This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
0446T		Insj impltbl glucose sensor	A	$ 2,584.53	$ 37.34
0447T		Rmvl impltbl glucose sensor	A	$ 81.99	$ 43.87
0448T		Remvl insj impltbl gluc sens	A	$ 2,572.47	$ 62.57
0503T		Cor ffr alys gnrj ffr mdl	A	$ 728.80	$ 583.04
0509T	26	Pattern erg w/i&r	A	$ 17.49	$ 14.00
0509T	TC	Pattern erg w/i&r	A	$ 44.64	$ 35.71
0509T		Pattern erg w/i&r	A	$ 62.13	$ 49.70
10004		Fna bx w/o img gdn ea addl	A	$ 42.12	$ 27.99
10005		Fna bx w/us gdn 1st les	A	$ 112.60	$ 48.62
10006		Fna bx w/us gdn ea addl	A	$ 49.86	$ 33.09
10007		Fna bx w/fluor gdn 1st les	A	$ 245.40	$ 58.56
10008		Fna bx w/fluor gdn ea addl	A	$ 118.79	$ 34.49
10009		Fna bx w/ct gdn 1st les	A	$ 360.19	$ 72.07
10010		Fna bx w/ct gdn ea addl	A	$ 197.47	$ 47.41
10021		Fna bx w/o img gdn 1st les	A	$ 84.21	$ 36.22
10030		Guide cathet fluid drainage	A	$ 536.77	$ 88.95
10035		Perq dev soft tiss 1st imag	A	$ 306.46	$ 55.85
10036		Perq dev soft tiss add imag	A	$ 254.22	$ 28.10
10040		Acne surgery	A	$ 96.35	$ 34.31
10060		Drainage of skin abscess	A	$ 104.07	$ 69.65
10061		Drainage of skin abscess	A	$ 176.25	$ 121.25
10080		Drainage of pilonidal cyst	A	$ 208.39	$ 68.87
10081		Drainage of pilonidal cyst	A	$ 284.61	$ 112.52
10120		Remove foreign body	A	$ 125.15	$ 69.41
10121		Remove foreign body	A	$ 218.94	$ 121.19
10140		Drainage of hematoma/fluid	A	$ 140.00	$ 77.78
10160		Puncture drainage of lesion	A	$ 107.64	$ 63.74
10180		Complex drainage wound	A	$ 217.00	$ 117.22
11000		Debride infected skin	A	$ 48.03	$ 18.02
11001		Debride infected skin add-on	A	$ 22.66	$ 9.79
11004		Debride genitalia & perineum	A	$ 463.27	$ 370.62
11005		Debride abdom wall	A	$ 627.35	$ 501.88
11006		Debride genit/per/abdom wall	A	$ 569.44	$ 455.55
11008		Remove mesh from abd wall	A	$ 221.22	$ 176.98
11010		Debride skin at fx site	A	$ 374.25	$ 181.60
11011		Debride skin musc at fx site	A	$ 410.49	$ 193.70
11012		Deb skin bone at fx site	A	$ 537.67	$ 272.18
11042		Deb subq tissue 20 sq cm/<	A	$ 106.52	$ 39.37
11043		Deb musc/fascia 20 sq cm/<	A	$ 191.34	$ 100.87
11044		Deb bone 20 sq cm/<	A	$ 255.66	$ 147.71
11045		Deb subq tissue add-on	A	$ 32.84	$ 16.62
11046		Deb musc/fascia add-on	A	$ 59.78	$ 35.76
11047		Deb bone add-on	A	$ 99.09	$ 63.26
11055		Trim skin lesion	R	$ 59.20	$ 10.50
11056		Trim skin lesions 2 to 4	R	$ 68.18	$ 14.62
11057		Trim skin lesions over 4	R	$ 74.42	$ 18.95
11102		Tangntl bx skin single les	A	$ 84.12	$ 24.96
11103		Tangntl bx skin ea sep/addl	A	$ 41.69	$ 14.27
11104		Punch bx skin single lesion	A	$ 104.20	$ 30.93
11105		Punch bx skin ea sep/addl	A	$ 49.07	$ 16.88
11106		Incal bx skn single les	A	$ 129.00	$ 37.17
11107		Incal bx skn ea sep/addl	A	$ 59.28	$ 20.22
11200		Removal of skin tags <w/15	A	$ 75.66	$ 50.44
11201		Remove skin tags add-on	A	$ 15.24	$ 10.88

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
11300		Shave skin lesion 0.5 cm/<	A	$ 84.04	$ 22.48
11301		Shave skin lesion 0.6-1.0 cm	A	$ 101.28	$ 33.86
11302		Shave skin lesion 1.1-2.0 cm	A	$ 114.04	$ 39.46
11303		Shave skin lesion >2.0 cm	A	$ 126.47	$ 46.77
11305		Shave skin lesion 0.5 cm/<	A	$ 87.88	$ 24.90
11306		Shave skin lesion 0.6-1.0 cm	A	$ 102.18	$ 32.61
11307		Shave skin lesion 1.1-2.0 cm	A	$ 115.83	$ 41.55
11308		Shave skin lesion >2.0 cm	A	$ 122.22	$ 46.44
11310		Shave skin lesion 0.5 cm/<	A	$ 96.75	$ 30.24
11311		Shave skin lesion 0.6-1.0 cm	A	$ 113.77	$ 41.44
11312		Shave skin lesion 1.1-2.0 cm	A	$ 129.92	$ 49.54
11313		Shave skin lesion >2.0 cm	A	$ 150.62	$ 63.02
11400		Exc tr-ext b9+marg 0.5 cm<	A	$ 106.09	$ 55.48
11401		Exc tr-ext b9+marg 0.6-1 cm	A	$ 129.56	$ 70.09
11402		Exc tr-ext b9+marg 1.1-2 cm	A	$ 142.35	$ 76.37
11403		Exc tr-ext b9+marg 2.1-3cm	A	$ 163.79	$ 98.35
11404		Exc tr-ext b9+marg 3.1-4 cm	A	$ 185.62	$ 108.35
11406		Exc tr-ext b9+marg >4.0 cm	A	$ 262.81	$ 162.86
11420		Exc h-f-nk-sp b9+marg 0.5/<	A	$ 105.78	$ 54.35
11421		Exc h-f-nk-sp b9+marg 0.6-1	A	$ 132.84	$ 72.49
11422		Exc h-f-nk-sp b9+marg 1.1-2	A	$ 148.79	$ 89.64
11423		Exc h-f-nk-sp b9+marg 2.1-3	A	$ 169.58	$ 103.20
11424		Exc h-f-nk-sp b9+marg 3.1-4	A	$ 195.18	$ 117.76
11426		Exc h-f-nk-sp b9+marg >4 cm	A	$ 273.20	$ 177.75
11440		Exc face-mm b9+marg 0.5 cm/<	A	$ 118.97	$ 70.17
11441		Exc face-mm b9+marg 0.6-1 cm	A	$ 144.38	$ 87.86
11442		Exc face-mm b9+marg 1.1-2 cm	A	$ 160.38	$ 96.93
11443		Exc face-mm b9+marg 2.1-3 cm	A	$ 189.20	$ 118.01
11444		Exc face-mm b9+marg 3.1-4 cm	A	$ 234.56	$ 148.82
11446		Exc face-mm b9+marg >4 cm	A	$ 316.96	$ 208.59
11450		Removal sweat gland lesion	A	$ 357.00	$ 172.19
11451		Removal sweat gland lesion	A	$ 436.44	$ 218.63
11462		Removal sweat gland lesion	A	$ 345.45	$ 163.39
11463		Removal sweat gland lesion	A	$ 442.59	$ 220.04
11470		Removal sweat gland lesion	A	$ 378.78	$ 189.61
11471		Removal sweat gland lesion	A	$ 448.23	$ 230.91
11600		Exc tr-ext mal+marg 0.5 cm/<	A	$ 163.81	$ 80.59
11601		Exc tr-ext mal+marg 0.6-1 cm	A	$ 189.46	$ 97.82
11602		Exc tr-ext mal+marg 1.1-2 cm	A	$ 202.90	$ 106.38
11603		Exc tr-ext mal+marg 2.1-3 cm	A	$ 231.30	$ 127.35
11604		Exc tr-ext mal+marg 3.1-4 cm	A	$ 257.41	$ 140.12
11606		Exc tr-ext mal+marg >4 cm	A	$ 369.37	$ 207.53
11620		Exc h-f-nk-sp mal+marg 0.5/<	A	$ 164.64	$ 81.04
11621		Exc s/n/h/f/g mal+mrg 0.6-1	A	$ 190.51	$ 98.44
11622		Exc s/n/h/f/g mal+mrg 1.1-2	A	$ 209.55	$ 111.48
11623		Exc s/n/h/f/g mal+mrg 2.1-3	A	$ 245.38	$ 137.95
11624		Exc s/n/h/f/g mal+mrg 3.1-4	A	$ 279.15	$ 156.41
11626		Exc s/n/h/f/g mal+mrg >4 cm	A	$ 336.11	$ 191.45
11640		Exc f/e/e/n/l mal+mrg 0.5cm<	A	$ 168.37	$ 83.36
11641		Exc f/e/e/n/l mal+mrg 0.6-1	A	$ 196.61	$ 102.44
11642		Exc f/e/e/n/l mal+mrg 1.1-2	A	$ 221.94	$ 119.64
11643		Exc f/e/e/n/l mal+mrg 2.1-3	A	$ 260.93	$ 149.51
11644		Exc f/e/e/n/l mal+mrg 3.1-4	A	$ 321.56	$ 185.29
11646		Exc f/e/e/n/l mal+mrg >4 cm	A	$ 417.74	$ 256.09

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
11719		Trim nail(s) any number	R	$ 11.69	$ 4.97
11720		Debride nail 1-5	A	$ 27.07	$ 9.59
11721		Debride nail 6 or more	A	$ 36.70	$ 15.76
11730		Removal of nail plate	A	$ 95.45	$ 35.56
11732		Remove nail plate add-on	A	$ 27.70	$ 11.41
11740		Drain blood from under nail	A	$ 47.16	$ 21.06
11750		Removal of nail bed	A	$ 132.26	$ 66.76
11755		Biopsy nail unit	A	$ 101.76	$ 40.17
11760		Repair of nail bed	A	$ 154.94	$ 73.06
11762		Reconstruction of nail bed	A	$ 238.56	$ 123.50
11765		Excision of nail fold toe	A	$ 136.82	$ 60.97
11770		Remove pilonidal cyst simple	A	$ 294.07	$ 121.84
11771		Remove pilonidal cyst exten	A	$ 519.44	$ 295.77
11772		Remove pilonidal cyst compl	A	$ 638.52	$ 381.61
11900		Inject skin lesions </w 7	A	$ 47.25	$ 19.81
11901		Inject skin lesions >7	A	$ 57.93	$ 30.11
11920		Correct skin color 6.0 cm/<	R	$ 158.88	$ 71.60
11921		Correct skn color 6.1-20.0cm	R	$ 184.55	$ 86.00
11922		Correct skin color ea 20.0cm	R	$ 50.25	$ 19.14
11950		Tx contour defects 1 cc/<	R	$ 67.32	$ 34.33
11951		Tx contour defects 1.1-5.0cc	R	$ 89.16	$ 47.86
11952		Tx contour defects 5.1-10cc	R	$ 119.26	$ 67.11
11954		Tx contour defects >10.0 cc	R	$ 131.30	$ 73.45
11960		Insert tissue expander(s)	A	$ 836.76	$ 669.41
11970		Rplcmt tiss xpndr perm implt	A	$ 463.75	$ 371.00
11971		Rmvl tis xpndr wo insj implt	A	$ 455.36	$ 364.29
11976		Remove contraceptive capsule	R	$ 119.72	$ 61.11
11980		Implant hormone pellet(s)	A	$ 77.82	$ 36.81
11981		Insertion drug dlvr implant	A	$ 82.91	$ 41.10
11982		Remove drug implant device	A	$ 92.75	$ 48.53
11983		Remove/insert drug implant	A	$ 117.40	$ 68.03
12001		Rpr s/n/ax/gen/trnk 2.5cm/<	A	$ 77.74	$ 29.50
12002		Rpr s/n/ax/gen/trnk2.6-7.5cm	A	$ 94.03	$ 38.59
12004		Rpr s/n/ax/gen/trk7.6-12.5cm	A	$ 109.22	$ 47.89
12005		Rpr s/n/a/gen/trk12.6-20.0cm	A	$ 146.09	$ 62.03
12006		Rpr s/n/a/gen/trk20.1-30.0cm	A	$ 169.71	$ 76.32
12007		Rpr s/n/ax/gen/trnk >30.0 cm	A	$ 191.20	$ 94.83
12011		Rpr f/e/e/n/l/m 2.5 cm/<	A	$ 92.95	$ 36.19
12013		Rpr f/e/e/n/l/m 2.6-5.0 cm	A	$ 97.25	$ 38.31
12014		Rpr f/e/e/n/l/m 5.1-7.5 cm	A	$ 118.27	$ 48.99
12015		Rpr f/e/e/n/l/m 7.6-12.5 cm	A	$ 142.48	$ 61.78
12016		Rpr fe/e/en/l/m 12.6-20.0 cm	A	$ 181.60	$ 83.86
12017		Rpr fe/e/en/l/m 20.1-30.0 cm	A	$ 125.72	$ 100.58
12018		Rpr f/e/e/n/l/m >30.0 cm	A	$ 141.95	$ 113.56
12020		Closure of split wound	A	$ 248.71	$ 124.16
12021		Closure of split wound	A	$ 146.68	$ 92.99
12031		Intmd rpr s/a/t/ext 2.5 cm/<	A	$ 218.43	$ 99.94
12032		Intmd rpr s/a/t/ext 2.6-7.5	A	$ 252.09	$ 125.11
12034		Intmd rpr s/tr/ext 7.6-12.5	A	$ 277.27	$ 135.17
12035		Intmd rpr s/a/t/ext 12.6-20	A	$ 322.07	$ 158.28
12036		Intmd rpr s/a/t/ext 20.1-30	A	$ 356.97	$ 184.45
12037		Intmd rpr s/tr/ext >30.0 cm	A	$ 399.79	$ 214.31
12041		Intmd rpr n-hf/genit 2.5cm/<	A	$ 219.33	$ 95.61
12042		Intmd rpr n-hf/genit2.6-7.5	A	$ 257.28	$ 128.82

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
12044		Intmd rpr n-hf/genit7.6-12.5	A	$ 316.27	$ 140.70
12045		Intmd rpr n-hf/genit12.6-20	A	$ 343.35	$ 180.57
12046		Intmd rpr n-hf/genit20.1-30	A	$ 411.56	$ 207.71
12047		Intmd rpr n-hf/genit >30.0cm	A	$ 450.92	$ 230.86
12051		Intmd rpr face/mm 2.5 cm/<	A	$ 235.59	$ 111.69
12052		Intmd rpr face/mm 2.6-5.0 cm	A	$ 262.36	$ 131.57
12053		Intmd rpr face/mm 5.1-7.5 cm	A	$ 302.44	$ 141.92
12054		Intmd rpr face/mm 7.6-12.5cm	A	$ 319.39	$ 144.73
12055		Intmd rpr face/mm 12.6-20 cm	A	$ 420.54	$ 197.13
12056		Intmd rpr face/mm 20.1-30.0	A	$ 480.36	$ 252.88
12057		Intmd rpr face/mm >30.0 cm	A	$ 504.95	$ 275.63
13100		Cmplx rpr trunk 1.1-2.5 cm	A	$ 283.25	$ 132.05
13101		Cmplx rpr trunk 2.6-7.5 cm	A	$ 330.05	$ 162.91
13102		Cmplx rpr trunk addl 5cm/<	A	$ 96.54	$ 46.96
13120		Cmplx rpr s/a/l 1.1-2.5 cm	A	$ 295.46	$ 152.78
13121		Cmplx rpr s/a/l 2.6-7.5 cm	A	$ 353.32	$ 169.46
13122		Cmplx rpr s/a/l addl 5 cm/>	A	$ 105.41	$ 54.27
13131		Cmplx rpr f/c/c/m/n/ax/g/h/f	A	$ 322.50	$ 159.07
13132		Cmplx rpr f/c/c/m/n/ax/g/h/f	A	$ 391.57	$ 199.40
13133		Cmplx rpr f/c/c/m/n/ax/g/h/f	A	$ 139.32	$ 82.06
13151		Cmplx rpr e/n/e/l 1.1-2.5 cm	A	$ 351.81	$ 183.17
13152		Cmplx rpr e/n/e/l 2.6-7.5 cm	A	$ 412.58	$ 220.82
13153		Cmplx rpr e/n/e/l addl 5cm/<	A	$ 153.58	$ 89.74
13160		Late closure of wound	A	$ 655.51	$ 524.41
14000		Tis trnfr trunk 10 sq cm/<	A	$ 524.81	$ 331.22
14001		Tis trnfr trunk 10.1-30sqcm	A	$ 668.53	$ 429.09
14020		Tis trnfr s/a/l 10 sq cm/<	A	$ 581.04	$ 372.69
14021		Tis trnfr s/a/l 10.1-30 sqcm	A	$ 716.22	$ 466.58
14040		Tis trnfr f/c/c/m/n/a/g/h/f	A	$ 628.25	$ 410.91
14041		Tis trnfr f/c/c/m/n/a/g/h/f	A	$ 763.06	$ 502.08
14060		Tis trnfr e/n/e/l 10 sq cm/<	A	$ 635.86	$ 438.49
14061		Tis trnfr e/n/e/l10.1-30sqcm	A	$ 822.49	$ 538.87
14301		Tis trnfr any 30.1-60 sq cm	A	$ 895.68	$ 571.54
14302		Tis trnfr addl 30 sq cm	A	$ 176.66	$ 141.33
14350		Filleted finger/toe flap	A	$ 559.74	$ 447.79
15002		Wound prep trk/arm/leg	A	$ 284.93	$ 143.48
15003		Wound prep addl 100 cm	A	$ 57.05	$ 29.41
15004		Wound prep f/n/hf/g	A	$ 326.03	$ 171.10
15005		Wnd prep f/n/hf/g addl cm	A	$ 95.49	$ 58.40
15040		Harvest cultured skin graft	A	$ 217.43	$ 81.15
15050		Skin pinch graft	A	$ 490.42	$ 304.59
15100		Skin splt grft trnk/arm/leg	A	$ 717.07	$ 470.77
15101		Skin splt grft t/a/l add-on	A	$ 153.49	$ 72.33
15110		Epidrm autogrft trnk/arm/leg	A	$ 687.39	$ 469.40
15111		Epidrm autogrft t/a/l add-on	A	$ 92.21	$ 66.53
15115		Epidrm a-grft face/nck/hf/g	A	$ 663.22	$ 454.89
15116		Epidrm a-grft f/n/hf/g addl	A	$ 126.54	$ 90.92
15120		Skn splt a-grft fac/nck/hf/g	A	$ 698.76	$ 454.37
15121		Skn splt a-grft f/n/hf/g add	A	$ 172.28	$ 87.37
15130		Derm autograft trnk/arm/leg	A	$ 596.53	$ 393.20
15131		Derm autograft t/a/l add-on	A	$ 79.96	$ 58.71
15135		Derm autograft face/nck/hf/g	A	$ 727.77	$ 501.26
15136		Derm autograft f/n/hf/g add	A	$ 78.87	$ 58.71
15150		Cult skin grft t/arm/leg	A	$ 579.50	$ 418.62

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
15151		Cult skin grft t/a/l addl	A	$ 96.48	$ 71.04
15152		Cult skin graft t/a/l +%	A	$ 122.95	$ 92.21
15155		Cult skin graft f/n/hf/g	A	$ 657.44	$ 480.54
15156		Cult skin grft f/n/hfg add	A	$ 129.61	$ 97.32
15157		Cult epiderm grft f/n/hfg +%	A	$ 144.40	$ 106.30
15200		Skin full graft trunk	A	$ 691.74	$ 441.95
15201		Skin full graft trunk add-on	A	$ 116.31	$ 50.05
15220		Skin full graft sclp/arm/leg	A	$ 635.87	$ 401.42
15221		Skin full graft add-on	A	$ 107.38	$ 45.10
15240		Skin full grft face/genit/hf	A	$ 767.82	$ 523.65
15241		Skin full graft add-on	A	$ 143.14	$ 69.10
15260		Skin full graft een & lips	A	$ 826.25	$ 557.23
15261		Skin full graft add-on	A	$ 170.12	$ 89.15
15271		Skin sub graft trnk/arm/leg	A	$ 126.88	$ 54.78
15272		Skin sub graft t/a/l add-on	A	$ 19.96	$ 10.92
15273		Skin sub grft t/arm/lg child	A	$ 256.48	$ 127.96
15274		Skn sub grft t/a/l child add	A	$ 68.02	$ 29.19
15275		Skin sub graft face/nk/hf/g	A	$ 131.36	$ 61.43
15276		Skin sub graft f/n/hf/g addl	A	$ 26.87	$ 16.45
15277		Skn sub grft f/n/hf/g child	A	$ 284.71	$ 146.82
15278		Skn sub grft f/n/hf/g ch add	A	$ 78.66	$ 36.38
15570		Skin pedicle flap trunk	A	$ 749.50	$ 480.70
15572		Skin pedicle flap arms/legs	A	$ 727.67	$ 485.17
15574		Pedcle fh/ch/ch/m/n/ax/g/h/f	A	$ 725.48	$ 484.96
15576		Pedicle e/n/e/l/ntroral	A	$ 647.30	$ 428.33
15600		Delay flap trunk	A	$ 279.75	$ 139.56
15610		Delay flap arms/legs	A	$ 304.71	$ 161.29
15620		Delay flap f/c/c/n/ax/g/h/f	A	$ 370.50	$ 215.67
15630		Delay flap eye/nos/ear/lip	A	$ 382.65	$ 226.93
15650		Transfer skin pedicle flap	A	$ 447.33	$ 265.94
15730		Mdfc flap w/prsrv vasc pedcl	A	$ 1,181.80	$ 604.32
15731		Forehead flap w/vasc pedicle	A	$ 929.46	$ 658.67
15733		Musc myoq/fscq flp h&n pedcl	A	$ 849.62	$ 679.69
15734		Muscle-skin graft trunk	A	$ 1,230.40	$ 984.32
15736		Muscle-skin graft arm	A	$ 999.64	$ 799.71
15738		Muscle-skin graft leg	A	$ 1,043.12	$ 834.50
15740		Island pedicle flap graft	A	$ 835.50	$ 554.55
15750		Neurovascular pedicle flap	A	$ 761.06	$ 608.85
15756		Free myo/skin flap microvasc	A	$ 1,884.35	$ 1,507.48
15757		Free skin flap microvasc	A	$ 1,874.66	$ 1,499.73
15758		Free fascial flap microvasc	A	$ 1,868.13	$ 1,494.50
15760		Composite skin graft	A	$ 700.94	$ 462.25
15769		Grfg autol soft tiss dir exc	A	$ 396.21	$ 316.97
15770		Derma-fat-fascia graft	A	$ 555.33	$ 444.27
15771		Grfg autol fat lipo 50 cc/<	A	$ 500.76	$ 334.79
15772		Grfg autol fat lipo ea addl	A	$ 157.37	$ 97.16
15773		Grfg autol fat lipo 25 cc/<	A	$ 492.84	$ 330.66
15774		Gfrg autol fat lipo ea addl	A	$ 153.96	$ 94.43
15775		Hair trnspl 1-15 punch grfts	R	$ 311.52	$ 167.39
15776		Hair trnspl >15 punch grafts	R	$ 420.72	$ 228.86
15777		Acellular derm matrix implt	A	$ 175.55	$ 140.44
15778		Impl absrb msh/prsth dly cls	A	$ 314.01	$ 251.21
15780		Dermabrasion total face	A	$ 701.21	$ 437.68
15781		Dermabrasion segmental face	A	$ 446.12	$ 282.96

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
15782		Dermabrasion other than face	A	$ 401.91	$ 243.65
15783		Dermabrasion suprfl any site	A	$ 372.26	$ 233.97
15786		Abrasion lesion single	A	$ 190.75	$ 88.98
15787		Abrasion lesions add-on	A	$ 25.01	$ 11.02
15788		Chemical peel face epiderm	R	$ 322.21	$ 142.16
15789		Chemical peel face dermal	R	$ 439.83	$ 270.04
15792		Chemical peel nonfacial	R	$ 276.28	$ 137.88
15793		Chemical peel nonfacial	A	$ 390.80	$ 233.89
15819		Plastic surgery neck	A	$ 659.52	$ 527.62
15820		Revision of lower eyelid	A	$ 478.57	$ 340.08
15821		Revision of lower eyelid	A	$ 512.49	$ 362.83
15822		Revision of upper eyelid	A	$ 382.27	$ 263.48
15823		Revision of upper eyelid	A	$ 513.75	$ 363.62
15830		Exc skin abd	R	$ 964.21	$ 771.37
15832		Excise excessive skin thigh	A	$ 759.96	$ 607.97
15833		Excise excessive skin leg	A	$ 723.60	$ 578.88
15834		Excise excessive skin hip	A	$ 736.56	$ 589.25
15835		Excise excessive skin buttck	A	$ 767.71	$ 614.17
15836		Excise excessive skin arm	A	$ 657.61	$ 526.09
15837		Excise excess skin arm/hand	A	$ 716.58	$ 473.01
15838		Excise excess skin fat pad	A	$ 536.23	$ 428.98
15839		Excise excess skin & tissue	A	$ 736.98	$ 488.23
15840		Nerve palsy fascial graft	A	$ 837.20	$ 669.76
15841		Nerve palsy muscle graft	A	$ 1,464.32	$ 1,171.45
15842		Nerve palsy microsurg graft	A	$ 2,217.79	$ 1,774.23
15845		Skin and muscle repair face	A	$ 874.67	$ 699.74
15851		Removal sutr/staple req anes	A	$ 47.14	$ 42.97
15852		Dressing change not for burn	A	$ 37.73	$ 30.18
15853		Removal sutr/stapl xreq anes	A	$ 9.26	$ 7.41
15854		Removal sutr&stapl xreq anes	A	$ 13.04	$ 10.43
15860		Test for blood flow in graft	A	$ 87.17	$ 69.74
15920		Removal of tail bone ulcer	A	$ 528.10	$ 422.48
15922		Removal of tail bone ulcer	A	$ 658.90	$ 527.12
15931		Remove sacrum pressure sore	A	$ 579.95	$ 463.96
15933		Remove sacrum pressure sore	A	$ 716.95	$ 573.56
15934		Remove sacrum pressure sore	A	$ 781.12	$ 624.89
15935		Remove sacrum pressure sore	A	$ 953.70	$ 762.96
15936		Remove sacrum pressure sore	A	$ 742.22	$ 593.77
15937		Remove sacrum pressure sore	A	$ 860.22	$ 688.18
15940		Remove hip pressure sore	A	$ 584.02	$ 467.21
15941		Remove hip pressure sore	A	$ 772.49	$ 617.99
15944		Remove hip pressure sore	A	$ 771.94	$ 617.55
15945		Remove hip pressure sore	A	$ 842.01	$ 673.61
15946		Remove hip pressure sore	A	$ 1,331.20	$ 1,064.96
15950		Remove thigh pressure sore	A	$ 526.36	$ 421.09
15951		Remove thigh pressure sore	A	$ 742.71	$ 594.17
15952		Remove thigh pressure sore	A	$ 756.80	$ 605.44
15953		Remove thigh pressure sore	A	$ 833.44	$ 666.75
15956		Remove thigh pressure sore	A	$ 958.65	$ 766.92
15958		Remove thigh pressure sore	A	$ 972.45	$ 777.96
16000		Initial treatment of burn(s)	A	$ 64.82	$ 30.14
16020		Dress/debrid p-thick burn s	A	$ 70.45	$ 36.40
16025		Dress/debrid p-thick burn m	A	$ 129.11	$ 72.57
16030		Dress/debrid p-thick burn l	A	$ 161.97	$ 86.14

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
16035		Incision of burn scab initi	A	$ 159.85	$ 127.88
16036		Escharotomy addl incision	A	$ 67.38	$ 53.91
17000		Destruct premalg lesion	A	$ 55.60	$ 36.14
17003		Destruct premalg les 2-14	A	$ 5.54	$ 1.36
17004		Destroy premal lesions 15/>	A	$ 139.89	$ 65.41
17106		Destruction of skin lesions	A	$ 284.45	$ 182.15
17107		Destruction of skin lesions	A	$ 368.89	$ 236.32
17108		Destruction of skin lesions	A	$ 522.97	$ 346.42
17110		Destruct b9 lesion 1-14	A	$ 94.05	$ 44.31
17111		Destruct lesion 15 or more	A	$ 109.87	$ 54.34
17250		Chem caut of granltj tissue	A	$ 72.33	$ 24.52
17260		Destruction of skin lesions	A	$ 82.99	$ 46.65
17261		Destruction of skin lesions	A	$ 122.71	$ 57.15
17262		Destruction of skin lesions	A	$ 148.14	$ 72.89
17263		Destruction of skin lesions	A	$ 160.17	$ 80.53
17264		Destruction of skin lesions	A	$ 171.56	$ 85.91
17266		Destruction of skin lesions	A	$ 195.66	$ 101.25
17270		Destruction of skin lesions	A	$ 124.26	$ 62.99
17271		Destruction of skin lesions	A	$ 138.21	$ 69.54
17272		Destruction of skin lesions	A	$ 156.57	$ 79.85
17273		Destruction of skin lesions	A	$ 173.51	$ 90.32
17274		Destruction of skin lesions	A	$ 203.29	$ 110.64
17276		Destruction of skin lesions	A	$ 236.01	$ 133.31
17280		Destruction of skin lesions	A	$ 116.13	$ 56.93
17281		Destruction of skin lesions	A	$ 149.37	$ 78.04
17282		Destruction of skin lesions	A	$ 170.75	$ 90.09
17283		Destruction of skin lesions	A	$ 201.71	$ 112.23
17284		Destruction of skin lesions	A	$ 229.42	$ 131.10
17286		Destruction of skin lesions	A	$ 293.53	$ 177.13
17311		Mohs 1 stage h/n/hf/g	A	$ 561.85	$ 234.27
17312		Mohs addl stage	A	$ 340.83	$ 124.80
17313		Mohs 1 stage t/a/l	A	$ 527.38	$ 209.99
17314		Mohs addl stage t/a/l	A	$ 326.54	$ 115.35
17315		Mohs surg addl block	A	$ 65.31	$ 33.16
17340		Cryotherapy of skin	A	$ 43.51	$ 32.62
17360		Skin peel therapy	A	$ 103.00	$ 61.56
19000		Drainage of breast lesion	A	$ 84.41	$ 28.04
19001		Drain breast lesion add-on	A	$ 21.73	$ 13.65
19020		Incision of breast lesion	A	$ 388.47	$ 206.58
19030		Injection for breast x-ray	A	$ 137.10	$ 50.45
19081		Bx breast 1st lesion strtctc	A	$ 418.75	$ 107.73
19082		Bx breast add lesion strtctc	A	$ 323.94	$ 54.26
19083		Bx breast 1st lesion us imag	A	$ 418.67	$ 101.30
19084		Bx breast add lesion us imag	A	$ 319.20	$ 51.13
19085		Bx breast 1st lesion mr imag	A	$ 642.35	$ 118.14
19086		Bx breast add lesion mr imag	A	$ 498.64	$ 59.32
19100		Bx breast percut w/o image	A	$ 124.43	$ 44.92
19101		Biopsy of breast open	A	$ 272.10	$ 147.05
19105		Cryosurg ablate fa each	A	$ 1,923.22	$ 136.35
19110		Nipple exploration	A	$ 402.03	$ 231.90
19112		Excise breast duct fistula	A	$ 380.41	$ 212.19
19120		Removal of breast lesion	A	$ 427.52	$ 274.67
19125		Excision breast lesion	A	$ 470.86	$ 303.64
19126		Excision addl breast lesion	A	$ 129.95	$ 103.96

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
19281		Perq device breast 1st imag	A	$ 200.76	$ 65.18
19282		Perq device breast ea imag	A	$ 142.27	$ 32.87
19283		Perq dev breast 1st strtctc	A	$ 216.54	$ 65.52
19284		Perq dev breast add strtctc	A	$ 159.21	$ 32.82
19285		Perq dev breast 1st us imag	A	$ 309.21	$ 55.85
19286		Perq dev breast add us imag	A	$ 253.40	$ 28.10
19287		Perq dev breast 1st mr guide	A	$ 533.08	$ 82.92
19288		Perq dev breast add mr guide	A	$ 412.15	$ 41.69
19294		Prepj tum cav iort prtl mast	A	$ 133.21	$ 106.57
19296		Place po breast cath for rad	A	$ 3,077.49	$ 136.86
19297		Place breast cath for rad	A	$ 76.62	$ 61.29
19298		Place breast rad tube/caths	A	$ 728.67	$ 210.88
19300		Removal of breast tissue	A	$ 481.36	$ 285.93
19301		Partial mastectomy	A	$ 541.68	$ 433.34
19302		P-mastectomy w/ln removal	A	$ 743.58	$ 594.86
19303		Mast simple complete	A	$ 784.99	$ 627.99
19305		Mast radical	A	$ 944.17	$ 755.34
19306		Mast rad urban type	A	$ 1,000.68	$ 800.55
19307		Mast mod rad	A	$ 967.43	$ 773.94
19316		Suspension of breast	A	$ 653.10	$ 522.48
19318		Breast reduction	A	$ 901.06	$ 720.85
19325		Breast augmentation w/implt	A	$ 507.93	$ 406.34
19328		Rmvl intact breast implant	A	$ 457.68	$ 366.15
19330		Rmvl ruptured breast implant	A	$ 534.05	$ 427.24
19340		Insj breast implt sm d mast	A	$ 626.51	$ 501.20
19342		Insj/rplcmt brst implt sep d	A	$ 628.42	$ 502.74
19350		Breast reconstruction	A	$ 686.72	$ 444.74
19355		Correct inverted nipple(s)	A	$ 625.21	$ 407.81
19357		Tiss xpndr plmt brst rcnstj	A	$ 955.90	$ 764.72
19361		Brst rcnstj latsms drsi flap	A	$ 1,282.79	$ 1,026.23
19364		Brst rcnstj free flap	A	$ 2,237.07	$ 1,789.65
19367		Brst rcnstj 1 pdcl tram flap	A	$ 1,457.40	$ 1,165.92
19368		Brst rcnstj 1pdcl tram anast	A	$ 1,785.24	$ 1,428.19
19369		Brst rcnstj 2 pdcl tram flap	A	$ 1,658.85	$ 1,327.08
19370		Revj peri-implt capsule brst	A	$ 554.30	$ 443.44
19371		Peri-implt capslc brst compl	A	$ 588.39	$ 470.71
19380		Revj reconstructed breast	A	$ 666.49	$ 533.19
19396		Design custom breast implant	A	$ 226.93	$ 93.58
20100		Explore wound neck	A	$ 491.40	$ 393.12
20101		Explore wound chest	A	$ 480.87	$ 137.25
20102		Explore wound abdomen	A	$ 502.42	$ 166.33
20103		Explore wound extremity	A	$ 466.25	$ 227.12
20150		Excise epiphyseal bar	A	$ 826.51	$ 661.20
20200		Muscle biopsy	A	$ 179.94	$ 61.91
20205		Deep muscle biopsy	A	$ 250.50	$ 100.58
20206		Needle biopsy muscle	A	$ 185.58	$ 37.69
20220		Bone biopsy trocar/needle	A	$ 195.67	$ 57.82
20225		Bone biopsy trocar/needle	A	$ 320.24	$ 85.08
20240		Bone biopsy open superficial	A	$ 115.38	$ 92.30
20245		Bone biopsy open deep	A	$ 282.59	$ 226.07
20250		Open bone biopsy	A	$ 318.81	$ 255.04
20251		Open bone biopsy	A	$ 345.69	$ 276.55
20500		Injection of sinus tract	A	$ 102.75	$ 58.95
20501		Inject sinus tract for x-ray	A	$ 119.36	$ 24.19

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
20520		Removal of foreign body	A	$ 179.51	$ 97.32
20525		Removal of foreign body	A	$ 385.14	$ 162.89
20526		Ther injection carp tunnel	A	$ 67.67	$ 37.46
20527		Inj dupuytren cord w/enzyme	A	$ 72.35	$ 43.18
20550		Inj tendon sheath/ligament	A	$ 47.87	$ 25.79
20551		Inj tendon origin/insertion	A	$ 47.87	$ 25.79
20552		Inj trigger point 1/2 muscl	A	$ 43.75	$ 24.47
20553		Inject trigger points 3/>	A	$ 50.61	$ 27.99
20555		Place ndl musc/tis for rt	A	$ 278.36	$ 222.69
20560		Ndl insj w/o njx 1 or 2 musc	A	$ 21.50	$ 9.96
20561		Ndl insj w/o njx 3+ musc	A	$ 31.25	$ 14.91
20600		Drain/inj joint/bursa w/o us	A	$ 43.75	$ 23.38
20604		Drain/inj joint/bursa w/us	A	$ 68.08	$ 30.34
20605		Drain/inj joint/bursa w/o us	A	$ 45.58	$ 24.40
20606		Drain/inj joint/bursa w/us	A	$ 73.87	$ 34.31
20610		Drain/inj joint/bursa w/o us	A	$ 53.29	$ 29.69
20611		Drain/inj joint/bursa w/us	A	$ 82.48	$ 39.44
20612		Aspirate/inj ganglion cyst	A	$ 53.01	$ 27.05
20615		Treatment of bone cyst	A	$ 209.81	$ 106.86
20650		Insert and remove bone pin	A	$ 187.50	$ 108.32
20660		Apply rem fixation device	A	$ 195.71	$ 156.57
20661		Application of head brace	A	$ 425.26	$ 340.21
20662		Application of pelvis brace	A	$ 432.14	$ 345.72
20663		Application of thigh brace	A	$ 398.32	$ 318.65
20664		Application of halo	A	$ 725.28	$ 580.23
20665		Removal of fixation device	A	$ 97.74	$ 64.81
20670		Removal of support implant	A	$ 295.90	$ 95.66
20680		Removal of support implant	A	$ 497.58	$ 277.19
20690		Apply bone fixation device	A	$ 492.61	$ 394.09
20692		Apply bone fixation device	A	$ 927.62	$ 742.10
20693		Adjust bone fixation device	A	$ 367.28	$ 293.82
20694		Remove bone fixation device	A	$ 357.19	$ 226.30
20696		Comp multiplane ext fixation	A	$ 966.92	$ 773.54
20697		Comp ext fixate strut change	A	$ 1,505.20	$ 1,204.16
20700		Mnl prep&insj dp rx dlvr dev	A	$ 69.27	$ 55.41
20701		Rmvl deep rx delivery device	A	$ 52.88	$ 42.30
20702		Mnl prep&insj imed rx dev	A	$ 116.49	$ 93.19
20703		Rmvl imed rx delivery device	A	$ 84.01	$ 67.21
20704		Mnl prep&insj i-artic rx dev	A	$ 120.19	$ 96.15
20705		Rmvl i-artic rx delivery dev	A	$ 101.83	$ 81.46
20802		Replantation arm complete	A	$ 2,248.25	$ 1,798.60
20805		Replant forearm complete	A	$ 2,670.50	$ 2,136.40
20808		Replantation hand complete	A	$ 3,220.43	$ 2,576.35
20816		Replantation digit complete	A	$ 1,683.69	$ 1,346.95
20822		Replantation digit complete	A	$ 1,454.82	$ 1,163.86
20824		Replantation thumb complete	A	$ 1,686.71	$ 1,349.37
20827		Replantation thumb complete	A	$ 1,494.02	$ 1,195.22
20838		Replantation foot complete	A	$ 2,282.58	$ 1,826.07
20900		Removal of bone for graft	A	$ 323.27	$ 119.31
20902		Removal of bone for graft	A	$ 226.17	$ 180.93
20910		Remove cartilage for graft	A	$ 394.37	$ 315.50
20912		Remove cartilage for graft	A	$ 400.18	$ 320.14
20920		Removal of fascia for graft	A	$ 332.72	$ 266.18
20922		Removal of fascia for graft	A	$ 501.56	$ 324.91

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
20924		Removal of tendon for graft	A	$ 418.18	$ 334.54
20931		Sp bone algrft struct add-on	A	$ 89.21	$ 71.37
20932		Osteoart algrft w/surf & b1	A	$ 615.77	$ 492.62
20933		Hemicrt intrclry algrft prtl	A	$ 565.44	$ 452.35
20934		Intercalary algrft compl	A	$ 615.48	$ 492.39
20937		Sp bone agrft morsel add-on	A	$ 135.42	$ 108.34
20938		Sp bone agrft struct add-on	A	$ 147.78	$ 118.23
20939		Bone marrow aspir bone grfg	A	$ 56.86	$ 45.49
20950		Fluid pressure muscle	A	$ 217.86	$ 57.59
20955		Fibula bone graft microvasc	A	$ 2,030.44	$ 1,624.35
20956		Iliac bone graft microvasc	A	$ 2,162.94	$ 1,730.36
20957		Mt bone graft microvasc	A	$ 2,252.62	$ 1,802.10
20962		Other bone graft microvasc	A	$ 2,187.26	$ 1,749.81
20969		Bone/skin graft microvasc	A	$ 2,241.93	$ 1,793.54
20970		Bone/skin graft iliac crest	A	$ 2,332.17	$ 1,865.74
20972		Bone/skin graft metatarsal	A	$ 2,325.56	$ 1,860.45
20973		Bone/skin graft great toe	A	$ 2,456.24	$ 1,964.99
20974		Electrical bone stimulation	A	$ 67.83	$ 33.21
20975		Electrical bone stimulation	A	$ 142.80	$ 114.24
20979		Us bone stimulation	A	$ 46.59	$ 21.26
20982		Ablate bone tumor(s) perq	A	$ 2,912.17	$ 240.22
20983		Ablate bone tumor(s) perq	A	$ 4,244.89	$ 224.45
20985		Cptr-asst dir ms px	A	$ 118.28	$ 94.63
21010		Incision of jaw joint	A	$ 616.97	$ 493.58
21011		Exc face les sc <2 cm	A	$ 309.54	$ 172.17
21012		Exc face les sbq 2 cm/>	A	$ 280.41	$ 224.33
21013		Exc face tum deep < 2 cm	A	$ 444.82	$ 266.57
21014		Exc face tum deep 2 cm/>	A	$ 432.12	$ 345.69
21015		Resect face/scalp tum < 2 cm	A	$ 577.78	$ 462.22
21016		Resect face/scalp tum 2 cm/>	A	$ 831.56	$ 665.25
21025		Excision of bone lower jaw	A	$ 655.33	$ 438.05
21026		Excision of facial bone(s)	A	$ 442.57	$ 283.42
21029		Contour of face bone lesion	A	$ 637.26	$ 411.97
21030		Excise max/zygoma b9 tumor	A	$ 381.27	$ 239.42
21031		Remove exostosis mandible	A	$ 317.58	$ 180.35
21032		Remove exostosis maxilla	A	$ 307.21	$ 172.28
21034		Excise max/zygoma mal tumor	A	$ 1,076.21	$ 746.46
21040		Excise mandible lesion	A	$ 386.35	$ 241.30
21044		Removal of jaw bone lesion	A	$ 714.92	$ 571.94
21045		Extensive jaw surgery	A	$ 994.43	$ 795.55
21046		Remove mandible cyst complex	A	$ 820.66	$ 656.53
21047		Excise lwr jaw cyst w/repair	A	$ 1,008.05	$ 806.44
21048		Remove maxilla cyst complex	A	$ 826.35	$ 661.08
21049		Excis uppr jaw cyst w/repair	A	$ 954.58	$ 763.66
21050		Removal of jaw joint	A	$ 717.97	$ 574.37
21060		Remove jaw joint cartilage	A	$ 651.57	$ 521.25
21070		Remove coronoid process	A	$ 507.78	$ 406.23
21073		Mnpj of tmj w/anesth	A	$ 311.30	$ 160.41
21076		Prepare face/oral prosthesis	A	$ 714.85	$ 468.77
21077		Prepare face/oral prosthesis	A	$ 1,753.27	$ 1,154.29
21079		Prepare face/oral prosthesis	A	$ 1,199.25	$ 775.13
21080		Prepare face/oral prosthesis	A	$ 1,379.14	$ 880.21
21081		Prepare face/oral prosthesis	A	$ 1,271.42	$ 805.66
21082		Prepare face/oral prosthesis	A	$ 1,173.81	$ 736.79

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
21083		Prepare face/oral prosthesis	A	$ 1,120.29	$ 683.66
21084		Prepare face/oral prosthesis	A	$ 1,278.95	$ 791.06
21085		Prepare face/oral prosthesis	A	$ 559.38	$ 320.70
21086		Prepare face/oral prosthesis	A	$ 1,304.06	$ 851.30
21087		Prepare face/oral prosthesis	A	$ 1,304.06	$ 851.30
21100		Maxillofacial fixation	A	$ 513.64	$ 235.20
21110		Interdental fixation	A	$ 716.64	$ 476.13
21116		Injection jaw joint x-ray	A	$ 179.42	$ 29.69
21120		Reconstruction of chin	A	$ 548.88	$ 336.22
21121		Reconstruction of chin	A	$ 525.41	$ 352.10
21122		Reconstruction of chin	A	$ 619.04	$ 495.23
21123		Reconstruction of chin	A	$ 704.25	$ 563.40
21125		Augmentation lower jaw bone	A	$ 2,173.75	$ 442.73
21127		Augmentation lower jaw bone	A	$ 3,320.17	$ 507.83
21137		Reduction of forehead	A	$ 620.44	$ 496.35
21138		Reduction of forehead	A	$ 754.84	$ 603.87
21139		Reduction of forehead	A	$ 899.96	$ 719.97
21141		Lefort i-1 piece w/o graft	A	$ 1,105.97	$ 884.78
21142		Lefort i-2 piece w/o graft	A	$ 1,135.11	$ 908.09
21143		Lefort i-3/> piece w/o graft	A	$ 1,169.48	$ 935.58
21145		Lefort i-1 piece w/ graft	A	$ 1,286.22	$ 1,028.97
21146		Lefort i-2 piece w/ graft	A	$ 1,342.75	$ 1,074.20
21147		Lefort i-3/> piece w/ graft	A	$ 1,414.01	$ 1,131.21
21150		Lefort ii anterior intrusion	A	$ 1,362.44	$ 1,089.95
21151		Lefort ii w/bone grafts	A	$ 1,499.47	$ 1,199.57
21154		Lefort iii w/o lefort i	A	$ 1,613.43	$ 1,290.75
21155		Lefort iii w/ lefort i	A	$ 1,789.33	$ 1,431.47
21159		Lefort iii w/fhdw/o lefort i	A	$ 2,143.68	$ 1,714.94
21160		Lefort iii w/fhd w/ lefort i	A	$ 2,325.05	$ 1,860.04
21172		Reconstruct orbit/forehead	A	$ 1,722.48	$ 1,377.98
21175		Reconstruct orbit/forehead	A	$ 1,819.62	$ 1,455.70
21179		Reconstruct entire forehead	A	$ 1,252.18	$ 1,001.75
21180		Reconstruct entire forehead	A	$ 1,398.36	$ 1,118.69
21181		Contour cranial bone lesion	A	$ 612.54	$ 490.03
21182		Reconstruct cranial bone	A	$ 1,740.11	$ 1,392.09
21183		Reconstruct cranial bone	A	$ 1,892.89	$ 1,514.31
21184		Reconstruct cranial bone	A	$ 2,035.34	$ 1,628.27
21188		Reconstruction of midface	A	$ 1,311.93	$ 1,049.55
21193		Reconst lwr jaw w/o graft	A	$ 1,022.04	$ 817.64
21194		Reconst lwr jaw w/graft	A	$ 1,182.06	$ 945.65
21195		Reconst lwr jaw w/o fixation	A	$ 1,113.05	$ 890.44
21196		Reconst lwr jaw w/fixation	A	$ 1,189.04	$ 951.23
21198		Reconstr lwr jaw segment	A	$ 848.05	$ 678.44
21199		Reconstr lwr jaw w/advance	A	$ 844.18	$ 675.34
21206		Reconstruct upper jaw bone	A	$ 806.43	$ 645.14
21208		Augmentation of facial bones	A	$ 1,363.21	$ 487.95
21209		Reduction of facial bones	A	$ 680.61	$ 412.20
21210		Face bone graft	A	$ 1,463.55	$ 502.19
21215		Lower jaw bone graft	A	$ 3,391.18	$ 521.20
21230		Rib cartilage graft	A	$ 619.77	$ 495.82
21235		Ear cartilage graft	A	$ 609.67	$ 377.61
21240		Reconstruction of jaw joint	A	$ 873.49	$ 698.79
21242		Reconstruction of jaw joint	A	$ 839.90	$ 671.92
21243		Reconstruction of jaw joint	A	$ 1,390.39	$ 1,112.31

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
21244		Reconstruction of lower jaw	A	$ 835.89	$ 668.71
21245		Reconstruction of jaw	A	$ 1,019.60	$ 629.65
21246		Reconstruction of jaw	A	$ 705.20	$ 564.16
21247		Reconstruct lower jaw bone	A	$ 1,310.98	$ 1,048.78
21248		Reconstruction of jaw	A	$ 813.47	$ 524.86
21249		Reconstruction of jaw	A	$ 1,103.48	$ 734.71
21255		Reconstruct lower jaw bone	A	$ 1,109.76	$ 887.81
21256		Reconstruction of orbit	A	$ 1,021.70	$ 817.36
21260		Revise eye sockets	A	$ 1,129.55	$ 903.64
21261		Revise eye sockets	A	$ 1,999.12	$ 1,599.30
21263		Revise eye sockets	A	$ 1,849.38	$ 1,479.50
21267		Revise eye sockets	A	$ 1,321.18	$ 1,056.94
21268		Revise eye sockets	A	$ 1,656.55	$ 1,325.24
21270		Augmentation cheek bone	A	$ 838.56	$ 494.03
21275		Revision orbitofacial bones	A	$ 696.77	$ 557.42
21280		Revision of eyelid	A	$ 484.98	$ 387.99
21282		Revision of eyelid	A	$ 329.29	$ 263.43
21295		Revision of jaw muscle/bone	A	$ 163.33	$ 130.66
21296		Revision of jaw muscle/bone	A	$ 339.29	$ 271.43
21315		Clsd tx nsl fx mnpj wo stblj	A	$ 125.34	$ 39.73
21320		Clsd tx nsl fx w/mnpj&stablj	A	$ 180.69	$ 62.73
21325		Open tx nose fx uncomplicatd	A	$ 370.48	$ 296.39
21330		Open tx nose fx w/skele fixj	A	$ 445.35	$ 356.28
21335		Open tx nose & septal fx	A	$ 594.66	$ 475.73
21336		Open tx septal fx w/wo stabj	A	$ 528.95	$ 423.16
21337		Closed tx septal&nose fx	A	$ 347.66	$ 199.81
21338		Open nasoethmoid fx w/o fixj	A	$ 558.92	$ 447.13
21339		Open nasoethmoid fx w/ fixj	A	$ 631.90	$ 505.52
21340		Perq tx nasoethmoid fx	A	$ 626.03	$ 500.82
21343		Open tx dprsd front sinus fx	A	$ 904.48	$ 723.58
21344		Open tx compl front sinus fx	A	$ 1,158.63	$ 926.90
21345		Closed tx nose/jaw fx	A	$ 667.84	$ 425.68
21346		Opn tx nasomax fx w/fixj	A	$ 852.53	$ 682.03
21347		Opn tx nasomax fx multple	A	$ 864.50	$ 691.60
21348		Opn tx nasomax fx w/graft	A	$ 908.65	$ 726.92
21355		Perq tx malar fracture	A	$ 373.23	$ 219.17
21356		Opn tx dprsd zygomatic arch	A	$ 451.46	$ 267.06
21360		Opn tx dprsd malar fracture	A	$ 436.48	$ 349.19
21365		Opn tx complx malar fx	A	$ 896.73	$ 717.38
21366		Opn tx complx malar w/grft	A	$ 1,052.13	$ 841.71
21385		Opn tx orbit fx transantral	A	$ 606.10	$ 484.88
21386		Opn tx orbit fx periorbital	A	$ 571.55	$ 457.24
21387		Opn tx orbit fx combined	A	$ 632.63	$ 506.10
21390		Opn tx orbit periorbtl implt	A	$ 665.33	$ 532.27
21395		Opn tx orbit periorbt w/grft	A	$ 832.15	$ 665.72
21400		Closed tx orbit w/o manipulj	A	$ 177.92	$ 111.18
21401		Closed tx orbit w/manipulj	A	$ 422.29	$ 217.84
21406		Opn tx orbit fx w/o implant	A	$ 482.70	$ 386.16
21407		Opn tx orbit fx w/implant	A	$ 535.97	$ 428.77
21408		Opn tx orbit fx w/bone grft	A	$ 745.51	$ 596.41
21421		Treat mouth roof fracture	A	$ 534.45	$ 361.74
21422		Treat mouth roof fracture	A	$ 521.89	$ 417.51
21423		Treat mouth roof fracture	A	$ 659.34	$ 527.47
21431		Treat craniofacial fracture	A	$ 576.54	$ 461.23

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
21432		Treat craniofacial fracture	A	$ 592.14	$ 473.71
21433		Treat craniofacial fracture	A	$ 1,427.56	$ 1,142.05
21435		Treat craniofacial fracture	A	$ 1,159.83	$ 927.86
21436		Treat craniofacial fracture	A	$ 1,676.64	$ 1,341.31
21440		Treat dental ridge fracture	A	$ 570.42	$ 366.83
21445		Treat dental ridge fracture	A	$ 652.97	$ 423.00
21450		Treat lower jaw fracture	A	$ 491.12	$ 319.62
21451		Treat lower jaw fracture	A	$ 638.81	$ 427.02
21452		Treat lower jaw fracture	A	$ 617.97	$ 307.91
21453		Treat lower jaw fracture	A	$ 907.34	$ 618.16
21454		Treat lower jaw fracture	A	$ 404.99	$ 323.99
21461		Treat lower jaw fracture	A	$ 1,518.67	$ 702.05
21462		Treat lower jaw fracture	A	$ 1,643.94	$ 775.72
21465		Treat lower jaw fracture	A	$ 661.35	$ 529.08
21470		Treat lower jaw fracture	A	$ 960.07	$ 768.05
21480		Reset dislocated jaw	A	$ 117.48	$ 20.50
21485		Reset dislocated jaw	A	$ 805.28	$ 526.42
21490		Repair dislocated jaw	A	$ 651.43	$ 521.14
21497		Interdental wiring	A	$ 588.38	$ 391.73
21501		Drain neck/chest lesion	A	$ 404.09	$ 221.93
21502		Drain chest lesion	A	$ 416.30	$ 333.04
21510		Drainage of bone lesion	A	$ 371.33	$ 297.07
21550		Biopsy of neck/chest	A	$ 221.57	$ 103.33
21552		Exc neck les sc 3 cm/>	A	$ 368.57	$ 294.85
21554		Exc neck tum deep 5 cm/>	A	$ 602.80	$ 482.24
21555		Exc neck les sc < 3 cm	A	$ 359.92	$ 203.26
21556		Exc neck tum deep < 5 cm	A	$ 439.56	$ 351.65
21557		Resect neck thorax tumor<5cm	A	$ 785.59	$ 628.47
21558		Resect neck tumor 5 cm/>	A	$ 1,103.32	$ 882.66
21600		Partial removal of rib	A	$ 465.92	$ 372.73
21601		Exc chest wall tumor w/ribs	A	$ 932.82	$ 746.26
21602		Exc ch wal tum w/o lymphadec	A	$ 1,257.88	$ 1,006.30
21603		Exc ch wal tum w/lymphadec	A	$ 1,370.87	$ 1,096.69
21610		Partial removal of rib	A	$ 927.02	$ 741.61
21615		Removal of rib	A	$ 507.02	$ 405.62
21616		Removal of rib and nerves	A	$ 578.55	$ 462.84
21620		Partial removal of sternum	A	$ 414.03	$ 331.22
21627		Sternal debridement	A	$ 448.30	$ 358.64
21630		Extensive sternum surgery	A	$ 1,083.25	$ 866.60
21632		Extensive sternum surgery	A	$ 986.54	$ 789.23
21685		Hyoid myotomy & suspension	A	$ 816.42	$ 653.14
21700		Revision of neck muscle	A	$ 288.98	$ 231.18
21705		Revision of neck muscle/rib	A	$ 431.30	$ 345.04
21720		Revision of neck muscle	A	$ 436.11	$ 348.89
21725		Revision of neck muscle	A	$ 450.06	$ 360.05
21740		Reconstruction of sternum	A	$ 832.11	$ 665.68
21750		Repair of sternum separation	A	$ 550.63	$ 440.50
21811		Optx of rib fx w/fixj scope	A	$ 481.68	$ 385.35
21812		Treatment of rib fracture	A	$ 583.94	$ 467.15
21813		Treatment of rib fracture	A	$ 796.46	$ 637.17
21820		Treat sternum fracture	A	$ 126.11	$ 99.35
21825		Treat sternum fracture	A	$ 451.59	$ 361.28
21920		Biopsy soft tissue of back	A	$ 212.80	$ 102.45
21925		Biopsy soft tissue of back	A	$ 408.51	$ 249.59

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
21930		Exc back les sc < 3 cm	A	$ 416.13	$ 240.77
21931		Exc back les sc 3 cm/>	A	$ 386.75	$ 309.40
21932		Exc back tum deep < 5 cm	A	$ 547.97	$ 438.38
21933		Exc back tum deep 5 cm/>	A	$ 607.35	$ 485.88
21935		Resect back tum < 5 cm	A	$ 837.04	$ 669.64
21936		Resect back tum 5 cm/>	A	$ 1,157.77	$ 926.21
22010		I&d p-spine c/t/cerv-thor	A	$ 793.52	$ 634.82
22015		I&d abscess p-spine l/s/ls	A	$ 781.23	$ 624.99
22100		Remove part of neck vertebra	A	$ 708.66	$ 566.93
22101		Remove part thorax vertebra	A	$ 713.98	$ 571.18
22102		Remove part lumbar vertebra	A	$ 642.22	$ 513.77
22103		Remove extra spine segment	A	$ 109.90	$ 87.92
22110		Remove part of neck vertebra	A	$ 869.08	$ 695.26
22112		Remove part thorax vertebra	A	$ 927.51	$ 742.01
22114		Remove part lumbar vertebra	A	$ 927.51	$ 742.01
22116		Remove extra spine segment	A	$ 113.84	$ 91.07
22206		Incis spine 3 column thorac	A	$ 1,993.84	$ 1,595.07
22207		Incis spine 3 column lumbar	A	$ 1,956.89	$ 1,565.51
22208		Incis spine 3 column adl seg	A	$ 474.51	$ 379.61
22210		Incis 1 vertebral seg cerv	A	$ 1,459.49	$ 1,167.59
22212		Incis 1 vertebral seg thorac	A	$ 1,239.22	$ 991.38
22214		Incis 1 vertebral seg lumbar	A	$ 1,239.42	$ 991.53
22216		Incis addl spine segment	A	$ 293.48	$ 234.78
22220		Osteot dsc ant 1 vrt sgm crv	A	$ 1,325.67	$ 1,060.54
22222		Osteot dsc ant 1vrt sgm thrc	A	$ 1,433.92	$ 1,147.13
22224		Osteot dsc ant 1vrt sgm lmbr	A	$ 1,299.72	$ 1,039.77
22226		Osteot dsc ant 1vrt sgm ea	A	$ 290.79	$ 232.63
22310		Closed tx vert fx w/o manj	A	$ 258.27	$ 197.40
22315		Closed tx vert fx w/manj	A	$ 732.41	$ 510.02
22318		Treat odontoid fx w/o graft	A	$ 1,345.15	$ 1,076.12
22319		Treat odontoid fx w/graft	A	$ 1,490.53	$ 1,192.42
22325		Treat spine fracture	A	$ 1,206.47	$ 965.17
22326		Treat neck spine fracture	A	$ 1,234.50	$ 987.60
22327		Treat thorax spine fracture	A	$ 1,256.45	$ 1,005.16
22328		Treat each add spine fx	A	$ 228.15	$ 182.52
22505		Manipulation of spine	A	$ 107.02	$ 85.61
22510		Perq cervicothoracic inject	A	$ 1,509.92	$ 284.60
22511		Perq lumbosacral injection	A	$ 1,502.00	$ 267.08
22512		Vertebroplasty addl inject	A	$ 606.40	$ 135.22
22513		Perq vertebral augmentation	A	$ 4,767.87	$ 334.17
22514		Perq vertebral augmentation	A	$ 4,744.65	$ 311.65
22515		Perq vertebral augmentation	A	$ 2,448.95	$ 142.32
22526		Idet single level	N	$ 1,648.50	$ 216.67
22527		Idet 1 or more levels	N	$ 1,355.35	$ 100.40
22532		Arthrd lat xtrcvtry tq thrc	A	$ 1,466.67	$ 1,173.34
22533		Arthrd lat xtrcvtry tq lmbr	A	$ 1,356.69	$ 1,085.35
22534		Arthrd lat xtrcvtry tq ea ad	A	$ 291.44	$ 233.15
22548		Arthrd ant toral/xoral c1-c2	A	$ 1,597.88	$ 1,278.31
22551		Arthrd ant ntrbdy cervical	A	$ 1,387.45	$ 1,109.96
22552		Arthrd ant ntrbd cervical ea	A	$ 319.98	$ 255.98
22554		Arthrd ant ntrbd min dsc crv	A	$ 1,031.57	$ 825.26
22556		Arthrd ant ntrbd min dsc thc	A	$ 1,366.10	$ 1,092.88
22558		Arthrd ant ntrbd min dsc lum	A	$ 1,248.99	$ 999.19
22585		Arthrd ant ntrbd min dsc ea	A	$ 263.45	$ 210.76

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
22586		Arthrd pre-sac ntrbdy l5-s1	A	$ 1,652.41	$ 1,321.93
22590		Arthrd pst tq craniocervical	A	$ 1,296.95	$ 1,037.56
22595		Arthrd pst tq atlas-axis	A	$ 1,237.76	$ 990.21
22600		Arthrd pst tq 1ntrspc crv	A	$ 1,064.85	$ 851.88
22610		Arthrd pst tq 1ntrspc thrc	A	$ 1,048.15	$ 838.52
22612		Arthrd pst tq 1ntrspc lumbar	A	$ 1,295.74	$ 1,036.59
22614		Arthrd pst tq 1ntrspc ea add	A	$ 315.92	$ 252.73
22630		Arthrd pst tq 1ntrspc lum	A	$ 1,270.83	$ 1,016.66
22632		Arthrd pst tq 1ntrspc lm ea	A	$ 258.66	$ 206.93
22633		Arthrd cmbn 1ntrspc lumbar	A	$ 1,475.56	$ 1,180.45
22634		Arthrd cmbn 1ntrspc ea addl	A	$ 391.30	$ 313.04
22800		Arthrd pst dfrm<6 vrt sgm	A	$ 1,120.44	$ 896.35
22802		Arthrd pst dfrm 7-12 vrt sgm	A	$ 1,730.64	$ 1,384.51
22804		Arthrd pst dfrm 13+ vrt sgm	A	$ 1,987.86	$ 1,590.29
22808		Arthrd ant dfrm 2-3 vrt sgm	A	$ 1,490.18	$ 1,192.14
22810		Arthrd ant dfrm 4-7 vrt sgm	A	$ 1,647.54	$ 1,318.03
22812		Arthrd ant dfrm 8+ vrt sgm	A	$ 1,805.41	$ 1,444.33
22818		Kyphectomy 1-2 segments	A	$ 1,762.41	$ 1,409.93
22819		Kyphectomy 3 or more	A	$ 2,029.64	$ 1,623.71
22830		Exploration of spinal fusion	A	$ 674.69	$ 539.75
22840		Insert spine fixation device	A	$ 612.80	$ 490.24
22842		Insert spine fixation device	A	$ 616.79	$ 493.43
22843		Insert spine fixation device	A	$ 660.19	$ 528.15
22844		Insert spine fixation device	A	$ 798.39	$ 638.71
22845		Insert spine fixation device	A	$ 587.05	$ 469.64
22846		Insert spine fixation device	A	$ 610.72	$ 488.58
22847		Insert spine fixation device	A	$ 652.19	$ 521.75
22848		Insert pelv fixation device	A	$ 291.20	$ 232.96
22849		Reinsert spinal fixation	A	$ 1,068.32	$ 854.65
22850		Remove spine fixation device	A	$ 603.76	$ 483.01
22852		Remove spine fixation device	A	$ 581.28	$ 465.03
22853		Insj biomechanical device	A	$ 208.55	$ 166.84
22854		Insj biomechanical device	A	$ 270.84	$ 216.67
22855		Removal anterior instrmj	A	$ 907.55	$ 726.04
22856		Tot disc arthrp 1ntrspc crv	A	$ 1,326.20	$ 1,060.96
22857		Tot disc arthrp 1ntrspc lmbr	A	$ 1,450.42	$ 1,160.34
22858		Tot disc arthrp 2nd lvl crv	A	$ 409.70	$ 327.76
22859		Insj biomechanical device	A	$ 269.25	$ 215.40
22861		Rev rplcm arthrp 1ntrspc crv	A	$ 1,880.68	$ 1,504.54
22862		Rev rplcm rthrp 1ntrspc lmbr	R	$ 1,881.42	$ 1,505.14
22864		Rmvl tot arthrp 1ntrspc crv	A	$ 1,679.83	$ 1,343.86
22865		Rmvl tot arthrp 1ntrspc lmbr	R	$ 1,836.59	$ 1,469.27
22867		Insj stablj dev w/dcmprn	A	$ 879.98	$ 703.98
22868		Insj stablj dev w/dcmprn	A	$ 196.87	$ 157.49
22869		Insj stablj dev w/o dcmprn	A	$ 358.03	$ 286.43
22870		Insj stablj dev w/o dcmprn	A	$ 97.61	$ 78.08
22900		Exc abdl tum deep < 5 cm	A	$ 465.84	$ 372.67
22901		Exc abdl tum deep 5 cm/>	A	$ 547.46	$ 437.97
22902		Exc abd les sc < 3 cm	A	$ 389.88	$ 219.98
22903		Exc abd les sc 3 cm/>	A	$ 362.64	$ 290.11
22904		Radical resect abd tumor<5cm	A	$ 860.97	$ 688.78
22905		Rad resect abd tumor 5 cm/>	A	$ 1,087.06	$ 869.65
23000		Removal of calcium deposits	A	$ 456.03	$ 236.93
23020		Release shoulder joint	A	$ 572.94	$ 458.35

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
23030		Drain shoulder lesion	A	$ 364.78	$ 168.32
23031		Drain shoulder bursa	A	$ 359.42	$ 147.14
23035		Drain shoulder bone lesion	A	$ 565.87	$ 452.70
23040		Exploratory shoulder surgery	A	$ 595.54	$ 476.43
23044		Exploratory shoulder surgery	A	$ 472.10	$ 377.68
23065		Biopsy shoulder tissues	A	$ 186.49	$ 105.54
23066		Biopsy shoulder tissues	A	$ 468.28	$ 242.78
23071		Exc shoulder les sc 3 cm/>	A	$ 346.46	$ 277.17
23073		Exc shoulder tum deep 5 cm/>	A	$ 574.66	$ 459.73
23075		Exc shoulder les sc < 3 cm	A	$ 427.18	$ 217.36
23076		Exc shoulder tum deep < 5 cm	A	$ 449.46	$ 359.57
23077		Resect shoulder tumor < 5 cm	A	$ 925.34	$ 740.27
23078		Resect shoulder tumor 5 cm/>	A	$ 1,175.70	$ 940.56
23100		Biopsy of shoulder joint	A	$ 422.21	$ 337.76
23101		Shoulder joint surgery	A	$ 381.08	$ 304.86
23105		Remove shoulder joint lining	A	$ 531.13	$ 424.91
23106		Incision of collarbone joint	A	$ 418.88	$ 335.10
23107		Explore treat shoulder joint	A	$ 549.62	$ 439.70
23120		Partial removal collar bone	A	$ 488.82	$ 391.06
23125		Removal of collar bone	A	$ 589.24	$ 471.39
23130		Remove shoulder bone part	A	$ 514.36	$ 411.49
23140		Removal of bone lesion	A	$ 462.36	$ 369.89
23145		Removal of bone lesion	A	$ 577.90	$ 462.32
23146		Removal of bone lesion	A	$ 518.54	$ 414.83
23150		Removal of humerus lesion	A	$ 554.37	$ 443.50
23155		Removal of humerus lesion	A	$ 661.53	$ 529.22
23156		Removal of humerus lesion	A	$ 564.16	$ 451.32
23170		Remove collar bone lesion	A	$ 469.83	$ 375.87
23172		Remove shoulder blade lesion	A	$ 475.00	$ 380.00
23174		Remove humerus lesion	A	$ 634.02	$ 507.21
23180		Remove collar bone lesion	A	$ 547.02	$ 437.62
23182		Remove shoulder blade lesion	A	$ 558.37	$ 446.70
23184		Remove humerus lesion	A	$ 614.64	$ 491.71
23190		Partial removal of scapula	A	$ 478.88	$ 383.10
23195		Removal of head of humerus	A	$ 616.38	$ 493.10
23200		Resect clavicle tumor	A	$ 1,236.90	$ 989.52
23210		Resect scapula tumor	A	$ 1,450.07	$ 1,160.06
23220		Resect prox humerus tumor	A	$ 1,588.83	$ 1,271.06
23330		Remove shoulder foreign body	A	$ 249.65	$ 110.66
23333		Remove shoulder fb deep	A	$ 393.44	$ 314.75
23334		Shoulder prosthesis removal	A	$ 872.48	$ 697.99
23335		Shoulder prosthesis removal	A	$ 1,043.35	$ 834.68
23350		Injection for shoulder x-ray	A	$ 136.79	$ 33.09
23395		Muscle transfer shoulder/arm	A	$ 1,056.42	$ 845.13
23397		Muscle transfers	A	$ 939.20	$ 751.36
23400		Fixation of shoulder blade	A	$ 804.05	$ 643.24
23405		Incision of tendon & muscle	A	$ 512.26	$ 409.81
23406		Incise tendon(s) & muscle(s)	A	$ 620.28	$ 496.23
23410		Repair rotator cuff acute	A	$ 679.18	$ 543.34
23412		Repair rotator cuff chronic	A	$ 705.31	$ 564.25
23415		Release of shoulder ligament	A	$ 579.62	$ 463.69
23420		Repair of shoulder	A	$ 805.50	$ 644.40
23430		Repair biceps tendon	A	$ 617.27	$ 493.82
23440		Remove/transplant tendon	A	$ 626.40	$ 501.12

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
23450		Repair shoulder capsule	A	$ 781.29	$ 625.03
23455		Repair shoulder capsule	A	$ 816.73	$ 653.38
23460		Repair shoulder capsule	A	$ 899.60	$ 719.68
23462		Repair shoulder capsule	A	$ 880.54	$ 704.43
23465		Repair shoulder capsule	A	$ 922.41	$ 737.93
23466		Repair shoulder capsule	A	$ 925.77	$ 740.61
23470		Reconstruct shoulder joint	A	$ 986.99	$ 789.59
23472		Reconstruct shoulder joint	A	$ 1,189.04	$ 951.23
23473		Revis reconst shoulder joint	A	$ 1,323.56	$ 1,058.85
23474		Revis reconst shoulder joint	A	$ 1,428.65	$ 1,142.92
23480		Revision of collar bone	A	$ 679.17	$ 543.34
23485		Revision of collar bone	A	$ 788.01	$ 630.41
23490		Reinforce clavicle	A	$ 712.21	$ 569.77
23491		Reinforce shoulder bones	A	$ 838.80	$ 671.04
23500		Cltx clavicular fx w/o mnpj	A	$ 189.60	$ 154.97
23505		Cltx clavicular fx w/mnpj	A	$ 303.22	$ 225.02
23515		Optx clavicular fx w/int fix	A	$ 598.26	$ 478.61
23520		Cltx strnclav dislc w/o mnpj	A	$ 203.97	$ 161.42
23525		Cltx strnclav dislc w/mnpj	A	$ 334.70	$ 244.94
23530		Optx strnclav dislc aqt/chrn	A	$ 479.65	$ 383.72
23532		Optx strclv dslc aq/chrn grf	A	$ 521.21	$ 416.97
23540		Cltx acromclav dislc wo mnpj	A	$ 203.13	$ 160.53
23545		Cltx acromclav dislc w/mnpj	A	$ 304.22	$ 218.15
23550		Optx acromclv dislc aqt/chrn	A	$ 476.66	$ 381.33
23552		Optx acrclv dslc aq/chrn grf	A	$ 538.73	$ 430.99
23570		Cltx scapular fx w/o mnpj	A	$ 198.86	$ 164.13
23575		Cltx scap fx w/mnpj +-tractj	A	$ 346.00	$ 255.52
23585		Optx scapular fx w/int fixj	A	$ 806.98	$ 645.58
23600		Cltx prox humrl fx w/o mnpj	A	$ 282.26	$ 213.96
23605		Cltx prx hmrl fx mnpj+-tract	A	$ 396.03	$ 287.43
23615		Optx prox humrl fx w/int fix	A	$ 730.96	$ 584.77
23616		Optx prx hmrl fx fix rpr rpl	A	$ 1,018.46	$ 814.77
23620		Cltx gr hmrl tbrs fx wo mnpj	A	$ 230.02	$ 176.34
23625		Cltx gr hmrl tbrs fx w/mnpj	A	$ 327.85	$ 239.90
23630		Optx gr hmrl tbrs fx int fix	A	$ 647.32	$ 517.86
23650		Cltx sho dslc w/mnpj wo anes	A	$ 280.50	$ 202.46
23655		Cltx sho dslc w/mnpj w/anes	A	$ 341.87	$ 273.49
23660		Optx acute shoulder dislc	A	$ 488.46	$ 390.77
23665		Cltx sho dslc fx gr hmrl tbr	A	$ 365.92	$ 268.82
23670		Optx sho dislc fx	A	$ 720.75	$ 576.60
23675		Cltx sho dislc neck fx mnpj	A	$ 462.85	$ 335.18
23680		Optx sho dislc neck fx fixj	A	$ 768.70	$ 614.96
23700		Mnpj anes sho jt fixj aprats	A	$ 162.59	$ 130.07
23800		Arthrodesis glenohumeral jt	A	$ 847.87	$ 678.29
23802		Arthrd glenohumeral jt w/grf	A	$ 1,057.32	$ 845.86
23900		Interthoracoscplr amputation	A	$ 1,139.44	$ 911.55
23920		Disarticulation shoulder	A	$ 925.67	$ 740.53
23921		Disarticulation sho sec clsr	A	$ 392.32	$ 313.85
23930		I&d upr a/e dp absc/hmtma	A	$ 298.61	$ 142.36
23931		I&d upr a/e bursa	A	$ 252.16	$ 106.96
23935		Inc dp opn b1 crtx hum/elbw	A	$ 427.91	$ 342.33
24000		Arthrt elbw expl drg/rmvl fb	A	$ 398.82	$ 319.06
24006		Arthrt elbw capsl exc rls	A	$ 591.44	$ 473.15
24065		Biopsy arm/elbow soft tissue	A	$ 214.47	$ 107.52

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
24066		Biopsy arm/elbow soft tissue	A	$ 517.24	$ 279.32
24071		Exc arm/elbow les sc 3 cm/>	A	$ 334.68	$ 267.74
24073		Ex arm/elbow tum deep 5 cm/>	A	$ 571.67	$ 457.34
24075		Exc arm/elbow les sc < 3 cm	A	$ 442.51	$ 218.88
24076		Ex arm/elbow tum deep < 5 cm	A	$ 453.66	$ 362.93
24077		Rad rescj tum tiss a/e <5cm	A	$ 849.62	$ 679.70
24079		Rad rescj tum tiss a/e 5 cm+	A	$ 1,086.78	$ 869.42
24100		Arthrt elbw synovial bx only	A	$ 350.46	$ 280.37
24101		Arthrt elbw jt expl bx rmvl	A	$ 420.94	$ 336.75
24102		Arthrt elbow w/synovectomy	A	$ 512.57	$ 410.06
24105		Excision olecranon bursa	A	$ 301.29	$ 241.03
24110		Exc/curtg b1 cst/b9 tum hum	A	$ 491.74	$ 393.39
24115		Exc/crtg b1 cst/tum hum agrf	A	$ 611.84	$ 489.47
24116		Exc/crtg b1 cst/tum hum algr	A	$ 711.70	$ 569.36
24120		Exc/crtg b1 cst/b9 tum rds	A	$ 444.15	$ 355.32
24125		Exc/crtg b1 cst/tum rds agrf	A	$ 518.02	$ 414.41
24126		Exc/crtg b1 cst/tum rds algr	A	$ 540.83	$ 432.67
24130		Excision radial head	A	$ 428.05	$ 342.44
24134		Sequestrectomy shft/dstl hum	A	$ 620.09	$ 496.07
24136		Sequestrectomy radial h/n	A	$ 525.96	$ 420.77
24138		Sequestrectomy olecrn proces	A	$ 572.05	$ 457.64
24140		Partial exc bone humerus	A	$ 584.42	$ 467.53
24145		Prtl exc bone radial h/n	A	$ 494.61	$ 395.69
24147		Prtl exc bone olecrn process	A	$ 523.75	$ 419.00
24149		Radical resection of elbow	A	$ 976.04	$ 780.83
24150		Rad rescj tum dstl/shft hum	A	$ 1,268.63	$ 1,014.90
24152		Rad resection tum radial h/n	A	$ 1,104.57	$ 883.66
24155		Resection of elbow joint	A	$ 705.04	$ 564.04
24160		Rmvl prosthhumrl&ulnar cmpnt	A	$ 1,035.15	$ 828.12
24164		Removal prosth radial head	A	$ 600.83	$ 480.66
24200		Rmvl fb upper arm/elbw subq	A	$ 179.14	$ 92.42
24201		Rmvl fb upper arm/elbw deep	A	$ 455.55	$ 243.79
24220		Injection px for elbow arthg	A	$ 159.19	$ 43.99
24300		Mnpj elbow under anes	A	$ 365.27	$ 292.21
24301		Musc/tdn transfer upr a/e 1	A	$ 624.30	$ 499.44
24305		Tendon lngth upr a/e ea tdn	A	$ 482.49	$ 385.99
24310		Tnot opn elbw to sho ea tdn	A	$ 396.80	$ 317.44
24320		Tenoplasty elbow to sho 1	A	$ 646.72	$ 517.38
24330		Flexor-plasty elbow	A	$ 596.12	$ 476.89
24331		Flexor-plasty elbw w/advmnt	A	$ 650.63	$ 520.50
24332		Tenolysis triceps	A	$ 512.12	$ 409.70
24340		Tenodesis biceps tdn at elbw	A	$ 499.83	$ 399.86
24341		Rpr tdn/musc upr a/e each	A	$ 621.08	$ 496.86
24342		Repair of ruptured tendon	A	$ 642.18	$ 513.74
24343		Repr elbow lat ligmnt w/tiss	A	$ 594.11	$ 475.29
24344		Reconstruct elbow lat ligmnt	A	$ 903.34	$ 722.67
24345		Repr elbw med ligmnt w/tissu	A	$ 590.76	$ 472.61
24346		Reconstruct elbow med ligmnt	A	$ 912.64	$ 730.11
24357		Repair elbow perc	A	$ 349.80	$ 279.84
24358		Repair elbow w/deb open	A	$ 441.15	$ 352.92
24359		Repair elbow deb/attch open	A	$ 551.33	$ 441.06
24360		Reconstruct elbow joint	A	$ 746.86	$ 597.49
24361		Reconstruct elbow joint	A	$ 832.22	$ 665.77
24362		Reconstruct elbow joint	A	$ 875.81	$ 700.64

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
24363		Replace elbow joint	A	$ 1,192.34	$ 953.87
24365		Reconstruct head of radius	A	$ 532.61	$ 426.09
24366		Reconstruct head of radius	A	$ 565.20	$ 452.16
24370		Revise reconst elbow joint	A	$ 1,266.12	$ 1,012.90
24371		Revise reconst elbow joint	A	$ 1,453.00	$ 1,162.40
24400		Revision of humerus	A	$ 685.83	$ 548.66
24410		Revision of humerus	A	$ 873.41	$ 698.73
24420		Revision of humerus	A	$ 881.97	$ 705.58
24430		Repair of humerus	A	$ 871.71	$ 697.37
24435		Repair humerus with graft	A	$ 891.67	$ 713.34
24470		Revision of elbow joint	A	$ 558.45	$ 446.76
24495		Decompression of forearm	A	$ 769.76	$ 615.80
24498		Reinforce humerus	A	$ 717.19	$ 573.75
24500		Treat humerus fracture	A	$ 306.47	$ 226.09
24505		Treat humerus fracture	A	$ 424.15	$ 304.22
24515		Treat humerus fracture	A	$ 729.46	$ 583.57
24516		Treat humerus fracture	A	$ 711.06	$ 568.85
24530		Treat humerus fracture	A	$ 324.32	$ 237.74
24535		Treat humerus fracture	A	$ 520.51	$ 382.19
24538		Treat humerus fracture	A	$ 656.69	$ 525.35
24545		Treat humerus fracture	A	$ 766.66	$ 613.33
24546		Treat humerus fracture	A	$ 856.31	$ 685.05
24560		Treat humerus fracture	A	$ 282.51	$ 200.12
24565		Treat humerus fracture	A	$ 455.29	$ 332.42
24566		Treat humerus fracture	A	$ 599.09	$ 479.27
24575		Treat humerus fracture	A	$ 608.07	$ 486.46
24576		Treat humerus fracture	A	$ 297.64	$ 212.22
24577		Treat humerus fracture	A	$ 467.77	$ 340.87
24579		Treat humerus fracture	A	$ 691.98	$ 553.58
24582		Treat humerus fracture	A	$ 678.17	$ 542.54
24586		Treat elbow fracture	A	$ 897.07	$ 717.65
24587		Treat elbow fracture	A	$ 898.18	$ 718.55
24600		Treat elbow dislocation	A	$ 319.30	$ 231.09
24605		Treat elbow dislocation	A	$ 400.28	$ 320.22
24615		Treat elbow dislocation	A	$ 592.91	$ 474.33
24620		Treat elbow fracture	A	$ 490.69	$ 392.55
24635		Treat elbow fracture	A	$ 562.26	$ 449.81
24640		Treat elbow dislocation	A	$ 86.95	$ 53.33
24650		Treat radius fracture	A	$ 224.02	$ 166.71
24655		Treat radius fracture	A	$ 377.93	$ 272.51
24665		Treat radius fracture	A	$ 546.75	$ 437.40
24666		Treat radius fracture	A	$ 608.31	$ 486.65
24670		Treat ulnar fracture	A	$ 248.13	$ 181.61
24675		Treat ulnar fracture	A	$ 388.29	$ 281.24
24685		Treat ulnar fracture	A	$ 543.56	$ 434.85
24800		Fusion of elbow joint	A	$ 690.48	$ 552.38
24802		Fusion/graft of elbow joint	A	$ 828.10	$ 662.48
24900		Amputation of upper arm	A	$ 610.43	$ 488.35
24920		Amputation of upper arm	A	$ 607.96	$ 486.36
24925		Amputation follow-up surgery	A	$ 474.16	$ 379.33
24930		Amputation follow-up surgery	A	$ 640.56	$ 512.44
24931		Amputate upper arm & implant	A	$ 768.90	$ 615.12
24935		Revision of amputation	A	$ 1,010.74	$ 808.59
25000		Incision of tendon sheath	A	$ 289.66	$ 231.73

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
25001		Incise flexor carpi radialis	A	$ 290.09	$ 232.07
25020		Decompress forearm 1 space	A	$ 619.35	$ 495.48
25023		Decompress forearm 1 space	A	$ 1,084.42	$ 867.54
25024		Decompress forearm 2 spaces	A	$ 641.69	$ 513.35
25025		Decompress forearm 2 spaces	A	$ 1,011.32	$ 809.05
25028		Drainage of forearm lesion	A	$ 576.89	$ 461.51
25031		Drainage of forearm bursa	A	$ 307.87	$ 246.30
25035		Treat forearm bone lesion	A	$ 488.26	$ 390.61
25040		Explore/treat wrist joint	A	$ 465.66	$ 372.53
25065		Biopsy forearm soft tissues	A	$ 212.21	$ 104.62
25066		Biopsy forearm soft tissues	A	$ 306.69	$ 245.35
25071		Exc forearm les sc 3 cm/>	A	$ 350.72	$ 280.58
25073		Exc forearm tum deep 3 cm/>	A	$ 445.32	$ 356.25
25075		Exc forearm les sc < 3 cm	A	$ 431.49	$ 210.06
25076		Exc forearm tum deep < 3 cm	A	$ 432.09	$ 345.68
25077		Resect forearm/wrist tum<3cm	A	$ 731.35	$ 585.08
25078		Resect forarm/wrist tum 3cm>	A	$ 958.88	$ 767.11
25085		Incision of wrist capsule	A	$ 374.50	$ 299.60
25100		Biopsy of wrist joint	A	$ 292.76	$ 234.21
25101		Explore/treat wrist joint	A	$ 338.46	$ 270.77
25105		Remove wrist joint lining	A	$ 407.60	$ 326.08
25107		Remove wrist joint cartilage	A	$ 514.69	$ 411.75
25109		Excise tendon forearm/wrist	A	$ 447.45	$ 357.96
25110		Remove wrist tendon lesion	A	$ 290.62	$ 232.50
25111		Remove wrist tendon lesion	A	$ 272.09	$ 217.67
25112		Reremove wrist tendon lesion	A	$ 326.63	$ 261.30
25115		Remove wrist/forearm lesion	A	$ 629.01	$ 503.21
25116		Remove wrist/forearm lesion	A	$ 503.37	$ 402.70
25118		Excise wrist tendon sheath	A	$ 320.46	$ 256.37
25119		Partial removal of ulna	A	$ 419.20	$ 335.36
25120		Removal of forearm lesion	A	$ 419.16	$ 335.33
25125		Remove/graft forearm lesion	A	$ 495.91	$ 396.73
25126		Remove/graft forearm lesion	A	$ 499.24	$ 399.39
25130		Removal of wrist lesion	A	$ 377.53	$ 302.02
25135		Remove & graft wrist lesion	A	$ 466.94	$ 373.55
25136		Remove & graft wrist lesion	A	$ 415.60	$ 332.48
25145		Remove forearm bone lesion	A	$ 434.65	$ 347.72
25150		Partial removal of ulna	A	$ 472.90	$ 378.32
25151		Partial removal of radius	A	$ 487.27	$ 389.82
25170		Resect radius/ulnar tumor	A	$ 1,206.38	$ 965.10
25210		Removal of wrist bone	A	$ 412.13	$ 329.70
25215		Removal of wrist bones	A	$ 516.27	$ 413.02
25230		Partial removal of radius	A	$ 362.09	$ 289.67
25240		Partial removal of ulna	A	$ 359.54	$ 287.63
25246		Injection for wrist x-ray	A	$ 164.04	$ 48.09
25248		Remove forearm foreign body	A	$ 346.44	$ 277.15
25250		Removal of wrist prosthesis	A	$ 444.66	$ 355.73
25251		Removal of wrist prosthesis	A	$ 597.26	$ 477.81
25259		Manipulate wrist w/anesthes	A	$ 361.92	$ 289.53
25260		Repair forearm tendon/muscle	A	$ 529.45	$ 423.56
25263		Repair forearm tendon/muscle	A	$ 527.87	$ 422.30
25265		Repair forearm tendon/muscle	A	$ 623.48	$ 498.78
25270		Repair forearm tendon/muscle	A	$ 412.96	$ 330.37
25272		Repair forearm tendon/muscle	A	$ 466.54	$ 373.23

