SOUTH DAKOTA CORRECTIONAL HEALTH FEE SCHEDULE
STATE FISCAL YEAR 2021

Effective Date: 07/01/2020

Updated: 07/01/2020

NOTE: Rates will be updated annually at the beginning of each State fiscal year. Based on the Medicaid

OUTPATIENT PROCEDURE NOTE: Effective 04/01/2020, fee schedules are based on South Dakota Medicaid APC repricing rates plus 38%. There is no longer a separate Outpatient pricing by CPT code.

PHYSICIAN SERVICES PROCEDURE NOTE: Fee schedules are based on South Dakota Medicaid Rates plus 38%. Physician Services procedure codes without an established Medicaid rate are calculated based on the formula *(Billed Charge * 40%)*1.38.* The Physician Services Fee schedule includes Physician Laboratory and Non-Laboratory, Podiatry, & Vision. The Physician fees override any that may differ in the Podiatry and Vision fee schedules. CPT codes on the Medicaid ASC surgical procedures list will be paid based on group number rate plus 38% if followed by the SG modifier. The group number rate can be found on the Medicaid ASC facility grouper list. Group 5 will NOT be recognized by Correctional Health. If a CPT is filed on a claim with the SG modifier and is NOT on the ASC list for groups 1 through 4 it will be paid at $0.00.

SIA CODES: minutes MUST be entered into box G of the CMS 1500 claim for the payment to be calculated

MULTIPLE CPT CODES PER DOS: Identical CPT Code/modifier combinations MUST be entered on one line with multiple units in box G of the CMS 1500 or box 46 on the UB04. If a CPT code is entered multiple times on a CMS 1500 claim form using one unit each, the first code (if approved) will be paid and the subsequent codes denied as duplicates.

Rates displayed below do not reflect rates for codes billed containing modifiers. For information on how modifiers will affect payment see ARSD § 67:16:02:03.02. You can find this Administrative Rule at the South Dakota Medicaid Provider Information link.

http://dss.sd.gov/sdmedx/includes/providers/feeschedules/dss/index.aspx

		PHYSICIAN SERVICES FY2020 RATES
Procedure Code	**Procedure Description**	**Medicaid + 38%**
00100	Anesth Salivary Gland	$ 24.70
00102	Anesth Repair Of Cleft Lip	$ 24.70
00103	Anesth Blepharoplasty	$ 24.70
00104	Anesth Electroshock	$ 24.70
00120	Anesth Ear Surgery	$ 24.70
00124	Anesth Ear Exam	$ 24.70
00126	Anesth Tympanotomy	$ 24.70
00140	Anesth Procedures On Eye	$ 24.70
00142	Anesth Lens Surgery	$ 24.70
00144	Anesth Corneal Transplant	$ 24.70
00145	Anesth Vitreoretinal Surg	$ 24.70
00147	Anesth Iridectomy	$ 24.70
00148	Anesth Eye Exam	$ 24.70
00160	Anesth Nose/Sinus Surgery	$ 24.70
00162	Anesth Nose/Sinus Surgery	$ 24.70
00164	Anesth Biopsy Of Nose	$ 24.70
00170	Anesth Procedure On Mouth	$ 24.70
00172	Anesth Cleft Palate Repair	$ 24.70
00174	Anesth Pharyngeal Surgery	$ 24.70

		PHYSICIAN SERVICES FY2020 RATES
Procedure Code	**Procedure Description**	**Medicaid + 38%**
00176	Anesth Pharyngeal Surgery	$ 24.70
00190	Anesth Face/Skull Bone Surg	$ 24.70
00192	Anesth Facial Bone Surgery	$ 24.70
00210	Anesth Cranial Surg Nos	$ 24.70
00211	Anesth Cran Surg Hemotoma	$ 24.70
00212	Anesth Skull Drainage	$ 24.70
00214	Anesth Skull Drainage	$ 24.70
00215	Anesth Skull Repair/Fract	$ 24.70
00216	Anesth Head Vessel Surgery	$ 24.70
00218	Anesth Special Head Surgery	$ 24.70
00220	Anesth Intrcrn Nerve	$ 24.70
00222	Anesth Head Nerve Surgery	$ 24.70
00300	Anesth Head/Neck/Ptrunk	$ 24.70
00320	Anesth Neck Organ 1Yr/>	$ 24.70
00322	Anesth Biopsy Of Thyroid	$ 24.70
00326	Anesth Larynx/Trach < 1 Yr	$ 24.70
00350	Anesth Neck Vessel Surgery	$ 24.70
00352	Anesth Neck Vessel Surgery	$ 24.70
00400	Anesth Skin Ext/Per/Atrunk	$ 24.70
00402	Anesth Surgery Of Breast	$ 24.70
00404	Anesth Surgery Of Breast	$ 24.70
00406	Anesth Surgery Of Breast	$ 24.70
00410	Anesth Correct Heart Rhythm	$ 24.70
00450	Anesth Surgery Of Shoulder	$ 24.70
00454	Anesth Collar Bone Biopsy	$ 24.70
00470	Anesth Removal Of Rib	$ 24.70
00472	Anesth Chest Wall Repair	$ 24.70
00474	Anesth Surgery Of Rib	$ 24.70
00500	Anesth Esophageal Surgery	$ 24.70
00520	Anesth Chest Procedure	$ 24.70
00522	Anesth Chest Lining Biopsy	$ 24.70
00524	Anesth Chest Drainage	$ 24.70
00528	Anes Mediascpy & Dx Thorscpy	$ 24.70
00529	Anes Medscpy&Thorscpy 1 Lung	$ 24.70
00530	Anesth Pacemaker Insertion	$ 24.70
00532	Anesth Vascular Access	$ 24.70
00534	Anesth Cardioverter/Defib	$ 24.70
00537	Anesth Cardiac Electrophys	$ 24.70
00539	Anesth Trach-Bronch Reconst	$ 24.70
00540	Anesth Chest Surgery	$ 24.70
00541	Anesth One Lung Ventilation	$ 24.70
00542	Anesthesia Removal Pleura	$ 24.70
00546	Anesth Lung Chest Wall Surg	$ 24.70
00548	Anesth Trachea Bronchi Surg	$ 24.70
00550	Anesth Sternal Debridement	$ 24.70
00560	Anesth Heart Surg W/O Pump	$ 24.70
00561	Anesth Heart Surg <1 Yr	$ 24.70
00562	Anesth, Open Heart Surgery	$ 24.70
00563	Anesth Heart Surg W/Arrest	$ 24.70
00566	Anesth Cabg W/O Pump	$ 24.70
00567	Anesth Cabg W/Pump	$ 24.70
00580	Anesth Heart/Lung Transplnt	$ 24.70
00600	Anesth Spine Cord Surgery	$ 24.70
00604	Anesth Sitting Procedure	$ 24.70
00620	Anesth Spine Cord Surgery	$ 24.70
00625	Anes Spine Tranthor W/O Vent	$ 24.70

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00626	Anes Spine Transthor W/Vent	$ 24.70
00630	Anesth Spine Cord Surgery	$ 24.70
00632	Anesth Removal Of Nerves	$ 24.70
00635	Anesth Lumbar Puncture	$ 24.70
00640	Anesth Spine Manipulation	$ 24.70
00670	Anesth Spine Cord Surgery	$ 24.70
00700	Anesth Abdominal Wall Surg	$ 24.70
00702	Anesth For Liver Biopsy	$ 24.70
00730	Anesth Abdominal Wall Surg	$ 24.70
00731	Anes Upr Gi Ndsc Px Nos	$ 24.70
00732	Anes Upr Gi Ndsc Px Ercp	$ 24.70
00750	Anesth Repair Of Hernia	$ 24.70
00752	Anesth Repair Of Hernia	$ 24.70
00754	Anesth Repair Of Hernia	$ 24.70
00756	Anesth Repair Of Hernia	$ 24.70
00770	Anesth Blood Vessel Repair	$ 24.70
00790	Anesth Surg Upper Abdomen	$ 24.70
00792	Anesth Hemorr/Excise Liver	$ 24.70
00794	Anesth Pancreas Removal	$ 24.70
00796	Anesth For Liver Transplant	$ 24.70
00797	Anesth Surgery For Obesity	$ 24.70
00800	Anesth Abdominal Wall Surg	$ 24.70
00802	Anesth Fat Layer Removal	$ 24.70
00811	Anes Lwr Intst Ndsc Nos	$ 24.70
00812	Anes Lwr Intst Scr Colsc	$ 24.70
00813	Anes Upr Lwr Gi Ndsc Px	$ 24.70
00820	Anesth Abdominal Wall Surg	$ 24.70
00830	Anesth Repair Of Hernia	$ 24.70
00830	Anesth Repair Of Hernia	$ 24.70
00832	Anesth Repair Of Hernia	$ 24.70
00834	Anesth Hernia Repair < 1 Yr	$ 24.70
00836	Anesth Hernia Repair Preemie	$ 24.70
00840	Anesth Surg Lower Abdomen	$ 24.70
00842	Anesth Amniocentesis	$ 24.70
00844	Anesth Pelvis Surgery	$ 24.70
00846	Anesth Hysterectomy	$ 24.70
00848	Anesth Pelvic Organ Surg	$ 24.70
00851	Anesth Tubal Ligation	$ 24.70
00860	Anesth Surgery Of Abdomen	$ 24.70
00862	Anesth Kidney/Ureter Surg	$ 24.70
00864	Anesth Removal Of Bladder	$ 24.70
00865	Anesth Removal Of Prostate	$ 24.70
00866	Anesth Removal Of Adrenal	$ 24.70
00868	Anesth Kidney Transplant	$ 24.70
00870	Anesth Bladder Stone Surg	$ 24.70
00872	Anesth Kidney Stone Destruct	$ 24.70
00873	Anesth Kidney Stone Destruct	$ 24.70
00880	Anesth Abdomen Vessel Surg	$ 24.70
00882	Anesth Major Vein Ligation	$ 24.70
00902	Anesth Anorectal Surgery	$ 24.70
00904	Anesth Perineal Surgery	$ 24.70
00906	Anesth Removal Of Vulva	$ 24.70
00908	Anesth Removal Of Prostate	$ 24.70
00910	Anesth Bladder Surgery	$ 24.70
00912	Anesth Bladder Tumor Surg	$ 24.70
00914	Anesth Removal Of Prostate	$ 24.70

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00916	Anesth Bleeding Control	$ 24.70
00918	Anesth Stone Removal	$ 24.70
00920	Anesth Genitalia Surgery	$ 24.70
00921	Anesth Vasectomy	$ 24.70
00922	Anesth Sperm Duct Surgery	$ 24.70
00924	Anesth Testis Exploration	$ 24.70
00926	Anesth Removal Of Testis	$ 24.70
00928	Anesth Removal Of Testis	$ 24.70
00930	Anesth Testis Suspension	$ 24.70
00932	Anesth Amputation Of Penis	$ 24.70
00934	Anesth Penis Nodes Removal	$ 24.70
00936	Anesth Penis Nodes Removal	$ 24.70
00938	Anesth Insert Penis Device	$ 24.70
00940	Anesth Vaginal Procedures	$ 24.70
00942	Anesth Surg On Vag/Urethral	$ 24.70
00944	Anesth Vaginal Hysterectomy	$ 24.70
00948	Anesth Repair Of Cervix	$ 24.70
00950	Anesth Vaginal Endoscopy	$ 24.70
00952	Anesth Hysteroscope/Graph	$ 24.70
01112	Anesth Bone Aspirate/Bx	$ 24.70
01120	Anesth Pelvis Surgery	$ 24.70
01130	Anesth Body Cast Procedure	$ 24.70
01140	Anesth Amputation At Pelvis	$ 24.70
01150	Anesth Pelvic Tumor Surgery	$ 24.70
01160	Anesth Pelvis Procedure	$ 24.70
01170	Anesth Pelvis Surgery	$ 24.70
01173	Anesth Fx Repair Pelvis	$ 24.70
01200	Anesth Hip Joint Procedure	$ 24.70
01202	Anesth Arthroscopy Of Hip	$ 24.70
01210	Anesth Hip Joint Surgery	$ 24.70
01212	Anesth Hip Disarticulation	$ 24.70
01214	Anesth Hip Arthroplasty	$ 24.70
01215	Anesth Revise Hip Repair	$ 24.70
01220	Anesth Procedure On Femur	$ 24.70
01230	Anesth Surgery Of Femur	$ 24.70
01232	Anesth Amputation Of Femur	$ 24.70
01234	Anesth Radical Femur Surg	$ 24.70
01250	Anesth Upper Leg Surgery	$ 24.70
01260	Anesth Upper Leg Veins Surg	$ 24.70
01270	Anesth Thigh Arteries Surg	$ 24.70
01272	Anesth Femoral Artery Surg	$ 24.70
01274	Anesth Femoral Embolectomy	$ 24.70
01320	Anesth Knee Area Surgery	$ 24.70
01340	Anesth Knee Area Procedure	$ 24.70
01360	Anesth Knee Area Surgery	$ 24.70
01380	Anesth Knee Joint Procedure	$ 24.70
01382	Anesth Dx Knee Arthroscopy	$ 24.70
01390	Anesth Knee Area Procedure	$ 24.70
01392	Anesth Knee Area Surgery	$ 24.70
01400	Anesth Knee Joint Surgery	$ 24.70
01402	Anesth Knee Arthroplasty	$ 24.70
01404	Anesth Amputation At Knee	$ 24.70
01420	Anesth Knee Joint Casting	$ 24.70
01430	Anesth Knee Veins Surgery	$ 24.70
01432	Anesth Knee Vessel Surg	$ 24.70
01440	Anesth Knee Arteries Surg	$ 24.70

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Procedure Code	**Procedure Description**	**Medicaid + 38%**
01442	Anesth Knee Artery Surg	$ 24.70
01444	Anesth Knee Artery Repair	$ 24.70
01462	Anesth Lower Leg Procedure	$ 24.70
01464	Anesth Ankle/Ft Arthroscopy	$ 24.70
01470	Anesth Lower Leg Surgery	$ 24.70
01472	Anesth Achilles Tendon Surg	$ 24.70
01474	Anesth Lower Leg Surgery	$ 24.70
01480	Anesth Lower Leg Bone Surg	$ 24.70
01482	Anesth Radical Leg Surgery	$ 24.70
01484	Anesth Lower Leg Revision	$ 24.70
01486	Anesth Ankle Replacement	$ 24.70
01490	Anesth Lower Leg Casting	$ 24.70
01500	Anesth Leg Arteries Surg	$ 24.70
01502	Anesth Lwr Leg Embolectomy	$ 24.70
01520	Anesth Lower Leg Vein Surg	$ 24.70
01522	Anesth Lower Leg Vein Surg	$ 24.70
01610	Anesth Surgery Of Shoulder	$ 24.70
01620	Anesth Shoulder Procedure	$ 24.70
01622	Anes Dx Shoulder Arthroscopy	$ 24.70
01630	Anesth Surgery Of Shoulder	$ 24.70
01634	Anesth Shoulder Joint Amput	$ 24.70
01636	Anesth Forequarter Amput	$ 24.70
01638	Anesth Shoulder Replacement	$ 24.70
01650	Anesth Shoulder Artery Surg	$ 24.70
01652	Anesth Shoulder Vessel Surg	$ 24.70
01654	Anesth Shoulder Vessel Surg	$ 24.70
01656	Anesth Arm-Leg Vessel Surg	$ 24.70
01670	Anesth Shoulder Vein Surg	$ 24.70
01680	Anesth Shoulder Casting	$ 24.70
01710	Anesth Elbow Area Surgery	$ 24.70
01712	Anesth Uppr Arm Tendon Surg	$ 24.70
01714	Anesth Uppr Arm Tendon Surg	$ 24.70
01716	Anesth Biceps Tendon Repair	$ 24.70
01730	Anesth Uppr Arm Procedure	$ 24.70
01732	Anesth Dx Elbow Arthroscopy	$ 24.70
01740	Anesth Upper Arm Surgery	$ 24.70
01742	Anesth Humerus Surgery	$ 24.70
01744	Anesth Humerus Repair	$ 24.70
01756	Anesth Radical Humerus Surg	$ 24.70
01758	Anesth Humeral Lesion Surg	$ 24.70
01760	Anesth Elbow Replacement	$ 24.70
01770	Anesth Uppr Arm Artery Surg	$ 24.70
01772	Anesth Uppr Arm Embolectomy	$ 24.70
01780	Anesth Upper Arm Vein Surg	$ 24.70
01782	Anesth Uppr Arm Vein Repair	$ 24.70
01810	Anesth Lower Arm Surgery	$ 24.70
01820	Anesth Lower Arm Procedure	$ 24.70
01829	Anesth Dx Wrist Arthroscopy	$ 24.70
01830	Anesth Lower Arm Surgery	$ 24.70
01832	Anesth Wrist Replacement	$ 24.70
01840	Anesth Lwr Arm Artery Surg	$ 24.70
01842	Anesth Lwr Arm Embolectomy	$ 24.70
01844	Anesth Vascular Shunt Surg	$ 24.70
01850	Anesth Lower Arm Vein Surg	$ 24.70
01852	Anesth Lwr Arm Vein Repair	$ 24.70
01860	Anesth Lower Arm Casting	$ 24.70

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Procedure Code	Procedure Description	Medicaid + 38%
01916	Anesth Dx Arteriography	$ 24.70
01920	Anesth Catheterize Heart	$ 24.70
01922	Anesth Cat Or Mri Scan	$ 24.70
01924	Anes Ther Interven Rad Artrl	$ 24.70
01925	Anes Ther Interven Rad Card	$ 24.70
01926	Anes Tx Interv Rad Hrt/Cran	$ 24.70
01930	Anes Ther Interven Rad Vein	$ 24.70
01931	Anes Ther Interven Rad Tips	$ 24.70
01932	Anes Tx Interv Rad Th Vein	$ 24.70
01933	Anes Tx Interv Rad Cran Vein	$ 24.70
01935	Anesth Perc Img Dx Sp Proc	$ 24.70
01936	Anesth Perc Img Tx Sp Proc	$ 24.70
01951	Anesth Burn Less 4 Percent	$ 24.70
01952	Anesth Burn 4-9 Percent	$ 24.70
01953	Anesth Burn Each 9 Percent	$ 24.70
01958	Anesth Antepartum Manipul	$ 24.70
01960	Anesth Vaginal Delivery	$ 24.70
01961	Anesth Cs Delivery	$ 24.70
01962	Anesth Emer Hysterectomy	$ 24.70
01963	Anesth Cs Hysterectomy	$ 24.70
01965	Anesth Inc/Missed Ab Proc	$ 24.70
01967	Anesth/Analg Vag Delivery	$ 24.70
01968	Anes/Analg Cs Deliver Add-On	$ 24.70
01969	Anesth/Analg Cs Hyst Add-On	$ 24.70
01990	Support For Organ Donor	$ 24.70
01991	Anesth Nerve Block/Inj	$ 24.70
01992	Anesth N Block/Inj Prone	$ 24.70
01996	Hosp Manage Cont Drug Admin	$ 24.70
10004	Fine Needle Aspiration Of Additional Lesion	$ 201.94
10005	Fine Needle Aspiration Of First Lesion Using Ultrasound Guidance	$ 201.94
10006	Fine Needle Aspiration Of Additional Lesion Using Ultrasound Guidance	$ 201.94
10007	Fine Needle Aspiration Of First Lesion Using Fluoroscopice Guidance	$ 201.94
10008	Fine Needle Aspiration Of Additional Lesion Using Fluoroscopice Guidance	$ 201.94
10009	Fine Needle Aspiration Of First Lesion Using Ct Guidance	$ 201.94
10010	Fine Needle Aspiration Of Additional Lesion Using Ct Guidance	$ 201.94
10011	Fine Needle Aspiration Of First Lesion Using Mr Guidance	$ 201.94
10012	Fine Needle Aspiration Of Additional Lesion Using Mr Guidance	$ 201.94
10021	Tangential Biopsy Of Single Skin Lesion	$ 182.85
10030	Guide cathet fluid drainage	$ 822.77
10035	Perq dev soft tiss 1st imag	$ 716.97
10036	Perq dev soft tiss add imag	$ 624.64
10040	Acne surgery	$ 119.92
10060	DRAINAGE OF ABSCESS	$ 131.00
10061	DRAINAGE OF ABSCESS	$ 234.26
10080	DRAINAGE OF PILONIDAL CYST	$ 213.33
10081	DRAINAGE OF PILONIDAL CYST	$ 179.26
10120	Remove foreign body	$ 207.23
10121	Remove foreign body	$ 322.22
10140	DRAINAGE OF HEMATOMA SIMPLE	$ 319.54
10160	Puncture drainage of lesion	$ 151.65
10180	Complex drainage wound	$ 285.63
11000	Debride infected skin	$ 64.80
11001	Debride infected skin add-on	$ 29.81
11004	Debride genitalia & perineum	$ 758.81
11005	Debride abdom wall	$ 1,001.02
11006	Debride genit/per/abdom wall	$ 923.33

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
11008	Remove mesh from abd wall	$ 351.57
11010	Debride skin, fx	$ 567.65
11011	Debride skin musc at fx site	$ 629.28
11012	Deb skin bone at fx site	$ 851.05
11042	Debride Skin/Tissue	$ 108.05
11043	Debride Tissue/Muscle	$ 335.57
11044	Debride Tissue/Muscle/Bone	$ 348.42
11045	Deb Subq Tissue Add-On	$ 61.22
11046	Deb Musc/Fascia Add-On	$ 107.63
11047	Deb Bone Add-On	$ 181.64
11055	Trim Skin Lesion	$ 56.95
11056	Trim Skin Lesions 2 To 4	$ 71.48
11057	Trim Skin Lesions Over 4	$ 86.08
11102	Tangential Biopsy Of Single Skin Lesion	$ 119.44
11103	Tangential Biopsy Of Additional Skin Lesion	$ 40.54
11104	Punch Biopsy Of Single Skin Lesion	$ 119.44
11105	Punch Biopsy Of Additional Skin Lesion	$ 40.54
11106	Incisional Biopsy Of Single Skin Lesion	$ 119.44
11107	Incisional Biopsy Of Additional Skin Lesion	$ 40.54
11200	Removal of skin tags <w/15	$ 94.61
11201	Removal Of Skin Tags	$ 24.23
11300	Shave Skin Lesion 0.5 Cm/<	$ 80.98
11301	Shave Skin Lesion 0.6-1.0 Cm	$ 112.04
11302	Shave Skin Lesion 1.1-2.0 Cm	$ 99.95
11303	Shave Skin Lesion >2.0 Cm	$ 156.86
11305	Shave Skin Lesion 0.5 Cm/<	$ 85.41
11306	Shave Skin Lesion 0.6-1.0 Cm	$ 117.24
11307	Shave Skin Lesion 1.1-2.0 Cm	$ 107.27
11308	Shave Skin Lesion >2.0 Cm	$ 170.44
11310	Shave Skin Lesion 0.5 Cm/<	$ 102.52
11311	Shave Skin Lesion 0.6-1.0 Cm	$ 128.41
11312	Shave Skin Lesion 1.1-2.0 Cm	$ 151.54
11313	Shave Skin Lesion >2.0 Cm	$ 192.33
11400	Exc Tr-Ext B9+Marg 0.5 Cm<	$ 153.48
11401	Removal of growth (0.6 to 1.0 centimeters) of the trunk, arms, or legs	$ 175.43
11402	Removal of growth (1.1 to 2.0 centimeters) of the trunk, arms, or legs	$ 205.95
11403	Removal of growth (2.1 to 3.0 centimeters) of the trunk, arms, or legs	$ 224.28
11404	Removal of growth (3.1 to 4.0 centimeters) of the trunk, arms, or legs	$ 183.86
11406	Exc Tr-Ext B9+Marg >4.0 Cm	$ 356.11
11420	Exc H-F-Nk-Sp B9+Marg 0.5/<	$ 146.07
11421	Removal of growth (0.6 to 1.0 centimeters) of the scalp, neck, hands, feet,	$ 187.51
11422	Removal of growth (1.1 to 2.0 centimeters) of the scalp, neck, hands, feet,	$ 210.24
11423	Excision Benign Lesion,2.0-3.0 Cm	$ 173.37
11424	Excision Benign Lesion,3.0-4.0 Cm	$ 201.05
11426	Exc H-F-Nk-Sp B9+Marg >4 Cm	$ 249.89
11440	Exc Face-Mm B9+Marg 0.5 Cm/<	$ 172.94
11441	Removal Of Skin Lesion 0.5-1.0 Cm	$ 204.94
11442	Removal Of Skin Lesion 1.0-2.0 Cm	$ 229.81
11443	Excision Benign Lesion,2.0-3.0 Cm	$ 208.66
11444	Excision Benign Lesion 3.0-4.0 Cm	$ 214.15
11446	Exc Face-Mm B9+Marg >4 Cm	$ 293.72
11450	Removal Sweat Gland Lesion	$ 270.83
11451	Removal Sweat Gland Lesion	$ 343.98
11462	Removal Sweat Gland Lesion	$ 244.55
11463	Removal Sweat Gland Lesion	$ 297.87
11470	Removal Sweat Gland Lesion	$ 301.97

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11471	Removal Sweat Gland Lesion	$ 348.41
11600	Exc Tr-Ext Mal+Marg 0.5 Cm/<	$ 122.12
11601	Exc Tr-Ext Mal+Marg 0.6-1 Cm	$ 166.41
11602	Exc Tr-Ext Mal+Marg 1.1-2 Cm	$ 210.80
11603	Exc Tr-Ext Mal+Marg 2.1-3 Cm	$ 228.07
11604	Exc Tr-Ext Mal+Marg 3.1-4 Cm	$ 269.86
11606	Exc Tr-Ext Mal+Marg >4 Cm	$ 333.42
11620	Exc H-F-Nk-Sp Mal+Marg 0.5/<	$ 139.05
11621	Exc S/N/H/F/G Mal+Mrg 0.6-1	$ 215.40
11622	Exc S/N/H/F/G Mal+Mrg 1.1-2	$ 271.63
11623	Exc S/N/H/F/G Mal+Mrg 2.1-3	$ 305.28
11624	Exc S/N/H/F/G Mal+Mrg 3.1-4	$ 348.24
11626	Exc S/N/H/F/G Mal+Mrg >4 Cm	$ 390.10
11640	Exc F/E/E/N/L Mal+Mrg 0.5Cm<	$ 196.88
11641	Exc F/E/E/N/L Mal+Mrg 0.6-1	$ 284.47
11642	Exc F/E/E/N/L Mal+Mrg 1.1-2	$ 320.55
11643	Exc F/E/E/N/L Mal+Mrg 2.1-3	$ 324.38
11644	Exc F/E/E/N/L Mal+Mrg 3.1-4	$ 485.10
11646	Exc F/E/E/N/L Mal+Mrg >4 Cm	$ 519.40
11720	Debride Nail 1-5	$ 37.55
11721	Debride Nail 6 Or More	$ 53.32
11730	Removal Of Nail, Single	$ 120.64
11732	Remove Nail Plate Add-On	$ 32.54
11740	Drain Blood From Under Nail	$ 53.36
11750	Removal Of Nail Bed	$ 254.10
11755	Biopsy Nail Unit	$ 116.40
11760	Repair Of Nail Bed	$ 236.15
11762	Reconstruction Of Nail Bed	$ 271.67
11765	Excision Of Nail Fold Toe	$ 149.45
11770	Remove Pilonidal Cyst Simple	$ 391.81
11771	Remove Pilonidal Cyst Exten	$ 504.38
11772	Remove Pilonidal Cyst Compl	$ 582.83
11900	Inject Skin Lesions </W 7	$ 65.88
11901	Inject Skin Lesions >7	$ 82.37
11920	Correct Skin Color 6.0 Cm/<	$ 215.49
11921	Correct Skn Color 6.1-20.0Cm	$ 247.14
11922	Correct Skin Color Ea 20.0Cm	$ 73.28
11950	Tx Contour Defects 1 Cc/<	$ 92.39
11951	Tx Contour Defects 1.1-5.0Cc	$ 126.05
11952	Tx Contour Defects 5.1-10Cc	$ 168.64
11954	Tx Contour Defects >10.0 Cc	$ 197.46
11960	Insertion Of Tissue Expander	$ 718.28
11970	Replacement Of Tissue Expander With Permanent Prosthesi	$ 789.22
11971	Removal Of Tissue Expander(S) Without Insertion Of Pros	$ 286.97
11976	Remove Contraceptive Capsule	$ 179.12
11980	Implant Hormone Pellet(S)	$ 131.27
11981	Insert Drug Implant Device	$ 167.24
11982	Remove Drug Implant Device	$ 189.90
11983	Remove/Insert Drug Implant	$ 293.88
12001	Rpr S/N/Ax/Gen/Trnk 2.5Cm/<	$ 201.15
12002	Rpr S/N/Ax/Gen/Trnk2.6-7.5Cm	$ 214.01
12004	Rpr S/N/Ax/Gen/Trk7.6-12.5Cm	$ 249.12
12005	Rpr S/N/A/Gen/Trk12.6-20.0Cm	$ 291.44
12006	Rpr S/N/A/Gen/Trk20.1-30.0Cm	$ 222.50
12007	Rpr S/N/Ax/Gen/Trnk >30.0 Cm	$ 293.62
12011	Rpr F/E/E/N/L/M 2.5 Cm/<	$ 212.40

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
12013	Rpr F/E/E/N/L/M 2.6-5.0 Cm	$ 233.18
12014	Rpr F/E/E/N/L/M 5.1-7.5 Cm	$ 156.09
12015	Rpr F/E/E/N/L/M 7.6-12.5 Cm	$ 189.97
12016	Rpr Fe/E/En/L/M 12.6-20.0 Cm	$ 256.83
12017	Rpr Fe/E/En/L/M 20.1-30.0 Cm	$ 377.51
12018	Rpr F/E/E/N/L/M >30.0 Cm	$ 490.25
12020	Treatment Of Superficial Wound Dehiscence; Simple Closu	$ 192.25
12021	Treatment Of Superficial Wound Dehiscence; With Packing	$ 123.91
12031	Intmd Rpr S/A/T/Ext 2.5 Cm/<	$ 267.98
12032	Intmd Rpr S/A/T/Ext 2.6-7.5	$ 355.81
12034	Intmd Rpr S/Tr/Ext 7.6-12.5	$ 349.35
12035	Intmd Rpr S/A/T/Ext 12.6-20	$ 245.78
12036	Intmd Rpr S/A/T/Ext 20.1-30	$ 289.15
12037	Intmd Rpr S/Tr/Ext >30.0 Cm	$ 380.82
12041	Intmd Rpr N-Hf/Genit 2.5Cm/<	$ 270.67
12042	Intmd Rpr N-Hf/Genit2.6-7.5	$ 337.31
12044	Intmd Rpr N-Hf/Genit7.6-12.5	$ 209.22
12045	Intmd Rpr N-Hf/Genit12.6-20	$ 255.48
12046	Intmd Rpr N-Hf/Genit20.1-30	$ 357.34
12047	Intmd Rpr N-Hf/Genit >30.0Cm	$ 411.64
12051	Intmd Rpr Face/Mm 2.5 Cm/<	$ 314.71
12052	Intmd Rpr Face/Mm 2.6-5.0 Cm	$ 347.64
12053	Intmd Rpr Face/Mm 5.1-7.5 Cm	$ 232.09
12054	Intmd Rpr Face/Mm 7.6-12.5Cm	$ 279.85
12055	Intmd Rpr Face/Mm 12.6-20 Cm	$ 340.58
12056	Intmd Rpr Face/Mm 20.1-30.0	$ 501.81
12057	Intmd Rpr Face/Mm >30.0 Cm	$ 575.32
13100	Cmplx Rpr Trunk 1.1-2.5 Cm	$ 187.51
13101	Cmplx Rpr Trunk 2.6-7.5 Cm	$ 464.89
13102	Cmplx Rpr Trunk Addl 5Cm/<	$ 132.18
13120	Cmplx Rpr S/A/L 1.1-2.5 Cm	$ 224.42
13121	Cmplx Rpr S/A/L 2.6-7.5 Cm	$ 515.09
13122	Cmplx Rpr S/A/L Addl 5 Cm/>	$ 185.36
13131	Cmplx Rpr F/C/C/M/N/Ax/G/H/F	$ 427.94
13132	Cmplx Rpr F/C/C/M/N/Ax/G/H/F	$ 680.06
13133	Cmplx Rpr F/C/C/M/N/Ax/G/H/F	$ 213.97
13151	Cmplx Rpr E/N/E/L 1.1-2.5 Cm	$ 490.60
13152	Cmplx Rpr E/N/E/L 2.6-7.5 Cm	$ 672.54
13153	Cmplx Rpr E/N/E/L Addl 5Cm/<	$ 581.28
13160	Secondary Closure Of Surgical Wound Dehiscence, Extensi	$ 989.60
14000	Tis Trnfr Trunk 10 Sq Cm/<	$ 442.90
14001	Tis Trnfr Trunk 10.1-30Sqcm	$ 980.88
14020	Tis Trnfr S/A/L 10 Sq Cm/<	$ 553.37
14021	Tis Trnfr S/A/L 10.1-30 Sqcm	$ 797.67
14040	Tis Trnfr F/C/C/M/N/A/G/H/F	$ 701.54
14041	Tis Trnfr F/C/C/M/N/A/G/H/F	$ 947.49
14060	Tis Trnfr E/N/E/L 10 Sq Cm/<	$ 805.11
14061	Tis Trnfr E/N/E/L10.1-30Sqcm	$ 1,111.38
14301	Tis Trnfr Any 30.1-60 Sq Cm	$ 1,357.46
14302	Tis Trnfr Addl 30 Sq Cm/<	$ 299.35
14350	Filleted Finger/Toe Flap	$ 779.18
15002	Wound Prep Trk/Arm/Leg	$ 406.45
15003	Wound Prep Addl 100 Cm	$ 129.11
15004	Wound Prep F/N/Hf/G	$ 129.11
15005	Wnd Prep F/N/Hf/G Addl Cm	$ 149.14
15040	Harvest Cultured Skin Graft	$ 305.75

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		PHYSICIAN SERVICES FY2020 RATES
Procedure Code	**Procedure Description**	**Medicaid + 38%**
15050	Skin Pinch Graft	$ 225.71
15100	Skin Splt Grft Trnk/Arm/Leg	$ 1,185.39
15101	Skin Splt Grft T/A/L Add-On	$ 292.10
15110	Epidrm Autogrft Trnk/Arm/Leg	$ 1,045.60
15111	Epidrm Autogrft T/A/L Add-On	$ 150.16
15115	Epidrm A-Grft Face/Nck/Hf/G	$ 1,059.99
15116	Epidrm A-Grft F/N/Hf/G Addl	$ 208.10
15120	Skin Graft Procedure	$ 818.40
15121	Skn Splt A-Grft F/N/Hf/G Add	$ 385.96
15130	Derm Autograft Trnk/Arm/Leg	$ 818.51
15131	Derm Autograft T/A/L Add-On	$ 120.75
15135	Derm Autograft Face/Nck/Hf/G	$ 1,064.08
15136	Derm Autograft F/N/Hf/G Add	$ 110.25
15150	Cult Epiderm Grft T/Arm/Leg	$ 859.53
15151	Cult Epiderm Grft T/A/L Addl	$ 157.13
15152	Cult Epiderm Graft T/A/L +%	$ 201.08
15155	Cult Epiderm Graft F/N/Hf/G	$ 863.07
15156	Cult Epidrm Grft F/N/Hfg Add	$ 220.19
15157	Cult Epiderm Grft F/N/Hfg +%	$ 232.03
15200	Skin Full Graft Trunk	$ 528.02
15201	Skin Full Graft Trunk Add-On	$ 197.51
15220	Skin Full Graft Sclp/Arm/Leg	$ 631.86
15221	Skin Graft Procedure	$ 210.26
15240	Skin Full Grft Face/Genit/Hf	$ 1,134.43
15241	Skin Graft Procedure	$ 332.98
15260	Skin Full Graft Een & Lips	$ 866.83
15261	Skin Graft Procedure	$ 315.25
15271	Skin Sub Graft Trnk/Arm/Leg	$ 200.82
15272	Skin Sub Graft T/A/L Add-On	$ 37.55
15273	Skin Sub Grft T/Arm/Lg Child	$ 398.63
15274	Skn Sub Grft T/A/L Child Add	$ 91.08
15275	Skin Sub Graft Face/Nk/Hf/G	$ 239.11
15276	Skin Sub Graft F/N/Hf/G Addl	$ 50.40
15277	Skn Sub Grft F/N/Hf/G Child	$ 437.72
15278	Skn Sub Grft F/N/Hf/G Ch Add	$ 109.28
15570	Skin Pedicle Flap Trunk	$ 682.26
15572	Skin Pedicle Flap Arms/Legs	$ 654.01
15574	Pedcle Fh/Ch/Ch/M/N/Ax/G/H/F	$ 835.96
15576	Pedicle E/N/E/L/Ntroral	$ 987.13
15600	Delay Flap Trunk	$ 308.26
15610	Delay Flap Arms/Legs	$ 311.98
15620	Delay Flap F/C/C/N/Ax/G/H/F	$ 379.79
15630	Delay Flap Eye/Nos/Ear/Lip	$ 559.71
15650	Skin Graft Procedure	$ 452.43
15730	Mdfc Flap W/Prsrv Vasc Pedcl	$ 1,981.89
15731	Forehead Flap W/Vasc Pedicle	$ 1,408.18
15733	Musc Myoq/Fscq Flp H&N Pedcl	$ 1,314.27
15734	Muscle-Skin Graft Trunk	$ 1,835.39
15736	Muscle-Skin Graft Arm	$ 1,634.33
15738	Muscle-Skin Graft Leg	$ 1,771.31
15740	Skin Graft Procedure	$ 1,216.82
15750	Neurovascular Pedicle Flap	$ 1,165.40
15756	Free Muscle Flap, Microvasc	$ 2,987.18
15757	Free Skin Flap Microvasc	$ 2,973.27
15758	Free Fascial Flap Microvasc	$ 2,959.23
15760	Skin Graft Procedure	$ 797.93

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		PHYSICIAN SERVICES FY2020 RATES
Procedure Code	**Procedure Description**	**Medicaid + 38%**
15769	Grafting of patient soft tissue, harvested by direct excision	$ 593.06
15770	Skin Graft Procedure	$ 727.18
15771	Grafting of patient fat, harvested by liposuction to trunk, breasts, scalp, arms, and	$ 715.70
15772	Grafting of patient fat, harvested by liposuction to trunk, breasts, scalp, arms, and	$ 223.35
15773	Grafting of patient fat, harvested by liposuction to to face, eyelids, mouth, neck, ea	$ 722.42
15774	Grafting of patient fat, harvested by liposuction to to face, eyelids, mouth, neck, ea	$ 217.01
15777	Acellular Derm Matrix Implt	$ 282.15
15780	Dermabrasion Total Face	$ 418.14
15781	Dermabrasion Segmental Face	$ 425.43
15782	Dermabrasion Other Than Face	$ 279.56
15783	Dermabrasion Suprfl Any Site	$ 311.40
15786	Abrasion Lesion Single	$ 131.68
15787	Abrasion Lesions Add-On	$ 28.21
15788	Chemical Peel Face Epiderm	$ 221.82
15789	Chemical Peel Face Dermal	$ 271.76
15792	Chemical Peel Nonfacial	$ 144.53
15793	Chemical Peel Nonfacial	$ 184.37
15819	Plastic Surgery Neck	$ 852.62
15820	Removal Of Skin Furrows	$ 556.91
15821	Removal Of Skin Furrows	$ 638.98
15822	Removal Of Skin Furrows	$ 599.21
15823	Rhytidectomy	$ 716.01
15824	Removal Of Skin Furrows	$ 860.36
15826	Removal Of Skin Furrows	$ 688.28
15828	Removal Of Skin Furrows	$ 2,534.37
15830	Exc Skin Abd	$ 1,120.86
15832	Excise Excessive Skin Thigh	$ 989.02
15833	Excise Excessive Skin Leg	$ 837.96
15834	Excise Excessive Skin Hip	$ 892.79
15835	Excise Excessive Skin Buttck	$ 926.45
15836	Excise Excessive Skin Arm	$ 757.18
15837	Excise Excess Skin Arm/Hand	$ 717.90
15838	Excise Excess Skin Fat Pad	$ 643.37
15839	Excise Excess Skin & Tissue	$ 584.29
15840	Nerve Palsy Fascial Graft	$ 1,526.61
15841	Nerve Palsy Muscle Graft	$ 1,975.06
15842	Nerve Palsy Microsurg Graft	$ 3,266.12
15845	Skin And Muscle Repair Face	$ 1,418.47
15850	Remove Sutures Same Surgeon	$ 480.16
15851	Remove Sutures Diff Surgeon	$ 54.84
15852	Dressing Change Not For Burn	$ 100.82
15860	Test For Blood Flow In Graft	$ 170.75
15920	Removal Of Tail Bone	$ 534.49
15922	Removal Of Tail Bone	$ 786.24
15931	Excision, Sacral Decubitus Ulcer	$ 569.51
15933	Excision Sacral Decubitus Ulcer	$ 862.75
15934	Excision, Sacral Decubitus Ulcer	$ 979.63
15935	Excision, Sacral Pressure Ulcer, With Local Or Regional	$ 1,265.90
15936	Excision, Sacral Pressure Ulcer, With Other Flap Closur	$ 1,124.18
15937	Excision, Sacral Pressure Ulcer, With Other Flap Closur	$ 1,379.17
15940	Remove Hip Pressure Sore	$ 607.75
15941	Remove Hip Pressure Sore	$ 1,378.26
15944	Remove Hip Pressure Sore	$ 1,011.46
15945	Remove Hip Pressure Sore	$ 1,166.17
15946	Remove Hip Pressure Sore	$ 1,892.90
15950	Removal Of Pressure Sore	$ 506.16

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
15951	Excision Decubitus Ulcer	$ 898.32
15952	Removal Of Pressure Sore	$ 897.35
15953	Excision Decubitus Ulcer	$ 1,067.15
15956	Excision, Trochanteric Pressure Ulcer, With Muscle Or M	$ 1,662.49
15958	Excision, Trochanteric Pressure Ulcer, With Muscle Or M	$ 1,663.38
16000	Initial Treatment Of Burn(S)	$ 80.94
16020	Dress/Debrid P-Thick Burn S	$ 112.00
16025	Dress/Debrid P-Thick Burn M	$ 104.98
16030	Dress/Debrid P-Thick Burn L	$ 132.91
16035	Incision Of Burn Scab Initi	$ 329.75
16036	Escharotomy Addl Incision	$ 107.58
17000	Destroy Benign/Premlg Lesion	$ 88.94
17003	Destruct Premalg Les 2-14	$ 11.12
17004	Destroy Premal Lesions 15/>	$ 269.85
17106	Destruction Of Cutaneous Vascular Proliferative Lesions	$ 499.93
17107	Destruction Of Cutaneous Vascular Proliferative Lesions	$ 646.16
17108	Destruction Of Cutaneous Vascular Proliferative Lesions	$ 1,121.90
17110	Destruct B9 Lesion 1-14	$ 116.32
17111	Destruct Lesion 15 Or More	$ 142.32
17250	Chemical Cautery Tissue	$ 88.15
17260	Destruction, Malignant Lesion, Any Method, Trunk, Arms	$ 112.43
17261	Destruction, Malignant Lesion, Any Method, Trunk, Arms	$ 152.48
17262	Destruction, Malignant Lesion, Any Method, Trunk, Arms	$ 202.75
17263	Destruction, Malignant Lesion, Any Method, Trunk, Arms	$ 184.58
17264	Destruction, Malignant Lesion, Any Method, Trunk, Arms	$ 260.97
17266	Destruction, Malignant Lesion, Any Method, Trunk, Arms	$ 277.96
17270	Destruction, Malignant Lesion, Any Method, Scalp, Neck,	$ 142.36
17271	Destruction, Malignant Lesion, Any Method, Scalp, Neck,	$ 208.02
17272	Destruction, Malignant Lesion, Any Method, Scalp, Neck,	$ 263.06
17273	Destruction, Malignant Lesion, Any Method, Scalp, Neck,	$ 290.12
17274	Destruction, Malignant Lesion, Any Method, Scalp, Neck,	$ 335.71
17276	Destruction, Malignant Lesion, Any Method, Scalp, Neck,	$ 336.64
17280	Destruction, Malignant Lesion, Any Method, Face, Ears,	$ 192.30
17281	Destruction, Malignant Lesion, Any Method, Face, Ears,	$ 271.86
17282	Destruction, Malignant Lesion, Any Method, Face, Ears,	$ 305.06
17283	Destruction, Malignant Lesion, Any Method, Face, Ears,	$ 303.28
17284	Destruction, Malignant Lesion, Any Method, Face, Ears,	$ 460.02
17286	Destruction, Malignant Lesion, Any Method, Face, Ears,	$ 444.79
17311	Mohs 1 Stage H/N/Hf/G	$ 591.00
17312	Mohs Addl Stage	$ 209.57
17313	Mohs 1 Stage T/A/L	$ 760.35
17314	Mohs Addl Stage T/A/L	$ 453.44
17315	Mohs Surg Addl Block	$ 100.74
17340	Cryotherapy Of Skin	$ 63.01
17360	Acne Therapy	$ 84.61
19000	Drainage Of Breast Cyst	$ 149.23
19001	Drainage Breast Cyst Each Additional	$ 33.91
19020	Incision Of Breast Lesion	$ 246.73
19030	Injection Mammary Ducto/Galactrogram	$ 95.77
19081	Bx Breast 1St Lesion Strtctc	$ 697.55
19082	Bx Breast Add Lesion Strtctc	$ 573.02
19083	Bx Breast 1St Lesion Us Imag	$ 694.55
19084	Bx Breast Add Lesion Us Imag	$ 565.70
19085	Bx Breast 1St Lesion Mr Imag	$ 1,058.56
19086	Bx Breast Add Lesion Mr Imag	$ 857.50
19100	Biopsy Of Breast	$ 95.77

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		PHYSICIAN SERVICES FY2020 RATES
Procedure Code	**Procedure Description**	**Medicaid + 38%**
19101	Biopsy Of Breast Open	$ 283.51
19105	Cryosurg Ablate Fa Each	$ 2,551.36
19110	Nipple Exploration, With Or Without Excision Of A Solit	$ 376.68
19112	Excision Of Lactiferous Duct Fistula	$ 300.00
19120	Removal Of Breast Lesion	$ 567.81
19125	Excision Breast Lesion	$ 393.36
19126	Excision Addl Breast Lesion	$ 318.61
19281	Perq Device Breast 1St Imag	$ 251.46
19282	Perq Device Breast Ea Imag	$ 177.43
19283	Perq Dev Breast 1St Strtctc	$ 286.60
19284	Perq Dev Breast Add Strtctc	$ 213.35
19285	Perq Dev Breast 1St Us Imag	$ 491.53
19286	Perq Dev Breast Add Us Imag	$ 415.44
19287	Perq Dev Breast 1St Mr Guide	$ 906.22
19288	Perq Dev Breast Add Mr Guide	$ 731.52
19294	Prep Tum Cav Iort Prtl Mast	$ 198.22
19296	Place Po Breast Cath For Rad	$ 4,700.29
19297	Place Breast Cath For Rad	$ 119.77
19298	Place Breast Rad Tube/Caths	$ 1,559.57
19300	Removal Of Breast Tissue	$ 480.46
19301	Partial Mastectomy	$ 472.79
19302	P-Mastectomy W/Ln Removal	$ 1,287.97
19303	Mast Simple Complete	$ 716.30
19305	Mast Radical	$ 1,274.37
19306	Mast Rad Urban Type	$ 1,443.91
19307	Mast Mod Rad	$ 1,749.70
19316	Mastopexy	$ 1,193.05
19318	Reduction Mammaplasty	$ 1,393.15
19324	Mammaplasty, Augmentation; Without Prosthetic Implant	$ 459.06
19325	Mammaplasty, Augmentation; With Prosthetic Implant	$ 722.06
19328	Removal Of Intact Mammary Implant	$ 471.02
19330	Removal Of Implant Material	$ 572.01
19340	Immediate Insertion Of Breast Prosthesis Following Mast	$ 846.75
19342	Delayed Insertion Of Breast Prosthesis Following Mastop	$ 1,114.20
19350	Breast Reconstruction	$ 795.09
19355	Correction Of Inverted Nipples	$ 633.89
19357	Breast Reconstruction, Immediate Or Delayed, With Tissu	$ 1,498.96
19361	Breast Reconstruction With Latissimus Dorsi Flap, With	$ 1,976.67
19364	Breast Reconstruction With Free Flap	$ 2,306.34
19366	Breast Reconstruction With Other Technique	$ 1,882.68
19367	Breast Reconstruction	$ 2,258.09
19368	Breast Reconstruction	$ 2,793.80
19369	Breast Reconstruction	$ 2,573.33
19370	Open Periprosthetic Capsulotomy, Breast	$ 714.21
19371	Periprosthetic Capsulectomy, Breast	$ 871.35
19380	Revision Of Reconstructed Breast	$ 870.96
19396	Preparation Of Moulage For Custom Breast Implant	$ 282.44
20100	Explore Wound Neck	$ 754.42
20101	Explore Wound Chest	$ 474.69
20102	Explore Wound Abdomen	$ 563.66
20103	Explore Wound Extremity	$ 682.95
20150	Excise Epiphyseal Bar	$ 1,193.67
20200	Muscle Biopsy	$ 122.50
20205	Muscle Biopsy	$ 218.40
20206	Needle Biopsy Muscle	$ 120.14
20220	Bone Biopsy Trocar/Needle	$ 125.44

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		PHYSICIAN SERVICES FY2020 RATES
Procedure Code	**Procedure Description**	**Medicaid + 38%**
20225	Bone Biopsy Trocar/Needle	$ 308.50
20240	Bone Biopsy Open Superficial	$ 249.24
20245	Bone Biopsy Open Deep	$ 368.17
20250	Bone Biopsy	$ 580.39
20251	Bone Biopsy	$ 565.32
20500	Injection Of Sinus Tract	$ 72.85
20501	Injection Sinus Tract,Diagnostic	$ 55.63
20520	Removal Of Foreign Body	$ 125.75
20525	Removal Of Foreign Body	$ 279.22
20526	Ther Injection Carp Tunnel	$ 105.02
20527	Inj Dupuytren Cord W/Enzyme	$ 111.81
20550	Inject Tendon/Ligament/Cyst	$ 83.41
20551	Inject Tendon Origin/Insert	$ 78.60
20552	Inj Trigger Point 1/2 Muscl	$ 75.82
20553	Inject Trigger Points 3/>	$ 86.36
20555	Place Ndl Musc/Tis For Rt	$ 436.55
20600	Drain/Inj Joint/Bursa W/O Us	$ 71.95
20604	Drain/Inj Joint/Bursa W/Us	$ 95.52
20605	Drain/Inj Joint/Bursa W/O Us	$ 78.62
20606	Drain/Inj Joint/Bursa W/Us	$ 105.20
20610	Drain/Inj Joint/Bursa W/O Us	$ 94.61
20611	Drain/Inj Joint/Bursa W/Us	$ 119.98
20612	Aspirate/Inj Ganglion Cyst	$ 69.08
20615	Aspiration/Injection Treat Bone Cyst	$ 136.83
20650	Insertion & Removal Bone Pin	$ 151.58
20660	Apply Rem Fixation Device	$ 233.70
20661	Application Of Halo;Cranial	$ 388.41
20662	Application Of Halo; Pelvic	$ 619.79
20663	Application Of Halo, Femoral	$ 489.87
20664	Halo Brace Application	$ 976.41
20665	Removal Of Fixation Device	$ 89.77
20670	Removal Of Buried Support	$ 549.14
20680	Removal Of Buried Support	$ 747.66
20690	Application Of External Fix. System	$ 325.90
20692	Application Of A Multiplane (Pins Or Wires In More Than	$ 1,331.60
20693	Adjustment Or Revision Of External Fixation System Requ	$ 406.20
20694	Removal, Under Anesthesia, Of External Fixation System	$ 328.66
20696	Comp Multiplane Ext Fixation	$ 1,324.63
20697	Comp Ext Fixate Strut Change	$ 1,649.45
20700	Preparation and insertion of drug-delivery devices beneath fibrous covering of mu	$ 102.04
20701	Removal of drug-delivery devices from beneath fibrous covering of muscle	$ 76.44
20702	Preparation and insertion of drug-delivery devices into marrow cavity of bone	$ 169.46
20703	Removal of drug-delivery devices from marrow cavity of bone	$ 122.02
20704	Preparation and insertion of drug-delivery devices into joint	$ 176.54
20705	Removal of drug-delivery devices into joint	$ 145.66
20802	Replantation Arm Complete	$ 3,080.84
20805	Replant Forearm Complete	$ 3,949.75
20808	Replantation Hand Complete	$ 5,223.78
20816	Replantation Digit Complete	$ 2,742.58
20822	Replantation Digit Complete	$ 5,104.07
20824	Replantation Thumb Complete	$ 2,771.11
20827	Replantation Thumb Complete	$ 2,456.08
20838	Replantation Foot Complete	$ 3,195.75
20900	Removal Of Bone For Graft	$ 403.66
20902	Removal Of Bone For Graft	$ 601.17
20910	Remove Cartilage For Graft	$ 296.36

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
20912	Cartilage Graft; Nasal Septum	$ 544.08
20920	Removal Of Tissue For Graft	$ 447.16
20922	Removal Of Tissue For Graft	$ 536.20
20924	Removal Of Tendon For Graft	$ 589.91
20930	Spinal Bone Allograft	$ 245.67
20931	Spinal Bone Allograft	$ 308.47
20932	Donor Bone and Joint Graft	$ 937.77
20933	Half-Cylindrical Donor Bone Graft	$ 860.15
20934	Cylindrical Donor Bone Graft	$ 937.31
20936	Spinal Bone Autograft	$ 303.46
20937	Spinal Bone Autograft	$ 214.45
20938	Spinal Bone Autograft	$ 232.99
20939	Bone Marrow Aspir Bone Grfg	$ 82.76
20950	Fluid Pressure Muscle	$ 120.24
20955	Fibula Bone Graft Microvasc	$ 3,232.53
20956	Iliac Bone Graft Microvasc	$ 3,325.79
20957	Mt Bone Graft Microvasc	$ 3,253.21
20962	Other Bone Graft Microvasc	$ 3,269.88
20969	Bone/Skin Graft Microvasc	$ 3,597.54
20970	Bone/Skin Graft Iliac Crest	$ 3,586.10
20972	Bone/Skin Graft Metatarsal	$ 3,147.46
20973	Bone/Skin Graft Great Toe	$ 3,373.18
20982	Ablate Bone Tumor(S) Perq	$ 4,393.59
20983	Ablate Bone Tumor(S) Perq	$ 9,461.31
20985	Cptr-Asst Dir Ms Px	$ 188.85
21010	Arthrotomy,Unilateral	$ 1,457.42
21011	Exc Face Les Sc <2 Cm	$ 404.20
21012	Exc Face Les Sbq 2 Cm/>	$ 433.79
21013	Exc Face Tum Deep < 2 Cm	$ 628.80
21014	Exc Face Tum Deep 2 Cm/>	$ 670.49
21015	Radical Resection Of Tumor (Eg, Malignant Neoplasm), So	$ 583.66
21016	Resect Face Tum 2 Cm/>	$ 1,341.62
21025	Excision Of Bone Lower Jaw	$ 460.99
21026	Excision Of Bone (Eg, For Osteomyelitis Or Bone Abscess	$ 385.25
21029	Removal By Contouring Of Benign Tumor Of Facial Bone (E	$ 820.49
21030	Removal Of Bone Lesion	$ 524.23
21031	Remove Exostosis Mandible	$ 283.11
21032	Remove Exostosis Maxilla	$ 408.77
21034	Excise Max/Zygoma Mal Tumor	$ 1,124.33
21040	Removal Of Bone Lesion	$ 237.93
21044	Excision Malignant Tumor Mandible	$ 1,044.73
21045	Excision Malignant Tumor,Radical	$ 1,464.33
21046	Remove Mandible Cyst Complex	$ 1,357.42
21047	Excise Lwr Jaw Cyst W/Repair	$ 1,649.53
21048	Remove Maxilla Cyst Complex	$ 1,383.74
21049	Excis Uppr Jaw Cyst W/Repair	$ 1,597.94
21050	Removal Of Jaw Joint	$ 1,119.91
21060	Removal Of Joint Cartilage	$ 1,058.64
21070	Coronoidectomy,Unilateral	$ 734.26
21073	Mnpj Of Tmj W/Anesth	$ 452.83
21076	Prepare Face/Oral Prosthesis	$ 1,190.61
21077	Prepare Face/Oral Prosthesis	$ 3,012.26
21079	Impression And Custom Preparation; Interim Obturator Pr	$ 2,010.85
21080	Impression And Custom Preparation; Definitive Obturator	$ 2,275.15
21081	Impression And Custom Preparation; Mandibular Resection	$ 2,083.92
21082	Impression And Custom Preparation; Palatal Augmentation	$ 1,941.47

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
21083	Impression And Custom Preparation; Palatal Lift Prosthe	$ 1,824.69
21084	Impression And Custom Preparation; Speech Aid Prosthesi	$ 2,131.99
21085	Impression And Custom Preparation; Oral Surgical Splint	$ 888.03
21086	Impression And Custom Preparation; Auricular Prosthesis	$ 2,139.41
21087	Impression And Custom Preparation; Nasal Prosthesis	$ 2,138.02
21100	Maxillofacial Fixation	$ 258.39
21110	Application Interdental Fixation	$ 527.91
21116	Injection Jaw Joint X-Ray	$ 77.17
21120	Genioplasty; Augmentation (Autograft, Allograft, Prosth	$ 422.36
21121	Genioplasty; Sliding Osteotomy, Single Piece	$ 664.19
21122	Genioplasty; Sliding Osteotomies, Two Or More Osteotomi	$ 731.90
21123	Genioplasty; Sliding, Augmentation With Interpositional	$ 956.74
21125	Augmentation Lower Jaw Bone	$ 554.07
21127	Augmentation Lower Jaw Bone	$ 929.58
21137	Reduction Forehead; Contouring Only	$ 929.58
21138	Reduction Forehead; Contouring And Application Of Prost	$ 1,119.41
21139	Reduction Forehead; Contouring And Setback Of Anterior	$ 1,237.29
21141	Lefort I-1 Piece W/O Graft	$ 1,709.35
21142	Lefort I-2 Piece W/O Graft	$ 1,720.53
21143	Lefort I-3/> Piece W/O Graft	$ 1,770.14
21145	Lefort I-1 Piece W/ Graft	$ 1,685.81
21146	Lefort I-2 Piece W/ Graft	$ 1,744.50
21147	Lefort I-3/> Piece W/ Graft	$ 1,809.76
21150	Lefort Ii Anterior Intrusion	$ 2,066.36
21151	Lefort Ii W/Bone Grafts	$ 2,538.15
21154	Lefort Iii W/O Lefort I	$ 2,669.09
21155	Lefort Iii W/ Lefort I	$ 2,835.47
21159	Lefort Iii W/Fhdw/O Lefort I	$ 3,434.09
21160	Lefort Iii W/Fhd W/ Lefort I	$ 3,572.71
21172	Reconstruction Superior-Lateral Orbital Rim And Lower F	$ 2,258.92
21175	Reconstruction, Bifrontal, Superior-Lateral Orbital Rim	$ 2,801.14
21179	Reconstruction, Entire Or Majority Of Forehead And/Or S	$ 1,853.33
21180	Reconstruction, Entire Or Majority Of Forehead And/Or S	$ 2,067.38
21181	Removal By Contouring Of Benign Tumor Of Cranial Bones	$ 874.45
21182	Reconstruction Of Orbital Walls, Rims, Forehead, Nasoet	$ 2,572.55
21183	Reconstruction Of Orbital Walls, Rims, Forehead, Nasoet	$ 2,909.67
21184	Reconstruction Of Orbital Walls, Rims, Forehead, Nasoet	$ 3,066.39
21188	Reconstruction Midface, Osteotomies (Other Than Lefort	$ 2,093.64
21193	Reconst Lwr Jaw W/O Graft	$ 1,446.70
21194	Reconst Lwr Jaw W/Graft	$ 1,676.24
21195	Reconst Lwr Jaw W/O Fixation	$ 1,450.06
21196	Reconst Lwr Jaw W/Fixation	$ 1,598.58
21198	Reconstr Lwr Jaw Segment	$ 1,426.40
21199	Reconstr Lwr Jaw W/Advance	$ 1,481.75
21206	Bone Reconstruction	$ 1,190.95
21208	Osteoplasty, Facial Bones Augmentation (Autograft, Allo	$ 1,044.73
21209	Osteoplasty, Facial Bones Reduction	$ 559.23
21210	Bone Graft	$ 1,097.76
21215	Bone Graft	$ 1,211.78
21230	Cartilage Graft	$ 1,052.55
21235	Cartilage Graft	$ 729.85
21240	Reconstruction Of Joint	$ 1,708.70
21242	Arthroplasty, Temporomandibular Joint, With Alloplastic	$ 1,732.55
21243	Arthroplasty, Temporomandibular Joint, With Prosthetic	$ 1,691.54
21244	Reconstruction Of Mandible, Extraoral, With Transosteal	$ 1,422.24
21245	Reconstruction Of Mandible Or Maxilla, Subperiosteal Im	$ 1,140.18

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
21246	Reconstruction Of Mandible Or Maxilla, Subperiosteal Im	$ 1,038.26
21247	Reconstruction Of Mandibular Condyle With Bone And Cart	$ 2,407.01
21248	Reconstruction Of Mandible Or Maxilla, Endosteal Implan	$ 1,497.93
21249	Reconstruction Of Mandible Or Maxilla, Endosteal Implan	$ 2,605.15
21255	Reconstruction Of Zygomatic Arch And Glenoid Fossa With	$ 1,777.79
21256	Reconstruction Of Orbit With Osteotomies (Extracranial)	$ 1,721.67
21260	Orbital Hypertelorism Correction	$ 1,756.59
21261	Orbital Hypertelorism Correction	$ 2,378.95
21263	Orbital Hypertelorism Correction	$ 3,022.55
21267	Orbital Repositioning,Osteotomies	$ 1,650.44
21268	Orbital Repositioning,Osteotomies	$ 1,987.13
21270	Augmentation Cheek Bone	$ 1,110.28
21275	Revision Orbitofacial Bones	$ 993.23
21280	Medial Canthoplasty	$ 640.50
21282	Lateral Canthopexy	$ 520.58
21295	Reduction Of Masseter Muscle (Eg, Treatment Of Benign M	$ 121.94
21296	Reduction Of Masseter Muscle (Eg, Treatment Of Benign M	$ 376.59
21310	Closed Tx Nose Fx W/O Manj	$ 67.92
21315	Closed Tx Nose Fx W/O Stablj	$ 139.95
21320	Closed Tx Nose Fx W/ Stablj	$ 306.39
21325	Open Tx Nose Fx Uncomplicatd	$ 387.03
21330	Open Tx Nose Fx W/Skele Fixj	$ 584.78
21335	Open Tx Nose & Septal Fx	$ 1,007.18
21336	Open Tx Septal Fx W/Wo Stabj	$ 480.30
21337	Closed Tx Septal&Nose Fx	$ 272.00
21338	Open Nasoethmoid Fx W/O Fixj	$ 563.01
21339	Open Nasoethmoid Fx W/ Fixj	$ 737.06
21340	Perq Tx Nasoethmoid Fx	$ 961.20
21343	Open Tx Dprsd Front Sinus Fx	$ 1,077.85
21344	Open Tx Compl Front Sinus Fx	$ 1,400.64
21345	Closed Tx Nose/Jaw Fx	$ 781.88
21346	Opn Tx Nasomax Fx W/Fixj	$ 1,154.72
21347	Opn Tx Nasomax Fx Multple	$ 1,131.31
21348	Opn Tx Nasomax Fx W/Graft	$ 1,250.58
21355	Perq Tx Malar Fracture	$ 257.56
21356	Opn Tx Dprsd Zygomatic Arch	$ 525.93
21360	Opn Tx Dprsd Malar Fracture	$ 675.50
21365	Opn Tx Complx Malar Fx	$ 1,315.32
21366	Opn Tx Complx Malar W/Grft	$ 1,326.53
21385	Opn Tx Orbit Fx Transantral	$ 919.19
21386	Opn Tx Orbit Fx Periorbital	$ 899.47
21387	Opn Tx Orbit Fx Combined	$ 840.09
21390	Opn Tx Orbit Periorbtl Implt	$ 1,080.15
21395	Opn Tx Orbit Periorbt W/Grft	$ 1,097.56
21400	Closed Tx Orbit W/O Manipulj	$ 142.97
21401	Closed Tx Orbit W/Manipulj	$ 285.62
21406	Opn Tx Orbit Fx W/O Implant	$ 600.74
21407	Opn Tx Orbit Fx W/Implant	$ 765.18
21408	Opn Tx Orbit Fx W/Bone Grft	$ 1,016.47
21421	Treatment Palatal Fracture	$ 549.81
21422	Treat Mouth Roof Fracture	$ 891.08
21423	Treat Mouth Roof Fracture	$ 989.96
21431	Treatment Craniofacial Seperation	$ 638.91
21432	Treat Craniofacial Fracture	$ 752.40
21433	Treat Craniofacial Fracture	$ 2,281.62
21435	Treat Craniofacial Fracture	$ 1,500.36

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
21436	Treat Craniofacial Fracture	$ 2,086.15
21440	Treat Dental Ridge Fracture	$ 279.71
21445	Treat Dental Ridge Fracture	$ 558.35
21450	Treat Lower Jaw Fracture	$ 281.64
21451	Treatment Of Mandibular Fracture	$ 572.47
21452	Treatment Of Mandibular Fracture	$ 164.59
21453	Treatment Of Mandibular Fracture	$ 870.85
21454	Treatment Of Mandibular Fracture	$ 935.14
21461	Treat Lower Jaw Fracture	$ 957.13
21462	Treat Lower Jaw Fracture	$ 1,083.82
21465	Treat Lower Jaw Fracture	$ 991.52
21470	Treat Lower Jaw Fracture	$ 1,766.73
21480	Reset Dislocated Jaw	$ 77.72
21485	Reset Dislocated Jaw	$ 297.87
21490	Reset Dislocated Jaw	$ 874.15
21497	Interdental Wiring	$ 380.19
21501	Drainage,Deep Abscess Or Hematoma	$ 227.74
21502	I&D,W/Partial Rib Ostectomy	$ 563.07
21510	Incision,W/Opening Of Bone Cortex	$ 450.72
21550	Biopsy,Soft Tissues,Neck Or Thorax	$ 143.51
21552	Exc Neck Les Sc 3 Cm/>	$ 576.45
21554	Exc Neck Tum Deep 5 Cm/>	$ 948.25
21555	Remove Lesion, Neck/Chest	$ 213.76
21556	Remove Lesion, Neck/Chest	$ 362.32
21557	Remove Tumor, Neck/Chest	$ 879.31
21558	Resect Neck Tum 5 Cm/>	$ 1,780.34
21600	Partial Removal Of Rib	$ 694.49
21601	Removal of tumor from chest wall including ribs	$ 1,421.90
21602	Removal of tumor from chest wall including ribs with plastic reconstruction	$ 1,924.20
21603	Removal of tumor from chest wall including ribs with plastic reconstruction and re	$ 2,121.24
21610	Partial Removal Of Rib	$ 830.39
21615	Excision First And/Or Cervical Rib	$ 998.06
21616	Excision First And/Or Cervical Rib	$ 955.39
21620	Partial Removal Of Sternum	$ 668.36
21627	Sternal Debridement	$ 573.67
21630	Removal Of Sternum	$ 1,383.88
21632	Radical Resection,Sternum,For Tumor	$ 1,459.36
21685	Hyoid Myotomy & Suspension	$ 1,278.10
21700	Revision Of Neck Muscle	$ 507.99
21705	Revision Of Neck Muscle	$ 718.52
21720	Revision Of Neck Muscle	$ 473.06
21725	Revision Of Neck Muscle	$ 583.46
21740	Reconstruction Of Breastbone	$ 1,259.93
21750	Closure Of Sternotomy Separation With Or Without Debrid	$ 924.35
21811	Optx Of Rib Fx W/Fixj Scope	$ 718.97
21812	Treatment Of Rib Fracture	$ 863.87
21813	Treatment Of Rib Fracture	$ 1,186.98
21820	Treatment, Sternum Fracture	$ 129.93
21825	Treat Sternum Fracture	$ 317.07
21920	Biopsy, Soft Tissue Of Back Or Flank Superficial	$ 146.13
21925	Biopsy, Soft Tissue Of Back Or Flank Deep	$ 324.53
21930	Excision, Tumor, Soft Tissue Of Back Or Flank	$ 462.71
21931	Exc Back Les Sc 3 Cm/>	$ 602.51
21932	Exc Back Tum Deep < 5 Cm	$ 864.14
21933	Exc Back Tum Deep 5 Cm/>	$ 952.81
21935	Remove Tumor, Back	$ 1,223.47

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
21936	Resect Back Tum 5 Cm/>	$ 1,848.65
22010	I&D P-Spine C/T/Cerv-Thor	$ 1,137.29
22015	I&D Abscess P-Spine L/S/Ls	$ 1,128.69
22100	Removal Part Of Vertebra	$ 808.94
22101	Remove Part Thorax Vertebra	$ 763.13
22102	Remove Part Lumbar Vertebra	$ 672.17
22103	Remove Extra Spine Segment	$ 180.81
22110	Removal Part Of Vertebra	$ 1,098.37
22112	Remove Part Thorax Vertebra	$ 1,132.28
22114	Remove Part Lumbar Vertebra	$ 967.26
22116	Remove Extra Spine Segment	$ 177.69
22206	Incis Spine 3 Column Thorac	$ 2,956.50
22207	Incis Spine 3 Column Lumbar	$ 2,954.22
22208	Incis Spine 3 Column Adl Seg	$ 736.96
22210	Incis 1 Vertebral Seg Cerv	$ 1,872.92
22212	Incis 1 Vertebral Seg Thorac	$ 1,823.70
22214	Incis 1 Vertebral Seg Lumbar	$ 1,718.24
22216	Incis Addl Spine Segment	$ 464.12
22220	Incis W/Discectomy Cervical	$ 1,889.25
22222	Incis W/Discectomy Thoracic	$ 1,711.03
22224	Incis W/Discectomy Lumbar	$ 1,799.89
22226	Revise Extra Spine Segment	$ 463.36
22310	Closed Tx Vert Fx W/O Manj	$ 323.69
22315	Closed Tx Vert Fx W/Manj	$ 809.43
22318	Treat Odontoid Fx W/O Graft	$ 1,956.76
22319	Treat Odontoid Fx W/Graft	$ 2,159.31
22325	Treat Spine Fracture	$ 1,478.12
22326	Treat Neck Spine Fracture	$ 1,772.78
22327	Treat Thorax Spine Fracture	$ 1,715.57
22328	Treat Each Add Spine Fx	$ 354.92
22505	Manipulation Of Spine	$ 146.45
22510	Perq Cervicothoracic Inject	$ 2,347.01
22511	Perq Lumbosacral Injection	$ 2,325.95
22512	Vertebroplasty Addl Inject	$ 1,300.95
22513	Perq Vertebral Augmentation	$ 9,958.59
22514	Perq Vertebral Augmentation	$ 9,922.27
22515	Perq Vertebral Augmentation	$ 6,022.29
22532	Lat Thorax Spine Fusion	$ 2,173.39
22533	Lat Lumbar Spine Fusion	$ 2,070.07
22534	Lat Thor/Lumb Addl Seg	$ 460.62
22548	Arthrodesis, Anterior Transoral Or Extraoral Technique,	$ 2,413.70
22551	Neck Spine Fuse&Remov Bel C2	$ 2,412.31
22552	Addl Neck Spine Fusion	$ 548.47
22554	Neck Spine Fusion	$ 3,967.28
22556	Arthrodesis, Anterior Interbody Technique Thoracic, Wit	$ 2,309.91
22558	Arthrodesis, Anterior Interbody Technique Lumbar, With	$ 2,180.83
22585	Arthrodesis, Anterior Or Anterolateral, Each Additional	$ 590.64
22586	Prescrl Fuse W/ Instr L5-S1	$ 2,203.40
22590	Arthrodesis, Posterior Technique, Craniocervical (Occip	$ 2,365.43
22595	Arthrodesis, Posterior Technique, Atlas-Axis (C1-C2) Wi	$ 2,787.19
22600	Spinal Fusion	$ 1,946.21
22610	Arthrodesis, Posterior Or Posterolateral Technique, Wit	$ 1,825.66
22612	Lumbar Spine Fusion	$ 3,233.63
22614	Spine Fusion Extra Segment	$ 919.08
22630	Arthrodesis, Posterior Interbody Technique, With Local	$ 2,794.47
22632	Spine Fusion Extra Segment	$ 403.07

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
22633	Lumbar Spine Fusion Combined	$ 2,669.10
22634	Spine Fusion Extra Segment	$ 800.04
22800	Post Fusion </6 Vert Seg	$ 1,990.28
22802	Post Fusion 7-12 Vert Seg	$ 4,464.45
22804	Post Fusion 13/> Vert Seg	$ 3,042.65
22808	Ant Fusion 2-3 Vert Seg	$ 2,267.69
22810	Ant Fusion 4-7 Vert Seg	$ 2,440.85
22812	Ant Fusion 8/> Vert Seg	$ 2,735.05
22818	Kyphectomy 1-2 Segments	$ 2,744.09
22819	Kyphectomy 3 Or More	$ 3,036.92
22830	Exploration Of Spinal Fusion	$ 1,202.06
22840	Harrington Rods Technique	$ 2,004.66
22842	Segmental Wiring	$ 2,549.78
22843	Insert Spine Fixation Device	$ 1,031.69
22844	Insert Spine Fixation Device	$ 1,262.47
22845	Dwyer Instrumentation Technique	$ 2,369.94
22846	Insert Spine Fixation Device	$ 958.48
22847	Insert Spine Fixation Device	$ 1,077.81
22848	Insert Pelv Fixation Device	$ 461.43
22849	Reinsertion Of Spinal Fixation Device	$ 1,268.58
22850	Harrington Rod Removal	$ 934.66
22852	Removal Of Posterior Segmental Instrumentation	$ 936.58
22853	Insj Biomechanical Device	$ 316.16
22854	Insj Biomechanical Device	$ 409.31
22855	Dwyer Instrument Removal	$ 852.63
22856	Cerv Artific Diskectomy	$ 2,208.52
22859	Insj Biomechanical Device	$ 409.31
22867	Insj Stablj Dev W/Dcmprn	$ 1,204.27
22868	Insj Stablj Dev W/Dcmprn	$ 296.91
22869	Insj Stablj Dev W/O Dcmprn	$ 673.14
22870	Insj Stablj Dev W/O Dcmprn	$ 173.58
22900	Exc Abdl Tum Deep < 5 Cm	$ 495.70
22901	Exc Abdl Tum Deep 5 Cm/>	$ 851.52
22902	Exc Abd Les Sc < 3 Cm	$ 539.50
22903	Exc Abd Les Sc 3 Cm/>	$ 565.03
22904	Resect Abd Tum < 5 Cm	$ 1,332.33
22905	Resect Abd Tum 5 Cm/>	$ 1,727.66
23000	Removal Of Calcium Deposits	$ 376.89
23020	Release Shoulder Joint	$ 794.77
23030	I&D,Deep Abscess/Hematoma,Shoulder	$ 273.23
23031	I&D,Infected Bursa	$ 162.16
23035	Incision,Deep,W/Opening Of Cortex	$ 722.09
23040	Incision Of Shoulder Joint	$ 907.85
23044	Arthrotomy,Sternoclavicular Joint	$ 687.41
23065	Biopsy,Soft Tissue;Superficial	$ 147.70
23066	Excision,Deep;Shoulder	$ 261.98
23071	Exc Shoulder Les Sc 3 Cm/>	$ 535.22
23073	Exc Shoulder Tum Deep 5 Cm/>	$ 887.11
23075	Excision,Benign Tumor;Subcutaneous	$ 207.37
23076	Excision,Benign Tumor;Deep	$ 549.89
23077	Radical Resection Of Tumor (Eg, Malignant Neoplasm), So	$ 1,137.04
23078	Resect Shoulder Tum 5 Cm/>	$ 1,797.74
23100	Biopsy Of Shoulder	$ 664.82
23101	Incision Of Shoulder Joint	$ 622.96
23105	Incision Of Shoulder Joint	$ 914.11
23106	Incision Of Collarbone Joint	$ 531.12

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		PHYSICIAN SERVICES FY2020 RATES
Procedure Code	Procedure Description	Medicaid + 38%
23107	Explore Treat Shoulder Joint	$ 914.50
23120	Partial Removal Collar Bone	$ 578.03
23125	Removal Of Collar Bone	$ 890.53
23130	Remove Shoulder Bone Part	$ 765.47
23140	Removal Bone Lesion	$ 546.14
23145	Removal Bone Lesion	$ 857.70
23146	Removal Bone Lesion	$ 651.84
23150	Removal Bone Lesion	$ 740.09
23155	Removal Bone Lesion	$ 943.89
23156	Removal Bone Lesion	$ 804.84
23170	Remove Collar Bone Lesion	$ 569.43
23172	Sequestrectomy,Scapula	$ 582.47
23174	Sequestrectomy	$ 881.94
23180	Remove Collar Bone Lesion	$ 655.69
23182	Remove Shoulder Blade Lesion	$ 722.61
23184	Removal Bone Lesion	$ 899.83
23190	Partial Removal Of Shoulder	$ 661.14
23195	Removal Of Head Of Humerus	$ 1,135.01
23200	Removal Of Collar Bone	$ 1,030.96
23210	Removal Of Shoulder Blade	$ 1,047.19
23220	Partial Removal Of Humerus	$ 1,307.15
23330	Removal Foreign Body;Subcutaneous	$ 119.80
23333	Remove Shoulder Fb Deep	$ 456.12
23334	Shoulder Prosthesis Removal	$ 1,068.59
23335	Shoulder Prosthesis Removal	$ 1,271.27
23350	Injection For Shoulder X-Ray	$ 69.15
23395	Muscle Transfer Shoulder/Arm	$ 1,212.56
23397	Muscle Transfers	$ 1,505.29
23400	Fixation Of Shoulder Blade	$ 1,174.89
23405	Tenomyotomy;Single	$ 786.99
23406	Tenomyotomy,Multiple,Same Incision	$ 1,017.10
23410	Repair Rotator Cuff Acute	$ 1,138.83
23412	Repair Rotator Cuff Chronic	$ 2,171.75
23415	Release Of Shoulder Ligament	$ 753.96
23420	Repair Of Shoulder Injury	$ 1,486.89
23430	Repair Ruptured Tendon	$ 868.67
23440	Remove/Transplant Tendon	$ 886.46
23450	Repair Shoulder Capsule	$ 1,316.11
23455	Repair Shoulder Capsule	$ 1,511.72
23460	Repair Shoulder Capsule	$ 1,476.57
23462	Capsulorrhaphy,W/Coracoid Transfer	$ 1,532.32
23465	Repair Shoulder Capsule	$ 1,506.39
23466	Capsulorrhaphy For Recurrent Dislocation With Any Type	$ 1,553.89
23470	Reconstruct Shoulder Joint	$ 1,690.18
23472	Arthroplasty,Shoulder	$ 2,082.94
23473	Revis Reconst Shoulder Joint	$ 2,350.47
23474	Revis Reconst Shoulder Joint	$ 2,539.41
23480	Revision Of Collar Bone	$ 878.88
23485	Revision Of Collar Bone	$ 1,237.24
23490	Prophylactic Treatment (Nailing, Pinning, Plating Or Wi	$ 1,065.07
23491	Prophylactic Treatment (Nailing, Pinning, Plating Or Wi	$ 1,356.21
23500	Treatment Clavicle Fracture	$ 271.63
23505	Treatment Clavicle Fracture	$ 312.56
23515	Treat Clavicle Fracture	$ 717.39
23520	Treat Clavicle Dislocation	$ 173.94
23525	Repair Clavicle Dislocation	$ 250.53

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
23530	Treat Clavicle Dislocation	$ 693.85
23532	Treat Clavicle Dislocation	$ 762.84
23540	Treat Clavicle Dislocation	$ 185.18
23545	Repair Clavicle Dislocation	$ 240.99
23550	Treat Clavicle Dislocation	$ 783.77
23552	Treat Clavicle Dislocation	$ 777.44
23570	Treat Shoulder Blade Fx	$ 203.88
23575	Treat Shoulder Blade Fx	$ 339.73
23585	Treat Scapula Fracture	$ 830.15
23600	Treat Humerus Fracture	$ 409.60
23605	Repair Humerus Fracture	$ 479.18
23615	Treat Humerus Fracture	$ 967.97
23616	Treat Humerus Fracture	$ 1,554.27
23620	Treat Humerus Fracture	$ 246.74
23625	Repair Humerus Fracture	$ 383.28
23630	Treat Humerus Fracture	$ 808.71
23650	Repair Shoulder Dislocation	$ 357.21
23655	Repair Shoulder Dislocation	$ 291.68
23660	Treat Shoulder Dislocation	$ 859.44
23665	Repair Dislocation/Fracture	$ 385.37
23670	Treat Dislocation/Fracture	$ 922.86
23675	Repair Dislocation/Fracture	$ 619.34
23680	Treat Dislocation/Fracture	$ 1,122.74
23700	Fixation Of Shoulder	$ 208.63
23800	Fusion Of Shoulder Joint	$ 1,527.65
23802	Fusion Of Shoulder Joint	$ 1,477.10
23900	Amputation Of Arm	$ 1,604.33
23920	Amputation Of Arm	$ 1,423.50
23921	Amputation Follow-Up Surgery	$ 480.41
23930	I&D,Deep Abscess Or Hematoma	$ 224.54
23931	I&D,Infected Bursa	$ 121.77
23935	Incision,Deep,W/Opening Of Cortex	$ 527.67
24000	Incision Of Elbow Joint	$ 758.66
24006	Arthrotomy Of The Elbow, With Capsular Excision For Cap	$ 815.00
24065	Biopsy,Soft Tissue,Superficial	$ 143.42
24066	Biopsy,Deep	$ 392.17
24071	Exc Arm/Elbow Les Sc 3 Cm/>	$ 519.56
24073	Ex Arm/Elbow Tum Deep 5 Cm/>	$ 892.31
24075	Excision,Benign Tumor;Subcutaneous	$ 296.81
24076	Excision,Benign Tumor;Deep	$ 500.50
24077	Radical Resection Of Tumor (Eg, Malignant Neoplasm), So	$ 1,088.81
24079	Resect Arm/Elbow Tum 5 Cm/>	$ 1,657.56
24100	Biopsy Of Elbow	$ 458.09
24101	Exploration Of Elbow Joint	$ 876.77
24102	Exploration Of Elbow Joint	$ 1,041.25
24105	Removal Of Elbow Bursa	$ 371.51
24110	Removal Of Bone Lesion	$ 759.54
24115	Removal Of Bone Lesion/Graft	$ 854.91
24116	Removal Of Bone Lesion/Graft	$ 1,068.47
24120	Removal Of Bone Lesion	$ 637.17
24125	Removal Of Bone Lesion/Graft	$ 665.74
24126	Removal Of Bone Lesion/Graft	$ 780.35
24130	Removal Of Head Of Radius	$ 652.46
24134	Sequestrectomy,Shaft/Distal Humerus	$ 903.00
24136	Sequestrectomy,Radial Head Or Neck	$ 811.21
24138	Sequestrectomy,Olecranon Process	$ 707.83

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		PHYSICIAN SERVICES FY2020 RATES
Procedure Code	Procedure Description	Medicaid + 38%
24140	Partial Removal Of Bone	$ 893.49
24145	Partial Removal Of Bone	$ 694.20
24147	Partial Removal Of Bone	$ 950.79
24149	Radical Resection Of Elbow	$ 1,439.96
24150	Removal Of Humerus Lesion	$ 1,363.58
24152	Removal Of Radius Lesion	$ 840.52
24155	Removal Of Elbow Joint	$ 1,123.86
24160	Implant Removal;Elbow Joint	$ 630.54
24164	Implant Removal;Radial Head	$ 582.28
24200	Removal Of Foreign Body;Subsutaneous	$ 107.96
24201	Removal Of Foreign Body;Deep	$ 378.06
24220	Injection Proc.,Elbow Arthrography	$ 86.11
24300	Manipulate Elbow W/Anesth	$ 479.11
24301	Muscle Or Tendon Transfer,Single	$ 907.16
24305	Tendon Lengthening;Single,Each	$ 517.06
24310	Revision Of Arm Tendon	$ 444.82
24320	Repair Of Arm Tendon	$ 980.45
24330	Revision Of Arm Muscles	$ 922.68
24331	Revision Of Arm Muscles	$ 1,015.10
24332	Tenolysis Triceps	$ 744.37
24340	Repair Of Biceps Tendon	$ 749.67
24341	Repair Arm Tendon/Muscle	$ 94.28
24342	Repair Of Ruptured Tendon	$ 1,058.57
24343	Repr Elbow Lat Ligmnt W/Tiss	$ 865.07
24344	Reconstruct Elbow Lat Ligmnt	$ 1,351.25
24345	Repr Elbw Med Ligmnt W/Tissu	$ 858.94
24346	Reconstruct Elbow Med Ligmnt	$ 1,354.06
24357	Repair Elbow Perc	$ 541.55
24358	Repair Elbow W/Deb Open	$ 637.64
24359	Repair Elbow Deb/Attch Open	$ 805.75
24360	Repair Of Elbow Joint	$ 1,382.54
24361	Repair Of Elbow Joint	$ 1,365.65
24362	Repair Of Elbow Joint	$ 1,368.35
24363	Arthroplasty,Elbow	$ 2,144.88
24365	Repair Of Head Of Radius	$ 793.65
24366	Repair Of Head Of Radius	$ 1,016.36
24370	Revise Reconst Elbow Joint	$ 2,221.43
24371	Revise Reconst Elbow Joint	$ 2,559.38
24400	Revision Of Humerus	$ 976.05
24410	Revision Of Humerus	$ 1,449.52
24420	Repair Of Humerus	$ 1,297.08
24430	Repair Of Humerus	$ 1,385.35
24435	Repair/Graft Of Humerus	$ 1,476.89
24470	Revision Of Elbow Joint	$ 835.96
24495	Decompression Of Forearm	$ 691.37
24498	Prophylactic Treatment (Nailing, Pinning, Plating Or Wi	$ 1,113.03
24500	Treatment Humerus Fracture	$ 441.23
24505	Treatment Humerus Fracture	$ 479.15
24515	Treat Humerus Fracture	$ 1,057.26
24516	Treat Humerus Fracture	$ 1,057.26
24530	Treat Humerus Fracture	$ 551.97
24535	Repair Humerus Fracture	$ 567.32
24538	Treatment Humerus Fracture	$ 1,251.03
24545	Treat Humerus Fracture	$ 1,053.99
24546	Treat Humerus Fracture	$ 1,180.84
24560	Treat Humerus Fracture	$ 243.65

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		PHYSICIAN SERVICES FY2020 RATES
Procedure Code	**Procedure Description**	**Medicaid + 38%**
24565	Repair Humerus Fracture	$ 444.97
24566	Percutaneous Skeletal Fixation Of Humeral Epicondylar F	$ 679.64
24575	Treat Humerus Fracture	$ 909.06
24576	Treat Humerus Fracture	$ 246.80
24577	Repair Humerus Fracture	$ 484.12
24579	Treat Humerus Fracture	$ 938.70
24582	Percutaneous Skeletal Fixation Of Humeral Condylar Frac	$ 742.04
24586	Treat Elbow Fracture	$ 1,496.25
24587	Treat Elbow Fracture	$ 1,437.48
24600	Treat Elbow Dislocation	$ 222.90
24605	Treat Elbow Dislocation	$ 378.16
24615	Treat Elbow Dislocation	$ 928.33
24620	Treat Elbow Fracture	$ 532.16
24635	Treat Elbow Fracture	$ 1,204.34
24640	Treat Elbow Dislocation	$ 164.22
24650	Treat Radius Fracture	$ 306.51
24655	Treat Radius Fracture	$ 367.78
24665	Treat Radius Fracture	$ 762.86
24666	Treat Radius Fracture	$ 983.22
24670	Treat Ulnar Fracture	$ 221.41
24675	Treat Ulnar Fracture	$ 411.86
24685	Treat Ulnar Fracture	$ 836.14
24800	Fusion Of Elbow Joint	$ 1,092.23
24802	Fusion/Graft Of Elbow Joint	$ 1,285.33
24900	Amputation Of Arm	$ 851.40
24920	Amputation Of Arm	$ 798.85
24925	Amputation Follow-Up Surgery	$ 652.75
24930	Amputation Follow-Up Surgery	$ 897.10
24931	Amputation Follow-Up Surgery	$ 1,178.09
24935	Revision Of Amputation	$ 1,444.69
24940	Amputation Of Arm	$ 1,897.42
25000	Incision Of Tendon Sheath	$ 364.80
25001	Incise Flexor Carpi Radialis	$ 405.65
25020	Decompression Fasciotomy	$ 479.44
25023	Decompress Forearm 1 Space	$ 886.31
25024	Decompress Forearm 2 Spaces	$ 958.09
25025	Decompress Forearm 2 Spaces	$ 1,499.66
25028	I&D;Deep Abscess Or Hematoma	$ 356.27
25031	I&D,Infected Bursa	$ 232.45
25035	Incision,Deep,W/Opening Of Cortex	$ 675.19
25040	Arthrotomy,Wrist	$ 631.41
25065	Biopsy,Soft Tissues,Superficial	$ 159.89
25066	Biopsy,Deep,Forearm Or Wrist	$ 276.12
25071	Exc Forearm Les Sc 3 Cm/>	$ 544.67
25073	Exc Forearm Tum Deep 3 Cm/>	$ 679.08
25075	Removal Forearm Lesion Subcu	$ 260.34
25076	Removal Forearm Lesion Deep	$ 441.05
25077	Radical Resection Of Tumor (Eg, Malignant Neoplasm), So	$ 922.70
25078	Resect Forarm/Wrist Tum 3Cm>	$ 1,446.78
25085	Capsulotomy,Wrist	$ 500.25
25100	Biopsy Of Wrist Joint	$ 431.24
25101	Arthrotomy,Wrist,W/Joint Exploration	$ 589.78
25105	Exploration Of Wrist Joint	$ 653.98
25107	Arthrotomy,Distal Radioulnar Joint	$ 576.11
25109	Excise Tendon Forearm/Wrist	$ 648.45
25110	Removal Wrist Tendon Lesion	$ 452.64

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
25111	Removal Wrist Tendon Lesion	$ 600.56
25112	Excision Of Ganglion - Recurrent	$ 483.32
25115	Removal Wrist/Forearm Lesion	$ 692.61
25116	Removal Wrist/Forearm Lesion	$ 754.78
25118	Explore Wrist Tendon Sheath	$ 586.07
25119	Partial Removal Of Ulna	$ 845.29
25120	Removal Of Forearm Lesion	$ 762.57
25125	Removal Of Forearm Lesion	$ 712.88
25126	Removal Of Forearm Lesion	$ 717.53
25130	Removal Of Wrist Lesion	$ 477.65
25135	Removal Of Wrist Lesion	$ 622.02
25136	Removal Of Wrist Lesion	$ 538.55
25145	Sequestrectomy,Wrist Or Forearm	$ 605.92
25150	Partial Removal Radius/Ulna	$ 681.93
25151	Partial Excision Of Bone;Radius	$ 651.62
25170	Removal Radius/Ulna Lesion	$ 1,038.85
25210	Removal Of Wrist Bone	$ 536.53
25215	Removal Of Wrist Bones	$ 1,136.75
25230	Partial Removal Of Radius	$ 534.86
25240	Partial Removal Of Ulna	$ 565.25
25246	Injection For Wrist Arthrograph	$ 92.76
25248	Exploration Of Wrist Or Forearm	$ 366.65
25250	Removal Of Wrist Prostesis Separate	$ 613.92
25251	Removal Of Total Wrist Prosthesis	$ 893.44
25259	Manipulate Wrist W/Anesthes	$ 481.68
25260	Repair Wrist Tendon	$ 692.72
25263	Repair,Muscle Or Tendon,Secondary	$ 678.62
25265	Repair,Muscle Or Tendon,Secondary	$ 903.33
25270	Repair Wrist Tendon	$ 465.94
25272	Repair Tendon Or Muscle,Secondary	$ 522.69
25274	Repair Tendon Or Muscle,Extensor	$ 775.81
25275	Repair Forearm Tendon Sheath	$ 828.91
25280	Lengthen Wrist Tendon	$ 567.59
25290	Incision Of Tendon	$ 385.28
25295	Tenolysis	$ 478.56
25300	Fusion Of Wrist Tendons	$ 813.11
25301	Fusion Of Wrist Tendons	$ 767.28
25310	Transplant Wrist Tendon	$ 1,065.42
25312	Transplant Wrist Tendon	$ 861.53
25315	Revise Palsy Hand	$ 861.53
25316	Revise Palsy Hand	$ 1,119.37
25320	Repair Wrist Joint	$ 1,006.75
25332	Repair Wrist Joint	$ 1,516.12
25335	Realignment Of Hand	$ 1,199.41
25337	Reconstruct Ulna/Radioulnar	$ 1,098.51
25350	Revision Of Radius	$ 815.41
25355	Revision Of Radius	$ 961.29
25360	Revision Of Ulna	$ 732.90
25365	Revision Radius & Ulna	$ 1,124.67
25370	Revision Radius Or Ulna	$ 1,240.56
25375	Revision Radius & Ulna	$ 1,272.88
25390	Shorten Radius Or Ulna	$ 963.18
25391	Lengthen Radius Or Ulna	$ 1,238.38
25392	Osteoplasty,Radius & Ulna,Shortening	$ 1,312.57
25393	Osteoplasty,Radius&Ulna,Lengthening	$ 1,498.85
25394	Repair Carpal Bone Shorten	$ 965.12

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		PHYSICIAN SERVICES FY2020 RATES
Procedure Code	Procedure Description	Medicaid + 38%
25400	Repair Radius Or Ulna	$ 1,084.97
25405	Repair/Graft Radius Or Ulna	$ 1,332.65
25415	Repair Radius & Ulna	$ 1,240.22
25420	Repair/Graft Radius & Ulna	$ 1,541.83
25425	Repair/Graft Radius Or Ulna	$ 1,255.58
25426	Repair/Graft Radius & Ulna	$ 1,378.04
25430	Vasc Graft Into Carpal Bone	$ 882.92
25431	Repair Nonunion Carpal Bone	$ 966.01
25440	Repair/Graft Wrist	$ 978.65
25441	Arthroplasty;Distal Radius	$ 1,217.26
25442	Arthroplasty,Distal Ulna	$ 896.39
25443	Arthroplasty;Scaphoid	$ 990.85
25444	Arthroplasty;Lunate	$ 1,069.80
25445	Arthroplasty;Trapezium	$ 1,012.33
25446	Arthroplasty;Total Wrist	$ 1,832.65
25447	Repair Wrist Joints	$ 1,235.43
25449	Arthroplasty,W/Removal Of Implant	$ 1,105.61
25450	Revision Of Wrist Joint	$ 770.99
25455	Revision Of Wrist Joint	$ 919.43
25490	Prophylactic Treatment (Nailing, Pinning, Plating Or Wi	$ 917.00
25491	Prophylactic Treatment (Nailing, Pinning, Plating Or Wi	$ 959.89
25492	Prophylactic Treatment (Nailing, Pinning, Plating Or Wi	$ 1,181.46
25500	Treat Fracture Of Radius	$ 306.76
25505	Repair Fracture Of Radius	$ 435.51
25515	Treat Fracture Of Radius	$ 835.56
25520	Treat Fracture Of Radius	$ 604.88
25525	Treat Fracture Of Radius	$ 1,175.79
25526	Treat Fracture Of Radius	$ 1,279.37
25530	Treat Fracture Of Ulna	$ 222.06
25535	Repair Fracture Of Ulna	$ 435.28
25545	Treat Fracture Of Ulna	$ 817.93
25560	Treat Fracture Radius & Ulna	$ 334.35
25565	Repair Fracture Radius/Ulna	$ 685.07
25574	Open Treatment Of Radial And Ulnar Shaft Fractures, Wit	$ 809.59
25575	Treat Fracture Radius/Ulna	$ 1,038.74
25600	Treat Fracture Radius/Ulna	$ 367.52
25605	Repair Fracture Radius/Ulna	$ 739.67
25606	Treat Fx Distal Radial	$ 812.60
25607	Treat Fx Rad Extra-Articul	$ 887.17
25608	Treat Fx Rad Intra-Articul	$ 1,002.09
25609	Treat Fx Radial 3+ Frag	$ 1,278.50
25622	Treatment Carpal Scaphoid Fracture	$ 241.07
25624	Treatment Carpal Scaphoid Fracture	$ 408.12
25628	Treat Wrist Bone Fracture	$ 768.78
25630	Treat Wrist Fracture(S)	$ 250.58
25635	Repair Wrist Fracture(S)	$ 385.45
25645	Treat Wrist Bone Fracture	$ 691.31
25650	Treat Wrist Bone Fracture	$ 272.78
25651	Pin Ulnar Styloid Fracture	$ 580.07
25652	Treat Fracture Ulnar Styloid	$ 759.15
25660	Repair Wrist Dislocation	$ 324.08
25670	Treat Wrist Dislocation	$ 749.91
25671	Pin Radioulnar Dislocation	$ 636.07
25675	Repair Wrist Dislocation	$ 343.84
25676	Treat Wrist Dislocation	$ 761.99
25680	Repair Wrist Fracture	$ 412.36

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
25685	Treat Wrist Fracture	$ 927.83
25690	Repair Wrist Dislocation	$ 514.77
25695	Treat Wrist Dislocation	$ 1,035.26
25800	Fusion Of Wrist	$ 1,038.59
25805	Fusion/Graft Of Wrist	$ 1,206.48
25810	Fusion/Graft Of Wrist	$ 1,418.30
25820	Intercarpal Fusion; Without Bone Graft	$ 828.35
25825	Fuse Hand Bones With Graft	$ 1,027.93
25830	Fusion Radioulnar Jnt/Ulna	$ 1,159.96
25900	Amputation Of Forearm	$ 789.14
25905	Amputation Of Forearm	$ 797.27
25907	Amputation Follow-Up Surgery	$ 671.15
25909	Amputation Follow-Up Surgery	$ 720.65
25915	Amputation Of Forearm	$ 1,467.73
25920	Amputation Of Hand	$ 778.46
25922	Disarticulation Through Wrist	$ 647.59
25924	Disarticulation Through Wrist	$ 790.84
25927	Transmetacarpal Amputation	$ 755.54
25929	Transmetacarpal Amputation	$ 616.69
25931	Transmetacarpal Reamputation	$ 616.53
26010	Drainage Of Finger Abscess	$ 232.83
26011	Drainage Of Finger Abscess	$ 188.59
26020	Drainage Of Tendon Sheath	$ 377.50
26025	Drainage Of Palm Bursa	$ 455.73
26030	Drainage Of Palm Bursas	$ 572.60
26034	Incision,Deep,W/Opening Of Cortex	$ 505.73
26035	Decompression Finger/Hand	$ 696.60
26037	Decompressive Fasciotomy, Hand (Excludes 26035)	$ 671.76
26040	Release Palm Contracture	$ 306.36
26045	Release Palm Contracture	$ 496.87
26055	Incision Of Tendon Sheath	$ 321.77
26060	Incision Of Tendon	$ 196.19
26070	Exploration Of Hand Joint	$ 312.56
26075	Exploration Of Finger Joint	$ 372.12
26080	Exploration Of Finger Joint	$ 412.29
26100	Biopsy Of Hand Joint	$ 334.58
26105	Biopsy Of Finger Joint	$ 399.15
26110	Biopsy Of Finger Joint	$ 326.65
26111	Exc Hand Les Sc 1.5 Cm/>	$ 696.78
26113	Exc Hand Tum Deep 1.5 Cm/>	$ 696.78
26115	Removal Hand Lesion Subcut	$ 292.28
26116	Removal Hand Lesion, Deep	$ 458.17
26117	Radical Resection Of Tumor (Eg, Malignant Neoplasm), So	$ 686.83
26118	Exc Hand Tum Ra 3 Cm/>	$ 1,362.74
26121	Fasciectomy, Palmar, With Or Without Z-Plasty, Other Lo	$ 1,130.70
26123	Fasciectomy, Palmar, With Or Without Z-Plasty, Other Lo	$ 1,435.97
26125	Fasciectomy, Palmar, With Or Without Z-Plasty, Other Lo	$ 371.88
26130	Exploration Hand Joint	$ 523.89
26135	Revise Finger Joint Each	$ 593.34
26140	Revise Finger Joint Each	$ 530.03
26145	Tendon Excision Palm/Finger	$ 692.19
26160	Removal Tendon Sheath Lesion	$ 242.96
26170	Removal Of Palm Tendon Each	$ 381.92
26180	Removal Of Finger Tendon	$ 465.52
26185	Remove Finger Bone	$ 653.73
26200	Removal Of Joint Lesion	$ 500.31

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
26205	Removal/Graft Joint Lesion	$ 701.15
26210	Removal Of Finger Lesion	$ 456.46
26215	Removal/Graft Finger Lesion	$ 637.10
26230	Partial Removal Of Hand Bone	$ 525.52
26235	Partial Removal Finger Bone	$ 514.59
26236	Partial Removal Finger Bone	$ 454.37
26250	Removal Of Hand Bone	$ 685.46
26260	Partial Removal Of Finger	$ 642.85
26262	Partial Removal Of Finger	$ 522.10
26320	Removal Of Implant From Hand	$ 374.49
26340	Manipulate Finger W/Anesth	$ 382.45
26341	Manipulat Palm Cord Post Inj	$ 147.74
26350	Repair Tendon	$ 792.78
26352	Repair/Graft Tendon	$ 713.79
26356	Repair Tendon	$ 999.48
26357	Flexor Tendon Repair Or Advancement, Single, In Seconda	$ 762.06
26358	Repair/Graft Tendon	$ 829.96
26370	Repair Tendon	$ 947.09
26372	Repair/Graft Tendon	$ 757.52
26373	Tendon Repair,Secondary W/0 Graft	$ 747.16
26390	Repair Tendon	$ 855.95
26392	Repair/Graft Tendon	$ 940.44
26410	Repair Tendon	$ 509.70
26412	Repair/Graft Tendon	$ 613.66
26415	Excision Hand/Finger Tendon	$ 1,116.94
26416	Removal Of Tube Or Rod And Insertion Of Extensor Tendon	$ 911.35
26418	Repair Tendon	$ 391.17
26420	Repair/Graft Tendon	$ 621.03
26426	Repair Tendon	$ 628.44
26428	Repair/Graft Tendon	$ 641.56
26432	Repair Tendon	$ 360.68
26433	Repair Tendon	$ 554.03
26434	Repair/Graft Tendon	$ 554.25
26437	Extensor Tendon Realignment (For Arthritis)	$ 493.43
26440	Release Tendon Palm/Finger	$ 428.56
26442	Release Tendon Palm & Finger	$ 488.02
26445	Release Tendon Palm/Finger	$ 381.92
26449	Release Tendon Forearm	$ 617.07
26450	Incision Of Tendon	$ 298.67
26455	Incision Of Tendon	$ 277.90
26460	Incision Of Tendon	$ 259.98
26471	Fusion Of Tendons	$ 603.28
26474	Fusion Of Tendons	$ 501.77
26476	Tendon Lengthening,Etensor,Single	$ 397.74
26477	Tendon Shortening,Extensor,Single	$ 463.82
26478	Tendon Lengthening, Flexor, Hand Or Finger, Single, Eac	$ 510.79
26479	Tendon Shortening, Flexor, Hand Or Finger, Single, Each	$ 558.31
26480	Tendon Transplant	$ 841.25
26483	Tendon Transplant	$ 843.66
26485	Tendon Transplant	$ 709.54
26489	Tendon Transplant & Graft	$ 1,200.90
26490	Tendon Transfer	$ 813.14
26492	Tendon Transfer With Graft	$ 914.22
26494	Tendon/Muscle Transfer	$ 790.27
26496	Repair Thumb Tendon	$ 925.37
26497	Sublimis Trf,Correct Claw Finger	$ 886.15

