

**SOUTHWEST HEALTH SYSTEM, INC.  
SOUTHWEST MEDICAL GROUP  
CHARGEMASTER AS OF 01/01/2021**

CDM Code	CPT	Description	Modifiers	Fee
10040	10040	Acne surgery		\$147.00
10060	10060	Incision and drainage of abscess		\$212.00
10061	10061	Incision and drainage of abscess(multiple\complicated		\$422.00
10080	10080	Incision and drainage of pilonidal cyst; simple		\$340.00
10081	10081	Incision and drainage of pilonidal cyst; complicated		\$576.00
10120	10120	Incision and removal of foreign body, subcutaneous tissues; simple		\$225.00
10121	10121	Incision and removal of foreign body, subcutaneous tissues; complicated		\$513.00
10140	10140	Incision and drainage of hematoma, seroma or fluid collection		\$279.00
10160	10160	Puncture aspiration of abscess, hematoma, bulla, or cyst		\$179.00
10180	10180	Incision and drainage, complex, postoperative wound infection		\$594.00
11000	11000	Debridement of extensive eczematous or infected skin; up to 10% of body surface		\$133.00
11010	11010	Debridement including removal of foreign material associated with open fracture(s) and/or dislocation(s); skin and subcutaneous tissues		\$1,085.00
11011	11011	Debridement including removal of foreign material associated with open fracture(s) and/or dislocation(s); skin, subcutaneous tissue, muscle fascia, and muscle		\$996.00
11012	11012	Debridement including removal of foreign material associated with open fracture(s) and/or dislocation(s); skin, subcutaneous tissue, muscle fascia, muscle, and bone		\$2,791.00
11042	11042	Debridement; skin, and subcutaneous tissue		\$197.00
11043	11043	Debridement; skin, subcutaneous tissue, and muscle		\$1,044.00
11044	11044	Debridement; skin, subcutaneous tissue, muscle, and bone		\$1,283.00
11045	11045	debridement, subcutaneous tissue(includes epidermis and dermis if performed)each additional 20 sq cm		\$165.00
11055	11055	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); single lesion		\$217.00
11056	11056	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); two to four lesions		\$230.00
11057	11057	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); more than four lesions		\$255.00
11102	11102	Tangential biopsy of skin (eg, shave, scoop, saucerize, curette); single lesion		\$270.00
11104	11104	PUNCH BX SKIN SINGLE LESION		\$164.00
11105	11105	Punch biopsy of skin (including simple closure, when performed); each separate/additional lesion (List separately in addition to code for primary procedure)		\$163.00
11200	11200	Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions		\$198.00
11201	11201	Removal of skin tags, multiple fibrocutaneous tags, any area; each additional ten lesions (List separately in addition to code for primary procedure)		\$84.00
11300	11300	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.5 cm or less		\$167.00
11301	11301	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.6 to 1.0 cm		\$212.00
11302	11302	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 1.1 to 2.0 cm		\$299.00
11303	11303	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter over 2.0 cm		\$372.00
11305	11305	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less		\$221.00
11306	11306	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm		\$221.00
11307	11307	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm		\$225.00
11310	11310	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less		\$215.00
11311	11311	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm		\$221.00
11312	11312	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm		\$488.00

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11400	11400	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.5 cm or less		\$233.00
11401	11401	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.6 to 1.0 cm		\$279.00
11402	11402	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 1.1 to 2.0 cm		\$344.00
11403	11403	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 2.1 to 3.0 cm		\$377.00
11404	11404	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 3.1 to 4.0 cm		\$406.00
11406	11406	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter over 4.0 cm		\$1,221.00
11420	11420	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less		\$241.00
11421	11421	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm		\$307.00
11422	11422	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm		\$435.00
11423	11423	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm		\$788.00
11424	11424	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm		\$914.00
11426	11426	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm		\$1,002.00
11440	11440	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less		\$288.00
11441	11441	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.6 to 1.0 cm		\$353.00
11442	11442	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 1.1 to 2.0 cm		\$435.00
11443	11443	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 2.1 to 3.0 cm		\$510.00
11446	11446	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter over 4.0 cm		\$1,513.00
11450	11450	Excision of skin and subcutaneous tissue for hidradenitis, axillary; with simple or intermediate repair		\$495.00
11601	11601	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.6 to 1.0 cm		\$367.00
11602	11602	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 1.1 to 2.0 cm		\$426.00
11603	11603	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 2.1 to 3.0 cm		\$697.00
11604	11604	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 3.1 to 4.0 cm		\$573.00
11606	11606	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter over 4.0 cm		\$1,292.00
11620	11620	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less		\$472.00
11621	11621	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm		\$907.00

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11622	11622	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm		\$419.00
11623	11623	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm		\$763.00
11624	11624	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm		\$1,325.00
11626	11626	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm		\$1,090.00
11640	11640	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.5 cm or less		\$501.00
11641	11641	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.6 to 1.0 cm		\$606.00
11642	11642	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 1.1 to 2.0 cm		\$698.00
11643	11643	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 2.1 to 3.0 cm		\$817.00
11644	11644	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 3.1 to 4.0 cm		\$1,055.00
11719	11719	Trimming of nondystrophic nails, any number		\$61.00
11720	11720	Debridement of nail(s) by any method(s); one to five		\$58.00
11721	11721	Debridement of nail(s) by any method(s); six or more		\$97.00
11730	11730	Avulsion of nail plate, partial or complete, simple; single		\$194.00
11732	11732	Avulsion of nail plate, partial or complete, simple; each additional nail plate (List separately in addition to code for primary procedure)		\$116.00
11740	11740	Evacuation of subungual hematoma		\$114.00
11750	11750	Excision of nail and nail matrix, partial or complete, (eg, ingrown or deformed nail) for permanent removal;		\$676.00
11760	11760	Repair of nail bed		\$515.00
11765	11765	Wedge excision of skin of nail fold (eg, for ingrown toenail)		\$253.00
11770	11770	Excision of pilonidal cyst or sinus; simple		\$684.00
11771	11771	Excision of pilonidal cyst or sinus; extensive		\$1,672.00
11900	11900	Injection, intralesional; up to and including seven lesions		\$147.00
11976	11976	Removal, implantable contraceptive capsules		\$298.00
11981	11981	Insertion, non-biodegradable drug delivery implant		\$533.00
11982	11982	Removal, non-biodegradable drug delivery implant		\$602.00
11983	11983	Removal with reinsertion, non-biodegradable drug delivery implant		\$554.00
12001	12001	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less		\$403.00
12002	12002	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.6 cm to 7.5 cm		\$372.00
12004	12004	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 7.6 cm to 12.5 cm		\$659.00
12005	12005	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 12.6 cm to 20.0 cm		\$667.00
12011	12011	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less		\$339.00
12013	12013	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm		\$321.00
12014	12014	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm		\$792.00
12020	12020	Treatment of superficial wound dehiscence; simple closure		\$727.00
12021	12021	Treatment of superficial wound dehiscence; with packing		\$648.00
12031	12031	Layer closure of wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.5 cm or less		\$525.00
12032	12032	Layer closure of wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.6 cm to 7.5 cm		\$540.00
12034	12034	Layer closure of wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 7.6 cm to 12.5 cm		\$609.00

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12035	12035	Layer closure of wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 12.6 cm to 20.0 cm		\$976.00
12036	12036	Layer closure of wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 20.1 cm to 30.0 cm		\$1,078.00
12037	12037	Layer closure of wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); over 30.0 cm		\$1,080.00
12041	12041	Layer closure of wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less		\$580.00
12042	12042	Layer closure of wounds of neck, hands, feet and/or external genitalia; 2.6 cm to 7.5 cm		\$728.00
12044	12044	Layer closure of wounds of neck, hands, feet and/or external genitalia; 7.6 cm to 12.5 cm		\$703.00
12051	12051	Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less		\$710.00
12052	12052	Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm		\$881.00
12053	12053	Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm		\$1,254.00
12054	12054	Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm		\$825.00
13100	13100	Repair, complex, trunk; 1.1 cm to 2.5 cm		\$689.00
13101	13101	Repair, complex, trunk; 2.6 cm to 7.5 cm		\$937.00
13121	13121	Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm		\$901.00
13122	13122	Repair, complex, scalp, arms, and/or legs; each additional 5 cm or less (List separately in addition to code for primary procedure)		\$289.00
13131	13131	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.1 cm to 2.5 cm		\$1,268.00
13132	13132	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 2.6 cm to 7.5 cm		\$1,729.00
13133	13133	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; each additional 5 cm or less (List separately in addition to code for primary procedure)		\$443.00
13160	13160	Secondary closure of surgical wound or dehiscence, extensive or complicated		\$3,351.00
14001	14001	Adjacent tissue transfer or rearrangement, trunk; defect 10.1 sq cm to 30.0 sq cm		\$2,534.00
14040	14040	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less		\$2,998.00
14041	14041	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10.1 sq cm to 30.0 sq cm		\$3,591.00
15002	15002	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; first 100 sq cm or 1% of body area of infants and children		\$763.00
15100	15100	Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)		\$1,808.00
15120	15120	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)		\$2,732.00
15271	15271	Application of skin graft to trunk, arms, legs total wound surface area up to 100sq cm First 25 sq cm		\$181.00
15272	15272	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)		\$37.00
15275	15275	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or		\$204.00
15276	15276	SKIN SUB GRAFT F/N/HF/G ADDL, Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, o		\$56.00

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CDM Code	CPT	Description	Modifiers	Fee
16020	16020	Dressings and/or debridement of partial-thickness burns, initial or subsequent; small (less than 5% total body surface area)		\$298.00
17000	17000	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); first lesion		\$138.00
17003	17003	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); second through 14 lesions, each (List separately in addition to code for first lesion)		\$34.00
17004	17004	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses), 15 or more lesions		\$266.00
17110	17110	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular lesions; up to 14 lesions		\$221.00
17111	17111	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular lesions; 15 or more lesions		\$245.00
17250	17250	Chemical cauterization of granulation tissue (proud flesh, sinus or fistula)		\$302.00
17262	17262	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 1.1 to 2.0 cm		\$301.00
17271	17271	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm		\$331.00
17272	17272	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm		\$381.00
17280	17280	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less		\$138.00
17281	17281	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm		\$171.00
17282	17282	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm		\$391.00
17340	17340	Cryotherapy (CO2 slush, liquid N2) for acne		\$109.00
19000	19000	Puncture aspiration of cyst of breast;		\$253.00
19020	19020	Mastotomy with exploration or drainage of abscess, deep		\$1,174.00
19101	19101	Biopsy of breast; open, incisional		\$612.00
19120	19120	Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion (except 19300), open, male or female, one or more lesions		\$1,291.00
19125	19125	Excision of breast lesion identified by preoperative placement of radiological marker, open; single lesion		\$1,771.00
19126	19126	Excision of breast lesion identified by preoperative placement of radiological marker, open; each additional lesion separately identified by a preoperative radiological marker (List separately in addition to code for primary procedure)		\$633.00
19281	19281	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including mammographic guidance		\$270.00
19301	19301	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy);		\$2,505.00
19302	19302	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy); with axillary lymphadenectomy		\$3,458.00
19303	19303	Mastectomy, simple, complete		\$2,581.00
19307	19307	Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle		\$2,581.00
19328	19328	Removal of intact mammary implant		\$1,938.00

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20101	20101	Exploration of penetrating wound (separate procedure); chest		\$737.00
20103	20103	Exploration of penetrating wound (separate procedure); extremity		\$2,297.00
20150	20150	Excision of epiphyseal bar, with or without autogenous soft tissue graft obtained through same fascial incision		\$3,551.00
20205	20205	Biopsy, muscle; deep		\$526.00
20240	20240	Biopsy, bone, open; superficial (eg, ilium, sternum, spinous process, ribs, trochanter of femur)		\$540.00
20520	20520	Removal of foreign body in muscle or tendon sheath; simple		\$412.00
20525	20525	Removal of foreign body in muscle or tendon sheath; deep or complicated		\$1,010.00
20526	20526	Injection, therapeutic (eg, local anesthetic, corticosteroid), carpal tunnel		\$219.00
20550	20550	Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")		\$228.00
20551	20551	Injection(s); single tendon origin/insertion		\$237.00
20552	20552	Injection(s); single or multiple trigger point(s), one or two muscle(s)		\$139.00
20553	20553	Injection(s); single or multiple trigger point(s), three or more muscle(s)		\$160.00
20600	20600	Arthrocentesis, aspiration and/or injection; small joint or bursa (eg, fingers, toes)		\$182.00
20604	20604	Arthrocentesis, aspiration and/or injection with US with permanent recording		\$263.00
20605	20605	Arthrocentesis, aspiration and/or injection; intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa)		\$237.00
20610	20610	Arthrocentesis, aspiration and/or injection; major joint or bursa (eg, shoulder, hip, knee joint, subacromial bursa)		\$176.00
20611	20611	Drain/inj joint/bursa w/us		\$352.00
20612	20612	Aspiration and/or injection of ganglion cyst(s) any location		\$237.00
20670	20670	Removal of implant; superficial, (eg, buried wire, pin or rod) (separate procedure)		\$1,225.00
20680	20680	Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)		\$1,278.00
20690	20690	Application of a uniplane (pins or wires in one plane), unilateral, external fixation system		\$1,298.00
20693	20693	Adjustment or revision of external fixation system requiring anesthesia (eg, new pin(s) or wire(s) and/or new ring(s) or bar(s))		\$1,750.00
20694	20694	Removal, under anesthesia, of external fixation system		\$1,273.00
20697	20697	Application of multiplane (pins or wires in more than 1 plane), unilateral, external fixation with stereotactic computer-assisted adjustment (eg, spatial frame), including imaging; exchange (ie, removal and replacement) of strut, each		\$2,656.00
20900	20900	Bone graft, any donor area; minor or small (eg, dowel or button)		\$771.00
20902	20902	Bone graft, any donor area; major or large		\$1,062.00
20926	20926	Tissue grafts, other (eg, paratenon, fat, dermis)		\$1,707.00
21011	21011	Excision, tumor, soft tissue of face or scalp, subcutaneous; less than 2 cm		\$554.00
21501	21501	Incision and drainage, deep abscess or hematoma, soft tissues of neck or thorax;		\$1,789.00
21552	21552	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; 3 cm or greater		\$1,729.00
21930	21930	Excision, tumor, soft tissue of back or flank		\$1,876.00
21931	21931	Excision, tumor, soft tissue of back or flank, subcutaneous; 3 cm or greater		\$1,747.00
21933	21933	Excision, tumor, soft tissue of back or flank, subfascial (eg, intramuscular); 5 cm or greater		\$2,902.00
22900	22900	Excision, abdominal wall tumor, subfascial (eg, desmoid)		\$2,176.00
22903	22903	Excision, tumor, soft tissue of abdominal wall, subcutaneous; 3 cm or greater		\$1,553.00
23000	23000	Removal of subdeltoid calcareous deposits, open		\$1,436.00
23071	23071	Excision, tumor, soft tissue of shoulder area, subcutaneous; 3 cm or greater		\$1,417.00
23075	23075	Excision, soft tissue tumor, shoulder area; subcutaneous		\$711.00
23076	23076	Excision, soft tissue tumor, shoulder area; deep, subfascial, or intramuscular		\$1,859.00
23120	23120	Claviclectomy; partial		\$2,358.00