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
25274		Repair forearm tendon/muscle	A	$ 554.40	$ 443.52
25275		Repair forearm tendon sheath	A	$ 559.49	$ 447.59
25280		Revise wrist/forearm tendon	A	$ 471.84	$ 377.47
25290		Incise wrist/forearm tendon	A	$ 364.37	$ 291.49
25295		Release wrist/forearm tendon	A	$ 440.20	$ 352.16
25300		Fusion of tendons at wrist	A	$ 574.08	$ 459.27
25301		Fusion of tendons at wrist	A	$ 535.82	$ 428.66
25310		Transplant forearm tendon	A	$ 517.90	$ 414.32
25312		Transplant forearm tendon	A	$ 596.61	$ 477.29
25315		Revise palsy hand tendon(s)	A	$ 638.21	$ 510.57
25316		Revise palsy hand tendon(s)	A	$ 758.06	$ 606.45
25320		Repair/revise wrist joint	A	$ 819.69	$ 655.75
25332		Revise wrist joint	A	$ 701.14	$ 560.91
25335		Realignment of hand	A	$ 781.17	$ 624.93
25337		Reconstruct ulna/radioulnar	A	$ 737.01	$ 589.61
25350		Revision of radius	A	$ 561.74	$ 449.40
25355		Revision of radius	A	$ 634.20	$ 507.36
25360		Revision of ulna	A	$ 545.81	$ 436.65
25365		Revise radius & ulna	A	$ 758.90	$ 607.12
25370		Revise radius or ulna	A	$ 837.30	$ 669.84
25375		Revise radius & ulna	A	$ 788.67	$ 630.94
25390		Shorten radius or ulna	A	$ 638.66	$ 510.93
25391		Lengthen radius or ulna	A	$ 823.11	$ 658.49
25392		Shorten radius & ulna	A	$ 837.42	$ 669.94
25393		Lengthen radius & ulna	A	$ 931.25	$ 745.00
25394		Repair carpal bone shorten	A	$ 649.91	$ 519.92
25400		Repair radius or ulna	A	$ 666.19	$ 532.95
25405		Repair/graft radius or ulna	A	$ 856.99	$ 685.59
25415		Repair radius & ulna	A	$ 800.29	$ 640.23
25420		Repair/graft radius & ulna	A	$ 961.04	$ 768.83
25425		Repair/graft radius or ulna	A	$ 796.68	$ 637.34
25426		Repair/graft radius & ulna	A	$ 926.00	$ 740.80
25430		Vasc graft into carpal bone	A	$ 607.58	$ 486.07
25431		Repair nonunion carpal bone	A	$ 653.07	$ 522.46
25440		Repair/graft wrist bone	A	$ 637.99	$ 510.39
25441		Reconstruct wrist joint	A	$ 776.27	$ 621.02
25442		Reconstruct wrist joint	A	$ 671.88	$ 537.50
25443		Reconstruct wrist joint	A	$ 651.41	$ 521.13
25444		Reconstruct wrist joint	A	$ 686.40	$ 549.12
25445		Reconstruct wrist joint	A	$ 599.38	$ 479.50
25446		Wrist replacement	A	$ 968.22	$ 774.57
25447		Repair wrist joints	A	$ 690.89	$ 552.71
25449		Remove wrist joint implant	A	$ 854.61	$ 683.69
25450		Revision of wrist joint	A	$ 514.13	$ 411.30
25455		Revision of wrist joint	A	$ 606.76	$ 485.41
25490		Reinforce radius	A	$ 596.92	$ 477.53
25491		Reinforce ulna	A	$ 613.19	$ 490.55
25492		Reinforce radius and ulna	A	$ 750.14	$ 600.11
25500		Treat fracture of radius	A	$ 241.39	$ 174.69
25505		Treat fracture of radius	A	$ 427.80	$ 310.43
25515		Treat fracture of radius	A	$ 557.23	$ 445.78
25520		Treat fracture of radius	A	$ 484.84	$ 365.28
25525		Treat fracture of radius	A	$ 656.80	$ 525.44
25526		Treat fracture of radius	A	$ 791.62	$ 633.29

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
25530		Treat fracture of ulna	A	$ 224.26	$ 164.71
25535		Treat fracture of ulna	A	$ 417.23	$ 307.89
25545		Treat fracture of ulna	A	$ 520.75	$ 416.60
25560		Treat fracture radius & ulna	A	$ 246.25	$ 175.72
25565		Treat fracture radius & ulna	A	$ 438.87	$ 313.80
25574		Treat fracture radius & ulna	A	$ 562.32	$ 449.86
25575		Treat fracture radius/ulna	A	$ 749.32	$ 599.45
25600		Treat fracture radius/ulna	A	$ 287.13	$ 219.61
25605		Treat fracture radius/ulna	A	$ 454.91	$ 343.74
25606		Treat fx distal radial	A	$ 556.37	$ 445.09
25607		Treat fx rad extra-articul	A	$ 615.45	$ 492.36
25608		Treat fx rad intra-articul	A	$ 687.14	$ 549.71
25609		Treat fx radial 3+ frag	A	$ 871.53	$ 697.23
25622		Treat wrist bone fracture	A	$ 261.16	$ 192.91
25624		Treat wrist bone fracture	A	$ 413.76	$ 299.85
25628		Treat wrist bone fracture	A	$ 598.20	$ 478.56
25630		Treat wrist bone fracture	A	$ 259.54	$ 192.93
25635		Treat wrist bone fracture	A	$ 392.45	$ 284.78
25645		Treat wrist bone fracture	A	$ 476.40	$ 381.12
25650		Treat wrist bone fracture	A	$ 280.57	$ 208.00
25651		Pin ulnar styloid fracture	A	$ 409.64	$ 327.71
25652		Treat fracture ulnar styloid	A	$ 519.21	$ 415.37
25660		Treat wrist dislocation	A	$ 377.06	$ 301.65
25670		Treat wrist dislocation	A	$ 506.52	$ 405.21
25671		Pin radioulnar dislocation	A	$ 443.68	$ 354.94
25675		Treat wrist dislocation	A	$ 385.28	$ 277.73
25676		Treat wrist dislocation	A	$ 525.23	$ 420.18
25680		Treat wrist fracture	A	$ 444.12	$ 355.30
25685		Treat wrist fracture	A	$ 610.15	$ 488.12
25690		Treat wrist dislocation	A	$ 412.06	$ 329.65
25695		Treat wrist dislocation	A	$ 527.64	$ 422.11
25800		Fusion of wrist joint	A	$ 608.57	$ 486.85
25805		Fusion/graft of wrist joint	A	$ 702.29	$ 561.83
25810		Fusion/graft of wrist joint	A	$ 719.28	$ 575.43
25820		Fusion of hand bones	A	$ 541.78	$ 433.43
25825		Fuse hand bones with graft	A	$ 660.53	$ 528.43
25830		Fusion radioulnar jnt/ulna	A	$ 843.75	$ 675.00
25900		Amputation of forearm	A	$ 594.55	$ 475.64
25905		Amputation of forearm	A	$ 582.37	$ 465.90
25907		Amputation follow-up surgery	A	$ 511.15	$ 408.92
25909		Amputation follow-up surgery	A	$ 569.40	$ 455.52
25915		Amputation of forearm	A	$ 961.31	$ 769.05
25920		Amputate hand at wrist	A	$ 607.28	$ 485.82
25922		Amputate hand at wrist	A	$ 538.45	$ 430.76
25924		Amputation follow-up surgery	A	$ 593.29	$ 474.63
25927		Amputation of hand	A	$ 720.16	$ 576.12
25929		Amputation follow-up surgery	A	$ 498.19	$ 398.55
25931		Amputation follow-up surgery	A	$ 666.62	$ 533.30
26010		Drainage of finger abscess	A	$ 286.57	$ 93.69
26011		Drainage of finger abscess	A	$ 400.70	$ 123.34
26020		Drain hand tendon sheath	A	$ 463.77	$ 371.01
26025		Drainage of palm bursa	A	$ 350.02	$ 280.01
26030		Drainage of palm bursas	A	$ 409.60	$ 327.68
26034		Treat hand bone lesion	A	$ 459.54	$ 367.64

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
26035		Decompress fingers/hand	A	$ 713.46	$ 570.77
26037		Decompress fingers/hand	A	$ 467.31	$ 373.85
26040		Release palm contracture	A	$ 265.26	$ 212.20
26045		Release palm contracture	A	$ 394.71	$ 315.77
26055		Incise finger tendon sheath	A	$ 492.19	$ 195.00
26060		Incision of finger tendon	A	$ 214.03	$ 171.23
26070		Explore/treat hand joint	A	$ 270.55	$ 216.44
26075		Explore/treat finger joint	A	$ 283.77	$ 227.01
26080		Explore/treat finger joint	A	$ 333.57	$ 266.86
26100		Biopsy hand joint lining	A	$ 284.24	$ 227.39
26105		Biopsy finger joint lining	A	$ 286.37	$ 229.10
26110		Biopsy finger joint lining	A	$ 273.02	$ 218.41
26111		Exc hand les sc 1.5 cm/>	A	$ 345.74	$ 276.59
26113		Exc hand tum deep 1.5 cm/>	A	$ 455.21	$ 364.17
26115		Exc hand les sc < 1.5 cm	A	$ 457.90	$ 221.54
26116		Exc hand tum deep < 1.5 cm	A	$ 437.55	$ 350.04
26117		Rad resect hand tumor < 3 cm	A	$ 614.93	$ 491.94
26118		Rad resect hand tumor 3 cm/>	A	$ 871.43	$ 697.15
26121		Release palm contracture	A	$ 499.89	$ 399.91
26123		Release palm contracture	A	$ 696.37	$ 557.10
26125		Release palm contracture	A	$ 220.10	$ 176.08
26130		Remove wrist joint lining	A	$ 391.92	$ 313.54
26135		Revise finger joint each	A	$ 462.55	$ 370.04
26140		Revise finger joint each	A	$ 424.10	$ 339.28
26145		Tendon excision palm/finger	A	$ 430.86	$ 344.69
26160		Remove tendon sheath lesion	A	$ 513.18	$ 211.57
26170		Removal of palm tendon each	A	$ 341.92	$ 273.54
26180		Removal of finger tendon	A	$ 376.38	$ 301.11
26185		Remove finger bone	A	$ 464.51	$ 371.61
26200		Remove hand bone lesion	A	$ 377.35	$ 301.88
26205		Remove/graft bone lesion	A	$ 503.65	$ 402.92
26210		Removal of finger lesion	A	$ 374.97	$ 299.98
26215		Remove/graft finger lesion	A	$ 473.02	$ 378.42
26230		Partial removal of hand bone	A	$ 417.67	$ 334.14
26235		Partial removal finger bone	A	$ 411.20	$ 328.96
26236		Partial removal finger bone	A	$ 368.28	$ 294.62
26250		Extensive hand surgery	A	$ 878.64	$ 702.91
26260		Resect prox finger tumor	A	$ 659.33	$ 527.46
26262		Resect distal finger tumor	A	$ 523.47	$ 418.77
26320		Removal of implant from hand	A	$ 292.62	$ 234.10
26340		Manipulate finger w/anesth	A	$ 297.21	$ 237.77
26341		Manipulat palm cord post inj	A	$ 97.52	$ 51.91
26350		Repair finger/hand tendon	A	$ 625.20	$ 500.16
26352		Repair/graft hand tendon	A	$ 697.61	$ 558.09
26356		Repair finger/hand tendon	A	$ 662.67	$ 530.13
26357		Repair finger/hand tendon	A	$ 740.46	$ 592.36
26358		Repair/graft hand tendon	A	$ 815.44	$ 652.35
26370		Repair finger/hand tendon	A	$ 656.85	$ 525.48
26372		Repair/graft hand tendon	A	$ 764.44	$ 611.55
26373		Repair finger/hand tendon	A	$ 736.30	$ 589.04
26390		Revise hand/finger tendon	A	$ 732.82	$ 586.25
26392		Repair/graft hand tendon	A	$ 835.15	$ 668.12
26410		Repair hand tendon	A	$ 504.67	$ 403.74
26412		Repair/graft hand tendon	A	$ 600.86	$ 480.69

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
26415		Excision hand/finger tendon	A	$ 711.37	$ 569.09
26416		Graft hand or finger tendon	A	$ 768.80	$ 615.04
26418		Repair finger tendon	A	$ 523.60	$ 418.88
26420		Repair/graft finger tendon	A	$ 622.13	$ 497.70
26426		Repair finger/hand tendon	A	$ 420.88	$ 336.70
26428		Repair/graft finger tendon	A	$ 666.68	$ 533.34
26432		Repair finger tendon	A	$ 457.11	$ 365.69
26433		Repair finger tendon	A	$ 480.78	$ 384.62
26434		Repair/graft finger tendon	A	$ 582.64	$ 466.12
26437		Realignment of tendons	A	$ 559.26	$ 447.41
26440		Release palm/finger tendon	A	$ 546.04	$ 436.83
26442		Release palm & finger tendon	A	$ 827.06	$ 661.65
26445		Release hand/finger tendon	A	$ 509.31	$ 407.45
26449		Release forearm/hand tendon	A	$ 582.07	$ 465.66
26450		Incision of palm tendon	A	$ 390.33	$ 312.26
26455		Incision of finger tendon	A	$ 388.10	$ 310.48
26460		Incise hand/finger tendon	A	$ 377.24	$ 301.79
26471		Fusion of finger tendons	A	$ 553.47	$ 442.77
26474		Fusion of finger tendons	A	$ 546.50	$ 437.20
26476		Tendon lengthening	A	$ 539.42	$ 431.54
26477		Tendon shortening	A	$ 524.96	$ 419.97
26478		Lengthening of hand tendon	A	$ 556.49	$ 445.19
26479		Shortening of hand tendon	A	$ 565.86	$ 452.69
26480		Transplant hand tendon	A	$ 657.84	$ 526.27
26483		Transplant/graft hand tendon	A	$ 728.14	$ 582.51
26485		Transplant palm tendon	A	$ 699.47	$ 559.57
26489		Transplant/graft palm tendon	A	$ 805.32	$ 644.26
26490		Revise thumb tendon	A	$ 700.95	$ 560.76
26492		Tendon transfer with graft	A	$ 774.31	$ 619.44
26494		Hand tendon/muscle transfer	A	$ 703.71	$ 562.97
26496		Revise thumb tendon	A	$ 757.07	$ 605.65
26497		Finger tendon transfer	A	$ 756.22	$ 604.97
26498		Finger tendon transfer	A	$ 981.02	$ 784.82
26499		Revision of finger	A	$ 728.37	$ 582.70
26500		Hand tendon reconstruction	A	$ 555.55	$ 444.44
26502		Hand tendon reconstruction	A	$ 632.12	$ 505.70
26508		Release thumb contracture	A	$ 567.20	$ 453.76
26510		Thumb tendon transfer	A	$ 539.07	$ 431.25
26516		Fusion of knuckle joint	A	$ 622.56	$ 498.05
26517		Fusion of knuckle joints	A	$ 723.98	$ 579.18
26518		Fusion of knuckle joints	A	$ 733.05	$ 586.44
26520		Release knuckle contracture	A	$ 572.43	$ 457.94
26525		Release finger contracture	A	$ 574.82	$ 459.85
26530		Revise knuckle joint	A	$ 450.51	$ 360.41
26531		Revise knuckle with implant	A	$ 526.47	$ 421.17
26535		Revise finger joint	A	$ 366.44	$ 293.15
26536		Revise/implant finger joint	A	$ 627.84	$ 502.28
26540		Repair hand joint	A	$ 586.43	$ 469.15
26541		Repair hand joint with graft	A	$ 696.91	$ 557.53
26542		Repair hand joint with graft	A	$ 604.44	$ 483.55
26545		Reconstruct finger joint	A	$ 613.95	$ 491.16
26546		Repair nonunion hand	A	$ 866.32	$ 693.06
26548		Reconstruct finger joint	A	$ 669.49	$ 535.59
26550		Construct thumb replacement	A	$ 1,369.53	$ 1,095.62

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
26551		Great toe-hand transfer	A	$ 2,712.09	$ 2,169.67
26553		Single transfer toe-hand	A	$ 2,694.20	$ 2,155.36
26554		Double transfer toe-hand	A	$ 3,134.67	$ 2,507.74
26555		Positional change of finger	A	$ 1,152.32	$ 921.85
26556		Toe joint transfer	A	$ 2,801.73	$ 2,241.38
26560		Repair of web finger	A	$ 533.11	$ 426.49
26561		Repair of web finger	A	$ 819.45	$ 655.56
26562		Repair of web finger	A	$ 1,142.65	$ 914.12
26565		Correct metacarpal flaw	A	$ 597.89	$ 478.32
26567		Correct finger deformity	A	$ 602.67	$ 482.13
26568		Lengthen metacarpal/finger	A	$ 777.47	$ 621.98
26580		Repair hand deformity	A	$ 1,277.36	$ 1,021.89
26587		Reconstruct extra finger	A	$ 862.93	$ 690.35
26590		Repair finger deformity	A	$ 1,188.44	$ 950.75
26591		Repair muscles of hand	A	$ 409.11	$ 327.29
26593		Release muscles of hand	A	$ 540.60	$ 432.48
26596		Excision constricting tissue	A	$ 682.32	$ 545.86
26600		Treat metacarpal fracture	A	$ 255.38	$ 194.43
26605		Treat metacarpal fracture	A	$ 279.83	$ 201.71
26607		Treat metacarpal fracture	A	$ 425.90	$ 340.72
26608		Treat metacarpal fracture	A	$ 403.54	$ 322.83
26615		Treat metacarpal fracture	A	$ 479.75	$ 383.80
26641		Treat thumb dislocation	A	$ 353.67	$ 257.48
26645		Treat thumb fracture	A	$ 365.26	$ 266.10
26650		Treat thumb fracture	A	$ 404.02	$ 323.21
26665		Treat thumb fracture	A	$ 522.91	$ 418.32
26670		Treat hand dislocation	A	$ 294.99	$ 210.77
26675		Treat hand dislocation	A	$ 389.65	$ 284.30
26676		Pin hand dislocation	A	$ 427.38	$ 341.90
26685		Treat hand dislocation	A	$ 479.81	$ 383.85
26686		Treat hand dislocation	A	$ 518.21	$ 414.57
26700		Treat knuckle dislocation	A	$ 288.14	$ 212.08
26705		Treat knuckle dislocation	A	$ 369.49	$ 267.29
26706		Pin knuckle dislocation	A	$ 374.83	$ 299.86
26715		Treat knuckle dislocation	A	$ 478.38	$ 382.71
26720		Treat finger fracture each	A	$ 170.66	$ 128.20
26725		Treat finger fracture each	A	$ 289.78	$ 206.16
26727		Treat finger fracture each	A	$ 397.63	$ 318.10
26735		Treat finger fracture each	A	$ 495.77	$ 396.62
26740		Treat finger fracture each	A	$ 197.51	$ 149.67
26742		Treat finger fracture each	A	$ 316.75	$ 227.30
26746		Treat finger fracture each	A	$ 617.12	$ 493.69
26750		Treat finger fracture each	A	$ 159.69	$ 128.85
26755		Treat finger fracture each	A	$ 271.52	$ 186.28
26756		Pin finger fracture each	A	$ 356.57	$ 285.26
26765		Treat finger fracture each	A	$ 420.45	$ 336.36
26770		Treat finger dislocation	A	$ 243.95	$ 177.61
26775		Treat finger dislocation	A	$ 334.42	$ 240.12
26776		Pin finger dislocation	A	$ 377.16	$ 301.73
26785		Treat finger dislocation	A	$ 457.64	$ 366.12
26820		Thumb fusion with graft	A	$ 693.58	$ 554.86
26841		Fusion of thumb	A	$ 646.22	$ 516.98
26842		Thumb fusion with graft	A	$ 695.71	$ 556.57
26843		Fusion of hand joint	A	$ 654.23	$ 523.38

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
26844		Fusion/graft of hand joint	A	$ 718.87	$ 575.10
26850		Fusion of knuckle	A	$ 615.31	$ 492.25
26852		Fusion of knuckle with graft	A	$ 696.86	$ 557.49
26860		Fusion of finger joint	A	$ 513.75	$ 411.00
26861		Fusion of finger jnt add-on	A	$ 82.80	$ 66.24
26862		Fusion/graft of finger joint	A	$ 641.09	$ 512.87
26863		Fuse/graft added joint	A	$ 186.45	$ 149.16
26910		Amputate metacarpal bone	A	$ 637.94	$ 510.35
26951		Amputation of finger/thumb	A	$ 586.36	$ 469.09
26952		Amputation of finger/thumb	A	$ 573.17	$ 458.53
26990		Drainage of pelvis lesion	A	$ 564.80	$ 451.84
26991		Drainage of pelvis bursa	A	$ 589.73	$ 350.25
26992		Drainage of bone lesion	A	$ 833.00	$ 666.40
27000		Incision of hip tendon	A	$ 328.70	$ 262.96
27001		Incision of hip tendon	A	$ 449.50	$ 359.60
27003		Incision of hip tendon	A	$ 498.18	$ 398.54
27005		Incision of hip tendon	A	$ 593.40	$ 474.72
27006		Incision of hip tendons	A	$ 591.58	$ 473.26
27025		Incision of hip/thigh fascia	A	$ 761.36	$ 609.09
27027		Buttock fasciotomy	A	$ 737.32	$ 589.86
27030		Drainage of hip joint	A	$ 773.18	$ 618.54
27033		Exploration of hip joint	A	$ 802.12	$ 641.70
27035		Denervation of hip joint	A	$ 937.41	$ 749.93
27036		Excision of hip joint/muscle	A	$ 839.91	$ 671.93
27040		Biopsy of soft tissues	A	$ 281.41	$ 131.46
27041		Biopsy of soft tissues	A	$ 587.88	$ 470.31
27043		Exc hip pelvis les sc 3 cm/>	A	$ 386.75	$ 309.40
27045		Exc hip/pelv tum deep 5 cm/>	A	$ 606.58	$ 485.26
27047		Exc hip/pelvis les sc < 3 cm	A	$ 409.15	$ 238.26
27048		Exc hip/pelv tum deep < 5 cm	A	$ 504.88	$ 403.90
27049		Resect hip/pelv tum < 5 cm	A	$ 1,098.14	$ 878.51
27050		Biopsy of sacroiliac joint	A	$ 338.09	$ 270.47
27052		Biopsy of hip joint	A	$ 481.06	$ 384.85
27054		Removal of hip joint lining	A	$ 572.12	$ 457.70
27057		Buttock fasciotomy w/dbrdmt	A	$ 831.69	$ 665.36
27059		Resect hip/pelv tum 5 cm/>	A	$ 1,484.41	$ 1,187.53
27060		Removal of ischial bursa	A	$ 388.17	$ 310.54
27062		Remove femur lesion/bursa	A	$ 378.71	$ 302.97
27065		Remove hip bone les super	A	$ 438.87	$ 351.10
27066		Remove hip bone les deep	A	$ 679.22	$ 543.38
27067		Remove/graft hip bone lesion	A	$ 855.26	$ 684.21
27070		Part remove hip bone super	A	$ 733.73	$ 586.99
27071		Part removal hip bone deep	A	$ 807.50	$ 646.00
27075		Resect hip tumor	A	$ 1,706.65	$ 1,365.32
27076		Resect hip tum incl acetabul	A	$ 2,061.84	$ 1,649.47
27077		Resect hip tum w/innom bone	A	$ 2,298.53	$ 1,838.82
27078		Rsect hip tum incl femur	A	$ 1,682.77	$ 1,346.22
27080		Removal of tail bone	A	$ 422.78	$ 338.22
27086		Remove hip foreign body	A	$ 258.12	$ 111.51
27087		Remove hip foreign body	A	$ 508.26	$ 406.61
27090		Removal of hip prosthesis	A	$ 688.09	$ 550.48
27091		Removal of hip prosthesis	A	$ 1,308.53	$ 1,046.82
27093		Injection for hip x-ray	A	$ 194.64	$ 45.15
27095		Injection for hip x-ray	A	$ 259.60	$ 53.90

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
27096		Inject sacroiliac joint	A	$ 134.74	$ 54.71
27097		Revision of hip tendon	A	$ 567.43	$ 453.94
27098		Transfer tendon to pelvis	A	$ 577.37	$ 461.89
27100		Transfer of abdominal muscle	A	$ 687.93	$ 550.34
27105		Transfer of spinal muscle	A	$ 720.45	$ 576.36
27110		Transfer of iliopsoas muscle	A	$ 802.17	$ 641.74
27111		Transfer of iliopsoas muscle	A	$ 746.89	$ 597.51
27120		Reconstruction of hip socket	A	$ 1,069.08	$ 855.26
27122		Reconstruction of hip socket	A	$ 909.05	$ 727.24
27125		Partial hip replacement	A	$ 932.03	$ 745.62
27130		Total hip arthroplasty	A	$ 1,055.98	$ 844.78
27132		Total hip arthroplasty	A	$ 1,371.88	$ 1,097.50
27134		Revise hip joint replacement	A	$ 1,561.53	$ 1,249.23
27137		Revise hip joint replacement	A	$ 1,202.73	$ 962.19
27138		Revise hip joint replacement	A	$ 1,249.31	$ 999.45
27140		Transplant femur ridge	A	$ 740.65	$ 592.52
27146		Incision of hip bone	A	$ 1,043.76	$ 835.01
27147		Revision of hip bone	A	$ 1,201.76	$ 961.41
27151		Incision of hip bones	A	$ 1,299.07	$ 1,039.26
27156		Revision of hip bones	A	$ 1,398.99	$ 1,119.19
27158		Revision of pelvis	A	$ 1,150.33	$ 920.27
27161		Incision of neck of femur	A	$ 1,004.73	$ 803.78
27165		Incision/fixation of femur	A	$ 1,131.68	$ 905.34
27170		Repair/graft femur head/neck	A	$ 964.37	$ 771.49
27175		Treat slipped epiphysis	A	$ 552.10	$ 441.68
27176		Treat slipped epiphysis	A	$ 762.47	$ 609.98
27177		Treat slipped epiphysis	A	$ 920.17	$ 736.14
27178		Treat slipped epiphysis	A	$ 762.47	$ 609.98
27179		Revise head/neck of femur	A	$ 808.45	$ 646.76
27181		Treat slipped epiphysis	A	$ 923.25	$ 738.60
27185		Revision of femur epiphysis	A	$ 596.12	$ 476.89
27187		Reinforce hip bones	A	$ 822.40	$ 657.92
27197		Clsd tx pelvic ring fx	A	$ 110.54	$ 88.43
27198		Clsd tx pelvic ring fx	A	$ 260.41	$ 208.32
27200		Treat tail bone fracture	A	$ 157.27	$ 126.91
27202		Treat tail bone fracture	A	$ 437.71	$ 350.16
27215		Treat pelvic fracture(s)	I	$ 502.72	$ 402.18
27216		Treat pelvic ring fracture	I	$ 743.04	$ 594.43
27217		Treat pelvic ring fracture	I	$ 698.49	$ 558.79
27218		Treat pelvic ring fracture	I	$ 958.83	$ 767.07
27220		Treat hip socket fracture	A	$ 348.87	$ 274.93
27222		Treat hip socket fracture	A	$ 814.16	$ 651.33
27226		Treat hip wall fracture	A	$ 870.36	$ 696.29
27227		Treat hip fracture(s)	A	$ 1,354.73	$ 1,083.79
27228		Treat hip fracture(s)	A	$ 1,540.62	$ 1,232.50
27230		Treat thigh fracture	A	$ 407.19	$ 319.39
27232		Treat thigh fracture	A	$ 600.05	$ 480.04
27235		Treat thigh fracture	A	$ 748.35	$ 598.68
27236		Treat thigh fracture	A	$ 982.19	$ 785.75
27238		Treat thigh fracture	A	$ 390.44	$ 312.35
27240		Treat thigh fracture	A	$ 790.16	$ 632.13
27244		Treat thigh fracture	A	$ 1,010.37	$ 808.30
27245		Treat thigh fracture	A	$ 1,009.46	$ 807.56
27246		Treat thigh fracture	A	$ 327.19	$ 258.90

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
27248		Treat thigh fracture	A	$ 615.87	$ 492.69
27250		Treat hip dislocation	A	$ 147.82	$ 118.25
27252		Treat hip dislocation	A	$ 623.41	$ 498.73
27253		Treat hip dislocation	A	$ 776.22	$ 620.97
27254		Treat hip dislocation	A	$ 1,046.65	$ 837.32
27256		Treat hip dislocation	A	$ 260.43	$ 158.77
27257		Treat hip dislocation	A	$ 297.61	$ 238.09
27258		Treat hip dislocation	A	$ 916.40	$ 733.12
27259		Treat hip dislocation	A	$ 1,268.04	$ 1,014.43
27265		Treat hip dislocation	A	$ 348.26	$ 278.61
27266		Treat hip dislocation	A	$ 485.92	$ 388.74
27267		Cltx thigh fx	A	$ 368.09	$ 294.47
27268		Cltx thigh fx w/mnpj	A	$ 453.31	$ 362.65
27269		Optx thigh fx	A	$ 1,020.32	$ 816.25
27275		Manipulation of hip joint	A	$ 152.46	$ 121.97
27279		Arthrd si jt perq/min nvas	A	$ 670.37	$ 536.30
27280		Arthr si jt opn b1grf instrm	A	$ 1,113.44	$ 890.75
27282		Arthrodesis symphysis pubis	A	$ 711.81	$ 569.45
27284		Fusion of hip joint	A	$ 1,315.73	$ 1,052.59
27286		Fusion of hip joint	A	$ 1,349.10	$ 1,079.28
27290		Amputation of leg at hip	A	$ 1,334.83	$ 1,067.86
27295		Amputation of leg at hip	A	$ 1,034.37	$ 827.50
27301		Drain thigh/knee lesion	A	$ 558.17	$ 336.41
27303		Drainage of bone lesion	A	$ 528.60	$ 422.88
27305		Incise thigh tendon & fascia	A	$ 402.95	$ 322.36
27306		Incision of thigh tendon	A	$ 280.82	$ 224.66
27307		Incision of thigh tendons	A	$ 342.28	$ 273.82
27310		Exploration of knee joint	A	$ 607.53	$ 486.02
27323		Biopsy thigh soft tissues	A	$ 227.12	$ 115.88
27324		Biopsy thigh soft tissues	A	$ 340.43	$ 272.35
27325		Neurectomy hamstring	A	$ 470.09	$ 376.07
27326		Neurectomy popliteal	A	$ 435.44	$ 348.35
27327		Exc thigh/knee les sc < 3 cm	A	$ 415.89	$ 208.55
27328		Exc thigh/knee tum deep <5cm	A	$ 515.26	$ 412.21
27329		Resect thigh/knee tum < 5 cm	A	$ 855.53	$ 684.43
27330		Biopsy knee joint lining	A	$ 352.38	$ 281.90
27331		Explore/treat knee joint	A	$ 397.58	$ 318.06
27332		Removal of knee cartilage	A	$ 536.47	$ 429.17
27333		Removal of knee cartilage	A	$ 490.38	$ 392.31
27334		Remove knee joint lining	A	$ 570.51	$ 456.41
27335		Remove knee joint lining	A	$ 634.50	$ 507.60
27337		Exc thigh/knee les sc 3 cm/>	A	$ 345.91	$ 276.73
27339		Exc thigh/knee tum dep 5cm/>	A	$ 620.57	$ 496.46
27340		Removal of kneecap bursa	A	$ 312.89	$ 250.31
27345		Removal of knee cyst	A	$ 404.81	$ 323.84
27347		Remove knee cyst	A	$ 439.52	$ 351.61
27350		Removal of kneecap	A	$ 543.97	$ 435.17
27355		Remove femur lesion	A	$ 505.66	$ 404.53
27356		Remove femur lesion/graft	A	$ 613.99	$ 491.20
27357		Remove femur lesion/graft	A	$ 678.58	$ 542.87
27358		Remove femur lesion/fixation	A	$ 224.00	$ 179.20
27360		Partial removal leg bone(s)	A	$ 749.29	$ 599.43
27364		Resect thigh/knee tum 5 cm/>	A	$ 1,283.15	$ 1,026.52
27365		Resect femur/knee tumor	A	$ 1,682.04	$ 1,345.63

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
27369		Njx cntrst kne arthg/ct/mri	A	$ 154.29	$ 26.69
27372		Removal of foreign body	A	$ 488.62	$ 265.85
27380		Repair of kneecap tendon	A	$ 519.34	$ 415.47
27381		Repair/graft kneecap tendon	A	$ 681.13	$ 544.90
27385		Repair of thigh muscle	A	$ 505.76	$ 404.61
27386		Repair/graft of thigh muscle	A	$ 710.07	$ 568.06
27390		Incision of thigh tendon	A	$ 375.45	$ 300.36
27391		Incision of thigh tendons	A	$ 482.74	$ 386.20
27392		Incision of thigh tendons	A	$ 591.96	$ 473.57
27393		Lengthening of thigh tendon	A	$ 418.30	$ 334.64
27394		Lengthening of thigh tendons	A	$ 543.36	$ 434.69
27395		Lengthening of thigh tendons	A	$ 730.08	$ 584.07
27396		Transplant of thigh tendon	A	$ 514.07	$ 411.26
27397		Transplants of thigh tendons	A	$ 756.45	$ 605.16
27400		Revise thigh muscles/tendons	A	$ 577.65	$ 462.12
27403		Repair of knee cartilage	A	$ 535.47	$ 428.38
27405		Repair of knee ligament	A	$ 561.19	$ 448.95
27407		Repair of knee ligament	A	$ 660.33	$ 528.26
27409		Repair of knee ligaments	A	$ 799.40	$ 639.52
27412		Autochondrocyte implant knee	A	$ 1,354.32	$ 1,083.45
27415		Osteochondral knee allograft	A	$ 1,130.03	$ 904.02
27416		Osteochondral knee autograft	A	$ 809.57	$ 647.65
27418		Repair degenerated kneecap	A	$ 687.14	$ 549.71
27420		Revision of unstable kneecap	A	$ 618.83	$ 495.06
27422		Revision of unstable kneecap	A	$ 615.38	$ 492.30
27424		Revision/removal of kneecap	A	$ 621.09	$ 496.87
27425		Lat retinacular release open	A	$ 378.91	$ 303.13
27427		Reconstruction knee	A	$ 589.32	$ 471.46
27428		Reconstruction knee	A	$ 922.33	$ 737.86
27429		Reconstruction knee	A	$ 1,039.16	$ 831.33
27430		Revision of thigh muscles	A	$ 615.46	$ 492.37
27435		Incision of knee joint	A	$ 671.61	$ 537.29
27437		Revise kneecap	A	$ 548.97	$ 439.18
27438		Revise kneecap with implant	A	$ 695.44	$ 556.35
27440		Revision of knee joint	A	$ 660.72	$ 528.58
27441		Revision of knee joint	A	$ 682.19	$ 545.75
27442		Revision of knee joint	A	$ 720.82	$ 576.66
27443		Revision of knee joint	A	$ 675.67	$ 540.54
27445		Revision of knee joint	A	$ 1,032.25	$ 825.80
27446		Revision of knee joint	A	$ 944.44	$ 755.55
27447		Total knee arthroplasty	A	$ 1,054.94	$ 843.95
27448		Incision of thigh	A	$ 685.23	$ 548.18
27450		Incision of thigh	A	$ 838.53	$ 670.82
27454		Realignment of thigh bone	A	$ 1,065.13	$ 852.10
27455		Realignment of knee	A	$ 794.68	$ 635.75
27457		Realignment of knee	A	$ 792.84	$ 634.27
27465		Shortening of thigh bone	A	$ 1,027.44	$ 821.95
27466		Lengthening of thigh bone	A	$ 976.31	$ 781.04
27468		Shorten/lengthen thighs	A	$ 1,103.45	$ 882.76
27470		Repair of thigh	A	$ 973.06	$ 778.45
27472		Repair/graft of thigh	A	$ 1,041.65	$ 833.32
27475		Surgery to stop leg growth	A	$ 550.77	$ 440.62
27477		Surgery to stop leg growth	A	$ 608.24	$ 486.60
27479		Surgery to stop leg growth	A	$ 759.00	$ 607.20

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
27485		Surgery to stop leg growth	A	$ 558.09	$ 446.47
27486		Revise/replace knee joint	A	$ 1,154.28	$ 923.43
27487		Revise/replace knee joint	A	$ 1,438.51	$ 1,150.81
27488		Removal of knee prosthesis	A	$ 988.57	$ 790.86
27495		Reinforce thigh	A	$ 931.61	$ 745.29
27496		Decompression of thigh/knee	A	$ 456.47	$ 365.17
27497		Decompression of thigh/knee	A	$ 482.31	$ 385.85
27498		Decompression of thigh/knee	A	$ 545.77	$ 436.61
27499		Decompression of thigh/knee	A	$ 582.82	$ 466.26
27500		Treatment of thigh fracture	A	$ 437.91	$ 321.59
27501		Treatment of thigh fracture	A	$ 422.37	$ 332.19
27502		Treatment of thigh fracture	A	$ 625.69	$ 500.56
27503		Treatment of thigh fracture	A	$ 664.02	$ 531.22
27506		Treatment of thigh fracture	A	$ 1,101.63	$ 881.30
27507		Treatment of thigh fracture	A	$ 797.49	$ 637.99
27508		Treatment of thigh fracture	A	$ 439.72	$ 333.35
27509		Treatment of thigh fracture	A	$ 562.89	$ 450.32
27510		Treatment of thigh fracture	A	$ 565.97	$ 452.77
27511		Treatment of thigh fracture	A	$ 820.33	$ 656.27
27513		Treatment of thigh fracture	A	$ 1,016.16	$ 812.93
27514		Treatment of thigh fracture	A	$ 795.46	$ 636.37
27516		Treat thigh fx growth plate	A	$ 434.70	$ 325.17
27517		Treat thigh fx growth plate	A	$ 573.71	$ 458.96
27519		Treat thigh fx growth plate	A	$ 734.32	$ 587.46
27520		Treat kneecap fracture	A	$ 275.67	$ 203.87
27524		Treat kneecap fracture	A	$ 624.41	$ 499.52
27530		Treat knee fracture	A	$ 260.53	$ 195.70
27532		Treat knee fracture	A	$ 517.93	$ 386.04
27535		Treat knee fracture	A	$ 739.21	$ 591.37
27536		Treat knee fracture	A	$ 977.83	$ 782.26
27538		Treat knee fracture(s)	A	$ 406.83	$ 302.43
27540		Treat knee fracture	A	$ 674.82	$ 539.85
27550		Treat knee dislocation	A	$ 432.14	$ 317.19
27552		Treat knee dislocation	A	$ 526.91	$ 421.53
27556		Treat knee dislocation	A	$ 722.70	$ 578.16
27557		Treat knee dislocation	A	$ 859.61	$ 687.69
27558		Treat knee dislocation	A	$ 977.61	$ 782.08
27560		Treat kneecap dislocation	A	$ 316.09	$ 231.15
27562		Treat kneecap dislocation	A	$ 409.86	$ 327.89
27566		Treat kneecap dislocation	A	$ 737.59	$ 590.07
27570		Fixation of knee joint	A	$ 127.26	$ 101.81
27580		Fusion of knee	A	$ 1,215.19	$ 972.15
27590		Amputate leg at thigh	A	$ 638.86	$ 511.09
27591		Amputate leg at thigh	A	$ 796.13	$ 636.90
27592		Amputate leg at thigh	A	$ 547.30	$ 437.84
27594		Amputation follow-up surgery	A	$ 412.67	$ 330.14
27596		Amputation follow-up surgery	A	$ 583.87	$ 467.09
27598		Amputate lower leg at knee	A	$ 569.02	$ 455.22
27600		Decompression of lower leg	A	$ 331.17	$ 264.94
27601		Decompression of lower leg	A	$ 365.17	$ 292.14
27602		Decompression of lower leg	A	$ 390.07	$ 312.06
27603		Drain lower leg lesion	A	$ 437.91	$ 259.29
27604		Drain lower leg bursa	A	$ 373.19	$ 213.87
27605		Incision of achilles tendon	A	$ 272.78	$ 121.70

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
27606		Incision of achilles tendon	A	$ 224.30	$ 179.44
27607		Treat lower leg bone lesion	A	$ 495.39	$ 396.31
27610		Explore/treat ankle joint	A	$ 534.89	$ 427.91
27612		Exploration of ankle joint	A	$ 470.45	$ 376.36
27613		Biopsy lower leg soft tissue	A	$ 208.56	$ 106.30
27614		Biopsy lower leg soft tissue	A	$ 488.06	$ 276.16
27615		Resect leg/ankle tum < 5 cm	A	$ 843.37	$ 674.69
27616		Resect leg/ankle tum 5 cm/>	A	$ 1,041.56	$ 833.25
27618		Exc leg/ankle tum < 3 cm	A	$ 404.10	$ 202.84
27619		Exc leg/ankle tum deep <5 cm	A	$ 388.14	$ 310.52
27620		Explore/treat ankle joint	A	$ 369.35	$ 295.48
27625		Remove ankle joint lining	A	$ 475.00	$ 380.00
27626		Remove ankle joint lining	A	$ 506.56	$ 405.25
27630		Removal of tendon lesion	A	$ 443.44	$ 236.29
27632		Exc leg/ankle les sc 3 cm/>	A	$ 338.78	$ 271.02
27634		Exc leg/ankle tum dep 5 cm/>	A	$ 558.81	$ 447.05
27635		Remove lower leg bone lesion	A	$ 481.05	$ 384.84
27637		Remove/graft leg bone lesion	A	$ 613.75	$ 491.00
27638		Remove/graft leg bone lesion	A	$ 619.56	$ 495.65
27640		Partial removal of tibia	A	$ 688.02	$ 550.42
27641		Partial removal of fibula	A	$ 541.02	$ 432.82
27645		Resect tibia tumor	A	$ 1,450.07	$ 1,160.06
27646		Resect fibula tumor	A	$ 1,260.57	$ 1,008.46
27647		Resect talus/calcaneus tum	A	$ 826.41	$ 661.13
27648		Injection for ankle x-ray	A	$ 178.02	$ 33.61
27650		Repair achilles tendon	A	$ 546.45	$ 437.16
27652		Repair/graft achilles tendon	A	$ 551.02	$ 440.82
27654		Repair of achilles tendon	A	$ 593.16	$ 474.53
27656		Repair leg fascia defect	A	$ 445.71	$ 230.43
27658		Repair of leg tendon each	A	$ 307.32	$ 245.85
27659		Repair of leg tendon each	A	$ 391.17	$ 312.94
27664		Repair of leg tendon each	A	$ 302.27	$ 241.81
27665		Repair of leg tendon each	A	$ 349.93	$ 279.94
27675		Repair lower leg tendons	A	$ 413.67	$ 330.94
27676		Repair lower leg tendons	A	$ 503.01	$ 402.41
27680		Release of lower leg tendon	A	$ 347.62	$ 278.09
27681		Release of lower leg tendons	A	$ 419.57	$ 335.65
27685		Revision of lower leg tendon	A	$ 544.01	$ 309.73
27686		Revise lower leg tendons	A	$ 437.63	$ 350.10
27687		Revision of calf tendon	A	$ 377.11	$ 301.69
27690		Revise lower leg tendon	A	$ 529.82	$ 423.85
27691		Revise lower leg tendon	A	$ 616.15	$ 492.92
27692		Revise additional leg tendon	A	$ 82.21	$ 65.77
27695		Repair of ankle ligament	A	$ 402.63	$ 322.10
27696		Repair of ankle ligaments	A	$ 456.29	$ 365.03
27698		Repair of ankle ligament	A	$ 531.04	$ 424.83
27700		Revision of ankle joint	A	$ 508.16	$ 406.53
27702		Reconstruct ankle joint	A	$ 794.19	$ 635.35
27703		Reconstruction ankle joint	A	$ 917.23	$ 733.78
27704		Removal of ankle implant	A	$ 471.33	$ 377.06
27705		Incision of tibia	A	$ 624.47	$ 499.58
27707		Incision of fibula	A	$ 337.38	$ 269.90
27709		Incision of tibia & fibula	A	$ 935.89	$ 748.71
27712		Realignment of lower leg	A	$ 908.44	$ 726.75

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
27715		Revision of lower leg	A	$ 884.43	$ 707.55
27720		Repair of tibia	A	$ 722.08	$ 577.66
27722		Repair/graft of tibia	A	$ 739.58	$ 591.66
27724		Repair/graft of tibia	A	$ 1,032.69	$ 826.15
27725		Repair of lower leg	A	$ 1,001.65	$ 801.32
27726		Repair fibula nonunion	A	$ 790.98	$ 632.78
27727		Repair of lower leg	A	$ 857.71	$ 686.17
27730		Repair of tibia epiphysis	A	$ 489.10	$ 391.28
27732		Repair of fibula epiphysis	A	$ 378.70	$ 302.96
27734		Repair lower leg epiphyses	A	$ 546.37	$ 437.09
27740		Repair of leg epiphyses	A	$ 587.55	$ 470.04
27742		Repair of leg epiphyses	A	$ 643.96	$ 515.17
27745		Reinforce tibia	A	$ 625.45	$ 500.36
27750		Treatment of tibia fracture	A	$ 293.86	$ 218.20
27752		Treatment of tibia fracture	A	$ 449.66	$ 328.80
27756		Treatment of tibia fracture	A	$ 480.31	$ 384.25
27758		Treatment of tibia fracture	A	$ 741.07	$ 592.86
27759		Treatment of tibia fracture	A	$ 822.80	$ 658.24
27760		Cltx medial ankle fx	A	$ 280.81	$ 207.32
27762		Cltx med ankle fx w/mnpj	A	$ 406.99	$ 293.78
27766		Optx medial ankle fx	A	$ 504.32	$ 403.45
27767		Cltx post ankle fx	A	$ 246.66	$ 196.23
27768		Cltx post ankle fx w/mnpj	A	$ 375.45	$ 300.36
27769		Optx post ankle fx	A	$ 602.33	$ 481.86
27780		Treatment of fibula fracture	A	$ 261.97	$ 192.91
27781		Treatment of fibula fracture	A	$ 369.39	$ 271.60
27784		Treatment of fibula fracture	A	$ 589.21	$ 471.37
27786		Treatment of ankle fracture	A	$ 265.25	$ 194.43
27788		Treatment of ankle fracture	A	$ 358.88	$ 259.47
27792		Treatment of ankle fracture	A	$ 535.77	$ 428.61
27808		Treatment of ankle fracture	A	$ 283.52	$ 206.85
27810		Treatment of ankle fracture	A	$ 399.38	$ 287.47
27814		Treatment of ankle fracture	A	$ 633.77	$ 507.01
27816		Treatment of ankle fracture	A	$ 279.34	$ 198.46
27818		Treatment of ankle fracture	A	$ 414.27	$ 295.44
27822		Treatment of ankle fracture	A	$ 725.20	$ 580.16
27823		Treatment of ankle fracture	A	$ 815.69	$ 652.55
27824		Treat lower leg fracture	A	$ 268.58	$ 206.53
27825		Treat lower leg fracture	A	$ 457.13	$ 329.51
27826		Treat lower leg fracture	A	$ 709.02	$ 567.21
27827		Treat lower leg fracture	A	$ 927.80	$ 742.24
27828		Treat lower leg fracture	A	$ 1,097.18	$ 877.75
27829		Treat lower leg joint	A	$ 587.66	$ 470.13
27830		Treat lower leg dislocation	A	$ 328.93	$ 242.74
27831		Treat lower leg dislocation	A	$ 342.74	$ 274.19
27832		Treat lower leg dislocation	A	$ 628.03	$ 502.42
27840		Treat ankle dislocation	A	$ 324.97	$ 259.98
27842		Treat ankle dislocation	A	$ 409.98	$ 327.98
27846		Treat ankle dislocation	A	$ 596.12	$ 476.89
27848		Treat ankle dislocation	A	$ 650.47	$ 520.38
27860		Fixation of ankle joint	A	$ 136.44	$ 109.15
27870		Fusion of ankle joint open	A	$ 834.56	$ 667.65
27871		Fusion of tibiofibular joint	A	$ 573.06	$ 458.45
27880		Amputation of lower leg	A	$ 733.18	$ 586.55

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
27881		Amputation of lower leg	A	$ 697.35	$ 557.88
27882		Amputation of lower leg	A	$ 481.85	$ 385.48
27884		Amputation follow-up surgery	A	$ 473.25	$ 378.60
27886		Amputation follow-up surgery	A	$ 530.06	$ 424.05
27888		Amputation of foot at ankle	A	$ 528.06	$ 422.45
27889		Amputation of foot at ankle	A	$ 520.04	$ 416.03
27892		Decompression of leg	A	$ 441.87	$ 353.50
27893		Decompression of leg	A	$ 509.97	$ 407.98
27894		Decompression of leg	A	$ 669.47	$ 535.58
28001		Drainage of bursa of foot	A	$ 141.80	$ 63.86
28002		Treatment of foot infection	A	$ 203.89	$ 92.92
28003		Treatment of foot infection	A	$ 314.91	$ 172.29
28005		Treat foot bone lesion	A	$ 474.17	$ 379.34
28008		Incision of foot fascia	A	$ 353.49	$ 195.70
28010		Incision of toe tendon	A	$ 193.45	$ 137.87
28011		Incision of toe tendons	A	$ 260.62	$ 185.02
28020		Exploration of foot joint	A	$ 451.84	$ 244.54
28022		Exploration of foot joint	A	$ 400.78	$ 216.86
28024		Exploration of toe joint	A	$ 378.17	$ 203.38
28035		Decompression of tibia nerve	A	$ 436.29	$ 238.03
28039		Exc foot/toe tum sc 1.5 cm/>	A	$ 397.33	$ 226.39
28041		Exc foot/toe tum dep 1.5cm/>	A	$ 373.44	$ 298.75
28043		Exc foot/toe tum sc < 1.5 cm	A	$ 316.67	$ 173.04
28045		Exc foot/toe tum deep <1.5cm	A	$ 397.28	$ 230.95
28046		Resect foot/toe tumor < 3 cm	A	$ 588.67	$ 470.94
28047		Resect foot/toe tumor 3 cm/>	A	$ 850.09	$ 680.07
28050		Biopsy of foot joint lining	A	$ 342.33	$ 185.02
28052		Biopsy of foot joint lining	A	$ 320.24	$ 169.32
28054		Biopsy of toe joint lining	A	$ 301.37	$ 155.11
28055		Neurectomy foot	A	$ 318.77	$ 255.02
28060		Partial removal foot fascia	A	$ 426.10	$ 238.21
28062		Removal of foot fascia	A	$ 475.35	$ 268.40
28070		Removal of foot joint lining	A	$ 417.71	$ 227.77
28072		Removal of foot joint lining	A	$ 403.34	$ 215.40
28080		Removal of foot lesion	A	$ 438.54	$ 250.36
28086		Excise foot tendon sheath	A	$ 437.78	$ 234.61
28088		Excise foot tendon sheath	A	$ 378.40	$ 193.25
28090		Removal of foot lesion	A	$ 383.30	$ 204.63
28092		Removal of toe lesions	A	$ 346.85	$ 179.86
28100		Removal of ankle/heel lesion	A	$ 505.56	$ 277.43
28102		Remove/graft foot lesion	A	$ 507.47	$ 405.98
28103		Remove/graft foot lesion	A	$ 321.76	$ 257.41
28104		Removal of foot lesion	A	$ 431.21	$ 234.18
28106		Remove/graft foot lesion	A	$ 353.11	$ 282.49
28107		Remove/graft foot lesion	A	$ 416.31	$ 229.94
28108		Removal of toe lesions	A	$ 357.38	$ 191.14
28110		Part removal of metatarsal	A	$ 377.81	$ 193.44
28111		Part removal of metatarsal	A	$ 393.03	$ 212.19
28112		Part removal of metatarsal	A	$ 397.36	$ 207.99
28113		Part removal of metatarsal	A	$ 482.01	$ 282.73
28114		Removal of metatarsal heads	A	$ 879.07	$ 554.08
28116		Revision of foot	A	$ 644.72	$ 391.39
28118		Removal of heel bone	A	$ 496.19	$ 278.71
28119		Removal of heel spur	A	$ 431.80	$ 241.24

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
28120		Part removal of ankle/heel	A	$ 553.61	$ 329.04
28122		Partial removal of foot bone	A	$ 487.34	$ 290.49
28124		Partial removal of toe	A	$ 391.72	$ 221.24
28126		Partial removal of toe	A	$ 320.88	$ 164.79
28130		Removal of ankle bone	A	$ 503.18	$ 402.54
28140		Removal of metatarsal	A	$ 470.26	$ 282.75
28150		Removal of toe	A	$ 344.28	$ 184.82
28153		Partial removal of toe	A	$ 333.57	$ 174.94
28160		Partial removal of toe	A	$ 335.81	$ 176.51
28171		Resect tarsal tumor	A	$ 911.20	$ 728.96
28173		Resect metatarsal tumor	A	$ 601.88	$ 481.50
28175		Resect phalanx of toe tumor	A	$ 389.24	$ 311.39
28190		Removal of foot foreign body	A	$ 198.79	$ 87.52
28192		Removal of foot foreign body	A	$ 377.70	$ 205.64
28193		Removal of foot foreign body	A	$ 429.83	$ 242.95
28200		Repair of foot tendon	A	$ 407.21	$ 216.96
28202		Repair/graft of foot tendon	A	$ 495.26	$ 285.64
28208		Repair of foot tendon	A	$ 401.07	$ 213.80
28210		Repair/graft of foot tendon	A	$ 491.48	$ 282.40
28220		Release of foot tendon	A	$ 370.76	$ 202.27
28222		Release of foot tendons	A	$ 434.70	$ 241.80
28225		Release of foot tendon	A	$ 340.09	$ 175.11
28226		Release of foot tendons	A	$ 509.71	$ 265.18
28230		Incision of foot tendon(s)	A	$ 357.23	$ 189.26
28232		Incision of toe tendon	A	$ 310.16	$ 159.50
28234		Incision of foot tendon	A	$ 336.50	$ 177.94
28238		Revision of foot tendon	A	$ 556.52	$ 326.10
28240		Release of big toe	A	$ 365.22	$ 194.78
28250		Revision of foot fascia	A	$ 483.84	$ 272.34
28260		Release of midfoot joint	A	$ 593.23	$ 353.49
28261		Revision of foot tendon	A	$ 990.70	$ 619.48
28262		Revision of foot and ankle	A	$ 1,152.17	$ 743.17
28264		Release of midfoot joint	A	$ 723.39	$ 446.87
28270		Release of foot contracture	A	$ 400.37	$ 221.58
28272		Release of toe joint each	A	$ 314.84	$ 166.32
28280		Fusion of toes	A	$ 420.03	$ 230.72
28285		Repair of hammertoe	A	$ 443.01	$ 255.25
28286		Repair of hammertoe	A	$ 362.87	$ 196.63
28288		Partial removal of foot bone	A	$ 496.88	$ 287.82
28289		Corrj halux rigdus w/o implt	A	$ 567.18	$ 305.45
28291		Corrj halux rigdus w/implt	A	$ 574.99	$ 322.00
28292		Correction hallux valgus	A	$ 573.28	$ 320.42
28295		Correction hallux valgus	A	$ 882.57	$ 403.76
28296		Correction hallux valgus	A	$ 729.70	$ 340.04
28297		Correction hallux valgus	A	$ 847.42	$ 399.34
28298		Correction hallux valgus	A	$ 685.87	$ 334.59
28299		Correction hallux valgus	A	$ 830.69	$ 392.09
28300		Incision of heel bone	A	$ 539.13	$ 431.31
28302		Incision of ankle bone	A	$ 593.64	$ 474.91
28304		Incision of midfoot bones	A	$ 684.74	$ 407.40
28305		Incise/graft midfoot bones	A	$ 556.01	$ 444.81
28306		Incision of metatarsal	A	$ 501.00	$ 268.74
28307		Incision of metatarsal	A	$ 648.00	$ 343.34
28308		Incision of metatarsal	A	$ 469.26	$ 256.07

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
28309		Incision of metatarsals	A	$ 744.43	$ 595.54
28310		Revision of big toe	A	$ 447.48	$ 239.74
28312		Revision of toe	A	$ 439.25	$ 224.17
28313		Repair deformity of toe	A	$ 435.29	$ 238.99
28315		Removal of sesamoid bone	A	$ 395.13	$ 216.95
28320		Repair of foot bones	A	$ 507.21	$ 405.77
28322		Repair of metatarsals	A	$ 649.83	$ 383.63
28340		Resect enlarged toe tissue	A	$ 466.97	$ 271.35
28341		Resect enlarged toe	A	$ 542.45	$ 322.74
28344		Repair extra toe(s)	A	$ 344.82	$ 185.25
28345		Repair webbed toe(s)	A	$ 421.90	$ 240.34
28360		Reconstruct cleft foot	A	$ 908.15	$ 726.52
28400		Treatment of heel fracture	A	$ 208.05	$ 154.59
28405		Treatment of heel fracture	A	$ 378.68	$ 272.01
28406		Treatment of heel fracture	A	$ 469.68	$ 375.75
28415		Treat heel fracture	A	$ 931.56	$ 745.25
28420		Treat/graft heel fracture	A	$ 1,071.82	$ 857.46
28430		Treatment of ankle fracture	A	$ 201.95	$ 141.82
28435		Treatment of ankle fracture	A	$ 311.23	$ 220.46
28436		Treatment of ankle fracture	A	$ 414.36	$ 331.49
28445		Treat ankle fracture	A	$ 859.51	$ 687.61
28446		Osteochondral talus autogrft	A	$ 1,009.26	$ 807.41
28450		Treat midfoot fracture each	A	$ 176.95	$ 128.17
28455		Treat midfoot fracture each	A	$ 246.02	$ 175.54
28456		Treat midfoot fracture	A	$ 310.31	$ 248.25
28465		Treat midfoot fracture each	A	$ 527.56	$ 422.05
28470		Treat metatarsal fracture	A	$ 182.98	$ 137.61
28475		Treat metatarsal fracture	A	$ 216.76	$ 152.56
28476		Treat metatarsal fracture	A	$ 324.68	$ 259.74
28485		Treat metatarsal fracture	A	$ 467.42	$ 373.93
28490		Treat big toe fracture	A	$ 118.78	$ 83.83
28495		Treat big toe fracture	A	$ 149.25	$ 99.66
28496		Treat big toe fracture	A	$ 375.31	$ 165.12
28505		Treat big toe fracture	A	$ 538.74	$ 328.76
28510		Treatment of toe fracture	A	$ 101.41	$ 80.69
28515		Treatment of toe fracture	A	$ 137.35	$ 96.06
28525		Treat toe fracture	A	$ 468.51	$ 269.29
28530		Treat sesamoid bone fracture	A	$ 96.84	$ 67.38
28531		Treat sesamoid bone fracture	A	$ 270.86	$ 120.16
28540		Treat foot dislocation	A	$ 163.45	$ 117.60
28545		Treat foot dislocation	A	$ 260.07	$ 182.17
28546		Treat foot dislocation	A	$ 486.01	$ 234.59
28555		Repair foot dislocation	A	$ 716.62	$ 440.58
28570		Treat foot dislocation	A	$ 197.75	$ 132.32
28575		Treat foot dislocation	A	$ 317.80	$ 227.91
28576		Treat foot dislocation	A	$ 322.24	$ 257.79
28585		Repair foot dislocation	A	$ 731.88	$ 463.53
28600		Treat foot dislocation	A	$ 183.30	$ 124.92
28605		Treat foot dislocation	A	$ 287.32	$ 204.84
28606		Treat foot dislocation	A	$ 320.65	$ 256.52
28615		Repair foot dislocation	A	$ 685.69	$ 548.55
28630		Treat toe dislocation	A	$ 128.36	$ 73.51
28635		Treat toe dislocation	A	$ 146.38	$ 89.24
28636		Treat toe dislocation	A	$ 257.53	$ 131.65

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
28645		Repair toe dislocation	A	$ 535.87	$ 321.64
28660		Treat toe dislocation	A	$ 103.54	$ 61.78
28665		Treat toe dislocation	A	$ 123.93	$ 82.91
28666		Treat toe dislocation	A	$ 146.98	$ 117.58
28675		Repair of toe dislocation	A	$ 475.67	$ 273.92
28705		Fusion of foot bones	A	$ 1,008.41	$ 806.73
28715		Fusion of foot bones	A	$ 777.29	$ 621.83
28725		Fusion of foot bones	A	$ 643.61	$ 514.89
28730		Fusion of foot bones	A	$ 603.24	$ 482.59
28735		Fusion of foot bones	A	$ 646.07	$ 516.85
28737		Revision of foot bones	A	$ 568.89	$ 455.11
28740		Fusion of foot bones	A	$ 682.81	$ 409.14
28750		Fusion of big toe joint	A	$ 645.31	$ 382.65
28755		Fusion of big toe joint	A	$ 415.57	$ 221.45
28760		Fusion of big toe joint	A	$ 627.44	$ 375.15
28800		Amputation of midfoot	A	$ 436.74	$ 349.39
28805		Amputation thru metatarsal	A	$ 584.30	$ 467.44
28810		Amputation toe & metatarsal	A	$ 348.49	$ 278.79
28820		Amputation of toe	A	$ 246.09	$ 117.68
28825		Partial amputation of toe	A	$ 240.98	$ 114.03
28890		Hi enrgy eswt plantar fascia	A	$ 255.14	$ 146.20
29000		Application of body cast	A	$ 291.02	$ 128.17
29010		Application of body cast	A	$ 226.81	$ 105.11
29015		Application of body cast	A	$ 243.60	$ 118.32
29035		Application of body cast	A	$ 213.06	$ 94.11
29040		Application of body cast	A	$ 243.09	$ 113.30
29044		Application of body cast	A	$ 238.62	$ 109.73
29046		Application of body cast	A	$ 261.15	$ 123.14
29049		Application of figure eight	A	$ 82.41	$ 45.52
29055		Application of shoulder cast	A	$ 185.10	$ 90.17
29058		Application of shoulder cast	A	$ 102.25	$ 61.40
29065		Application of long arm cast	A	$ 80.18	$ 44.84
29075		Application of forearm cast	A	$ 72.70	$ 41.27
29085		Apply hand/wrist cast	A	$ 79.70	$ 44.23
29086		Apply finger cast	A	$ 63.50	$ 32.59
29105		Apply long arm splint	A	$ 68.63	$ 27.70
29125		Apply forearm splint	A	$ 54.93	$ 26.61
29126		Apply forearm splint	A	$ 64.23	$ 32.52
29130		Application of finger splint	A	$ 34.64	$ 19.37
29131		Application of finger splint	A	$ 44.30	$ 22.94
29200		Strapping of chest	A	$ 27.02	$ 12.40
29240		Strapping of shoulder	A	$ 25.10	$ 12.18
29260		Strapping of elbow or wrist	A	$ 24.43	$ 12.74
29280		Strapping of hand or finger	A	$ 24.70	$ 13.18
29305		Application of hip cast	A	$ 205.17	$ 103.80
29325		Application of hip casts	A	$ 226.38	$ 116.17
29345		Application of long leg cast	A	$ 112.18	$ 65.40
29355		Application of long leg cast	A	$ 117.73	$ 69.83
29358		Apply long leg cast brace	A	$ 132.94	$ 67.53
29365		Application of long leg cast	A	$ 102.52	$ 57.23
29405		Apply short leg cast	A	$ 66.19	$ 38.47
29425		Apply short leg cast	A	$ 62.20	$ 35.72
29435		Apply short leg cast	A	$ 95.30	$ 53.21
29440		Addition of walker to cast	A	$ 35.37	$ 18.43

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
29445		Apply rigid leg cast	A	$ 106.06	$ 64.89
29450		Application of leg cast	A	$ 120.37	$ 74.58
29505		Application long leg splint	A	$ 73.17	$ 34.19
29515		Application lower leg splint	A	$ 59.30	$ 32.52
29520		Strapping of hip	A	$ 28.94	$ 12.18
29530		Strapping of knee	A	$ 24.82	$ 12.18
29540		Strapping of ankle and/or ft	A	$ 23.33	$ 11.65
29550		Strapping of toes	A	$ 15.85	$ 7.42
29580		Application of paste boot	A	$ 52.16	$ 17.38
29581		Apply multlay comprs lwr leg	A	$ 73.98	$ 17.95
29584		Appl multlay comprs arm/hand	A	$ 67.61	$ 10.65
29700		Removal/revision of cast	A	$ 51.46	$ 21.65
29705		Removal/revision of cast	A	$ 51.88	$ 29.44
29710		Removal/revision of cast	A	$ 100.86	$ 53.92
29720		Repair of body cast	A	$ 70.84	$ 28.59
29730		Windowing of cast	A	$ 52.69	$ 29.21
29740		Wedging of cast	A	$ 81.39	$ 45.15
29750		Wedging of clubfoot cast	A	$ 88.25	$ 50.42
29800		Jaw arthroscopy/surgery	A	$ 440.25	$ 352.20
29804		Jaw arthroscopy/surgery	A	$ 495.16	$ 396.13
29805		Sho arthrs dx +- synovial bx	A	$ 389.94	$ 311.96
29806		Sho arthrs srg capsulorraphy	A	$ 873.23	$ 698.59
29807		Sho arthrs srg rpr slap les	A	$ 854.42	$ 683.54
29819		Sho arthrs srg rmvl loose/fb	A	$ 487.00	$ 389.60
29820		Sho arthrs srg prtl synvct	A	$ 442.95	$ 354.36
29821		Sho arthrs srg compl synvct	A	$ 492.71	$ 394.17
29822		Sho arthrs srg lmtd dbrdmt	A	$ 449.29	$ 359.43
29823		Sho arthrs srg xtnsv dbrdmt	A	$ 492.01	$ 393.61
29824		Sho arthrs srg dstl claviclc	A	$ 561.84	$ 449.47
29825		Sho arthrs srg lss&rescj ads	A	$ 487.00	$ 389.60
29826		Sho arthrs srg decompression	A	$ 140.76	$ 112.61
29827		Sho arthrs srg rt8tr cuf rpr	A	$ 882.21	$ 705.77
29828		Sho arthrs srg bicp tenodsis	A	$ 756.77	$ 605.42
29830		Elbow arthroscopy	A	$ 378.18	$ 302.55
29834		Elbow arthroscopy/surgery	A	$ 409.59	$ 327.67
29835		Elbow arthroscopy/surgery	A	$ 423.19	$ 338.55
29836		Elbow arthroscopy/surgery	A	$ 486.26	$ 389.01
29837		Elbow arthroscopy/surgery	A	$ 438.53	$ 350.83
29838		Elbow arthroscopy/surgery	A	$ 493.64	$ 394.91
29840		Wrist arthroscopy	A	$ 376.54	$ 301.23
29843		Wrist arthroscopy/surgery	A	$ 404.65	$ 323.72
29844		Wrist arthroscopy/surgery	A	$ 416.36	$ 333.08
29845		Wrist arthroscopy/surgery	A	$ 487.59	$ 390.07
29846		Wrist arthroscopy/surgery	A	$ 435.32	$ 348.25
29847		Wrist arthroscopy/surgery	A	$ 452.02	$ 361.62
29848		Wrist endoscopy/surgery	A	$ 426.12	$ 340.90
29850		Knee arthroscopy/surgery	A	$ 517.68	$ 414.14
29851		Knee arthroscopy/surgery	A	$ 767.52	$ 614.01
29855		Tibial arthroscopy/surgery	A	$ 646.37	$ 517.09
29856		Tibial arthroscopy/surgery	A	$ 819.00	$ 655.20
29860		Hip arthroscopy dx	A	$ 534.41	$ 427.53
29861		Hip arthro w/fb removal	A	$ 588.90	$ 471.12
29862		Hip arthr0 w/debridement	A	$ 672.13	$ 537.71
29863		Hip arthr0 w/synovectomy	A	$ 670.98	$ 536.78

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
29866		Autgrft implnt knee w/scope	A	$ 868.74	$ 695.00
29867		Allgrft implnt knee w/scope	A	$ 1,053.56	$ 842.85
29868		Meniscal trnspl knee w/scpe	A	$ 1,371.82	$ 1,097.46
29870		Knee arthroscopy dx	A	$ 456.02	$ 270.48
29871		Knee arthroscopy/drainage	A	$ 428.22	$ 342.57
29873		Knee arthroscopy/surgery	A	$ 445.81	$ 356.65
29874		Knee arthroscopy/surgery	A	$ 444.79	$ 355.83
29875		Knee arthroscopy/surgery	A	$ 412.34	$ 329.88
29876		Knee arthroscopy/surgery	A	$ 540.63	$ 432.51
29877		Knee arthroscopy/surgery	A	$ 514.95	$ 411.96
29879		Knee arthroscopy/surgery	A	$ 547.96	$ 438.37
29880		Knee arthroscopy/surgery	A	$ 466.52	$ 373.21
29881		Knee arthroscopy/surgery	A	$ 449.29	$ 359.43
29882		Knee arthroscopy/surgery	A	$ 571.08	$ 456.86
29883		Knee arthroscopy/surgery	A	$ 697.47	$ 557.97
29884		Knee arthroscopy/surgery	A	$ 513.61	$ 410.89
29885		Knee arthroscopy/surgery	A	$ 626.10	$ 500.88
29886		Knee arthroscopy/surgery	A	$ 527.89	$ 422.31
29887		Knee arthroscopy/surgery	A	$ 623.63	$ 498.90
29888		Knee arthroscopy/surgery	A	$ 805.18	$ 644.15
29889		Knee arthroscopy/surgery	A	$ 1,009.60	$ 807.68
29891		Ankle arthroscopy/surgery	A	$ 555.62	$ 444.50
29892		Ankle arthroscopy/surgery	A	$ 533.68	$ 426.94
29893		Scope plantar fasciotomy	A	$ 548.75	$ 289.39
29894		Ankle arthroscopy/surgery	A	$ 411.91	$ 329.53
29895		Ankle arthroscopy/surgery	A	$ 385.36	$ 308.29
29897		Ankle arthroscopy/surgery	A	$ 413.51	$ 330.81
29898		Ankle arthroscopy/surgery	A	$ 465.74	$ 372.59
29899		Ankle arthroscopy/surgery	A	$ 831.03	$ 664.82
29900		Mcp joint arthroscopy dx	A	$ 419.66	$ 335.73
29901		Mcp joint arthroscopy surg	A	$ 449.74	$ 359.79
29902		Mcp joint arthroscopy surg	A	$ 476.62	$ 381.29
29904		Subtalar arthro w/fb rmvl	A	$ 529.85	$ 423.88
29905		Subtalar arthro w/exc	A	$ 427.06	$ 341.65
29906		Subtalar arthro w/deb	A	$ 533.92	$ 427.14
29907		Subtalar arthro w/fusion	A	$ 725.13	$ 580.10
29914		Hip arthro w/femoroplasty	A	$ 820.75	$ 656.60
29915		Hip arthro acetabuloplasty	A	$ 839.46	$ 671.57
29916		Hip arthro w/labral repair	A	$ 840.28	$ 672.23
30000		Drainage of nose lesion	A	$ 223.38	$ 80.64
30020		Drainage of nose lesion	A	$ 225.85	$ 81.30
30100		Intranasal biopsy	A	$ 117.66	$ 44.77
30110		Removal of nose polyp(s)	A	$ 207.42	$ 88.06
30115		Removal of nose polyp(s)	A	$ 391.59	$ 313.27
30117		Removal of intranasal lesion	A	$ 807.64	$ 221.85
30118		Removal of intranasal lesion	A	$ 664.25	$ 531.40
30120		Revision of nose	A	$ 422.56	$ 278.38
30124		Removal of nose lesion	A	$ 254.32	$ 203.45
30125		Removal of nose lesion	A	$ 548.82	$ 439.06
30130		Excise inferior turbinate	A	$ 349.26	$ 279.41
30140		Resect inferior turbinate	A	$ 246.97	$ 117.94
30150		Partial removal of nose	A	$ 671.97	$ 537.57
30160		Removal of nose	A	$ 682.11	$ 545.69
30200		Injection treatment of nose	A	$ 92.55	$ 39.38

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
30210		Nasal sinus therapy	A	$ 125.58	$ 68.43
30220		Insert nasal septal button	A	$ 254.52	$ 84.93
30300		Remove nasal foreign body	A	$ 175.15	$ 82.65
30310		Remove nasal foreign body	A	$ 173.90	$ 139.12
30320		Remove nasal foreign body	A	$ 409.36	$ 327.49
30400		Reconstruction of nose	R	$ 1,025.43	$ 820.35
30410		Reconstruction of nose	R	$ 1,178.64	$ 942.91
30420		Reconstruction of nose	R	$ 1,214.97	$ 971.98
30430		Revision of nose	R	$ 897.63	$ 718.11
30435		Revision of nose	R	$ 1,116.51	$ 893.21
30450		Revision of nose	R	$ 1,455.76	$ 1,164.61
30460		Revision of nose	A	$ 689.04	$ 551.23
30462		Revision of nose	A	$ 1,324.11	$ 1,059.29
30465		Repair nasal stenosis	A	$ 859.13	$ 687.31
30468		Rpr nsl vlv collapse w/implt	A	$ 2,127.44	$ 111.94
30469		Rpr nsl vlv collapse w/rmdlg	A	$ 2,072.68	$ 99.28
30520		Repair of nasal septum	A	$ 564.69	$ 451.75
30540		Repair nasal defect	A	$ 619.45	$ 495.56
30545		Repair nasal defect	A	$ 840.19	$ 672.15
30560		Release of nasal adhesions	A	$ 269.94	$ 100.34
30580		Repair upper jaw fistula	A	$ 507.03	$ 306.03
30600		Repair mouth/nose fistula	A	$ 429.22	$ 255.41
30620		Intranasal reconstruction	A	$ 566.43	$ 453.15
30630		Repair nasal septum defect	A	$ 562.24	$ 449.79
30801		Ablate inf turbinate superf	A	$ 182.63	$ 101.79
30802		Ablate inf turbinate submuc	A	$ 232.29	$ 135.59
30901		Control of nosebleed	A	$ 130.62	$ 37.37
30903		Control of nosebleed	A	$ 204.57	$ 51.12
30905		Control of nosebleed	A	$ 292.37	$ 69.81
30906		Repeat control of nosebleed	A	$ 310.40	$ 87.96
30915		Ligation nasal sinus artery	A	$ 504.87	$ 403.89
30920		Ligation upper jaw artery	A	$ 730.26	$ 584.21
30930		Ther fx nasal inf turbinate	A	$ 98.01	$ 78.41
31000		Irrigation maxillary sinus	A	$ 154.41	$ 73.29
31002		Irrigation sphenoid sinus	A	$ 159.88	$ 127.90
31020		Exploration maxillary sinus	A	$ 364.03	$ 236.60
31030		Exploration maxillary sinus	A	$ 530.75	$ 341.02
31032		Explore sinus remove polyps	A	$ 498.00	$ 398.40
31040		Exploration behind upper jaw	A	$ 673.36	$ 538.69
31050		Exploration sphenoid sinus	A	$ 433.13	$ 346.51
31051		Sphenoid sinus surgery	A	$ 581.56	$ 465.25
31070		Exploration of frontal sinus	A	$ 399.28	$ 319.42
31075		Exploration of frontal sinus	A	$ 693.05	$ 554.44
31080		Removal of frontal sinus	A	$ 912.19	$ 729.75
31081		Removal of frontal sinus	A	$ 977.09	$ 781.67
31084		Removal of frontal sinus	A	$ 1,010.77	$ 808.62
31085		Removal of frontal sinus	A	$ 1,042.41	$ 833.93
31086		Removal of frontal sinus	A	$ 984.82	$ 787.85
31087		Removal of frontal sinus	A	$ 936.88	$ 749.50
31090		Exploration of sinuses	A	$ 927.19	$ 741.75
31200		Removal of ethmoid sinus	A	$ 520.79	$ 416.63
31201		Removal of ethmoid sinus	A	$ 665.49	$ 532.40
31205		Removal of ethmoid sinus	A	$ 782.35	$ 625.88
31225		Removal of upper jaw	A	$ 1,497.62	$ 1,198.09

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
31230		Removal of upper jaw	A	$ 1,670.24	$ 1,336.20
31231		Nasal endoscopy dx	A	$ 156.80	$ 42.73
31233		Nsl/sins ndsc dx max sinusc	A	$ 228.25	$ 89.15
31235		Nsl/sins ndsc dx sphn sinusc	A	$ 258.53	$ 105.04
31237		Nasal/sinus endoscopy surg	A	$ 213.05	$ 105.51
31238		Nasal/sinus endoscopy surg	A	$ 207.97	$ 110.22
31239		Nasal/sinus endoscopy surg	A	$ 502.47	$ 401.98
31240		Nasal/sinus endoscopy surg	A	$ 131.07	$ 104.86
31241		Nsl/sins ndsc w/artery lig	A	$ 366.46	$ 293.17
31253		Nsl/sins ndsc total	A	$ 412.46	$ 329.97
31254		Nsl/sins ndsc w/prtl ethmdct	A	$ 364.85	$ 160.47
31255		Nsl/sins ndsc w/tot ethmdct	A	$ 266.78	$ 213.43
31256		Exploration maxillary sinus	A	$ 148.62	$ 118.89
31257		Nsl/sins ndsc tot w/sphendt	A	$ 367.56	$ 294.05
31259		Nsl/sins ndsc sphn tiss rmvl	A	$ 388.92	$ 311.13
31267		Endoscopy maxillary sinus	A	$ 218.83	$ 175.07
31276		Nsl/sins ndsc frnt tiss rmvl	A	$ 311.47	$ 249.18
31287		Nasal/sinus endoscopy surg	A	$ 166.34	$ 133.08
31288		Nasal/sinus endoscopy surg	A	$ 193.23	$ 154.58
31290		Nasal/sinus endoscopy surg	A	$ 948.44	$ 758.75
31291		Nasal/sinus endoscopy surg	A	$ 1,006.54	$ 805.23
31292		Nsl/sins ndsc med/inf dcmprn	A	$ 824.56	$ 659.65
31293		Nsl/sins ndsc med&inf dcmprn	A	$ 892.40	$ 713.92
31294		Nsl/sins ndsc surg on dcmprn	A	$ 1,019.22	$ 815.38
31295		Nsl/sins ndsc surg max sins	A	$ 1,394.23	$ 104.08
31296		Nsl/sins ndsc surg frnt sins	A	$ 1,415.48	$ 118.44
31297		Nsl/sins ndsc surg sphn sins	A	$ 1,382.48	$ 94.90
31298		Nsl/sins ndsc surg frnt&sphn	A	$ 2,624.34	$ 168.99
31300		Removal of larynx lesion	A	$ 1,041.51	$ 833.21
31360		Removal of larynx	A	$ 1,706.03	$ 1,364.83
31365		Removal of larynx	A	$ 2,104.92	$ 1,683.93
31367		Partial removal of larynx	A	$ 1,806.30	$ 1,445.04
31368		Partial removal of larynx	A	$ 1,997.10	$ 1,597.68
31370		Partial removal of larynx	A	$ 1,695.83	$ 1,356.67
31375		Partial removal of larynx	A	$ 1,611.94	$ 1,289.55
31380		Partial removal of larynx	A	$ 1,589.46	$ 1,271.57
31382		Partial removal of larynx	A	$ 1,740.30	$ 1,392.24
31390		Removal of larynx & pharynx	A	$ 2,323.18	$ 1,858.54
31395		Reconstruct larynx & pharynx	A	$ 2,438.77	$ 1,951.02
31400		Revision of larynx	A	$ 843.18	$ 674.54
31420		Removal of epiglottis	A	$ 692.91	$ 554.33
31500		Insert emergency airway	A	$ 115.89	$ 92.72
31502		Change of windpipe airway	A	$ 28.81	$ 23.05
31505		Diagnostic laryngoscopy	A	$ 75.22	$ 32.54
31510		Laryngoscopy with biopsy	A	$ 179.54	$ 80.01
31511		Remove foreign body larynx	A	$ 175.02	$ 88.47
31512		Removal of larynx lesion	A	$ 180.17	$ 85.34
31513		Injection into vocal cord	A	$ 107.82	$ 86.26
31515		Laryngoscopy for aspiration	A	$ 178.67	$ 73.61
31520		Dx laryngoscopy newborn	A	$ 128.60	$ 102.88
31525		Dx laryngoscopy excl nb	A	$ 207.88	$ 105.10
31526		Dx laryngoscopy w/oper scope	A	$ 129.10	$ 103.28
31527		Laryngoscopy for treatment	A	$ 160.51	$ 128.41
31528		Laryngoscopy and dilation	A	$ 118.80	$ 95.04

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
31529		Laryngoscopy and dilation	A	$ 132.27	$ 105.81
31530		Laryngoscopy w/fb removal	A	$ 163.65	$ 130.92
31531		Laryngoscopy w/fb & op scope	A	$ 174.35	$ 139.48
31535		Laryngoscopy w/biopsy	A	$ 155.27	$ 124.21
31536		Laryngoscopy w/bx & op scope	A	$ 173.21	$ 138.57
31540		Laryngoscopy w/exc of tumor	A	$ 198.74	$ 158.99
31541		Larynscop w/tumr exc + scope	A	$ 216.75	$ 173.40
31545		Remove vc lesion w/scope	A	$ 297.23	$ 237.78
31546		Remove vc lesion scope/graft	A	$ 450.49	$ 360.39
31551		Laryngoplasty laryngeal sten	A	$ 1,283.36	$ 1,026.69
31552		Laryngoplasty laryngeal sten	A	$ 1,239.50	$ 991.60
31553		Laryngoplasty laryngeal sten	A	$ 1,399.90	$ 1,119.92
31554		Laryngoplasty laryngeal sten	A	$ 1,400.72	$ 1,120.58
31560		Laryngoscop w/arytenoidectom	A	$ 256.74	$ 205.39
31561		Larynscop remve cart + scop	A	$ 280.65	$ 224.52
31570		Laryngoscope w/vc inj	A	$ 284.48	$ 150.59
31571		Laryngoscop w/vc inj + scope	A	$ 204.42	$ 163.53
31572		Largsc w/laser dstrj les	A	$ 438.11	$ 119.05
31573		Largsc w/ther injection	A	$ 238.99	$ 98.18
31574		Largsc w/njx augmentation	A	$ 788.79	$ 98.40
31575		Diagnostic laryngoscopy	A	$ 107.40	$ 44.89
31576		Laryngoscopy with biopsy	A	$ 223.70	$ 78.49
31577		Largsc w/rmvl foreign bdy(s)	A	$ 229.94	$ 88.31
31578		Largsc w/removal lesion	A	$ 254.62	$ 98.40
31579		Laryngoscopy telescopic	A	$ 164.79	$ 78.97
31580		Laryngoplasty laryngeal web	A	$ 1,069.64	$ 855.71
31584		Laryngoplasty fx rdctj fixj	A	$ 1,176.91	$ 941.53
31587		Laryngoplasty cricoid split	A	$ 1,005.09	$ 804.07
31590		Reinnervate larynx	A	$ 770.18	$ 616.14
31591		Laryngoplasty medialization	A	$ 917.13	$ 733.71
31592		Cricotracheal resection	A	$ 1,441.36	$ 1,153.09
31600		Incision of windpipe	A	$ 249.71	$ 199.77
31601		Incision of windpipe	A	$ 370.85	$ 296.68
31603		Incision of windpipe	A	$ 262.42	$ 209.94
31605		Incision of windpipe	A	$ 271.28	$ 217.02
31610		Incision of windpipe	A	$ 797.30	$ 637.84
31611		Surgery/speech prosthesis	A	$ 446.50	$ 357.20
31612		Puncture/clear windpipe	A	$ 77.56	$ 31.99
31613		Repair windpipe opening	A	$ 353.12	$ 282.50
31614		Repair windpipe opening	A	$ 594.51	$ 475.61
31615		Visualization of windpipe	A	$ 143.08	$ 75.85
31622		Dx bronchoscope/wash	A	$ 204.39	$ 85.85
31623		Dx bronchoscope/brush	A	$ 226.61	$ 86.08
31624		Dx bronchoscope/lavage	A	$ 210.53	$ 87.47
31625		Bronchoscopy w/biopsy(s)	A	$ 288.00	$ 101.63
31626		Bronchoscopy w/markers	A	$ 650.72	$ 127.90
31627		Navigational bronchoscopy	A	$ 894.67	$ 62.67
31628		Bronchoscopy/lung bx each	A	$ 307.47	$ 114.79
31629		Bronchoscopy/needle bx each	A	$ 374.08	$ 121.57
31630		Bronchoscopy dilate/fx repr	A	$ 161.53	$ 129.22
31631		Bronchoscopy dilate w/stent	A	$ 184.29	$ 147.43
31632		Bronchoscopy/lung bx addl	A	$ 53.47	$ 32.24
31633		Bronchoscopy/needle bx addl	A	$ 66.09	$ 41.02
31634		Bronch w/balloon occlusion	A	$ 1,248.16	$ 123.23

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
31635		Bronchoscopy w/fb removal	A	$ 241.12	$ 113.92
31636		Bronchoscopy bronch stents	A	$ 176.31	$ 141.05
31637		Bronchoscopy stent add-on	A	$ 62.85	$ 50.28
31638		Bronchoscopy revise stent	A	$ 201.37	$ 161.10
31640		Bronchoscopy w/tumor excise	A	$ 202.54	$ 162.03
31641		Bronchoscopy treat blockage	A	$ 207.48	$ 165.98
31643		Diag bronchoscope/catheter	A	$ 138.65	$ 110.92
31645		Brnchsc w/ther aspir 1st	A	$ 225.29	$ 95.77
31646		Brnchsc w/ther aspir sbsq	A	$ 115.52	$ 92.42
31647		Bronchial valve init insert	A	$ 167.48	$ 133.98
31648		Bronchial valve remov init	A	$ 160.35	$ 128.28
31649		Bronchial valve remov addl	A	$ 54.80	$ 43.84
31651		Bronchial valve addl insert	A	$ 62.58	$ 50.06
31652		Bronch ebus samplng 1/2 node	A	$ 1,037.97	$ 143.96
31653		Bronch ebus samplng 3/> node	A	$ 1,079.21	$ 159.62
31654		Bronch ebus ivntj perph les	A	$ 99.38	$ 43.53
31660		Bronch thermoplsty 1 lobe	A	$ 161.57	$ 129.26
31661		Bronch thermoplsty 2/> lobes	A	$ 163.96	$ 131.17
31717		Bronchial brush biopsy	A	$ 237.67	$ 69.70
31720		Clearance of airways	A	$ 40.19	$ 32.16
31725		Clearance of airways	A	$ 64.71	$ 51.77
31730		Intro windpipe wire/tube	A	$ 883.89	$ 96.82
31750		Repair of windpipe	A	$ 1,126.90	$ 901.52
31755		Repair of windpipe	A	$ 1,441.20	$ 1,152.96
31760		Repair of windpipe	A	$ 1,110.17	$ 888.14
31766		Reconstruction of windpipe	A	$ 1,429.10	$ 1,143.28
31770		Repair/graft of bronchus	A	$ 1,069.88	$ 855.91
31775		Reconstruct bronchus	A	$ 1,126.86	$ 901.49
31780		Reconstruct windpipe	A	$ 993.92	$ 795.14
31781		Reconstruct windpipe	A	$ 1,191.58	$ 953.27
31785		Remove windpipe lesion	A	$ 890.58	$ 712.46
31786		Remove windpipe lesion	A	$ 1,161.13	$ 928.91
31800		Repair of windpipe injury	A	$ 590.78	$ 472.62
31805		Repair of windpipe injury	A	$ 662.07	$ 529.66
31820		Closure of windpipe lesion	A	$ 370.39	$ 220.63
31825		Repair of windpipe defect	A	$ 511.76	$ 323.19
31830		Revise windpipe scar	A	$ 413.99	$ 245.20
32035		Thoracostomy w/rib resection	A	$ 595.91	$ 476.73
32036		Thoracostomy w/flap drainage	A	$ 642.65	$ 514.12
32096		Open wedge/bx lung infiltr	A	$ 645.46	$ 516.37
32097		Open wedge/bx lung nodule	A	$ 647.17	$ 517.74
32098		Open biopsy of lung pleura	A	$ 614.13	$ 491.30
32100		Exploration of chest	A	$ 653.81	$ 523.05
32110		Explore/repair chest	A	$ 1,190.27	$ 952.22
32120		Re-exploration of chest	A	$ 705.71	$ 564.57
32124		Explore chest free adhesions	A	$ 746.12	$ 596.90
32140		Removal of lung lesion(s)	A	$ 799.82	$ 639.86
32141		Remove/treat lung lesions	A	$ 1,227.23	$ 981.78
32150		Removal of lung lesion(s)	A	$ 818.11	$ 654.49
32151		Remove lung foreign body	A	$ 811.58	$ 649.26
32160		Open chest heart massage	A	$ 646.66	$ 517.33
32200		Drain open lung lesion	A	$ 921.34	$ 737.07
32215		Treat chest lining	A	$ 649.43	$ 519.54
32220		Release of lung	A	$ 1,290.72	$ 1,032.58