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
26498	Sublimis Trf,Correct Claw Finger	$ 1,307.37
26499	Correction Claw Finger,Other Methods	$ 839.03
26500	Tendon Reconstruction	$ 471.67
26502	Tendon Reconstruction/Graft	$ 620.70
26508	Release Thumb Contracture	$ 503.45
26510	Cross Intrinsic Transfer	$ 472.76
26516	Fusion Of Knuckle Joint	$ 560.60
26517	Fusion Of Knuckle Joints	$ 795.32
26518	Fusion Of Knuckle Joints	$ 778.65
26520	Release Knuckle Contracture	$ 487.83
26525	Release Finger Contracture	$ 447.45
26530	Repair Knuckle	$ 593.91
26531	Repair Knuckle With Implant	$ 980.42
26535	Repair Finger Joint	$ 495.94
26536	Repair Finger Joint-Implant	$ 791.14
26540	Reconstruct Hand Joint	$ 653.80
26541	Reconstruct/Graft Hand Joint	$ 883.28
26542	Primary Repair Of Collateral Ligament, Metacarpophalang	$ 621.46
26545	Reconstruct Finger Joint	$ 608.25
26546	Repair Nonunion Hand	$ 1,187.89
26548	Repair And Reconstruction, Finger, Volar Plate, Interph	$ 690.54
26550	Construct Thumb Replacement	$ 2,952.68
26551	Great Toe-Hand Transfer	$ 4,001.79
26553	Single Transfer Toe-Hand	$ 3,554.01
26554	Double Transfer Toe-Hand	$ 4,353.32
26555	Positional Change Of Finger	$ 2,140.04
26556	Toe Joint Transfer	$ 3,546.13
26560	Repair Of Web Finger	$ 504.83
26561	Repair Of Web Finger	$ 1,001.81
26562	Repair Of Web Finger	$ 1,004.82
26565	Correction Metacarpal Flaw	$ 627.44
26567	Correction Finger Flaw	$ 554.44
26568	Osteoplasty For Lengthening Of Metacarpal Or Phalanx	$ 868.96
26580	Repair Hand Deformity	$ 1,766.98
26587	Repair Of Supernumerary Digit, Soft Tissue And Bone	$ 1,198.14
26590	Repair Finger Deformity	$ 1,603.55
26591	Repair, Intrinsic Muscles Of Hand (Specify)	$ 267.43
26593	Release, Intrinsic Muscles Of Hand (Specify)	$ 464.56
26596	Excision Of Constricting Ring With Multiple Z-Plasties	$ 869.00
26600	Treat Metacarpal Fracture	$ 318.38
26605	Repair Metacarpal Fracture	$ 405.17
26607	Manipulation, Skeletal Fixation	$ 445.56
26608	Percutaneous Skeletal Fixation Of Metacarpal Fracture,	$ 826.10
26615	Treat Metacarpal Fracture	$ 1,249.52
26641	Treatment Dislocation,Thumb	$ 300.48
26645	Repair Thumb Dislocation	$ 328.77
26650	Treat Thumb Fracture	$ 487.69
26665	Treat Thumb Fracture	$ 697.85
26670	Repair Hand Dislocation	$ 228.27
26675	Repair Hand Dislocation	$ 448.22
26676	Treatment Of Closed Carpometacarpal Dislocation, Other	$ 662.03
26685	Treat Hand Dislocation	$ 631.42
26686	Treat Hand Dislocation	$ 709.53
26700	Repair Finger Dislocation	$ 267.14
26705	Repair Finger Dislocation	$ 294.91
26706	Treatment Of Closed Metacarpophalangeal Dislocation, Si	$ 493.34

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
26715	Treat Knuckle Dislocation	$ 493.82
26720	Treat Finger Fracture Each	$ 240.74
26725	Treat Finger Fracture Each	$ 444.46
26727	Treat Finger Fracture Each	$ 531.80
26735	Treat Finger Fracture Each	$ 457.17
26740	Treat Finger Fracture Each	$ 151.32
26742	Treat Finger Fracture Each	$ 291.19
26746	Treat Finger Fracture Each	$ 530.64
26750	Treat Finger Fracture Each	$ 220.59
26755	Treat Finger Fracture Each	$ 174.63
26756	Pin Finger Fracture Each	$ 502.24
26765	Treat Finger Fracture Each	$ 314.01
26770	Repair Finger Dislocation	$ 185.18
26775	Repair Finger Dislocation	$ 217.01
26776	Treatment Of Closed Interphalangeal Joint Dislocation,	$ 342.72
26785	Treat Finger Dislocation	$ 355.03
26820	Thumb Fusion With Graft	$ 744.00
26841	Thumb Fusion	$ 837.36
26842	Thumb Fusion With Graft	$ 943.74
26843	Fusion Of Hand Joint	$ 700.83
26844	Fusion/Graft Of Hand Joint	$ 801.57
26850	Fusion Of Knuckle	$ 575.67
26852	Fusion Of Knuckle With Graft	$ 706.02
26860	Finger Joint Fusion	$ 460.38
26861	Fusion Of Finger Jnt Add-On	$ 216.25
26862	Fusion/Graft Of Finger Joint	$ 628.70
26863	Arthrodesis,W/Autognous Graft	$ 374.86
26910	Amputation Metacarpal Bone	$ 644.98
26951	Amputation Of Finger	$ 790.64
26952	Amputation Of Finger	$ 516.29
26990	I&D,Deep Abscess/Hematoma;Hip	$ 424.89
26991	I&D,Infected Bursa,Hips	$ 402.39
26992	Incision,Deep,W/Opening Bone Cortex	$ 1,044.43
27000	Incision Of Hip Tendon	$ 362.54
27001	Incision Of Hip Tendon	$ 514.44
27003	Incision Of Hip Tendon	$ 683.94
27005	Incision Of Hip Tendon	$ 634.00
27006	Incision Of Hip Tendons	$ 726.25
27025	Incision Of Hip Fascia	$ 836.83
27027	Buttock Fasciotomy	$ 1,063.40
27030	Drainage Of Hip Joint	$ 1,209.80
27033	Exploration Of Hip Joint	$ 1,229.08
27035	Denervation Of Hip Joint	$ 1,427.67
27036	Excision Of Hip Joint/Muscle	$ 1,249.30
27040	Biopsy,Soft Tissues,Superficial,Hip	$ 190.55
27041	Biopsy,Soft Tissues;Deep Hip	$ 615.87
27043	Exc Hip Pelvis Les Sc 3 Cm/>	$ 601.56
27045	Exc Hip/Pelv Tum Deep 5 Cm/>	$ 956.40
27047	Excision,Benign Tumor;Subcutaneous	$ 463.61
27048	Excision,Benign Tumor,Deep,Hip	$ 519.83
27049	Resect Hip/Pelv Tum < 5 Cm	$ 1,173.29
27050	Biopsy Of Sacroiliac Joint	$ 463.28
27052	Biopsy Of Hip Joint	$ 939.35
27054	Exploration Of Hip Joint	$ 1,037.15
27057	Buttock Fasciotomy W/Dbrdmt	$ 1,203.68
27059	Resect Hip/Pelv Tum 5 Cm/>	$ 2,349.08

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
27060	Removal Of Ischial Bursa	$ 498.66
27062	Removal Of Femur Lesion	$ 472.64
27065	Removal Of Hip Bone Lesion	$ 544.13
27066	Removal Of Hip Bone Lesion	$ 878.41
27067	Excision Bone Cyst W/Graft,Hip	$ 1,250.10
27070	Partial Removal Of Hip Bone	$ 873.60
27071	Partial Removal Of Hip Bone	$ 1,111.34
27075	Partial Removal Of Hip Bone	$ 1,878.65
27076	Partial Removal Of Hip Bone	$ 1,762.84
27077	Removal Of Hip Bone	$ 2,077.60
27078	Partial Removal Of Hip Bones	$ 1,089.00
27080	Removal Of Tail Bone	$ 538.56
27086	Removal Foreign Body;Hip	$ 122.17
27087	Removal Foreign Body,Deep,Hip	$ 500.03
27090	Removal Of Hip Prosthesis	$ 1,083.41
27091	Removal Of Hip Prosthesis	$ 2,071.52
27093	Injection For Hip X-Ray	$ 119.59
27095	Injection Procedure,Hip Arthrography	$ 116.17
27096	Inject Sacroiliac Joint	$ 300.01
27097	Hamstring Recession,Proximal	$ 812.85
27098	Adductor Transfer To Iscaium	$ 812.85
27100	Transfer Of Abdominal Muscle	$ 944.79
27105	Transfer Of Spinal Muscle	$ 895.65
27110	Transfer Of Iliopsoas Muscle	$ 1,193.22
27111	Transfer Iliopsoas To Femoral Neck	$ 1,178.92
27120	Reconstruction Of Hip	$ 2,061.02
27122	Reconstruction Of Hip	$ 1,818.09
27125	Repair Hip With Prosthesis	$ 1,551.44
27130	Hip Joint Replacement	$ 2,604.71
27132	Conversion Of Previous Hip Surgery To Total Hip Replace	$ 2,859.87
27134	Revision Of Total Hip Arthroplasty; Both Components	$ 3,352.71
27137	Revision Of Total Hip Arthroplasty; Acetabular Componen	$ 2,681.66
27138	Revision Of Total Hip Arthroplasty; Femoral Component O	$ 2,536.04
27140	Transplant Femur Ridge	$ 1,153.76
27146	Incision Of Hip Bone	$ 1,249.05
27147	Osteotomy,W/Open Reduction Of Hip	$ 1,778.36
27151	Incision Of Hip Bones	$ 1,868.52
27156	Revision Of Hip Bones	$ 1,982.99
27158	Revision Of Pelvis	$ 1,682.95
27161	Incision Of Neck Of Femur	$ 1,518.17
27165	Incision/Fixation Of Femur	$ 1,693.48
27170	Repair/Graft Femur	$ 1,611.76
27175	Treatment Slipped Epiphysis	$ 429.83
27176	Treatment Slipped Epiphysis	$ 1,095.68
27177	Treat Slipped Epiphysis	$ 1,494.25
27178	Treat Slipped Epiphysis	$ 1,086.82
27179	Revision Of Neck Of Femur	$ 1,175.79
27181	Treat Slipped Epiphysis	$ 1,387.08
27185	Revision Of Femur Epiphysis	$ 582.50
27187	Prophylactic Treatment (Nailing, Pinning, Plating Or Wi	$ 1,964.44
27197	Clsd Tx Pelvic Ring Fx	$ 149.47
27198	Clsd Tx Pelvic Ring Fx	$ 375.30
27200	Repair Tail Bone Fracture	$ 164.59
27202	Treat Tail Bone Fracture	$ 647.87
27215	Treat Pelvic Fracture(S)	$ 1,173.70
27216	Percutaneous Skeletal Fixation Of Posterior Pelvic Ring	$ 528.58

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
27217	Open Treatment Of Anterior Ring Fracture And/Or Disloca	$ 1,427.43
27218	Open Treatment Of Posterior Ring Fracture And/Or Disloc	$ 1,714.87
27220	Treatment Hipsocket Fracture	$ 487.87
27222	Repair Hipsocket Fracture	$ 888.90
27226	Open Treatment Of Posterior Or Anterior Acetabular Wall	$ 1,528.47
27227	Open Treatment Of Acetabular Fracture(S) Involving Ante	$ 1,808.24
27228	Open Treatment Of Acetabular Fracture(S) Involving Ante	$ 1,947.70
27230	Treat Thigh Fracture	$ 418.91
27232	Treat Thigh Fracture	$ 941.73
27235	Treat Thigh Fracture	$ 1,345.85
27236	Treat Thigh Fracture	$ 1,598.30
27238	Treat Thigh Fracture	$ 385.97
27240	Treat Thigh Fracture	$ 1,056.16
27244	Treat Thigh Fracture	$ 1,577.41
27245	Treat Thigh Fracture	$ 1,800.35
27246	Treat Thigh Fracture	$ 422.35
27248	Treat Thigh Fracture	$ 1,146.60
27250	Repair Of Hip Dislocation	$ 484.86
27252	Repair Of Hip Dislocation	$ 659.68
27253	Treat Hip Dislocation	$ 1,299.82
27254	Treat Hip Dislocation	$ 1,584.47
27256	Treat Hip Dislocation	$ 287.27
27257	Treat Hip Dislocation	$ 484.86
27258	Treat Hip Dislocation	$ 1,447.92
27259	Treat Hip Dislocation	$ 1,813.69
27265	Treat Hip Dislocation	$ 525.37
27266	Treat Hip Dislocation	$ 625.17
27267	Cltx Thigh Fx	$ 517.32
27268	Cltx Thigh Fx W/Mnpj	$ 638.35
27269	Optx Thigh Fx	$ 1,530.43
27275	Manipulation Of Hip Joint	$ 199.16
27279	Arthrodesis Sacroiliac Joint	$ 742.34
27280	Fusion Of Sacroiliac Joint	$ 1,129.67
27282	Fusion Of Pubic Bones	$ 1,015.53
27284	Fusion Of Hip Joint	$ 1,551.24
27286	Fusion Of Hip Joint	$ 1,579.93
27290	Amputation Of Leg At Hip	$ 2,445.88
27295	Amputation Of Leg At Hip	$ 1,749.36
27301	I&D,Deep Abscess,Hematoma,Or Bursa	$ 324.22
27303	Incision,Deep,W/Opening Bone Cortex	$ 697.27
27305	Incision Of Tendon & Fascia	$ 476.07
27306	Incision Of Thigh Tendon	$ 316.16
27307	Tenotomy,Subcutaneous;Multple	$ 426.35
27310	Exploration Of Knee Joint	$ 918.24
27323	Biopsy Thigh Soft Tissues	$ 182.74
27324	Biopsy Thigh Soft Tissues	$ 368.65
27325	Neurectomy Hamstring	$ 614.49
27326	Neurectomy Popliteal	$ 566.23
27327	Excision,Benign Tumor;Subcutaneous	$ 291.69
27328	Excision,Benign Tumor,Deep	$ 652.57
27329	Radical Resection Of Tumor (Eg, Malignant Neoplasm), So	$ 1,214.63
27330	Biopsy Knee Joint Lining	$ 609.26
27331	Exploration Of Knee Joint	$ 882.48
27332	Removal Of Knee Cartilage	$ 933.29
27333	Arthrotomy,Knee,Medial And Latteral	$ 1,058.13
27334	Exploration Of Knee Joint	$ 1,051.85

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		PHYSICIAN SERVICES FY2020 RATES
Procedure Code	Procedure Description	Medicaid + 38%
27335	Exploration Of Knee Joint	$ 1,088.52
27337	Exc Thigh/Knee Les Sc 3 Cm/>	$ 536.41
27339	Exc Thigh/Knee Tum Dep 5Cm/>	$ 966.26
27340	Removal Of Kneecap Bursa	$ 399.48
27345	Removal Of Knee Cyst	$ 580.58
27347	Remove Knee Cyst	$ 637.19
27350	Removal Of Kneecap	$ 871.44
27355	Removal Of Femur Lesion	$ 753.45
27356	Removal & Graft Femur Lesion	$ 864.76
27357	Removal & Graft Femur Lesion	$ 948.58
27358	Excision Bone Cyst,Femur	$ 477.25
27360	Partial Removal Leg Bone(S)	$ 915.92
27364	Resect Thigh/Knee Tum 5 Cm/>	$ 2,019.86
27365	Partial Removal Leg Bone(S)	$ 1,435.67
27369	Injection For Knee X-Ray	$ 68.24
27372	Removal Foreign Body,Deep,Knee/Thigh	$ 422.40
27380	Repair Of Kneecap Tendon	$ 774.86
27381	Repair/Graft Kneecap Tendon	$ 1,077.99
27385	Repair Of Thigh Muscle	$ 868.52
27386	Repair/Graft Of Thigh Muscle	$ 1,141.92
27390	Incision Thigh Tendon	$ 475.84
27391	Incision Thigh Tendons	$ 622.17
27392	Incision Thigh Tendons	$ 833.95
27393	Lengthening Of Thigh Tendon	$ 598.30
27394	Lengthening Of Thigh Tendons	$ 704.30
27395	Lengthening Of Thigh Tendons	$ 1,101.46
27396	Transplant Of Thigh Tendon	$ 739.06
27397	Transplants Of Thigh Tendons	$ 937.32
27400	Revision Of Thigh Muscles	$ 839.99
27403	Arthrotomy With Open Meniscus Repair	$ 855.21
27405	Repair Of Knee Ligament	$ 935.36
27407	Repair Of Knee Ligament	$ 941.84
27409	Repair Of Knee Ligaments	$ 1,387.20
27412	Autochondrocyte Implant Knee	$ 2,064.44
27415	Osteochondral Knee Allograft	$ 1,702.93
27416	Osteochondral Knee Autograft	$ 1,204.85
27418	Anterior Tibial Tubercle Plasty	$ 1,131.20
27420	Repair Of Unstable Kneecap	$ 1,035.62
27422	Repair Of Unstable Kneecap	$ 1,248.50
27424	Revision/Removal Of Kneecap	$ 1,071.92
27425	Lateral Retinacular Release Any Meth	$ 935.18
27427	Reconstruction Knee	$ 1,111.42
27428	Reconstruction Knee	$ 1,336.35
27429	Reconstruction Knee	$ 1,190.26
27430	Repair Of Thigh Muscles	$ 940.29
27435	Incision Of Knee Joint	$ 810.54
27437	Arthroplasty,Patella W/O Prosthesis	$ 907.56
27438	Repair Kneecap With Implant	$ 1,206.85
27440	Repair Of Knee Joint	$ 1,105.04
27441	Repair Of Knee Joint	$ 976.05
27442	Repair Of Knee Joint	$ 1,456.95
27443	Repair Of Knee Joint	$ 1,461.23
27445	Revise Knee Joint, Implant	$ 2,154.53
27446	Total Knee Replacement	$ 2,328.75
27447	Total Knee Replacement	$ 3,728.07
27448	Osteotomy,Femur,Unilateral	$ 1,190.75

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		PHYSICIAN SERVICES FY2020 RATES
Procedure Code	**Procedure Description**	**Medicaid + 38%**
27450	Incision Of Femur	$ 1,436.15
27454	Realignment Of Femur	$ 1,470.62
27455	Realignment Of Knee	$ 1,174.39
27457	Osteotomy After Epiphyseal Closure	$ 1,340.52
27465	Revision Of Femur	$ 1,290.96
27466	Revision Of Femur	$ 1,470.20
27468	Revision Of Femurs	$ 1,775.62
27470	Repair Of Femur	$ 1,617.69
27472	Repair/Graft Of Femur	$ 1,865.97
27475	Repair Of Femur Epiphysis	$ 816.09
27477	Repair Lower Leg Epiphyses	$ 1,243.01
27479	Repair Of Leg Epiphyses	$ 1,225.50
27485	Repair Of Leg Epiphysis	$ 835.02
27486	Revise/Replace Knee Joint	$ 2,782.26
27487	Revise/Replace Knee Joint	$ 3,163.79
27488	Removal Of Knee Prosthesis	$ 1,602.91
27495	Prophylactic Treatment (Nailing, Pinning, Plating Or Wi	$ 2,022.25
27496	Decompression Fasciotomy, Thigh And/Or Knee, One Compar	$ 477.58
27497	Decompression Fasciotomy, Thigh And/Or Knee, One Compar	$ 584.57
27498	Decompression Fasciotomy, Thigh And/Or Knee, Multiple C	$ 666.62
27499	Decompression Fasciotomy, Thigh And/Or Knee, Multiple C	$ 767.64
27500	Treatment Of Femur Fracture	$ 727.54
27501	Closed Treatment Of Supracondylar Or Transcondylar Femo	$ 727.54
27502	Repair Of Femur Fracture	$ 882.34
27503	Closed Treatment Of Supracondylar Or Transcondylar Femo	$ 882.34
27506	Treatment Of Thigh Fracture	$ 2,537.07
27507	Open Treatment Of Femoral Shaft Fracture With Plate/Scr	$ 1,485.87
27508	Treatment Of Femur Fracture	$ 582.40
27509	Percutaneous Skeletal Fixation Of Supracondylar Or Tran	$ 622.01
27510	Repair Of Femur Fracture	$ 768.09
27511	Open Treatment Of Femoral Supracondylar Or Transcondyla	$ 1,192.76
27513	Open Treatment Of Femoral Supracondylar Or Transcondyla	$ 1,686.58
27514	Treatment Of Thigh Fracture	$ 1,752.63
27516	Treat Thigh Fx Growth Plate	$ 498.25
27517	Treat Thigh Fx Growth Plate	$ 824.65
27519	Treat Thigh Fx Growth Plate	$ 1,362.71
27520	Treatment Kneecap Fracture	$ 257.78
27524	Treat Kneecap Fracture	$ 1,014.41
27530	Treat Knee Fracture	$ 320.22
27532	Treat Knee Fracture	$ 594.86
27535	Treat Knee Fracture	$ 1,135.05
27536	Treat Knee Fracture	$ 1,346.37
27538	Treatment Of Knee Fracture	$ 410.48
27540	Treat Knee Fracture	$ 1,198.75
27550	Repair Knee Dislocation	$ 413.23
27552	Repair Knee Dislocation	$ 504.16
27556	Treat Knee Dislocation	$ 1,332.32
27557	Treat Knee Dislocation	$ 1,566.47
27558	Treat Knee Dislocation	$ 1,614.89
27560	Repair Kneecap Dislocation	$ 257.33
27562	Repair Kneecap Dislocation	$ 545.64
27566	Treat Kneecap Dislocation	$ 1,133.48
27570	Fixation Of Knee Joint	$ 165.32
27580	Fusion Of Knee	$ 2,028.54
27590	Amputation Of Leg	$ 1,006.96
27591	Amputation,Thigh	$ 1,183.87

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		PHYSICIAN SERVICES FY2020 RATES
Procedure Code	Procedure Description	Medicaid + 38%
27592	Amputation Of Leg	$ 1,285.64
27594	Amputation Follow-Up Surgery	$ 514.13
27596	Amputation Follow-Up Surgery	$ 882.33
27598	Amputation Of Lower Leg	$ 1,014.66
27600	Decompression Of Leg	$ 435.82
27601	Fasciotomy, Leg, For Closed Space Decompression; Poster	$ 434.41
27602	Decompression Of Leg	$ 552.23
27603	I&D,Deep Abscess Or Hematoma,Leg	$ 347.75
27604	I&D,Infected Bursa,Leg Or Ankle	$ 267.75
27605	Incision Of Achilles Tendon	$ 202.93
27606	Tenotomy,Achilles Tendon,	$ 897.57
27607	Incision,Deep,W/Opening Bone Cortex	$ 672.03
27610	Exploration Of Ankle Joint	$ 780.94
27612	Exploration Of Ankle Joint	$ 739.09
27613	Biopsy,Soft Tissues,Superficial,Leg	$ 142.49
27614	Biopsy,Deep,Leg	$ 387.75
27615	Radical Resection Of Tumor (Eg, Malignant Neoplasm), So	$ 1,031.81
27616	Resect Leg/Ankle Tum 5 Cm/>	$ 1,649.14
27618	Excision,Benign Tumor,Subcutaneous	$ 359.70
27619	Excision,Benign Tumor,Deep,Leg	$ 621.76
27620	Explore/Treat Ankle Joint	$ 602.60
27625	Exploration Of Ankle Joint	$ 849.05
27626	Exploration Of Ankle Joint	$ 977.67
27630	Removal Of Tendon Lesion	$ 396.41
27632	Exc Leg/Ankle Les Sc 3 Cm/>	$ 531.07
27634	Exc Leg/Ankle Tum Dep 5 Cm/>	$ 868.43
27635	Removal Of Bone Lesion	$ 787.86
27637	Removal/Graft Of Bone Lesion	$ 906.85
27638	Removal/Graft Of Bone Lesion	$ 980.92
27640	Partial Removal Of Tibia	$ 1,224.86
27641	Partial Removal Of Fibula	$ 797.27
27645	Removal Of Tibia	$ 1,278.14
27646	Removal Of Fibula	$ 1,153.25
27647	Removal, Ankle Or Heel Bone	$ 1,078.21
27648	Inj.,Procedure,Ankle Arthrography	$ 70.04
27650	Repair Achilles Tendon	$ 927.32
27652	Repair/Graft Achilles Tendon	$ 1,026.90
27654	Repair Achilles Tendon	$ 1,157.20
27656	Repair,Fascial Defect Of Leg	$ 583.97
27658	Repair Of Leg Tendon Each	$ 441.78
27659	Repair Of Leg Tendon Each	$ 621.98
27664	Repair Of Leg Tendon Each	$ 397.03
27665	Repair Of Leg Tendon Each	$ 516.08
27675	Repair Dislocating Peroneal Tendons	$ 674.67
27676	Repair Dislocating Peroneal Tendons	$ 790.60
27680	Release Of Leg Tendon	$ 485.98
27681	Release Of Leg Tendons	$ 630.52
27685	Revision Of Leg Tendon	$ 756.18
27686	Revision Of Leg Tendons	$ 903.10
27687	Gastrocnemius Recession	$ 576.07
27690	Revision Of Leg Tendon	$ 754.97
27691	Revision Of Leg Tendon	$ 879.45
27692	Transplant Ea. Additional Tendon	$ 199.05
27695	Repair Of Ankle Ligament	$ 722.32
27696	Repair Of Ankle Ligaments	$ 761.04
27698	Repair Of Ankle Ligament	$ 1,047.71

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		PHYSICIAN SERVICES FY2020 RATES
Procedure Code	Procedure Description	Medicaid + 38%
27700	Repair Of Ankle	$ 1,014.40
27702	Arthroplasty,Ankle,W/Implant	$ 2,246.74
27703	Reconstruction Ankle Joint	$ 1,456.94
27704	Removal Of Ankle Implant	$ 671.88
27705	Incision Of Tibia	$ 1,049.72
27707	Incision Of Fibula	$ 436.45
27709	Incision Of Tibia & Fibula	$ 1,103.35
27712	Realignment Of Lower Leg	$ 1,167.30
27715	Revision Of Lower Leg	$ 1,309.94
27720	Repair Of Lower Leg	$ 1,636.06
27722	Repair/Graft Of Lower Leg	$ 1,099.98
27724	Repair/Graft Of Lower Leg	$ 1,682.21
27725	Repair Nonunion Or Malunion,Tibia	$ 1,098.87
27726	Repair Fibula Nonunion	$ 1,183.05
27727	Repair Congenital Pseudarthrosis,Leg	$ 1,155.83
27730	Repair Of Tibia Epiphysis	$ 546.99
27732	Repair Of Fibula Epiphysis	$ 509.63
27734	Repair Lower Leg Epiphyses	$ 794.00
27740	Repair Lower Leg Epiphyses	$ 880.72
27742	Repair Of Leg Epiphyses	$ 978.70
27745	Prophylactic Treatment (Nailing, Pinning, Plating Or Wi	$ 942.25
27750	Treatment Of Tibia Fracture	$ 436.60
27752	Repair Of Tibia Fracture	$ 688.33
27756	Treatment Of Tibia Fracture	$ 949.83
27758	Treatment Of Tibia Fracture	$ 1,608.82
27759	Treatment Of Tibia Fracture	$ 1,665.33
27760	Cltx Medial Ankle Fx	$ 390.91
27762	Cltx Med Ankle Fx W/Mnpj	$ 379.21
27766	Treatment Of Ankle Fracture	$ 795.92
27767	Cltx Post Ankle Fx	$ 318.55
27768	Cltx Post Ankle Fx W/Mnpj	$ 505.49
27769	Optx Post Ankle Fx	$ 877.06
27780	Treatment Of Fibula Fracture	$ 215.47
27781	Repair Of Fibula Bracture	$ 383.94
27784	Treatment Of Fibula Fracture	$ 617.72
27786	Treatment Of Ankle Fracture	$ 398.94
27788	Repair Of Ankle Fracture	$ 385.90
27792	Treatment Of Ankle Fracture	$ 1,091.62
27808	Treatment Of Ankle Fracture	$ 235.58
27810	Repair Of Ankle Fracture	$ 507.41
27814	Treatment Of Ankle Fracture	$ 1,500.07
27816	Treatment Of Ankle Fracture	$ 321.77
27818	Repair Of Ankle Fracture	$ 597.33
27822	Treatment Of Ankle Fracture	$ 1,221.66
27823	Treatment Of Ankle Fracture	$ 1,510.09
27824	Closed Treatment Of Fracture Of Weight Bearing Articula	$ 321.77
27825	Closed Treatment Of Fracture Of Weight Bearing Articula	$ 442.92
27826	Open Treatment Of Fracture Of Weight Bearing Articular	$ 937.09
27827	Open Treatment Of Fracture Of Weight Bearing Articular	$ 1,112.25
27828	Open Treatment Of Fracture Of Weight Bearing Articular	$ 1,525.41
27829	Open Treatment Of Distal Tibiofibular Joint (Syndesmosi	$ 651.07
27830	Repair Lower Leg Dislocation	$ 345.19
27831	Repair Lower Leg Dislocation	$ 422.47
27832	Treat Lower Leg Dislocation	$ 598.73
27840	Repair Ankle Dislocation	$ 271.76
27842	Repair Ankle Dislocation	$ 405.71

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		PHYSICIAN SERVICES FY2020 RATES
Procedure Code	Procedure Description	Medicaid + 38%
27846	Treat Ankle Dislocation	$ 906.60
27848	Treat Ankle Dislocation	$ 965.61
27860	Fixation Of Ankle	$ 189.49
27870	Fusion Of Ankle Joint Open	$ 1,226.38
27871	Arthrodesis,Tibiofibular Joint	$ 838.87
27880	Amputation Of Lower Leg	$ 988.31
27881	Amputation,Leg	$ 1,121.40
27882	Amputation Of Lower Leg	$ 788.57
27884	Amputation Follow-Up Surgery	$ 365.07
27886	Amputation Follow-Up Surgery	$ 804.39
27888	Amputation Of Ankle	$ 941.05
27889	Ankle Disarticulation	$ 894.35
27892	Decompression Fasciotomy, Leg; Anterior And/Or Lateral	$ 487.25
27893	Decompression Fasciotomy, Leg; Posterior Compartment(S)	$ 485.87
27894	Decompression Fasciotomy, Leg; Anterior And/Or Lateral,	$ 603.68
28001	I&D,Infected Bursa,Foot	$ 202.97
28002	Deep Infection,Dissection,Foot	$ 436.52
28003	Deep Infection,Multiple Areas	$ 564.56
28005	Incision,Deep,W/Opening Bone Cortex	$ 600.66
28008	Fasciotomy,Plantar And/Or Toe	$ 347.57
28010	Incision Of Toe Tendon	$ 246.94
28011	Incision Of Toe Tendons	$ 291.53
28020	Exploration Of Foot Joint	$ 465.12
28022	Exploration Of Foot Joint	$ 382.43
28024	Exploration Of Toe Joint	$ 329.03
28035	Tarsal Tunnel Release	$ 566.99
28039	Exc Foot/Toe Tum Sc 1.5 Cm/>	$ 617.40
28041	Exc Foot/Toe Tum Dep 1.5Cm/>	$ 586.02
28043	Excision,Benign Tumor,Subcutaneous	$ 239.00
28045	Excision,Benign Tumor,Deep,Foot	$ 394.85
28046	Radical Resection Of Tumor (Eg, Malignant Neoplasm), So	$ 754.68
28047	Resect Foot/Toe Tumor 3 Cm/>	$ 1,248.43
28050	Biopsy Of A Foot Joint	$ 399.28
28052	Biopsy Of A Foot Joint	$ 379.73
28054	Biopsy Of A Toe Joint	$ 276.83
28055	Neurectomy Foot	$ 490.30
28060	Partial Removal Foot Fascia	$ 542.60
28062	Removal Of Foot Fascia	$ 673.98
28070	Exploration Of A Foot Joint	$ 464.81
28072	Exploration Of A Foot Joint	$ 409.97
28080	Removal Of Foot Lesion	$ 390.76
28086	Synovectomy,Tendon Sheath;Flexor	$ 390.76
28088	Synovectomy,Tendon Sheath,Extensor	$ 366.56
28090	Removal Of Foot Lesion	$ 366.56
28092	Removal Of Toe Lesions	$ 280.32
28100	Removal Of Heel Lesion	$ 671.85
28102	Removal/Graft Heel Lesion	$ 718.55
28103	Removal/Graft Heel Lesion	$ 594.41
28104	Removal Of Foot Lesion	$ 538.08
28106	Removal/Graft Foot Lesion	$ 668.09
28107	Removal/Graft Foot Lesion	$ 504.28
28108	Removal Of Toe Lesions	$ 442.57
28110	Partial Removal Metatarsal	$ 341.96
28111	Partial Removal Metatarsal	$ 579.21
28112	Partial Removal Metatarsals	$ 414.07
28113	Partial Removal Metatarsal	$ 420.17

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
28114	Removal Of Metatarsal Heads	$ 1,051.45
28116	Revision Of Foot	$ 587.66
28118	Partial Removal Of Heel	$ 753.33
28119	Removal Of Heel Spur	$ 575.94
28120	Partial Removal Of Heel Bone	$ 501.71
28122	Partial Removal Bone Of Foot	$ 568.66
28124	Partial Removal Of Toe	$ 403.93
28126	Partial Removal Of Toe	$ 351.17
28130	Talectomy	$ 729.30
28140	Removal Of Metatarsal	$ 578.12
28150	Removal Of Toe	$ 430.93
28153	Partial Removal Of Toe	$ 409.87
28160	Partial Removal Of Toe	$ 386.47
28171	Resection-Tarsal	$ 857.60
28173	Resection-Metatarsal	$ 708.04
28175	Resection-Phalanx	$ 553.70
28190	Remove Foreign Body,Subcutaneous	$ 289.81
28192	Remove Foreign Body;Deep,Foot	$ 279.93
28193	Remove Foreign Body;Complicated,Foot	$ 359.72
28200	Repair Of Foot Tendon	$ 478.24
28202	Repair/Graft Of Foot Tendon	$ 620.97
28208	Repair Of Foot Tendon	$ 349.07
28210	Repair/Graft Of Foot Tendon	$ 583.08
28220	Release Of Foot Tendon	$ 411.25
28222	Release Of Foot Tendons	$ 590.74
28225	Release Of Foot Tendon	$ 537.58
28226	Release Of Foot Tendons	$ 387.89
28230	Incision Of Foot Tendon(S)	$ 323.58
28232	Incision Of Toe Tendon	$ 221.75
28234	Incision Of Foot Tendon	$ 217.67
28238	Revision Of Foot Tendon	$ 930.78
28240	Release Of Big Toe	$ 316.41
28250	Revision Of Foot Fascia	$ 512.06
28260	Release Of Midfoot Joint	$ 603.76
28261	Capsulotomy,W/Tendon Lengthening	$ 748.24
28262	Revision Of Foot And Ankle	$ 1,222.28
28264	Revision Of Midfoot Joint	$ 982.31
28270	Revision Of Foot Contracture	$ 301.19
28272	Release Of Toe Joint Each	$ 287.29
28280	Fusion Of Toes	$ 363.91
28285	Revision Of Hammer Toe	$ 440.03
28286	Revision Of Hammer Toe	$ 403.31
28288	Ostectomy,Partial	$ 409.76
28289	Corrj Halux Rigdus W/O Implt	$ 885.53
28291	Corrj Halux Rigdus W/Implt	$ 958.82
28292	Correction Hallux Valgus	$ 669.62
28295	Correction Hallux Valgus	$ 1,236.37
28296	Correction Hallux Valgus	$ 941.06
28297	Correction Hallux Valgus	$ 896.46
28298	Correction Hallux Valgus	$ 821.06
28299	Correction Hallux Valgus	$ 1,037.95
28300	Fixation Of Heel	$ 793.67
28302	Incision Of Ankle Bone	$ 915.30
28304	Incision Of Midfoot Bones	$ 764.08
28305	Incision/Graft Midfoot Bones	$ 999.98
28306	Incision Of Metatarsals	$ 562.35

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
28307	Osteotomy, Metatarsal, Base Or Shaft, Single, With Or W	$ 606.18
28308	Incision Of Metatarsals	$ 571.64
28309	Incision Of Metatarsals	$ 803.05
28310	Incision Of Big Toe	$ 550.15
28312	Incision Of Big Toes	$ 531.56
28313	Reconstruction, Angular Deformity Of Toe (Overlapping S	$ 371.55
28315	Sesamoidectomy-First-Toe	$ 394.64
28320	Repair Of Foot Bones	$ 884.25
28322	Repair Of Metatarsals	$ 795.86
28340	Reconstruction, Toe, Macrodactyly Soft Tissue Resection	$ 660.25
28341	Reconstruction, Toe, Macrodactyly Requiring Bone Resect	$ 788.53
28344	Reconstruction, Toe(S) Polydactyly	$ 390.44
28345	Reconstruction, Toe(S) Syndactyly, With Or Without Skin	$ 553.82
28360	Reconstruction, Cleft Foot	$ 1,239.90
28400	Treatment Of Heel Fracture	$ 212.18
28405	Repair Of Heel Fracture	$ 418.95
28406	Treatment Calcaneal Fracture	$ 650.34
28415	Treat Heel Fracture	$ 1,143.21
28420	Treat/Graft Heel Fracture	$ 1,366.49
28430	Treatment Of Ankle Fracture	$ 225.34
28435	Repair Of Ankle Fracture	$ 339.05
28436	Treatment Of Closed Talus Fracture; With Manipulation A	$ 442.28
28445	Treat Ankle Fracture	$ 904.13
28446	Osteochondral Talus Autogrft	$ 1,499.65
28450	Treat Midfoot Fracture Each	$ 185.29
28455	Treat Midfoot Fracture Each	$ 278.98
28456	Treat Midfoot Fracture	$ 492.01
28465	Treat Midfoot Fracture Each	$ 618.27
28470	Treat Metatarsal Fractures	$ 276.76
28475	Repair Metatarsal Fractures	$ 276.76
28476	Treat Metatarsal Fracture	$ 554.25
28485	Treat Metatarsal Fracture	$ 508.03
28490	Treat Big Toe Fracture	$ 86.66
28495	Repair Big Toe Fracture	$ 131.73
28496	Treat Big Toe Fracture	$ 217.25
28505	Treat Big Toe Fracture	$ 334.02
28510	Treatment Of Toe Fracture	$ 94.52
28515	Repair Of Toe Fracture	$ 118.14
28525	Treat Toe Fracture	$ 261.94
28530	Treatment Of Closed Sesamoid Fracture	$ 100.97
28531	Open Treatment Of Sesamoid Fracture, With Or Without In	$ 201.77
28540	Repair Foot Dislocation	$ 126.23
28545	Repair Foot Dislocation	$ 176.53
28546	Treatment Tarsal Bone Dislocation	$ 289.58
28555	Repair Of Foot Dislocation	$ 580.87
28570	Repair Foot Dislocation	$ 159.05
28575	Repair Foot Dislocation	$ 290.84
28576	Percutaneous Skeletal Fixation Of Talotarsal Joint Disl	$ 333.68
28585	Repair Of Foot Dislocation	$ 628.82
28600	Repair Foot Dislocation	$ 124.05
28605	Repair Foot Dislocation	$ 240.05
28606	Treatment Tarsometatarsal Disloc.	$ 985.87
28615	Repair Foot Dislocation	$ 518.20
28630	Repair Of Toe Dislocation	$ 135.49
28635	Repair Of Toe Dislocation	$ 168.19
28636	Percutaneous Skeletal Fixation Of Metatarsophalangeal J	$ 269.21

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
28645	Repair Of Toe Dislocation	$ 401.97
28660	Repair Of Toe Dislocation	$ 91.29
28665	Repair Of Toe Dislocation	$ 191.54
28666	Percutaneous Skeletal Fixation Of Interphalangeal Joint	$ 257.45
28675	Repair Of Toe Dislocation	$ 289.33
28705	Fusion Of Foot Bones	$ 1,507.00
28715	Fusion Of Foot Bones	$ 1,257.76
28725	Fusion Of Foot Bones	$ 1,040.58
28730	Fusion Of Foot Bones	$ 1,035.15
28735	Fusion Of Foot Bones	$ 1,012.70
28737	Revision Of Foot Bones	$ 902.66
28740	Fusion Of Foot Bones	$ 702.99
28750	Fusion Of Big Toe Joint	$ 562.03
28755	Fusion Of Big Toe Joint	$ 461.25
28760	Fusion Of Big Toe Joint	$ 649.40
28800	Amputation Of Midfoot	$ 724.91
28805	Amputation Thru Metatarsal	$ 719.73
28810	Amputation Toe & Metatarsal	$ 494.63
28820	Amputation Of Toe	$ 643.31
28825	Partial Amputation Of Toe	$ 284.75
28890	High Energy Eswt Plantar F	$ 416.80
29000	Application Of Body Cast	$ 207.11
29010	Application Of Body Cast	$ 224.55
29015	Application Of Body Cast	$ 334.02
29035	Application Of Body Cast	$ 191.50
29040	Application Of Body Cast	$ 217.38
29044	Application Of Body Cast	$ 216.22
29046	Application Of Body Cast	$ 238.44
29049	Application Of Figure Eight	$ 66.67
29055	Application Of Shoulder Cast	$ 133.72
29058	Application Of Shoulder Cast	$ 99.86
29065	Application Of Long Arm Cast	$ 120.72
29075	Application Of Forearm Cast	$ 110.79
29085	Application Hand/Wrist Cast	$ 117.87
29086	Apply Finger Cast	$ 86.32
29105	Application Long Arm Splint	$ 115.05
29125	Apply Forearm Splint	$ 86.87
29126	Apply Forearm Splint	$ 52.88
29130	Application Of Finger Splint	$ 54.03
29131	Application Of Finger Splint	$ 48.16
29200	Strapping Of Chest	$ 43.68
29240	Strapping Of Shoulder	$ 49.68
29260	Strapping Of Elbow Or Wrist	$ 39.80
29280	Strapping Of Hand Or Finger	$ 39.39
29305	Application Of Hip Cast	$ 180.44
29325	Application Of Hip Cast	$ 217.81
29345	Application Of Long Leg Cast	$ 175.47
29355	Application Of Long Leg Cast	$ 114.71
29358	Application Long Leg Cast Brace	$ 172.43
29365	Application Of Long Leg Cast	$ 97.80
29405	Application Short Leg Cast	$ 114.65
29425	Application Short Leg Cast	$ 124.06
29435	Application Ptb Cast	$ 122.96
29440	Addition Of Walker To Cast	$ 34.21
29445	Apply Rigid Leg Cast	$ 174.16
29450	Application Of Leg Cast	$ 201.29

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		PHYSICIAN SERVICES FY2020 RATES
Procedure Code	**Procedure Description**	**Medicaid + 38%**
29505	Application Long Leg Splint	$ 100.53
29515	Application Lower Leg Splint	$ 88.07
29520	Strapping Of Hip	$ 45.20
29530	Strapping Of Knee	$ 46.98
29540	Strapping Of Ankle	$ 36.20
29550	Strapping Of Toes	$ 38.03
29580	Application Of Paste Boot	$ 66.59
29581	Apply Multlay Comprs Lwr Leg	$ 113.96
29584	Appl Multlay Comprs Arm/Hand	$ 110.25
29700	Removal/Revision Of Cast	$ 43.15
29705	Removal/Revision Of Cast	$ 9.07
29710	Removal/Revision Of Cast	$ 91.55
29720	Repair Of Cast	$ 46.71
29730	Revision Of Cast	$ 33.74
29740	Revision Of Cast	$ 53.03
29750	Revision Of Cast	$ 89.77
29800	Arthroscopy, Temporomandibular Joint, Diagnostic, With	$ 470.51
29804	Arthroscopy, Temporomandibular Joint, Surgical	$ 1,088.19
29805	Shoulder Arthroscopy Dx	$ 576.69
29806	Shoulder Arthroscopy/Surgery	$ 1,287.64
29807	Shoulder Arthroscopy/Surgery	$ 1,287.64
29819	Arthroscopy, Shoulder, Surgical; With Removal Of Loose	$ 883.85
29820	Arthroscopy, Shoulder, Surgical; Synovectomy, Partial	$ 850.81
29821	Arthroscopy, Shoulder, Surgical; Synovectomy, Complete	$ 1,001.20
29822	Arthroscopy, Shoulder, Surgical; Debridement, Limited	$ 1,433.56
29823	Arthroscopy, Shoulder, Surgical; Debridement, Extensive	$ 1,071.13
29824	Shoulder Arthroscopy/Surgery	$ 831.60
29825	Arthroscopy, Shoulder, Surgical; With Lysis And Resecti	$ 970.06
29826	Arthroscopy, Shoulder, Surgical Decompression Of Subacr	$ 1,788.56
29827	Arthroscop Rotator Cuff Repr	$ 1,348.84
29828	Arthroscopy Biceps Tenodesis	$ 1,139.13
29830	Arthroscopy, Elbow, Diagnostic, With Or Without Synovia	$ 562.13
29834	Arthroscopy, Elbow, Surgical; With Removal Of Loose Bod	$ 616.65
29835	Arthroscopy, Elbow, Surgical; Synovectomy, Partial	$ 636.48
29836	Arthroscopy, Elbow, Surgical; Synovectomy, Complete	$ 741.17
29837	Arthroscopy, Elbow, Surgical; Debridement, Limited	$ 767.60
29838	Arthroscopy, Elbow, Surgical; Debridement, Extensive	$ 744.23
29840	Arthroscopy, Wrist, Diagnostic, With Or Without Synovia	$ 446.26
29843	Arthroscopy, Wrist, Surgical For Infection, Lavage And	$ 589.84
29844	Arthroscopy, Wrist, Surgical Synovectomy, Partial	$ 609.01
29845	Arthroscopy, Wrist, Surgical Synovectomy, Complete	$ 738.30
29846	Arthroscopy, Wrist, Surgical Excision Of Triangular Fib	$ 916.39
29847	Arthroscopy, Wrist, Surgical Internal Fixation For Frac	$ 701.05
29848	Arthroscopy, Wrist, Surgical; With Release Of Transvers	$ 618.82
29850	Arthroscopically Aided Treatment Of Intercondylar Spine	$ 938.76
29851	Arthroscopically Aided Treatment Of Intercondylar Spine	$ 1,198.75
29855	Arthroscopically Aided Treatment Of Tibial Fracture, Pr	$ 1,090.17
29856	Arthroscopically Aided Treatment Of Tibial Fracture, Pr	$ 1,283.84
29860	Hip Arthroscopy Dx	$ 811.21
29861	Hip Arthro W/Fb Removal	$ 896.66
29862	Hip Arthr0 W/Debridement	$ 1,005.98
29863	Hip Arthr0 W/Synovectomy	$ 1,003.65
29866	Autgrft Implnt Knee W/Scope	$ 1,297.99
29867	Allgrft Implnt Knee W/Scope	$ 1,582.39
29868	Meniscal Trnspl Knee W/Scpe	$ 2,093.47
29870	Knee Arthroscopy Dx	$ 459.89

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
29871	Arthroscopy, Knee, Surgical; For Infection, Lavage And	$ 683.87
29873	Knee Arthroscopy/Surgery	$ 1,721.65
29874	Arthroscopy, Knee, Surgical; For Removal Of Loose Body	$ 872.89
29875	Arthroscopy, Knee, Surgical; Synovectomy, Limited (Eg,	$ 1,573.79
29876	Arthroscopy, Knee, Surgical; Synovectomy, Major, Two Or	$ 1,103.31
29877	Arthroscopy, Knee, Surgical; Debridement/Shaving Of Art	$ 1,482.82
29879	Arthroscopy, Knee, Surgical; Abrasion Arthroplasty (Inc	$ 1,021.68
29880	Arthroscopy, Knee, Surgical With Meniscectomy (Medial A	$ 1,963.26
29881	Arthroscopy, Knee, Surgical; With Meniscectomy (Medial	$ 1,520.68
29882	Arthroscopy, Knee, Surgical; With Meniscus Repair (Medi	$ 1,718.93
29883	Arthroscopy, Knee, Surgical With Meniscus Repair (Media	$ 1,256.64
29884	Arthroscopy, Knee, Surgical; With Lysis Of Adhesions Wi	$ 822.42
29885	Arthroscopy, Knee, Surgical Drilling For Osteochondriti	$ 867.99
29886	Arthroscopy, Knee, Surgical; Drilling For Intact Osteoc	$ 717.53
29887	Arthroscopy, Knee, Surgical; Drilling For Intact Osteoc	$ 1,078.10
29888	Arthroscopically Aided Anterior Cruciate Ligament Repai	$ 3,243.23
29889	Arthroscopically Aided Posterior Cruciate Ligament Repa	$ 1,082.02
29891	Ankle Arthroscopy/Surgery	$ 865.36
29892	Ankle Arthroscopy/Surgery	$ 905.61
29893	Scope Plantar Fasciotomy	$ 728.93
29894	Arthroscopy, Ankle, Surgical; With Removal Of Loose Bod	$ 855.66
29895	Arthroscopy, Ankle, Surgical; Synovectomy, Partial	$ 812.32
29897	Arthroscopy, Ankle, Surgical; Debridement, Limited	$ 872.81
29898	Arthroscopy, Ankle, Surgical; Debridement, Extensive	$ 1,003.04
29899	Ankle Arthroscopy/Surgery	$ 1,315.24
29900	Mcp Joint Arthroscopy Dx	$ 539.50
29901	Mcp Joint Arthroscopy Surg	$ 626.27
29902	Mcp Joint Arthroscopy Surg	$ 701.22
29904	Subtalar Arthro W/Fb Rmvl	$ 775.17
29905	Subtalar Arthro W/Exc	$ 835.23
29906	Subtalar Arthro W/Deb	$ 879.50
29907	Subtalar Arthro W/Fusion	$ 1,070.59
29914	Hip Arthro W/Femoroplasty	$ 1,465.64
29915	Hip Arthro Acetabuloplasty	$ 1,495.48
29916	Hip Arthro W/Labral Repair	$ 1,497.02
29999	Arthroscopy Of Joint	$ 2,027.16
30000	Drainage Of Nose Lesion	$ 99.26
30020	Drainage Of Nose Lesion	$ 80.96
30100	Biopsy Of Nose	$ 75.28
30110	Removal Of Nose Polyp(S)	$ 144.60
30115	Removal Of Nose Polyp(S)	$ 365.30
30117	Removal Of Nose Lesion	$ 304.61
30118	Removal Of Nose Lesion	$ 893.16
30120	Revision Of Nose	$ 615.96
30124	Removal Of Nose Lesion	$ 225.19
30125	Removal Of Nose Lesion	$ 643.25
30130	Removal Of Turbinate Bones	$ 250.66
30140	Removal Of Turbinate Bones	$ 681.72
30150	Partial Removal Of Nose	$ 855.35
30160	Removal Of Nose	$ 1,074.77
30200	Injection Treatment Of Nose	$ 47.17
30210	Displacement Therapy,Nose	$ 66.89
30220	Insertion Nasal Septal Prosthesis	$ 172.58
30300	Remove Nasal Foreign Body	$ 299.35
30310	Remove Foreign Body,Nose	$ 318.34
30320	Remove Foreign Body,Nose	$ 447.15

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
30400	Reconstruction Of Nose	$ 814.16
30410	Reconstruction Of Nose	$ 1,590.80
30420	Reconstruction Of Nose	$ 1,561.97
30430	Revision Of Nose	$ 281.15
30435	Rhinoplasty, Sec Intermed Revision	$ 1,455.39
30450	Revision Of Nose	$ 1,945.74
30460	Rhinoplasty For Nasal Deformity Secondary To Congenital	$ 912.43
30462	Rhinoplasty For Nasal Deformity Secondary To Congenital	$ 1,825.27
30465	Repair Nasal Stenosis	$ 1,227.10
30520	Repair Of Nasal Septum	$ 1,322.80
30540	Repair Nasal Lesion	$ 710.66
30545	Repair Nasal Lesion	$ 1,087.22
30560	Release Of Nasal Adhesions	$ 89.18
30580	Repair Upper Jaw Fistula	$ 895.33
30600	Repair Mouth/Nose Fistula	$ 464.78
30620	Reconstruction Inner Nose	$ 744.41
30630	Repair Nasal Septum Defect	$ 661.52
30801	Ablate Inf Turbinate Superf	$ 119.38
30802	Cauterization, Inner Nose	$ 351.15
30901	Control Of Nosebleed	$ 140.61
30903	Control Nasal Hemorr Ant Comp Uni	$ 226.94
30905	Control Of Nosebleed	$ 194.90
30906	Control Of Nosebleed	$ 122.88
30915	Ligation Nasal Sinus Artery	$ 589.01
30920	Ligation Upper Jaw Artery	$ 1,226.01
30930	Ther Fx Nasal Inf Turbinate	$ 195.49
31000	Irrigation Maxillary Sinus	$ 212.63
31002	Irrigation Sphenoid Sinus	$ 118.00
31020	Exploration Maxillary Sinus	$ 276.04
31030	Exploration Maxillary Sinus	$ 710.95
31032	Explore Sinus Remove Polyps	$ 747.73
31040	Exploration Behind Upper Jaw	$ 848.85
31050	Exploration Sphenoid Sinus	$ 556.49
31051	Sinusotomy, Sphenoid, With Or Without Biopsy With Mucos	$ 754.02
31070	Exploration Of Sinus	$ 438.37
31075	Sinusotomy Frontal Transorbital	$ 960.85
31080	Removal Of Sinus	$ 1,011.53
31081	Sinusotomy,Frontal;Obliterative	$ 1,130.05
31084	Removal Of Sinus	$ 1,386.32
31085	Removal Of Sinus	$ 1,466.28
31086	Nonob, With Osteo Flap, Brow Inc.	$ 1,152.52
31087	Nonob, With Osteo Flap, Coronal Inc.	$ 1,145.36
31090	Exploration Of Sinuses	$ 1,284.24
31200	Removal Of Sinus	$ 499.99
31201	Removal Of Sinus	$ 746.46
31205	Removal Of Sinus	$ 891.18
31225	Maxillectomy Wo Orb Exenteration	$ 1,755.72
31230	Maxillectomy W Orb Exenteration	$ 2,164.23
31231	Nasal Endoscopy Dx	$ 234.49
31233	Nasal/Sinus Endoscopy Dx	$ 179.51
31235	Nasal/Sinus Endoscopy Dx	$ 314.93
31237	Nasal/Sinus Endoscopy Surg	$ 444.30
31238	Nasal/Sinus Endoscopy Surg	$ 237.06
31239	Nasal/Sinus Endoscopy Surg	$ 976.57
31240	Nasal/Sinus Endoscopy Surg	$ 304.75
31241	Nsl/Sins Ndsc W/Artery Lig	$ 547.68

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
31253	Nsl/Sins Ndsc Total	$ 615.69
31254	Nasal Endoscopy, Surgical With Ethmoidectomy, Partial	$ 957.49
31255	Nasal Endoscopy, Surgical With Ethmoidectomy, Anterior	$ 1,278.35
31256	Nasal Endoscopy, Surgical With Maxillary Antrostomy	$ 773.71
31257	Nsl/Sins Ndsc Tot W/Sphendt	$ 548.55
31259	Nsl/Sins Ndsc Sphn Tiss Rmvl	$ 581.21
31267	Endoscopy Maxillary Sinus	$ 990.23
31276	Sinus Endoscopy Surgical	$ 781.26
31287	Nasal/Sinus Endoscopy Surg	$ 450.23
31288	Nasal/Sinus Endoscopy Surg	$ 526.36
31290	Nasal/Sinus Endoscopy Surg	$ 1,583.65
31291	Nasal/Sinus Endoscopy Surg	$ 1,608.35
31292	Nasal/Sinus Endoscopy Surg	$ 1,243.38
31293	Nasal/Sinus Endoscopy Surg	$ 1,359.45
31294	Nasal/Sinus Endoscopy Surg	$ 1,554.02
31295	Sinus Endo W/Balloon Dil	$ 2,807.46
31296	Sinus Endo W/Balloon Dil	$ 4,749.84
31297	Sinus Endo W/Balloon Dil	$ 5,041.51
31298	Nsl/Sins Ndsc W/Sins Dilat	$ 5,083.53
31300	Removal Of Larynx Lesion	$ 1,256.57
31360	Removal Of Larynx	$ 1,745.15
31365	Removal Of Larynx	$ 2,474.34
31367	Partial Removal Of Larynx	$ 1,828.38
31368	Partial Removal Of Larynx	$ 2,551.94
31370	Partial Removal Of Larynx	$ 2,333.68
31375	Partial Removal Of Larynx	$ 1,682.95
31380	Partial Removal Of Larynx	$ 1,806.45
31382	Partial Laryngectomy	$ 1,747.30
31390	Removal Of Larynx & Pharynx	$ 2,672.66
31395	Reconstruct Larynx & Pharynx	$ 3,092.39
31400	Revision Of Larynx	$ 854.58
31420	Removal Of Epiglottis	$ 864.27
31500	Insertion Of Windpipe Airway	$ 186.98
31502	Tracheotomy Tube Change Prior To Establishment Of Fistu	$ 62.67
31505	Visualization Of Larynx	$ 47.40
31510	Biopsy/Removal Larynx Lesion	$ 125.86
31511	Remove Foreign Body Larynx	$ 147.85
31512	Laryngoscopy,W/Removal Lesion	$ 195.70
31513	Laryngoscopy W/Vocal Cord Injection	$ 263.95
31515	Visualization Of Larynx	$ 148.71
31520	Dx Laryngoscopy Newborn	$ 212.63
31525	Dx Laryngoscopy Excl Nb	$ 338.61
31526	Visualization Of Larynx	$ 296.34
31527	Laryngoscopy W/Insert Of Obturator	$ 315.14
31528	Laryngoscopy W/Dilation Initial	$ 254.25
31529	Laryngoscopy W/Dilation Subsequent	$ 258.94
31530	Laryngoscopy W/Fb Removal	$ 354.03
31531	Removal Foreign Body, Larynx	$ 448.71
31535	Laryngoscopy W/Biopsy	$ 361.86
31536	Biopsy Of Larynx	$ 324.07
31540	Laryngoscopy W/Exc Of Tumor	$ 476.57
31541	Removal Of Larynx Lesion	$ 489.24
31545	Remove Vc Lesion W/Scope	$ 481.14
31546	Remove Vc Lesion Scope/Graft	$ 728.25
31551	Laryngoplasty Laryngeal Sten	$ 1,808.35
31552	Laryngoplasty Laryngeal Sten	$ 1,833.16

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		PHYSICIAN SERVICES FY2020 RATES
Procedure Code	Procedure Description	Medicaid + 38%
31553	Laryngoplasty Laryngeal Sten	$ 1,999.77
31554	Laryngoplasty Laryngeal Sten	$ 2,110.16
31560	Laryngoscop W/Arytenoidectom	$ 526.87
31561	Larynscop Remve Cart + Scop	$ 692.53
31570	Laryngoscope W/Vc Inj	$ 461.68
31571	Injection Therapy Of Larynx	$ 466.85
31572	Largsc W/Laser Dstrj Les	$ 644.17
31573	Largsc W/Ther Injection	$ 339.40
31574	Largsc W/Njx Augmentation	$ 1,342.59
31575	Laryngoscopy Flex Fiber Diagnostic	$ 160.48
31576	Laryngoscopy Flex Diagnostic W/Biop	$ 238.75
31577	Largsc W/Rmvl Foreign Bdy(S)	$ 294.55
31578	Largsc W/Removal Lesion	$ 354.41
31579	Laryngoscopy Telescopic	$ 232.23
31580	Laryngoplasty Laryngeal Web	$ 1,281.41
31584	Laryngoplasty Fx Rdctj Fixj	$ 1,577.30
31587	Laryngoplasty Cricoid Split	$ 767.47
31590	Laryngeal Nerve Graft	$ 1,097.54
31591	Laryngoplasty Medialization	$ 1,332.47
31592	Cricotracheal Resection	$ 2,145.78
31600	Incision Of Windpipe	$ 687.05
31601	Tracheostomy,Under Two Years	$ 482.72
31603	Tracheostomy Emerg Proc Transtrachea	$ 503.26
31605	Cricothyroidostomy	$ 393.88
31610	Incision Of Windpipe	$ 775.88
31611	Construction Of Tracheoesophageal Fistula And Subsequen	$ 678.15
31612	Tracheal Puncture	$ 104.41
31613	Tracheostoma Revision Simp W/O Flap	$ 327.92
31614	Tracheostoma Revision Comp W/Flap	$ 648.17
31615	Visualization Of Windpipe	$ 254.13
31622	Bronchoscopy; Diagnostic, (Flexible Or Rigid), With Or	$ 472.82
31623	Dx Bronchoscope/Brush	$ 428.30
31624	Dx Bronchoscope/Lavage	$ 457.28
31625	Bronchoscopy W/Biopsy(S)	$ 337.52
31626	Bronchoscopy W/Markers	$ 563.03
31627	Navigational Bronchoscopy	$ 1,524.32
31628	Bronchoscopy/Lung Bx Each	$ 572.87
31629	Bronchoscopy/Needle Bx Each	$ 358.04
31630	Bronchoscopy Dilate/Fx Repr	$ 384.15
31631	Bronchoscopy Dilate W/Stent	$ 394.65
31632	Bronchoscopy/Lung Bx Addl	$ 93.69
31633	Bronchoscopy/Needle Bx Addl	$ 115.15
31634	Bronch W/Balloon Occlusion	$ 3,120.28
31635	Bronchoscopy W/Fb Removal	$ 415.46
31636	Bronchoscopy Bronch Stents	$ 301.09
31637	Bronchoscopy Stent Add-On	$ 104.69
31638	Bronchoscopy Revise Stent	$ 343.25
31640	Bronchoscopy W/Tumor Excise	$ 507.34
31641	Bronchoscopy Treat Blockage	$ 613.24
31643	Diag Bronchoscope/Catheter	$ 236.64
31645	Bronchoscopy Clear Airways	$ 316.96
31646	Bronchoscopy Reclear Airway	$ 402.28
31647	Bronchial Valve Init Insert	$ 323.32
31648	Bronchial Valve Remov Init	$ 337.95
31649	Bronchial Valve Remov Addl	$ 106.15
31651	Bronchial Valve Remov Addl	$ 112.48

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		PHYSICIAN SERVICES FY2020 RATES
Procedure Code	Procedure Description	Medicaid + 38%
31652	Bronch Ebus Samplng 1/2 Node	$ 1,209.75
31653	Bronch Ebus Samplng 3/> Node	$ 1,284.89
31654	Bronch Ebus Ivntj Perph Les	$ 143.20
31660	Bronch Thermoplsty 1 Lobe	$ 324.30
31661	Bronch Thermoplsty 2/> Lobes	$ 342.31
31717	Cath. W/Bronchial Brush Biopsy	$ 134.52
31720	Clearance Of Airways	$ 85.46
31725	Catheter Aspiration	$ 159.39
31730	Intro Windpipe Wire/Tube	$ 250.13
31750	Repair Of Windpipe	$ 909.72
31755	Repair Of Windpipe	$ 2,132.72
31760	Repair Of Windpipe	$ 1,661.01
31766	Carinal Reconstruction	$ 2,356.16
31770	Repair/Graft Of Bronchus	$ 1,848.00
31775	Repair Of Bronchus	$ 1,952.60
31780	Excision Tracheal Stenosis	$ 1,695.92
31781	Excision Tracheal Stenosis	$ 1,980.36
31785	Excision Tracheal Tumor;Cervical	$ 1,276.03
31786	Excision Tracheal Tumor;Thoracic	$ 1,843.09
31800	Repair Of Windpipe Injury	$ 598.51
31805	Repair Of Windpipe Injury	$ 1,145.50
31820	Closure Of Windpipe Lesion	$ 396.38
31825	Repair Of Windpipe Defect	$ 573.28
31830	Revision Tracheostomy Scar	$ 400.86
32035	Thoracostomy W/Rib Resection	$ 690.69
32036	Thoracostomy W/Flap Drainage	$ 761.51
32096	Open Wedge/Bx Lung Infiltr	$ 1,181.34
32097	Open Wedge/Bx Lung Nodule	$ 1,181.34
32098	Open Biopsy Of Lung Pleura	$ 1,110.25
32100	Exploration/Biopsy Of Chest	$ 1,107.02
32110	Exploration Of Chest	$ 1,202.73
32120	Exploration Of Chest	$ 988.66
32124	Explore Chest Free Adhesions	$ 1,141.29
32140	Removal Of Lung Lesion(S)	$ 1,277.26
32141	Thoracotomy,	$ 1,477.84
32150	Removal Of Lung Lesion(S)	$ 1,182.88
32151	Thoracotomy,W/Removal Foreign Body	$ 1,746.10
32160	Open Chest Heart Massage	$ 1,351.08
32200	Drain Open Lung Lesion	$ 1,019.28
32215	Plueral Scarification	$ 910.43
32220	Release Of Lung	$ 1,736.33
32225	Partial Release Of Lung	$ 1,469.37
32310	Pleurectomy;Parietal	$ 1,798.36
32320	Decortication&Parietal Pleurectomy	$ 1,933.55
32400	Biopsy Of Lung Lining	$ 151.91
32405	Biopsy Lung Or Mediastinum	$ 189.23
32440	Removal Of Lung	$ 2,054.82
32442	Removal Of Lung, Total Pneumonectomy; With Resection Of	$ 2,211.86
32445	Pneumonectomy W/0 Empyemectomy	$ 2,275.07
32480	Partial Removal Of Lung	$ 1,766.23
32482	Removal Of Lung, Other Than Total Pneumonectomy; Two Lo	$ 1,852.98
32484	Removal Of Lung, Other Than Total Pneumonectomy; Single	$ 1,902.92
32486	Removal Of Lung, Other Than Total Pneumonectomy; With C	$ 2,039.13
32488	Removal Of Lung, Other Than Total Pneumonectomy; All Re	$ 2,187.70
32491	Lung Volume Reduction	$ 1,953.50
32501	Repair Bronchus Add-On	$ 329.01

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
32503	Resect Apical Lung Tumor	$ 2,387.58
32504	Resect Apical Lung Tum/Chest	$ 2,736.21
32505	Wedge Resect Of Lung Initial	$ 1,362.57
32506	Wedge Resect Of Lung Add-On	$ 229.94
32507	Wedge Resect Of Lung Diag	$ 229.94
32540	Removal Of Lung Lesion	$ 1,290.63
32550	Insert Pleural Cath	$ 983.28
32551	Insertion Of Chest Tube	$ 230.74
32552	Remove Lung Catheter	$ 236.19
32553	Ins Mark Thor For Rt Perq	$ 758.24
32554	Aspirate Pleura W/O Imaging	$ 810.74
32555	Aspirate Pleura W/ Imaging	$ 934.94
32556	Insert Cath Pleura W/O Image	$ 854.59
32557	Insert Cath Pleura W/ Image	$ 1,387.31
32560	Treat Lung Lining Chemically	$ 331.32
32601	Thoracoscopy Diagnostic	$ 459.06
32604	Thoracoscopy Wbx Sac	$ 649.28
32606	Thoracoscopy W/Bx Med Space	$ 629.60
32607	Thoracoscopy W/Bx Infiltrate	$ 452.57
32608	Thoracoscopy W/Bx Nodule	$ 555.86
32609	Thoracoscopy W/Bx Pleura	$ 384.37
32650	Thoracoscopy W/Pleurodesis	$ 910.43
32651	Thoracoscopy Remove Cortex	$ 1,469.37
32652	Thoracoscopy Rem Totl Cortex	$ 1,736.33
32653	Thoracoscopy Remov Fb/Fibrin	$ 1,182.88
32654	Thoracoscopy Contrl Bleeding	$ 1,202.73
32655	Thoracoscopy Surgical	$ 1,482.47
32656	Thoracoscopy W/Pleurectomy	$ 1,798.36
32658	Thoracoscopy W/Sac Fb Remove	$ 1,461.05
32659	Thoracoscopy W/Sac Drainage	$ 1,294.33
32661	Thoracoscopy W/Pericard Exc	$ 1,126.84
32662	Thoracoscopy W/Mediast Exc	$ 1,573.49
32663	Thoracoscopy Surgical	$ 1,795.99
32664	Thoracoscopy W/ Th Nrv Exc	$ 1,256.08
32665	Thoracoscop W/Esoph Musc Exc	$ 1,506.88
32666	Thoracoscopy W/Wedge Resect	$ 1,274.39
32667	Thoracoscopy W/W Resect Addl	$ 229.94
32668	Thoracoscopy W/W Resect Diag	$ 231.41
32669	Thoracoscopy Remove Segment	$ 1,963.23
32670	Thoracoscopy Bilobectomy	$ 2,342.73
32671	Thoracoscopy Pneumonectomy	$ 2,600.91
32672	Thoracoscopy For Lvrs	$ 2,224.84
32673	Thoracoscopy W/Thymus Resect	$ 1,753.26
32674	Thoracoscopy Lymph Node Exc	$ 315.19
32701	Thorax Stereo Rad Targetw/Tx	$ 318.95
32800	Repair Lung Hernia Thru Chest Wall	$ 1,055.58
32810	Closure Chest Wall	$ 933.42
32815	Open Closure Major Bronchial Fistula	$ 1,885.48
32820	Major Reconstruction,Chest Wall	$ 1,761.38
32851	Lung Transplant Single	$ 3,390.62
32852	Lung Transplant With Bypass	$ 3,753.50
32853	Lung Transplant Double	$ 4,259.89
32854	Lung Transplant With Bypass	$ 4,417.89
32900	Revise Chest Wall, 1St Stage	$ 1,374.18
32905	Thoracoplasty,Schede Or Extrapleural	$ 1,657.67
32906	Thoracoplasty,W/Closure Fistula	$ 1,657.67

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		PHYSICIAN SERVICES FY2020 RATES
Procedure Code	**Procedure Description**	**Medicaid + 38%**
32940	Revision Of Lung	$ 1,512.19
32960	Injection Treatment Of Lung	$ 119.27
32994	Ablate Pulm Tumor Perq Crybl	$ 8,098.07
32997	Total Lung Lavage	$ 481.59
32998	Perq Rf Ablate Tx Pul Tumor	$ 3,497.44
33016	Drainage of heart sac	$ 281.55
33017	Drainage of heart sac with insertion of catheter accessed through skin, using fluor	$ 293.31
33018	Drainage of heart sac with insertion of catheter accessed through skin, using fluor	$ 337.09
33019	Drainage of heart sac with insertion of catheter accessed through skin, using imag	$ 272.07
33020	Incision Of Heart Sac	$ 1,461.05
33025	Incision Of Heart Sac	$ 1,294.33
33030	Partial Removal Of Heart Sac	$ 2,637.17
33031	Pericardiectomy, Subtotal Or Complete With Cardiopulmon	$ 1,702.91
33050	Removal Of Heart Sac Lesion	$ 1,126.84
33120	Removal Of Heart Lesion	$ 2,669.21
33130	Removal Of Heart Lesion	$ 1,698.13
33140	Heart Revascularize (Tmr)	$ 2,106.47
33141	Heart Tmr W/Other Procedure	$ 187.31
33202	Insert Epicard Eltrd Open	$ 1,436.99
33203	Insert Epicard Eltrd Endo	$ 1,361.88
33206	Insertion Of Permanant Pacemaker	$ 1,041.75
33207	Insertion/Permanant Pacemaker Vent.	$ 1,046.91
33208	Insertion Of Permanant Pacemaker Av	$ 1,179.86
33210	Insert Electrd/Pm Cath Sngl	$ 350.00
33211	Insert Card Electrodes Dual	$ 351.56
33212	Insertion Of Pulse Generator	$ 604.16
33213	Insertion Or Replacement Of Pacemaker Pulse Generator O	$ 619.98
33214	Upgrade Of Implanted Pacemaker System, Conversion Of Si	$ 665.92
33215	Reposition Pacing-Defib Lead	$ 421.05
33216	Revision Implanted Electrode	$ 567.44
33217	Insert Lead Pace-Defib, Dual	$ 573.03
33218	Repair Lead Pace-Defib One	$ 489.67
33220	Repair Lead Pace-Defib Dual	$ 494.11
33221	Insert Pulse Gen Mult Leads	$ 514.78
33222	Revise Pocket Pacemaker	$ 533.01
33223	Relocate Pocket For Defib	$ 612.20
33224	Insert Pacing Lead & Connect	$ 705.47
33225	L Ventric Pacing Lead Add-On	$ 637.16
33226	Reposition L Ventric Lead	$ 679.02
33227	Remove&Replace Pm Gen Singl	$ 492.29
33228	Remv&Replc Pm Gen Dual Lead	$ 513.26
33229	Remv&Replc Pm Gen Mult Leads	$ 533.69
33230	Insrt Pulse Gen W/Dual Leads	$ 556.73
33231	Insrt Pulse Gen W/Mult Leads	$ 577.19
33233	Removal Of Permanent Pacemaker; Pulse Generator Only	$ 415.28
33234	Removal Of Permanent Pacemaker; And Transvenous Electro	$ 474.03
33235	Removal Of Permanent Pacemaker; And Transvenous Electro	$ 506.52
33236	Removal Of Permanent Epicardial Pacemaker And Electrode	$ 802.83
33237	Removal Of Permanent Epicardial Pacemaker And Electrode	$ 1,137.84
33238	Removal Of Permanent Transvenous Electrode(S) By Thorac	$ 1,268.41
33240	Insert Pulse Generator	$ 637.64
33241	Remove Pulse Generator	$ 252.42
33243	Remove Eltrd/Thoracotomy	$ 1,566.26
33244	Remove Elctrd Transvenously	$ 896.54
33249	Insj/Rplcmt Defib W/Lead(S)	$ 1,635.91
33250	Operative Ablation Of Supraventricular Arrhythmogenic F	$ 1,559.57

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
33251	Operative Ablation Of Supraventricular Arrhythmogenic F	$ 2,023.43
33254	Ablate Atria Lmtd	$ 1,813.18
33255	Ablate Atria W/O Bypass Ext	$ 1,559.57
33256	Ablate Atria W/Bypass Exten	$ 2,630.64
33257	Ablate Atria Lmtd Add-On	$ 775.06
33258	Ablate Atria X10Sv Add-On	$ 872.88
33259	Ablate Atria W/Bypass Add-On	$ 1,126.15
33261	Operative Ablation Of Arrhythmogenic Focus Or Pathway W	$ 1,893.29
33262	Rmvl& Replc Pulse Gen 1 Lead	$ 536.82
33263	Rmvl & Rplcmt Dfb Gen 2 Lead	$ 557.78
33264	Rmvl & Rplcmt Dfb Gen Mlt Ld	$ 578.25
33265	Ablate Atria Lmtd Endo	$ 1,559.57
33266	Ablate Atria X10Sv Endo	$ 2,469.29
33270	Ins/Rep Subq Defibrillator	$ 789.50
33271	Insj Subq Impltbl Dfb Elctrd	$ 636.39
33272	Rmvl Of Subq Defibrillator	$ 510.52
33273	Repos Prev Impltbl Subq Dfb	$ 511.11
33274	Ins/Rep of Permanet Leadless Pacemaker	$ 658.51
33275	Rmvl of Permanent Pacemaker	$ 699.74
33285	Insertion Of Heart Rhythm Monitor Under Skin	$ 458.85
33286	Removal Of Heart Rhythm Monitor From Under Skin	$ 320.81
33289	Insertion of Wireless Pressure Sensor	$ 440.70
33300	Replacement Of Aortic Valve By Translocation Of Pulmonary Valve, Replacement	$ 1,581.44
33305	Replacement Of Gtube Accessed Through Skin	$ 3,788.83
33310	Replacement Of Gtube Accessed Through Skin With Revision Of Stoma Opening	$ 1,462.68
33315	Dilat Xst Trc Ndurlgc Px	$ 1,787.53
33320	Dilat Xst Trc New Access Rcs	$ 1,527.30
33321	Trurl Dstrj Prst8 Tiss Rf Wv	$ 1,577.75
33322	Mri Of One Breast	$ 2,070.59
33330	Mri Of Both Breasts	$ 1,629.72
33335	Mri Of One Breast With And Without Contrast	$ 2,191.51
33340	Mri Of Both Breasts With And Without Contrast	$ 990.47
33361	Multifocal Erg W/I&R	$ 1,935.60
33362	Alys Smpl Cn Npgt Prgrmg	$ 2,117.69
33363	Alys Cplx Cn Npgt Prgrmg	$ 2,192.72
33364	Electronic Analysis Of Npgt Prgrmg 15 Minutes	$ 2,332.95
33365	Electronic Alalysis Of Npgt Prgrmg Additional 15 Minutes	$ 2,558.40
33366	Trcath Replace Aortic Valve	$ 1,858.56
33367	Replace Aortic Valve W/Byp	$ 898.42
33368	Replace Aortic Valve W/Byp	$ 1,088.82
33369	Replace Aortic Valve W/Byp	$ 1,437.45
33390	Valvuloplasty Aortic Valve	$ 2,362.85
33391	Valvuloplasty Aortic Valve	$ 2,799.88
33404	Construction Of Apical-Aortic Conduit	$ 2,386.41
33405	Replacement Aortic Valve Opn	$ 3,244.75
33406	Replacement Aortic Valve Opn	$ 3,291.16
33410	Replacement Aortic Valve Opn	$ 3,291.16
33411	Replacement Aortic Valve with Aortic Annulus Enlargement	$ 3,599.59
33412	Replacement, Aortic Valve; With Transventricular Aortic	$ 2,874.46
33413	Replacement Of Aortic Valve	$ 3,063.23
33414	Repair Of Aortic Valve	$ 2,625.05
33415	Revision Subvalvular Tissue	$ 2,223.88
33416	Ventriculomyotomy (-Myectomy) For Idiopathic Hypertroph	$ 2,915.04
33417	Revision Of Aortic Valve	$ 2,234.39
33418	Repair Tcat Mitral Valve	$ 2,253.68
33419	Repair Tcat Mitral Valve	$ 625.57

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		PHYSICIAN SERVICES FY2020 RATES
Procedure Code	Procedure Description	Medicaid + 38%
33420	Revision Of Mitral Valve	$ 2,163.85
33422	Revision Of Mitral Valve	$ 2,909.29
33425	Revision Of Mitral Valve	$ 2,940.66
33426	Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypas	$ 3,012.07
33427	Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypas	$ 3,463.14
33430	Replacement Of Mitral Valve	$ 3,327.40
33440	Replacement Of Aortic Valve By Translocation Of Pulmonary Valve, Replacement	$ 3,599.59
33460	Revision Of Tricuspid Valve	$ 3,874.65
33463	Valvuloplasty Tricuspid	$ 2,166.27
33464	Valvuloplasty Tricuspid	$ 2,319.09
33465	Replacement,Tricuspid Valve	$ 3,075.88
33468	Revision Of Tricuspid Valve	$ 2,488.13
33470	3Evision Of Tricuspid Valve	$ 2,982.69
33471	Valvotomy Pulmonary Valve	$ 1,698.68
33474	Revision Of Tricuspid Valve	$ 1,739.06
33475	Replacement Pulmonary Valve	$ 2,450.81
33476	Revision Of Heart Chamber	$ 2,001.33
33477	Implant Tcat Pulm Vlv Perq	$ 1,678.40
33478	Revision Of Heart Chamber	$ 2,094.47
33496	Repair Prosth Valve Clot	$ 2,238.91
33500	Repair Of Coronary Arteriovenous Or Arteriocardiac Cham	$ 2,036.25
33501	Repair Of Coronary Arteriovenous Or Arteriocardiac Cham	$ 1,639.87
33502	Anomalous Coronary Artery;Ligation	$ 1,689.06
33503	Anomalous Coronary Artery,Graft	$ 1,689.52
33504	Anomalous Coronary Artery;Graft	$ 1,896.01
33505	Repair Of Anomalous Coronary Artery; With Construction	$ 2,274.52
33506	Repair Artery Translocation	$ 2,312.36
33507	Repair Art Intramural	$ 2,312.36
33508	Endoscopic Vein Harvest	$ 21.75
33510	Cabg Vein Single	$ 2,951.49
33511	Cabg Vein Two	$ 3,390.70
33512	Cabg Vein Three	$ 3,696.05
33513	Cabg Vein Four	$ 4,016.57
33514	Cabg Vein Five	$ 4,111.82
33516	Cabg Vein Six Or More	$ 4,201.08
33517	Cabg Artery-Vein Single	$ 336.36
33518	Cabg Artery-Vein Two	$ 666.15
33519	Cabg Artery-Vein Three	$ 863.58
33521	Cabg Artery-Vein Four	$ 994.07
33522	Cabg Artery-Vein Five	$ 1,198.14
33523	Cabg Art-Vein Six Or More	$ 1,301.82
33530	Coronary Artery Bypass/Reop	$ 856.52
33533	Cabg Arterial Single	$ 3,127.20
33534	Cabg Arterial Two	$ 3,475.89
33535	Cabg Arterial Three	$ 4,140.29
33536	Cabg Arterial Four Or More	$ 4,140.29
33542	Removal Of Heart Lesion	$ 3,119.68
33545	Repair Of Heart Defect	$ 4,947.98
33548	Restore/Remodel Ventricle	$ 3,994.76
33572	Open Coronary Endarterectomy	$ 313.67
33600	Closure Of Atrioventricular Valve (Mitral Or Tricuspid)	$ 2,538.10
33602	Closure Of Semilunar Valve (Aortic Or Pulmonary) By Sut	$ 2,450.81
33606	Anastomosis Of Pulmonary Artery To Aorta (Damus-Kaye-St	$ 2,625.05
33608	Repair Of Complex Cardiac Anomaly Other Than Pulmonary	$ 2,690.90
33610	Repair Of Complex Cardiac Anomalies (Eg, Single Ventric	$ 2,625.05
33611	Repair Of Double Outlet Right Ventricle With Intraventr	$ 2,800.39

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		PHYSICIAN SERVICES FY2020 RATES
Procedure Code	Procedure Description	Medicaid + 38%
33612	Repair Of Double Outlet Right Ventricle With Intraventr	$ 2,874.87
33615	Repair Modified Fontan	$ 2,734.07
33617	Repair Single Ventricle	$ 2,887.72
33619	Repair Of Single Ventricle With Aortic Outflow Obstruct	$ 3,172.40
33620	Apply R&L Pulm Art Bands	$ 2,025.15
33621	Transthor Cath For Stent	$ 1,235.17
33622	Redo Compl Cardiac Anomaly	$ 4,852.00
33641	Repair Of Heart Defect	$ 2,376.47
33645	Revision Of Heart Veins	$ 2,029.43
33647	Repair Of Atrial Septal Defect And Ventricular Septal D	$ 2,365.79
33660	Repair Of Heart Defect	$ 3,579.18
33665	Repair Of Heart Defects	$ 2,688.25
33670	Repair Of Heart Chambers	$ 2,655.85
33675	Close Mult Vsd	$ 2,637.53
33676	Close Mult Vsd W/Resection	$ 2,640.05
33677	Cl Mult Vsd W/Rem Pul Band	$ 2,743.47
33681	Repair Of Heart Defect	$ 3,579.18
33684	Repair Of Heart Defect	$ 2,648.18
33688	Repair Of Heart Defect	$ 2,511.24
33690	Banding Pulmonary Artery	$ 1,988.40
33692	Repair Of Heart Defects	$ 2,625.05
33694	Repair Of Heart Defects	$ 2,630.56
33697	Complete Repair Tetralogy Of Fallot With Pulmonary Atre	$ 2,887.72
33702	Repair Of Heart Defects	$ 3,976.79
33710	Repair Of Heart Defects	$ 2,408.46
33720	Repair Of Heart Defect	$ 2,058.68
33722	Closure Of Aortico-Left Ventricular Tunnel	$ 2,450.81
33724	Repair Venous Anomaly	$ 2,076.46
33726	Repair Pul Venous Stenosis	$ 2,742.05
33730	Repair Anomalous Venous Return	$ 3,976.79
33732	Repair Of Cor Triatriatum Or Supravalvular Mitral Ring	$ 2,428.61
33735	Revision Of Heart Chamber	$ 2,982.69
33736	Atrial Septectomy Or Septostomy; Open Heart With Cardio	$ 1,790.56
33737	Revision Of Heart Chamber	$ 1,719.37
33750	Shunt;Subclavian To Pulmonary Artery	$ 2,386.02
33755	Shunt;Waterston Type Operation	$ 3,658.66
33762	Shunt;Potts-Smith Type Operation	$ 2,982.69
33764	Shunt; Central, With Prosthetic Graft	$ 1,718.69
33766	Shunt;Vena Cava To Pulmonary Artery	$ 1,925.22
33767	Major Vessel Shunt	$ 2,100.29
33768	Cavopulmonary Shunting	$ 580.41
33770	Repair Of Transposition Of The Great Arteries With Vent	$ 2,865.46
33771	Repair Of Transposition Of The Great Arteries With Vent	$ 2,975.47
33774	Repair Of Transposition Of The Great Arteries, Atrial B	$ 9,232.16
33775	Repair Of Transposition Of The Great Arteries, Atrial B	$ 2,546.16
33776	Repair Of Transposition Of The Great Arteries, Atrial B	$ 2,684.36
33777	Repair Of Transposition Of The Great Arteries, Atrial B	$ 2,476.23
33778	Repair Of Transposition Of The Great Arteries, Aortic P	$ 9,232.16
33779	Repair Of Transposition Of The Great Arteries, Aortic P	$ 3,062.11
33780	Repair Of Transposition Of The Great Arteries, Aortic P	$ 3,042.24
33781	Repair Of Transposition Of The Great Arteries, Aortic P	$ 3,251.31
33782	Nikaidoh Proc	$ 3,013.48
33783	Nikaidoh Proc W/Ostia Implt	$ 4,052.88
33786	Total Repair,Truncus Arteriosus	$ 4,399.45
33788	Revision Of Pulmonary Artery	$ 2,965.98
33800	Aortic Suspension (Aortopexy) For Tracheal Decompressio	$ 1,360.89

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
33802	Division Aberrant Vessel	$ 2,386.02
33803	Division Aberrant Vessel	$ 1,993.52
33813	Obliteration Of Aortopulmonary Septal Defect Without Ca	$ 1,693.84
33814	Obliteration Of Aortopulmonary Septal Defect With Cardi	$ 2,028.61
33820	Patent Ductus Ateriosus;Ligation	$ 1,988.40
33822	Patent Ductus Arteriosus,Division	$ 903.29
33824	Patent Ductus Arteriosus;Division	$ 1,568.77
33840	Excision Coarctation Of Aorta	$ 2,982.69
33845	Excision Coarctation Aorta,W/Graft	$ 1,810.20
33851	Excision Of Coarctation Of Aorta, With Or Without Assoc	$ 1,675.29
33852	Excision Of Coarctation Of Aorta, With Or Without Assoc	$ 1,947.03
33853	Repair Of Hypoplastic Or Interrupted Aortic Arch Using	$ 2,712.78
33858	Repair of ascending aorta with graft on heart-lung machine, for separation of wall	$ 4,014.05
33859	Repair of ascending aorta with graft on heart-lung machine, for disease other than	$ 2,885.95
33863	Ascending Aortic Graft	$ 4,898.99
33864	Ascending Aortic Graft	$ 4,117.41
33866	Graft to Half of Aortic Artery Arch	$ 1,383.26
33871	Repair of transverse arch of aorta with graft on heart-lung machine	$ 3,855.64
33875	Thoracic Aortic Graft	$ 4,792.80
33877	Repair Of Thoracoabdominal Aortic Aneurysm With Graft,	$ 4,390.61
33880	Endovasc Taa Repr Incl Subcl	$ 2,485.12
33881	Endovasc Taa Repr W/O Subcl	$ 2,134.29
33883	Insert Endovasc Prosth Taa	$ 1,543.53
33884	Endovasc Prosth Taa Add-On	$ 564.42
33886	Endovasc Prosth Delayed	$ 1,325.21
33889	Artery Transpose/Endovas Taa	$ 1,091.21
33891	Car-Car Bp Grft/Endovas Taa	$ 1,366.74
33910	Pulmonary Artery Embolectomy	$ 1,889.79
33915	Pulmonary Artery Embolectomy	$ 1,594.66
33916	Pulmonary Endarterectomy With Or Without Embolectomy, W	$ 2,166.78
33917	Repair Of Pulmonary Artery Stenosis By Reconstruction W	$ 2,100.29
33920	Repair Of Pulmonary Atresia With Ventricular Septal Def	$ 2,755.96
33922	Transection Of Pulmonary Artery With Cardiopulmonary By	$ 2,012.56
33924	Remove Pulmonary Shunt	$ 383.41
33925	Rpr Pul Art Unifocal W/O Cpb	$ 2,274.52
33926	Repr Pul Art Unifocal W/Cpb	$ 2,789.08
33927	Impltj Tot Rplcmt Hrt Sys	$ 3,022.28
33935	Transplantation Heart/Lung	$ 4,396.89
33945	Heart Transplant, With Or Without Recipient Cardiectomy	$ 6,175.10
33946	Ecmo/Ecls Initiation Venous	$ 404.55
33947	Ecmo/Ecls Initiation Artery	$ 444.15
33948	Ecmo/Ecls Daily Mgmt-Venous	$ 316.43
33949	Ecmo/Ecls Daily Mgmt Artery	$ 308.22
33951	Ecmo/Ecls Insj Prph Cannula	$ 534.85
33952	Ecmo/Ecls Insj Prph Cannula	$ 520.84
33953	Ecmo/Ecls Insj Prph Cannula	$ 596.68
33954	Ecmo/Ecls Insj Prph Cannula	$ 581.21
33955	Ecmo/Ecls Insj Ctr Cannula	$ 1,143.80
33956	Ecmo/Ecls Insj Ctr Cannula	$ 1,075.70
33957	Ecmo/Ecls Repos Perph Cnula	$ 309.69
33958	Ecmo/Ecls Repos Perph Cnula	$ 300.52
33959	Ecmo/Ecls Repos Perph Cnula	$ 373.92
33962	Ecmo/Ecls Repos Perph Cnula	$ 352.19
33963	Ecmo/Ecls Repos Perph Cnula	$ 676.26
33964	Ecmo/Ecls Repos Perph Cnula	$ 685.94
33965	Ecmo/Ecls Rmvl Perph Cannula	$ 305.35

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
33966	Ecmo/Ecls Rmvl Prph Cannula	$ 349.31
33967	Insert I-Aort Percut Device	$ 367.56
33968	Remove Aortic Assist Device	$ 632.21
33969	Ecmo/Ecls Rmvl Perph Cannula	$ 403.39
33970	Utilization Of Pulse Device	$ 924.75
33971	Intra-Aortic Balloon Counterpulsation; Removal Of Ballo	$ 1,249.05
33973	Insertion Of Intra-Aortic Balloon Assist Device Through	$ 953.54
33974	Removal Of Intra-Aortic Balloon Assist Device From The	$ 1,400.52
33975	Implantation Of Ventricular Assist Device; Single Ventr	$ 1,749.85
33976	Implantation Of Ventricular Assist Device; Biventricula	$ 2,384.49
33977	Removal Of Ventricular Assist Device; Single Ventricle	$ 1,531.07
33978	Removal Of Ventricular Assist Device; Biventricular Sup	$ 1,749.85
33979	Insert Intracorporeal Device	$ 3,240.21
33980	Remove Intracorporeal Device	$ 4,605.24
33981	Replace Vad Pump Ext	$ 1,184.66
33982	Replace Vad Intra W/O Bp	$ 2,931.53
33983	Replace Vad Intra W/Bp	$ 3,261.60
33984	Ecmo/Ecls Rmvl Prph Cannula	$ 393.24
33985	Ecmo/Ecls Rmvl Ctr Cannula	$ 753.65
33986	Ecmo/Ecls Rmvl Ctr Cannula	$ 712.12
33987	Artery Expos/Graft Artery	$ 292.22
33988	Insertion Of Left Heart Vent	$ 974.65
33989	Removal Of Left Heart Vent	$ 632.69
33990	Insert Vad Artery Access	$ 629.63
33991	Insert Vad Art&Vein Access	$ 917.38
33992	Remove Vad Different Session	$ 299.47
33993	Reposition Vad Diff Session	$ 262.95
34001	Removal Of Blood Clot,Artery	$ 1,105.48
34051	Removal Of Blood Clot,Artery	$ 1,158.12
34101	Removal Of Blood Clot,Artery	$ 1,038.52
34111	Embolectomy Or Thrombectomy, With Or Without Catheter;	$ 773.43
34151	Removal Of Blood Clot,Artery	$ 1,414.43
34201	Removal Of Blood Clot,Artery	$ 965.50
34203	Embolectomy Or Thrombectomy, With Or Without Catheter;	$ 1,327.39
34401	Removal Of Blood Clot, Vein	$ 1,015.87
34421	Removal Of Blood Clot, Vein	$ 851.42
34451	Removal Of Blood Clot, Vein	$ 1,239.85
34471	Removal Of Blood Clot, Vein	$ 646.75
34490	Removal Of Blood Clot, Vein	$ 1,048.54
34501	Repair Valve Femoral Vein	$ 1,273.57
34502	Reconstruct Vena Cava	$ 2,215.98
34510	Venous Valve Transposition, Any Vein Donor	$ 1,488.40
34520	Cross-Over Vein Graft To Venous System	$ 1,405.46
34530	Saphenopopliteal Vein Anastomosis	$ 1,363.33
34701	Evasc Rpr A-Ao Ndgft	$ 1,479.17
34702	Evasc Rpr A-Ao Ndgft Rpt	$ 2,210.99
34703	Evasc Rpr A-Unilac Ndgft	$ 1,655.24
34704	Evasc Rpr A-Unilac Ndgft Rpt	$ 2,756.67
34705	Evac Rpr A-Biiliac Ndgft	$ 1,832.85
34706	Evasc Rpr A-Biiliac Rpt	$ 2,756.00
34707	Evasc Rpr Ilio-Iliac Ndgft	$ 1,378.16
34708	Evasc Rpr Ilio-Iliac Rpt	$ 2,216.86
34709	Plmt Xtn Prosth Evasc Rpr	$ 385.06
34710	Dlyd Plmt Xtn Prosth 1St Vsl	$ 964.29
34711	Dlyd Plmt Xtn Prosth Ea Addl	$ 355.32
34712	Tcat Dlvr Enhncd Fixj Dev	$ 834.96

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		PHYSICIAN SERVICES FY2020 RATES
Procedure Code	**Procedure Description**	**Medicaid + 38%**
34713	Perq Access & Clsr Fem Art	$ 154.96
34714	Opn Fem Art Expos Cndt Crtj	$ 326.40
34715	Opn Ax/Subcla Art Expos	$ 365.26
34716	Opn Ax/Subcla Art Expos Cndt	$ 453.79
34717	Repair of groin artery on one side with graft inserted through artery, performed at	$ 521.20
34718	Repair of groin artery on one side with graft inserted through artery, performed at	$ 146.11
34808	Endovas Iliac A Device Addon	$ 283.22
34812	Xpose For Endoprosth Femorl	$ 464.08
34813	Femoral Endovas Graft Add-On	$ 327.83
34820	Xpose For Endoprosth Iliac	$ 670.49
34830	Open Aortic Tube Prosth Repr	$ 2,502.38
34831	Open Aortoiliac Prosth Repr	$ 2,662.37
34832	Open Aortofemor Prosth Repr	$ 2,690.09
34833	Xpose For Endoprosth Iliac	$ 840.52
34834	Xpose Endoprosth Brachial	$ 400.85
35001	Repair Defect Of Artery	$ 1,950.02
35002	Repair Artery Rupture Neck	$ 1,660.84
35005	Direct Repair Of Aneurysm Or Excision (Partial Or Total	$ 1,400.11
35011	Repair Defect Of Artery	$ 1,605.22
35013	Repair Artery Rupture Arm	$ 1,600.97
35021	Repair Defect Of Artery	$ 1,844.49
35022	Repair Artery Rupture Chest	$ 2,863.32
35045	Direct Repair Of Aneurysm Or Excision (Partial Or Total	$ 1,168.82
35081	Repair Defect Of Artery	$ 2,532.52
35082	Repair Artery Rupture Aorta	$ 2,947.97
35091	Repair Defect Of Artery	$ 2,631.34
35092	Repair Artery Rupture Aorta	$ 3,238.13
35102	Repair Defect Of Artery	$ 2,630.20
35103	Repair Artery Rupture Aorta	$ 3,244.13
35111	Repair Defect Of Artery	$ 1,716.53
35112	Repair Artery Rupture Spleen	$ 1,448.20
35121	Repair Defect Of Artery	$ 2,546.60
35122	Repair Artery Rupture Belly	$ 2,605.48
35131	Repair Defect Of Artery	$ 2,142.17
35132	Repair Artery Rupture Groin	$ 2,031.02
35141	Repair Defect Of Artery	$ 1,746.98
35142	Repair Artery Rupture Thigh	$ 1,929.97
35151	Repair Defect Of Artery	$ 1,834.32
35152	Repair Ruptd Popliteal Art	$ 1,285.99
35180	Repair, Congenital Arteriovenous Fistula; Head And Neck	$ 1,013.64
35182	Repair, Congenital Arteriovenous Fistula; Thorax And Ab	$ 1,370.97
35184	Repair, Congenital Arteriovenous Fistula; Extremities	$ 1,069.67
35188	Repair, Acquired Or Traumatic Arteriovenous Fistula; He	$ 1,099.61
35189	Repair, Acquired Or Traumatic Arteriovenous Fistula; Th	$ 1,475.18
35190	Repair, Acquired Or Traumatic Arteriovenous Fistula; Ex	$ 2,367.31
35201	Repair Blood Vessel Lesion	$ 988.05
35206	Repair Blood Vessel Lesion	$ 1,788.47
35207	Repair Blood Vessels Or A-V Fistula, Direct; Hand, Fing	$ 2,057.08
35211	Repair Blood Vessel Lesion	$ 1,737.82
35216	Repair Blood Vessel Lesion	$ 1,440.46
35221	Repair Blood Vessel Lesion	$ 2,239.12
35226	Repair Blood Vessel Lesion	$ 1,891.52
35231	Repair Blood Vessel Lesion	$ 1,332.22
35236	Repair Blood Vessel Lesion	$ 1,125.29
35241	Repair Blood Vessel Lesion	$ 1,794.61
35246	Repair Blood Vessel Lesion	$ 1,783.10

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
35251	Repair Blood Vessel Lesion	$ 1,332.22
35256	Repair Blood Vessel Lesion	$ 1,233.10
35261	Repair Blood Vessel Lesion	$ 1,262.18
35266	Repair Blood Vessel Lesion	$ 2,032.91
35271	Repair Blood Vessel Lesion	$ 1,697.62
35276	Repair Blood Vessel Lesion	$ 1,455.11
35281	Repair Blood Vessel Lesion	$ 1,689.00
35286	Repair Blood Vessel Lesion	$ 1,173.90
35301	Rechanneling Of Artery	$ 1,664.46
35302	Rechanneling Of Artery	$ 1,535.60
35303	Rechanneling Of Artery	$ 1,690.68
35304	Rechanneling Of Artery	$ 1,757.36
35305	Rechanneling Of Artery	$ 1,688.82
35306	Rechanneling Of Artery	$ 626.31
35311	Rechanneling Of Artery	$ 2,336.84
35321	Rechanneling Of Artery	$ 1,259.46
35331	Rechanneling 0F Artery	$ 1,840.93
35341	Rechanneling Of Artery	$ 2,135.16
35351	Rechanneling Of Artery	$ 1,772.98
35355	Thromboendarterectomy, With Or Without Patch Graft; Ili	$ 1,589.29
35361	Rechanneling Of Artery	$ 2,163.01
35363	Thromboendarterectomy, With Or Without Patch Graft; Com	$ 2,389.68
35371	Rechanneling Of Artery	$ 1,541.18
35372	Thromboendarterectomy, With Or Without Patch Graft Deep	$ 1,225.14
35390	Reoperation Carotid Add-On	$ 253.93
35400	Angioscopy	$ 208.02
35500	Harvest Vein For Bypass	$ 443.53
35501	Art Byp Grft Ipsilat Carotid	$ 1,947.66
35506	Art Byp Grft Subclav-Carotid	$ 1,944.50
35508	Art Byp Grft Carotid-Vertbrl	$ 1,836.27
35509	Art Byp Grft Contral Carotid	$ 1,864.79
35510	Art Byp Grft Carotid-Brchial	$ 1,756.63
35511	Art Byp Grft Subclav-Subclav	$ 1,333.60
35512	Art Byp Grft Subclav-Brchial	$ 1,713.89
35515	Art Byp Grft Subclav-Vertbrl	$ 1,468.78
35516	Art Byp Grft Subclav-Axilary	$ 1,687.70
35518	Art Byp Grft Axillary-Axilry	$ 1,644.01
35521	Art Byp Grft Axill-Femoral	$ 1,683.57
35522	Art Byp Grft Axill-Brachial	$ 1,686.40
35523	Art Byp Grft Brchl-Ulnr-Rdl	$ 1,780.38
35525	Art Byp Grft Brachial-Brchl	$ 1,573.99
35526	Art Byp Grft Aor/Carot/Innom	$ 1,635.16
35531	Art Byp Grft Aorcel/Aormesen	$ 2,307.08
35533	Art Byp Grft Axill/Fem/Fem	$ 2,106.53
35535	Art Byp Grft Hepatorenal	$ 2,656.76
35536	Art Byp Grft Splenorenal	$ 2,240.06
35537	Art Byp Grft Aortoiliac	$ 2,665.19
35538	Art Byp Grft Aortobi-Iliac	$ 2,665.19
35539	Art Byp Grft Aortofemoral	$ 2,372.84
35540	Art Byp Grft Aortbifemoral	$ 2,372.84
35556	Art Byp Grft Fem-Popliteal	$ 2,062.45
35558	Art Byp Grft Fem-Femoral	$ 2,022.07
35560	Art Byp Grft Aortorenal	$ 2,202.00
35563	Art Byp Grft Ilioiliac	$ 1,150.02
35565	Art Byp Grft Iliofemoral	$ 1,647.65
35566	Art Byp Fem-Ant-Post Tib/Prl	$ 2,290.52

