

CPS Tariff Revision Fee Price Check Report**Program ID: 1****Tariff: [1366] - April 01 2006 - March 31 2007****Tariff Revision: [2821] - October 01, 2006 Revision**

August 31, 2006 - 14:07:25

Fee Code	Description	Amount
0002	OBS - DELIVERY ONLY	419.50
0003	ASSESSMENT OF LABOUR (G.P.)	19.35
0004	ATTENDANCE AT LABOUR AND ASSIST-COMPLICATED DELIVERY OR C-SECTION	410.00
0008	ATTENDING DELIVERY - RESUSCITATION	31.50
0036	ATTENDING DELIVERY FOR NEONATAL RESUSCITATION	84.60
0050	ADMINISTRATIVE MEETINGS	0.00
0100	OBS-INITIAL VISIT	32.50
0103	OBS-PRENATAL VISIT	28.00
0104	OBS-IN HOSPITAL DAILY CARE	25.54
0105	OBS-POST NATAL VISIT	28.00
0106	Hospitalist All Hospitals	68.00
0107	Hospitalist Daywork QEH Call	1,280.00
0108	Hospitalist Weeknight QEH Call	200.00
0109	Hospitalist Weekend QEH Call	1,250.00
0110	COMPREHENSIVE OFFICE VISIT	46.05
0111	Hospitalist QEH Shadow	0.00
0112	EMERGENCY VISIT - PROVIDERS HOME-DAY	19.35
0113	LIMITED OFFICE VISIT	28.00
0114	EMERGENCY VISIT - PROVIDERS HOME-NIGHT	32.85
0115	WELL BABY CARE	28.00
0116	EMERGENCY.CALL 6PM-8AM SUNDAY OR HOLIDAYS	32.15
0118	EMERGENCY OFFICE CALL - DAY	19.35
0119	EMERGENCY OFFICE CALL - NIGHT	22.15
0120	EMERGENCY OFFICE VISIT-SUNDAY,HOLIDAYS	19.35
0121	HOME DAY VISIT	47.84
0124	HOME VISIT - ADDITIONAL FAMILY MEMBER	19.87
0125	ADDITIONAL FEE FOR STRICT EMERGENCY	11.10
0127	DAY VISIT-8AM-9PM-NURSING HOME,ETC	38.09
0129	EACH ADDITIONAL PATIENT NURSING HOME "ETC"	17.71
0130	INITIAL HOSPITAL VISIT (DAY)	47.73
0132	INITIAL VISIT-ORPHAN PATIENT Q.E.H. AND P.C.H	30.00
0133	SUBSEQUENT HOSPITAL VISITS (1st-5th WEEKS)	25.54
0134	SUBSEQUENT HOSPITAL VISITS (6-13th WEEK)	16.00
0135	SUBSEQUENT HOSPITAL VISIT (AFTER 13th WEEK)	14.10
0136	HOSPITAL DISCHARGE FEE	16.40
0138	PREMATURE CARE (1st 3 WEEKS)	26.45
0139	PALLIATIVE CARE - TELEPHONE CALL	10.00
0140	SUPPORTIVE CARE	12.00
0141	HISTORY/PHYSICAL FOR DENTAL	27.65
0142	CONCURRENT CARE	18.00
0143	CONTINUING CARE	25.54
0144	CONVALESCENT CARE	18.00
0145	CONVALESCENT CARE IN A COMMUNITY HOSPITAL	45.00
0146	EXAM BY GP REQUEST BY PSYCHIATRIST	47.73
0147	MEDICAL OFFICER Q.E.H. REHAB	100.00
0148	COMPREHENSIVE PALLIATIVE CARE CONSULTATION-GP	102.00

Fee Code	Description	Amount
0149	PALLIATIVE HOME CARE-ADMISSION	75.00
0150	ON CALL KINGS COUNTY HOSPITAL	65.70
0151	ON CALL SOURIS HOSPITAL	54.70
0152	ON CALL WESTERN HOSPITAL	54.70
0153	ON CALL COMMUNITY HOSPITAL	54.70
0154	ON CALL STEWART MEMORIAL HOSPITAL	43.70
0155	ON CALL QUEEN ELIZABETH HOSPITAL	137.50
0156	ON CALL PRINCE COUNTY HOSPITAL	137.50
0158	AMBULATORY DETOX SERVICE	50.00
0159	ON-CALL RETAINER-SURGICAL ASSIST	150.00
0160	CONSULTATION	39.30
0161	REPEAT PALLIATIVE CONSULT-GP	51.00
0162	REPEAT CONSULTATION	24.00
0167	REPEAT PALLIATIVE CARE CONSULT-GP	51.00
0168	COMPREHENSIVE ED VISIT-DAY-SATURDAY, SUNDAY AND HOLIDAYS	46.60
0169	COMPREHENSIVE ED VISIT-NIGHT-FRIDAY, SATURDAY, SUNDAY AND HOLIDAY	78.20
0170	DETENTION	30.00
0173	PALLIATIVE HOME CARE VISIT	60.00
0176	DETENTION-SPECIAL CALL	30.00
0178	ANAESTHESIA-NON SPECIALIST	57.60
0180	LIMITED ED VISIT-DAY (MONDAY TO FRIDAY)	23.87
0181	LIMITED ED VISIT-NIGHT (MONDAY TO THURSDAY)	31.03
0182	RESUSCITATION ED VISIT FIRST 15 MINUTES	75.00
0183	RESUSCITATION ED VISIT SECOND 15 MINUTES	37.50
0184	RESUSCITATION ED VISIT SUBSEQUENT 15 MINUTE PERIODS	35.00
0186	COMPREHENSIVE ED VISIT-DAY-MONDAY TO FRIDAY	40.52
0187	COMPREHENSIVE ED VISIT-NIGHT-MONDAY TO THURSDAY	52.68
0190	LIMITED ED VISIT-DAY -SATURDAY, SUNDAY AND HOLIDAYS	27.45
0191	LIMITED ED VISIT-NIGHT -SATURDAY, SUNDAY AND HOLIDAYS	46.07
0194	OUT-PATIENT - ADDITIONAL FEE	10.50
0195	COMPLETE EXAM-OUT-PATIENT-55 YRS AND OVER	30.85
0196	OBSERVATION (OUT-PATIENT- OVER 8 HOURS)	19.65
0213	ANAESTHESIA-FOLLOW-UP VISIT	28.00
0240	RETAINER ANAESTHESIA Q.E.H. AND P.C.H.	225.00
0260	ANAESTHESIA-CONSULTATION	70.00
0265	SESSIONAL FEE-ANAESTHESIA	74.95
0266	CANCELLED SURGERY	32.45
0270	ANAESTHESIA (DETENTION)	30.00
0271	ANAESTHESIA-INTENSIVE CARE	50.00
0276	DETENTION-SPECIAL	30.00
0296	FIRST DAY/INTENSIVE RESPIRATORY CARE	108.15
0297	SECOND TO 5th DAY/INTENSIVE RESPIRATORY CARE	54.00
0298	INTENSIVE RESPIRATORY CARE 6th-30th DAY	27.20
0310	COMPREHENSIVE OFFICE VISIT	46.05
0311	INITIAL OFFICE VISIT WITH REGIONAL EXAM	21.55
0313	LIMITED OFFICE VISIT	28.00
0321	DAY HOME VISIT-MONDAY TO SATURDAY	47.84
0324	HOME VISIT-ADDITIONAL FAMILY MEMBER	19.87
0325	ADDITIONAL FEE FOR STRICT EMERGENCY	11.55
0330	INITIAL HOSPITAL VISIT	47.73
0333	SUBSEQUENT HOSPITAL VISITS (1ST 5 WEEKS)	25.54
0334	SUBSEQUENT HOSPITAL VISITS (6-13 WEEK)	16.00
0335	SUBSEQUENT HOSPITAL VISITS (AFTER 13th WEEK)	14.50
0341	CONTINUING CARE	25.54
0342	DIRECTIVE CARE	25.54
0360	CONSULTATION-INITIAL	70.00
0362	CONSULTATION-SUBSEQUENT	24.70
0368	COMPREHENSIVE ED VISIT-DAY-SATURDAY, SUNDAY AND HOLIDAYS	46.60

Fee Code	Description	Amount
0369	COMPREHENSIVE ED VISIT-NIGHT-FRIDAY, SATURDAY, SUNDAY AND HOLIDAY	78.20
0370	DETENTION	30.00
0371	INTENSIVE CARE	50.00
0376	DETENTION-SPECIAL CARE	30.00
0380	LIMITED ED VISIT-DAY (MONDAY TO FRIDAY)	23.87
0381	LIMITED ED VISIT-NIGHT (MONDAY TO THURSDAY)	31.03
0386	COMPREHENSIVE ED VISIT-DAY-MONDAY TO FRIDAY	40.52
0387	COMPREHENSIVE ED VISIT-NIGHT-MONDAY TO THURSDAY	52.68
0390	LIMITED ED VISIT-DAY -SATURDAY, SUNDAY AND HOLIDAYS	27.45
0391	LIMITED ED VISIT-NIGHT -SATURDAY, SUNDAY AND HOLIDAYS	46.07
0394	OUT-PATIENT-ADDITIONAL FEE FOR STRICT EMERGENCY	10.50
0395	ULTRAVIOLET LIGHT THERAPY	10.00
0410	COMPREHENSIVE OFFICE VISIT	46.05
0411	INITIAL OFFICE VISIT WITH REGIONAL EXAM	21.55
0413	LIMITED OFFICE VISIT	28.00
0421	DAY HOME VISIT - MONDAY TO SUNDAY	47.84
0424	HOME VISIT - ADDITIONAL FAMILY MEMBER	19.87
0425	ADDITIONAL FEE FOR STRICT EMERGENCY	11.55
0430	INITIAL HOSPITAL VISIT	47.73
0433	SUBSEQUENT HOSPITAL VISITS (1st 5 WEEKS)	25.54
0434	SUBSEQUENT HOSPITAL VISITS (6-13th WEEK)	16.00
0435	SUBSEQUENT HOSPITAL VISITS (AFTER 13th WEEK)	14.50
0440	RETAINER SURGERY Q.E.H. AND P.C.H.	225.00
0441	CONTINUING CARE	25.54
0442	DIRECTIVE CARE	25.54
0460	CONSULTATION-INITIAL	70.00
0462	CONSULTATION-SUBSEQUENT	24.70
0468	COMPREHENSIVE ED VISIT-DAY-SATURDAY, SUNDAY AND HOLIDAYS	46.60
0469	COMPREHENSIVE ED VISIT-NIGHT-FRIDAY, SATURDAY, SUNDAY AND HOLIDAY	78.20
0470	DETENTION	30.00
0471	INTENSIVE CARE	50.00
0476	DETENTION-SPECIAL CALL	30.00
0480	LIMITED ED VISIT-DAY (MONDAY TO FRIDAY)	23.87
0481	LIMITED ED VISIT-NIGHT (MONDAY TO THURSDAY)	31.03
0486	COMPREHENSIVE ED VISIT-DAY-MONDAY TO FRIDAY	40.52
0487	COMPREHENSIVE ED VISIT-NIGHT-MONDAY TO THURSDAY	52.68
0490	LIMITED ED VISIT-DAY -SATURDAY, SUNDAY AND HOLIDAYS	27.45
0491	LIMITED ED VISIT-NIGHT -SATURDAY, SUNDAY AND HOLIDAYS	46.07
0494	OUT-PATIENT-ADDITIONAL FEE FOR STRICT EMERGENCY	10.50
0501	INTERMEDIATE/PROGRESSIVE CARE	50.00
0502	CONCURRENT CARE/DAY	120.00
0510	INITIAL OFFICE VISIT WITH COMPLETE EXAM	54.00
0512	REPEAT OFFICE VISIT WITH COMPLETE EXAM	29.50
0513	LIMITED OFFICE VISIT	28.00
0521	DAY HOME VISIT - MONDAY TO SUNDAY	47.84
0524	HOME VISIT-ADDITIONAL FAMILY MEMBER	19.87
0525	ADDITIONAL FEE FOR STRICT EMERGENCY	11.55
0530	INITIAL HOSPITAL VISIT	54.00
0531	INITIAL HOSPITAL VISIT - RE ADMISSION	21.55
0533	SUBSEQUENT HOSPITAL VISITS - 1st 5 WEEKS	25.54
0534	SUBSEQUENT HOSPITAL VISITS - 6-13th WEEK	16.00
0535	SUBSEQUENT HOSPITAL VISITS - AFTER 13th WEEK	14.50
0540	RETAINER INTERNAL MEDICINE Q.E.H. AND P.C.H	225.00
0541	CONTINUING CARE	25.54
0542	DIRECTIVE CARE	25.54
0560	CONSULTATION-INITIAL	120.00
0562	CONSULTATION-SUBSEQUENT	53.95
0563	CONSULTATION-COMPLETE RE EXAM	32.65

Fee Code	Description	Amount
0568	COMPREHENSIVE ED VISIT-DAY-SATURDAY, SUNDAY AND HOLIDAYS	46.60
0569	COMPREHENSIVE ED VISIT-NIGHT-FRIDAY, SATURDAY, SUNDAY AND HOLIDAY	78.20
0570	DETENTION	30.00
0576	DETENTION-SPECIAL CALL	30.00
0580	LIMITED ED VISIT-DAY (MONDAY TO FRIDAY)	23.87
0581	LIMITED ED VISIT-NIGHT (MONDAY TO THURSDAY)	31.03
0586	COMPREHENSIVE ED VISIT-DAY-MONDAY TO FRIDAY	40.52
0587	COMPREHENSIVE ED VISIT-NIGHT-MONDAY TO THURSDAY	52.68
0590	LIMITED ED VISIT-DAY -SATURDAY, SUNDAY AND HOLIDAYS	27.45
0591	LIMITED ED VISIT-NIGHT -SATURDAY, SUNDAY AND HOLIDAYS	46.07
0594	ADDITIONAL FEE FOR STRICT EMERGENCY	10.50
0595	PHYSICIAN IN CHARGE/CRITICAL CARE	220.00
0596	INTENSIVE RESPIRATORY CARE(1st DAY)	120.00
0597	INTENSIVE RESPIRATORY CARE 2nd-10th DAY'S	120.00
0598	CRITICAL CARE 11th DAY ONWARD	60.00
0599	STRESS TEST	52.15
0700	OBS INITIAL VISIT	33.45
0701	ASSESSMENT OF LABOUR (OB/GYN)	19.35
0703	OBS PRENATAL VISIT	28.00
0704	IN HOSPITAL DAILY CARE	25.54
0705	OBS-POST NATAL VISIT	28.00
0710	COMPREHENSIVE OFFICE VISIT	46.05
0711	INITIAL OFFICE VISIT WITH REGIONAL	21.55
0713	LIMITED OFFICE VISIT	28.00
0721	DAY HOME VISIT - MONDAY TO SUNDAY	47.84
0724	HOME VISIT-ADDITIONAL FAMILY MEMBER	19.87
0725	ADDITIONAL FEE FOR STRICT EMERGENCY	11.55
0730	INITIAL HOSPITAL VISIT	47.73
0733	SUBSEQUENT HOSPITAL VISITS - 1st 6 WEEKS	25.54
0734	SUBSEQUENT HOSPITAL VISITS 6th-13th WEEK'S	16.00
0735	SUBSEQUENT HOSPITAL VISITS/AFTER 13th WEEK	14.50
0740	RETAINER OBS/GYN Q.E.H. AND P.C.H.	225.00
0741	CONTINUING CARE	25.54
0742	DIRECTIVE CARE	25.54
0760	CONSULTATION-INITIAL	70.00
0762	CONSULTATION-SUBSEQUENT	24.70
0764	CONSULTATION-REPRODUCTIVE ENDOCRINOLOGY	70.00
0765	REPEAT CONSULTATION REPRODUCTIVE ENDOCRINOLOGY	24.70
0768	COMPREHENSIVE ED VISIT-DAY-SATURDAY, SUNDAY AND HOLIDAYS	46.60
0769	COMPREHENSIVE ED VISIT-NIGHT-FRIDAY, SATURDAY, SUNDAY AND HOLIDAY	78.20
0770	DETENTION	30.00
0771	INTENSIVE CARE	50.00
0776	DETENTION-SPECIAL CALL	30.00
0780	LIMITED ED VISIT-DAY (MONDAY TO FRIDAY)	23.87
0781	LIMITED ED VISIT-NIGHT (MONDAY TO THURSDAY)	31.03
0786	COMPREHENSIVE ED VISIT-DAY-MONDAY TO FRIDAY	40.52
0787	COMPREHENSIVE ED VISIT-NIGHT-MONDAY TO THURSDAY	52.68
0790	LIMITED ED VISIT-DAY -SATURDAY, SUNDAY AND HOLIDAYS	27.45
0791	LIMITED ED VISIT-NIGHT -SATURDAY, SUNDAY AND HOLIDAYS	46.07
0794	OUT-PATIENT-ADDITIONAL FEE FOR STRICT EMERGENCY	10.50
0795	OUT-PATIENT ASSESSMENT FOR COMPLICATED PREGNANCY/LABOR	70.00
0810	COMPREHENSIVE OFFICE VISIT	46.05
0811	INITIAL OFFICE VISIT WITH REGIONAL EXAM	21.55
0812	SUBSEQUENT VISIT FOR SPECIAL TESTS	36.00
0813	LIMITED OFFICE VISIT	28.00
0821	DAY HOME VISIT - MONDAY TO SUNDAY	47.84
0824	HOME VISIT-ADDITIONAL FAMILY MEMBER	19.87
0825	ADDITIONAL FEE FOR STRICT EMERGENCY	11.55

Fee Code	Description	Amount
0830	INITIAL HOSPITAL VISIT	47.73
0833	SUBSEQUENT HOSPITAL VISITS - 1st 5 WEEKS	25.54
0834	SUBSEQUENT HOSPITAL VISITS 6-13th WEEK	16.00
0835	SUBSEQUENT HOSPITAL VISITS AFTER 13th WEEK	14.50
0840	RETAINER OPHTHALMOLOGY Q.E.H.	225.00
0841	CONTINUING CARE	25.54
0842	DIRECTIVE CARE	25.54
0860	CONSULTATION-INITIAL	70.00
0862	CONSULTATION-SUBSEQUENT	24.70
0868	COMPREHENSIVE ED VISIT-DAY-SATURDAY, SUNDAY AND HOLIDAYS	46.60
0869	COMPREHENSIVE ED VISIT-NIGHT-FRIDAY, SATURDAY, SUNDAY AND HOLIDAY	78.20
0870	DETENTION	30.00
0871	INTENSIVE CARE	50.00
0876	DETENTION-SPECIAL CALL	30.00
0880	LIMITED ED VISIT-DAY (MONDAY TO FRIDAY)	23.87
0881	LIMITED ED VISIT-NIGHT (MONDAY TO THURSDAY)	31.03
0886	COMPREHENSIVE ED VISIT-DAY-MONDAY TO FRIDAY	40.52
0887	COMPREHENSIVE ED VISIT-NIGHT-MONDAY TO THURSDAY	52.68
0890	LIMITED ED VISIT-DAY -SATURDAY, SUNDAY AND HOLIDAYS	27.45
0891	LIMITED ED VISIT-NIGHT -SATURDAY, SUNDAY AND HOLIDAYS	46.07
0894	OUT-PATIENT-ADDITIONAL FEE FOR STRICT EMERGENCY	10.50
0910	COMPREHENSIVE OFFICE VISIT	46.05
0911	INITIAL OFFICE VISIT WITH REGIONAL EXAM	21.55
0913	LIMITED OFFICE VISIT	28.00
0921	DAY HOME VISIT - MONDAY TO SUNDAY	47.84
0924	HOME VISIT-ADDITIONAL FAMILY MEMBER	19.87
0925	ADDITIONAL FEE FOR STRICT EMERGENCY	11.55
0930	INITIAL HOSPITAL VISIT	47.73
0933	SUBSEQUENT HOSPITAL VISITS 1st 5 WEEKS	25.54
0934	SUBSEQUENT HOSPITAL VISITS 6-13th WEEK	16.00
0935	SUBSEQUENT HOSPITAL VISITS AFTER 13th WEEK	14.50
0940	RETAINER ORTHOPEDICS Q.E.H.	225.00
0941	CONTINUING CARE	25.54
0942	DIRECTIVE CARE	25.54
0950	PACS TELEPHONE CONSULT	40.00
0960	CONSULTATION-INITIAL	70.00
0962	CONSULTATION-SUBSEQUENT	24.70
0968	COMPREHENSIVE ED VISIT-DAY-SATURDAY, SUNDAY AND HOLIDAYS	46.60
0969	COMPREHENSIVE ED VISIT-NIGHT-FRIDAY, SATURDAY, SUNDAY AND HOLIDAY	78.20
0970	DETENTION	30.00
0971	INTENSIVE CARE	50.00
0976	DETENTION-SPECIAL CALL	30.00
0980	LIMITED ED VISIT-DAY (MONDAY TO FRIDAY)	23.87
0981	LIMITED ED VISIT-NIGHT (MONDAY TO THURSDAY)	31.03
0986	COMPREHENSIVE ED VISIT-DAY-MONDAY TO FRIDAY	40.52
0987	COMPREHENSIVE ED VISIT-NIGHT-MONDAY TO THURSDAY	52.68
0990	LIMITED ED VISIT-DAY -SATURDAY, SUNDAY AND HOLIDAYS	27.45
0991	LIMITED ED VISIT-NIGHT -SATURDAY, SUNDAY AND HOLIDAYS	46.07
0994	OUT-PATIENT-ADDITIONAL FEE STRICT EMERGENCY	10.50
1010	COMPREHENSIVE OFFICE VISIT	46.05
1011	INITIAL OFFICE VISIT WITH REGIONAL EXAM	21.55
1013	LIMITED OFFICE VISIT	28.00
1021	DAY HOME VISIT	47.84
1024	HOME VISIT-ADDITIONAL FAMILY MEMBER	19.87
1025	ADDITIONAL FEE FOR STRICT EMERGENCY	11.55
1030	INITIAL HOSPITAL VISIT	47.73
1033	SUBSEQUENT HOSPITAL VISITS 1st 5 WEEKS	25.54
1034	SUBSEQUENT HOSPITAL VISITS 6-13th WEEK	16.00

