33	44	60	15	0.41
97036	Application of a modality to 1 or more areas; Hubbard tank, each 15 minutes	41	54	74	36	1.00
97039	Unlisted modality (specify type and time if constant attendance)	0	0	0	0	0.00
97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	57	72	95	31	0.87
97112	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities	61	77	100	36	1.00
97113	Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises	64	80	105	40	1.10
97116	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	57	72	94	31	0.86
97124	Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)	35	45	59	30	0.83

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2018	MFS RVU
97129	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes	42	53	70	25	0.68
97130	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; each additional 15 minutes (List separately in addition to code for primary procedure)	40	51	67	23	0.65
97139	Unlisted therapeutic procedure (specify)	0	0	0	0	0.00
97140	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	56	71	93	29	0.80
97150	Therapeutic procedure(s), group (2 or more individuals)	39	49	64	19	0.52
97151	Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/ therapy plan	48	61	80	0	0.00
97152	Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, face-to-face with the patient, each 15 minutes	38	48	63	0	0.00
97153	Adaptive behavior therapy by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes	25	32	42	0	0.00

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
97154	Group adaptive behavior therapy by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes	25	32	42	0	0.00
97155	Adaptive behavior therapy with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes	39	49	64	0	0.00
97156	Family adaptive behavior therapy guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes	35	45	58	0	0.00
97157	Multiple-family group adaptive behavior therapy guidance, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes	40	51	67	0	0.00
97158	Group adaptive behavior therapy with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes	24	30	39	0	0.00
97161	Physical therapy evaluation: low complexity, requiring these components: A history with no personal factors and/or comorbidities that impact the plan of care; An examination of body system(s) using standardized tests and measures addressing 1-2 elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with stable and/or uncomplicated characteristics; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 20 minutes are spent face-to-face with the patient and/or family.	152	192	251	88	2.43
97162	Physical therapy evaluation: moderate complexity, requiring these components: A history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care; An examination of body systems	152	193	252	88	2.43

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2018	MFS RVU
97163	<p>using standardized tests and measures in addressing a total of 3 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; An evolving clinical presentation with changing characteristics; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family.</p> <p>Physical therapy evaluation: high complexity, requiring these components: A history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with unstable and unpredictable characteristics; and Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 45 minutes are spent face-to-face with the patient and/or family.</p>	193	245	320	88	2.43
97164	<p>Re-evaluation of physical therapy established plan of care, requiring these components: An examination including a review of history and use of standardized tests and measures is required; and Revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome Typically, 20 minutes are spent face-to-face with the patient and/or family.</p>	91	115	151	60	1.67
97165	<p>Occupational therapy evaluation, low complexity, requiring these components: An occupational profile and medical and therapy history, which includes a brief history including review of medical and/or therapy records relating to the presenting problem; An assessment(s) that identifies 1-3 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of low complexity, which includes an analysis of the occupational profile, analysis of data from</p>	161	204	266	93	2.58

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
	<p>problem-focused assessment(s), and consideration of a limited number of therapy options. Patient presents with no comorbidities that affect occupational performance. Modification of tasks or assistance (eg, physical or verbal) with assessment(s) is not necessary to enable completion of evaluation component. Typically, 30 minutes are spent face-to-face with the patient and/or family.</p>					
97166	<p>Occupational therapy evaluation, moderate complexity, requiring these components: An occupational profile and medical and therapy history, which includes an expanded review of medical and/or therapy records and additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 3-5 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of moderate analytic complexity, which includes an analysis of the occupational profile, analysis of data from detailed assessment(s), and consideration of several therapy options. Patient may present with comorbidities that affect occupational performance. Minimal to moderate modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 45 minutes are spent face-to-face with the patient and/or family.</p>	157	199	260	93	2.57
97167	<p>Occupational therapy evaluation, high complexity, requiring these components: An occupational profile and medical and therapy history, which includes review of medical and/or therapy records and extensive additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 5 or more performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of high analytic complexity, which includes an analysis of the patient profile, analysis of data from comprehensive assessment(s), and consideration of multiple therapy options. Patient presents with</p>	202	255	334	93	2.57

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2018	MFS RVU
	comorbidities that affect occupational performance. Significant modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 60 minutes are spent face-to-face with the patient and/or family.					
97168	Re-evaluation of occupational therapy established plan of care, requiring these components: An assessment of changes in patient functional or medical status with revised plan of care; An update to the initial occupational profile to reflect changes in condition or environment that affect future interventions and/or goals; and A revised plan of care. A formal reevaluation is performed when there is a documented change in functional status or a significant change to the plan of care is required. Typically, 30 minutes are spent face-to-face with the patient and/or family.	114	144	189	64	1.78
97169	Athletic training evaluation, low complexity, requiring these components: A history and physical activity profile with no comorbidities that affect physical activity; An examination of affected body area and other symptomatic or related systems addressing 1-2 elements from any of the following: body structures, physical activity, and/or participation deficiencies; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 15 minutes are spent face-to-face with the patient and/or family.	76	96	126	0	0.00
97170	Athletic training evaluation, moderate complexity, requiring these components: A medical history and physical activity profile with 1-2 comorbidities that affect physical activity; An examination of affected body area and other symptomatic or related systems addressing a total of 3 or more elements from any of the following: body structures, physical activity, and/or participation deficiencies; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family.	177	224	293	0	0.00

