

CHARGES EFFECTIVE 01/01/2024

Clinic Service Charges

Procedure Code	Procedure Description	Unit Charge
0232T	INJECT PLATELET RICH PLASMA W/IMG HARVEST/PREPARATOIN	800
0296T	PR EXT ECG RECORDING	181
0298T	PR EXT ECG REVIEW AND INTERP	67
0335T	PR INSERTION OF SINUS TARSIS IMPLANT	2618
0358T	PR BIA WHOLE BODY COMPOSITION ASSESSMENT W/I&R	26
0503F	PR POSTPARTUM CARE VISIT	0
07002	PC MANAGED CARE DIFFERENTIAL RATE	2
08610	PR NO CHARGE NURSE VISIT	0
10005	PR FINE NEEDLE ASPIRATION BX W/US GDN 1ST LESION	321
10006	PR FINE NEEDLE ASPIRATION BX W/US GDN EA ADDL	151
10021	PR FINE NEEDLE ASPIRATION BX W/O IMG GDN 1ST LESION	255
10022	PR FINE NEEDLE ASP;W/IMAGING GUIDANCE	509
10040	PR ACNE SURGERY OF SKIN ABSCESS	210
10060	PR INCISION & DRAINAGE ABSCESS SIMPLE/SINGLE	248
10061	PR INCISION & DRAINAGE ABSCESS COMPLICATED/MULTIPLE	338
10080	PR INCISION & DRAINAGE PILONIDAL CYST SIMPLE	269
10081	PR INCISION & DRAINAGE PILONIDAL CYST COMPLICATED	1286
10120	PR INCISION & REMOVAL FOREIGN BODY SUBQ TISS SIMPLE	371
10121	PR INCISION & REMOVAL FOREIGN BODY SUBQ TISS COMP	635
10140	PR I&D HEMATOMA SEROMA/FLUID COLLECTION	1384
10160	PR PUNCTURE ASPIRATION ABSCESS HEMATOMA BULLA/CYST	248
10180	PR INCISION & DRAINAGE COMPLEX PO WOUND INFECTION	521
11000	PR DBRDMT EXTENSV ECZMT/INFCT SKIN UP 10% BDY SURF	331
11004	PR DBRDMT SKN SBQ T/M/F NECRO INFCTJ XTRNL GENT&PER	1420
11005	PR DBRDMT SKN SUBQ T/M/F NECRO INFCTJ ABDL WALL	1810
11006	PR DBRDMT SKN SUBQ T/M/F NECRO INFCTJ GENT PER&ABDL	1640
11008	PR RMVL PROSTC MATRL/MESH ABDL WALL FOR INFECTION	636
11010	PR DEBRIDE ASSOC OPEN FX/DISLOC SKIN/SUBQ	1152
11011	PR DEBRIDE ASSOC OPEN FX/DISLOC SKIN/MUSCLE	1254
11012	PR DEBRIDE ASSOC OPEN FX/DISLO SKIN/MUS/BONE	1681
11040	PR DEBRIDEMENT, SKIN, PARTIAL THICKNESS	94
11041	PR DEBRIDEMENT, SKIN, FULL THICKNESS	354

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Procedure Code	Procedure Description	Unit Charge
11042	PR DEBRIDEMENT SUBCUTANEOUS TISSUE 1ST 20 SQ CM/<	332
11043	PR DEBRIDEMENT MUSCLE &/FASCIA 1ST 20 SQ CM/<	465
11044	PR DEBRIDEMENT BONE 1ST 20 SQ CM/<	700
11045	PR DEBRIDEMENT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM	99
11046	PR DEBRIDEMENT MUSCLE &/FASCIA EA ADDL 20 SQ CM	174
11047	PR DEBRIDEMENT BONE EACH ADDITIONAL 20 SQ CM	290
11055	PR PARING/CUTTING BENIGN HYPERKERATOTIC LESION 1	150
11056	PR PARING/CUTTING BENIGN HYPERKERATOTIC LESION 2-4	174
11057	PR PARING/CUTTING BENIGN HYPERKERATOTIC LESION >4	195
11100	PR BIOPSY OF SKIN LESION	230
11101	PR BIOPSY, EACH ADDED LESION	114
11102	PR TANGENTIAL BIOPSY SKIN SINGLE LESION	254
11103	PR TANGENTIAL BIOPSY SKIN EA SEP/ADDITIONAL LESION	137
11104	PR PUNCH BIOPSY SKIN SINGLE LESION	320
11105	PR PUNCH BIOPSY SKIN EA SEP/ADDITIONAL LESION	157
11106	PR INCISIONAL BIOPSY SKIN SINGLE LESION	387
11107	PR INCISIONAL BIOPSY SKIN EA SEP/ADDITIONAL LESION	185
11200	PR RMVL SKIN TAGS MLT FIBRQ TAGS ANY UP TO&INC 15	170
11201	PR RMVL SKIN TAGS MLT FIBRQ TAGS ANY EA ADDL 10	125
11300	PR SHAV SKIN LES <5MM TRUNK,ARM,LEG	141
11301	PR SHAV SKIN LES 6-10MM TRUNK,ARM,LEG	179
11302	PR SHAV SKIN LES 11-20MM TRUNK,ARM,LEG	211
11303	PR SHAV SKIN LES >21MM TRUNK,ARM,LEG	250
11305	PR SHAV SKIN LES <5MM REMAINDR BODY	139
11306	PR SHAV SKIN LES 6-10MM REMAINDR BODY	193
11307	PR SHAV SKIN LES 11-20MM REMAINDR BODY	235
11308	PR SHAV SKIN LES >21MM REMAINDR BODY	272
11310	PR SHAV SKIN LES <5MM FACE,FACIAL	173
11311	PR SHAV SKIN LES 6-10MM FACE,FACIAL	211
11312	PR SHAV SKIN LES 11-20MM FACE,FACIAL	237
11313	PR SHAV SKIN LES >21MM FACE,FACIAL	372
11400	PR EXC SKIN BENIG <5MM TRUNK,ARM,LEG	513

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Procedure Code	Procedure Description	Unit Charge
11401	PR EXC SKIN BENIG 0.6-1CM TRUNK,ARM,LEG	541
11402	PR EXC SKIN BENIG 1.1-2CM TRUNK,ARM,LEG	553
11403	PR EXC SKIN BENIG 2.1-3CM TRUNK,ARM,LEG	955
11404	PR EXC SKIN BENIG 3.1-4CM TRUNK,ARM,LEG	1801
11406	PR EXC SKIN BENIG >4CM TRUNK,ARM,LEG	1892
11420	PR EXC SKIN BENIG <5MM REMAINDR BODY	882
11421	PR EXC SKIN BENIG 0.6-1CM REMAINDR BODY	915
11422	PR EXC SKIN BENIG 1.1-2CM REMAINDR BODY	943
11423	PR EXC SKIN BENIG 2.1-3CM REMAINDR BODY	1797
11424	PR EXC SKIN BENIG 3.1-4CM REMAINDR BODY	1822
11426	PR EXC SKIN BENIG >4CM REMAINDR BODY	651
11440	PR EXC SKIN BENIG <5MM FACE,FACIAL	541
11441	PR EXC SKIN BENIG 0.6-1CM FACE,FACIAL	573
11442	PR EXC SKIN BENIG 1.1-2CM FACE,FACIAL	955
11443	PR EXC SKIN BENIG 2.1-3CM FACE,FACIAL	993
11444	PR EXC SKIN BENIG 3.1-4CM FACE,FACIAL	1089
11446	PR EXC SKIN BENIG >4CM FACE,FACIAL	969
11450	PR EXCISION HIDRADENITIS AXILLARY SMPL/INTRM RPR	935
11451	PR EXCISION HIDRADENITIS AXILLARY COMPLEX REPAIR	1212
11462	PR EXCISION HIDRADENITIS INGUINAL SMPL/INTRM RPR	907
11470	PR EXCISION H/P/P/U SIMPLE/INTERMEDIATE REPAIR	1043
11471	PR EXCISION H/P/P/U COMPLEX REPAIR	1270
11600	PR EXC SKIN MALIG <5MM TRUNK,ARM,LEG	923
11601	PR EXC SKIN MALIG 0.6-1CM TRUNK,ARM,LEG	593
11602	PR EXC SKIN MALIG 1.1-2CM TRUNK,ARM,LEG	610
11603	PR EXC SKIN MALIG 2.1-3CM TRUNK,ARM,LEG	1011
11604	PR EXC SKIN MALIG 3.1-4CM TRUNK,ARM,LEG	1073
11606	PR EXC SKIN MALIG >4CM TRUNK,ARM,LEG	1975
11620	PR EXC SKIN MALIG <5MM REMAINDR BODY	925
11621	PR EXC SKIN MALIG 0.6-1CM REMAINDR BODY	652
11622	PR EXC SKIN MALIG 1.1-2CM REMAINDR BODY	986
11623	PR EXC SKIN MALIG 2.1-3CM REMAINDR BODY	1860

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Procedure Code	Procedure Description	Unit Charge
11624	PR EXC SKIN MALIG 3.1-4CM REMAINDR BODY	1954
11626	PR EXC SKIN MALIG >4CM REMAINDR BODY	963
11640	PR EXC SKIN MALIG <5MM FACE,FACIAL	624
11641	PR EXC SKIN MALIG 0.6-1CM FACE,FACIAL	603
11642	PR EXC SKIN MALIG 1.1-2CM FACE,FACIAL	635
11643	PR EXC SKIN MALIG 2.1-3CM FACE,FACIAL	765
11644	PR EXC SKIN MALIG 3.1-4CM FACE,FACIAL	965
11646	PR EXC SKIN MALIG >4CM FACE,FACIAL	1223
11719	PR TRIM NAIL(S)	57
11720	PR DEBRIDEMENT OF NAIL(S), 1-5	58
11721	PR DEBRIDEMENT OF NAILS, 6 OR MORE	114
11730	PR REMOVAL OF NAIL PLATE	296
11732	PR REMOVE ADDITIONAL NAIL PLATE	71
11740	PR DRAIN BLOOD FROM UNDER NAIL	144
11750	PR REMOVAL OF NAIL BED	421
11752	PR REMOVE NAIL BED/FINGER TIP	806
11755	PR BIOPSY, NAIL UNIT (SEP PROC)	323
11760	PR RECONSTRUC OF NAIL BED	495
11765	PR EXCISION OF NAIL FOLD, TOE	434
11770	PR REMV PILONIDAL LESION SIMPLE	467
11771	PR REMV PILONIDAL LESION EXTENS	1360
11772	PR REMV PILONIDAL LESION COMPLIC	1651
11900	PR INJECTION INTO SKIN LESIONS, UP TO 7	161
11901	PR INJECTION INTO SKIN LESIONS, 8 OR MORE	188
11952	PR FILL CONTOUR DEFCT 5.1-10CC	311
11975	PR INSERT CONTRACEPTIVE CAPSUL	395
11976	PR REMOVAL OF CONTRACEPTIVE CAPSUL	530
11977	PR REMOVAL/REINSERT CONTRA CAP	731
11980	PR IMPLANT,HORMONE,SUBCUTANEOUS	254
11981	PR INSERTION DRUG DELIVERY IMPLANT	395
11982	PR REMOVAL DRUG IMPLANT DEVICE	462
11983	PR REMOVAL W/ REINSERT DRUG IMPLANT DEVICE	785

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12001	PR REPR SUPERF WND BODY <2.5CM	343
12002	PR REPR SUP NPTERF WND BODY 2.6-7.5	372
12004	PR REPR SUPERF WND BODY 7.6-12.5	431
12005	PR REPR SUPERF WND BODY 12.6-20	533
12006	PR REPR SUPERF WND BODY 20.1-30	501
12007	PR REPR SUPERF WND BODY >30CM	559
12011	PR REPR SUPERF WND FACE <2.5CM	369
12013	PR REPR SUPERF WND FACE 2.6-5	408
12014	PR REPR SUPERF WND FACE 5.1-7.5	431
12015	PR REPR SUPERF WND FACE 7.6-12.5	429
12016	PR REPR SUPERF WND FACE 12.6-20	556
12020	PR TX SUPERFICIAL WOUND DEHISCENCE SIMPLE CLOSURE	563
12021	PR TX SUPERFICIAL WOUND DEHISCENCE W/PACKING	473
12031	PR LAYR CLOS WND TRUNK,ARM,LEG <2.5 CM	488
12032	PR LAYR CLOS WND TRUNK,ARM,LEG 2.6-7.5 CM	538
12034	PR LAYR CLOS WND TRUNK,ARM,LEG 7.6-12.5 CM	569
12035	PR LAYR CLOS WND TRUNK,ARM,LEG 12.6-20 CM	631
12036	PR LAYR CLOS WND TRUNK,ARM,LEG 20.1-30 CM	710
12037	PR LAYR CLOS WND TRUNK,ARM,LEG >30 CM	1204
12041	PR LAYR CLOS WND REST BODY <2.5 CM	350
12042	PR LAYR CLOS WND REST BODY 2.6-7.5 CM	434
12044	PR LAYR CLOS WND REST BODY 7.6-12.5 CM	832
12045	PR LAYR CLOS WND REST BODY 12.6-20 CM	1003
12046	PR LAYR CLOS WND REST BODY 20.1-30 CM	1182
12051	PR LAYR CLOS WND FACE,FACIAL <2.5 CM	558
12052	PR LAYR CLOS WND FACE,FACIAL 2.5-5 CM	597
12053	PR LAYR CLOS WND FACE,FACIAL 5.1-7.5 CM	817
13100	PR REPR CMPL WND TRUNK 1.1-2.5CM	754
13101	PR REPR CMPL WND TRUNK 2.6-7.5CM	670
13102	PR REP,SKIN,TRUNK,CMPLX,+5CM/<	305
13120	PR REPR CMPL WND SCALP,EXTR 1.1-2.5	884
13121	PR REPR CMPL WND SCALP,EXTR 2.6-7.5	1071

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Procedure Code	Procedure Description	Unit Charge
13122	PR REP,SKIN,SCALP/EXTREM+5CM/<	285
13131	PR REPR CMPL WND HEAD,FAC,HAND 1.1-2.5	810
13132	PR REPR CMPL WND HEAD,FAC,HAND 2.6-7.5	1398
13133	PR REP,FACE,GENITAL,HAND,FT+5CM/<	402
13150	REPR CMPL WND LID,NOS,EAR <1CM	858
13151	PR REPR CMPL WND LID,NOS,EAR 1.1-2.5	979
13152	PR REPR CMPL WND LID,NOS,EAR 2.5-7.5	1205
13153	PR REP,EYELID,NOSE,EAR,LIP+5CM	442
13160	PR SECONDARY CLOSURE SURG WOUND/DEHSN XTNSV/COMP	1689
14000	PR ADJ TISS XFER TRUNK <10SQCM	1589
14001	PR ADJ TISS XFER TRUNK 10.1-30	1622
14020	PR ADJ TISS XFER SCALP,EXTREM <10SQCM	2259
14021	PR ADJ TISS XFER SCALP,EXTREM 10.1-30	2144
14040	PR ADJ TISS XFER HEAD,FAC,HAND <10SQCM	1851
14041	PR ADJ TISS XFER HEAD,FAC,HAND 10.1-30	2324
14060	PR ADJ TISS XFER LID,NOS,EAR <10SQCM	1876
14061	PR ADJ TISS XFER LID,NOS,EAR 10.1-30	2462
14301	PR ADJ TISS XFER ANY AREA,30.1-60 SQCM	2665
14302	PR ADJ TISS XFER ANY AREA,EA ADD 30.0 SQCM	544
15002	PR WOUND PREP, PED, TRK/ARM/LG 1ST 100 CM	804
15004	PR WND PREP PED, FACE/NCK/HND/FT/GEN	1002
15100	PR SPLIT GRFT TRUNK,ARM,LEG <100SQCM	2099
15101	PR SPLIT GRFT,TRUNK,ARM,LEG EA 100SQCM	461
15110	PR EPIDRM AUTOGRFT TRNK/ARM/LEG	1987
15115	PR EPIDRM A-GRFT FACE/NCK/HF/G	2128
15120	PR SPLIT GRFT,HEAD,FAC,HAND,FEET <100SQCM	2268
15121	PR SPLIT GRFT,HEAD,FAC,HAND,FEET EA 100SQCM	325
15220	PR FTH/GFT FREE W/DIRECT CLOSURE S/A/L 20 SQ CM/<	1898
15240	PR FTH/GF FR W/DIR CLSR F/C/M/N/AX/G/H/F 20SQCM/<	2230
15241	PR FTH/GT FR W/DIR CLSR F/C/M/N/AX/G/H/F EA ADDL	465
15260	PR FTH/GFT FREE W/DIRECT CLOSURE N/E/E/L 20 SQ CM/<	2421
15261	PR FTH/GFT FREE W/DIR CLSR N/E/E/L EA ADDL 20 SQ CM	535

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Procedure Code	Procedure Description	Unit Charge
15271	PR APP SKN SUB GRFT T/A/L AREA/<100SCM /<1ST 25 SCM	354
15272	PR APP SKN SUB GRFT T/A/L AREA/<100SCM EA ADL 25SCM	67
15273	PR APP SKN SUB GRFT T/A/L AREA/>100SCM 1ST 100SCM	767
15274	PR APP SKN SUB GRFT T/A/L AREA/>100SCM ADL 100SCM	189
15275	PR SUB GRFT F/S/N/H/F/G/M/D /<100SCM /<1ST 25 SCM	377
15276	PR SUB GRFT F/S/N/H/F/G/M/D /<100SCM EA ADL 25SCM	86
15630	PR DELAY/SECTN FLAP LID,NOS,EAR,LIP	1156
15731	PR FOREHEAD FLAP W/VASC PEDICLE	2802
15732	PR MUSCLE-SKIN FLAP,HEAD/NECK	3212
15732	PR MUSCLE-SKIN FLAP,HEAD/NECK	4818
15733	PR MUSC MYOQ/FSCQ FLAP HEAD&NECK W/NAMED VASC PEDCL	2618
15734	PR MUSCLE-SKIN FLAP,TRUNK	3670
15734	PR MUSCLE-SKIN FLAP,TRUNK	735
15760	PR COMPOSITE SKIN GRAFT	2043
15777	PR IMPLNT BIO IMPLNT FOR SOFT TISSUE REINFORCEMENT	538
15780	PR DERMABRAS RX SKIN TOTAL FACE	2316
15781	PR DERMABRAS RX SKIN SGMENT FACE	1318
15823	PR REV UPPER EYELID W EXCESS SKIN	1459
15823	PR REV UPPER EYELID W EXCESS SKIN	2189
15830	PR EXCISE EXCESS SKIN TISSUE,ABDOMEN	2876
15830	PR EXCISE EXCESS SKIN TISSUE,ABDOMEN	577
15839	PR EXCISE EXCESS SKIN TISSUE,OTHER	2047
15851	PR REMOVAL SUTURES/STAPLES REQUIRING ANESTHESIA	259
15852	PR DRESSING CHANGE,NOT FOR BURN	112
15853	PR REMOVAL SUTURES/STAPLES NOT REQUIRING ANESTHESIA	31
15854	PR REMOVAL SUTURES&STAPLES NOT REQUIRING ANESTHESIA	41
15944	PR EXC ISCH PRES ULC W FLAP CLOS	2216
16000	PR INITIAL RX BURN(S) 1ST DEGREE	157
16020	PR DRESS/DEBRID SMALL BURN NO ANES	205
16025	PR DRESS/DEBRID MED BURN NO ANESTH	338
16035	PR ESCHAROTOMY	590
17000	PR DESTRUC PREMALIGNANT, FIRST LESION	151

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Procedure Code	Procedure Description	Unit Charge
17003	PR DESTRUC PREMALIGNANT,2-14 LESIONS	44
17004	PR DESTRUC PREMALIGNANT,15+ LESIONS	496
17106	PR DESTRUC CUT/VASC <10SQ CM	330
17107	PR DESTRUC CUT/VASC 10-50 SQ CM	528
17108	PR DESTRUC CUT/VASC >50 SQ CM	700
17110	PR DESTRUCTION BENIGN LESIONS UP TO 14	170
17111	PR DESTRUCTION BENIGN LESIONS 15 OR MORE	246
17250	PR CHEMICAL CAUTERIZATION OF GRANULATION TISSUE	211
17260	PR DESTRUCTION MALIGNANT LESION T/A/L 0.5 CM/<	233
17261	PR DESTRUCTION MAL LESION TRUNK/ARM/LEG 0.6-1.0 CM	260
17262	PR DESTRUCTION MAL LESION TRUNK/ARM/LEG 1.1-2.0CM	289
17263	PR DESTRUCTION MAL LESION TRUNK/ARM/LEG 2.1-3.0CM	387
17270	PR DESTRUCTION MALIGNANT LESION S/N/H/F/G 0.5 CM/<	269
17271	PR DESTRUCTION MALIGNANT LESION S/N/H/F/G 0.6-1.0CM	295
17272	PR DESTRUCTION MALIGNANT LESION S/N/H/F/G 1.1-2.0CM	317
17273	PR DESTRUCTION MALIGNANT LESION S/N/H/F/G 2.1-3.0CM	513
17280	PR DESTRUCTION MALIGNANT LESION F/E/E/N/L/M 0.5CM/<	281
17281	PR DESTRUCTION MAL LESION F/E/E/N/L/M 0.6-1.0CM	410
17282	PR DESTRUCTION MAL LESION F/E/E/N/L/M 1.1-2.0CM	431
17283	PR DESTRUCTION MAL LESION F/E/E/N/L/M 2.1-3.0CM	546
17286	PR DESTRUCTION MAL LESION F/E/E/N/L/M >4.0 CM	890
17340	PR CRYOTHERAPY ACNE	160
17999	PR SKIN MUC MEMBRANE SUBQ TISSUE PROC UNLISTED	331
19000	PR PUNCTURE ASPIRATION CYST OF BREAST	486
19001	PR PUNCTURE ASPIRATION CYST BREAST EACH ADDL CYST	180
19020	PR MASTOTOMY W/EXPLORATION/DRAINAGE ABSCESS DEEP	1081
19081	PR BX BREAST W DEVICE 1ST LESION STEREOTACTIC GUIDE	1706
19083	PR BX BREAST W DEVICE 1ST LESION ULTRASOUND GUIDE	1698
19084	PR BX BREAST W DEVICE ADDL LESION ULTRASOUND GUIDE	1380
19100	PR BIOPSY OF BREAST, NEEDLE CORE	567
19101	PR BIOPSY OF BREAST, INCISIONAL	2669
19102	BX OF BREAST, NEEDLE CORE, IMAGE GUIDE	528



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19103	BX OF BREAST,VACUUM ASST,IMAGE GUIDE	1371
19110	PR NIPPLE EXPLORATION	1307
19112	PR EXCISE BREAST DUCT FISTULA	1192
19120	PR REMOVAL OF BREAST LESION	1161
19125	PR EXCISE BREAST LES W XRAY MARKER	1285
19126	PR EXCISE BREAST LES XRAY MARK ADDNL	372
19295	BX OF BREAST,PLC METAL CLIP W/IMAGING	235
19300	PR MASTECTOMY FOR GYNECOMASTIA	1252
19301	PR MASTECTOMY, PARTIAL	1503
19302	PR MASTECTOMY,PARTIAL, WITH AXILLARY LYMPHADENECTOMY	2078
19303	PR MASTECTOMY, SIMPLE, COMPLETE	2263
19303	PR MASTECTOMY, SIMPLE, COMPLETE	3394
19303	PR MASTECTOMY, SIMPLE, COMPLETE	454
19304	PR MASTECTOMY, SUBCUTANEOUS	1346
19304	PR MASTECTOMY, SUBCUTANEOUS	2018
19307	PR MASTECTOMY, MODIFIED RADICAL	2703
19307	PR MASTECTOMY, MODIFIED RADICAL	542
19316	PR SUSPENSION OF BREAST	1863
19318	PR BREAST REDUCTION	2682
19318	PR BREAST REDUCTION	537
19328	PR REMOVAL INTACT BREAST IMPLANT	1228
19328	PR REMOVAL INTACT BREAST IMPLANT	1841
19330	PR RMVL RUPTURED BREAST IMPLANT W/IMPLANT CONTENTS	1576
19366	PR BREAST RECONSTRUC W OTHR TECHNIQ	3477
19371	PR PERI-IMPLANT CAPSULECTOMY BREAST COMPLETE	1949
20005	PR I&D SOFT TISSUE ABSCESS SUBFASCIAL	731
20100	PR EXPLORE WOUND,NECK	1418
20100	PR EXPLORE WOUND,NECK	285
20101	PR EXPLORE WOUND,CHEST	1172
20102	PR EXPLORE WOUND,ABDOMEN/FLANK/BACK	1169
20103	PR EXPLORE WOUND,EXTREMITY	1432
20205	PR DEEP MUSCLE BIOPSY	646

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20206	PR BIOPSY MUSCLE PERCUTANEOUS NEEDLE	955
20220	PR BIOPSY BONE TROCAR/NEEDLE SUPERFICIAL	431
20225	PR BIOPSY BONE TROCAR/NEEDLE DEEP	268
20240	PR BONE BIOPSY,EXCISIONAL SUPERF	540
20245	PR BONE BIOPSY,EXCISIONAL DEEP	1487
20500	PR INJECT SINUS TRACT THERAPUTIC	209
20520	PR REMOVAL OF FOREIGN BODY	493
20525	PR REMOVAL OF FOREIGN BODY DEEP/COMPLIC	1229
20526	PR INJECT CARPAL TUNNEL	315
20526	PR INJECT CARPAL TUNNEL	471
20527	PR INJ DUPUYTREN CORD W/ENZYME	318
20550	PR INJECTION 1 TENDON SHEATH/LIGAMENT APONEUROSIS	297
20550	PR INJECTION 1 TENDON SHEATH/LIGAMENT APONEUROSIS	445
20551	PR INJECT TENDON ORIGIN/INSERT	298
20551	PR INJECT TENDON ORIGIN/INSERT	446
20552	PR INJECT TRIGGER POINT, 1 OR 2	293
20553	PR INJECT TRIGGER POINTS, > 3	298
20600	PR ARTHROCENTESIS ASPIR&/INJ SMALL JT/BURSA W/O US	295
20600	PR ARTHROCENTESIS ASPIR&/INJ SMALL JT/BURSA W/O US	442
20604	PR ARTHROCNT ASPIR&/INJ SMALL JT/BURSAW/US REC RPRT	324
20605	PR ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/O US	297
20605	PR ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/O US	445
20606	PR ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/US	332
20610	PR ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/O US	306
20610	PR ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/O US	460
20611	PR ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/US	340
20612	PR ASPIRAT/INJECTION GANGLION CYST(S)	298
20615	PR ASPIR/INJEC BONE CYST	648
20650	PR INSERT AND REMOVE BONE PIN	369
20665	PR REMOVAL TONGS/HALO APPLIED BY ANOTHER INDIVIDUAL	258
20670	PR REMOVAL IMPLANT SUPERFICIAL SEPARATE PROCEDURE	1849
20680	PR REMOVAL IMPLANT DEEP	1457

CHARGES EFFECTIVE 01/01/2024

Clinic Service Charges

Procedure Code	Procedure Description	Unit Charge
20680	PR REMOVAL IMPLANT DEEP	293
20690	PR APPLICATION UNIPLANE EXTERNAL FIXATION SYSTEM	1380
20692	PR APPLICATION MULTIPLANE EXTERNAL FIXATION SYSTEM	2777
20693	PR ADJUSTMENT/REVJ XTRNL FIXATION SYSTEM REQ ANES	1107
20694	PR REMOVAL EXTERNAL FIXATION SYSTEM UNDER ANES	1038
20700	PR MANUAL PREP AND INSERTION DEEP DRUG DELIVERY DEV	205
20704	PR MANUAL PREP&INSJ I-ARTIC DRUG DELIVERY DEVICE	341
20705	PR REMOVAL INTRA-ARTICULAR DRUG DELIVERY DEVICE	295
20822	PR REPLANTATION DIGIT DISTAL, COMPLT	4454
20827	PR REPLANTATION THUMB DISTAL,COMPLETE	4652
20900	PR BONE GRAFT, ANY DONOR AREA; MINOR OR SMALL	1084
20902	PR BONE GRAFT, ANY DONOR AREA; MAJOR OR LARGE	774
20910	PR CATRILAGE GRAFT; COSTOCHONDRAL	1144
20912	PR CATRILAGE GRAFT; NASAL SEPTUM	1169
20920	PR FASCIA LATA GRAFT; BY STRIPPER	979
20926	PR TISSUE GRAFTS, OTHER	1005
20931	PR ALLOGRAFT FOR SPINE SURGERY ONLY STRUCTURAL	260
20931	PR ALLOGRAFT FOR SPINE SURGERY ONLY STRUCTURAL	54
20937	PR AUTOGRAFT SPINE SURGERY MORSELIZED SEP INCISION	395
20937	PR AUTOGRAFT SPINE SURGERY MORSELIZED SEP INCISION	82
20938	PR AUTOGRAFT SPINE SURGERY BICORT/TRICORT SEP INCISION	424
20950	PR RECORD FLUID PRESSURE,MUSCLE	225
20974	PR ELECT BONE STIM NONINVASIVE	195
20975	PR ELECT BONE STIM INVASIVE	415
20979	PR US BONE STIMULATION	132
20985	PR CPTR-ASST SURGICAL NAVIGATION IMAGE-LESS	361
20999	PR MUSCULOSKELETAL SURG PRICUNLISTED	0
21011	PR EXCISION TUMOR SOFT TISS FACE/SCALP SUBQ < 2CM	1188
21012	PR EXCISION TUMOR SOFT TISS FACE/SCALP SUBQ 2+CM	823
21013	PR EXC TUMOR SOFT TISS FACE&SCALP SUBFASCIAL < 2CM	1301
21014	PR EXC TUMOR SOFT TISS FACE&SCALP SUBFASCIAL 2+CM	1273
21016	PR RAD RESECTION TUMOR SOFT TISS FACE/SCALP 2 CM/>	2517

CHARGES EFFECTIVE 01/01/2024

Clinic Service Charges

<b>Procedure Code</b>	<b>Procedure Description</b>	<b>Unit Charge</b>
21025	PR EXCISION OF BONE, LOWER JAW	2229
21026	PR EXCISION OF FACIAL BONE(S)	1519
21029	PR CONTOUR OF FACE BONE LESION	1897
21032	PR EXCISION,MAXILLARY TORUS PALATINUS	978
21049	PR EXCISION,BEN TUMOR,MAXILLA,EXTRA-ORAL	2992
21073	PR MANIPULATION TMJ THERAPEUTIC REQUIRE ANESTHESIA	931
21194	PR RECONST MANDIBLE,C/L OSTEO+GRFT	3393
21235	PR EAR CARTILAGE GRAFT TO FACE	1774
21315	PR CLOSED TX NASAL BONE FX W/MNPJ W/O STABILIZATION	664
21320	PR CLOSED TX NASAL BONE FX W/MNPJ W/STABILIZATION	627
21335	PR OPEN RX NOSE FX+OPEN FIX SEPTUM	1821
21337	PR CLOSED RX NASAL SEPTAL FRACTURE	1022
21343	PR OPEN RX DEPRES FRONTAL SINUS FRAC	3030
21347	PR OPEN RX NOSE/JAW FRACT/COMPLX	2499
21356	PR OPEN RX DEPRESS ZYGOMA FRAC	1280
21365	PR OPEN RX COMPLX CHEEK BONE FRAC	2652
21386	PR REPAIR EYE BLOWOUT,PERIORBITAL	1733
21390	PR REPAIR EYE BLOWOUT,PERIORB+IMPLNT	1888
21407	PR OPEN RX FX ORBIT W IMPLANT	1607
21445	PR OPEN RX DENTAL RIDGE FX	1982
21453	PR CLOSED RX MANDIBLE FX+DENTAL FIX	2148
21461	PR OPEN RX MANDIBLE FX	3398
21462	PR OPEN RX MANDIBLE FX+DENTAL FIX	2486
21470	PR OPEN RX MANDIBLE CONDYLE FX,COMPL	3014
21480	PR REDUCE TEMPOROMANDIBL DISLOC	284
21501	PR I&D DEEP ABSC/HEMATOMA NECK/CHEST	1118
21502	PR I&D DEEP ABSC NECK/CHST+RIB CUT	1233
21550	PR BIOPSY SOFT TISSUE NECK/CHEST	601
21552	PR EXC TUMOR SOFT TISSUE NECK/ANT THORAX SUBQ 3+CM	1068
21554	PR EXC TUMOR SOFT TISSUE NECK/ANT THORAX SUBFASCIAL 5+CM	1743
21555	PR EXC TUMOR SOFT TISSUE NECK/ANT THORAX SUBQ <3CM	1026
21556	PR EXC TUMOR SOFT TISSUE NECK/ANT THORAX SUBFASCIAL <5CM	1260

CHARGES EFFECTIVE 01/01/2024

Clinic Service Charges

Procedure Code	Procedure Description	Unit Charge
21557	PR RAD RESECT TUMOR SOFT TISS NECK/ANT THORAX <5CM	2333
21558	PR RAD RESECT TUMOR SOFT TISS NECK/ANT THORAX 5CM/>	3284
21685	PR HYOID MYOTOMY & SUSPENSION	2508
21811	PR OPEN TX RIB FX W/FIXJ THORACOSCOPIC VIS 1-3 RIBS	1488
21811	PR OPEN TX RIB FX W/FIXJ THORACOSCOPIC VIS 1-3 RIBS	299
21920	PR BIOPSY SOFT TISSUE BACK,SUPERF	494
21925	PR BIOPSY SOFT TISSUE BACK,DEEP	1122
21930	PR EXCISION TUMOR SOFT TISSUE BACK/FLANK SUBQ <3CM	1216
21931	PR EXCISION TUMOR SOFT TISSUE BACK/FLANK SUBQ 3+CM	1120
21932	PR EXC TUMOR SOFT TISS BACK/FLANK SUBFASCIAL <5CM	1570
21933	PR EXC TUMOR SOFT TISS BACK/FLANK SUBFASCIAL 5+CM	1756
22015	PR I&D, POST SPINE, LUMB/SACR/LUMBOSAC	2189
22305	PR CLOSED TREAT SPINE PROCESS FX	482
22513	PR PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULATION	1616
22524	PR PERC VERTEB AUGMENT/ KYPHOPLAST, LUMBAR	1282
22551	PR PR ARTHRODESIS ANT INTERBODY INC DISCECTOMY, CERVICAL BELOW C2	4985
22551	PR PR ARTHRODESIS ANT INTERBODY INC DISCECTOMY, CERVICAL BELOW C2	998
22552	PR PR ARTHRODESIS ANT INTERBODY INC DISCECTOMY, CERVICAL BELOW C2 EACH ADDL	1158
22552	PR PR ARTHRODESIS ANT INTERBODY INC DISCECTOMY, CERVICAL BELOW C2 EACH ADDL	232
22554	PR CERV SPINE FUSN,ANTER,BELOW C2	2922
22554	PR CERV SPINE FUSN,ANTER,BELOW C2	586
22558	PR LUMBAR SPINE FUSION,ANTER APPRCH	3618
22558	PR LUMBAR SPINE FUSION,ANTER APPRCH	725
22585	PR SPINAL FUSION,ANT,EA ADNL LEVEL	781
22585	PR SPINAL FUSION,ANT,EA ADNL LEVEL	157
22600	PR ARTHRD PST/PSTLAT TQ 1NTRSPC CRV BELW C2 SEGMENT	3131
22610	PR ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC THORACIC	3073
22612	PR ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC LUMBAR	3686
22612	PR ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC LUMBAR	738
22614	PR ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	913
22614	PR ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	184
22633	PR ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	4524

CHARGES EFFECTIVE 01/01/2024

Clinic Service Charges

Procedure Code	Procedure Description	Unit Charge
22830	PR EXPLORATION OF SPINAL FUSION	1935
22840	PR POSTERIOR NON-SEGMENTAL INSTRUMENTATION	1774
22840	PR POSTERIOR NON-SEGMENTAL INSTRUMENTATION	356
22842	PR POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	1781
22842	PR POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	357
22845	PR ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	1821
22845	PR ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	365
22846	PR ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS	1766
22846	PR ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS	354
22849	PR REINSERT SPINAL FIXATION	3137
22850	PR REMOVE SPINE FIX DEV,HARRINGTON	1513
22852	PR REMOVE SPINE FIX DEV,POST SGM TAL	1594
22855	PR REMOVE SPINE FIX DEV,ANTERIOR	2565
22899	PR SPINE SURG PROC UNLISTED	1030
22900	PR EXC TUMOR SOFT TISSUE ABDL WALL SUBFASCIAL <5CM	1349
22901	PR EXC TUMOR SOFT TISSUE ABDL WALL SUBFASCIAL 5+CM	1598
22902	PR EXC TUMOR SOFT TISSUE ABDOMINAL WALL SUBQ <3CM	1071
22903	PR EXC TUMOR SOFT TISSUE ABDOMINAL WALL SUBQ 3+CM	1048
22904	PR RAD RESECTION TUMOR SOFT TISSUE ABDL WALL <5CM	2595
22905	PR RAD RESECTION TUMOR SOFT TISSUE ABDL WALL 5 CM/>	3213
23000	PR REMOVAL SUBDELTOID CALCAREOUS DEP,OPEN	1465
23020	PR RELEASE SHLDR JOINT CONTRACTURE	1731
23030	PR INCIS/DRAIN SHLDR ABSC/HEMA,DEEP	1074
23035	PR DRAIN SHOULDER BONE LESION	1685
23040	PR DEEP INCIS SHLDR BONE CORTEX	1715
23066	PR BIOPSY SHLDR SOFT TISSUES,SUPERFIC	1406
23071	PR EXCISION TUMOR SOFT TISSUE SHOULDER SUBQ 3+CM	1120
23073	PR EXC TUMOR SOFT TISSUE SHOULDER SUBFASCIAL 5+CM	1658
23075	PR EXCISION TUMOR SOFT TISSUE SHOULDER SUBQ <3CM	948
23076	PR EXC TUMOR SOFT TISS SHOULDER SUBFASC <5CM	1265
23120	PR PARTIAL REMOVAL, CLAVICLE	1400
23130	PR PARTIAL REMOVAL/REPAIR,ACROMION	1482

CHARGES EFFECTIVE 01/01/2024

Clinic Service Charges

Procedure Code	Procedure Description	Unit Charge
23146	PR EXCIS BENIGN TUMR CLAV/SCAP,ALLOGRFT	1543
23150	PR EXCIS/CURET BENIGN TUMR PROX HUMERUS	1599
23156	PR EXCIS BENIG TUMR PROX HUMER,AUTOGRFT	1611
23180	PR PART EXCIS CLAVICLE	1629
23195	PR REMOVAL OF HEAD OF HUMERUS	1862
23195	PR REMOVAL OF HEAD OF HUMERUS	373
23330	PR REMOVE SUBCUT SHOULDER FOREIGN BODY	609
23334	PR PROSTHESIS REMOVAL HUMERAL/GLENOID COMPONENT	2596
23405	PR INCISE TENDON/MUSCLE,SHLDR,SINGLE	1501
23410	PR REPAIR ROTATOR CUFF,ACUTE	1759
23410	PR REPAIR ROTATOR CUFF,ACUTE	353
23412	PR REPAIR ROTATOR CUFF,CHRONIC	2248
23412	PR REPAIR ROTATOR CUFF,CHRONIC	451
23420	PR REPAIR COMPL ROTATOR CUFF AVULSN,CHR	2312
23430	PR REPAIR BICEPS LONG TENDON	1740
23430	PR REPAIR BICEPS LONG TENDON	350
23440	PR REMV/TRANSPLANT LONG BICEPS TENDON	1803
23455	PR REPAIR SHOULDER CAPSULE,BANKART	2439
23462	PR REPAIR SHLDR CAPSU,ANT,CORACOID XFER	2618
23465	PR REPAIR SHLDR CAPSU,POST,RECUR DISLOC	2792
23466	PR REPAIR SHLDR CAPSU FOR INSTABILITY	2746
23470	PR RECONSTRUCT PROX HUMERAL IMPLANT	2842
23470	PR RECONSTRUCT PROX HUMERAL IMPLANT	569
23472	PR RECONSTR TOTAL SHOULDER IMPLANT	3516
23472	PR RECONSTR TOTAL SHOULDER IMPLANT	705
23473	PR REVIS SHOULDER ARTHRPLSTY HUMERAL/GLENOID COMPNT	3887
23474	PR REVIS SHOULDER ARTHRPLSTY HUMERAL&GLENOID COMPNT	4360
23474	PR REVIS SHOULDER ARTHRPLSTY HUMERAL&GLENOID COMPNT	873
23480	PR OSTEOTOMY CLAVICLE	2016
23485	PR OSTEOTOMY CLAVICLE W BONE GRAFT	2326
23500	PR CLOSED RX CLAVICLE FRACTURE	538
23505	PR CLOSED RX CLAVICLE FX,MANIPULATN	837