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
35570	Art Byp Tibial-Tib/Peroneal	$ 2,058.41
35571	Art Byp Pop-Tibl-Prl-Other	$ 2,176.40
35572	Harvest Femoropopliteal Vein	$ 477.96
35583	Vein Byp Grft Fem-Popliteal	$ 2,629.49
35585	Vein Byp Fem-Tibial Peroneal	$ 2,649.20
35587	Vein Byp Pop-Tibl Peroneal	$ 2,509.97
35600	Harvest Artery For Cabg	$ 351.71
35601	Art Byp Common Ipsi Carotid	$ 1,813.84
35606	Art Byp Carotid-Subclavian	$ 2,064.04
35612	Art Byp Subclav-Subclavian	$ 2,001.58
35616	Art Byp Subclav-Axillary	$ 1,631.73
35621	Art Byp Axillary-Femoral	$ 2,007.53
35623	Art Byp Axillary-Pop-Tibial	$ 1,225.95
35626	Art Byp Aorsubcl/Carot/Innom	$ 2,228.49
35631	Art Byp Aor-Celiac-Msn-Renal	$ 2,456.68
35632	Art Byp Ilio-Celiac	$ 2,521.85
35633	Art Byp Ilio-Mesenteric	$ 2,722.52
35634	Art Byp Iliorenal	$ 2,468.65
35636	Art Byp Spenorenal	$ 2,144.84
35637	Art Byp Aortoiliac	$ 2,338.67
35638	Art Byp Aortobi-Iliac	$ 2,338.67
35642	Art Byp Carotid-Vertebral	$ 1,407.27
35645	Art Byp Subclav-Vertebrl	$ 1,413.31
35646	Art Byp Aortobifemoral	$ 2,658.79
35647	Art Byp Aortofemoral	$ 2,148.45
35650	Art Byp Axillary-Axillary	$ 2,604.61
35654	Art Byp Axill-Fem-Femoral	$ 3,355.68
35656	Art Byp Femoral-Popliteal	$ 1,983.35
35661	Art Byp Femoral-Femoral	$ 1,748.09
35663	Art Byp Ilioiliac	$ 2,058.45
35665	Art Byp Iliofemoral	$ 1,921.29
35666	Art Byp Fem-Ant-Post Tib/Prl	$ 2,015.63
35671	Art Byp Pop-Tibl-Prl-Other	$ 1,636.90
35681	Composite Byp Grft Pros&Vein	$ 1,236.66
35682	Composite Byp Grft 2 Veins	$ 492.72
35683	Composite Byp Grft 3/> Segmt	$ 492.72
35685	Bypass Graft Patency/Patch	$ 277.01
35686	Bypass Graft/Av Fist Patency	$ 231.34
35691	Art Trnsposj Vertbrl Carotid	$ 1,893.97
35693	Art Trnsposj Subclavian	$ 1,216.80
35694	Art Trnsposj Subclav Carotid	$ 1,416.75
35695	Art Trnsposj Carotid Subclav	$ 1,416.75
35697	Reimplant Artery Each	$ 206.64
35700	Reoperation Bypass Graft	$ 244.78
35701	Exploration Carotid Artery	$ 563.77
35702	Exploration of artery of arm	$ 491.10
35703	Exploration of artery of leg	$ 494.56
35800	Exploration Of Neck	$ 586.58
35820	Exploration Of Chest	$ 1,045.72
35840	Exploration Of Abdomen	$ 960.48
35860	Exploration Of Limb	$ 540.57
35870	Repair Of Graft-Enteric Fistula	$ 1,763.46
35875	Thrombectomy Of Arterial Graft;	$ 1,311.22
35876	Thrombectomy Of Arterial Or Venous Graft; With Revision	$ 1,375.78
35879	Revise Graft W/Vein	$ 1,279.95
35881	Revise Graft W/Vein	$ 1,417.98

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
35883	Revise Graft W/Nonauto Graft	$ 1,654.25
35884	Revise Graft W/Vein	$ 1,737.02
35901	Excision Graft Neck	$ 753.62
35903	Excision Graft Extremity	$ 824.22
35905	Excision Graft Thorax	$ 1,245.33
35907	Excision Graft Abdomen	$ 1,285.68
36000	Insertion Vein Access Device	$ 39.07
36002	Pseudoaneurysm Injection Trt	$ 217.23
36005	Injection Procedure For Contrast Venography (Including	$ 439.42
36010	Insertion Vein Access Device	$ 1,109.55
36011	Selective Catheter Placement, Venous System; First Orde	$ 238.81
36012	Selective Catheter Placement, Venous System; Second Ord	$ 293.79
36013	Introduction Of Catheter, Right Heart Or Main Pulmonary	$ 221.56
36014	Selective Catheter Placement, Left Or Right Pulmonary A	$ 251.45
36015	Selective Catheter Placement, Each Segmental Or Subsegm	$ 293.79
36100	Establish Access To Artery	$ 266.34
36140	Establish Access To Artery	$ 208.38
36160	Establish Access To Aorta	$ 248.17
36200	Establish Access To Aorta	$ 227.04
36215	Introduction Of Catheter, Aorta (Arch, Abdominal, Midst	$ 349.83
36216	Selective Catheter Placement, Arterial System; Initial	$ 402.93
36217	Selective Catheter Placement, Arterial System; Initial	$ 480.03
36218	Selective Catheter Placement, Arterial System; Addition	$ 76.65
36221	Place Cath Thoracic Aorta	$ 1,668.75
36222	Place Cath Carotid/Inom Art	$ 2,066.61
36223	Place Cath Carotid/Inom Art	$ 2,260.88
36224	Place Cath Carotd Art	$ 2,455.64
36225	Place Cath Subclavian Art	$ 2,244.32
36226	Place Cath Vertebral Art	$ 2,504.13
36227	Place Cath Xtrnl Carotid	$ 360.33
36228	Place Cath Intracranial Art	$ 1,718.42
36245	Introduction Of Catheter, Aorta (Arch, Abdominal, Midst	$ 368.14
36246	Selective Catheter Placement, Arterial System; Initial	$ 402.93
36247	Selective Catheter Placement, Arterial System; Initial	$ 2,696.38
36248	Selective Catheter Placement, Arterial System; Addition	$ 76.65
36251	Ins Cath Ren Art 1St Unilat	$ 2,279.37
36252	Ins Cath Ren Art 1St Bilat	$ 2,486.47
36253	Ins Cath Ren Art 2Nd+ Unilat	$ 3,479.05
36254	Ins Cath Ren Art 2Nd+ Bilat	$ 3,611.12
36260	Insertion Of Implantable Infusion Pump (Eg, For Chemoth	$ 834.68
36261	Revision Of Implanted Infusion Pump	$ 374.79
36262	Removal Of Implanted Infusion Pump	$ 291.83
36400	Bl Draw < 3 Yrs Fem/Jugular	$ 36.68
36405	Bl Draw < 3 Yrs Scalp Vein	$ 38.09
36406	Bl Draw < 3 Yrs Other Vein	$ 24.58
36410	Non-Routine Bl Draw > 3 Yrs	$ 25.06
36415	Routine Venipuncture For Collection Of Specimen(S)	$ 4.14
36416	Capillary Blood Draw	$ 5.64
36420	Vein Access Cutdown < 1 Yr	$ 71.97
36425	Vein Access Cutdown > 1 Yr	$ 56.33
36430	Blood Transfusion Service	$ 52.18
36440	Bl Push Transfuse 2 Yr/<	$ 98.19
36450	Bl Exchange/Transfuse Nb	$ 193.16
36455	Bl Exchange/Transfuse Non-Nb	$ 221.43
36456	Prtl Exchange Transfuse Nb	$ 136.00
36460	Transfusion Service Fetal	$ 458.26

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		PHYSICIAN SERVICES FY2020 RATES
Procedure Code	Procedure Description	Medicaid + 38%
36465	Njx Noncmpnd Sclrsnt 1 Vein	$ 2,081.14
36466	Njx Noncmpnd Sclrsnt Mlt Vn	$ 2,170.52
36470	Injection Therapy Of Vein	$ 46.51
36471	Injection Therapy Of Veins	$ 73.17
36473	Endovenous Mchnchem 1St Vein	$ 1,951.65
36474	Endovenous Mchnchem Add-On	$ 352.51
36475	Endovenous Rf 1St Vein	$ 2,260.66
36476	Endovenous Rf Vein Add-On	$ 499.56
36478	Endovenous Laser 1St Vein	$ 1,850.62
36479	Endovenous Laser Vein Addon	$ 517.44
36481	Insertion Of Catheter Vein	$ 622.78
36482	Endoven Ther Chem Adhes 1St	$ 2,767.84
36483	Endoven Ther Chem Adhes Sbsq	$ 176.97
36500	Insertion Of Catheter Vein	$ 171.78
36510	Insertion Of Catheter Vein	$ 226.69
36511	Apheresis Wbc	$ 124.57
36512	Apheresis Rbc	$ 123.91
36513	Apheresis Platelets	$ 128.12
36514	Apheresis Plasma	$ 953.41
36516	Apheresis Selective	$ 2,653.78
36522	Photopheresis, Extracorporeal	$ 289.15
36555	Insert Non-Tunnel Cv Cath	$ 428.20
36556	Insert Non-Tunnel Cv Cath	$ 428.90
36557	Insert Tunneled Cv Cath	$ 1,116.79
36558	Insert Tunneled Cv Cath	$ 1,342.28
36560	Insert Tunneled Cv Cath	$ 1,403.38
36561	Insert Tunneled Cv Cath	$ 1,840.01
36563	Insert Tunneled Cv Cath	$ 1,501.33
36565	Insert Tunneled Cv Cath	$ 1,243.95
36566	Insert Tunneled Cv Cath	$ 4,998.55
36568	Insert Picc <5 yr w/o imaging	$ 434.41
36569	Insert Picc 5+ yr w/o imaging	$ 476.56
36570	Insert Picvad Cath	$ 1,441.31
36571	Insert Picvad Cath	$ 1,556.68
36572	Insj picc rs&i <5 yr	$ 434.41
36573	Insj picc rs&i 5 yr+	$ 476.56
36575	Repair Tunneled Cv Cath	$ 199.63
36576	Repair Tunneled Cv Cath	$ 470.81
36578	Replace Tunneled Cv Cath	$ 644.93
36580	Replace Cvad Cath	$ 285.54
36581	Replace Tunneled Cv Cath	$ 956.02
36582	Replace Tunneled Cv Cath	$ 1,357.62
36583	Replace Tunneled Cv Cath	$ 1,431.78
36584	Replace Picc Cath	$ 277.34
36585	Replace Picvad Cath	$ 1,371.78
36589	Removal Tunneled Cv Cath	$ 249.44
36590	Removal Tunneled Cv Cath	$ 371.01
36591	Draw Blood Off Venous Device	$ 27.99
36592	Collect Blood From Picc	$ 30.80
36593	Declot Vascular Device	$ 34.09
36595	Mech Remov Tunneled Cv Cath	$ 756.43
36596	Mech Remov Tunneled Cv Cath	$ 171.27
36597	Reposition Venous Catheter	$ 191.32
36598	Inj W/Fluor Eval Cv Device	$ 144.42
36600	Withdrawal Of Arterial Blood	$ 43.36
36620	Insertion Catheter Artery	$ 129.69

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		PHYSICIAN SERVICES FY2020 RATES
Procedure Code	Procedure Description	Medicaid + 38%
36625	Insertion Catheter Artery	$ 143.67
36640	Insertion Catheter Artery	$ 213.67
36660	Insertion Catheter Artery	$ 219.10
36680	Insert Needle Bone Cavity	$ 113.71
36800	Redirection Of Blood Flow	$ 413.63
36810	Redirection Of Blood Flow	$ 452.32
36815	Redirection Of Blood Flow	$ 412.22
36818	Av Fuse Uppr Arm Cephalic	$ 899.97
36819	Av Fuse Uppr Arm Basilic	$ 993.03
36820	Av Fusion/Forearm Vein	$ 1,076.87
36821	Arteriovenous Anastomosis,Direct	$ 862.54
36823	Insertion Of Cannula(S)	$ 1,724.42
36825	Artery-Vein Autograft	$ 1,072.89
36830	Arteriovenous Fistula	$ 844.70
36831	Open Thrombect Av Fistula	$ 612.43
36832	Av Fistula Revision Open	$ 945.74
36833	Av Fistula Revision	$ 882.43
36835	Thomas Shunt	$ 623.11
36838	Dist Revas Ligation Hemo	$ 1,576.75
36860	Cannula Declotting;W/O Balloon Cath	$ 221.09
36861	Cannula Declotting;W/Balloon Cath	$ 363.52
36901	Intro Cath Dialysis Circuit	$ 737.20
36902	Intro Cath Dialysis Circuit	$ 1,576.24
36903	Intro Cath Dialysis Circuit	$ 7,291.49
36904	Thrmbc/Nfs Dialysis Circuit	$ 2,295.64
36905	Thrmbc/Nfs Dialysis Circuit	$ 2,938.19
36906	Thrmbc/Nfs Dialysis Circuit	$ 8,828.40
36907	Balo Angiop Ctr Dialysis Seg	$ 943.41
36908	Stent Plmt Ctr Dialysis Seg	$ 3,499.93
36909	Dialysis Circuit Embolj	$ 2,549.36
37140	Revision Of Circulation	$ 2,001.54
37145	Anastomosis;Renoportal	$ 2,031.76
37160	Revision Of Circulation	$ 2,866.84
37180	Revision Of Circulation	$ 1,935.11
37181	Splenorenal, Distal	$ 2,167.37
37182	Insert Hepatic Shunt (Tips)	$ 1,202.53
37183	Remove Hepatic Shunt (Tips)	$ 6,439.51
37184	Prim Art M-Thrmbc 1St Vsl	$ 3,008.12
37185	Prim Art M-Thrmbc Sbsq Vsl	$ 996.95
37186	Sec Art Thrombectomy Add-On	$ 1,997.19
37187	Venous Mech Thrombectomy	$ 2,878.20
37188	Venous M-Thrombectomy Add-On	$ 2,425.32
37191	Ins Endovas Vena Cava Filtr	$ 3,825.61
37192	Redo Endovas Vena Cava Filtr	$ 2,448.92
37193	Rem Endovas Vena Cava Filter	$ 2,448.92
37197	Remove Intrvas Foreign Body	$ 2,267.70
37200	Transcatheter Biopsy	$ 290.50
37211	Thrombolytic Art Therapy	$ 581.89
37212	Thrombolytic Venous Therapy	$ 513.72
37213	Thromblytic Art/Ven Therapy	$ 358.88
37214	Cessj Therapy Cath Removal	$ 210.84
37215	Transcath Stent Cca W/Eps	$ 1,522.72
37217	Stent Placemt Retro Carotid	$ 1,099.82
37218	Stent Placemt Ante Carotid	$ 1,008.85
37220	Iliac Revasc	$ 5,150.53
37221	Iliac Revasc W/Stent	$ 7,549.88

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
37222	Iliac Revasc Add-On	$ 1,440.42
37223	Iliac Revasc W/Stent Add-On	$ 4,219.39
37224	Fem/Popl Revas W/Tla	$ 6,209.34
37225	Fem/Popl Revas W/Ather	$ 17,905.53
37226	Fem/Popl Revasc W/Stent	$ 14,737.93
37227	Fem/Popl Revasc Stnt & Ather	$ 24,202.56
37228	Tib/Per Revasc W/Tla	$ 8,863.82
37229	Tib/Per Revasc W/Ather	$ 17,620.97
37230	Tib/Per Revasc W/Stent	$ 13,421.41
37231	Tib/Per Revasc Stent & Ather	$ 21,465.20
37232	Tib/Per Revasc Add-On	$ 1,957.23
37233	Tibper Revasc W/Ather Add-On	$ 2,329.48
37234	Revsc Opn/Prq Tib/Pero Stent	$ 6,379.23
37235	Tib/Per Revasc Stnt & Ather	$ 6,493.30
37236	Open/Perq Place Stent 1St	$ 2,968.21
37237	Open/Perq Place Stent Ea Add	$ 1,286.55
37238	Open/Perq Place Stent Same	$ 4,380.13
37239	Open/Perq Place Stent Ea Add	$ 2,177.46
37241	Vasc Embolize/Occlude Venous	$ 4,849.83
37242	Vasc Embolize/Occlude Artery	$ 8,191.10
37243	Vasc Embolize/Occlude Organ	$ 10,343.32
37244	Vasc Embolize/Occlude Bleed	$ 7,217.55
37246	Trluml Balo Angiop 1St Art	$ 2,776.82
37247	Trluml Balo Angiop Addl Art	$ 1,120.34
37248	Trluml Balo Angiop 1St Vein	$ 1,918.05
37249	Trluml Balo Angiop Addl Vein	$ 820.02
37252	Intrvasc Us Noncoronary 1St	$ 1,876.29
37253	Intrvasc Us Noncoronary Addl	$ 283.95
37500	Endoscopy Ligate Perf Veins	$ 928.22
37565	Ligation Of Neck Vein	$ 400.14
37600	Ligation Of Neck Artery	$ 490.49
37605	Ligation Of Neck Artery	$ 593.98
37606	Ligation Of Neck Artery	$ 546.22
37607	Ligation Of A-V Fistula	$ 464.76
37609	Ligation Or Biopsy;Temporal Artery	$ 223.91
37615	Ligation,Major Artery;Neck	$ 552.92
37616	Ligation,Major Artery;Chest	$ 973.19
37617	Ligation,Major Artery;Abdomen	$ 1,148.30
37618	Ligation,Major Artery;Extremity	$ 466.80
37619	Ligation Of Inf Vena Cava	$ 2,376.80
37650	Revision Of Major Vein	$ 427.77
37660	Revision Of Major Vein	$ 795.68
37700	Revise Leg Vein	$ 373.76
37718	Ligate/Strip Short Leg Vein	$ 539.55
37722	Ligate/Strip Long Leg Vein	$ 709.22
37735	Removal Of Leg Veins/Lesion	$ 949.98
37760	Revision Of Leg Veins	$ 1,123.02
37761	Ligate Leg Veins Open	$ 752.62
37765	Stab Phleb Veins Xtr 10-20	$ 610.66
37766	Phleb Veins - Extrem 20+	$ 747.81
37780	Revision Of Leg Vein	$ 279.09
37785	Revision Of Leg Vein	$ 233.12
37788	Revascularization Penis	$ 1,836.95
37790	Penile Venous Occlusive Procedure	$ 589.16
38100	Removal Of Spleen Total	$ 1,091.08
38101	Removal Of Spleen Partial	$ 1,019.14

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
38102	Removal Of Spleen Total	$ 381.57
38115	Splenorrhaphy	$ 1,048.41
38120	Laparoscopy Splenectomy	$ 1,302.14
38200	Injection For Spleen X-Ray	$ 218.77
38205	Harvest Allogeneic Stem Cell	$ 108.14
38206	Harvest Auto Stem Cells	$ 107.90
38220	Bone Marrow Aspiration	$ 248.81
38221	Bone Marrow Biopsy	$ 277.05
38222	Dx Bone Marrow Bx & Aspir	$ 219.72
38230	Bone Marrow Harvesting For Transplantation	$ 277.75
38232	Bone Marrow Harvest Autolog	$ 292.91
38240	Bn Marrow/Stm Transplt Allo	$ 200.78
38241	Bn Marrow/Stm Transplt Auto	$ 198.73
38242	Lymphocyte Infuse Transplant	$ 127.13
38243	Transplj Hematopoietic Boost	$ 166.54
38300	Drainage Lymph Node Lesion	$ 106.11
38305	Drainage Lymph Node Lesion	$ 241.76
38308	Incision Of Lymph Channels	$ 403.39
38380	Suture/Ligation Thoracic Duct	$ 565.01
38381	Suture/Ligation Thoracic Duct	$ 1,019.49
38382	Suture And/Or Ligation Of Thoracic Duct; Abdominal Appr	$ 734.89
38500	Biopsy/Removal Lymph Nodes	$ 184.84
38505	Needle Biopsy Lymph Nodes	$ 107.17
38510	Biopsy/Removal Lymph Nodes	$ 331.92
38520	Biopsy/Removal Lymph Nodes	$ 406.37
38525	Biopsy/Removal Lymph Nodes	$ 389.88
38530	Biopsy/Removal Lymph Nodes	$ 466.48
38531	Biopsy/Removal of Lymph Nodes	$ 583.89
38542	Explore Deep Node(S) Neck	$ 493.63
38550	Removal Neck/Armpit Lesion	$ 499.26
38555	Removal Neck/Armpit Lesion	$ 1,050.83
38562	Removal Pelvic Lymph Nodes	$ 852.69
38564	Removal Abdomen Lymph Nodes	$ 905.17
38570	Laparoscopy Lymph Node Biop	$ 802.91
38571	Laparoscopy Lymphadenectomy	$ 1,039.37
38572	Laparoscopy Lymphadenectomy	$ 1,259.42
38573	Laps Pelvic Lymphadec	$ 1,427.73
38700	Removal Of Lymph Nodes Neck	$ 876.59
38720	Removal Of Lymph Nodes Neck	$ 1,425.08
38724	Removal Of Lymph Nodes Neck	$ 1,407.88
38740	Removal Lymph Nodes, Armpit	$ 903.04
38745	Remove Armpit Lymph Nodes	$ 1,036.08
38746	Thoracic Lymphadenectomy, Regional, Including Mediastin	$ 349.06
38747	Abdominal Lymphadenectomy, Regional, Including Celiac,	$ 388.72
38760	Removal Lymph Nodes, Groin	$ 791.90
38765	Removal Lymph Nodes, Groin	$ 1,435.64
38770	Pelvic Lymphadenectomy;Unilateral	$ 1,388.27
38780	Removal Lymph Nodes, Abdomen	$ 1,626.99
38790	Inject For Lymphatic X-Ray	$ 157.58
38792	Identify Sentinel Node	$ 51.31
38794	Establish Access Lymph Duct	$ 351.07
38900	Io Map Of Sent Lymph Node	$ 192.61
39000	3Xploration Of Mediastinum	$ 612.83
39010	Exploration Of Mediastinum	$ 1,220.68
39200	Removal Mediastinal Lesion	$ 1,243.42
39220	Removal Mediastinal Lesion	$ 1,615.11

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		PHYSICIAN SERVICES FY2020 RATES
Procedure Code	Procedure Description	Medicaid + 38%
39401	Mediastinoscpy W/Medstnl Bx	$ 395.33
39402	Mediastinoscpy W/Lmph Nod Bx	$ 514.75
39501	Repair, Laceration Of Diaphragm	$ 1,184.04
39503	Repair, Diaphragmatic Hernia (Esophageal Hiatal), Trans	$ 7,453.26
39540	Repair Of Diaphragm Hernia	$ 1,259.84
39541	Repair Diaphragmatic Hernia,Chronic	$ 1,314.78
39545	Imbrication,Diaparagm;Paralytic	$ 1,044.20
39560	Resect Diaphragm Simple	$ 1,007.14
39561	Resect Diaphragm Complex	$ 1,577.55
40490	Biopsy Lip	$ 98.70
40500	Partial Excision Of Lip	$ 564.86
40510	Partial Excision Of Lip	$ 532.24
40520	Partial Excision Of Lip	$ 525.75
40525	Excision Lip; Full Thickness, Reconstruction With Loca	$ 850.27
40527	Excision Lip; Full Thickness, Reconstruction With Cros	$ 1,017.87
40530	Partial Removal Of Lip	$ 494.48
40650	Repair Lip	$ 394.03
40652	Repair Lip	$ 539.24
40654	Repair Lip	$ 600.37
40700	Repair Cleft Lip	$ 1,810.02
40701	Repair Cleft Lip	$ 2,413.37
40702	Repair Cleft Lip	$ 1,734.62
40720	Repair Cleft Lip	$ 1,165.02
40761	Lip Repair W/Cross Lip Pedicle Flap	$ 1,276.43
40800	Drainage Mouth Lesion	$ 93.62
40801	Drainage Mouth Lesion	$ 210.60
40804	Removal Foreign Body Mouth	$ 89.52
40805	Removal Foreign Body Mouth	$ 260.59
40806	Incision Lip Fold	$ 33.09
40808	Biopsy Mouth Lesion	$ 84.32
40810	Excision Mouth Lesion	$ 122.76
40812	Excision Mouth Lesion	$ 190.36
40814	Excision Mouth Lesion	$ 327.24
40816	Excision Of Lesion Of Mouth Muscle	$ 339.74
40818	Excision Oral Mucosa, Graft	$ 226.43
40819	Excision Of Frenum,Labial Or Buccal	$ 349.95
40820	Treatment Mouth Lesion	$ 114.18
40830	Repair Mouth Laceration	$ 120.72
40831	Repair Mouth Laceration	$ 219.79
40840	Reconstruction Mouth	$ 987.53
40842	Reconstruction Mouth	$ 996.00
40843	Reconstruction Mouth	$ 1,285.97
40844	Reconstruction Mouth	$ 1,696.23
40845	Reconstruction Mouth	$ 1,845.46
41000	Drainage Mouth Lesion	$ 101.46
41005	Drainage Mouth Lesion	$ 92.71
41006	Drainage Mouth Lesion	$ 204.70
41007	Incision Of Tongue-Submental Space	$ 291.36
41008	Incision Of Tongue-Submandibucar Spa	$ 214.04
41009	Incision Of Tongue-Masticator Space	$ 335.63
41010	Incision Tongue Fold	$ 239.09
41015	Incision Of Floor Of Mouth-Sublingua	$ 233.26
41016	Incision Of Floor Of Mouth-Submental	$ 373.01
41017	Incision Of Floor Of Mouth-Submandib	$ 293.65
41018	Incision Of Floor Of Mouth-Masticatr	$ 436.36
41019	Place Needles H&N For Rt	$ 640.55

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
41100	Biopsy Tongue	$ 98.95
41105	Biopsy Tongue	$ 116.31
41108	Biopsy-Floor Of Mouth	$ 93.32
41110	Excision Tongue Lesion	$ 114.62
41112	Excision Tongue Lesion	$ 224.33
41113	Excision Tongue Lesion	$ 299.83
41114	Excision Of Lesion Of Tongue With Closure; With Local	$ 722.54
41115	Excision Of Lingual Frenum	$ 174.27
41116	Excision Lesion Of Floor Of Mouth	$ 225.92
41120	Partial Removal Of Tongue	$ 817.33
41130	Partial Removal Of Tongue	$ 981.77
41135	Tongue And Neck Surgery	$ 1,721.47
41140	Removal Of Tongue	$ 2,154.77
41145	Tongue Removal Neck Surgery	$ 2,562.40
41150	Tongue Mouth Jaw Surgery	$ 2,794.60
41153	Tongue Mouth Neck Surgery	$ 2,340.83
41155	Tongue Jaw & Neck Surgery	$ 2,707.66
41250	Repair Laceration Tongue	$ 147.91
41251	Repair Posterior 1/3 Of Tongue	$ 215.61
41252	Repair Laceration Tongue	$ 266.44
41510	Tongue To Lip Surgery	$ 302.19
41512	Tongue Suspension	$ 780.38
41520	Reconstruction Tongue Fold	$ 395.11
41530	Tongue Base Vol Reduction	$ 3,752.88
41800	Drainage Gum Lesion	$ 70.97
41805	Removal Foreign Body Gum	$ 102.06
41806	Removal Foreign Body Jawbone	$ 215.57
41821	Excision, Gum Flap	$ 154.39
41822	Excision Gum Lesion	$ 345.39
41823	Excision Gum Lesion	$ 515.43
41825	Excision Gum Lesion	$ 137.81
41826	Excision Gum Lesion	$ 217.03
41827	Excision Gum Lesion	$ 354.41
41828	Excision Of Hyperplastic Mucosa	$ 367.49
41830	Removal Of Gum	$ 465.68
41872	Repair Gum	$ 442.10
41874	Repair Tooth Socket	$ 441.53
42000	Drainage Mouth Roof Lesion	$ 90.82
42100	Biopsy Roof Of Mouth	$ 103.32
42104	Excision Lesion Mouth Roof	$ 161.94
42106	Excision Lesion Mouth Roof	$ 243.61
42107	Excision Lesion Mouth Roof	$ 458.37
42120	Removal Roof Of Mouth	$ 666.10
42140	Excision Uvula	$ 145.96
42145	Repair Palate Pharynx/Uvula	$ 854.45
42160	Treatment Roof Of Mouth	$ 165.54
42180	Repair Palate	$ 237.26
42182	Repair Palate	$ 366.02
42200	Reconstruction Cleft Palate	$ 1,810.02
42205	Reconstruction Cleft Palate	$ 983.28
42210	Reconstruction Cleft Palate	$ 2,111.68
42215	Reconstruction Cleft Palate	$ 1,810.02
42220	Reconstruction Cleft Palate	$ 616.97
42225	Reconstruct Cleft Palate	$ 1,734.62
42226	Lengthening Of Palate, And Pharyngeal Flap	$ 2,111.68
42227	Lengthening Of Palate, With Island Flap	$ 807.65

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
42235	Repair Palate	$ 1,583.77
42260	Repair Nose To Lip Fistula	$ 411.57
42280	Preparation Palate Mold	$ 173.70
42281	Insertion Palate Prosthesis	$ 163.46
42300	Drainage Salivary Gland	$ 129.22
42305	Drainage Salivary Gland	$ 394.78
42310	Drainage Salivary Gland	$ 128.81
42320	Drainage Salivary Gland	$ 313.72
42330	Treatment Salivary Stone	$ 119.69
42335	Treatment Salivary Stone	$ 287.36
42340	Treatment Salivary Stone	$ 440.15
42400	Biopsy Salivary Gland	$ 82.84
42405	Biopsy Salivary Gland	$ 243.25
42408	Excision Salivary Cyst	$ 387.86
42409	Treatment Salivary Cyst	$ 278.19
42410	Excision Parotid Gland	$ 622.23
42415	Excision Parotid Gland	$ 1,466.73
42420	Excision Parotid Gland	$ 1,604.90
42425	Excision Parotid Gland	$ 1,193.24
42426	Excision Parotid Gland-Total	$ 2,240.75
42440	Excise Submaxillary Gland	$ 740.15
42450	Excise Sublingual Gland	$ 393.42
42500	Repair Salivary Duct	$ 437.64
42505	Repair Salivary Duct	$ 671.08
42507	Parotid Duct Diversion-Bilateral	$ 542.52
42509	Parotid Duct Diversion W/Gland Excis	$ 945.92
42510	Parotid Duct Diversion, Bilateral (Wilke Type Procedure	$ 776.13
42550	Injection Proc. For Sialography	$ 79.58
42600	Closure Salivary Fistula	$ 429.26
42650	Dilation Salivary Duct	$ 48.30
42660	Dilation Salivary Duct	$ 82.87
42665	Ligation Salivary Duct	$ 226.80
42700	Drainage Tonsil Abscess	$ 228.86
42720	Drainage Throat Abscess	$ 223.86
42725	Drainage Throat Abscess	$ 611.55
42800	Biopsy Throat	$ 105.07
42804	Biopsy,Upper Nose/Throat	$ 115.26
42806	Biopsy,Upper Nose/Throat	$ 148.56
42808	Excision Of Lesion Of Pharynx	$ 240.95
42809	Remove Pharynx Foreign Body	$ 97.72
42810	Excision Throat Cyst	$ 328.98
42815	Excision Throat Cyst	$ 789.72
42820	Removal Tonsils And Adnoids	$ 501.89
42821	Removal Tonsils And Adnoids	$ 538.96
42825	Removal Of Tonsils	$ 466.36
42826	Removal Of Tonsils	$ 498.58
42830	Removal Of Adnoids	$ 325.40
42831	Removal Of Adnoids	$ 285.92
42835	Removal Of Adnoids	$ 202.05
42836	Removal Of Adnoids	$ 297.32
42842	Radical Resection Of Tonsil, Tonsillar Pillars, And/Or	$ 748.77
42844	Radical Resection Of Tonsil, Tonsillar Pillars, And/Or	$ 1,194.33
42845	Radical Resection Of Tonsil, Tonsillar Pillars, And/Or	$ 2,053.08
42860	Excision Of Tonsil Tags	$ 203.40
42870	Excision Lingual Tonsil	$ 379.57
42890	Partial Removal Pharynx	$ 1,046.16

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
42892	Resection Of Lateral Pharyngeal Wall Or Pyriform Sinus,	$ 1,259.53
42894	Resection Of Pharyngeal Wall Requiring Closure With Myo	$ 1,860.13
42900	Repair Throat Wound	$ 467.93
42950	Reconstruction Of Throat	$ 886.50
42953	Repair Throat Esophagus	$ 744.21
42955	Surgical Opening Of Throat	$ 499.74
42960	Control Bleeding, Throat	$ 170.42
42961	Control Bleeding, Throat	$ 351.64
42962	Control Bleeding, Throat	$ 638.53
42970	Control Bleeding,Nose/Throat	$ 275.63
42971	Control Bleeding,Nose/Throat	$ 428.99
42972	Control Bleeding,Nose/Throat	$ 569.91
43020	Incision Of Esophagus	$ 739.40
43030	Cricopharyngeal Myotomy	$ 1,041.54
43045	Esophagotomy W/Foreign Body Removal	$ 1,619.61
43100	Excision Lesion Esophagus	$ 751.23
43101	Excision Esophagus-Thoracic Approach	$ 1,275.77
43107	Removal Of Esophagus	$ 3,288.83
43108	Removal Of Esophagus	$ 5,575.92
43112	Removal Of Esophagus	$ 3,505.09
43113	Removal Of Esophagus	$ 5,515.09
43116	Partial Removal Of Esophagus	$ 6,592.69
43117	Partial Removal Of Esophagus	$ 3,210.17
43118	Partial Removal Of Esophagus	$ 4,514.61
43121	Partial Removal Of Esophagus	$ 3,706.10
43122	Partial Removal Of Esophagus	$ 3,258.83
43123	Partial Removal Of Esophagus	$ 5,615.03
43124	Removal Of Esophagus	$ 4,700.31
43130	Removal Esophagus Pouch	$ 1,086.86
43135	Removal Esophagus Pouch	$ 1,389.07
43180	Esophagoscopy Rigid Trnso	$ 673.37
43191	Esophagoscopy Rigid Trnso Dx	$ 129.31
43192	Esophagoscp Rig Trnso Inject	$ 153.87
43193	Esophagoscp Rig Trnso Biopsy	$ 182.91
43194	Esophagoscp Rig Trnso Rem Fb	$ 164.74
43195	Esophagoscopy Rigid Balloon	$ 183.28
43196	Esophagoscp Guide Wire Dilat	$ 199.42
43197	Esophagoscopy Flex Dx Brush	$ 192.07
43198	Esophagosc Flex Trnsn Biopsy	$ 213.91
43200	Visualization Of Esophagus	$ 242.67
43201	Esoph Scope W/Submucous Inj	$ 363.78
43202	Esophagus Endoscopy Biopsy	$ 277.86
43204	Esoph Scope W/Sclerosis Inj	$ 633.52
43205	Esophagoscopy, Rigid Or Flexible; With Band Ligation Of	$ 301.25
43210	Egd Esophagogastrc Fndoplsty	$ 562.23
43211	Esophagoscop Mucosal Resect	$ 246.62
43212	Esophagoscop Stent Placement	$ 192.26
43213	Esophagoscopy Retro Balloon	$ 1,298.36
43214	Esophagosc Dilate Balloon 30	$ 197.95
43215	Esophagoscopy Flex Remove Fb	$ 357.03
43216	Esophagoscopy, Rigid Or Flexible; With Removal Of Tumor	$ 433.79
43217	Esophagoscopy W/Polyp Removal	$ 433.79
43220	Esoph Endoscopy Dilation	$ 228.80
43226	Esoph Endoscopy Dilation	$ 268.76
43227	Esoph Endoscopy Repair	$ 443.08
43229	Esophagoscopy Lesion Ablate	$ 761.01

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
43231	Esoph Endoscopy W/Us Exam	$ 251.05
43232	Esoph Endoscopy W/Us Fn Bx	$ 345.72
43233	Egd Balloon Dil Esoph30 Mm/>	$ 234.82
43235	Uppr Gi Endoscopy Diagnosis	$ 408.30
43236	Uppr Gi Scope W/Submuc Inj	$ 460.11
43237	Endoscopic Us Exam Esoph	$ 311.23
43238	Uppr Gi Endoscopy W/Us Fn Bx	$ 389.41
43239	Upper Gi Endoscopy Biopsy	$ 455.59
43240	Esoph Endoscope W/Drain Cyst	$ 524.76
43241	Upper Gastrointestinal Endoscopy Including Esophagus, S	$ 407.62
43242	Uppr Gi Endoscopy W/Us Fn Bx	$ 560.46
43243	Upper Gi Endoscopy & Inject	$ 622.68
43244	Upper Gastrointestinal Endoscopy Including Esophagus, S	$ 609.67
43245	Uppr Gi Scope Dilate Strictr	$ 422.32
43246	Upper Gastrointestinal Endoscopy Including Esophagus, S	$ 695.18
43247	Egd Remove Foreign Body	$ 382.87
43248	Uppr Gi Endoscopy/Guide Wire	$ 251.35
43249	Esoph Endoscopy Dilation	$ 412.54
43250	Upper Gastrointestinal Endoscopy Including Esophagus, S	$ 450.02
43251	Esophagogastroduodenoscopy-W/Polyp R	$ 450.02
43253	Egd Us Transmural Injxn/Mark	$ 272.51
43254	Egd Endo Mucosal Resection	$ 282.38
43255	Esophagogastroduodenoscopy-Hemorrhag	$ 612.90
43257	Uppr Gi Scope W/Thrml Txmnt	$ 417.49
43259	Upper Gastrointestinal Endoscopy Including Esophagus, S	$ 312.11
43260	Endo Cholangiopancreatograph	$ 555.27
43261	Endo Cholangiopancreatograph	$ 569.88
43262	Endo Cholangiopancreatograph	$ 834.64
43263	Endo Cholangiopancreatograph	$ 558.97
43264	Endo Cholangiopancreatograph	$ 860.44
43265	Endo Cholangiopancreatograph	$ 735.36
43266	Egd Endoscopic Stent Place	$ 233.40
43270	Egd Lesion Ablation	$ 756.20
43273	Endoscopic Pancreatoscopy	$ 167.68
43274	Ercp Duct Stent Placement	$ 483.90
43275	Ercp Remove Forgn Body Duct	$ 537.98
43276	Ercp Stent Exchange W/Dilate	$ 503.49
43277	Ercp Ea Duct/Ampulla Dilate	$ 401.62
43278	Ercp Lesion Ablate W/Dilate	$ 456.45
43279	Lap Myotomy Heller	$ 1,571.83
43280	Laparoscopy Fundoplasty	$ 2,043.16
43281	Lap Paraesophag Hern Repair	$ 2,021.92
43282	Lap Paraesoph Her Rpr W/Mesh	$ 2,274.14
43283	Lap Esoph Lengthening	$ 221.01
43284	Laps Esophgl Sphnctr Agmntj	$ 804.11
43285	Rmvl Esophgl Sphnctr Dev	$ 812.07
43286	Esphg Tot W/Laps Moblj	$ 3,831.16
43287	Esphg Dstl 2/3 W/Laps Moblj	$ 4,358.65
43288	Esphg Thrsc Moblj	$ 4,565.66
43300	Repair Of Esophagus	$ 1,023.85
43305	Repair Esophagus And Fistula	$ 1,518.63
43310	Repair Of Esophagus	$ 2,181.79
43312	Esophagoplasty W/Fistula Repair	$ 2,105.27
43313	Esophagoplasty Congenital	$ 3,521.39
43314	Tracheo-Esophagoplasty Cong	$ 3,977.28
43320	Fusion Esophagus & Stomach	$ 1,306.75

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
43325	Esophagogastric Fundoplasty W/Patch	$ 1,364.10
43327	Esoph Fundoplasty Lap	$ 1,098.87
43328	Esoph Fundoplasty Thor	$ 1,635.29
43330	Esophagomyotomy Abdominal	$ 1,338.23
43331	Esophagomyotomy Thoracic	$ 1,506.88
43332	Transab Esoph Hiat Hern Rpr	$ 1,653.09
43333	Transab Esoph Hiat Hern Rpr	$ 1,796.65
43334	Transthor Diaphrag Hern Rpr	$ 1,775.43
43335	Transthor Diaphrag Hern Rpr	$ 1,890.60
43336	Thorabd Diaphr Hern Repair	$ 2,160.87
43337	Thorabd Diaphr Hern Repair	$ 2,328.79
43338	Esoph Lengthening	$ 163.01
43340	Fusion Esophagus & Intestine	$ 1,386.96
43341	Esophagojejunostomy-Thoracic Appr.	$ 1,290.74
43351	Surgical Opening Esophagus	$ 1,144.05
43352	Surgical Opening Esophagus	$ 1,018.36
43360	Gastrointestinal Repair	$ 2,964.43
43361	Gastrointestinal Repair	$ 3,374.24
43400	Ligation Esophageal Veins	$ 1,350.19
43405	Ligate/Staple Esophagus	$ 1,899.64
43410	Repair Wound,Esophagus	$ 956.15
43415	Repair Wound,Esophagus	$ 1,487.34
43420	Repair Opening,Esophagus	$ 818.70
43425	Repair Opening,Esophagus	$ 1,314.19
43450	Dilate Esophagus 1/Mult Pass	$ 86.43
43453	Dilation Esophagus Over String/Wire	$ 184.52
43460	Pressure Treatment Esophagus	$ 222.53
43500	Incision Of Stomach	$ 713.24
43501	Gastrotomy; With Suture Repair Of Bleeding Ulcer Or Eso	$ 1,384.53
43502	Surgical Repair Of Stomach	$ 1,887.40
43510	Gastrotomy-Esophageal Dilation	$ 831.15
43520	Incision Pyloric Muscle	$ 969.37
43605	Biopsy Of Stomach	$ 738.82
43610	Excision Stomach Lesion	$ 953.94
43611	Excision, Local; Malignant Tumor Of Stomach	$ 1,072.45
43620	Removal Of Stomach	$ 1,896.74
43621	Gastrectomy, Total; With Roux-En-Y Reconstruction	$ 1,919.44
43622	Gastrectomy, Total; With Formation Of Intestinal Pouch,	$ 1,988.03
43631	Removal Of Stomach Partial	$ 1,647.95
43632	Removal Of Stomach Partial	$ 1,647.95
43633	Removal Of Stomach Partial	$ 1,655.43
43634	Removal Of Stomach Partial	$ 2,487.26
43635	Removal Of Stomach Partial	$ 163.93
43640	Division Vagus Nerve	$ 1,260.12
43641	Vagotomy Including Pyloroplasty, With Or Without Gastro	$ 1,232.51
43644	Lap Gastric Bypass/Roux-En-Y	$ 2,161.22
43645	Lap Gastr Bypass Incl Smll I	$ 2,309.68
43651	Laparoscopy Vagus Nerve	$ 771.31
43652	Laparoscopy Vagus Nerve	$ 926.24
43653	Laparoscopy Gastrostomy	$ 692.36
43752	Nasal/Orogastric W/Stent	$ 56.10
43753	Tx Gastro Intub W/Asp	$ 30.11
43754	Dx Gastr Intub W/Asp Spec	$ 150.14
43755	Dx Gastr Intub W/Asp Specs	$ 225.96
43756	Dx Duod Intub W/Asp Spec	$ 349.75
43757	Dx Duod Intub W/Asp Specs	$ 490.40

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
43761	Repositioning Of The Gastric Feeding Tube Through The D	$ 176.18
43762	Replacement Of Gtube Accessed Through Skin	$ 297.57
43763	Replacement Of Gtube Accessed Through Skin With Revision Of Stoma Opening	$ 297.57
43770	Dilat Xst Trc Ndurlgc Px	$ 1,379.39
43771	Dilat Xst Trc New Access Rcs	$ 1,573.19
43772	Trurl Dstrj Prst8 Tiss Rf Wv	$ 1,185.50
43773	Mri Of One Breast	$ 1,573.64
43774	Mri Of Both Breasts	$ 1,190.72
43775	Mri Of One Breast With And Without Contrast	$ 1,696.99
43800	Mri Of Both Breasts With And Without Contrast	$ 848.91
43810	Multifocal Erg W/I&R	$ 1,417.88
43820	Alys Smpl Cn Npgt Prgrmg	$ 992.98
43825	Alys Cplx Cn Npgt Prgrmg	$ 1,238.22
43830	Electronic Analysis Of Npgt Prgrmg 15 Minutes	$ 612.39
43831	Electronic Alalysis Of Npgt Prgrmg Additional 15 Minutes	$ 600.16
43832	Permanent Opening,Stomach	$ 936.54
43840	Repair Lesion,Stomach	$ 978.03
43842	V-Band Gastroplasty	$ 1,665.19
43843	Gastroplasty W/O V-Band	$ 1,665.19
43845	Gastroplasty Duodenal Switch	$ 2,431.78
43846	Gastric Bypass With Roux-En-Y Gastroenterostomy For Mor	$ 1,452.35
43847	Gastric Bypass Incl Small I	$ 2,166.42
43848	Revision Gastroplasty	$ 2,399.19
43850	Revision Stomachbowel Fusion	$ 1,542.69
43855	Revision Stomachbowel Fusion	$ 1,540.56
43860	Revision Stomachbowel Fusion	$ 1,544.34
43865	Revision Stomachbowel Fusion	$ 1,701.57
43870	Repair Opening,Stomach	$ 641.27
43880	Repair Stomach-Bowel Fistula	$ 1,368.90
43886	Revise Gastric Port Open	$ 427.21
43887	Remove Gastric Port Open	$ 390.11
43888	Change Gastric Port Open	$ 552.68
44005	Freeing Of Bowel Adhesion	$ 1,193.67
44010	Duodenotomy	$ 980.26
44015	Insert Needle Cath Bowel	$ 613.08
44020	Exploration Of Small Bowel	$ 965.12
44021	Enterotomy, Small Bowel, Other Than Duodenum; For Decom	$ 1,152.63
44025	Exploration Of Large Bowel	$ 1,015.13
44050	Reduction Bowel Obstruction	$ 930.19
44055	Correction Of Malrotation By Lysis Of Duodenal Bands An	$ 1,807.33
44100	Biopsy Of Bowel	$ 187.18
44110	Excision Bowel Lesions	$ 922.81
44111	Excision Bowel Lesions	$ 1,086.60
44120	Removal Small Intestine	$ 1,280.27
44121	Removal Of Small Intestine	$ 308.10
44125	Removal Small Intestine	$ 1,249.05
44126	Enterectomy W/O Taper Cong	$ 3,052.17
44127	Enterectomy W/Taper Cong	$ 3,540.00
44128	Enterectomy Cong Add-On	$ 309.02
44130	Surgical Fusion Of Bowels	$ 1,113.12
44139	Mobilization Of Colon	$ 154.57
44140	Partial Removal Of Colon	$ 2,277.39
44141	Colectomy W/Colostomy	$ 1,751.43
44143	Colectomy W/End Colostomy	$ 1,593.33
44144	W/Resection	$ 1,687.62
44145	Partial Removal Of Colon	$ 1,846.36

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
44146	W/Coldproctostomy	$ 1,981.85
44147	Colectomy, Partial; Abdominal And Transanal Approach	$ 2,390.41
44150	Removal Of Colon	$ 1,891.90
44151	Colectomy, Total, Abdominal, Without Proctectomy; With	$ 1,466.10
44155	Removal Of Colon/Ileostomy	$ 2,050.87
44156	Colectomy, Total, Abdominal, With Proctectomy; With Con	$ 1,661.51
44157	Colectomy W/Ileoanal Anast	$ 2,005.54
44158	Colectomy W/Neo-Rectum Pouch	$ 2,282.11
44160	Removal Of Colon	$ 1,584.52
44180	Lap Enterolysis	$ 1,144.74
44186	Lap Jejunostomy	$ 808.64
44187	Lap Ileo/Jejuno-Stomy	$ 1,366.28
44188	Lap Colostomy	$ 1,512.09
44202	Lap Enterectomy	$ 1,727.18
44203	Lap Resect S/Intestine Addl	$ 308.09
44204	Laparo Partial Colectomy	$ 1,927.98
44205	Lap Colectomy Part W/Ileum	$ 1,680.36
44206	Lap Part Colectomy W/Stoma	$ 2,192.10
44207	L Colectomy/Coloproctostomy	$ 2,298.21
44208	L Colectomy/Coloproctostomy	$ 2,497.58
44210	Laparo Total Proctocolectomy	$ 2,240.26
44211	Laparo Total Proctocolectomy	$ 2,767.47
44212	Laparo Total Proctocolectomy	$ 2,578.41
44213	Lap Mobil Splenic Fl Add-On	$ 241.90
44227	Lap Close Enterostomy	$ 2,089.65
44238	Laparoscope Proc Intestine	$ 5,710.99
44300	Surgical Opening Of Bowel	$ 856.26
44310	Ileostomy,Temporary/Permanent	$ 1,161.30
44312	Repair Small Bowel Opening	$ 430.46
44314	Repair Small Bowel Opening	$ 785.28
44316	Continent Ileostomy	$ 1,188.95
44320	Surgical Opening Large Bowel	$ 940.80
44322	Colostomy Or Skin Level Cecostomy; With Multiple Biopsi	$ 1,011.58
44340	Repair Large Bowel Opening	$ 242.02
44345	Repair Large Bowel Opening	$ 675.83
44346	Revision Of Colostomy; With Repair Of Paracolostomy Her	$ 1,305.80
44360	Intestinal Endoscopy	$ 310.93
44361	Small Bowel Endoscopy/Biopsy	$ 356.51
44363	Small Bowel Endoscopy	$ 328.63
44364	Intestinal Endoscopy W/Polyp Removal	$ 425.54
44365	Small Intestinal Endoscopy, Enteroscopy Beyond Second P	$ 420.35
44366	Intestinal Endoscopy For Ctrl Hemorr	$ 505.01
44369	Intestinal Endoscopy W/Fulgur Lesion	$ 545.91
44370	Small Bowel Endoscopy/Stent	$ 378.34
44372	Small Intestinal Endoscopy, Enteroscopy Beyond Second P	$ 511.17
44373	Small Intestinal Endoscopy, Enteroscopy Beyond Second P	$ 428.17
44376	Small Intestinal Endoscopy, Enteroscopy Beyond Second P	$ 429.03
44377	Small Bowel Endoscopy/Biopsy	$ 453.68
44378	Small Intestinal Endoscopy, Enteroscopy Beyond Second P	$ 591.73
44379	S Bowel Endoscope W/Stent	$ 576.67
44380	Small Bowel Endoscopy Br/Wa	$ 400.06
44381	Small Bowel Endoscopy Br/Wa	$ 630.33
44382	Small Bowel Endoscopy	$ 221.38
44384	Small Bowel Endoscopy	$ 630.33
44385	Fiberoptic Eval Of Koch Pouch	$ 172.47
44386	Endoscopy Bowel Pouch/Biop	$ 176.53

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
44388	Colonoscopy Thru Stoma Spx	$ 472.08
44389	Colonoscopy With Biopsy	$ 539.91
44390	Colonoscopy For Foreign Body	$ 305.37
44391	Colonoscopy For Bleeding	$ 450.98
44392	Colonoscopy & Polypectomy	$ 642.83
44394	Colonoscopy Through Stoma; With Removal Of Tumor(S), Po	$ 642.83
44401	Colonoscopy With Ablation	$ 584.06
44402	Colonoscopy W/Stent Plcmt	$ 584.06
44403	Colonoscopy W/Resection	$ 584.06
44404	Colonoscopy W/Injection	$ 584.06
44405	Colonoscopy W/Dilation	$ 584.06
44406	Colonoscopy W/Ultrasound	$ 584.06
44407	Colonoscopy W/Ndl Aspir/Bx	$ 584.06
44408	Colonoscopy W/Decompression	$ 584.06
44500	Intro Gastrointestinal Tube	$ 108.27
44602	Suture Small Intestine	$ 907.35
44603	Suture Small Intestine	$ 1,149.55
44604	Suture Large Intestine	$ 1,083.08
44605	Repair Bowel Lesion	$ 1,371.83
44615	Intestinal Stricturoplasty (Enterotomy And Enterorrhaph	$ 903.71
44620	Repair Bowel Opening	$ 813.07
44625	Repair Bowel Opening	$ 1,131.96
44626	Repair Bowel Opening	$ 2,012.81
44640	Repair Bowel-Skin Fistula	$ 1,030.74
44650	Repair Bowel Fistula	$ 1,097.89
44660	Repair Bowel-Bladder Fistula	$ 1,097.89
44661	Closure-Enterovesical Fistvla-Bowel	$ 2,134.35
44680	Surgical Revision Intestine	$ 1,158.01
44700	Suspend Bowel W/Prosthesis	$ 1,279.76
44701	Intraop Colon Lavage Add-On	$ 213.67
44720	Prep Donor Intestine/Venous	$ 344.38
44721	Prep Donor Intestine/Artery	$ 488.70
44800	Excision Bowel Pouch	$ 796.58
44820	Excision Mesentery Lesion	$ 785.43
44850	Repair Of Mesentery	$ 741.43
44900	Drain App Abscess Open	$ 630.20
44950	Excision Of Appendix	$ 892.11
44955	Appendectomy-Other Major Procedure	$ 219.96
44960	-Ruptured Appendix	$ 1,029.98
44970	Laparoscopy Appendectomy	$ 1,054.28
44979	Laparoscope Proc App	$ 1,929.90
45000	Drainage Of Pelvic Abscess	$ 300.32
45005	Drainage Of Rectal Abscess	$ 208.38
45020	Drainage Of Rectal Abscess	$ 363.38
45100	Biopsy Of Rectum	$ 271.61
45108	Anorectal Myomectomy	$ 360.33
45110	Removal Of Rectum	$ 1,912.49
45111	Partial Resection Of Rectum	$ 1,396.31
45112	Removal Of Rectum	$ 2,141.42
45113	Partial Proctectomy	$ 2,457.55
45114	Partial Removal Of Rectum	$ 1,908.10
45116	Partial Removal Of Rectum	$ 1,554.74
45119	Remove Rectum W/Reservoir	$ 2,445.36
45120	Complete Removal Of Rectum	$ 2,045.15
45121	Proctectomy, Complete With Subtotal Or Total Colectomy,	$ 1,842.82
45123	Partial Proctectomy	$ 1,390.87

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
45126	Pelvic Exenteration	$ 3,627.79
45130	Excision Of Rectal Prolapse	$ 1,140.16
45135	Excision Of Rectal Prolapse	$ 1,645.44
45136	Excise Ileoanal Reservior	$ 2,289.19
45150	Excision Rectal Stricture	$ 442.51
45160	Excision Of Rectal Lesion	$ 1,352.01
45171	Exc Rect Tum Transanal Part	$ 765.58
45172	Exc Rect Tum Transanal Full	$ 1,051.89
45190	Destruction Rectal Tumor	$ 841.86
45300	Proctosigmoidoscopy Dx	$ 79.79
45303	Proctosigmoidoscopy Dilate	$ 114.20
45305	Proctosigmoidoscopy W/Bx	$ 97.79
45307	Proctosigmoidoscopy Fb	$ 151.98
45308	Proctosigmoidoscopy Removal	$ 156.42
45309	Proctosigmoidoscopy Removal	$ 156.42
45315	Proctosigmoidoscopy Removal	$ 163.47
45317	Proctosigmoidoscopy Bleed	$ 199.98
45320	Proctosigmoidoscopy Ablate	$ 255.93
45321	Proctosigmoidoscopy Volvul	$ 185.51
45327	Proctosigmoidoscopy W/Stent	$ 158.05
45330	Diagnostic Sigmoidoscopy	$ 170.73
45331	Sigmoidoscopy \Biopsy	$ 221.84
45332	Sigmoidoscopy W/Fb Removal	$ 174.63
45333	Sigmoidoscopy\Removal Of Polyp	$ 206.34
45334	Sigmoidoscopy\Control Of Hemorrhage	$ 266.96
45335	Sigmoidoscopy W/Submuc Inj	$ 303.30
45337	Sigmoidoscopy & Decompress	$ 261.04
45338	Sigmoidoscopy W/Tumr Remove	$ 206.34
45340	Sig W/Tndsc Balloon Dilation	$ 540.23
45341	Sigmoidoscopy W/Ultrasound	$ 206.48
45342	Sigmoidoscopy W/Us Guide Bx	$ 315.79
45346	Sigmoidoscopy W/Ablation	$ 611.82
45347	Sigmoidoscopy W/Plcmt Stent	$ 611.82
45349	Sigmoidoscopy W/Resection	$ 611.82
45350	Sgmdsc W/Band Ligation	$ 611.82
45378	Colonoscopy-Diagnostic Proc.	$ 526.61
45379	Colonoscopy W/Fb Removal	$ 482.03
45380	Visualization Entire Colon	$ 622.85
45381	Colonoscopy Submucous Njx	$ 574.51
45382	Colonoscopy W/Control Bleed	$ 555.08
45384	Colonoscopy W/Lesion Removal	$ 619.34
45385	Colonoscopy W/Lesion Removal	$ 705.33
45386	Colonoscopy W/Balloon Dilat	$ 815.22
45388	Colonoscopy W/Ablation	$ 584.06
45389	Colonoscopy W/Stent Plcmt	$ 584.06
45390	Colonoscopy W/Resection	$ 584.06
45391	Colonoscopy W/Endoscope Us	$ 391.81
45392	Colonoscopy W/Endoscopic Fnb	$ 511.92
45393	Colonoscopy W/Decompression	$ 584.06
45395	Lap Removal Of Rectum	$ 2,488.64
45397	Lap Remove Rectum W/Pouch	$ 2,699.58
45398	Colonoscopy W/Band Ligation	$ 584.06
45399	Unlisted Procedure Colon	$ 1,065.14
45400	Laparoscopic Proctopexy	$ 1,441.35
45402	Lap Proctopexy W/Sig Resect	$ 1,924.33
45500	Repair Of Rectum	$ 653.98

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
45505	Repair Of Rectum	$ 630.51
45520	Treatment Of Rectal Prolapse	$ 56.22
45540	Fixation Of Rectal Prolapse	$ 1,142.57
45541	Proctopexy For Prolapse-Perineal App	$ 1,041.65
45550	Repair Rectum/Remove Sigmoid	$ 1,381.13
45560	Repair Of Rectocele	$ 637.37
45562	Exploration/Repair Of Rectum	$ 1,386.09
45563	Exploration/Repair Of Rectum	$ 2,010.87
45800	Repair Rect/Bladder Fistula	$ 1,154.99
45805	Repair Fistula W/Colostomy	$ 1,780.30
45820	Repair Rectourethral Fistula	$ 1,136.72
45825	Repair Fistula W/Colostomy	$ 1,302.64
45900	Reduction Of Rectal Prolapse	$ 85.53
45905	Dilation Of Anal Sphincter	$ 114.64
45910	Dilation Rectal Narrowing	$ 150.50
45915	Removal Rectal Obstruction	$ 144.20
45990	Surg Dx Exam Anorectal	$ 136.58
46020	Placement Of Seton	$ 314.41
46030	Removal Of Rectal Marker	$ 62.85
46040	Incision Of Rectal Abscess	$ 300.66
46045	Incision Submucosal Abscess-Anal	$ 374.13
46050	Incision Anal Abscess	$ 70.63
46060	Incision Of Rectal Abscess	$ 597.95
46070	Incision Anal Septum	$ 209.35
46080	Incision Anal Sphincter	$ 178.17
46083	Incision Of Thrombosed Hemorrhoid, External	$ 210.52
46200	Removal Anal Fissure	$ 350.45
46220	Removal Of Anal Tag	$ 90.79
46221	Hemorrhoidectomy-Simple Ligature	$ 281.23
46230	Removal Of Anal Tags	$ 136.56
46250	Remove Ext Hem Groups 2+	$ 368.64
46255	Hemorrhoidectomy	$ 500.32
46257	Remove In/Ex Hem Grp & Fiss	$ 645.74
46258	Hemorrhoidectomy W/Fistulectomy	$ 634.07
46260	Remove In/Ex Hem Groups 2+	$ 666.47
46261	Remove In/Ex Hem Grps & Fiss	$ 673.14
46262	Hemorrhoidectomy W/Fistulectomy	$ 705.50
46270	Remove Anal Fist Subq	$ 241.40
46275	Removal Anal Fistula	$ 573.29
46280	Removal Anal Fistula	$ 612.07
46285	Remove Anal Fist 2 Stage	$ 318.37
46288	Repair Anal Fistula	$ 655.86
46320	Removal Hemorrhoid Clot	$ 90.69
46500	Injection Into Hemorrhoid(S)	$ 73.00
46505	Chemodenervation Anal Musc	$ 335.13
46600	Diagnostic Anoscopy Spx	$ 107.75
46601	Diagnostic Anoscopy	$ 177.66
46604	Anoscopy W/Dilation	$ 61.53
46606	Anoscopy W/Biopsy	$ 43.62
46607	Diagnostic Anoscopy & Biopsy	$ 611.82
46608	Anoscopy Remove For Body	$ 122.27
46610	Anoscopy Remove Lesion	$ 80.99
46611	Anoscopy; With Removal Of Single Tumor, Polyp, Or Other	$ 80.99
46612	Anoscopy Remove Lesions	$ 153.57
46614	Anoscopy Control Bleeding	$ 127.35
46615	Anoscopy; With Ablation Of Tumor(S), Polyp(S), Or Other	$ 138.68

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
46700	Repair Of Anal Stricture	$ 654.13
46705	Repair Of Anal Stricture	$ 519.18
46706	Repr Of Anal Fistula W/Glue	$ 206.02
46707	Repair Anorectal Fist W/Plug	$ 590.09
46710	Repr Per/Vag Pouch Sngl Proc	$ 1,352.54
46712	Repr Per/Vag Pouch Dbl Proc	$ 2,633.72
46715	Rep Perf Anoper Fistu	$ 534.56
46716	Rep Perf Anoper/Vestib Fistu	$ 920.50
46730	Construction Of Anus	$ 1,633.35
46735	Construction Of Anus	$ 1,981.39
46740	Construction Of Anus	$ 2,447.76
46742	Repair Of Imperforated Anus	$ 2,397.41
46744	Repair Of Cloacal Anomaly	$ 2,691.48
46746	Repair Of Cloacal Anomaly	$ 2,944.82
46748	Repair Of Cloacal Anomaly	$ 3,280.63
46750	Repair Anal Sphincter	$ 695.45
46751	Repair Anal Sphincter	$ 619.19
46753	Reconstruction Of Anus	$ 559.81
46754	Removal Of Suture From Anus	$ 156.29
46760	Repair Anal Sphincter	$ 905.97
46761	Sphincteroplasty, Anal, For Incontinence, Adult Levator	$ 881.97
46900	Destruction Anal Lesion(S)	$ 245.38
46910	Destruction Anal Lesion(S)	$ 99.43
46916	Cryosurgery Anal Lesion(S)	$ 125.41
46917	Laser Surgery Anal Lesions	$ 192.68
46922	Destruction Of Lesion(S), Anus (Eg, Condyloma, Papillom	$ 159.31
46924	Destruction Anal Lesion(S)	$ 273.06
46930	Destroy Internal Hemorrhoids	$ 250.83
46940	Treatment Of Anal Fissure	$ 129.11
46942	Treatment Of Anal Fissure	$ 126.64
46945	Ligation Of Hemorrhoids	$ 158.38
46946	Ligation Of Hemorrhoids	$ 231.14
46947	Hemorrhoidopexy By Stapling	$ 460.49
46948	Tying of arteries to internal hemorrhoid	$ 543.20
47000	Needle Biopsy Of Liver	$ 367.01
47001	Needle Biopsy Liver Add-On	$ 148.05
47010	Open Drainage Liver Lesion	$ 798.33
47015	Inject/Aspirate Liver Cyst	$ 1,420.74
47100	Wedge Biopsy Of Liver	$ 603.41
47120	Partial Removal Of Liver	$ 1,662.10
47122	Hepatectomy, Resection Of Liver Trisegmentectomy	$ 2,599.73
47125	Partial Removal Of Liver	$ 2,396.51
47130	Partial Removal Of Liver	$ 2,634.36
47135	Liver Removal And Transplant	$ 6,098.62
47140	Partial Removal Donor Liver	$ 4,409.28
47141	Partial Removal Donor Liver	$ 5,086.36
47142	Partial Removal Donor Liver	$ 5,604.25
47146	Prep Donor Liver/Venous	$ 417.53
47147	Prep Donor Liver/Arterial	$ 486.60
47300	Treatment,Liver Lesion	$ 1,010.39
47350	Repair Liver Wound	$ 973.71
47360	Repair Liver Wound	$ 1,364.68
47361	Repair Liver Wound	$ 3,785.26
47362	Repair Liver Wound	$ 1,771.06
47370	Laparo Ablate Liver Tumor Rf	$ 1,543.43
47371	Laparo Ablate Liver Cryosurg	$ 1,569.47

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
47380	Open Ablate Liver Tumor Rf	$ 1,804.79
47381	Open Ablate Liver Tumor Cryo	$ 1,848.76
47382	Percut Ablate Liver Rf	$ 5,606.43
47383	Perq Abltj Lvr Cryoablation	$ 10,400.04
47400	Incision Of Bile Duct	$ 1,405.89
47420	Incision Of Bile Duct	$ 1,289.87
47425	Incision Of Bile Duct	$ 1,509.49
47460	Incision Bile Duct Sphincter	$ 1,418.78
47480	Incision Of Gallbladder	$ 818.31
47490	Percutaneous Cholecystostomy	$ 338.62
47531	Injection For Cholangiogram	$ 497.27
47532	Injection For Cholangiogram	$ 1,092.01
47533	Plmt Biliary Drainage Cath	$ 1,782.55
47534	Plmt Biliary Drainage Cath	$ 2,194.59
47535	Conversion Ext Bil Drg Cath	$ 1,473.65
47536	Exchange Biliary Drg Cath	$ 1,091.91
47537	Removal Biliary Drg Cath	$ 537.11
47538	Perq Plmt Bile Duct Stent	$ 6,048.87
47539	Perq Plmt Bile Duct Stent	$ 6,607.01
47540	Perq Plmt Bile Duct Stent	$ 6,866.81
47541	Plmt Access Bil Tree Sm Bwl	$ 1,575.42
47542	Dilate Biliary Duct/Ampulla	$ 679.79
47543	Endoluminal Bx Biliary Tree	$ 1,771.04
47544	Removal Duct Glbldr Calculi	$ 1,082.32
47550	Choledochoscopy	$ 238.38
47552	Biliary Endoscopy Thru Skin	$ 378.53
47553	Biliary Endoscopy Thru Skin	$ 487.86
47554	Biliary Endoscopy Thru Skin	$ 572.67
47555	Biliary Endoscopy Thru Skin	$ 484.01
47556	Biliary Endoscopy Thru Skin	$ 532.14
47562	Laparoscopic Cholecystectomy	$ 1,332.42
47563	Laparo Cholecystectomy/Graph	$ 1,647.84
47564	Laparo Cholecystectomy/Explr	$ 1,222.46
47570	Laparo Cholecystoenterostomy	$ 1,098.70
47600	Removal Of Gallbladder	$ 1,539.85
47605	Removal Of Gallbladder	$ 1,393.14
47610	Removal Of Gallbladder	$ 1,222.46
47612	Cholecystectomy With Exploration Of Common Duct; With C	$ 1,790.40
47620	Trnsduo Splintmy/Plasty/W/Wo Cholgra	$ 1,468.97
47700	Exploration Of Bile Ducts	$ 1,101.92
47701	Portoenterostomy (Eg, Kasai Procedure)	$ 1,802.39
47711	Excision Of Bile Duct Tumor	$ 1,930.39
47712	Excision Of Bile Duct Tumor	$ 2,476.08
47715	Excision Of Choledochal Cyst	$ 1,180.13
47720	Fusion Gallbladder & Bowel	$ 1,098.70
47721	Cholecystoenterostomy W/Gastroentero	$ 1,350.92
47740	Fusion Gallbladder & Bowel	$ 1,257.91
47741	Fuse Gallbladder & Bowel	$ 1,815.87
47760	Fusion Bile Ducts And Bowel	$ 1,643.18
47765	Fusion Liver Ducts & Bowel	$ 1,751.55
47780	Fusion Bile Ducts And Bowel	$ 1,741.93
47785	Fuse Bile Ducts And Bowel	$ 3,994.60
47800	Reconstruction Of Bile Ducts	$ 1,600.62
47801	Placement Bile Duct Support	$ 1,500.41
47802	U-Tube Hepaticoenterostomy	$ 1,352.81
47900	Suture Bile Duct Injury	$ 1,688.90

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		PHYSICIAN SERVICES FY2020 RATES
Procedure Code	Procedure Description	Medicaid + 38%
48000	Drainage Of Abdomen	$ 1,044.07
48001	Placement Of Drain Pancreas	$ 1,235.56
48020	Removal Of Pancreatic Stone	$ 1,031.47
48100	Biopsy Of Pancreas Open	$ 941.12
48102	Needle Biopsy Pancreas	$ 302.48
48105	Resect/Debride Pancreas	$ 1,397.21
48120	Removal Pancreas Lesion	$ 1,175.08
48140	Partial Removal Of Pancreas	$ 1,646.66
48145	Partial Removal Of Pancreas	$ 2,503.86
48146	Pancreatectomy, Distal, Near-Total With Preservation Of	$ 1,936.40
48148	Removal Pancreatic Duct	$ 1,174.95
48150	Partial Removal Of Pancreas	$ 3,541.43
48152	Pancreatectomy, Proximal Subtotal With Total Duodenecto	$ 3,487.84
48153	Pancreatectomy, Proximal Subtotal With Near-Total Duode	$ 3,541.43
48154	Pancreatectomy, Proximal Subtotal With Near-Total Duode	$ 3,487.84
48155	Removal Of Pancreas	$ 2,176.27
48400	Injection Intraop Add-On	$ 155.36
48500	Treatment Pancreas Cyst	$ 1,066.81
48510	External Drainage, Pseudocyst Of Pancreas	$ 971.49
48520	Fusion Pancreas Cyst - Bowel	$ 1,270.37
48540	Fusion Pancreas Cyst - Bowel	$ 1,483.90
48545	Pancreatorrhaphy For Trauma	$ 1,165.18
48547	Duodenal Exclusion With Gastrojejunostomy For Pancreati	$ 1,684.50
48548	Pancreaticojejunostomy Side To Side	$ 1,740.68
48552	Prep Donor Pancreas/Venous	$ 300.92
48554	Transplantation Of Pancreatic Allograft	$ 3,103.51
48556	Removal Allograft Pancreas	$ 1,546.55
49000	Exploration Of Abdomen	$ 1,318.31
49002	Reexploration Of Abdomen	$ 886.36
49010	Exploration Behind Abdomen	$ 938.07
49013	Exploration and packing of wound in pelvic region	$ 530.20
49014	Re-exploration of wound in pelvic region with removal of wound packing and repa	$ 439.28
49020	Drainage Of Abdomen	$ 801.16
49040	Drain Open Abdom Abscess	$ 792.95
49060	Drain Open Retrop Abscess	$ 829.81
49062	Drain To Peritoneal Cavity	$ 933.89
49082	Abd Paracentesis	$ 271.03
49083	Abd Paracentesis W/Imaging	$ 442.81
49084	Peritoneal Lavage	$ 149.16
49180	Biopsy Abdominal Mass	$ 173.49
49185	Sclerotx Fluid Collection	$ 1,335.47
49203	Exc Abd Tum 5 Cm Or Less	$ 1,501.47
49204	Exc Abd Tum Over 5 Cm	$ 1,916.25
49205	Exc Abd Tum Over 10 Cm	$ 2,196.84
49215	Excision Of Presacral Or Sacrococcygeal Tumor	$ 2,172.02
49220	Multiple Surgery Abdomen	$ 1,565.78
49250	Excision Of Umbilicus	$ 621.32
49255	Removal Of Omentum	$ 731.95
49320	Diag Laparo Separate Proc	$ 755.88
49321	Laparoscopy Biopsy	$ 654.44
49322	Laparoscopy Aspiration	$ 659.54
49323	Laparo Drain Lymphocele	$ 796.73
49324	Laparo Cath Permanent	$ 477.76
49325	Laparo Revise Cath Permanent	$ 512.67
49326	Laparo With Omentopexy	$ 235.22
49327	Lap Ins Device For Rt	$ 182.19

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
49400	Air Injection Into Abdomen	$ 153.37
49402	Remove Foreign Body Adbomen	$ 587.36
49405	Image Cath Fluid Colxn Visc	$ 1,418.65
49406	Image Cath Fluid Peri/Retro	$ 918.82
49407	Image Cath Fluid Trns/Vgnl	$ 772.94
49412	Ins Device For Rt Guide Open	$ 110.03
49418	Insert Tun Ip Cath Perc	$ 2,261.30
49419	Insrt Abdom Cath For Chemotx	$ 559.26
49421	Insert Abdom Drain, Perm	$ 641.96
49422	Remove Perm Cannula/Catheter	$ 482.50
49423	Exchange Drainage Catheter	$ 698.83
49424	Assess Cyst Contrast Inject	$ 230.56
49425	Peritoneal-Venous Shunt	$ 1,338.82
49426	Revision Of Peritoneal-Venous Shunt	$ 724.32
49427	Injection Abdominal Shunt	$ 58.97
49428	Ligation Of Shunt	$ 544.40
49429	Removal Of Shunt	$ 566.96
49435	Insert Subq Exten To Ip Cath	$ 151.30
49436	Delayed Creation Of Exit Site; Cath	$ 225.81
49440	Place Gastrostomy Tube Perc	$ 1,352.62
49441	Place Duod/Jej Tube Perc	$ 1,475.94
49442	Place Cecostomy Tube Perc	$ 1,290.04
49446	Change G-Tube To G-J Perc	$ 1,239.67
49450	Replace G/C Tube Perc	$ 901.10
49451	Replace Duod/Jej Tube Perc	$ 885.70
49452	Replace G-J Tube Perc	$ 1,111.48
49460	Fix G/Colon Tube W/Device	$ 985.46
49465	Fluoro Exam Of G/Colon Tube	$ 213.29
49491	Rpr Hern Preemie Reduc	$ 917.66
49492	Rpr Ing Hern Premie Blocked	$ 1,351.71
49495	Rpr Ing Hernia Baby Reduc	$ 808.49
49496	Rpr Ing Hernia Baby Blocked	$ 671.12
49500	Rpr Ing Hernia Init Reduce	$ 623.39
49501	Rpr Ing Hernia Init Blocked	$ 652.45
49505	Prp I/Hern Init Reduc >5 Yr	$ 842.67
49507	Prp I/Hern Init Block >5 Yr	$ 654.80
49520	Rerepair Ing Hernia Reduce	$ 667.78
49521	Rerepair Ing Hernia Blocked	$ 688.91
49525	Repair Ing Hernia Sliding	$ 683.64
49540	Repair Lumbar Hernia	$ 745.01
49550	Rpr Rem Hernia Init Reduce	$ 593.17
49553	Rpr Fem Hernia Init Blocked	$ 600.30
49555	Rerepair Fem Hernia Reduce	$ 739.76
49557	Rerepair Fem Hernia Blocked	$ 764.08
49560	Rpr Ventral Hern Init Reduc	$ 1,099.40
49561	Rpr Ventral Hern Init Block	$ 1,156.59
49565	Rerepair Ventrl Hern Reduce	$ 808.64
49566	Rerepair Ventrl Hern Block	$ 840.54
49568	Implantation Of Mesh Or Other Prosthesis For Incisional	$ 424.81
49570	Rpr Epigastric Hern Reduce	$ 541.84
49572	Rpr Epigastric Hern Blocked	$ 573.49
49580	Rpr Umbil Hern Reduc < 5 Yr	$ 526.18
49582	Rpr Umbil Hern Block < 5 Yr	$ 508.19
49585	Rpr Umbil Hern Reduc > 5 Yr	$ 539.39
49587	Rpr Umbil Hern Block > 5 Yr	$ 539.39
49590	Repair Spigelian Hernia	$ 697.84

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
49600	Repair Umbilical Hernia	$ 753.91
49605	Repair Abdominal Wall	$ 6,060.92
49606	Repair Omphalocele W/Prosthesis Clos	$ 1,331.51
49610	Repair Umbilical Hernia	$ 799.78
49611	Repair Umbilical Hernia	$ 855.71
49650	Lap Ing Hernia Repair Init	$ 562.86
49651	Lap Ing Hernia Repair Recur	$ 667.78
49652	Lap Vent/Abd Hernia Repair	$ 953.15
49653	Lap Vent/Abd Hern Proc Comp	$ 1,193.42
49654	Lap Inc Hernia Repair	$ 1,096.24
49655	Lap Inc Hern Repair Comp	$ 1,319.91
49656	Lap Inc Hernia Repair Recur	$ 1,099.28
49657	Lap Inc Hern Recur Comp	$ 1,586.46
49659	Laparo Proc Hernia Repair	$ 1,495.69
49900	Repair Of Abdominal Wall	$ 415.37
49904	Omental Flap Extra-Abdom	$ 1,845.36
49905	Omental Flap Intra-Abdom	$ 520.67
50010	Exploration Of Kidney	$ 994.01
50020	Renal Abscess Open Drain	$ 976.97
50040	Drainage Of Kidney	$ 1,110.71
50045	Exploration Of Kidney	$ 1,222.02
50060	Removal Of Kidney Stone	$ 1,525.47
50065	Incision Of Kidney	$ 1,690.49
50070	Incision Of Kidney	$ 1,617.62
50075	Removal Of Kidney Stone	$ 2,061.68
50080	Percutaneous Nephrostolithotomy Or Pyelostolithotomy, W	$ 1,316.26
50081	Percutaneous Nephrostolithotomy Or Pyelostolithotomy, W	$ 1,834.77
50100	Revise Kidney Blood Vessels	$ 1,295.61
50120	Exploration Of Kidney	$ 1,311.94
50125	Exploration/Drainage Kidney	$ 1,337.97
50130	Removal Of Kidney Stone	$ 1,456.47
50135	Exploration Of Kidney	$ 1,768.65
50200	Biopsy Of Kidney	$ 274.69
50205	Renal Biopsy Open	$ 762.63
50220	Remove Kidney Open	$ 1,479.61
50225	Removal Kidney Open Complex	$ 1,786.99
50230	Removal Kidney Open Radical	$ 2,026.67
50234	Removal Of Kidney & Ureter	$ 1,947.37
50236	Removal Of Kidney & Ureter	$ 2,069.27
50240	Partial Removal Of Kidney	$ 1,830.46
50250	Cryoablate Renal Mass Open	$ 1,709.83
50280	Removal Of Kidney Lesion	$ 1,287.61
50290	Removal Of Kidney Lesion	$ 1,149.43
50320	Remove Kidney Living Donor	$ 2,509.65
50323	Prep Cadaver Renal Allograft	$ 309.52
50325	Prep Donor Renal Graft	$ 619.12
50327	Prep Renal Graft/Venous	$ 279.01
50328	Prep Renal Graft/Arterial	$ 244.51
50329	Prep Renal Graft/Ureteral	$ 235.92
50340	Removal Of Kidney	$ 1,203.66
50360	Transplantation Of Kidney	$ 2,659.32
50365	Transplantation Of Kidney	$ 3,213.76
50370	Removal Transplanted Kidney	$ 1,146.16
50380	Reimplantation Of Kidney	$ 1,368.77
50382	Change Ureter Stent Percut	$ 1,615.17
50384	Remove Ureter Stent Percut	$ 1,373.96

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
50385	Change Stent Via Transureth	$ 1,577.82
50386	Remove Stent Via Transureth	$ 1,027.98
50387	Change Nephroureteral Cath	$ 744.83
50389	Remove Renal Tube W/Fluoro	$ 423.41
50390	Drainage Of Kidney Lesion	$ 177.04
50391	Instll Rx Agnt Into Rnal Tub	$ 173.77
50396	Measurement Kidney Pressure	$ 122.99
50400	Revision Of Kidney/Ureter	$ 1,599.36
50405	Revision Of Kidney/Ureter	$ 2,003.44
50430	Njx Px Nfrosgrm &/Urtrgrm	$ 694.79
50431	Njx Px Nfrosgrm &/Urtrgrm	$ 215.39
50432	Plmt Nephrostomy Catheter	$ 1,128.26
50433	Plmt Nephroureteral Catheter	$ 1,519.57
50434	Convert Nephrostomy Catheter	$ 1,203.19
50435	Exchange Nephrostomy Catheter	$ 632.12
50436	Dilat Xst Trc Ndurlgc Px	$ 343.41
50437	Dilat Xst Trc New Access Rcs	$ 343.41
50500	Repair Of Kidney Wound	$ 1,564.70
50520	Closure Kidney/Skin Fistula	$ 1,343.31
50525	Close Nephrovisceral Fistula	$ 1,702.80
50526	Close Nephrovisceral Fistula	$ 1,554.90
50540	Revision Of Horseshoe Kidney	$ 1,649.56
50541	Laparo Ablate Renal Cyst	$ 1,285.24
50542	Laparo Ablate Renal Mass	$ 1,631.70
50543	Laparo Partial Nephrectomy	$ 2,082.70
50544	Laparoscopy Pyeloplasty	$ 1,749.90
50545	Laparo Radical Nephrectomy	$ 1,879.99
50546	Laparoscopic Nephrectomy	$ 1,669.99
50547	Laparo Removal Donor Kidney	$ 2,044.95
50548	Laparo Remove W/Ureter	$ 1,892.55
50551	Visualization Of Kidney	$ 360.65
50553	Visualization Of Kidney	$ 388.18
50555	Visualization/Biopsy Kidney	$ 571.98
50557	Treatment Of Kidney Lesion	$ 571.98
50561	Treatment Of Kidney Lesion	$ 640.49
50562	Renal Scope W/Tumor Resect	$ 820.08
50570	Visualization Of Kidney	$ 378.37
50572	Visualization Of Kidney	$ 888.89
50574	Visualization/Biopsy Kidney	$ 910.94
50575	Renal Endoscopy Through Nephrotomy Or Pyelotomy, With O	$ 988.25
50576	Treatment Of Kidney Lesion	$ 808.21
50580	Treatment Of Kidney Lesion	$ 781.98
50590	Lithotripsy, Extracorporeal Shock Wave	$ 1,239.53
50592	Perc Rf Ablate Renal Tumor	$ 4,425.05
50593	Perc Cryo Ablate Renal Tum	$ 5,893.59
50600	Exploration Of Ureter	$ 1,236.05
50605	Ureterotomy For Insertion Of Indwelling Stent, All Type	$ 1,383.13
50606	Endoluminal Bx Urtr Rnl Plvs	$ 702.81
50610	Removal Of Stone, Ureter	$ 1,341.88
50620	Removal Of Stone, Ureter	$ 1,347.46
50630	Removal Of Stone, Ureter	$ 1,341.58
50650	Removal Of Ureter	$ 1,433.63
50660	Removal Of Ureter	$ 1,571.13
50684	Injection For Ureter X/Ray	$ 61.52
50686	Measurement Ureter Pressure	$ 95.43
50688	Change Of Ureter Tube	$ 77.18

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
50690	Injection For Ureter X-Ray	$ 63.67
50693	Plmt Ureteral Stent Prq	$ 1,416.40
50694	Plmt Ureteral Stent Prq	$ 1,557.52
50695	Plmt Ureteral Stent Prq	$ 1,898.56
50700	Revision Of Ureter	$ 1,344.24
50705	Ureteral Embolization/Occl	$ 2,286.08
50706	Balloon Dilate Urtrl Strix	$ 1,021.09
50715	3Elease Of Ureter	$ 1,469.55
50722	Release Of Ureter	$ 1,317.25
50725	Release/Revision Of Ureter	$ 1,491.09
50727	Revision Of Urinary-Cutaneous Anastomosis (Any Type Uro	$ 651.57
50728	Revision Of Urinary-Cutaneous Anastomosis (Any Type Uro	$ 958.96
50740	Fusion Of Ureter-Kidney	$ 1,540.85
50750	Fusion Of Ureter-Kidney	$ 1,616.61
50760	Fusion Of Ureter	$ 1,546.72
50770	Splicing Of Ureters	$ 1,681.36
50780	Reimplant Ureter In Bladder	$ 1,560.06
50782	Ureteroneocystostomy; Anastomosis Of Duplicated Ureter	$ 1,616.55
50783	Ureteroneocystostomy; With Extensive Ureteral Tailoring	$ 1,664.47
50785	Reimplant Ureter In Bladder	$ 1,751.30
50800	Implant Ureter In Bowel	$ 1,398.05
50810	Fusion Of Ureter & Bowel	$ 1,567.14
50815	Ureterocolon Conduct; Unilateral	$ 1,934.42
50820	Fusion Of Ureter & Bowel	$ 2,099.39
50825	Continent Diversion, Including Bowel Anastomosis (Kock	$ 2,861.83
50830	Ureteroneocystostomy	$ 2,539.39
50840	Revision Of Ureter & Bowel	$ 1,587.10
50845	Cutaneous Appendico-Vesicostomy	$ 1,682.70
50860	Transplant Of Ureter To Skin	$ 1,258.06
50900	Repair Of Ureter	$ 1,142.41
50920	Closure Ureter/Skin Fistula	$ 1,148.42
50930	Closure Ureter/Bowel Fistula	$ 1,517.53
50940	Release Of Ureter	$ 1,176.85
50945	Laparoscopy Ureterolithotomy	$ 1,360.94
50947	Laparo New Ureter/Bladder	$ 1,926.31
50948	Laparo New Ureter/Bladder	$ 1,791.82
50951	Visualization Of Ureter	$ 380.58
50953	Visualization Of Ureter	$ 400.41
50955	Visualization/Biopsy Ureter	$ 470.83
50957	Treatment Of Ureter Lesion	$ 470.58
50961	Treatment Of Ureter Lesion	$ 438.58
50970	Visualization Of Ureter	$ 621.15
50972	Visualization Of Ureter	$ 428.24
50974	Visualization/Biopsy, Ureter	$ 813.79
50976	Treatment Of Ureter Lesion	$ 778.44
50980	Treatment Of Ureter Lesion	$ 504.06
51020	Incision/Treatment Bladder	$ 649.39
51030	Incision/Treatment Bladder	$ 532.00
51040	Incision Of Bladder	$ 713.13
51045	Incise Bladder/Drain Ureter	$ 750.35
51050	Removal Of Bladder Stone	$ 742.11
51060	Removal Of Ureteral Stone	$ 966.51
51065	Removal Of Ureteral Stone	$ 762.19
51080	Drainage Of Bladder Abscess	$ 535.15
51100	Drain Bladder By Needle	$ 62.46
51101	Drain Bladder By Trocar/Cath	$ 74.75

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
51102	Drain Bl W/Cath Insertion	$ 178.14
51500	Removal Of Bladder Cyst	$ 846.60
51520	Removal Of Bladder Lesion	$ 867.18
51525	Removal Of Bladder Lesion	$ 1,181.00
51530	Removal Of Bladder Lesion	$ 1,039.97
51535	Revision Of Ureter Lesion	$ 1,102.61
51550	Partial Removal Of Bladder	$ 1,266.52
51555	Partial Removal Of Bladder	$ 1,611.27
51565	Revision Of Bladder & Ureter	$ 1,782.79
51570	Removal Of Bladder	$ 1,909.46
51575	Removal Of Bladder	$ 2,557.79
51580	Remove Bladder/Revise Tract	$ 2,429.66
51585	Removal Of Bladder	$ 2,886.85
51590	Remove Bladder/Revise Tract	$ 2,761.86
51595	Remove Bladder/Revise Tract	$ 3,690.24
51596	Remove Bladder/Create Pouch	$ 3,580.08
51597	Removal Of Pelvic Structures	$ 3,365.01
51600	Injection For Bladder X-Ray	$ 304.92
51605	Preparation For Bladder Xray	$ 72.22
51610	Injection For Bladder X-Ray	$ 65.22
51700	Irrigation Of Bladder	$ 132.29
51701	Insert Bladder Catheter	$ 108.54
51702	Insert Temp Bladder Cath	$ 134.11
51703	Insert Bladder Cath Complex	$ 185.11
51705	Change Of Bladder Tube	$ 173.60
51710	Change Of Bladder Tube	$ 103.18
51715	Endoscopic Injection Of Implant Material Into The Submu	$ 322.27
51720	Treatment Of Bladder Lesion	$ 85.81
51725	Simple Cystometrogram	$ 106.41
51726	Complex Cystometrogram	$ 478.06
51727	Cystometrogram W/Up	$ 385.06
51728	Cystometrogram W/Vp	$ 385.06
51729	Cystometrogram W/Vp&Up	$ 415.46
51736	Urine Flow Measurement	$ 49.49
51741	Electro-Uroflowmetry First	$ 111.39
51784	Anal/Urinary Muscle Study	$ 264.13
51785	Emg 1 Lead Using Needle, Wire, Ect.	$ 107.36
51792	Emg Stimulus Evoked Response	$ 151.90
51797	Voiding Pressure Studies (Vp); Intra-Abdominal Voiding	$ 249.45
51798	Us Urine Capacity Measure	$ 25.30
51800	Revision Of Bladder/Urethra	$ 1,438.15
51820	Revision Of Urinary Tract	$ 1,238.29
51840	Fixation Of Bladder/Urethra	$ 968.68
51841	Fixation Of Bladder/Urethra	$ 1,430.65
51845	Abdomino-Vaginal Vesical Neck Suspension, With Or Witho	$ 1,153.49
51860	Repair Of Bladder Wound	$ 952.90
51865	Repair Of Bladder Wound	$ 1,263.87
51880	Repair Of Bladder Opening	$ 615.14
51900	Repair Bladder/Vagina Lesion	$ 1,182.65
51920	Repair Bladder/Uterus Lesion	$ 911.08
51925	Hysterectomy/Bladder Repair	$ 1,267.94
51940	Correct Bladder Defect	$ 2,227.44
51960	Revision Of Bladder & Bowel	$ 3,465.75
51980	Construct Bladder Opening	$ 902.45
51990	Laparo Urethral Suspension	$ 1,020.18
51992	Laparo Sling Operation	$ 1,125.10

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
52000	Cystoscopy	$ 289.68
52001	Cystoscopy Removal Of Clots	$ 520.84
52005	Cystoscopy/Ureteral Catheter	$ 418.44
52007	Endoscopy With Brush Biopsy	$ 407.50
52010	Cystoscopy/Duct Catheter	$ 325.36
52204	Cystourethroscopy W/Biopsy-Office	$ 239.29
52214	Cystourethroscopy In Office	$ 307.77
52224	Cystourethroscopy W/Treat. Minor-Off	$ 273.96
52234	Cystourethroscopy W/Resect. Tumor-Of	$ 527.10
52235	Treatment Of Bladder Lesion	$ 717.30
52240	Treatment Of Bladder Lesion	$ 1,077.02
52250	Cystoscopy And Radiotracer	$ 380.13
52260	Cystoscopy And Treatment	$ 303.77
52265	Cystoscopy And Treatment	$ 216.72
52270	Revision Of Urethra	$ 367.96
52275	Revision Of Urethra	$ 413.88
52276	Cystourethroscopy	$ 437.12
52277	Revision Of Sphincter	$ 566.59
52281	Dilation Urethral Stricture	$ 520.27
52282	Cystoscopy Implant Stent	$ 473.11
52283	Injection Treatment, Urethra	$ 265.64
52285	Revision Urethra & Bladder	$ 329.99
52287	Cystoscopy Chemodenervation	$ 491.79
52290	Revison Ureter(S) Opening	$ 350.46
52300	Treatment Of Ureter Lesion	$ 445.51
52301	Cystoscopy And Treatment	$ 366.14
52305	Treatment Of Bladder Lesion	$ 444.50
52310	Remove Bladder/Urethra Stone	$ 433.90
52315	Remove Bladder/Urethra Stone	$ 467.63
52317	Litholapaxy	$ 791.97
52318	Litholapaxy: Crushing Or Fragmentation Of Calculus By A	$ 880.29
52320	Remove Ureteral Stone	$ 517.91
52325	Cystoscopy Stone Removal	$ 661.59
52327	Cystoscopy Inject Material	$ 370.68
52330	Exploration Of Ureter	$ 450.34
52332	W/Insertion Of Indwelling Ureteral	$ 601.57
52334	Cystourethroscopy With Insertion Of Ureteral Guide Wire	$ 411.67
52341	Cysto W/Ureter Stricture Tx	$ 408.08
52342	Cysto W/Up Stricture Tx	$ 443.82
52343	Cysto W/Renal Stricture Tx	$ 494.01
52344	Cysto/Uretero Stricture Tx	$ 535.84
52345	Cysto/Uretero W/Up Stricture	$ 571.79
52346	Cystouretero W/Renal Strict	$ 645.50
52351	Cystouretero & Or Pyeloscope	$ 441.93
52352	Cystouretero W/Stone Remove	$ 707.77
52353	Cystouretero W/Lithotripsy	$ 596.82
52354	Cystouretero W/Biopsy	$ 551.60
52355	Cystouretero W/Excise Tumor	$ 657.76
52356	Cysto/Uretero W/Lithotripsy	$ 558.38
52400	Cystouretero W/Congen Repr	$ 661.24
52402	Cystourethro Cut Ejacul Duct	$ 378.35
52441	Cystourethro W/Implant	$ 1,676.33
52442	Cystourethro W/Addl Implant	$ 1,297.67
52450	Transurethral Incision Of Prostate	$ 607.34
52500	Revision Of Bladder	$ 785.91
52601	Transurethral Resection Of Prostate	$ 1,252.89

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
52630	Remove Prostate Regrowth	$ 1,086.32
52640	Relieve Bladder Contracture	$ 966.73
52647	Laser Surgery Of Prostate	$ 2,757.82
52648	Laser Surgery Of Prostate	$ 2,823.71
52649	Prostate Laser Enucleation	$ 1,357.84
52700	Drainage Of Prostate Abscess	$ 485.95
53000	Revision Of Urethra	$ 189.49
53010	Revision Of Urethra	$ 329.12
53020	Revision Of Urethra	$ 254.61
53025	Revision Of Urethra	$ 97.23
53040	Drainage Of Urethra Abscess	$ 398.54
53060	Drainage Of Urethra Abscess	$ 157.83
53080	Drainage Of Urinary Leakage	$ 498.69
53085	Drainage Of Urinary Leakage	$ 829.55
53200	Biopsy Of Urethra	$ 186.95
53210	Removal Of Urethra	$ 926.89
53215	Removal Of Urethra	$ 1,238.74
53220	Treatment Of Urethra Lesion	$ 572.67
53230	Removal Of Urethra Lesion	$ 854.65
53235	Removal Of Urethra Lesion	$ 725.08
53240	Revision Of Urethral Pouch	$ 523.10
53250	Removal Of Urethral Gland	$ 490.47
53260	Treatment Of Urethral Lesion	$ 164.92
53265	Treatment Of Urethral Lesion	$ 217.20
53270	Removal Of Urethral Gland	$ 194.47
53275	Repair Of Urethral Defect	$ 307.40
53400	Revise Urethra Stage 1	$ 972.38
53405	Revise Urethra Stage 2	$ 1,220.21
53410	Reconstruction Of Urethra	$ 1,219.41
53415	Urethroplasty, Transpubic, One Stage, For Reconstructio	$ 1,531.30
53420	Reconstruct Urethra Stage 1	$ 1,215.92
53425	Reconstruct Urethra Stage 2	$ 1,231.55
53430	Reconstruction Of Urethra	$ 1,149.43
53431	Reconstruct Urethra/Bladder	$ 1,611.88
53440	Correction Bladder Function	$ 1,241.46
53442	Removal Prosthesis For Continence	$ 684.29
53444	Insert Tandem Cuff	$ 1,108.75
53445	Urinary Incontinencew/Placement	$ 1,602.69
53446	Remove Uro Sphincter	$ 894.64
53447	Sphincter, Including Placement Pump	$ 1,084.58
53448	Remov/Replc Ur Sphinctr Comp	$ 1,791.86
53449	Correction Hydraulic	$ 883.63
53450	Revision Of Urethra	$ 427.23
53460	Revision Of Urethra	$ 464.60
53500	Urethrlys Transvag W/ Scope	$ 1,029.36
53502	Urethrorrhaphy-Suture Of Wound-Femal	$ 617.07
53505	Repair Of Urethra Injury	$ 624.78
53510	Repair Of Urethra Injury	$ 833.48
53515	Repair Of Urethra Injury	$ 1,095.47
53520	Repair Of Urethra Defect	$ 710.24
53600	Dilation Urethral Stricture	$ 64.31
53601	Dilation Urethral Stricture	$ 54.50
53605	Dilation Urethral Stricture	$ 85.46
53620	Dilation Urethral Stricture	$ 87.33
53621	Dilation Urethral Stricture	$ 83.26
53660	Dilation Of Urethra	$ 46.34

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
53661	Dilation Of Urethra	$ 35.94
53665	Dilation Of Urethra	$ 70.20
53850	Prostatic Microwave Thermotx	$ 3,130.07
53852	Transurethral Destruction of Prostate Tissue Thermotx	$ 3,022.49
53854	Trurl Dstrj Prst8 Tiss Rf Wv	$ 3,022.49
53855	Insert Prost Urethral Stent	$ 1,137.49
53860	Transurethral Rf Treatment	$ 2,427.19
54000	Revision Of Penis	$ 107.78
54001	Revision Of Penis	$ 118.05
54015	Treatment Of Penis Lesion	$ 304.72
54050	Destruction Penis Lesion(S)	$ 71.48
54055	Destruction Penis Lesion(S)	$ 90.87
54056	Cryosurgery Penis Lesion(S)	$ 86.51
54057	Laser Surg Penis Lesion(S)	$ 151.80
54060	Treatment Of Penis Lesion	$ 124.96
54065	Destruction Penis Lesion(S)	$ 243.78
54100	Biopsy Of Penis	$ 102.24
54105	Biopsy Of Penis	$ 226.39
54110	Treatment Of Penis Lesion	$ 792.55
54111	Treat Penis Lesion Graft	$ 1,121.73
54112	Treat Penis Lesion Graft	$ 1,312.19
54115	Treatment Of Penis Lesion	$ 497.77
54120	Partial Amputation Of Penis	$ 791.25
54125	Amputation Of Penis	$ 1,226.94
54130	Amputation Of Penis	$ 1,686.84
54135	Amputation Of Penis	$ 2,155.46
54150	Circumcision	$ 219.10
54160	Circumcision Neonate	$ 350.46
54161	Circumcision	$ 315.91
54162	Lysis Penil Circumic Lesion	$ 386.59
54163	Repair Of Circumcision	$ 276.51
54164	Frenulotomy Of Penis	$ 264.38
54200	Treatment Of Penis Lesion	$ 67.07
54205	Treatment Of Penis Lesion	$ 620.72
54220	Treatment Of Penis Lesion	$ 487.93
54230	Injection For Cavernosography	$ 134.21
54231	Dynamic Cavernosometry, Including Intracavernosal Injec	$ 214.07
54235	Injection Of Corpora Cavernosa With Pharmacologic Agent	$ 81.53
54240	Penile Plethysmography	$ 90.76
54250	Nocturnal Penile Tumescence Test	$ 152.70
54300	Revision Of Penis	$ 773.01
54304	Plastic Operation On Penis For Correction Of Chordee Or	$ 1,049.63
54308	Urethroplasty For Second Stage Hypospadias Repair (Incl	$ 886.54
54312	Urethroplasty For Second Stage Hypospadias Repair (Incl	$ 1,135.22
54316	Urethroplasty For Second Stage Hypospadias Repair (Incl	$ 1,377.02
54318	Urethroplasty For Third Stage Hypospadias Repair To Rel	$ 920.81
54322	One Stage Distal Hypospadias Repair (With Or Without Ch	$ 1,006.24
54324	One Stage Distal Hypospadias Repair (With Or Without Ch	$ 1,332.50
54326	One Stage Distal Hypospadias Repair (With Or Without Ch	$ 1,276.02
54328	Revise Penis/Urethra	$ 1,292.72
54332	Revise Penis/Urethra	$ 1,441.51
54336	Revise Penis/Urethra	$ 1,881.57
54340	Repair Of Hypospadias Complications (Ie, Fistula, Stric	$ 737.18
54344	Repair Of Hypospadias Complications (Ie, Fistula, Stric	$ 1,579.73
54348	Repair Of Hypospadias Complications (Ie, Fistula, Stric	$ 1,443.89
54352	Reconstruct Urethra/Penis	$ 2,037.10

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		PHYSICIAN SERVICES FY2020 RATES
Procedure Code	Procedure Description	Medicaid + 38%
54360	Plastic Or. To Correct Angulation	$ 952.61
54380	Revision Of Penis	$ 1,128.40
54385	Revise Penis/Bladder Defect	$ 1,295.46
54390	Revise Penis/Bladder Defect	$ 1,792.39
54400	Revision Of Penis	$ 765.47
54401	Insertion Of Penile Prosthesis Inflatable (Self Contain	$ 954.71
54406	Remove Muti-Comp Penis Pros	$ 1,018.43
54408	Repair Multi-Comp Penis Pros	$ 1,100.27
54410	Remove/Replace Penis Prosth	$ 1,201.57
54411	Remov/Replc Penis Pros Comp	$ 1,430.51
54415	Remove Self-Contd Penis Pros	$ 732.56
54416	Remv/Repl Penis Contain Pros	$ 984.91
54417	Remv/Replc Penis Pros Compl	$ 1,252.92
54420	Revision Of Penis	$ 958.26
54430	Revision Of Penis	$ 853.70
54435	Corpara Cavernosa-Glans Penis Fist.	$ 605.36
54437	Repair Corporeal Tear	$ 890.14
54438	Replantation Of Penis	$ 1,782.45
54450	Foreskin Manipulation	$ 91.40
54500	Biopsy Of Testis	$ 90.50
54505	Biopsy Of Testis	$ 273.75
54512	Excise Lesion Testis	$ 744.58
54520	Removal Of Testis	$ 474.32
54522	Orchiectomy Partial	$ 806.04
54530	Removal Of Testis	$ 733.21
54535	Extensive Testis Surgery	$ 1,036.66
54550	Exploration For Testis	$ 639.17
54560	Exploration For Testis	$ 895.70
54600	Reduce Testis Torsion	$ 565.98
54620	Fixation Of Testis	$ 403.79
54640	Fixation Of Testis	$ 848.67
54650	Orchiopexy, Abdominal Approach, For Intra-Abdominal Tes	$ 950.34
54660	Revision Of Testis	$ 423.08
54670	Repair Testis Injury	$ 559.33
54680	Relocation Of Testis(Es)	$ 993.89
54690	Laparoscopy Orchiectomy	$ 919.45
54692	Laparoscopy Orchiopexy	$ 1,062.89
54700	Drainage Of Scrotum	$ 217.86
54800	Biopsy Of Epididymis	$ 216.36
54830	Remove Epididymis Lesion	$ 434.27
54840	Remove Epididymis Lesion	$ 502.17
54860	Removal Of Epididymis	$ 663.50
54861	Removal Of Epididymes	$ 797.28
54865	Explore Epididymis W/ Or W/O Biopsy	$ 371.57
55000	Drainage Of Hydrocele	$ 70.61
55040	Removal Of Hydrocele	$ 507.27
55041	Removal Of Hydroceles	$ 749.30
55060	Repair Of Hydrocele	$ 450.02
55100	Drainage Of Scrotum Abscess	$ 135.03
55110	Scrotal Exploration	$ 442.77
55120	Removal Of Scrotum Lesion	$ 333.52
55150	Removal Of Scrotum	$ 608.95
55175	Scrotoplasty; Simple	$ 475.35
55180	Scrotoplasty; Complicated	$ 857.74
55200	Incision Of Sperm Duct	$ 309.05
55250	Removal Of Sperm Duct(S)Vasectomy	$ 295.02