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
32225		Partial release of lung	A	$ 805.95	$ 644.76
32310		Removal of chest lining	A	$ 742.84	$ 594.27
32320		Free/remove chest lining	A	$ 1,296.83	$ 1,037.46
32400		Needle biopsy chest lining	A	$ 139.27	$ 55.48
32408		Core ndl bx lng/med perq	A	$ 713.62	$ 100.12
32440		Remove lung pneumonectomy	A	$ 1,263.63	$ 1,010.90
32442		Sleeve pneumonectomy	A	$ 2,451.13	$ 1,960.91
32445		Removal of lung extrapleural	A	$ 2,835.46	$ 2,268.37
32480		Partial removal of lung	A	$ 1,192.73	$ 954.19
32482		Bilobectomy	A	$ 1,274.54	$ 1,019.64
32484		Segmentectomy	A	$ 1,154.37	$ 923.50
32486		Sleeve lobectomy	A	$ 1,880.39	$ 1,504.31
32488		Completion pneumonectomy	A	$ 1,922.10	$ 1,537.68
32491		Lung volume reduction	R	$ 1,187.51	$ 950.01
32501		Repair bronchus add-on	A	$ 194.60	$ 155.68
32503		Resect apical lung tumor	A	$ 1,444.70	$ 1,155.76
32504		Resect apical lung tum/chest	A	$ 1,644.29	$ 1,315.43
32505		Wedge resect of lung initial	A	$ 752.48	$ 601.99
32506		Wedge resect of lung add-on	A	$ 125.38	$ 100.31
32507		Wedge resect of lung diag	A	$ 125.38	$ 100.31
32540		Removal of lung lesion	A	$ 1,391.66	$ 1,113.33
32550		Insert pleural cath	A	$ 653.69	$ 133.35
32551		Insertion of chest tube	A	$ 126.59	$ 101.27
32552		Remove lung catheter	A	$ 150.49	$ 102.84
32553		Ins mark thor for rt perq	A	$ 423.71	$ 115.21
32554		Aspirate pleura w/o imaging	A	$ 194.08	$ 58.08
32555		Aspirate pleura w/ imaging	A	$ 262.16	$ 71.96
32556		Insert cath pleura w/o image	A	$ 613.66	$ 81.14
32557		Insert cath pleura w/ image	A	$ 552.85	$ 98.08
32560		Treat pleurodesis w/agent	A	$ 210.51	$ 49.51
32561		Lyse chest fibrin init day	A	$ 77.67	$ 44.37
32562		Lyse chest fibrin subq day	A	$ 69.42	$ 39.52
32601		Thoracoscopy diagnostic	A	$ 247.69	$ 198.15
32604		Thoracoscopy wbx sac	A	$ 384.42	$ 307.54
32606		Thoracoscopy w/bx med space	A	$ 370.52	$ 296.41
32607		Thoracoscopy w/bx infiltrate	A	$ 247.63	$ 198.11
32608		Thoracoscopy w/bx nodule	A	$ 304.04	$ 243.23
32609		Thoracoscopy w/bx pleura	A	$ 206.40	$ 165.12
32650		Thoracoscopy w/pleurodesis	A	$ 540.60	$ 432.48
32651		Thoracoscopy remove cortex	A	$ 883.27	$ 706.62
32652		Thoracoscopy rem totl cortex	A	$ 1,339.48	$ 1,071.59
32653		Thoracoscopy remov fb/fibrin	A	$ 854.93	$ 683.95
32654		Thoracoscopy contrl bleeding	A	$ 951.46	$ 761.17
32655		Thoracoscopy resect bullae	A	$ 773.06	$ 618.45
32656		Thoracoscopy w/pleurectomy	A	$ 649.87	$ 519.90
32658		Thoracoscopy w/sac fb remove	A	$ 578.21	$ 462.57
32659		Thoracoscopy w/sac drainage	A	$ 593.55	$ 474.84
32661		Thoracoscopy w/pericard exc	A	$ 645.28	$ 516.22
32662		Thoracoscopy w/mediast exc	A	$ 721.90	$ 577.52
32663		Thoracoscopy w/lobectomy	A	$ 1,125.95	$ 900.76
32664		Thoracoscopy w/ th nrv exc	A	$ 684.75	$ 547.80
32665		Thoracoscop w/esoph musc exc	A	$ 992.13	$ 793.70
32666		Thoracoscopy w/wedge resect	A	$ 702.69	$ 562.16
32667		Thoracoscopy w/w resect addl	A	$ 125.38	$ 100.31

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
32668		Thoracoscopy w/w resect diag	A	$ 125.38	$ 100.31
32669		Thoracoscopy remove segment	A	$ 1,080.74	$ 864.60
32670		Thoracoscopy bilobectomy	A	$ 1,291.56	$ 1,033.25
32671		Thoracoscopy pneumonectomy	A	$ 1,425.39	$ 1,140.32
32672		Thoracoscopy for lvrs	A	$ 1,218.18	$ 974.54
32673		Thoracoscopy w/thymus resect	A	$ 978.87	$ 783.09
32674		Thoracoscopy lymph node exc	A	$ 171.70	$ 137.36
32701		Thorax stereo rad targetw/tx	A	$ 170.41	$ 136.32
32800		Repair lung hernia	A	$ 766.75	$ 613.40
32810		Close chest after drainage	A	$ 728.37	$ 582.69
32815		Close bronchial fistula	A	$ 2,258.95	$ 1,807.16
32820		Reconstruct injured chest	A	$ 1,075.39	$ 860.32
32851		Lung transplant single	A	$ 2,628.85	$ 2,103.08
32852		Lung transplant with bypass	A	$ 2,842.97	$ 2,274.38
32853		Lung transplant double	A	$ 3,669.86	$ 2,935.89
32854		Lung transplant with bypass	A	$ 3,888.41	$ 3,110.73
32900		Removal of rib(s)	A	$ 1,156.20	$ 924.96
32905		Revise & repair chest wall	A	$ 1,075.17	$ 860.14
32906		Revise & repair chest wall	A	$ 1,325.56	$ 1,060.44
32940		Revision of lung	A	$ 994.36	$ 795.49
32960		Therapeutic pneumothorax	A	$ 104.89	$ 60.00
32994		Ablate pulm tumor perq crybl	A	$ 4,075.51	$ 286.38
32997		Total lung lavage	A	$ 277.37	$ 221.90
32998		Ablate pulm tumor perq rf	A	$ 2,594.51	$ 287.06
33016		Pericardiocentesis w/imaging	A	$ 188.51	$ 150.81
33017		Prcrd drg 6yr+ w/o cgen car	A	$ 197.89	$ 158.32
33018		Prcrd drg 0-5yr or w/anomly	A	$ 231.86	$ 185.49
33019		Perq prcrd drg insj cath ct	A	$ 173.01	$ 138.41
33020		Incision of heart sac	A	$ 666.29	$ 533.03
33025		Incision of heart sac	A	$ 621.48	$ 497.18
33030		Partial removal of heart sac	A	$ 1,606.51	$ 1,285.20
33031		Partial removal of heart sac	A	$ 1,986.52	$ 1,589.22
33050		Resect heart sac lesion	A	$ 811.89	$ 649.51
33120		Removal of heart lesion	A	$ 1,677.95	$ 1,342.36
33130		Removal of heart lesion	A	$ 1,099.57	$ 879.65
33140		Heart revascularize (tmr)	A	$ 1,250.62	$ 1,000.49
33141		Heart tmr w/other procedure	A	$ 105.46	$ 84.36
33202		Insert epicard eltrd open	A	$ 622.58	$ 498.06
33203		Insert epicard eltrd endo	A	$ 652.11	$ 521.69
33206		Insert heart pm atrial	A	$ 369.74	$ 295.79
33207		Insert heart pm ventricular	A	$ 388.06	$ 310.45
33208		Insrt heart pm atrial & vent	A	$ 420.38	$ 336.31
33210		Insert electrd/pm cath sngl	A	$ 130.32	$ 104.26
33211		Insert card electrodes dual	A	$ 135.54	$ 108.43
33212		Insert pulse gen sngl lead	A	$ 260.87	$ 208.70
33213		Insert pulse gen dual leads	A	$ 273.01	$ 218.41
33214		Upgrade of pacemaker system	A	$ 389.56	$ 311.65
33215		Reposition pacing-defib lead	A	$ 251.82	$ 201.45
33216		Insert 1 electrode pm-defib	A	$ 302.67	$ 242.13
33217		Insert 2 electrode pm-defib	A	$ 299.67	$ 239.74
33218		Repair lead pace-defib one	A	$ 317.57	$ 254.06
33220		Repair lead pace-defib dual	A	$ 305.65	$ 244.52
33221		Insert pulse gen mult leads	A	$ 292.12	$ 233.70
33222		Relocation pocket pacemaker	A	$ 279.32	$ 223.46

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
33223		Relocate pocket for defib	A	$ 332.93	$ 266.34
33224		Insert pacing lead & connect	A	$ 414.68	$ 331.74
33225		L ventric pacing lead add-on	A	$ 374.84	$ 299.88
33226		Reposition l ventric lead	A	$ 394.71	$ 315.77
33227		Remove&replace pm gen singl	A	$ 275.49	$ 220.39
33228		Remv&replc pm gen dual lead	A	$ 287.69	$ 230.15
33229		Remv&replc pm gen mult leads	A	$ 304.09	$ 243.27
33230		Insrt pulse gen w/dual leads	A	$ 311.37	$ 249.09
33231		Insrt pulse gen w/mult leads	A	$ 324.60	$ 259.68
33233		Removal of pm generator	A	$ 190.35	$ 152.28
33234		Removal of pacemaker system	A	$ 393.32	$ 314.65
33235		Removal pacemaker electrode	A	$ 517.37	$ 413.89
33236		Remove electrode/thoracotomy	A	$ 634.50	$ 507.60
33237		Remove electrode/thoracotomy	A	$ 680.10	$ 544.08
33238		Remove electrode/thoracotomy	A	$ 766.95	$ 613.56
33240		Insrt pulse gen w/singl lead	A	$ 297.13	$ 237.70
33241		Remove pulse generator	A	$ 174.83	$ 139.86
33243		Remove eltrd/thoracotomy	A	$ 1,108.55	$ 886.84
33244		Remove elctrd transvenously	A	$ 701.96	$ 561.57
33249		Insj/rplcmt defib w/lead(s)	A	$ 740.99	$ 592.79
33250		Ablate heart dysrhythm focus	A	$ 1,170.68	$ 936.54
33251		Ablate heart dysrhythm focus	A	$ 1,309.52	$ 1,047.61
33254		Ablate atria lmtd	A	$ 1,093.82	$ 875.05
33255		Ablate atria w/o bypass ext	A	$ 1,306.31	$ 1,045.05
33256		Ablate atria w/bypass exten	A	$ 1,547.89	$ 1,238.31
33257		Ablate atria lmtd add-on	A	$ 470.20	$ 376.16
33258		Ablate atria x10sv add-on	A	$ 523.96	$ 419.17
33259		Ablate atria w/bypass add-on	A	$ 682.41	$ 545.93
33261		Ablate heart dysrhythm focus	A	$ 1,294.96	$ 1,035.97
33262		Rmvl& replc pulse gen 1 lead	A	$ 302.96	$ 242.37
33263		Rmvl & rplcmt dfb gen 2 lead	A	$ 314.55	$ 251.64
33264		Rmvl & rplcmt dfb gen mlt ld	A	$ 328.06	$ 262.45
33265		Ablate atria lmtd endo	A	$ 1,096.28	$ 877.03
33266		Ablate atria x10sv endo	A	$ 1,481.06	$ 1,184.85
33267		Excl laa open any method	A	$ 840.43	$ 672.34
33268		Excl laa opn oth px any meth	A	$ 104.82	$ 83.86
33269		Excl laa thrscp any method	A	$ 664.61	$ 531.69
33270		Ins/rep subq defibrillator	A	$ 456.17	$ 364.94
33271		Insj subq impltbl dfb elctrd	A	$ 365.95	$ 292.76
33272		Rmvl of subq defibrillator	A	$ 281.52	$ 225.22
33273		Repos prev impltbl subq dfb	A	$ 323.33	$ 258.67
33274		Tcat insj/rpl perm ldls pm	A	$ 389.16	$ 311.33
33275		Tcat rmvl perm ldls pm w/img	A	$ 405.71	$ 324.56
33285		Insj subq car rhythm mntr	A	$ 3,577.14	$ 56.82
33286		Rmvl subq car rhythm mntr	A	$ 108.06	$ 55.95
33289		Tcat impl wrls p-art prs snr	A	$ 267.95	$ 214.36
33300		Repair of heart wound	A	$ 1,954.82	$ 1,563.86
33305		Repair of heart wound	A	$ 3,275.47	$ 2,620.38
33310		Exploratory heart surgery	A	$ 942.29	$ 753.83
33315		Exploratory heart surgery	A	$ 1,539.33	$ 1,231.47
33320		Repair major blood vessel(s)	A	$ 862.10	$ 689.68
33321		Repair major vessel	A	$ 956.65	$ 765.32
33322		Repair major blood vessel(s)	A	$ 1,117.07	$ 893.66
33330		Insert major vessel graft	A	$ 1,145.67	$ 916.54

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
33335		Insert major vessel graft	A	$ 1,500.63	$ 1,200.50
33340		Perq clsr tcat l atr apndge	A	$ 630.14	$ 504.11
33361		Replace aortic valve perq	A	$ 968.47	$ 774.78
33362		Replace aortic valve open	A	$ 1,056.33	$ 845.07
33363		Replace aortic valve open	A	$ 1,093.70	$ 874.96
33364		Replace aortic valve open	A	$ 1,094.09	$ 875.27
33365		Replace aortic valve open	A	$ 1,142.24	$ 913.79
33366		Trcath replace aortic valve	A	$ 1,259.25	$ 1,007.40
33367		Replace aortic valve w/byp	A	$ 488.87	$ 391.09
33368		Replace aortic valve w/byp	A	$ 592.05	$ 473.64
33369		Replace aortic valve w/byp	A	$ 781.62	$ 625.30
33370		Tcat plmt&rmvl cepd perq	A	$ 107.56	$ 86.05
33390		Valvuloplasty aortic valve	A	$ 1,547.67	$ 1,238.14
33391		Valvuloplasty aortic valve	A	$ 1,834.05	$ 1,467.24
33404		Prepare heart-aorta conduit	A	$ 1,404.92	$ 1,123.94
33405		Replacement aortic valve opn	A	$ 1,823.29	$ 1,458.63
33406		Replacement aortic valve opn	A	$ 2,312.77	$ 1,850.21
33410		Replacement aortic valve opn	A	$ 2,040.62	$ 1,632.49
33411		Replacement of aortic valve	A	$ 2,689.46	$ 2,151.57
33412		Replacement of aortic valve	A	$ 2,520.95	$ 2,016.76
33413		Replacement of aortic valve	A	$ 2,583.03	$ 2,066.43
33414		Repair of aortic valve	A	$ 1,723.40	$ 1,378.72
33415		Revision subvalvular tissue	A	$ 1,628.01	$ 1,302.41
33416		Revise ventricle muscle	A	$ 1,626.14	$ 1,300.92
33417		Repair of aortic valve	A	$ 1,343.15	$ 1,074.52
33418		Repair tcat mitral valve	A	$ 1,441.61	$ 1,153.29
33419		Repair tcat mitral valve	A	$ 338.97	$ 271.18
33420		Revision of mitral valve	A	$ 1,166.75	$ 933.40
33422		Revision of mitral valve	A	$ 1,337.65	$ 1,070.12
33425		Repair of mitral valve	A	$ 2,190.77	$ 1,752.62
33426		Repair of mitral valve	A	$ 1,912.67	$ 1,530.14
33427		Repair of mitral valve	A	$ 1,957.90	$ 1,566.32
33430		Replacement of mitral valve	A	$ 2,249.62	$ 1,799.69
33440		Rplcmt a-valve tlcj autol pv	A	$ 2,726.47	$ 2,181.18
33460		Revision of tricuspid valve	A	$ 1,923.20	$ 1,538.56
33463		Valvuloplasty tricuspid	A	$ 2,469.47	$ 1,975.57
33464		Valvuloplasty tricuspid	A	$ 1,957.10	$ 1,565.68
33465		Replace tricuspid valve	A	$ 2,209.96	$ 1,767.96
33468		Revision of tricuspid valve	A	$ 1,966.33	$ 1,573.07
33471		Vlvt pv clsd hrt via p-art	A	$ 1,067.95	$ 854.36
33474		Revision of pulmonary valve	A	$ 1,751.16	$ 1,400.93
33475		Replacement pulmonary valve	A	$ 1,865.89	$ 1,492.71
33476		Revision of heart chamber	A	$ 1,227.60	$ 982.08
33477		Implant tcat pulm vlv perq	A	$ 1,083.11	$ 866.49
33478		Revision of heart chamber	A	$ 1,268.14	$ 1,014.51
33496		Repair prosth valve clot	A	$ 1,338.29	$ 1,070.63
33500		Repair heart vessel fistula	A	$ 1,255.00	$ 1,004.00
33501		Repair heart vessel fistula	A	$ 898.32	$ 718.66
33502		Coronary artery correction	A	$ 1,031.09	$ 824.87
33503		Coronary artery graft	A	$ 1,071.83	$ 857.46
33504		Coronary artery graft	A	$ 1,181.97	$ 945.58
33505		Repair artery w/tunnel	A	$ 1,652.03	$ 1,321.62
33506		Repair artery translocation	A	$ 1,646.14	$ 1,316.91
33507		Repair art intramural	A	$ 1,381.92	$ 1,105.54

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
33508		Endoscopic vein harvest	A	$ 12.89	$ 10.31
33509		Ndsc hrv uxtr art 1 sgm cab	A	$ 138.65	$ 110.92
33510		Cabg vein single	A	$ 1,553.99	$ 1,243.19
33511		Cabg vein two	A	$ 1,705.65	$ 1,364.52
33512		Cabg vein three	A	$ 1,944.76	$ 1,555.81
33513		Cabg vein four	A	$ 1,989.32	$ 1,591.46
33514		Cabg vein five	A	$ 2,092.89	$ 1,674.31
33516		Cabg vein six or more	A	$ 2,166.19	$ 1,732.95
33517		Cabg artery-vein single	A	$ 149.42	$ 119.53
33518		Cabg artery-vein two	A	$ 329.05	$ 263.24
33519		Cabg artery-vein three	A	$ 434.86	$ 347.89
33521		Cabg artery-vein four	A	$ 521.30	$ 417.04
33522		Cabg artery-vein five	A	$ 585.59	$ 468.47
33523		Cabg art-vein six or more	A	$ 661.53	$ 529.22
33530		Coronary artery bypass/reop	A	$ 419.83	$ 335.86
33533		Cabg arterial single	A	$ 1,504.38	$ 1,203.50
33534		Cabg arterial two	A	$ 1,766.11	$ 1,412.89
33535		Cabg arterial three	A	$ 1,964.14	$ 1,571.31
33536		Cabg arterial four or more	A	$ 2,113.77	$ 1,691.02
33542		Removal of heart lesion	A	$ 2,105.46	$ 1,684.37
33545		Repair of heart damage	A	$ 2,458.41	$ 1,966.72
33548		Restore/remodel ventricle	A	$ 2,366.44	$ 1,893.15
33572		Open coronary endarterectomy	A	$ 184.55	$ 147.64
33600		Closure of valve	A	$ 1,383.69	$ 1,106.96
33602		Closure of valve	A	$ 1,343.43	$ 1,074.75
33606		Anastomosis/artery-aorta	A	$ 1,431.01	$ 1,144.80
33608		Repair anomaly w/conduit	A	$ 1,448.89	$ 1,159.11
33610		Repair by enlargement	A	$ 1,429.36	$ 1,143.49
33611		Repair double ventricle	A	$ 1,565.36	$ 1,252.29
33612		Repair double ventricle	A	$ 1,606.97	$ 1,285.58
33615		Repair modified fontan	A	$ 1,605.48	$ 1,284.38
33617		Repair single ventricle	A	$ 1,738.67	$ 1,390.93
33619		Repair single ventricle	A	$ 2,208.22	$ 1,766.58
33620		Apply r&l pulm art bands	A	$ 1,323.64	$ 1,058.91
33621		Transthor cath for stent	A	$ 748.33	$ 598.66
33622		Redo compl cardiac anomaly	A	$ 2,748.52	$ 2,198.81
33641		Repair heart septum defect	A	$ 1,316.04	$ 1,052.83
33645		Revision of heart veins	A	$ 1,390.68	$ 1,112.54
33647		Repair heart septum defects	A	$ 1,458.56	$ 1,166.84
33660		Repair of heart defects	A	$ 1,409.67	$ 1,127.73
33665		Repair of heart defects	A	$ 1,535.29	$ 1,228.23
33670		Repair of heart chambers	A	$ 1,580.40	$ 1,264.32
33675		Close mult vsd	A	$ 1,581.58	$ 1,265.27
33676		Close mult vsd w/resection	A	$ 1,623.84	$ 1,299.07
33677		Cl mult vsd w/rem pul band	A	$ 1,685.83	$ 1,348.66
33681		Repair heart septum defect	A	$ 1,484.72	$ 1,187.78
33684		Repair heart septum defect	A	$ 1,515.76	$ 1,212.61
33688		Repair heart septum defect	A	$ 1,510.05	$ 1,208.04
33690		Reinforce pulmonary artery	A	$ 970.27	$ 776.21
33692		Repair of heart defects	A	$ 1,567.85	$ 1,254.28
33694		Repair of heart defects	A	$ 1,565.36	$ 1,252.29
33697		Repair of heart defects	A	$ 1,648.86	$ 1,319.09
33702		Repair of heart defects	A	$ 1,245.93	$ 996.75
33710		Repair of heart defects	A	$ 1,646.30	$ 1,317.04

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
33720		Repair of heart defect	A	$ 1,246.51	$ 997.21
33724		Repair venous anomaly	A	$ 1,235.30	$ 988.24
33726		Repair pul venous stenosis	A	$ 1,630.04	$ 1,304.03
33730		Repair heart-vein defect(s)	A	$ 1,612.26	$ 1,289.80
33732		Repair heart-vein defect	A	$ 1,327.55	$ 1,062.04
33735		Revision of heart chamber	A	$ 1,046.44	$ 837.15
33736		Revision of heart chamber	A	$ 1,134.80	$ 907.84
33737		Revision of heart chamber	A	$ 1,047.28	$ 837.82
33741		Tas congenital car anomal	A	$ 601.81	$ 481.45
33745		Tis cgen car anomal 1st shnt	A	$ 859.49	$ 687.59
33746		Tis cgen car anomal ea addl	A	$ 343.55	$ 274.84
33750		Major vessel shunt	A	$ 1,017.07	$ 813.66
33755		Major vessel shunt	A	$ 1,063.12	$ 850.49
33762		Major vessel shunt	A	$ 1,032.68	$ 826.14
33764		Major vessel shunt & graft	A	$ 1,063.12	$ 850.49
33766		Major vessel shunt	A	$ 1,073.43	$ 858.74
33767		Major vessel shunt	A	$ 1,144.91	$ 915.93
33768		Cavopulmonary shunting	A	$ 332.83	$ 266.27
33770		Repair great vessels defect	A	$ 1,697.02	$ 1,357.62
33771		Repair great vessels defect	A	$ 1,744.80	$ 1,395.84
33774		Repair great vessels defect	A	$ 1,449.35	$ 1,159.48
33775		Repair great vessels defect	A	$ 1,492.00	$ 1,193.60
33776		Repair great vessels defect	A	$ 1,576.96	$ 1,261.57
33777		Repair great vessels defect	A	$ 1,520.03	$ 1,216.02
33778		Repair great vessels defect	A	$ 1,887.36	$ 1,509.89
33779		Repair great vessels defect	A	$ 1,862.62	$ 1,490.10
33780		Repair great vessels defect	A	$ 1,897.95	$ 1,518.36
33781		Repair great vessels defect	A	$ 1,852.17	$ 1,481.74
33782		Nikaidoh proc	A	$ 2,585.35	$ 2,068.28
33783		Nikaidoh proc w/ostia implt	A	$ 2,793.62	$ 2,234.90
33786		Repair arterial trunk	A	$ 1,827.03	$ 1,461.62
33788		Revision of pulmonary artery	A	$ 1,233.11	$ 986.49
33800		Aortic suspension	A	$ 794.01	$ 635.21
33802		Repair vessel defect	A	$ 876.49	$ 701.19
33803		Repair vessel defect	A	$ 927.27	$ 741.81
33813		Repair septal defect	A	$ 1,001.25	$ 801.00
33814		Repair septal defect	A	$ 1,228.43	$ 982.74
33820		Revise major vessel	A	$ 780.27	$ 624.22
33822		Revise major vessel	A	$ 822.46	$ 657.97
33824		Revise major vessel	A	$ 953.60	$ 762.88
33840		Remove aorta constriction	A	$ 1,000.40	$ 800.32
33845		Remove aorta constriction	A	$ 1,076.80	$ 861.44
33851		Remove aorta constriction	A	$ 1,026.97	$ 821.58
33852		Repair septal defect	A	$ 1,128.22	$ 902.58
33853		Repair septal defect	A	$ 1,475.18	$ 1,180.14
33858		As-aort grf f/aortic dsj	A	$ 2,720.72	$ 2,176.58
33859		As-aort grf f/ds oth/thn dsj	A	$ 1,954.49	$ 1,563.60
33863		Ascending aortic graft	A	$ 2,520.49	$ 2,016.39
33864		Ascending aortic graft	A	$ 2,576.04	$ 2,060.83
33866		Aortic hemiarch graft	A	$ 737.08	$ 589.66
33871		Transvrs a-arch grf hypthrm	A	$ 2,609.26	$ 2,087.41
33875		Thoracic aortic graft	A	$ 2,197.99	$ 1,758.39
33877		Thoracoabdominal graft	A	$ 2,884.00	$ 2,307.20
33880		Endovasc taa repr incl subcl	A	$ 1,431.19	$ 1,144.96

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
33881		Endovasc taa repr w/o subcl	A	$ 1,226.49	$ 981.19
33883		Insert endovasc prosth taa	A	$ 889.80	$ 711.84
33884		Endovasc prosth taa add-on	A	$ 314.10	$ 251.28
33886		Endovasc prosth delayed	A	$ 769.27	$ 615.42
33889		Artery transpose/endovas taa	A	$ 633.38	$ 506.70
33891		Car-car bp grft/endovas taa	A	$ 766.12	$ 612.89
33894		Evasc st rpr thrc/aa acrs br	A	$ 785.36	$ 628.29
33895		Evasc st rpr thrc/aa x crsg	A	$ 624.71	$ 499.77
33897		Perq trluml angp nt/recr coa	A	$ 464.71	$ 371.77
33900		Perq p-art revsc 1 nm nt uni	A	$ 471.46	$ 377.17
33901		Perq p-art revsc 1 nm nt bi	A	$ 619.67	$ 495.74
33902		Perq p-art revsc 1 abnor uni	A	$ 598.62	$ 478.90
33903		Perq p-art revsc 1 abnor bi	A	$ 705.51	$ 564.41
33904		Perq p-art revsc each addl	A	$ 236.76	$ 189.41
33910		Remove lung artery emboli	A	$ 2,117.87	$ 1,694.29
33915		Remove lung artery emboli	A	$ 1,105.92	$ 884.74
33916		Surgery of great vessel	A	$ 3,344.83	$ 2,675.86
33917		Repair pulmonary artery	A	$ 1,175.62	$ 940.50
33920		Repair pulmonary atresia	A	$ 1,454.72	$ 1,163.78
33922		Transect pulmonary artery	A	$ 1,119.82	$ 895.86
33924		Remove pulmonary shunt	A	$ 228.30	$ 182.64
33925		Rpr pul art unifocal w/o cpb	A	$ 1,378.07	$ 1,102.45
33926		Repr pul art unifocal w/cpb	A	$ 1,936.28	$ 1,549.03
33927		Impltj tot rplcmt hrt sys	A	$ 2,038.51	$ 1,630.81
33935		Transplantation heart/lung	R	$ 3,950.56	$ 3,160.45
33945		Transplantation of heart	R	$ 3,903.39	$ 3,122.71
33946		Ecmo/ecls initiation venous	A	$ 248.96	$ 199.17
33947		Ecmo/ecls initiation artery	A	$ 275.25	$ 220.20
33948		Ecmo/ecls daily mgmt-venous	A	$ 192.61	$ 154.09
33949		Ecmo/ecls daily mgmt artery	A	$ 186.92	$ 149.53
33951		Ecmo/ecls insj prph cannula	A	$ 338.73	$ 270.99
33952		Ecmo/ecls insj prph cannula	A	$ 342.66	$ 274.13
33953		Ecmo/ecls insj prph cannula	A	$ 377.79	$ 302.23
33954		Ecmo/ecls insj prph cannula	A	$ 380.62	$ 304.50
33955		Ecmo/ecls insj ctr cannula	A	$ 660.99	$ 528.79
33956		Ecmo/ecls insj ctr cannula	A	$ 668.52	$ 534.82
33957		Ecmo/ecls repos perph cnula	A	$ 147.33	$ 117.86
33958		Ecmo/ecls repos perph cnula	A	$ 147.33	$ 117.86
33959		Ecmo/ecls repos perph cnula	A	$ 186.60	$ 149.28
33962		Ecmo/ecls repos perph cnula	A	$ 186.60	$ 149.28
33963		Ecmo/ecls repos perph cnula	A	$ 373.16	$ 298.53
33964		Ecmo/ecls repos perph cnula	A	$ 393.96	$ 315.17
33965		Ecmo/ecls rmvl perph cannula	A	$ 147.33	$ 117.86
33966		Ecmo/ecls rmvl prph cannula	A	$ 189.29	$ 151.43
33967		Insert i-aort percut device	A	$ 206.76	$ 165.41
33968		Remove aortic assist device	A	$ 27.19	$ 21.75
33969		Ecmo/ecls rmvl perph cannula	A	$ 217.81	$ 174.25
33970		Aortic circulation assist	A	$ 283.66	$ 226.93
33971		Aortic circulation assist	A	$ 570.58	$ 456.47
33973		Insert balloon device	A	$ 401.35	$ 321.08
33974		Remove intra-aortic balloon	A	$ 718.99	$ 575.19
33975		Implant ventricular device	A	$ 1,039.00	$ 831.20
33976		Implant ventricular device	A	$ 1,265.06	$ 1,012.05
33977		Remove ventricular device	A	$ 899.60	$ 719.68

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
33978		Remove ventricular device	A	$ 1,064.46	$ 851.57
33979		Insert intracorporeal device	A	$ 1,555.18	$ 1,244.14
33980		Remove intracorporeal device	A	$ 1,424.72	$ 1,139.78
33981		Replace vad pump ext	A	$ 662.82	$ 530.26
33982		Replace vad intra w/o bp	A	$ 1,557.47	$ 1,245.97
33983		Replace vad intra w/bp	A	$ 1,850.45	$ 1,480.36
33984		Ecmo/ecls rmvl prph cannula	A	$ 227.13	$ 181.70
33985		Ecmo/ecls rmvl ctr cannula	A	$ 410.35	$ 328.28
33986		Ecmo/ecls rmvl ctr cannula	A	$ 419.07	$ 335.25
33987		Artery expos/graft artery	A	$ 165.98	$ 132.79
33988		Insertion of left heart vent	A	$ 620.08	$ 496.06
33989		Removal of left heart vent	A	$ 393.96	$ 315.17
33990		Insj perq vad l hrt arterial	A	$ 289.22	$ 231.38
33991		Insj perq vad l hrt artl&ven	A	$ 364.01	$ 291.21
33992		Rmvl perq left heart vad	A	$ 150.13	$ 120.10
33993		Reposg perq r/l hrt vad	A	$ 133.35	$ 106.68
33995		Insj perq vad r hrt venous	A	$ 286.53	$ 229.23
33997		Rmvl perq right heart vad	A	$ 126.84	$ 101.47
34001		Removal of artery clot	A	$ 730.96	$ 584.77
34051		Removal of artery clot	A	$ 801.43	$ 641.14
34101		Removal of artery clot	A	$ 478.68	$ 382.95
34111		Removal of arm artery clot	A	$ 480.45	$ 384.36
34151		Removal of artery clot	A	$ 1,113.88	$ 891.11
34201		Removal of artery clot	A	$ 816.43	$ 653.14
34203		Removal of leg artery clot	A	$ 757.86	$ 606.29
34401		Removal of vein clot	A	$ 1,193.94	$ 955.15
34421		Removal of vein clot	A	$ 555.54	$ 444.44
34451		Removal of vein clot	A	$ 1,146.05	$ 916.84
34471		Removal of vein clot	A	$ 862.27	$ 689.81
34490		Removal of vein clot	A	$ 522.96	$ 418.37
34501		Repair valve femoral vein	A	$ 715.20	$ 572.16
34502		Reconstruct vena cava	A	$ 1,236.07	$ 988.85
34510		Transposition of vein valve	A	$ 816.08	$ 652.87
34520		Cross-over vein graft	A	$ 791.30	$ 633.04
34530		Leg vein fusion	A	$ 753.12	$ 602.49
34701		Evasc rpr a-ao ndgft	A	$ 988.76	$ 791.01
34702		Evasc rpr a-ao ndgft rpt	A	$ 1,474.40	$ 1,179.52
34703		Evasc rpr a-unilac ndgft	A	$ 1,098.71	$ 878.97
34704		Evasc rpr a-unilac ndgft rpt	A	$ 1,828.49	$ 1,462.79
34705		Evac rpr a-biiliac ndgft	A	$ 1,219.12	$ 975.29
34706		Evasc rpr a-biiliac rpt	A	$ 1,815.54	$ 1,452.43
34707		Evasc rpr ilio-iliac ndgft	A	$ 932.17	$ 745.74
34708		Evasc rpr ilio-iliac rpt	A	$ 1,448.84	$ 1,159.07
34709		Plmt xtn prosth evasc rpr	A	$ 257.16	$ 205.73
34710		Dlyd plmt xtn prosth 1st vsl	A	$ 635.41	$ 508.33
34711		Dlyd plmt xtn prosth ea addl	A	$ 234.56	$ 187.64
34712		Tcat dlvr enhncd fixj dev	A	$ 525.32	$ 420.26
34713		Perq access & clsr fem art	A	$ 98.33	$ 78.66
34714		Opn fem art expos cndt crtj	A	$ 215.02	$ 172.01
34715		Opn ax/subcla art expos	A	$ 238.64	$ 190.91
34716		Opn ax/subcla art expos cndt	A	$ 297.36	$ 237.89
34717		Evasc rpr a-iliac ndgft	A	$ 352.93	$ 282.34
34718		Evasc rpr n/a a-iliac ndgft	A	$ 986.03	$ 788.82
34808		Endovas iliac a device addon	A	$ 161.28	$ 129.02

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
34812		Opn fem art expos	A	$ 164.04	$ 131.23
34813		Femoral endovas graft add-on	A	$ 187.84	$ 150.27
34820		Opn iliac art expos	A	$ 267.91	$ 214.33
34830		Open aortic tube prosth repr	A	$ 1,405.91	$ 1,124.73
34831		Open aortoiliac prosth repr	A	$ 1,537.34	$ 1,229.87
34832		Open aortofemor prosth repr	A	$ 1,511.02	$ 1,208.81
34833		Opn ilac art expos cndt crtj	A	$ 312.25	$ 249.80
34834		Opn brach art expos	A	$ 103.11	$ 82.49
35001		Repair defect of artery	A	$ 900.45	$ 720.36
35002		Repair artery rupture neck	A	$ 909.14	$ 727.31
35005		Repair defect of artery	A	$ 796.39	$ 637.11
35011		Repair defect of artery	A	$ 809.08	$ 647.26
35013		Repair artery rupture arm	A	$ 1,017.05	$ 813.64
35021		Repair defect of artery	A	$ 1,014.79	$ 811.83
35022		Repair artery rupture chest	A	$ 1,159.68	$ 927.74
35045		Repair defect of arm artery	A	$ 778.67	$ 622.93
35081		Repair defect of artery	A	$ 1,381.94	$ 1,105.55
35082		Repair artery rupture aorta	A	$ 1,726.76	$ 1,381.41
35091		Repair defect of artery	A	$ 1,420.73	$ 1,136.58
35092		Repair artery rupture aorta	A	$ 2,062.07	$ 1,649.65
35102		Repair defect of artery	A	$ 1,497.48	$ 1,197.98
35103		Repair artery rupture aorta	A	$ 1,773.13	$ 1,418.51
35111		Repair defect of artery	A	$ 1,061.03	$ 848.82
35112		Repair artery rupture spleen	A	$ 1,303.88	$ 1,043.10
35121		Repair defect of artery	A	$ 1,260.95	$ 1,008.76
35122		Repair artery rupture belly	A	$ 1,507.30	$ 1,205.84
35131		Repair defect of artery	A	$ 1,101.02	$ 880.81
35132		Repair artery rupture groin	A	$ 1,303.88	$ 1,043.10
35141		Repair defect of artery	A	$ 873.99	$ 699.19
35142		Repair artery rupture thigh	A	$ 1,055.56	$ 844.45
35151		Repair defect of artery	A	$ 989.85	$ 791.88
35152		Repair ruptd popliteal art	A	$ 1,115.63	$ 892.50
35180		Repair blood vessel lesion	A	$ 627.85	$ 502.28
35182		Repair blood vessel lesion	A	$ 1,441.77	$ 1,153.41
35184		Repair blood vessel lesion	A	$ 770.90	$ 616.72
35188		Repair blood vessel lesion	A	$ 1,043.16	$ 834.53
35189		Repair blood vessel lesion	A	$ 1,204.08	$ 963.27
35190		Repair blood vessel lesion	A	$ 613.41	$ 490.73
35201		Repair blood vessel lesion	A	$ 751.78	$ 601.42
35206		Repair blood vessel lesion	A	$ 633.61	$ 506.89
35207		Repair blood vessel lesion	A	$ 625.65	$ 500.52
35211		Repair blood vessel lesion	A	$ 1,117.30	$ 893.84
35216		Repair blood vessel lesion	A	$ 1,695.94	$ 1,356.76
35221		Repair blood vessel lesion	A	$ 1,187.64	$ 950.11
35226		Repair blood vessel lesion	A	$ 667.34	$ 533.87
35231		Repair blood vessel lesion	A	$ 1,021.48	$ 817.18
35236		Repair blood vessel lesion	A	$ 800.83	$ 640.66
35241		Repair blood vessel lesion	A	$ 1,155.25	$ 924.20
35246		Repair blood vessel lesion	A	$ 1,256.25	$ 1,005.00
35251		Repair blood vessel lesion	A	$ 1,408.38	$ 1,126.70
35256		Repair blood vessel lesion	A	$ 817.76	$ 654.21
35261		Repair blood vessel lesion	A	$ 783.25	$ 626.60
35266		Repair blood vessel lesion	A	$ 690.59	$ 552.47
35271		Repair blood vessel lesion	A	$ 1,114.65	$ 891.72

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
35276		Repair blood vessel lesion	A	$ 1,173.33	$ 938.66
35281		Repair blood vessel lesion	A	$ 1,299.89	$ 1,039.92
35286		Repair blood vessel lesion	A	$ 744.65	$ 595.72
35301		Rechanneling of artery	A	$ 902.93	$ 722.34
35302		Rechanneling of artery	A	$ 894.50	$ 715.60
35303		Rechanneling of artery	A	$ 988.50	$ 790.80
35304		Rechanneling of artery	A	$ 1,015.30	$ 812.24
35305		Rechanneling of artery	A	$ 977.16	$ 781.73
35306		Rechanneling of artery	A	$ 354.78	$ 283.82
35311		Rechanneling of artery	A	$ 1,248.75	$ 999.00
35321		Rechanneling of artery	A	$ 717.19	$ 573.75
35331		Rechanneling of artery	A	$ 1,167.60	$ 934.08
35341		Rechanneling of artery	A	$ 1,104.56	$ 883.65
35351		Rechanneling of artery	A	$ 1,025.98	$ 820.78
35355		Rechanneling of artery	A	$ 821.34	$ 657.07
35361		Rechanneling of artery	A	$ 1,214.65	$ 971.72
35363		Rechanneling of artery	A	$ 1,294.95	$ 1,035.96
35371		Rechanneling of artery	A	$ 651.69	$ 521.35
35372		Rechanneling of artery	A	$ 779.71	$ 623.77
35390		Reoperation carotid add-on	A	$ 126.56	$ 101.25
35400		Angioscopy	A	$ 117.43	$ 93.94
35500		Harvest vein for bypass	A	$ 252.90	$ 202.32
35501		Art byp grft ipsilat carotid	A	$ 1,163.75	$ 931.00
35506		Art byp grft subclav-carotid	A	$ 1,016.32	$ 813.05
35508		Art byp grft carotid-vertbrl	A	$ 1,060.37	$ 848.29
35509		Art byp grft contral carotid	A	$ 1,125.83	$ 900.66
35510		Art byp grft carotid-brchial	A	$ 980.97	$ 784.78
35511		Art byp grft subclav-subclav	A	$ 893.74	$ 714.99
35512		Art byp grft subclav-brchial	A	$ 961.39	$ 769.11
35515		Art byp grft subclav-vertbrl	A	$ 1,060.37	$ 848.29
35516		Art byp grft subclav-axilary	A	$ 973.35	$ 778.68
35518		Art byp grft axillary-axilry	A	$ 911.46	$ 729.17
35521		Art byp grft axill-femoral	A	$ 980.49	$ 784.39
35522		Art byp grft axill-brachial	A	$ 933.15	$ 746.52
35523		Art byp grft brchl-ulnr-rdl	A	$ 1,012.51	$ 810.01
35525		Art byp grft brachial-brchl	A	$ 904.88	$ 723.90
35526		Art byp grft aor/carot/innom	A	$ 1,389.30	$ 1,111.44
35531		Art byp grft aorcel/aormesen	A	$ 1,554.70	$ 1,243.76
35533		Art byp grft axill/fem/fem	A	$ 1,202.35	$ 961.88
35535		Art byp grft hepatorenal	A	$ 1,517.29	$ 1,213.83
35536		Art byp grft splenorenal	A	$ 1,348.43	$ 1,078.74
35537		Art byp grft aortoiliac	A	$ 1,660.99	$ 1,328.79
35538		Art byp grft aortobi-iliac	A	$ 1,861.55	$ 1,489.24
35539		Art byp grft aortofemoral	A	$ 1,746.64	$ 1,397.31
35540		Art byp grft aortbifemoral	A	$ 1,946.90	$ 1,557.52
35556		Art byp grft fem-popliteal	A	$ 1,112.93	$ 890.34
35558		Art byp grft fem-femoral	A	$ 985.10	$ 788.08
35560		Art byp grft aortorenal	A	$ 1,359.51	$ 1,087.61
35563		Art byp grft ilioiliac	A	$ 1,056.57	$ 845.26
35565		Art byp grft iliofemoral	A	$ 1,045.99	$ 836.79
35566		Art byp fem-ant-post tib/prl	A	$ 1,326.61	$ 1,061.29
35570		Art byp tibial-tib/peroneal	A	$ 1,175.35	$ 940.28
35571		Art byp pop-tibl-prl-other	A	$ 1,056.53	$ 845.22
35572		Harvest femoropopliteal vein	A	$ 273.62	$ 218.89

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
35583		Vein byp grft fem-popliteal	A	$ 1,151.92	$ 921.54
35585		Vein byp fem-tibial peroneal	A	$ 1,331.97	$ 1,065.58
35587		Vein byp pop-tibl peroneal	A	$ 1,089.78	$ 871.82
35600		Open hrv uxtr art 1 sgm cab	A	$ 148.57	$ 118.85
35601		Art byp common ipsi carotid	A	$ 1,120.08	$ 896.06
35606		Art byp carotid-subclavian	A	$ 937.70	$ 750.16
35612		Art byp subclav-subclavian	A	$ 835.16	$ 668.13
35616		Art byp subclav-axillary	A	$ 879.22	$ 703.38
35621		Art byp axillary-femoral	A	$ 876.60	$ 701.28
35623		Art byp axillary-pop-tibial	A	$ 1,049.34	$ 839.48
35626		Art byp aorsubcl/carot/innom	A	$ 1,275.21	$ 1,020.16
35631		Art byp aor-celiac-msn-renal	A	$ 1,475.00	$ 1,180.00
35632		Art byp ilio-celiac	A	$ 1,440.22	$ 1,152.18
35633		Art byp ilio-mesenteric	A	$ 1,581.18	$ 1,264.94
35634		Art byp iliorenal	A	$ 1,409.83	$ 1,127.86
35636		Art byp spenorenal	A	$ 1,272.64	$ 1,018.11
35637		Art byp aortoiliac	A	$ 1,322.80	$ 1,058.24
35638		Art byp aortobi-iliac	A	$ 1,385.08	$ 1,108.07
35642		Art byp carotid-vertebral	A	$ 790.08	$ 632.07
35645		Art byp subclav-vertebrl	A	$ 756.92	$ 605.54
35646		Art byp aortobifemoral	A	$ 1,361.40	$ 1,089.12
35647		Art byp aortofemoral	A	$ 1,238.71	$ 990.97
35650		Art byp axillary-axillary	A	$ 815.73	$ 652.58
35654		Art byp axill-fem-femoral	A	$ 1,088.54	$ 870.83
35656		Art byp femoral-popliteal	A	$ 858.36	$ 686.69
35661		Art byp femoral-femoral	A	$ 866.05	$ 692.84
35663		Art byp ilioiliac	A	$ 972.56	$ 778.05
35665		Art byp iliofemoral	A	$ 937.51	$ 750.01
35666		Art byp fem-ant-post tib/prl	A	$ 1,030.53	$ 824.43
35671		Art byp pop-tibl-prl-other	A	$ 908.26	$ 726.61
35681		Composite byp grft pros&vein	A	$ 63.53	$ 50.83
35682		Composite byp grft 2 veins	A	$ 280.27	$ 224.22
35683		Composite byp grft 3/> segmt	A	$ 325.53	$ 260.43
35685		Bypass graft patency/patch	A	$ 157.61	$ 126.08
35686		Bypass graft/av fist patency	A	$ 127.84	$ 102.27
35691		Art trnsposj vertbrl carotid	A	$ 756.35	$ 605.08
35693		Art trnsposj subclavian	A	$ 668.73	$ 534.98
35694		Art trnsposj subclav carotid	A	$ 789.52	$ 631.62
35695		Art trnsposj carotid subclav	A	$ 819.55	$ 655.64
35697		Reimplant artery each	A	$ 116.88	$ 93.51
35700		Reoperation bypass graft	A	$ 120.71	$ 96.57
35701		Expl n/flwd surg neck art	A	$ 360.75	$ 288.60
35702		Expl n/flwd surg uxtr art	A	$ 332.51	$ 266.01
35703		Expl n/flwd surg lxtr art	A	$ 335.48	$ 268.39
35800		Explore neck vessels	A	$ 598.70	$ 478.96
35820		Explore chest vessels	A	$ 1,617.37	$ 1,293.90
35840		Explore abdominal vessels	A	$ 985.46	$ 788.37
35860		Explore limb vessels	A	$ 674.67	$ 539.74
35870		Repair vessel graft defect	A	$ 996.79	$ 797.43
35875		Removal of clot in graft	A	$ 474.49	$ 379.59
35876		Removal of clot in graft	A	$ 753.57	$ 602.86
35879		Revise graft w/vein	A	$ 737.01	$ 589.61
35881		Revise graft w/vein	A	$ 818.13	$ 654.51
35883		Revj fem anast nonautog grf	A	$ 956.24	$ 764.99

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
35884		Revj fem anast autog vn grf	A	$ 988.65	$ 790.92
35901		Excision graft neck	A	$ 382.11	$ 305.69
35903		Excision graft extremity	A	$ 454.19	$ 363.35
35905		Excision graft thorax	A	$ 1,340.27	$ 1,072.22
35907		Excision graft abdomen	A	$ 1,517.37	$ 1,213.90
36000		Place needle in vein	B	$ 25.08	$ 6.03
36002		Pseudoaneurysm injection trt	A	$ 125.11	$ 67.84
36005		Injection ext venography	A	$ 211.71	$ 31.16
36010		Place catheter in vein	A	$ 447.41	$ 69.89
36011		Place catheter in vein	A	$ 666.23	$ 101.04
36012		Place catheter in vein	A	$ 690.35	$ 111.78
36013		Place catheter in artery	A	$ 651.04	$ 81.21
36014		Place catheter in artery	A	$ 650.40	$ 98.03
36015		Place catheter in artery	A	$ 705.07	$ 111.05
36100		Establish access to artery	A	$ 464.49	$ 98.91
36140		Intro ndl icath upr/lxtr art	A	$ 420.96	$ 57.29
36160		Establish access to aorta	A	$ 465.34	$ 80.07
36200		Place catheter in aorta	A	$ 488.91	$ 89.05
36215		Place catheter in artery	A	$ 855.07	$ 137.82
36216		Place catheter in artery	A	$ 877.84	$ 174.25
36217		Place catheter in artery	A	$ 1,469.11	$ 212.24
36218		Place catheter in artery	A	$ 171.36	$ 33.54
36221		Place cath thoracic aorta	A	$ 815.58	$ 127.95
36222		Place cath carotid/inom art	A	$ 1,002.76	$ 182.92
36223		Place cath carotid/inom art	A	$ 1,351.49	$ 209.85
36224		Place cath carotd art	A	$ 1,678.45	$ 235.59
36225		Place cath subclavian art	A	$ 1,276.14	$ 207.92
36226		Place cath vertebral art	A	$ 1,631.80	$ 234.25
36227		Place cath xtrnl carotid	A	$ 196.76	$ 77.11
36228		Place cath intracranial art	A	$ 1,035.49	$ 157.77
36245		Ins cath abd/l-ext art 1st	A	$ 1,027.43	$ 151.98
36246		Ins cath abd/l-ext art 2nd	A	$ 687.92	$ 161.61
36247		Ins cath abd/l-ext art 3rd	A	$ 1,175.00	$ 192.60
36248		Ins cath abd/l-ext art addl	A	$ 96.92	$ 31.47
36251		Ins cath ren art 1st unilat	A	$ 1,064.74	$ 165.38
36252		Ins cath ren art 1st bilat	A	$ 1,144.85	$ 228.59
36253		Ins cath ren art 2nd+ unilat	A	$ 1,667.18	$ 229.65
36254		Ins cath ren art 2nd+ bilat	A	$ 1,634.72	$ 266.19
36260		Insertion of infusion pump	A	$ 537.26	$ 429.81
36261		Revision of infusion pump	A	$ 337.21	$ 269.77
36262		Removal of infusion pump	A	$ 258.04	$ 206.43
36400		Bl draw < 3 yrs fem/jugular	A	$ 22.77	$ 12.51
36405		Bl draw <3 yrs scalp vein	A	$ 19.50	$ 9.90
36406		Bl draw <3 yrs other vein	A	$ 14.45	$ 5.85
36410		Non-routine bl draw 3/> yrs	A	$ 14.39	$ 6.03
36420		Vein access cutdown < 1 yr	A	$ 38.73	$ 30.98
36425		Vein access cutdown > 1 yr	A	$ 32.53	$ 26.02
36430		Blood transfusion service	A	$ 31.96	$ 25.57
36440		Bl push transfuse 2 yr/<	A	$ 41.58	$ 33.27
36450		Bl exchange/transfuse nb	A	$ 140.56	$ 112.44
36455		Bl exchange/transfuse non-nb	A	$ 101.04	$ 80.83
36456		Prtl exchange transfuse nb	A	$ 80.62	$ 64.49
36460		Transfusion service fetal	A	$ 282.97	$ 226.37
36465		Njx noncmpnd sclrsnt 1 vein	A	$ 1,083.46	$ 76.81

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
36466		Njx noncmpnd sclrsnt mlt vn	A	$ 1,169.62	$ 99.01
36470		Njx sclrsnt 1 incmptnt vein	A	$ 94.89	$ 25.02
36471		Njx sclrsnt mlt incmptnt vn	A	$ 164.30	$ 49.18
36473		Endovenous mchnchem 1st vein	A	$ 1,004.99	$ 116.48
36474		Endovenous mchnchem add-on	A	$ 211.78	$ 57.99
36475		Endovenous rf 1st vein	A	$ 890.99	$ 178.84
36476		Endovenous rf vein add-on	A	$ 233.63	$ 86.22
36478		Endovenous laser 1st vein	A	$ 809.03	$ 178.86
36479		Endovenous laser vein addon	A	$ 246.64	$ 87.19
36481		Insertion of catheter vein	A	$ 1,444.31	$ 213.02
36482		Endoven ther chem adhes 1st	A	$ 1,382.16	$ 115.04
36483		Endoven ther chem adhes sbsq	A	$ 111.79	$ 56.96
36500		Insertion of catheter vein	A	$ 146.53	$ 117.22
36510		Insertion of catheter vein	A	$ 70.95	$ 35.26
36511		Apheresis wbc	A	$ 90.34	$ 72.27
36512		Apheresis rbc	A	$ 87.87	$ 70.29
36513		Apheresis platelets	A	$ 87.17	$ 69.74
36514		Apheresis plasma	A	$ 463.98	$ 61.43
36516		Apheresis immunoads slctv	A	$ 1,448.47	$ 55.34
36522		Photopheresis	A	$ 1,117.20	$ 63.44
36555		Insert non-tunnel cv cath	A	$ 157.39	$ 55.94
36556		Insert non-tunnel cv cath	A	$ 176.86	$ 55.28
36557		Insert tunneled cv cath	A	$ 959.74	$ 208.40
36558		Insert tunneled cv cath	A	$ 689.60	$ 169.75
36560		Insert tunneled cv cath	A	$ 1,023.56	$ 249.80
36561		Insert tunneled cv cath	A	$ 815.64	$ 217.06
36563		Insert tunneled cv cath	A	$ 932.48	$ 237.04
36565		Insert tunneled cv cath	A	$ 679.95	$ 217.75
36566		Insert tunneled cv cath	A	$ 3,522.85	$ 232.76
36568		Insj picc <5 yr w/o imaging	A	$ 75.72	$ 60.57
36569		Insj picc 5 yr+ w/o imaging	A	$ 76.46	$ 61.17
36570		Insert picvad cath	A	$ 1,207.24	$ 216.42
36571		Insert picvad cath	A	$ 1,045.08	$ 203.39
36572		Insj picc rs&i <5 yr	A	$ 311.05	$ 53.16
36573		Insj picc rs&i 5 yr+	A	$ 318.80	$ 55.19
36575		Repair tunneled cv cath	A	$ 119.79	$ 21.90
36576		Repair tunneled cv cath	A	$ 285.44	$ 119.55
36578		Replace tunneled cv cath	A	$ 357.92	$ 132.56
36580		Replace cvad cath	A	$ 157.57	$ 42.92
36581		Replace tunneled cv cath	A	$ 645.29	$ 119.61
36582		Replace tunneled cv cath	A	$ 729.31	$ 187.26
36583		Replace tunneled cv cath	A	$ 952.24	$ 213.80
36584		Compl rplcmt picc rs&i	A	$ 270.76	$ 38.48
36585		Replace picvad cath	A	$ 958.85	$ 183.55
36589		Removal tunneled cv cath	A	$ 136.28	$ 89.50
36590		Removal tunneled cv cath	A	$ 183.92	$ 124.10
36591		Draw blood off venous device	T	$ 21.88	$ 17.50
36592		Collect blood from picc	T	$ 23.80	$ 19.04
36593		Declot vascular device	A	$ 27.03	$ 21.62
36595		Mech remov tunneled cv cath	A	$ 491.35	$ 117.99
36596		Mech remov tunneled cv cath	A	$ 94.21	$ 28.86
36597		Reposition venous catheter	A	$ 92.51	$ 39.78
36598		Inj w/fluor eval cv device	T	$ 100.14	$ 23.51
36600		Withdrawal of arterial blood	A	$ 22.81	$ 9.91

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
36620		Insertion catheter artery	A	$ 36.70	$ 29.36
36625		Insertion catheter artery	A	$ 86.08	$ 68.86
36640		Insertion catheter artery	A	$ 96.21	$ 76.96
36660		Insertion catheter artery	A	$ 56.45	$ 45.16
36680		Insert needle bone cavity	A	$ 48.59	$ 38.87
36800		Insertion of cannula	A	$ 98.95	$ 79.16
36810		Insertion of cannula	A	$ 172.25	$ 137.80
36815		Insertion of cannula	A	$ 108.55	$ 86.84
36818		Av fuse uppr arm cephalic	A	$ 552.68	$ 442.15
36819		Av fuse uppr arm basilic	A	$ 584.90	$ 467.92
36820		Av fusion/forearm vein	A	$ 580.05	$ 464.04
36821		Av fusion direct any site	A	$ 529.97	$ 423.98
36823		Insertion of cannula(s)	A	$ 1,144.25	$ 915.40
36825		Artery-vein autograft	A	$ 636.06	$ 508.85
36830		Artery-vein nonautograft	A	$ 534.15	$ 427.32
36831		Open thrombect av fistula	A	$ 494.02	$ 395.21
36832		Av fistula revision open	A	$ 605.91	$ 484.72
36833		Av fistula revision	A	$ 647.06	$ 517.65
36835		Artery to vein shunt	A	$ 392.17	$ 313.74
36836		Prq av fstl crtj uxtr 1 acs	A	$ 5,766.99	$ 230.54
36837		Prq av fstl crt uxtr sep acs	A	$ 8,205.93	$ 300.13
36838		Dist revas ligation hemo	A	$ 912.62	$ 730.10
36860		External cannula declotting	A	$ 191.10	$ 71.49
36861		Cannula declotting	A	$ 112.25	$ 89.80
36901		Intro cath dialysis circuit	A	$ 583.45	$ 108.96
36902		Intro cath dialysis circuit	A	$ 998.45	$ 155.13
36903		Intro cath dialysis circuit	A	$ 3,540.28	$ 203.49
36904		Thrmbc/nfs dialysis circuit	A	$ 1,498.31	$ 238.46
36905		Thrmbc/nfs dialysis circuit	A	$ 1,887.06	$ 287.09
36906		Thrmbc/nfs dialysis circuit	A	$ 4,490.52	$ 330.57
36907		Balo angiop ctr dialysis seg	A	$ 488.49	$ 94.64
36908		Stent plmt ctr dialysis seg	A	$ 1,171.90	$ 133.30
36909		Dialysis circuit embolj	A	$ 1,583.16	$ 129.96
37140		Revision of circulation	A	$ 1,886.99	$ 1,509.59
37145		Revision of circulation	A	$ 1,751.16	$ 1,400.93
37160		Revision of circulation	A	$ 1,798.41	$ 1,438.73
37180		Revision of circulation	A	$ 1,728.16	$ 1,382.53
37181		Splice spleen/kidney veins	A	$ 1,886.99	$ 1,509.59
37182		Insert hepatic shunt (tips)	A	$ 664.38	$ 531.50
37183		Revision tips	A	$ 4,860.08	$ 244.07
37184		Prim art m-thrmbc 1st vsl	A	$ 1,414.22	$ 276.92
37185		Prim art m-thrmbc sbsq vsl	A	$ 389.71	$ 104.68
37186		Sec art thrombectomy add-on	A	$ 980.22	$ 155.89
37187		Venous mech thrombectomy	A	$ 1,410.44	$ 253.49
37188		Ven mechnl thrmbc repeat tx	A	$ 1,217.09	$ 181.08
37191		Ins endovas vena cava filtr	A	$ 1,685.15	$ 143.55
37192		Redo endovas vena cava filtr	A	$ 1,053.50	$ 219.34
37193		Rem endovas vena cava filter	A	$ 1,242.12	$ 224.36
37197		Remove intrvas foreign body	A	$ 1,288.55	$ 193.72
37200		Transcatheter biopsy	A	$ 174.89	$ 139.91
37211		Thrombolytic art therapy	A	$ 310.53	$ 248.42
37212		Thrombolytic venous therapy	A	$ 272.13	$ 217.71
37213		Thromblytic art/ven therapy	A	$ 186.06	$ 148.85
37214		Cessj therapy cath removal	A	$ 98.46	$ 78.77

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
37215		Transcath stent cca w/eps	R	$ 793.24	$ 634.59
37216		Transcath stent cca w/o eps	N	$ 809.26	$ 647.40
37217		Stent placemt retro carotid	A	$ 865.30	$ 692.24
37218		Stent placemt ante carotid	A	$ 661.27	$ 529.01
37220		Iliac revasc	A	$ 2,071.94	$ 255.76
37221		Iliac revasc w/stent	A	$ 2,549.31	$ 314.74
37222		Iliac revasc add-on	A	$ 507.07	$ 118.50
37223		Iliac revasc w/stent add-on	A	$ 1,053.12	$ 135.02
37224		Fem/popl revas w/tla	A	$ 2,417.36	$ 283.77
37225		Fem/popl revas w/ather	A	$ 7,249.58	$ 382.26
37226		Fem/popl revasc w/stent	A	$ 6,746.34	$ 331.33
37227		Fem/popl revasc stnt & ather	A	$ 9,285.27	$ 458.54
37228		Tib/per revasc w/tla	A	$ 3,432.57	$ 345.91
37229		Tib/per revasc w/ather	A	$ 7,368.08	$ 444.38
37230		Tib/per revasc w/stent	A	$ 7,377.52	$ 442.72
37231		Tib/per revasc stent & ather	A	$ 9,747.57	$ 471.68
37232		Tib/per revasc add-on	A	$ 677.51	$ 127.40
37233		Tibper revasc w/ather add-on	A	$ 860.88	$ 206.74
37234		Revsc opn/prq tib/pero stent	A	$ 3,004.25	$ 179.62
37235		Tib/per revasc stnt & ather	A	$ 3,279.60	$ 239.98
37236		Open/perq place stent 1st	A	$ 2,272.32	$ 282.69
37237		Open/perq place stent ea add	A	$ 1,067.89	$ 134.33
37238		Open/perq place stent same	A	$ 2,854.66	$ 196.41
37239		Open/perq place stent ea add	A	$ 1,417.47	$ 96.34
37241		Vasc embolize/occlude venous	A	$ 3,865.95	$ 277.77
37242		Vasc embolize/occlude artery	A	$ 5,900.32	$ 307.80
37243		Vasc embolize/occlude organ	A	$ 7,169.83	$ 364.97
37244		Vasc embolize/occlude bleed	A	$ 5,474.25	$ 430.92
37246		Trluml balo angiop 1st art	A	$ 1,502.84	$ 223.65
37247		Trluml balo angiop addl art	A	$ 465.61	$ 110.34
37248		Trluml balo angiop 1st vein	A	$ 1,123.87	$ 191.84
37249		Trluml balo angiop addl vein	A	$ 364.63	$ 93.61
37252		Intrvasc us noncoronary 1st	A	$ 788.19	$ 57.33
37253		Intrvasc us noncoronary addl	A	$ 140.82	$ 45.53
37500		Endoscopy ligate perf veins	A	$ 505.49	$ 404.39
37565		Ligation of neck vein	A	$ 594.85	$ 475.88
37600		Ligation of neck artery	A	$ 611.70	$ 489.36
37605		Ligation of neck artery	A	$ 590.78	$ 472.63
37606		Ligation of neck artery	A	$ 596.82	$ 477.45
37607		Ligation of a-v fistula	A	$ 301.78	$ 241.43
37609		Temporal artery procedure	A	$ 257.77	$ 134.05
37615		Ligation of neck artery	A	$ 422.54	$ 338.03
37616		Ligation of chest artery	A	$ 896.21	$ 716.97
37617		Ligation of abdomen artery	A	$ 1,068.14	$ 854.51
37618		Ligation of extremity artery	A	$ 317.26	$ 253.81
37619		Ligation of inf vena cava	A	$ 1,404.24	$ 1,123.39
37650		Revision of major vein	A	$ 368.86	$ 295.09
37660		Revision of major vein	A	$ 1,070.60	$ 856.48
37700		Revise leg vein	A	$ 198.31	$ 158.65
37718		Ligate/strip short leg vein	A	$ 316.11	$ 252.89
37722		Ligate/strip long leg vein	A	$ 374.65	$ 299.72
37735		Removal of leg veins/lesion	A	$ 467.13	$ 373.70
37760		Ligate leg veins radical	A	$ 462.69	$ 370.16
37761		Ligate leg veins open	A	$ 436.38	$ 349.11

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
37765		Stab phleb veins xtr 10-20	A	$ 347.38	$ 174.80
37766		Phleb veins - extrem 20+	A	$ 407.70	$ 214.06
37780		Revision of leg vein	A	$ 189.99	$ 151.99
37785		Ligate/divide/excise vein	A	$ 286.42	$ 164.86
37788		Revascularization penis	A	$ 1,033.11	$ 826.49
37790		Penile venous occlusion	A	$ 398.56	$ 318.85
38100		Removal of spleen total	A	$ 940.25	$ 752.20
38101		Removal of spleen partial	A	$ 949.95	$ 759.96
38102		Removal of spleen total	A	$ 213.03	$ 170.43
38115		Repair of ruptured spleen	A	$ 1,053.26	$ 842.61
38120		Laparoscopy splenectomy	A	$ 865.45	$ 692.36
38200		Injection for spleen x-ray	A	$ 107.28	$ 85.83
38204		Bl donor search management	B	$ 83.00	$ 66.40
38205		Harvest allogeneic stem cell	R	$ 69.47	$ 55.58
38206		Harvest auto stem cells	R	$ 68.93	$ 55.14
38207		Cryopreserve stem cells	I	$ 37.10	$ 29.68
38208		Thaw preserved stem cells	I	$ 23.45	$ 18.76
38209		Wash harvest stem cells	I	$ 9.81	$ 7.85
38210		T-cell depletion of harvest	I	$ 65.58	$ 52.47
38211		Tumor cell deplete of harvst	I	$ 59.62	$ 47.69
38212		Rbc depletion of harvest	I	$ 39.08	$ 31.27
38213		Platelet deplete of harvest	I	$ 9.81	$ 7.85
38214		Volume deplete of harvest	I	$ 33.54	$ 26.83
38215		Harvest stem cell concentrte	I	$ 39.08	$ 31.27
38220		Dx bone marrow aspirations	A	$ 128.29	$ 44.72
38221		Dx bone marrow biopsies	A	$ 133.34	$ 46.34
38222		Dx bone marrow bx & aspir	A	$ 144.68	$ 49.93
38230		Bone marrow harvest allogen	A	$ 165.62	$ 132.50
38232		Bone marrow harvest autolog	A	$ 158.06	$ 126.45
38240		Transplt allo hct/donor	R	$ 197.83	$ 158.26
38241		Transplt autol hct/donor	R	$ 146.14	$ 116.91
38242		Transplt allo lymphocytes	A	$ 103.53	$ 82.82
38243		Transplj hematopoietic boost	A	$ 101.36	$ 81.09
38300		Drainage lymph node lesion	A	$ 279.67	$ 137.52
38305		Drainage lymph node lesion	A	$ 406.07	$ 324.86
38308		Incision of lymph channels	A	$ 382.57	$ 306.06
38380		Thoracic duct procedure	A	$ 472.99	$ 378.39
38381		Thoracic duct procedure	A	$ 651.96	$ 521.57
38382		Thoracic duct procedure	A	$ 555.96	$ 444.77
38500		Biopsy/removal lymph nodes	A	$ 277.91	$ 167.70
38505		Needle biopsy lymph nodes	A	$ 146.50	$ 56.66
38510		Biopsy/removal lymph nodes	A	$ 437.58	$ 276.35
38520		Biopsy/removal lymph nodes	A	$ 385.67	$ 308.54
38525		Biopsy/removal lymph nodes	A	$ 361.91	$ 289.52
38530		Biopsy/removal lymph nodes	A	$ 464.46	$ 371.57
38531		Open bx/exc inguinofem nodes	A	$ 367.33	$ 293.86
38542		Explore deep node(s) neck	A	$ 433.19	$ 346.55
38550		Removal neck/armpit lesion	A	$ 429.09	$ 343.27
38555		Removal neck/armpit lesion	A	$ 840.45	$ 672.36
38562		Removal pelvic lymph nodes	A	$ 581.24	$ 464.99
38564		Removal abdomen lymph nodes	A	$ 575.73	$ 460.58
38570		Laparoscopy lymph node biop	A	$ 423.89	$ 339.11
38571		Laparoscopy lymphadenectomy	A	$ 544.19	$ 435.35
38572		Laparoscopy lymphadenectomy	A	$ 745.21	$ 596.17

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
38573		Laps pelvic lymphadec	A	$ 966.59	$ 773.27
38700		Removal of lymph nodes neck	A	$ 670.06	$ 536.05
38720		Removal of lymph nodes neck	A	$ 1,107.32	$ 885.86
38724		Removal of lymph nodes neck	A	$ 1,202.07	$ 961.66
38740		Remove armpit lymph nodes	A	$ 575.41	$ 460.33
38745		Remove armpit lymph nodes	A	$ 722.45	$ 577.96
38746		Remove thoracic lymph nodes	A	$ 171.49	$ 137.19
38747		Remove abdominal lymph nodes	A	$ 215.66	$ 172.53
38760		Remove groin lymph nodes	A	$ 687.25	$ 549.80
38765		Remove groin lymph nodes	A	$ 1,074.28	$ 859.43
38770		Remove pelvis lymph nodes	A	$ 661.68	$ 529.35
38780		Remove abdomen lymph nodes	A	$ 854.97	$ 683.97
38790		Inject for lymphatic x-ray	A	$ 67.21	$ 53.77
38792		Ra tracer id of sentinl node	A	$ 68.15	$ 21.39
38794		Access thoracic lymph duct	A	$ 230.63	$ 184.50
38900		Io map of sent lymph node	A	$ 111.28	$ 89.02
39000		Exploration of chest	A	$ 393.92	$ 315.14
39010		Exploration of chest	A	$ 638.43	$ 510.75
39200		Resect mediastinal cyst	A	$ 702.54	$ 562.03
39220		Resect mediastinal tumor	A	$ 920.62	$ 736.49
39401		Mediastinoscpy w/medstnl bx	A	$ 248.22	$ 198.57
39402		Mediastinoscpy w/lmph nod bx	A	$ 324.02	$ 259.21
39501		Repair diaphragm laceration	A	$ 692.73	$ 554.19
39503		Repair of diaphragm hernia	A	$ 4,669.88	$ 3,735.90
39540		Repair of diaphragm hernia	A	$ 704.65	$ 563.72
39541		Repair of diaphragm hernia	A	$ 760.19	$ 608.15
39545		Revision of diaphragm	A	$ 726.39	$ 581.11
39560		Resect diaphragm simple	A	$ 655.25	$ 524.20
39561		Resect diaphragm complex	A	$ 1,018.65	$ 814.92
40490		Biopsy of lip	A	$ 101.87	$ 45.74
40500		Partial excision of lip	A	$ 438.40	$ 245.64
40510		Partial excision of lip	A	$ 406.65	$ 231.65
40520		Partial excision of lip	A	$ 420.17	$ 237.64
40525		Reconstruct lip with flap	A	$ 457.24	$ 365.79
40527		Reconstruct lip with flap	A	$ 522.35	$ 417.88
40530		Partial removal of lip	A	$ 464.84	$ 269.87
40650		Repair lip	A	$ 398.70	$ 207.96
40652		Repair lip	A	$ 431.01	$ 239.29
40654		Repair lip	A	$ 486.06	$ 282.45
40700		Repair cleft lip/nasal	A	$ 830.65	$ 664.52
40701		Repair cleft lip/nasal	A	$ 980.67	$ 784.53
40702		Repair cleft lip/nasal	A	$ 823.60	$ 658.88
40720		Repair cleft lip/nasal	A	$ 846.04	$ 676.83
40761		Repair cleft lip/nasal	A	$ 888.94	$ 711.16
40800		Drainage of mouth lesion	A	$ 167.70	$ 78.44
40801		Drainage of mouth lesion	A	$ 240.63	$ 130.86
40804		Removal foreign body mouth	A	$ 155.15	$ 74.76
40805		Removal foreign body mouth	A	$ 235.92	$ 130.82
40806		Incision of lip fold	A	$ 82.18	$ 19.02
40808		Biopsy of mouth lesion	A	$ 140.58	$ 58.71
40810		Excision of mouth lesion	A	$ 180.40	$ 81.58
40812		Excise/repair mouth lesion	A	$ 233.96	$ 122.02
40814		Excise/repair mouth lesion	A	$ 310.51	$ 188.52
40816		Excision of mouth lesion	A	$ 334.08	$ 201.01

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
40818		Excise oral mucosa for graft	A	$ 304.86	$ 176.76
40819		Excise lip or cheek fold	A	$ 223.37	$ 131.75
40820		Treatment of mouth lesion	A	$ 214.62	$ 110.05
40830		Repair mouth laceration	A	$ 187.93	$ 96.59
40831		Repair mouth laceration	A	$ 246.67	$ 133.50
40840		Reconstruction of mouth	R	$ 719.12	$ 420.42
40842		Reconstruction of mouth	R	$ 771.30	$ 447.90
40843		Reconstruction of mouth	R	$ 993.41	$ 574.70
40844		Reconstruction of mouth	R	$ 1,245.72	$ 777.21
40845		Reconstruction of mouth	R	$ 1,229.81	$ 800.89
41000		Drainage of mouth lesion	A	$ 122.53	$ 69.94
41005		Drainage of mouth lesion	A	$ 199.04	$ 79.38
41006		Drainage of mouth lesion	A	$ 282.81	$ 153.20
41007		Drainage of mouth lesion	A	$ 272.44	$ 146.22
41008		Drainage of mouth lesion	A	$ 325.12	$ 170.15
41009		Drainage of mouth lesion	A	$ 351.45	$ 188.59
41010		Incision of tongue fold	A	$ 181.21	$ 73.24
41015		Drainage of mouth lesion	A	$ 330.82	$ 197.96
41016		Drainage of mouth lesion	A	$ 388.13	$ 228.90
41017		Drainage of mouth lesion	A	$ 388.13	$ 228.02
41018		Drainage of mouth lesion	A	$ 436.82	$ 265.43
41019		Place needles h&n for rt	A	$ 405.66	$ 324.53
41100		Biopsy of tongue	A	$ 156.02	$ 71.29
41105		Biopsy of tongue	A	$ 156.09	$ 73.10
41108		Biopsy of floor of mouth	A	$ 140.34	$ 60.72
41110		Excision of tongue lesion	A	$ 191.68	$ 86.44
41112		Excision of tongue lesion	A	$ 282.32	$ 161.58
41113		Excision of tongue lesion	A	$ 302.79	$ 176.20
41114		Excision of tongue lesion	A	$ 516.26	$ 413.01
41115		Excision of tongue fold	A	$ 218.14	$ 97.29
41116		Excision of mouth lesion	A	$ 278.66	$ 143.30
41120		Partial removal of tongue	A	$ 879.71	$ 703.77
41130		Partial removal of tongue	A	$ 1,087.22	$ 869.78
41135		Tongue and neck surgery	A	$ 1,790.32	$ 1,432.25
41140		Removal of tongue	A	$ 1,805.06	$ 1,444.05
41145		Tongue removal neck surgery	A	$ 2,273.95	$ 1,819.16
41150		Tongue mouth jaw surgery	A	$ 1,816.84	$ 1,453.47
41153		Tongue mouth neck surgery	A	$ 1,971.07	$ 1,576.85
41155		Tongue jaw & neck surgery	A	$ 2,471.67	$ 1,977.33
41250		Repair tongue laceration	A	$ 236.30	$ 101.51
41251		Repair tongue laceration	A	$ 262.12	$ 121.07
41252		Repair tongue laceration	A	$ 273.23	$ 138.73
41510		Tongue to lip surgery	A	$ 378.33	$ 302.66
41512		Tongue suspension	A	$ 554.52	$ 443.61
41520		Reconstruction tongue fold	A	$ 305.32	$ 167.26
41530		Tongue base vol reduction	A	$ 764.04	$ 250.80
41800		Drainage of gum lesion	A	$ 241.46	$ 101.69
41805		Removal foreign body gum	A	$ 258.22	$ 130.67
41806		Removal foreign body jawbone	A	$ 341.43	$ 184.74
41822		Excision of gum lesion	R	$ 294.36	$ 132.82
41823		Excision of gum lesion	R	$ 438.26	$ 241.80
41825		Excision of gum lesion	A	$ 183.27	$ 80.37
41826		Excision of gum lesion	A	$ 251.63	$ 130.89
41827		Excision of gum lesion	A	$ 358.14	$ 190.64

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
41828		Excision of gum lesion	R	$ 292.17	$ 146.65
41830		Removal of gum tissue	R	$ 389.46	$ 208.03
41872		Repair gum	R	$ 389.95	$ 200.52
41874		Repair tooth socket	R	$ 316.06	$ 160.27
42000		Drainage mouth roof lesion	A	$ 134.16	$ 72.23
42100		Biopsy roof of mouth	A	$ 121.99	$ 73.03
42104		Excision lesion mouth roof	A	$ 180.89	$ 89.43
42106		Excision lesion mouth roof	A	$ 211.51	$ 107.78
42107		Excision lesion mouth roof	A	$ 377.01	$ 218.24
42120		Remove palate/lesion	A	$ 833.60	$ 666.88
42140		Excision of uvula	A	$ 259.70	$ 107.72
42145		Repair palate pharynx/uvula	A	$ 572.53	$ 458.02
42160		Treatment mouth roof lesion	A	$ 193.27	$ 95.17
42180		Repair palate	A	$ 213.32	$ 124.58
42182		Repair palate	A	$ 275.69	$ 171.63
42200		Reconstruct cleft palate	A	$ 765.64	$ 612.51
42205		Reconstruct cleft palate	A	$ 796.21	$ 636.97
42210		Reconstruct cleft palate	A	$ 888.73	$ 710.99
42215		Reconstruct cleft palate	A	$ 580.74	$ 464.59
42220		Reconstruct cleft palate	A	$ 478.41	$ 382.73
42225		Reconstruct cleft palate	A	$ 813.50	$ 650.80
42226		Lengthening of palate	A	$ 753.69	$ 602.95
42227		Lengthening of palate	A	$ 702.06	$ 561.65
42235		Repair palate	A	$ 617.38	$ 493.91
42260		Repair nose to lip fistula	A	$ 717.22	$ 446.10
42280		Preparation palate mold	A	$ 147.88	$ 72.67
42281		Insertion palate prosthesis	A	$ 187.23	$ 107.01
42300		Drainage of salivary gland	A	$ 180.05	$ 104.11
42305		Drainage of salivary gland	A	$ 352.38	$ 281.91
42310		Drainage of salivary gland	A	$ 142.91	$ 89.97
42320		Drainage of salivary gland	A	$ 218.38	$ 119.42
42330		Removal of salivary stone	A	$ 194.91	$ 110.08
42335		Removal of salivary stone	A	$ 360.82	$ 174.58
42340		Removal of salivary stone	A	$ 445.06	$ 229.47
42400		Biopsy of salivary gland	A	$ 80.67	$ 34.92
42405		Biopsy of salivary gland	A	$ 253.56	$ 150.86
42408		Excision of salivary cyst	A	$ 453.37	$ 231.95
42409		Drainage of salivary cyst	A	$ 330.54	$ 154.31
42410		Excise parotid gland/lesion	A	$ 523.80	$ 419.04
42415		Excise parotid gland/lesion	A	$ 878.96	$ 703.17
42420		Excise parotid gland/lesion	A	$ 984.66	$ 787.73
42425		Excise parotid gland/lesion	A	$ 698.30	$ 558.64
42426		Excise parotid gland/lesion	A	$ 1,118.87	$ 895.09
42440		Excise submaxillary gland	A	$ 346.36	$ 277.09
42450		Excise sublingual gland	A	$ 393.41	$ 242.99
42500		Repair salivary duct	A	$ 375.47	$ 230.62
42505		Repair salivary duct	A	$ 479.67	$ 305.86
42507		Parotid duct diversion	A	$ 412.66	$ 330.13
42509		Parotid duct diversion	A	$ 681.28	$ 545.02
42510		Parotid duct diversion	A	$ 506.43	$ 405.15
42550		Injection for salivary x-ray	A	$ 129.67	$ 40.78
42600		Closure of salivary fistula	A	$ 456.09	$ 237.41
42650		Dilation of salivary duct	A	$ 62.10	$ 38.93
42660		Dilation of salivary duct	A	$ 96.21	$ 57.88

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
42665		Ligation of salivary duct	A	$ 314.28	$ 144.15
42700		Drainage of tonsil abscess	A	$ 160.66	$ 90.36
42720		Drainage of throat abscess	A	$ 372.34	$ 255.97
42725		Drainage of throat abscess	A	$ 660.61	$ 528.49
42800		Biopsy of throat	A	$ 131.86	$ 77.41
42804		Biopsy of upper nose/throat	A	$ 179.70	$ 81.68
42806		Biopsy of upper nose/throat	A	$ 200.49	$ 93.92
42808		Excise pharynx lesion	A	$ 193.69	$ 110.64
42809		Remove pharynx foreign body	A	$ 169.46	$ 83.80
42810		Excision of neck cyst	A	$ 324.86	$ 188.15
42815		Excision of neck cyst	A	$ 450.24	$ 360.19
42820		Remove tonsils and adenoids	A	$ 242.48	$ 193.98
42821		Remove tonsils and adenoids	A	$ 253.89	$ 203.11
42825		Removal of tonsils	A	$ 223.94	$ 179.15
42826		Removal of tonsils	A	$ 213.17	$ 170.53
42830		Removal of adenoids	A	$ 176.92	$ 141.54
42831		Removal of adenoids	A	$ 192.59	$ 154.07
42835		Removal of adenoids	A	$ 165.15	$ 132.12
42836		Removal of adenoids	A	$ 204.37	$ 163.50
42842		Extensive surgery of throat	A	$ 839.33	$ 671.46
42844		Extensive surgery of throat	A	$ 1,141.97	$ 913.58
42845		Extensive surgery of throat	A	$ 1,826.62	$ 1,461.29
42860		Excision of tonsil tags	A	$ 161.81	$ 129.45
42870		Excision of lingual tonsil	A	$ 490.68	$ 392.55
42890		Partial removal of pharynx	A	$ 1,176.48	$ 941.18
42892		Revision of pharyngeal walls	A	$ 1,544.83	$ 1,235.86
42894		Revision of pharyngeal walls	A	$ 1,960.86	$ 1,568.69
42900		Repair throat wound	A	$ 275.35	$ 220.28
42950		Reconstruction of throat	A	$ 663.94	$ 531.15
42953		Repair throat esophagus	A	$ 793.79	$ 635.03
42955		Surgical opening of throat	A	$ 631.37	$ 505.10
42960		Control throat bleeding	A	$ 133.65	$ 106.92
42961		Control throat bleeding	A	$ 349.35	$ 279.48
42962		Control throat bleeding	A	$ 432.14	$ 345.71
42970		Control nose/throat bleeding	A	$ 342.57	$ 274.05
42971		Control nose/throat bleeding	A	$ 377.32	$ 301.85
42972		Control nose/throat bleeding	A	$ 422.14	$ 337.71
42975		Dise eval slp do brth flx dx	A	$ 79.28	$ 63.42
43020		Incision of esophagus	A	$ 464.20	$ 371.36
43030		Throat muscle surgery	A	$ 435.13	$ 348.10
43045		Incision of esophagus	A	$ 1,055.47	$ 844.38
43100		Excision of esophagus lesion	A	$ 529.15	$ 423.32
43101		Excision of esophagus lesion	A	$ 815.02	$ 652.01
43107		Removal of esophagus	A	$ 2,404.90	$ 1,923.92
43108		Removal of esophagus	A	$ 3,570.06	$ 2,856.05
43112		Esphg tot w/thrcm	A	$ 2,799.08	$ 2,239.26
43113		Removal of esophagus	A	$ 3,491.74	$ 2,793.40
43116		Partial removal of esophagus	A	$ 3,991.31	$ 3,193.05
43117		Partial removal of esophagus	A	$ 2,624.71	$ 2,099.77
43118		Partial removal of esophagus	A	$ 2,913.03	$ 2,330.42
43121		Partial removal of esophagus	A	$ 2,299.90	$ 1,839.92
43122		Partial removal of esophagus	A	$ 2,068.17	$ 1,654.54
43123		Partial removal of esophagus	A	$ 3,619.50	$ 2,895.60
43124		Removal of esophagus	A	$ 3,062.30	$ 2,449.84

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
43130		Removal of esophagus pouch	A	$ 655.52	$ 524.42
43135		Removal of esophagus pouch	A	$ 1,185.64	$ 948.51
43180		Esophagoscopy rigid trnso	A	$ 453.39	$ 362.71
43191		Esophagoscopy rigid trnso dx	A	$ 128.17	$ 102.53
43192		Esophagoscp rig trnso inject	A	$ 140.13	$ 112.10
43193		Esophagoscp rig trnso biopsy	A	$ 139.64	$ 111.71
43194		Esophagoscp rig trnso rem fb	A	$ 158.20	$ 126.56
43195		Esophagoscopy rigid balloon	A	$ 152.68	$ 122.14
43196		Esophagoscp guide wire dilat	A	$ 161.23	$ 128.99
43197		Esophagoscopy flex dx brush	A	$ 158.93	$ 53.88
43198		Esophagosc flex trnsn biopsy	A	$ 176.50	$ 64.86
43200		Esophagoscopy flexible brush	A	$ 218.91	$ 57.32
43201		Esoph scope w/submucous inj	A	$ 215.85	$ 67.60
43202		Esophagoscopy flex biopsy	A	$ 296.59	$ 67.26
43204		Esoph scope w/sclerosis inj	A	$ 110.45	$ 88.36
43205		Esophagus endoscopy/ligation	A	$ 114.99	$ 91.99
43206		Esoph optical endomicroscopy	A	$ 250.86	$ 86.83
43210		Egd esophagogastrc fndoplsty	A	$ 349.89	$ 279.91
43211		Esophagoscop mucosal resect	A	$ 191.78	$ 153.42
43212		Esophagoscop stent placement	A	$ 154.20	$ 123.36
43213		Esophagoscopy retro balloon	A	$ 1,029.20	$ 169.63
43214		Esophagosc dilate balloon 30	A	$ 158.80	$ 127.04
43215		Esophagoscopy flex remove fb	A	$ 326.08	$ 91.95
43216		Esophagoscopy lesion removal	A	$ 340.20	$ 87.01
43217		Esophagoscopy snare les remv	A	$ 348.88	$ 104.26
43220		Esophagoscopy balloon <30mm	A	$ 749.19	$ 77.03
43226		Esoph endoscopy dilation	A	$ 320.44	$ 85.02
43227		Esophagoscopy control bleed	A	$ 493.49	$ 107.63
43229		Esophagoscopy lesion ablate	A	$ 590.42	$ 128.36
43231		Esophagoscop ultrasound exam	A	$ 129.02	$ 103.21
43232		Esophagoscopy w/us needle bx	A	$ 161.44	$ 129.15
43233		Egd balloon dil esoph30 mm/>	A	$ 186.06	$ 148.85
43235		Egd diagnostic brush wash	A	$ 238.79	$ 80.03
43236		Uppr gi scope w/submuc inj	A	$ 332.92	$ 89.96
43237		Endoscopic us exam esoph	A	$ 159.78	$ 127.82
43238		Egd us fine needle bx/aspir	A	$ 189.37	$ 151.50
43239		Egd biopsy single/multiple	A	$ 312.51	$ 90.31
43240		Egd w/transmural drain cyst	A	$ 319.18	$ 255.34
43241		Egd tube/cath insertion	A	$ 115.70	$ 92.56
43242		Egd us fine needle bx/aspir	A	$ 214.63	$ 171.71
43243		Egd injection varices	A	$ 193.49	$ 154.79
43244		Egd varices ligation	A	$ 199.95	$ 159.96
43245		Egd dilate stricture	A	$ 493.60	$ 114.52
43246		Egd place gastrostomy tube	A	$ 163.17	$ 130.53
43247		Egd remove foreign body	A	$ 318.05	$ 115.36
43248		Egd guide wire insertion	A	$ 342.76	$ 108.36
43249		Esoph egd dilation <30 mm	A	$ 898.32	$ 100.24
43250		Egd cautery tumor polyp	A	$ 374.16	$ 110.89
43251		Egd remove lesion snare	A	$ 411.39	$ 127.94
43252		Egd optical endomicroscopy	A	$ 280.58	$ 109.73
43253		Egd us transmural injxn/mark	A	$ 214.36	$ 171.49
43254		Egd endo mucosal resection	A	$ 220.25	$ 176.20
43255		Egd control bleeding any	A	$ 520.43	$ 130.73
43257		Egd w/thrml txmnt gerd	A	$ 189.15	$ 151.32