CHARGES EFFECTIVE 01/01/2024

Clinic Service Charges

Procedure Code	Procedure Description	Unit Charge
23515	PR OPEN TREATMENT CLAVICULAR FRACTURE INTERNAL FX	1689
23515	PR OPEN TREATMENT CLAVICULAR FRACTURE INTERNAL FX	340
23550	PR OPEN RX A-C JT DISLOC	1360
23552	PR OPEN RX A-C JT DISLOC,FASCIAL GRFT	1542
23570	PR CLOSED RX SCAPULA FX	581
23585	PR OPEN RX SCAPULA FRACTURE	2329
23600	PR CLOSED RX PROX HUMERUS FRACTURE	817
23605	PR CLOSED RX PROX HUMERUS FX,MANIP	1147
23615	PR OPEN TREATMENT PROX HUMERAL FRACTURE	2069
23615	PR OPEN TREATMENT PROX HUMERAL FRACTURE	416
23616	PR OPEN PROX HUMERAL FRACTURE PROSHETIC REPLACEMENT	2968
23616	PR OPEN PROX HUMERAL FRACTURE PROSHETIC REPLACEMENT	595
23620	PR CLOSED RX GR TUBEROSITY HUM FX	679
23625	PR CLOSED RX GR TUBER HUM FX,MANIP	940
23630	PR OPEN TX GREATER HUERAL TUEROSITY FRACTURE INTERNAL	1393
23650	PR CLOSED RX SHLDR DISLOCATION	740
23655	PR CLOSED RX SHLDR DISLOC,ANESTHESIA	913
23660	PR OPEN RX ACUTE SHLDR DISLOC	1041
23665	PR CLOSED RX SHLDR DISLOC,GR TUB FX	1054
23675	PR CLOSED RX SHLDR DISLOC,PROX HUM FX	1353
23700	PR MANIPULATN SHLDR JT W ANESTHESIA	457
23929	PR SHOULDER SURG PROC UNLISTED	1545
23930	PR INCIS/DRAIN ARM,DEEP ABSC/HEMATOMA	844
23931	PR INCIS/DRAIN ARM/ELBOW INFECT BURSA	727
23935	PR INCIS DEEP ARM/ELBOW BONE LESION	1239
24000	PR EXPLORE/DRAIN ELBOW FOR INFECT	1187
24006	PR ARTHROTOMY/CAPULE RELEASE ELBOW JT	1761
24065	PR BX ARM/ELBOW SOFT TISSUE,SUPERFICIAL	667
24066	PR BX ARM/ELBOW SOFT TISSUE,DEEP	1577
24071	PR EXC TUMOR SOFT TISSUE UPPER ARM/ELBOW SUBQ 3+CM	979
24073	PR EXC TUMOR SOFT TISS UPPER ARM/ELBW SUBFASC 5+CM	1655
24073	PR EXC TUMOR SOFT TISS UPPER ARM/ELBW SUBFASC 5+CM	332



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Clinic Service Charges

Procedure Code	Procedure Description	Unit Charge
24075	PR EXC TUMOR SOFT TISS UPPER ARM/ELBOW SUBQ <3CM	1005
24076	PR EXC TUMOR SOFT TISS UARM/ELBOW SUBFASC <5CM	1284
24077	PR RAD RESECT TUMOR SOFT TISS UPPER ARM/ELBOW <5CM	2547
24079	PR RAD RESECT TUMOR SOFT TISS UPPER ARM/ELBOW 5CM/>	3285
24101	PR EXPLORE ELBOW JOINT	1172
24105	PR REMOVAL OF ELBOW BURSA	811
24115	PR EXCIS BENIGN HUMERUS LESN,AUTOGRFT	1824
24116	PR EXCIS BENIGN HUMERUS LESN,ALLOGRFT	2417
24120	PR EXCIS/CURET BENIGN ELBOW LESN	1339
24147	PR PARTIAL REMOVAL OLECRANNON PROCESS	1498
24149	PR RADICAL RESECT ELBOW, CONTRAC RELEAS	2909
24200	PR REMOVAL ARM/ELBOW F.B.,SUPERFICIAL	524
24201	PR REMOVAL ARM/ELBOW F.B.,DEEP	1418
24300	PR MANIPULATE ELBOW W/ANESTH	1107
24332	PR TENOLYSIS, TRICEPS	1502
24340	PR REPAIR OF BICEPS TENDON AT ELBOW	1468
24341	PR MUSC/TENDON REPAIR EACH; ARM/ELBOW	1787
24342	PR REINSERT BI/TRICEPS TENDON,DISTAL	1829
24343	PR REPR ELBOW LAT LIGMNT W/TISS	1716
24344	PR RECONSTRUCT ELBOW LAT LIGMNT W/GRAFT	2623
24358	PR TENOTOMY ELBOW LATERAL/MEDIAL DEBRIDE OPEN	1229
24359	PR TENOTOMY ELBOW LATERAL/MEDIAL DEBRIDE REPAIR	1538
24363	PR ARTHROPLASTY,ELBOW,TOTAL PROSTH REPL	3593
24366	PR RECONSTRUCT RADIAL HEAD W IMPLANT	1627
24370	PR REVISE RECONST ELBOW JOINT	3853
24400	PR OSTEOTOMY HUMERUS	1959
24430	PR REPAIR NON/MALUNION HUMERUS	2542
24435	PR REPAIR NON/MALUNION HUMERUS,GRAFT	2568
24500	PR CLOSED RX MID HUMERUS FRACTURE	896
24505	PR CLOSED RX MID HUMERUS FX,MANIPULATN	1162
24515	PR OPEN FIXATN MID HUMERUS FRACTURE	2054
24515	PR OPEN FIXATN MID HUMERUS FRACTURE	412

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Clinic Service Charges

<b>Procedure Code</b>	<b>Procedure Description</b>	<b>Unit Charge</b>
24516	PR OPEN ROD FIXATN HUMERAL SHAFT FX	2070
24530	PR CLOSED RX HUMERAL SUPRACONDYLAR FX	956
24535	PR CLOSED RX HUM SUPRACONDYLAR FX,MANIPU	1476
24538	PR PERCUT FIX HUM SUPRACONDYLAR FX	1744
24545	PR OPEN TX HUMERAL SUPRACONDYLAR FRACTURE W/O XTN	2167
24546	PR OPEN TX HUMERAL SUPRACONDYLAR FRACTURE W XTN	2480
24560	PR CLOSED RX HUMER EPICONDYLAR FX	804
24565	PR CLOSED RX HUMER EPICONDYLAR FX,MANIP	1316
24575	PR OPEN TX HUMERAL EPICONDYLAR FRACTURE	1755
24579	PR OPEN TX HUMERAL CONDYLAR FRACTURE	2020
24586	PR OPEN RX PERIARTIC FX/DISLOC ELBOW	2653
24587	PR OPEN RX PERIARTIC FX ELBOW,IMPLNT	2661
24600	PR CLOSED RX ELBOW DISLOCATION	873
24605	PR CLOSED RX ELBOW DISLOCATN,ANESTHESIA	1153
24615	PR OPEN RX ELBOW DISLOCATION	1262
24620	PR CLOSED RX MONTEGGIA FX/DISLOC ELBOW	1352
24635	PR OPEN TX MONTEGGIA FRACTURE DISLOCATION ELBOW	2490
24640	PR CLOSED RX RADIAL HEAD DISLOC,CHILD	331
24650	PR CLOSED RX RADIAL HEAD/NECK FX	762
24655	PR CLOSED RX RADIAL HEAD/NECK FX,MANIP	1086
24665	PR OPEN TX RADIAL HEAD/NECK FRACTURE	1389
24666	PR OPEN TX RADIAL HEAD/NECK FRACTURE PROSTHETIC	1719
24670	PR CLOSED TX ULNAR FRACTURE PROX END W/O MANIPULATE	648
24685	PR OPEN TX ULNAR FRACTURE PROX END	1528
24685	PR OPEN TX ULNAR FRACTURE PROX END	306
24999	PR UPPER ARM/ELBOW SURG UNLISTED	2196
25000	PR INCIS TENDON SHEATH,RADIAL STYLOID	835
25001	PR INCIS FLEXOR TENDON SHEATH,WRIST	873
25020	PR DECOMP FOREARM,1 COMPART,W/O DEBRIDE	1439
25024	PR DECOMP FOREARM,2 COMPART,W/O DEBRIDE	1947
25025	PR DECOMP FOREARM,2 COMPART,W/ DEBRIDE	3004
25028	PR INCIS/DRAIN FOREARM DEEP ABSCESS	1270

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Clinic Service Charges

Procedure Code	Procedure Description	Unit Charge
25031	PR INCIS/DRAIN FOREARM INFECTED BURSA	852
25040	PR EXPLORE/TREAT WRIST JOINT	1356
25065	PR BIOPSY FOREARM SOFT TISSUES,SUPERFIC	1185
25066	PR BIOPSY FOREARM SOFT TISSUES,DEEP	897
25071	PR EXC TUMOR SOFT TISS FOREARM AND/WRIST SUBQ 3+CM	1147
25073	PR EXC TUMOR SFT TISS FOREARM&/WRIST SUBFASC 3+CM	1288
25075	PR EXC TUMOR SOFT TISSUE FOREARM &/WRIST SUBQ <3CM	1198
25076	PR EXC TUMOR SOFT TISS FOREARM&/WRIST SUBFASC <3CM	1254
25101	PR EXPLORE/TREAT WRIST JOINT	1010
25107	PR REPAIR TRIANGULAR CART,WRIST JT	1517
25109	PR EXCISE TENDON FOREARM/ WRIST	1284
25110	PR EXCIS TENDON SHEATH LESN,WRIST/FORE	836
25111	PR EXCIS PRIMARY GANGLION WRIST	753
25112	PR EXCIS RECURRENT GANGLION WRIST	908
25118	PR EXCIS SYNOV WRIST,EXTENS TENDON	948
25130	PR EXCIS BENIGN LESN CARPALS	1066
25150	PR PART REMOVAL BONE,ULNA	1410
25151	PR PART REMOVAL BONE,RADIUS	1439
25210	PR REMOVAL OF CARPAL BONE	1239
25215	PR REMOVAL OF PROX ROW CARPAL BONES	1494
25230	PR REMOVAL OF RADIAL STYLOID	1092
25240	PR EXCIS DISTAL ULNA,PART/COMPLETE	1072
25248	PR REMOVE FOREARM/WRIST FOREIGN BODY	1009
25260	PR REPR FOREARM TEND/MUSC,FLEX,PRIM,EA	1558
25270	PR REPR FOREARM TEND/MUSC,EXTEN,PRIM,EA	1234
25272	PR REPR FOREARM TEND/MUSC,EXTEN,SECOND	1375
25274	PR REPR FOREARM TEND/EXT,SECOND,GRAFT,EA	1645
25275	PR REPR FOREARM EXT TEND SHEATH,GRAFT	1691
25295	PR RELEASE WRIST/FOREARM TENDON	1722
25310	PR TRANSPLANT FOREARM/WRIST TENDON	1527
25312	PR XPLANT FOREARM TENDON,W TENDON GRFT	1777
25320	PR REVISE WRIST JOINT,CARPAL INSTABIL	2435

CHARGES EFFECTIVE 01/01/2024

Clinic Service Charges

Procedure Code	Procedure Description	Unit Charge
25337	PR RECONSTRUCT ULNA/RADIOULNAR	2142
25350	PR OSTEOTOMY RADIUS,DISTAL THIR	1654
25360	PR OSTEOTOMY ULNA	1621
25390	PR OSTEOPLASTY,RADIUS OR ULNA,SHORTEN	1894
25400	PR REPAIR NONUNION RADIUS OR ULNA	1965
25405	PR REPAIR NONUNION RADIUS OR ULNAW/GRAFT	2484
25420	PR REPAIR NONUNION RADIUS AND ULNA W/GRAFT	2861
25440	PR REPAIR NONUNION SCAPHOID CARPAL BONE	1853
25441	PR RECONSTRUCT DIST RADIUS W PROSTH	2310
25445	PR RECONSTRUCT TRAPEZIUM W PROSTHESIS	1774
25447	PR REPAIR INTERCARP/CARP-METACARP JT	1937
25447	PR REPAIR INTERCARP/CARP-METACARP JT	389
25505	PR CLOSED RX RADIAL SHAFT FX,MANIPULATN	1164
25515	PR OPEN TREATMENT RADIAL SHAFT FRACTURE	1598
25520	PR CLOSED RX RADIAL SHAFT FX W/DISLOCATION	1393
25525	PR OPEN RDL SHAFT FX CLOSED RAD/ULN JT DISLOCATE	1881
25526	PR OPEN RDL SHAFT FX OPEN RAD/ULN JT DISLOCATE	2390
25535	PR CLOSED RX ULNA SHAFT FX,MANIPULATN	1179
25545	PR OPEN TREATMENT OF ULNAR SHAFT FRACTURE	1462
25560	PR CLOSED RX RAD/ULNA SHAFT FX	581
25565	PR CLOSED RX RAD/ULNA SHAFT FX,MANIP	1215
25574	PR OPEN TX RADIAL & ULNAR SHAFT FX FIX RADIUS OR ULNA	1667
25575	PR OPEN TX RADIAL & ULNAR SHAFT FX FIX RADIUS AND ULNA	2143
25600	PR CLOSED RX DIST RAD/ULNA FX	540
25605	PR CLOSED RX DIST RAD/ULNA FX,MANIPUL	1445
25605	PR CLOSED RX DIST RAD/ULNA FX,MANIPUL	2166
25606	PR PERCUT SKELETAL FIX, DISTAL RADIUS FX	1590
25607	PR OPEN RX DISTAL RADIUS FX, EXTRA-ARTICULAR	1751
25607	PR OPEN RX DISTAL RADIUS FX, EXTRA-ARTICULAR	352
25608	PR OPEN RX DISTAL RADIUS FX, INTRA-ARTICULAR, 2 FRAG	1916
25609	PR OPEN RX DISTAL RADIUS FX, INTRA-ARTICULAR, 3+ FRAG	2439
25609	PR OPEN RX DISTAL RADIUS FX, INTRA-ARTICULAR, 3+ FRAG	489

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Clinic Service Charges

Procedure Code	Procedure Description	Unit Charge
25622	PR CLOSED RX NAVICULAR FX	643
25624	PR CLOSED RX NAVICULAR FX,MANIPULATN	1186
25628	PR OPEN TX CARPAL SCAPHOID NAVICULAR FRACTURE	1725
25645	PR OPEN RX CARPAL BONE FX,EACH BONE	1379
25651	PR PERCUT SKELETAL FIX,ULNAR STYLOID FX	1220
25652	PR OPEN RX ULNAR STYLOID FX	1547
25660	PR CLOSED TREAT WRIST DISLOCATION	1126
25670	PR OPEN REPAIR WRIST DISLOCATION	1461
25675	PR CLOSED RX RADIO-ULNA DISLOCATION	1103
25676	PR OPEN RX RADIO-ULNA DISLOCATION	1528
25680	PR CLOSED RX NAVIC/LUNATE FX/DISLOC	1172
25685	PR OPEN RX NAVIC-PERILUNATE FX/DISLOC	1805
25690	PR CLOSED RX LUNATE DISLOCATION	1172
25695	PR OPEN REPAIR LUNATE DISLOCATION	1527
25810	PR FUSION/GRAFT WRIST JOINT	2150
25810	PR FUSION/GRAFT WRIST JOINT	431
25820	PR FUSION INTERCARPAL	1513
25825	PR FUSION/GRAFT INTERCARPAL	1825
25929	PR AMPUTATION FOLLOW-UP SURGERY	2372
26010	PR DRAIN FINGER ABSCESS,SIMPLE	615
26011	PR DRAIN FINGER ABSCESS,COMPLICATED	1011
26020	PR DRAIN HAND TENDON SHEATH	1085
26025	PR DRAINAGE PALM BURSA,SINGLE	1037
26030	PR DRAINAGE PALM BURSA,MULTIP/COMPLX	1199
26034	PR INCIS DEEP FINGR/HAND BONE LESN	1335
26035	PR DECOMPRESS FINGERS/HAND,INJECT INJ	2111
26040	PR RELEASE PALM CONTRACT,PERCUTANEOUS	2300
26045	PR RELEASE PALM CONTRACT,OPEN,PARTIAL	1093
26055	PR INCISE FINGER TENDON SHEATH	1358
26070	PR EXPLORE & TREAT CARPOMETACARP JT	775
26075	PR EXPLORE & TREAT METACARPO-PHAL JT	784
26080	PR EXPLORE/TREAT INTERPHALANGEAL JT,EA	940

CHARGES EFFECTIVE 01/01/2024

Clinic Service Charges

Procedure Code	Procedure Description	Unit Charge
26105	PR BIOPSY SYNOVIUM MC-P JT	782
26110	PR BIOPSY SYNOVIUM I-P JT	805
26111	PR EX TUM/VASC MALF SFT TISS HAND/FNGR SUBQ 1.5+CM	1014
26113	PR EX TUM/VASC MAL SFT TIS HAND/FNGR SUBFSC 1.5+CM	1329
26115	PR EXC TUM/VASC MAL SFT TISS HAND/FNGR SUBQ <1.5CM	1303
26116	PR EXC TUM/VAS MAL SFT TIS HAND/FNGR SUBFASC<1.5CM	1264
26117	PR RAD RESECT TUMOR SOFT TISSUE HAND/FINGER <3CM	1846
26118	PR RAD RESCJ TUM SOFT TISSUE HAND/FINGER 3 CM/>	2602
26121	PR PALMAR FASCIECTOMY	1403
26123	PR PART PALMAR FASCIEC,OPEN 1 DIGIT	1950
26125	PR PART PALMAR FASCIEC,OPEN ADDNL DIGIT	655
26140	PR EXCIS JT LINING,PROX I-P JT,EACH	1229
26145	PR RAD EXCIS JT LINING,FLEXOR,EACH	1244
26160	PR EXCIS TENDON SHEATH LESION, HAND/FINGER	1475
26210	PR EXCIS BENIGN BONE LESN,PHALANX	1064
26215	PR EXCIS/GRFT BENIGN LESN,PHALANX	1397
26230	PR PART REMV BONE,METACARPAL	1199
26235	PR PART REMV BONE,PROX/MID PHALANX	1186
26236	PR PART REMV BONE,DISTAL PHALANX	1061
26340	PR MANIPULATE FINGER JT W/ ANESTH,EACH	1249
26341	PR MANIPULAT PALM CORD POST INJ	571
26350	PR REPAIR FLEXOR TENDON,HAND,W/O GRAFT,EA	1776
26352	PR REPAIR FLEXOR TENDON,HAND,W/ GRAFT,EA	2069
26356	PR REPAIR FLEX TENDON,ZONE 2,HAND	2340
26357	PR REPAIR FLEX TENDON,ZONE 2,SECON,HAND,EA	2049
26370	PR REPAIR PROFUNDUS TENDON,PRIMARY	1856
26410	PR REPAIR EXTEN TENDON,DORSUM HAND,EA	1349
26418	PR REPAIR EXTEN TENDON,DORSUM FINGR,EA	1373
26426	PR REPAIR EXT TEND,CENT SLIP,SEC	1249
26432	PR REPAIR EXTEN TENDON,DISTAL INSERT,CLOSE	1241
26433	PR REPAIR EXTEN TENDON,DISTAL INSERT,OPEN	1324
26437	PR REALIGNMENT OF TENDONS,HAND	1513

CHARGES EFFECTIVE 01/01/2024

Clinic Service Charges

<b>Procedure Code</b>	<b>Procedure Description</b>	<b>Unit Charge</b>
26440	PR TENOLYSIS, FLEX TENDON,PALM/FINGER,EA	1554
26445	PR TENOLYSIS EXT TENDON,HAND/FINGER,EA	1438
26460	PR TENOTOMY HAND EXTEN,SINGLE,OPEN,EACH	1061
26476	PR LENGTHEN,TENDON,HAND/FINGER	1690
26480	PR TRANSPLANT HAND TENDON	1840
26483	PR TRANSPLANT/GRAFT HAND TENDON	2222
26516	PR FUSION MC-P JOINT,SINGLE	1823
26525	PR RELEASE I-P JT CONTRACTURE	1601
26530	PR ARTHROPLASTY MC-P JT,SINGLE	1144
26535	PR ARTHROPLASTY I-P JT	1096
26540	PR FIX COLLAT LIG,MC-P JT,I-P JT	1189
26541	PR FIX COLLAT LIG,MC-P JT,GRAFT	1933
26541	PR FIX COLLAT LIG,MC-P JT,GRAFT	388
26546	PR FIX NONUNION METACARPAL/PHALANX	2396
26548	PR FIX FINGER,VOLAR PLATE,I-P JT	1875
26560	PR REPAIR OF WEB FINGER,EACH	1379
26565	PR CORRECT METACARPAL DEFORM	1456
26591	PR REPAIR MUSCLES OF HAND	1087
26600	PR CLOSED RX METACARPAL FX	733
26605	PR CLOSED RX METACARPAL FX,MANIP	745
26608	PR CLOSED RX METACARPAL FX,PERCUT	1120
26615	PR OPEN TX METACARPAL FRACTURE SINGLE EA BONE	1330
26641	PR TREAT THUMB DISLOC,MANIPULATN	914
26650	PR PRQ SKEL FIXATION CARP/MTCRPL FX DISLOCATE THUMB	1122
26665	PR OPEN TX CARPOMETACARPAL FRACTURE DISLOCATE THUMB	1700
26670	PR CLOSED RX, CARPOMETACAR DISLOC,NON-THUMB	820
26675	PR CLOSED RX C-MC DISLOC,ANESTH	1152
26676	PR PERCUT FIX CARPOMETACAR DISLOC,NON-THUMB	1210
26685	PR OPEN TX CARPOMETACARPAL DISLOCATE NOT THUMB	745
26686	PR OPEN RX C-MC DISLOC,COMPLEX	1566
26700	PR CLOSED RX MC-P DISLOC	803
26720	PR CLOSE RX PROX/MID FING SHFT FX	498

CHARGES EFFECTIVE 01/01/2024

Clinic Service Charges

Procedure Code	Procedure Description	Unit Charge
26725	PR CLOSE RX PROX/MID FING SHFT FX,MANIP	786
26727	PR PERCUT RX PROX/MID FING SHFT FX	1133
26735	PR OPEN TX PHALANGEAL SHAFT FRACTURE PROX/MIDDLE EA	1380
26740	PR CLOSE RX FINGR ARTICULAR FX	578
26742	PR CLOSE RX FINGR ARTICULAR FX,MANIP	852
26746	PR OPEN TX ARTICULAR FRACTURE MCP/IP JOINT EA	1764
26750	PR CLOSE RX DIST FINGR FX	466
26755	PR CLOSE RX DIST FINGR FX,MANIPULATN	1184
26756	PR PERCUT RX DIST FINGR FX	1036
26765	PR OPEN TX DISTAL PHALANGEAL FRACTURE EACH	1231
26770	PR CLOSED RX IP JT DISLOCATION	656
26775	PR CLOSED RX IP JT DISLOCATION,ANESTH	958
26776	PR PERCUT RX IP JT DISLOCATION	1039
26785	PR OPEN TX INTERPHALANGEAL JOINT DISLOCATION 1	1298
26850	PR FUSION MC-P JT	1678
26852	PR FUSION MC-P JT,GRAFT	2100
26860	PR FUSION FINGER JOINT	1338
26862	PR FUSION/GRAFT FINGER JT	1768
26910	PR AMPUTATE METACARPAL+FINGER	1746
26951	PR AMPUTATION FINGER/THUMB	1518
26952	PR AMPUTATION FINGER/THUMB+FLAPS	1570
26990	PR INCIS/DRAIN PELVIS/HIP,DEEP ABSCESS	1492
26991	PR INCIS/DRAIN PELVIS/HIP,INFECT BURSA	1761
26992	PR INCIS/DRAIN PELVIS/HIP,OPEN BONE	2375
27000	PR INCIS HIP ADDUCTOR,SUBCUT,CLOSED	1038
27025	PR INCIS OF HIP/THIGH FASCIA	2265
27030	PR DRAINAGE OF HIP JOINT	2219
27030	PR DRAINAGE OF HIP JOINT	445
27033	PR EXPLORATION OF HIP JOINT	2392
27036	PR RELEASE HIP FLEXION CONTRACTURE	2427
27041	PR BX SOFT TISSUES,PELV/HIP,DEEP	1615
27043	PR EXCISION TUMOR SOFT TISSUE PELVIS&HIP SUBQ 3+CM	1121



CHARGES EFFECTIVE 01/01/2024

Clinic Service Charges

Procedure Code	Procedure Description	Unit Charge
27045	PR EXC TUMOR SOFT TISSUE PELVIS & HIP SUBFASC 5+CM	1834
27047	PR EXC TUMOR SOFT TISSUE PELVIS & HIP SUBQ <3CM	1167
27048	PR EXC TUMOR SOFT TISSUE PELVIS & HIP SUBFASC <5CM	1464
27059	PR RAD RESECTION TUMOR SOFT TISS PELVIS&HIP 5 CM/>	4466
27062	PR REMOVE TROCH BURSA/CALCIFICATN	1113
27066	PR EXCISISON BONE CYST BENIGN TUMOR,PELVIS/HIP,DEEP	2004
27070	PR PARTIAL EXCISION SUPERFICIAL PELVIS	2136
27071	PR PARTIAL EXCISION DEEP PELVIS	2185
27080	PR REMOVAL OF COCCYX	1179
27087	PR REMOVE PELV/HIP F.B.,DEEP	1510
27090	PR REMOVAL OF HIP PROSTHESIS	2028
27091	PR REMOVAL OF HIP PROSTHESIS,COMPLEX	3789
27093	PR INJECTION HIP ARTHROGRAM	490
27122	PR RECONSTRUC HIP SOCKET,RESEC FEM HEAD	2689
27125	PR PARTIAL HIP REPLACEMENT	2654
27130	PR TOTAL HIP ARTHROPLASTY	3386
27130	PR TOTAL HIP ARTHROPLASTY	679
27132	PR CONV PREV HIP SURG TO TOT HIP ARTHROPLAS	4001
27132	PR CONV PREV HIP SURG TO TOT HIP ARTHROPLAS	802
27134	PR REVISE TOTAL HIP REPLACEMENT	4532
27134	PR REVISE TOTAL HIP REPLACEMENT	1135
27137	PR REVISE ACETABULAR PART OF TOTAL HIP	3477
27137	PR REVISE ACETABULAR PART OF TOTAL HIP	697
27138	PR REVISE FEM PART OFTOTAL HIP	3652
27138	PR REVISE FEM PART OFTOTAL HIP	732
27170	PR BONE GRAFT FEMUR HEAD/NECK/RIDGE	2890
27170	PR BONE GRAFT FEMUR HEAD/NECK/RIDGE	579
27176	PR CLOSED RX SLIP FEM EPIPHYSIS,PINS	2226
27187	PR REINFORCE HIP BONES	2384
27193	PR CLOSED RX PELVIC RING FX/SUBLUX	1190
27222	PR CLOSED RX ACETABULAR FX,MANIPULATN	2433
27227	PR OPEN INTERN FIX ACETABULAR FX	4004

CHARGES EFFECTIVE 01/01/2024

Clinic Service Charges

Procedure Code	Procedure Description	Unit Charge
27230	PR CLOSED RX PROX/NECK FEMUR FX	1181
27235	PR PERCUT FIX PROX/NECK FEMUR FX	2139
27236	PR FEMORAL FX, OPEN TX	2804
27236	PR FEMORAL FX, OPEN TX	562
27244	PR TREAT INTER/SUBTROCH FX,W/PLATE/SCREW	2883
27245	PR OPEN FIX INTER/SUBTROCH FX,IMPLNT	2917
27246	PR CLOSED RX GR TROCHANTERIC FX	956
27248	PR OPEN TREATMENT GREATER TROCHANTERIC FRACTURE	1783
27250	PR CLOSED RX TRAUMATIC HIP DISLOCATN	451
27252	PR CLOSED RX TRAUMA HIP DISLOC,ANESTH	1767
27253	PR OPEN RX TRAUMATIC HIP DISLOCATN	2307
27253	PR OPEN RX TRAUMATIC HIP DISLOCATN	463
27256	PR CLOSED RX SPONTANEOUS HIP DISLOC	681
27257	PR CLOSED RX SPONT HIP DISLOC,ANESTH	898
27265	PR CLOSED RX POST HIP ARTHRPLAS DISLOC	917
27266	PR CLOSED RX POST HIP FIX DISLOC,ANESTH	1360
27268	PR CLOSED TX FEMORAL FRACTURE PROX HEAD W MANIP	1343
27269	PR OPEN TX FEMORAL FRACTURE PROXIMAL END HEAD	3085
27275	PR MANIPULATION HIP JOINT W ANESTHESIA	456
27299	PR PELVIS/HIP JOINT SURG PROC UNLISTED	2261
27301	PR INCIS/DRAIN THIGH/KNEE ABSCESS,DEEP	1629
27305	PR FASCIOTOMY,ILIOTIBIAL,OPEN	1210
27306	PR INCIS THIGH TENDON,ADDUC/HAMST,SINGL	874
27310	PR EXPLOR/DRAIN KNEE,INFECTN	1741
27323	PR BX THIGH/KNEE SOFT TISSUES,SUPERF	683
27324	PR BX THIGH/KNEE SOFT TISSUES,DEEP	933
27327	PR EXCISION TUMOR SOFT TISSUE THIGH/KNEE SUBQ <3CM	927
27328	PR EXC TUMOR SOFT TISSUE THIGH/KNEE SUBFASC <5CM	1498
27331	PR ARTHROTOMY/EXPLORE/TREAT KNEE JOINT	1112
27335	PR REMV SYNOVIUM KNEE,ANTER & POST	1845
27337	PR EXCISON TUMOR SOFT TISSUE THIGH/KNEE SUBQ 3+CM	1004
27339	PR EXC TUMOR SOFT TISSUE THIGH/KNEE SUBFASC 5+CM	1384

CHARGES EFFECTIVE 01/01/2024

Clinic Service Charges

Procedure Code	Procedure Description	Unit Charge
27339	PR EXC TUMOR SOFT TISSUE THIGH/KNEE SUBFASC 5+CM	278
27340	PR REMOVAL PREPATELLA BURSA	926
27345	PR REMOVAL SYNOVIAL CYST,KNEE	1155
27347	PR REMOVE KNEE CYST/GANGLION	1227
27355	PR REMV BENIGN FEMUR LESION	1480
27357	PR REMV BENIGN FEMUR LESN/AUTOGRAFT	2044
27360	PR PART REMV FEMUR/PROX TIB/FIB	2097
27365	PR RAD RESEC TUMOR,FEMUR OR KNEE	5050
27372	PR REMV FOREIGN BODY,KNEE/THIGH,DEEP	1528
27380	PR FIX INFRAPATELLA TENDON,PRIMARY	1425
27381	PR FIX PATELLA TENDN,SECONDARY	1974
27381	PR FIX PATELLA TENDN,SECONDARY	396
27385	PR FIX QUAD/HAMSTR MUSC RUPT,PRIMARY	1391
27385	PR FIX QUAD/HAMSTR MUSC RUPT,PRIMARY	280
27386	PR FIX QUAD/HAMSTR MUSC RUPT,SECOND	2039
27396	PR TRANSPLANT OF THIGH TENDON	1527
27403	PR ARTHROTOMY,OPEN REPAIR MENISCUS	1571
27405	PR REPAIR COLLAT LIGAMT/CAPSULE,KNEE	1687
27405	PR REPAIR COLLAT LIGAMT/CAPSULE,KNEE	339
27407	PR REPAIR CRUCIATE LIGAMENT,KNEE	1963
27412	PR AUTOCHONDROCYTE IMPLANT KNEE	4076
27415	PR OSTEOCHONDRAL KNEE ALLOGRAFT	3418
27418	PR REPAIR ANTER TIBIAL TUBERCLE	1985
27420	PR REVISION OF UNSTABLE PATELLA	1755
27420	PR REVISION OF UNSTABLE PATELLA	352
27422	PR FIX UNSTABLE PATELLA,EXTEN REALIGN	1774
27425	PR LATERAL RETINACULAR RELEASE OPEN	105
27427	PR LIGMT REVISION,KNEE,EXTRA-ARTIC	1768
27427	PR LIGMT REVISION,KNEE,EXTRA-ARTIC	355
27428	PR LIGMT REVISION,KNEE,INTRA-ARTIC	2759
27430	PR REVISION QUADRICEPS	1848
27438	PR ARTHROPLASTY PATELLA WITH IMPLANT	1567

CHARGES EFFECTIVE 01/01/2024

Clinic Service Charges

Procedure Code	Procedure Description	Unit Charge
27438	PR ARTHROPLASTY PATELLA WITH IMPLANT	315
27446	PR PLASTY KNEE,MED OR LAT COMPARTMT	2603
27446	PR PLASTY KNEE,MED OR LAT COMPARTMT	522
27447	PR TOTAL KNEE ARTHROPLASTY	3620
27447	PR TOTAL KNEE ARTHROPLASTY	5429
27447	PR TOTAL KNEE ARTHROPLASTY	1089
27447	PR TOTAL KNEE ARTHROPLASTY	727
27454	PR OSTEOTOMIES FEMUR SHAFT+INTRA ROD	3173
27455	PR OSTEOTOMY PROX TIB,<EPIPHY CLOSUR	2382
27457	PR OSTEOTOMY PROX TIB,AFTR EPIPHY CLOS	2380
27470	PR FIX NON/MALUNION FEMUR BELOW NECK	2922
27472	PR FIX NON/MALUNION FEMUR,W GRAFT	3030
27486	PR REVISE KNEE JOINT REPLACE,1 PART	3346
27486	PR REVISE KNEE JOINT REPLACE,1 PART	670
27487	PR REVISE KNEE JOINT REPLACE,ALL PARTS	4148
27487	PR REVISE KNEE JOINT REPLACE,ALL PARTS	831
27488	PR REMOVAL OF KNEE PROSTHESIS	2884
27495	PR REINFORCE FEMUR	2737
27496	PR DECOMPRESS THIGH/KNEE,1 COMPARTMT	1354
27498	PR DECOMPRESS THIGH/KNEE,>1 COMPARTMT	1623
27500	PR CLOSED RX FEMUR SHAFT FX	1239
27502	PR CLOSED RX FEMUR SHAFT FX+MANIP	1884
27503	PR CLOSED RX CONDYLAR FX+MANIP	1906
27506	PR OPEN RX FEMUR FX+INTRAMED ROD	3140
27507	PR OPEN RX FEMUR FX+PLATE/SCREW	2316
27509	PR PERCUT FIX DISTAL FEMUR	1601
27511	PR OPEN TX FEMORAL SUPRACONDYLAR FRACTURE W/O EXTENSION	2373
27511	PR OPEN TX FEMORAL SUPRACONDYLAR FRACTURE W/O EXTENSION	475
27513	PR OPEN TX FEMORAL SUPRACONDYLAR FRACTURE W EXTENSION	2168
27514	PR OPEN TX FEMORAL FRACTURE DISTAL MED/LAT CONDYLE	2324
27519	PR OPEN TX DISTAL FEMORAL EPIPHYSEAL SEPARATION	2206
27520	PR CLOSED RX PATELLA FX	804

CHARGES EFFECTIVE 01/01/2024

Clinic Service Charges

Procedure Code	Procedure Description	Unit Charge
27524	PR OPEN RX PATELLA FX	1766
27530	PR CLOSED RX TIBIAL PLATEAU FX	765
27532	PR CLOSED RX TIB PLAT FX+MANIP	1535
27535	PR OPEN TX TIBIAL FRACTURE PROXIMAL UNICONDYLAR	2142
27536	PR OPEN RX BILAT TIB PLAT FX	2796
27540	PR OPEN TX INTERCONDYLAR SPINE/TUBRST FRACTURE KNEE	1922
27550	PR CLOSED RX KNEE DISLOCATN	1190
27550	PR CLOSED RX KNEE DISLOCATN	299
27552	PR CLOSED RX KNEE DISLOC+ANESTH	1523
27557	PR OPEN TX KNEE DISLOCATION W LIGAMENOUS REPAIR	2555
27560	PR CLOSED RX KNEECAP DISLOCATN	894
27570	PR MANIPULATN KNEE JT+ANESTHESIA	362
27590	PR AMPUTATE THIGH,THRU FEMUR	1942
27592	PR AMPUTATE THIGH,OPEN CIRCULAR	1669
27592	PR AMPUTATE THIGH,OPEN CIRCULAR	334
27594	PR AMPUTATE THIGH,SECONDRY CLOSUR	1232
27596	PR AMPUTATE THIGH,RE-AMPUTATN	1757
27598	PR AMPUTATE LOWER LEG AT KNEE	1757
27599	PR FEMUR/KNEE SURG UNLISTED	1563
27602	PR DECOMPRESS ANT/LAT+POST LEG CMPART	1198
27603	PR DRAIN LOWER LEG DEEP ABSC/HEMATOMA	1269
27605	PR INCIS ACHILLES TENDON+LOCAL ANESTH	848
27606	PR INCIS ACHILLES TENDON+GEN ANESTH	676
27607	PR DRAIN LEG/ANKLE BONE FOR INFECT	1473
27610	PR EXPLORE/TREAT ANKLE JOINT	1571
27618	PR EXC TUMOR SOFT TISSUE LEG/ANKLE SUBQ <3CM	1090
27619	PR EXC TUMOR SOFT TISSUE LEG/ANKLE SUBFASCIAL <3CM	1064
27620	PR EXPLOR ANKLE JOINT	1123
27626	PR EXPLOR ANKLE JT+TENOSYNOVECTOMY	1461
27630	PR EXCIS LESN TENDON SHEALTH LEG/ANKLE	1430
27632	PR EXC TUMOR SOFT TISSUE LEG/ANKLE SUBQ 3+CM	1028
27634	PR EXC TUMOR SOFT TISSUE LEG/ANKLE SUBFASC 5+CM	1681

CHARGES EFFECTIVE 01/01/2024

Clinic Service Charges

Procedure Code	Procedure Description	Unit Charge
27635	PR EXCIS BENIGN LESN,TIB/FIB	1432
27637	PR EXCIS BENIGN LESN,TIB/FIB+AUTOGRFT	1878
27640	PR PARTIAL REMOVAL OF TIBIA	2012
27641	PR PARTIAL REMOVAL OF FIBULA	1606
27650	PR REPAIR ACHILLES TENDON,PRIMARY	1585
27652	PR REPAIR/GRAFT ACHILLES TENDON	1648
27654	PR REPAIR ACHILLES TENDON,SECONDARY	1720
27658	PR REPAIR FLEX LEG TENDON,PRIM,EA	899
27659	PR REPAIR FLEX LEG TENDON,SECOND,EA	1186
27664	PR REPAIR EXTEN LEG TENDN,PRIM,EACH	880
27665	PR REPAIR EXTEN LEG TENDN,SECOND,EA	1023
27675	PR REPAIR PERONEAL TENDONS	1183
27676	PR REPAIR PERONEAL TENDONS,FIB OSTEOTMY	1518
27680	PR RELEASE TIB/FIB/ANKLE FLEX TENDON,EA	1025
27685	PR LENGTH/SHORT LEG/ANKL TENDON,SINGLE	1610
27687	PR GASTROCNEMIUS RECESSION	1138
27690	PR XFER SINGLE SUPERFICI LOW LEG TENDON	1526
27691	PR XFER SINGLE DEEP LOW LEG TENDON	1805
27695	PR REPAIR 1 COLLAT ANKLE LIGMNT,PRIMARY	1166
27696	PR REPAIR BOTH COLLAT ANKL LIGMT,PRIMRY	1390
27698	PR REPAIR COLLAT ANKLE LIGMNT,SECONDARY	1585
27700	PR ARTHROPLASTY ANKLE JOINT	1547
27702	PR TOTAL ANKLE REPLACEMENT	2385
27702	PR TOTAL ANKLE REPLACEMENT	477
27703	PR SECONDARY RECONSTRUCTION,ANKLE JOINT	2756
27704	PR REMOVAL OF ANKLE IMPLANT	1397
27707	PR OSTEOTOMY FIBULA	999
27724	PR REPAIR NON/MALUNION TIBIA W ILIAC OR AUTOGRAFT	3121
27726	PR REPAIR FIBULA NONUNION/MALUNION W INT FIXATION	2285
27750	PR CLOSED RX TIBIA SHAFT FX	861
27752	PR CLOSED RX TIBIA SHAFT FX,MANIPULATN	1296
27756	PR PERCUT RX TIBIA SHAFT FX	1381

CHARGES EFFECTIVE 01/01/2024

Clinic Service Charges

Procedure Code	Procedure Description	Unit Charge
27756	PR PERCUT RX TIBIA SHAFT FX	278
27758	PR OPEN RX TIBIA SHAFT FX,SCREWS	2091
27759	PR TREAT TIBIAL SHAFT FX, INTRAMED IMPLANT	2351
27759	PR TREAT TIBIAL SHAFT FX, INTRAMED IMPLANT	471
27760	PR CLOSED RX MED MALLEOLUS FX	1242
27762	PR CLOSED RX MED MALLEOLUS FX,MANIP	1162
27766	PR OPEN TREATMENT MEDIAL MALLEOLUS FRACTURE	1437
27769	PR OPEN TREATMENT POSTERIOR MALLEOLUS FRACTURE	1731
27784	PR OPEN TREATMENT PROXIMAL FIBULA/SHAFT FRACTURE	1737
27786	PR CLOSED RX DIST FIBULA FX	802
27788	PR CLOSED RX DIST FIBULA FX,MANIP	1079
27792	PR OPEN TX DISTAL FIBULAR FRACTURE LAT MALLEOLUS	1670
27808	PR CLOSED TX BIMALLEOLAR ANKLE FRACTURE W/O MANIP	842
27810	PR CLOSED TX BIMALLEOLAR ANKLE FRACTURE W MANIP	1103
27814	PR OPEN TREATMENT BIMALLEOLAR ANKLE FRACTURE	1823
27814	PR OPEN TREATMENT BIMALLEOLAR ANKLE FRACTURE	2733
27816	PR CLOSED RX TRIMALLEOLAR FX	852
27818	PR CLOSED RX TRIMALLEOLAR FX,MANIP	1201
27822	PR OPEN TX TRIMALLEOLAR ANKLE FX W/O FIX PST LIP	1998
27823	PR OPEN TX TRIMALLEOLAR ANKLE FX W FIX PST LIP	2266
27824	PR CLOSED RX WEIGHT BEAR DIST TIBIA	805
27825	PR CLOSED RX WEIGHT BEAR DIST TIB,MANIP	1355
27827	PR OPEN TREATMENT FRACTURE DISTAL TIBIA ONLY	2597
27827	PR OPEN TREATMENT FRACTURE DISTAL TIBIA ONLY	521
27828	PR OPEN TREATMENT FRACTURE DISTAL TIBIA & FIBULA	3059
27829	PR OPEN TX DISTAL TIBIOFIBULAR JOINT DISRUPTION	1597
27829	PR OPEN TX DISTAL TIBIOFIBULAR JOINT DISRUPTION	321
27840	PR CLOSED RX ANKLE DISLOCATN	919
27842	PR CLOSED RX ANKLE DISLOCATN,ANESTH	1211
27846	PR OPEN RX ANKLE DISLOCATN	1817
27848	PR OPEN RX ANKLE DISLOCATN+FIXATN	1950
27870	PR ARTHRODESIS,ANKLE,OPEN	2544