Fee Code	Description	Amount
1035	SUBSEQUENT HOSPITAL VISITS AFTER 13th WEEK	14.50
1040	RETAINER ENT PROVINCIAL	225.00
1041	CONTINUING CARE	25.54
1042	DIRECTIVE CARE	25.54
1060	CONSULTATION-INITIAL	70.00
1062	CONSULTATION-SUBSEQUENT	24.70
1068	COMPREHENSIVE ED VISIT-DAY-SATURDAY, SUNDAY AND HOLIDAYS	46.60
1069	COMPREHENSIVE ED VISIT-NIGHT-FRIDAY, SATURDAY, SUNDAY AND HOLIDAY	78.20
1070	DETENTION	30.00
1071	INTENSIVE CARE	50.00
1076	DETENTION-SPECIAL CALL	30.00
1080	LIMITED ED VISIT-DAY (MONDAY TO FRIDAY)	23.87
1081	LIMITED ED VISIT-NIGHT (MONDAY TO THURSDAY)	31.03
1086	COMPREHENSIVE ED VISIT-DAY-MONDAY TO FRIDAY	40.52
1087	COMPREHENSIVE ED VISIT-NIGHT-MONDAY TO THURSDAY	52.68
1090	LIMITED ED VISIT-DAY -SATURDAY, SUNDAY AND HOLIDAYS	27.45
1091	LIMITED ED VISIT-NIGHT -SATURDAY, SUNDAY AND HOLIDAYS	46.07
1094	OUT-PATIENT-ADDITIONAL FEE FOR STRICT EMERGENCY	10.50
1095	INPEDENCE AUDIOMETRY	21.22
1099	MICRODEBRIDEMENT	25.60
1110	INITIAL OFFICE VISIT WITH COMPLETE EXAM	54.00
1111	INITIAL OFFICE VISIT WITH REGIONAL EXAM	21.55
1112	SUBSEQUENT OFFICE VISIT WITH COMPLETE	29.50
1113	LIMITED OFFICE VISIT	28.00
1115	WELL BABY CARE	20.50
1121	DAY HOME VISIT	47.84
1124	HOME VISIT-ADDITIONAL FAMILY MEMBER	19.87
1125	ADDITIONAL FEE FOR STRICT EMERGENCY	11.55
1130	INITIAL HOSPITAL VISIT DAY	54.00
1133	SUBSEQUENT HOSPITAL VISITS 1st 5 WEEKS	25.54
1134	SUBSEQUENT HOSPITAL VISITS 6-13th WEEK	16.00
1135	SUBSEQUENT HOSPITAL VISITS AFTER 13th WEEK	14.50
1136	ATTENDANCE AT MATERNAL DELIVERY	84.60
1137	PREMATURE CARE - INITIAL VISIT	75.75
1138	PREMATURE CARE-SUB UP TO 3 WEEKS	64.45
1139	PREMATURE CARE-SUB AFTER 3 WEEKS	32.45
1140	RETAINER PEDIATRICS Q.E.H.	225.00
1141	CONTINUING CARE	25.54
1142	DIRECTIVE CARE	25.54
1145	NEONATAL I.C.U.(1st DAY) LEVEL A	307.95
1146	NEONATAL I.C.U.(2nd-10th DAY INC)A	153.00
1147	NEONATAL I.C.U.(11th DAY ONWARDS)LEVEL A	75.90
1148	NEONATAL I.C.U.(1st DAY) LEVEL B	198.70
1149	NEONATAL I.C.U.(2nd DAY ONWARDS) LEVEL B	56.15
1150	NEONATAL I.C.U.(1st DAY) LEVEL C	133.20
1151	NEONATAL I.C.U.(2nd DAY ONWARDS) LEVEL C	27.95
1154	PEID CONSULT ICU 1st DAY	220.00
1155	PEID INTENSIVE CARE 1st DAY	120.00
1156	PEID INTENSIVE CARE 2nd TO 5th DAY	54.00
1157	PEID INTENSIVE CARE 6th TO 30th DAY	27.20
1160	CONSULTATION-INITIAL	120.00
1162	CONSULTATION-SUBSEQUENT	53.95
1163	CONSULTATION-COMPLETE RE-EXAM	29.50
1168	COMPREHENSIVE ED VISIT-DAY-SATURDAY, SUNDAY AND HOLIDAYS	46.60
1169	COMPREHENSIVE ED VISIT-NIGHT-FRIDAY, SATURDAY, SUNDAY AND HOLIDAY	78.20
1170	DETENTION	30.00
1176	DETENTION-SPECIAL CALL	30.00
1179	INTENSIVE CARE	21.55

Fee Code	Description	Amount
1180	LIMITED ED VISIT-DAY (MONDAY TO FRIDAY)	23.87
1181	LIMITED ED VISIT-NIGHT (MONDAY TO THURSDAY)	31.03
1182	ILL NEWBORN-INITIAL HOSPITAL VISIT	54.00
1183	ILL NEWBORN-SUBSEQUENT VISITS 1st 5 WEEKS	11.55
1184	ILL NEWBORN-SUBSEQUENT VISITS 6-13 WEEK	10.50
1185	ILL NEWBORN AFTER 13th WEEK	14.50
1186	COMPREHENSIVE ED VISIT-DAY-MONDAY TO FRIDAY	40.52
1187	COMPREHENSIVE ED VISIT-NIGHT-MONDAY TO THURSDAY	52.68
1190	LIMITED ED VISIT-DAY -SATURDAY, SUNDAY AND HOLIDAYS	27.45
1191	LIMITED ED VISIT-NIGHT -SATURDAY, SUNDAY AND HOLIDAYS	46.07
1194	ADDITIONAL FEE FOR STRICT EMERGENCY	10.50
1210	INITIAL OFFICE VISIT WITH COMPLETE EXAM	54.00
1213	LIMITED OFFICE VISIT	28.00
1221	DAY HOME VISIT - MONDAY TO FRIDAY	47.84
1224	HOME VISIT-ADDITIONAL FAMILY MEMBER	19.87
1225	ADDITIONAL FEE FOR STRICT EMERGENCY	11.50
1230	INITIAL HOSPITAL VISIT	54.00
1233	SUBSEQUENT HOSPITAL VISITS 1st 5 WEEKS	25.54
1234	SUBSEQUENT VISIT - 6-13th WEEK	16.00
1235	SUBSEQUENT VISITS AFTER 13th WEEK	14.40
1241	CONTINUING CARE	25.54
1242	DIRECTIVE CARE	25.54
1260	CONSULTATION-INITIAL	150.00
1262	CONSULTATION-SUBSEQUENT	53.95
1263	CONSULTATION-COMPLETE RE-EXAM	29.50
1264	SESSIONAL SUPPORT	125.00
1265	PSYCHIATRY EXTRA WEEKEND SESSIONAL	900.00
1268	COMPREHENSIVE ED VISIT-DAY-SATURDAY, SUNDAY AND HOLIDAYS	46.60
1269	COMPREHENSIVE ED VISIT-NIGHT-FRIDAY, SATURDAY, SUNDAY AND HOLIDAY	78.20
1270	DETENTION	30.00
1276	DETENTION-SPECIAL CALL	30.00
1280	LIMITED ED VISIT-DAY (MONDAY TO FRIDAY)	23.87
1281	OUT-PATIENT NIGHT VISIT (MONDAY - THURSDAY) 6:00 P.M.-8:00 A.M.	31.03
1286	COMPREHENSIVE ED VISIT-DAY-MONDAY TO FRIDAY	40.52
1287	COMPREHENSIVE ED VISIT-NIGHT-MONDAY TO THURSDAY	52.68
1290	LIMITED ED VISIT-DAY -SATURDAY, SUNDAY AND HOLIDAYS	27.45
1291	LIMITED ED VISIT-NIGHT -SATURDAY, SUNDAY AND HOLIDAYS	46.07
1294	ADDITIONAL FEE FOR STRICT EMERGENCY	10.50
1310	COMPREHENSIVE OFFICE VISIT	46.05
1311	INITIAL OFFICE VISIT WITH REGIONAL EXAM	21.55
1313	LIMITED OFFICE VISIT	28.00
1321	DAY HOME VISIT - MONDAY TO SUNDAY	47.84
1324	HOME VISIT-ADDITIONAL FAMILY MEMBER	19.87
1325	ADDITIONAL FEE FOR STRICT EMERGENCY	11.55
1330	INITIAL HOSPITAL VISIT	47.73
1333	SUBSEQUENT HOSPITAL VISITS 1st 5 WEEKS	25.54
1334	SUBSEQUENT HOSPITAL VISITS 6-13 WEEKS	16.00
1335	SUBSEQUENT HOSPITAL VISITS AFTER 13th WEEK	14.50
1340	RETAINER UROLOGY Q.E.H.	225.00
1341	CONTINUING CARE	25.54
1342	DIRECTIVE CARE	25.54
1360	CONSULTATION-INITIAL	70.00
1362	CONSULTATION-SUBSEQUENT	24.70
1368	COMPREHENSIVE ED VISIT-DAY-SATURDAY, SUNDAY AND HOLIDAYS	46.60
1369	COMPREHENSIVE ED VISIT-NIGHT-FRIDAY, SATURDAY, SUNDAY AND HOLIDAY	78.20
1370	DETENTION	30.00
1371	INTENSIVE CARE	50.00
1376	DETENTION-SPECIAL CALL	30.00

Fee Code	Description	Amount
1380	LIMITED ED VISIT-DAY (MONDAY TO FRIDAY)	23.87
1381	LIMITED ED VISIT-NIGHT (MONDAY TO THURSDAY)	31.03
1386	COMPREHENSIVE ED VISIT-DAY-MONDAY TO FRIDAY	40.52
1387	COMPREHENSIVE ED VISIT-NIGHT-MONDAY TO THURSDAY	52.68
1390	LIMITED ED VISIT-DAY -SATURDAY, SUNDAY AND HOLIDAYS	27.45
1391	LIMITED ED VISIT-NIGHT -SATURDAY, SUNDAY AND HOLIDAYS	46.07
1394	OUT-PATIENT ADDITIONAL FEE FOR STRICT EMERGENCY	10.50
1540	RETAINER RADIOLOGY QEH	225.00
1610	INITIAL OFFICE VISIT WITH COMPLETE EXAM	54.00
1611	INITIAL OFFICE VISIT WITH REGIONAL EXAM	29.50
1613	LIMITED OFFICE VISIT	28.00
1621	DAY HOME VISIT	47.84
1624	HOME VISIT-ADDITIONAL FAMILY MEMBERS	19.87
1625	ADDITIONAL FEE FOR STRICT EMERGENCY	11.55
1630	INITIAL HOSPITAL VISIT	54.00
1633	SUBSEQUENT HOSPITAL VISIT-1st 5 WEEKS	25.54
1634	SUBSEQUENT HOSPITAL VISIT 6-13th WEEK	16.00
1635	SUBSEQUENT HOSPITAL VISIT - AFTER 13th WEEK	14.50
1641	CONTINUING CARE	25.54
1642	DIRECTIVE CARE	25.54
1660	CONSULTATION-INITIAL	120.00
1662	CONSULTATION-SUBSEQUENT	53.95
1663	CONSULTATION-COMPLETE RE-EXAM	29.50
1668	COMPREHENSIVE ED VISIT-DAY-SATURDAY, SUNDAY AND HOLIDAYS	46.60
1669	COMPREHENSIVE ED VISIT-NIGHT-FRIDAY, SATURDAY, SUNDAY AND HOLIDAY	78.20
1670	DETENTION	30.00
1671	INTENSIVE CARE	50.00
1676	DETENTION-SPECIAL CALL	30.00
1680	LIMITED ED VISIT-DAY (MONDAY TO FRIDAY)	23.87
1681	LIMITED ED VISIT-NIGHT (MONDAY TO THURSDAY)	31.03
1686	COMPREHENSIVE ED VISIT-DAY-MONDAY TO FRIDAY	40.52
1687	COMPREHENSIVE ED VISIT-NIGHT-MONDAY TO THURSDAY	52.68
1690	LIMITED ED VISIT-DAY -SATURDAY, SUNDAY AND HOLIDAYS	27.45
1691	LIMITED ED VISIT-NIGHT -SATURDAY, SUNDAY AND HOLIDAYS	46.07
1694	OUT-PATIENT ADDITIONAL FEE FOR STRICT EMERGENCY	10.50
1713	ONCOLOGY-RETURN VISIT	19.35
1715	ONCOLOGY-TREATMENT PLANNING	36.50
1716	ONCOLOGY-SUPERFICIAL THERAPY	6.85
1717	ONCOLOGY-DEEP THERAPY	9.40
1718	RADIUM MOULD	16.50
1719	ONCOLOGY-OPHTHALMIC DEVICE	8.40
1720	TREATMENT PLANNING FOR NON MALIGNANT CONDITION	22.75
1725	ONCOLOGY BIOPSY (INTERSTITIAL THERAPY)	182.60
1730	RADIUM INSERTION	157.70
1731	RADIUM PROVISION-OPERATING ROOM	91.35
1735	RADIOISOTOPE THERAPY-CARCINOMA OF THYROID	74.65
1736	TREATMENT OF HYPERTHYROIDISM	54.90
1737	TREATMENT OF POLYCYTHEMIA VERA	44.75
1760	CONSULTATION (MAJOR MALIGNANCY)	70.00
1761	CONSULTATION (MINOR MALIGNANCY)	28.15
1762	REPEAT CONSULTATION	19.70
1960	CONSULTATION	84.65
2000	CERUMEN REMOVAL	5.70
2001	PELVIC EXAM	6.00
2002	URINALYSIS	3.75
2003	PARTIAL EXAMINATION	2.05
2004	HAEMAGLOBIN	3.75
2005	OCCULT BLOOD IN STOOL	2.05

Fee Code	Description	Amount
2006	NASAL SMEAR FOR EOSINOPHILS	3.75
2007	PROCTOSCOPIC EXAM	5.70
2008	PAP SMEAR WITH OR WITHOUT PELVIC EXAM	6.00
2009	INJECTION OTHER THAN ALLERGY	6.50
2010	CHANGE OF DRESSING	6.40
2015	CRYOPRECIPITATE	19.80
2018	PAP SCREENING CLINIC	0.00
2048	COMPREHENSIVE PALLIATIVE CARE CONSULTATION-SPECIALIST	120.00
2050	ASPIRATION OF LYMPH NODE IN NECK	22.75
2067	REPEAT PALLIATIVE CARE CONSULT-SPECIALIST	60.00
2100	OCCIPITAL NERVE BLOCK-LOCAL ANESTHETIC +/- STEROID	29.65
2101	TRIGGER POINT INJECTIONS-LOCAL ANESTHETIC-1 OR MORE	15.05
2102	HYPOSENSITIZATION-SUBSEQUENT VISITS	5.95
2106	SUPERVISION OF ANTI-COAGULENT THERAPY	9.80
2107	ASPIRATION-BLADDER	15.05
2108	ASPIRATION-BREAST CYST	15.05
2109	ASPIRATION-BURSA	15.05
2110	ASPIRATION-CISTERNA MAGNA	22.55
2111	ASPIRATION-DUODENUM	37.50
2112	ASPIRATION-ESOPHAGUS/STOMACH	15.05
2113	ASPIRATION-HYDROCELE	15.05
2114	ASPIRATION-JOINT	15.05
2115	LUMBAR PUNCTURE	40.00
2116	PERICARDIOCENTESIS	105.25
2117	SUBDURAL TAP	29.65
2118	SUBDURAL PUNCTURE-EACH ADDITIONAL	9.80
2119	ASPIRATION-THYROID CYST	15.05
2122	B.C.G. VACCINATION	9.80
2123	BLOOD TRANSFUSION	19.80
2124	CARDIOVERSION	94.10
2125	SELECTIVE CORONARY ANGIOGRAPHY	247.15
2126	SELECTIVE CORONARY ANGIOGRAPHY OF HEART-RIGHT	148.25
2127	HEPATIC-WEDGE PRESSURE	98.80
2128	HEPATIC-WEDGE PRESSURE OF HEART LEFT	197.70
2129	LEFT VENTRICULAR PUNCTURE	98.80
2130	CATHETERIZATION-EUSTACHIAN TUBE	9.80
2131	CRYOTHERAPY OF CERVIX	41.50
2132	INSERTION OF PERMANENT PERITONEAL DIALYSIS CATHETER	145.20
2135	DIALYSIS TREATED-PERITONEAL DIALYSIS	170.85
2136	DIALYSIS SUCCEEDING PERI DIALYSIS	113.90
2137	DIALYSIS FOR CHRONIC RENAL FAILURE	102.50
2142	ECG INTERPRETATION IN OFFICE	17.10
2143	ECG (HOME)	25.05
2144	HOLTER MONITORING	35.30
2145	ECG-INTERPRETATION ONLY	9.70
2146	EEG INTERPRETATION ONLY	19.80
2147	EEG - INSERTION SUBTEMPORAL NEEDLES	19.80
2148	EEG ACTIVATING DRUGS	19.80
2149	EMG (MAJOR)	74.55
2150	EMG (MINOR)	53.60
2151	ELECTROCONVULSIVE THERAPY	32.60
2152	INSULIN HYPOGLYCEMIA/PITUITARY FUNCTION	56.95
2153	TRH TEST	28.45
2154	GNRH(LHRH) TEST	28.45
2155	CALCIUM AND PENTAGASTRIN	68.35
2156	CALCIUM OR PENTAGASTRIN ALONE	45.55
2157	HCL DRIP TEST (ESOPHAGUS)	29.65
2158	MOTILITY STUDIES (ESOPHAGUS)	69.05

Fee Code	Description	Amount
2159	GASTRO-ESOPHAGEAL TAMPONADE	49.35
2160	EDOR WIRE DILATOR-FLUOROSCOPY CONTROL	59.35
2161	FLUOROSCOPY AND/OR ORTHODIAGRAM	9.80
2162	GASTRIC LAVAGE	19.80
2163	GASTRO-ENTEROLOGY FRACTIONAL TEST-MEAL	29.65
2165	INJECTION-INTRAVENOUS	9.80
2167	ACHALASIA BOTOX INJECTION	60.00
2168	INJECTION MEDICATION-BURSA JOINT,ETC.	21.20
2169	INJECTION HEMORRHOIDS-INITIAL	15.05
2170	INJECTION HEMORRHOIDS SUBSEQUENT	15.05
2171	INJECTION OF PRURITIS ANI	15.05
2172	MYELOGRAM-LUMBAR	69.05
2173	MYELOGRAM-CISTERNAL	79.00
2174	IV ADMINISTRATION OF CHEMOTHERAPY AGENT-PER INJECTION	19.80
2175	BONE MARROW (NEEDLE BIOPSY)	45.58
2176	KIDNEY-NEEDLE BIOPSY	69.05
2177	LIVER-NEEDLE BIOPSY	49.35
2178	PLEURA-NEEDLE BIOPSY	39.65
2180	SYNOVIAL TISSUE-NEEDLE BIOPSY	49.35
2181	PERICARDIUM-NEEDLE BIOPSY	148.25
2182	PROSTATE-NEEDLE BIOPSY	79.00
2183	NERVE BLOCKS-SOMATIC NERVE	29.65
2184	NERVE BLOCKS-ADDITIONAL NERVES,EACH	14.80
2185	NERVE BLOCKS-LUMBAR SYMPATHETIC	69.05
2186	CERVICAL PLEXUS-NERVE BLOCKS	59.35
2187	NERVE BLOCKS-MANDIBULAR	49.35
2188	NERVE BLOCKS-MAXILLARY	49.35
2189	NERVE BLOCKS-BRACHIAL PLEXUS	49.35
2190	NERVE BLOCKS-PRESACRAL	49.35
2191	NERVE BLOCKS-CAUDAL	52.91
2192	NERVE BLOCKS-SCIATIC	49.35
2193	NERVE BLOCKS-OBTURATOR	49.35
2194	NERVE BLOCKS-PUDENAL	39.65
2195	NERVE BLOCKS-SUBARACHNOID	59.35
2196	NERVE BLOCKS-EPIDURAL	63.94
2197	NERVE BLOCKS-COELIAC PLEXUS	69.05
2198	NERVE BLOCKS-GASSERIAN GANGLION	69.05
2199	NERVE BLOCKS-STELLATE GANGLION	69.05
2200	NERVE BLOCKS-SINGLE SOMATIC NERVE	118.60
2201	NERVE BLOCKS-CARDIAC SENSORY NERVE	118.60
2202	NERVE BLOCKS-GASSERIAN GANGLION	118.60
2204	LATERAL FEMORAL CUTANEOUS NERVE	59.35
2205	LUMBAR SYMPATHETIC BLOCK	118.60
2206	MAXILLARY OR MANDIBULAR DIVISION-TRIGEMINAL NERVE	59.35
2207	SPHENO-PALATINE GANGLION	59.35
2208	STELLATE GANGLION	118.60
2209	SUPERIOR LARYNGEAL NERVE	118.60
2210	PARAVERTEBRAL-SINGLE NERVE	59.35
2211	PARAVERTEBRAL-EACH ADDITIONAL NERVE	29.65
2212	PARAVERTEBRAL-NOT TO EXCEED	197.70
2213	PARACENTESIS-THORACIC OR ABDOMINAL ASPIRATION	15.05
2214	THERAPEUTIC ASPIRATION	44.55
2215	ADMINISTRATION OF CHEMOTHERAPY	49.35
2216	PERI-RENAL INSUFFLATION OF AIR	49.35
2217	PHONOCARDIOGRAM	29.65
2218	ROUTINE SURVEY-PULMONARY FUNCTION	45.55
2219	INDIVIDUAL TESTS-MAXIMUM BREATHING CAPACITY	9.80
2220	PULMONARY DIFFUSING CAPACITY	19.80

Fee Code	Description	Amount
2222	INTERPRETATION PRESSURE TRACINGS	9.80
2223	LUNG CAPACITY DETERMINATIONS	19.80
2228	ANNUAL HEALTH EXAM 1-2 YEARS	19.40
2229	ANNUAL HEALTH EXAM 3-16 YEARS	25.05
2230	ANNUAL HEALTH EXAM 17-64 YEARS	31.50
2231	ANNUAL HEALTH EXAM 65 YEARS PLUS	37.20
2232	IV START ON PEDIATRIC PATIENT	40.00
2233	URIC ACID CRYSTALS	5.95
2234	MUCIN CLOT	2.00
2235	SIGMOIDOSOCOPIC	29.65
2236	STERILITY INVESTIGATION-MALE	9.80
2237	BALLOON STRICTURE DILATATION (INCLUDES GASTROSCOPY,SIGMOIDSCOPY OR COLONOSCOPY)	247.00
2238	VENIPUNCTURE	5.95
2239	VENIPUNCTURE INFANT OR CHILD UNDER SIX	15.05
2240	FEMORAL VEIN PUNCTURE	15.05
2241	JUGULAR VEIN PUNCTURE	15.05
2242	SIGMOIDOSOCOPIC-FLEXIBLE	50.00
2243	VACCINATION	15.05
2244	CENTRAL VENOUS PRESSURE	29.65
2245	METACHOLINE CHALLENGE	52.15
2246	CYSTOMETROGRAM	30.00
2247	VITAL CAPACITY AND TIMED UNIT CAPACITY	9.80
2248	ACTH STIMULATION TEST	40.80
2249	SIMPLE PROGRESSIVE EXERCISE TESTS	23.70
2250	EXERCISE IN A STEADY STATE	49.35
2251	EXERCISE IN A STEADY STATE	79.00
2252	INJECTIONS BY CUTDOWN-AGES 0-4 YRS	29.65
2253	INJECTIONS BY SCALP VEIN	19.80
2254	CENTRAL IV LINE INSERTION	57.50
2255	PERITONEAL LAVAGE	41.50
2256	UMBILICAL VESSEL CATHETERIZATION	72.05
2257	ECG-TECHNICAL COMPONENT	7.40
2258	VISUAL FIELDS-GOLDMAN PERIMETER	38.15
2259	ASPIRATION BIOPSY/THYROID	22.75
2260	COLONOSCOPY OF COMPLETE COLON	150.00
2261	SWEAT TEST	31.80
2262	SWAN'S GANZ CATHETER	127.30
2263	NEEDLE BIOPSY-LUNG	70.00
2264	ADDITIONAL INJECTION OF CHEMOTHERAPY	9.85
2265	I.V.PYLEOGRAM IN O.P.D.	31.05
2266	THERAPEUTIC PHLEBOTOMY	19.80
2267	URINE FLOW RATE DETERMINATION	12.00
2268	NEEDLE BIOPSY LUNG	116.20
2269	TENSILON TEST	20.50
2270	DOPPLER SCAN OR B SCAN TECHNICAL COMPONENT	40.65
2271	DOPPLER SCAN OR B SCAN PROFESSIONAL COMPONENT	22.85
2272	FREQUENCY ANALYSIS TECHNICAL COMPONENT	40.65
2273	FREQUENCY ANALYSIS PROFESSIONAL COMPONENT	22.85
2274	FREQUENCY ANALYSIS PLUS SCAN TECHNICAL COMPONENT	61.05
2275	FREQUENCY ANALYSIS PLUS SCAN PROFESSIONAL COMPONENT	34.35
2276	URETHRAL PRESSURE PROFILE OR LEAK PRESSURE TEST	20.00
2277	DOPPLER SCAN OR B SCAN	15.35
2278	ELECTROMYOGRAPHY	20.00
2279	FREQUENCY ANALYSIS	12.70
2280	FREQUENCY ANALYSIS PLUS SCAN TECHNICAL COMPONENT	29.25
2281	FREQUENCY ANALYSIS PLUS SCAN PROFESSIONAL COMPONENT	24.10
2282	VENOUS ASSESSMENT TECHNICAL COMPONENT	6.40
2283	VENOUS ASSESSMENT PROFESSIONAL COMPONENT	10.20

