

Health Care Provider Fee Schedule & Billing Instructions



Effective January 1, 2026

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DEFINITIONS

For the purposes of this document, the following definitions apply to the provision of all services:

- A. **"ASA Relative Value Guide"** means a document published by the American Society of Anesthesiologists (ASA) which includes only CPT descriptive terms, identifying codes, and modifiers for reporting medical services and procedures that relate to the practice of anesthesiology. The current calendar year edition of the ASA *Relative Value Guide*® applies.
- B. **"Assistant Surgeon"** means a physician who actively provides assistance to the primary surgeon and is billed using modifier "80", "81," or "82". Modifier "81" means an assistant who does not participate in the entire procedure but provides minimal assistance to the primary surgeon. Modifier "82" means an assistant who provides surgery when a qualified resident surgeon is not available and is used primarily in teaching hospitals to indicate that a qualified resident surgeon is unavailable. Modifier "AS" is used to indicate that a Physician Assistant, Nurse Practitioner, or Certified Nurse Specialist serves as the assistant during surgery.
- C. **"Audio-only codes"** means a subset of telephonic services delivered using synchronous, real-time interactive audio-only telecommunications technology and reported using CPT codes 98008 through 98015.
- D. **"Audio-video codes"** means a subset of telemedicine services delivered using synchronous, real-time interactive audio and video telecommunications technology and reported using CPT codes 98000 through 98007.
- E. **"Authorized Health Care Provider (HCP)"** means the Health Care Provider selected in accordance with the Workers' Compensation Act.
- F. **"Average Wholesale Price (AWP)"** means the average national price paid by pharmacies for pharmaceutical products, as determined and published at least monthly by any nationally recognized pricing guide.
- G. **"By-Report (BR)"** means a maximum amount for a service has not been established in the HCP Fee Schedule and Billing Instructions.
- H. **Claim Adjustment Reason Codes (CARCs)** are standardized codes used in healthcare billing to explain why claims are paid differently than billed—due to denials, reductions, or adjustments by insurers. Found on Electronic Remittance Advice (ERA) and Explanation of Benefits (EOB) documents, they are key to understanding claim outcomes and managing revenue. The codes are developed and maintained by Accredited Standards Committee X12 (ASC X12), a standards body overseeing electronic data

exchange in healthcare and other industries.

- I. **“Centers for Medicare & Medicaid Services (CMS)”** means part of the Federal Department of Health and Human Services which administers programs including Medicare, Medicaid, the Children’s Health Insurance Program (CHIP), and the Health Insurance Marketplace.
- J. **“Co-Surgeon”** means two or more surgeons with different specialties work during the same operative session, for the same beneficiary, and the same date of service. All providers must use the co-surgeon Modifier “62”. Modifier “62” shall only be used when the co-surgeons are of different specialties and are working simultaneously.
- K. **“Failed appointment”** means an appointment with an HCP or caregiver for which the patient fails to show or arrives too late to be treated on the same day.
- L. **“Forms”** means a bill for services that is rendered by an HCP, caregiver, or supplier submitted on one of the following forms as outlined in this document: (1) CMS-1500 (02/12); (2) UB-04 CMS-1450 (OMB No. 0938-0997).
- M. **“HCP Fee Schedule”** means this *Health Care Provider Fee Schedule & Billing Instructions* document and is used for ease of reference.
- N. **“HCPCS”** means Healthcare Common Procedure Coding System, a set of health care procedure codes based on the American Medical Association’s Current Procedural Terminology (CPT).
- O. **“Implants, hardware, and instrumentation”** means surgical implants that are defined as any single-use item that is surgically inserted, deemed to be medically necessary, and approved by the payer. The physician does not specify if these items are to be removed in less than six (6) weeks. This includes bone, cartilage, tendon, or other anatomical material obtained from a source other than the patient; plates, screws, pins, cages; internal fixators; joint replacements; anchors; permanent neuro-stimulators; pain pump; and disposable instrumentation which includes ports, single-use temporary pain pumps, external fixators, temporary neuro-stimulators, and other single-use items intended to be removed from the body in less than six (6) weeks.
- P. **“International Classification of Diseases (ICD-10-CM)”** means a set of numerical diagnostic codes, 10th revision that is commonly referred to as ICD-10.
- Q. **“Materials Supplied by an HCP (CPT Code 99070)”** means supplies and materials over and above those usually included with the HCP or caregiver services and which are not governed by the DME section in this document. Examples include sterile trays, unit doses of drugs, bandages, elastic wraps, initial casting, splinting and strapping materials, removable splints, and slings.
- R. **“Maximum Allowable Payment (MAP)”** means the maximum amount reimbursed according to the HCP Fee Schedule for any outpatient services, not including emergency department visits, outpatient surgery

visits, or New Mexico Gross Receipts Tax. The Maximum Allowable Payment may not exceed the Maximum Charge Allowable.

- S. **“Modifier 93”** means a CPT code modifier that is appended to an otherwise in-person service to indicate that the service was delivered via synchronous, interactive audio-only telecommunications technology.
- T. **“Modifier 95”** means a CPT code modifier that is appended to an otherwise in-person service to indicate that the service was delivered via synchronous, interactive audio and video telecommunications technology.
- U. **“National Drug Code (NDC)”** means a unique 10- or 11-digit, 3-segment number, which is a universal product identifier for over the counter and prescription drugs in the United States.
- V. **“New hospital”** means a hospital, as defined in NMSA 1978, Section 52-4-1, which has not completed its first fiscal year.
- W. **“New Mexico Gross Receipts Tax (NMGRT)”** means the gross receipts tax or compensating tax as defined in Chapter 7, Article 9 of the New Mexico Statutes Annotated 1978 (the “Gross Receipts and Compensating Tax Act Regulations”). This tax is collected by the New Mexico Taxation and Revenue Department.
- X. **“New patient”** means a patient who is new to the HCP, group practice, or caregiver whose medical and administrative records need to be established. A patient shall also be considered a new patient if seen for a new injury or disability or when a lapse of three (3) or more years from the most recent prior visit has occurred.
- Y. **“Official Disability Guidelines (ODG)”** means Official Disability Guidelines by MCG Health, formerly registered trademarks of the Work Loss Data Institute (WLDI). WLDI was acquired by MCG Health, part of the Hearst Health network, in 2017.
- Z. **“Payer”** means an insurance carrier, certified self-insurer, or a third-party administrator (TPA) making workers’ compensation medical, indemnity and/or other claims payments on behalf of an employer.
- AA. **“Pharmacy Maximum Allowable Payment (Pharm MAP)”** is based upon the maximum payment, that a pharmacy or authorized HCP is allowed to receive for any prescription drug, not including NMGRT.
- BB. **“Practitioner”** means any HCP, pharmacy, supplier, caregiver, and/or Freestanding Ambulatory Surgical Center -- individually or in combination -- as appropriate to the context of the paragraph in which it is used.
- CC. **Remittance Advice Remark Codes (RARCs)** are maintained by the Centers for Medicare & Medicaid Services (CMS) and published by X12, the same standards organization responsible for CARC codes. RARCs provide additional explanations for claim adjustments already described by a CARC, or they

convey informational messages about remittance processing. There are two types: Supplemental RARCs: Add detail to a CARC and Informational RARCs: Standalone alerts not tied to a specific adjustment.

- DD. **“Referral”** means the sending of a patient by the authorized HCP to another provider for evaluation or treatment of the patient. It is considered a continuation of the care provided by the authorized HCP.
- EE. **“Service component modifiers”** means the designation of radiology and pathology or laboratory procedures that are divided into professional and technical components for billing purposes.
- FF. **“Services”** means health care services, the scheduling of the date and time of the provision of those services, procedures, drugs, products or items provided to a worker by an HCP, pharmacy, supplier, caregiver, or Freestanding Ambulatory Surgical Center which are reasonable and necessary for the evaluation and treatment of a worker with an injury or occupational disease covered under the New Mexico Workers’ Compensation Act or the New Mexico Occupational Disease Disablement Law.
- GG. **“Telehealth”** is the use of telecommunications and information technology to provide access to health assessment, diagnosis, intervention, consultation, supervision and information across distance. For the purposes of this rule, telehealth includes both telemedicine services (delivered via synchronous audio and video) and telephonic services (delivered via synchronous audio-only).
- HH. **“Telehealth CPT code”** means a CPT code representing a healthcare service that is delivered remotely using telecommunications and information technology. These CPT codes are delivered remotely as an inherent part of the service, and do not require Modifiers 93 or 95 to be appended for their use.
- II. **“Telemedicine services”** means a two-way, real time, interactive communication between the injured worker and the provider at a distant site. At a minimum, telemedicine includes audio and video telecommunications equipment.
- JJ. **“Telephonic services”** means non-face to face services provided to a patient using the telephone. Such services can include medical discussions between a physician or other healthcare professionals and a patient that do not require direct, in-person contact.
- KK. **“Usual and Customary Fee”** means the monetary fee that an HCP normally charges for any given health care service. It shall be presumed that the charge billed by the HCP is the HCP’s usual and customary charge for that service unless it exceeds the HCP’s charges to self-paying patients or non-governmental third-party payers for the same services and procedures. In no case shall the usual and customary fee exceed the maximum charge allowable.
- LL. **“Worker”** means an injured or disabled employee.

BILLING INSTRUCTIONS

For services that are billed on Form CMS-1500, "WORKERS' COMPENSATION" or "WORK COMP" must be printed or stamped at the top of each billing form. If a subsequent billing (or a copy of the original bill) is sent for the same service(s), it must be labeled "TRACER," "RESUBMISSION," "RECONSIDERATION," or "CORRECTED CLAIM".

The following forms, as adopted from CMS, are used to file New Mexico workers' compensation claims and must include patient identification and appropriate information. For each procedure billed, the appropriate CPT code and descriptor must be included, regardless of which form is used.

1) CMS-1500 (02/12)

2) CMS-1450/UB-04

FASCs are to bill for services using Form CMS-1500. In addition to FASCs, Form CMS-1500 is also used for all HCP professional fees whose reimbursement is calculated according to the HCP Fee Schedule.

Pharmaceutical billings do not require a specific form.

Instructions for Completing Forms

The NM Workers' Compensation Administration (WCA) **DOES NOT** handle reimbursement claims for payments to providers or health care facilities. Submitting claim forms to the WCA by mail, email, fax, or any other method—will delay processing. Send all claim forms directly to the appropriate insurer for payments. To locate the insurer, go to the WCA website at: [Home - New Mexico Workers' Compensation Administration](#) – go to E-Services, then “Look Up Employer Coverage” – Access Workers’ Compensation Coverage Verification. Enter the employer’s name and you will be provided with the insurer’s name, policy number, and contact information.

Form CMS-1500 (02/12)

Instructions for completing Form CMS-1500 are published by the National Uniform Claim Committee (NUCC) and may be found by referring to the NUCC website.

Form CMS-1450/UB-04

Instructions for Form CMS-1450/UB-04 may be found by referring to the National Uniform Billing Committee (NUBC) and CMS websites.

Reimbursement Payment Limitations

Reimbursement for non-hospital services is limited to the lesser of the HCP Fee Schedule, usual and customary fee, or contract charges.

HCP FEE SCHEDULE

Anesthesia

The maximum allowable payment for the CPT code series 00100-01999 (which is specific to the field of anesthesia), shall be determined by including a monetary conversion factor of \$66.51.

Monetary Conversion Factor \$66.51 per unit	Base Unit Value Base Value + Time Units + Modifier =	Maximum Allowable Payment
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The “base unit value” assigned to each procedure in the CPT code series 00100-01999 in the most current edition of the American Society of Anesthesiologists (ASA) Relative Value Guide®, which has been adopted in the annual WCA Director’s Fee Schedule Order, shall be used when billing for anesthesia services.

“Time units” shall be billed in minutes. Anesthesia services shall be reimbursed based on one unit equal to 15 minutes and shall be determined by dividing the total number of minutes by 15 and rounding to the nearest hundredth. As an example, a two-hour and 13-minute service shall be converted to 133 minutes; divide the total minutes (133) by 15 which equal 8.87 units.

Anesthesia services provided during a hospital inpatient surgery or procedure shall be reimbursed by applying the appropriate hospital ratio ([see page 17, 18, and 19](#)).

Modifiers

Physical Status: The following six levels are consistent with the most current edition of the ASA Relative Value Guide’s® ranking of patient physical status. Physical status modifiers should be included in billing, as appropriate, and shall adhere to the coding and unit value assignments in the ASA Relative Value Guide® as adopted in the annual WCA Director’s Fee Schedule Order. Physical status modifiers are represented by the initial letter “P” followed by a single digit from 1 to 6 as defined below:

Modifier	Descriptor	Base Unit Value
P1	A normal healthy patient	0
P2	A patient with mild systemic disease	0
P3	A patient with severe systemic disease	1
P4	A patient with severe systemic disease that is a constant threat to life	2
P5	A moribund patient who is not expected to survive without the operation	3
P6	A declared brain-dead patient whose organs are being removed for donor purposes	0

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Qualifying Circumstances (more than one may be reported): This section lists important qualifying circumstances that can have a significant impact on the character of the anesthetic service provided. These modifying units may be added to the base unit values.

CPT Code	CPT Descriptor (list separately in addition to code for primary anesthesia procedure)	Base Unit Value
99100	Anesthesia for patients of extreme age, younger than 1 year and older than 70	1
99116	Anesthesia complicated by utilization of total body hypothermia	5
99135	Anesthesia complicated by utilization of controlled hypotension	5
99140	Anesthesia complicated by emergency conditions (specify) (an emergency is defined as existing when delay in treatment of the patient would lead to a significant increase in the threat to life or body part)	2

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Under certain circumstances, medical service and procedures need to be further modified. For other modifiers that may be used for Anesthesia, please refer to *Appendix A – Modifiers* found in the AMA's *Current Procedural Terminology* as adopted in the annual WCA Director's Fee Schedule Order.

Anesthesia services billed on form UB-04 CMS-1450 shall be reimbursed by applying the appropriate hospital ratio.

COVID-19 Testing and Pathology

COVID-19 testing and pathology shall be billed using the appropriate CPT codes.

Depositions

Effective November 7, 2025, NMAC 11.4.7.13(D) - Non-Clinical Services, will be amended to increase deposition reimbursements. Use code 99075 (medical testimony) when billing for depositions. See below for revised allowable charges.

11.4.7.13(D) - Non-Clinical Services

- Deposition preparation – \$400/hour for deposition preparation time, prorated in fifteen-minute increments, maximum of three hours.
- Deposition testimony - \$800/hour prorated in fifteen-minute increments for deposition testimony.
- Deposition cancellation – Up to \$800 no show or late cancellation (less than 48-hour notice) fee may be charged.

Durable Medical Equipment (DME)

All DME purchases are reimbursed as follows:

$$\text{HCP Invoice Cost} \quad \times \quad 1.25 \quad + \quad \text{Shipping and Handling and NMGR}$$

All DME provided by an HCP shall be itemized. The HCP must include all invoices for DME when claims are submitted to the payer for processing.

Rental of DME shall not exceed 90 days unless it is determined by the payer to be more cost efficient to do so. Rental fees shall not exceed the cost of purchase as established in the formula above. Payers shall not be held liable for payment of rental fees billed above the cost of purchase.

Rental fees paid for the first 30 days of rent may be applied against the purchase price. Subsequent rental fees may not be applied against the purchase price. The decision to purchase should be made within the first 30 days of rental.

DME provided during a hospital inpatient stay shall be reimbursed by applying the appropriate hospital ratio. (see page 17, 18, and 19).

Reasonable and necessary prosthetic/orthotic training or adjusting is excluded from the cost of the DME and may be billed separately.

The DME shall be pre-authorized by the payer as provided in Subsection B of 11.4.7.8 NMAC.

Evaluation and Management (E/M) Services

New Mexico has a unique definition of “new patient” (see Definitions section.) The definition is also different from the one found in the AMA CPT guidelines.

All E/M services, including prolonged services, shall be billed using the appropriate AMA CPT guidelines adopted in the annual WCA Director’s Fee Schedule Order.

Enter the time spent with the patient to justify prolonged services and codes.

Explanation of Benefits (EOBs)

The WCA accepts Claim Adjustment Reason Code (CARC) and Remittance Advice Remark Code (RARC) as valid codes for inclusion in the explanation of benefits (EOB) and/or explanation of review (EOR) – in addition to the EOB codes below.

The following EOBs are grouped in accordance with the criteria for contesting health care services bills.

Standard EOBs

EOB-01	Claim not compensable. The compensability of this workers’ compensation claim has been denied by the employer or payer.
EOB-02	Services are not reasonable and necessary. This service/procedure/item is not considered reasonable or necessary for the compensable problem.
EOB-03	Incomplete billing information or supporting documentation. The information/documentation listed was not included with the bill. The charge(s) will be evaluated upon its receipt. Forward expeditiously.

Inaccurate Billing/Billing Errors

EOB-04	According to the HCP Fee Schedule this procedure code is not a valid reimbursement code. Please resubmit with a valid code.
EOB-05	This procedure was billed more than once on the same date. (Indicate payment disposition.)
EOB-06	An identical bill for this claimant and date of service was previously submitted and paid, reduced, or denied.
EOB-07	The code for this service has been changed to agree with the CPT code for this procedure in the governing version of the HCP Fee Schedule.
EOB-08	The billed service is not substantiated by the medical notes.

EOB-09	This code is already included in the procedure code number____, which was billed on (date). (Include the appropriate CPT code and the billed date.)
EOB-10	A new patient charge was made for this service without meeting the definition of "new patient" as found in the HCP Fee Schedule. Payment is commensurate with the established patient designation.

Specific EOB Reductions

EOB-11	This procedure/service was not provided by an authorized HCP as specified in NMSA 1978, Section 52-4-1.
EOB-12	Payment has been reduced commensurate with the level of service documented in the medical records (including procedures with surgical modifiers).
EOB-13	Payment has been prorated for this procedure.
EOB-14	Payment has been reduced to the HCP Fee Schedule, assigned hospital ratio, FASC amount, Pharm Maximum Allowable Payment (MAP) or the contracted or negotiated amount for this procedure or service.
EOB-15	This service was provided by a caregiver without an agreed upon fee.
EOB-16	Professional fee at 40% of the HCP Fee Schedule, technical fee at 60% of the HCP Fee Schedule, or billed amount, whichever is less.
EOB-17	Medical records shall accompany each bill at no charge.
EOB-18	Tax allowance reduced. Tax reimbursement has been processed according to the applicable tax rates in this jurisdiction on the date(s) of service(s).
EOB-19	Rental fee exceeds the cost of equipment purchase. Payment has been made as allowed under the HCP Fee Schedule, and no further payment shall be made.
EOB-20	This charge was disallowed as additional information/definition is required to clarify service(s) rendered.
EOB-21	The required pre-authorization for this service/procedure was not obtained by the provider from the payer prior to scheduling or performing delivery of the service/procedure.
EOB-22	Upheld, no additional allowance has been recommended.
EOB-23	Untimely billing without receipt of documented good faith effort proof (such as ledger or billing summary) to bill within time-limits, in accordance with NMAC 11.4.7.8.

Facility Fees and Room Charges

Room charges billed by a hospital are reimbursed using the appropriate hospital ratio with the exception of in-hospital clinic facility charges (revenue code 51X), which are prohibited.

Failed Appointments

A failed appointment by an established patient may not be billed. Failed appointments may otherwise be reimbursed as provided on the table below.

Type of Failed Appointment	Description	Reimbursement
New Patient Appointment	A new patient fails to provide a two-business-day notice of cancellation to the HCP	The missed appointment shall be reimbursed using CPT Code 99202 and annotated as "Failed Initial Appointment/New Patient."
New Patient Physical Therapy	A new patient fails to provide a two-business-day notice of cancellation	The missed appointment shall be reimbursed at 60% of the HCP Fee Schedule.
Physical Impairment Rating (PIR) Assessment	A worker fails to provide a two- business-day notice of cancellation of a PIR Assessment	The missed appointment shall be reimbursed at either 60% of the preapproved fee or 60% of the HCP's usual and customary fee if a fee is not preapproved.
Mental Impairment Rating Assessment	A worker fails to provide a two-business-day notice of cancellation of a Mental Impairment Rating Assessment	The missed appointment shall be reimbursed at either 60% of the preapproved fee or 60% of the HCP's usual and customary fee if a fee is not preapproved.
Functional Capacity Examination (FCE)	A worker fails to provide a two-business-day notice of cancellation of an FCE	The missed appointment shall be reimbursed at 60% of the HCP Fee Schedule for a four-hour appointment.
Independent Medical Examination (IME)	A worker fails to provide a two- business day notice of cancellation of an IME	The missed appointment shall be reimbursed at either 60% of the preapproved fee or 60% of the HCP's usual and customary fee if a fee is not preapproved.
Psychiatric Diagnostic (90791), Psychotherapy (90832, 90834, 90837), Psychological/ Neuropsychological Testing (96116, 96130-96139), Cognitive Performance Testing (96125), Behavioral Screening/ Testing (96127), Health Behavior Assessment/ Intervention (96156, 96158, 96159).	A new patient fails to provide a two-business day notice of cancellation	The missed appointment shall be reimbursed at 60% of the HCP fee schedule.

Free-Standing Ambulatory Surgery Center

For outpatient surgery performed in a New Mexico or out-of-state free-standing ambulatory surgery center (FASC), the Centers for Medicare and Medicaid Services Ambulatory Payment Classification (CMS-APC) base payment rate shall be used to calculate the reimbursement amount for the service(s) performed. The date of service shall coincide with the appropriate quarterly Addendum. No adjusted conversion factors or index values are to be applied.

CMS-APC Base Payment Rate	X	1.3
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The CMS-APC can be found under Addendum B at <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Addendum-A-and-Addendum-B-Updates.html>. [Addendum B | CMS](#).

If no assigned CMS-APC base payment rate is indicated, the services shall be reimbursed at the HCP Fee Schedule x 1.3.

HCPs billing for professional services related to outpatient surgery performed in a FASC shall be reimbursed per the HCP Fee Schedule.

Multiple outpatient surgeries follow cascade payment of full, half, half until fourth (CMS-APC), and subsequent procedure(s) which shall be reimbursed at 50% of the CMS-APC x 1.3.

Coding and billing separately for procedures that do not warrant separate identification because they are an integral part of a service for which a corresponding CPT code exists, also known as unbundling, is prohibited.

Global Surgery

Payment for surgical procedures includes a standard global package which includes all necessary services normally furnished by a surgeon before, during, and after a procedure. The HCP Fee Schedule includes preoperative, intraoperative, and postoperative services routinely performed by a surgeon. Physicians in the same group practice who are in the same specialty must bill, and be paid, as though they were a single physician. Preoperative and postoperative periods will differ based on the classification of the service as a major or minor surgery.

The preoperative period included in the global fee for **major surgery** is one day with a postoperative period of 90 days.

The preoperative period included in the global fee for **minor surgery** is the day of the procedure with a postoperative period of either zero or ten days depending on the procedure.

For endoscopic procedures (except procedures requiring an incision), there is no postoperative period.

Hospitals**Ratios**

All New Mexico hospitals, including rehabilitation hospitals, shall be reimbursed according to the methodology set forth in this section of the HCP Fee Schedule.

The assigned ratio is applied toward all charges for compensable services provided during a hospital inpatient stay and emergency department visit.

The ratio does not apply to procedures that are performed in support of surgery, even if performed on the same day and at the same surgical site as the surgery.

By May 1 of each calendar year, all hospitals shall provide to the WCA the most recent full year filing of their HCFA/CMS 2552 G-2 worksheet prepared on behalf of the organization. A hospital may specifically designate this worksheet as proprietary and confidential. Any worksheet specifically designated as proprietary and confidential in good faith shall be deemed confidential pursuant to Section 52-5-21 NMSA 1978 and the rules promulgated pursuant to that provision. Failure to comply may result in fines and penalties.

A written appeal of the assigned hospital ratio may be filed with the director within 30 days of the assignment of the ratio. The director will review the appeal and respond with a written determination. The director may require the hospital to provide additional information prior to a determination and at his/her discretion may conduct a hearing. The director's written determination shall be issued within 30 days of the final submission of all information regarding the appeal to the director. The director's written determination shall be final.

If a G-2 worksheet is not received by the WCA, the facility will be assigned a ratio equal to the median for all expenditures/revenue.

New hospitals shall be assigned an initial ratio of 0.67.

HOSPITAL	LOCATION	RATIO
Advanced Care Hospital of Southern NM	Las Cruces	.47
Albuquerque – AMG Specialty Hospital	Albuquerque	.36
Alta Vista Regional Hospital	Las Vegas	.36
Artesia General Hospital	Artesia	.36
Carlsbad Medical Center	Carlsbad	.36
Cibola General Hospital	Grants	.36
Covenant Health Hobbs Hospital (formerly Lea Regional Hospital)	Hobbs	.36
Dr. Dan C. Trigg Memorial Hospital (PHS)	Tucumcari	.56
Eastern New Mexico Medical Center	Roswell	.36
Encompass Health Rehabilitation Hospital (formerly HealthSouth)	Albuquerque	.64
Española Hospital (PHS)	Española	.42
Gerald Champion Regional Medical Center	Alamogordo	.36
Gila Regional Medical Center	Silver City	.37
Guadalupe County Hospital	Santa Rosa	.75
Heart Hospital of NM at Lovelace Medical Center	Albuquerque	.36
Holy Cross Hospital	Taos	.56
Kaseman Hospital (PHS)	Albuquerque	.39
Kindred Hospital Albuquerque	Albuquerque	.36
Lincoln County Medical Center (PHS)	Ruidoso	.45
Los Alamos Medical Center	Los Alamos	.36
Lovelace Medical Center – Downtown	Albuquerque	.36
Lovelace Regional Hospital – Roswell	Roswell	.36
Lovelace Rehabilitation Hospital	Albuquerque	.36
Lovelace Westside Hospital	Albuquerque	.36
Lovelace Women's Hospital	Albuquerque	.36
Memorial Medical Center	Las Cruces	.36

HOSPITAL	LOCATION	RATIO
Mesilla Valley Hospital	Las Cruces	.36
Mimbres Memorial Hospital	Deming	.36
Miners' Colfax Medical Center	Raton	.70
Mountain View Regional Medical Center	Las Cruces	.36
New Mexico Rehabilitation Center	Roswell	.36
Nor-Lea Hospital	Lovington	.42
Plains Regional Medical Center (PHS)	Clovis	.39
Presbyterian Hospital (PHS)	Albuquerque	.39
Presbyterian Rust Medical Center (PHS)	Rio Rancho	.39
Rehabilitation Hospital of Southern NM	Las Cruces	.55
Rehoboth McKinley Christian Hospital	Gallup	.41
Roosevelt General Hospital	Portales	.38
San Juan Regional Medical Center	Farmington	.36
San Juan Regional Rehabilitation Hospital	Farmington	.36
Santa Fe Medical Center (PHS)	Santa Fe	.47
Sierra Vista Hospital	Truth or Consequences	.60
Socorro General Hospital (PHS)	Socorro	.51
St. Vincent Hospital (Christus Health)	Santa Fe	.36
Union County General Hospital	Clayton	.69
University of New Mexico Hospital	Albuquerque	.63
UNM Sandoval Regional Medical Center	Rio Rancho	.63

Hospital Inpatient

The hospital ratio will be applied to all charges for compensable services, encompassing room and board charges during a hospital inpatient stay. This includes inpatient surgery and emergency department visits, but excludes charges for implants, hardware and instrumentation, as well as radiology, pathology, and laboratory services.

- Implants, Hardware and Instrumentation shall be paid at HCP Invoice Cost x 1.25 + Shipping & Handling and NMGRT.
- Radiology, Pathology and Laboratory shall be paid at .60 of the HCP Fee Schedule for the technical component of the service.

Multiple surgery rules do not apply to hospital ratio items. Each line is paid for separately and not bundled or inclusive of any other services performed.

Physical therapy and occupational therapy performed in an inpatient hospital setting shall be paid at the assigned hospital ratio.

Hospital Outpatient

Services performed in an outpatient or emergency department visit are paid at the assigned hospital ratio with the exception of implants, hardware and instrumentation, radiology, pathology and laboratory, and surgery.

- Implants, hardware, and instrumentation shall be paid at HCP invoice cost x 1.25 + shipping & handling and NMGRT.
- Radiology, pathology, and laboratory shall be paid at .60 HCP Fee Schedule for the technical component of the service.

Surgery (revenue code 36X) shall be paid as follows:

- For outpatient surgery performed in a hospital, the Centers for Medicare and Medicaid Services Ambulatory Payment Classification (CMS-APC) base payment rate shall be used to calculate the reimbursement amount for the service(s) performed.

The date of service shall coincide with the appropriate quarterly Addendum. No adjusted conversion factors or index values are to be applied.

CMS-APC Base Payment Rate	X	1.3
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The CMS-APC can be found under Addendum B at <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Addendum-A-and-Addendum-B-Updates.html>. use this instead... [Addendum B | CMS](#).

If no assigned CMS-APC base payment rate is indicated, the services shall be paid at HCP Fee Schedule x 1.3.

Multiple outpatient surgeries follow cascade payment of full, half, half (CMS-APC) until fourth and subsequent procedure(s) which shall be reimbursed at 50% of the APC x 1.3.

When physical therapy and occupational therapies are performed in an outpatient hospital setting and no other services are rendered, the reimbursement shall be paid per the HCP Fee Schedule.

HCPs billing for professional services related to outpatient surgery shall be reimbursed per the HCP Fee Schedule.

Coding and billing separately for procedures that do not warrant separate identification because they are an integral part of a service for which a corresponding CPT code exists, also known as unbundling, is prohibited.

Out-of-State Hospitals

Out-of-state hospitals shall be reimbursed using a hospital ratio of .36, according to the guidelines listed above.

Hospital Venipuncture

Routine venipuncture is not a laboratory CPT code but rather a surgical CPT code and shall be reimbursed using the appropriate hospital ratio when performed during inpatient, outpatient, or emergency room treatment.

Implants, Hardware, and Instrumentation

Implants, hardware, and instrumentation implanted or installed during surgery, including those that take place in a hospital, shall be reimbursed as follows:

HCP Invoice Cost x 1.25 + Shipping & Handling and NMGRT

The HCP shall provide a copy of the invoice at the time of the billing.

Materials and Supplies

Materials and supplies shall be itemized and billed using CPT Code 99070 and shall be reimbursed as follows:

HCP Invoice Cost x 1.25 + Shipping & Handling and NMGRT

The HCP shall provide a copy of the invoice at the time of the billing.

An HCP that uses a medication(s) during an in-office procedure shall be billed and reimbursed as per this section of the HCP Fee Schedule.

Billing for this medication(s) shall include the National Drug Code (NDC) number.

Medical Cannabis

Maximum quantity subject to reimbursement is up to 425 units per rolling 90-day period. Reimbursement shall be made using the following conversion:

- 1 unit ≈ 200 mg THC (≈ 1-gram dry weight equivalent)
- Maximum Reimbursable Amount = \$10.74 per unit (i.e., per 1-gram dry weight equivalent)

Reimbursement of medical cannabis should be included in the carriers' Annual Expenditure Report (AER) submission per WCA rules.

Miscellaneous Fees

Copies

No party may be charged for the initial copy of medical records at the time of billing. Parties may be charged for second and subsequent copies of any medical records in the following ways:

- For paper copies, an HCP may charge up to one dollar (\$1.00) per page for the first 10 pages and up to twenty cents (\$0.20) for each page thereafter, except as provided in Subsection C of 11.4.7.8 NMAC. This fee is inclusive of any and all fees, including, but not limited to, administrative, processing, and handling fees of any kind.
- For electronic copies, an HCP may charge up to fifty cents (\$0.50) per page for the first 10 pages and up to ten cents (\$0.10) for each page thereafter, except as provided in Subsection C of 11.4.7.8 NMAC. This fee is inclusive of any and all fees, including, but not limited to, administrative, processing, and handling fees of any kind.

No party may be charged for medical records submitted to the WCA's case management/utilization or peer review contractor for required information.

Form Letter to Health Care Provider

An HCP who completes the *WCA Form Letter to Health Care Provider* shall bill using CPT code 99080 and be reimbursed the equivalent of CPT Code 99214 as found in the HCP Fee Schedule at the time of completion of the *WCA Form Letter*.

New Mexico Gross Receipts Tax (NMGRT)

The payer is responsible for reimbursing the HCP for the appropriate gross receipts tax in addition to the HCP Fee Schedule payment.

Providers whose corporate tax status requires them to pay NMGRT shall bill in one of the following ways:

- On the billing form next to the “total charges,” print or stamp “NMGRT must be added to final payment calculation” along with the appropriate tax rate percentage.
- Below the “total charges,” add the NMGRT amount, listing the appropriate tax rate percentage. Add this amount to the “total charges” to determine the “total amount billed”.
- Another method, agreed upon in advance by both the Billing entity and the Payer, may be used, provided that in all cases, the invoice clearly identifies that NMGRT applies, and accurately includes the correct NMGRT rate that applies.
- If NMGRT is not noted on the billing form, the bill would be paid either according to the HCP Fee Schedule or the billed amount, whichever is less.

All NMGRT must be paid. The NM Workers’ Compensation Administration does not have jurisdiction to release a payor from reimbursing NM Gross Receipts Tax.

- If a healthcare provider forgets to add tax to their initial bill, the HCP can ask for the tax to be paid by submitting a “RECONSIDERATION” or “RESUBMISSION” claim with the correctly calculated NM gross receipts tax for payment and documentation.

Radiographic Files

Charges for copies of radiographic files (X-rays) may be billed to the requestor by the X-ray facility following by-report (BR) procedures.

Referrals and Consultations

If an initial consultation was already completed by a provider and that same provider is now the referred provider and will manage all or part of the patient’s care, only established E/M codes shall be used.

If a provider who has been requested to examine a patient assumes **immediate** responsibility for primary care of that patient, it shall be considered a referral and not a consultation. Only E/M codes shall be used.

For the first visit only, a new patient code may be used.

National Correct Coding Initiative (NCCI) Edits

The New Mexico Workers' Compensation Administration does not follow the National Correct Coding Initiative (NCCI) edits.

The New Mexico Workers' Compensation Administration follows the guidelines provided in the American Medical Association's CPT codebook edition that corresponds with the annual WCA Director's Fee Schedule Order.

Pharmacy

Average Wholesale Price (AWP)

The formula for billing generic and brand name prescription drugs:

$$\text{Pharm MAP} = \$ \text{ AWP} \times .90 + \$5.00 \text{ dispensing fee}$$

The formula for billing generic and brand name prescription drugs *when not dispensed by a licensed pharmacy*:

$$\$ \text{ AWP} \times .90 \text{ (no dispensing fee included)}$$

Any nationally recognized monthly or weekly publication that lists the AWP may be used to determine the AWP. The date that shall be used to determine the AWP and calculation of the Pharm MAP shall be the date on which the drugs were dispensed, regardless of the AWP changes during the month.

Use of a prorated calculation of the AWP will often be necessary in the formulas. For each drug dispensed, the prorated AWP shall be based on the AWP for the "100s each" quantity of the specific strength of the drug, as listed in a nationally recognized publication, with the following exceptions:

- If an AWP listed in the publication is based on the exact quantity of the dispensed drug, e.g., 15, #60, 15 ml, 3.5 gm, etc., the AWP for the exact quantity shall be used with no prorated calculation made.
- If the drug is dispensed as a quantity based on volume (grams, ounces, milliliters, etc.), rather than single units (each), the prorated AWP shall be calculated in accordance with the highest quantity (volume) listed for the specific strength of the drug.

In cases of a conflict between referenced publications, the lower price shall prevail.

Pharmacies and authorized HCPs must include patient identification and information. No specific form is required. Any bill that is submitted without an NDC number will be paid at the lowest AWP available for the month in which the drug(s) was dispensed.

An HCP that uses medication(s) during an in-office procedure shall bill, and be reimbursed, according to the **Materials and Supplies** section of the HCP Fee Schedule.

Compound Medications

Compounding includes combining drug ingredients to meet specific patient medication needs.

Compound medications shall be reimbursed at the ingredient level, with each ingredient identified using the applicable NDC registered with the Food & Drug Administration (FDA), of the drug product and the corresponding quantity.

When dispensed by a licensed pharmacy, the formula for billing generic and brand name compound medications is as follows:

\$ AWP X .90 + \$5.00 dispensing fee

When not dispensed by a licensed pharmacist, the formula for billing generic and brand name compound medications is as follows:

\$ AWP X .90 (no dispensing fee included)

All bills submitted for compounded products must include the NDC number of the original manufacturer registered with the FDA or its authorized distributor's stock package used in the compounding process. The reimbursement allowed shall be based on the current published manufacturer's AWP of the ingredient(s), calculated on a per unit basis, as of the date of dispensing. A repackaged drug NDC number shall not be used and shall not be considered the original manufacturer's NDC number. If the original manufacturer's NDC number is not provided on the bill, then the reimbursement shall be based on the AWP of the lowest priced therapeutically equivalent drug, calculated on a per unit basis.

Ingredients with no NDC number shall not be separately reimbursable. Payment shall be based upon the sum of the allowable fee for each ingredient plus a single dispensing fee per compound.

Compounded medications not dispensed by a licensed pharmacy:

- Shall not exceed a ten (10) day supply for a new prescription only;
- Shall not exceed the cost of a generic equivalent [see NMAC 11.4.7.9.C.(6)].

Any compounded medications dispensed and administered in excess of a 24-hour supply to a registered emergency room patient shall be paid according to the hospital ratio [see NMAC 11.4.7.9.B(1)].

Physical Therapy

Physical therapy bills may include all codes which are reasonable and necessary for the evaluation and treatment of a worker in a single day. Physical therapy evaluation codes are appropriate. However, traditional E/M codes are not appropriate for this purpose.

All timed physical therapy CPT codes are paid individually regardless of the cumulative, total time spent. For timed CPT codes, a unit of time is attained when the mid-point has passed.

Platelet Rich Plasma (PRP) Injection

PRP injections shall be billed using CPT code 99199. This procedure includes image guidance, harvesting, and preparation when performed. The appropriate reimbursement for the PRP procedure is \$850 plus applicable NMGRT.

The required PRP kit is billed as a separate line item under Materials and Supplies and shall be reimbursed as such. The *WCA Provider's Report of Physical Ability (PROPA), 2024 revision* is available to all parties on the WCA agency website. It is also linked here:

[Medical Cost Containment Bureau - New Mexico Workers' Compensation Administration](#)

Provider's Report of Physical Ability

The PROPA shall be billed for reimbursement if it is completed at the provider's initial visit or if there is a change in Work Status (section 2 of the PROPA) or Activity Restrictions (section 3 of the PROPA).

Completion of the PROPA shall be billed as a separate line item along with the appropriate evaluation code for the appointment.

The PROPA shall be billed using CPT code 99080 and shall be reimbursed for \$25.00.

For the initial visit, the medical notes must indicate "WCA Provider's Report of Physical Ability – Initial. For established patients, the medical notes must indicate "WCA Provider's Report of Physical Ability Change."

Service Component Modifiers for Hospitals, FASCs and Outpatient Services

RADIOLOGY including nuclear medicine and diagnostic ultrasound (CPT 70010-79999)	Paid at rates equivalent to those set forth in the most current version of the HCP Fee Schedule. The dollar values listed in the HCP Fee Schedule for a specific radiology or pathology/laboratory procedure represent the professional service reimbursement, and the technical service reimbursement as well as the total maximum allowable payment.
And PATHOLOGY/LABORATORY (CPT 80047-	Modifier Codes: Use of the technical modifier code "TC" and the professional modifier code "26" are required for the billing of all radiology and pathology/ laboratory procedures unless the same HCP is performing both the technical and professional component of a service (global), no modifier shall be reported. The global services shall be paid at 100% of the total maximum allowable payment as shown in the HCP Fee Schedule. A detailed billing breakdown of the professional and technical components of the services shall be provided. The technical component of the service "TC" shall be paid at no more than 60% of the maximum allowable payment as shown in the HCP Fee Schedule. The professional component of the service "26" shall be paid at no more than 40% of the maximum allowable payment as shown in the HCP Fee Schedule. Radiology and pathology/laboratory procedures billed by a hospital without a modifier shall be paid at the TC rate (60% of the maximum allowable payment as shown in the HCP Fee Schedule).