MEDICAL FEES 2020

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
97171	Athletic training evaluation, high complexity, requiring these components: A medical history and physical activity profile, with 3 or more comorbidities that affect physical activity; A comprehensive examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures, physical activity, and/or participation deficiencies; Clinical presentation with unstable and unpredictable characteristics; and Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 45 minutes are spent face-to-face with the patient and/or family.	203	257	336	0	0.00
97172	Re-evaluation of athletic training established plan of care requiring these components: An assessment of patient's current functional status when there is a documented change; and A revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome with an update in management options, goals, and interventions. Typically, 20 minutes are spent face-to-face with the patient and/or family.	127	160	210	0	0.00
97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	61	78	102	40	1.12
97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	54	68	89	53	1.47
97535	Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes	57	72	94	35	0.97
97537	Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact, each 15 minutes	72	92	120	34	0.93

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2018	MFS RVU
97542	Wheelchair management (eg, assessment, fitting, training), each 15 minutes	46	58	76	34	0.94
97545	Work hardening/conditioning; initial 2 hours	318	402	526	0	0.00
97546	Work hardening/conditioning; each additional hour (List separately in addition to code for primary procedure)	130	165	216	0	0.00
97597	Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; first 20 sq cm or less	130	165	215	99	2.74
97598	Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	61	77	101	47	1.31
97602	Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (eg, wet-to-moist dressings, enzymatic, abrasion, larval therapy), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session	77	97	127	0	0.00
97605	Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters	94	119	156	45	1.24
97606	Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters	121	153	200	53	1.46

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CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
97607	Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters	377	476	623	343	9.50
97608	Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters	378	478	625	344	9.53
97610	Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day	362	458	600	330	9.14
97750	Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes	61	77	101	36	0.99
97755	Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact, with written report, each 15 minutes	46	58	76	39	1.09
97760	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes	76	96	125	51	1.40
97761	Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes	53	67	87	43	1.19
97763	Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk, subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes	76	96	126	54	1.50
97799	Unlisted physical medicine/rehabilitation service or procedure	0	0	0	0	0.00

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2018	MFS RVU
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MEDICAL NUTRITION THERAPY

97802	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes	53	67	88	38	1.06
97803	Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes	51	64	84	33	0.92
97804	Medical nutrition therapy; group (2 or more individual(s)), each 30 minutes	40	50	66	17	0.48

ACUPUNCTURE

97810	Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient	75	95	125	38	1.05
97811	Acupuncture, 1 or more needles; without electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure)	51	64	84	29	0.80
97813	Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient	86	109	143	42	1.17
97814	Acupuncture, 1 or more needles; with electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure)	61	77	101	35	0.96

OSTEOPATHIC MANIPULATIVE TREATMENT

98925	Osteopathic manipulative therapy (OMT); 1-2 body regions involved	67	85	112	32	0.89
98926	Osteopathic manipulative therapy (OMT); 3-4 body regions involved	93	118	155	47	1.29
98927	Osteopathic manipulative therapy (OMT); 5-6 body regions involved	117	148	194	61	1.68
98928	Osteopathic manipulative therapy (OMT); 7-8 body regions involved	132	167	219	74	2.05
98929	Osteopathic manipulative therapy (OMT); 9-10 body regions involved	176	222	291	88	2.45

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
98940	Chiropractic manipulative therapy (CMT); spinal, 1-2 regions	50	64	83	29	0.80
98941	Chiropractic manipulative therapy (CMT); spinal, 3-4 regions	56	71	93	42	1.15
98942	Chiropractic manipulative therapy (CMT); spinal, 5 regions	66	84	109	54	1.50
98943	Chiropractic manipulative therapy (CMT); extraspinal, 1 or more regions	42	54	70	29	0.79

EDUCATION AND TRAINING FOR PATIENT SELF-MANAGEMENT

98960	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; individual patient	40	51	67	28	0.77
98961	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 2-4 patients	36	45	59	13	0.37
98962	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 5-8 patients	28	36	47	10	0.27

NON-FACE-TO-FACE NONPHYSICIAN SERVICES

98966	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	25	32	42	14	0.40
98967	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating	50	64	83	28	0.78

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2018	MFS RVU
	from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion					
98968	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion	79	100	131	41	1.14
98970	Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes	0	0	0	0	0.00
98971	Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes	0	0	0	0	0.00
98972	Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes	0	0	0	0	0.00

SPECIAL SERVICES, PROCEDURES AND REPORTS

99000	Handling and/or conveyance of specimen for transfer from the office to a laboratory	17	25	36	0	0.00
99001	Handling and/or conveyance of specimen for transfer from the patient in other than an office to a laboratory (distance may be indicated)	33	49	70	0	0.00
99002	Handling, conveyance, and/or any other service in connection with the implementation of an order involving devices (eg, designing, fitting, packaging, handling, delivery or mailing) when devices such as orthotics, protectives, prosthetics are fabricated by an outside laboratory or shop but which items have been designed, and are to be fitted and adjusted by the attending physician or other qualified health care professional	15	22	32	0	0.00

