

Below is a description of our office and hospital billing codes. The appropriate billing codes are typically chosen after your visit once the provider performs his/her assessment and your care plan has been determined. There are many factors that help determine which codes are selected and charged. These factors include: a. the history of your illness, including onset, duration and other factors that are affecting your symptoms; b. the extent of the exam that was needed to assess your condition; and c. the complexity of decision making that was required to develop your care. Please contact the ENT office at 315-363-5421 with further questions.

Oneida Medical Practice ENT Specialist of Oneida

CPT Code	Description	Standard Charge	Medicare Allowance	Medicaid Allowance
99201	New Patient Office Visit Brief Visit	63.00	42.24	22.74
99202	New Patient Office Visit Straight Forward	108.00	72.32	38.90
99203	New Patient Office Visit Low Complexity	157.00	104.85	56.93
99204	New Patient Office Visit Moderate Complexity	240.00	160.10	86.41
99205	New Patient Office Visit High Complexity	302.00	201.30	108.35
99211	Established Patient Office Visit Brief	29.00	19.21	12.56
99212	Established Patient Office Visit Straight Forward	63.00	42.24	23.48
99213	Established Patient Office Visit Low Complexity	106.00	70.44	37.41
99214	Established Patient Office Visit Moderate Complexity	157.00	104.67	56.18
99215	Established Patient Office Visit High Complexity	212.00	141.28	75.80
99217	Hospital Outpatient Services OBSERVATION CARE DISCHARG	107.00	71.19	6.00
99218	Hospital Outpatient Services OBSERVATION CARE Low Complexity	148.00	98.34	10.00
99219	Hospital Outpatient Services OBSERVATION CARE Mod Complexity	200.00	133.33	10.00
99220	Hospital Outpatient Services OBSERVATION CARE High Complexity	274.00	182.67	10.00
99221	INITIAL HOSPITAL CARE and ADMISSION Low Complexity	149.00	99.49	10.00
99222	INITIAL HOSPITAL CARE and ADMISSION Moderate Complexity	202.00	134.50	10.00
99223	INITIAL HOSPITAL CARE and ADMISSION High Complexity	299.00	199.21	10.00
99231	SUBSEQUENT HOSPITAL CARE Low Complexity	57.00	38.33	6.00
99232	SUBSEQUENT HOSPITAL CARE Moderate Complexity	107.00	71.07	6.00
99233	SUBSEQUENT HOSPITAL CARE High Complexity	154.00	102.34	102.41

CPT Code	Description	Standard Charge	Medicare Allowance	Medicaid Allowance
99234	OBSERV/HOSP SAME DATE Low Complexity	197.00	131.36	10.00
99235	OBSERV/HOSP SAME DATE Moderate Complexity	249.00	166.02	10.00
99236	OBSERV/HOSP SAME DATE High Complexity	321.00	214.07	10.00
99238	HOSPITAL DISCHARGE DAY Planning Less than 30 minutes	107.00	71.53	6.00
99239	HOSPITAL DISCHARGE DAY Planning More than 30 minutes	158.00	105.32	6.00

Below is a list of procedures that may be performed and/or suggested by your provider. Please consult your provider with any further questions regarding the procedures below.

10021	FINE NEEDLE ASPIRATION	216.00	144.23	81.61
10060	I & D SKIN ABSCESS	170.00	113.44	60.50
10061	I & D SKIN ABSCESS COMPLI	301.00	200.49	103.19
10120	INCISION AND RMVL OF FB	221.00	147.37	78.42
10140	I & D HEMATOMA SEROMA	237.00	157.95	85.50
10160	PUNCT/ASPIRATION ABCESS	189.00	126.08	70.27
11000	DEBRIDEMENT INFECTED SKIN	79.00	52.88	29.85
11100	BX OF SKIN SUB MUC MEMBRN	149.00	99.59	55.52
11200	REMOVAL SKIN TAGS UP TO 1	128.00	85.08	44.93
11201	REMOVAL SKIN TAGS EACH AD	27.00	18.28	33.00
11305	SHAVE LES SCALP NECK .5 C	143.00	95.11	38.87
11306	SHAVE LES SCALP NECK .6 T	176.00	117.12	52.75
11307	SHAVE LES SCALP NECK .6 T	207.00	138.28	61.42
11308	SHAVE LES SCALP NECK OVER	219.00	145.88	70.54
11310	SHAVE LES FACE .5CM OR LE	164.00	109.03	46.49
11311	SHAVE LES FACE .6 TO 1.0	161.00	107.33	57.64
11312	SHAVE LES FACE 1.1 TO 2.0	231.00	154.15	67.01
11313	SHAVE LES FACE OVER 2.0 C	268.00	178.49	84.61
11400	EXC TR-EXT 0.5<CM	179.00	119.57	66.94