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CDM Code	CPT	Description	Modifiers	Fee
23130	23130	Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release		\$2,638.00
23180	23180	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), clavicle		\$2,242.00
23330	23330	Removal of foreign body, shoulder; subcutaneous		\$449.00
23405	23405	Tenotomy, shoulder area; single tendon		\$2,442.00
23410	23410	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute		\$4,127.00
23412	23412	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic		\$4,919.00
23415	23415	Coracoacromial ligament release, with or without acromioplasty		\$2,060.00
23420	23420	Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)		\$6,285.00
23430	23430	Tenodesis of long tendon of biceps		\$3,717.00
23440	23440	Resection or transplantation of long tendon of biceps		\$2,950.00
23455	23455	Capsulorrhaphy, anterior; with labral repair (eg, Bankart procedure)		\$5,739.00
23472	23472	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))		\$4,370.00
23480	23480	Osteotomy, clavicle, with or without internal fixation;		\$2,733.00
23485	23485	Osteotomy, clavicle, with or without internal fixation; with bone graft for nonunion or malunion (includes obtaining graft and/or necessary fixation)		\$3,708.00
23500	23500	Closed treatment of clavicular fracture; without manipulation		\$824.00
23505	23505	Closed treatment of clavicular fracture; with manipulation		\$1,301.00
23515	23515	Open treatment of clavicular fracture, with or without internal or external fixation		\$2,792.00
23540	23540	Closed treatment of acromioclavicular dislocation; without manipulation		\$694.00
23552	23552	Open treatment of acromioclavicular dislocation, acute or chronic; with fascial graft (includes obtaining graft)		\$1,761.00
23575	23575	Closed treatment of scapular fracture; with manipulation, with or without skeletal traction (with or without shoulder joint involvement)		\$1,307.00
23585	23585	Open treatment of scapular fracture (body, glenoid or acromion) with or without internal fixation		\$3,805.00
23600	23600	Closed treatment of proximal humeral (surgical or anatomical neck) fracture; without manipulation		\$1,214.00
23605	23605	Closed treatment of proximal humeral (surgical or anatomical neck) fracture; with manipulation, with or without skeletal traction		\$1,887.00
23615	23615	Open treatment of proximal humeral (surgical or anatomical neck) fracture, with or without internal or external fixation, with or without repair of tuberosity(s);		\$4,228.00
23620	23620	Closed treatment of greater humeral tuberosity fracture; without manipulation		\$1,067.00
23630	23630	Open treatment of greater humeral tuberosity fracture, with or without internal or external fixation		\$3,030.00
23655	23655	Closed treatment of shoulder dislocation, with manipulation; requiring anesthesia		\$1,368.00
23660	23660	Open treatment of acute shoulder dislocation		\$2,264.00
23665	23665	Closed treatment of shoulder dislocation, with fracture of greater humeral tuberosity, with manipulation		\$1,822.00
23675	23675	Closed treatment of shoulder dislocation, with surgical or anatomical neck fracture, with manipulation		\$1,752.00
23700	23700	Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)		\$1,221.00
23930	23930	Incision and drainage, upper arm or elbow area; deep abscess or hematoma		\$1,392.00
23931	23931	Incision and drainage, upper arm or elbow area; bursa		\$588.00
24000	24000	Arthrotomy, elbow, including exploration, drainage, or removal of foreign body		\$1,604.00
24075	24075	Excision, tumor, soft tissue of upper arm or elbow area; subcutaneous		\$945.00
24076	24076	Excision, tumor, soft tissue of upper arm or elbow area; deep (subfascial or intramuscular)		\$2,099.00
24105	24105	Excision, olecranon bursa		\$1,458.00
24120	24120	Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process;		\$2,678.00

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CDM Code	CPT	Description	Modifiers	Fee
24147	24147	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), olecranon process		\$2,100.00
24201	24201	Removal of foreign body, upper arm or elbow area; deep (subfascial or intramuscular)		\$1,423.00
24300	24300	Manipulation, elbow, under anesthesia		\$5,666.00
24310	24310	Tenotomy, open, elbow to shoulder, each tendon		\$1,842.00
24340	24340	Tenodesis of biceps tendon at elbow (separate procedure)		\$2,388.00
24341	24341	Repair, tendon or muscle, upper arm or elbow, each tendon or muscle, primary or secondary (excludes rotator cuff)		\$2,913.00
24342	24342	Reinsertion of ruptured biceps or triceps tendon, distal, with or without tendon graft		\$3,327.00
24343	24343	Repair lateral collateral ligament, elbow, with local tissue		\$1,530.00
24500	24500	Closed treatment of humeral shaft fracture; without manipulation		\$1,281.00
24515	24515	Open treatment of humeral shaft fracture with plate/screws, with or without cerclage		\$1,896.00
24516	24516	Treatment of humeral shaft fracture, with insertion of intramedullary implant, with or without cerclage and/or locking screws		\$3,182.00
24530	24530	Closed treatment of supracondylar or transcondylar humeral fracture, with or without intercondylar extension; without manipulation		\$1,349.00
24535	24535	Closed treatment of supracondylar or transcondylar humeral fracture, with or without intercondylar extension; with manipulation, with or without skin or skeletal traction		\$2,070.00
24538	24538	Percutaneous skeletal fixation of supracondylar or transcondylar humeral fracture, with or without intercondylar extension		\$3,254.00
24545	24545	Open treatment of humeral supracondylar or transcondylar fracture, with or without internal or external fixation; without intercondylar extension		\$3,847.00
24546	24546	Open treatment of humeral supracondylar or transcondylar fracture, with or without internal or external fixation; with intercondylar extension		\$3,504.00
24560	24560	Closed treatment of humeral epicondylar fracture, medial or lateral; without manipulation		\$633.00
24565	24565	Closed treatment of humeral epicondylar fracture, medial or lateral; with manipulation		\$1,945.00
24575	24575	Open treatment of humeral epicondylar fracture, medial or lateral, with or without internal or external fixation		\$3,078.00
24576	24576	Closed treatment of humeral condylar fracture, medial or lateral; without manipulation		\$1,087.00
24579	24579	Open treatment of humeral condylar fracture, medial or lateral, with or without internal or external fixation		\$3,239.00
24600	24600	Treatment of closed elbow dislocation; without anesthesia		\$1,218.00
24605	24605	Treatment of closed elbow dislocation; requiring anesthesia		\$1,417.00
24620	24620	Closed treatment of Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna with dislocation of radial head), with manipulation		\$1,825.00
24635	24635	Open treatment of Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna with dislocation of radial head), with or without internal or external fixation		\$2,101.00
24650	24650	Closed treatment of radial head or neck fracture; without manipulation		\$1,003.00
24665	24665	Open treatment of radial head or neck fracture, with or without internal fixation or radial head excision;		\$2,541.00
24666	24666	Open treatment of radial head or neck fracture, with or without internal fixation or radial head excision; with radial head prosthetic replacement		\$2,856.00
24670	24670	Closed treatment of ulnar fracture, proximal end (olecranon process); without manipulation		\$1,014.00
24685	24685	Open treatment of ulnar fracture proximal end (olecranon process), with or without internal or external fixation		\$3,369.00
25000	25000	Incision, extensor tendon sheath, wrist (eg, deQuervains disease)		\$1,599.00
25028	25028	Incision and drainage, forearm and/or wrist; deep abscess or hematoma		\$1,742.00
25040	25040	Arthrotomy, radiocarpal or midcarpal joint, with exploration, drainage, or removal of foreign body		\$1,854.00
25066	25066	Biopsy, soft tissue of forearm and/or wrist; deep (subfascial or intramuscular)		\$1,388.00
25075	25075	Excision, tumor, soft tissue of forearm and/or wrist area; subcutaneous		\$1,710.00



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CDM Code	CPT	Description	Modifiers	Fee
25076	25076	Excision, tumor, soft tissue of forearm and/or wrist area; deep (subfascial or intramuscular)		\$2,594.00
25111	25111	Excision of ganglion, wrist (dorsal or volar); primary		\$1,281.00
25112	25112	Excision of ganglion, wrist (dorsal or volar); recurrent		\$1,490.00
25116	25116	Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (eg, tenosynovitis, fungus, Tbc, or other granulomas, rheumatoid arthritis); extensors, with or without transposition of dorsal retinaculum		\$1,652.00
25118	25118	Synovectomy, extensor tendon sheath, wrist, single compartment;		\$1,877.00
25259	25259	Manipulation, wrist, under anesthesia		\$1,832.00
25260	25260	Repair, tendon or muscle, flexor, forearm and/or wrist; primary, single, each tendon or muscle		\$2,527.00
25320	25320	Capsulorrhaphy or reconstruction, wrist, open (eg, capsulodesis, ligament repair, tendon transfer or graft) (includes synovectomy, capsulotomy and open reduction) for carpal instability		\$3,324.00
25350	25350	Osteotomy, radius; distal third		\$3,033.00
25360	25360	Osteotomy; ulna		\$2,201.00
25415	25415	Repair of nonunion or malunion, radius AND ulna; without graft (eg, compression technique)		\$4,414.00
25447	25447	Arthroplasty, interposition, intercarpal or carpometacarpal joints		\$3,119.00
25500	25500	Closed treatment of radial shaft fracture; without manipulation		\$565.00
25505	25505	Closed treatment of radial shaft fracture; with manipulation		\$1,008.00
25515	25515	Open treatment of radial shaft fracture, with or without internal or external fixation		\$2,069.00
25520	25520	Closed treatment of radial shaft fracture and closed treatment of dislocation of distal radioulnar joint (Galeazzi fracture/dislocation)		\$1,486.00
25525	25525	Open treatment of radial shaft fracture, with internal and/or external fixation and closed treatment of dislocation of distal radioulnar joint (Galeazzi fracture/dislocation), with or without percutaneous skeletal fixation		\$3,028.00
25530	25530	Closed treatment of ulnar shaft fracture; without manipulation		\$631.00
25545	25545	Open treatment of ulnar shaft fracture, with or without internal or external fixation		\$3,085.00
25560	25560	Closed treatment of radial and ulnar shaft fractures; without manipulation		\$722.00
25565	25565	Closed treatment of radial and ulnar shaft fractures; with manipulation		\$2,265.00
25574	25574	Open treatment of radial AND ulnar shaft fractures, with internal or external fixation; of radius OR ulna		\$2,478.00
25575	25575	Open treatment of radial AND ulnar shaft fractures, with internal or external fixation; of radius AND ulna		\$3,468.00
25600	25600	Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, includes closed treatment of fracture of ulnar styloid, when performed; without manipulation		\$699.00
25605	25605	Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, includes closed treatment of fracture of ulnar styloid, when performed; with manipulation		\$2,203.00
25606	25606	Percutaneous skeletal fixation of distal radial fracture or epiphyseal separation		\$3,085.00
25607	25607	Open treatment of distal radial extra-articular fracture or epiphyseal separation, with internal fixation		\$2,796.00
25608	25608	Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 2 fragments		\$3,842.00
25609	25609	Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 3 or more fragments		\$4,216.00
25622	25622	Closed treatment of carpal scaphoid (navicular) fracture; without manipulation		\$1,259.00
25630	25630	Closed treatment of carpal bone fracture (excluding carpal scaphoid (navicular)); without manipulation, each bone		\$1,080.00
25652	25652	Open treatment of ulnar styloid fracture		\$2,275.00
25660	25660	Closed treatment of radiocarpal or intercarpal dislocation, one or more bones, with manipulation		\$1,134.00
25671	25671	Percutaneous skeletal fixation of distal radioulnar dislocation		\$2,048.00
26011	26011	Drainage of finger abscess; complicated (eg, felon)		\$895.00
26020	26020	Drainage of tendon sheath, digit and/or palm, each		\$2,338.00

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CDM Code	CPT	Description	Modifiers	Fee
26025	26025	Drainage of palmar bursa; single, bursa		\$1,415.00
26034	26034	Incision, bone cortex, hand or finger (eg, osteomyelitis or bone abscess)		\$1,825.00
26055	26055	Tendon sheath incision (eg, for trigger finger)		\$1,026.00
26075	26075	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; metacarpophalangeal joint, each		\$1,119.00
26080	26080	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; interphalangeal joint, each		\$1,508.00
26111	26111	Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; 1.5 cm or greater		\$1,611.00
26115	26115	Excision, tumor or vascular malformation, soft tissue of hand or finger; subcutaneous		\$1,223.00
26116	26116	Excision, tumor or vascular malformation, soft tissue of hand or finger; deep (subfascial or intramuscular)		\$2,660.00
26123	26123	Fasciectomy, partial palmar with release of single digit including proximal interphalangeal joint, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft);		\$3,277.00
26160	26160	Excision of lesion of tendon sheath or joint capsule (eg, cyst, mucous cyst, or ganglion), hand or finger		\$1,913.00
26200	26200	Excision or curettage of bone cyst or benign tumor of metacarpal;		\$1,576.00
26340	26340	Manipulation, finger joint, under anesthesia, each joint		\$1,283.00
26350	26350	Repair or advancement, flexor tendon, not in zone 2 digital flexor tendon sheath (eg, no man's land); primary or secondary without free graft, each tendon		\$4,252.00
26410	26410	Repair, extensor tendon, hand, primary or secondary; without free graft, each tendon		\$2,824.00
26418	26418	Repair, extensor tendon, finger, primary or secondary; without free graft, each tendon		\$2,330.00
26426	26426	Repair of extensor tendon, central slip, secondary (eg, boutonniere deformity); using local tissue(s), including lateral band(s), each finger		\$1,085.00
26433	26433	Repair of extensor tendon, distal insertion, primary or secondary; without graft (eg, mallet finger)		\$2,471.00
26540	26540	Repair of collateral ligament, metacarpophalangeal or interphalangeal joint		\$4,252.00
26600	26600	Closed treatment of metacarpal fracture, single; without manipulation, each bone		\$627.00
26607	26607	Closed treatment of metacarpal fracture, with manipulation, with external fixation, each bone		\$1,760.00
26608	26608	Percutaneous skeletal fixation of metacarpal fracture, each bone		\$1,370.00
26615	26615	Open treatment of metacarpal fracture, single, with or without internal or external fixation, each bone		\$2,737.00
26650	26650	Percutaneous skeletal fixation of carpometacarpal fracture dislocation, thumb (Bennett fracture), with manipulation, with or without external fixation		\$2,006.00
26665	26665	Open treatment of carpometacarpal fracture dislocation, thumb (Bennett fracture), with or without internal or external fixation		\$4,108.00
26670	26670	Closed treatment of carpometacarpal dislocation, other than thumb, with manipulation, each joint; without anesthesia		\$664.00
26675	26675	Closed treatment of carpometacarpal dislocation, other than thumb, with manipulation, each joint; requiring anesthesia		\$1,509.00
26676	26676	Percutaneous skeletal fixation of carpometacarpal dislocation, other than thumb, with manipulation, each joint		\$1,928.00
26685	26685	Open treatment of carpometacarpal dislocation, other than thumb; with or without internal or external fixation, each joint		\$1,772.00
26686	26686	Open treatment of carpometacarpal dislocation, other than thumb; complex, multiple or delayed reduction		\$2,412.00
26720	26720	Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; without manipulation, each		\$496.00
26725	26725	Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; with manipulation, with or without skin or skeletal traction, each		\$902.00
26727	26727	Percutaneous skeletal fixation of unstable phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, with manipulation, each		\$2,367.00

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CDM Code	CPT	Description	Modifiers	Fee
26735	26735	Open treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, with or without internal or external fixation, each		\$2,580.00
26740	26740	Closed treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint; without manipulation, each		\$589.00
26742	26742	Closed treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint; with manipulation, each		\$1,122.00
26746	26746	Open treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint, with or without internal or external fixation, each		\$3,599.00
26750	26750	Closed treatment of distal phalangeal fracture, finger or thumb; without manipulation, each		\$504.00
26756	26756	Percutaneous skeletal fixation of distal phalangeal fracture, finger or thumb, each		\$1,565.00
26765	26765	Open treatment of distal phalangeal fracture, finger or thumb, with or without internal or external fixation, each		\$1,033.00
26770	26770	Closed treatment of interphalangeal joint dislocation, single, with manipulation; without anesthesia		\$1,792.00
26775	26775	Closed treatment of interphalangeal joint dislocation, single, with manipulation; requiring anesthesia		\$1,173.00
26785	26785	Open treatment of interphalangeal joint dislocation, with or without internal or external fixation, single		\$2,117.00
26910	26910	Amputation, metacarpal, with finger or thumb (ray amputation), single, with or without interosseous transfer		\$2,500.00
26951	26951	Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with direct closure		\$2,345.00
26990	26990	Incision and drainage, pelvis or hip joint area; deep abscess or hematoma		\$1,517.00
27001	27001	Tenotomy, adductor of hip, open		\$2,024.00
27030	27030	Arthrotomy, hip, with drainage (eg, infection)		\$3,663.00
27043	27043	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; 3 cm or greater		\$1,824.00
27096	27096	Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid		\$676.00
27125	27125	Hemiarthroplasty, hip, partial (eg, femoral stem prosthesis, bipolar arthroplasty)		\$7,585.00
27130	27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft		\$3,651.00
27132	27132	Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft		\$12,640.00
27138	27138	Revision of total hip arthroplasty; femoral component only, with or without allograft		\$4,807.00
27176	27176	Treatment of slipped femoral epiphysis; by single or multiple pinning, in situ		\$3,565.00
27187	27187	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate, femoral neck and proximal femur		\$3,343.00
27197	27197	CLSD TX PELVIC RING FX, Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symp		\$345.00
27230	27230	Closed treatment of femoral fracture, proximal end, neck; without manipulation		\$5,198.00
27235	27235	Percutaneous skeletal fixation of femoral fracture, proximal end, neck		\$5,021.00
27236	27236	Open treatment of femoral fracture, proximal end, neck, internal fixation or prosthetic replacement		\$5,666.00
27244	27244	Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with plate/screw type implant, with or without cerclage		\$5,267.00
27245	27245	Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with intramedullary implant, with or without interlocking screws and/or cerclage		\$6,233.00
27248	27248	Open treatment of greater trochanteric fracture, with or without internal or external fixation		\$3,056.00
27250	27250	Closed treatment of hip dislocation, traumatic; without anesthesia		\$1,416.00
27252	27252	Closed treatment of hip dislocation, traumatic; requiring anesthesia		\$2,962.00