MEDICAL FEES 2020

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
99024	Postoperative follow-up visit, normally included in the surgical package, to indicate that an evaluation and management service was performed during a postoperative period for a reason(s) related to the original procedure	72	106	151	0	0.00
99026	Hospital mandated on call service; in-hospital, each hour	0	0	0	0	0.00
99027	Hospital mandated on call service; out-of-hospital, each hour	0	0	0	0	0.00
99050	Services provided in the office at times other than regularly scheduled office hours, or days when the office is normally closed (eg, holidays, Saturday or Sunday), in addition to basic service	51	75	107	0	0.00
99051	Service(s) provided in the office during regularly scheduled evening, weekend, or holiday office hours, in addition to basic service	47	68	98	0	0.00
99053	Service(s) provided between 10:00 PM and 8:00 AM at 24-hour facility, in addition to basic service	63	93	132	0	0.00
99056	Service(s) typically provided in the office, provided out of the office at request of patient, in addition to basic service	31	45	64	0	0.00
99058	Service(s) provided on an emergency basis in the office, which disrupts other scheduled office services, in addition to basic service	76	112	160	0	0.00
99060	Service(s) provided on an emergency basis, out of the office, which disrupts other scheduled office services, in addition to basic service	116	171	244	0	0.00
99070	Supplies and materials (except spectacles), provided by the physician or other qualified health care professional over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies, or materials provided)	25	37	54	0	0.00
99071	Educational supplies, such as books, tapes, and pamphlets, for the patient's education at cost to physician or other qualified health care professional	0	0	0	0	0.00
99075	Medical testimony	205	301	430	0	0.00

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2018	MFS RVU
99078	Physician or other qualified health care professional qualified by education, training, licensure/regulation (when applicable) educational services rendered to patients in a group setting (eg, prenatal, obesity, or diabetic instructions)	61	90	128	0	0.00
99080	Special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form	35	51	73	0	0.00
99082	Unusual travel (eg, transportation and escort of patient)	63	92	132	0	0.00
99091	Collection and interpretation of physiologic data (eg, ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time, each 30 days	91	135	192	59	1.64

QUALIFYING CIRCUMSTANCES FOR ANESTHESIA

99100	Anesthesia for patient of extreme age, younger than 1 year and older than 70 (List separately in addition to code for primary anesthesia procedure)	127	186	266	0	0.00
99116	Anesthesia complicated by utilization of total body hypothermia (List separately in addition to code for primary anesthesia procedure)	515	758	1084	0	0.00
99135	Anesthesia complicated by utilization of controlled hypotension (List separately in addition to code for primary anesthesia procedure)	712	1046	1497	0	0.00
99140	Anesthesia complicated by emergency conditions (specify) (List separately in addition to code for primary anesthesia procedure)	234	344	492	0	0.00

MODERATE (CONSCIOUS) SEDATION

99151	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of	194	285	407	76	2.10
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MEDICAL FEES 2020

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
	the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient younger than 5 years of age					
99152	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older	101	148	212	52	1.43
99153	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; each additional 15 minutes intraservice time (List separately in addition to code for primary service)	32	47	67	11	0.30
99155	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient younger than 5 years of age	302	444	635	88	2.43
99156	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient age 5 years or older	252	371	530	80	2.22
99157	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; each additional 15 minutes intraservice time (List separately in addition to code for primary service)	178	262	374	65	1.81

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2018	MFS RVU
OTHER SERVICES AND PROCEDURES						
99170	Anogenital examination, magnified, in childhood for suspected trauma, including image recording when performed	440	613	888	162	4.48
99172	Visual function screening, automated or semi-automated bilateral quantitative determination of visual acuity, ocular alignment, color vision by pseudoisochromatic plates, and field of vision (may include all or some screening of the determination[s] for contrast sensitivity, vision under glare)	30	42	61	0	0.00
99173	Screening test of visual acuity, quantitative, bilateral	25	35	51	3	0.08
99174	Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with remote analysis and report	46	64	92	6	0.16
99175	Ipecac or similar administration for individual emesis and continued observation until stomach adequately emptied of poison	75	104	151	25	0.70
99177	Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with on-site analysis	45	63	92	5	0.13
99183	Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session	339	473	685	114	3.16
99184	Initiation of selective head or total body hypothermia in the critically ill neonate, includes appropriate patient selection by review of clinical, imaging and laboratory data, confirmation of esophageal temperature probe location, evaluation of amplitude EEG, supervision of controlled hypothermia, and assessment of patient tolerance of cooling	1017	1417	2052	228	6.33
99188	Application of topical fluoride varnish by a physician or other qualified health care professional	41	56	82	13	0.35
99190	Assembly and operation of pump with oxygenator or heat exchanger (with or without ECG and/or pressure monitoring); each hour	853	1189	1722	0	0.00
99191	Assembly and operation of pump with oxygenator or heat exchanger (with or without ECG and/or pressure monitoring); 45 minutes	660	920	1333	0	0.00

