

PHYSICIANS' INOFFICE SURGERY

CPT CODE	DESCRIPTION	2008 <u>MAXFEE</u>
14000-2	Adjacent tissue transfer or rearrangement, trunk; defect 10 sq cm or less	\$ 773.68
14001-2	defect 10.1 sq cm to 30.0 sq cm	\$ 1,136.60
14020-2	Adjacent tissue transfer or rearrangement, scalp, arms, legs; defect 10 sq cm or less	\$ 763.88
14021-2	defect 10.1sq cm to 30.0 sq cm	\$ 1,391.60
14040-2	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck axillae, genitalia, hands, and/or feet; defect 10 sq cm or less	\$ 1,077.73
14041-2	defect 10.1 sq cm to 30.0 sq cm	\$ 1,450.43
14060-2	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less	\$ 1,313.12
14061-2	defect 10.1 sq cm to 30.0 sq cm	\$ 1,911.41
14300-2	Adjacent tissue transfer or rearrangement more than 30 sq cm, unusual or complicated, any area	\$ 2,097.79
14350-2	Filletted finger or toe flap, including preparation of recipient site	\$ 1,195.42
15050-2	Pinch graft, single or multiple, to cover small ulcer, tip of digit, or other minimal open area (except on face), up to defect size 2 cm diameter	\$ 361.74
15240-2	Full thickness graft free, including direct closure of donor site, forehead, cheek, chin, foremouth, neck axilliae, genitalia, hands, and/or feet; 20 sq cm or less	\$ 1,018.89
15260-2	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; 20 sq cm or less	\$ 1,774.08
15570-2	Formation of direct or tubed pedicle, with or without transfer; trunk	\$ 2,009.51
15572-2	scalp, arms or legs	\$ 2,009.51
15574-2	forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands or feet	\$ 2,009.51
15576-2	eyelids, nose, ears, lips, or introral	\$ 2,009.51
15780-2	Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis	\$ 2,822.68
15781-2	segmental, face	\$ 872.49
19120-2	Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion (except 19140), open, male or female, one or more lesions	\$ 794.59
26121-2	Fasciectomy, palm only, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft)	\$ 1,695.64
26123-2	Fasciectomy, partial palmar excision with release of single digit including proximal interphalangeal joint, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft)	\$ 1,695.64
26125-2	each additional digit	\$ 685.41
26160-2	Excision of lesion of tendon sheath or joint capsule (eg, cyst, or ganglion), hand or finger	\$ 875.16
27096-2	Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steriod	\$ 201.14
28080-2	Excision, interdigital (Morton) neuroma, single, each	\$ 1,177.36
29870-2	Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	\$ 1,283.70

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31622-2	Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; diagnostic, with or without cell washing	\$763.88
31625-2	with bronchial or endobronchial biopsy(s), single or multiple sites	\$822.73
36475-2	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	\$1,961.46
36476-2	second and subsequent veins treated in a single extremity, each through separate access sites	\$980.73
36478-2	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	\$1,757.57
36479-2	second and subsequent veins treated in a single extremity, each through separate access sites	\$879.53
37785-2	Ligation, division, and/or excision of varicose vein cluster(s), one leg	\$321.19
38500-2	Biopsy or excision of lymph node(s); open, superficial	\$915.45
43200-2	Esophagoscopy, rigid or flexible; diagnostic, with or without collection of specimen(s) by brushing or washing	\$663.70
43235-2	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; diagnostic, with or without collection of specimen(s) by brushing or washing	\$754.30
43236-2	with directed submucosal injection(s), any substance	\$968.42
43237-2	with endoscopic ultrasound examination limited to the esophagus	\$828.83
43238-2	with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), esophagus (includes endoscopic ultrasound examination limited to the esophagus)	\$973.37
43239-2	with biopsy, single or multiple	\$844.98
45378-2	Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression	\$1,187.42
45380-2	with biopsy, single or multiple	\$1,187.42
45385-2	with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	\$1,560.13
52260-2	Cystourethroscopy, with dilation of bladder for interstitial cystitis; general or conduction (spinal) anesthesia	\$452.12
52265-2	local anesthesia	\$272.82
52270-2	Cystourethroscopy, with internal urethrotomy; female	\$774.44
52275-2	male	\$774.44
52276-2	Cystourethroscopy with direct vision internal urethrotomy	\$1,167.32
52277-2	Cystourethroscopy, with resection of external sphincter (sphincterotomy)	\$1,147.16
52281-2	Cystourethroscopy, with calibration and/or dilation of urethral stricture or stenosis, with or without meatotomy, with or without injection procedure for cystography, male or female	\$572.95
52282-2	Cystourethroscopy, with insertion of urethral stent	\$1,083.78
52283-2	Cystourethroscopy, with steroid injection into stricture	\$522.64
52285-2	Cystourethroscopy for treatment of the female urethral syndrome with any or all of the following: urethral meatotomy, urethral dilation, internal urethrotomy, lysis of urethrovaginal septal fibrosis, lateral incisions of the bladder neck, and fulguration of polyp(s) of urethra, bladder neck, and/or trigone	\$683.80
61055-2	Cisternal or lateral cervical (C1-C2) puncture; with injection of medication or other substance for diagnosis or treatment (eg, C1-C2)	\$411.06