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CDM Code	CPT	Description	Modifiers	Fee
27265	27265	Closed treatment of post hip arthroplasty dislocation; without anesthesia		\$1,416.00
27266	27266	Closed treatment of post hip arthroplasty dislocation; requiring regional or general anesthesia		\$1,416.00
27269	27269	Open treatment of femoral fracture, proximal end, head, includes internal fixation, when performed		\$2,682.00
27275	27275	Manipulation, hip joint, requiring general anesthesia		\$670.00
27301	27301	Incision and drainage, deep abscess, bursa, or hematoma, thigh or knee region		\$970.00
27303	27303	Incision, deep, with opening of bone cortex, femur or knee (eg, osteomyelitis or bone abscess)		\$2,151.00
27305	27305	Fasciotomy, iliotibial (tenotomy), open		\$1,611.00
27310	27310	Arthrotomy, knee, with exploration, drainage, or removal of foreign body (eg, infection)		\$3,304.00
27327	27327	Excision, tumor, thigh or knee area; subcutaneous		\$2,202.00
27337	27337	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; 3 cm or greater		\$1,627.00
27340	27340	Excision, prepatellar bursa		\$1,438.00
27355	27355	Excision or curettage of bone cyst or benign tumor of femur;		\$2,221.00
27360	27360	Partial excision (craterization, saucerization, or diaphysectomy) bone, femur, proximal tibia and/or fibula (eg, osteomyelitis or bone abscess)		\$3,304.00
27372	27372	Removal of foreign body, deep, thigh region or knee area		\$1,156.00
27380	27380	Suture of infrapatellar tendon; primary		\$2,337.00
27385	27385	Suture of quadriceps or hamstring muscle rupture; primary		\$2,865.00
27391	27391	Tenotomy, open, hamstring, knee to hip; multiple tendons, one leg		\$2,233.00
27403	27403	Arthrotomy with meniscus repair, knee		\$2,253.00
27405	27405	Repair, primary, torn ligament and/or capsule, knee; collateral		\$2,865.00
27438	27438	Arthroplasty, patella; with prosthesis		\$1,815.00
27446	27446	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment		\$4,851.00
27447	27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)		\$7,540.00
27485	27485	Arrest, hemiepiphyseal, distal femur or proximal tibia or fibula (eg, genu varus or valgus)		\$2,478.00
27486	27486	Revision of total knee arthroplasty, with or without allograft; one component		\$5,503.00
27487	27487	Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component		\$3,790.00
27488	27488	Removal of prosthesis, including total knee prosthesis, methylmethacrylate with or without insertion of spacer, knee		\$3,236.00
27500	27500	Closed treatment of femoral shaft fracture, without manipulation		\$1,858.00
27501	27501	Closed treatment of supracondylar or transcondylar femoral fracture with or without intercondylar extension, without manipulation		\$1,092.00
27502	27502	Closed treatment of femoral shaft fracture, with manipulation, with or without skin or skeletal traction		\$3,039.00
27503	27503	Closed treatment of supracondylar or transcondylar femoral fracture with or without intercondylar extension, with manipulation, with or without skin or skeletal traction		\$3,126.00
27506	27506	Open treatment of femoral shaft fracture, with or without external fixation, with insertion of intramedullary implant, with or without cerclage and/or locking screws		\$6,410.00
27507	27507	Open treatment of femoral shaft fracture with plate/screws, with or without cerclage		\$5,037.00
27508	27508	Closed treatment of femoral fracture, distal end, medial or lateral condyle, without manipulation		\$1,819.00
27509	27509	Percutaneous skeletal fixation of femoral fracture, distal end, medial or lateral condyle, or supracondylar or transcondylar, with or without intercondylar extension, or distal femoral epiphyseal separation		\$2,495.00
27511	27511	Open treatment of femoral supracondylar or transcondylar fracture without intercondylar extension, with or without internal or external fixation		\$5,791.00
27513	27513	Open treatment of femoral supracondylar or transcondylar fracture with intercondylar extension, with or without internal or external fixation		\$4,782.00

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CDM Code	CPT	Description	Modifiers	Fee
27514	27514	Open treatment of femoral fracture, distal end, medial or lateral condyle, with or without internal or external fixation		\$5,840.00
27516	27516	Closed treatment of distal femoral epiphyseal separation; without manipulation		\$1,298.00
27520	27520	Closed treatment of patellar fracture, without manipulation		\$1,336.00
27524	27524	Open treatment of patellar fracture, with internal fixation and/or partial or complete patellectomy and soft tissue repair		\$3,788.00
27530	27530	Closed treatment of tibial fracture, proximal (plateau); without manipulation		\$1,199.00
27532	27532	Closed treatment of tibial fracture, proximal (plateau); with or without manipulation, with skeletal traction		\$2,401.00
27535	27535	Open treatment of tibial fracture, proximal (plateau); unicondylar, with or without internal or external fixation		\$4,201.00
27536	27536	Open treatment of tibial fracture, proximal (plateau); bicondylar, with or without internal fixation		\$4,605.00
27538	27538	Closed treatment of intercondylar spine(s) and/or tuberosity fracture(s) of knee, with or without manipulation		\$1,716.00
27540	27540	Open treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without internal or external fixation		\$4,147.00
27552	27552	Closed treatment of knee dislocation; requiring anesthesia		\$2,098.00
27570	27570	Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)		\$1,010.00
27596	27596	Amputation, thigh, through femur, any level; re-amputation		\$2,433.00
27600	27600	Decompression fasciotomy, leg; anterior and/or lateral compartments only		\$1,440.00
27602	27602	Decompression fasciotomy, leg; anterior and/or lateral, and posterior compartment(s)		\$1,932.00
27603	27603	Incision and drainage, leg or ankle; deep abscess or hematoma		\$1,362.00
27605	27605	Tenotomy, percutaneous, Achilles tendon (separate procedure); local anesthesia		\$713.00
27613	27613	Biopsy, soft tissue of leg or ankle area; superficial		\$634.00
27618	27618	Excision, tumor, leg or ankle area; subcutaneous tissue		\$1,135.00
27620	27620	Arthrotomy, ankle, with joint exploration, with or without biopsy, with or without removal of loose or foreign body		\$1,675.00
27630	27630	Excision of lesion of tendon sheath or capsule (eg, cyst or ganglion), leg and/or ankle		\$3,126.00
27632	27632	Excision, tumor, soft tissue of leg or ankle area, subcutaneous; 3 cm or greater		\$1,296.00
27635	27635	Excision or curettage of bone cyst or benign tumor, tibia or fibula;		\$2,170.00
27647	27647	Radical resection of tumor, bone; talus or calcaneus		\$3,996.00
27650	27650	Repair, primary, open or percutaneous, ruptured Achilles tendon;		\$2,596.00
27654	27654	Repair, secondary, Achilles tendon, with or without graft		\$2,095.00
27658	27658	Repair, flexor tendon, leg; primary, without graft, each tendon		\$1,702.00
27659	27659	Repair, flexor tendon, leg; secondary, with or without graft, each tendon		\$1,440.00
27664	27664	Repair, extensor tendon, leg; primary, without graft, each tendon		\$1,804.00
27665	27665	Repair, extensor tendon, leg; secondary, with or without graft, each tendon		\$1,517.00
27675	27675	Repair, dislocating peroneal tendons; without fibular osteotomy		\$1,795.00
27676	27676	Repair, dislocating peroneal tendons; with fibular osteotomy		\$1,291.00
27680	27680	Tenolysis, flexor or extensor tendon, leg and/or ankle; single, each tendon		\$1,678.00
27685	27685	Lengthening or shortening of tendon, leg or ankle; single tendon (separate procedure)		\$1,810.00
27687	27687	Gastrocnemius recession (eg, Strayer procedure)		\$1,786.00
27691	27691	Transfer or transplant of single tendon (with muscle redirection or rerouting); deep (eg, anterior tibial or posterior tibial through interosseous space, flexor digitorum longus, flexor hallucis longus, or peroneal tendon to midfoot or hindfoot)		\$2,933.00
27695	27695	Repair, primary, disrupted ligament, ankle; collateral		\$2,550.00
27696	27696	Repair, primary, disrupted ligament, ankle; both collateral ligaments		\$2,181.00
27698	27698	Repair, secondary, disrupted ligament, ankle, collateral (eg, Watson-Jones procedure)		\$2,503.00
27734	27734	Arrest, epiphyseal (epiphysiodesis), open; distal tibia and fibula		\$2,426.00

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CDM Code	CPT	Description	Modifiers	Fee
27750	27750	Closed treatment of tibial shaft fracture (with or without fibular fracture); without manipulation		\$1,542.00
27752	27752	Closed treatment of tibial shaft fracture (with or without fibular fracture); with manipulation, with or without skeletal traction		\$2,062.00
27758	27758	Open treatment of tibial shaft fracture, (with or without fibular fracture) with plate/screws, with or without cerclage		\$4,822.00
27759	27759	Treatment of tibial shaft fracture (with or without fibular fracture) by intramedullary implant, with or without interlocking screws and/or cerclage		\$5,736.00
27760	27760	Closed treatment of medial malleolus fracture; without manipulation		\$1,185.00
27762	27762	Closed treatment of medial malleolus fracture; with manipulation, with or without skin or skeletal traction		\$1,557.00
27766	27766	Open treatment of medial malleolus fracture, with or without internal or external fixation		\$2,932.00
27767	27767	Closed treatment of posterior malleolus fracture; without manipulation		\$1,088.00
27769	27769	Open treatment of posterior malleolus fracture, includes internal fixation, when performed		\$2,835.00
27780	27780	Closed treatment of proximal fibula or shaft fracture; without manipulation		\$784.00
27784	27784	Open treatment of proximal fibula or shaft fracture, with or without internal or external fixation		\$3,062.00
27786	27786	Closed treatment of distal fibular fracture (lateral malleolus); without manipulation		\$873.00
27788	27788	Closed treatment of distal fibular fracture (lateral malleolus); with manipulation		\$833.00
27792	27792	Open treatment of distal fibular fracture (lateral malleolus), with or without internal or external fixation		\$2,542.00
27808	27808	Closed treatment of bimalleolar ankle fracture, (including Potts); without manipulation		\$1,155.00
27814	27814	Open treatment of bimalleolar ankle fracture, with or without internal or external fixation		\$4,042.00
27818	27818	Closed treatment of trimalleolar ankle fracture; with manipulation		\$1,548.00
27822	27822	Open treatment of trimalleolar ankle fracture, with or without internal or external fixation, medial and/or lateral malleolus; without fixation of posterior lip		\$4,757.00
27823	27823	Open treatment of trimalleolar ankle fracture, with or without internal or external fixation, medial and/or lateral malleolus; with fixation of posterior lip		\$5,605.00
27824	27824	Closed treatment of fracture of weight bearing articular portion of distal tibia (eg, pilon or tibial plafond), with or without anesthesia; without manipulation		\$1,214.00
27825	27825	Closed treatment of fracture of weight bearing articular portion of distal tibia (eg, pilon or tibial plafond), with or without anesthesia; with skeletal traction and/or requiring manipulation		\$1,732.00
27827	27827	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal or external fixation; of tibia only		\$4,221.00
27828	27828	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal or external fixation; of both tibia and fibula		\$5,038.00
27829	27829	Open treatment of distal tibiofibular joint (syndesmosis) disruption, with or without internal or external fixation		\$3,097.00
27831	27831	Closed treatment of proximal tibiofibular joint dislocation; requiring anesthesia		\$1,111.00
27842	27842	Closed treatment of ankle dislocation; requiring anesthesia, with or without percutaneous skeletal fixation		\$1,330.00
27846	27846	Open treatment of ankle dislocation, with or without percutaneous skeletal fixation; without repair or internal fixation		\$2,567.00
27848	27848	Open treatment of ankle dislocation, with or without percutaneous skeletal fixation; with repair or internal or external fixation		\$3,817.00
27860	27860	Manipulation of ankle under general anesthesia (includes application of traction or other fixation apparatus)		\$848.00
27870	27870	Arthrodesis, ankle, open		\$4,040.00

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CDM Code	CPT	Description	Modifiers	Fee
27880	27880	Amputation, leg, through tibia and fibula;		\$3,640.00
28002	28002	Incision and drainage below fascia, with or without tendon sheath involvement, foot; single bursal space		\$1,259.00
28003	28003	Incision and drainage below fascia, with or without tendon sheath involvement, foot; multiple areas		\$2,234.00
28008	28008	Fasciotomy, foot and/or toe		\$1,134.00
28010	28010	Tenotomy, percutaneous, toe; single tendon		\$917.00
28011	28011	Tenotomy, percutaneous, toe; multiple tendons		\$1,282.00
28035	28035	Release, tarsal tunnel (posterior tibial nerve decompression)		\$1,398.00
28041	28041	Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); 1.5 cm or greater		\$1,797.00
28043	28043	Excision, tumor, foot; subcutaneous tissue		\$1,017.00
28045	28045	Excision, tumor, foot; deep, subfascial, intramuscular		\$1,365.00
28060	28060	Fasciectomy, plantar fascia; partial (separate procedure)		\$1,374.00
28080	28080	Excision, interdigital (Morton) neuroma, single, each		\$1,448.00
28090	28090	Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (eg, cyst or ganglion); foot		\$1,209.00
28100	28100	Excision or curettage of bone cyst or benign tumor, talus or calcaneus;		\$1,524.00
28104	28104	Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus;		\$1,355.00
28108	28108	Excision or curettage of bone cyst or benign tumor, phalanges of foot		\$970.00
28110	28110	Ostectomy, partial excision, fifth metatarsal head (bunionette) (separate procedure)		\$1,133.00
28111	28111	Ostectomy, complete excision; first metatarsal head		\$1,148.00
28112	28112	Ostectomy, complete excision; other metatarsal head (second, third or fourth)		\$1,224.00
28113	28113	Ostectomy, complete excision; fifth metatarsal head		\$1,664.00
28114	28114	Ostectomy, complete excision; all metatarsal heads, with partial proximal phalangectomy, excluding first metatarsal (eg, Clayton type procedure)		\$3,274.00
28118	28118	Ostectomy, calcaneus;		\$1,607.00
28119	28119	Ostectomy, calcaneus; for spur, with or without plantar fascial release		\$1,410.00
28120	28120	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); talus or calcaneus		\$1,953.00
28122	28122	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); tarsal or metatarsal bone, except talus or calcaneus		\$1,723.00
28124	28124	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); phalanx of toe		\$1,290.00
28126	28126	Resection, partial or complete, phalangeal base, each toe		\$917.00
28130	28130	Talectomy (astragalectomy)		\$2,380.00
28153	28153	Resection, condyle(s), distal end of phalanx, each toe		\$876.00
28190	28190	Removal of foreign body, foot; subcutaneous		\$703.00
28192	28192	Removal of foreign body, foot; deep		\$839.00
28200	28200	Repair, tendon, flexor, foot; primary or secondary, without free graft, each tendon		\$1,241.00
28208	28208	Repair, tendon, extensor, foot; primary or secondary, each tendon		\$840.00
28232	28232	Tenotomy, open, tendon flexor; toe, single tendon (separate procedure)		\$961.00
28238	28238	Reconstruction (advancement), posterior tibial tendon with excision of accessory tarsal navicular bone (eg, Kidner type procedure)		\$1,884.00
28240	28240	Tenotomy, lengthening, or release, abductor hallucis muscle		\$1,120.00
28270	28270	Capsulotomy; metatarsophalangeal joint, with or without tenorrhaphy, each joint (separate procedure)		\$1,308.00
28280	28280	Syndactylization, toes (eg, webbing or Kelikian type procedure)		\$1,343.00
28285	28285	Correction, hammertoe (eg, interphalangeal fusion, partial or total phalangectomy)		\$1,162.00
28288	28288	Ostectomy, partial, exostectomy or condylectomy, metatarsal head, each metatarsal head		\$931.00
28289	28289	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint		\$2,148.00
28291	28291	Hallux Rigidus Correction with implant		\$1,692.00
28292	28292	Correction, hallux valgus (bunion), with or without sesamoidectomy; Keller, McBride, or Mayo type procedure		\$2,353.00

