



Update

October 2009

No. 2009-58

Affected Programs: BadgerCare Plus, Medicaid

To: Audiologists, Advanced Practice Nurse Prescribers, Chiropractors, **Family Planning Clinics**, Federally Qualified Health Clinics, Master's Level Psychotherapists, Nurses in Independent Practice, Nurse Midwives, Nurse Practitioners, Optometrists, Outpatient Mental Health Clinics, Outpatient Substance Abuse Clinics, Physician Assistants, Physician Clinics, Physicians, Podiatrists, Psychiatrists, Psychologists, Speech and Hearing Clinics, Substance Abuse Counselors, HMOs and Other Managed Care Programs

New Reimbursement Rates for Certain Professional Services Effective October 1, 2009

Effective for dates of service on and after October 1, 2009, ForwardHealth is changing reimbursement rates for certain professional services to pay no more than current Medicare rates. Rate changes apply to the BadgerCare Plus Standard Plan, the BadgerCare Plus Benchmark Plan, the BadgerCare Plus Core Plan for Adults with No Dependent Children, and Medicaid.

Effective for dates of service on and after October 1, 2009, ForwardHealth is changing reimbursement rates for certain professional services, including surgical and medical procedures, to pay no more than current Medicare rates. For select professional services, new reimbursement rates apply only for members who are 19 years of age and older on the date of service.

Reimbursement rates for laboratory, anesthesia, and radiology services will not be affected. Refer to the Attachment of this *ForwardHealth Update* for a comprehensive list of affected procedure codes, along with their new reimbursement rates.

Rate changes apply to the BadgerCare Plus Standard Plan, the BadgerCare Plus Benchmark Plan, the BadgerCare Plus Core Plan for Adults with No Dependent Children, and Medicaid.

Providers may also refer to the Medicaid maximum allowable fee schedules on the ForwardHealth Portal for the new reimbursement rates. Providers are reminded to ensure that they are charging members the correct copayment to reflect the new reimbursement rates.

Information Regarding Managed Care Organizations

This *Update* contains fee-for-service policy and applies to services members receive on a fee-for-service basis only. For managed care policy, contact the appropriate managed care organization. Managed care organizations are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin Well Woman Program is administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at (800) 947-9627 or visit our Web site at www.forwardhealth.wi.gov/.

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ATTACHMENT

Rate Changes for Certain Professional Services Effective October 1, 2009

The following table lists new reimbursement rates for providers effective for dates of service (DOS) on and after October 1, 2009. Rates shown on the list reflect the maximum allowable fee for physicians. Consistent with current ForwardHealth policy, reimbursement rates may vary based on provider type. For example, reimbursement rates for physician assistants are typically set at 90 percent of the physician rate for most procedures.

For select procedures (identified on the table by an asterisk), new reimbursement rates apply only for members who are 19 years of age and older on the DOS. For these select procedures, providers will receive current reimbursement rates when the service is rendered to members who are 18 years of age and younger on the DOS.

Procedure Code	Description	Modifier	New Reimbursement Rate
11042	Debride Skin/Tissue		\$62.33
11043	Debride Tissue/Muscle		\$228.63
11044	Debride Tissue/Muscle/Bone		\$312.36
11402	Exc Tr-Ext B9+Marg 1.1-2 cm		\$131.53
11403	Exc Tr-Ext B9+Marg 2.1-3 cm		\$151.50
11404	Exc Tr-Ext B9+Marg 3.1-4 cm		\$172.45
11422	Exc H-F-Nk-Sp B9+Marg 1.1-2		\$140.60
11423	Exc H-F-Nk-Sp B9+Marg 2.1-3		\$163.86
11424	Exc H-F-Nk-Sp B9+Marg 3.1-4		\$189.05
11426	Exc H-F-Nk-Sp B9+Marg > 4 cm		\$271.45
11442	Exc Face-Mm B9+Marg 1.1-2 cm		\$151.81
11446	Exc Face-Mm B9+Marg > 4 cm		\$314.85
11450	Removal, Sweat Gland Lesion		\$287.34
11470	Removal, Sweat Gland Lesion		\$315.62
11642	Exc Face-Mm Malig+Marg 1.1-2		\$224.04
11770	Removal of Pilonidal Lesion		\$214.32
11771	Removal of Pilonidal Lesion		\$440.51
15116	Epidrm A-Grft F/N/Hf/G Addl		\$141.54
15120	Skn Splt A-Grft Fac/Nck/Hf/G		\$784.10
15121	Skn Splt A-Grft F/N/Hf/G Add		\$222.85
15738	Muscle-Skin Graft, Leg		\$1,219.88
15756	Free Myo/Skin Flap Microvasc		\$2,046.62
15823	Revision of Upper Eyelid		\$554.68
15937	Remove Sacrum Pressure Sore		\$877.80
17003	Destruct Premalg Les, 2-14		\$6.33