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
43259		Egd us exam duodenum/jejunum	A	$ 183.91	$ 147.12
43260		Ercp w/specimen collection	A	$ 262.62	$ 210.10
43261		Endo cholangiopancreatograph	A	$ 275.90	$ 220.72
43262		Endo cholangiopancreatograph	A	$ 291.01	$ 232.80
43263		Ercp sphincter pressure meas	A	$ 291.28	$ 233.02
43264		Ercp remove duct calculi	A	$ 296.55	$ 237.24
43265		Ercp lithotripsy calculi	A	$ 352.62	$ 282.09
43266		Egd endoscopic stent place	A	$ 177.28	$ 141.83
43270		Egd lesion ablation	A	$ 606.58	$ 146.34
43273		Endoscopic pancreatoscopy	A	$ 96.74	$ 77.39
43274		Ercp duct stent placement	A	$ 376.81	$ 301.45
43275		Ercp remove forgn body duct	A	$ 306.34	$ 245.07
43276		Ercp stent exchange w/dilate	A	$ 392.42	$ 313.94
43277		Ercp ea duct/ampulla dilate	A	$ 308.32	$ 246.65
43278		Ercp lesion ablate w/dilate	A	$ 352.33	$ 281.86
43279		Lap myotomy heller	A	$ 1,045.24	$ 836.19
43280		Laparoscopy fundoplasty	A	$ 880.10	$ 704.08
43281		Lap paraesophag hern repair	A	$ 1,253.00	$ 1,002.40
43282		Lap paraesoph her rpr w/mesh	A	$ 1,409.28	$ 1,127.42
43283		Lap esoph lengthening	A	$ 127.23	$ 101.79
43284		Laps esophgl sphnctr agmntj	A	$ 534.24	$ 427.40
43285		Rmvl esophgl sphnctr dev	A	$ 549.68	$ 439.74
43286		Esphg tot w/laps moblj	A	$ 2,574.53	$ 2,059.62
43287		Esphg dstl 2/3 w/laps moblj	A	$ 2,862.63	$ 2,290.10
43288		Esphg thrsc moblj	A	$ 3,023.15	$ 2,418.52
43290		Egd flx trnsorl dplmnt balo	A	$ 2,216.18	$ 117.56
43291		Egd flx trnsorl rmvl balo	A	$ 381.76	$ 104.68
43300		Repair of esophagus	A	$ 520.99	$ 416.79
43305		Repair esophagus and fistula	A	$ 909.24	$ 727.39
43310		Repair of esophagus	A	$ 1,196.34	$ 957.07
43312		Repair esophagus and fistula	A	$ 1,277.89	$ 1,022.31
43313		Esophagoplasty congenital	A	$ 2,362.93	$ 1,890.34
43314		Tracheo-esophagoplasty cong	A	$ 2,532.05	$ 2,025.64
43320		Fuse esophagus & stomach	A	$ 1,141.14	$ 912.91
43325		Revise esophagus & stomach	A	$ 1,109.65	$ 887.72
43327		Esoph fundoplasty lap	A	$ 670.44	$ 536.36
43328		Esoph fundoplasty thor	A	$ 906.48	$ 725.18
43330		Esophagomyotomy abdominal	A	$ 1,091.44	$ 873.15
43331		Esophagomyotomy thoracic	A	$ 1,083.32	$ 866.66
43332		Transab esoph hiat hern rpr	A	$ 934.35	$ 747.48
43333		Transab esoph hiat hern rpr	A	$ 1,023.20	$ 818.56
43334		Transthor diaphrag hern rpr	A	$ 1,002.82	$ 802.26
43335		Transthor diaphrag hern rpr	A	$ 1,075.14	$ 860.11
43336		Thorabd diaphr hern repair	A	$ 1,168.26	$ 934.61
43337		Thorabd diaphr hern repair	A	$ 1,244.92	$ 995.94
43338		Esoph lengthening	A	$ 92.20	$ 73.76
43340		Fuse esophagus & intestine	A	$ 1,126.71	$ 901.37
43341		Fuse esophagus & intestine	A	$ 1,131.35	$ 905.08
43351		Surgical opening esophagus	A	$ 1,067.65	$ 854.12
43352		Surgical opening esophagus	A	$ 864.86	$ 691.89
43360		Gastrointestinal repair	A	$ 1,813.00	$ 1,450.40
43361		Gastrointestinal repair	A	$ 2,196.18	$ 1,756.94
43400		Ligate esophagus veins	A	$ 1,243.02	$ 994.42
43405		Ligate/staple esophagus	A	$ 1,179.67	$ 943.74

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
43410		Repair esophagus wound	A	$ 857.78	$ 686.22
43415		Repair esophagus wound	A	$ 2,081.88	$ 1,665.51
43420		Repair esophagus opening	A	$ 845.31	$ 676.25
43425		Repair esophagus opening	A	$ 1,165.48	$ 932.38
43450		Dilate esophagus 1/mult pass	A	$ 155.40	$ 52.36
43453		Dilate esophagus	A	$ 666.87	$ 56.58
43460		Pressure treatment esophagus	A	$ 173.41	$ 138.73
43497		Transorl lwr esophgl myotomy	A	$ 651.47	$ 521.18
43500		Surgical opening of stomach	A	$ 642.08	$ 513.67
43501		Surgical repair of stomach	A	$ 1,100.08	$ 880.06
43502		Surgical repair of stomach	A	$ 1,245.83	$ 996.66
43510		Surgical opening of stomach	A	$ 777.94	$ 622.35
43520		Incision of pyloric muscle	A	$ 565.86	$ 452.69
43605		Biopsy of stomach	A	$ 681.74	$ 545.39
43610		Excision of stomach lesion	A	$ 801.11	$ 640.89
43611		Excision of stomach lesion	A	$ 1,003.23	$ 802.58
43620		Removal of stomach	A	$ 1,615.47	$ 1,292.38
43621		Removal of stomach	A	$ 1,849.97	$ 1,479.98
43622		Removal of stomach	A	$ 1,880.94	$ 1,504.75
43631		Removal of stomach partial	A	$ 1,182.11	$ 945.69
43632		Removal of stomach partial	A	$ 1,659.41	$ 1,327.52
43633		Removal of stomach partial	A	$ 1,567.83	$ 1,254.26
43634		Removal of stomach partial	A	$ 1,730.42	$ 1,384.34
43635		Removal of stomach partial	A	$ 91.35	$ 73.08
43640		Vagotomy & pylorus repair	A	$ 974.10	$ 779.28
43641		Vagotomy & pylorus repair	A	$ 985.05	$ 788.04
43644		Lap gastric bypass/roux-en-y	A	$ 1,417.57	$ 1,134.05
43645		Lap gastr bypass incl smll i	A	$ 1,506.73	$ 1,205.38
43651		Laparoscopy vagus nerve	A	$ 538.63	$ 430.91
43652		Laparoscopy vagus nerve	A	$ 627.71	$ 502.17
43653		Laparoscopy gastrostomy	A	$ 474.91	$ 379.92
43752		Nasal/orogastric w/tube plmt	A	$ 33.15	$ 26.52
43753		Tx gastro intub w/asp	A	$ 17.69	$ 14.15
43754		Dx gastr intub w/asp spec	A	$ 195.53	$ 24.58
43755		Dx gastr intub w/asp specs	A	$ 167.91	$ 39.12
43756		Dx duod intub w/asp spec	A	$ 230.25	$ 33.49
43757		Dx duod intub w/asp specs	A	$ 309.21	$ 50.59
43761		Reposition gastrostomy tube	A	$ 102.40	$ 68.32
43762		Rplc gtube no revj trc	A	$ 188.15	$ 24.16
43763		Rplc gtube revj gstrst trc	A	$ 278.92	$ 57.07
43770		Lap place gastr adj device	A	$ 921.44	$ 737.15
43771		Lap revise gastr adj device	A	$ 1,046.04	$ 836.83
43772		Lap rmvl gastr adj device	A	$ 776.21	$ 620.97
43773		Lap replace gastr adj device	A	$ 1,046.04	$ 836.83
43774		Lap rmvl gastr adj all parts	A	$ 786.39	$ 629.11
43775		Lap sleeve gastrectomy	A	$ 901.81	$ 721.45
43800		Reconstruction of pylorus	A	$ 760.02	$ 608.02
43810		Fusion of stomach and bowel	A	$ 831.15	$ 664.92
43820		Fusion of stomach and bowel	A	$ 1,098.73	$ 878.98
43825		Fusion of stomach and bowel	A	$ 1,071.71	$ 857.37
43830		Place gastrostomy tube	A	$ 577.20	$ 461.76
43831		Place gastrostomy tube	A	$ 501.49	$ 401.19
43832		Place gastrostomy tube	A	$ 853.42	$ 682.74
43840		Repair of stomach lesion	A	$ 1,111.49	$ 889.19

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
43842		V-band gastroplasty	N	$ 956.44	$ 765.15
43843		Gastroplasty w/o v-band	A	$ 1,049.64	$ 839.71
43845		Gastroplasty duodenal switch	A	$ 1,599.01	$ 1,279.21
43846		Gastric bypass for obesity	A	$ 1,349.53	$ 1,079.63
43847		Gastric bypass incl small i	A	$ 1,476.44	$ 1,181.15
43848		Revision gastroplasty	A	$ 1,578.07	$ 1,262.46
43860		Revise stomach-bowel fusion	A	$ 1,336.36	$ 1,069.09
43865		Revise stomach-bowel fusion	A	$ 1,394.35	$ 1,115.48
43870		Repair stomach opening	A	$ 582.65	$ 466.12
43880		Repair stomach-bowel fistula	A	$ 1,296.93	$ 1,037.55
43886		Revise gastric port open	A	$ 303.17	$ 242.53
43887		Remove gastric port open	A	$ 273.38	$ 218.70
43888		Change gastric port open	A	$ 382.79	$ 306.23
44005		Freeing of bowel adhesion	A	$ 891.51	$ 713.21
44010		Incision of small bowel	A	$ 698.18	$ 558.54
44015		Insert needle cath bowel	A	$ 115.14	$ 92.11
44020		Explore small intestine	A	$ 795.89	$ 636.71
44021		Decompress small bowel	A	$ 795.19	$ 636.15
44025		Incision of large bowel	A	$ 801.40	$ 641.12
44050		Reduce bowel obstruction	A	$ 765.60	$ 612.48
44055		Correct malrotation of bowel	A	$ 1,212.52	$ 970.02
44100		Biopsy of bowel	A	$ 87.22	$ 69.77
44110		Excise intestine lesion(s)	A	$ 694.75	$ 555.80
44111		Excision of bowel lesion(s)	A	$ 806.86	$ 645.49
44120		Removal of small intestine	A	$ 996.95	$ 797.56
44121		Removal of small intestine	A	$ 195.42	$ 156.34
44125		Removal of small intestine	A	$ 959.83	$ 767.86
44126		Enterectomy w/o taper cong	A	$ 2,011.18	$ 1,608.95
44127		Enterectomy w/taper cong	A	$ 2,321.70	$ 1,857.36
44128		Enterectomy cong add-on	A	$ 196.80	$ 157.44
44130		Bowel to bowel fusion	A	$ 1,074.62	$ 859.69
44139		Mobilization of colon	A	$ 97.74	$ 78.19
44140		Partial removal of colon	A	$ 1,095.42	$ 876.34
44141		Partial removal of colon	A	$ 1,479.07	$ 1,183.25
44143		Partial removal of colon	A	$ 1,349.12	$ 1,079.30
44144		Partial removal of colon	A	$ 1,439.67	$ 1,151.74
44145		Partial removal of colon	A	$ 1,346.88	$ 1,077.50
44146		Partial removal of colon	A	$ 1,711.68	$ 1,369.34
44147		Partial removal of colon	A	$ 1,573.20	$ 1,258.56
44150		Removal of colon	A	$ 1,513.13	$ 1,210.50
44151		Removal of colon/ileostomy	A	$ 1,752.52	$ 1,402.02
44155		Removal of colon/ileostomy	A	$ 1,686.64	$ 1,349.31
44156		Removal of colon/ileostomy	A	$ 1,874.20	$ 1,499.36
44157		Colectomy w/ileoanal anast	A	$ 1,780.64	$ 1,424.51
44158		Colectomy w/neo-rectum pouch	A	$ 1,825.14	$ 1,460.11
44160		Removal of colon	A	$ 1,014.32	$ 811.46
44180		Lap enterolysis	A	$ 752.03	$ 601.62
44186		Lap jejunostomy	A	$ 533.28	$ 426.62
44187		Lap ileo/jejuno-stomy	A	$ 894.96	$ 715.97
44188		Lap colostomy	A	$ 993.88	$ 795.11
44202		Lap enterectomy	A	$ 1,132.83	$ 906.26
44203		Lap resect s/intestine addl	A	$ 196.07	$ 156.85
44204		Laparo partial colectomy	A	$ 1,253.56	$ 1,002.85
44205		Lap colectomy part w/ileum	A	$ 1,089.68	$ 871.74

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
44206		Lap part colectomy w/stoma	A	$ 1,419.92	$ 1,135.94
44207		L colectomy/coloproctostomy	A	$ 1,477.61	$ 1,182.09
44208		L colectomy/coloproctostomy	A	$ 1,608.49	$ 1,286.79
44210		Laparo total proctocolectomy	A	$ 1,447.56	$ 1,158.05
44211		Lap colectomy w/proctectomy	A	$ 1,735.14	$ 1,388.11
44212		Laparo total proctocolectomy	A	$ 1,655.18	$ 1,324.14
44213		Lap mobil splenic fl add-on	A	$ 151.21	$ 120.97
44227		Lap close enterostomy	A	$ 1,352.12	$ 1,081.69
44300		Open bowel to skin	A	$ 688.37	$ 550.69
44310		Ileostomy/jejunostomy	A	$ 850.51	$ 680.41
44312		Revision of ileostomy	A	$ 489.86	$ 391.89
44314		Revision of ileostomy	A	$ 823.82	$ 659.05
44316		Devise bowel pouch	A	$ 1,155.37	$ 924.29
44320		Colostomy	A	$ 980.59	$ 784.47
44322		Colostomy with biopsies	A	$ 823.94	$ 659.15
44340		Revision of colostomy	A	$ 515.86	$ 412.69
44345		Revision of colostomy	A	$ 860.51	$ 688.41
44346		Revision of colostomy	A	$ 967.25	$ 773.80
44360		Small bowel endoscopy	A	$ 117.13	$ 93.71
44361		Small bowel endoscopy/biopsy	A	$ 129.19	$ 103.35
44363		Small bowel endoscopy	A	$ 156.38	$ 125.10
44364		Small bowel endoscopy	A	$ 166.73	$ 133.39
44365		Small bowel endoscopy	A	$ 148.36	$ 118.69
44366		Small bowel endoscopy	A	$ 195.75	$ 156.60
44369		Small bowel endoscopy	A	$ 200.23	$ 160.19
44370		Small bowel endoscopy/stent	A	$ 217.59	$ 174.08
44372		Small bowel endoscopy	A	$ 195.06	$ 156.05
44373		Small bowel endoscopy	A	$ 156.13	$ 124.91
44376		Small bowel endoscopy	A	$ 231.76	$ 185.41
44377		Small bowel endoscopy/biopsy	A	$ 244.05	$ 195.24
44378		Small bowel endoscopy	A	$ 313.36	$ 250.69
44379		S bowel endoscope w/stent	A	$ 333.27	$ 266.62
44380		Small bowel endoscopy br/wa	A	$ 162.05	$ 37.28
44381		Small bowel endoscopy br/wa	A	$ 818.47	$ 55.45
44382		Small bowel endoscopy	A	$ 247.93	$ 48.51
44384		Small bowel endoscopy	A	$ 126.53	$ 101.22
44385		Endoscopy of bowel pouch	A	$ 178.81	$ 47.84
44386		Endoscopy bowel pouch/biop	A	$ 258.14	$ 58.43
44388	53	Colonoscopy thru stoma spx	A	$ 130.86	$ 51.16
44388		Colonoscopy thru stoma spx	A	$ 261.51	$ 101.94
44389		Colonoscopy with biopsy	A	$ 341.72	$ 112.14
44390		Colonoscopy for foreign body	A	$ 335.41	$ 137.36
44391		Colonoscopy for bleeding	A	$ 531.02	$ 150.60
44392		Colonoscopy & polypectomy	A	$ 320.68	$ 129.97
44394		Colonoscopy w/snare	A	$ 363.45	$ 147.07
44401		Colonoscopy with ablation	A	$ 1,972.60	$ 158.31
44402		Colonoscopy w/stent plcmt	A	$ 213.49	$ 170.80
44403		Colonoscopy w/resection	A	$ 248.27	$ 198.62
44404		Colonoscopy w/injection	A	$ 349.67	$ 112.36
44405		Colonoscopy w/dilation	A	$ 460.99	$ 119.59
44406		Colonoscopy w/ultrasound	A	$ 187.10	$ 149.68
44407		Colonoscopy w/ndl aspir/bx	A	$ 224.64	$ 179.71
44408		Colonoscopy w/decompression	A	$ 188.80	$ 151.04
44500		Intro gastrointestinal tube	A	$ 15.93	$ 12.74

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
44602		Suture small intestine	A	$ 1,147.17	$ 917.74
44603		Suture small intestine	A	$ 1,318.92	$ 1,055.13
44604		Suture large intestine	A	$ 861.44	$ 689.15
44605		Repair of bowel lesion	A	$ 1,058.51	$ 846.81
44615		Intestinal stricturoplasty	A	$ 872.03	$ 697.62
44620		Repair bowel opening	A	$ 708.00	$ 566.40
44625		Repair bowel opening	A	$ 826.79	$ 661.43
44626		Repair bowel opening	A	$ 1,298.59	$ 1,038.87
44640		Repair bowel-skin fistula	A	$ 1,138.24	$ 910.59
44650		Repair bowel fistula	A	$ 1,174.79	$ 939.83
44660		Repair bowel-bladder fistula	A	$ 1,092.79	$ 874.23
44661		Repair bowel-bladder fistula	A	$ 1,260.33	$ 1,008.27
44680		Surgical revision intestine	A	$ 879.98	$ 703.98
44700		Suspend bowel w/prosthesis	A	$ 818.76	$ 655.01
44701		Intraop colon lavage add-on	A	$ 137.22	$ 109.78
44705		Prepare fecal microbiota	I	$ 92.80	$ 47.69
44720		Prep donor intestine/venous	A	$ 221.68	$ 177.34
44721		Prep donor intestine/artery	A	$ 309.84	$ 247.87
44800		Excision of bowel pouch	A	$ 635.57	$ 508.45
44820		Excision of mesentery lesion	A	$ 696.88	$ 557.50
44850		Repair of mesentery	A	$ 611.73	$ 489.39
44900		Drain appendix abscess open	A	$ 642.88	$ 514.31
44950		Appendectomy	A	$ 526.00	$ 420.80
44955		Appendectomy add-on	A	$ 68.06	$ 54.45
44960		Appendectomy	A	$ 717.69	$ 574.15
44970		Laparoscopy appendectomy	A	$ 494.45	$ 395.56
45000		Drainage of pelvic abscess	A	$ 353.67	$ 282.93
45005		Drainage of rectal abscess	A	$ 262.41	$ 109.67
45020		Drainage of rectal abscess	A	$ 474.21	$ 379.37
45100		Biopsy of rectum	A	$ 250.10	$ 200.08
45108		Removal of anorectal lesion	A	$ 307.55	$ 246.04
45110		Removal of rectum	A	$ 1,490.45	$ 1,192.36
45111		Partial removal of rectum	A	$ 888.32	$ 710.65
45112		Removal of rectum	A	$ 1,490.21	$ 1,192.17
45113		Partial proctectomy	A	$ 1,532.77	$ 1,226.22
45114		Partial removal of rectum	A	$ 1,481.24	$ 1,184.99
45116		Partial removal of rectum	A	$ 1,269.35	$ 1,015.48
45119		Remove rectum w/reservoir	A	$ 1,543.86	$ 1,235.08
45120		Removal of rectum	A	$ 1,306.66	$ 1,045.33
45121		Removal of rectum and colon	A	$ 1,425.59	$ 1,140.47
45123		Partial proctectomy	A	$ 916.05	$ 732.84
45126		Pelvic exenteration	A	$ 2,236.26	$ 1,789.01
45130		Excision of rectal prolapse	A	$ 890.13	$ 712.11
45135		Excision of rectal prolapse	A	$ 1,067.09	$ 853.67
45136		Excise ileoanal reservior	A	$ 1,466.95	$ 1,173.56
45150		Excision of rectal stricture	A	$ 348.49	$ 278.79
45160		Excision of rectal lesion	A	$ 839.95	$ 671.96
45171		Exc rect tum transanal part	A	$ 509.83	$ 407.87
45172		Exc rect tum transanal full	A	$ 679.31	$ 543.45
45190		Destruction rectal tumor	A	$ 576.43	$ 461.15
45300		Proctosigmoidoscopy dx	A	$ 106.50	$ 31.67
45303		Proctosigmoidoscopy dilate	A	$ 794.95	$ 55.94
45305		Proctosigmoidoscopy w/bx	A	$ 150.71	$ 47.74
45307		Proctosigmoidoscopy fb	A	$ 177.48	$ 65.21

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
45308		Proctosigmoidoscopy removal	A	$ 169.75	$ 55.07
45309		Proctosigmoidoscopy removal	A	$ 174.77	$ 58.43
45315		Proctosigmoidoscopy removal	A	$ 188.68	$ 68.90
45317		Proctosigmoidoscopy bleed	A	$ 183.62	$ 72.31
45320		Proctosigmoidoscopy ablate	A	$ 185.15	$ 68.05
45321		Proctosigmoidoscopy volvul	A	$ 83.92	$ 67.14
45327		Proctosigmoidoscopy w/stent	A	$ 94.94	$ 75.95
45330		Diagnostic sigmoidoscopy	A	$ 154.00	$ 36.76
45331		Sigmoidoscopy and biopsy	A	$ 237.38	$ 47.09
45332		Sigmoidoscopy w/fb removal	A	$ 229.46	$ 68.40
45333		Sigmoidoscopy & polypectomy	A	$ 273.05	$ 61.15
45334		Sigmoidoscopy for bleeding	A	$ 409.29	$ 76.91
45335		Sigmoidoscopy w/submuc inj	A	$ 241.90	$ 43.69
45337		Sigmoidoscopy & decompress	A	$ 93.41	$ 74.73
45338		Sigmoidoscopy w/tumr remove	A	$ 248.06	$ 78.45
45340		Sig w/tndsc balloon dilation	A	$ 379.60	$ 51.19
45341		Sigmoidoscopy w/ultrasound	A	$ 100.96	$ 80.77
45342		Sigmoidoscopy w/us guide bx	A	$ 139.36	$ 111.49
45346		Sigmoidoscopy w/ablation	A	$ 1,906.47	$ 104.96
45347		Sigmoidoscopy w/plcmt stent	A	$ 125.56	$ 100.45
45349		Sigmoidoscopy w/resection	A	$ 161.92	$ 129.54
45350		Sgmdsc w/band ligation	A	$ 557.10	$ 65.73
45378	53	Diagnostic colonoscopy	A	$ 140.56	$ 60.24
45378		Diagnostic colonoscopy	A	$ 281.39	$ 120.47
45379		Colonoscopy w/fb removal	A	$ 360.56	$ 155.73
45380		Colonoscopy and biopsy	A	$ 359.84	$ 131.02
45381		Colonoscopy submucous njx	A	$ 367.30	$ 130.85
45382		Colonoscopy w/control bleed	A	$ 552.64	$ 169.00
45384		Colonoscopy w/lesion removal	A	$ 404.88	$ 148.41
45385		Colonoscopy w/lesion removal	A	$ 376.20	$ 165.83
45386		Colonoscopy w/balloon dilat	A	$ 506.65	$ 138.13
45388		Colonoscopy w/ablation	A	$ 2,038.65	$ 176.70
45389		Colonoscopy w/stent plcmt	A	$ 236.67	$ 189.34
45390		Colonoscopy w/resection	A	$ 271.14	$ 216.91
45391		Colonoscopy w/endoscope us	A	$ 210.46	$ 168.36
45392		Colonoscopy w/endoscopic fnb	A	$ 248.27	$ 198.62
45393		Colonoscopy w/decompression	A	$ 205.27	$ 164.22
45395		Lap removal of rectum	A	$ 1,601.26	$ 1,281.01
45397		Lap remove rectum w/pouch	A	$ 1,738.95	$ 1,391.16
45398		Colonoscopy w/band ligation	A	$ 686.10	$ 153.57
45400		Laparoscopic proc	A	$ 928.46	$ 742.77
45402		Lap proctopexy w/sig resect	A	$ 1,240.70	$ 992.56
45500		Repair of rectum	A	$ 468.41	$ 374.73
45505		Repair of rectum	A	$ 498.02	$ 398.42
45520		Treatment of rectal prolapse	A	$ 135.25	$ 26.59
45540		Correct rectal prolapse	A	$ 864.44	$ 691.55
45541		Correct rectal prolapse	A	$ 771.64	$ 617.31
45550		Repair rectum/remove sigmoid	A	$ 1,195.36	$ 956.29
45560		Repair of rectocele	A	$ 571.21	$ 456.96
45562		Exploration/repair of rectum	A	$ 929.75	$ 743.80
45563		Exploration/repair of rectum	A	$ 1,354.89	$ 1,083.91
45800		Repair rect/bladder fistula	A	$ 1,039.52	$ 831.62
45805		Repair fistula w/colostomy	A	$ 1,199.84	$ 959.87
45820		Repair rectourethral fistula	A	$ 1,042.29	$ 833.83

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
45825		Repair fistula w/colostomy	A	$ 1,256.78	$ 1,005.42
45900		Reduction of rectal prolapse	A	$ 174.55	$ 139.64
45905		Dilation of anal sphincter	A	$ 140.56	$ 112.45
45910		Dilation of rectal narrowing	A	$ 159.20	$ 127.36
45915		Remove rectal obstruction	A	$ 291.84	$ 151.21
45990		Surg dx exam anorectal	A	$ 85.95	$ 68.76
46020		Placement of seton	A	$ 95.61	$ 76.49
46030		Removal of rectal marker	A	$ 212.50	$ 57.24
46040		Incision of rectal abscess	A	$ 458.80	$ 280.83
46045		Incision of rectal abscess	A	$ 362.70	$ 290.16
46050		Incision of anal abscess	A	$ 196.27	$ 66.85
46060		Incision of rectal abscess	A	$ 403.18	$ 322.54
46070		Incision of anal septum	A	$ 224.15	$ 179.32
46080		Incision of anal sphincter	A	$ 239.03	$ 104.35
46083		Incise external hemorrhoid	A	$ 172.30	$ 72.47
46200		Removal of anal fissure	A	$ 394.01	$ 223.73
46220		Excise anal ext tag/papilla	A	$ 208.33	$ 80.23
46221		Ligation of hemorrhoid(s)	A	$ 235.33	$ 127.49
46230		Removal of anal tags	A	$ 259.00	$ 114.40
46250		Remove ext hem groups 2+	A	$ 396.24	$ 211.04
46255		Remove int/ext hem 1 group	A	$ 431.60	$ 235.15
46257		Remove in/ex hem grp & fiss	A	$ 345.92	$ 276.74
46258		Remove in/ex hem grp w/fistu	A	$ 396.25	$ 317.00
46260		Remove in/ex hem groups 2+	A	$ 398.51	$ 318.80
46261		Remove in/ex hem grps & fiss	A	$ 438.11	$ 350.49
46262		Remove in/ex hem grps w/fist	A	$ 482.89	$ 386.31
46270		Remove anal fist subq	A	$ 443.09	$ 265.19
46275		Remove anal fist inter	A	$ 467.82	$ 279.49
46280		Remove anal fist complex	A	$ 398.36	$ 318.69
46285		Remove anal fist 2 stage	A	$ 465.96	$ 279.54
46288		Repair anal fistula	A	$ 462.18	$ 369.75
46320		Removal of hemorrhoid clot	A	$ 176.95	$ 74.66
46500		Injection into hemorrhoid(s)	A	$ 261.06	$ 122.42
46505		Chemodenervation anal musc	A	$ 261.30	$ 166.04
46600		Diagnostic anoscopy spx	A	$ 98.87	$ 27.11
46601		Diagnostic anoscopy	A	$ 123.73	$ 61.25
46604		Anoscopy and dilation	A	$ 543.28	$ 43.27
46606		Anoscopy and biopsy	A	$ 232.98	$ 49.28
46607		Diagnostic anoscopy & biopsy	A	$ 171.24	$ 81.71
46608		Anoscopy remove for body	A	$ 242.70	$ 55.07
46610		Anoscopy remove lesion	A	$ 230.32	$ 52.64
46611		Anoscopy	A	$ 185.47	$ 52.73
46612		Anoscopy remove lesions	A	$ 277.34	$ 61.73
46614		Anoscopy control bleeding	A	$ 140.48	$ 42.40
46615		Anoscopy	A	$ 147.63	$ 59.31
46700		Repair of anal stricture	A	$ 542.14	$ 433.71
46705		Repair of anal stricture	A	$ 471.10	$ 376.88
46706		Repr of anal fistula w/glue	A	$ 147.27	$ 117.82
46707		Repair anorectal fist w/plug	A	$ 415.14	$ 332.11
46710		Repr per/vag pouch sngl proc	A	$ 909.67	$ 727.73
46712		Repr per/vag pouch dbl proc	A	$ 1,809.04	$ 1,447.23
46715		Rep perf anoper fistu	A	$ 457.14	$ 365.71
46716		Rep perf anoper/vestib fistu	A	$ 1,012.02	$ 809.61
46730		Construction of absent anus	A	$ 1,626.01	$ 1,300.81

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
46735		Construction of absent anus	A	$ 1,869.09	$ 1,495.27
46740		Construction of absent anus	A	$ 1,772.86	$ 1,418.29
46742		Repair of imperforated anus	A	$ 2,046.26	$ 1,637.01
46744		Repair of cloacal anomaly	A	$ 2,882.26	$ 2,305.80
46746		Repair of cloacal anomaly	A	$ 3,174.03	$ 2,539.23
46748		Repair of cloacal anomaly	A	$ 3,438.73	$ 2,750.98
46750		Repair of anal sphincter	A	$ 618.82	$ 495.05
46751		Repair of anal sphincter	A	$ 550.70	$ 440.56
46753		Reconstruction of anus	A	$ 509.88	$ 407.90
46754		Removal of suture from anus	A	$ 289.12	$ 160.00
46760		Repair of anal sphincter	A	$ 911.71	$ 729.37
46761		Repair of anal sphincter	A	$ 755.29	$ 604.24
46900		Destruction anal lesion(s)	A	$ 198.23	$ 90.80
46910		Destruction anal lesion(s)	A	$ 218.00	$ 88.85
46916		Cryosurgery anal lesion(s)	A	$ 216.42	$ 93.72
46917		Laser surgery anal lesions	A	$ 371.08	$ 85.17
46922		Excision of anal lesion(s)	A	$ 260.75	$ 91.02
46924		Destruction anal lesion(s)	A	$ 455.38	$ 119.27
46930		Destroy internal hemorrhoids	A	$ 179.14	$ 100.31
46940		Treatment of anal fissure	A	$ 221.60	$ 96.11
46942		Treatment of anal fissure	A	$ 210.88	$ 86.22
46945		Int hrhc lig 1 hroid w/o img	A	$ 280.96	$ 224.77
46946		Int hrhc lig 2+hroid w/o img	A	$ 315.29	$ 252.24
46947		Hemorrhoidopexy by stapling	A	$ 320.51	$ 256.41
46948		Int hrhc tranal dartlzj 2+	A	$ 367.52	$ 294.02
47000		Needle biopsy of liver	A	$ 250.79	$ 57.82
47001		Needle biopsy liver add-on	A	$ 84.03	$ 67.22
47010		Open drainage liver lesion	A	$ 992.42	$ 793.94
47015		Inject/aspirate liver cyst	A	$ 953.21	$ 762.57
47100		Wedge biopsy of liver	A	$ 695.82	$ 556.65
47120		Partial removal of liver	A	$ 1,905.92	$ 1,524.74
47122		Extensive removal of liver	A	$ 2,787.19	$ 2,229.75
47125		Partial removal of liver	A	$ 2,504.65	$ 2,003.72
47130		Partial removal of liver	A	$ 2,690.20	$ 2,152.16
47135		Transplantation of liver	R	$ 4,389.42	$ 3,511.53
47140		Partial removal donor liver	A	$ 2,907.79	$ 2,326.23
47141		Partial removal donor liver	A	$ 3,474.85	$ 2,779.88
47142		Partial removal donor liver	A	$ 3,816.33	$ 3,053.07
47146		Prep donor liver/venous	A	$ 265.33	$ 212.27
47147		Prep donor liver/arterial	A	$ 309.20	$ 247.36
47300		Surgery for liver lesion	A	$ 930.46	$ 744.37
47350		Repair liver wound	A	$ 1,118.32	$ 894.66
47360		Repair liver wound	A	$ 1,529.00	$ 1,223.20
47361		Repair liver wound	A	$ 2,458.53	$ 1,966.83
47362		Repair liver wound	A	$ 1,172.22	$ 937.78
47370		Laparo ablate liver tumor rf	A	$ 1,025.39	$ 820.31
47371		Laparo ablate liver cryosurg	A	$ 1,029.05	$ 823.24
47380		Open ablate liver tumor rf	A	$ 1,181.44	$ 945.15
47381		Open ablate liver tumor cryo	A	$ 1,209.29	$ 967.44
47382		Percut ablate liver rf	A	$ 3,055.93	$ 482.68
47383		Perq abltj lvr cryoablation	A	$ 4,957.18	$ 294.55
47400		Incision of liver duct	A	$ 1,752.61	$ 1,402.09
47420		Incision of bile duct	A	$ 1,089.23	$ 871.38
47425		Incision of bile duct	A	$ 1,117.69	$ 894.15

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
47460		Incise bile duct sphincter	A	$ 1,038.14	$ 830.51
47480		Incision of gallbladder	A	$ 719.63	$ 575.70
47490		Incision of gallbladder	A	$ 273.35	$ 218.68
47531		Injection for cholangiogram	A	$ 353.71	$ 45.83
47532		Injection for cholangiogram	A	$ 697.80	$ 137.27
47533		Plmt biliary drainage cath	A	$ 971.27	$ 172.21
47534		Plmt biliary drainage cath	A	$ 1,065.26	$ 240.82
47535		Conversion ext bil drg cath	A	$ 739.58	$ 127.69
47536		Exchange biliary drg cath	A	$ 530.17	$ 85.65
47537		Removal biliary drg cath	A	$ 410.52	$ 62.98
47538		Perq plmt bile duct stent	A	$ 3,137.18	$ 152.59
47539		Perq plmt bile duct stent	A	$ 3,499.37	$ 276.49
47540		Perq plmt bile duct stent	A	$ 3,530.92	$ 285.72
47541		Plmt access bil tree sm bwl	A	$ 967.20	$ 218.75
47542		Dilate biliary duct/ampulla	A	$ 415.43	$ 88.62
47543		Endoluminal bx biliary tree	A	$ 326.46	$ 93.56
47544		Removal duct glbldr calculi	A	$ 696.52	$ 101.80
47550		Bile duct endoscopy add-on	A	$ 133.09	$ 106.47
47552		Biliary endo perq dx w/speci	A	$ 226.86	$ 181.49
47553		Biliary endoscopy thru skin	A	$ 227.87	$ 182.29
47554		Biliary endoscopy thru skin	A	$ 365.85	$ 292.68
47555		Biliary endoscopy thru skin	A	$ 271.20	$ 216.96
47556		Biliary endoscopy thru skin	A	$ 307.23	$ 245.78
47562		Laparoscopic cholecystectomy	A	$ 540.84	$ 432.67
47563		Laparo cholecystectomy/graph	A	$ 589.40	$ 471.52
47564		Laparo cholecystectomy/explr	A	$ 914.79	$ 731.83
47570		Laparo cholecystoenterostomy	A	$ 636.02	$ 508.81
47600		Removal of gallbladder	A	$ 875.58	$ 700.47
47605		Removal of gallbladder	A	$ 923.02	$ 738.41
47610		Removal of gallbladder	A	$ 1,024.22	$ 819.38
47612		Removal of gallbladder	A	$ 1,040.32	$ 832.26
47620		Removal of gallbladder	A	$ 1,123.14	$ 898.51
47700		Exploration of bile ducts	A	$ 867.92	$ 694.33
47701		Bile duct revision	A	$ 1,418.25	$ 1,134.60
47711		Excision of bile duct tumor	A	$ 1,273.56	$ 1,018.85
47712		Excision of bile duct tumor	A	$ 1,628.06	$ 1,302.45
47715		Excision of bile duct cyst	A	$ 1,088.29	$ 870.64
47720		Fuse gallbladder & bowel	A	$ 946.32	$ 757.05
47721		Fuse upper gi structures	A	$ 1,108.13	$ 886.51
47740		Fuse gallbladder & bowel	A	$ 1,074.08	$ 859.26
47741		Fuse gallbladder & bowel	A	$ 1,206.11	$ 964.88
47760		Fuse bile ducts and bowel	A	$ 1,836.74	$ 1,469.39
47765		Fuse liver ducts & bowel	A	$ 2,413.65	$ 1,930.92
47780		Fuse bile ducts and bowel	A	$ 2,015.69	$ 1,612.55
47785		Fuse bile ducts and bowel	A	$ 2,636.61	$ 2,109.29
47800		Reconstruction of bile ducts	A	$ 1,275.20	$ 1,020.16
47801		Placement bile duct support	A	$ 913.54	$ 730.83
47802		Fuse liver duct & intestine	A	$ 1,246.05	$ 996.84
47900		Suture bile duct injury	A	$ 1,128.11	$ 902.49
48000		Drainage of abdomen	A	$ 1,534.89	$ 1,227.91
48001		Placement of drain pancreas	A	$ 1,878.00	$ 1,502.40
48020		Removal of pancreatic stone	A	$ 965.40	$ 772.32
48100		Biopsy of pancreas open	A	$ 726.95	$ 581.56
48102		Needle biopsy pancreas	A	$ 429.02	$ 154.78

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
48105		Resect/debride pancreas	A	$ 2,307.86	$ 1,846.29
48120		Removal of pancreas lesion	A	$ 911.25	$ 729.00
48140		Partial removal of pancreas	A	$ 1,279.69	$ 1,023.76
48145		Partial removal of pancreas	A	$ 1,332.84	$ 1,066.27
48146		Pancreatectomy	A	$ 1,538.98	$ 1,231.19
48148		Removal of pancreatic duct	A	$ 1,023.06	$ 818.45
48150		Partial removal of pancreas	A	$ 2,539.50	$ 2,031.60
48152		Pancreatectomy	A	$ 2,352.75	$ 1,882.20
48153		Pancreatectomy	A	$ 2,530.11	$ 2,024.09
48154		Pancreatectomy	A	$ 2,362.43	$ 1,889.94
48155		Removal of pancreas	A	$ 1,491.24	$ 1,192.99
48400		Injection intraop add-on	A	$ 86.66	$ 69.33
48500		Surgery of pancreatic cyst	A	$ 941.43	$ 753.15
48510		Drain pancreatic pseudocyst	A	$ 898.49	$ 718.79
48520		Fuse pancreas cyst and bowel	A	$ 900.01	$ 720.01
48540		Fuse pancreas cyst and bowel	A	$ 1,067.82	$ 854.25
48545		Pancreatorrhaphy	A	$ 1,100.49	$ 880.39
48547		Duodenal exclusion	A	$ 1,461.87	$ 1,169.49
48548		Fuse pancreas and bowel	A	$ 1,363.98	$ 1,091.18
48552		Prep donor pancreas/venous	A	$ 190.54	$ 152.43
48554		Transpl allograft pancreas	R	$ 2,136.78	$ 1,709.42
48556		Removal allograft pancreas	A	$ 1,053.62	$ 842.89
49000		Exploration of abdomen	A	$ 629.45	$ 503.56
49002		Reopening of abdomen	A	$ 851.65	$ 681.32
49010		Exploration behind abdomen	A	$ 752.06	$ 601.65
49013		Prpertl pel pack hemrrg trma	A	$ 369.43	$ 295.54
49014		Reexploration pelvic wound	A	$ 307.42	$ 245.94
49020		Drainage abdom abscess open	A	$ 1,301.95	$ 1,041.56
49040		Drain open abdom abscess	A	$ 822.29	$ 657.83
49060		Drain open retroperi abscess	A	$ 896.04	$ 716.83
49062		Drain to peritoneal cavity	A	$ 629.63	$ 503.70
49082		Abd paracentesis	A	$ 175.51	$ 47.84
49083		Abd paracentesis w/imaging	A	$ 244.30	$ 69.74
49084		Peritoneal lavage	A	$ 87.30	$ 69.84
49180		Biopsy abdominal mass	A	$ 145.27	$ 54.79
49185		Sclerotx fluid collection	A	$ 1,054.17	$ 77.73
49203		Exc abd tum 5 cm or less	A	$ 978.98	$ 783.18
49204		Exc abd tum over 5 cm	A	$ 1,246.34	$ 997.07
49205		Exc abd tum over 10 cm	A	$ 1,430.36	$ 1,144.29
49215		Excise sacral spine tumor	A	$ 1,799.73	$ 1,439.79
49250		Excision of umbilicus	A	$ 488.25	$ 390.60
49255		Removal of omentum	A	$ 650.77	$ 520.62
49320		Diag laparo separate proc	A	$ 269.80	$ 215.84
49321		Laparoscopy biopsy	A	$ 282.98	$ 226.38
49322		Laparoscopy aspiration	A	$ 308.03	$ 246.42
49323		Laparo drain lymphocele	A	$ 522.73	$ 418.19
49324		Lap insert tunnel ip cath	A	$ 316.84	$ 253.47
49325		Lap revision perm ip cath	A	$ 337.98	$ 270.39
49326		Lap w/omentopexy add-on	A	$ 152.37	$ 121.90
49327		Lap ins device for rt	A	$ 105.29	$ 84.24
49400		Air injection into abdomen	A	$ 124.51	$ 59.25
49402		Remove foreign body adbomen	A	$ 699.14	$ 559.31
49405		Image cath fluid colxn visc	A	$ 738.95	$ 127.19
49406		Image cath fluid peri/retro	A	$ 739.23	$ 127.19

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
49407		Image cath fluid trns/vgnl	A	$ 624.86	$ 134.63
49411		Ins mark abd/pel for rt perq	A	$ 401.04	$ 121.42
49412		Ins device for rt guide open	A	$ 66.47	$ 53.18
49418		Insert tun ip cath perc	A	$ 819.49	$ 131.51
49419		Insert tun ip cath w/port	A	$ 343.61	$ 274.88
49421		Ins tun ip cath for dial opn	A	$ 183.62	$ 146.89
49422		Remove tunneled ip cath	A	$ 179.64	$ 143.71
49423		Exchange drainage catheter	A	$ 492.11	$ 46.42
49424		Assess cyst contrast inject	A	$ 151.93	$ 24.58
49425		Insert abdomen-venous drain	A	$ 639.78	$ 511.82
49426		Revise abdomen-venous shunt	A	$ 549.99	$ 439.99
49427		Injection abdominal shunt	A	$ 32.10	$ 25.68
49428		Ligation of shunt	A	$ 352.83	$ 282.27
49429		Removal of shunt	A	$ 375.14	$ 300.11
49435		Insert subq exten to ip cath	A	$ 95.76	$ 76.61
49436		Embedded ip cath exit-site	A	$ 449.48	$ 121.79
49440		Place gastrostomy tube perc	A	$ 694.25	$ 132.89
49441		Place duod/jej tube perc	A	$ 788.03	$ 155.92
49442		Place cecostomy tube perc	A	$ 663.07	$ 135.37
49446		Change g-tube to g-j perc	A	$ 665.68	$ 95.78
49450		Replace g/c tube perc	A	$ 498.00	$ 43.46
49451		Replace duod/jej tube perc	A	$ 532.28	$ 57.93
49452		Replace g-j tube perc	A	$ 646.88	$ 89.51
49460		Fix g/colon tube w/device	A	$ 584.41	$ 32.51
49465		Fluoro exam of g/colon tube	A	$ 113.20	$ 20.14
49491		Rpr hern preemie reduc	A	$ 655.29	$ 524.23
49492		Rpr ing hern premie blocked	A	$ 786.29	$ 629.03
49495		Rpr ing hernia baby reduc	A	$ 336.42	$ 269.14
49496		Rpr ing hernia baby blocked	A	$ 505.50	$ 404.40
49500		Rpr ing hernia init reduce	A	$ 342.71	$ 274.17
49501		Rpr ing hernia init blocked	A	$ 498.62	$ 398.90
49505		Prp i/hern init reduc >5 yr	A	$ 429.88	$ 343.91
49507		Prp i/hern init block >5 yr	A	$ 483.28	$ 386.63
49520		Rerepair ing hernia reduce	A	$ 519.94	$ 415.95
49521		Rerepair ing hernia blocked	A	$ 588.38	$ 470.70
49525		Repair ing hernia sliding	A	$ 471.85	$ 377.48
49540		Repair lumbar hernia	A	$ 558.19	$ 446.55
49550		Rpr rem hernia init reduce	A	$ 474.98	$ 379.98
49553		Rpr fem hernia init blocked	A	$ 519.97	$ 415.97
49555		Rerepair fem hernia reduce	A	$ 496.96	$ 397.57
49557		Rerepair fem hernia blocked	A	$ 594.03	$ 475.22
49591		Rpr aa hrn 1st < 3 cm rdc	A	$ 279.17	$ 223.34
49592		Rpr aa hrn 1st < 3 ncr/strn	A	$ 388.23	$ 310.58
49593		Rpr aa hrn 1st 3-10 rdc	A	$ 467.82	$ 374.25
49594		Rpr aa hrn 1st 3-10 ncr/strn	A	$ 608.84	$ 487.07
49595		Rpr aa hrn 1st > 10 rdc	A	$ 629.00	$ 503.20
49596		Rpr aa hrn 1st > 10 ncr/strn	A	$ 835.49	$ 668.40
49600		Repair umbilical lesion	A	$ 603.13	$ 482.51
49605		Repair umbilical lesion	A	$ 3,996.93	$ 3,197.55
49606		Repair umbilical lesion	A	$ 928.44	$ 742.75
49610		Repair umbilical lesion	A	$ 569.97	$ 455.98
49611		Repair umbilical lesion	A	$ 502.43	$ 401.95
49613		Rpr aa hrn rcr < 3 rdc	A	$ 344.24	$ 275.39
49614		Rpr aa hrn rcr < 3 ncr/strn	A	$ 466.71	$ 373.37

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
49615		Rpr aa hrn rcr 3-10 rdc	A	$ 522.02	$ 417.61
49616		Rpr aa hrn rcr 3-10 ncr/strn	A	$ 700.90	$ 560.72
49617		Rpr aa hrn rcr > 10 rdc	A	$ 722.68	$ 578.14
49618		Rpr aa hrn rcr > 10 ncr/strn	A	$ 1,012.24	$ 809.79
49621		Rpr parastomal hernia rdc	A	$ 607.51	$ 486.01
49622		Rpr parastomal hrna ncr/strn	A	$ 749.81	$ 599.85
49623		Rmvl ninfct mesh hernia rpr	A	$ 161.64	$ 129.32
49650		Lap ing hernia repair init	A	$ 355.84	$ 284.67
49651		Lap ing hernia repair recur	A	$ 464.62	$ 371.70
49900		Repair of abdominal wall	A	$ 673.61	$ 538.88
49904		Omental flap extra-abdom	A	$ 1,138.76	$ 911.01
49905		Omental flap intra-abdom	A	$ 286.64	$ 229.32
50010		Exploration of kidney	A	$ 611.03	$ 488.82
50020		Renal abscess open drain	A	$ 832.17	$ 665.74
50040		Nfros nfrot w/drg	A	$ 758.54	$ 606.83
50045		Nephrotomy w/exploration	A	$ 764.09	$ 611.27
50060		Nl removal calculus	A	$ 932.31	$ 745.85
50065		Nl sec surg operj calculus	A	$ 988.45	$ 790.76
50070		Nl comp cgen kdn abnormality	A	$ 969.51	$ 775.61
50075		Nl rmvl lg staghorn calculus	A	$ 1,191.07	$ 952.86
50080		Perq nl/pl lithotrp smpl<2cm	A	$ 571.66	$ 457.33
50081		Perq nl/pl lithotrp cplx>2cm	A	$ 921.84	$ 737.47
50100		Trnsxj/repos abrrnt rnl vsls	A	$ 884.78	$ 707.82
50120		Pyelotomy w/exploration	A	$ 777.61	$ 622.09
50125		Pyelotomy w/drg pyelostomy	A	$ 804.42	$ 643.53
50130		Pyelotomy w/removal calculus	A	$ 845.75	$ 676.60
50135		Pyelotomy complicated	A	$ 918.01	$ 734.41
50200		Renal biopsy perq	A	$ 428.58	$ 82.91
50205		Renal bx surg exposure kdn	A	$ 617.77	$ 494.22
50220		Remove kidney open	A	$ 862.16	$ 689.73
50225		Removal kidney open complex	A	$ 984.78	$ 787.83
50230		Removal kidney open radical	A	$ 1,046.53	$ 837.22
50234		Removal of kidney & ureter	A	$ 1,066.18	$ 852.94
50236		Removal of kidney & ureter	A	$ 1,197.87	$ 958.30
50240		Partial removal of kidney	A	$ 1,085.43	$ 868.35
50250		Cryoablate renal mass open	A	$ 995.83	$ 796.67
50280		Removal of kidney lesion	A	$ 787.46	$ 629.96
50290		Removal of kidney lesion	A	$ 737.05	$ 589.64
50320		Remove kidney living donor	A	$ 1,244.36	$ 995.49
50327		Prep renal graft/venous	A	$ 175.56	$ 140.44
50328		Prep renal graft/arterial	A	$ 153.44	$ 122.75
50329		Prep renal graft/ureteral	A	$ 146.12	$ 116.89
50340		Removal of kidney	A	$ 785.67	$ 628.53
50360		Transplantation of kidney	A	$ 1,985.80	$ 1,588.64
50365		Transplantation of kidney	A	$ 2,366.76	$ 1,893.41
50370		Remove transplanted kidney	A	$ 994.55	$ 795.64
50380		Reimplantation of kidney	A	$ 1,667.30	$ 1,333.84
50382		Change ureter stent percut	A	$ 838.37	$ 164.60
50384		Remove ureter stent percut	A	$ 716.44	$ 148.45
50385		Change stent via transureth	A	$ 839.85	$ 141.22
50386		Remove stent via transureth	A	$ 621.22	$ 105.61
50387		Change nephroureteral cath	A	$ 462.83	$ 54.37
50389		Remove renal tube w/fluoro	A	$ 346.09	$ 34.91
50390		Drainage of kidney lesion	A	$ 77.52	$ 62.01

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
50391		Instll rx agnt into rnal tub	A	$ 102.78	$ 63.80
50396		Measure kidney pressure	A	$ 95.25	$ 76.20
50400		Revision of kidney/ureter	A	$ 945.40	$ 756.32
50405		Revision of kidney/ureter	A	$ 1,141.35	$ 913.08
50430		Njx px nfrosgrm &/urtrgrm	A	$ 524.85	$ 100.25
50431		Njx px nfrosgrm &/urtrgrm	A	$ 268.22	$ 43.02
50432		Plmt nephrostomy catheter	A	$ 755.56	$ 133.67
50433		Plmt nephroureteral catheter	A	$ 941.44	$ 165.89
50434		Convert nephrostomy catheter	A	$ 755.67	$ 124.55
50435		Exchange nephrostomy cath	A	$ 500.16	$ 65.15
50436		Dilat xst trc ndurlgc px	A	$ 121.65	$ 97.32
50437		Dilat xst trc new access rcs	A	$ 203.22	$ 162.57
50500		Repair of kidney wound	A	$ 1,022.48	$ 817.98
50520		Close kidney-skin fistula	A	$ 948.68	$ 758.95
50525		Close nephrovisceral fistula	A	$ 1,201.39	$ 961.11
50526		Close nephrovisceral fistula	A	$ 1,286.70	$ 1,029.36
50540		Revision of horseshoe kidney	A	$ 938.43	$ 750.74
50541		Laparo ablate renal cyst	A	$ 751.44	$ 601.16
50542		Laparo ablate renal mass	A	$ 955.67	$ 764.54
50543		Laparo partial nephrectomy	A	$ 1,218.51	$ 974.81
50544		Laparoscopy pyeloplasty	A	$ 1,015.44	$ 812.35
50545		Laparo radical nephrectomy	A	$ 1,090.97	$ 872.78
50546		Laparoscopic nephrectomy	A	$ 984.76	$ 787.81
50547		Laparo removal donor kidney	A	$ 1,323.15	$ 1,058.52
50548		Laparo remove w/ureter	A	$ 1,096.96	$ 877.57
50551		Kidney endoscopy	A	$ 297.09	$ 191.60
50553		Kidney endoscopy	A	$ 318.44	$ 204.73
50555		Kidney endoscopy & biopsy	A	$ 338.56	$ 221.93
50557		Kidney endoscopy & treatment	A	$ 344.66	$ 224.83
50561		Kidney endoscopy & treatment	A	$ 390.80	$ 256.26
50562		Renal scope w/tumor resect	A	$ 470.69	$ 376.55
50570		Kidney endoscopy	A	$ 398.74	$ 318.99
50572		Kidney endoscopy	A	$ 431.17	$ 344.94
50574		Kidney endoscopy & biopsy	A	$ 458.70	$ 366.96
50575		Kidney endoscopy	A	$ 579.57	$ 463.65
50576		Kidney endoscopy & treatment	A	$ 457.56	$ 366.05
50580		Kidney endoscopy & treatment	A	$ 492.77	$ 394.22
50590		Fragmenting of kidney stone	A	$ 610.10	$ 375.32
50592		Perc rf ablate renal tumor	A	$ 2,352.68	$ 224.35
50593		Perc cryo ablate renal tum	A	$ 3,149.67	$ 299.47
50600		Exploration of ureter	A	$ 767.96	$ 614.37
50605		Insert ureteral support	A	$ 822.35	$ 657.88
50606		Endoluminal bx urtr rnl plvs	A	$ 402.21	$ 90.77
50610		Removal of ureter stone	A	$ 773.49	$ 618.79
50620		Removal of ureter stone	A	$ 740.00	$ 592.00
50630		Removal of ureter stone	A	$ 731.10	$ 584.88
50650		Removal of ureter	A	$ 848.89	$ 679.11
50660		Removal of ureter	A	$ 934.88	$ 747.90
50684		Injection for ureter x-ray	A	$ 105.20	$ 33.26
50686		Measure ureter pressure	A	$ 117.54	$ 57.62
50688		Change of ureter tube/stent	A	$ 63.45	$ 50.76
50690		Injection for ureter x-ray	A	$ 98.77	$ 45.89
50693		Plmt ureteral stent prq	A	$ 827.47	$ 132.63
50694		Plmt ureteral stent prq	A	$ 928.83	$ 173.79

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
50695		Plmt ureteral stent prq	A	$ 1,114.67	$ 222.65
50700		Revision of ureter	A	$ 758.82	$ 607.06
50705		Ureteral embolization/occl	A	$ 1,530.81	$ 115.94
50706		Balloon dilate urtrl strix	A	$ 697.82	$ 117.75
50715		Release of ureter	A	$ 989.15	$ 791.32
50722		Release of ureter	A	$ 842.72	$ 674.18
50725		Release/revise ureter	A	$ 902.08	$ 721.67
50727		Revise ureter	A	$ 419.92	$ 335.94
50728		Revise ureter	A	$ 574.87	$ 459.90
50740		Fusion of ureter & kidney	A	$ 1,000.80	$ 800.64
50750		Fusion of ureter & kidney	A	$ 943.20	$ 754.56
50760		Fusion of ureters	A	$ 927.11	$ 741.68
50770		Splicing of ureters	A	$ 943.20	$ 754.56
50780		Reimplant ureter in bladder	A	$ 908.52	$ 726.82
50782		Reimplant ureter in bladder	A	$ 879.82	$ 703.86
50783		Reimplant ureter in bladder	A	$ 922.21	$ 737.77
50785		Reimplant ureter in bladder	A	$ 993.97	$ 795.17
50800		Implant ureter in bowel	A	$ 759.32	$ 607.46
50810		Fusion of ureter & bowel	A	$ 1,149.70	$ 919.76
50815		Urine shunt to intestine	A	$ 1,002.47	$ 801.98
50820		Construct bowel bladder	A	$ 1,074.79	$ 859.83
50825		Construct bowel bladder	A	$ 1,345.90	$ 1,076.72
50830		Revise urine flow	A	$ 1,471.88	$ 1,177.50
50840		Replace ureter by bowel	A	$ 1,008.01	$ 806.41
50845		Appendico-vesicostomy	A	$ 1,027.31	$ 821.84
50860		Transplant ureter to skin	A	$ 774.48	$ 619.58
50900		Repair of ureter	A	$ 691.45	$ 553.16
50920		Closure ureter/skin fistula	A	$ 722.90	$ 578.32
50930		Closure ureter/bowel fistula	A	$ 901.79	$ 721.44
50940		Release of ureter	A	$ 728.37	$ 582.69
50945		Laparoscopy ureterolithotomy	A	$ 794.51	$ 635.61
50947		Laparo new ureter/bladder	A	$ 1,131.24	$ 904.99
50948		Laparo new ureter/bladder	A	$ 1,041.29	$ 833.03
50951		Endoscopy of ureter	A	$ 310.46	$ 199.23
50953		Endoscopy of ureter	A	$ 328.81	$ 212.37
50955		Ureter endoscopy & biopsy	A	$ 350.33	$ 228.93
50957		Ureter endoscopy & treatment	A	$ 353.61	$ 230.24
50961		Ureter endoscopy & treatment	A	$ 319.34	$ 206.12
50970		Ureter endoscopy	A	$ 300.93	$ 240.74
50972		Ureter endoscopy & catheter	A	$ 291.11	$ 232.89
50974		Ureter endoscopy & biopsy	A	$ 383.88	$ 307.10
50976		Ureter endoscopy & treatment	A	$ 378.18	$ 302.55
50980		Ureter endoscopy & treatment	A	$ 289.41	$ 231.53
51020		Incise & treat bladder	A	$ 387.11	$ 309.69
51030		Incise & treat bladder	A	$ 389.47	$ 311.58
51040		Incise & drain bladder	A	$ 239.86	$ 191.89
51045		Incise bladder/drain ureter	A	$ 411.39	$ 329.12
51050		Removal of bladder stone	A	$ 388.08	$ 310.46
51060		Removal of ureter stone	A	$ 479.58	$ 383.66
51065		Remove ureter calculus	A	$ 477.39	$ 381.91
51080		Drainage of bladder abscess	A	$ 336.85	$ 269.48
51100		Drain bladder by needle	A	$ 60.53	$ 25.61
51101		Drain bladder by trocar/cath	A	$ 127.65	$ 33.23
51102		Drain bl w/cath insertion	A	$ 199.35	$ 94.11

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
51500		Removal of bladder cyst	A	$ 523.98	$ 419.18
51520		Removal of bladder lesion	A	$ 489.96	$ 391.97
51525		Removal of bladder lesion	A	$ 705.12	$ 564.09
51530		Removal of bladder lesion	A	$ 632.11	$ 505.69
51535		Repair of ureter lesion	A	$ 640.15	$ 512.12
51550		Partial removal of bladder	A	$ 788.50	$ 630.80
51555		Partial removal of bladder	A	$ 1,030.81	$ 824.65
51565		Revise bladder & ureter(s)	A	$ 1,054.68	$ 843.75
51570		Removal of bladder	A	$ 1,204.69	$ 963.75
51575		Removal of bladder & nodes	A	$ 1,486.86	$ 1,189.49
51580		Remove bladder/revise tract	A	$ 1,548.68	$ 1,238.95
51585		Removal of bladder & nodes	A	$ 1,722.67	$ 1,378.14
51590		Remove bladder/revise tract	A	$ 1,576.31	$ 1,261.05
51595		Remove bladder/revise tract	A	$ 1,784.12	$ 1,427.29
51596		Remove bladder/create pouch	A	$ 1,925.19	$ 1,540.15
51597		Removal of pelvic structures	A	$ 1,876.76	$ 1,501.41
51600		Injection for bladder x-ray	A	$ 176.38	$ 28.79
51605		Preparation for bladder xray	A	$ 31.39	$ 25.11
51610		Injection for bladder x-ray	A	$ 106.85	$ 42.04
51700		Irrigation of bladder	A	$ 62.87	$ 19.80
51701		Insert bladder catheter	A	$ 36.74	$ 16.67
51702		Insert temp bladder cath	A	$ 50.78	$ 16.50
51703		Insert bladder cath complex	A	$ 123.79	$ 50.11
51705		Change of bladder tube	A	$ 80.10	$ 33.81
51710		Change of bladder tube	A	$ 112.38	$ 52.39
51715		Endoscopic injection/implant	A	$ 307.55	$ 130.65
51720		Treatment of bladder lesion	A	$ 72.38	$ 28.73
51725	26	Simple cystometrogram	A	$ 62.48	$ 49.99
51725	TC	Simple cystometrogram	A	$ 126.57	$ 101.25
51725		Simple cystometrogram	A	$ 189.05	$ 151.24
51726	26	Complex cystometrogram	A	$ 69.62	$ 55.69
51726	TC	Complex cystometrogram	A	$ 179.49	$ 143.59
51726		Complex cystometrogram	A	$ 249.11	$ 199.28
51727	26	Cystometrogram w/up	A	$ 86.87	$ 69.49
51727	TC	Cystometrogram w/up	A	$ 215.41	$ 172.33
51727		Cystometrogram w/up	A	$ 302.28	$ 241.82
51728	26	Cystometrogram w/vp	A	$ 85.13	$ 68.10
51728	TC	Cystometrogram w/vp	A	$ 216.51	$ 173.21
51728		Cystometrogram w/vp	A	$ 301.64	$ 241.31
51729	26	Cystometrogram w/vp&up	A	$ 103.08	$ 82.47
51729	TC	Cystometrogram w/vp&up	A	$ 216.23	$ 172.99
51729		Cystometrogram w/vp&up	A	$ 319.32	$ 255.45
51736	TC	Urine flow measurement	A	$ 4.33	$ 3.46
51736	26	Urine flow measurement	A	$ 6.76	$ 5.40
51736		Urine flow measurement	A	$ 11.08	$ 8.87
51741	TC	Electro-uroflowmetry first	A	$ 4.60	$ 3.68
51741	26	Electro-uroflowmetry first	A	$ 6.97	$ 5.58
51741		Electro-uroflowmetry first	A	$ 11.57	$ 9.26
51784	TC	Anal/urinary muscle study	A	$ 22.43	$ 17.94
51784	26	Anal/urinary muscle study	A	$ 30.50	$ 24.40
51784		Anal/urinary muscle study	A	$ 52.93	$ 42.34
51785	26	Anal/urinary muscle study	A	$ 74.56	$ 59.65
51785	TC	Anal/urinary muscle study	A	$ 284.12	$ 227.30
51785		Anal/urinary muscle study	A	$ 358.68	$ 286.94

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
51792	26	Urinary reflex study	A	$ 44.52	$ 35.61
51792	TC	Urinary reflex study	A	$ 179.64	$ 143.71
51792		Urinary reflex study	A	$ 224.16	$ 179.33
51797	26	Intraabdominal pressure test	A	$ 32.71	$ 26.16
51797	TC	Intraabdominal pressure test	A	$ 126.41	$ 101.13
51797		Intraabdominal pressure test	A	$ 159.12	$ 127.29
51798		Us urine capacity measure	A	$ 8.71	$ 6.97
51800		Revision of bladder/urethra	A	$ 850.45	$ 680.36
51820		Revision of urinary tract	A	$ 889.11	$ 711.29
51840		Attach bladder/urethra	A	$ 573.71	$ 458.97
51841		Attach bladder/urethra	A	$ 662.84	$ 530.28
51845		Repair bladder neck	A	$ 478.97	$ 383.18
51860		Repair of bladder wound	A	$ 612.43	$ 489.95
51865		Repair of bladder wound	A	$ 735.30	$ 588.24
51880		Repair of bladder opening	A	$ 381.82	$ 305.45
51900		Repair bladder/vagina lesion	A	$ 676.32	$ 541.06
51920		Close bladder-uterus fistula	A	$ 626.94	$ 501.55
51925		Hysterectomy/bladder repair	A	$ 893.63	$ 714.90
51940		Correction of bladder defect	A	$ 1,340.93	$ 1,072.75
51960		Revision of bladder & bowel	A	$ 1,132.63	$ 906.11
51980		Construct bladder opening	A	$ 586.29	$ 469.03
51990		Laparo urethral suspension	A	$ 611.06	$ 488.85
51992		Laparo sling operation	A	$ 686.58	$ 549.26
52000		Cystoscopy	A	$ 198.68	$ 52.54
52001		Cystoscopy removal of clots	A	$ 362.81	$ 186.71
52005		Cystoscopy & ureter catheter	A	$ 251.18	$ 86.21
52007		Cystoscopy and biopsy	A	$ 374.05	$ 107.95
52010		Cystoscopy & duct catheter	A	$ 316.25	$ 107.56
52204		Cystoscopy w/biopsy(s)	A	$ 313.00	$ 91.79
52214		Cystoscopy and treatment	A	$ 619.83	$ 114.16
52224		Cystoscopy and treatment	A	$ 647.59	$ 132.20
52234		Cystoscopy and treatment	A	$ 199.95	$ 159.96
52235		Cystoscopy and treatment	A	$ 234.48	$ 187.58
52240		Cystoscopy and treatment	A	$ 318.35	$ 254.68
52250		Cystoscopy and radiotracer	A	$ 194.62	$ 155.69
52260		Cystoscopy and treatment	A	$ 171.57	$ 137.26
52265		Cystoscopy and treatment	A	$ 309.98	$ 105.83
52270		Cystoscopy & revise urethra	A	$ 348.56	$ 118.05
52275		Cystoscopy & revise urethra	A	$ 446.84	$ 161.35
52276		Cystoscopy and treatment	A	$ 214.75	$ 171.80
52277		Cystoscopy and treatment	A	$ 262.69	$ 210.15
52281		Cystoscopy and treatment	A	$ 270.20	$ 99.02
52282		Cystoscopy implant stent	A	$ 273.40	$ 218.72
52283		Cystoscopy and treatment	A	$ 292.89	$ 130.99
52285		Cystoscopy and treatment	A	$ 290.24	$ 127.33
52287		Cystoscopy chemodenervation	A	$ 321.95	$ 110.36
52290		Cystoscopy and treatment	A	$ 198.25	$ 158.60
52300		Cystoscopy and treatment	A	$ 227.98	$ 182.38
52301		Cystoscopy and treatment	A	$ 235.66	$ 188.53
52305		Cystoscopy and treatment	A	$ 226.61	$ 181.29
52310		Cystoscopy and treatment	A	$ 263.64	$ 98.60
52315		Cystoscopy and treatment	A	$ 388.59	$ 178.81
52317		Remove bladder stone	A	$ 733.09	$ 225.38
52318		Remove bladder stone	A	$ 384.46	$ 307.56

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
52320		Cystoscopy and treatment	A	$ 200.04	$ 160.04
52325		Cystoscopy stone removal	A	$ 260.20	$ 208.16
52327		Cystoscopy inject material	A	$ 210.84	$ 168.67
52330		Cystoscopy and treatment	A	$ 499.44	$ 171.19
52332		Cystoscopy and treatment	A	$ 332.21	$ 101.24
52334		Create passage to kidney	A	$ 148.88	$ 119.11
52341		Cysto w/ureter stricture tx	A	$ 231.06	$ 184.85
52342		Cysto w/up stricture tx	A	$ 250.98	$ 200.79
52343		Cysto w/renal stricture tx	A	$ 279.65	$ 223.72
52344		Cysto/uretero stricture tx	A	$ 299.51	$ 239.61
52345		Cysto/uretero w/up stricture	A	$ 320.07	$ 256.05
52346		Cystouretero w/renal strict	A	$ 362.17	$ 289.74
52351		Cystouretero & or pyeloscope	A	$ 245.76	$ 196.60
52352		Cystouretero w/stone remove	A	$ 287.76	$ 230.21
52353		Cystouretero w/lithotripsy	A	$ 318.35	$ 254.68
52354		Cystouretero w/biopsy	A	$ 338.49	$ 270.79
52355		Cystouretero w/excise tumor	A	$ 379.24	$ 303.39
52356		Cysto/uretero w/lithotripsy	A	$ 337.39	$ 269.91
52400		Cystouretero w/congen repr	A	$ 390.78	$ 312.63
52402		Cystourethro cut ejacul duct	A	$ 216.48	$ 173.18
52441		Cystourethro w/implant	A	$ 1,050.19	$ 136.41
52442		Cystourethro w/addl implant	A	$ 716.92	$ 33.00
52450		Incision of prostate	A	$ 389.98	$ 311.98
52500		Revision of bladder neck	A	$ 404.92	$ 323.93
52601		Prostatectomy (turp)	A	$ 597.22	$ 477.78
52630		Remove prostate regrowth	A	$ 333.67	$ 266.94
52640		Relieve bladder contracture	A	$ 265.26	$ 212.21
52647		Laser surgery of prostate	A	$ 1,293.37	$ 426.82
52648		Laser surgery of prostate	A	$ 1,334.41	$ 454.82
52649		Prostate laser enucleation	A	$ 677.38	$ 541.90
52700		Drainage of prostate abscess	A	$ 364.13	$ 291.31
53000		Incision of urethra	A	$ 121.97	$ 97.57
53010		Incision of urethra	A	$ 244.53	$ 195.62
53020		Incision of urethra	A	$ 78.99	$ 63.19
53025		Incision of urethra	A	$ 56.11	$ 44.89
53040		Drainage of urethra abscess	A	$ 323.25	$ 258.60
53060		Drainage of urethra abscess	A	$ 156.80	$ 109.86
53080		Drainage of urinary leakage	A	$ 346.28	$ 277.02
53085		Drainage of urinary leakage	A	$ 532.87	$ 426.30
53200		Biopsy of urethra	A	$ 130.68	$ 92.70
53210		Removal of urethra	A	$ 637.25	$ 509.80
53215		Removal of urethra	A	$ 760.51	$ 608.41
53220		Treatment of urethra lesion	A	$ 371.94	$ 297.56
53230		Removal of urethra lesion	A	$ 501.17	$ 400.93
53235		Removal of urethra lesion	A	$ 521.21	$ 416.97
53240		Surgery for urethra pouch	A	$ 349.94	$ 279.96
53250		Removal of urethra gland	A	$ 326.50	$ 261.20
53260		Treatment of urethra lesion	A	$ 171.17	$ 119.61
53265		Treatment of urethra lesion	A	$ 189.28	$ 124.66
53270		Removal of urethra gland	A	$ 174.58	$ 121.68
53275		Repair of urethra defect	A	$ 216.36	$ 173.09
53400		Revise urethra stage 1	A	$ 656.89	$ 525.51
53405		Revise urethra stage 2	A	$ 716.44	$ 573.16
53410		Reconstruction of urethra	A	$ 802.58	$ 642.06

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
53415		Reconstruction of urethra	A	$ 924.90	$ 739.92
53420		Reconstruct urethra stage 1	A	$ 689.65	$ 551.72
53425		Reconstruct urethra stage 2	A	$ 767.33	$ 613.87
53430		Reconstruction of urethra	A	$ 798.89	$ 639.12
53431		Reconstruct urethra/bladder	A	$ 943.42	$ 754.73
53440		Male sling procedure	A	$ 618.16	$ 494.53
53442		Remove/revise male sling	A	$ 645.43	$ 516.34
53444		Insert tandem cuff	A	$ 650.91	$ 520.73
53445		Insert uro/ves nck sphincter	A	$ 621.74	$ 497.39
53446		Remove uro sphincter	A	$ 528.05	$ 422.44
53447		Remove/replace ur sphincter	A	$ 661.88	$ 529.50
53448		Remov/replc ur sphinctr comp	A	$ 1,044.66	$ 835.73
53449		Repair uro sphincter	A	$ 504.83	$ 403.87
53450		Revision of urethra	A	$ 336.87	$ 269.50
53460		Revision of urethra	A	$ 376.50	$ 301.20
53500		Urethrlys transvag w/ scope	A	$ 616.36	$ 493.09
53502		Repair of urethra injury	A	$ 399.81	$ 319.85
53505		Repair of urethra injury	A	$ 399.54	$ 319.63
53510		Repair of urethra injury	A	$ 520.07	$ 416.06
53515		Repair of urethra injury	A	$ 652.75	$ 522.20
53520		Repair of urethra defect	A	$ 459.82	$ 367.86
53600		Dilate urethra stricture	A	$ 73.31	$ 41.98
53601		Dilate urethra stricture	A	$ 70.28	$ 34.94
53605		Dilate urethra stricture	A	$ 52.57	$ 42.05
53620		Dilate urethra stricture	A	$ 140.67	$ 56.81
53621		Dilate urethra stricture	A	$ 134.38	$ 46.96
53660		Dilation of urethra	A	$ 62.35	$ 27.28
53661		Dilation of urethra	A	$ 61.27	$ 26.64
53665		Dilation of urethra	A	$ 31.16	$ 24.93
53850		Prostatic microwave thermotx	A	$ 1,171.44	$ 233.85
53852		Prostatic rf thermotx	A	$ 1,144.30	$ 250.75
53854		Trurl dstrj prst8 tiss rf wv	A	$ 1,382.38	$ 250.58
53855		Insert prost urethral stent	A	$ 541.87	$ 53.54
53860		Transurethral rf treatment	A	$ 1,976.72	$ 146.02
54000		Slitting of prepuce	A	$ 134.32	$ 72.79
54001		Slitting of prepuce	A	$ 163.80	$ 92.43
54015		Drain penis lesion	A	$ 250.27	$ 200.22
54050		Destruction penis lesion(s)	A	$ 119.22	$ 70.58
54055		Destruction penis lesion(s)	A	$ 113.68	$ 63.30
54056		Cryosurgery penis lesion(s)	A	$ 119.12	$ 73.58
54057		Laser surg penis lesion(s)	A	$ 118.12	$ 64.66
54060		Excision of penis lesion(s)	A	$ 160.94	$ 86.41
54065		Destruction penis lesion(s)	A	$ 183.92	$ 113.35
54100		Biopsy of penis	A	$ 167.59	$ 79.67
54105		Biopsy of penis	A	$ 227.76	$ 139.87
54110		Treatment of penis lesion	A	$ 512.95	$ 410.36
54111		Treat penis lesion graft	A	$ 655.64	$ 524.52
54112		Treat penis lesion graft	A	$ 768.37	$ 614.69
54115		Treatment of penis lesion	A	$ 376.76	$ 280.79
54120		Partial removal of penis	A	$ 519.53	$ 415.63
54125		Removal of penis	A	$ 676.99	$ 541.59
54130		Remove penis & nodes	A	$ 977.18	$ 781.74
54135		Remove penis & nodes	A	$ 1,235.10	$ 988.08
54150		Circumcision w/regionl block	A	$ 122.87	$ 63.41

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
54160		Circumcision neonate	A	$ 181.84	$ 95.68
54161		Circum 28 days or older	A	$ 162.31	$ 129.85
54162		Lysis penil circumic lesion	A	$ 212.22	$ 132.04
54163		Repair of circumcision	A	$ 180.14	$ 144.11
54164		Frenulotomy of penis	A	$ 159.52	$ 127.61
54200		Treatment of penis lesion	A	$ 95.57	$ 56.93
54205		Treatment of penis lesion	A	$ 437.60	$ 350.08
54220		Treatment of penis lesion	A	$ 181.54	$ 87.32
54230		Prepare penis study	A	$ 87.48	$ 52.21
54231		Dynamic cavernosometry	A	$ 118.12	$ 75.63
54235		Penile injection	A	$ 74.11	$ 48.54
54240	TC	Penis study	A	$ 34.16	$ 27.32
54240	26	Penis study	A	$ 53.98	$ 43.18
54240		Penis study	A	$ 88.14	$ 70.51
54250	TC	Penis study	A	$ 11.73	$ 9.38
54250	26	Penis study	A	$ 89.12	$ 71.30
54250		Penis study	A	$ 100.85	$ 80.68
54300		Revision of penis	A	$ 530.03	$ 424.03
54304		Revision of penis	A	$ 613.78	$ 491.03
54308		Reconstruction of urethra	A	$ 588.55	$ 470.84
54312		Reconstruction of urethra	A	$ 671.89	$ 537.51
54316		Reconstruction of urethra	A	$ 814.85	$ 651.88
54318		Reconstruction of urethra	A	$ 585.12	$ 468.10
54322		Reconstruction of urethra	A	$ 641.29	$ 513.03
54324		Reconstruction of urethra	A	$ 793.47	$ 634.78
54326		Reconstruction of urethra	A	$ 772.53	$ 618.03
54328		Revise penis/urethra	A	$ 767.48	$ 613.98
54332		Revise penis/urethra	A	$ 827.57	$ 662.06
54336		Revise penis/urethra	A	$ 972.79	$ 778.23
54340		Rpr hypspad comp simple	A	$ 468.25	$ 374.60
54344		Rrp hypspad comp moblj&urtp	A	$ 773.96	$ 619.17
54348		Rpr hypspad comp dsj & urtp	A	$ 827.51	$ 662.00
54352		Revj prior hypspad repair	A	$ 1,156.95	$ 925.56
54360		Penis plastic surgery	A	$ 592.49	$ 473.99
54380		Repair penis	A	$ 656.10	$ 524.88
54385		Repair penis	A	$ 763.43	$ 610.74
54390		Repair penis and bladder	A	$ 1,016.80	$ 813.44
54400		Insert semi-rigid prosthesis	A	$ 437.64	$ 350.11
54401		Insert self-contd prosthesis	A	$ 546.53	$ 437.22
54405		Insert multi-comp penis pros	A	$ 663.61	$ 530.89
54406		Remove muti-comp penis pros	A	$ 600.81	$ 480.65
54408		Repair multi-comp penis pros	A	$ 649.54	$ 519.64
54410		Remove/replace penis prosth	A	$ 708.53	$ 566.82
54411		Remov/replc penis pros comp	A	$ 844.95	$ 675.96
54415		Remove self-contd penis pros	A	$ 437.21	$ 349.76
54416		Remv/repl penis contain pros	A	$ 588.44	$ 470.76
54417		Remv/replc penis pros compl	A	$ 737.80	$ 590.24
54420		Revision of penis	A	$ 577.17	$ 461.74
54430		Revision of penis	A	$ 525.09	$ 420.07
54435		Revision of penis	A	$ 341.31	$ 273.05
54437		Repair corporeal tear	A	$ 557.47	$ 445.98
54438		Replantation of penis	A	$ 1,094.06	$ 875.25
54450		Preputial stretching	A	$ 56.37	$ 37.42
54500		Biopsy of testis	A	$ 61.11	$ 48.89

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
54505		Biopsy of testis	A	$ 172.59	$ 138.07
54512		Excise lesion testis	A	$ 441.79	$ 353.43
54520		Removal of testis	A	$ 269.97	$ 215.97
54522		Orchiectomy partial	A	$ 483.16	$ 386.53
54530		Removal of testis	A	$ 418.80	$ 335.04
54535		Extensive testis surgery	A	$ 611.25	$ 489.00
54550		Exploration for testis	A	$ 404.56	$ 323.65
54560		Exploration for testis	A	$ 565.16	$ 452.13
54600		Reduce testis torsion	A	$ 372.78	$ 298.22
54620		Suspension of testis	A	$ 245.46	$ 196.37
54640		Orchiopexy ingun/scrot appr	A	$ 354.66	$ 283.73
54650		Orchiopexy (fowler-stephens)	A	$ 585.40	$ 468.32
54660		Revision of testis	A	$ 295.37	$ 236.30
54670		Repair testis injury	A	$ 337.31	$ 269.85
54680		Relocation of testis(es)	A	$ 646.59	$ 517.27
54690		Laparoscopy orchiectomy	A	$ 538.16	$ 430.53
54692		Laparoscopy orchiopexy	A	$ 620.09	$ 496.07
54700		Drainage of scrotum	A	$ 174.89	$ 139.91
54800		Biopsy of epididymis	A	$ 101.95	$ 81.56
54830		Remove epididymis lesion	A	$ 306.96	$ 245.57
54840		Remove epididymis lesion	A	$ 265.78	$ 212.62
54860		Removal of epididymis	A	$ 345.22	$ 276.18
54861		Removal of epididymis	A	$ 467.41	$ 373.93
54865		Explore epididymis	A	$ 296.94	$ 237.55
54900		Fusion of spermatic ducts	A	$ 657.38	$ 525.90
54901		Fusion of spermatic ducts	A	$ 867.89	$ 694.31
55000		Drainage of hydrocele	A	$ 99.33	$ 55.33
55040		Removal of hydrocele	A	$ 278.52	$ 222.82
55041		Removal of hydroceles	A	$ 421.29	$ 337.03
55060		Repair of hydrocele	A	$ 313.28	$ 250.62
55100		Drainage of scrotum abscess	A	$ 190.20	$ 110.26
55110		Explore scrotum	A	$ 319.87	$ 255.90
55120		Removal of scrotum lesion	A	$ 292.60	$ 234.08
55150		Removal of scrotum	A	$ 406.48	$ 325.18
55175		Revision of scrotum	A	$ 301.22	$ 240.98
55180		Revision of scrotum	A	$ 566.46	$ 453.17
55200		Incision of sperm duct	A	$ 316.94	$ 182.91
55250		Removal of sperm duct(s)	A	$ 276.73	$ 150.96
55300		Prepare sperm duct x-ray	A	$ 152.02	$ 121.62
55400		Repair of sperm duct	A	$ 411.02	$ 328.82
55500		Removal of hydrocele	A	$ 323.38	$ 258.70
55520		Removal of sperm cord lesion	A	$ 376.64	$ 301.31
55530		Revise spermatic cord veins	A	$ 290.21	$ 232.17
55535		Revise spermatic cord veins	A	$ 354.70	$ 283.76
55540		Revise hernia & sperm veins	A	$ 455.74	$ 364.59
55550		Laparo ligate spermatic vein	A	$ 353.89	$ 283.11
55600		Incise sperm duct pouch	A	$ 347.71	$ 278.17
55605		Incise sperm duct pouch	A	$ 431.56	$ 345.24
55650		Remove sperm duct pouch	A	$ 590.18	$ 472.14
55680		Remove sperm pouch lesion	A	$ 286.23	$ 228.98
55700		Biopsy of prostate	A	$ 199.35	$ 84.89
55705		Biopsy of prostate	A	$ 217.76	$ 174.21
55706		Prostate saturation sampling	A	$ 309.19	$ 247.36
55720		Drainage of prostate abscess	A	$ 371.81	$ 297.45

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
55725		Drainage of prostate abscess	A	$ 490.08	$ 392.06
55801		Removal of prostate	A	$ 897.72	$ 718.17
55810		Extensive prostate surgery	A	$ 1,069.15	$ 855.32
55812		Extensive prostate surgery	A	$ 1,314.85	$ 1,051.88
55815		Extensive prostate surgery	A	$ 1,439.48	$ 1,151.58
55821		Removal of prostate	A	$ 688.02	$ 550.42
55831		Removal of prostate	A	$ 706.15	$ 564.92
55840		Extensive prostate surgery	A	$ 957.13	$ 765.71
55842		Extensive prostate surgery	A	$ 957.56	$ 766.05
55845		Extensive prostate surgery	A	$ 1,113.41	$ 890.73
55860		Surgical exposure prostate	A	$ 717.88	$ 574.31
55862		Extensive prostate surgery	A	$ 897.53	$ 718.03
55865		Extensive prostate surgery	A	$ 1,092.11	$ 873.69
55866		Laps surg prst8ect rpbic rad	A	$ 979.53	$ 783.63
55867		Laps surg prst8ect smpl stot	A	$ 859.96	$ 687.97
55870		Electroejaculation	A	$ 145.44	$ 92.22
55873		Cryoablate prostate	A	$ 4,750.25	$ 502.16
55874		Tprnl plmt biodegrdabl matrl	A	$ 2,389.42	$ 107.86
55875		Transperi needle place pros	A	$ 641.45	$ 513.16
55876		Place rt device/marker pros	A	$ 125.19	$ 66.81
55880		Abltj mal prst8 tiss hifu	A	$ 802.65	$ 642.12
55920		Place needles pelvic for rt	A	$ 382.29	$ 305.83
56405		I & d of vulva/perineum	A	$ 122.85	$ 84.46
56420		Drainage of gland abscess	A	$ 154.86	$ 73.87
56440		Surgery for vulva lesion	A	$ 150.05	$ 120.04
56441		Lysis of labial lesion(s)	A	$ 152.62	$ 102.79
56442		Hymenotomy	A	$ 39.15	$ 31.32
56501		Destroy vulva lesions sim	A	$ 160.81	$ 88.94
56515		Destroy vulva lesion/s compl	A	$ 231.03	$ 141.39
56605		Biopsy of vulva/perineum	A	$ 80.23	$ 39.17
56606		Biopsy of vulva/perineum	A	$ 31.96	$ 19.43
56620		Partial removal of vulva	A	$ 486.84	$ 389.47
56625		Complete removal of vulva	A	$ 553.75	$ 443.00
56630		Extensive vulva surgery	A	$ 795.93	$ 636.74
56631		Extensive vulva surgery	A	$ 980.91	$ 784.73
56632		Extensive vulva surgery	A	$ 1,187.79	$ 950.23
56633		Extensive vulva surgery	A	$ 1,019.78	$ 815.82
56634		Extensive vulva surgery	A	$ 1,069.76	$ 855.81
56637		Extensive vulva surgery	A	$ 1,252.89	$ 1,002.31
56640		Extensive vulva surgery	A	$ 1,260.61	$ 1,008.49
56700		Partial removal of hymen	A	$ 169.24	$ 135.39
56740		Remove vagina gland lesion	A	$ 261.74	$ 209.39
56800		Repair of vagina	A	$ 210.45	$ 168.36
56805		Repair clitoris	A	$ 967.40	$ 773.92
56810		Repair of perineum	A	$ 225.79	$ 180.63
56820		Exam of vulva w/scope	A	$ 103.94	$ 55.73
56821		Exam/biopsy of vulva w/scope	A	$ 139.20	$ 74.72
57000		Exploration of vagina	A	$ 168.15	$ 134.52
57010		Drainage of pelvic abscess	A	$ 380.76	$ 304.61
57020		Drainage of pelvic fluid	A	$ 104.76	$ 52.44
57022		I & d vaginal hematoma pp	A	$ 150.83	$ 120.67
57023		I & d vag hematoma non-ob	A	$ 265.54	$ 212.43
57061		Destroy vag lesions simple	A	$ 139.49	$ 76.71
57065		Destroy vag lesions complex	A	$ 205.92	$ 123.71