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CDM Code	CPT	Description	Modifiers	Fee
28295	28295	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal metatarsal osteotomy, any method		\$1,795.00
28296	28296	Correction, hallux valgus (bunion), with or without sesamoidectomy; with metatarsal osteotomy (eg, Mitchell, Chevron, or concentric type procedures)		\$2,324.00
28297	28297	Correction, hallux valgus (bunion), with or without sesamoidectomy; Lapidus-type procedure		\$2,001.00
28298	28298	Correction, hallux valgus (bunion), with or without sesamoidectomy; by phalanx osteotomy		\$1,643.00
28299	28299	Correction, hallux valgus (bunion), with or without sesamoidectomy; by double osteotomy		\$2,611.00
28300	28300	Osteotomy; calcaneus (eg, Dwyer or Chambers type procedure), with or without internal fixation		\$2,559.00
28308	28308	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; other than first metatarsal, each		\$1,466.00
28310	28310	Osteotomy, shortening, angular or rotational correction; proximal phalanx, first toe (separate procedure)		\$1,388.00
28313	28313	Reconstruction, angular deformity of toe, soft tissue procedures only (eg, overlapping second toe, fifth toe, curly toes)		\$1,394.00
28315	28315	Sesamoidectomy, first toe (separate procedure)		\$1,267.00
28320	28320	Repair, nonunion or malunion; tarsal bones		\$2,365.00
28322	28322	Repair, nonunion or malunion; metatarsal, with or without bone graft (includes obtaining graft)		\$2,271.00
28400	28400	Closed treatment of calcaneal fracture; without manipulation		\$890.00
28406	28406	Percutaneous skeletal fixation of calcaneal fracture, with manipulation		\$1,751.00
28415	28415	Open treatment of calcaneal fracture, with or without internal or external fixation;		\$4,020.00
28430	28430	Closed treatment of talus fracture; without manipulation		\$454.00
28435	28435	Closed treatment of talus fracture; with manipulation		\$873.00
28445	28445	Open treatment of talus fracture, with or without internal or external fixation		\$4,172.00
28456	28456	Percutaneous skeletal fixation of tarsal bone fracture (except talus and calcaneus), with manipulation, each		\$1,682.00
28465	28465	Open treatment of tarsal bone fracture (except talus and calcaneus), with or without internal or external fixation, each		\$2,366.00
28470	28470	Closed treatment of metatarsal fracture; without manipulation, each		\$716.00
28476	28476	Percutaneous skeletal fixation of metatarsal fracture, with manipulation, each		\$1,368.00
28485	28485	Open treatment of metatarsal fracture, with or without internal or external fixation, each		\$2,060.00
28495	28495	Closed treatment of fracture great toe, phalanx or phalanges; with manipulation		\$491.00
28496	28496	Percutaneous skeletal fixation of fracture great toe, phalanx or phalanges, with manipulation		\$905.00
28505	28505	Open treatment of fracture great toe, phalanx or phalanges, with or without internal or external fixation		\$1,715.00
28510	28510	Closed treatment of fracture, phalanx or phalanges, other than great toe; without manipulation, each		\$268.00
28525	28525	Open treatment of fracture, phalanx or phalanges, other than great toe, with or without internal or external fixation, each		\$1,569.00
28606	28606	Percutaneous skeletal fixation of tarsometatarsal joint dislocation, with manipulation		\$1,804.00
28615	28615	Open treatment of tarsometatarsal joint dislocation, with or without internal or external fixation		\$3,082.00
28630	28630	Closed treatment of metatarsophalangeal joint dislocation; without anesthesia		\$427.00
28665	28665	Closed treatment of interphalangeal joint dislocation; requiring anesthesia		\$432.00
28675	28675	Open treatment of interphalangeal joint dislocation, with or without internal or external fixation		\$1,330.00
28715	28715	Arthrodesis; triple		\$3,569.00
28725	28725	Arthrodesis; subtalar		\$3,021.00
28730	28730	Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse;		\$2,861.00



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CDM Code	CPT	Description	Modifiers	Fee
28740	28740	Arthrodesis, midtarsal or tarsometatarsal, single joint		\$2,712.00
28750	28750	Arthrodesis, great toe; metatarsophalangeal joint		\$2,359.00
28755	28755	Arthrodesis, great toe; interphalangeal joint		\$1,290.00
28760	28760	Arthrodesis, with extensor hallucis longus transfer to first metatarsal neck, great toe, interphalangeal joint (eg, Jones type procedure)		\$2,252.00
28800	28800	Amputation, foot; midtarsal (eg, Chopart type procedure)		\$2,116.00
28805	28805	Amputation, foot; transmetatarsal		\$2,892.00
28810	28810	Amputation, metatarsal, with toe, single		\$1,709.00
28820	28820	Amputation, toe; metatarsophalangeal joint		\$1,573.00
28825	28825	Amputation, toe; interphalangeal joint		\$872.00
28899	28899	Unlisted procedure, foot or toes		\$2,116.00
29065	29065	Application, cast; shoulder to hand (long arm)		\$249.00
29075	29075	Application, cast; elbow to finger (short arm)		\$193.00
29085	29085	Application, cast; hand and lower forearm (gauntlet)		\$192.00
29105	29105	Application of long arm splint (shoulder to hand)		\$209.00
29125	29125	Application of short arm splint (forearm to hand); static		\$155.00
29130	29130	Application of finger splint; static		\$94.00
29345	29345	Application of long leg cast (thigh to toes);		\$327.00
29365	29365	Application of cylinder cast (thigh to ankle)		\$451.00
29405	29405	Application of short leg cast (below knee to toes);		\$270.00
29425	29425	Application of short leg cast (below knee to toes); walking or ambulatory type		\$188.00
29445	29445	Application of rigid total contact leg cast		\$382.00
29450	29450	Application of clubfoot cast with molding or manipulation, long or short leg		\$553.00
29505	29505	Application of long leg splint (thigh to ankle or toes)		\$160.00
29515	29515	Application of short leg splint (calf to foot)		\$184.00
29580	29580	Strapping; Unna boot		\$126.00
29700	29700	Removal or bivalving; gauntlet, boot or body cast		\$256.00
29705	29705	Removal or bivalving; full arm or full leg cast		\$137.00
29805	29805	Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)		\$1,824.00
29806	29806	Arthroscopy, shoulder, surgical; capsulorrhaphy		\$2,280.00
29807	29807	Arthroscopy, shoulder, surgical; repair of SLAP lesion		\$4,330.00
29822	29822	Arthroscopy, shoulder, surgical; debridement, limited		\$2,203.00
29823	29823	Arthroscopy, shoulder, surgical; debridement, extensive		\$2,286.00
29824	29824	Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)		\$2,963.00
29826	29826	Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release		\$4,012.00
29827	29827	Arthroscopy, shoulder, surgical; with rotator cuff repair		\$3,719.00
29851	29851	Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without manipulation; with internal or external fixation (includes arthroscopy)		\$3,624.00
29866	29866	Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the autograft)		\$2,266.00
29870	29870	Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)		\$1,595.00
29871	29871	Arthroscopy, knee, surgical; for infection, lavage and drainage		\$2,370.00
29873	29873	Arthroscopy, knee, surgical; with lateral release		\$1,773.00
29874	29874	Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)		\$2,963.00
29875	29875	Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)		\$3,012.00
29876	29876	Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)		\$3,555.00
29877	29877	Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)		\$3,283.00
29879	29879	Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture		\$3,761.00
29880	29880	Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving)		\$4,104.00

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29881	29881	Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving)		\$3,570.00
29882	29882	Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral)		\$3,644.00
29883	29883	Arthroscopy, knee, surgical; with meniscus repair (medial AND lateral)		\$3,118.00
29887	29887	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation		\$3,803.00
29888	29888	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction		\$6,153.00
29894	29894	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with removal of loose body or foreign body		\$2,963.00
29897	29897	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, limited		\$1,995.00
30300	30300	Removal foreign body, intranasal; office type procedure		\$164.00
30901	30901	Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method		\$216.00
30905	30905	Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; initial		\$466.00
31500	31500	Intubation, endotracheal, emergency procedure		\$415.00
31575	31575	Laryngoscopy, flexible fiberoptic; diagnostic		\$462.00
31603	31603	Tracheostomy, emergency procedure; transtracheal		\$1,083.00
31623	31623	Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with brushing or protected brushings		\$473.00
31624	31624	Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with bronchial alveolar lavage		\$478.00
31628	31628	Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with transbronchial lung biopsy(s), single lobe		\$621.00
31629	31629	Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i)		\$661.00
32400	32400	Biopsy, pleura; percutaneous needle		\$232.00
32551	32551	Tube thoracostomy, includes water seal (eg, for abscess, hemothorax, empyema), when performed (separate procedure)		\$692.00
32555	32555	Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance		\$375.00
33207	33207	Insertion or replacement of permanent pacemaker with transvenous electrode(s); ventricular		\$1,857.00
33208	33208	Insertion or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular		\$1,395.00
33212	33212	Insertion or replacement of pacemaker pulse generator only; single chamber, atrial or ventricular		\$939.00
33222	33222	Revision or relocation of skin pocket for pacemaker		\$1,360.00
33227	33227	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; single lead system		\$1,330.00
33228	33228	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system		\$1,428.00
35840	35840	Exploration for postoperative hemorrhage, thrombosis or infection; abdomen		\$3,976.00
36410	36410	Venipuncture, age 3 years or older, necessitating physician's skill (separate procedure), for diagnostic or therapeutic purposes (not to be used for routine venipuncture)		\$79.00
36415	36415	Collection of venous blood by venipuncture		\$24.00
36416	36416	Collection of capillary blood specimen (eg, finger, heel, ear stick)		\$23.00
36510	36510	Catheterization of umbilical vein for diagnosis or therapy, newborn		\$115.00
36556	36556	Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older		\$543.00
36561	36561	Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; age 5 years or older		\$1,143.00
36569	36569	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; age 5 years or older		\$364.00
36571	36571	Insertion of peripherally inserted central venous access device, with subcutaneous port; age 5 years or older		\$2,541.00
36590	36590	Removal of tunneled central venous access device, with subcutaneous port or pump, central or peripheral insertion		\$839.00

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CDM Code	CPT	Description	Modifiers	Fee
36620	36620	Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous		\$171.00
37609	37609	Ligation or biopsy, temporal artery		\$826.00
37616	37616	Ligation, major artery (eg, post-traumatic, rupture); chest		\$3,065.00
37765	37765	Stab phlebectomy of varicose veins, one extremity; 10-20 stab incisions		\$1,548.00
38500	38500	Biopsy or excision of lymph node(s); open, superficial		\$810.00
38510	38510	Biopsy or excision of lymph node(s); open, deep cervical node(s)		\$1,641.00
38525	38525	Biopsy or excision of lymph node(s); open, deep axillary node(s)		\$1,065.00
38570	38570	Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple		\$1,690.00
38740	38740	Axillary lymphadenectomy; superficial		\$2,720.00
38792	38792	Injection procedure; for identification of sentinel node		\$159.00
38900	38900	Intraoperative identification of sentinel lymph node includes injection of non-radioactive dye, when performed		\$355.00
40490	40490	Biopsy of lip		\$186.00
40650	40650	Repair lip, full thickness; vermilion only		\$1,058.00
42809	42809	Removal of foreign body from pharynx		\$521.00
42820	42820	Tonsillectomy and adenoidectomy; younger than age 12		\$1,084.00
42821	42821	Tonsillectomy and adenoidectomy; age 12 or over		\$1,174.00
42825	42825	Tonsillectomy, primary or secondary; younger than age 12		\$1,019.00
42826	42826	Tonsillectomy, primary or secondary; age 12 or over		\$994.00
43193	43193	Esophagoscpc Rig Trnso Biopsy		\$666.00
43200	43200	Esophagoscopy, rigid or flexible; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)		\$351.00
43202	43202	Esophagoscopy, rigid or flexible; with biopsy, single or multiple		\$502.00
43215	43215	Esophagoscopy, rigid or flexible; with removal of foreign body		\$602.00
43220	43220	Esophagoscopy, rigid or flexible; with balloon dilation (less than 30 mm diameter)		\$496.00
43229	43229	Esophagoscopy lesion ablate		\$763.00
43235	43235	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 (separate procedure)		\$1,331.00
43236	43236	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with directed submucosal injection(s), any substance		\$774.00
43239	43239	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with biopsy, single or multiple		\$2,070.00
43245	43245	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with dilation of gastric outlet for obstruction (eg, balloon, guide wire, bougie)		\$748.00
43246	43246	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with directed placement of percutaneous gastrostomy tube		\$839.00
43247	43247	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with removal of foreign body		\$779.00
43249	43249	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with balloon dilation of esophagus (less than 30 mm diameter)		\$692.00
43250	43250	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery		\$661.00
43255	43255	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with control of bleeding, any method		\$1,161.00
43259	43259	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with endoscopic ultrasound examination, including the esophagus, stomach, and either the duodenum and/or jejunum as appropriate		\$946.00

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CDM Code	CPT	Description	Modifiers	Fee
43270	43270	EGD Ablate Tumor Polyp/Lesion w/dilation&wire		\$770.00
43280	43280	Laparoscopy, surgical, esophagogastric fundoplasty (eg, Nissen, Toupet procedures)		\$3,227.00
43282	43282	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; with implantation of mesh		\$6,648.00
43499	43499	Unlisted procedure, esophagus		\$3,227.00
43653	43653	Laparoscopy, surgical; gastrostomy, without construction of gastric tube (eg, Stamm procedure) (separate procedure)		\$2,234.00
43761	43761	Repositioning of the gastric feeding tube, any method, through the duodenum for enteric nutrition		\$279.00
43762	43762	PERQ REPLACEMENT GTUBE NOT REQ REVJ GSTRST TRC		\$125.00
43840	43840	Gastrorrhaphy, suture of perforated duodenal or gastric ulcer, wound, or injury		\$2,757.00
44005	44005	Enterolysis (freeing of intestinal adhesion) (separate procedure)		\$4,237.00
44010	44010	Duodenotomy, for exploration, biopsy(s), or foreign body removal		\$3,220.00
44050	44050	Reduction of volvulus, intussusception, internal hernia, by laparotomy		\$3,625.00
44120	44120	Enterectomy, resection of small intestine; single resection and anastomosis		\$4,744.00
44121	44121	Enterectomy, resection of small intestine; each additional resection and anastomosis (List separately in addition to code for primary procedure)		\$953.00
44130	44130	Enteroenterostomy, anastomosis of intestine, with or without cutaneous enterostomy (separate procedure)		\$3,366.00
44139	44139	Mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy (List separately in addition to primary procedure)		\$477.00
44140	44140	Colectomy, partial; with anastomosis		\$5,152.00
44141	44141	Colectomy, partial; with skin level cecostomy or colostomy		\$7,135.00
44143	44143	Colectomy, partial; with end colostomy and closure of distal segment (Hartmann type procedure)		\$6,224.00
44160	44160	Colectomy, partial, with removal of terminal ileum with ileocolostomy		\$3,445.00
44180	44180	Laparoscopy, surgical, enterolysis (freeing of intestinal adhesion) (separate procedure)		\$3,533.00
44188	44188	Laparoscopy, surgical, colostomy or skin level cecostomy		\$4,073.00
44202	44202	Laparoscopy, surgical; enterectomy, resection of small intestine, single resection and anastomosis		\$4,607.00
44204	44204	Laparoscopy, surgical; colectomy, partial, with anastomosis		\$5,927.00
44213	44213	Laparoscopy, surgical, mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy (List separately in addition to primary procedure)		\$743.00
44227	44227	Laparoscopy, surgical, closure of enterostomy, large or small intestine, with resection and anastomosis		\$6,422.00
44310	44310	Ileostomy or jejunostomy, non-tube		\$4,096.00
44373	44373	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with conversion of percutaneous gastrostomy tube to percutaneous jejunostomy tube		\$414.00
44389	44389	Colonoscopy through stoma; with biopsy, single or multiple		\$471.00
44392	44392	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery		\$545.00
44405	44405	Colonoscopy through stoma; with transendoscopic balloon dilation		\$394.00
44602	44602	Suture of small intestine (enterorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture; single perforation		\$5,284.00
44626	44626	Closure of enterostomy, large or small intestine; with resection and colorectal anastomosis (eg, closure of Hartmann type procedure)		\$6,156.00
44800	44800	Excision of Meckel's diverticulum (diverticulectomy) or omphalomesenteric duct		\$2,338.00
44950	44950	Appendectomy;		\$2,403.00
44960	44960	Appendectomy; for ruptured appendix with abscess or generalized peritonitis		\$3,266.00
44970	44970	Laparoscopy, surgical, appendectomy		\$1,484.00
45171	45171	Excision of rectal tumor, transanal approach; not including muscularis propria (ie, partial thickness)		\$2,038.00
45305	45305	Proctosigmoidoscopy, rigid; with biopsy, single or multiple		\$354.00
45330	45330	Sigmoidoscopy, flexible; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)		\$526.00