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
55300	Prepare Sperm Duct X-Ray	$ 313.40
55500	Removal Of Hydrocele	$ 486.52
55520	Removal Of Sperm Cord Lesion	$ 453.63
55530	Revise Spermatic Cord Veins	$ 539.19
55535	Revise Spermatic Cord Veins	$ 537.41
55540	Revise Hernia & Sperm Veins	$ 611.82
55550	Laparo Ligate Spermatic Vein	$ 537.41
55600	Incise Sperm Duct Pouch	$ 528.24
55605	Vesiculotomy-Complicated	$ 666.44
55650	Remove Sperm Duct Pouch	$ 934.27
55680	Remove Sperm Pouch Lesion	$ 463.07
55700	Biopsy Of Prostate	$ 141.66
55705	Biopsy Of Prostate	$ 392.31
55706	Prostate Saturation Sampling	$ 527.53
55720	Drainage Of Prostate Abscess	$ 559.12
55725	Drainage Of Prostate Abscess	$ 671.11
55801	Removal Of Prostate	$ 1,468.14
55810	Removal Of Prostate	$ 1,968.78
55812	With Lymph Node Biopsy(S)	$ 2,192.31
55815	Bilateral Pelvic Lymphadenectomy	$ 2,699.34
55821	Prostatectomy-Suprapubic,Subtotal	$ 1,379.97
55831	Prostatectomy-Retropubic,Subtotal	$ 1,451.51
55840	Extensive Prostate Surgery	$ 1,903.85
55842	With Lymph Node Biopsy(S)	$ 2,192.46
55845	Extensive Prostate Surgery	$ 2,606.76
55860	Surgical Exposure Prostate	$ 1,033.41
55862	Exposure Of Prostate, Any Approach, For Insertion Of Ra	$ 1,452.81
55865	Exposure Of Prostate, Any Approach, For Insertion Of Ra	$ 2,318.94
55866	Laparo Radical Prostatectomy	$ 2,438.71
55873	Cryoablate Prostate	$ 7,645.88
55874	Tprnl Plmt Biodegrdabl Matrl	$ 4,890.50
55875	Transperi Needle Place Pros	$ 1,062.41
55876	Place Rt Device/Marker, Pros	$ 186.89
55920	Place Needles Pelvic For Rt	$ 606.26
56405	Incision And Drainage Of Vulva Or Perineal Abscess	$ 154.33
56420	Drainage Of Vulva Abscess	$ 169.77
56440	Revision Of Vulva Lesion	$ 282.43
56441	Lysis Of Labial Adhesions	$ 184.67
56442	Hymenotomy, Simple Incision	$ 61.08
56501	Destroy Vulva Lesions Sim	$ 181.83
56515	Treatment Of Vulva Lesions	$ 295.10
56605	Biopsy Of Vulva Or Perineum (Separate Procedure); One L	$ 119.18
56606	Biopsy Of Vulva Or Perineum (Separate Procedure); Each	$ 40.53
56620	External Genital Surgery	$ 867.73
56625	External Genital Surgery	$ 895.36
56630	External Genital Surgery	$ 1,443.51
56631	Vulvectomy, Radical, Partial; With Unilateral Inguinofe	$ 1,817.50
56632	Vulvectomy, Radical, Partial; With Bilateral Inguinofem	$ 1,995.51
56633	Vulvectomy, Radical, Complete;	$ 1,511.87
56634	Vulvectomy, Radical, Complete; With Unilateral Inguinof	$ 1,986.50
56637	Vulvectomy, Radical, Complete; With Bilateral Inguinofe	$ 2,100.40
56640	External Genital Surgery	$ 2,101.85
56700	External Genital Surgery	$ 219.96
56740	External Genital Surgery	$ 335.81
56800	External Genital Surgery	$ 345.37
56805	Clitoroplasty For Adrenogenital Syndrome	$ 1,380.40

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
56810	Perineoplasty, Repair Of Perineum, Non-Obstetrical (Sep	$ 341.66
56820	Exam Of Vulva W/Scope	$ 140.75
56821	Exam/Biopsy Of Vulva W/Scope	$ 187.93
57000	Drainage Of Pelvic Lesion	$ 254.71
57010	Colpotomy W/Drainage Of Pelvic Absce	$ 416.65
57020	Drainage Of Pelvic Fluid	$ 111.77
57022	I & D Vaginal Hematoma Pp	$ 216.63
57023	I & D Vag Hematoma Non-Ob	$ 402.99
57061	Destroy Vag Lesions Simple	$ 158.69
57065	Destroy Vag Lesions Complex	$ 308.89
57100	Biopsy Of Vagina	$ 77.98
57105	Biopsy-Vaginal Mucosa,Extensive	$ 168.03
57106	Remove Vagina Wall Partial	$ 617.47
57107	Remove Vagina Tissue Part	$ 1,816.45
57109	Vaginectomy Partial W/Nodes	$ 2,082.63
57110	Remove Vagina Wall Complete	$ 1,114.57
57111	Remove Vagina Tissue Compl	$ 2,099.53
57112	Vaginectomy W/Nodes Compl	$ 2,197.83
57120	Vaginal Surgery	$ 863.81
57130	Vaginal Surgery	$ 263.43
57135	Excision Of Vaginal Cyst Or Tumor	$ 269.79
57150	Treatment Vaginal Infection	$ 58.00
57155	Insert Uteri Tandem/Ovoids	$ 548.54
57156	Ins Vag Brachytx Device	$ 287.67
57160	Insert Pessary/Other Device	$ 42.82
57170	Diaphragm Fitting With Instructions	$ 47.51
57180	Introduction Of Any Hemostatic Agent Or Pack For Sponta	$ 107.63
57200	Repair Of Vagina	$ 334.37
57210	Repair Vagina/Perineum	$ 422.38
57220	Revision Of Urethra	$ 430.79
57230	Revision Of Urethral Lesion	$ 458.77
57240	Repair Of Bladder Lesion	$ 659.36
57250	Repair Of Rectal Lesion	$ 642.33
57260	Extensive Vaginal Repair	$ 885.62
57265	Extensive Vaginal Repair	$ 994.58
57267	Insert Mesh/Pelvic Flr Addon	$ 344.85
57268	Repair Of Eterocele, Vag Approach	$ 785.59
57270	Repair Of Visceral Pouch	$ 742.54
57280	Fixation Of Vagina	$ 885.64
57282	Colpopexy Extraperitoneal	$ 1,199.79
57283	Colpopexy Intraperitoneal	$ 1,199.79
57284	Repair Paravag Defect Open	$ 1,082.89
57285	Repair Paravag Defect Vag	$ 884.57
57287	Revise/Remove Sling Repair	$ 909.85
57288	Sling Operation For Stress Incontin.	$ 1,534.15
57289	Pereyra Procedure Absence Vaginal	$ 860.46
57291	Construction Of Artificial Vagina	$ 669.91
57292	Construction/Artifi Vagina W/Graft	$ 981.33
57295	Change Vaginal Graft	$ 630.37
57296	Revise Vag Graft Open Abd	$ 1,218.89
57300	Repair Rectum/Vagina Lesion	$ 996.97
57305	Repair Rectum/Vagina Lesion	$ 847.69
57307	Repair Rectum/Vagina Lesion	$ 855.77
57308	Fistula Repair Transperine	$ 822.89
57310	Repair Urethra/Vagina Lesion	$ 527.66
57311	Closure Of Urethrovaginal Fistula; With Bulbocavernosus	$ 639.93

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		PHYSICIAN SERVICES FY2020 RATES
Procedure Code	Procedure Description	Medicaid + 38%
57320	Repair Bladder/Vagina Lesion	$ 854.54
57330	Repair Bladder/Vagina Lesion	$ 1,005.87
57335	Vaginoplasty For Adrenogenital Syndrome	$ 812.10
57400	Dilation Procedure	$ 59.57
57410	Pelvic Examination	$ 220.81
57415	Remove Vaginal Foreign Body	$ 39.87
57420	Exam Of Vagina W/Scope	$ 163.02
57421	Exam/Biopsy Of Vag W/Scope	$ 226.20
57423	Repair Paravag Defect Lap	$ 1,202.20
57425	Laparoscopy Surg Colpopexy	$ 1,268.12
57426	Revise Prosth Vag Graft Lap	$ 1,130.15
57452	Examination Of Vagina	$ 155.26
57454	Colposcopy W/Biopsies	$ 224.40
57455	Biopsy Of Cervix W/Scope	$ 207.54
57456	Endocerv Curettage W/Scope	$ 192.95
57460	Bx Of Cervix W/Scope Leep	$ 463.91
57461	Conz Of Cervix W/Scope Leep	$ 513.54
57500	Biopsy Of Cervix	$ 185.65
57505	Endocervical Curettage (Not Done As Part Of A Dilation	$ 131.21
57510	Cauterization Of Cervix	$ 96.31
57511	Cauterization Of Cervix-Cryocautery	$ 206.70
57513	Cauterization/Ceruix,Laser Surgery	$ 456.12
57520	Biopsy Of Cervix	$ 442.30
57522	Conization Of Cervix	$ 361.91
57530	Removal Of Cervix	$ 420.13
57531	Removal Of Cervix Radical	$ 2,209.95
57540	Removal Of Cervix Tissue	$ 671.94
57545	Remove Cervix/Repair Pelvis	$ 586.27
57550	Removal Of Cervix Tissue	$ 617.47
57555	Remove Cervix/Repair Vagina	$ 1,069.67
57556	Remove Cervix Repair Bowel	$ 890.13
57558	Dilation/Curettage Cervical Stump	$ 170.49
57700	Revision Of Cervix	$ 290.79
57720	Revision Of Cervix	$ 342.60
57800	Dilation Of Cervical Canal	$ 49.29
58100	Biopsy Of Uterine Lining	$ 159.29
58110	Bx Done W/Colposcopy Add-On	$ 62.71
58120	Dilation And Curettage	$ 382.30
58140	Removal Of Uterine Lesion	$ 833.60
58145	Myomectomy Vag Method	$ 810.69
58146	Myomectomy Abdom Complex	$ 1,502.36
58150	Hysterectomy	$ 1,820.26
58152	Total Hyst W/Colpo-Urethrocystopexy	$ 1,436.91
58180	Partial Hysterectomy	$ 988.25
58200	Extensive Uterine Surgery	$ 1,736.92
58210	Extensive Uterine Surgery	$ 2,181.85
58240	Removal Of Pelvis Contents	$ 3,394.30
58260	Hysterectomy	$ 1,766.92
58262	Vag Hyst Including T/O	$ 1,173.76
58263	Vag Hyst W/T/O & Vag Repair	$ 1,283.50
58267	Vag Hyst W/Urinary Repair	$ 1,331.87
58270	Vag Hyst W/Enterocele Repair	$ 1,198.25
58275	Hysterectomy/Revise Vagina	$ 1,305.66
58280	Hysterectomy/Revise Vagina	$ 1,299.41
58285	Hysterectomy	$ 1,522.32
58290	Vag Hyst Complex	$ 1,496.18

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
58291	Vag Hyst Incl T/O Complex	$ 1,624.51
58292	Vag Hyst T/O & Repair Compl	$ 1,712.19
58293	Vag Hyst W/Uro Repair Compl	$ 1,779.04
58294	Vag Hyst W/Enterocele Compl	$ 1,583.34
58300	Insert Intrauterine Device	$ 155.35
58301	Removal Of Iud	$ 141.85
58340	Injection Uterus/Tubes X-Ray	$ 210.91
58346	Insert Heyman Uteri Capsule	$ 590.47
58353	Endometr Ablate Thermal	$ 1,359.73
58356	Endometrial Cryoablation	$ 3,465.77
58400	Fixation Of Uterus	$ 619.43
58410	Fixation Of Uterus	$ 631.05
58520	Repair Of Ruptured Uterus	$ 568.34
58540	Revision Of Uterus	$ 772.08
58541	Lsh Uterus 250 G Or Less	$ 1,091.12
58542	Lsh W/T/O Ut 250 G Or Less	$ 1,213.45
58543	Laparo Supracervical Hyst > 250G	$ 1,262.66
58544	Laparo Sc W/ Remove Tube > 250G	$ 1,335.77
58545	Laparoscopic Myomectomy	$ 1,158.57
58546	Laparo-Myomectomy Complex	$ 1,465.20
58548	Laparo W/ Pelvic Lymphadenectomy	$ 2,328.09
58550	Laparo-Asst Vag Hysterectomy	$ 1,841.75
58552	Laparo-Vag Hyst Incl T/O	$ 1,658.84
58553	Laparo-Vag Hyst Complex	$ 1,473.66
58554	Laparo-Vag Hyst W/T/O Compl	$ 1,702.46
58555	Hysteroscopy Dx Sep Proc	$ 274.69
58558	Hysteroscopy Biopsy	$ 496.59
58559	Hysteroscopy Lysis	$ 364.42
58560	Hysteroscopy Resect Septum	$ 383.57
58561	Hysteroscopy Remove Myoma	$ 493.50
58562	Hysteroscopy Remove Fb	$ 292.27
58563	Hysteroscopy Ablation	$ 3,189.28
58565	Hysteroscopy Sterilization	$ 2,729.24
58570	Tlh Uterus 250 G Or Less	$ 1,194.33
58571	Tlh W/T/O 250 G Or Less	$ 1,321.28
58572	Tlh Uterus Over 250 G	$ 1,484.15
58573	Tlh W/T/O Uterus Over 250 G	$ 1,695.41
58575	Laps Tot Hyst Resj Mal	$ 2,292.64
58578	Laparo Proc Uterus	$ 2,150.69
58600	Division Of Fallopian Tube	$ 695.46
58605	Division Of Fallopian Tube	$ 676.24
58611	Sterilization W/Other Surgery	$ 408.92
58615	Occlusion Of Fallopian Tubes	$ 342.57
58660	Laparoscopy Lysis	$ 1,416.61
58661	Laparoscopy Remove Adnexa	$ 1,295.06
58662	Laparoscopy Excise Lesions	$ 1,413.67
58670	Laparoscopy Tubal Cautery	$ 886.07
58671	Laparoscopy Tubal Block	$ 884.65
58674	Laps Abltj Uterine Fibroids	$ 1,031.34
58679	Laparo Proc Oviduct-Ovary	$ 3,533.26
58700	Removal Of Fallopian Tube	$ 687.16
58720	Removal Of Ovary/Tube(S)	$ 775.52
58740	Adhesiolysis Tube Ovary	$ 695.85
58770	Salpingostomy (Salpingoneostomy)	$ 638.58
58800	Drainage Of Ovarian Cyst(S)	$ 335.02
58805	Drainage Of Ovarian Cyst(S)	$ 620.86

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
58820	Drain Ovary Abscess Open	$ 346.78
58822	Drain Ovary Abscess Percut	$ 508.28
58900	Biopsy Of Ovary(S)	$ 652.24
58925	Ovarian Cystectomy-Unicat Or Bilater	$ 749.49
58940	Partial/Total Removal Ovary	$ 695.71
58943	Oophorectomy, Partial Or Total, Unilateral Or Bilateral	$ 1,662.11
58950	Resection Of Ovarian Malignancy With Bilateral Salpingo	$ 1,323.83
58951	Resection Of Ovarian Malignancy With Bilateral With Tot	$ 2,418.19
58952	Resection Of Ovarian Malignancy With Bilateral With Rad	$ 2,065.47
58953	Tah Rad Dissect For Debulk	$ 2,495.37
58954	Tah Rad Debulk/Lymph Remove	$ 2,707.24
58956	Bso Omentectomy W/Tah	$ 1,701.13
58957	Resect Uterine Malignancy W/ Omenterctomy	$ 1,883.22
58958	Resect Recur Gyn Mal W/Lym	$ 2,085.14
58960	Laparotomy, For Staging Or Restaging Of Ovarian Maligna	$ 1,221.92
59000	Amniocentesis Diagnostic	$ 184.93
59001	Amniocentesis Therapeutic	$ 231.48
59012	Fetal Cord Puncture Prenatal	$ 307.74
59015	Chorionic Villus Sampling Chronic Villus Sampling	$ 170.57
59020	Fetal Oxytocin Stress Test	$ 107.07
59025	Fetal Non-Stress Test	$ 64.54
59030	Fetal Scalp Blood Sampling	$ 181.75
59050	Internal Fetal Monitoring	$ 62.60
59051	Fetal Monitor/Interpret Only	$ 62.60
59070	Transabdom Amnioinfus W/Us	$ 520.95
59072	Umbilical Cord Occlud W/Us	$ 666.87
59074	Fetal Fluid Drainage W/Us	$ 504.51
59076	Fetal Shunt Placement W/Us	$ 657.02
59100	Removal Of Uterus Lesion	$ 529.92
59120	Treatment Atypical Pregnancy	$ 791.68
59121	Tubal Without Salpingectomy	$ 643.20
59130	Treatment Atypical Pregnancy	$ 701.90
59135	Treatment Atypical Pregnancy	$ 1,157.65
59136	Surgical Treatment Of Ectopic Pregnancy Interstitial, U	$ 782.42
59140	Treatment Atypical Pregnancy	$ 484.37
59150	Laparoscopic Treatment Of Ectopic Pregnancy Without Sal	$ 570.12
59151	Laparoscopic Treatment Of Ectopic Pregnancy With Salpin	$ 1,160.04
59160	D & C After Delivery	$ 337.35
59200	Insertion Of Hygroscopic Cervical Dilator (Eg, Laminari	$ 108.70
59300	Repair Of Vaginal Wall	$ 172.14
59320	Cerclage Of Cervix, During Pregnancy Vaginal	$ 521.13
59325	Cerclage Of Cervix, During Pregnancy Abdominal	$ 351.07
59350	Hysterorrhaphy Of Ruptured Uterus	$ 445.13
59400	Obstetrical Care	$ 2,062.51
59409	Vaginal Delivery Only (With Or Without Episiotomy And/O	$ 1,182.55
59410	Obstetrical Care	$ 1,321.23
59412	External Cephalic Version, With Or Without Tocolysis	$ 191.05
59414	Delivery Of Placenta Following Delivery Of Infant Outsi	$ 162.01
59425	Antepartum Care Only; 4-6 Visits	$ 561.58
59426	Antepartum Care Only; 7 Or More Visits	$ 955.95
59430	Care After Delivery	$ 207.55
59510	Cesarean Delivery	$ 2,337.83
59514	Caesarean Delivery Only;	$ 1,591.51
59515	Cesarean Delivery Only Including Postpartum Care	$ 1,664.24
59525	Subtotal Or Total Hysterectomy After Cesarean Delivery	$ 643.19
59610	Vbac Delivery	$ 2,489.27

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
59612	Vbac Delivery Only	$ 1,326.57
59614	Vbac Care After Delivery	$ 1,494.77
59618	Attempted Vbac Delivery	$ 2,351.52
59620	Attempted Vbac Delivery Only	$ 1,678.81
59622	Attempted Vbac After Care	$ 1,755.75
59812	Treatment Of Spontaneous Abortion, Any Trimester, Compl	$ 402.96
59820	Care Of Miscarriage	$ 503.80
59821	Treatment Of Missed Abortion, Completed Surgically Seco	$ 365.33
59830	Treatment Septic Abortion	$ 531.58
59870	Uterine Evacuation And Curettage For Hydatidiform Mole	$ 366.72
59871	Remove Cerclage Suture	$ 168.68
59897	Fetal Invas Px W/Us	$ 625.28
60000	Drainage Thyroid/Tongue Cyst	$ 89.62
60100	Biopsy Of Thyroid	$ 119.41
60200	Drainage Thyroid Duct Lesion	$ 765.47
60210	Partial Thyroid Excision	$ 887.33
60212	Partial Thyroid Excision	$ 1,270.55
60220	Partial Removal Of Thyroid	$ 954.49
60225	Partial Removal Of Thyroid	$ 1,222.86
60240	Removal Of Thyroid	$ 1,356.90
60252	Removal Of Thyroid	$ 1,506.53
60254	Extensive Thyroid Surgery	$ 1,846.85
60260	Follow-Up Thyroid Surgery	$ 933.23
60270	Removal Of Thyroid	$ 1,574.14
60271	Removal Of Thyroid	$ 1,348.52
60280	Removal Thyroid Duct Lesion	$ 659.67
60281	Excision Of Thyroglossal Duct Cyst Or Sinus; Recurrent	$ 674.82
60300	Aspir/Inj Thyroid Cyst	$ 140.87
60500	Explore Parathyroid Glands	$ 1,522.64
60502	Parathyroidectomy Or Exploration Of Parathyroid(S); Re-	$ 1,591.07
60505	Explore Parathyroid Glands	$ 1,714.69
60512	Autotransplant Parathyroid	$ 311.88
60520	Removal Of Thymus Gland	$ 1,488.99
60521	Removal Of Thymus Gland	$ 1,485.87
60522	Removal Of Thymus Gland	$ 1,799.27
60540	Exploration Adrenal Gland	$ 1,431.56
60545	Exploration Adrenal Gland	$ 1,686.39
60600	Removal Carotid Body Lesion	$ 1,418.63
60605	Removal Carotid Body Lesion	$ 1,501.51
60650	Laparoscopy Adrenalectomy	$ 1,538.69
61000	Remove Cranial Cavity Fluid	$ 105.89
61001	Remove Cranial Cavity Fluid	$ 122.83
61020	Removal Brain Cavity Fluid	$ 128.12
61026	Ventricular Puncture Through Previous Burr Hole, Fontan	$ 237.97
61050	Removal Brain Canal Fluid	$ 130.08
61055	Cisternal Or Lateral Cervical Puncture; With Injection	$ 206.52
61070	Manipulate Brain Canal Shunt	$ 58.97
61105	Twist Drill Holes For Brain Puncture	$ 779.98
61107	Twist Drill Hole / Subdural Puncture	$ 489.22
61108	Twist Drill Hole For Subdural Or Ventricular Puncture F	$ 1,186.01
61120	Incision Of Skull For X-Ray	$ 787.92
61140	Incise Skull Brain Biopsy	$ 1,500.42
61150	Incise Skull For Drainage	$ 1,604.77
61151	Incise Skull For Drainage	$ 692.68
61154	Pierce Skull & Remove Clot	$ 1,621.72
61156	Incise Skull For Drainage	$ 1,633.02

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
61210	Pierce Skull Implant Device	$ 736.33
61215	Insertion Of Subcutaneous Reservoir, Pump Or Continuous	$ 986.16
61250	Burr Hole/Trephine,Exploratory	$ 984.63
61253	Burr Hole-Trephine-Unilateral-Bilat.	$ 1,167.29
61304	Incise Skull For Exploration	$ 2,424.41
61305	Incise Skull For Exploration	$ 2,787.28
61312	Craniectomy Or Craniotomy For Evacuation Of Hematoma, S	$ 2,459.64
61313	Craniectomy Or Craniotomy For Evacuation Of Hematoma, I	$ 2,364.91
61314	Craniectomy Or Craniotomy For Evacuation Of Hematoma, I	$ 2,511.60
61315	Craniectomy Or Craniotomy For Evacuation Of Hematoma, I	$ 2,607.90
61316	Implt Cran Bone Flap To Abdo	$ 107.02
61320	Craniectomy/Craniotomy-Abcess Drain.	$ 2,204.25
61321	Craniectomy/Craniotomy-Drain. Infrat	$ 2,401.46
61322	Decompressive Craniotomy	$ 2,826.36
61323	Decompressive Lobectomy	$ 2,859.73
61330	Explore Orbit-Transcranial,Unilater.	$ 1,438.53
61333	Explore Orbit/Remove Lesion	$ 2,424.89
61340	Other Cranial Decompression-Unilater	$ 1,363.22
61343	Incise Skull (Press Relief)	$ 2,996.73
61345	Other Cranial Decompression-P.Fossa	$ 2,301.63
61450	Incise Skull For Surgery	$ 2,304.16
61458	Craniectomy,Suboccipital	$ 2,866.88
61460	Incise Skull For Surgery	$ 2,662.06
61500	Removal Of Skull Lesion	$ 1,917.61
61501	Craniectomy; For Osteomyelitis	$ 1,627.61
61510	Removal Of Brain Lesion	$ 2,615.86
61512	Remove Brain Lining Lesion	$ 2,765.35
61514	Removal Of Brain Abscess	$ 2,545.08
61516	Removal Of Brain Lesion	$ 2,549.67
61517	Implt Brain Chemotx Add-On	$ 106.98
61518	Removal Of Brain Lesion	$ 3,226.32
61519	Remove Brain Lining Lesion	$ 3,373.29
61520	Craniectomy-Cerebellop. Angle Tumor	$ 3,800.55
61521	Craniectomy For Excision Of Brain Tumor, Infratentorial	$ 3,744.48
61522	Removal Of Brain Abscess	$ 2,461.92
61524	Removal Of Brain Lesion	$ 2,778.57
61526	Removal Skull Cavity Lesion	$ 3,254.51
61530	Removal Skull Cavity Lesion	$ 3,455.48
61531	Subdural Implantation Of Strip Electrodes Through One O	$ 1,798.57
61533	Craniectomy, Trephination, Bone Flap Craniotomy; For In	$ 2,098.83
61534	Removal Of Brain Lesion	$ 1,342.59
61535	Craniectomy, Trephination, Bone Flap Craniotomy; For Re	$ 919.66
61536	Removal Of Brain Lesion	$ 2,656.86
61537	Removal Of Brain Tissue	$ 2,940.61
61538	Removal Of Brain Tissue	$ 2,949.93
61539	Craniectomy For Lobectomy W/Electroc	$ 2,737.75
61540	Removal Of Brain Tissue	$ 2,625.05
61541	Craniectomy, Trephination, Bone Flap Craniotomy; For Tr	$ 2,423.50
61543	Craniectomy, Trephination, Bone Flap Craniotomy; For Pa	$ 1,935.60
61544	Remove/Treat Brain Lesion	$ 2,581.83
61545	Craniectomy, Trephination, Bone Flap Craniotomy For Exc	$ 3,115.42
61546	Removal Of Pituitary Gland	$ 2,913.22
61548	Removal Of Pituitary Gland	$ 2,604.94
61550	Release Skull Closure	$ 1,309.74
61552	Release Skull Closure	$ 1,704.80
61556	Craniotomy For Craniosynostosis; Frontal Or Parietal Bo	$ 1,704.19

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
61557	Craniotomy For Craniosynostosis; Bifrontal Bone Flap	$ 2,286.65
61558	Extensive Craniectomy For Multiple Cranial Suture Crani	$ 2,249.17
61559	Extensive Craniectomy For Multiple Cranial Suture Crani	$ 2,644.66
61563	Excision, Intra- And Extracranial, Benign Tumor Of Cran	$ 2,378.89
61564	Excision, Intra- And Extracranial, Benign Tumor Of Cran	$ 2,895.79
61566	Removal Of Brain Tissue	$ 2,711.71
61567	Incision Of Brain Tissue	$ 3,095.00
61570	Remove Foreign Body Brain	$ 2,037.36
61571	Craniectomy Or Craniotomy	$ 2,211.99
61575	Transoral Approach To Skull Base, Brain Stem Or Upper S	$ 3,351.21
61576	Transoral Approach To Skull Base, Brain Stem Or Upper S	$ 3,165.97
61580	Craniofacial Approach Skull	$ 2,590.36
61581	Craniofacial Approach Skull	$ 2,939.94
61582	Craniofacial Approach Skull	$ 2,668.64
61583	Craniofacial Approach Skull	$ 3,045.23
61584	Orbitocranial Approach To Anterior Cranial Fossa, Extra	$ 2,948.87
61585	Orbitocranial Approach To Anterior Cranial Fossa, Extra	$ 3,298.95
61586	Resect Nasopharynx Skull	$ 2,720.39
61590	Infratemporal Pre-Auricular Approach To Middle Cranial	$ 3,587.48
61591	Infratemporal Post-Auricular Approach To Middle Cranial	$ 3,762.89
61592	Orbitocranial Zygomatic Approach To Middle Cranial Foss	$ 3,412.80
61595	Transtemporal Approach To Posterior Cranial Fossa, Jugu	$ 2,520.60
61596	Transcochlear Approach To Posterior Cranial Fossa, Jugu	$ 3,063.23
61597	Transcondylar (Far Lateral) Approach To Posterior Crani	$ 3,237.76
61598	Transpetrosal Approach To Posterior Cranial Fossa, Cliv	$ 2,852.65
61600	Resection Or Excision Of Neoplastic, Vascular Or Infect	$ 2,187.70
61601	Resection Or Excision Of Neoplastic, Vascular Or Infect	$ 2,345.56
61605	Resection Or Excision Of Neoplastic, Vascular Or Infect	$ 2,476.45
61606	Resection Or Excision Of Neoplastic, Vascular Or Infect	$ 3,316.58
61607	Resection Or Excision Of Neoplastic, Vascular Or Infect	$ 3,097.91
61608	Resection Or Excision Of Neoplastic, Vascular Or Infect	$ 3,604.99
61611	Transect Artery Sinus	$ 524.63
61613	Remove Aneurysm Sinus	$ 3,535.13
61615	Resect/Excise Lesion Skull	$ 2,721.75
61616	Resect/Excise Lesion Skull	$ 3,701.70
61618	Secondary Repair Of Dura For Csf Leak, Anterior, Middle	$ 1,399.79
61619	Secondary Repair Of Dura For Csf Leak, Anterior, Middle	$ 1,749.85
61623	Endovasc Tempory Vessel Occl	$ 728.45
61624	Transcath Occlusion Cns	$ 1,680.45
61626	Transcath Occlusion Non-Cns	$ 1,385.75
61630	Intracranial Angioplasty	$ 1,660.07
61635	Intracran Angioplsty W/Stent	$ 1,807.99
61645	Perq Art M-Thrombect &/Nfs	$ 986.26
61650	Evasc Prlng Admn Rx Agnt 1St	$ 671.96
61651	Evasc Prlng Admn Rx Agnt Add	$ 285.96
61680	Surgery Of Intracranial Arteriovenous Malformation Supr	$ 3,499.91
61682	Surgery Of Intracranial Arteriovenous Malformation Supr	$ 4,009.55
61684	Surgery Of Intracranial Arteriovenous Malformation Infr	$ 3,497.24
61686	Surgery Of Intracranial Arteriovenous Malformation Infr	$ 4,228.20
61690	Surgery Of Intracranial Arteriovenous Malformation Dura	$ 3,137.90
61692	Surgery Of Intracranial Arteriovenous Malformation Dura	$ 3,382.60
61697	Brain Aneurysm Repr Complx	$ 4,856.36
61698	Brain Aneurysm Repr Complx	$ 5,317.35
61700	Brain Aneurysm Repr Simple	$ 3,441.42
61702	Incise Skull/Vessel Surgery	$ 3,911.22
61703	Surgery Of Intracranial Aneurysm	$ 1,473.36

Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
61705	Revise Circulation To Head	$ 3,349.81
61708	Revise Circulation To Head	$ 2,956.44
61710	Revise Circulation To Head	$ 2,263.82
61711	Anastomosis,Art.,Extra-Intra. Arter.	$ 3,512.80
61720	Incise Skull/Brain Surgery	$ 1,997.01
61735	Incise Skull/Brain Surgery	$ 1,522.17
61750	Incise Skull/Brain Biopsy	$ 1,937.98
61751	Stereotactic Biopsi W/Tomography	$ 1,985.07
61760	Stereotactic Implantation Of Depth Electrodes Into The	$ 2,019.46
61770	Stereotactic Localization, Any Method, Including Burr H	$ 1,789.50
61781	Scan Proc Cranial Intra	$ 319.69
61782	Scan Proc Cranial Extra	$ 265.80
61783	Scan Proc Spinal	$ 320.22
61790	Radiotreatment Facial Nerve	$ 1,348.87
61791	Creation Of Lesion By Stereotactic Method, Percutaneous	$ 1,166.53
61796	Srs Cranial Lesion Simple	$ 1,079.74
61797	Srs Cran Les Simple Addl	$ 249.30
61798	Srs Cranial Lesion Complex	$ 1,414.75
61799	Srs Cran Les Complex Addl	$ 343.79
61800	Apply Srs Headframe Add-On	$ 172.43
61850	Burr Holes/Implantation Electrodes	$ 1,433.01
61860	Craniectomy For Electrodes-Cere/Cort	$ 1,003.69
61863	Implant Neuroelectrode	$ 1,795.77
61864	Implant Neuroelectrde Addl	$ 349.83
61867	Implant Neuroelectrode	$ 2,748.41
61868	Implant Neuroelectrde Addl	$ 615.60
61870	Craniectomy For Electrodes-Cerebell.	$ 517.03
61880	Removal Of Electrodes	$ 535.90
61885	Incision/Placement Of Receiver	$ 392.18
61886	Implant Neurostim Arrays	$ 977.54
61888	Removal Of Receiver	$ 277.05
62000	Treat Skull Fracture	$ 872.62
62005	Treat Skull Fracture	$ 1,338.10
62010	Treatment Of Head Injury	$ 1,946.85
62100	Repair Brain Fluid Leakage	$ 1,818.30
62115	Reduction Of Craniomegalic Skull (Eg, Treated Hydroceph	$ 1,627.71
62117	Reduction Of Craniomegalic Skull (Eg, Treated Hydroceph	$ 2,245.67
62120	Repair Skull Cavity Lesion	$ 2,185.51
62121	Craniotomy With Repair Of Encephalocele, Skull Base	$ 1,963.15
62140	Repair Of Skull	$ 1,349.49
62141	Repair Of Skull	$ 1,644.60
62142	Removal Of Bone Flap Or Prosthetic Plate Of Skull	$ 1,200.83
62143	Replacement Of Bone Flap Or Prosthetic Plate Of Skull	$ 1,099.50
62145	Repair Of Skull & Brain	$ 1,591.31
62146	Cranioplasty With Autograft (Includes Obtaining Bone Gr	$ 1,354.69
62147	Cranioplasty With Autograft (Includes Obtaining Bone Gr	$ 1,625.17
62148	Retr Bone Flap To Fix Skull	$ 154.19
62160	Neuroendoscopy Add-On	$ 233.26
62161	Dissect Brain W/Scope	$ 1,814.82
62162	Remove Colloid Cyst W/Scope	$ 2,270.89
62163	Zneuroendoscopy W/Fb Removal	$ 1,460.84
62164	Remove Brain Tumor W/Scope	$ 2,472.77
62165	Remove Pituit Tumor W/Scope	$ 1,920.75
62180	Establish Brain Cavity Shunt	$ 1,401.27
62190	Create Shunt:Subdural-Atrial,Jug,Aur	$ 1,316.27
62192	Creat Shunt:Subdural-Peritoneal	$ 1,343.36

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
62194	Replacement:Subdural Catheter	$ 224.76
62200	Establish Brain Cavity Shunt	$ 1,568.08
62201	Ventriculocisternostomy, Third Ventricle Stereotactic M	$ 1,083.82
62220	Establish Brain Cavity Shunt	$ 1,458.67
62223	Create Shunt:Ventriculo-Peritoneal	$ 1,244.37
62225	Replacement:Ventricular Catheter	$ 482.03
62230	Replace Shunt,Valve,Distal Catheter	$ 1,629.79
62252	Csf Shunt Reprogram	$ 122.48
62256	Remove Brain Cavity Shunt	$ 644.83
62258	Replace Brain Cavity Shunt	$ 1,611.55
62263	Lysis Epidural Adhesions	$ 842.24
62264	Epidural Lysis On Single Day	$ 507.92
62267	Interdiscal Perq Aspir Dx	$ 328.40
62268	*Percutaneous Aspiration, Spinal Cord Cyst Or Syrinx	$ 324.88
62269	Needle Biopsy Spinal Cord	$ 279.31
62270	Spinal Fluid Tap Diagnostic	$ 216.48
62272	Spinal Puncture, Therapeutic, For Drainage Of Spinal Fl	$ 240.84
62273	Inject Epidural Patch	$ 262.49
62280	Treatment Spinal Cord Lesion	$ 158.60
62281	Injection Of Neurolytic Substance (Eg, Alcohol, Phenol,	$ 237.13
62282	Treatment Spinal Cord Lesion	$ 195.86
62284	Injection For Myelogram	$ 339.65
62287	Aspiration Procedure, Percutaneous, Of Nucleus Pulposus	$ 888.49
62290	Injection For Disk X-Ray	$ 534.69
62291	Injection For Disk X-Raycervical	$ 228.67
62292	Inj.Proc.For Chemonucleolysis	$ 957.24
62294	Injection For Occlusion/Art. Malfunc	$ 703.84
62302	Myelography Lumbar Injection	$ 326.60
62303	Myelography Lumbar Injection	$ 339.65
62304	Myelography Lumbar Injection	$ 321.76
62305	Myelography Lumbar Injection	$ 351.71
62320	Njx Interlaminar Crv/Thrc	$ 214.12
62321	Njx Interlaminar Crv/Thrc	$ 320.70
62322	Njx Interlaminar Lmbr/Sac	$ 200.40
62323	Njx Interlaminar Lmbr/Sac	$ 315.80
62324	Njx Interlaminar Crv/Thrc	$ 185.75
62325	Njx Interlaminar Crv/Thrc	$ 282.46
62326	Njx Interlaminar Lmbr/Sac	$ 196.32
62327	Njx Interlaminar Lmbr/Sac	$ 289.44
62328	Diagnostic spinal tap of lower spine using imaging guidance	$ 329.39
62329	Therapeutic spinal tap of lower spine using imaging guidance	$ 405.39
62350	Implant Spinal Catheter	$ 486.78
62351	Implant Spinal Canal Cath	$ 1,035.29
62355	Remove Spinal Canal Catheter	$ 366.83
62360	Insert Spine Infusion Device	$ 368.79
62361	Implant Spine Infusion Pump	$ 487.15
62362	Implant Spine Infusion Pump	$ 937.35
62365	Remove Spine Infusion Device	$ 402.10
62367	Analyze Spine Infusion Pump	$ 36.72
62368	Analyze Sp Inf Pump W/Reprog	$ 70.75
62369	Anal Sp Inf Pmp W/Reprg&Fill	$ 194.55
62370	Anl Sp Inf Pmp W/Mdreprg&Fil	$ 202.24
63001	Remove Spine Lamina 1/2 Crvl	$ 2,045.06
63003	Remove Spine Lamina 1/2 Thrc	$ 1,689.16
63005	Remove Spine Lamina 1/2 Lmbr	$ 1,805.12
63011	Remove Spine Lamina 1/2 Scrl	$ 1,094.34

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
63012	Remove Lamina/Facets Lumbar	$ 1,725.75
63015	Remove Spine Lamina >2 Crvcl	$ 2,316.69
63016	Remove Spine Lamina >2 Thrc	$ 2,065.21
63017	Remove Spine Lamina >2 Lmbr	$ 2,226.69
63020	Neck Spine Disk Surgery	$ 1,545.46
63030	Low Back Disk Surgery	$ 2,737.26
63035	Laminectomy-Herniated Disk-Add.Space	$ 409.53
63040	Laminotomy Single Cervical	$ 2,087.43
63042	Laminotomy Single Lumbar	$ 2,235.82
63045	Remove Spine Lamina 1 Crvl	$ 1,951.69
63046	Remove Spine Lamina 1 Thrc	$ 1,940.05
63047	Remove Spine Lamina 1 Lmbr	$ 2,658.16
63048	Laminectomy, Including Unilateral Or Bilateral Complete	$ 664.88
63050	Cervical Laminoplsty 2/> Seg	$ 1,864.78
63051	C-Laminoplasty W/Graft/Plate	$ 2,101.44
63055	Decompress Spinal Cord Thrc	$ 2,298.62
63056	Decompress Spinal Cord Lmbr	$ 2,116.49
63057	Transpedicular Approach For Decompression Of Spinal Cor	$ 398.74
63064	Decompress Spinal Cord Thrc	$ 2,430.99
63066	Costovertebral Approach For Decompression Of Spinal Cor	$ 297.28
63075	Diskectomy,Cervical,Antericr Approac	$ 2,827.79
63076	Diskectomy,Cervical,Ant. App-Add Int	$ 679.72
63077	Spine Disk Surgery Thorax	$ 1,996.21
63078	Spine Disk Surgery Thorax	$ 304.19
63081	Remove Vert Body Dcmprn Crvl	$ 2,498.78
63082	Vertebral Corpectomy (Vertebral Body Resection), Cervic	$ 566.38
63085	Remove Vert Body Dcmprn Thrc	$ 2,709.86
63086	Vertebral Corpectomy (Vertebral Body Resection), Thorac	$ 445.46
63087	Remov Vertbr Dcmprn Thrclmbr	$ 2,882.31
63088	Vertebral Corpectomy (Vertebral Body Resection), Each A	$ 555.19
63090	Remove Vert Body Dcmprn Lmbr	$ 2,859.79
63091	Vertebral Corpectomy (Vertebral Body Resection), Each A	$ 296.91
63101	Remove Vert Body Dcmprn Thrc	$ 2,825.49
63102	Remove Vert Body Dcmprn Lmbr	$ 2,782.00
63103	Remove Vertebral Body Add-On	$ 370.89
63170	Laminectomy For Myelotomy	$ 1,915.69
63172	Laminectomy For Drainage Of Intramedullary Cyst/Syrinx	$ 2,020.86
63173	Laminectomy For Drainage Of Intramedullary Cyst/Syrinx	$ 1,817.97
63180	Revise Spinal Cord Ligaments	$ 1,463.39
63182	Laminectomy Of Dentate Ligaments	$ 1,800.97
63185	Incise Spine Nrv Half Segmnt	$ 1,528.49
63190	Incise Spine Nrv >2 Segmnts	$ 1,929.45
63191	Incise Spine Accessory Nerve	$ 1,518.01
63194	Incise Spine & Cord Cervical	$ 1,577.86
63195	Incise Spine & Cord Thoracic	$ 1,589.43
63196	Incise Spine&Cord 2 Trx Crvl	$ 1,832.74
63197	Incise Spine&Cord 2 Trx Thrc	$ 1,745.05
63198	Incise Spin&Cord 2 Stgs Crvl	$ 2,012.56
63199	Incise Spin&Cord 2 Stgs Thrc	$ 2,298.27
63200	Release Spinal Cord Lumbar	$ 1,542.23
63250	Revise Spinal Cord Vsls Crvl	$ 3,450.72
63251	Revise Spinal Cord Vsls Thrc	$ 3,185.77
63252	Revise Spine Cord Vsl Thrlmb	$ 3,482.53
63265	Excise Intraspinl Lesion Crv	$ 2,228.04
63266	Excise Intrspinl Lesion Thrc	$ 2,354.50
63267	Excise Intrspinl Lesion Lmbr	$ 3,007.63

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		PHYSICIAN SERVICES FY2020 RATES
Procedure Code	Procedure Description	Medicaid + 38%
63268	Excise Intrspinl Lesion Scrl	$ 1,548.58
63270	Excise Intrspinl Lesion Crvl	$ 2,226.62
63271	Excise Intrspinl Lesion Thrc	$ 2,672.03
63272	Excise Intrspinl Lesion Lmbr	$ 2,429.02
63273	Excise Intrspinl Lesion Scrl	$ 2,077.48
63275	Bx/Exc Xdrl Spine Lesn Crvl	$ 2,590.98
63276	Bx/Exc Xdrl Spine Lesn Thrc	$ 3,377.83
63277	Bx/Exc Xdrl Spine Lesn Lmbr	$ 3,099.91
63278	Bx/Exc Xdrl Spine Lesn Scrl	$ 2,212.91
63280	Bx/Exc Idrl Spine Lesn Crvl	$ 2,837.21
63281	Bx/Exc Idrl Spine Lesn Thrc	$ 2,801.83
63282	Bx/Exc Idrl Spine Lesn Lmbr	$ 2,544.75
63283	Bx/Exc Idrl Spine Lesn Scrl	$ 2,191.36
63285	Bx/Exc Idrl Imed Lesn Cervl	$ 3,036.88
63286	Bx/Exc Idrl Imed Lesn Thrc	$ 3,233.80
63287	Bx/Exc Idrl Imed Lesn Thrlmb	$ 3,104.75
63290	Bx/Exc Xdrl/Idrl Lsn Any Lvl	$ 3,302.46
63295	Repair Laminectomy Defect	$ 424.90
63300	Remove Vert Xdrl Body Crvcl	$ 2,029.43
63301	Remove Vert Xdrl Body Thrc	$ 2,259.10
63302	Remove Vert Xdrl Body Thrlmb	$ 2,398.14
63303	Remov Vert Xdrl Bdy Lmbr/Sac	$ 2,427.43
63304	Remove Vert Idrl Body Crvcl	$ 2,504.12
63305	Remove Vert Idrl Body Thrc	$ 2,672.11
63306	Remov Vert Idrl Bdy Thrclmbr	$ 2,673.64
63307	Remov Vert Idrl Bdy Lmbr/Sac	$ 2,732.30
63308	Vertebral Corpectomy (Vertebral Body Resection), Each A	$ 481.16
63600	Examine Spinal Cord Lesion	$ 1,175.51
63610	Examine Spinal Cord Lesion	$ 777.06
63620	Srs Spinal Lesion	$ 1,174.31
63621	Srs Spinal Lesion Addl	$ 286.32
63650	Percutaneous Implant Electrodes-Epid	$ 801.72
63655	Laminectomy Implant Electrodes-Epid.	$ 1,412.37
63661	Remove Spine Eltrd Perq Aray	$ 718.26
63662	Remove Spine Eltrd Plate	$ 915.26
63663	Revise Spine Eltrd Perq Aray	$ 1,046.51
63664	Revise Spine Eltrd Plate	$ 953.17
63685	Incision-Replace Receiver In Spine	$ 714.72
63688	Remove Spinal Receiver	$ 577.54
63700	Repair Of Spinal Herniation	$ 1,491.26
63702	Repair Of Spinal Herniation	$ 1,689.12
63704	Repair Of Spinal Herniation	$ 1,789.52
63706	Repair Of Spinal Herniation	$ 1,491.26
63707	Repair Of Dural/Csf Leak, Not Requiring Laminectomy	$ 857.23
63709	Repair Of Dural/Csf Leak Or Pseudomeningocele, With Lam	$ 1,578.51
63710	Dural Graft-Spinal	$ 1,169.67
63740	Install Spinal Shunt	$ 1,319.89
63741	Creation Of Shunt, Lumbar, Subarachnoid-Peritoneal, -Pl	$ 971.82
63744	Revise Spinal Shunt	$ 784.97
63746	Remove Spinal Shunt	$ 579.81
64400	N Block Inj Trigeminal	$ 147.33
64405	N Block Inj Occipital	$ 150.82
64408	N Block Inj Vagus	$ 115.92
64415	N Block Inj Brachial Plexus	$ 84.26
64416	N Block Cont Infuse B Plex	$ 111.78
64417	N Block Inj Axillary	$ 101.24

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
64418	N Block Inj Suprascapular	$ 102.77
64420	N Block Inj Intercost Sng	$ 86.24
64421	N Block Inj Intercost Mlt	$ 121.77
64425	N Block Inj Ilio-Ing/Hypogi	$ 107.54
64430	N Block Inj Pudendal	$ 111.28
64435	N Block Inj Paracervical	$ 99.25
64445	N Block Inj Sciatic Sng	$ 94.13
64446	N Blk Inj Sciatic Cont Inf	$ 114.60
64447	N Block Inj Fem Single	$ 269.32
64448	N Block Inj Fem Cont Inf	$ 101.61
64449	N Block Inj Lumbar Plexus	$ 115.52
64450	N Block Other Peripheral	$ 167.74
64451	Injection of anesthetic agent and/or steroid into nerves supplying joint between sp	$ 267.76
64454	Injection of anesthetic agent and/or steroid into genicular nerve branches of knee	$ 270.51
64455	N Block Inj Plantar Digit	$ 65.23
64461	Pvb Thoracic Single Inj Site	$ 197.53
64462	Pvb Thoracic 2Nd+ Inj Site	$ 111.28
64463	Pvb Thoracic Cont Infusion	$ 219.01
64479	Inj Foramen Epidural C/T	$ 124.46
64480	Inj Foramen Epidural Add-On	$ 132.91
64483	Inj Foramen Epidural L/S	$ 489.09
64484	Inj Foramen Epidural Add-On	$ 132.91
64486	Tap Block Unil By Injection	$ 165.38
64487	Tap Block Uni By Infusion	$ 202.75
64488	Tap Block Bi Injection	$ 204.02
64489	Tap Block Bi By Infusion	$ 284.87
64490	Inj Paravert F Jnt C/T 1 Lev	$ 241.35
64491	Inj Paravert F Jnt C/T 2 Lev	$ 122.19
64492	Inj Paravert F Jnt C/T 3 Lev	$ 123.61
64493	Inj Paravert F Jnt L/S 1 Lev	$ 215.87
64494	Inj Paravert F Jnt L/S 2 Lev	$ 111.19
64495	Inj Paravert F Jnt L/S 3 Lev	$ 112.59
64505	N Block Spenopalatine Gangl	$ 94.01
64510	N Block Stellate Ganglion	$ 244.47
64517	N Block Inj Hypogas Plxs	$ 218.29
64520	N Block Lumbar/Thoracic	$ 328.87
64530	N Block Inj Celiac Pelus	$ 135.27
64553	Percutaneous Implant Elect-Cranial	$ 155.32
64555	Percut. Implant Elect-Periph.Nerve	$ 127.00
64561	Implant Neuroelectrodes	$ 1,352.83
64566	Neuroeltrd Stim Post Tibial	$ 186.55
64568	Inc For Vagus N Elect Impl	$ 906.47
64569	Revise/Repl Vagus N Eltrd	$ 1,105.02
64570	Remove Vagus N Eltrd	$ 961.34
64575	Implant Electrode-Peripheral Nerve	$ 373.35
64580	Implant Electrode-Neuromuscular	$ 346.71
64581	Implant Neuroelectrodes	$ 1,060.65
64585	Remove Peripheral Electrodes	$ 150.20
64590	Incision For Receiver Replacement	$ 217.32
64595	Remove Peripheral Receiver	$ 144.75
64600	Injection Treatment Of Nerve	$ 240.91
64605	Injection Treatment Of Nerve	$ 343.73
64610	Injection Treatment Of Nerve	$ 698.36
64611	Chemodenerv Saliv Glands	$ 165.56
64612	Destroy Nerve Face Muscle	$ 239.49
64615	Chemodenerv Musc Migraine	$ 205.99

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
64616	Chemodenerv Musc Neck Dyston	$ 79.28
64617	Chemodener Muscle Larynx Emg	$ 133.29
64620	Injection Treatment Of Nerve	$ 167.38
64624	Destruction of genicular nerve branches of knee by injection using imaging guidar	$ 519.16
64625	Radiofrequency destruction of nerves supplying joint between spine and pelvis us	$ 633.31
64630	Injection Treatment Of Nerve	$ 228.51
64632	N Block Inj Common Digit	$ 111.46
64633	Destroy Cerv/Thor Facet Jnt	$ 619.72
64634	Destroy C/Th Facet Jnt Addl	$ 285.07
64635	Destroy Lumb/Sac Facet Jnt	$ 609.08
64636	Destroy L/S Facet Jnt Addl	$ 256.78
64640	Injection Treatment Of Nerve	$ 157.38
64642	Chemodenerv 1 Extremity 1-4	$ 139.44
64643	Chemodenerv 1 Extrem 1-4 Ea Addtnl	$ 91.20
64644	Chemodenerv 1 Extrem 5/> Mus	$ 159.89
64645	Chemodenerv 1 Extrem 5/> Ea	$ 111.95
64646	Chemodenerv Trunk Musc 1-5	$ 150.09
64647	Chemodenerv Trunk Musc 6/>	$ 173.76
64650	Chemodenerv Eccrine Glands	$ 85.44
64653	Chemodenerv Eccrine Glands	$ 101.44
64680	Destruction By Neurolytic Agent	$ 203.51
64681	Injection Treatment Of Nerve	$ 472.02
64702	Revision Of Nerve,Finger/Toe	$ 424.72
64704	Revision Of Nerve, Hand/Foot	$ 501.05
64708	Revision Of Nerve, Arm/Leg	$ 673.19
64712	Revision Of Sciatic Nerve	$ 850.36
64713	Revision Of Arm Nerves	$ 1,022.25
64714	Revision Of Low Back Nerves	$ 837.27
64716	Transposition-Cranial Nerve	$ 542.13
64718	Revise Ulnar Nerve At Elbow	$ 675.54
64719	Revise Ulnar Nerve At Wrist	$ 606.33
64721	Revise Median Nerve At Wrist	$ 641.24
64722	Revise Forearm Nerve	$ 550.11
64726	Revise Foot/Toe Nerve	$ 237.97
64727	Internal Nerve Revision	$ 327.35
64732	Incision Of Brow Nerve	$ 436.58
64734	Incision Of Cheek Nerve	$ 472.10
64736	Incision Of Chin Nerve	$ 444.72
64738	Incision Of Jaw Nerve	$ 532.13
64740	Transection Lingual Nerve	$ 530.44
64742	Incision Of Facial Nerve	$ 547.61
64744	Incise Nerve Back Of Head	$ 569.04
64746	Incise Diaphragm Nerve	$ 488.06
64755	Selective Proximal Vagotomy	$ 1,233.44
64760	Incision Of Vagus Nerve	$ 694.22
64763	Incise Hip/Thigh Nerve	$ 596.81
64766	Incise Hip/Thigh Nerve	$ 774.10
64771	Transection Of Cranial Nerve	$ 678.49
64772	Incise Spinal Nerve	$ 705.59
64774	Remove Lesion, Skin Nerve	$ 287.30
64776	Remove Nerve Lesion, Digit	$ 390.31
64778	Additional Nerve Surgery	$ 299.49
64782	Remove Nerve Lesion	$ 529.05
64783	Additional Nerve Surgery	$ 357.12
64784	Remove Nerve Lesion	$ 777.09
64786	Remove Sciatic Nerve Lesion	$ 1,430.63

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
64787	Remove Nerve Lesion/Implant	$ 401.17
64788	Removal Of Nerve Lesion	$ 404.78
64790	Removal Of Nerve Lesion	$ 929.94
64792	Removal Of Nerve Lesion	$ 1,208.71
64795	Biopsy Of Nerve	$ 289.14
64802	Sympathectomy Cervical	$ 707.75
64804	Remove Sympathetic Nerves	$ 1,372.82
64809	Remove Sympathetic Nerves	$ 1,212.16
64818	Remove Sympathetic Nerves	$ 937.63
64820	Sympathectomy Digital Artery	$ 725.22
64821	Remove Sympathetic Nerves	$ 850.22
64822	Remove Sympathetic Nerves	$ 856.70
64823	Sympathectomy Supfc Palmar	$ 955.65
64831	Repair Of Nerve, Digital	$ 499.52
64832	Repair Additional Nerve	$ 270.05
64834	Repair Of Nerve, Hand	$ 679.94
64835	Repair Of Nerve, Hand	$ 846.06
64836	Repair Of Nerve, Hand	$ 886.64
64837	Repair Additional Nerve	$ 555.12
64840	Repair Of Nerve, Foot	$ 1,129.47
64856	Repair/Transpose Nerve	$ 1,084.32
64857	Suture Of Nerve W/0 Transposition	$ 1,179.90
64858	Repair Sciatic Nerve	$ 1,368.92
64859	Additional Nerve Surgery	$ 399.77
64861	Repair Of Arm Nerves	$ 1,582.65
64862	Repair Of Low Back Nerves	$ 1,975.14
64864	Repair Of Facial Nerve	$ 1,600.70
64865	Suture-Facial Nerve:Intratemporal	$ 1,372.08
64866	Fusion Of Facial/Other Nerve	$ 1,343.91
64868	Fusion Of Facial/Other Nerve	$ 1,249.73
64872	Repair Of Nerve	$ 152.70
64874	Repair & Revise Nerve Add-On	$ 221.95
64876	Repair Nerve/Shorten Bone	$ 253.82
64885	Nerve Graft Head/Neck </4 Cm	$ 1,491.12
64886	Nerve Graft Head/Neck >4 Cm	$ 1,777.88
64890	Nerve Graft Hand/Foot </4 Cm	$ 1,373.42
64891	Nerve Graft Hand/Foot >4 Cm	$ 1,318.49
64892	Nerve Graft Arm/Leg <4 Cm	$ 1,275.64
64893	Nerve Graft Arm/Leg >4 Cm	$ 1,468.71
64895	Nerve Graft Hand/Foot </4 Cm	$ 1,636.54
64896	Nerve Graft Hand/Foot >4 Cm	$ 1,864.32
64897	Nerve Graft Arm/Leg </4 Cm	$ 1,557.66
64898	Nerve Graft Arm/Leg >4 Cm	$ 1,686.08
64901	Nerve Graft-Single Strand:Each Nerve	$ 1,019.83
64902	Nerve Graft-Mult Strand:Each Nerve	$ 1,187.31
64905	Nerve Pedicle Transfer-First Stage	$ 1,131.92
64907	Nerve Pedicle Transfer-Second Stage	$ 1,605.06
64910	Nerve Repair; W/ Synthetic Conduit	$ 873.10
64911	Nerve Repair; W/ Vein Graft	$ 1,069.03
64912	Nrv Rpr W/Nrv Algrft 1St	$ 969.81
64913	Nrv Rpr W/Nrv Algrft Ea Addl	$ 192.69
65091	Revise Eyeball	$ 695.63
65093	Revise Eyeball With Implant	$ 768.23
65101	Removal Of Eyeball	$ 733.43
65103	Remove Eye/Insert Implant	$ 965.74
65105	Remove Eye/Attach Implant	$ 879.28

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		PHYSICIAN SERVICES FY2020 RATES
Procedure Code	Procedure Description	Medicaid + 38%
65110	Removal Of Eyeball	$ 1,449.11
65112	Remove Eye/Revise Socket	$ 1,386.40
65114	Remove Eye/Revise Socket	$ 1,507.50
65125	Modification Of Ocular Implant (Eg, Drilling Receptacle	$ 530.18
65130	Insert Ocular Implant	$ 760.27
65135	Insert Ocular Implant	$ 615.34
65140	Attach Ocular Implant	$ 987.98
65150	Revise Ocular Implant	$ 769.43
65155	Revise Ocular Implant	$ 1,028.96
65175	Removal Of Ocular Implant	$ 661.23
65205	Remove Foreign Body From Eye	$ 73.26
65210	Remove Foreign Body From Eye	$ 63.23
65220	Remove Foreign Body From Eye	$ 52.41
65222	Remove Foreign Body From Eye	$ 98.59
65235	Remove Foreign Body From Eye	$ 631.75
65260	Remove Foreign Body From Eye	$ 941.20
65265	Remove Foreign Body From Eye	$ 1,094.02
65270	Repair Wound Of Eye	$ 150.49
65272	Repair Wound Of Eye	$ 261.14
65273	Repair Laceration Of Eye-Conjunctive	$ 354.04
65275	Repair Wound Of Eye	$ 297.80
65280	Repair Wound Of Eye	$ 798.01
65285	Repair Wound Of Eye	$ 1,202.05
65286	Repair Of Laceration Application Of Tissue Glue, Wounds	$ 492.34
65290	Repair Wound Of Eye Socket	$ 556.68
65400	Removal Of Eye Lesion	$ 595.47
65410	Biopsy Of Cornea Of Eye	$ 342.67
65420	Removal Of Eye Lesion	$ 407.42
65426	Excision Pterygium W/Graft	$ 866.76
65430	Corneal Smear	$ 91.80
65435	Curette/Treat Cornea	$ 86.33
65436	Curette/Treat Cornea	$ 246.96
65450	Destruction Of Lesion Of Cornea By Cryotherapy, Photoco	$ 282.18
65600	Revision Of Cornea	$ 294.49
65710	Corneal Transplant	$ 2,221.92
65730	Corneal Transplant	$ 2,466.21
65750	Corneal Transplant	$ 2,505.09
65755	Keratoplasty (Corneal Transplant); Penetrating (In Pseu	$ 2,590.22
65756	Corneal Trnspl Endothelial	$ 1,412.61
65772	Corneal Relaxing Incision For Correction Of Surgically	$ 812.32
65775	Corneal Wedge Resection For Correction Of Surgically In	$ 695.92
65778	Cover Eye W/Membrane	$ 2,225.43
65779	Cover Eye W/Membrane Suture	$ 1,944.71
65780	Ocular Reconst, Transplant	$ 1,055.29
65781	Ocular Reconst Transplant	$ 1,596.33
65782	Ocular Reconst Transplant	$ 1,405.78
65785	Impltj Ntrstrml Crnl Rng Seg	$ 2,828.71
65800	Drainage Of Eyeball	$ 180.08
65810	Drainage Of Eyeball	$ 494.36
65815	Drainage Of Eyeball	$ 457.17
65820	Relieve Inner Eye Pressure	$ 844.85
65850	Incision Of Eyeball	$ 1,143.04
65855	Trabeculoplasty Laser Surg	$ 836.24
65860	Severing Adhesions Of Anterior Segment, Laser Technique	$ 751.27
65865	Relieve Inner Eye Adhesions	$ 612.20
65870	Relieve Inner Eye Adhesions	$ 582.91

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
65875	Relieve Inner Eye Adhesions	$ 614.20
65880	Relieve Inner Eye Adhesions	$ 669.40
65900	Remove Eye Lesion	$ 929.58
65920	Remove Implant From Eye	$ 1,131.66
65930	Removal Blood Clot-Anterior Segm Eye	$ 726.68
66020	Injection Treatment Of Eye	$ 219.19
66030	Injection Treatment Of Eye	$ 87.09
66130	Remove Eyeball Lesion	$ 637.20
66150	Incision Of Eyeball	$ 1,022.19
66155	Incision Of Eyeball	$ 839.81
66160	Incision Of Eyeball	$ 998.50
66170	Incision Of Eyeball	$ 1,191.46
66172	Fistulization Of Sclera For Glaucoma; Trabeculectomy Ab	$ 1,231.06
66174	Translum Dil Eye Canal	$ 1,446.72
66175	Trnslum Dil Eye Canal W/Stnt	$ 1,569.28
66179	Aqueous Shunt Eye W/O Graft	$ 1,199.74
66180	Aqueous Shunt Eye W/Graft	$ 1,460.50
66183	Insert Ant Drainage Device	$ 1,077.03
66184	Revision Of Aqueous Shunt	$ 836.05
66185	Revise Aqueous Shunt Eye	$ 870.64
66225	Repair/Graft Eyeball Lesion	$ 1,267.94
66250	Follow-Up Surgery Of Eyeball	$ 631.68
66500	Incision Of Iris	$ 405.11
66505	Incision Of Iris	$ 356.84
66600	Removal Of Iris Lesion	$ 868.50
66605	Removal Of Iris	$ 1,199.57
66625	Removal Of Iris	$ 740.43
66630	Removal Of Iris	$ 678.24
66635	Removal Of Iris	$ 716.07
66680	Repair Of Iris	$ 610.91
66682	Repair Iris & Ciliary Body	$ 678.70
66700	Destruction Ciliary Body	$ 520.16
66710	Ciliary Body Destruction; Cyclophotocoagulation	$ 561.45
66711	Ciliary Endoscopic Ablation	$ 751.29
66720	Destruction Ciliary Body	$ 571.11
66740	Destruction Ciliary Body	$ 556.64
66761	Revision Of Iris	$ 456.27
66762	Revision Of Iris	$ 660.81
66770	Removal Of Inner Eye Lesion	$ 621.70
66820	Incision Secondary Cataract	$ 606.83
66821	Discission Of Secondary Membraneous Cataract (""After C	$ 460.19
66825	Repositioning Of Intraocular Lens Prosthesis, Requiring	$ 726.05
66830	Removal Of Lens Lesion	$ 887.64
66840	Removal Lens Material-Aspiration Tec	$ 845.06
66850	Removal Of Lens	$ 1,155.21
66852	Removal Of Lens Material; Pars Plana Approach, With Or	$ 1,212.41
66920	Extraction Of Lens	$ 1,071.68
66930	Extraction Of Lens	$ 999.60
66940	Extraction Of Lens	$ 1,122.53
66982	Cataract Surgery Complex	$ 1,288.19
66983	Cataract Surg W/Iol 1 Stage	$ 962.87
66984	Cataract Surg W/Iol 1 Stage	$ 925.41
66985	Insert Lens Prosthesis	$ 1,114.57
66986	Exchange Of Intraocular Lens	$ 1,222.91
66990	Ophthalmic Endoscope Add-On	$ 112.14
67005	Partial Removal Of Eye Fluid	$ 1,187.10

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
67010	Partial Removal Of Eye Fluid	$ 1,304.93
67015	Release Of Eye Fluid	$ 652.09
67025	Replace Eye Fluid	$ 651.86
67027	Implant Eye Drug System	$ 1,032.67
67028	Intravitreal Injection Of A Pharmacologic Agent (Separa	$ 283.36
67030	Incise Inner Eye Strands	$ 629.96
67031	Laser Surgery Eye Strands	$ 735.76
67036	Vitrectomy, Mechanical, Pars Plana Approach	$ 2,657.01
67039	Vitrectomy, Mechanical, Pars Plana Approach; With Focal	$ 2,017.08
67040	Vitrectomy, Mechanical, Pars Plana Approach With Endola	$ 3,230.07
67041	Vit For Macular Pucker	$ 1,606.25
67042	Vit For Macular Hole	$ 1,839.68
67043	Vit For Membrane Dissect	$ 1,945.87
67101	Repair Detached Retina	$ 981.58
67105	Repair Detached Retina	$ 1,000.43
67107	Repair Detached Retina	$ 2,084.06
67108	Repair Detached Retina	$ 1,742.10
67110	Repair Of Retinal Detachment, One Or More Sessions; By	$ 1,164.32
67113	Repair Retinal Detach Cplx	$ 2,114.96
67115	Release Encircling Material	$ 584.35
67120	Revision Of Inner Eye	$ 629.40
67121	Removal Of Implanted Material, Posterior Segment; Intra	$ 969.37
67141	Prophylaxis Of Retinal Detachment (Eg, Retinal Break, L	$ 785.76
67145	Prophylaxis Of Retinal Detachment (Eg, Retinal Break, L	$ 827.48
67208	Destruction Of Localized Lesion Of Retina (Eg, Maculopa	$ 1,111.34
67210	Destruction Of Localized Lesion Of Retina (Eg, Maculopa	$ 908.66
67218	Treatment Inner Eye Lesion	$ 1,286.68
67220	Treat Choroid Lesion	$ 1,287.79
67221	Ocular Photodynamic Ther	$ 351.11
67225	Eye Photodynamic Ther Add-On	$ 36.78
67227	Dstrj Extensive Retinopathy	$ 890.96
67228	Treatment X10Sv Retinopathy	$ 1,332.54
67229	Tr Retinal Les Preterm Inf	$ 1,276.96
67250	Reinforce Eyeball Wall	$ 762.06
67255	Reinforce/Graft Eyeball Wall	$ 1,136.04
67311	Revise Eye Ball Muscle	$ 950.42
67312	Revise 2 Eye Ball Muscles	$ 869.47
67314	Strabismus Surgery, Recession Or Resection Procedure (P	$ 1,046.85
67316	Strabismus Surgery, Recession Or Resection Procedure (P	$ 938.87
67318	Strabismus Surgery, Any Procedure (Patient Not Previous	$ 944.73
67320	Revise Eye Ball Muscles	$ 509.33
67331	Revise Eye Ball Muscles	$ 868.42
67332	Rerevise Eye Ball Muscles	$ 965.13
67334	Strabismus Surgery By Posterior Fixation Suture Techniq	$ 686.85
67335	Adjustable Suture Technique During Strabismus Surgery	$ 377.65
67340	Strabismus Surgery Involving Exploration And/Or Repair	$ 859.30
67343	Release Of Extensive Scar Tissue Without Detaching Extr	$ 636.06
67345	Chemodenervation Of Extraocular Muscle	$ 259.56
67346	Biopsy Eye Muscle	$ 260.97
67400	Explore/Treat Eye Socket	$ 993.30
67405	Explore/Treat Eye Socket	$ 839.34
67412	Explore/Treat Eye Socket	$ 1,352.44
67413	Explore/Treat Eye Socket	$ 931.09
67414	Explr/Decompress Eye Socket	$ 914.87
67415	Aspiration Orbital Contents	$ 186.87
67420	Explore/Treat Eye Socket	$ 1,493.45

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
67430	Explore/Treat Eye Socket	$ 1,161.66
67440	Explore/Treat Eye Socket	$ 1,400.93
67445	Explr/Decompress Eye Socket	$ 1,213.81
67450	Explore/Treat Eye Socket	$ 1,387.31
67500	Inject/Treat Eye Socket	$ 76.18
67505	Inject/Treat Eye Socket	$ 124.17
67515	Inject/Treat Eye Socket	$ 58.26
67550	Insert Eye Socket Implant	$ 962.33
67560	Revise Eye Socket Implant	$ 914.10
67570	Optic Nerve Decompression (Eg, Incision Or Fenestration	$ 999.93
67700	Drainage Of Eyelid Abscess	$ 71.48
67710	Incision Of Eyelid	$ 99.90
67715	Incision Of Eyelid	$ 131.43
67800	Remove Eyelid Lesion	$ 146.63
67801	Remove Eyelid Lesions	$ 138.90
67805	Remove Eyelid Lesions	$ 166.65
67808	Remove Eyelid Lesion(S)	$ 237.15
67810	Biopsy Of Eyelid	$ 114.73
67820	Revise Eyelashes	$ 65.98
67825	Revise Eyelashes	$ 101.60
67830	Revise Eyelashes	$ 215.86
67835	Revise Eyelashes	$ 647.61
67840	Remove Eyelid Lesion	$ 340.65
67850	Destruction Of Lesion Of Lid Margin	$ 143.23
67875	Temporary Closure Of Eyelids By Suture (Eg, Frost Sutur	$ 157.87
67880	Revision Of Eyelid(S)	$ 370.32
67882	Tarsorrhaphy W/Transp. Of Tarsal Plt	$ 536.99
67900	Repair Of Brow Ptosis (Supraciliary, Mid-Forehead Or Co	$ 412.40
67901	Repair Eyelid Defect	$ 793.00
67902	Repair Eyelid Defect	$ 954.30
67903	Repair Eyelid Defect	$ 1,106.22
67904	Repair Blepharoptosis-Levator Reject	$ 1,011.17
67906	Repair Eyelid Defect	$ 602.41
67908	Repair Blepharoptosis:Conj-Tar Resec	$ 749.38
67909	Revise Eyelid Defect	$ 607.77
67911	Revise Eyelid Defect	$ 727.49
67912	Correction Eyelid W/Implant	$ 1,047.06
67914	Repair Eyelid Defect	$ 326.00
67915	Repair Eyelid Defect	$ 171.47
67916	Repair Eyelid Defect	$ 626.23
67917	Repair Eyelid Defect	$ 659.17
67921	Repair Eyelid Defect	$ 327.69
67922	Repair Eyelid Defect	$ 208.89
67923	Repair Eyelid Defect	$ 620.67
67924	Repair Eyelid Defect	$ 641.71
67930	Repair Eyelid Wound	$ 242.63
67935	Repair Eyelid Wound	$ 647.99
67938	Remove Foreign Body, Eyelid	$ 131.98
67950	Revision Of Eyelids	$ 733.97
67961	Eyelid Repair-Under 1/4 Lid Margin	$ 1,021.93
67966	Eyelid Repair-Over 1/4 Lid Margin	$ 1,162.55
67971	Reconstruction Of Eyelid	$ 1,002.21
67973	Reconstruction Of Eyelid	$ 1,297.77
67974	Reconstruction Of Eyelid	$ 1,319.32
67975	Reconstruction Of Eyelid	$ 653.54
68020	Incise/Drain Eyelid Lesion	$ 75.11

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
68040	Treatment Of Eyelid Lesions	$ 66.49
68100	Biopsy Eyelid Lining	$ 113.46
68110	Remove Eyelid Lining Lesion	$ 139.99
68115	Remove Eyelid Lining Lesion	$ 210.64
68130	Remove Eyelid Lining Lesion	$ 438.26
68135	Remove Eyelid Lining Lesion	$ 130.62
68200	Treat Eyelid By Injection	$ 50.40
68320	Revise/Graft Eyelid Lining	$ 716.83
68325	Revise/Graft Eyelid Lining	$ 807.04
68326	Revise Eyelid Lining	$ 758.99
68328	Revise/Graft Eyelid Lining	$ 925.29
68330	Revise Eyelid Lining	$ 517.32
68335	Revise/Graft Eyelid Lining	$ 845.19
68340	Separate Eyelid Adhesions	$ 349.98
68360	Revise Eyelid Lining	$ 473.66
68362	Revise Eyelid Lining	$ 737.49
68371	Harvest Eye Tissue Alograft	$ 488.20
68400	Incise/Drain Tear Gland	$ 148.24
68420	Incise/Drain Tear Sac	$ 163.20
68440	Incise Tear Duct Opening	$ 70.20
68500	Removal Of Tear Gland	$ 911.31
68505	Partial Removal Tear Gland	$ 947.77
68510	Biopsy Of Tear Gland	$ 414.75
68520	Removal Of Tear Sac	$ 799.70
68525	Biopsy Of Tear Sac	$ 403.40
68530	Clearance Of Tear Duct	$ 919.07
68540	Remove Tear Gland Lesion	$ 915.30
68550	Remove Tear Gland Lesion	$ 1,194.20
68700	Repair Tear Ducts	$ 445.30
68705	Revise Tear Duct Opening	$ 151.01
68720	Incise Tear Ducts	$ 945.49
68745	Incise Tear Ducts	$ 737.68
68750	Establish Tear Duct Channel	$ 1,052.79
68760	Close Tear Duct Opening	$ 105.89
68761	Closure Of The Lacrimal Punctum; By Plug, Each	$ 173.89
68770	Close Tear System Fistula	$ 540.74
68801	Dilate Tear Duct Opening	$ 144.28
68810	Probe Nasolacrimal Duct	$ 280.76
68811	Probe Nasolacrimal Duct	$ 274.41
68815	Probe Nasolacrimal Duct	$ 517.62
68816	Probe Nl Duct W/Balloon	$ 794.29
68840	Exploration Of Tear Ducts	$ 67.52
68850	Injection For Tear Sac X-Ray	$ 65.74
69000	Drain External Ear Lesion	$ 69.43
69005	Drain External Ear Lesion	$ 162.80
69020	Drain Outer Ear Canal Lesion	$ 95.04
69100	Biopsy Of External Ear	$ 67.15
69105	Biopsy Of External Ear Canal	$ 83.49
69110	Remove External Ear Partial	$ 267.90
69120	Removal Of External Ear	$ 239.69
69140	Remove Ear Canal Lesion(S)	$ 800.32
69145	Remove Ear Canal Lesion(S)	$ 255.26
69150	Extensive Outer Ear Surgery	$ 1,189.99
69155	Extensive Ear/Neck Surgery	$ 1,659.63
69200	Clear Outer Ear Canal	$ 164.92
69205	Clear Outer Ear Canal	$ 294.55

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
69209	Remove Impacted Ear Wax Uni	$ 16.84
69210	Remove Impacted Ear Wax Uni	$ 67.92
69220	Clean Out Mastoid Cavity	$ 52.04
69222	Clean Mastoid Cavity Complex Unilat.	$ 106.08
69300	Revise External Ear	$ 860.36
69310	Reconstruction Of External Auditory Canal (Meatoplasty)	$ 989.34
69320	Rebuild Outer Ear Canal	$ 1,580.61
69420	Myringotomy A/Or Tube Inflation	$ 75.04
69421	Myringotomy Including Aspiration And/Or Eustachian Tube	$ 130.87
69424	Ventilating Tube Removal Unilateral	$ 159.42
69433	Tympanostomy Unilateral Local Anesth	$ 153.04
69436	Tympanostomy Gen Anesthesia Unilater	$ 339.49
69440	Exploration Of Middle Ear	$ 806.49
69450	Tympanolysis Transcanal	$ 751.91
69501	Transmastoid Antrotomy	$ 1,016.65
69502	Mastoidectomy-Complete	$ 1,307.48
69505	Removal Mastoid Structures	$ 1,480.59
69511	Mastoidectomy-Radical	$ 1,542.41
69530	Remove Part Of Temporal Bone	$ 1,792.70
69535	Remove Part Of Temporal Bone	$ 3,096.68
69540	Remove Ear Lesion	$ 135.75
69550	Remove Ear Lesion	$ 1,373.36
69552	Remove Ear Lesion	$ 1,798.31
69554	Remove Ear Lesion	$ 2,462.57
69601	Revise Mastoid Surgery	$ 1,353.81
69602	Revise Mastoid Surgery	$ 1,483.43
69603	Revise Mastoid Surgery	$ 1,559.47
69604	Revise Mastoid Surgery	$ 1,838.81
69605	Revise Mastoid Surgery	$ 1,675.65
69610	Repair Of Eardrum	$ 539.10
69620	Repair Of Eardrum	$ 905.31
69631	Repair Eardrum Structures	$ 1,844.76
69632	Rebuild Eardrum Structures	$ 1,538.47
69633	Tymp Without Mastoid With Torp	$ 1,700.92
69635	Repair Eardrum Structures	$ 1,500.35
69636	Rebuild Eardrum Structures	$ 1,712.04
69637	Tymp With Torp With Ant Or Mastoid	$ 1,719.54
69641	Revise Middle Ear & Mastoid	$ 1,445.26
69642	Revise Middle Ear & Mastoid	$ 1,863.59
69643	Revise Middle Ear & Mastoid	$ 1,828.71
69644	Revise Middle Ear & Mastoid	$ 2,348.50
69645	Revise Middle Ear & Mastoid	$ 1,828.50
69646	Revise Middle Ear & Mastoid	$ 1,982.62
69650	Release Middle Ear Bone	$ 1,080.65
69660	Revise Middle Ear Bone	$ 1,376.08
69661	Stapedectomy W/Footplate Drill Out	$ 1,699.93
69662	Revision Of Stapedectomy Or Stapedotomy	$ 17,105.76
69666	Repair Middle Ear Structures	$ 1,204.22
69667	Repair Middle Ear Structures	$ 1,189.79
69670	Remove Mastoid Air Cells	$ 1,070.45
69676	Tympanic Neurectomy Unilateral	$ 894.03
69700	Close Mastoid Fistula	$ 798.81
69711	Removal Or Repair Of Electromagnetic Bone Conduction He	$ 920.14
69714	Implant Temple Bone W/Stimul	$ 1,371.38
69715	Temple Bne Implnt W/Stimulat	$ 1,707.65
69717	Temple Bone Implant Revision	$ 1,455.39

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
69718	Revise Temple Bone Implant	$ 1,727.54
69720	Release Facial Nerve	$ 1,638.67
69725	Release Facial Nerve	$ 1,696.71
69740	Repair Facial Nerve	$ 1,390.65
69745	Repair Facial Nerve	$ 1,610.67
69801	Incise Inner Ear	$ 1,151.25
69805	Explore Inner Ear	$ 1,362.54
69806	Explore Inner Ear	$ 1,627.20
69905	Remove Inner Ear	$ 1,378.65
69910	Remove Inner Ear & Mastoid	$ 1,694.12
69915	Incise Inner Ear Nerve	$ 1,902.61
69930	Cochlear Device Implantation	$ 2,109.52
69950	Incise Inner Ear Nerve	$ 1,990.80
69955	Release Facial Nerve	$ 2,143.11
69960	Release Inner Ear Canal	$ 1,898.60
69970	Remove Inner Ear Lesion	$ 2,125.64
69990	Microsurgery Add-On	$ 588.35
70010	Contrast X-Ray Of Brain	$ 268.62
70015	Contrast X-Ray Of Brain	$ 140.26
70030	X-Ray Eye For Foreign Body	$ 29.79
70100	X-Ray Exam Of Jaw <4Views	$ 39.95
70110	X-Ray Exam Of Jaw 4/> Views	$ 50.56
70120	X-Ray Exam Of Mastoids	$ 39.56
70130	X-Ray Exam Of Mastoids	$ 57.56
70134	X-Ray Exam Of Middle Ear	$ 55.46
70140	X-Ray Exam Of Facial Bones	$ 46.17
70150	X-Ray Exam Of Facial Bones	$ 60.38
70160	X-Ray Exam Of Nasal Bones	$ 39.39
70170	X-Ray Exam Of Tear Duct	$ 61.56
70190	X-Ray Exam Of Eye Sockets	$ 41.39
70200	X-Ray Exam Of Eye Sockets	$ 61.52
70210	X-Ray Exam Of Sinuses	$ 45.08
70220	X-Ray Exam Of Sinuses	$ 59.31
70240	X-Ray Exam Pituitary Saddle	$ 31.17
70250	X-Ray Exam Of Skull	$ 49.98
70260	X-Ray Exam Of Skull	$ 71.19
70300	X-Ray Exam Of Teeth	$ 18.49
70310	X-Ray Exam Of Teeth	$ 28.91
70320	Full Mouth X-Ray Of Teeth	$ 49.35
70328	X-Ray Exam Of Jaw Joint	$ 34.10
70330	X-Ray Exam Of Jaw Joints	$ 52.84
70332	Temporomandibular Joint Arthrogram	$ 128.31
70336	Magnetic Image Jaw Joint	$ 548.23
70350	X-Ray Head For Orthodontia	$ 27.77
70355	Panoramic X-Ray Of Jaws	$ 45.26
70360	X-Ray Exam Of Neck	$ 33.93
70370	Throat X-Ray & Fluoroscopy	$ 78.08
70371	Speech Evaluation Complex	$ 148.70
70380	X-Ray Exam Of Salivary Gland	$ 40.78
70390	X-Ray Exam Sialography	$ 103.09
70450	Ct Head/Brain W/O Dye	$ 307.33
70460	Ct Head/Brain W/Dye	$ 375.77
70470	Ct Head/Brain W/O & W/Dye	$ 459.35
70480	Ct Orbit/Ear/Fossa W/O Dye	$ 339.16
70481	Ct Orbit/Ear/Fossa W/Dye	$ 339.16
70482	Ct Orbit/Ear/Fossa W/O&W/Dye	$ 404.80

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		PHYSICIAN SERVICES FY2020 RATES
Procedure Code	Procedure Description	Medicaid + 38%
70486	Ct Maxillofacial W/O Dye	$ 328.45
70487	Ct Maxillofacial W/Dye	$ 333.34
70488	Ct Maxillofacial W/O & W/Dye	$ 402.97
70490	Ct Soft Tissue Neck W/O Dye	$ 339.16
70491	Ct Soft Tissue Neck W/Dye	$ 394.16
70492	Ct Sft Tsue Nck W/O & W/Dye	$ 472.46
70496	Ct Angiography Head	$ 565.32
70498	Ct Angiography Neck	$ 565.57
70540	Magnetic Image, Face/Neck	$ 670.50
70542	Mri Orbit/Face/Neck W/Dye	$ 663.79
70543	Mri Orbt/Fac/Nck W/O &W/Dye	$ 1,426.93
70544	Mr Angiography Head W/O Dye	$ 667.01
70545	Mr Angiography Head W/Dye	$ 635.20
70546	Mr Angiograph Head W/O&W/Dye	$ 821.38
70547	Mr Angiography Neck W/O Dye	$ 538.34
70548	Mr Angiography Neck W/Dye	$ 635.20
70549	Mr Angiograph Neck W/O&W/Dye	$ 821.38
70551	Mri Brain Stem W/O Dye	$ 688.48
70552	Mri Brain Stem W/Dye	$ 826.43
70553	Mri Brain Stem W/O & W/Dye	$ 1,460.33
70554	Mri Brain; Not Reg, Physician	$ 803.78
70555	MRI, Brain, Functional MRI, Inc Test and Admin, Reg Physician	$ 163.45
71045	X-Ray Exam Chest 1 View	$ 37.47
71046	X-Ray Exam Chest 2 Views	$ 48.37
71047	X-Ray Exam Chest 3 Views	$ 50.11
71048	X-Ray Exam Chest 4+ Views	$ 55.31
71100	X-Ray Exam Ribs Uni 2 Views	$ 45.89
71101	X-Ray Exam Unilat Ribs/Chest	$ 54.65
71110	X-Ray Exam Ribs Bil 3 Views	$ 60.95
71111	X-Ray Exam Ribs/Chest4/> Vws	$ 60.80
71120	X-Ray Exam Breastbone 2/>Vws	$ 48.73
71130	X-Ray Strenoclavic Jt 3/>Vws	$ 45.28
71250	Ct Thorax W/O Dye	$ 391.19
71260	Ct Thorax W/Dye	$ 456.79
71270	Ct Thorax W/O & W/Dye	$ 463.90
71275	Ct Angiography Chest	$ 771.23
71550	Magnetic Image, Chest (Mri)	$ 680.81
71551	Mri Chest W/Dye	$ 671.55
71552	Mri Chest W/O & W/Dye	$ 853.86
71555	Mri Angio Chest W Or W/O Dye	$ 713.21
72020	X-Ray Exam Of Spine 1 View	$ 32.32
72040	X-Ray Exam Neck Spine 2-3 Vw	$ 47.36
72050	X-Ray Exam Neck Spine 4/5Vws	$ 69.36
72052	X-Ray Exam Neck Spine 6/>Vws	$ 85.06
72070	X-Ray Exam Thorac Spine 2Vws	$ 49.85
72072	X-Ray Exam Thorac Spine 3Vws	$ 54.66
72074	X-Ray Exam Thorac Spine4/>Vw	$ 54.45
72080	X-Ray Exam Thoracolmb 2/> Vw	$ 51.20
72081	X-Ray Exam Entire Spi 1 Vw	$ 50.98
72082	X-Ray Exam Entire Spi 2/3 Vw	$ 87.37
72083	X-Ray Exam Entire Spi 4/5 Vw	$ 89.49
72084	X-Ray Exam Entire Spi 6/> Vw	$ 106.61
72100	X-Ray Exam L-S Spine 2/3 Vws	$ 51.20
72110	X-Ray Exam L-2 Spine 4/>Vws	$ 70.34
72114	X-Ray Exam L-S Spine Bending	$ 75.78
72120	X-Ray Bend Only L-S Spine	$ 53.60

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
72125	Ct Neck Spine W/O Dye	$ 391.19
72126	Ct Neck Spine W/Dye	$ 388.08
72127	Ct Neck Spine W/O & W/Dye	$ 468.22
72128	Ct Chest Spine W/O Dye	$ 391.19
72129	Ct Chest Spine W/Dye	$ 388.08
72130	Ct Chest Spine W/O & W/Dye	$ 468.22
72131	Ct Lumbar Spine W/O Dye	$ 391.19
72132	Ct Lumbar Spine W/Dye	$ 456.03
72133	Ct Lumbar Spine W/O & W/Dye	$ 468.22
72141	Mri Neck Spine W/O Dye	$ 697.22
72142	Mri Neck Spine W/Dye	$ 711.83
72146	Mri Chest Spine W/O Dye	$ 759.97
72147	Mri Chest Spine W/Dye	$ 711.83
72148	Mri Lumbar Spine W/O Dye	$ 751.69
72149	Mri Lumbar Spine W/Dye	$ 702.35
72156	Mri Neck Spine W/O & W/Dye	$ 1,475.97
72157	Mri Chest Spine W/O & W/Dye	$ 1,475.97
72158	Mri Lumbar Spine W/O & W/Dye	$ 1,460.66
72159	Mr Angio Spine W/O&W/Dye	$ 653.43
72170	X-Ray Exam Of Pelvis	$ 39.39
72190	X-Ray Exam Of Pelvis	$ 50.27
72191	Ct Angiograph Pelv W/O&W/Dye	$ 569.57
72192	Ct Pelvis W/O Dye	$ 386.26
72193	Ct Pelvis W/Dye	$ 439.54
72194	Ct Pelvis W/O & W/Dye	$ 528.15
72195	Mri Pelvis W/O Dye	$ 681.17
72196	Magnetic Resonance (Eg, Proton) Imaging, Pelvis	$ 593.88
72197	Mri Pelvis W/O & W/Dye	$ 853.86
72198	Mr Angio Pelvis W/O&W/Dye	$ 603.31
72200	X-Ray Exam Si Joints	$ 34.47
72202	X-Ray Exam Si Joints 3/> Vws	$ 40.03
72220	X-Ray Exam Sacrum Tailbone	$ 42.59
72240	Myelography Neck Spine	$ 252.28
72255	Myelography Thoracic Spine	$ 249.59
72265	Myelography L-S Spine	$ 271.90
72270	Myelogphy 2/> Spine Regions	$ 354.15
72275	Epidurography	$ 133.92
72285	Discography Cerv/Thor Spine	$ 418.95
72295	X-Ray Of Spinal Disk, Back	$ 466.63
73000	X-Ray Exam Of Collar Bone	$ 38.31
73010	X-Ray Exam Of Shoulder Blade	$ 39.39
73020	X-Ray Exam Of Shoulder	$ 35.29
73030	X-Ray Exam Of Shoulder	$ 43.13
73040	Contrast X-Ray Shoulder Arthrography	$ 43.13
73050	X-Ray Exam Of Shoulders	$ 50.07
73060	X-Ray Exam Of Humerus	$ 42.59
73070	X-Ray Exam Of Elbow	$ 37.76
73080	X-Ray Exam Of Elbow	$ 42.59
73085	Xray Elbow Supervision&Interpret	$ 128.31
73090	X-Ray Exam Of Forearm	$ 38.31
73092	X-Ray Exam Of Arm Infant	$ 36.85
73100	X-Ray Exam Of Wrist	$ 37.70
73110	X-Ray Exam Of Wrist	$ 39.88
73115	X-Ray Wrist,Supervision&Interpret	$ 106.03
73120	X-Ray Exam Of Hand	$ 36.85
73130	X-Ray Exam Of Hand	$ 39.88

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		PHYSICIAN SERVICES FY2020 RATES
Procedure Code	**Procedure Description**	**Medicaid + 38%**
73140	X-Ray Exam Of Finger(S)	$ 30.71
73200	Ct Upper Extremity W/O Dye	$ 336.53
73201	Ct Upper Extremity W/Dye	$ 334.21
73202	Ct Uppr Extremity W/O&W/Dye	$ 403.69
73206	Ct Angio Upr Extrm W/O&W/Dye	$ 569.60
73218	Mri Upper Extremity W/O Dye	$ 548.14
73219	Mri Upper Extremity W/Dye	$ 664.48
73220	Mri Uppr Extremity W/O&W/Dye	$ 585.33
73221	Magnetic Resonance (Eg, Proton) Imaging, Any Joint Of U	$ 670.50
73222	Mri Joint Upr Extrem W/Dye	$ 664.48
73223	Mri Joint Upr Extr W/O&W/Dye	$ 845.90
73225	Mr Angio Upr Extr W/O&W/Dye	$ 597.11
73501	X-Ray Exam Hip Uni 1 View	$ 39.37
73502	X-Ray Exam Hip Uni 2-3 Views	$ 54.59
73503	X-Ray Exam Hip Uni 4/> Views	$ 68.12
73521	X-Ray Exam Hips Bi 2 Views	$ 52.67
73522	X-Ray Exam Hips Bi 3-4 Views	$ 64.29
73523	X-Ray Exam Hips Bi 5/> Views	$ 74.74
73525	X-Ray Hip,Arthrography Inter. Only	$ 128.31
73551	X-Ray Exam Of Femur 1	$ 36.53
73552	X-Ray Exam Of Femur 2/>	$ 42.70
73560	X-Ray Exam Of Knee 1 Or 2	$ 39.74
73562	X-Ray Exam Of Knee 3	$ 43.48
73564	X-Ray Exam Knee 4 Or More	$ 49.22
73565	X-Ray Exam Of Knees	$ 38.24
73580	Contrast X-Ray Of Knee Joint	$ 151.37
73590	X-Ray Exam Of Lower Leg	$ 39.39
73592	X-Ray Exam Of Leg Infant	$ 37.33
73600	X-Ray Exam Of Ankle	$ 36.85
73610	X-Ray Exam Of Ankle	$ 39.88
73615	X-Ray Ankle,Arthrography	$ 128.31
73620	X-Ray Exam Of Foot	$ 36.85
73630	X-Ray Exam Of Foot	$ 39.88
73650	X-Ray Exam Of Heel	$ 35.85
73660	X-Ray Exam Of Toe(S)	$ 30.71
73700	Ct Lower Extremity W/O Dye	$ 336.53
73701	Ct Lower Extremity W/Dye	$ 334.37
73702	Ct Lwr Extremity W/O&W/Dye	$ 403.69
73706	Ct Angio Lwr Extr W/O&W/Dye	$ 576.08
73718	Mri Lower Extremity W/O Dye	$ 670.50
73719	Mri Lower Extremity W/Dye	$ 804.89
73720	Mri Lwr Extremity W/O&W/Dye	$ 1,427.62
73721	Mri Jnt Of Lwr Extre W/O Dye	$ 670.50
73722	Mri Joint Of Lwr Extr W/Dye	$ 665.19
73723	Mri Joint Lwr Extr W/O&W/Dye	$ 1,426.93
73725	Mr Ang Lwr Ext W Or W/O Dye	$ 601.36
74018	X-Ray Exam Abdomen 1 View	$ 39.95
74019	X-Ray Exam Abdomen 2 Views	$ 42.75
74021	X-Ray Exam Abdomen 3+ Views	$ 49.82
74022	X-Ray Exam Series Abdomen	$ 62.29
74150	Ct Abdomen W/O Dye	$ 380.12
74160	Ct Abdomen W/Dye	$ 447.60
74170	Ct Abdomen W/O & W/Dye	$ 541.14
74174	Ct Angio Abd&Pelv W/O&W/Dye	$ 765.15
74175	Ct Angio Abdom W/O & W/Dye	$ 575.34
74176	Ct Abd & Pelvis W/O Contrast	$ 231.11

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		PHYSICIAN SERVICES FY2020 RATES
Procedure Code	**Procedure Description**	**Medicaid + 38%**
74177	Ct Abd & Pelv W/Contrast	$ 364.69
74178	Ct Abd & Pelv 1/> Regns	$ 462.26
74181	Magnetic Image/Abdomen (Mri)	$ 681.51
74182	Mri Abdomen W/Dye	$ 672.02
74183	Mri Abdomen W/O & W/Dye	$ 1,438.14
74185	Mri Angio Abdom W Orw/O Dye	$ 712.16
74190	Peritoneogram (Eg, After Injection Of Air Or Contrast),	$ 77.21
74210	Contrst X-Ray Exam Of Throat	$ 75.35
74220	Contrast X-Ray Esophagus	$ 95.16
74221	X-ray of esophagus with double contrast	$ 137.93
74230	Cine/Vid X-Ray Throat/Esoph	$ 106.89
74235	Removal Of Foreign Body(S), Esophageal, With Use Of Fol	$ 195.34
74240	X-Ray Upper Gi Delay W/O Kub	$ 126.88
74246	Contrst X-Ray Uppr Gi Tract	$ 137.02
74248	Follow-through X-ray of upper digestive tract with multiple serial films	$ 104.40
74250	X-Ray Exam Of Small Bowel	$ 102.53
74251	Radiologic Examination, Small Bowel, Includes Multiple	$ 88.51
74261	Ct Colonography Dx	$ 405.82
74262	Ct Colonography Dx W/Dye	$ 553.24
74270	Contrast X-Ray Exam Of Colon	$ 140.30
74280	Contrast X-Ray Exam Of Colon	$ 189.52
74283	Barium Enema, Therapeutic, For Reduction Of Intussuscep	$ 211.71
74290	Contrast X-Ray Gallbladder	$ 82.23
74300	X-Ray Bile Ducts/Pancreas	$ 26.91
74301	Cholangiography During Surgery	$ 14.53
74328	X-Ray Bile Duct Endoscopy	$ 184.19
74329	Cath,Pancreatic Ductal System	$ 184.19
74330	X-Ray Bile/Panc Endoscopy	$ 184.19
74340	Intro Gastrointestinal Tube	$ 151.37
74355	X-Ray Guide Intestinal Tube	$ 166.36
74360	X-Ray Guide Gi Dilation	$ 173.31
74363	X-Ray Bile Duct Dilation	$ 323.40
74400	Contrst X-Ray Urinary Tract	$ 123.88
74410	Contrst X-Ray Urinary Tract	$ 118.05
74415	Contrst X-Ray Urinary Tract	$ 145.58
74420	Contrst X-Ray Urinary Tract	$ 161.74
74425	Contrst X-Ray Urinary Tract	$ 94.34
74430	Contrast X-Ray Bladder	$ 78.84
74440	X-Ray Male Genital Tract	$ 74.93
74445	Corpora Cavernosography Inter. Only	$ 127.46
74450	X-Ray Urethra/Bladder	$ 85.68
74455	X-Ray Urethra/Bladder	$ 106.58
74470	X-Ray Exam Of Kidney Area	$ 91.73
74485	X-Ray Guide Gu Dilation	$ 173.31
74710	X-Ray Measurement Of Pelvis	$ 68.88
74712	Mri Fetal Sngl/1St Gestation	$ 560.90
74713	Mri Fetal Ea Addl Gestation	$ 305.95
74740	X-Ray Female Genital Tract	$ 82.10
74742	X-Ray Fallopian Tube	$ 176.61
74775	Perineogram (Eg, Vaginogram, For Sex Determination Or E	$ 106.48
75557	Cardiac Mri For Morph	$ 588.10
75559	Cardiac Mri W/Stress Img	$ 668.69
75561	Cardiac Mri For Morph W/Dye	$ 794.47
75563	Card Mri W/Stress Img & Dye	$ 916.51
75565	Card Mri Veloc Flow Mapping	$ 120.03
75571	Ct Hrt W/O Dye W/Ca Test	$ 97.21

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
75572	Ct Hrt W/3D Image	$ 349.29
75573	Ct Hrt W/3D Image Congen	$ 496.57
75574	Ct Angio Hrt W/3D Image	$ 511.21
75600	Contrast Exam Thoracic Aorta	$ 576.32
75605	Contrast Exam Thoracic Aorta	$ 621.03
75625	Contrast Exam Abdominl Aorta	$ 734.67
75630	X-Ray Aorta Leg Arteries	$ 811.77
75635	Ct Angio Abdominal Arteries	$ 611.57
75705	Artery X-Rays Spine	$ 693.39
75710	Artery X-Rays Arm/Leg	$ 735.02
75716	Artery X-Rays Arms/Legs	$ 747.06
75726	Artery X-Rays Abdomen	$ 621.03
75731	Artery X-Rays Adrenal Gland	$ 621.03
75733	Artery X-Rays Adrenals	$ 632.80
75736	Artery X-Rays Pelvis	$ 621.03
75741	Artery X-Rays Lung	$ 632.80
75743	Artery X-Rays Lungs	$ 657.28
75746	Artery X-Rays Lung	$ 621.03
75756	Artery X-Rays Chest	$ 621.03
75774	Artery X-Ray Each Vessel	$ 676.92
75801	Lymph Vessel X-Ray Arm/Leg	$ 289.44
75803	Lymph Vessel X-Ray Arms/Legs	$ 313.85
75805	Lymph Vessel X-Ray Trunk	$ 318.48
75807	Lymph Vessel X-Ray Trunk	$ 342.85
75809	Nonvascular Shunt X-Ray	$ 65.78
75810	Vein X-Ray Spleen/Liver	$ 621.03
75820	Vein X-Ray Arm/Leg	$ 101.46
75822	Vein X-Ray Arms/Legs	$ 233.34
75825	Vein X-Ray Trunk	$ 734.55
75827	Vein X-Ray Chest	$ 621.03
75831	Vein X-Ray Kidney	$ 621.03
75833	Vein X-Ray Kidneys	$ 645.52
75840	Vein X-Ray Adrenal Gland	$ 621.03
75842	Vein X-Ray Adrenal Glands	$ 645.52
75860	Vein X-Ray Neck	$ 621.03
75870	Vein X-Ray Skull	$ 621.03
75872	Vein X-Ray Skull Epidural	$ 621.03
75880	Vein X-Ray Eye Socket	$ 89.58
75885	Vein X-Ray Liver W/Hemodynam	$ 642.31
75887	Vein X-Ray Liver W/O Hemodyn	$ 256.47
75889	Vein X-Ray Liver W/Hemodynam	$ 237.83
75891	Vein X-Ray Liver	$ 774.03
75893	Venous Sampling Thru Catheter	$ 194.64
75894	X-Rays Transcath Therapy	$ 1,156.34
75898	Angiogram Thru Existing Catheter	$ 163.60
75901	Remove Cva Device Obstruct	$ 207.17
75902	Remove Cva Lumen Obstruct	$ 100.86
75956	Xray Endovascular Repair of Decending Thoratic Aorta	$ 448.33
75970	Transcatheter Biopsy Sup&Int Only	$ 567.84
75984	Change Percutaneous Drainage Cathet	$ 163.31
75989	Radiological Guidance For Percutaneous Drainage Of Absc	$ 264.74
76000	Fluoroscope Examination	$ 79.81
76010	X-Ray Nose To Rectum	$ 39.95
76080	X-Ray Fistula Or Sinus Tract	$ 94.70
76098	X-Ray Exam Breast Specimen	$ 32.87
76100	X-Ray Exam Of Body Section	$ 92.39

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
76101	Radiologic Exam Comp Motion Body Sec	$ 101.61
76102	Radiologic Exam/Body Section	$ 115.46
76120	Cinema X-Rays	$ 83.21
76125	Cine/Video X-Rays Add-On	$ 52.56
76140	X-Ray Consultation	$ 20.81
76376	3D Render W/O Postprocess	$ 94.41
76377	3D Rendering W/Postprocess	$ 126.53
76380	Cat Scan Follow-Up Study	$ 253.63
76391	MRE	$ 308.64
76496	Fluoroscopic Procedure	$ 50.94
76506	Echoencephalography B-Mode Complete	$ 122.99
76510	Ophth Us B & Quant A	$ 204.20
76511	Ophth Us Quant A Only	$ 110.62
76512	Ophth Us B W/Non-Quant A	$ 91.62
76513	Echo Exam Of Eye Water Bath	$ 112.04
76514	Echo Exam Of Eye Thickness	$ 17.61
76516	Echo Exam Of Eye	$ 226.25
76519	Echo Exam Of Eye	$ 73.40
76529	Echo Eye Foreign Body Localzation	$ 98.63
76536	Echography, Soft Tissues Of Head And Neck (Eg, Thyroid,	$ 115.37
76604	Us Exam Chest	$ 108.01
76641	Ultrasound Breast Complete	$ 144.98
76642	Ultrasound Breast Limited	$ 118.91
76700	Us Exam Abdom Complete	$ 162.78
76705	Echo Exam Of Abdomen	$ 118.27
76706	Us Abdl Aorta Screen Aaa	$ 122.25
76770	Us Exam Abdo Back Wall Comp	$ 157.50
76775	Us Exam Abdo Back Wall Lim	$ 173.16
76776	Ultrasound Transplanted Kidney	$ 173.16
76800	Us Exam Spinal Canal	$ 156.44
76801	Ob Us < 14 Wks Single Fetus	$ 183.20
76802	Ob Us < 14 Wks Addl Fetus	$ 92.63
76805	Ob Us >/= 14 Wks Sngl Fetus	$ 183.20
76810	Ob Us >/= 14 Wks Addl Fetus	$ 135.74
76811	Ob Us Detailed Sngl Fetus	$ 336.80
76812	Ob Us Detailed Addl Fetus	$ 203.52
76813	Ob Us Nuchal Meas 1 Gest	$ 167.75
76814	Ob Us Nuchal Meas Add-On	$ 110.44
76815	Ob Us Limited Fetus(S)	$ 122.43
76816	Ob Us Follow-Up Per Fetus	$ 122.07
76817	Transvaginal Us Obstetric	$ 134.30
76818	Fetal Biophys Profile W/Nst	$ 157.53
76819	Fetl Biophys Profil W/O Strs	$ 141.77
76820	Umbilical Artery Echo	$ 64.18
76821	Middle Cerebral Artery Echo	$ 123.08
76825	Echocardiography, Fetal Heart In Utero	$ 228.31
76826	Echocardiography, Fetal, Cardiovascular System, Real Ti	$ 99.48
76827	Echo Exam Of Fetal Heart	$ 134.29
76828	Echo Exam Of Fetal Heart	$ 101.50
76830	Transvaginal Us Non-Ob	$ 130.56
76831	Echo Exam Uterus	$ 155.17
76856	Us Exam Pelvic Complete	$ 130.56
76857	Us Exam Pelvic Limited	$ 108.50
76870	Us Exam Scrotum	$ 126.75
76872	Us Transrectal	$ 130.23
76873	Echograp Trans R Pros Study	$ 230.61