Fee Code	Description	Amount
2284	PRESSURE/FLOW STUDY	20.00
2285	ANKLE PRESSURE DETERMINATION	8.35
2286	ANKLE PRESSURE MEASURE/DOPPLER RECORD TECHNICAL COMPONENT	19.20
2287	ANKLE PRESSURE MEASURE/DOPPLER RECORD PROFESSIONAL COMPONENT	22.85
2288	ANKLE PRESSURE/EXERCISE-HYPEREMIA TECHNICAL COMPONENT	7.05
2289	ANKLE PRESSURE/EXERCISE-HYPEREMIA PROFESSIONAL COMPONENT	10.85
2290	VIDEOURODYNAMIC ASSESSMENT	20.00
2291	PENILE PRESSURE RECORD-TWO OR MORE	7.60
2292	PERI-URETHRAL COLLAGEN INJECTION (INCLUDES CYSTOSCOPY)	150.00
2293	STRAIN GAUGE PLETHYSMOGRAPHY	5.70
2294	PERIORBITAL STUDIES BY DOPPLER TECHNICAL COMPONENT	12.70
2295	PERIORBITAL STUDIES BY DOPPLER PROFESSIONAL COMPONENT	13.95
2296	VENOUS REFILLING TIME TECHNICAL COMPONENT	11.55
2297	VENOUS REFILLING TIME PROFESSIONAL COMPONENT	5.70
2298	RESPIRATORY REFLEX TECHNICAL COMPONENT	11.55
2299	RESPIRATORY REFLEX PROFESSIONAL COMPONENT	5.70
2300	ULTRASOUND ASSESSEMENT OF CEREBRAL CIRCULATION	44.45
2301	ULTRASOUND ASSESSMENT-PLUS PERIORBITAL FLOW	44.45
2303	STROMAL PUNCTURE CORNEAL EROSION-ANTERIOR	53.35
2304	THERAPEUTIC 7th NERVE BLOCK-UNILATERAL	42.00
2305	THERAPEUTIC 7th NERVE BLOCK-BILATERAL	63.05
2306	INTRAVITREOL INJECTION OF EYE	74.05
2307	INTRATHECAL EPI-MORPH INJECTION	57.50
2308	ANNUAL DIABETIC RETINOPATHY	10.50
2309	AMBULATORY 24 HOUR ESOPHEGAL PH MONITORING	30.80
2310	COLONOSCOPY OF DESCENDING COLON	50.00
2320	COLONOSCOPY OF DESCENDING AND TRANSVERSE COLON	100.00
2349	ALLERGY TEST TECHNICAL COMPONENT	0.65
2359	ALLERGY TEST PROFESSIONAL COMPONENT	0.15
2360	REMOVAL POLYP/COLONOSCOPIC EXAM	80.10
2370	REPEAT BALLOON STRICTURE DILATATION WITHIN 30 DAYS WITH GASTROSCOPY	194.68
2371	REPEAT BALLOON STRICTURE DILATATION WITHIN 30 DAYS WITH SIGMOIDOSCOPY	148.50
2372	REPEAT BALLOON STRICTURE DILATATION WITHIN 30 DAYS WITH COLONOSCOPY OF DES	148.50
2373	REPEAT BALLOON STRICTURE DILATAION WITHIN 30 DAYS WITH COLONOSCOPY DESCEN	173.50
2374	REPEAT BALLOON STRICTURE DILATLATION WITHIN 30 DAYS WITH COLONOSCOPY COMI	198.50
2400	ARTERIAL PUNCTURE FOR BLOOD GASES	16.50
2408	VISUAL FIELD INTERPRETATION	15.00
2410	INTRAVENOUS IRON INFUSION-TOTAL CARE	50.00
2501	PSYCHOTHERAPY-GENERAL PRACTITIONER	30.00
2502	GROUP PSYCHOTHERAPY-GENERAL PRACTITIONER	21.90
2503	PSYCHOTHERAPY BY A GP -IN HOSPITAL	30.00
2504	PSYCHOTHERAPY-PSYCHIATRIST	41.00
2505	HEALTH PROMOTION COUNSELLING	30.00
2507	CASE MANAGEMENT PER 15 MINUTES	30.00
2508	MENTAL HEALTH CRISIS CARE-GP-PER 15 MINUTES	30.00
2520	EPIDURAL SPINAL BLOCK	54.25
2521	EPIDURAL SPINAL BLOCK (CONTINUOUS)	108.70
2523	EPIDURAL SPINAL BLOCK MAXIMUM ONE PER DAY	65.20
2524	EPIDURAL INJECTION SCLEROSING SOL.	130.25
2525	CATHETER FOR ANALGESIA/FIRST DOSE	307.00
2530	IV GUANETHIDINE BLOCK	70.00
2531	CERVICAL EPIDURAL	85.00
2532	THORACIC EPIDURAL	85.00
2533	FACET JOINT INJECTION	41.75
2534	PATIENT CONTROLLED ANALGESIA-MAINTENANCE	22.00
2540	AUDIOMETRY-TUNING FORK AND SPEECH TEST	37.36
2541	VESTIBULAR FUNCTION TESTS	21.55
2549	MODIFIED SLEEP STUDY	40.00

Fee Code	Description	Amount
2550	ADMINISTRATION OF CHEMOTHERAPY IN OMAVA RESERVOIR	36.40
2551	INTRATHECAL CHEMOTHERAPY INCLUDING LUMBAR PUNCTURE	58.20
2552	ADMINISTRATION OF SELEROSING MATERIAL VIA CHEST TUBE	18.20
2560	FIRST REPLACEMENT TRANSFUSION	270.25
2561	SUBSEQUENT TRANSFUSION	270.25
2580	MEMBER OF GROUP PSYCHOTHERAPY (G P)	0.00
2581	MEMBER OF GROUP PSYCHOTHERAPY (SP)	
2582	MEMBER OF SESSIONAL SERVICE	
2586	DIAGNOSTIC/THERAPEUTIC INTERVIEW-RELATIVES	41.00
2587	GROUP PSYCHOTHERAPY	36.00
2588	DIAGNOSTIC/THERAPEUTIC INTERVIEW	30.00
2589	PHOTOTHERAPY	5.70
2590	PRENATAL PSYCHOSOCIAL ASSESSMENT	30.00
2600	RADIATION THERAPY	0.00
2700	CYSTOGRAM	32.45
2701	ARTHROGRAM	32.45
2702	BRONCHOGRAM	43.20
2705	SIALOGRAM	43.20
2706	HYSTEROSALPINGOGRAM	64.90
2708	PERCUTANEOUS TRANSHEP CHOLANGIOGRAM	75.75
2709	LYMPHOGRAM	108.15
2800	ADMISSION EXAM TO AN ALCOHOL OR MENTAL FACILITY	32.45
2801	VIDEO CONFERENCING	0.00
2807	CASE MANAGEMENT-GERIATRIC MEDICINE	0.00
2821	HOME VISIT-GERIATRIC MEDICINE	0.00
2860	CONSULTATION-GERIATRIC MEDICINE	0.00
2862	REPEAT CONSULTATION WITHIN 30 DAYS-GERIATRIC MEDICINE	0.00
2863	FOLLOW UP VISIT-GERIATRIC MEDICINE	0.00
2870	DETENTION-GERIATRIC MEDICINE	
2880	COMPENTENCY ASSESSMENT-GERIATRIC MEDICINE	0.00
2886	DIAGNOSTIC AND THEREPUTIC INTERVIEW(PATIENT MAY OR MAY NOT BE PRESENT)-GER	0.00
3000	ABSCESS-LOCAL ANAESTHETIC	21.55
3001	ABSCESS-GENERAL ANAESTHETIC	43.20
3002	CARBUNCLE-COMPLETE CARE	86.45
3003	PERIANAL OR PILONIDAL-LOCAL	25.95
3004	PERIANAL OR PILONIDAL-GEN ANAES	64.90
3005	ISCHIORECTAL-SIMPLE INCISION WITH LOCAL ANAESTHETIC	25.95
3006	UNROOFING-COMPLETE CARE	129.75
3007	PALMAR AND PLANTAR SPACE INFECTIONS	129.75
3008	HAEMATOMA-LOCAL	21.55
3009	HAEMATOMA-GENERAL ANAESTHETIC	43.20
3010	TONGUE TIE-LOCAL	13.25
3011	TONGUE TIE-GENERAL	43.20
3012	REMOVAL OF FOREIGN BODY OR FIBROMA	25.95
3013	REMOVAL OF FOREIGN BODY-GENERAL ANAESTHETIC	
3030	BIOPSY	41.05
3031	CARCINOMA OF SKIN	75.75
3032	CARCINOMA-COMPLICATED	
3033	CYST-PILONIDAL	205.80
3034	CYST-SEBACEOUS (FACE OR NECK)	41.05
3035	CYST-SEBACEOUS (OTHER AREAS)	32.45
3036	REMOVAL OF FINGER OR TOE NAIL	30.85
3037	RESECTION OF NAIL-BED AND MATRIX	43.20
3038	RADICAL REMOVAL OF NAIL	108.15
3039	LIPOMA-SIMPLE (LOCAL)	43.20
3040	LIPOMA-COMPLICATED	
3041	NEUROMA-SIMPLE	43.20
3042	BENIGN SKIN LESION-INITAL CRYOTHERAPY	24.75

Fee Code	Description	Amount
3043	BENIGN SKIN LESION-SUBSEQUENT CRYOTHERAPY	10.90
3044	WARTS-CURETTAGE OR ELECTROCAUTERY	24.70
3045	WARTS-SIMPLE EXCISION	30.85
3046	PLANTAR WART-CURETTAGE	24.70
3047	PLANTAR WART-SURGICAL EXCISION	54.00
3049	IMPLANTATION OF HORMONE PELLETS	32.45
3050	SUTURE-SIMPLE WOUNDS OR LACERATIONS	32.45
3051	SUTURE-COMPLICATED LACERATIONS	
3052	EXTENSIVE BURNS (REPAIR)	
3053	SKIN GRAFT-SMALL	154.35
3054	SKIN GRAFT-EYE BROW,LID,EAR,NOSE	257.20
3055	SKIN GRAFT-LARGE	378.35
3056	CROSS FINGER FLAP	257.20
3057	CROSS LEG FLAP	463.05
3058	INDIRECT SKIN GRAFT-MAJOR	324.40
3059	INDIRECT SKIN GRAFT-MINOR	162.25
3060	LONGER STAGE WITH SKIN GRAFT	324.40
3061	DELAY OF TUBE OR PEDICLE	75.75
3062	FULL GRAFTS-EYELID, NOSE,LIPS	257.20
3063	FULL GRAFTS-FINGER TIP	108.15
3064	FULL GRAFTS-VOLAR PALM	162.25
3065	FULL GRAFTS-ISLAND GRAFT	432.55
3066	SPLIT THICKNESS GRAFT-MINOR	75.75
3067	SPLIT THICKNESS GRAFTS-MINOR TO MEDIUM	162.25
3068	SPLIT SKIN GRAFTS-INTERMEDIATE AREA	257.20
3069	SPLIT THICKNESS GRAFTS-MAJOR GRAFT	378.35
3070	DRAINAGE OF INTRAMAMMARY ABSCESS	86.45
3071	REPEAT INCISION	86.45
3072	AUGUMENT PROSTHESIS UNILATERAL	262.15
3073	EXCISIONAL BIOPSY	129.75
3074	MASTECTOMY-SIMPLE	259.40
3075	MASTECTOMY-RADICAL	514.60
3076	MASTECTOMY-RADICAL WITH SKIN GRAFT	566.10
3077	MASTECTOMY-MALE,SIMPLE	129.75
3078	MASTECTOMY-PARTIAL OR RESECTION	129.75
3079	REMOVAL OF BREAST PROSTHESIS	75.75
3080	SURGICAL PLANING-FACE	216.10
3081	SINGLE AREA-SURGICAL PLANING	75.75
3082	MAMMOPLASTY-UNILATERAL	420.00
3083	AUGMENTATION PROSTHESIS-BILATERAL	432.55
3084	SEGMENTAL MASTECTOMY	514.60
3085	BIOPSY-NEEDLE BREAST	50.95
3086	LUMPECTOMY	247.00
3087	CRYOTHERAPY-FACE/NECK SINGLE LESION	72.80
3088	CRYOTHERAPY-FACE/NECK 2 LESIONS	119.65
3089	CRYOTHERAPY-FACE/NECK 3 OR MORE LESIONS	227.60
3090	CRYOTHERAPY-OTHER AREAS 1 LESION	58.05
3091	CRYOTHERAPY-OTHER AREAS 2 LESIONS	95.75
3092	CRYOTHERAPY-OTHER AREAS 3 OR MORE LEISONS	191.25
3093	INSERTION OF BREAST TISSUE EXPANDER	205.00
3094	REMOVAL OF BREAST TISSUE EXPANDER-GENERAL ANESTHETIC	73.80
3095	REMOVAL OF BREAST TISSUE EXPANDER-LOCAL ANESTHETIC	36.90
3096	PERCUTANEOUS INFLATION OF TISSUE EXPANDERS-PER VISIT	22.60
3098	REMOVAL OF BREAST PROTHESIS WITH CAPSULOTOMY	100.00
3099	REMOVAL OF BREAST PROTHESIS WITH CAPSULECTOMY	175.00
3100	CORRECTIVE SPLINTS FINGER	21.55
3101	ARM OR LEG	32.45
3102	SHOULDER SPICA	54.00

Fee Code	Description	Amount
3103	HEAD AND TORSO	108.15
3104	BODY CAST (TORSO)	86.45
3105	HIP SPICA, SINGLE	75.75
3106	REMOVAL OF PLASTER	32.45
3107	UNNA BOOT	21.55
3108	CORRECTIVE SPLINTS-HAND AND WRIST	32.45
3109	CORRECTIVE SPLINTS-ELBOW	32.45
3110	SHOULDER	43.20
3111	CORRECTIVE SPLINTS-WHOLE LEG	43.20
3112	CORRECTIVE SPLINTS-BELOW KNEE	32.45
3113	CORRECTIVE SPLINTS-NECK	32.45
3114	CORRECTIVE SPLINTS-BODY CAST	86.45
3150	PHALANX	54.00
3151	METACARPAL OR METATRSAL	108.15
3152	CARPUS OR TARSUS	108.15
3153	HUMERUS-INCISION AND DRAINAGE	162.25
3154	HUMERUS-SAUCERIZATION	270.25
3155	HUMERUS-SECONDARY CLOSURE	162.25
3156	HUMERUS-SEQUESTRECTOMY,SIMPLE	162.25
3157	HUMERUS-SAUCERIZATION AND BONE CHIPS	324.40
3158	HUMERUS (CHRONIC)-SECONDARY CLOSURE	162.25
3159	RADIUS OR ULNA (ACUTE-INCISION AND DRAINAGE)	162.25
3160	RADIUS OR ULNA(ACUTE)-SAUCERIZATION	270.25
3161	RADIUS/ULNA (ACUTE-SECONDARY CLOSURE)	162.25
3162	RADIUS/ULNA(CHRONIC)-SEQUESTRECTOMY,SIMPLE	162.25
3163	RADIUS/ULNA(CHRONIC)-SAUCERIZATION AND BONE CHPS	324.40
3164	RADIUS/ULNA(CHRONIC)-SECONDARY CLOSURE	162.25
3165	TIBIA(ACUTE)-INCISION AND DRAINAGE	162.25
3167	TIBIA(CHRONIC)-SEQUESTRECTOMY,SIMPLE	216.10
3168	TIBIA(CHRONIC)-SAUCERIZATION AND BONE CHIPS WHERE NECESSARY	324.40
3169	TIBIA(CHRONIC)-SECONDARY CLOSURE	162.25
3170	FEMUR(ACUTE)-INCISION AND DRAINAGE	216.10
3171	FEMUS (ACUTE)-SAUCERIZATION	378.35
3172	FEMUR(CHRONIC)-SEQUESTRECTOMY-SIMPLE	216.10
3173	FEMUR(CHRONIC)-SAUCERIZATION AND BONE CHIPS WHERE NECESSARY	378.35
3174	FEMUR(CHRONIC)-SECONDARY CLOSURE	162.25
3175	PELVIS-SEQUESTRECTOMY,SIMPLE	270.25
3176	PELVIS-OTHER	
3177	VERTEBRA(ACUTE)-INCISION AND DRAINAGE	216.10
3178	VERTEBRA(ACUTE)-SAUCERIZATION AND BONE CHIPS	432.55
3179	VERTEBRA (ACUTE)-SECONDARY CLOSURE	162.25
3180	VERTEBRA(CHRONIC)-SEQUESTRECTOMY- SIMPLE	216.10
3181	VERTEBRA(CHRONIC)SAUCERIZATION AND/OR BONE GRAFT	378.35
3182	SKULL, OSTEOMYELITIS	
3183	PHALANX, METACARPAL, METATARSAL	162.25
3184	RADIUS, ULNA, FIBULA	270.25
3185	HUMERUS, TIBIA	353.50
3186	FEMUR, NECK OR SHAFT	540.65
3187	SPINE	
3188	INCIS-REMOVAL BONE PLATES-LOCAL	54.00
3189	INCIS-REMOVE BONE PLATES-GENERAL	177.15
3190	BONE TUMOR	
3191	BONE BIOPSY-VERTEBRA,X-RAY CONTROL	216.10
3192	BONE BIOPSY-VERTEBRA,OPEN	308.70
3193	BONE BIOPSY-OPEN, PUNCH, SIMPLE	108.15
3194	BONE BIOP-OTHER,PUNCH,X-RAY CONTROL	162.25
3195	BONE BIOPSY-OTHER,OPEN	162.25
3196	MAXILLA	617.45

Fee Code	Description	Amount
3197	MANDIBLE	411.60
3199	UPPER EXTREMITY-CARPAL BONE(S)	257.15
3200	UPPER EXTREMITY-RADIUS-STYLOID	216.10
3201	UPPER EXTREMITY-RADIUS HEAD	216.10
3202	RADIUS-HEAD WITH REPLACEMENT	324.40
3203	UPPER EXTREMITY,ULNA-LOWER END	205.80
3205	ULNA,OLECRANON AND FACIAL REPAIR	324.40
3206	HUMERUS-HEAD	411.60
3207	HUMERUS-HEAD WITH REPLACEMENT	514.60
3208	HUMERUS-EXOSTOSIS	205.80
3209	HUMERUS-TUMOR SIMPLE EXCISION	270.25
3210	HUMERUS-TUMOR,EXCISION AND BONE GRAFT	432.55
3211	HUMERUS-TUMOR,RECONSTRUCTION	
3212	ACROMION OR OUTER END OF CLAVICLE	216.10
3213	EXCISION-FOOTBONES,PROXIMAL PHALANX	162.25
3214	EXCISION AND REPLACEMENT OF TUMOR OF THE PHALANX	257.20
3215	FOOT BONES,SESAMOID	205.80
3216	BUNION-EXOSTECTOMY UNILATERAL	129.75
3217	BUNION-EXOSTECTOMY BILATERAL	194.55
3218	FOOTBONES-KELLER	257.20
3219	FOOTBONES-SCAPHOID	205.80
3220	FOOTBONES-TARSAL BAR	257.20
3221	FOOTBONES-CALCANEAL SPUR,EXOSTOSIS	162.25
3222	FOOT BONES-OS CALCIS OR TALUS	308.70
3223	FOOTBONES-METATARSAL HEAD	162.25
3224	FOOTBONES-EACH ADDITIONAL	54.00
3225	TIBIA-EXOSTOSIS	216.10
3226	PATELLA,EXCISION-RECONSTRUCTION	308.70
3227	PATELLA,EXCISION-PROSTHESIS	432.55
3228	FEMUR,EXOSTOSIS	216.10
3229	FEMUR,HEAD AND NECK	432.55
3230	TRUNK-CERVICAL RIB,COMPLETE REMOVAL	514.60
3232	LENGHTHENING OF BONE-TIBIA	514.60
3233	LENGHTHENING OF BONE-FEMUR	617.45
3234	SHORTENING BONE-TIBIA,FEMUR,HUMERUS	514.60
3235	SHORTENING OF BONE-METATARSAL(ONE)	257.20
3236	SHORTNING BONE-METATRSL,MORE THAN 1	360.20
3237	EPIPHYSIAL STAPLING-TIBIA	308.70
3238	EPIPHYSIAL STAPLING-FEMUR	324.40
3239	EPIPHYSIAL STAPLING-TIBIA AND FEMUR	463.05
3240	SCOLIOSIS-DEFINITE CARE	1,011.85
3241	SCOLIOSIS-NON OPERATIVE	432.55
3242	RECONSTRUCTION CHEST-PECTUS EXCAVATUM (INFANT)	270.25
3243	RECONSTRUCTION CHEST-PECTUS EXCAVATUM (OTHER THAN INFANT)	540.65
3244	SCAPULOPEXY-CONGENITAL ELEVATION	432.55
3245	SCAPULOPEXY-WINGED SCAPULA	432.55
3246	RECONSTRUCTION OF FOOT-UNILATERAL	308.70
3247	RECONSTRUCTION OF FOOT-BILATERAL	540.65
3248	METACARPOPHALANGEAL JOINT-UNILATRAL	308.70
3249	METACARPOPHALANGEAL JOINT-BILATERAL	486.50
3250	HIP ARTHROPLASTY-RESURFACING	935.55
3251	TOTAL KNEE	664.15
3252	TOTAL ANKLE	664.15
3253	ARTHROPLASTY	162.25
3254	DIAGNOSTIC ARTHROSCPY ALL JOINTS	154.35
3255	CONVERSION OF MOORES PROSTHESIS TO TOTAL HIP	1,010.15
3256	REVISION OF TOTAL HIP	1,010.15
3257	REVISION OF TOTAL KNEE	966.55