CHARGES EFFECTIVE 01/01/2024

Clinic Service Charges

Procedure Code	Procedure Description	Unit Charge
27871	PR FUSION OF TIBIOFIBULAR JOINT	1700
27880	PR AMPUTATION LOW LEG THRU TIB/FIB	2187
27882	PR AMPUTATION LOW LEG,CIRCULAR	1469
27884	PR AMPUTATION LOW LEG,SECOND CLOSURE	1395
27886	PR RE-AMPUTATION LOWER LEG	1602
27892	PR DECOMPRESS FASCIOTOMY LEG,ANT/LAT	1384
27899	PR LEG/ANKLE SURG PROC UNLISTED	1545
28001	PR INCIS/DRAINAGE BURSA OF FOOT	704
28002	PR DEEP DISSEC FOOT INFEC,1 BURSA	1111
28003	PR DEEP DISSEC FOOT INFEC,MULTIPLE	1604
28005	PR DEEP INCIS FOOT BONE INFECTN	1428
28008	PR INCISION OF FOOT/TOE FASCIA	1122
28010	PR INCISION SUBCUT TOE TENDON	326
28010	PR INCISION SUBCUT TOE TENDON	244
28011	PR INCISION SUBCUT TOE TENDON,>1	809
28020	PR EXPLOR TARSAL/TARSOMETATAR JT	1403
28022	PR EXPLOR METATARSO-PHALANG JT	1182
28024	PR EXPLOR INTERPHALANGEAL JT	1187
28035	PR TARSAL TUNNEL RELEASE	1302
28039	PR EXCISION TUMOR SOFT TISSUE FOOT/TOE SUBQ 1.5+CM	1191
28041	PR EXC TUMOR SOFT TISSUE FOOT/TOE SUBFASC 1.5+CM	1139
28043	PR EXCISION TUMOR SOFT TISSUE FOOT/TOE SUBQ <1.5CM	965
28045	PR EXC TUMOR SOFT TISSUE FOOT/TOE SUBFASC <1.5CM	1270
28047	PR RAD RESECTION TUMOR SOFT TISSUE FOOT/TOE 3 CM/>	2518
28050	PR BX SYNOVIUM TARS/TARSOMETA JT	1189
28052	PR BX SYNOVIUM METATARSO-PHAL JT	1151
28054	PR BX SYNOVIUM INTERPHALANG JT	974
28055	PR NEURECTOMY, INTRINSIC MUSCULATURE FOOT	917
28060	PR PART EXCIS PLANTAR FASCIA	1214
28062	PR RAD EXCIS PLANTAR FASCIA	1490
28070	PR SYNOVECTOMY TARS/TARSOMETA JT,EA	1371
28080	PR EXCIS INTERDIGITAL NEUROMA,EA	1212



CHARGES EFFECTIVE 01/01/2024

Clinic Service Charges

Procedure Code	Procedure Description	Unit Charge
28090	PR EXCIS TENDN/CAPSULE LESN,FOOT	889
28092	PR EXCIS TENDN/CAPSULE LESN,TOES	1091
28100	PR REMV TALUS/HEEL BENIGN BONE LESN	1466
28104	PR REMV TARSAL/METATARSAL BENIGN BONE LESN	1321
28106	PR REMV OTHR FOOT BENIGN LESN,AUTOGRFT	1119
28107	PR REMV OTHR FOOT BENIGN LESN,ALLOGRFT	1435
28108	PR REMV TOE BENIGN BONE LESN	1153
28110	PR PART EXCIS 5TH METATARSAL HEAD	1203
28112	PR FULL EXCIS 2,3 OR 4TH METATAR HEAD	1259
28113	PR FULL EXCIS 5TH METATARSAL HEAD	1518
28116	PR EXCIS TARSAL COALITION	1610
28118	PR REMOVAL OF HEEL BONE	1544
28119	PR REMOVAL OF HEEL SPUR	1232
28120	PR PART REMV TALUS OR CALCANEUS	1638
28122	PR PART REMV OTHR TARSAL/METATARSAL	1554
28124	PR PART REMV PHALANX OF TOE	1216
28126	PR RESEC ONE TOE PHALANGEAL BASE,EA	976
28140	PR REMOVAL OF METATARSAL	1517
28153	PR RESEC HEAD OF PHALANX,TOE	2558
28160	PR RESEC TOE AT I-P JT,SINGLE,EA	1079
28190	PR REMV FOOT FOREIGN BODY,SUBCUTANEOUS	984
28192	PR REMV FOOT FOREIGN BODY,DEEP	1164
28193	PR REMV FOOT FOREIGN BODY,COMPLEX	1319
28200	PR REPAIR FLEX FOOT TENDON,EA	1181
28208	PR REPAIR EXTEN LEG TENDON,PRIM,EA	1095
28225	PR RELEASE EXTEN FOOT TENDON,SINGLE	1004
28232	PR INCISION FLEX TOE TENDON	994
28234	PR INCISION EXTEN FOOT/TOE TENDON	1059
28238	PR RECONST POST TIB TEND,EXCIS ACC TAR NAV	1727
28240	PR RELEASE OF BIG TOE TENDN	1191
28250	PR DIVISN PLANTAR FASCIA/MUSCLE	1393
28260	PR CAPSULOTOMY MIDFOOT JT,MED RELEASE	1703

CHARGES EFFECTIVE 01/01/2024

Clinic Service Charges

Procedure Code	Procedure Description	Unit Charge
28270	PR CAPSULOTOMY MT-P JT,FOOT,EACH	1155
28272	PR CAPSULOTOMY I-P JT,FOOT,EA	985
28280	PR FUSION OF TOES	1326
28285	PR REPAIR OF HAMMERTOE,ONE	1112
28288	PR PART REMV BONE METATARSAL HEAD,EA	1552
28289	PR REPAIR HALLUX RIGIDUS	1800
28290	PR CORRECT BUNION,SIMPLE	1509
28291	PR HALLUX RIGIDUS W/CHEILECTOMY 1ST MP JT W/IMPLT	1886
28292	PR CORRJ HLX VLGS BNCTY SESMDC RESCJ PROX PHLX BASE	2004
28295	PR CORRJ HLX VLGS BNCTY SESMDC PROX METAR OSTEOT	2442
28296	PR CORRJ HLX VLGS BNCTY SESMDC DSTL METAR OSTEOT	1704
28297	PR CORRJ HLX VLGS BNCTY SESMDC JOINT ARTHRODESIS	2006
28298	PR CORRJ HLX VLGS BNCTY SESMDC PROX PHLX OSTEOT	2211
28299	PR CORRJ HLX VLGS BNCTY SESMDC W/DOUBLE OSTEOTOMY	3222
28300	PR OSTEOTOMY HEEL BONE	1583
28304	PR OSTEOTOMY MIDTARSAL BONES	2047
28305	PR OSTEOTOMY MIDTARSAL,AUTOGRAFT	1653
28306	PR OSTEOTOMY 1ST METATARSAL,BASE/SHAFT	1573
28308	PR OSTEOTOMY METATARSAL (NOT 1ST)	1456
28309	PR OSTEOTOMY METATARSALS,MULTIPLE	2184
28313	PR RECONSTRUC TOE DEFORM,SOFT TISSUE	1278
28315	PR REMOV SESAMOID BONE,1ST TOE	1222
28320	PR REPAIR NON/MALUNION TARSAL BONE(S)	1493
28322	PR REPAIR NON/MALUNION METATARSAL	1997
28400	PR CLOSED RX HEEL FX	609
28405	PR CLOSED RX HEEL FX,MANIPULATN	932
28415	PR OPEN TREATMENT CALCANEAL FRACTURE	2662
28415	PR OPEN TREATMENT CALCANEAL FRACTURE	533
28435	PR CLOSED RX TALUS FX,MANIPULATN	811
28436	PR PERCUT RX TALUS FX	1077
28445	PR OPEN TREATMENT TALUS FRACTURE	2561
28446	PR OPEN OSTEOCHONDRAL AUTOGRAFT TALUS	3023

CHARGES EFFECTIVE 01/01/2024

Clinic Service Charges

Procedure Code	Procedure Description	Unit Charge
28450	PR CLOSED RX TARSAL FX,EACH	551
28465	PR OPEN TX TARSAL FRACTURE XCP TALUS &CALCANEUS EA	1182
28470	PR CLOSED RX METATARSAL FX	551
28475	PR CLOSED RX METATARSAL FX,MANIP	651
28476	PR PERCUT RX METATARSAL FX	892
28485	PR OPEN TREATMENT METATARSAL FRACTURE EACH	1265
28490	PR CLOSED RX BIG TOE FRACTURE	375
28496	PR PERCUT BIG TOE FX	1148
28505	PR OPEN TX FRACTURE GREAT TOE/PHALANX/PHALANGES	1692
28510	PR CLOSED RX TOE FX	311
28515	PR CLOSED RX TOE FX,MANIPULATN	363
28525	PR OPEN TX FRACTURE PHALANX/PHALANGES NOT GREAT TOE	1448
28531	PR OPEN RX SESAMOID BONE FX	840
28540	PR CLOSED RX TARSAL DISLOCATION	478
28545	PR CLOSED RX TARSAL DISLOC,ANESTH	739
28555	PR OPEN TREATMENT TARSAL BONE DISLOCATION	2062
28575	PR CLOSED RX TALOTARSAL DISLOC,ANESTH	918
28585	PR OPEN TREATMENT TALOTARSAL JOINT DISLOCATION	2161
28606	PR PERCUT RX TAR-METATAR FOOT DISLOC	990
28615	PR OPEN TREATMENT TARSOMETATARSAL JOINT DISLOCATION	1933
28615	PR OPEN TREATMENT TARSOMETATARSAL JOINT DISLOCATION	388
28630	PR CLOSED RX MT-PHAL TOE DISLOCATION	402
28635	PR CLOSED RX MT-PHAL TOE DISLOC,ANESTH	445
28636	PR PERCUT RX MT-PHAL TOE DISLOCATION	493
28645	PR OPEN TX METATARSOPHALANGEAL JOINT DISLOCATION	1679
28660	PR CLOSED RX I-P JT,TOE DISLOCATION	280
28665	PR CLOSED RX I-P JT,TOE DISLOC,ANESTH	394
28675	PR OPEN TREATMENT INTERPHALANGEAL JOINT DISLOCATION	1454
28715	PR FUSION FOOT BONES,TRIPLE	2252
28725	PR FUSION FOOT BONES,SUBTALAR	1892
28730	PR FUSION FOOT BONES,MIDTARSAL,MULTI	1792
28740	PR FUSION FOOT BONE,MIDTARSAL,1 JT	2025

CHARGES EFFECTIVE 01/01/2024

Clinic Service Charges

<b>Procedure Code</b>	<b>Procedure Description</b>	<b>Unit Charge</b>
28750	PR FUSION BIG TOE,MT-P JT	2030
28750	PR FUSION BIG TOE,MT-P JT	3045
28755	PR FUSION BIG TOE,I-P JOINT	1309
28760	PR FUSION BIG TOE,I-P JT+TENDN XFER	1926
28805	PR AMPUTATION FOOT,TRANSMETATARSAL	1792
28810	PR AMPUTATION METATARSAL+TOE,SINGLE	1050
28820	PR AMPUTATION TOE,MT-P JT	1407
28825	PR AMPUTATION TOE,I-P JT	1357
28899	PR FOOT/TOES SURG PROC UNLISTED	1723
29065	PR APPLY LONG ARM CAST	324
29075	PR APPLY FOREARM CAST	318
29085	PR APPLY HAND/WRIST CAST	250
29105	PR APPLY LONG ARM SPLINT	225
29125	PR APPLY FOREARM SPLINT,STATIC	173
29126	PR APPLY FOREARM SPLINT,DYNAMIC	198
29130	PR APPLY FINGER SPLINT,STATIC	141
29260	PR STRAPPING OF ELBOW OR WRIST	213
29280	PR STRAPPING OF HAND OR FINGER	210
29305	PR APPLY OF HIP CAST,ONE LEG	676
29325	PR APPLY OF HIP CASTS,TWO LEGS	723
29345	PR APPLY LONG LEG CAST	389
29355	PR APPLY LONG LEG CAST,WALKER	368
29358	PR APPLY LONG LEG CAST BRACE	547
29365	PR APPLY LONG LEG CAST,CYLINDER	510
29405	PR APPLY SHORT LEG CAST	323
29425	PR APPLY SHORT LEG CAST,WALKER	374
29435	PR APPLY PATELLA TENDON BEARING CAST	505
29445	PR APPLY RIGID LEG CAST	561
29450	PR APPLY OF CLUBFOOT CAST	426
29505	PR APPLY LONG LEG SPLINT	263
29515	PR APPLY LOWER LEG SPLINT	183
29530	PR STRAPPING OF KNEE	213

CHARGES EFFECTIVE 01/01/2024

Clinic Service Charges

Procedure Code	Procedure Description	Unit Charge
29540	PR STRAPPING; ANKLE &/OR FOOT	183
29550	PR STRAPPING OF TOES	164
29580	PR APPLY OF PASTE BOOT	178
29581	PR APPLY MULTLAY COMPRS LWR LEG	160
29700	PR REMV/REVISN BOOT/BODY CAST	232
29705	PR REMV/REVISN FULL ARM/LEG CAST	262
29720	PR REPAIR OF BODY CAST	255
29730	PR WINDOWING OF CAST	258
29740	PR WEDGING OF CAST	303
29799	PR CAST/STRAP PROC UNLISTED	78
29805	PR SHLDR ARTHROSCOP,DIAGNOSTIC	1109
29806	PR SHLDR ARTHROSCOP,SURG,CAPSULORRHAPHY	2495
29807	PR SHLDR ARTHROSCOP,SURG,REPAIR,SLAP LESION	2436
29819	PR SHLDR ARTHROSCOP,SURG,W/REMOVAL,LOOSE/FB	1381
29820	PR SHLDR ARTHROSCOP,PART SYNOVECT	1272
29821	PR SHOULDER ARTHROSCOPY/SURGERY	1391
29822	PR SURGICAL ARTHROSCOPY SHOULDER LMTD DBRDMT 1/2	1353
29822	PR SURGICAL ARTHROSCOPY SHOULDER LMTD DBRDMT 1/2	272
29823	PR SURGICAL ARTHROSCOPY SHOULDER XTNSV DBRDMT 3+	1475
29823	PR SURGICAL ARTHROSCOPY SHOULDER XTNSV DBRDMT 3+	2213
29823	PR SURGICAL ARTHROSCOPY SHOULDER XTNSV DBRDMT 3+	296
29824	PR SHLDR ARTHROSCOP,SURG,DIS CLAVICULECTOMY	1586
29824	PR SHLDR ARTHROSCOP,SURG,DIS CLAVICULECTOMY	319
29825	PR SHLDR ARTHROSCOP,LYSE ADHESNS	1378
29826	PR SHOULDER SCOPE BONE SHAVING	1569
29826	PR SHOULDER SCOPE BONE SHAVING	316
29827	PR SHLDR ARTHROSCOP,SURG,W/ROTAT CUFF REPR	2538
29827	PR SHLDR ARTHROSCOP,SURG,W/ROTAT CUFF REPR	509
29828	PR ARTHROSCOPY SHOULDER SURGICAL BICEPS TENODESIS	2153
29830	PR ELBOW ARTHROSCOP,DIAGNOSTIC	1069
29834	PR ELBOW ARTHROSCOP,REMV LOOSE BODY	1159
29834	PR ELBOW ARTHROSCOP,REMV LOOSE BODY	233

CHARGES EFFECTIVE 01/01/2024

Clinic Service Charges

<b>Procedure Code</b>	<b>Procedure Description</b>	<b>Unit Charge</b>
29835	PR ELBOW ARTHROSCOP,PART SYNOVECT	1244
29836	PR ELBOW ARTHROSCOP,FULL SYNOVECT	1397
29837	PR ELBOW ARTHROSCOP,PART DEBRIDE	1247
29838	PR ELBOW ARTHROSCOP,EXTEN DEBRIDE	1394
29838	PR ELBOW ARTHROSCOP,EXTEN DEBRIDE	280
29840	PR WRIST ARTHROSCOP,DIAGNOSTIC	1061
29843	PR WRIST ARTHROSCOP,CLEAN/DRAIN	1136
29846	PR WRIST ARTHROSCOP,EXCIS TRIANG CART	1231
29847	PR WRIST ARTHROSCOP,INTERN FIXATN	1278
29850	PR KNEE SCOPE/SURG/INTERCOND FX AID	1404
29851	PR KNEE SCOPE/SURG/INCOND FX AID+FIXAT	2190
29855	PR TIBIAL SCOPE/SURG/FX AID,UNICONDYLR	1848
29855	PR TIBIAL SCOPE/SURG/FX AID,UNICONDYLR	371
29860	PR HIP ARTHROSCOPY, DX	1631
29860	PR HIP ARTHROSCOPY, DX	327
29861	PR HIP SCOPE/REMOV LOOSE/FOREIGN BODY	1787
29861	PR HIP SCOPE/REMOV LOOSE/FOREIGN BODY	358
29862	PR HIP SCOPE/REMV BODY,PLASTY/RESECTN	2011
29863	PR HIP SCOPE/REMV BODY,SYNOVECTOMY	2011
29863	PR HIP SCOPE/REMV BODY,SYNOVECTOMY	403
29866	PR ARTHROSCOPY KNEE; OSTEOCHONDRAL AUTOGRAFT	2462
29867	PR KNEE SCOPE, ALLOGRAFT IMPANT	2992
29867	PR KNEE SCOPE, ALLOGRAFT IMPANT	600
29868	PR KNEE SCOPE, MENISC TRANSPLANT	4103
29870	PR KNEE SCOPE,DIAGNOSTIC	1406
29871	PR KNEE SCOPE,CLEAN/DRAIN	1207
29873	PR KNEE SCOPE, W/LATERAL RELEASE	1228
29874	PR KNEE SCOPE,REMV LOOSE BODY	1266
29875	PR KNEE SCOPE,PART SYNOVECT	1166
29876	PR KNEE SCOPE,FULL SYNOVECT	1540
29876	PR KNEE SCOPE,FULL SYNOVECT	308
29877	PR KNEE SCOPE,SHAVE ARTICULAR CART	1462

CHARGES EFFECTIVE 01/01/2024

Clinic Service Charges

Procedure Code	Procedure Description	Unit Charge
29879	PR KNEE SCOPE,ABRASN ARTHROPLASTY	1558
29880	PR ARTHRS KNEE W/MENISCECTOMY MED&LAT W/SHAVING	1622
29881	PR ARTHRS KNE SURG W/MENISCECTOMY MED/LAT W/SHVG	1519
29881	PR ARTHRS KNE SURG W/MENISCECTOMY MED/LAT W/SHVG	2278
29882	PR KNEE SCOPE,MED OR LAT MENIS REPAIR	1638
29883	PR KNEE SCOPE,MED+LAT MENIS REPAIR	1976
29884	PR KNEE SCOPE,LYSIS OF ADHESNS	1456
29885	PR KNEE SCOPE,DRILL OSTE DISSEC+GRFT	1762
29886	PR KNEE SCOPE,DRILL OSTEIT DISSEC	1490
29887	PR KNEE SCOPE,DRILL OSTE DISS+INT FIX	1751
29888	PR KNEE SCOPE,AID ANT CRUCIATE REPAIR	2326
29888	PR KNEE SCOPE,AID ANT CRUCIATE REPAIR	466
29889	PR KNEE SCOPE,AID POST CRUC REPAIR	2864
29891	PR ANKLE SCOPE,EXCIS OSTEOCHON DEFCT	1635
29892	PR ANKLE SCOPE,AID REPAIR FX,BONE DEFCT	1599
29894	PR ANKLE SCOPE,REMLV LOOSE BODY	1219
29895	PR ANKLE SCOPE,PART SYNOVECTOMY	1167
29897	PR ANKLE SCOPE,PART DEBRIDEMENT	1223
29898	PR ANKLE SCOPE,EXTENS DEBRIDEMNT	1359
29899	PR ANKLE SCOPE,W/ANKLE ARTHRODESIS	2466
29914	PR PR ARTHROSCOPY HIP W/FEMOROPLASTY	2471
29914	PR PR ARTHROSCOPY HIP W/FEMOROPLASTY	495
29915	PR PR ARTHROSCOPY HIP W/ACETABULOPLASTY	2516
29915	PR PR ARTHROSCOPY HIP W/ACETABULOPLASTY	505
29916	PR PR ARTHROSCOPY HIP W/LABRAL REPAIR	2519
29916	PR PR ARTHROSCOPY HIP W/LABRAL REPAIR	505
29999	PR ARTHROSCOPY PROC UNLISTED	2153
30000	PR DRAIN ABSCESS/HEMATOMA,NASAL	581
30020	PR DRAIN ABSCESS/HEMATOMA,NASAL SEPTUM	564
30100	PR INTRANASAL BIOPSY	817
30110	PR EXCISION NOSE POLYP(S),SIMPLE	588
30117	PR EXCIS/DEST INTRANAS LESION; INT APP	2261

CHARGES EFFECTIVE 01/01/2024

Clinic Service Charges

<b>Procedure Code</b>	<b>Procedure Description</b>	<b>Unit Charge</b>
30120	PR EXCISION SKIN OF NOSE	1304
30124	PR EXCIS NASAL DERMOID,SIMPLE,SUBCUT	663
30125	PR EXCIS NASAL DERMOID,COMPLX	1527
30130	PR EXCISION TURBINATE	926
30130	PR EXCISION TURBINATE	1390
30140	PR EXCISION TURBINATE,SUBMUCOUS	1073
30140	PR EXCISION TURBINATE,SUBMUCOUS	1609
30150	PR PARTIAL EXCISION OF NOSE	2073
30200	PR INJECTION TREATMENT OF NOSE	780
30220	PR INSERT NASAL SEPTAL PROSTHESIS	975
30300	PR REMOVE NASAL FOREIGN BODY	483
30310	PR REMV NASAL FOR BODY,GEN ANESTH	526
30410	PR RECONSTR NOSE,COMPLETE+EXTERNAL	2916
30420	PR RECONSTR NOSE+MAJ SEPTAL REPAIR	3327
30430	PR REVIS NOSE,SECONDARY,MINOR	2206
30465	PR REPAIR NASAL CAVITY STENOSIS	2376
30520	PR REPAIR OF NASAL SEPTUM	1777
30560	PR LYSIS INTRANASAL SYNECHIA	672
30630	PR REPAIR NASAL SEPTUM PERFORATN	1578
30801	PR CAUTER TURBINATE MUCOSA,SUPERFICIAL	563
30802	PR CAUTER TURBINATE MUCOSA,INTRAMURAL	714
30901	PR CTRL NOSEBLEED,ANTER,SIMPLE	256
30901	PR CTRL NOSEBLEED,ANTER,SIMPLE	385
30903	PR CTRL NOSEBLEED,ANTER,COMPLEX	485
30903	PR CTRL NOSEBLEED,ANTER,COMPLEX	727
30920	PR LIGATE INTERN MAXILL ARTERY	2064
30930	PR FRACTURE THERAPUTIC INFER TURBINATE	308
30999	PR NASAL SURG PROC UNLISTED	593
31000	PR IRRIGATION MAXILLARY SINUS	478
31002	PR IRRIGATION SPHENOID SINUS	514
31030	PR EXPLOR MAXILL SINUS,RADICAL	1646
31032	PR EXPLOR MAXILL SINUS,RMV POLYPS	1469



CHARGES EFFECTIVE 01/01/2024

Clinic Service Charges

Procedure Code	Procedure Description	Unit Charge
31075	PR EXPLOR FRONT SINUS,TRANSORBIT,UNI	1971
31225	PR REMV UPPER JAW-MAXILLECTOMY	4675
31231	PR NASAL ENDOSCOPY,DX	476
31233	PR NASAL/MAXILL SINUS ENDOSCOPY,DX	679
31235	PR NASAL/SPHENOID SINUS ENDOSCOPY,DX	2216
31237	PR NASAL/SINUS NDSC SURG W/BX POLYPC/DBRDMT SPX	2239
31237	PR NASAL/SINUS NDSC SURG W/BX POLYPC/DBRDMT SPX	3358
31238	PR NASAL/SINUS NDSC SURG W/CONTROL NASAL HEMORRHAGE	823
31240	PR NASAL/SINUS NDSC SURG W/CONCHA BULLOSA RESECTION	394
31254	PR NASAL/SINUS NDSC W/PARTIAL ETHMOIDECTOMY	833
31254	PR NASAL/SINUS NDSC W/PARTIAL ETHMOIDECTOMY	1250
31255	PR NASAL/SINUS NDSC W/TOTAL ETHOIDECTION	1218
31255	PR NASAL/SINUS NDSC W/TOTAL ETHOIDECTION	1828
31256	PR NASAL SCOPY,OPEN MAXILL SINUS	604
31256	PR NASAL SCOPY,OPEN MAXILL SINUS	905
31267	PR NASAL SCOPY,RMV TISS MAXILL SINUS	968
31267	PR NASAL SCOPY,RMV TISS MAXILL SINUS	1451
31276	PR NASAL/SINUS NDSC W/RMVL TISS FROM FRONTAL SINUS	1536
31276	PR NASAL/SINUS NDSC W/RMVL TISS FROM FRONTAL SINUS	2304
31287	PR NASAL SCOPY,SPHENOIDOTOMY	708
31287	PR NASAL SCOPY,SPHENOIDOTOMY	1062
31288	PR NASAL SCOPY,REMV TISS SPHENOID	822
31288	PR NASAL SCOPY,REMV TISS SPHENOID	1233
31291	PR NASAL SCOPY,REPR CSF LEAK,SPHENOID	2962
31295	PR PR NASAL/SINUS ENDOSCOPY,W/DILAT MAXILLARY SINUS OSTIUM	417
31296	PR PR NASAL/SINUS ENDOSCOPY,W/DILAT FRONTAL SINUS OSTIUM	497
31297	PR PR NASAL/SINUS ENDOSCOPY,W/DILAT SPHENOID SINUS OSTIUM	409
31299	PR SINUS, ACCESSORY SURG PROC UNLISTED	1218
31360	PR REMOVAL OF LARYNX	5178
31500	PR INSERT EMERGENCY ENDOTRACH AIRWAY	727
31502	PR TRACH TUBE CHANGE	86
31515	PR LARYNGOSCOPY, DIRECT FOR ASPIRATION	531

CHARGES EFFECTIVE 01/01/2024

Clinic Service Charges

<b>Procedure Code</b>	<b>Procedure Description</b>	<b>Unit Charge</b>
31525	PR LARYNGOSCOPY, DIRECT, DIAGNOSTIC	640
31526	PR LARYNGOSCOPY, DIRECT, DX, OP MICROSCO	1427
31530	PR LARYNGOSCOPY, DIRCT, OP, F.B. REMVL	480
31535	PR LARYNGOSCOPY, DIRCT, OP, BIOPSY	581
31536	PR LARYNGOSCOPY, DIRCT, OP SCOPE, BIOSPY	521
31540	PR LARYNGOSCOPY, DIRCT, OP, EXC TUMOR	591
31541	PR LARYNGOSCOPY, DIRCT, OP SCOPE, EXC TUMR	714
31545	PR LARYNGOSCOPY, DIR, OP, EXC TUMR, LCL FLA	888
31570	PR LARYNGOSCOPY, DIRCT,INJ VOCAL CORD	2294
31575	PR LARYNGOSCOPY, FLEX FIBER, DIAGNOSTIC	427
31576	PR LARYNGOSCOPY, FLEX SCOPE, BIOPSY	330
31579	PR LARYNGOSCOPY, FLEX /RIGID+ STROBOSCOPE	534
31588	PR REVISION OF LARYNX, UNSPECIFIED	2846
31599	PR LARYNX SURG PROC UNLISTED	1077
31600	PR TRACHEOSTOMY, PLANNED	877
31610	PR TRACHEOSTOMY,FENESTRATN+FLAPS	1796
31613	PR TRACH REVISION,SIMPLE	1095
31614	PR TRACH REVISION,COMPLEX	1880
31615	PR SCOPE THRU TRACHEOSTOMY	316
31622	PR BRONCHOSCOPY,DIAGNOSTIC	968
31623	PR BRONCHOSCOPY,DIAGNOSTIC W BRUSH	845
31624	PR BRONCHOSCOPY,DIAGNOSTIC W LAVAGE	795
31625	PR BRONCHOSCOPY,BIOPSY	849
31628	PR BRONCHOSCOPY,TRANSBRONCH BIOPSY	977
31629	PR BRONCHOSCOPY,TRANSBRON ASPIR BX	1507
31631	PR BRONCHOSCOPY,TRACH DIL+STENT	567
31632	PR BRONCHOSCOPY W/TRANSBRONCHIAL LUNG BX EACH LOBE	182
31635	PR BRONCHOSCOPY,REMV FOR. BODY	715
31645	PR BRONCHOSCOPY W/THER ASPIR TRACHBRNCL TREE 1ST	804
31646	PR BRONCHOSCOPY W/THER ASPIR TRACHBRNCL TREE SBSQ	739
31825	PR SURG CLOSURE TRACH/FIST,PLAST REPR	1507
32096	PR THORACTOMY W/DX BX LUNG INFILTRATE UNILATERAL	1951

CHARGES EFFECTIVE 01/01/2024

Clinic Service Charges

Procedure Code	Procedure Description	Unit Charge
32110	PR THORCOM CTRL TRAUMTC HEMRRG&RLNG TEAR	3584
32110	PR THORCOM CTRL TRAUMTC HEMRRG&RLNG TEAR	717
32220	PR DECORTICATION,PULMONARY,TOTAL	3869
32220	PR DECORTICATION,PULMONARY,TOTAL	775
32225	PR DECORTICATION,PULMONARY,PARTIAL	2412
32421	PR THORACENTESIS PUNCTURE PLEURAL CAVITY ASPIRATION	611
32440	PR REMOVAL OF LUNG PNEUMONECTOMY	3729
32440	PR REMOVAL OF LUNG PNEUMONECTOMY	747
32480	PR RMVL LUNG OTHER THAN PNEUMONECTOMY 1 LOBE LOBECT	3525
32480	PR RMVL LUNG OTHER THAN PNEUMONECTOMY 1 LOBE LOBECT	706
32482	PR RMVL LUNG OTHER THAN PNEUMONECT 2 LOBES BILOBEC	4110
32482	PR RMVL LUNG OTHER THAN PNEUMONECT 2 LOBES BILOBEC	757
32484	PR RMVL LUNG OTHER THAN PNEUMONECT 1 SEGMENTECTOMY	0
32505	PR THORACOTOMY W/THERAPEUTIC WEDGE RESEXN INITIAL	2281
32505	PR THORACOTOMY W/THERAPEUTIC WEDGE RESEXN INITIAL	458
32550	PR INSERTION INDWELLING TUNNELED PLEURAL CATHETER	555
32551	PR TUBE THORACOSTOMY INCLUDES WATER SEAL	468
32552	PR REMOVAL OF INDWELLING TUNNELED PLEURAL CATHETER WITH CUFF	459
32554	PR THORACENTESIS NEEDLE/CATH PLEURA W/O IMAGING	1441
32555	PR THORACENTESIS NEEDLE/CATH PLEURA W/IMAGING	1659
32556	PR PERQ DRAINAGE PLEURA INSERT CATH W/O IMAGING	300
32557	PR PERQ DRAINAGE PLEURA INSERT CATH W/IMAGING	399
32560	PR CHEMICAL PLEURODESIS FOR PERSISTENT PNEUMOTHORAX	186
32561	PR INSTILL VIA CHEST TUBE AGENT FOR FIBRINOLYSIS, 1ST DAY	231
32562	PR INSTILL VIA CHEST TUBE AGENT FOR FIBRINOLYSIS, SUBSEQUENT	211
32604	PR THORACOSCOPY WBX SAC	1182
32608	PR THORACOSCOPY W/DX BX OF LUNG NODULES UNILATRL	928
32609	PR THORACOSCOPY WITH BIOPSYIES OF PLEURA	929
32650	PR THORACOSCOPY SURG W/PLEURODESIS	1601
32651	PR THORACOSCOPY SURG PART PULM DECORT	2691
32652	PR THORACOSCOPY SURG TOT PULM DECORT	4066
32653	PR THORACOSCOPY SURG REMOV FB INTRAPLEU	2503

CHARGES EFFECTIVE 01/01/2024

Clinic Service Charges

Procedure Code	Procedure Description	Unit Charge
32655	PR THORACOSCOPY W/RESECTION BULLAE W/WO PLEURAL PX	2273
32664	PR THORACOSCOPY SURG THOR SYMPATHECT	2050
32666	PR THORACOSCOPY W/THERA WEDGE RESEXX INITIAL UNILAT	2133
32666	PR THORACOSCOPY W/THERA WEDGE RESEXX INITIAL UNILAT	427
33010	PR DRAINAGE OF HEART SAC	285
33016	PR PERICARDIOCENTESIS W/IMG GUIDANCE WHEN PERFORMED	578
33206	PR INS NEW/RPLCMT PRM PACEMAKR W/TRANS ELTRD ATRIAL	1133
33207	PR INS NEW/RPLC PRM PACEMAKER W/TRANSV ELTRD VENTR	1165
33208	PR INS NEW/RPLCMT PRM PM W/TRANSV ELTRD ATRIAL&VENT	1147
33210	PR INSER HEART TEMP PACER ONE CHMBR	389
33211	PR INSER HEART TEMP PACER DUAL CHMBR	441
33212	PR INS PM PLS GEN W/EXIST SINGLE LEAD	751
33213	PR INS PACEMAKER PULSE GEN ONLY W/EXIST DUAL LEADS	904
33214	PR UPGRADE OF PACEMAKER SYSTEM	1169
33215	PR RPSG PREV IMPLTED PM/DFB R ATR/R VENTR ELECTRODE	738
33216	PR INSJ 1 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	911
33217	PR INSJ 2 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	841
33218	PR RPR 1 TRANSVNS ELTRD PRM PM/PACING IMPLNTBL DFB	946
33220	PR RPR 2 TRANSVNS ELECTRODES PRM PM/IMPLANTABLE DFB	950
33221	PR INS PACEMAKER PULSE GEN ONLY W/EXIST MULT LEADS	852
33222	PR RELOCATION OF SKIN POCKET FOR PACEMAKER	806
33223	PR RELOCATE SKIN POCKET IMPLANTABLE DEFIBRILLATOR	1002
33224	PR INSJ ELTRD CAR VEN SYS ATTCH PREV PM/DFB PLS GEN	1216
33225	PR INSJ ELTRD CAR VEN SYS TM INSJ DFB/PM PLS GEN	1096
33226	PR RPSG PREV IMPLTED CAR VEN SYS L VENTR ELTRD	1157
33227	PR REMVL PERM PM PLSE GEN W/REPL PLSE GEN SNGL LEAD	800
33228	PR REMVL PERM PM PLS GEN W/REPL PLSE GEN 2 LEAD SYS	839
33229	PR REMVL PERM PM PLS GEN W/REPL PLSE GEN MULT LEAD	883
33230	PR INSJ IMPLNTBL DEFIB PULSE GEN W/EXIST DUAL LEADS	927
33233	PR REMOVAL PERMANENT PACEMAKER PULSE GENERATOR ONLY	554
33234	PR REMV TRANSVEN PACER ELECTRODE,1 LEAD	1194
33235	PR REMV TRANSVEN PACER ELECTRODE,2 LEAD	1561

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Clinic Service Charges

Procedure Code	Procedure Description	Unit Charge
33240	PR INSJ IMPLNTBL DEFIB PULSE GEN W/1 EXISTING LD	1119
33241	PR REMOVAL IMPLANTABLE DEFIB PULSE GENERATOR ONLY	551
33244	PR RMVL1/DUAL CHMBR IMPLTBL DFB ELTRD TRANSVNS XTRJ	2040
33249	PR INSJ/RPLCMT PERM DFB W/TRNSVNS LDS 1/DUAL CHMBR	2075
33254	PR ABLATE/ RECONSTUCT ATRIA, LIMITED	3278
33262	PR RMVL IMPLTBL DFB PLSE GEN W/REPL PLSE GEN 1 LEAD	889
33263	PR RMVL IMPLTBL DFB PLSE GEN W/RPLCMT PLSE GEN 2 LD	901
33264	PR RMVL IMPLTBL DFB PLS GEN W/RPLCMT PLS GEN MLT LD	935
33282	PR IMPLANTATION PT-ACTIVATED CARDIAC EVENT RECORDER	781
33284	PR RMVL IMPLANTABLE PT-ACTIVATED CAR EVENT RECORDER	566
33285	PR INSERTION SUBQ CARDIAC RHYTHM MONITOR W/PRGRMG	218
33286	PR REMOVAL SUBCUTANEOUS CARDIAC RHYTHM MONITOR	331
33289	PR TCAT IMPL WRLS P-ART PRS SNR L-T HEMODYN MNTR	797
33300	PR REPAIR HEART WOUND	5907
33967	PR INSERT INTRA-AORTIC BALLOON ASST DEVICE	636
34502	PR RECONSTRUCT, VENA CAVA	3651
34502	PR RECONSTRUCT, VENA CAVA	732
34812	PR OPN FEM ART EXPOS DLVR EVASC PROSTH UNI	829
35045	PR REPR ANEURYSM/GRFT INS,RADIAL/ULNAR	2461
35082	PR REPR ART RUPTURE, ABD AORTA	5323
35082	PR REPR ART RUPTURE, ABD AORTA	1066
35188	PR REPAIR BLOOD VESSEL LESION	2629
35206	PR REPR BL VES DIRECT,UP EXTREM	1886
35207	PR REPR BL VES DIRECT,HAND/FINGR	1850
35221	PR REPR BL VES DIRECT,ABD	2979
35221	PR REPR BL VES DIRECT,ABD	597
35226	PR REPR BL VES DIRECT,LOW EXTREM	2029
35301	PR THROMBOENDARTECTMY NECK,NECK INCIS	2565
35301	PR THROMBOENDARTECTMY NECK,NECK INCIS	514
35761	PR EXPLORATION OF ARTERY/VEIN	972
35800	PR EXPLOR POSTOP BLEED,INFEC,CLOT-NECK	1772
35820	PR EXPLOR POSTOP BLEED,INFEC,CLOT-CHST	4752

CHARGES EFFECTIVE 01/01/2024

Clinic Service Charges

<b>Procedure Code</b>	<b>Procedure Description</b>	<b>Unit Charge</b>
35840	PR EXPLOR POSTOP BLEED,INFEC,CLOT-ABD	2727
35860	PR EXPLOR POSTOP BLEED,INFEC,CLOT-EXTR	2039
36000	PR PLACE NEEDLE IN VEIN	64
36005	PR INJECTION PROC,EXTREMITY,VENOGRAPHY	120
36012	PR PLACE CATH IN VEIN,SUBSELECT	2056
36140	PR INTRO OF NEEDLE OR INTRACATHETER UPR/LXTR ARTERY	1203
36215	PR PLACE CATH SELECTIVE ART,NECK	2711
36216	PR PLACE CATH SUBSELECT ART,NECK	2961
36261	PR REVISION OF INFUSION PUMP	1009
36400	PR VENIPUNC <3 Y/O,FEMORAL,JUGULAR	125
36406	PR VENIPUNC <3 Y/O, OTHER	44
36410	PR VENIPUNC NEED PHYS SKILL,DX OR RX	126
36415	PR COLLECTION VENOUS BLOOD,VENIPUNCTURE	36
36468	PR INJECTIONS SCLEROSANT FOR SPIDER VEINS LIM/TRNK	377
36469	PR INJECTION; SPIDER VEINS,FACE	377
36470	PR INJECTION SCLEROSANT SINGLE INCMPTNT VEIN	377
36471	PR INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	438
36510	PR CATH, VEIN UMBILICAL NEWBORN	457
36555	PR INSERT NON-TUNNEL CV CATH < 5 Y/O	686
36556	PR INSERT NON-TUNNEL CV CATH	542
36557	PR INSERT TUNNELED CV CATH <5 Y/O	815
36558	PR INSERT TUNNELED CV CATH	2014
36561	PR INSERT TUNNELED CV CATH	852
36563	PR INSERT TUNNELED CV CATH	686
36565	PR INSERT TUNNELED CV CATH	858
36569	PR INSERTION PICC W/O IMG GDN 5 YR/>	739
36571	PR INSERT TUNNELED CV CATH	3321
36575	PR REPAIR TUNNELED CV CATH	87
36576	PR REPAIR TUNNELED CV CATH	980
36578	PR REPLACE TUNNELED CV CATH	1330
36580	PR REPLACE TUNNELED CV CATH	553
36581	PR REPLACE TUNNELED CV CATH	460