Surgical Modifiers for FASCs and HCP Professional Services

	FASC'S	HCP PROFESSIONAL SERVICES
BILATERAL PROCEDURE "50"		
When performed during the same operative session, the first or major procedure shall be coded with the appropriate CPT code without a modifier .	Paid at the lesser of the billed charges or the APC base payment rate times 1.3	Paid at the lesser of the billed charges or 100% of the HCP Fee Schedule
The <i>second</i> procedure shall be coded with the same CPT code plus the "50" modifier code .	Paid at no more than 50% of the APC base payment rate times 1.3	Paid at 50% of the HCP Fee Schedule
MULTIPLE PROCEDURES "51"		
The <i>primary or major</i> procedure shall be coded with the appropriate CPT code without a modifier .	Paid at the lesser of the billed charges or the APC base payment rate times 1.3	Paid at the lesser of the billed charges or 100% of the HCP Fee Schedule
The <i>second and third</i> procedure shall be coded with the respective CPT code plus the modifier code "51."	Paid at 50% of the APC base payment rate times 1.3	Paid at 50% of the HCP Fee Schedule
The <i>fourth and subsequent</i> procedures	Paid at 50% of the APC base payment rate times 1.3	Paid at 50% of the HCP Fee Schedule
As clarification, all add-on CPT codes found in the CPT code book are payable and are exempt from the multiple procedure guidelines, e.g., the -51 modifier should not be appended to a designated add-on or exempt code (see CPT Appendices D & E).		

SURGEON	HCP PROFESSIONAL SERVICES
The <i>attending surgeon</i> shall bill using the appropriate CPT code(s) and modifiers, if applicable , for the procedure(s) performed.	Paid at the lesser of the billed charges or the HCP Fee Schedule, subject to the percentages for modifiers in this section.
The <i>assistant surgeon</i> ("80") shall bill using the appropriate CPT code(s) plus the modifier for the procedure(s) performed.	Paid at no more than 25% of the HCP Fee Schedule.
The <i>minimum assistant surgeon</i> ("81") shall bill using the appropriate CPT code(s) plus the modifier for the procedure(s) performed.	Paid at no more than 15% of the HCP Fee Schedule.
The <i>assistant surgeon</i> ("82) (when a qualified resident surgeon is not available) shall bill using the appropriate CPT code(s) plus the modifier for the procedure(s) performed.	Paid at no more than 25% of the HCP Fee Schedule.
A <i>Physician Assistant, Nurse Practitioner, or Certified Nurse Specialist</i> ("AS") shall bill using the appropriate CPT code(s) plus the modifier for the procedure(s) performed.	Paid at no more than 22% of the HCP Fee Schedule.
A <i>Co-Surgeon</i> ("62") shall bill using the appropriate CPT code(s) plus the modifier for the procedure(s) performed.	Paid at no more than 62.5% of the HCP Fee Schedule.

Telehealth

Telehealth services may be billed for both initial and subsequent visits using the appropriate CPT telehealth codes contained in the HCP Fee Schedule. Please note that CPT codes 99202 – 99215 should no longer be used for telehealth billing. Instead, use the appropriate telehealth CPT codes 98008 – 98015.

Please note that CPT codes 98000 – 98015 have been assigned Maximum Allowable Payments equal to those of their equivalent in-person office visit counterparts (CPT codes 99202 – 99215) to maintain comparable payments for telehealth services.

Additional Telehealth Services

- Telemedicine services may also be billed for both initial and subsequent visits using non-telehealth CPT codes, provided those codes are listed in Appendix P of the AMA CPT 2025 Professional Edition, with Modifier 95 appended and the place of service (POS code reported).
- Telephonic services may also be billed for both initial and subsequent visits using non-telehealth CPT codes, provided those codes are listed in Appendix T of the AMA CPT 2025 Professional Edition, with Modifier 93 appended and the place of service (POS) code reported, provided that the injured worker is located at a distant site and is either not capable of, or does not consent to, the use of video technology.

Time Spent with Patient

If a provider is billing a CPT code based on the amount of time spent with the patient instead of medical decision making, the time must be documented in the medical notes.

Ultrasound Guided Codes

For billing purposes: According to the CPT 2025 Professional Edition, claims should be submitted with medical notes that contain all relevant and appropriate information:

- All imaging guidance codes must include both (1) image documentation in the patient's record and (2) a detailed description of the imaging guidance in the procedure report. Similarly, all Radiological Supervision and Interpretation (RS&I) codes require (1) image documentation in the patient's permanent record and (2) a procedure report or a separate imaging report that provides written documentation of interpretive findings from the images, along with radiologic supervision of the service. **Be sure to include all necessary documentation and images with the claims.**

Urine Drug Testing

Urine drug testing for chronic opioid therapy that is conducted in accordance with the Prescription Monitoring Program (PMP) regulations in the applicable jurisdiction shall be considered reasonable and necessary treatment.

Urine drug testing may be included in services provided during an office visit but can be billed and paid separately using an applicable drug screen CPT code.

CPT codes 80305, 80306 and 80307 will be eligible for one (1) unit of reimbursement per date of service.

Work Related or Medical Disability Examination Services

The Maximum Allowable **Payment** for billing using CPT codes 99455 and 99456 shall be as follows:

99455 – Work Related Disability Exam by treating physician: **By-Report (BR)**

99456 – Work Related Disability Exam by someone other than treating physician: **By-Report (BR)**

CPT-CODED HEALTH CARE PROVIDERS' FEE SCHEDULE

CPT Codes billed on CMS-1500 as either technical component (TC) or professional component (26) should be paid according to the 60/40 rule. In no case, should the combined total paid for technical and professional components of a single CPT code exceed $1.0 \times$ Maximum Allowable Payment.

CPT	2026 PFS Amount	CPT	2026 PFS Amount	CPT	2026 PFS Amount
SURGERY					
General					
10004	\$129.44	11056	\$188.35	11463	\$1,242.12
10005	\$315.30	11057	\$206.60	11470	\$1,071.19
10006	\$145.20	11102	\$229.01	11471	\$1,284.43
10007	\$703.62	11103	\$115.33	11600	\$462.16
10008	\$332.72	11104	\$286.26	11601	\$537.67
10009	\$966.64	11105	\$138.57	11602	\$576.67
10010	\$547.63	11106	\$355.96	11603	\$660.47
10011	\$1,405.57	11107	\$163.46	11604	\$737.64
10012	\$848.82	11200	\$218.22	11606	\$1,072.85
10021	\$238.96	11201	\$43.98	11620	\$463.82
Integumentary System					
10030	\$1,425.49	11300	\$228.18	11621	\$540.99
10035	\$808.16	11301	\$279.62	11622	\$596.58
10036	\$652.17	11302	\$316.96	11623	\$701.96
10040	\$271.32	11303	\$353.47	11624	\$801.53
10060	\$301.19	11305	\$240.62	11626	\$971.62
10061	\$510.29	11306	\$281.28	11640	\$476.27
10080	\$569.20	11307	\$319.45	11641	\$558.41
10081	\$795.72	11308	\$337.70	11642	\$633.92
10120	\$355.13	11310	\$264.69	11643	\$751.74
10121	\$628.11	11311	\$317.79	11644	\$927.65
10140	\$399.93	11312	\$361.77	11646	\$1,213.08
10160	\$307.83	11313	\$423.17	11719	\$34.02
10180	\$624.79	11400	\$298.71	11720	\$78.00
11000	\$137.74	11401	\$365.08	11721	\$107.04
11001	\$63.89	11402	\$404.08	11730	\$267.18
11004	\$1,401.43	11403	\$469.63	11732	\$77.17
11005	\$1,916.69	11404	\$534.35	11740	\$133.59
11006	\$1,735.81	11406	\$767.51	11750	\$376.70
11008	\$676.24	11420	\$297.05	11755	\$286.26
11010	\$1,048.79	11421	\$375.04	11760	\$433.12
11011	\$1,185.69	11422	\$423.17	11762	\$683.70
11012	\$1,540.82	11423	\$489.54	11765	\$383.34
11042	\$302.02	11424	\$570.03	11770	\$818.95
11043	\$555.09	11426	\$794.89	11771	\$1,500.16
11044	\$746.76	11440	\$332.72	11772	\$1,838.70
11045	\$95.42	11441	\$407.40	11900	\$134.42
11046	\$175.90	11442	\$456.36	11901	\$165.95
11047	\$294.56	11443	\$543.48	11920	\$471.29
11055	\$161.80	11444	\$680.38	11921	\$519.42
		11446	\$928.48	11922	\$144.37
		11450	\$1,009.79	11950	\$197.48
		11451	\$1,244.61	11951	\$262.20
		11462	\$989.05	11952	\$350.98
				11954	\$388.32

HCP Fee Schedule & Billing Instructions

Effective January 01, 2026

CPT	2026 PFS Amount	CPT	2026 PFS Amount	CPT	2026 PFS Amount
11960	\$2,461.83	13100	\$796.55	15115	\$1,969.80
11970	\$1,377.36	13101	\$924.33	15116	\$379.19
11971	\$1,352.47	13102	\$275.47	15120	\$2,032.86
11976	\$346.00	13120	\$829.74	15121	\$487.89
11980	\$224.86	13121	\$994.85	15130	\$1,721.70
11981	\$241.45	13122	\$299.54	15131	\$239.79
11982	\$264.69	13131	\$911.05	15135	\$2,095.09
11983	\$341.85	13132	\$1,105.21	15136	\$236.48
12001	\$222.37	13133	\$401.59	15150	\$1,725.85
12002	\$272.15	13151	\$995.68	15151	\$295.39
12004	\$317.79	13152	\$1,169.10	15152	\$378.36
12005	\$424.00	13153	\$445.57	15155	\$1,929.14
12006	\$493.69	13160	\$1,954.03	15156	\$398.27
12007	\$553.43	14000	\$1,527.55	15157	\$442.25
12011	\$266.35	14001	\$1,954.03	15200	\$2,012.94
12013	\$278.79	14020	\$1,682.71	15201	\$328.58
12014	\$339.36	14021	\$2,086.79	15220	\$1,836.21
12015	\$414.87	14040	\$1,824.59	15221	\$300.36
12016	\$531.86	14041	\$2,220.38	15240	\$2,225.35
12017	\$385.83	14060	\$1,846.16	15241	\$410.72
12018	\$437.27	14061	\$2,392.13	15260	\$2,396.28
12020	\$706.11	14301	\$2,601.23	15261	\$484.57
12021	\$420.68	14302	\$527.71	15271	\$361.77
12031	\$609.86	14350	\$1,622.97	15272	\$58.08
12032	\$710.25	15002	\$813.97	15273	\$727.68
12034	\$784.10	15003	\$165.12	15274	\$189.18
12035	\$920.18	15004	\$934.28	15275	\$376.70
12036	\$1,035.51	15005	\$282.94	15276	\$78.83
12037	\$1,165.78	15011	BR	15277	\$814.80
12041	\$614.01	15012	BR	15278	\$224.86
12042	\$726.02	15013	BR	15570	\$2,182.21
12044	\$897.78	15014	BR	15572	\$2,128.28
12045	\$975.77	15015	BR	15574	\$2,071.85
12046	\$1,189.01	15016	BR	15576	\$1,878.52
12047	\$1,306.84	15017	BR	15600	\$784.10
12051	\$659.64	15018	BR	15610	\$867.90
12052	\$739.30	15040	\$612.35	15620	\$1,058.74
12053	\$848.82	15050	\$1,394.79	15630	\$1,096.91
12054	\$896.95	15100	\$2,088.45	15650	\$1,291.90
12055	\$1,183.20	15101	\$437.27	15730	\$3,302.35
12056	\$1,371.56	15110	\$2,013.77	15731	\$2,707.43
12057	\$1,436.27	15111	\$282.11	15733	\$2,513.27

HCP Fee Schedule & Billing Instructions

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CPT	2026 PFS Amount	CPT	2026 PFS Amount	CPT	2026 PFS Amount
15734	\$3,698.97	15835	\$2,282.61	16030	\$477.10
15736	\$2,973.78	15836	\$1,949.88	16035	\$482.08
15738	\$3,097.41	15837	\$2,093.43	16036	\$204.95
15740	\$2,445.23	15838	\$1,587.29	17000	\$160.14
15750	\$2,285.93	15839	\$2,158.15	17003	\$15.77
15756	\$5,570.85	15840	\$2,453.53	17004	\$390.81
15757	\$5,534.35	15841	\$4,352.80	17106	\$824.76
15758	\$5,510.28	15842	\$6,600.56	17107	\$1,070.36
15760	\$2,029.54	15845	\$2,596.25	17108	\$1,529.21
15769	\$1,177.40	15847	\$1,624.62	17110	\$263.03
15770	\$1,642.05	15851	\$140.23	17111	\$310.32
15771	\$1,476.10	15852	\$109.53	17250	\$196.65
15772	\$467.14	15853	\$25.72	17260	\$235.65
15773	\$1,441.25	15854	\$32.36	17261	\$348.49
15774	\$455.53	15860	\$263.86	17262	\$419.02
15775	\$896.95	15876	\$1,991.37	17263	\$454.70
15776	\$1,215.56	15877	\$4,108.86	17264	\$489.54
15777	\$526.88	15878	BR	17266	\$556.75
15778	\$977.43	15879	\$9,277.29	17270	\$354.30
15780	\$2,004.64	15920	\$1,567.37	17271	\$392.47
15781	\$1,242.12	15922	\$1,947.39	17272	\$443.91
15782	\$1,148.36	15931	\$1,742.45	17273	\$494.52
15783	\$1,071.19	15933	\$2,141.55	17274	\$581.65
15786	\$535.18	15934	\$2,408.73	17276	\$676.24
15787	\$71.36	15935	\$2,823.59	17280	\$331.89
15788	\$893.63	15936	\$2,189.68	17281	\$424.83
15789	\$1,262.86	15937	\$2,410.39	17282	\$486.23
15792	\$773.31	15940	\$1,752.40	17283	\$578.33
15793	\$1,121.80	15941	\$2,311.65	17284	\$658.81
15820	\$1,364.09	15944	\$2,282.61	17286	\$855.46
15821	\$1,465.32	15945	\$2,491.70	17311	\$1,601.39
15822	\$1,086.13	15946	\$3,934.61	17312	\$963.32
15823	\$1,465.32	15950	\$1,552.44	17313	\$1,502.65
15824	\$5,357.61	15951	\$2,190.51	17314	\$920.18
15825	\$9,722.03	15952	\$2,239.46	17315	\$190.84
15826	BR	15953	\$2,465.15	17340	\$127.78
15828	\$7,936.43	15956	\$2,856.78	17360	\$294.56
15829	\$9,209.25	15958	\$2,850.98	17380	\$102.06
15830	\$2,885.00	15999	BR	17999	BR
15832	\$2,274.31	16000	\$192.50	19000	\$228.18
15833	\$2,146.53	16020	\$202.46	19001	\$63.06
15834	\$2,187.19	16025	\$373.38	19020	\$1,090.27

HCP Fee Schedule & Billing Instructions

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CPT	2026 PFS Amount
19030	\$380.02
19081	\$1,129.27
19082	\$850.48
19083	\$1,115.17
19084	\$833.89
19085	\$1,693.49
19086	\$1,292.73
19100	\$346.00
19101	\$765.02
19105	\$4,976.76
19110	\$1,147.53
19112	\$1,079.49
19120	\$1,266.18
19125	\$1,398.94
19126	\$398.27
19281	\$559.24
19282	\$388.32
19283	\$594.92
19284	\$424.00
19285	\$814.80
19286	\$656.32
19287	\$1,398.94
19288	\$1,066.21
19294	\$409.89
19296	\$7,842.67
19297	\$233.16
19298	\$1,990.54
19300	\$1,381.51
19301	\$1,639.56
19302	\$2,254.40
19303	\$2,386.32
19305	\$2,842.68
19306	\$3,026.88
19307	\$2,926.48
19316	\$1,944.07
19318	\$2,685.03
19325	\$1,507.63
19328	\$1,360.77
19330	\$1,586.46
19340	\$1,864.42
19342	\$1,866.08
19350	\$2,003.81

CPT	2026 PFS Amount
19355	\$1,822.93
19357	\$2,830.23
19361	\$3,822.60
19364	\$6,667.77
19367	\$4,341.18
19368	\$5,316.95
19369	\$4,939.42
19370	\$1,647.86
19371	\$1,751.57
19380	\$1,980.58
19396	\$633.09
19499	BR

Musculoskeletal System

CPT	2026 PFS Amount
20100	\$1,487.72
20101	\$1,294.39
20102	\$1,393.96
20103	\$1,330.07
20150	\$2,479.25
20200	\$502.82
20205	\$712.74
20206	\$490.37
20220	\$528.54
20225	\$858.78
20240	\$342.68
20245	\$842.18
20250	\$971.62
20251	\$1,070.36
20500	\$298.71
20501	\$318.62
20520	\$515.27
20525	\$1,094.42
20526	\$199.14
20527	\$211.58
20550	\$139.40
20551	\$137.74
20552	\$124.46
20553	\$143.54
20555	\$824.76
20560	\$59.74
20561	\$87.95
20600	\$128.61

HCP Fee Schedule & Billing Instructions

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CPT	2026 PFS Amount	CPT	2026 PFS Amount	CPT	2026 PFS Amount
20924	\$1,244.61	21045	\$2,919.84	21154	\$4,734.48
20930	\$613.18	21046	\$2,384.66	21155	\$5,256.38
20931	\$277.96	21047	\$2,960.50	21159	\$6,308.49
20932	\$1,856.95	21048	\$2,417.85	21160	\$6,843.67
20933	\$1,703.45	21049	\$2,812.81	21172	\$5,317.78
20934	\$1,855.29	21050	\$2,078.49	21175	\$5,395.78
20936	\$797.38	21060	\$1,889.31	21179	\$3,716.39
20937	\$417.36	21070	\$1,486.06	21180	\$4,152.83
20938	\$457.19	21073	\$958.35	21181	\$1,817.12
20939	\$174.24	21076	\$2,145.70	21182	\$5,179.22
20950	\$594.92	21077	\$5,209.09	21183	\$5,634.74
20955	\$5,969.13	21079	\$3,585.29	21184	\$6,059.57
20956	\$6,495.18	21080	\$4,074.01	21188	\$3,795.22
20957	\$6,762.36	21081	\$3,751.24	21193	\$2,975.44
20962	\$6,563.22	21082	\$3,524.72	21194	\$3,438.43
20969	\$6,622.13	21083	\$3,332.22	21195	\$3,215.23
20970	\$7,011.28	21084	\$3,804.34	21196	\$3,437.60
20972	\$6,989.70	21085	\$1,651.18	21198	\$2,451.87
20973	\$7,381.34	21086	\$3,864.08	21199	\$2,470.96
20974	\$204.12	21087	\$3,864.08	21206	\$2,372.22
20975	\$442.25	21088	\$4,546.13	21208	\$3,770.32
20979	\$132.76	21089	BR	21209	\$1,860.27
20982	\$7,592.92	21100	\$1,456.19	21210	\$4,061.56
20983	\$11,022.23	21110	\$1,982.24	21215	\$9,144.53
20985	\$356.79	21116	\$473.78	21230	\$1,826.25
20999	BR	21120	\$1,554.93	21235	\$1,753.23
21010	\$1,797.21	21121	\$1,525.06	21240	\$2,546.46
21011	\$886.16	21122	\$1,802.19	21242	\$2,441.09
21012	\$834.72	21123	\$2,021.24	21243	\$3,912.21
21013	\$1,273.65	21125	\$5,844.67	21244	\$2,422.83
21014	\$1,281.11	21127	\$8,958.67	21245	\$2,879.19
21015	\$1,715.07	21137	\$1,841.19	21246	\$2,054.43
21016	\$2,470.13	21138	\$2,241.12	21247	\$3,816.79
21025	\$1,929.14	21139	\$2,655.99	21248	\$2,363.09
21026	\$1,305.18	21141	\$3,211.08	21249	\$3,225.19
21029	\$1,862.76	21142	\$3,297.37	21255	\$3,201.95
21030	\$1,095.25	21143	\$3,399.43	21256	\$3,037.67
21031	\$897.78	21145	\$3,742.11	21260	\$3,316.46
21032	\$883.67	21146	\$3,907.23	21261	\$5,901.92
21034	\$3,126.45	21147	\$4,111.35	21263	\$5,452.20
21040	\$1,104.38	21150	\$3,990.20	21267	\$3,875.70
21044	\$2,101.72	21151	\$4,395.95	21268	\$4,878.02

HCP Fee Schedule & Billing Instructions

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CPT	2026 PFS Amount	CPT	2026 PFS Amount	CPT	2026 PFS Amount
21270	\$2,451.87	21432	\$1,733.32	21705	\$1,327.58
21275	\$2,062.73	21433	\$4,249.08	21720	\$1,340.03
21280	\$1,407.23	21435	\$3,445.90	21725	\$1,344.17
21282	\$956.69	21436	\$4,988.38	21740	\$2,543.97
21295	\$476.27	21440	\$1,724.19	21742	\$3,822.60
21296	\$981.58	21445	\$1,803.02	21743	\$5,848.82
21299	BR	21450	\$1,370.73	21750	\$1,675.24
21315	\$359.28	21451	\$1,794.72	21811	\$1,471.95
21320	\$506.14	21452	\$1,639.56	21812	\$1,779.79
21325	\$1,056.26	21453	\$2,508.29	21813	\$2,444.41
21330	\$1,277.79	21454	\$1,205.61	21820	\$374.21
21335	\$1,726.68	21461	\$4,095.58	21825	\$1,364.92
21336	\$1,520.91	21462	\$4,478.09	21899	BR
21337	\$983.24	21465	\$1,969.80	21920	\$599.07
21338	\$1,603.88	21470	\$2,838.53	21925	\$1,186.52
21339	\$1,820.44	21480	\$322.77	21930	\$1,203.12
21340	\$1,845.33	21485	\$2,178.06	21931	\$1,170.76
21343	\$2,626.95	21490	\$1,943.24	21932	\$1,651.18
21344	\$3,391.96	21497	\$1,648.69	21933	\$1,832.06
21345	\$1,925.82	21499	BR	21935	\$2,522.40
21346	\$2,410.39	21501	\$1,159.14	21936	\$3,503.98
21347	\$2,509.12	21502	\$1,259.54	22010	\$2,433.62
21348	\$2,673.41	21510	\$1,116.00	22015	\$2,364.75
21355	\$1,067.04	21550	\$620.64	22100	\$2,383.00
21356	\$1,301.86	21552	\$1,111.85	22101	\$2,224.52
21360	\$1,281.11	21554	\$1,812.98	22102	\$1,878.52
21365	\$2,651.84	21555	\$1,033.02	22103	\$331.07
21366	\$3,125.62	21556	\$1,306.01	22110	\$2,646.86
21385	\$1,785.59	21557	\$2,353.96	22112	\$2,874.21
21386	\$1,697.64	21558	\$3,312.31	22114	\$2,874.21
21387	\$1,866.91	21600	\$1,410.55	22116	\$357.62
21390	\$1,935.78	21601	\$2,828.57	22206	\$6,160.80
21395	\$2,461.83	21602	\$3,786.92	22207	\$5,984.06
21400	\$521.90	21603	\$4,122.13	22208	\$1,481.08
21401	\$1,201.46	21610	\$3,059.24	22210	\$4,469.79
21406	\$1,427.98	21615	\$1,550.78	22212	\$3,786.92
21407	\$1,577.33	21616	\$1,778.13	22214	\$3,781.11
21408	\$2,208.76	21620	\$1,241.29	22216	\$906.07
21421	\$1,532.52	21627	\$1,348.32	22220	\$4,072.35
21422	\$1,538.33	21630	\$3,220.21	22222	\$4,459.84
21423	\$1,940.75	21685	\$2,397.11	22224	\$3,942.91
21431	\$1,654.50	21700	\$886.16	22226	\$897.78

HCP Fee Schedule & Billing Instructions

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CPT	2026 PFS Amount	CPT	2026 PFS Amount	CPT	2026 PFS Amount
22310	\$766.68	22810	\$4,953.53	22905	\$3,310.65
22315	\$2,222.87	22812	\$5,424.82	22999	BR
22318	\$4,176.90	22818	\$5,303.68	23000	\$1,310.15
22319	\$4,652.34	22819	\$6,102.72	23020	\$1,711.75
22325	\$3,719.71	22830	\$2,058.58	23030	\$1,034.68
22326	\$3,802.68	22836	\$4,194.32	23031	\$1,008.13
22327	\$3,865.74	22837	\$4,624.95	23035	\$1,684.37
22328	\$709.43	22838	\$4,685.52	23040	\$1,772.32
22505	\$375.87	22840	\$1,883.50	23044	\$1,389.81
22510	\$3,993.52	22841	\$4,639.89	23065	\$535.18
22511	\$3,983.57	22842	\$1,910.05	23066	\$1,363.26
22512	\$1,634.58	22843	\$2,046.96	23071	\$1,045.47
22513	\$12,227.00	22844	\$2,459.34	23073	\$1,729.17
22514	\$12,163.11	22845	\$1,817.12	23075	\$1,215.56
22515	\$6,235.47	22846	\$1,894.29	23076	\$1,351.64
22526	\$4,264.85	22847	\$1,964.82	23077	\$2,807.00
22527	\$3,477.43	22848	\$896.12	23078	\$3,569.53
22532	\$4,486.39	22849	\$3,269.16	23100	\$1,256.22
22533	\$4,136.24	22850	\$1,842.85	23101	\$1,135.08
22534	\$901.92	22852	\$1,772.32	23105	\$1,588.95
22548	\$4,989.21	22853	\$644.71	23106	\$1,247.09
22551	\$4,268.17	22854	\$841.35	23107	\$1,646.20
22552	\$993.20	22855	\$2,774.64	23120	\$1,453.70
22554	\$3,166.28	22856	\$4,064.05	23125	\$1,759.87
22556	\$4,220.87	22857	\$4,309.65	23130	\$1,530.03
22558	\$3,809.32	22858	\$1,267.84	23140	\$1,379.02
22585	\$809.82	22859	\$839.69	23145	\$1,724.19
22586	\$5,160.96	22860	\$1,028.87	23146	\$1,548.29
22590	\$4,017.59	22861	\$5,891.13	23150	\$1,654.50
22595	\$3,835.04	22862	\$5,880.35	23155	\$1,976.43
22600	\$3,276.63	22864	\$5,254.72	23156	\$1,686.86
22610	\$3,221.87	22865	\$5,740.95	23170	\$1,400.60
22612	\$3,943.74	22867	\$2,646.03	23172	\$1,415.53
22614	\$980.75	22868	\$604.88	23174	\$1,893.46
22630	\$3,937.10	22869	\$1,048.79	23180	\$1,708.43
22632	\$805.67	22870	\$285.43	23182	\$1,664.45
22633	\$4,536.17	22899	BR	23184	\$1,829.57
22634	\$1,213.91	22900	\$1,408.89	23190	\$1,427.98
22800	\$3,415.20	22901	\$1,660.30	23195	\$1,853.63
22802	\$5,248.92	22902	\$1,128.44	23200	\$3,712.24
22804	\$6,028.87	22903	\$1,096.91	23210	\$4,357.78
22808	\$4,546.96	22904	\$2,587.95	23220	\$4,774.31

HCP Fee Schedule & Billing Instructions

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CPT	2026 PFS Amount	CPT	2026 PFS Amount	CPT	2026 PFS Amount
23330	\$703.62	23575	\$1,026.38	24116	\$2,127.45
23333	\$1,178.23	23585	\$2,409.56	24120	\$1,325.09
23334	\$2,622.80	23600	\$833.89	24125	\$1,546.63
23335	\$3,121.47	23605	\$1,169.93	24126	\$1,615.50
23350	\$365.08	23615	\$2,183.04	24130	\$1,272.82
23395	\$3,166.28	23616	\$3,044.30	24134	\$1,854.46
23397	\$2,807.83	23620	\$679.55	24136	\$1,570.69
23400	\$2,402.92	23625	\$954.20	24138	\$1,702.62
23405	\$1,515.93	23630	\$1,933.29	24140	\$1,743.28
23406	\$1,813.80	23650	\$837.20	24145	\$1,475.27
23410	\$2,025.39	23655	\$1,013.94	24147	\$1,554.10
23412	\$2,105.87	23660	\$1,450.38	24149	\$2,909.89
23415	\$1,734.15	23665	\$1,087.79	24150	\$3,809.32
23420	\$2,409.56	23670	\$2,160.64	24152	\$3,315.63
23430	\$1,837.87	23675	\$1,374.87	24155	\$2,106.70
23440	\$1,871.89	23680	\$2,302.52	24160	\$3,102.39
23450	\$2,338.20	23700	\$483.74	24164	\$1,798.04
23455	\$2,400.43	23800	\$2,536.51	24200	\$527.71
23460	\$2,692.50	23802	\$3,166.28	24201	\$1,460.34
23462	\$2,636.90	23900	\$3,416.86	24220	\$433.95
23465	\$2,761.36	23920	\$2,774.64	24300	\$1,083.64
23466	\$2,758.88	23921	\$1,167.44	24301	\$1,858.61
23470	\$2,952.20	23929	BR	24305	\$1,437.93
23472	\$3,559.57	23930	\$848.82	24310	\$1,167.44
23473	\$3,960.33	23931	\$700.30	24320	\$1,934.95
23474	\$4,277.29	23935	\$1,271.99	24330	\$1,780.62
23480	\$2,031.20	24000	\$1,190.67	24331	\$1,946.56
23485	\$2,355.62	24006	\$1,771.49	24332	\$1,530.03
23490	\$2,129.11	24065	\$606.54	24340	\$1,501.82
23491	\$2,510.78	24066	\$1,502.65	24341	\$1,851.14
23500	\$564.22	24071	\$1,008.13	24342	\$1,915.03
23505	\$903.58	24073	\$1,721.70	24343	\$1,773.15
23515	\$1,781.45	24075	\$1,248.75	24344	\$2,729.00
23520	\$605.71	24076	\$1,355.79	24345	\$1,757.38
23525	\$993.20	24077	\$2,542.31	24346	\$2,729.00
23530	\$1,429.64	24079	\$3,289.91	24357	\$1,016.43
23532	\$1,555.76	24100	\$1,043.81	24358	\$1,315.96
23540	\$596.58	24101	\$1,248.75	24359	\$1,644.54
23545	\$902.75	24102	\$1,529.21	24360	\$2,231.99
23550	\$1,415.53	24105	\$891.14	24361	\$2,492.53
23552	\$1,598.07	24110	\$1,466.97	24362	\$2,621.14
23570	\$592.43	24115	\$1,827.91	24363	\$3,573.68

HCP Fee Schedule & Billing Instructions

Effective January 01, 2026

CPT	2026 PFS Amount	CPT	2026 PFS Amount	CPT	2026 PFS Amount
24365	\$1,591.44	24675	\$1,144.21	25119	\$1,247.92
24366	\$1,688.51	24685	\$1,617.16	25120	\$1,245.44
24370	\$3,789.41	24800	\$2,062.73	25125	\$1,479.42
24371	\$4,352.80	24802	\$2,479.25	25126	\$1,489.38
24400	\$2,047.79	24900	\$1,889.31	25130	\$1,121.80
24410	\$2,614.50	24920	\$1,817.95	25135	\$1,395.62
24420	\$2,603.71	24925	\$1,413.87	25136	\$1,237.14
24430	\$2,609.52	24930	\$1,916.69	25145	\$1,295.22
24435	\$2,665.12	24931	\$2,303.35	25150	\$1,410.55
24470	\$1,666.94	24935	\$2,992.86	25151	\$1,451.21
24495	\$2,188.85	24940	BR	25170	\$3,620.97
24498	\$2,135.74	24999	BR	25210	\$1,223.86
24500	\$905.24	25000	\$854.63	25215	\$1,536.67
24505	\$1,254.56	25001	\$865.42	25230	\$1,077.83
24515	\$2,174.74	25020	\$1,745.77	25240	\$1,069.53
24516	\$2,122.47	25023	\$3,141.38	25246	\$443.08
24530	\$956.69	25024	\$1,923.33	25248	\$1,036.34
24535	\$1,549.95	25025	\$3,030.20	25250	\$1,326.75
24538	\$1,938.27	25028	\$1,630.43	25251	\$1,783.93
24545	\$2,297.54	25031	\$916.03	25259	\$1,031.36
24546	\$2,565.55	25035	\$1,462.83	25260	\$1,574.01
24560	\$829.74	25040	\$1,388.98	25263	\$1,572.35
24565	\$1,347.49	25065	\$597.41	25265	\$1,866.91
24566	\$1,786.42	25066	\$918.52	25270	\$1,226.35
24575	\$1,817.12	25071	\$1,053.77	25272	\$1,389.81
24576	\$877.03	25073	\$1,330.90	25274	\$1,650.35
24577	\$1,387.32	25075	\$1,216.39	25275	\$1,666.94
24579	\$2,067.70	25076	\$1,286.09	25280	\$1,404.74
24582	\$2,019.58	25077	\$2,139.89	25290	\$1,084.47
24586	\$2,673.41	25078	\$2,890.80	25295	\$1,307.67
24587	\$2,686.69	25085	\$1,114.34	25300	\$1,713.41
24600	\$949.22	25100	\$869.56	25301	\$1,593.92
24605	\$1,184.03	25101	\$1,008.13	25310	\$1,759.04
24615	\$1,767.34	25105	\$1,210.59	25312	\$1,779.79
24620	\$1,462.83	25107	\$1,535.84	25315	\$1,906.74
24635	\$1,679.39	25109	\$1,331.73	25316	\$2,266.84
24640	\$247.26	25110	\$858.78	25320	\$2,444.41
24650	\$663.79	25111	\$806.50	25332	\$2,090.94
24655	\$1,120.14	25112	\$971.62	25335	\$2,336.54
24665	\$1,628.77	25115	\$1,876.86	25337	\$2,196.31
24666	\$1,812.98	25116	\$1,498.50	25350	\$1,669.43
24670	\$732.66	25118	\$951.71	25355	\$1,895.95

HCP Fee Schedule & Billing Instructions

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CPT	2026 PFS Amount	CPT	2026 PFS Amount	CPT	2026 PFS Amount
25360	\$1,626.28	25565	\$1,295.22	25929	\$1,486.89
25365	\$2,268.50	25574	\$1,676.07	25931	\$1,916.69
25370	\$2,501.66	25575	\$2,236.97	25999	BR
25375	\$2,359.77	25600	\$844.67	26010	\$774.97
25390	\$1,902.59	25605	\$1,348.32	26011	\$1,084.47
25391	\$2,463.49	25606	\$1,658.64	26020	\$1,375.70
25392	\$2,507.47	25607	\$1,837.04	26025	\$1,034.68
25393	\$2,789.58	25608	\$2,050.28	26030	\$1,218.88
25394	\$1,946.56	25609	\$2,602.06	26034	\$1,364.92
25400	\$1,983.90	25622	\$770.83	26035	\$2,128.28
25405	\$2,563.06	25624	\$1,223.86	26037	\$1,396.45
25415	\$2,392.13	25628	\$1,782.27	26040	\$784.10
25420	\$2,880.02	25630	\$768.34	26045	\$1,173.25
25425	\$2,381.35	25635	\$1,161.63	26055	\$1,363.26
25426	\$2,772.98	25645	\$1,419.68	26060	\$627.28
25430	\$1,814.63	25650	\$823.93	26070	\$801.53
25431	\$1,954.03	25651	\$1,216.39	26075	\$839.69
25440	\$1,903.42	25652	\$1,549.12	26080	\$988.22
25441	\$2,321.60	25660	\$1,120.97	26100	\$844.67
25442	\$2,003.81	25670	\$1,503.48	26105	\$850.48
25443	\$1,944.90	25671	\$1,330.07	26110	\$807.33
25444	\$2,047.79	25675	\$1,146.70	26111	\$1,032.19
25445	\$1,786.42	25676	\$1,561.56	26113	\$1,357.45
25446	\$2,892.46	25680	\$1,322.60	26115	\$1,293.56
25447	\$1,974.77	25685	\$1,824.59	26116	\$1,303.52
25448	\$2,183.87	25690	\$1,224.69	26117	\$1,847.82
25449	\$2,550.61	25695	\$1,574.84	26118	\$2,602.06
25450	\$1,534.18	25800	\$1,811.32	26121	\$1,486.06
25455	\$1,809.66	25805	\$2,097.58	26123	\$2,071.85
25490	\$1,782.27	25810	\$2,146.53	26125	\$661.30
25491	\$1,834.55	25820	\$1,592.27	26130	\$1,164.95
25492	\$2,242.78	25825	\$1,944.90	26135	\$1,375.70
25500	\$714.40	25830	\$2,480.08	26140	\$1,258.71
25505	\$1,266.18	25900	\$1,782.27	26145	\$1,281.94
25515	\$1,661.96	25905	\$1,739.96	26160	\$1,427.98
25520	\$1,438.76	25907	\$1,525.89	26170	\$1,010.62
25525	\$1,957.35	25909	\$1,700.96	26180	\$1,117.66
25526	\$2,365.58	25915	\$2,884.17	26185	\$1,384.83
25530	\$663.79	25920	\$1,793.06	26200	\$1,118.49
25535	\$1,230.50	25922	\$1,583.14	26205	\$1,501.82
25545	\$1,549.95	25924	\$1,749.09	26210	\$1,111.02
25560	\$726.85	25927	\$2,080.15	26215	\$1,405.57