Fee Code	Description	Amount
3258	BONE GRAFT (NOT ASS WITH ACUTE FRACTURE	126.05
3259	REMOVAL TOTAL KNEE W/O REPLACEMENT W/INSERTION SPACER	
3300	PHALANX-NO REDUCTION	21.55
3301	PHALANX-CLOSED REDUCTION	75.75
3302	PHALANX-OPEN REDUCTION	162.25
3303	METACARPAL-NO REDUCTION (ONE/MORE)	32.45
3304	METACARPAL-REDUCTION	86.45
3305	METACARPAL-OPEN REDUCTION	205.80
3306	BENNETT'S FRACTURE(DISLOCATION)-NO REDUCTION	54.00
3307	BENNETT'S FRACTURE(DISLOCATION)-REDUCTION	108.15
3308	BENNETT'S FRACTURE-OPEN REDUCTION	216.10
3309	CARPUS-CLOSED REDUCTION,ONE OR MORE	108.15
3310	CARPUS-OPEN REDUCTION,ONE OR MORE	205.80
3311	SCAPHOID-CLOSED REDUCTION	108.15
3312	SCAPHOID-EXCISION	205.80
3313	SCAPHOID-BONE GRAFT OR REPLACEMENT	411.60
3314	RADIUS-CLOSED REDUCTION OF HEAD	39.90
3315	RADIUS-EXCISION OR OPEN REDUCTION OF HEAD	205.80
3316	RADIUS AND ULNA-COLLES-NO REDUCTION-CAST	82.25
3317	RADIUS AND ULNA,COLLES-CLOSED REDUCTION	123.35
3318	RADIUS AND ULNA-COLLES,OPEN REDUCTION	308.70
3319	RADIUS AND ULNA,SHAFTS-NO REDUCTION	82.25
3320	RADIUS AND ULNA,SHAFTS-CLOSED REDUCTION	162.25
3321	RADIUS AND ULNA,SHAFTS-OPEN REDUCTION	378.35
3323	MONTEGGIA-CLOSED REDUCTION	205.80
3324	MONTEGGIA OPEN REDUCTION	360.20
3326	RADIUS OR ULNA-NO REDUCTION,CAST	82.25
3327	RADIUS OR ULNA-CLOSED REDUCTION	162.25
3328	RADIUS OR ULNA-OPEN REDUCTION	257.20
3330	OLECRANON-NO REDUCTION,CAST	86.45
3331	OLECRANON-CLOSED REDUCTION	162.25
3332	OLECRANON-OPEN REDUCTION	257.20
3333	HUMERUS-EPICONDYLE,CLOSED REDUCTION	108.15
3334	HUMERUS-EPICONDYLE,OPEN REDUCTION	257.20
3335	SUPRA OR TRANSCONDYLAR-NO REDUCTION	86.45
3336	SUPRA OR TRANSCONDYLAR-CLOSE REDUCTION	216.10
3337	SUPRA OR TRANSCONDYLAR-OPEN REDUCTION	324.40
3338	SHAFT-NO REDUCTION	108.15
3339	SHAFT-CLOSED REDUCTION	205.80
3340	SHAFT-OPEN REDUCTION	360.20
3342	NECK OR TUBEROSITY-NO REDUCTION	108.15
3343	NECK OR TUBEROSITY-CLOSED REDUCTION	205.80
3344	NECK OR TUBEROSITY-OPEN REDUCTION	378.35
3345	PHALANX-NO REDUCTION	43.20
3346	PHALANX-CLOSED REDUCTION	75.75
3347	PHALANX-OPEN REDUCTION	162.25
3348	METATARSAL-NO REDUCTION,ONE OR MORE	54.00
3349	METATARSAL-CLOSED REDUCTION	86.45
3350	METATARSAL-OPEN REDUCTION	205.80
3351	TARSUS-NO REDUCTION-ONE OR MORE	86.45
3352	TARSUS-CLOSED REDUCTION	162.25
3353	TARSUS-OPEN REDUCTION	308.70
3354	OS CALCIS-NO REDUCTION, NO CAST	86.45
3355	OS CALCIS-NO REDUCTION,CAST	108.15
3356	OS CALCIS-CLOSED REDUCTION	247.00
3357	OS CALCIS-OPEN REDUCTION	308.70
3358	OS CALCIS-OPEN REDUCTION PRIMARY ARTHRODESIS	411.60
3359	ANKLE FRACTURE-NO REDUCTION	86.45

Fee Code	Description	Amount
3360	ANKLE FRACTURE-CLOSED REDUCTION	205.80
3361	ANKLE-OPEN REDUCTION-MEDIAL MALLEOLUS	257.20
3362	ANKLE-OPEN REDUCTION BI OR TRIMALLEOLAR	360.20
3363	TIBIA-NO REDUCTION	140.60
3364	TIBIA-CLOSED REDUCTION	205.80
3365	TIBIA-OPEN REDUCTION	378.35
3367	FIBULA-NO REDUCTION	75.75
3368	FIBULA-CLOSED REDUCTION	108.15
3369	FIBULA-OPEN REDUCTION	216.10
3370	PATELLA-NO REDUCTION	86.45
3371	PATELLA-CLOSED REDUCTION	108.15
3372	PATELLA-OPEN REDUCTION BY SUTURE	308.70
3373	PATELLA-OPEN REDUCTION BY EXCISION	308.70
3374	FEMUR,SHAFT OR TRANS-NO REDUCTION,CAST	162.25
3375	FEMUR,CLOSED REDUCTION-CHILD	270.25
3376	FEMUR,CLOSED REDUCTION-ADULT	378.35
3377	FEMUR-OPEN REDUCTION	432.55
3379	NECK-NO REDUCTION	216.10
3380	NECK-CLOSED REDUCTION	324.40
3381	NECK OPEN REDUCTION,PIN AND/OR PLATE	486.50
3382	NECK-PROSTHESIS	566.10
3383	SPINE-FRACTURE-SPINOUS/TRANSVERSE	108.15
3384	SPINE-CLOSED REDUCTION	257.20
3385	SPINE-SKULL CALIPERS	108.15
3386	SPINE-OPEN REDUCTION	617.45
3387	SPINE-OPEN REDUCTION WITH FUSION	648.50
3388	SPINE-OPEN AND FUSION WITH CORD INJURY	486.50
3389	SKULL CALIPERS	108.15
3390	SPINE-CLOSED REDUCTION UNDER ANAES	514.60
3391	SPINE-OPEN REDUCTION	756.80
3392	SPINE-OPEN REDUCTION WITH FUSION	756.80
3393	SPINE-OPEN REDUCTION AND FUSION-EACH SURGERY	514.60
3394	SPINE-OPEN,DECOMPRESSION OF CORD	720.30
3395	SACRUM-COMPLETE CARE	54.00
3396	COCCYX-NO REDUCTION-COMPLETE CARE	54.00
3397	COCCYX-EXCISION	205.80
3398	CLAVICLE-NO REDUCTION -CHILD	33.00
3399	CLAVICLE-NO REDUCTION-ADULT	64.90
3400	CLAVICLE-CLOSED REDUCTION-CHILD	75.75
3401	CLAVICLE-CLOSED REDUCTION-ADULT	64.90
3402	CLAVICLE-OPEN REDUCTION	216.10
3404	SCAPULA-NO REDUCTION	54.00
3405	SCAPULA-CLOSED REDUCTION	108.15
3406	STERNUM-NO REDUCTION	54.00
3407	STERNUM-CLOSED REDUCTION	108.15
3408	STERNUM-OPEN REDUCTION	216.10
3409	RIBS-UNCOMPLICATED(THREE OR LESS)	32.45
3410	RIBS-EACH ADDITIONAL (OVER 3)	10.85
3411	RIBS-COMPLICATED	
3412	PELVIS-NO REDUCTION	19.35
3413	PELVIS-NO REDUCTION	324.40
3414	PELVIS-OPEN REDUCTION	
3415	NASAL BONES-NO REDUCTION	32.45
3416	NASAL BONES-CLOSED,LOCAL	43.20
3417	NASAL BONES-CLOSED,GENERAL	108.15
3418	NASAL BONES-OPEN	216.10
3419	MANDIBLE-NO REDUCTION	54.00
3420	MANDIBLE-CLOSED REDUCTION	216.10

Fee Code	Description	Amount
3421	MANDIBLE-OPEN	324.40
3423	MAXILLA-REDUCTION BY DIRECTION-FORCEPS	108.15
3424	MAXILLA-OPEN REDUCTION	216.10
3425	MAXILLA-COMPLICATED	
3500	ARTHROTOMY-WRIST,ELBOW,SHOULDER,ANKLE	216.10
3501	ARTHROTOMY-KNEE EXPLORATORY	257.20
3502	MENIS/DEB ICOMPARTMENT	308.70
3503	ARTHROTOMY-HIP EXPLORATORY	411.60
3504	CAPSULECTOMY-ELBOW,WRIST	324.40
3505	CAPSULECTOMY-SHOULDER	432.55
3506	CAPSULECTOMY-HIP	514.60
3507	SYNOVECTOMY 2 OR MORE COMPARTMENTS	432.55
3508	CAPSULECTOMY-FINGERS,TOES	162.25
3509	NEURECTOMY-ELBOW,KNEE	308.70
3510	NEURECTOMY-HIP	378.35
3511	CHONDRECTOMY-TEMPOROMANDIBULAR MENI	257.20
3512	CHONDRECTOMY-KNEE MENISECTOMY	308.70
3513	CHONDRECTOMY-BAKER'S CYST (KNEE)	162.25
3514	EXCISION OF INTERVERTEBRAL DISC	514.60
3515	EXCIS-INTERVERT DISC,BILATERAL MULTPLE	648.50
3516	EXCISION-INTERVERTEBRAL DISC-DORSAL	756.80
3517	EXCISION-INTERVERT DISC,CERVICAL-SINGLE	617.45
3518	CERVICAL,BILATERAL MULTIPLE	720.30
3519	FUSION-ONE SURGEON	756.80
3520	FUSION-TWO SURGEONS	486.50
3521	INTERPHALANGEAL,METACARPOPHALANGEAL	216.10
3522	HAND,RECONSTRUCT-RHEUMATOID JOINTS	514.60
3523	ARTHOPLASTY-WRIST,ANKLE	411.60
3524	ARTHOPLASTY-SHOULDER,ELBOW,KNEE	432.55
3525	ACROMIO OR STERNOCLAVICULAR	270.25
3526	FOOT-HALLUX RIGIDUS	216.10
3528	FOOT-KELLER OPERATION	257.20
3529	HIP-CUP ARTHROPLASTY	648.50
3530	HIP-TOTAL ARTHROPLASTY	702.75
3531	ARTHRODESIS-FINGER,THUMB	216.10
3532	ARTHRODESIS-WRIST,ELBOW,ANKLE	411.60
3533	ARTHRODESIS-SHOULDER,KNEE,SACROILIC	514.60
3534	ARTHRODESIS-HIP	648.50
3535	ARTHRODESIS-FOOT,TOE, ONE JOINT	162.25
3536	ARTHRODESIS-FOOT,TOE,MULTIPLE JOINT	32.45
3537	ARTHRODESIS-FOOT MID-TARSAL	411.60
3538	ARTHRODESIS-FOOT PAN TALER	540.65
3539	ARTHRODESIS-CONGENITAL CLUB FOOT	514.60
3540	SPINAL COLUMN FUSION-ONE OR TWO SPACES	617.45
3541	SPINAL COLUMN.FUSION MORE THAN 2 SPACE	756.80
3542	SYNOVECTOMY 1 COMPARTMENT	308.70
3543	VOSS PROCEDURE	648.50
3544	REDUCTION WITH EXTERNAL PIN FIX	140.60
3545	CHEMONUCLEOLYSIS- INCLUDING PLACEMENT OF NEEDLE AND INJECTION PER DISC	242.25
3546	DISLOCATION OF HEAD OF RADIUS	46.45
3547	MENISECTOMY/DEBRIDEMENT 2 OR MORE COMPARTMENTS	432.55
3548	REDUCTION AND PINNING INTRA-ARTICULAR FRAGMENTS	308.70
3549	MENISCAL REPAIR (MEDIAL OR LATERAL)	308.70
3550	SHOULDER ARTHROPLASTY	656.40
3600	FINGER AND THUMB-CLOSED REDUCTION,ONE	54.00
3601	FINGER AND THUMB-OPEN REDUCTION	162.25
3602	METACARPOPHALANGEAL-CLOSE REDUCTION	54.00
3603	METCARPOPHALANGEAL-OPEN REDUCTION	162.25

Fee Code	Description	Amount
3604	WRIST AND CARPAL BONES-CLOSED REDUCTION	162.25
3605	WRIST AND CARPAL BONES-OPEN REDUCTION	308.70
3606	ELBOW-CLOSED REDUCTION	171.55
3607	ELBOW-OPEN REDUCTION	308.70
3608	SHOULDER-CLOSED REDUCTION	103.00
3609	SHOULDER-OPEN REDUCTION	378.35
3610	SHOULDER-RECURRENT DISLOCATIONS	411.60
3611	ACROMIOCLAVICULAR-CLOSED REDUCTION	64.90
3612	ACROMIOCLAVICULAR-OPEN REDUCTION	270.25
3613	STERNOCLAVICULAR-CLOSED REDUCTION	54.00
3614	STERNOCLAVICULAR-OPEN REDUCTION	216.10
3615	TOE,INTERPHALANGEAL-CLOSED REDUCTION	32.45
3616	TOE,INTERPHALANGEAL-OPEN REDUCTION	162.25
3617	METATARSOPHALANGEAL-CLOSE REDUCTION	54.00
3618	METATARSOPHALANGEAL-OPEN REDUCTION	162.25
3619	TARSAL-CLOSED REDUCTION	108.15
3620	TARSAL-OPEN REDUCTION	270.25
3621	ANKLE-CLOSED REDUCTION	108.15
3622	ANKLE-OPEN REDUCTION	308.70
3623	ANKLE REPAIR-RECURRENT SUBLUXATION	411.60
3624	KNEE-CLOSED REDUCTION	162.25
3625	KNEE-SIMPLE REDUCTION	378.35
3626	PATELLA-CLOSED REDUCTION	75.75
3627	PATELLA-OPEN REDUCTION FOR RECURRENT DISLOCATION	324.40
3628	HIP-CLOSED REDUCTION	162.25
3629	HIP-OPEN REDUCTION	378.35
3630	HIP-CENTRAL DISLOCATION-CLOSED REDUCTION	216.10
3631	HIP-CENTRAL DISLOCATION-OPEN REDUCTION	432.55
3632	HIP-CONGENITAL DISLOCATION-CLOSED UNILATERAL	162.25
3633	HIP-CONGENITAL DISLOCATION-REPEAT MANIPULATION AND PLASTER	75.75
3634	HIP-CONGENITAL DISLOCATION-OSTEOTOMY	432.55
3635	HIP-CONGENITAL DISLOCATION-ACETABULOPLASTY	540.65
3636	SPINE-INTERVERTEBRAL-CLOSED REDUCTION	216.10
3637	SPINE-INTERVERTEBRAL-OPEN REDUCTION	411.60
3638	OPEN REDUCTION-FUSION CERVICAL SPINE	668.90
3639	OPEN REDUCTION-FUSION,THORACIC AND LUMBAR	648.50
3640	SACROCOCCYGEAL-OPEN REDUCTION	216.10
3641	TEMPOROMANDIBULAR-CLOSED REDUCTION	32.45
3642	TEMPOROMANDIBULAR-OPEN REDUCTION	216.10
3643	MANIPULATION OF WRIST,ELBOW,ANKLE	32.45
3644	MANIPULATION OF SHOULDER,KNEE,HIP	54.00
3645	CONGENITAL FOOT DENNIS BROWN SPLINTS	21.55
3646	CONGENITAL FOOT MANIPULATION AND CAST	32.45
3647	KNEE-OPEN REDUCTION-RECONSTRUCT LIGAMENTS	486.50
3648	PATELLA-OPEN REDUCTION-RECONSTRUCT LIGAMENTS	486.50
3701	BURSA-INCISION,REMOVAL OF CALCIUM	216.10
3702	BURSA,EXCISION OLECRANON	162.25
3703	BURSA-EXCISION HUMERO-RADIAL	162.25
3704	BURSA-EXCISION-SUB-ACROMIAL	216.10
3705	BURSA-EXCISION-SUB TROCHANTERIC	257.20
3706	BIOPSY-SUPERFICIAL BURSA	32.45
3707	BIOPSY-DEEP BURSA	75.75
3750	MUSCLES-REMOVAL OF FOREIGN BODY	54.00
3751	MUSCLE-COMPLICATED REMOVAL FOREIGN BODY	
3752	SCALENUS ANTICUS	270.25
3753	STERNOMASTOID	216.10
3754	TENNIS ELBOW	162.25
3755	MUSCLE BIOPSY	54.00

Fee Code	Description	Amount
3756	RESECTION OF MUSCLE	
3757	LOCAL EXCISION OF LESION OF MUSCLE	75.75
3758	MANIPULATION AND INJECTION-TENNIS ELBOW	32.45
3760	QUADRICEPSPLASTY	378.35
3800	EXPLORATION OF TENDON/TENDON SHEATH	129.75
3801	TENOSYNOVITIS,FINGER	129.75
3802	TRIGGER FINGER-RELEASE	129.75
3803	EXPLORATION OF FASCIA	129.75
3804	DRAINAGE OF TENDON SHEATH	129.75
3805	TENOTOMY-TOE,SINGULAR	32.45
3806	TENOTOMY-TOE,MULTIPLE	54.00
3807	TENOTOMY-PLANTAR FASCIA	54.00
3808	TENOTOMY-HIP ADDUCTORS	54.00
3809	TENOTOMY-TENDO ACHILLES	54.00
3810	GANGLION-TENDON SHEATH OR JOINT	108.15
3811	BAKER'S CYST-DEQUERVAINS	259.40
3812	TENDON SHEATH FOR TUBERCULOSIS	324.40
3813	FASCIA FOR DUPUYTREN'S-PARTIAL	216.10
3814	FASCIA FOR DUPUYTREN'S-COMPLETE	378.35
3815	XANTHOMA	108.15
3816	TENOPLASTY-ONE TENDON	216.10
3817	TENOPLASTY-TWO OR MORE TENDONS	270.25
3818	TENDON GRAFT-WRIST OR HAND-SINGLE	411.60
3819	TENDON GRAFT-WRIST/HAND-TWO AND GREATER	514.60
3820	TENDON GRAFT-OTHER LOCATION	324.40
3821	FASCIOTOMY	205.80
3822	DECOMPRESSION CARPAL TUNNEL	205.80
3823	TENDON TRANSPLANT-HAND,FOREARM-SINGLE	216.10
3824	TENDON TRANSPLANT-HAND,FOREARM-MULTIPLE	378.35
3825	SHOULDER-PECTORALIS MINOR	216.10
3826	TENDON TRANS SHOULDER TRAPEZIUS	360.20
3827	TENDON TRANSPLANT-FOOT,ANKLE,SINGLE	216.10
3828	TENDON TRANSPLANT-FOOT,ANKLE-MULTIPLE	378.35
3829	KNEE-TRANSPOSITION OF TENDONS	324.40
3830	FOOT-TENDODESIS	216.10
3831	REPAIR OF MALLET FINGER-CLOSED	54.00
3832	REPAIR OF MALLET FINGER-OPERATIVE	162.25
3833	SUTURE-EXTENSOR TENDON-SINGLE	162.25
3834	SUTURE-EXTENSOR TENDON EACH SUBSEQUENT	54.00
3835	SUTURE-FLEXOR TENDON-SINGLE	216.10
3836	SUTURE-FLEXOR TENDON EACH SUBSEQUENT	108.15
3837	SUTURE-ACHILLES,BICEPS,QUADRICEPS	270.25
3838	FASCIA AND LIGAMENTS-SHOULDER CUFF TEAR	360.20
3839	FASCIA AND LIGAMENTS-SHOULDER-LATE REPAIR	432.55
3840	RECONSTRUCTION OF SHOULDER ACROMIOPLASTY	324.40
3841	ACROMIOCLAVICULAR/STERNOCLAVICULAR	360.20
3842	ELBOW,WRIST,ANKLE-EARLY REPAIR	216.10
3843	ELBOW,WRIST,ANKLE-LATE REPAIR	378.35
3844	KNEE-EARLY REPAIR	324.40
3845	KNEE-LATE REPAIR	432.55
3846	METACARPOPHALANGEAL-EARLY OR LATER	162.25
3847	TENOPLASTY-ACHILLES BICEPS/QUADRICEPS TENDON	257.20
3848	LATERAL/MEDIAL RETNACULAR RELEASE	181.75
3849	EXTENSOR TENDOR-PARTIALLY SEVERED	127.30
3900	AMPUTATION-UP EXTREMITY THROUGH PHALANX	64.90
3901	AMPUTATION THROUGH METACARPAL OR MP JOINT	108.15
3902	AMPUTATION HAND-THROUGH ALL METACARPALS	270.25
3903	AMPUTATION UP EXTREMITY THROUGH RADIUS AND ULNA	324.40

Fee Code	Description	Amount
3904	AMPUTATION UP EXTREMITY THROUGH HUMERUS	324.40
3905	AMPUTATION UPPER EXTREMITY AT SHOULDER	378.35
3906	AMPUTATION UPPER EXTREMITY,FORE QUARTER	514.60
3907	AMPUTATION-LOWER EXTREMITY THROUGH PHALANX	75.75
3908	AMPUTATION THROUGH METATARSAL OR MP JOINT	108.15
3909	AMPUTATION-LOWER-TRANSMETATARSAL	257.20
3910	AMPUTATION-LOWER-SYMES	308.70
3911	AMPUTATION-LOWER-THROUGH TIBIA AND FIBULA	324.40
3912	AMPUTATION-LOWER-AT KNEE	324.40
3913	AMPUTATION-LOWER-THROUGH FEMUR	324.40
3914	AMPUTATION-LOWER-AT HIP	617.45
3915	AMPUTATION-LOWER-HIND QUARTER	756.80
3916	AMPUTATION-LOWER-HEMIPELVECTOMY	756.80
4000	NOSE-NASAL ABSCESS	54.00
4001	NOSE-SEPTAL ABSCESS	86.45
4002	BIOPSY OF SOFT TISSUE	43.20
4003	NASAL POLYPI-UNILATERAL LOCAL	32.45
4004	NASAL POLYPI-UNILATERAL GENERAL	54.00
4005	NASAL POLYPI-BILATERAL LOCAL	54.00
4006	NASAL POLYPI-BILATERAL GENERAL	108.15
4007	EXCISION OF CHOANAL POLYP	75.75
4008	EXCISION OF NASOPHARYNGEAL FIBROMA	514.60
4009	EXCISION-NOSE SKIN-RHINOPHYMA,UNCOMPLICATED	75.75
4010	SEPTECTOMY	216.10
4011	SEPTECTOMY INCLUDING SEPTOPLASTY	270.25
4012	TURBINECTOMY	43.20
4013	SUBMUCOSAL TURBINECTOMY	
4014	RHINOSCOPY-REMOVAL FOREIGN BODY-NOSE	21.55
4015	RHINOSCOPY-GENERAL ANESTHETIC	43.20
4016	RHINOPLASTY/CLOSURE SEPTAL PERFORATION	635.85
4017	CHOANAL ATRESIA-MEMBRANOUS-DILATION	54.00
4019	INFRACTION OF TURBINATE	21.55
4020	CAUTERIZATION TURBINATES-UNILATERAL	32.45
4021	CAUTERIZATION TURBINATES-BILATERAL	54.00
4022	NASAL HEMORRHAGE-CAUTERIZATION NASAL SEPTUM	21.55
4023	NASAL HEMORRHAGE-ANTERIOR NASAL PACKING	32.45
4024	NASAL HEMORRHAGE-POSTERIOR NASAL PACKING	75.75
4025	CONTROL OF SECONDARY HEMORRHAGE	75.75
4026	CATHETERIZATION OF EUSTACHIAN TUBE	10.85
4027	SINUSOTOMY-MAXILLARY,INTRANASAL-UNILATERAL	129.75
4028	SINUSOTOMY-RADICAL-UNILATERAL	308.70
4029	FRONTAL TREPHINE AND SINUSECTOMY	162.25
4030	FRONTAL-RADICAL	514.60
4031	FRONTAL-EXTERNAL FRONTO-ETHMOIDAL	162.25
4032	ETHMOIDAL-INTRANASAL,UNILATERAL	162.25
4033	SPHENOIDAL-INTRANASAL	216.10
4034	LAVAGE-MAXILLARY	21.55
4035	LAVAGE-FRONTAL	43.20
4036	LAVAGE-SPHENOIDAL	43.20
4037	SUTURE-CLOSURE ANTRO-ORAL FISTULA	324.40
4040	EXAMINATION POST-NASAL SPACE UNDER GENERAL ANAESTHESIA	42.30
4041	SUBMUCUS DIATHERMY/TURBINATES	56.95
4100	LARYNGECTOMY-PARTIAL	432.55
4101	LARYNGECTOMY-TOTAL	648.50
4104	INTUBATION OF LARYNX	32.45
4105	LARYNGOSCOPY-DIRECT	54.00
4106	LARYNGOSCOPY-DIRECT WITH BIOPSY	86.45
4107	LARYNGOSCOPY-REMOVAL FOREIGN BODY	162.25