Procedure Code	Description	Modifier	New Reimbursement Rate
17107	Destruction of Skin Lesions		\$381.71
17108*	Destruction of Skin Lesions		\$490.49
19126	Excision, Addl Breast Lesion		\$139.52
19318	Reduction of Large Breast		\$963.17
19357	Breast Reconstruction		\$1,304.78
19361	Breast Reconstr w/Lat Flap		\$1,405.71
20660	Apply, Rem Fixation Device		\$218.08
20690	Apply Bone Fixation Device		\$470.16
20692	Apply Bone Fixation Device		\$879.55
20693	Adjust Bone Fixation Device		\$390.21
20694	Remove Bone Fixation Device		\$353.95
21338	Treat Nasoethmoid Fracture		\$615.65
21365	Treat Cheek Bone Fracture		\$947.42
21390	Treat Eye Socket Fracture		\$660.00
21423	Treat Mouth Roof Fracture		\$676.73
21470	Treat Lower Jaw Fracture		\$1,016.90
21556	Remove Lesion, Neck/Chest		\$351.49
21557	Remove Tumor, Neck/Chest		\$498.39
21630	Extensive Sternum Surgery		\$1,092.88
21750	Repair of Sternum Separation		\$624.07
21930	Remove Lesion, Back or Flank		\$390.21
22522	Percut Vertebroplasty Addl		\$222.66
22554	Neck Spine Fusion		\$1,072.43
22556	Thorax Spine Fusion		\$1,403.87
22558	Lumbar Spine Fusion		\$1,298.61
22585	Additional Spinal Fusion		\$295.59
22590	Spine & Skull Spinal Fusion		\$1,293.37
22600	Neck Spine Fusion		\$1,053.38
22610	Thorax Spine Fusion		\$1,041.12
22612	Lumbar Spine Fusion		\$1,351.63
22614	Spine Fusion, Extra Segment		\$345.61
22630	Lumbar Spine Fusion		\$1,295.08
22800	Fusion of Spine		\$1,147.50
22802*	Fusion of Spine		\$1,825.86
22804	Fusion of Spine		\$2,111.23
22810	Fusion of Spine		\$1,740.32
22851	Apply Spine Prosth Device		\$359.29
23077	Remove Tumor of Shoulder		\$1,017.78

Procedure Code	Description	Modifier	New Reimbursement Rate
23412	Repair Rotator Cuff, Chronic		\$740.08
23420	Repair of Shoulder		\$831.94
23455	Repair Shoulder Capsule		\$870.24
23470	Reconstruct Shoulder Joint		\$1,049.68
23472	Reconstruct Shoulder Joint		\$1,301.36
23616	Treat Humerus Fracture		\$1,099.94
24363	Replace Elbow Joint		\$1,286.46
25111	Remove Wrist Tendon Lesion		\$262.10
25215	Removal of Wrist Bones		\$534.35
25800	Fusion of Wrist Joint		\$632.15
26125	Release Palm Contracture		\$246.65
26350	Repair Finger/Hand Tendon		\$590.06
27054	Removal of Hip Joint Lining		\$576.40
27096	Inject Sacroiliac Joint		\$151.33
27122	Reconstruction of Hip Socket		\$950.07
27125	Partial Hip Replacement		\$968.76
27130	Total Hip Arthroplasty		\$1,249.05
27132	Total Hip Arthroplasty		\$1,460.73
27134	Revise Hip Joint Replacement		\$1,694.50
27146	Incision of Hip Bone		\$1,089.02
27156	Revision of Hip Bones		\$1,481.05
27158	Revision of Pelvis		\$1,191.83
27176	Treat Slipped Epiphysis		\$780.49
27227	Treat Hip Fracture(s)		\$1,446.46
27228	Treat Hip Fracture(s)		\$1,657.30
27235	Treat Thigh Fracture		\$781.15
27236	Treat Thigh Fracture		\$1,024.19
27244	Treat Thigh Fracture		\$1,053.94
27245	Treat Thigh Fracture		\$1,085.93
27250	Treat Hip Dislocation		\$204.05
27265	Treat Hip Dislocation		\$329.48
27310	Exploration of Knee Joint		\$617.26
27395	Lengthening of Thigh Tendons		\$748.99
27400	Revise Thigh Muscles/Tendons		\$580.36
27418	Repair Degenerated Kneecap		\$710.93
27422	Revision of Unstable Kneecap		\$633.28
27446	Revision of Knee Joint		\$963.06
27447	Total Knee Arthroplasty		\$1,336.79
27470	Repair of Thigh		\$1,015.09

Procedure Code	Description	Modifier	New Reimbursement Rate
27479	Surgery to Stop Leg Growth		\$800.12
27495	Reinforce Thigh		\$976.08
27502	Treatment of Thigh Fracture		\$672.95
27507	Treatment of Thigh Fracture		\$848.49
27524	Treat Kneecap Fracture		\$642.30
27590	Amputate Leg at Thigh		\$717.24
27596	Amputation Follow-Up Surgery		\$635.24
27610	Explore/Treat Ankle Joint		\$560.20
27650	Repair Achilles Tendon		\$577.25
27698	Repair of Ankle Ligament		\$569.57
27705	Incision of Tibia		\$658.87
27724	Repair/Graft of Tibia		\$1,110.22
27727	Repair of Lower Leg		\$838.53
27758	Treatment of Tibia Fracture		\$760.33
27759	Treatment of Tibia Fracture		\$861.95
27810	Treatment of Ankle Fracture		\$386.66
27814	Treatment of Ankle Fracture		\$661.80
27822	Treatment of Ankle Fracture		\$724.43
27823	Treatment of Ankle Fracture		\$826.02
27827	Treat Lower Leg Fracture		\$928.17
27880	Amputation of Lower Leg		\$807.47
27886	Amputation Follow-Up Surgery		\$577.95
27894	Decompression of Leg		\$729.72
28296	Correction of Bunion		\$606.50
28344	Repair Extra Toe(s)		\$389.84
29405	Apply Short Leg Cast		\$72.61
29807	Shoulder Arthroscopy/Surgery		\$887.46
29823	Shoulder Arthroscopy/Surgery		\$533.24
29826	Shoulder Arthroscopy/Surgery		\$570.83
29827	Arthroscopy Rotator Cuff Repr		\$933.74
29846	Wrist Arthroscopy/Surgery		\$441.74
29848	Wrist Endoscopy/Surgery		\$418.44
29862	Hip Arthroscopy/Surgery		\$685.95
29874	Knee Arthroscopy/Surgery		\$455.14
29875	Knee Arthroscopy/Surgery		\$418.86
29876	Knee Arthroscopy/Surgery		\$551.95
29877	Knee Arthroscopy/Surgery		\$522.09
29879	Knee Arthroscopy/Surgery		\$558.90

