

# CPT LIBRARY

## FEE SCHEDULE LISTING (By CPT CODE)

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Code	Description	Fee	Taxable	Inactive
20550	Tendon Injection	\$400.00		
20552	TPI 1-2 Muscles	\$400.00		
20553	TPI 3+ Muscles	\$505.00		
20600	Small Joint w/o US (fingers, toes)	\$700.00		
20604	Small Joint w/ US (fingers, toes)	\$1,000.00		
20605	Intermediate Joint w/o US (wrist, elbow, ankle)	\$800.00		
20606	Intermediate Joint w/ US (wrist, elbow, ankle)	\$1,100.00		
20610	Major Joint w/o US (shoulder, hip, knee)	\$900.00		
20611	Major Joint w/ US (shoulder, hip, knee)	\$1,200.00		
27096	SI Joint w/ US guidance	\$1,195.00		
70250	Xr, Skull; Less Than 4 Vws	\$0.00		
70328	Xr, Tmj, Open And Clsd Mouth; Unil	\$0.00		
70330	Xr, Tmj, Open And Clsd Mouth; Bil	\$0.00		
71010	Xr, Chest Ap	\$120.00		
71020	Xr, Chest Ap-Lat	\$241.00		
71022	Xr, Chest Ap-Lat-Oblqs	\$0.00		
71100	Xr, Ribs, Unil; 2 Vws	\$0.00		
71110	Xr, Ribs, Bil; 3 Vws	\$0.00		
71120	Xr, Sternum; Min Of 2 Vws	\$0.00		
72010	Xr, Spine, Entire, Survey Study, AP/LAT	\$120.00		
72020	Xr, Spine; Single Vw, Specify Level	\$165.00		
72040	Xr, Spine, Cervical; 2 Or 3 Vws	\$325.00		
72050	Xr, Spine, Cervical; Min Of 4 Vws	\$335.00		
72052	Xr, Sp, Cervical; Cmpl	\$395.00		
72070	Xr, Spine; Thoracic, 2 Vws	\$240.00		
72072	Xr, Spine; Thoracic, 3 Vws	\$0.00		
72080	XR Thoracolumber (Trunk) 2 Views	\$260.00		
72084	XR Full Spine 6+ views	\$810.00		
72100	Xr, Spine, L/S; 2 Or 3 Vws	\$245.00		
72110	XR, L/S 2 view + Obliques	\$355.00		
72114	Xr, Sp, L/S, Complete, Incl Bending Vws	\$430.00		
72120	Xr, Spine, L/S, Bending Vws Only, 4 Vws	\$0.00		
72170	Xr, Pelvis; 1 Or 2 Vws	\$100.00		
72190	Xr, Pelvis; Complete, 3+ Vws	\$0.00		
72200	Xr, Sacroiliac Joints; < 3 Vws	\$0.00		
72220	Xr, Sacrum And Coccyx; 2+ Vws	\$0.00		
73000	Xr, Clavical, Complete	\$231.00		
73010	Xr, Scapula, Complete	\$0.00		
73020	Xr, Shoulder; 1 Vw	\$180.00		
73030	Xr, Shoulder, Complete, Min 2 Vws	\$260.00		
73070	Xr, Elbow; 2 Vws	\$228.00		
73080	Xr, Elbow; Complete, 3+ Vws	\$262.00		
73090	Xr, Forearm, 2 Vws	\$0.00		
73100	Xr, Wrist; 2 Vws	\$90.00		
73110	Xr, Wrist; Complete, Min Of 3 Vws	\$0.00		
73120	Xr, Hand, 2 Vws	\$185.00		
73130	Xr, Hand; Min 3 Vws	\$0.00		
73140	Xr, Finger(S) Min 2+ Vws	\$80.00		
73500	Xr, Hip, Unil 1 Vw	\$195.00		
73510	Xr, Hip, Complete; 2 Vws	\$245.00		