Fee Code	Description	Amount
4108	LARYNGOSCOPY-REMOVAL BENIGN GROWTH	205.80
4109	LARYNGOSCOPY-INDIRECT WITH BIOPSY	43.20
4110	LARYNGOPLASTY	
4111	ARYTENOIDOPEXY	411.60
4200	TRACHEOSTOMY	205.80
4201	BRONCHOSCOPY-DIAGNOSTIC	142.35
4202	BRONCHOSCOPY WITH BIOPSY	142.35
4203	BRONCHOSCOPY-INSERTION OF RADIOACTIVE SUBSTANCE	142.35
4204	BRONCHOSCOPY-REMOVAL FOREIGN BODY	205.80
4205	BRONCHOSCOPY WITH EXCISION TUMOR	205.80
4206	BRONCHO-ESOPHAGOSCOPY	194.55
4207	TRACHEORRHAPY	162.25
4208	CLOSE TRACHEOSTOMY/TRACHEAL FISTULA	162.25
4209	QUADROSCOPY	187.90
4210	TRANSBRONCHIAL LUNG BIPOSY	196.00
4211	ENDOSCOPY THROUGH TRACHEOSTOMY	50.00
4300	MEDIASTINOTOMY	432.55
4302	CHEST WALL TUMOR	540.65
4303	MEDIASTINAL TUMOR	540.65
4304	MEDIASTINOSCOPY	247.00
4305	THORACOPLASTY-ONE STAGE	411.60
4306	THORACOPLASTY-MULTI-STAGE	259.40
4308	PNEUMOLYSIS-INTRAPLEURAL	194.55
4309	PNEUMOLYSIS-EXTRAPLEURAL	324.40
4310	APICOLYSIS-EXTRAFASCIAL	324.40
4311	APICOLYSIS-EXTRAPLEURAL	324.40
4312	PHRENICOTOMY	123.35
4313	TRANSAXILLARY-RESECTION 1ST RIB	432.55
4400	THORACOTOMY-CLOSED DRAINAGE	129.75
4401	THORACOTOMY-RIB RESECTION	247.00
4402	THORACOTOMY-DRAINAGE LUNG ABCESS	389.15
4403	EXPLORATORY THORACOTOMY	389.15
4404	BIOPSY OF PLEURA OR LUNG	389.15
4406	PNEUMONECTOMY	756.80
4407	LOBECTOMY	756.80
4408	LOBECTOMY WITH SEGMENTAL RESECTION	756.80
4409	SEGMENTAL RESECTION	756.80
4410	WEDGE RESECTION	518.95
4411	PLEURECTOMY-PLEURAL DECORTICATION	617.45
4412	PLEURECTOMY-WITH BULLOUS EMPHYSEMA	617.45
4413	THORACOSCOPY	129.75
4500	VENOGRAM	54.05
4501	VENOUS ANASTOMOSIS-PORTO CAVAL	756.80
4502	VENOUS ANASTOMOSIS-SPLENO RENAL	756.80
4503	VENOUS ANASTOMOSIS-MESO CAVAL	720.30
4504	A-V FISTULA OR ANEURYSM RESECTION	
4505	CREATION OF A-V FISTULA	389.15
4506	JUGULAR VEIN,INTERNAL	162.25
4507	FEMORAL	162.25
4508	INFERIOR VENA CAVA-LIGATION OR PLICATION	432.55
4509	POPLITEAL	129.75
4510	SAPHENOUS	54.00
4511	VEINS, INCISION INJECTION-SINGLE	10.85
4512	VEINS INCISION INJECTION-MULTIPLE AT SAME SITTING	46.45
4513	LIGATION,MULTIPLE-ONE LEG	129.75
4514	LIGAT LONG SAPHENOUS-SAPHENO-FEMORAL JUNCTION	129.75
4515	LIGATION-LONG/SHORT SAPHENOUS-ONE LEG	216.10
4516	MULTIPLE LOW LIGATION AND EXCISION LIGATION-PERFORAORS	270.25

Fee Code	Description	Amount
4517	SHORT SAPHENOUS LIGATION AND STRIPPING	108.15
4518	RECURRENT OR COMPLICATED VARICOSE VEINS	381.70
4519	EXCISION OF ULCER	324.40
4520	EXCISION ULCER PLUS SYMPATHECTOMY-EXTRA	162.25
4521	EXCISION STASIS ULCER AND SKIN GRAFT	216.10
4522	SUB-FASCIAL LIGATION	324.40
4523	SUB FASCIAL LIGATION-STRIPPING VEIN	432.55
4524	TROMBECTOMY,ILIAAC OR FEMORAL	514.60
4525	DISTAL SPLENORENAL SHUNT	927.80
4526	SUPERIOR VENA CAVA BYPASS GRAFT	557.45
4527	OBLITERATION OF AV FISTULA	61.90
4528	SUTURE-A MAJOR VEIN REPAIR	278.70
4529	SCLEROTHERAPY WITH/WITHOUT LIGATION	116.20
4599	ARTERIAL CANNULATION	41.50
4600	ARTERIOTOMY	75.75
4601	AORTOTOMY	162.25
4603	TRANSECTION OF ARTERY	162.25
4604	INTRA-ABDOMINAL OR INTRA-THORACIC	216.10
4605	DIVISION OF VASCULAR RING	540.65
4606	THORACIC AORTA WITHOUT BYPASS	756.80
4607	THORACIC AORTA-WITH BYPASS	973.05
4608	ABDOMINAL AORTA	864.95
4609	ABDOMINAL AORTA WITH RUPTURE	973.05
4610	SPLENIC-HEPATIC	432.55
4612	INNOMINATE OR CAROTID-WITH BYPASS	864.95
4613	FEMORAL,POPLITEAL,SUBCLAVIAN-EXCISION	432.55
4614	FEMORAL,POPLITEAL,SUBCLAVIAN-GRAFT	540.65
4617	AORTA-BIFURCATION GRAFT	1,064.80
4618	THROMBOENDARTERECTOMY	648.50
4619	THROMBOENDARTERECTOMY AND VEIN GRAFT	756.80
4620	PERIPHERAL ARTERIAL GRAFT	540.65
4621	AUTOGENOUS VEIN GRAFT	648.50
4622	EMBOLECTOMY-AORTIC	648.50
4623	EMBOLECTOMY-ILIAAC OR FEMORAL	432.55
4624	MESENTERIC EMBOLECTOMY	450.00
4625	EMBOLECTOMY-RENAL	540.65
4626	COARCTATION OF AORTA	756.80
4627	CAROTID BODY TUMOR	540.75
4628	CAROTID BODY TUMOR WITH GRAFT	702.75
4629	CAROTID BODY TUMOR-VESSEL BYPASS	756.80
4630	ARTERIOGRAPHY CAROTID	108.15
4631	ARTERIOGRAPHY-FEMORAL UNILATERAL	54.00
4632	ARTERIOGRAPHY-FEMORAL BILATERAL	86.45
4633	AORTOGRAPHY-PERCUTANEOUS	108.15
4634	AORTOGRAPHY-EXPOSURE MAJOR ARTERY	162.25
4635	ARTERIOGRAPHY-SELECTIVE	108.15
4636	AORTOGRAPHY-ARTERIAL CANNULATION	54.00
4637	ARTERIOPLASTY-FEMORAL	324.40
4638	ARTERIOPLASTY-ILIAAC	324.40
4639	SUTURE-LIGATION CAROTID,NECK-SIMPLE	162.25
4640	APPLICATION OF OCCLUSIVE CLAMP	324.40
4641	LIGATION ANTERIOR ETHMOID ARTERY	108.15
4642	PROFUNDA,FEMORIS ENDARTERCTOMY AND PATCH GRAFT	432.55
4643	EXPOSURE OF LEG VESSELS	108.15
4644	FEMORAL ANTERIOR OR POSTERIOR TIBIAL BYPASS	702.75
4645	FEMORO-FEMORAL BYPASS SYNTHETIC	540.65
4646	FEMORO-FEMORAL BYPASS WITH VEIN	648.50
4647	AXILO-FEMORAL BYPASS-SYNTHETIC	540.65

Fee Code	Description	Amount
4648	AXILO-FEMORAL BYPASS WITH VEIN	648.50
4649	PULMONARY STENOSIS-BLOCK PROCEDURE	648.50
4650	REPAIR OF FALSE ANEURYSM	655.25
4651	REPAIR OF POPLITEAL ANEURYSM	605.75
4652	EXTENDED PROFUNDOPLASTY	572.80
4653	IN-SITU PERIPHERAL VEIN GRAFT PROCEDURE	247.65
4654	ABDOMINAL AORTA REPAIR	130.05
4700	ATRIAL OR VENTRICULAR PUNCTURE	43.20
4702	BIOPSY OF PERICARDIUM	324.40
4703	CARDIOTOMY WITH EXPLORATION	540.65
4704	CARDIOTOMY- WITH REMOVAL FOREIGN BODY OR TUMOR	540.65
4705	CARDIOTOMY BY CLOSED TECHNIQUE	648.50
4706	CARDIOTOMY BY OPEN TECHNIQUE	756.80
4707	CARDIOTOMY BY OPEN TECHNIQUE-BYPASS	864.95
4708	PERICARDIECTOMY-PARTIAL	432.55
4709	PERICARDIECTOMY-SUBTOTAL	648.50
4710	VENTRICULAR DIVERTICULUM	648.50
4711	VENTRICULAR ANEURYSM	1,081.05
4712	TUMORS OF HEART	973.05
4713	REMOVAL HICKMAN CATHETER	73.07
4714	INSERTION OF PORTACATH	157.60
4715	REMOVAL OF PORTACATH	52.55
4716	CATHERIZATION OF CATHETER PACEMAKER	216.10
4717	HICKMAN CATHETER	142.35
4718	PATENT DUCTUS ARTERIOSUS	540.65
4719	CLOSURE OF ATRIAL SEPTAL DEFECT BY CLOSED TECHNIQUE	648.50
4720	CLOSURE OF ATRIAL SEPTAL DEFECT BY OPEN TECHNIQUE WITHOUT BYPASS	756.80
4721	CLOSURE OF ATRIAL SEPTAL DEFECT BY OPEN TECHNIQUE WITH BYPASS	864.95
4722	ANOMALOUS PULMONARY VENOUS DRAINAGE WITHOUT BYPASS	756.80
4723	ANOMALOUS PULMONARY VENOUS DRAINAGE WITH BYPASS	864.95
4724	REPAIR OF VENTRICULAR SEPTAL DEFECT	973.05
4725	BANDING OF PULMONARY ARTERY	648.50
4726	TETRALOGY OF FALLOT	864.95
4727	PULMONARY-AORTIC ANASTAMOSIS	756.80
4728	PULMONARY-SUBCLAVIAN	756.80
4729	TOTAL REPAIR TETRALOGY	1,081.05
4730	CREATION OF ATRIAL SEPTAL DEFECT	756.80
4731	TRANSPOSITION OF-GREAT VESSELS- NO BYPASS	756.80
4732	TRANSPOSITION OF GREAT VESSELS- BYPASS	864.95
4733	BLALOCK HANLON	756.80
4734	TOTAL REPAIR-GREAT VESSELS	1,081.05
4735	TRICUSPID ATRESIA-GLENN PROCEDURE	756.80
4736	TRICUSPID OF ATRIAL SEPTAL DEFECTS	756.80
4737	TRICUSPID ATRESIA-EBSTEIN'S	1,081.05
4738	PULMONARY STENOSIS-OPEN HEART	756.80
4739	OPEN HEART WITH BYPASS	864.95
4740	VALVOTOMY TRANSATRIAL-MITRAL VALVE	648.50
4741	VALVOTOMY TRANSVENTRICULAR	702.75
4742	VALVOTOMY-OPEN HEART- BY PASS	864.85
4743	VALVE REPLACEMENT-MITRAL VALVE	1,081.05
4744	AORTIC VALVE-VALVOTOMY TRANSEVENTRICULAR	756.80
4745	AORTIC VALVE-VALVOTOMY WITH BYPASS	973.05
4746	AORTIC VALVE-VALVE REPLACEMENT	1,081.05
4747	PERICARDIAL INSUFFLATION-POWDER	324.40
4748	VINEBERG PROCEDURE	756.80
4749	OPEN REPAIR OF ARTERY	756.80
4750	OPEN REPAIR OF ARTERY WITH BYPASS	973.05
4751	ANEURYSM OF SINUS VALSALVA	864.85

Fee Code	Description	Amount
4752	SUTURE OF WOUND	540.65
4753	CARDIAC MASSAGE	216.10
4754	MYOCARDIAL PERFUSION-EXERCISE AND/OR PHARMACOLOGIC STRESS TEST INCLUDES A	74.00
4760	INSERTION TEMPORARY CATHETER PACEMAKER	232.10
4761	REPOSITION TEMPORARY CATHETER PACEMAKER	87.85
4762	REPLACE TEMPORARY CATHETER PACEMAKER	175.75
4763	INSERTION OF PERMANENT PACEMAKER	327.70
4764	REPOSITION PERMANENT PACEMAKER WIRE	175.75
4765	REPOSITIONING POWER SOURCE	232.10
4766	INSERTION TEMPORARY CATHETER PACEMAKER	307.60
4767	REPOSITION TEMPORARY CATHETER PACEMAKER	123.00
4768	REPLACE TEMPORARY CATHETER PACEMAKER	246.10
4769	INSERTION PERMANENT PACEMAKER/EPICARDIAL	470.75
4770	INSERTION TEMPORARY CATHETER PACEMAKER	173.95
4771	REPOSITION TEMPORARY CATHETER PACEMAKER	70.20
4772	REPLACE TEMPORARY CATHETER PACEMAKER	116.25
4773	INSERTION PERMANENT PACEMAKER	170.55
4774	REPOSITION PERMANENT PACEMAKER WIRE	116.25
4775	REPOSITIONING POWER SOURCE	116.25
4776	REPROGRAMMING PACEMAKER	72.95
4777	INSERTION PERM PACEMAKER/INTRAVENOU	170.55
4778	INSERTION OF LOOP RECORDER	100.00
4779	REMOVAL OF LOOP RECORDER	50.00
4801	INJECTION-CONTRAST SUBSTANCE-SPLEEN AND MARROW	64.90
4802	SPLENECTOMY	432.55
4804	BONE BUTTON	64.90
4805	SENTINEL NODE BIPOSY	200.00
4809	FINE NEEDLE BIOPSY OF CERVICAL, AXILLARY, INGUINAL GLANDS	50.95
4900	CYSTIC HYGROMA	389.15
4901	KONDOLEON	389.15
4902	RADICAL SLEEVE EXCISION	648.50
4903	LYMPHANIGIOGRAM	194.55
4904	SUPRAHYOID-UNILATERAL	324.40
4905	SUPRAHYOID-BILATERAL	486.50
4906	RADICAL NECK DISSECTION	648.50
4907	DISSECTION OF INGUINAL GLANDS	324.40
4908	RADICAL DISSECTION-AXILLARY GLANDS	324.40
4909	RADICAL DISSECTION-INGUINAL AND ILIAC GLANDS	432.55
4910	RADICAL DISSECTION-INGUINAL AND ILIAC GLANDS-BILATERAL	491.35
4911	BIOPSY-CERVICAL,AXILLARY,INGUINAL	64.90
4912	SCALENE	129.75
4913	COMPLICATED BIOPSY	
4914	LAPAROTOMY	540.65
4915	EXICISION-INGUINAL, PERINEAL OR AXILLARY SWEAT GLANDS-UNILATERAL	215.00
4916	EXICISION-INGUINAL, PERINEAL OR AXILLARY SWEAT GLANDS UNILATERAL WITH SKIN	315.00
5000	DRAINAGE OF LUDWIG'S ANGINA	108.15
5001	MOUTH BIOPSY	43.20
5002	MOUTH-EXCISION OF SIMPLE LESION	43.20
5003	MOUTH-LEUKOPLAKIA, LIMITED	64.90
5005	EXCISION OF RANULA OF DERMOID CYST	129.75
5006	LOCAL EXCISION FOR CARCINOMA OF FLOOR OF MOUTH, MANDIBLE AALVEOLAR MARC	194.55
5007	LOCAL EXCISION-CARCINOMA OF FLOOR OF MOUTH, WITH HEMIMANDIBUECTOMY	432.55
5008	LOCAL EXCISION-CARCINOMA -UNILATERAL NECK DISSECTION	756.80
5009	CAUTERIZATION OF LEUKOPLAKIA	64.90
5010	CLOSURE OF ANTRO-ORAL FISTULA WITH FLAP	324.40
5011	CLOSURE OF ANTRO-ORAL FISTULA WITH RADICAL ANTROTOMY	378.35
5020	LIP BIOPSY	43.20
5021	LIP SHAVE	129.75

Fee Code	Description	Amount
5022	LIP-EXCISION OF SIMPLE LESION	64.90
5023	V-EXCISION FOR CARCINOMA	194.55
5024	V-EXCISION CARCINOMA AND RADICLE NECK DISSECTION	702.75
5025	ONE HALF LIP PLUS RECONSTRUCTION	324.40
5026	ONE HALF LIP PLUS RADICLE NECK DISSECTION	756.80
5027	TOTAL EXCISION OF LIP	432.55
5028	TOTAL LIP EXCISION PLUS RADICLE NECK DISSECTION	756.80
5029	HARE LIP-UNILATERAL	324.40
5030	HARE LIP-BILATERAL	540.65
5040	TONGUE BIOPSY	43.20
5041	TONGUE-LOCAL EXCISION SIMPLE TUMOR	108.15
5042	HEMIGLOSSECTOMY	324.40
5043	HEMIGLOSSECTOMY AND RADICAL NECK DISSECTION	756.80
5044	TOTAL GLOSSECTOMY	389.15
5045	TOTAL GLOSSECTOMY AND RADICAL NECK DISSECTION	756.80
5047	SUTURE MINOR TONGUE LACERATIONS	32.45
5060	DRAINAGE OF ALVEOLAR ABSCESS	43.20
5061	BIOPSY OF GUM	43.20
5063	MUCOUS CYST	43.20
5064	SUTURE OF GUM	43.20
5080	PALATE ABSCESS	43.20
5081	UVULECTOMY	43.20
5082	PALATE AND UVULA-BIOPSY	43.20
5083	PALATE AND UVULA-EXCISION SIMPLE LESION	64.90
5084	PLATE AND UVULA-EXCISION OF MALIGNANT LESION	302.75
5085	CLEFT PALATE	378.35
5086	SUTURE OF PALATE WOUND	32.45
5087	UVULOPALATOPHARYNGOPLASTY	248.65
5100	SIALOLITHOTOMY -LOCAL	32.45
5102	SIALOLITHOTOMY-GENERAL ANAESTHETIC	64.90
5103	SIALOLITHOTOMY-COMPLICATED	194.55
5104	SUBMANDIBULAR GLAND-EXCISION	259.40
5105	PAROTID GLAND-SUPERFICIAL PAROTIDECTMY	486.50
5106	TOTAL PAROTIDECTOMY	594.70
5107	TOTAL PAROTIDECTOMY PLUS UNILATERAL NECK DISSECTION	756.80
5108	PLASTIC REPAIR OF DUCT	270.25
5109	DILATION OF DUCT	43.20
5111	CATHETERIZATION-SIALOGRAM	43.20
5112	RADICAL NECK DISECTION	1,922.10
5113	COMPOSITE FEE RADICAL NECK DISSECTION	1,940.80
5120	BIOPSY OF PHARNYX	43.20
5121	DRAIN RETROPHARYNGEAL ABSCESS-INTERNAL	54.00
5122	DRAIN RETROPHARYNGEAL ABSCESS-EXTERNAL	162.25
5123	DRAINAGE OF PERITONSILLAR ABSCESS	43.20
5124	BRANCHIAL CYST	324.40
5125	EXCISION-SINUS	432.55
5126	PHARYNGO-OESOPHAGEAL DIVERTICULUM	540.65
5127	THYROGLOSSAL DUCT CYST	270.25
5128	CYST AND SINUS	389.15
5129	TONSILLECTOMY	162.00
5130	TONSILLECTOMY-ADULT	162.00
5131	EXCISION OF TONSIL TAG-UNILATERAL	86.45
5132	EXCISION OF LINGUAL TONSIL	86.45
5133	CHOANAL ATRESIA	540.65
5134	PUCH-BACK FLAP	486.50
5136	SUTURE OF EXTERNAL WOUND OF PHARNYX	
5137	REMOVAL OF FOREIGN BODY-PHARNYX	32.45
5138	ADENOIDECTOMY	54.00

Fee Code	Description	Amount
5140	CERVICAL OESOPHAGOTOMY	324.40
5141	THORACIC OESOPHAGOTOMY	432.55
5142	OESOPHAGOMYOTOMY	540.65
5143	INTRATHORACIC DIVERTICULUM	518.95
5144	EXTRATHORACIC DIVERTICULUM	432.55
5145	RESECTION OF OESOPHAGUS	756.80
5146	RESECTION OESOPHAGUS-REPLACEMENT-1ST SURGEON	864.95
5147	RESECTION OESOPHAGUS-REPLACEMENT-2ND SURGEON	216.10
5148	OESOPHAGO-GASTRECTOMY	864.95
5149	OESOPHAGEAL BYPASS	756.80
5150	OESOPHAGOSCOPY	129.75
5151	OESOPHAGOSCOPY-REMOVE FOREIGN BODY	216.10
5152	OESOPHAGO-BRONCHOSCOPY	194.55
5153	OESOPHAGO-GASTROSCOPY-ELDER-PALMER	162.25
5155	OESOPHAGOPLASTY	648.50
5156	OESOPHAGEAL HIATUS HERNIA-ABDOMINAL APPROACH	540.65
5157	OESOPHAGEAL OESOPHAGEAL HIATUS HERNIA-ABDOMINAL AND CHOECYSTOMY	648.50
5158	OESOPHAGEAL ILIATUS HERNIA-TRANSTHORACIC APPROACH	540.65
5159	RUPTURED OESOPHAGUS	518.95
5160	RUPTURED OESOPHAGUS-CERVICAL DRAIN	378.35
5161	OESOPHAGO-GASTROSTOMY	756.80
5162	OESOPHAGO-DUODENOSTOMY	756.80
5163	CLOSURE OF OESOPHAGEAL	756.80
5164	OESOPHAGOTOMY WITH LIGATION VARICES	518.95
5165	OESOPHAGEAL VARICES-INITIAL	259.40
5166	OSOPHAGEAL VARICEAL BANDING (ESOPHAGOSCOPY)	260.00
5167	INTRODUCTION OF MOUSSEAU-BARBIN TUBE	324.40
5168	DILATION-ACTIVE	54.00
5169	DILATION-PASSIVE-MERCURY FILLED TUBES	21.55
5172	DILATION WITH OSOPHAGOSCOPY-INITIAL	247.00
5173	DILATION OF OEXOPHAGOSCOPY-REPEAT	64.90
5174	DILATION OF OESOPHAGUS	75.75
5175	REPAIR OF HIATAL HERNIA	756.80
5176	FUNDOPLICATION WITH/WITHOUT HIATAL HERNIA REPAIR	540.65
5177	INJECTION ESOPHAGEAL. VARICES (INCLUDING ESOPHAGOSCOPY)-REPEAT 30 DAYS	194.75
5178	BANDING ESOPHAGEAL. VARICES (INCLUDING ESOPHAGOSCOPY)-REPEAT 30 DAYS	194.75
5200	GASTROTOMY	324.40
5201	PYLOROMYOTOMY	324.40
5202	SIMPLE TUBE GASTROSTOMY	324.40
5204	BIOPSY BY GASTROSCOPY	194.55
5205	BIOPSY BY GASTROTOMY	324.40
5207	WEDGE RESECTION FOR ULCER	389.15
5208	GASTRECTOMY-PARTIAL	648.50
5209	GASTRECTOMY AND REPAIR HIATUS HERNIA	756.80
5210	AFTER GASTRECTOMY	756.80
5211	ANTRECTOMY	756.80
5212	TOTAL GASTRECTOMY	864.95
5213	EXCISION OF GASTRODUODENAL LESION	756.80
5214	EXCISE GASTRODUODENAL LESION AND VAGOTOMY	864.95
5215	EXCISION OF GASTROJEJUNAL LESION	756.80
5217	GASTRECTMY-EXCISION LEISION AND CHOLECTYSTOMY	108.15
5218	GASTROSCOPY-DIAGNOSTIC BIOPSY-REMOVAL FOREIGN BODY	142.35
5219	GASTROSCOPY-SUBSEQUENT	71.20
5220	PYLOROPLASTY	389.15
5221	PYLOROPLASTY AND VAGOTOMY	514.60
5222	GASTRODUODENOSTOMY OR OTHER	389.15
5223	VAGOTOMY PLUS	540.65
5224	PYLOROPLASTY OR GASTROENTOSTOMY WITH VAGOTOMY AND HIATAL HERNIA	648.50