HCP Fee Schedule & Billing Instructions

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CPT	2026 PFS Amount	CPT	2026 PFS Amount	CPT	2026 PFS Amount
26230	\$1,242.95	26478	\$1,575.67	26567	\$1,726.68
26235	\$1,223.03	26479	\$1,614.67	26568	\$2,228.67
26236	\$1,096.91	26480	\$1,760.70	26580	\$3,757.05
26250	\$2,632.76	26483	\$2,082.64	26587	\$2,581.31
26260	\$1,973.94	26485	\$1,998.84	26590	\$3,489.04
26262	\$1,565.71	26489	\$2,313.31	26591	\$1,155.82
26320	\$867.08	26490	\$2,022.07	26593	\$1,537.50
26340	\$878.69	26492	\$2,238.63	26596	\$1,986.39
26341	\$278.79	26494	\$2,030.37	26600	\$753.40
26350	\$1,774.81	26496	\$2,187.19	26605	\$822.27
26352	\$1,987.22	26497	\$2,184.70	26607	\$1,241.29
26356	\$1,955.69	26498	\$2,860.93	26608	\$1,190.67
26357	\$2,192.17	26499	\$2,103.38	26615	\$1,427.15
26358	\$2,421.17	26500	\$1,645.37	26641	\$1,046.30
26370	\$1,872.72	26502	\$1,812.98	26645	\$1,081.15
26372	\$2,191.34	26508	\$1,611.35	26650	\$1,193.99
26373	\$2,105.87	26510	\$1,529.21	26665	\$1,552.44
26390	\$2,115.00	26516	\$1,787.25	26670	\$887.82
26392	\$2,403.75	26517	\$2,090.94	26675	\$1,154.16
26410	\$1,424.66	26518	\$2,116.66	26676	\$1,262.86
26412	\$1,704.28	26520	\$1,611.35	26685	\$1,427.98
26415	\$2,041.15	26525	\$1,622.97	26686	\$1,544.14
26416	\$2,213.74	26530	\$1,346.66	26700	\$857.12
26418	\$1,476.10	26531	\$1,567.37	26705	\$1,089.44
26420	\$1,768.17	26535	\$1,094.42	26706	\$1,110.19
26426	\$1,250.41	26536	\$1,787.25	26715	\$1,421.34
26428	\$1,905.91	26540	\$1,676.90	26720	\$506.14
26432	\$1,293.56	26541	\$2,016.26	26725	\$855.46
26433	\$1,356.62	26542	\$1,733.32	26727	\$1,174.91
26434	\$1,663.62	26545	\$1,757.38	26735	\$1,473.61
26437	\$1,594.75	26546	\$2,518.25	26740	\$585.79
26440	\$1,539.99	26548	\$1,926.65	26742	\$933.45
26442	\$2,380.52	26550	\$4,014.27	26746	\$1,835.38
26445	\$1,427.98	26551	\$8,056.75	26750	\$476.27
26449	\$1,730.00	26553	\$8,003.64	26755	\$807.33
26450	\$1,109.36	26554	\$9,326.24	26756	\$1,047.13
26455	\$1,101.06	26555	\$3,359.60	26765	\$1,246.26
26460	\$1,076.17	26556	\$8,323.09	26770	\$730.17
26471	\$1,579.82	26560	\$1,519.25	26775	\$984.90
26474	\$1,554.10	26561	\$2,376.37	26776	\$1,113.51
26476	\$1,533.35	26562	\$3,348.82	26785	\$1,359.94
26477	\$1,497.68	26565	\$1,710.92	26820	\$1,999.67

HCP Fee Schedule & Billing Instructions

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CPT	2026 PFS Amount	CPT	2026 PFS Amount	CPT	2026 PFS Amount
26841	\$1,853.63	27065	\$1,295.22	27177	\$2,754.73
26842	\$2,005.47	27066	\$2,024.56	27178	\$2,280.12
26843	\$1,880.18	27067	\$2,558.08	27179	\$2,417.85
26844	\$2,075.17	27070	\$2,144.04	27181	\$2,766.34
26850	\$1,763.19	27071	\$2,363.92	27185	\$1,780.62
26852	\$2,011.28	27075	\$5,131.09	27187	\$2,461.00
26860	\$1,455.36	27076	\$6,199.79	27197	\$321.94
26861	\$250.58	27077	\$6,915.86	27198	\$780.78
26862	\$1,841.19	27078	\$5,060.57	27200	\$473.78
26863	\$556.75	27080	\$1,262.03	27202	\$1,310.15
26910	\$1,837.04	27086	\$726.02	27215	\$1,473.61
26951	\$1,682.71	27087	\$1,531.69	27216	\$2,183.04
26952	\$1,642.05	27090	\$2,046.96	27217	\$2,049.45
26989	BR	27091	\$3,928.80	27218	\$2,820.28
26990	\$1,657.81	27093	\$518.59	27220	\$1,038.00
26991	\$1,679.39	27095	\$693.66	27222	\$2,423.66
26992	\$2,463.49	27096	\$385.00	27226	\$2,600.40
27000	\$955.03	27097	\$1,694.32	27227	\$4,073.18
27001	\$1,335.05	27098	\$1,724.19	27228	\$4,629.10
27003	\$1,485.23	27100	\$2,053.60	27230	\$1,206.44
27005	\$1,788.08	27105	\$2,151.51	27232	\$1,817.12
27006	\$1,755.72	27110	\$2,397.94	27235	\$2,239.46
27025	\$2,311.65	27111	\$2,232.82	27236	\$2,943.08
27027	\$2,186.36	27120	\$3,202.78	27238	\$1,162.46
27030	\$2,313.31	27122	\$2,721.54	27240	\$2,363.92
27033	\$2,404.58	27125	\$2,793.72	27244	\$3,029.37
27035	\$2,723.20	27130	\$3,170.42	27245	\$3,025.22
27036	\$2,514.10	27132	\$4,119.64	27246	\$973.28
27040	\$796.55	27134	\$4,695.48	27248	\$1,842.02
27041	\$1,746.60	27137	\$3,615.16	27250	\$453.04
27043	\$1,169.10	27138	\$3,756.22	27252	\$1,849.48
27045	\$1,821.27	27140	\$2,219.55	27253	\$2,321.60
27047	\$1,183.20	27146	\$3,157.15	27254	\$3,136.41
27048	\$1,524.23	27147	\$3,607.70	27256	\$783.27
27049	\$3,517.25	27151	\$3,899.76	27257	\$894.46
27050	\$1,008.13	27156	\$4,203.45	27258	\$2,743.94
27052	\$1,437.93	27158	\$3,451.71	27259	\$3,807.66
27054	\$1,705.11	27161	\$3,011.12	27265	\$1,044.64
27057	\$2,489.21	27165	\$3,375.37	27266	\$1,440.42
27059	\$4,498.00	27170	\$2,891.63	27267	\$1,091.10
27060	\$1,158.31	27175	\$1,653.67	27268	\$1,354.13
27062	\$1,121.80	27176	\$2,280.12	27269	\$3,063.39

HCP Fee Schedule & Billing Instructions

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CPT	2026 PFS Amount	CPT	2026 PFS Amount	CPT	2026 PFS Amount
27275	\$455.53	27369	\$395.78	27450	\$2,485.89
27278	\$27,573.82	27372	\$1,402.26	27454	\$3,192.83
27279	\$1,987.22	27380	\$1,524.23	27455	\$2,368.07
27280	\$3,411.05	27381	\$2,017.09	27457	\$2,361.43
27282	\$2,124.96	27385	\$1,483.57	27465	\$3,080.81
27284	\$3,955.36	27386	\$2,103.38	27466	\$2,923.16
27286	\$4,049.95	27390	\$1,120.97	27468	\$3,308.99
27290	\$4,003.48	27391	\$1,437.10	27470	\$2,911.55
27295	\$3,103.22	27392	\$1,768.17	27472	\$3,120.64
27299	BR	27393	\$1,246.26	27475	\$1,643.71
27301	\$1,619.65	27394	\$1,626.28	27477	\$1,819.61
27303	\$1,589.78	27395	\$2,180.55	27479	\$2,271.82
27305	\$1,199.80	27396	\$1,535.01	27485	\$1,668.60
27306	\$843.84	27397	\$2,265.18	27486	\$3,464.98
27307	\$1,010.62	27400	\$1,725.02	27487	\$4,321.27
27310	\$1,814.63	27403	\$1,600.56	27488	\$2,962.16
27323	\$643.05	27405	\$1,672.75	27495	\$2,789.58
27324	\$1,017.26	27407	\$1,974.77	27496	\$1,362.43
27325	\$1,398.94	27409	\$2,389.64	27497	\$1,441.25
27326	\$1,296.05	27412	\$4,065.71	27498	\$1,631.26
27327	\$1,174.91	27415	\$3,387.82	27499	\$1,739.13
27328	\$1,545.80	27416	\$2,425.32	27500	\$1,295.22
27329	\$2,579.65	27418	\$2,017.09	27501	\$1,252.07
27330	\$1,049.62	27420	\$1,848.65	27502	\$1,872.72
27331	\$1,186.52	27422	\$1,841.19	27503	\$1,981.41
27332	\$1,602.22	27424	\$1,856.95	27506	\$3,300.69
27333	\$1,462.83	27425	\$1,126.78	27507	\$2,391.30
27334	\$1,703.45	27427	\$1,751.57	27508	\$1,306.84
27335	\$1,896.78	27428	\$2,760.53	27509	\$1,657.81
27337	\$1,044.64	27429	\$3,112.34	27510	\$1,690.17
27339	\$1,873.55	27430	\$1,836.21	27511	\$2,455.19
27340	\$929.31	27435	\$1,995.52	27513	\$3,044.30
27345	\$1,211.42	27437	\$1,638.73	27514	\$2,385.49
27347	\$1,309.32	27438	\$2,081.81	27516	\$1,289.41
27350	\$1,620.48	27440	\$1,976.43	27517	\$1,715.90
27355	\$1,511.78	27441	\$2,040.32	27519	\$2,200.46
27356	\$1,834.55	27442	\$2,157.32	27520	\$813.97
27357	\$2,017.09	27443	\$2,021.24	27524	\$1,864.42
27358	\$675.41	27445	\$3,095.75	27530	\$765.85
27360	\$2,207.93	27446	\$2,833.55	27532	\$1,541.65
27364	\$3,874.04	27447	\$3,166.28	27535	\$2,214.57
27365	\$5,063.88	27448	\$2,049.45	27536	\$2,932.29

HCP Fee Schedule & Billing Instructions

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CPT	2026 PFS Amount	CPT	2026 PFS Amount	CPT	2026 PFS Amount
27538	\$1,199.80	27637	\$1,851.14	27726	\$2,367.24
27540	\$2,016.26	27638	\$1,841.19	27727	\$2,565.55
27550	\$1,276.14	27640	\$2,039.49	27730	\$1,458.68
27552	\$1,574.01	27641	\$1,618.82	27732	\$1,126.78
27556	\$2,161.46	27645	\$4,357.78	27734	\$1,632.09
27557	\$2,576.33	27646	\$3,785.26	27740	\$1,754.89
27558	\$2,932.29	27647	\$2,447.72	27742	\$1,924.16
27560	\$932.62	27648	\$472.12	27745	\$1,812.15
27562	\$1,223.03	27650	\$1,620.48	27750	\$867.08
27566	\$2,209.59	27652	\$1,642.88	27752	\$1,330.07
27570	\$381.68	27654	\$1,766.51	27756	\$1,457.85
27580	\$3,620.97	27656	\$1,231.33	27758	\$2,213.74
27590	\$1,939.92	27658	\$912.71	27759	\$2,463.49
27591	\$2,384.66	27659	\$1,162.46	27760	\$833.06
27592	\$1,671.09	27664	\$877.03	27762	\$1,206.44
27594	\$1,247.09	27665	\$1,023.90	27766	\$1,493.53
27596	\$1,756.55	27675	\$1,223.86	27767	\$726.02
27598	\$1,723.36	27676	\$1,505.14	27768	\$1,117.66
27599	BR	27680	\$1,043.81	27769	\$1,795.55
27600	\$991.54	27681	\$1,255.39	27780	\$772.49
27601	\$1,079.49	27685	\$1,558.25	27781	\$1,088.61
27602	\$1,180.72	27686	\$1,306.84	27784	\$1,754.06
27603	\$1,241.29	27687	\$1,118.49	27786	\$778.29
27604	\$1,101.06	27690	\$1,572.35	27788	\$1,059.57
27605	\$765.85	27691	\$1,830.40	27792	\$1,586.46
27606	\$667.94	27692	\$253.07	27808	\$836.37
27607	\$1,475.27	27695	\$1,197.31	27810	\$1,183.20
27610	\$1,593.09	27696	\$1,350.81	27814	\$1,882.67
27612	\$1,415.53	27698	\$1,573.18	27816	\$825.59
27613	\$595.75	27700	\$1,761.53	27818	\$1,232.16
27614	\$1,387.32	27702	\$2,369.73	27822	\$2,131.59
27615	\$2,504.98	27703	\$2,745.60	27823	\$2,407.07
27616	\$3,085.79	27704	\$1,391.47	27824	\$789.08
27618	\$1,141.72	27705	\$1,834.55	27825	\$1,364.09
27619	\$1,151.67	27707	\$998.17	27826	\$2,082.64
27620	\$1,106.87	27709	\$2,812.81	27827	\$2,743.11
27625	\$1,404.74	27712	\$2,722.37	27828	\$3,245.10
27626	\$1,509.29	27715	\$2,646.03	27829	\$1,722.53
27630	\$1,279.45	27720	\$2,155.66	27830	\$973.28
27632	\$1,015.60	27722	\$2,212.91	27831	\$1,021.41
27634	\$1,657.81	27724	\$3,095.75	27832	\$1,880.18
27635	\$1,423.00	27725	\$3,001.99	27840	\$968.30

HCP Fee Schedule & Billing Instructions

Effective January 01, 2026

CPT	2026 PFS Amount	CPT	2026 PFS Amount	CPT	2026 PFS Amount
27842	\$1,223.86	28080	\$1,265.35	28226	\$1,453.70
27846	\$1,787.25	28086	\$1,221.37	28230	\$1,017.26
27848	\$1,963.99	28088	\$1,086.13	28232	\$878.69
27860	\$403.25	28090	\$1,095.25	28234	\$960.84
27870	\$2,482.57	28092	\$988.22	28238	\$1,582.31
27871	\$1,699.30	28100	\$1,452.87	28240	\$1,040.49
27880	\$2,222.87	28102	\$1,515.93	28250	\$1,398.94
27881	\$2,045.30	28103	\$950.05	28260	\$1,722.53
27882	\$1,463.66	28104	\$1,247.09	28261	\$2,609.52
27884	\$1,428.81	28106	\$1,045.47	28262	\$3,343.01
27886	\$1,601.39	28107	\$1,199.80	28264	\$2,147.36
27888	\$1,430.47	28108	\$1,021.41	28270	\$1,146.70
27889	\$1,583.97	28110	\$1,087.79	28272	\$894.46
27892	\$1,339.20	28111	\$1,117.66	28280	\$1,174.08
27893	\$1,520.91	28112	\$1,132.59	28285	\$1,279.45
27894	\$2,032.03	28113	\$1,383.17	28286	\$1,033.02
27899	BR	28114	\$2,553.10	28288	\$1,418.85
28001	\$402.42	28116	\$1,625.45	28289	\$1,622.14
28002	\$575.84	28118	\$1,438.76	28291	\$1,613.01
28003	\$896.95	28119	\$1,241.29	28292	\$1,651.18
28005	\$1,399.77	28120	\$1,588.95	28295	\$2,417.02
28008	\$1,008.96	28122	\$1,406.40	28296	\$2,062.73
28010	\$565.88	28124	\$1,127.61	28297	\$2,368.07
28011	\$768.34	28126	\$912.71	28298	\$1,946.56
28020	\$1,259.54	28130	\$1,542.48	28299	\$2,363.09
28022	\$1,145.87	28140	\$1,351.64	28300	\$1,606.37
28024	\$1,093.59	28150	\$983.24	28302	\$1,773.15
28035	\$1,259.54	28153	\$941.75	28304	\$1,979.75
28039	\$1,118.49	28160	\$956.69	28305	\$1,656.98
28041	\$1,104.38	28171	\$2,733.98	28306	\$1,435.44
28043	\$897.78	28173	\$1,781.45	28307	\$1,858.61
28045	\$1,143.38	28175	\$1,150.02	28308	\$1,344.17
28046	\$1,742.45	28190	\$555.09	28309	\$2,230.33
28047	\$2,565.55	28192	\$1,080.32	28310	\$1,299.37
28050	\$977.43	28193	\$1,228.01	28312	\$1,315.96
28052	\$911.88	28200	\$1,163.29	28313	\$1,257.88
28054	\$857.95	28202	\$1,430.47	28315	\$1,130.10
28055	\$956.69	28208	\$1,134.25	28320	\$1,516.76
28060	\$1,219.71	28210	\$1,392.30	28322	\$1,871.89
28062	\$1,384.83	28220	\$1,055.43	28340	\$1,346.66
28070	\$1,205.61	28222	\$1,268.67	28341	\$1,569.86
28072	\$1,154.99	28225	\$969.13	28344	\$984.90

HCP Fee Schedule & Billing Instructions

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CPT	2026 PFS Amount	CPT	2026 PFS Amount	CPT	2026 PFS Amount
28345	\$1,216.39	28635	\$413.21	29131	\$133.59
28360	\$2,707.43	28636	\$843.84	29200	\$73.85
28400	\$609.86	28645	\$1,549.12	29240	\$69.70
28405	\$1,123.46	28660	\$307.83	29260	\$68.87
28406	\$1,448.72	28665	\$365.91	29280	\$70.53
28415	\$2,747.26	28666	\$422.34	29305	\$615.66
28420	\$3,182.04	28675	\$1,359.11	29325	\$681.21
28430	\$591.60	28705	\$3,005.31	29345	\$332.72
28435	\$919.35	28715	\$2,314.97	29355	\$347.66
28436	\$1,212.25	28725	\$1,913.37	29358	\$398.27
28445	\$2,575.50	28730	\$1,779.79	29365	\$304.51
28446	\$3,023.56	28735	\$1,919.18	29405	\$197.48
28450	\$520.25	28737	\$1,686.86	29425	\$184.20
28455	\$625.62	28740	\$1,963.16	29435	\$305.34
28456	\$897.78	28750	\$1,847.82	29440	\$104.55
28465	\$1,578.16	28755	\$1,193.99	29445	\$310.32
28470	\$534.35	28760	\$1,829.57	29450	\$352.64
28475	\$642.22	28800	\$1,293.56	29505	\$221.54
28476	\$947.56	28805	\$1,734.15	29515	\$178.39
28485	\$1,373.21	28810	\$1,033.85	29520	\$81.31
28490	\$348.49	28820	\$700.30	29530	\$69.70
28495	\$441.42	28825	\$686.19	29540	\$68.04
28496	\$1,174.91	28890	\$733.49	29550	\$46.47
28505	\$1,548.29	28899	BR	29580	\$147.69
28510	\$298.71	29000	\$887.82	29581	\$201.63
28515	\$400.76	29010	\$681.21	29584	\$179.22
28525	\$1,326.75	29015	\$731.83	29700	\$157.65
28530	\$290.41	29035	\$641.39	29705	\$156.82
28531	\$767.51	29040	\$732.66	29710	\$304.51
28540	\$478.76	29044	\$716.89	29720	\$212.41
28545	\$765.85	29046	\$784.10	29730	\$157.65
28546	\$1,375.70	29049	\$246.43	29740	\$243.94
28555	\$2,022.90	29055	\$556.75	29750	\$263.86
28570	\$584.96	29058	\$307.00	29799	BR
28575	\$937.60	29065	\$237.30	29800	\$1,314.30
28576	\$970.79	29075	\$216.56	29804	\$1,446.23
28585	\$2,176.40	29085	\$237.30	29805	\$1,163.29
28600	\$537.67	29086	\$187.52	29806	\$2,608.69
28605	\$847.16	29105	\$203.29	29807	\$2,546.46
28606	\$984.90	29125	\$162.63	29819	\$1,449.55
28615	\$2,023.73	29126	\$191.67	29820	\$1,323.43
28630	\$376.70	29130	\$103.72	29821	\$1,468.63

HCP Fee Schedule & Billing Instructions

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CPT	2026 PFS Amount	CPT	2026 PFS Amount	CPT	2026 PFS Amount
29822	\$1,339.20	29883	\$2,071.85	30200	\$255.56
29823	\$1,463.66	29884	\$1,531.69	30210	\$354.30
29824	\$1,671.92	29885	\$1,873.55	30220	\$687.85
29825	\$1,449.55	29886	\$1,579.82	30300	\$478.76
29826	\$424.00	29887	\$1,866.08	30310	\$490.37
29827	\$2,631.93	29888	\$2,398.77	30320	\$1,155.82
29828	\$2,258.54	29889	\$3,023.56	30400	\$2,899.93
29830	\$1,136.74	29891	\$1,661.13	30410	\$3,359.60
29834	\$1,224.69	29892	\$1,579.82	30420	\$3,442.58
29835	\$1,265.35	29893	\$1,561.56	30430	\$2,518.25
29836	\$1,450.38	29894	\$1,247.92	30435	\$3,173.74
29837	\$1,289.41	29895	\$1,131.76	30450	\$4,187.68
29838	\$1,471.12	29897	\$1,214.73	30460	\$2,004.64
29840	\$1,129.27	29898	\$1,379.85	30462	\$3,849.98
29843	\$1,207.27	29899	\$2,459.34	30465	\$2,450.21
29844	\$1,242.12	29900	\$1,248.75	30468	\$5,404.08
29845	\$1,450.38	29901	\$1,340.85	30469	\$5,253.89
29846	\$1,294.39	29902	\$1,422.17	30520	\$1,598.07
29847	\$1,349.15	29904	\$1,588.95	30540	\$1,756.55
29848	\$1,269.50	29905	\$1,262.86	30545	\$2,387.98
29850	\$1,548.29	29906	\$1,641.22	30560	\$722.70
29851	\$2,301.69	29907	\$2,168.10	30580	\$1,457.85
29855	\$1,928.31	29914	\$2,456.02	30600	\$1,248.75
29856	\$2,455.19	29915	\$2,504.15	30620	\$1,579.82
29860	\$1,628.77	29916	\$2,506.64	30630	\$1,590.61
29861	\$1,720.04	29999	BR	30801	\$504.48
29862	\$2,001.33			30802	\$649.68
29863	\$2,012.11			30901	\$364.25
29866	\$2,600.40			30903	\$561.73
29867	\$3,157.15			30905	\$803.19
29868	\$4,115.50			30906	\$877.86
29870	\$1,339.20			30915	\$1,444.57
29871	\$1,276.14			30920	\$2,090.11
29873	\$1,323.43			30930	\$284.60
29874	\$1,325.92			30999	BR
29875	\$1,228.84			31000	\$430.63
29876	\$1,615.50			31002	\$442.25
29877	\$1,535.01			31020	\$990.71
29879	\$1,637.07			31030	\$1,523.40
29880	\$1,388.98			31032	\$1,423.00
29881	\$1,337.54			31040	\$1,927.48
29882	\$1,702.62			31050	\$1,230.50

HCP Fee Schedule & Billing Instructions

Effective January 01, 2026

CPT	2026 PFS Amount	CPT	2026 PFS Amount	CPT	2026 PFS Amount
31051	\$1,643.71	31297	\$3,538.83	31560	\$761.70
31070	\$1,125.12	31298	\$6,703.44	31561	\$830.57
31075	\$1,974.77	31299	BR	31570	\$816.46
31080	\$2,598.74	31300	\$3,002.82	31571	\$607.37
31081	\$2,792.06	31360	\$4,968.46	31572	\$1,185.69
31084	\$2,890.80	31365	\$6,153.33	31573	\$671.26
31085	\$2,982.90	31367	\$5,241.45	31574	\$2,051.11
31086	\$2,815.30	31368	\$5,794.05	31575	\$298.71
31087	\$2,694.99	31370	\$4,904.58	31576	\$623.96
31090	\$2,616.16	31375	\$4,663.12	31577	\$633.09
31200	\$1,459.51	31380	\$4,596.74	31578	\$711.08
31201	\$1,855.29	31382	\$5,037.33	31579	\$463.82
31205	\$2,221.21	31390	\$6,768.99	31580	\$3,062.56
31225	\$4,361.10	31395	\$7,086.78	31584	\$3,377.86
31230	\$4,876.36	31400	\$2,431.96	31587	\$2,913.21
31231	\$440.59	31420	\$2,015.43	31590	\$2,197.14
31233	\$633.09	31500	\$351.81	31591	\$2,654.33
31235	\$726.85	31502	\$84.63	31592	\$4,203.45
31237	\$628.11	31505	\$204.95	31599	BR
31238	\$611.52	31510	\$506.97	31600	\$749.25
31239	\$1,467.80	31511	\$495.35	31601	\$1,099.40
31240	\$389.15	31512	\$510.29	31603	\$784.93
31241	\$1,085.30	31513	\$319.45	31605	\$820.61
31242	\$5,408.23	31515	\$504.48	31610	\$2,293.39
31243	\$5,252.23	31520	\$383.34	31611	\$1,281.94
31253	\$1,221.37	31525	\$593.26	31612	\$219.88
31254	\$1,034.68	31526	\$384.17	31613	\$1,009.79
31255	\$789.91	31527	\$477.10	31614	\$1,706.77
31256	\$443.08	31528	\$352.64	31615	\$404.91
31257	\$1,089.44	31529	\$393.30	31622	\$592.43
31259	\$1,153.33	31530	\$486.23	31623	\$641.39
31267	\$648.02	31531	\$514.44	31624	\$601.56
31276	\$924.33	31535	\$462.99	31625	\$808.16
31287	\$492.03	31536	\$511.95	31626	\$1,761.53
31288	\$572.52	31540	\$588.28	31627	\$2,297.54
31290	\$2,802.85	31541	\$640.56	31628	\$860.44
31291	\$3,009.46	31545	\$880.35	31629	\$1,038.83
31292	\$2,412.88	31546	\$1,335.88	31630	\$480.42
31293	\$2,612.01	31551	\$3,737.96	31631	\$546.80
31294	\$2,989.54	31552	\$3,606.87	31632	\$154.33
31295	\$3,573.68	31553	\$4,038.33	31633	\$194.16
31296	\$3,638.40	31554	\$4,039.99	31634	\$3,198.64

HCP Fee Schedule & Billing Instructions

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CPT	2026 PFS Amount	CPT	2026 PFS Amount	CPT	2026 PFS Amount
31635	\$694.49	32098	\$1,863.59	32560	\$570.03
31636	\$525.22	32100	\$2,003.81	32561	\$229.01
31637	\$183.37	32110	\$3,650.84	32562	\$204.12
31638	\$593.26	32120	\$2,155.66	32601	\$758.38
31640	\$593.26	32124	\$2,275.14	32604	\$1,179.89
31641	\$608.20	32140	\$2,443.58	32606	\$1,138.40
31643	\$408.23	32141	\$3,751.24	32607	\$757.55
31645	\$647.19	32150	\$2,504.15	32608	\$933.45
31646	\$343.51	32151	\$2,477.59	32609	\$624.79
31647	\$494.52	32160	\$1,972.28	32650	\$1,643.71
31648	\$472.95	32200	\$2,808.66	32651	\$2,696.65
31649	\$166.78	32215	\$1,978.09	32652	\$4,090.60
31651	\$182.54	32220	\$3,932.95	32653	\$2,607.86
31652	\$2,733.98	32225	\$2,451.87	32654	\$2,948.89
31653	\$2,837.70	32310	\$2,265.18	32655	\$2,355.62
31654	\$282.11	32320	\$3,949.55	32656	\$1,980.58
31660	\$453.87	32400	\$399.93	32658	\$1,761.53
31661	\$481.25	32408	\$1,876.86	32659	\$1,807.17
31717	\$651.34	32440	\$3,863.26	32661	\$1,966.48
31720	\$130.27	32442	\$7,515.76	32662	\$2,202.12
31725	\$191.67	32445	\$8,684.86	32663	\$3,441.75
31730	\$2,340.69	32480	\$3,642.55	32664	\$2,089.28
31750	\$3,221.04	32482	\$3,897.27	32665	\$3,033.52
31755	\$4,095.58	32484	\$3,533.85	32666	\$2,141.55
31760	\$3,387.82	32486	\$5,762.52	32667	\$383.34
31766	\$4,373.54	32488	\$5,886.15	32668	\$384.17
31770	\$3,271.65	32491	\$3,628.44	32669	\$3,304.01
31775	\$3,443.41	32501	\$599.07	32670	\$3,937.93
31780	\$2,933.95	32503	\$4,418.35	32671	\$4,362.76
31781	\$3,523.06	32504	\$5,031.52	32672	\$3,736.31
31785	\$2,631.93	32505	\$2,293.39	32673	\$2,990.37
31786	\$3,552.10	32506	\$382.51	32674	\$529.37
31800	\$1,685.20	32507	\$382.51	32701	\$511.95
31805	\$2,016.26	32540	\$4,251.57	32800	\$2,334.88
31820	\$1,050.45	32550	\$1,715.07	32810	\$2,221.21
31825	\$1,469.46	32551	\$382.51	32815	\$6,892.62
31830	\$1,167.44	32552	\$438.93	32820	\$3,427.64
31899	BR	32553	\$1,155.82	32850	\$7,792.89
32035	\$1,805.51	32554	\$536.01	32851	\$8,064.21
32036	\$1,931.63	32555	\$714.40	32852	\$8,679.05
32096	\$1,978.92	32556	\$1,637.07	32853	\$11,295.21
32097	\$1,980.58	32557	\$1,470.29	32854	\$11,946.55

HCP Fee Schedule & Billing Instructions

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CPT	2026 PFS Amount	CPT	2026 PFS Amount	CPT	2026 PFS Amount
32855	\$1,195.65	33222	\$831.40	33274	\$1,160.80
32856	\$2,374.71	33223	\$992.37	33275	\$1,232.99
32900	\$3,591.93	33224	\$1,246.26	33276	\$1,412.21
32905	\$3,287.42	33225	\$1,126.78	33277	\$664.62
32906	\$4,056.58	33226	\$1,194.82	33278	\$1,403.09
32940	\$3,039.33	33227	\$823.10	33279	\$839.69
32960	\$302.85	33228	\$862.10	33280	\$496.18
32994	\$10,468.79	33229	\$903.58	33281	\$878.69
32997	\$813.97	33230	\$911.05	33285	\$8,879.84
32998	\$6,725.85	33231	\$973.28	33286	\$307.83
32999	BR	33233	\$562.56	33287	\$946.73
Cardiovascular System					
33016	\$574.18	33234	\$1,176.57	33288	\$1,185.69
33017	\$604.05	33235	\$1,544.14	33289	\$816.46
33018	\$709.43	33236	\$1,922.50	33300	\$6,015.59
33019	\$506.97	33237	\$2,061.07	33305	\$10,043.14
33020	\$2,039.49	33238	\$2,318.29	33310	\$2,867.57
33025	\$1,896.78	33240	\$877.03	33315	\$4,694.65
33030	\$4,920.34	33241	\$520.25	33320	\$2,632.76
33031	\$6,076.99	33243	\$3,373.71	33321	\$2,911.55
33050	\$2,480.91	33244	\$2,092.60	33322	\$3,411.05
33120	\$5,141.05	33249	\$2,215.40	33330	\$3,489.87
33130	\$3,349.65	33250	\$3,567.87	33335	\$4,575.17
33140	\$3,814.30	33251	\$4,005.97	33340	\$1,898.44
33141	\$325.26	33254	\$3,340.52	33361	\$2,960.50
33202	\$1,893.46	33255	\$3,983.57	33362	\$3,231.83
33203	\$1,994.69	33256	\$4,721.20	33363	\$3,347.16
33206	\$1,104.38	33257	\$1,431.30	33364	\$3,343.84
33207	\$1,165.78	33258	\$1,590.61	33365	\$3,486.55
33208	\$1,259.54	33259	\$2,079.32	33366	\$3,846.66
33210	\$394.13	33261	\$3,949.55	33367	\$1,496.85
33211	\$409.06	33262	\$902.75	33368	\$1,811.32
33212	\$788.25	33263	\$940.09	33369	\$2,391.30
33213	\$820.61	33264	\$979.92	33370	\$327.75
33214	\$1,164.95	33265	\$3,346.33	33390	\$4,727.84
33215	\$755.89	33266	\$4,526.22	33391	\$5,604.04
33216	\$901.09	33267	\$2,570.53	33404	\$4,282.27
33217	\$896.12	33268	\$319.45	33405	\$5,575.83
33218	\$943.41	33269	\$2,043.64	33406	\$7,090.93
33220	\$926.82	33270	\$1,361.60	33410	\$6,256.22
33221	\$867.08	33271	\$1,110.19	33411	\$8,232.65
		33272	\$847.16	33412	\$7,699.96
		33273	\$978.26	33413	\$7,884.99

HCP Fee Schedule & Billing Instructions

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CPT	2026 PFS Amount	CPT	2026 PFS Amount	CPT	2026 PFS Amount
33414	\$5,284.59	33519	\$1,333.39	33702	\$3,813.47
33415	\$4,983.40	33521	\$1,600.56	33710	\$5,044.80
33416	\$4,970.95	33522	\$1,797.21	33720	\$3,815.13
33417	\$4,108.86	33523	\$2,022.90	33724	\$3,784.43
33418	\$4,394.29	33530	\$1,286.92	33726	\$4,996.68
33419	\$1,034.68	33533	\$4,600.06	33730	\$4,938.59
33420	\$3,554.59	33534	\$5,406.57	33732	\$4,059.90
33422	\$4,077.33	33535	\$6,008.95	33735	\$3,196.15
33425	\$6,695.98	33536	\$6,476.93	33736	\$3,469.13
33426	\$5,855.45	33542	\$6,462.82	33741	\$1,836.21
33427	\$5,984.06	33545	\$7,504.97	33745	\$2,622.80
33430	\$6,880.18	33548	\$7,218.71	33746	\$1,047.96
33440	\$8,329.73	33572	\$563.39	33750	\$3,106.54
33460	\$5,872.05	33600	\$4,232.49	33755	\$3,249.25
33463	\$7,543.97	33602	\$4,110.52	33762	\$3,157.15
33464	\$5,979.08	33606	\$4,379.35	33764	\$3,249.25
33465	\$6,758.21	33608	\$4,435.77	33766	\$3,279.12
33468	\$6,026.38	33610	\$4,375.20	33767	\$3,499.00
33474	\$5,364.25	33611	\$4,796.71	33768	\$1,022.24
33475	\$5,681.21	33612	\$4,925.32	33770	\$5,202.45
33476	\$3,755.39	33615	\$4,917.02	33771	\$5,350.97
33477	\$3,153.83	33617	\$5,324.42	33774	\$4,434.94
33478	\$3,879.02	33619	\$6,750.74	33775	\$4,566.04
33496	\$4,078.99	33620	\$4,056.58	33776	\$4,827.41
33500	\$3,824.26	33621	\$2,288.41	33777	\$4,653.99
33501	\$2,736.47	33622	\$8,435.11	33778	\$5,782.44
33502	\$3,152.17	33641	\$4,034.18	33779	\$5,711.91
33503	\$3,276.63	33645	\$4,260.70	33780	\$5,821.43
33504	\$3,616.82	33647	\$4,468.96	33781	\$5,680.38
33505	\$5,064.71	33660	\$4,320.44	33782	\$7,930.63
33506	\$5,048.12	33665	\$4,706.27	33783	\$8,572.01
33507	\$4,235.81	33670	\$4,844.83	33786	\$5,597.41
33508	\$39.00	33675	\$4,846.49	33788	\$3,772.81
33509	\$426.48	33676	\$4,975.93	33800	\$2,431.13
33510	\$4,749.41	33677	\$5,168.43	33802	\$2,678.39
33511	\$5,217.39	33681	\$4,540.32	33803	\$2,833.55
33512	\$5,939.26	33684	\$4,644.04	33814	\$3,757.05
33513	\$6,072.01	33688	\$4,627.44	33820	\$2,386.32
33514	\$6,386.49	33690	\$2,962.16	33822	\$2,515.76
33516	\$6,610.51	33692	\$4,807.50	33824	\$2,912.38
33517	\$458.84	33694	\$4,796.71	33840	\$3,057.58
33518	\$1,010.62	33697	\$5,054.76	33845	\$3,293.23

HCP Fee Schedule & Billing Instructions

Effective January 01, 2026

CPT	2026 PFS Amount	CPT	2026 PFS Amount	CPT	2026 PFS Amount
33851	\$3,140.55	33944	\$1,380.68	33990	\$880.35
33852	\$3,450.05	33945	\$11,939.08	33991	\$1,111.85
33853	\$4,514.60	33946	\$759.21	33992	\$459.67
33858	\$8,333.05	33947	\$842.18	33993	\$403.25
33859	\$5,984.89	33948	\$584.96	33995	\$866.25
33863	\$7,719.87	33949	\$570.86	33997	\$394.13
33864	\$7,893.29	33951	\$1,037.17	33999	BR
33866	\$2,261.03	33952	\$1,043.81	34001	\$2,260.20
33871	\$7,987.05	33953	\$1,156.65	34051	\$2,433.62
33875	\$6,726.68	33954	\$1,169.10	34101	\$1,465.32
33877	\$8,868.23	33955	\$2,021.24	34111	\$1,462.83
33880	\$4,383.50	33956	\$2,046.96	34151	\$3,423.49
33881	\$3,764.52	33957	\$451.38	34201	\$2,509.95
33883	\$2,721.54	33958	\$451.38	34203	\$2,332.39
33884	\$976.60	33959	\$572.52	34401	\$3,310.65
33886	\$2,352.30	33962	\$572.52	34421	\$1,716.73
33889	\$1,965.65	33963	\$1,141.72	34451	\$3,548.78
33891	\$2,380.52	33964	\$1,203.12	34471	\$2,665.12
33894	\$2,396.28	33965	\$451.38	34490	\$1,419.68
33895	\$1,905.91	33966	\$579.99	34501	\$2,210.42
33897	\$1,417.19	33967	\$633.09	34502	\$3,792.73
33900	\$1,446.23	33968	\$83.80	34510	\$2,524.89
33901	\$1,901.76	33969	\$663.79	34520	\$2,446.06
33902	\$1,836.21	33970	\$865.42	34530	\$2,323.26
33903	\$2,163.12	33971	\$1,732.49	34701	\$3,037.67
33904	\$725.19	33973	\$1,228.01	34702	\$4,429.14
33910	\$6,398.93	33974	\$2,184.70	34703	\$3,369.56
33915	\$3,370.39	33975	\$3,210.25	34704	\$5,607.36
33916	\$10,253.06	33976	\$3,868.23	34705	\$3,744.60
33917	\$3,592.76	33977	\$2,760.53	34706	\$5,603.21
33920	\$4,454.03	33978	\$3,254.23	34707	\$2,852.64
33922	\$3,424.32	33979	\$4,769.33	34708	\$4,488.05
33924	\$702.79	33980	\$4,365.25	34709	\$792.40
33925	\$4,222.53	33981	\$2,027.05	34710	\$1,951.54
33926	\$5,940.92	33982	\$4,766.01	34711	\$726.85
33927	\$6,262.02	33983	\$5,605.70	34712	\$1,603.05
33928	BR	33984	\$697.81	34713	\$303.68
33929	BR	33985	\$1,252.90	34714	\$662.13
33930	BR	33986	\$1,289.41	34715	\$734.32
33933	BR	33987	\$506.97	34716	\$915.20
33935	\$12,061.06	33988	\$1,897.61	34717	\$1,087.79
33940	BR	33989	\$1,203.12	34718	\$3,036.84

