

Anesthesia Procedure Codes			
CPT Code	Code Description	POS 22	POS 11
01630	Anesthesia for open or surgical arthroscopic procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint; not otherwise specified	\$2,644.35	\$2,644.35
01740	Anesthesia for open or surgical arthroscopic procedures of the elbow; not otherwise specified	\$2,544.93	\$2,544.93
01937	Anesthesia for image-guided spine injection, cervical/thoracic region	\$1,446.73	\$1,446.73
01938	Anesthesia for image-guided spine injection, lumbar/sacral region	\$1,533.85	\$1,533.85
01939	Anesthesia for image-guided neurolytic destruction, cervical/thoracic region	\$1,483.03	\$1,483.03
01940	Anesthesia for image-guided neurolytic destruction, lumbar/sacral region	\$1,491.29	\$1,491.29
01941	Anesthesia for image-guided spine procedure, cervical/thoracic	\$2,021.86	\$2,021.86
01942	Anesthesia for image-guided spine procedure, lumbar/sacral	\$2,022.66	\$2,022.66
01992	Anesthesia For Nerve Block and Injection	\$3,000.00	\$1,991.73

Pain Procedure Codes			
CPT Code	Code Description	POS 22	POS 11
20550	Tendon/ Ligament Injection	\$1,771.75	\$885.88
20551	Single tendon origin / insertion	\$1,771.75	\$885.88
20552	Single or Multiple Trigger Points: 1 or 2 Muscles	\$1,619.35	\$809.68
20553	Single or Multiple Trigger Points: 3 or More Muscles	\$1,867.15	\$933.58
20600	Small Joint Injection – Finger	\$1,651.15	\$825.58
20605	Medium Joint Injection – Ankle, Wrist, Elbow, Ulna	\$1,694.45	\$847.23
20610	Major Joint Injection – Shoulder, Hip, Knee	\$1,974.90	\$987.45
20611	Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); with ultrasound guidance, with permanent recording and reporting	\$3,153.25	\$1,576.63
20930	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure)	\$6,604.45	\$3,302.23
20936	Autograft for spine surgery only (includes harvesting the graft); local (eg, ribs, spinous process, or lamina fragments) obtained from same incision (List separately in addition to code for primary procedure)	\$8,525.15	\$4,262.58
22102	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; lumbar	\$23,702.00	\$11,851.00

22612	Arthrodesis, posterior or posterolateral technique, single interspace; lumbar (with lateral transverse technique, when performed)	\$46,619.55	\$23,309.78
22840	Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) (List separately in addition to code for primary procedure)	\$21,347.35	\$10,673.68
22899	Unlisted procedure, spine	\$21,206.15	\$10,603.08
23030	Incision and drainage, shoulder area; deep abscess or hematoma	\$13,901.65	\$6,950.83
23120	Claviclectomy; partial	\$18,658.55	\$9,329.28
27096	SI Joint Injection	\$5,143.35	\$2,571.68
29822	Arthroscopy, shoulder, surgical; debridement, limited, 1 or 2 discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies])	\$17,123.65	\$8,561.83
29823	Arthroscopy, shoulder, surgical; debridement, extensive, 3 or more discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies])	\$18,652.60	\$9,326.30
29824	Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	\$21,317.10	\$10,658.55
29826	Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed (List separately in addition to code for primary procedure)	\$5,154.85	\$2,577.43
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	\$33,107.15	\$16,553.58
29874	Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	\$16,888.90	\$8,444.45
29875	Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	\$15,688.70	\$7,844.35
29880	Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	\$17,712.30	\$8,856.15
29881	Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	\$17,101.65	\$8,550.83
38230	Bone marrow harvesting for transplantation; allogeneic	\$6,047.00	\$3,023.50
38210	Under Bone Marrow or Stem Cell Services/Procedures	\$2,380.40	\$1,190.20