MEDICAL FEES 2020

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2020	MFS RVU
99192	Assembly and operation of pump with oxygenator or heat exchanger (with or without ECG and/or pressure monitoring); 30 minutes	437	609	882	0	0.00
99195	Phlebotomy, therapeutic (separate procedure)	224	312	452	103	2.85
99199	Unlisted special service, procedure or report	0	0	0	0	0.00

HOME HEALTH PROCEDURES/SERVICES

99500	Home visit for prenatal monitoring and assessment to include fetal heart rate, non-stress test, uterine monitoring, and gestational diabetes monitoring	153	203	239	0	0.00
99501	Home visit for postnatal assessment and follow-up care	172	229	270	0	0.00
99502	Home visit for newborn care and assessment	153	203	239	0	0.00
99503	Home visit for respiratory therapy care (eg, bronchodilator, oxygen therapy, respiratory assessment, apnea evaluation)	65	87	103	0	0.00
99504	Home visit for mechanical ventilation care	96	128	150	0	0.00
99505	Home visit for stoma care and maintenance including colostomy and cystostomy	0	0	0	0	0.00
99506	Home visit for intramuscular injections	122	163	192	0	0.00
99507	Home visit for care and maintenance of catheter(s) (eg, urinary, drainage, and enteral)	96	128	151	0	0.00
99509	Home visit for assistance with activities of daily living and personal care	0	0	0	0	0.00
99510	Home visit for individual, family, or marriage counseling	0	0	0	0	0.00
99511	Home visit for fecal impaction management and enema administration	35	47	56	0	0.00
99512	Home visit for hemodialysis	1621	2161	2546	0	0.00
99600	Unlisted home visit service or procedure	0	0	0	0	0.00

MEDICATION THERAPY MANAGEMENT SERVICES

99601	Home infusion/specialty drug administration, per visit (up to 2 hours);	253	338	398	0	0.00
99602	Home infusion/specialty drug administration, per visit (up to 2 hours); each additional hour (List separately in addition to code for primary procedure)	136	181	214	0	0.00

CPT	DESCRIPTION	UCR 50 TH	UCR 75 TH	UCR 90 TH	MFS 2018	MFS RVU
99605	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes, new patient	71	94	111	0	0.00
99606	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes, established patient	63	85	100	0	0.00
99607	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; each additional 15 minutes (List separately in addition to code for primary service)	49	65	76	0	0.00

MEDICAL FEES 2020

CPT	DESCRIPTION	UCR 50TH	UCR 75TH	UCR 90TH	MFS 2020	MFS RVU
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GEOGRAPHIC ADJUSTMENT

GEOGRAPHIC VARIATION OF MEDICAL FEES

The percentile fees presented in this book are based on national fee data; however, medical fees vary substantially by geographic area. In rural areas and smaller towns and cities, medical fees may be significantly lower than the percentiles presented in this book. Likewise, in larger cities, medical fees may be significantly higher than the fees presented. There are two primary reasons for the geographic variation in medical fees; namely, the cost of running a medical practice and the cost of medical malpractice insurance.

The cost of practice includes rent, employee costs, and other overhead costs, but not medical malpractice costs. According to the cost of practice indexes published in the Medicare Physicians Fee Schedule, San Francisco has the highest cost of practice index (1.441) and Missouri (other than St. Louis) has the lowest cost of practice index (0.821). Statistically, the cost of running a medical practice in San Francisco is almost 76% higher than running a medical practice in Missouri based upon the cost of practice index.

The second reason for the geographic variation in medical fees is the cost of medical malpractice insurance. According to the malpractice expense indexes published in the Medicare Fee Schedule, Miami, Florida has the highest cost of medical malpractice insurance expense (3.167) and Nebraska has the lowest cost of medical malpractice insurance expense (0.245). Statistically, medical malpractice insurance expense is almost 1300% higher in Detroit than in South Dakota.

These differences in the cost of practice and medical malpractice insurance are reflected in the wide range of fees charged by doctors for

identical services provided in different geographic locations.

THE GEOGRAPHIC ADJUSTMENT FACTOR (GAF)

In order to help you improve the accuracy of the percentile medical fees in the area where you practice, we have included this appendix of the Medicare Fee Schedule geographic cost of practice indexes (GPCI) and a weighted geographic adjustment factor. A geographic adjustment factor (GAF) is a multiplier used to determine a more accurate fee for a specific location of medical practice. This appendix includes a list of geographic adjustment factors for cities, counties, areas, regions and states which can be used to "fine tune" the medical fees listed in this book. The geographic adjustment factors listed below are calculated using data from the 2020 Medicare Physician's Fee Schedule.

The GAF listed below is a weighted average of the work, practice expense and malpractice expense components of the most current Medicare Fee Schedule. The GAF is used to calculate the approximate variations of geographic location on both the UCR and Medicare fees listed in this publication.

STATE/LOCALITY NAME

The geographic region included in the geographic adjustment factor. Note that most geographic adjustment factors correspond to entire states or specific cities. But others correspond to specific counties, or terms such as urban, metropolitan, rural, large, small, northwest, southwest, etc.

CARRIER/LOCALITY

The Medicare carrier code and locality assigned by CMS. The carrier code is included so that you can clearly identify the specific

geographic regions represented by the geographic adjustment factors.