CHARGES EFFECTIVE 01/01/2024

Clinic Service Charges

Procedure Code	Procedure Description	Unit Charge
36589	PR REMOVAL TUNNELED CV CATH	408
36590	PR REMOVAL TUNNELED CV CATH	1659
36591	PR COLLECT BLOOD FROM IMPLANT VENOUS ACCESS DEVICE	123
36592	PR COLLECT BLOOD FROM CATHETER VENOUS NOS	123
36593	PR DECLOT BY THROMBOLYTIC AGENT IMPLANT DEVICE/CATH	305
36597	PR REPOSITION VENOUS CATHETER	148
36600	PR WITHDRAWAL OF ARTERIAL BLOOD	149
36620	PR INSERT CATH,ART,PERCUT,SHORTTERM	118
36625	PR INSERT CATH,ART,CUTDOWN,SHORTTERM	256
36680	PR INSERT NEEDLE,INTRAOSSEOUS INFUSN	144
36800	PR INSERT CANNULA,VEIN-VEIN	306
36821	PR ANASTOMOSIS,AV,ANY SITE	1654
36821	PR ANASTOMOSIS,AV,ANY SITE	331
36823	PR INSERT CANNULA,ISOLATED EXTRACORP CIRC	0
36830	PR CREAT AV FISTULA,NON-AUTOGENOUS GRAFT	1661
36830	PR CREAT AV FISTULA,NON-AUTOGENOUS GRAFT	333
36832	PR REVISE AV FISTULA,W/O THROMBECTOMY	1419
37202	PR TRANSCATH RX INFUSE OTHER	734
37609	PR TEMPORAL ARTERY LIGATN OR BX	1920
37617	PR LIGATN OF ABDOMEN ARTERY	2851
37617	PR LIGATN OF ABDOMEN ARTERY	572
37618	PR LIGATN OF EXTREMITY ARTERY	948
37700	PR LIGATN LONG SAPHENOUS VEIN AT SEPH-FEM JUNC	624
37722	PR LIGATE/STRIP LONG SAPH VEIN BELW SEP-FEM JUNC	1181
37765	PR PHLEB VEINS - EXTREM - TO 20	1663
37765	PR PHLEB VEINS - EXTREM - TO 20	2494
37766	PR PHLEB VEINS - EXTREM 20+	1969
37766	PR PHLEB VEINS - EXTREM 20+	2952
37785	PR REVISE SECONDARY VARICOSITY	881
37799	PR VASCULAR SURGERY PROCEDURE UNLIST	1705
38100	PR REMOVAL SPLEEN, TOTAL	2482
38100	PR REMOVAL SPLEEN, TOTAL	497

CHARGES EFFECTIVE 01/01/2024

Clinic Service Charges

Procedure Code	Procedure Description	Unit Charge
38102	PR REMOVAL SPLEEN, TOTAL W OTHR PROC	606
38115	PR REPAIR OF RUPTURED SPLEEN	3127
38120	PR LAP,SPLENECTOMY	2533
38206	PR PROG CELL HARVEST,TRANSPLANT,AUTOLOGOUS	194
38220	PR DIAGNOSTIC BONE MARROW ASPIRATIONS	517
38221	PR DIAGNOSTIC BONE MARROW BIOPSIES	517
38222	PR DIAGNOSTIC BONE MARROW BIOPSIES & ASPIRATIONS	438
38232	PR BONE MARROW HARVEST AUTOLOG	494
38500	PR BIOPSY/EXCISION, LYMPH NODE(S)	796
38505	PR NEEDLE BIOPSY, LYMPH NODE(S)	313
38510	PR BX/REMV,LYMPH NODE,DEEP CERV	1227
38520	PR BX/REMV,LYMPH NODE,DEEP CERV/SCAL	1146
38525	PR BX/REMV,LYMPH NODE,DEEP AXILL	1020
38525	PR BX/REMV,LYMPH NODE,DEEP AXILL	1530
38531	PR OPEN BIOPSY/EXCISION INGUINOFEMORAL NODES	1086
38550	PR REMOVAL CYST HYGROMA	1231
38555	PR REMOVAL CYST HYGROMA NEUROVASC DISS	2469
38562	PR REMOVAL, PELVIC LYMPH NODES,STAGING	1660
38570	PR LAP,LYMPH NODE BX	1301
38570	PR LAP,LYMPH NODE BX	261
38571	PR LAP,PELVIC LYMPHADENECTOMY	1940
38571	PR LAP,PELVIC LYMPHADENECTOMY	390
38700	PR REMOVAL NODES, NECK,SUPRAHYOID	1969
38724	PR REMOVAL NODES, NECK,CERV MOD RAD	3518
38740	PR REMOVE ARMPIT LYMPH NODES SUPERFIC	1691
38745	PR REMOVE ARMPITS LYMPH NODES COMPLT	2075
38746	PR REMOVE THOR LYMPH NODES RAD REGNL	518
38746	PR REMOVE THOR LYMPH NODES RAD REGNL	162
38770	PR REMOVE PELVIS LYMPH NODES	334
38780	PR REMOVE ABD LYMPH NODES EXTENSIVE	2255
38780	PR REMOVE ABD LYMPH NODES EXTENSIVE	453
38790	PR INJECTION FOR LYMPHATIC XRAY	210



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Clinic Service Charges

Procedure Code	Procedure Description	Unit Charge
38792	PR INJ RADIOACTIVE TRACER FOR ID OF SENTINEL NODE	899
38900	PR PR INTRAOPERATIVE SENTINEL LYMPH NODE ID W DYE INJECTION	333
38999	PR BLOOD/LYMPH SYSTEM PROCEDURE	1020
39400	PR MEDIASTINOSCOPY INCL BIOPSIES WHEN PERFORMED	1234
39540	PR REPAIR DIAPHR HERNIA TRAUMA ACUTE	2118
39541	PR REPAIR DIAPHR HERNIA TRAUMA CHR	2309
39560	PR RESECT DIAPHRAM,SIMPLE REPAIR	1858
39560	PR RESECT DIAPHRAM,SIMPLE REPAIR	372
40490	PR BIOPSY OF LIP	318
40500	PR LIP SHAVE	1294
40510	PR PARTIAL EXCIS LIP,WEDGE PRIM CLOS	1233
40520	PR PARTIAL EXCIS LIP,V-EXC PRIM CLOS	1209
40654	PR RPR LIP FTH OVER ONE-HALF VERT HEIGHT/COMPLEX	1449
40800	PR DRAIN MOUTH ABSC/CYST/HEMATOMA,SIMPL	334
40804	PR REMOVAL FOREIGN BODY,MOUTH,SIMPLE	498
40805	PR REMOVAL FOREIGN BODY,MOUTH,COMPLEX	760
40806	PR INCISION OF LIP FOLD	274
40808	PR BIOPSY OF MOUTH LESION	458
40810	PR EXCIS MOUTH MUCOSA/SUB,NO REPAIR	539
40812	PR EXCIS MOUTH MUCOSA/SUB,SIMPL REPAIR	2148
40814	PR EXCIS MOUTH MUCOSA/SUB,COMPLX REPR	998
40816	PR EXCIS MOUTH COMPLEX,EXC THRU MUSCLE	1033
40819	PR EXCISE LIP OR CHEEK FOLD	643
40820	PR DESTRUC MOUTH LESION/SCAR	1813
41000	PR I&D MOUTH/TONG INTRA,LINGUAL	396
41006	PR I&D MOUTH/TONG INTRA,SUBLING,DEEP	900
41008	PR I&D MOUTH/TONG INTRA,SUBMANDIBULAR	971
41010	PR INCISION OF TONGUE FOLD	433
41100	PR BIOPSY TONGUE,ANTER 2/3	877
41105	PR BIOPSY TONGUE,POSTER 1/3	420
41108	PR BIOPSY OF FLOOR OF MOUTH	634
41110	PR EXCIS TONGUE LESN	345

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Clinic Service Charges

Procedure Code	Procedure Description	Unit Charge
41112	PR EXCIS TONGUE LESN,ANT 2/3+CLOS	813
41113	PR EXCIS TONGUE LESN,POST 1/3	885
41115	PR EXCIS TONGUE FOLD	664
41116	PR EXCIS FLOOR MOUTH LESION	807
41120	PR PART REMOVAL TONGUE,<1/2	2694
41150	PR EXCIS TONGUE,MOUTH,JAW	5499
41153	PR EXCIS TONGUE,MOUTH,NECK	5901
41512	PR TONGUE BASE SUSPENSION, PERM SUTURE	1720
41520	PR RECONSTRUCTION, TONGUE FOLD	877
41530	PR RADIOFREQUENCY ABLATION TONGUE BASE	2596
41599	PR TONGUE AND MOUTH SURG UNLISTED	489
41800	PR DRAINAGE OF GUM LESION	702
41825	PR EXCIS DENTOALVEOLAR LESION	556
41899	PR DENTAL SURGERY PROCEDURE	2692
42100	PR BIOPSY PALATE/UVULA	368
42104	PR EXCIS LESN,PALATE/UVULA	371
42106	PR EXCIS LESN,PALATE/UVULA-SIMPL CLOS	659
42120	PR REMOVE PALATE/LESION	2584
42140	PR EXCISION OF UVULA	631
42145	PR PALATOPHAYNGOPLASTY	1723
42160	PR DESTRUC LESN PALATE/UVULA	592
42299	PR PALATE/UVULA SURG UNLISTED	862
42300	PR DRAIN ABSCESS PAROTID,SIMPLE	541
42305	PR DRAIN ABSCESS PAROTID,COMPLIC	1089
42310	PR DRAIN ABSC-SUBMAX,SUBLING-INTRAORAL	416
42320	PR DRAIN ABSC-SUBMAX-EXTERNAL	672
42330	PR REMOVAL SALIVARY STONE,UNCOMPLIC	606
42335	PR REMOVAL SUBMAND STONE,COMPLICATED	920
42405	PR BIOPSY SALIVARY GLAND,INCISIONAL	733
42410	PR EXC PAROTD LESN,LATER LOBE	1526
42415	PR EXC PAROTD,LAT LOBE,DISSECT 5TH NERV	2694
42420	PR EXC PAROTD,TOTAL,DISSECT 5TH NERV	2960

CHARGES EFFECTIVE 01/01/2024

Clinic Service Charges

Procedure Code	Procedure Description	Unit Charge
42420	PR EXC PAROTD,TOTAL,DISSECT 5TH NERV	593
42440	PR EXCISION SUBMAXILLARY GLAND	1032
42500	PR REPAIR SALIVARY DUCT SIMPLE	1101
42505	PR REPAIR SALIVARY DUCT COMPLICATED	1424
42650	PR DILATION OF SALIVARY DUCT	208
42700	PR INC/DRAIN PERITONSIL ABSCESS	469
42720	PR INC/DRAIN RETROPHARYNG ABSCESS,ORAL	1109
42800	PR BIOPSY OROPHARYNX	845
42804	PR BIOPSY NASOPHARYNX,SIMPLE	506
42808	PR EXCISE PHARYNX LESION	563
42809	PR REMOVE PHARYNX FOREIGN BODY	444
42810	PR EXCISION BRACH CLFT CYST,SUPERFICIAL	965
42815	PR EXCISION BRANC CLFT CYST,DEEP	1375
42820	PR REMOVE TONSILS/ADENOIDS,<12 Y/O	714
42821	PR REMOVE TONSILS/ADENOIDS,12+ Y/O	743
42825	PR REMOVAL OF TONSILS,<12 Y/O	667
42826	PR REMOVAL OF TONSILS,12+ Y/O	635
42830	PR REMOVAL ADENOIDS,PRIMARY,<12 Y/O	529
42831	PR REMOVAL ADENOIDS,PRIMARY,12+ Y/O	564
42835	PR REMOVAL ADENOIDS,SECOND,<12 Y/O	351
42870	PR EXCISION OF LINGUAL TONSIL	1486
42892	PR RESEC LAT PHARYN WALL/PYRIFRM SIN	4520
42960	PR CONTROL THROAT BLEED,SIMPLE	416
42962	PR CONTROL THROAT BLEED,SURG INTERVENTN	1313
43117	PR PART REMOV ESOPHAGUS,LOWER 2/3	5792
43117	PR PART REMOV ESOPHAGUS,LOWER 2/3	1159
43121	PR PARTIAL REMOVAL OF ESOPHAGUS	7020
43121	PR PARTIAL REMOVAL OF ESOPHAGUS	1405
43122	PR PARI REMOV ESOPH,THORACOABDOM	5974
43130	PR REMOV ESOPHAG DIVERTIC,CERV APPRCH	1966
43130	PR REMOV ESOPHAG DIVERTIC,CERV APPRCH	394
43180	PR ESOPHAGOSCP RIG TRANSORAL HYPOPHARYNX CRV ESOPH	1380

CHARGES EFFECTIVE 01/01/2024

Clinic Service Charges

Procedure Code	Procedure Description	Unit Charge
43191	PR ESOPHAGOSCOPY RIGID TRANSORAL DIAGNOSTIC BRUSH	388
43192	PR ESOPHAGOSCOPY RIGID TRANSORAL INJ SUBMUCOSAL	428
43193	PR ESOPHAGOSCOPY RIGID TRANSORAL WITH BIOPSY	426
43194	PR ESOPHAGOSCOPY RIG TRANSORAL REMOVAL FOREIGN BODY	480
43195	PR ESOPHAGOSCOPY RIGID TRANSORAL BALLOON DILATION	463
43196	PR ESOPHAGOSCOPY RIG TRANSORAL GUIDE WIRE DILATION	493
43200	PR ESOPHAGOSCOPY FLEXIBLE TRANSORAL DIAGNOSTIC	512
43201	PR ESOPHAGOSCOPY FLEXIBLE TRANSORAL W SUBMUCOUS INJ	621
43202	PR ESOPHAGOSCOPY FLEXIBLE TRANSORAL WITH BIOPSY	939
43204	PR ESOPHAGOSCOPY FLEX TRANSORAL INJECTION VARICES	512
43205	PR ESPHGOSCOPY FLEX W/BAND LIGATION ESOPHGL VARICES	802
43214	PR ESOPHAGOSCOPY DILATE ESOPHAGUS BALLOON 30 MM	469
43215	PR ESOPHAGOSCOPY FLEXIBLE REMOVAL FOREIGN BODY	1092
43216	PR ESPHAGOSCOPY FLEX LESION REMOVAL HOT BX FORCEPS	329
43217	PR ESOPHAGOSCOPY FLEXIB LESION REMOVAL TUMOR SNARE	874
43219	ESOPHAGOSCOPY,INSERT TUBE/STENT	402
43220	PR ESOPHAGOSCOPY FLEX BALLOON DILAT <30 MM DIAM	294
43226	PR ESOPHAGOSCOPY FLEXIBLE GUIDE WIRE DILATION	329
43227	PR ESOPHAGOSCOPY FLEXIBLE W BLEEDING CONTROL	1003
43228	ESOPHAGOSCOPY,ABLATION TUMOR	547
43231	PR ESOPHAGOSCOPY FLEXIBLE TRANSORAL ULTRASOUND EXAM	1032
43232	PR ESOPHAGOSCOPY INTRA/TRANSMURAL NEEDLE ASPIRAT/BX	1213
43235	PR ESOPHAGOGASTRODUODENOSCOPY TRANSORAL DIAGNOSTIC	1092
43236	PR ESOPHAGOGASTRODUODENOSCOPY SUBMUCOSAL INJECTION	868
43237	PR ESOPHAGOGASTRODUODENOSCOPY US SCOPE W/ADJ STRXRS	515
43238	PR EDG INTRMURAL US NEEDLE ASPIRATE/BIOPSY ESOPHAGS	589
43239	PR EDG TRANSORAL BIOPSY SINGLE/MULTIPLE	895
43241	PR EDG INTRALUMINAL TUBE/CATHETER INSERTION	379
43242	PR EDG INTRMURAL NEEDLE ASPIR/BIOP ALTERED ANATOMY	670
43243	PR EDG INJECTION SCLEROSIS ESOPHGL/GASTRIC VARICES	947
43244	PR EDG BAND LIGATION ESOPHGEAL/GASTRIC VARICES	1092
43245	PR EDG DILATION GASTRIC/DUODENAL STRICTURE	1527

CHARGES EFFECTIVE 01/01/2024

Clinic Service Charges

Procedure Code	Procedure Description	Unit Charge
43246	PR EDG PERCUTANEOUS PLACEMENT GASTROSTOMY TUBE	1527
43247	PR EGD FLEXIBLE FOREIGN BODY REMOVAL	1527
43248	PR EDG INSERT GUIDE WIRE DILATOR PASSAGE ESOPHAGUS	895
43249	PR EDG BALLOON DILATION ESOPHAGUS <30 MM DIAM	1527
43250	PR EGD FLEX REMOVAL LESION(S) BY HOT BIOPSY FORCEPS	672
43251	PR EDG REMOVAL TUMOR POLYP/OTHER LESION SNARE TECH	657
43252	PR EDG FLEX TRANSORAL W/OPTICAL ENDOMICROSCOPY	804
43253	PR EDG US GUIDED TRANSMURAL INJXN/FIDUCIAL MARKER	666
43254	PR EDG TRANSORAL ENDOSCOPIC MUCOSAL RESECTION	708
43255	PR EDG TRANSORAL CONTROL BLEEDING ANY METHOD	1527
43259	PR EDG US EXAM SURGICAL ALTER STOM DUODENUM/JEJUNUM	596
43260	PR ERCP DX COLLECTION SPECIMEN BRUSHING/WASHING	1745
43261	PR ERCP,BIOPSY	2183
43262	PR ERCP,SPHINCTEROTOMY	2183
43264	PR ERCP REMOVE CALCULI/DEBRIS BILIARY/PANCREAS DUCT	2183
43265	PR ERCP DESTRUCTION/LITHOTRIPSY CALCULI ANY METHOD	1131
43266	PR EDG ENDOSCOPIC STENT PLACEMENT W/WIRE& DILATION	574
43268	ERCP,INSERT STENT,BILIARY/PANC	2183
43269	ERCP,RMV F.B./CHANGE STENT	968
43270	PR EDG ABLATE TUMOR POLYP/LESION W/DILATION& WIRE	1847
43271	ERCP,BALLOON DIL DUCTS	1165
43272	ERCP,ABLATION TUMOR	912
43274	PR ERCP STENT PLACEMENT BILIARY/PANCREATIC DUCT	1190
43275	PR ERCP REMOVE FOREIGN BODY/STENT BILIARY/PANC DUCT	985
43276	PR ERCP BILIARY/PANC DUCT STENT EXCHANGE W/DIL&WIRE	1250
43277	PR ERCP BALLOON DILATE BILIARY/PANC DUCT/AMPULLA EA	957
43278	PR ERCP TUMOR/POLYP/LESION ABLATION W/DILATION&WIRE	1066
43280	PR LAP,ESOPHAGOGAST FUNDOPLASTY	2105
43280	PR LAP,ESOPHAGOGAST FUNDOPLASTY	422
43281	PR LAP, REPAIR PARAESOPHAGEAL HERNIA, INCL FUNDOPLASTY W/O MESH	3619
43281	PR LAP, REPAIR PARAESOPHAGEAL HERNIA, INCL FUNDOPLASTY W/O MESH	726
43282	PR LAP, REPAIR PARAESOPHAGEAL HERNIA, INCL FUNDOPLASTY W/ MESH	4157

CHARGES EFFECTIVE 01/01/2024

Clinic Service Charges

Procedure Code	Procedure Description	Unit Charge
43305	PR REPAIR TRACHEOESOPHAGEAL FISTULA	2685
43325	PR ESOPHAGOGASTRIC FUNDOPLASTY+PATCH	631
43327	PR ESOPH FUNDOPLASTY LAP	1976
43327	PR ESOPH FUNDOPLASTY LAP	396
43332	PR PR REPAIR PARAESOPHAGEAL HIATAL HERNIA,LAPAROTOMY, WO MESH	2730
43332	PR PR REPAIR PARAESOPHAGEAL HIATAL HERNIA,LAPAROTOMY, WO MESH	546
43333	PR TRANSAB ESOPH HIAT HERN RPR	3079
43333	PR TRANSAB ESOPH HIAT HERN RPR	616
43336	PR THORABD DIAPHR HERN REPAIR	3569
43336	PR THORABD DIAPHR HERN REPAIR	714
43337	PR PR REPAIR PARAESOPHAGEAL HIATAL HERNIA,THORACOABDOMINAL, W MESH	3986
43337	PR PR REPAIR PARAESOPHAGEAL HIATAL HERNIA,THORACOABDOMINAL, W MESH	799
43450	PR DILATE ESOPHAGUS	366
43453	PR DILATE ESOPHAGUS,OVER GUIDE	694
43499	PR ESOPHAGUS SURG PROC UNLISTED	524
43500	PR SURGICAL OPENING OF STOMACH	1917
43501	PR OPEN STOMACH,REPR ULCER,SUTURE	3122
43502	PR SURGICAL REPAIR OF STOMACH	3687
43610	PR EXCIS STOMACH ULCER,LESN;LOCAL	2391
43611	PR EXCIS STOAMCH MALIG	2975
43611	PR EXCIS STOAMCH MALIG	596
43631	PR REMV STOMACH,PART,DISTAL,GASTRODUOD	3484
43633	PR REMV STOMACH,PART,DISTAL,ROUX-EN-Y	4420
43633	PR REMV STOMACH,PART,DISTAL,ROUX-EN-Y	885
43640	PR VAGOTOMY/PYLOROPLASTY,SELECT	2731
43640	PR VAGOTOMY/PYLOROPLASTY,SELECT	672
43644	PR LAP GASTRIC BYPASS/ROUX-EN-Y	4275
43645	PR LAP GASTR BYPASS INCL SMLL I	4550
43653	PR LAP,GASTROSTOMY,W/O TUBE CONSTR	1412
43659	PR LAP,STOMACH,OTHER,W/O TUBE	3272
43752	PR PLACEMENT NG/OG TUBE BY PHYSICIAN	228
43753	PR PR GASTRIC INTUBATION/ASPIRATION, THERAPEUTIC	51

CHARGES EFFECTIVE 01/01/2024

Clinic Service Charges

Procedure Code	Procedure Description	Unit Charge
43760	PR CHANGE GASTROSTOMY TUBE PERCUTANEOUS W/O GUIDE	402
43761	PR REPOSITION GASTRIC FEEDING TUBE THRU DUODENUM	292
43762	PR PERQ REPLACEMENT GTUBE NOT REQ REVJ GSTRST TRC	580
43770	PR LAP, PLACE ADJUST GAST RESTRICT DEVICE	2781
43772	PR LAP, REMOVE ADJUST GAST RESTRICT DEVICE	2347
43774	PR LAP, REMOVE ADJUST GAST RESTRICT DEVICE/PORT	2349
43775	PR LAP, GAST RESTRICT PROC, LONGITUDINAL GASTRECTOMY	2728
43800	PR RECONSTRUCTION OF PYLORUS	2156
43800	PR RECONSTRUCTION OF PYLORUS	433
43820	PR GASTROJEJUNOSTOMY	3280
43820	PR GASTROJEJUNOSTOMY	418
43830	PR GASTROSTOMY,OPEN,W/O TUBE CNSTR	1720
43831	PR PLACE GASTROSTOMY TUBE	1502
43832	PR GASTROSTOMY,OPEN,W/TUBE CNSTR	2512
43840	PR REPAIR PERF DUOD/GAST ULC-WND/INJ	3187
43840	PR REPAIR PERF DUOD/GAST ULC-WND/INJ	638
43845	PR GASTROPLASTY DUODENAL SWITCH	4798
43846	PR GASTRIC BYPASS,<= 150CM ROUX-EN-Y	4006
43847	PR GASTRIC BYPASS,OBESITY,W/SM BOWEL RECONS	4448
43848	PR REVISION GASTROPLASTY,OBESITY, NON-GAST RESTRICT DEVICE	4681
43848	PR REVISION GASTROPLASTY,OBESITY, NON-GAST RESTRICT DEVICE	938
43860	PR REVISE,GASTROJEJUN ANAST,W/O VAGOTOMY	3774
43860	PR REVISE,GASTROJEJUN ANAST,W/O VAGOTOMY	757
43865	PR REVISE GASTROJEJUN ANAST,W VAGOTOMY	792
43870	PR CLOSURE OF GASTROSTOMY,SURGICAL	1660
43887	PR REMOVE GASTRIC PORT, OPEN	808
43999	PR STOMACH SURG PROC UNLISTED	539
44005	PR FREEING BOWEL ADHESION,ENTEROLYSIS	2140
44005	PR FREEING BOWEL ADHESION,ENTEROLYSIS	430
44010	PR DUODENOTOMY FOR EXPLOR,BX,FB REMOV	2012
44010	PR DUODENOTOMY FOR EXPLOR,BX,FB REMOV	403
44015	PR INSERT TUBE-BOWEL,ENTERAL ALIMENT	342

CHARGES EFFECTIVE 01/01/2024

Clinic Service Charges

Procedure Code	Procedure Description	Unit Charge
44020	PR ENTEROTOMY, NON-DUOD, EXPLOR/BX/FB REMOVAL	2334
44020	PR ENTEROTOMY, NON-DUOD, EXPLOR/BX/FB REMOVAL	468
44025	PR INCIS COLON FOR EXPLOR, BX, FB REM	2422
44050	PR REDUCE VOLVULUS, INTUSS, INTERN HERNIA	2250
44055	PR CORRECT MALROTATION OF BOWEL	3612
44055	PR CORRECT MALROTATION OF BOWEL	724
44110	PR EXCIS BOWEL LESION(S), SINGLE ENTEROTOMY	1975
44120	PR RESECT SMALL INTEST, SINGL RESEC/ANAS	2831
44120	PR RESECT SMALL INTEST, SINGL RESEC/ANAS	567
44121	PR RESECT SMALL INTEST, EACH ADDNL	560
44121	PR RESECT SMALL INTEST, EACH ADDNL	708
44125	PR RESECT SMALL INTEST W ENTEROSTOMY	2780
44130	PR BOWEL TO BOWEL ANASTOMOSIS	3092
44139	PR MOBILIZE SPLENIC FLEX	281
44139	PR MOBILIZE SPLENIC FLEX	71
44140	PR PART REMOVAL COLON W ANASTOMOSIS	3116
44140	PR PART REMOVAL COLON W ANASTOMOSIS	533
44141	PR PART REMOVAL COLON W COLOSTOMY	4407
44141	PR PART REMOVAL COLON W COLOSTOMY	882
44143	PR PART REMOVAL COLON W END COLOSTOMY	3870
44143	PR PART REMOVAL COLON W END COLOSTOMY	967
44144	PR PART REMOVAL COLON W OSTOMY/MUCOFIST	4171
44145	PR PART REMOVAL COLON W COLOPROCTOSTOMY	3435
44145	PR PART REMOVAL COLON W COLOPROCTOSTOMY	688
44146	PR PART REMOVAL COLON W COLOPROC, COLOST	5025
44146	PR PART REMOVAL COLON W COLOPROC, COLOST	1007
44150	PR REMOVAL COLON/ILEOSTOMY	4368
44150	PR REMOVAL COLON/ILEOSTOMY	875
44151	PR REMOVAL OF COLON/ILEOSTOMY	5187
44155	PR REMOVAL COLON/PROCTECTOMY/ILEOSTOMY	5071
44160	PR REMVL COLON & TERM ILEUM W/ILEOCOLOSTOMY	2439
44160	PR REMVL COLON & TERM ILEUM W/ILEOCOLOSTOMY	489



CHARGES EFFECTIVE 01/01/2024

Clinic Service Charges

Procedure Code	Procedure Description	Unit Charge
44180	PR LAP, SURG ENTEROLYSIS	1969
44180	PR LAP, SURG ENTEROLYSIS	396
44186	PR LAP, SURG JEJUNOSTOMY	1524
44188	PR LAP, SURG COLOSTOMY	3023
44202	PR LAP,SURG,ENTERECTOMY,RESECT & ANAST	3393
44204	PR LAP,SURG,COLECTOMY, PARTIAL, W/ANAST	3585
44204	PR LAP,SURG,COLECTOMY, PARTIAL, W/ANAST	717
44205	PR LAP,SURG,COLECTOMY,W/REMLV TERM ILEUM	3121
44205	PR LAP,SURG,COLECTOMY,W/REMLV TERM ILEUM	626
44206	PR LAP,SURG,COLECTOMY,W/END COLOST & CLOSUR	4288
44207	PR LAP,SURG,COLECTOMY,W/ANAST	4257
44207	PR LAP,SURG,COLECTOMY,W/ANAST	852
44208	PR LAP,SURG,COLECTOMY,W/ANAST,W/COLOSTOMY	4833
44208	PR LAP,SURG,COLECTOMY,W/ANAST,W/COLOSTOMY	842
44210	PR LAP,SURG,COLECTOMY,TOTAL,W/O PROCTECTOMY	4281
44213	PR LAP, SURG MOBIL SPLENIC FL DUR PTL COLECTOMY	440
44227	PR LAP, SURG CLOSE ENTEROSTOMY RESECT ANAST	4076
44238	PR INTESTINE LAPAROSCOPY PROC UNLISTED	1960
44300	PR PLACEMENT ENTEROSTOMY/CECOSTOMY TUBE OPEN	1961
44310	PR ILEOSTOMY/JEJUNOSTOMY,NONTUBE	2527
44312	PR REVISION OF ILEOSTOMY,SIMPLE	1415
44314	PR REVISION OF ILEOSTOMY,COMPLICATED	2395
44320	PR COLOSTOMY	2207
44320	PR COLOSTOMY	442
44340	PR REVISION OF COLOSTOMY,SIMPLE	1506
44345	PR REVISION OF COLOSTOMY,COMPLICATED	2552
44345	PR REVISION OF COLOSTOMY,COMPLICATED	511
44346	PR REVIS COLOSTOMY,REPR PARACOLO HERNIA	2759
44360	PR ENDOSCOPY UPPER SMALL INTESTINE	547
44361	PR SMALL BOWEL ENDOSCOPY,BIOPSY	402
44363	PR ENTEROSCOPY > 2ND PRTN W/RMVL FOREIGN BODY	498
44365	PR SMALL BOWEL ENDOSCOPY	694

CHARGES EFFECTIVE 01/01/2024

Clinic Service Charges

Procedure Code	Procedure Description	Unit Charge
44366	PR SB ENDOSCOPY,W/CONTROL,BLEEDING	606
44378	PR SB SCOPE,W/ILEUM,W/CONTROL,BLEEDING	963
44380	PR ILEOSCOPY THRU STOMA DX W/COLLJ SPEC WHEN PRFMD	402
44382	PR ILEOSCOPY THRU STOMA,BIOPSY	547
44385	PR NDSC EVAL INTSTINAL POUCH DX W/COLLJ SPEC SPX	484
44386	PR NDSC EVAL INTSTINAL POUCH W/BX SINGLE/MULTIPLE	829
44388	PR COLONOSCOPY STOMA DX INDUDING COLLJ SPEC SPX	729
44389	PR COLONOSCOPY THRU STOMA,BIOPSY	969
44392	PR COLONOSCOPY STOMA RMVL LES BY HOT BIOPSY FORCEPS	1112
44393	PR COLONOSCOPY THRU STOMA,LESION REMOVAL	1259
44394	PR COLONOSCOPY THRU STOMA,LESN RMVL W/SNARE	1188
44405	PR COLONOSCOPY STOMA W/BALLOON DILATION	1447
44500	PR INTRO LONG GI TUBE	64
44602	PR SUTURE SM INTEST,SINGLE PERF	3246
44602	PR SUTURE SM INTEST,SINGLE PERF	812
44603	PR SUTURE SM INTEST,MULTPL PERF	3733
44603	PR SUTURE SM INTEST,MULTPL PERF	748
44604	PR SUTURE LRG INTEST	2004
44604	PR SUTURE LRG INTEST	402
44605	PR SUTURE LRG INTEST W COLOSTOMY	3219
44615	PR INTESTINAL STRICTUROPLASTY	2632
44620	PR CLOSE ENTEROSTOMY	2023
44625	PR CLOSE ENTEROSTOMY,RESEC+ANAST	2474
44625	PR CLOSE ENTEROSTOMY,RESEC+ANAST	496
44626	PR CLOSE ENTEROSTOMY,RESEC+COLOREC ANAS	3762
44626	PR CLOSE ENTEROSTOMY,RESEC+COLOREC ANAS	555
44640	PR REPAIR BOWEL-SKIN FISTULA	3381
44661	PR REPR BOW-BLAD FIST,W/INTEST/BLAD RESECT	3624
44661	PR REPR BOW-BLAD FIST,W/INTEST/BLAD RESECT	727
44680	PR INTESTINAL PLICATION	2592
44701	PR INTRAOP COLON LAVAGE ADD-ON	306
44799	PR UNLISTED PROCEDURE SMALL INTESTINE	216

CHARGES EFFECTIVE 01/01/2024

Clinic Service Charges

Procedure Code	Procedure Description	Unit Charge
44800	PR EXCISION MECKEL,OMPHALOMES DUCT	1846
44800	PR EXCISION MECKEL,OMPHALOMES DUCT	370
44820	PR EXCISION OF MESENTERY LESION	2058
44850	PR SUTURE OF MESENTERY	1784
44900	PR DRAIN APPENDICEAL ABSCESS, OPEN	1879
44950	PR APPENDECTOMY	1365
44950	PR APPENDECTOMY	276
44955	PR APPENDECTOMY,W OTHR PROC	201
44955	PR APPENDECTOMY,W OTHR PROC	43
44960	PR APPENDECTOMY,RUPT APPENDX+ABSCESS	1688
44960	PR APPENDECTOMY,RUPT APPENDX+ABSCESS	340
44970	PR LAP,APPENDECTOMY	2814
44970	PR LAP,APPENDECTOMY	538
45000	PR DRAINAGE OF PELVIC ABSCESS	1074
45005	PR I&D RECTAL SUBMUCOSAL ABSCESS	703
45020	PR DRAINAGE OF DEEP RECTAL ABSCESS	1549
45100	PR BIOPSY OF RECTUM	740
45108	PR ANORECTAL MYOMECTOMY	909
45110	PR PROCTECTOMY,AP RESECT+OSTOMY	4549
45110	PR PROCTECTOMY,AP RESECT+OSTOMY	911
45111	PR PROCTECTOMY,PARTIAL	2547
45130	PR EXCIS RECTAL PROLAPSE,PERINEAL	2619
45171	PR EXCIS RECTAL TUMOR, TRANSANAL, PARTIAL THICKNESS	1457
45172	PR EXCIS RECTAL TUMOR, TRANSANAL, FULL THICKNESS	1451
45300	PR PROCTOSIGMOIDOSCOPY,RIGID,DIAGNOS	655
45303	PR PROCTOSIGMOIDOSCOPY,RIGID,W/DILATION	1246
45305	PR PROCTOSIGMOIDOSCOPY,BIOPSY	1292
45330	PR SIGMOIDOSCOPY FLX DX W/COLLJ SPEC BR/WA IF PFRMD	667
45331	PR SIGMOIDOSCOPY,BIOPSY	682
45332	PR SIGMOIDOSCOPY FLX W/RMVL FOREIGN BODY	874
45333	PR SIGMOIDOSCOPY FLX W/RMVL TUMOR BY HOT BX FORCEPS	721
45334	PR SIGMOIDOSCOPY FLX CONTROL BLEEDING	874

CHARGES EFFECTIVE 01/01/2024

Clinic Service Charges

Procedure Code	Procedure Description	Unit Charge
45335	PR SIGMOIDOSCOPY,FLEX,W/DIR SUBMUC INJECT	693
45337	PR SGMDSC FLX W/DCMPRN W/PLMT DCMPRN TUBE	512
45338	PR SIGMOIDOSCOPY,REMV LESN,SNARE	1178
45340	PR SIGMOIDOSCOPY FLX TNDSC BALO DILAT	1162
45341	PR SIGMOIDOSCOPY W/ENDOSCOPIC US EXAM	1386
45347	PR SIGMOIDOSCOPY FLX PLACEMENT OF ENDOSCOPIC STENT	391
45350	PR SIGMOIDOSCOPY FLX WITH WITH BAND LIGATION(S)	1633
45378	PR COLONOSCOPY FLX DX W/COLLJ SPEC WHEN PFRMD	1092
45379	PR COLONOSCOPY FLX W/REMOVAL OF FOREIGN BODY(S)	1745
45380	PR COLONOSCOPY W/BIOPSY SINGLE/MULTIPLE	1745
45381	PR COLSC FLX WITH DIRECTED SUBMUCOSAL NJX ANY SBST	991
45382	PR COLSC FLEXIBLE W/CONTROL BLEEDING ANY METHOD	1745
45383	PR COLONOSCOPY,ABLATE LESION	1745
45384	PR COLSC FLX W/REMOVAL LESION BY HOT BX FORCEPS	1745
45385	PR COLSC FLX W/RMVL OF TUMOR POLYP LESION SNARE TQ	1745
45386	PR COLSC FLEXIBLE W/TRANSENDOSCOPIC BALLOON DILAT	1481
45388	PR COLONOSCOPY FLX ABLATION TUMOR POLYP/OTHER LES	1396
45389	PR COLONOSCOPY FLX WITH ENDOSCOPIC STENT PLACEMENT	707
45390	PR COLONOSCOPY FLX W/ENDOSCOPIC MUCOSAL RESECTION	1915
45391	PR COLSC FLX W/NDSC US XM RCTM ET AL LMTD&ADJ STRUX	721
45392	PR COLSC FLX W/US GUID NDL ASPIR/BX W/US RCTM ET AL	924
45393	PR COLONOSCOPY FLEXIBLE WITH DECOMPRESSION	635
45395	PR LAP, SURG PROCTECTOMY W COLOSTOMY	4855
45395	PR LAP, SURG PROCTECTOMY W COLOSTOMY	972
45398	PR COLONOSCOPY FLEXIBLE WITH BAND LIGATION(S)	2222
45540	PR FIX RECTAL PROLAPSE,ABD APPRCH	2586
45540	PR FIX RECTAL PROLAPSE,ABD APPRCH	472
45560	PR REPAIR OF RECTOCELE	1473
45560	PR REPAIR OF RECTOCELE	296
45800	PR CLOSE RECTUM-BLADDER FISTULA	2968
45800	PR CLOSE RECTUM-BLADDER FISTULA	595
45915	PR REMV RECTAL OBSTR:FECES/F.B. W ANEST	796

CHARGES EFFECTIVE 01/01/2024

Clinic Service Charges

Procedure Code	Procedure Description	Unit Charge
45990	PR SURG DIAGNOSTIC EXAM, ANORECTAL	266
46020	PR PLACEMENT,SETON	661
46030	PR REMOVAL OF RECTAL MARKER	672
46040	PR I&D PERIRECTAL ABSCESS	1276
46045	PR I&D RECTAL WALL ABSCESS W ANESTH	1059
46050	PR I&D PERIANAL ABSCESS,SUPERFICIAL	494
46060	PR I&D RECTAL ABSCESS + FISTULECTOMY	1183
46080	PR ANAL SPHINCTEROTOMY	631
46083	PR INCISE EXTERNAL HEMORRHOID	308
46200	PR REMOVAL OF ANAL FISSURE	1067
46220	PR EXCISION SINGLE EXTERNAL PAPILLA OR TAG ANUS	1605
46221	PR HEMORRHOIDECTOMY INTERNAL RUBBER BAND LIGATIONS	968
46230	PR EXCISION MULTIPLE EXTERNAL PAPILLAE/TAGS ANUS	2512
46250	PR HEMORRHOIDECTOMY,EXTERNAL, 2+ COLUMNS/GROUPS	896
46255	PR HEMORRHOIDECTOMY,INT/EXT,1 COLUMN/GROUP	1218
46257	PR REMOVE IN/EX HEM GRP & FISS	1076
46258	PR HEMORRHOIDECTOMY,INT/EXT,1 COLUMN/GROUP W FISTULECT/FISSURECT	1186
46260	PR HEMORRHOIDECTOMY,INT/EXT, 2+ COLUMNS/GROUPS	1117
46261	PR REMOVE HEMORRHOIDS/FISSURE,COMPLX	1290
46270	PR REMOVAL ANAL FISTULA,SUBCUTANEOUS	885
46275	PR REMOVAL ANAL FISTULA,INTERSPNINCTERIC	1283
46280	PR REMOVAL ANAL FISTULA,TRANS/SUPRA/EXTRAPHINCT, +/-SETON	1110
46285	PR REMOVAL ANAL FISTULA,SECOND STAGE	1266
46288	PR REPAIR ANAL FISTULA	1355
46320	PR EXCISION THROMBOSED HEMORRHOID, EXTERNAL	874
46500	PR INJECTION INTO HEMORRHOID(S)	351
46505	PR CHEMODENERVATION ANAL SPHINCTER	714
46600	PR ANOSCOPY DX W/COLLJ SPEC BR/WA SPX WHEN PRFRMD	111
46606	PR ANOSCOPY AND BIOPSY	563
46607	PR ANOSCOPY DX W/HRA &CHEM AGNTS ENHANCEMENT W/BX	512
46608	PR ANOSCOPY,REMOVE FOREIGN BODY	596
46610	PR ANOSCOPY,REMOVE LESN,FORCEPS/CAUTER	565

CHARGES EFFECTIVE 01/01/2024

Clinic Service Charges

Procedure Code	Procedure Description	Unit Charge
46612	PR ANOSCOPY,REMOVE LESIONS	2384
46615	PR ANOSCOPY,ABLATE LESION	357
46707	PR REPARI ANORECTAL FISTULA W/ PLUG	1129
46750	PR REPAIR OF ANAL SPHINCTER,ADULT	1658
46750	PR REPAIR OF ANAL SPHINCTER,ADULT	332
46900	PR DESTRUCT,ANAL LESN(S),SIMPLE,CHEM	608
46910	PR ELECTRODESSICATN,ANAL LESN(S)	661
46916	PR CRYOSURGERY, ANAL LESION(S)	460
46922	PR SURG EXCISION OF ANAL LESION(S)	755
46924	PR DESTRUCTION,ANAL LESION(S),EXTENSIVE	1346
46930	PR DESTRUCT INTERNAL HEMORRHOID, THERMAL	841
46945	PR HEMORRHOIDECTOMY, INT, LIGATION NOT RUBBER BAND, SINGLE	476
46946	PR HEMORRHOIDECTOMY, INT, LIGATION NOT RUBBER BAND, 2+	585
46999	PR ANUS SURG PROC UNLISTED	1960
46999	PR ANUS SURG PROC UNLISTED	394
47000	PR BIOPSY LIVER NEEDLE PERCUTANEOUS	925
47001	PR NEEDLE BIOPSY LIVER,W OTHR PROC	307
47010	PR DRAINAGE OF LIVER LESION, OPEN	2903
47100	PR WEDGE BIOPSY OF LIVER	2016
47100	PR WEDGE BIOPSY OF LIVER	340
47350	PR REPAIR BLEED LIVER/SUTURE WOUND	3294
47361	PR EXPLOR LIVER WOUND,EXTENSIV DEBRIDE	7203
47379	PR LIVER LAPAROSCOPY PROC UNLISTED	1616
47550	PR BILE DUCT ENDOSCOPY,INTRAOPERATIVE	391
47561	PR LAPARO W/CHOLANGIO/BIOPSY	703
47562	PR LAP,CHOLECYSTECTOMY	3529
47562	PR LAP,CHOLECYSTECTOMY	707
47563	PR LAP,CHOLECYSTECTOMY/GRAPH	2063
47563	PR LAP,CHOLECYSTECTOMY/GRAPH	414
47564	PR LAP,CHOLECYSTECTOMY/EXPLORE	2535
47600	PR REMOVAL GALLBLADDER	2514
47600	PR REMOVAL GALLBLADDER	504