Procedure Code	Description	Modifier	New Reimbursement Rate
29880	Knee Arthroscopy/Surgery		\$583.65
29881	Knee Arthroscopy/Surgery		\$543.75
29882	Knee Arthroscopy/Surgery		\$589.17
29888	Knee Arthroscopy/Surgery		\$852.28
30520	Repair of Nasal Septum		\$510.28
31254	Revision of Ethmoid Sinus		\$248.73
31255	Removal of Ethmoid Sinus		\$367.06
31256	Exploration Maxillary Sinus		\$180.00
31267	Endoscopy, Maxillary Sinus		\$290.04
31276	Sinus Endoscopy, Surgical		\$462.94
31288	Nasal/Sinus Endoscopy, Surg		\$245.35
31500	Insert Emergency Airway		\$101.82
31502	Change of Windpipe Airway		\$32.15
31515	Laryngoscopy for Aspiration		\$176.93
31526*	Dx Laryngoscopy w/Oper Scope		\$142.63
31535	Laryngoscopy w/Biopsy		\$171.95
31536	Laryngoscopy w/Bx & Op Scope		\$192.11
31541*	Laryngosc w/Tumr Exc + Scope		\$241.56
31561	Laryngosc, Remve Cart + Scope		\$313.62
31571	Laryngosc w/Vc Inj + Scope		\$227.90
31575*	Diagnostic Laryngoscopy		\$98.80
31582	Revision of Larynx		\$1,634.40
31600	Incision of Windpipe		\$357.43
31603	Incision of Windpipe		\$201.98
31610	Incision of Windpipe		\$610.46
31615	Visualization of Windpipe		\$158.46
31622*	Dx Bronchoscope/Wash		\$277.31
31625	Bronchoscopy w/Biopsy(s)		\$305.21
31628	Bronchoscopy/Lung Bx, Each		\$366.25
31630	Bronchoscopy Dilate/Fx Repr		\$189.30
31631	Bronchoscopy, Dilate w/Stent		\$213.75
31641	Bronchoscopy, Treat Blockage		\$240.36
31645	Bronchoscopy, Clear Airways		\$273.78
32220	Release of Lung		\$1,426.71
32405	Biopsy, Lung or Mediastinum		\$95.81
32480	Partial Removal of Lung		\$1,349.94
32602	Thoracoscopy, Diagnostic		\$307.15
32650	Thoracoscopy, Surgical		\$604.74

Procedure Code	Description	Modifier	New Reimbursement Rate
32657	Thoracoscopy, Surgical		\$713.52
33025	Incision of Heart Sac		\$726.62
33050	Removal of Heart Sac Lesion		\$899.53
33120	Removal of Heart Lesion		\$1,420.29
33206	Insertion of Heart Pacemaker		\$436.41
33208	Insertion of Heart Pacemaker		\$504.46
33210	Insertion of Heart Electrode		\$174.16
33213	Insertion of Pulse Generator		\$372.54
33223	Revise Pocket, Pacing-Defib		\$400.15
33240	Insert Pulse Generator		\$449.26
33241	Remove Pulse Generator		\$218.56
33244	Remove Eltrd, Transven		\$823.68
33249	Eltrd/Insert Pace-Defib		\$874.62
33335	Insert Major Vessel Graft		\$1,725.94
33405	Replacement of Aortic Valve		\$2,120.60
33416	Revise Ventricle Muscle		\$1,851.68
33417	Repair of Aortic Valve		\$1,539.05
33426	Repair of Mitral Valve		\$2,195.50
33533	Cabg, Arterial, Single		\$1,754.23
33534	Cabg, Arterial, Two		\$2,045.47
33608	Repair Anomaly w/Conduit		\$1,669.70
33617	Repair Single Ventricle		\$1,979.60
33641*	Repair Heart Septum Defect		\$1,481.98
33645	Revision of Heart Veins		\$1,453.03
33647*	Repair Heart Septum Defects		\$1,550.37
33670	Repair of Heart Chambers		\$1,825.71
33681*	Repair Heart Septum Defect		\$1,680.95
33684	Repair Heart Septum Defect		\$1,727.19
33694	Repair of Heart Defects		\$1,824.59
33735	Revision of Heart Chamber		\$1,154.07
33750	Major Vessel Shunt		\$1,213.67
33764*	Major Vessel Shunt & Graft		\$1,165.65
33767*	Major Vessel Shunt		\$1,294.91
33820*	Revise Major Vessel		\$894.82
33822*	Revise Major Vessel		\$948.77
33840*	Remove Aorta Constriction		\$1,093.13
33853	Repair Septal Defect		\$1,727.45
33917*	Repair Pulmonary Artery		\$1,378.17