61783	Stereotactic computer-assisted (navigational) procedure; spinal (List separately in addition to code for primary procedure)	\$6,366.55	\$3,183.28
62287	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar	\$19,338.90	\$9,669.45
62380	Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc, 1 interspace, lumbar	\$44,294.70	\$22,147.35
64450	Peripheral Nerve Block	\$2,333.60	\$1,166.80
64479	Transforaminal Epidural Steroid Injection/ SNRB Cervical/ Thoracic 1st LVL	\$8,338.30	\$4,169.15
64480	Transforaminal Epidural Steroid Injection/ SNRB Cervical/ Thoracic Additional LVL	\$4,219.30	\$2,109.65
64483	Transforaminal Epidural Steroid Injection/ SNRB Lumbar/ SAC 1st LVL	\$7,738.00	\$3,869.00
64484	Transforaminal Epidural Steroid Injection/ SNRB Lumbar/ SAC Additional LVL	\$3,478.95	\$1,739.48
64490	Facet Injection Cervical/ Thoracic 1st LVL	\$6,027.65	\$3,013.83
64491	Facet Injection Cervical/ Thoracic 2nd LVL	\$3,019.60	\$1,509.80
64492	Facet Injection Cervical/ Thoracic 3rd LVL	\$3,030.20	\$1,515.10
64493	Facet Injection Lumbar/ SAC 1st LVL	\$5,558.55	\$2,779.28
64494	Facet Injection Lumbar/ SAC 2nd LVL	\$2,832.30	\$1,416.15
64495	Facet Injection Lumbar/ SAC 3rd LVL	\$2,832.30	\$1,416.15
64633	RFA Cervical/ Thoracic 1st LVL	\$13,748.00	\$6,874.00
64634	RFA Cervical/ Thoracic Additional LVL	\$8,051.60	\$4,025.80
64635	RFA Lumbar/ SAC 1st LVL	\$13,864.60	\$6,932.30
64636	RFA Lumbar/ SAC Additional LVL	\$7,567.50	\$3,783.75
64640	RFA SI Joint	\$7,773.35	\$3,886.68
64999	Unlisted procedure, nervous system	\$4,369.30	\$2,184.65
69990	Microsurgical techniques, requiring use of operating microscope (List separately in addition to code for primary procedure)	\$5,836.10	\$2,918.05
0232T	Injection(s), platelet rich plasma, any site, including image guidance, harvesting and preparation when performed	\$9,165.80	\$4,582.90

Office Visits / E&M			
CPT Code	Code Description	POS 22	POS 11
90833	Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	\$856.90	\$428.45

95940	Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal attendance, each 15 minutes (List separately in addition to code for primary procedure)	\$583.15	\$291.58
99024	Postoperative follow-up visit, normally included in the surgical package, to indicate that an evaluation and management service was performed during a postoperative period for a reason(s) related to the original procedure	\$724.45	\$362.23
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	\$1,559.40	\$779.70
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	\$2,139.65	\$1,069.83
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.	\$3,081.85	\$1,540.93
99211	Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician or other qualified health care professional	\$331.95	\$165.98
99212	Pre-Operative Visit (5 - 10 Minutes)	\$730.60	\$365.30
99213	Follow Up Visit – 11-20 Mins	\$1,174.90	\$587.45
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	\$1,808.45	\$904.23
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.	\$2,539.75	\$1,269.88
99417	Prolonged outpatient evaluation and management service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time (List separately in addition to the code of the outpatient Evaluation and Management service)	\$430.90	\$215.45

99423	New Patient Office Visit (Telemedicine)	\$601.10	\$300.55
99427	Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities, ongoing communication and care coordination between relevant practitioners furnishing care; each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)	\$737.45	\$368.73