CHARGES EFFECTIVE 01/01/2024

Clinic Service Charges

<b>Procedure Code</b>	<b>Procedure Description</b>	<b>Unit Charge</b>
47605	PR REMV GALLBLADDER W CHOLANGIOGRAM	2647
47610	PR REMV GALLBLADDER,EXPLOR COMMON DUCT	2905
47610	PR REMV GALLBLADDER,EXPLOR COMMON DUCT	582
47612	PR REMV GB,W CHOLEDOCHOENTEROSTOMY	512
47700	PR EXPLORATION OF BILE DUCTS	2496
47700	PR EXPLORATION OF BILE DUCTS	500
47711	PR EXCIS BILE DUCT TUMOR,EXTRAHEPATIC	3798
47711	PR EXCIS BILE DUCT TUMOR,EXTRAHEPATIC	761
47765	PR FUSE LIVER DUCTS & BOWEL	7085
47765	PR FUSE LIVER DUCTS & BOWEL	1419
47900	PR SUTURE EXTRAHEP BILE DUCT,INJURY	3161
47900	PR SUTURE EXTRAHEP BILE DUCT,INJURY	633
47999	PR BILIARY TRACT SURG PROC UNLISTED	1000
48100	PR BIOPSY,PANCREAS,OPEN	1538
48100	PR BIOPSY,PANCREAS,OPEN	308
48105	PR RESECT/DEBRIDE ACUTE NECROT PANCREAS	6876
48140	PR PART REMV PANCREAS,DISTAL SUBTOTAL	3801
48140	PR PART REMV PANCREAS,DISTAL SUBTOTAL	762
48146	PR PANCREATECTOMY	4510
48146	PR PANCREATECTOMY	903
48548	PR ANAST PANCREAS-JEJUNUM/SIDE-SIDE	3986
48548	PR ANAST PANCREAS-JEJUNUM/SIDE-SIDE	998
49000	PR EXPLORATORY OF ABDOMEN	2768
49000	PR EXPLORATORY OF ABDOMEN	557
49002	PR REOPEN RECENT ABD EXPLORATORY	1489
49002	PR REOPEN RECENT ABD EXPLORATORY	299
49010	PR EXPLORATORY RETROPERITONEAL	2203
49010	PR EXPLORATORY RETROPERITONEAL	442
49020	PR DRAIN ABD ABSCESS OPEN	3692
49020	PR DRAIN ABD ABSCESS OPEN	739
49040	PR DRAIN SUBDIAPH/SUBPHR ABSCESS,OPEN	2429
49060	PR DRAIN RETROPERITONEAL ABSCESS,OPEN	2671

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Procedure Code	Procedure Description	Unit Charge
49080	PR PUNCTURE PERITONEAL CAVITY	469
49081	PR SUBSEQ PUNCTURE PERIT CAVITY	340
49082	PR ABDOM PARACENTESIS DX/THER W/O IMAGING GUIDANCE	767
49083	PR ABDOM PARACENTESIS DX/THER W IMAGING GUIDANCE	769
49203	PR EXCISION/DESTRUCTION OPEN ABDOMINAL TUMORS 5 CM	2784
49203	PR EXCISION/DESTRUCTION OPEN ABDOMINAL TUMORS 5 CM	558
49204	PR EXCISION/DESTRUCTION OPEN ABDOMINAL TUMORS 5.1-10.0 CM	3540
49204	PR EXCISION/DESTRUCTION OPEN ABDOMINAL TUMORS 5.1-10.0 CM	709
49205	PR EXCISION/DESTRUCTION OPEN ABDOMINAL TUMORS >10.0 CM	4097
49250	PR EXCISION OF UMBILICUS	1367
49250	PR EXCISION OF UMBILICUS	274
49255	PR REMOVAL OF OMENTUM	1607
49255	PR REMOVAL OF OMENTUM	324
49320	PR LAP,DIAGNOSTIC ABDOMEN	2009
49320	PR LAP,DIAGNOSTIC ABDOMEN	403
49321	PR LAP,DX SURGICAL ABD W/BIOPSY	2531
49322	PR LAP,ABDOMEN,ASPIRATE CYST	2374
49322	PR LAP,ABDOMEN,ASPIRATE CYST	477
49323	PR LAP,ABDOMEN,DRAIN LYMPHOCELE	1561
49329	PR LAP,ABD/PERIT/OMENTUM,UNLIST	2531
49329	PR LAP,ABD/PERIT/OMENTUM,UNLIST	508
49402	PR REMOVE PERITONEAL FOREIGN BODY	1483
49418	PR PR INSERTION TUNNEL INTRAPERITONEAL CATH W IMAGE GUIDANCE	512
49422	PR REMOVAL TUNNELED INTRAPERITONEAL CATHETER	933
49440	PR INSERT GASTROSTOMY TUBE PERCUTANEOUS	2759
49446	PR CONVERT GASTROSTOMY-GASTRO-JEJUNOSTOMY TUBE PERCUTANEOUS	357
49450	PR REPLACE GASTROSTOMY/CECOSTOMY TUBE PERCUTANEOUS	167
49500	PR REPAIR ING HERNIA,6MO-5YR,REDUC	917
49501	PR REPAIR ING HERNIA,6MO-5YR,STRANG	1456
49501	PR REPAIR ING HERNIA,6MO-5YR,STRANG	293
49505	PR REPAIR ING HERNIA,5+Y/O,REDUCIBL	1215
49505	PR REPAIR ING HERNIA,5+Y/O,REDUCIBL	1823



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Clinic Service Charges

Procedure Code	Procedure Description	Unit Charge
49505	PR REPAIR ING HERNIA,5+Y/O,REDUCIBL	245
49507	PR REPAIR ING HERNIA,5+Y/O,STRANG	1372
49507	PR REPAIR ING HERNIA,5+Y/O,STRANG	2057
49520	PR REPAIR RECURR INGUIN HERN,REDUCIBL	1471
49520	PR REPAIR RECURR INGUIN HERN,REDUCIBL	2207
49521	PR REPAIR RECURR INGUIN HERN,STRANG	1720
49525	PR REPAIR SLIDING INGUINAL HERNIA	1337
49540	PR REPAIR LUMBAR HERNIA	1564
49550	PR REPAIR FEMORAL HERNIA,REDUCIBLE	1344
49550	PR REPAIR FEMORAL HERNIA,REDUCIBLE	2015
49553	PR REPAIR FEMORAL HERNIA,STRANG	1471
49555	PR REPAIR RECURR FEMORAL HERNIA,REDUC	1416
49557	PR REPAIR RECURR FEMORAL HERNIA,STRANG	1681
49560	PR REPAIR INCISIONAL HERNIA,REDUCIBLE	1594
49560	PR REPAIR INCISIONAL HERNIA,REDUCIBLE	2390
49560	PR REPAIR INCISIONAL HERNIA,REDUCIBLE	321
49561	PR REPAIR INCISIONAL HERNIA,STRANG	2117
49561	PR REPAIR INCISIONAL HERNIA,STRANG	425
49565	PR REPAIR RECURR INCIS HERNIA,REDUC	1787
49565	PR REPAIR RECURR INCIS HERNIA,REDUC	358
49566	PR REPAIR RECURR INCIS HERNIA,STRANG	2181
49566	PR REPAIR RECURR INCIS HERNIA,STRANG	437
49568	PR IMPLANT MESH HERNIA REPAIR/DEBRIDEMENT CLOSURE	617
49570	PR REPAIR EPIGASTRIC HERNIA,REDUC	1024
49572	PR REPAIR EPIGASTRIC HERNIA,STRANG	1258
49580	PR REPAIR UMBILICAL HERN,<5Y/O,REDUC	366
49585	PR REPAIR UMBILICAL HERN,5+Y/O,REDUC	906
49585	PR REPAIR UMBILICAL HERN,5+Y/O,REDUC	366
49587	PR REPAIR UMBILICAL HERN,5+Y/O,STRANG	979
49587	PR REPAIR UMBILICAL HERN,5+Y/O,STRANG	198
49590	PR REPAIR SPIEGELIAN HERNIA	1333
49591	PR RPR AA HERNIA 1ST < 3 CM REDUCIBLE	818

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Clinic Service Charges

Procedure Code	Procedure Description	Unit Charge
49592	PR RPR AA HERNIA 1ST < 3 CM NCRC8/STRANGULATED	1134
49593	PR RPR AA HERNIA 1ST 3-10 CM REDUCIBLE	1366
49594	PR RPR AA HERNIA 1ST 3-10 CM NCRC8/STRANGULATED	1775
49595	PR RPR AA HERNIA 1ST > 10 CM REDUCIBLE	1835
49613	PR RPR AA HERNIA RECR < 3 CM REDUCIBLE	1008
49650	PR LAP,INGUINAL HERNIA REPR,INITIAL	1049
49650	PR LAP,INGUINAL HERNIA REPR,INITIAL	1573
49651	PR LAP,INGUINAL HERNIA REPR,RECUR	1369
49651	PR LAP,INGUINAL HERNIA REPR,RECUR	2053
49652	PR LAP, VENTRAL HERNIA REPAIR,REDUCIBLE	1734
49653	PR LAP, VENTRAL HERNIA REPAIR,INCARCERATED	2132
49653	PR LAP, VENTRAL HERNIA REPAIR,INCARCERATED	427
49654	PR LAP, INCISIONAL HERNIA REPAIR,REDUCIBLE	2069
49655	PR LAP, INCISIONAL HERNIA REPAIR,INCARCERATED	2304
49656	PR LAP, RECURRENT INCISIONAL HERNIA REPAIR,REDUCIBLE	2068
49656	PR LAP, RECURRENT INCISIONAL HERNIA REPAIR,REDUCIBLE	415
49657	PR LAP, RECURRENT INCISIONAL HERNIA REPAIR,INCARCERATED	2963
49657	PR LAP, RECURRENT INCISIONAL HERNIA REPAIR,INCARCERATED	594
49659	PR LAP,HERNIA REPAIR PROC,UNLIST	1960
49659	PR LAP,HERNIA REPAIR PROC,UNLIST	394
49900	PR SUTURE ABD WALL-DEHIS/EVISCER	1974
49900	PR SUTURE ABD WALL-DEHIS/EVISCER	340
49905	PR OMENTAL FLAP,INTRA-ABDOMINAL	869
49999	PR ABDOMEN SURG PROC UNLISTED	1138
49999	PR ABDOMEN SURG PROC UNLISTED	230
50080	PR PERQ NL/PL LITHOTRP SIMPLE UP TO 2 CM 1 LOCATION	2175
50081	PR PERQ NL/PL LITHOTRP COMPLEX >2 CM MLT LOCATIONS	3127
50081	PR PERQ NL/PL LITHOTRP COMPLEX >2 CM MLT LOCATIONS	627
50220	PR REMV KIDNEY,W/RIB RESECTION	2461
50220	PR REMV KIDNEY,W/RIB RESECTION	494
50230	PR REMV KIDNEY,RADICAL	3132
50230	PR REMV KIDNEY,RADICAL	628

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<b>Procedure Code</b>	<b>Procedure Description</b>	<b>Unit Charge</b>
50234	PR REMV KIDNEY/URETER,SAME INCIS	3059
50240	PR PARTIAL REMOVAL OF KIDNEY	3119
50240	PR PARTIAL REMOVAL OF KIDNEY	626
50385	PR CHANGE URETERAL STENT VIA TRANSURETH	572
50389	PR REMOVE RENAL TUBE W/FLUORO	137
50390	PR PERCUT DRAIN/INJECT RENAL CYST	263
50395	PR PERCUT DILATN RENAL TRACT	1298
50398	PR CHANGE KIDNEY CATH/TUBE	1280
50405	PR REVISION RENAL PELVIS,COMPLICATED	3454
50405	PR REVISION RENAL PELVIS,COMPLICATED	692
50432	PR PLMT NEPHROSTOMY CATH PRQ NEW ACCESS RS&I	1981
50435	PR EXCHANGE NEPHROSTOMY CATHETER PRQ W/IMG GID RS&I	2319
50541	PR LAP,ABLATION OF RENAL CYSTS	2254
50541	PR LAP,ABLATION OF RENAL CYSTS	452
50543	PR LAP,PARTIAL NEPHRECTOMY	3677
50543	PR LAP,PARTIAL NEPHRECTOMY	736
50544	PR LAP,PYELOPLASTY	2930
50544	PR LAP,PYELOPLASTY	588
50545	PR LAP, RADICAL NEPHRECTOMY	3282
50545	PR LAP, RADICAL NEPHRECTOMY	658
50546	PR NEPHRECTOMY	2940
50546	PR NEPHRECTOMY	590
50548	PR NEPHRECTOMY, W/PART. URETECTOMY	3164
50548	PR NEPHRECTOMY, W/PART. URETECTOMY	634
50590	PR LITHOTRIPSY, EXTRACORPORAL SHOCKWAVE (ESWL)	1377
50600	PR EXPLORATION OF URETER	2213
50650	PR REMOVAL URETER,BLADDER CUFF	2572
50690	PR INJECT RETROGRADE/CONDUIT X-RAY	243
50760	PR ANASTOMYSIS OF URETER	2787
50760	PR ANASTOMYSIS OF URETER	559
50780	PR REIMPLANT URETER,SINGLE URETER	2987
50780	PR REIMPLANT URETER,SINGLE URETER	598

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<b>Procedure Code</b>	<b>Procedure Description</b>	<b>Unit Charge</b>
50949	PR URETER LAPAROSCOPY PROC UNLISTED	1700
50951	PR URETER ENDOSCOPY	897
51040	PR INCISE/DRAIN BLADDER	953
51040	PR INCISE/DRAIN BLADDER	243
51050	PR OPEN BLADDER,REMV CALCULUS	1126
51050	PR OPEN BLADDER,REMV CALCULUS	226
51065	PR CYSTOTOMY,EXTRACT &/OR FRAG URETER CALC	1422
51102	PR ASPIRATION BLADDER INSERT SUPRAPUBIC CATHETER	561
51500	PR REMOVAL URACHAL CYST	1561
51520	PR CYSTOTOMY,EXCIS VESICAL NECK	1400
51525	PR CYSTOTOMY,EXCIS BLADDER TIC	2109
51530	PR CYSTOTOMY,EXCIS BLADDER TUMOR	1643
51550	PR PART REMV BLADDER,SIMPLE	2414
51565	PR PART REMV BLADDER,REIMPLNT URETER	3224
51600	PR INJECTION FOR BLADDER X-RAY	105
51700	PR IRRIGATION OF BLADDER	292
51701	PR INSERT,NON-INDWELLING BLADDER CATHETER	152
51702	PR INSERT,TEMP INDWELLING BLAD CATH,SIMPLE	220
51703	PR INSERT,TEMP INDWELLING BLAD CATH,COMP	321
51705	PR CHANGE OF BLADDER TUBE,SIMPLE	291
51710	PR CHANGE OF BLADDER TUBE,COMPLICATED	320
51715	PR ENDOSCOPIC INJECTION/IMPLANT	1590
51720	PR INSTILL ANTICANCER AGENT IN BLADDER	440
51725	PR SIMPLE CYSTOMETROGRAM	704
51726	PR COMPLEX CYSTOMETROGRAM	884
51727	PR COMPLEX CYSTOMETROGRAM URETHRAL PRESS PROFILE	732
51728	PR COMPLEX CYSTOMETROGRAM VOIDING PRESSURE STUDIES	707
51729	PR COMPLEX CYSTOMETROGRAM W/VOID PRESS&URETHRAL PROFILE	761
51736	PR URINE FLOW MEASUREMENT	131
51741	PR ELECTRO-UROFLOWMETRY, FIRST	122
51772	PR URETHRA PRESSURE PROFILE	611
51784	PR ANAL/URINARY MUSCLE STUDY	506

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Procedure Code	Procedure Description	Unit Charge
51785	PR ANAL/URINARY MUSCLE STUDY,NEEDLE	643
51792	PR URINARY REFLEX STUDY	555
51797	PR VOIDING PRESS STUDY INTRA-ABDOMINAL VOID	313
51798	PR MEAS,POST-VOID RES,US,NON-IMAGING	44
51840	PR ANTER VESICOURETHROPEXY,SIMPLE	2945
51845	PR ABD-VAGINAL VESICAL NECK SUSPENS	1758
51860	PR REPAIR BLADDER WOUND/INJ,SIMPLE	1689
51860	PR REPAIR BLADDER WOUND/INJ,SIMPLE	340
51865	PR REPAIR BLADDER WOUND/INJ,COMPLIC	2253
51865	PR REPAIR BLADDER WOUND/INJ,COMPLIC	386
51880	PR CLOSE CYSTOSTOMY	1026
51880	PR CLOSE CYSTOSTOMY	206
51999	PR LAP PROCEDURE, UNLISTED, BLADDER	2109
51999	PR LAP PROCEDURE, UNLISTED, BLADDER	423
52000	PR CYSTOURETHROSCOPY	528
52000	PR CYSTOURETHROSCOPY	106
52001	PR CYSTOURETHROSCOPY W/IRRIG & EVAC CLOTS	923
52005	PR CYSTOURETHROSCOPY,URETER CATHETER	696
52005	PR CYSTOURETHROSCOPY,URETER CATHETER	142
52007	PR CYSTOURETHROSCOPY,URETERAL BIOPSY	1106
52204	PR CYSTOURETHROSCOPY,BIOPSIES	2660
52214	PR CYSTOURETHROSCOPY,FULGURATN	1651
52224	PR CYSTOURETHROSCOPY,FULGUR <.5CM LESN	1753
52234	PR CYSTOURETHROSCOPY,FULGUR .5-2CM LESN	576
52235	PR CYSTOURETHROSCOPY,FULGUR 2-5CM LESN	680
52240	PR CYSTOURETHROSCOPY,FULGUR >5CM LESN	1261
52250	PR CYSTOURETHROSCOPY,INSERT RADIOACTIV	573
52260	PR CYSTOSCOPY,DIL BLADDER,GEN ANESTH	495
52275	PR CYSTOSCOPY,INTERN URETHROTOMY,MALE	1185
52276	PR CYSTOSCOPY,DIR VIS INT URETHROTOMY	627
52277	PR CYSTOSCOPY,RESEC EXTERN SPHINCTER	808
52281	PR CYSTOSCOPY,DIL URETHRAL STRICTURE	1839

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<b>Procedure Code</b>	<b>Procedure Description</b>	<b>Unit Charge</b>
52287	PR CYSTOURETHROSCOPY INJ CHEMODENERVATION BLADDER	770
52300	PR CYSTOSCOPY,RESECT ORTHO URETEROCELE	677
52310	PR CYSTOSCOPY,REMV CALCULUS,SIMPLE	1837
52315	PR CYSTOSCOPY,REMV CALCULUS,COMPLIC	1014
52317	PR REMOVE BLADDER STONE,<2.5CM	2007
52318	PR REMOVE BLADDER STONE,>2.5CM	1111
52320	PR CYSTOSCOPY,REMV URETERAL STONE	580
52332	PR CYSTOSCOPY,INSERT URETERAL STENT	1292
52332	PR CYSTOSCOPY,INSERT URETERAL STENT	198
52341	PR CYSTOSCOPY,TX URETERAL STRICTURE	682
52342	PR CYSTOSCOPY,TX URETEROPELVC STRICTURE	740
52344	PR CYSTO/URETEROSCOPY,TX URETER STRICT	897
52345	PR CYSTO/URETEROSCOPY,TX URET/PELV STRICT	986
52351	PR CYSTO/URETERO/PYELOSCOPY, DX	770
52351	PR CYSTO/URETERO/PYELOSCOPY, DX	157
52352	PR CYSTO/URETERO/PYELOSCOPY, CALCULUS TX	855
52353	PR CYSTO/URETERO/PYELOSCOPY W/LITHOTRIPSY	943
52354	PR CYSTO/URETERO/PYELOSC,BX &/OR FULG LESN	1022
52356	PR CYSTO/URETERO W/LITHOTRIPSY &INDWELL STENT INSRT	1020
52402	PR CYSTOURETHRO CUT EJACUL DUCT	655
52441	PR CYSTO INSERTION TRANSPROSTATIC IMPLANT SINGLE	3192
52442	PR CYSTO INSERTION TRANSPROSTATIC IMPLANT EA ADDL	2463
52450	PR TRANSURETHRAL INCISION OF PROSTATE	1157
52500	PR TRANSURETHRAL RESEC BLADDER NECK	1201
52601	PR TRANSURETHRAL ELEC-SURG PROSTATECTOM	1997
52630	PR REMV RESID OBSTRUC PROSTATE,>1 YR	958
52640	PR RELIEVE POSTOP BLADDER CONTRACTURE	779
52648	PR LASER VAPORIZATION SURGERY PROSTATE, COMPLETE	4653
52649	PR PROSTATE LASER ENUCLEATION	2049
52700	PR DRAINAGE OF PROSTATE ABSCESS	1020
53020	PR INCISION OF URETHRAL MEATUS	230
53200	PR BIOPSY OF URETHRA	387

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<b>Procedure Code</b>	<b>Procedure Description</b>	<b>Unit Charge</b>
53260	PR EXCIS URETHRAL POLYP(S)	827
53265	PR EXCIS URETHRAL CARUNCLE	544
53270	PR EXCIS SKENE'S GLANDS	820
53410	PR RECONSTRUC ANT MALE URETHRA	2428
53410	PR RECONSTRUC ANT MALE URETHRA	487
53445	PR INSERT,INFLATABLE SPHINCTER	1873
53445	PR INSERT,INFLATABLE SPHINCTER	375
53450	PR URETHRAL MEATAL REVISION	1020
53500	PR URETHRLYS, TRANSVAG W/ SCOPE	1870
53600	PR DIL URETHRA STRIC,MALE,INITIAL	403
53601	PR DIL URETHRA STRIC,MALE,SUBSEQ	180
53605	PR DIL URETHRA STRIC,MALE,GEN ANESTH	152
53660	PR DIL URETHRA,FEMALE,INITIAL	165
53661	PR DIL URETHRA,FEMALE,SUBSEQUENT	164
53850	PR PROSTATIC MICROWAVE THERMOTX	5808
54001	PR SLITTING OF PREPUCE	453
54015	PR INCIS/DRAIN PENIS,DEEP	772
54050	PR DESTR PENIS LESN,SIMPL,CHEMICAL	276
54056	PR DESTR PENIS LESN,SIMPL,CRYOSURG	215
54060	PR DESTR PENIS LESN,SIMPL,SURG EXCIS	453
54065	PR DESTR PENIS LESN,EXTENSIVE	494
54100	PR BX,PENIS (SEPARATE PROCEDURE)	1910
54115	PR REMV FOR.BODY DEEP PENILE TISS	1142
54120	PR REMOVAL PENIS,PARTIAL	1574
54120	PR REMOVAL PENIS,PARTIAL	317
54150	PR CIRCUMCISION,CLAMP, W/ ANESTH	324
54160	PR CIRCUMCISION,OTHER,<28 D/O	485
54161	PR CIRCUMCISION,OTHER,28+ D/O	470
54162	PR LYSIS/EXCIS,PENILE POSTCIRCUM ADHESIONS	629
54163	PR REPAIR,INCOMPLETE CIRCUMCISION	540
54164	PR FRENULOTOMY,PENIS	469
54200	PR INJECT PROC PENILE PLAQUE	267

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<b>Procedure Code</b>	<b>Procedure Description</b>	<b>Unit Charge</b>
54220	PR IRRIGAT CORPUS CAVERN,PRIAPISM	515
54235	PR INJECT CORPORA CAVERN,PHARM AGNT	225
54360	PR PENIS PLASTIC SURG,CORRECT ANGULATN	1790
54400	PR INSERT SEMI-RIGID PENILE PROSTHESIS	1319
54401	PR INSERT SELF-CONTD PENILE PROSTHESIS	1617
54405	PR INSERT,INFLATABLE PENILE PROSTHESIS	1982
54405	PR INSERT,INFLATABLE PENILE PROSTHESIS	398
54408	PR REPAIR,INFLATABLE PENILE PROSTHESIS	1959
54408	PR REPAIR,INFLATABLE PENILE PROSTHESIS	393
54410	PR REPLACE,INFLATABLE PENILE PROSTHESIS	2036
54411	PR REMOV/REPLC PENIS PROS COMP	2553
54415	PR REMOVAL,PENILE PROSTHESIS W/O REPLACMT	1330
54416	PR REPLACE,PENILE PROSTHESIS	1693
54417	PR REMV/REPLC PENIS PROS COMPL	2231
54420	PR CORPORA-SAPHEN VEIN SHUNT	1670
54430	PR CORPORA CAVER-SPONGIOSA SHUNT	1595
54437	PR REPAIR OF TRAUMATIC CORPOREAL TEAR(S)	1703
54450	PR PREPUTIAL STRETCHING	175
54505	PR BIOPSY OF TESTIS,INCISIONAL	515
54520	PR REMOVAL TESTIS,SIMPLE	803
54520	PR REMOVAL TESTIS,SIMPLE	1205
54530	PR REMOVAL TESTIS,RADICAL	1253
54550	PR EXPLORE UNDESC TESTIS,INGUIN/SCROTAL	1222
54560	PR EXPLORE UNDESC TESTIS,ABDOMINAL	1722
54600	PR REDUCE TESTIS TORSION	1080
54640	PR ORCHIOPEXY,INGUNIAL APPROACH	1153
54640	PR ORCHIOPEXY,INGUNIAL APPROACH	231
54660	PR INSERT TESTICULAR PROSTHESIS	894
54670	PR REPAIR TESTIS INJURY	1023
54680	PR RELOCATION OF TESTIS(ES)	1973
54700	PR INCIS/DRAIN SCROTUM/TESTIS,EPIDIDYM	525
54830	PR EXCIS EPIDIDYMIS LOCAL LESION	933



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Procedure Code	Procedure Description	Unit Charge
54840	PR EXCIS SPERMATOCELE	793
54860	PR REMOVAL OF EPIDIDYMIS,UNILAT	1045
54861	PR REMOVAL OF EPIDIDYMIS,BILAT	1424
55000	PR DRAINAGE OF HYDROCELE,TUNICA	297
55040	PR REMOVAL OF HYDROCELE,TUNICA,UNILAT	935
55041	PR REMOVAL OF HYDROCELE,TUNICA,BILAT	1270
55060	PR REPAIR OF HYDROCELE,TUNICA	940
55100	PR DRAINAGE SCROTAL WALL ABSCESS	540
55110	PR EXPLORE SCROTUM	956
55120	PR REMOVAL OF SCROTAL FOR.BODY	883
55150	PR REMOVAL OF SCROTUM	1224
55150	PR REMOVAL OF SCROTUM	247
55180	PR REVISION OF SCROTUM,COMPLICATED	1709
55250	VASECTOMY, UNILAT/BILAT, W/POSTOP SEMEN EXAM	1072
55300	PR PREPARATION, SPERM DUCT X-RAY	467
55400	PR REPAIR OF SPERM DUCT	1253
55500	PR REMV HYDROCELE,SPERM CORD,UNILAT	975
55520	PR REMOVAL OF SPERM CORD LESION	1066
55520	PR REMOVAL OF SPERM CORD LESION	1598
55530	PR EXCISE VARICOCELE	880
55559	PR LAPARO PROC SPERMATIC CORD	1030
55700	PR BIOPSY OF PROSTATE,NEEDLE/PUNCH	1475
55842	PR REMV PROSTATE,RETROPUB,RAD,LTD NODES	3508
55842	PR REMV PROSTATE,RETROPUB,RAD,LTD NODES	703
55866	PR LAP,PROSTATECTOMY,RADICAL,W/NERVE SPARE,INCL ROBOTIC	4251
55866	PR LAP,PROSTATECTOMY,RADICAL,W/NERVE SPARE,INCL ROBOTIC	851
55876	PR PLACE RADIOTHER DEVICE/MARKER, PROSTATE	1582
55899	PR MALE GENITAL SURG PROC UNLISTED	880
56405	PR I&D OF VULVA/PERINEUM ABSCESS	341
56420	PR I&D BARTHOLIN GLAND ABSCESS	385
56440	PR MARSUP BARTHOLIN GLAND CYST	745
56441	PR LYSIS OF LABIAL LESION(S)	363

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Procedure Code	Procedure Description	Unit Charge
56442	PR HYMENOTOMY, SIMPLE INCISION	416
56501	PR DESTRUCTION, LESION(S), VULVA, SIMPLE	2190
56515	PR DESTRUCTION, LESION(S), VULVA; EXTENSIVE	2287
56605	PR BIOPSY VULVA/PERINEUM, ONE LESN	401
56606	PR BX, VULVA/PERINEUM, ADDL LESION	95
56620	PR PART SIMPLE REMV VULVA	1467
56620	PR PART SIMPLE REMV VULVA	296
56700	PR PARTIAL REMOVAL OF HYMEN	613
56700	PR PARTIAL REMOVAL OF HYMEN	124
56740	PR EXCIS BARTHOLIN GLAND/CYST	1190
56800	PR REPAIR OF VAGINA	581
56800	PR REPAIR OF VAGINA	119
56810	PR REPAIR OF PERINEUM, NON OBSTETRICAL	2410
56810	PR REPAIR OF PERINEUM, NON OBSTETRICAL	484
56820	PR COLPOSCOPY, VULVA	274
56821	PR COLPOSCOPY, VULVA, W/BIOPSY(S)	361
57000	PR EXPLORATION OF VAGINA	1036
57010	PR EXPLOR VAGINA/DRAIN PELVIC ABSCESS	941
57020	PR DRAINAGE OF PELVIC FLUID	800
57022	PR I&D VAGINAL HEMATOMA, OBSTET/POSTPART	400
57023	PR I&D VAGINAL HEMATOMA, NON-OB	683
57061	PR DESTRUCT, VAGINAL LESION(S), SIMPLE	2075
57065	PR DESTRUCT, VAGINAL LESION(S), EXTENSIVE	797
57100	PR BIOPSY OF VAGINA, SIMPLE	781
57105	PR BIOPSY OF VAGINA, EXTENSIVE	2207
57106	PR REMOVE VAGINA WALL, PARTIAL	1183
57110	PR COMPLETE REMOVAL OF VAGINA WALL	2044
57110	PR COMPLETE REMOVAL OF VAGINA WALL	410
57120	PR CLOSURE OF VAGINA	3176
57120	PR CLOSURE OF VAGINA	638
57130	PR EXCIS VAGINAL SEPTUM	2245
57130	PR EXCIS VAGINAL SEPTUM	450

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Clinic Service Charges

Procedure Code	Procedure Description	Unit Charge
57135	PR EXCIS VAGINAL CYST/TUMOR	2367
57135	PR EXCIS VAGINAL CYST/TUMOR	82
57160	PR FIT/INSERT INTRAVAG SUPPORT DEVICE	206
57170	PR FITTING OF DIAPHRAGM/CAP	153
57180	PR TREAT VAGINAL BLEEDING	354
57200	PR REPAIR OF VAGINA	646
57200	PR REPAIR OF VAGINA	131
57210	PR REPAIR VAGINA/PERINEUM	3230
57210	PR REPAIR VAGINA/PERINEUM	646
57240	PR ANTERIOR COLPORRAPHY RPR CYSTOCELE W/CYSTO	1962
57240	PR ANTERIOR COLPORRAPHY RPR CYSTOCELE W/CYSTO	396
57250	PR POST COLPORRHAPHY,RECTUM/VAGINA	1994
57250	PR POST COLPORRHAPHY,RECTUM/VAGINA	400
57260	PR CMBND ANTERPOST COLPORRAPHY W/CYSTO	2668
57260	PR CMBND ANTERPOST COLPORRAPHY W/CYSTO	534
57265	PR CMBND ANTERPOST COLPORRAPHY W/CYSTO W/NTRCL RPR	2851
57265	PR CMBND ANTERPOST COLPORRAPHY W/CYSTO W/NTRCL RPR	714
57267	PR INSERT MESH/PELVIC FLR ADDON	657
57267	PR INSERT MESH/PELVIC FLR ADDON	131
57268	PR REPAIR ENTEROCELE,VAG APPRCH	2596
57268	PR REPAIR ENTEROCELE,VAG APPRCH	209
57280	PR SUSPENSION OF VAGINA,ABD APPRCH	3316
57280	PR SUSPENSION OF VAGINA,ABD APPRCH	666
57282	PR REPR VAGINAL PROLAPSE,SACROSP LIG	2596
57282	PR REPR VAGINAL PROLAPSE,SACROSP LIG	650
57283	PR REPR VAGINAL PROLAPSE,UTEROSACRAL	1521
57283	PR REPR VAGINAL PROLAPSE,UTEROSACRAL	305
57284	PR PARAVAGINAL DEFECT REPAIR OPEN ABDOMINAL APPROACH	1906
57284	PR PARAVAGINAL DEFECT REPAIR OPEN ABDOMINAL APPROACH	383
57287	PR REMV/REVS SLING FOR STRES INCONTINENCE	1380
57287	PR REMV/REVS SLING FOR STRES INCONTINENCE	278
57288	PR SLING OPER STRES INCONTINENCE	2668

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Clinic Service Charges

Procedure Code	Procedure Description	Unit Charge
57288	PR SLING OPER STRES INCONTINENCE	534
57295	PR REVISION VAGINAL GRAFT, VAG APPROACH	1063
57295	PR REVISION VAGINAL GRAFT, VAG APPROACH	216
57296	PR REVISE VAG GRAFT OPEN ABD	2254
57300	PR REPAIR RECTO-VAG FISTULA	2410
57305	PR REPAIR RECTO-VAG FISTULA,ABD APPRCH	2333
57307	PR FISTULA REPAIR & COLOSTOMY	497
57308	PR XPERINEAL CLOS RECTOVAG FISTULA	2136
57335	PR REVISE VAGINA FOR INTERSEC STATE	2645
57400	PR DILATION OF VAGINA W ANESTH	332
57400	PR DILATION OF VAGINA W ANESTH	71
57410	PR PELVIC EXAMINATION W ANESTH	355
57415	PR REMOVAL VAGINAL FOR.BODY W ANESTH	343
57420	PR COLPOSCOPY,ENTIRE VAGINA	436
57421	PR COLPOSCOPY,ENTIRE VAGINA,W/BIOPSY(S)	374
57425	PR LAPAROSCOPY, SURG, COLPOPEXY	2138
57452	PR COLPOSCOPY,CERVIX W/ADJ VAGINA	383
57454	PR COLPOSC,CERVIX W/ADJ VAG,W/BX & CURETTAGE	490
57455	PR COLPOSCOPY,CERVIX W/ADJ VAGINA,W/BX	296
57456	PR COLPOSCOPY,CERVIX W/ADJ VAGINA, CURETTAG	451
57460	PR COLPOSCOPY,CERVIX W/ADJ VAG,W/LOOP BX	2247
57461	PR COLPOSCOPY,CERVIX W/ADJ VAG,W/LOOP CONIZ	909
57500	PR BIOPSY CERVIX, 1 OR MORE, OR EXCISION OF LESION	731
57505	PR ENDOCERVICAL CURETTAGE	813
57510	PR CAUTERIZATION,CERVIX,ELECTRO/THERMAL	2193
57511	PR CRYOCAUTERY OF CERVIX	356
57520	PR CONIZATION CERVIX,KNIFE/LASER	1533
57522	PR CONIZATION CERVIX,LOOP ELECTRD	2242
57530	PR REMOVAL OF CERVIX	1167
57530	PR REMOVAL OF CERVIX	234
57540	PR REMV CERV STUMP,ABD APPRCH	1573
57550	PR REMV CERV STUMP,VAG APPRCH	898

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Clinic Service Charges

Procedure Code	Procedure Description	Unit Charge
57556	PR REMOVE CERVIX REPAIR BOWEL	1590
57556	PR REMOVE CERVIX REPAIR BOWEL	399
57700	PR REVISION OF CERVIX,NON OBSTETRICAL	937
57720	PR PLASTIC REPR CERVIX,VAG APPRCH	652
57800	PR DILATION OF CERVICAL CANAL	787
58100	PR BIOPSY OF UTERUS LINING	253
58110	PR ENDOMET BIOPSY DONE W/COLPOSCOPY	105
58120	PR DILATION/CURETTAGE,DIAGNOSTIC	953
58140	PR MYOMECTOMY 1-4,W/TOT 250GMS/<,ABD APPRCH	2881
58140	PR MYOMECTOMY 1-4,W/TOT 250GMS/<,ABD APPRCH	578
58145	PR EXCIS UTERINE FIBROID,VAG APPRCH	2055
58146	PR MYOMECTOMY 5/>,TOT>250 GMS,ABD APPRCH	2462
58146	PR MYOMECTOMY 5/>,TOT>250 GMS,ABD APPRCH	493
58150	PR TOTAL ABDOM HYSTERECTOMY	5229
58150	PR TOTAL ABDOM HYSTERECTOMY	1048
58152	PR TOTAL ABD HYSTERECTOMY+BLAD REPR	4524
58152	PR TOTAL ABD HYSTERECTOMY+BLAD REPR	907
58180	PR SUPRACERV ABD HYSTERECTOMY	3335
58180	PR SUPRACERV ABD HYSTERECTOMY	670
58200	PR TOTAL ABD HYSTEREC+LTD NODES	4435
58260	PR VAGINAL HYSTERECTOMY,UTERUS 250 GMS/<	3403
58260	PR VAGINAL HYSTERECTOMY,UTERUS 250 GMS/<	851
58262	PR VAG HYST,RMV TUBE/OVARY	4446
58262	PR VAG HYST,RMV TUBE/OVARY	894
58263	PR VAG HYST,RMV TUBE/OVARY,FIX ENTEROCE	4682
58263	PR VAG HYST,RMV TUBE/OVARY,FIX ENTEROCE	939
58267	PR VAG HYST,REV VAG/URETHRA	2408
58267	PR VAG HYST,REV VAG/URETHRA	484
58270	PR VAG HYST,REV VAG/URETHR,FIX ENTEROCE	1879
58270	PR VAG HYST,REV VAG/URETHR,FIX ENTEROCE	377
58290	PR VAG HYST,UTERUS >250 GMS	3999
58290	PR VAG HYST,UTERUS >250 GMS	802

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Clinic Service Charges

Procedure Code	Procedure Description	Unit Charge
58291	PR VAG HYST,UTERUS >250 GMS,REM TUBE/OVARY	2676
58291	PR VAG HYST,UTERUS >250 GMS,REM TUBE/OVARY	538
58292	PR VAG HYST T/O & REPAIR COMPL	3220
58292	PR VAG HYST T/O & REPAIR COMPL	645
58293	PR VAG HYST W/URO REPAIR COMPL	3071
58293	PR VAG HYST W/URO REPAIR COMPL	615
58294	PR VAG HYST W/ENTEROCELE COMPL	2470
58294	PR VAG HYST W/ENTEROCELE COMPL	495
58300	PR INSERT INTRAUTERINE DEVICE	231
58301	PR REMOVE INTRAUTERINE DEVICE	245
58321	PR ARTIF INSEMINATION,INTRA-CERVICAL	209
58322	PR ARTIF INSEMINATION,INTRA-UTERINE	250
58340	PR CATH/INJECT HYSTEROSALPINGOGRAM	648
58345	PR REOPEN FALLOPIAN TUBE,TRANSCERV CATH	650
58350	PR REOPEN FALLOPIAN TUBE,CHROMOTUBATION	320
58353	PR ENDOMETRIAL ABLATION, THERMAL	3562
58356	PR ENDOMETRIAL CRYOABLATION	6166
58520	PR REPAIR RUPTURED UTERUS,NON OBSTECTR	1681
58520	PR REPAIR RUPTURED UTERUS,NON OBSTECTR	339
58540	PR REVISION OF UTERINE ANOMALY	2191
58540	PR REVISION OF UTERINE ANOMALY	549
58541	PR LAP, SUPRACERVIAL HYSTERECTOMY, <250G	3751
58541	PR LAP, SUPRACERVIAL HYSTERECTOMY, <250G	752
58542	PR LAP, SUPRACERVIAL HYSTERECTOMY W/ TUBE&OV, <250G	4149
58542	PR LAP, SUPRACERVIAL HYSTERECTOMY W/ TUBE&OV, <250G	832
58543	PR LAP, SUPRACERVIAL HYSTERECTOMY, >250G	4219
58543	PR LAP, SUPRACERVIAL HYSTERECTOMY, >250G	846
58544	PR LAP, SUPRACERVIAL HYSTERECTOMY W/ TUBE&OV, >250G	4565
58544	PR LAP, SUPRACERVIAL HYSTERECTOMY W/ TUBE&OV, >250G	916
58545	PR LAP,MYOMECTOMY 1-4,TOT WT 250 GMS	3558
58545	PR LAP,MYOMECTOMY 1-4,TOT WT 250 GMS	714
58546	PR LAP,MYOMECTOMY 5/>,TOTAL WT >250 GMS	2638