Fee Code	Description	Amount
5225	VAGOTOMY ALONE	389.15
5226	CHOLECTYSTECTOMY PLUS OTHERS	108.15
5227	CLOSURE OF GASTROSTOMY	259.40
5228	CLOSURE OF PERFORATED ULCER	324.40
5229	CLOSURE OF GASTRO-COLIC FISTULA	756.80
5230	CLOSURE OF GASTRO-COLIC-TWO STAGES	756.80
5231	GASTRIC COOLING	129.75
5232	HIGHLY SELECTIVE VAGOTOMY	636.35
5233	GASTRIC PARTITION/MORBID OBESITY	
5234	GASTRIC PARTITION PLUS ALL OTHER PROCEDURES FOR MORBID OBESITY	
5235	STANDARD E.R.C.P.	229.05
5236	BIOPSY AT TIME OF PROCEDURE	11.65
5237	E.R.C.P. ON A BILROTH II	192.80
5238	E.R.C.P. WITH SPINCTEROTOMY	229.25
5239	PLACEMENT OF STENT AT E.R.C.P.	63.05
5240	PERCUTANEOUS ENDOSCOPIC GASTROSTOMY (PEG)	199.35
5250	ILEOSTOMY FOR ULCERATIVE COLITIS	389.15
5251	ILEOSTOMY FOR JEJUNOSCOMY	270.25
5252	1st STAGE MICHULIEZ	389.15
5253	COLOSTOMY	324.40
5255	CECOSTOMY	270.25
5256	ENTEROTOMY OR COLOTOMY	389.15
5257	ENTEROTOMY/COLOTOMY AND SIGMOIDOSCOPY	432.55
5258	MULTIPLE ENTEROTOMY AND SIGMOIDOSCOPY	540.65
5259	INTESTINES-BIOPSY	64.90
5260	LOCAL EXCISION OF LESION	389.15
5261	DUODENECTOMY	432.55
5262	ENTERECTOMY-OTHER	432.55
5263	TERMINAL ILEUM AND CAECUM	540.65
5264	TERMINAL ILEUM, CAECUM AND ASCENDING COLON	648.50
5265	SEGMENTAL	540.65
5266	HEMICOLECTOMY	648.50
5267	TOTAL COLECTOMY	756.80
5268	TOTAL COLECTOMY WITH ILEOSTOMY AND ABDOMINO PERINEAL RESECTION-SINGLE TE.	965.25
5269	TOTAL COLECTOMY WITH ILEOSTOMY AND ABDOMINO PERINEAL RESECTION-1ST SURGE	893.25
5270	TOTAL COLECTOMY WITH ILEOSTOMY AND ABDOMINO PERINEAL RESECTION-1ST ASSIST	259.40
5271	TOTAL COLECTOMY WITH ILEOSTOMY AND ABDOMINO PERINEAL RESECTION-2ND ASSIS'	194.55
5272	INTESTINAL OBSTRUCTION NO RESECTION	421.88
5273	INTESTINAL OBSTRUCTION AND RESECTION	540.65
5275	ENTERO-ENTEROSTOMY	389.15
5276	DUODENAL ATRESIA,DUDENO-JEJUNOSTOMY	432.55
5277	FECAL FISTULA-RADICAL RESECTION	594.70
5278	REVISION OF ILEOSTOMY OR COLOSTOMY	129.75
5279	CLOSURE OF PERFORATION	324.40
5280	CLOSURE PERFORATION WITH COLOSTOMY	432.55
5281	CECOPEXY OR SIGMOIDOPEXY	324.40
5282	CLOSURE OF ENTEROSTOMY	389.15
5283	CLOSURE OF COLOSTOMY	259.40
5284	PLICATION SMALL INTESTINE FOR ADHESION	486.50
5285	DILATION ENTEROSTOMY,ETC.ANAESTHET	43.20
5286	E.E.A.STAPLER	52.55
5287	MECKEL'S DIVERTICULUM	324.40
5288	LOCAL EXCISION OF LESION,MESENTERY	324.40
5289	RESECTION OF MESENTERY	324.40
5290	MESENTERIC CYST	324.40
5300	DRAINAGE OF APPENDIX ABCESS	270.25
5301	APPENDECTOMY	285.20
5302	APPENDECTOMY WITH GROSS PERFORATION AND PERITONITIS	335.00

Fee Code	Description	Amount
5303	APPNDCTMY,REMOVE MECKEL'S DIVERTCLM	335.00
5322	PROCTOTOMY WITH DRAINAGE	129.75
5323	PELVIC ABSCESS	162.25
5324	PROCTECTOMY-ANTERIOR RESECTION RECTUM	700.35
5325	PROCTECTOMY-PERINEAL RESECTION RECTUM	518.95
5326	ABDOMINO-PERINEAL RESECTION PLUS COLOSTOMY-SINGLE TEAM	846.00
5327	ABDOMINO-PERINAL RESCTION PLUS COLOSTOMY- TWO TEAM 1ST SURGEON	726.75
5328	ABDOMINO-PERINAL RESCTION PLUS COLOSTOMY- TWO TEAM 1ST SURGICAL ASSISTANT	216.10
5329	ABDOMINO-PERINAL RESCTION PLUS COLOSTOMY- TWO TEAM 2ND SURGEON	151.20
5330	HARTMAN PROCEDURE	507.38
5331	REANASTOMOSIS FOLLOWING HARTMAN'S PROCEDURE	556.00
5336	RECTAL POLYP	64.90
5337	RECTAL POLYP-THROUGH SIGMOIDOSCOPE	129.75
5338	BIOPSY,RECTO-SIGMOID-HIRSCHPRUNG'S	86.45
5339	PROCTOSTOMY	324.40
5340	PROCTOPEXY-ABDOMINAL ROUTE	389.15
5341	RECTAL PROLAPSE-EXCISE MUCOUS MEMBRANE	216.10
5342	RECTAL PROLAPSE-PERINEAL REPAIR MAJOR	389.15
5343	RECTAL PROLAPSE-ABDOMINAL APPROACH	518.95
5344	RECTAL PROLAPSE-THIERSCH WIRE PROCEDURE	129.75
5345	SUTURE-EXTERNAL APPROACH	259.40
5346	SUTURE INTRAPERITONEAL APPROACH	432.55
5347	CLOSURE OF FISTULA-RECTO-VAGINAL	432.55
5348	CLOSURE OF FISTULA-RECTO-VESICAL	432.55
5349	CLAMPING OF INTERNAL HEMORRHOID-PER HEMORRHOID	60.70
5350	THROMBOSED HEMORRHOID	21.55
5351	THROMBOSED HEMORRHOID-GENERAL	54.00
5352	LOCAL EXCISION OF LESION	129.75
5353	HAEMORRHOIDECTOMY	194.55
5354	ANAL POLYP-HEMORRHOIDIAL TAGS	64.90
5355	FISTULA-IN-ANO,LOW LEVEL	194.45
5356	FISTULA-IN-ANO,HIGH LEVEL	389.15
5357	ANUS BIOPSY-GENERAL	43.20
5358	ELECTROCOAG RECTAL CARCINOMA-INITAL	216.10
5359	ELECTRO COAGULATION OF RECTAL CARCINOMA-REPEAT	108.15
5361	EXCISION OF SCAR, FOR STENOSIS	129.75
5362	ANOPLASTY FOR STENOSIS	259.40
5363	REPAIR OF ANAL SPHINCTER	324.40
5364	REPAIR OF SPHINCTER AND ANORECTAL RING	324.40
5365	MEMBRANOUS OBSTRUCTION OF ANUS	129.75
5366	RECTAL ATRESIA-PERINEAL REPAIR	518.95
5367	RECTAL ATRESIA-ABDOMINO-PERINAL REPAIR-1 SURGEON	648.50
5368	RECTAL ATRESIA-ABDOMINO-PERINAL REPAIR-2 TEAM 1ST SURGEON	648.50
5369	RECTAL ATRESIA-ABDOMINO-PERINAL REPAIR-2 TEAM 1ST SURGICAL ASSISTANT	194.55
5370	RECTAL ATRESIA-ABDOMINO-PERINAL REPAIR-2 TEAM 2ND SURGICAL ASSISTANT	151.20
5371	CAUTERIZATION OF FISSURE	21.55
5372	ELECTRO DESSICATION OF CONDYLOMATA	43.20
5373	DILATION OF ANAL SPHINCTER	21.55
5374	ANOSCOPY	10.85
5375	PARTIAL LATERAL SPHINCTEROTOMY	191.00
5380	HEPATOMY-EXPLORATORY	389.15
5381	DRAINAGE OF ABSCESS -LIVER	389.15
5382	REMOVAL OF FOREIGN BODY -LIVER	389.15
5383	INCISION AND PACKING OF LIVER WOUND	389.15
5384	HEPATECTOMY-LOCAL EXCISION,LESION	389.15
5385	RESECTION OF LIVER	864.95
5388	SUTURE OF RUPTURE OR WOUND -LIVER	
5390	CHOLECYSTOSTOMY	324.40

Fee Code	Description	Amount
5391	CHOLECYSTENTEROSTOMY	389.15
5392	CHOLECYSTENTEROSTMY AND ENTRORSTMY	432.55
5393	CHOLECYSTOGASTROSTOMY	389.15
5394	CHOLEDOCHODUODENOSTOMY	540.65
5395	COMMON DUCT EXPLORATION	518.95
5396	COMMON DUCT EXPLORATION WITH DUODENOTOMY SPHNCTRTRY	648.50
5397	LESION OF HEPATIC DUCTS	594.70
5398	CHOLEDOCHECTOMY	648.50
5399	EXCISION OF AMPULLA OF VATER	594.70
5400	CHOLECYSTOMY	432.55
5401	CHOLECYSTOMY-OPERATIVE CHOLANGIOGRM	486.50
5402	CHOLECYSTECTOMY AND EXPLORATION BILE DUCT	518.95
5403	CHOLECYSTMY-EXPLORATION BILE DUCT AND CHOLANGIOGRAM	540.65
5404	CHOLECYSTECTOMY WITH DUODENOTOMY	648.50
5405	SURGICAL RECONSTRCTION COMMON BILE DUCT	864.95
5406	SUTURE-CLOSURE OF FISTULA	594.70
5410	PANCREATOTOMY	432.55
5411	PANCREATIC ABSCESS	432.55
5413	TOTAL PANCREATECTOMY	864.95
5414	LOCAL EXCISION OF LESION	518.95
5415	PARTIAL PANCREATECTOMY	518.95
5416	PANCREATICO-DUODENAL RESECTION	864.95
5417	EXCISION PANCREATIC CYST	518.95
5418	PANCREATICO-GASTROSTOMY	518.95
5419	PANCREATICO-DUODENOSTOMY	518.95
5420	PANCREATICO-JEJUNOSTOMY	518.95
5421	MARSUPIALIZATION OF CYST	432.55
5450	LAPAROTOMY	270.25
5451	DRAINAGE OF SUBPHRENIC ABCESS	389.15
5452	INTRA-ABDOMINAL ABCESS	270.25
5453	REMOVAL OF FOREIGN BODY-GUN SHOT	
5454	DESMOID TUMOR	
5456	LIPECTOMY	324.40
5457	RETROPERITONEAL TUMOR	518.95
5458	MESENTERIC CYST	324.40
5459	INJECTION OF AIR	43.20
5460	PERITONEOSCOPY	154.35
5461	HERNIOTOMY AND HERNIORRHAPY-INGUINAL/FEMORAL	270.25
5462	HERNIOTOMY AND HERNIORRHAPHY-INGUINAL	324.40
5463	HERNIOTOMY AND HERNIORRPHY-INGUINAL/FEMORAL-SAME SIDE	324.40
5464	SLIDING HERNIA	324.40
5465	INGUINAL/FEMORAL REPAIR-PROSTHESIS	324.40
5466	RECURRENT HERNIA	389.15
5467	RECUR HERNIA REPAIR-PROSTHES/GRAFT	432.55
5468	UMBILICAL HERNIA	308.70
5469	UMBILICAL HERNIA-CHILD	205.80
5470	ENTEROCELE-INFANT	324.40
5471	OMPHALOCELE-INFANT	432.55
5472	DIAPHRAGMATIC HERNIA	540.65
5473	DIAPHRAGMATIC HERNIA WITH PROSTHES	594.70
5474	INCISION/VENTRAL REPAIR BY SUTURE	370.40
5475	INCISION/VENTRAL REPAIR BY PROSTHESIS	432.55
5476	EPIGASTRIC HERNIA	247.00
5477	STRANGULATED SUTURE	324.40
5478	STRANGULATED SUTURE WITH RESECTION	518.95
5479	SECONDARY CLOSURE FOR EVISCERATION	216.10
5480	DRAINAGE OF ABDOMINAL WALL ABCESS	64.90
5500	THYROID GLAND-ABSCESS	129.75

Fee Code	Description	Amount
5501	THYROID GLAND-BIOPSY	43.20
5502	THYROID GLAND BIOPSY-SURGICAL	259.40
5503	BILATERAL TOTAL THYROIDECTOMY	594.70
5504	TOTAL LOBECTOMY	432.55
5505	TOTAL LOBECTOMY AND SUBTOTAL LOBECTMY	486.50
5506	SUB-TOTAL BILATERAL THYROIDECTOMY	432.55
5507	PARTIAL LOBECTOMY	389.15
5508	EXCISION OF SOLITARY NODULE	259.40
5509	UNILATERAL LIMITED NODE DISSECTION	129.75
5510	BILATERAL LIMITED NODE DISSECTION	259.40
5511	RADICAL NECK DISSECTION UNILATERAL	324.40
5550	PARATHYROIDECTOMY FOR HYPERPLASIA	594.70
5551	PARATHYROID TUMOR	518.95
5552	PARATHYROID TUMOR-STERNAL SPLITTING REQUIRED	648.50
5553	THYMECTOMY	648.50
5554	ADRENAL EXPLORATION-UNILATEAL	324.40
5555	ADRENALECTOMY-UNILATERAL	540.65
5609	VENTRICULOGAM-PERCUTANEOUS	151.20
5652	CAROTID ENDARTERECTOMY	648.50
5653	CAROTID ENDARTERECTOMY-PATCH GRAFT	756.80
5654	CAROTID ENDARTERECTOMY-GRAFT AND BY PASS SHUNT	864.95
5702	HEAD INJURY	54.00
5710	DECOMPRESSIVE CRANIECTOMY-SUBTEMPORAL	432.55
5711	DECOMPRESSIVE CRANIECTOMY-SUBTEMPORAL	648.50
5716	MENINGES-EXTRADURAL	594.70
5717	MENINGES-SUBDURAL WITH BURR HOLES	594.70
5800	SKULL LESION-ONE SUTURE	432.55
5850	CRANIOTOMY-CYST	864.95
5857	CRANIOTOMY-BIOPSY OF BRAIN	648.50
5859	BURR HOLE AND ASPIRATION	540.65
5900	LAMINECTOMY FOR EXCISION	756.80
5901	LAMINECTOMY-OPEN DURA AND EXPLORATION BIOPSY	648.50
5902	LAMINECTOMY-DECOMPRESS SPINAL CORD	648.50
5903	LAMINECTOMY-EXTRADURAL ABSCESS	648.50
5907	LAMINECTOMY-EXCISION OF MENINGOCELE	432.55
5963	EXPLORATION OF MAJOR NERVE	216.10
5964	REMOVAL TUMOR MAJOR PERIPHERAL NERVE	324.40
5965	SUTURE MAJOR PERIPHERAL NERVE	324.40
5967	SUTURE SMALL PERIPHERAL NERVE	162.25
5968	DECOMPRESSION MEDIAN NERVE AT WRIST	216.10
5969	DECOMPRESSION ULNAR NERVE AT ELBOW	216.10
5970	TRANSPOSITION OF ULNAR NERVE	270.25
5973	MORTON'S NEUROMA	216.10
5980	SYMPATHECTOMY-CERVICAL	432.55
5981	SYMPATHECTOMY-CERVICODORSAL	449.65
5982	SYMPATHECTOMY-THORACOLUMBAR	864.95
5983	SYMPATHECTOMY-LUMBAR	341.80
6001	DELIVERY	485.27
6004	CAESARIAN SECTION-PROCEDURE AND POSTOP	548.52
6005	STERILIZE AT TIME OF CAESARIAN SECTION-HYSTEROTOMY, LAPAROTOMY ETC.	54.00
6006	CAESARIAN HYSTERECTOMY-SUBTOTAL OR TOTAL	540.65
6007	OPERATIVE DELIVRY NOT CAESARIAN,C&P	512.01
6008	SURGICAL/MEDICAL INDUCTION-LABOUR	68.55
6009	ABORTION-INCOMPLETE INCLUDING D&C	129.75
6010	ABORTION-THERAPEUTIC	151.20
6011	HYSTEROTOMY-ABDOMINAL OR VAGINAL	324.40
6012	MISSED ABORTION-WITH/WITHOUT INTRA-UTERINE HYPERTONIC SOLUTION	151.20
6013	REPAIR THIRD DEGREE LACERATION CONSULTATION AND PROCEDURE	108.15

Fee Code	Description	Amount
6014	RETAINED PLACENTA REMOVAL-CONSULTATION AND PROCEDURE	108.15
6015	ECTOPIC PREGNANCY	324.40
6016	SUTURE INCOMPETENT CERVIX IN PREGNANCY	151.20
6017	STERILIZATION-POST PARTUM	216.10
6019	AMNIOCENTESIS	43.20
6021	ABORTION-INCOMPLETE	75.75
6022	CONSULTATION AND INTERPERTATION OF FETAL MONITORING RECORDS	43.20
6024	FETAL MONITORING,UNDER TOCOLYSIS	121.45
6025	POST COITAL TESTING	34.15
6500	HYMENECTOMY	54.00
6501	ABSCESS OF VULVA	54.00
6502	MARSUPIALIZATION OR CAUTERY	65.45
6503	VULVECTOMY-SIMPLE	259.40
6506	CYST OF BARTHOLIN'S GLAND	131.05
6508	CONDYLOMATA	108.15
6600	COLPOTOMY	86.45
6601	LOCAL EXCISION OF VAGINAL CYST	151.20
6602	CYSTOCELE OR RECTOCELE	205.80
6603	CYSTOCELE AND RECTOCELE	370.40
6604	CYSTOCELE,RECTOCELE AND PROLAPSE	432.55
6605	CYSTOCELE, RECTOCELE AND EXCISION OF CERVICAL STUMP	432.55
6606	VAGINAL VAULT-PROLAPSE	411.60
6607	RECTOCELE AND REPAIR ANAL SPHINCTER	370.40
6608	PERINEORRHAPY	129.75
6611	REPAIR OF DOUBLE VAGINA	194.55
6612	CLOSURE OF FISTULA-VESICO VAGINAL	432.55
6613	CLOSURE OF FISTULA-RECTOVAGINAL	432.55
6614	CLOSURE OF FISTULA-URETERO VAGINAL	518.95
6615	URETHRAL CARUNCLE-PROLAPSE-MUCOSA	86.45
6616	ENTEROCELE	370.40
6617	RETROPUBIC OPERATION-INCONTINENCE	370.40
6618	OPERATIONS FOR STRESS INCONTINENCE-VAGINAL	308.70
6619	OPERATIONS FOR STRESS INCONTINENCE-ABDOMINAL	370.40
6620	OPERATIONS FOR STRESS INCONTINENCE-COMBINED	604.38
6621	CULDOSCOPY	123.35
6622	ENDOSCOPY-EXAM AND/OR DILATION	75.75
6630	INFRA-COLIC/INFRA-GASTRIC OMENTECTOMY	181.80
6639	TRANSVAGINAL TAPE (TVT) PROCEDURE INCLUDES CYSTOSCOPY	390.00
6700	SALPINGECTMY AND SALPINGO OOPHORECTMY	308.70
6701	TUBAL PLASTIC-OPERATION	360.20
6702	STERILIZATION	257.20
6704	LYSIS OF ADHESION	257.20
6705	INFERTILITY INVESTIGATION	210.50
6710	FOLLICULAR TRACKING BY ULTRASOUND	77.20
6800	EXCISION OF OVARIAN CYST	308.70
6801	EXCISION OF PARAOVARIAN CYST	308.70
6802	OOPHOROCYSTECTOMY	308.70
6803	PARAVAGINAL REPAIR OF CYSTOCELE	205.00
6901	D&C	103.00
6902	MYOMECTOMY	370.40
6903	HYSTERECTOMY	411.60
6904	HYSTERECTOMY AND/OR RECTOCELE/CYSTONETE REPAIR	540.65
6905	HYSTERECTOMY-PARTIAL	308.70
6906	HYSTERECTOMY-PARTIAL WITH RECT/CYS	411.60
6908	SEPTATE UTERUS	411.60
6909	CERVICAL POLYP	30.85
6910	AMPUTATION OF CERVIX	185.25
6911	CERVICAL STUMP-VAGINAL	247.00