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
76881	Us Xtr Non-Vasc Complete	$ 187.54
76882	Us Xtr Non-Vasc Lmtd	$ 52.27
76885	Us Exam Infant Hips Dynamic	$ 134.37
76886	Us Exam Infant Hips Static	$ 123.48
76932	Ultrasonic Guidance For Endomyocardial Biopsy Supervisi	$ 112.91
76936	Echo Guide For Artery Repair	$ 280.37
76937	Us Guide Vascular Access	$ 44.27
76942	Ultrasonic Guidance,Needle Biopsy	$ 179.84
76945	Echo Guide Villus Sampling	$ 129.22
76946	Ultrasonic Guidance,Amniocentesis	$ 107.57
76948	Echo Guide Ova Aspiration	$ 92.13
76965	Echo Guidance Radiotherapy	$ 169.52
76970	Ultrasound Exam Follow-Up	$ 67.41
76975	Gastrointestinal Endoscopic Ultrasound, Radiological Su	$ 120.83
76977	Us Bone Density Measure	$ 14.79
76978	Ultrasound Using Targeted Microbubble Contrast of First Lesion	$ 425.41
76979	Ultrasound Using Targeted Microbubble Contrast of Additonal Lesion	$ 288.70
76981	Elastography Ultrasound of Organ Tissue	$ 140.87
76982	Elastography Ultrasound of First Lesion	$ 124.19
76983	Elastography Ultrasound of Additional Lesion	$ 77.39
76998	Us Guide Intraop	$ 196.24
77001	Fluoro Guid For Cva Placement	$ 136.80
77002	Mri Bone Marrow Blood Supply	$ 107.67
77003	Fluoroguide For Spine Inject	$ 110.54
77011	Ct Guidance Stereotactic Localization	$ 438.94
77012	Ct Needle Placement	$ 511.55
77014	Ct Radiation Therapy Fields	$ 215.89
77021	Ct Radiation Therapy Fields	$ 548.04
77046	Mri Of One Breast	$ 962.69
77047	Mri Of Both Breasts	$ 1,014.40
77048	Mri Of One Breast With And Without Contrast	$ 962.69
77049	Mri Of Both Breasts With And Without Contrast	$ 1,014.48
77053	Mammary Ductogram Single Duct	$ 89.67
77054	Mammary Ductogram Multiple Ducts	$ 188.44
77063	Breast Tomosynthesis Bi	$ 74.85
77065	Dx Mammo Incl Cad Uni	$ 106.91
77066	Dx Mammo Incl Cad Bi	$ 139.82
77067	Scr Mammo Bi Incl Cad	$ 115.66
77071	X-Ray Stress View	$ 34.31
77072	X-Rays For Bone Age	$ 40.53
77073	X-Rays Bone Length Studies	$ 62.00
77074	X-Rays Bone Survey Limited	$ 85.19
77075	X-Rays Bone Survey Complete	$ 114.24
77076	X-Rays Bone Survey Infant	$ 90.11
77077	Joint Survey Single View	$ 81.24
77078	Ct Bone Density Axial	$ 170.79
77080	Dxa Bone Density Axial	$ 182.38
77081	Bone Density Study Peripheral	$ 56.17
77084	Magnetic Image Bone Marrow	$ 593.88
77085	Dxa Bone Density Study	$ 75.75
77086	Fracture Assessment Via Dxa	$ 47.72
77261	Treatment Planning, Simple	$ 99.86
77262	Therap Radiology Treat Plan Intermed	$ 150.63
77263	Therap Radiology Treat Plan Complex	$ 238.04
77280	Radiation Therapy	$ 230.60
77285	Radiation Therapy Intermediate	$ 312.45

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		PHYSICIAN SERVICES FY2020 RATES
Procedure Code	**Procedure Description**	**Medicaid + 38%**
77290	Radiation Therapy Complex	$ 450.65
77293	Respirator Motion Mgmt Simul	$ 450.17
77295	Therapeutic Radiology Simulation-Aided Field Setting; B	$ 1,778.16
77300	Radiation Therapy	$ 115.62
77301	Radiotherapy Dose Plan Imrt	$ 2,846.72
77306	Telethx Isodose Plan Simple	$ 193.75
77307	Telethx Isodose Plan Cplx	$ 377.90
77316	Brachytx Isodose Plan Simple	$ 248.55
77317	Brachytx Isodose Intermed	$ 325.24
77318	Brachytx Isodose Complex	$ 469.05
77321	Special Teletx Port Plan	$ 239.28
77331	Special Dosimetry (Tld)	$ 90.13
77332	Treatment Devices Simp,Block & Bolus	$ 95.55
77333	Treatment Devices Intermediate	$ 140.26
77334	Treatment Devices Complex	$ 258.90
77336	Radiation Physics Consu	$ 153.88
77338	Design Mlc Device For Imrt	$ 637.20
77370	Special Med Radiation Physics Consul	$ 149.61
77371	Srs Multisource	$ 1,519.17
77372	Srs Linear Based	$ 1,152.20
77373	Radiation Treatment Delivery	$ 2,151.82
77385	Ntsty Modul Rad Tx Dlvr Smpl	$ 375.44
77386	Ntsty Modul Rad Tx Dlvr Cplx	$ 375.44
77387	Guidance For Radiaj Tx Dlvr	$ 141.33
77401	Radiation Treatment Delivery, Superficial And/Or Ortho	$ 76.49
77402	Radiation Treatment Delivery	$ 76.49
77407	Radiation Treatment Delivery	$ 89.93
77412	Radiation Treatment Delivery	$ 100.40
77417	Radiology Port Images(S)	$ 30.69
77423	Neutron Beam Tx Complex	$ 297.90
77427	Radiation Tx Management X5	$ 244.49
77431	Radiation Therapy Management With Complete Course Of Th	$ 104.41
77432	Stereotactic Radiation Treatment Management Of Cerebral	$ 604.47
77435	Radiation Tx Management	$ 914.10
77469	Io Radiation Tx Management	$ 443.30
77470	Special Radiation Treatment Procedur	$ 575.52
77600	Hyperthermia, Externally Generated; Superficial (Ie, He	$ 239.28
77605	Hyperthermia, Externally Generated; Deep (Ie, Heating T	$ 319.19
77610	Hyperthermia Generated By Interstitial Probe(S); 5 Or F	$ 239.28
77615	Hyperthermia Generated By Interstitial Probe(S); More T	$ 319.19
77620	Hyperthermia Generated By Intracavitary Probe(S)	$ 239.28
77750	Infusion Of Radioact. Mat. For Ther.	$ 380.27
77761	Intracavitary Radioelement App Simp	$ 354.63
77762	Apply Intrcav Radiat Interm	$ 525.78
77763	Apply Intrcav Radiat Compl	$ 747.12
77767	Hdr Rdncl Skn Surf Brachytx	$ 299.18
77768	Hdr Rdncl Skn Surf Brachytx	$ 469.02
77770	Hdr Rdncl Ntrstl/Icav Brchtx	$ 426.90
77771	Hdr Rdncl Ntrstl/Icav Brchtx	$ 795.13
77772	Hdr Rdncl Ntrstl/Icav Brchtx	$ 1,212.98
77778	Apply Interstit Radiat Compl	$ 944.93
77789	Apply Surf Ldr Radionuclide	$ 91.71
77790	Supv Handling Loading Of Radioelemnt	$ 94.30
78012	Thyroid Uptake Measurement	$ 118.83
78013	Thyroid Imaging W/Blood Flow	$ 300.45
78014	Thyroid Imaging W/Blood Flow	$ 347.19

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		PHYSICIAN SERVICES FY2020 RATES
Procedure Code	**Procedure Description**	**Medicaid + 38%**
78015	Thyroid Carcinoma Metastases Imaging	$ 157.94
78016	Thyroid Carcinoma Metastases-Add.Sty	$ 207.47
78018	Thyroid Met Imaging Body	$ 299.38
78020	Thyroid Met Uptake	$ 111.39
78070	Parathyroid Imaging	$ 60.32
78071	Parathyrd Planar W/Wo Subtrj	$ 517.60
78072	Parathyrd Planar W/Spect&Ct	$ 112.00
78075	Adrenal Cortex & Medulla Img	$ 285.27
78102	Bone Marrow Imaging Ltd	$ 126.23
78103	Bone Marrow Imaging Mult	$ 188.27
78104	Bone Marrow Imaging Body	$ 230.93
78110	Plasma Volume Single	$ 53.90
78111	Plasma Volume Multiple	$ 126.26
78120	Red Cell Mass Single	$ 91.02
78121	Red Cell Mass Multiple	$ 147.05
78122	Whole Blood Volume Determination, Including Separate Me	$ 194.95
78130	Nuclear Exam,Red Blood Cells	$ 179.37
78135	Red Cell Surv. Study-Plus Sequestra.	$ 254.11
78140	Nuclear Exam,Red Blood Cells	$ 211.95
78185	Spleen Imaging Only-Static	$ 129.24
78191	Platelet Survival	$ 358.28
78195	Lymphatics/Lymph Glands Imaging	$ 224.08
78201	Liver Imaging-Static	$ 131.57
78202	Liver Imaging With Vascular Flow	$ 159.75
78215	Liver And Spleen Imaging-Static	$ 183.39
78216	Liver & Spleen Image/Flow	$ 201.42
78226	Hepatobiliary System Imaging	$ 530.94
78227	Hepatobil Syst Image W/Drug	$ 643.54
78230	Salivary Gland Imaging-Static	$ 125.37
78231	Salivary Gland Imaging W/Serial View	$ 172.80
78232	Salivary Gland Function Study	$ 185.27
78258	Esophageal Motility	$ 175.62
78261	Gastric Mucosa Imaging	$ 224.93
78262	Gastroesophageal Reflux Study	$ 271.03
78264	Gastric Emptying Imag Study	$ 271.71
78265	Gastric Emptying Imag Study	$ 502.60
78266	Gastric Emptying Imag Study	$ 651.15
78267	Breath Tst Attain/Anal C-14	$ 15.26
78268	Breath Test Analysis C-14	$ 130.29
78278	Acute Gastrointestinal Bld Loss Imag	$ 278.46
78290	Meckels Divert Exam	$ 178.23
78291	Peritoneal-Venous Shunt Patency Test (Eg, For Leveen Sh	$ 192.28
78300	Bone Imaging Limited Area	$ 175.62
78305	Bone Imaging Multiple Areas	$ 251.16
78306	Bone Imaging Whole Body	$ 285.01
78315	Bone Imaging 3 Phase	$ 323.31
78350	Bone Mineral Single Photon	$ 48.07
78351	Bone Mineral Dual Photon	$ 97.41
78414	Determination - Ventricular Ejection	$ 29.66
78428	Cardiac Shunt Detection	$ 151.39
78429	Single nuclear medicine study of heart muscle with metabolic evaluation and cond	$ 104.60
78430	Single nuclear medicine study of blood flow in heart muscle with concurrently acq	$ 99.22
78431	Multiple nuclear medicine studies of blood flow in heart muscle at rest and with st	$ 115.30
78432	Combined nuclear medicine study of blood flow in heart muscle with metabolic ev	$ 122.88
78433	Combined nuclear medicine study of blood flow in heart muscle with metabolic ev	$ 134.25
78434	Nuclear medicine absolute quantification of blood flow in heart muscle	$ 38.93

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		PHYSICIAN SERVICES FY2020 RATES
Procedure Code	Procedure Description	Medicaid + 38%
78445	Vascular Flow Study Imaging	$ 135.46
78451	Ht Muscle Image Spect Sing	$ 294.56
78452	Ht Muscle Image Spect Mult	$ 500.36
78453	Ht Muscle Image Planar Sing	$ 255.56
78454	Ht Musc Image Planar Mult	$ 247.37
78456	Acute Venous Thrombus Image	$ 332.66
78457	Venous Thrombosis Imaging Unilateral	$ 168.13
78458	Ven Thrombosis Images Bilat	$ 234.82
78459	Heart Muscle Imaging (PET)	$ 90.10
78466	Myocardial Imaging, Infarct Avid, At Rest Qualitative	$ 282.20
78468	Heart Infarct Image (Ef)	$ 313.45
78469	Myocardial Imaging, Infarct Avid, At Rest With Emission	$ 288.70
78472	Gated Heart Planar Single	$ 359.02
78473	Gated Heart Multiple	$ 457.47
78481	Heart First Pass Single	$ 311.00
78483	Heart First Pass Multiple	$ 440.62
78491	Heart Image (PET) Single	$ 90.56
78492	Heart Image (PET) Multiple	$ 114.47
78494	Heart Image Spect	$ 345.73
78496	Heart First Pass Add-On	$ 122.50
78579	Lung Ventilation Imaging	$ 336.86
78580	Pulmonary Perfusion Imaging-Particu.	$ 232.36
78582	Lung Ventilat&Perfus Imaging	$ 588.56
78597	Lung Perfusion Differential	$ 369.15
78598	Lung Perf&Ventilat Diferentl	$ 550.88
78600	Brain Imaging-Limited Proc-Static	$ 179.70
78601	Brain Imaging, Ltd W/Flow	$ 196.88
78605	Brain Imaging-Complete-Static	$ 183.84
78606	Brain Imaging, Compl W/Flow	$ 210.88
78610	Brain Imaging-Vascular Flow Study	$ 139.52
78630	Cerebrospinal Fluid Flow-Cisternogra	$ 264.35
78635	Cerebrospinal Flow Image-Ventriculog	$ 152.23
78645	Cerebrospinal Flow Image-Shunt Eval.	$ 186.13
78650	Csf Imaging For Csf Leakage	$ 242.23
78660	Dacryocystography	$ 128.70
78700	Kidney Imaging Morphol	$ 190.81
78701	Kidney Imaging W/Vascular Flow	$ 187.03
78707	Kidney Flow/Function Image	$ 302.39
78708	Kidney Flow/Function Image	$ 320.78
78709	K Flow/Funct Image Multiple	$ 237.97
78725	Kidney Function Sutdy-Clearance	$ 140.66
78730	Urinary Bladder Residual Study	$ 87.51
78740	Ureteral Reflux Study	$ 151.54
78761	Testicular Imaging/Flow	$ 187.22
78800	Tumor Imaging Limited Area	$ 191.61
78801	Tumor Imaging Mult Areas	$ 236.79
78802	Tumor Imaging Whole Body	$ 298.02
78803	Tumor Localization (Spect)	$ 357.27
78804	Tumor Imaging Whole Body	$ 708.49
78808	Iv Inj Ra Drug Dx Study	$ 56.25
78815	Pet Image W/Ct Skull-Thigh	$ 6,021.31
78816	Pet Image W/Ct Full Body	$ 6,021.31
78830	SPECT nuclear medicine localization of tumor or inflammation or study of distribu	$ 638.35
78831	SPECT nuclear medicine localization of tumor or inflammation or study of distribu	$ 923.34
78832	SPECT nuclear medicine localization of tumor or inflammation or study of distribu	$ 1,202.93
78835	Quantification of radioactive tracer	$ 133.47

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		PHYSICIAN SERVICES FY2020 RATES
Procedure Code	**Procedure Description**	**Medicaid + 38%**
79005	Nuclear Rx Oral Admin	$ 193.37
79101	Nuclear Rx Iv Admin	$ 217.54
79200	Nuclear Rx Intracav Admin	$ 251.35
79300	Nuclr Rx Interstit Colloid	$ 106.55
79403	Hematopoietic Nuclear Tx	$ 275.66
79440	Nuclear Rx Intra-Articular	$ 251.35
80047	Metabolic Panel Ionized Ca	$ 18.95
80048	Basic Metabolic Panel	$ 11.67
80050	General Health Screen Panel	$ 81.08
80051	Electrolyte Panel	$ 9.67
80053	Comprehen Metabolic Panel	$ 14.57
80055	Obstetric Profile	$ 65.98
80061	Lipid Profile	$ 18.48
80069	Renal Function Panel	$ 11.98
80074	Acute Hepatitis Panel	$ 65.73
80076	Hepatic Function Panel	$ 11.27
80081	Obstetric Panel	$ 103.31
80150	Amikacin	$ 20.81
80155	Drug Assay Caffeine	$ 53.23
80156	Assay Carbamazepine Total	$ 20.11
80157	Assay Carbamazepine Free	$ 18.29
80158	Drug Assay Cyclosporine	$ 24.91
80159	Drug Assay Clozapine	$ 27.81
80162	Assay Of Digoxin Total	$ 18.33
80163	Assay Of Digoxin Free	$ 18.33
80164	Assay Dipropylacetic Acd Tot	$ 18.69
80165	Dipropylacetic Acid Free	$ 18.69
80168	Ethosuximide	$ 22.55
80169	Drug Assay Everolimus Level	$ 18.95
80170	Assay Of Gentamicin	$ 22.60
80171	Drug Screen Quant Gabapentin	$ 29.90
80173	Assay Of Haloperidol	$ 21.78
80175	Drug Screen Quan Lamotrigine	$ 18.29
80176	Assay Of Lidocaine	$ 20.27
80177	Drug Scrn Quan Levetiracetam	$ 18.29
80178	Assay Of Lithium	$ 9.12
80180	Mycophenolate Level	$ 24.91
80183	Drug Scrn Quant Oxcarbazepin	$ 18.29
80184	Assay Of Phenobarbital	$ 21.11
80185	Assay Of Phenytoin Total	$ 18.29
80186	Assay Of Phenytoin Free	$ 18.99
80188	Assay Of Primidone	$ 22.89
80190	Assay Of Procainamide	$ 82.80
80192	Assay Of Procainamide	$ 23.12
80194	Assay Of Quinidine	$ 20.15
80195	Assay Of Sirolimus	$ 18.95
80197	Assay Of Tacrolimus	$ 18.95
80198	Assay Of Theophylline	$ 19.51
80199	Drug Screen Quant Tiagabine	$ 37.41
80200	Assay Of Tobramycin	$ 22.26
80201	Assay Of Topiramate	$ 16.45
80202	Assay Of Vancomycin	$ 18.69
80203	Drug Screen Quant Zonisamide	$ 18.29
80299	Quantitative Assay Drug	$ 25.72
80305	Drug Testing For Presence Of Drug	$ 17.39
80306	Drug Test Prsmv Instrmnt	$ 23.65

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
80307	Testing For Presence Of Drug	$ 85.75
80400	Acth Stimulation Panel; For Adrenal Insufficiency	$ 45.02
80402	Acth Stimulation Panel; For 21 Hydroxylase Deficiency	$ 120.00
80406	Acth Stimulation Panel; For 3 Beta-Hydroxydehydrogenase	$ 108.00
80408	Aldosterone Suppression Evaluation Panel (Eg, Saline In	$ 173.19
80410	Calcitonin Stimul Panel	$ 110.91
80412	Corticotropic Releasing Hormone (Crh) Stimulation Panel	$ 1,106.24
80414	Chorionic Gonadotrophin Stimulation Panel; Testosterone	$ 71.26
80415	Chorionic Gonadotrophin Stimulation Panel; Estradiol Re	$ 77.13
80416	Renin Stimulation Panel	$ 288.86
80417	Renin Stimulation Panel	$ 60.71
80418	Combined Rapid Anterior Pituitary Evaluation Panel	$ 799.68
80420	Dexamethasone Suppression Panel, 48 Hour	$ 223.39
80422	Glucagon Tolerance Panel; For Insulinoma	$ 63.58
80424	Glucagon Tolerance Panel; For Pheochromocytoma	$ 69.69
80426	Gonadotropin Releasing Hormone Stimulation Panel	$ 204.81
80428	Growth Hormone Stimulation Panel (Eg, Arginine Infusion	$ 92.05
80430	Growth Hormone Suppression Panel (Glucose Administratio	$ 178.48
80432	Insulin-Induced C-Peptide Suppression Panel	$ 228.54
80434	Insulin Tolerance Panel; For Acth Insufficiency	$ 393.34
80435	Insulin Tolerance Panel; For Growth Hormone Deficiency	$ 142.14
80436	Metyrapone Panel	$ 125.80
80438	Thyrotropin Releasing Hormone (Trh) Stimulation Panel;	$ 69.57
80439	Thyrotropin Releasing Hormone (Trh) Stimulation Panel;	$ 92.75
80500	Clinical Pathology Consultation; Limited, Without Revie	$ 25.35
80502	Lab Pathology Consultation	$ 70.39
81000	Urinalysis Nonauto W/Scope	$ 5.55
81001	Urinalysis Auto W/Scope	$ 4.37
81002	Routine Urinalysis W/O Micro	$ 4.80
81003	Urinalysis Auto W/O Scope	$ 3.11
81005	Urinalysis Chemical Qualitative	$ 2.99
81007	Urinalysis Bacteriuria Screen, By Non-Culture Technique	$ 41.37
81015	Microscopic Urine Exam	$ 4.21
81020	Urinalysis Glass Test	$ 6.49
81025	Urine Pregnancy Test, By Visual Color Comparison Method	$ 11.88
81050	Urinalysis Volume Measure	$ 5.02
81099	Unlisted Urinalysis Procedure	$ 17.43
81105	Hpa-1 Genotyping	$ 168.66
81106	Hpa-2 Genotyping	$ 168.66
81107	Hpa-3 Genotyping	$ 168.66
81108	Hpa-4 Genotyping	$ 168.66
81109	Hpa-5 Genotyping	$ 168.66
81110	Hpa-6 Genotyping	$ 168.66
81111	Hpa-9 Genotyping	$ 168.66
81112	Hpa-15 Genotyping	$ 168.66
81120	Idh1 Common Variants	$ 266.69
81121	Idh2 Common Variants	$ 408.19
81161	Dmd Dup/Delet Analysis	$ 385.02
81162	Brca1&2 Seq & Full Dup/Del	$ 2,518.33
81163	Gene Analysis (Breast Cancer 1 And 2) Of Full Sequence	$ 645.84
81164	Gene Analysis (Breast Cancer 1 And 2) For Duplication Or Deletion Variants	$ 806.24
81165	Gene Analysis (Breast Cancer 1) Of Full Sequence	$ 390.37
81166	Gene Analysis (Breast Cancer 1) For Duplication Or Deletion Variants	$ 415.86
81167	Gene Analysis (Breast Cancer 2) For Duplication Or Deletion Variants	$ 390.37

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		PHYSICIAN SERVICES FY2020 RATES
Procedure Code	Procedure Description	Medicaid + 38%
81170	Gene Analysis	$ 414.00
81171	Gene Analysis (Fragile X Mental Retardation 2) For Abnormal Alleles	$ 189.06
81172	Gene Analysis	$ 379.27
81173	Gene Analysis (Androgen Receptor) Of Full Sequence	$ 415.86
81174	Gene Analysis (Androgen Receptor) For Known Familial Variant	$ 255.58
81175	Gene Analysis	$ 933.57
81176	Gene Analysis	$ 333.82
81177	Gene Analysis (Atropin 1) For Abnormal Alleles	$ 189.06
81178	Gene Analysis (Ataxin 1) For Abnormal Alleles	$ 189.06
81179	Gene Analysis (Ataxin 2) For Abnormal Alleles	$ 189.06
81180	Gene Analysis (Ataxin 3) For Abnormal Alleles	$ 189.06
81181	Gene Analysis (Ataxin 7) For Abnormal Alleles	$ 189.06
81182	Gene Analysis (Ataxin 8 Opposite Strand [Non-Protein Coding]) For Abnormal	$ 189.06
81183	Gene Analysis (Ataxin 10) For Abnormal Alleles	$ 189.06
81184	Gene Analysis (Calcium Voltage-Gated Channel Subunit Alpha1 A) For	$ 189.06
81185	Gene Analysis (Calcium Voltage-Gated Channel Subunit Alpha1 A) Of Full	$ 1,167.85
81186	Gene Analysis (Calcium Voltage-Gated Channel Subunit Alpha1 A) For Known	$ 255.58
81187	Gene Analysis (Cch-Type Zinc Finger Nucleic Acid Binding Protein) For	$ 189.06
81188	Gene Analysis (Cystatin B) For Abnormal Alleles	$ 189.06
81189	Cstb Gene Full Gene Sequence	$ 379.27
81190	Gene Analysis (Cystatin B) For Known Familial Variants	$ 255.58
81200	Aspa Gene	$ 65.21
81201	Apc Gene Full Sequence	$ 1,076.40
81202	Apc Gene Known Fam Variants	$ 386.40
81203	Apc Gene Dup/Delet Variants	$ 276.00
81204	Gene Analysis (Androgen Receptor) For Characterization Of Alleles	$ 189.06
81205	Bckdhb Gene	$ 131.09
81206	Bcr/Abl1 Gene Major Bp	$ 226.26
81207	Bcr/Abl1 Gene Minor Bp	$ 199.88
81208	Bcr/Abl1 Gene Other Bp	$ 296.18
81209	Blm Gene	$ 54.25
81210	Braf Gene	$ 242.05
81212	Brca1&2 185&5385&6174 Var	$ 607.20
81215	Brca1 Gene Known Fam Variant	$ 517.85
81216	Brca2 Gene Full Sequence	$ 255.47
81217	Brca2 Gene Known Fam Variant	$ 517.85
81218	Cebpa Gene Full Sequence	$ 333.82
81219	Calr Gene Com Variants	$ 167.85
81220	Cftr Gene Com Variants	$ 768.11
81221	Cftr Gene Known Fam Variants	$ 134.16
81222	Cftr Gene Dup/Delet Variants	$ 600.40
81223	Cftr Gene Full Sequence	$ 688.62
81224	Cftr Gene Intron Poly T	$ 232.88
81225	Cyp2C19 Gene Com Variants	$ 402.08
81226	Gene Analysis, Cyp2D6 Gene For Common Variants	$ 622.26
81227	Cyp2C9 Gene Com Variants	$ 241.24
81228	Cytogen Micrarray Copy Nmbr	$ 1,242.00
81229	Cytogen M Array Copy No&Snp	$ 1,600.80
81232	Dpyd Gene Common Variants	$ 241.24
81233	Gene Analysis (Bruton'S Tyrosine Kinase) For Common Variants	$ 242.05
81234	Gene Analysis (Dm1 Protein Kinase) For Abnormal Alleles	$ 189.06
81235	Egfr Gene Com Variants	$ 447.92
81236	Ezh2 Gene Full Gene Sequence	$ 390.37
81237	Ezh2 Gene Common Variants	$ 242.05
81238	F9 Full Gene Sequence	$ 828.00
81239	Gene Analysis (Dm1 Protein Kinase) For Characterization Of Alleles	$ 379.27

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		PHYSICIAN SERVICES FY2020 RATES
Procedure Code	Procedure Description	Medicaid + 38%
81240	F2 Gene	$ 90.65
81241	F5 Gene	$ 101.25
81242	Fancc Gene	$ 50.54
81243	Fmr1 Gene Detection	$ 78.72
81244	Fmr1 Gene Charac Alleles	$ 61.95
81245	Flt3 Gene	$ 228.40
81246	Flt3 Gene Analysis	$ 114.54
81247	G6Pd Gene Alys Cmn Variant	$ 241.24
81248	G6Pd Known Familial Variant	$ 517.85
81249	G6Pd Full Gene Sequence	$ 828.00
81250	G6Pc Gene	$ 80.72
81251	Gba Gene	$ 65.21
81252	Gjb2 Gene Full Sequence	$ 139.55
81253	Gjb2 Gene Known Fam Variants	$ 84.90
81254	Gjb6 Gene Com Variants	$ 48.30
81255	Hexa Gene	$ 71.00
81256	Hfe Gene Analysis, Common Variants	$ 90.20
81257	Hba1/Hba2 Gene	$ 141.12
81258	Hba1/Hba2 Gene Gam Vrnt	$ 517.85
81259	Hba1/Hba2 Full Gene Sequence	$ 828.00
81260	Ikbkap Gene	$ 54.25
81261	Igh Gene Rearrange Amp Meth	$ 273.23
81262	Igh Gene Rearrang Dir Probe	$ 94.60
81263	Igh Vari Regional Mutation	$ 406.44
81264	Igk Rearrangeabn Clonal Pop	$ 238.37
81265	Str Markers Specimen Anal	$ 321.64
81266	Str Markers Spec Anal Addl	$ 420.64
81267	Chimerism Anal No Cell Selec	$ 286.29
81268	Chimerism Analysis W/ Cell Select	$ 359.89
81269	Hba1/Hba2 Gene Dup/Del Vrnts	$ 279.31
81270	Jak2 Gene	$ 126.49
81271	Gene Analysis (Huntingtin) For Abnormal Alleles	$ 189.06
81272	Kit Gene Targeted Seq Analys	$ 454.72
81273	Kit Gene Analys D816 Variant	$ 172.32
81274	Gene Analysis (Huntingtin) For Characterization Of Alleles	$ 379.27
81275	Kras Gene Variants Exon 2	$ 266.69
81276	Kras Gene Addl Variants	$ 266.69
81284	Gene Analysis (Frataxin) For Abnormal Alleles	$ 189.06
81285	Gene Analysis (Frataxin) For Characterization Of Alleles	$ 379.27
81286	Gene Analysis (Frataxin) Of Full Sequence	$ 379.27
81287	Mgmt Gene Prmtr Mthyltn Alys	$ 172.00
81288	Mlh1 Gene	$ 265.40
81289	Gene Analysis (Frataxin) For Known Familial Variants	$ 255.58
81290	Mcoln1 Gene	$ 54.25
81291	Mthfr Gene	$ 90.17
81292	Mlh1 Gene Full Seq	$ 932.05
81293	Mlh1 Gene Known Variants	$ 456.78
81294	Mlh1 Gene Dup/Delete Variant	$ 279.31
81295	Msh2 Gene Full Seq	$ 526.75
81296	Msh2 Gene Known Variants	$ 466.07
81297	Msh2 Gene Dup/Delete Variant	$ 294.35
81298	Msh6 Gene Full Seq	$ 885.75
81299	Msh6 Gene Known Variants	$ 425.04
81300	Msh6 Gene Dup/Delete Variant	$ 328.44
81301	Microsatellite Instability	$ 481.01
81302	Mecp2 Gene Full Seq	$ 728.46

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
81303	Mecp2 Gene Known Variant	$ 165.60
81304	Mecp2 Gene Dup/Delet Variant	$ 207.00
81305	Myd88 Gene Analysis	$ 242.05
81306	Nudt15 Gene Analysis	$ 402.08
81310	Npm1 Gene	$ 340.20
81311	Nras Gene Variants Exon 2&3	$ 408.19
81312	Pabpn1 Gene Detection Abnormal Alleles	$ 189.06
81313	Pca3/Klk3 Antigen	$ 351.97
81314	Pdgfra Gene	$ 454.72
81315	Pml/Raralpha Com Breakpoints	$ 286.09
81316	Pml/Raralpha 1 Breakpoint	$ 286.09
81317	Pms2 Gene Full Seq Analysis	$ 933.57
81318	Pms2 Known Familial Variants	$ 456.78
81319	Pms2 Gene Dup/Delet Variants	$ 280.83
81320	Plcg2 Gene Common Variants	$ 402.08
81321	Pten Gene Full Sequence	$ 828.00
81322	Pten Gene Known Fam Variant	$ 64.31
81323	Pten Gene Dup/Delet Variant	$ 414.00
81324	Pmp22 Gene Dup/Delet	$ 1,046.54
81325	Pmp22 Gene Full Sequence	$ 1,062.02
81326	Pmp22 Gene Known Fam Variant	$ 64.31
81327	Sept9 Gen Prmtr Mthyltn Alys	$ 264.96
81328	Slco1B1 Gene Com Variants	$ 241.24
81329	Smn1 Gene Analysis	$ 189.06
81330	Smpd1 Gene Common Variants	$ 64.86
81331	Snrpn/Ube3A Gene	$ 70.48
81332	Serpina1 Gene	$ 60.24
81333	Tgfbi Gene Common Variants	$ 189.06
81334	Runx1 Gene Targeted Seq Alys	$ 454.72
81336	Smn1 Gene Detection Abnormal Alleles	$ 415.86
81337	Smn1 Gene Dosage/Deletion Analysis	$ 255.58
81340	Trb@ Gene Rearrange Amplify	$ 288.31
81341	Trb@ Gene Rearrange Dirprobe	$ 68.43
81342	Trg Gene Rearrangement Anal	$ 278.07
81343	Ppp2R2B Gene Detection Abnormal Alleles	$ 189.06
81344	Tbp Gene Detection Abnormal Alleles	$ 189.06
81345	Tert Gene Targeted Sequence Analysis	$ 255.58
81350	Ugt1A1 Gene	$ 322.92
81355	Vkorc1 Gene	$ 121.72
81361	Hbb Gene Com Variants	$ 241.24
81362	Hbb Gene Known Fam Variant	$ 517.85
81363	Hbb Gene Dup/Del Variants	$ 279.31
81364	Hbb Full Gene Sequence	$ 447.92
81370	Hla I & Ii Typing Lr	$ 554.93
81371	Hla I & Ii Type Verify Lr	$ 558.24
81372	Hla I Typing Complete Lr	$ 556.95
81373	Hla I Typing 1 Locus Lr	$ 175.85
81374	Hla I Typing 1 Antigen Lr	$ 102.58
81375	Hla Ii Typing Ag Equiv Lr	$ 304.62
81376	Hla Ii Typing 1 Locus Lr	$ 168.66
81377	Hla Ii Type 1 Ag Equiv Lr	$ 130.74
81378	Hla I & Ii Typing Hr	$ 476.89
81379	Hla I Typing Complete Hr	$ 462.82
81380	Hla I Typing 1 Locus Hr	$ 244.61
81381	Hla Typing 1, Hr, One Allele Or Allele Group, Each	$ 234.46
81382	Hla Ii Typing 1 Loc Hr	$ 170.68

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		PHYSICIAN SERVICES FY2020 RATES
Procedure Code	Procedure Description	Medicaid + 38%
81383	Hla Ii Typing 1 Allele Hr	$ 150.60
81400	Mopath Procedure Level 1	$ 88.26
81401	Mopath Procdeure Level 2	$ 189.06
81402	Mopath Procedure Level 3	$ 207.46
81403	Mopath Procedure Level 4	$ 255.58
81404	Mopath Procedure Level 5	$ 379.27
81405	Mopath Procedure Level 6	$ 415.86
81406	Mopath Procedure Level 7	$ 390.37
81407	Mopath Procedure Level 8	$ 1,167.85
81408	Mopath Procedure Level 9	$ 2,760.00
81410	Aortic Dysfunction/Dilation	$ 695.52
81411	Duplication/Deletion Analysis	$ 1,863.26
81412	Ashkenazi Jewish Assoc Dis	$ 3,379.01
81413	Car Ion Chnnlpath Inc 10 Gns	$ 807.16
81414	Car Ion Chnnlpath Inc 2 Gns	$ 807.16
81415	Exome Sequence Analysis	$ 6,596.40
81416	Exome Sequence Analysis	$ 16,560.00
81417	Exome Re-Evaluation	$ 441.60
81420	Fetal Chrmoml Aneuploidy	$ 1,047.49
81422	Fetal Chrmoml Microdeltj	$ 1,047.49
81425	Genome Sequence Analysis	$ 6,943.06
81426	Genome Sequence Analysis	$ 3,739.73
81427	Genome Re-Evaluation	$ 3,225.96
81430	Hearing Loss Sequence Analys	$ 2,242.50
81431	Hearing Loss Dup/Del Analys	$ 937.81
81432	Hrdtry Brst Ca-Rlatd Dsordrs	$ 937.09
81433	Hrdtry Brst Ca-Rlatd Dsordrs	$ 605.72
81434	Hereditary Retinal Disorders	$ 825.12
81435	Hereditary Colon Ca Dsordrs	$ 807.16
81436	Hereditary Colon Ca Dsordrs	$ 807.16
81437	Heredtry Nurondcrn Tum Dsrdr	$ 605.72
81438	Heredtry Nurondcrn Tum Dsrdr	$ 605.72
81439	Hrdtry Cardmypy Gene Panel	$ 807.16
81440	Mitochondrial Gene	$ 4,587.12
81442	Noonan Spectrum Disorders	$ 2,958.17
81443	Genetic Testing Severe Inhereted Conditions	$ 3,379.01
81445	Targeted Genomic Seq Analys	$ 825.12
81448	Hrdtry Perph Neurphy Panel	$ 807.16
81450	Targeted Genomic Seq Analys	$ 1,048.15
81455	Targeted Genomic Seq Analys	$ 4,029.05
81460	Whole Mitochondrial Genome	$ 1,776.06
81465	Whole Mitochondrial Genome	$ 1,291.68
81470	X-Linked Intellectual Dblt	$ 1,261.32
81471	X-Linked Intellectual Dblt	$ 1,261.32
81479	Unlisted Molecular Pathology	$ 893.07
81490	Autoimmune Rheumatoid Arthr	$ 1,160.10
81493	Cor Artery Disease Mrna	$ 1,449.00
81500	Onco (Ovar) Two Proteins	$ 359.49
81503	Onco (Ovar) Five Proteins	$ 1,237.86
81504	Oncology Tissue Of Origin	$ 717.60
81506	Endo Assay Seven Anal	$ 95.11
81507	Dna Analysis Using Maternal Plasma	$ 1,097.10
81508	Ftl Cgen Abnor Two Proteins	$ 74.93
81509	Ftl Cgen Abnor 3 Proteins	$ 2,052.57
81510	Ftl Cgen Abnor Three Anal	$ 76.65
81511	Ftl Cgen Abnor Four Anal	$ 211.83

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
81512	Ftl Cgen Abnor Five Anal	$ 95.94
81518	Onc Brst Mrna 11 Genes	$ 5,344.74
81519	Oncology Breast Mrna	$ 5,344.74
81520	Onc Breast Mrna 58 Genes	$ 3,464.09
81521	Onc Breast Mrna 70 Genes	$ 5,344.74
81525	Oncology Colon Mrna	$ 4,300.08
81528	Oncology Colorectal Scr	$ 702.24
81535	Oncology Gynecologic	$ 799.65
81536	Oncology Gynecologic	$ 245.03
81538	Oncology Lung	$ 3,961.98
81539	Oncology Prostate Prob Score	$ 1,048.80
81540	Oncology Tum Unknown Origin	$ 5,175.00
81541	Onc Prostate Mrna 46 Genes	$ 5,344.74
81545	Oncology Thyroid	$ 4,968.00
81551	Onc Prostate 3 Genes	$ 2,801.40
81595	Cardiology Hrt Trnspl Mrna	$ 4,471.20
81596	Nfct Ds Chronic Hcv 6 Assays	$ 99.62
82009	Acetone,Qualitative	$ 6.24
82010	Acetone Blood	$ 11.27
82013	Acetlcholinesterase	$ 16.96
82016	Acylcarnitines Qual	$ 22.76
82017	Acylcarnitines Quant	$ 23.28
82024	Assay Of Acth	$ 53.30
82030	Assay Of Adp & Amp	$ 35.60
82040	Assay Of Serum Albumin	$ 6.83
82042	Assay Of Urine Albumin	$ 10.74
82043	Microalbumin Quantitative	$ 7.98
82044	Microalbumin Semiquant	$ 8.60
82045	Albumin Ischemia Modified	$ 46.84
82075	Assay Of Breath Ethanol	$ 41.40
82085	Aldolase, Kinetic Ultraviolet	$ 13.40
82088	Assay Of Aldosterone	$ 56.24
82103	Alpha-1-Antitrypsin Total	$ 18.55
82104	Alpha-1-Antitrypsin Pheno	$ 19.95
82105	Alpha-Fetoprotein Serum	$ 23.14
82106	Alpha-Fetoprotein Amniotic	$ 23.46
82107	Afp-L3 Fraction Isoform & Total Afp	$ 88.89
82108	Assay Of Aluminum	$ 35.16
82120	Amines Vaginal Fluid Qual	$ 8.27
82127	Amino Acid Single Qual	$ 19.57
82128	Amino Acids Mult Qual	$ 19.14
82131	Amino Acids Single Quant	$ 31.71
82135	Assay Aminolevulinic Acid	$ 22.70
82136	Amino Acids Quant 2-5	$ 27.06
82139	Amino Acids Quan 6 Or More	$ 23.28
82140	Ammonia Blood	$ 20.11
82143	Aminiotic Fluid Scan	$ 12.90
82150	Amylase Blood Quantitative	$ 8.94
82154	Androstanediol Glucuronide	$ 39.79
82157	Androstenedione Ria	$ 40.41
82160	Assay Of Androsterone	$ 35.26
82163	Angiotensin Ii,Ria	$ 28.32
82164	Angiotensin-Converting Enzyme	$ 20.15
82172	Assay Of Apolipoprotein	$ 29.10
82175	Arsenic	$ 26.18
82180	Ascorbic Acid Blood	$ 13.65

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
82190	Atomic Absorption Spectroscopy, Each Analyte	$ 21.94
82207	Fecal Occult Blood Test	$ 5.30
82232	Assay Of Beta-2 Protein	$ 22.33
82239	Bile Acids Total	$ 23.63
82240	Bile Acids Cholylglycine	$ 36.68
82247	Bilirubin Total	$ 6.93
82248	Bilirubin Direct	$ 6.93
82252	Bilirubin,Feces,Qualitative	$ 6.29
82261	Assay Of Biotinidase	$ 23.28
82270	Occult Blood Feces	$ 6.04
82271	Occult Blood Other Sources	$ 7.34
82272	Occult Bld Feces 1-3 Tests	$ 5.84
82274	Assay Test For Blood Fecal	$ 21.97
82286	Bradykinin	$ 7.12
82300	Assay Of Cadmium	$ 32.62
82306	Vitamin D 25 Hydroxy	$ 40.85
82308	Calcitonin,Ria	$ 36.97
82310	Assay Of Calcium	$ 7.12
82330	Assay Of Calcium	$ 18.88
82331	Calcium After Calcium Infusion Test	$ 18.41
82340	Assay Of Calcium In Urine	$ 8.32
82355	Calculus Analysis Qual	$ 15.98
82360	Calculus Assay Quant	$ 17.76
82365	Calculus Spectroscopy	$ 17.80
82370	X-Ray Assay Calculus	$ 17.28
82373	Assay C-D Transfer Measure	$ 24.92
82374	Assay Blood Carbon Dioxide	$ 6.73
82375	Assay Carboxyhb Quant	$ 17.00
82376	Assay Carboxyhb Qual	$ 19.42
82378	Carcinoembryonic Antigen (Cea)	$ 26.16
82379	Assay Of Carnitine	$ 23.28
82380	Assay Of Carotene	$ 12.72
82382	Assay Urine Catecholamines	$ 37.67
82383	Assay Blood Catecholamines	$ 40.13
82384	Assay Three Catecholamines	$ 34.85
82387	Assay Of Cathepsin-D	$ 24.92
82390	Assay Of Ceruloplasmin	$ 14.82
82397	Chemiluminescent Assay	$ 19.49
82415	Assay Of Chloramphenicol	$ 17.48
82435	Assay Of Blood Chloride	$ 6.35
82436	Assay Of Urine Chloride	$ 7.94
82438	Assay Other Fluid Chlorides	$ 6.90
82441	Chlorinated Hydrocarbons,Screen	$ 8.29
82465	Assay Bld/Serum Cholesterol	$ 6.00
82480	Assay Serum Cholinesterase	$ 10.86
82482	Assay Rbc Cholinesterase	$ 13.54
82485	Assay Chondroitin Sulfate	$ 28.50
82495	Assay Of Chromium	$ 27.99
82507	Assay Of Citrate	$ 38.36
82523	Collagen Crosslinks	$ 25.78
82525	Assay Of Copper	$ 17.13
82528	Assay Of Corticosterone	$ 31.08
82530	Cortisol Free	$ 23.06
82533	Cortisol;Ria,Plasma	$ 22.49
82540	Assay Of Creatine	$ 6.40
82542	Col Chromotography Qual/Quan	$ 33.24

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		PHYSICIAN SERVICES FY2020 RATES
Procedure Code	Procedure Description	Medicaid + 38%
82550	Assay Of Ck (Cpk)	$ 8.98
82552	Assay Of Cpk In Blood	$ 18.48
82553	Creatine Mb Fraction	$ 15.94
82554	Creatine Isoforms	$ 16.38
82565	Assay Of Creatinine	$ 7.07
82570	Assay Of Urine Creatinine	$ 7.15
82575	Creatinine,Clearance *	$ 13.05
82585	Assay Of Cryofibrinogen	$ 19.51
82595	Assay Of Cryoglobulin	$ 8.93
82600	Assay Of Cyanide	$ 26.77
82607	Cyanocobalamin;Ria	$ 20.81
82608	Cyanocobalamin Unsaturated Bind Cap	$ 19.76
82610	Cystatin C	$ 25.56
82615	Cystine,Urine,Qualitative	$ 13.18
82626	Dehdroepiandrosterone,Ria	$ 34.87
82627	Dehydroepiandrosterone-Sulfate (Dhea-S)	$ 30.68
82633	Desoxycorticosterone,11-Ria	$ 42.75
82634	Desoxycortisol,11-(Compond S),Ria	$ 40.41
82638	Assay Of Dibucaine Number	$ 16.91
82642	Dihydrotestosterone	$ 40.41
82652	Vit D 1 25-Dihydroxy	$ 53.13
82656	Pancreatic Elastase Fecal	$ 15.91
82657	Enzyme Cell Activity	$ 30.59
82658	Enzyme Cell Activity Ra	$ 60.76
82664	Electrophoretic Technique,Nos	$ 84.87
82668	Assay Of Erythropoietin	$ 25.93
82670	Assay Of Estradiol	$ 38.56
82671	Assay Of Estrogens	$ 44.57
82672	Assay Of Estrogen	$ 29.95
82677	Assay Of Estriol	$ 33.37
82679	Assay Of Estrone	$ 34.43
82693	Assay Of Ethylene Glycol	$ 20.56
82696	Assay Of Etiocholanolone	$ 36.21
82705	Fats/Lipids Feces Qual	$ 7.04
82710	Fats/Lipids Feces Quant	$ 23.18
82715	Assay Of Fecal Fat	$ 31.70
82725	Assay Of Blood Fatty Acids	$ 25.90
82726	Long Chain Fatty Acids	$ 27.26
82728	Assay Of Ferritin	$ 18.81
82731	Assay Of Fetal Fibronectin	$ 88.89
82735	Assay Of Fluoride	$ 25.59
82746	Assay Of Folic Acid Serum	$ 20.29
82747	Assay Of Folic Acid Rbc	$ 24.36
82757	Assay Of Semen Fructose	$ 23.93
82759	Assay Of Rbc Galactokinase	$ 29.64
82760	Assay Of Galactose	$ 15.46
82775	Galactose-1-Po4 Uridyl Transferase	$ 29.08
82776	Galactose-1-Phosphate Uridyl Screen	$ 16.20
82784	Assay Iga/Igd/Igg/Igm Each	$ 12.83
82785	Assay Of Gammaglobulin Ige	$ 22.71
82787	Igg 1 2 3 Or 4 Each	$ 11.07
82800	Gases,Blood,Lh,Arteria Or Renous	$ 15.18
82803	Blood Gases Any Combination	$ 35.98
82805	Blood Gases W/O2 Saturation	$ 108.70
82810	Blood Gases O2 Sat Only	$ 13.48
82820	Hemoglobin-Oxygen Affinity (Po2 For 50% Hemoglobin Satu	$ 18.41

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		PHYSICIAN SERVICES FY2020 RATES
Procedure Code	**Procedure Description**	**Medicaid + 38%**
82930	Gastric Analy W/Ph Ea Spec	$ 9.26
82938	Gastrin (Serum) After Secretin Stimulation (Eg, For Gas	$ 24.41
82941	Gastrin,Ria	$ 24.33
82943	Glucagon,Ria	$ 19.72
82945	Glucose Other Fluid	$ 5.42
82946	Glucagon Tolerance Test	$ 24.52
82947	Assay Glucose Blood Quant	$ 5.42
82948	Glucose,Blood,Stick Test	$ 6.96
82950	Glucose,Post Glucose Test	$ 6.56
82951	Glucose Tolerance Test,3 Specimens	$ 17.76
82952	Glucose Tolerance Test,E/Additional	$ 5.41
82955	Assay Of G6Pd Enzyme	$ 13.39
82960	G6Pd Screen	$ 8.35
82962	Glucose, Blood, By Glucose Monitoring Device(S) Cleared	$ 4.53
82963	Assay Of Glucosidase	$ 29.64
82965	Assay Of Gdh Enzyme	$ 18.15
82977	Gamma-Glutamyl Transpeptidase (Ggt)	$ 9.94
82978	Assay Of Glutathione	$ 21.32
82979	Assay Rbc Glutathione	$ 13.03
82985	Assay Of Glycated Protein	$ 23.13
83001	Assay Of Gonadotropin (Fsh)	$ 25.64
83002	Assay Of Gonadotropin (Lh)	$ 25.56
83003	Assay Growth Hormone (Hgh)	$ 23.00
83006	Growth Stimulation Gene 2	$ 104.33
83009	H Pylori (C-13) Blood	$ 92.96
83010	Assay Of Haptoglobin Quant	$ 17.36
83012	Assay Of Haptoglobins	$ 37.11
83013	H Pylori (C-13) Breath	$ 92.96
83014	H Pylori Drug Admin/Collect	$ 10.85
83015	Heavy Metal Screen, Chemical	$ 28.90
83018	Quantitative Screen Metals	$ 30.30
83020	Electrophoresis Hemoglobin	$ 17.76
83021	Hemoglobin Chromotography	$ 24.92
83026	Hemoglobin Copper Sulfate	$ 5.53
83030	Fetal Hemoglobin Chemical	$ 14.82
83033	Fetal Hemoglobin Assay Qual	$ 11.04
83036	Hemoglobin, Glycosylated	$ 13.40
83037	Glycosylated Hb Home Device	$ 13.40
83045	Hemoglobin,Methemoglobin,Qualitative	$ 8.96
83050	Hemoglobin,Methemoglobin,Quant.	$ 11.32
83051	Assay Of Plasma Hemoglobin	$ 10.09
83060	Hemoglobin,Sulfhemoglobin,Quant.	$ 12.14
83065	Assay Of Hemoglobin Heat	$ 12.42
83068	Hemoglobin,Unstable,Screen	$ 13.07
83069	Assay Of Urine Hemoglobin	$ 5.45
83070	Assay Of Hemosiderin Qual	$ 6.56
83080	Assay Of B Hexosaminidase	$ 23.28
83088	Assay Of Histamine	$ 40.75
83090	Assay Of Homocystine	$ 24.73
83150	Assay Of Homovanillic Acid	$ 30.93
83491	Assay Of Corticosteroids 17	$ 24.70
83497	Assay Of 5-Hiaa	$ 17.80
83498	Assay Of Progesterone 17-D	$ 37.49
83500	Assay Free Hydroxyproline	$ 31.26
83505	Assay Total Hydroxyproline	$ 33.53
83516	Immunoassay Nonantibody	$ 15.91

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
83518	Immunoassay Dipstick	$ 13.30
83519	Immunoassay, Nonantibody	$ 25.39
83520	Immunoassay, Analyte; Not Otherwise Specified	$ 23.83
83525	Insulin,Ria	$ 15.77
83527	Insulin; Free	$ 17.87
83528	Assay Of Intrinsic Factor	$ 27.35
83540	Assay Of Iron	$ 8.93
83550	Ibc-Serum-Chemical *	$ 12.06
83570	Assay Of Idh Enzyme	$ 12.21
83582	Assay Of Ketogenic Steroids	$ 21.35
83586	Assay 17- Ketosteroids	$ 17.66
83593	Fractionation Ketosteroids	$ 39.33
83605	Assay Of Lactic Acid	$ 15.97
83615	Ldh-Blood-Kinetic Ultraviolet *	$ 8.34
83625	Assay Of Ldh Enzymes	$ 17.65
83630	Lactoferrin Fecal (Qual)	$ 27.19
83631	Lactoferrin Fecal (Quant)	$ 27.09
83632	Lactogen,Placental(Hpl),Ria	$ 27.90
83633	Lactose,Urine;Qualitative	$ 15.53
83655	Assay Of Lead	$ 16.71
83661	L/S Ratio Fetal Lung	$ 30.35
83662	Foam Stability Fetal Lung	$ 26.10
83663	Fluoro Polarize Fetal Lung	$ 26.10
83664	Lamellar Bdy Fetal Lung	$ 26.66
83670	Assay Of Lap Enzyme	$ 13.54
83690	Assay Of Lipase	$ 9.51
83695	Assay Of Lipoprotein(A)	$ 19.76
83698	Lipoprotein-Associated Phospholipase A2	$ 63.91
83700	Lipopro Bld Electrophoretic	$ 15.54
83701	Lipoprotein Bld Hr Fraction	$ 46.73
83704	Lipoprotein Bld By Nmr	$ 47.18
83718	Assay Of Lipoprotein	$ 11.30
83719	Assay Of Blood Lipoprotein	$ 17.60
83721	Assay Of Blood Lipoprotein	$ 14.49
83722	Measurement Of Small Dense Low Density Lipoprotein Cholesterol	$ 47.18
83727	Assay Of Lrh Hormone	$ 23.72
83735	Assay Of Magnesium	$ 9.25
83775	Assay Malate Dehydrogenase	$ 10.17
83785	Mangane-Blood Or Urine	$ 36.78
83789	Mass Spectrometry Qual/Quan	$ 33.27
83825	Assay Of Mercury	$ 22.44
83835	Assay Of Metanephrines	$ 23.38
83857	Assay Of Methemalbumin	$ 14.82
83861	Microfluid Analy Tears	$ 31.02
83864	Mucopolysaccharides-Acid-Blood	$ 39.33
83872	Mucin,Synovial Fluid (Rope Test)	$ 8.09
83873	Assay Of Csf Protein	$ 23.74
83874	Assay Of Myoglobin	$ 17.83
83876	Assay Myeloperoxidase	$ 70.19
83880	Assay Of Natriuretic Peptide	$ 54.18
83883	Assay Nephelometry Not Spec	$ 18.77
83885	Assay Of Nickel	$ 33.82
83915	Assay Of Nucleotidase	$ 15.39
83916	Oligoclonal Immune Globulin	$ 37.80
83918	Organic Acids Total Quant	$ 32.57
83919	Organic Acids Qual Each	$ 22.70

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
83921	Organic Acid Single Quant	$ 29.27
83930	Assay Of Blood Osmolality	$ 9.12
83935	Assay Of Urine Osmolality	$ 9.41
83937	Assay Of Osteocalcin	$ 41.19
83945	Assay Of Oxalate	$ 19.94
83950	Oncoprotein Her-2/Neu	$ 88.89
83951	Oncoprotein Dcp	$ 88.89
83970	Parathormone,Ria	$ 56.97
83986	Assay Of Body Fluid Acidity	$ 4.94
83987	Exhaled Breath Condensate	$ 4.94
83992	Phencyclidine (Pcp)	$ 30.65
83993	Assay For Calprotectin Fecal	$ 27.09
84030	Assay Of Blood Pku	$ 7.59
84035	Assay Of Phenylketones	$ 5.49
84060	Acid Phospatase-Blood *	$ 10.54
84066	Phosphatase,Acid,Bld, Prost Frac Ria	$ 13.33
84075	Alkaline Phosphatase-Blood *	$ 7.15
84078	Phosphatase,Heat Stable	$ 11.40
84080	Alkaline Phosphatase-Fractionated	$ 20.40
84081	Assay Phosphatidylglycerol	$ 22.80
84085	Assay Of Rbc Pg6D Enzyme	$ 13.03
84087	Phosphohexose Isomerase	$ 14.81
84100	Assay Of Phosphorus	$ 6.54
84105	Assay Of Urine Phosphorus	$ 7.98
84106	Porphobilinogen-Urine-Qualitative	$ 8.03
84110	Assay Of Porphobilinogen	$ 11.65
84112	Placenta Alpha Micro Ig C/V	$ 135.39
84119	Porphyrins,Copro-,Urine;Qualitative	$ 18.44
84120	Assay Of Urine Porphyrins	$ 20.30
84126	Assay Of Feces Porphyrins	$ 53.97
84132	Assay Of Serum Potassium	$ 6.57
84133	Assay Of Urine Potassium	$ 6.53
84134	Assay Of Prealbumin	$ 20.13
84135	Assay Of Pregnanediol	$ 29.35
84138	Assay Of Pregnanetriol	$ 29.05
84140	Assay Of Pregnenolone	$ 28.52
84143	Assay Of 17-Hydroxypregneno	$ 31.48
84144	Assay Of Progesterone	$ 28.79
84145	Procalcitonin (Pct)	$ 37.56
84146	Assay Of Prolactin	$ 26.74
84150	Prostaglandin,Any One,Ria	$ 57.64
84152	Assay Of Psa Complexed	$ 25.38
84153	Assay Of Psa Total	$ 25.38
84154	Assay Of Psa Free	$ 25.38
84155	Assay Of Protein Serum	$ 5.06
84156	Assay Of Protein Urine	$ 5.06
84157	Assay Of Protein Other	$ 5.52
84160	Assay Of Protein Any Source	$ 7.74
84163	Pappa Serum	$ 20.77
84165	Protein E-Phoresis Serum	$ 14.82
84166	Protein E-Phoresis/Urine/Csf	$ 24.61
84181	Protein; Western Blot, With Interpretation And Report,	$ 23.50
84182	Protein Western Blot Test	$ 40.31
84202	Protoporphyrin,Rbc,Quantitative	$ 19.80
84203	Protoporphyrin,Screen	$ 13.44
84206	Proinsulin,Ria	$ 36.83

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		PHYSICIAN SERVICES FY2020 RATES
Procedure Code	Procedure Description	Medicaid + 38%
84207	Assay Of Vitamin B-6	$ 38.78
84210	Assay Of Pyruvate	$ 19.98
84220	Assay Of Pyruvate Kinase	$ 13.03
84228	Assay Of Quinine	$ 16.05
84233	Assay Of Estrogen	$ 121.27
84234	Assay Of Progesterone	$ 89.53
84235	Assay Of Endocrine Hormone	$ 98.30
84238	Assay Nonendocrine Receptor	$ 50.47
84244	Renin(Ria)	$ 30.35
84252	Assay Of Vitamin B-2	$ 27.93
84255	Assay Of Selenium	$ 35.23
84260	Assay Of Serotonin	$ 42.75
84270	Assay Of Sex Hormone Globul	$ 29.99
84275	Assay Of Sialic Acid	$ 18.55
84285	Assay Of Silica	$ 34.79
84295	Assay Of Serum Sodium	$ 6.64
84300	Assay Of Urine Sodium	$ 6.98
84302	Assay Of Sweat Sodium	$ 6.71
84305	Assay Of Somatomedin	$ 29.34
84307	Assay Of Somatostatin	$ 25.23
84311	Spectrophotometry, Analyte Not Elsewhere Specified	$ 11.18
84315	Specif Gravity-Excluding Urine	$ 4.53
84375	Chromatogram Assay Sugars	$ 53.82
84376	Sugars Single Qual	$ 7.59
84377	Sugars Multiple Qual	$ 7.59
84378	Sugars Single Quant	$ 15.91
84379	Sugars Multiple Quant	$ 15.91
84392	Assay Of Urine Sulfate	$ 7.58
84402	Assay Of Free Testosterone	$ 35.15
84403	Assay Of Total Testosterone	$ 35.62
84410	Testosterone Level	$ 70.77
84425	Assay Of Vitamin B-1	$ 29.30
84430	Assay Of Thiocyanate	$ 16.05
84431	Thromboxane Urine	$ 48.45
84432	Assay Of Thyroglobulin	$ 22.16
84436	Assay Of Total Thyroxine	$ 9.48
84437	Assay Of Neonatal Thyroxine	$ 8.93
84439	Assay Of Free Thyroxine	$ 12.45
84442	Assay Of Thyroid Activity	$ 20.40
84443	Thyroid Stimulating Hormone,Ria	$ 23.18
84445	Assay Of Tsi Globulin	$ 70.19
84446	Assay Of Vitamin E	$ 19.57
84449	Assay Of Transcortin	$ 24.84
84450	Sgot-Timed Kinetic Uv Method *	$ 7.15
84460	Sgpt-Timed Kinetic Uv Method *	$ 7.31
84466	Assay Of Transferrin	$ 17.61
84478	Assay Of Triglycerides	$ 7.92
84479	Assay Of Thyroid (T3 Or T4)	$ 8.93
84480	Assay Triiodothyronine (T3)	$ 19.57
84481	Triodothyronine, Ft-3 Ria Unbound T3	$ 23.38
84482	T3 Reverse	$ 21.75
84484	Assay Of Troponin Quant	$ 17.21
84485	Tripsin-Duodenal Fluid	$ 9.94
84488	Trypsin-Feces-Qualitative 24-Hr	$ 10.07
84490	Assay Of Feces For Trypsin	$ 13.70
84510	Assay Of Tyrosine	$ 14.67

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
84512	Assay Of Troponin Qual	$ 13.92
84520	Assay Of Urea Nitrogen	$ 5.45
84525	Bun-Stick Test *	$ 7.08
84540	Assay Of Urine/Urea-N	$ 7.67
84545	Urea Nitrogen-Urine-Clearance	$ 9.94
84550	Assay Of Blood/Uric Acid	$ 6.24
84560	Assay Of Urine/Uric Acid	$ 7.01
84577	Assay Of Feces/Urobilinogen	$ 23.18
84578	Urobilinogen-Urine-Qualitative	$ 6.17
84580	Assay Of Urine Urobilinogen	$ 13.18
84583	Assay Of Urine Urobilinogen	$ 8.35
84585	Assay Of Urine Vma	$ 21.39
84586	Assay Of Vip	$ 48.76
84588	Assay Of Vasopressin	$ 46.84
84590	Assay Of Vitamin A	$ 16.02
84591	Assay Of Nos Vitamin	$ 23.54
84597	Assay Of Vitamin K	$ 18.93
84600	Assay Of Volatiles	$ 23.61
84620	Xylose-Tolerance Test-Blood	$ 17.82
84630	Assay Of Zinc	$ 15.72
84681	Assay Of C-Peptide	$ 28.72
84702	Gonadotropin, Chorionic; Quantitative	$ 20.77
84703	Gonadotropin, Chorionic; Qualitative	$ 10.38
84704	Hcg Free Betachain Test	$ 21.10
84830	Ovulation Tests, By Visual Color Comparison Methods For	$ 17.53
85002	Bleeding Time;Ivy	$ 6.65
85004	Automated Diff Wbc Count	$ 8.93
85007	Blood Count;Differential Wbc Count	$ 5.24
85008	Blood Count; Manual Blood Smear Examination Without Dif	$ 4.73
85009	Differential Wbc Count,Buffy Coat	$ 7.00
85013	Spun Microhematocrit	$ 9.66
85014	Blood Count Hematocrit	$ 3.27
85018	Blood Count,Hemoglobin,Colorimetric	$ 3.27
85025	Blood Count; Hemogram And Platelet Count, Automated, An	$ 10.72
85027	Complete Cbc Automated	$ 8.93
85032	Manual Cell Count Each	$ 5.95
85041	Blood Count, Red Blood Cell (Rbc)	$ 4.17
85044	Blood Count,Reticulocyte Count	$ 5.95
85045	Blood Count Reticulocyte Count, Flow Cytometry	$ 5.51
85046	Reticyte/Hgb Concentrate	$ 7.69
85048	Blood Count,White Blood Cell (Wbc)	$ 3.51
85049	Automated Platelet Count	$ 6.18
85055	Reticulated Platelet Assay	$ 49.32
85060	Blood Smear, Peripheral, Interpretation By Physician Wi	$ 15.00
85097	Bone Marrow Interpretation	$ 67.04
85130	Chromogenic Substrate Assay	$ 16.41
85170	Clot Retraction	$ 22.49
85175	Clot Lysis Time	$ 28.11
85210	Clot Factor Ii Prothrom Spec	$ 17.91
85220	Blooc Clot Factor V Test	$ 24.36
85230	Clot Factor Vii Proconvertin	$ 24.70
85240	Clot Factor Viii Ahg 1 Stage	$ 24.70
85244	Clot Factor Viii Reltd Antgn	$ 28.18
85245	Clot Factor Viii Vw Ristoctn	$ 31.66
85246	Clot Factor Viii Vw Antigen	$ 31.66
85247	Clot Factor Viii Multimetric	$ 31.66

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		PHYSICIAN SERVICES FY2020 RATES
Procedure Code	Procedure Description	Medicaid + 38%
85250	Clot Factor Ix Ptc/Chrstmas	$ 26.28
85260	Clot Factor X Stuart-Power	$ 24.70
85270	Clot Factor Xi Pta	$ 24.70
85280	Clot Factor Xii Hageman	$ 26.70
85290	Clot Factor Xiii Fibrin Stab	$ 22.55
85291	Clot Factor Xiii Fibrin Scrn	$ 12.57
85292	Clot Factor Fletcher Fact	$ 26.12
85293	Clot Factor Wght Kininogen	$ 26.12
85300	Antithrombin Iii Activity	$ 16.35
85301	Antithrombin Iii Antigen	$ 14.92
85302	Clot Inhibit Prot C Antigen	$ 16.57
85303	Clot Inhibit Prot C Activity	$ 19.10
85305	Clot Inhibit Prot S Total	$ 16.02
85306	Clot Inhibit Prot S Free	$ 21.14
85307	Assay Activated Protein C	$ 21.14
85335	Factor Inhibitor Test	$ 17.76
85337	Thrombomodulin	$ 23.83
85345	Coagulation Time Lee & White	$ 6.47
85347	Coagulation Time Activated	$ 5.91
85348	Coagulation Time Otr Method	$ 6.20
85360	Euglobulin	$ 11.61
85362	Fibrin Degradation;Agglutination	$ 9.51
85366	Fibrin(Ogen) Degradation (Split) Products (Fdp)(Fsp); P	$ 111.03
85370	Fibrin(Ogen) Degradation (Split) Products (Fdp)(Fsp); Q	$ 17.15
85378	Fibrin Degrade Semiquant	$ 13.41
85379	Fibrin Degradation Quant	$ 14.05
85380	Fibrin Degradj D-Dimer	$ 14.05
85384	Fibrinogen Activity	$ 13.41
85385	Fibrinogen Antigen	$ 19.95
85390	Fibrinolysins Screen I&R	$ 21.36
85396	Clotting Assay Whole Blood	$ 25.35
85397	Clotting Funct Activity	$ 42.59
85400	Fibrinolytic Mechanisms-Plasmin	$ 10.64
85410	Fibrinulytic Mechanisms-Antiplasmin	$ 10.64
85415	Fibrinolytic Factors And Inhibitors; Plasminogen Activa	$ 23.72
85420	Fibrinolytic Mechanisms-Plasminogen	$ 9.01
85421	Fibrinolytic Mechanisms; Plasminogen, Antigenic Assay	$ 14.05
85441	Heinz Bodies Direct	$ 5.80
85445	Heinz Bodies Induced	$ 9.41
85460	Hemoglobin Fetal	$ 10.67
85461	Hemoglobin Fetal	$ 12.92
85475	Hemolysin Acid	$ 12.24
85520	Heparin Assay	$ 18.06
85525	Heparin Neutralization	$ 16.34
85530	Heparin-Prootamine Tolrance Test	$ 18.06
85536	Iron Stain Peripheral Blood	$ 9.49
85540	Leukocyte Alkaline Phosphate	$ 11.87
85547	Mechanical Fragility,Rbc	$ 11.87
85549	Muramidase,Serum	$ 25.88
85555	Osmotic Fragility,Rbc	$ 10.31
85557	Osmotic Fragility,Rbc;Incubated,Quan	$ 18.44
85576	Platelet, Aggregation (In Vitro), Any Agent	$ 34.38
85597	Platelet Neutralization	$ 24.81
85598	Hexagnal Phosph Pltlt Neutrl	$ 24.81
85610	Prothrombin Time	$ 5.92
85611	Prothrombin Time; Substitution, Plasma Fractions, Each	$ 5.44

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
85612	Prothrombin Time;Russell Viper Venom	$ 24.14
85613	Russell Viper Venom Diluted	$ 13.22
85635	Reptilase Test	$ 13.59
85651	Rbc Sed Rate Nonautomated	$ 5.89
85652	Rbc Sed Rate Automated	$ 3.73
85660	Sickle Cell Test	$ 7.60
85670	Thrombin Time Plasma	$ 7.96
85675	Thrombin Time Titer	$ 9.45
85705	Thromboplastin Inhibition; Tissue	$ 13.29
85730	Thromboplastin Time Partial	$ 8.29
85732	Thromboplastin Time Partial	$ 8.93
85810	Blood Viscosity Examination	$ 16.10
85999	Unlisted Hematology Procedure	$ 10.76
86000	Agglutinins Febrile Antigen	$ 9.63
86001	Allergen Specific Igg	$ 10.79
86003	Allergen Specific Ige; Quantitative, Each Panel Of Up T	$ 7.20
86005	Allergen Specific Ige; Qualitative, Multiallergen Scree	$ 11.00
86008	Allg Spec Ige Recomb Ea	$ 24.74
86021	Antibody Identification,Leukocyte	$ 20.77
86022	Antibody Identification,Platelet	$ 25.35
86023	Antibody Identification; Platelet Associated Immunoglo	$ 17.19
86038	Anti Nuclear Antibodies (Ana) Ria	$ 16.68
86039	Antinuclear Antibodies (Ana); Titer	$ 15.40
86060	Antistreptolysin O Titer	$ 10.07
86063	Antistreptolysin O Screen	$ 7.96
86077	Phys Blood Bank Serv Xmatch	$ 30.91
86078	Phys Blood Bank Serv Reactj	$ 59.99
86079	Phys Blood Bank Serv Authrj	$ 32.20
86140	C-Reactive Protein	$ 7.15
86141	C-Reactive Protein Hs	$ 17.87
86146	Beta-2 Glycoprotein Antibody	$ 35.12
86147	Cardiolipin Antibody Ea Ig	$ 35.12
86148	Anti-Phospholipid Antibody	$ 22.18
86152	Cell Enumeration & Id	$ 346.08
86153	Cell Enumeration Phys Interp	$ 53.56
86155	Chemotaxis Assay	$ 22.07
86156	Cold Agglutinin Screen	$ 11.14
86157	Cold Agglutinin Titer	$ 11.12
86160	Complement Antigen	$ 16.56
86161	Complement; Functional Activity, Each Component	$ 16.56
86162	Complement Total (Ch50)	$ 28.04
86171	Complement Fixation Each	$ 13.81
86200	Ccp Antibody	$ 17.87
86215	Deoxyribonuclease Antibody	$ 18.29
86225	Dna Antibody Native	$ 18.96
86226	Dna Antibody Single Strand	$ 16.71
86235	Extractable Nuclear Antigen,Antibody	$ 24.74
86255	Fluorescent Antibody Screen	$ 16.63
86256	Fluorescent Antibody Titer	$ 16.63
86277	Growth Hormone,Human(Hgh)Antibdy Ria	$ 21.72
86280	Hemagglutination Inhibition	$ 11.30
86294	Immunoassay Tumor Qual	$ 35.29
86300	Immunoassay Tumor Ca 15-3	$ 28.72
86301	Immunoassay Tumor Ca 19-9	$ 28.72
86304	Immunoassay Tumor Ca 125	$ 28.72
86305	Human Epididymis Protein 4	$ 28.72

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		PHYSICIAN SERVICES FY2020 RATES
Procedure Code	Procedure Description	Medicaid + 38%
86308	Heterophile Antibody Screen	$ 7.15
86309	Heterophile Antibody Titer	$ 8.93
86310	Heterophile Antibody Absrbj	$ 10.17
86316	Immunoassay Tumor Other	$ 28.72
86317	Immunoassay Infectious Agent	$ 20.69
86318	Immunoassay Infectious Agent	$ 24.96
86320	Immundeletrophoresis-Serum	$ 41.29
86325	Immuioelectrophoresis-Urine	$ 31.92
86327	Immunoelectrophoresis; Crossed (2 Dimensional Assay)	$ 41.29
86328	Immunoassay for infectious agent antibodies, qualitative or semiquantitative,	$ 62.42
86329	Immunodiffusion Nes	$ 19.39
86331	Immunodiffusion;Gel Diffusion Qual	$ 16.53
86332	Immune Complex Assay C1Q Binding Cell	$ 33.63
86334	Immunofix E-Phoresis Serum	$ 30.83
86335	Immunfix E-Phorsis/Urine/Csf	$ 40.50
86336	Inhibin A	$ 21.51
86337	Insulin Antibodies, Ria	$ 29.55
86340	Intrinsic Factor Antibodies, Ria	$ 20.81
86341	Islet Cell Antibody	$ 32.53
86343	Leukocyte Histamine Release Test	$ 17.19
86344	Leukocyte Phagocytosis	$ 14.34
86352	Cell Function Assay W/Stim	$ 187.49
86353	Lymphocyte Transformation	$ 67.66
86355	B Cells Total Count	$ 52.07
86356	Mononuclear Cell Antigen	$ 36.96
86357	Nk Cells Total Count	$ 52.07
86359	T Cells Total Count	$ 52.07
86360	T Cell Absolute Count/Ratio	$ 64.83
86361	T Cell Absolute Count	$ 36.96
86367	Stem Cells Total Count	$ 107.34
86376	Microsomal Antibody Each	$ 20.08
86382	Neutralization Test Viral	$ 23.34
86384	Nitroblue Tetrazolium Dye Test (Ntd)	$ 18.78
86386	Nuclear Matrix Protein 22	$ 30.06
86403	Particle Agglut Antbdy Scrn	$ 15.93
86406	Particle Agglut Antbdy Titr	$ 14.68
86430	Rheumatoid Factor Test Qual	$ 8.47
86431	Rheumatoid Factor Quant	$ 7.82
86480	Tb Test, Cell Immun Measure	$ 85.53
86481	Tb Ag Response T-Cell Susp	$ 138.00
86485	Skin Test Candida	$ 25.65
86486	Skin Test Nos Antigen	$ 5.85
86490	Sensitivity Test-Coccidioidomycoccis	$ 10.67
86510	Sensitivity Test-Histoplasmosis	$ 11.44
86580	Sensitivity Test-Tuberculosis	$ 8.89
86590	Streptokinase Antibody	$ 17.47
86592	Syphilis,Qualitative	$ 5.89
86593	Syphilis,Quantitative	$ 6.07
86602	Antibody; Actinomyces	$ 14.05
86603	Adenovirus Antibody	$ 17.76
86606	Antibody; Aspirgillus	$ 20.77
86609	Bacterium Antibody	$ 17.77
86611	Bartonella Antibody	$ 14.05
86612	Blastomyces Antibody	$ 17.80
86615	Antibody; Bordetella	$ 18.20
86617	Lyme Disease Antibody	$ 21.38

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
86618	Antibody; Borellia Bufgdorferi (Lyme Disease)	$ 23.50
86619	Antibody; Borrelia (Relapsing Fever)	$ 18.46
86622	Brucella Antibody	$ 12.32
86625	Campylobacter Antibody	$ 18.11
86628	Candida Antibody	$ 16.57
86631	Chlamydia Antibody	$ 16.31
86632	Chlamydia Igm Antibody	$ 17.50
86635	Coccidioides Antibody	$ 15.83
86638	Antibody; Coxiella Brunetii (Q Fever)	$ 16.73
86641	Antibody; Cryptococcus	$ 19.89
86644	Antibody; Cytomegalovirus (Cmv)	$ 19.86
86645	Cmv Antibody Igm	$ 23.25
86648	Antibody; Diptheria	$ 20.99
86651	Encephalitis Californ Antbdy	$ 18.20
86652	Encephaltis East Eqne Anbdy	$ 18.20
86653	Encephaltis St Louis Antbody	$ 18.20
86654	Encephaltis West Eqne Antbdy	$ 18.20
86658	Enterovirus Antibody	$ 17.98
86663	Antibody; Epstein-Barr (Eb) Virus, Early Antigen (Ea)	$ 18.11
86664	Epstein-Barr Nuclear Antigen	$ 21.10
86665	Epstein-Barr Capsid Vca	$ 25.03
86666	Ehrlichia Antibody	$ 14.05
86668	Antibody; Francisella Tularensis	$ 19.54
86671	Fungus Nes Antibody	$ 16.91
86674	Giardia Lamblia Antibody	$ 20.31
86677	Helicobacter Pylori Antibody	$ 23.25
86682	Helminth Antibody	$ 17.95
86684	Hemophilus Influenza Antibdy	$ 21.86
86687	Htlv-I Antibody	$ 12.54
86688	Htlv-Ii Antibody	$ 19.32
86689	Htlv/Hiv Confirmj Antibody	$ 26.70
86692	Hepatitis Delta Agent Antbdy	$ 23.68
86694	Herpes Simplex Nes Antbdy	$ 19.86
86695	Herpes Simplex Type 1 Test	$ 18.20
86696	Herpes Simplex Type 2 Test	$ 26.70
86698	Histoplasma Antibody	$ 19.03
86701	Hiv-1Antibody	$ 12.27
86702	Hiv-2 Antibody	$ 18.66
86703	Hiv-1/Hiv-2 1 Result Antbdy	$ 18.92
86704	Hep B Core Antibody Total	$ 16.63
86705	Hep B Core Antibody Igm	$ 16.24
86706	Hep B Surface Antibody	$ 14.82
86707	Hepatitis Be Antibody	$ 15.97
86708	Hepatitis A Antibody	$ 17.10
86709	Hepatitis A Igm Antibody	$ 15.54
86710	Influenza Virus Antibody	$ 18.70
86711	John Cunningham Antibody	$ 23.31
86713	Legionella Antibody	$ 21.11
86717	Leishmania Antibody	$ 16.91
86720	Leptospira Antibody	$ 22.36
86723	Listeria Monocytogenes	$ 18.20
86727	Lymph Choriomeningitis Ab	$ 17.76
86732	Mucormycosis Antibody	$ 20.70
86735	Mumps Antibody	$ 18.01
86738	Mycoplasma Antibody	$ 18.27
86741	Antibody; Neisseria Meningitidis	$ 18.20

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
86744	Nocardia Antibody	$ 22.07
86747	Parvovirus Antibody	$ 20.74
86750	Malaria Antibody	$ 18.20
86753	Protozoa Antibody Nos	$ 17.10
86756	Respiratory Virus Antibody	$ 21.93
86757	Rickettsia Antibody	$ 26.70
86759	Rotavirus Antibody	$ 25.16
86762	Rubella Antibody	$ 19.86
86765	Rubeola Antibody	$ 17.77
86768	Salmonella Antibody	$ 18.20
86769	Antibody; severe acute respiratory syndrome COVID-19	$ 58.14
86771	Shigella Antibody	$ 33.78
86774	Tetanus Antibody	$ 20.42
86777	Toxoplasma Antibody	$ 19.86
86778	Toxoplasma Antibody Igm	$ 19.89
86780	Treponema Pallidum	$ 18.27
86784	Trichinella Antibody	$ 17.33
86787	Varicella-Zoster Antibody	$ 17.77
86788	West Nile Virus Ab Igm	$ 23.25
86789	West Nile Virus	$ 19.86
86790	Virus Antibody Nos	$ 17.77
86793	Yersinia Antibody	$ 18.20
86794	Zika Virus Igm Antibody	$ 23.25
86800	Thyroglobulin Antibody, Ria	$ 21.96
86803	Hepatitis C Ab Test	$ 19.69
86804	Hep C Ab Test Confirm	$ 21.38
86805	Lymphocytotoxicity Assay, Visual Crossmatch With Titrat	$ 261.52
86806	Lymphocytotoxicity Assay, Visual Crossmatch Without Tit	$ 65.67
86807	Serum Screening For Cytotoxic Percent Reactive Antibody	$ 108.54
86808	Serum Screening For Cytotoxic Percent Reactive Antibody	$ 40.96
86812	Hla Typing A B Or C	$ 35.62
86813	Hla Typing A B Or C	$ 80.04
86816	Hla Typing Dr/Dq	$ 41.63
86817	Hla Typing Dr/Dq	$ 146.47
86821	Lymphocyte Culture Mixed	$ 50.45
86828	Hla Class I&Ii Antibody Qual	$ 88.58
86829	Hla Class I/Ii Antibody Qual	$ 88.58
86830	Hla Class I Phenotype Qual	$ 131.82
86831	Hla Class Ii Phenotype Qual	$ 112.99
86832	Hla Class 1 High Definition Qualitative Panel	$ 446.78
86833	Hla Class Ii High Defin Qual	$ 449.60
86834	Hla Class I Semiquant Panel	$ 493.43
86835	Hla Class Ii Semiquant Panel	$ 445.68
86850	Antibody Screen, Rbc, Each Serum Technique	$ 13.48
86870	Antibody Identification, Rbc Antibodies, Each Panel For	$ 63.48
86880	Coombs Test Direct	$ 7.44
86885	Coombs Test Indirect Qual	$ 7.89
86886	Coombs Test Indirect Titer	$ 7.15
86891	Autologous Blood Op Salvage	$ 308.79
86900	Blood Typing Serologic Abo	$ 4.13
86901	Blood Typing Serologic Rh(D)	$ 4.13
86902	Blood Type Antigen Donor Ea	$ 8.76
86904	Blood Typing Patient Serum	$ 22.55
86905	Blood Typing Rbc Antigens	$ 5.29
86906	Bld Typing Serologic Rh Phnt	$ 10.70
86920	Compatibility Test Spin	$ 37.45

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
86940	Hemolysins/Agglutinins Auto	$ 12.10
86941	Hemolysins And Agglutinins, Auto, Screen, Each; Incubat	$ 16.71
86965	Pooling Of Platelets Or Other Blood Products	$ 186.49
86999	Unlisted Immunology Procedure	$ 19.36
87003	Animal Inoculation	$ 23.24
87015	Specimen Infect Agnt Concntj	$ 9.22
87040	Culture,Bacterial;Blood	$ 14.24
87045	Feces Culture Aerobic Bact	$ 13.03
87046	Stool Cultr Aerobic Bact Ea	$ 13.03
87070	Culture Othr Specimn Aerobic	$ 11.90
87071	Culture Aerobic Quant Other	$ 13.65
87073	Culture Bacteria Anaerobic	$ 13.33
87075	Cultr Bacteria Except Blood	$ 13.07
87076	Culture Anaerobe Ident Each	$ 11.15
87077	Culture Aerobic Identify	$ 11.15
87081	Culture,Bacterial,Screening	$ 9.15
87084	Culture Presum Pathogenic Organisms	$ 37.36
87086	Urine Culture/Colony Count	$ 11.14
87088	Culture,Urine;Identification	$ 11.16
87101	Culture,Fungi,Isolation;Skin	$ 10.64
87102	Culture,Fungi,Isolation;Other Source	$ 11.61
87103	Culture, Fungi, Isolation Blood	$ 28.23
87106	Fungi Identification Yeast	$ 14.24
87107	Fungi Identification Mold	$ 14.24
87109	Mycoplasma	$ 21.24
87110	Culture, Chlamydia	$ 27.05
87116	Culture,Acid-Fast Bacilli,Isolation	$ 14.90
87118	Culture,Definitive Identification	$ 20.16
87140	Culture Type Immunofluoresc	$ 7.69
87143	Culture Typing Glc/Hplc	$ 17.28
87147	Culture Type Immunologic	$ 7.15
87149	Culture Type, Nucleic Acid	$ 27.67
87150	Dna/Rna Amplified Probe	$ 48.42
87152	Culture Type Pulse Field Gel	$ 10.68
87153	Dna/Rna Sequencing	$ 159.20
87158	Culture Typing Added Method	$ 10.68
87164	Dark Field Examination	$ 14.82
87166	Dark Field Exam,W/O Collection	$ 15.59
87168	Macroscopic Exam Arthropod	$ 5.89
87169	Macroscopic Exam Parasite	$ 5.95
87172	Pinworm Exam	$ 5.89
87176	Endotoxin,Bacterial;Homogenization	$ 8.11
87177	Ova And Parasites,Direct Smears	$ 12.28
87181	Microbe Susceptible Diffuse	$ 6.56
87184	Microbe Susceptible Disk	$ 10.32
87185	Microbe Susceptible Enzyme	$ 6.56
87186	Microbe Susceptible Mic	$ 11.94
87187	Microbe Susceptible Mlc	$ 55.43
87188	Microbe Suscept Macrobroth	$ 9.16
87190	Microbe Suscept Mycobacteri	$ 10.09
87197	Bactericidal Level Serum	$ 20.73
87205	Smear Gram Stain	$ 5.89
87206	Smear Fluorescent/Acid Stai	$ 7.44
87207	Smear Special Stain	$ 8.27
87209	Smear Complex Stain	$ 24.81
87210	Smear Wet Mount Saline/Ink	$ 8.03

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
87220	Tissue Examination For Fungi (Koh)	$ 5.89
87230	Assay Toxin Or Antitoxin	$ 27.24
87250	Virus Inoculate Eggs/Animal	$ 26.99
87252	Virus Inoculation Tissue	$ 35.98
87253	Virus Inoculate Tissue Addl	$ 27.88
87254	Virus Inoculation Shell Via	$ 26.99
87255	Genet Virus Isolate Hsv	$ 46.73
87260	Adenovirus Ag If	$ 19.91
87265	Pertussis Ag If	$ 16.53
87267	Enterovirus Antibody Dfa	$ 18.52
87269	Giardia Ag If	$ 18.78
87270	Chlamydia Trachomatis Ag If	$ 16.53
87271	Cytomegalovirus Dfa	$ 18.52
87272	Cryptosporidium Ag If	$ 16.53
87273	Herpes Simplex 2 Ag If	$ 16.53
87274	Herpes Simplex 1 Ag If	$ 16.53
87275	Influenza B Ag If	$ 16.91
87276	Influenza A Ag If	$ 22.18
87278	Legion Pneumophilia Ag If	$ 21.53
87279	Parainfluenza Ag If	$ 22.67
87280	Respiratory Syncytial Ag If	$ 18.52
87281	Pneumocystis Carinii Ag If	$ 16.53
87283	Rubeola Ag If	$ 83.90
87285	Treponema Pallidum Ag If	$ 16.81
87290	Varicella Zoster Ag If	$ 18.52
87299	Antibody Detection Nos If	$ 22.22
87300	Ag Detection Polyval If	$ 16.53
87301	Adenovirus Ag Ia	$ 16.53
87305	Aspergillus Ag Ia	$ 16.53
87320	Chylmd Trach Ag Ia	$ 20.70
87324	Clostridium Ag Ia	$ 16.53
87327	Cryptococcus Neoform Ag Ia	$ 18.52
87328	Cryptosporidium Ag Ia	$ 19.07
87329	Giardia Ag Ia	$ 16.53
87332	Cytomegalovirus Ag Ia	$ 16.53
87335	E Coli 0157 Ag Ia	$ 17.47
87336	Entamoeb Hist Dispr Ag Ia	$ 22.08
87337	Entamoeb Hist Group Ag Ia	$ 16.53
87338	Hpylori Stool Ia	$ 19.84
87339	H Pylori Ag Ia	$ 22.08
87340	Hepatitis B Surface Ag Ia	$ 14.26
87341	Hepatitis B Surface Ag Ia	$ 14.26
87350	Hepatitis Be Ag Ia	$ 15.91
87380	Hepatitis Delta Ag Ia	$ 25.34
87385	Histoplasma Capsul Ag Ia	$ 18.29
87389	Hiv-1 Ag W/Hiv-1 & Hiv-2 Ab	$ 33.23
87390	Hiv-1 Ag Ia	$ 33.20
87391	Hiv-2 Ag Ia	$ 30.22
87400	Influenza A/B Ag Ia	$ 19.50
87420	Resp Syncytial Ag Ia	$ 19.20
87425	Rotavirus Ag Ia	$ 16.53
87427	Shiga-Like Toxin Ag Ia	$ 16.53
87430	Strep A Ag Ia	$ 23.20
87449	Ag Detect Nos Ia Mult	$ 16.53
87450	Ag Detect Nos Ia Single	$ 13.23
87451	Ag Detect Polyval Ia Mult	$ 14.50

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
87471	Bartonella Dna Amp Probe	$ 48.42
87472	Bartonella Dna Quant	$ 59.12
87475	Lyme Dis Dna Dir Probe	$ 27.67
87476	Lyme Dis Dna Amp Probe	$ 48.42
87480	Candida Dna Dir Probe	$ 27.67
87481	Candida Dna Amp Probe	$ 48.42
87482	Candida Dna Quant	$ 76.92
87483	Cns Dna Amp Probe Type 12-25	$ 575.16
87485	Chylmd Pneum Dna Dir Probe	$ 27.67
87486	Chylmd Pneum Dna Amp Probe	$ 48.42
87487	Chylmd Pneum Dna Quant	$ 59.12
87490	Chylmd Trach Dna Dir Probe	$ 31.40
87491	Chylmd Trach Dna Amp Probe	$ 48.42
87492	Chylmd Trach Dna Quant	$ 73.79
87493	C Diff Amplified Probe	$ 51.43
87495	Cytomeg Dna Dir Probe	$ 41.44
87496	Cytomeg Dna Amp Probe	$ 48.42
87497	Cytomeg Dna Quant	$ 59.12
87498	Enterovirus Dna Amp Probe	$ 48.42
87500	Vanomycin Dna Amp Probe	$ 48.42
87501	Influenza Dna Amp Prob 1+	$ 70.81
87502	Influenza Dna Amp Probe	$ 132.20
87503	Influenza Dna Amp Prob Addl	$ 40.32
87505	Nfct Agent Detection Gi	$ 177.04
87506	Iadna-Dna/Rna Probe Tq 6-11	$ 362.93
87507	Iadna-Dna/Rna Probe Tq 12-25	$ 575.16
87510	Gardner Vag Dna Dir Probe	$ 27.67
87511	Gardner Vag Dna Amp Probe	$ 48.42
87512	Gardner Vag Dna Quant	$ 57.63
87516	Hepatitis B Dna Amp Probe	$ 48.42
87517	Hepatitis B Dna Quant	$ 59.12
87520	Hepatitis C Rna Dir Probe	$ 43.08
87521	Hepatitis C Rna Amp Probe	$ 48.42
87522	Hepatitis C Rna Quant	$ 59.12
87525	Hepatitis G Dna Dir Probe	$ 41.12
87526	Hepatitis G Dna Amp Probe	$ 54.18
87527	Hepatitis G Dna Quant	$ 57.63
87528	Hsv Dna Dir Probe	$ 27.67
87529	Hsv Dna Amp Probe	$ 48.42
87530	Hsv Dna Quant	$ 59.12
87531	Hhv-6 Dna Dir Probe	$ 80.04
87532	Hhv-6 Dna Amp Probe	$ 48.42
87533	Hhv-6 Dna Quant	$ 57.63
87534	Hiv-1 Dna Dir Probe	$ 30.25
87535	Hiv-1 Dna Amp Probe	$ 48.42
87536	Hiv-1 Dna Quant	$ 117.44
87537	Hiv-2 Dna Dir Probe	$ 30.25
87538	Hiv-2 Dna Amp Probe	$ 48.42
87539	Hiv-2 Dna Quant	$ 80.90
87540	Legion Pneumo Dna Dir Prob	$ 27.67
87541	Legion Pneumo Dna Amp Prob	$ 48.42
87542	Legion Pneumo Dna Quant	$ 57.63
87550	Mycobacteria Dna Dir Probe	$ 27.67
87551	Mycobacteria Dna Amp Probe	$ 66.57
87552	Mycobacteria Dna Quant	$ 59.12
87555	M.Tuberculo Dna Dir Probe	$ 37.09

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
87556	M.Tuberculo Dna Amp Probe	$ 57.52
87557	M.Tuberculo Dna Quant	$ 59.12
87560	M.Avium-Intra Dna Dir Prob	$ 37.66
87561	M.Avium-Intra Dna Amp Prob	$ 48.42
87562	M.Avium-Intra Dna Quant	$ 59.12
87580	M.Pneumon Dna Dir Probe	$ 27.67
87581	M.Pneumon Dna Amp Probe	$ 48.42
87582	M.Pneumon Dna Quant	$ 417.62
87590	N.Gonorrhea Dna Dir Prob	$ 37.09
87591	N.Gonorrhea Dna Amp Prob	$ 48.42
87592	N.Gonorrhea Dna Quant	$ 59.12
87623	Hpv Low-Risk Types	$ 48.42
87624	Hpv High-Risk Types	$ 48.42
87625	Hpv Types 16 & 18 Only	$ 55.96
87631	Resp Virus 3-5 Targets	$ 196.83
87632	Resp Virus 6-11 Targets	$ 300.92
87633	Resp Virus 12-25 Targets	$ 575.16
87634	Rsv Dna/Rna Amp Probe	$ 96.88
87640	Staph A Dna Amp Probe	$ 48.42
87641	Mr-Staph Dna Amp Probe	$ 48.42
87650	Strep A Dna Dir Probe	$ 27.67
87651	Strep A Dna Amp Probe	$ 48.42
87652	Strep A Dna Quant	$ 57.63
87653	Strep B Dna Amp Probe	$ 48.42
87660	Trichomonas Vagin Dir Probe	$ 27.67
87661	Trichomonas Vaginalis Amplif	$ 48.42
87662	Zika Virus Dna/Rna Amp Probe	$ 70.81
87797	Detect Agent Nos Dna Dir	$ 41.44
87798	Detect Agent Nos Dna Amp	$ 48.42
87799	Detect Agent Nos Dna Quant	$ 59.12
87800	Detect Agnt Mult Dna Direc	$ 60.26
87801	Detect Agnt Mult Dna Ampli	$ 96.88
87802	Strep B Assay W/Optic	$ 17.57
87803	Clostridium Toxin A W/Optic	$ 22.08
87804	Influenza Assay W/Optic	$ 22.84
87806	Hiv Antigen W/Hiv Antibodies	$ 45.22
87807	Rsv Assay W/Optic	$ 18.08
87808	Trichomonas Vaginalis	$ 21.10
87809	Adenovirus Assay W/Optic	$ 30.03
87810	Chylmd Trach Assay W/Optic	$ 48.70
87850	N. Gonorrhoeae Assay W/Optic	$ 33.89
87880	Strep A Assay W/Optic	$ 22.81
87899	Agent Nos Assay W/Optic	$ 22.18
87900	Phenotype Infect Agent Drug	$ 179.88
87901	Genotype, Dna, Hiv Reverse T	$ 355.28
87902	Genotype Dna/Rna Hep C	$ 355.28
87903	Phenotype Dna Hiv W/Culture	$ 674.35
87904	Phenotype Dna Hiv W/Clt Add	$ 35.98
87905	Sialidase Enzyme Assay	$ 16.86
87906	Genotype Dna Hiv Reverse T	$ 177.65
87910	Genotype Cytomegalovirus	$ 355.28
87912	Genotype Dna Hepatitis B	$ 355.28
87999	Unlisted Microbiology Procedure	$ 11.22
88104	Cytopath Fl Nongyn Smears	$ 37.73
88106	Cytopath Fl Nongyn Filter	$ 43.66
88108	Cytopath Concentrate Tech	$ 35.01
88112	Cytopath Cell Enhance Tech	$ 133.85
88120	Cytp Urne 3-5 Probes Ea Spec	$ 657.89
88121	Cytp Urine 3-5 Probes Cmptr	$ 567.07
88125	Cytopathology,Forensic	$ 16.96
88130	Cytology Smear-Buccal	$ 24.81
88140	Cytology Smear-Wbc-For Chromosoms	$ 11.03

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
88141	Cytopath C/V Interpret	$ 22.01
88142	Cytopath C/V Thin Layer	$ 27.96
88143	Cytopath C/V Thin Layer Redo	$ 31.80
88147	Cytopath C/V Automated	$ 69.77
88148	Cytopath C/V Auto Rescreen	$ 22.08
88150	Cytopath C/V Manual	$ 20.69
88152	Cytopath C/V Auto Redo	$ 38.14
88153	Cytopath C/V Redo	$ 33.16
88155	Cytopath C/V Index Add-On	$ 20.22
88160	Cytopath Smear Other Source	$ 39.14
88161	Cytopath Smear Other Source	$ 33.12
88162	Cytopath Smear Other Source	$ 45.90
88164	Cytopath Tbs C/V Manual	$ 20.69
88165	Cytopath Tbs C/V Redo	$ 58.26
88166	Cytopath Tbs C/V Auto Redo	$ 20.69
88167	Cytopath Tbs C/V Select	$ 20.69
88172	Evaluation Of Fine Needle Aspirate With Or Without Prep	$ 60.69
88173	Cytopath Eval Fna Report	$ 99.94
88174	Cytopath C/V Auto In Fluid	$ 35.01
88175	Cytopath C/V Auto Fluid Redo	$ 36.72
88177	Cytp Fna Eval Ea Addl	$ 38.28
88182	Flow Cytometry; Cell Cycle Or Dna Analysis	$ 77.07
88184	Flowcytometry/ Tc 1 Marker	$ 100.86
88185	Flowcytometry/Tc Add-On	$ 59.95
88187	Flowcytometry/Read 2-8	$ 91.33
88188	Flowcytometry/Read 9-15	$ 112.93
88189	Flowcytometry/Read 16 & >	$ 142.97
88199	Unlisted Cytopathology Procedure	$ 45.26
88230	Tissue Culture Lymphocyte	$ 160.76
88233	Tissue Culture Skin/Biopsy	$ 194.21
88235	Tissue Culture Placenta	$ 207.41
88237	Tissue Culture Bone Marrow	$ 198.38
88239	Tissue Culture Tumor	$ 203.58
88240	Cell Cryopreserve/Storage	$ 18.04
88241	Frozen Cell Preparation	$ 16.68
88245	Chromosome Analysis 20-25	$ 238.97
88248	Chromosome Analysis 50-100	$ 238.97
88249	Chromosome Analysis 100	$ 238.97
88261	Chromosome Analysis 5	$ 364.79
88262	Chromosome Analysis 15-20	$ 173.18
88263	Chromosome Analysis 45	$ 207.40
88264	Chromosome Analysis 20-25	$ 199.56
88267	Chromosome Analys Placenta	$ 260.23
88269	Chromosome Analys Amniotic	$ 239.65
88271	Cytogenetics Dna Probe	$ 29.56
88272	Cytogenetics 3-5	$ 56.17
88273	Cytogenetics 10-30	$ 48.04
88274	Cytogenetics 25-99	$ 58.48
88275	Cytogenetics 100-300	$ 70.64
88280	Chromosome Analysis,Karyotyping	$ 46.19
88283	Chromosome Analysis Additional Specialized Banding Tech	$ 94.67
88285	Chromosome Count Additional	$ 37.14
88289	Chromosome Study Additional	$ 47.51
88291	Cyto/Molecular Report	$ 8.35
88300	Surgical Path Gross	$ 18.34
88302	Surgical Path-Gross And Micro	$ 28.46
88304	Tissue Exam By Pathologist	$ 53.48
88305	Tissue Exam By Pathologist	$ 94.93
88307	Tissue Exam By Pathologist	$ 154.22
88309	Tissue Exam By Pathologist	$ 226.13
88311	Decalcification Procedure	$ 19.21
88312	Spec.Stains;Group 1 For Microorgan.	$ 118.57
88313	Special Stains Group Ii	$ 83.21
88314	Histochemical Stains Add-On	$ 36.54
88319	Determinative Histochemistry To Identify Enzyme Constit	$ 112.61
88321	Surgical Path-Consult	$ 80.27

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
88323	Cons.&Rpt.Ref.Materials Prep.Slides	$ 97.01
88325	Surgical Path-Consult-Comprehensive	$ 127.50
88329	Path Consult Introp	$ 48.84
88331	Path Consult Intraop 1 Bloc	$ 107.61
88332	Path Consult Intraop, Addl	$ 53.50
88333	Intraop Cyto Path Consult 1	$ 122.64
88334	Intraop Cyto Path Consult, 2	$ 74.80
88341	Immunohisto Antb Addl Slide	$ 90.21
88342	Immunohisto Antb 1St Stain	$ 69.17
88344	Immunohisto Antibody Slide	$ 220.14
88346	Immunofluor Antb 1St Stain	$ 128.89
88348	Electron Microscopy	$ 175.49
88350	Immunofluor Antb Addl Stain	$ 95.99
88355	Analysis Skeletal Muscle	$ 167.56
88356	Analysis Nerve	$ 264.52
88358	Analysis Tumor	$ 100.16
88360	Tumor Immunohistochem/Manual	$ 157.47
88361	Tumor Immunohistochem/Comput	$ 195.23
88362	Nerve Teasing Preparations	$ 192.44
88363	Xm Archive Tissue Molec Anal	$ 85.38
88364	Insitu Hybridization (Fish)	$ 130.80
88365	Insitu Hybridization (Fish)	$ 78.00
88366	Insitu Hybridization (Fish)	$ 200.82
88367	Insitu Hybridization Auto	$ 78.00
88368	Insitu Hybridization Manual	$ 78.00
88369	M/Phmtrc Alysishquant/Semiq	$ 98.92
88371	Protein Western Blot Tissue	$ 30.68
88372	Protein Analysis Of Tissue By Western Blot, With Interp	$ 36.18
88373	M/Phmtrc Alys Ishquant/Semiq	$ 80.59
88374	M/Phmtrc Alys Ishquant/Semiq	$ 276.17
88377	M/Phmtrc Alys Ishquant/Semiq	$ 288.74
88380	Microdissection Laser	$ 254.91
88381	Microdissection Manual	$ 255.18
88720	Bilirubin Total Transcut	$ 6.93
88738	Hgb Quant Transcutaneous	$ 6.93
88740	Transcutaneous Carboxyhb	$ 12.93
88741	Transcutaneous Methb	$ 12.93
89049	Chct For Mal Hyperthermia	$ 314.39
89050	Body Fluid Cell Count	$ 6.51
89051	Body Fluid Cell Count W/Diff	$ 7.73
89055	Leukocyte Assessment Fecal	$ 5.89
89060	Exam Synovial Fluid Crystals	$ 10.12
89125	Fat Stain,Feces,Urine,Sputum	$ 8.11
89160	Meat Fibers, Feces	$ 6.69
89190	Nasal Smear For Eosinophils	$ 7.99
89220	Sputum Specimen Collection	$ 18.55
89230	Collect Sweat For Test	$ 5.41
90375	Rabies Ig Im/Sc	$ 383.45
90376	Rabies Ig Heat Treated	$ 382.94
90378	Rsv Mab Im 50Mg 11/01/2016 - 12/31-2016	$ 2,103.82
90384	Rh Ig Full-Dose Im	$ 179.83
90389	Tetanus Ig Im	$ 309.52
90460	Imadm Any Route 1St Vac/Tox	$ 20.78
90461	Inadm Any Route Addl Vac/Tox	$ 18.86
90471	Immunization Admin, Single	$ 13.77
90472	Immunization Admin Each Add	$ 13.77
90473	Immune Admin Oral/Nasal	$ 13.77
90474	Immune Admin Oral/Nasal Addl	$ 13.77
90620	Menb Rp W/Omv Vaccine Im	$ 230.81
90621	Menb Rlp Vaccine Im	$ 230.81
90632	Hepa Vaccine Adult Im	$ 92.58
90633	Hepa Vacc Ped/Adol 2 Dose Im	$ 43.97
90634	Hepa Vacc Ped/Adol 3 Dose	$ 58.68
90636	Hep A/Hep B Vacc Adult Im	$ 132.81
90647	Hib Prp-Omp Vacc 3 Dose Im	$ 44.41
90648	Hib Prp-T Vaccine 4 Dose Im	$ 24.54