Procedure Code	Description	Modifier	New Reimbursement Rate
33920	Repair Pulmonary Atresia		\$1,669.16
33961*	External Circulation Assist		\$522.06
33975	Implant Ventricular Device		\$1,028.81
34800	Endovas Aaa Repr w/Sm Tube		\$1,082.99
35221	Repair Blood Vessel Lesion		\$1,310.86
35301	Rechanneling of Artery		\$989.72
35472	Repair Arterial Blockage		\$1,938.88
35840	Explore Abdominal Vessels		\$579.23
35903	Excision, Graft, Extremity		\$528.39
36000	Place Needle in Vein		\$22.58
36218	Place Catheter in Artery		\$172.99
36475	Endovenous Rf, 1st Vein		\$1,576.85
36478	Endovenous Laser, 1st Vein		\$1,302.14
36514	Apheresis Plasma		\$459.55
36555	Insert Non-Tunnel Cv Cath		\$247.43
36556	Insert Non-Tunnel Cv Cath		\$210.89
36560	Insert Tunneled Cv Cath		\$1,029.08
36561	Insert Tunneled Cv Cath		\$1,017.73
36568*	Insert PICC Cath		\$278.15
36569	Insert PICC Cath		\$241.51
36571	Insert Picvad Cath		\$1,082.17
36580	Replace Cvad Cath		\$206.50
36584	Replace PICC Cath		\$203.20
36589	Removal Tunneled Cv Cath		\$151.51
36590	Removal Tunneled Cv Cath		\$245.15
36620	Insertion Catheter, Artery		\$48.16
36660	Insertion Catheter, Artery		\$62.86
36680	Insert Needle, Bone Cavity		\$55.53
36800	Insertion of Cannula		\$145.14
36822	Insertion of Cannula(s)		\$342.92
36830	Artery-Vein Nonautograft		\$608.76
36832	Av Fistula Revision, Open		\$536.80
37200	Transcatheter Biopsy		\$226.55
37201	Transcatheter Therapy Infuse		\$267.22
37204*	Transcatheter Occlusion		\$896.89
37207	Transcath IV Stent, Open		\$405.22
37607	Ligation of A-V Fistula		\$342.75
37620	Revision of Major Vein		\$619.83
38220*	Bone Marrow Aspiration		\$137.68

Procedure Code	Description	Modifier	New Reimbursement Rate
38221	Bone Marrow Biopsy		\$153.09
38525	Biopsy/Removal, Lymph Nodes		\$356.42
38724	Removal of Lymph Nodes, Neck		\$1,241.43
38770	Remove Pelvis Lymph Nodes		\$750.08
38792	Identify Sentinel Node		\$35.58
39010*	Exploration of Chest		\$719.36
39501	Repair Diaphragm Laceration		\$731.84
39502	Repair Paraesophageal Hernia		\$878.58
39545	Revision of Diaphragm		\$794.48
40700	Repair Cleft Lip/Nasal		\$806.52
40701	Repair Cleft Lip/Nasal		\$996.97
42145	Repair Palate, Pharynx/Uvula		\$607.70
42200	Reconstruct Cleft Palate		\$767.60
42440	Excise Submaxillary Gland		\$409.79
42815	Excision of Neck Cyst		\$481.02
42820	Remove Tonsils and Adenoids		\$254.95
42825	Removal of Tonsils		\$227.77
42826	Removal of Tonsils		\$219.95
42830*	Removal of Adenoids		\$179.10
42950*	Reconstruction of Throat		\$679.62
43200	Esophagus Endoscopy		\$184.49
43215	Esophagus Endoscopy		\$139.87
43219	Esophagus Endoscopy		\$155.35
43220	Esoph Endoscopy, Dilation		\$115.12
43235	Upper GI Endoscopy, Diagnosis		\$260.40
43239*	Upper GI Endoscopy, Biopsy		\$301.74
43241	Upper GI Endoscopy with Tube		\$142.02
43242	Upper GI Endoscopy w/Us Fn Bx		\$389.03
43243	Upper GI Endoscopy & Inject		\$245.07
43244	Upper GI Endoscopy/Ligation		\$271.61
43245	Uppr GI Scope Dilate Strictr		\$171.01
43246*	Place Gastrostomy Tube		\$229.25
43247	Operative Upper GI Endoscopy		\$183.02
43248	Uppr GI Endoscopy/Guide Wire		\$173.14
43249	Esoph Endoscopy, Dilation		\$159.33
43251	Operative Upper GI Endoscopy		\$199.15
43255	Operative Upper GI Endoscopy		\$247.43
43256	Upper GI Endoscopy w/Stent		\$233.00
43258	Operative Upper GI Endoscopy		\$244.35