HCP Fee Schedule & Billing Instructions

Effective January 01, 2026

CPT	2026 PFS Amount	CPT	2026 PFS Amount	CPT	2026 PFS Amount
34808	\$498.67	35180	\$1,939.10	35400	\$355.96
34812	\$506.97	35182	\$4,411.71	35500	\$783.27
34813	\$578.33	35184	\$2,383.00	35501	\$3,602.72
34820	\$833.06	35188	\$3,259.21	35506	\$3,149.68
34830	\$4,353.63	35189	\$3,728.01	35508	\$3,284.93
34831	\$4,769.33	35190	\$1,851.97	35509	\$3,486.55
34832	\$4,683.04	35201	\$2,281.78	35510	\$3,036.84
34833	\$970.79	35206	\$1,955.69	35511	\$2,768.00
34834	\$318.62	35207	\$1,859.44	35512	\$2,978.76
34839	BR	35211	\$3,417.69	35515	\$3,284.93
34841	\$4,576.83	35216	\$5,112.84	35516	\$3,015.26
34842	\$5,661.30	35221	\$3,620.97	35518	\$2,825.25
34843	\$5,380.84	35226	\$2,035.34	35521	\$3,033.52
34844	\$7,412.04	35231	\$3,059.24	35522	\$2,889.14
34845	\$5,146.03	35236	\$2,476.76	35523	\$3,036.84
34846	\$6,146.69	35241	\$3,516.43	35525	\$2,718.22
34847	\$6,682.70	35246	\$3,830.07	35526	\$4,234.98
34848	\$9,106.36	35251	\$4,258.21	35531	\$4,816.62
35001	\$2,724.86	35256	\$2,507.47	35533	\$3,720.54
35002	\$2,811.15	35261	\$2,423.66	35535	\$4,700.46
35005	\$2,461.00	35266	\$2,127.45	35536	\$4,175.24
35011	\$2,475.94	35271	\$3,392.79	35537	\$5,147.69
35013	\$2,927.31	35276	\$3,572.02	35538	\$5,769.99
35021	\$3,087.45	35281	\$4,022.56	35539	\$5,414.03
35022	\$3,532.19	35286	\$2,277.63	35540	\$6,034.68
35045	\$2,378.86	35301	\$2,772.98	35556	\$3,424.32
35081	\$4,253.23	35302	\$2,742.28	35558	\$3,001.99
35082	\$5,330.23	35303	\$3,014.43	35560	\$4,211.74
35091	\$4,390.14	35304	\$3,134.75	35563	\$3,270.82
35092	\$6,388.97	35305	\$3,007.80	35565	\$3,220.21
35102	\$4,623.29	35306	\$1,101.06	35566	\$4,083.14
35103	\$5,353.46	35311	\$3,806.00	35570	\$3,638.40
35111	\$3,284.10	35321	\$2,227.84	35571	\$3,254.23
35112	\$4,037.50	35331	\$3,557.91	35572	\$843.84
35121	\$3,906.40	35341	\$3,382.84	35583	\$3,542.98
35122	\$4,670.59	35351	\$3,164.62	35585	\$4,105.54
35131	\$3,406.90	35355	\$2,529.87	35587	\$3,290.74
35132	\$4,037.50	35361	\$3,760.37	35600	\$456.36
35141	\$2,685.86	35363	\$4,013.44	35601	\$3,461.66
35142	\$3,242.61	35371	\$1,998.84	35606	\$2,886.65
35151	\$3,044.30	35372	\$2,395.45	35612	\$2,582.97
35152	\$3,454.19	35390	\$392.47	35616	\$2,724.03

HCP Fee Schedule & Billing Instructions

Effective January 01, 2026

CPT	2026 PFS Amount	CPT	2026 PFS Amount	CPT	2026 PFS Amount
35621	\$2,692.50	35876	\$2,314.14	36260	\$1,629.60
35623	\$3,248.42	35879	\$2,267.67	36261	\$1,021.41
35626	\$3,913.87	35881	\$2,514.93	36262	\$777.46
35631	\$4,543.64	35883	\$2,937.27	36299	BR
35632	\$4,462.33	35884	\$3,060.07	36400	\$65.55
35633	\$4,870.56	35901	\$1,174.08	36405	\$56.42
35634	\$4,366.08	35903	\$1,374.04	36406	\$41.49
35636	\$3,940.42	35905	\$4,150.34	36410	\$42.32
35637	\$4,097.24	35907	\$4,709.59	36415	\$23.23
35638	\$4,294.72	36000	\$72.19	36416	\$13.28
35642	\$2,441.92	36002	\$368.40	36420	\$117.82
35645	\$2,339.86	36005	\$555.09	36425	\$96.25
35646	\$4,183.53	36010	\$1,170.76	36430	\$97.91
35647	\$3,775.30	36011	\$1,759.87	36440	\$119.48
35650	\$2,524.06	36012	\$1,838.70	36450	\$407.40
35654	\$3,359.60	36013	\$1,693.49	36455	\$311.15
35656	\$2,631.93	36014	\$1,718.39	36456	\$234.82
35661	\$2,657.65	36015	\$1,845.33	36460	\$845.50
35663	\$3,010.29	36100	\$1,223.86	36465	\$2,784.60
35665	\$2,880.02	36140	\$1,112.68	36466	\$2,928.14
35666	\$3,145.53	36160	\$1,237.97	36468	\$325.26
35671	\$2,758.88	36200	\$1,304.35	36470	\$269.66
35681	\$195.82	36215	\$2,291.73	36471	\$464.65
35682	\$867.90	36216	\$2,380.52	36473	\$2,596.25
35683	\$1,013.11	36217	\$4,129.60	36474	\$573.35
35685	\$488.72	36218	\$473.78	36475	\$2,371.39
35686	\$397.44	36221	\$2,166.44	36476	\$651.34
35691	\$2,336.54	36222	\$2,757.22	36478	\$2,188.85
35693	\$2,065.22	36223	\$3,810.15	36479	\$702.79
35694	\$2,441.92	36224	\$4,634.91	36481	\$3,798.54
35695	\$2,534.02	36225	\$3,621.80	36482	\$3,608.53
35697	\$360.94	36226	\$4,520.41	36483	\$331.89
35700	\$374.21	36227	\$578.33	36500	\$446.40
35701	\$1,074.51	36228	\$2,974.61	36510	\$202.46
35702	\$1,008.96	36245	\$2,718.22	36511	\$267.18
35703	\$1,027.21	36246	\$1,852.80	36512	\$254.73
35800	\$1,803.02	36247	\$3,118.15	36513	\$261.37
35820	\$4,953.53	36248	\$266.35	36514	\$1,562.39
35840	\$3,017.75	36251	\$2,812.81	36516	\$4,848.98
35860	\$2,076.83	36252	\$3,078.32	36522	\$2,976.27
35870	\$3,081.64	36253	\$4,402.58	36555	\$433.12
35875	\$1,447.06	36254	\$4,299.70	36556	\$487.06

HCP Fee Schedule & Billing Instructions

Effective January 01, 2026

CPT	2026 PFS Amount	CPT	2026 PFS Amount	CPT	2026 PFS Amount
36557	\$2,558.91	36820	\$1,787.25	37212	\$823.10
36558	\$1,825.42	36821	\$1,616.33	37213	\$563.39
36560	\$2,744.77	36823	\$3,491.53	37214	\$300.36
36561	\$2,160.64	36825	\$1,940.75	37215	\$2,420.34
36563	\$2,424.49	36830	\$1,635.41	37216	\$2,383.00
36565	\$1,864.42	36831	\$1,515.93	37217	\$2,659.31
36566	\$8,817.61	36832	\$1,851.14	37218	\$2,030.37
36568	\$228.18	36833	\$1,976.43	37220	\$5,428.14
36569	\$232.33	36835	\$1,188.18	37221	\$6,646.19
36570	\$3,186.19	36836	\$17,270.14	37222	\$1,380.68
36571	\$2,743.94	36837	\$20,520.22	37223	\$2,745.60
36572	\$843.01	36838	\$2,806.17	37224	\$6,289.41
36573	\$843.84	36860	\$550.12	37225	\$18,546.28
36575	\$321.11	36861	\$341.85	37226	\$17,160.62
36576	\$785.76	36901	\$1,559.91	37227	\$23,678.20
36578	\$961.67	36902	\$2,645.20	37228	\$8,874.04
36580	\$424.83	36903	\$9,025.88	37229	\$18,962.81
36581	\$1,692.66	36904	\$3,963.65	37230	\$18,979.40
36582	\$1,942.41	36905	\$4,957.68	37231	\$24,853.11
36583	\$2,541.48	36906	\$11,535.83	37232	\$1,798.87
36584	\$716.06	36907	\$1,302.69	37233	\$2,356.45
36585	\$2,991.20	36908	\$3,071.69	37234	\$7,714.89
36589	\$394.95	36909	\$4,049.12	37235	\$8,559.57
36590	\$535.18	37140	\$5,773.31	37236	\$5,945.07
36591	\$63.06	37145	\$5,356.78	37237	\$2,810.32
36592	\$67.21	37160	\$5,500.33	37238	\$7,378.85
36593	\$78.83	37180	\$5,287.91	37239	\$3,693.99
36595	\$1,319.28	37181	\$5,773.31	37241	\$9,872.21
36596	\$266.35	37182	\$1,962.33	37242	\$15,169.25
36597	\$258.88	37183	\$12,410.38	37243	\$18,380.33
36598	\$268.83	37184	\$3,770.32	37244	\$14,095.57
36600	\$64.72	37185	\$1,066.21	37246	\$3,942.08
36620	\$106.21	37186	\$2,609.52	37247	\$1,352.47
36625	\$256.39	37187	\$3,695.65	37248	\$2,954.69
36640	\$282.11	37188	\$3,162.13	37249	\$994.02
36660	\$164.29	37191	\$4,342.01	37252	\$2,025.39
36680	\$147.69	37192	\$2,848.49	37253	\$399.93
36800	\$292.90	37193	\$3,301.52	37500	\$1,555.76
36810	\$467.14	37195	\$1,761.53	37501	BR
36815	\$334.38	37197	\$3,394.45	37565	\$1,782.27
36818	\$1,687.68	37200	\$521.90	37600	\$1,837.87
36819	\$1,787.25	37211	\$944.24	37605	\$1,825.42

HCP Fee Schedule & Billing Instructions

Effective January 01, 2026

CPT	2026 PFS Amount
37606	\$1,844.51
37607	\$916.03
37609	\$728.51
37615	\$1,262.86
37616	\$2,819.45
37617	\$3,269.16
37618	\$960.01
37619	\$4,296.38
37650	\$1,137.57
37660	\$3,271.65
37700	\$599.90
37718	\$973.28
37722	\$1,129.27
37735	\$1,437.93
37760	\$1,424.66
37761	\$1,306.84
37765	\$985.73
37766	\$1,174.08
37780	\$581.65
37785	\$818.12
37788	\$3,081.64
37790	\$1,189.01
37799	BR

Hemic and Lymphatic Systems

38100	\$2,860.93
38101	\$2,904.08
38102	\$649.68
38115	\$3,220.21
38120	\$2,636.07
38129	BR
38200	\$314.47
38204	\$245.60
38205	\$200.80
38206	\$197.48
38207	\$107.87
38208	\$68.04
38209	\$29.04
38210	\$192.50
38211	\$175.90
38212	\$115.33
38213	\$29.04

CPT	2026 PFS Amount
38214	\$97.91
38215	\$115.33
38220	\$366.74
38221	\$375.04
38222	\$408.23
38225	\$237.30
38226	\$95.42
38227	\$96.25
38228	\$679.55
38230	\$498.67
38232	\$456.36
38240	\$579.99
38241	\$428.14
38242	\$302.85
38243	\$298.71
38300	\$794.06
38305	\$1,227.18
38308	\$1,166.61
38380	\$1,422.17
38381	\$1,998.84
38382	\$1,684.37
38500	\$810.65
38505	\$403.25
38510	\$1,275.31
38520	\$1,159.14
38525	\$1,096.08
38530	\$1,405.57
38531	\$1,110.19
38542	\$1,285.26
38550	\$1,296.05
38555	\$2,549.78
38562	\$1,744.11
38564	\$1,742.45
38570	\$1,271.16
38571	\$1,624.62
38572	\$2,205.44
38573	\$2,901.59
38589	BR
38700	\$1,978.09
38720	\$3,306.50
38724	\$3,559.57
38740	\$1,746.60

CPT	2026 PFS Amount
38745	\$2,199.63
38746	\$527.71
38747	\$660.47
38760	\$2,073.51
38765	\$3,248.42
38770	\$1,979.75
38780	\$2,611.18
38790	\$199.97
38792	\$191.67
38794	\$685.36
38900	\$341.85
38999	BR

Mediastinum and Diaphragm

39000	\$1,240.46
39010	\$1,947.39
39200	\$2,147.36
39220	\$2,803.68
39401	\$761.70
39402	\$995.68
39499	BR
39501	\$2,109.19
39503	\$14,318.77
39540	\$2,141.55
39541	\$2,325.75
39545	\$2,212.08
39560	\$1,987.22
39561	\$3,108.19
39599	BR

Digestive System

40490	\$287.92
40500	\$1,242.95
40510	\$1,159.14
40520	\$1,198.14
40525	\$1,343.34
40527	\$1,536.67
40530	\$1,325.09
40650	\$1,140.89
40652	\$1,234.65
40654	\$1,397.28
40700	\$2,470.13

HCP Fee Schedule & Billing Instructions

Effective January 01, 2026

CPT	2026 PFS Amount	CPT	2026 PFS Amount	CPT	2026 PFS Amount
40701	\$2,914.87	41112	\$794.89	42107	\$1,061.23
40702	\$2,451.04	41113	\$852.14	42120	\$2,400.43
40720	\$2,514.10	41114	\$1,507.63	42140	\$711.08
40761	\$2,645.20	41115	\$600.73	42145	\$1,671.92
40799	BR	41116	\$778.29	42160	\$524.39
40800	\$472.95	41120	\$2,506.64	42180	\$601.56
40801	\$695.32	41130	\$3,123.13	42182	\$785.76
40804	\$459.67	41135	\$5,190.00	42200	\$2,258.54
40805	\$678.72	41140	\$5,209.09	42205	\$2,353.96
40806	\$229.84	41145	\$6,572.35	42210	\$2,627.78
40808	\$391.64	41150	\$5,258.04	42215	\$1,709.26
40810	\$498.67	41153	\$5,739.29	42220	\$1,405.57
40812	\$647.19	41155	\$7,163.12	42225	\$2,363.92
40814	\$882.01	41250	\$663.79	42226	\$2,174.74
40816	\$953.37	41251	\$729.34	42227	\$2,027.88
40818	\$845.50	41252	\$772.49	42235	\$1,777.30
40819	\$642.22	41510	\$1,068.70	42260	\$2,059.41
40820	\$588.28	41512	\$1,582.31	42280	\$413.21
40830	\$527.71	41520	\$854.63	42281	\$527.71
40831	\$700.30	41530	\$2,044.47	42299	BR
40840	\$2,043.64	41599	BR	42300	\$506.14
40842	\$1,976.43	41800	\$694.49	42305	\$1,059.57
40843	\$2,875.04	41805	\$696.98	42310	\$403.25
40844	\$3,624.29	41806	\$938.43	42320	\$613.18
40845	\$3,562.06	41820	\$780.78	42330	\$553.43
40899	BR	41821	\$255.56	42335	\$1,009.79
41000	\$349.32	41822	\$833.06	42340	\$1,249.58
41005	\$526.88	41823	\$1,245.44	42400	\$219.88
41006	\$807.33	41825	\$507.80	42405	\$727.68
41007	\$780.78	41826	\$701.13	42408	\$1,268.67
41008	\$944.24	41827	\$1,023.90	42409	\$918.52
41009	\$999.83	41828	\$838.86	42410	\$1,541.65
41010	\$491.20	41830	\$1,100.23	42415	\$2,596.25
41015	\$951.71	41850	\$492.86	42420	\$2,909.06
41016	\$1,096.08	41870	\$913.54	42425	\$2,060.24
41017	\$1,091.10	41872	\$1,105.21	42426	\$3,316.46
41018	\$1,245.44	41874	\$921.84	42440	\$1,018.09
41019	\$1,199.80	41899	BR	42450	\$1,125.95
41100	\$435.61	42000	\$374.21	42500	\$1,067.87
41105	\$438.10	42100	\$343.51	42505	\$1,374.04
41108	\$391.64	42104	\$507.80	42507	\$1,191.50
41110	\$529.37	42106	\$591.60	42509	\$1,982.24

HCP Fee Schedule & Billing Instructions

Effective January 01, 2026

CPT	2026 PFS Amount	CPT	2026 PFS Amount	CPT	2026 PFS Amount
42510	\$1,472.78	42972	\$1,239.63	43216	\$923.50
42550	\$351.81	42975	\$236.48	43217	\$958.35
42600	\$1,282.77	42999	BR	43220	\$1,949.88
42650	\$178.39	43020	\$1,408.06	43226	\$882.01
42660	\$237.30	43030	\$1,286.92	43227	\$1,328.41
42665	\$872.05	43045	\$3,219.38	43229	\$1,578.99
42699	BR	43100	\$1,556.59	43231	\$375.04
42700	\$453.87	43101	\$2,485.06	43232	\$477.10
42720	\$1,083.64	43107	\$7,328.24	43233	\$556.75
42725	\$1,959.84	43108	\$10,945.06	43235	\$665.45
42800	\$373.38	43112	\$8,426.81	43236	\$909.39
42804	\$497.84	43113	\$10,701.95	43237	\$470.46
42806	\$560.07	43116	\$12,237.79	43238	\$560.90
42808	\$555.09	43117	\$8,027.70	43239	\$856.29
42809	\$484.57	43118	\$8,927.14	43240	\$942.58
42810	\$919.35	43121	\$7,041.98	43241	\$345.17
42815	\$1,307.67	43122	\$6,373.21	43242	\$632.26
42820	\$715.23	43123	\$11,093.58	43243	\$575.84
42821	\$745.10	43124	\$9,378.52	43244	\$589.11
42825	\$657.98	43130	\$1,949.05	43245	\$1,332.56
42826	\$626.45	43135	\$3,628.44	43246	\$487.06
42830	\$521.07	43180	\$1,345.00	43247	\$886.16
42831	\$564.22	43191	\$381.68	43248	\$945.07
42835	\$484.57	43192	\$414.87	43249	\$2,336.54
42836	\$603.22	43193	\$416.53	43250	\$1,027.21
42842	\$2,415.36	43194	\$473.78	43251	\$1,125.95
42844	\$3,298.20	43195	\$454.70	43252	\$792.40
42845	\$5,308.66	43196	\$480.42	43253	\$633.09
42860	\$473.78	43197	\$451.38	43254	\$651.34
42870	\$1,393.13	43198	\$501.16	43255	\$1,403.91
42890	\$3,401.92	43200	\$602.39	43257	\$560.07
42892	\$4,476.43	43201	\$599.90	43259	\$545.14
42894	\$5,690.34	43202	\$801.53	43260	\$776.63
42900	\$813.14	43204	\$326.92	43261	\$813.97
42950	\$1,891.80	43205	\$338.53	43262	\$858.78
42953	\$2,273.48	43206	\$701.96	43263	\$860.44
42955	\$1,800.53	43210	\$1,048.79	43264	\$877.03
42960	\$394.95	43211	\$565.88	43265	\$1,039.66
42961	\$1,021.41	43212	\$462.99	43266	\$526.88
42962	\$1,261.20	43213	\$2,685.03	43270	\$1,634.58
42970	\$1,003.15	43214	\$476.27	43273	\$287.09
42971	\$1,106.04	43215	\$896.95	43274	\$1,112.68

HCP Fee Schedule & Billing Instructions

Effective January 01, 2026

CPT	2026 PFS Amount	CPT	2026 PFS Amount	CPT	2026 PFS Amount
43275	\$905.24	43400	\$3,795.22	43756	\$604.05
43276	\$1,157.48	43405	\$3,600.23	43757	\$817.29
43277	\$910.22	43410	\$2,535.68	43761	\$299.54
43278	\$1,041.32	43415	\$6,338.36	43762	\$503.65
43279	\$3,192.00	43420	\$2,495.02	43763	\$747.59
43280	\$2,684.20	43425	\$3,561.23	43770	\$2,804.51
43281	\$3,821.77	43450	\$434.78	43771	\$3,185.36
43282	\$4,309.65	43453	\$1,731.66	43772	\$2,372.22
43283	\$389.98	43460	\$513.61	43773	\$3,185.36
43284	\$1,627.11	43496	BR	43774	\$2,400.43
43285	\$1,671.09	43497	\$1,918.35	43775	\$2,767.17
43286	\$7,858.44	43499	BR	43800	\$2,318.29
43287	\$8,752.07	43500	\$1,963.99	43810	\$2,539.82
43288	\$9,236.63	43501	\$3,351.31	43820	\$3,352.14
43289	BR	43502	\$3,805.17	43825	\$3,272.48
43290	\$5,493.69	43510	\$2,370.56	43830	\$1,744.94
43291	\$1,044.64	43520	\$1,778.96	43831	\$1,508.46
43300	\$1,534.18	43605	\$2,108.36	43832	\$2,608.69
43305	\$2,685.03	43610	\$2,430.30	43840	\$3,389.48
43310	\$3,658.31	43611	\$3,055.92	43842	\$2,812.81
43312	\$3,917.19	43620	\$4,941.91	43843	\$3,203.61
43313	\$7,227.01	43621	\$5,664.61	43845	\$4,895.45
43314	\$7,745.59	43622	\$5,756.71	43846	\$4,117.98
43320	\$3,484.07	43631	\$3,616.82	43847	\$4,507.96
43325	\$3,387.82	43632	\$5,073.01	43848	\$4,815.79
43327	\$2,076.83	43633	\$4,795.88	43860	\$4,077.33
43328	\$2,769.66	43634	\$5,295.38	43865	\$4,261.53
43330	\$3,331.39	43635	\$280.45	43870	\$1,761.53
43331	\$3,308.99	43640	\$2,972.95	43880	\$4,007.63
43332	\$2,851.81	43641	\$3,006.14	43881	\$3,726.35
43333	\$3,133.92	43644	\$4,331.23	43882	BR
43334	\$3,061.73	43645	\$4,619.98	43886	\$908.56
43335	\$3,289.08	43647	\$2,165.61	43887	\$824.76
43336	\$3,571.19	43648	\$1,390.64	43888	\$1,154.99
43337	\$3,806.83	43651	\$1,641.22	43999	BR
43338	\$282.94	43652	\$1,911.71	44005	\$2,715.73
43340	\$3,440.92	43653	\$1,437.10	44010	\$2,076.83
43341	\$3,458.34	43659	BR	44015	\$350.15
43351	\$3,258.38	43752	\$97.91	44020	\$2,428.64
43352	\$2,637.73	43753	\$53.10	44021	\$2,427.81
43360	\$5,548.45	43754	\$524.39	44025	\$2,444.41
43361	\$6,721.70	43755	\$456.36	44050	\$2,331.56

HCP Fee Schedule & Billing Instructions

Effective January 01, 2026

CPT	2026 PFS Amount	CPT	2026 PFS Amount	CPT	2026 PFS Amount
44055	\$3,720.54	44210	\$4,325.42	44401	\$5,068.03
44100	\$257.22	44211	\$5,131.09	44402	\$628.94
44110	\$2,104.21	44212	\$4,954.36	44403	\$731.00
44111	\$2,422.83	44213	\$459.67	44404	\$966.64
44120	\$3,040.99	44227	\$4,087.28	44405	\$1,250.41
44121	\$596.58	44238	BR	44406	\$553.43
44125	\$2,919.01	44300	\$2,093.43	44407	\$662.96
44126	\$6,152.50	44310	\$2,572.18	44408	\$558.41
44127	\$7,103.38	44312	\$1,474.44	44500	\$46.47
44128	\$605.71	44314	\$2,471.79	44602	\$3,493.19
44130	\$3,272.48	44316	\$3,527.21	44603	\$4,012.61
44132	BR	44320	\$2,970.46	44604	\$2,616.16
44133	BR	44322	\$2,457.68	44605	\$3,196.98
44135	BR	44340	\$1,546.63	44615	\$2,659.31
44136	BR	44345	\$2,597.91	44620	\$2,133.25
44137	BR	44346	\$2,926.48	44625	\$2,488.38
44139	\$297.88	44360	\$345.17	44626	\$3,931.29
44140	\$3,329.73	44361	\$382.51	44640	\$3,453.37
44141	\$4,468.96	44363	\$461.33	44650	\$3,551.27
44143	\$4,083.14	44364	\$492.03	44660	\$3,303.18
44144	\$4,361.93	44365	\$438.93	44661	\$3,815.96
44145	\$4,071.52	44366	\$577.50	44680	\$2,686.69
44146	\$5,168.43	44369	\$590.77	44700	\$2,453.53
44147	\$4,795.88	44370	\$641.39	44701	\$423.17
44150	\$4,561.06	44372	\$580.82	44705	\$269.66
44151	\$5,320.27	44373	\$465.48	44715	BR
44155	\$5,071.35	44376	\$684.53	44720	\$680.38
44156	\$5,687.85	44377	\$718.55	44721	\$953.37
44157	\$5,413.20	44378	\$925.16	44799	BR
44158	\$5,548.45	44379	\$983.24	44800	\$1,923.33
44160	\$3,079.98	44380	\$452.21	44820	\$2,124.13
44180	\$2,292.56	44381	\$2,095.92	44850	\$1,859.44
44186	\$1,620.48	44382	\$667.11	44899	BR
44187	\$2,667.60	44384	\$371.72	44900	\$1,954.86
44188	\$2,980.42	44385	\$498.67	44950	\$1,600.56
44202	\$3,440.92	44386	\$701.13	44955	\$206.60
44203	\$594.92	44388	\$740.96	44960	\$2,186.36
44204	\$3,791.07	44389	\$947.56	44970	\$1,500.99
44205	\$3,289.08	44390	\$943.41	44979	BR
44206	\$4,284.76	44391	\$1,440.42	45000	\$1,052.94
44207	\$4,451.54	44392	\$914.37	45005	\$747.59
44208	\$4,829.07	44394	\$1,019.75	45020	\$1,414.70

HCP Fee Schedule & Billing Instructions

Effective January 01, 2026

CPT	2026 PFS Amount	CPT	2026 PFS Amount	CPT	2026 PFS Amount
45100	\$743.44	45342	\$410.72	45915	\$843.01
45108	\$930.14	45346	\$4,881.34	45990	\$262.20
45110	\$4,435.77	45347	\$371.72	45999	BR
45111	\$2,670.09	45349	\$477.93	46020	\$287.92
45112	\$4,423.33	45350	\$1,466.97	46030	\$584.96
45113	\$4,532.85	45378	\$797.38	46040	\$1,337.54
45114	\$4,527.04	45379	\$1,014.77	46045	\$1,079.49
45116	\$3,766.18	45380	\$1,003.15	46050	\$545.14
45119	\$4,564.38	45381	\$1,022.24	46060	\$1,193.99
45120	\$3,985.23	45382	\$1,507.63	46070	\$665.45
45121	\$4,348.65	45384	\$1,132.59	46080	\$677.07
45123	\$2,727.35	45385	\$1,061.23	46083	\$484.57
45126	\$6,676.89	45386	\$1,377.36	46200	\$1,121.80
45130	\$2,659.31	45388	\$5,253.06	46220	\$581.65
45135	\$3,161.30	45389	\$696.98	46221	\$675.41
45136	\$4,329.57	45390	\$799.87	46230	\$735.98
45150	\$1,052.11	45391	\$620.64	46250	\$1,142.55
45160	\$2,558.91	45392	\$731.83	46255	\$1,237.97
45171	\$1,505.14	45393	\$608.20	46257	\$1,018.09
45172	\$2,012.94	45395	\$4,772.65	46258	\$1,195.65
45190	\$1,700.13	45397	\$5,172.58	46260	\$1,185.69
45300	\$301.19	45398	\$1,834.55	46261	\$1,311.81
45303	\$2,041.98	45399	BR	46262	\$1,454.53
45305	\$414.87	45400	\$2,772.15	46270	\$1,278.62
45307	\$497.84	45402	\$3,719.71	46275	\$1,347.49
45308	\$472.95	45499	BR	46280	\$1,179.06
45309	\$489.54	45500	\$1,411.38	46285	\$1,351.64
45315	\$531.86	45505	\$1,471.12	46288	\$1,371.56
45317	\$511.12	45520	\$361.77	46320	\$497.84
45320	\$520.25	45540	\$2,576.33	46500	\$726.85
45321	\$258.88	45541	\$2,309.99	46505	\$745.10
45327	\$292.90	45550	\$3,565.38	46600	\$264.69
45330	\$428.97	45560	\$1,699.30	46601	\$352.64
45331	\$645.54	45562	\$2,903.25	46604	\$1,390.64
45332	\$636.41	45563	\$4,112.18	46606	\$628.11
45333	\$740.96	45800	\$3,162.96	46607	\$486.23
45334	\$1,092.76	45805	\$3,640.89	46608	\$657.98
45335	\$655.49	45820	\$3,170.42	46610	\$621.47
45337	\$277.13	45825	\$3,810.15	46611	\$506.14
45338	\$688.68	45900	\$526.88	46612	\$748.42
45340	\$1,005.64	45905	\$417.36	46614	\$384.17
45341	\$298.71	45910	\$474.61	46615	\$408.23

HCP Fee Schedule & Billing Instructions

Effective January 01, 2026

CPT	2026 PFS Amount	CPT	2026 PFS Amount	CPT	2026 PFS Amount
46700	\$1,606.37	47125	\$7,653.49	47542	\$1,109.36
46705	\$1,416.36	47130	\$8,209.42	47543	\$883.67
46706	\$448.06	47133	\$9,457.34	47544	\$1,836.21
46707	\$1,247.92	47135	\$13,434.27	47550	\$404.08
46710	\$2,760.53	47140	\$8,901.42	47552	\$682.87
46712	\$5,500.33	47141	\$10,634.74	47553	\$687.85
46715	\$1,378.19	47142	\$11,715.89	47554	\$1,094.42
46716	\$3,066.71	47143	\$1,939.10	47555	\$815.63
46730	\$4,941.91	47144	\$2,035.34	47556	\$924.33
46735	\$5,691.17	47145	\$2,314.14	47562	\$1,648.69
46740	\$5,394.12	47146	\$813.14	47563	\$1,793.89
46742	\$6,232.15	47147	\$951.71	47564	\$2,787.92
46744	\$8,801.85	47300	\$2,816.96	47570	\$1,937.44
46746	\$9,695.48	47350	\$3,376.20	47579	BR
46748	\$10,507.79	47360	\$4,659.80	47600	\$2,669.26
46750	\$1,835.38	47361	\$7,475.10	47605	\$2,808.66
46751	\$1,660.30	47362	\$3,518.08	47610	\$3,126.45
46753	\$1,539.16	47370	\$3,127.28	47612	\$3,171.25
46754	\$822.27	47371	\$3,139.72	47620	\$3,425.15
46760	\$2,689.18	47379	BR	47700	\$2,629.44
46761	\$2,240.29	47380	\$3,599.40	47701	\$4,313.80
46900	\$570.86	47381	\$3,697.31	47711	\$3,857.45
46910	\$620.64	47382	\$7,997.83	47712	\$4,965.15
46916	\$603.22	47383	\$12,826.90	47715	\$3,309.82
46917	\$1,005.64	47399	BR	47720	\$2,871.72
46922	\$723.53	47400	\$5,344.34	47721	\$3,370.39
46924	\$1,279.45	47420	\$3,316.46	47740	\$3,264.19
46930	\$518.59	47425	\$3,396.94	47741	\$3,670.76
46940	\$623.96	47460	\$3,156.32	47760	\$5,588.28
46942	\$589.11	47480	\$2,176.40	47765	\$7,536.50
46945	\$825.59	47490	\$790.74	47780	\$6,150.84
46946	\$921.84	47531	\$926.82	47785	\$8,025.22
46947	\$958.35	47532	\$1,873.55	47800	\$3,869.89
46948	\$1,079.49	47533	\$2,571.35	47801	\$2,746.43
46999	BR	47534	\$2,853.47	47900	\$3,430.96
47000	\$678.72	47535	\$1,963.99	47999	BR
47001	\$259.71	47536	\$1,399.77	48000	\$4,688.01
47010	\$3,014.43	47537	\$1,077.83	48001	\$5,741.78
47015	\$2,896.61	47538	\$8,026.88	48020	\$2,938.93
47100	\$2,103.38	47539	\$8,999.33	48100	\$2,209.59
47120	\$5,795.71	47540	\$9,103.87	48102	\$1,174.08
47122	\$8,535.50	47541	\$2,612.01	48105	\$7,000.49

HCP Fee Schedule & Billing Instructions

Effective January 01, 2026

CPT	2026 PFS Amount	CPT	2026 PFS Amount	CPT	2026 PFS Amount
48120	\$2,776.30	49189	\$5,784.93	49465	\$307.00
48140	\$3,898.93	49190	\$7,134.08	49491	\$1,991.37
48145	\$4,068.20	49215	\$5,463.82	49492	\$2,395.45
48146	\$4,675.57	49250	\$1,478.59	49495	\$1,022.24
48148	\$3,114.00	49255	\$1,967.31	49496	\$1,537.50
48150	\$7,738.96	49320	\$821.44	49500	\$1,035.51
48152	\$7,163.12	49321	\$855.46	49501	\$1,516.76
48153	\$7,699.96	49322	\$930.96	49505	\$1,305.18
48154	\$7,194.65	49323	\$1,590.61	49507	\$1,466.15
48155	\$4,510.45	49324	\$960.84	49520	\$1,581.48
48160	\$12,356.44	49325	\$1,027.21	49521	\$1,793.06
48400	\$265.52	49326	\$468.80	49525	\$1,434.62
48500	\$2,855.95	49327	\$324.43	49540	\$1,681.88
48510	\$2,724.86	49329	BR	49550	\$1,445.40
48520	\$2,739.79	49400	\$353.47	49553	\$1,578.99
48540	\$3,259.21	49402	\$2,132.42	49555	\$1,510.95
48545	\$3,356.29	49405	\$1,958.18	49557	\$1,799.70
48547	\$4,464.81	49406	\$1,959.01	49591	\$854.63
48548	\$4,161.96	49407	\$1,686.03	49592	\$1,191.50
48550	BR	49411	\$1,104.38	49593	\$1,433.79
48551	\$1,374.87	49412	\$204.95	49594	\$1,866.91
48552	\$584.96	49418	\$2,164.78	49595	\$1,934.12
48554	\$6,515.92	49419	\$1,026.38	49596	\$2,569.70
48556	\$3,210.25	49421	\$563.39	49600	\$1,834.55
48999	BR	49422	\$546.80	49605	\$12,250.24
49000	\$1,912.54	49423	\$1,271.16	49606	\$2,836.87
49002	\$2,593.76	49424	\$399.10	49610	\$1,734.98
49010	\$2,304.18	49425	\$1,945.73	49611	\$1,525.89
49013	\$1,136.74	49426	\$1,671.09	49613	\$1,051.28
49014	\$945.90	49427	\$97.91	49614	\$1,429.64
49020	\$3,956.19	49428	\$1,073.68	49615	\$1,598.07
49040	\$2,500.00	49429	\$1,141.72	49616	\$2,148.19
49060	\$2,741.45	49435	\$296.22	49617	\$2,220.38
49062	\$1,918.35	49436	\$1,216.39	49618	\$3,115.66
49082	\$479.59	49440	\$1,839.53	49621	\$1,879.35
49083	\$665.45	49441	\$2,145.70	49622	\$2,341.52
49084	\$268.01	49442	\$1,747.43	49623	\$506.97
49180	\$407.40	49446	\$1,759.87	49650	\$1,079.49
49185	\$2,732.32	49450	\$1,291.90	49651	\$1,408.89
49186	\$3,240.12	49451	\$1,384.83	49659	BR
49187	\$4,159.47	49452	\$1,690.17	49900	\$2,046.96
49188	\$4,967.64	49460	\$1,564.05	49904	\$3,422.66

HCP Fee Schedule & Billing Instructions

Effective January 01, 2026

CPT	2026 PFS Amount	CPT	2026 PFS Amount	CPT	2026 PFS Amount
49905	\$872.05	50382	\$2,216.23	50575	\$1,734.15
49906	\$10,748.41	50384	\$1,904.25	50576	\$1,369.90
49999	BR	50385	\$2,231.16	50580	\$1,474.44
Urinary System		50386	\$1,665.28	50590	\$1,769.83
50010	\$1,725.02	50387	\$1,203.12	50592	\$6,049.61
50020	\$2,480.91	50389	\$900.26	50593	\$8,118.98
50040	\$2,264.35	50390	\$229.01	50600	\$2,294.22
50045	\$2,281.78	50391	\$302.02	50605	\$2,495.85
50060	\$2,782.11	50396	\$278.79	50606	\$1,102.72
50065	\$2,949.71	50400	\$2,821.94	50610	\$2,310.82
50070	\$2,894.95	50405	\$3,406.90	50620	\$2,207.93
50075	\$3,555.42	50430	\$1,407.23	50630	\$2,182.21
50080	\$1,704.28	50431	\$710.25	50650	\$2,538.17
50081	\$2,747.26	50432	\$2,004.64	50660	\$2,791.24
50100	\$2,695.82	50433	\$2,497.51	50684	\$289.58
50120	\$2,322.43	50434	\$2,002.16	50686	\$337.70
50125	\$2,402.09	50435	\$1,305.18	50688	\$189.18
50130	\$2,524.06	50436	\$365.91	50690	\$277.96
50200	\$1,140.89	50437	\$610.69	50693	\$2,186.36
50205	\$1,878.52	50500	\$3,211.08	50694	\$2,468.47
50220	\$2,599.57	50520	\$2,892.46	50695	\$2,966.31
50225	\$2,898.27	50525	\$3,669.10	50700	\$2,265.18
50230	\$3,132.26	50526	\$3,930.46	50705	\$4,020.08
50234	\$3,182.87	50540	\$2,802.02	50706	\$1,847.82
50236	\$3,569.53	50541	\$2,244.44	50715	\$2,980.42
50240	\$3,246.76	50542	\$2,847.66	50722	\$2,510.78
50250	\$2,969.63	50543	\$3,635.91	50725	\$2,691.67
50280	\$2,314.14	50544	\$3,030.20	50727	\$1,248.75
50290	\$2,198.80	50545	\$3,260.87	50728	\$1,715.07
50300	BR	50546	\$2,945.57	50740	\$3,055.09
50320	\$3,791.90	50547	\$4,044.14	50750	\$2,816.96
50323	\$1,157.48	50548	\$3,278.29	50760	\$2,770.49
50325	\$934.28	50549	BR	50770	\$2,816.96
50327	\$536.01	50551	\$880.35	50780	\$2,732.32
50328	\$470.46	50553	\$941.75	50782	\$2,626.95
50329	\$447.23	50555	\$1,008.13	50783	\$2,751.41
50340	\$2,389.64	50557	\$1,024.73	50785	\$2,976.27
50360	\$6,063.72	50561	\$1,160.80	50800	\$2,254.40
50365	\$7,215.39	50562	\$1,406.40	50810	\$3,502.32
50370	\$3,027.71	50570	\$1,193.16	50815	\$2,991.20
50380	\$5,073.01	50572	\$1,291.90	50820	\$3,211.91
		50574	\$1,373.21	50825	\$4,019.25

HCP Fee Schedule & Billing Instructions

Effective January 01, 2026

CPT	2026 PFS Amount	CPT	2026 PFS Amount	CPT	2026 PFS Amount
50830	\$4,395.12	51580	\$4,624.95	51960	\$3,378.69
50840	\$3,009.46	51585	\$5,143.54	51980	\$1,747.43
50845	\$3,066.71	51590	\$4,713.74	51990	\$1,823.76
50860	\$2,313.31	51595	\$5,333.55	51992	\$2,054.43
50900	\$2,061.90	51596	\$5,761.69	51999	BR
50920	\$2,157.32	51597	\$5,609.85	52000	\$511.95
50930	\$2,690.01	51600	\$469.63	52001	\$1,003.98
50940	\$2,171.42	51605	\$92.93	52005	\$665.45
50945	\$2,370.56	51610	\$298.71	52007	\$990.71
50947	\$3,375.37	51700	\$176.73	52010	\$846.33
50948	\$3,122.30	51701	\$104.55	52204	\$825.59
50949	BR	51702	\$144.37	52214	\$1,633.75
50951	\$921.84	51703	\$348.49	52224	\$1,714.24
50953	\$977.43	51705	\$229.84	52234	\$597.41
50955	\$1,042.15	51710	\$319.45	52235	\$700.30
50957	\$1,051.28	51715	\$832.23	52240	\$950.88
50961	\$940.92	51720	\$210.75	52250	\$581.65
50970	\$900.26	51721	\$1,266.18	52260	\$512.78
50972	\$870.39	51725	\$483.74	52265	\$818.95
50974	\$1,149.19	51726	\$643.88	52270	\$932.62
50976	\$1,133.42	51727	\$790.74	52275	\$1,209.76
50980	\$864.59	51728	\$785.76	52276	\$643.05
51020	\$1,150.85	51729	\$836.37	52277	\$784.93
51040	\$713.57	51736	\$32.36	52281	\$720.21
51045	\$1,204.78	51741	\$34.02	52282	\$819.78
51050	\$1,159.97	51784	\$151.84	52283	\$798.21
51060	\$1,428.81	51785	\$913.54	52284	\$5,777.46
51065	\$1,423.00	51792	\$582.48	52285	\$789.08
51080	\$1,003.98	51797	\$382.51	52287	\$860.44
51100	\$174.24	51798	\$26.55	52290	\$592.43
51101	\$350.15	51800	\$2,537.34	52300	\$679.55
51102	\$559.24	51820	\$2,652.67	52301	\$704.45
51500	\$1,563.22	51840	\$1,695.98	52305	\$675.41
51520	\$1,460.34	51841	\$1,959.84	52310	\$710.25
51525	\$2,099.23	51845	\$1,428.81	52315	\$1,071.19
51530	\$1,885.16	51860	\$1,824.59	52317	\$1,982.24
51535	\$1,910.05	51865	\$2,190.51	52318	\$1,150.85
51550	\$2,359.77	51880	\$1,140.06	52320	\$599.90
51555	\$3,084.96	51900	\$2,018.75	52325	\$777.46
51565	\$3,147.19	51920	\$1,870.23	52327	\$631.43
51570	\$3,594.42	51925	\$2,632.76	52330	\$1,352.47
51575	\$4,429.14	51940	\$4,003.48	52332	\$873.71