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
57100		Biopsy of vagina	A	$ 85.79	$ 42.97
57105		Biopsy of vagina	A	$ 147.20	$ 97.36
57106		Remove vagina wall partial	A	$ 445.69	$ 356.56
57107		Remove vagina tissue part	A	$ 1,205.40	$ 964.32
57109		Vaginectomy partial w/nodes	A	$ 1,428.71	$ 1,142.97
57110		Remove vagina wall complete	A	$ 750.07	$ 600.06
57111		Remove vagina tissue compl	A	$ 1,428.71	$ 1,142.97
57120		Closure of vagina	A	$ 441.23	$ 352.99
57130		Remove vagina lesion	A	$ 192.87	$ 115.25
57135		Remove vagina lesion	A	$ 206.73	$ 125.02
57150		Treat vagina infection	A	$ 48.20	$ 17.06
57155		Insert uteri tandem/ovoids	A	$ 329.95	$ 188.72
57156		Ins vag brachytx device	A	$ 190.50	$ 100.85
57160		Insert pessary/other device	A	$ 61.81	$ 30.36
57170		Fitting of diaphragm/cap	A	$ 64.94	$ 31.55
57180		Treat vaginal bleeding	A	$ 166.31	$ 80.83
57200		Repair of vagina	A	$ 275.42	$ 220.34
57210		Repair vagina/perineum	A	$ 326.79	$ 261.43
57220		Revision of urethra	A	$ 287.90	$ 230.32
57230		Repair of urethral lesion	A	$ 349.18	$ 279.34
57240		Anterior colporrhaphy	A	$ 509.45	$ 407.56
57250		Repair rectum & vagina	A	$ 511.56	$ 409.25
57260		Cmbn ant pst colprhy	A	$ 646.24	$ 517.00
57265		Cmbn ap colprhy w/ntrcl rpr	A	$ 723.17	$ 578.54
57267		Insert mesh/pelvic flr addon	A	$ 206.29	$ 165.03
57268		Repair of bowel bulge	A	$ 421.23	$ 336.99
57270		Repair of bowel pouch	A	$ 675.50	$ 540.40
57280		Suspension of vagina	A	$ 800.11	$ 640.09
57282		Colpopexy extraperitoneal	A	$ 576.17	$ 460.93
57283		Colpopexy intraperitoneal	A	$ 580.60	$ 464.48
57284		Repair paravag defect open	A	$ 689.06	$ 551.24
57285		Repair paravag defect vag	A	$ 574.94	$ 459.95
57287		Revise/remove sling repair	A	$ 615.96	$ 492.77
57288		Repair bladder defect	A	$ 616.07	$ 492.86
57289		Repair bladder & vagina	A	$ 659.27	$ 527.42
57291		Construction of vagina	A	$ 456.75	$ 365.40
57292		Construct vagina with graft	A	$ 687.86	$ 550.29
57295		Revise vag graft via vagina	A	$ 416.92	$ 333.53
57296		Revise vag graft open abd	A	$ 795.24	$ 636.19
57300		Repair rectum-vagina fistula	A	$ 507.37	$ 405.90
57305		Repair rectum-vagina fistula	A	$ 814.05	$ 651.24
57307		Fistula repair & colostomy	A	$ 898.13	$ 718.50
57308		Fistula repair transperine	A	$ 550.83	$ 440.66
57310		Repair urethrovaginal lesion	A	$ 407.89	$ 326.32
57311		Repair urethrovaginal lesion	A	$ 459.46	$ 367.57
57320		Repair bladder-vagina lesion	A	$ 470.04	$ 376.03
57330		Repair bladder-vagina lesion	A	$ 632.94	$ 506.35
57335		Repair vagina	A	$ 977.07	$ 781.66
57400		Dilation of vagina	A	$ 106.75	$ 85.40
57410		Pelvic examination	A	$ 86.89	$ 69.51
57415		Remove vaginal foreign body	A	$ 145.66	$ 116.52
57420		Exam of vagina w/scope	A	$ 109.84	$ 58.91
57421		Exam/biopsy of vag w/scope	A	$ 147.30	$ 79.88
57423		Repair paravag defect lap	A	$ 769.58	$ 615.67

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
57425		Laparoscopy surg colpopexy	A	$ 805.72	$ 644.58
57426		Revise prosth vag graft lap	A	$ 722.47	$ 577.97
57452		Exam of cervix w/scope	A	$ 105.31	$ 59.90
57454		Bx/curett of cervix w/scope	A	$ 140.28	$ 87.66
57455		Biopsy of cervix w/scope	A	$ 133.87	$ 71.56
57456		Endocerv curettage w/scope	A	$ 126.33	$ 66.63
57460		Bx of cervix w/scope leep	A	$ 262.18	$ 105.11
57461		Conz of cervix w/scope leep	A	$ 292.30	$ 120.86
57465		Cam cervix uteri drg colp	A	$ 45.52	$ 28.30
57500		Biopsy of cervix	A	$ 128.02	$ 49.33
57505		Endocervical curettage	A	$ 129.10	$ 72.57
57510		Cauterization of cervix	A	$ 139.29	$ 74.36
57511		Cryocautery of cervix	A	$ 166.17	$ 97.84
57513		Laser surgery of cervix	A	$ 171.66	$ 97.62
57520		Conization of cervix	A	$ 293.94	$ 196.98
57522		Conization of cervix	A	$ 252.41	$ 169.46
57530		Removal of cervix	A	$ 310.91	$ 248.73
57531		Removal of cervix radical	A	$ 1,493.66	$ 1,194.93
57540		Removal of residual cervix	A	$ 657.49	$ 525.99
57545		Remove cervix/repair pelvis	A	$ 692.31	$ 553.85
57550		Removal of residual cervix	A	$ 359.38	$ 287.51
57555		Remove cervix/repair vagina	A	$ 514.90	$ 411.92
57556		Remove cervix repair bowel	A	$ 488.93	$ 391.14
57558		D&c of cervical stump	A	$ 131.82	$ 85.71
57700		Revision of cervix	A	$ 297.26	$ 237.81
57720		Revision of cervix	A	$ 278.52	$ 222.82
57800		Dilation of cervical canal	A	$ 64.51	$ 31.42
58100		Biopsy of uterus lining	A	$ 84.43	$ 41.66
58110		Bx done w/colposcopy add-on	A	$ 41.20	$ 26.38
58120		Dilation and curettage	A	$ 247.64	$ 154.90
58140		Myomectomy abdom method	A	$ 774.22	$ 619.37
58145		Myomectomy vag method	A	$ 471.73	$ 377.38
58146		Myomectomy abdom complex	A	$ 957.68	$ 766.14
58150		Total hysterectomy	A	$ 839.15	$ 671.32
58152		Total hysterectomy	A	$ 1,025.79	$ 820.63
58180		Partial hysterectomy	A	$ 794.14	$ 635.31
58200		Extensive hysterectomy	A	$ 1,111.63	$ 889.31
58210		Extensive hysterectomy	A	$ 1,503.83	$ 1,203.07
58240		Removal of pelvis contents	A	$ 2,420.12	$ 1,936.10
58260		Vaginal hysterectomy	A	$ 696.55	$ 557.24
58262		Vag hyst including t/o	A	$ 769.09	$ 615.27
58263		Vag hyst w/t/o & vag repair	A	$ 824.87	$ 659.90
58267		Vag hyst w/urinary repair	A	$ 887.84	$ 710.27
58270		Vag hyst w/enterocele repair	A	$ 743.12	$ 594.50
58275		Hysterectomy/revise vagina	A	$ 820.60	$ 656.48
58280		Hysterectomy/revise vagina	A	$ 879.57	$ 703.65
58285		Extensive hysterectomy	A	$ 1,174.33	$ 939.46
58290		Vag hyst complex	A	$ 954.63	$ 763.70
58291		Vag hyst incl t/o complex	A	$ 1,031.52	$ 825.21
58292		Vag hyst t/o & repair compl	A	$ 1,087.09	$ 869.67
58294		Vag hyst w/enterocele compl	A	$ 1,009.63	$ 807.71
58300		Insert intrauterine device	N	$ 91.83	$ 33.54
58301		Remove intrauterine device	A	$ 91.59	$ 43.65
58321		Artificial insemination	A	$ 68.25	$ 32.00

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
58322		Artificial insemination	A	$ 75.78	$ 38.03
58323		Sperm washing	A	$ 12.42	$ 7.96
58340		Catheter for hysterography	A	$ 203.84	$ 37.81
58345		Reopen fallopian tube	A	$ 240.07	$ 192.06
58346		Insert heyman uteri capsule	A	$ 413.88	$ 331.10
58350		Reopen fallopian tube	A	$ 128.44	$ 63.48
58353		Endometr ablate thermal	A	$ 779.91	$ 153.81
58356		Endometrial cryoablation	A	$ 1,400.40	$ 234.93
58400		Suspension of uterus	A	$ 385.44	$ 308.35
58410		Suspension of uterus	A	$ 677.66	$ 542.13
58520		Repair of ruptured uterus	A	$ 664.30	$ 531.44
58540		Revision of uterus	A	$ 760.82	$ 608.65
58541		Lsh uterus 250 g or less	A	$ 606.43	$ 485.14
58542		Lsh w/t/o ut 250 g or less	A	$ 689.40	$ 551.52
58543		Lsh uterus above 250 g	A	$ 699.81	$ 559.85
58544		Lsh w/t/o uterus above 250 g	A	$ 753.11	$ 602.48
58545		Laparoscopic myomectomy	A	$ 746.52	$ 597.22
58546		Laparo-myomectomy complex	A	$ 923.00	$ 738.40
58548		Lap radical hyst	A	$ 1,553.92	$ 1,243.13
58550		Laparo-asst vag hysterectomy	A	$ 731.18	$ 584.94
58552		Laparo-vag hyst incl t/o	A	$ 813.24	$ 650.60
58553		Laparo-vag hyst complex	A	$ 927.98	$ 742.38
58554		Laparo-vag hyst w/t/o compl	A	$ 1,079.07	$ 863.26
58555		Hysteroscopy dx sep proc	A	$ 301.82	$ 99.74
58558		Hysteroscopy biopsy	A	$ 1,112.16	$ 152.42
58559		Hysteroscopy lysis	A	$ 233.82	$ 187.06
58560		Hysteroscopy resect septum	A	$ 257.28	$ 205.83
58561		Hysteroscopy remove myoma	A	$ 294.51	$ 235.61
58562		Hysteroscopy remove fb	A	$ 360.21	$ 146.02
58563		Hysteroscopy ablation	A	$ 1,769.02	$ 162.16
58565		Hysteroscopy sterilization	A	$ 1,394.35	$ 304.46
58570		Tlh uterus 250 g or less	A	$ 669.41	$ 535.52
58571		Tlh w/t/o 250 g or less	A	$ 751.66	$ 601.33
58572		Tlh uterus over 250 g	A	$ 859.51	$ 687.61
58573		Tlh w/t/o uterus over 250 g	A	$ 1,006.54	$ 805.23
58575		Laps tot hyst resj mal	A	$ 1,595.21	$ 1,276.17
58600		Division of fallopian tube	A	$ 308.33	$ 246.66
58605		Division of fallopian tube	A	$ 280.31	$ 224.24
58611		Ligate oviduct(s) add-on	A	$ 62.47	$ 49.97
58615		Occlude fallopian tube(s)	A	$ 210.74	$ 168.59
58660		Laparoscopy lysis	A	$ 563.73	$ 450.98
58661		Laparoscopy remove adnexa	A	$ 540.56	$ 432.45
58662		Laparoscopy excise lesions	A	$ 589.97	$ 471.98
58670		Laparoscopy tubal cautery	A	$ 308.88	$ 247.10
58671		Laparoscopy tubal block	A	$ 308.88	$ 247.10
58672		Laparoscopy fimbrioplasty	A	$ 606.05	$ 484.84
58673		Laparoscopy salpingostomy	A	$ 657.74	$ 526.19
58674		Laps abltj uterine fibroids	A	$ 674.73	$ 539.79
58700		Removal of fallopian tube	A	$ 662.57	$ 530.05
58720		Removal of ovary/tube(s)	A	$ 628.07	$ 502.46
58740		Adhesiolysis tube ovary	A	$ 747.03	$ 597.62
58750		Repair oviduct	A	$ 754.75	$ 603.80
58752		Revise ovarian tube(s)	A	$ 752.83	$ 602.26
58760		Fimbrioplasty	A	$ 681.90	$ 545.52

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
58770		Create new tubal opening	A	$ 716.15	$ 572.92
58800		Drainage of ovarian cyst(s)	A	$ 302.12	$ 210.10
58805		Drainage of ovarian cyst(s)	A	$ 356.48	$ 285.18
58820		Drain ovary abscess open	A	$ 282.58	$ 226.06
58822		Drain ovary abscess percut	A	$ 593.88	$ 475.11
58825		Transposition ovary(s)	A	$ 589.45	$ 471.56
58900		Biopsy of ovary(s)	A	$ 364.15	$ 291.32
58920		Partial removal of ovary(s)	A	$ 593.89	$ 475.12
58925		Removal of ovarian cyst(s)	A	$ 635.80	$ 508.64
58940		Removal of ovary(s)	A	$ 461.03	$ 368.82
58943		Removal of ovary(s)	A	$ 968.64	$ 774.91
58950		Resect ovarian malignancy	A	$ 953.24	$ 762.59
58951		Resect ovarian malignancy	A	$ 1,191.58	$ 953.26
58952		Resect ovarian malignancy	A	$ 1,360.66	$ 1,088.53
58953		Tah rad dissect for debulk	A	$ 1,652.42	$ 1,321.94
58954		Tah rad debulk/lymph remove	A	$ 1,786.54	$ 1,429.23
58956		Bso omentectomy w/tah	A	$ 1,123.34	$ 898.67
58957		Resect recurrent gyn mal	A	$ 1,311.28	$ 1,049.02
58958		Resect recur gyn mal w/lym	A	$ 1,373.33	$ 1,098.67
58960		Exploration of abdomen	A	$ 823.14	$ 658.52
58970		Retrieval of oocyte	A	$ 199.62	$ 129.20
58976		Transfer of embryo	A	$ 214.41	$ 139.94
59000		Amniocentesis diagnostic	A	$ 96.02	$ 52.25
59001		Amniocentesis therapeutic	A	$ 144.59	$ 115.67
59012		Fetal cord puncture prenatal	A	$ 163.33	$ 130.66
59015		Chorion biopsy	A	$ 128.75	$ 85.01
59020	TC	Fetal contract stress test	A	$ 27.64	$ 22.11
59020	26	Fetal contract stress test	A	$ 29.99	$ 23.99
59020		Fetal contract stress test	A	$ 57.62	$ 46.10
59025	TC	Fetal non-stress test	A	$ 16.39	$ 13.11
59025	26	Fetal non-stress test	A	$ 23.59	$ 18.87
59025		Fetal non-stress test	A	$ 39.98	$ 31.99
59030		Fetal scalp blood sample	A	$ 91.04	$ 72.84
59050		Fetal monitor w/report	A	$ 40.79	$ 32.63
59051		Fetal monitor/interpret only	A	$ 33.97	$ 27.18
59070		Transabdom amnioinfus w/us	A	$ 326.04	$ 200.29
59072		Umbilical cord occlud w/us	A	$ 422.29	$ 337.83
59074		Fetal fluid drainage w/us	A	$ 313.16	$ 200.29
59076		Fetal shunt placement w/us	A	$ 422.29	$ 337.83
59100		Remove uterus lesion	A	$ 701.61	$ 561.29
59120		Treat ectopic pregnancy	A	$ 669.77	$ 535.82
59121		Treat ectopic pregnancy	A	$ 669.87	$ 535.89
59130		Treat ectopic pregnancy	A	$ 777.55	$ 622.04
59136		Treat ectopic pregnancy	A	$ 737.39	$ 589.91
59140		Treat ectopic pregnancy	A	$ 343.35	$ 274.68
59150		Treat ectopic pregnancy	A	$ 649.95	$ 519.96
59151		Treat ectopic pregnancy	A	$ 635.93	$ 508.74
59160		D & c after delivery	A	$ 226.45	$ 124.13
59200		Insert cervical dilator	A	$ 87.24	$ 28.77
59300		Episiotomy or vaginal repair	A	$ 190.10	$ 95.92
59320		Revision of cervix	A	$ 122.90	$ 98.32
59325		Revision of cervix	A	$ 195.45	$ 156.36
59350		Repair of uterus	A	$ 226.51	$ 181.21
59400		Obstetrical care	A	$ 1,962.23	$ 1,569.79

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
59409		Obstetrical care	A	$ 653.72	$ 522.98
59410		Obstetrical care	A	$ 865.83	$ 692.67
59412		Antepartum manipulation	A	$ 83.46	$ 66.77
59414		Deliver placenta	A	$ 73.70	$ 58.96
59425		Antepartum care only	A	$ 460.41	$ 283.21
59426		Antepartum care only	A	$ 842.59	$ 520.07
59430		Care after delivery	A	$ 217.89	$ 117.28
59510		Cesarean delivery	A	$ 2,164.27	$ 1,731.42
59514		Cesarean delivery only	A	$ 738.00	$ 590.40
59515		Cesarean delivery	A	$ 1,062.58	$ 850.06
59525		Remove uterus after cesarean	A	$ 390.42	$ 312.33
59610		Vbac delivery	A	$ 2,048.43	$ 1,638.74
59612		Vbac delivery only	A	$ 736.82	$ 589.46
59614		Vbac care after delivery	A	$ 932.00	$ 745.60
59618		Attempted vbac delivery	A	$ 2,186.79	$ 1,749.43
59620		Attempted vbac delivery only	A	$ 762.69	$ 610.15
59622		Attempted vbac after care	A	$ 1,102.81	$ 882.25
59812		Treatment of miscarriage	A	$ 299.36	$ 201.98
59820		Care of miscarriage	A	$ 362.96	$ 254.39
59821		Treatment of miscarriage	A	$ 357.55	$ 248.53
59830		Treat uterus infection	A	$ 381.92	$ 305.54
59840		Abortion	R	$ 206.02	$ 146.17
59841		Abortion	R	$ 351.45	$ 244.52
59850		Abortion	R	$ 321.42	$ 257.14
59851		Abortion	R	$ 352.37	$ 281.90
59852		Abortion	R	$ 485.15	$ 388.12
59855		Abortion	R	$ 349.31	$ 279.45
59856		Abortion	R	$ 408.27	$ 326.62
59857		Abortion	R	$ 475.63	$ 380.50
59866		Abortion (mpr)	R	$ 193.29	$ 154.63
59870		Evacuate mole of uterus	A	$ 442.77	$ 354.21
59871		Remove cerclage suture	A	$ 108.15	$ 86.52
60000		Drain thyroid/tongue cyst	A	$ 154.28	$ 104.56
60100		Biopsy of thyroid	A	$ 91.56	$ 50.87
60200		Remove thyroid lesion	A	$ 552.59	$ 442.08
60210		Partial thyroid excision	A	$ 583.59	$ 466.87
60212		Partial thyroid excision	A	$ 840.40	$ 672.32
60220		Partial removal of thyroid	A	$ 584.17	$ 467.33
60225		Partial removal of thyroid	A	$ 771.83	$ 617.46
60240		Removal of thyroid	A	$ 755.76	$ 604.61
60252		Removal of thyroid	A	$ 1,087.85	$ 870.28
60254		Extensive thyroid surgery	A	$ 1,376.05	$ 1,100.84
60260		Repeat thyroid surgery	A	$ 897.52	$ 718.02
60270		Removal of thyroid	A	$ 1,120.89	$ 896.71
60271		Removal of thyroid	A	$ 869.40	$ 695.52
60280		Remove thyroid duct lesion	A	$ 377.80	$ 302.24
60281		Remove thyroid duct lesion	A	$ 496.52	$ 397.21
60300		Aspir/inj thyroid cyst	A	$ 89.03	$ 31.96
60500		Explore parathyroid glands	A	$ 797.75	$ 638.20
60502		Re-explore parathyroids	A	$ 1,068.45	$ 854.76
60505		Explore parathyroid glands	A	$ 1,150.06	$ 920.05
60512		Autotransplant parathyroid	A	$ 197.52	$ 158.02
60520		Removal of thymus gland	A	$ 858.98	$ 687.18
60521		Removal of thymus gland	A	$ 911.10	$ 728.88

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
60522		Removal of thymus gland	A	$ 1,103.58	$ 882.87
60540		Explore adrenal gland	A	$ 881.58	$ 705.26
60545		Explore adrenal gland	A	$ 1,020.50	$ 816.40
60600		Remove carotid body lesion	A	$ 1,110.38	$ 888.31
60605		Remove carotid body lesion	A	$ 1,318.32	$ 1,054.66
60650		Laparoscopy adrenalectomy	A	$ 973.04	$ 778.43
61000		Remove cranial cavity fluid	A	$ 91.76	$ 73.41
61001		Remove cranial cavity fluid	A	$ 86.79	$ 69.43
61020		Remove brain cavity fluid	A	$ 85.96	$ 68.77
61026		Injection into brain canal	A	$ 87.39	$ 69.91
61050		Remove brain canal fluid	A	$ 66.35	$ 53.08
61055		Injection into brain canal	A	$ 97.04	$ 77.63
61070		Brain canal shunt procedure	A	$ 46.27	$ 37.02
61105		Twist drill hole	A	$ 381.24	$ 304.99
61107		Drill skull for implantation	A	$ 251.37	$ 201.10
61108		Drill skull for drainage	A	$ 741.84	$ 593.47
61120		Burr hole for puncture	A	$ 613.92	$ 491.13
61140		Pierce skull for biopsy	A	$ 1,035.50	$ 828.40
61150		Pierce skull for drainage	A	$ 1,099.75	$ 879.80
61151		Pierce skull for drainage	A	$ 811.29	$ 649.03
61154		Pierce skull & remove clot	A	$ 1,042.44	$ 833.95
61156		Pierce skull for drainage	A	$ 1,003.96	$ 803.17
61210		Pierce skull implant device	A	$ 295.21	$ 236.17
61215		Insert brain-fluid device	A	$ 424.06	$ 339.25
61250		Pierce skull & explore	A	$ 710.47	$ 568.38
61253		Pierce skull & explore	A	$ 811.29	$ 649.03
61304		Open skull for exploration	A	$ 1,331.77	$ 1,065.41
61305		Open skull for exploration	A	$ 1,630.08	$ 1,304.06
61312		Open skull for drainage	A	$ 1,680.75	$ 1,344.60
61313		Open skull for drainage	A	$ 1,612.55	$ 1,290.04
61314		Open skull for drainage	A	$ 1,482.57	$ 1,186.06
61315		Open skull for drainage	A	$ 1,680.51	$ 1,344.41
61316		Implt cran bone flap to abdo	A	$ 70.38	$ 56.30
61320		Open skull for drainage	A	$ 1,537.57	$ 1,230.05
61321		Open skull for drainage	A	$ 1,725.99	$ 1,380.79
61322		Decompressive craniotomy	A	$ 1,933.58	$ 1,546.87
61323		Decompressive lobectomy	A	$ 1,939.76	$ 1,551.81
61330		Decompress eye socket	A	$ 1,459.29	$ 1,167.43
61333		Explore orbit/remove lesion	A	$ 1,637.18	$ 1,309.74
61340		Subtemporal decompression	A	$ 1,173.26	$ 938.61
61343		Incise skull (press relief)	A	$ 1,784.36	$ 1,427.49
61345		Relieve cranial pressure	A	$ 1,660.21	$ 1,328.17
61450		Incise skull for surgery	A	$ 1,559.28	$ 1,247.42
61458		Incise skull for brain wound	A	$ 1,639.10	$ 1,311.28
61460		Incise skull for surgery	A	$ 1,711.51	$ 1,369.20
61500		Removal of skull lesion	A	$ 1,067.63	$ 854.11
61501		Remove infected skull bone	A	$ 930.93	$ 744.74
61510		Removal of brain lesion	A	$ 1,790.15	$ 1,432.12
61512		Remove brain lining lesion	A	$ 2,072.59	$ 1,658.07
61514		Removal of brain abscess	A	$ 1,559.24	$ 1,247.40
61516		Removal of brain lesion	A	$ 1,522.35	$ 1,217.88
61517		Implt brain chemotx add-on	A	$ 69.88	$ 55.90
61518		Removal of brain lesion	A	$ 2,247.55	$ 1,798.04
61519		Remove brain lining lesion	A	$ 2,389.74	$ 1,911.79

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
61520		Removal of brain lesion	A	$ 3,034.77	$ 2,427.81
61521		Removal of brain lesion	A	$ 2,568.24	$ 2,054.59
61522		Removal of brain abscess	A	$ 1,776.85	$ 1,421.48
61524		Removal of brain lesion	A	$ 1,693.98	$ 1,355.19
61526		Removal of brain lesion	A	$ 2,737.26	$ 2,189.81
61530		Removal of brain lesion	A	$ 2,488.09	$ 1,990.48
61531		Implant brain electrodes	A	$ 1,001.23	$ 800.99
61533		Implant brain electrodes	A	$ 1,243.71	$ 994.96
61534		Removal of brain lesion	A	$ 1,345.42	$ 1,076.33
61535		Remove brain electrodes	A	$ 822.42	$ 657.93
61536		Removal of brain lesion	A	$ 2,090.44	$ 1,672.35
61537		Removal of brain tissue	A	$ 1,991.62	$ 1,593.29
61538		Removal of brain tissue	A	$ 2,155.23	$ 1,724.18
61539		Removal of brain tissue	A	$ 1,916.18	$ 1,532.95
61540		Removal of brain tissue	A	$ 1,767.56	$ 1,414.05
61541		Incision of brain tissue	A	$ 1,747.40	$ 1,397.92
61543		Removal of brain tissue	A	$ 1,765.78	$ 1,412.62
61544		Remove & treat brain lesion	A	$ 1,542.39	$ 1,233.92
61545		Excision of brain tumor	A	$ 2,583.76	$ 2,067.01
61546		Removal of pituitary gland	A	$ 1,874.12	$ 1,499.30
61548		Removal of pituitary gland	A	$ 1,278.27	$ 1,022.62
61550		Release of skull seams	A	$ 979.00	$ 783.20
61552		Release of skull seams	A	$ 1,212.97	$ 970.38
61556		Incise skull/sutures	A	$ 1,390.99	$ 1,112.79
61557		Incise skull/sutures	A	$ 1,374.94	$ 1,099.95
61558		Excision of skull/sutures	A	$ 1,532.17	$ 1,225.74
61559		Excision of skull/sutures	A	$ 1,950.16	$ 1,560.13
61563		Excision of skull tumor	A	$ 1,610.94	$ 1,288.75
61564		Excision of skull tumor	A	$ 1,954.00	$ 1,563.20
61566		Removal of brain tissue	A	$ 1,818.92	$ 1,455.14
61567		Incision of brain tissue	A	$ 2,071.57	$ 1,657.26
61570		Remove foreign body brain	A	$ 1,522.86	$ 1,218.29
61571		Incise skull for brain wound	A	$ 1,619.14	$ 1,295.31
61575		Skull base/brainstem surgery	A	$ 2,031.84	$ 1,625.47
61576		Skull base/brainstem surgery	A	$ 3,392.52	$ 2,714.02
61580		Craniofacial approach skull	A	$ 2,054.59	$ 1,643.67
61581		Craniofacial approach skull	A	$ 2,261.08	$ 1,808.87
61582		Craniofacial approach skull	A	$ 2,573.86	$ 2,059.09
61583		Craniofacial approach skull	A	$ 2,391.94	$ 1,913.55
61584		Orbitocranial approach/skull	A	$ 2,365.71	$ 1,892.57
61585		Orbitocranial approach/skull	A	$ 2,673.20	$ 2,138.56
61586		Resect nasopharynx skull	A	$ 2,075.21	$ 1,660.17
61590		Infratemporal approach/skull	A	$ 2,499.31	$ 1,999.45
61591		Infratemporal approach/skull	A	$ 2,534.26	$ 2,027.41
61592		Orbitocranial approach/skull	A	$ 2,580.65	$ 2,064.52
61595		Transtemporal approach/skull	A	$ 1,963.93	$ 1,571.15
61596		Transcochlear approach/skull	A	$ 2,026.25	$ 1,621.00
61597		Transcondylar approach/skull	A	$ 2,409.14	$ 1,927.31
61598		Transpetrosal approach/skull	A	$ 2,327.19	$ 1,861.75
61600		Resect/excise cranial lesion	A	$ 1,760.22	$ 1,408.18
61601		Resect/excise cranial lesion	A	$ 1,986.95	$ 1,589.56
61605		Resect/excise cranial lesion	A	$ 1,801.89	$ 1,441.51
61606		Resect/excise cranial lesion	A	$ 2,386.82	$ 1,909.46
61607		Resect/excise cranial lesion	A	$ 2,188.08	$ 1,750.46

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
61608		Resect/excise cranial lesion	A	$ 2,670.12	$ 2,136.09
61611		Transect artery sinus	A	$ 375.45	$ 300.36
61613		Remove aneurysm sinus	A	$ 2,672.42	$ 2,137.93
61615		Resect/excise lesion skull	A	$ 2,297.02	$ 1,837.62
61616		Resect/excise lesion skull	A	$ 2,724.52	$ 2,179.62
61618		Repair dura	A	$ 1,055.03	$ 844.02
61619		Repair dura	A	$ 1,173.90	$ 939.12
61623		Endovasc tempory vessel occl	A	$ 466.59	$ 373.27
61624		Transcath occlusion cns	A	$ 938.58	$ 750.86
61626		Transcath occlusion non-cns	A	$ 730.32	$ 584.26
61630		Intracranial angioplasty	R	$ 1,111.03	$ 888.82
61635		Intracran angioplsty w/stent	R	$ 1,201.06	$ 960.85
61640		Dilate ic vasospasm init	N	$ 390.99	$ 312.79
61641		Dilat ic vspsm ea vsl sm ter	N	$ 137.33	$ 109.87
61642		Dilat ic vspsm ea diff ter	N	$ 274.66	$ 219.73
61645		Perq art m-thrombect &/nfs	A	$ 682.36	$ 545.88
61650		Evasc prlng admn rx agnt 1st	A	$ 463.09	$ 370.47
61651		Evasc prlng admn rx agnt add	A	$ 198.89	$ 159.11
61680		Intracranial vessel surgery	A	$ 1,816.66	$ 1,453.33
61682		Intracranial vessel surgery	A	$ 3,356.51	$ 2,685.20
61684		Intracranial vessel surgery	A	$ 2,303.69	$ 1,842.95
61686		Intracranial vessel surgery	A	$ 3,627.66	$ 2,902.13
61690		Intracranial vessel surgery	A	$ 1,770.75	$ 1,416.60
61692		Intracranial vessel surgery	A	$ 2,949.88	$ 2,359.90
61697		Brain aneurysm repr complx	A	$ 3,415.64	$ 2,732.51
61698		Brain aneurysm repr complx	A	$ 3,735.79	$ 2,988.63
61700		Brain aneurysm repr simple	A	$ 2,746.33	$ 2,197.07
61702		Inner skull vessel surgery	A	$ 3,249.79	$ 2,599.83
61703		Clamp neck artery	A	$ 1,108.63	$ 886.90
61705		Revise circulation to head	A	$ 2,109.80	$ 1,687.84
61708		Revise circulation to head	A	$ 2,063.90	$ 1,651.12
61710		Revise circulation to head	A	$ 1,741.62	$ 1,393.29
61711		Fusion of skull arteries	A	$ 2,086.57	$ 1,669.26
61720		Incise skull/brain surgery	A	$ 1,037.24	$ 829.79
61735		Incise skull/brain surgery	A	$ 1,300.07	$ 1,040.06
61736		Litt icr 1 traj 1 smpl les	A	$ 737.97	$ 590.38
61737		Litt icr mlt trj mlt/cplx ls	A	$ 880.01	$ 704.01
61750		Incise skull/brain biopsy	A	$ 1,146.33	$ 917.06
61751		Brain biopsy w/ct/mr guide	A	$ 1,131.83	$ 905.47
61760		Implant brain electrodes	A	$ 1,291.78	$ 1,033.42
61770		Incise skull for treatment	A	$ 1,319.25	$ 1,055.40
61781		Scan proc cranial intra	A	$ 189.65	$ 151.72
61782		Scan proc cranial extra	A	$ 142.56	$ 114.05
61783		Scan proc spinal	A	$ 186.68	$ 149.35
61790		Treat trigeminal nerve	A	$ 722.93	$ 578.34
61791		Treat trigeminal tract	A	$ 920.34	$ 736.27
61796		Srs cranial lesion simple	A	$ 830.79	$ 664.63
61797		Srs cran les simple addl	A	$ 175.74	$ 140.59
61798		Srs cranial lesion complex	A	$ 1,123.07	$ 898.46
61799		Srs cran les complex addl	A	$ 243.14	$ 194.51
61800		Apply srs headframe add-on	A	$ 121.55	$ 97.24
61850		Implant neuroelectrodes	A	$ 805.74	$ 644.60
61860		Implant neuroelectrodes	A	$ 1,272.49	$ 1,017.99
61863		Implant neuroelectrode	A	$ 1,226.57	$ 981.25

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
61864		Implant neuroelectrde addl	A	$ 227.03	$ 181.63
61867		Implant neuroelectrode	A	$ 1,851.61	$ 1,481.29
61868		Implant neuroelectrde addl	A	$ 400.50	$ 320.40
61880		Revise/remove neuroelectrode	A	$ 481.54	$ 385.23
61885		Insrt/redo neurostim 1 array	A	$ 432.62	$ 346.10
61886		Implant neurostim arrays	A	$ 719.56	$ 575.64
61888		Revise/remove neuroreceiver	A	$ 325.87	$ 260.70
62000		Treat skull fracture	A	$ 845.63	$ 676.51
62005		Treat skull fracture	A	$ 1,038.01	$ 830.41
62010		Treatment of head injury	A	$ 1,253.11	$ 1,002.49
62100		Repair brain fluid leakage	A	$ 1,284.85	$ 1,027.88
62115		Reduction of skull defect	A	$ 1,375.20	$ 1,100.16
62117		Reduction of skull defect	A	$ 1,596.95	$ 1,277.56
62120		Repair skull cavity lesion	A	$ 1,697.80	$ 1,358.24
62121		Incise skull repair	A	$ 1,285.41	$ 1,028.33
62140		Repair of skull defect	A	$ 836.65	$ 669.32
62141		Repair of skull defect	A	$ 933.27	$ 746.62
62142		Remove skull plate/flap	A	$ 729.79	$ 583.83
62143		Replace skull plate/flap	A	$ 854.31	$ 683.45
62145		Repair of skull & brain	A	$ 1,153.66	$ 922.93
62146		Repair of skull with graft	A	$ 1,020.06	$ 816.05
62147		Repair of skull with graft	A	$ 1,156.54	$ 925.23
62148		Retr bone flap to fix skull	A	$ 101.03	$ 80.82
62160		Neuroendoscopy add-on	A	$ 151.27	$ 121.02
62161		Dissect brain w/scope	A	$ 1,239.21	$ 991.36
62162		Remove colloid cyst w/scope	A	$ 1,536.92	$ 1,229.53
62164		Remove brain tumor w/scope	A	$ 1,704.10	$ 1,363.28
62165		Remove pituit tumor w/scope	A	$ 1,246.00	$ 996.80
62180		Establish brain cavity shunt	A	$ 1,302.04	$ 1,041.63
62190		Establish brain cavity shunt	A	$ 760.90	$ 608.72
62192		Establish brain cavity shunt	A	$ 797.82	$ 638.26
62194		Replace/irrigate catheter	A	$ 406.20	$ 324.96
62200		Establish brain cavity shunt	A	$ 1,121.81	$ 897.45
62201		Brain cavity shunt w/scope	A	$ 994.50	$ 795.60
62220		Establish brain cavity shunt	A	$ 791.15	$ 632.92
62223		Establish brain cavity shunt	A	$ 848.39	$ 678.72
62225		Replace/irrigate catheter	A	$ 439.83	$ 351.86
62230		Replace/revise brain shunt	A	$ 687.92	$ 550.33
62252	TC	Csf shunt reprogram	A	$ 31.47	$ 25.18
62252	26	Csf shunt reprogram	A	$ 36.96	$ 29.57
62252		Csf shunt reprogram	A	$ 68.43	$ 54.75
62256		Remove brain cavity shunt	A	$ 500.54	$ 400.43
62258		Replace brain cavity shunt	A	$ 909.10	$ 727.28
62263		Epidural lysis mult sessions	A	$ 528.10	$ 209.69
62264		Epidural lysis on single day	A	$ 364.87	$ 161.15
62267		Interdiscal perq aspir dx	A	$ 222.04	$ 101.73
62268		Drain spinal cord cyst	A	$ 210.76	$ 168.61
62269		Needle biopsy spinal cord	A	$ 215.14	$ 172.11
62270		Dx lmbr spi pnxr	A	$ 109.43	$ 41.04
62272		Ther spi pnxr drg csf	A	$ 146.29	$ 58.90
62273		Inject epidural patch	A	$ 139.85	$ 74.58
62280		Treat spinal cord lesion	A	$ 270.46	$ 104.71
62281		Treat spinal cord lesion	A	$ 199.60	$ 105.06
62282		Treat spinal canal lesion	A	$ 260.05	$ 93.53

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
62284		Injection for myelogram	A	$ 158.17	$ 55.46
62287		Dcmprn px perq 1/mlt lumbar	A	$ 467.45	$ 373.96
62290		Njx px discography lumbar	A	$ 290.71	$ 104.02
62291		Njx px discography crv/thrc	A	$ 267.95	$ 96.56
62292		Njx chemonucleolysis lmbr	A	$ 476.76	$ 381.41
62294		Injection into spinal artery	A	$ 778.43	$ 622.74
62302		Myelography lumbar injection	A	$ 214.08	$ 78.69
62303		Myelography lumbar injection	A	$ 217.92	$ 78.69
62304		Myelography lumbar injection	A	$ 212.65	$ 77.55
62305		Myelography lumbar injection	A	$ 231.16	$ 80.73
62320		Njx interlaminar crv/thrc	A	$ 136.65	$ 66.11
62321		Njx interlaminar crv/thrc	A	$ 216.81	$ 70.34
62322		Njx interlaminar lmbr/sac	A	$ 114.58	$ 53.05
62323		Njx interlaminar lmbr/sac	A	$ 213.64	$ 65.18
62324		Njx interlaminar crv/thrc	A	$ 114.84	$ 59.18
62325		Njx interlaminar crv/thrc	A	$ 210.24	$ 73.42
62326		Njx interlaminar lmbr/sac	A	$ 115.51	$ 56.87
62327		Njx interlaminar lmbr/sac	A	$ 222.22	$ 69.63
62328		Dx lmbr spi pnxr w/fluor/ct	A	$ 191.82	$ 56.93
62329		Ther spi pnxr csf fluor/ct	A	$ 236.06	$ 70.82
62350		Implant spinal canal cath	A	$ 327.60	$ 262.08
62351		Implant spinal canal cath	A	$ 740.02	$ 592.02
62355		Remove spinal canal catheter	A	$ 226.45	$ 181.16
62360		Insert spine infusion device	A	$ 261.97	$ 209.57
62361		Implant spine infusion pump	A	$ 355.84	$ 284.67
62362		Implant spine infusion pump	A	$ 316.72	$ 253.37
62365		Remove spine infusion device	A	$ 243.62	$ 194.89
62367		Analyze spine infus pump	A	$ 26.35	$ 16.25
62368		Analyze sp inf pump w/reprog	A	$ 36.36	$ 22.73
62369		Anal sp inf pmp w/reprg&fill	A	$ 75.85	$ 22.95
62370		Anl sp inf pmp w/mdreprg&fil	A	$ 76.60	$ 30.35
63001		Remove spine lamina 1/2 crvl	A	$ 1,006.41	$ 805.13
63003		Remove spine lamina 1/2 thrc	A	$ 1,007.77	$ 806.22
63005		Remove spine lamina 1/2 lmbr	A	$ 979.72	$ 783.77
63011		Remove spine lamina 1/2 scrl	A	$ 898.33	$ 718.67
63012		Remove lamina/facets lumbar	A	$ 977.88	$ 782.30
63015		Remove spine lamina >2 crvcl	A	$ 1,207.75	$ 966.20
63016		Remove spine lamina >2 thrc	A	$ 1,247.11	$ 997.69
63017		Remove spine lamina >2 lmbr	A	$ 1,033.06	$ 826.45
63020		Neck spine disk surgery	A	$ 898.22	$ 718.58
63030		Low back disk surgery	A	$ 748.64	$ 598.91
63035		Spinal disk surgery add-on	A	$ 189.27	$ 151.41
63040		Laminotomy single cervical	A	$ 1,129.70	$ 903.76
63042		Laminotomy single lumbar	A	$ 1,060.49	$ 848.39
63045		Lam facetec & foramot crv	A	$ 1,052.00	$ 841.60
63046		Lam facetec & foramot thrc	A	$ 1,005.21	$ 804.17
63047		Lam facetec & foramot lumbar	A	$ 905.84	$ 724.67
63048		Lam facetec &foramot ea addl	A	$ 170.04	$ 136.04
63050		Cervical laminoplsty 2/> seg	A	$ 1,207.91	$ 966.33
63051		C-laminoplasty w/graft/plate	A	$ 1,384.62	$ 1,107.69
63052		Lam facetc/frmt arthrd lum 1	A	$ 208.76	$ 167.01
63053		Lam factc/frmt arthrd lum ea	A	$ 185.01	$ 148.01
63055		Decompress spinal cord thrc	A	$ 1,324.98	$ 1,059.98
63056		Decompress spinal cord lmbr	A	$ 1,218.50	$ 974.80

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
63057		Decompress spine cord add-on	A	$ 259.43	$ 207.55
63064		Decompress spinal cord thrc	A	$ 1,451.89	$ 1,161.51
63066		Decompress spine cord add-on	A	$ 165.17	$ 132.13
63075		Neck spine disk surgery	A	$ 1,109.25	$ 887.40
63076		Neck spine disk surgery	A	$ 196.77	$ 157.41
63077		Spine disk surgery thorax	A	$ 1,245.61	$ 996.49
63078		Spine disk surgery thorax	A	$ 166.02	$ 132.81
63081		Remove vert body dcmprn crvl	A	$ 1,434.74	$ 1,147.80
63082		Remove vertebral body add-on	A	$ 214.16	$ 171.33
63085		Remove vert body dcmprn thrc	A	$ 1,569.97	$ 1,255.98
63086		Remove vertebral body add-on	A	$ 153.23	$ 122.58
63087		Remov vertbr dcmprn thrclmbr	A	$ 1,965.18	$ 1,572.14
63088		Remove vertebral body add-on	A	$ 208.62	$ 166.89
63090		Remove vert body dcmprn lmbr	A	$ 1,589.68	$ 1,271.74
63091		Remove vertebral body add-on	A	$ 142.76	$ 114.21
63101		Remove vert body dcmprn thrc	A	$ 1,892.72	$ 1,514.18
63102		Remove vert body dcmprn lmbr	A	$ 1,865.93	$ 1,492.74
63103		Remove vertebral body add-on	A	$ 237.93	$ 190.34
63170		Incise spinal cord tract(s)	A	$ 1,298.65	$ 1,038.92
63172		Drainage of spinal cyst	A	$ 1,151.75	$ 921.40
63173		Drainage of spinal cyst	A	$ 1,405.01	$ 1,124.00
63185		Incise spine nrv half segmnt	A	$ 937.79	$ 750.23
63190		Incise spine nrv >2 segmnts	A	$ 1,020.32	$ 816.25
63191		Incise spine accessory nerve	A	$ 1,127.48	$ 901.98
63197		Lam w/cordotomy 1stg thrc	A	$ 1,393.44	$ 1,114.75
63200		Release spinal cord lumbar	A	$ 1,245.08	$ 996.06
63250		Revise spinal cord vsls crvl	A	$ 2,401.47	$ 1,921.17
63251		Revise spinal cord vsls thrc	A	$ 2,455.67	$ 1,964.53
63252		Revise spine cord vsl thrlmb	A	$ 2,454.95	$ 1,963.96
63265		Excise intraspinl lesion crv	A	$ 1,361.66	$ 1,089.33
63266		Excise intrspinl lesion thrc	A	$ 1,400.58	$ 1,120.46
63267		Excise intrspinl lesion lmbr	A	$ 1,121.85	$ 897.48
63268		Excise intrspinl lesion scrl	A	$ 1,145.41	$ 916.32
63270		Excise intrspinl lesion crvl	A	$ 1,689.44	$ 1,351.55
63271		Excise intrspinl lesion thrc	A	$ 1,689.32	$ 1,351.46
63272		Excise intrspinl lesion lmbr	A	$ 1,524.14	$ 1,219.31
63273		Excise intrspinl lesion scrl	A	$ 1,520.73	$ 1,216.59
63275		Bx/exc xdrl spine lesn crvl	A	$ 1,472.42	$ 1,177.93
63276		Bx/exc xdrl spine lesn thrc	A	$ 1,456.32	$ 1,165.06
63277		Bx/exc xdrl spine lesn lmbr	A	$ 1,276.64	$ 1,021.31
63278		Bx/exc xdrl spine lesn scrl	A	$ 1,300.08	$ 1,040.07
63280		Bx/exc idrl spine lesn crvl	A	$ 1,723.06	$ 1,378.44
63281		Bx/exc idrl spine lesn thrc	A	$ 1,706.67	$ 1,365.33
63282		Bx/exc idrl spine lesn lmbr	A	$ 1,612.53	$ 1,290.03
63283		Bx/exc idrl spine lesn scrl	A	$ 1,549.75	$ 1,239.80
63285		Bx/exc idrl imed lesn cervl	A	$ 2,121.43	$ 1,697.14
63286		Bx/exc idrl imed lesn thrc	A	$ 2,100.35	$ 1,680.28
63287		Bx/exc idrl imed lesn thrlmb	A	$ 2,224.24	$ 1,779.39
63290		Bx/exc xdrl/idrl lsn any lvl	A	$ 2,261.84	$ 1,809.47
63295		Repair laminectomy defect	A	$ 265.75	$ 212.60
63300		Remove vert xdrl body crvcl	A	$ 1,481.66	$ 1,185.32
63301		Remove vert xdrl body thrc	A	$ 1,793.38	$ 1,434.70
63302		Remove vert xdrl body thrlmb	A	$ 1,771.74	$ 1,417.39
63303		Remov vert xdrl bdy lmbr/sac	A	$ 1,879.30	$ 1,503.44

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
63304		Remove vert idrl body crvcl	A	$ 1,908.67	$ 1,526.93
63305		Remove vert idrl body thrc	A	$ 2,029.77	$ 1,623.82
63306		Remov vert idrl bdy thrclmbr	A	$ 1,995.08	$ 1,596.06
63307		Remov vert idrl bdy lmbr/sac	A	$ 1,953.06	$ 1,562.45
63308		Remove vertebral body add-on	A	$ 257.87	$ 206.29
63600		Remove spinal cord lesion	A	$ 892.15	$ 713.72
63610		Stimulation of spinal cord	A	$ 467.56	$ 374.05
63620		Srs spinal lesion	A	$ 917.87	$ 734.29
63621		Srs spinal lesion addl	A	$ 202.55	$ 162.04
63650		Implant neuroelectrodes	A	$ 1,899.39	$ 273.26
63655		Implant neuroelectrodes	A	$ 686.85	$ 549.48
63661		Remove spine eltrd perq aray	A	$ 564.12	$ 215.91
63662		Remove spine eltrd plate	A	$ 694.88	$ 555.91
63663		Revise spine eltrd perq aray	A	$ 745.54	$ 297.43
63664		Revise spine eltrd plate	A	$ 724.19	$ 579.35
63685		Insrt/redo spine n generator	A	$ 297.71	$ 238.17
63688		Revise/remove neuroreceiver	A	$ 307.52	$ 246.02
63700		Repair of spinal herniation	A	$ 1,072.77	$ 858.21
63702		Repair of spinal herniation	A	$ 1,170.82	$ 936.65
63704		Repair of spinal herniation	A	$ 1,361.42	$ 1,089.14
63706		Repair of spinal herniation	A	$ 1,509.63	$ 1,207.70
63707		Repair spinal fluid leakage	A	$ 770.67	$ 616.54
63709		Repair spinal fluid leakage	A	$ 913.70	$ 730.96
63710		Graft repair of spine defect	A	$ 886.67	$ 709.33
63740		Install spinal shunt	A	$ 807.77	$ 646.21
63741		Install spinal shunt	A	$ 564.02	$ 451.22
63744		Revision of spinal shunt	A	$ 558.32	$ 446.66
63746		Removal of spinal shunt	A	$ 501.45	$ 401.16
64400		Njx aa&/strd trigeminal nrv	A	$ 92.02	$ 32.82
64405		Njx aa&/strd gr ocpl nrv	A	$ 61.39	$ 34.42
64408		Njx aa&/strd vagus nrv	A	$ 67.83	$ 29.69
64415		Njx aa&/strd brch plxs img	A	$ 111.86	$ 46.05
64416		Njx aa&/strd brch pl nfs img	A	$ 64.80	$ 51.84
64417		Njx aa&/strd ax nerve img	A	$ 132.43	$ 41.89
64418		Njx aa&/strd sprscap nrv	A	$ 72.09	$ 36.83
64420		Njx aa&/strd ntrcost nrv 1	A	$ 80.68	$ 38.66
64421		Njx aa&/strd ntrcost nrv ea	A	$ 27.32	$ 16.15
64425		Njx aa&/strd ii ih nerves	A	$ 91.54	$ 36.16
64430		Njx aa&/strd pudendal nerve	A	$ 81.55	$ 36.06
64435		Njx aa&/strd paracrv nrv	A	$ 66.95	$ 28.55
64445		Njx aa&/strd sciatic nrv img	A	$ 133.07	$ 48.32
64446		Njx aa&/strd sc nrv nfs img	A	$ 63.36	$ 50.69
64447		Njx aa&/strd femoral nrv img	A	$ 96.61	$ 41.75
64448		Njx aa&/strd fem nrv nfs img	A	$ 59.88	$ 47.91
64449		Njx aa&/strd lmbr plex nfs	A	$ 51.21	$ 40.97
64450		Njx aa&/strd other pn/branch	A	$ 61.98	$ 27.64
64451		Njx aa&/strd nrv nrvtg si jt	A	$ 188.27	$ 53.87
64454		Njx aa&/strd gnclr nrv brnch	A	$ 182.79	$ 54.09
64455		Njx aa&/strd pltr com dg nrv	A	$ 41.26	$ 22.26
64461		Pvb thoracic single inj site	A	$ 112.17	$ 51.79
64462		Pvb thoracic 2nd+ inj site	A	$ 59.87	$ 32.32
64463		Pvb thoracic cont infusion	A	$ 192.73	$ 54.37
64479		Njx aa&/strd tfrm epi c/t 1	A	$ 219.29	$ 85.93
64480		Njx aa&/strd tfrm epi c/t ea	A	$ 111.17	$ 40.45

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
64483		Njx aa&/strd tfrm epi l/s 1	A	$ 203.36	$ 72.97
64484		Njx aa&/strd tfrm epi l/s ea	A	$ 92.37	$ 33.97
64486		Tap block unil by injection	A	$ 93.23	$ 36.63
64487		Tap block uni by infusion	A	$ 179.83	$ 42.08
64488		Tap block bi injection	A	$ 115.29	$ 45.50
64489		Tap block bi by infusion	A	$ 293.23	$ 51.84
64490		Inj paravert f jnt c/t 1 lev	A	$ 157.73	$ 69.15
64491		Inj paravert f jnt c/t 2 lev	A	$ 80.13	$ 39.09
64492		Inj paravert f jnt c/t 3 lev	A	$ 80.67	$ 39.75
64493		Inj paravert f jnt l/s 1 lev	A	$ 145.58	$ 59.43
64494		Inj paravert f jnt l/s 2 lev	A	$ 74.82	$ 33.75
64495		Inj paravert f jnt l/s 3 lev	A	$ 74.82	$ 34.19
64505		N block spenopalatine gangl	A	$ 117.62	$ 67.99
64510		N block stellate ganglion	A	$ 120.85	$ 50.61
64517		N block inj hypogas plxs	A	$ 160.66	$ 83.34
64520		N block lumbar/thoracic	A	$ 189.53	$ 55.54
64530		N block inj celiac pelus	A	$ 190.91	$ 62.35
64553		Implant neuroelectrodes	A	$ 2,086.58	$ 259.14
64555		Implant neuroelectrodes	A	$ 1,781.83	$ 214.97
64561		Implant neuroelectrodes	A	$ 611.92	$ 199.53
64566		Neuroeltrd stim post tibial	A	$ 96.60	$ 19.80
64568		Opn impltj crnl nrv nea&pg	A	$ 495.08	$ 396.07
64569		Revise/repl vagus n eltrd	A	$ 629.45	$ 503.56
64570		Remove vagus n eltrd	A	$ 602.58	$ 482.07
64575		Opn impltj nea perph nerve	A	$ 252.82	$ 202.25
64580		Opn impltj nea neuromuscular	A	$ 258.79	$ 207.03
64581		Opn impltj nea sacral nerve	A	$ 540.36	$ 432.29
64582		Opn mpltj hpglsl nstm ary pg	A	$ 709.19	$ 567.35
64583		Rev/rplct hpglsl nstm ary pg	A	$ 715.82	$ 572.66
64584		Rmvl hpglsl nstim ary pg	A	$ 603.61	$ 482.89
64585		Revise/remove neuroelectrode	A	$ 199.97	$ 94.38
64590		Insrt/redo pn/gastr stimul	A	$ 217.08	$ 106.10
64595		Revise/rmv pn/gastr stimul	A	$ 191.25	$ 83.90
64600		Injection treatment of nerve	A	$ 383.55	$ 151.96
64605		Injection treatment of nerve	A	$ 534.33	$ 230.90
64610		Injection treatment of nerve	A	$ 641.76	$ 314.00
64611		Chemodenerv saliv glands	A	$ 105.80	$ 72.35
64612		Destroy nerve face muscle	A	$ 112.35	$ 77.81
64615		Chemodenerv musc migraine	A	$ 125.59	$ 79.63
64616		Chemodenerv musc neck dyston	A	$ 111.73	$ 70.52
64617		Chemodener muscle larynx emg	A	$ 135.08	$ 71.65
64620		Injection treatment of nerve	A	$ 172.78	$ 116.94
64624		Dstrj nulyt agt gnclr nrv	A	$ 321.25	$ 96.20
64625		Rf abltj nrv nrvtg si jt	A	$ 390.34	$ 128.44
64628		Trml dstrj ios bvn 1st 2 l/s	A	$ 373.84	$ 299.07
64629		Trml dstrj ios bvn ea addl	A	$ 173.37	$ 138.70
64630		Injection treatment of nerve	A	$ 210.91	$ 125.95
64632		N block inj common digit	A	$ 74.59	$ 44.31
64633		Destroy cerv/thor facet jnt	A	$ 362.00	$ 126.17
64634		Destroy c/th facet jnt addl	A	$ 212.52	$ 44.10
64635		Destroy lumb/sac facet jnt	A	$ 365.29	$ 126.39
64636		Destroy l/s facet jnt addl	A	$ 199.74	$ 38.92
64640		Injection treatment of nerve	A	$ 203.68	$ 78.05
64642		Chemodenerv 1 extremity 1-4	A	$ 123.65	$ 69.31

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
64643		Chemodenerv 1 extrem 1-4 ea	A	$ 76.13	$ 45.99
64644		Chemodenerv 1 extrem 5/> mus	A	$ 144.82	$ 75.71
64645		Chemodenerv 1 extrem 5/> ea	A	$ 98.58	$ 53.20
64646		Chemodenerv trunk musc 1-5	A	$ 130.60	$ 75.30
64647		Chemodenerv trunk musc 6/>	A	$ 149.07	$ 86.79
64650		Chemodenerv eccrine glands	A	$ 73.18	$ 26.74
64653		Chemodenerv eccrine glands	A	$ 86.23	$ 33.89
64680		Injection treatment of nerve	A	$ 287.58	$ 106.77
64681		Injection treatment of nerve	A	$ 380.80	$ 146.91
64702		Revise finger/toe nerve	A	$ 426.76	$ 341.41
64704		Revise hand/foot nerve	A	$ 269.48	$ 215.58
64708		Revise arm/leg nerve	A	$ 415.62	$ 332.50
64712		Revision of sciatic nerve	A	$ 491.59	$ 393.28
64713		Revision of arm nerve(s)	A	$ 655.44	$ 524.35
64714		Revise low back nerve(s)	A	$ 626.77	$ 501.41
64716		Revision of cranial nerve	A	$ 424.57	$ 339.66
64718		Revise ulnar nerve at elbow	A	$ 500.34	$ 400.27
64719		Revise ulnar nerve at wrist	A	$ 339.02	$ 271.21
64721		Carpal tunnel surgery	A	$ 369.55	$ 290.37
64722		Relieve pressure on nerve(s)	A	$ 302.25	$ 241.80
64726		Release foot/toe nerve	A	$ 224.62	$ 179.70
64727		Internal nerve revision	A	$ 147.63	$ 118.10
64732		Incision of brow nerve	A	$ 372.99	$ 298.39
64734		Incision of cheek nerve	A	$ 421.50	$ 337.20
64736		Incision of chin nerve	A	$ 275.41	$ 220.32
64738		Incision of jaw nerve	A	$ 374.23	$ 299.38
64740		Incision of tongue nerve	A	$ 382.87	$ 306.30
64742		Incision of facial nerve	A	$ 407.99	$ 326.39
64744		Incise nerve back of head	A	$ 415.34	$ 332.28
64746		Incise diaphragm nerve	A	$ 352.49	$ 281.99
64755		Incision of stomach nerves	A	$ 753.68	$ 602.94
64760		Incision of vagus nerve	A	$ 428.30	$ 342.64
64763		Incise hip/thigh nerve	A	$ 423.93	$ 339.15
64766		Incise hip/thigh nerve	A	$ 522.72	$ 418.18
64771		Sever cranial nerve	A	$ 479.45	$ 383.56
64772		Incision of spinal nerve	A	$ 463.58	$ 370.86
64774		Remove skin nerve lesion	A	$ 353.40	$ 282.72
64776		Remove digit nerve lesion	A	$ 330.66	$ 264.52
64778		Digit nerve surgery add-on	A	$ 147.41	$ 117.93
64782		Remove limb nerve lesion	A	$ 377.83	$ 302.26
64783		Limb nerve surgery add-on	A	$ 175.54	$ 140.43
64784		Remove nerve lesion	A	$ 599.22	$ 479.37
64786		Remove sciatic nerve lesion	A	$ 822.96	$ 658.37
64787		Implant nerve end	A	$ 193.25	$ 154.60
64788		Remove skin nerve lesion	A	$ 334.83	$ 267.86
64790		Removal of nerve lesion	A	$ 695.86	$ 556.68
64792		Removal of nerve lesion	A	$ 873.54	$ 698.83
64795		Biopsy of nerve	A	$ 157.82	$ 126.26
64802		Sympathectomy cervical	A	$ 692.84	$ 554.27
64804		Remove sympathetic nerves	A	$ 974.00	$ 779.20
64809		Remove sympathetic nerves	A	$ 889.96	$ 711.97
64818		Remove sympathetic nerves	A	$ 642.39	$ 513.91
64820		Sympathectomy digital artery	A	$ 633.35	$ 506.68
64821		Remove sympathetic nerves	A	$ 575.51	$ 460.41

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
64822		Remove sympathetic nerves	A	$ 578.75	$ 463.00
64823		Sympathectomy supfc palmar	A	$ 654.72	$ 523.78
64831		Repair of digit nerve	A	$ 574.85	$ 459.88
64832		Repair nerve add-on	A	$ 271.74	$ 217.40
64834		Repair of hand or foot nerve	A	$ 607.86	$ 486.28
64835		Repair of hand or foot nerve	A	$ 673.77	$ 539.02
64836		Repair of hand or foot nerve	A	$ 673.77	$ 539.02
64837		Repair nerve add-on	A	$ 295.80	$ 236.64
64840		Repair of leg nerve	A	$ 793.10	$ 634.48
64856		Repair/transpose nerve	A	$ 832.26	$ 665.81
64857		Repair arm/leg nerve	A	$ 867.72	$ 694.17
64858		Repair sciatic nerve	A	$ 965.75	$ 772.60
64859		Nerve surgery	A	$ 201.19	$ 160.95
64861		Repair of arm nerves	A	$ 1,240.68	$ 992.55
64862		Repair of low back nerves	A	$ 1,127.31	$ 901.85
64864		Repair of facial nerve	A	$ 713.01	$ 570.41
64865		Repair of facial nerve	A	$ 901.79	$ 721.43
64866		Fusion of facial/other nerve	A	$ 1,027.22	$ 821.77
64868		Fusion of facial/other nerve	A	$ 826.98	$ 661.58
64872		Subsequent repair of nerve	A	$ 94.11	$ 75.29
64874		Repair & revise nerve add-on	A	$ 140.68	$ 112.54
64876		Repair nerve/shorten bone	A	$ 159.38	$ 127.50
64885		Nerve graft head/neck </4 cm	A	$ 889.56	$ 711.65
64886		Nerve graft head/neck >4 cm	A	$ 1,067.65	$ 854.12
64890		Nerve graft hand/foot </4 cm	A	$ 887.57	$ 710.05
64891		Nerve graft hand/foot >4 cm	A	$ 943.44	$ 754.75
64892		Nerve graft arm/leg <4 cm	A	$ 864.11	$ 691.29
64893		Nerve graft arm/leg >4 cm	A	$ 920.83	$ 736.66
64895		Nerve graft hand/foot </4 cm	A	$ 1,087.79	$ 870.23
64896		Nerve graft hand/foot >4 cm	A	$ 1,171.84	$ 937.47
64897		Nerve graft arm/leg </4 cm	A	$ 1,039.46	$ 831.57
64898		Nerve graft arm/leg >4 cm	A	$ 1,125.28	$ 900.23
64901		Nerve graft add-on	A	$ 482.68	$ 386.14
64902		Nerve graft add-on	A	$ 559.14	$ 447.31
64905		Nerve pedicle transfer	A	$ 828.28	$ 662.62
64907		Nerve pedicle transfer	A	$ 1,066.72	$ 853.38
64910		Nerve repair w/allograft	A	$ 628.56	$ 502.85
64911		Neurorraphy w/vein autograft	A	$ 842.98	$ 674.39
64912		Nrv rpr w/nrv algrft 1st	A	$ 737.48	$ 589.99
64913		Nrv rpr w/nrv algrft ea addl	A	$ 141.61	$ 113.29
65091		Revise eye	A	$ 616.02	$ 492.81
65093		Revise eye with implant	A	$ 611.05	$ 488.84
65101		Removal of eye	A	$ 704.32	$ 563.46
65103		Remove eye/insert implant	A	$ 725.52	$ 580.41
65105		Remove eye/attach implant	A	$ 790.58	$ 632.47
65110		Removal of eye	A	$ 1,089.92	$ 871.94
65112		Remove eye/revise socket	A	$ 1,247.53	$ 998.02
65114		Remove eye/revise socket	A	$ 1,302.67	$ 1,042.14
65125		Revise ocular implant	A	$ 375.39	$ 192.38
65130		Insert ocular implant	A	$ 706.68	$ 565.35
65135		Insert ocular implant	A	$ 715.10	$ 572.08
65140		Attach ocular implant	A	$ 768.03	$ 614.42
65150		Revise ocular implant	A	$ 581.99	$ 465.59
65155		Reinsert ocular implant	A	$ 798.99	$ 639.19

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
65175		Removal of ocular implant	A	$ 646.19	$ 516.95
65205		Remove foreign body from eye	A	$ 24.02	$ 19.21
65210		Remove foreign body from eye	A	$ 31.86	$ 23.73
65220		Remove foreign body from eye	A	$ 49.74	$ 27.28
65222		Remove foreign body from eye	A	$ 55.76	$ 32.98
65235		Remove foreign body from eye	A	$ 599.77	$ 479.81
65260		Remove foreign body from eye	A	$ 805.38	$ 644.31
65265		Remove foreign body from eye	A	$ 906.51	$ 725.20
65270		Repair of eye wound	A	$ 235.57	$ 92.81
65272		Repair of eye wound	A	$ 435.34	$ 231.34
65273		Repair of eye wound	A	$ 311.29	$ 249.03
65275		Repair of eye wound	A	$ 485.06	$ 302.05
65280		Repair of eye wound	A	$ 549.31	$ 439.45
65285		Repair of eye wound	A	$ 904.96	$ 723.97
65286		Repair of eye wound	A	$ 574.80	$ 324.71
65290		Repair of eye socket wound	A	$ 401.42	$ 321.14
65400		Removal of eye lesion	A	$ 569.55	$ 394.87
65410		Biopsy of cornea	A	$ 117.36	$ 66.69
65420		Removal of eye lesion	A	$ 444.09	$ 248.65
65426		Removal of eye lesion	A	$ 551.67	$ 313.00
65430		Corneal smear	A	$ 94.60	$ 66.25
65435		Curette/treat cornea	A	$ 67.76	$ 45.21
65436		Curette/treat cornea	A	$ 318.13	$ 242.00
65450		Treatment of corneal lesion	A	$ 269.76	$ 211.20
65600		Revision of cornea	A	$ 360.20	$ 222.57
65710		Corneal transplant	A	$ 936.00	$ 748.80
65730		Corneal transplant	A	$ 1,026.84	$ 821.47
65750		Corneal transplant	A	$ 1,033.78	$ 827.03
65755		Corneal transplant	A	$ 1,030.07	$ 824.05
65756		Corneal trnspl endothelial	A	$ 965.09	$ 772.07
65770		Revise cornea with implant	A	$ 1,152.68	$ 922.14
65772		Correction of astigmatism	A	$ 374.93	$ 265.06
65775		Correction of astigmatism	A	$ 470.87	$ 376.69
65778		Cover eye w/membrane	A	$ 1,090.05	$ 34.92
65779		Cover eye w/membrane suture	A	$ 939.30	$ 96.40
65780		Ocular reconst transplant	A	$ 547.71	$ 438.17
65781		Ocular reconst transplant	A	$ 1,084.80	$ 867.84
65782		Ocular reconst transplant	A	$ 936.66	$ 749.32
65785		Implt ntrstrml crnl rng seg	A	$ 1,777.50	$ 290.26
65800		Drainage of eye	A	$ 98.46	$ 58.37
65810		Drainage of eye	A	$ 379.69	$ 303.75
65815		Drainage of eye	A	$ 528.84	$ 311.85
65820		Relieve inner eye pressure	A	$ 677.63	$ 542.10
65850		Incision of eye	A	$ 691.58	$ 553.26
65855		Trabeculoplasty laser surg	A	$ 201.84	$ 134.71
65860		Incise inner eye adhesions	A	$ 252.59	$ 162.59
65865		Incise inner eye adhesions	A	$ 392.23	$ 313.79
65870		Incise inner eye adhesions	A	$ 487.53	$ 390.02
65875		Incise inner eye adhesions	A	$ 520.01	$ 416.01
65880		Incise inner eye adhesions	A	$ 546.46	$ 437.17
65900		Remove eye lesion	A	$ 813.57	$ 650.86
65920		Remove implant of eye	A	$ 648.90	$ 519.12
65930		Remove blood clot from eye	A	$ 526.76	$ 421.41
66020		Injection treatment of eye	A	$ 162.51	$ 85.91

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
66030		Injection treatment of eye	A	$ 146.25	$ 72.91
66130		Remove eye lesion	A	$ 581.19	$ 369.74
66150		Glaucoma surgery	A	$ 718.57	$ 574.85
66155		Glaucoma surgery	A	$ 718.00	$ 574.40
66160		Glaucoma surgery	A	$ 807.70	$ 646.16
66170		Glaucoma surgery	A	$ 895.01	$ 716.01
66172		Incision of eye	A	$ 977.00	$ 781.60
66174		Trluml dil aq o/f can w/o st	A	$ 510.49	$ 408.39
66175		Trluml dil aq o/f can w/st	A	$ 593.19	$ 474.55
66179		Aqueous shunt eye w/o graft	A	$ 884.13	$ 707.30
66180		Aqueous shunt eye w/graft	A	$ 932.19	$ 745.75
66183		Insert ant drainage device	A	$ 842.46	$ 673.97
66184		Revision of aqueous shunt	A	$ 648.30	$ 518.64
66185		Revise aqueous shunt eye	A	$ 696.58	$ 557.26
66225		Repair/graft eye lesion	A	$ 766.02	$ 612.82
66250		Follow-up surgery of eye	A	$ 619.36	$ 364.08
66500		Incision of iris	A	$ 325.20	$ 260.16
66505		Incision of iris	A	$ 353.04	$ 282.43
66600		Remove iris and lesion	A	$ 745.54	$ 596.43
66605		Removal of iris	A	$ 894.33	$ 715.47
66625		Removal of iris	A	$ 351.18	$ 280.95
66630		Removal of iris	A	$ 463.86	$ 371.08
66635		Removal of iris	A	$ 468.03	$ 374.43
66680		Repair iris & ciliary body	A	$ 427.34	$ 341.87
66682		Repair iris & ciliary body	A	$ 587.26	$ 469.81
66700		Destruction ciliary body	A	$ 371.43	$ 256.12
66710		Ciliary transsleral therapy	A	$ 363.48	$ 256.12
66711		Ecp ciliary body destruction	A	$ 414.02	$ 331.22
66720		Destruction ciliary body	A	$ 383.36	$ 268.73
66740		Destruction ciliary body	A	$ 361.01	$ 256.12
66761		Revision of iris	A	$ 245.99	$ 154.67
66762		Revision of iris	A	$ 392.15	$ 277.96
66770		Removal of inner eye lesion	A	$ 434.57	$ 314.97
66820		Incision secondary cataract	A	$ 387.63	$ 310.10
66821		After cataract laser surgery	A	$ 274.42	$ 204.18
66825		Reposition intraocular lens	A	$ 685.87	$ 548.70
66830		Removal of lens lesion	A	$ 579.93	$ 463.94
66840		Removal of lens material	A	$ 566.97	$ 453.58
66850		Removal of lens material	A	$ 644.83	$ 515.86
66852		Removal of lens material	A	$ 686.12	$ 548.89
66920		Extraction of lens	A	$ 612.84	$ 490.27
66930		Extraction of lens	A	$ 701.42	$ 561.13
66940		Extraction of lens	A	$ 641.63	$ 513.30
66982		Xcapsl ctrc rmvl cplx wo ecp	A	$ 609.77	$ 487.82
66984		Xcapsl ctrc rmvl w/o ecp	A	$ 445.31	$ 356.24
66985		Insert lens prosthesis	A	$ 629.26	$ 503.41
66986		Exchange lens prosthesis	A	$ 738.60	$ 590.88
66989		Xcpsl ctrc rmvl cplx insj 1+	A	$ 699.55	$ 559.64
66990		Ophthalmic endoscope add-on	A	$ 72.11	$ 57.69
66991		Xcapsl ctrc rmvl insj 1+	A	$ 558.78	$ 447.03
67005		Partial removal of eye fluid	A	$ 389.38	$ 311.51
67010		Partial removal of eye fluid	A	$ 446.00	$ 356.80
67015		Release of eye fluid	A	$ 496.57	$ 397.25
67025		Replace eye fluid	A	$ 609.52	$ 413.25

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
67027		Implant eye drug system	A	$ 693.14	$ 554.51
67028		Injection eye drug	A	$ 93.19	$ 60.07
67030		Incise inner eye strands	A	$ 457.57	$ 366.06
67031		Laser surgery eye strands	A	$ 319.41	$ 231.84
67036		Removal of inner eye fluid	A	$ 732.45	$ 585.96
67039		Laser treatment of retina	A	$ 784.33	$ 627.46
67040		Laser treatment of retina	A	$ 846.61	$ 677.29
67041		Vit for macular pucker	A	$ 934.40	$ 747.52
67042		Vit for macular hole	A	$ 934.13	$ 747.30
67043		Vit for membrane dissect	A	$ 984.88	$ 787.90
67101		Repair detached retina crtx	A	$ 274.68	$ 186.40
67105		Repair detached retina pc	A	$ 243.05	$ 179.96
67107		Repair detached retina	A	$ 918.07	$ 734.45
67108		Repair detached retina	A	$ 971.95	$ 777.56
67110		Repair detached retina	A	$ 730.85	$ 532.25
67113		Repair retinal detach cplx	A	$ 1,086.76	$ 869.41
67115		Release encircling material	A	$ 407.94	$ 326.35
67120		Remove eye implant material	A	$ 551.36	$ 362.99
67121		Remove eye implant material	A	$ 738.32	$ 590.65
67141		Proph rta dtchmnt crtx dthrm	A	$ 221.17	$ 141.62
67145		Proph rta dtchmnt pc	A	$ 199.24	$ 141.62
67208		Treatment of retinal lesion	A	$ 493.80	$ 377.27
67210		Treatment of retinal lesion	A	$ 422.85	$ 326.21
67218		Treatment of retinal lesion	A	$ 1,139.98	$ 911.98
67220		Treatment of choroid lesion	A	$ 434.98	$ 326.04
67221		Ocular photodynamic ther	R	$ 223.94	$ 136.59
67225		Eye photodynamic ther add-on	A	$ 23.99	$ 18.10
67227		Dstrj extensive retinopathy	A	$ 242.32	$ 166.44
67228		Treatment x10sv retinopathy	A	$ 278.72	$ 198.62
67229		Tr retinal les preterm inf	A	$ 946.48	$ 757.19
67250		Reinforce eye wall	A	$ 747.82	$ 598.26
67255		Reinforce/graft eye wall	A	$ 563.76	$ 451.01
67311		Revise eye muscle	A	$ 372.71	$ 298.17
67312		Revise two eye muscles	A	$ 543.99	$ 435.19
67314		Revise eye muscle	A	$ 372.71	$ 298.17
67316		Revise two eye muscles	A	$ 583.41	$ 466.73
67318		Revise eye muscle(s)	A	$ 562.93	$ 450.34
67320		Revise eye muscle(s) add-on	A	$ 166.74	$ 133.39
67331		Eye surgery follow-up add-on	A	$ 157.77	$ 126.21
67332		Rerevise eye muscles add-on	A	$ 172.12	$ 137.70
67334		Revise eye muscle w/suture	A	$ 155.65	$ 124.52
67335		Eye suture during surgery	A	$ 153.77	$ 123.02
67340		Revise eye muscle add-on	A	$ 238.85	$ 191.08
67343		Release eye tissue	A	$ 549.39	$ 439.51
67345		Destroy nerve of eye muscle	A	$ 198.51	$ 140.82
67346		Biopsy eye muscle	A	$ 156.75	$ 125.40
67400		Explore/biopsy eye socket	A	$ 856.88	$ 685.50
67405		Explore/drain eye socket	A	$ 747.59	$ 598.07
67412		Explore/treat eye socket	A	$ 819.80	$ 655.84
67413		Explore/treat eye socket	A	$ 798.61	$ 638.89
67414		Explr/decompress eye socket	A	$ 1,200.53	$ 960.42
67415		Aspiration orbital contents	A	$ 84.13	$ 67.30
67420		Explore/treat eye socket	A	$ 1,443.49	$ 1,154.79
67430		Explore/treat eye socket	A	$ 1,144.65	$ 915.72

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
67440		Explore/drain eye socket	A	$ 1,110.54	$ 888.43
67445		Explr/decompress eye socket	A	$ 1,261.29	$ 1,009.04
67450		Explore/biopsy eye socket	A	$ 1,150.52	$ 920.41
67500		Inject/treat eye socket	A	$ 63.27	$ 42.06
67505		Inject/treat eye socket	A	$ 71.23	$ 47.55
67515		Inject/treat eye socket	A	$ 42.63	$ 31.03
67550		Insert eye socket implant	A	$ 897.22	$ 717.77
67560		Revise eye socket implant	A	$ 915.27	$ 732.22
67570		Decompress optic nerve	A	$ 1,052.20	$ 841.76
67700		Drainage of eyelid abscess	A	$ 235.18	$ 76.26
67710		Incision of eyelid	A	$ 201.05	$ 64.32
67715		Incision of eyelid fold	A	$ 218.67	$ 70.95
67800		Remove eyelid lesion	A	$ 106.31	$ 67.06
67801		Remove eyelid lesions	A	$ 134.88	$ 86.63
67805		Remove eyelid lesions	A	$ 167.40	$ 107.38
67808		Remove eyelid lesion(s)	A	$ 301.16	$ 240.93
67810		Biopsy eyelid & lid margin	A	$ 153.16	$ 44.87
67820		Revise eyelashes	A	$ 15.95	$ 14.52
67825		Revise eyelashes	A	$ 111.55	$ 79.80
67830		Revise eyelashes	A	$ 223.14	$ 90.10
67835		Revise eyelashes	A	$ 361.42	$ 289.14
67840		Remove eyelid lesion	A	$ 232.14	$ 103.23
67850		Treat eyelid lesion	A	$ 179.89	$ 86.44
67875		Closure of eyelid by suture	A	$ 150.59	$ 62.34
67880		Revision of eyelid	A	$ 385.28	$ 240.88
67882		Revision of eyelid	A	$ 470.82	$ 308.21
67900		Repair brow defect	A	$ 535.86	$ 330.85
67901		Repair eyelid defect	A	$ 657.34	$ 386.79
67902		Repair eyelid defect	A	$ 594.22	$ 475.37
67903		Repair eyelid defect	A	$ 497.31	$ 314.27
67904		Repair eyelid defect	A	$ 610.30	$ 389.52
67906		Repair eyelid defect	A	$ 413.25	$ 330.60
67908		Repair eyelid defect	A	$ 446.88	$ 283.14
67909		Revise eyelid defect	A	$ 453.63	$ 287.00
67911		Revise eyelid defect	A	$ 457.34	$ 365.87
67912		Correction eyelid w/implant	A	$ 747.38	$ 318.64
67914		Repair eyelid defect	A	$ 403.12	$ 214.78
67915		Repair eyelid defect	A	$ 261.46	$ 130.41
67916		Repair eyelid defect	A	$ 503.71	$ 281.00
67917		Repair eyelid defect	A	$ 515.28	$ 298.59
67921		Repair eyelid defect	A	$ 394.74	$ 204.13
67922		Repair eyelid defect	A	$ 253.78	$ 130.63
67923		Repair eyelid defect	A	$ 503.99	$ 281.22
67924		Repair eyelid defect	A	$ 536.24	$ 298.46
67930		Repair eyelid wound	A	$ 305.97	$ 154.61
67935		Repair eyelid wound	A	$ 493.78	$ 287.53
67938		Remove eyelid foreign body	A	$ 225.61	$ 77.60
67950		Revision of eyelid	A	$ 482.48	$ 302.63
67961		Revision of eyelid	A	$ 484.65	$ 296.90
67966		Revision of eyelid	A	$ 640.60	$ 427.80
67971		Reconstruction of eyelid	A	$ 588.30	$ 470.64
67973		Reconstruction of eyelid	A	$ 755.96	$ 604.77
67974		Reconstruction of eyelid	A	$ 754.24	$ 603.39
67975		Reconstruction of eyelid	A	$ 557.25	$ 445.80

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
68020		Incise/drain eyelid lining	A	$ 100.08	$ 72.38
68040		Treatment of eyelid lesions	A	$ 51.11	$ 31.24
68100		Biopsy of eyelid lining	A	$ 148.73	$ 62.39
68110		Remove eyelid lining lesion	A	$ 195.27	$ 96.98
68115		Remove eyelid lining lesion	A	$ 274.75	$ 119.77
68130		Remove eyelid lining lesion	A	$ 454.74	$ 269.24
68135		Remove eyelid lining lesion	A	$ 130.19	$ 98.23
68200		Treat eyelid by injection	A	$ 34.16	$ 22.29
68320		Revise/graft eyelid lining	A	$ 612.54	$ 352.92
68325		Revise/graft eyelid lining	A	$ 536.08	$ 428.86
68326		Revise/graft eyelid lining	A	$ 526.46	$ 421.17
68328		Revise/graft eyelid lining	A	$ 576.46	$ 461.17
68330		Revise eyelid lining	A	$ 513.45	$ 300.86
68335		Revise/graft eyelid lining	A	$ 527.95	$ 422.36
68340		Separate eyelid adhesions	A	$ 498.13	$ 260.52
68360		Revise eyelid lining	A	$ 447.31	$ 268.35
68362		Revise eyelid lining	A	$ 535.44	$ 428.35
68371		Harvest eye tissue alograft	A	$ 336.81	$ 269.45
68400		Incise/drain tear gland	A	$ 245.61	$ 85.92
68420		Incise/drain tear sac	A	$ 274.40	$ 108.95
68440		Incise tear duct opening	A	$ 85.89	$ 65.42
68500		Removal of tear gland	A	$ 874.41	$ 699.53
68505		Partial removal tear gland	A	$ 870.52	$ 696.42
68510		Biopsy of tear gland	A	$ 373.06	$ 187.89
68520		Removal of tear sac	A	$ 607.98	$ 486.38
68525		Biopsy of tear sac	A	$ 211.18	$ 168.94
68530		Clearance of tear duct	A	$ 358.20	$ 166.12
68540		Remove tear gland lesion	A	$ 808.69	$ 646.95
68550		Remove tear gland lesion	A	$ 1,006.94	$ 805.55
68700		Repair tear ducts	A	$ 492.34	$ 393.87
68705		Revise tear duct opening	A	$ 216.81	$ 108.52
68720		Create tear sac drain	A	$ 667.05	$ 533.64
68745		Create tear duct drain	A	$ 670.28	$ 536.23
68750		Create tear duct drain	A	$ 707.10	$ 565.68
68760		Close tear duct opening	A	$ 182.05	$ 95.40
68761		Close tear duct opening	A	$ 120.75	$ 77.08
68770		Close tear system fistula	A	$ 513.18	$ 410.55
68801		Dilate tear duct opening	A	$ 79.32	$ 51.83
68810		Probe nasolacrimal duct	A	$ 132.75	$ 83.83
68811		Probe nasolacrimal duct	A	$ 110.42	$ 88.34
68815		Probe nasolacrimal duct	A	$ 310.62	$ 145.39
68816		Probe nl duct w/balloon	A	$ 708.47	$ 103.02
68840		Explore/irrigate tear ducts	A	$ 109.78	$ 76.86
68841		Insj rx elut implt lac canal	A	$ 31.42	$ 21.41
68850		Injection for tear sac x-ray	A	$ 48.40	$ 34.11
69000		Drain external ear lesion	A	$ 155.13	$ 82.86
69005		Drain external ear lesion	A	$ 182.43	$ 106.46
69020		Drain outer ear canal lesion	A	$ 195.48	$ 96.05
69100		Biopsy of external ear	A	$ 80.04	$ 30.90
69105		Biopsy of external ear canal	A	$ 120.83	$ 42.04
69110		Remove external ear partial	A	$ 391.73	$ 218.18
69120		Removal of external ear	A	$ 324.08	$ 259.27
69140		Remove ear canal lesion(s)	A	$ 752.97	$ 602.37
69145		Remove ear canal lesion(s)	A	$ 343.38	$ 171.82

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
69150		Extensive ear canal surgery	A	$ 840.55	$ 672.44
69155		Extensive ear/neck surgery	A	$ 1,354.55	$ 1,083.64
69200		Clear outer ear canal	A	$ 66.49	$ 31.25
69205		Clear outer ear canal	A	$ 79.56	$ 63.65
69209		Remove impacted ear wax uni	A	$ 12.55	$ 10.04
69210		Remove impacted ear wax uni	A	$ 39.30	$ 21.57
69220		Clean out mastoid cavity	A	$ 64.86	$ 33.90
69222		Clean out mastoid cavity	A	$ 180.13	$ 90.80
69300		Revise external ear	R	$ 541.14	$ 311.38
69310		Rebuild outer ear canal	A	$ 933.10	$ 746.48
69320		Rebuild outer ear canal	A	$ 1,302.68	$ 1,042.14
69420		Incision of eardrum	A	$ 159.26	$ 80.02
69421		Incision of eardrum	A	$ 126.54	$ 101.23
69424		Remove ventilating tube	A	$ 106.42	$ 39.94
69433		Create eardrum opening	A	$ 168.39	$ 87.98
69436		Create eardrum opening	A	$ 132.77	$ 106.22
69440		Exploration of middle ear	A	$ 578.70	$ 462.96
69450		Eardrum revision	A	$ 457.83	$ 366.26
69501		Mastoidectomy	A	$ 593.82	$ 475.06
69502		Mastoidectomy	A	$ 788.39	$ 630.71
69505		Remove mastoid structures	A	$ 1,026.64	$ 821.31
69511		Extensive mastoid surgery	A	$ 1,050.32	$ 840.26
69530		Extensive mastoid surgery	A	$ 1,397.95	$ 1,118.36
69535		Remove part of temporal bone	A	$ 2,219.43	$ 1,775.55
69540		Remove ear lesion	A	$ 176.63	$ 86.90
69550		Remove ear lesion	A	$ 888.50	$ 710.80
69552		Remove ear lesion	A	$ 1,324.10	$ 1,059.28
69554		Remove ear lesion	A	$ 2,107.18	$ 1,685.75
69601		Mastoid surgery revision	A	$ 850.41	$ 680.33
69602		Mastoid surgery revision	A	$ 909.34	$ 727.47
69603		Mastoid surgery revision	A	$ 1,072.74	$ 858.19
69604		Mastoid surgery revision	A	$ 929.05	$ 743.24
69610		Repair of eardrum	A	$ 319.52	$ 191.12
69620		Repair of eardrum	A	$ 619.85	$ 329.81
69631		Repair eardrum structures	A	$ 744.13	$ 595.31
69632		Rebuild eardrum structures	A	$ 905.15	$ 724.12
69633		Rebuild eardrum structures	A	$ 878.08	$ 702.46
69635		Repair eardrum structures	A	$ 1,066.59	$ 853.27
69636		Rebuild eardrum structures	A	$ 1,176.52	$ 941.21
69637		Rebuild eardrum structures	A	$ 1,171.34	$ 937.07
69641		Revise middle ear & mastoid	A	$ 871.51	$ 697.20
69642		Revise middle ear & mastoid	A	$ 1,117.60	$ 894.08
69643		Revise middle ear & mastoid	A	$ 1,022.82	$ 818.25
69644		Revise middle ear & mastoid	A	$ 1,258.15	$ 1,006.52
69645		Revise middle ear & mastoid	A	$ 1,234.45	$ 987.56
69646		Revise middle ear & mastoid	A	$ 1,310.67	$ 1,048.54
69650		Release middle ear bone	A	$ 671.27	$ 537.02
69660		Revise middle ear bone	A	$ 772.54	$ 618.03
69661		Revise middle ear bone	A	$ 1,006.36	$ 805.09
69662		Revise middle ear bone	A	$ 964.12	$ 771.30
69666		Repair middle ear structures	A	$ 675.17	$ 540.14
69667		Repair middle ear structures	A	$ 675.46	$ 540.37
69670		Remove mastoid air cells	A	$ 788.45	$ 630.76
69676		Remove middle ear nerve	A	$ 696.96	$ 557.56