Procedure Code	Description	Modifier	New Reimbursement Rate
43259	Endoscopic Ultrasound Exam		\$278.71
43260	Endo Cholangiopancreatograph		\$318.93
43262	Endo Cholangiopancreatograph		\$393.72
43264	Endo Cholangiopancreatograph		\$472.72
43268	Endo Cholangiopancreatograph		\$398.37
43269	Endo Cholangiopancreatograph		\$436.47
43271	Endo Cholangiopancreatograph		\$393.39
43280	Laparoscopy, Fundoplasty		\$916.68
43520	Incision of Pyloric Muscle		\$593.11
43761	Reposition Gastrostomy Tube		\$111.95
44015	Insert Needle Cath Bowel		\$125.57
44050	Reduce Bowel Obstruction		\$784.94
44140	Partial Removal of Colon		\$1,132.38
44160	Removal of Colon		\$1,044.52
44373	Small Bowel Endoscopy		\$187.99
44382	Small Bowel Endoscopy		\$75.15
44500	Intro, Gastrointestinal Tube		\$24.09
44970	Laparoscopy, Appendectomy		\$495.88
45378	Diagnostic Colonoscopy		\$344.79
45380*	Colonoscopy and Biopsy		\$414.07
45383	Lesion Removal Colonoscopy		\$493.80
45385	Lesion Removal Colonoscopy		\$467.41
46060	Incision of Rectal Abscess		\$373.46
46255	Hemorrhoidectomy		\$390.84
46260	Hemorrhoidectomy		\$380.27
47001	Needle Biopsy, Liver Add-on		\$90.48
47011	Percut Drain, Liver Lesion		\$183.17
47505	Injection for Liver X-Rays		\$37.63
47562	Laparoscopic Cholecystectomy		\$617.71
47563	Laparo Cholecystectomy/Graph		\$631.91
48102	Needle Biopsy, Pancreas		\$481.18
49180	Biopsy, Abdominal Mass		\$152.56
49320	Diag Laparo Separate Proc		\$277.87
49322	Laparoscopy, Aspiration		\$318.44
49495*	Rpr Ing Hernia Baby, Reduc		\$330.05
49500*	Rpr Ing Hernia, Init, Reduce		\$327.83
49505	Rpr I/Hern Init Reduc >5 Yr		\$429.94
49507	Rpr I/Hern Init Block >5 Yr		\$529.79

Procedure Code	Description	Modifier	New Reimbursement Rate
49520	Rerepair Ing Hernia, Reduce		\$525.78
49565	Rerepair Ventrl Hern, Reduce		\$641.07
49570	Rpr Epigastric Hern, Reduce		\$338.32
49580*	Rpr Umbil Hern, Reduc < 5 Yr		\$263.29
49585	Rpr Umbil Hern, Reduc > 5 Yr		\$363.81
49587	Rpr Umbil Hern, Block > 5 Yr		\$431.57
49606	Repair Umbilical Lesion		\$957.17
49650	Lap Ing Hernia Repair Init		\$352.88
50080	Removal of Kidney Stone		\$857.03
50081	Removal of Kidney Stone		\$1,259.41
50200	Biopsy of Kidney		\$139.40
50220	Remove Kidney, Open		\$1,000.14
50230	Removal Kidney Open, Radical		\$1,258.26
50240	Partial Removal of Kidney		\$1,298.06
50393	Insert Ureteral Tube		\$217.47
50590	Fragmenting of Kidney Stone		\$888.08
50780	Reimplant Ureter in Bladder		\$1,065.58
50783	Reimplant Ureter in Bladder		\$1,082.35
50820	Construct Bowel Bladder		\$1,275.31
50845	Appendico-Vesicostomy		\$1,223.14
51040	Incise & Drain Bladder		\$282.27
51701	Insert Bladder Catheter		\$57.49
51702	Insert Temp Bladder Cath		\$73.76
51725	Simple Cystometrogram		\$207.63
51725		26	\$75.16
51725		TC	\$132.46
51726	Complex Cystometrogram		\$301.17
51726		26	\$85.51
51726		TC	\$215.65
51772	Urethra Pressure Profile		\$232.09
51772		26	\$79.55
51772		TC	\$152.54
51784	Anal/Urinary Muscle Study		\$190.74
51784		26	\$75.89
51784		TC	\$114.86
51795	Urine Voiding Pressure Study		\$283.31
51795		26	\$76.22
51795		TC	\$207.09

Procedure Code	Description	Modifier	New Reimbursement Rate
51797	Intra-abdominal Pressure Test		\$139.65
51797		26	\$42.91
51797		TC	\$96.74
51865	Repair of Bladder Wound		\$857.08
51900	Repair Bladder/Vagina Lesion		\$794.21
51960	Revision of Bladder & Bowel		\$1,359.43
51980	Construct Bladder Opening		\$695.20
52234	Cystoscopy and Treatment		\$245.90
52235	Cystoscopy and Treatment		\$288.32
52240	Cystoscopy and Treatment		\$504.55
52310	Cystoscopy and Treatment		\$244.14
52351	Cystouretero & or Pyeloscope		\$313.37
52352	Cystouretero w/Stone Remove		\$367.94
52353	Cystouretero w/Lithotripsy		\$423.39
52601	Prostatectomy (Turp)		\$811.97
54161	Circum 28 Days or Older		\$192.47
54304	Revision of Penis		\$744.69
54322	Reconstruction of Urethra		\$775.84
54324*	Reconstruction of Urethra		\$964.59
54326	Reconstruction of Urethra		\$907.16
54328	Revise Penis/Urethra		\$920.49
54332	Revise Penis/Urethra		\$1,005.16
54530	Removal of Testis		\$494.25
54640*	Suspension of Testis		\$452.57
54650	Orchiopexy (Fowler-Stephens)		\$692.75
55040	Removal of Hydrocele		\$326.97
56501	Destroy, Vulva Lesions, Sim		\$114.36
56515	Destroy Vulva Lesion/S Compl		\$195.86
56605	Biopsy of Vulva/Perineum		\$73.81
57287	Revise/Remove Sling Repair		\$630.15
57288	Repair Bladder Defect		\$662.24
57410	Pelvic Examination		\$95.34
57455	Biopsy of Cervix w/Scope		\$127.46
57460	Bx of Cervix w/Scope, Leep		\$262.21
57461	Conz of Cervix w/Scope, Leep		\$294.51
57513	Laser Surgery of Cervix		\$126.45
57520	Conization of Cervix		\$271.25
57522	Conization of Cervix		\$232.61