Fee Code	Description	Amount
6912	CERVICAL STUMP-ABDOMINAL	308.70
6913	BIOPSY OF CERVIX	51.35
6915	PRESACRAL NEURECTOMY	370.40
6916	INSUFFLATION-RUBIN'S TEST AND D&C	108.15
6917	INSUFFLATION AND ENDOMETRIAL BIOPSY	64.90
6918	HYSTEOSALPINGOGRAM	75.75
6919	IUCD	51.35
6920	HYSTEROPEXY	257.20
6921	HYSTEROPEXY WITH D&C	360.20
6922	HYSTEROPEXY-RECTOCELE AND CYSTOCELE	411.60
6923	CERVIX WITH/WITHOUT BIOPSY	185.25
6924	INCOMPETENT CERVIX	154.35
6925	REPAIR INVERSTION OF UTERUS-OPERATIVE	370.40
6926	REPAIR INVERSION OF UTERUS-MANUAL	154.35
6928	ELECTRO-CAUTERY OF CERVIX	32.45
6929	BIOPSY OF CERVIX	30.85
6930	D&C AND CONIZATION OF CERVIX	162.25
6931	ENDOMETRIAL BIOPSY	41.05
6932	INJECTION OF FISSURE IN ANO	21.55
6934	COLPOSCOPY	79.05
6935	ARTIFICIAL INSEMINATION	43.20
6936	FITTING OF DIAPHRAGM	28.45
6937	VAPORIZATION ENDOMETRIOSIS	320.35
6938	INFERTILITY/TUBAL BLOCKAGE/CORNUA	640.70
6939	IUCD INSERTED DURING ANNUAL EXAM	25.70
6940	HYSTEROSCOPY (+/- D&C, +/- POLYP REMOVAL)	135.00
6942	ENDOMETRIAL ABLATION(+/- D&C, AND/OR HYSTEROSCOPY)	286.40
6950	ABDOMINAL HYSTERECTOMY WITH SALPINGOOPHORECTOMY INCLUDING BILATERAL SE	750.00
7000	EYE EXAM UNDER GENERAL ANAESTHESIA	54.00
7002	GONIOTOMY	324.40
7003	ENUCLEATION	270.25
7004	ENUCLEATION WITH PROSTHESIS IMPLANT	324.40
7005	EVISGERATION	270.25
7006	EVISGERATION WITH IMPLANT	324.40
7007	REMOVAL INTRAOCULAR FOREIGN BODY	360.20
7050	PARACENTESIS	51.35
7051	REMOVAL FOREIGN BODY LOCAL - EYE	21.55
7052	REMOVAL FOREIGN BODY-GENERAL - EYE	51.35
7053	KERATECTOMY	324.40
7054	EXCISION OF DERMOID	162.25
7058	CORNEAL TRANSPLANT-PENETRATING	668.90
7059	CORNEAL TRANSPLANT-LAMELLAR	514.60
7060	SUTURE WITH EXCISION OF IRIS	324.40
7061	SUTURE WITHOUT EXCISION OF IRIS	216.10
7062	REMOVAL OF CORNEAL SUTURES	49.80
7063	CORNEAL RETRIEVAL	131.35
7102	SCLERECTOMY	360.20
7103	SUTURE-ALL PENETRATING WOUNDS	324.40
7150	IRIDECTOMY	257.20
7151	IRIDENCLEISIS	324.40
7152	DIVISION OF ANTERIOR SYNECHIA	162.25
7153	CRYOTHERAPY OF CILIARY BODY	216.10
7156	ANTERIOR CHAMBER OPEN EVACUATION OF CLOT	324.40
7160	IRIDENCLESIS	318.35
7161	TRABECULOPLASTY	336.70
7162	ANTERIOR VITRECTOMY	300.55
7202	CAPSULOTOMY	205.80
7203	CATARACT-SENILE	458.35

Fee Code	Description	Amount
7204	CATARACT-CONGENITAL	484.40
7205	CATARACT-TRAUMATIC	484.40
7206	CATARACT-EXTRACT-DISLOCATED LENS	484.40
7208	SEVERANCE OF VITREOUS STRANDS	156.35
7210	CATARACT EXTRACT-INTRA-OCULAR LENS	555.55
7211	SECONDARY LENS INSERTION	333.05
7212	REPOSITION INTRA-OCULAR LENS	159.05
7213	REMOVAL-INTRA-OCULAR LENS	279.90
7250	RE-ATTACH OF RETINA AND CHOROID-SIMPLE	432.55
7251	PHOTOCOAGULATION	411.60
7252	CRYOPEXY	411.60
7253	NON-CIRCLING TUBE OR BUCKLE PROCED	648.50
7254	CIRCLING TUBE-1ST OPERATION	648.50
7255	UNTREATED RETINAL DETACHMENTS	648.50
7256	SECONDARY OPERATION FOR DETACHMENT	864.95
7257	PHOTOCOAGULATION-INDEPENDENT PROCED	257.20
7258	CRYOPEXY-INDEPENDENT PROCEDURE	257.20
7300	STRABISMUS PROCEDURES	308.70
7301	STRABISMUS PROCED-SUB OPERATIONS	162.25
7302	STRABISMUS SURGERY	318.35
7350	DRAINAGE OF ABSCESS-ORBIT	216.10
7351	LATERAL ORBIOTOMY-KRONLEIN PROCED	540.65
7352	TUMOR-ORBITAL	378.35
7353	TUMOR-LACRIMAL GLAND	378.35
7354	EXENTERATIONS	432.55
7355	ORBIT BIOPSY	108.15
7356	ORBITAL FRACTURE	324.40
7357	BLOWOUT FRACTURE OF FLOOR	378.35
7358	SECONDARY REPAIR OF BLOWOUT FRACTURE	594.70
7400	DRAINAGE OF EYELID ABSCESS-LOCAL	21.55
7402	CHALAZION-LOCAL	32.45
7403	CHALAZION-GENERAL	54.00
7404	EPILATION BY HYFRECTOR	21.55
7405	LID TUMORS-VERY MINOR	32.45
7406	LID TUMORS-MINOR	154.35
7407	LID TUMORS-INTERMEDIATE	270.25
7408	LID TUMORS-MAJOR	378.35
7409	LID TUMORS-EXTENSIVE	540.65
7410	PTOSIS	324.40
7411	PTOSIS-SECONDARY REPAIR	540.65
7412	DISTRICHIASIS-UNILATERAL	324.40
7413	TRICHIASIS	
7414	ENTROPION	270.25
7415	ECTROPION	324.40
7417	LACERATION	324.40
7418	SUTURE-TARSORRHAPHY	108.15
7419	DOUBLE ADHESION	162.25
7420	TREATMENT OF TRICHIASIS	49.80
7421	EYELID REPAIR LACERATION (LESS THAN 2CM)	162.25
7430	BLEPHAROPLASTY-EXCISION SKIN,+/MUSCLE- 1 LID-PRIOR APPROVAL REQUIRED	133.25
7431	BLEPHAROPLASTY-EXCISION SKIN, +/- MUSCLE-1 LID WITH REMOVAL ORBITAL FAT+/- LID	174.00
7450	PTERYGIUM-UNILATERAL	210.00
7451	PERITOMY	75.75
7452	CONJUNCTIVA BIOPSY	32.45
7453	CONJUNCTIVA-PLASTIC REPAIR	
7500	DACRYOCYSTOTOMY	54.00
7502	DACRYOCYSTECTOMY	270.25
7503	LACERATED CANALICULUS	216.10

Fee Code	Description	Amount
7504	DACROCYSTORHINOSTOMY	432.55
7505	PROBING AND DILATION OF DUCT-GENERAL	54.00
7510	FLUROSCEIN ANGIOGRAM	57.05
7511	BANDAGE CONTACT LENS	83.45
7512	THREE-SNIP PROCEDURE	61.95
7700	DRAIN ABSCESS OR HEMATOMA-LOCAL	21.55
7701	DRAIN ABSCESS OR HEMATOMA-GENERAL	54.00
7702	BIOPSY OF EAR	43.20
7703	LOCAL EXCISION-LESION ON EAR	54.00
7704	PARTIAL EXCISION OF EAR	162.25
7705	COMPLETE EXCISION OF EAR	216.10
7706	RADICAL EXCISION-MALIGNANT LESION	432.55
7707	REMOVAL OF FOREIGN BODY-SIMPLE	21.55
7708	REMOVAL OF FOREIGN BODY-GENERAL	54.00
7710	RECONSTRUCTION OF EAR/SKIN GRAFT	
7711	CONSTRUCTION OF EAR CANAL	756.80
7712	REMOVAL OF PLASTIC DRAINAGE TUBES	19.35
7713	REMOVAL OF DRAINAGE TUBE-GENERAL	48.10
7714	FIBREOPTIC ENDOSCOPY	18.20
7720	EXCISION OF PRE-AURICULAR SINUS-SIMPLE LOCAL ANEST	76.23
7721	EXCISION OF PRE-AURICULAR SINUS-GENERAL ANEST	152.46
7800	MYRINGOTOMY-LOCAL	32.45
7801	MYRINGOTOMY-GENERAL	64.90
7802	MYRINGOTOMY AND INSERTION OF PROSTHES	103.00
7803	ASPIRATION FOR SEROUS OTITIS	21.55
7804	MASTOIDECTOMY-SIMPLE-UNILATERAL	324.40
7805	RADICAL MASTOIDECTOMY-UNILATERAL	540.65
7806	REMOVAL MIDDLE EAR POLYP BY SNARE	43.20
7807	REVISION OF RADICAL MASTOID CAVITY	540.65
7808	STAPES MOBILIZATION	540.65
7809	STAPEDECTOMY	756.80
7810	FENESTRATION OF SEMICIRCULAR CANALS	648.50
7811	MYRINGOPLASTY	324.40
7812	TYMPANOPLASTY	617.45
7813	FACIAL NERVE DECOMPRESSION	540.65
7814	FACIAL NERVE GRAFT	648.50
7815	MIDDLE EAR EXPLORATION	324.40
7900	LABRINTHOTOMY-ANY TYPE INCISION	540.65
7901	LABYRINTHECTOMY-EXCISION	648.50
7902	MEATOPLASTY	110.45
8000	DRAINAGE OF KIDNEY ABSCESS	324.40
8001	DRAINAGE OF PERINEPHRIC ABSCESS	216.10
8002	ADRENAL EXPLORATION-UNILATERAL	324.40
8003	RENAL EXPLORATION	324.40
8004	NEPHROSTOMY	378.35
8006	TRANSECTION ABERRANT RENAL VESSEL	378.35
8007	SECONDARY OPERATION-ADDITIONAL	108.15
8008	PYELOSTOMY	378.35
8009	PYELOITHOTOMY	378.35
8011	ADRENALECTOMY-UNILATERAL	540.65
8012	FUNCTIONAL TUMORS	540.65
8013	RENAL CYST	378.35
8014	HEMINEPHRECTOMY	518.95
8015	SECONDARY OPERATION-ADDITIONAL	108.15
8016	NEPHRECTOMY-ECTOPIC	432.55
8017	LUMBAR	454.05
8018	TRANSPERITONEAL	432.55
8019	TRANSPERITONEAL-THORACO-ABDOMINAL	648.50

Fee Code	Description	Amount
8020	RADICAL NEPHRECTOMY	617.45
8021	NEPHRO-URETERECTOMY	540.65
8022	NEPHRO-URETERECTOMY WITH RESECTION	648.50
8023	NEPHRO-URETERECTOMY-SECONDARY OPER	108.15
8024	OPEN RENAL BIOPSY	324.40
8025	PYELOURETOPLASTY	486.50
8026	NEPHROPEXY	324.40
8027	NEPHROPEXY-RENAL SYMPATHECTOMY	432.55
8028	SYMPHYSIOTOMY	518.95
8029	SUTURE RUPTURED KIDNEY	432.55
8030	REMOVAL OF STAGHORN CALCULUS-RENAL FILLING RENAL PELVIS/CALYCES	606.90
8031	DONOR NEPHRECTOMY-UNILATERAL OR BILATERAL	433.45
8032	RENAL AUTO TRANSPLANTATION	836.05
8033	PERCUTANEOUS ENDOPYELOPLASTY FOR UPJ OBSTRUCTION/ STENOSIS	259.40
8040	ESWL-ONE SIDE, ONE STONE	332.61
8041	ESWL-ONE SIDE, MULTIPLE STONES	401.85
8042	ESWL-BILATERAL STONES, ONE STONE/SIDE	452.36
8043	ESWL-BILATERAL STONES, MULTIPLE STONES/SIDE	540.76
8100	PERI-URETERAL ABSCESS	216.10
8102	URETEROTOMY-UPPER TWO THIRDS	389.15
8103	URETEROTOMY-LOWER ONE THIRD	454.05
8104	URETERECTOMY	378.35
8105	URETERECTOMY-URETEROVESICAL JUNCTION	432.55
8106	URETEROVESICAL ANASTOMOSIS	518.95
8107	URETERO-ILEAL CONDUIT	648.50
8108	URETERO-ILEAL COND-TOTAL CYSTECT	973.05
8109	URETERO-COLIC ANASTOMOSIS	486.50
8110	URETERO-COLIC ANASTOMOSIS-CYSTECT	778.35
8111	URETERO-COLIC ANASTOMOSIS-CYSTECTOMY AND COLOSTOMY	908.05
8112	ILEO-URETERAL SUBSTITUTION	648.50
8113	URETERO-URETEROSTOMY	540.65
8114	URETEROSTOMY-CUTANEOUS UNILATERAL	324.40
8115	URETERO-VAGINAL FISTURE	518.95
8116	URETEROLYSIS FOR PERI-URETERAL FIBROSIS-UNILATERAL	432.55
8117	URETEROSTOMY WITH T-TUBE UNILATERAL	324.40
8118	SPONTANEOUS RUPTURE IMMEDIATE-UPPER	378.35
8119	SPONTANEOUS RUPTURE-IMMEDIATE LOWER	432.55
8120	SPONTANEOUS RUPTURE-LATE REPAIR-UP	432.55
8121	SPONTANEOUS RUPTURE-LATE REPAIR-LOW	486.50
8122	ENDOSCOPIC PROCEDURES-CALIBRATION/DILATION	86.45
8123	ENDOSCOPIC REMOVAL OF CALCULUS	259.40
8124	ENDOSCOPIC PROCEDURES-MANIPULATION ONLY	129.75
8125	URETEROTOMY-UPPER TWO THIRDS	412.50
8126	URETEROTOMY-LOWER ONE THIRD	473.15
8127	BLADDER FLAP (BOARI) INCL REIMPLANT	464.50
8128	REVISION OF URETERAL-ILEAL ANASTOMOSIS	406.50
8129	PARTIAL RESECTION AND REVISION OF ILEAL CONDUIT	371.70
8197	COLD KNIFE (VISUAL) INTERNAL URETHROTOMY	214.00
8198	BRUSH BIOPSY OF URETER/RENAL PELVIS	83.95
8199	ENDOSCOPY WITH INSERT URETERAL STNT	221.45
8200	ENDOSCOPY-CYSTOSCOPY-DIAGNOSTIC	82.20
8202	ENDOSCOPY-CYSTOSCOPY WITH BIOPSY	131.95
8203	ENDOSCOPY-CYSTOSCOPY-ELECTROCOAGULATION TUMOR	129.75
8204	ENDOSCOPY-CYSTOSCOPY-ELECTROCOAGULATION TUMOR MULTIPLE	183.60
8205	ENDOSCOPY-CYSTOSCOPY-URETHRAL DILATION	82.25
8206	ENDOSCOPY-CYSTOSCOPY-BLADDER DILATION	103.00
8207	ENDOSCOPY-CYSTOSCOPY-COAGULATION HUNNER ULCER	129.75
8208	ENDOSCOPY-CYSTOSCOPY-ELCTROCOAGULATION-EXCISION TUMOR 1	288.20

Fee Code	Description	Amount
8209	ENDOSCOPY-CYSTOSCOPY-ELCTROCOAGULATION-EXCISION TUMOR MULTIPLE	411.60
8210	RESECTION BLADDER NECK-FEMALE	194.55
8211	ELECTROSURGICAL URETERAL METOTOMY	162.25
8212	ENDOSCOPY-CYSTOSCOPY-REMOVAL FOREIGN BODY	185.25
8214	ENDOSCOPY/CYSTOSCOPY-LITHOPLAPAXY	247.00
8215	URETHRAL MEATOTOMY AND PLASTIC REPAIR	129.75
8216	CYSTOTOMY OR CYSTOSTOMY	162.25
8217	CYSTOT/CYSTOS AND ELCTRCGLTN TUMOR	324.40
8218	CYSTOTOMY WITH TROCHAR AND CANNULA	108.15
8219	CYSTOLITHOTOMY	216.10
8220	URETEROCELECTOMY	324.40
8221	URETEROCELECTOMY-URETERAL REIMPLANT	518.95
8222	VASICOTOMY	432.55
8223	CYSTECTOMY-PARTIAL	432.55
8224	CYSTECTOMY FOR TUMOR DIVERTICULUM	486.50
8225	CYSTECTOMY-REIMPLANTATION OF URETER	540.65
8226	COMPLETE CYSTECTOMY	540.65
8227	CYSTECTOMY WITH COLOCYSTOPLASTY	864.95
8228	CYSTECTOMY-COLOCYSTOPLASTY-2ND SURGERY	216.10
8229	EXCISION URACHUS AND REPAIR BLADDER	270.25
8230	EXTROPHY	324.40
8231	EXTROPHY-URINARY DIVERSION & EXCIS	864.95
8232	EXTROPHY-EXCSION OF BLADDER AND REPAIR OF BLADDER WALL	324.40
8233	REPAIR OF RUPTURED BLADDER	389.15
8234	ILEOCYSTOPLASTY	648.50
8236	PLASTIC REPAIR OF BLADDER NECK	432.55
8237	PLASTIC REPAIR OF BLADDER-UNILATERAL URETERONEOCYSTOSTOMY	108.15
8238	PLASTIC REPAIR BLADBER NECK-BI URETER	216.10
8239	CLOSURE FISTULA,EXTERNAL-SUPRAPUBIC	259.40
8240	VESICOVAGINAL-TRANSVESICAL APPROACH	518.95
8241	VESICORECTAL OR VESICOSIGMOID	432.55
8242	CYSTOSCOPY-RETROGRAPHY PYELOGRAM	86.45
8243	PEVIC AND RETROPERITONEAL LYMPH CANCER	609.75
8300	BIOPSY INCLUDING ENDOSCOPY	86.45
8301	INTERNAL URETHROTOMY	129.75
8302	REMOVAL OF FOREIGN BODY	162.25
8303	MEATAL EXTRACTION OF FOREIGN BODY	32.45
8304	URETHROTOMY-EXTERNAL	259.40
8305	MEATOTOMY AND PLASTIC REPAIR	75.75
8306	EXTRAVASATION-URINE MULTIPLE DRAIN	259.40
8307	EXTRAVASATION-URINE,EXT ERETH/CYS	389.15
8308	PERIURETHRAL ABSCESS	54.00
8309	CARUNCLE	75.75
8310	CARUNCLE INCLUDING CYSTOSCOPY	129.75
8311	URETHRAL PAPILOMA	129.75
8312	PROLAPSE	86.45
8313	PROLAPSE WITH CYSTOSCOPY	129.75
8314	STRICTURE-ONE STAGE	389.15
8315	STRICTURE-TWO STAGE (1ST STAGE)	194.55
8316	STRICTURE-SECOND STAGE	389.15
8317	DIVERTICULECTOMY	270.25
8318	POSTERIOR URETHRAL VALVE-ENDOSCOPY	108.15
8319	POST URETHRAL VALVE-OPEN OPERATION	270.25
8320	BIOPSY-EXCISION	32.45
8321	URETHRAL SLING	324.40
8322	URETHROVESICAL SUSPENSION-STRESS INCONINENCY	389.15
8323	URETHROVESICAL SUSPENSION WITH PARTIAL CYSTECTOMY OR VESICOPXY	518.95
8324	SUTURE-RUPTURE OF ANTERIOR URETHRA	259.40

Fee Code	Description	Amount
8325	SUTURE-POST URETHRA-IMMEDIATE REPAIR	454.05
8326	SUTURE-POST URETHRA-LATE REPAIR	594.70
8328	RECTO-URETHRAL FISTULA	432.55
8329	RECTO-URETHRAL FISTULA-COLOSTOMY	540.65
8330	DILATION OF STRICTURE LOCAL	21.55
8331	DILATION OF STRICTURE-GENERAL	54.00
8332	DILATION STRICTURE-FILLFORMS AND FOLLOWERS	39.15
8333	SUTURE URETHROCUTANEOUS FISTULA	259.40
8334	URETHRECTOMY	347.48
8335	EXTERNAL SPINCTEROTOMY (TRANSURETHL)	303.45
8336	INSERTION OF ARTIFICIAL URINARY SPHINCTER	567.10
8337	NESBITT PROCEDURE FOR PEYRONIE'S DISEASE	452.29
8400	SPLIT OF PREPUCE-NEWBORN	10.85
8401	SPLIT OF PREPUCE-CHILD	10.85
8402	SPLIT OF PREPUCE-ADULT	21.55
8404	CIRCUMCISION-CHILD UNDER 12	129.49
8405	CIRCUMCISION-ADULT	129.07
8406	CONDYLOMATA	54.00
8407	BIOPSY-PENIS	43.20
8408	PARTIAL AMPUTATION OF PENIS	194.55
8409	PARTIAL AMPUTATION-PENIS AND INGUINAL GLANDS	518.95
8410	TOTAL AMPUTATION PENIS AND INGUINAL GLANDS	648.50
8411	EPISPADIUS	324.40
8412	HYPOSPADIUS-CHORDEE REPAIR	216.10
8413	PLASTIC RECONSTRUCTION URETHRE-ONE STAGE	324.40
8414	PLASTIC RECONSTRUCTION URETHRA-TWO STAGE	432.55
8415	PLASTIC RECONSTRUCTION PENOSCROTAL-1ST STAGE	432.55
8416	PLASTIC RECONSTRUCTION PENOSCROTAL 2ND STAGE	540.65
8417	PENILE PROSTHESIS FOR IMPOTENCE	306.55
8418	EXCISION OF PEYRONIE'S PLAQUE	195.10
8419	INJECTION SUBSTANCE IMPOTENCE THERAPY	14.50
8420	INSERTION OF HYDRAULIC PENILE PROSTHESIS	375.45
8421	RETROPERITONEL LYMPHADENECTOMY FOR TESTICLE CANCER	
8422	REMOVAL OF INFECTED PENILE PROSTHESIS	250.00
8500	TESTES ABSCESS	54.00
8501	ORCHIDECTOMY-UNILATERAL	194.55
8502	TESTES BIOPSY-SINGLE	54.00
8503	TESTES BIOPSY WITH VASOGRAPHY	108.15
8504	ORCHIDOPEXY	370.40
8505	REDUCT TORSION OR APPENDIX TESTIS	194.55
8506	RUPTURED TESTICLE	194.55
8507	INSERTION OF TESTICULAR PROSTHESIS	161.00
8508	RADICAL ORCHIECTOMY FOR MALIFNANCY-UNILATERAL	217.35
8510	EPIDIDYMIS-ABSCESS	54.00
8511	SPERMATOCELE	194.55
8512	EPIDIDYMECTOMY-UNILATERAL	194.55
8513	ANASTOMOSIS-EPIDIDYMOVASOSTOMY UNILATERAL	194.55
8520	HYDROCELE-UNILATERAL	185.25
8521	HYDROCELE-ASPIRATION	21.55
8530	SCROTOM ABSCESS	54.00
8531	SCROTUM EXPLORATION-UNILATERAL	129.75
8533	RESECTION OF SCROTUM	216.10
8534	SUTURE-INTEGUMENTARY SYSTEM	
8540	VASOGRAPHY	54.00
8541	ANASTOMOSIS-UNILATERAL-VAS DEFERENS	162.25
8542	ANASTOMOSIS WITH BIOPSY AND VASOGRAPY	216.10
8543	SUTURE-LIGATION-BILATERAL	110.00
8550	VARICOCELE-SINGLE	194.55