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
69700		Close mastoid fistula	A	$ 556.10	$ 444.88
69705		Nps surg dilat eust tube uni	A	$ 2,281.92	$ 115.09
69706		Nps surg dilat eust tube bi	A	$ 2,359.43	$ 160.43
69711		Remove/repair hearing aid	A	$ 700.62	$ 560.50
69714		Impl oi implt skull perq esp	A	$ 410.42	$ 328.34
69716		Impl oi implt sk tc esp<100	A	$ 515.61	$ 412.48
69717		Rplcmt oi implt skl prq esp	A	$ 465.61	$ 372.48
69719		Rplcm oi implt sk tc esp<100	A	$ 534.54	$ 427.64
69720		Release facial nerve	A	$ 992.93	$ 794.34
69725		Release facial nerve	A	$ 1,555.20	$ 1,244.16
69726		Rmv ntr oi implt skl prq esp	A	$ 396.24	$ 316.99
69727		Rmv ntr oi imp sk tc esp<100	A	$ 441.99	$ 353.59
69728		Rmv ntr oi imp sktc esp>=100	A	$ 492.63	$ 394.10
69729		Impl oi implt sk tc esp>=100	A	$ 558.17	$ 446.53
69730		Rplc oi implt sk tc esp>=100	A	$ 571.08	$ 456.86
69740		Repair facial nerve	A	$ 967.67	$ 774.13
69745		Repair facial nerve	A	$ 1,031.72	$ 825.37
69801		Incise inner ear	A	$ 190.03	$ 82.26
69805		Explore inner ear	A	$ 857.00	$ 685.60
69806		Explore inner ear	A	$ 768.68	$ 614.94
69905		Remove inner ear	A	$ 767.39	$ 613.91
69910		Remove inner ear & mastoid	A	$ 826.12	$ 660.90
69915		Incise inner ear nerve	A	$ 1,250.79	$ 1,000.63
69930		Implant cochlear device	A	$ 1,012.90	$ 810.32
69950		Incise inner ear nerve	A	$ 1,450.43	$ 1,160.35
69955		Release facial nerve	A	$ 1,635.67	$ 1,308.54
69960		Release inner ear canal	A	$ 1,566.29	$ 1,253.03
69970		Remove inner ear lesion	A	$ 1,768.40	$ 1,414.72
69990		Microsurgery add-on	R	$ 174.52	$ 139.62
70010		Contrast x-ray of brain	A	$ 48.69	$ 38.95
70015	26	Contrast x-ray of brain	A	$ 47.62	$ 38.10
70015	TC	Contrast x-ray of brain	A	$ 92.35	$ 73.88
70015		Contrast x-ray of brain	A	$ 139.97	$ 111.98
70030	26	X-ray eye for foreign body	A	$ 7.32	$ 5.85
70030	TC	X-ray eye for foreign body	A	$ 19.68	$ 15.75
70030		X-ray eye for foreign body	A	$ 27.00	$ 21.60
70100	26	X-ray exam of jaw <4views	A	$ 7.32	$ 5.85
70100	TC	X-ray exam of jaw <4views	A	$ 24.62	$ 19.70
70100		X-ray exam of jaw <4views	A	$ 31.94	$ 25.55
70110	26	X-ray exam of jaw 4/> views	A	$ 9.88	$ 7.91
70110	TC	X-ray exam of jaw 4/> views	A	$ 25.99	$ 20.79
70110		X-ray exam of jaw 4/> views	A	$ 35.87	$ 28.70
70120	26	X-ray exam of mastoids	A	$ 7.32	$ 5.85
70120	TC	X-ray exam of mastoids	A	$ 24.62	$ 19.70
70120		X-ray exam of mastoids	A	$ 31.94	$ 25.55
70130	26	X-ray exam of mastoids	A	$ 13.79	$ 11.03
70130	TC	X-ray exam of mastoids	A	$ 38.06	$ 30.44
70130		X-ray exam of mastoids	A	$ 51.84	$ 41.47
70134	26	X-ray exam of middle ear	A	$ 14.39	$ 11.52
70134	TC	X-ray exam of middle ear	A	$ 36.68	$ 29.35
70134		X-ray exam of middle ear	A	$ 51.08	$ 40.86
70140	26	X-ray exam of facial bones	A	$ 8.15	$ 6.52
70140	TC	X-ray exam of facial bones	A	$ 18.59	$ 14.87
70140		X-ray exam of facial bones	A	$ 26.74	$ 21.39

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
70150	26	X-ray exam of facial bones	A	$ 10.44	$ 8.36
70150	TC	X-ray exam of facial bones	A	$ 28.46	$ 22.77
70150		X-ray exam of facial bones	A	$ 38.90	$ 31.12
70160	26	X-ray exam of nasal bones	A	$ 7.03	$ 5.62
70160	TC	X-ray exam of nasal bones	A	$ 24.62	$ 19.70
70160		X-ray exam of nasal bones	A	$ 31.65	$ 25.32
70170	26	X-ray exam of tear duct	A	$ 12.09	$ 9.67
70190	26	X-ray exam of eye sockets	A	$ 9.00	$ 7.20
70190	TC	X-ray exam of eye sockets	A	$ 22.15	$ 17.72
70190		X-ray exam of eye sockets	A	$ 31.16	$ 24.92
70200	26	X-ray exam of eye sockets	A	$ 11.30	$ 9.04
70200	TC	X-ray exam of eye sockets	A	$ 28.46	$ 22.77
70200		X-ray exam of eye sockets	A	$ 39.75	$ 31.80
70210	26	X-ray exam of sinuses	A	$ 7.03	$ 5.62
70210	TC	X-ray exam of sinuses	A	$ 19.68	$ 15.75
70210		X-ray exam of sinuses	A	$ 26.71	$ 21.37
70220	26	X-ray exam of sinuses	A	$ 8.74	$ 7.00
70220	TC	X-ray exam of sinuses	A	$ 22.43	$ 17.94
70220		X-ray exam of sinuses	A	$ 31.17	$ 24.94
70240	26	X-ray exam pituitary saddle	A	$ 7.61	$ 6.08
70240	TC	X-ray exam pituitary saddle	A	$ 19.68	$ 15.75
70240		X-ray exam pituitary saddle	A	$ 27.29	$ 21.83
70250	26	X-ray exam of skull	A	$ 7.32	$ 5.85
70250	TC	X-ray exam of skull	A	$ 22.43	$ 17.94
70250		X-ray exam of skull	A	$ 29.74	$ 23.79
70260	26	X-ray exam of skull	A	$ 11.30	$ 9.04
70260	TC	X-ray exam of skull	A	$ 25.72	$ 20.57
70260		X-ray exam of skull	A	$ 37.01	$ 29.61
70300	26	X-ray exam of teeth	A	$ 4.19	$ 3.35
70300	TC	X-ray exam of teeth	A	$ 6.52	$ 5.22
70300		X-ray exam of teeth	A	$ 10.71	$ 8.57
70310	26	X-ray exam of teeth	A	$ 6.47	$ 5.17
70310	TC	X-ray exam of teeth	A	$ 25.99	$ 20.79
70310		X-ray exam of teeth	A	$ 32.46	$ 25.97
70320	26	Full mouth x-ray of teeth	A	$ 9.02	$ 7.21
70320	TC	Full mouth x-ray of teeth	A	$ 34.49	$ 27.59
70320		Full mouth x-ray of teeth	A	$ 43.51	$ 34.81
70328	26	X-ray exam of jaw joint	A	$ 7.32	$ 5.85
70328	TC	X-ray exam of jaw joint	A	$ 21.33	$ 17.06
70328		X-ray exam of jaw joint	A	$ 28.65	$ 22.92
70330	26	X-ray exam of jaw joints	A	$ 9.59	$ 7.68
70330	TC	X-ray exam of jaw joints	A	$ 34.22	$ 27.37
70330		X-ray exam of jaw joints	A	$ 43.81	$ 35.05
70332	26	X-ray exam of jaw joint	A	$ 21.89	$ 17.51
70332	TC	X-ray exam of jaw joint	A	$ 48.48	$ 38.78
70332		X-ray exam of jaw joint	A	$ 70.37	$ 56.30
70336	26	Magnetic image jaw joint	A	$ 58.60	$ 46.88
70336	TC	Magnetic image jaw joint	A	$ 170.72	$ 136.57
70336		Magnetic image jaw joint	A	$ 229.31	$ 183.45
70350	TC	X-ray head for orthodontia	A	$ 6.52	$ 5.22
70350	26	X-ray head for orthodontia	A	$ 7.03	$ 5.62
70350		X-ray head for orthodontia	A	$ 13.55	$ 10.84
70355	TC	Panoramic x-ray of jaws	A	$ 6.79	$ 5.44
70355	26	Panoramic x-ray of jaws	A	$ 8.17	$ 6.53

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
70355		Panoramic x-ray of jaws	A	$ 14.96	$ 11.97
70360	26	X-ray exam of neck	A	$ 7.32	$ 5.85
70360	TC	X-ray exam of neck	A	$ 18.86	$ 15.09
70360		X-ray exam of neck	A	$ 26.18	$ 20.94
70370	26	Throat x-ray & fluoroscopy	A	$ 12.39	$ 9.91
70370	TC	Throat x-ray & fluoroscopy	A	$ 71.78	$ 57.43
70370		Throat x-ray & fluoroscopy	A	$ 84.17	$ 67.34
70371	26	Speech evaluation complex	A	$ 34.37	$ 27.50
70371	TC	Speech evaluation complex	A	$ 55.61	$ 44.48
70371		Speech evaluation complex	A	$ 89.98	$ 71.98
70380	26	X-ray exam of salivary gland	A	$ 6.76	$ 5.40
70380	TC	X-ray exam of salivary gland	A	$ 24.34	$ 19.48
70380		X-ray exam of salivary gland	A	$ 31.10	$ 24.88
70390	26	X-ray exam of salivary duct	A	$ 15.21	$ 12.17
70390	TC	X-ray exam of salivary duct	A	$ 82.48	$ 65.98
70390		X-ray exam of salivary duct	A	$ 97.69	$ 78.15
70450	26	Ct head/brain w/o dye	A	$ 33.84	$ 27.07
70450	TC	Ct head/brain w/o dye	A	$ 57.25	$ 45.80
70450		Ct head/brain w/o dye	A	$ 91.09	$ 72.87
70460	26	Ct head/brain w/dye	A	$ 45.07	$ 36.06
70460	TC	Ct head/brain w/dye	A	$ 81.93	$ 65.54
70460		Ct head/brain w/dye	A	$ 127.00	$ 101.60
70470	26	Ct head/brain w/o & w/dye	A	$ 50.69	$ 40.55
70470	TC	Ct head/brain w/o & w/dye	A	$ 98.60	$ 78.88
70470		Ct head/brain w/o & w/dye	A	$ 149.29	$ 119.43
70480	26	Ct orbit/ear/fossa w/o dye	A	$ 51.25	$ 41.00
70480	TC	Ct orbit/ear/fossa w/o dye	A	$ 84.95	$ 67.96
70480		Ct orbit/ear/fossa w/o dye	A	$ 136.20	$ 108.96
70481	26	Ct orbit/ear/fossa w/dye	A	$ 45.07	$ 36.06
70481	TC	Ct orbit/ear/fossa w/dye	A	$ 110.11	$ 88.09
70481		Ct orbit/ear/fossa w/dye	A	$ 155.19	$ 124.15
70482	26	Ct orbit/ear/fossa w/o&w/dye	A	$ 50.42	$ 40.33
70482	TC	Ct orbit/ear/fossa w/o&w/dye	A	$ 130.68	$ 104.54
70482		Ct orbit/ear/fossa w/o&w/dye	A	$ 181.10	$ 144.88
70486	26	Ct maxillofacial w/o dye	A	$ 34.11	$ 27.29
70486	TC	Ct maxillofacial w/o dye	A	$ 75.90	$ 60.72
70486		Ct maxillofacial w/o dye	A	$ 110.01	$ 88.01
70487	26	Ct maxillofacial w/dye	A	$ 45.07	$ 36.06
70487	TC	Ct maxillofacial w/dye	A	$ 85.49	$ 68.40
70487		Ct maxillofacial w/dye	A	$ 130.57	$ 104.45
70488	26	Ct maxillofacial w/o & w/dye	A	$ 50.69	$ 40.55
70488	TC	Ct maxillofacial w/o & w/dye	A	$ 108.19	$ 86.56
70488		Ct maxillofacial w/o & w/dye	A	$ 158.89	$ 127.11
70490	26	Ct soft tissue neck w/o dye	A	$ 51.25	$ 41.00
70490	TC	Ct soft tissue neck w/o dye	A	$ 77.82	$ 62.25
70490		Ct soft tissue neck w/o dye	A	$ 129.07	$ 103.26
70491	26	Ct soft tissue neck w/dye	A	$ 55.23	$ 44.18
70491	TC	Ct soft tissue neck w/dye	A	$ 103.53	$ 82.83
70491		Ct soft tissue neck w/dye	A	$ 158.76	$ 127.01
70492	26	Ct sft tsue nck w/o & w/dye	A	$ 64.28	$ 51.42
70492	TC	Ct sft tsue nck w/o & w/dye	A	$ 126.57	$ 101.25
70492		Ct sft tsue nck w/o & w/dye	A	$ 190.84	$ 152.67
70496	26	Ct angiography head	A	$ 69.82	$ 55.86
70496	TC	Ct angiography head	A	$ 167.30	$ 133.84

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
70496		Ct angiography head	A	$ 237.12	$ 189.70
70498	26	Ct angiography neck	A	$ 69.82	$ 55.86
70498	TC	Ct angiography neck	A	$ 167.03	$ 133.62
70498		Ct angiography neck	A	$ 236.85	$ 189.48
70540	26	Mri orbit/face/neck w/o dye	A	$ 53.54	$ 42.84
70540	TC	Mri orbit/face/neck w/o dye	A	$ 141.92	$ 113.54
70540		Mri orbit/face/neck w/o dye	A	$ 195.47	$ 156.37
70542	26	Mri orbit/face/neck w/dye	A	$ 64.55	$ 51.64
70542	TC	Mri orbit/face/neck w/dye	A	$ 167.70	$ 134.16
70542		Mri orbit/face/neck w/dye	A	$ 232.25	$ 185.80
70543	26	Mri orbt/fac/nck w/o &w/dye	A	$ 85.39	$ 68.32
70543	TC	Mri orbt/fac/nck w/o &w/dye	A	$ 207.89	$ 166.31
70543		Mri orbt/fac/nck w/o &w/dye	A	$ 293.28	$ 234.63
70544	26	Mr angiography head w/o dye	A	$ 47.91	$ 38.33
70544	TC	Mr angiography head w/o dye	A	$ 137.54	$ 110.03
70544		Mr angiography head w/o dye	A	$ 185.45	$ 148.36
70545	26	Mr angiography head w/dye	A	$ 47.64	$ 38.11
70545	TC	Mr angiography head w/dye	A	$ 148.11	$ 118.49
70545		Mr angiography head w/dye	A	$ 195.75	$ 156.60
70546	26	Mr angiograph head w/o&w/dye	A	$ 58.87	$ 47.10
70546	TC	Mr angiograph head w/o&w/dye	A	$ 224.61	$ 179.69
70546		Mr angiograph head w/o&w/dye	A	$ 283.49	$ 226.79
70547	26	Mr angiography neck w/o dye	A	$ 47.91	$ 38.33
70547	TC	Mr angiography neck w/o dye	A	$ 137.81	$ 110.25
70547		Mr angiography neck w/o dye	A	$ 185.72	$ 148.58
70548	26	Mr angiography neck w/dye	A	$ 59.72	$ 47.78
70548	TC	Mr angiography neck w/dye	A	$ 152.22	$ 121.78
70548		Mr angiography neck w/dye	A	$ 211.95	$ 169.56
70549	26	Mr angiograph neck w/o&w/dye	A	$ 71.81	$ 57.45
70549	TC	Mr angiograph neck w/o&w/dye	A	$ 225.71	$ 180.57
70549		Mr angiograph neck w/o&w/dye	A	$ 297.52	$ 238.02
70551	26	Mri brain stem w/o dye	A	$ 59.15	$ 47.32
70551	TC	Mri brain stem w/o dye	A	$ 109.84	$ 87.87
70551		Mri brain stem w/o dye	A	$ 168.99	$ 135.19
70552	26	Mri brain stem w/dye	A	$ 71.23	$ 56.99
70552	TC	Mri brain stem w/dye	A	$ 162.37	$ 129.89
70552		Mri brain stem w/dye	A	$ 233.60	$ 186.88
70553	26	Mri brain stem w/o & w/dye	A	$ 91.29	$ 73.03
70553	TC	Mri brain stem w/o & w/dye	A	$ 184.03	$ 147.22
70553		Mri brain stem w/o & w/dye	A	$ 275.32	$ 220.25
70554	26	Fmri brain by tech	A	$ 84.18	$ 67.35
70554	TC	Fmri brain by tech	A	$ 242.99	$ 194.39
70554		Fmri brain by tech	A	$ 327.17	$ 261.73
70555	26	Fmri brain by phys/psych	A	$ 99.86	$ 79.89
70557	26	Mri brain w/o dye	A	$ 130.12	$ 104.09
70558	26	Mri brain w/dye	A	$ 138.77	$ 111.01
70559	26	Mri brain w/o & w/dye	A	$ 132.31	$ 105.85
71045	26	X-ray exam chest 1 view	A	$ 7.32	$ 5.85
71045	TC	X-ray exam chest 1 view	A	$ 14.20	$ 11.36
71045		X-ray exam chest 1 view	A	$ 21.52	$ 17.21
71046	26	X-ray exam chest 2 views	A	$ 8.74	$ 7.00
71046	TC	X-ray exam chest 2 views	A	$ 19.13	$ 15.31
71046		X-ray exam chest 2 views	A	$ 27.88	$ 22.30
71047	26	X-ray exam chest 3 views	A	$ 11.01	$ 8.81

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
71047	TC	X-ray exam chest 3 views	A	$ 24.07	$ 19.26
71047		X-ray exam chest 3 views	A	$ 35.08	$ 28.06
71048	26	X-ray exam chest 4+ views	A	$ 12.43	$ 9.95
71048	TC	X-ray exam chest 4+ views	A	$ 25.99	$ 20.79
71048		X-ray exam chest 4+ views	A	$ 38.42	$ 30.74
71100	26	X-ray exam ribs uni 2 views	A	$ 9.02	$ 7.21
71100	TC	X-ray exam ribs uni 2 views	A	$ 21.60	$ 17.28
71100		X-ray exam ribs uni 2 views	A	$ 30.62	$ 24.50
71101	26	X-ray exam unilat ribs/chest	A	$ 10.73	$ 8.59
71101	TC	X-ray exam unilat ribs/chest	A	$ 24.34	$ 19.48
71101		X-ray exam unilat ribs/chest	A	$ 35.08	$ 28.06
71110	26	X-ray exam ribs bil 3 views	A	$ 11.58	$ 9.27
71110	TC	X-ray exam ribs bil 3 views	A	$ 24.89	$ 19.91
71110		X-ray exam ribs bil 3 views	A	$ 36.48	$ 29.18
71111	26	X-ray exam ribs/chest4/> vws	A	$ 12.94	$ 10.35
71111	TC	X-ray exam ribs/chest4/> vws	A	$ 30.65	$ 24.52
71111		X-ray exam ribs/chest4/> vws	A	$ 43.59	$ 34.87
71120	26	X-ray exam breastbone 2/>vws	A	$ 7.89	$ 6.32
71120	TC	X-ray exam breastbone 2/>vws	A	$ 19.96	$ 15.97
71120		X-ray exam breastbone 2/>vws	A	$ 27.85	$ 22.28
71130	26	X-ray strenoclavic jt 3/>vws	A	$ 8.74	$ 7.00
71130	TC	X-ray strenoclavic jt 3/>vws	A	$ 25.44	$ 20.35
71130		X-ray strenoclavic jt 3/>vws	A	$ 34.19	$ 27.35
71250	26	Ct thorax dx c-	A	$ 43.09	$ 34.47
71250	TC	Ct thorax dx c-	A	$ 71.24	$ 56.99
71250		Ct thorax dx c-	A	$ 114.32	$ 91.46
71260	26	Ct thorax dx c+	A	$ 46.49	$ 37.19
71260	TC	Ct thorax dx c+	A	$ 96.68	$ 77.34
71260		Ct thorax dx c+	A	$ 143.16	$ 114.53
71270	26	Ct thorax dx c-/c+	A	$ 49.63	$ 39.70
71270	TC	Ct thorax dx c-/c+	A	$ 119.16	$ 95.33
71270		Ct thorax dx c-/c+	A	$ 168.79	$ 135.03
71271	26	Ct thorax lung cancer scr c-	A	$ 43.09	$ 34.47
71271	TC	Ct thorax lung cancer scr c-	A	$ 75.07	$ 60.06
71271		Ct thorax lung cancer scr c-	A	$ 118.16	$ 94.53
71275	26	Ct angiography chest	A	$ 72.38	$ 57.91
71275	TC	Ct angiography chest	A	$ 169.22	$ 135.38
71275		Ct angiography chest	A	$ 241.61	$ 193.29
71550	26	Mri chest w/o dye	A	$ 58.30	$ 46.64
71550	TC	Mri chest w/o dye	A	$ 234.49	$ 187.59
71550		Mri chest w/o dye	A	$ 292.78	$ 234.23
71551	26	Mri chest w/dye	A	$ 68.97	$ 55.18
71551	TC	Mri chest w/dye	A	$ 254.78	$ 203.82
71551		Mri chest w/dye	A	$ 323.75	$ 259.00
71552	26	Mri chest w/o & w/dye	A	$ 90.15	$ 72.12
71552	TC	Mri chest w/o & w/dye	A	$ 318.94	$ 255.16
71552		Mri chest w/o & w/dye	A	$ 409.09	$ 327.27
71555	26	Mri angio chest w or w/o dye	R	$ 71.55	$ 57.24
71555	TC	Mri angio chest w or w/o dye	R	$ 216.39	$ 173.11
71555		Mri angio chest w or w/o dye	R	$ 287.94	$ 230.35
72020	26	X-ray exam of spine 1 view	A	$ 6.47	$ 5.17
72020	TC	X-ray exam of spine 1 view	A	$ 13.92	$ 11.14
72020		X-ray exam of spine 1 view	A	$ 20.39	$ 16.31
72040	26	X-ray exam neck spine 2-3 vw	A	$ 9.02	$ 7.21

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
72040	TC	X-ray exam neck spine 2-3 vw	A	$ 23.80	$ 19.04
72040		X-ray exam neck spine 2-3 vw	A	$ 32.81	$ 26.25
72050	26	X-ray exam neck spine 4/5vws	A	$ 11.01	$ 8.81
72050	TC	X-ray exam neck spine 4/5vws	A	$ 33.12	$ 26.50
72050		X-ray exam neck spine 4/5vws	A	$ 44.13	$ 35.30
72052	26	X-ray exam neck spine 6/>vws	A	$ 12.09	$ 9.67
72052	TC	X-ray exam neck spine 6/>vws	A	$ 39.43	$ 31.54
72052		X-ray exam neck spine 6/>vws	A	$ 51.51	$ 41.21
72070	26	X-ray exam thorac spine 2vws	A	$ 8.17	$ 6.53
72070	TC	X-ray exam thorac spine 2vws	A	$ 19.13	$ 15.31
72070		X-ray exam thorac spine 2vws	A	$ 27.30	$ 21.84
72072	26	X-ray exam thorac spine 3vws	A	$ 9.03	$ 7.23
72072	TC	X-ray exam thorac spine 3vws	A	$ 23.52	$ 18.82
72072		X-ray exam thorac spine 3vws	A	$ 32.55	$ 26.04
72074	26	X-ray exam thorac spine4/>vw	A	$ 9.88	$ 7.91
72074	TC	X-ray exam thorac spine4/>vw	A	$ 26.81	$ 21.45
72074		X-ray exam thorac spine4/>vw	A	$ 36.70	$ 29.36
72080	26	X-ray exam thoracolmb 2/> vw	A	$ 8.46	$ 6.77
72080	TC	X-ray exam thoracolmb 2/> vw	A	$ 20.23	$ 16.19
72080		X-ray exam thoracolmb 2/> vw	A	$ 28.69	$ 22.95
72081	26	X-ray exam entire spi 1 vw	A	$ 10.44	$ 8.36
72081	TC	X-ray exam entire spi 1 vw	A	$ 24.89	$ 19.91
72081		X-ray exam entire spi 1 vw	A	$ 35.34	$ 28.27
72082	26	X-ray exam entire spi 2/3 vw	A	$ 12.65	$ 10.12
72082	TC	X-ray exam entire spi 2/3 vw	A	$ 45.46	$ 36.37
72082		X-ray exam entire spi 2/3 vw	A	$ 58.11	$ 46.49
72083	26	X-ray exam entire spi 4/5 vw	A	$ 14.41	$ 11.53
72083	TC	X-ray exam entire spi 4/5 vw	A	$ 50.94	$ 40.75
72083		X-ray exam entire spi 4/5 vw	A	$ 65.35	$ 52.28
72084	26	X-ray exam entire spi 6/> vw	A	$ 16.90	$ 13.52
72084	TC	X-ray exam entire spi 6/> vw	A	$ 65.14	$ 52.11
72084		X-ray exam entire spi 6/> vw	A	$ 82.04	$ 65.63
72100	26	X-ray exam l-s spine 2/3 vws	A	$ 9.02	$ 7.21
72100	TC	X-ray exam l-s spine 2/3 vws	A	$ 24.07	$ 19.26
72100		X-ray exam l-s spine 2/3 vws	A	$ 33.09	$ 26.47
72110	26	X-ray exam l-2 spine 4/>vws	A	$ 10.44	$ 8.36
72110	TC	X-ray exam l-2 spine 4/>vws	A	$ 32.02	$ 25.62
72110		X-ray exam l-2 spine 4/>vws	A	$ 42.47	$ 33.97
72114	26	X-ray exam l-s spine bending	A	$ 12.36	$ 9.89
72114	TC	X-ray exam l-s spine bending	A	$ 38.88	$ 31.10
72114		X-ray exam l-s spine bending	A	$ 51.24	$ 40.99
72120	26	X-ray bend only l-s spine	A	$ 9.02	$ 7.21
72120	TC	X-ray bend only l-s spine	A	$ 24.62	$ 19.70
72120		X-ray bend only l-s spine	A	$ 33.64	$ 26.91
72125	26	Ct neck spine w/o dye	A	$ 39.53	$ 31.62
72125	TC	Ct neck spine w/o dye	A	$ 71.78	$ 57.43
72125		Ct neck spine w/o dye	A	$ 111.31	$ 89.05
72126	26	Ct neck spine w/dye	A	$ 48.49	$ 38.79
72126	TC	Ct neck spine w/dye	A	$ 96.40	$ 77.12
72126		Ct neck spine w/dye	A	$ 144.89	$ 115.91
72127	26	Ct neck spine w/o & w/dye	A	$ 50.42	$ 40.33
72127	TC	Ct neck spine w/o & w/dye	A	$ 119.16	$ 95.33
72127		Ct neck spine w/o & w/dye	A	$ 169.58	$ 135.66
72128	26	Ct chest spine w/o dye	A	$ 39.53	$ 31.62

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
72128	TC	Ct chest spine w/o dye	A	$ 71.78	$ 57.43
72128		Ct chest spine w/o dye	A	$ 111.31	$ 89.05
72129	26	Ct chest spine w/dye	A	$ 48.70	$ 38.96
72129	TC	Ct chest spine w/dye	A	$ 97.23	$ 77.78
72129		Ct chest spine w/dye	A	$ 145.93	$ 116.74
72130	26	Ct chest spine w/o & w/dye	A	$ 50.69	$ 40.55
72130	TC	Ct chest spine w/o & w/dye	A	$ 120.53	$ 96.43
72130		Ct chest spine w/o & w/dye	A	$ 171.22	$ 136.98
72131	26	Ct lumbar spine w/o dye	A	$ 39.53	$ 31.62
72131	TC	Ct lumbar spine w/o dye	A	$ 71.24	$ 56.99
72131		Ct lumbar spine w/o dye	A	$ 110.77	$ 88.61
72132	26	Ct lumbar spine w/dye	A	$ 48.49	$ 38.79
72132	TC	Ct lumbar spine w/dye	A	$ 96.68	$ 77.34
72132		Ct lumbar spine w/dye	A	$ 145.17	$ 116.13
72133	26	Ct lumbar spine w/o & w/dye	A	$ 50.69	$ 40.55
72133	TC	Ct lumbar spine w/o & w/dye	A	$ 119.44	$ 95.55
72133		Ct lumbar spine w/o & w/dye	A	$ 170.13	$ 136.10
72141	26	Mri neck spine w/o dye	A	$ 59.15	$ 47.32
72141	TC	Mri neck spine w/o dye	A	$ 105.18	$ 84.14
72141		Mri neck spine w/o dye	A	$ 164.33	$ 131.46
72142	26	Mri neck spine w/dye	A	$ 71.51	$ 57.21
72142	TC	Mri neck spine w/dye	A	$ 166.33	$ 133.06
72142		Mri neck spine w/dye	A	$ 237.83	$ 190.27
72146	26	Mri chest spine w/o dye	A	$ 59.15	$ 47.32
72146	TC	Mri chest spine w/o dye	A	$ 105.18	$ 84.14
72146		Mri chest spine w/o dye	A	$ 164.33	$ 131.46
72147	26	Mri chest spine w/dye	A	$ 71.23	$ 56.99
72147	TC	Mri chest spine w/dye	A	$ 164.68	$ 131.75
72147		Mri chest spine w/dye	A	$ 235.91	$ 188.73
72148	26	Mri lumbar spine w/o dye	A	$ 59.15	$ 47.32
72148	TC	Mri lumbar spine w/o dye	A	$ 105.73	$ 84.58
72148		Mri lumbar spine w/o dye	A	$ 164.87	$ 131.90
72149	26	Mri lumbar spine w/dye	A	$ 71.23	$ 56.99
72149	TC	Mri lumbar spine w/dye	A	$ 162.49	$ 129.99
72149		Mri lumbar spine w/dye	A	$ 233.72	$ 186.98
72156	26	Mri neck spine w/o & w/dye	A	$ 91.29	$ 73.03
72156	TC	Mri neck spine w/o & w/dye	A	$ 185.40	$ 148.32
72156		Mri neck spine w/o & w/dye	A	$ 276.69	$ 221.35
72157	26	Mri chest spine w/o & w/dye	A	$ 91.29	$ 73.03
72157	TC	Mri chest spine w/o & w/dye	A	$ 185.95	$ 148.76
72157		Mri chest spine w/o & w/dye	A	$ 277.24	$ 221.79
72158	26	Mri lumbar spine w/o & w/dye	A	$ 91.29	$ 73.03
72158	TC	Mri lumbar spine w/o & w/dye	A	$ 184.85	$ 147.88
72158		Mri lumbar spine w/o & w/dye	A	$ 276.14	$ 220.91
72159	26	Mr angio spine w/o&w/dye	R	$ 72.08	$ 57.67
72159	TC	Mr angio spine w/o&w/dye	R	$ 226.53	$ 181.23
72159		Mr angio spine w/o&w/dye	R	$ 298.62	$ 238.89
72170	26	X-ray exam of pelvis	A	$ 7.03	$ 5.62
72170	TC	X-ray exam of pelvis	A	$ 16.12	$ 12.89
72170		X-ray exam of pelvis	A	$ 23.15	$ 18.52
72190	26	X-ray exam of pelvis	A	$ 10.16	$ 8.13
72190	TC	X-ray exam of pelvis	A	$ 24.89	$ 19.91
72190		X-ray exam of pelvis	A	$ 35.05	$ 28.04
72191	26	Ct angiograph pelv w/o&w/dye	A	$ 71.27	$ 57.02

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
72191	TC	Ct angiograph pelv w/o&w/dye	A	$ 191.16	$ 152.93
72191		Ct angiograph pelv w/o&w/dye	A	$ 262.43	$ 209.95
72192	26	Ct pelvis w/o dye	A	$ 43.37	$ 34.70
72192	TC	Ct pelvis w/o dye	A	$ 70.96	$ 56.77
72192		Ct pelvis w/o dye	A	$ 114.33	$ 91.47
72193	26	Ct pelvis w/dye	A	$ 46.21	$ 36.97
72193	TC	Ct pelvis w/dye	A	$ 152.07	$ 121.65
72193		Ct pelvis w/dye	A	$ 198.28	$ 158.62
72194	26	Ct pelvis w/o & w/dye	A	$ 48.49	$ 38.79
72194	TC	Ct pelvis w/o & w/dye	A	$ 170.17	$ 136.13
72194		Ct pelvis w/o & w/dye	A	$ 218.66	$ 174.92
72195	26	Mri pelvis w/o dye	A	$ 58.30	$ 46.64
72195	TC	Mri pelvis w/o dye	A	$ 139.73	$ 111.78
72195		Mri pelvis w/o dye	A	$ 198.03	$ 158.42
72196	26	Mri pelvis w/dye	A	$ 69.24	$ 55.40
72196	TC	Mri pelvis w/dye	A	$ 163.31	$ 130.65
72196		Mri pelvis w/dye	A	$ 232.56	$ 186.04
72197	26	Mri pelvis w/o & w/dye	A	$ 87.38	$ 69.91
72197	TC	Mri pelvis w/o & w/dye	A	$ 204.60	$ 163.68
72197		Mri pelvis w/o & w/dye	A	$ 291.98	$ 233.58
72198	26	Mr angio pelvis w/o & w/dye	A	$ 71.26	$ 57.01
72198	TC	Mr angio pelvis w/o & w/dye	A	$ 220.23	$ 176.18
72198		Mr angio pelvis w/o & w/dye	A	$ 291.49	$ 233.19
72200	26	X-ray exam si joints	A	$ 6.76	$ 5.40
72200	TC	X-ray exam si joints	A	$ 20.51	$ 16.40
72200		X-ray exam si joints	A	$ 27.26	$ 21.81
72202	26	X-ray exam si joints 3/> vws	A	$ 9.03	$ 7.23
72202	TC	X-ray exam si joints 3/> vws	A	$ 23.52	$ 18.82
72202		X-ray exam si joints 3/> vws	A	$ 32.55	$ 26.04
72220	26	X-ray exam sacrum tailbone	A	$ 7.03	$ 5.62
72220	TC	X-ray exam sacrum tailbone	A	$ 19.96	$ 15.97
72220		X-ray exam sacrum tailbone	A	$ 26.99	$ 21.59
72240	26	Myelography neck spine	A	$ 37.03	$ 29.62
72240	TC	Myelography neck spine	A	$ 58.35	$ 46.68
72240		Myelography neck spine	A	$ 95.38	$ 76.30
72255	26	Myelography thoracic spine	A	$ 38.77	$ 31.02
72255	TC	Myelography thoracic spine	A	$ 60.82	$ 48.65
72255		Myelography thoracic spine	A	$ 99.58	$ 79.67
72265	26	Myelography l-s spine	A	$ 33.26	$ 26.61
72265	TC	Myelography l-s spine	A	$ 57.80	$ 46.24
72265		Myelography l-s spine	A	$ 91.06	$ 72.85
72270	26	Myelogphy 2/> spine regions	A	$ 55.16	$ 44.13
72270	TC	Myelogphy 2/> spine regions	A	$ 81.66	$ 65.32
72270		Myelogphy 2/> spine regions	A	$ 136.82	$ 109.45
72285	26	Discography cerv/thor spine	A	$ 46.61	$ 37.29
72285	TC	Discography cerv/thor spine	A	$ 60.54	$ 48.43
72285		Discography cerv/thor spine	A	$ 107.15	$ 85.72
72295	26	X-ray of lower spine disk	A	$ 33.26	$ 26.61
72295	TC	X-ray of lower spine disk	A	$ 58.90	$ 47.12
72295		X-ray of lower spine disk	A	$ 92.16	$ 73.73
73000	26	X-ray exam of collar bone	A	$ 6.74	$ 5.39
73000	TC	X-ray exam of collar bone	A	$ 19.96	$ 15.97
73000		X-ray exam of collar bone	A	$ 26.70	$ 21.36
73010	26	X-ray exam of shoulder blade	A	$ 7.30	$ 5.84

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
73010	TC	X-ray exam of shoulder blade	A	$ 12.28	$ 9.82
73010		X-ray exam of shoulder blade	A	$ 19.58	$ 15.67
73020	26	X-ray exam of shoulder	A	$ 6.18	$ 4.94
73020	TC	X-ray exam of shoulder	A	$ 11.73	$ 9.38
73020		X-ray exam of shoulder	A	$ 17.91	$ 14.33
73030	26	X-ray exam of shoulder	A	$ 7.59	$ 6.07
73030	TC	X-ray exam of shoulder	A	$ 21.05	$ 16.84
73030		X-ray exam of shoulder	A	$ 28.65	$ 22.92
73040	26	Contrast x-ray of shoulder	A	$ 22.44	$ 17.95
73040	TC	Contrast x-ray of shoulder	A	$ 86.59	$ 69.27
73040		Contrast x-ray of shoulder	A	$ 109.03	$ 87.23
73050	26	X-ray exam of shoulders	A	$ 7.59	$ 6.07
73050	TC	X-ray exam of shoulders	A	$ 16.12	$ 12.89
73050		X-ray exam of shoulders	A	$ 23.71	$ 18.97
73060	26	X-ray exam of humerus	A	$ 6.74	$ 5.39
73060	TC	X-ray exam of humerus	A	$ 19.96	$ 15.97
73060		X-ray exam of humerus	A	$ 26.70	$ 21.36
73070	26	X-ray exam of elbow	A	$ 6.74	$ 5.39
73070	TC	X-ray exam of elbow	A	$ 17.49	$ 13.99
73070		X-ray exam of elbow	A	$ 24.23	$ 19.38
73080	26	X-ray exam of elbow	A	$ 7.03	$ 5.62
73080	TC	X-ray exam of elbow	A	$ 19.96	$ 15.97
73080		X-ray exam of elbow	A	$ 26.99	$ 21.59
73085	26	Contrast x-ray of elbow	A	$ 22.72	$ 18.17
73085	TC	Contrast x-ray of elbow	A	$ 69.86	$ 55.89
73085		Contrast x-ray of elbow	A	$ 92.58	$ 74.06
73090	26	X-ray exam of forearm	A	$ 6.47	$ 5.17
73090	TC	X-ray exam of forearm	A	$ 17.76	$ 14.21
73090		X-ray exam of forearm	A	$ 24.23	$ 19.38
73092	26	X-ray exam of arm infant	A	$ 6.47	$ 5.17
73092	TC	X-ray exam of arm infant	A	$ 19.68	$ 15.75
73092		X-ray exam of arm infant	A	$ 26.15	$ 20.92
73100	26	X-ray exam of wrist	A	$ 6.74	$ 5.39
73100	TC	X-ray exam of wrist	A	$ 21.33	$ 17.06
73100		X-ray exam of wrist	A	$ 28.07	$ 22.46
73110	26	X-ray exam of wrist	A	$ 7.03	$ 5.62
73110	TC	X-ray exam of wrist	A	$ 26.81	$ 21.45
73110		X-ray exam of wrist	A	$ 33.84	$ 27.07
73115	26	Contrast x-ray of wrist	A	$ 22.72	$ 18.17
73115	TC	Contrast x-ray of wrist	A	$ 89.61	$ 71.69
73115		Contrast x-ray of wrist	A	$ 112.32	$ 89.86
73120	26	X-ray exam of hand	A	$ 6.74	$ 5.39
73120	TC	X-ray exam of hand	A	$ 19.13	$ 15.31
73120		X-ray exam of hand	A	$ 25.88	$ 20.70
73130	26	X-ray exam of hand	A	$ 7.03	$ 5.62
73130	TC	X-ray exam of hand	A	$ 23.52	$ 18.82
73130		X-ray exam of hand	A	$ 30.55	$ 24.44
73140	26	X-ray exam of finger(s)	A	$ 5.60	$ 4.48
73140	TC	X-ray exam of finger(s)	A	$ 25.72	$ 20.57
73140		X-ray exam of finger(s)	A	$ 31.32	$ 25.06
73200	26	Ct upper extremity w/o dye	A	$ 39.53	$ 31.62
73200	TC	Ct upper extremity w/o dye	A	$ 99.48	$ 79.58
73200		Ct upper extremity w/o dye	A	$ 139.01	$ 111.21
73201	26	Ct upper extremity w/dye	A	$ 46.21	$ 36.97

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
73201	TC	Ct upper extremity w/dye	A	$ 127.11	$ 101.69
73201		Ct upper extremity w/dye	A	$ 173.33	$ 138.66
73202	26	Ct uppr extremity w/o&w/dye	A	$ 48.49	$ 38.79
73202	TC	Ct uppr extremity w/o&w/dye	A	$ 166.33	$ 133.06
73202		Ct uppr extremity w/o&w/dye	A	$ 214.82	$ 171.85
73206	26	Ct angio upr extrm w/o&w/dye	A	$ 71.27	$ 57.02
73206	TC	Ct angio upr extrm w/o&w/dye	A	$ 184.58	$ 147.66
73206		Ct angio upr extrm w/o&w/dye	A	$ 255.85	$ 204.68
73218	26	Mri upper extremity w/o dye	A	$ 54.09	$ 43.27
73218	TC	Mri upper extremity w/o dye	A	$ 208.98	$ 167.19
73218		Mri upper extremity w/o dye	A	$ 263.08	$ 210.46
73219	26	Mri upper extremity w/dye	A	$ 64.55	$ 51.64
73219	TC	Mri upper extremity w/dye	A	$ 222.97	$ 178.38
73219		Mri upper extremity w/dye	A	$ 287.52	$ 230.02
73220	26	Mri uppr extremity w/o&w/dye	A	$ 85.67	$ 68.53
73220	TC	Mri uppr extremity w/o&w/dye	A	$ 269.86	$ 215.89
73220		Mri uppr extremity w/o&w/dye	A	$ 355.53	$ 284.42
73221	26	Mri joint upr extrem w/o dye	A	$ 54.37	$ 43.49
73221	TC	Mri joint upr extrem w/o dye	A	$ 120.26	$ 96.21
73221		Mri joint upr extrem w/o dye	A	$ 174.63	$ 139.70
73222	26	Mri joint upr extrem w/dye	A	$ 64.83	$ 51.86
73222	TC	Mri joint upr extrem w/dye	A	$ 206.36	$ 165.09
73222		Mri joint upr extrem w/dye	A	$ 271.19	$ 216.95
73223	26	Mri joint upr extr w/o&w/dye	A	$ 85.94	$ 68.75
73223	TC	Mri joint upr extr w/o&w/dye	A	$ 249.84	$ 199.87
73223		Mri joint upr extr w/o&w/dye	A	$ 335.79	$ 268.63
73225	26	Mr angio upr extr w/o&w/dye	R	$ 69.24	$ 55.40
73225	TC	Mr angio upr extr w/o&w/dye	R	$ 226.53	$ 181.23
73225		Mr angio upr extr w/o&w/dye	R	$ 295.78	$ 236.62
73501	26	X-ray exam hip uni 1 view	A	$ 7.59	$ 6.07
73501	TC	X-ray exam hip uni 1 view	A	$ 19.68	$ 15.75
73501		X-ray exam hip uni 1 view	A	$ 27.28	$ 21.82
73502	26	X-ray exam hip uni 2-3 views	A	$ 9.02	$ 7.21
73502	TC	X-ray exam hip uni 2-3 views	A	$ 29.83	$ 23.86
73502		X-ray exam hip uni 2-3 views	A	$ 38.85	$ 31.08
73503	26	X-ray exam hip uni 4/> views	A	$ 11.01	$ 8.81
73503	TC	X-ray exam hip uni 4/> views	A	$ 38.06	$ 30.44
73503		X-ray exam hip uni 4/> views	A	$ 49.06	$ 39.25
73521	26	X-ray exam hips bi 2 views	A	$ 9.02	$ 7.21
73521	TC	X-ray exam hips bi 2 views	A	$ 25.17	$ 20.13
73521		X-ray exam hips bi 2 views	A	$ 34.19	$ 27.35
73522	26	X-ray exam hips bi 3-4 views	A	$ 11.86	$ 9.49
73522	TC	X-ray exam hips bi 3-4 views	A	$ 32.57	$ 26.06
73522		X-ray exam hips bi 3-4 views	A	$ 44.43	$ 35.54
73523	26	X-ray exam hips bi 5/> views	A	$ 12.65	$ 10.12
73523	TC	X-ray exam hips bi 5/> views	A	$ 38.60	$ 30.88
73523		X-ray exam hips bi 5/> views	A	$ 51.25	$ 41.00
73525	26	Contrast x-ray of hip	A	$ 23.26	$ 18.61
73525	TC	Contrast x-ray of hip	A	$ 84.95	$ 67.96
73525		Contrast x-ray of hip	A	$ 108.21	$ 86.57
73551	26	X-ray exam of femur 1	A	$ 6.74	$ 5.39
73551	TC	X-ray exam of femur 1	A	$ 17.49	$ 13.99
73551		X-ray exam of femur 1	A	$ 24.23	$ 19.38
73552	26	X-ray exam of femur 2/>	A	$ 7.32	$ 5.85

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
73552	TC	X-ray exam of femur 2/>	A	$ 22.15	$ 17.72
73552		X-ray exam of femur 2/>	A	$ 29.47	$ 23.58
73560	26	X-ray exam of knee 1 or 2	A	$ 6.74	$ 5.39
73560	TC	X-ray exam of knee 1 or 2	A	$ 21.60	$ 17.28
73560		X-ray exam of knee 1 or 2	A	$ 28.34	$ 22.68
73562	26	X-ray exam of knee 3	A	$ 7.59	$ 6.07
73562	TC	X-ray exam of knee 3	A	$ 25.99	$ 20.79
73562		X-ray exam of knee 3	A	$ 33.58	$ 26.87
73564	26	X-ray exam knee 4 or more	A	$ 9.29	$ 7.43
73564	TC	X-ray exam knee 4 or more	A	$ 29.28	$ 23.42
73564		X-ray exam knee 4 or more	A	$ 38.57	$ 30.86
73565	26	X-ray exam of knees	A	$ 7.02	$ 5.61
73565	TC	X-ray exam of knees	A	$ 25.99	$ 20.79
73565		X-ray exam of knees	A	$ 33.01	$ 26.40
73580	26	Contrast x-ray of knee joint	A	$ 25.13	$ 20.11
73580	TC	Contrast x-ray of knee joint	A	$ 80.56	$ 64.45
73580		Contrast x-ray of knee joint	A	$ 105.69	$ 84.55
73590	26	X-ray exam of lower leg	A	$ 6.47	$ 5.17
73590	TC	X-ray exam of lower leg	A	$ 19.68	$ 15.75
73590		X-ray exam of lower leg	A	$ 26.15	$ 20.92
73592	26	X-ray exam of leg infant	A	$ 6.47	$ 5.17
73592	TC	X-ray exam of leg infant	A	$ 19.68	$ 15.75
73592		X-ray exam of leg infant	A	$ 26.15	$ 20.92
73600	26	X-ray exam of ankle	A	$ 6.74	$ 5.39
73600	TC	X-ray exam of ankle	A	$ 20.23	$ 16.19
73600		X-ray exam of ankle	A	$ 26.97	$ 21.58
73610	26	X-ray exam of ankle	A	$ 7.03	$ 5.62
73610	TC	X-ray exam of ankle	A	$ 23.52	$ 18.82
73610		X-ray exam of ankle	A	$ 30.55	$ 24.44
73615	26	Contrast x-ray of ankle	A	$ 22.72	$ 18.17
73615	TC	Contrast x-ray of ankle	A	$ 84.67	$ 67.74
73615		Contrast x-ray of ankle	A	$ 107.39	$ 85.91
73620	26	X-ray exam of foot	A	$ 6.19	$ 4.95
73620	TC	X-ray exam of foot	A	$ 17.22	$ 13.77
73620		X-ray exam of foot	A	$ 23.41	$ 18.73
73630	26	X-ray exam of foot	A	$ 6.76	$ 5.40
73630	TC	X-ray exam of foot	A	$ 21.60	$ 17.28
73630		X-ray exam of foot	A	$ 28.36	$ 22.69
73650	26	X-ray exam of heel	A	$ 6.47	$ 5.17
73650	TC	X-ray exam of heel	A	$ 17.22	$ 13.77
73650		X-ray exam of heel	A	$ 23.68	$ 18.95
73660	26	X-ray exam of toe(s)	A	$ 5.33	$ 4.26
73660	TC	X-ray exam of toe(s)	A	$ 18.86	$ 15.09
73660		X-ray exam of toe(s)	A	$ 24.19	$ 19.35
73700	26	Ct lower extremity w/o dye	A	$ 39.53	$ 31.62
73700	TC	Ct lower extremity w/o dye	A	$ 71.51	$ 57.21
73700		Ct lower extremity w/o dye	A	$ 111.04	$ 88.83
73701	26	Ct lower extremity w/dye	A	$ 46.21	$ 36.97
73701	TC	Ct lower extremity w/dye	A	$ 96.95	$ 77.56
73701		Ct lower extremity w/dye	A	$ 143.16	$ 114.53
73702	26	Ct lwr extremity w/o&w/dye	A	$ 48.21	$ 38.57
73702	TC	Ct lwr extremity w/o&w/dye	A	$ 119.44	$ 95.55
73702		Ct lwr extremity w/o&w/dye	A	$ 167.65	$ 134.12
73706	26	Ct angio lwr extr w/o&w/dye	A	$ 74.96	$ 59.97

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
73706	TC	Ct angio lwr extr w/o&w/dye	A	$ 203.23	$ 162.58
73706		Ct angio lwr extr w/o&w/dye	A	$ 278.19	$ 222.55
73718	26	Mri lower extremity w/o dye	A	$ 53.82	$ 43.05
73718	TC	Mri lower extremity w/o dye	A	$ 139.45	$ 111.56
73718		Mri lower extremity w/o dye	A	$ 193.27	$ 154.62
73719	26	Mri lower extremity w/dye	A	$ 64.55	$ 51.64
73719	TC	Mri lower extremity w/dye	A	$ 162.49	$ 129.99
73719		Mri lower extremity w/dye	A	$ 227.04	$ 181.63
73720	26	Mri lwr extremity w/o&w/dye	A	$ 85.67	$ 68.53
73720	TC	Mri lwr extremity w/o&w/dye	A	$ 206.52	$ 165.21
73720		Mri lwr extremity w/o&w/dye	A	$ 292.18	$ 233.75
73721	26	Mri jnt of lwr extre w/o dye	A	$ 54.09	$ 43.27
73721	TC	Mri jnt of lwr extre w/o dye	A	$ 120.26	$ 96.21
73721		Mri jnt of lwr extre w/o dye	A	$ 174.35	$ 139.48
73722	26	Mri joint of lwr extr w/dye	A	$ 64.83	$ 51.86
73722	TC	Mri joint of lwr extr w/dye	A	$ 206.64	$ 165.31
73722		Mri joint of lwr extr w/dye	A	$ 271.46	$ 217.17
73723	26	Mri joint lwr extr w/o&w/dye	A	$ 85.67	$ 68.53
73723	TC	Mri joint lwr extr w/o&w/dye	A	$ 249.02	$ 199.22
73723		Mri joint lwr extr w/o&w/dye	A	$ 334.69	$ 267.75
73725	26	Mr ang lwr ext w or w/o dye	R	$ 71.56	$ 57.25
73725	TC	Mr ang lwr ext w or w/o dye	R	$ 217.76	$ 174.21
73725		Mr ang lwr ext w or w/o dye	R	$ 289.32	$ 231.46
74018	26	X-ray exam abdomen 1 view	A	$ 7.32	$ 5.85
74018	TC	X-ray exam abdomen 1 view	A	$ 17.49	$ 13.99
74018		X-ray exam abdomen 1 view	A	$ 24.81	$ 19.85
74019	26	X-ray exam abdomen 2 views	A	$ 9.31	$ 7.45
74019	TC	X-ray exam abdomen 2 views	A	$ 21.33	$ 17.06
74019		X-ray exam abdomen 2 views	A	$ 30.63	$ 24.51
74021	26	X-ray exam abdomen 3+ views	A	$ 10.73	$ 8.59
74021	TC	X-ray exam abdomen 3+ views	A	$ 24.89	$ 19.91
74021		X-ray exam abdomen 3+ views	A	$ 35.63	$ 28.50
74022	26	X-ray exam complete abdomen	A	$ 12.94	$ 10.35
74022	TC	X-ray exam complete abdomen	A	$ 28.46	$ 22.77
74022		X-ray exam complete abdomen	A	$ 41.39	$ 33.11
74150	26	Ct abdomen w/o dye	A	$ 47.35	$ 37.88
74150	TC	Ct abdomen w/o dye	A	$ 70.14	$ 56.11
74150		Ct abdomen w/o dye	A	$ 117.49	$ 93.99
74160	26	Ct abdomen w/dye	A	$ 50.69	$ 40.55
74160	TC	Ct abdomen w/dye	A	$ 151.25	$ 121.00
74160		Ct abdomen w/dye	A	$ 201.94	$ 161.55
74170	26	Ct abdomen w/o & w/dye	A	$ 55.53	$ 44.43
74170	TC	Ct abdomen w/o & w/dye	A	$ 170.99	$ 136.79
74170		Ct abdomen w/o & w/dye	A	$ 226.52	$ 181.22
74174	26	Ct angio abd&pelv w/o&w/dye	A	$ 87.05	$ 69.64
74174	TC	Ct angio abd&pelv w/o&w/dye	A	$ 240.24	$ 192.20
74174		Ct angio abd&pelv w/o&w/dye	A	$ 327.29	$ 261.83
74175	26	Ct angio abdom w/o & w/dye	A	$ 72.11	$ 57.69
74175	TC	Ct angio abdom w/o & w/dye	A	$ 191.71	$ 153.37
74175		Ct angio abdom w/o & w/dye	A	$ 263.82	$ 211.06
74176	26	Ct abd & pelvis w/o contrast	A	$ 69.53	$ 55.63
74176	TC	Ct abd & pelvis w/o contrast	A	$ 87.90	$ 70.32
74176		Ct abd & pelvis w/o contrast	A	$ 157.43	$ 125.95
74177	26	Ct abd & pelv w/contrast	A	$ 72.66	$ 58.13

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
74177	TC	Ct abd & pelv w/contrast	A	$ 190.18	$ 152.15
74177		Ct abd & pelv w/contrast	A	$ 262.84	$ 210.27
74178	26	Ct abd & pelv 1/> regns	A	$ 79.78	$ 63.82
74178	TC	Ct abd & pelv 1/> regns	A	$ 214.59	$ 171.67
74178		Ct abd & pelv 1/> regns	A	$ 294.37	$ 235.49
74181	26	Mri abdomen w/o dye	A	$ 58.30	$ 46.64
74181	TC	Mri abdomen w/o dye	A	$ 111.21	$ 88.97
74181		Mri abdomen w/o dye	A	$ 169.51	$ 135.61
74182	26	Mri abdomen w/dye	A	$ 68.97	$ 55.18
74182	TC	Mri abdomen w/dye	A	$ 193.08	$ 154.46
74182		Mri abdomen w/dye	A	$ 262.05	$ 209.64
74183	26	Mri abdomen w/o & w/dye	A	$ 87.38	$ 69.91
74183	TC	Mri abdomen w/o & w/dye	A	$ 205.69	$ 164.55
74183		Mri abdomen w/o & w/dye	A	$ 293.08	$ 234.46
74185	26	Mri angio abdom w orw/o dye	R	$ 71.26	$ 57.01
74185	TC	Mri angio abdom w orw/o dye	R	$ 219.68	$ 175.74
74185		Mri angio abdom w orw/o dye	R	$ 290.94	$ 232.75
74190	26	X-ray exam of peritoneum	A	$ 18.52	$ 14.82
74210	26	X-ray xm phrnx&/crv esoph c+	A	$ 23.61	$ 18.89
74210	TC	X-ray xm phrnx&/crv esoph c+	A	$ 56.98	$ 45.58
74210		X-ray xm phrnx&/crv esoph c+	A	$ 80.58	$ 64.47
74220	26	X-ray xm esophagus 1cntrst	A	$ 24.17	$ 19.34
74220	TC	X-ray xm esophagus 1cntrst	A	$ 58.35	$ 46.68
74220		X-ray xm esophagus 1cntrst	A	$ 82.52	$ 66.01
74221	26	X-ray xm esophagus 2cntrst	A	$ 27.87	$ 22.30
74221	TC	X-ray xm esophagus 2cntrst	A	$ 64.93	$ 51.94
74221		X-ray xm esophagus 2cntrst	A	$ 92.80	$ 74.24
74230	26	X-ray xm swlng funcj c+	A	$ 21.33	$ 17.06
74230	TC	X-ray xm swlng funcj c+	A	$ 83.85	$ 67.08
74230		X-ray xm swlng funcj c+	A	$ 105.18	$ 84.14
74235	26	Remove esophagus obstruction	A	$ 47.62	$ 38.10
74240	26	X-ray xm upr gi trc 1cntrst	A	$ 32.12	$ 25.70
74240	TC	X-ray xm upr gi trc 1cntrst	A	$ 71.24	$ 56.99
74240		X-ray xm upr gi trc 1cntrst	A	$ 103.36	$ 82.69
74246	26	X-ray xm upr gi trc 2cntrst	A	$ 35.55	$ 28.44
74246	TC	X-ray xm upr gi trc 2cntrst	A	$ 81.66	$ 65.32
74246		X-ray xm upr gi trc 2cntrst	A	$ 117.21	$ 93.77
74248	26	X-ray sm int f-thru std	A	$ 27.87	$ 22.30
74248	TC	X-ray sm int f-thru std	A	$ 41.62	$ 33.30
74248		X-ray sm int f-thru std	A	$ 69.49	$ 55.59
74250	26	X-ray xm sm int 1cntrst std	A	$ 32.14	$ 25.71
74250	TC	X-ray xm sm int 1cntrst std	A	$ 70.69	$ 56.55
74250		X-ray xm sm int 1cntrst std	A	$ 102.83	$ 82.26
74251	26	X-ray xm sm int 2cntrst std	A	$ 46.77	$ 37.42
74251	TC	X-ray xm sm int 2cntrst std	A	$ 262.36	$ 209.89
74251		X-ray xm sm int 2cntrst std	A	$ 309.14	$ 247.31
74261	26	Ct colonography dx	A	$ 95.55	$ 76.44
74261	TC	Ct colonography dx	A	$ 264.65	$ 211.72
74261		Ct colonography dx	A	$ 360.20	$ 288.16
74262	26	Ct colonography dx w/dye	A	$ 99.53	$ 79.62
74262	TC	Ct colonography dx w/dye	A	$ 306.06	$ 244.85
74262		Ct colonography dx w/dye	A	$ 405.59	$ 324.47
74263	26	Ct colonography screening	N	$ 90.66	$ 72.53
74263	TC	Ct colonography screening	N	$ 475.80	$ 380.64

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
74263		Ct colonography screening	N	$ 566.45	$ 453.16
74270	26	X-ray xm colon 1cntrst std	A	$ 41.23	$ 32.99
74270	TC	X-ray xm colon 1cntrst std	A	$ 87.96	$ 70.37
74270		X-ray xm colon 1cntrst std	A	$ 129.19	$ 103.36
74280	26	X-ray xm colon 2cntrst std	A	$ 50.13	$ 40.10
74280	TC	X-ray xm colon 2cntrst std	A	$ 135.62	$ 108.49
74280		X-ray xm colon 2cntrst std	A	$ 185.74	$ 148.60
74283	26	Ther nma rdctj intus/obstrcj	A	$ 83.30	$ 66.64
74283	TC	Ther nma rdctj intus/obstrcj	A	$ 129.92	$ 103.93
74283		Ther nma rdctj intus/obstrcj	A	$ 213.21	$ 170.57
74290	26	Contrast x-ray gallbladder	A	$ 12.94	$ 10.35
74290	TC	Contrast x-ray gallbladder	A	$ 59.17	$ 47.34
74290		Contrast x-ray gallbladder	A	$ 72.11	$ 57.68
74300	26	X-ray bile ducts/pancreas	A	$ 10.95	$ 8.76
74301	26	X-rays at surgery add-on	A	$ 8.46	$ 6.77
74328	26	X-ray bile duct endoscopy	A	$ 19.18	$ 15.34
74329	26	X-ray for pancreas endoscopy	A	$ 19.45	$ 15.56
74330	26	X-ray bile/panc endoscopy	A	$ 23.02	$ 18.41
74340	26	X-ray guide for gi tube	A	$ 21.62	$ 17.30
74355	26	X-ray guide intestinal tube	A	$ 30.42	$ 24.34
74360	26	X-ray guide gi dilation	A	$ 22.17	$ 17.73
74363	26	X-ray bile duct dilation	A	$ 34.70	$ 27.76
74400	26	Urography iv +-kub tomog	A	$ 19.63	$ 15.70
74400	TC	Urography iv +-kub tomog	A	$ 93.11	$ 74.49
74400		Urography iv +-kub tomog	A	$ 112.74	$ 90.19
74410	26	Urography nfs drip&/bolus	A	$ 19.20	$ 15.36
74410	TC	Urography nfs drip&/bolus	A	$ 97.77	$ 78.22
74410		Urography nfs drip&/bolus	A	$ 116.98	$ 93.58
74415	26	Urography nfs drip&/bls w/nf	A	$ 19.48	$ 15.58
74415	TC	Urography nfs drip&/bls w/nf	A	$ 109.02	$ 87.21
74415		Urography nfs drip&/bls w/nf	A	$ 128.49	$ 102.80
74420	26	Urography rtrgr +-kub	A	$ 20.34	$ 16.27
74420	TC	Urography rtrgr +-kub	A	$ 43.54	$ 34.83
74420		Urography rtrgr +-kub	A	$ 63.88	$ 51.10
74425	26	Urography antegrade rs&i	A	$ 20.05	$ 16.04
74425	TC	Urography antegrade rs&i	A	$ 93.45	$ 74.76
74425		Urography antegrade rs&i	A	$ 113.50	$ 90.80
74430	26	Contrast x-ray bladder	A	$ 12.66	$ 10.13
74430	TC	Contrast x-ray bladder	A	$ 21.60	$ 17.28
74430		Contrast x-ray bladder	A	$ 34.26	$ 27.41
74440	26	X-ray male genital tract	A	$ 14.72	$ 11.78
74440	TC	X-ray male genital tract	A	$ 65.75	$ 52.60
74440		X-ray male genital tract	A	$ 80.48	$ 64.38
74445	26	X-ray exam of penis	A	$ 44.39	$ 35.51
74450	26	X-ray urethra/bladder	A	$ 13.22	$ 10.58
74455	26	X-ray urethra/bladder	A	$ 13.01	$ 10.41
74455	TC	X-ray urethra/bladder	A	$ 73.70	$ 58.96
74455		X-ray urethra/bladder	A	$ 86.71	$ 69.37
74470	26	X-ray exam of kidney lesion	A	$ 21.07	$ 16.86
74485	26	Dilation urtr/urt rs&i	A	$ 32.71	$ 26.17
74485	TC	Dilation urtr/urt rs&i	A	$ 66.30	$ 53.04
74485		Dilation urtr/urt rs&i	A	$ 99.01	$ 79.21
74710	26	X-ray measurement of pelvis	A	$ 13.51	$ 10.81
74710	TC	X-ray measurement of pelvis	A	$ 19.68	$ 15.75

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
74710		X-ray measurement of pelvis	A	$ 33.19	$ 26.56
74712	26	Mri fetal sngl/1st gestation	A	$ 119.94	$ 95.95
74712	TC	Mri fetal sngl/1st gestation	A	$ 234.49	$ 187.59
74712		Mri fetal sngl/1st gestation	A	$ 354.42	$ 283.54
74713	26	Mri fetal ea addl gestation	A	$ 74.07	$ 59.26
74713	TC	Mri fetal ea addl gestation	A	$ 98.38	$ 78.71
74713		Mri fetal ea addl gestation	A	$ 172.45	$ 137.96
74740	26	X-ray female genital tract	A	$ 15.21	$ 12.17
74740	TC	X-ray female genital tract	A	$ 64.11	$ 51.28
74740		X-ray female genital tract	A	$ 79.32	$ 63.45
74742	26	X-ray fallopian tube	A	$ 24.46	$ 19.57
74775	26	X-ray exam of perineum	A	$ 25.02	$ 20.02
75557	26	Cardiac mri for morph	A	$ 92.59	$ 74.07
75557	TC	Cardiac mri for morph	A	$ 148.23	$ 118.58
75557		Cardiac mri for morph	A	$ 240.82	$ 192.65
75559	26	Cardiac mri w/stress img	A	$ 114.53	$ 91.62
75559	TC	Cardiac mri w/stress img	A	$ 208.28	$ 166.63
75559		Cardiac mri w/stress img	A	$ 322.81	$ 258.25
75561	26	Cardiac mri for morph w/dye	A	$ 102.47	$ 81.98
75561	TC	Cardiac mri for morph w/dye	A	$ 212.40	$ 169.92
75561		Cardiac mri for morph w/dye	A	$ 314.87	$ 251.89
75563	26	Card mri w/stress img & dye	A	$ 116.52	$ 93.22
75563	TC	Card mri w/stress img & dye	A	$ 249.57	$ 199.65
75563		Card mri w/stress img & dye	A	$ 366.09	$ 292.87
75565	26	Card mri veloc flow mapping	A	$ 9.88	$ 7.91
75565	TC	Card mri veloc flow mapping	A	$ 29.34	$ 23.47
75565		Card mri veloc flow mapping	A	$ 39.22	$ 31.38
75571	26	Ct hrt w/o dye w/ca test	A	$ 23.32	$ 18.66
75571	TC	Ct hrt w/o dye w/ca test	A	$ 61.91	$ 49.53
75571		Ct hrt w/o dye w/ca test	A	$ 85.23	$ 68.19
75572	26	Ct hrt w/3d image	A	$ 69.12	$ 55.29
75572	TC	Ct hrt w/3d image	A	$ 125.35	$ 100.28
75572		Ct hrt w/3d image	A	$ 194.47	$ 155.57
75573	26	Ct hrt c+ strux cgen hrt ds	A	$ 100.69	$ 80.56
75573	TC	Ct hrt c+ strux cgen hrt ds	A	$ 158.25	$ 126.60
75573		Ct hrt c+ strux cgen hrt ds	A	$ 258.95	$ 207.16
75574	26	Ct angio hrt w/3d image	A	$ 94.79	$ 75.83
75574	TC	Ct angio hrt w/3d image	A	$ 179.92	$ 143.93
75574		Ct angio hrt w/3d image	A	$ 274.71	$ 219.77
75600	26	Contrast exam thoracic aorta	A	$ 19.39	$ 15.51
75600	TC	Contrast exam thoracic aorta	A	$ 132.60	$ 106.08
75600		Contrast exam thoracic aorta	A	$ 151.99	$ 121.59
75605	26	Contrast exam thoracic aorta	A	$ 43.96	$ 35.17
75605	TC	Contrast exam thoracic aorta	A	$ 55.82	$ 44.66
75605		Contrast exam thoracic aorta	A	$ 99.78	$ 79.83
75625	TC	Contrast exam abdominl aorta	A	$ 49.30	$ 39.44
75625	26	Contrast exam abdominl aorta	A	$ 55.14	$ 44.11
75625		Contrast exam abdominl aorta	A	$ 104.43	$ 83.55
75630	TC	X-ray aorta leg arteries	A	$ 52.86	$ 42.29
75630	26	X-ray aorta leg arteries	A	$ 77.24	$ 61.79
75630		X-ray aorta leg arteries	A	$ 130.10	$ 104.08
75635	26	Ct angio abdominal arteries	A	$ 93.91	$ 75.12
75635	TC	Ct angio abdominal arteries	A	$ 257.52	$ 206.02
75635		Ct angio abdominal arteries	A	$ 351.43	$ 281.14

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
75705	26	Artery x-rays spine	A	$ 94.74	$ 75.79
75705	TC	Artery x-rays spine	A	$ 109.44	$ 87.56
75705		Artery x-rays spine	A	$ 204.19	$ 163.35
75710	TC	Artery x-rays arm/leg	A	$ 56.64	$ 45.31
75710	26	Artery x-rays arm/leg	A	$ 67.72	$ 54.18
75710		Artery x-rays arm/leg	A	$ 124.36	$ 99.49
75716	TC	Artery x-rays arms/legs	A	$ 58.84	$ 47.07
75716	26	Artery x-rays arms/legs	A	$ 75.83	$ 60.66
75716		Artery x-rays arms/legs	A	$ 134.66	$ 107.73
75726	TC	Artery x-rays abdomen	A	$ 63.77	$ 51.02
75726	26	Artery x-rays abdomen	A	$ 78.59	$ 62.87
75726		Artery x-rays abdomen	A	$ 142.36	$ 113.89
75731	26	Artery x-rays adrenal gland	A	$ 45.64	$ 36.51
75731	TC	Artery x-rays adrenal gland	A	$ 81.20	$ 64.96
75731		Artery x-rays adrenal gland	A	$ 126.84	$ 101.47
75733	26	Artery x-rays adrenals	A	$ 50.93	$ 40.74
75733	TC	Artery x-rays adrenals	A	$ 89.15	$ 71.32
75733		Artery x-rays adrenals	A	$ 140.08	$ 112.06
75736	26	Artery x-rays pelvis	A	$ 43.47	$ 34.78
75736	TC	Artery x-rays pelvis	A	$ 74.62	$ 59.70
75736		Artery x-rays pelvis	A	$ 118.09	$ 94.47
75741	26	Artery x-rays lung	A	$ 50.29	$ 40.23
75741	TC	Artery x-rays lung	A	$ 58.29	$ 46.63
75741		Artery x-rays lung	A	$ 108.58	$ 86.86
75743	TC	Artery x-rays lungs	A	$ 59.38	$ 47.51
75743	26	Artery x-rays lungs	A	$ 63.82	$ 51.05
75743		Artery x-rays lungs	A	$ 123.20	$ 98.56
75746	26	Artery x-rays lung	A	$ 44.14	$ 35.32
75746	TC	Artery x-rays lung	A	$ 67.61	$ 54.09
75746		Artery x-rays lung	A	$ 111.75	$ 89.40
75756	26	Artery x-rays chest	A	$ 45.55	$ 36.44
75756	TC	Artery x-rays chest	A	$ 87.78	$ 70.22
75756		Artery x-rays chest	A	$ 133.33	$ 106.66
75774	26	Artery x-ray each vessel	A	$ 38.48	$ 30.78
75774	TC	Artery x-ray each vessel	A	$ 42.17	$ 33.73
75774		Artery x-ray each vessel	A	$ 80.65	$ 64.52
75801	26	Lymph vessel x-ray arm/leg	A	$ 34.67	$ 27.74
75803	26	Lymph vessel x-ray arms/legs	A	$ 46.77	$ 37.42
75805	26	Lymph vessel x-ray trunk	A	$ 32.41	$ 25.93
75807	26	Lymph vessel x-ray trunk	A	$ 43.91	$ 35.13
75809	26	Nonvascular shunt x-ray	A	$ 19.33	$ 15.46
75809	TC	Nonvascular shunt x-ray	A	$ 48.75	$ 39.00
75809		Nonvascular shunt x-ray	A	$ 68.08	$ 54.46
75810	26	Vein x-ray spleen/liver	A	$ 40.18	$ 32.15
75820	26	Vein x-ray arm/leg	A	$ 41.00	$ 32.80
75820	TC	Vein x-ray arm/leg	A	$ 49.57	$ 39.66
75820		Vein x-ray arm/leg	A	$ 90.58	$ 72.46
75822	TC	Vein x-ray arms/legs	A	$ 53.69	$ 42.95
75822	26	Vein x-ray arms/legs	A	$ 56.71	$ 45.37
75822		Vein x-ray arms/legs	A	$ 110.40	$ 88.32
75825	26	Vein x-ray trunk	A	$ 43.78	$ 35.02
75825	TC	Vein x-ray trunk	A	$ 50.67	$ 40.54
75825		Vein x-ray trunk	A	$ 94.45	$ 75.56
75827	26	Vein x-ray chest	A	$ 44.33	$ 35.46

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
75827	TC	Vein x-ray chest	A	$ 54.51	$ 43.61
75827		Vein x-ray chest	A	$ 98.84	$ 79.07
75831	26	Vein x-ray kidney	A	$ 43.20	$ 34.56
75831	TC	Vein x-ray kidney	A	$ 56.64	$ 45.31
75831		Vein x-ray kidney	A	$ 99.84	$ 79.87
75833	26	Vein x-ray kidneys	A	$ 57.46	$ 45.97
75833	TC	Vein x-ray kidneys	A	$ 64.05	$ 51.24
75833		Vein x-ray kidneys	A	$ 121.50	$ 97.20
75840	26	Vein x-ray adrenal gland	A	$ 45.64	$ 36.51
75840	TC	Vein x-ray adrenal gland	A	$ 61.85	$ 49.48
75840		Vein x-ray adrenal gland	A	$ 107.49	$ 85.99
75842	26	Vein x-ray adrenal glands	A	$ 59.71	$ 47.77
75842	TC	Vein x-ray adrenal glands	A	$ 72.55	$ 58.04
75842		Vein x-ray adrenal glands	A	$ 132.26	$ 105.80
75860	26	Vein x-ray neck	A	$ 44.57	$ 35.66
75860	TC	Vein x-ray neck	A	$ 59.93	$ 47.95
75860		Vein x-ray neck	A	$ 104.50	$ 83.60
75870	26	Vein x-ray skull	A	$ 48.48	$ 38.78
75870	TC	Vein x-ray skull	A	$ 80.77	$ 64.62
75870		Vein x-ray skull	A	$ 129.25	$ 103.40
75872	26	Vein x-ray skull epidural	A	$ 45.64	$ 36.51
75872	TC	Vein x-ray skull epidural	A	$ 61.85	$ 49.48
75872		Vein x-ray skull epidural	A	$ 107.49	$ 85.99
75880	26	Vein x-ray eye socket	A	$ 28.15	$ 22.52
75880	TC	Vein x-ray eye socket	A	$ 61.58	$ 49.26
75880		Vein x-ray eye socket	A	$ 89.72	$ 71.78
75885	26	Vein x-ray liver w/hemodynam	A	$ 54.04	$ 43.23
75885	TC	Vein x-ray liver w/hemodynam	A	$ 59.38	$ 47.51
75885		Vein x-ray liver w/hemodynam	A	$ 113.42	$ 90.74
75887	26	Vein x-ray liver w/o hemodyn	A	$ 54.86	$ 43.89
75887	TC	Vein x-ray liver w/o hemodyn	A	$ 60.21	$ 48.17
75887		Vein x-ray liver w/o hemodyn	A	$ 115.06	$ 92.05
75889	26	Vein x-ray liver w/hemodynam	A	$ 43.05	$ 34.44
75889	TC	Vein x-ray liver w/hemodynam	A	$ 59.66	$ 47.73
75889		Vein x-ray liver w/hemodynam	A	$ 102.71	$ 82.16
75891	26	Vein x-ray liver	A	$ 43.38	$ 34.71
75891	TC	Vein x-ray liver	A	$ 59.93	$ 47.95
75891		Vein x-ray liver	A	$ 103.31	$ 82.65
75893	26	Venous sampling by catheter	A	$ 20.80	$ 16.64
75893	TC	Venous sampling by catheter	A	$ 64.87	$ 51.89
75893		Venous sampling by catheter	A	$ 85.66	$ 68.53
75894	26	X-rays transcath therapy	A	$ 57.82	$ 46.26
75898	26	Follow-up angiography	A	$ 73.38	$ 58.70
75901	26	Remove cva device obstruct	A	$ 18.81	$ 15.05
75901	TC	Remove cva device obstruct	A	$ 171.81	$ 137.45
75901		Remove cva device obstruct	A	$ 190.62	$ 152.50
75902	26	Remove cva lumen obstruct	A	$ 15.38	$ 12.30
75902	TC	Remove cva lumen obstruct	A	$ 59.44	$ 47.56
75902		Remove cva lumen obstruct	A	$ 74.82	$ 59.86
75956	26	Xray endovasc thor ao repr	A	$ 269.94	$ 215.95
75957	26	Xray endovasc thor ao repr	A	$ 231.25	$ 185.00
75958	26	Xray place prox ext thor ao	A	$ 153.46	$ 122.77
75959	26	Xray place dist ext thor ao	A	$ 134.45	$ 107.56
75970	26	Vascular biopsy	A	$ 31.50	$ 25.20

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
75984	26	Xray control catheter change	A	$ 31.34	$ 25.07
75984	TC	Xray control catheter change	A	$ 48.48	$ 38.78
75984		Xray control catheter change	A	$ 79.82	$ 63.86
75989	26	Abscess drainage under x-ray	A	$ 46.13	$ 36.91
75989	TC	Abscess drainage under x-ray	A	$ 47.65	$ 38.12
75989		Abscess drainage under x-ray	A	$ 93.79	$ 75.03
76000	26	Fluoroscopy <1 hr phys/qhp	A	$ 12.79	$ 10.23
76000	TC	Fluoroscopy <1 hr phys/qhp	A	$ 22.97	$ 18.38
76000		Fluoroscopy <1 hr phys/qhp	A	$ 35.76	$ 28.61
76010	26	X-ray nose to rectum	A	$ 7.32	$ 5.85
76010	TC	X-ray nose to rectum	A	$ 17.49	$ 13.99
76010		X-ray nose to rectum	A	$ 24.81	$ 19.85
76080	26	X-ray exam of fistula	A	$ 20.80	$ 16.64
76080	TC	X-ray exam of fistula	A	$ 29.01	$ 23.21
76080		X-ray exam of fistula	A	$ 49.80	$ 39.84
76098	26	X-ray exam surgical specimen	A	$ 12.65	$ 10.12
76098	TC	X-ray exam surgical specimen	A	$ 22.15	$ 17.72
76098		X-ray exam surgical specimen	A	$ 34.80	$ 27.84
76100	26	X-ray exam of body section	A	$ 23.59	$ 18.88
76100	TC	X-ray exam of body section	A	$ 50.94	$ 40.75
76100		X-ray exam of body section	A	$ 74.54	$ 59.63
76120	26	Cine/video x-rays	A	$ 15.91	$ 12.73
76120	TC	Cine/video x-rays	A	$ 80.83	$ 64.67
76120		Cine/video x-rays	A	$ 96.75	$ 77.40
76125	26	Cine/video x-rays add-on	A	$ 10.73	$ 8.59
76145		Med physic dos eval rad exps	A	$ 745.52	$ 596.42
76376	26	3d render w/intrp postproces	A	$ 7.89	$ 6.32
76376	TC	3d render w/intrp postproces	A	$ 12.00	$ 9.60
76376		3d render w/intrp postproces	A	$ 19.90	$ 15.92
76377	TC	3d render w/intrp postproces	A	$ 31.47	$ 25.18
76377	26	3d render w/intrp postproces	A	$ 31.56	$ 25.25
76377		3d render w/intrp postproces	A	$ 63.04	$ 50.43
76380	26	Cat scan follow-up study	A	$ 38.01	$ 30.41
76380	TC	Cat scan follow-up study	A	$ 74.80	$ 59.84
76380		Cat scan follow-up study	A	$ 112.81	$ 90.25
76391	26	Mr elastography	A	$ 43.94	$ 35.15
76391	TC	Mr elastography	A	$ 130.68	$ 104.54
76391		Mr elastography	A	$ 174.62	$ 139.69
76506	26	Echo exam of head	A	$ 25.31	$ 20.25
76506	TC	Echo exam of head	A	$ 68.77	$ 55.01
76506		Echo exam of head	A	$ 94.08	$ 75.26
76510	TC	Oph us dx b-scan&quan a-scan	A	$ 24.89	$ 19.91
76510	26	Oph us dx b-scan&quan a-scan	A	$ 32.44	$ 25.95
76510		Oph us dx b-scan&quan a-scan	A	$ 57.34	$ 45.87
76511	TC	Oph us dx quan a-scan only	A	$ 17.76	$ 14.21
76511	26	Oph us dx quan a-scan only	A	$ 29.62	$ 23.69
76511		Oph us dx quan a-scan only	A	$ 47.38	$ 37.90
76512	TC	Oph us dx b-scan	A	$ 14.47	$ 11.58
76512	26	Oph us dx b-scan	A	$ 25.39	$ 20.31
76512		Oph us dx b-scan	A	$ 39.87	$ 31.89
76513	26	Oph us dx ant sgm us uni/bi	A	$ 26.82	$ 21.46
76513	TC	Oph us dx ant sgm us uni/bi	A	$ 35.31	$ 28.25
76513		Oph us dx ant sgm us uni/bi	A	$ 62.13	$ 49.71
76514	TC	Echo exam of eye thickness	A	$ 2.96	$ 2.36

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
76514	26	Echo exam of eye thickness	A	$ 6.44	$ 5.15
76514		Echo exam of eye thickness	A	$ 9.40	$ 7.52
76516	26	Echo exam of eye	A	$ 18.59	$ 14.87
76516	TC	Echo exam of eye	A	$ 19.96	$ 15.97
76516		Echo exam of eye	A	$ 38.55	$ 30.84
76519	26	Echo exam of eye	A	$ 25.09	$ 20.07
76519	TC	Echo exam of eye	A	$ 30.65	$ 24.52
76519		Echo exam of eye	A	$ 55.74	$ 44.59
76529	26	Echo exam of eye	A	$ 26.50	$ 21.20
76529	TC	Echo exam of eye	A	$ 44.36	$ 35.49
76529		Echo exam of eye	A	$ 70.87	$ 56.69
76536	26	Us exam of head and neck	A	$ 22.74	$ 18.19
76536	TC	Us exam of head and neck	A	$ 69.59	$ 55.67
76536		Us exam of head and neck	A	$ 92.33	$ 73.87
76604	26	Us exam chest	A	$ 23.06	$ 18.45
76604	TC	Us exam chest	A	$ 24.07	$ 19.26
76604		Us exam chest	A	$ 47.13	$ 37.70
76641	26	Ultrasound breast complete	A	$ 29.29	$ 23.43
76641	TC	Ultrasound breast complete	A	$ 56.70	$ 45.36
76641		Ultrasound breast complete	A	$ 85.99	$ 68.79
76642	26	Ultrasound breast limited	A	$ 27.30	$ 21.84
76642	TC	Ultrasound breast limited	A	$ 43.54	$ 34.83
76642		Ultrasound breast limited	A	$ 70.84	$ 56.67
76700	26	Us exam abdom complete	A	$ 32.14	$ 25.71
76700	TC	Us exam abdom complete	A	$ 64.93	$ 51.94
76700		Us exam abdom complete	A	$ 97.07	$ 77.65
76705	26	Echo exam of abdomen	A	$ 23.61	$ 18.89
76705	TC	Echo exam of abdomen	A	$ 49.57	$ 39.66
76705		Echo exam of abdomen	A	$ 73.18	$ 58.54
76706	26	Us abdl aorta screen aaa	A	$ 21.91	$ 17.53
76706	TC	Us abdl aorta screen aaa	A	$ 66.57	$ 53.26
76706		Us abdl aorta screen aaa	A	$ 88.48	$ 70.78
76770	26	Us exam abdo back wall comp	A	$ 29.30	$ 23.44
76770	TC	Us exam abdo back wall comp	A	$ 61.09	$ 48.87
76770		Us exam abdo back wall comp	A	$ 90.39	$ 72.31
76775	26	Us exam abdo back wall lim	A	$ 23.05	$ 18.44
76775	TC	Us exam abdo back wall lim	A	$ 25.99	$ 20.79
76775		Us exam abdo back wall lim	A	$ 49.04	$ 39.23
76776	26	Us exam k transpl w/doppler	A	$ 30.15	$ 24.12
76776	TC	Us exam k transpl w/doppler	A	$ 92.84	$ 74.27
76776		Us exam k transpl w/doppler	A	$ 122.99	$ 98.39
76800	26	Us exam spinal canal	A	$ 49.83	$ 39.87
76800	TC	Us exam spinal canal	A	$ 79.46	$ 63.57
76800		Us exam spinal canal	A	$ 129.29	$ 103.44
76801	26	Ob us < 14 wks single fetus	A	$ 39.52	$ 31.61
76801	TC	Ob us < 14 wks single fetus	A	$ 58.62	$ 46.90
76801		Ob us < 14 wks single fetus	A	$ 98.14	$ 78.51
76802	TC	Ob us < 14 wks addl fetus	A	$ 17.55	$ 14.04
76802	26	Ob us < 14 wks addl fetus	A	$ 33.54	$ 26.83
76802		Ob us < 14 wks addl fetus	A	$ 51.09	$ 40.87
76805	26	Ob us >= 14 wks sngl fetus	A	$ 39.79	$ 31.83
76805	TC	Ob us >= 14 wks sngl fetus	A	$ 73.09	$ 58.48
76805		Ob us >= 14 wks sngl fetus	A	$ 112.89	$ 90.31
76810	TC	Ob us >= 14 wks addl fetus	A	$ 34.22	$ 27.37

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
76810	26	Ob us >= 14 wks addl fetus	A	$ 39.50	$ 31.60
76810		Ob us >= 14 wks addl fetus	A	$ 73.72	$ 58.98
76811	TC	Ob us detailed sngl fetus	A	$ 70.78	$ 56.62
76811	26	Ob us detailed sngl fetus	A	$ 75.87	$ 60.70
76811		Ob us detailed sngl fetus	A	$ 146.65	$ 117.32
76812	26	Ob us detailed addl fetus	A	$ 71.05	$ 56.84
76812	TC	Ob us detailed addl fetus	A	$ 88.72	$ 70.98
76812		Ob us detailed addl fetus	A	$ 159.77	$ 127.82
76813	26	Ob us nuchal meas 1 gest	A	$ 47.46	$ 37.97
76813	TC	Ob us nuchal meas 1 gest	A	$ 50.40	$ 40.32
76813		Ob us nuchal meas 1 gest	A	$ 97.85	$ 78.28
76814	TC	Ob us nuchal meas add-on	A	$ 23.25	$ 18.60
76814	26	Ob us nuchal meas add-on	A	$ 39.36	$ 31.49
76814		Ob us nuchal meas add-on	A	$ 62.61	$ 50.09
76815	26	Ob us limited fetus(s)	A	$ 26.16	$ 20.93
76815	TC	Ob us limited fetus(s)	A	$ 41.62	$ 33.30
76815		Ob us limited fetus(s)	A	$ 67.78	$ 54.22
76816	26	Ob us follow-up per fetus	A	$ 33.96	$ 27.17
76816	TC	Ob us follow-up per fetus	A	$ 57.25	$ 45.80
76816		Ob us follow-up per fetus	A	$ 91.21	$ 72.97
76817	26	Transvaginal us obstetric	A	$ 30.14	$ 24.11
76817	TC	Transvaginal us obstetric	A	$ 47.10	$ 37.68
76817		Transvaginal us obstetric	A	$ 77.24	$ 61.79
76818	26	Fetal biophys profile w/nst	A	$ 42.34	$ 33.87
76818	TC	Fetal biophys profile w/nst	A	$ 54.72	$ 43.78
76818		Fetal biophys profile w/nst	A	$ 97.06	$ 77.65
76819	26	Fetal biophys profil w/o nst	A	$ 30.56	$ 24.45
76819	TC	Fetal biophys profil w/o nst	A	$ 39.43	$ 31.54
76819		Fetal biophys profil w/o nst	A	$ 69.99	$ 55.99
76820	TC	Umbilical artery echo	A	$ 17.49	$ 13.99
76820	26	Umbilical artery echo	A	$ 19.83	$ 15.86
76820		Umbilical artery echo	A	$ 37.32	$ 29.85
76821	26	Middle cerebral artery echo	A	$ 27.99	$ 22.40
76821	TC	Middle cerebral artery echo	A	$ 45.73	$ 36.59
76821		Middle cerebral artery echo	A	$ 73.73	$ 58.98
76825	26	Echo exam of fetal heart	A	$ 66.23	$ 52.99
76825	TC	Echo exam of fetal heart	A	$ 151.40	$ 121.12
76825		Echo exam of fetal heart	A	$ 217.63	$ 174.11
76826	26	Echo exam of fetal heart	A	$ 32.84	$ 26.27
76826	TC	Echo exam of fetal heart	A	$ 97.23	$ 77.78
76826		Echo exam of fetal heart	A	$ 130.06	$ 104.05
76827	26	Echo exam of fetal heart	A	$ 23.17	$ 18.53
76827	TC	Echo exam of fetal heart	A	$ 34.76	$ 27.81
76827		Echo exam of fetal heart	A	$ 57.93	$ 46.35
76828	TC	Echo exam of fetal heart	A	$ 18.86	$ 15.09
76828	26	Echo exam of fetal heart	A	$ 22.10	$ 17.68
76828		Echo exam of fetal heart	A	$ 40.96	$ 32.77
76830	26	Transvaginal us non-ob	A	$ 27.86	$ 22.29
76830	TC	Transvaginal us non-ob	A	$ 71.78	$ 57.43
76830		Transvaginal us non-ob	A	$ 99.64	$ 79.71
76831	26	Echo exam uterus	A	$ 28.84	$ 23.08
76831	TC	Echo exam uterus	A	$ 67.94	$ 54.36
76831		Echo exam uterus	A	$ 96.79	$ 77.43
76856	26	Us exam pelvic complete	A	$ 27.59	$ 22.07