HCP Fee Schedule & Billing Instructions

Effective January 01, 2026

CPT	2026 PFS Amount
52334	\$446.40
52341	\$689.51
52342	\$750.91
52343	\$836.37
52344	\$897.78
52345	\$957.52
52346	\$1,083.64
52351	\$736.81
52352	\$861.27
52353	\$950.88
52354	\$1,014.77
52355	\$1,136.74
52356	\$1,010.62
52400	\$1,166.61
52402	\$645.54
52441	\$2,747.26
52442	\$1,855.29
52450	\$1,164.12
52500	\$1,208.93
52601	\$1,782.27
52630	\$994.85
52640	\$790.74
52647	\$3,523.06
52648	\$3,644.20
52649	\$2,017.92
52700	\$1,084.47
53000	\$362.60
53010	\$728.51
53020	\$235.65
53025	\$168.44
53040	\$963.32
53060	\$463.82
53080	\$1,030.53
53085	\$1,588.12
53200	\$390.81
53210	\$1,916.69
53215	\$2,269.33
53220	\$1,107.70
53230	\$1,496.85
53235	\$1,554.93
53240	\$1,041.32
53250	\$973.28

CPT	2026 PFS Amount
53260	\$506.14
53265	\$557.58
53270	\$517.76
53275	\$643.05
53400	\$1,962.33
53405	\$2,137.40
53410	\$2,392.96
53415	\$2,758.05
53420	\$2,055.26
53425	\$2,290.07
53430	\$2,385.49
53431	\$2,816.13
53440	\$1,842.85
53442	\$1,924.99
53444	\$1,943.24
53445	\$1,851.97
53446	\$1,574.01
53447	\$1,972.28
53448	\$3,116.49
53449	\$1,502.65
53450	\$1,004.81
53451	BR
53452	BR
53453	BR
53454	\$408.23
53460	\$1,120.97
53500	\$1,835.38
53502	\$1,193.16
53505	\$1,192.33
53510	\$1,551.61
53515	\$1,947.39
53520	\$1,369.90
53600	\$214.07
53601	\$205.77
53605	\$156.82
53620	\$394.13
53621	\$375.04
53660	\$178.39
53661	\$175.90
53665	\$91.27
53850	\$3,127.28
53852	\$3,063.39

CPT	2026 PFS Amount
53854	\$3,673.25
53855	\$1,418.02
53860	\$5,159.30
53865	\$6,660.30
53866	\$333.55
53899	BR

Male Genital System

54000	\$388.32
54001	\$475.44
54015	\$745.10
54050	\$344.34
54055	\$330.24
54056	\$346.00
54057	\$329.41
54060	\$465.48
54065	\$535.18
54100	\$476.27
54105	\$662.96
54110	\$1,530.03
54111	\$1,957.35
54112	\$2,295.05
54115	\$1,117.66
54120	\$1,551.61
54125	\$2,028.71
54130	\$2,917.36
54135	\$3,689.01
54150	\$355.13
54160	\$525.22
54161	\$483.74
54162	\$615.66
54163	\$536.01
54164	\$476.27
54200	\$279.62
54205	\$1,303.52
54220	\$531.03
54230	\$257.22
54231	\$349.32
54235	\$221.54
54240	\$259.71
54250	\$295.39
54300	\$1,580.65

HCP Fee Schedule & Billing Instructions

Effective January 01, 2026

CPT	2026 PFS Amount	CPT	2026 PFS Amount	CPT	2026 PFS Amount
54304	\$1,830.40	54550	\$1,206.44	55600	\$1,034.68
54308	\$1,754.06	54560	\$1,684.37	55605	\$1,283.60
54312	\$2,002.98	54600	\$1,110.19	55650	\$1,759.04
54316	\$2,430.30	54620	\$731.00	55680	\$852.14
54318	\$1,744.94	54640	\$1,064.55	55700	\$568.37
54322	\$1,912.54	54650	\$1,744.94	55705	\$648.85
54324	\$2,368.90	54660	\$881.18	55706	\$920.18
54326	\$2,305.84	54670	\$1,002.32	55720	\$1,107.70
54328	\$2,290.90	54680	\$1,928.31	55725	\$1,461.17
54332	\$2,471.79	54690	\$1,607.20	55801	\$2,676.73
54336	\$2,904.08	54692	\$1,851.97	55810	\$3,192.83
54340	\$1,393.96	54699	BR	55812	\$3,924.66
54344	\$2,310.82	54700	\$525.22	55815	\$4,298.04
54348	\$2,470.96	54800	\$306.17	55821	\$2,052.77
54352	\$3,450.88	54830	\$913.54	55831	\$2,105.04
54360	\$1,766.51	54840	\$789.08	55840	\$2,861.76
54380	\$1,958.18	54860	\$1,027.21	55842	\$2,855.12
54385	\$2,275.97	54861	\$1,391.47	55845	\$3,327.25
54390	\$3,034.35	54865	\$884.50	55860	\$2,139.89
54400	\$1,304.35	54900	\$1,960.67	55862	\$2,675.90
54401	\$1,626.28	54901	\$2,587.95	55865	\$3,260.87
54405	\$1,980.58	55000	\$286.26	55866	\$2,925.65
54406	\$1,792.23	55040	\$830.57	55867	\$2,568.04
54408	\$1,938.27	55041	\$1,252.90	55870	\$433.12
54410	\$2,113.34	55060	\$931.79	55873	\$12,422.82
54411	\$2,517.42	55100	\$551.78	55874	\$6,191.50
54415	\$1,302.69	55110	\$955.86	55875	\$1,910.88
54416	\$1,754.06	55120	\$872.05	55876	\$353.47
54417	\$2,202.12	55150	\$1,210.59	55880	\$2,397.94
54420	\$1,720.87	55175	\$896.12	55881	\$19,918.67
54430	\$1,566.54	55180	\$1,686.86	55882	\$20,629.75
54435	\$1,016.43	55200	\$910.22	55899	BR
54437	\$1,663.62	55250	\$788.25		
54440	\$1,936.61	55300	\$454.70		
54450	\$170.10	55400	\$1,225.52		
54500	\$182.54	55500	\$961.67		
54505	\$513.61	55520	\$1,140.89		
54512	\$1,322.60	55530	\$863.76		
54520	\$805.67	55535	\$1,055.43		
54522	\$1,440.42	55540	\$1,384.83		
54530	\$1,248.75	55550	\$1,053.77		
54535	\$1,822.10	55559	BR		

Reproductive System Procedures

55920 \$1,129.27

Intersex Surgery

55970 BR

HCP Fee Schedule & Billing Instructions

Effective January 01, 2026

CPT	2026 PFS Amount	CPT	2026 PFS Amount	CPT	2026 PFS Amount
55980	BR	57120	\$1,297.71	57410	\$259.71
		57130	\$545.97	57415	\$426.48
		57135	\$589.94	57420	\$320.28
		57150	\$132.76	57421	\$428.14
		57155	\$964.98	57423	\$2,279.29
		57156	\$548.46	57425	\$2,391.30
		57160	\$178.39	57426	\$2,139.06
		57170	\$185.03	57452	\$302.85
		57180	\$461.33	57454	\$408.23
		57200	\$806.50	57455	\$389.15
		57210	\$957.52	57456	\$363.42
		57220	\$843.84	57460	\$728.51
		57230	\$1,020.58	57461	\$818.12
		57240	\$1,505.14	57465	\$133.59
		57250	\$1,510.12	57500	\$354.30
		57260	\$1,913.37	57505	\$359.28
		57265	\$2,142.38	57510	\$394.95
		57267	\$616.49	57511	\$469.63
		57268	\$1,237.14	57513	\$482.08
		57270	\$1,993.03	57520	\$846.33
		57280	\$2,372.22	57522	\$726.85
		57282	\$1,701.79	57530	\$912.71
		57283	\$1,717.56	57531	\$4,576.00
		57284	\$2,061.07	57540	\$1,945.73
		57285	\$1,700.13	57545	\$2,048.62
		57287	\$1,804.68	57550	\$1,051.28
		57288	\$1,824.59	57555	\$1,518.42
		57289	\$1,942.41	57556	\$1,441.25
		57291	\$1,347.49	57558	\$375.87
		57292	\$2,034.51	57700	\$857.12
		57295	\$1,227.18	57720	\$813.97
		57296	\$2,358.94	57800	\$183.37
		57300	\$1,491.04	58100	\$240.62
		57305	\$2,385.49	58110	\$121.97
		57307	\$2,626.95	58120	\$714.40
		57308	\$1,624.62	58140	\$2,266.01
		57310	\$1,200.63	58145	\$1,378.19
		57311	\$1,355.79	58146	\$2,843.51
		57320	\$1,381.51	58150	\$2,508.29
		57330	\$1,875.21	58152	\$3,049.28
		57335	\$2,889.97	58180	\$2,370.56
		57400	\$321.11	58200	\$3,329.73
57111	\$4,261.53				

HCP Fee Schedule & Billing Instructions

Effective January 01, 2026

CPT	2026 PFS Amount	CPT	2026 PFS Amount	CPT	2026 PFS Amount
58210	\$4,483.90	58559	\$698.64	58940	\$1,362.43
58240	\$7,222.03	58560	\$769.17	58943	\$2,952.20
58260	\$2,062.73	58561	\$881.18	58950	\$2,827.74
58262	\$2,282.61	58562	\$966.64	58951	\$3,552.93
58263	\$2,451.04	58563	\$4,498.00	58952	\$4,047.46
58267	\$2,630.27	58565	\$3,636.74	58953	\$4,931.13
58270	\$2,199.63	58570	\$1,987.22	58954	\$5,339.36
58275	\$2,441.92	58571	\$2,231.99	58956	\$3,352.14
58280	\$2,606.20	58572	\$2,563.89	58958	\$4,077.33
58285	\$3,497.34	58573	\$2,998.67	58960	\$2,450.21
58290	\$2,834.38	58575	\$4,757.71	58970	\$584.13
58291	\$3,062.56	58578	BR	58974	\$1,169.10
58292	\$3,226.85	58579	BR	58976	\$625.62
58294	\$2,997.01	58580	\$6,137.56	58999	BR
58300	\$254.73	58600	\$911.05		
58301	\$261.37	58605	\$825.59		
58321	\$197.48	58611	\$185.86		
58322	\$219.05	58615	\$618.15		
58323	\$35.68	58660	\$1,697.64		
58340	\$536.01	58661	\$1,608.86		
58345	\$710.25	58662	\$1,758.21		
58346	\$1,213.08	58670	\$912.71		
58350	\$352.64	58671	\$912.71		
58353	\$2,030.37	58672	\$1,800.53		
58356	\$3,664.95	58673	\$1,954.03		
58400	\$1,125.95	58674	\$2,002.98		
58410	\$2,004.64	58679	BR		
58520	\$1,962.33	58700	\$1,975.60		
58540	\$2,256.05	58720	\$1,869.40		
58541	\$1,795.55	58740	\$2,231.16		
58542	\$2,040.32	58750	\$2,239.46		
58543	\$2,072.68	58752	\$2,232.82		
58544	\$2,230.33	58760	\$2,017.92		
58545	\$2,222.04	58770	\$2,118.32		
58546	\$2,746.43	58800	\$872.05		
58548	\$4,629.10	58805	\$1,044.64		
58550	\$2,173.91	58820	\$825.59		
58552	\$2,417.85	58822	\$1,754.89		
58553	\$2,762.19	58825	\$1,742.45		
58554	\$3,212.74	58900	\$1,067.87		
58555	\$796.55	58920	\$1,754.89		
58558	\$2,859.27	58925	\$1,895.12		

HCP Fee Schedule & Billing Instructions

Effective January 01, 2026

CPT	2026 PFS Amount	CPT	2026 PFS Amount	CPT	2026 PFS Amount
59350	\$698.64	60200	\$1,648.69	61120	\$1,905.91
59400	\$5,989.04	60210	\$1,753.23	61140	\$3,231.83
59409	\$2,001.33	60212	\$2,554.76	61150	\$3,438.43
59410	\$2,703.28	60220	\$1,744.11	61151	\$2,529.04
59412	\$257.22	60225	\$2,317.46	61154	\$3,245.10
59414	\$229.01	60240	\$2,267.67	61156	\$3,159.64
59425	\$1,384.00	60252	\$3,254.23	61210	\$930.96
59426	\$2,535.68	60254	\$4,114.67	61215	\$1,305.18
59430	\$638.90	60260	\$2,685.86	61250	\$2,208.76
59510	\$6,676.89	60270	\$3,364.58	61253	\$2,529.04
59514	\$2,276.80	60271	\$2,607.86	61304	\$4,168.60
59515	\$3,359.60	60280	\$1,108.53	61305	\$5,099.56
59525	\$1,207.27	60281	\$1,457.85	61312	\$5,261.36
59610	\$6,299.36	60300	\$242.28	61313	\$5,044.80
59612	\$2,278.46	60500	\$2,402.92	61314	\$4,639.06
59614	\$2,940.59	60502	\$3,234.31	61315	\$5,253.89
59618	\$6,752.40	60505	\$3,415.20	61316	\$223.20
59620	\$2,358.94	60512	\$594.92	61320	\$4,822.43
59622	\$3,474.11	60520	\$2,607.03	61321	\$5,401.59
59812	\$886.16	60521	\$2,780.45	61322	\$6,048.78
59820	\$1,067.04	60522	\$3,367.07	61323	\$6,028.87
59821	\$1,056.26	60540	\$2,670.92	61330	\$4,561.89
59830	\$1,150.85	60545	\$3,083.30	61333	\$5,131.09
59840	\$608.20	60600	\$3,355.46	61340	\$3,665.78
59841	\$1,050.45	60605	\$4,058.24	61343	\$5,565.05
59850	\$980.75	60650	\$2,965.48	61345	\$5,195.81
59851	\$1,062.89	60659	BR	61450	\$4,884.66
59852	\$1,457.85	60660	\$5,635.57	61458	\$5,128.60
59855	\$1,061.23	60661	\$951.71	61460	\$5,355.12
59856	\$1,246.26	60699	BR	61500	\$3,242.61
59857	\$1,455.36	Nervous System			
59866	\$597.41	61000	\$287.92	61501	\$2,827.74
59870	\$1,313.47	61001	\$272.98	61510	\$5,591.60
59871	\$332.72	61020	\$266.35	61512	\$6,486.88
59897	BR	61026	\$281.28	61514	\$4,874.70
59898	BR	61050	\$196.65	61516	\$4,751.07
59899	BR	61055	\$282.94	61517	\$222.37
Endocrine System		61070	\$137.74	61518	\$7,031.19
60000	\$445.57	61105	\$1,177.40	61519	\$7,485.89
60100	\$263.03	61107	\$793.23	61520	\$9,414.20
		61108	\$2,292.56	61521	\$8,038.49
				61522	\$5,563.39
				61524	\$5,299.53

HCP Fee Schedule & Billing Instructions

Effective January 01, 2026

CPT	2026 PFS Amount	CPT	2026 PFS Amount	CPT	2026 PFS Amount
61526	\$8,349.64	61596	\$5,922.66	61720	\$3,237.63
61530	\$7,805.34	61597	\$7,321.60	61735	\$4,060.73
61531	\$3,121.47	61598	\$7,122.46	61736	\$3,112.34
61533	\$3,887.32	61600	\$5,161.79	61737	\$3,695.65
61534	\$4,198.47	61601	\$6,015.59	61750	\$3,586.95
61535	\$2,557.25	61605	\$5,282.11	61751	\$3,525.55
61536	\$6,553.26	61606	\$7,257.71	61760	\$4,035.84
61537	\$6,249.58	61607	\$7,622.79	61770	\$4,128.77
61538	\$6,762.36	61608	\$8,225.18	61781	\$597.41
61539	\$6,001.49	61611	\$1,184.86	61782	\$424.83
61540	\$5,532.69	61613	\$8,254.22	61783	\$583.31
61541	\$5,469.63	61615	\$7,022.89	61790	\$2,243.61
61543	\$5,529.37	61616	\$8,301.52	61791	\$2,871.72
61544	\$4,831.56	61618	\$3,252.57	61796	\$2,593.76
61545	\$8,096.57	61619	\$3,560.40	61797	\$555.92
61546	\$5,868.73	61623	\$1,446.23	61798	\$3,511.45
61548	\$3,955.36	61624	\$2,927.31	61799	\$766.68
61550	\$3,043.48	61626	\$2,261.03	61800	\$377.53
61552	\$3,782.77	61630	\$3,411.88	61850	\$2,509.95
61556	\$4,347.82	61635	\$3,737.14	61860	\$3,979.42
61557	\$4,289.74	61640	\$1,186.52	61863	\$3,827.58
61558	\$4,786.75	61641	\$416.53	61864	\$716.89
61559	\$6,098.57	61642	\$833.06	61867	\$5,798.20
61563	\$5,040.65	61645	\$2,120.81	61868	\$1,263.69
61564	\$6,119.31	61650	\$1,474.44	61880	\$1,484.40
61566	\$5,695.31	61651	\$629.77	61885	\$1,326.75
61567	\$6,489.37	61680	\$5,728.50	61886	\$2,213.74
61570	\$4,757.71	61682	\$10,516.09	61888	\$1,004.81
61571	\$5,064.71	61684	\$7,222.86	61889	\$3,099.90
61575	\$6,367.40	61686	\$11,399.76	61891	\$1,462.00
61576	\$10,511.11	61690	\$5,550.11	61892	\$2,023.73
61580	\$6,068.70	61692	\$9,265.67	62000	\$2,633.59
61581	\$6,521.73	61697	\$10,706.10	62005	\$3,240.12
61582	\$7,503.31	61698	\$11,738.29	62010	\$3,911.38
61583	\$7,328.24	61700	\$8,651.67	62100	\$3,957.02
61584	\$7,178.88	61702	\$10,205.76	62115	\$4,286.42
61585	\$8,181.21	61703	\$3,462.49	62117	\$4,995.85
61586	\$6,211.41	61705	\$6,614.66	62120	\$5,169.26
61590	\$7,368.06	61708	\$6,471.12	62121	\$3,830.07
61591	\$7,577.99	61710	\$5,460.50	62140	\$2,579.65
61592	\$7,899.10	61711	\$6,627.11	62141	\$2,899.93
61595	\$5,879.52	61715	BR	62142	\$2,267.67

HCP Fee Schedule & Billing Instructions

Effective January 01, 2026

CPT	2026 PFS Amount	CPT	2026 PFS Amount	CPT	2026 PFS Amount
62143	\$2,655.99	62304	\$580.82	63048	\$527.71
62145	\$3,558.74	62305	\$633.09	63050	\$3,722.20
62146	\$3,182.87	62320	\$377.53	63051	\$4,230.83
62147	\$3,624.29	62321	\$603.22	63052	\$648.02
62148	\$319.45	62322	\$312.81	63053	\$573.35
62160	\$477.93	62323	\$592.43	63055	\$4,103.05
62161	\$3,873.21	62324	\$326.09	63056	\$3,737.96
62162	\$4,805.84	62325	\$567.54	63057	\$809.82
62164	\$5,325.25	62326	\$325.26	63064	\$4,443.24
62165	\$3,795.22	62327	\$614.84	63066	\$521.90
62180	\$4,072.35	62328	\$511.12	63075	\$3,402.75
62190	\$2,366.41	62329	\$609.03	63076	\$610.69
62192	\$2,518.25	62350	\$987.39	63077	\$3,611.02
62194	\$1,250.41	62351	\$2,295.05	63078	\$525.22
62200	\$3,504.81	62355	\$691.17	63081	\$4,431.63
62201	\$3,083.30	62360	\$774.97	63082	\$666.28
62220	\$2,470.13	62361	\$1,097.74	63085	\$4,847.32
62223	\$2,599.57	62362	\$955.86	63086	\$477.93
62225	\$1,357.45	62365	\$737.64	63087	\$6,095.25
62230	\$2,128.28	62367	\$77.17	63088	\$648.02
62252	\$211.58	62368	\$107.87	63090	\$4,847.32
62256	\$1,543.31	62369	\$213.24	63091	\$435.61
62258	\$2,813.64	62370	\$216.56	63101	\$5,842.18
62263	\$1,477.76	62380	\$5,578.32	63102	\$5,770.82
62264	\$1,018.92	63001	\$3,118.98	63103	\$733.49
62267	\$617.32	63003	\$3,133.09	63170	\$4,057.41
62268	\$834.72	63005	\$3,042.65	63172	\$3,601.89
62269	\$632.26	63011	\$2,711.58	63173	\$4,391.80
62270	\$345.17	63012	\$3,002.82	63185	\$3,128.11
62272	\$446.40	63015	\$3,754.56	63190	\$3,065.88
62273	\$399.10	63016	\$3,854.13	63191	\$3,518.08
62280	\$755.06	63017	\$3,203.61	63197	\$4,357.78
62281	\$563.39	63020	\$2,763.02	63200	\$3,931.29
62282	\$714.40	63030	\$2,290.07	63250	\$7,535.67
62284	\$429.80	63035	\$580.82	63251	\$7,700.79
62287	\$1,456.19	63040	\$3,449.22	63252	\$7,699.96
62290	\$791.57	63042	\$3,235.97	63265	\$4,210.92
62291	\$711.91	63043	\$2,592.10	63266	\$4,342.84
62292	\$1,412.21	63044	\$1,604.71	63267	\$3,457.51
62294	\$2,430.30	63045	\$3,244.27	63268	\$3,721.37
62302	\$584.96	63046	\$3,092.43	63270	\$5,285.42
62303	\$594.92	63047	\$2,774.64	63271	\$5,276.30

HCP Fee Schedule & Billing Instructions

Effective January 01, 2026

CPT	2026 PFS Amount	CPT	2026 PFS Amount	CPT	2026 PFS Amount
63272	\$4,771.82	63710	\$2,718.22	64489	\$769.17
63273	\$4,752.73	63740	\$2,504.15	64490	\$451.38
63275	\$4,556.92	63741	\$1,694.32	64491	\$232.33
63276	\$4,527.87	63744	\$1,806.34	64492	\$231.50
63277	\$3,948.72	63746	\$1,548.29	64493	\$415.70
63278	\$4,058.24	64400	\$263.86	64494	\$214.90
63280	\$5,370.06	64405	\$183.37	64495	\$212.41
63281	\$5,331.89	64408	\$191.67	64505	\$349.32
63282	\$5,042.31	64415	\$315.30	64510	\$337.70
63283	\$4,843.17	64416	\$190.84	64517	\$458.01
63285	\$6,649.51	64417	\$373.38	64520	\$522.73
63286	\$6,571.52	64418	\$205.77	64530	\$519.42
63287	\$6,972.28	64420	\$233.16	64553	\$8,519.74
63290	\$7,090.93	64421	\$79.65	64555	\$4,688.01
63295	\$838.86	64425	\$257.22	64561	\$1,670.26
63300	\$4,590.10	64430	\$231.50	64566	\$261.37
63301	\$5,367.57	64435	\$187.52	64568	\$1,492.70
63302	\$5,544.30	64445	\$366.74	64569	\$1,949.05
63303	\$5,885.32	64446	\$186.69	64570	\$1,866.91
63304	\$5,975.77	64447	\$275.47	64575	\$768.34
63305	\$6,357.44	64448	\$178.39	64580	\$778.29
63306	\$6,248.75	64449	\$160.14	64581	\$1,615.50
63307	\$6,119.31	64450	\$174.24	64582	\$2,051.11
63308	\$802.36	64451	\$521.07	64583	\$2,119.15
63600	\$2,792.06	64454	\$507.80	64584	\$1,785.59
63610	\$1,472.78	64455	\$119.48	64585	\$563.39
63620	\$2,868.40	64461	\$316.13	64590	\$990.71
63621	\$638.90	64462	\$169.27	64595	\$802.36
63650	\$5,026.55	64463	\$519.42	64596	BR
63655	\$2,110.85	64466	\$294.56	64597	BR
63661	\$1,593.09	64467	\$533.52	64598	BR
63662	\$2,137.40	64468	\$338.53	64600	\$1,127.61
63663	\$2,085.96	64469	\$806.50	64605	\$2,114.17
63664	\$2,230.33	64473	\$277.13	64610	\$1,827.08
63685	\$837.20	64474	\$526.88	64611	\$317.79
63688	\$740.13	64479	\$618.98	64612	\$329.41
63700	\$3,335.54	64480	\$313.64	64615	\$374.21
63702	\$3,648.35	64483	\$568.37	64616	\$338.53
63704	\$4,238.30	64484	\$256.39	64617	\$385.00
63706	\$4,705.44	64486	\$257.22	64620	\$509.46
63707	\$2,378.03	64487	\$474.61	64624	\$887.82
63709	\$2,799.53	64488	\$298.71	64625	\$1,084.47

HCP Fee Schedule & Billing Instructions

Effective January 01, 2026

CPT	2026 PFS Amount	CPT	2026 PFS Amount	CPT	2026 PFS Amount
64628	\$1,001.49	64763	\$1,284.43	64874	\$424.83
64629	\$476.27	64766	\$1,583.14	64876	\$480.42
64630	\$618.15	64771	\$1,491.04	64885	\$2,626.95
64632	\$219.05	64772	\$1,373.21	64886	\$3,147.19
64633	\$1,003.15	64774	\$1,059.57	64890	\$2,660.97
64634	\$575.01	64776	\$990.71	64891	\$2,829.40
64635	\$1,011.45	64778	\$443.08	64892	\$2,587.95
64636	\$538.50	64782	\$1,130.93	64893	\$2,761.36
64640	\$580.82	64783	\$529.37	64895	\$3,264.19
64642	\$370.06	64784	\$1,798.04	64896	\$3,520.57
64643	\$225.69	64786	\$2,506.64	64897	\$3,121.47
64644	\$427.31	64787	\$578.33	64898	\$3,380.35
64645	\$291.24	64788	\$1,004.81	64901	\$1,457.02
64646	\$393.30	64790	\$2,127.45	64902	\$1,686.03
64647	\$441.42	64792	\$2,676.73	64905	\$2,450.21
64650	\$205.77	64795	\$492.86	64907	\$3,202.78
64653	\$241.45	64802	\$2,143.21	64910	\$1,862.76
64680	\$784.10	64804	\$3,028.54	64911	\$2,509.95
64681	\$1,057.91	64809	\$2,771.32	64912	\$2,181.38
64702	\$1,262.86	64818	\$1,924.16	64913	\$419.85
64704	\$796.55	64820	\$1,885.99	64999	BR
64708	\$1,237.14	64821	\$1,728.34		
64712	\$1,467.80	64822	\$1,728.34		
64713	\$1,984.73	64823	\$1,959.01		
64714	\$1,900.10	64831	\$1,711.75		
64716	\$1,248.75	64832	\$811.48		
64718	\$1,488.55	64834	\$1,838.70		
64719	\$1,005.64	64835	\$2,017.09		
64721	\$1,093.59	64836	\$2,017.09		
64722	\$919.35	64837	\$892.80		
64726	\$662.96	64840	\$2,377.20		
64727	\$431.46	64856	\$2,497.51		
64732	\$1,145.04	64857	\$2,582.97		
64734	\$1,292.73	64858	\$2,898.27		
64736	\$818.95	64859	\$605.71		
64738	\$1,087.79	64861	\$3,869.06		
64740	\$1,109.36	64862	\$3,386.16		
64742	\$1,185.69	64864	\$2,109.19		
64744	\$1,275.31	64865	\$2,621.97		
64746	\$1,067.04	64866	\$3,016.09		
64755	\$2,297.54	64868	\$2,407.07		
64760	\$1,296.88	64872	\$283.77		

HCP Fee Schedule & Billing Instructions

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CPT	2026 PFS Amount	CPT	2026 PFS Amount	CPT	2026 PFS Amount
65235	\$1,711.75	65820	\$1,914.20	66740	\$1,033.02
65260	\$2,304.18	65850	\$1,986.39	66761	\$692.00
65265	\$2,591.27	65855	\$575.84	66762	\$1,118.49
65270	\$643.88	65860	\$721.04	66770	\$1,244.61
65272	\$1,214.73	65865	\$1,122.63	66820	\$1,073.68
65273	\$895.29	65870	\$1,399.77	66821	\$776.63
65275	\$1,374.04	65875	\$1,490.21	66825	\$1,933.29
65280	\$1,577.33	65880	\$1,565.71	66830	\$1,673.58
65285	\$2,606.20	65900	\$2,323.26	66840	\$1,632.92
65286	\$1,607.20	65920	\$1,863.59	66850	\$1,859.44
65290	\$1,153.33	65930	\$1,510.12	66852	\$1,978.09
65400	\$1,623.80	66020	\$454.70	66920	\$1,768.17
65410	\$335.21	66030	\$406.57	66930	\$2,019.58
65420	\$1,237.97	66130	\$1,641.22	66940	\$1,848.65
65426	\$1,546.63	66150	\$2,058.58	66982	\$1,759.87
65430	\$272.98	66155	\$2,056.92	66983	\$1,858.61
65435	\$193.33	66160	\$2,317.46	66984	\$1,283.60
65436	\$918.52	66170	\$2,574.67	66985	\$1,812.98
65450	\$777.46	66172	\$2,808.66	66986	\$2,127.45
65600	\$1,017.26	66174	\$1,467.80	66987	\$2,783.77
65710	\$2,680.88	66175	\$1,705.11	66988	\$2,417.02
65730	\$2,943.91	66179	\$2,545.63	66989	\$2,022.90
65750	\$2,963.82	66180	\$2,682.54	66990	\$211.58
65755	\$2,953.86	66183	\$2,421.17	66991	\$1,615.50
65756	\$2,797.87	66184	\$1,860.27	66999	BR
65757	\$625.62	66185	\$2,000.50	67005	\$1,127.61
65760	\$2,311.65	66225	\$2,206.27	67010	\$1,288.58
65765	BR	66250	\$1,731.66	67015	\$1,413.87
65767	BR	66500	\$911.88	67025	\$1,723.36
65770	\$3,323.10	66505	\$993.20	67027	\$1,997.18
65771	BR	66600	\$2,105.87	67028	\$267.18
65772	\$1,069.53	66605	\$2,557.25	67030	\$1,303.52
65775	\$1,350.81	66625	\$1,010.62	67031	\$908.56
65778	\$2,842.68	66630	\$1,337.54	67036	\$2,111.68
65779	\$2,501.66	66635	\$1,349.98	67039	\$2,261.86
65780	\$1,393.13	66680	\$1,408.06	67040	\$2,445.23
65781	\$3,133.09	66682	\$1,564.88	67041	\$2,697.47
65782	\$2,704.94	66683	\$1,843.68	67042	\$2,697.47
65785	\$4,630.76	66700	\$1,061.23	67043	\$2,848.49
65800	\$283.77	66710	\$1,036.34	67101	\$781.61
65810	\$1,094.42	66711	\$1,188.18	67105	\$694.49
65815	\$1,483.57	66720	\$1,095.25	67107	\$2,653.50

HCP Fee Schedule & Billing Instructions

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CPT	2026 PFS Amount	CPT	2026 PFS Amount	CPT	2026 PFS Amount
67108	\$2,811.15	67430	\$3,216.06	67917	\$1,443.74
67110	\$2,078.49	67440	\$3,121.47	67921	\$1,090.27
67113	\$3,135.58	67445	\$3,572.02	67922	\$700.30
67115	\$1,174.91	67450	\$3,234.31	67923	\$1,408.06
67120	\$1,558.25	67500	\$184.20	67924	\$1,499.33
67121	\$2,129.93	67505	\$201.63	67930	\$861.27
67141	\$625.62	67515	\$121.14	67935	\$1,403.09
67145	\$567.54	67516	\$284.60	67938	\$591.60
67208	\$1,418.02	67550	\$2,523.23	67950	\$1,364.09
67210	\$1,210.59	67560	\$2,577.16	67961	\$1,372.38
67218	\$3,284.10	67570	\$2,957.18	67966	\$1,822.10
67220	\$1,242.95	67599	BR	67971	\$1,701.79
67221	\$663.79	67700	\$634.75	67973	\$2,191.34
67225	\$69.70	67710	\$538.50	67974	\$2,183.87
67227	\$693.66	67715	\$594.09	67975	\$1,613.84
67228	\$799.87	67800	\$305.34	67999	BR
67229	\$2,730.66	67801	\$385.83	68020	\$285.43
67250	\$2,092.60	67805	\$478.76	68040	\$148.52
67255	\$1,617.99	67808	\$870.39	68100	\$409.89
67299	BR	67810	\$419.02	68110	\$542.65
67311	\$1,078.66	67820	\$44.81	68115	\$754.23
67312	\$1,574.84	67825	\$315.30	68130	\$1,276.14
67314	\$1,078.66	67830	\$611.52	68135	\$374.21
67316	\$1,683.54	67835	\$1,047.13	68200	\$97.91
67318	\$1,627.94	67840	\$635.58	68320	\$1,717.56
67320	\$415.70	67850	\$499.50	68325	\$1,549.12
67331	\$299.54	67875	\$416.53	68326	\$1,521.74
67332	\$486.23	67880	\$1,089.44	68328	\$1,663.62
67334	\$296.22	67882	\$1,336.71	68330	\$1,442.91
67335	\$446.40	67900	\$1,522.57	68335	\$1,526.72
67340	\$696.15	67901	\$1,840.36	68340	\$1,388.15
67343	\$1,593.09	67902	\$1,715.07	68360	\$1,257.05
67345	\$586.62	67903	\$1,408.89	68362	\$1,545.80
67346	\$458.84	67904	\$1,727.51	68371	\$969.96
67399	BR	67906	\$1,195.65	68399	BR
67400	\$2,404.58	67908	\$1,258.71	68400	\$670.43
67405	\$2,091.77	67909	\$1,280.28	68420	\$752.57
67412	\$2,285.93	67911	\$1,324.26	68440	\$243.94
67413	\$2,231.99	67912	\$2,037.00	68500	\$2,490.04
67414	\$3,394.45	67914	\$1,119.32	68505	\$2,479.25
67415	\$246.43	67915	\$711.08	68510	\$1,042.15
67420	\$4,067.37	67916	\$1,408.06	68520	\$1,733.32

HCP Fee Schedule & Billing Instructions

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CPT	2026 PFS Amount	CPT	2026 PFS Amount	CPT	2026 PFS Amount
68525	\$616.49	69310	\$2,646.03	69666	\$1,931.63
68530	\$994.02	69320	\$3,710.58	69667	\$1,932.46
68540	\$2,304.18	69399	BR	69670	\$2,258.54
68550	\$2,866.74	69420	\$444.74	69676	\$1,984.73
68700	\$1,424.66	69421	\$365.08	69700	\$1,597.24
68705	\$595.75	69424	\$295.39	69705	\$5,804.01
68720	\$1,905.08	69433	\$472.12	69706	\$6,022.23
68745	\$1,912.54	69436	\$387.49	69710	\$2,324.09
68750	\$2,014.60	69440	\$1,643.71	69711	\$2,008.79
68760	\$502.82	69450	\$1,296.88	69714	\$1,197.31
68761	\$335.21	69501	\$1,708.43	69716	\$1,505.14
68770	\$1,481.91	69502	\$2,268.50	69717	\$1,359.11
68801	\$220.71	69505	\$2,922.33	69719	\$1,564.05
68810	\$375.04	69511	\$2,992.03	69720	\$2,831.06
68811	\$321.94	69530	\$4,029.20	69725	\$4,516.26
68815	\$852.14	69535	\$6,426.31	69726	\$1,150.02
68816	\$1,837.87	69540	\$483.74	69727	\$1,286.09
68840	\$311.15	69550	\$2,525.72	69728	\$1,437.93
68841	\$90.44	69552	\$3,802.68	69729	\$1,632.92
68850	\$137.74	69554	\$6,112.67	69730	\$1,667.77
68899	BR	69601	\$2,444.41	69740	\$2,795.38
		69602	\$2,603.71	69745	\$2,974.61
		69603	\$3,059.24	69799	BR
Auditory System		69604	\$2,663.46	69801	\$532.69
69000	\$433.12	69610	\$913.54	69805	\$2,486.72
69005	\$518.59	69620	\$1,740.79	69806	\$2,217.06
69020	\$533.52	69631	\$2,114.17	69905	\$2,194.65
69090	\$65.55	69632	\$2,580.48	69910	\$2,387.98
69100	\$221.54	69633	\$2,512.44	69915	\$3,638.40
69105	\$330.24	69635	\$3,053.43	69930	\$2,932.29
69110	\$1,093.59	69636	\$3,352.97	69949	BR
69120	\$923.50	69637	\$3,338.03	69950	\$4,244.10
69140	\$2,126.62	69641	\$2,490.87	69955	\$4,753.56
69145	\$945.90	69642	\$3,199.47	69960	\$4,571.85
69150	\$2,420.34	69643	\$2,927.31	69970	\$5,148.52
69155	\$3,931.29	69644	\$3,600.23	69979	BR
69200	\$190.84	69645	\$3,531.36		
69205	\$229.01	69646	\$3,741.28		
69209	\$35.68	69650	\$1,920.01		
69210	\$114.50	69660	\$2,218.72		
69220	\$188.35	69661	\$2,891.63		
69222	\$500.33	69662	\$2,768.00		
69300	\$1,538.33				