Fee Code	Description	Amount
8551	HYDROCELE-SPERMATIC CORD	194.55
8560	SEMINAL VESICLES-ABSCESS	108.15
8561	VESICULECTOMY	540.65
8571	PROSTATE-REMOVAL OF CALCULUS	378.35
8572	PROSTATE BIOPSY PERINEAL	216.10
8574	PROSTATE BIOPSY-NEEDLE	129.75
8577	RADICAL PROSTATOVESICULECTOMY	778.35
8578	PROSTATECTOMY-SUBRAPUBIC	518.95
8579	SUPRAPUBIC WITH DIVETICULECTOMY	648.50
8580	SUPRAPUBIC WITH PARTIAL CYSTECTOMY	648.50
8581	PROSTATECTOMY-RETROPUBIC-SIMPLE	514.60
8582	U/S-GUIDED TRANSRECTAL PROSTATE BIOPSY-1 BILLING/PROCEDURE	108.00
8584	TRANSURETHRAL ELECTRORESECTION	514.60
8587	RESECTION OF BLADDER NECK-ADULT	324.40
8588	URETEROSCOPY ONLY	94.35
8590	CHANGE OF SUPRAPUBIC TUBE	21.55
8591	LYMPHADENECTOMY FOR CANCER OF PROSTATE	306.55
8592	URETERAL/RENAL STONE REMOVAL SINGLE	467.50
8593	URETERAL STONE REMOVE ELECTROHYDROLIC /ULTRASONIC LITHROTRIPSY	560.95
8594	RENAL/UPPER URETERAL STONE REMOVAL	560.95
8595	RENAL/UP URET WITH ELECRO/ULTRA	747.85
8596	REPEAT ORIG ABSCESS WITH ONE WEEK	374.05
8597	PERCUTANEOUS NEPHROSTOMY	149.65
8598	URETEROSCOPY WITH ULTRA/ELECT LITH	560.95
8599	URETEROSCOPY PLUS BASKET	467.50
8600	EYE FOR FOREIGN BODY	5.80
8601	EYE FOR LOCALIZATION ADDITIONAL	15.50
8602	OPTIC FORAMINA	5.80
8603	FACIAL BONES	8.61
8604	MANDIBLE	5.80
8605	MASTOIDS	8.50
8606	NECK-FOR SOFT TISSUES	6.39
8607	NASAL BONES	7.83
8608	SALIVARY GLAND REGION	5.80
8609	SELLA TURCICA	4.70
8610	SINUSES-PARANASAL	7.51
8611	SKULL-ROUTINE VIEWS	8.71
8612	SKULL-SPECIAL ADDITIONAL VIEWS	4.70
8613	TEETH UP TO HALF SET	4.70
8614	TEETH-FULL SET	7.80
8615	TEMPEROMANDIBULAR JOINT	6.20
8616	INTERNAL AUDITORY MEATI	7.80
8620	CERVICAL SPINE-ROUTINE	8.51
8621	CERVICAL SPINE WITH SPECIAL VIEWS	10.06
8622	THORACIC SPINE	6.98
8623	LUMBAR SPINE-ROUTINE	8.51
8624	LUMBAR SPINE-SPECIAL VIEWS	9.30
8625	SACRUM AND/OR COCCYX	5.80
8626	PELVIS	6.39
8627	S.I. JOINTS	6.39
8628	COMPLETE SPINE SCOLIOSIS SERIES	14.70
8629	RIBS-EACH SIDE	5.84
8630	STERNUM	5.80
8635	CLAVICLE	6.48
8636	STEROCLAVICULAR JOINTS	5.80
8637	SHOULDER	6.48
8638	SCAPULA	5.80
8639	HUMERUS	6.48

Fee Code	Description	Amount
8640	ELBOW	6.48
8641	FOREARM	6.48
8642	WRIST	6.34
8643	HAND	6.34
8644	FINGER	3.05
8645	ACROMIOCLAVICULAR JOINTS WITH WGHTS	7.80
8646	HIP	6.39
8647	HIP PINNING-INTERPRETATION	6.50
8648	HIP PINNING-SUPERVISION AND INTERPRETATION	23.15
8649	FEMUR	6.39
8650	ORTHOEOENTGENOGRAM	6.90
8651	KNEE	6.56
8652	TIBIA AND FIBULA	6.48
8653	ANKLE	6.34
8654	CALCANEUS	6.34
8655	FOOT	6.34
8656	TOE	3.05
8657	BONE AGE DETERMINATION	7.80
8658	METASTATIC SERIES	15.50
8659	METABOLIC BONE SURVEY	15.50
8660	ALL LONG BONES	3.70
8661	SPECIAL ADDITIONAL VIEWS OF EXTREMITY	2.70
8662	FEET-WEIGHT BEARING	6.20
8665	CHEST-SINGLE VIEW	4.81
8666	CHEST-MULTIPLE VIEWS	8.56
8667	CHEST FLUOROSCOPY ONLY	9.30
8670	ABDOMEN-SURVEY FILM	5.83
8671	ABDOMEN-MULTIPLE FILMS	8.53
8675	BARIUM SWALLOW	18.43
8676	STOMACH AND DUODENUM	28.45
8677	UPPER G.I SERIES AND SMALL BOWEL STUDY	39.77
8678	COLON-BARIUM ONLY	21.00
8679	COLON-DOUBLE CONTRAST	29.75
8680	CHOLECYSTOGRAM	6.90
8681	T-TUBE CHOLANGIOGRAM	11.60
8682	OPERATIVE CHOLANGIOGRAM	7.80
8684	P.T. CHOLANGIOGRAM-INTERPRETATION	15.50
8685	P.T. CHOLANGIOGRAM-FLUROSCOPY ADDITIONAL	7.80
8686	HYPOTONIC DUODENOGRAM	18.45
8688	INSERTION OF CATHETER IN DUODENUM/SMALL BOWEL ENEMA/PROCEDURE	39.90
8689	INSERTION OF CATHETER IN DUODENUM/SMALL BOWEL ENEMA/INTERPRETATION	6.75
8690	G.U. TRACT-SURVEY FILM	3.70
8691	RETROGRADE PYELOGRAM	6.90
8692	INTRAVENOUS PYELOGRAM	23.57
8695	PYELOGRAM-HYPERTENSIVE	19.35
8696	STRESS OR VOIDING CYSTOGRAM	15.50
8697	STRESS/VOIDING CYSTOGRAM-URETHROGRM	18.45
8698	URETHROGRAM AND/OR CYSTOGRAM-INTERPRETATION	6.90
8700	T-TUBE PYELOGRAM	6.90
8701	RENAL CYSTOGRAPHY	11.60
8702	RETROGRADE PYELOGRAM-PROCEDURE	22.75
8703	NEPHROSTOGRAM- PROCEDURE	22.75
8704	NEPHROSTOGRAM- INTERPRETATION	6.75
8705	OBSTETRICS AND GYNAECOLOGY-SURVEY FILMS	4.70
8706	BSTETRICS AND GYNAECOLOGY-PELVIMETRY	10.85
8708	HYSTEOSALPINOGRAM	13.95
8711	CATHETER CUG	18.10
8715	PERI ARTERIOGRAPHY AND VENOGRPHY-UNILATERAL	12.35

Fee Code	Description	Amount
8716	PERI ARTERIOGRAPHY AND VENOGRPY-BILATERAL	17.15
8717	AORTOGRAPHY	30.85
8718	EACH SELECT EXAM IN AD TO AORTOGRPY	18.45
8719	VENOCAVOGRAPHY	18.45
8720	EACH SELECT EXAM IN ADD VENOCAVOGRY	18.45
8721	TRANSLUMBAR AORTOGRAM	18.45
8725	FLUOROSCOPY - UNDER ONE HOUR	46.15
8726	FLUOROSCOPY - OVER ONE HOUR	154.30
8727	ARCH AORTOGRAM	23.15
8728	SPLENOPORTOGRAM	18.45
8729	LYMPHANGIOGRAM	18.45
8730	SELECTIVE ANGIOGRAPHY	23.15
8731	CAROTID ARTERIOGRAM-UNILATERAL	23.15
8734	CAROTID ARTERIOGRAM-BILATERAL	30.85
8739	MAMMOGRAPHY SCREENING BILATERAL EX	11.00
8740	MAMMOGRAPHY-UNILATERAL	11.95
8741	MAMMOGRAPHY-BILATERAL	27.70
8742	MAMMOGRAPHY-ADDITIONAL VIEWS	2.85
8743	STEREOTACTIC BREAST BIOPSY	109.40
8744	LOOPOGRAM	29.55
8745	ARTHROGRAM	18.45
8747	BRONCHOGRAM-UNILATERAL	15.50
8748	BRONCHOGRAM-BILATERAL	21.55
8749	FISTULA OR SINUS WITH CONTRAST MED	9.30
8750	LAMINOGRAPHY,PLANOGRAPHY,TOMOGRAPHY-ONE PLANE	14.22
8751	LAMINOGRAPHY,PLANOGRAPHY,TOMOGRAPHY-TWO PLANES	19.35
8752	LARYNGOGRAM	19.35
8754	MYELOGRAM-LUMBAR	18.45
8755	MYELOGRAM-DORSAL	18.45
8756	MYELOGRAM-CERVICAL	18.45
8757	MYELOGRAM-COMPLETE	38.60
8759	SIALOGRAM	9.30
8762	FLUOROSCOPY ONLY	9.30
8763	INTERPRETATION OF SUBMITTED FILMS	9.30
8764	SPEECH STUDY	9.30
8766	ULTRA SOUND-B MODE (INTERPRETATION) - PELVIC	41.31
8767	ULTRA SOUND-B MODE,OBS	48.21
8768	M MODE INTERPRETATION-ULTRA SOUND	38.60
8769	DOPPLER INTERPRETATION	18.45
8770	ULTRASONOGRAPHY	77.20
8771	PERCUTANEOUS ASP RENAL CYST/IMAGING	89.30
8772	PERCUTANEOUS ASP RENAL CYST/SCLEROS	111.60
8773	PERCUTANEOUS BIOPSY US/FLUOROSCOPY	111.60
8774	PERCUTANEOUS NEPHROSTOMY TURE INSE	178.70
8775	PERCUTANEOUS DIAGNOSTIC TAP	89.30
8776	PERCUTANEOUS INSERT DRAINAGE TUBE	134.05
8777	ASPIRATION RENAL CYST	111.60
8778	PERCUTANEOUS BILIARY DRAINAGE	260.00
8779	CHANGE OF BILIARY DRAINAGE CATHETER	90.00
8780	BILIARY STRICTURE DILATION/STENTING	130.00
8790	TUMOR LOCALIZATION	111.65
8791	ULTRASOUND B MODE (INTERPRETATION)-ABDOMINAL	51.31
8793	SONOHYSTEROGRAM-COMPOSITE FEE	85.00
8794	MYOCARDIAL PERFUSION IMAGING-REST AND STRESS AND ALL ASSOCIATED INJECTIONS	89.00
8800	THYROID UPTAKE STUDIES	23.15
8801	THYROID UPTAKE PLUS SCAN	38.60
8802	THYROID PERCHLORATE FLUSH	23.15
8803	PLASMA VOLUME	15.50

Fee Code	Description	Amount
8804	RED CELL VOLUME	15.50
8805	REPEAT PLASMA VOL STUDIES,EACH	7.80
8806	PLASMA IRON CLEARANCE AND TURNOVER	23.15
8807	IRON RED CELL UTILIZATION	23.15
8808	RED CELL SURVIVAL	30.85
8809	SEQUESTRATION STUDIES	30.85
8810	ELECTROLYTE SPACES	30.85
8811	OTHER COMPLEX TESTS (BLOOD VOL)	
8812	PERTECHNETATE SCAN	23.25
8813	RADIOACTIVE MIBG SCAN	45.55
8814	GASTRIC EMPTYING STUDY	38.00
8815	HIPPURAN RENOGRAM	23.15
8816	RENAL SCAN	23.15
8817	COMBO-SCAN WITH RENOGRAM	38.60
8818	OTHER RADIOACTIVE MATERIALS-UPTAKE AND CLEARANCE	15.50
8819	VASCULAR STUDIES USING RADIONUCLIDS	23.15
8820	OTHER COMPLEX TESTS (RENAL FUNCTION)	
8825	SCHILLING TEST	15.50
8826	SCHILLING TEST-REPEAT	7.80
8828	LIVER SCAN	30.85
8829	PANCREATIC SCAN	46.25
8830	ABDOMINAL SCAN ECTOPIC GAS MUCOSA	30.85
8831	TRIOLEIN STUDIES	15.50
8832	OLEIC ACID STUDIES	15.50
8833	TRIOLEIN AND OLEIC ACID STUDIES	23.15
8834	HIDA SCAN	46.25
8835	SPLEEN SCAN	30.85
8836	CARDIAC SCAN	30.85
8837	CARDIAC OUTPUT	39.19
8838	CIRCULATION TIME	15.50
8840	LUNG SCAN-VENT OR PERFUSION	46.25
8841	LUNG SCAN-VENT & PERF ON SAME DAY	61.75
8842	PULMONARY ASPIRATION TEST	38.00
8845	BRAIN SCAN	46.25
8846	OTHER STUDIES (CENTRAL NERV SYSTEM)	
8850	BONE TUMOR SCANS	55.57
8851	METABOLIC STUDIES	30.85
8852	BONE DENSITOMETRY	21.00
8855	PLACENTAL LOCALIZATION X	23.15
8856	GALLIUM 67-ABCESS LOCALIZATION X	38.60
8857	PARATHYROID SCAN	46.25
8858	ALBUMEN TURNOVER	46.25
8859	ADDITIONAL FOR EMERGENCY STUDIES X	23.15
8860	FLUOROSCOPY-PER 15 MIN	33.65
8871	DETENTION FEE PER 15 MIN BEGINNING	20.00
8887	B MODE PROCEDURE-INTERPRETATION	37.90
8889	A MODE PROCEDURE/INTERPRETATION	18.90
8900	ARCH AORTOGRAM	106.10
8901	ANGIOGRAPHY ONE SELECTIVE OFF ARCH	52.95
8902	ANGIOGRAPHY TWO SELECTIVE OFF ARCH	106.10
8903	ABDOMINAL AORTOGRAM	106.10
8904	ANGIOGRAPHY ONE SELECTIVE OFF AORTA	52.95
8905	ANGIOGRAPHY TWO SELECTIVE OFF AORTA	106.10
8906	FEMORAL ARTERIOGRAM	52.95
8907	BILATERAL FEMORAL ARTERIOGRAM	84.70
8908	ARTERIOGRAM SELECTIVE	106.10
8909	PERCUTANEOUS NEEDLE ASPIRATION BIO	110.40
8910	PERCUTANEOUS TRANSHEPATIC CHOLANGI	67.80

Fee Code	Description	Amount
8911	ARTERIAL EMBOLIZATION	155.95
8912	RENNINS I V C	55.20
8913	SPLENOPORTOGRAM	66.25
8914	BIOPSY/RENAL CYST PUNCTURE	88.30
8915	LYMPHANGIOGRAM UNILATERAL	190.85
8916	LYMPHANGIOGRAM BILATERAL	286.10
8917	LYMPHANGIOGRAM ANGIOPLASTY	220.90
8918	LYMPHANGIOGRAM INF VENA CAVA	55.20
8919	FEMORAL ARTERIOGRAM PAPAVERINE INJECTION	68.60
8925	HEAD-WITHOUT IV CONTRAST	69.00
8926	HEAD-WITH IV CONTRAST	77.63
8927	HEAD-WITH AND WITHOUT IV CONTRAST	97.49
8928	COMPLEX HEAD-WITHOUT IV CONTRAST	68.55
8929	COMPLEX HEAD-WITH IV CONTRAST	80.05
8930	COMPLEX HEAD-WITH/WITHOUT IV CONTRAST	91.45
8931	NECK-WITHOUT IV CONTRAST	45.65
8932	NECK-WITH IV CONTRAST	68.55
8933	NECK-WITH/WITHOUT IV CONTRAST	80.05
8934	THORAX-WITHOUT IV CONTRAST	86.36
8935	THORAX-WITH IV CONTRAST	88.64
8936	THORAX-WITH/WITHOUT IV CONTRAST	99.75
8937	ABDOMEN-WITHOUT IV CONTRAST	91.45
8938	ABDOMEN-WITH IV CONTRAST	102.95
8939	ABDOMEN-WITH/WITHOUT IV CONTRAST	114.20
8940	PELVIS-WITHOUT IV CONTRAST	91.45
8941	PELVIS-WITH IV CONTRAST	102.95
8942	PELVIS-WITH/WITHOUT IV CONTRAST	114.20
8943	EXTREMITIES/ONE/MORE/WITHOUT IV CONTRAST	45.65
8944	EXTREMITIES/ONE/MORE/WITH IV CONTRAST	68.55
8945	EXTREMITIES/ONE/MORE/WITH/OUT IV CONTRAST	80.05
8946	SPINE-WITHOUT IV CONTRAST	91.45
8947	SPINE-WITH IV CONTRAST	102.95
8948	SPINE-WITH/WITHOUT IV CONTRAST	114.20
8949	CT GUIDANCE OF BIOPSY	36.20
8950	SCAN ABORTED	12.75
8975	CRANIAL MULTISECTION SE	73.10
8976	CRANIAL REPEAT SEQUENCE	36.00
8977	ENT MULTISECTION SE	73.10
8978	ENT REPEAT, SEQUENCE	36.00
8979	THORAX MULTISECTION SE	84.30
8980	MRI GATING	25.30
8981	THORAX REPEAT SEQUENCE	42.20
8982	ABDOMEN MULTISECTION SE	84.30
8983	ABDOMEN REPEAT, SEQUENCE	42.20
8984	PELVIS MULTISECTION SE	84.30
8985	PELVIS REPEAT, SEQUENCE	42.20
8986	EXTREMITIES MULTISECTION SE	73.10
8987	EXTREMITIES REPEAT, SEQUENCE	36.00
8988	SPINE (ONE SEG) MULTISECTION SE	67.50
8989	SPINE (ONE SEG) REPEAT, SEQUENCE	33.70
8990	MRI ENHANCEMENT (INCLUDES INJECTION/INFUSION)	40.00
8991	SPECTROSCOPY (INCLUDES INJECTION/INFUSION)	40.00
8992	THREE DIMENSIONAL MRI ACQUISITION SEQUENCE, INCLUDING POST-PROCESSING (MINI)	62.75
9010	ALVEOPLASTY	125.74
9011	GINGIVOPLASTY	114.52
9020	SUCULUS DEEPENING AND RIDGE CONSTRUCTION	218.95
9021	SUCULUS DEEP RIDGE CONSTRUCTION-GRAFT	448.13
9025	EXPOSURE TOOTH-ORTHO TREATMENT	149.79

Fee Code	Description	Amount
9026	EXPOSURE TOOTH WITH ORTHO ATTACHMNT	186.40
9030	CLOSURE INTRA-ORAL LACERATION-LOCAL	61.88
9031	CLOSURE INTRA ORAL LACERATION-GENERAL	61.88
9032	CLOSURE LACERATIONS-DEBRIDEMENT	93.32
9040	ANTERIOR TOOTH-ROOT RESECTION	107.75
9041	ROOT RESECTION-POSTERIOR TOOTH	153.36
9045	ABSCESS-INTRAORAL	61.88
9046	ABSCESS-EXTRAORAL	145.35
9047	SEQUESTRECTOMY	166.06
9048	SEQUESTRECTOMY WITH SAUCERIZATION	331.99
9060	SIMPLE INTERDENTAL WIRING MANDIBLE	294.52
9061	MAND FRACTURE-COMPOUND FIX BY PINNING	439.86
9062	MAXILLARY FRACTURE RADICAL ANSTROSTOMY	364.91
9063	MAXILLARY FRACTURE-COMPOUND	486.71
9064	MALAR FRACTURE-SIMPLE ELEVATION	145.35
9065	MALAR FRACTURE-OPEN REDUCTION PINNING	291.43
9066	MALAR FRACTURE-OPEN REDUCTION, ANTROS AND PACKING	364.91
9067	MAJOR FRACTURE IN MIDDLE THIRD FACE	733.64
9068	ALVEOLAR FRACTURE	191.58
9069	INCISION OF BONE PLATES GENERAL-REMOVAL OF MANDIBULAR WIRES	185.21
9080	INTRA-ORAL CYSTS-LESS THAN 2.0 CM.	125.62
9081	INTRA-ORAL CYSTS GREATER THAN 2 CM.	186.40
9082	INTRA-ORAL CYSTS-COMPLICATED	368.85
9090	INTRA-ORAL BIOPSY SOFT TISSUE	61.88
9091	INTRA-ORAL BIOPSY-BONE	103.80
9095	INTRA-ORAL TUMORS LESS THAN 2 CM.	99.36
9096	INTRA ORAL TUMORS GREATER THAN 2CM.	306.97
9100	REMOVAL ROOT/FOREIGN BODY-MAX ANTRUM	145.96
9110	CLOSURE OF ANTRA-ORAL FISTULA	436.16
9120	TEMPORO-MANDIBLE DISLOCATION-CLOSED	43.40
9121	TEMPORO-MANDIBLE DISLOCATION,OPEN	290.57
9130	SIALOLITHOTOMY-SIMPLE	72.86
9131	SIALOLITHOTOMY-COMPLICATED	218.95
9140	EXCISION OF RANULA	174.19
9150	PROGNATHISM	1,233.17
9152	PROGNATHISM-TWO SURGEONS	
9155	MICROGNATHISM	1,233.17
9156	MICROGNATHISM (TWO SURGEONS)	
9158	MICROGNATHISM-BONE GRAFT	1,478.99
9160	CONDYLECTOMY-WITHOUT FIXATION	425.93
9162	CONDYLECTOMY-FIXATION	436.16
9170	ALCOHOL NERVE BLOCK	60.77
9175	AVULSION OF NERVE	205.50
9176	REPAIR AND CLOSURE OF ORAL-NASAL FISTULA WITH BONE GRAFT INDEPENDANT PROC	818.57
9177	REPAIR AND CLOSURE OF ORAL-NASAL FISTULA WITHOUT BONE GRAFT INDEPENDANT]	546.74
9178	SEGMENTAL OSTEOTOMY	845.57
9179	ALVEOLAR RIDGE RECONSTRUCTION	407.07
9180	ALVEOLAR RIDGE RECONSTRUCTION	724.02
9181	ARTHROPLASTY-EMINOPLASTY	361.95
9182	ARTHROPLASTY-CONDYLECTOMY	796.26
9183	ARTHROPLASTY-MENISECTOMY	542.93
9184	ARTHROPLASTY-PLICATION OF MENISCUS	724.02
9185	ORTHOGNATHIC SURGERY TREATMENT PLAN	1,500.00
9200	CONSULTATION- ORAL SURGEON	77.29
9201	CONSULTATION- DENTIST	45.49
9202	ONCALL RETAINER FEE DENTAL	100.00
9401	SERVICE NOT AVAILABLE LOCALLY CONSULT	
9402	SERVICE NOT AVAILABLE LOCALLY CONSULT/INVESTIGATION	

Fee Code	Description	Amount
9403	SERVICE NOT AVAILABLE LOCALLY CONSULT/INVESTIGATION/TREATMENT	
9404	ONE SPECIALIST CONSULT	
9405	ONE SPECIALIST CONSULT/INVESTIGATION	
9406	ONE SPECIALIST CONSULT/INVESTIGATION/TREATMENT	
9407	ADEQUATE SERVICE NOT AVAILABLE CONSULT	
9408	ADEQUATE SERVICE NOT AVAILABLE CONSULT/INVESTIGATION	
9409	ADEQUATE SERVICES NOT AVAILABLE CONSULT/INVESTIGATION/TREATMENT	
9410	EXTENUATING CIRCUMSTANCES CONSULT	
9411	EXTENUATING CIRCUMSTANCES CONSULT INVESTIGATION	
9412	EXTENUATING CIRCUMSTANCES CONSULT/INVESTIGATION/TREATMENT	
9740	RETAINER PLASTIC SURGERY Q.E.H.	225.00
9800	AIR FARE (TRAVEL ALLOWANCE,CLINICS	415.70
9801	SPECIALIST CLINIC PATIENT	0.00
9901	VISITING SPECIALIST (PER HOUR)	148.70
9902	ON CALL PAYMENT	
9903	ALTERNATE PROVIDER	
9904	PHYSICIAN AND ALTERNATE	
9977	IN PROVINCE IN PATIENT	
9988	OUT OF PROVINCE FEE CODE	
9998	OUT PATIENT SESSIONAL FEE	20.00
9999	INDEPENDANT CONSIDERATION	0.00