CPT Code	Description	Standard Charge	Medicare Allowance	Medicaid Allowance
11420	EXC LES SCALP NECK .5 CM	177.00	118.21	66.71
11421	EXC LES SCALP NECK .6 TO	227.00	151.65	85.02
11422	EXC LES SCALP NECK 1.1 TO	254.00	169.31	95.03
11423	EXC LES SCALP NECK 2.1 TO	293.00	195.20	110.70
11424	EXC LES SCALP NECK 3.1 TO	338.00	225.50	126.80
11426	EXC LES SCALP NECK OVER 4	484.00	322.45	179.50
11440	EXC LES FACE MUC MEM .5CM	195.00	129.67	74.33
11441	EXC LES FACE MUC MEM .6 T	244.00	162.39	91.59
11442	EXC LES FACE MUC MEM 1.1	272.00	181.11	102.79
11443	EXC LES FACE MUC MEM 2.1	324.00	216.10	123.35
11444	EXC LES FACE MUC MEM 3.1	408.00	271.92	154.84
11446	EXC LES FACE MUC MEM OVER	568.00	378.72	206.69
11620	EXC MAL LES SCALP NECK .5	281.00	187.13	101.41
11621	EXC MAL LES SCALP NECK .6	332.00	221.39	120.47
11622	EXC MAL LES SCALP NECK 1.	370.00	246.78	135.76
11623	EXC MAL LES SCALP NECK 2.	435.00	289.93	158.63
11624	EXC MAL LES SCALP NECK 3.	490.00	326.77	179.49
11626	EXC MAL LES SCALP NECK OV	592.00	394.77	221.40
11640	EXC MAL LES FACE .5 CM AN	289.00	192.60	106.00
11641	EXC MAL LES FACE .6 TO 1.	343.00	228.94	128.89
11642	EXC MAL LES FACE 1.1 TO 2	392.00	261.18	148.19
11643	EXC MAL LES FACE 2.1 TO 3	463.00	308.80	174.10
11644	EXC MAL LES FACE 3.1 TO 4	572.00	381.45	216.01
11646	EXC MAL LES FACE OVER 4.0	750.00	499.88	283.94
11900	INJ INTRALESIONAL UP TO 7	80.00	53.34	30.31
12031	INTER REPAIR SCALP 2.5 CM	342.00	227.72	124.13
12032	INTER REPAIR SCALP 2.6 TO	437.00	291.19	165.83
12034	INTER REPAIR SCALP 7.6 TO	450.00	300.13	161.62

CPT Code	Description	Standard Charge	Medicare Allowance	Medicaid Allowance
12041	INTER REPAIR NECK 2.5 CM	349.00	232.58	131.93
12042	INTER REPAIR NECK 2.6 TO	417.00	278.01	155.62
12044	INTER REPAIR NECK 7.6 TO	519.00	346.11	176.56
12051	INTER REPAIR FACE 2.5 CM	372.00	248.04	146.06
12052	INTER REPAIR FACE 2.6 TO	425.00	283.10	160.49
12053	INTER REPAIR FACE 5.1 TO	499.00	332.63	175.67
13120	COMPLX REPAIR SCALP 1.1 T	505.00	336.80	180.81
13121	COMPLX REPAIR SCALP 2.6 T	616.00	410.77	236.86
13122	COMPLX REPAIR SCALP EA AD	194.00	129.03	68.24
13131	COMPLX REPAIR F/C/C/M/N 1	557.00	371.17	198.89
13132	COMPLX REPAIR F/C/C/M/N 2	689.00	459.49	309.32
13133	COMPLX REPAIR F/C/C/M/N E	260.00	173.16	92.33
13150	COMPLX REPAIR EL/N/E/L 1.	539.00	359.21	203.63
13151	COMPLX REPAIR EL/N/E/L 1.	611.00	407.53	225.03
13152	COMPLX REPAIR EL/N/E/L 2.	734.00	489.12	305.40
14060	SKIN TISSUE REARRANGEMENT	1129.00	752.96	427.84
17000	DESTRUCTION LESION; FIRST	96.00	63.92	42.71
17003	DESTRUCTION LESION; 2 THR	8.00	5.42	4.32
17270	DESTR MAL LES SCALP NECK	218.00	145.10	79.41
17271	DESTR MAL LES SCALP NECK	236.00	157.40	86.80
17272	DESTR MAL LES SCALP NECK	269.00	179.04	99.47
17273	DESTR MAL LES SCALP NECK	300.00	200.28	110.67
17280	DESTR MAL LES F/E/E/N/L/M	203.00	135.48	74.43
17281	DESTR MAL LES F/E/E/N/L/M	257.00	171.24	94.13
17282	DESTR MAL LES F/E/E/N/L/M	295.00	196.88	108.96
17283	DESTR MAL LES F/E/E/N/L/M	353.00	235.44	0.00
20926	LOBULAR FAT GRAFT	632.00	421.59	249.58
21014	EXC FACE TUM DEEP = 2CM	765.00	510.09	0.00