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
76856	TC	Us exam pelvic complete	A	$ 60.27	$ 48.21
76856		Us exam pelvic complete	A	$ 87.85	$ 70.28
76857	26	Us exam pelvic limited	A	$ 19.77	$ 15.81
76857	TC	Us exam pelvic limited	A	$ 20.78	$ 16.62
76857		Us exam pelvic limited	A	$ 40.55	$ 32.44
76870	26	Us exam scrotum	A	$ 25.60	$ 20.48
76870	TC	Us exam scrotum	A	$ 58.35	$ 46.68
76870		Us exam scrotum	A	$ 83.94	$ 67.16
76872	26	Us transrectal	A	$ 26.88	$ 21.51
76872	TC	Us transrectal	A	$ 139.18	$ 111.34
76872		Us transrectal	A	$ 166.06	$ 132.85
76873	26	Echograp trans r pros study	A	$ 63.75	$ 51.00
76873	TC	Echograp trans r pros study	A	$ 81.32	$ 65.06
76873		Echograp trans r pros study	A	$ 145.07	$ 116.06
76881	TC	Us compl joint r-t w/img	A	$ 8.99	$ 7.19
76881	26	Us compl joint r-t w/img	A	$ 36.10	$ 28.88
76881		Us compl joint r-t w/img	A	$ 45.09	$ 36.07
76882	TC	Us lmtd jt/fcl evl nvasc xtr	A	$ 7.62	$ 6.09
76882	26	Us lmtd jt/fcl evl nvasc xtr	A	$ 27.59	$ 22.07
76882		Us lmtd jt/fcl evl nvasc xtr	A	$ 35.20	$ 28.16
76883	TC	Us nrv&acc strux 1xtr compre	A	$ 12.00	$ 9.60
76883	26	Us nrv&acc strux 1xtr compre	A	$ 48.20	$ 38.56
76883		Us nrv&acc strux 1xtr compre	A	$ 60.21	$ 48.16
76885	26	Us exam infant hips dynamic	A	$ 29.57	$ 23.66
76885	TC	Us exam infant hips dynamic	A	$ 84.06	$ 67.25
76885		Us exam infant hips dynamic	A	$ 113.64	$ 90.91
76886	26	Us exam infant hips static	A	$ 25.02	$ 20.02
76886	TC	Us exam infant hips static	A	$ 58.90	$ 47.12
76886		Us exam infant hips static	A	$ 83.92	$ 67.13
76932	26	Echo guide for heart biopsy	A	$ 29.39	$ 23.51
76936	26	Echo guide for artery repair	A	$ 77.10	$ 61.68
76936	TC	Echo guide for artery repair	A	$ 136.87	$ 109.49
76936		Echo guide for artery repair	A	$ 213.97	$ 171.18
76937	26	Us guide vascular access	A	$ 11.69	$ 9.35
76937	TC	Us guide vascular access	A	$ 20.84	$ 16.67
76937		Us guide vascular access	A	$ 32.53	$ 26.02
76940	26	Us guide tissue ablation	A	$ 82.03	$ 65.62
76941	26	Echo guide for transfusion	A	$ 53.71	$ 42.97
76942	TC	Echo guide for biopsy	A	$ 22.97	$ 18.38
76942	26	Echo guide for biopsy	A	$ 25.36	$ 20.29
76942		Echo guide for biopsy	A	$ 48.34	$ 38.67
76945	26	Echo guide villus sampling	A	$ 26.64	$ 21.31
76946	TC	Echo guide for amniocentesis	A	$ 12.00	$ 9.60
76946	26	Echo guide for amniocentesis	A	$ 15.27	$ 12.22
76946		Echo guide for amniocentesis	A	$ 27.28	$ 21.82
76948	26	Echo guide ova aspiration	A	$ 26.64	$ 21.31
76948	TC	Echo guide ova aspiration	A	$ 40.25	$ 32.20
76948		Echo guide ova aspiration	A	$ 66.89	$ 53.51
76965	TC	Echo guidance radiotherapy	A	$ 22.15	$ 17.72
76965	26	Echo guidance radiotherapy	A	$ 55.91	$ 44.72
76965		Echo guidance radiotherapy	A	$ 78.06	$ 62.45
76975	26	Gi endoscopic ultrasound	A	$ 34.06	$ 27.25
76977	26	Us bone density measure	A	$ 2.20	$ 1.76
76977	TC	Us bone density measure	A	$ 3.50	$ 2.80

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
76977		Us bone density measure	A	$ 5.71	$ 4.57
76978	26	Us trgt dyn mbubb 1st les	A	$ 64.55	$ 51.64
76978	TC	Us trgt dyn mbubb 1st les	A	$ 147.68	$ 118.14
76978		Us trgt dyn mbubb 1st les	A	$ 212.23	$ 169.79
76979	26	Us trgt dyn mbubb ea addl	A	$ 33.84	$ 27.07
76979	TC	Us trgt dyn mbubb ea addl	A	$ 104.69	$ 83.75
76979		Us trgt dyn mbubb ea addl	A	$ 138.53	$ 110.82
76981	26	Use parenchyma	A	$ 23.88	$ 19.11
76981	TC	Use parenchyma	A	$ 62.46	$ 49.97
76981		Use parenchyma	A	$ 86.34	$ 69.07
76982	26	Use 1st target lesion	A	$ 23.88	$ 19.11
76982	TC	Use 1st target lesion	A	$ 53.69	$ 42.95
76982		Use 1st target lesion	A	$ 77.57	$ 62.05
76983	26	Use ea addl target lesion	A	$ 20.74	$ 16.59
76983	TC	Use ea addl target lesion	A	$ 29.83	$ 23.86
76983		Use ea addl target lesion	A	$ 50.57	$ 40.46
76998	26	Us guide intraop	A	$ 50.08	$ 40.07
77001	26	Fluoroguide for vein device	A	$ 14.82	$ 11.85
77001	TC	Fluoroguide for vein device	A	$ 68.22	$ 54.58
77001		Fluoroguide for vein device	A	$ 83.04	$ 66.43
77002	26	Needle localization by xray	A	$ 22.44	$ 17.95
77002	TC	Needle localization by xray	A	$ 73.98	$ 59.18
77002		Needle localization by xray	A	$ 96.42	$ 77.14
77003	26	Fluoroguide for spine inject	A	$ 23.90	$ 19.12
77003	TC	Fluoroguide for spine inject	A	$ 63.83	$ 51.07
77003		Fluoroguide for spine inject	A	$ 87.73	$ 70.18
77011	26	Ct scan for localization	A	$ 51.37	$ 41.10
77011	TC	Ct scan for localization	A	$ 134.03	$ 107.22
77011		Ct scan for localization	A	$ 185.40	$ 148.32
77012	26	Ct scan for needle biopsy	A	$ 58.51	$ 46.80
77012	TC	Ct scan for needle biopsy	A	$ 59.17	$ 47.34
77012		Ct scan for needle biopsy	A	$ 117.68	$ 94.14
77013	26	Ct guide for tissue ablation	A	$ 152.08	$ 121.66
77014	26	Ct scan for therapy guide	A	$ 37.40	$ 29.92
77014	TC	Ct scan for therapy guide	A	$ 62.46	$ 49.97
77014		Ct scan for therapy guide	A	$ 99.86	$ 79.89
77021	26	Mri guidance ndl plmt rs&i	A	$ 58.96	$ 47.17
77021	TC	Mri guidance ndl plmt rs&i	A	$ 295.21	$ 236.17
77021		Mri guidance ndl plmt rs&i	A	$ 354.17	$ 283.34
77022	26	Mri gdn parnchyma tiss abltj	A	$ 168.60	$ 134.88
77046	26	Mri breast c- unilateral	A	$ 57.52	$ 46.02
77046	TC	Mri breast c- unilateral	A	$ 125.74	$ 100.60
77046		Mri breast c- unilateral	A	$ 183.27	$ 146.61
77047	26	Mri breast c- bilateral	A	$ 63.70	$ 50.96
77047	TC	Mri breast c- bilateral	A	$ 126.29	$ 101.03
77047		Mri breast c- bilateral	A	$ 189.99	$ 151.99
77048	26	Mri breast c-+ w/cad uni	A	$ 83.68	$ 66.94
77048	TC	Mri breast c-+ w/cad uni	A	$ 207.34	$ 165.87
77048		Mri breast c-+ w/cad uni	A	$ 291.02	$ 232.82
77049	26	Mri breast c-+ w/cad bi	A	$ 91.57	$ 73.26
77049	TC	Mri breast c-+ w/cad bi	A	$ 205.69	$ 164.55
77049		Mri breast c-+ w/cad bi	A	$ 297.27	$ 237.81
77053	26	X-ray of mammary duct	A	$ 14.36	$ 11.49
77053	TC	X-ray of mammary duct	A	$ 29.83	$ 23.86

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
77053		X-ray of mammary duct	A	$ 44.19	$ 35.35
77054	26	X-ray of mammary ducts	A	$ 17.78	$ 14.22
77054	TC	X-ray of mammary ducts	A	$ 39.43	$ 31.54
77054		X-ray of mammary ducts	A	$ 57.20	$ 45.76
77063	TC	Breast tomosynthesis bi	A	$ 19.74	$ 15.79
77063	26	Breast tomosynthesis bi	A	$ 24.17	$ 19.34
77063		Breast tomosynthesis bi	A	$ 43.91	$ 35.13
77065	26	Dx mammo incl cad uni	A	$ 32.14	$ 25.71
77065	TC	Dx mammo incl cad uni	A	$ 71.78	$ 57.43
77065		Dx mammo incl cad uni	A	$ 103.92	$ 83.14
77066	26	Dx mammo incl cad bi	A	$ 39.53	$ 31.62
77066	TC	Dx mammo incl cad bi	A	$ 91.53	$ 73.22
77066		Dx mammo incl cad bi	A	$ 131.06	$ 104.85
77067	26	Scr mammo bi incl cad	A	$ 30.42	$ 24.34
77067	TC	Scr mammo bi incl cad	A	$ 75.90	$ 60.72
77067		Scr mammo bi incl cad	A	$ 106.32	$ 85.06
77071		X-ray stress view	A	$ 45.11	$ 36.09
77072	26	X-rays for bone age	A	$ 7.61	$ 6.08
77072	TC	X-rays for bone age	A	$ 13.92	$ 11.14
77072		X-rays for bone age	A	$ 21.53	$ 17.22
77073	26	X-rays bone length studies	A	$ 10.93	$ 8.75
77073	TC	X-rays bone length studies	A	$ 26.26	$ 21.01
77073		X-rays bone length studies	A	$ 37.20	$ 29.76
77074	26	X-rays bone survey limited	A	$ 17.49	$ 13.99
77074	TC	X-rays bone survey limited	A	$ 36.41	$ 29.13
77074		X-rays bone survey limited	A	$ 53.90	$ 43.12
77075	26	X-rays bone survey complete	A	$ 22.18	$ 17.75
77075	TC	X-rays bone survey complete	A	$ 60.48	$ 48.38
77075		X-rays bone survey complete	A	$ 82.66	$ 66.13
77076	26	X-rays bone survey infant	A	$ 28.15	$ 22.52
77076	TC	X-rays bone survey infant	A	$ 61.03	$ 48.82
77076		X-rays bone survey infant	A	$ 89.18	$ 71.34
77077	26	Joint survey single view	A	$ 13.77	$ 11.02
77077	TC	Joint survey single view	A	$ 25.17	$ 20.13
77077		Joint survey single view	A	$ 38.94	$ 31.15
77078	26	Ct bone density axial	A	$ 9.88	$ 7.91
77078	TC	Ct bone density axial	A	$ 76.72	$ 61.38
77078		Ct bone density axial	A	$ 86.60	$ 69.28
77080	26	Dxa bone density axial	A	$ 7.89	$ 6.32
77080	TC	Dxa bone density axial	A	$ 23.52	$ 18.82
77080		Dxa bone density axial	A	$ 31.42	$ 25.13
77081	26	Dxa bone density/peripheral	A	$ 8.17	$ 6.53
77081	TC	Dxa bone density/peripheral	A	$ 17.76	$ 14.21
77081		Dxa bone density/peripheral	A	$ 25.93	$ 20.75
77084	26	Magnetic image bone marrow	A	$ 63.98	$ 51.18
77084	TC	Magnetic image bone marrow	A	$ 210.90	$ 168.72
77084		Magnetic image bone marrow	A	$ 274.88	$ 219.90
77085	26	Dxa bone density study	A	$ 12.15	$ 9.72
77085	TC	Dxa bone density study	A	$ 30.65	$ 24.52
77085		Dxa bone density study	A	$ 42.80	$ 34.24
77086	26	Fracture assessment via dxa	A	$ 6.76	$ 5.40
77086	TC	Fracture assessment via dxa	A	$ 20.51	$ 16.40
77086		Fracture assessment via dxa	A	$ 27.26	$ 21.81
77089		Tbs dxa cal w/i&r fx risk	A	$ 33.28	$ 26.62

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
77090		Tbs techl prep&transmis data	A	$ 2.13	$ 1.71
77091		Tbs techl calculation only	A	$ 22.97	$ 18.38
77092		Tbs i&r fx rsk qhp	A	$ 8.17	$ 6.53
77261		Radiation therapy planning	A	$ 58.90	$ 47.12
77262		Radiation therapy planning	A	$ 89.94	$ 71.95
77263		Radiation therapy planning	A	$ 140.49	$ 112.39
77280	26	Set radiation therapy field	A	$ 31.71	$ 25.37
77280	TC	Set radiation therapy field	A	$ 190.24	$ 152.20
77280		Set radiation therapy field	A	$ 221.96	$ 177.57
77285	26	Set radiation therapy field	A	$ 47.55	$ 38.04
77285	TC	Set radiation therapy field	A	$ 315.77	$ 252.62
77285		Set radiation therapy field	A	$ 363.33	$ 290.66
77290	26	Set radiation therapy field	A	$ 68.92	$ 55.13
77290	TC	Set radiation therapy field	A	$ 303.98	$ 243.19
77290		Set radiation therapy field	A	$ 372.90	$ 298.32
77293	26	Respirator motion mgmt simul	A	$ 87.84	$ 70.27
77293	TC	Respirator motion mgmt simul	A	$ 253.13	$ 202.51
77293		Respirator motion mgmt simul	A	$ 340.97	$ 272.78
77295	26	3-d radiotherapy plan	A	$ 188.57	$ 150.85
77295	TC	3-d radiotherapy plan	A	$ 207.71	$ 166.16
77295		3-d radiotherapy plan	A	$ 396.27	$ 317.02
77300	TC	Radiation therapy dose plan	A	$ 27.09	$ 21.67
77300	26	Radiation therapy dose plan	A	$ 27.49	$ 21.99
77300		Radiation therapy dose plan	A	$ 54.58	$ 43.66
77301	26	Radiotherapy dose plan imrt	A	$ 351.49	$ 281.19
77301	TC	Radiotherapy dose plan imrt	A	$ 1,162.17	$ 929.73
77301		Radiotherapy dose plan imrt	A	$ 1,513.65	$ 1,210.92
77306	TC	Telethx isodose plan simple	A	$ 60.75	$ 48.60
77306	26	Telethx isodose plan simple	A	$ 61.63	$ 49.30
77306		Telethx isodose plan simple	A	$ 122.38	$ 97.90
77307	TC	Telethx isodose plan cplx	A	$ 109.72	$ 87.77
77307	26	Telethx isodose plan cplx	A	$ 127.50	$ 102.00
77307		Telethx isodose plan cplx	A	$ 237.22	$ 189.78
77316	26	Brachytx isodose plan simple	A	$ 61.63	$ 49.30
77316	TC	Brachytx isodose plan simple	A	$ 139.88	$ 111.91
77316		Brachytx isodose plan simple	A	$ 201.51	$ 161.21
77317	26	Brachytx isodose intermed	A	$ 80.47	$ 64.38
77317	TC	Brachytx isodose intermed	A	$ 184.46	$ 147.57
77317		Brachytx isodose intermed	A	$ 264.93	$ 211.94
77318	26	Brachytx isodose complex	A	$ 127.23	$ 101.78
77318	TC	Brachytx isodose complex	A	$ 249.33	$ 199.46
77318		Brachytx isodose complex	A	$ 376.56	$ 301.24
77321	TC	Special teletx port plan	A	$ 35.86	$ 28.69
77321	26	Special teletx port plan	A	$ 41.93	$ 33.54
77321		Special teletx port plan	A	$ 77.79	$ 62.23
77331	TC	Special radiation dosimetry	A	$ 15.57	$ 12.46
77331	26	Special radiation dosimetry	A	$ 38.25	$ 30.60
77331		Special radiation dosimetry	A	$ 53.82	$ 43.06
77332	TC	Radiation treatment aid(s)	A	$ 11.73	$ 9.38
77332	26	Radiation treatment aid(s)	A	$ 19.97	$ 15.98
77332		Radiation treatment aid(s)	A	$ 31.70	$ 25.36
77333	26	Radiation treatment aid(s)	A	$ 33.15	$ 26.52
77333	TC	Radiation treatment aid(s)	A	$ 80.56	$ 64.45
77333		Radiation treatment aid(s)	A	$ 113.71	$ 90.97

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
77334	26	Radiation treatment aid(s)	A	$ 50.43	$ 40.35
77334	TC	Radiation treatment aid(s)	A	$ 53.14	$ 42.51
77334		Radiation treatment aid(s)	A	$ 103.57	$ 82.86
77336		Radiation physics consult	A	$ 70.26	$ 56.21
77338	26	Design mlc device for imrt	A	$ 188.57	$ 150.85
77338	TC	Design mlc device for imrt	A	$ 195.85	$ 156.68
77338		Design mlc device for imrt	A	$ 384.42	$ 307.54
77370		Radiation physics consult	A	$ 112.95	$ 90.36
77372		Srs linear based	A	$ 792.43	$ 633.94
77373		Sbrt delivery	A	$ 823.17	$ 658.54
77401		Radiation treatment delivery	A	$ 33.67	$ 26.93
77417		Radiology port images(s)	A	$ 11.18	$ 8.95
77427		Radiation tx management x5	A	$ 159.12	$ 127.29
77431		Radiation therapy management	A	$ 89.13	$ 71.30
77432		Stereotactic radiation trmt	A	$ 353.93	$ 283.14
77435		Sbrt management	A	$ 534.38	$ 427.51
77469		Io radiation tx management	A	$ 265.52	$ 212.41
77470	TC	Special radiation treatment	A	$ 26.48	$ 21.18
77470	26	Special radiation treatment	A	$ 89.40	$ 71.52
77470		Special radiation treatment	A	$ 115.88	$ 92.70
77600	26	Hyperthermia treatment	R	$ 59.31	$ 47.45
77600	TC	Hyperthermia treatment	R	$ 376.13	$ 300.91
77600		Hyperthermia treatment	R	$ 435.44	$ 348.35
77605	26	Hyperthermia treatment	R	$ 82.20	$ 65.76
77605	TC	Hyperthermia treatment	R	$ 708.21	$ 566.57
77605		Hyperthermia treatment	R	$ 790.41	$ 632.33
77610	26	Hyperthermia treatment	R	$ 57.51	$ 46.01
77610	TC	Hyperthermia treatment	R	$ 510.23	$ 408.18
77610		Hyperthermia treatment	R	$ 567.73	$ 454.19
77615	26	Hyperthermia treatment	R	$ 80.76	$ 64.61
77615	TC	Hyperthermia treatment	R	$ 807.11	$ 645.69
77615		Hyperthermia treatment	R	$ 887.87	$ 710.30
77620	26	Hyperthermia treatment	R	$ 68.11	$ 54.48
77620	TC	Hyperthermia treatment	R	$ 457.58	$ 366.06
77620		Hyperthermia treatment	R	$ 525.68	$ 420.55
77750	TC	Infuse radioactive materials	A	$ 106.15	$ 84.92
77750	26	Infuse radioactive materials	A	$ 219.87	$ 175.89
77750		Infuse radioactive materials	A	$ 326.02	$ 260.82
77761	26	Apply intrcav radiat simple	A	$ 169.65	$ 135.72
77761	TC	Apply intrcav radiat simple	A	$ 176.72	$ 141.38
77761		Apply intrcav radiat simple	A	$ 346.37	$ 277.09
77762	TC	Apply intrcav radiat interm	A	$ 202.59	$ 162.07
77762	26	Apply intrcav radiat interm	A	$ 253.09	$ 202.47
77762		Apply intrcav radiat interm	A	$ 455.68	$ 364.54
77763	TC	Apply intrcav radiat compl	A	$ 262.52	$ 210.02
77763	26	Apply intrcav radiat compl	A	$ 380.87	$ 304.70
77763		Apply intrcav radiat compl	A	$ 643.39	$ 514.71
77767	26	Hdr rdncl skn surf brachytx	A	$ 46.18	$ 36.94
77767	TC	Hdr rdncl skn surf brachytx	A	$ 158.80	$ 127.04
77767		Hdr rdncl skn surf brachytx	A	$ 204.98	$ 163.99
77768	26	Hdr rdncl skn surf brachytx	A	$ 61.63	$ 49.30
77768	TC	Hdr rdncl skn surf brachytx	A	$ 237.60	$ 190.08
77768		Hdr rdncl skn surf brachytx	A	$ 299.22	$ 239.38
77770	26	Hdr rdncl ntrstl/icav brchtx	A	$ 85.57	$ 68.46

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
77770	TC	Hdr rdncl ntrstl/icav brchtx	A	$ 199.94	$ 159.95
77770		Hdr rdncl ntrstl/icav brchtx	A	$ 285.51	$ 228.41
77771	26	Hdr rdncl ntrstl/icav brchtx	A	$ 167.38	$ 133.91
77771	TC	Hdr rdncl ntrstl/icav brchtx	A	$ 329.00	$ 263.20
77771		Hdr rdncl ntrstl/icav brchtx	A	$ 496.39	$ 397.11
77772	26	Hdr rdncl ntrstl/icav brchtx	A	$ 235.65	$ 188.52
77772	TC	Hdr rdncl ntrstl/icav brchtx	A	$ 502.98	$ 402.38
77772		Hdr rdncl ntrstl/icav brchtx	A	$ 738.63	$ 590.91
77778	TC	Apply interstit radiat compl	A	$ 371.08	$ 296.87
77778	26	Apply interstit radiat compl	A	$ 385.09	$ 308.07
77778		Apply interstit radiat compl	A	$ 756.17	$ 604.94
77789	26	Apply surf ldr radionuclide	A	$ 50.14	$ 40.12
77789	TC	Apply surf ldr radionuclide	A	$ 58.84	$ 47.07
77789		Apply surf ldr radionuclide	A	$ 108.98	$ 87.18
77790		Radiation handling	A	$ 14.14	$ 11.31
78012	26	Thyroid uptake measurement	A	$ 7.33	$ 5.87
78012	TC	Thyroid uptake measurement	A	$ 58.99	$ 47.19
78012		Thyroid uptake measurement	A	$ 66.32	$ 53.06
78013	26	Thyroid imaging w/blood flow	A	$ 14.65	$ 11.72
78013	TC	Thyroid imaging w/blood flow	A	$ 131.93	$ 105.54
78013		Thyroid imaging w/blood flow	A	$ 146.58	$ 117.26
78014	26	Thyroid imaging w/blood flow	A	$ 19.49	$ 15.59
78014	TC	Thyroid imaging w/blood flow	A	$ 163.46	$ 130.77
78014		Thyroid imaging w/blood flow	A	$ 182.96	$ 146.36
78015	26	Thyroid met imaging	A	$ 27.01	$ 21.61
78015	TC	Thyroid met imaging	A	$ 150.85	$ 120.68
78015		Thyroid met imaging	A	$ 177.86	$ 142.29
78016	26	Thyroid met imaging/studies	A	$ 27.67	$ 22.14
78016	TC	Thyroid met imaging/studies	A	$ 185.01	$ 148.01
78016		Thyroid met imaging/studies	A	$ 212.68	$ 170.14
78018	26	Thyroid met imaging body	A	$ 32.76	$ 26.20
78018	TC	Thyroid met imaging body	A	$ 206.52	$ 165.21
78018		Thyroid met imaging body	A	$ 239.27	$ 191.42
78020	26	Thyroid met uptake	A	$ 22.10	$ 17.68
78020	TC	Thyroid met uptake	A	$ 42.93	$ 34.34
78020		Thyroid met uptake	A	$ 65.03	$ 52.02
78070	26	Parathyroid planar imaging	A	$ 31.30	$ 25.04
78070	TC	Parathyroid planar imaging	A	$ 193.90	$ 155.12
78070		Parathyroid planar imaging	A	$ 225.20	$ 180.16
78071	26	Parathyrd planar w/wo subtrj	A	$ 46.82	$ 37.45
78071	TC	Parathyrd planar w/wo subtrj	A	$ 222.42	$ 177.94
78071		Parathyrd planar w/wo subtrj	A	$ 269.24	$ 215.39
78072	26	Parathyrd planar w/spect&ct	A	$ 61.35	$ 49.08
78072	TC	Parathyrd planar w/spect&ct	A	$ 274.52	$ 219.62
78072		Parathyrd planar w/spect&ct	A	$ 335.88	$ 268.70
78075	26	Adrenal cortex & medulla img	A	$ 29.57	$ 23.66
78075	TC	Adrenal cortex & medulla img	A	$ 311.63	$ 249.31
78075		Adrenal cortex & medulla img	A	$ 341.21	$ 272.97
78102	26	Bone marrow imaging ltd	A	$ 20.93	$ 16.75
78102	TC	Bone marrow imaging ltd	A	$ 112.73	$ 90.19
78102		Bone marrow imaging ltd	A	$ 133.67	$ 106.93
78103	26	Bone marrow imaging mult	A	$ 25.11	$ 20.09
78103	TC	Bone marrow imaging mult	A	$ 118.77	$ 95.01
78103		Bone marrow imaging mult	A	$ 143.87	$ 115.10

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
78104	26	Bone marrow imaging body	A	$ 31.03	$ 24.82
78104	TC	Bone marrow imaging body	A	$ 162.09	$ 129.67
78104		Bone marrow imaging body	A	$ 193.12	$ 154.50
78110	26	Plasma volume single	A	$ 6.51	$ 5.21
78110	TC	Plasma volume single	A	$ 49.94	$ 39.95
78110		Plasma volume single	A	$ 56.45	$ 45.16
78111	26	Plasma volume multiple	A	$ 7.65	$ 6.12
78111	TC	Plasma volume multiple	A	$ 52.41	$ 41.93
78111		Plasma volume multiple	A	$ 60.05	$ 48.04
78120	26	Red cell mass single	A	$ 7.94	$ 6.35
78120	TC	Red cell mass single	A	$ 49.94	$ 39.95
78120		Red cell mass single	A	$ 57.87	$ 46.30
78121	26	Red cell mass multiple	A	$ 10.80	$ 8.64
78121	TC	Red cell mass multiple	A	$ 52.41	$ 41.93
78121		Red cell mass multiple	A	$ 63.21	$ 50.57
78122	26	Blood volume	A	$ 17.23	$ 13.78
78122	TC	Blood volume	A	$ 64.20	$ 51.36
78122		Blood volume	A	$ 81.43	$ 65.14
78130	26	Red cell survival study	A	$ 20.53	$ 16.42
78130	TC	Red cell survival study	A	$ 81.08	$ 64.86
78130		Red cell survival study	A	$ 101.61	$ 81.28
78140	26	Red cell sequestration	A	$ 20.53	$ 16.42
78140	TC	Red cell sequestration	A	$ 69.41	$ 55.53
78140		Red cell sequestration	A	$ 89.94	$ 71.95
78185	26	Spleen imaging	A	$ 13.65	$ 10.92
78185	TC	Spleen imaging	A	$ 116.57	$ 93.26
78185		Spleen imaging	A	$ 130.23	$ 104.18
78191	26	Platelet survival	A	$ 20.53	$ 16.42
78191	TC	Platelet survival	A	$ 81.08	$ 64.86
78191		Platelet survival	A	$ 101.61	$ 81.28
78195	26	Lymph system imaging	A	$ 46.54	$ 37.23
78195	TC	Lymph system imaging	A	$ 225.16	$ 180.13
78195		Lymph system imaging	A	$ 271.70	$ 217.36
78201	26	Liver imaging	A	$ 16.94	$ 13.55
78201	TC	Liver imaging	A	$ 130.28	$ 104.23
78201		Liver imaging	A	$ 147.22	$ 117.78
78202	26	Liver imaging with flow	A	$ 19.50	$ 15.60
78202	TC	Liver imaging with flow	A	$ 141.25	$ 113.00
78202		Liver imaging with flow	A	$ 160.76	$ 128.61
78215	26	Liver and spleen imaging	A	$ 19.20	$ 15.36
78215	TC	Liver and spleen imaging	A	$ 132.48	$ 105.98
78215		Liver and spleen imaging	A	$ 151.68	$ 121.35
78216	26	Liver & spleen image/flow	A	$ 22.21	$ 17.77
78216	TC	Liver & spleen image/flow	A	$ 83.67	$ 66.93
78216		Liver & spleen image/flow	A	$ 105.88	$ 84.70
78226	26	Hepatobiliary system imaging	A	$ 29.03	$ 23.22
78226	TC	Hepatobiliary system imaging	A	$ 220.23	$ 176.18
78226		Hepatobiliary system imaging	A	$ 249.25	$ 199.40
78227	26	Hepatobil syst image w/drug	A	$ 35.28	$ 28.22
78227	TC	Hepatobil syst image w/drug	A	$ 299.57	$ 239.65
78227		Hepatobil syst image w/drug	A	$ 334.85	$ 267.88
78230	26	Salivary gland imaging	A	$ 17.78	$ 14.22
78230	TC	Salivary gland imaging	A	$ 119.04	$ 95.23
78230		Salivary gland imaging	A	$ 136.82	$ 109.45

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
78231	26	Serial salivary imaging	A	$ 17.66	$ 14.13
78231	TC	Serial salivary imaging	A	$ 67.76	$ 54.21
78231		Serial salivary imaging	A	$ 85.42	$ 68.34
78232	26	Salivary gland function exam	A	$ 15.95	$ 12.76
78232	TC	Salivary gland function exam	A	$ 68.04	$ 54.43
78232		Salivary gland function exam	A	$ 83.98	$ 67.19
78258	26	Esophageal motility study	A	$ 28.20	$ 22.56
78258	TC	Esophageal motility study	A	$ 137.14	$ 109.71
78258		Esophageal motility study	A	$ 165.34	$ 132.27
78261	26	Gastric mucosa imaging	A	$ 23.10	$ 18.48
78261	TC	Gastric mucosa imaging	A	$ 131.93	$ 105.54
78261		Gastric mucosa imaging	A	$ 155.03	$ 124.03
78262	26	Gastroesophageal reflux exam	A	$ 27.30	$ 21.84
78262	TC	Gastroesophageal reflux exam	A	$ 162.37	$ 129.89
78262		Gastroesophageal reflux exam	A	$ 189.66	$ 151.73
78264	26	Gastric emptying imag study	A	$ 31.01	$ 24.81
78264	TC	Gastric emptying imag study	A	$ 222.42	$ 177.94
78264		Gastric emptying imag study	A	$ 253.43	$ 202.75
78265	26	Gastric emptying imag study	A	$ 38.13	$ 30.51
78265	TC	Gastric emptying imag study	A	$ 261.79	$ 209.43
78265		Gastric emptying imag study	A	$ 299.92	$ 239.94
78266	26	Gastric emptying imag study	A	$ 40.74	$ 32.59
78266	TC	Gastric emptying imag study	A	$ 300.12	$ 240.09
78266		Gastric emptying imag study	A	$ 340.85	$ 272.68
78278	26	Acute gi blood loss imaging	A	$ 38.69	$ 30.96
78278	TC	Acute gi blood loss imaging	A	$ 228.73	$ 182.98
78278		Acute gi blood loss imaging	A	$ 267.42	$ 213.94
78282	26	Gi protein loss exam	A	$ 12.80	$ 10.24
78290	26	Meckels divert exam	A	$ 26.75	$ 21.40
78290	TC	Meckels divert exam	A	$ 226.26	$ 181.01
78290		Meckels divert exam	A	$ 253.01	$ 202.41
78291	26	Leveen/shunt patency exam	A	$ 34.98	$ 27.98
78291	TC	Leveen/shunt patency exam	A	$ 167.58	$ 134.06
78291		Leveen/shunt patency exam	A	$ 202.56	$ 162.04
78300	26	Bone imaging limited area	A	$ 24.75	$ 19.80
78300	TC	Bone imaging limited area	A	$ 149.75	$ 119.80
78300		Bone imaging limited area	A	$ 174.50	$ 139.60
78305	26	Bone imaging multiple areas	A	$ 32.71	$ 26.17
78305	TC	Bone imaging multiple areas	A	$ 179.64	$ 143.71
78305		Bone imaging multiple areas	A	$ 212.36	$ 169.89
78306	26	Bone imaging whole body	A	$ 33.58	$ 26.86
78306	TC	Bone imaging whole body	A	$ 193.35	$ 154.68
78306		Bone imaging whole body	A	$ 226.93	$ 181.55
78315	26	Bone imaging 3 phase	A	$ 39.83	$ 31.87
78315	TC	Bone imaging 3 phase	A	$ 225.99	$ 180.79
78315		Bone imaging 3 phase	A	$ 265.82	$ 212.65
78350	26	Bone mineral single photon	N	$ 9.02	$ 7.21
78350	TC	Bone mineral single photon	N	$ 17.22	$ 13.77
78350		Bone mineral single photon	N	$ 26.23	$ 20.99
78351		Bone mineral dual photon	N	$ 12.36	$ 9.89
78414	26	Non-imaging heart function	A	$ 17.56	$ 14.05
78428	26	Cardiac shunt imaging	A	$ 30.18	$ 24.14
78428	TC	Cardiac shunt imaging	A	$ 114.65	$ 91.72
78428		Cardiac shunt imaging	A	$ 144.83	$ 115.87

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
78429	26	Myocrd img pet 1 std w/ct	A	$ 66.24	$ 52.99
78430	26	Myocrd img pet rst/strs w/ct	A	$ 62.67	$ 50.13
78431	26	Myocrd img pet rst&strs ct	A	$ 73.29	$ 58.63
78432	26	Myocrd img pet 2rtracer	A	$ 78.12	$ 62.50
78433	26	Myocrd img pet 2rtracer ct	A	$ 85.24	$ 68.19
78434	26	Aqmbf pet rest & rx stress	A	$ 24.33	$ 19.47
78445	26	Vascular flow imaging	A	$ 20.18	$ 16.14
78445	TC	Vascular flow imaging	A	$ 141.53	$ 113.22
78445		Vascular flow imaging	A	$ 161.71	$ 129.37
78451	26	Ht muscle image spect sing	A	$ 53.49	$ 42.79
78451	TC	Ht muscle image spect sing	A	$ 207.06	$ 165.65
78451		Ht muscle image spect sing	A	$ 260.56	$ 208.45
78452	26	Ht muscle image spect mult	A	$ 63.30	$ 50.64
78452	TC	Ht muscle image spect mult	A	$ 297.65	$ 238.12
78452		Ht muscle image spect mult	A	$ 360.95	$ 288.76
78453	26	Ht muscle image planar sing	A	$ 38.71	$ 30.97
78453	TC	Ht muscle image planar sing	A	$ 185.95	$ 148.76
78453		Ht muscle image planar sing	A	$ 224.66	$ 179.73
78454	26	Ht musc image planar mult	A	$ 53.26	$ 42.60
78454	TC	Ht musc image planar mult	A	$ 281.47	$ 225.18
78454		Ht musc image planar mult	A	$ 334.73	$ 267.78
78456	26	Acute venous thrombus image	A	$ 38.98	$ 31.19
78456	TC	Acute venous thrombus image	A	$ 200.48	$ 160.39
78456		Acute venous thrombus image	A	$ 239.47	$ 191.57
78457	26	Venous thrombosis imaging	A	$ 29.56	$ 23.65
78457	TC	Venous thrombosis imaging	A	$ 99.30	$ 79.44
78457		Venous thrombosis imaging	A	$ 128.86	$ 103.09
78458	26	Ven thrombosis images bilat	A	$ 35.83	$ 28.66
78458	TC	Ven thrombosis images bilat	A	$ 125.35	$ 100.28
78458		Ven thrombosis images bilat	A	$ 161.18	$ 128.94
78459	26	Myocrd img pet single study	A	$ 60.67	$ 48.53
78466	26	Heart infarct image	A	$ 27.59	$ 22.07
78466	TC	Heart infarct image	A	$ 115.75	$ 92.60
78466		Heart infarct image	A	$ 143.34	$ 114.67
78468	26	Heart infarct image (ef)	A	$ 30.87	$ 24.70
78468	TC	Heart infarct image (ef)	A	$ 120.14	$ 96.11
78468		Heart infarct image (ef)	A	$ 151.01	$ 120.81
78469	26	Heart infarct image (3d)	A	$ 35.86	$ 28.68
78469	TC	Heart infarct image (3d)	A	$ 135.77	$ 108.62
78469		Heart infarct image (3d)	A	$ 171.62	$ 137.30
78472	26	Gated heart planar single	A	$ 38.13	$ 30.51
78472	TC	Gated heart planar single	A	$ 137.41	$ 109.93
78472		Gated heart planar single	A	$ 175.55	$ 140.44
78473	26	Gated heart multiple	A	$ 56.91	$ 45.53
78473	TC	Gated heart multiple	A	$ 166.21	$ 132.97
78473		Gated heart multiple	A	$ 223.11	$ 178.49
78481	26	Heart first pass single	A	$ 38.41	$ 30.73
78481	TC	Heart first pass single	A	$ 99.30	$ 79.44
78481		Heart first pass single	A	$ 137.70	$ 110.16
78483	26	Heart first pass multiple	A	$ 57.18	$ 45.75
78483	TC	Heart first pass multiple	A	$ 128.64	$ 102.91
78483		Heart first pass multiple	A	$ 185.82	$ 148.66
78491	26	Myocrd img pet 1std rst/strs	A	$ 58.95	$ 47.16
78492	26	Myocrd img pet mlt rst&strs	A	$ 70.13	$ 56.10

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
78494	26	Heart image spect	A	$ 46.37	$ 37.10
78494	TC	Heart image spect	A	$ 130.56	$ 104.45
78494		Heart image spect	A	$ 176.93	$ 141.55
78496	TC	Heart first pass add-on	A	$ 15.30	$ 12.24
78496	26	Heart first pass add-on	A	$ 19.49	$ 15.59
78496		Heart first pass add-on	A	$ 34.79	$ 27.83
78579	26	Lung ventilation imaging	A	$ 19.20	$ 15.36
78579	TC	Lung ventilation imaging	A	$ 125.90	$ 100.72
78579		Lung ventilation imaging	A	$ 145.10	$ 116.08
78580	26	Lung perfusion imaging	A	$ 29.03	$ 23.22
78580	TC	Lung perfusion imaging	A	$ 153.04	$ 122.44
78580		Lung perfusion imaging	A	$ 182.07	$ 145.66
78582	26	Lung ventilat&perfus imaging	A	$ 41.55	$ 33.24
78582	TC	Lung ventilat&perfus imaging	A	$ 213.37	$ 170.70
78582		Lung ventilat&perfus imaging	A	$ 254.92	$ 203.94
78597	26	Lung perfusion differential	A	$ 28.49	$ 22.79
78597	TC	Lung perfusion differential	A	$ 126.45	$ 101.16
78597		Lung perfusion differential	A	$ 154.94	$ 123.95
78598	26	Lung perf&ventilat diferentl	A	$ 32.74	$ 26.19
78598	TC	Lung perf&ventilat diferentl	A	$ 199.39	$ 159.51
78598		Lung perf&ventilat diferentl	A	$ 232.13	$ 185.70
78600	26	Brain image < 4 views	A	$ 17.21	$ 13.77
78600	TC	Brain image < 4 views	A	$ 122.88	$ 98.30
78600		Brain image < 4 views	A	$ 140.10	$ 112.08
78601	26	Brain image w/flow < 4 views	A	$ 19.78	$ 15.82
78601	TC	Brain image w/flow < 4 views	A	$ 147.01	$ 117.61
78601		Brain image w/flow < 4 views	A	$ 166.79	$ 133.43
78605	26	Brain image 4+ views	A	$ 21.33	$ 17.06
78605	TC	Brain image 4+ views	A	$ 134.12	$ 107.30
78605		Brain image 4+ views	A	$ 155.45	$ 124.36
78606	26	Brain image w/flow 4 + views	A	$ 25.05	$ 20.04
78606	TC	Brain image w/flow 4 + views	A	$ 225.44	$ 180.35
78606		Brain image w/flow 4 + views	A	$ 250.49	$ 200.39
78608	26	Brain imaging (pet)	A	$ 57.65	$ 46.12
78609		Brain imaging (pet)	N	$ 59.97	$ 47.97
78609	26	Brain imaging (pet)	N	$ 59.97	$ 47.97
78610	26	Brain flow imaging only	A	$ 11.87	$ 9.50
78610	TC	Brain flow imaging only	A	$ 123.70	$ 98.96
78610		Brain flow imaging only	A	$ 135.57	$ 108.46
78630	26	Cerebrospinal fluid scan	A	$ 26.75	$ 21.40
78630	TC	Cerebrospinal fluid scan	A	$ 231.47	$ 185.18
78630		Cerebrospinal fluid scan	A	$ 258.22	$ 206.57
78635	26	Csf ventriculography	A	$ 24.46	$ 19.57
78635	TC	Csf ventriculography	A	$ 234.21	$ 187.37
78635		Csf ventriculography	A	$ 258.67	$ 206.94
78645	26	Csf shunt evaluation	A	$ 21.78	$ 17.43
78645	TC	Csf shunt evaluation	A	$ 225.16	$ 180.13
78645		Csf shunt evaluation	A	$ 246.94	$ 197.56
78650	26	Csf leakage imaging	A	$ 20.53	$ 16.42
78650	TC	Csf leakage imaging	A	$ 187.32	$ 149.86
78650		Csf leakage imaging	A	$ 207.85	$ 166.28
78660	26	Nuclear exam of tear flow	A	$ 17.95	$ 14.36
78660	TC	Nuclear exam of tear flow	A	$ 100.67	$ 80.54
78660		Nuclear exam of tear flow	A	$ 118.62	$ 94.89

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
78700	26	Kidney imaging morphol	A	$ 17.50	$ 14.00
78700	TC	Kidney imaging morphol	A	$ 114.65	$ 91.72
78700		Kidney imaging morphol	A	$ 132.16	$ 105.73
78701	26	Kidney imaging with flow	A	$ 19.48	$ 15.58
78701	TC	Kidney imaging with flow	A	$ 154.14	$ 123.31
78701		Kidney imaging with flow	A	$ 173.62	$ 138.89
78707	26	K flow/funct image w/o drug	A	$ 37.01	$ 29.61
78707	TC	K flow/funct image w/o drug	A	$ 143.17	$ 114.54
78707		K flow/funct image w/o drug	A	$ 180.18	$ 144.14
78708	26	K flow/funct image w/drug	A	$ 46.68	$ 37.34
78708	TC	K flow/funct image w/drug	A	$ 97.10	$ 77.68
78708		K flow/funct image w/drug	A	$ 143.78	$ 115.02
78709	26	K flow/funct image multiple	A	$ 54.78	$ 43.83
78709	TC	K flow/funct image multiple	A	$ 229.98	$ 183.98
78709		K flow/funct image multiple	A	$ 284.76	$ 227.81
78725	26	Kidney function study	A	$ 14.72	$ 11.78
78725	TC	Kidney function study	A	$ 78.18	$ 62.55
78725		Kidney function study	A	$ 92.91	$ 74.33
78730	26	Urinary bladder retention	A	$ 5.97	$ 4.77
78730	TC	Urinary bladder retention	A	$ 50.12	$ 40.10
78730		Urinary bladder retention	A	$ 56.09	$ 44.87
78740	26	Ureteral reflux study	A	$ 21.78	$ 17.43
78740	TC	Ureteral reflux study	A	$ 145.91	$ 116.73
78740		Ureteral reflux study	A	$ 167.70	$ 134.16
78761	26	Testicular imaging w/flow	A	$ 28.44	$ 22.75
78761	TC	Testicular imaging w/flow	A	$ 136.32	$ 109.05
78761		Testicular imaging w/flow	A	$ 164.75	$ 131.80
78800	26	Rp loclzj tum 1 area 1 d img	A	$ 25.32	$ 20.26
78800	TC	Rp loclzj tum 1 area 1 d img	A	$ 168.40	$ 134.72
78800		Rp loclzj tum 1 area 1 d img	A	$ 193.72	$ 154.98
78801	26	Rp loclzj tum 2+area 1+d img	A	$ 28.46	$ 22.77
78801	TC	Rp loclzj tum 2+area 1+d img	A	$ 181.84	$ 145.47
78801		Rp loclzj tum 2+area 1+d img	A	$ 210.30	$ 168.24
78802	26	Rp loclzj tum whbdy 1 d img	A	$ 31.03	$ 24.82
78802	TC	Rp loclzj tum whbdy 1 d img	A	$ 206.52	$ 165.21
78802		Rp loclzj tum whbdy 1 d img	A	$ 237.54	$ 190.04
78803	26	Rp loclzj tum spect 1 area	A	$ 41.85	$ 33.48
78803	TC	Rp loclzj tum spect 1 area	A	$ 250.66	$ 200.53
78803		Rp loclzj tum spect 1 area	A	$ 292.51	$ 234.01
78804	26	Rp loclzj tum whbdy 2+d img	A	$ 39.00	$ 31.20
78804	TC	Rp loclzj tum whbdy 2+d img	A	$ 456.08	$ 364.87
78804		Rp loclzj tum whbdy 2+d img	A	$ 495.08	$ 396.06
78808		Iv inj ra drug dx study	A	$ 32.49	$ 25.99
78811	26	Pet image ltd area	A	$ 58.80	$ 47.04
78812	26	Pet image skull-thigh	A	$ 75.28	$ 60.22
78813	26	Pet image full body	A	$ 76.05	$ 60.84
78814	26	Pet image w/ct lmtd	A	$ 85.52	$ 68.42
78815	26	Pet image w/ct skull-thigh	A	$ 94.84	$ 75.88
78816	26	Pet image w/ct full body	A	$ 95.54	$ 76.43
78830	26	Rp loclzj tum spect w/ct 1	A	$ 56.54	$ 45.23
78830	TC	Rp loclzj tum spect w/ct 1	A	$ 311.97	$ 249.57
78830		Rp loclzj tum spect w/ct 1	A	$ 368.51	$ 294.81
78831	26	Rp loclzj tum spect 2 areas	A	$ 70.31	$ 56.25
78831	TC	Rp loclzj tum spect 2 areas	A	$ 473.51	$ 378.81

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
78831		Rp loclzj tum spect 2 areas	A	$ 543.83	$ 435.06
78832	26	Rp loclzj tum spect w/ct 2	A	$ 81.30	$ 65.04
78832	TC	Rp loclzj tum spect w/ct 2	A	$ 615.28	$ 492.23
78832		Rp loclzj tum spect w/ct 2	A	$ 696.58	$ 557.27
78835	26	Rp quan meas single area	A	$ 17.80	$ 14.24
78835	TC	Rp quan meas single area	A	$ 58.62	$ 46.90
78835		Rp quan meas single area	A	$ 76.43	$ 61.14
79005	TC	Nuclear rx oral admin	A	$ 41.83	$ 33.47
79005	26	Nuclear rx oral admin	A	$ 70.34	$ 56.28
79005		Nuclear rx oral admin	A	$ 112.18	$ 89.74
79101	TC	Nuclear rx iv admin	A	$ 43.75	$ 35.00
79101	26	Nuclear rx iv admin	A	$ 78.52	$ 62.81
79101		Nuclear rx iv admin	A	$ 122.27	$ 97.82
79200	TC	Nuclear rx intracav admin	A	$ 43.21	$ 34.56
79200	26	Nuclear rx intracav admin	A	$ 66.80	$ 53.44
79200		Nuclear rx intracav admin	A	$ 110.00	$ 88.00
79300	26	Nuclr rx interstit colloid	A	$ 53.64	$ 42.91
79403	TC	Hematopoietic nuclear tx	A	$ 76.54	$ 61.23
79403	26	Hematopoietic nuclear tx	A	$ 89.00	$ 71.20
79403		Hematopoietic nuclear tx	A	$ 165.54	$ 132.43
79440	TC	Nuclear rx intra-articular	A	$ 32.51	$ 26.01
79440	26	Nuclear rx intra-articular	A	$ 66.80	$ 53.44
79440		Nuclear rx intra-articular	A	$ 99.31	$ 79.45
79445	26	Nuclear rx intra-arterial	A	$ 91.32	$ 73.05
90460		Im admin 1st/only component	A	$ 18.58	$ 14.87
90461		Im admin each addl component	A	$ 8.41	$ 6.73
90471		Immunization admin	A	$ 16.63	$ 13.30
90472		Immunization admin each add	A	$ 11.94	$ 9.55
90473		Immune admin oral/nasal	A	$ 13.61	$ 10.89
90474		Immune admin oral/nasal addl	A	$ 9.74	$ 7.80
90785		Psytx complex interactive	A	$ 12.46	$ 8.87
90791		Psych diagnostic evaluation	A	$ 146.20	$ 101.38
90792		Psych diag eval w/med srvcs	A	$ 163.71	$ 115.17
90832		Psytx w pt 30 minutes	A	$ 63.26	$ 44.68
90833		Psytx w pt w e/m 30 min	A	$ 57.93	$ 41.51
90834		Psytx w pt 45 minutes	A	$ 83.63	$ 59.22
90836		Psytx w pt w e/m 45 min	A	$ 73.44	$ 52.61
90837		Psytx w pt 60 minutes	A	$ 123.10	$ 87.07
90838		Psytx w pt w e/m 60 min	A	$ 97.12	$ 69.80
90839		Psytx crisis initial 60 min	A	$ 118.07	$ 83.93
90840		Psytx crisis ea addl 30 min	A	$ 58.35	$ 41.86
90845		Psychoanalysis	A	$ 79.05	$ 56.22
90846		Family psytx w/o pt 50 min	R	$ 80.22	$ 63.96
90847		Family psytx w/pt 50 min	A	$ 83.65	$ 66.70
90849		Multiple family group psytx	A	$ 30.86	$ 19.20
90853		Group psychotherapy	A	$ 22.36	$ 15.69
90863		Pharmacologic mgmt w/psytx	I	$ 20.99	$ 15.91
90865		Narcosynthesis	A	$ 135.65	$ 82.19
90870		Electroconvulsive therapy	A	$ 142.98	$ 70.51
90875		Psychophysiological therapy	N	$ 49.22	$ 38.94
90876		Psychophysiological therapy	N	$ 85.60	$ 61.90
90880		Hypnotherapy	A	$ 87.12	$ 58.73
90885		Psy evaluation of records	B	$ 39.64	$ 31.71
90887		Consultation with family	B	$ 70.82	$ 48.32

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
90901		Biofeedback train any meth	A	$ 33.96	$ 12.69
90912		Bfb training 1st 15 min	A	$ 66.81	$ 28.44
90913		Bfb training ea addl 15 min	A	$ 26.77	$ 16.15
90935		Hemodialysis one evaluation	A	$ 59.30	$ 47.44
90937		Hemodialysis repeated eval	A	$ 84.46	$ 67.56
90945		Dialysis one evaluation	A	$ 70.65	$ 56.52
90947		Dialysis repeated eval	A	$ 101.39	$ 81.11
90951		Esrd serv 4 visits p mo <2yr	A	$ 972.73	$ 778.18
90954		Esrd serv 4 vsts p mo 2-11	A	$ 835.00	$ 668.00
90955		Esrd srv 2-3 vsts p mo 2-11	A	$ 431.35	$ 345.08
90956		Esrd srv 1 visit p mo 2-11	A	$ 287.40	$ 229.92
90957		Esrd srv 4 vsts p mo 12-19	A	$ 637.76	$ 510.21
90958		Esrd srv 2-3 vsts p mo 12-19	A	$ 414.48	$ 331.59
90959		Esrd serv 1 vst p mo 12-19	A	$ 268.96	$ 215.17
90960		Esrd srv 4 visits p mo 20+	A	$ 292.40	$ 233.92
90961		Esrd srv 2-3 vsts p mo 20+	A	$ 243.05	$ 194.44
90962		Esrd serv 1 visit p mo 20+	A	$ 167.04	$ 133.63
90963		Esrd home pt serv p mo <2yrs	A	$ 503.02	$ 402.42
90964		Esrd home pt serv p mo 2-11	A	$ 431.43	$ 345.15
90965		Esrd home pt serv p mo 12-19	A	$ 413.35	$ 330.68
90966		Esrd home pt serv p mo 20+	A	$ 242.77	$ 194.22
90967		Esrd svc pr day pt <2	A	$ 14.62	$ 11.70
90968		Esrd svc pr day pt 2-11	A	$ 14.33	$ 11.47
90969		Esrd svc pr day pt 12-19	A	$ 14.05	$ 11.24
90970		Esrd svc pr day pt 20+	A	$ 7.87	$ 6.29
90997		Hemoperfusion	A	$ 72.90	$ 58.32
91010	26	Esophagus motility study	A	$ 53.23	$ 42.59
91010	TC	Esophagus motility study	A	$ 129.86	$ 103.89
91010		Esophagus motility study	A	$ 183.09	$ 146.47
91013	26	Esophgl motil w/stim/perfus	A	$ 7.59	$ 6.07
91013	TC	Esophgl motil w/stim/perfus	A	$ 13.71	$ 10.97
91013		Esophgl motil w/stim/perfus	A	$ 21.30	$ 17.04
91020	26	Gastric motility studies	A	$ 59.88	$ 47.91
91020	TC	Gastric motility studies	A	$ 167.42	$ 133.94
91020		Gastric motility studies	A	$ 227.31	$ 181.85
91022	26	Duodenal motility study	A	$ 59.88	$ 47.91
91022	TC	Duodenal motility study	A	$ 82.42	$ 65.93
91022		Duodenal motility study	A	$ 142.30	$ 113.84
91030	26	Acid perfusion of esophagus	A	$ 38.04	$ 30.43
91030	TC	Acid perfusion of esophagus	A	$ 81.32	$ 65.06
91030		Acid perfusion of esophagus	A	$ 119.36	$ 95.48
91034	26	Gastroesophageal reflux test	A	$ 41.01	$ 32.81
91034	TC	Gastroesophageal reflux test	A	$ 118.07	$ 94.45
91034		Gastroesophageal reflux test	A	$ 159.08	$ 127.26
91035	26	G-esoph reflx tst w/electrod	A	$ 67.01	$ 53.61
91035	TC	G-esoph reflx tst w/electrod	A	$ 314.46	$ 251.57
91035		G-esoph reflx tst w/electrod	A	$ 381.47	$ 305.18
91037	26	Esoph imped function test	A	$ 40.31	$ 32.25
91037	TC	Esoph imped function test	A	$ 99.14	$ 79.32
91037		Esoph imped function test	A	$ 139.46	$ 111.57
91038	26	Esoph imped funct test > 1hr	A	$ 45.70	$ 36.56
91038	TC	Esoph imped funct test > 1hr	A	$ 291.64	$ 233.32
91038		Esoph imped funct test > 1hr	A	$ 337.35	$ 269.88
91040	26	Esoph balloon distension tst	A	$ 40.68	$ 32.54

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
91040	TC	Esoph balloon distension tst	A	$ 393.44	$ 314.75
91040		Esoph balloon distension tst	A	$ 434.12	$ 347.29
91065	26	Breath hydrogen/methane test	A	$ 8.17	$ 6.53
91065	TC	Breath hydrogen/methane test	A	$ 61.09	$ 48.87
91065		Breath hydrogen/methane test	A	$ 69.26	$ 55.41
91110	26	Gi trc img intral esoph-ile	A	$ 92.89	$ 74.31
91110	TC	Gi trc img intral esoph-ile	A	$ 522.05	$ 417.64
91110		Gi trc img intral esoph-ile	A	$ 614.94	$ 491.95
91111	26	Gi trc img intral esophagus	A	$ 37.47	$ 29.98
91111	TC	Gi trc img intral esophagus	A	$ 698.09	$ 558.47
91111		Gi trc img intral esophagus	A	$ 735.56	$ 588.45
91112	26	Gi wireless capsule measure	A	$ 87.43	$ 69.94
91112	TC	Gi wireless capsule measure	A	$ 1,270.32	$ 1,016.25
91112		Gi wireless capsule measure	A	$ 1,357.74	$ 1,086.20
91113	26	Gi trc img intral colon i&r	A	$ 100.19	$ 80.16
91113	TC	Gi trc img intral colon i&r	A	$ 652.79	$ 522.23
91113		Gi trc img intral colon i&r	A	$ 752.98	$ 602.38
91117		Colon motility 6 hr study	A	$ 111.98	$ 89.59
91120	26	Rectal sensation test	A	$ 39.76	$ 31.81
91120	TC	Rectal sensation test	A	$ 381.37	$ 305.10
91120		Rectal sensation test	A	$ 421.14	$ 336.91
91122	26	Anal pressure record	A	$ 72.59	$ 58.07
91122	TC	Anal pressure record	A	$ 154.54	$ 123.63
91122		Anal pressure record	A	$ 227.13	$ 181.70
91132	26	Electrogastrography	A	$ 21.71	$ 17.37
91132	TC	Electrogastrography	A	$ 345.18	$ 276.14
91132		Electrogastrography	A	$ 366.89	$ 293.51
91133	26	Electrogastrography w/test	A	$ 27.39	$ 21.91
91133	TC	Electrogastrography w/test	A	$ 358.89	$ 287.11
91133		Electrogastrography w/test	A	$ 386.28	$ 309.02
91200	26	Liver elastography	A	$ 8.73	$ 6.98
91200	TC	Liver elastography	A	$ 16.39	$ 13.11
91200		Liver elastography	A	$ 25.12	$ 20.10
92002		Eye exam new patient	A	$ 70.75	$ 30.49
92004		Eye exam new patient	A	$ 124.03	$ 62.59
92012		Eye exam establish patient	A	$ 74.25	$ 33.51
92014		Eye exam&tx estab pt 1/>vst	A	$ 104.55	$ 50.52
92015		Determine refractive state	N	$ 16.03	$ 12.39
92018		New eye exam & treatment	A	$ 114.73	$ 91.79
92019		Eye exam & treatment	A	$ 59.43	$ 47.54
92020		Special eye evaluation	A	$ 22.94	$ 13.52
92025	TC	Corneal topography	A	$ 13.92	$ 11.14
92025	26	Corneal topography	A	$ 16.05	$ 12.84
92025		Corneal topography	A	$ 29.98	$ 23.98
92060	TC	Special eye evaluation	A	$ 21.88	$ 17.50
92060	26	Special eye evaluation	A	$ 30.51	$ 24.41
92060		Special eye evaluation	A	$ 52.39	$ 41.91
92065	TC	Orthop traing pfrmd phys/qhp	A	$ 6.79	$ 5.44
92065	26	Orthop traing pfrmd phys/qhp	A	$ 27.52	$ 22.02
92065		Orthop traing pfrmd phys/qhp	A	$ 34.31	$ 27.45
92066		Orthop traing supvj phys/qhp	A	$ 21.05	$ 16.84
92071		Contact lens fitting for tx	A	$ 30.34	$ 21.42
92072		Fit contac lens for managmnt	A	$ 105.43	$ 63.07
92081	26	Visual field examination(s)	A	$ 13.24	$ 10.59

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
92081	TC	Visual field examination(s)	A	$ 14.20	$ 11.36
92081		Visual field examination(s)	A	$ 27.44	$ 21.95
92082	26	Visual field examination(s)	A	$ 17.22	$ 13.78
92082	TC	Visual field examination(s)	A	$ 21.33	$ 17.06
92082		Visual field examination(s)	A	$ 38.55	$ 30.84
92083	26	Visual field examination(s)	A	$ 22.29	$ 17.84
92083	TC	Visual field examination(s)	A	$ 29.28	$ 23.42
92083		Visual field examination(s)	A	$ 51.57	$ 41.26
92100		Serial tonometry exam(s)	A	$ 70.37	$ 21.42
92132	TC	Cmptr ophth dx img ant segmt	A	$ 12.55	$ 10.04
92132	26	Cmptr ophth dx img ant segmt	A	$ 13.52	$ 10.81
92132		Cmptr ophth dx img ant segmt	A	$ 26.07	$ 20.86
92133	TC	Cmptr ophth img optic nerve	A	$ 12.55	$ 10.04
92133	26	Cmptr ophth img optic nerve	A	$ 17.77	$ 14.21
92133		Cmptr ophth img optic nerve	A	$ 30.32	$ 24.26
92134	TC	Cptr ophth dx img post segmt	A	$ 12.83	$ 10.26
92134	26	Cptr ophth dx img post segmt	A	$ 20.58	$ 16.46
92134		Cptr ophth dx img post segmt	A	$ 33.41	$ 26.73
92136	TC	Ophthalmic biometry	A	$ 13.92	$ 11.14
92136	26	Ophthalmic biometry	A	$ 25.09	$ 20.07
92136		Ophthalmic biometry	A	$ 39.02	$ 31.21
92145	26	Corneal hysteresis deter	A	$ 4.47	$ 3.57
92145	TC	Corneal hysteresis deter	A	$ 5.97	$ 4.78
92145		Corneal hysteresis deter	A	$ 10.44	$ 8.35
92201		Opscpy extnd rta draw uni/bi	A	$ 20.45	$ 14.82
92202		Opscpy extnd on/mac draw	A	$ 12.91	$ 9.67
92227		Img rta detcj/mntr ds staff	A	$ 13.65	$ 10.92
92228	TC	Img rta detc/mntr ds phy/qhp	A	$ 10.36	$ 8.29
92228	26	Img rta detc/mntr ds phy/qhp	A	$ 13.82	$ 11.05
92228		Img rta detc/mntr ds phy/qhp	A	$ 24.18	$ 19.34
92229		Img rta detc/mntr ds poc aly	A	$ 36.96	$ 29.57
92230		Eye exam with photos	A	$ 92.45	$ 22.85
92235	26	Fluorescein angrph uni/bi	A	$ 34.98	$ 27.98
92235	TC	Fluorescein angrph uni/bi	A	$ 78.09	$ 62.47
92235		Fluorescein angrph uni/bi	A	$ 113.07	$ 90.46
92240	26	Icg angiography uni/bi	A	$ 38.74	$ 30.99
92240	TC	Icg angiography uni/bi	A	$ 117.85	$ 94.28
92240		Icg angiography uni/bi	A	$ 156.59	$ 125.27
92242	26	Fluorescein icg angiography	A	$ 44.95	$ 35.96
92242	TC	Fluorescein icg angiography	A	$ 167.76	$ 134.21
92242		Fluorescein icg angiography	A	$ 212.71	$ 170.16
92250	TC	Eye exam with photos	A	$ 13.38	$ 10.70
92250	26	Eye exam with photos	A	$ 17.49	$ 14.00
92250		Eye exam with photos	A	$ 30.87	$ 24.70
92260		Ophthalmoscopy/dynamometry	A	$ 16.39	$ 6.97
92265	TC	Eye muscle evaluation	A	$ 33.94	$ 27.15
92265	26	Eye muscle evaluation	A	$ 37.80	$ 30.24
92265		Eye muscle evaluation	A	$ 71.75	$ 57.40
92270	26	Electro-oculography	A	$ 34.79	$ 27.83
92270	TC	Electro-oculography	A	$ 55.27	$ 44.22
92270		Electro-oculography	A	$ 90.06	$ 72.05
92273	26	Full field erg w/i&r	A	$ 30.23	$ 24.19
92273	TC	Full field erg w/i&r	A	$ 74.19	$ 59.35
92273		Full field erg w/i&r	A	$ 104.43	$ 83.54

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
92274	26	Multifocal erg w/i&r	A	$ 27.38	$ 21.91
92274	TC	Multifocal erg w/i&r	A	$ 46.01	$ 36.81
92274		Multifocal erg w/i&r	A	$ 73.39	$ 58.71
92283	26	Color vision examination	A	$ 7.30	$ 5.84
92283	TC	Color vision examination	A	$ 36.96	$ 29.57
92283		Color vision examination	A	$ 44.26	$ 35.41
92284		Dx dark adaptation exam i&r	A	$ 37.78	$ 30.22
92285	26	Eye photography	A	$ 2.48	$ 1.98
92285	TC	Eye photography	A	$ 16.39	$ 13.11
92285		Eye photography	A	$ 18.87	$ 15.10
92286	TC	Internal eye photography	A	$ 14.47	$ 11.58
92286	26	Internal eye photography	A	$ 17.77	$ 14.21
92286		Internal eye photography	A	$ 32.24	$ 25.79
92287	26	Internal eye photography	A	$ 29.83	$ 23.87
92287	TC	Internal eye photography	A	$ 88.79	$ 71.03
92287		Internal eye photography	A	$ 118.62	$ 94.90
92310		Contact lens fitting	N	$ 82.91	$ 38.03
92311		Contact lens fitting	A	$ 87.26	$ 34.71
92312		Contact lens fitting	A	$ 101.22	$ 40.17
92313		Contact lens fitting	A	$ 82.65	$ 28.83
92314		Prescription of contact lens	N	$ 71.73	$ 22.51
92315		Rx cntact lens aphakia 1 eye	A	$ 68.02	$ 14.05
92316		Rx cntact lens aphakia 2 eye	A	$ 84.24	$ 21.11
92317		Rx corneoscleral cntact lens	A	$ 71.58	$ 14.05
92325		Modification of contact lens	A	$ 36.96	$ 29.57
92326		Replacement of contact lens	A	$ 31.75	$ 25.40
92340		Fit spectacles monofocal	N	$ 28.36	$ 11.94
92341		Fit spectacles bifocal	N	$ 32.77	$ 15.46
92342		Fit spectacles multifocal	N	$ 35.04	$ 17.50
92352		Fit aphakia spectcl monofocl	B	$ 36.59	$ 11.94
92353		Fit aphakia spectcl multifoc	B	$ 41.86	$ 16.37
92354		Fit spectacles single system	B	$ 10.91	$ 8.73
92355		Fit spectacles compound lens	B	$ 16.94	$ 13.55
92358		Aphakia prosth service temp	B	$ 8.99	$ 7.19
92370		Repair & adjust spectacles	N	$ 25.00	$ 10.35
92371		Repair & adjust spectacles	B	$ 9.54	$ 7.63
92502		Ear and throat examination	A	$ 78.54	$ 62.83
92504		Ear microscopy examination	A	$ 24.05	$ 6.29
92507		Speech/hearing therapy	A	$ 64.08	$ 51.26
92508		Speech/hearing therapy	A	$ 19.87	$ 15.89
92511		Nasopharyngoscopy	A	$ 97.67	$ 25.05
92512		Nasal function studies	A	$ 52.35	$ 18.18
92516		Facial nerve function test	A	$ 58.49	$ 15.20
92517		Vemp test i&r cervical	A	$ 64.21	$ 28.11
92518		Vemp test i&r ocular	A	$ 66.40	$ 28.33
92519		Vemp tst i&r cervical&ocular	A	$ 110.28	$ 42.60
92520		Laryngeal function studies	A	$ 70.45	$ 26.52
92521		Evaluation of speech fluency	A	$ 111.32	$ 89.06
92522		Evaluate speech production	A	$ 93.00	$ 74.40
92523		Speech sound lang comprehen	A	$ 190.90	$ 152.72
92524		Behavral qualit analys voice	A	$ 91.90	$ 73.52
92526		Oral function therapy	A	$ 70.99	$ 56.79
92537	TC	Caloric vstblr test w/rec	A	$ 7.89	$ 6.31
92537	26	Caloric vstblr test w/rec	A	$ 25.72	$ 20.58

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
92537		Caloric vstblr test w/rec	A	$ 33.61	$ 26.89
92538	TC	Caloric vstblr test w/rec	A	$ 5.42	$ 4.34
92538	26	Caloric vstblr test w/rec	A	$ 13.24	$ 10.59
92538		Caloric vstblr test w/rec	A	$ 18.67	$ 14.93
92540	TC	Basic vestibular evaluation	A	$ 25.99	$ 20.79
92540	26	Basic vestibular evaluation	A	$ 64.63	$ 51.70
92540		Basic vestibular evaluation	A	$ 90.62	$ 72.49
92541	TC	Spontaneous nystagmus test	A	$ 3.50	$ 2.80
92541	26	Spontaneous nystagmus test	A	$ 17.49	$ 14.00
92541		Spontaneous nystagmus test	A	$ 21.00	$ 16.80
92542	TC	Positional nystagmus test	A	$ 3.50	$ 2.80
92542	26	Positional nystagmus test	A	$ 20.62	$ 16.50
92542		Positional nystagmus test	A	$ 24.13	$ 19.30
92544	TC	Optokinetic nystagmus test	A	$ 2.96	$ 2.36
92544	26	Optokinetic nystagmus test	A	$ 11.83	$ 9.46
92544		Optokinetic nystagmus test	A	$ 14.79	$ 11.83
92545	TC	Oscillating tracking test	A	$ 2.96	$ 2.36
92545	26	Oscillating tracking test	A	$ 10.98	$ 8.78
92545		Oscillating tracking test	A	$ 13.94	$ 11.15
92546	26	Sinusoidal rotational test	A	$ 12.41	$ 9.92
92546	TC	Sinusoidal rotational test	A	$ 91.74	$ 73.39
92546		Sinusoidal rotational test	A	$ 104.15	$ 83.32
92547		Supplemental electrical test	A	$ 8.77	$ 7.02
92548	TC	Cdp-sot 6 cond w/i&r	A	$ 11.46	$ 9.17
92548	26	Cdp-sot 6 cond w/i&r	A	$ 27.95	$ 22.36
92548		Cdp-sot 6 cond w/i&r	A	$ 39.41	$ 31.53
92549	TC	Cdp-sot 6 cond w/i&r mct&adt	A	$ 16.67	$ 13.33
92549	26	Cdp-sot 6 cond w/i&r mct&adt	A	$ 37.34	$ 29.87
92549		Cdp-sot 6 cond w/i&r mct&adt	A	$ 54.01	$ 43.20
92550		Tympanometry & reflex thresh	A	$ 18.52	$ 14.82
92551		Pure tone hearing test air	N	$ 9.81	$ 7.85
92552		Pure tone audiometry air	A	$ 29.01	$ 23.21
92553		Audiometry air & bone	A	$ 35.59	$ 28.47
92555		Speech threshold audiometry	A	$ 22.43	$ 17.94
92556		Speech audiometry complete	A	$ 34.76	$ 27.81
92557		Comprehensive hearing test	A	$ 30.87	$ 21.19
92558		Evoked auditory test qual	X	$ 7.85	$ 5.62
92562		Loudness balance test	A	$ 39.15	$ 31.32
92563		Tone decay hearing test	A	$ 27.09	$ 21.67
92565		Stenger test pure tone	A	$ 16.39	$ 13.11
92567		Tympanometry	A	$ 13.65	$ 7.19
92568		Acoustic refl threshold tst	A	$ 12.89	$ 10.10
92570		Acoustic immitance testing	A	$ 26.96	$ 19.38
92571		Filtered speech hearing test	A	$ 24.62	$ 19.70
92572		Staggered spondaic word test	A	$ 38.60	$ 30.88
92575		Sensorineural acuity test	A	$ 61.03	$ 48.82
92576		Synthetic sentence test	A	$ 32.57	$ 26.06
92577		Stenger test speech	A	$ 16.67	$ 13.33
92579		Visual audiometry (vra)	A	$ 37.59	$ 24.81
92582		Conditioning play audiometry	A	$ 67.12	$ 53.70
92583		Select picture audiometry	A	$ 44.36	$ 35.49
92584		Electrocochleography	A	$ 93.83	$ 75.06
92587	TC	Evoked auditory test limited	A	$ 3.23	$ 2.58
92587	26	Evoked auditory test limited	A	$ 14.96	$ 11.97

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
92587		Evoked auditory test limited	A	$ 18.19	$ 14.55
92588	TC	Evoked auditory tst complete	A	$ 4.33	$ 3.46
92588	26	Evoked auditory tst complete	A	$ 24.01	$ 19.21
92588		Evoked auditory tst complete	A	$ 28.34	$ 22.67
92596		Ear protector evaluation	A	$ 59.99	$ 47.99
92597		Oral speech device eval	A	$ 60.18	$ 48.15
92601		Cochlear implt f/up exam <7	A	$ 134.44	$ 81.89
92602		Reprogram cochlear implt <7	A	$ 84.92	$ 46.44
92603		Cochlear implt f/up exam 7/>	A	$ 126.14	$ 79.64
92604		Reprogram cochlear implt 7/>	A	$ 76.07	$ 44.41
92605		Ex for nonspeech device rx	B	$ 76.07	$ 57.12
92606		Non-speech device service	B	$ 66.17	$ 45.47
92607		Ex for speech device rx 1hr	A	$ 103.50	$ 82.80
92608		Ex for speech device rx addl	A	$ 40.61	$ 32.49
92609		Use of speech device service	A	$ 86.29	$ 69.03
92610		Evaluate swallowing function	A	$ 70.93	$ 46.87
92611		Motion fluoroscopy/swallow	A	$ 76.23	$ 60.98
92612		Endoscopy swallow (fees) vid	A	$ 162.63	$ 44.33
92613		Endoscopy swallow (fees) i&r	A	$ 30.63	$ 24.50
92614		Laryngoscopic sensory vid	A	$ 121.71	$ 43.84
92615		Laryngoscopic sensory i&r	A	$ 27.23	$ 21.78
92616		Fees w/laryngeal sense test	A	$ 185.72	$ 65.87
92617		Fees w/laryngeal sense i&r	A	$ 34.03	$ 27.00
92618		Ex for nonspeech dev rx add	B	$ 26.71	$ 21.15
92620		Auditory function 60 min	A	$ 74.10	$ 52.92
92621		Auditory function + 15 min	A	$ 18.25	$ 12.40
92625		Tinnitus assessment	A	$ 57.01	$ 40.78
92626		Eval aud funcj 1st hour	A	$ 72.72	$ 49.84
92627		Eval aud funcj ea addl 15	A	$ 17.12	$ 11.72
92640		Aud brainstem implt programg	A	$ 91.86	$ 62.52
92650		Aep scr auditory potential	N	$ 22.98	$ 18.39
92651		Aep hearing status deter i&r	A	$ 70.52	$ 56.41
92652		Aep thrshld est mlt freq i&r	A	$ 94.27	$ 75.42
92653		Aep neurodiagnostic i&r	A	$ 70.19	$ 56.15
92920		Prq cardiac angioplast 1 art	A	$ 422.57	$ 338.06
92924		Prq card angio/athrect 1 art	A	$ 504.67	$ 403.73
92928		Prq card stent w/angio 1 vsl	A	$ 470.95	$ 376.76
92933		Prq card stent/ath/angio	A	$ 527.79	$ 422.24
92937		Prq revasc byp graft 1 vsl	A	$ 470.39	$ 376.31
92941		Prq card revasc mi 1 vsl	A	$ 528.49	$ 422.79
92943		Prq card revasc chronic 1vsl	A	$ 528.86	$ 423.09
92950		Heart/lung resuscitation cpr	A	$ 270.32	$ 120.61
92953		Temporary external pacing	A	$ 0.78	$ 0.62
92960		Cardioversion electric ext	A	$ 128.42	$ 71.37
92961		Cardioversion electric int	A	$ 196.83	$ 157.47
92970		Cardioassist internal	A	$ 150.62	$ 120.49
92971		Cardioassist external	A	$ 80.37	$ 64.30
92973		Prq coronary mech thrombect	A	$ 140.58	$ 112.46
92974		Cath place cardio brachytx	A	$ 128.76	$ 103.01
92975		Dissolve clot heart vessel	A	$ 300.43	$ 240.35
92977		Dissolve clot heart vessel	A	$ 42.60	$ 34.08
92978	26	Endoluminl ivus oct c 1st	A	$ 76.12	$ 60.89
92979	26	Endoluminl ivus oct c ea	A	$ 60.75	$ 48.60
92986		Revision of aortic valve	A	$ 1,061.18	$ 848.94

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
92987		Revision of mitral valve	A	$ 1,097.52	$ 878.01
92990		Revision of pulmonary valve	A	$ 875.85	$ 700.68
92997		Pul art balloon repr percut	A	$ 512.05	$ 409.64
92998		Pul art balloon repr percut	A	$ 254.86	$ 203.89
93000		Electrocardiogram complete	A	$ 11.91	$ 9.52
93005		Electrocardiogram tracing	A	$ 5.15	$ 4.12
93010		Electrocardiogram report	A	$ 6.76	$ 5.40
93015		Cardiovascular stress test	A	$ 58.38	$ 46.70
93016		Cardiovascular stress test	A	$ 17.56	$ 14.05
93017		Cardiovascular stress test	A	$ 29.22	$ 23.38
93018		Cardiovascular stress test	A	$ 11.60	$ 9.28
93024	TC	Cardiac drug stress test	A	$ 45.28	$ 36.22
93024	26	Cardiac drug stress test	A	$ 45.52	$ 36.42
93024		Cardiac drug stress test	A	$ 90.80	$ 72.64
93025	26	Microvolt t-wave assess	A	$ 30.53	$ 24.42
93025	TC	Microvolt t-wave assess	A	$ 69.53	$ 55.62
93025		Microvolt t-wave assess	A	$ 100.06	$ 80.05
93040		Rhythm ecg with report	A	$ 10.51	$ 8.41
93041		Rhythm ecg tracing	A	$ 4.88	$ 3.90
93042		Rhythm ecg report	A	$ 5.63	$ 4.50
93050	TC	Art pressure waveform analys	A	$ 6.25	$ 5.00
93050	26	Art pressure waveform analys	A	$ 6.76	$ 5.40
93050		Art pressure waveform analys	A	$ 13.00	$ 10.40
93224		Ecg monit/reprt up to 48 hrs	A	$ 59.86	$ 47.89
93225		Ecg monit/reprt up to 48 hrs	A	$ 15.02	$ 12.02
93226		Ecg monit/reprt up to 48 hrs	A	$ 29.55	$ 23.64
93227		Ecg monit/reprt up to 48 hrs	A	$ 15.29	$ 12.23
93228		Remote 30 day ecg rev/report	A	$ 20.99	$ 16.79
93229		Remote 30 day ecg tech supp	A	$ 686.85	$ 549.48
93241		Ext ecg>48hr<7d rec scan a/r	A	$ 216.81	$ 173.44
93242		Ext ecg>48hr<7d recording	A	$ 9.81	$ 7.85
93243		Ext ecg>48hr<7d scan a/r	A	$ 187.50	$ 150.00
93244		Ext ecg>48hr<7d rev&interpj	A	$ 19.49	$ 15.59
93245		Ext ecg>7d<15d rec scan a/r	A	$ 228.39	$ 182.71
93246		Ext ecg>7d<15d recording	A	$ 9.81	$ 7.85
93247		Ext ecg>7d<15d scan a/r	A	$ 197.10	$ 157.68
93248		Ext ecg>7d<15d rev&interpj	A	$ 21.48	$ 17.18
93260	TC	Prgrmg dev eval impltbl sys	A	$ 28.73	$ 22.99
93260	26	Prgrmg dev eval impltbl sys	A	$ 34.94	$ 27.95
93260		Prgrmg dev eval impltbl sys	A	$ 63.67	$ 50.93
93261	TC	Interrogate subq defib	A	$ 28.46	$ 22.77
93261	26	Interrogate subq defib	A	$ 29.97	$ 23.98
93261		Interrogate subq defib	A	$ 58.43	$ 46.74
93264		Rem mntr wrls p-art prs snr	A	$ 41.68	$ 23.25
93268		Ecg record/review	A	$ 146.63	$ 117.31
93270		Remote 30 day ecg rev/report	A	$ 6.79	$ 5.44
93271		Ecg/monitoring and analysis	A	$ 119.77	$ 95.82
93272		Ecg/review interpret only	A	$ 20.07	$ 16.05
93278	26	Ecg/signal-averaged	A	$ 10.16	$ 8.13
93278	TC	Ecg/signal-averaged	A	$ 13.65	$ 10.92
93278		Ecg/signal-averaged	A	$ 23.81	$ 19.05
93279	26	Prgrmg dev eval pm/ldls pm	A	$ 26.01	$ 20.80
93279	TC	Prgrmg dev eval pm/ldls pm	A	$ 30.38	$ 24.30
93279		Prgrmg dev eval pm/ldls pm	A	$ 56.38	$ 45.11

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
93280	26	Pm device progr eval dual	A	$ 30.83	$ 24.67
93280	TC	Pm device progr eval dual	A	$ 35.31	$ 28.25
93280		Pm device progr eval dual	A	$ 66.15	$ 52.92
93281	26	Pm device progr eval multi	A	$ 34.66	$ 27.73
93281	TC	Pm device progr eval multi	A	$ 35.86	$ 28.69
93281		Pm device progr eval multi	A	$ 70.52	$ 56.42
93282	TC	Prgrmg eval implantable dfb	A	$ 32.57	$ 26.06
93282	26	Prgrmg eval implantable dfb	A	$ 34.66	$ 27.73
93282		Prgrmg eval implantable dfb	A	$ 67.23	$ 53.79
93283	TC	Prgrmg eval implantable dfb	A	$ 35.59	$ 28.47
93283	26	Prgrmg eval implantable dfb	A	$ 46.59	$ 37.27
93283		Prgrmg eval implantable dfb	A	$ 82.18	$ 65.74
93284	TC	Prgrmg eval implantable dfb	A	$ 38.06	$ 30.44
93284	26	Prgrmg eval implantable dfb	A	$ 50.57	$ 40.46
93284		Prgrmg eval implantable dfb	A	$ 88.63	$ 70.90
93285	26	Prgrmg dev eval scrms ip	A	$ 21.16	$ 16.93
93285	TC	Prgrmg dev eval scrms ip	A	$ 29.28	$ 23.42
93285		Prgrmg dev eval scrms ip	A	$ 50.44	$ 40.36
93286	26	Peri-px eval pm/ldls pm ip	A	$ 12.15	$ 9.72
93286	TC	Peri-px eval pm/ldls pm ip	A	$ 25.99	$ 20.79
93286		Peri-px eval pm/ldls pm ip	A	$ 38.14	$ 30.51
93287	26	Peri-px device eval & prgr	A	$ 18.39	$ 14.71
93287	TC	Peri-px device eval & prgr	A	$ 25.99	$ 20.79
93287		Peri-px device eval & prgr	A	$ 44.38	$ 35.50
93288	26	Interrog evl pm/ldls pm ip	A	$ 16.99	$ 13.59
93288	TC	Interrog evl pm/ldls pm ip	A	$ 29.83	$ 23.86
93288		Interrog evl pm/ldls pm ip	A	$ 46.82	$ 37.45
93289	TC	Interrog device eval heart	A	$ 30.10	$ 24.08
93289	26	Interrog device eval heart	A	$ 30.41	$ 24.33
93289		Interrog device eval heart	A	$ 60.51	$ 48.41
93290	26	Interrog dev eval icpms ip	A	$ 17.47	$ 13.98
93290	TC	Interrog dev eval icpms ip	A	$ 27.09	$ 21.67
93290		Interrog dev eval icpms ip	A	$ 44.56	$ 35.65
93291	26	Interrog dev eval scrms ip	A	$ 14.98	$ 11.99
93291	TC	Interrog dev eval scrms ip	A	$ 26.26	$ 21.01
93291		Interrog dev eval scrms ip	A	$ 41.25	$ 33.00
93292	26	Wcd device interrogate	A	$ 17.20	$ 13.76
93292	TC	Wcd device interrogate	A	$ 25.17	$ 20.13
93292		Wcd device interrogate	A	$ 42.37	$ 33.89
93293	26	Pm phone r-strip device eval	A	$ 11.89	$ 9.51
93293	TC	Pm phone r-strip device eval	A	$ 25.72	$ 20.57
93293		Pm phone r-strip device eval	A	$ 37.60	$ 30.08
93294		Rem interrog evl pm/ldls pm	A	$ 24.72	$ 19.77
93295		Dev interrog remote 1/2/mlt	A	$ 30.40	$ 24.32
93296		Rem interrog evl pm/ids	A	$ 18.31	$ 14.65
93297		Rem interrog dev eval icpms	A	$ 21.32	$ 17.05
93298		Rem interrog dev eval scrms	A	$ 21.59	$ 17.27
93303	26	Echo transthoracic	A	$ 50.91	$ 40.73
93303	TC	Echo transthoracic	A	$ 131.11	$ 104.89
93303		Echo transthoracic	A	$ 182.02	$ 145.62
93304	26	Echo transthoracic	A	$ 29.86	$ 23.89
93304	TC	Echo transthoracic	A	$ 98.32	$ 78.66
93304		Echo transthoracic	A	$ 128.18	$ 102.55
93306	26	Tte w/doppler complete	A	$ 56.89	$ 45.52

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
93306	TC	Tte w/doppler complete	A	$ 105.33	$ 84.26
93306		Tte w/doppler complete	A	$ 162.22	$ 129.78
93307	26	Tte w/o doppler complete	A	$ 36.13	$ 28.90
93307	TC	Tte w/o doppler complete	A	$ 76.93	$ 61.55
93307		Tte w/o doppler complete	A	$ 113.06	$ 90.45
93308	26	Tte f-up or lmtd	A	$ 20.63	$ 16.50
93308	TC	Tte f-up or lmtd	A	$ 60.48	$ 48.38
93308		Tte f-up or lmtd	A	$ 81.11	$ 64.89
93312	26	Echo transesophageal	A	$ 88.25	$ 70.60
93312	TC	Echo transesophageal	A	$ 107.92	$ 86.34
93312		Echo transesophageal	A	$ 196.17	$ 156.94
93313		Echo transesophageal	A	$ 9.29	$ 7.43
93314	26	Echo transesophageal	A	$ 73.59	$ 58.87
93314	TC	Echo transesophageal	A	$ 114.50	$ 91.60
93314		Echo transesophageal	A	$ 188.09	$ 150.47
93315	26	Echo transesophageal	A	$ 104.57	$ 83.66
93316		Echo transesophageal	A	$ 21.15	$ 16.92
93317	26	Echo transesophageal	A	$ 72.69	$ 58.15
93318	26	Echo transesophageal intraop	A	$ 84.24	$ 67.39
93319		3d echo img cgen car anomal	A	$ 45.69	$ 15.93
93320	26	Doppler echo exam heart	A	$ 14.72	$ 11.78
93320	TC	Doppler echo exam heart	A	$ 27.09	$ 21.67
93320		Doppler echo exam heart	A	$ 41.81	$ 33.45
93321	26	Doppler echo exam heart	A	$ 5.91	$ 4.72
93321	TC	Doppler echo exam heart	A	$ 14.81	$ 11.85
93321		Doppler echo exam heart	A	$ 20.71	$ 16.57
93325	26	Doppler color flow add-on	A	$ 2.56	$ 2.05
93325	TC	Doppler color flow add-on	A	$ 16.73	$ 13.38
93325		Doppler color flow add-on	A	$ 19.29	$ 15.43
93350	26	Stress tte only	A	$ 56.89	$ 45.52
93350	TC	Stress tte only	A	$ 96.68	$ 77.34
93350		Stress tte only	A	$ 153.57	$ 122.86
93351	26	Stress tte complete	A	$ 68.42	$ 54.73
93351	TC	Stress tte complete	A	$ 123.43	$ 98.74
93351		Stress tte complete	A	$ 191.85	$ 153.48
93352		Admin ecg contrast agent	A	$ 27.84	$ 22.27
93355		Echo transesophageal (tee)	A	$ 184.73	$ 147.78
93356		Myocrd strain img spckl trck	A	$ 30.65	$ 7.63
93451	26	Right heart cath	A	$ 105.29	$ 84.23
93451	TC	Right heart cath	A	$ 608.24	$ 486.59
93451		Right heart cath	A	$ 713.53	$ 570.83
93452	26	Left hrt cath w/ventrclgrphy	A	$ 189.49	$ 151.60
93452	TC	Left hrt cath w/ventrclgrphy	A	$ 552.03	$ 441.62
93452		Left hrt cath w/ventrclgrphy	A	$ 741.52	$ 593.22
93453	26	R&l hrt cath w/ventriclgrphy	A	$ 253.30	$ 202.64
93453	TC	R&l hrt cath w/ventriclgrphy	A	$ 689.68	$ 551.75
93453		R&l hrt cath w/ventriclgrphy	A	$ 942.98	$ 754.38
93454	26	Coronary artery angio s&i	A	$ 191.29	$ 153.03
93454	TC	Coronary artery angio s&i	A	$ 553.12	$ 442.50
93454		Coronary artery angio s&i	A	$ 744.41	$ 595.53
93455	26	Coronary art/grft angio s&i	A	$ 223.01	$ 178.41
93455	TC	Coronary art/grft angio s&i	A	$ 606.32	$ 485.06
93455		Coronary art/grft angio s&i	A	$ 829.33	$ 663.47
93456	26	R hrt coronary artery angio	A	$ 249.24	$ 199.39