Procedure Code	Description	Modifier	New Reimbursement Rate
58260	Vaginal Hysterectomy		\$734.76
58262	Vag Hyst Including T/O		\$820.98
58270	Vag Hyst w/Enterocoele Repair		\$787.13
58340	Catheter for HysteroGRAPHY		\$112.46
58550	Laparo-Asst Vag Hysterectomy		\$785.34
58565	Hysteroscopy, Sterilization		\$1,713.48
58605	Division of Fallopian Tube		\$292.72
58611	Ligate Oviduct(s) Add-on		\$70.23
58615	Occlude Fallopian Tube(s)		\$221.03
58662	Laparoscopy, Excise Lesions		\$628.51
58670	Laparoscopy, Tubal Cautery		\$324.21
58671	Laparoscopy, Tubal Block		\$324.02
58720	Removal of Ovary/Tube(s)		\$636.23
58940	Removal of Ovary(s)		\$444.14
59012	Fetal Cord Puncture, Prenatal		\$179.02
59015	Chorion Biopsy		\$136.18
59025	Fetal Non-Stress Test		\$40.32
59025		26	\$26.68
59025		TC	\$9.06
59160	D & C After Delivery		\$185.63
59200	Insert Cervical Dilator		\$64.51
59300	Episiotomy or Vaginal Repair		\$167.08
59320	Revision of Cervix		\$134.36
59412	Antepartum Manipulation		\$90.83
59525	Remove Uterus After Cesarean		\$426.76
59812	Treatment of Miscarriage		\$272.00
59821	Treatment of Miscarriage		\$327.42
60220	Partial Removal of Thyroid		\$661.04
60240	Removal of Thyroid		\$841.19
60280	Remove Thyroid Duct Lesion		\$378.64
60500	Explore Parathyroid Glands		\$871.43
60545	Explore Adrenal Gland		\$1,080.88
61070	Brain Canal Shunt Procedure		\$70.48
61107*	Drill Skull for Implantation		\$268.43
61154	Pierce Skull & Remove Clot		\$1,024.79
61210*	Pierce Skull, Implant Device		\$313.45
61215	Insert Brain-Fluid Device		\$394.77
61304	Open Skull for Exploration		\$1,349.94

Procedure Code	Description	Modifier	New Reimbursement Rate
61312	Open Skull for Drainage		\$1,695.87
61313	Open Skull for Drainage		\$1,616.39
61314	Open Skull for Drainage		\$1,493.43
61320	Open Skull for Drainage		\$1,572.62
61343	Incise Skull (Press Relief)		\$1,810.16
61500	Removal of Skull Lesion		\$1,111.76
61510	Removal of Brain Lesion		\$1,786.47
61531	Implant Brain Electrodes		\$986.21
61533	Implant Brain Electrodes		\$1,244.52
61535	Remove Brain Electrodes		\$802.88
61548	Removal of Pituitary Gland		\$1,296.45
61550	Release of Skull Seams		\$859.98
61557*	Incise Skull/Sutures		\$1,381.58
61612	Transect Artery, Sinus		\$1,431.07
61624	Transcath Occlusion, CNS		\$1,011.34
61626	Transcath Occlusion, Non-CNS		\$827.26
61750	Incise Skull/Brain Biopsy		\$1,150.60
61751	Brain Biopsy w/Ct/Mr Guide		\$1,120.22
61795	Brain Surgery Using Computer		\$211.81
62010	Treatment of Head Injury		\$1,240.65
62100	Repair Brain Fluid Leakage		\$1,327.58
62140	Repair of Skull Defect		\$858.68
62141	Repair of Skull Defect		\$943.69
62146	Repair of Skull with Graft		\$994.24
62147	Repair of Skull with Graft		\$1,180.97
62220	Establish Brain Cavity Shunt		\$828.72
62223*	Establish Brain Cavity Shunt		\$851.92
62225*	Replace/Irrigate Catheter		\$405.96
62230*	Replace/Revise Brain Shunt		\$684.84
62256	Remove Brain Cavity Shunt		\$475.34
62284	Injection for Myelogram		\$192.65
62310	Inject Spine C/T		\$186.59
62311*	Inject Spine L/S (Cd)		\$164.49
62319	Inject Spine w/Cath L/S (Cd)		\$180.68
62350	Implant Spinal Canal Cath		\$334.09
62362	Implant Spine Infusion Pump		\$349.54
62367	Analyze Spine Infusion Pump		\$33.70
62367		26	\$23.96