CPT Code	Description	Standard Charge	Medicare Allowance	Medicaid Allowance
21034	EXCISE MAX/ZYGOMA MLG TMR	1954.00	1302.98	756.70
21045	RADICAL RESECTION	1820.00	1213.58	689.21
21198	OSTEOTOMY	1725.00	1150.10	0.00
21235	EAR CARTILAGE GRAFT	1065.00	709.93	0.00
21315	CLOSED TX OF NASAL BONE F	406.00	270.97	143.20
21320	CLOSED FX NASAL BONE	375.00	249.78	143.20
21501	I&D DEEP ABSCESS/HEMATOMA	660.00	440.16	248.41
21550	BIOPSY SOFT TISSUE NECK	383.00	255.11	143.71
21554	BIOPSY NECK/THORAX >5CM	1078.00	718.80	0.00
21555	EXC NECK LES < 3CM	606.00	403.90	20.00
21556	EXC TUMOR NECK DEEP	781.00	520.54	230.93
30000	DRAINAGE OF NOSE LESION	335.00	223.11	131.79
30020	DRAINAGE OF NOSE LESION	339.00	225.81	123.91
30100	INTRANASAL BIOPSY	206.00	137.43	76.92
30110	REMOVAL OF NOSE POLYP(S)	336.00	223.91	124.61
30115	REMOVAL OF NOSE POLYP(S)	631.00	420.97	243.37
30117	REMOVAL OF INTRANASAL LES	1271.00	847.60	456.61
30118	REMOVAL OF INTRANASAL LES	1124.00	749.07	436.28
30120	REVISION OF NOSE	757.00	504.90	287.24
30124	REMOVAL OF NOSE LESION	417.00	277.88	159.64
30125	REMOVAL OF NOSE LESION	890.00	593.17	354.99
30130	EXCISE INFERIOR TURBINATE	556.00	370.52	214.80
30140	RESECT INFERIOR TURBINATE	642.00	427.96	242.44
30160	REMOVAL OF NOSE	1133.00	755.56	456.41
30210	NASAL SINUS THERAPY	219.00	146.05	81.35
30220	INSERT NASAL SEPTAL BUTTO	439.00	292.86	158.24
30300	REMOVE NASAL FOREIGN BODY	335.00	223.21	133.12
30310	REMOVE NASAL FOREIGN BODY	299.00	199.63	118.00

CPT Code	Description	Standard Charge	Medicare Allowance	Medicaid Allowance
30400	RECONSTRUCTION OF NOSE	1470.00	979.82	601.37
30410	RECONSTRUCTION OF NOSE	1727.00	1151.62	726.77
30420	RECONSTRUCTION OF NOSE	2010.00	1340.25	787.48
30430	REVISION OF NOSE	1262.00	841.03	540.05
30435	REVISION OF NOSE	1819.00	1212.45	709.62
30450	REVISION OF NOSE	2192.00	1461.35	917.27
30465	REPAIR NASAL STENOSIS	1437.00	957.73	556.45
30520	REPAIR OF NASAL SEPTUM	912.00	607.73	331.21
30540	REPAIR NASAL DEFECT	1006.00	670.49	394.01
30560	RELEASE OF NASAL ADHESION	390.00	260.14	152.23
30580	REPAIR UPPER JAW FISTULA	957.00	638.23	353.78
30600	REPAIR MOUTH/NOSE FISTULA	835.00	556.64	326.75
30620	INTRANASAL RECONSTRUCTION	911.00	607.66	351.68
30630	REPAIR NASAL SEPTUM DEFEC	916.00	610.58	353.11
30801	ABLATE INF TURBINATE SU	332.00	221.48	128.59
30802	CAUTERIZATION INNER NOS	423.00	282.14	163.43
30901	CONTROL OF NOSEBLEED	140.00	93.01	59.75
30903	CONTROL OF NOSEBLEED	300.00	199.84	108.27
30905	CONTROL OF NOSEBLEED	375.00	249.89	135.71
30906	REPEAT CONTROL OF NOSEBLE	409.00	272.81	155.21
30915	LIGATION NASAL SINUS AR	844.00	562.83	325.13
30920	LIGATION UPPER JAW ARTE	1224.00	816.23	463.74
30930	THER FX NASAL INF TURBI	180.00	120.32	69.00
31000	IRRIGATION MAXILLARY SI	267.00	178.29	100.46
31002	IRRIGATION SPHENOID SIN	282.00	188.31	115.86
31020	EXPLORATION MAXILLARY S	708.00	472.31	278.38
31030	EXPLORATION MAXILLARY S	1012.00	674.34	404.65
31032	EXPLORE SINUS REMOVE PO	841.00	560.67	323.35

CPT Code	Description	Standard Charge	Medicare Allowance	Medicaid Allowance
31050	EXPLORATION SPHENOID SI	708.00	472.29	277.70
31051	SPHENOID SINUS SURGERY	943.00	628.61	364.67
31070	EXPLORATION OF FRONTAL SI	641.00	427.11	245.74
31075	EXPLORATION OF FRONTAL SI	1143.00	761.70	443.26
31080	REMOVAL OF FRONTAL SINUS	1508.00	1005.38	580.76
31081	REMOVAL OF FRONTAL SINUS	2193.00	1461.87	702.52
31084	REMOVAL OF FRONTAL SINUS	1688.00	1125.53	652.61
31085	REMOVAL OF FRONTAL SINUS	2151.00	1433.97	703.49
31086	REMOVAL OF FRONTAL SINUS	1641.00	1094.15	633.93
31087	REMOVAL OF FRONTAL SINUS	1586.00	1057.20	623.74
31090	EXPLORATION OF SINUSES	1495.00	996.79	562.81
31200	REMOVAL OF ETHMOID SINUS	831.00	553.82	314.18
31201	REMOVAL OF ETHMOID SINUS	1083.00	721.91	415.47
31231	NASAL ENDOSCOPY DX	304.00	202.82	110.39
31233	NASAL/SINUS ENDOSCOPY D	383.00	255.24	154.32
31235	NASAL/SINUS ENDOSCOPY D	436.00	290.96	177.25
31237	NASAL/SINUS ENDOSCOPY S	378.00	251.68	191.29
31238	NASAL/SINUS ENDOSCOPY S	377.00	251.42	196.37
31239	NASAL/SINUS ENDOSCOPY S	907.00	604.62	379.77
31240	NASAL/SINUS ENDOSCOPY S	239.00	159.06	95.60
31254	REVISION OF ETHMOID SINUS	406.00	270.54	163.70
31255	REMOVAL OF ETHMOID SINUS	595.00	396.43	241.89
31256	EXPLORATION MAXILLARY SIN	294.00	196.23	118.91
31267	ENDOSCOPY MAXILLARY SIN	472.00	314.93	191.26
31276	SINUS ENDOSCOPY SURGICA	750.00	499.73	304.56
31287	NASAL/SINUS ENDOSCOPY S	345.00	230.03	139.42
31288	NASAL/SINUS ENDOSCOPY S	400.00	266.69	161.57
31290	NASAL/SINUS ENDOSCOPY S	1714.00	1142.85	668.58