Operating Microscope

69990	\$550.12
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CPT	2026 PFS Amount	CPT	2026 PFS Amount	CPT	2026 PFS Amount
MEDICINE					
Immune Globulins, Serum or Recombinant Products					
90281	\$80.03	90584	BR	90668	\$31.32
90283	\$31.32	90585	\$32.71	90670	\$555.33
90284	BR	90586	\$322.90	90671	\$545.58
90287	BR	90587	BR	90672	\$31.32
90288	BR	90589	\$349.34	90673	\$179.54
90291	\$95.34	90593	BR	90674	\$29.92
90296	BR	90611	\$77.94	90675	\$704.94
90371	\$314.55	90612	BR	90676	\$171.19
90375	\$603.34	90613	BR	90677	\$640.92
90376	\$398.75	90619	\$158.66	90678	BR
90377	\$539.32	90620	\$196.24	90679	\$209.46
90378	\$1,658.32	90621	\$165.62	90680	\$98.12
90380	\$466.95	90622	\$64.02	90681	\$131.52
90381	\$473.21	90623	\$193.46	90682	\$62.63
90382	BR	90624	BR	90683	BR
90384	\$128.04	90625	\$254.70	90684	\$705.64
90385	\$50.80	90626	\$308.28	90685	\$31.32
90386	\$127.35	90627	\$265.83	90686	\$25.75
90389	\$127.35	90632	\$153.79	90687	\$18.79
90393	\$48.02	90633	\$48.02	90688	\$25.75
90396	\$154.49	90634	\$64.02	90689	\$31.32
90399	BR	90635	BR	90690	\$112.04
Immunization Administration for Vaccines/Toxoids					
90460	\$45.23	90636	\$123.87	90691	\$102.30
90461	\$18.09	90637	\$102.30	90694	\$64.02
90471	\$40.36	90638	BR	90696	\$76.55
90472	\$29.23	90644	\$48.02	90697	\$151.01
90473	\$32.71	90647	\$40.36	90698	\$107.86
90474	\$23.66	90648	\$36.88	90700	\$38.27
Vaccines, Toxoids					
90476	\$45.23	90649	\$176.76	90702	\$34.79
90477	BR	90650	\$189.28	90707	\$86.99
90480	\$41.75	90651	\$248.44	90710	\$228.95
90581	BR	90653	\$179.54	90713	\$44.54
		90655	\$22.96	90714	\$72.37
		90656	\$48.02	90715	\$82.81
		90657	\$23.66	90716	\$146.14
		90658	\$47.32	90717	\$173.28
		90660	\$61.93	90723	\$100.21
		90661	\$79.33	90732	\$287.41
		90662	\$179.54	90733	\$121.09
		90664	BR	90734	\$141.27
		90666	\$16.70	90736	\$189.98
		90667	\$158.66	90738	\$273.49

HCP Fee Schedule & Billing Instructions

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CPT	2026 PFS Amount
90739	\$361.87
90740	\$340.29
90743	\$161.45
90744	\$66.11
90746	\$151.71
90747	\$302.71
90748	\$58.46
90749	BR
90750	\$183.02
90756	\$31.32
90758	BR
90759	\$158.66
91304	\$347.25

Psychiatry

90785	\$30.04
90791	\$353.53
90792	\$398.25
90832	\$167.68
90833	\$154.41
90834	\$220.78
90836	\$196.33
90837	\$327.68
90838	\$261.30
90839	\$315.10
90840	\$154.41
90845	\$211.00
90846	\$211.70
90847	\$220.78
90849	\$78.25
90853	\$60.09
90863	\$51.00
90865	\$326.28
90867	\$505.14
90868	\$382.87
90869	\$965.57
90870	\$344.45
90875	\$120.17
90876	\$211.70
90880	\$209.60
90882	\$48.21
90885	\$95.72

CPT	2026 PFS Amount
90887	\$173.97
90889	\$64.28
90899	BR

Biofeedback

90901	\$80.03
90912	\$157.97
90913	\$64.72

Dialysis

90935	\$143.35
90937	\$208.07
90940	\$34.79
90945	\$173.97
90947	\$248.44

90951	\$2,369.53
90952	BR
90953	\$1,051.50
90954	\$2,041.76
90955	\$1,061.94
90956	\$708.42
90957	\$1,562.29
90958	\$1,016.01

90959	\$661.80
90960	\$720.95
90961	\$597.78
90962	\$410.58
90963	\$1,229.65
90964	\$1,052.89
90965	\$1,013.92

90966	\$597.78
90967	\$35.49
90968	\$34.79
90969	\$34.10
90970	\$19.49

90989	\$592.21
90993	\$86.29
90997	\$179.54
90999	BR

Gastroenterology

91010	\$418.23
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CPT	2026 PFS Amount
91013	\$48.71
91020	\$520.53
91022	\$335.42
91030	\$278.36

91034	\$361.17
91035	\$841.34
91037	\$320.11
91038	\$740.43
91040	\$942.94

91065	\$125.26
91110	\$1,335.43
91111	\$1,576.90
91112	\$2,901.89
91113	\$1,631.18

91117	\$273.49
91120	\$912.32
91122	\$529.58
91132	\$794.02
91133	\$834.38

91200	\$59.15
91299	BR

Covid-19 Immunization

91318	\$141.27
91319	\$188.59
91320	\$335.42
91321	\$316.63
91322	\$347.95
91323	BR

Ophthalmology

92002	\$164.93
92004	\$291.58
92012	\$173.28
92014	\$246.35
92015	\$38.97
92018	\$282.53
92019	\$146.14
92020	\$53.58
92025	\$71.68
92060	\$125.26
92065	\$80.03

HCP Fee Schedule & Billing Instructions

Effective January 01, 2026

CPT	2026 PFS Amount	CPT	2026 PFS Amount	CPT	2026 PFS Amount
92066	\$50.80	92326	\$73.07	92546	\$252.61
92071	\$72.37	92340	\$68.20	92547	\$19.49
92072	\$247.04	92341	\$78.64	92548	\$93.25
92081	\$65.41	92342	\$84.90	92549	\$128.74
92082	\$91.16	92352	\$83.51	92550	\$43.84
92083	\$123.17	92353	\$96.73	92551	\$24.36
92100	\$164.93	92354	\$26.44	92552	\$75.85
92132	\$58.46	92355	\$41.06	92553	\$91.86
92133	\$60.54	92358	\$22.27	92555	\$57.76
92134	\$64.02	92370	\$59.85	92556	\$89.07
92136	\$93.25	92371	\$22.96	92557	\$73.07
92137	\$115.52	92499	BR	92558	\$18.79
92145	\$25.75	Special Otorhinolaryngologic Services			
92201	\$49.41	92502	\$192.07	92562	\$94.64
92202	\$30.62	92504	\$55.67	92563	\$67.50
92227	\$33.40	92507	\$155.18	92565	\$41.75
92228	\$58.46	92508	\$48.71	92567	\$32.01
92229	\$85.60	92511	\$223.38	92568	\$30.62
92230	\$244.26	92512	\$125.96	92570	\$64.72
92235	\$303.41	92516	\$141.27	92571	\$60.54
92240	\$453.72	92517	\$148.92	92572	\$108.56
92242	\$620.74	92518	\$149.62	92575	\$140.57
92250	\$72.37	92519	\$239.39	92576	\$86.29
92260	\$37.58	92520	\$176.76	92577	\$43.84
92265	\$170.49	92521	\$270.70	92579	\$88.38
92270	\$233.13	92522	\$225.47	92582	\$169.80
92273	\$238.69	92523	\$462.77	92583	\$112.74
92274	\$173.28	92524	\$221.99	92584	\$211.55
92283	\$104.38	92526	\$171.19	92587	\$43.84
92284	\$57.76	92531	\$25.75	92588	\$66.81
92285	\$44.54	92532	\$34.79	92590	\$95.34
92286	\$76.55	92533	\$48.02	92591	\$96.03
92287	\$252.61	92534	\$38.27	92592	\$43.84
92310	\$195.55	92537	\$77.94	92593	\$48.02
92311	\$199.72	92538	\$43.84	92594	\$44.54
92312	\$240.78	92540	\$208.77	92595	\$95.34
92313	\$190.68	92541	\$50.10	92596	\$151.71
92314	\$167.71	92542	\$57.76	92597	\$147.53
92315	\$156.58	92544	\$36.19	92601	\$313.15
92316	\$194.16	92545	\$34.10	92602	\$196.24
92317	\$164.93			92603	\$295.06
92325	\$85.60			92604	\$177.45
				92605	\$185.11

HCP Fee Schedule & Billing Instructions

Effective January 01, 2026

CPT	2026 PFS Amount	CPT	2026 PFS Amount	CPT	2026 PFS Amount
92606	\$157.97	92944	\$598.47	93241	\$511.48
92607	\$249.13	92950	\$638.83	93242	\$22.27
92608	\$97.43	92953	\$2.09	93243	\$442.59
92609	\$207.38	92960	\$304.80	93244	\$46.63
92610	\$171.89	92961	\$497.57	93245	\$532.36
92611	\$183.02	92970	\$386.92	93246	\$22.27
92612	\$386.92	92971	\$204.59	93247	\$458.60
92613	\$74.46	92972	\$296.45	93248	\$51.50
92614	\$294.36	92973	\$359.78	93260	\$148.92
92615	\$66.11	92974	\$329.16	93261	\$136.40
92616	\$452.33	92975	\$768.97	93264	\$103.69
92617	\$82.12	92977	\$109.26	93268	\$322.90
92618	\$64.72	92978	\$517.75	93270	\$15.31
92620	\$178.85	92979	\$317.33	93271	\$259.57
92621	\$43.84	92986	\$2,708.43	93272	\$48.71
92622	\$157.97	92987	\$2,792.63	93278	\$61.93
92623	\$41.06	92990	\$2,233.13	93279	\$130.13
92625	\$135.00	92997	\$1,290.89	93280	\$152.40
92626	\$172.58	92998	\$651.36	93281	\$162.14
92627	\$41.06	93000	\$28.53	93282	\$154.49
92630	\$99.51	93005	\$12.53	93283	\$190.68
92633	\$92.55	93010	\$16.70	93284	\$205.99
92640	\$216.42	93015	\$144.05	93285	\$114.82
92650	\$52.19	93016	\$42.45	93286	\$86.29
92651	\$156.58	93017	\$73.07	93287	\$100.90
92652	\$216.42	93018	\$28.53	93288	\$107.86
92653	\$161.45	93024	\$222.69	93289	\$139.18
92700	BR	93025	\$247.74	93290	\$101.60
Cardiovascular					
92920	\$1,082.81	93040	\$26.44	93291	\$93.95
92921	\$430.76	93041	\$12.53	93292	\$98.82
92924	\$1,289.50	93042	\$13.92	93293	\$80.72
92925	\$381.35	93050	\$32.71	93294	\$59.85
92928	\$1,202.51	93150	\$197.63	93295	\$73.07
92929	\$524.71	93151	\$173.28	93296	\$38.27
92933	\$1,350.04	93152	\$280.45	93297	\$117.61
92934	\$521.92	93153	\$102.99	93298	\$194.85
92937	\$1,201.81	93224	\$136.40	93303	\$416.84
92938	\$430.06	93225	\$34.10	93304	\$292.28
92941	\$1,351.43	93226	\$65.41	93306	\$377.87
92943	\$1,351.43	93227	\$36.88	93307	\$263.05
		93228	\$50.80	93308	\$188.59
		93229	\$1,455.82	93312	\$457.20

HCP Fee Schedule & Billing Instructions

Effective January 01, 2026

CPT	2026 PFS Amount	CPT	2026 PFS Amount	CPT	2026 PFS Amount
93313	\$22.96	93575	\$185.80	93654	\$2,053.59
93314	\$437.02	93580	\$1,992.35	93655	\$625.61
93315	\$540.71	93581	\$2,710.52	93656	\$1,930.42
93316	\$52.19	93582	\$1,353.52	93657	\$626.31
93317	\$485.04	93583	\$1,517.05	93660	\$324.29
93318	\$562.28	93584	\$119.00	93662	\$315.24
93319	\$105.78	93585	\$112.04	93668	\$27.84
93320	\$97.43	93586	\$142.66	93701	\$50.10
93321	\$48.02	93587	\$208.07	93702	\$224.77
93325	\$43.15	93588	\$210.86	93724	\$559.50
93350	\$356.30	93590	\$2,151.02	93740	\$16.01
93351	\$447.46	93591	\$1,784.28	93745	BR
93352	\$68.20	93592	\$775.23	93750	\$104.38
93355	\$453.03	93593	\$95.34	93770	\$16.01
93356	\$70.98	93594	BR	93784	\$90.47
93451	\$1,572.73	93595	BR	93786	\$43.15
93452	\$1,665.98	93596	\$954.07	93788	\$11.13
93453	\$2,129.44	93597	\$1,870.57	93790	\$36.19
93454	\$1,677.81	93598	BR	93792	\$130.83
93455	\$1,876.14	93600	\$376.48	93793	\$22.96
93456	\$2,091.86	93602	\$313.85	93797	\$33.40
93457	\$2,284.63	93603	\$355.60	93798	\$50.10
93458	\$1,936.68	93609	\$746.00	93799	BR
93459	\$2,088.39	93610	\$425.89		
93460	\$2,318.03	93612	\$437.02		
93461	\$2,557.42	93613	\$592.90		
93462	\$421.71	93615	\$96.03	93880	\$361.87
93463	\$196.94	93616	\$193.46	93882	\$237.30
93464	\$420.32	93618	\$700.07	93886	\$492.00
93503	\$178.85	93619	\$1,308.29	93888	\$311.07
93505	\$1,212.95	93620	\$1,917.89	93892	\$562.98
93563	\$105.08	93621	\$674.32	93893	\$641.62
93564	\$113.43	93622	\$1,342.38	93895	\$257.48
93565	\$56.37	93623	\$298.54	93896	\$344.47
93566	\$52.89	93624	\$601.95	93897	\$431.46
93567	\$77.24	93631	\$1,617.26	93898	\$452.33
93568	\$95.34	93640	\$844.12	93922	\$157.27
93569	\$75.16	93641	\$1,122.48	93923	\$249.83
93571	\$394.57	93642	\$664.58	93924	\$306.19
93572	\$215.73	93644	\$378.57	93925	\$454.42
93573	\$125.26	93650	\$1,185.11	93926	\$272.79
93574	\$139.88	93653	\$1,703.55	93930	\$379.96

HCP Fee Schedule & Billing Instructions

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CPT	2026 PFS Amount	CPT	2026 PFS Amount	CPT	2026 PFS Amount
93931	\$235.91	94642	\$80.03	95070	\$67.50
93970	\$355.60	94644	\$109.95	95076	\$247.04
93971	\$227.56	94645	\$32.71	95079	\$172.58
93975	\$503.13	94660	\$129.44	95115	\$20.18
93976	\$305.50	94662	\$70.29	95117	\$23.66
93978	\$347.95	94664	\$34.79	95120	\$38.27
93979	\$224.77	94667	\$48.71	95125	\$38.27
93980	\$230.34	94668	\$73.77	95130	\$32.01
93981	\$137.09	94669	\$40.36	95131	\$50.80
93985	\$474.60	94680	\$102.30	95132	\$67.50
93986	\$278.36	94681	\$92.55	95133	\$107.86
93990	\$279.05	94690	\$92.55	95134	\$152.40
93998	BR	94726	\$109.95	95144	\$31.32
Pulmonary		94727	\$87.68	95145	\$66.81
94002	\$187.89	94728	\$86.29	95146	\$122.48
94003	\$131.52	94729	\$107.86	95147	\$118.30
94004	\$96.03	94760	\$6.96	95148	\$174.67
94005	\$182.32	94761	\$7.65	95149	\$232.43
94010	\$53.58	94762	\$46.63	95165	\$27.84
94011	\$171.89	94772	\$357.69	95170	\$20.88
94012	\$279.75	94774	BR	95180	\$279.05
94013	\$38.27	94775	BR	95199	BR
94014	\$109.95	94776	BR	Endocrinology	
94015	\$60.54	94777	\$125.96	95249	\$125.96
94016	\$49.41	94780	\$104.38	95250	\$272.79
94060	\$75.85	94781	\$42.45	95251	\$70.29
94070	\$124.57	94799	BR	Neurology and Neuromuscular Procedures	
94150	\$48.71	Allergy and Clinical Immunology		95700	\$564.37
94200	\$29.23	95004	\$6.96	95705	\$1,338.21
94375	\$76.55	95012	\$35.49	95706	\$320.81
94450	\$169.80	95017	\$16.70	95707	\$1,999.31
94452	\$98.12	95018	\$38.27	95708	\$602.65
94453	\$130.13	95024	\$14.61	95709	\$1,747.40
94610	\$112.74	95027	\$9.05	95710	\$704.25
94617	\$174.67	95028	\$23.66	95711	\$498.26
94618	\$68.89	95044	\$9.74	95712	\$1,153.10
94619	\$127.35	95052	\$11.13	95713	\$1,270.71
94621	\$305.50	95056	\$100.90	95714	\$638.14
94625	\$149.62	95060	\$75.16	95715	\$2,562.99
94626	\$163.54	95065	\$55.67		
94640	\$15.31				

HCP Fee Schedule & Billing Instructions

Effective January 01, 2026

CPT	2026 PFS Amount	CPT	2026 PFS Amount	CPT	2026 PFS Amount
95716	\$3,749.49	95869	\$174.67	95967	\$1,145.45
95717	\$218.51	95870	\$154.49	95970	\$38.27
95718	\$274.88	95872	\$368.13	95971	\$96.73
95719	\$329.16	95873	\$131.52	95972	\$114.13
95720	\$421.71	95874	\$141.27	95976	\$77.24
95721	\$421.71	95875	\$235.21	95977	\$102.99
95722	\$512.88	95885	\$115.52	95980	\$93.25
95723	\$519.14	95886	\$183.02	95981	\$77.94
95724	\$650.66	95887	\$159.36	95982	\$120.39
95725	\$595.69	95905	\$62.63	95983	\$100.90
95726	\$828.12	95907	\$174.67	95984	\$87.68
95782	\$1,865.00	95908	\$217.12	95990	\$165.62
95783	\$1,977.04	95909	\$261.66	95991	\$212.94
95800	\$249.83	95910	\$342.38	95992	\$85.60
95801	\$190.68	95911	\$411.97	95999	BR
95803	\$253.31	95912	\$480.86	96000	\$169.10
95805	\$842.03	95913	\$562.98	96001	\$217.12
95806	\$188.59	95919	\$32.01	96002	\$43.84
95807	\$796.11	95921	\$170.49	96004	\$217.12
95808	\$945.03	95922	\$175.37	96020	\$318.02
95810	\$1,208.77	95923	\$229.65		
95811	\$1,266.53	95924	\$291.58		
95812	\$666.67	95925	\$295.06		
95813	\$851.78	95926	\$270.70		
95816	\$742.52	95927	\$338.90		
95819	\$863.61	95928	\$458.60		
95822	\$798.89	95929	\$458.60		
95824	\$190.68	95930	\$128.04		
95829	\$3,343.78	95933	\$155.88		
95830	\$1,263.75	95937	\$196.94		
95836	\$214.34	95938	\$712.60		
95851	\$47.32	95939	\$1,061.94		
95852	\$40.36	95940	\$65.41		
95857	\$123.87	95941	\$1,761.31		
95860	\$216.42	95954	\$746.70		
95861	\$303.41	95955	\$351.43		
95863	\$410.58	95957	\$565.07		
95864	\$434.24	95958	\$1,376.48		
95865	\$286.71	95961	\$645.79		
95866	\$254.70	95962	\$559.50		
95867	\$202.51	95965	\$3,142.67		
95868	\$245.65	95966	\$1,913.02		

Medical Genetics and Genetic Counseling Services

96041 \$98.82

Central Nervous System Assessments/Tests (eg, Neuro-Cognitive, Mental Status, Speech Testing)

96105	\$196.33
96110	\$22.36
96112	\$268.99
96113	\$113.19
96116	\$187.25
96121	\$154.41
96125	\$207.51
96127	\$9.08
96130	\$249.43
96131	\$176.07
96132	\$264.10
96133	\$197.03
96136	\$83.84

HCP Fee Schedule & Billing Instructions

Effective January 01, 2026

CPT	2026 PFS Amount	CPT	2026 PFS Amount	CPT	2026 PFS Amount
96137	\$73.36	96374	\$68.20	96902	\$43.84
96138	\$66.37	96375	\$28.53	96904	\$125.96
96139	\$66.37	96376	\$64.72	96910	\$221.99
96146	\$4.89	96377	\$35.49	96912	\$188.59
Health Behavior Assessment and Intervention		96379	BR	96913	\$286.01
96156	\$210.30	96380	\$45.23	96920	\$273.49
96158	\$143.93	96381	\$38.27	96921	\$292.28
96159	\$49.61	96401	\$131.52	96922	\$365.35
96160	\$5.59	96402	\$69.59	96931	\$321.50
96161	\$5.59	96405	\$159.36	96932	\$234.52
96164	\$21.66	96406	\$244.26	96933	\$86.99
96165	\$10.48	96409	\$183.02	96934	\$228.25
96167	\$153.01	96411	\$100.90	96935	\$144.05
96168	\$55.20	96413	\$235.91	96936	\$84.20
96170	\$158.60	96415	\$51.50	96999	BR
96171	\$57.29	96416	\$231.73	Physical Medicine and Rehabilitation	
Behavior Management Services		96417	\$116.91	97010	\$13.22
96202	\$48.71	96420	\$186.50	97012	\$29.92
96203	\$11.83	96422	\$284.62	97014	\$25.05
Hydration, Therapeutic, Prophylactic, Diagnostic Injections and Infusions, and Chemotherapy and Other Highly Complex Drug or Highly Complex Biologic Agent Administration		96423	\$132.92	97016	\$24.36
96360	\$59.85	96425	\$306.19	97018	\$12.53
96361	\$23.66	96440	\$1,369.52	97022	\$31.32
96365	\$115.52	96446	\$291.58	97024	\$14.61
96366	\$38.97	96450	\$313.15	97026	\$13.92
96367	\$52.89	96521	\$225.47	97028	\$16.70
96368	\$37.58	96522	\$214.34	97032	\$29.92
96369	\$264.44	96523	\$45.93	97033	\$38.27
96370	\$32.01	96542	\$245.65	97034	\$27.84
96371	\$108.56	96547	\$754.35	97035	\$28.53
96372	\$28.53	96548	\$345.16	97036	\$68.89
96373	\$37.58	96549	BR	97037	BR
Photodynamic Therapy		96567	\$249.83	97039	BR
96370	\$32.01	96570	\$112.04	97110	\$59.15
96371	\$108.56	96571	\$50.80	97112	\$66.11
96372	\$28.53	96573	\$418.93	97113	\$74.46
96373	\$37.58	96574	\$518.44	97116	\$59.15
Special Dermatological Procedures		96900	\$47.32	97124	\$60.54
				97129	\$45.93
				97130	\$43.84
				97139	BR

HCP Fee Schedule & Billing Instructions

Effective January 01, 2026

CPT	2026 PFS Amount
97140	\$55.67
97150	\$36.19
97161	\$201.81
97162	\$201.81
97163	\$201.81
97164	\$138.48
97165	\$207.38
97166	\$207.38
97167	\$207.38
97168	\$142.66
97169	\$57.06
97170	\$111.34
97171	\$223.38
97172	\$80.03
97530	\$70.29
97533	\$121.09
97535	\$65.41
97537	\$65.41
97542	\$63.33
97545	\$160.06
97546	\$79.33
97550	\$108.56
97551	\$53.58
97552	\$44.54
97597	\$194.85
97598	\$89.07
97602	\$64.02
97605	\$85.60
97606	\$102.30
97607	\$634.66
97608	\$662.49
97610	\$778.71
97750	\$68.20
97755	\$77.94
97760	\$93.25
97761	\$82.12
97763	\$100.90
97799	BR

Adaptive Behavior Services

97151	\$31.32
97152	\$20.88

CPT	2026 PFS Amount
97153	\$20.18
97154	\$16.01
97155	\$25.75
97156	\$24.36
97157	\$20.18
97158	\$15.31

Medical Nutrition Therapy

97802	\$73.07
97803	\$64.02
97804	\$34.10

Acupuncture

97810	\$91.86
97811	\$53.58
97813	\$105.78
97814	\$59.85

Osteopathic Manipulative Treatment

98925	\$62.63
98926	\$91.16
98927	\$119.00
98928	\$144.75
98929	\$170.49

Chiropractic Manipulative Treatment

98940	\$54.98
98941	\$80.03
98942	\$103.69
98943	\$52.19

Education and Training for Patient Self-Management

98960	\$59.85
98961	\$28.53
98962	\$20.88

Non-Face-to-Face Nonphysician Qualified Health Care Professional

CPT	2026 PFS Amount
Services	
98966	\$27.14
98967	\$50.10
98968	\$69.59
98970	\$23.66
98971	\$45.23
98972	\$68.20
98975	\$38.97
98976	\$84.20
98977	\$84.20
98978	\$78.64
98980	\$102.99
98981	\$81.42

Special Services, Procedures and Reports

99000	\$12.53
99001	\$17.40
99002	\$16.01
99024	\$64.02
99026	\$76.55
99027	BR
99050	\$31.32
99051	\$31.32
99053	\$48.02
99056	\$64.02
99058	\$41.75
99060	\$31.32
99070	BR
99071	BR
99072	\$18.79
99075	BR
99078	BR
99080	BR
99082	BR

Moderate (Conscious) Sedation

99151	\$116.91
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HCP Fee Schedule & Billing Instructions

Effective January 01, 2026

CPT	2026 PFS Amount
99152	\$96.73
99153	\$22.96
99155	\$171.19
99156	\$152.40
99157	\$118.30

Other Services and Procedures

99170	\$325.68
99172	\$36.88
99173	\$6.26
99174	\$12.53
99175	\$57.06
99177	\$9.74
99183	\$217.82
99184	\$434.94
99188	\$23.66
99190	\$535.84
99191	\$414.75
99192	\$274.18
99195	\$170.49
99199	BR

Home Health Procedures/Services

99500	\$143.35
99501	\$159.36
99502	\$350.73
99503	\$76.55
99504	\$96.03
99505	\$668.06
99506	\$95.34
99507	\$108.56
99509	\$13.92
99510	\$112.04
99511	BR
99512	\$1,773.84
99600	BR
99601	\$190.68
99602	\$111.34

Medication Therapy

CPT	2026 PFS Amount
Management Services	
99605	\$48.02
99606	\$39.67
99607	\$39.67

EVALUATION AND MANAGEMENT

Telemedicine Services

98000	\$130.09
98001	\$204.25
98002	\$307.32
98003	\$406.62
98004	\$101.81
98005	\$165.91
98006	\$234.42
98007	\$329.31
98008	\$130.09
98009	\$204.25
98010	\$307.32
98011	\$406.62
98012	\$101.81
98013	\$165.91
98014	\$234.42
98015	\$329.31
98016	\$30.17

Non-Face-to-Face Services

99091	\$98.67
99421	\$27.65
99422	\$54.05
99423	\$84.84
99446	\$32.68
99447	\$65.99
99448	\$98.04
99449	\$132.61
99451	\$62.85
99452	\$64.10
99453	\$35.19
99454	\$76.04
99457	\$88.61
99458	\$72.27

CPT	2026 PFS Amount
99473	\$24.51
99474	\$30.17

Office or Other Outpatient Services

99202	\$130.09
99203	\$204.25
99204	\$307.32
99205	\$406.62
99211	\$40.85
99212	\$101.81
99213	\$165.91
99214	\$234.42
99215	\$329.31

Hospital Inpatient and Observation Care Services

99221	\$152.72
99222	\$240.07
99223	\$319.89
99231	\$90.50
99232	\$145.80
99233	\$217.45
99234	\$179.74
99235	\$292.24
99236	\$382.73
99238	\$148.95
99239	\$210.54

Consultations

99242	\$135.12
99243	\$205.51
99244	\$292.86
99245	\$383.36
99252	\$130.09
99253	\$183.51
99254	\$252.64
99255	\$341.26

Emergency Department Services

99281	\$21.37
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HCP Fee Schedule & Billing Instructions

Effective January 01, 2026

CPT	2026 PFS Amount	CPT	2026 PFS Amount	CPT	2026 PFS Amount
99282	\$78.56	99367	\$98.04	99426	\$115.64
99283	\$132.61	99368	\$64.10	99427	\$93.64
99284	\$226.25			99437	\$108.10
99285	\$328.06			99439	\$85.47
99288	BR			99487	\$245.10
Critical Care Services				99489	\$131.35
99291	\$501.51			99490	\$113.75
99292	\$219.96			99491	\$155.23
Nursing Facility Services					
99304	\$147.69				
99305	\$243.84				
99306	\$333.09				
99307	\$72.90				
99308	\$135.75				
99309	\$196.71				
99310	\$281.55				
99315	\$148.95				
99316	\$238.82				
Home or Residence Services					
99341	\$90.50				
99342	\$144.55				
99344	\$260.81				
99345	\$368.28				
99347	\$82.96				
99348	\$140.78				
99349	\$233.16				
99350	\$338.74				
Prolonged Services					
99358	\$164.66				
99359	\$69.76				
99360	\$106.84				
99415	\$35.82				
99416	\$16.97				
99417	\$56.56				
99418	\$72.27				
Case Management Services					
99366	\$74.16				
Care Plan Oversight Services					
99374	\$123.81				
99375	\$187.28				
99377	\$123.81				
99378	\$187.28				
99379	\$123.81				
99380	\$187.28				
Preventive Medicine Services					
99381	\$197.34				
99382	\$207.39				
99383	\$214.93				
99384	\$242.59				
99385	\$235.67				
99386	\$272.12				
99387	\$295.38				
99391	\$176.60				
99392	\$188.54				
99393	\$188.54				
99394	\$206.76				
99395	\$213.05				
99396	\$226.88				
99397	\$243.84				
99401	\$69.13				
99402	\$113.12				
99403	\$155.86				
99404	\$201.74				
99406	\$26.40				
99407	\$50.28				
99408	\$62.85				
99409	\$120.66				
99411	\$34.57				
99412	\$43.99				
99429	BR				
Care Management Services					
99424	\$153.35				
99425	\$110.61				
Special Evaluation and Management Services					
99450					\$23.88
Other Evaluation and Management Services					
99459					\$36.45
99499					BR
Newborn Care Services					
99460					\$169.69
99461					\$164.66
99462					\$73.53
99463					\$197.97
Delivery/Birthing Room Attendance and Resuscitation Services					
99464					\$132.61
99465					\$259.56
Inpatient Neonatal Intensive Care Services and Pediatric and Neonatal Critical Care Services					
99466					\$423.58
99467					\$212.42
99468					\$1,632.12
99469					\$706.39
99471					\$1,413.41
99472					\$736.56
99475					\$1,026.91
99476					\$622.81

CPT	2026 PFS Amount
99477	\$619.66
99478	\$242.59
99479	\$219.96
99480	\$212.42
99485	\$133.86
99486	\$116.27

Cognitive Assessment and Care Plan Services

99483	\$551.95
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General Behavioral Health Integration Care Management

99484	\$111.09
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Psychiatric Collaborative Care Management Services

99492	\$299.03
99493	\$278.07
99494	\$115.98

Transitional Care Management Services

99495	\$373.94
99496	\$507.17

Advance Care Planning

99497	\$150.83
99498	\$131.35

Diagnostic Radiology

Diagnostic Radiology	Professional Component	Technical Component	Total
70010	\$86.65	\$129.98	\$216.63
70015	\$229.40	\$344.11	\$573.51
70030	\$46.08	\$69.12	\$115.20
70100	\$54.10	\$81.14	\$135.24
70110	\$61.11	\$91.66	\$152.77
70120	\$53.60	\$80.39	\$133.99
70130	\$87.15	\$130.73	\$217.88
70134	\$85.65	\$128.48	\$214.13
70140	\$44.58	\$66.87	\$111.45
70150	\$65.12	\$97.67	\$162.79
70160	\$52.59	\$78.89	\$131.48
70170	\$69.62	\$104.44	\$174.06
70190	\$52.09	\$78.14	\$130.23
70200	\$66.62	\$99.92	\$166.54
70210	\$45.08	\$67.62	\$112.70
70220	\$52.59	\$78.89	\$131.48
70240	\$45.58	\$68.37	\$113.95
70250	\$50.09	\$75.13	\$125.22
70260	\$62.61	\$93.92	\$156.53
70300	\$19.03	\$28.55	\$47.58
70310	\$56.60	\$84.90	\$141.50
70320	\$75.63	\$113.45	\$189.08
70328	\$48.08	\$72.13	\$120.21
70330	\$73.63	\$110.45	\$184.08
70332	\$114.20	\$171.30	\$285.50
70336	\$370.66	\$555.98	\$926.64
70350	\$25.04	\$37.57	\$62.61
70355	\$27.05	\$40.57	\$67.62
70360	\$44.08	\$66.11	\$110.19
70370	\$141.75	\$212.63	\$354.38
70371	\$156.78	\$235.16	\$391.94
70380	\$52.09	\$78.14	\$130.23
70390	\$156.28	\$234.41	\$390.69
70450	\$152.27	\$228.40	\$380.67
70460	\$211.88	\$317.81	\$529.69
70470	\$246.94	\$370.40	\$617.34
70480	\$226.90	\$340.35	\$567.25
70481	\$255.95	\$383.93	\$639.88
70482	\$297.52	\$446.29	\$743.81
70486	\$181.82	\$272.73	\$454.55

HCP Fee Schedule & Billing Instructions

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Diagnostic Radiology	Professional Component	Technical Component	Total
70487	\$216.88	\$325.33	\$542.21
70488	\$261.46	\$392.19	\$653.65
70490	\$214.88	\$322.32	\$537.20
70491	\$261.96	\$392.95	\$654.91
70492	\$314.06	\$471.08	\$785.14
70496	\$392.69	\$589.04	\$981.73
70498	\$392.19	\$588.29	\$980.48
70540	\$319.56	\$479.35	\$798.91
70542	\$378.67	\$568.00	\$946.67
70543	\$480.85	\$721.27	\$1,202.12
70544	\$305.04	\$457.56	\$762.60
70545	\$321.57	\$482.35	\$803.92
70546	\$464.82	\$697.23	\$1,162.05
70547	\$306.04	\$459.06	\$765.10
70548	\$349.12	\$523.67	\$872.79
70549	\$488.36	\$732.55	\$1,220.91
70551	\$280.00	\$419.99	\$699.99
70552	\$384.18	\$576.27	\$960.45
70553	\$454.30	\$681.46	\$1,135.76
70554	\$537.45	\$806.17	\$1,343.62
70555	\$967.71	\$1,451.56	\$2,419.27
70557	\$219.89	\$329.83	\$549.72
70558	\$932.15	\$1,398.22	\$2,330.37
70559	\$618.59	\$927.89	\$1,546.48
71045	\$36.56	\$54.85	\$91.41
71046	\$47.08	\$70.63	\$117.71
71047	\$58.60	\$87.91	\$146.51
71048	\$64.11	\$96.17	\$160.28
71100	\$51.09	\$76.64	\$127.73
71101	\$58.60	\$87.91	\$146.51
71110	\$61.11	\$91.66	\$152.77
71111	\$73.13	\$109.69	\$182.82
71120	\$46.58	\$69.88	\$116.46
71130	\$57.10	\$85.65	\$142.75
71250	\$189.84	\$284.75	\$474.59
71260	\$237.42	\$356.13	\$593.55
71270	\$278.49	\$417.74	\$696.23
71271	\$196.35	\$294.52	\$490.87
71275	\$400.71	\$601.06	\$1,001.77
71550	\$471.33	\$707.00	\$1,178.33
71551	\$525.43	\$788.14	\$1,313.57
71552	\$661.67	\$992.50	\$1,654.17

HCP Fee Schedule & Billing Instructions

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Diagnostic Radiology	Professional Component	Technical Component	Total
71555	\$470.83	\$706.25	\$1,177.08
72020	\$34.06	\$51.09	\$85.15
72040	\$55.60	\$83.40	\$139.00
72050	\$75.13	\$112.70	\$187.83
72052	\$86.15	\$129.23	\$215.38
72070	\$46.08	\$69.12	\$115.20
72072	\$55.10	\$82.64	\$137.74
72074	\$62.61	\$93.92	\$156.53
72080	\$48.58	\$72.88	\$121.46
72081	\$60.11	\$90.16	\$150.27
72082	\$97.67	\$146.51	\$244.18
72083	\$111.20	\$166.79	\$277.99
72084	\$136.74	\$205.11	\$341.85
72100	\$55.60	\$83.40	\$139.00
72110	\$72.63	\$108.94	\$181.57
72114	\$85.65	\$128.48	\$214.13
72120	\$56.60	\$84.90	\$141.50
72125	\$185.33	\$277.99	\$463.32
72126	\$239.92	\$359.89	\$599.81
72127	\$278.99	\$418.49	\$697.48
72128	\$184.83	\$277.24	\$462.07
72129	\$242.43	\$363.64	\$606.07
72130	\$282.00	\$423.00	\$705.00
72131	\$184.32	\$276.49	\$460.81
72132	\$240.92	\$361.39	\$602.31
72133	\$279.49	\$419.24	\$698.73
72141	\$271.98	\$407.97	\$679.95
72142	\$391.19	\$586.79	\$977.98
72146	\$272.48	\$408.72	\$681.20
72147	\$386.68	\$580.03	\$966.71
72148	\$272.48	\$408.72	\$681.20
72149	\$384.18	\$576.27	\$960.45
72156	\$455.80	\$683.71	\$1,139.51
72157	\$456.81	\$685.21	\$1,142.02
72158	\$454.80	\$682.21	\$1,137.01
72159	\$481.85	\$722.78	\$1,204.63
72170	\$39.07	\$58.60	\$97.67
72190	\$58.60	\$87.91	\$146.51
72191	\$431.76	\$647.65	\$1,079.41
72192	\$189.84	\$284.75	\$474.59
72193	\$320.06	\$480.10	\$800.16
72194	\$353.12	\$529.69	\$882.81

HCP Fee Schedule & Billing Instructions

Effective January 01, 2026

Diagnostic Radiology	Professional Component	Technical Component	Total
72195	\$323.57	\$485.36	\$808.93
72196	\$381.17	\$571.76	\$952.93
72197	\$477.84	\$716.77	\$1,194.61
72198	\$478.34	\$717.52	\$1,195.86
72200	\$47.08	\$70.63	\$117.71
72202	\$55.10	\$82.64	\$137.74
72220	\$45.58	\$68.37	\$113.95
72240	\$156.28	\$234.41	\$390.69
72255	\$149.26	\$223.90	\$373.16
72265	\$151.77	\$227.65	\$379.42
72270	\$214.88	\$322.32	\$537.20
72285	\$185.83	\$278.74	\$464.57
72295	\$155.28	\$232.91	\$388.19
73000	\$45.58	\$68.37	\$113.95
73010	\$33.56	\$50.34	\$83.90
73020	\$30.55	\$45.83	\$76.38
73030	\$48.58	\$72.88	\$121.46
73040	\$179.32	\$268.97	\$448.29
73050	\$40.57	\$60.86	\$101.43
73060	\$44.58	\$66.87	\$111.45
73070	\$41.07	\$61.61	\$102.68
73080	\$45.58	\$68.37	\$113.95
73085	\$136.74	\$205.11	\$341.85
73090	\$41.07	\$61.61	\$102.68
73092	\$43.58	\$65.36	\$108.94
73100	\$47.08	\$70.63	\$117.71
73110	\$57.60	\$86.40	\$144.00
73115	\$181.82	\$272.73	\$454.55
73120	\$43.58	\$65.36	\$108.94
73130	\$52.09	\$78.14	\$130.23
73140	\$53.09	\$79.64	\$132.73
73200	\$227.90	\$341.86	\$569.76
73201	\$283.00	\$424.50	\$707.50
73202	\$347.11	\$520.67	\$867.78
73206	\$421.74	\$632.62	\$1,054.36
73218	\$424.25	\$636.37	\$1,060.62
73219	\$464.82	\$697.23	\$1,162.05
73220	\$577.52	\$866.28	\$1,443.80
73221	\$289.51	\$434.27	\$723.78
73222	\$438.78	\$658.16	\$1,096.94
73223	\$543.96	\$815.94	\$1,359.90
73225	\$460.31	\$690.47	\$1,150.78