The location code is included so that you can clearly identify the specific geographic regions represented by the geographic adjustment factors.

WORK GPCI

This field defines the Medicare geographic cost of practice index for the work component of the procedure or service.

PE GPCI

This field defines the Medicare geographic cost of practice index for the practice expense component of the procedure or service.

MP GPCI

This field defines the Medicare geographic cost of practice index for the malpractice expense component of the procedure or service.

WGT GAF

This field is the sum of the weighted averages of the three GPCIs for each locality. The weighting factors are from the CMS report *“Review of Alternative GPCI Payment Locality Structures – Final Report,”* which weights the physician work GPCI at 52 percent, the practice expense GPCI at 44 percent and the malpractice GPCI four percent. The GAF provides a quick and simple way to determine a more accurate fee for a specific geographic location of a medical practice.

HOW TO USE THE GAF TO ADJUST MEDICAL FEES

To use the geographic adjustment factor, first look up the CPT codes in the book that you want to compare to your doctor's fees or health insurance carrier allowances. Write down the 50th, 75th and 90th percentile fees

for each CPT code. Then look up the geographic adjustment factor for your city, county, area, region or state in this appendix. Finally, multiply the percentile fees times the geographic adjustment factor to determine the adjusted fee.

The table on the following page compares fees for two medical services provided in Alabama, San Jose, CA and Mississippi after adjustment with the GAF.

SAMPLE CALCULATION OF ADJUSTED FEES

Sample 1: E & M Service			UCR 50 TH	UCR 75 TH	UCR 90 TH
99205	Office visit, new patient, about 60 minutes	(unadjusted)	402	506	648
	Alabama	(multiply by 0.931)	374	471	603
	San Jose-Sunnyvale-Santa Clara (Santa Clara County)	(multiply by 1.185)	476	600	768
	Mississippi	(multiply by 0.906)	364	458	587
Sample 2: Surgical Procedure			UCR 50 TH	UCR 75 TH	UCR 90 TH
33513	CABG, vein only; four coronary venous grafts	(unadjusted)	6,699	9,215	12,748
	Alabama	(multiply by 0.931)	6,237	8,579	11,868
	San Jose-Sunnyvale-Santa Clara (Santa Clara County)	(multiply by 1.185)	7,938	10,920	15,106
	Mississippi	(multiply by 0.906)	6,069	8,348	11,550

As these calculations illustrate, UCR fees in Alabama are statistically 7.00% lower than the national average, UCR fees in San Jose, CA are 18.4% higher than the national percentiles and UCR fees in Mississippi are 9.46% lower than the national percentiles. As previously explained, these variations are mostly due to the cost of practice and cost of medical malpractice insurance.

GEOGRAPHIC ADJUSTMENT FACTORS BY STATE OR LOCALITY

State/Locality Name	Carrier	Loc	Work GPCI	PE GPCI	MP GPCI	Weighted GAF
Alabama	10112	00	0.985	0.889	0.707	0.931
Alaska**	02102	01	1.500	1.118	0.661	1.298
Arizona	03102	00	0.991	0.961	0.846	0.972
Arkansas	07102	13	0.976	0.859	0.521	0.907
Bakersfield	01112	54	1.033	1.084	0.674	1.041
Chico	01112	55	1.027	1.084	0.571	1.034
El Centro	01182	71	1.027	1.084	0.603	1.035
Fresno	01112	56	1.027	1.084	0.571	1.034
Hanford-Corcoran	01112	57	1.027	1.084	0.571	1.034
Los Angeles-Long Beach-Anaheim (Los Angeles County)	01182	18	1.047	1.176	0.725	1.091

MEDICAL FEES 2020

State/Locality Name	Carrier	Loc	Work GPCI	PE GPCI	MP GPCI	Weighted GAF
Los Angeles-Long Beach-Anaheim (Orange County)	01182	26	1.047	1.176	0.725	1.091
Madera	01112	58	1.027	1.084	0.571	1.034
Merced	01112	59	1.027	1.084	0.571	1.034
Modesto	01112	60	1.027	1.084	0.571	1.034
Napa	01112	51	1.064	1.284	0.490	1.138
San Francisco-Oakland-Hayward (Alameda/Contra Costa County)	01112	07	1.076	1.327	0.440	1.161
Oxnard-Thousand Oaks-Ventura	01182	17	1.026	1.178	0.700	1.079
Redding	01112	61	1.027	1.084	0.571	1.034
Riverside-San Bernardino-Ontario	01112	62	1.027	1.084	0.827	1.044
Sacramento--Roseville--Arden-Arcade	01112	63	1.034	1.084	0.571	1.038
Salinas	01112	64	1.052	1.117	0.571	1.061
San Diego-Carlsbad	01182	72	1.033	1.135	0.604	1.061
San Francisco-Oakland-Hayward (San Francisco County)	01112	05	1.076	1.327	0.440	1.161
San Francisco-Oakland-Hayward (Marin County)	01112	52	1.072	1.314	0.461	1.154
San Jose-Sunnyvale-Santa Clara (San Benito County)	01112	65	1.073	1.284	0.571	1.145
San Luis Obispo-Paso Robles-Arroyo Grande	01182	73	1.027	1.087	0.571	1.035
San Francisco-Oakland-Hayward (San Mateo County)	01112	06	1.076	1.327	0.440	1.161
San Jose-Sunnyvale-Santa Clara (Santa Clara County)	01112	09	1.089	1.369	0.401	1.185
Santa Cruz-Watsonville	01112	66	1.039	1.164	0.571	1.076
Santa Maria-Santa Barbara	01182	74	1.036	1.145	0.571	1.065
Santa Rosa	01112	67	1.039	1.146	0.571	1.067
Stockton-Lodi	01112	68	1.027	1.084	0.571	1.034
Vallejo-Fairfield	01112	53	1.064	1.284	0.490	1.138
Visalia-Porterville	01112	69	1.027	1.084	0.571	1.034
Yuba City	01112	70	1.027	1.084	0.571	1.034
Rest of California	01112	75	1.027	1.084	0.571	1.034
Colorado	04112	01	1.000	1.033	0.905	1.011
Connecticut	13102	00	1.029	1.113	1.094	1.068
Distric of Columbia & Maryland/Virginia Suburbs	12202	01	1.049	1.221	1.277	1.134