CPT Code	Description	Standard Charge	Medicare Allowance	Medicaid Allowance
31291	NASAL/SINUS ENDOSCOPY S	1823.00	1215.62	705.88
31292	NASAL/SINUS ENDOSCOPY S	1478.00	985.30	579.15
31293	NASAL/SINUS ENDOSCOPY S	1604.00	1069.18	630.16
31294	NASAL/SINUS ENDOSCOPY S	1837.00	1224.44	724.22
31296	SINUS ENDO W/BALLOON DIL	3005.00	2003.22	162.89
31300	REMOVAL OF LARYNX LESION	1855.00	1236.99	710.76
31320	DIAGNOSTIC INCISION LAR	958.00	638.56	376.81
31360	REMOVAL OF LARYNX	3065.00	2043.36	1087.51
31365	REMOVAL OF LARYNX	3796.00	2530.91	1363.38
31367	PARTIAL REMOVAL OF LARYNX	3246.00	2164.07	1203.68
31368	PARTIAL REMOVAL OF LARYNX	3599.00	2399.27	1357.18
31370	PARTIAL REMOVAL OF LARYNX	3048.00	2032.08	1141.85
31375	PARTIAL REMOVAL OF LARYNX	2894.00	1929.16	1073.13
31380	PARTIAL REMOVAL OF LARYNX	2852.00	1901.06	1063.01
31382	PARTIAL REMOVAL OF LARYNX	3129.00	2085.83	1159.44
31390	REMOVAL OF LARYNX & PHARY	4208.00	2805.45	1530.67
31395	RECONSTRUCT LARYNX & PHAR	4428.00	2951.68	1642.20
31400	REVISION OF LARYNX	1465.00	976.90	576.31
31420	REMOVAL OF EPIGLOTTIS	1227.00	818.29	472.90
31500	INSERT EMERGENCY AIRWAY	165.00	109.77	63.14
31502	CHANGE OF WINDPIPE AIRWAY	52.00	34.60	0.00
31505	DIAGNOSTIC LARYNGOSCOPY	121.00	80.48	49.08
31510	LARYNGOSCOPY WITH BIOPSY	310.00	206.61	122.99
31511	REMOVE FOREIGN BODY LAR	309.00	206.15	122.87
31512	REMOVAL OF LARYNX LESION	303.00	202.05	122.27
31515	LARYNGOSCOPY FOR ASPIRATI	303.00	201.85	122.93
31520	DX LARYNGOSCOPY NEWBORN	234.00	155.99	90.59
31525	DX LARYNGOSCOPY EXCL NB	370.00	246.95	145.85

CPT Code	Description	Standard Charge	Medicare Allowance	Medicaid Allowance
31526	DX LARYNGOSCOPY W/OPER SC	235.00	156.34	140.00
31527	LARYNGOSCOPY FOR TREATMEN	293.00	195.17	0.00
31530	LARYNGOSCOPY W/FB REMOVAL	294.00	196.06	120.00
31531	LARYNGOSCOPY W/FB & OP SC	318.00	212.07	160.00
31535	LARYNGOSCOPY W/BIOPSY	284.00	189.28	112.59
31536	LARYNGOSCOPY W/BX & OP SC	315.00	210.33	160.00
31540	LARYNGOSCOPY W/EXC OF TUM	362.00	241.53	144.44
31541	LARYNSCOP W/TUMR EXC + SC	396.00	263.95	160.00
31545	REMOVE VC LESION W/SCOPE	542.00	361.42	210.50
31546	REMOVE VC LESION SCOPE/GR	825.00	549.88	319.48
31560	LARYNGOSCOP W/ARYTENOIDEC	470.00	313.24	200.00
31561	LARYNSCOP REMVE CART +	514.00	342.49	203.27
31570	LARYNGOSCOPE W/VC INJ	498.00	332.25	208.07
31571	LARYNGOSCOP W/VC INJ + SC	374.00	249.51	149.15
31575	DIAGNOSTIC LARYNGOSCOPY	167.00	111.59	68.80
31576	LARYNGOSCOPY WITH BIOPSY	327.00	217.93	131.59
31577	REMOVE FOREIGN BODY LAR	354.00	236.29	143.09
31578	REMOVAL OF LARYNX LESION	407.00	271.49	164.99
31579	DIAGNOSTIC LARYNGOSCOPY	309.00	205.67	52.00
31580	REVISION OF LARYNX	1794.00	1196.18	683.67
31584	TREAT LARYNX FRACTURE	2225.00	1483.04	865.39
31587	REVISION OF LARYNX	1479.00	986.15	550.73
31588	REVISION OF LARYNX	1678.00	1118.51	643.72
31590	REINNERVATE LARYNX	1302.00	867.74	523.34
31595	LARYNX NERVE SURGERY	1122.00	748.07	0.00
31600	TRACHEOSTOMY PLANNED	590.00	393.40	231.62
31603	TRACHEOSTOMY EMERGENCY	332.00	221.65	80.00
31613	TRACHEOSTOMA REVISION	665.00	443.62	253.37