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Clinic Service Charges

Procedure Code	Procedure Description	Unit Charge
58550	PR LAP,VAG HYST,UTERUS 250GMS/<	3901
58550	PR LAP,VAG HYST,UTERUS 250GMS/<	780
58552	PR LAP,VAG HYST,UTERUS 250GMS/<,SALP-OOPH	5229
58552	PR LAP,VAG HYST,UTERUS 250GMS/<,SALP-OOPH	1048
58553	PR LAP,VAG HYST,UTERUS >250GMS	5229
58553	PR LAP,VAG HYST,UTERUS >250GMS	1048
58554	PR LAP,VAG HYST,UTERUS >250GMS,SALP-OOPH	5229
58554	PR LAP,VAG HYST,UTERUS >250GMS,SALP-OOPH	1048
58555	PR HYSTEROSCOPY,DX,SEP PROC	1119
58555	PR HYSTEROSCOPY,DX,SEP PROC	225
58558	PR HYSTEROSCOPY,W/ENDO BX	1487
58558	PR HYSTEROSCOPY,W/ENDO BX	299
58559	PR HYSTEROSCOPY,LYSIS ADHESIONS	1906
58560	PR HYSTEROSCOPY,RESECT SEPTUM	788
58561	PR HYSTEROSCOPY,RMV MYOMA	1361
58562	PR HYSTEROSCOPY,RMV FB	674
58563	PR HYSTEROSCOPY,W/ENDOMETRIAL ABLATION	4027
58563	PR HYSTEROSCOPY,W/ENDOMETRIAL ABLATION	1008
58565	PR HYSTEROSCOPY, STERILIZE W IMPLANTS	4530
58570	PR LAPAROSCOPY W TOT HYSTERECT UTERUS 250 GRAM OR LESS	2363
58570	PR LAPAROSCOPY W TOT HYSTERECT UTERUS 250 GRAM OR LESS	473
58571	PR LAPAROSCOPY W TOT HYSTERECTUTERUS <=250 GRAM W TUBE/OVARY	2674
58571	PR LAPAROSCOPY W TOT HYSTERECTUTERUS <=250 GRAM W TUBE/OVARY	537
58572	PR LAPAROSCOPY TOTAL HYSTERECTOMY UTERUS > 250 GRAM	2862
58573	PR LAPAROSCOPY TOT HYSTERECTOMY UTERUS >250 GRAM W TUBE/OVARY	3192
58573	PR LAPAROSCOPY TOT HYSTERECTOMY UTERUS >250 GRAM W TUBE/OVARY	639
58578	PR UTERUS LAPAROSCOPY PROC UNLISTED	2742
58600	PR LIGATE FALLOPIAN TUBE	844
58605	PR LIGATE FALLOPIAN TUBE,POSTPARTUM	1618
58605	PR LIGATE FALLOPIAN TUBE,POSTPARTUM	325
58611	PR LIGATION,FALLOPIAN TUBE W/C-SECTION	804
58611	PR LIGATION,FALLOPIAN TUBE W/C-SECTION	163

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Clinic Service Charges

<b>Procedure Code</b>	<b>Procedure Description</b>	<b>Unit Charge</b>
58615	PR OCCLUDE FALLOPIAN TUBE BY DEVICE	557
58615	PR OCCLUDE FALLOPIAN TUBE BY DEVICE	174
58660	PR LAP,LYSIS OF ADHESIONS	2531
58660	PR LAP,LYSIS OF ADHESIONS	509
58661	PR LAP,RMV ADNEXAL STRUCTURE	3079
58661	PR LAP,RMV ADNEXAL STRUCTURE	618
58662	PR LAP,FULGURATE/EXCISE LESIONS	2531
58662	PR LAP,FULGURATE/EXCISE LESIONS	508
58670	PR LAP,TUBAL CAUTERY	2166
58671	PR LAP,TUBAL BLOCK BY DEVICE	2055
58671	PR LAP,TUBAL BLOCK BY DEVICE	414
58672	PR LAP,FIMBRIOPLASTY	1781
58673	PR LAP,SALPINGOSTOMY	2596
58679	PR LAP,OVIDUCT/OVARY,UNLIST PROC	764
58700	PR REMOVAL OF FALLOPIAN TUBE	3079
58700	PR REMOVAL OF FALLOPIAN TUBE	616
58720	PR REMOVAL OF OVARY/TUBE(S)	3079
58720	PR REMOVAL OF OVARY/TUBE(S)	618
58740	PR LYSIS ADNEXAL ADHESIONS	2214
58740	PR LYSIS ADNEXAL ADHESIONS	445
58750	PR REPAIR OVIDUCT	4890
58760	PR FIMBRIOPLASTY	4356
58770	PR CREATE NEW TUBAL OPENING	3176
58800	PR DRAIN OVARIAN CYST(S),VAG APPRCH	813
58805	PR DRAIN OVARIAN CYST(S),ABD APPRCH	2096
58900	PR BIOPSY OF OVARY(S)	951
58920	PR PARTIAL REMOVAL OF OVARY(S)	1609
58920	PR PARTIAL REMOVAL OF OVARY(S)	324
58925	PR REMOVAL OF OVARIAN CYST(S)	2933
58925	PR REMOVAL OF OVARIAN CYST(S)	589
58940	PR REMOVAL OF OVARY(S)	2933
58940	PR REMOVAL OF OVARY(S)	737



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Clinic Service Charges

Procedure Code	Procedure Description	Unit Charge
58943	PR OOPHORECTORMY FOR MALIG, W/BX	2673
58950	PR INITIAL RESEC OVAR MAL+BIL OVAR+OMENTUM	2736
58950	PR INITIAL RESEC OVAR MAL+BIL OVAR+OMENTUM	573
58953	PR BIL SALP-OOPH W/OMENTECT,TAH,RAD DISSECT	4077
58953	PR BIL SALP-OOPH W/OMENTECT,TAH,RAD DISSECT	818
58999	PR FEMALE GENITAL SURG PROC UNLISTED	1960
58999	PR FEMALE GENITAL SURG PROC UNLISTED	394
59000	PR AMNIOCENTESIS,DIAGNOSTIC	296
59025	PR FETAL NON-STRESS TEST	151
59120	PR TREAT ECTOPIC PREG,RMV TUBE/OVARY	3192
59120	PR TREAT ECTOPIC PREG,RMV TUBE/OVARY	640
59121	PR TREAT ECTOPIC PREG,NON REMVAL	4127
59136	PR RX ECTOP PREG,UTER WALL,PART HYSTREC	1978
59150	PR RX ECTOP PREG BY LAPAROSCOPE	1697
59151	PR RX ECTOP PREG BY SCOPE,RMV TUBE/OVRY	3017
59151	PR RX ECTOP PREG BY SCOPE,RMV TUBE/OVRY	605
59160	PR D&C AFTER DELIVERY	920
59160	PR D&C AFTER DELIVERY	297
59200	PR INSERT CERVICAL DILATOR	165
59300	PR EPISIOTOMY/VAGINAL REPR BY OTHR MD	418
59320	PR REVISION CERVIX W PREG,VAG APPRCH	1509
59400	PR FULL ROUT OBSTE CARE,VAGINAL DELIV	3811
59409	PR OBSTETRICAL CARE,VAG DELIV ONLY	2780
59410	PR OBSTE CARE,VAG DELIV+POSTPARTUM	2780
59412	PR ANTEPARTUM HEAD MANIPULATION	612
59412	PR ANTEPARTUM HEAD MANIPULATION	126
59414	PR DELIVER PLACENTA	920
59425	PR ANTEPARTUM CARE ONLY, 4-6 VISITS	1199
59426	PR ANTEPARTUM CARE ONLY, >7 VISITS	1563
59430	PR CARE AFTER DELIVERY ONLY	340
59510	PR FULL ROUT OBSTE CARE,CESAREAN DELIV	4318
59514	PR CESAREAN DELIVERY ONLY	3102

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Clinic Service Charges

Procedure Code	Procedure Description	Unit Charge
59514	PR CESAREAN DELIVERY ONLY	624
59515	PR CESAREAN DELIVERY+POSTPARTUM CARE	3255
59525	PR REMOVE UTERUS AFTER CESAREAN	1481
59525	PR REMOVE UTERUS AFTER CESAREAN	372
59610	PR ROUT OB CARE,VAG DELIV,PREV C-SEC	4025
59612	PR VAG DELIV ONLY,PREV C-SECTN	3526
59614	PR VAG DELIV+POSTPARTUM CARE,PREV C-SEC	3653
59618	PR ROUT OB CARE,C-SEC,PREV C-SEC	5554
59620	PR C-SEC ONLY,PREV C-SEC	2435
59620	PR C-SEC ONLY,PREV C-SEC	490
59622	PR C-SEC+POSTPARTUM CARE,PREV C-SEC	4764
59812	PR SURG RX INCOMPLETE ABORTN	920
59820	PR SURG RX MISSED ABORTN,1ST TRI	923
59821	PR SURG RX MISSED ABORTN,2ND TRI	1122
59841	PR INDUCED ABORTN BY DIL/EVAC	1126
59850	PR INDUCED ABORTN BY INTRA-AMNIOT INJ	877
59855	PR INDUCED AB BY VAG SUPPOS	845
59870	PR EVACUATE MOLE OF UTERUS	1093
59870	PR EVACUATE MOLE OF UTERUS	220
59871	PR REMOVE CERCLAGE SUTURE	385
60210	PR PARTIAL EXCISION THYROID,UNILAT	1739
60220	PR THYROID LOBECTOMY,UNILAT	1707
60220	PR THYROID LOBECTOMY,UNILAT	342
60240	PR THYROIDECTOMY	2487
60240	PR THYROIDECTOMY	498
60252	PR THYROIDECTOMY,MALIG,LTD NECK SURG	3217
60252	PR THYROIDECTOMY,MALIG,LTD NECK SURG	644
60254	PR THYROIDECTOMY W RAD NECK SURGERY	4131
60254	PR THYROIDECTOMY W RAD NECK SURGERY	828
60260	PR THYROIDECTOMY POST PREV THYR SURG	2612
60260	PR THYROIDECTOMY POST PREV THYR SURG	523
60271	PR THYROIDECTOMY=SUBSTERNAL,TRANSCERV	2485

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Clinic Service Charges

Procedure Code	Procedure Description	Unit Charge
60271	PR THYROIDECTOMY=SUBSTERNAL,TRANSCERV	498
60280	PR EXCIS THYROID DUCT CYST/SINUS	1091
60300	PR ASPIRATION AND/OR INJECTION THYROID CYST	301
60500	PR EXPLORE PARATHYROID GLANDS	2278
60500	PR EXPLORE PARATHYROID GLANDS	457
60540	PR EXCISE ADRENAL GLAND	2566
60540	PR EXCISE ADRENAL GLAND	514
61650	PR EVASC INTRACRANIAL PROLNG ADMN RX AGENT ART 1ST	1273
62270	PR SPINAL PUNCTURE,LUMBAR,DIAGNOSTIC	504
62310	PR NJX DX/THER SBST EPIDURAL/SUBRACH CERV/THORACIC	573
62311	PR NJX DX/THER SBST EPIDURAL/SUBARACH LUMBAR/SACRAL	588
62350	PR IMP SPINAL CANAL CATH	952
62355	PR REMOVE SPINAL CANAL CATHETER	629
62360	PR INSERT SPINE INFUSN DEVICE,SUBCUT	762
62362	PR IMPLANT/ REPLACE INFUSION PUMP, PROGRAMMABLE	956
62365	PR REMOVE INFUSN DEVICE/PUMP	707
63001	PR LAM W/O FACETEC FORAMOT/DSKC 1/2 VRT SEG, CERVICAL	2810
63003	PR LAM W/O FACETEC FORAMOT/DSKC 1/2 VRT SEG, THORACIC	3016
63003	PR LAM W/O FACETEC FORAMOT/DSKC 1/2 VRT SEG, THORACIC	4524
63005	PR LAM W/O FACETEC FORAMOT/DSKC 1/2 VRT SEG, LUMBAR	2746
63017	PR LAMINECTOMY,>2 SGMT,LUMBAR	3021
63020	PR LAMNOTMY INCL W/DCMPRSN NRV ROOT 1 INTRSPC CERVC	2750
63020	PR LAMNOTMY INCL W/DCMPRSN NRV ROOT 1 INTRSPC CERVC	4125
63030	PR LAMNOTMY INCL W/DCMPRSN NRV ROOT 1 INTRSPC LUMBR	2643
63030	PR LAMNOTMY INCL W/DCMPRSN NRV ROOT 1 INTRSPC LUMBR	3965
63030	PR LAMNOTMY INCL W/DCMPRSN NRV ROOT 1 INTRSPC LUMBR	530
63035	PR LAMNOTMY W/DCMPRSN NRV EACH ADDL CRVCL/LMBR	566
63035	PR LAMNOTMY W/DCMPRSN NRV EACH ADDL CRVCL/LMBR	849
63040	PR LAMINOTOMY	2367
63040	PR LAMINOTOMY	3552
63042	PR REDO EXCIS LUMBAR DISC	3667
63042	PR REDO EXCIS LUMBAR DISC	5500

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Clinic Service Charges

Procedure Code	Procedure Description	Unit Charge
63044	PR REDO EXCIS CERV DISC, ADDN LUMB INTERSPC	784
63045	PR LAMINEC/FACETECT/FORAMIN,CERVICAL 1 SEG	3124
63046	PR LAMINEC/FACETECT/FORAMIN,THORACIC 1 SEG	2994
63048	PR LAM FACETECTOMY&FORAMOT 1 VRT SGM EA ADDL SGM	512
63075	PR DISK SURG,ANTER,CERVICAL,SINGLE LVL	3148
63075	PR DISK SURG,ANTER,CERVICAL,SINGLE LVL	631
63076	PR DISK SURG,ANTER,CERV,EA ADDNL LVL	578
63076	PR DISK SURG,ANTER,CERV,EA ADDNL LVL	117
63081	PR REMV VERT BODY,CERV,ONE SGMT	4059
63081	PR REMV VERT BODY,CERV,ONE SGMT	812
63267	PR EXCIS INTRASP LESN,XDURAL,LUMBAR	3202
63655	PR SURG IMPLNT NEUROELECT,EPIDURAL	1942
63661	PR REMOVE SPINAL NEUROSTIM ELECTRODE PERC ARRAY, INCL FLUORO	1466
63685	PR INSJ/RPLCMT SPINAL NPG/RCVR POCKET CRTJ&CONNJ	869
63688	PR REVJ/RMVL IMPL SPI NPG/RCVR DTCH CONNJ ELTRD RA	878
63707	PR REPR,DURAL/CSF LEAK,NOT REQ LAMINECTOMY	2255
64405	PR INJECT NERV BLCK,GREAT OCCIPTL	252
64421	PR INJECT NERV BLCK,INTERCOST,MULTPL	293
64425	PR INJECT NERV BLCK,ILIOINGU/ILIOHYP	661
64447	PR INJECTION AA&STRD FEMORAL NERVE W/IMG GDN	312
64450	PR INJECT NERV BLCK,OTHR PERIPH NERV	451
64455	PR NJX AA&STRD PLANTAR COMMON DIGITAL NERVES	291
64530	PR INJECT NERV BLCK,CELIAC PLEXUS	229
64550	PR APPLICATION OF SURFACE NEUROSTIMULATOR	23
64590	PR INS/RPLC PERPH SAC/GSTRC NPG/RCVR PCKT CRTJ&CONN	686
64610	PR INJECT 5TH N.-2,3 DIV,F.OVALE,XRAY	1165
64612	PR DEST,NERVE,FACIAL	428
64614	PR CHEMODENERVATION EXTREMITY&TRUNK MUSCLE	1024
64615	PR CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	460
64640	PR INJECT RX OTHER PERIPH NERVE	339
64650	PR CHEMODENERV ECCRINE GLANDS BOTH AXILLAE	276
64702	PR REVISE/REPAIR FINGER/TOE NERVE	1267

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<b>Procedure Code</b>	<b>Procedure Description</b>	<b>Unit Charge</b>
64704	PR REVISE/REPAIR HAND/FOOT NERVE	797
64708	PR NEUROPLASTY OTHER ARM/LEG NERVE,OPEN	1191
64712	PR NEUROPLASTY SCIATIC NERVE,OPEN	1451
64718	PR REVISE ULNAR NERVE AT ELBOW	1378
64719	PR REVISE ULNAR NERVE AT WRIST	960
64721	PR CARPAL TUNNEL SURG	1120
64721	PR CARPAL TUNNEL SURG	1680
64722	PR RELIEVE PRESSURE ON NERVE(S)	861
64726	PR RELEASE FOOT/TOE NERVE	667
64774	PR EXCISE CUTANEOUS NEUROMA	1046
64782	PR EXCISE HAND/FOOT NEUROMA	1116
64784	PR EXCISE MAJOR PERIPHERAL NEUROMA	1812
64790	PR EXCISE MAJOR PERIPH NEUROFIBROMA	1964
64831	PR REPAIR OF DIGIT NERVE	1706
64832	PR REPAIR EACH ADDNL DIGIT NERVE	833
64834	PR SUTURE 1 NERVE HAND/FOOT COMMON SENSORY NERVE	1842
64837	PR REPAIR EACH ADDNL HAND/FOOT NERVE	908
64857	PR REPAIR MAJOR PERIPHERAL NERVE	2591
64999	PR NERVOUS SYSTEM SURG PROC UNLISTED	591
65205	PR REMV F.B.,EYE,SUPERF CONJUNC	183
65210	PR REMV F.B.,EYE,EMBED CONJUNC	163
65220	PR REMV F.B.,EYE,CORNEA,NO SLIT	126
67700	PR DRAINAGE OF EYELID ABSCESS	685
67800	PR EXCIS CHALAZION,SINGLE	309
67810	PR BIOPSY OF EYELID	529
67820	PR REVISE EYELASHES,FORCEPS	370
67840	PR REMOVE EYELID LESN (NOT CHALAZION)	678
67875	PR TEMP CLOSURE EYELID BY SUTURE	435
67900	PR REPAIR BROW PTOSIS	1368
67908	PR FIX LID PTOSIS,FASANELLA-SERVAT	1207
67917	PR FIX ECTROPION,ENTENSV LID REPAIR	1523
67924	PR FIX ENTROPION,EXTENSV LID REPAIR	1513

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Procedure Code	Procedure Description	Unit Charge
67938	PR REMOVE EYELID FOREIGN BODY,EMBEDDED	617
67950	PR CANTHOPLASTY	1463
67961	PR REVISION OF EYELID,< 1/4 LID MARGIN	1358
68110	PR EXCISION LESION CONJUNCTIVA <1 CM	583
68720	PR CREATE TEAR SAC-NASAL FISTULA	1897
69000	PR DRAIN EXT EAR ABSC/BLOOD,SIMPLE	430
69000	PR DRAIN EXT EAR ABSC/BLOOD,SIMPLE	645
69005	PR DRAIN EXT EAR ABSC/BLOOD,COMPLIC	2139
69020	PR DRAIN EXT AUD CANAL ABSCESS	578
69100	PR BIOPSY OF EXTERNAL EAR	401
69105	PR BIOPSY OF EXT AUDITORY CANAL	1946
69140	PR REMV EXT CANAL EXOSTOSIS	2166
69145	PR REMV EXT CANAL SOFT TISSUE LESN	976
69145	PR REMV EXT CANAL SOFT TISSUE LESN	1464
69150	PR RAD EXCIS EXT CANAL LESN	2630
69150	PR RAD EXCIS EXT CANAL LESN	3944
69200	PR REMV EXT CANAL FOREIGN BODY	173
69200	PR REMV EXT CANAL FOREIGN BODY	258
69205	PR REMV EXT CANAL F.B.,GEN ANESTH	252
69209	PR REMOVAL IMPACTED CERUMEN IRRIGATION/LVG UNILAT	84
69209	PR REMOVAL IMPACTED CERUMEN IRRIGATION/LVG UNILAT	126
69210	PR REMOVAL IMPACTED CERUMEN INSTRUMENTATION UNILAT	155
69210	PR REMOVAL IMPACTED CERUMEN INSTRUMENTATION UNILAT	232
69220	PR DEBRIDE MASTOID CAVITY,SIMPLE	345
69222	PR DEBRIDE MASTOID CAVITY,COMPLEX	549
69310	PR RECONSTRUCTION,EXT AUDITORY CANAL	2803
69401	PR INFLATE MIDDLE EAR CANAL	225
69420	PR INCISION EARDRUM,ASPIR	493
69421	PR INCISION EARDRUM,ASPIR,GEN ANESTH	372
69424	PR VENT TUBE REMVL REQ GEN ANESTHESIA	329
69433	PR CREATE EARDRUM OPENING,LOCAL ANESTH	867
69433	PR CREATE EARDRUM OPENING,LOCAL ANESTH	1299

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Procedure Code	Procedure Description	Unit Charge
69436	PR CREATE EARDRUM OPENING,GEN ANESTH	399
69436	PR CREATE EARDRUM OPENING,GEN ANESTH	598
69535	PR RESECT TEMPORAL BONE,EXTERN APPRCH	6715
69535	PR RESECT TEMPORAL BONE,EXTERN APPRCH	10056
69540	PR REMV AURAL POLYP	540
69610	PR REPAIR TYMPANIC MEMBRANE	953
69620	PR MYRINGOPLASTY	1718
69631	PR TYMPANOPLASTY	2170
69643	PR TYMPANOPLAS/MASTOIDEA,INTACT WALL	2996
69644	PR TYMPANOPLAS/MASTOID,INTCT WALL,REBLD	3728
69645	PR TYMPANOPLAS/MASTOIDEA,RADICAL/COMPLE	3677
69990	PR MICROSURG TECHNIQUES,REQ OPER MICROSCOPE	491
71010	PR RADIOLOGIC EXAM, CHEST; SINGLE VIEW, FRONTAL	131
71045	PR RADIOLOGIC EXAM CHEST SINGLE VIEW	163
71046	PR RADIOLOGIC EXAM CHEST 2 VIEWS	85
71090	PR INSERTION PACEMAKER, FLUOROSCOPY & RADIOGRAPHY, RADIOLOGICAL S&I	65
71100	PR RADIOLOGIC EXAM, RIBS, UNILAT; 2 VIEWS	154
71101	PR RADIOLOGIC EXAM, RIBS, UNILAT; W/POSTEROANTERIOR CHEST, 3+ VIEWS	173
71110	PR RADIOLOGIC EXAM, RIBS, BILAT; 3 VIEWS	176
71120	PR RADIOLOGIC EXAM; STERNUM, 2+ VIEWS	76
72020	PR RADIOLOGIC EXAM, SPINE, SINGLE VIEW, SPECIFY LEVEL	133
72040	CHG RADEX SPINE CERVICAL 2 OR 3 VIEWS	171
72050	PR RADIOLOGIC EXAM, SPINE, CERVICAL; 4+ VIEWS	256
72052	PR RADIOLOGIC EXAM, SPINE, CERVICAL; COMPLETE W/OBLIQUE & FLEXION &/OR EXTENSION STUDIES	292
72069	PR RADIOLOGIC EXAM, SPINE, THORACOLUMBAR, STANDING (SCOLIOSIS)	165
72070	PR RADIOLOGIC EXAM, SPINE; THORACIC, 2 VIEWS	159
72072	PR RADIOLOGIC EXAM, SPINE; THORACIC, 3 VIEWS	99
72080	CHG RADEX SPINE THORACOLUMBAR JUNCTION MIN 2 VIEWS	164
72081	CHG RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 1 VW	105
72082	CHG RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 2/3 VW	175
72090	PR RADIOLOGIC EXAM, SPINE; SCOLIOSIS STUDY, W/SUPINE & ERECT STUDIES	246
72100	PR RADIOLOGIC EXAM, SPINE, LUMBOSACRAL; 2 OR 3 VIEWS	247

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Procedure Code	Procedure Description	Unit Charge
72110	PR RADIOLOGIC EXAM, SPINE, LUMBOSACRAL; 4+ VIEWS	263
72114	PR RADIOLOGIC EXAM, SPINE, LUMBOSACRAL; COMPLETE, W/BENDING VIEWS	311
72120	PR RADIOLOGIC EXAM, SPINE, LUMBOSACRAL; BENDING VIEWS ONLY, 4+ VIEWS	202
72170	PR RADIOLOGIC EXAM, PELVIS; 1 OR 2 VIEWS	141
72190	PR RADIOLOGIC EXAM, PELVIS; COMPLETE, 3+ VIEWS	179
72200	PR RADIOLOGIC EXAM, SACROILIAC JOINTS; < 3 VIEWS	149
72202	PR RADIOLOGIC EXAM, SACROILIAC JOINTS; 3+ VIEWS	160
72220	PR RADIOLOGIC EXAM, SACRUM & COCCYX, 2+ VIEWS	148
73000	PR RADIOLOGIC EXAM; CLAVICLE, COMPLETE	146
73010	PR RADIOLOGIC EXAM; SCAPULA, COMPLETE	150
73020	PR RADIOLOGIC EXAM, SHOULDER; 1 VIEW	131
73030	PR RADIOLOGIC EXAM, SHOULDER; COMPLETE, 2+ VIEWS	151
73050	PR RADIOLOGIC EXAM; ACROMIOCLAVICULAR JOINTS, BILAT W/WO WEIGHTS	170
73060	PR RADIOLOGIC EXAM; HUMERUS, 2+ VIEWS	148
73070	PR RADIOLOGIC EXAM, ELBOW; 2 VIEWS	146
73080	PR RADIOLOGIC EXAM, ELBOW; COMPLETE, 3+ VIEWS	159
73090	PR RADIOLOGIC EXAM; FOREARM, 2 VIEWS	143
73092	PR RADIOLOGIC EXAM; UPPER EXTREMITY, INFANT, 2+ VIEWS	143
73100	PR RADIOLOGIC EXAM, WRIST; 2 VIEWS	151
73110	PR RADIOLOGIC EXAM, WRIST; COMPLETE, 3+ VIEWS	164
73120	PR RADIOLOGIC EXAM, HAND; 2 VIEWS	142
73130	PR RADIOLOGIC EXAM, HAND; 3+ VIEWS	154
73140	PR RADIOLOGIC EXAM, FINGER(S), 2+ VIEWS	152
73500	PR RADIOLOGIC EXAM, HIP, UNILAT; 1 VIEW	140
73501	CHG RADEX HIP UNILATERAL WITH PELVIS 1 VIEW	111
73502	CHG RADEX HIP UNILATERAL WITH PELVIS 2-3 VIEWS	126
73503	CHG RADEX HIP UNILATERAL WITH PELVIS MINIMUM 4 VIEWS	186
73510	PR RADIOLOGIC EXAM, HIP, UNILAT; COMPLETE, 2+ VIEWS	170
73520	PR RADIOLOGIC EXAM, HIPS, BILAT, 2+ VIEWS, W/AP VIEW, PELVIS	205
73521	CHG RADEX HIPS BILATERAL WITH PELVIS 2 VIEWS	102
73522	CHG RADEX HIPS BILATERAL WITH PELVIS 3-4 VIEWS	126
73523	CHG RADEX HIPS BILATERAL WITH PELVIS MINIMUM 5 VIEWS	149



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Procedure Code	Procedure Description	Unit Charge
73540	PR RADIOLOGIC EXAM, PELVIS & HIPS, INFANT/CHILD, 2+ VIEWS	176
73551	CHG RADIOLOGIC EXAMINATION FEMUR 1 VIEW	109
73552	CHG RADIOLOGIC EXAMINATION FEMUR MINIMUM 2 VIEWS	114
73560	PR RADIOLOGIC EXAM, KNEE; 1/2 VIEWS	150
73562	PR RADIOLOGIC EXAM, KNEE; 3 VIEWS	177
73564	PR RADIOLOGIC EXAM, KNEE; COMPLETE, 4+ VIEWS	179
73565	PR RADIOLOGIC EXAM, KNEE; BOTH KNEES, STANDING, ANTEROPOSTERIOR	158
73590	PR RADIOLOGIC EXAM; TIBIA & FIBULA, TWO VIEWS	142
73600	PR RADIOLOGIC EXAM, ANKLE; 2 VIEWS	146
73610	PR RADIOLOGIC EXAM, ANKLE; COMPLETE, 3+ VIEWS	154
73620	PR RADIOLOGIC EXAM, FOOT; 2 VIEWS	141
73630	PR RADIOLOGIC EXAM, FOOT; COMPLETE, 3+ VIEWS	153
73650	PR RADIOLOGIC EXAM; CALCANEUS, 2+ VIEWS	143
73660	PR RADIOLOGIC EXAM; TOE(S), 2+ VIEWS	148
74300	PR CHOLANGIOGRAPHY &/OR PANCREATOGRAPHY; INTRAOPERATIVE, RADIOLOGICAL S&I	46
74420	PR UROGRAPHY, RETROGRADE, W/WO KUB	44
74430	PR CYSTOGRAPHY, 3+ VIEWS, RADIOLOGICAL S&I	40
75605	PR AORTOGRAPHY, THORACIC, SERIALOGRAPHY, RADIOLOGICAL S&I	143
75625	PR AORTOGRAPHY, ABDOMINAL, SERIALOGRAPHY, RADIOLOGICAL S&I	140
75630	PR AORTOGRAPHY, ABDOMINAL & BILAT ILIOFEMORAL LOWER EXTREMITY, CATHETER, RADIOLOGICAL S&I	220
75710	PR ANGIOGRAPHY, EXTREMITY, UNILAT, RADIOLOGICAL S&I	446
75774	PR ANGIOGRAPHY, SELECTIVE, ADD'L VESSEL(S), RADIOLOGICAL S&I	45
75820	PR VENOGRAPHY, EXTREMITY, UNILAT, RADIOLOGICAL S&I	87
75860	PR VENOGRAPHY, SINUS/JUGULAR, CATHETER, RADIOLOGICAL S&I	139
76000	PR FLUOROSCOPY UP TO 1 HOUR PHYSICIAN/QHP TIME	22
76098	PR RADIOLOGICAL EXAM, SURGICAL SPECIMEN	48
76120	PR CINE/VIDEO X-RAYS	46
76536	PR ULTRASOUND, HEAD/NECK TISSUES, B-SCAN/REAL TIME W/IMAGE DOCUMENTATION	291
76642	CHG US BREAST UNI REAL TIME WITH IMAGE LIMITED	227
76645	PR ULTRASOUND, BREAST(S), B-SCAN/REAL TIME W/IMAGE DOCUMENTATION	221
76700	PR ULTRASOUND, ABDOMINAL, B-SCAN &/OR REAL TIME W/IMAGE DOCUMENTATION; COMPLETE	371
76705	PR ULTRASOUND, ABDOMINAL, B-SCAN &/OR REAL TIME W/IMAGE DOCUMENTATION; LIMITED	486

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Procedure Code	Procedure Description	Unit Charge
76770	PR ULTRASOUND, RETROPERITONEUM, B-SCAN/REAL TIME; COMPLETE	347
76775	PR ULTRASOUND, RETROPERITONEUM, B-SCAN/REAL TIME; LIMITED	244
76801	PR US, PREG UTER, REAL TIME W/IMG DOCUMNT, FETAL & MATERNAL, 1ST TRIMEST, TRNSABD; SINGL/1ST GEST	471
76802	PR US, PREG UTER, REAL TIME W/IMG DOCUMNT, FETAL & MATERNAL, 1ST TRIMEST, TRNSABD; EA ADD'L GEST	520
76805	PR US, PREG UTER, RLTIME W/IMG DOCUMNT, FETAL & MATERNL, 1ST TRIMST, TRNSABD; SINGL/1ST ADD'L GEST	471
76810	PR US, PREG UTER, REAL TIME W/IMAGE DOCUMENT EA ADD'L GEST	519
76811	PR US, PREG UTER, REAL TIME W/IMG DOC, FETL & MTRNL, + DETL FETL EXM, TRNSABD; SINGL/1ST ADD'L GEST	504
76812	PR US, PREG UTER, REAL TIME W/IMG DOC, FETAL & MTRNL, + DETAIL FETAL EXAM, TRANSABD; EA ADD'L GEST	560
76815	PR OB ULTRASOUND, LIMITED	255
76816	PR US, PREGNANT UTERUS, REAL TIME W/IMAGE DOCUMENT, FOLLOW-UP, TRANSABD APPROACH, PER FETUS	244
76817	PR US, PREGNANT UTERUS, REAL TIME W/IMAGE DOCUMENT, TRANSVAGINAL	229
76818	PR FETAL BIOPHYSICAL PROFILE; W/NON-STRESS TESTING	473
76819	PR FETAL BIOPHYSICAL PROFILE; W/O NON-STRESS TESTING	473
76830	PR ECHOGRAPHY, TRANSVAGINAL	480
76831	PR SALINE INFUSION SONOHYSTEROGRAPHY, W/COLOR FLOW DOPPLER, WHEN PERFORMED	455
76856	PR ECHOGRAPHY, PELVIC (NONOBSTETRIC), B-SCAN &/OR REAL TIME W/IMAGE DOCUMENTATION; COMPLETE	442
76857	PR ECHOGRAPHY, PELVIC - NON-OB, LIMITED	234
76872	PR US, TRANSRECTAL	358
76880	PR ECHOGRAPHY, EXTREMITY, NON-VASCULAR, B-SCAN &/OR REAL TIME W/IMAGE DOCUMENTATION	280
76882	CHG US LMTD JT/FCL EVAL NONVASC XTR STRUX R-T W/IMG	280
76936	PR US GUIDANCE, COMPRESSION REPAIR, PSEUDO-ANEURYSM/AV FISTULAE	243
76937	PR US GUIDE, VASC ACCESS, REQ EVAL, POTENTIAL SITES, VESSEL PATENCY, NEEDLE ENTRY, W/RECORD & RPRT	88
76937	PR US GUIDE, VASC ACCESS, REQ EVAL, POTENTIAL SITES, VESSEL PATENCY, NEEDLE ENTRY, W/RECORD & RPRT	88
76942	PR US GUIDANCE, NEEDLE PLACEMENT, RADIOLOGICAL S&I	227
76999	PR UNLISTED ULTRASOUND PROCEDURE	358
77001	PR FLUOROSCOPIC GUIDANCE	46
77001	PR FLUOROSCOPIC GUIDANCE	46
77002	PR FLUOROSCOPIC GUIDANCE	67
77031	PR STEREOTACTIC LOCALIZATION	190
77071	PR X-RAY STRESS VIEW	116
78195	PR LYMPHATICS & LYMPH GLANDS IMAGING	139
78451	PR MYOCARDIAL PERFUSION IMAGING	160

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Procedure Code	Procedure Description	Unit Charge
78452	PR MYOCARDIAL PERFUSION IMAGING	189
78492	PR MYOCARDIAL PET; MULTIPLE STUDIES, REST &/OR STRESS	215
78803	CHG RP LOCLZJ TUM SPECT 1 AREA/ACQUISJ 1 DAY IMG	126
80053	PR COMPREHENSIVE METABOLIC PANEL	21
80061	PR LIPID PANEL	27
80100	PR DRUG SCREEN QUALITATE/MULTI	27
80101	PR DRUG SCREEN, QUALITATIVE; SINGLE DRUG CLASS METHOD, EACH DRUG CLASS	24
80305	PR DRUG TEST PRSMV READ DIRECT OPTICAL OBS PR DATE	32
81000	PR URINALYSIS, DIP STICK/TABLET REAGENT; NON-AUTOMATED W/MICROSCOPY	36
81002	PR URINALYSIS, DIP STICK/TABLET REAGENT; NON-AUTOMATED, W/O MICROSCOPY	24
81003	PR URINALYSIS, DIP STICK/TABLET REAGENT; AUTOMATED, W/O MICROSCOPY	36
81005	PR URINALYSIS; QUALITATIVE/SEMIQUANTITATIVE, EXCEPT IMMUNOASSAYS	0
81007	PR URINE SCREEN FOR BACTERIA	48
81015	PR MICROSCOPIC EXAM OF URINE	36
81025	PR URINE PREGNANCY TEST, VISUAL COLOR COMPARISON METHODS	59
81279	PR JAK2 TARGETED SEQUENCE ANALYSIS	0
81305	PR MYD88 GENE ANALYSIS P.LEU265 (L265P) VARIANT	0
81339	PR MPL GENE ANALYSIS SEQUENCE ANALYSIS EXON 10	0
82120	PR AMINES VAGINAL FLUID QUAL	15
82175	PR ASSAY OF ARSENIC	34
82270	PR BLOOD, OCCULT, BY PEROXIDASE ACTIVITY, QUALITATIVE; FECES, 1-3 SIMULTANEOUS DETERMINATIONS	30
82272	PR TEST FECES BLOOD PEROXIDASE	28
82274	PR ASSAY TEST FOR BLOOD FECAL	55
82300	PR CADMIUM	42
82947	PR ASSAY GLUCOSE BLOOD QUANT	15
82948	PR GLUCOSE; BLOOD, REAGENT STRIP	30
82962	PR GLUCOSE, BLOOD, GLUCOSE MONITORING DEVICE(S) CLEARED BY FDA SPECIFICALLY FOR HOME USE	30
83655	PR LEAD	21
83825	PR ASSAY OF MERCURY	23
83986	PR PH, BODY FLUID, EXCEPT BLOOD	13
84153	PR PROSTATE SPECIFIC ANTIGEN (PSA); TOTAL	36
84154	PR ASSAY OF PSA FREE	33

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Procedure Code	Procedure Description	Unit Charge
85018	PR BLOOD COUNT; HEMOGLOBIN	36
85025	PR COMPLETE CBC W/AUTO DIFF WBC	33
85060	PR BLOOD SMEAR, PERIPHERAL, INTERPRETATION, PHYSICIAN W/WRITTEN REPORT	72
85097	PR BONE MARROW, SMEAR INTERPRETATION	244
85536	PR IRON STAIN PERIPHERAL BLOOD	72
85610	PR PROTHROMBIN TIME	15
86304	PR IMMUNOASSAY TUMOR CA 125	39
86308	PR HETEROPHILE ANTIBODIES; SCREENING	34
86510	PR HISTOPLASMOSIS SKIN TEST	51
86580	PR SKIN TEST; TUBERCULOSIS, INTRADERMAL	43
86703	PR HIV-1/HIV-2 1 RESULT ANTDY	33
86706	PR HEPATITIS B SURFACE ANTIBODY (HBSAB)	21
86803	PR HEPATITIS C AB TEST	34
87210	PR SMEAR, PRIMARY SOURCE W/INTERPRETATION; WET MOUNT, FOR INFECTIOUS AGENTS	30
87220	PR TISSUE EXAM BY KOH SLIDE OF SAMPLES FROM SKIN/HAIR/NAILS, FUNGI/ECTOPARASITE OVA/MITES	60
87491	PR CHYLM D TRACH DNA AMP PROBE	0
87591	PR N.GONORRHOEA DNA AMP PROB	0
87624	CHG IADNA HUMAN PAPILOMAVIRUS HIGH-RISK TYPES	0
87625	CHG IADNA HUMAN PAPILOMAVIRUS TYPES 16 & 18 ONLY	0
87804	CHG IAADIADOO INFLUENZA	41
87811	CHG IAADIADOO SEVERE AQT RESPIR SYND CORONAVIRUS	155
87880	CHG IAADIADOO STREPTOCOCCUS GROUP A	60
88112	PR CYTOPATHOLOGY, SELECTIVE CELLULAR ENHANCEMENT, W/ INTERPRETATN, EXCEPT CERVICAL/VAGINAL	0
88141	PR CYTOPATHOLOGY, CERVICAL/VAGINAL; REQUIRING INTERPRETATION, PHYSICIAN	0
88142	PR CYTOPATH C/V THIN LAYER	0
88150	PR CYTOPATHOLOGY, SLIDES, CERVICAL/VAGINAL; MANUAL SCREEN	28
88175	PR CYTOPATH C/V AUTO FLUID REDO	0
88184	PR FLOWCYTOMETRY/ TC 1 MARKER	0
88185	PR FLOWCYTOMETRY/TC ADD-ON	0
88237	PR TISSUE CULTURE BONE MARROW	0
88264	PR CHROMOSOME ANALYSIS 20-25	0
88280	PR CHROMOSOME KARYOTYPE STUDY	0

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Procedure Code	Procedure Description	Unit Charge
88285	PR CHROMOSOME COUNT ADDITIONAL	0
88304	PR LEVEL III - SURGICAL PATHOLOGY, GROSS & MICROSCOPIC EXAM	0
88305	PR LEVEL IV - SURGICAL PATHOLOGY, GROSS & MICROSCOPIC EXAM	0
88311	PR DECALCIFICATION PROC	0
88313	PR SPECIAL STAINS; GROUP II, ALL OTHER, NON-IMMUNOCYTOCHEMISTRY & NON-IMMUNOPEROXIDASE, EACH	0
88341	CHG IMHCHEM/IMCYTCHM EA ADDL SINGLE ANTB STAIN PX	0
88342	CHG IMHCHEM/IMCYTCHM 1ST SINGLE ANTB STAIN PROCEDURE	0
88344	CHG IMHCHEM/IMCYTCHM EA MULTIPLEX ANTIBODY STAIN PX	0
88360	CHG M/PHMTRC ALYS TUMOR IMHCHEM EA ANTIBODY MANUAL	0
88364	CHG IN SITU HYBRIDIZATION EA ADDL PROBE STAIN	0
88365	CHG IN SITU HYBRIDIZATION 1ST PROBE STAIN	0
88368	CHG M/PHMTRC ALYS IN SITU HYBRIDIZATION EA PROBE MNL	0
88374	CHG M/PHMTRC ALYS ISH QUANT/SEMIQ CPTR EACH MULTIPRB	0
88377	CHG M/PHMTRC ALYS ISH QUANT/SEMIQ MNL EACH MULTIPRB	0
88720	PR BILIRUBIN TOTAL TRANSCUT	45
89060	PR CRYSTAL ID, LIGHT MICROSCOPY, BODY FLUID, EXCEPT URINE	166
89300	PR SEMEN ANALYSIS; PRESENCE &/OR MOTILITY, SPERM W/HUHNER TEST (POST COITAL)	33
90283	PR HUMAN IG IV	221
90371	PR HEP B IG IM	334
90378	PR RESPIRATORY SYNCYTIAL VIRUS IG IM 50 MG EA	1241
90384	PR RH IG, FULL-DOSE, IM	245
90389	PR TETANUS IG IM	403
90460	PR IM ADM THRU 18YR ANY RTE 1ST/ONLY COMPT VAC/TOX	42
90461	PR IM ADM THRU 18YR ANY RTE ADDL VAC/TOX COMPT	19
90465	PR IMMUNIZ ADMIN,1 SINGLE/COMB,<8YRS	44
90466	PR IMMUNIZ,ADMIN,EACH ADDL,<8YRS	27
90470	PR IMMUNIZ ADMIN, IM/INTRANASAL, W COUNSEL, H1N1	16
90471	PR IMMUNIZ ADMIN,1 SINGLE/COMB VAC/TOXOID	39
90472	PR IMMUNIZ,ADMIN,EACH ADDL	39
90473	PR IMMUNIZ ADMIN,INTRANASAL/ORAL,1 VAC/TOX	39
90619	PR MENACWY-TT CONJ VACC SEROGROUPS ACWY FOR IM USE	257
90620	PR MENB-4C RECOMBNT PROT & OUTER MEMB VESIC VACC IM	382