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
90651	9Vhpv Vaccine 3 Dose Im	$ 278.03
90654	Flu Vacc Iiv3 No Preserv Id	$ 26.65
90655	Iiv3 Vacc No Prsv 0.25 Ml Im	$ 25.82
90656	Iiv3 Vacc No Prsv 0.5 Ml Im	$ 22.91
90657	Iiv3 Vaccine Splt 0.25 Ml Im	$ 8.29
90658	Iiv3 Vaccine Splt 0.5 Ml Im	$ 19.47
90660	Laiv3 Vaccine Intranasal	$ 39.83
90661	Cciiv3 Vac No Prsv 0.5 Ml Im	$ 31.40
90662	Iiv No Prsv Increased Ag Im	$ 55.20
90670	Pcv13 Vaccine Im	$ 242.82
90672	Laiv4 Vaccine Intranasal	$ 34.72
90675	Rabies Vaccine Im	$ 348.80
90680	Rv5 Vacc 3 Dose Live Oral	$ 116.72
90681	Rv1 Vacc 2 Dose Live Oral	$ 157.58
90685	Iiv4 Vacc No Prsv 0.25 Ml Im	$ 33.95
90686	Iiv4 Vacc No Prsv 0.5 Ml Im	$ 24.61
90688	Iiv4 Vaccine Splt 0.5 Ml Im	$ 23.05
90690	Typhoid Vaccine Oral	$ 56.50
90691	Typhoid Vaccine Im	$ 139.12
90696	Dtap-Ipv Vaccine 4-6 Yrs Im	$ 72.52
90698	Dtap-Ipv/Hib Vaccine Im	$ 129.24
90700	Dtap Vaccine < 7 Yrs Im	$ 37.05
90702	Dt Vaccine Under 7 Yrs Im	$ 28.06
90707	Mmr Vaccine Sc	$ 96.26
90710	Mmrv Vaccine Sc	$ 274.43
90713	Poliovirus Ipv Sc/Im	$ 44.60
90714	Td Vacc No Presv 7 Yrs+ Im	$ 53.01
90715	Tdap Vaccine 7 Yrs/> Im	$ 58.90
90716	Var Vaccine Live Subq	$ 165.37
90717	Yellow Fever Vaccine Subq	$ 144.73
90723	Dtap-Hep B-Ipv Vaccine Im	$ 104.42
90732	Ppsv23 Vacc 2 Yrs+ Subq/Im	$ 124.50
90733	Mpsv4 Vaccine Subq	$ 155.04
90734	Mcv4 Menacwy Vaccine Im	$ 167.08
90736	Hzv Vaccine Live Subq	$ 305.37
90740	Hepb Vacc 3 Dose Immunsup Im	$ 158.89
90743	Hepb Vacc 2 Dose Adolesc Im	$ 32.80
90744	Hepb Vacc 3 Dose Ped/Adol Im	$ 32.73
90746	Hepb Vaccine 3 Dose Adult Im	$ 80.87
90747	Hepb Vacc 4 Dose Immunsup Im	$ 158.89
90748	Hib-Hepb Vaccine Im	$ 45.13
90749	Unlisted Immunization Procedure	$ 13.57
90791	Psych Diagnostic Evaluation	$ 159.72
90792	Psych Diag Eval W/Med Srvcs	$ 141.64
90832	Psytx W Pt 30 Minutes	$ 77.69
90833	Psytx W Pt W E/M 30 Min	$ 60.71
90834	Psytx W Pt 45 Minutes	$ 103.44
90836	Psytx W Pt W E/M 45 Min	$ 90.98
90837	Psytx W Pt 60 Minutes	$ 154.96
90838	Psytx W Pt W E/M 60 Min	$ 121.41
90839	Psytx Crisis Initial 60 Min	$ 137.93
90840	Psytx Crisis Ea Addl 30 Min	$ 68.96
90845	Medical Psychoanalysis	$ 104.11
90846	Family Psytx W/O Pt 50 Min	$ 116.38
90847	Family Psytx W/Pt 50 Min	$ 71.08
90849	Multiple-Family-Group-Psychotherapy	$ 71.08
90853	Group Medical Psychotherapy	$ 71.08
90863	Pharmacologic Mgmt W/Psytx	$ 68.99
90865	Narcosynthesis	$ 158.60
90870	Ect	$ 130.95
90882	Environmental Intervention	$ 19.24
90899	Unlisted Psychiatric Service Or Proc	$ 39.22
90935	Hemodialysis One Evaluation	$ 99.82
90937	Hemodialysis Repeated Eval	$ 164.08
90945	Dialysis One Evaluation	$ 135.76
90947	Dialysis Repeated Eval	$ 237.64

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
90951	Esrd Serv 4 Visits P Mo <2	$ 1,294.50
90954	Esrd Serv 4 Vsts P Mo 2-11	$ 1,068.63
90955	Esrd Srv 2-3 Vsts P Mo 2-11	$ 601.28
90956	Esrd Srv 1 Visit P Mo 2-11	$ 405.29
90957	Esrd Srv 4 Vsts P Mo 12-19	$ 857.44
90958	Esrd Srv 2-3 Vsts P Mo 12-19	$ 575.82
90959	Esrd Serv 1 Vst P Mo 12-19	$ 375.76
90960	Esrd Srv 4 Visits P Mo 20+	$ 378.31
90961	Esrd Srv 2-3 Vsts P Mo 20+	$ 304.62
90962	Esrd Serv 1 Visit P Mo 20+	$ 219.49
90963	Esrd Home Pt Serv P Mo <2Yrs	$ 724.98
90964	Esrd Home Pt Serv P Mo 2-11	$ 610.87
90965	Esrd Home Pt Serv P Mo 12-19	$ 582.26
90966	Esrd Home Pt Serv P Mo 20+	$ 303.27
90967	Esrd Home Pt Serv P Day <2	$ 26.40
90968	Esrd Home Pt Srv P Day 2-11	$ 20.74
90969	Esrd Home Pt Srv P Day 12-19	$ 20.02
90970	Esrd Home Pt Serv P Day 20+	$ 10.35
90997	Hemoperfusion (Eg,W/Act.Char.Or Resn	$ 187.86
91010	Esophageal Motility Study	$ 192.05
91013	Esophgl Motil W/Stim/Perfus	$ 37.61
91020	Gastric Motility Studies	$ 181.15
91022	Duodenal Motility Study	$ 236.27
91030	Esophagus Acid Perfusion	$ 95.19
91034	Gastroesophageal Reflux Test	$ 248.15
91035	G-Esoph Reflx Tst W/Electrod	$ 593.36
91037	Esoph Imped Function Test	$ 165.67
91038	Esoph Imped Funct Test > 1Hr	$ 300.04
91040	Esoph Balloon Distension Tst	$ 451.11
91065	Breath Hydrogen Test (Eg, For Detection Of Lactase Defi	$ 58.66
91110	Gi Tract Capsule Endoscopy	$ 1,137.42
91111	G.I. Tract Imaging W/Interpret	$ 987.45
91112	Gi Wireless Capsule Measure	$ 1,698.95
91117	Colon Motility 6 Hr Study	$ 232.65
91120	Rectal Sensation Test	$ 491.50
91122	Anorectal Manometry	$ 177.85
91132	Electrogastrography	$ 255.51
91133	Electrogastrography W/Test	$ 294.48
91200	Liver Elastography	$ 41.18
92002	Eye Exam New Patient	$ 92.65
92004	Eye Exam New Patient	$ 174.29
92012	Eye Exam Establish Patient	$ 97.43
92014	Eye Exam&Tx Estab Pt 1/>Vst	$ 141.96
92015	Determine Refractive State	$ 16.09
92018	Eye Exam & Treatment	$ 197.93
92019	Eye Exam & Treatment Subsequent	$ 83.74
92020	Special Eye Evaluation	$ 35.11
92025	Special Eye Evaluation	$ 42.74
92060	Special Eye Evaluation	$ 41.34
92065	Orthoptic And Or Pleoptic Training	$ 53.90
92071	Contact Lens Fitting For Tx	$ 39.50
92072	Fit Contac Lens For Managmnt	$ 39.50
92081	Special Eye Exam	$ 66.32
92082	Special Eye Exam	$ 86.44
92083	Special Eye Exam	$ 99.33
92100	Serial Tonometry	$ 54.87
92132	Cmptr Ophth Dx Img Ant Segmt	$ 54.11
92133	Cmptr Ophth Img Optic Nerve	$ 67.54
92134	Cptr Ophth Dx Img Post Segmt	$ 69.07
92136	Ophthalmic Biometry	$ 109.85
92145	Corneal Hysteresis Determination	$ 20.64
92201	Extended examination of eye with drawing of retina	$ 31.42
92202	Extended examination of eye with drawing of optic nerve and surrounding area (macula)	$ 19.98
92227	Remote Dx Retinal Imaging	$ 20.89
92228	Remote Retinal Imaging Mgmt	$ 54.18

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
92230	Visualization Of Retina	$ 59.09
92235	Fluorescein Angrph Uni/Bi	$ 170.72
92240	Icg Angiography Uni/Bi	$ 252.91
92242	Fluorescein Icg Angiography	$ 296.00
92250	Visualization Of Retina	$ 97.44
92260	Visualization Of Retina	$ 43.21
92265	Eye Muscle Evaluation	$ 51.71
92270	Special Eye Evaluation	$ 74.91
92273	Full Field ERG	$ 175.18
92274	Multifocal Erg W/I&R	$ 88.55
92283	Color Vision Examination	$ 24.94
92284	Special Eye Evaluation	$ 37.27
92285	External Ocular Photography	$ 58.32
92286	Specular Endothelial Microscopy	$ 162.14
92287	Special Anterior Segment Photography With Medical Diagn	$ 106.95
92310	Fitting Special Contact Lens	$ 37.48
92311	Oph Contact Lens Corneal Aphakia One	$ 91.19
92312	Fitting Special Contact Lens	$ 110.73
92313	Fitting Special Contact Lens	$ 84.73
92315	Rx Cntact Lens Aphakia 1 Eye	$ 51.25
92316	Rx Cntact Lens Aphakia 2 Eye	$ 74.75
92317	Rx Corneoscleral Cntact Lens	$ 39.92
92326	Service Fee Replacement Contact Len	$ 71.93
92370	Repair Refitting Spectables	$ 37.70
92502	Ear And Throat Examination	$ 124.39
92504	Special Ear Examination	$ 36.93
92507	Speech/Hearing Therapy-Individual 15 minutes.	$ 19.31
92508	Speech/Hearing Therapy-Group	$ 12.64
92511	Visualization Nose & Throat	$ 204.13
92512	Nasal Function Studies	$ 48.55
92516	Facial Nerve Studies	$ 38.24
92520	Laryngeal Function Studies	$ 61.04
92521	Evaluation Of Speech Fluency	$ 116.51
92522	Evaluate Speech Production	$ 94.50
92523	Speech Sound Lang Comprehen	$ 196.80
92524	Behavral Qualit Analys Voice	$ 97.57
92526	Oral Function Therapy	$ 100.35
92531	Spontaneous Nystagmus	$ 26.57
92532	Positional Nystagmus	$ 26.57
92533	Inner Ear Test	$ 25.50
92537	Caloric Vstblr Test W/Rec	$ 53.36
92538	Caloric Vstblr Test W/Rec	$ 26.99
92540	Basic Vestibular Evaluation	$ 129.09
92541	Special Eye Test	$ 43.17
92542	Special Eye Test	$ 39.55
92544	Special Eye Test	$ 32.84
92545	Special Eye Test	$ 26.98
92546	Sinusoidal Rotational Test	$ 37.94
92547	Supplemental Electrical Test	$ 4.50
92548	Posturography	$ 120.61
92550	Tympanometry & Reflex Thresh	$ 28.06
92551	Pure Tone Hearing Test Air	$ 18.04
92552	Pure Tone Audiometry Air	$ 26.87
92553	Audiometry Air & Bone	$ 36.85
92555	Hearing Test	$ 20.89
92556	Speech Audiometry Complete	$ 30.21
92557	Hearing Test	$ 70.12
92560	Bekesy Audiometry Screen	$ 36.50
92561	Bekesy Audiometry Diagnosis	$ 31.73
92562	Special Hearing Test	$ 17.95
92563	Special Hearing Test	$ 16.68
92564	Special Hearing Test	$ 20.85
92565	Stenger Test Pure Tone	$ 15.08
92567	Tympanometry	$ 28.19
92568	Acoustic Reflex Testing	$ 27.85
92570	Acoustic Immitance Testing	$ 42.75

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
92571	Special Hearing Test	$ 17.10
92572	Special Hearing Test	$ 3.81
92575	Special Hearing Test	$ 13.36
92576	Special Hearing Test	$ 19.61
92577	Stenger Test Speech	$ 32.09
92579	Visual Audiometry (Vra)	$ 42.08
92582	Special Hearing Test	$ 48.81
92583	Special Hearing Test	$ 39.68
92584	Electrocochleography	$ 110.19
92585	Auditor Evoke Potent Compre	$ 204.87
92586	Auditor Evoke Potent Limit	$ 77.82
92587	Evoked Auditory Test	$ 68.78
92588	Evoked Auditory Test	$ 92.05
92590	Hearing Aid Exam One Ear	$ 368.32
92591	Hearing Aid Exam Both Ears	$ 347.39
92593	Hearing Aid Check Both Ears	$ 30.88
92594	Electro Hearng Aid Test One	$ 57.13
92596	Ear Protector Attenuation Measurmnt	$ 26.29
92597	Oral Speech Device Eval	$ 140.98
92601	Cochlear Implt F/Up Exam <7	$ 204.16
92602	Reprogram Cochlear Implt 7/>	$ 125.43
92603	Cochlear Implt F/Up Exam 7/>	$ 188.43
92604	Reprogram Cochlear Implt 7/>	$ 82.73
92605	Eval For Nonspeech Device Rx	$ 45.26
92607	Ex For Speech Device Rx 1Hr	$ 204.99
92608	Ex For Speech Device Rx Addl	$ 41.62
92609	Use Of Speech Device Service	$ 111.20
92610	Evaluate Swallowing Function	$ 151.08
92611	Motion Fluoroscopy/Swallow	$ 162.04
92612	Endoscopy Swallow (Fees) Vid	$ 207.35
92613	Endoscopy Swallow (Fees) I&R	$ 51.65
92614	Laryngoscopic Sensory Vid	$ 185.24
92615	Laryngoscopic Sensory I&R	$ 45.93
92616	Fees W/Laryngeal Sense Test	$ 252.91
92617	Fees W/Laryngeal Sense I&R	$ 56.73
92620	Auditory Function 60 Min	$ 58.79
92621	Auditory Function + 15 Min	$ 34.97
92625	Tinnitus Assessment	$ 81.96
92626	Eval Aud Rehab Status	$ 110.08
92627	Eval Aud Status Rehab Add-On	$ 26.57
92640	Diag Analysis Brainstem Implant	$ 70.42
92700	Ent Procedure/Service	$ 19.67
92920	Prq Cardiac Angioplast 1 Art	$ 778.62
92924	Prq Card Angio/Athrect 1 Art	$ 925.68
92928	Prq Card Stent W/Angio 1 Vsl	$ 864.82
92933	Prq Card Stent/Ath/Angio	$ 967.09
92937	Prq Revasc Byp Graft 1 Vsl	$ 863.84
92941	Prq Card Revasc Mi 1 Vsl	$ 969.01
92943	Prq Card Revasc Chronic 1Vsl	$ 969.01
92950	Heart/Lung Resuscitation Cpr	$ 433.31
92953	Temporary Transcutaneous Pacing	$ 82.79
92960	Cardioversion Electric Ext	$ 409.16
92961	Cardioversion Electric Int	$ 349.64
92970	Cardioassist Internal	$ 331.34
92971	Cardioassist External	$ 134.87
92973	Percut Coronary Thrombectomy	$ 244.25
92974	Cath Place Cardio Brachytx	$ 223.78
92975	Dissolve Clot Heart Vessel	$ 477.37
92977	Dissolve Clot Heart Vessel	$ 247.52
92978	Ultrasound Evaluation of Heart Blood Vessel or Graft	$ 117.34
92986	Percutaneous Balloon Valvuloplasty; Aortic Valve	$ 1,519.63
92987	Revision Of Mitral Valve	$ 1,893.18
92990	Percutaneous Balloon Valvuloplasty; Pulmonary Valve	$ 1,211.28
92992	Atrial Septectomy Or Septostomy; Transvenous Method, Ba	$ 7,083.54
92997	Pul Art Balloon Repr Percut	$ 864.98
92998	Pul Art Balloon Repr Percut	$ 437.43

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
93000	Electrocardiogram Complete	$ 35.94
93005	Electrocardiogram Tracing	$ 23.02
93010	Electrocardiogram Report	$ 12.90
93015	Cardiovascular Stress Test	$ 144.97
93016	Cardiovascular Stress Test Using Maximal Or Submaximal	$ 34.11
93017	Stress Test Tracing Only	$ 87.66
93018	Stress Test Interpretation & Report	$ 23.20
93024	Ergonovine Provocation Test	$ 176.53
93025	Microvolt T-Wave Assess	$ 256.87
93040	Electrocardiogram Report	$ 19.26
93041	Rhythm Ecg Tracing	$ 10.54
93042	Rhythm Ecg Report	$ 11.84
93050	Art Pressure Waveform Analys	$ 23.18
93224	Electrocardiographic Monitoring For 24 Hours By Continu	$ 225.33
93225	Electrocardiographic Monitoring For 24 Hours By Continu	$ 64.29
93226	Electrocardiographic Monitoring For 24 Hours By Continu	$ 109.52
93227	Electrocardiographic Monitoring For 24 Hours By Continu	$ 39.92
93228	Remote 30 Day Ecg Rev/Report	$ 35.81
93229	Remote 30 Day Ecg Tech Supp	$ 1,116.86
93260	Prgrmg Dev Eval Impltbl Sys	$ 88.18
93261	Interrogate Subq Defib	$ 80.45
93264	Remote Monitoring of Wireless Pressure Sensor	$ 47.27
93268	Patient Demand Single Event Ecg Recording; Pre-Symptom	$ 409.46
93270	Electrocardiographic Monitoring	$ 49.72
93271	Ecg/Monitoring And Analysis	$ 305.73
93272	Ecg/Review, Interpret Only	$ 39.40
93278	Signal-Averaged Electrocardiography (Saecg), With Or Wi	$ 97.95
93279	Pm Device Progr Eval Sngl	$ 71.62
93280	Pm Device Progr Eval Dual	$ 84.86
93281	Pm Device Progr Eval Multi	$ 98.78
93282	Prgrmg Eval Implantable Dfb	$ 90.80
93283	Prgrmg Eval Implantable Dfb	$ 116.80
93284	Prgrmg Eval Implantable Dfb	$ 131.09
93285	Ilr Device Eval Progr	$ 60.53
93286	Pre-Op Pm Device Eval	$ 35.58
93287	Peri-Px Device Eval & Prgr	$ 47.51
93288	Pm Device Eval In Person	$ 54.03
93289	Interrog Device Eval Heart	$ 93.00
93290	Icm Device Eval	$ 41.77
93291	Ilr Device Interrogate	$ 52.11
93292	Wcd Device Interrogate	$ 46.95
93293	Pm Phone R-Strip Device Eval	$ 72.35
93294	Pm Device Interrogate Remote	$ 48.58
93295	Dev Interrog Remote 1/2/Mlt	$ 95.25
93296	Pm/Icd Remote Tech Serv	$ 44.42
93297	Icm Device Interrogat Remote	$ 35.81
93298	Ilr Device Interrogat Remote	$ 39.59
93303	Echo Transthoracic	$ 293.47
93304	Echo Transthoracic	$ 164.70
93306	Tte W/Doppler Complete	$ 315.61
93307	Tte W/O Doppler Complete	$ 258.31
93308	Tte F-Up Or Lmtd	$ 149.30
93312	Echocardiography, Real Time With Image Documentation (2	$ 386.99
93313	Echo Transesophageal	$ 76.27
93314	Echo Transesophageal	$ 242.37
93315	Echo Transesophageal	$ 167.09
93316	Echo Transesophageal	$ 61.62
93317	Echo Transesophageal	$ 120.53
93320	Doppler Echo Exam Heart	$ 113.34
93321	Doppler Echo Exam Heart	$ 59.63
93325	Doppler Color Flow Velocity Mapping (List Separately In	$ 133.85
93350	Echocardiography, Real-Time With Image Documentation (2	$ 264.15
93351	Stress Tte Complete	$ 322.23
93352	Admin Ecg Contrast Agent	$ 47.58
93355	Echo Transesophageal (Tee)	$ 303.89
93356	Heart muscle strain imaging	$ 50.81

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
93451	Right Heart Cath	$ 1,224.49
93452	Left Hrt Cath W/Ventrclgrphy	$ 1,343.95
93453	R&L Hrt Cath W/Ventriclgrphy	$ 1,752.93
93454	Coronary Artery Angio S&I	$ 1,377.03
93455	Coronary Art/Grft Angio S&I	$ 1,520.40
93456	R Hrt Coronary Artery Angio	$ 1,725.70
93457	R Hrt Art/Grft Angio	$ 1,947.95
93458	L Hrt Artery/Ventricle Angio	$ 1,648.35
93459	L Hrt Art/Grft Angio	$ 1,819.86
93460	R&L Hrt Art/Ventricle Angio	$ 1,948.44
93461	R&L Hrt Art/Ventricle Angio	$ 2,233.64
93462	L Hrt Cath Trnsptl Puncture	$ 286.45
93463	Drug Admin & Hemodynmic Meas	$ 149.18
93464	Exercise W/Hemodynamic Meas	$ 431.55
93503	Rt Heart Catheterization	$ 358.83
93505	Endocardial Biopsy	$ 444.71
93530	Rt Heart Cath Congenital	$ 256.10
93531	R & L Heart Cath Congenital	$ 532.49
93533	R & L Heart Cath Congenital	$ 433.69
93561	Cardiac Output Measurement	$ 114.24
93562	Sub Measurement Cardiac Output	$ 53.63
93563	Inject Congenital Card Cath	$ 80.22
93564	Inject Hrt Congntl Art/Grft	$ 82.00
93565	Injection Ventr/Atrial Angio	$ 59.81
93566	Inject R Ventr/Atrial Angio	$ 266.20
93567	Inject Suprvlv Aortography	$ 217.70
93568	Inject Pulm Art Hrt Cath	$ 237.83
93571	Heart Flow Reserve Measure	$ 94.74
93580	Transcath Closure Of Asd	$ 1,340.95
93581	Transcath Closure Of Vsd	$ 1,768.46
93582	Perq Transcath Closure Pda	$ 655.27
93583	Perq Transcath Septal Reduxn	$ 729.19
93590	Perq Transcath Cls Mitral	$ 1,467.62
93591	Perq Transcath Cls Aortic	$ 1,218.13
93592	Perq Transcath Closure Each	$ 536.07
93600	Bundle Of His Recording	$ 321.57
93602	Intr-Atrial Recording	$ 230.16
93603	Right Ventricular Recording;	$ 273.47
93609	Map Tachycardia Add-On	$ 773.03
93610	Intr-Atrial Pacing	$ 308.00
93612	Intraventricular Pacing	$ 321.02
93613	Electrophys Map 3D Add-On	$ 519.24
93615	Esophageal Recording Of Atrial Electrogram With Or With	$ 76.23
93616	Esophageal Recording Of Atrial Electrogram With Or With	$ 146.16
93618	Induction Arrhythmia Electric Pacing	$ 632.52
93619	Comprehensive Electrophysiologic Evaluation With Right	$ 1,174.46
93620	Comprehensive Electrophysiologic Evaluation With Right	$ 1,555.80
93621	Comprehensive Electrophysiologic Evaluation With Right	$ 6,028.59
93622	Electrophysiology Evaluation	$ 229.20
93623	Stimulation Pacing Heart	$ 210.46
93624	Electrophysiologic Follow-Up Study With Pacing And Reco	$ 451.04
93631	Heart Pacing Mapping	$ 909.77
93640	Electrophysiologic Evaluation Of Cardioverter-Defibrill	$ 799.72
93641	Electrophysiologic Evaluation Of Cardioverter-Defibrill	$ 914.03
93642	Electrophysiologic Evaluation Of Cardioverter-Defibrill	$ 879.34
93644	Electrophysiology Evaluation	$ 392.49
93650	Intracardiac Catheter Ablation Of Arrhythmogenic Focus	$ 1,236.05
93653	Ep & Ablate Supravent Arrhyt	$ 1,177.43
93654	Ep & Ablate Ventric Tachy	$ 1,571.38
93655	Ablate Arrhythmia Add On	$ 588.74
93656	Tx Atrial Fib Pulm Vein Isol	$ 1,571.83
93657	Tx L/R Atrial Fib Addl	$ 589.20
93660	Autonomic Nervous System Evaluation Of Cardiovascular F	$ 290.74
93662	Intracardiac ECG (Ice)	$ 185.82
93701	Bioimpedance Cv Analysis	$ 33.85
93724	Electronic Analysis Of Antitachycardia Pacemaker System	$ 536.49

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
93740	Special Circulation Test	$ 28.06
93750	Interrogation Vad In Person	$ 70.64
93770	Venous Pressure Test	$ 16.75
93784	Ambu Bld Pres Monit 24 Hrs Test/Rept	$ 85.08
93786	Amb Bld Pressure Recording 24 Hrs	$ 37.85
93788	Amb Bld Pres Scan Anly/Report 24 Hrs	$ 20.92
93790	Bld Pres Monitor 24Hrs Phy Rev/Inter	$ 26.29
93797	Physician Services For Outpatient Cardiac Rehabilitatio	$ 25.19
93798	Physician Services For Outpatient Cardiac Rehabilitatio	$ 35.01
93880	Extracranial Bilat Study	$ 367.22
93882	Extracranial Uni/Ltd Study	$ 234.45
93886	Intracranial Complete Study	$ 231.80
93888	Intracranial Limited Study	$ 207.98
93890	Tcd Vasoreactivity Study	$ 194.94
93892	Tcd Emboli Detect W/O Inj	$ 204.71
93893	Tcd Emboli Detect W/Inj	$ 205.19
93922	Noninvasive Physiologic Studies Of Upper Or Lower Extre	$ 118.31
93923	Noninvasive Physiologic Studies Of Upper Or Lower Extre	$ 246.23
93924	Noninvasive Physiologic Studies Of Lower Extremity Arte	$ 144.73
93925	Duplex Scan Of Lower Extremity Arteries Or Arterial Byp	$ 206.39
93926	Duplex Scan Of Lower Extremity Arteries Or Arterial Byp	$ 181.29
93930	Duplex Scan Of Upper Extremity Arteries Or Arterial Byp	$ 197.93
93931	Duplex Scan Of Upper Extremity Arteries Or Arterial Byp	$ 176.90
93970	Duplex Scan Of Extremity Veins Including Responses To C	$ 215.20
93971	Duplex Scan Of Extremity Veins Including Responses To C	$ 221.12
93975	Duplex Scan Of Arterial Inflow And Venous Outflow Of Ab	$ 281.33
93976	Duplex Scan Of Arterial Inflow And Venous Outflow Of Ab	$ 100.74
93978	Duplex Scan Of Aorta, Inferior Vena Cava, Iliac Vascula	$ 306.28
93979	Duplex Scan Of Aorta, Inferior Vena Cava, Iliac Vascula	$ 184.92
93980	Duplex Scan Of Arterial Inflow And Venous Outflow Of Pe	$ 280.86
93981	Duplex Scan Of Arterial Inflow And Venous Outflow Of Pe	$ 192.88
93985	Ultrasound scan of blood flow in extremity on one side for preoperative assessment of blood vessel for dialysis access	$ 339.87
93986	Ultrasound scan of blood flow in extremity on both sides of body for preoperative assessment of blood vessel for dialysis access	$ 171.18
93990	Doppler Flow Testing	$ 143.53
94002	Vent Mgmt Inpat Init Day	$ 114.06
94003	Vent Mgmt Inpat Subq Day	$ 109.63
94005	Home Vent, Cpo, 30 Minutes/Mouth	$ 97.73
94010	Breathing Capacity Test (Spirometry)	$ 44.78
94011	Spirometry Up To 2 Yrs Old	$ 133.07
94012	Spirmtry W/Brnchdil Inf-2 Yr	$ 204.72
94013	Meas Lung Vol Thru 2 Yrs	$ 43.00
94014	Patient Recorded Spirometry	$ 64.27
94015	Patient Recorded Spirometry	$ 29.84
94016	Review Patient Spirometry	$ 34.42
94060	Evaluation Of Wheezing	$ 90.68
94070	Bronchospasm Evaluation	$ 141.96
94150	Vital Capacity Test	$ 18.96
94200	Lung Function Test	$ 23.24
94250	Expired Gas Collection	$ 17.36
94375	Respiratory Floe Volume Loop	$ 45.00
94400	Breathing Response To Co2	$ 58.51
94450	Breathing Response To Hypoxia	$ 46.52
94452	Hast W/Report	$ 71.39
94453	Hast W/Oxygen Titrate	$ 96.21
94610	Intrapulmonary Surfactant Admin	$ 82.29
94617	Exercise Tst Brncspsm	$ 122.93
94618	Pulmonary Stress Testing	$ 43.41
94621	Pulm Stress Test/Complex	$ 208.92
94640	Nonpres. Inhalation/Acute Airw.Obstr	$ 17.43
94642	Aerosol Inhalation Of Pentamidine For Pneumocystis Cari	$ 31.26
94644	Cbt 1St Hour	$ 46.52
94645	Cbt Each Addl Hour	$ 17.44

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
94660	Pos Airway Pressure Cpap	$ 69.01
94662	Neg Press Ventilation Cnp	$ 49.78
94664	Vapor Inhalation Initial	$ 18.92
94667	Manipulation Chest Wall Initial	$ 25.53
94668	Manipulation Chest Wall Subsequent	$ 15.48
94669	Mechanical Chest Wall Oscill	$ 37.19
94680	Exhaled Air Analysis O2	$ 50.99
94681	Exhaled Air Analysis O2/Co2	$ 88.42
94690	Exhaled Air Analysis	$ 28.91
94726	Pulm Funct Tst Plethysmograp	$ 91.58
94727	Pulm Function Test By Gas	$ 71.72
94728	Pulm Funct Test Oscillometry	$ 69.14
94729	Co/Membane Diffuse Capacity	$ 94.46
94750	Lung Function Test	$ 48.65
94760	Noninvasive Ear Or Pulse Oximetry For Oxygen Saturation	$ 2.93
94761	Noninvasive Ear Or Pulse Oximetry For Oxygen Saturation	$ 5.84
94762	Noninvasive Ear Or Pulse Oximetry For Oxygen Saturation	$ 49.76
94770	Exhaled Carbon Dioxide Test	$ 30.22
94772	Breath Recording Infant	$ 90.02
94777	Pediatric Home Apnea Rec Report	$ 36.31
95004	Percut Allergy Skin Tests	$ 7.30
95012	Nitric Oxide Expired Gas Det	$ 24.25
95017	Perq & Icut Allg Test Venoms	$ 12.67
95018	Perq&Ic Allg Test Drugs/Biol	$ 31.15
95024	Id Allergy Test Drug/Bug	$ 8.80
95027	Skin End Point Titration	$ 7.71
95028	Icut Allergy Test-Delayed	$ 9.80
95044	Patch Or Application Test(S) (Specify Number Of Tests)	$ 10.24
95052	Photo Patch Test(S) (Specify Number Of Tests)	$ 10.54
95056	Photosensitivity Tests Each Test	$ 7.58
95060	Ophthelmic Mucous Membrane Tests	$ 14.71
95065	Direct Nasal Mucous Membrane Tests	$ 10.41
95070	Allergy Bronchial Tests	$ 93.84
95071	Inhalation Test W/Antigens	$ 120.20
95076	Ingest Challenge Ini 120 Min	$ 167.52
95079	Ingest Challenge Addl 60 Min	$ 117.85
95115	Immunotherapy One Injection	$ 19.94
95117	Professional Services For Allergen Immunotherapy Not In	$ 24.92
95144	Professional Services For The Supervision And Provision	$ 13.17
95145	Preparation Antigen Stinging Insects	$ 20.09
95146	Professional Services For The Supervision And Provision	$ 32.44
95147	Professional Services For The Supervision And Provision	$ 31.53
95148	Professional Services For The Supervision And Provision	$ 44.71
95149	Professional Services For The Supervision And Provision	$ 58.32
95165	Professional Services For The Supervision And Provision	$ 14.57
95170	Professional Service For The Supervision And Provision	$ 12.10
95180	Rapid Desensitization Proc. Ea.Hr.	$ 217.89
95249	Cont Gluc Mntr Pt Prov Eqp	$ 71.72
95250	Glucose Monitoring Cont	$ 169.99
95251	Gluc Monitor Cont Phys I&R	$ 56.75
95717	Continuous measurement of brain wave activity (EEG), 2-12 hours, with health ca	$ 128.66
95718	Continuous measurement of brain wave activity with video (VEEG), 2-12 hours, w	$ 168.87
95719	Continuous measurement of brain wave activity (EEG), 12-26 hours, with health c	$ 198.51
95720	Continuous measurement of brain wave activity with video (VEEG), 12-26 hours,	$ 261.33
95721	Continuous measurement of brain wave activity (EEG), 37-60 hours, with health c	$ 263.64
95722	Continuous measurement of brain wave activity with video (VEEG), 37-60 hours,	$ 319.61
95723	Continuous measurement of brain wave activity (EEG), 61-84 hours, with health c	$ 326.30
95724	Continuous measurement of brain wave activity with video (VEEG), 61-84 hours,	$ 408.34
95725	Continuous measurement of brain wave activity with (EEG), more than 84 hours,	$ 372.56
95726	Continuous measurement of brain wave activity with video (VEEG), more than 84	$ 515.98
95782	Polysom <6 Yrs 4/> Paramtrs	$ 1,495.91
95783	Polysom <6 Yrs Cpap/Bilvl	$ 1,596.70
95805	Multiple Sleep Latency Testing (Mslt), Recording, Analy	$ 404.23
95806	Sleep Study, Unattended	$ 265.90
95807	Sleep Study Attended	$ 377.09
95808	Polysomnography 1-3	$ 573.82

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
95810	Polysomnography 4 Or More	$ 905.02
95811	Polysomnography W/Cpap	$ 1,092.62
95812	Eeg 41-60 Minutes	$ 344.54
95813	Eeg Over 1 Hour	$ 414.30
95816	Eeg Awake And Drowsy	$ 282.56
95819	Eeg Awake And Asleep	$ 286.10
95822	Eeg Coma Or Sleep Only	$ 105.57
95824	Eeg Cerebral Death Only	$ 79.90
95829	Electrocorticogram At Surgery	$ 323.24
95830	Insertion By Physician Of Sphenoidal Electrodes For Ele	$ 117.20
95836	Recording of Brain Cortex Electrical Responses to Implated Stimulation Device	$ 145.51
95851	Range Of Motion Each Extremity	$ 24.09
95852	Range Of Motion Measurement,Hand	$ 22.62
95857	Tensilon Test For Myasthenia Gravis	$ 46.33
95860	Muscle Test One Limb	$ 127.44
95861	Muscle Test 2 Limbs	$ 161.35
95863	Muscle Test 3 Limbs	$ 233.99
95864	Muscle Test 4 Limbs	$ 306.11
95865	Muscle Test Larynx	$ 152.89
95866	Muscle Test Hemidiaphragm	$ 128.24
95867	Electromyography,Unilateral	$ 80.45
95868	Muscle Test Cran Nerve Bilat	$ 159.38
95869	Muscle Test Thor Paraspinal	$ 41.57
95870	Muscle Test Nonparaspinal	$ 40.53
95872	Muscle Test One Fiber	$ 129.54
95873	Guide Nerv Destr Elec Stim	$ 65.99
95874	Guide Nerv Destr Needle Emg	$ 62.69
95875	Ischemic Forearm Exercise Test	$ 92.67
95885	Musc Tst Done W/Nerv Tst Lim	$ 92.36
95886	Musc Test Done W/N Test Comp	$ 127.72
95887	Musc Tst Done W/N Tst Nonext	$ 107.90
95905	Motor &/ Sens Nrve Cndj Test	$ 98.95
95907	Nvr Cndj Tst 1-2 Studies	$ 135.35
95908	Nrv Cndj Tst 3-4 Studies	$ 167.02
95909	Nrv Cndj Tst 5-6 Studies	$ 200.11
95910	Nrv Cndj Test 7-8 Studies	$ 263.43
95911	Nrv Cndj Test 9-10 Studies	$ 318.95
95912	Nrv Cndj Test 11-12 Studies	$ 373.48
95913	Nrv Cndj Test 13/> Studies	$ 432.91
95921	Autonomic Nrv Parasym Inervj	$ 99.98
95922	Autonomic Nrv Adrenrg Inervj	$ 120.45
95923	Autonomic Nrv Syst Funj Test	$ 164.15
95924	Ans Parasymp & Symp W/Tilt	$ 211.33
95925	Somatosensory Testing	$ 62.75
95926	Somatosensory Testing	$ 165.93
95927	Somatosensory Testing	$ 162.12
95928	C Motor Evoked Uppr Limbs	$ 268.52
95929	C Motor Evoked Lwr Limbs	$ 283.55
95930	Visual Evoked Potential Test	$ 140.94
95933	Blink Reflex	$ 85.75
95937	Neuromuscalar Junction Testing	$ 48.93
95938	Somatosensory Testing	$ 504.62
95939	C Motor Evoked Upr&Lwr Limbs	$ 769.82
95940	Ionm In Operatng Room 15 Min	$ 45.76
95954	Pharmacological Activation During Prolonged Monitoring	$ 226.57
95955	Electroencephalogram (Eeg) During Nonintracranial Surge	$ 183.02
95957	Eeg Digital Analysis	$ 376.31
95958	Wada Activation Test For Hemispheric Function, Includin	$ 431.28
95961	Electrode Stimulation Brain	$ 263.28
95962	Electrode Stim Brain Add-On	$ 275.10
95970	Analyze Neurostim No Prog	$ 69.01
95971	Analyze Neurostim Simple	$ 75.00
95972	Analyze Neurostim Complex	$ 136.80
95976	Alys Smpl Cn Npgt Prgrmg	$ 259.95
95977	Alys Cplx Cn Npgt Prgrmg	$ 129.21
95980	Io Anal Gast N-Stim Init	$ 56.94

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		PHYSICIAN SERVICES FY2020 RATES
Procedure Code	Procedure Description	Medicaid + 38%
95981	Io Anal Gast N-Stim Subsq	$ 37.47
95982	Io Ga N-Stim Subsq W/Reprog	$ 60.32
95983	Electronic Analysis Of Npgt Prgrmg 15 Minutes	$ 70.99
95984	Electronic Alalysis Of Npgt Prgrmg Additional 15 Minutes	$ 35.48
95990	Spin/Brain Pump Refil & Main	$ 79.29
95991	Spin/Brain Pump Refil & Main	$ 123.40
95992	Canalith Repositioning Proc	$ 64.13
96000	Motion Analysis Video/3D	$ 119.98
96001	Motion Test W/Ft Press Meas	$ 142.13
96002	Dynamic Surface Emg	$ 28.06
96003	Dynamic Fine Wire Emg	$ 24.62
96004	Phys Review Of Motion Tests	$ 150.79
96020	Neurofunctional Testing	$ 208.75
96105	Assessment Of Aphasia	$ 96.63
96110	Developmental Screen W/Score	$ 7.55
96112	Developmental Test	$ 177.48
96113	Developmental Test	$ 79.25
96116	Neurobehavioral Status Exam	$ 135.89
96121	Neurobehavioral Status Exam	$ 107.52
96125	Cognitive Test By Hc Pro	$ 128.27
96127	Brief Emotional/Behav Assmt	$ 7.55
96130	Psychological Testing Evaluation	$ 135.89
96131	Psychological Testing Evaluation	$ 135.89
96132	Neuropsychological Testing Evaluation	$ 135.89
96133	Neuropsychological Testing Evaluation	$ 135.89
96136	Psychological or Neuropsychological Test Administration	$ 67.95
96137	Psychological or Neuropsychological Test Administration	$ 67.95
96161	Caregiver Health Risk Assmt	$ 14.17
96360	Hydration Iv Infusion Init	$ 84.55
96361	Hydrate Iv Infusion Add-On	$ 25.78
96365	Ther/Proph/Diag Iv Inf Init	$ 87.17
96366	Ther/Proph/Diag Iv Inf Addon	$ 27.34
96367	Tx/Proph/Dg Addl Seq Iv Inf	$ 42.86
96368	Ther/Diag Concurrent Inf	$ 25.39
96369	Sc Ther Infusion Up To 1 Hr	$ 190.41
96370	Sc Ther Infusion Addl Hr	$ 19.80
96371	Sc Ther Infusion Reset Pump	$ 98.05
96372	Ther/Proph/Diag Inj Sc/Im	$ 13.50
96373	Ther/Proph/Diag Inj Ia	$ 23.98
96374	Ther/Proph/Diag Inj Iv Push	$ 68.92
96375	Tx/Pro/Dx Inj New Drug Addon	$ 28.87
96401	Chemo Anti-Neopl Sq/Im	$ 87.66
96402	Chemo Hormon Antineopl Sq/Im	$ 46.19
96405	Chemo Intralesional Up To 7	$ 45.11
96406	Chemotherapy Administration, Intralesional; More Than 7	$ 68.23
96409	Chemo Iv Push Sngl Drug	$ 156.35
96411	Chemo Iv Push Addl Drug	$ 89.16
96413	Chemo Iv Infusion 1 Hr	$ 218.96
96415	Chemo Iv Infusion Addl Hr	$ 58.50
96416	Chemo Prolong Infuse W/Pump	$ 200.00
96417	Chemo Iv Infus Each Addl Seq	$ 90.69
96420	Chemo Ia Push Tecnique	$ 54.14
96422	Chemo Ia Infusion Up To 1 Hr	$ 53.30
96423	Chemo, Infuse Method Add-On	$ 21.00
96425	Chemotherapy Infusion Method	$ 234.81
96440	Chemotherapy Intracavitary	$ 112.59
96446	Chemotx Admn Prtl Cavity	$ 301.65
96450	Chemotherapy Into Cns	$ 322.98
96521	Refill/Maint Portable Pump	$ 36.83
96522	Refill/Maint Pump/Resvr Syst	$ 51.56
96523	Irrig Drug Delivery Device	$ 31.88
96542	Chemotherapy Injection, Subarachnoid Or Intraventricula	$ 119.19
96549	Chemotherapy Unspecified	$ 37.70
96567	Photodynamic Tx Skin	$ 153.04
96570	Photodynmc Tx 30 Min Add-On	$ 78.18
96571	Photodynamic Tx Addl 15 Min	$ 37.34

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
96573	Pdt Dstr Prmlg Les Phys/Qhp	$ 248.07
96574	Dbrdmt Prmlg Les W/Pdt	$ 318.68
96900	Ultraviolet Light Therapy	$ 16.19
96904	Body Photo Pt W/ Dysplastic Nevus Syndrome	$ 92.45
96910	Photochemotherapy; Tar And Ultraviolet B (Goeckerman T	$ 75.87
96912	Photochemotherapy; Tar And Ultraviolet B (Goeckerman T	$ 97.08
96913	Photochemotherapy Uv-A Or B	$ 143.64
96920	Laser Tx Skin < 250 Sq Cm	$ 214.82
96921	Laser Tx Skin 250-500 Sq Cm	$ 228.36
96922	Laser Tx Skin >500 Sq Cm	$ 313.59
97012	Traction, Mechanical	$ 12.06
97014	Electrical Stimulation (Unattended)	$ 12.06
97016	Vasopneumatic Devices	$ 12.06
97018	Paraffin Bath	$ 12.06
97022	Whirlpool	$ 12.06
97024	Diathermy Eg Microwave	$ 12.06
97026	Infrared	$ 12.06
97028	Ultraviolet	$ 18.63
97032	Electrical Stimulation	$ 18.88
97033	Electric Current Therapy	$ 15.08
97034	Contrast Bath Therapy	$ 20.88
97035	Ultrasound Therapy	$ 18.88
97036	Hydrotherapy	$ 35.99
97039	Unlisted Modality (Specify)	$ 27.64
97110	P.T.-One Or More Areas, Each 15 Minutes	$ 22.01
97112	Neuromuscular Reeducation	$ 22.01
97113	Aquatic Therapy/Exercises	$ 22.01
97116	Gait Training	$ 22.01
97139	Unlisted Procedure (Specify)	$ 38.46
97140	Manual Therapy 1/> Regions	$ 22.01
97150	Group Therapeutic Procedures	$ 18.06
97161	Pt Eval Low Complex 20 Min	$ 45.75
97162	Pt Eval Mod Complex 30 Min	$ 68.63
97163	Pt Eval High Complex 45 Min	$ 102.93
97164	Pt Re-Eval Est Plan Care	$ 69.91
97165	Ot Eval Low Complex 30 Min	$ 49.85
97166	Ot Eval Mod Complex 45 Min	$ 74.75
97167	Ot Eval High Complex 60 Min	$ 99.71
97168	Ot Re-Eval Est Plan Care	$ 66.02
97530	Kinetic Activities Each 15 Min Increase Coord, Strength	$ 22.01
97533	Sensory Integration	$ 22.18
97542	Wheelchair Mngment Training	$ 22.01
97597	Active Wound Care/20 Cm Or <	$ 44.86
97598	Rmvl Devital Tis Addl 20Cm/<	$ 101.89
97602	Wound(S) Care Non-Selective	$ 52.50
97605	Neg Press Wound Tx </=50 Cm	$ 58.46
97606	Neg Press Wound Tx >50 Cm	$ 62.36
97607	Neg Press Wnd Tx </=50 Sq Cm	$ 197.08
97608	Neg Press Wound Tx >50 Cm	$ 197.08
97750	Physical Performance Test	$ 22.01
97755	Assistive Technology Assess	$ 46.37
97760	Orthotic Mgmt And Training 1st Encounter per 15 minutes	$ 22.01
97763	Orthotic Mgmt And Training per 15 minutes	$ 46.67
97799	Unlisted Physical Medicine Service	$ 45.26
98925	Osteopath Manj 1-2 Regions	$ 32.87
98926	Osteopath Manj 3-4 Regions	$ 58.73
98927	Osteopath Manj 5-6 Regions	$ 58.73
98928	Osteopath Manj 7-8 Regions	$ 68.31
98929	Osteopath Manj 9-10 Regions	$ 74.26
99070	Special Supplies	$ 24.84
99080	Special Reports Or Forms (M41)	$ 16.60
99151	Mod Sed Same Phys/Qhp <5 Yrs	$ 99.72
99152	Mod Sed Same Phys/Qhp 5/>Yrs	$ 66.68
99153	Mod Sed Same Phys/Qhp Ea	$ 14.10
99155	Mod Sed Oth Phys/Qhp <5 Yrs	$ 117.22
99156	Mod Sed Oth Phys/Qhp 5/>Yrs	$ 95.50

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
99157	Mod Sed Other Phys/Qhp Ea	$ 72.51
99170	Anogenital Exam Child	$ 189.14
99173	Visual Acuity Screen	$ 18.30
99175	Administration For Individual Emisis	$ 49.43
99183	Physician Attendance And Supervision Of Hyperbaric Oxyg	$ 187.49
99184	Hypothermia Ill Neonate	$ 307.77
99188	App Topical Fluoride Varnish	$ 32.76
99190	0Peration Of Pump Each Hour	$ 149.99
99191	Operation Of Pump 45 Mins	$ 85.09
99192	Operation Of Pump 30 Mins	$ 62.85
99195	Phlebotomy Therapeutic	$ 19.14
99201	Office/Outpatient Visit New	$ 49.87
99202	Office/Outpatient Visit New	$ 77.05
99203	Office/Outpatient Visit New	$ 114.53
99204	Office/Outpatient Visit New	$ 162.63
99205	Office/Outpatient Visit New	$ 207.43
99211	Office/Outpatient Visit Est	$ 24.80
99212	Office/Outpatient Visit Est	$ 44.81
99213	Office/Outpatient Visit Est	$ 62.65
99214	Office/Outpatient Visit Est	$ 98.19
99215	Office/Outpatient Visit Est	$ 143.29
99217	Observation Care Discharge Day Management (This Code Is	$ 85.26
99218	Initial Observation Caree	$ 98.50
99219	Initial Observation Care	$ 147.91
99220	Initial Observation Care	$ 190.07
99221	Initial Hospital Care, Per Day, For The Evaluation And	$ 105.85
99222	Initial Hospital Care, Per Day, For The Evaluation And	$ 147.20
99223	Initial Hospital Care, Per Day, For The Evaluation And	$ 190.16
99224	Subsequent Observation Care	$ 57.13
99225	Subsequent Observation Care	$ 104.33
99226	Subsequent Observation Care	$ 150.70
99231	Subsequent Hospital Care, Per Day, For The Evaluation A	$ 53.97
99232	Subsequent Hospital Care, Per Day, For The Evaluation A	$ 75.98
99233	Subsequent Hospital Care, Per Day, For The Evaluation A	$ 101.66
99234	Observ/Hosp Same Date	$ 168.25
99235	Observ/Hosp Same Date	$ 221.90
99236	Observ/Hosp Same Date	$ 276.66
99238	Hospital Discharge Day Management	$ 85.34
99239	Hospital Discharge Day	$ 116.50
99241	Office Consultation For A New Or Established Patient, W	$ 73.49
99242	Office Consultation For A New Or Established Patient, W	$ 109.10
99243	Office Consultation For A New Or Established Patient, W	$ 144.20
99244	Office Consultation For A New Or Established Patient, W	$ 204.99
99245	Office Consultation For A New Or Established Patient, W	$ 265.36
99251	Initial Inpatient Consultation For A New Or Established	$ 69.55
99252	Initial Inpatient Consultation For A New Or Established	$ 115.33
99253	Initial Inpatient Consultation	$ 150.63
99254	Initial Inpatient Consultation For A New Or Established	$ 204.72
99255	Initial Inpatient Consultation For A New Or Established	$ 253.11
99281	Emergency Department Visit For The Evaluation And Manag	$ 37.38
99282	Emergency Department Visit For The Evaluation And Manag	$ 46.77
99283	Emergency Department Visit For The Evaluation And Manag	$ 93.37
99284	Emergency Department Visit For The Evaluation And Manag	$ 141.04
99285	Emergency Department Visit For The Evaluation And Manag	$ 211.87
99288	Physician Direction Of Emergency Medical Systems (Ems)	$ 130.18
99291	Critical Care First Hour	$ 294.40
99292	Critical Care Addl 30 Min	$ 132.00
99304	Nursing Facility Care Init	$ 84.47
99305	Nursing Facility Care Init	$ 115.22
99306	Nursing Facility Care Init	$ 142.64
99307	Nursing Fac Care Subseq	$ 47.58
99308	Nursing Fac Care Subseq	$ 74.11
99309	Nursing Fac Care Subseq	$ 101.60
99310	Nursing Fac Care Subseq	$ 101.60
99315	Nursing Fac Discharge Day	$ 84.93
99316	Nursing Fac Discharge Day	$ 108.59

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
99318	Annual Nursing Fac Assessmnt	$ 81.21
99324	Domicil/R-Home Visit New Pat	$ 46.34
99325	Domicil/R-Home Visit New Pat	$ 67.84
99326	Domicil/R-Home Visit New Pat	$ 97.28
99327	Domicil/R-Home Visit New Pat	$ 90.79
99328	Domicil/R-Home Visit New Pat	$ 90.79
99334	Domicil/R-Home Visit Est Pat	$ 51.67
99335	Domicil/R-Home Visit Est Pat	$ 61.40
99336	Domicil/R-Home Visit Est Pat	$ 61.84
99337	Domicil/R-Home Visit Est Pat	$ 60.03
99341	Home Visit New Patient	$ 70.44
99342	Home Visit New Patient	$ 87.48
99343	Home Visit New Patient	$ 107.83
99344	Home Visit New Patient	$ 232.70
99345	Home Visit New Patient	$ 280.11
99347	Home Visit Est Patient	$ 51.97
99348	Home Visit Est Patient	$ 70.52
99349	Home Visit Est Patient	$ 113.60
99350	Home Visit Est Patient	$ 225.93
99354	Prolong E&M/Psyctx Serv O/P	$ 118.17
99355	Prolong E&M/Psyctx Serv O/P	$ 113.95
99356	Prolonged Service Inpatient	$ 134.58
99357	Prolonged Service Inpatient	$ 110.28
99358	Prolonged Evaluation And Management Service Before And/	$ 159.02
99359	Prolonged Evaluation And Management Service Before And/	$ 85.81
99360	Physician Standby Service, Requiring Prolonged Physicia	$ 109.85
99381	Init Pm E/M New Pat Infant	$ 145.09
99382	Init Pm E/M New Pat 1-4 Yrs	$ 145.09
99383	Prev Visit New Age 5-11	$ 145.09
99384	Prev Visit New Age 12-17	$ 145.09
99385	Prev Visit New Age 18-39	$ 145.09
99386	Prev Visit New Age 40-64	$ 84.47
99387	Init Pm E/M New Pat 65+ Yrs	$ 81.20
99391	Per Pm Reeval Est Pat Infant	$ 98.78
99392	Prev Visit Est Age 1-4	$ 98.78
99393	Prev Visit Est Age 5-11	$ 98.78
99394	Prev Visit Est Age 12-17	$ 98.78
99395	Prev Visit Est Age 18-39	$ 98.78
99396	Prev Visit Est Age 40-64	$ 84.47
99397	Prev Visit, Est, 65 & Over	$ 84.47
99401	Preventive Counseling Indiv	$ 7.95
99406	Behav Chng Smoking 3-10 Min	$ 19.15
99407	Behav Chng Smoking > 10 Min	$ 37.09
99460	Init Nb Em Per Day Hosp	$ 119.31
99461	Init Nb Em Per Day Non-Fac	$ 33.60
99462	Sbsq Nb Em Per Day Hosp	$ 51.23
99463	Same Day Nb Discharge	$ 126.64
99464	Attendance At Delivery	$ 98.96
99465	Nb Resuscitation	$ 201.15
99466	Ped Crit Care Transport	$ 322.58
99467	Ped Crit Care Transport Addl	$ 162.01
99468	Neonate Crit Care Initial	$ 1,195.20
99469	Neonate Crit Care Subsq	$ 629.82
99471	Ped Critical Care Initial	$ 1,125.86
99472	Ped Critical Care Subsq	$ 588.85
99475	Ped Crit Care Age 2-5 Init	$ 732.32
99476	Ped Crit Care Age 2-5 Subsq	$ 439.45
99477	Init Day Hosp Neonate Care	$ 466.16
99478	Ic Lbw Inf < 1500 Gm Subsq	$ 275.23
99479	Ic Lbw Inf 1500-2500 G Subsq	$ 202.27
99480	Ic Inf Pbw 2501-5000 G Subsq	$ 277.79
0479T	Laser Destruction of Scar Tissue 100 Sq cm	$ 529.55
0480T	Laser Destruction of Scar Tissue Additional 100 Sq cm	$ 111.50
10004-SG	Fine Needle Aspiration Of Additional Lesion	$ 345.61
10005-SG	Fine Needle Aspiration Of First Lesion Using Ultrasound Guidance	$ 345.61
10006-SG	Fine Needle Aspiration Of Additional Lesion Using Ultrasound Guidance	$ 345.61

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		PHYSICIAN SERVICES FY2020 RATES
Procedure Code	Procedure Description	Medicaid + 38%
10007-SG	Fine Needle Aspiration Of First Lesion Using Fluoroscopice Guidance	$ 345.61
10008-SG	Fine Needle Aspiration Of Additional Lesion Using Fluoroscopice Guidance	$ 345.61
10009-SG	Fine Needle Aspiration Of First Lesion Using Ct Guidance	$ 345.61
10010-SG	Fine Needle Aspiration Of Additional Lesion Using Ct Guidance	$ 345.61
10011-SG	Fine Needle Aspiration Of First Lesion Using Mr Guidance	$ 345.61
10012-SG	Fine Needle Aspiration Of Additional Lesion Using Mr Guidance	$ 345.61
10021-SG	Tangential Biopsy Of Single Skin Lesion	$ 345.61
10022-SG		$ 345.61
10040-SG	Acne surgery	$ 345.61
10060-SG	DRAINAGE OF ABSCESS	$ 345.61
10061-SG	DRAINAGE OF ABSCESS	$ 345.61
10080-SG	DRAINAGE OF PILONIDAL CYST	$ 345.61
10081-SG	DRAINAGE OF PILONIDAL CYST	$ 345.61
10120-SG	Remove foreign body	$ 345.61
10121-SG	Remove foreign body	$ 463.69
10140-SG	DRAINAGE OF HEMATOMA SIMPLE	$ 463.69
10160-SG	Puncture drainage of lesion	$ 345.61
10180-SG	Complex drainage wound	$ 463.69
11000-SG	Debride infected skin	$ 345.61
11010-SG	Debride skin, fx	$ 345.61
11011-SG	Debride skin musc at fx site	$ 345.61
11012-SG	Deb skin bone at fx site	$ 345.61
11042-SG	Debride Skin/Tissue	$ 345.61
11043-SG	Debride Tissue/Muscle	$ 345.61
11044-SG	Debride Tissue/Muscle/Bone	$ 463.69
11055-SG	Trim Skin Lesion	$ 345.61
11056-SG	Trim Skin Lesions 2 To 4	$ 345.61
11057-SG	Trim Skin Lesions Over 4	$ 345.61
11100-SG	First lesion biopsy on DOS	$ 345.61
11102-SG	Tangential Biopsy Of Single Skin Lesion	$ 345.61
11103-SG	Tangential Biopsy Of Additional Skin Lesion	$ 345.61
11104-SG	Punch Biopsy Of Single Skin Lesion	$ 345.61
11105-SG	Punch Biopsy Of Additional Skin Lesion	$ 345.61
11106-SG	Incisional Biopsy Of Single Skin Lesion	$ 345.61
11107-SG	Incisional Biopsy Of Additional Skin Lesion	$ 345.61
11200-SG	Removal of skin tags <w/15	$ 463.69
11201-SG	Removal Of Skin Tags	$ 345.61
11300-SG	Shave Skin Lesion 0.5 Cm/<	$ 345.61
11301-SG	Shave Skin Lesion 0.6-1.0 Cm	$ 345.61
11302-SG	Shave Skin Lesion 1.1-2.0 Cm	$ 345.61
11303-SG	Shave Skin Lesion >2.0 Cm	$ 345.61
11305-SG	Shave Skin Lesion 0.5 Cm/<	$ 345.61
11306-SG	Shave Skin Lesion 0.6-1.0 Cm	$ 345.61
11307-SG	Shave Skin Lesion 1.1-2.0 Cm	$ 345.61
11308-SG	Shave Skin Lesion >2.0 Cm	$ 345.61
11310-SG	Shave Skin Lesion 0.5 Cm/<	$ 345.61
11311-SG	Shave Skin Lesion 0.6-1.0 Cm	$ 345.61
11312-SG	Shave Skin Lesion 1.1-2.0 Cm	$ 345.61
11313-SG	Shave Skin Lesion >2.0 Cm	$ 345.61
11400-SG	Exc Tr-Ext B9+Marg 0.5 Cm<	$ 345.61
11401-SG	Removal of growth (0.6 to 1.0 centimeters) of the trunk, arms, or legs	$ 345.61
11402-SG	Removal of growth (1.1 to 2.0 centimeters) of the trunk, arms, or legs	$ 345.61
11403-SG	Removal of growth (2.1 to 3.0 centimeters) of the trunk, arms, or legs	$ 345.61
11404-SG	Removal of growth (3.1 to 4.0 centimeters) of the trunk, arms, or legs	$ 345.61
11406-SG	Exc Tr-Ext B9+Marg >4.0 Cm	$ 463.69
11420-SG	Exc H-F-Nk-Sp B9+Marg 0.5/<	$ 345.61
11421-SG	Removal of growth (0.6 to 1.0 centimeters) of the scalp, neck, hands, feet,	$ 345.61
11422-SG	Removal of growth (1.1 to 2.0 centimeters) of the scalp, neck, hands, feet,	$ 345.61
11423-SG	Excision Benign Lesion,2.0-3.0 Cm	$ 345.61
11424-SG	Excision Benign Lesion,3.0-4.0 Cm	$ 345.61
11426-SG	Exc H-F-Nk-Sp B9+Marg >4 Cm	$ 463.69
11440-SG	Exc Face-Mm B9+Marg 0.5 Cm/<	$ 345.61
11441-SG	Removal Of Skin Lesion 0.5-1.0 Cm	$ 345.61
11442-SG	Removal Of Skin Lesion 1.0-2.0 Cm	$ 345.61
11443-SG	Excision Benign Lesion,2.0-3.0 Cm	$ 345.61
11444-SG	Excision Benign Lesion 3.0-4.0 Cm	$ 345.61

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
11446-SG	Exc Face-Mm B9+Marg >4 Cm	$ 463.69
11450-SG	Removal Sweat Gland Lesion	$ 463.69
11451-SG	Removal Sweat Gland Lesion	$ 463.69
11462-SG	Removal Sweat Gland Lesion	$ 463.69
11463-SG	Removal Sweat Gland Lesion	$ 463.69
11470-SG	Removal Sweat Gland Lesion	$ 463.69
11471-SG	Removal Sweat Gland Lesion	$ 463.69
11600-SG	Exc Tr-Ext Mal+Marg 0.5 Cm/<	$ 345.61
11601-SG	Exc Tr-Ext Mal+Marg 0.6-1 Cm	$ 345.61
11602-SG	Exc Tr-Ext Mal+Marg 1.1-2 Cm	$ 345.61
11603-SG	Exc Tr-Ext Mal+Marg 2.1-3 Cm	$ 345.61
11604-SG	Exc Tr-Ext Mal+Marg 3.1-4 Cm	$ 463.69
11606-SG	Exc Tr-Ext Mal+Marg >4 Cm	$ 463.69
11620-SG	Exc H-F-Nk-Sp Mal+Marg 0.5/<	$ 345.61
11621-SG	Exc S/N/H/F/G Mal+Mrg 0.6-1	$ 345.61
11622-SG	Exc S/N/H/F/G Mal+Mrg 1.1-2	$ 345.61
11623-SG	Exc S/N/H/F/G Mal+Mrg 2.1-3	$ 345.61
11624-SG	Exc S/N/H/F/G Mal+Mrg 3.1-4	$ 463.69
11626-SG	Exc S/N/H/F/G Mal+Mrg >4 Cm	$ 463.69
11640-SG	Exc F/E/E/N/L Mal+Mrg 0.5Cm<	$ 345.61
11641-SG	Exc F/E/E/N/L Mal+Mrg 0.6-1	$ 345.61
11642-SG	Exc F/E/E/N/L Mal+Mrg 1.1-2	$ 345.61
11643-SG	Exc F/E/E/N/L Mal+Mrg 2.1-3	$ 345.61
11644-SG	Exc F/E/E/N/L Mal+Mrg 3.1-4	$ 463.69
11646-SG	Exc F/E/E/N/L Mal+Mrg >4 Cm	$ 463.69
11720-SG	Debride Nail 1-5	$ 345.61
11721-SG	Debride Nail 6 Or More	$ 345.61
11730-SG	Removal Of Nail, Single	$ 345.61
11740-SG	Drain Blood From Under Nail	$ 345.61
11750-SG	Removal Of Nail Bed	$ 345.61
11752-SG	Excision of nail and nail matrix, partial or complete	$ 345.61
11755-SG	Biopsy Nail Unit	$ 345.61
11760-SG	Repair Of Nail Bed	$ 345.61
11762-SG	Reconstruction Of Nail Bed	$ 345.61
11765-SG	Excision Of Nail Fold Toe	$ 345.61
11770-SG	Remove Pilonidal Cyst Simple	$ 531.37
11771-SG	Remove Pilonidal Cyst Exten	$ 531.37
11772-SG	Remove Pilonidal Cyst Compl	$ 531.37
11900-SG	Inject Skin Lesions </W 7	$ 345.61
11901-SG	Inject Skin Lesions >7	$ 345.61
11920-SG	Correct Skin Color 6.0 Cm/<	$ 345.61
11921-SG	Correct Skn Color 6.1-20.0Cm	$ 345.61
11922-SG	Correct Skin Color Ea 20.0Cm	$ 345.61
11950-SG	Tx Contour Defects 1 Cc/<	$ 345.61
11951-SG	Tx Contour Defects 1.1-5.0Cc	$ 345.61
11952-SG	Tx Contour Defects 5.1-10Cc	$ 345.61
11954-SG	Tx Contour Defects >10.0 Cc	$ 345.61
11960-SG	Insertion Of Tissue Expander	$ 463.69
11970-SG	Replacement Of Tissue Expander With Permanent Prosthesi	$ 531.37
11971-SG	Removal Of Tissue Expander(S) Without Insertion Of Pros	$ 345.61
11976-SG	Remove Contraceptive Capsule	$ 345.61
11980-SG	Implant Hormone Pellet(S)	$ 345.61
11981-SG	Insert Drug Implant Device	$ 345.61
11982-SG	Remove Drug Implant Device	$ 345.61
11983-SG	Remove/Insert Drug Implant	$ 345.61
12001-SG	Rpr S/N/Ax/Gen/Trnk 2.5Cm/<	$ 345.61
12002-SG	Rpr S/N/Ax/Gen/Trnk2.6-7.5Cm	$ 345.61
12004-SG	Rpr S/N/Ax/Gen/Trk7.6-12.5Cm	$ 345.61
12005-SG	Rpr S/N/A/Gen/Trk12.6-20.0Cm	$ 345.61
12006-SG	Rpr S/N/A/Gen/Trk20.1-30.0Cm	$ 345.61
12007-SG	Rpr S/N/Ax/Gen/Trnk >30.0 Cm	$ 345.61
12011-SG	Rpr F/E/E/N/L/M 2.5 Cm/<	$ 345.61
12013-SG	Rpr F/E/E/N/L/M 2.6-5.0 Cm	$ 345.61
12014-SG	Rpr F/E/E/N/L/M 5.1-7.5 Cm	$ 345.61
12015-SG	Rpr F/E/E/N/L/M 7.6-12.5 Cm	$ 345.61
12016-SG	Rpr Fe/E/En/L/M 12.6-20.0 Cm	$ 345.61

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		PHYSICIAN SERVICES FY2020 RATES
Procedure Code	Procedure Description	Medicaid + 38%
12017-SG	Rpr Fe/E/En/L/M 20.1-30.0 Cm	$ 345.61
12018-SG	Rpr F/E/E/N/L/M >30.0 Cm	$ 345.61
12020-SG	Treatment Of Superficial Wound Dehiscence; Simple Closu	$ 345.61
12021-SG	Treatment Of Superficial Wound Dehiscence; With Packing	$ 345.61
12031-SG	Intmd Rpr S/A/T/Ext 2.5 Cm/<	$ 345.61
12032-SG	Intmd Rpr S/A/T/Ext 2.6-7.5	$ 345.61
12034-SG	Intmd Rpr S/Tr/Ext 7.6-12.5	$ 345.61
12035-SG	Intmd Rpr S/A/T/Ext 12.6-20	$ 345.61
12036-SG	Intmd Rpr S/A/T/Ext 20.1-30	$ 345.61
12037-SG	Intmd Rpr S/Tr/Ext >30.0 Cm	$ 463.69
12041-SG	Intmd Rpr N-Hf/Genit 2.5Cm/<	$ 345.61
12042-SG	Intmd Rpr N-Hf/Genit2.6-7.5	$ 345.61
12044-SG	Intmd Rpr N-Hf/Genit7.6-12.5	$ 345.61
12045-SG	Intmd Rpr N-Hf/Genit12.6-20	$ 345.61
12046-SG	Intmd Rpr N-Hf/Genit20.1-30	$ 345.61
12047-SG	Intmd Rpr N-Hf/Genit >30.0Cm	$ 463.69
12051-SG	Intmd Rpr Face/Mm 2.5 Cm/<	$ 345.61
12052-SG	Intmd Rpr Face/Mm 2.6-5.0 Cm	$ 345.61
12053-SG	Intmd Rpr Face/Mm 5.1-7.5 Cm	$ 345.61
12054-SG	Intmd Rpr Face/Mm 7.6-12.5Cm	$ 345.61
12055-SG	Intmd Rpr Face/Mm 12.6-20 Cm	$ 345.61
12056-SG	Intmd Rpr Face/Mm 20.1-30.0	$ 345.61
12057-SG	Intmd Rpr Face/Mm >30.0 Cm	$ 463.69
13100-SG	Cmplx Rpr Trunk 1.1-2.5 Cm	$ 463.69
13101-SG	Cmplx Rpr Trunk 2.6-7.5 Cm	$ 463.69
13102-SG	Cmplx Rpr Trunk Addl 5Cm/<	$ 345.61
13120-SG	Cmplx Rpr S/A/L 1.1-2.5 Cm	$ 345.61
13121-SG	Cmplx Rpr S/A/L 2.6-7.5 Cm	$ 345.61
13122-SG	Cmplx Rpr S/A/L Addl 5 Cm/>	$ 345.61
13131-SG	Cmplx Rpr F/C/C/M/N/Ax/G/H/F	$ 345.61
13132-SG	Cmplx Rpr F/C/C/M/N/Ax/G/H/F	$ 531.37
13133-SG	Cmplx Rpr F/C/C/M/N/Ax/G/H/F	$ 345.61
13150-SG	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands ar	$ 345.61
13151-SG	Cmplx Rpr E/N/E/L 1.1-2.5 Cm	$ 345.61
13152-SG	Cmplx Rpr E/N/E/L 2.6-7.5 Cm	$ 345.61
13153-SG	Cmplx Rpr E/N/E/L Addl 5Cm/<	$ 345.61
13160-SG	Secondary Closure Of Surgical Wound Dehiscence, Extensi	$ 463.69
14000-SG	Tis Trnfr Trunk 10 Sq Cm/<	$ 463.69
14001-SG	Tis Trnfr Trunk 10.1-30Sqcm	$ 531.37
14020-SG	Tis Trnfr S/A/L 10 Sq Cm/<	$ 531.37
14021-SG	Tis Trnfr S/A/L 10.1-30 Sqcm	$ 531.37
14040-SG	Tis Trnfr F/C/C/M/N/A/G/H/F	$ 463.69
14041-SG	Tis Trnfr F/C/C/M/N/A/G/H/F	$ 531.37
14060-SG	Tis Trnfr E/N/E/L 10 Sq Cm/<	$ 531.37
14061-SG	Tis Trnfr E/N/E/L10.1-30Sqcm	$ 531.37
14350-SG	Filleted Finger/Toe Flap	$ 531.37
15002-SG	Wound Prep Trk/Arm/Leg	$ 463.69
15003-SG	Wound Prep Addl 100 Cm	$ 463.69
15004-SG	Wound Prep F/N/Hf/G	$ 463.69
15005-SG	Wnd Prep F/N/Hf/G Addl Cm	$ 463.69
15040-SG	Harvest Cultured Skin Graft	$ 345.61
15050-SG	Skin Pinch Graft	$ 463.69
15100-SG	Skin Splt Grft Trnk/Arm/Leg	$ 463.69
15101-SG	Skin Splt Grft T/A/L Add-On	$ 531.37
15110-SG	Epidrm Autogrft Trnk/Arm/Leg	$ 463.69
15111-SG	Epidrm Autogrft T/A/L Add-On	$ 463.69
15115-SG	Epidrm A-Grft Face/Nck/Hf/G	$ 463.69
15116-SG	Epidrm A-Grft F/N/Hf/G Addl	$ 463.69
15120-SG	Skin Graft Procedure	$ 463.69
15121-SG	Skn Splt A-Grft F/N/Hf/G Add	$ 531.37
15130-SG	Derm Autograft Trnk/Arm/Leg	$ 463.69
15131-SG	Derm Autograft T/A/L Add-On	$ 463.69
15135-SG	Derm Autograft Face/Nck/Hf/G	$ 463.69
15136-SG	Derm Autograft F/N/Hf/G Add	$ 463.69
15150-SG	Cult Epiderm Grft T/Arm/Leg	$ 463.69
15151-SG	Cult Epiderm Grft T/A/L Addl	$ 463.69

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
15152-SG	Cult Epiderm Graft T/A/L +%	$ 463.69
15155-SG	Cult Epiderm Graft F/N/Hf/G	$ 463.69
15156-SG	Cult Epidrm Grft F/N/Hfg Add	$ 463.69
15157-SG	Cult Epiderm Grft F/N/Hfg +%	$ 463.69
15200-SG	Skin Full Graft Trunk	$ 531.37
15201-SG	Skin Full Graft Trunk Add-On	$ 463.69
15220-SG	Skin Full Graft Sclp/Arm/Leg	$ 463.69
15221-SG	Skin Graft Procedure	$ 463.69
15240-SG	Skin Full Grft Face/Genit/Hf	$ 531.37
15241-SG	Skin Graft Procedure	$ 531.37
15260-SG	Skin Full Graft Een & Lips	$ 463.69
15261-SG	Skin Graft Procedure	$ 463.69
15570-SG	Formation Of Direct Or Tubed Pedicle, With Or Without T	$ 650.89
15572-SG	Formation Of Direct Or Tubed Pedicle, With Or Without T	$ 650.89
15574-SG	Formation Of Direct Or Tubed Pedicle, With Or Without T	$ 650.89
15576-SG	Formation Of Direct Or Tubed Pedicle, With Or Without T	$ 650.89
15600-SG	Skin Graft	$ 531.37
15610-SG	Skin Graft	$ 531.37
15620-SG	Skin Graft	$ 650.89
15630-SG	Skin Graft	$ 531.37
15650-SG	Skin Graft Procedure	$ 650.89
15731-SG	Forehead Flap W/Vasc Pedicle	$ 650.89
15732-SG	Muscle, Myocutaneous, Or Fasciocutaneous Flap Head And	$ 650.89
15734-SG	Muscle, Myocutaneous, Or Fasciocutaneous Flap Trunk	$ 650.89
15736-SG	Muscle, Myocutaneous, Or Fasciocutaneous Flap Upper Ext	$ 650.89
15738-SG	Muscle, Myocutaneous, Or Fasciocutaneous Flap Lower Ext	$ 650.89
15740-SG	Skin Graft Procedure	$ 463.69
15750-SG	Skin Graft Procedure	$ 463.69
15760-SG	Skin Graft Procedure	$ 463.69
15770-SG	Skin Graft Procedure	$ 531.37
15780-SG	Abrasion Treatment Of Skin	$ 345.61
15781-SG	Abrasion Of Skin For Removal Of Scars, Tattoos, Or Kera	$ 345.61
15782-SG	Abrasion Of Skin For Removal Of Scars, Tattoos, Or Kera	$ 345.61
15783-SG	Dermabrasion Superficial, Any Site, (Eg, Tattoo Removal	$ 345.61
15786-SG	Abrasion, Lesion, Single	$ 345.61
15787-SG	Abrasion Each Additional 4 Lesions	$ 345.61
15788-SG	Chemical Peel, Facial; Epidermal	$ 345.61
15789-SG	Chemical Peel, Facial; Dermal	$ 345.61
15792-SG	Chemical Peel, Nonfacial; Epidermal	$ 345.61
15793-SG	Chemical Peel, Nonfacial; Dermal	$ 345.61
15819-SG	Cervicoplasty	$ 345.61
15820-SG	Removal Of Skin Furrows	$ 531.37
15821-SG	Removal Of Skin Furrows	$ 531.37
15822-SG	Removal Of Skin Furrows	$ 531.37
15823-SG	Rhytidectomy	$ 650.89
15824-SG	Removal Of Skin Furrows	$ 531.37
15825-SG	Rhytidectomy; Neck With Platysmal Tightening (Platysma	$ 531.37
15826-SG	Removal Of Skin Furrows	$ 531.37
15828-SG	Removal Of Skin Furrows	$ 531.37
15829-SG	Rhytidectomy; Subcutaneous Musculoaponeurotic System (	$ 650.89
15830-SG	Exc Skin Abd	$ 531.37
15832-SG	Excision Excessive Skin Thighs	$ 531.37
15833-SG	Excision Excessive Skin Legs	$ 531.37
15834-SG	Excision Excessive Skin Hips	$ 531.37
15835-SG	Excision Excessive Skin Buttocks	$ 463.69
15836-SG	Excission Excessive Skin Arms	$ 531.37
15837-SG	Excision Excessive Skin Forearms	$ 531.37
15838-SG	Excision, Excessive Skin And Subcutaneous Tissue (Inclu	$ 531.37
15839-SG	Excision, Excessive Skin And Subcutaneous Tissue (Inclu	$ 531.37
15840-SG	Skin Repair For Nerve Palsy	$ 650.89
15841-SG	Graft Facial Nerve Paralysis	$ 650.89
15842-SG	Graft Facial Nerve Paralysis	$ 650.89
15845-SG	Skin And Muscle Repair, Face	$ 650.89
15850-SG	Removal Of Sutures Under Anesthesia (Other Than Local),	$ 345.61
15851-SG	Removal Suture Hospital/Emer W/Anthe	$ 345.61
15860-SG	Intravenous Injection Of Agent (Eg, Fluorescein) To Tes	$ 345.61

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
15876-SG	Suction Assisted Lipectomy Head And Neck	$ 531.37
15877-SG	Suction Assisted Lipectomy Trunk	$ 531.37
15878-SG	Suction Assisted Lipectomy Upper Extremity	$ 531.37
15879-SG	Suction Assisted Lipectomy Lower Extremity	$ 531.37
15920-SG	Removal Of Tail Bone	$ 345.61
15922-SG	Removal Of Tail Bone	$ 650.89
15931-SG	Excision, Sacral Decubitus Ulcer	$ 531.37
15933-SG	Excision Sacral Decubitus Ulcer	$ 531.37
15934-SG	Excision, Sacral Decubitus Ulcer	$ 531.37
15935-SG	Excision, Sacral Pressure Ulcer, With Local Or Regional	$ 650.89
15936-SG	Excision, Sacral Pressure Ulcer, With Other Flap Closur	$ 650.89
15937-SG	Excision, Sacral Pressure Ulcer, With Other Flap Closur	$ 650.89
15940-SG	Remove Hip Pressure Sore	$ 531.37
15941-SG	Remove Hip Pressure Sore	$ 531.37
15944-SG	Remove Hip Pressure Sore	$ 531.37
15945-SG	Remove Hip Pressure Sore	$ 650.89
15946-SG	Remove Hip Pressure Sore	$ 650.89
15950-SG	Removal Of Pressure Sore	$ 531.37
15951-SG	Excision Decubitus Ulcer	$ 650.89
15952-SG	Removal Of Pressure Sore	$ 531.37
15953-SG	Excision Decubitus Ulcer	$ 650.89
15956-SG	Excision, Trochanteric Pressure Ulcer, With Muscle Or M	$ 531.37
15958-SG	Excision, Trochanteric Pressure Ulcer, With Muscle Or M	$ 650.89
16000-SG	Treatment Of Burns	$ 345.61
16020-SG	Treatment Of Burns	$ 345.61
16025-SG	Treatment Of Burns	$ 345.61
16030-SG	Treatment Of Burns	$ 345.61
16035-SG	Escharotomy	$ 345.61
17000-SG	Destroy Benign/Premlg Lesion	$ 345.61
17003-SG	Destruct Premalg Les, 2-14	$ 345.61
17004-SG	Destroy Lesions, 15 Or More	$ 345.61
17106-SG	Destruction Of Cutaneous Vascular Proliferative Lesions	$ 345.61
17107-SG	Destruction Of Cutaneous Vascular Proliferative Lesions	$ 345.61
17108-SG	Destruction Of Cutaneous Vascular Proliferative Lesions	$ 345.61
17110-SG	Cautery Of Skin Lesions	$ 345.61
17111-SG	Destruct Lesion, 15 Or More	$ 345.61
17250-SG	Chemical Cauterization Of Wound	$ 345.61
17260-SG	Destruction, Malignant Lesion, Any Method, Trunk, Arms	$ 345.61
17261-SG	Destruction, Malignant Lesion, Any Method, Trunk, Arms	$ 345.61
17262-SG	Destruction, Malignant Lesion, Any Method, Trunk, Arms	$ 345.61
17263-SG	Destruction, Malignant Lesion, Any Method, Trunk, Arms	$ 345.61
17264-SG	Destruction, Malignant Lesion, Any Method, Trunk, Arms	$ 345.61
17266-SG	Destruction, Malignant Lesion, Any Method, Trunk, Arms	$ 345.61
17270-SG	Destruction, Malignant Lesion, Any Method, Scalp, Neck,	$ 345.61
17271-SG	Destruction, Malignant Lesion, Any Method, Scalp, Neck,	$ 345.61
17272-SG	Destruction, Malignant Lesion, Any Method, Scalp, Neck,	$ 345.61
17273-SG	Destruction, Malignant Lesion, Any Method, Scalp, Neck,	$ 345.61
17274-SG	Destruction, Malignant Lesion, Any Method, Scalp, Neck,	$ 345.61
17276-SG	Destruction, Malignant Lesion, Any Method, Scalp, Neck,	$ 345.61
17280-SG	Destruction, Malignant Lesion, Any Method, Face, Ears,	$ 345.61
17281-SG	Destruction, Malignant Lesion, Any Method, Face, Ears,	$ 345.61
17282-SG	Destruction, Malignant Lesion, Any Method, Face, Ears,	$ 345.61
17283-SG	Destruction, Malignant Lesion, Any Method, Face, Ears,	$ 345.61
17284-SG	Destruction, Malignant Lesion, Any Method, Face, Ears,	$ 345.61
17286-SG	Destruction, Malignant Lesion, Any Method, Face, Ears,	$ 345.61
17311-SG	Mohs, 1 Stage, H/N/Hf/G	$ 345.61
17312-SG	Mohs Addl Stage	$ 345.61
17313-SG	Mohs, 1 Stage, T/A/L	$ 345.61
17314-SG	Mohs, Addl Stage, T/A/L	$ 345.61
17315-SG	Mohs Surg, Addl Block	$ 345.61
17340-SG	Cryotherapy	$ 345.61
17360-SG	Acne Therapy	$ 345.61
19000-SG	Drainage Of Breast Cyst	$ 345.61
19020-SG	Incision Of Breast Lesion	$ 463.69
19100-SG	Biopsy Of Breast	$ 345.61
19101-SG	Biopsy Of Breast	$ 463.69

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
19110-SG	Nipple Exploration, With Or Without Excision Of A Solit	$ 463.69
19112-SG	Excision Of Lactiferous Duct Fistula	$ 531.37
19120-SG	Removal Of Breast Lesion	$ 531.37
19125-SG	Excision Of Breast Lesion Identified By Pre-Operative P	$ 531.37
19126-SG	Excision, Addl Breast Lesion	$ 531.37
19260-SG	Removal Of Chest Wall Lesion	$ 650.89
19300-SG	Removal Of Breast Tissue	$ 650.89
19301-SG	Partical Mastectomy	$ 531.37
19303-SG	Mast, Simple, Complete	$ 650.89
19304-SG	Mast, Subq	$ 650.89
19316-SG	Mastopexy	$ 650.89
19318-SG	Reduction Mammaplasty	$ 650.89
19324-SG	Mammaplasty, Augmentation; Without Prosthetic Implant	$ 650.89
19328-SG	Removal Of Intact Mammary Implant	$ 345.61
19330-SG	Removal Of Implant Material	$ 345.61
19340-SG	Immediate Insertion Of Breast Prosthesis Following Mast	$ 463.69
19342-SG	Delayed Insertion Of Breast Prosthesis Following Mastop	$ 531.37
19350-SG	Breast Reconstruction	$ 650.89
19355-SG	Correction Of Inverted Nipples	$ 650.89
19357-SG	Breast Reconstruction, Immediate Or Delayed, With Tissu	$ 650.89
19364-SG	Breast Reconstruction With Free Flap	$ 650.89
19366-SG	Breast Reconstruction With Other Technique	$ 650.89
19370-SG	Open Periprosthetic Capsulotomy, Breast	$ 650.89
19371-SG	Periprosthetic Capsulectomy, Breast	$ 650.89
19380-SG	Revision Of Reconstructed Breast	$ 650.89
20005-SG	Incision Of Abscess	$ 463.69
20103-SG	Explore Wound, Extremity	$ 463.69
20200-SG	Muscle Biopsy	$ 463.69
20205-SG	Muscle Biopsy	$ 531.37
20206-SG	Biopsy, Muscle, Percutaneous Needle	$ 345.61
20220-SG	Bone Biopsy	$ 345.61
20225-SG	Bone Biopsy	$ 463.69
20240-SG	Bone Biopsy	$ 463.69
20245-SG	Bone Biopsy	$ 531.37
20250-SG	Bone Biopsy	$ 531.37
20251-SG	Bone Biopsy	$ 531.37
20500-SG	Injection Of Sinus Tract	$ 345.61
20520-SG	Removal Of Foreign Body	$ 345.61
20525-SG	Removal Of Foreign Body	$ 531.37
20526-SG	Ther Injection, Carp Tunnel	$ 345.61
20550-SG	Inject Tendon/Ligament/Cyst	$ 345.61
20551-SG	Inject Tendon Origin/Insert	$ 345.61
20552-SG	Inject Trigger Point, 1 Or 2	$ 345.61
20553-SG	Inject Trigger Points, > 3	$ 345.61
20600-SG	Drain/Inject, Joint/Bursa	$ 345.61
20605-SG	Drain/Inject, Joint/Bursa	$ 345.61
20610-SG	Drain/Inject, Joint/Bursa	$ 345.61
20612-SG	Aspirate/Inj Ganglion Cyst	$ 345.61
20615-SG	Aspiration/Injection Treat Bone Cyst	$ 345.61
20650-SG	Insertion & Removal Bone Pin	$ 531.37
20660-SG	Apply, Rem Fixation Device	$ 463.69
20661-SG	Application Of Halo;Cranial	$ 531.37
20662-SG	Application Of Halo; Pelvic	$ 531.37
20663-SG	Application Of Halo, Femoral	$ 531.37
20665-SG	Removal Of Fixation Device	$ 345.61
20670-SG	Removal Of Buried Support	$ 345.61
20680-SG	Removal Of Buried Support	$ 531.37
20690-SG	Application Of External Fix. System	$ 463.69
20692-SG	Application Of A Multiplane (Pins Or Wires In More Than	$ 650.89
20693-SG	Adjustment Or Revision Of External Fixation System Requ	$ 650.89
20694-SG	Removal, Under Anesthesia, Of External Fixation System	$ 345.61
20900-SG	Removal Of Bone For Graft	$ 531.37
20902-SG	Removal Of Bone For Graft	$ 650.89
20910-SG	Remove Cartilage For Graft	$ 650.89
20912-SG	Cartilage Graft; Nasal Septum	$ 650.89
20920-SG	Removal Of Tissue For Graft	$ 650.89

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
20922-SG	Removal Of Tissue For Graft	$ 531.37
20924-SG	Removal Of Tendon For Graft	$ 650.89
20926-SG	Removal Of Tissue For Graft	$ 650.89
20950-SG	Fluid Pressure, Muscle	$ 345.61
20955-SG	Fibula Bone Graft, Microvasc	$ 650.89
20962-SG	Bone Graft With Microvascular Anastomosis; Other Bone	$ 650.89
20969-SG	Free Osteocutaneous Flap With Microvascular Anastomosis	$ 650.89
20970-SG	Osteocut.Gft W/Microv. Anastomosis	$ 650.89
20972-SG	Bone/Skin Graft, Metatarsal	$ 650.89
20973-SG	Bone/Skin Graft, Great Toe	$ 650.89
21010-SG	Arthrotomy,Unilateral	$ 463.69
21015-SG	Radical Resection Of Tumor (Eg, Malignant Neoplasm), So	$ 531.37
21025-SG	Excision Of Bone (Eg, For Osteomyelitis Or Bone Abscess	$ 463.69
21026-SG	Excision Of Bone (Eg, For Osteomyelitis Or Bone Abscess	$ 463.69
21029-SG	Removal By Contouring Of Benign Tumor Of Facial Bone (E	$ 463.69
21030-SG	Removal Of Bone Lesion	$ 345.61
21031-SG	Excision Of Torus Mandibularis	$ 345.61
21032-SG	Excision Of Maxillary Torus Palatinus	$ 345.61
21034-SG	Excision Malignant Tumor Facial Bone	$ 531.37
21040-SG	Removal Of Bone Lesion	$ 463.69
21044-SG	Excision Malignant Tumor Mandible	$ 463.69
21046-SG	Remove Mandible Cyst Complex	$ 463.69
21047-SG	Excise Lwr Jaw Cyst W/Repair	$ 463.69
21048-SG	Remove Maxilla Cyst Complex	$ 463.69
21050-SG	Removal Of Jaw Joint	$ 531.37
21060-SG	Removal Of Joint Cartilage	$ 463.69
21070-SG	Coronoidectomy,Unilateral	$ 531.37
21073-SG	Mnpj Of Tmj W/Anesth	$ 463.69
21076-SG	Prepare Face/Oral Prosthesis	$ 463.69
21077-SG	Prepare Face/Oral Prosthesis	$ 650.89
21079-SG	Impression And Custom Preparation; Interim Obturator Pr	$ 531.37
21080-SG	Impression And Custom Preparation; Definitive Obturator	$ 531.37
21081-SG	Impression And Custom Preparation; Mandibular Resection	$ 531.37
21082-SG	Impression And Custom Preparation; Palatal Augmentation	$ 531.37
21083-SG	Impression And Custom Preparation; Palatal Lift Prosthe	$ 531.37
21084-SG	Impression And Custom Preparation; Speech Aid Prosthesi	$ 531.37
21085-SG	Impression And Custom Preparation; Oral Surgical Splint	$ 345.61
21086-SG	Impression And Custom Preparation; Auricular Prosthesis	$ 531.37
21087-SG	Impression And Custom Preparation; Nasal Prosthesis	$ 531.37
21100-SG	Maxillofacial Fixation	$ 463.69
21110-SG	Application Interdental Fixation	$ 345.61
21120-SG	Genioplasty; Augmentation (Autograft, Allograft, Prosth	$ 650.89
21121-SG	Genioplasty; Sliding Osteotomy, Single Piece	$ 650.89
21122-SG	Genioplasty; Sliding Osteotomies, Two Or More Osteotomi	$ 650.89
21123-SG	Genioplasty; Sliding, Augmentation With Interpositional	$ 650.89
21125-SG	Augmentation, Lower Jaw Bone	$ 650.89
21137-SG	Reduction Forehead; Contouring Only	$ 650.89
21181-SG	Removal By Contouring Of Benign Tumor Of Cranial Bones	$ 650.89
21206-SG	Bone Reconstruction	$ 650.89
21208-SG	Osteoplasty, Facial Bones Augmentation (Autograft, Allo	$ 650.89
21209-SG	Osteoplasty, Facial Bones Reduction	$ 650.89
21210-SG	Bone Graft	$ 650.89
21215-SG	Bone Graft	$ 650.89
21230-SG	Cartilage Graft	$ 650.89
21235-SG	Cartilage Graft	$ 650.89
21240-SG	Reconstruction Of Joint	$ 650.89
21242-SG	Arthroplasty, Temporomandibular Joint, With Alloplastic	$ 650.89
21243-SG	Arthroplasty, Temporomandibular Joint, With Prosthetic	$ 650.89
21244-SG	Reconstruction Of Mandible, Extraoral, With Transosteal	$ 650.89
21245-SG	Reconstruction Of Mandible Or Maxilla, Subperiosteal Im	$ 650.89
21246-SG	Reconstruction Of Mandible Or Maxilla, Subperiosteal Im	$ 650.89
21248-SG	Reconstruction Of Mandible Or Maxilla, Endosteal Implan	$ 650.89
21249-SG	Reconstruction Of Mandible Or Maxilla, Endosteal Implan	$ 650.89
21267-SG	Orbital Repositioning,Osteotomies	$ 650.89
21270-SG	Augmentation, Cheek Bone	$ 650.89
21275-SG	Revision, Orbitofacial Bones	$ 650.89

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
21280-SG	Medial Canthoplasty	$ 650.89
21282-SG	Lateral Canthopexy	$ 650.89
21295-SG	Reduction Of Masseter Muscle (Eg, Treatment Of Benign M	$ 345.61
21296-SG	Reduction Of Masseter Muscle (Eg, Treatment Of Benign M	$ 345.61
21310-SG	Treatment Of Nose Fracture	$ 345.61
21315-SG	Treatment Of Nose Fracture	$ 345.61
21320-SG	Treatment Of Nose Fracture	$ 463.69
21325-SG	Treatment Of Nose Fracture	$ 650.89
21330-SG	Treatment Of Nose Fracture	$ 650.89
21335-SG	Treatment Of Nose Fracture	$ 650.89
21336-SG	Treat Nasal Septal Fracture	$ 650.89
21337-SG	Treat Nasal Septal Fracture	$ 463.69
21338-SG	Treat Nasoethmoid Fracture	$ 650.89
21339-SG	Treat Nasoethmoid Fracture	$ 650.89
21340-SG	Treatment Of Nose Fracture	$ 650.89
21343-SG	Treatment Of Sinus Fracture	$ 650.89
21345-SG	Treat Nose/Jaw Fracture	$ 650.89
21355-SG	Treat Cheek Bone Fracture	$ 531.37
21356-SG	Treat Cheek Bone Fracture	$ 531.37
21360-SG	Treat Cheek Bone Fracture	$ 650.89
21365-SG	Treat Cheek Bone Fracture	$ 650.89
21385-SG	Treat Eye Socket Fracture	$ 650.89
21386-SG	Treat Eye Socket Fracture	$ 650.89
21387-SG	Treat Eye Socket Fracture	$ 650.89
21390-SG	Treat Eye Socket Fracture	$ 650.89
21395-SG	Treat Eye Socket Fracture	$ 650.89
21400-SG	Treat Eye Socket Fracture	$ 463.69
21401-SG	Treat Eye Socket Fracture	$ 531.37
21406-SG	Treat Eye Socket Fracture	$ 650.89
21407-SG	Treat Eye Socket Fracture	$ 650.89
21421-SG	Treatment Palatal Fracture	$ 650.89
21422-SG	Treat Mouth Roof Fracture	$ 650.89
21435-SG	Treat Craniofacial Fracture	$ 650.89
21440-SG	Treat Dental Ridge Fracture	$ 531.37
21445-SG	Treat Dental Ridge Fracture	$ 650.89
21450-SG	Treat Lower Jaw Fracture	$ 345.61
21451-SG	Treatment Of Mandibular Fracture	$ 463.69
21452-SG	Treatment Of Mandibular Fracture	$ 463.69
21453-SG	Treatment Of Mandibular Fracture	$ 531.37
21454-SG	Treatment Of Mandibular Fracture	$ 650.89
21461-SG	Treat Lower Jaw Fracture	$ 650.89
21462-SG	Treat Lower Jaw Fracture	$ 650.89
21465-SG	Treat Lower Jaw Fracture	$ 650.89
21470-SG	Treat Lower Jaw Fracture	$ 650.89
21480-SG	Reset Dislocated Jaw	$ 345.61
21485-SG	Reset Dislocated Jaw	$ 463.69
21490-SG	Reset Dislocated Jaw	$ 531.37
21495-SG	Treat Hyoid Bone Fracture	$ 650.89
21497-SG	Interdental Wiring	$ 463.69
21501-SG	Drainage,Deep Abscess Or Hematoma	$ 463.69
21502-SG	I&D,W/Partial Rib Ostectomy	$ 463.69
21510-SG	Incision,W/Opening Of Bone Cortex	$ 531.37
21550-SG	Biopsy,Soft Tissues,Neck Or Thorax	$ 345.61
21555-SG	Remove Lesion, Neck/Chest	$ 463.69
21556-SG	Remove Lesion, Neck/Chest	$ 463.69
21557-SG	Remove Tumor, Neck/Chest	$ 650.89
21600-SG	Partial Removal Of Rib	$ 463.69
21610-SG	Partial Removal Of Rib	$ 463.69
21620-SG	Partial Removal Of Sternum	$ 463.69
21685-SG	Hyoid Myotomy & Suspension	$ 345.61
21700-SG	Revision Of Neck Muscle	$ 463.69
21720-SG	Revision Of Neck Muscle	$ 531.37
21725-SG	Revision Of Neck Muscle	$ 531.37
21805-SG	Rib Fracture Open Or Complicated	$ 463.69
21820-SG	Treatment, Sternum Fracture	$ 345.61
21920-SG	Biopsy, Soft Tissue Of Back Or Flank Superficial	$ 345.61

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
21925-SG	Biopsy, Soft Tissue Of Back Or Flank Deep	$ 463.69
21930-SG	Excision, Tumor, Soft Tissue Of Back Or Flank	$ 463.69
21935-SG	Remove Tumor, Back	$ 531.37
22100-SG	Removal Part Of Vertebra	$ 531.37
22101-SG	Removal Part Of Vertebra,Thoracic	$ 531.37
22305-SG	Treatment, Spinal Structure	$ 345.61
22310-SG	Treatment, Spinal Structure	$ 345.61
22315-SG	Treatment, Spinal Structure	$ 345.61
22325-SG	Treat Spine Fracture	$ 531.37
22326-SG	Treat Neck Spine Fracture	$ 531.37
22327-SG	Treat Thorax Spine Fracture	$ 531.37
22328-SG	Treat Each Add Spine Fx	$ 650.89
22505-SG	Manipulation Of Spine	$ 463.69
22900-SG	Excision,Abdominal Wall Tumor	$ 650.89
23000-SG	Removal Of Calcium Deposits	$ 463.69
23020-SG	Release Shoulder Joint	$ 463.69
23030-SG	I&D,Deep Abscess/Hematoma,Shoulder	$ 345.61
23031-SG	I&D,Infected Bursa	$ 531.37
23035-SG	Incision,Deep,W/Opening Of Cortex	$ 531.37
23040-SG	Incision Of Shoulder Joint	$ 531.37
23044-SG	Arthrotomy,Sternoclavicular Joint	$ 650.89
23065-SG	Biopsy,Soft Tissue;Superficial	$ 345.61
23066-SG	Excision,Deep;Shoulder	$ 463.69
23075-SG	Excision,Benign Tumor;Subcutaneous	$ 463.69
23076-SG	Excision,Benign Tumor;Deep	$ 463.69
23077-SG	Radical Resection Of Tumor (Eg, Malignant Neoplasm), So	$ 531.37
23100-SG	Biopsy Of Shoulder	$ 463.69
23101-SG	Incision Of Shoulder Joint	$ 650.89
23105-SG	Incision Of Shoulder Joint	$ 650.89
23106-SG	Incision Of Collarbone Joint	$ 650.89
23107-SG	Explore Treat Shoulder Joint	$ 650.89
23120-SG	Partial Removal, Collar Bone	$ 650.89
23125-SG	Removal Of Collar Bone	$ 650.89
23130-SG	Remove Shoulder Bone, Part	$ 650.89
23140-SG	Removal Bone Lesion	$ 650.89
23145-SG	Removal Bone Lesion	$ 650.89
23146-SG	Removal Bone Lesion	$ 650.89
23150-SG	Removal Bone Lesion	$ 650.89
23155-SG	Removal Bone Lesion	$ 650.89
23156-SG	Removal Bone Lesion	$ 650.89
23170-SG	Remove Collar Bone Lesion	$ 463.69
23172-SG	Sequestrectomy,Scapula	$ 463.69
23174-SG	Sequestrectomy	$ 463.69
23180-SG	Remove Collar Bone Lesion	$ 650.89
23182-SG	Remove Shoulder Blade Lesion	$ 650.89
23184-SG	Removal Bone Lesion	$ 650.89
23190-SG	Partial Removal Of Shoulder	$ 650.89
23195-SG	Removal Of Head Of Humerus	$ 650.89
23330-SG	Removal Foreign Body;Subcutaneous	$ 345.61
23350-SG	Injection For Shoulder X-Ray	$ 345.61
23395-SG	Muscle Transfer	$ 650.89
23397-SG	Muscle Transfers	$ 650.89
23400-SG	Fixation Of Shoulder Blade	$ 650.89
23405-SG	Tenomyotomy;Single	$ 463.69
23406-SG	Tenomyotomy,Multiple,Same Incision	$ 463.69
23410-SG	Repair Of Tendon(S)	$ 650.89
23412-SG	Repair Rotator Cuff, Chronic	$ 650.89
23415-SG	Release Of Shoulder Ligament	$ 650.89
23420-SG	Repair Of Shoulder Injury	$ 650.89
23430-SG	Repair Ruptured Tendon	$ 650.89
23440-SG	Remove/Transplant Tendon	$ 650.89
23450-SG	Repair Shoulder Capsule	$ 650.89
23455-SG	Repair Shoulder Capsule	$ 650.89
23460-SG	Repair Shoulder Capsule	$ 650.89
23462-SG	Capsulorrhaphy,W/Coracoid Transfer	$ 650.89
23465-SG	Repair Shoulder Capsule	$ 650.89

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
23466-SG	Capsulorrhaphy For Recurrent Dislocation With Any Type	$ 650.89
23470-SG	Reconstruct Shoulder Joint	$ 650.89
23472-SG	Arthroplasty,Shoulder	$ 650.89
23480-SG	Revision Of Collar Bone	$ 650.89
23485-SG	Revision Of Collar Bone	$ 650.89
23490-SG	Prophylactic Treatment (Nailing, Pinning, Plating Or Wi	$ 531.37
23491-SG	Prophylactic Treatment (Nailing, Pinning, Plating Or Wi	$ 531.37
23500-SG	Treatment Clavicle Fracture	$ 345.61
23505-SG	Treatment Clavicle Fracture	$ 345.61
23515-SG	Treat Clavicle Fracture	$ 531.37
23520-SG	Treat Clavicle Dislocation	$ 345.61
23525-SG	Repair Clavicle Dislocation	$ 345.61
23530-SG	Treat Clavicle Dislocation	$ 531.37
23532-SG	Treat Clavicle Dislocation	$ 650.89
23540-SG	Treat Clavicle Dislocation	$ 345.61
23545-SG	Repair Clavicle Dislocation	$ 345.61
23550-SG	Treat Clavicle Dislocation	$ 531.37
23552-SG	Treat Clavicle Dislocation	$ 650.89
23570-SG	Treat Shoulder Blade Fx	$ 345.61
23575-SG	Treat Shoulder Blade Fx	$ 345.61
23585-SG	Treat Scapula Fracture	$ 531.37
23600-SG	Treat Humerus Fracture	$ 345.61
23605-SG	Repair Humerus Fracture	$ 345.61
23615-SG	Treat Humerus Fracture	$ 650.89
23616-SG	Treat Humerus Fracture	$ 650.89
23620-SG	Treat Humerus Fracture	$ 345.61
23625-SG	Repair Humerus Fracture	$ 345.61
23630-SG	Treat Humerus Fracture	$ 650.89
23650-SG	Repair Shoulder Dislocation	$ 345.61
23655-SG	Repair Shoulder Dislocation	$ 345.61
23660-SG	Treat Shoulder Dislocation	$ 531.37
23665-SG	Repair Dislocation/Fracture	$ 463.69
23670-SG	Treat Dislocation/Fracture	$ 531.37
23675-SG	Repair Dislocation/Fracture	$ 463.69
23680-SG	Treat Dislocation/Fracture	$ 531.37
23700-SG	Fixation Of Shoulder	$ 345.61
23800-SG	Fusion Of Shoulder Joint	$ 650.89
23802-SG	Fusion Of Shoulder Joint	$ 650.89
23921-SG	Amputation Follow-Up Surgery	$ 345.61
23930-SG	I&D,Deep Abscess Or Hematoma	$ 345.61
23931-SG	I&D,Infected Bursa	$ 463.69
23935-SG	Incision,Deep,W/Opening Of Cortex	$ 463.69
24000-SG	Incision Of Elbow Joint	$ 650.89
24006-SG	Arthrotomy Of The Elbow, With Capsular Excision For Cap	$ 650.89
24065-SG	Biopsy,Soft Tissue,Superficial	$ 345.61
24066-SG	Biopsy,Deep	$ 463.69
24075-SG	Excision,Benign Tumor;Subcutaneous	$ 531.37
24076-SG	Excision,Benign Tumor;Deep	$ 463.69
24077-SG	Radical Resection Of Tumor (Eg, Malignant Neoplasm), So	$ 531.37
24100-SG	Biopsy Of Elbow	$ 345.61
24101-SG	Exploration Of Elbow Joint	$ 650.89
24102-SG	Exploration Of Elbow Joint	$ 650.89
24105-SG	Removal Of Elbow Bursa	$ 531.37
24110-SG	Removal Of Bone Lesion	$ 463.69
24115-SG	Removal Of Bone Lesion/Graft	$ 531.37
24116-SG	Removal Of Bone Lesion/Graft	$ 531.37
24120-SG	Removal Of Bone Lesion	$ 531.37
24125-SG	Removal Of Bone Lesion/Graft	$ 531.37
24126-SG	Removal Of Bone Lesion/Graft	$ 531.37
24130-SG	Removal Of Head Of Radius	$ 531.37
24134-SG	Sequestrectomy,Shaft/Distal Humerus	$ 463.69
24136-SG	Sequestrectomy,Radial Head Or Neck	$ 463.69
24138-SG	Sequestrectomy,Olecranon Process	$ 463.69
24140-SG	Partial Removal Of Bone	$ 531.37
24145-SG	Partial Removal Of Bone	$ 531.37
24147-SG	Partial Removal Of Bone	$ 463.69

.

Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
24149-SG	Radical Resection Of Elbow	$ 531.37
24150-SG	Removal Of Humerus Lesion	$ 531.37
24152-SG	Removal Of Radius Lesion	$ 531.37
24155-SG	Removal Of Elbow Joint	$ 531.37
24160-SG	Implant Removal;Elbow Joint	$ 463.69
24164-SG	Implant Removal;Radial Head	$ 531.37
24200-SG	Removal Of Foreign Body;Subsutaneous	$ 345.61
24201-SG	Removal Of Foreign Body;Deep	$ 463.69
24300-SG	Manipulate Elbow W/Anesth	$ 531.37
24301-SG	Muscle Or Tendon Transfer,Single	$ 650.89
24305-SG	Tendon Lengthening;Single,Each	$ 650.89
24310-SG	Revision Of Arm Tendon	$ 531.37
24320-SG	Repair Of Arm Tendon	$ 531.37
24330-SG	Revision Of Arm Muscles	$ 531.37
24331-SG	Revision Of Arm Muscles	$ 531.37
24332-SG	Tenolysis, Triceps	$ 650.89
24340-SG	Repair Of Biceps Tendon	$ 531.37
24341-SG	Repair Arm Tendon/Muscle	$ 531.37
24342-SG	Repair Of Ruptured Tendon	$ 531.37
24345-SG	Repr Elbw Med Ligmnt W/Tissu	$ 463.69
24360-SG	Repair Of Elbow Joint	$ 650.89
24361-SG	Repair Of Elbow Joint	$ 650.89
24362-SG	Repair Of Elbow Joint	$ 650.89
24363-SG	Arthroplasty,Elbow	$ 650.89
24365-SG	Repair Of Head Of Radius	$ 650.89
24366-SG	Repair Of Head Of Radius	$ 650.89
24400-SG	Revision Of Humerus	$ 650.89
24410-SG	Revision Of Humerus	$ 650.89
24420-SG	Repair Of Humerus	$ 531.37
24430-SG	Repair Of Humerus	$ 531.37
24435-SG	Repair/Graft Of Humerus	$ 650.89
24470-SG	Revision Of Elbow Joint	$ 531.37
24495-SG	Decompression Of Forearm	$ 463.69
24498-SG	Prophylactic Treatment (Nailing, Pinning, Plating Or Wi	$ 531.37
24500-SG	Treatment Humerus Fracture	$ 345.61
24505-SG	Treatment Humerus Fracture	$ 345.61
24515-SG	Treat Humerus Fracture	$ 650.89
24516-SG	Treat Humerus Fracture	$ 650.89
24530-SG	Treat Humerus Fracture	$ 345.61
24535-SG	Repair Humerus Fracture	$ 345.61
24538-SG	Treatment Humerus Fracture	$ 463.69
24545-SG	Treat Humerus Fracture	$ 650.89
24546-SG	Treat Humerus Fracture	$ 650.89
24560-SG	Treat Humerus Fracture	$ 345.61
24565-SG	Repair Humerus Fracture	$ 345.61
24566-SG	Percutaneous Skeletal Fixation Of Humeral Epicondylar F	$ 463.69
24575-SG	Treat Humerus Fracture	$ 531.37
24576-SG	Treat Humerus Fracture	$ 345.61
24577-SG	Repair Humerus Fracture	$ 345.61
24579-SG	Treat Humerus Fracture	$ 531.37
24582-SG	Percutaneous Skeletal Fixation Of Humeral Condylar Frac	$ 463.69
24586-SG	Treat Elbow Fracture	$ 650.89
24587-SG	Treat Elbow Fracture	$ 650.89
24600-SG	Treat Elbow Dislocation	$ 345.61
24605-SG	Treat Elbow Dislocation	$ 463.69
24615-SG	Treat Elbow Dislocation	$ 531.37
24620-SG	Treat Elbow Fracture	$ 345.61
24635-SG	Treat Elbow Fracture	$ 531.37
24640-SG	Treat Elbow Dislocation	$ 345.61
24650-SG	Treat Radius Fracture	$ 345.61
24655-SG	Treat Radius Fracture	$ 345.61
24665-SG	Treat Radius Fracture	$ 650.89
24666-SG	Treat Radius Fracture	$ 650.89
24670-SG	Treat Ulnar Fracture	$ 345.61
24675-SG	Treat Ulnar Fracture	$ 345.61
24685-SG	Treat Ulnar Fracture	$ 531.37

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
24800-SG	Fusion Of Elbow Joint	$ 650.89
24802-SG	Fusion/Graft Of Elbow Joint	$ 650.89
24925-SG	Amputation Follow-Up Surgery	$ 531.37
25000-SG	Incision Of Tendon Sheath	$ 531.37
25001-SG	Incise Flexor Carpi Radialis	$ 650.89
25020-SG	Decompression Fasciotomy	$ 531.37
25023-SG	Decompress Forearm 1 Space	$ 531.37
25024-SG	Decompress Forearm 2 Spaces	$ 531.37
25025-SG	Decompress Forearm 2 Spaces	$ 531.37
25028-SG	I&D;Deep Abscess Or Hematoma	$ 345.61
25031-SG	I&D,Infected Bursa	$ 463.69
25035-SG	Incision,Deep,W/Opening Of Cortex	$ 463.69
25040-SG	Arthrotomy,Wrist	$ 650.89
25065-SG	Biopsy,Soft Tissues,Superficial	$ 345.61
25066-SG	Biopsy,Deep,Forearm Or Wrist	$ 463.69
25075-SG	Removal Forearm Lesion Subcu	$ 463.69
25076-SG	Removal Forearm Lesion Deep	$ 531.37
25077-SG	Radical Resection Of Tumor (Eg, Malignant Neoplasm), So	$ 531.37
25085-SG	Capsulotomy,Wrist	$ 531.37
25100-SG	Biopsy Of Wrist Joint	$ 463.69
25101-SG	Arthrotomy,Wrist,W/Joint Exploration	$ 531.37
25105-SG	Exploration Of Wrist Joint	$ 650.89
25107-SG	Arthrotomy,Distal Radioulnar Joint	$ 531.37
25109-SG	Excise Tendon Forearm/Wrist	$ 531.37
25110-SG	Removal Wrist Tendon Lesion	$ 531.37
25111-SG	Removal Wrist Tendon Lesion	$ 531.37
25112-SG	Excision Of Ganglion - Recurrent	$ 650.89
25115-SG	Removal Wrist/Forearm Lesion	$ 650.89
25116-SG	Removal Wrist/Forearm Lesion	$ 650.89
25118-SG	Explore Wrist Tendon Sheath	$ 463.69
25119-SG	Partial Removal Of Ulna	$ 531.37
25120-SG	Removal Of Forearm Lesion	$ 531.37
25125-SG	Removal Of Forearm Lesion	$ 531.37
25126-SG	Removal Of Forearm Lesion	$ 531.37
25130-SG	Removal Of Wrist Lesion	$ 531.37
25135-SG	Removal Of Wrist Lesion	$ 531.37
25136-SG	Removal Of Wrist Lesion	$ 531.37
25145-SG	Sequestrectomy,Wrist Or Forearm	$ 463.69
25150-SG	Partial Removal Radius/Ulna	$ 463.69
25151-SG	Partial Excision Of Bone;Radius	$ 463.69
25170-SG	Removal Radius/Ulna Lesion	$ 531.37
25210-SG	Removal Of Wrist Bone	$ 531.37
25215-SG	Removal Of Wrist Bones	$ 650.89
25230-SG	Partial Removal Of Radius	$ 650.89
25240-SG	Partial Removal Of Ulna	$ 650.89
25248-SG	Exploration Of Wrist Or Forearm	$ 463.69
25250-SG	Removal Of Wrist Prostesis Separate	$ 345.61
25251-SG	Removal Of Total Wrist Prosthesis	$ 345.61
25259-SG	Manipulate Wrist W/Anesthes	$ 345.61
25260-SG	Repair Wrist Tendon	$ 650.89
25263-SG	Repair,Muscle Or Tendon,Secondary	$ 463.69
25265-SG	Repair,Muscle Or Tendon,Secondary	$ 531.37
25270-SG	Repair Wrist Tendon	$ 650.89
25272-SG	Repair Tendon Or Muscle,Secondary	$ 531.37
25274-SG	Repair Tendon Or Muscle,Extensor	$ 650.89
25275-SG	Repair Forearm Tendon Sheath	$ 650.89
25280-SG	Lengthen Wrist Tendon	$ 650.89
25290-SG	Incision Of Tendon	$ 531.37
25295-SG	Tenolysis	$ 531.37
25300-SG	Fusion Of Wrist Tendons	$ 531.37
25301-SG	Fusion Of Wrist Tendons	$ 531.37
25310-SG	Transplant Wrist Tendon	$ 531.37
25312-SG	Transplant Wrist Tendon	$ 650.89
25315-SG	Revise Palsy Hand	$ 531.37
25316-SG	Revise Palsy Hand	$ 531.37
25320-SG	Repair Wrist Joint	$ 531.37

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
25332-SG	Repair Wrist Joint	$ 650.89
25335-SG	Realignment Of Hand	$ 531.37
25337-SG	Reconstruct Ulna/Radioulnar	$ 650.89
25350-SG	Revision Of Radius	$ 531.37
25355-SG	Revision Of Radius	$ 531.37
25360-SG	Revision Of Ulna	$ 531.37
25365-SG	Revision Radius & Ulna	$ 531.37
25370-SG	Revision Radius Or Ulna	$ 531.37
25375-SG	Revision Radius & Ulna	$ 650.89
25390-SG	Shorten Radius Or Ulna	$ 531.37
25391-SG	Lengthen Radius Or Ulna	$ 650.89
25392-SG	Osteoplasty,Radius & Ulna,Shortening	$ 531.37
25393-SG	Osteoplasty,Radius&Ulna,Lengthening	$ 650.89
25394-SG	Repair Carpal Bone, Shorten	$ 531.37
25400-SG	Repair Radius Or Ulna	$ 531.37
25405-SG	Repair/Graft Radius Or Ulna	$ 650.89
25415-SG	Repair Radius & Ulna	$ 531.37
25420-SG	Repair/Graft Radius & Ulna	$ 650.89
25425-SG	Repair/Graft Radius Or Ulna	$ 531.37
25426-SG	Repair/Graft Radius & Ulna	$ 650.89
25431-SG	Repair Nonunion Carpal Bone	$ 650.89
25440-SG	Repair/Graft Wrist	$ 650.89
25441-SG	Arthroplasty;Distal Radius	$ 650.89
25442-SG	Arthroplasty,Distal Ulna	$ 650.89
25443-SG	Arthroplasty;Scaphoid	$ 650.89
25444-SG	Arthroplasty;Lunate	$ 650.89
25445-SG	Arthroplasty;Trapezium	$ 650.89
25446-SG	Arthroplasty;Total Wrist	$ 650.89
25447-SG	Interposition Arthroplasty, Intercarpal Or Carpometacar	$ 650.89
25449-SG	Arthroplasty,W/Removal Of Implant	$ 650.89
25450-SG	Revision Of Wrist Joint	$ 531.37
25455-SG	Revision Of Wrist Joint	$ 531.37
25490-SG	Prophylactic Treatment (Nailing, Pinning, Plating Or Wi	$ 531.37
25491-SG	Prophylactic Treatment (Nailing, Pinning, Plating Or Wi	$ 531.37
25492-SG	Prophylactic Treatment (Nailing, Pinning, Plating Or Wi	$ 531.37
25500-SG	Treat Fracture Of Radius	$ 345.61
25505-SG	Repair Fracture Of Radius	$ 345.61
25515-SG	Treat Fracture Of Radius	$ 531.37
25520-SG	Treat Fracture Of Radius	$ 345.61
25525-SG	Treat Fracture Of Radius	$ 650.89
25526-SG	Treat Fracture Of Radius	$ 650.89
25530-SG	Treat Fracture Of Ulna	$ 345.61
25535-SG	Repair Fracture Of Ulna	$ 345.61
25545-SG	Treat Fracture Of Ulna	$ 531.37
25560-SG	Treat Fracture Radius & Ulna	$ 345.61
25565-SG	Repair Fracture Radius/Ulna	$ 345.61
25574-SG	Open Treatment Of Radial And Ulnar Shaft Fractures, Wit	$ 531.37
25575-SG	Treat Fracture Radius/Ulna	$ 531.37
25600-SG	Treat Fracture Radius/Ulna	$ 345.61
25605-SG	Repair Fracture Radius/Ulna	$ 345.61
25606-SG	Treat Fx Distal Radial	$ 531.37
25607-SG	Treat Fx Rad Extra-Articul	$ 650.89
25608-SG	Treat Fx Rad Intra-Articul	$ 650.89
25609-SG	Treat Fx Radial 3+ Frag	$ 650.89
25622-SG	Treatment Carpal Scaphoid Fracture	$ 345.61
25624-SG	Treatment Carpal Scaphoid Fracture	$ 345.61
25628-SG	Treat Wrist Bone Fracture	$ 531.37
25630-SG	Treat Wrist Fracture(S)	$ 345.61
25635-SG	Repair Wrist Fracture(S)	$ 345.61
25645-SG	Treat Wrist Bone Fracture	$ 531.37
25650-SG	Treat Wrist Bone Fracture	$ 345.61
25660-SG	Repair Wrist Dislocation	$ 345.61
25670-SG	Treat Wrist Dislocation	$ 531.37
25671-SG	Pin Radioulnar Dislocation	$ 345.61
25675-SG	Repair Wrist Dislocation	$ 345.61
25676-SG	Treat Wrist Dislocation	$ 463.69

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
25680-SG	Repair Wrist Fracture	$ 345.61
25685-SG	Treat Wrist Fracture	$ 531.37
25690-SG	Repair Wrist Dislocation	$ 345.61
25695-SG	Treat Wrist Dislocation	$ 463.69
25800-SG	Fusion Of Wrist	$ 650.89
25805-SG	Fusion/Graft Of Wrist	$ 650.89
25810-SG	Fusion/Graft Of Wrist	$ 650.89
25820-SG	Intercarpal Fusion; Without Bone Graft	$ 650.89
25825-SG	Fuse Hand Bones With Graft	$ 650.89
25830-SG	Fusion, Radioulnar Jnt/Ulna	$ 650.89
25907-SG	Amputation Follow-Up Surgery	$ 531.37
25922-SG	Disarticulation Through Wrist	$ 531.37
25929-SG	Transmetacarpal Amputation	$ 531.37
25931-SG	Transmetacarpal Reamputation	$ 531.37
26010-SG	Drainage Of Finger Abscess	$ 345.61
26011-SG	Drainage Of Finger Abscess	$ 345.61
26020-SG	Drainage Of Tendon Sheath	$ 463.69
26025-SG	Drainage Of Palm Bursa	$ 345.61
26030-SG	Drainage Of Palm Bursas	$ 463.69
26034-SG	Incision,Deep,W/Opening Of Cortex	$ 463.69
26035-SG	Decompression Finger/Hand	$ 650.89
26037-SG	Decompressive Fasciotomy, Hand (Excludes 26035)	$ 650.89
26040-SG	Release Palm Contracture	$ 650.89
26045-SG	Release Palm Contracture	$ 531.37
26055-SG	Incision Of Tendon Sheath	$ 463.69
26060-SG	Incision Of Tendon	$ 463.69
26070-SG	Exploration Of Hand Joint	$ 463.69
26075-SG	Exploration Of Finger Joint	$ 650.89
26080-SG	Exploration Of Finger Joint	$ 650.89
26100-SG	Biopsy Of Hand Joint	$ 463.69
26105-SG	Biopsy Of Finger Joint	$ 345.61
26110-SG	Biopsy Of Finger Joint	$ 345.61
26115-SG	Removal Hand Lesion Subcut	$ 463.69
26116-SG	Removal Hand Lesion, Deep	$ 463.69
26117-SG	Radical Resection Of Tumor (Eg, Malignant Neoplasm), So	$ 531.37
26121-SG	Fasciectomy, Palmar, With Or Without Z-Plasty, Other Lo	$ 650.89
26123-SG	Fasciectomy, Palmar, With Or Without Z-Plasty, Other Lo	$ 650.89
26125-SG	Fasciectomy, Palmar, With Or Without Z-Plasty, Other Lo	$ 650.89
26130-SG	Exploration Hand Joint	$ 531.37
26135-SG	Exploration Finger Joint	$ 650.89
26140-SG	Exploration Finger Joint	$ 463.69
26145-SG	Tendon Excision Palm/Digit	$ 531.37
26160-SG	Removal Tendon Sheath Lesion	$ 531.37
26170-SG	Removal Of Palm Tendon	$ 531.37
26180-SG	Removal Of Finger Tendon	$ 531.37
26185-SG	Remove Finger Bone	$ 650.89
26200-SG	Removal Of Joint Lesion	$ 463.69
26205-SG	Removal/Graft Joint Lesion	$ 531.37
26210-SG	Removal Of Finger Lesion	$ 463.69
26215-SG	Removal/Graft Finger Lesion	$ 531.37
26230-SG	Partial Removal Of Hand Bone	$ 650.89
26235-SG	Partial Removal Finger Bone	$ 531.37
26236-SG	Partial Removal Finger Bone	$ 531.37
26250-SG	Removal Of Hand Bone	$ 531.37
26260-SG	Partial Removal Of Finger	$ 531.37
26262-SG	Partial Removal Of Finger	$ 463.69
26320-SG	Removal Of Implant From Hand	$ 463.69
26340-SG	Manipulate Finger W/Anesth	$ 345.61
26350-SG	Repair Tendon	$ 345.61
26352-SG	Repair/Graft Tendon	$ 650.89
26356-SG	Repair Tendon	$ 650.89
26357-SG	Flexor Tendon Repair Or Advancement, Single, In Seconda	$ 650.89
26358-SG	Repair/Graft Tendon	$ 650.89
26370-SG	Repair Tendon	$ 650.89
26372-SG	Repair/Graft Tendon	$ 650.89
26373-SG	Tendon Repair,Secondary W/0 Graft	$ 531.37

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
26390-SG	Repair Tendon	$ 650.89
26392-SG	Repair/Graft Tendon	$ 531.37
26410-SG	Repair Tendon	$ 531.37
26412-SG	Repair/Graft Tendon	$ 531.37
26415-SG	Extensor Tendon Excision, Implantation Of Plastic Tube	$ 650.89
26416-SG	Removal Of Tube Or Rod And Insertion Of Extensor Tendon	$ 531.37
26418-SG	Repair Tendon	$ 650.89
26420-SG	Repair/Graft Tendon	$ 650.89
26426-SG	Repair Tendon	$ 531.37
26428-SG	Repair/Graft Tendon	$ 531.37
26432-SG	Repair Tendon	$ 531.37
26433-SG	Repair Tendon	$ 531.37
26434-SG	Repair/Graft Tendon	$ 531.37
26437-SG	Extensor Tendon Realignment (For Arthritis)	$ 531.37
26440-SG	Release Tendon Palm/Finger	$ 531.37
26442-SG	Release Tendon Palm & Finger	$ 531.37
26445-SG	Release Tendon Palm/Finger	$ 531.37
26449-SG	Release Tendon Forearm	$ 531.37
26450-SG	Incision Of Tendon	$ 531.37
26455-SG	Incision Of Tendon	$ 531.37
26460-SG	Incision Of Tendon	$ 531.37
26471-SG	Fusion Of Tendons	$ 463.69
26474-SG	Fusion Of Tendons	$ 463.69
26476-SG	Tendon Lengthening,Etensor,Single	$ 345.61
26477-SG	Tendon Shortening,Extensor,Single	$ 345.61
26478-SG	Tendon Lengthening, Flexor, Hand Or Finger, Single, Eac	$ 345.61
26479-SG	Tendon Shortening, Flexor, Hand Or Finger, Single, Each	$ 345.61
26480-SG	Tendon Transplant	$ 531.37
26483-SG	Tendon Transplant	$ 531.37
26485-SG	Tendon Transplant	$ 463.69
26489-SG	Tendon Transplant & Graft	$ 531.37
26490-SG	Tendon Transfer	$ 531.37
26492-SG	Tendon Transfer With Graft	$ 531.37
26494-SG	Tendon/Muscle Transfer	$ 531.37
26496-SG	Repair Thumb Tendon	$ 531.37
26497-SG	Sublimis Trf,Correct Claw Finger	$ 531.37
26498-SG	Sublimis Trf,Correct Claw Finger	$ 650.89
26499-SG	Correction Claw Finger,Other Methods	$ 531.37
26500-SG	Tendon Reconstruction	$ 650.89
26502-SG	Tendon Reconstruction/Graft	$ 650.89
26508-SG	Release Thumb Contracture	$ 531.37
26510-SG	Cross Intrinsic Transfer	$ 531.37
26516-SG	Fusion Of Knuckle Joint	$ 345.61
26517-SG	Fusion Of Knuckle Joints	$ 531.37
26518-SG	Fusion Of Knuckle Joints	$ 531.37
26520-SG	Release Knuckle Contracture	$ 531.37
26525-SG	Release Finger Contracture	$ 531.37
26530-SG	Repair Knuckle	$ 531.37
26531-SG	Repair Knuckle With Implant	$ 650.89
26535-SG	Repair Finger Joint	$ 650.89
26536-SG	Repair Finger Joint-Implant	$ 650.89
26540-SG	Reconstruct Hand Joint	$ 650.89
26541-SG	Reconstruct/Graft Hand Joint	$ 650.89
26542-SG	Primary Repair Of Collateral Ligament, Metacarpophalang	$ 650.89
26545-SG	Reconstruct Finger Joint	$ 650.89
26546-SG	Repair Nonunion Hand	$ 650.89
26548-SG	Repair And Reconstruction, Finger, Volar Plate, Interph	$ 650.89
26550-SG	Construct Thumb Replacement	$ 463.69
26555-SG	Positional Change Of Finger	$ 531.37
26560-SG	Repair Of Web Finger	$ 463.69
26561-SG	Repair Of Web Finger	$ 531.37
26562-SG	Repair Of Web Finger	$ 650.89
26565-SG	Correction Metacarpal Flaw	$ 650.89
26567-SG	Correction Finger Flaw	$ 650.89
26568-SG	Osteoplasty For Lengthening Of Metacarpal Or Phalanx	$ 531.37
26580-SG	Repair Hand Deformity	$ 650.89

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
26587-SG	Repair Of Supernumerary Digit, Soft Tissue And Bone	$ 650.89
26590-SG	Repair Finger Deformity	$ 650.89
26591-SG	Repair, Intrinsic Muscles Of Hand (Specify)	$ 531.37
26593-SG	Release, Intrinsic Muscles Of Hand (Specify)	$ 531.37
26596-SG	Excision Of Constricting Ring With Multiple Z-Plasties	$ 463.69
26600-SG	Treat Metacarpal Fracture	$ 345.61
26605-SG	Repair Metacarpal Fracture	$ 345.61
26607-SG	Manipulation, Skeletal Fixation	$ 345.61
26608-SG	Percutaneous Skeletal Fixation Of Metacarpal Fracture,	$ 650.89
26615-SG	Treat Metacarpal Fracture	$ 650.89
26641-SG	Treatment Dislocation,Thumb	$ 345.61
26645-SG	Repair Thumb Dislocation	$ 345.61
26650-SG	Treat Thumb Fracture	$ 463.69
26665-SG	Treat Thumb Fracture	$ 650.89
26670-SG	Repair Hand Dislocation	$ 345.61
26675-SG	Repair Hand Dislocation	$ 345.61
26676-SG	Treatment Of Closed Carpometacarpal Dislocation, Other	$ 463.69
26685-SG	Treat Hand Dislocation	$ 531.37
26686-SG	Treat Hand Dislocation	$ 531.37
26700-SG	Repair Finger Dislocation	$ 345.61
26705-SG	Repair Finger Dislocation	$ 345.61
26706-SG	Treatment Of Closed Metacarpophalangeal Dislocation, Si	$ 345.61
26715-SG	Treat Knuckle Dislocation	$ 650.89
26720-SG	Treat Finger Fractures	$ 345.61
26725-SG	Repair Finger Fractures	$ 345.61
26727-SG	Repair Finger Fractures	$ 650.89
26735-SG	Treat Finger Fracture, Each	$ 650.89
26740-SG	Treatment Articular Fracture	$ 345.61
26742-SG	Treatment Articular Fracture	$ 345.61
26746-SG	Treat Finger Fracture, Each	$ 650.89
26750-SG	Treat Finger Fracture	$ 345.61
26755-SG	Repair Finger Fracture	$ 345.61
26756-SG	Treatment Of Closed Distal Phalangeal Fracture, Finger	$ 463.69
26765-SG	Treat Finger Fracture, Each	$ 650.89
26770-SG	Repair Finger Dislocation	$ 345.61
26775-SG	Repair Finger Dislocation	$ 345.61
26776-SG	Treatment Of Closed Interphalangeal Joint Dislocation,	$ 463.69
26785-SG	Treat Finger Dislocation	$ 463.69
26820-SG	Thumb Fusion With Graft	$ 650.89
26841-SG	Thumb Fusion	$ 650.89
26842-SG	Thumb Fusion With Graft	$ 650.89
26843-SG	Fusion Of Hand Joint	$ 531.37
26844-SG	Fusion/Graft Of Hand Joint	$ 531.37
26850-SG	Fusion Of Knuckle	$ 650.89
26852-SG	Fusion Of Knuckle With Graft	$ 650.89
26860-SG	Finger Joint Fusion	$ 531.37
26861-SG	Fusion Of Finger Jnt, Add-On	$ 463.69
26862-SG	Fusion/Graft Of Finger Joint	$ 650.89
26863-SG	Arthrodesis,W/Autognous Graft	$ 531.37
26910-SG	Amputation Metacarpal Bone	$ 531.37
26951-SG	Amputation Of Finger	$ 463.69
26952-SG	Amputation Of Finger	$ 650.89
26990-SG	I&D,Deep Abscess/Hematoma;Hip	$ 345.61
26991-SG	I&D,Infected Bursa,Hips	$ 345.61
26992-SG	Incision,Deep,W/Opening Bone Cortex	$ 463.69
27000-SG	Incision Of Hip Tendon	$ 463.69
27001-SG	Incision Of Hip Tendon	$ 531.37
27003-SG	Incision Of Hip Tendon	$ 531.37
27030-SG	Drainage Of Hip Joint	$ 531.37
27033-SG	Exploration Of Hip Joint	$ 531.37
27035-SG	Denervation Of Hip Joint	$ 650.89
27040-SG	Biopsy,Soft Tissues,Superficial,Hip	$ 345.61
27041-SG	Biopsy,Soft Tissues;Deep Hip	$ 463.69
27047-SG	Excision,Benign Tumor;Subcutaneous	$ 463.69
27048-SG	Excision,Benign Tumor,Deep,Hip	$ 531.37
27049-SG	Radical Resection Of Tumor (Eg, Malignant Neoplasm), So	$ 531.37

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
27050-SG	Biopsy Of Sacroiliac Joint	$ 531.37
27052-SG	Biopsy Of Hip Joint	$ 531.37
27060-SG	Removal Of Ischial Bursa	$ 650.89
27062-SG	Removal Of Femur Lesion	$ 650.89
27065-SG	Removal Of Hip Bone Lesion	$ 650.89
27066-SG	Removal Of Hip Bone Lesion	$ 650.89
27067-SG	Excision Bone Cyst W/Graft,Hip	$ 650.89
27080-SG	Removal Of Tail Bone	$ 463.69
27086-SG	Removal Foreign Body;Hip	$ 345.61
27087-SG	Removal Foreign Body,Deep,Hip	$ 531.37
27097-SG	Hamstring Recession,Proximal	$ 531.37
27098-SG	Adductor Transfer To Iscaium	$ 531.37
27100-SG	Transfer Of Abdominal Muscle	$ 650.89
27105-SG	Transfer Of Spinal Muscle	$ 650.89
27110-SG	Transfer Of Iliopsoas Muscle	$ 650.89
27111-SG	Transfer Iliopsoas To Femoral Neck	$ 650.89
27193-SG	Closed Treatment Of Pelvic Ring Fracture, Dislocation,	$ 345.61
27194-SG	Closed Treatment Of Pelvic Ring Fracture, Dislocation,	$ 463.69
27200-SG	Repair Tail Bone Fracture	$ 345.61
27202-SG	Treat Tail Bone Fracture	$ 463.69
27220-SG	Treatment Hipsocket Fracture	$ 345.61
27230-SG	Treat Thigh Fracture	$ 345.61
27235-SG	Treat Thigh Fracture	$ 345.61
27238-SG	Treat Thigh Fracture	$ 345.61
27246-SG	Treat Thigh Fracture	$ 345.61
27250-SG	Repair Of Hip Dislocation	$ 345.61
27252-SG	Repair Of Hip Dislocation	$ 463.69
27256-SG	Treat Hip Dislocation	$ 345.61
27257-SG	Treat Hip Dislocation	$ 531.37
27265-SG	Treat Hip Dislocation	$ 345.61
27266-SG	Treat Hip Dislocation	$ 463.69
27267-SG	Cltx Thigh Fx	$ 345.61
27275-SG	Manipulation Of Hip Joint	$ 463.69
27301-SG	I&D,Deep Abscess,Hematoma,Or Bursa	$ 531.37
27303-SG	Incision,Deep,W/Opening Bone Cortex	$ 463.69
27305-SG	Incision Of Tendon & Fascia	$ 463.69
27306-SG	Tenotomy,Subcutaneous;Single	$ 531.37
27307-SG	Tenotomy,Subcutaneous;Multple	$ 531.37
27310-SG	Exploration Of Knee Joint	$ 650.89
27323-SG	Biopsy, Thigh Soft Tissues	$ 345.61
27324-SG	Biopsy, Thigh Soft Tissues	$ 345.61
27325-SG	Neurectomy, Hamstring	$ 463.69
27326-SG	Neurectomy, Popliteal	$ 463.69
27327-SG	Excision,Benign Tumor;Subcutaneous	$ 463.69
27328-SG	Excision,Benign Tumor,Deep	$ 531.37
27329-SG	Radical Resection Of Tumor (Eg, Malignant Neoplasm), So	$ 650.89
27330-SG	Biopsy, Knee Joint Lining	$ 650.89
27331-SG	Exploration Of Knee Joint	$ 650.89
27332-SG	Removal Of Knee Cartilage	$ 650.89
27333-SG	Arthrotomy,Knee,Medial And Latteral	$ 650.89
27334-SG	Exploration Of Knee Joint	$ 650.89
27335-SG	Exploration Of Knee Joint	$ 650.89
27340-SG	Removal Of Kneecap Bursa	$ 531.37
27345-SG	Removal Of Knee Cyst	$ 650.89
27347-SG	Remove Knee Cyst	$ 650.89
27350-SG	Removal Of Kneecap	$ 650.89
27355-SG	Removal Of Femur Lesion	$ 531.37
27356-SG	Removal & Graft Femur Lesion	$ 650.89
27357-SG	Removal & Graft Femur Lesion	$ 650.89
27358-SG	Excision Bone Cyst,Femur	$ 650.89
27360-SG	Partial Removal, Leg Bone(S)	$ 650.89
27372-SG	Removal Foreign Body,Deep,Knee/Thigh	$ 650.89
27380-SG	Repair Of Kneecap Tendon	$ 345.61
27381-SG	Repair/Graft Kneecap Tendon	$ 531.37
27385-SG	Repair Of Thigh Muscle	$ 531.37
27386-SG	Repair/Graft Of Thigh Muscle	$ 531.37

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
27390-SG	Incision Thigh Tendon	$ 345.61
27391-SG	Incision Thigh Tendons	$ 463.69
27392-SG	Incision Thigh Tendons	$ 531.37
27393-SG	Lengthening Of Thigh Tendon	$ 463.69
27394-SG	Lengthening Of Thigh Tendons	$ 531.37
27395-SG	Lengthening Of Thigh Tendons	$ 531.37
27396-SG	Transplant Of Thigh Tendon	$ 531.37
27397-SG	Transplants Of Thigh Tendons	$ 531.37
27400-SG	Revision Of Thigh Muscles	$ 531.37
27403-SG	Arthrotomy With Open Meniscus Repair	$ 650.89
27405-SG	Repair Of Knee Ligament	$ 650.89
27407-SG	Repair Of Knee Ligament	$ 650.89
27409-SG	Repair Of Knee Ligaments	$ 650.89
27418-SG	Anterior Tibial Tubercle Plasty	$ 531.37
27420-SG	Repair Of Unstable Kneecap	$ 531.37
27422-SG	Repair Of Unstable Kneecap	$ 650.89
27424-SG	Revision/Removal Of Kneecap	$ 531.37
27425-SG	Lateral Retinacular Release Any Meth	$ 650.89
27427-SG	Reconstruction (Augmentation), Knee; Extra-Articular	$ 531.37
27428-SG	Reconstruction (Augmentation), Knee; Intra-Articular (O	$ 650.89
27429-SG	Reconstruction (Augmentation), Knee; Intra-Articular (O	$ 650.89
27430-SG	Repair Of Thigh Muscles	$ 650.89
27435-SG	Incision Of Knee Joint	$ 650.89
27437-SG	Arthroplasty,Patella W/O Prosthesis	$ 650.89
27438-SG	Repair Kneecap With Implant	$ 650.89
27440-SG	Repair Of Knee Joint	$ 650.89
27441-SG	Repair Of Knee Joint	$ 650.89
27442-SG	Repair Of Knee Joint	$ 650.89
27443-SG	Repair Of Knee Joint	$ 650.89
27496-SG	Decompression Fasciotomy, Thigh And/Or Knee, One Compar	$ 650.89
27497-SG	Decompression Fasciotomy, Thigh And/Or Knee, One Compar	$ 531.37
27498-SG	Decompression Fasciotomy, Thigh And/Or Knee, Multiple C	$ 531.37
27499-SG	Decompression Fasciotomy, Thigh And/Or Knee, Multiple C	$ 531.37
27500-SG	Treatment Of Femur Fracture	$ 345.61
27501-SG	Closed Treatment Of Supracondylar Or Transcondylar Femo	$ 345.61
27502-SG	Repair Of Femur Fracture	$ 345.61
27503-SG	Closed Treatment Of Supracondylar Or Transcondylar Femo	$ 345.61
27507-SG	Open Treatment Of Femoral Shaft Fracture With Plate/Scr	$ 650.89
27508-SG	Treatment Of Femur Fracture	$ 345.61
27509-SG	Percutaneous Skeletal Fixation Of Supracondylar Or Tran	$ 531.37
27510-SG	Repair Of Femur Fracture	$ 345.61
27511-SG	Open Treatment Of Femoral Supracondylar Or Transcondyla	$ 650.89
27513-SG	Open Treatment Of Femoral Supracondylar Or Transcondyla	$ 650.89
27516-SG	Treat Thigh Fx Growth Plate	$ 345.61
27517-SG	Treat Thigh Fx Growth Plate	$ 345.61
27520-SG	Treatment Kneecap Fracture	$ 345.61
27524-SG	Treat Kneecap Fracture	$ 531.37
27530-SG	Treat Knee Fracture	$ 345.61
27532-SG	Treat Knee Fracture	$ 345.61
27538-SG	Treatment Of Knee Fracture	$ 345.61
27550-SG	Repair Knee Dislocation	$ 345.61
27552-SG	Repair Knee Dislocation	$ 345.61
27560-SG	Repair Kneecap Dislocation	$ 345.61
27562-SG	Repair Kneecap Dislocation	$ 345.61
27566-SG	Treat Kneecap Dislocation	$ 463.69
27570-SG	Fixation Of Knee Joint	$ 345.61
27594-SG	Amputation Follow-Up Surgery	$ 531.37
27600-SG	Decompression Of Leg	$ 531.37
27601-SG	Fasciotomy, Leg, For Closed Space Decompression; Poster	$ 531.37
27602-SG	Decompression Of Leg	$ 531.37
27603-SG	I&D,Deep Abscess Or Hematoma,Leg	$ 463.69
27604-SG	I&D,Infected Bursa,Leg Or Ankle	$ 463.69
27605-SG	Incision Of Achilles Tendon	$ 345.61
27606-SG	Tenotomy,Achilles Tendon,	$ 345.61
27607-SG	Incision,Deep,W/Opening Bone Cortex	$ 463.69
27610-SG	Exploration Of Ankle Joint	$ 463.69

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		PHYSICIAN SERVICES FY2020 RATES
Procedure Code	Procedure Description	Medicaid + 38%
27612-SG	Exploration Of Ankle Joint	$ 531.37
27613-SG	Biopsy,Soft Tissues,Superficial,Leg	$ 345.61
27614-SG	Biopsy,Deep,Leg	$ 463.69
27615-SG	Radical Resection Of Tumor (Eg, Malignant Neoplasm), So	$ 531.37
27618-SG	Excision,Benign Tumor,Subcutaneous	$ 463.69
27619-SG	Excision,Benign Tumor,Deep,Leg	$ 531.37
27620-SG	Explore/Treat Ankle Joint	$ 650.89
27625-SG	Exploration Of Ankle Joint	$ 650.89
27626-SG	Exploration Of Ankle Joint	$ 650.89
27630-SG	Removal Of Tendon Lesion	$ 531.37
27635-SG	Removal Of Bone Lesion	$ 531.37
27637-SG	Removal/Graft Of Bone Lesion	$ 531.37
27638-SG	Removal/Graft Of Bone Lesion	$ 531.37
27640-SG	Partial Removal Of Tibia	$ 463.69
27641-SG	Partial Removal Of Fibula	$ 463.69
27647-SG	Removal, Ankle Or Heel Bone	$ 531.37
27650-SG	Repair Achilles Tendon	$ 531.37
27652-SG	Repair/Graft Achilles Tendon	$ 531.37
27654-SG	Repair Achilles Tendon	$ 531.37
27656-SG	Repair,Fascial Defect Of Leg	$ 463.69
27658-SG	Repair Flexor Tendon,Leg,Primary	$ 345.61
27659-SG	Repair Flexor Tendon,Leg,Secondary	$ 463.69
27664-SG	Repair Extensor Tendon,Leg,Primary	$ 463.69
27665-SG	Repair Extensor Tendon,Leg,Secondary	$ 463.69
27675-SG	Repair Dislocating Peroneal Tendons	$ 463.69
27676-SG	Repair Dislocating Peroneal Tendons	$ 531.37
27680-SG	Release Of Leg Tendon	$ 531.37
27681-SG	Release Of Leg Tendons	$ 463.69
27685-SG	Revision Of Leg Tendon	$ 531.37
27686-SG	Revision Of Leg Tendons	$ 531.37
27687-SG	Gastrocnemius Recession	$ 531.37
27690-SG	Revision Of Leg Tendon	$ 650.89
27691-SG	Revision Of Leg Tendon	$ 650.89
27692-SG	Transplant Ea. Additional Tendon	$ 531.37
27695-SG	Repair Of Ankle Ligament	$ 463.69
27696-SG	Repair Of Ankle Ligaments	$ 463.69
27698-SG	Repair Of Ankle Ligament	$ 463.69
27700-SG	Repair Of Ankle	$ 650.89
27704-SG	Removal Of Ankle Implant	$ 463.69
27705-SG	Incision Of Tibia	$ 463.69
27707-SG	Incision Of Fibula	$ 463.69
27709-SG	Incision Of Tibia & Fibula	$ 463.69
27715-SG	Revision Of Lower Leg	$ 650.89
27730-SG	Repair Of Tibia Epiphysis	$ 463.69
27732-SG	Repair Of Fibula Epiphysis	$ 463.69
27734-SG	Repair Lower Leg Epiphyses	$ 463.69
27740-SG	Repair Lower Leg Epiphyses	$ 463.69
27742-SG	Repair Of Leg Epiphyses	$ 463.69
27745-SG	Prophylactic Treatment (Nailing, Pinning, Plating Or Wi	$ 531.37
27750-SG	Treatment Of Tibia Fracture	$ 345.61
27752-SG	Repair Of Tibia Fracture	$ 345.61
27756-SG	Treatment Of Tibia Fracture	$ 531.37
27758-SG	Treatment Of Tibia Fracture	$ 650.89
27759-SG	Treatment Of Tibia Fracture	$ 650.89
27760-SG	Treatment Of Ankle Fracture	$ 345.61
27762-SG	Repair Of Ankle Fracture	$ 345.61
27766-SG	Treatment Of Ankle Fracture	$ 531.37
27767-SG	Cltx Post Ankle Fx	$ 345.61
27768-SG	Cltx Post Ankle Fx W/Mnpj	$ 345.61
27780-SG	Treatment Of Fibula Fracture	$ 345.61
27781-SG	Repair Of Fibula Bracture	$ 345.61
27784-SG	Treatment Of Fibula Fracture	$ 531.37
27786-SG	Treatment Of Ankle Fracture	$ 345.61
27788-SG	Repair Of Ankle Fracture	$ 345.61
27792-SG	Treatment Of Ankle Fracture	$ 531.37
27808-SG	Treatment Of Ankle Fracture	$ 345.61

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
27810-SG	Repair Of Ankle Fracture	$ 345.61
27814-SG	Treatment Of Ankle Fracture	$ 531.37
27816-SG	Treatment Of Ankle Fracture	$ 345.61
27818-SG	Repair Of Ankle Fracture	$ 345.61
27822-SG	Treatment Of Ankle Fracture	$ 531.37
27823-SG	Treatment Of Ankle Fracture	$ 531.37
27824-SG	Closed Treatment Of Fracture Of Weight Bearing Articula	$ 345.61
27825-SG	Closed Treatment Of Fracture Of Weight Bearing Articula	$ 345.61
27826-SG	Open Treatment Of Fracture Of Weight Bearing Articular	$ 531.37
27827-SG	Open Treatment Of Fracture Of Weight Bearing Articular	$ 531.37
27828-SG	Open Treatment Of Fracture Of Weight Bearing Articular	$ 650.89
27829-SG	Open Treatment Of Distal Tibiofibular Joint (Syndesmosi	$ 463.69
27830-SG	Repair Lower Leg Dislocation	$ 345.61
27831-SG	Repair Lower Leg Dislocation	$ 345.61
27832-SG	Treat Lower Leg Dislocation	$ 463.69
27840-SG	Repair Ankle Dislocation	$ 345.61
27842-SG	Repair Ankle Dislocation	$ 345.61
27846-SG	Treat Ankle Dislocation	$ 531.37
27848-SG	Treat Ankle Dislocation	$ 531.37
27860-SG	Fixation Of Ankle	$ 345.61
27870-SG	Fusion Of Ankle	$ 650.89
27871-SG	Arthrodesis,Tibiofibular Joint	$ 650.89
27884-SG	Amputation Follow-Up Surgery	$ 531.37
27889-SG	Ankle Disarticulation	$ 531.37
27892-SG	Decompression Fasciotomy, Leg; Anterior And/Or Lateral	$ 531.37
27893-SG	Decompression Fasciotomy, Leg; Posterior Compartment(S)	$ 531.37
27894-SG	Decompression Fasciotomy, Leg; Anterior And/Or Lateral,	$ 531.37
28001-SG	I&D,Infected Bursa,Foot	$ 345.61
28002-SG	Deep Infection,Dissection,Foot	$ 531.37
28003-SG	Deep Infection,Multiple Areas	$ 531.37
28005-SG	Incision,Deep,W/Opening Bone Cortex	$ 531.37
28008-SG	Fasciotomy,Plantar And/Or Toe	$ 531.37
28010-SG	Incision Of Toe Tendon	$ 345.61
28011-SG	Incision Of Toe Tendons	$ 531.37
28020-SG	Exploration Of Foot Joint	$ 463.69
28022-SG	Exploration Of Foot Joint	$ 463.69
28024-SG	Exploration Of Toe Joint	$ 463.69
28030-SG	Removal Of Foot Nerve	$ 650.89
28035-SG	Tarsal Tunnel Release	$ 650.89
28043-SG	Excision,Benign Tumor,Subcutaneous	$ 463.69
28045-SG	Excision,Benign Tumor,Deep,Foot	$ 531.37
28046-SG	Radical Resection Of Tumor (Eg, Malignant Neoplasm), So	$ 531.37
28050-SG	Biopsy Of A Foot Joint	$ 463.69
28052-SG	Biopsy Of A Foot Joint	$ 463.69
28054-SG	Biopsy Of A Toe Joint	$ 463.69
28055-SG	Neurectomy, Foot	$ 650.89
28060-SG	Partial Removal, Foot Fascia	$ 463.69
28062-SG	Removal Of Foot Fascia	$ 531.37
28070-SG	Exploration Of A Foot Joint	$ 531.37
28072-SG	Exploration Of A Foot Joint	$ 531.37
28080-SG	Removal Of Foot Lesion	$ 531.37
28086-SG	Synovectomy,Tendon Sheath;Flexor	$ 463.69
28088-SG	Synovectomy,Tendon Sheath,Extensor	$ 463.69
28090-SG	Removal Of Foot Lesion	$ 531.37
28092-SG	Removal Of Toe Lesions	$ 531.37
28100-SG	Removal Of Heel Lesion	$ 463.69
28102-SG	Removal/Graft Heel Lesion	$ 531.37
28103-SG	Removal/Graft Heel Lesion	$ 531.37
28104-SG	Removal Of Foot Lesion	$ 463.69
28106-SG	Removal/Graft Foot Lesion	$ 531.37
28107-SG	Removal/Graft Foot Lesion	$ 531.37
28108-SG	Removal Of Toe Lesions	$ 463.69
28110-SG	Partial Removal Metatarsal	$ 531.37
28111-SG	Partial Removal Metatarsal	$ 531.37
28112-SG	Partial Removal Metatarsals	$ 531.37
28113-SG	Partial Removal Metatarsal	$ 531.37

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
28114-SG	Removal Of Metatarsal Heads	$ 531.37
28116-SG	Revision Of Foot	$ 531.37
28118-SG	Partial Removal Of Heel	$ 650.89
28119-SG	Removal Of Heel Spur	$ 650.89
28120-SG	Partial Removal Of Heel Bone	$ 650.89
28122-SG	Partial Removal Bone Of Foot	$ 531.37
28124-SG	Partial Removal Of Toe	$ 345.61
28126-SG	Partial Removal Of Toe	$ 531.37
28130-SG	Removal Of Bone Of Ankle	$ 531.37
28140-SG	Removal Of Metatarsal	$ 531.37
28150-SG	Removal Of Toe	$ 531.37
28153-SG	Partial Removal Of Toe	$ 531.37
28160-SG	Partial Removal Of Toe	$ 531.37
28171-SG	Resection-Tarsal	$ 531.37
28173-SG	Resection-Metatarsal	$ 531.37
28175-SG	Resection-Phalanx	$ 531.37
28190-SG	Remove Foreign Body,Subcutaneous	$ 345.61
28192-SG	Remove Foreign Body;Deep,Foot	$ 463.69
28193-SG	Remove Foreign Body;Complicated,Foot	$ 463.69
28200-SG	Repair Of Foot Tendon	$ 531.37
28202-SG	Repair/Graft Of Foot Tendon	$ 531.37
28208-SG	Repair Of Foot Tendon	$ 531.37
28210-SG	Repair/Graft Of Foot Tendon	$ 531.37
28220-SG	Release Of Foot Tendon	$ 345.61
28222-SG	Release Of Foot Tendons	$ 345.61
28225-SG	Release Of Foot Tendon	$ 345.61
28226-SG	Release Of Foot Tendons	$ 345.61
28230-SG	Incision Of Foot Tendon(S)	$ 345.61
28232-SG	Incision Of Toe Tendon	$ 345.61
28234-SG	Incision Of Foot Tendon	$ 463.69
28238-SG	Revision Of Foot Tendon	$ 531.37
28240-SG	Release Of Big Toe	$ 463.69
28250-SG	Revision Of Foot Fascia	$ 531.37
28260-SG	Release Of Midfoot Joint	$ 531.37
28261-SG	Capsulotomy,W/Tendon Lengthening	$ 531.37
28262-SG	Revision Of Foot And Ankle	$ 650.89
28264-SG	Revision Of Midfoot Joint	$ 345.61
28270-SG	Revision Of Foot Contracture	$ 531.37
28272-SG	Revision Of Toe Joints	$ 345.61
28280-SG	Fusion Of Toes	$ 463.69
28285-SG	Revision Of Hammer Toe	$ 531.37
28286-SG	Revision Of Hammer Toe	$ 650.89
28288-SG	Ostectomy,Partial	$ 531.37
28289-SG	Repair Hallux Rigidus	$ 531.37
28290-SG	Removal Of Bunion	$ 463.69
28292-SG	Removal Of Big Toe Joint	$ 463.69
28293-SG	Removal Of Big Toe Joint	$ 531.37
28294-SG	Revision Of Bunion	$ 531.37
28296-SG	Incision Of Metatarsal	$ 531.37
28297-SG	Hallux Valgus (Bunion) Correction, With Or Without Sesa	$ 531.37
28298-SG	Incision Of Toe	$ 531.37
28299-SG	Hallux Valgus Correction	$ 650.89
28300-SG	Fixation Of Heel	$ 463.69
28302-SG	Incision Of Ankle Bone	$ 463.69
28304-SG	Incision Of Midfoot Bones	$ 463.69
28305-SG	Incision/Graft Midfoot Bones	$ 531.37
28306-SG	Incision Of Metatarsals	$ 650.89
28307-SG	Osteotomy, Metatarsal, Base Or Shaft, Single, With Or W	$ 650.89
28308-SG	Incision Of Metatarsals	$ 463.69
28309-SG	Incision Of Metatarsals	$ 650.89
28310-SG	Incision Of Big Toe	$ 531.37
28312-SG	Incision Of Big Toes	$ 531.37
28313-SG	Reconstruction, Angular Deformity Of Toe (Overlapping S	$ 463.69
28315-SG	Sesamoidectomy-First-Toe	$ 650.89
28320-SG	Repair Of Foot Bones	$ 650.89
28322-SG	Repair Of Metatarsals	$ 650.89

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
28340-SG	Reconstruction, Toe, Macrodactyly Soft Tissue Resection	$ 650.89
28341-SG	Reconstruction, Toe, Macrodactyly Requiring Bone Resect	$ 650.89
28344-SG	Reconstruction, Toe(S) Polydactyly	$ 650.89
28345-SG	Reconstruction, Toe(S) Syndactyly, With Or Without Skin	$ 650.89
28400-SG	Treatment Of Heel Fracture	$ 345.61
28405-SG	Repair Of Heel Fracture	$ 345.61
28406-SG	Treatment Calcaneal Fracture	$ 463.69
28415-SG	Treat Heel Fracture	$ 531.37
28420-SG	Treat/Graft Heel Fracture	$ 650.89
28430-SG	Treatment Of Ankle Fracture	$ 345.61
28435-SG	Repair Of Ankle Fracture	$ 345.61
28436-SG	Treatment Of Closed Talus Fracture; With Manipulation A	$ 463.69
28445-SG	Treat Ankle Fracture	$ 531.37
28450-SG	Treatment Midfoot Fracture	$ 345.61
28455-SG	Repair Midfoot Fracture	$ 345.61
28456-SG	Treat Midfoot Fracture	$ 463.69
28465-SG	Treat Midfoot Fracture, Each	$ 531.37
28470-SG	Treat Metatarsal Fractures	$ 345.61
28475-SG	Repair Metatarsal Fractures	$ 345.61
28476-SG	Treat Metatarsal Fracture	$ 463.69
28485-SG	Treat Metatarsal Fracture	$ 650.89
28490-SG	Treat Big Toe Fracture	$ 345.61
28495-SG	Repair Big Toe Fracture	$ 345.61
28496-SG	Treat Big Toe Fracture	$ 463.69
28505-SG	Treat Big Toe Fracture	$ 531.37
28510-SG	Treatment Of Toe Fracture	$ 345.61
28515-SG	Repair Of Toe Fracture	$ 345.61
28525-SG	Treat Toe Fracture	$ 531.37
28530-SG	Treatment Of Closed Sesamoid Fracture	$ 345.61
28531-SG	Open Treatment Of Sesamoid Fracture, With Or Without In	$ 531.37
28540-SG	Repair Foot Dislocation	$ 345.61
28545-SG	Repair Foot Dislocation	$ 345.61
28546-SG	Treatment Tarsal Bone Dislocation	$ 463.69
28555-SG	Repair Of Foot Dislocation	$ 463.69
28570-SG	Repair Foot Dislocation	$ 345.61
28575-SG	Repair Foot Dislocation	$ 345.61
28576-SG	Percutaneous Skeletal Fixation Of Talotarsal Joint Disl	$ 531.37
28585-SG	Repair Of Foot Dislocation	$ 531.37
28600-SG	Repair Foot Dislocation	$ 345.61
28605-SG	Repair Foot Dislocation	$ 345.61
28606-SG	Treatment Tarsometatarsal Disloc.	$ 463.69
28615-SG	Repair Foot Dislocation	$ 531.37
28630-SG	Repair Of Toe Dislocation	$ 345.61
28635-SG	Repair Of Toe Dislocation	$ 345.61
28636-SG	Percutaneous Skeletal Fixation Of Metatarsophalangeal J	$ 531.37
28645-SG	Repair Of Toe Dislocation	$ 531.37
28660-SG	Repair Of Toe Dislocation	$ 345.61
28665-SG	Repair Of Toe Dislocation	$ 345.61
28666-SG	Percutaneous Skeletal Fixation Of Interphalangeal Joint	$ 531.37
28675-SG	Repair Of Toe Dislocation	$ 531.37
28705-SG	Fusion Of Foot Bones	$ 650.89
28715-SG	Fusion Of Foot Bones	$ 650.89
28725-SG	Fusion Of Foot Bones	$ 650.89
28730-SG	Fusion Of Foot Bones	$ 650.89
28735-SG	Fusion Of Foot Bones	$ 650.89
28737-SG	Revision Of Foot Bones	$ 650.89
28740-SG	Fusion Of Foot Bones	$ 650.89
28750-SG	Fusion Of Big Toe Joint	$ 650.89
28755-SG	Fusion Of Big Toe Joint	$ 650.89
28760-SG	Fusion Of Big Toe Joint	$ 650.89
28810-SG	Amputation Toe & Metatarsal	$ 463.69
28820-SG	Amputation Of Toe	$ 463.69
28825-SG	Partial Amputation Of Toe	$ 463.69
29800-SG	Arthroscopy, Temporomandibular Joint, Diagnostic, With	$ 531.37
29804-SG	Arthroscopy, Temporomandibular Joint, Surgical	$ 531.37
29805-SG	Shoulder Arthroscopy, Dx	$ 531.37

.

Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
29806-SG	Shoulder Arthroscopy/Surgery	$ 531.37
29807-SG	Shoulder Arthroscopy/Surgery	$ 531.37
29819-SG	Arthroscopy, Shoulder, Surgical; With Removal Of Loose	$ 531.37
29820-SG	Arthroscopy, Shoulder, Surgical; Synovectomy, Partial	$ 531.37
29821-SG	Arthroscopy, Shoulder, Surgical; Synovectomy, Complete	$ 531.37
29822-SG	Arthroscopy, Shoulder, Surgical; Debridement, Limited	$ 531.37
29823-SG	Arthroscopy, Shoulder, Surgical; Debridement, Extensive	$ 531.37
29824-SG	Shoulder Arthroscopy/Surgery	$ 650.89
29825-SG	Arthroscopy, Shoulder, Surgical; With Lysis And Resecti	$ 531.37
29826-SG	Arthroscopy, Shoulder, Surgical Decompression Of Subacr	$ 531.37
29827-SG	Arthroscop Rotator Cuff Repr	$ 650.89
29830-SG	Arthroscopy, Elbow, Diagnostic, With Or Without Synovia	$ 531.37
29834-SG	Arthroscopy, Elbow, Surgical; With Removal Of Loose Bod	$ 531.37
29835-SG	Arthroscopy, Elbow, Surgical; Synovectomy, Partial	$ 531.37
29836-SG	Arthroscopy, Elbow, Surgical; Synovectomy, Complete	$ 531.37
29837-SG	Arthroscopy, Elbow, Surgical; Debridement, Limited	$ 531.37
29838-SG	Arthroscopy, Elbow, Surgical; Debridement, Extensive	$ 531.37
29840-SG	Arthroscopy, Wrist, Diagnostic, With Or Without Synovia	$ 531.37
29843-SG	Arthroscopy, Wrist, Surgical For Infection, Lavage And	$ 531.37
29844-SG	Arthroscopy, Wrist, Surgical Synovectomy, Partial	$ 531.37
29845-SG	Arthroscopy, Wrist, Surgical Synovectomy, Complete	$ 531.37
29846-SG	Arthroscopy, Wrist, Surgical Excision Of Triangular Fib	$ 531.37
29847-SG	Arthroscopy, Wrist, Surgical Internal Fixation For Frac	$ 531.37
29850-SG	Arthroscopically Aided Treatment Of Intercondylar Spine	$ 650.89
29851-SG	Arthroscopically Aided Treatment Of Intercondylar Spine	$ 650.89
29855-SG	Arthroscopically Aided Treatment Of Tibial Fracture, Pr	$ 650.89
29856-SG	Arthroscopically Aided Treatment Of Tibial Fracture, Pr	$ 650.89
29860-SG	Hip Arthroscopy, Dx	$ 650.89
29861-SG	Hip Arthroscopy/Surgery	$ 650.89
29863-SG	Hip Arthroscopy/Surgery	$ 650.89
29870-SG	Knee Arthroscopy, Dx	$ 531.37
29871-SG	Arthroscopy, Knee, Surgical; For Infection, Lavage And	$ 531.37
29873-SG	Knee Arthroscopy/Surgery	$ 531.37
29874-SG	Arthroscopy, Knee, Surgical; For Removal Of Loose Body	$ 531.37
29875-SG	Arthroscopy, Knee, Surgical; Synovectomy, Limited (Eg,	$ 650.89
29876-SG	Arthroscopy, Knee, Surgical; Synovectomy, Major, Two Or	$ 650.89
29877-SG	Arthroscopy, Knee, Surgical; Debridement/Shaving Of Art	$ 650.89
29879-SG	Arthroscopy, Knee, Surgical; Abrasion Arthroplasty (Inc	$ 531.37
29880-SG	Arthroscopy, Knee, Surgical With Meniscectomy (Medial A	$ 650.89
29881-SG	Arthroscopy, Knee, Surgical; With Meniscectomy (Medial	$ 650.89
29882-SG	Arthroscopy, Knee, Surgical; With Meniscus Repair (Medi	$ 531.37
29883-SG	Arthroscopy, Knee, Surgical With Meniscus Repair (Media	$ 531.37
29884-SG	Arthroscopy, Knee, Surgical; With Lysis Of Adhesions Wi	$ 531.37
29885-SG	Arthroscopy, Knee, Surgical Drilling For Osteochondriti	$ 531.37
29886-SG	Arthroscopy, Knee, Surgical; Drilling For Intact Osteoc	$ 531.37
29887-SG	Arthroscopy, Knee, Surgical; Drilling For Intact Osteoc	$ 531.37
29888-SG	Arthroscopically Aided Anterior Cruciate Ligament Repai	$ 531.37
29889-SG	Arthroscopically Aided Posterior Cruciate Ligament Repa	$ 531.37
29891-SG	Ankle Arthroscopy/Surgery	$ 531.37
29892-SG	Ankle Arthroscopy/Surgery	$ 531.37
29894-SG	Arthroscopy, Ankle, Surgical; With Removal Of Loose Bod	$ 531.37
29895-SG	Arthroscopy, Ankle, Surgical; Synovectomy, Partial	$ 531.37
29897-SG	Arthroscopy, Ankle, Surgical; Debridement, Limited	$ 531.37
29898-SG	Arthroscopy, Ankle, Surgical; Debridement, Extensive	$ 531.37
29899-SG	Ankle Arthroscopy/Surgery	$ 531.37
29900-SG	Mcp Joint Arthroscopy, Dx	$ 531.37
29901-SG	Mcp Joint Arthroscopy, Surg	$ 531.37
29902-SG	Mcp Joint Arthroscopy, Surg	$ 531.37
30000-SG	Drainage Of Nose Lesion	$ 345.61
30020-SG	Drainage Of Nose Lesion	$ 345.61
30100-SG	Biopsy Of Nose	$ 345.61
30110-SG	Removal Of Nose Polyp(S)	$ 345.61
30115-SG	Removal Of Nose Polyp(S)	$ 463.69
30117-SG	Removal Of Nose Lesion	$ 531.37
30118-SG	Removal Of Nose Lesion	$ 531.37
30120-SG	Revision Of Nose	$ 345.61

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
30124-SG	Removal Of Nose Lesion	$ 345.61
30125-SG	Removal Of Nose Lesion	$ 463.69
30130-SG	Removal Of Turbinate Bones	$ 531.37
30140-SG	Removal Of Turbinate Bones	$ 463.69
30150-SG	Partial Removal Of Nose	$ 531.37
30160-SG	Removal Of Nose	$ 650.89
30200-SG	Injection Treatment Of Nose	$ 345.61
30210-SG	Displacement Therapy,Nose	$ 345.61
30220-SG	Insertion Nasal Septal Prosthesis	$ 463.69
30300-SG	Remove Foreign Body,Nose	$ 345.61
30310-SG	Remove Foreign Body,Nose	$ 345.61
30320-SG	Remove Foreign Body,Nose	$ 463.69
30400-SG	Reconstruction Of Nose	$ 650.89
30410-SG	Reconstruction Of Nose	$ 650.89
30420-SG	Reconstruction Of Nose	$ 650.89
30430-SG	Revision Of Nose	$ 531.37
30435-SG	Rhinoplasty, Sec Intermed Revision	$ 650.89
30450-SG	Revision Of Nose	$ 650.89
30460-SG	Rhinoplasty For Nasal Deformity Secondary To Congenital	$ 650.89
30520-SG	Repair Of Nasal Septum	$ 650.89
30540-SG	Repair Nasal Lesion	$ 650.89
30545-SG	Repair Nasal Lesion	$ 650.89
30560-SG	Release Of Nasal Adhesions	$ 345.61
30580-SG	Repair Upper Jaw Fistula	$ 650.89
30600-SG	Repair Mouth/Nose Fistula	$ 650.89
30620-SG	Reconstruction Inner Nose	$ 650.89
30630-SG	Repair Nasal Septum Defect	$ 650.89
30801-SG	Cauterization, Inner Nose	$ 345.61
30802-SG	Cauterization, Inner Nose	$ 345.61
30901-SG	Control Nasal Hemorr Ant Simp Uni	$ 345.61
30903-SG	Control Nasal Hemorr Ant Comp Uni	$ 345.61
30905-SG	Control Of Nosebleed	$ 345.61
30906-SG	Control Of Nosebleed	$ 345.61
30915-SG	Ligation, Nasal Sinus Artery	$ 463.69
30920-SG	Ligation, Upper Jaw Artery	$ 531.37
30930-SG	Therapy, Fracture Of Nose	$ 650.89
31000-SG	Irrigation, Maxillary Sinus	$ 345.61
31002-SG	Irrigation, Sphenoid Sinus	$ 345.61
31020-SG	Exploration, Maxillary Sinus	$ 463.69
31030-SG	Exploration, Maxillary Sinus	$ 531.37
31032-SG	Explore Sinus, Remove Polyps	$ 650.89
31040-SG	Exploration Behind Upper Jaw	$ 650.89
31050-SG	Exploration, Sphenoid Sinus	$ 463.69
31051-SG	Sinusotomy, Sphenoid, With Or Without Biopsy With Mucos	$ 650.89
31070-SG	Exploration Of Sinus	$ 463.69
31075-SG	Sinusotomy Frontal Transorbital	$ 650.89
31080-SG	Removal Of Sinus	$ 650.89
31081-SG	Sinusotomy,Frontal;Obliterative	$ 650.89
31084-SG	Removal Of Sinus	$ 650.89
31085-SG	Removal Of Sinus	$ 650.89
31086-SG	Nonob, With Osteo Flap, Brow Inc.	$ 650.89
31087-SG	Nonob, With Osteo Flap, Coronal Inc.	$ 650.89
31090-SG	Exploration Of Sinuses	$ 650.89
31200-SG	Removal Of Sinus	$ 463.69
31201-SG	Removal Of Sinus	$ 650.89
31205-SG	Removal Of Sinus	$ 531.37
31231-SG	Nasal Endoscopy, Diagnostic, Unilateral Or Bilateral (S	$ 345.61
31233-SG	Nasal/Sinus Endoscopy, Diagnostic With Maxillary Sinuso	$ 345.61
31235-SG	Nasal/Sinus Endoscopy, Diagnostic With Sphenoid Sinusos	$ 345.61
31237-SG	Nasal/Sinus Endoscopy, Surgical; With Biopsy, Polypecto	$ 463.69
31238-SG	Nasal/Sinus Endoscopy, Surgical; With Control Of Epista	$ 345.61
31239-SG	Nasal/Sinus Endoscopy, Surgical; With Dacryocystorhinos	$ 650.89
31240-SG	Nasal/Sinus Endoscopy, Surgical; With Concha Bullosa Re	$ 463.69
31254-SG	Nasal Endoscopy, Surgical With Ethmoidectomy, Partial	$ 531.37
31255-SG	Nasal Endoscopy, Surgical With Ethmoidectomy, Anterior	$ 650.89
31256-SG	Nasal Endoscopy, Surgical With Maxillary Antrostomy	$ 531.37

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
31267-SG	Maxillary Sinus Endoscopy, Surgical With Removal Of Muc	$ 531.37
31276-SG	Sinus Endoscopy, Surgical	$ 531.37
31287-SG	Nasal/Sinus Endoscopy, Surgical, With Sphenoidotomy;	$ 531.37
31288-SG	Nasal/Sinus Endoscopy, Surgical, With Sphenoidotomy; Wi	$ 531.37
31300-SG	Removal Of Larynx Lesion	$ 650.89
31320-SG	Diagnostic Incision, Larynx	$ 463.69
31400-SG	Revision Of Larynx	$ 463.69
31420-SG	Removal Of Epiglottis	$ 463.69
31500-SG	Insertion Of Windpipe Airway	$ 345.61
31502-SG	Tracheotomy Tube Change Prior To Establishment Of Fistu	$ 345.61
31505-SG	Visualization Of Larynx	$ 345.61
31510-SG	Biopsy/Removal Larynx Lesion	$ 463.69
31511-SG	Laryngoscopy,W/Removal Foreign Body	$ 345.61
31512-SG	Laryngoscopy,W/Removal Lesion	$ 463.69
31513-SG	Laryngoscopy W/Vocal Cord Injection	$ 345.61
31515-SG	Visualization Of Larynx	$ 345.61
31520-SG	Dx Laryngoscopy, Newborn	$ 345.61
31525-SG	Dx Laryngoscopy Excl Nb	$ 345.61
31526-SG	Visualization Of Larynx	$ 463.69
31527-SG	Laryngoscopy W/Insert Of Obturator	$ 345.61
31528-SG	Laryngoscopy W/Dilation Initial	$ 463.69
31529-SG	Laryngoscopy W/Dilation Subsequent	$ 463.69
31530-SG	Laryngoscopy W/Fb Removal	$ 463.69
31531-SG	Removal Foreign Body, Larynx	$ 531.37
31535-SG	Laryngoscopy W/Biopsy	$ 463.69
31536-SG	Biopsy Of Larynx	$ 531.37
31540-SG	Laryngoscopy W/Exc Of Tumor	$ 531.37
31541-SG	Removal Of Larynx Lesion	$ 650.89
31545-SG	Remove Vc Lesion W/Scope	$ 650.89
31546-SG	Remove Vc Lesion Scope/Graft	$ 650.89
31560-SG	Laryngoscop W/Arytenoidectom	$ 650.89
31561-SG	Removal Of Larynx Lesion	$ 650.89
31570-SG	Laryngoscope W/Vc Inj	$ 463.69
31571-SG	Injection Therapy Of Larynx	$ 463.69
31575-SG	Laryngoscopy Flex Fiber Diagnostic	$ 345.61
31576-SG	Laryngoscopy Flex Diagnostic W/Biop	$ 463.69
31577-SG	Laryngoscopy W/Removal Of Foreign Bo	$ 345.61
31578-SG	Laryngoscopy W/Removal Of Lesion	$ 463.69
31579-SG	Laryngoscopy, Flexible Fiberoptic With Stroboscopy	$ 345.61
31580-SG	Revision Of Larynx	$ 650.89
31582-SG	Revision Of Larynx	$ 650.89
31584-SG	Treat Larynx Fracture	$ 650.89
31588-SG	Laryngoplasty, Not Otherwise Specified (Eg, For Burns,	$ 650.89
31590-SG	Laryngeal Nerve Graft	$ 650.89
31595-SG	Section Recurrent Laryngeal Nerve	$ 463.69
31600-SG	Incision Of Windpipe	$ 463.69
31603-SG	Tracheostomy Emerg Proc Transtrachea	$ 345.61
31605-SG	Cricothyroidostomy	$ 345.61
31611-SG	Construction Of Tracheoesophageal Fistula And Subsequen	$ 531.37
31612-SG	Tracheal Puncture	$ 345.61
31613-SG	Tracheostoma Revision Simp W/O Flap	$ 463.69
31614-SG	Tracheostoma Revision Comp W/Flap	$ 463.69
31615-SG	Visualization Of Windpipe	$ 345.61
31622-SG	Bronchoscopy; Diagnostic, (Flexible Or Rigid), With Or	$ 345.61
31623-SG	Dx Bronchoscope/Brush	$ 463.69
31624-SG	Dx Bronchoscope/Lavage	$ 463.69
31625-SG	Bronchoscopy W/Biopsy(S)	$ 463.69
31628-SG	Bronchoscopy/Lung Bx, Each	$ 463.69
31629-SG	Bronchoscopy/Needle Bx, Each	$ 463.69
31630-SG	Bronchoscopy Dilate/Fx Repr	$ 463.69
31631-SG	Bronchoscopy, Dilate W/Stent	$ 463.69
31632-SG	Bronchoscopy/Lung Bx, Add L	$ 463.69
31633-SG	Bronchoscopy/Needle Bx Add L	$ 463.69
31635-SG	Bronchoscopy W/Fb Removal	$ 463.69
31636-SG	Bronchoscopy, Bronch Stents	$ 463.69
31637-SG	Bronchoscopy, Stent Add-On	$ 345.61

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
31638-SG	Bronchoscopy, Revise Stent	$ 463.69
31640-SG	Bronchoscopy W/Tumor Excise	$ 463.69
31641-SG	Bronchoscopy; With Destruction Of Tumor Or Relief Of St	$ 463.69
31643-SG	Diag Bronchoscope/Catheter	$ 463.69
31645-SG	Clearance Windpipe/Bronchi	$ 345.61
31646-SG	Bronchoscopy, Reclear Airway	$ 345.61
31717-SG	Cath. W/Bronchial Brush Biopsy	$ 345.61
31720-SG	Catheter Aspiration	$ 345.61
31725-SG	Catheter Aspiration	$ 345.61
31730-SG	Intro, Windpipe Wire/Tube	$ 345.61
31750-SG	Repair Of Windpipe	$ 650.89
31755-SG	Repair Of Windpipe	$ 463.69
31785-SG	Excision Tracheal Tumor;Cervical	$ 650.89
31800-SG	Repair Of Windpipe Injury	$ 463.69
31820-SG	Closure Of Windpipe Lesion	$ 345.61
31825-SG	Repair Of Windpipe Defect	$ 463.69
31830-SG	Revision Tracheostomy Scar	$ 463.69
32400-SG	Biopsy Of Lung Lining	$ 345.61
32405-SG	Biopsy Of Lung	$ 345.61
32960-SG	Injection Treatment Of Lung	$ 345.61
33010-SG	Drainage Of Heart Sac	$ 345.61
33011-SG	Drainage Of Heart Sac	$ 345.61
33215-SG	Reposition Pacing-Defib Lead	$ 650.89
33218-SG	Repair Lead Pace-Defib, One	$ 650.89
33220-SG	Repair Lead Pace-Defib, Dual	$ 650.89
33222-SG	Revise Pocket, Pacemaker	$ 463.69
33223-SG	Revision Or Relocation Of Skin Pocket For Implantable	$ 463.69
33226-SG	Reposition L Ventric Lead	$ 463.69
33233-SG	Removal Of Permanent Pacemaker; Pulse Generator Only	$ 463.69
33234-SG	Removal Of Permanent Pacemaker; And Transvenous Electro	$ 463.69
33235-SG	Removal Of Permanent Pacemaker; And Transvenous Electro	$ 463.69
33241-SG	Remove Pulse Generator	$ 463.69
33284-SG	Remove Pat-Active Ht Record	$ 345.61
34101-SG	Removal Of Blood Clot,Artery	$ 531.37
35188-SG	Repair, Acquired Or Traumatic Arteriovenous Fistula; He	$ 650.89
35207-SG	Repair Blood Vessels Or A-V Fistula, Direct; Hand, Fing	$ 650.89
36002-SG	Pseudoaneurysm Injection Trt	$ 345.61
36260-SG	Insertion Of Implantable Infusion Pump (Eg, For Chemoth	$ 531.37
36261-SG	Revision Of Implanted Infusion Pump	$ 463.69
36262-SG	Removal Of Implanted Infusion Pump	$ 345.61
36400-SG	Bl Draw < 3 Yrs Fem/Jugular	$ 345.61
36405-SG	Bl Draw < 3 Yrs Scalp Vein	$ 345.61
36406-SG	Bl Draw < 3 Yrs Other Vein	$ 345.61
36410-SG	Non-Routine Bl Draw > 3 Yrs	$ 345.61
36420-SG	Vein Access Cutdown < 1 Yr	$ 345.61
36425-SG	Vein Access Cutdown > 1 Yr	$ 345.61
36430-SG	Blood Transfusion Service	$ 345.61
36440-SG	Bl Push Transfuse, 2 Yr Or <	$ 345.61
36450-SG	Bl Exchange/Transfuse, Nb	$ 345.61
36468-SG	Injection(S), Spider Veins	$ 345.61
36470-SG	Injection Therapy Of Vein	$ 345.61
36471-SG	Injection Therapy Of Veins	$ 345.61
36511-SG	Apheresis Wbc	$ 463.69
36512-SG	Apheresis Rbc	$ 463.69
36513-SG	Apheresis Platelets	$ 463.69
36514-SG	Apheresis Plasma	$ 463.69
36555-SG	Insert Non-Tunnel Cv Cath	$ 345.61
36556-SG	Insert Non-Tunnel Cv Cath	$ 345.61
36557-SG	Insert Tunneled Cv Cath	$ 463.69
36558-SG	Insert Tunneled Cv Cath	$ 463.69
36560-SG	Insert Tunneled Cv Cath	$ 531.37
36561-SG	Insert Tunneled Cv Cath	$ 531.37
36563-SG	Insert Tunneled Cv Cath	$ 531.37
36565-SG	Insert Tunneled Cv Cath	$ 531.37
36566-SG	Insert Tunneled Cv Cath	$ 531.37
36568-SG	Insert Picc Cath	$ 345.61

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
36569-SG	Insert Picc Cath	$ 345.61
36570-SG	Insert Picvad Cath	$ 531.37
36571-SG	Insert Picvad Cath	$ 531.37
36572-SG	Insertion of central venous access device	$ 345.61
36573-SG	Insertion of central venous access device	$ 345.61
36575-SG	Repair Tunneled Cv Cath	$ 463.69
36576-SG	Repair Tunneled Cv Cath	$ 463.69
36578-SG	Replace Tunneled Cv Cath	$ 463.69
36580-SG	Replace Cvad Cath	$ 345.61
36581-SG	Replace Tunneled Cv Cath	$ 463.69
36582-SG	Replace Tunneled Cv Cath	$ 531.37
36583-SG	Replace Tunneled Cv Cath	$ 531.37
36584-SG	Replace Picc Cath	$ 345.61
36585-SG	Replace Picvad Cath	$ 531.37
36589-SG	Removal Tunneled Cv Cath	$ 345.61
36590-SG	Removal Tunneled Cv Cath	$ 345.61
36591-SG	Blood Draw & Chemo Admin	$ 345.61
36592-SG	Collect Blood From Picc	$ 345.61
36593-SG	Declot Vascular Device	$ 345.61
36595-SG	Mech Remov Tunneled Cv Cath	$ 650.89
36596-SG	Mech Remov Tunneled Cv Cath	$ 463.69
36597-SG	Reposition Venous Catheter	$ 463.69
36598-SG	Inj W/Fluor, Eval Cv Device	$ 345.61
36640-SG	Insertion Catheter, Artery	$ 345.61
36680-SG	Placement Of Needle For Intraosseous Infusion	$ 345.61
36800-SG	Redirection Of Blood Flow	$ 531.37
36810-SG	Redirection Of Blood Flow	$ 531.37
36815-SG	Redirection Of Blood Flow	$ 531.37
36818-SG	Av Fuse, Uppr Arm, Cephalic	$ 531.37
36819-SG	Av Fuse, Uppr Arm, Basilic	$ 531.37
36820-SG	Av Fusion/Forearm Vein	$ 531.37
36821-SG	Arteriovenous Anastomosis,Direct	$ 531.37
36825-SG	Artery-Vein Autograft	$ 650.89
36830-SG	Arteriovenous Fistula	$ 650.89
36832-SG	Revision Of An Arteriovenous Fistula, With Or Without T	$ 650.89
36833-SG	Av Fistula Revision	$ 650.89
36835-SG	Thomas Shunt	$ 650.89
36860-SG	Cannula Declotting;W/O Balloon Cath	$ 345.61
36861-SG	Cannula Declotting;W/Balloon Cath	$ 531.37
37500-SG	Endoscopy Ligate Perf Veins	$ 531.37
37607-SG	Ligation Of A-V Fistula	$ 531.37
37609-SG	Ligation Or Biopsy;Temporal Artery	$ 463.69
37650-SG	Revision Of Major Vein	$ 463.69
37700-SG	Revise Leg Vein	$ 463.69
37718-SG	Ligate/Strip Short Leg Vein	$ 531.37
37722-SG	Ligate/Strip Long Leg Vein	$ 531.37
37735-SG	Removal Of Leg Veins/Lesion	$ 531.37
37760-SG	Revision Of Leg Veins	$ 531.37
37780-SG	Revision Of Leg Vein	$ 531.37
37785-SG	Revision Of Leg Vein	$ 531.37
37790-SG	Penile Venous Occlusive Procedure	$ 531.37
38205-SG	Harvest Allogenic Stem Cells	$ 463.69
38206-SG	Harvest Auto Stem Cells	$ 463.69
38220-SG	Bone Marrow Aspiration	$ 345.61
38221-SG	Bone Marrow Biopsy	$ 345.61
38242-SG	Lymphocyte Infuse Transplant	$ 463.69
38300-SG	Drainage, Lymph Node Lesion	$ 345.61
38305-SG	Drainage, Lymph Node Lesion	$ 463.69
38308-SG	Incision Of Lymph Channels	$ 463.69
38500-SG	Biopsy/Removal, Lymph Nodes	$ 463.69
38505-SG	Needle Biopsy, Lymph Nodes	$ 345.61
38510-SG	Biopsy/Removal, Lymph Nodes	$ 463.69
38520-SG	Biopsy/Removal, Lymph Nodes	$ 463.69
38525-SG	Biopsy/Removal, Lymph Nodes	$ 463.69
38530-SG	Biopsy/Removal, Lymph Nodes	$ 463.69
38542-SG	Dissection Deep Jugular Node	$ 463.69

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
38550-SG	Removal, Neck/Armpit Lesion	$ 531.37
38555-SG	Removal, Neck/Armpit Lesion	$ 650.89
38589-SG	Laparoscope Proc, Lymphatic	$ 650.89
38700-SG	Removal Of Lymph Nodes, Neck	$ 463.69
38740-SG	Removal Lymph Nodes, Armpit	$ 463.69
38745-SG	Remove Armpit Lymph Nodes	$ 650.89
38760-SG	Removal Lymph Nodes, Groin	$ 463.69
40490-SG	Biopsy Lip	$ 345.61
40500-SG	Partial Excision Of Lip	$ 463.69
40510-SG	Partial Excision Of Lip	$ 463.69
40520-SG	Partial Excision Of Lip	$ 463.69
40525-SG	Excision Lip; Full Thickness, Reconstruction With Loca	$ 463.69
40527-SG	Excision Lip; Full Thickness, Reconstruction With Cros	$ 463.69
40530-SG	Partial Removal Of Lip	$ 463.69
40650-SG	Repair Lip	$ 531.37
40652-SG	Repair Lip	$ 531.37
40654-SG	Repair Lip	$ 531.37
40700-SG	Repair Cleft Lip	$ 650.89
40701-SG	Repair Cleft Lip	$ 650.89
40702-SG	Repair Cleft Lip	$ 650.89
40720-SG	Repair Cleft Lip	$ 650.89
40761-SG	Lip Repair W/Cross Lip Pedicle Flap	$ 531.37
40800-SG	Drainage Mouth Lesion	$ 345.61
40801-SG	Drainage Mouth Lesion	$ 463.69
40804-SG	Removal, Foreign Body, Mouth	$ 345.61
40805-SG	Removal, Foreign Body, Mouth	$ 345.61
40806-SG	Incision Lip Fold	$ 345.61
40808-SG	Biopsy Mouth Lesion	$ 345.61
40810-SG	Excision Mouth Lesion	$ 345.61
40812-SG	Excision Mouth Lesion	$ 345.61
40814-SG	Excision Mouth Lesion	$ 463.69
40816-SG	Excision Of Lesion Of Mouth Muscle	$ 463.69
40818-SG	Excision Oral Mucosa, Graft	$ 345.61
40819-SG	Excision Of Frenum,Labial Or Buccal	$ 345.61
40820-SG	Treatment Mouth Lesion	$ 345.61
40830-SG	Repair Mouth Laceration	$ 345.61
40831-SG	Repair Mouth Laceration	$ 345.61
40840-SG	Reconstruction Mouth	$ 463.69
40842-SG	Reconstruction Mouth	$ 531.37
40843-SG	Reconstruction Mouth	$ 531.37
40844-SG	Reconstruction Mouth	$ 650.89
40845-SG	Reconstruction Mouth	$ 650.89
41000-SG	Drainage Mouth Lesion	$ 345.61
41005-SG	Drainage Mouth Lesion	$ 345.61
41006-SG	Drainage Mouth Lesion	$ 345.61
41007-SG	Incision Of Tongue-Submental Space	$ 345.61
41008-SG	Incision Of Tongue-Submandibucar Spa	$ 345.61
41009-SG	Incision Of Tongue-Masticator Space	$ 345.61
41010-SG	Incision Tongue Fold	$ 345.61
41015-SG	Incision Of Floor Of Mouth-Sublingua	$ 345.61
41016-SG	Incision Of Floor Of Mouth-Submental	$ 345.61
41017-SG	Incision Of Floor Of Mouth-Submandib	$ 345.61
41018-SG	Incision Of Floor Of Mouth-Masticatr	$ 345.61
41100-SG	Biopsy Tongue	$ 345.61
41105-SG	Biopsy Tongue	$ 345.61
41108-SG	Biopsy-Floor Of Mouth	$ 345.61
41110-SG	Excision Tongue Lesion	$ 345.61
41112-SG	Excision Tongue Lesion	$ 463.69
41113-SG	Excision Tongue Lesion	$ 463.69
41114-SG	Excision Of Lesion Of Tongue With Closure; With Local	$ 463.69
41115-SG	Excision Of Lingual Frenum	$ 345.61
41116-SG	Excision Lesion Of Floor Of Mouth	$ 345.61
41120-SG	Partial Removal Of Tongue	$ 650.89
41250-SG	Repair Laceration Tongue	$ 345.61
41251-SG	Repair Posterior 1/3 Of Tongue	$ 345.61
41252-SG	Repair Laceration Tongue	$ 463.69

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
41500-SG	Fixation Tongue	$ 345.61
41510-SG	Tongue To Lip Surgery	$ 345.61
41520-SG	Reconstruction, Tongue Fold	$ 463.69
41800-SG	Drainage Gum Lesion	$ 345.61
41805-SG	Removal Foreign Body, Gum	$ 345.61
41806-SG	Removal Foreign Body,Jawbone	$ 345.61
41820-SG	Excision, Gum	$ 345.61
41821-SG	Excision, Gum Flap	$ 345.61
41822-SG	Excision Gum Lesion	$ 345.61
41823-SG	Excision Gum Lesion	$ 345.61
41825-SG	Excision Gum Lesion	$ 345.61
41826-SG	Excision Gum Lesion	$ 345.61
41827-SG	Excision Gum Lesion	$ 463.69
41828-SG	Excision Of Hyperplastic Mucosa	$ 345.61
41830-SG	Removal Of Gum	$ 345.61
41850-SG	Treatment Gum Lesion	$ 650.89
41870-SG	Graft Gum	$ 650.89
41872-SG	Repair Gum	$ 345.61
41874-SG	Repair Tooth Socket	$ 345.61
41899-SG	Unlisted Procedure-Dentoalveolar Str	$ 650.89
42000-SG	Drainage Mouth Roof Lesion	$ 463.69
42100-SG	Biopsy Roof Of Mouth	$ 345.61
42104-SG	Excision Lesion, Mouth Roof	$ 345.61
42106-SG	Excision Lesion, Mouth Roof	$ 345.61
42107-SG	Excision Lesion Of Palate, Uvula; With Local Flap Clos	$ 463.69
42120-SG	Removal Roof Of Mouth	$ 650.89
42140-SG	Excision Uvula	$ 463.69
42145-SG	Repair Palate, Pharynx/Uvula	$ 650.89
42160-SG	Treatment Roof Of Mouth	$ 345.61
42180-SG	Repair Palate	$ 345.61
42182-SG	Repair Palate	$ 463.69
42200-SG	Reconstruction Cleft Palate	$ 650.89
42205-SG	Reconstruction Cleft Palate	$ 650.89
42210-SG	Reconstruction Cleft Palate	$ 650.89
42215-SG	Reconstruction Cleft Palate	$ 650.89
42220-SG	Reconstruction Cleft Palate	$ 650.89
42225-SG	Reconstruction Cleft Palate	$ 650.89
42226-SG	Lengthening Of Palate, And Pharyngeal Flap	$ 650.89
42235-SG	Repair Palate	$ 650.89
42260-SG	Repair Nose To Lip Fistula	$ 650.89
42281-SG	Insertion Of Pin-Retained Palatal Prosthesis	$ 531.37
42300-SG	Drainage Salivary Gland	$ 345.61
42305-SG	Drainage Salivary Gland	$ 463.69
42310-SG	Drainage Salivary Gland	$ 345.61
42320-SG	Drainage Salivary Gland	$ 345.61
42330-SG	Treatment Salivary Stone	$ 345.61
42335-SG	Treatment Salivary Stone	$ 463.69
42340-SG	Treatment Salivary Stone	$ 463.69
42400-SG	Biopsy Salivary Gland	$ 531.37
42405-SG	Biopsy Salivary Gland	$ 463.69
42408-SG	Excision Salivary Cyst	$ 531.37
42409-SG	Treatment Salivary Cyst	$ 531.37
42410-SG	Excision Parotid Gland	$ 531.37
42415-SG	Excision Parotid Gland	$ 650.89
42420-SG	Excision Parotid Gland	$ 650.89
42425-SG	Excision Parotid Gland	$ 650.89
42440-SG	Excise Submaxillary Gland	$ 531.37
42450-SG	Excise Sublingual Gland	$ 463.69
42500-SG	Repair Salivary Duct	$ 531.37
42505-SG	Repair Salivary Duct	$ 650.89
42507-SG	Parotid Duct Diversion-Bilateral	$ 531.37
42509-SG	Parotid Duct Diversion W/Gland Excis	$ 650.89
42510-SG	Parotid Duct Diversion, Bilateral (Wilke Type Procedure	$ 650.89
42600-SG	Closure Salivary Fistula	$ 345.61
42650-SG	Dilation Salivary Duct	$ 345.61
42660-SG	Dilation Salivary Duct	$ 345.61

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
42665-SG	Ligation Salivary Duct	$ 650.89
42700-SG	Drainage Tonsil Abscess	$ 345.61
42720-SG	Drainage Throat Abscess	$ 345.61
42725-SG	Drainage Throat Abscess	$ 463.69
42800-SG	Biopsy Throat	$ 345.61
42804-SG	Biopsy,Upper Nose/Throat	$ 345.61
42806-SG	Biopsy,Upper Nose/Throat	$ 463.69
42808-SG	Excision Of Lesion Of Pharynx	$ 463.69
42809-SG	Removal Of Foreign Body-Pharynx	$ 345.61
42810-SG	Excision Throat Cyst	$ 531.37
42815-SG	Excision Throat Cyst	$ 650.89
42820-SG	Removal Tonsils And Adnoids	$ 531.37
42821-SG	Removal Tonsils And Adnoids	$ 650.89
42825-SG	Removal Of Tonsils	$ 650.89
42826-SG	Removal Of Tonsils	$ 650.89
42830-SG	Removal Of Adnoids	$ 650.89
42831-SG	Removal Of Adnoids	$ 650.89
42835-SG	Removal Of Adnoids	$ 650.89
42836-SG	Removal Of Adnoids	$ 650.89
42860-SG	Excision Of Tonsil Tags	$ 531.37
42870-SG	Excision Lingual Tonsil	$ 531.37
42890-SG	Partial Removal Pharynx	$ 650.89
42892-SG	Resection Of Lateral Pharyngeal Wall Or Pyriform Sinus,	$ 650.89
42900-SG	Repair Throat Wound	$ 345.61
42950-SG	Reconstruction Of Throat	$ 463.69
42955-SG	Surgical Opening Of Throat	$ 463.69
42960-SG	Control Bleeding, Throat	$ 345.61
42962-SG	Control Bleeding, Throat	$ 463.69
42970-SG	Control Bleeding,Nose/Throat	$ 345.61
42972-SG	Control Bleeding,Nose/Throat	$ 531.37
43030-SG	Cricopharyngeal Myotomy	$ 531.37
43200-SG	Visualization Of Esophagus	$ 345.61
43201-SG	Esoph Scope W/Submucous Inj	$ 345.61
43202-SG	Esophagoscopy W/Biopsy	$ 345.61
43204-SG	Esoph Scope W/Sclerosis Inj	$ 345.61
43205-SG	Esophagoscopy, Rigid Or Flexible; With Band Ligation Of	$ 345.61
43215-SG	With Foreign Body Removal	$ 345.61
43216-SG	Esophagoscopy, Rigid Or Flexible; With Removal Of Tumor	$ 345.61
43217-SG	Esophagoscopy W/Polyp Removal	$ 345.61
43220-SG	Esoph Endoscopy, Dilation	$ 345.61
43226-SG	Esoph Endoscopy, Dilation	$ 345.61
43227-SG	Esoph Endoscopy, Repair	$ 463.69
43231-SG	Esoph Endoscopy W/Us Exam	$ 463.69
43232-SG	Esoph Endoscopy W/Us Fn Bx	$ 463.69
43235-SG	Uppr Gi Endoscopy, Diagnosis	$ 345.61
43236-SG	Uppr Gi Scope W/Submuc Inj	$ 463.69
43237-SG	Endoscopic Us Exam, Esoph	$ 463.69
43238-SG	Uppr Gi Endoscopy W/Us Fn Bx	$ 463.69
43239-SG	Esophagogastroduodenoscopy-W/Biopsy	$ 463.69
43240-SG	Esoph Endoscope W/Drain Cyst	$ 463.69
43241-SG	Upper Gastrointestinal Endoscopy Including Esophagus, S	$ 463.69
43242-SG	Uppr Gi Endoscopy W/Us Fn Bx	$ 463.69
43243-SG	Upper Gi Endoscopy & Inject	$ 463.69
43244-SG	Upper Gastrointestinal Endoscopy Including Esophagus, S	$ 463.69
43245-SG	Uppr Gi Scope Dilate Strictr	$ 463.69
43246-SG	Upper Gastrointestinal Endoscopy Including Esophagus, S	$ 463.69
43247-SG	Esophagogastroduodenoscopy-W/Fb Remo	$ 463.69
43248-SG	Uppr Gi Endoscopy/Guide Wire	$ 463.69
43249-SG	Esoph Endoscopy, Dilation	$ 463.69
43250-SG	Upper Gastrointestinal Endoscopy Including Esophagus, S	$ 463.69
43251-SG	Esophagogastroduodenoscopy-W/Polyp R	$ 463.69
43255-SG	Esophagogastroduodenoscopy-Hemorrhag	$ 463.69
43257-SG	Uppr Gi Scope W/Thrml Txmnt	$ 531.37
43259-SG	Upper Gastrointestinal Endoscopy Including Esophagus, S	$ 531.37
43260-SG	Endo Cholangiopancreatograph	$ 463.69
43261-SG	Endo Cholangiopancreatograph	$ 463.69

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
43262-SG	Endo Cholangiopancreatograph	$ 463.69
43263-SG	Endo Cholangiopancreatograph	$ 463.69
43264-SG	Endo Cholangiopancreatograph	$ 463.69
43265-SG	Endo Cholangiopancreatograph	$ 463.69
43425-SG	Repair Opening,Esophagus	$ 531.37
43450-SG	Dilation Esophagus	$ 345.61
43453-SG	Dilation Esophagus Over String/Wire	$ 345.61
43760-SG	Change Gastrstomy Tube	$ 345.61
43761-SG	Repositioning Of The Gastric Feeding Tube Through The D	$ 345.61
43762-SG	Percutaneous gastrostomy tube placement w/o imaging	$ 345.61
43763-SG	Procedures on the stomach	$ 345.61
43870-SG	Repair Opening,Stomach	$ 345.61
43886-SG	Revise Gastric Port, Open	$ 650.89
43887-SG	Remove Gastric Port, Open	$ 345.61
43888-SG	Change Gastric Port, Open	$ 650.89
44100-SG	Biopsy Of Bowel	$ 345.61
44312-SG	Repair Small Bowel Opening	$ 345.61
44340-SG	Repair Large Bowel Opening	$ 531.37
44345-SG	Repair Large Bowel Opening	$ 650.89
44346-SG	Revision Of Colostomy; With Repair Of Paracolostomy Her	$ 650.89
44360-SG	Intestinal Endoscopy	$ 463.69
44361-SG	Small Bowel Endoscopy/Biopsy	$ 463.69
44363-SG	Intestinal Endoscopy W/Fore. Body Re	$ 463.69
44364-SG	Intestinal Endoscopy W/Polyp Removal	$ 463.69
44365-SG	Small Intestinal Endoscopy, Enteroscopy Beyond Second P	$ 463.69
44366-SG	Intestinal Endoscopy For Ctrl Hemorr	$ 463.69
44369-SG	Intestinal Endoscopy W/Fulgur Lesion	$ 463.69
44372-SG	Small Intestinal Endoscopy, Enteroscopy Beyond Second P	$ 463.69
44373-SG	Small Intestinal Endoscopy, Enteroscopy Beyond Second P	$ 463.69
44376-SG	Small Intestinal Endoscopy, Enteroscopy Beyond Second P	$ 463.69
44377-SG	Small Bowel Endoscopy/Biopsy	$ 463.69
44378-SG	Small Intestinal Endoscopy, Enteroscopy Beyond Second P	$ 463.69
44380-SG	Fiberoptic Ileoscopy Thru Stoma	$ 345.61
44382-SG	Fiberoptic Ileoscopy W/Biopsy	$ 345.61
44385-SG	Fiberoptic Eval Of Koch Pouch	$ 345.61
44386-SG	Endoscopy, Bowel Pouch/Biop	$ 345.61
44388-SG	Colonoscopy	$ 345.61
44389-SG	Fiberoptic Colonoscopy Thru Colostom	$ 345.61
44390-SG	Fiberoptic Colonoscopy/Colostomy	$ 345.61
44391-SG	Fiberoptic Colonoscopy/Colostomy	$ 345.61
44392-SG	Fiberoptic Colonoscopy/Colostomy	$ 345.61
44394-SG	Colonoscopy Through Stoma; With Removal Of Tumor(S), Po	$ 345.61
44500-SG	Introduction Of Long Gastrointestinal Tube (Eg, Miller-	$ 345.61
44970-SG	Laparoscopy, Appendectomy	$ 650.89
45000-SG	Drainage Of Pelvic Abscess	$ 345.61
45005-SG	Drainage Of Rectal Abscess	$ 463.69
45020-SG	Drainage Of Rectal Abscess	$ 463.69
45100-SG	Biopsy Of Rectum	$ 345.61
45108-SG	Anorectal Myomectomy	$ 463.69
45150-SG	Excision Rectal Stricture	$ 463.69
45160-SG	Excision Of Rectal Lesion	$ 463.69
45300-SG	Proctosigmoidoscopy Dx	$ 345.61
45303-SG	Proctosigmoidoscopy Dilate	$ 345.61
45305-SG	Proctosigmoidoscopy W/Bx	$ 345.61
45307-SG	Proctosigmoidoscopy Fb	$ 345.61
45308-SG	Proctosigmoidoscopy Removal	$ 345.61
45309-SG	Proctosigmoidoscopy Removal	$ 345.61
45315-SG	Proctosigmoidoscopy Removal	$ 345.61
45317-SG	Proctosigmoidoscopy Bleed	$ 345.61
45320-SG	Proctosigmoidoscopy Ablate	$ 345.61
45321-SG	Proctosigmoidoscopy Volvul	$ 345.61
45327-SG	Proctosigmoidoscopy W/Stent	$ 345.61
45330-SG	Diagnostic Sigmoidoscopy	$ 345.61
45331-SG	Sigmoidoscopy \Biopsy	$ 345.61
45332-SG	Sigmoidoscopy W/Fb Removal	$ 345.61
45333-SG	Sigmoidoscopy\Removal Of Polyp	$ 345.61

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		PHYSICIAN SERVICES FY2020 RATES
Procedure Code	Procedure Description	Medicaid + 38%
45334-SG	Sigmoidoscopy\Control Of Hemorrhage	$ 345.61
45335-SG	Sigmoidoscopy W/Submuc Inj	$ 345.61
45337-SG	Sigmoidoscopy & Decompress	$ 345.61
45338-SG	Sigmoidoscopy W/Tumr Remove	$ 345.61
45340-SG	Sig W/Balloon Dilation	$ 345.61
45341-SG	Sigmoidoscopy W/Ultrasound	$ 345.61
45342-SG	Sigmoidoscopy W/Us Guide Bx	$ 345.61
45378-SG	Colonoscopy-Diagnostic Proc.	$ 463.69
45379-SG	Colonoscopy W/Fb Removal	$ 463.69
45380-SG	Visualization Entire Colon	$ 463.69
45381-SG	Colonoscopy, Submucous Inj	$ 463.69
45382-SG	Colonoscopy/Control Bleeding	$ 463.69
45384-SG	Lesion Remove Colonoscopy	$ 463.69
45385-SG	Lesion Removal Colonoscopy	$ 463.69
45386-SG	Colonoscopy Dilate Stricture	$ 463.69
45391-SG	Colonoscopy W/Endoscope Us	$ 463.69
45392-SG	Colonoscopy W/Endoscopic Fnb	$ 463.69
45500-SG	Repair Of Rectum	$ 463.69
45505-SG	Repair Of Rectum	$ 463.69
45520-SG	Treatment Of Rectal Prolapse	$ 345.61
45560-SG	Repair Of Rectocele	$ 463.69
45900-SG	Reduction Of Rectal Prolapse	$ 345.61
45905-SG	Dilation Of Anal Sphincter	$ 345.61
45910-SG	Dilation Rectal Narrowing	$ 345.61
45915-SG	Removal Rectal Obstruction	$ 345.61
45990-SG	Surg Dx Exam, Anorectal	$ 345.61
46020-SG	Placement Of Seton	$ 531.37
46030-SG	Removal Of Rectal Marker	$ 345.61
46040-SG	Incision Of Rectal Abscess	$ 531.37
46045-SG	Incision Submucosal Abscess-Anal	$ 463.69
46050-SG	Incision Anal Abscess	$ 345.61
46060-SG	Incision Of Rectal Abscess	$ 463.69
46070-SG	Incision Anal Septum	$ 463.69
46080-SG	Incision Anal Sphincter	$ 531.37
46083-SG	Incision Of Thrombosed Hemorrhoid, External	$ 345.61
46200-SG	Removal Anal Fissure	$ 463.69
46220-SG	Removal Of Anal Tag	$ 345.61
46221-SG	Hemorrhoidectomy-Simple Ligature	$ 345.61
46230-SG	Removal Of Anal Tags	$ 345.61
46250-SG	Hemorrhoidectomy	$ 531.37
46255-SG	Hemorrhoidectomy	$ 531.37
46257-SG	Hemorrhoidectomy W/Fissurectomy	$ 531.37
46258-SG	Hemorrhoidectomy W/Fistulectomy	$ 531.37
46260-SG	Hemorrhoidectomy	$ 531.37
46261-SG	Hemorrhoidectomy W/Fissurectomy	$ 650.89
46262-SG	Hemorrhoidectomy W/Fistulectomy	$ 650.89
46270-SG	Removal Anal Fistula	$ 531.37
46275-SG	Removal Anal Fistula	$ 531.37
46280-SG	Removal Anal Fistula	$ 650.89
46285-SG	Removal Anal Fistula	$ 345.61
46288-SG	Repair Anal Fistula	$ 650.89
46320-SG	Removal Hemorrhoid Clot	$ 345.61
46500-SG	Injection Into Hemorrhoid(S)	$ 345.61
46505-SG	Chemodenervation Anal Musc	$ 345.61
46600-SG	Visualization Of Anus	$ 345.61
46604-SG	Anoscopy W/Dilation	$ 345.61
46606-SG	Anoscopy W/Biopsy	$ 345.61
46608-SG	Anoscopy, Remove For Body	$ 345.61
46610-SG	Anoscopy, Remove Lesion	$ 345.61
46611-SG	Anoscopy; With Removal Of Single Tumor, Polyp, Or Other	$ 345.61
46612-SG	Anoscopy, Remove Lesions	$ 345.61
46614-SG	Anoscopy, Control Bleeding	$ 345.61
46615-SG	Anoscopy; With Ablation Of Tumor(S), Polyp(S), Or Other	$ 463.69
46700-SG	Repair Of Anal Stricture	$ 531.37
46706-SG	Repr Of Anal Fistula W/Glue	$ 345.61
46750-SG	Repair Anal Sphincter	$ 531.37