CPT Code	Description	Standard Charge	Medicare Allowance	Medicaid Allowance
31615	TRACHEOBRONCHOSCOPY	267.00	177.89	107.51
31622	BROCHOSCOPY	457.00	304.81	194.95
36415	ROUTINE VENIPUNCTURE	25.00	0.00	0.00
37615	LIGATION OF NECK ARTERY	757.00	504.82	273.76
38510	EXC BIOPSY CERVICAL NODES	763.00	508.71	287.29
38724	CERVICAL LYMPHADENECTOMY	2162.00	1441.66	768.29
40490	BIOPSY OF LIP	189.00	125.68	0.00
40520	EXC OF LIP V-EXCISION	722.00	481.42	286.78
40800	DRAINAGE OF MOUTH LESION	314.00	209.64	110.93
40806	INCISION LABIAL FRENUM	159.00	106.04	59.58
40808	BX VESTIBULE OF MOUTH	277.00	184.74	99.21
40810	EXC LESION MUCOSA W/O REP	306.00	204.29	0.00
40812	EXC LES VESTIBULE MOUTH	430.00	286.64	155.44
40816	EXC LES MUCOSA MOUTH COMP	600.00	400.05	220.88
40819	EXC FRENUM LABIAL OR BUC	468.00	312.06	167.57
41008	INTRAORAL INC/DRAIN ABCES	566.00	377.54	204.24
41010	INC OF LINGUAL FRENUM	299.00	199.46	113.66
41100	BIOPSY OF TOUNGE	250.00	166.56	94.40
41105	BX TONGUE POST ONE THIRD	254.00	169.30	0.00
41108	BIOPSY OF FLOOR OF MOUTH	220.00	146.67	80.63
41110	EXCISION OF TONGUE LESION	314.00	209.62	160.00
41112	EXC OF TONGUE LESION	499.00	332.70	182.69
41113	EXC LES TONGUE W/CLOSURE	547.00	364.56	0.00
41114	EXCISION OF TONGUE LESION	953.00	635.46	0.00
41115	EXC OF LINGUAL FRENUM	366.00	244.00	132.01
41116	EXC LESION FLOOR MOUTH	492.00	327.82	60.00
41120	GLOSSECTOMY	1559.00	1039.64	605.42
41520	FRENOPLASTY	528.00	352.10	191.08

CPT Code	Description	Standard Charge	Medicare Allowance	Medicaid Allowance
41530	TONGUE BASE VOL REDUCTION	4692.00	3127.82	0.00
41825	EXCISION OF GUM LESION	315.00	209.72	0.00
41826	EXC OF LESION/TUMOR	470.00	313.62	0.00
41827	EXCISION OF GUM LESION	661.00	440.99	0.00
42100	BIOPSY ROOF OF MOUTH	224.00	149.28	0.00
42104	EXCISION OF UVULA	320.00	213.39	0.00
42106	EXC LESION MOUTH ROOF	407.00	271.61	160.00
42107	EXCISION LESION OF PALATE	686.00	457.03	0.00
42140	UVULECTOMY	374.00	249.29	138.66
42145	PALATOPHARYNGOPLASTY	1052.00	701.29	395.44
42330	SIALOLITHOTOMY SUBMANDIB	344.00	229.59	130.41
42335	SIALOLITHOTOMY COMPLICAT	555.00	370.27	40.00
42405	BIOPSY SALIVARY GLAND INC	442.00	294.92	0.00
42408	EXC OF SALIVARY CYST	671.00	447.23	0.00
42415	EXC PAROTID GLAND/LESION	1576.00	1050.60	639.13
42420	EXC PAROTID GLAND/LESION	1771.00	1180.73	733.21
42426	EXC PAROTID GLAND/LESION	2017.00	1344.55	784.15
42440	EXC SUBMANDIBUR GLAND	615.00	409.69	263.72
42500	SIALODOCHOPLASTY	644.00	429.25	140.00
42700	I AND D PERITONSILLAR ABS	281.00	187.40	105.45
42725	I&D ABCESS RETROPHARYNGEA	1221.00	814.17	459.22
42800	BIOPSY OROPHARYNX	235.00	156.80	88.55
42802	BIOPSY; HYPOPHARYNX	348.00	231.78	143.96
42804	BIOPSY NASOPHARYNX	288.00	191.85	118.04
42806	BIOPSY; NASOPARYNX LESION	323.00	215.50	132.61
42808	EXCISION PHARYNX LESION	336.00	223.68	129.31
42815	EXC BRANCHIAL CLEFT CYST	834.00	556.02	317.35
42820	T & A < 12 YEARS OLD	432.00	288.02	167.56