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CDM Code	CPT	Description	Modifiers	Fee
45331	45331	Sigmoidoscopy, flexible; with biopsy, single or multiple		\$327.00
45338	45338	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique		\$868.00
45346	45346	Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)		\$326.00
45378	45378	Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression (separate procedure)		\$1,584.00
45380	45380	Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple		\$773.00
45381	45381	Colonoscopy, flexible, proximal to splenic flexure; with directed submucosal injection(s), any substance		\$1,887.00
45382	45382	Colonoscopy, flexible, proximal to splenic flexure; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)		\$1,282.00
45384	45384	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery		\$1,050.00
45385	45385	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique		\$2,128.00
45388	45388	Colonoscopy flexible with ablation of tumors polyps or other lesions includes pre and post dilation and guide wire passage		\$996.00
45398	45398	Colonoscopy w/band ligation		\$905.00
45915	45915	Removal of fecal impaction or foreign body (separate procedure) under anesthesia		\$801.00
45990	45990	Anorectal exam, surgical, requiring anesthesia (general, spinal, or epidural), diagnostic		\$400.00
46040	46040	Incision and drainage of ischiorectal and/or perirectal abscess (separate procedure)		\$967.00
46083	46083	Incision of thrombosed hemorrhoid, external		\$372.00
46220	46220	Papillectomy or excision of single tag, anus (separate procedure)		\$466.00
46221	46221	Hemorrhoidectomy, by simple ligature (eg, rubber band)		\$637.00
46230	46230	Excision of external hemorrhoid tags and/or multiple papillae		\$678.00
46250	46250	Hemorrhoidectomy, external, complete		\$1,229.00
46255	46255	Hemorrhoidectomy, internal and external, simple;		\$1,108.00
46320	46320	Enucleation or excision of external thrombotic hemorrhoid		\$434.00
46600	46600	Anoscopy; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)		\$241.00
46606	46606	Anoscopy; with biopsy, single or multiple		\$376.00
46608	46608	Anoscopy; with removal of foreign body		\$297.00
46916	46916	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery		\$349.00
46922	46922	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision		\$368.00
46930	46930	Destruction of internal hemorrhoid(s) by thermal energy (eg, infrared coagulation, cautery, radiofrequency)		\$541.00
46947	46947	Hemorrhoidopexy (eg, for prolapsing internal hemorrhoids) by stapling		\$928.00
47001	47001	Biopsy of liver, needle; when done for indicated purpose at time of other major procedure (List separately in addition to code for primary procedure)		\$392.00
47100	47100	Biopsy of liver, wedge		\$3,268.00
47562	47562	Laparoscopy, surgical; cholecystectomy		\$2,291.00
47563	47563	Laparoscopy, surgical; cholecystectomy with cholangiography		\$2,322.00
47564	47564	Laparoscopy, surgical; cholecystectomy with exploration of common duct		\$4,285.00
47600	47600	Cholecystectomy;		\$3,792.00
49000	49000	Exploratory laparotomy, exploratory celiotomy with or without biopsy(s) (separate procedure)		\$2,966.00
49002	49002	Reopening of recent laparotomy		\$4,032.00
49320	49320	Laparoscopy, abdomen, peritoneum, and omentum, diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)		\$1,939.00
49321	49321	Laparoscopy, surgical; with biopsy (single or multiple)		\$1,284.00

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CDM Code	CPT	Description	Modifiers	Fee
49322	49322	Laparoscopy, surgical; with aspiration of cavity or cyst (eg, ovarian cyst) (single or multiple)		\$1,444.00
49329	49329	Unlisted laparoscopy procedure, abdomen, peritoneum and omentum		\$1,432.00
49440	49440	Insertion of gastrostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report		\$867.00
49500	49500	Repair initial inguinal hernia, age 6 months to younger than 5 years, with or without hydrocelectomy; reducible		\$1,332.00
49505	49505	Repair initial inguinal hernia, age 5 years or older; reducible		\$2,011.00
49507	49507	Repair initial inguinal hernia, age 5 years or older; incarcerated or strangulated		\$2,259.00
49520	49520	Repair recurrent inguinal hernia, any age; reducible		\$2,476.00
49521	49521	Repair recurrent inguinal hernia, any age; incarcerated or strangulated		\$2,385.00
49550	49550	Repair initial femoral hernia, any age; reducible		\$2,254.00
49560	49560	Repair initial incisional or ventral hernia; reducible		\$2,835.00
49561	49561	Repair initial incisional or ventral hernia; incarcerated or strangulated		\$2,324.00
49565	49565	Repair recurrent incisional or ventral hernia; reducible		\$2,864.00
49568	49568	Implantation of mesh or other prosthesis for incisional or ventral hernia repair (List separately in addition to code for the incisional or ventral hernia repair)		\$1,036.00
49585	49585	Repair umbilical hernia, age 5 years or older; reducible		\$1,291.00
49587	49587	Repair umbilical hernia, age 5 years or older; incarcerated or strangulated		\$1,291.00
49650	49650	Laparoscopy, surgical; repair initial inguinal hernia		\$1,659.00
49651	49651	Laparoscopy, surgical; repair recurrent inguinal hernia		\$2,157.00
49652	49652	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); reducible		\$2,662.00
49653	49653	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); incarcerated or strangulated		\$3,326.00
49654	49654	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); reducible		\$3,028.00
49655	49655	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated		\$3,694.00
49656	49656	Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); reducible		\$1,981.00
49900	49900	Suture, secondary, of abdominal wall for evisceration or dehiscence		\$2,716.00
49905	49905	Omental flap, intra-abdominal (List separately in addition to code for primary procedure)		\$709.00
51102	51102	Aspiration of bladder; with insertion of suprapubic catheter		\$556.00
51550	51550	Cystectomy, partial; simple		\$3,263.00
51701	51701	Insertion of non-indwelling bladder catheter (eg, straight catheterization for residual urine)		\$225.00
51702	51702	Insertion of temporary indwelling bladder catheter; simple (eg, Foley)		\$204.00
51726	51726	Complex cystometrogram (eg, calibrated electronic equipment)		\$1,160.00
51728	51728	Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure), any technique		\$1,236.00
51729	51729	Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure) and urethral pressure profile studies (ie, urethral closure pressure profile), any technique		\$1,354.00
51736	51736	Simple uroflowmetry (UFR) (eg, stop-watch flow rate, mechanical uroflowmeter)		\$118.00
51741	51741	Complex uroflowmetry (eg, calibrated electronic equipment)		\$179.00
51797	51797	Voiding pressure studies (VP); intra-abdominal voiding pressure (AP) (rectal, gastric, intraperitoneal)		\$489.00
51860	51860	Cystorrhaphy, suture of bladder wound, injury or rupture; simple		\$2,952.00
51880	51880	Closure of cystostomy (separate procedure)		\$1,579.00
52000	52000	Cystourethroscopy (separate procedure)		\$365.00
54050	54050	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical		\$338.00
54056	54056	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery		\$372.00

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CDM Code	CPT	Description	Modifiers	Fee
54065	54065	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)		\$587.00
54150	54150	Circumcision, using clamp or other device with regional dorsal penile or ring block		\$412.00
54161	54161	Circumcision, surgical excision other than clamp, device, or dorsal slit; older than 28 days of age		\$759.00
54162	54162	Lysis or excision of penile post-circumcision adhesions		\$839.00
55040	55040	Excision of hydrocele; unilateral		\$1,194.00
55250	55250	Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s)		\$1,010.00
55520	55520	Excision of lesion of spermatic cord (separate procedure)		\$1,771.00
56405	56405	Incision and drainage of vulva or perineal abscess		\$405.00
56420	56420	Incision and drainage of Bartholin's gland abscess		\$466.00
56441	56441	Lysis of labial adhesions		\$554.00
56501	56501	Destruction of lesion(s), vulva; simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)		\$313.00
56605	56605	Biopsy of vulva or perineum (separate procedure); one lesion		\$215.00
56620	56620	Vulvectomy simple; partial		\$1,859.00
56740	56740	Excision of Bartholin's gland or cyst		\$1,111.00
56820	56820	Colposcopy of the vulva;		\$334.00
56821	56821	Colposcopy of the vulva; with biopsy(s)		\$547.00
57023	57023	Incision and drainage of vaginal hematoma; non-obstetrical (eg, post-trauma, spontaneous bleeding)		\$1,168.00
57061	57061	Destruction of vaginal lesion(s); simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)		\$323.00
57100	57100	Biopsy of vaginal mucosa; simple (separate procedure)		\$328.00
57130	57130	Excision of vaginal septum		\$365.00
57135	57135	Excision of vaginal cyst or tumor		\$678.00
57160	57160	Fitting and insertion of pessary or other intravaginal support device		\$104.00
57170	57170	Diaphragm or cervical cap fitting with instructions		\$250.00
57200	57200	Colporrhaphy, suture of injury of vagina (nonobstetrical)		\$1,103.00
57210	57210	Colpoperineorrhaphy, suture of injury of vagina and/or perineum (nonobstetrical)		\$1,373.00
57240	57240	Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele		\$2,637.00
57250	57250	Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy		\$2,669.00
57260	57260	Combined anteroposterior colporrhaphy;		\$3,288.00
57265	57265	Combined anteroposterior colporrhaphy; with enterocele repair		\$3,547.00
57270	57270	Repair of enterocele, abdominal approach (separate procedure)		\$3,153.00
57287	57287	Removal or revision of sling for stress incontinence (eg, fascia or synthetic)		\$2,647.00
57288	57288	Sling operation for stress incontinence (eg, fascia or synthetic)		\$2,744.00
57410	57410	Pelvic examination under anesthesia		\$424.00
57420	57420	Colposcopy of the entire vagina, with cervix if present;		\$432.00
57421	57421	Colposcopy of the entire vagina, with cervix if present; with biopsy(s) of vagina/cervix		\$581.00
57452	57452	Colposcopy of the cervix including upper/adjacent vagina;		\$445.00
57454	57454	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix and endocervical curettage		\$547.00
57455	57455	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix		\$533.00
57456	57456	Colposcopy of the cervix including upper/adjacent vagina; with endocervical curettage		\$504.00
57460	57460	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode biopsy(s) of the cervix		\$1,089.00
57461	57461	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode conization of the cervix		\$1,224.00
57500	57500	Biopsy, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)		\$319.00
57505	57505	Endocervical curettage (not done as part of a dilation and curettage)		\$378.00
57511	57511	Cautery of cervix; cryocautery, initial or repeat		\$372.00

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57520	57520	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser		\$1,141.00
57522	57522	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; loop electrode excision		\$800.00
57800	57800	Dilation of cervical canal, instrumental (separate procedure)		\$617.00
58100	58100	Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)		\$280.00
58110	58110	Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure)		\$139.00
58120	58120	Dilation and curettage, diagnostic and/or therapeutic (nonobstetrical)		\$1,257.00
58140	58140	Myomectomy, excision of fibroid tumor(s) of uterus, 1 to 4 intramural myoma(s) with total weight of 250 g or less and/or removal of surface myomas; abdominal approach		\$3,582.00
58150	58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);		\$3,948.00
58180	58180	Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)		\$3,357.00
58260	58260	Vaginal hysterectomy, for uterus 250 g or less;		\$3,283.00
58262	58262	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)		\$3,596.00
58291	58291	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)		\$3,400.00
58300	58300	Insertion of intrauterine device (IUD)		\$272.00
58301	58301	Removal of intrauterine device (IUD)		\$178.00
58340	58340	Catheterization and introduction of saline or contrast material for saline infusion sonohysterography (SIS) or hysterosalpingography		\$312.00
58350	58350	Chromotubation of oviduct, including materials		\$121.00
58353	58353	Endometrial ablation, thermal, without hysteroscopic guidance		\$795.00
58550	58550	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less;		\$3,309.00
58552	58552	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)		\$3,876.00
58553	58553	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g;		\$4,261.00
58555	58555	Hysteroscopy, diagnostic (separate procedure)		\$740.00
58558	58558	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C		\$1,269.00
58561	58561	Hysteroscopy, surgical; with removal of leiomyomata		\$2,127.00
58562	58562	Hysteroscopy, surgical; with removal of impacted foreign body		\$1,128.00
58563	58563	Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation)		\$1,333.00
58605	58605	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, postpartum, unilateral or bilateral, during same hospitalization (separate procedure)		\$777.00
58611	58611	Ligation or transection of fallopian tube(s) when done at the time of cesarean delivery or intra-abdominal surgery (not a separate procedure) (List separately in addition to code for primary procedure)		\$814.00
58660	58660	Laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis) (separate procedure)		\$2,663.00
58661	58661	Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)		\$2,551.00
58662	58662	Laparoscopy, surgical; with fulguration or excision of lesions of the ovary, pelvic viscera, or peritoneal surface by any method		\$2,794.00
58670	58670	Laparoscopy, surgical; with fulguration of oviducts (with or without transection)		\$1,455.00
58671	58671	Laparoscopy, surgical; with occlusion of oviducts by device (eg, band, clip, or Falope ring)		\$1,368.00
58700	58700	Salpingectomy, complete or partial, unilateral or bilateral (separate procedure)		\$3,029.00
58720	58720	Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)		\$2,859.00
58925	58925	Ovarian cystectomy, unilateral or bilateral		\$2,887.00
58940	58940	Oophorectomy, partial or total, unilateral or bilateral;		\$2,033.00
59025	59025	Fetal non-stress test		\$111.00



