

CPT Code		Fee Schedule North	Fee Schedule South	Explanation of Revision
59841		542.43	521.14	Typographical error: the description of this CPT code should be, "Induced abortion, by dilation and evacuation."
62281		\$751.62	705.2	Typographical error; the fee for the South region should be \$705.20.
62290		\$1,378.05	\$1,290.81	Typographical error; the description for this CPT code should be: "Injection procedure for discography, each level;
62310		\$1,063.51	\$995.12	Typographical error: the description of this CPT code should end in "cervical-thoracic," not "lumbar, sacral."
63219		\$619.50	\$579.16	Typographical error; the description for this CPT code should be: "Inj not lytic-w/wo cm-dx/tx-epidur; lumbar, sacral."
64405		\$246.76	\$234.08	Typographical error; the description for this CPT code should be: "greater occipital nerve."
72052	29	\$35.22	\$34.10	The modifier should be -26 not -29.
72072	26	\$16.16	\$15.64	This should have the modifier -TC
72072	TC	\$62.43	\$58.28	This should have the modifier -26
72148	26	\$888.90	\$818.20	This should have the modifier -TC
72148	TC	\$134.05	\$121.15	This should have the modifier -26
73615		\$132.57	\$122.07	This fee should have the modifier -TC.
73615		\$40.40	\$39.10	This fee should have the modifier -26
77334	TC	\$295.65	\$276.52	The -TC modifier should be removed because this is the global fee.
83020		\$23.39	\$23.39	This code should be deleted because this procedure is only payable per the fee schedule for the Professional Component (-26) (next entry on the schedule) and the fee is correct.
83912		\$7.28	\$7.28	This code should be deleted because this procedure is only payable per the fee schedule for the Professional Component (-26) (next entry on the schedule) and the fee is correct.

84165		\$19.51	\$19.51	This code should be deleted because the correct fee for CPT 84165 is the next entry on the schedule and it should have the Professional Component modifier (-26) (see next row).
84165		\$28.18	\$27.21	This code should have the Professional Component modifier (-26).
85025	26			This code should be deleted. The correct fee for this CPT is the next entry on the schedule (North - \$24.32 and South - \$21.68).
85610	26			This code should be deleted. The correct fee for this CPT is the next entry on the schedule (North - \$7.14 and South - \$7.14).
86255		\$21.89	\$21.89	This code should be deleted. The code and description are a combination of the codes above and below it.
95816		\$200.73	\$184.52	This code should have the modifier -TC.
99070		\$38.09	\$38.09	This fee should be deleted because it is an unlisted code and the fee schedule does not include unlisted codes. It is, therefore, subject to the rules for unlisted codes, which in this case would be showing that billed items are not included in the fee for the procedure. It should be noted that Medicare does not reimburse for this code because supplies are considered to be bundled with the procedure.

The following codes have been recodified in CPT without any revision to the procedures. Therefore, providers should use the new codes and payors should use the fee schedule amounts as the fees for these codes.

Old Codes		North	South	New Codes
76003	TC	\$189.45	\$174.39	77002 -TC
76003	26	\$90.75	\$87.87	77002-26
76003		\$280.20	\$262.29	77002
76005	TC	\$189.45	\$174.39	77003-TC
76005	26	\$96.30	\$93.54	77003-26
76005		\$285.75	\$267.96	77003
90760		\$98.16	\$90.92	96360

90761		\$30.65	\$28.60	96361
90765		\$120.08	\$111.18	96365
90766		\$38.95	\$36.53	96366
90767		\$65.31	\$60.75	96367
90768		\$37.22	\$34.91	96368
90772		\$27.98	\$26.30	96372
90773		\$28.46	\$26.78	96373
90774		\$89.44	\$82.84	96374
90775		\$41.39	\$38.48	96375