CPT Code	Description	Standard Charge	Medicare Allowance	Medicaid Allowance
42821	T & A 12 YEARS AND OLDER	448.00	298.97	175.90
42825	TONSILLECTOMY < 12 YEARS	389.00	259.64	150.88
42826	TONSILLECTOMY > 12 YEARS	374.00	249.39	145.74
42830	ADENOIDECTOMY < 12 YEARS	309.00	206.10	80.00
42831	ADENOIDECTOMY > 12 YEARS	332.00	221.42	128.70
42842	RADICAL RESECTION OF TONS	1481.00	987.14	544.64
42870	EXCISION LINGUAL TONSIL	858.00	572.19	40.00
42900	SUTURE PHARYNX FOR WOUND	506.00	337.04	199.99
42961	PHARYNX ADENOIDS TONSILS	631.00	420.37	50.00
42962	OROPHARYNGEAL HEMORRHAGE	774.00	515.72	60.00
43130	RMVL OF ESOPHAGUS POUCH	1172.00	781.06	450.88
43180	ESOPHAGOSCOPY TRANSORAL	831.00	554.13	0.00
43200	ESOPHAGOSCOPY	395.00	263.26	132.08
43289	UNLISTED LAPAROSCOPY PROC	598.00	0.00	0.00
43499	UNLISTED PROC, ESOPHAGUS	0.00	0.00	0.00
60210	PARTIAL THYROID LOBECTOMY	1045.00	696.67	388.82
60220	TOTAL THYROID LOBECTOMY	1046.00	697.19	425.83
60225	TOTAL THYROID LOBECTOMY	1379.00	919.34	512.45
60240	REMOVAL OF THYROID	1360.00	906.46	544.02
60252	THYROIDECTOMY FOR MALIGNA	1954.00	1302.71	731.02
60271	THYROIDECTOMY; CERVICAL	1566.00	1044.18	591.02
60280	EXC THYROID DUCT LESION	656.00	437.11	248.11
60500	PARATHYROIDECTOMY EXPLORE	1426.00	950.51	561.26
60512	PARATHYROID AUTOTRANSPLAN	362.00	241.53	137.21
61781	STEREOTACTIC CRANIAL ASSI	351.00	234.24	92.88
61782	STEREOTACTIC SCAN PROCED	263.00	175.27	91.69
69000	DRAIN EXTERNAL EAR LESION	272.00	181.45	103.47
69005	DRAIN EXTERNAL EAR LESION	314.00	209.25	120.23

CPT Code	Description	Standard Charge	Medicare Allowance	Medicaid Allowance
69020	DRAIN OUTER EAR CANAL LES	338.00	225.57	132.71
69100	BIOPSY OF EXTERNAL EAR	146.00	97.23	60.94
69105	BIOPSY OF EXTERNAL EAR CA	205.00	136.37	80.23
69110	REMOVE EXTERNAL EAR PAR	668.00	445.32	257.06
69120	REMOVAL OF EXTERNAL EAR	592.00	394.69	233.74
69140	REMOVE EAR CANAL LESION(S	1290.00	859.87	504.78
69145	REMOVE EAR CANAL LESION(S	580.00	386.50	216.47
69150	EXTENSIVE EAR CANAL SURGE	1548.00	1031.93	608.86
69155	EXTENSIVE EAR/NECK SURGER	2465.00	1643.65	963.89
69200	CLEAR OUTER EAR CANAL	179.00	119.11	72.97
69205	CLEAR OUTER EAR CANAL	150.00	99.92	58.81
69210	REMOVE IMPACTED EAR WAX	72.00	48.04	0.00
69220	CLEAN OUT MASTOID CAVITY	200.00	133.02	79.03
69222	CLEAN OUT MASTOID CAVITY	320.00	213.25	127.90
69300	REVISE EXTERNAL EAR	1071.00	713.86	336.51
69310	REBUILD OUTER EAR CANAL	1604.00	1069.51	631.72
69320	REBUILD OUTER EAR CANAL	2254.00	1502.78	894.22
69420	INCISION OF EARDRUM	279.00	186.15	109.79
69421	INCISION OF EARDRUM	221.00	147.00	88.52
69424	REMOVE VENTILATING TUBE	186.00	124.27	0.00
69433	CREATE EARDRUM OPENING	295.00	196.86	113.44
69436	CREATE EARDRUM OPENING	238.00	158.41	100.00
69440	EXPLORATION OF MIDDLE EAR	1016.00	677.03	389.47
69450	EARDRUM REVISION	802.00	534.82	320.00
69501	MASTOIDECTOMY	1081.00	720.76	420.04
69502	MASTOIDECTOMY	1439.00	959.28	554.80
69505	REMOVE MASTOID STRUCTURES	1775.00	1183.49	700.36
69511	EXTENSIVE MASTOID SURGERY	1819.00	1212.45	717.81