**SOUTHWEST HEALTH SYSTEM, INC.  
SOUTHWEST MEDICAL GROUP  
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CDM Code	CPT	Description	Modifiers	Fee
59120	59120	Surgical treatment of ectopic pregnancy; tubal or ovarian, requiring salpingectomy and/or oophorectomy, abdominal or vaginal approach		\$3,101.00
59150	59150	Laparoscopic treatment of ectopic pregnancy; without salpingectomy and/or oophorectomy		\$2,003.00
59151	59151	Laparoscopic treatment of ectopic pregnancy; with salpingectomy and/or oophorectomy		\$2,972.00
59160	59160	Curettage, postpartum		\$814.00
59200	59200	Insertion of cervical dilator (eg, laminaria, prostaglandin) (separate procedure)		\$214.00
59300	59300	Episiotomy or vaginal repair, by other than attending physician		\$502.00
59400	59400	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care		\$4,483.00
59409	59409	Vaginal delivery only (with or without episiotomy and/or forceps);		\$2,361.00
59410	59410	Vaginal delivery only (with or without episiotomy and/or forceps); including postpartum care		\$2,782.00
59412	59412	External cephalic version, with or without tocolysis		\$337.00
59414	59414	Delivery of placenta (separate procedure)		\$365.00
59425SWPC	59425	Antepartum care only; 4-6 visits		\$133.00
59425SWUC	59425	Antepartum care only; 4-6 visits		\$133.00
59425	59425	Antepartum care only; 4-6 visits		\$1,097.00
59426	59426	Antepartum care only; 7 or more visits		\$1,702.00
59430	59430	Postpartum care only (separate procedure)		\$422.00
59510	59510	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care		\$4,733.00
59514	59514	Cesarean delivery only;		\$3,696.00
59515	59515	Cesarean delivery only; including postpartum care		\$2,958.00
59612	59612	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps);		\$3,625.00
59812	59812	Treatment of incomplete abortion, any trimester, completed surgically		\$879.00
59820	59820	Treatment of missed abortion, completed surgically; first trimester		\$1,511.00
59821	59821	Treatment of missed abortion, completed surgically; second trimester		\$1,399.00
59840	59840	Induced abortion, by dilation and curettage		\$609.00
59871	59871	Removal of cerclage suture under anesthesia (other than local)		\$530.00
60220	60220	Total thyroid lobectomy, unilateral; with or without isthmusectomy		\$2,332.00
62270	62270	Spinal puncture, lumbar, diagnostic		\$229.00
62321	62321	Injection of diagnostic or therapeutic substance w/ imaging guidance		\$407.00
64405	64405	Injection, anesthetic agent; greater occipital nerve		\$400.00
64421	64421	Injection, anesthetic agent; intercostal nerves, multiple, regional block		\$615.00
64447	64447	Injection, anesthetic agent; femoral nerve, single		\$256.00
64450	64450	Injection, anesthetic agent; other peripheral nerve or branch		\$315.00
64451	64451	Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)		\$214.00
64455	64455	Injection(s), anesthetic agent and/or steroid, plantar common digital nerve(s) (eg, Morton's neuroma)		\$186.00
64483	64483	Injection, anesthetic agent and/or steroid, transforaminal epidural; lumbar or sacral, single level		\$902.00
64484	64484	Injection, anesthetic agent and/or steroid, transforaminal epidural; lumbar or sacral, each additional level (List separately in addition to code for primary procedure)		\$262.00
64490	64490	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level		\$426.00
64491	64491	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level (List separately in addition to code for primary proced		\$239.00
64492	64492	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s) (List separately in addition to co		\$241.00

**SOUTHWEST HEALTH SYSTEM, INC.  
SOUTHWEST MEDICAL GROUP  
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CDM Code	CPT	Description	Modifiers	Fee
64493	64493	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level		\$715.00
64494	64494	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level (List separately in addition to code for primary procedure)		\$353.00
64495	64495	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s) (List separately in addition to code f		\$204.00
64600	64600	Destruction by neurolytic agent, trigeminal nerve; supraorbital, infraorbital, mental, or inferior alveolar branch		\$1,559.00
64625	64625	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)		\$522.00
64633	64633	Destruction by neurolytic agent, paravertebral facet joint nerve, with imaging guidance; cervical or thoracic, single facet joint		\$856.00
64634	64634	Destruction by neurolytic agent, paravertebral facet joint nerves, with imaging guidance; cervical or thoracic, each additional facet joint		\$256.00
64635	64635	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint		\$1,755.00
64636	64636	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT): lumbar or sacral, each additional facet joint		\$737.00
64640	64640	Destruction by neurolytic agent; other peripheral nerve or branch		\$451.00
64704	64704	Neuroplasty; nerve of hand or foot		\$1,218.00
64718	64718	Neuroplasty and/or transposition; ulnar nerve at elbow		\$3,152.00
64721	64721	Neuroplasty and/or transposition; median nerve at carpal tunnel		\$3,198.00
64782	64782	Excision of neuroma; hand or foot, except digital nerve		\$1,533.00
64787	64787	Implantation of nerve end into bone or muscle (List separately in addition to neuroma excision)		\$815.00
64831	64831	Suture of digital nerve, hand or foot; one nerve		\$1,970.00
65220	65220	Removal of foreign body, external eye; corneal, without slit lamp		\$157.00
69000	69000	Drainage external ear, abscess or hematoma; simple		\$387.00
69200	69200	Removal foreign body from external auditory canal; without general anesthesia		\$250.00
69209	69209	removal impacted serumen using irrigation/lavage unliat		\$46.00
69210	69210	Removal impacted cerumen (separate procedure), one or both ears		\$118.00
71100	71100	Radiologic examination, ribs, unilateral; two views		\$84.00
71110	71110	Radiologic examination, ribs, bilateral; three views		\$100.00
72040	72040	Radiologic examination, spine, cervical; two or three views		\$203.00
72050	72050	Radiologic examination, spine, cervical; minimum of four views		\$300.00
72070	72070	Radiologic examination, spine; thoracic, two views		\$207.00
72081	72081	X-Ray exam entire spi 1 View		\$91.00
72082	72082	X-ray exam entire spi 2/3 view		\$165.00
72100	72100	Radiologic examination, spine, lumbosacral; two or three views		\$240.00
72110	72110	Radiologic examination, spine, lumbosacral; minimum of four views		\$330.00
72170	72170	Radiologic examination, pelvis; one or two views		\$155.00
72190	72190	Radiologic examination, pelvis; complete, minimum of three views		\$169.00
72220	72220	Radiologic examination, sacrum and coccyx, minimum of two views		\$125.00
73000	73000	Radiologic examination; clavicle, complete		\$151.00
73020	73020	Radiologic examination, shoulder; one view		\$104.00
73030	73030	Radiologic examination, shoulder; complete, minimum of two views		\$159.00
73060	73060	Radiologic examination; humerus, minimum of two views		\$155.00
73070	73070	Radiologic examination, elbow; two views		\$128.00
73080	73080	Radiologic examination, elbow; complete, minimum of three views		\$205.00
73090	73090	Radiologic examination; forearm, two views		\$152.00
73100	73100	Radiologic examination, wrist; two views		\$135.00
73110	73110	Radiologic examination, wrist; complete, minimum of three views		\$156.00
73120	73120	Radiologic examination, hand; two views		\$134.00
73130	73130	Radiologic examination, hand; minimum of three views		\$155.00
73140	73140	Radiologic examination, finger(s), minimum of two views		\$157.00
73501	73501	X-Ray exam hip uni 1 View		\$72.00

**SOUTHWEST HEALTH SYSTEM, INC.**  
**SOUTHWEST MEDICAL GROUP**  
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CDM Code	CPT	Description	Modifiers	Fee
73502	73502	X-Ray Exam Hip uni 2-3 views		\$108.00
73503	73503	Radiologic examination, hip, unilateral, with pelvis when performed; minimum of 4 views		\$119.00
73521	73521	Radiologic examination, hips,bilateral, with pelvis when performed: 2 Views		\$160.00
73522	73522	Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views		\$111.00
73551	73551	X-Ray Exam of Femur 1 View		\$67.00
73552	73552	X-Ray Exam of Femur 2/>		\$83.00
73560	73560	Radiologic examination, knee; one or two views		\$147.00
73562	73562	Radiologic examination, knee; three views		\$157.00
73564	73564	Radiologic examination, knee; complete, four or more views		\$100.00
73565	73565	Radiologic examination, knee; both knees, standing, anteroposterior		\$195.00
73590	73590	Radiologic examination; tibia and fibula, two views		\$163.00
73600	73600	Radiologic examination, ankle; two views		\$128.00
73610	73610	Radiologic examination, ankle; complete, minimum of three views		\$134.00
73620	73620	Radiologic examination, foot; two views		\$112.00
73630	73630	Radiologic examination, foot; complete, minimum of three views		\$127.00
73650	73650	Radiologic examination; calcaneus, minimum of two views		\$127.00
73660	73660	Radiologic examination; toe(s), minimum of two views		\$123.00
76815	76815	Ultrasound, pregnant uterus, real time with image documentation, limited (eg, fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid volume), one or more fetuses		\$307.00
76817	76817	Ultrasound, pregnant uterus, real time with image documentation, transvaginal		\$353.00
76819	76819	Fetal biophysical profile; without non-stress testing		\$316.00
76830	76830	Ultrasound, transvaginal		\$444.00
76857	76857	Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)		\$173.00
76942	76942	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation		\$818.00
77002	77002	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device)		\$363.00
77003	77003	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinal diagnostic or therapeutic injection procedures (epidural, transforaminal epidural, subarachnoid, paravertebral facet joint, paravertebral facet joint nerve, or sacro		\$327.00
80305	80305	Drug Test Non TLC Devices		\$84.00
81002	81002	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, without microscopy		\$22.00
81003	81003	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, without microscopy		\$39.00
81025	81025	Urine pregnancy test, by visual color comparison methods		\$75.00
82044	82044	Albumin; urine, microalbumin, semiquantitative (eg, reagent strip assay)	QW	\$26.00
82270	82270	Blood, occult, by peroxidase activity (eg, guaiac), qualitative; feces, consecutive collected specimens with single determination, for colorectal neoplasm screening (ie, patient was provided three cards or single triple card for consecutive collection)		\$49.00
82272	82272	Blood, occult, by peroxidase activity (eg, guaiac), qualitative, feces, single specimen (eg, from digital rectal exam)		\$19.00
82948	82948	Glucose; blood, reagent strip		\$19.00
82951	82951	Glucose; tolerance test (GTT), three specimens (includes glucose)		\$68.00
82962	82962	Glucose, blood by glucose monitoring device(s) cleared by the FDA specifically for home use		\$36.00
83037	83037	Hemoglobin; glycosylated (A1C) by device cleared by FDA for home use	QW	\$81.00
83655	83655	Lead		\$69.00
85018	85018	Blood count; hemoglobin (Hgb)	QW	\$41.00
85610	85610	Prothrombin time;		\$39.00
86308	86308	Heterophile antibodies; screening	QW	\$77.00

**SOUTHWEST HEALTH SYSTEM, INC.  
SOUTHWEST MEDICAL GROUP  
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CDM Code	CPT	Description	Modifiers	Fee
86580	86580	Skin test; tuberculosis, intradermal		\$20.00
86677	86677	Antibody; Helicobacter pylori		\$102.00
87210	87210	Smear, primary source with interpretation; wet mount for infectious agents (eg, saline, India ink, KOH preps)	QW	\$75.00
87804	87804	Infectious agent antigen detection by immunoassay with direct optical observation; Influenza		\$41.00
87807	87807	Infectious agent antigen detection by immunoassay with direct optical observation; respiratory syncytial virus		\$49.00
87880	87880	Infectious agent detection by immunoassay with direct optical observation; Streptococcus, group A	QW	\$85.00
90460VFC	90460	VFC-Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered		\$24.00
90460	90460	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered		\$26.00
90461VFC	90461	VFC-Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; each additional vaccine or toxoid component administered		\$24.00
90461	90461	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; each additional vaccine or toxoid component administered		\$26.00
90471VFC	90471	VFC-Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); one vaccine (single or combination vaccine/toxoid)		\$21.00
90471	90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); one vaccine (single or combination vaccine/toxoid)		\$23.00
90472VFC	90472	VFC-Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)		\$23.00
90472	90472	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)		\$24.00
90473VFC	90473	VFC-Immunization administration by intranasal or oral route; one vaccine (single or combination vaccine/toxoid)		\$23.00
90473	90473	Immunization administration by intranasal or oral route; one vaccine (single or combination vaccine/toxoid)		\$25.00
90632	90632	Hepatitis A vaccine, adult dosage, for intramuscular use		\$195.00
90633MK	90633	Hepatitis A vaccine, pediatric/adolescent dosage-2 dose schedule, for intramuscular use		\$7.00
90633	90633	Hepatitis A vaccine, pediatric/adolescent dosage-2 dose schedule, for intramuscular use		\$232.00
90636	90636	Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use		\$232.00
90647	90647	Hemophilus influenza b vaccine (Hib), PRP-OMP conjugate (3 dose schedule), for intramuscular use		\$60.00
90648	90648	Hemophilus influenza b vaccine (Hib), PRP-T conjugate (4 dose schedule), for intramuscular use		\$60.00
90649	90649	Human Papilloma virus (HPV) vaccine, types 6, 11, 16, 18 (quadrivalent), 3 dose schedule, for intramuscular use		\$324.00
90651	90651	Human Papillomavirus Vaccine (9vHPV)		\$310.00
90653	90653	Fluad .05mL 65 years and older, Influenza vaccine, inactivated (IIV), subunit, adjuvanted, for intramuscular use		\$44.00
90660	90660	Influenza virus vaccine, live, for intranasal use		\$47.00
90662x	90662	Influenza virus vaccine - high dose		\$44.00
90670	90670	Pneumococcal conjugate vaccine, 13 valent, for intramuscular use		\$187.00

**SOUTHWEST HEALTH SYSTEM, INC.**  
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CDM Code	CPT	Description	Modifiers	Fee
90672x	90672	Influenza Virus Vaccine, Quadrivalent, Live, For Intranasal Use		\$188.00
90674	90674	Influenza virus vaccine, quadrivalent (cclIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use		\$27.00
90680MK	90680	Rotavirus vaccine, pentavalent, 3 dose schedule, live, for oral use		\$7.00
90680	90680	Rotavirus vaccine, pentavalent, 3 dose schedule, live, for oral use		\$239.00
90681MK	90681	Rotavirus vaccine, human, attenuated, 2 dose schedule, live, for oral use		\$7.00
90681	90681	Rotavirus vaccine, human, attenuated, 2 dose schedule, live, for oral use		\$148.00
90682	90682	Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use		\$44.00
90685	90685	Influenza virus vacc quadrivalent, split virus, preservative free, when administered to children 6-35 months, for intramuscular use		\$38.00
90686	90686	Influenza virus vacc quadrivalent, split virus, preservative free, when administered to individuals 3 years of age and older, for intramuscular use		\$38.00
90687	90687	Influenza virus vacc quadrivalent, split virus 0.25 ml dosage for intramuscular use		\$36.00
90688	90688	influenza virus vaccine, quadrivalent (IIV4), split virus, 0.5 mL dosage, for intramuscular use		\$29.00
90696MK	90696	Diphtheria, tetanus toxoids, acellular pertussis vaccine and poliovirus vaccine, inactivated (DTaP-IPV), when administered to children 4 years through 6 years of age, for intramuscular use		\$19.00
90696VFC	90696	Diphtheria, tetanus toxoids, acellular pertussis vaccine and poliovirus vaccine, inactivated (DTaP-IPV), when administered to children 4 years through 6 years of age, for intramuscular use		\$19.00
90696	90696	Diphtheria, tetanus toxoids, acellular pertussis vaccine and poliovirus vaccine, inactivated (DTaP-IPV), when administered to children 4 years through 6 years of age, for intramuscular use		\$294.00
90698MK	90698	Pentacel		\$7.00
90698	90698	Pentacel		\$453.00
90700	90700	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to younger than 7 years, for intramuscular use		\$52.00
90702	90702	Diphtheria and tetanus toxoids (DT) adsorbed when administered to younger than 7 years, for intramuscular use		\$21.00
90707MK	90707	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use		\$7.00
90707	90707	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use		\$96.00
90710	90710	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use		\$239.00
90713MK	90713	Poliovirus vaccine, inactivated, (IPV), for subcutaneous or intramuscular use		\$7.00
90713	90713	Poliovirus vaccine, inactivated, (IPV), for subcutaneous or intramuscular use		\$126.00
90714	90714	Tetanus and diphtheria toxoids (Td) adsorbed, preservative free, when administered to 7 years or older, for intramuscular use		\$126.00
90715MK	90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to 7 years or older, for intramuscular use		\$7.00
90715	90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to 7 years or older, for intramuscular use		\$164.00
90716MK	90716	Varicella virus vaccine, live, for subcutaneous use		\$7.00
90716	90716	Varicella virus vaccine, live, for subcutaneous use		\$121.00
90723	90723	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Hepatitis B, and poliovirus vaccine, inactivated (DtaP-HepB-IPV), for intramuscular use		\$149.00
90732	90732	Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, when administered to 2 years or older, for subcutaneous or intramuscular use		\$170.00
90733	90733	Meningococcal polysaccharide vaccine (any group(s)), for subcutaneous use		\$323.00
90734MK	90734	Meningococcal conjugate vaccine, serogroups A, C, Y and W-135 (tetravalent), for intramuscular use		\$7.00