HCP Fee Schedule & Billing Instructions

Effective January 01, 2026

Diagnostic Radiology	Professional Component	Technical Component	Total
73501	\$46.58	\$69.88	\$116.46
73502	\$66.12	\$99.17	\$165.29
73503	\$84.65	\$126.97	\$211.62
73521	\$57.60	\$86.40	\$144.00
73522	\$75.13	\$112.70	\$187.83
73523	\$86.65	\$129.98	\$216.63
73525	\$173.31	\$259.96	\$433.27
73551	\$41.57	\$62.36	\$103.93
73552	\$49.59	\$74.38	\$123.97
73560	\$47.58	\$71.38	\$118.96
73562	\$56.60	\$84.90	\$141.50
73564	\$65.62	\$98.42	\$164.04
73565	\$55.60	\$83.40	\$139.00
73580	\$150.77	\$226.15	\$376.92
73590	\$44.08	\$66.11	\$110.19
73592	\$43.58	\$65.36	\$108.94
73600	\$44.58	\$66.87	\$111.45
73610	\$50.59	\$75.88	\$126.47
73615	\$172.80	\$259.21	\$432.01
73620	\$39.57	\$59.35	\$98.92
73630	\$47.58	\$71.38	\$118.96
73650	\$39.57	\$59.35	\$98.92
73660	\$40.57	\$60.86	\$101.43
73700	\$184.83	\$277.24	\$462.07
73701	\$236.92	\$355.38	\$592.30
73702	\$276.49	\$414.73	\$691.22
73706	\$457.81	\$686.71	\$1,144.52
73718	\$315.06	\$472.58	\$787.64
73719	\$372.16	\$558.23	\$930.39
73720	\$477.84	\$716.77	\$1,194.61
73721	\$289.01	\$433.52	\$722.53
73722	\$440.78	\$661.17	\$1,101.95
73723	\$542.46	\$813.69	\$1,356.15
73725	\$476.34	\$714.51	\$1,190.85
74018	\$42.08	\$63.11	\$105.19
74019	\$51.59	\$77.39	\$128.98
74021	\$59.60	\$89.41	\$149.01
74022	\$70.12	\$105.19	\$175.31
74150	\$194.84	\$292.27	\$487.11
74160	\$326.08	\$489.11	\$815.19
74170	\$366.15	\$549.22	\$915.37
74174	\$538.45	\$807.68	\$1,346.13

HCP Fee Schedule & Billing Instructions

Effective January 01, 2026

Diagnostic Radiology	Professional Component	Technical Component	Total
74175	\$433.77	\$650.65	\$1,084.42
74176	\$263.46	\$395.20	\$658.66
74177	\$427.76	\$641.63	\$1,069.39
74178	\$478.84	\$718.27	\$1,197.11
74181	\$278.49	\$417.74	\$696.23
74182	\$427.26	\$640.88	\$1,068.14
74183	\$479.85	\$719.77	\$1,199.62
74185	\$476.34	\$714.51	\$1,190.85
74190	\$102.18	\$153.27	\$255.45
74210	\$129.73	\$194.59	\$324.32
74220	\$134.24	\$201.35	\$335.59
74221	\$151.27	\$226.90	\$378.17
74230	\$168.80	\$253.20	\$422.00
74235	\$226.40	\$339.60	\$566.00
74240	\$168.80	\$253.20	\$422.00
74246	\$190.84	\$286.25	\$477.09
74248	\$114.70	\$172.06	\$286.76
74250	\$168.30	\$252.44	\$420.74
74251	\$483.35	\$725.03	\$1,208.38
74261	\$581.53	\$872.29	\$1,453.82
74262	\$652.65	\$978.98	\$1,631.63
74263	\$995.76	\$1,493.64	\$2,489.40
74270	\$210.87	\$316.31	\$527.18
74280	\$300.03	\$450.04	\$750.07
74283	\$365.14	\$547.72	\$912.86
74290	\$115.70	\$173.56	\$289.26
74300	\$61.11	\$91.66	\$152.77
74301	\$56.10	\$84.15	\$140.25
74328	\$151.27	\$226.90	\$378.17
74329	\$146.76	\$220.14	\$366.90
74330	\$138.74	\$208.12	\$346.86
74340	\$186.83	\$280.25	\$467.08
74355	\$187.83	\$281.75	\$469.58
74360	\$219.39	\$329.08	\$548.47
74363	\$290.01	\$435.02	\$725.03
74400	\$183.32	\$274.99	\$458.31
74410	\$192.34	\$288.51	\$480.85
74415	\$206.86	\$310.30	\$517.16
74420	\$109.19	\$163.79	\$272.98
74425	\$184.83	\$277.24	\$462.07
74430	\$58.10	\$87.16	\$145.26
74440	\$132.23	\$198.35	\$330.58

HCP Fee Schedule & Billing Instructions

Effective January 01, 2026

Diagnostic Radiology	Professional Component	Technical Component	Total
74445	\$133.74	\$200.60	\$334.34
74450	\$93.66	\$140.50	\$234.16
74455	\$140.25	\$210.37	\$350.62
74470	\$98.17	\$147.26	\$245.43
74485	\$164.79	\$247.19	\$411.98
74712	\$581.53	\$872.29	\$1,453.82
74713	\$285.00	\$427.51	\$712.51
74740	\$125.22	\$187.83	\$313.05
74742	\$161.28	\$241.93	\$403.21
74775	\$133.74	\$200.60	\$334.34
75557	\$395.20	\$592.80	\$988.00
75559	\$526.93	\$790.40	\$1,317.33
75561	\$512.91	\$769.36	\$1,282.27
75563	\$596.55	\$894.83	\$1,491.38
75565	\$63.11	\$94.67	\$157.78
75571	\$142.75	\$214.13	\$356.88
75572	\$325.08	\$487.61	\$812.69
75573	\$438.28	\$657.41	\$1,095.69
75574	\$460.81	\$691.22	\$1,152.03
75580	\$1,184.09	\$1,776.14	\$2,960.23
75600	\$239.92	\$359.89	\$599.81
75605	\$171.30	\$256.96	\$428.26
75625	\$180.32	\$270.48	\$450.80
75630	\$224.90	\$337.34	\$562.24
75635	\$582.03	\$873.04	\$1,455.07
75705	\$366.65	\$549.97	\$916.62
75710	\$213.38	\$320.06	\$533.44
75716	\$233.41	\$350.12	\$583.53
75726	\$244.93	\$367.40	\$612.33
75731	\$216.88	\$325.33	\$542.21
75733	\$242.93	\$364.39	\$607.32
75736	\$203.86	\$305.79	\$509.65
75741	\$183.32	\$274.99	\$458.31
75743	\$210.87	\$316.31	\$527.18
75746	\$190.34	\$285.50	\$475.84
75756	\$228.90	\$343.36	\$572.26
75774	\$136.24	\$204.36	\$340.60
75801	\$350.62	\$525.93	\$876.55
75803	\$350.62	\$525.93	\$876.55
75805	\$357.13	\$535.70	\$892.83
75807	\$362.14	\$543.21	\$905.35
75809	\$113.20	\$169.80	\$283.00

HCP Fee Schedule & Billing Instructions

Effective January 01, 2026

Diagnostic Radiology	Professional Component	Technical Component	Total
75810	\$608.08	\$912.11	\$1,520.19
75820	\$150.77	\$226.15	\$376.92
75822	\$189.84	\$284.75	\$474.59
75825	\$162.79	\$244.18	\$406.97
75827	\$167.30	\$250.94	\$418.24
75831	\$169.80	\$254.70	\$424.50
75833	\$210.37	\$315.56	\$525.93
75840	\$180.82	\$271.23	\$452.05
75842	\$224.90	\$337.34	\$562.24
75860	\$179.32	\$268.97	\$448.29
75870	\$231.91	\$347.86	\$579.77
75872	\$180.82	\$271.23	\$452.05
75880	\$150.77	\$226.15	\$376.92
75885	\$195.84	\$293.77	\$489.61
75887	\$196.35	\$294.52	\$490.87
75889	\$174.81	\$262.21	\$437.02
75891	\$175.31	\$262.96	\$438.27
75893	\$146.76	\$220.14	\$366.90
75894	\$1,413.50	\$2,120.24	\$3,533.74
75898	\$196.35	\$294.52	\$490.87
75901	\$306.04	\$459.06	\$765.10
75902	\$118.71	\$178.06	\$296.77
75956	\$1,163.56	\$1,745.33	\$2,908.89
75957	\$1,102.95	\$1,654.42	\$2,757.37
75958	\$732.80	\$1,099.19	\$1,831.99
75959	\$657.66	\$986.49	\$1,644.15
75970	\$571.51	\$857.26	\$1,428.77
75984	\$133.24	\$199.85	\$333.09
75989	\$157.78	\$236.67	\$394.45
76000	\$60.61	\$90.91	\$151.52
76010	\$41.07	\$61.61	\$102.68
76014	\$15.03	\$22.54	\$37.57
76015	\$73.13	\$109.69	\$182.82
76016	\$103.68	\$155.53	\$259.21
76017	\$313.55	\$470.33	\$783.88
76018	\$160.78	\$241.18	\$401.96
76019	\$208.37	\$312.55	\$520.92
76080	\$85.15	\$127.73	\$212.88
76098	\$60.61	\$90.91	\$151.52
76100	\$123.22	\$184.82	\$308.04
76120	\$151.77	\$227.65	\$379.42
76125	\$60.61	\$90.91	\$151.52

HCP Fee Schedule & Billing Instructions

Effective January 01, 2026

Diagnostic Radiology	Professional Component	Technical Component	Total
76140	\$42.58	\$63.86	\$106.44
76145	\$1,350.38	\$2,025.58	\$3,375.96
76376	\$36.06	\$54.10	\$90.16
76377	\$112.70	\$169.05	\$281.75
76380	\$186.33	\$279.49	\$465.82
76390	\$709.25	\$1,063.88	\$1,773.13
76391	\$282.00	\$423.00	\$705.00
76496	BR	BR	BR
76497	BR	BR	BR
76498	BR	BR	BR
76499	BR	BR	BR

Diagnostic Ultrasound

76506	\$152.77	\$229.15	\$381.92
76510	\$95.67	\$143.50	\$239.17
76511	\$80.14	\$120.21	\$200.35
76512	\$68.12	\$102.18	\$170.30
76513	\$104.68	\$157.03	\$261.71
76514	\$16.53	\$24.79	\$41.32
76516	\$65.62	\$98.42	\$164.04
76519	\$95.67	\$143.50	\$239.17
76529	\$117.71	\$176.56	\$294.27
76536	\$152.27	\$228.40	\$380.67
76604	\$82.14	\$123.22	\$205.36
76641	\$143.25	\$214.88	\$358.13
76642	\$119.21	\$178.82	\$298.03
76700	\$161.78	\$242.68	\$404.46
76705	\$121.72	\$182.57	\$304.29
76706	\$148.76	\$223.15	\$371.91
76770	\$151.27	\$226.90	\$378.17
76775	\$86.15	\$129.23	\$215.38
76776	\$203.36	\$305.04	\$508.40
76800	\$254.45	\$381.67	\$636.12
76801	\$163.79	\$245.68	\$409.47
76802	\$85.65	\$128.48	\$214.13
76805	\$188.33	\$282.50	\$470.83
76810	\$122.72	\$184.07	\$306.79
76811	\$251.44	\$377.17	\$628.61
76812	\$266.97	\$400.46	\$667.43
76813	\$160.78	\$241.18	\$401.96
76814	\$105.18	\$157.78	\$262.96
76815	\$113.70	\$170.55	\$284.25

HCP Fee Schedule & Billing Instructions

Effective January 01, 2026

Diagnostic Radiology	Professional Component	Technical Component	Total
76816	\$152.27	\$228.40	\$380.67
76817	\$129.23	\$193.84	\$323.07
76818	\$167.30	\$250.94	\$418.24
76819	\$120.71	\$181.07	\$301.78
76820	\$62.61	\$93.92	\$156.53
76821	\$123.22	\$184.82	\$308.04
76825	\$357.63	\$536.45	\$894.08
76826	\$213.88	\$320.81	\$534.69
76827	\$96.67	\$145.01	\$241.68
76828	\$68.12	\$102.18	\$170.30
76830	\$164.29	\$246.44	\$410.73
76831	\$159.28	\$238.92	\$398.20
76856	\$146.76	\$220.14	\$366.90
76857	\$71.12	\$106.69	\$177.81
76870	\$139.75	\$209.62	\$349.37
76872	\$271.48	\$407.22	\$678.70
76873	\$246.44	\$369.65	\$616.09
76881	\$77.64	\$116.45	\$194.09
76882	\$91.66	\$137.49	\$229.15
76883	\$105.18	\$157.78	\$262.96
76885	\$187.33	\$281.00	\$468.33
76886	\$138.24	\$207.37	\$345.61
76932	\$133.74	\$200.60	\$334.34
76936	\$363.64	\$545.47	\$909.11
76937	\$54.10	\$81.14	\$135.24
76940	\$232.91	\$349.37	\$582.28
76941	\$167.30	\$250.94	\$418.24
76942	\$84.15	\$126.22	\$210.37
76945	\$123.22	\$184.82	\$308.04
76946	\$47.58	\$71.38	\$118.96
76948	\$112.20	\$168.30	\$280.50
76965	\$136.74	\$205.11	\$341.85
76975	\$138.74	\$208.12	\$346.86
76977	\$10.52	\$15.78	\$26.30
76978	\$273.48	\$410.23	\$683.71
76979	\$172.80	\$259.21	\$432.01
76981	\$147.76	\$221.64	\$369.40
76982	\$129.23	\$193.84	\$323.07
76983	\$83.65	\$125.47	\$209.12
76984	\$102.68	\$154.02	\$256.70
76987	\$314.06	\$471.08	\$785.14
76988	\$198.35	\$297.53	\$495.88

HCP Fee Schedule & Billing Instructions

Effective January 01, 2026

Diagnostic Radiology	Professional Component	Technical Component	Total
76989	\$118.21	\$177.31	\$295.52
76998	\$153.27	\$229.91	\$383.18
76999	BR	BR	BR

Radiologic Guidance

77001	\$134.74	\$202.11	\$336.85
77002	\$158.28	\$237.42	\$395.70
77003	\$143.25	\$214.88	\$358.13
77011	\$304.04	\$456.05	\$760.09
77012	\$179.82	\$269.72	\$449.54
77013	\$711.76	\$1,067.63	\$1,779.39
77014	\$167.30	\$250.94	\$418.24
77021	\$575.02	\$862.52	\$1,437.54
77022	\$899.09	\$1,348.63	\$2,247.72

Breast Mammography

77046	\$301.03	\$451.55	\$752.58
77047	\$311.05	\$466.57	\$777.62
77048	\$476.34	\$714.51	\$1,190.85
77049	\$486.36	\$729.54	\$1,215.90
77053	\$75.13	\$112.70	\$187.83
77054	\$97.17	\$145.76	\$242.93
77061	\$85.65	\$128.48	\$214.13
77062	\$90.66	\$135.99	\$226.65
77063	\$74.63	\$111.95	\$186.58
77065	\$175.81	\$263.72	\$439.53
77066	\$221.39	\$332.09	\$553.48
77067	\$179.32	\$268.97	\$448.29

Bone/Joint Studies

77071	\$76.64	\$114.95	\$191.59
77072	\$36.06	\$54.10	\$90.16
77073	\$63.61	\$95.42	\$159.03
77074	\$91.66	\$137.49	\$229.15
77075	\$138.24	\$207.37	\$345.61
77076	\$149.76	\$224.65	\$374.41
77077	\$65.12	\$97.67	\$162.79
77078	\$137.74	\$206.62	\$344.36
77080	\$55.10	\$82.64	\$137.74
77081	\$45.08	\$67.62	\$112.70
77084	\$445.29	\$667.93	\$1,113.22
77085	\$75.63	\$113.45	\$189.08

Diagnostic Radiology	Professional Component	Technical Component	Total
77086	\$48.08	\$72.13	\$120.21
77089	\$56.10	\$84.15	\$140.25
77090	\$4.01	\$6.01	\$10.02
77091	\$37.57	\$56.35	\$93.92
77092	\$14.02	\$21.04	\$35.06

Radiation Oncology

77261	\$103.18	\$154.78	\$257.96
77262	\$160.28	\$240.43	\$400.71
77263	\$249.44	\$374.16	\$623.60
77280	\$369.65	\$554.48	\$924.13
77285	\$612.58	\$918.88	\$1,531.46
77290	\$609.58	\$914.36	\$1,523.94
77293	\$559.99	\$839.98	\$1,399.97
77295	\$686.71	\$1,030.07	\$1,716.78
77299	BR	BR	BR
77300	\$95.17	\$142.75	\$237.92
77301	\$2,574.05	\$3,861.07	\$6,435.12
77306	\$211.88	\$317.81	\$529.69
77307	\$414.23	\$621.35	\$1,035.58
77316	\$346.11	\$519.17	\$865.28
77317	\$455.30	\$682.96	\$1,138.26
77318	\$649.15	\$973.72	\$1,622.87
77321	\$135.24	\$202.86	\$338.10
77331	\$94.17	\$141.25	\$235.42
77332	\$58.60	\$87.91	\$146.51
77333	\$190.84	\$286.25	\$477.09
77334	\$178.82	\$268.22	\$447.04
77336	\$125.72	\$188.59	\$314.31
77338	\$672.19	\$1,008.28	\$1,680.47
77370	\$206.86	\$310.30	\$517.16
77371	\$3,236.72	\$4,855.07	\$8,091.79
77372	\$1,273.75	\$1,910.62	\$3,184.37
77373	\$1,338.36	\$2,007.55	\$3,345.91
77385	\$991.75	\$1,487.63	\$2,479.38
77386	\$993.26	\$1,489.88	\$2,483.14
77387	\$135.74	\$203.61	\$339.35
77399	BR	BR	BR
77401	\$56.10	\$84.15	\$140.25
77402	\$124.72	\$187.08	\$311.80
77407	BR	BR	BR
77412	\$251.94	\$377.92	\$629.86

HCP Fee Schedule & Billing Instructions

Effective January 01, 2026

Diagnostic Radiology	Professional Component	Technical Component	Total
77417	\$22.54	\$33.81	\$56.35
77423	BR	BR	BR
77424	BR	BR	BR
77425	BR	BR	BR
77427	\$283.50	\$425.25	\$708.75
77431	\$159.78	\$239.68	\$399.46
77432	\$630.61	\$945.92	\$1,576.53
77435	\$951.68	\$1,427.52	\$2,379.20
77469	\$475.34	\$713.01	\$1,188.35
77470	\$210.87	\$316.31	\$527.18
77499	BR	BR	BR
77520	\$1,814.70	\$2,722.06	\$4,536.76
77522	\$1,495.64	\$2,243.46	\$3,739.10
77523	\$1,591.81	\$2,387.72	\$3,979.53
77525	\$2,630.14	\$3,945.22	\$6,575.36
77600	\$749.82	\$1,124.74	\$1,874.56
77605	\$1,296.29	\$1,944.43	\$3,240.72
77610	\$926.64	\$1,389.95	\$2,316.59
77615	\$1,462.08	\$2,193.13	\$3,655.21
77620	\$873.04	\$1,309.57	\$2,182.61
77750	\$571.01	\$856.51	\$1,427.52
77761	\$603.57	\$905.35	\$1,508.92
77762	\$796.91	\$1,195.36	\$1,992.27
77763	\$1,135.00	\$1,702.51	\$2,837.51
77767	\$348.12	\$522.17	\$870.29
77768	\$510.40	\$765.60	\$1,276.00
77770	\$487.86	\$731.79	\$1,219.65
77771	\$856.51	\$1,284.77	\$2,141.28
77772	\$1,278.26	\$1,917.38	\$3,195.64
77778	\$1,323.84	\$1,985.76	\$3,309.60
77789	\$188.33	\$282.50	\$470.83
77790	\$26.05	\$39.07	\$65.12
77799	BR	BR	BR

Nuclear Medicine

78012	\$111.70	\$167.54	\$279.24
78013	\$232.41	\$348.62	\$581.03
78014	\$294.52	\$441.78	\$736.30
78015	\$289.01	\$433.52	\$722.53
78016	\$343.11	\$514.66	\$857.77
78018	\$386.18	\$579.28	\$965.46
78020	\$111.20	\$166.79	\$277.99

HCP Fee Schedule & Billing Instructions

Effective January 01, 2026

Diagnostic Radiology	Professional Component	Technical Component	Total
78070	\$365.64	\$548.47	\$914.11
78071	\$435.27	\$652.90	\$1,088.17
78072	\$539.45	\$809.18	\$1,348.63
78075	\$545.96	\$818.95	\$1,364.91
78099	BR	BR	BR
78102	\$220.39	\$330.58	\$550.97
78103	\$234.42	\$351.62	\$586.04
78104	\$311.05	\$466.57	\$777.62
78110	\$96.67	\$145.01	\$241.68
78111	\$126.72	\$190.09	\$316.81
78120	\$99.18	\$148.76	\$247.94
78121	\$130.73	\$196.10	\$326.83
78122	\$138.24	\$207.37	\$345.61
78130	\$173.31	\$259.96	\$433.27
78140	\$152.77	\$229.15	\$381.92
78185	\$211.37	\$317.06	\$528.43
78191	\$173.31	\$259.96	\$433.27
78195	\$439.28	\$658.91	\$1,098.19
78199	BR	BR	BR
78201	\$241.43	\$362.14	\$603.57
78202	\$268.48	\$402.71	\$671.19
78215	\$248.44	\$372.66	\$621.10
78216	\$188.83	\$283.25	\$472.08
78226	\$400.21	\$600.31	\$1,000.52
78227	\$536.45	\$804.67	\$1,341.12
78230	\$223.90	\$335.84	\$559.74
78231	\$144.76	\$217.13	\$361.89
78232	\$142.25	\$213.38	\$355.63
78258	\$271.98	\$407.97	\$679.95
78261	\$251.44	\$377.17	\$628.61
78262	\$308.04	\$462.07	\$770.11
78264	\$408.72	\$613.08	\$1,021.80
78265	\$486.86	\$730.29	\$1,217.15
78266	\$547.47	\$821.20	\$1,368.67
78267	\$17.03	\$25.55	\$42.58
78268	\$146.26	\$219.39	\$365.65
78278	\$431.76	\$647.65	\$1,079.41
78282	\$123.72	\$185.58	\$309.30
78290	\$406.72	\$610.08	\$1,016.80
78291	\$330.08	\$495.13	\$825.21
78299	BR	BR	BR
78300	\$280.00	\$419.99	\$699.99

HCP Fee Schedule & Billing Instructions

Effective January 01, 2026

Diagnostic Radiology	Professional Component	Technical Component	Total
78305	\$342.10	\$513.16	\$855.26
78306	\$365.14	\$547.72	\$912.86
78315	\$428.76	\$643.13	\$1,071.89
78350	\$45.08	\$67.62	\$112.70
78351	\$21.54	\$32.31	\$53.85
78399	BR	BR	BR
78414	\$192.34	\$288.51	\$480.85
78428	\$237.42	\$356.13	\$593.55
78429	\$1,133.00	\$1,699.50	\$2,832.50
78430	\$1,036.83	\$1,555.25	\$2,592.08
78431	\$1,751.60	\$2,627.39	\$4,378.99
78432	BR	BR	BR
78433	\$3,139.04	\$4,708.57	\$7,847.61
78434	\$169.80	\$254.70	\$424.50
78445	\$236.92	\$355.38	\$592.30
78451	\$424.75	\$637.13	\$1,061.88
78452	\$584.03	\$876.05	\$1,460.08
78453	\$365.64	\$548.47	\$914.11
78454	\$540.46	\$810.68	\$1,351.14
78456	\$389.19	\$583.78	\$972.97
78457	\$218.89	\$328.33	\$547.22
78458	\$264.97	\$397.45	\$662.42
78459	\$2,505.42	\$3,758.14	\$6,263.56
78466	\$221.89	\$332.84	\$554.73
78468	\$251.94	\$377.92	\$629.86
78469	\$283.50	\$425.25	\$708.75
78472	\$287.01	\$430.51	\$717.52
78473	\$365.64	\$548.47	\$914.11
78481	\$224.90	\$337.34	\$562.24
78483	\$305.04	\$457.56	\$762.60
78491	\$1,097.44	\$1,646.16	\$2,743.60
78492	\$1,904.36	\$2,856.55	\$4,760.91
78494	\$291.52	\$437.27	\$728.79
78496	\$59.10	\$88.66	\$147.76
78499	BR	BR	BR
78579	\$232.91	\$349.37	\$582.28
78580	\$295.02	\$442.53	\$737.55
78582	\$410.22	\$615.34	\$1,025.56
78597	\$251.44	\$377.17	\$628.61
78598	\$371.66	\$557.48	\$929.14
78599	BR	BR	BR
78600	\$229.91	\$344.86	\$574.77

HCP Fee Schedule & Billing Instructions

Effective January 01, 2026

Diagnostic Radiology	Professional Component	Technical Component	Total
78601	\$270.98	\$406.47	\$677.45
78605	\$253.45	\$380.17	\$633.62
78606	\$406.72	\$610.08	\$1,016.80
78608	\$2,355.16	\$3,532.74	\$5,887.90
78609	\$103.68	\$155.53	\$259.21
78610	\$219.89	\$329.83	\$549.72
78630	\$415.23	\$622.85	\$1,038.08
78635	\$415.74	\$623.60	\$1,039.34
78645	\$399.20	\$598.81	\$998.01
78650	\$334.09	\$501.14	\$835.23
78660	\$182.32	\$273.49	\$455.81
78699	BR	BR	BR
78700	\$216.38	\$324.58	\$540.96
78701	\$283.00	\$424.50	\$707.50
78707	\$295.02	\$442.53	\$737.55
78708	\$246.44	\$369.65	\$616.09
78709	\$459.81	\$689.72	\$1,149.53
78725	\$135.24	\$202.86	\$338.10
78730	\$90.66	\$135.99	\$226.65
78740	\$288.51	\$432.76	\$721.27
78761	\$269.98	\$404.96	\$674.94
78799	BR	BR	BR
78800	\$315.06	\$472.58	\$787.64
78801	\$337.10	\$505.64	\$842.74
78802	\$380.17	\$570.26	\$950.43
78803	\$467.32	\$700.99	\$1,168.31
78804	\$783.38	\$1,175.08	\$1,958.46
78808	\$55.60	\$83.40	\$139.00
78811	\$2,436.30	\$3,654.46	\$6,090.76
78812	\$3,059.40	\$4,589.11	\$7,648.51
78813	\$3,117.51	\$4,676.26	\$7,793.77
78814	\$3,475.14	\$5,212.71	\$8,687.85
78815	\$3,890.87	\$5,836.31	\$9,727.18
78816	\$3,913.91	\$5,870.87	\$9,784.78
78830	\$588.04	\$882.06	\$1,470.10
78831	\$872.04	\$1,308.06	\$2,180.10
78832	\$1,105.45	\$1,658.18	\$2,763.63
78835	\$123.22	\$184.82	\$308.04
78999	BR	BR	BR
79005	\$193.34	\$290.01	\$483.35
79101	\$208.37	\$312.55	\$520.92
79200	\$188.33	\$282.50	\$470.83

Diagnostic Radiology	Professional Component	Technical Component	Total
79300	\$316.06	\$474.09	\$790.15
79403	\$243.43	\$365.15	\$608.58
79440	\$170.30	\$255.45	\$425.75
79445	\$284.00	\$426.00	\$710.00
79999	BR	BR	BR

PATHOLOGY AND LABORATORY

Organ or Disease-Oriented Panels

80047	\$10.01	\$15.01	\$25.02
80048	\$6.20	\$9.29	\$15.49
80050	\$108.90	\$163.36	\$272.26
80051	\$5.24	\$7.87	\$13.11
80053	\$7.86	\$11.80	\$19.66
80055	\$35.27	\$52.90	\$88.17
80061	\$9.77	\$14.66	\$24.43
80069	\$6.44	\$9.65	\$16.09
80074	\$35.03	\$52.55	\$87.58
80076	\$5.96	\$8.93	\$14.89
80081	\$55.05	\$82.57	\$137.62

Therapeutic Drug Assays

80143	\$13.82	\$20.73	\$34.55
80145	\$28.36	\$42.53	\$70.89
80150	\$11.20	\$16.80	\$28.00
80151	\$13.82	\$20.73	\$34.55
80155	\$28.36	\$42.53	\$70.89
80156	\$10.72	\$16.09	\$26.81
80157	\$9.77	\$14.66	\$24.43
80158	\$13.34	\$20.02	\$33.36
80159	\$14.78	\$22.16	\$36.94
80161	\$13.82	\$20.73	\$34.55
80162	\$9.77	\$14.66	\$24.43
80163	\$9.77	\$14.66	\$24.43
80164	\$10.01	\$15.01	\$25.02
80165	\$10.01	\$15.01	\$25.02
80167	\$13.82	\$20.73	\$34.55
80168	\$12.15	\$18.23	\$30.38
80169	\$10.01	\$15.01	\$25.02
80170	\$12.15	\$18.23	\$30.38
80171	\$15.97	\$23.95	\$39.92
80173	\$11.68	\$17.51	\$29.19
80175	\$9.77	\$14.66	\$24.43

HCP Fee Schedule & Billing Instructions

Effective January 01, 2026

Diagnostic Radiology	Professional Component	Technical Component	Total
80176	\$10.72	\$16.09	\$26.81
80177	\$9.77	\$14.66	\$24.43
80178	\$4.77	\$7.15	\$11.92
80179	\$13.82	\$20.73	\$34.55
80180	\$13.34	\$20.02	\$33.36
80181	\$13.82	\$20.73	\$34.55
80183	\$9.77	\$14.66	\$24.43
80184	\$11.20	\$16.80	\$28.00
80185	\$9.77	\$14.66	\$24.43
80186	\$10.25	\$15.37	\$25.62
80187	\$20.02	\$30.02	\$50.04
80188	\$12.15	\$18.23	\$30.38
80189	\$20.02	\$30.02	\$50.04
80190	\$44.08	\$66.13	\$110.21
80192	\$12.39	\$18.59	\$30.98
80193	\$28.36	\$42.53	\$70.89
80194	\$10.72	\$16.09	\$26.81
80195	\$10.01	\$15.01	\$25.02
80197	\$10.01	\$15.01	\$25.02
80198	\$10.48	\$15.73	\$26.21
80199	\$20.02	\$30.02	\$50.04
80200	\$11.92	\$17.87	\$29.79
80201	\$8.82	\$13.22	\$22.04
80202	\$10.01	\$15.01	\$25.02
80203	\$9.77	\$14.66	\$24.43
80204	\$28.36	\$42.53	\$70.89
80210	\$20.02	\$30.02	\$50.04
80220	\$13.82	\$20.73	\$34.55
80230	\$28.36	\$42.53	\$70.89
80235	\$20.02	\$30.02	\$50.04
80280	\$28.36	\$42.53	\$70.89
80285	\$20.02	\$30.02	\$50.04
80299	\$13.82	\$20.73	\$34.55

Drug Assay

80305	\$9.29	\$13.94	\$23.23
80306	\$12.63	\$18.94	\$31.57
80307	\$45.75	\$68.63	\$114.38
80320	\$16.68	\$25.02	\$41.70
80321	\$32.88	\$49.33	\$82.21
80322	\$90.08	\$135.11	\$225.19
80323	\$62.67	\$94.01	\$156.68

HCP Fee Schedule & Billing Instructions

Effective January 01, 2026

Diagnostic Radiology	Professional Component	Technical Component	Total
80324	\$30.50	\$45.76	\$76.26
80325	\$43.85	\$65.77	\$109.62
80326	\$9.29	\$13.94	\$23.23
80327	\$71.73	\$107.59	\$179.32
80328	BR	BR	BR
80329	\$41.23	\$61.84	\$103.07
80330	\$3.34	\$5.00	\$8.34
80331	\$5.48	\$8.22	\$13.70
80332	\$30.50	\$45.76	\$76.26
80333	\$32.88	\$49.33	\$82.21
80334	\$8.58	\$12.87	\$21.45
80335	\$38.13	\$57.19	\$95.32
80336	\$24.31	\$36.46	\$60.77
80337	\$23.83	\$35.75	\$59.58
80338	\$32.88	\$49.33	\$82.21
80339	\$37.18	\$55.76	\$92.94
80340	\$8.34	\$12.51	\$20.85
80341	\$7.62	\$11.44	\$19.06
80342	\$12.39	\$18.59	\$30.98
80343	\$81.02	\$121.54	\$202.56
80344	\$7.86	\$11.80	\$19.66
80345	\$24.78	\$37.18	\$61.96
80346	\$32.65	\$48.97	\$81.62
80347	\$20.02	\$30.02	\$50.04
80348	\$27.64	\$41.47	\$69.11
80349	\$32.88	\$49.33	\$82.21
80350	\$27.40	\$41.11	\$68.51
80351	\$24.31	\$36.46	\$60.77
80352	\$94.84	\$142.27	\$237.11
80353	\$23.12	\$34.67	\$57.79
80354	\$27.64	\$41.47	\$69.11
80355	\$27.40	\$41.11	\$68.51
80356	\$35.98	\$53.98	\$89.96
80357	\$40.75	\$61.12	\$101.87
80358	\$25.98	\$38.96	\$64.94
80359	\$27.40	\$41.11	\$68.51
80360	\$34.08	\$51.11	\$85.19
80361	\$32.88	\$49.33	\$82.21
80362	\$25.26	\$37.89	\$63.15
80363	\$84.36	\$126.54	\$210.90
80364	\$23.35	\$35.03	\$58.38
80365	\$27.40	\$41.11	\$68.51

Diagnostic Radiology	Professional Component	Technical Component	Total
80366	\$27.40	\$41.11	\$68.51
80367	\$23.12	\$34.67	\$57.79
80368	\$23.35	\$35.03	\$58.38
80369	\$55.28	\$82.93	\$138.21
80370	\$16.68	\$25.02	\$41.70
80371	\$23.35	\$35.03	\$58.38
80372	\$33.84	\$50.76	\$84.60
80373	\$27.64	\$41.47	\$69.11
80374	\$6.44	\$9.65	\$16.09
80375	\$45.99	\$68.99	\$114.98
80376	\$35.74	\$53.62	\$89.36
80377	\$62.67	\$94.01	\$156.68

Evocative/Suppression Testing

80400	\$24.07	\$36.10	\$60.17
80402	\$64.10	\$96.16	\$160.26
80406	\$57.67	\$86.50	\$144.17
80408	\$92.46	\$138.69	\$231.15
80410	\$59.10	\$88.65	\$147.75
80412	\$590.51	\$885.77	\$1,476.28
80414	\$38.13	\$57.19	\$95.32
80415	\$41.23	\$61.84	\$103.07
80416	\$154.18	\$231.27	\$385.45
80417	\$32.41	\$48.61	\$81.02
80418	\$426.80	\$640.19	\$1,066.99
80420	\$119.15	\$178.73	\$297.88
80422	\$33.84	\$50.76	\$84.60
80424	\$37.18	\$55.76	\$92.94
80426	\$109.38	\$164.07	\$273.45
80428	\$49.09	\$73.64	\$122.73
80430	\$95.32	\$142.98	\$238.30
80432	\$122.01	\$183.02	\$305.03
80434	\$209.94	\$314.92	\$524.86
80435	\$75.78	\$113.67	\$189.45
80436	\$67.20	\$100.80	\$168.00
80438	\$37.18	\$55.76	\$92.94
80439	\$49.57	\$74.35	\$123.92

Pathology Clinical Consultations

80503	\$18.59	\$27.88	\$46.47
80504	\$36.22	\$54.33	\$90.55
80505	\$66.49	\$99.73	\$166.22

Diagnostic Radiology	Professional Component	Technical Component	Total
80506	\$29.31	\$43.97	\$73.28
Urinalysis			
81000	\$2.86	\$4.29	\$7.15
81001	\$2.38	\$3.58	\$5.96
81002	\$2.62	\$3.93	\$6.55
81003	\$1.67	\$2.50	\$4.17
81005	\$1.67	\$2.50	\$4.17
81007	\$22.16	\$33.25	\$55.41
81015	\$2.14	\$3.22	\$5.36
81020	\$3.58	\$5.36	\$8.94
81025	\$6.44	\$9.65	\$16.09
81050	\$2.62	\$3.93	\$6.55
81099	BR	BR	BR
Molecular Pathology			
81105	\$90.08	\$135.11	\$225.19
81106	\$90.08	\$135.11	\$225.19
81107	\$90.08	\$135.11	\$225.19
81108	\$90.08	\$135.11	\$225.19
81109	\$90.08	\$135.11	\$225.19
81110	\$90.08	\$135.11	\$225.19
81111	\$90.08	\$135.11	\$225.19
81112	\$90.08	\$135.11	\$225.19
81120	\$142.26	\$213.40	\$355.66
81121	\$217.81	\$326.71	\$544.52
81161	\$205.66	\$308.48	\$514.14
81162	\$1,344.50	\$2,016.74	\$3,361.24
81163	\$344.82	\$517.24	\$862.06
81164	\$430.37	\$645.56	\$1,075.93
81165	\$208.51	\$312.77	\$521.28
81166	\$222.10	\$333.14	\$555.24
81167	\$208.51	\$312.77	\$521.28
81168	\$152.75	\$229.13	\$381.88
81170	\$220.90	\$331.36	\$552.26
81171	\$101.04	\$151.56	\$252.60
81172	\$202.56	\$303.83	\$506.39
81173	\$222.10	\$333.14	\$555.24
81174	\$136.55	\$204.82	\$341.37
81175	\$498.29	\$747.43	\$1,245.72
81176	\$178.25	\$267.37	\$445.62
81177	\$101.04	\$151.56	\$252.60

HCP Fee Schedule & Billing Instructions

Effective January 01, 2026

Diagnostic Radiology	Professional Component	Technical Component	Total
81178	\$101.04	\$151.56	\$252.60
81179	\$101.04	\$151.56	\$252.60
81180	\$101.04	\$151.56	\$252.60
81181	\$101.04	\$151.56	\$252.60
81182	\$101.04	\$151.56	\$252.60
81183	\$101.04	\$151.56	\$252.60
81184	\$101.04	\$151.56	\$252.60
81185	\$623.40	\$935.09	\$1,558.49
81186	\$136.55	\$204.82	\$341.37
81187	\$101.04	\$151.56	\$252.60
81188	\$101.04	\$151.56	\$252.60
81189	\$202.56	\$303.83	\$506.39
81190	\$136.55	\$204.82	\$341.37
81191	\$152.75	\$229.13	\$381.88
81192	\$152.75	\$229.13	\$381.88
81193	\$152.75	\$229.13	\$381.88
81194	\$381.76	\$572.64	\$954.40
81195	\$930.80	\$1,396.21	\$2,327.01
81200	\$34.79	\$52.19	\$86.98
81201	\$574.54	\$861.82	\$1,436.36
81202	\$206.37	\$309.55	\$515.92
81203	\$147.27	\$220.91	\$368.18
81204	\$101.04	\$151.56	\$252.60
81205	\$70.06	\$105.09	\$175.15
81206	\$120.82	\$181.23	\$302.05
81207	\$106.76	\$160.14	\$266.90
81208	\$158.23	\$237.35	\$395.58
81209	\$29.07	\$43.61	\$72.68
81210	\$129.16	\$193.74	\$322.90
81212	\$324.09	\$486.13	\$810.22
81215	\$276.43	\$414.64	\$691.07
81216	\$136.31	\$204.46	\$340.77
81217	\$276.43	\$414.64	\$691.07
81218	\$178.25	\$267.37	\$445.62
81219	\$89.60	\$134.40	\$224.00
81220	\$410.12	\$615.17	\$1,025.29
81221	\$71.73	\$107.59	\$179.32
81222	\$320.52	\$480.77	\$801.29
81223	\$367.70	\$551.55	\$919.25
81224	\$124.39	\$186.59	\$310.98
81225	\$214.71	\$322.06	\$536.77
81226	\$332.19	\$498.29	\$830.48