CPT Code	Description	Standard Charge	Medicare Allowance	Medicaid Allowance
69540	REMOVE EAR LESION	303.00	202.31	121.06
69601	MASTOID SURGERY REVISION	1548.00	1031.73	598.58
69602	MASTOID SURGERY REVISION	1609.00	1072.62	623.70
69603	MASTOID SURGERY REVISION	1860.00	1239.94	741.43
69604	MASTOID SURGERY REVISION	1644.00	1096.00	638.80
69610	REPAIR OF EARDRUM	565.00	376.43	227.66
69620	REPAIR OF EARDRUM	1017.00	677.75	403.19
69631	REPAIR EARDRUM STRUCTURES	1305.00	870.15	500.33
69632	REBUILD EARDRUM STRUCTURE	1591.00	1060.90	614.55
69633	REBUILD EARDRUM STRUCTURE	1540.00	1026.76	600.00
69635	REPAIR EARDRUM STRUCTURES	1817.00	1211.47	704.29
69636	REBUILD EARDRUM STRUCTURE	2037.00	1357.67	801.25
69637	REBUILD EARDRUM STRUCTURE	2067.00	1377.97	796.97
69641	REVISE MIDDLE EAR & MASTO	1539.00	1025.82	594.92
69642	REVISE MIDDLE EAR & MASTO	1978.00	1318.67	767.41
69643	REVISE MIDDLE EAR & MASTO	1811.00	1207.23	700.10
69644	REVISE MIDDLE EAR & MASTO	2187.00	1458.29	861.41
69645	REVISE MIDDLE EAR & MASTO	2148.00	1432.19	843.46
69646	REVISE MIDDLE EAR & MASTO	2280.00	1519.81	895.72
69650	RELEASE MIDDLE EAR BONE	1187.00	791.54	455.12
69660	REVISE MIDDLE EAR BONE	1374.00	915.92	532.14
69666	REPAIR MIDDLE EAR STRUCTU	1198.00	798.41	461.13
69667	REPAIR MIDDLE EAR STRUCTU	1197.00	797.75	462.10
69670	REMOVE MASTOID AIR CELLS	1394.00	929.38	540.49
69700	CLOSE MASTOID FISTULA	1012.00	674.63	404.74
69714	IMPLANT TEMPLE BONE	1596.00	1064.20	340.00
69720	RELEASE FACIAL NERVE	1772.00	1181.41	674.81
69740	REPAIR FACIAL NERVE	1730.00	1153.16	666.62

CPT Code	Description	Standard Charge	Medicare Allowance	Medicaid Allowance
69799	UNL MIDDLE EAR SURGERY	1500.00	0.00	0.00
69801	LABYRINTHOTOMY	287.00	191.55	426.19
69820	ESTABLISH INNER EAR WINDO	1266.00	843.72	496.81
69840	REVISE INNER EAR WINDOW	1352.00	901.43	530.62
69905	REMOVE INNER EAR	1355.00	903.57	523.42
69910	REMOVE INNER EAR & MASTOI	1506.00	1003.85	586.40
69970	REMOVE INNER EAR LESION	3181.00	2120.70	1238.46
69990	MICROSURGERY ADD-ON	326.00	217.37	0.00
76536	U/S SOFT TISS HEAD/NECK	168.00	111.73	75.83
92502	EAR AND THROAT EXAMINATIO	143.00	95.23	56.80
92504	EAR MICROSCOPY EXAMINATIO	44.00	29.01	0.00
92506	SPEECH/HEARING EVALUATION	308.00	205.29	93.35
92507	SPEECHLANGUAGE TREATMENT	116.00	77.64	39.91
92511	NASOPHARYNGOSCOPY	197.00	131.02	97.07
92516	FACIAL NERVE FUNCTION TES	102.00	67.95	0.00
92532	POSITIONAL NYSTAGMUS	25.00	0.00	0.00
92540	BASIC VESTIBULAR EVALUATI	149.00	99.59	0.00
92541	SPONTANEOUS NYSTAGMUS TES	33.00	21.94	44.80
92542	POSITIONAL NYSTAGMUS TEST	39.00	25.81	46.78
92543	CALORIC VESTIB TEST EA IR	23.00	15.27	21.94
92544	OPTOKINETIC NYSTAGUMS TES	23.00	15.27	37.34
92545	OSCILLATING TRACKING W RE	21.00	14.21	34.32
92550	TYMPANOMETRY AND REFLEX T	31.00	20.56	0.00
92551	SCREEN AUDIO PURE TONE AI	14.00	0.00	6.38
92552	PURE TONE AUDIOMETRY AIR	45.00	29.67	13.70
92553	AUDIOMETRY AIR & BONE	53.00	35.07	18.82
92555	SPEECH THRESHOLD AUDIOMET	33.00	21.90	10.75
92556	SPEECH AUDIOMETRY COMPL	53.00	35.41	15.00