GEOGRAPHIC ADJUSTMENT

State/Locality Name	Carrier	Loc	Work GPCI	PE GPCI	MP GPCI	Weighted GAF
Delaware	12102	01	1.006	1.021	1.023	1.013
Fort Lauderdale	09102	03	0.990	1.006	1.828	1.031
Miami	09102	04	0.992	1.026	2.598	1.071
Rest of Florida	09102	99	0.985	0.946	1.396	0.984
Atlanta	10212	01	1.000	0.998	0.996	0.999
Rest of Georgia	10212	99	0.987	0.889	0.989	0.944
Hawaii, Guam	01212	01	1.006	1.144	0.644	1.052
Idaho	02202	00	0.977	0.890	0.464	0.918
Chicago	06102	16	1.009	1.039	1.898	1.058
East St. Louis	06102	12	0.993	0.939	1.723	0.998
Suburban Chicago	06102	15	1.008	1.057	1.535	1.051
Rest of Illinois	06102	99	0.987	0.916	1.195	0.964
Indiana	08102	00	0.982	0.910	0.422	0.928
Iowa	05102	00	0.984	0.907	0.424	0.928
Kansas	05202	00	0.982	0.910	0.536	0.932
Kentucky	15102	00	0.985	0.874	0.823	0.930
New Orleans	07202	01	0.989	0.947	1.400	0.987
Rest of Louisiana	07202	99	0.981	0.879	1.253	0.947
Southern Maine	14112	03	0.995	1.002	0.661	0.985
Rest of Maine	14112	99	0.982	0.910	0.661	0.937
Baltimore & Surrounding Counties	12302	01	1.026	1.095	1.304	1.067
Rest of Maryland	12302	99	1.010	1.035	1.076	1.024
Metropolitan Boston	14212	01	1.041	1.191	0.952	1.103
Rest of Massachusetts	14212	99	1.023	1.064	0.952	1.038
Detroit	08202	01	0.995	0.993	1.657	1.020
Rest of Michigan	08202	99	0.986	0.915	0.999	0.955
Minnesota	06202	00	1.000	1.012	0.357	0.979
Mississippi	07302	00	0.978	0.856	0.521	0.906
Metropolitan Kansas City	05302	02	0.991	0.959	0.982	0.976
Metropolitan St. Louis	05302	01	0.994	0.968	0.971	0.982
Rest of Missouri	05302	99	0.977	0.857	0.910	0.922
Montana***	03202	01	0.975	1.000	1.304	0.999
Nebraska	05402	00	0.986	0.909	0.277	0.924
Nevada***	01312	00	1.004	1.000	1.130	1.007

MEDICAL FEES 2020

State/Locality Name	Carrier	Loc	Work GPCI	PE GPCI	MP GPCI	Weighted GAF
New Hampshire	14312	40	0.999	1.042	0.984	1.017
Northern New Jersey	12402	01	1.045	1.190	0.949	1.105
Rest of New Jersey	12402	99	1.030	1.132	0.949	1.072
New Mexico	04212	05	0.990	0.908	1.207	0.963
Manhattan	13202	01	1.054	1.192	1.823	1.145
New York City Suburbs/Long Island	13202	02	1.044	1.214	2.425	1.174
Poughkeepsie/North New York City Suburbs	13202	03	1.022	1.087	1.479	1.069
Queens	13292	04	1.054	1.214	2.391	1.178
Rest of New York	13282	99	0.995	0.952	0.673	0.963
North Carolina	11502	00	0.989	0.930	0.757	0.953
North Dakota***	03302	01	0.985	1.000	0.485	0.972
Ohio	15202	00	0.992	0.915	1.049	0.960
Oklahoma	04312	00	0.979	0.886	0.868	0.934
Portland	02302	01	1.016	1.059	0.659	1.021
Rest of Oregon	02302	99	0.992	0.957	0.659	0.964
Metropolitan Philadelphia	12502	01	1.022	1.079	1.289	1.058
Rest of Pennsylvania	12502	99	0.993	0.937	0.960	0.967
Puerto Rico	09202	20	0.999	1.008	0.988	1.002
Rhode Island	14412	01	1.024	1.049	0.990	1.034
South Carolina	11202	01	0.985	0.907	0.624	0.937
South Dakota***	03402	02	0.975	1.000	0.368	0.962
Tennessee	10312	35	0.986	0.897	0.509	0.928
Austin	04412	31	1.000	1.040	0.643	1.004
Beaumont	04412	20	0.994	0.934	0.695	0.956
Brazoria	04412	09	1.026	1.010	0.695	1.006
Dallas	04412	11	1.018	1.020	0.657	1.004
Fort Worth	04412	28	1.011	0.991	0.643	0.987
Galveston	04412	15	1.026	1.019	0.695	1.009
Houston	04412	18	1.026	1.020	0.918	1.019
Rest of Texas	04412	99	0.996	0.947	0.690	0.962
Utah	03502	09	0.985	0.923	0.982	0.958
Vermont	14512	50	0.991	1.008	0.582	0.982
Virginia	11302	00	0.999	0.991	0.903	0.992