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73520	Xr, Hips, Bil, Min 2 Vws	\$310.00		
73522	Xr, Hips, Bil 3+ views	\$407.00		
73550	Xr, Femur, 2 Vws	\$0.00		
73560	Xr, Knee; 1 Or 2 Vws	\$205.00		
73562	Xr, Knee; 3 Vws	\$300.00		
73564	Xr, Knee; Complete, 4+ Vws	\$331.00		
73590	Xr, Tibia And Fibula; 2 Vws	\$115.00		
73600	Xr, Ankle; 2 Vws	\$113.00		
73610	Xr, Ankle; Complete, 3+ Vws	\$0.00		
73620	Xr, Foot; 2 Vws	\$140.00		
76882	US Procedures Diagnostic	\$150.00		
76942	Ultrasound Guidance	\$150.00		
95851	Computer Range of Motion	\$110.00		
96372	Therapeutic, prophlactic, and diagnostic injections and infusions	\$16.00		
97010	Appl Modality 1+ Areas Hot/Cold Packs	\$41.00		
97012	Appl Modality 1+ Areas Trcj Mchnl	\$70.00		
97014	Appl Modality 1+ Areas Elec Stim Unattn	\$65.00		
97035	Appl Modality 1+ Areas Us Ea 15 Min	\$60.00		
97039	Unlisted Modality	\$0.00		
97110	Ther Px 1+ Areas Ea 15 Min Ther Xerss	\$99.00		
97112	Ther Px 1+ Areas Ea 15 Min NeurRed	\$99.00		
97124	Ther Px 1+ Areas Ea 15 Min Massage	\$80.00		
97140	Mnl Ther Tqs 1+ Regions Ea 15 Min	\$95.00		
97530	Therapeutic Activities	\$99.00		
97535	Self-Care/Home Mgmt Training Ea 15 Min	\$90.00		
97750	Functional Assessment	\$99.00		
97760	Init Orthotic(s) management and train	\$120.00		
97763	Est Orthotic(s) management and train	\$127.00		
97802	MedNutr Ther1St Assmt&lvntj Ind Ea15 Min	\$0.00		
97803	MedNutr Ther Re-Assmt&lvntj Ind Ea15 Min	\$0.00		
97804	Med Nutr Ther Grp2/> Indiv Ea 30 Min	\$0.00		
98940	Cmt 1-2 Regions	\$75.00		
98941	Cmt 3-4 Regions	\$95.00		
98942	Cmt 5 Regions	\$0.00		
98943	Cmt, Extraspinal	\$75.00		
99201	E/M New Pat, Level 1 (99201)	\$300.00		
99202	E/M New Pat, Level 2 (99202)	\$400.00		
99203	E/M New Pat, Level 3 (99203)	\$525.00		
99204	E/M New Pat, Level 4 (99204)	\$700.00		
99205	E/M New Pat, Level 5 (99205)	\$0.00		
99211	E/M Est Pat, Level 1 (99211)	\$0.00		
99212	E/M Est Pat, Level 2 (99212)	\$275.00		
99213	E/M Est Pat, Level 3 (99213)	\$350.00		
99214	E/M Est Pat, Level 4 (99214)	\$500.00		
99215	E/M Est Pat, Level 5 (99215)	\$0.00		
99241	Office Consult 15 Min (99241)	\$0.00		
99242	Office Consult 30 Min (99242)	\$0.00		
99243	Office Consult 40 Min (99243)	\$0.00		
99244	Office Consult 60 Min (99244)	\$0.00		