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Procedure Code	Procedure Description	Unit Charge
90620	PR MENB-4C RECOMBNT PROT & OUTER MEMB VESIC VACC IM	9
90620	PR MENB-4C RECOMBNT PROT & OUTER MEMB VESIC VACC IM	9
90621	PR MENB-FHBP RECOMBNT LIOPROTEIN VACC 2/3 DOSE IM	312
90621	PR MENB-FHBP RECOMBNT LIOPROTEIN VACC 2/3 DOSE IM	9
90621	PR MENB-FHBP RECOMBNT LIOPROTEIN VACC 2/3 DOSE IM	9
90630	PR INFLUENZA VACC IIV4 SPLIT VIRUS PRSRV FREE ID	9
90630	PR INFLUENZA VACC IIV4 SPLIT VIRUS PRSRV FREE ID	9
90632	PR HEPA VACCINE ADULT DOSE FOR INTRAMUSCULAR USE	153
90632	PR HEPA VACCINE ADULT DOSE FOR INTRAMUSCULAR USE	9
90632	PR HEPA VACCINE ADULT DOSE FOR INTRAMUSCULAR USE	9
90633	PR HEPA VACCINE 2 DOSE SCHEDULE PED/ADOLESC IM USE	153
90633	PR HEPA VACCINE 2 DOSE SCHEDULE PED/ADOLESC IM USE	9
90633	PR HEPA VACCINE 2 DOSE SCHEDULE PED/ADOLESC IM USE	9
90634	PR HEPA VACCINE 3 DOSE SCHEDULE PED/ADOLESC IM USE	134
90634	PR HEPA VACCINE 3 DOSE SCHEDULE PED/ADOLESC IM USE	9
90634	PR HEPA VACCINE 3 DOSE SCHEDULE PED/ADOLESC IM USE	9
90636	PR HEPA/HEPB VACCINE ADULT IM	216
90636	PR HEPA/HEPB VACCINE ADULT IM	9
90636	PR HEPA/HEPB VACCINE ADULT IM	9
90644	PR HIB-MENCY VACC 4 DOSE SCHEDULE 2-18 MONTHS IM	9
90644	PR HIB-MENCY VACC 4 DOSE SCHEDULE 2-18 MONTHS IM	9
90645	PR HIB VACCINE, HBOC, 4-DOSE, IM	82
90645	PR HIB VACCINE, HBOC, 4-DOSE, IM	9
90645	PR HIB VACCINE, HBOC, 4-DOSE, IM	9
90647	PR HIB PRP-OMP VACCINE 3 DOSE SCHEDULE IM USE	0
90647	PR HIB PRP-OMP VACCINE 3 DOSE SCHEDULE IM USE	9
90647	PR HIB PRP-OMP VACCINE 3 DOSE SCHEDULE IM USE	9
90648	PR HIB PRP-T VACCINE 4 DOSE SCHEDULE IM USE	82
90648	PR HIB PRP-T VACCINE 4 DOSE SCHEDULE IM USE	9
90648	PR HIB PRP-T VACCINE 4 DOSE SCHEDULE IM USE	9
90649	PR 4VHPV VACCINE 3 DOSE SCHEDULE FOR IM USE	363
90649	PR 4VHPV VACCINE 3 DOSE SCHEDULE FOR IM USE	9

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Clinic Service Charges

Procedure Code	Procedure Description	Unit Charge
90649	PR 4VHPV VACCINE 3 DOSE SCHEDULE FOR IM USE	9
90650	PR 2VHPV VACCINE 3 DOSE SCHEDULE FOR IM USE	9
90650	PR 2VHPV VACCINE 3 DOSE SCHEDULE FOR IM USE	9
90651	PR 9VHPV VACC 2/3 DOSE SCHED IM USE	405
90651	PR 9VHPV VACC 2/3 DOSE SCHED IM USE	9
90651	PR 9VHPV VACC 2/3 DOSE SCHED IM USE	9
90654	PR INFLUENZA VACC IIV3 SPLIT VIRUS PRSRV FREE ID	19
90655	PR IIV3 VACC PRESRV FREE CHILD 6-35 MONTHS IM USE	19
90655	PR IIV3 VACC PRESRV FREE CHILD 6-35 MONTHS IM USE	9
90655	PR IIV3 VACC PRESRV FREE CHILD 6-35 MONTHS IM USE	9
90656	PR IIV3 VACC PRESERVATIVE FREE 3 YRS & OLDER IM USE	23
90656	PR IIV3 VACC PRESERVATIVE FREE 3 YRS & OLDER IM USE	9
90656	PR IIV3 VACC PRESERVATIVE FREE 3 YRS & OLDER IM USE	9
90657	PR IIV3 VACCINE TO CHILD 6-35 MONTHS FOR IM USE	19
90657	PR IIV3 VACCINE TO CHILD 6-35 MONTHS FOR IM USE	9
90657	PR IIV3 VACCINE TO CHILD 6-35 MONTHS FOR IM USE	9
90658	PR IIV3 VACCINE 3 YRS & OLDER FOR IM USE	23
90658	PR IIV3 VACCINE 3 YRS & OLDER FOR IM USE	9
90658	PR IIV3 VACCINE 3 YRS & OLDER FOR IM USE	9
90660	PR LAIV3 VACCINE LIVE FOR INTRANASAL USE	57
90660	PR LAIV3 VACCINE LIVE FOR INTRANASAL USE	9
90660	PR LAIV3 VACCINE LIVE FOR INTRANASAL USE	9
90662	PR IIV VACCINE PRESERV FREE INCREASED AG COUNT IM	105
90662	PR IIV VACCINE PRESERV FREE INCREASED AG COUNT IM	9
90662	PR IIV VACCINE PRESERV FREE INCREASED AG COUNT IM	9
90669	PR PNEUMOCOCCAL CONJ VACCINE 7 VALENT IM	158
90669	PR PNEUMOCOCCAL CONJ VACCINE 7 VALENT IM	9
90669	PR PNEUMOCOCCAL CONJ VACCINE 7 VALENT IM	9
90670	PR PCV13 VACCINE FOR INTRAMUSCULAR USE	372
90670	PR PCV13 VACCINE FOR INTRAMUSCULAR USE	9
90670	PR PCV13 VACCINE FOR INTRAMUSCULAR USE	9
90671	PR PCV15 VACCINE FOR INTRAMUSCULAR USE	496

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Clinic Service Charges

Procedure Code	Procedure Description	Unit Charge
90672	PR LAIV4 VACCINE FOR INTRANASAL USE	39
90672	PR LAIV4 VACCINE FOR INTRANASAL USE	9
90672	PR LAIV4 VACCINE FOR INTRANASAL USE	9
90674	PR CCIV4 VACCINE PRESERVATIVE FREE 0.5 ML IM USE	9
90674	PR CCIV4 VACCINE PRESERVATIVE FREE 0.5 ML IM USE	9
90675	PR RABIES VACCINE, IM	0
90677	PR PCV20 VACCINE FOR INTRAMUSCULAR USE	516
90680	PR RV5 VACCINE 3 DOSE SCHEDULE LIVE FOR ORAL USE	178
90680	PR RV5 VACCINE 3 DOSE SCHEDULE LIVE FOR ORAL USE	9
90680	PR RV5 VACCINE 3 DOSE SCHEDULE LIVE FOR ORAL USE	9
90681	PR RV1 VACCINE 2 DOSE SCHEDULE LIVE FOR ORAL USE	9
90681	PR RV1 VACCINE 2 DOSE SCHEDULE LIVE FOR ORAL USE	9
90682	PR RIV4 VACC RECOMBINANT DNA PRSRV ANTIBIO FREE IM	40
90682	PR RIV4 VACC RECOMBINANT DNA PRSRV ANTIBIO FREE IM	9
90682	PR RIV4 VACC RECOMBINANT DNA PRSRV ANTIBIO FREE IM	9
90685	PR IIV4 PRESRV FREE VACC CHILD 6-35 MO FOR IM USE	40
90685	PR IIV4 PRESRV FREE VACC CHILD 6-35 MO FOR IM USE	9
90685	PR IIV4 PRESRV FREE VACC CHILD 6-35 MO FOR IM USE	9
90686	PR IIV4 VACC PRESRV FREE 3 YRS & OLDER IM USE	40
90686	PR IIV4 VACC PRESRV FREE 3 YRS & OLDER IM USE	9
90686	PR IIV4 VACC PRESRV FREE 3 YRS & OLDER IM USE	9
90687	PR IIV4 VACCINE CHILD 6-35 MO FOR IM USE	19
90687	PR IIV4 VACCINE CHILD 6-35 MO FOR IM USE	9
90687	PR IIV4 VACCINE CHILD 6-35 MO FOR IM USE	9
90688	PR IIV4 VACCINE 3 YRS & OLDER FOR IM USE	40
90688	PR IIV4 VACCINE 3 YRS & OLDER FOR IM USE	9
90688	PR IIV4 VACCINE 3 YRS & OLDER FOR IM USE	9
90690	PR TYPHOID VACCINE ORAL	100
90696	PR DTAP-IPV VACCINE CHILD 4-6 YRS FOR IM USE	140
90696	PR DTAP-IPV VACCINE CHILD 4-6 YRS FOR IM USE	9
90696	PR DTAP-IPV VACCINE CHILD 4-6 YRS FOR IM USE	9
90698	PR DTAP-IPV/HIB VACCINE FOR INTRAMUSCULAR USE	199



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Clinic Service Charges

Procedure Code	Procedure Description	Unit Charge
90698	PR DTAP-IPV/HIB VACCINE FOR INTRAMUSCULAR USE	9
90698	PR DTAP-IPV/HIB VACCINE FOR INTRAMUSCULAR USE	9
90700	PR DTAP IMMUNIZATION, IM	65
90700	PR DTAP IMMUNIZATION, IM	9
90700	PR DTAP IMMUNIZATION, IM	9
90701	PR DTP IMMUNIZATION, IM	56
90702	PR DT VACCINE YOUNGER THAN 7 YRS FOR IM USE	115
90702	PR DT VACCINE YOUNGER THAN 7 YRS FOR IM USE	9
90702	PR DT VACCINE YOUNGER THAN 7 YRS FOR IM USE	9
90703	PR TETANUS IMMUNIZATION, IM	36
90704	PR MUMPS VACCINE SC	51
90705	PR MEASLES IMMUNIZATION, SUBCUT	57
90706	PR RUBELLA IMMUNIZATION, SUBCUT	62
90707	PR MMR VIRUS IMMUNIZATION, SUBCUT	143
90707	PR MMR VIRUS IMMUNIZATION, SUBCUT	9
90707	PR MMR VIRUS IMMUNIZATION, SUBCUT	9
90710	PR MEASLES, MUMPS, RUBELLA, & VARICELLA VACCINE (MMRV), SUBQ	428
90710	PR MEASLES, MUMPS, RUBELLA, & VARICELLA VACCINE (MMRV), SUBQ	9
90710	PR MEASLES, MUMPS, RUBELLA, & VARICELLA VACCINE (MMRV), SUBQ	9
90712	PR ORAL POLIOVIRUS IMMUNIZATN,LIVE,OPC	70
90713	PR POLIOMYELITIS VACCINE (IPV), INACTIV, SUBQ	68
90713	PR POLIOMYELITIS VACCINE (IPV), INACTIV, SUBQ	9
90713	PR POLIOMYELITIS VACCINE (IPV), INACTIV, SUBQ	9
90714	PR TD VACCINE PRSRV FREE 7 YRS OR OLDER FOR IM USE	75
90714	PR TD VACCINE PRSRV FREE 7 YRS OR OLDER FOR IM USE	9
90714	PR TD VACCINE PRSRV FREE 7 YRS OR OLDER FOR IM USE	9
90715	PR TDAP VACCINE =>7 YO, IM	100
90715	PR TDAP VACCINE =>7 YO, IM	9
90715	PR TDAP VACCINE =>7 YO, IM	9
90716	PR VAR VACCINE LIVE FOR SUBCUTANEOUS USE	256
90716	PR VAR VACCINE LIVE FOR SUBCUTANEOUS USE	9
90716	PR VAR VACCINE LIVE FOR SUBCUTANEOUS USE	9

CHARGES EFFECTIVE 01/01/2024

Clinic Service Charges

Procedure Code	Procedure Description	Unit Charge
90718	PR TD IMMUNIZATION,IM/JET>7YO	33
90719	PR DIPHTHERIA VACCINE IM	34
90720	PR DTP/HIB VACCINE,IM	76
90721	PR DTAP/HIB VACCINE INTRAMUSCULAR	94
90723	PR DTAP-HEPB-IPV VACCINE INTRAMUSCULAR	152
90723	PR DTAP-HEPB-IPV VACCINE INTRAMUSCULAR	9
90723	PR DTAP-HEPB-IPV VACCINE INTRAMUSCULAR	9
90732	PR PPSV23 VACCINE 2 YRS OR OLDER FOR SUBQ/IM USE	183
90733	PR MPSV4 VACCINE GROUPS ACYW-135 SUBQ USE	281
90733	PR MPSV4 VACCINE GROUPS ACYW-135 SUBQ USE	9
90733	PR MPSV4 VACCINE GROUPS ACYW-135 SUBQ USE	9
90734	PR MENACWY CONJUGATE VACCINE GROUPS ACYW-135 IM USE	256
90734	PR MENACWY CONJUGATE VACCINE GROUPS ACYW-135 IM USE	9
90734	PR MENACWY CONJUGATE VACCINE GROUPS ACYW-135 IM USE	9
90736	PR (ZOSTAVAX) ZOSTER VACCINE HZV LIVE FOR SUBCUTANEOUS USE	491
90743	PR HEPB VACCINE ADOLESCENT 2 DOSE SCHEDULE IM	9
90743	PR HEPB VACCINE ADOLESCENT 2 DOSE SCHEDULE IM	9
90744	PR HEPB VACCINE PED/ADOLESC 3 DOSE SCHEDULE IM	92
90746	PR HEPB VACCINE ADULT 3 DOSE SCHEDULE FOR IM USE	124
90746	PR HEPB VACCINE ADULT 3 DOSE SCHEDULE FOR IM USE	9
90746	PR HEPB VACCINE ADULT 3 DOSE SCHEDULE FOR IM USE	9
90747	PR HEPB VACCINE DIALYSIS/IMMUNSUP PAT 4 DOSE IM	106
90748	PR HIB-HEPB VACCINE FOR INTRAMUSCULAR USE	92
90748	PR HIB-HEPB VACCINE FOR INTRAMUSCULAR USE	9
90748	PR HIB-HEPB VACCINE FOR INTRAMUSCULAR USE	9
90750	PR (SHINGRIX) HZV ZOSTER VACC RECOMBINANT ADJUVANTED IM NJX	315
90756	PR CCIIV4 VACCINE ANTIBIOTIC FREE 0.5 ML DOS IM USE	9
90756	PR CCIIV4 VACCINE ANTIBIOTIC FREE 0.5 ML DOS IM USE	9
90785	PR PSYCHOTHERAPY COMPLEX INTERACTIVE	36
90791	PR PSYCHIATRIC DIAGNOSTIC EVALUATION	321
90792	PR PSYCHIATRIC DIAGNOSTIC EVAL W/MEDICAL SERVICES	359
90832	PR PSYCHOTHERAPY PATIENT 30 MINUTES	157

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Clinic Service Charges

<b>Procedure Code</b>	<b>Procedure Description</b>	<b>Unit Charge</b>
90833	PR PSYCHOTHERAPY PATIENT 30 MIN W/E&M	160
90834	PR PSYCHOTHERAPY PATIENT 45 MINUTES	208
90836	PR PSYCHOTHERAPY PATIENT 45 MIN W/E&M	203
90837	PR PSYCHOTHERAPY PATIENT 60 MINUTES	311
90838	PR PSYCHOTHERAPY PT&FAMILY W/E&M SRVCS 60 MIN	268
90839	PR PSYCHOTHERAPY FOR CRISIS INITIAL 60 MINUTES	322
90840	PR PSYCHOTHERAPY FOR CRISIS EACH ADDL 30 MINUTES	155
90846	PR FAMILY PSYCHOTHERAPY,NO PT	251
90847	PR FAMILY PSYCHOTHERAPY W PHYS	260
90853	PR GROUP PSYCHOTHERAPY	64
91034	PR GERD TST W/ NASAL PH ELECTROD	486
91110	PR GI TRACT CAPSULE ENDOSCOPY	2386
92499	PR EYE SERVICE OR PROCEDURE	21
92502	PR EAR AND THROAT EXAMINATION	243
92504	PR EAR MICROSCOPY EXAMINATION	80
92504	PR EAR MICROSCOPY EXAMINATION	119
92511	PR NASOPHARYNGOSCOPY	350
92537	PR CALORIC VESTIBULAR TEST W/REC BI BITHERMAL	314
92538	PR CALORIC VESTIBULAR TEST W/REC BI MONOTHERMAL	55
92540	PR VESTIBULAR EVAL NYSTAG FOVL&PERPH STIM OSCIL TRACKING	193
92541	PR SPONTANEOUS NYSTAGMUS TEST	141
92542	PR POSITIONAL NYSTAGMUS TEST	71
92543	PR CALORIC VESTIBULAR TEST	188
92544	PR OPTOKINETIC NYSTAGMUS TEST	93
92545	PR OSCILLATING TRACKING TEST	187
92546	PR SINUSOIDAL ROTATIONAL TEST	293
92547	PR SUPPLEMENTAL ELECTRICAL TEST	15
92550	PR TYMPANOMETRY & REFLEX THRESH	74
92551	PR PURE TONE HEARING TEST, AIR	44
92552	PR PURE TONE AUDIOMETRY, AIR	62
92553	PR AUDIOMETRY, AIR & BONE	117
92555	PR SPEECH THRESHOLD AUDIOMETRY	53

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Clinic Service Charges

Procedure Code	Procedure Description	Unit Charge
92556	PR SPEECH AUDIOMETRY COMPLETE	70
92557	PR COMPREHENSIVE HEARING TEST	158
92558	PR EVOKED AUDITORY TEST QUAL	152
92562	PR LOUDNESS BALANCE TEST	101
92563	PR TONE DECAY HEARING TEST	95
92564	PR SISI HEARING TEST	95
92565	PR STENGER TEST PURE TONE	95
92567	PR TYMPANOMETRY	67
92568	PR ACOUSTIC REFL THRESHOLD TST	95
92570	PR ACOUSTIC IMMITANCE TESTING	152
92571	PR FILTERED SPEECH HEARING TEST	95
92575	PR SENSORINEURAL ACUITY TEST	95
92577	PR STENGER TEST SPEECH	43
92579	PR VISUAL AUDIOMETRY (VRA)	162
92582	PR CONDITIONING PLAY AUDIOMETRY	131
92583	PR SELECT PICTURE AUDIOMETRY	95
92587	PR DISTORT PRODUCT EVOKED OTOACOUSTIC EMISNS LIMITD	141
92588	PR EVOKED AUDITORY TST COMPLETE	157
92590	PR HEARING AID EXAM ONE EAR	105
92591	PR HEARING AID EXAM BOTH EARS	243
92592	PR HEARING AID CHECK ONE EAR	65
92593	PR HEARING AID CHECK BOTH EARS	119
92594	PR ELECTRO HEARNG AID TEST ONE	65
92595	PR ELECTRO HEARNG AID TST BOTH	92
92625	PR TINNITUS ASSESSMENT	155
92700	PR OTORHINOLARYNG SERVICE/PROC UNLISTED	76
92950	PR HEART/LUNG RESUSCITATION (CPR)	633
92953	PR TEMPORARY EXTERNAL PACING	30
92960	PR CARDIOVERSION, ELECTIVE;EXTERN	530
92961	PR CARDIOVERSION, ELECTIVE;INTERN	574
92975	PR THROMBOLYSIS,CORONARY,IA INFUSN	1925
92977	PR THROMBOLYSIS,CORONARY,IV INFUSN	626

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Clinic Service Charges

Procedure Code	Procedure Description	Unit Charge
93000	PR ELECTROCARDIOGRAM, COMPLETE	99
93005	PR ELECTROCARDIOGRAM, TRACING	46
93010	PR ELECTROCARDIOGRAM REPORT	54
93012	TELEPH TRAN, POST-SYMPTOM ECG STRIPS	210
93016	PR PR CARDIAC STRESS TST,DR SUPERV ONLY	188
93018	PR CARDIAC STRESS TST,INTERP/REPT ONLY	188
93024	PR CARDIAC DRUG STRESS TEST	392
93040	PR RHYTHM ECG WITH REPORT	86
93042	PR RHYTHM ECG, REPORT	54
93227	PR EXT ECG RECORD CONTIN 48 HR, PHYS REVIEW&INTERP	311
93228	PR EXT MOBILE CV TELEMETRY, PHYS REVIEW/INTERP W/REPORT	62
93237	ECG MONITOR/24 HRS, COMPUTERIZED MONITOR, DR INTERP	59
93242	PR EXTERNAL ECG REC>48HR<7D RECORDING	112
93244	PR EXTERNAL ECG REC>48HR<7D REVIEW & INTERPRETATION	58
93246	PR EXTERNAL ECG REC>7D<15D RECORDING	183
93248	PR EXTERNAL ECG REC>7D<15D REVIEW & INTERPRETATION	63
93264	PR REMOTE MNTR WIRELESS P-ART PRS SNR UP TO 30 D	129
93272	PR EXT ECG,PT DEMAND EVENT, SYMPT MEMORY LOOP, PHYS REVIEW&INTERP	67
93279	PR PRGRMG DEV EVAL 1 LEAD PM/LDLS PM 1 CAR CHMBR IP	183
93280	PR PROGRAM EVAL (IN PERSON) IMPLANT DEVICE,PACEMAKER,2 LEAD	202
93281	PR PROGRAM EVAL (IN PERSON) IMPLANT DEVICE,PACEMAKER,MULT LEAD	221
93282	PR PRGRMNG DEV EVAL IMPLANTABLE IN PERSN 1 LD DFB	223
93283	PR PRGRMG EVAL IMPLANTABLE IN PRSN DUAL LEAD DFB	253
93284	PR PROGRAM EVAL (IN PERSON) IMPLANT DEVICE,CARDVERT/DEFIB,MULT LEAD	281
93285	PR PRGRMG DEV EVAL SCRMS PHYS/QHP IN PERSON	111
93286	PR PERI-PX DEV EVAL PMLDLS PM PHYS/QHP IN PERSON	39
93287	PR PERI-PX DEV EVAL & PROG SING/DUAL/MULTI LEAD DFB	54
93288	PR INTERROG DEV EVAL PM/LDLS PM PHYS/QHP IN PERSON	164
93289	PR INTERROG EVAL F2F 1/DUAL/MLT LEADS IMPLTBL DFB	216
93290	PR INTERROG DEV EVAL ICPMS PHYS/QHP IN PERSON	80
93291	PR INTERROG DEV EVAL SCRMS PHYS/QHP IN PERSON	67
93292	PR INTERROG EVAL, IN PERSON,WEARABLE DEFIB	170

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Procedure Code	Procedure Description	Unit Charge
93293	PR TRANSTELEPHONIC RHYTHM STRIP PACEMAKER EVAL	42
93294	PR REM INTERROG PMLDLS PM <90 D PHYS/QHP	86
93295	PR INTERROGATION EVAL REMOTE </90 D 1/2/MLT LD DFB	159
93297	PR REM INTERROG ICPMS <30 D PHYS/QHP	65
93298	PR REM INTERROG SCRMS <30 D PHYS/QHP	65
93299	PR REM INTERROG ICPMS/SCRMS <30 D TECH REVIEW	111
93303	PR ECHO XTHORACIC, CONG ANOM, COMPLETE	159
93306	PR ECHO HEART XTHORACIC, COMPLETE W DOPPLER	166
93307	PR ECHO HEART XTHORACIC, COMPLETE, W/O DOPPLER	119
93308	PR ECHO HEART XTHORACIC, LIMITED	139
93312	PR ECHO HEART, TRANESOPHAGEAL, COMPLETE	269
93317	PR ECHO TRANSESOPH, CONG ANOM, ACQ, INTERP	220
93320	PR DOPPLER ECHO HEART, COMPLETE	57
93321	PR DOPPLER ECHO HEART, LIMITED, F/U	71
93325	PR DOPPLER COLOR FLOW VELOCITY MAP	20
93350	PR ECHO HEART XTHORACIC, STRESS/REST	185
93351	PR ECHO HEART XTHORACIC, STRESS/REST, W CONTIN ECG	204
93352	PR ECHO CONTRAST AGENT DURING STRESS ECHO	107
93356	PR MYOCDR STRAIN IMG SPECKLE TRCK ASSMT MYOCDR MECH	30
93451	PR RIGHT HEART CATH O2 SATURATION & CARDIAC OUTPUT	505
93452	PR LEFT HEART CATH INJECT VETRICULOGRAPHY, IMAGE SUPERVISE/INTERP	597
93453	PR RIGHT & LEFT HEART CATH INJECT VETRICULOGRAPHY, IMAGE SUPERVISE/INTERP	776
93454	PR CATH PLACE/CORONARY ANGIO, IMG SUPER/INTERP	602
93455	PR CATH PLACE/CORONARY ANGIO, IMG SUPER/INTERP, BYPASS ANGIO	696
93456	PR CATH PLACE/CORONARY ANGIO, IMG SUPER/INTERP, W RIGHT HEART CATH	1096
93457	PR CATH PLACE/CORON ANGIO, IMG SUPER/INTERP, BYPASS ANGIO, W R HEART CATH	856
93458	PR CATH PLACE/CORON ANGIO, IMG SUPER/INTERP, W LEFT HEART VENTRICULOGRAPHY	734
93459	PR CATH PLACE/CORON ANGIO, IMG SUPER/INTERP, BYPASS ANGIO, W L HRT VENTRIC	827
93460	PR CATH PLACE/CORON ANGIO, IMG SUPER/INTERP, R&L HRT CATH, L HRT VENTRIC	921
93461	PR CATH PLACE/COR ANGIO, IMG SUPR/INTRP, BYPASS ANG, R&L CATH, L HRT VENTRIC	1422
93463	PR MEDICATION ADMIN & HEMODYNAMIC MEASUREMENT	252
93501	RIGHT HEART CATHETERIZATION	390

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Procedure Code	Procedure Description	Unit Charge
93503	PR INSERT/PLACE FLOW DIRECT CATH	326
93508	CORON CATH PLACEMNT,ANGIO,NO LH CATH	556
93510	LEFT HEART CATH,PERCUTANEOUS	539
93514	LEFT HEART CATH,LV PUNCTURE	909
93526	RT/LT HEART CATHETERS	778
93527	RT/INTACT TRANSSEPT LT HEART CATH	976
93539	INJECT W CARD CATH OF OTHR ARTER	55
93540	INJECT W CARD CATH COR BYPASS GRFT	58
93543	INJECT W CARD CATH LV/LA ANGIO	45
93544	INJECT W CARD CATH AORTOGRAPHY	40
93545	INJECT W CARD CATH SEL CORONARY	48
93555	IMAGING SUPERVSN W CARD CATH	107
93556	IMAGING SUPERVSN W CARD CATH+OTHR	107
93566	PR INJECT SELECT RIGHT VENT/ATRIAL ANGIO DURING HEART CATH	103
93567	PR INJECT SUPRAVALVULAR AORTOGRAPHY DURING HEART CATH	150
93568	PR NJX DRG C-CATHJ NSLCTV P-ART ANGIOGRAPHY	371
93580	PR PERC CLOS,CONG INTERATRIAL COMMUN W/IMPL	2328
93640	PR EVAL CARDIOVERT LEADS,INITIAL	465
93641	PR EVAL CARDIOVERT LEADS/PULS GEN	785
93642	PR EPHYS EVAL PACG CVDFB PRGRMG/REPRGRMG PARAMETERS	646
93660	TILT TABLE EVALUATION	243
93724	PR ANALYZE PACER SYS	582
93750	PR INTERROGATE VENT ASSIST DEV, IN PERSON, W PHYSICIAN ANALYSIS	233
93793	PR ANTICOAGULANT MGMT FOR PT TAKING WARFARIN	30
93799	PR CARDIOVASCULAR PROC UNLISTED	2153
93923	PR NON-INVASIVE PHYSIOLOGIC STUDY EXTREMITY 3 LEVELS	56
93990	PR DUPLEX HEMODIALYSIS ACCESS	57
94010	PR BREATHING CAPACITY TEST	117
94060	PR EVAL OF BRONCHOSPASM	37
94060	PR EVAL OF BRONCHOSPASM	37
94070	PR EVAL OF BRONCHOSPASM,PROLONGED	220
94150	PR VITAL CAPACITY TEST	56

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<b>Procedure Code</b>	<b>Procedure Description</b>	<b>Unit Charge</b>
94375	PR RESPIRATORY FLOW VOLUME LOOP	199
94618	PR PULMONARY STRESS TESTING	87
94620	PR PULMONARY STRESS TESTING,SIMPLE	169
94640	PR PRESSURIZED/NONPRESSURIZED INHALATION TREATMENT	57
94664	PR DEMO &/OR EVAL,PT USE,AEROSOL DEVICE	36
94726	PR PLETHYSMOGRAPHY LUNG VOLUMES W/WO AIRWAY RESIST	49
94726	PR PLETHYSMOGRAPHY LUNG VOLUMES W/WO AIRWAY RESIST	49
94727	PR GAS DILUT/WASHOUT LUNG VOL W/WO DISTRIB VENT&VOL	108
94729	PR DIFFUSING CAPACITY	49
94729	PR DIFFUSING CAPACITY	49
94760	PR NONINVASV OXYGEN SATUR,SINGLE	30
94761	PR NONINVASV OXYGEN SATUR,MULTIPLE	42
95115	PR IMMUNOTHERAPY, ONE INJECTION	40
95117	PR IMMUNOTHERAPY, 2+ INJECTIONS	43
95251	PR CONTINUOUS GLUCOSE MONITORING ANALYSIS I&R	90
95810	PR POLYSOMNOGRAPHY, 4 OR MORE	297
95811	PR POLYSOMNOGRAPHY W/CPAP	308
95816	PR EEG,W/AWAKE & DROWSY RECORD	147
95819	PR EEG,W/AWAKE & ASLEEP RECORD	148
95822	PR EEG,COMA/SLEEP RECORD ONLY	148
95860	PR EMG, NEEDLE, ONE LIMB	286
95867	PR EMG,NEEDLE,CRANIAL NERVE SUPP MUS,UNILAT	201
95885	PR NEEDLE EMG EA EXTREMITY W/PARASPINL AREA LIMITED	163
95886	PR NEEDLE EMG EA EXTREMTY W/PARASPINL AREA COMPLETE	251
95887	PR NEEDLE EMG NONEXTREMTY MSCLES W/NERVE CONDUCTION	219
95907	PR MOTOR &/SENS 1-2 NRV CNDJ PRECONF ELTRODE LIMB	246
95908	PR MOTOR &/SENS 3-4 NRV CNDJ PRECONF ELTRODE LIMB	312
95909	PR MOTOR &/SENS 5-6 NRV CNDJ PRECONF ELTRODE LIMB	373
95910	PR MOTOR &/SENS 7-8 NRV CNDJ PRECONF ELTRODE LIMB	491
95911	PR MOTOR &/SENS 9-10 NRV CNDJ PRECONF ELTRODE LIMB	588
95912	PR MOTOR &/SENS 11-12 NRV CNDJ PRECONF ELTRODE LIMB	672
95913	PR MOTOR &/SENS 13/> NRV CNDJ PRECONF ELTRODE LIMB	777



CHARGES EFFECTIVE 01/01/2024

Clinic Service Charges

<b>Procedure Code</b>	<b>Procedure Description</b>	<b>Unit Charge</b>
95920	PR INTRAOPERATIVE NERVE TESTING ADD-ON	392
95992	PR CANALITH REPOSITIONING PROCEDURE, PER DAY	126
96110	PR DEVELOPMENTAL SCREEN W/SCORING & DOC STD INSTRM	78
96111	PR DEVELOPMENTAL TESTING W/INTERP & REPORT	253
96116	PR NEUROBEHAVIORAL STATUS XM PHYS/QHP 1ST HOUR	175
96118	PR NEUROPSYCH TESTING BY PSYCH/PHYS	252
96127	PR BEHAV ASSMT W/SCORE & DOCD/STAND INSTRUMENT	22
96136	PR PSYL/NRPSYCL TST PHYS/QHP 2+ TST 1ST 30 MIN	121
96360	PR IV INFUSION, HYDRATION, 31-60 MIN	300
96361	PR IV INFUSION, HYDRATION, EA ADD HOUR	67
96365	PR IV INFUSION, THERAP/PROPH/DIAGNOST,INITIAL,1ST HOUR	429
96365	PR IV INFUSION, THERAP/PROPH/DIAGNOST,INITIAL,1ST HOUR	429
96366	PR IV INFUSION, THERAP/PROPH/DIAGNOST,INITIAL,EA ADD HOUR	67
96367	PR IV INFUSION THER PROPH ADDL SEQUENTIAL TO 1 HR	135
96368	PR IV INFUSION, THERAP/PROPH/DIAGNOST,CONCURRENT INFUSION	59
96369	PR SUBCUT INFUSION, THERAP/PROPH/DIAGNOST,INITIAL,1ST HOUR	300
96370	PR SUBCUT INFUSION, THERAP/PROPH/DIAGNOST,EA ADD HOUR	67
96371	PR SUBCUT INFUSION, THERAP/PROPH/DIAGNOST,ADD PUMP SET	135
96372	PR INJECTION,THERAP/PROPH/DIAGNOST, IM OR SUBCUT	42
96373	PR INJECTION,THERAP/PROPH/DIAGNOST, INTRA-ARTERIAL	142
96374	PR INJECTION,THERAP/PROPH/DIAGNOST, IV PUSH, INITIAL DRUG	142
96375	PR INJECTION,THERAP/PROPH/DIAGNOST, IV PUSH, EA ADD, NEW DRUG	135
96376	PR INJECTION,THERAP/PROPH/DIAGNOST, IV PUSH, EA ADD, SAME DRUG	59
96377	PR APPL ON-BODY INJECTOR FOR TIMED SUBQ INJECTION	42
96401	PR CHEMOTHER,NON-HORMONE ANTI-NEOPL, SUB-Q/IM	135
96402	PR CHEMOTHER HORMON ANTINEOPL SUB-Q/IM	135
96405	PR INTRALESIONAL CHEMO ADMIN,<8 LESN	135
96406	PR INTRALESIONAL CHEMO ADMIN,8+ LESN	135
96409	PR CHEMOTHER, IV PUSH, SNGL DRUG	272
96411	PR CHEMOTHER, IV PUSH,EA ADD DRUG	294
96413	PR CHEMOTHER, IV INFUSION, 1 HR	390
96415	PR CHEMOTHER, IV INFUSION, EA HR	135

CHARGES EFFECTIVE 01/01/2024

Clinic Service Charges

Procedure Code	Procedure Description	Unit Charge
96416	PR CHEMOTHER PROLONG INFUSE W/PUMP	390
96417	PR CHEMOTHER, IV INFUSE, EACH SEQU INFUS	135
96420	PR CHEMO IA PUSH TECHNIQUE	272
96422	PR CHEMOTHERAPY ADMIN INTRA-ARTERIAL INFUS <1 HR	390
96423	PR CHEMO IA INFUSE EACH ADDL HR	135
96425	PR CHEMOTHERAPY INFUSION METHOD	390
96450	PR CHEMOTHER,CNS,W/LUMBAR PUNCTURE	390
96521	PR REFILL/MAINT, PORTABLE PUMP	300
96522	PR REFILL/MAINT SYSTEMIC PUMP/RESVR	300
96523	PR IRRIG IMPLANTED DRUG DELIVERY DEVICE	95
96920	PR EXCIMER LASER TX PSORIASIS TOT AREA <250 SQ CM	444
97597	PR DEBRIDEMENT OPEN WOUND FIRST 20 SQ CM/<	173
97598	PR DEBRIDEMENT OPN WND EA ADDL 20 SQ CM/PRT THEREOF	64
97605	PR NEGATIVE PRESSURE WOUND THERAPY DME <= 50 SQ CM	115
97606	PR NEGATIVE PRESSURE WOUND THERAPY DME >50 SQ CM	111
97607	PR NEG PRESSURE WOUND THERAPY NON DME <= 50 SQ CM	56
97802	PR MED NUTR THER, 1ST, INDIV, EA 15 MIN	47
97803	PR MED NUTR THER, SUBSQ, INDIV, EA 15 MIN	47
97804	PR MED NUTR THER, GROUP, EA 30 MIN	32
98925	PR OSTEOPATHIC MANIP,1-2 BODY REGN	100
98960	PR SELF-MGMT EDUC & TRAIN, 1 PT, EA 30 MIN	97
98961	PR SELF-MGMT EDUC/TRAIN, 2-4 PT, EA 30 MIN	46
98962	PR SELF-MGMT EDUC/TRAIN, 5-8 PT, EA 30 MIN	35
99000	PR SPECIMEN HANDLING,DR OFF->LAB	24
99002	PR DEVICE HANDLING	0
99024	PR POST-OP FOLLOW-UP VISIT	0
99051	PR MED SERV EVE/WKEND/HOLIDAY	64
99070	PR SPECIAL SUPPLIES	0
99081	PR WORK COMP PROGRESS REPORT	21
99143	PR MOD CONS SED BY SAME PHYS, < 5 YRS, 1ST 30 MIN	71
99145	PR MOD CONS SED BY SAME PHYS, EA ADD 15 MIN	82
99151	PR MOD SED SAME PHYS/QHP INITIAL 15 MINS <5 YRS	59

CHARGES EFFECTIVE 01/01/2024

Clinic Service Charges

Procedure Code	Procedure Description	Unit Charge
99152	PR MOD SED SAME PHYS/QHP INITIAL 15 MINS 5/> YRS	31
99153	PR MOD SED SAME PHYS/QHP EACH ADDL 15 MINS	30
99156	PR MOD SED OTHER PHYS/QHP INITIAL 15 MINS 5/> YRS	195
99157	PR MOD SED OTHER PHYS/QHP EACH ADDL 15 MINS	160
99173	PR VISUAL SCREENING TEST, BILAT	21
99183	PR HYPERBARIC OXYGEN THERAPY	404
99188	PR APPLICATION TOPICAL FLUORIDE VARNISH BY PHS/QHP	21
99190	PR SPECIAL PUMP SERVICES	856
99195	PR PHLEBOTOMY	95
99201	PR OFFICE/OUTPT VISIT,NEW,LEVEL I	105
99202	PR OFFICE/OUTPATIENT NEW SF MDM 15 MINUTES	156
99203	PR OFFICE/OUTPATIENT NEW LOW MDM 30 MINUTES	222
99204	PR OFFICE/OUTPATIENT NEW MODERATE MDM 45 MINUTES	324
99205	PR OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	428
99211	PR OFFICE/OUTPATIENT EST PT MAY NOT REQ PHYS/QHP	75
99212	PR OFFICE/OUTPATIENT ESTABLISHED SF MDM 10 MIN	128
99213	PR OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20 MIN	157
99214	PR OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30 MIN	219
99215	PR OFFICE/OUTPATIENT ESTABLISHED HIGH MDM 40 MIN	302
99217	PR OBSERVATION CARE DISCHARGE MANAGEMENT	142
99218	PR INITIAL OBSERVATION CARE/DAY 30 MINUTES	175
99219	PR INITIAL OBSERVATION CARE/DAY 50 MINUTES	234
99220	PR INITIAL OBSERVATION CARE/DAY 70 MINUTES	296
99221	PR 1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	174
99222	PR 1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	280
99223	PR 1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	534
99224	PR SUBSEQUENT OBSERVATION CARE,LEVEL I	68
99225	PR SUBSEQUENT OBSERVATION CARE,LEVEL II	122
99226	PR SUBSEQUENT OBSERVATION CARE,LEVEL III	179
99231	PR SBSQ HOSPITAL IP/OBS CARE SF/LOW MDM 25 MINUTES	90
99232	PR SBSQ HOSPITAL IP/OBS CARE MOD MDM 35 MINUTES	139
99233	PR SBSQ HOSPITAL IP/OBS CARE HIGH MDM 50 MINUTES	195