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CDM Code	CPT	Description	Modifiers	Fee
90734	90734	Meningococcal conjugate vaccine, serogroups A, C, Y and W-135 (tetraivalent), for intramuscular use		\$330.00
90736	90736	Zoster (shingles) vaccine, live, for subcutaneous injection		\$248.00
90744VFC	90744	Hepatitis B Vaccine, pediatric/adolescent		\$16.00
90744	90744	Hepatitis B vaccine, pediatric/adolescent dosage (3 dose schedule), for intramuscular use		\$52.00
90746	90746	Hepatitis B vaccine, adult dosage, for intramuscular use		\$152.00
90747	90747	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (4 dose schedule), for intramuscular use		\$265.00
90748	90748	Hepatitis B and Hemophilus influenza b vaccine (HepB-Hib), for intramuscular use		\$132.00
90749	90749	Unlisted vaccine/toxoid		\$21.00
90791	90791	Psychiatric diagnostic evaluation		\$271.00
90832	90832	Psychotherapy, 30 minutes with patient and/or family member		\$271.00
90834	90834	Psychotherapy, 45 minutes with patient and/or family member		\$271.00
90837	90837	Psychotherapy, 60 minutes with patient and/or family member		\$271.00
90839	90839	Psychotherapy for crisis; first 60 minutes		\$271.00
90846	90846	Family psychotherapy (without the patient present)		\$271.00
90847	90847	Family psychotherapy (conjoint psychotherapy) (with patient present)		\$271.00
90853	90853	Group psychotherapy (other than of a multiple-family group)		\$98.00
92551	92551	Screening test, pure tone, air only		\$41.00
92588	92588	Evoked otoacoustic emissions; comprehensive or diagnostic evaluation (comparison of transient and/or distortion product otoacoustic emissions at multiple levels and frequencies)		\$55.00
93000	93000	Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report		\$171.00
93005	93005	Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report		\$79.00
93010	93010	Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only		\$47.00
93016	93016	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; physician supervision only, without interpretation and report		\$96.00
93018	93018	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; interpretation and report only		\$68.00
93225	93225	Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage, with visual superimposition scanning; recording (includes hook-up, recording, and disconnection)		\$486.00
93227	93227	Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage, with visual superimposition scanning; physician review and interpretation		\$104.00
93270	93270	Patient demand single or multiple event recording with presymptom memory loop, 24-hour attended monitoring, per 30 day period of time; recording (includes hook-up, recording, and disconnection)		\$36.00
93272	93272	Patient demand single or multiple event recording with presymptom memory loop, 24-hour attended monitoring, per 30 day period of time; physician review and interpretation only		\$97.00
93279	93279	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with physician analysis, review and report; single lead pacemaker system		\$171.00
93280	93280	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with physician analysis, review and report; dual lead pacemaker system		\$210.00
93281	93281	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with physician analysis, review and report; multiple lead pacemaker system		\$249.00

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CDM Code	CPT	Description	Modifiers	Fee
93282	93282	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with physician analysis, review and report; single lead implantable cardioverte		\$227.00
93283	93283	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with physician analysis, review and report; dual lead implantable cardioverter-		\$294.00
93284	93284	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with physician analysis, review and report; multiple lead implantable cardiover		\$324.00
93288	93288	Interrogation device evaluation (in person) with physician analysis, review and report, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead pacemaker system		\$155.00
93294	93294	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system with interim physician analysis, review(s) and report(s)		\$131.00
93724	93724	Electronic analysis of antitachycardia pacemaker system (includes electrocardiographic recording, programming of device, induction and termination of tachycardia via implanted pacemaker, and interpretation of recordings)		\$155.00
94010	94010	Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation		\$114.00
94640	94640	Pressurized or nonpressurized inhalation treatment for acute airway obstruction or for sputum induction for diagnostic purposes (eg, with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing [IPPB] device)		\$114.00
94660	94660	Continuous positive airway pressure ventilation (CPAP), initiation and management		\$137.00
94729	94729	Diffusing capacity (eg, carbon monoxide, membrane)		\$207.00
94760	94760	Noninvasive ear or pulse oximetry for oxygen saturation; single determination		\$22.00
94761	94761	Noninvasive ear or pulse oximetry for oxygen saturation; multiple determinations (eg, during exercise)		\$26.00
94762	94762	Noninvasive ear or pulse oximetry for oxygen saturation; by continuous overnight monitoring (separate procedure)		\$98.00
95115	95115	Professional services for allergen immunotherapy not including provision of allergenic extracts; single injection		\$29.00
95117	95117	Professional services for allergen immunotherapy not including provision of allergenic extracts; two or more injections		\$46.00
96110	96110	Developmental testing; limited (eg, Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report		\$27.00
96127	96127	Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument		\$14.00
96150	96150	Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; initial assessment		\$68.00
96151	96151	Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; re-assessment		\$66.00
96152	96152	Health and behavior intervention, each 15 minutes, face-to-face; individual		\$63.00
96153	96153	Health and behavior intervention, each 15 minutes, face-to-face; group (2 or more patients)		\$13.00
96154	96154	Health and behavior intervention, each 15 minutes, face-to-face; family (with the patient present)		\$60.00

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CDM Code	CPT	Description	Modifiers	Fee
96155	96155	Health and behavior intervention, each 15 minutes, face-to-face; family (without the patient present)		\$32.00
96372	96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular		\$46.00
97127	97127	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or sch		\$85.00
97597	97597	Removal of devitalized tissue from wound(s), selective debridement, without anesthesia (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), with or without topical application(s), wound assessm		\$123.00
97598	97598	Removal of devitalized tissue from wound(s), selective debridement, without anesthesia (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), with or without topical application(s), wound assessm		\$99.00
97605	97605	Negative pressure wound therapy (eg, vacuum assisted drainage collection), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters		\$95.00
98925	98925	Osteopathic manipulative treatment (OMT); one to two body regions involved		\$84.00
98926	98926	Osteopathic manipulative treatment (OMT); three to four body regions involved		\$123.00
98927	98927	Osteopathic manipulative treatment (OMT); five to six body regions involved		\$163.00
98928	98928	Osteopathic manipulative treatment (OMT); seven to eight body regions involved		\$190.00
98929	98929	Osteopathic manipulative treatment (OMT); nine to ten body regions involved		\$219.00
98960	98960	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; individual patient		\$72.00
99050	99050	Services provided in the office at times other than regularly scheduled office hours, or days when the office is normally closed (eg, holidays, Saturday or Sunday), in addition to basic service		\$60.00
99080	99080	Special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form		\$52.00
99091	99091	Collection and interpretation of physiologic data (eg, ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, requiring a minimum of 30 min		\$123.00
99188	99188	Application of topical fluoride varnish by a physician or other qualified health care professional		\$19.00
99201	99201	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a problem focused history; a problem focused examination; straightforward medical decision making. Counseling and/or coordinati		\$126.00
99202	99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; straightforward medical decision making. Counseli		\$176.00
99203	99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; medical decision making of low complexity. Counseling and/or coordination of care w		\$245.00
99204	99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a comprehensive examination; medical decision making of moderate complexity. Counseling and/or coordin		\$394.00



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CDM Code	CPT	Description	Modifiers	Fee
99205	99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity. Counseling and/or coordinatio		\$428.00
99211	99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these		\$68.00
99212	99212	Office or other outpatient visit for the evaluation and management of an established patient		\$102.00
99213	99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making		\$133.00
99214	99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a detailed history; a detailed examination; medical decision making of moderate complexity. Counseling		\$193.00
99215	99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity. Coun		\$288.00
99217	99217	Observation care discharge day management (This code is to be utilized by the physician to report all services provided to a patient on discharge from "observation status" if the discharge is on other than the initial date of "observation status." To repo		\$193.00
99218	99218	Initial observation care, per day, for the evaluation and management of a patient which requires these three key components: a detailed or comprehensive history; a detailed or comprehensive examination; and medical decision making that is straightforward		\$186.00
99219	99219	Initial observation care, per day, for the evaluation and management of a patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coord		\$304.00
99220	99220	Initial observation care, per day, for the evaluation and management of a patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordinat		\$380.00
99221	99221	Initial hospital care, per day, for the evaluation and management of a patient, which requires these three key components: a detailed or comprehensive history; a detailed or comprehensive examination; and medical decision making that is straightforward or		\$204.00
99222	99222	Initial hospital care, per day, for the evaluation and management of a patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordina		\$365.00
99223	99223	Initial hospital care, per day, for the evaluation and management of a patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination		\$559.00
99224	99224	Subsequent observation care		\$117.00
99225	99225	SUBSEQUENT OBSERVATION CARE, Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination;		\$210.00
99231	99231	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: a problem focused interval history; a problem focused examination; medical decision making that is straightforwar		\$169.00

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CDM Code	CPT	Description	Modifiers	Fee
99232	99232	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of		\$275.00
99233	99233	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: a detailed interval history; a detailed examination; medical decision making of high complexity. Counseling and/o		\$432.00
99234	99234	Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date which requires these three key components: a detailed or comprehensive history; a detailed or comprehensive examinati		\$283.00
99235	99235	Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision		\$634.00
99236	99236	Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision		\$489.00
99238	99238	Hospital discharge day management; 30 minutes or less		\$157.00
99239	99239	Hospital discharge day management; more than 30 minutes		\$206.00
99241	99241	Office consultation for a new or established patient, which requires these three key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other provi		\$144.00
99242	99242	Office consultation for a new or established patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and straightforward medical decision making. Counseling and/or coordination of c		\$218.00
99243	99243	Office consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agen		\$286.00
99244	99244	Office consultation for a new or established patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other pr		\$391.00
99245	99245	Office consultation for a new or established patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other provid		\$500.00
99251	99251	Inpatient consultation for a new or established patient, which requires these three key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other pr		\$142.00
99252	99252	Inpatient consultation for a new or established patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and straightforward medical decision making. Counseling and/or coordination o		\$186.00
99253	99253	Inpatient consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or a		\$334.00
99254	99254	Inpatient consultation for a new or established patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other		\$372.00
99281	99281	Emergency department visit for the evaluation and management of a patient, which requires these three key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of		\$184.00

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CDM Code	CPT	Description	Modifiers	Fee
99282	99282	Emergency department visit for the evaluation and management of a patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of low complexity. Counseling a		\$246.00
99283	99283	Emergency department visit for the evaluation and management of a patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of moderate complexity. Counsel		\$319.00
99284	99284	Emergency department visit for the evaluation and management of a patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of moderate complexity. Counseling and/or coordination of care wi		\$328.00
99291	99291	Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes		\$642.00
99292	99292	Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)		\$404.00
99304	99304	Initial nursing facility care, per day, for the evaluation and management of a patient which requires these three key components: a detailed or comprehensive history; a detailed or comprehensive examination; and medical decision making that is straightfor		\$166.00
99305	99305	Initial nursing facility care, per day, for the evaluation and management of a patient which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or c		\$215.00
99306	99306	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coor		\$289.00
99307	99307	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: a problem focused interval history; a problem focused examination; straightforward medical decision makin		\$215.00
99308	99308	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision m		\$143.00
99309	99309	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: a detailed interval history; a detailed examination; medical decision making of moderate complexity. Coun		\$214.00
99310	99310	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: a comprehensive interval history; a comprehensive examination; medical decision making of high complexity		\$266.00
99315	99315	Nursing facility discharge day management; 30 minutes or less		\$207.00
99316	99316	Nursing facility discharge day management; more than 30 minutes		\$222.00
99318	99318	Evaluation and management of a patient involving an annual nursing facility assessment, which requires these three key components: A detailed interval history; A comprehensive examination; and Medical decision making that is of low to moderate complexity.		\$166.00
99324	99324	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these three key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordina		\$214.00
99325	99325	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these three key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Coun		\$311.00

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CDM Code	CPT	Description	Modifiers	Fee
99326	99326	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these three key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of		\$529.00
99327	99327	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these three key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coord		\$705.00
99334	99334	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three key components: A problem focused interval history; A problem focused examination; Straightforward medical decision maki		\$232.00
99335	99335	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision		\$361.00
99336	99336	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Cou		\$510.00
99337	99337	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three key components: A comprehensive interval history; A comprehensive examination; Medical decision making of moderate to hi		\$728.00
99343	99343	Home visit for the evaluation and management of a new patient, which requires these three key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other pro		\$492.00
99347	99347	Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: A problem focused interval history; A problem focused examination; Straightforward medical decision making. Counseling and/o		\$200.00
99348	99348	Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low comple		\$302.00
99349	99349	Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coord		\$193.00
99350	99350	Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: A comprehensive interval history; A comprehensive examination; Medical decision making of moderate to high complexity. Couns		\$473.00
99354	99354	Prolonged physician service in the office or other outpatient setting requiring direct (face-to-face) patient contact beyond the usual service (eg, prolonged care and treatment of an acute asthmatic patient in an outpatient setting); first hour (List sepa		\$313.00
99355	99355	Prolonged physician service in the office or other outpatient setting requiring direct (face-to-face) patient contact beyond the usual service (eg, prolonged care and treatment of an acute asthmatic patient in an outpatient setting); each additional 30 mi		\$239.00
99356	99356	Prolonged physician service in the inpatient setting, requiring direct (face-to-face) patient contact beyond the usual service (eg, maternal fetal monitoring for high risk delivery or other physiological monitoring, prolonged care of an acutely ill inpati		\$211.00
99356H	99356	Prolonged physician service in the inpatient setting, requiring direct (face-to-face) patient contact beyond the usual service (eg, maternal fetal monitoring for high risk delivery or other physiological monitoring, prolonged care of an acutely ill inpati		\$211.00

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CDM Code	CPT	Description	Modifiers	Fee
99356OV	99356	Prolonged physician service in the inpatient setting, requiring direct (face-to-face) patient contact beyond the usual service (eg, maternal fetal monitoring for high risk delivery or other physiological monitoring, prolonged care of an acutely ill inpati		\$211.00
99357	99357	Prolonged physician service in the inpatient setting, requiring direct (face-to-face) patient contact beyond the usual service (eg, maternal fetal monitoring for high risk delivery or other physiological monitoring, prolonged care of an acutely ill inpati		\$373.00
99358	99358	Prolonged evaluation and management service before and/or after direct (face-to-face) patient care (eg, review of extensive records and tests, communication with other professionals and/or the patient/family); first hour (List separately in addition to co		\$369.00
99360	99360	Physician standby service, requiring prolonged physician attendance, each 30 minutes (eg, operative standby, standby for frozen section, for cesarean/high risk delivery, for monitoring EEG)		\$163.00
99381	99381	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immuni		\$251.00
99382	99382	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immuni		\$266.00
99383	99383	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immuni		\$273.00
99384	99384	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immuni		\$221.00
99385	99385	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immuni		\$298.00
99386	99386	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immuni		\$333.00
99387	99387	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immuni		\$353.00
99391	99391	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate imm		\$193.00
99392	99392	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate imm		\$206.00
99393	99393	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate imm		\$214.00
99394	99394	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate imm		\$230.00

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CDM Code	CPT	Description	Modifiers	Fee
99395	99395	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate imm		\$273.00
99396	99396	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate imm		\$298.00
99397	99397	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate imm		\$333.00
99401	99401	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes		\$64.00
99402	99402	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes		\$163.00
99406	99406	Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes		\$54.00
99407	99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes		\$73.00
99408	99408	Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes		\$115.00
99409	99409	Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; greater than 30 minutes		\$235.00
99441	99441	Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24		\$47.00
99455	99455	Work related or medical disability examination by the treating physician that includes: Completion of a medical history commensurate with the patient's condition; Performance of an examination commensurate with the patient's condition; Formulation of a di		\$64.00
99456	99456	Work related or medical disability examination by other than the treating physician that includes: Completion of a medical history commensurate with the patient's condition; Performance of an examination commensurate with the patient's condition; Formul		\$349.00
99460	99460	Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant		\$280.00
99462	99462	Subsequent hospital care, per day, for evaluation and management of normal newborn		\$137.00
99463	99463	Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant admitted and discharged on the same date		\$1,627.00
99464	99464	Attendance at delivery (when requested by the delivering physician) and initial stabilization of newborn		\$176.00
99465	99465	Delivery/birthing room resuscitation, provision of positive pressure ventilation and/or chest compressions in the presence of acute inadequate ventilation and/or cardiac output		\$372.00
99468	99468	Initial inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger		\$3,531.00
99469	99469	Subsequent inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger		\$1,593.00
99477	99477	Initial hospital care, per day, for the evaluation and management of the neonate, 28 days of age or less, who requires intensive observation, frequent interventions, and other intensive care services		\$1,330.00
99479	99479	Subsequent intensive care, per day, for the evaluation and management of the recovering low birth weight infant (present body weight of 1500-2500 grams)		\$424.00

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CHARGEMASTER AS OF 01/01/2021**