State/Locality Name	Carrier	Loc	Work GPCI	PE GPCI	MP GPCI	Weighted GAF
Virgin Islands	09202	50	0.999	1.008	0.988	1.002
Seattle (King County)	02402	02	1.031	1.170	0.854	1.085
Rest of Washington	02402	99	1.000	1.012	0.823	0.998
West Virginia	11402	16	0.980	0.857	1.247	0.937
Wisconsin	06302	00	0.990	0.949	0.322	0.945
Wyoming***	03602	21	0.985	1.000	0.860	0.987

Carrier (MAC) assignments as of October 17, 2019

2020 GPCIs reflect the first year of a two year update transition.

* January 1, 2017 through December 31, 2019, the Work GPCIs reflect a 1.0 floor as required by Section 201 of the MACRA of 2015.

The 1.0 Work GPCI floor expires on December 31, 2019, therefore the Work GPCIs for 2020 and 2021 do not reflect a 1.0 floor.

**Work GPCI reflects a 1.5 floor in Alaska established by the MIPPA.

***PE GPCI reflects a 1.0 floor for frontier states established by the ACA.

STATE AND COUNTY LISTING

If you are uncertain about your Carrier and Location number, use the following list to quickly find your state, locality and county.

State	Location	Counties	Carrier	Loc
Alabama	Statewide	All Counties	10112	00
Alabama	Statewide	All Counties	10112	00
Alaska	Statewide	All Counties	02102	01
Arizona	Statewide	All Counties	03102	00
Arkansas	Statewide	All Counties	07102	13
California	Los Angeles-Long Beach-Anaheim (Orange County)	Orange	01182	26
	Los Angeles-Long Beach-Anaheim (Los Angeles County)	Los Angeles	01182	18
	San Francisco-Oakland-Hayward (Marin County)	Marin	01112	52
	San Francisco-Oakland-Hayward (Alameda/Contra Costa County)	Alameda and Contra Costa	01112	07

State	Location	Counties	Carrier	Loc
	San Francisco-Oakland-Hayward (San Francisco County)	San Francisco	01112	05
	San Francisco-Oakland-Hayward (San Mateo County)	San Mateo	01112	06
	San Jose-Sunnyvale-Santa Clara (Santa Clara County)	Santa Clara	01112	09
	Napa	Napa	01112	51
	Vallejo-Fairfield	Solano	01112	53
	Bakersfield	Kern	01112	54
	Chico	Butte	01112	55
	Fresno	Fresno	01112	56
	Hanford-Corcoran	Kings	01112	57
	Madera	Madera	01112	58
	Merced	Merced	01112	59
	Modesto	Stanislaus	01112	60
	Redding	Shasta	01112	61
	Riverside-San Bernardino-Ontario	San Bernardino, Riverside	01112	62
	Sacramento--Roseville--Arden-Arcade	Sacramento, Placer, Yolo, El Dorado	01112	63
	Salinas	Monterey	01112	64
	San Jose-Sunnyvale-Santa Clara (San Benito County)	San Benito	01112	65
	Santa Cruz-Watsonville	Santa Cruz	01112	66
	Santa Rosa	Sonoma	01112	67
	Stockton-Lodi	San Joaquin	01112	68
	Visalia-Porterville	Tulare	01112	69
	Yuba City	Sutter, Yuba	01112	70
	El Centro	Imperial	01182	71
	San Diego-Carlsbad	San Diego	01182	72
	San Luis Obispo-Paso Robles-Arroyo Grande	San Luis Obispo	01182	73
	Santa Maria-Santa Barbara	Santa Barbara	01182	74
	Oxnard-Thousand Oaks-Ventura	Ventura	01182	17
	Rest of State*	All Other Counties	01112	75
Colorado	Statewide	All Counties	04112	01