CPT Code	Description	Standard Charge	Medicare Allowance	Medicaid Allowance
92557	COMPREHENSIVE HEARING TES	55.00	36.53	33.19
92561	BEKESY AUDIOMETRY DIAGN	54.00	35.75	0.00
92562	LOUDNESS BALANCE TEST	66.00	43.86	0.00
92563	TONE DECAY HEARING TEST	44.00	29.33	12.22
92564	SISI HEARING TEST	40.00	26.96	12.69
92565	STENGER TEST PURE TONE	22.00	14.80	9.02
92567	TYMPANOMETRY	21.00	14.18	13.64
92568	ACOUSTIC REFL THRESHOLD T	23.00	15.37	12.83
92569	ACOUSTIC REFLEX DECAY TES	20.00	13.14	10.97
92570	ACOUSTIC IMMITTANCE TESTI	47.00	31.36	0.00
92571	FILTERED SPEECH HEARING T	39.00	25.95	25.00
92572	STAGGERED SPONDAIC WORD T	45.00	29.67	0.00
92575	SENSORINEURAL ACUITY TEST	101.00	67.51	0.00
92576	SYNTHETIC SENTENCE TEST	50.00	33.38	0.00
92577	STENGER TEST SPEECH	23.00	15.14	0.00
92579	VISUAL AUDIOMETRY (VRA)	66.00	44.16	0.00
92582	CONDITIONING PLAY AUDIOME	102.00	67.85	0.00
92583	SELECT PICTURE AUDIOMETRY	72.00	48.25	0.00
92584	ELECTROCOCHLEOGRAPHY	105.00	70.21	0.00
92585	AUDITORY EVOKED POTENTIAL	194.00	129.58	81.51
92586	AUDITORY EVOKED POT LMTED	119.00	79.34	43.51
92587	EVOKED OTOACOUSTIC LMTD	32.00	21.17	37.63
92588	EVOKED OTOACOUSTIC EMIS C	49.00	32.37	55.66
92590	HEARING AID EXAM/SEL MONA	46.00	0.00	0.00
92591	HEARING AID EXAM/SEL BINA	112.00	0.00	0.00
92592	HEARING AID CHECK MONAURA	19.00	0.00	0.00
92593	HEARING AID CHECK BINAURL	31.00	0.00	0.00
92594	ELECTROACOUSTIC HA EV MON	18.00	0.00	0.00

CPT Code	Description	Standard Charge	Medicare Allowance	Medicaid Allowance
92595	ELECTROACOUSTIC HA EV BIN	38.00	0.00	0.00
92596	EAR PROTECTOR EVALUATION	60.00	39.80	0.00
92597	ORAL SPEECH DEVICE EVAL	106.00	70.67	63.57
92620	CENTRAL AUDITORY FUNC 60M	138.00	92.16	0.00
92621	CENTRAL AUDITORY FUNC 15M	33.00	21.91	0.00
92625	TINNITUS ASSESSMENT	103.00	68.56	0.00
92700	ENT PROCEDURE/SERVICE	0.00	0.00	0.00
94200	MAX BREATHING CAPACITY	37.00	24.41	18.20
94640	AIRWAY INHALATION TREAT	26.00	17.50	8.82
94664	EVAL PT USE OF INHALER	25.00	16.49	9.76
94761	NONINVASIVE EAR/PULSE OXI	7.00	4.66	0.00
95004	PERCUT ALLERGY SKIN TESTS	9.00	6.04	3.65
95010	PERCUT ALLERGY TITRATE TE	17.00	11.61	11.11
95015	ID ALLERGY TITRATE-DRUG/B	10.00	6.71	7.67
95024	ID ALLERGY TEST DRUG/BU	11.00	7.39	4.39
95027	ID ALLERGY TITRATE-AIRBOR	7.00	4.35	0.00
95028	ID ALLERGY TEST-DELAYED T	19.00	12.77	6.87
95044	ALLERGY PATCH TESTS	8.00	5.34	4.66
95052	PHOTO PATCH TEST	10.00	6.35	0.00
95056	PHOTOSENSITIVITY TESTS	63.00	42.17	0.00
95060	EYE ALLERGY TESTS	50.00	33.38	13.74
95065	NOSE ALLERGY TEST	36.00	23.92	11.30
95070	BRONCHIAL ALLERGY TESTS	43.00	28.65	0.00
95071	BRONCHIAL ALLERGY TESTS	50.00	33.05	0.00
95075	INGESTION CHALLENGE TEST	91.00	60.59	0.00
95115	IMMUNOTHERAPY ONE INJEC	22.00	8.38	0.00
95117	IMMUNOTHERAPY INJECTIONS	28.00	9.73	0.00
95120	IMMUNOTHERAPY 1 INJECTION	40.00	0.00	21.86

CPT Code	Description	Standard Charge	Medicare Allowance	Medicaid Allowance
95125	IMMUNOTHERAPY 2 OR MORE I	50.00	0.00	28.95
95144	ANTIGEN THERAPY SERVICES	18.00	11.88	0.00
95145	ANTIGEN THERAPY SERVICES	32.00	21.00	0.00
95146	ANTIGEN THERAPY SERVICES	56.00	37.22	0.00
95147	ANTIGEN THERAPY SERVICES	50.00	33.50	0.00
95148	ANTIGEN THERAPY SERVICES	75.00	50.06	0.00
95149	ANTIGEN THERAPY SERVICES	100.00	66.95	0.00
95165	ANTIGEN THERAPY SERVICES	18.00	12.22	7.04
95170	ANTIGEN THERAPY SERVICES	14.00	9.17	0.00
95180	RAPID DESENSITIZATION	196.00	130.87	87.44
95199	SUBLINGUAL ALLERGY ADMIN	120.50	0.00	0.00
95807	SLEEP STUDY	672.00	447.86	427.97
95868	CRANIAL NERVE MONITOR BI	192.00	127.89	74.47
95920	INTRAOPERATIVE NERVE MONI	239.00	159.52	121.55
95925	STIM PERIPHERAL NERVE/SKI	226.00	150.41	30.00
95992	CANALITH REPOSITIONING	63.00	41.82	0.00