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62284-2	Injection procedure for myelography and/or computed tomography, spinal (other than C1-C2 and posterior fossa)	\$470.99
62290-2	Injection for diskography, each level; lumbar	\$553.19
62291-2	cervical or thoracic	\$553.19
62310-2	Injection, single (not via indwelling catheter), not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), epidural or subarachnoid; cervical or thoracic	\$508.40
62311-2	lumbar, sacral (caudal)	\$393.44
64420-2	Injection, anesthetic agent; intercostal nerve, single	\$271.39
64445-2	Injection, anesthetic agent; intercostal nerves, multiple, regional block	\$227.60
64470-2	Injection, anesthetic agent and/or steroid, paravertebral facet joint or facet joint nerve; cervical or thoracic, single level	\$336.26
64475-2	lumbar or sacral, single level	\$308.04
64479-2	Injection, anesthetic agent and/or steroid, transforaminal epidural; cervical or thoracic, single level	\$384.18
64483-2	lumbar or sacral, single level	\$350.56
64505-2	Injection, anesthetic agent; sphenopalatine ganglion	\$280.15
64510-2	stellate ganglion (cervical sympathetic)	\$401.17
64520-2	lumbar or thoracic (paravertebral sympathetic)	\$436.42
64600-2	Destruction by neurolytic agent, trigeminal nerve; supraorbital, infraorbital, mental, or inferior alveolar	\$502.90
64605-2	second and third division branches at foramen ovale	\$601.41
64610-2	second and third division branches at foramen ovale under radiologic monitoring	\$708.21
64612-2	Chemodenervation of muscle(s); muscle(s) innervated by facial nerve (eg, for blepharospasm spasm)	\$1,143.40
64613-2	cervical spinal muscle(s) (eg, for spasmodic torticollis)	\$1,143.40
64614-2	extremity(s) and/or trunk muscle(s) (eg, for dystonia, cerebral palsy, multiple sclerosis)	\$570.22
64620-2	Destruction by neurolytic agent, intercostal nerve	\$342.00
64622-2	Destruction by neurolytic agent, paravertebral facet joint nerve; lumbar or sacral, single level	\$437.20
64623-2	lumbar or sacral, each additional level	\$222.72
64626-2	cervical or thoracic, single level	\$343.08
64627-2	cervical or thoracic, each additional level	\$154.08
64630-2	Destruction by neurolytic agent; pudendal nerve	\$437.20
64640-2	other peripheral nerve or branch	\$437.20
64680-2	Destruction by neurolytic agent, with or without radiologic monitoring; celiac plexus	\$560.39
64681-2	superior hypogastric plexus	\$509.87
64721-2	Neuroplasty and/or transposition; median nerve at carpal tunnel	\$1,303.30
69433-2	Tympanostomy (requiring insertion of ventilating tube), local or topical anesthesia	\$247.98
69620-2	Myringoplasty (surgery confined to drumhead and donor area)	\$2,553.47
91110-5	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with physician interpretation and report	\$1,051.54

Effective June 15, 2008