Blood Tests / Labs			
CPT Code	Code Description	POS 22	POS 11
80051	Electrolyte panel This panel must include the following: Carbon dioxide (bicarbonate) (82374) Chloride (82435) Potassium (84132) Sodium (84295)	\$216.45	\$108.23
80053	Comprehensive metabolic panel This panel must include the following: Albumin (82040) Bilirubin, total (82247) Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Phosphatase, alkaline (84075) Potassium (84132) Protein, total (84155) Sodium (84295) Transferase, alanine amino (ALT) (SGPT) (84460) Transferase, aspartate amino (AST) (SGOT) (84450) Urea nitrogen (BUN) (84520)	\$314.05	\$157.03
81025	Urine pregnancy test, by visual color comparison methods	\$256.95	\$128.48
82550	Creatine kinase (CK), (CPK); total	\$206.15	\$103.08
82565	Creatinine; blood	\$154.60	\$77.30
82947	Glucose; quantitative, blood (except reagent strip)	\$123.70	\$61.85
84520	Urea nitrogen; quantitative	\$123.70	\$61.85
84703	Gonadotropin, chorionic (hCG); qualitative	\$237.05	\$118.53
85025	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count	\$237.05	\$118.53
82962	Glucose, blood by glucose monitoring device(s) cleared by the FDA specifically for home use	\$95.15	\$47.58

Medications / IV admin codes

CPT Code	Code Description	POS 22	POS 11
J0131	Injection, acetaminophen, not otherwise specified, 10 mg	\$13.10	\$6.55
J0665	Injection, bupivacaine, not otherwise specified, 0.5 mg	\$1.05	\$0.53
J0690	Injection, cefazolin sodium, 500 mg	\$53.90	\$26.95
J1010	Injection, methylprednisolone acetate, 1 mg	\$31.40	\$15.70
J1100	Injection, dexamethasone sodium phosphate, 1 mg	\$24.30	\$12.15
J1642	Injection, heparin sodium, (heparin lock flush), per 10 units	\$0.55	\$0.28
J1885	Injection, ketorolac tromethamine, per 15 mg	\$51.85	\$25.93
J2003	Injection, lidocaine HCl , 1 mg	\$2.24	\$2.24
J2795	Injection, ropivacaine HCl, 1 mg	\$13.50	\$6.75
J2800	Injection, methocarbamol, up to 10 ml	\$139.90	\$69.95
J3301	Injection, triamcinolone acetonide, not otherwise specified, 10 mg	\$60.20	\$30.10
J3490	Unclassified drugs	\$65.60	\$32.80
J8499	Prescription drug, oral, nonchemotherapeutic, NOS	\$11.70	\$5.85
J1815	Injection, insulin, per 5 units	\$36.75	\$18.38
J0330	Injection, succinylcholine chloride, up to 20 mg	\$154.10	\$77.05
J1171	Injection, hydromorphone, 0.1 mg	\$19.15	\$9.58
J1920	Injection, labetalol HCl, 5 mg	\$44.00	\$22.00
J2250	Injection, midazolam HCl, per 1 mg	\$31.15	\$15.58
J2270	Injection, morphine sulfate, up to 10 mg	\$93.45	\$46.73
J2405	Injection, ondansetron HCl, per 1 mg	\$18.70	\$9.35
J2704	Injection, propofol, 10 mg	\$18.95	\$9.48
J2710	Injection, neostigmine methylsulfate, up to 0.5 mg	\$87.40	\$43.70
J2765	Injection, metoclopramide HCl, up to 10 mg	\$56.95	\$28.48
J3010	Injection, fentanyl citrate, 0.1 mg	\$52.90	\$26.45
J7030	Infusion, normal saline solution, 1,000 cc	\$77.90	\$38.95
J7120	Ringers lactate infusion, up to 1,000 cc	\$75.55	\$37.78
J7643	Glycopyrrolate, inhalation solution, compounded product, administered through DME, unit dose form, per mg	\$229.25	\$114.63
S0119	Ondansetron, oral, 4 mg (for circumstances falling under the Medicare statute, use HCPCS Q code)	\$175.90	\$87.95
Q9966	Low osmolar contrast material, 200-299 mg/ml iodine concentration, per ml	\$13.90	\$6.95