Procedure Code	Description	Modifier	New Reimbursement Rate
62368	Analyze Spine Infusion Pump		\$48.20
62368		26	\$24.10
63012	Removal of Spinal Lamina		\$988.68
63020	Neck Spine Disk Surgery		\$966.58
63030	Low Back Disk Surgery		\$803.01
63042	Laminotomy, Single Lumbar		\$1,100.09
63045	Removal of Spinal Lamina		\$1,051.34
63046	Removal of Spinal Lamina		\$1,007.13
63047	Removal of Spinal Lamina		\$918.27
63048	Remove Spinal Lamina Add-on		\$184.60
63056	Decompress Spinal Cord		\$1,250.56
63075	Neck Spine Disk Surgery		\$1,152.85
63081	Removal of Vertebral Body		\$1,486.03
63085	Removal of Vertebral Body		\$1,603.75
63087	Removal of Vertebral Body		\$2,043.81
63090	Removal of Vertebral Body		\$1,679.94
63172	Drainage of Spinal Cyst		\$1,144.35
63190	Incise Spinal Column/Nerves		\$1,083.96
63200	Release of Spinal Cord		\$1,240.83
63265	Excise Intraspinous Lesion		\$1,374.61
63281	Biopsy/Excise Spinal Tumor		\$1,723.40
63650	Implant Neuroelectrodes		\$359.70
63655	Implant Neuroelectrodes		\$700.02
63660	Revise/Remove Neuroelectrode		\$376.21
63707	Repair Spinal Fluid Leakage		\$752.47
63709	Repair Spinal Fluid Leakage		\$914.74
64416	N Block Cont Infuse, B Plex		\$81.81
64418	N Block Inj, Suprascapular		\$115.74
64446	N Blk Inj, Sciatic, Cont Inf		\$82.51
64448	N Block Inj Fem, Cont Inf		\$73.07
64472	Inj Paravertebral C/T Add-on		\$97.86
64476	Inj Paravertebral L/S Add-on		\$81.89
64484	Inj Foramen Epidural Add-on		\$117.58
64520	N Block, Lumbar/Thoracic		\$158.49
64613	Destroy Nerve, Neck Muscle		\$131.83
64614*	Destroy Nerve, Extrem Musc		\$147.92
64622	Destr Paravertebrl Nerve L/S		\$278.33
64623	Destr Paravertebral N Add-on		\$103.03

Procedure Code	Description	Modifier	New Reimbursement Rate
64627	Destr Paravertebral N Add-on		\$140.20
64713	Revision of Arm Nerve(s)		\$651.43
64718	Revise Ulnar Nerve at Elbow		\$477.06
64721	Carpal Tunnel Surgery		\$348.76
64885	Nerve Graft, Head or Neck		\$986.39
65285	Repair of Eye Wound		\$827.51
65730	Corneal Transplant		\$972.68
65855	Laser Surgery of Eye		\$269.02
66761	Revision of Iris		\$353.32
66821	After Cataract Laser Surgery		\$252.90
66830	Removal of Lens Lesion		\$563.53
66852	Removal of Lens Material		\$670.88
66982	Cataract Surgery, Complex		\$851.75
66983	Cataract Surg w/lol, 1 Stage		\$589.51
66984	Cataract Surg w/lol, 1 Stage		\$610.60
66986	Exchange Lens Prosthesis		\$737.69
67010	Partial Removal of Eye Fluid		\$430.04
67028	Injection Eye Drug		\$170.72
67036	Removal of Inner Eye Fluid		\$768.00
67039	Laser Treatment of Retina		\$982.94
67040	Laser Treatment of Retina		\$1,134.60
67108	Repair Detached Retina		\$1,286.91
67145	Treatment of Retina		\$411.53
67210	Treatment of Retinal Lesion		\$553.31
67255	Reinforce/Graft Eye Wall		\$665.69
67311*	Revise Eye Muscle		\$472.53
67312	Revise Two Eye Muscles		\$566.16
67314	Revise Eye Muscle		\$530.15
67320*	Revise Eye Muscle(S) Add-on		\$267.10
67332	Rerevise Eye Muscles Add-on		\$275.01
67413	Explore/Treat Eye Socket		\$685.19
67904	Repair Eyelid Defect		\$576.78
67917	Repair Eyelid Defect		\$466.09
67966	Revision of Eyelid		\$606.27
68720	Create Tear Sac Drain		\$603.70
69205	Clear Outer Ear Canal		\$86.94
69433	Create Eardrum Opening		\$165.08
69436*	Create Eardrum Opening		\$140.98

Procedure Code	Description	Modifier	New Reimbursement Rate
69620	Repair of Eardrum		\$583.72
69631	Repair Eardrum Structures		\$751.61
69632	Rebuild Eardrum Structures		\$924.34
69633	Rebuild Eardrum Structures		\$890.19
69635	Repair Eardrum Structures		\$1,045.62
69641	Revise Middle Ear & Mastoid		\$895.96
69642	Revise Middle Ear & Mastoid		\$1,156.44
69643	Revise Middle Ear & Mastoid		\$1,056.18
69644	Revise Middle Ear & Mastoid		\$1,276.69
69660	Revise Middle Ear Bone		\$803.54
69930	Implant Cochlear Device		\$1,083.34
90935	Hemodialysis, One Evaluation		\$63.86
90937	Hemodialysis, Repeated Eval		\$105.04
90945*	Dialysis, One Evaluation		\$66.35
90947	Dialysis, Repeated Eval		\$107.50
91010	Esophagus Motility Study		\$171.75
91010		26	\$63.91
91010		TC	\$107.84
91065	Breath Hydrogen Test		\$58.81
91065		26	\$10.02
91065		TC	\$48.79
91110	GI Tract Capsule Endoscopy		\$814.60
91110		26	\$183.47
91110		TC	\$627.84
91122	Anal Pressure Record		\$210.10
91122		26	\$86.35
91122		TC	\$123.75
92225	Special Eye Exam, Initial		\$21.82
92235	Eye Exam with Photos		\$108.45
92235		26	\$40.47
92235		TC	\$67.98
92286	Internal Eye Photography		\$101.46
92286		26	\$32.40
92286		TC	\$69.05
92585	Auditor Evoke Potent, Compre		\$89.97
92585		26	\$24.45
92585		TC	\$65.51
92960	Cardioversion Electric, Ext		\$239.96