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
93456	TC	R hrt coronary artery angio	A	$ 677.07	$ 541.66
93456		R hrt coronary artery angio	A	$ 926.31	$ 741.05
93457	26	R hrt art/grft angio	A	$ 279.92	$ 223.93
93457	TC	R hrt art/grft angio	A	$ 729.44	$ 583.56
93457		R hrt art/grft angio	A	$ 1,009.36	$ 807.49
93458	26	L hrt artery/ventricle angio	A	$ 235.97	$ 188.77
93458	TC	L hrt artery/ventricle angio	A	$ 619.48	$ 495.59
93458		L hrt artery/ventricle angio	A	$ 855.45	$ 684.36
93459	26	L hrt art/grft angio	A	$ 267.69	$ 214.15
93459	TC	L hrt art/grft angio	A	$ 652.66	$ 522.13
93459		L hrt art/grft angio	A	$ 920.36	$ 736.28
93460	26	R&l hrt art/ventricle angio	A	$ 299.69	$ 239.75
93460	TC	R&l hrt art/ventricle angio	A	$ 722.59	$ 578.07
93460		R&l hrt art/ventricle angio	A	$ 1,022.28	$ 817.82
93461	26	R&l hrt art/ventricle angio	A	$ 331.14	$ 264.91
93461	TC	R&l hrt art/ventricle angio	A	$ 796.23	$ 636.99
93461		R&l hrt art/ventricle angio	A	$ 1,127.37	$ 901.90
93462		L hrt cath trnsptl puncture	A	$ 167.74	$ 134.19
93463		Drug admin & hemodynmic meas	A	$ 80.44	$ 64.35
93464	26	Exercise w/hemodynamic meas	A	$ 72.57	$ 58.06
93464	TC	Exercise w/hemodynamic meas	A	$ 108.53	$ 86.82
93464		Exercise w/hemodynamic meas	A	$ 181.10	$ 144.88
93503		Insert/place heart catheter	A	$ 72.42	$ 57.94
93505	26	Biopsy of heart lining	A	$ 182.14	$ 145.71
93505	TC	Biopsy of heart lining	A	$ 348.96	$ 279.16
93505		Biopsy of heart lining	A	$ 531.10	$ 424.88
93563		Njx cgen car cth slctv c ang	A	$ 42.04	$ 33.63
93564		Njx cgen car cath slctv opac	A	$ 44.18	$ 35.35
93565		Njx car cth slctv lv/la ang	A	$ 21.63	$ 17.30
93566		Njx car cth slctv rv/ra ang	A	$ 21.48	$ 17.18
93567		Njx car cth sprvlv aortgrphy	A	$ 30.38	$ 24.30
93568		Njx car cth nslc p-art angrp	A	$ 37.91	$ 30.33
93569		Njx cth slct p-art angrp uni	A	$ 31.15	$ 24.92
93571	26	Heart flow reserve measure	A	$ 58.26	$ 46.60
93572	26	Heart flow reserve measure	A	$ 42.19	$ 33.75
93573		Njx cath slct p-art angrp bi	A	$ 51.92	$ 41.54
93574		Njx cath slct pulm vn angrph	A	$ 57.33	$ 45.86
93575		Njx cath slct p angrph mapca	A	$ 76.67	$ 61.33
93580		Transcath closure of asd	A	$ 780.03	$ 624.02
93581		Transcath closure of vsd	A	$ 1,057.83	$ 846.26
93582		Perq transcath closure pda	A	$ 528.95	$ 423.16
93583		Perq transcath septal reduxn	A	$ 592.71	$ 474.17
93590		Perq transcath cls mitral	A	$ 876.89	$ 701.51
93591		Perq transcath cls aortic	A	$ 723.39	$ 578.71
93592		Perq transcath closure each	A	$ 319.19	$ 255.35
93593	26	R hrt cath chd nml nt cnj	A	$ 156.04	$ 124.83
93594	26	R hrt cath chd abnl nt cnj	A	$ 243.14	$ 194.51
93595	26	L hrt cath chd nm/abn nt cnj	A	$ 219.12	$ 175.30
93596	26	R&l hrt cath chd nml nt cnj	A	$ 267.38	$ 213.90
93597	26	R&l hrt cath chd abnl nt cnj	A	$ 353.62	$ 282.90
93598	26	Car outp meas drg cath chd	A	$ 57.69	$ 46.15
93600	26	Bundle of his recording	A	$ 94.84	$ 75.87
93602	26	Intra-atrial recording	A	$ 92.56	$ 74.04
93603	26	Right ventricular recording	A	$ 92.56	$ 74.04

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
93609	26	Map tachycardia add-on	A	$ 221.59	$ 177.27
93610	26	Intra-atrial pacing	A	$ 130.89	$ 104.71
93612	26	Intraventricular pacing	A	$ 128.87	$ 103.10
93613		Electrophys map 3d add-on	A	$ 236.10	$ 188.88
93615	26	Esophageal recording	A	$ 30.52	$ 24.41
93616	26	Esophageal recording	A	$ 48.36	$ 38.69
93618	26	Heart rhythm pacing	A	$ 175.85	$ 140.68
93619	26	Electrophysiology evaluation	A	$ 311.61	$ 249.29
93620	26	Electrophysiology evaluation	A	$ 501.26	$ 401.01
93621	26	Electrophysiology evaluation	A	$ 66.53	$ 53.22
93622	26	Electrophysiology evaluation	A	$ 137.34	$ 109.87
93623	26	Stimulation pacing heart	A	$ 67.11	$ 53.69
93624	26	Electrophysiologic study	A	$ 199.96	$ 159.96
93631	26	Heart pacing mapping	A	$ 318.53	$ 254.83
93640	26	Evaluation heart device	A	$ 142.43	$ 113.95
93641	26	Electrophysiology evaluation	A	$ 249.59	$ 199.67
93642	TC	Electrophysiology evaluation	A	$ 67.49	$ 53.99
93642	26	Electrophysiology evaluation	A	$ 203.63	$ 162.90
93642		Electrophysiology evaluation	A	$ 271.12	$ 216.90
93644	TC	Electrophysiology evaluation	A	$ 41.35	$ 33.08
93644	26	Electrophysiology evaluation	A	$ 117.95	$ 94.36
93644		Electrophysiology evaluation	A	$ 159.29	$ 127.43
93650		Ablate heart dysrhythm focus	A	$ 472.02	$ 377.61
93653		Compre ep eval tx svt	A	$ 677.91	$ 542.33
93654		Compre ep eval tx vt	A	$ 817.05	$ 653.64
93655		Ablate arrhythmia add on	A	$ 248.72	$ 198.98
93656		Compre ep eval abltj atr fib	A	$ 768.72	$ 614.97
93657		Tx l/r atrial fib addl	A	$ 248.72	$ 198.98
93660	TC	Tilt table evaluation	A	$ 57.34	$ 45.87
93660	26	Tilt table evaluation	A	$ 75.74	$ 60.59
93660		Tilt table evaluation	A	$ 133.08	$ 106.47
93662	26	Intracardiac ecg (ice)	A	$ 60.98	$ 48.78
93668		Peripheral vascular rehab	A	$ 11.73	$ 9.38
93701		Bioimpedance cv analysis	A	$ 21.60	$ 17.28
93702		Bis xtracell fluid analysis	A	$ 105.18	$ 84.14
93724	TC	Analyze pacemaker system	A	$ 38.06	$ 30.44
93724	26	Analyze pacemaker system	A	$ 197.40	$ 157.92
93724		Analyze pacemaker system	A	$ 235.45	$ 188.36
93740		Temperature gradient studies	B	$ 6.47	$ 5.17
93750		Interrogation vad in person	A	$ 41.44	$ 26.13
93770		Measure venous pressure	B	$ 6.47	$ 5.17
93784		Ambl bp mntr w/software	A	$ 37.64	$ 30.11
93786		Ambl bp mntr w/sw rec only	A	$ 18.31	$ 14.65
93788		Ambl bp mntr w/sw a/r	A	$ 4.33	$ 3.46
93790		Ambl bp mntr w/sw i&r	A	$ 15.00	$ 12.00
93792		Pt/caregiver traing home inr	A	$ 57.34	$ 45.87
93793		Anticoag mgmt pt warfarin	A	$ 9.51	$ 7.61
93797		Cardiac rehab	A	$ 13.90	$ 5.85
93798		Cardiac rehab/monitor	A	$ 21.11	$ 8.99
93880	26	Extracranial bilat study	A	$ 31.67	$ 25.34
93880	TC	Extracranial bilat study	A	$ 125.90	$ 100.72
93880		Extracranial bilat study	A	$ 157.57	$ 126.05
93882	26	Extracranial uni/ltd study	A	$ 19.74	$ 15.79
93882	TC	Extracranial uni/ltd study	A	$ 82.42	$ 65.93

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
93882		Extracranial uni/ltd study	A	$ 102.15	$ 81.72
93886	26	Intracranial complete study	A	$ 37.76	$ 30.21
93886	TC	Intracranial complete study	A	$ 184.85	$ 147.88
93886		Intracranial complete study	A	$ 222.61	$ 178.09
93888	26	Intracranial limited study	A	$ 20.74	$ 16.59
93888	TC	Intracranial limited study	A	$ 110.39	$ 88.31
93888		Intracranial limited study	A	$ 131.13	$ 104.90
93890	26	Tcd vasoreactivity study	A	$ 41.72	$ 33.38
93890	TC	Tcd vasoreactivity study	A	$ 187.32	$ 149.86
93890		Tcd vasoreactivity study	A	$ 229.05	$ 183.24
93892	26	Tcd emboli detect w/o inj	A	$ 48.67	$ 38.93
93892	TC	Tcd emboli detect w/o inj	A	$ 213.92	$ 171.14
93892		Tcd emboli detect w/o inj	A	$ 262.59	$ 210.07
93893	26	Tcd emboli detect w/inj	A	$ 49.37	$ 39.49
93893	TC	Tcd emboli detect w/inj	A	$ 275.89	$ 220.71
93893		Tcd emboli detect w/inj	A	$ 325.26	$ 260.21
93922	26	Upr/l xtremity art 2 levels	A	$ 9.98	$ 7.98
93922	TC	Upr/l xtremity art 2 levels	A	$ 57.46	$ 45.97
93922		Upr/l xtremity art 2 levels	A	$ 67.44	$ 53.95
93923	26	Upr/lxtr art stdy 3+ lvls	A	$ 17.81	$ 14.25
93923	TC	Upr/lxtr art stdy 3+ lvls	A	$ 87.63	$ 70.10
93923		Upr/lxtr art stdy 3+ lvls	A	$ 105.44	$ 84.35
93924	26	Lwr xtr vasc stdy bilat	A	$ 19.80	$ 15.84
93924	TC	Lwr xtr vasc stdy bilat	A	$ 109.72	$ 87.77
93924		Lwr xtr vasc stdy bilat	A	$ 129.52	$ 103.61
93925	26	Lower extremity study	A	$ 30.91	$ 24.73
93925	TC	Lower extremity study	A	$ 167.03	$ 133.62
93925		Lower extremity study	A	$ 197.94	$ 158.35
93926	26	Lower extremity study	A	$ 18.82	$ 15.06
93926	TC	Lower extremity study	A	$ 98.87	$ 79.10
93926		Lower extremity study	A	$ 117.69	$ 94.15
93930	26	Upper extremity study	A	$ 31.33	$ 25.07
93930	TC	Upper extremity study	A	$ 130.01	$ 104.01
93930		Upper extremity study	A	$ 161.34	$ 129.08
93931	26	Upper extremity study	A	$ 19.10	$ 15.28
93931	TC	Upper extremity study	A	$ 82.69	$ 66.15
93931		Upper extremity study	A	$ 101.79	$ 81.43
93970	26	Extremity study	A	$ 27.48	$ 21.98
93970	TC	Extremity study	A	$ 127.82	$ 102.25
93970		Extremity study	A	$ 155.29	$ 124.24
93971	26	Extremity study	A	$ 17.66	$ 14.12
93971	TC	Extremity study	A	$ 80.77	$ 64.62
93971		Extremity study	A	$ 98.43	$ 78.74
93975	26	Vascular study	A	$ 45.97	$ 36.78
93975	TC	Vascular study	A	$ 173.61	$ 138.89
93975		Vascular study	A	$ 219.58	$ 175.66
93976	26	Vascular study	A	$ 31.58	$ 25.26
93976	TC	Vascular study	A	$ 99.42	$ 79.54
93976		Vascular study	A	$ 131.00	$ 104.80
93978	26	Vascular study	A	$ 31.21	$ 24.97
93978	TC	Vascular study	A	$ 117.40	$ 93.92
93978		Vascular study	A	$ 148.61	$ 118.89
93979	26	Vascular study	A	$ 19.10	$ 15.28
93979	TC	Vascular study	A	$ 77.48	$ 61.99

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
93979		Vascular study	A	$ 96.58	$ 77.26
93980	TC	Penile vascular study	A	$ 47.10	$ 37.68
93980	26	Penile vascular study	A	$ 49.20	$ 39.36
93980		Penile vascular study	A	$ 96.30	$ 77.04
93981	26	Penile vascular study	A	$ 17.64	$ 14.11
93981	TC	Penile vascular study	A	$ 40.25	$ 32.20
93981		Penile vascular study	A	$ 57.89	$ 46.31
93985	26	Dup-scan hemo compl bi std	A	$ 31.09	$ 24.87
93985	TC	Dup-scan hemo compl bi std	A	$ 173.06	$ 138.45
93985		Dup-scan hemo compl bi std	A	$ 204.15	$ 163.32
93986	26	Dup-scan hemo compl uni std	A	$ 19.46	$ 15.57
93986	TC	Dup-scan hemo compl uni std	A	$ 102.16	$ 81.73
93986		Dup-scan hemo compl uni std	A	$ 121.62	$ 97.30
93990	26	Doppler flow testing	A	$ 19.13	$ 15.30
93990	TC	Doppler flow testing	A	$ 101.34	$ 81.07
93990		Doppler flow testing	A	$ 120.47	$ 96.37
94002		Vent mgmt inpat init day	A	$ 75.76	$ 60.61
94003		Vent mgmt inpat subq day	A	$ 53.06	$ 42.44
94004		Vent mgmt nf per day	A	$ 39.29	$ 31.43
94005		Home vent mgmt supervision	B	$ 74.68	$ 59.75
94010	26	Breathing capacity test	A	$ 6.76	$ 5.40
94010	TC	Breathing capacity test	A	$ 15.30	$ 12.24
94010		Breathing capacity test	A	$ 22.05	$ 17.64
94011		Spirometry up to 2 yrs old	A	$ 70.52	$ 56.42
94012		Spirmtry w/brnchdil inf-2 yr	A	$ 114.40	$ 91.52
94013		Meas lung vol thru 2 yrs	A	$ 15.68	$ 12.54
94014		Patient recorded spirometry	A	$ 45.51	$ 36.41
94015		Patient recorded spirometry	A	$ 25.17	$ 20.13
94016		Review patient spirometry	A	$ 20.34	$ 16.27
94060	26	Evaluation of wheezing	A	$ 8.47	$ 6.78
94060	TC	Evaluation of wheezing	A	$ 23.25	$ 18.60
94060		Evaluation of wheezing	A	$ 31.72	$ 25.37
94070	26	Evaluation of wheezing	A	$ 22.92	$ 18.34
94070	TC	Evaluation of wheezing	A	$ 27.64	$ 22.11
94070		Evaluation of wheezing	A	$ 50.56	$ 40.44
94150	26	Vital capacity test	B	$ 3.05	$ 2.44
94150	TC	Vital capacity test	B	$ 17.22	$ 13.77
94150		Vital capacity test	B	$ 20.27	$ 16.21
94200	26	Lung function test (mbc/mvv)	A	$ 2.20	$ 1.76
94200	TC	Lung function test (mbc/mvv)	A	$ 9.81	$ 7.85
94200		Lung function test (mbc/mvv)	A	$ 12.01	$ 9.61
94375	26	Respiratory flow volume loop	A	$ 11.89	$ 9.51
94375	TC	Respiratory flow volume loop	A	$ 19.68	$ 15.75
94375		Respiratory flow volume loop	A	$ 31.57	$ 25.25
94450	26	Hypoxia response curve	A	$ 16.34	$ 13.07
94450	TC	Hypoxia response curve	A	$ 51.16	$ 40.93
94450		Hypoxia response curve	A	$ 67.49	$ 54.00
94452	26	Hast w/report	A	$ 11.61	$ 9.29
94452	TC	Hast w/report	A	$ 28.46	$ 22.77
94452		Hast w/report	A	$ 40.07	$ 32.06
94453	26	Hast w/oxygen titrate	A	$ 15.24	$ 12.19
94453	TC	Hast w/oxygen titrate	A	$ 39.37	$ 31.49
94453		Hast w/oxygen titrate	A	$ 54.61	$ 43.68
94610		Surfactant admin thru tube	A	$ 46.64	$ 37.31

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
94617	26	Exercise tst brncspsm w/ecg	A	$ 26.41	$ 21.13
94617	TC	Exercise tst brncspsm w/ecg	A	$ 45.67	$ 36.54
94617		Exercise tst brncspsm w/ecg	A	$ 72.08	$ 57.67
94618	TC	Pulmonary stress testing	A	$ 9.54	$ 7.63
94618	26	Pulmonary stress testing	A	$ 18.37	$ 14.69
94618		Pulmonary stress testing	A	$ 27.90	$ 22.32
94619	26	Exercise tst brncspsm wo ecg	A	$ 18.65	$ 14.92
94619	TC	Exercise tst brncspsm wo ecg	A	$ 44.30	$ 35.44
94619		Exercise tst brncspsm wo ecg	A	$ 62.96	$ 50.37
94621	26	Cardiopulm exercise testing	A	$ 56.05	$ 44.84
94621	TC	Cardiopulm exercise testing	A	$ 70.23	$ 56.19
94621		Cardiopulm exercise testing	A	$ 126.28	$ 101.02
94625		Phy/qhp op pulm rhb w/o mntr	A	$ 47.70	$ 11.17
94626		Phy/qhp op pulm rhb w/mntr	A	$ 63.60	$ 17.98
94640		Airway inhalation treatment	A	$ 7.34	$ 5.87
94644		Cbt 1st hour	A	$ 48.75	$ 39.00
94645		Cbt each addl hour	A	$ 12.83	$ 10.26
94660		Pos airway pressure cpap	A	$ 52.24	$ 24.46
94662		Neg press ventilation cnp	A	$ 28.93	$ 23.15
94664		Evaluate pt use of inhaler	A	$ 13.92	$ 11.14
94667		Chest wall manipulation	A	$ 19.07	$ 15.26
94668		Chest wall manipulation	A	$ 29.77	$ 23.81
94669		Mechanical chest wall oscill	A	$ 15.78	$ 12.63
94680	26	Exhaled air analysis o2	A	$ 10.38	$ 8.31
94680	TC	Exhaled air analysis o2	A	$ 32.78	$ 26.23
94680		Exhaled air analysis o2	A	$ 43.17	$ 34.54
94681	26	Exhaled air analysis o2/co2	A	$ 7.89	$ 6.32
94681	TC	Exhaled air analysis o2/co2	A	$ 30.59	$ 24.47
94681		Exhaled air analysis o2/co2	A	$ 38.49	$ 30.79
94690	26	Exhaled air analysis	A	$ 3.05	$ 2.44
94690	TC	Exhaled air analysis	A	$ 35.86	$ 28.69
94690		Exhaled air analysis	A	$ 38.91	$ 31.13
94726	26	Pulm funct tst plethysmograp	A	$ 9.90	$ 7.92
94726	TC	Pulm funct tst plethysmograp	A	$ 34.70	$ 27.76
94726		Pulm funct tst plethysmograp	A	$ 44.60	$ 35.68
94727	26	Pulm function test by gas	A	$ 9.90	$ 7.92
94727	TC	Pulm function test by gas	A	$ 25.99	$ 20.79
94727		Pulm function test by gas	A	$ 35.89	$ 28.71
94728	26	Airwy resist by oscillometry	A	$ 10.17	$ 8.14
94728	TC	Airwy resist by oscillometry	A	$ 22.43	$ 17.94
94728		Airwy resist by oscillometry	A	$ 32.60	$ 26.08
94729	26	Co/membane diffuse capacity	A	$ 7.33	$ 5.87
94729	TC	Co/membane diffuse capacity	A	$ 39.15	$ 31.32
94729		Co/membane diffuse capacity	A	$ 46.48	$ 37.19
94760		Measure blood oxygen level	T	$ 1.86	$ 1.49
94761		Measure blood oxygen level	T	$ 2.96	$ 2.36
94762		Measure blood oxygen level	A	$ 20.78	$ 16.62
94780		Cars/bd tst inft-12mo 60 min	A	$ 42.65	$ 15.69
94781		Cars/bd tst inft-12mo +30min	A	$ 16.90	$ 5.40
95004		Percut allergy skin tests	A	$ 3.24	$ 2.60
95012		Exhaled nitric oxide meas	A	$ 15.30	$ 12.24
95017		Perq & icut allg test venoms	A	$ 7.17	$ 2.44
95018		Perq&ic allg test drugs/biol	A	$ 16.59	$ 4.71
95024		Icut allergy test drug/bug	A	$ 6.53	$ 0.62

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
95027		Icut allergy titrate-airborn	A	$ 4.07	$ 3.25
95028		Icut allergy test-delayed	A	$ 10.36	$ 8.29
95044		Allergy patch tests	A	$ 4.05	$ 3.24
95052		Photo patch test	A	$ 5.15	$ 4.12
95056		Photosensitivity tests	A	$ 41.56	$ 33.25
95060		Eye allergy tests	A	$ 30.65	$ 24.52
95065		Nose allergy test	A	$ 22.70	$ 18.16
95070		Bronchial allergy tests	A	$ 28.12	$ 22.50
95076		Ingest challenge ini 120 min	A	$ 100.43	$ 48.97
95079		Ingest challenge addl 60 min	A	$ 70.37	$ 45.11
95115		Immunotherapy one injection	A	$ 8.17	$ 6.53
95117		Immunotherapy injections	A	$ 9.54	$ 7.63
95144		Antigen therapy services	A	$ 13.73	$ 2.21
95145		Antigen therapy services	A	$ 27.17	$ 1.99
95146		Antigen therapy services	A	$ 49.93	$ 1.99
95147		Antigen therapy services	A	$ 48.28	$ 1.99
95148		Antigen therapy services	A	$ 71.32	$ 1.99
95149		Antigen therapy services	A	$ 94.35	$ 1.99
95165		Antigen therapy services	A	$ 12.36	$ 2.21
95170		Antigen therapy services	A	$ 9.35	$ 1.99
95180		Rapid desensitization	A	$ 113.90	$ 67.87
95249		Cont gluc mntr pt prov eqp	A	$ 49.67	$ 39.73
95250		Cont gluc mntr phys/qhp eqp	A	$ 118.77	$ 95.01
95251		Cont gluc mntr analysis i&r	A	$ 28.70	$ 22.96
95717		Eeg phys/qhp 2-12 hr w/o vid	A	$ 84.30	$ 66.79
95718		Eeg phys/qhp 2-12 hr w/veeg	A	$ 111.17	$ 87.40
95719		Eeg phys/qhp ea incr w/o vid	A	$ 130.60	$ 103.16
95720		Eeg phy/qhp ea incr w/veeg	A	$ 171.89	$ 135.10
95721		Eeg phy/qhp>36<60 hr w/o vid	A	$ 171.40	$ 134.49
95722		Eeg phy/qhp>36<60 hr w/veeg	A	$ 208.55	$ 163.77
95723		Eeg phy/qhp>60<84 hr w/o vid	A	$ 209.56	$ 164.58
95724		Eeg phy/qhp>60<84 hr w/veeg	A	$ 263.94	$ 207.65
95725		Eeg phy/qhp>84 hr w/o vid	A	$ 239.71	$ 187.82
95726		Eeg phy/qhp>84 hr w/veeg	A	$ 335.48	$ 263.56
95782	26	Polysom <6 yrs 4/> paramtrs	A	$ 102.38	$ 81.90
95782	TC	Polysom <6 yrs 4/> paramtrs	A	$ 677.99	$ 542.39
95782		Polysom <6 yrs 4/> paramtrs	A	$ 780.37	$ 624.30
95783	26	Polysom <6 yrs cpap/bilvl	A	$ 111.62	$ 89.30
95783	TC	Polysom <6 yrs cpap/bilvl	A	$ 715.23	$ 572.18
95783		Polysom <6 yrs cpap/bilvl	A	$ 826.85	$ 661.48
95800	26	Slp stdy unattended	A	$ 33.56	$ 26.85
95800	TC	Slp stdy unattended	A	$ 89.27	$ 71.42
95800		Slp stdy unattended	A	$ 122.84	$ 98.27
95801	26	Slp stdy unatnd w/anal	A	$ 33.56	$ 26.85
95801	TC	Slp stdy unatnd w/anal	A	$ 43.21	$ 34.56
95801		Slp stdy unatnd w/anal	A	$ 76.77	$ 61.42
95803	26	Actigraphy testing	A	$ 35.40	$ 28.32
95803	TC	Actigraphy testing	A	$ 79.46	$ 63.57
95803		Actigraphy testing	A	$ 114.86	$ 91.89
95805	26	Multiple sleep latency test	A	$ 47.21	$ 37.77
95805	TC	Multiple sleep latency test	A	$ 296.04	$ 236.83
95805		Multiple sleep latency test	A	$ 343.25	$ 274.60
95806	26	Sleep study unatt&resp efft	A	$ 36.42	$ 29.13
95806	TC	Sleep study unatt&resp efft	A	$ 39.64	$ 31.71

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
95806		Sleep study unatt&resp efft	A	$ 76.06	$ 60.85
95807	26	Sleep study attended	A	$ 48.97	$ 39.17
95807	TC	Sleep study attended	A	$ 268.67	$ 214.94
95807		Sleep study attended	A	$ 317.64	$ 254.11
95808	26	Polysom any age 1-3> param	A	$ 68.68	$ 54.94
95808	TC	Polysom any age 1-3> param	A	$ 382.63	$ 306.10
95808		Polysom any age 1-3> param	A	$ 451.30	$ 361.04
95810	26	Polysom 6/> yrs 4/> param	A	$ 98.00	$ 78.40
95810	TC	Polysom 6/> yrs 4/> param	A	$ 401.70	$ 321.36
95810		Polysom 6/> yrs 4/> param	A	$ 499.71	$ 399.76
95811	26	Polysom 6/>yrs cpap 4/> parm	A	$ 101.71	$ 81.37
95811	TC	Polysom 6/>yrs cpap 4/> parm	A	$ 420.99	$ 336.79
95811		Polysom 6/>yrs cpap 4/> parm	A	$ 522.70	$ 418.16
95812	26	Eeg 41-60 minutes	A	$ 46.50	$ 37.20
95812	TC	Eeg 41-60 minutes	A	$ 237.50	$ 190.00
95812		Eeg 41-60 minutes	A	$ 284.00	$ 227.20
95813	26	Eeg extnd mntr 61-119 min	A	$ 70.38	$ 56.31
95813	TC	Eeg extnd mntr 61-119 min	A	$ 282.75	$ 226.20
95813		Eeg extnd mntr 61-119 min	A	$ 353.13	$ 282.51
95816	26	Eeg awake and drowsy	A	$ 46.50	$ 37.20
95816	TC	Eeg awake and drowsy	A	$ 268.21	$ 214.57
95816		Eeg awake and drowsy	A	$ 314.71	$ 251.77
95819	26	Eeg awake and asleep	A	$ 46.50	$ 37.20
95819	TC	Eeg awake and asleep	A	$ 318.40	$ 254.72
95819		Eeg awake and asleep	A	$ 364.89	$ 291.91
95822	26	Eeg coma or sleep only	A	$ 46.77	$ 37.42
95822	TC	Eeg coma or sleep only	A	$ 295.09	$ 236.07
95822		Eeg coma or sleep only	A	$ 341.86	$ 273.49
95824	26	Eeg cerebral death only	A	$ 32.04	$ 25.63
95829	26	Surgery electrocorticogram	A	$ 271.32	$ 217.05
95829	TC	Surgery electrocorticogram	A	$ 1,185.65	$ 948.52
95829		Surgery electrocorticogram	A	$ 1,456.97	$ 1,165.58
95830		Insert electrodes for eeg	A	$ 569.95	$ 60.21
95836		Ecog impltd brn npgt <30 d	A	$ 87.20	$ 69.76
95851		Range of motion measurements	A	$ 17.44	$ 5.17
95852		Range of motion measurements	A	$ 14.35	$ 3.58
95857		Cholinesterase challenge	A	$ 51.49	$ 18.82
95860	26	Muscle test one limb	A	$ 41.67	$ 33.34
95860	TC	Muscle test one limb	A	$ 51.22	$ 40.97
95860		Muscle test one limb	A	$ 92.89	$ 74.31
95861	TC	Muscle test 2 limbs	A	$ 66.30	$ 53.04
95861	26	Muscle test 2 limbs	A	$ 66.69	$ 53.36
95861		Muscle test 2 limbs	A	$ 132.99	$ 106.40
95863	26	Muscle test 3 limbs	A	$ 81.35	$ 65.08
95863	TC	Muscle test 3 limbs	A	$ 91.25	$ 73.00
95863		Muscle test 3 limbs	A	$ 172.60	$ 138.08
95864	26	Muscle test 4 limbs	A	$ 86.60	$ 69.28
95864	TC	Muscle test 4 limbs	A	$ 106.61	$ 85.29
95864		Muscle test 4 limbs	A	$ 193.21	$ 154.57
95865	TC	Muscle test larynx	A	$ 56.43	$ 45.14
95865	26	Muscle test larynx	A	$ 67.62	$ 54.10
95865		Muscle test larynx	A	$ 124.05	$ 99.24
95866	TC	Muscle test hemidiaphragm	A	$ 52.31	$ 41.85
95866	26	Muscle test hemidiaphragm	A	$ 52.76	$ 42.21

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
95866		Muscle test hemidiaphragm	A	$ 105.08	$ 84.06
95867	26	Muscle test cran nerv unilat	A	$ 34.30	$ 27.44
95867	TC	Muscle test cran nerv unilat	A	$ 54.23	$ 43.39
95867		Muscle test cran nerv unilat	A	$ 88.54	$ 70.83
95868	26	Muscle test cran nerve bilat	A	$ 51.02	$ 40.82
95868	TC	Muscle test cran nerve bilat	A	$ 64.38	$ 51.50
95868		Muscle test cran nerve bilat	A	$ 115.40	$ 92.32
95869	26	Muscle test thor paraspinal	A	$ 16.30	$ 13.04
95869	TC	Muscle test thor paraspinal	A	$ 62.73	$ 50.19
95869		Muscle test thor paraspinal	A	$ 79.03	$ 63.22
95870	26	Muscle test nonparaspinal	A	$ 16.02	$ 12.82
95870	TC	Muscle test nonparaspinal	A	$ 52.59	$ 42.07
95870		Muscle test nonparaspinal	A	$ 68.61	$ 54.89
95872	TC	Muscle test one fiber	A	$ 40.80	$ 32.64
95872	26	Muscle test one fiber	A	$ 123.33	$ 98.67
95872		Muscle test one fiber	A	$ 164.13	$ 131.31
95873	26	Guide nerv destr elec stim	A	$ 16.08	$ 12.87
95873	TC	Guide nerv destr elec stim	A	$ 43.33	$ 34.66
95873		Guide nerv destr elec stim	A	$ 59.41	$ 47.53
95874	26	Guide nerv destr needle emg	A	$ 16.08	$ 12.87
95874	TC	Guide nerv destr needle emg	A	$ 47.71	$ 38.17
95874		Guide nerv destr needle emg	A	$ 63.79	$ 51.04
95875	26	Limb exercise test	A	$ 47.62	$ 38.10
95875	TC	Limb exercise test	A	$ 65.48	$ 52.38
95875		Limb exercise test	A	$ 113.10	$ 90.48
95885	26	Musc tst done w/nerv tst lim	A	$ 14.96	$ 11.97
95885	TC	Musc tst done w/nerv tst lim	A	$ 36.20	$ 28.96
95885		Musc tst done w/nerv tst lim	A	$ 51.15	$ 40.92
95886	26	Musc test done w/n test comp	A	$ 37.42	$ 29.93
95886	TC	Musc test done w/n test comp	A	$ 43.33	$ 34.66
95886		Musc test done w/n test comp	A	$ 80.74	$ 64.59
95887	26	Musc tst done w/n tst nonext	A	$ 30.63	$ 24.50
95887	TC	Musc tst done w/n tst nonext	A	$ 38.66	$ 30.93
95887		Musc tst done w/n tst nonext	A	$ 69.29	$ 55.43
95905	26	Motor &/ sens nrve cndj test	A	$ 2.20	$ 1.76
95905	TC	Motor &/ sens nrve cndj test	A	$ 25.99	$ 20.79
95905		Motor &/ sens nrve cndj test	A	$ 28.19	$ 22.55
95907	TC	Nvr cndj tst 1-2 studies	A	$ 30.93	$ 24.74
95907	26	Nvr cndj tst 1-2 studies	A	$ 43.37	$ 34.70
95907		Nvr cndj tst 1-2 studies	A	$ 74.30	$ 59.44
95908	TC	Nrv cndj tst 3-4 studies	A	$ 38.33	$ 30.66
95908	26	Nrv cndj tst 3-4 studies	A	$ 54.14	$ 43.31
95908		Nrv cndj tst 3-4 studies	A	$ 92.47	$ 73.97
95909	TC	Nrv cndj tst 5-6 studies	A	$ 46.01	$ 36.81
95909	26	Nrv cndj tst 5-6 studies	A	$ 65.05	$ 52.04
95909		Nrv cndj tst 5-6 studies	A	$ 111.06	$ 88.85
95910	TC	Nrv cndj test 7-8 studies	A	$ 58.90	$ 47.12
95910	26	Nrv cndj test 7-8 studies	A	$ 86.47	$ 69.17
95910		Nrv cndj test 7-8 studies	A	$ 145.36	$ 116.29
95911	TC	Nrv cndj test 9-10 studies	A	$ 67.67	$ 54.14
95911	26	Nrv cndj test 9-10 studies	A	$ 107.88	$ 86.30
95911		Nrv cndj test 9-10 studies	A	$ 175.55	$ 140.44
95912	TC	Nrv cndj test 11-12 studies	A	$ 76.11	$ 60.89
95912	26	Nrv cndj test 11-12 studies	A	$ 129.29	$ 103.43

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
95912		Nrv cndj test 11-12 studies	A	$ 205.40	$ 164.32
95913	TC	Nrv cndj test 13/> studies	A	$ 84.06	$ 67.25
95913	26	Nrv cndj test 13/> studies	A	$ 153.25	$ 122.60
95913		Nrv cndj test 13/> studies	A	$ 237.31	$ 189.85
95919	TC	Quan puplmtry phy/qhp uni/bi	A	$ 4.60	$ 3.68
95919	26	Quan puplmtry phy/qhp uni/bi	A	$ 8.14	$ 6.51
95919		Quan puplmtry phy/qhp uni/bi	A	$ 12.74	$ 10.19
95921	TC	Autonomic nrv parasym inervj	A	$ 35.59	$ 28.47
95921	26	Autonomic nrv parasym inervj	A	$ 36.92	$ 29.54
95921		Autonomic nrv parasym inervj	A	$ 72.51	$ 58.01
95922	26	Autonomic nrv adrenrg inervj	A	$ 38.10	$ 30.48
95922	TC	Autonomic nrv adrenrg inervj	A	$ 42.11	$ 33.69
95922		Autonomic nrv adrenrg inervj	A	$ 80.21	$ 64.17
95923	26	Autonomic nrv syst funj test	A	$ 36.92	$ 29.54
95923	TC	Autonomic nrv syst funj test	A	$ 64.93	$ 51.94
95923		Autonomic nrv syst funj test	A	$ 101.85	$ 81.48
95924	TC	Ans parasymp & symp w/tilt	A	$ 53.90	$ 43.12
95924	26	Ans parasymp & symp w/tilt	A	$ 71.99	$ 57.59
95924		Ans parasymp & symp w/tilt	A	$ 125.89	$ 100.71
95925	26	Somatosensory testing	A	$ 23.26	$ 18.61
95925	TC	Somatosensory testing	A	$ 122.88	$ 98.30
95925		Somatosensory testing	A	$ 146.15	$ 116.92
95926	26	Somatosensory testing	A	$ 22.56	$ 18.05
95926	TC	Somatosensory testing	A	$ 105.06	$ 84.05
95926		Somatosensory testing	A	$ 127.62	$ 102.10
95927	26	Somatosensory testing	A	$ 22.29	$ 17.83
95927	TC	Somatosensory testing	A	$ 114.11	$ 91.28
95927		Somatosensory testing	A	$ 136.39	$ 109.12
95928	26	C motor evoked uppr limbs	A	$ 64.99	$ 52.00
95928	TC	C motor evoked uppr limbs	A	$ 129.58	$ 103.67
95928		C motor evoked uppr limbs	A	$ 194.58	$ 155.66
95929	26	C motor evoked lwr limbs	A	$ 64.78	$ 51.82
95929	TC	C motor evoked lwr limbs	A	$ 132.87	$ 106.30
95929		C motor evoked lwr limbs	A	$ 197.65	$ 158.12
95930	26	Visual ep test cns w/i&r	A	$ 15.23	$ 12.18
95930	TC	Visual ep test cns w/i&r	A	$ 39.43	$ 31.54
95930		Visual ep test cns w/i&r	A	$ 54.66	$ 43.73
95933	26	Blink reflex test	A	$ 25.80	$ 20.64
95933	TC	Blink reflex test	A	$ 42.17	$ 33.73
95933		Blink reflex test	A	$ 67.97	$ 54.38
95937	26	Neuromuscular junction test	A	$ 28.35	$ 22.68
95937	TC	Neuromuscular junction test	A	$ 58.62	$ 46.90
95937		Neuromuscular junction test	A	$ 86.97	$ 69.58
95938	26	Somatosensory testing	A	$ 37.14	$ 29.71
95938	TC	Somatosensory testing	A	$ 261.91	$ 209.53
95938		Somatosensory testing	A	$ 299.05	$ 239.24
95939	26	C motor evoked upr&lwr limbs	A	$ 97.11	$ 77.69
95939	TC	C motor evoked upr&lwr limbs	A	$ 352.40	$ 281.92
95939		C motor evoked upr&lwr limbs	A	$ 449.51	$ 359.61
95940		Ionm in operatng room 15 min	A	$ 26.64	$ 21.31
95954	26	Eeg monitoring/giving drugs	A	$ 89.92	$ 71.94
95954	TC	Eeg monitoring/giving drugs	A	$ 243.08	$ 194.46
95954		Eeg monitoring/giving drugs	A	$ 333.00	$ 266.40
95955	26	Eeg during surgery	A	$ 43.66	$ 34.93

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
95955	TC	Eeg during surgery	A	$ 115.11	$ 92.09
95955		Eeg during surgery	A	$ 158.77	$ 127.01
95957	26	Eeg digital analysis	A	$ 83.70	$ 66.96
95957	TC	Eeg digital analysis	A	$ 143.72	$ 114.98
95957		Eeg digital analysis	A	$ 227.42	$ 181.93
95958	26	Eeg monitoring/function test	A	$ 184.32	$ 147.46
95958	TC	Eeg monitoring/function test	A	$ 368.88	$ 295.11
95958		Eeg monitoring/function test	A	$ 553.21	$ 442.57
95961	TC	Electrode stimulation brain	A	$ 126.57	$ 101.25
95961	26	Electrode stimulation brain	A	$ 131.23	$ 104.99
95961		Electrode stimulation brain	A	$ 257.80	$ 206.24
95962	TC	Electrode stim brain add-on	A	$ 83.24	$ 66.59
95962	26	Electrode stim brain add-on	A	$ 140.98	$ 112.78
95962		Electrode stim brain add-on	A	$ 224.22	$ 179.37
95965	26	Meg spontaneous	A	$ 339.91	$ 271.93
95966	26	Meg evoked single	A	$ 173.34	$ 138.68
95967	26	Meg evoked each addl	A	$ 151.87	$ 121.50
95970		Alys npgt w/o prgrmg	A	$ 15.60	$ 12.26
95971		Alys smpl sp/pn npgt w/prgrm	A	$ 39.59	$ 25.75
95972		Alys cplx sp/pn npgt w/prgrm	A	$ 46.57	$ 26.73
95976		Alys smpl cn npgt prgrmg	A	$ 32.94	$ 25.70
95977		Alys cplx cn npgt prgrmg	A	$ 43.51	$ 34.37
95980		Io anal gast n-stim init	A	$ 36.98	$ 29.58
95981		Io anal gast n-stim subsq	A	$ 31.59	$ 11.67
95982		Io ga n-stim subsq w/reprog	A	$ 48.16	$ 23.83
95983		Alys brn npgt prgrmg 15 min	A	$ 41.51	$ 32.55
95984		Alys brn npgt prgrmg addl 15	A	$ 36.00	$ 28.58
95990		Spin/brain pump refil & main	A	$ 73.25	$ 58.60
95991		Spin/brain pump refil & main	A	$ 90.95	$ 26.47
95992		Canalith repositioning proc	A	$ 36.17	$ 24.11
96000		Motion analysis video/3d	A	$ 69.58	$ 55.67
96001		Motion test w/ft press meas	A	$ 91.34	$ 73.07
96002		Dynamic surface emg	A	$ 17.87	$ 14.30
96003		Dynamic fine wire emg	A	$ 13.89	$ 11.11
96004		Phys review of motion tests	A	$ 89.95	$ 71.96
96020	26	Functional brain mapping	A	$ 131.95	$ 105.56
96040		Genetic counseling 30 min	B	$ 39.79	$ 31.83
96105		Assessment of aphasia	A	$ 81.34	$ 65.07
96110		Developmental screen w/score	N	$ 8.71	$ 6.97
96112		Devel tst phys/qhp 1st hr	A	$ 105.25	$ 83.32
96113		Devel tst phys/qhp ea addl	A	$ 49.78	$ 37.41
96116		Nubhvl xm phys/qhp 1st hr	A	$ 77.50	$ 53.66
96121		Nubhvl xm phy/qhp ea addl hr	A	$ 63.55	$ 45.13
96125		Cognitive test by hc pro	A	$ 85.62	$ 68.50
96127		Brief emotional/behav assmt	A	$ 3.78	$ 3.02
96130		Psycl tst eval phys/qhp 1st	A	$ 100.28	$ 72.77
96131		Psycl tst eval phys/qhp ea	A	$ 72.67	$ 51.55
96132		Nrpsyc tst eval phys/qhp 1st	A	$ 108.23	$ 71.01
96133		Nrpsyc tst eval phys/qhp ea	A	$ 82.54	$ 51.55
96136		Psycl/nrpsyc tst phy/qhp 1st	A	$ 35.19	$ 15.65
96137		Psycl/nrpsyc tst phy/qhp ea	A	$ 32.38	$ 12.09
96138		Psycl/nrpsyc tech 1st	A	$ 27.64	$ 22.11
96139		Psycl/nrpsyc tst tech ea	A	$ 28.46	$ 22.77
96146		Psycl/nrpsyc tst auto result	A	$ 1.86	$ 1.49

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
96156		Hlth bhv assmt/reassessment	A	$ 79.60	$ 56.66
96158		Hlth bhv ivntj indiv 1st 30	A	$ 54.41	$ 38.48
96159		Hlth bhv ivntj indiv ea addl	A	$ 18.73	$ 13.23
96160		Pt-focused hlth risk assmt	A	$ 2.19	$ 1.75
96161		Caregiver health risk assmt	A	$ 2.19	$ 1.75
96164		Hlth bhv ivntj grp 1st 30	A	$ 8.18	$ 5.89
96165		Hlth bhv ivntj grp ea addl	A	$ 3.70	$ 2.74
96167		Hlth bhv ivntj fam 1st 30	A	$ 57.84	$ 40.79
96168		Hlth bhv ivntj fam ea addl	A	$ 20.44	$ 14.38
96170		Hlth bhv ivntj fam wo pt 1st	N	$ 65.09	$ 49.00
96171		Hlth bhv ivntj fam w/o pt ea	N	$ 23.54	$ 17.73
96202		Mlt fam grp bhv train 1st 60	B	$ 19.55	$ 14.32
96203		Mlt fam grp bhv train ea add	B	$ 5.04	$ 4.03
96360		Hydration iv infusion init	A	$ 26.77	$ 21.42
96361		Hydrate iv infusion add-on	A	$ 10.48	$ 8.39
96365		Ther/proph/diag iv inf init	A	$ 52.42	$ 41.94
96366		Ther/proph/diag iv inf addon	A	$ 16.92	$ 13.53
96367		Tx/proph/dg addl seq iv inf	A	$ 23.78	$ 19.03
96368		Ther/diag concurrent inf	A	$ 16.35	$ 13.08
96369		Sc ther infusion up to 1 hr	A	$ 114.67	$ 91.74
96370		Sc ther infusion addl hr	A	$ 12.80	$ 10.24
96371		Sc ther infusion reset pump	A	$ 46.07	$ 36.85
96372		Ther/proph/diag inj sc/im	A	$ 11.69	$ 9.35
96373		Ther/proph/diag inj ia	A	$ 14.98	$ 11.99
96374		Ther/proph/diag inj iv push	A	$ 30.57	$ 24.45
96375		Tx/pro/dx inj new drug addon	A	$ 12.69	$ 10.15
96377		Applicaton on-body injector	A	$ 15.26	$ 12.21
96401		Chemo anti-neopl sq/im	A	$ 59.55	$ 47.64
96402		Chemo hormon antineopl sq/im	A	$ 27.84	$ 22.27
96405		Chemo intralesional up to 7	A	$ 69.31	$ 19.25
96406		Chemo intralesional over 7	A	$ 108.24	$ 29.55
96409		Chemo iv push sngl drug	A	$ 82.51	$ 66.01
96411		Chemo iv push addl drug	A	$ 45.28	$ 36.22
96413		Chemo iv infusion 1 hr	A	$ 106.91	$ 85.53
96415		Chemo iv infusion addl hr	A	$ 23.18	$ 18.54
96416		Chemo prolong infuse w/pump	A	$ 104.89	$ 83.91
96417		Chemo iv infus each addl seq	A	$ 52.70	$ 42.16
96420		Chemo ia push tecnique	A	$ 84.06	$ 67.24
96422		Chemo ia infusion up to 1 hr	A	$ 129.06	$ 103.25
96423		Chemo ia infuse each addl hr	A	$ 59.77	$ 47.82
96425		Chemotherapy infusion method	A	$ 138.32	$ 110.66
96440		Chemotherapy intracavitary	A	$ 620.17	$ 88.10
96446		Chemotx admn prtl cavity	A	$ 155.51	$ 16.04
96450		Chemotherapy into cns	A	$ 136.46	$ 50.81
96521		Refill/maint portable pump	A	$ 103.25	$ 82.60
96522		Refill/maint pump/resvr syst	A	$ 95.29	$ 76.24
96523		Irrig drug delivery device	T	$ 20.84	$ 16.67
96542		Chemotherapy injection	A	$ 106.80	$ 27.74
96567		Pdt dstr prmlg les skn	A	$ 115.38	$ 92.31
96570		Photodynmc tx 30 min add-on	A	$ 44.79	$ 35.84
96571		Photodynamic tx addl 15 min	A	$ 20.81	$ 16.65
96573		Pdt dstr prmlg les phys/qhp	A	$ 189.75	$ 151.80
96574		Dbrdmt prmlg les w/pdt	A	$ 232.32	$ 185.85
96900		Ultraviolet light therapy	A	$ 19.96	$ 15.97

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
96902		Trichogram	B	$ 18.27	$ 13.30
96904		Whole body photography	R	$ 57.52	$ 46.02
96910		Photochemotherapy with uv-b	A	$ 96.68	$ 77.34
96912		Photochemotherapy with uv-a	A	$ 82.48	$ 65.98
96913		Photochemotherapy uv-a or b	A	$ 124.92	$ 99.94
96920		Laser tx skin < 250 sq cm	A	$ 129.41	$ 42.10
96921		Laser tx skin 250-500 sq cm	A	$ 142.11	$ 47.65
96922		Laser tx skin >500 sq cm	A	$ 193.98	$ 77.08
96931		Rcm celulr subcelulr img skn	A	$ 141.48	$ 113.18
96932		Rcm celulr subcelulr img skn	A	$ 104.96	$ 83.97
96933		Rcm celulr subcelulr img skn	A	$ 36.51	$ 29.21
96934		Rcm celulr subcelulr img skn	A	$ 98.43	$ 78.74
96935		Rcm celulr subcelulr img skn	A	$ 63.89	$ 51.11
96936		Rcm celulr subcelulr img skn	A	$ 34.54	$ 27.63
97010		Hot or cold packs therapy	B	$ 5.23	$ 4.19
97012		Mechanical traction therapy	A	$ 12.08	$ 9.66
97014		Electric stimulation therapy	I	$ 10.33	$ 8.27
97016		Vasopneumatic device therapy	A	$ 9.79	$ 7.83
97018		Paraffin bath therapy	A	$ 4.68	$ 3.75
97022		Whirlpool therapy	A	$ 14.16	$ 11.33
97024		Diathermy eg microwave	A	$ 6.06	$ 4.84
97026		Infrared therapy	R	$ 5.51	$ 4.41
97028		Ultraviolet therapy	A	$ 6.91	$ 5.52
97032		Electrical stimulation	A	$ 12.08	$ 9.66
97033		Electric current therapy	A	$ 16.48	$ 13.18
97034		Contrast bath therapy	A	$ 12.02	$ 9.62
97035		Ultrasound therapy	A	$ 12.02	$ 9.62
97036		Hydrotherapy	A	$ 28.85	$ 23.08
97110		Therapeutic exercises	A	$ 24.69	$ 19.75
97112		Neuromuscular reeducation	A	$ 28.33	$ 22.66
97113		Aquatic therapy/exercises	A	$ 30.77	$ 24.61
97116		Gait training therapy	A	$ 24.69	$ 19.75
97124		Massage therapy	A	$ 25.10	$ 20.08
97129		Ther ivntj 1st 15 min	A	$ 19.00	$ 14.98
97130		Ther ivntj ea addl 15 min	A	$ 18.15	$ 14.52
97140		Manual therapy 1/> regions	A	$ 22.75	$ 18.20
97150		Group therapeutic procedures	A	$ 14.87	$ 11.90
97161		Pt eval low complex 20 min	A	$ 84.15	$ 67.32
97162		Pt eval mod complex 30 min	A	$ 84.15	$ 67.32
97163		Pt eval high complex 45 min	A	$ 84.15	$ 67.32
97164		Pt re-eval est plan care	A	$ 58.12	$ 46.50
97165		Ot eval low complex 30 min	A	$ 84.15	$ 67.32
97166		Ot eval mod complex 45 min	A	$ 84.15	$ 67.32
97167		Ot eval high complex 60 min	A	$ 84.15	$ 67.32
97168		Ot re-eval est plan care	A	$ 57.85	$ 46.28
97530		Therapeutic activities	A	$ 30.99	$ 24.79
97533		Sensory integration	A	$ 52.70	$ 42.16
97535		Self care mngment training	A	$ 27.43	$ 21.95
97537		Community/work reintegration	A	$ 26.65	$ 21.32
97542		Wheelchair mngment training	A	$ 26.65	$ 21.32
97597		Rmvl devital tis 20 cm/<	A	$ 83.24	$ 23.60
97598		Rmvl devital tis addl 20cm/<	A	$ 37.07	$ 16.28
97605		Neg press wound tx <=50 cm	A	$ 35.53	$ 16.57
97606		Neg press wound tx >50 cm	A	$ 42.45	$ 17.95

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
97607		Neg press wnd tx <=50 sq cm	A	$ 300.68	$ 14.37
97608		Neg press wound tx >50 cm	A	$ 301.67	$ 16.48
97610		Low frequency non-thermal us	A	$ 365.75	$ 12.02
97750		Physical performance test	A	$ 28.26	$ 22.61
97755		Assistive technology assess	A	$ 32.27	$ 25.82
97760		Orthotic mgmt&traing 1st enc	A	$ 40.39	$ 32.31
97761		Prosthetic traing 1st enc	A	$ 34.91	$ 27.93
97763		Orthc/prostc mgmt sbsq enc	A	$ 44.20	$ 35.36
97802		Medical nutrition indiv in	A	$ 30.56	$ 21.60
97803		Med nutrition indiv subseq	A	$ 26.61	$ 18.22
97804		Medical nutrition group	A	$ 14.00	$ 10.32
97810		Acupunct w/o stimul 15 min	A	$ 31.85	$ 20.43
97811		Acupunct w/o stimul addl 15m	A	$ 24.03	$ 17.25
97813		Acupunct w/stimul 15 min	A	$ 37.68	$ 22.24
97814		Acupunct w/stimul addl 15m	A	$ 30.68	$ 18.84
98925		Osteopath manj 1-2 regions	A	$ 25.90	$ 15.45
98926		Osteopath manj 3-4 regions	A	$ 37.21	$ 23.19
98927		Osteopath manj 5-6 regions	A	$ 48.25	$ 30.48
98928		Osteopath manj 7-8 regions	A	$ 59.38	$ 38.73
98929		Osteopath manj 9-10 regions	A	$ 69.81	$ 46.42
98940		Chiropract manj 1-2 regions	A	$ 23.06	$ 14.72
98941		Chiropract manj 3-4 regions	A	$ 33.28	$ 22.67
98942		Chiropractic manj 5 regions	A	$ 43.22	$ 30.63
98943		Chiropract manj xtrspinl 1/>	N	$ 21.78	$ 15.23
98960		Self-mgmt educ & train 1 pt	B	$ 23.74	$ 18.99
98961		Self-mgmt educ/train 2-4 pt	B	$ 11.46	$ 9.17
98962		Self-mgmt educ/train 5-8 pt	B	$ 8.44	$ 6.75
98966		Hc pro phone call 5-10 min	A	$ 10.98	$ 7.47
98967		Hc pro phone call 11-20 min	A	$ 20.04	$ 14.72
98968		Hc pro phone call 21-30 min	A	$ 28.06	$ 20.92
98970		Qnhp ol dig assmt&mgmt 5-10	A	$ 9.61	$ 7.69
98971		Qnhp ol dig assmt&mgmt 11-20	A	$ 17.00	$ 13.38
98972		Qnhp ol dig assmt&mgmt 21+	A	$ 26.06	$ 20.63
98975		Rem ther mntr 1st setup&edu	A	$ 15.51	$ 12.41
98976		Rem ther mntr dev sply resp	A	$ 40.52	$ 32.42
98977		Rem ther mntr dv sply mscskl	A	$ 40.52	$ 32.42
98980		Rem ther mntr 1st 20 min	A	$ 40.65	$ 20.46
98981		Rem ther mntr ea addl 20 min	A	$ 32.68	$ 20.01
99091		Collj & interpj data ea 30 d	A	$ 44.91	$ 35.93
99151		Mod sed same phys/qhp <5 yrs	A	$ 49.81	$ 16.15
99152		Mod sed same phys/qhp 5/>yrs	A	$ 41.24	$ 8.20
99153		Mod sed same phys/qhp ea	A	$ 8.93	$ 7.14
99155		Mod sed oth phys/qhp <5 yrs	A	$ 68.33	$ 54.66
99156		Mod sed oth phys/qhp 5/>yrs	A	$ 62.62	$ 50.09
99157		Mod sed other phys/qhp ea	A	$ 51.24	$ 41.00
99170		Anogenital exam child w imag	A	$ 134.41	$ 56.42
99173		Visual acuity screen	N	$ 2.41	$ 1.93
99174		Ocular instrumnt screen bil	N	$ 4.88	$ 3.90
99175		Induction of vomiting	A	$ 24.62	$ 19.70
99177		Ocular instrumnt screen bil	N	$ 3.78	$ 3.02
99183		Hyperbaric oxygen therapy	A	$ 87.45	$ 69.96
99184		Hypothermia ill neonate	A	$ 177.99	$ 142.39
99188		App topical fluoride varnish	N	$ 9.81	$ 6.53
99195		Phlebotomy	A	$ 79.16	$ 63.33

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
99202		Office o/p new sf 15-29 min	A	$ 59.76	$ 31.79
99203		Office o/p new low 30-44 min	A	$ 92.50	$ 54.69
99204		Office o/p new mod 45-59 min	A	$ 137.67	$ 88.20
99205		Office o/p new hi 60-74 min	A	$ 181.75	$ 119.74
99211		Off/op est may x req phy/qhp	A	$ 19.11	$ 5.85
99212		Office o/p est sf 10-19 min	A	$ 46.67	$ 23.52
99213		Office o/p est low 20-29 min	A	$ 74.68	$ 43.73
99214		Office o/p est mod 30-39 min	A	$ 105.74	$ 64.63
99215		Office o/p est hi 40-54 min	A	$ 148.27	$ 94.92
99221		1st hosp ip/obs sf/low 40	A	$ 68.62	$ 54.90
99222		1st hosp ip/obs moderate 55	A	$ 107.84	$ 86.27
99223		1st hosp ip/obs high 75	A	$ 143.94	$ 115.15
99231		Sbsq hosp ip/obs sf/low 25	A	$ 41.09	$ 32.87
99232		Sbsq hosp ip/obs moderate 35	A	$ 65.64	$ 52.51
99233		Sbsq hosp ip/obs high 50	A	$ 98.75	$ 79.00
99234		Hosp ip/obs sm dt sf/low 45	A	$ 81.75	$ 65.40
99235		Hosp ip/obs same date mod 70	A	$ 132.24	$ 105.79
99236		Hosp ip/obs same date hi 85	A	$ 173.32	$ 138.66
99238		Hosp ip/obs dschrg mgmt 30/<	A	$ 66.95	$ 53.56
99239		Hosp ip/obs dschrg mgmt >30	A	$ 94.90	$ 75.92
99242		Off/op consltj new/est sf 20	I	$ 62.77	$ 37.27
99243		Off/op cnsltj new/est low 30	I	$ 94.23	$ 58.93
99244		Off/op cnsltj new/est mod 40	I	$ 134.86	$ 89.90
99245		Off/op consltj new/est hi 55	I	$ 175.79	$ 120.45
99252		Ip/obs consltj new/est sf 35	I	$ 59.60	$ 47.68
99253		Ip/obs cnsltj new/est low 45	I	$ 83.21	$ 66.57
99254		Ip/obs cnsltj new/est mod 60	I	$ 115.71	$ 92.57
99255		Ip/obs consltj new/est hi 80	I	$ 155.37	$ 124.30
99281		Emr dpt vst mayx req phy/qhp	A	$ 9.70	$ 7.76
99282		Emergency dept visit sf mdm	A	$ 34.68	$ 27.75
99283		Emergency dept visit low mdm	A	$ 59.53	$ 47.62
99284		Emergency dept visit mod mdm	A	$ 100.32	$ 80.26
99285		Emergency dept visit hi mdm	A	$ 145.86	$ 116.68
99291		Critical care first hour	A	$ 226.62	$ 141.37
99292		Critical care addl 30 min	A	$ 99.13	$ 70.97
99304		1st nf care sf/low mdm 25	A	$ 66.67	$ 53.34
99305		1st nf care moderate mdm 35	A	$ 110.41	$ 88.33
99306		1st nf care high mdm 45	A	$ 151.04	$ 120.83
99307		Sbsq nf care sf mdm 10	A	$ 32.81	$ 26.25
99308		Sbsq nf care low mdm 15	A	$ 61.52	$ 49.22
99309		Sbsq nf care moderate mdm 30	A	$ 88.31	$ 70.65
99310		Sbsq nf care high mdm 45	A	$ 126.94	$ 101.55
99315		Nf dschrg mgmt 30 min/less	A	$ 67.55	$ 54.04
99316		Nf dschrg mgmt 30 min+	A	$ 108.76	$ 87.01
99341		Home/res vst new sf mdm 15	A	$ 40.63	$ 32.50
99342		Home/res vst new low mdm 30	A	$ 64.87	$ 51.89
99344		Home/res vst new mod mdm 60	A	$ 119.42	$ 95.54
99345		Home/res vst new high mdm 75	A	$ 167.83	$ 134.27
99347		Home/res vst est sf mdm 20	A	$ 37.20	$ 29.76
99348		Home/res vst est low mdm 30	A	$ 63.29	$ 50.63
99349		Home/res vst est mod mdm 40	A	$ 105.72	$ 84.58
99350		Home/res vst est high mdm 60	A	$ 154.28	$ 123.43
99358		Prolong service w/o contact	I	$ 76.26	$ 60.13
99359		Prolong serv w/o contact add	I	$ 35.44	$ 28.35

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
99360		Physician standby services	X	$ 48.67	$ 38.94
99366		Team conf w/pat by hc prof	B	$ 34.07	$ 26.60
99367		Team conf w/o pat by phys	B	$ 44.97	$ 35.98
99368		Team conf w/o pat by hc pro	B	$ 29.27	$ 23.42
99374		Home health care supervision	B	$ 56.21	$ 35.98
99375		Home health care supervision	I	$ 83.78	$ 56.27
99377		Hospice care supervision	B	$ 56.21	$ 35.98
99378		Hospice care supervision	I	$ 83.78	$ 56.27
99379		Nursing fac care supervision	B	$ 56.21	$ 35.98
99380		Nursing fac care supervision	B	$ 83.78	$ 56.27
99381		Init pm e/m new pat infant	N	$ 90.04	$ 49.00
99382		Init pm e/m new pat 1-4 yrs	N	$ 94.02	$ 52.18
99383		Prev visit new age 5-11	N	$ 97.72	$ 55.36
99384		Prev visit new age 12-17	N	$ 110.08	$ 65.03
99385		Prev visit new age 18-39	N	$ 106.95	$ 62.53
99386		Prev visit new age 40-64	N	$ 123.30	$ 75.83
99387		Init pm e/m new pat 65+ yrs	N	$ 134.05	$ 81.57
99391		Per pm reeval est pat infant	N	$ 80.93	$ 44.56
99392		Prev visit est age 1-4	N	$ 86.48	$ 49.00
99393		Prev visit est age 5-11	N	$ 86.20	$ 49.00
99394		Prev visit est age 12-17	N	$ 94.16	$ 55.36
99395		Prev visit est age 18-39	N	$ 96.36	$ 57.12
99396		Prev visit est age 40-64	N	$ 102.32	$ 61.90
99397		Per pm reeval est pat 65+ yr	N	$ 110.35	$ 65.03
99401		Preventive counseling indiv	N	$ 31.96	$ 15.91
99402		Preventive counseling indiv	N	$ 52.00	$ 31.94
99403		Preventive counseling indiv	N	$ 71.61	$ 47.86
99404		Preventive counseling indiv	N	$ 91.36	$ 63.66
99406		Behav chng smoking 3-10 min	A	$ 12.28	$ 7.85
99407		Behav chng smoking > 10 min	A	$ 22.93	$ 16.59
99408		Audit/dast 15-30 min	N	$ 28.90	$ 21.15
99409		Audit/dast over 30 min	N	$ 55.33	$ 42.29
99411		Preventive counseling group	N	$ 16.60	$ 4.94
99412		Preventive counseling group	N	$ 20.79	$ 8.30
99415		Prolng clin staff svc 1st hr	A	$ 15.30	$ 12.24
99416		Prolng clin staff svc ea add	A	$ 7.07	$ 5.66
99417		Prolng op e/m each 15 min	I	$ 25.83	$ 20.01
99418		Prolng ip/obs e/m ea 15 min	I	$ 32.69	$ 26.15
99421		Ol dig e/m svc 5-10 min	A	$ 12.29	$ 8.52
99422		Ol dig e/m svc 11-20 min	A	$ 24.31	$ 16.81
99423		Ol dig e/m svc 21+ min	A	$ 38.86	$ 26.70
99424		Prin care mgmt phys 1st 30	A	$ 67.21	$ 48.72
99425		Prin care mgmt phys ea addl	A	$ 48.12	$ 33.67
99426		Prin care mgmt staff 1st 30	A	$ 50.53	$ 32.53
99427		Prin care mgmt staff ea addl	A	$ 39.01	$ 23.09
99437		Chrnc care mgmt phys ea addl	A	$ 49.50	$ 33.45
99439		Chrnc care mgmt staf ea addl	A	$ 39.12	$ 23.18
99441		Phone e/m phys/qhp 5-10 min	A	$ 46.25	$ 23.18
99442		Phone e/m phys/qhp 11-20 min	A	$ 74.68	$ 43.73
99443		Phone e/m phys/qhp 21-30 min	A	$ 105.31	$ 64.28
99446		Ntrprof ph1/ntrnet/ehr 5-10	A	$ 14.78	$ 11.82
99447		Ntrprof ph1/ntrnet/ehr 11-20	A	$ 29.40	$ 23.52
99448		Ntrprof ph1/ntrnet/ehr 21-30	A	$ 44.72	$ 35.78
99449		Ntrprof ph1/ntrnet/ehr 31/>	A	$ 59.40	$ 47.52

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
99451		Ntrprof ph1/ntrnet/ehr 5/>	A	$ 29.52	$ 23.61
99452		Ntrprof ph1/ntrnet/ehr rfrl	A	$ 27.60	$ 22.08
99453		Rem mntr physiol param setup	A	$ 15.51	$ 12.41
99454		Rem mntr physiol param dev	A	$ 40.52	$ 32.42
99457		Rem physiol mntr 1st 20 min	A	$ 40.09	$ 20.01
99458		Rem physiol mntr ea addl 20	A	$ 32.68	$ 20.01
99460		Init nb em per day hosp	A	$ 77.06	$ 61.65
99461		Init nb em per day non-fac	A	$ 75.72	$ 40.84
99462		Sbsq nb em per day hosp	A	$ 33.98	$ 27.18
99463		Same day nb discharge	A	$ 90.21	$ 72.17
99464		Attendance at delivery	A	$ 60.43	$ 48.34
99465		Nb resuscitation	A	$ 117.52	$ 94.02
99466		Ped crit care transport	A	$ 192.31	$ 153.85
99467		Ped crit care transport addl	A	$ 97.11	$ 77.69
99468		Neonate crit care initial	A	$ 742.22	$ 593.78
99469		Neonate crit care subsq	A	$ 321.21	$ 256.97
99471		Ped critical care initial	A	$ 642.26	$ 513.81
99472		Ped critical care subsq	A	$ 325.23	$ 260.19
99473		Self-meas bp pt educaj/train	A	$ 10.36	$ 8.29
99474		Self-meas bp 2 readg bid 30d	A	$ 12.53	$ 5.85
99475		Ped crit care age 2-5 init	A	$ 461.74	$ 369.39
99476		Ped crit care age 2-5 subsq	A	$ 278.30	$ 222.64
99477		Init day hosp neonate care	A	$ 281.39	$ 225.11
99478		Ic lbw inf < 1500 gm subsq	A	$ 110.69	$ 88.55
99479		Ic lbw inf 1500-2500 g subsq	A	$ 100.81	$ 80.65
99480		Ic inf pbw 2501-5000 g subsq	A	$ 97.11	$ 77.69
99483		Assmt & care pln pt cog imp	A	$ 224.48	$ 128.69
99484		Care mgmt svc bhvl hlth cond	A	$ 35.43	$ 19.57
99485		Suprv interfacilty transport	B	$ 61.25	$ 49.00
99486		Suprv interfac trnsport addl	B	$ 52.87	$ 42.29
99487		Cplx chrnc care 1st 60 min	A	$ 109.54	$ 60.21
99489		Cplx chrnc care ea addl 30	A	$ 58.00	$ 33.23
99490		Chrnc care mgmt staff 1st 20	A	$ 51.69	$ 33.45
99491		Chrnc care mgmt phys 1st 30	A	$ 70.30	$ 50.10
99492		1st psyc collab care mgmt	A	$ 123.90	$ 61.61
99493		Sbsq psyc collab care mgmt	A	$ 117.55	$ 67.28
99494		1st/sbsq psyc collab care	A	$ 47.66	$ 26.94
99495		Transj care mgmt mod f2f 14d	A	$ 168.93	$ 92.80
99496		Transj care mgmt high f2f 7d	A	$ 228.86	$ 126.49
99497		Advncd care plan 30 min	A	$ 68.65	$ 50.10
99498		Advncd care plan addl 30 min	A	$ 59.46	$ 47.35
G0071		Comm svcs by rhc/fqhc 5 min	X	$ 19.57	$ 15.65
G0076		Care manag h vst new pt 20 m	A	$ 40.92	$ 32.73
G0077		Care manag h vst new pt 30 m	A	$ 61.12	$ 48.90
G0078		Care manag h vst new pt 45 m	A	$ 101.49	$ 81.19
G0079		Care manag h vst new pt 60 m	A	$ 134.11	$ 107.29
G0080		Care manag h vst new pt 75 m	A	$ 173.88	$ 139.11
G0081		Care man h v ext pt 20 mi	A	$ 40.08	$ 32.06
G0082		Care man h v ext pt 30 m	A	$ 65.02	$ 52.01
G0083		Care man h v ext pt 45 m	A	$ 102.56	$ 82.04
G0084		Care man h v ext pt 60 m	A	$ 145.07	$ 116.05
G0085		Care man h v ext pt 75 m	A	$ 173.88	$ 139.11
G0086		Care man home care plan 30 m	A	$ 62.00	$ 49.60
G0087		Care man home care plan 60 m	A	$ 86.65	$ 69.32

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
G0101		Ca screen;pelvic/breast exam	A	$ 32.28	$ 18.15
G0102		Prostate ca screening; dre	A	$ 19.11	$ 5.85
G0104		Ca screen;flexi sigmoidscope	A	$ 153.78	$ 36.59
G0105	53	Colorectal scrn; hi risk ind	A	$ 140.56	$ 60.24
G0105		Colorectal scrn; hi risk ind	A	$ 281.39	$ 120.47
G0106	26	Colon ca screen;barium enema	A	$ 50.13	$ 40.10
G0106	TC	Colon ca screen;barium enema	A	$ 135.62	$ 108.49
G0106		Colon ca screen;barium enema	A	$ 185.74	$ 148.60
G0108		Diab manage trn per indiv	A	$ 45.43	$ 36.34
G0109		Diab manage trn ind/group	A	$ 12.90	$ 10.32
G0117		Glaucoma scrn hgh risk direc	T	$ 52.33	$ 41.86
G0118		Glaucoma scrn hgh risk direc	T	$ 34.45	$ 27.56
G0120	26	Colon ca scrn; barium enema	A	$ 50.13	$ 40.10
G0120	TC	Colon ca scrn; barium enema	A	$ 135.62	$ 108.49
G0120		Colon ca scrn; barium enema	A	$ 185.74	$ 148.60
G0121	53	Colon ca scrn not hi rsk ind	A	$ 140.77	$ 60.41
G0121		Colon ca scrn not hi rsk ind	A	$ 281.61	$ 120.64
G0122	26	Colon ca scrn; barium enema	N	$ 39.36	$ 31.49
G0122	TC	Colon ca scrn; barium enema	N	$ 229.40	$ 183.52
G0122		Colon ca scrn; barium enema	N	$ 268.76	$ 215.01
G0124		Screen c/v thin layer by md	A	$ 18.95	$ 15.16
G0127		Trim nail(s)	R	$ 19.37	$ 4.97
G0128		Corf skilled nursing service	R	$ 7.34	$ 5.87
G0130	26	Single energy x-ray study	A	$ 9.02	$ 7.21
G0130	TC	Single energy x-ray study	A	$ 20.51	$ 16.40
G0130		Single energy x-ray study	A	$ 29.52	$ 23.62
G0141		Scr c/v cyto,autosys and md	A	$ 18.95	$ 15.16
G0166		Extrnl counterpulse, per tx	A	$ 85.31	$ 68.25
G0168		Wound closure by adhesive	A	$ 102.07	$ 9.70
G0179		Md recertification hha pt	A	$ 34.11	$ 27.29
G0180		Md certification hha patient	A	$ 43.19	$ 34.55
G0181		Home health care supervision	A	$ 86.18	$ 68.95
G0182		Hospice care supervision	A	$ 86.73	$ 69.39
G0237		Therapeutic procd strg endur	A	$ 8.71	$ 6.97
G0238		Oth resp proc, indiv	A	$ 8.44	$ 6.75
G0239		Oth resp proc, group	A	$ 10.36	$ 8.29
G0245		Initial foot exam pt lops	R	$ 52.80	$ 26.45
G0246		Followup eval of foot pt lop	R	$ 31.76	$ 13.34
G0247		Routine footcare pt w lops	R	$ 69.12	$ 14.50
G0248		Demonstrate use home inr mon	R	$ 79.55	$ 63.64
G0249		Provide inr test mater/equip	R	$ 55.06	$ 44.05
G0250		Md inr test revie inter mgmt	R	$ 7.32	$ 5.85
G0252	26	Pet imaging initial dx	N	$ 59.97	$ 47.97
G0268		Removal of impacted wax md	A	$ 43.56	$ 22.13
G0270		Mnt subs tx for change dx	A	$ 26.61	$ 18.22
G0271		Group mnt 2 or more 30 mins	A	$ 14.00	$ 10.32
G0276		Pild/placebo control clin tr	R	$ 305.43	$ 244.34
G0277		Hbot, full body chamber, 30m	A	$ 139.18	$ 111.34
G0278		Iliac art angio,cardiac cath	A	$ 10.95	$ 8.76
G0279	TC	Tomosynthesis, mammo	A	$ 19.74	$ 15.79
G0279	26	Tomosynthesis, mammo	A	$ 24.17	$ 19.34
G0279		Tomosynthesis, mammo	A	$ 43.91	$ 35.13
G0281		Elec stim unattend for press	A	$ 10.06	$ 8.05
G0283		Elec stim other than wound	A	$ 10.06	$ 8.05

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
G0288		Recon, cta for surg plan	A	$ 32.30	$ 25.84
G0289		Arthro, loose body + chondro	A	$ 69.67	$ 55.73
G0296		Visit to determ ldct elig	A	$ 23.51	$ 17.05
G0316		Prolong inpt eval add15 m	A	$ 26.38	$ 20.22
G0317		Prolong nursin fac eval 15m	A	$ 26.38	$ 20.22
G0318		Prolong home eval add 15m	A	$ 25.83	$ 19.79
G0323		Care manage beh svs 20mins	A	$ 35.43	$ 19.35
G0329		Electromagntic tx for ulcers	A	$ 9.07	$ 7.26
G0337		Hospice evaluation preelecti	X	$ 58.12	$ 46.50
G0341		Percutaneous islet celltrans	A	$ 1,343.62	$ 203.77
G0342		Laparoscopy islet cell trans	A	$ 617.02	$ 493.62
G0343		Laparotomy islet cell transp	A	$ 1,010.55	$ 808.44
G0372		Md service required for pmd	A	$ 7.30	$ 5.84
G0396		Alcohol/subs interv 15-30mn	A	$ 28.90	$ 20.93
G0397		Alcohol/subs interv >30 min	A	$ 56.46	$ 43.20
G0402		Initial preventive exam	A	$ 137.42	$ 87.12
G0403		Ekg for initial prevent exam	A	$ 11.91	$ 9.52
G0404		Ekg tracing for initial prev	A	$ 5.15	$ 4.12
G0405		Ekg interpret & report preve	A	$ 6.76	$ 5.40
G0406		Inpt/tele follow up 15	A	$ 34.17	$ 27.34
G0407		Inpt/tele follow up 25	A	$ 59.88	$ 47.90
G0408		Inpt/tele follow up 35	A	$ 87.23	$ 69.79
G0409		Corf related serv 15 mins ea	R	$ 18.59	$ 14.87
G0412		Open tx iliac spine uni/bil	A	$ 597.95	$ 478.36
G0413		Pelvic ring fracture uni/bil	A	$ 876.89	$ 701.51
G0414		Pelvic ring fx treat int fix	A	$ 827.10	$ 661.68
G0415		Open tx post pelvic fxcture	A	$ 1,127.36	$ 901.89
G0416	26	Prostate biopsy, any mthd	A	$ 146.11	$ 116.89
G0416	TC	Prostate biopsy, any mthd	A	$ 152.22	$ 121.78
G0416		Prostate biopsy, any mthd	A	$ 298.33	$ 238.66
G0420		Ed svc ckd ind per session	A	$ 90.78	$ 72.62
G0421		Ed svc ckd grp per session	A	$ 21.84	$ 17.47
G0422		Intens cardiac rehab w/exerc	A	$ 99.43	$ 79.54
G0423		Intens cardiac rehab no exer	A	$ 99.43	$ 79.54
G0425		Inpt/ed teleconsult30	A	$ 76.97	$ 61.58
G0426		Inpt/ed teleconsult50	A	$ 108.12	$ 86.50
G0427		Inpt/ed teleconsult70	A	$ 154.31	$ 123.45
G0429		Dermal filler injection(s)	A	$ 81.26	$ 44.83
G0438		Ppps, initial visit	A	$ 137.15	$ 109.72
G0439		Ppps, subseq visit	A	$ 107.23	$ 85.78
G0442		Annual alcohol screen 15 min	A	$ 15.27	$ 6.07
G0443		Brief alcohol misuse counsel	A	$ 21.22	$ 15.22
G0444		Depression screen annual	A	$ 15.27	$ 6.07
G0445		High inten beh couns std 30m	A	$ 22.04	$ 15.00
G0446		Intens behave ther cardio dx	A	$ 21.49	$ 15.22
G0447		Behavior counsel obesity 15m	A	$ 21.22	$ 15.22
G0451		Devlopment test interpt&rep	A	$ 8.71	$ 6.97
G0452	TC	Molecular pathology interpr	A	$ 2.41	$ 1.93
G0452	26	Molecular pathology interpr	A	$ 39.01	$ 31.21
G0452		Molecular pathology interpr	A	$ 41.41	$ 33.13
G0453		Cont intraop neuro monitor	A	$ 26.36	$ 21.09
G0454		Md document visit by npp	A	$ 7.32	$ 5.85
G0455		Fecal microbiota prep instil	A	$ 107.49	$ 46.95
G0459		Telehealth inpt pharm mgmt	A	$ 34.80	$ 27.84

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
G0473		Group behave couns 2-10	A	$ 10.40	$ 7.66
G0500		Mod sedat endo service >5yrs	A	$ 45.81	$ 3.52
G0506		Comp asses care plan ccm svc	A	$ 51.02	$ 29.19
G0508		Crit care telehea consult 60	A	$ 170.47	$ 136.38
G0509		Crit care telehea consult 50	A	$ 156.81	$ 125.45
G0511		Ccm/bhi by rhc/fqhc 20min mo	X	$ 64.23	$ 29.88
G0512		Cocm by rhc/fqhc 60 min mo	X	$ 121.01	$ 96.81
G0513		Prolong prev svcs, first 30m	A	$ 52.69	$ 39.30
G0514		Prolong prev svcs, addl 30m	A	$ 52.69	$ 39.52
G0516		Insert drug del implant, >=4	A	$ 164.73	$ 64.22
G0517		Remove drug implant	A	$ 182.61	$ 73.04
G0518		Remove w insert drug implant	A	$ 319.87	$ 120.10
G2001		Post d/c h vst new pt 20 m	A	$ 40.92	$ 32.73
G2002		Post-d/c h vst new pt 30 m	A	$ 61.12	$ 48.90
G2003		Post-d/c h vst new pt 45 m	A	$ 101.49	$ 81.19
G2004		Post-d/c h vst new pt 60 m	A	$ 134.11	$ 107.29
G2005		Post-d/c h vst new pt 75 m	A	$ 173.88	$ 139.11
G2006		Post-d/c h vst ext pt 20 m	A	$ 40.08	$ 32.06
G2007		Post-d/c h vst ext pt 30 m	A	$ 65.02	$ 52.01
G2008		Post-d/c h vst ext pt 45 m	A	$ 102.56	$ 82.04
G2009		Post-d/c h vst ext pt 60 m	A	$ 145.07	$ 116.05
G2010		Remot image submit by pt	A	$ 10.06	$ 6.07
G2011		Alcohol/sub misuse assess	A	$ 13.77	$ 11.02
G2012		Brief check in by md/qhp	A	$ 11.74	$ 8.30
G2013		Post-d/c h vst ext pt 75 m	A	$ 173.88	$ 139.11
G2014		Post-d/c care plan overs 30m	A	$ 62.00	$ 49.60
G2015		Post-d/c care plan overs 60m	A	$ 86.65	$ 69.32
G2023		Specimen collect covid-19	X	$ 13.71	$ 1.54
G2025		Dis site tele svcs rhc/fqhc	X	$ 80.91	$ 64.73
G2082		Visit esketamine 56m or less	A	$ 673.47	$ 23.25
G2083		Visit esketamine, > 56m	A	$ 956.18	$ 23.25
G2086		Off base opioid tx 70min	A	$ 322.41	$ 191.46
G2087		Off base opioid tx, 60 m	A	$ 292.83	$ 202.68
G2088		Off base opioid tx, add30	A	$ 49.98	$ 23.53
G2212		Prolong outpt/office vis	A	$ 26.65	$ 20.66
G2213		Initiat med assist tx in er	A	$ 54.94	$ 41.32
G2214		Init/sub psych care m 1st 30	A	$ 48.26	$ 25.23
G2250		Remot img sub by pt, non e/m	A	$ 10.06	$ 6.07
G2251		Brief chkin, 5-10, non-e/m	A	$ 11.74	$ 8.30
G2252		Brief chkin by md/qhp, 11-20	A	$ 22.11	$ 16.81
G3002		Chronic pain mgmt 30 mins	A	$ 66.94	$ 48.72
G3003		Chronic pain mgmt addl 15m	A	$ 24.31	$ 16.81
G6001	26	Echo guidance radiotherapy	A	$ 26.46	$ 21.17
G6001	TC	Echo guidance radiotherapy	A	$ 121.97	$ 97.57
G6001		Echo guidance radiotherapy	A	$ 148.42	$ 118.74
G6002	26	Stereoscopic x-ray guidance	A	$ 17.15	$ 13.72
G6002	TC	Stereoscopic x-ray guidance	A	$ 44.36	$ 35.49
G6002		Stereoscopic x-ray guidance	A	$ 61.51	$ 49.21
G6003		Radiation treatment delivery	A	$ 125.26	$ 100.20
G6004		Radiation treatment delivery	A	$ 105.79	$ 84.63
G6005		Radiation treatment delivery	A	$ 106.06	$ 84.85
G6006		Radiation treatment delivery	A	$ 105.51	$ 84.41
G6007		Radiation treatment delivery	A	$ 195.18	$ 156.14
G6008		Radiation treatment delivery	A	$ 146.04	$ 116.83

This material contains confidential and proprietary information to Monroe Plan For Medical Care and YourCare IPA Participating Providers and it is provided for your use in evaluating fees provded to Molina Health Plan of NY members. The disclosure of this material to others outside your practice is not permitted and violating it may result in you being denied access to such information electronically. Fees indicated are subject to change based on New York State benefit, payment, and billing guidelines in place at the time of service.

Effective Date: January 1, 2024

Hcpcs Code	MODIFIER	Description	STATUS	MPMC Non-Fac Rate	MPMC Facility Rate
G6009		Radiation treatment delivery	A	$ 145.49	$ 116.39
G6010		Radiation treatment delivery	A	$ 144.66	$ 115.73
G6011		Radiation treatment delivery	A	$ 194.85	$ 155.88
G6012		Radiation treatment delivery	A	$ 192.65	$ 154.12
G6013		Radiation treatment delivery	A	$ 193.20	$ 154.56
G6014		Radiation treatment delivery	A	$ 192.10	$ 153.68
G6015		Radiation tx delivery imrt	A	$ 295.09	$ 236.07
G6016		Delivery comp imrt	A	$ 294.45	$ 235.56
G9157		Transesoph doppl cardiac mon	A	$ 78.18	$ 62.55
G9187		Bpci home visit	A	$ 37.30	$ 29.84
G9481		Remote e/m new pt 10mins	A	$ 15.11	$ 12.09
G9482		Remote e/m new pt 20mins	A	$ 28.50	$ 22.80
G9483		Remote e/m new pt 30mins	A	$ 44.54	$ 35.63
G9484		Remote e/m new pt 45mins	A	$ 74.91	$ 59.93
G9485		Remote e/m new pt 60mins	A	$ 97.93	$ 78.35
G9486		Remote e/m est. pt 10mins	A	$ 15.11	$ 12.09
G9487		Remote e/m est. pt 15mins	A	$ 30.08	$ 24.06
G9488		Remote e/m est. pt 25mins	A	$ 46.20	$ 36.96
G9489		Remote e/m est. pt 40mins	A	$ 65.05	$ 52.04
G9490		Cmmi mod home visit	A	$ 37.09	$ 29.67
G9685		Acute nursing facility care	A	$ 154.95	$ 123.96
G9868		Cmmi asyntelehealth <10min	A	$ 23.04	$ 18.43
G9869		Cmmi asyntelehealth 10-20min	A	$ 30.82	$ 24.66
G9870		Cmmi asyntelehealth >20min	A	$ 38.60	$ 30.88
G9978		Remote e/m new pt 10mins	A	$ 23.06	$ 18.45
G9979		Remote e/m new pt 20mins	A	$ 39.74	$ 31.79
G9980		Remote e/m new pt 30 mins	A	$ 63.18	$ 50.55
G9981		Remote e/m new pt 45mins	A	$ 105.35	$ 84.28
G9982		Remote e/m new pt 60mins	A	$ 140.16	$ 112.13
G9983		Remote e/m est. pt 10mins	A	$ 23.06	$ 18.45
G9984		Remote e/m est. pt 15mins	A	$ 45.16	$ 36.13
G9985		Remote e/m est. pt 25mins	A	$ 68.68	$ 54.95
G9986		Remote e/m est. pt 40mins	A	$ 98.78	$ 79.02
G9987		Bpci advanced in home visit	A	$ 37.30	$ 29.84
P3001		Screening pap smear by phys	A	$ 18.95	$ 15.16
Q0035	26	Cardiokymography	A	$ 6.76	$ 5.40
Q0035	TC	Cardiokymography	A	$ 7.62	$ 6.09
Q0035		Cardiokymography	A	$ 14.37	$ 11.50
Q0091		Obtaining screen pap smear	A	$ 35.76	$ 12.16
Q0092		Set up port xray equipment	A	$ 20.23	$ 16.19