Q9967	Low osmolar contrast material, 300-399 mg/ml iodine concentration, per ml	\$8.15	\$4.08
96361	Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure)	\$310.55	\$155.28
96365	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour	\$1,543.85	\$771.93
96375	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure)	\$381.10	\$190.55

Imaging / Radiology			
CPT Code	Code Description	POS 22	POS 11
72040	Fluoroscopy, Cervical	\$1,584.30	\$792.15
72072	Fluoroscopy, Thoracic	\$1,584.85	\$792.43
72100	Fluoroscopy, Lumbar	\$1,597.70	\$798.85
73120	Radiologic examination, hand; 2 views	\$1,340.05	\$670.03
73610	Radiologic examination, ankle; complete, minimum of 3 views	\$1,557.55	\$778.78
77002	Fluoroscopic Guidance for Needle Placement	\$4,652.10	\$2,326.05
77003	Fluoroscopic Guidance for Spine Procedure	\$4,212.05	\$2,106.03

Miscellaneous / DME / Supplies to review separately			
CPT Code	Code Description	POS 22	POS 11
A4208	Syringe with needle, sterile 3 cc, each	\$7.00	\$3.50
A4209	Syringe with needle, sterile 5 cc or greater, each	\$7.00	\$3.50
A4213	Syringe, sterile, 20 cc or greater, each	\$26.85	\$13.43
A4215	Needle, sterile, any size, each	\$8.50	\$4.25
A4216	Sterile water, saline and/or dextrose, diluent/flush, 10 ml	\$6.40	\$3.20
A4245	Alcohol wipes, per box	\$45.55	\$22.78
A4452	Tape, waterproof, per 18 sq in	\$5.50	\$2.75
A4550	Surgical trays	\$420.15	\$210.08
A4615	Cannula, nasal	\$7.75	\$3.88
A4649	Surgical supply; miscellaneous	\$54.60	\$27.30
A4927	Gloves, nonsterile, per 100	\$113.80	\$56.90

A4930	Gloves, sterile, per pair	\$12.50	\$6.25
A6402	Gauze, nonimpregnated, sterile, pad size 16 sq in or less, without adhesive border, each dressing	\$1.95	\$0.98
A6413	Adhesive bandage, first aid type, any size, each	\$3.15	\$1.58
A9270	Noncovered item or service	\$995.15	\$497.58
A9900	Miscellaneous DME supply, accessory, and/or service component of another HCPCS code	\$160.00	\$80.00
B9998	NOC for enteral supplies	\$159.35	\$79.68
E1399	Durable medical equipment, miscellaneous	\$162.50	\$81.25
C2614	Probe, percutaneous lumbar discectomy	\$15,175.85	\$7,587.93
Q4246	CoreText or ProText, per cc	\$5,873.83	\$5,873.83
S1015	IV tubing extension set	\$420.90	\$210.45

Tele-Visits E&M (Audio/Video)			
CPT Code	Code Description	POS 02	Amount
98000	Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.	02	\$465.88
98003	Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.	02	\$1,408.50
98012	Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, straightforward medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 10 minutes must be exceeded.	02	\$365.30
98011	Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, high medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.	02	\$1,408.50

98010	Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, moderate medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	02	\$1,069.80
98015	Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, high medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.	02	\$1,163.50
98013	Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, low medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	02	\$587.45
98014	Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, moderate medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	02	\$829.45
98009	Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, low medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	02	\$712.73
98008	Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, straightforward medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.	02	\$465.88
98007	Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.	02	\$1,163.58

98006	Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	02	\$829.45
98005	Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	02	\$587.45
98002	Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	02	\$1,069.83
98001	Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	02	\$1,050.69
98004	Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 10 minutes must be met or exceeded.	02	\$365.30
98016	Brief communication technology-based service (eg, virtual check-in) by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related evaluation and management service provided within the previous 7 days nor leading to an evaluation and management service or procedure within the next 24 hours or soonest available appointment, 5-10 minutes of medical discussion.	02	\$89.83