CHARGES EFFECTIVE 01/01/2024

Clinic Service Charges

Procedure Code	Procedure Description	Unit Charge
99234	PR HOSPITAL IP/OBS CARE SAME DATE SF/LOW MDM 45 MIN	220
99235	PR HOSPITAL IP/OBS CARE SAME DATE MOD MDM 70 MIN	416
99236	PR HOSPITAL IP/OBS CARE SAME DATE HIGH MDM 85 MIN	534
99238	PR HOSPITAL IP/OBS DISCHARGE DAY MGMT 30 MIN/<	165
99239	PR HOSPITAL IP/OBS DISCHARGE DAY MGMT > 30 MIN	221
99241	PR OFFICE CONSULTATION,LEVEL I	123
99242	PR OFFICE/OP CONSLTJ NEW/EST PT SF MDM 20 MINUTES	218
99243	PR OFFICE/OP CONSLTJ NEW/EST PT LOW MDM 30 MINUTES	285
99244	PR OFFICE/OP CONSLTJ NEW/EST PT MOD MDM 40 MINUTES	402
99245	PR OFFICE/OP CONSLTJ NEW/EST PT HIGH MDM 55 MINUTES	528
99251	PR INPATIENT CONSULT,LEVEL I	98
99252	PR IP/OBS CONSLTJ NEW/EST PT SF MDM 35 MINUTES	176
99253	PR IP/OBS CONSLTJ NEW/EST PT LOW MDM 45 MINUTES	235
99254	PR IP/OBS CONSLTJ NEW/EST PT MOD MDM 60 MINUTES	335
99255	PR IP/OBS CONSLTJ NEW/EST PT HIGH MDM 80 MINUTES	462
99281	PR EMERGENCY DEPARTMENT VISIT MAY NOT REQ PHYS/QHP	46
99282	PR EMERGENCY DEPARTMENT VISIT STRAIGHTFORWARD MDM	72
99283	PR EMERGENCY DEPARTMENT VISIT LOW MDM	153
99284	PR EMERGENCY DEPARTMENT VISIT MODERATE MDM	239
99285	PR EMERGENCY DEPARTMENT VISIT HIGH MDM	372
99291	PR CRITICAL CARE, E/M 30-74 MINUTES	545
99292	PR CRITICAL CARE, ADDL 30 MIN	274
99304	PR INITIAL NURSING FACILITY CARE SF/LOW MDM 25 MIN	154
99305	PR INITIAL NURSING FACILITY CARE MOD MDM 35 MINUTES	204
99306	PR INITIAL NURSING FACILITY CARE HI MDM 50 MINUTES	263
99307	PR SBSQ NURSING FACILITY CARE SF MDM 10 MINUTES	82
99308	PR SBSQ NURSING FACILITY CARE LOW MDM 20 MINUTES	128
99309	PR SBSQ NURSING FACILITY CARE MOD MDM 30 MINUTES	178
99310	PR SBSQ NURSING FACILITY CARE HIGH MDM 45 MINUTES	226
99315	PR NURSING FACILITY DSCHRG MGMT 30 MIN/< TOT TIME	154
99316	PR NURSING FACILITY DSCHRG MGMT 30 MIN+ TOT TIME	193
99318	PR ANNUAL NURSING FAC ASSESSMNT, STABLE	155

CHARGES EFFECTIVE 01/01/2024

Clinic Service Charges

Procedure Code	Procedure Description	Unit Charge
99324	PR DOMICIL/R-HOME VISIT NEW PAT	124
99325	PR DOMICIL/R-HOME VISIT NEW PAT	175
99326	PR DOMICIL/R-HOME VISIT NEW PAT	229
99328	PR DOMICIL/R-HOME VISIT NEW PAT	548
99334	PR DOMICIL/REST-HOME VISIT EST PAT, MINOR	99
99335	PR DOMICIL/REST-HOME VISIT EST PAT, LOW-MOD SEVER	161
99336	PR DOMICIL/REST-HOME VISIT EST PAT, MOD-HIGH SEVER	247
99337	PR DOMICIL/REST-HOME VISIT EST PAT, HIGH SEVERITY	363
99341	PR HOME/RES VISIT NEW PATIENT SF MDM 15 MINUTES	128
99342	PR HOME/RES VISIT NEW PATIENT LOW MDM 30 MINUTES	161
99343	PR HOME VISIT,NEW PATIENT,LEVEL III	209
99344	PR HOME/RES VISIT NEW PATIENT MOD MDM 60 MINUTES	295
99345	PR HOME/RES VISIT NEW PATIENT HIGH MDM 75 MINUTES	397
99347	PR HOME/RES VISIT EST PATIENT SF MDM 20 MINUTES	100
99348	PR HOME/RES VISIT EST PATIENT LOW MDM 30 MINUTES	128
99349	PR HOME/RES VISIT EST PATIENT MOD MDM 40 MINUTES	186
99350	PR HOME/RES VISIT EST PATIENT HIGH MDM 60 MINUTES	295
99354	PR PROLONGED SVC OUTPATIENT SETTING 1ST HOUR	225
99355	PR PROLONGED SVC OUTPATIENT SETTING EA ADDL 30 MIN	239
99356	PR PROLONGED SVC I/P OR OBS SETTING 1ST HOUR	420
99357	PR PROLONGED SVC I/P REQ UNIT/FLOOR TIME EA 30 MIN	210
99358	PR PROLNG E/M SVC BEFORE&/AFTER DIR PT CARE 1ST HR	216
99359	PR PROLNG E/M BEFORE&/AFTER DIR CARE EA 30 MIN	114
99360	PR PHYSICIAN STANDBY SERV,EA 30 MIN	210
99363	PR ANTICOAGULANT MGMT INITIAL	283
99364	PR ANTICOAGULANT MGMT SUBSEQ	100
99374	PR HOME HEALTH CARE SUPERV,15-29 MIN	163
99375	PR HOME HEALTH CARE SUPERV,30+ MIN	301
99377	PR HOSPICE CARE SUPERVISION	166
99378	PR HOSPICE CARE SUPERVISION,30+ MIN	340
99379	PR NURSING FAC CARE SUPERVISION	166
99380	PR NURSING FAC CARE SUPERVISION	301

CHARGES EFFECTIVE 01/01/2024

Clinic Service Charges

Procedure Code	Procedure Description	Unit Charge
99381	PR PREVENTIVE VISIT,NEW, AGE < 1 YR	195
99382	PR PREVENTIVE VISIT,NEW,AGE 01-04	204
99383	PR PREVENTIVE VISIT,NEW,AGE 05-11	211
99384	PR PREVENTIVE VISIT,NEW,AGE 12-17	222
99385	PR PREVENTIVE VISIT,NEW,AGE 18-39	222
99386	PR PREVENTIVE VISIT,NEW,AGE 40-64	253
99387	PR PREVENTIVE VISIT,NEW,AGE 65 & OVER	290
99391	PR PREVENTIVE VISIT,EST, AGE < 1 YR	162
99392	PR PREVENTIVE VISIT,EST,AGE 01-04	179
99393	PR PREVENTIVE VISIT,EST,AGE 05-11	184
99394	PR PREVENTIVE VISIT,EST,AGE 12-17	204
99395	PR PREVENTIVE VISIT,EST,AGE 18-39	189
99396	PR PREVENTIVE VISIT,EST,AGE 40-64	209
99397	PR PREVENTIVE VISIT,EST,AGE 65 & OVER	222
99401	PR PREV MED CNSL&/RSK FCTR RDCTJ INDV APPROX 15 MIN	24
99402	PR PREV MED CNSL&/RSK FCTR RDCTJ INDV APPROX 30 MIN	43
99403	PR PREV MED CNSL&/RSK FCTR RDCTJ INDV APPROX 45 MIN	57
99406	PR TOBACCO USE CESSATION INTERMEDIATE 3-10 MINUTES	47
99407	PR TOBACCO USE CESSATION INTENSIVE >10 MINUTES	75
99417	PR PROLONGED OUTPATIENT E/M SERVICE EACH 15 MINUTES	83
99439	PR CHRONIC CARE MGMT SVC STAF EA ADDL 20 MIN CAL MO	71
99441	PR PHYSICIAN TELEPHONE EVALUATION 5-10 MIN	37
99442	PR PHYSICIAN TELEPHONE EVALUATION 11-20 MIN	70
99443	PR PHYSICIAN TELEPHONE EVALUATION 21-30 MIN	101
99446	PR NTRPROF PHONE/NTRNET/EHR ASSMT&MGMT 5-10 MIN	45
99447	PR NTRPROF PHONE/NTRNET/EHR ASSMT&MGMT 11-20 MIN	83
99448	PR NTRPROF PHONE/NTRNET/EHR ASSMT&MGMT 21-30 MIN	131
99450	PR BASIC LIFE AND/OR DISABILITY EXAMINATION	127
99460	PR INITIAL NORMAL NEWBORN CARE, HOSPITAL OR BIRTH CENTER	253
99461	PR INIT NB EM PER DAY NON-FAC	320
99462	PR SUBSEQUENT HOSPITAL CARE, NORMAL NEWBORN	119
99463	PR INITIAL NORMAL NEWBORN CARE, SAME DAY DISCHARGE	253

CHARGES EFFECTIVE 01/01/2024

Clinic Service Charges

Procedure Code	Procedure Description	Unit Charge
99464	PR ATTENDANCE AT DELIVERY W INITIAL STABILIZATION	194
99465	PR DELIVERY/BIRTHING ROOM RESUSCITATION	334
99466	PR CRITICAL CARE INTERFACILITY TRANSPORT, <=24 MO, 30-74 MIN	611
99468	PR INITIAL HOSP NEONATE 28 DAY OR LESS, CRITICALLY ILL	1869
99469	PR SUBSEQUENT HOSP NEONATE 28 DAY OR LESS, CRITICALLY ILL	815
99471	PR INITIAL PED CRITICAL CARE 29 DAY THRU 24 MO	1809
99475	PR INITIAL PED CRITICAL CARE 2 YR THRU 5 YR	1303
99477	PR INITIAL HOSP NEONATE 28 DAY OR LESS, NOT CRITICALLY ILL	713
99479	PR SUBSEQUENT INTENSIVE CARE INFANT 1500-2500 GRAMS	296
99480	PR SUBSEQUENT INTENSIVE CARE INFANT 2501-5000 GRAMS	273
99487	PR COMPLEX CHRONIC CARE MGMT SVC 1ST 60 MIN CAL MO	231
99489	PR CPLX CHRONIC CARE MGMT SVC EA ADDL 30 MIN CAL MO	65
99490	PR CHRONIC CARE MGMT SVCS STAFF 1ST 20 MIN CAL MO	107
99495	PR TRANSJ CARE MGMT MOD MDM F2F 14 CAL D DISCHARGE	411
99496	PR TRANSJ CARE MGMT HIGH MDM F2F 7 CAL D DISCHARGE	577
99497	PR ADVANCE CARE PLANNING FIRST 30 MINS	195
99498	PR ADVANCE CARE PLANNING EA ADDL 30 MINS	185
99499	PR E/M SERVICE UNLISTED	0
99999	EPIDURAL UNITS	0
A4267	MALE CONDOM	2
A4550	SURGICAL TRAYS	92
A4561	PESSARY RUBBER, ANY TYPE	209
A4565	SLINGS	20
A4570	SPLINT	53
A4590	SPECIAL CASTING MATERIAL	223
C1878	MATRL FOR VOCAL CORD	700
C9044	PR INJECTION, CEMIPILIMAB-RWLC	0
C9147	PR INJ, TREMELIMUMAB-ACTL, 1 MG	0
C9272	INJ, DENOSUMAB	66
C9276	CABAZITAXEL INJECTION	429
C9295	PR INJECTION, CARFILZOMIB	71
C9492	PR INJECTION, DURVALUMAB	0

CHARGES EFFECTIVE 01/01/2024

Clinic Service Charges

Procedure Code	Procedure Description	Unit Charge
C9803	PR HOPD COVID-19 SPEC COLLECT	88
D7210	REM IMP TOOTH W MUCOPER FLP	539
G0008	ADMIN INFLUENZA VIRUS VAC	39
G0009	ADMIN PNEUMOCOCCAL VACCINE	39
G0101	CA SCREEN;PELVIC/BREAST EXAM	114
G0102	PROSTATE CA SCREENING; DRE	36
G0104	CA SCREEN;FLEXI SIGMOIDSCOPE	667
G0105	COLORECTAL SCRIN; HI RISK IND	1092
G0108	DIAB MANAGE TRN PER INDIV	93
G0109	DIAB MANAGE TRN IND/GROUP	53
G0121	COLON CA SCRIN NOT HI RSK IND	1092
G0124	SCREEN C/V THIN LAYER BY MD	0
G0127	TRIM NAIL(S)	62
G0145	PR SCR C/V CYTO,THINLAYER,RESCR	0
G0179	MD RECERTIFICATION HHA PT	95
G0180	MD CERTIFICATION HHA PATIENT	153
G0181	HOME HEALTH CARE SUPERVISION	301
G0182	HOSPICE CARE SUPERVISION	340
G0248	PR DEMONSTRATE USE HOME INR MON	437
G0250	PR MD INR TEST REVIE INTER MGMT	42
G0278	ILIAC ART ANGIO,CARDIAC CATH	34
G0289	ARTHRO, LOOSE BODY + CHONDRO	210
G0296	PR COUNSEL VST FOR LUNG CNCR SCREEN USING LOW DOSE CT	148
G0316	PR PROLONG INPT EVAL ADD15 M	80
G0328	PR COLOREC CA SCR; FOB TST IMMUNO 1-3	55
G0364	PR BONE MARROW ASPIRATE &BIOPSY	214
G0372	MD SERVICE REQUIRED FOR PMD	41
G0402	INITIAL PREVENTIVE EXAM	274
G0403	EKG FOR INITIAL PREVENT EXAM	0
G0405	PR EKG INTERPRET & REPORT PREVE	54
G0406	PR INPT/TELE FOLLOW UP 15	94
G0438	ANNUAL WELLNESS VISIT; INCL PPPS, INITIAL VISIT	396



CHARGES EFFECTIVE 01/01/2024

Clinic Service Charges

Procedure Code	Procedure Description	Unit Charge
G0439	ANNUAL WELLNESS VISIT; INCL PPPS, SUBSEQ VISIT	278
G0442	PR ANNUAL ALCOHOL SCREEN 15 MIN	48
G0443	BRIEF ALCOHOL MISUSE COUNSEL	65
G0444	PR DEPRESSION SCREEN ANNUAL	48
G0447	BEHAVIOR COUNSEL OBESITY 15M	65
G0463	PR HOSPITAL OUTPT CLINIC VISIT	75
G0463	PR HOSPITAL OUTPT CLINIC VISIT	99
G0463	PR HOSPITAL OUTPT CLINIC VISIT	130
G0463	PR HOSPITAL OUTPT CLINIC VISIT	130
G0463	PR HOSPITAL OUTPT CLINIC VISIT	179
G0463	PR HOSPITAL OUTPT CLINIC VISIT	242
G0476	PR INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HUMAN PAPILLOMAVIRUS (HPV), HI-RISK TYP	0
G0498	PR CHEMO EXTEND IV INFUS W/PUMP	390
G0513	PR PROLONG PREV SVCS, FIRST 30M	161
G2012	PR BRIEF CHECK IN BY MD/QHP	37
G2025	PR DIS SITE TELE SVCS RHC/FQHC	157
G2058	PR CCM ADD 20MIN	71
G2212	PR PROLONG OUTPT/OFFICE VIS	83
G6021	PR UNLISTED PX SMALL INTESTINE	823
G6024	PR LESION REMOVAL COLONOSCOPY	1396
J0129	ABATACEPT INJECTION	0
J0170	ADRENALIN EPINEPHRIN INJ 1 ML	0
J0171	ADRENALIN EPINEPHRINE INJECT	0
J0185	PR INJ., APREPITANT, 1 MG	0
J0207	AMIFOSTINE	0
J0256	PR ALPHA 1 PROTEINASE INHIBITOR	0
J0401	PR INJ ARIPIPIRAZOLE EXT REL 1MG	0
J0460	ATROPINE SULFATE INJ 0.3 MG	0
J0461	PR ATROPINE SULFATE INJECTION	0
J0485	PR BELATACEPT INJECTION	0
J0490	PR BELIMUMAB INJECTION	0
J0500	PR DICYCLOMINE INJECTION	0

CHARGES EFFECTIVE 01/01/2024

Clinic Service Charges

Procedure Code	Procedure Description	Unit Charge
J0540	PENICILLIN G BENZATHINE INJ 1,200,000 U	0
J0560	PENICILLIN G BENZATHINE INJ 600,000 U	0
J0561	PENICILLIN G BENZATHINE INJ	0
J0570	PR BUPRENORPHINE IMPLANT 74.2MG	0
J0580	PENICILLIN G BENZATHINE INJ 2,400,000 U	0
J0585	INJECTION,ONABOTULINUMTOXINA	0
J0586	PR ABOBOTULINUMTOXINA	0
J0595	PR BUTORPHANOL TARTRATE 1 MG	0
J0610	PR CALCIUM GLUCON (FRESENIUS)	0
J0630	CALCITONIN SALMON INJECTION	0
J0640	LEUCOVORIN CALCIUM INJECTION	0
J0692	CEFEPIME HCL FOR INJECTION	0
J0696	CEFTRIAZONE SODIUM INJECTION	0
J0698	CEFOTAXIME SODIUM INJECTION	0
J0702	BETAMETHASONE ACET&SOD PHOSP	0
J0704	BETAMETHASONE SOD PHOS INJ/4MG	0
J0775	PR COLLAGENASE, CLOST HIST INJ	0
J0780	PROCHLORPERAZINE INJECTION	0
J0875	PR INJECTION, DALBAVANCIN, 5MG	0
J0878	PR DAPTOMYCIN INJECTION	0
J0881	DARBEPOETIN ALFA, NON-ESRD	0
J0885	EPOETIN ALFA, NON-ESRD	0
J0886	PR EPOETIN ALFA 1000 UNITS ESRD	0
J0893	PR INJ, DECITABINE (SUN PHARMA)	0
J0894	PR DECITABINE INJECTION	0
J0896	PR INJ LUSPATERCEPT-AAMT 0.25MG	0
J0897	DENOSUMAB INJECTION 1 MG	0
J0970	ESTRADIOL VALERATE INJ 40 MG	0
J1000	DEPO-ESTRADIOL CYPIONATE INJ	0
J1020	METHYLPREDNISOLONE 20 MG INJ	0
J1030	METHYLPREDNISOLONE 40 MG INJ	0
J1040	METHYLPREDNISOLONE 80 MG INJ	0

CHARGES EFFECTIVE 01/01/2024

Clinic Service Charges

Procedure Code	Procedure Description	Unit Charge
J1050	MEDROXYPROGESTERONE INJ	0
J1051	MEDROXYPROGESTERONE INJ	0
J1055	MEDRXYPROGESTER ACETATE INJ	0
J1070	TESTOSTERONE CYPIONAT 100 MG	0
J1071	PR INJ TESTOSTERONE CYPIONATE	0
J1080	TESTOSTERONE CYPIONAT 200 MG	0
J1094	INJ DEXAMETHASONE ACETATE	0
J1100	DEXAMETHASONE SODIUM PHOS	0
J1170	HYDROMORPHONE INJECTION	0
J1190	DEXRAZOXANE HCL INJECTION	0
J1200	DIPHENHYDRAMINE HCL INJECTIO	0
J1212	DIMETHYL SULFOXIDE 50% 50 ML	0
J1300	PR ECULIZUMAB INJECTION	0
J1306	PR INJECTION, INCLISIRAN, 1 MG	0
J1335	PR ERTAPENEM INJECTION	0
J1380	ESTRADIOL VALERATE 10 MG INJ	0
J1390	ESTRADIOL VALERATE INJ 20 MG	0
J1439	PR INJ FERRIC CARBOXYMALTOS 1MG	0
J1440	FILGRASTIM 300 MCG INJECTION	0
J1441	FILGRASTIM 480 MCG INJECTION	0
J1442	PR INJ, FILGRASTIM G-CSF 1MCG	0
J1446	PR INJ, TBO-FILGRASTIM, 5 MCG	0
J1447	PR INJECTION, TBO-FILGRASTIM, 1 MICROGRAM	0
J1453	PR FOSAPREPITANT INJECTION	0
J1459	PR INJ IVIG PRIVIGEN 500 MG	0
J1460	GAMMA GLOBULIN 1 CC INJ	0
J1470	GAMMA GLOBULIN IM INJ 2 CC	0
J1561	GAMUNEX INJECTION	0
J1566	PR IMMUNE GLOBULIN, POWDER	0
J1568	PR OCTAGAM INJECTION	0
J1569	PR GAMMAGARD LIQUID INJECTION	0
J1572	FLEBOGAMMA INJECTION	0

CHARGES EFFECTIVE 01/01/2024

Clinic Service Charges

Procedure Code	Procedure Description	Unit Charge
J1580	GARAMYCIN GENTAMICIN INJ	0
J1600	GOLD SODIUM THIOMALEATE INJ	0
J1602	PR GOLIMUMAB FOR IV USE 1MG	0
J1626	GRANISETRON HCL INJECTION	0
J1631	HALOPERIDOL DECANOATE INJ	0
J1642	INJ HEPARIN SODIUM PER 10 U	0
J1644	PR INJ HEPARIN SODIUM PER 1000U	0
J1650	INJ ENOXAPARIN SODIUM	0
J1652	PR FONDAPARINUX SODIUM	0
J1670	PR TETANUS IMMUNE GLOBULIN INJ	0
J1720	PR HYDROCORTISONE SODIUM SUCC I	0
J1740	IBANDRONATE SODIUM INJECTION	0
J1745	PR INFlixIMAB NOT BIOSIMIL 10MG	0
J1750	IRON DEXTRAN 50 MG	0
J1756	IRON SUCROSE INJECTION	0
J1885	KETOROLAC TROMETHAMINE INJ	0
J1930	PR LANREOTIDE INJECTION	0
J1940	FUROSEMIDE INJECTION	0
J1950	LEUPROLIDE ACETATE /3.75 MG	0
J2000	LIDOCAINE INJECTION	0
J2001	PR LIDOCAINE INJECTION	0
J2060	LORAZEPAM INJECTION	0
J2175	MEPERIDINE HYDROCHL /100 MG	0
J2180	PR MEPERIDINE/PROMETHAZINE INJ	0
J2182	PR INJECTION, MEPOLIZUMAB, 1MG	0
J2212	PR METHYLNALTREXONE INJECTION	0
J2248	PR MICAFUNGIN SODIUM INJECTION	0
J2270	MORPHINE SULFATE INJECTION	0
J2300	PR INJ NALBUPHINE HYDROCHLORIDE	0
J2315	PR NALTREXONE, DEPOT FORM PER 1 MG	0
J2320	PR NANDROLONE DECANOATE 50 MG	0
J2327	PR INJ RISANKIZUMAB-RZAA 1 MG	0

CHARGES EFFECTIVE 01/01/2024

Clinic Service Charges

Procedure Code	Procedure Description	Unit Charge
J2350	PR INJECTION, OCRELIZUMAB, 1 MG	0
J2353	OCTREOTIDE INJECTION, DEPOT	0
J2354	PR OCTREOTIDE INJ, NON-DEPOT	0
J2355	PR OPRELVEKIN INJECTION	0
J2356	PR INJ TEZEPelumab-EKKO, 1MG	0
J2357	OMALIZUMAB INJECTION	0
J2405	ONDANSETRON HCL INJECTION	0
J2426	PR INJ, INVEGA SUSTENNA, 1 MG	0
J2430	PAMIDRONATE DISODIUM /30 MG	0
J2469	PALONOSETRON HCL	0
J2505	INJECTION, PEGFILGRASTIM 6MG	0
J2506	PR INJ PEGFILGRAST EX BIO 0.5MG	0
J2510	PR PENICILLIN G PROCAINE INJ	0
J2550	PROMETHAZINE HCL INJECTION	0
J2597	INJ DESMOPRESSIN ACETATE	0
J2675	PR INJ PROGESTERONE PER 50 MG	0
J2680	PR FLUPHENAZINE DECANOATE 25 MG	0
J2780	PR RANITIDINE HYDROCHLORIDE INJ	0
J2790	RHO D IMMUNE GLOBULIN INJ	0
J2794	PR INJ RISPERDAL CONSTA, 0.5 MG	0
J2796	PR ROMIPLOSTIM INJECTION	0
J2820	PR SARGRAMOSTIM INJECTION	0
J2910	AUROTHIOGLUCOSE INJECITON	0
J2916	PR NA FERRIC GLUCONATE COMPLEX	0
J2920	METHYLPREDNISOLONE INJECTION	0
J2930	METHYLPREDNISOLONE INJECTION	0
J2950	PR PROMAZINE HCL INJECTION	0
J2997	ALTEPLASE RECOMBINANT	0
J3030	SUMATRIPTAN SUCCINATE / 6 MG	0
J3111	PR INJ. ROMOSUZUMAB-AQQG 1 MG	0
J3130	PR TESTOSTERONE ENANTHATE INJ	0
J3245	PR INJ., TILDRAKIZUMAB, 1 MG	0

CHARGES EFFECTIVE 01/01/2024

Clinic Service Charges

Procedure Code	Procedure Description	Unit Charge
J3250	PR TRIMETHOBENZAMIDE HCL INJ	0
J3260	PR TOBRAMYCIN SULFATE INJECTION	0
J3262	PR TOCILIZUMAB INJECTION	0
J3301	TRIAMCINOLONE ACET INJ NOS	0
J3315	PR TRIPTORELIN PAMOATE	0
J3357	PR USTEKINUMAB SUB CU INJ, 1 MG	0
J3358	PR USTEKINUMAB, IV INJECT, 1 MG	0
J3380	PR INJECTION, VEDOLIZUMAB, 1 MG	0
J3410	HYDROXYZINE HCL INJECTION	0
J3411	THIAMINE HCL 100 MG	0
J3420	VITAMIN B12 INJECTION	0
J3430	VITAMIN K PHYTONADIONE INJ	0
J3473	PR HYALURONIDASE RECOMBINANT	0
J3475	INJ MAGNESIUM SULFATE	0
J3480	INJ POTASSIUM CHLORIDE	0
J3487	ZOLEDRONIC ACID	0
J3488	RECLAST INJECTION	0
J3489	PR ZOLEDRONIC ACID 1MG	0
J3490	DRUGS UNCLASSIFIED INJECTION	0
J3590	UNCLASSIFIED BIOLOGICS	0
J7030	NORMAL SALINE SOLUTION INFUS	0
J7040	PR NORMAL SALINE SOLUTION INFUS	0
J7042	5% DEXTROSE/NORMAL SALINE	0
J7050	NORMAL SALINE SOLUTION INFUS	0
J7060	5% DEXTROSE/WATER	0
J7120	PR RINGERS LACTATE INFUSION	0
J7131	PR HYPERTONIC SALINE SOL	0
J7298	PR MIRENA, 52 MG	0
J7300	INTRAUT COPPER CONTRACEPTIVE	1751
J7301	PR SKYLA, 13.5 MG	0
J7302	PR LEVONORGESTREL IU 52 MG	0
J7307	ETONOGESTREL IMPLANT SYSTEM	0

CHARGES EFFECTIVE 01/01/2024

Clinic Service Charges

Procedure Code	Procedure Description	Unit Charge
J7318	PR INJ, DUROLANE 1 MG	0
J7321	PR HYALGAN SUPARTZ OR VISCO-3, PER DOSE	0
J7323	EUFLEXXA INJ PER DOSE	0
J7324	ORTHOVISC INJ PER DOSE	0
J7325	SYNVISC OR SYNVISC-ONE - PER 1 MG	0
J7326	PR GEL-ONE	0
J7327	PR MONOVISC INJ PER DOSE	0
J7328	PR HYALURONAN OR DERIVATIVE, GEL-SYN, FOR INTRA-ARTICULAR INJECTION, 0.1 MG	0
J7609	PR ALBUTEROL COMP UNIT	0
J7611	ALBUTEROL NON-COMP CON	0
J7613	PR ALBUTEROL NON-COMP UNIT	0
J7620	ALBUTEROL IPRATROP NON-COMP	0
J7640	PR FORMOTEROL COMP UNIT	0
J7999	PR COMPOUNDED DRUG, NOT OTHERWISE CLASSIFIED	0
J8540	ORAL DEXAMETHASONE	0
J8597	PR ANTIEMETIC DRUG ORAL NOS	0
J9000	DOXORUBICIN HCL INJECTION	0
J9001	DOXORUBICIN HCL LIPOSOME INJ	0
J9017	PR ARSENIC TRIOXIDE INJECTION	0
J9020	ASPARAGINASE INJECTION	0
J9022	PR INJ, ATEZOLIZUMAB,10 MG	0
J9023	PR INJECTION, AVELUMAB, 10 MG	0
J9025	AZACITIDINE INJECTION	0
J9030	PR BCG LIVE INTRAVESICAL 1MG	0
J9031	BCG LIVE INTRAVESICAL VAC	0
J9033	PR INJ., TREANDA 1 MG	0
J9034	PR INJ., BENDEKA 1 MG	0
J9035	BEVACIZUMAB INJECTION	0
J9040	BLEOMYCIN SULFATE INJECTION	0
J9041	PR INJECTION, BORTEZOMIB, 0.1MG	0
J9042	PR BRENTUXIMAB VEDOTIN INJ	0
J9043	PR CABAZITAXEL INJECTION	0

CHARGES EFFECTIVE 01/01/2024

Clinic Service Charges

<b>Procedure Code</b>	<b>Procedure Description</b>	<b>Unit Charge</b>
J9045	CARBOPLATIN INJECTION	0
J9047	PR INJECTION, CARFILZOMIB, 1 MG	0
J9050	CARMUSTINE INJECTION	0
J9055	CETUXIMAB INJECTION	0
J9060	CISPLATIN 10 MG INJECTION	0
J9062	CISPLATIN INJ 50 MG	0
J9065	INJ CLADRIBINE PER 1 MG	0
J9070	CYCLOPHOSPHAMIDE 100 MG INJ	0
J9090	CYCLOPHOSPHAMIDE INJ 500 MG	0
J9091	CYCLOPHOSPHAMIDE INJ 1.0 GRM	0
J9093	CYCLOPHOSPHAMIDE LYOPHILIZED 100 MG	0
J9094	CYCLOPHOSPHAMIDE LYOPHILIZED 200 MG	0
J9095	CYCLOPHOSPHAMIDE LYOPHILIZED 500 MG	0
J9119	PR INJ., CEMIPIMAB-RWLC, 1 MG	0
J9120	DACTINOMYCIN INJECTION	0
J9130	DACARBAZINE 100 MG INJ	0
J9140	DACARBAZINE 200 MG INJ	0
J9144	PR DARATUMUMAB, HYALURONIDASE	0
J9145	PR INJECTION, DARATUMUMAB 10 MG	0
J9155	PR DEGARELIX INJECTION	0
J9171	PR DOCETAXEL INJECTION	0
J9173	PR INJ., DURVALUMAB, 10 MG	0
J9176	PR INJECTION, ELOTUZUMAB, 1MG	0
J9177	PR INJ ENFORT VEDO-EJFV 0.25MG	0
J9178	INJ, EPIRUBICIN HCL, 2 MG	0
J9179	PR ERIBULIN MESYLATE INJECTION	0
J9181	ETOPOSIDE INJECTION	0
J9185	FLUDARABINE PHOSPHATE INJ	0
J9190	FLUOROURACIL INJECTION	0
J9201	GEMCITABINE HCL INJECTION	0
J9202	GOSERELIN ACETATE IMPLANT	0
J9205	PR INJ IRINOTECAN LIPOSOME 1 MG	0



CHARGES EFFECTIVE 01/01/2024

Clinic Service Charges

Procedure Code	Procedure Description	Unit Charge
J9206	IRINOTECAN INJECTION	0
J9207	PR IXABEPILONE INJECTION	0
J9208	IFOSFOMIDE INJECTION	0
J9209	MESNA INJECTION	0
J9213	INTERFERON ALFA-2A INJ	0
J9214	INTERFERON ALFA-2B INJ	0
J9217	LEUPROLIDE ACETATE SUSPNSION	0
J9218	LEUPROLIDE ACETATE INJECITON	0
J9223	PR INJ. LURBINECTEDIN, 0.1 MG	0
J9228	PR IPILIMUMAB INJECTION	0
J9250	METHOTREXATE SODIUM INJ	0
J9260	METHOTREXATE SODIUM INJ	0
J9263	OXALIPLATIN	0
J9264	PACLITAXEL PROTEIN BOUND	0
J9265	PACLITAXEL INJECTION	0
J9267	PR PACLITAXEL INJECTION	0
J9271	PR INJECTION, PEMBROLIZUMAB, 1 MG	0
J9280	MITOMYCIN 5 MG INJ	0
J9293	MITOXANTRONE HYDROCHL / 5 MG	0
J9297	PR INJ PEMETREXED (SANDOZ) 10MG	0
J9299	PR INJECTION, NIVOLUMAB, 1 MG	0
J9301	PR OBINUTUZUMAB INJ	0
J9303	PANITUMUMAB INJECTION	0
J9305	PEMETREXED INJECTION	0
J9306	PR INJECTION, PERTUZUMAB, 1 MG	0
J9307	PR PRALATREXATE INJECTION	0
J9308	PR INJECTION, RAMUCIRUMAB, 5 MG	0
J9309	PR INJ, POLATUZUMAB VEDOTIN 1MG	0
J9310	RITUXIMAB INJECTION	0
J9311	PR INJ RITUXIMAB, HYALURONIDASE	0
J9312	PR INJ., RITUXIMAB, 10 MG	0
J9315	PR ROMIDEPSIN INJECTION	0

CHARGES EFFECTIVE 01/01/2024

Clinic Service Charges

Procedure Code	Procedure Description	Unit Charge
J9316	PR PERTUZU, TRASTUZU, 10 MG	0
J9317	PR SACITUZUMAB GOVITECAN-HZIY	0
J9330	PR TEMSIROLIMUS INJECTION	0
J9347	PR INJ, TREMELIMUMAB-ACTL, 1 MG	0
J9350	PR INJ MOSUNETUZUMAB-AXGB, 1 MG	0
J9351	PR TOPOTECAN INJECTION	0
J9352	PR INJECTION TRABECTEDIN 0.1MG	0
J9354	PR INJ, ADO-TRASTUZUMAB EMT 1MG	0
J9355	TRASTUZUMAB INJECTION	0
J9356	PR INJ. HERCEPTIN HYLECTA, 10MG	0
J9358	PR INJ FAM-TRASTU DERU-NXKI 1MG	0
J9360	VINBLASTINE SULFATE INJ	0
J9370	VINCRISTINE SULFATE 1 MG INJ	0
J9390	VINORELBINE TARTRATE INJ	0
J9395	INJECTION, FULVESTRANT	0
J9999	CHEMOTHERAPY DRUG	0
LPGEM	PR LPGEM LIPOGEMS	3863
M1145	PR MFN DRUG ADD-ON, PER DOSE	154
P9047	ALBUMIN (HUMAN), 25%, 50ML	0
P9612	CATHETERIZE FOR URINE SPEC	12
Q0091	OBTAINING SCREEN PAP SMEAR	91
Q0111	WET MOUNTS/ W PREPARATIONS	36
Q0138	FERUMOXYTOL, NON-ESRD	8
Q0162	ONDANSETRON ORAL	0
Q2026	RADIESSE INJECTION	700
Q2027	SCULPTRA INJECTION	782
Q2028	PR INJ, SCULPTRA, 0.5MG	3
Q2035	AFLURIA VACC, 3 YRS & >, IM	23
Q2036	FLULAVAL VACC, 3 YRS & >, IM	23
Q2037	FLUVIRIN VACC, 3 YRS & >, IM	23
Q2038	FLUZONE VACC, 3 YRS & >, IM	23
Q2039	PR INFLUENZA VIRUS VACCINE, NOS	19

CHARGES EFFECTIVE 01/01/2024

Clinic Service Charges

Procedure Code	Procedure Description	Unit Charge
Q2050	PR DOXORUBICIN INJ 10MG	2956
Q2051	PR INJECTION, ZOLEDRONIC ACID, NOT OTHERWISE SPECIFIED, 1MG	953
Q3014	TELEHEALTH FACILITY FEE	62
Q4006	CAST SUP LONG ARM ADULT FBRG	88
Q4008	CAST SUP LONG ARM PED FBRGLS	31
Q4010	CAST SUP SHT ARM ADULT FBRGL	60
Q4012	CAST SUP SHT ARM PED FBRGLAS	31
Q4014	CAST SUP GAUNTLET FIBERGLASS	81
Q4016	CAST SUP GAUNTLET PED FBRGLS	28
Q4016	CAST SUP GAUNTLET PED FBRGLS	28
Q4018	CAST SUP LNG ARM SPLINT FBRG	44
Q4020	CAST SUP LNG ARM SPLNT PED F	22
Q4022	CAST SUP SHT ARM SPLINT FBRG	39
Q4024	CAST SUP SHT ARM SPLNT PED F	20
Q4030	CAST SUP LONG LEG FIBERGLASS	135
Q4032	CAST SUP LNG LEG PED FBRGLS	114
Q4038	CAST SUP SHRT LEG FIBERGLASS	123
Q4040	CAST SUP SHRT LEG PED FBRGLS	63
Q4042	CAST SUP LNG LEG SPLNT FBRGL	68
Q4046	CAST SUP SHT LEG SPLNT FBRGL	50
Q4049	FINGER SPLINT, STATIC	9
Q4118	MATRISTEM MICROMATRIX	0
Q4187	PR EPICORD 1 SQ CM	0
Q5101	PR INJECTION, ZARXIO	0
Q5103	PR INJECTION, INFLECTRA	0
Q5104	PR INJECTION, RENFLEXIS	0
Q5106	PR INJ RETACRIT NON-ESRD USE 1000 UNITS	0
Q5107	PR INJ MVASI 10 MG	0
Q5108	PR INJECTION, FULPHILA	0
Q5111	PR INJECTION, UDENYCA 0.5 MG	0
Q5114	PR INJ OGIVRI 10 MG	0
Q5115	PR INJ TRUXIMA 10 MG	0

CHARGES EFFECTIVE 01/01/2024

Clinic Service Charges

Procedure Code	Procedure Description	Unit Charge
Q5117	PR INJ., KANJINTI, 10 MG	0
Q5118	PR INJ., ZIRABEV, 10 MG	0
Q5119	PR INJ RUXIENCE, 10 MG	0
Q5120	PR INJ PEGFILGRASTIM-BMEZ 0.5MG	0
Q5121	PR INJ. AVSOLA, 10 MG	0
Q5123	PR INJ. RIABNI, 10 MG	0
Q9984	PR KYLEENA, 19.5 MG	0
Q9991	PR BUPRENORPH XR 100 MG OR LESS	0
Q9992	PR BUPRENORPHINE XR OVER 100 MG	0
S0020	INJECTION, BUPIVICAINE HYDRO	30
S0023	INJECTION, CIMETIDINE HYDROC	89
S9445	PR SOFP,FAM PLAN, IND, 10MIN	19
S9446	PT EDUCATION NOC GROUP	19
V5010	ASSESSMENT FOR HEARING AID	270
V5011	HEARING AID FITTING/CHECKING	486
V5014	HEARING AID REPAIR/MODIFYING	0
V5020	CONFORMITY EVALUATION	270
V5060	BEHIND EAR HEARING AID	0
V5110	HEARING AID DISPENSING FEE	0
V5160	DISPENSING FEE BINAURAL	0
V5171	PR HEARING AID MONAURAL ITE	0
V5180	BEHIND EAR CROS HEARING AID	0
V5181	PR HEARING AID MONAURAL BTE	0
V5211	PR HEARING AID BINAURAL ITE/ITE	0
V5213	PR HEARING AID BINAURAL ITE/BTE	0
V5215	PR HEARING AID BINAURAL ITC/BTE	0
V5220	BEHIND EAR BICROS HEARING AI	0
V5221	PR HEARING AID BINAURAL BTE/BTE	0
V5241	DISPENSING FEE, MONAURAL	0
V5254	HEARING ID, DIGIT, MON, CIC	0
V5255	HEARING AID, DIGIT, MON, ITC	0
V5256	HEARING AID, DIGIT, MON, ITE	0

CHARGES EFFECTIVE 01/01/2024

Clinic Service Charges

<b>Procedure Code</b>	<b>Procedure Description</b>	<b>Unit Charge</b>
V5257	HEARING AID, DIGIT, MON, BTE	0
V5258	HEARING AID, DIGIT, BIN, CIC	0
V5259	HEARING AID, DIGIT, BIN, ITC	0
V5260	HEARING AID, DIGIT, BIN, ITE	0
V5261	HEARING AID, DIGIT, BIN, BTE	0
V5263	HEARING AID, DISP, BINAURAL	0
V5264	EAR MOLD/INSERT	0
V5265	EAR MOLD/INSERT, DISP	0
V5266	BATTERY FOR HEARING DEVICE	0
V5267	PR HEARING AID SUP/ACCESS/DEV	0
V5268	ALD TELEPHONE AMPLIFIER	0
V5270	ALD, TV AMPLIFIER, ANY TYPE	0
V5272	TDD	0
V5274	ALD UNSPECIFIED	0
V5275	EAR IMPRESSION	55
V5281	PR ALD FM/DM SYSTEM, MONAURAL	1995
V5298	HEARING AID NOC	0
V5299	HEARING SERVICE	0
Z1032	PR NEW OB VISIT	235
Z1034	PR OFFICE/OUTPATIENT VISIT	124
Z1038	PR OFFICE/OUTPATIENT VISIT	77
Z7500	PR USE OF HOSP EXAM OR TREATMENT ROOM	77
Z7500	PR USE OF HOSP EXAM OR TREATMENT ROOM	99
Z7500	PR USE OF HOSP EXAM OR TREATMENT ROOM	99
Z7500	PR USE OF HOSP EXAM OR TREATMENT ROOM	130
Z7500	PR USE OF HOSP EXAM OR TREATMENT ROOM	179
Z7500	PR USE OF HOSP EXAM OR TREATMENT ROOM	242
100501	ERRONEOUS ENCOUNTER - LOS CODE	0
0856001	PR MISSED APPTMNT; NO NOTICE	26
0856002	PR HEARING AID CLEAN/CHECK	0
0856003	PR AUDIOLOGY VISIT NO CHARGE	0
0856004	PR HEARING AID TRIAL	0

CHARGES EFFECTIVE 01/01/2024

Clinic Service Charges

<b>Procedure Code</b>	<b>Procedure Description</b>	<b>Unit Charge</b>	
0856005	PR WARRANTY PURCHASE	0	
0890190	PR NEW OB VISIT, LVL 1	0	
0891290	PR EST OB VISIT, LVL 2	0	
9980002	PR NO CHARGE	0	
PR OBEST	PR OBEST EST OB DELIVERY CHARGE	0	
PR UNDIST	PR UNDIST-RECOUP	0	