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99245	Office Consult 80 Min (99245)	\$0.00		
99358	Prolng E/M B/f &After Dir Pt Care 1St Hr	\$0.00		
99359	Prolng E/M Bef/After Dir Care Ea 30Min	\$0.00		
99401	Nutritional Consult Init re-assessment	\$125.00		
99402	Nutritional Consult Initial Assessment	\$225.00		
99406	Tobacco Use Cessation Interm 3-10 Min	\$0.00		
99407	Tobacco Use Cessation Intensive >10 Min	\$0.00		
99441	Physician Telephone Evaluation 5-10 Min	\$0.00		
99442	Physician Telephone Evaluation 11-20 Min	\$0.00		
99443	Physician Telephone Evaluation 21-30 Min	\$0.00		
A4556	Tens Pads	\$10.00		
E0730	Tens Unit	\$595.00		
E0849	Cervical Pneumatic Traction	\$695.00		
G0283	Elec Stim Other Than Wound	\$65.00		
G8442	Patient is not Eligible for Pain Assessment for Documented Reasons	\$0.00		
G8509	Pain Assessment Documented as Positive, Follow-Up Plan Not Documented, Reason not Specified	\$0.00		
G8539	Current Functional Outcome Assessment and Care Plan Documented	\$0.00		
G8540	Current Functional Outcome Assessment not Documented, Patient not Eligible	\$0.00		
G8541	Current Functional Outcome Assessment not Documented, Reason not Specified	\$0.00		
G8542	CFOAD, no Functional Deficiencies Identified, Care Plan not Required	\$0.00		
G8543	CFOAD, Care Plan not Documented, Reason not Specified	\$0.00		
G8730	Pain Assessment Documented as Positive AND Follow-Up Plan Documented	\$0.00		
G8731	Pain Assessment Documented as Negative, No Follow-Up Plan Required	\$0.00		
G8732	Pain Assessment Not Documented, Reason not Specified	\$0.00		
G8783	BP NORMAL, NO Follow-up.	\$0.00		
G8784	BP Tested, Documented, Patient Not Eligible.	\$0.00		
G8785	BP NOT Tested, Reason Not Given.	\$0.00		
G8939	Pain Assessment documented, follow-up plan not documented, Patient not eligible/appropriate	\$0.00		
G8942	Documented functional outcome assessment and care plan within the previous 30 days	\$0.00		
G8950	BP HIGH, Follow-up ACTIONS TAKEN.	\$0.00		
G8951	High BP Documented, Follow-up Not Documented, Patient is Not Eligible.	\$0.00		
G8952	High BP Documented, Follow-up not documented, Reason Not Given.	\$0.00		
G9227	Functional outcome assessment documented, care plan not documented, documentation the patient is not eligible for a care plan.	\$0.01		
INS-INTRST	Insurance Interest Payment (for report builder filter)	\$0.00		

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Code	Description	Fee	Taxable	Inactive
J1040	Depomedrol, per 80mg	\$15.00		
J1885	Ketorolac Tromethamine per 15mg	\$3.00		
J3301	Kenalog Injections	\$15.00		
J3490	Unclassified drugs	\$25.00		
J7321	Supartz medication per dose	\$261.00		
J7324	Orthovisc 30mg	\$1,400.00		
J7327	Monovisc Sodium Hyaluronate per 88mg	\$1,650.00		
J7328	GelSyn	\$1,344.00		
L0450	Thoracic Brace	\$200.00		
L0625	Back brace	\$200.00		
L0628	Lumbosacral Brace	\$200.00		
L0648	Air A Med LSO back brace	\$1,995.00		
L0650	Aspen Evergreen LSO back brace	\$2,295.00		
L1825	Knee bace	\$500.00		
L1851	Knee Orthosis	\$1,795.00		
L2397	Addition to lower extremity orthosis	\$195.00		
L3020	Left foot orthotic	\$250.00		
L3020-L	Left foot orthotic	\$250.00		
L3020-R	Right foot orthotic	\$250.00		
L3030	Foot orthotics	\$325.00		
L3030-1	Orthotics inserts	\$225.00		
L3650	Shoulder orthososis	\$300.00		
L3908-L	Left Wrist Orthosis	\$150.00		
L3908-R	Right Wrist Orthosis	\$150.00		
M0056	Heel lift	\$12.00		
Misc	Miscellanious	\$0.00		
S0020	Bupivacaine Hydrochloride per 30ml	\$480.00		
S9090	Vertebral Axial Decomprss	\$0.00		