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
46753-SG	Reconstruction Of Anus	$ 531.37
46754-SG	Removal Of Suture From Anus	$ 463.69
46760-SG	Repair Anal Sphincter	$ 463.69
46761-SG	Sphincteroplasty, Anal, For Incontinence, Adult Levator	$ 531.37
46762-SG	Sphincteroplasty, Anal, For Incontinence, Adult Implant	$ 650.89
46900-SG	Removal Of Anal Warty Growth	$ 345.61
46910-SG	Removal Of Anal Warty Growth	$ 345.61
46916-SG	Destruction Of Lesion(S), Anus (Eg, Condyloma, Papillom	$ 345.61
46917-SG	Laser Surgery, Anal Lesions	$ 345.61
46922-SG	Destruction Of Lesion(S), Anus (Eg, Condyloma, Papillom	$ 345.61
46924-SG	Destruction Of Lesion(S), Anus (Eg, Condyloma, Papillom	$ 345.61
46940-SG	Treatment Of Anal Fissure	$ 345.61
46942-SG	Treatment Of Anal Fissure	$ 345.61
46945-SG	Ligation Of Hemorrhoids	$ 345.61
46946-SG	Ligation Of Hemorrhoids	$ 345.61
46947-SG	Hemorrhoidopexy By Stapling	$ 650.89
47000-SG	Needle Biopsy Of Liver	$ 345.61
47510-SG	Intro Of Percut Transhepatic Cath	$ 463.69
47525-SG	Change Of Percutaneous Biliary Drainage Catheter	$ 345.61
47530-SG	Revise/Reinsert Bile Tube	$ 345.61
47552-SG	Biliary Endoscopy Thru Skin	$ 463.69
47553-SG	Biliary Endoscopy Thru Skin	$ 531.37
47554-SG	Biliary Endoscopy Thru Skin	$ 531.37
47555-SG	Biliary Endoscopy Thru Skin	$ 531.37
47560-SG	Laparoscopy W/Cholangio	$ 531.37
47561-SG	Laparo W/Cholangio/Biopsy	$ 531.37
47562-SG	Laparoscopic Cholecystectomy	$ 650.89
47630-SG	Biliary Duct Stone Extraction	$ 531.37
48102-SG	Biopsi/Pancreas,Needle Percutaneous	$ 345.61
49000-SG	Exploration Of Abdomen	$ 650.89
49180-SG	Biop Retroperitoneal Mass Needle Per	$ 345.61
49250-SG	Excision Of Umbilicus	$ 650.89
49320-SG	Diag Laparo Separate Proc	$ 531.37
49321-SG	Laparoscopy, Biopsy	$ 650.89
49322-SG	Laparoscopy, Aspiration	$ 650.89
49400-SG	Air Injection Into Abdomen	$ 345.61
49402-SG	Remove Foreign Body Peritoneal Cavity	$ 463.69
49419-SG	Insrt Abdom Cath For Chemotx	$ 345.61
49421-SG	Insert Abdom Drain, Perm	$ 345.61
49422-SG	Remove Perm Cannula/Catheter	$ 345.61
49423-SG	Exchange Drainage Catheter	$ 463.69
49425-SG	Peritoneal-Venous Shunt	$ 463.69
49426-SG	Revision Of Peritoneal-Venous Shunt	$ 463.69
49429-SG	Removal Of Shunt	$ 650.89
49440-SG	Place Gastrostomy Tube Perc	$ 345.61
49441-SG	Place Duod/Jej Tube Perc	$ 345.61
49446-SG	Change G-Tube To G-J Perc	$ 345.61
49450-SG	Replace G/C Tube Perc	$ 345.61
49451-SG	Replace Duod/Jej Tube Perc	$ 345.61
49452-SG	Replace G-J Tube Perc	$ 345.61
49460-SG	Fix G/Colon Tube W/Device	$ 345.61
49495-SG	Repair Initial Inguinal Hernia, Under Age 6 Months, Wit	$ 650.89
49496-SG	Rpr Ing Hernia Baby, Blocked	$ 650.89
49500-SG	Rpr Ing Hernia, Init, Reduce	$ 650.89
49505-SG	Prp I/Hern Init Reduc >5 Yr	$ 650.89
49520-SG	Rerepair Ing Hernia, Reduce	$ 650.89
49525-SG	Repair Ing Hernia, Sliding	$ 650.89
49540-SG	Repair Lumbar Hernia	$ 463.69
49550-SG	Rpr Rem Hernia, Init, Reduce	$ 650.89
49555-SG	Rerepair Fem Hernia, Reduce	$ 650.89
49560-SG	Rpr Ventral Hern Init, Reduc	$ 650.89
49565-SG	Rerepair Ventrl Hern, Reduce	$ 650.89
49568-SG	Implantation Of Mesh Or Other Prosthesis For Incisional	$ 650.89
49570-SG	Rpr Epigastric Hern, Reduce	$ 650.89
49580-SG	Rpr Umbil Hern, Reduc < 5 Yr	$ 650.89
49585-SG	Rpr Umbil Hern, Reduc > 5 Yr	$ 650.89

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
49590-SG	Repair Spigelian Hernia	$ 531.37
49600-SG	Repair Umbilical Hernia	$ 650.89
49650-SG	Laparo Hernia Repair Initial	$ 650.89
49651-SG	Laparo Hernia Repair Recur	$ 650.89
50020-SG	Renal Abscess, Open Drain	$ 463.69
50040-SG	Drainage Of Kidney	$ 531.37
50200-SG	Biopsy Of Kidney	$ 345.61
50205-SG	Biopsy Of Kidney	$ 463.69
50384-SG	Remove Ureter Stent, Percut	$ 650.89
50385-SG	Change Stent Via Transureth	$ 650.89
50386-SG	Remove Stent Via Transureth	$ 345.61
50387-SG	Change Ext/Int Ureter Stent	$ 650.89
50389-SG	Remove Renal Tube W/Fluoro	$ 345.61
50390-SG	Drainage Of Kidney Lesion	$ 345.61
50391-SG	Instll Rx Agnt Into Rnal Tub	$ 345.61
50392-SG	Drainage Of Kidney Lesion	$ 345.61
50393-SG	Introduction Of Ureteral Catheter	$ 345.61
50394-SG	Preparation For Kidney X-Ray	$ 345.61
50395-SG	Introduction Of Guide Into Renal Pelvis And/Or Ureter W	$ 345.61
50396-SG	Measurement Kidney Pressure	$ 345.61
50398-SG	Change Of Kidney Tube	$ 345.61
50436-SG	Dilation ofpercutaneous renal tract	$ 345.61
50437-SG	Dilation ofpercutaneous renal tract	$ 345.61
50520-SG	Closure Kidney/Skin Fistula	$ 345.61
50551-SG	Visualization Of Kidney	$ 345.61
50553-SG	Visualization Of Kidney	$ 345.61
50555-SG	Visualization/Biopsy Kidney	$ 345.61
50557-SG	Treatment Of Kidney Lesion	$ 345.61
50561-SG	Treatment Of Kidney Lesion	$ 345.61
50562-SG	Renal Scope W/Tumor Resect	$ 345.61
50570-SG	Visualization Of Kidney	$ 345.61
50572-SG	Visualization Of Kidney	$ 345.61
50574-SG	Visualization/Biopsy Kidney	$ 345.61
50576-SG	Treatment Of Kidney Lesion	$ 650.89
50580-SG	Treatment Of Kidney Lesion	$ 650.89
50684-SG	Injection For Ureter X/Ray	$ 345.61
50686-SG	Measurement Ureter Pressure	$ 345.61
50688-SG	Change Of Ureter Tube	$ 345.61
50690-SG	Injection For Ureter X-Ray	$ 345.61
50951-SG	Visualization Of Ureter	$ 345.61
50953-SG	Visualization Of Ureter	$ 345.61
50955-SG	Visualization/Biopsy Ureter	$ 345.61
50957-SG	Treatment Of Ureter Lesion	$ 345.61
50961-SG	Treatment Of Ureter Lesion	$ 345.61
50970-SG	Visualization Of Ureter	$ 345.61
50972-SG	Visualization Of Ureter	$ 345.61
50974-SG	Visualization/Biopsy, Ureter	$ 345.61
50976-SG	Treatment Of Ureter Lesion	$ 345.61
50980-SG	Treatment Of Ureter Lesion	$ 345.61
51020-SG	Incision/Treatment Bladder	$ 650.89
51030-SG	Incision/Treatment Bladder	$ 650.89
51040-SG	Incision Of Bladder	$ 650.89
51045-SG	Incise Bladder/Drain Ureter	$ 463.69
51050-SG	Removal Of Bladder Stone	$ 650.89
51065-SG	Removal Of Ureteral Stone	$ 650.89
51080-SG	Drainage Of Bladder Abscess	$ 345.61
51100-SG	Drain Bladder By Needle	$ 345.61
51101-SG	Drain Bladder By Trocar/Cath	$ 345.61
51102-SG	Drain Bl W/Cath Insertion	$ 345.61
51500-SG	Removal Of Bladder Cyst	$ 650.89
51520-SG	Removal Of Bladder Lesion	$ 650.89
51600-SG	Injection For Bladder X-Ray	$ 345.61
51605-SG	Preparation For Bladder Xray	$ 345.61
51610-SG	Injection For Bladder X-Ray	$ 345.61
51700-SG	Irrigation Of Bladder	$ 345.61
51701-SG	Insert Bladder Catheter	$ 345.61

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
51702-SG	Insert Temp Bladder Cath	$ 345.61
51703-SG	Insert Bladder Cath, Complex	$ 345.61
51705-SG	Change Of Bladder Tube	$ 345.61
51710-SG	Change Of Bladder Tube	$ 345.61
51715-SG	Endoscopic Injection Of Implant Material Into The Submu	$ 531.37
51720-SG	Treatment Of Bladder Lesion	$ 345.61
51725-SG	Simple Cystometrogram	$ 345.61
51726-SG	Complex Cystometrogram	$ 345.61
51736-SG	Simple Uroflowmetry	$ 345.61
51741-SG	Electronic Uroflowemtry	$ 345.61
51784-SG	Anal/Urinary Muscle Study	$ 345.61
51785-SG	Emg 1 Lead Using Needle, Wire, Ect.	$ 345.61
51792-SG	Emg Stimulus Evoked Response	$ 345.61
51797-SG	Voiding Pressure Studies (Vp); Intra-Abdominal Voiding	$ 345.61
51798-SG	Us Urine Capacity Measure	$ 345.61
51845-SG	Abdomino-Vaginal Vesical Neck Suspension, With Or Witho	$ 650.89
51865-SG	Repair Of Bladder Wound	$ 650.89
51880-SG	Repair Of Bladder Opening	$ 345.61
51900-SG	Repair Bladder/Vagina Lesion	$ 650.89
51920-SG	Repair Bladder/Uterus Lesion	$ 531.37
51992-SG	Laparo Sling Operation	$ 650.89
52000-SG	Cystoscopy	$ 345.61
52001-SG	Cystoscopy, Removal Of Clots	$ 345.61
52005-SG	Cystoscopy/Ureteral Catheter	$ 463.69
52007-SG	Endoscopy With Brush Biopsy	$ 463.69
52010-SG	Cystoscopy/Duct Catheter	$ 463.69
52204-SG	Cystourethroscopy W/Biopsy-Office	$ 463.69
52214-SG	Cystourethroscopy In Office	$ 463.69
52224-SG	Cystourethroscopy W/Treat. Minor-Off	$ 463.69
52234-SG	Cystourethroscopy W/Resect. Tumor-Of	$ 463.69
52235-SG	Treatment Of Bladder Lesion	$ 531.37
52240-SG	Treatment Of Bladder Lesion	$ 531.37
52250-SG	Cystoscopy And Radiotracer	$ 650.89
52260-SG	Cystoscopy And Treatment	$ 463.69
52265-SG	Cystoscopy And Treatment	$ 345.61
52270-SG	Revision Of Urethra	$ 463.69
52275-SG	Revision Of Urethra	$ 463.69
52276-SG	Cystourethroscopy	$ 531.37
52277-SG	Revision Of Sphincter	$ 463.69
52281-SG	Dilation Urethral Stricture	$ 463.69
52283-SG	Injection Treatment, Urethra	$ 463.69
52285-SG	Revision Urethra & Bladder	$ 463.69
52290-SG	Revison Ureter(S) Opening	$ 463.69
52300-SG	Treatment Of Ureter Lesion	$ 463.69
52301-SG	Cystoscopy And Treatment	$ 531.37
52305-SG	Treatment Of Bladder Lesion	$ 463.69
52310-SG	Remove Bladder/Urethra Stone	$ 463.69
52315-SG	Remove Bladder/Urethra Stone	$ 463.69
52317-SG	Litholapaxy	$ 345.61
52318-SG	Litholapaxy: Crushing Or Fragmentation Of Calculus By A	$ 463.69
52320-SG	Remove Ureteral Stone	$ 650.89
52325-SG	Cystourethroscopy (Including Ureteral Catheterization);	$ 650.89
52327-SG	Cystoscopy, Inject Material	$ 463.69
52330-SG	Exploration Of Ureter	$ 463.69
52332-SG	W/Insertion Of Indwelling Ureteral	$ 463.69
52334-SG	Cystourethroscopy With Insertion Of Ureteral Guide Wire	$ 531.37
52341-SG	Cysto W/Ureter Stricture Tx	$ 531.37
52342-SG	Cysto W/Up Stricture Tx	$ 531.37
52343-SG	Cysto W/Renal Stricture Tx	$ 531.37
52344-SG	Cysto/Uretero, Stricture Tx	$ 531.37
52345-SG	Cysto/Uretero W/Up Stricture	$ 531.37
52346-SG	Cystouretero W/Renal Strict	$ 531.37
52351-SG	Cystouretero & Or Pyeloscope	$ 531.37
52352-SG	Cystouretero W/Stone Remove	$ 650.89
52353-SG	Cystouretero W/Lithotripsy	$ 650.89
52354-SG	Cystouretero W/Biopsy	$ 650.89

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
52355-SG	Cystouretero W/Excise Tumor	$ 650.89
52400-SG	Cystouretero W/Congen Repr	$ 531.37
52402-SG	Cystourethro Cut Ejacul Duct	$ 531.37
52450-SG	Transurethral Incision Of Prostate	$ 531.37
52500-SG	Revision Of Bladder	$ 531.37
52601-SG	Transurethral Resection Of Prostate	$ 650.89
52630-SG	Remove Prostate Regrowth	$ 463.69
52640-SG	Relieve Bladder Contracture	$ 463.69
52700-SG	Drainage Of Prostate Abscess	$ 463.69
53000-SG	Revision Of Urethra	$ 345.61
53010-SG	Revision Of Urethra	$ 345.61
53020-SG	Revision Of Urethra	$ 345.61
53025-SG	Revision Of Urethra	$ 345.61
53040-SG	Drainage Of Urethra Abscess	$ 463.69
53060-SG	Drainage Of Urethra Abscess	$ 345.61
53080-SG	Drainage Of Urinary Leakage	$ 531.37
53085-SG	Drainage Of Urinary Leakage	$ 531.37
53200-SG	Biopsy Of Urethra	$ 345.61
53210-SG	Removal Of Urethra	$ 650.89
53215-SG	Removal Of Urethra	$ 650.89
53220-SG	Treatment Of Urethra Lesion	$ 463.69
53230-SG	Removal Of Urethra Lesion	$ 463.69
53235-SG	Removal Of Urethra Lesion	$ 531.37
53240-SG	Revision Of Urethral Pouch	$ 463.69
53250-SG	Removal Of Urethral Gland	$ 463.69
53260-SG	Treatment Of Urethral Lesion	$ 463.69
53265-SG	Treatment Of Urethral Lesion	$ 463.69
53270-SG	Removal Of Urethral Gland	$ 463.69
53275-SG	Repair Of Urethral Defect	$ 463.69
53400-SG	Revise Urethra, Stage 1	$ 531.37
53405-SG	Revise Urethra, Stage 2	$ 463.69
53410-SG	Reconstruction Of Urethra	$ 463.69
53420-SG	Revision Urethra, 1st Stage	$ 531.37
53425-SG	Revision Urethra, 2nd Stage	$ 463.69
53430-SG	Reconstruction Of Urethra	$ 463.69
53431-SG	Reconstruct Urethra/Bladder	$ 463.69
53440-SG	Correction Bladder Function	$ 463.69
53442-SG	Removal Prosthesis For Continence	$ 345.61
53444-SG	Insert Tandem Cuff	$ 463.69
53445-SG	Urinary Incontinencew/Placement	$ 463.69
53446-SG	Remove Uro Sphincter	$ 345.61
53447-SG	Sphincter, Including Placement Pump	$ 345.61
53449-SG	Correction Hydraulic	$ 345.61
53450-SG	Revision Of Urethra	$ 345.61
53460-SG	Revision Of Urethra	$ 345.61
53502-SG	Urethrorrhaphy-Suture Of Wound-Femal	$ 463.69
53505-SG	Repair Of Urethra Injury	$ 463.69
53510-SG	Repair Of Urethra Injury	$ 463.69
53515-SG	Repair Of Urethra Injury	$ 463.69
53520-SG	Repair Of Urethra Defect	$ 463.69
53600-SG	Dilation Urethral Stricture	$ 345.61
53601-SG	Dilation Urethral Stricture	$ 345.61
53605-SG	Dilation Urethral Stricture	$ 463.69
53620-SG	Dilation Urethral Stricture	$ 345.61
53621-SG	Dilation Urethral Stricture	$ 345.61
53660-SG	Dilation Of Urethra	$ 345.61
53661-SG	Dilation Of Urethra	$ 345.61
53665-SG	Dilation Of Urethra	$ 345.61
54000-SG	Revision Of Penis	$ 463.69
54001-SG	Revision Of Penis	$ 463.69
54015-SG	Treatment Of Penis Lesion	$ 650.89
54050-SG	Treatment Of Penis Lesion	$ 345.61
54055-SG	Treatment Of Penis Lesion	$ 345.61
54056-SG	Destruction Of Lesion(S), Penis (Eg, Condyloma, Papillo	$ 345.61
54057-SG	Destruction Of Lesion(S), Penis (Eg, Condyloma, Papillo	$ 345.61
54060-SG	Treatment Of Penis Lesion	$ 345.61

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
54065-SG	Treatment Of Penis Lesion	$ 345.61
54100-SG	Biopsy Of Penis	$ 345.61
54105-SG	Biopsy Of Penis	$ 345.61
54110-SG	Treatment Of Penis Lesion	$ 463.69
54111-SG	Excision Of Penile Plaque (Peyronie Disease); With Graf	$ 463.69
54112-SG	Excision Of Penile Plaque (Peyronie Disease); With Graf	$ 463.69
54115-SG	Treatment Of Penis Lesion	$ 345.61
54120-SG	Partial Amputation Of Penis	$ 463.69
54125-SG	Amputation Of Penis	$ 463.69
54150-SG	Circumcision	$ 345.61
54160-SG	Circumcision	$ 463.69
54161-SG	Circumcision	$ 463.69
54162-SG	Lysis Penil Circumic Lesion	$ 463.69
54163-SG	Repair Of Circumcision	$ 463.69
54164-SG	Frenulotomy Of Penis	$ 463.69
54200-SG	Treatment Of Penis Lesion	$ 345.61
54205-SG	Treatment Of Penis Lesion	$ 650.89
54220-SG	Treatment Of Penis Lesion	$ 345.61
54230-SG	Injection For Cavernosography	$ 345.61
54231-SG	Dynamic Cavernosometry, Including Intracavernosal Injec	$ 345.61
54235-SG	Injection Of Corpora Cavernosa With Pharmacologic Agent	$ 345.61
54240-SG	Penile Plethysmography	$ 345.61
54250-SG	Nocturnal Penile Tumescence Test	$ 345.61
54300-SG	Revision Of Penis	$ 531.37
54304-SG	Plastic Operation On Penis For Correction Of Chordee Or	$ 531.37
54308-SG	Urethroplasty For Second Stage Hypospadias Repair (Incl	$ 531.37
54312-SG	Urethroplasty For Second Stage Hypospadias Repair (Incl	$ 531.37
54316-SG	Urethroplasty For Second Stage Hypospadias Repair (Incl	$ 531.37
54318-SG	Urethroplasty For Third Stage Hypospadias Repair To Rel	$ 531.37
54322-SG	One Stage Distal Hypospadias Repair (With Or Without Ch	$ 531.37
54324-SG	One Stage Distal Hypospadias Repair (With Or Without Ch	$ 531.37
54326-SG	One Stage Distal Hypospadias Repair (With Or Without Ch	$ 531.37
54328-SG	Revise Penis/Urethra	$ 531.37
54340-SG	Repair Of Hypospadias Complications (Ie, Fistula, Stric	$ 531.37
54344-SG	Repair Of Hypospadias Complications (Ie, Fistula, Stric	$ 531.37
54348-SG	Repair Of Hypospadias Complications (Ie, Fistula, Stric	$ 531.37
54352-SG	Reconstruct Urethra/Penis	$ 531.37
54360-SG	Plastic Or. To Correct Angulation	$ 531.37
54380-SG	Revision Of Penis	$ 531.37
54385-SG	Revise Penis/Bladder Defect	$ 531.37
54400-SG	Revision Of Penis	$ 531.37
54401-SG	Insertion Of Penile Prosthesis Inflatable (Self Contain	$ 531.37
54405-SG	Plactic Or. Insertion Of Inflatable	$ 531.37
54406-SG	Remove Muti-Comp Penis Pros	$ 531.37
54408-SG	Repair Multi-Comp Penis Pros	$ 531.37
54410-SG	Remove/Replace Penis Prosth	$ 531.37
54415-SG	Remove Self-Contd Penis Pros	$ 531.37
54416-SG	Remv/Repl Penis Contain Pros	$ 531.37
54420-SG	Revision Of Penis	$ 650.89
54435-SG	Corpara Cavernosa-Glans Penis Fist.	$ 650.89
54440-SG	Revision Of Penis	$ 650.89
54450-SG	Foreskin Manipulation	$ 345.61
54500-SG	Biopsy Of Testis	$ 345.61
54505-SG	Biopsy Of Testis	$ 345.61
54512-SG	Excise Lesion Testis	$ 463.69
54520-SG	Removal Of Testis	$ 531.37
54522-SG	Orchiectomy, Partial	$ 531.37
54530-SG	Removal Of Testis	$ 650.89
54550-SG	Exploration For Testis	$ 650.89
54560-SG	Exploration For Testis	$ 650.89
54600-SG	Reduce Testis Torsion	$ 650.89
54620-SG	Fixation Of Testis	$ 531.37
54640-SG	Fixation Of Testis	$ 650.89
54660-SG	Revision Of Testis	$ 463.69
54670-SG	Repair Testis Injury	$ 531.37
54680-SG	Relocation Of Testis(Es)	$ 531.37

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
54700-SG	Drainage Of Scrotum	$ 463.69
54800-SG	Biopsy Of Epididymis	$ 345.61
54830-SG	Remove Epididymis Lesion	$ 531.37
54840-SG	Remove Epididymis Lesion	$ 650.89
54860-SG	Removal Of Epididymis	$ 531.37
54861-SG	Removal Of Epididymes	$ 650.89
54865-SG	Explore Epididymis W/ Or W/O Biopsy	$ 345.61
55000-SG	Drainage Of Hydrocele	$ 345.61
55040-SG	Removal Of Hydrocele	$ 531.37
55041-SG	Removal Of Hydroceles	$ 650.89
55060-SG	Repair Of Hydrocele	$ 650.89
55100-SG	Drainage Of Scrotum Abscess	$ 345.61
55110-SG	Scrotal Exploration	$ 463.69
55120-SG	Removal Of Scrotum Lesion	$ 463.69
55150-SG	Removal Of Scrotum	$ 345.61
55175-SG	Scrotoplasty; Simple	$ 345.61
55180-SG	Scrotoplasty; Complicated	$ 463.69
55200-SG	Incision Of Sperm Duct	$ 463.69
55250-SG	Removal Of Sperm Duct(S)Vasectomy	$ 463.69
55450-SG	Ligation Of Sperm Duct	$ 345.61
55500-SG	Removal Of Hydrocele	$ 531.37
55520-SG	Removal Of Sperm Cord Lesion	$ 650.89
55530-SG	Revise Spermatic Cord Veins	$ 650.89
55535-SG	Revise Spermatic Cord Veins	$ 650.89
55540-SG	Revise Hernia & Sperm Veins	$ 650.89
55600-SG	Incise Sperm Duct Pouch	$ 345.61
55605-SG	Vesiculotomy-Complicated	$ 345.61
55650-SG	Remove Sperm Duct Pouch	$ 345.61
55680-SG	Remove Sperm Pouch Lesion	$ 345.61
55700-SG	Biopsy Of Prostate	$ 345.61
55705-SG	Biopsy Of Prostate	$ 345.61
55720-SG	Drainage Of Prostate Abscess	$ 345.61
55725-SG	Drainage Of Prostate Abscess	$ 463.69
55860-SG	Exposure Of Prostate, Any Approach, For Insertion Of Ra	$ 650.89
55876-SG	Place Rt Device/Marker, Pros	$ 345.61
56405-SG	Incision And Drainage Of Vulva Or Perineal Abscess	$ 345.61
56420-SG	Drainage Of Vulva Abscess	$ 345.61
56440-SG	Revision Of Vulva Lesion	$ 463.69
56441-SG	Lysis Of Labial Adhesions	$ 345.61
56442-SG	Hymenotomy, Simple Incision	$ 345.61
56501-SG	Destroy, Vulva Lesions, Sim	$ 345.61
56515-SG	Treatment Of Vulva Lesions	$ 531.37
56605-SG	Biopsy Of Vulva Or Perineum (Separate Procedure); One L	$ 345.61
56606-SG	Biopsy Of Vulva Or Perineum (Separate Procedure); Each	$ 345.61
56620-SG	External Genital Surgery	$ 650.89
56625-SG	External Genital Surgery	$ 650.89
56630-SG	External Genital Surgery	$ 650.89
56700-SG	External Genital Surgery	$ 345.61
56740-SG	External Genital Surgery	$ 531.37
56800-SG	External Genital Surgery	$ 531.37
56805-SG	Clitoroplasty For Adrenogenital Syndrome	$ 531.37
56810-SG	Perineoplasty, Repair Of Perineum, Non-Obstetrical (Sep	$ 650.89
56820-SG	Exam Of Vulva W/Scope	$ 345.61
56821-SG	Exam/Biopsy Of Vulva W/Scope	$ 345.61
57000-SG	Drainage Of Pelvic Lesion	$ 345.61
57010-SG	Colpotomy W/Drainage Of Pelvic Absce	$ 463.69
57020-SG	Drainage Of Pelvic Fluid	$ 463.69
57022-SG	I &D Vaginal Hematoma, Ob	$ 345.61
57023-SG	I & D Vag Hematoma, Non-Ob	$ 345.61
57061-SG	Destruction Of Vaginal Lesion(S); Simple, Any Method	$ 345.61
57065-SG	Destruction Of Vaginal Lesion(S); Extensive, Any Method	$ 345.61
57100-SG	Biopsy Of Vagina	$ 345.61
57105-SG	Biopsy-Vaginal Mucosa,Extensive	$ 463.69
57130-SG	Vaginal Surgery	$ 463.69
57135-SG	Excision Of Vaginal Cyst Or Tumor	$ 463.69
57150-SG	Treatment Vaginal Infection	$ 345.61

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
57155-SG	Insert Uteri Tandems/Ovoids	$ 463.69
57160-SG	Insert Pessary/Other Device	$ 345.61
57180-SG	Introduction Of Any Hemostatic Agent Or Pack For Sponta	$ 345.61
57200-SG	Repair Of Vagina	$ 345.61
57210-SG	Repair Vagina/Perineum	$ 463.69
57220-SG	Revision Of Urethra	$ 531.37
57230-SG	Revision Of Urethral Lesion	$ 531.37
57240-SG	Repair Of Bladder Lesion	$ 650.89
57250-SG	Repair Of Rectal Lesion	$ 650.89
57260-SG	Extensive Vaginal Repair	$ 650.89
57265-SG	Extensive Vaginal Repair	$ 650.89
57267-SG	Insert Mesh/Pelvic Flr Addon	$ 650.89
57268-SG	Repair Of Eterocele, Vag Approach	$ 531.37
57287-SG	Revise/Remove Sling Repair	$ 650.89
57288-SG	Sling Operation For Stress Incontin.	$ 650.89
57289-SG	Pereyra Procedure Absence Vaginal	$ 650.89
57291-SG	Construction Of Artificial Vagina	$ 650.89
57300-SG	Repair Rectum/Vagina Lesion	$ 531.37
57310-SG	Repair Urethra/Vagina Lesion	$ 531.37
57311-SG	Closure Of Urethrovaginal Fistula; With Bulbocavernosus	$ 463.69
57320-SG	Repair Bladder/Vagina Lesion	$ 531.37
57400-SG	Dilation Procedure	$ 463.69
57410-SG	Pelvic Examination	$ 463.69
57415-SG	Remove Vaginal Foreign Body	$ 463.69
57420-SG	Exam Of Vagina W/Scope	$ 345.61
57421-SG	Exam/Biopsy Of Vag W/Scope	$ 345.61
57452-SG	Examination Of Vagina	$ 345.61
57454-SG	Colposcopy W/Biopsies	$ 345.61
57455-SG	Biopsy Of Cervix W/Scope	$ 345.61
57456-SG	Endocerv Curettage W/Scope	$ 345.61
57460-SG	Colposcopy (Vaginoscopy); With Loop Electrosurgical Exc	$ 345.61
57461-SG	Conz Of Cervix W/Scope, Leep	$ 345.61
57500-SG	Biopsy Of Cervix	$ 345.61
57505-SG	Endocervical Curettage (Not Done As Part Of A Dilation	$ 345.61
57510-SG	Cauterization Of Cervix	$ 345.61
57511-SG	Cauterization Of Cervix-Cryocautery	$ 345.61
57513-SG	Cauterization/Ceruix,Laser Surgery	$ 345.61
57520-SG	Biopsy Of Cervix	$ 463.69
57522-SG	Conization Of Cervix	$ 463.69
57530-SG	Removal Of Cervix	$ 531.37
57550-SG	Removal Of Cervix Tissue	$ 531.37
57556-SG	Excision Cervical Stump-Enterocele	$ 650.89
57558-SG	Dilation/Curettage Cervical Stump	$ 531.37
57700-SG	Revision Of Cervix	$ 345.61
57720-SG	Revision Of Cervix	$ 531.37
57800-SG	Dilation Of Cervical Canal	$ 345.61
58100-SG	Biopsy Of Uterine Lining	$ 345.61
58120-SG	Dilation And Curettage	$ 463.69
58145-SG	Myomectomy Vag Method	$ 650.89
58300-SG	Insert Intrauterine Device	$ 345.61
58301-SG	Lemoval Of Iud	$ 345.61
58346-SG	Insert Heyman Uteri Capsule	$ 463.69
58353-SG	Endometr Ablate, Thermal	$ 650.89
58555-SG	Hysteroscopy, Dx, Sep Proc	$ 345.61
58558-SG	Hysteroscopy, Biopsy	$ 531.37
58559-SG	Hysteroscopy, Lysis	$ 463.69
58560-SG	Hysteroscopy, Resect Septum	$ 531.37
58561-SG	Hysteroscopy, Remove Myoma	$ 531.37
58562-SG	Hysteroscopy, Remove Fb	$ 531.37
58605-SG	Division Of Fallopian Tube	$ 650.89
58611-SG	Sterilization W/Other Surgery	$ 650.89
58615-SG	Occlusion Of Fallopian Tubes	$ 650.89
58660-SG	Laparoscopy, Lysis	$ 650.89
58661-SG	Laparoscopy, Remove Adnexa	$ 650.89
58662-SG	Laparoscopy, Excise Lesions	$ 650.89
58670-SG	Laparoscopy, Tubal Cautery	$ 531.37

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
58671-SG	Laparoscopy, Tubal Block	$ 531.37
58700-SG	Removal Of Fallopian Tube	$ 650.89
58720-SG	Removal Of Ovary/Tube(S)	$ 650.89
58800-SG	Drainage Of Ovarian Cyst(S)	$ 531.37
58805-SG	Drainage Of Ovarian Cyst(S)	$ 531.37
58820-SG	Drain Ovary Abscess, Open	$ 531.37
58900-SG	Biopsy Of Ovary(S)	$ 531.37
58925-SG	Ovarian Cystectomy-Unicat Or Bilater	$ 531.37
58940-SG	Partial/Total Removal Ovary	$ 650.89
59000-SG	Examination Of Fetal Fluid	$ 345.61
59001-SG	Amniocentesis, Therapeutic	$ 345.61
59012-SG	Cordocentesis (Intrauterine), Any Method	$ 345.61
59015-SG	Chorionic Villus Sampling Chronic Villus Sampling	$ 345.61
59020-SG	Fetal Oxytocin Stress Test	$ 345.61
59025-SG	Fetal Non-Stress Test	$ 345.61
59070-SG	Transabdom Amnioinfus W/Us	$ 345.61
59072-SG	Umbilical Cord Occlud W/Us	$ 345.61
59076-SG	Fetal Shunt Placement, W/Us	$ 345.61
59160-SG	D & C After Delivery	$ 531.37
59200-SG	Insertion Of Hygroscopic Cervical Dilator (Eg, Laminari	$ 345.61
59300-SG	Repair Of Vaginal Wall	$ 345.61
59320-SG	Cerclage Of Cervix, During Pregnancy Vaginal	$ 345.61
59412-SG	External Cephalic Version, With Or Without Tocolysis	$ 650.89
59414-SG	Delivery Of Placenta Following Delivery Of Infant Outsi	$ 650.89
59812-SG	Treatment Of Spontaneous Abortion, Any Trimester, Compl	$ 650.89
59820-SG	Care Of Miscarriage	$ 650.89
59821-SG	Treatment Of Missed Abortion, Completed Surgically Seco	$ 650.89
59870-SG	Uterine Evacuation And Curettage For Hydatidiform Mole	$ 650.89
59871-SG	Remove Cerclage Suture	$ 650.89
60000-SG	Drainage Thyroid/Tongue Cyst	$ 345.61
60100-SG	Biopsy Of Thyroid	$ 345.61
60200-SG	Drainage Thyroid Duct Lesion	$ 463.69
60220-SG	Partial Removal Of Thyroid	$ 463.69
60225-SG	Thyroid Lobectomy W/Contralat. Lob.	$ 531.37
60280-SG	Removal Thyroid Duct Lesion	$ 650.89
60281-SG	Excision Of Thyroglossal Duct Cyst Or Sinus; Recurrent	$ 650.89
60300-SG	Aspir/Inj Thyroid Cyst	$ 345.61
61000-SG	Remove Cranial Cavity Fluid	$ 345.61
61001-SG	Remove Cranial Cavity Fluid	$ 345.61
61020-SG	Removal Brain Cavity Fluid	$ 345.61
61026-SG	Ventricular Puncture Through Previous Burr Hole, Fontan	$ 345.61
61050-SG	Removal Brain Canal Fluid	$ 345.61
61055-SG	Cisternal Or Lateral Cervical Puncture; With Injection	$ 345.61
61070-SG	Manipulate Brain Canal Shunt	$ 345.61
61215-SG	Insertion Of Subcutaneous Reservoir, Pump Or Continuous	$ 531.37
61790-SG	Radiotreatment Facial Nerve	$ 531.37
61791-SG	Creation Of Lesion By Stereotactic Method, Percutaneous	$ 345.61
61880-SG	Removal Of Electrodes	$ 650.89
61885-SG	Incision/Placement Of Receiver	$ 463.69
61888-SG	Removal Of Receiver	$ 345.61
62194-SG	Replacement:Subdural Catheter	$ 345.61
62225-SG	Replacement:Ventricular Catheter	$ 345.61
62230-SG	Replace Shunt,Valve,Distal Catheter	$ 463.69
62252-SG	Csf Shunt Reprogram	$ 345.61
62256-SG	Remove Brain Cavity Shunt	$ 463.69
62263-SG	Lysis Epidural Adhesions	$ 345.61
62264-SG	Epidural Lysis On Single Day	$ 345.61
62268-SG	*Percutaneous Aspiration, Spinal Cord Cyst Or Syrinx	$ 345.61
62269-SG	Needle Biopsy, Spinal Cord	$ 345.61
62270-SG	Spinal Fluid Tap	$ 345.61
62272-SG	Spinal Puncture, Therapeutic, For Drainage Of Spinal Fl	$ 345.61
62273-SG	Inject Epidural Patch	$ 345.61
62274-SG	Injection Spinal Anesthetic	$ 345.61
62275-SG	Injection Of Anesthetic Substance (Including Narcotics)	$ 345.61
62276-SG	Injection Spinal Anesthetic	$ 345.61
62277-SG	Injection Of Anest.-Subdural,Contin.	$ 345.61

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		PHYSICIAN SERVICES FY2020 RATES
Procedure Code	Procedure Description	Medicaid + 38%
62278-SG	Injection Spinal Anesthetic	$ 345.61
62279-SG	Injection Of Anest.-Epidural,Contin.	$ 345.61
62280-SG	Treatment Spinal Cord Lesion	$ 345.61
62281-SG	Injection Of Neurolytic Substance (Eg, Alcohol, Phenol,	$ 345.61
62282-SG	Treatment Spinal Cord Lesion	$ 345.61
62284-SG	Injection For Spine X-Ray	$ 345.61
62288-SG	Injection Into Spinal Canal	$ 345.61
62289-SG	Injection Into Spine-Caudal	$ 345.61
62292-SG	Inj.Proc.For Chemonucleolysis	$ 345.61
62294-SG	Injection For Occlusion/Art. Malfunc	$ 345.61
62310-SG	Inject Spine C/T	$ 345.61
62311-SG	Inject Spine L/S (Cd)	$ 345.61
62318-SG	Inject Spine W/Cath, C/T	$ 345.61
62319-SG	Inject Spine W/Cath L/S (Cd)	$ 345.61
62320-SG	Injection, drainage, aspiration proc on the spine and spinal cord	$ 345.61
62321-SG	Injection, drainage, aspiration proc on the spine and spinal cord	$ 345.61
62322-SG	Injection, drainage, aspiration proc on the spine and spinal cord	$ 345.61
62323-SG	Injection, drainage, aspiration proc on the spine and spinal cord	$ 345.61
62324-SG	Injection, drainage, aspiration proc on the spine and spinal cord	$ 345.61
62325-SG	Injection, drainage, aspiration proc on the spine and spinal cord	$ 345.61
62326-SG	Injection, drainage, aspiration proc on the spine and spinal cord	$ 345.61
62327-SG	Injection, drainage, aspiration proc on the spine and spinal cord	$ 345.61
62350-SG	Implant Spinal Catheter	$ 463.69
62351-SG	Implant Spinal Canal Cath	$ 531.37
62355-SG	Remove Spinal Canal Catheter	$ 463.69
62360-SG	Insert Spine Infusion Device	$ 463.69
62361-SG	Implant Spine Infusion Pump	$ 463.69
62362-SG	Implant Spine Infusion Pump	$ 531.37
62365-SG	Remove Spine Infusion Device	$ 463.69
62367-SG	Analyze Spine Infusion Pump	$ 345.61
62368-SG	Analyze Spine Infusion Pump	$ 345.61
63030-SG	Laminectomy-Herniated Disk-Lumb,Unil	$ 650.89
63075-SG	Diskectomy,Cervical,Antericr Approac	$ 650.89
63600-SG	Examine Spinal Cord Lesion	$ 463.69
63610-SG	Examine Spinal Cord Lesion	$ 345.61
63615-SG	Stereotactic Biopsy, Aspiration, Or Excision Of Lesion,	$ 463.69
63650-SG	Percutaneous Implant Electrodes-Epid	$ 345.61
63685-SG	Incision-Replace Receiver In Spine	$ 463.69
63688-SG	Remove Spinal Receiver	$ 345.61
63744-SG	Revise Spinal Shunt	$ 531.37
63746-SG	Remove Spinal Shunt	$ 463.69
64400-SG	N Block Inj, Trigeminal	$ 345.61
64402-SG	N Block Inj, Facial	$ 345.61
64405-SG	N Block Inj, Occipital	$ 345.61
64408-SG	N Block Inj, Vagus	$ 345.61
64410-SG	N Block Inj, Phrenic	$ 345.61
64412-SG	N Block Inj, Spinal Accessor	$ 345.61
64413-SG	N Block Inj, Cervical Plexus	$ 345.61
64415-SG	Injection For Nerve Block	$ 345.61
64416-SG	N Block Cont Infuse, B Plex	$ 345.61
64417-SG	N Block Inj, Axillary	$ 345.61
64418-SG	N Block Inj, Suprascapular	$ 345.61
64420-SG	N Block Inj, Intercost, Sng	$ 345.61
64421-SG	N Block Inj, Intercost, Mlt	$ 345.61
64425-SG	N Block Inj, Ilio-Ing/Hypogi	$ 345.61
64430-SG	N Block Inj, Pudendal	$ 345.61
64435-SG	N Block Inj, Paracervical	$ 345.61
64445-SG	Injection For Nerve Block	$ 345.61
64446-SG	N Blk Inj, Sciatic, Cont Inf	$ 531.37
64447-SG	N Block Inj Fem, Single	$ 345.61
64450-SG	N Block, Other Peripheral	$ 345.61
64479-SG	Inj Foramen Epidural C/T	$ 345.61
64480-SG	Inj Foramen Epidural Add-On	$ 345.61
64483-SG	Inj Foramen Epidural L/S	$ 345.61
64484-SG	Inj Foramen Epidural Add-On	$ 345.61
64490-SG	Inj Paravert F Jnt C/T 1 Lev	$ 345.61

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
64491-SG	Inj Paravert F Jnt C/T 2 Lev	$ 345.61
64492-SG	Inj Paravert F Jnt C/T 3 Lev	$ 345.61
64493-SG	Lumbar Sacral Injection	$ 345.61
64494-SG	Inj Paravert F Jnt L/S 2 Lev	$ 345.61
64495-SG	Inj Paravert F Jnt L/S 3 Lev	$ 345.61
64505-SG	N Block, Spenopalatine Gangl	$ 345.61
64508-SG	N Block, Carotid Sinus S/P	$ 345.61
64510-SG	N Block, Stellate Ganglion	$ 345.61
64517-SG	N Block Inj, Hypogas Plxs	$ 345.61
64520-SG	N Block, Lumbar/Thoracic	$ 345.61
64530-SG	N Block Inj, Celiac Pelus	$ 345.61
64553-SG	Percutaneous Implant Elect-Cranial	$ 345.61
64555-SG	Percut. Implant Elect-Periph.Nerve	$ 531.37
64561-SG	Implant Neuroelectrodes	$ 531.37
64565-SG	Percut. Implant Elect-Neuromuscular	$ 345.61
64575-SG	Implant Electrode-Peripheral Nerve	$ 345.61
64580-SG	Implant Electrode-Neuromuscular	$ 345.61
64581-SG	Implant Neuroelectrodes	$ 531.37
64585-SG	Remove Peripheral Electrodes	$ 345.61
64590-SG	Incision For Receiver Replacement	$ 463.69
64595-SG	Remove Peripheral Receiver	$ 345.61
64600-SG	Injection Treatment Of Nerve	$ 345.61
64605-SG	Injection Treatment Of Nerve	$ 345.61
64610-SG	Injection Treatment Of Nerve	$ 345.61
64612-SG	Destruction By Neurolytic Agent (Chemodenervation Of Mu	$ 345.61
64620-SG	Injection Treatment Of Nerve	$ 345.61
64630-SG	Injection Treatment Of Nerve	$ 345.61
64633-SG	Destroy Cerv/Thor Facet Jnt	$ 345.61
64634-SG	Destroy C/Th Facet Jnt Addl	$ 345.61
64635-SG	Destroy Lumb/Sac Facet Jnt	$ 345.61
64636-SG	Destroy L/S Facet Jnt Addl	$ 345.61
64640-SG	Injection Treatment Of Nerve	$ 345.61
64650-SG	Chemodenerv Eccrine Glands	$ 345.61
64653-SG	Chemodenerv Eccrine Glands	$ 345.61
64680-SG	Destruction By Neurolytic Agent	$ 463.69
64681-SG	Injection Treatment Of Nerve	$ 463.69
64702-SG	Revision Of Nerve,Finger/Toe	$ 345.61
64704-SG	Revision Of Nerve, Hand/Foot	$ 345.61
64708-SG	Revision Of Nerve, Arm/Leg	$ 463.69
64712-SG	Revision Of Sciatic Nerve	$ 463.69
64713-SG	Revision Of Arm Nerves	$ 463.69
64714-SG	Revision Of Low Back Nerves	$ 463.69
64716-SG	Transposition-Cranial Nerve	$ 531.37
64718-SG	Revise Ulnar Nerve At Elbow	$ 463.69
64719-SG	Revise Ulnar Nerve At Wrist	$ 463.69
64721-SG	Revise Median Nerve At Wrist	$ 463.69
64722-SG	Revise Forearm Nerve	$ 345.61
64726-SG	Revise Foot/Toe Nerve	$ 345.61
64727-SG	Internal Nerve Revision	$ 345.61
64732-SG	Incision Of Brow Nerve	$ 463.69
64734-SG	Incision Of Cheek Nerve	$ 463.69
64736-SG	Incision Of Chin Nerve	$ 463.69
64738-SG	Incision Of Jaw Nerve	$ 463.69
64740-SG	Transection Lingual Nerve	$ 463.69
64742-SG	Incision Of Facial Nerve	$ 463.69
64744-SG	Incise Nerve, Back Of Head	$ 463.69
64746-SG	Incise Diaphragm Nerve	$ 463.69
64763-SG	Incise Hip/Thigh Nerve	$ 463.69
64771-SG	Transection Of Cranial Nerve	$ 463.69
64772-SG	Incise Spinal Nerve	$ 463.69
64774-SG	Remove Lesion, Skin Nerve	$ 463.69
64776-SG	Remove Nerve Lesion, Digit	$ 531.37
64778-SG	Additional Nerve Surgery	$ 463.69
64782-SG	Remove Nerve Lesion	$ 531.37
64783-SG	Additional Nerve Surgery	$ 463.69
64784-SG	Remove Nerve Lesion	$ 531.37

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
64786-SG	Remove Sciatic Nerve Lesion	$ 531.37
64787-SG	Remove Nerve Lesion/Implant	$ 463.69
64788-SG	Removal Of Nerve Lesion	$ 531.37
64790-SG	Removal Of Nerve Lesion	$ 531.37
64792-SG	Removal Of Nerve Lesion	$ 531.37
64795-SG	Biopsy Of Nerve	$ 463.69
64802-SG	Remove Sympathetic Nerves	$ 463.69
64820-SG	Remove Sympathetic Nerves	$ 463.69
64821-SG	Remove Sympathetic Nerves	$ 650.89
64822-SG	Remove Sympathetic Nerves	$ 650.89
64823-SG	Remove Sympathetic Nerves	$ 650.89
64831-SG	Repair Of Nerve, Digital	$ 650.89
64832-SG	Repair Additional Nerve	$ 345.61
64834-SG	Repair Of Nerve, Hand	$ 463.69
64835-SG	Repair Of Nerve, Hand	$ 531.37
64836-SG	Repair Of Nerve, Hand	$ 531.37
64837-SG	Repair Additional Nerve	$ 345.61
64840-SG	Repair Of Nerve, Foot	$ 463.69
64856-SG	Repair/Transpose Nerve	$ 463.69
64858-SG	Repair Sciatic Nerve	$ 463.69
64859-SG	Additional Nerve Surgery	$ 345.61
64861-SG	Repair Of Arm Nerves	$ 531.37
64862-SG	Repair Of Low Back Nerves	$ 531.37
64864-SG	Repair Of Facial Nerve	$ 531.37
64865-SG	Suture-Facial Nerve:Intratemporal	$ 650.89
64872-SG	Repair Of Nerve	$ 463.69
64874-SG	Repair & Revise Nerve Add-On	$ 531.37
64876-SG	Repair Nerve/Shorten Bone	$ 531.37
64885-SG	Nerve Graft (Includes Obtaining Graft), Head Or Neck; U	$ 463.69
64886-SG	Nerve Graft (Includes Obtaining Graft), Head Or Neck; M	$ 463.69
64890-SG	Nerve Graft, Hand Or Foot	$ 463.69
64891-SG	Nerve Graft-Single Strand-Hand/Foot	$ 463.69
64892-SG	Nerve Graft, Arm Or Leg	$ 463.69
64893-SG	Nerve Graft-Single Strand-Arm/Leg	$ 463.69
64895-SG	Nerve Graft, Hand Or Foot	$ 531.37
64896-SG	Nerve Graft-Mult Strand-Hand/Foot	$ 531.37
64897-SG	Nerve Graft, Arm Or Leg	$ 531.37
64898-SG	Nerve Graft-Mult Strand-Arm/Leg	$ 531.37
64901-SG	Nerve Graft-Single Strand:Each Nerve	$ 463.69
64902-SG	Nerve Graft-Mult Strand:Each Nerve	$ 463.69
64905-SG	Nerve Pedicle Transfer-First Stage	$ 463.69
64907-SG	Nerve Pedicle Transfer-Second Stage	$ 345.61
64910-SG	Nerve Repair; W/ Synthetic Conduit	$ 531.37
65091-SG	Revise Eyeball	$ 531.37
65093-SG	Revise Eyeball With Implant	$ 531.37
65101-SG	Removal Of Eyeball	$ 531.37
65103-SG	Remove Eye/Insert Implant	$ 531.37
65105-SG	Remove Eye/Attach Implant	$ 650.89
65110-SG	Removal Of Eyeball	$ 650.89
65112-SG	Remove Eye/Revise Socket	$ 650.89
65114-SG	Remove Eye/Revise Socket	$ 650.89
65125-SG	Modification Of Ocular Implant (Eg, Drilling Receptacle	$ 531.37
65130-SG	Insert Ocular Implant	$ 531.37
65135-SG	Insert Ocular Implant	$ 463.69
65140-SG	Attach Ocular Implant	$ 531.37
65150-SG	Revise Ocular Implant	$ 463.69
65155-SG	Revise Ocular Implant	$ 531.37
65175-SG	Removal Of Ocular Implant	$ 345.61
65205-SG	Remove Foreign Body From Eye	$ 345.61
65210-SG	Remove Foreign Body From Eye	$ 345.61
65220-SG	Remove Foreign Body From Eye	$ 345.61
65222-SG	Remove Foreign Body From Eye	$ 345.61
65235-SG	Remove Foreign Body From Eye	$ 463.69
65260-SG	Remove Foreign Body From Eye	$ 531.37
65265-SG	Remove Foreign Body From Eye	$ 650.89
65270-SG	Repair Wound Of Eye	$ 463.69

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		PHYSICIAN SERVICES FY2020 RATES
Procedure Code	**Procedure Description**	**Medicaid + 38%**
65272-SG	Repair Wound Of Eye	$ 463.69
65275-SG	Repair Wound Of Eye	$ 650.89
65280-SG	Repair Wound Of Eye	$ 650.89
65285-SG	Repair Wound Of Eye	$ 650.89
65286-SG	Repair Of Laceration Application Of Tissue Glue, Wounds	$ 345.61
65290-SG	Repair Wound Of Eye Socket	$ 531.37
65400-SG	Removal Of Eye Lesion	$ 345.61
65410-SG	Biopsy Of Cornea Of Eye	$ 463.69
65420-SG	Removal Of Eye Lesion	$ 463.69
65426-SG	Excision Pterygium W/Graft	$ 650.89
65430-SG	Corneal Smear	$ 345.61
65435-SG	Curette/Treat Cornea	$ 345.61
65436-SG	Curette/Treat Cornea	$ 650.89
65450-SG	Destruction Of Lesion Of Cornea By Cryotherapy, Photoco	$ 345.61
65600-SG	Revision Of Cornea	$ 345.61
65710-SG	Corneal Transplant	$ 650.89
65730-SG	Corneal Transplant	$ 650.89
65750-SG	Corneal Transplant	$ 650.89
65755-SG	Keratoplasty (Corneal Transplant); Penetrating (In Pseu	$ 650.89
65772-SG	Corneal Relaxing Incision For Correction Of Surgically	$ 650.89
65775-SG	Corneal Wedge Resection For Correction Of Surgically In	$ 650.89
65780-SG	Ocular Reconst, Transplant	$ 650.89
65781-SG	Ocular Reconst, Transplant	$ 650.89
65782-SG	Ocular Reconst, Transplant	$ 650.89
65800-SG	Drainage Of Eyeball	$ 345.61
65810-SG	Drainage Of Eyeball	$ 531.37
65815-SG	Drainage Of Eyeball	$ 463.69
65820-SG	Relieve Inner Eye Pressure	$ 345.61
65850-SG	Incision Of Eyeball	$ 650.89
65855-SG	Trabeculoplasty By Laser Surgery, One Or More Sessions	$ 345.61
65860-SG	Severing Adhesions Of Anterior Segment, Laser Technique	$ 345.61
65865-SG	Relieve Inner Eye Adhesions	$ 345.61
65870-SG	Relieve Inner Eye Adhesions	$ 650.89
65875-SG	Relieve Inner Eye Adhesions	$ 650.89
65880-SG	Relieve Inner Eye Adhesions	$ 650.89
65900-SG	Remove Eye Lesion	$ 650.89
65920-SG	Remove Implant From Eye	$ 650.89
65930-SG	Removal Blood Clot-Anterior Segm Eye	$ 650.89
66020-SG	Injection Treatment Of Eye	$ 345.61
66030-SG	Injection Treatment Of Eye	$ 345.61
66130-SG	Remove Eyeball Lesion	$ 650.89
66150-SG	Incision Of Eyeball	$ 650.89
66155-SG	Incision Of Eyeball	$ 650.89
66160-SG	Incision Of Eyeball	$ 463.69
66170-SG	Incision Of Eyeball	$ 650.89
66172-SG	Fistulization Of Sclera For Glaucoma; Trabeculectomy Ab	$ 650.89
66180-SG	Aqueous Shunt To Extraocular Reservoir, (Eg, Molteno, S	$ 650.89
66183-SG	Insertion of an anterior segment drainage device using ext surg approach	$ 650.89
66185-SG	Revision Of Aqueous Shunt To Extraocular Reservoir	$ 463.69
66220-SG	Repair Eyeball Lesion	$ 531.37
66225-SG	Repair/Graft Eyeball Lesion	$ 650.89
66250-SG	Follow-Up Surgery Of Eyeball	$ 463.69
66500-SG	Incision Of Iris	$ 345.61
66505-SG	Incision Of Iris	$ 345.61
66600-SG	Removal Of Iris Lesion	$ 531.37
66605-SG	Removal Of Iris	$ 531.37
66625-SG	Removal Of Iris	$ 345.61
66630-SG	Removal Of Iris	$ 531.37
66635-SG	Removal Of Iris	$ 531.37
66680-SG	Repair Of Iris	$ 531.37
66682-SG	Repair Iris & Ciliary Body	$ 463.69
66700-SG	Relieve Inner Eye Pressure	$ 463.69
66710-SG	Ciliary Body Destruction; Cyclophotocoagulation	$ 463.69
66711-SG	Ciliary Endoscopic Ablation	$ 463.69
66720-SG	Relieve Inner Eye Pressure	$ 463.69
66740-SG	Relieve Inner Eye Pressure	$ 463.69

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		PHYSICIAN SERVICES FY2020 RATES
Procedure Code	**Procedure Description**	**Medicaid + 38%**
66761-SG	Revision Of Iris	$ 345.61
66762-SG	Revision Of Iris	$ 345.61
66770-SG	Removal Of Inner Eye Lesion	$ 345.61
66820-SG	Incision Of Lens Lesion	$ 345.61
66821-SG	Discission Of Secondary Membraneous Cataract (After C	$ 345.61
66825-SG	Repositioning Of Intraocular Lens Prosthesis, Requiring	$ 650.89
66830-SG	Removal Of Lens Lesion	$ 345.61
66840-SG	Removal Lens Material-Aspiration Tec	$ 650.89
66850-SG	Removal Of Lens	$ 650.89
66852-SG	Removal Of Lens Material; Pars Plana Approach, With Or	$ 650.89
66920-SG	Extraction Of Lens	$ 650.89
66930-SG	Extraction Of Lens	$ 650.89
66940-SG	Extraction Of Lens	$ 650.89
66982-SG	Cataract Surgery, Complex	$ 650.89
66983-SG	Cataract Surg W/Iol, 1 Stage	$ 650.89
66984-SG	Cataract Surg W/Iol, 1 Stage	$ 650.89
66985-SG	Insert Lens Prosthesis	$ 650.89
66986-SG	Exchange Of Intraocular Lens	$ 650.89
67005-SG	Partial Removal Of Eye Fluid	$ 650.89
67010-SG	Partial Removal Of Eye Fluid	$ 650.89
67015-SG	Release Of Eye Fluid	$ 345.61
67025-SG	Replace Eye Fluid	$ 345.61
67027-SG	Implant Eye Drug System	$ 650.89
67028-SG	Intravitreal Injection Of A Pharmacologic Agent (Separa	$ 345.61
67030-SG	Incise Inner Eye Strands	$ 345.61
67031-SG	Severing Of Vitreous Strands, Vitreous Face Adhesions,	$ 345.61
67036-SG	Vitrectomy, Mechanical, Pars Plana Approach	$ 650.89
67039-SG	Vitrectomy, Mechanical, Pars Plana Approach; With Focal	$ 650.89
67040-SG	Vitrectomy, Mechanical, Pars Plana Approach With Endola	$ 650.89
67041-SG	Vit For Macular Pucker	$ 650.89
67042-SG	Vit For Macular Hole	$ 650.89
67043-SG	Vit For Membrane Dissect	$ 650.89
67101-SG	Repair Detached Retina	$ 345.61
67105-SG	Repair Detached Retina	$ 345.61
67107-SG	Repair Detached Retina	$ 650.89
67108-SG	Repair Detached Retina	$ 650.89
67110-SG	Repair Of Retinal Detachment, One Or More Sessions; By	$ 345.61
67112-SG	Rerepair Detached Retina	$ 650.89
67113-SG	Repair Complex Retinal Detachment	$ 650.89
67115-SG	Release Encircling Material	$ 463.69
67120-SG	Revision Of Inner Eye	$ 463.69
67121-SG	Removal Of Implanted Material, Posterior Segment; Intra	$ 463.69
67141-SG	Prophylaxis Of Retinal Detachment (Eg, Retinal Break, L	$ 345.61
67145-SG	Prophylaxis Of Retinal Detachment (Eg, Retinal Break, L	$ 345.61
67208-SG	Destruction Of Localized Lesion Of Retina (Eg, Maculopa	$ 345.61
67210-SG	Destruction Of Localized Lesion Of Retina (Eg, Maculopa	$ 345.61
67218-SG	Treatment Inner Eye Lesion	$ 650.89
67220-SG	Treat Choroid Lesion	$ 345.61
67221-SG	Ocular Photodynamic Ther	$ 345.61
67227-SG	Destruction Of Extensive Or Progressive Retinopathy (Eg	$ 345.61
67228-SG	Destruction Of Extensive Or Progressive Retinopathy (Eg	$ 345.61
67229-SG	Tr Retinal Les Preterm Inf	$ 345.61
67250-SG	Reinforce Eyeball Wall	$ 531.37
67255-SG	Reinforce/Graft Eyeball Wall	$ 531.37
67311-SG	Revise Eye Ball Muscle	$ 531.37
67312-SG	Revise 2 Eye Ball Muscles	$ 650.89
67314-SG	Strabismus Surgery, Recession Or Resection Procedure (P	$ 650.89
67316-SG	Strabismus Surgery, Recession Or Resection Procedure (P	$ 650.89
67318-SG	Strabismus Surgery, Any Procedure (Patient Not Previous	$ 650.89
67320-SG	Revise Eye Ball Muscles	$ 650.89
67331-SG	Revise Eye Ball Muscles	$ 650.89
67332-SG	Rerevise Eye Ball Muscles	$ 650.89
67334-SG	Strabismus Surgery By Posterior Fixation Suture Techniq	$ 650.89
67335-SG	Adjustable Suture Technique During Strabismus Surgery	$ 650.89
67340-SG	Strabismus Surgery Involving Exploration And/Or Repair	$ 650.89
67343-SG	Release Of Extensive Scar Tissue Without Detaching Extr	$ 650.89

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
67345-SG	Chemodenervation Of Extraocular Muscle	$ 345.61
67346-SG	Biopsy Of Extraocular Muscle	$ 345.61
67400-SG	Explore/Treat Eye Socket	$ 531.37
67405-SG	Explore/Treat Eye Socket	$ 650.89
67412-SG	Explore/Treat Eye Socket	$ 650.89
67413-SG	Explore/Treat Eye Socket	$ 650.89
67415-SG	Aspiration, Orbital Contents	$ 345.61
67420-SG	Explore/Treat Eye Socket	$ 650.89
67430-SG	Explore/Treat Eye Socket	$ 650.89
67440-SG	Explore/Treat Eye Socket	$ 650.89
67445-SG	Explr/Decompress Eye Socket	$ 650.89
67450-SG	Explore/Treat Eye Socket	$ 650.89
67500-SG	Inject/Treat Eye Socket	$ 345.61
67505-SG	Inject/Treat Eye Socket	$ 345.61
67515-SG	Inject/Treat Eye Socket	$ 345.61
67550-SG	Insert Eye Socket Implant	$ 650.89
67560-SG	Revise Eye Socket Implant	$ 463.69
67570-SG	Optic Nerve Decompression (Eg, Incision Or Fenestration	$ 650.89
67700-SG	Drainage Of Eyelid Abscess	$ 345.61
67710-SG	Incision Of Eyelid	$ 345.61
67715-SG	Incision Of Eyelid	$ 345.61
67800-SG	Remove Eyelid Lesion	$ 345.61
67801-SG	Remove Eyelid Lesions	$ 345.61
67805-SG	Remove Eyelid Lesions	$ 345.61
67808-SG	Remove Eyelid Lesion(S)	$ 463.69
67810-SG	Biopsy Of Eyelid	$ 345.61
67820-SG	Revise Eyelashes	$ 345.61
67825-SG	Revise Eyelashes	$ 345.61
67830-SG	Revise Eyelashes	$ 463.69
67835-SG	Revise Eyelashes	$ 463.69
67840-SG	Remove Eyelid Lesion	$ 345.61
67850-SG	Destruction Of Lesion Of Lid Margin	$ 345.61
67875-SG	Temporary Closure Of Eyelids By Suture (Eg, Frost Sutur	$ 345.61
67880-SG	Revision Of Eyelid(S)	$ 531.37
67882-SG	Tarsorrhaphy W/Transp. Of Tarsal Plt	$ 531.37
67900-SG	Repair Of Brow Ptosis (Supraciliary, Mid-Forehead Or Co	$ 650.89
67901-SG	Repair Eyelid Defect	$ 650.89
67902-SG	Repair Eyelid Defect	$ 650.89
67903-SG	Repair Eyelid Defect	$ 650.89
67904-SG	Repair Blepharoptosis-Levator Reject	$ 650.89
67906-SG	Repair Eyelid Defect	$ 650.89
67908-SG	Repair Blepharoptosis:Conj-Tar Resec	$ 650.89
67909-SG	Revise Eyelid Defect	$ 650.89
67911-SG	Revise Eyelid Defect	$ 531.37
67912-SG	Correction Eyelid W/Implant	$ 531.37
67914-SG	Repair Eyelid Defect	$ 531.37
67915-SG	Repair Eyelid Defect	$ 345.61
67916-SG	Repair Eyelid Defect	$ 650.89
67917-SG	Repair Eyelid Defect	$ 650.89
67921-SG	Repair Eyelid Defect	$ 531.37
67922-SG	Repair Eyelid Defect	$ 345.61
67923-SG	Repair Eyelid Defect	$ 650.89
67924-SG	Repair Eyelid Defect	$ 650.89
67930-SG	Repair Eyelid Wound	$ 345.61
67935-SG	Repair Eyelid Wound	$ 463.69
67938-SG	Remove Foreign Body, Eyelid	$ 345.61
67950-SG	Revision Of Eyelids	$ 463.69
67961-SG	Eyelid Repair-Under 1/4 Lid Margin	$ 531.37
67966-SG	Eyelid Repair-Over 1/4 Lid Margin	$ 531.37
67971-SG	Reconstruction Of Eyelid	$ 531.37
67973-SG	Reconstruction Of Eyelid	$ 531.37
67974-SG	Reconstruction Of Eyelid	$ 531.37
67975-SG	Reconstruction Of Eyelid	$ 531.37
68020-SG	Incise/Drain Eyelid Lesion	$ 345.61
68040-SG	Treatment Of Eyelid Lesions	$ 345.61
68100-SG	Biopsy Eyelid Lining	$ 345.61

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
68110-SG	Remove Eyelid Lining Lesion	$ 345.61
68115-SG	Remove Eyelid Lining Lesion	$ 463.69
68130-SG	Remove Eyelid Lining Lesion	$ 463.69
68135-SG	Remove Eyelid Lining Lesion	$ 345.61
68200-SG	Injection Treatment Eyelid	$ 345.61
68320-SG	Revise/Graft Eyelid Lining	$ 650.89
68325-SG	Revise/Graft Eyelid Lining	$ 650.89
68326-SG	Revise Eyelid Lining	$ 650.89
68328-SG	Revise/Graft Eyelid Lining	$ 650.89
68330-SG	Revise Eyelid Lining	$ 650.89
68335-SG	Revise/Graft Eyelid Lining	$ 650.89
68340-SG	Separate Eyelid Adhesions	$ 650.89
68360-SG	Revise Eyelid Lining	$ 463.69
68362-SG	Revise Eyelid Lining	$ 463.69
68371-SG	Harvest Eye Tissue, Alograft	$ 463.69
68400-SG	Incise/Drain Tear Gland	$ 345.61
68420-SG	Incise/Drain Tear Sac	$ 345.61
68440-SG	Incise Tear Duct Opening	$ 345.61
68500-SG	Removal Of Tear Gland	$ 531.37
68505-SG	Partial Removal, Tear Gland	$ 531.37
68510-SG	Biopsy Of Tear Gland	$ 345.61
68520-SG	Removal Of Tear Sac	$ 531.37
68525-SG	Biopsy Of Tear Sac	$ 345.61
68530-SG	Clearance Of Tear Duct	$ 345.61
68540-SG	Remove Tear Gland Lesion	$ 531.37
68550-SG	Remove Tear Gland Lesion	$ 531.37
68700-SG	Repair Tear Ducts	$ 463.69
68705-SG	Revise Tear Duct Opening	$ 345.61
68720-SG	Incise Tear Ducts	$ 650.89
68745-SG	Incise Tear Ducts	$ 650.89
68750-SG	Establish Tear Duct Channel	$ 650.89
68760-SG	Close Tear Duct Opening	$ 345.61
68761-SG	Closure Of The Lacrimal Punctum; By Plug, Each	$ 345.61
68770-SG	Close Tear System Fistula	$ 650.89
68801-SG	Dilate Tear Duct Opening	$ 345.61
68810-SG	Probe Nasolacrimal Duct	$ 345.61
68811-SG	Probe Nasolacrimal Duct	$ 463.69
68815-SG	Probe Nasolacrimal Duct	$ 463.69
68816-SG	Probe Nl Duct W/Balloon	$ 463.69
68840-SG	Exploration Of Tear Ducts	$ 345.61
69000-SG	Drain External Ear Lesion	$ 345.61
69005-SG	Drain External Ear Lesion	$ 345.61
69020-SG	Drain Outer Ear Canal Lesion	$ 345.61
69100-SG	Biopsy Of External Ear	$ 345.61
69105-SG	Biopsy Of External Ear Canal	$ 345.61
69110-SG	Remove External Ear, Partial	$ 345.61
69120-SG	Removal Of External Ear	$ 463.69
69140-SG	Remove Ear Canal Lesion(S)	$ 463.69
69145-SG	Remove Ear Canal Lesion(S)	$ 463.69
69150-SG	Extensive Outer Ear Surgery	$ 463.69
69200-SG	Clear Outer Ear Canal	$ 345.61
69205-SG	Clear Outer Ear Canal	$ 345.61
69210-SG	Remove Impacted Ear Wax	$ 345.61
69220-SG	Clean Mastoid Cavity Simp, Unilat	$ 345.61
69222-SG	Clean Mastoid Cavity Complex Unilat.	$ 345.61
69300-SG	Revise External Ear	$ 531.37
69310-SG	Reconstruction Of External Auditory Canal (Meatoplasty)	$ 531.37
69320-SG	Rebuild Outer Ear Canal	$ 650.89
69420-SG	Myringotomy A/Or Tube Inflation	$ 345.61
69421-SG	Myringotomy Including Aspiration And/Or Eustachian Tube	$ 531.37
69424-SG	Ventilating Tube Removal Unilateral	$ 345.61
69433-SG	Tympanostomy Unilateral Local Anesth	$ 345.61
69436-SG	Tympanostomy Gen Anesthesia Unilater	$ 531.37
69440-SG	Exploration Of Middle Ear	$ 531.37
69450-SG	Tympanolysis Transcanal	$ 345.61
69501-SG	Transmastoid Antrotomy	$ 650.89

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
69502-SG	Mastoidectomy-Complete	$ 650.89
69505-SG	Removal Mastoid Structures	$ 650.89
69511-SG	Mastoidectomy-Radical	$ 650.89
69530-SG	Remove Part Of Temporal Bone	$ 650.89
69540-SG	Remove Ear Lesion	$ 345.61
69550-SG	Remove Ear Lesion	$ 650.89
69552-SG	Remove Ear Lesion	$ 650.89
69601-SG	Revise Mastoid Surgery	$ 650.89
69602-SG	Revise Mastoid Surgery	$ 650.89
69603-SG	Revise Mastoid Surgery	$ 650.89
69604-SG	Revise Mastoid Surgery	$ 650.89
69605-SG	Revise Mastoid Surgery	$ 650.89
69610-SG	Repair Of Eardrum	$ 345.61
69620-SG	Repair Of Eardrum	$ 463.69
69631-SG	Repair Eardrum Structures	$ 650.89
69632-SG	Rebuild Eardrum Structures	$ 650.89
69633-SG	Tymp Without Mastoid With Torp	$ 650.89
69635-SG	Repair Eardrum Structures	$ 650.89
69636-SG	Rebuild Eardrum Structures	$ 650.89
69637-SG	Tymp With Torp With Ant Or Mastoid	$ 650.89
69641-SG	Revise Middle Ear & Mastoid	$ 650.89
69642-SG	Revise Middle Ear & Mastoid	$ 650.89
69643-SG	Revise Middle Ear & Mastoid	$ 650.89
69644-SG	Revise Middle Ear & Mastoid	$ 650.89
69645-SG	Revise Middle Ear & Mastoid	$ 650.89
69646-SG	Revise Middle Ear & Mastoid	$ 650.89
69650-SG	Release Middle Ear Bone	$ 650.89
69660-SG	Revise Middle Ear Bone	$ 650.89
69661-SG	Stapedectomy W/Footplate Drill Out	$ 650.89
69662-SG	Revision Of Stapedectomy Or Stapedotomy	$ 650.89
69666-SG	Repair Middle Ear Structures	$ 650.89
69667-SG	Repair Middle Ear Structures	$ 650.89
69670-SG	Remove Mastoid Air Cells	$ 531.37
69676-SG	Tympanic Neurectomy Unilateral	$ 531.37
69700-SG	Close Mastoid Fistula	$ 531.37
69710-SG	Implantation Or Replacement Of Electromagnetic Bone Con	$ 531.37
69711-SG	Removal Or Repair Of Electromagnetic Bone Conduction He	$ 345.61
69720-SG	Release Facial Nerve	$ 650.89
69725-SG	Release Facial Nerve	$ 650.89
69740-SG	Repair Facial Nerve	$ 650.89
69745-SG	Repair Facial Nerve	$ 650.89
69801-SG	Incise Inner Ear	$ 650.89
69805-SG	Explore Inner Ear	$ 650.89
69806-SG	Explore Inner Ear	$ 650.89
69820-SG	Establish Inner Ear Window	$ 650.89
69840-SG	Revise Inner Ear Window	$ 650.89
69905-SG	Remove Inner Ear	$ 650.89
69910-SG	Remove Inner Ear & Mastoid	$ 650.89
69915-SG	Incise Inner Ear Nerve	$ 650.89
69930-SG	Cochlear Device Implantation	$ 650.89
92018-SG	Eye Exam & Treatment	$ 345.61
92019-SG	Eye Exam & Treatment Subsequent	$ 345.61
A4263	Permanent tear duct plug	$ 47.65
A4550	Surgical trays used in other medical items or services	$ 46.22
A4563	Rectal Control System for Vaginal Insertion	$ 165.89
A4641	Supply of Radiopharmceutical Diagnosist Imaging Agent	$ 336.43
A5514	Mult Den Insert Dir Carv/Cam	$ 55.83
A9500	Technetium TC 99M Sestamibi	$ 129.58
A9502	Technetium TC 99M Tetrofosmin	$ 371.47
A9505	Thallous Chloride Tl 201/MCI	$ 43.01
A9517	TH I131 Iodide Cap Millic	$ 92.56
A9589	Instillation Hexaminoevulinate Hydrochloride 100 Mg	$ 1,399.25
A9606	Radium Ra223 Dichloride Ther	$ 187.68
C2623	Cath, Translumin, Drug-Coat	$ 1.32
C9739	Cystoscopy Prostatic Imp 1-3	$ 1,541.64
C9740	Cysto Impl 4 Or More	$ 3,513.74

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
G0027	Semen Analysis	$ 8.97
G0103	Psa, Total Screening	$ 26.65
G0117	Glaucoma Scrn Hgh Risk Direc	$ 83.31
G0118	Glaucoma Scrn Hgh Risk Direc	$ 59.64
G0123	Screen Cerv/Vag Thin Layer	$ 27.96
G0127	Trim Nail(S)	$ 35.36
G0128	Corf Skilled Nursing Service	$ 12.10
G0141	reen Cerv/Vag, Automated System, W/Manual Rescreening, Physician Interpretat	$ 47.17
G0144	Scr C/V Cyto,Thinlayer,Rescr	$ 60.68
G0147	Scr C/V Cyto, Automated Sys	$ 20.69
G0148	Scr C/V Cyto, Autosys, Rescr	$ 44.08
G0237	Therapeutic Procd Strg Endur	$ 16.24
G0238	Oth Resp Proc, Indiv	$ 17.28
G0239	Oth Resp Proc, Group	$ 19.33
G0245	Initial Eval & Management Diabetic Patient	$ 97.19
G0246	Follow-Up Eval & Mang Diabetic Patient	$ 56.98
G0247	Routine Footcare Pt W Lops	$ 112.48
G0268	Removal of Impacted Wax by Physician	$ 63.92
G0277	Hbot, Full Body Chamber, 30M	$ 63.19
G0278	Iliac Art Angio,Cardiac Cath	$ 17.79
G0288	Recon, Cta For Surg Plan	$ 59.11
G0297	Ldct For Lung Ca Screen	$ 268.00
G0306	Cbc/Diffwbc W/O Platelet	$ 10.72
G0307	Cbc Without Platelet	$ 8.93
G0341	Percutaneous Islet Celltrans	$ 3,464.17
G0342	Laparoscopy Islet Cell Trans	$ 1,000.07
G0343	Laparotomy Islet Cell Transp	$ 1,662.32
G0404	Ekg Tracing For Initial Prev	$ 15.22
G0405	Ekg Interpret & Report Preve	$ 12.10
G0409	Corf Related Serv 15 Mins Ea	$ 28.65
G0412	Open Tx Iliac Spine Uni/Bil	$ 1,051.13
G0413	Pelvic Ring Fracture Uni/Bil	$ 1,541.83
G0414	Pelvic Ring Fx Treat Int Fix	$ 1,443.38
G0415	Open Tx Post Pelvic Fxcture	$ 1,973.97
G0416	Prostate Biopsy, Any Mthd	$ 1,014.98
G0424	Pulmonary Rehab W Exer	$ 38.31
G0429	Dermal Filler Injection(S) For The Treatment Of Facial	$ 145.31
G0432	Eia Hiv-1/Hiv-2 Soren	$ 27.01
G0433	Elisa Hiv-1/Hiv-2 Screen	$ 25.24
G0435	Oral Hiv-1/Hiv-2 Screen	$ 16.53
G0444	Depression Screen Annual	$ 27.60
G0445	High Inten Beh Couns Std 30M	$ 38.90
G0446	Intens Behave Ther Cardio Dx	$ 37.87
G0447	Behavior Counsel Obesity 15M	$ 37.87
G0471	Ven Blood Coll Snf/Hha	$ 6.90
G0472	Hep C Screen High Risk/Other	$ 63.96
G0475	Hiv Combination Assay	$ 33.23
G0476	Hpv Combo Assay Ca Screen	$ 48.42
G0480	Drug Test Def 1-7 Classes	$ 157.91
G0481	Drug Test Def 8-14 Classes	$ 216.09
G0482	Drug Test Def 15-21 Classes	$ 274.26
G0483	Drug Test Def 22+ Classes	$ 340.75
G0659	Drug Test Def Simple All Cl	$ 89.27
G6001	Echo Guidance Radiotherapy	$ 68.70
G6002	Stereoscopic X-Ray Guidance	$ 100.37
G6003	Radiation Treatment Delivery	$ 218.50
G6004	Radiation Treatment Delivery	$ 168.76
G6005	Radiation Treatment Delivery	$ 189.05
G6006	Radiation Treatment Delivery	$ 188.05
G6007	Radiation Treatment Delivery	$ 347.46
G6008	Radiation Treatment Delivery	$ 233.95
G6009	Radiation Treatment Delivery	$ 259.07
G6010	Radiation Treatment Delivery	$ 259.07
G6011	Radiation Treatment Delivery	$ 371.59
G6012	Radiation Treatment Delivery	$ 307.38
G6013	Radiation Treatment Delivery	$ 346.49

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
G6014	Radiation Treatment Delivery	$ 346.01
G6015	Radiation Tx Delivery Imrt	$ 539.69
G6016	Delivery Comp Imrt	$ 539.69
J0121	Injection, omadacycline, 1 mg	$ 4.36
J0122	Injection, eravacycline, 1 mg	$ 1.30
J0129	Abatacept Injection	$ 28.21
J0153	Adenosine Inj 1Mg	$ 1.26
J0178	Aflibercept Injection	$ 1,469.73
J0179	Injection, brolucizumab-dbll, 1 mg	$ 402.34
J0185	Aprepitant Injection	$ 2.66
J0202	Injection, Alemtuzumab	$ 2,314.33
J0295	Ampicillin Sodium Per 1.5 Gm	$ 23.14
J0456	Azithromycin	$ 77.20
J0475	Injection, Baclofen, 10 Mg	$ 301.36
J0517	Benralizumab Inj 1Mg	$ 214.80
J0585	Botulism Toxin Type A	$ 8.69
J0595	Butorphanol Tartrate 1 Mg	$ 7.71
J0637	Caspofungin Acetate	$ 128.00
J0640	Injection, Calcium Leucovorin, Up To 3 Mg	$ 47.20
J0642	Injection, levoleucovorin (khapzory), 0.5 mg	$ 2.55
J0670	Injection, Carbocaine	$ 6.17
J0690	Injection, Cefazolin Sodium, Ancef, Kefzol, Up To 500 M	$ 9.78
J0691	Injection, lefamulin, 1 mg	$ 0.90
J0692	Cefepime Hcl For Injection	$ 86.46
J0696	Injection, Ceftriaxone Sodium, Per 250 Mg	$ 1.09
J0698	Cefotaxime Sodium, Per Gm	$ 37.78
J0702	Betamethasone Acet&Sod Phosp	$ 8.61
J0735	Clonidine Hydrochloride	$ 108.08
J0743	Injection, Cilastatin Sodium; Imipenem, Per 250 Mg	$ 104.41
J0744	Ciprofloxacin Iv	$ 46.33
J0780	Injection, Compazine, Up To 10Mg	$ 23.14
J0791	Injection, Crizanlizumab-TMCA, 5 mg	$ 152.08
J0875	Injection, Dalbavancin	$ 19.33
J0881	Darbepoetin Alfa, Non-Esrd	$ 6.18
J0882	Darbepoetin Alfa, Esrd Use	$ 5.55
J0897	Denosumab Injection	$ 20.81
J1000	Injection, Depo-Estradiol Cypionate, Up To 5 Mg	$ 30.22
J1020	Injection, Depo-Medrol, 20 Mg	$ 8.40
J1030	Injection, Depo-Medrol, 40 Mg	$ 5.63
J1040	Injection, Depo-Medrol, 80 Mg	$ 10.97
J1050	Medroxyprogesterone Acetate	$ 0.52
J1071	Inj Testosterone Cypionate	$ 0.04
J1094	Inj Dexamethasone Acetate	$ 16.59
J1100	Injection, Dexamethosone, Up To 4Mg/Ml	$ 6.54
J1110	Injection, D.H.E.45, Up To 1 Mg	$ 53.53
J1165	Injection, Dilantin	$ 7.71
J1200	Injection, Diphenhydramine Hcl, Benadryl, Up To 50 Mg	$ 19.83
J1245	Injection, Dipyridamole, Per 10 Mg	$ 100.35
J1250	Injection Dobutamine Hydrochloride, Per 250 Mc	$ 59.24
J1260	Dolasetron Mesylate	$ 48.44
J1270	Injection, Doxercalciferol	$ 1.21
J1303	Injection, ravulizumab-cwvz, 10 mg	$ 286.65
J1322	Elosulfase Alfa, Injection	$ 299.68
J1335	Ertapenem Injection	$ 43.68
J1439	Inj Ferric Carboxymaltos 1Mg	$ 1.45
J1447	Inj Tbo Filgrastim 1 Microg	$ 5.11
J1454	Fosnetupitant 235 Mg and Palonosetron .25Mg	$ 670.82
J1558	Injection, Immune Globulin (Xembify), 100 mg	$ 20.92
J1575	Hyqvia 100Mg Immuneglobulin	$ 14.37
J1580	Injection, Garamycin, Gentamicin Up To 80 Mg	$ 18.51
J1626	Granisetron Hcl Injection	$ 74.19
J1631	Injection, Haloperidol Decanoate	$ 86.58
J1642	Inj Heparin Sodium Per 10 U	$ 5.41
J1644	Inj Heparin Sodium Per 1000U	$ 3.26
J1650	Injection, Enoxaparin Sodium, 10 Mg	$ 29.39
J1670	Injection, Homo-Tet, Tetanus Immune Globulin, Human, Up	$ 18.51

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
J1720	Injection, Hydrocortisone As Sodium Succinate, Solu Cor	$ 6.60
J1726	Makena, 10 Mg	$ 1,045.23
J1740	Ibandronate Sodium Injection	$ 243.82
J1745	Infliximab Not Biosimil 10Mg	$ 86.55
J1750	Iron Dextran	$ 53.41
J1756	Iron Sucrose Injection	$ 1.56
J1790	Injection, Inapsine, Up To 5 Mg	$ 27.81
J1815	Insulin Injection	$ 3.67
J1885	Injection, Ketorolac Tromethamine, Per 15 Mg	$ 18.38
J1940	Injection, Lasix, Up To 20 Mg	$ 18.16
J1943	Injection, aripiprazole lauroxil, (aristada initio), 1 mg	$ 3.52
J1944	Injection, aripiprazole lauroxil, (aristada), 1 mg	$ 3.46
J1950	Injection, Leuprolide Acetate, Per 3.75 Mg (Lupron)	$ 657.14
J1956	Levofloxacin Injection	$ 57.59
J2001	Lidocaine Injection	$ 12.08
J2010	Injection, Lincocin, Lincomycin, Up To 300 Mg	$ 14.74
J2060	Injection, Lorazepam, 2 Mg	$ 40.06
J2150	Injection, Mannitol, 25% In 50 Ml	$ 23.54
J2175	Injection, Meperdine	$ 15.72
J2180	Injection, Mepergan, Up To 50 Mg	$ 23.64
J2210	Injection, Methergine Maleate, Up To 0.2 Mg	$ 13.12
J2250	Injection, Midazolam Hci, Per 1 Mg (Versed)	$ 35.41
J2270	Injection, Morphine, Up To 10 Mg	$ 17.84
J2274	In Morphine Preservativ Free	$ 12.52
J2300	Injection, Nalbuphine Hci, Per 10 Mg (Nubain)	$ 24.18
J2315	Naltrexone, Depot Form	$ 4.55
J2353	Octreotide Injection, Depot	$ 222.66
J2405	Odansetron Hydrochloride, Per 1 Mg	$ 21.07
J2407	Injection, Oritavancin	$ 34.00
J2469	Palonosetron Hcl	$ 81.02
J2501	Paricalcitol	$ 1.26
J2505	Injection, Pegfilgrastim 6Mg	$ 3,986.78
J2510	Injection, Penicillin, Procaine Aqueous, Up To 600,000	$ 24.43
J2550	Injection, Phenergan, Up To 50 Mg	$ 13.91
J2675	Injection, Progesterone	$ 34.21
J2704	Inj, Propofol, 10 Mg	$ 0.15
J2765	Injection, Reglan, Up To 10 Mg	$ 6.73
J2778	Ranibizumab Injection	$ 594.23
J2780	Ranitidine Hydrochloride Inj	$ 14.81
J2788	Rho D Immune Globulin 50 Mcg	$ 174.46
J2790	Rhogam, Rho D Immune Globulin, Human, One Dose Package	$ 154.70
J2791	Rhophylac Injection	$ 7.07
J2798	Injection, risperidone, (perseris), 0.5 mg	$ 12.48
J2820	Injection, Sargramostim (Gm-Csf), 250 Mcg	$ 94.19
J2916	Na Ferric Gluconate Complex	$ 16.99
J2920	Injection, Solu-Medrol, Up To 40 Mg	$ 13.46
J2930	Solu-Medrol, Up To 125 Mg	$ 21.74
J2950	Injection, Sparine, Up To 25 Mg	$ 26.25
J2997	Alteplase Recombinant	$ 81.38
J3010	Injection, Sublimaze, Up To 2 Ml	$ 20.69
J3030	Injection, Sumatriptan Succinate, 6Mg (Imitrex)	$ 108.96
J3070	Pentazocine Injection	$ 38.60
J3090	Inj Tedizolid Phosphate	$ 1.61
J3105	Terbutaline Sulfate, Up To 1 Mg.	$ 59.34
J3111	Injection, romosozumab-aqqg, 1 mg	$ 11.51
J3121	Inj Testostero Enanthate 1Mg	$ 0.07
J3145	Testosterone Undecanoate 1Mg	$ 1.57
J3230	Injection, Thorazine, Chlorproma Zine, Up To 50 Mg	$ 10.03
J3250	Injection, Tigan, Up To 200 Mg	$ 22.44
J3260	Injection, Tobramycin Sulfate, Nebcin, Up To 80 Mg	$ 15.43
J3300	Triamcinolone A Inj Prs-Free	$ 5.64
J3301	Injection Triamcinolone Acetonide, Per 10Mg	$ 2.48
J3303	Injection Triamcinolone Hexacetonide, Per 5Mg	$ 11.58
J3304	Triamcinolone Ace XR 1Mg	$ 24.26
J3357	Ustekinumab, For Subcutaneiou Injection, 1 Mg	$ 202.68
J3360	Injection, Valium, Up To 5 Mg	$ 21.24

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
J3370	Injection, Vancocin Hci, Up To 500 Mg	$ 7.71
J3380	Injection, Vedolizumab	$ 22.60
J3410	Injection, Vistaril	$ 13.47
J3415	Pyridoxine Hcl 100 Mg	$ 16.99
J3420	Injection, Vitamin B- 12, Up To 1000 Mcg	$ 12.90
J3430	Injection, Vitamin K, Up To 10 Mg	$ 17.76
J3475	Inj Magnesium Sulfate	$ 32.51
J3480	Injection, Postassium Chloride, Per 2 Meq	$ 8.60
J3489	Zoledronic Acid 1Mg	$ 134.05
J3490	Unclassified Drugs	$ 77.56
J3535	Drug Administered Through A Metered Dose Inhaler	$ 41.69
J7030	Infusion, Normal Saline Solution , 1000 Cc	$ 32.61
J7040	Infusion, Normal Saline Solution , 500 Cc	$ 27.41
J7042	5% Dextrose/Normalsaline (500 Ml = 1 Unit)	$ 37.49
J7050	Infusion, Normal Saline Solution , 250 Cc	$ 25.71
J7060	Infusion, D5W, 500 Cc	$ 26.36
J7070	Infusion, D5W, 1000 Cc	$ 97.86
J7120	Ringers Injection, Up To 1000 Cc	$ 32.10
J7170	Injection Emicizumab-Kxwh .5 Mg	$ 61.56
J7181	Factor Xiii Recomb A-Subunit	$ 18.45
J7200	Factor Ix Recombinan Rixubis	$ 1.68
J7201	Factor Ix Alprolix Recomb	$ 3.80
J7205	Factor Viii Fc Fusion Recomb	$ 2.53
J7208	njection, factor viii, (antihemophilic factor, recombinant), pegylated-aucl, (jivi), 1 i.u	$ 2.55
J7296	Kyleena, 19.5 Mg	$ 1,271.88
J7297	Liletta, 52 Mg	$ 923.74
J7298	Mirena, 52 Mg	$ 1,158.18
J7300	Contraceptive Iud, Copper	$ 923.26
J7301	Skyla, 13.5 Mg	$ 974.79
J7303	Contraceptive Vaginal Ring	$ 33.98
J7304	Contraceptive Hormone Patch	$ 19.09
J7306	Levonorgestrel Implant Sys	$ 550.55
J7307	Etonogestrel Implant System	$ 1,092.49
J7308	Aminolevulinic Acid Hcl Top	$ 308.79
J7312	Dexamethasone Intra Implant	$ 2,853.87
J7313	Fluocinol Acet Intravit Imp	$ 651.58
J7316	Inj, Ocriplasmin, 0.125 Mg	$ 1,480.28
J7327	Monovisc Inj Per Dose	$ 1,333.38
J7330	Cultured Chondrocytes Implnt	$ 393.58
J7336	Capsaicin 8% Patch	$ 3.67
J7510	Prednisolone Oral Per 5 Mg	$ 4.94
J7513	Daclizumab, Parenteral	$ 6.06
J7613	Albuterol Unit Dose	$ 0.07
J7614	Levalbuterol Unit Dose	$ 7.71
J7644	Ipratropium Brom Inh Sol U D	$ 10.85
J7674	Methacholine Chloride, Neb	$ 1.08
J7699	Noc Drugs, Inhalation Solution Administered Through Dme	$ 10.49
J8521	Capecitabine, Oral, 500 Mg	$ 21.64
J8655	Netupitant Palonosetron Oral	$ 655.72
J9000	Adriamycin, Doxorubicin Hcl, 10 Mg Vial	$ 89.89
J9017	Arsenic Trioxide	$ 158.18
J9030	Bcg live intravesical instillation, 1 mg	$ 3.57
J9032	Injection, Belinostat, 10Mg	$ 43.13
J9035	Bevacizumab Injection	$ 214.66
J9036	Injection, bendamustine hydrochloride, (belrapzo/bendamustine), 1 mg	$ 30.25
J9044	Injection Bortezomib, NOS, .1Mg	$ 45.86
J9045	Injection, Carboplatin, Per 50 Mg.	$ 182.20
J9060	Cisplatin, Platinol, 10 Mg Vial	$ 111.74
J9100	Cytarabine Hydro-Chloride *Arabinosyl Cytosine; Cytosa	$ 14.49
J9119	Injection, cemiplimab-rwlc, 1 mg	$ 34.75
J9150	Daunorubicin, Daunomycin; Rubidomycin Cerubione	$ 196.59
J9153	Injection Daunorubicin, Cytarabine	$ 241.11
J9165	Diethylstilbestrol Diphosplate .25 Mg/5 Ml	$ 16.34
J9177	Injection, Enfortumab Vedotin-Ejfv, 0.25 mg	$ 34.72
J9178	Inj, Epirubicin Hcl, 2 Mg	$ 54.43
J9181	Etoposide, Up To 50 Mg.	$ 33.87

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Procedure Code	Procedure Description	PHYSICIAN SERVICES FY2020 RATES Medicaid + 38%
J9190	Fluorouracil, 5Fu, 500 Mgm Amp	$ 31.96
J9201	Gemcitabine Hcl	$ 314.61
J9202	Goserelin Acetate Implant Per 2.6Mg	$ 926.37
J9204	Injection, mogamulizumab-kpkc, 1 mg	$ 254.47
J9206	Irinotecan Injection	$ 462.23
J9217	Leuprolide Acetate, For Depot Suspension, 7.5Mg	$ 1,231.39
J9228	Ipilimumab Injection	$ 193.27
J9250	Methotrexate Sodium 5 Mg	$ 37.52
J9260	Methotrexate Sodium Mtx 2 Cc Or 50 Mg	$ 26.40
J9263	Oxaliplatin	$ 31.77
J9266	Pegaspargase/Singl Dose Vial	$ 4,066.69
J9267	Paclitaxel Injection	$ 0.19
J9271	Inj Pembrolizumab	$ 60.65
J9293	Injection, Mitoxantrone Hcl, Per 5 Mg	$ 692.44
J9299	Injection, Nivolumab	$ 33.67
J9301	Obinutuzumab Inj	$ 73.18
J9308	Injection, Ramucirumab	$ 1.27
J9309	Injection, polatuzumab vedotin-piiq, 1 mg	$ 143.63
J9311	Injection Rituximab, Hyaluronidase	$ 59.96
J9312	Rituximab Cancer Treatment, Per 10 Mg	$ 66.25
J9355	Trastuzumab	$ 192.79
J9356	Injection, trastuzumab, 10 mg and hyaluronidase-oysk	$ 100.31
J9358	Injection, Fam-Trastuzumab Deruxtecan-Nxki, 1 mg	$ 30.04
J9370	Vincristine Sulfate, *Oncovin* 01 Mgm.	$ 100.56
J9999	Not Otherwise Classified, Antineoplastic Drugs	$ 971.04
P9041	Albumin(Human), 5%	$ 14.31
P9612	Catheterize For Urine Spec	$ 4.14
Q0111	Wet Mounts, Including Preparations Of Vaginal, Cervical	$ 20.69
Q0112	All Potassium Hydroxide (Koh) Preparations	$ 8.05
Q0113	Pinworm Examinations	$ 5.89
Q0114	Fern Test	$ 13.44
Q0115	Post-Coital Direct, Qualitative Examinations Of Vaginal	$ 34.50
Q3014	Telehealth Site Fee	$ 36.93
Q4006	Cast Sup Long Arm Adult Fbrg	$ 39.56
Q4007	Cast Supplies, Long Arm, 0-10 Yrs, Plaster	$ 8.45
Q4008	Cast Sup Long Arm Ped Fbrgls	$ 49.93
Q4009	Cast Supplies, Short Arm, 11 Yrs +, Plaster	$ 11.29
Q4010	Cast Sup Sht Arm Adult Fbrgl	$ 26.83
Q4012	Cast Sup Sht Arm Ped Fbrglas	$ 31.99
Q4014	Cast Supplies, Gauntlet, 11 Yrs+, Fiberglass	$ 34.62
Q4016	Cast Supplies, Gauntlet, 0-10 Yrs, Fiberglass	$ 17.32
Q4018	Cast Supplies, Long Arm, 11 Yrs+, Fiberglass	$ 18.93
Q4019	Cast Supplies, Long Arm, 0-10 Yrs, Plaster	$ 5.95
Q4020	Cast Supplies, Long Arm, 0-10 Yrs, Fiberglass	$ 9.48
Q4021	Cast Supplies, Short Arm, 11 Yrs+, Plaster	$ 8.80
Q4022	Cast Supplies, Short Arm, 11 Yrs, Fiberglass	$ 15.86
Q4023	Cast Supplies, Short Arm, 0-10 Yrs, Plaster	$ 4.42
Q4024	Cast Supplies, Short Arm, 0-10 Yrs, Fiberglass	$ 7.94
Q4030	Cast Supplies, Long Leg, 11 Yrs+, Fiberglass	$ 99.19
Q4031	Cast Supplies, Long Leg, 0-10 Yrs, Plaster	$ 18.82
Q4032	Cast Supplies, Long Leg, 0-10 Yrs, Fiberglass	$ 49.60
Q4038	Cast Supplies, Short Leg, 11 Yrs, Fiberglass	$ 53.70
Q4039	Cast Supplies, Short Leg, 0-10 Yrs, Plaster	$ 10.74
Q4040	Cast Supplies, Short Leg, 0-10 Yrs, Fiberglass	$ 26.85
Q4041	Cast Supplies, Long Leg, 11 Yrs+, Plaster	$ 26.07
Q4042	Cast Supplies, Long Leg, 11 Yrs+, Fiberglass	$ 44.51
Q4044	Cast Supplies, Long Leg, 0-10 Yrs, Fiberglass	$ 22.27
Q4045	Cast Supplies, Short Leg, Ll Yrs+, Plaster	$ 15.15
Q4046	Cast Supplies, Short Leg Splint, 11 Yrs+, Fiberglass	$ 24.34
Q4047	Cast Supplies, Short Leg, 0-10 Yrs, Plaster	$ 7.55
Q4048	Cast Supplies, Short Leg, 0-10 Yrs, Fiberglass	$ 12.17
Q4049	Finger Splint	$ 2.75
Q4081	Epoetin Alfa, 100 Units Esrd	$ 2.33
Q4101	Apligraf Skin Sub	$ 59.08
Q4121	Theraskin	$ 48.77
Q4186	Epifix, Per Square Centimeter	$ 205.56

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		PHYSICIAN SERVICES FY2020 RATES
Procedure Code	**Procedure Description**	**Medicaid + 38%**
Q4195	Puraply, Per Square Centimeter	$ 97.55
Q4196	Puraply Am, Per Square Centimeter	$ 76.91
Q5103	Injection, Infliximab-Dyyb, Biosimilar, (Inflectra), 10 Mg	$ 73.65
Q5104	Injection, Infliximab-Abda, Biosimilar, (Renflexis), 10 Mg	$ 79.60
Q5105	Injection, Epoetin Alfa, Biosimilar, (Retacrit) (For Esrd On Dialysis), 100 Units	$ 1.46
Q5106	Injection, Epoetin Alfa, Biosimilar, (Retacrit) (For Non-Esrd Use), 1000 Units	$ 14.60
Q5107	Injection, Bevacizumab-Awwb, Biosimilar, (Mvasi), 10 Mg	$ 460.80
Q5108	Injection, Pegfilgrastim-Jmdb, Biosimilar, (Fulphila), 0.5 Mg	$ 460.80
Q5110	Injection, Filgrastim-Aafi, Biosimilar, (Nivestym), 1 Microgram	$ 0.97
Q5117	Injection, trastuzumab-anns, biosimilar, (kanjinti), 10 mg	$ 114.86
Q5119	Injection, Rituximab-Pvvr, biosimilar, (ruxience), 10 mg	$ 91.70
Q5120	Injection, pegfilgrastim-bmez, biosimilar, (ziextenzo), 0.5 mg	$ 394.06
Q9950	Inj Sulf Hexa Lipid Microsph	$ 43.86
Q9991	Injection, Buprenorphine Extended-Release (Sublocade), 100 Mg Or Less	$ 2,153.53
Q9992	Injection, Buprenorphine Extended-Release (Sublocade), 100 Mg Or More	$ 2,153.53
S0020	Injection, Bupivicaine Hydro	$ 8.76
S0023	Injection, Cimetidine Hydroc	$ 12.36
S0028	Injection, Famotidine, 20 Mg	$ 7.71
S0077	Injection, Clindamycin Phosp	$ 1.12
S0220	Medical Conference By Physic	$ 1,206.69
S3620	Newborn Metabolic Screening	$ 120.78
S5498	Hit Simple Cath Care	$ 88.67
S5501	Hit Complex Cath Care	$ 59.75
S5502	Hit Interim Cath Care	$ 138.43
S8037	Magnetic Resonance Chlangiopancreatography	$ 672.39
S8948	Low-Level Laser Trmt 15 Min	$ 18.51
S9372	Ht Inj Anticoag Diem	$ 59.56
S9374	Hit Hydra 1 Liter Diem	$ 282.71
S9375	Hit Hydra 2 Liter Diem	$ 216.09
S9435	Medical Foods For Inborn Err	$ 9.94
S9500	Hit Antibiotic Q24H Diem	$ 343.95
S9501	Hit Antibiotic Q12H Diem	$ 365.45
S9502	Hit Antibiotic Q8H Diem	$ 419.71
S9503	Hit Antibiotic Q6H Diem	$ 652.17
S9504	Hit Antibiotic Q4H Diem	$ 612.36
U0001	2019-NCOV Diagnostic	$ 49.56
U0002	COVID-19 Lab Test Non-CDC	$ 70.81
U0003	ous agent detection by nucleic acid (dna or rna); COVID-19, amplified probetechni	$ 138.00
U0004	ronavirus, COVID-19, any technique, multiple types or subtypes (includes alltarget	$ 138.00
V2020	Frames, Complete	$ 87.88
V2199	Not Otherwise Classified, Single Vision Lens	$ 48.26
V2221	Lenticular Lens, Bifocal	$ 84.15
V2299	Specialty Bifocal (By Report)	$ 72.42
V2399	Specialty Trifocal (By Report)	$ 97.87
V2410	Variable Asphericity Lens, Single Vision, Full Field,	$ 155.35
V2430	Variable Asphericity Lens, Bifocal, Full Field, Glass	$ 159.82
V2510	Contact Lens, Gas Permeable, Spherical, Per Lens	$ 150.43
V2520	Contact Lens Hydrophilic, Sperical, Per Lens	$ 126.66
V2521	Contact Lens Hydrophilic, Toric, Or Prism Ballast, Per	$ 245.28
V2530	Contact Lens, Scleral, Per Lens (For Contact Lens Modif	$ 260.34
V2531	Contact Lens Gas Permeable	$ 688.92
V2599	Not Otherwise Classified, Contact Lens	$ 31.33
V2623	Prosthetic Eye, Plastic, Custom	$ 1,434.47
V2624	Polishing/Resurfacing Of Ocular Prosthesis	$ 91.95
V2625	Enlargement Of Ocular Prosthesis	$ 636.90
V2626	Reduction Of Ocular Prosthesis	$ 293.87
V2627	Scleral Cover Shell	$ 1,987.82
V2628	Fabrication And Fitting Of Ocular Conformer	$ 481.62
V2632	Posterior Chamber Intraocular Lens	$ 199.78
V2710	Slab Off Prism, Glass Or Plastic. Per Lens	$ 100.46
V2715	Prism, Per Lens	$ 13.61
V2718	Press-On Lens, Fresnell Prism, Per Lens	$ 31.45
V2744	Tint, Photochromatic, Per Lens	$ 21.18
V2781	Progressive Lens Per Lens	$ 94.89
V2784	Lens Polycarb Or Equal, And Index, Per Lens	$ 43.62
V5014	Repair/Modification Of A Hearing Aid	$ 199.64

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		PHYSICIAN SERVICES FY2020 RATES
Procedure Code	**Procedure Description**	**Medicaid + 38%**
V5050	Hearing Aid Monaural In Ear	$ 933.69
V5060	Hearing Aid, Monaural, Behind The Ear	$ 906.52
V5130	Binaural, In The Ear	$ 1,623.18
V5140	Binaural, Behind The Ear	$ 1,623.18
V5171	Hearing aid monaural In the Ear	$ 933.69
V5172	Hearing aid monaural itc	$ 933.69
V5181	Hearing aid monaural Behind The Ear	$ 906.52
V5211	Hearing aid binaural In the Ear/In the Ear	$ 1,623.18
V5212	Hearing aid binaural In the Ear/itc	$ 1,623.18
V5213	Hearing aid binaural ite/Behind The Ear	$ 1,623.18
V5214	Hearing aid binaural itc/itc	$ 1,623.18
V5215	Hearing aid binaural itc/Behind The Ear	$ 1,623.18
V5221	Hearing aid binaural Behind The Ear/Behind The Ear	$ 1,623.18
V5256	Digital In The Ear, Monaural	$ 933.69
V5257	Digital Behind The Ear, Monaural	$ 906.52
V5260	Digital In The Ear, Binaural	$ 1,623.18
V5261	Digital Behind The Ear, Binaural	$ 1,623.18
V5264	Ear Mold/Insert	$ 73.75
V5266	Battery For Use In Hearing Device	$ 2.28
V5299	Hearing Aid, Pocket Amplifier	$ 324.63

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