CDM Code	CPT	Description	Modifiers	Fee
99480	99480	Subsequent intensive care, per day, for the evaluation and management of the recovering infant (present body weight of 2501-5000 grams)		\$752.00
99490	99490	Chron Care Mgmt srvs 20 min		\$126.00
99495	99495	Transitional Care Management 14 day discharge		\$621.00
99496	99496	Transitional Care Management Services 7 days discharge		\$872.00
15788F	15788F	Chemical peel, face (epidermal)		\$89.00
15789F	15789F	Chemical peel, face (dermal)		\$118.00
15792BC	15792BC	Chemical peel, back/chest (epidermal)		\$177.00
15792N	15792N	Chemical peel, neck (epidermal)		\$29.00
15793BC	15793BC	Chemical peel, back/chest (dermal)		\$237.00
15793N	15793N	Chemical peel, neck (dermal)		\$29.00
17999C	17999C	Microdermabrasion, chest		\$91.00
17999F	17999F	Microdermabrasion, face		\$91.00
17999H	17999H	Microdermabrasion, hands		\$30.00
17999N	17999N	Microdermabrasion, neck		\$30.00
90749MK	90749MK	Kinrix		\$7.00
A4311	A4311	Insertion tray without drainage bag with indwelling catheter, Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer or hydrophilic, etc.)		\$73.00
A4338	A4338	Indwelling catheter; Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each		\$73.00
A4550	A4550	Surgical trays		\$73.00
A4561	A4561	Pessary, rubber, any type		\$89.00
A4562	A4562	Pessary, nonrubber, any type		\$122.00
A4565	A4565	Slings		\$21.00
A4570	A4570	Splint		\$29.00
A4590	A4590	Special casting material (e.g., fiberglass)		\$43.00
A6248	A6248	Hydrogel dressing, wound filler, gel, per fl. oz.		\$23.00
A6255	A6255	Specialty absorptive dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing		\$7.00
A6258	A6258	Transparent film, more than 16 sq. in. but less than or equal to 48 sq. in., each dressing		\$5.00
A6260	A6260	Wound cleansers, any type, any size		\$26.00
A6449	A6449	Light compression bandage, elastic, knitted/woven, width greater than or equal to three in. and less than five in., per yd.		\$42.00
Asclera	Asclera	Asclera, per treatment		\$21.00
BP	BP	Blood Pressure Check		\$87.00
CARELOCK	CARELOCK	Dr. Carelock Hourly Rate (per unit)		\$175.00
Carelock U	Carelock U	Carelock Ute Hourly Rate		\$190.00
90791-GT	CPT-90791	Psychiatric diagnostic evaluation		\$271.00
90832-GT	CPT-90832	Psychotherapy, 30 minutes with patient and/or family member		\$271.00
90834-GT	CPT-90834	Psychotherapy, 45 minutes with patient and/or family member		\$271.00
90837-GT	CPT-90837	Psychotherapy, 60 minutes with patient and/or family member		\$271.00
90846-GT	CPT-90846	Family psychotherapy (without the patient present)		\$271.00
90847-GT	CPT-90847	Family psychotherapy (conjoint psychotherapy) (with patient present)		\$271.00
D0145	D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver		\$110.00
D0190	D0190	Cavity Free at Three		\$58.00
D0999	D0999	Unspecified diagnostic procedure, by report		\$58.00
D1206	D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients		\$58.00
E1399	E1399	Durable medical equipment, miscellaneous		\$100.00
G0008	G0008	Administration of influenza virus vaccine		\$34.00
G0009	G0009	Administration of pneumococcal vaccine		\$27.00
G0101	G0101	Cervical or vaginal cancer screening; pelvic and clinical breast examination		\$221.00
G0102	G0102	Prostate cancer screening; digital rectal examination		\$49.00
G0104	G0104	Colorectal cancer screening; flexible sigmoidoscopy		\$526.00
G0105	G0105	Colorectal cancer screening; colonoscopy on individual at high risk		\$1,584.00
G0108	G0108	Diabetes outpatient self-management training services, individual, per 30 minutes		\$209.00

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CDM Code	CPT	Description	Modifiers	Fee
G0121	G0121	Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk		\$1,584.00
G0127	G0127	Trimming of dystrophic nails, any number		\$91.00
G0179	G0179	Physician re-certification for Medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians to affirm the initial i		\$163.00
G0245	G0245	Initial physician evaluation and management of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (LOPS) which must include: (1) the diagnosis of LOPS, (2) a patient history, (3) a physical examination that con		\$251.00
G0246	G0246	Follow-up physician evaluation and management of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (LOPS) to include at least the following: (1) a patient history, (2) a physical examination that includes: (a)		\$147.00
G0247	G0247	Routine foot care by a physician of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (LOPS) to include, the local care of superficial wounds (i.e., superficial to muscle and fascia) and at least the following		\$61.00
G0248	G0248	Demonstration, at initial use, of home INR monitoring for patient with mechanical heart valve(s) who meets Medicare coverage criteria, under the direction of a physician; includes: demonstrating use and care of the INR monitor, obtaining at least one bloo		\$126.00
G0289	G0289	Arthroscopy, knee, surgical, for removal of loose body, foreign body, debridement/shaving of articular cartilage (chondroplasty) at the time of other surgical knee arthroscopy in a different compartment of the same knee		\$333.00
G0372	G0372	Physician service required to establish and document the need for a power mobility device		\$34.00
G0402	G0402	Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment		\$221.00
G0403	G0403	Electrocardiogram, routine ECG with 12 leads; performed as a screening for the initial preventive physical examination with interpretation and report		\$89.00
G0438	G0438	Annual Wellness first visit		\$232.00
G0439	G0439	Annual Wellness visit subsequent		\$192.00
G0444	G0444	Annual depression screening, 15 minutes		\$48.00
G0515	G0515	Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact, each 15 minutes		\$85.00
H0049	H0049	Alcohol and/or drug screening		\$36.00
J0131	J0131	Injection, acetaminophen, 10mg		\$1.00
J0558	J0558	Bicillin C-R 1,200,000units per 2ml		\$98.00
J0561	J0561	Bicillin L-A 600,000 units per 1ml		\$6.00
J0585	J0585	Botulinum toxin type A, per unit		\$14.00
J0588	J0588	Xeomin, per unit		\$8.00
J0637	J0637	Injection, caspofungin acetate, 5 mg		\$26.00
J0696	J0696	Injection, ceftriaxone sodium, per 250 mg		\$45.00
J0702	J0702	Injection, betamethasone acetate and betamethasone sodium phosphate, per 3 mg		\$28.00
J1020	J1020	Injection, methylprednisolone acetate, 20 mg		\$21.00
J1030	J1030	Injection, methylprednisolone acetate, 40 mg		\$46.00
J1040	J1040	Injection, methylprednisolone acetate, 80 mg		\$71.00
J1050	J1050	Injection, medroxyprogesterone acetate for contraceptive use, 1 mg		\$1.00
J1094	J1094	Injection, dexamethasone acetate, 1 mg		\$4.00
J1100	J1100	Injection, dexamethasone sodium phosphate, 1 mg		\$8.00
J1200	J1200	Injection, diphenhydramine HCl, up to 50 mg		\$19.00
J1380	J1380	Injection, estradiol valerate, up to 10 mg		\$23.00
J1610	J1610	Injection, glucagon HCl, per 1 mg		\$414.00
J1885	J1885	Injection, ketorolac tromethamine, per 15 mg		\$48.00
J1950	J1950	Injection, leuprolide acetate (for depot suspension), per 3.75 mg		\$1,463.00



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J2315	J2315	Injection, naltrexone, depot form, 1 mg		\$8.00
J2405	J2405	Injection, ondansetron HCl, per 1 mg		\$54.00
J2550	J2550	Injection, promethazine HCl, up to 50 mg		\$24.00
J2790	J2790	Injection, Rho D immune globulin, human, full dose, 300 mcg		\$298.00
J2920	J2920	Injection, methylprednisolone sodium succinate, up to 40 mg		\$21.00
J2930	J2930	Injection, methylprednisolone sodium succinate, up to 125 mg		\$75.00
J2950	J2950	Injection, promazine HCl, up to 25 mg		\$18.00
J3030	J3030	Injection, sumatriptan succinate, 6 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)		\$388.00
J3301	J3301	Injection, triamcinolone acetonide, per 10 mg		\$15.00
J3420	J3420	Injection, vitamin B-12 cyanocobalamin, up to 1,000 mcg		\$22.00
J3490	J3490	Unclassified drugs		\$1,186.00
J3590	J3590	Unclassified biologics - Collagenase SANTYL		\$616.00
J7298	J7298	Levonorgestrel -releasing intrauterine contraceptive system 52 mg 5 year duration		\$1,347.00
J7300	J7300	Intrauterine copper contraceptive		\$851.00
J7301	J7301	SKYLA IUD		\$1,039.00
J7307	J7307	Etonogestrel (contraceptive) implant system, including implant and supplies		\$1,497.00
J7321	J7321	Hyaluronan or derivative, Hyalgan or Supartz, for intra-articular injection, per dose		\$461.00
J7324	J7324	Hyaluronan or derivative, Orthovisc, for intra-articular injection, per dose		\$654.00
J7325	J7325	Hyaluronan or derivative, Synvisc or Synvisc-One, for intra-articular injection, 48 mg		\$3,386.00
J7325-16	J7325	Hyaluronan or derivative, Synvisc or Synvisc-One, for intra-articular injection, 16 mg		\$3,386.00
J7326	J7326	Hyaluronan or derivative, gel-one, for intra-articular injection, per dose		\$4,406.00
Juvederm	Juvederm	Juvederm Ultra XC and Ultra Plus XC, per vial		\$532.00
L1810	L1810	KO, elastic with joints, prefabricated, includes fitting and adjustment		\$43.00
L1830	L1830	KO, immobilizer, canvas longitudinal, prefabricated, includes fitting and adjustment		\$79.00
L1832	L1832	Knee orthosis, adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated, includes fitting and adjustment		\$77.00
L1902	L1902	AFO, ankle gauntlet, prefabricated, includes fitting and adjustment		\$267.00
L1906	L1906	AFO, multiligamentous ankle support, prefabricated, includes fitting and adjustment		\$84.00
L3020	L3020	Foot insert, removable, molded to patient model, longitudinal/metatarsal support, each foot		\$221.00
L3020-2	L3020	foot, insert,removeable, molded to patient model,longitudeinal/metatarsal support, each (second pair)		\$221.00
L3260	L3260	Surgical boot/shoe, each		\$25.00
L3265	L3265	Plastazote sandal, each		\$42.00
L3400	L3400	Metatarsal bar wedge, rocker		\$42.00
L3485	L3485	Heel, pad, removable for spur		\$67.00
L3650	L3650	SO, figure of eight design abduction restrainer, prefabricated, includes fitting and adjustment		\$14.00
L3710	L3710	EO, elastic with metal joints, prefabricated, includes fitting and adjustment		\$20.00
L3710SWPC	L3710	EO, elastic with metal joints, prefabricated, includes fitting and adjustment		\$20.00
L3760	L3760	Elbow orthosis, with adjustable position locking joint(s), prefabricated, includes fitting and adjustments, any type		\$20.00
L3760SWPC	L3760	Elbow orthosis, with adjustable position locking joint(s), prefabricated, includes fitting and adjustments, any type		\$42.00
L3807	L3807	WHFO, without joint(s), prefabricated, includes fitting and adjustments, any type		\$41.00
L3807SWPC	L3807	WHFO, without joint(s), prefabricated, includes fitting and adjustments, any type		\$42.00
L3808SWUC	L3808	Wrist hand finger orthosis, rigid without joints, may include soft interface material; straps, custom fabricated, includes fitting and adjustment		\$42.00

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CDM Code	CPT	Description	Modifiers	Fee
L3905	L3905	Wrist hand orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment		\$52.00
L3905RHC	L3905	Wrist hand orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment		\$52.00
L3906	L3906	Wrist hand orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment		\$28.00
L3906SWPC	L3906	Wrist hand orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment		\$50.00
L3908	L3908	WHO, wrist extension control cock-up, nonmolded, prefabricated, includes fitting and adjustment		\$52.00
L3908SWPC	L3908	WHO, wrist extension control cock-up, nonmolded, prefabricated, includes fitting and adjustment		\$52.00
L3923	L3923	Hand finger orthosis, without joints, may include soft interface, straps, prefabricated, includes fitting and adjustment		\$52.00
L3923SWPC	L3923	Hand finger orthosis, without joints, may include soft interface, straps, prefabricated, includes fitting and adjustment		\$52.00
L3929	L3929	HFO, includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated, includes fitting and adjustment		\$42.00
L3980SWPC	L3980	Upper extremity fracture orthosis, humeral, prefabricated, includes fitting and adjustment		\$67.00
L3999	L3999	Upper limb orthosis, NOS		\$42.00
L4350	L4350	Ankle control orthosis, stirrup style, rigid, includes any type interface (e.g., pneumatic, gel), prefabricated, includes fitting and adjustment		\$127.00
L4360	L4360	Walking boot, pneumatic, with or without joints, with or without interface material, prefabricated, includes fitting and adjustment		\$140.00
L4360SWPC	L4360	Walking boot, pneumatic, with or without joints, with or without interface material, prefabricated, includes fitting and adjustment		\$140.00
L4386	L4386	Walking boot, nonpneumatic, with or without joints, with or without interface material, prefabricated, includes fitting and adjustment		\$133.00
L4386SWPC	L4386	Walking boot, nonpneumatic, with or without joints, with or without interface material, prefabricated, includes fitting and adjustment		\$133.00
L4392	L4392	Replacement soft interface material, static AFO		\$140.00
L4392SWPC	L4392	Replacement soft interface material, static AFO		\$140.00
L4396	L4396	Static ankle foot orthosis, including soft interface material, adjustable for fit, for positioning, pressure reduction, may be used for minimal ambulation, prefabricated, includes fitting and adjustment		\$187.00
L8499SWPC	L8499	Unlisted procedure for miscellaneous prosthetic services		\$42.00
MR1-10	MR1-10	Medical records copy fees; 1-10 pages for patient personal use.		\$20.00
Q0091	Q0091	Screening Papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory		\$79.00
Q2037	Q2037	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (fluvirin)		\$37.00
Q2038	Q2038	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (fluzone)		\$37.00
Q4006	Q4006	Cast supplies, long arm cast, adult (11 years +), fiberglass		\$147.00
Q4007	Q4007	Cast supplies, long arm cast, pediatric (0-10 years), plaster		\$27.00
Q4008	Q4008	Cast supplies, long arm cast, pediatric (0-10 years), fiberglass		\$117.00
Q4010	Q4010	Cast supplies, short arm cast, adult (11 years +), fiberglass		\$43.00
Q4011	Q4011	Cast supplies, short arm cast, pediatric (0-10 years), plaster		\$34.00
Q4012	Q4012	Cast supplies, short arm cast, pediatric (0-10 years), fiberglass		\$39.00
Q4016	Q4016	Cast supplies, gauntlet cast (includes lower forearm and hand), pediatric (0-10 years), fiberglass		\$29.00
Q4021	Q4021	Cast supplies, short arm splint, adult (11 years +), plaster		\$27.00
Q4030	Q4030	Cast supplies, long leg cast, adult (11 years +), fiberglass		\$181.00
Q4032	Q4032	Cast supplies, long leg cast, pediatric (0-10 years), fiberglass		\$165.00
Q4038	Q4038	Cast supplies, short leg cast, adult (11 years +), fiberglass		\$139.00
Q4040	Q4040	Cast supplies, short leg cast, pediatric (0-10 years), fiberglass		\$123.00
RHC OB	RHC OB	RHC OB		\$76.00
S0020	S0020	Injection, bupivacaine HCl, 30 ml		\$34.00
S0020 m	s0020	Marcaine HCL		\$114.00

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S0074	S0074	Injection, cefotetan disodium, 500 mg		\$456.00
SPSWPC01	SPSWP	Sports/School physical		\$34.00
SPSWPC02	SPSWP	DOT physical		\$129.00
SPSWPC03	SPSWP	Pre-employment Physical		\$129.00
SPSWPC04	SPSWPC04	Travel physical		\$129.00
Z0750	Z0750	Initial report work comp-pinnacol		\$52.00
Z0751	Z0751	progress report for work comp-Pinnacol		\$52.00
Z0752	Z0752	Closing report for work comp-Pinnacol		\$52.00