Procedure Code	Description	Modifier	New Reimbursement Rate
93000	Electrocardiogram, Complete		\$19.20
93015	Cardiovascular Stress Test		\$91.90
93224	ECG Monitor/Report, 24 Hrs		\$107.00
93230	ECG Monitor/Report, 24 Hrs		\$109.29
93268	ECG Record/Review		\$240.79
93303	Echo Transthoracic		\$199.68
93303		26	\$66.41
93303		TC	\$133.27
93307	TTE w/o Doppler, Complete		\$160.92
93307		26	\$47.91
93307		TC	\$113.01
93321	Doppler Echo Exam, Heart		\$30.99
93321		26	\$7.88
93321		TC	\$23.10
93325	Doppler Color Flow Add-on		\$45.96
93325		26	\$3.67
93325		TC	\$42.29
93508	Cath Placement, Angiography		\$699.64
93508		26	\$223.72
93508		TC	\$464.02
93510	Left Heart Catheterization		\$1,192.49
93510		26	\$235.97
93510		TC	\$956.52
93526	Rt & Lt Heart Catheters		\$1,529.64
93526		26	\$325.18
93526		TC	\$1,204.46
93880	Extracranial Study		\$166.09
93880		26	\$29.54
93880		TC	\$136.56
93970	Extremity Study		\$169.05
93970		26	\$33.05
93970		TC	\$136.00
93971	Extremity Study		\$108.68
93971		26	\$21.99
93971		TC	\$86.70
93975	Vascular Study		\$225.36
93975		26	\$88.43
93975		TC	\$136.93

Procedure Code	Description	Modifier	New Reimbursement Rate
93976	Vascular Study		\$178.91
93976		26	\$58.99
93976		TC	\$116.99
94060	Evaluation of Wheezing		\$52.74
94060		26	\$13.99
94070	Evaluation of Wheezing		\$54.78
94070		26	\$27.40
94070		TC	\$27.38
94240	Residual Lung Capacity		\$35.51
94240		26	\$11.85
94240		TC	\$23.66
94260	Thoracic Gas Volume		\$28.35
94260		26	\$5.83
94260		TC	\$22.51
94360	Measure Airflow Resistance		\$39.31
94360		26	\$11.85
94360		TC	\$27.46
94375	Respiratory Flow Volume Loop		\$34.21
94375		26	\$13.99
94375		TC	\$20.23
94640	Airway Inhalation Treatment		\$11.92
94720	Monoxide Diffusing Capacity		\$46.62
94720		26	\$11.85
94720		TC	\$12.06
94750	Pulmonary Compliance Study		\$64.51
94750		26	\$10.44
94750		TC	\$54.07
95805	Multiple Sleep Latency Test		\$385.73
95805		26	\$87.73
95805		TC	\$297.99
95860	Muscle Test, One Limb		\$74.78
95860		26	\$46.99
95860		TC	\$28.53
95861	Muscle Test, 2 Limbs		\$109.55
95861		26	\$75.18
95861		TC	\$34.43
95900	Motor Nerve Conduction Test		\$40.65
95900		26	\$20.43
95900		TC	\$24.38

Procedure Code	Description	Modifier	New Reimbursement Rate
95903	Motor Nerve Conduction Test		\$57.26
95903		26	\$28.73
95903		TC	\$28.53
95904	Sense Nerve Conduction Test		\$38.07
95904		26	\$16.54
95904		TC	\$22.83
95920	Intraop Nerve Test Add-on		\$139.95
95920		26	\$102.05
95920		TC	\$37.90
95925	Somatosensory Testing		\$106.65
95925		26	\$26.05
95925		TC	\$80.61
95953	EEG Monitoring/Computer		\$365.71
95953		26	\$156.41
95953		TC	\$209.30
95956	EEG Monitoring, Cable/Radio		\$642.96
95956		26	\$146.99
95956		TC	\$495.97
95957	EEG Digital Analysis		\$155.55
95957		26	\$94.63
95957		TC	\$57.38
95958	EEG Monitoring/Function Test		\$249.73
95958		26	\$202.52
95958		TC	\$149.83
96102	Psycho Testing by Technician		\$48.41
96103	Psycho Testing Admin by Comp		\$43.60
96110*	Developmental Test, Lim		\$8.63
96413	Chemo, IV Infusion, 1 Hr		\$135.18
96415	Chemo, IV Infusion, Addl Hr		\$30.14
99241	Office Consultation		\$45.74
99251	Inpatient Consultation		\$46.77
99281	Emergency Dept Visit		\$19.51
99356	Prolonged Service, Inpatient		\$80.64
99357	Prolonged Service, Inpatient		\$81.12
G0101	Ca Screen; Pelvic/Breast Exam		\$32.80
G0105	Colorectal Scrn; Hi Risk Ind		\$344.79
G0121	Colon Ca Scrn Not Hi Rsk Ind		\$344.79

* Providers should note that for the selected procedure codes, the new reimbursement rates only apply for members who are 19 years of age and older on the date of service.