State	Location	Counties	Carrier	Loc
Connecticut	Statewide	All Counties	13102	00
Delaware	Statewide	All Counties	12102	01
District Of Columbia	Dc + Md/Va Suburbs	District of Columbia; Alexandria City, Arlington, Fairfax, Fairfax City, Falls Church City In Virginia; Montgomery and Prince George's In Maryland	12202	01
Florida	Fort Lauderdale	Broward, Collier, Indian River, Lee, Martin, Palm Beach, and St. Lucie	09102	03
	Miami	Dade and Monroe	09102	04
	Rest of State	All Other Counties	09102	99
Georgia	Atlanta	Butts, Cherokee, Clayton, Cobb, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Newton, Paulding, Rockdale and Walton	10212	01
	Rest of State	All Other Counties	10212	99
Hawaii/Guam	Statewide	All Counties	01212	01
Idaho	Statewide	All Counties	02202	00
Illinois	Chicago	Cook	06102	16
	East St. Louis	Bond, Calhoun, Clinton, Jersey, Macoupin, Madison, Monroe, Montgomery, Randolph, St. Clair and Washington	06102	12
	Suburban Chicago	Dupage, Kane, Lake and Will	06102	15
	Rest of State	All Other Counties	06102	99
Indiana	Statewide	All Counties	08102	00
Iowa	Statewide	All Counties	05102	00
Kansas	Statewide*	All Counties	05202	00
Kentucky	Statewide	All Counties	15102	00
Louisiana	New Orleans	Jefferson, Orleans, Plaquemines and St. Bernard	07202	01
	Rest of State	All Other Counties	07202	99
Maine	Southern Maine	Cumberland and York	14112	03

MEDICAL FEES 2020

State	Location	Counties	Carrier	Loc
Maryland	Rest of State	All Other Counties	14112	99
	Baltimore/Surr. Counties	Anne Arundel, Baltimore, Baltimore City, Carroll, Harford and Howard	12302	01
	Rest of State	All Other Counties Except Montgomery and Prince George's	12302	99
Massachusetts	Metropolitan Boston	Middlesex, Norfolk and Suffolk	14212	01
	Rest of State	All Other Counties	14212	99
Michigan	Detroit	Macomb, Oakland, Washtenaw and Wayne	08202	01
	Rest of State	All Other Counties	08202	99
Minnesota	Statewide	All Counties	06202	00
Mississippi	Statewide	All Counties	07302	00
Missouri	Metropolitan Kansas City	Clay, Jackson and Platte	05302	02
	Metropolitan St. Louis	Jefferson, St. Charles, St. Louis and St. Louis City	05302	01
	Rest of State*	All Other Counties	05302	99
Montana	Statewide	All Counties	03202	01
Nebraska	Statewide	All Counties	05402	00
Nevada	Statewide	All Counties	01312	00
New Hampshire	Statewide	All Counties	14312	40
New Jersey	Northern New Jersey	Bergen, Essex, Hudson, Hunterdon, Middlesex, Morris, Passaic, Somerset, Sussex, Union and Warren	12402	01
	Rest of State	All Other Counties	12402	99
	Statewide	All Counties	04212	05
New York	Manhattan	New York	13202	01
	New York City Suburbs/Long Island	Bronx, Kings, Nassau, Richmond, Rockland, Suffolk and Westchester	13202	02
	Poughkeepsie/N New York City Suburbs	Columbia, Delaware, Dutchess, Greene, Orange, Putnam, Sullivan and Ulster	13202	03
	Queens	Queens	13292	04
	Rest of State	All Other Counties	13282	99
North Carolina	Statewide	All Counties	11502	00

State	Location	Counties	Carrier	Loc
North Dakota	Statewide	All Counties	03302	01
Ohio	Statewide	All Counties	15202	00
Oklahoma	Statewide	All Counties	04312	00
Oregon	Portland	Clackamas, Multnomah and Washington	02302	01
	Rest of State	All Other Counties	02302	99
Pennsylvania	Metropolitan Philadelphia	Bucks, Chester, Delaware, Montgomery and Philadelphia	12502	01
	Rest of State	All Other Counties	12502	99
Puerto Rico	Puerto Rico	All County Equivalents	09202	20
Rhode Island	Statewide	All Counties	14412	01
South Carolina	Statewide	All Counties	11202	01
South Dakota	Statewide	All Counties	03402	02
Tennessee	Statewide	All Counties	10312	35
Texas	Austin	Travis	04412	31
	Beaumont	Jefferson	04412	20
	Brazoria	Brazoria	04412	09
	Dallas	Dallas	04412	11
	Fort Worth	Tarrant	04412	28
	Galveston	Galveston	04412	15
	Houston	Harris	04412	18
	Rest of State	All Other Counties	04412	99
Utah	Statewide	All Counties	03502	09
Vermont	Statewide	All Counties	14512	50
Virgin Islands	Virgin Islands	All County Equivalents	09202	50
Virginia	Statewide	All Counties, Except Alexandria City, Arlington, Fairfax, Fairfax City, and Falls Church City	11302	00
Washington	Seattle (King County)	King	02402	02
	Rest of State	All Other Counties	02402	99
West Virginia	Statewide	All Counties	11402	16
Wisconsin	Statewide	All Counties	06302	00
Wyoming	Statewide	All Counties	03602	21

* Payment locality is serviced by two carriers.