HCP Fee Schedule & Billing Instructions

Effective January 01, 2026

Diagnostic Radiology	Professional Component	Technical Component	Total
81227	\$128.68	\$193.03	\$321.71
81228	\$662.96	\$994.43	\$1,657.39
81229	\$854.55	\$1,281.82	\$2,136.37
81230	\$128.68	\$193.03	\$321.71
81231	\$128.68	\$193.03	\$321.71
81232	\$128.68	\$193.03	\$321.71
81233	\$129.16	\$193.74	\$322.90
81234	\$101.04	\$151.56	\$252.60
81235	\$239.02	\$358.52	\$597.54
81236	\$208.51	\$312.77	\$521.28
81237	\$129.16	\$193.74	\$322.90
81238	\$442.05	\$663.07	\$1,105.12
81239	\$202.56	\$303.83	\$506.39
81240	\$48.38	\$72.56	\$120.94
81241	\$54.10	\$81.14	\$135.24
81242	\$26.93	\$40.39	\$67.32
81243	\$41.94	\$62.91	\$104.85
81244	\$33.12	\$49.69	\$82.81
81245	\$122.01	\$183.02	\$305.03
81246	\$61.24	\$91.87	\$153.11
81247	\$128.68	\$193.03	\$321.71
81248	\$276.43	\$414.64	\$691.07
81249	\$442.05	\$663.07	\$1,105.12
81250	\$43.13	\$64.70	\$107.83
81251	\$34.79	\$52.19	\$86.98
81252	\$74.59	\$111.88	\$186.47
81253	\$45.28	\$67.91	\$113.19
81254	\$25.74	\$38.60	\$64.34
81255	\$37.89	\$56.83	\$94.72
81256	\$48.14	\$72.20	\$120.34
81257	\$75.30	\$112.96	\$188.26
81258	\$276.43	\$414.64	\$691.07
81259	\$442.05	\$663.07	\$1,105.12
81260	\$29.07	\$43.61	\$72.68
81261	\$145.84	\$218.76	\$364.60
81262	\$50.52	\$75.78	\$126.30
81263	\$217.09	\$325.64	\$542.73
81264	\$127.25	\$190.88	\$318.13
81265	\$171.82	\$257.72	\$429.54
81266	\$224.48	\$336.72	\$561.20
81267	\$152.75	\$229.13	\$381.88
81268	\$192.07	\$288.11	\$480.18

HCP Fee Schedule & Billing Instructions

Effective January 01, 2026

Diagnostic Radiology	Professional Component	Technical Component	Total
81269	\$149.18	\$223.76	\$372.94
81270	\$67.44	\$101.16	\$168.60
81271	\$101.04	\$151.56	\$252.60
81272	\$242.83	\$364.24	\$607.07
81273	\$91.98	\$137.98	\$229.96
81274	\$202.56	\$303.83	\$506.39
81275	\$142.26	\$213.40	\$355.66
81276	\$142.26	\$213.40	\$355.66
81277	\$854.55	\$1,281.82	\$2,136.37
81278	\$152.75	\$229.13	\$381.88
81279	\$136.55	\$204.82	\$341.37
81283	\$54.10	\$81.14	\$135.24
81284	\$101.04	\$151.56	\$252.60
81285	\$202.56	\$303.83	\$506.39
81286	\$202.56	\$303.83	\$506.39
81287	\$91.75	\$137.62	\$229.37
81288	\$141.79	\$212.68	\$354.47
81289	\$136.55	\$204.82	\$341.37
81290	\$29.07	\$43.61	\$72.68
81291	\$48.14	\$72.20	\$120.34
81292	\$497.57	\$746.36	\$1,243.93
81293	\$243.78	\$365.68	\$609.46
81294	\$149.18	\$223.76	\$372.94
81295	\$281.20	\$421.79	\$702.99
81296	\$248.79	\$373.18	\$621.97
81297	\$157.04	\$235.56	\$392.60
81298	\$472.79	\$709.18	\$1,181.97
81299	\$226.86	\$340.30	\$567.16
81300	\$175.39	\$263.08	\$438.47
81301	\$256.89	\$385.33	\$642.22
81302	\$388.91	\$583.36	\$972.27
81303	\$88.41	\$132.61	\$221.02
81304	\$110.57	\$165.86	\$276.43
81305	\$129.16	\$193.74	\$322.90
81306	\$214.71	\$322.06	\$536.77
81307	\$498.29	\$747.43	\$1,245.72
81308	\$222.10	\$333.14	\$555.24
81309	\$202.56	\$303.83	\$506.39
81310	\$181.58	\$272.38	\$453.96
81311	\$217.81	\$326.71	\$544.52
81312	\$101.04	\$151.56	\$252.60
81313	\$187.78	\$281.67	\$469.45

HCP Fee Schedule & Billing Instructions

Effective January 01, 2026

Diagnostic Radiology	Professional Component	Technical Component	Total
81314	\$242.83	\$364.24	\$607.07
81315	\$152.75	\$229.13	\$381.88
81316	\$152.75	\$229.13	\$381.88
81317	\$498.29	\$747.43	\$1,245.72
81318	\$243.78	\$365.68	\$609.46
81319	\$149.89	\$224.84	\$374.73
81320	\$214.71	\$322.06	\$536.77
81321	\$442.05	\$663.07	\$1,105.12
81322	\$34.32	\$51.47	\$85.79
81323	\$220.90	\$331.36	\$552.26
81324	\$558.58	\$837.87	\$1,396.45
81325	\$566.92	\$850.38	\$1,417.30
81326	\$34.32	\$51.47	\$85.79
81327	\$141.55	\$212.33	\$353.88
81328	\$128.68	\$193.03	\$321.71
81329	\$101.04	\$151.56	\$252.60
81330	\$34.55	\$51.83	\$86.38
81331	\$37.65	\$56.48	\$94.13
81332	\$32.17	\$48.26	\$80.43
81333	\$101.04	\$151.56	\$252.60
81334	\$242.83	\$364.24	\$607.07
81335	\$128.68	\$193.03	\$321.71
81336	\$222.10	\$333.14	\$555.24
81337	\$136.55	\$204.82	\$341.37
81338	\$110.81	\$166.22	\$277.03
81339	\$136.55	\$204.82	\$341.37
81340	\$153.94	\$230.92	\$384.86
81341	\$36.46	\$54.69	\$91.15
81342	\$148.46	\$222.69	\$371.15
81343	\$101.04	\$151.56	\$252.60
81344	\$101.04	\$151.56	\$252.60
81345	\$136.55	\$204.82	\$341.37
81346	\$128.68	\$193.03	\$321.71
81347	\$142.26	\$213.40	\$355.66
81348	\$129.16	\$193.74	\$322.90
81349	\$882.43	\$1,323.64	\$2,206.07
81350	\$172.29	\$258.44	\$430.73
81351	\$472.79	\$709.18	\$1,181.97
81352	\$242.83	\$364.24	\$607.07
81353	\$226.86	\$340.30	\$567.16
81355	\$65.06	\$97.58	\$162.64
81357	\$142.26	\$213.40	\$355.66

HCP Fee Schedule & Billing Instructions

Effective January 01, 2026

Diagnostic Radiology	Professional Component	Technical Component	Total
81360	\$142.26	\$213.40	\$355.66
81361	\$128.68	\$193.03	\$321.71
81362	\$276.43	\$414.64	\$691.07
81363	\$149.18	\$223.76	\$372.94
81364	\$239.02	\$358.52	\$597.54
81370	\$296.21	\$444.31	\$740.52
81371	\$298.12	\$447.17	\$745.29
81372	\$297.40	\$446.10	\$743.50
81373	\$93.89	\$140.84	\$234.73
81374	\$54.81	\$82.21	\$137.02
81375	\$162.52	\$243.78	\$406.30
81376	\$90.08	\$135.11	\$225.19
81377	\$69.82	\$104.74	\$174.56
81378	\$254.50	\$381.76	\$636.26
81379	\$247.12	\$370.68	\$617.80
81380	\$130.59	\$195.88	\$326.47
81381	\$125.11	\$187.66	\$312.77
81382	\$91.03	\$136.55	\$227.58
81383	\$80.31	\$120.46	\$200.77
81400	\$47.18	\$70.78	\$117.96
81401	\$101.04	\$151.56	\$252.60
81402	\$110.81	\$166.22	\$277.03
81403	\$136.55	\$204.82	\$341.37
81404	\$202.56	\$303.83	\$506.39
81405	\$222.10	\$333.14	\$555.24
81406	\$208.51	\$312.77	\$521.28
81407	\$623.40	\$935.09	\$1,558.49
81408	\$1,473.42	\$2,210.12	\$3,683.54
81479	BR	BR	BR

Genomic Sequencing Procedures and Other Molecular Multianalyte Assays

81410	\$371.27	\$556.91	\$928.18
81411	\$994.67	\$1,492.00	\$2,486.67
81412	\$1,803.94	\$2,705.91	\$4,509.85
81413	\$430.85	\$646.27	\$1,077.12
81414	\$430.85	\$646.27	\$1,077.12
81415	\$3,521.38	\$5,282.07	\$8,803.45
81416	\$8,840.50	\$13,260.76	\$22,101.26
81417	\$235.68	\$353.52	\$589.20
81418	\$675.58	\$1,013.38	\$1,688.96
81419	\$1,803.94	\$2,705.91	\$4,509.85
81420	\$559.29	\$838.94	\$1,398.23

HCP Fee Schedule & Billing Instructions

Effective January 01, 2026

Diagnostic Radiology	Professional Component	Technical Component	Total
81422	\$559.29	\$838.94	\$1,398.23
81425	\$3,706.54	\$5,559.81	\$9,266.35
81426	\$1,996.49	\$2,994.73	\$4,991.22
81427	\$1,722.20	\$2,583.31	\$4,305.51
81430	\$1,197.23	\$1,795.84	\$2,993.07
81431	\$500.67	\$751.01	\$1,251.68
81432	\$960.59	\$1,440.89	\$2,401.48
81434	\$440.38	\$660.57	\$1,100.95
81435	\$960.59	\$1,440.89	\$2,401.48
81437	\$960.59	\$1,440.89	\$2,401.48
81439	\$430.85	\$646.27	\$1,077.12
81440	\$2,448.78	\$3,673.18	\$6,121.96
81441	\$1,803.94	\$2,705.91	\$4,509.85
81442	\$1,579.22	\$2,368.84	\$3,948.06
81443	\$1,803.94	\$2,705.91	\$4,509.85
81445	\$440.38	\$660.57	\$1,100.95
81448	\$430.85	\$646.27	\$1,077.12
81449	\$440.38	\$660.57	\$1,100.95
81450	\$559.53	\$839.30	\$1,398.83
81451	\$559.53	\$839.30	\$1,398.83
81455	\$2,150.91	\$3,226.36	\$5,377.27
81456	\$2,150.91	\$3,226.36	\$5,377.27
81457	\$660.81	\$991.21	\$1,652.02
81458	\$770.90	\$1,156.36	\$1,927.26
81459	\$2,202.38	\$3,303.57	\$5,505.95
81460	\$948.20	\$1,422.30	\$2,370.50
81462	\$881.00	\$1,321.50	\$2,202.50
81463	\$991.10	\$1,486.64	\$2,477.74
81464	\$2,422.81	\$3,634.22	\$6,057.03
81465	\$689.64	\$1,034.47	\$1,724.11
81470	\$673.44	\$1,010.16	\$1,683.60
81471	\$673.44	\$1,010.16	\$1,683.60

Multianalyte Assays with Algorithmic Analyses

81490	\$619.34	\$929.02	\$1,548.36
81493	\$773.53	\$1,160.29	\$1,933.82
81500	\$191.83	\$287.75	\$479.58
81503	\$660.81	\$991.21	\$1,652.02
81504	\$383.19	\$574.78	\$957.97
81506	\$50.76	\$76.14	\$126.90
81507	\$585.74	\$878.62	\$1,464.36
81508	\$40.04	\$60.05	\$100.09

HCP Fee Schedule & Billing Instructions

Effective January 01, 2026

Diagnostic Radiology	Professional Component	Technical Component	Total
81509	\$1,095.71	\$1,643.56	\$2,739.27
81510	\$40.99	\$61.48	\$102.47
81511	\$113.19	\$169.79	\$282.98
81512	\$51.24	\$76.85	\$128.09
81513	\$105.09	\$157.64	\$262.73
81514	\$193.74	\$290.61	\$484.35
81515	\$193.74	\$290.61	\$484.35
81517	\$129.88	\$194.81	\$324.69
81518	\$2,853.18	\$4,279.78	\$7,132.96
81519	\$2,853.18	\$4,279.78	\$7,132.96
81520	\$1,849.22	\$2,773.83	\$4,623.05
81521	\$2,853.18	\$4,279.78	\$7,132.96
81522	\$2,853.18	\$4,279.78	\$7,132.96
81523	\$2,853.18	\$4,279.78	\$7,132.96
81525	\$2,295.56	\$3,443.33	\$5,738.89
81528	\$374.85	\$562.27	\$937.12
81529	\$5,299.11	\$7,948.66	\$13,247.77
81535	\$426.80	\$640.19	\$1,066.99
81536	\$130.83	\$196.24	\$327.07
81538	\$2,115.16	\$3,172.75	\$5,287.91
81539	\$560.01	\$840.01	\$1,400.02
81540	\$2,762.63	\$4,143.94	\$6,906.57
81541	\$2,853.18	\$4,279.78	\$7,132.96
81542	\$2,853.18	\$4,279.78	\$7,132.96
81546	\$2,652.06	\$3,978.08	\$6,630.14
81551	\$1,495.58	\$2,243.37	\$3,738.95
81552	\$5,728.76	\$8,593.15	\$14,321.91
81554	\$4,011.33	\$6,016.99	\$10,028.32
81558	\$2,387.06	\$3,580.60	\$5,967.66
81560	\$472.08	\$708.11	\$1,180.19
81595	\$2,387.06	\$3,580.60	\$5,967.66
81596	\$53.14	\$79.71	\$132.85
81599	BR	BR	BR

Chemistry

82009	\$3.34	\$5.00	\$8.34
82010	\$5.96	\$8.93	\$14.89
82013	\$9.06	\$13.58	\$22.64
82016	\$12.15	\$18.23	\$30.38
82017	\$12.39	\$18.59	\$30.98
82024	\$28.36	\$42.53	\$70.89
82030	\$19.06	\$28.60	\$47.66

HCP Fee Schedule & Billing Instructions

Effective January 01, 2026

Diagnostic Radiology	Professional Component	Technical Component	Total
82040	\$3.58	\$5.36	\$8.94
82042	\$5.72	\$8.58	\$14.30
82043	\$4.29	\$6.43	\$10.72
82044	\$4.53	\$6.79	\$11.32
82045	\$25.02	\$37.53	\$62.55
82075	\$22.16	\$33.25	\$55.41
82077	\$12.63	\$18.94	\$31.57
82085	\$7.15	\$10.72	\$17.87
82088	\$30.02	\$45.04	\$75.06
82103	\$10.01	\$15.01	\$25.02
82104	\$10.72	\$16.09	\$26.81
82105	\$12.39	\$18.59	\$30.98
82106	\$12.63	\$18.94	\$31.57
82107	\$47.42	\$71.13	\$118.55
82108	\$18.82	\$28.24	\$47.06
82120	\$4.53	\$6.79	\$11.32
82127	\$10.48	\$15.73	\$26.21
82128	\$10.25	\$15.37	\$25.62
82131	\$16.92	\$25.38	\$42.30
82135	\$12.15	\$18.23	\$30.38
82136	\$14.54	\$21.80	\$36.34
82139	\$12.39	\$18.59	\$30.98
82140	\$10.72	\$16.09	\$26.81
82143	\$6.91	\$10.37	\$17.28
82150	\$4.77	\$7.15	\$11.92
82154	\$21.21	\$31.81	\$53.02
82157	\$21.68	\$32.53	\$54.21
82160	\$18.82	\$28.24	\$47.06
82163	\$15.01	\$22.52	\$37.53
82164	\$10.72	\$16.09	\$26.81
82166	\$28.36	\$42.53	\$70.89
82172	\$15.49	\$23.23	\$38.72
82175	\$14.06	\$21.09	\$35.15
82180	\$7.39	\$11.08	\$18.47
82190	\$11.68	\$17.51	\$29.19
82232	\$11.92	\$17.87	\$29.79
82233	BR	BR	BR
82234	BR	BR	BR
82239	\$12.63	\$18.94	\$31.57
82240	\$19.54	\$29.31	\$48.85
82247	\$3.81	\$5.72	\$9.53
82248	\$3.81	\$5.72	\$9.53

HCP Fee Schedule & Billing Instructions

Effective January 01, 2026

Diagnostic Radiology	Professional Component	Technical Component	Total
82252	\$3.34	\$5.00	\$8.34
82261	\$12.39	\$18.59	\$30.98
82270	\$3.34	\$5.00	\$8.34
82271	\$3.81	\$5.72	\$9.53
82272	\$3.10	\$4.64	\$7.74
82274	\$11.68	\$17.51	\$29.19
82286	\$3.81	\$5.72	\$9.53
82300	\$17.40	\$26.09	\$43.49
82306	\$21.92	\$32.89	\$54.81
82308	\$19.78	\$29.67	\$49.45
82310	\$3.81	\$5.72	\$9.53
82330	\$10.01	\$15.01	\$25.02
82331	\$9.77	\$14.66	\$24.43
82340	\$4.53	\$6.79	\$11.32
82355	\$8.58	\$12.87	\$21.45
82360	\$9.53	\$14.30	\$23.83
82365	\$9.53	\$14.30	\$23.83
82370	\$9.29	\$13.94	\$23.23
82373	\$13.34	\$20.02	\$33.36
82374	\$3.58	\$5.36	\$8.94
82375	\$9.06	\$13.58	\$22.64
82376	\$10.25	\$15.37	\$25.62
82378	\$14.06	\$21.09	\$35.15
82379	\$12.39	\$18.59	\$30.98
82380	\$6.91	\$10.37	\$17.28
82382	\$20.02	\$30.02	\$50.04
82383	\$21.45	\$32.17	\$53.62
82384	\$18.59	\$27.88	\$46.47
82387	\$13.34	\$20.02	\$33.36
82390	\$7.86	\$11.80	\$19.66
82397	\$10.48	\$15.73	\$26.21
82415	\$9.29	\$13.94	\$23.23
82435	\$3.34	\$5.00	\$8.34
82436	\$4.29	\$6.43	\$10.72
82438	\$3.58	\$5.36	\$8.94
82441	\$4.53	\$6.79	\$11.32
82465	\$3.10	\$4.64	\$7.74
82480	\$5.72	\$8.58	\$14.30
82482	\$7.15	\$10.72	\$17.87
82485	\$15.25	\$22.88	\$38.13
82495	\$15.01	\$22.52	\$37.53
82507	\$20.49	\$30.74	\$51.23

HCP Fee Schedule & Billing Instructions

Effective January 01, 2026

Diagnostic Radiology	Professional Component	Technical Component	Total
82523	\$13.82	\$20.73	\$34.55
82525	\$9.06	\$13.58	\$22.64
82528	\$16.68	\$25.02	\$41.70
82530	\$12.39	\$18.59	\$30.98
82533	\$11.92	\$17.87	\$29.79
82540	\$3.34	\$5.00	\$8.34
82542	\$17.64	\$26.45	\$44.09
82550	\$4.77	\$7.15	\$11.92
82552	\$9.77	\$14.66	\$24.43
82553	\$8.58	\$12.87	\$21.45
82554	\$8.82	\$13.22	\$22.04
82565	\$3.81	\$5.72	\$9.53
82570	\$3.81	\$5.72	\$9.53
82575	\$6.91	\$10.37	\$17.28
82585	\$10.48	\$15.73	\$26.21
82595	\$4.77	\$7.15	\$11.92
82600	\$14.30	\$21.45	\$35.75
82607	\$11.20	\$16.80	\$28.00
82608	\$10.48	\$15.73	\$26.21
82610	\$13.58	\$20.38	\$33.96
82615	\$7.15	\$10.72	\$17.87
82626	\$18.59	\$27.88	\$46.47
82627	\$16.44	\$24.67	\$41.11
82633	\$22.88	\$34.31	\$57.19
82634	\$21.68	\$32.53	\$54.21
82638	\$9.06	\$13.58	\$22.64
82642	\$21.68	\$32.53	\$54.21
82652	\$28.36	\$42.53	\$70.89
82653	\$16.92	\$25.38	\$42.30
82656	\$8.58	\$12.87	\$21.45
82657	\$16.44	\$24.67	\$41.11
82658	\$32.41	\$48.61	\$81.02
82664	\$45.28	\$67.91	\$113.19
82668	\$13.82	\$20.73	\$34.55
82670	\$20.49	\$30.74	\$51.23
82671	\$23.83	\$35.75	\$59.58
82672	\$15.97	\$23.95	\$39.92
82677	\$17.87	\$26.81	\$44.68
82679	\$18.35	\$27.52	\$45.87
82681	\$20.49	\$30.74	\$51.23
82693	\$10.96	\$16.44	\$27.40
82696	\$19.30	\$28.96	\$48.26

HCP Fee Schedule & Billing Instructions

Effective January 01, 2026

Diagnostic Radiology	Professional Component	Technical Component	Total
82705	\$3.81	\$5.72	\$9.53
82710	\$12.39	\$18.59	\$30.98
82715	\$16.92	\$25.38	\$42.30
82725	\$13.82	\$20.73	\$34.55
82726	\$14.54	\$21.80	\$36.34
82728	\$10.01	\$15.01	\$25.02
82731	\$47.42	\$71.13	\$118.55
82735	\$13.58	\$20.38	\$33.96
82746	\$10.72	\$16.09	\$26.81
82747	\$13.11	\$19.66	\$32.77
82757	\$12.87	\$19.30	\$32.17
82759	\$15.73	\$23.59	\$39.32
82760	\$8.34	\$12.51	\$20.85
82775	\$15.49	\$23.23	\$38.72
82776	\$8.58	\$12.87	\$21.45
82777	\$32.65	\$48.97	\$81.62
82784	\$6.91	\$10.37	\$17.28
82785	\$12.15	\$18.23	\$30.38
82787	\$5.96	\$8.93	\$14.89
82800	\$8.10	\$12.16	\$20.26
82803	\$19.30	\$28.96	\$48.26
82805	\$58.14	\$87.22	\$145.36
82810	\$7.15	\$10.72	\$17.87
82820	\$9.77	\$14.66	\$24.43
82930	\$5.00	\$7.51	\$12.51
82938	\$13.11	\$19.66	\$32.77
82941	\$13.11	\$19.66	\$32.77
82943	\$10.48	\$15.73	\$26.21
82945	\$2.86	\$4.29	\$7.15
82946	\$13.11	\$19.66	\$32.77
82947	\$2.86	\$4.29	\$7.15
82948	\$3.81	\$5.72	\$9.53
82950	\$3.58	\$5.36	\$8.94
82951	\$9.53	\$14.30	\$23.83
82952	\$2.86	\$4.29	\$7.15
82955	\$7.15	\$10.72	\$17.87
82960	\$4.53	\$6.79	\$11.32
82962	\$2.38	\$3.58	\$5.96
82963	\$15.73	\$23.59	\$39.32
82965	\$9.77	\$14.66	\$24.43
82977	\$5.24	\$7.87	\$13.11
82978	\$11.44	\$17.16	\$28.60

HCP Fee Schedule & Billing Instructions

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Diagnostic Radiology	Professional Component	Technical Component	Total
82979	\$6.91	\$10.37	\$17.28
82985	\$12.39	\$18.59	\$30.98
83001	\$13.58	\$20.38	\$33.96
83002	\$13.58	\$20.38	\$33.96
83003	\$12.39	\$18.59	\$30.98
83006	\$55.76	\$83.65	\$139.41
83009	\$49.57	\$74.35	\$123.92
83010	\$9.29	\$13.94	\$23.23
83012	\$19.78	\$29.67	\$49.45
83013	\$49.57	\$74.35	\$123.92
83014	\$5.72	\$8.58	\$14.30
83015	\$15.49	\$23.23	\$38.72
83018	\$16.20	\$24.31	\$40.51
83020	\$9.53	\$14.30	\$23.83
83021	\$13.34	\$20.02	\$33.36
83026	\$2.86	\$4.29	\$7.15
83030	\$7.86	\$11.80	\$19.66
83033	\$5.96	\$8.93	\$14.89
83036	\$7.15	\$10.72	\$17.87
83037	\$7.15	\$10.72	\$17.87
83045	\$4.77	\$7.15	\$11.92
83050	\$5.96	\$8.93	\$14.89
83051	\$5.48	\$8.22	\$13.70
83060	\$6.44	\$9.65	\$16.09
83065	\$6.67	\$10.01	\$16.68
83068	\$6.91	\$10.37	\$17.28
83069	\$2.86	\$4.29	\$7.15
83070	\$3.58	\$5.36	\$8.94
83080	\$12.39	\$18.59	\$30.98
83088	\$21.68	\$32.53	\$54.21
83090	\$13.11	\$19.66	\$32.77
83150	\$16.44	\$24.67	\$41.11
83491	\$13.11	\$19.66	\$32.77
83497	\$9.53	\$14.30	\$23.83
83498	\$20.02	\$30.02	\$50.04
83500	\$16.68	\$25.02	\$41.70
83505	\$17.87	\$26.81	\$44.68
83516	\$8.58	\$12.87	\$21.45
83518	\$7.15	\$10.72	\$17.87
83519	\$13.58	\$20.38	\$33.96
83520	\$12.63	\$18.94	\$31.57
83521	\$12.63	\$18.94	\$31.57

HCP Fee Schedule & Billing Instructions

Effective January 01, 2026

Diagnostic Radiology	Professional Component	Technical Component	Total
83525	\$8.34	\$12.51	\$20.85
83527	\$9.53	\$14.30	\$23.83
83528	\$14.54	\$21.80	\$36.34
83529	\$12.63	\$18.94	\$31.57
83540	\$4.77	\$7.15	\$11.92
83550	\$6.44	\$9.65	\$16.09
83570	\$6.44	\$9.65	\$16.09
83582	\$11.44	\$17.16	\$28.60
83586	\$9.53	\$14.30	\$23.83
83593	\$20.97	\$31.46	\$52.43
83605	\$8.58	\$12.87	\$21.45
83615	\$4.53	\$6.79	\$11.32
83625	\$9.53	\$14.30	\$23.83
83630	\$14.54	\$21.80	\$36.34
83631	\$14.54	\$21.80	\$36.34
83632	\$15.01	\$22.52	\$37.53
83633	\$8.34	\$12.51	\$20.85
83655	\$8.82	\$13.22	\$22.04
83661	\$16.20	\$24.31	\$40.51
83662	\$13.82	\$20.73	\$34.55
83663	\$13.82	\$20.73	\$34.55
83664	\$14.30	\$21.45	\$35.75
83670	\$7.15	\$10.72	\$17.87
83690	\$5.00	\$7.51	\$12.51
83695	\$10.48	\$15.73	\$26.21
83698	\$34.08	\$51.11	\$85.19
83700	\$8.34	\$12.51	\$20.85
83701	\$25.02	\$37.53	\$62.55
83704	\$25.26	\$37.89	\$63.15
83718	\$5.96	\$8.93	\$14.89
83719	\$9.29	\$13.94	\$23.23
83721	\$7.62	\$11.44	\$19.06
83722	\$25.26	\$37.89	\$63.15
83727	\$12.63	\$18.94	\$31.57
83735	\$5.00	\$7.51	\$12.51
83775	\$5.48	\$8.22	\$13.70
83785	\$19.54	\$29.31	\$48.85
83789	\$17.87	\$26.81	\$44.68
83825	\$11.92	\$17.87	\$29.79
83835	\$12.39	\$18.59	\$30.98
83857	\$7.86	\$11.80	\$19.66
83861	\$16.44	\$24.67	\$41.11

HCP Fee Schedule & Billing Instructions

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Diagnostic Radiology	Professional Component	Technical Component	Total
83864	\$20.97	\$31.46	\$52.43
83872	\$4.29	\$6.43	\$10.72
83873	\$12.63	\$18.94	\$31.57
83874	\$9.53	\$14.30	\$23.83
83876	\$37.41	\$56.12	\$93.53
83880	\$28.84	\$43.25	\$72.09
83883	\$10.01	\$15.01	\$25.02
83884	BR	BR	BR
83885	\$18.11	\$27.17	\$45.28
83915	\$8.10	\$12.16	\$20.26
83916	\$20.26	\$30.38	\$50.64
83918	\$17.40	\$26.09	\$43.49
83919	\$12.15	\$18.23	\$30.38
83921	\$15.73	\$23.59	\$39.32
83930	\$4.77	\$7.15	\$11.92
83935	\$5.00	\$7.51	\$12.51
83937	\$21.92	\$32.89	\$54.81
83945	\$10.72	\$16.09	\$26.81
83950	\$47.42	\$71.13	\$118.55
83951	\$47.42	\$71.13	\$118.55
83970	\$30.50	\$45.76	\$76.26
83986	\$2.62	\$3.93	\$6.55
83987	\$2.62	\$3.93	\$6.55
83992	\$23.12	\$34.67	\$57.79
83993	\$14.54	\$21.80	\$36.34
84030	\$4.05	\$6.08	\$10.13
84035	\$2.86	\$4.29	\$7.15
84060	\$5.72	\$8.58	\$14.30
84066	\$7.15	\$10.72	\$17.87
84075	\$3.81	\$5.72	\$9.53
84078	\$6.20	\$9.29	\$15.49
84080	\$10.96	\$16.44	\$27.40
84081	\$12.15	\$18.23	\$30.38
84085	\$6.91	\$10.37	\$17.28
84087	\$7.86	\$11.80	\$19.66
84100	\$3.58	\$5.36	\$8.94
84105	\$4.29	\$6.43	\$10.72
84106	\$4.29	\$6.43	\$10.72
84110	\$6.20	\$9.29	\$15.49
84112	\$72.20	\$108.31	\$180.51
84119	\$9.77	\$14.66	\$24.43
84120	\$10.72	\$16.09	\$26.81

HCP Fee Schedule & Billing Instructions

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Diagnostic Radiology	Professional Component	Technical Component	Total
84126	\$28.84	\$43.25	\$72.09
84132	\$3.58	\$5.36	\$8.94
84133	\$3.58	\$5.36	\$8.94
84134	\$10.72	\$16.09	\$26.81
84135	\$15.73	\$23.59	\$39.32
84138	\$15.49	\$23.23	\$38.72
84140	\$15.25	\$22.88	\$38.13
84143	\$16.92	\$25.38	\$42.30
84144	\$15.25	\$22.88	\$38.13
84145	\$20.02	\$30.02	\$50.04
84146	\$14.30	\$21.45	\$35.75
84150	\$30.74	\$46.11	\$76.85
84152	\$13.58	\$20.38	\$33.96
84153	\$13.58	\$20.38	\$33.96
84154	\$13.58	\$20.38	\$33.96
84155	\$2.62	\$3.93	\$6.55
84156	\$2.62	\$3.93	\$6.55
84157	\$2.86	\$4.29	\$7.15
84160	\$4.05	\$6.08	\$10.13
84163	\$11.20	\$16.80	\$28.00
84165	\$7.86	\$11.80	\$19.66
84166	\$13.11	\$19.66	\$32.77
84181	\$12.63	\$18.94	\$31.57
84182	\$21.45	\$32.17	\$53.62
84202	\$10.48	\$15.73	\$26.21
84203	\$7.15	\$10.72	\$17.87
84206	\$19.78	\$29.67	\$49.45
84207	\$20.73	\$31.10	\$51.83
84210	\$10.72	\$16.09	\$26.81
84220	\$6.91	\$10.37	\$17.28
84228	\$8.58	\$12.87	\$21.45
84233	\$64.82	\$97.22	\$162.04
84234	\$47.90	\$71.85	\$119.75
84235	\$52.43	\$78.64	\$131.07
84238	\$26.93	\$40.39	\$67.32
84244	\$16.20	\$24.31	\$40.51
84252	\$15.01	\$22.52	\$37.53
84255	\$18.82	\$28.24	\$47.06
84260	\$22.88	\$34.31	\$57.19
84270	\$15.97	\$23.95	\$39.92
84275	\$10.01	\$15.01	\$25.02
84285	\$18.59	\$27.88	\$46.47

HCP Fee Schedule & Billing Instructions

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Diagnostic Radiology	Professional Component	Technical Component	Total
84295	\$3.58	\$5.36	\$8.94
84300	\$3.81	\$5.72	\$9.53
84302	\$3.58	\$5.36	\$8.94
84305	\$15.73	\$23.59	\$39.32
84307	\$13.58	\$20.38	\$33.96
84311	\$5.96	\$8.93	\$14.89
84315	\$2.38	\$3.58	\$5.96
84375	\$28.84	\$43.25	\$72.09
84376	\$4.05	\$6.08	\$10.13
84377	\$4.05	\$6.08	\$10.13
84378	\$8.58	\$12.87	\$21.45
84379	\$8.58	\$12.87	\$21.45
84392	\$4.05	\$6.08	\$10.13
84393	BR	BR	BR
84394	BR	BR	BR
84402	\$18.82	\$28.24	\$47.06
84403	\$19.06	\$28.60	\$47.66
84410	\$37.89	\$56.83	\$94.72
84425	\$15.73	\$23.59	\$39.32
84430	\$8.58	\$12.87	\$21.45
84431	\$25.98	\$38.96	\$64.94
84432	\$11.92	\$17.87	\$29.79
84433	\$16.44	\$24.67	\$41.11
84436	\$5.00	\$7.51	\$12.51
84437	\$4.77	\$7.15	\$11.92
84439	\$6.67	\$10.01	\$16.68
84442	\$10.96	\$16.44	\$27.40
84443	\$12.39	\$18.59	\$30.98
84445	\$37.41	\$56.12	\$93.53
84446	\$10.48	\$15.73	\$26.21
84449	\$13.34	\$20.02	\$33.36
84450	\$3.81	\$5.72	\$9.53
84460	\$3.81	\$5.72	\$9.53
84466	\$9.29	\$13.94	\$23.23
84478	\$4.29	\$6.43	\$10.72
84479	\$4.77	\$7.15	\$11.92
84480	\$10.48	\$15.73	\$26.21
84481	\$12.39	\$18.59	\$30.98
84482	\$11.68	\$17.51	\$29.19
84484	\$9.29	\$13.94	\$23.23
84485	\$5.24	\$7.87	\$13.11
84488	\$5.48	\$8.22	\$13.70

Diagnostic Radiology	Professional Component	Technical Component	Total
84490	\$7.39	\$11.08	\$18.47
84510	\$7.86	\$11.80	\$19.66
84512	\$7.39	\$11.08	\$18.47
84520	\$2.86	\$4.29	\$7.15
84525	\$3.81	\$5.72	\$9.53
84540	\$4.05	\$6.08	\$10.13
84545	\$5.24	\$7.87	\$13.11
84550	\$3.34	\$5.00	\$8.34
84560	\$3.81	\$5.72	\$9.53
84577	\$12.39	\$18.59	\$30.98
84578	\$3.34	\$5.00	\$8.34
84580	\$7.15	\$10.72	\$17.87
84583	\$4.53	\$6.79	\$11.32
84585	\$11.44	\$17.16	\$28.60
84586	\$25.98	\$38.96	\$64.94
84588	\$25.02	\$37.53	\$62.55
84590	\$8.58	\$12.87	\$21.45
84591	\$12.63	\$18.94	\$31.57
84597	\$10.01	\$15.01	\$25.02
84600	\$12.63	\$18.94	\$31.57
84620	\$9.53	\$14.30	\$23.83
84630	\$8.34	\$12.51	\$20.85
84681	\$15.25	\$22.88	\$38.13
84702	\$11.20	\$16.80	\$28.00
84703	\$5.48	\$8.22	\$13.70
84704	\$11.20	\$16.80	\$28.00
84830	\$9.29	\$13.94	\$23.23
84999	BR	BR	BR

Hematology and Coagulation

85002	\$3.58	\$5.36	\$8.94
85004	\$4.77	\$7.15	\$11.92
85007	\$2.86	\$4.29	\$7.15
85008	\$2.62	\$3.93	\$6.55
85009	\$3.81	\$5.72	\$9.53
85013	\$5.24	\$7.87	\$13.11
85014	\$1.67	\$2.50	\$4.17
85018	\$1.67	\$2.50	\$4.17
85025	\$5.72	\$8.58	\$14.30
85027	\$4.77	\$7.15	\$11.92
85032	\$3.10	\$4.64	\$7.74
85041	\$2.14	\$3.22	\$5.36

HCP Fee Schedule & Billing Instructions

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Diagnostic Radiology	Professional Component	Technical Component	Total
85044	\$3.10	\$4.64	\$7.74
85045	\$2.86	\$4.29	\$7.15
85046	\$4.05	\$6.08	\$10.13
85048	\$1.91	\$2.86	\$4.77
85049	\$3.34	\$5.00	\$8.34
85055	\$26.21	\$39.32	\$65.53
85060	\$16.20	\$24.31	\$40.51
85097	\$47.42	\$71.13	\$118.55
85130	\$8.82	\$13.22	\$22.04
85170	\$11.92	\$17.87	\$29.79
85175	\$15.01	\$22.52	\$37.53
85210	\$9.53	\$14.30	\$23.83
85220	\$13.11	\$19.66	\$32.77
85230	\$13.11	\$19.66	\$32.77
85240	\$13.11	\$19.66	\$32.77
85244	\$15.01	\$22.52	\$37.53
85245	\$16.92	\$25.38	\$42.30
85246	\$16.92	\$25.38	\$42.30
85247	\$16.92	\$25.38	\$42.30
85250	\$14.06	\$21.09	\$35.15
85260	\$13.11	\$19.66	\$32.77
85270	\$13.11	\$19.66	\$32.77
85280	\$14.30	\$21.45	\$35.75
85290	\$12.15	\$18.23	\$30.38
85291	\$6.67	\$10.01	\$16.68
85292	\$14.06	\$21.09	\$35.15
85293	\$14.06	\$21.09	\$35.15
85300	\$8.82	\$13.22	\$22.04
85301	\$7.86	\$11.80	\$19.66
85302	\$8.82	\$13.22	\$22.04
85303	\$10.25	\$15.37	\$25.62
85305	\$8.58	\$12.87	\$21.45
85306	\$11.20	\$16.80	\$28.00
85307	\$11.20	\$16.80	\$28.00
85335	\$9.53	\$14.30	\$23.83
85337	\$12.63	\$18.94	\$31.57
85345	\$3.34	\$5.00	\$8.34
85347	\$3.10	\$4.64	\$7.74
85348	\$3.34	\$5.00	\$8.34
85360	\$6.20	\$9.29	\$15.49
85362	\$5.00	\$7.51	\$12.51
85366	\$59.34	\$89.00	\$148.34

HCP Fee Schedule & Billing Instructions

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Diagnostic Radiology	Professional Component	Technical Component	Total
85370	\$9.06	\$13.58	\$22.64
85378	\$7.15	\$10.72	\$17.87
85379	\$7.39	\$11.08	\$18.47
85380	\$7.39	\$11.08	\$18.47
85384	\$7.15	\$10.72	\$17.87
85385	\$10.72	\$16.09	\$26.81
85390	\$11.44	\$17.16	\$28.60
85396	\$13.34	\$20.02	\$33.36
85397	\$22.64	\$33.96	\$56.60
85400	\$5.72	\$8.58	\$14.30
85410	\$5.72	\$8.58	\$14.30
85415	\$12.63	\$18.94	\$31.57
85420	\$4.77	\$7.15	\$11.92
85421	\$7.39	\$11.08	\$18.47
85441	\$3.10	\$4.64	\$7.74
85445	\$5.00	\$7.51	\$12.51
85460	\$5.72	\$8.58	\$14.30
85461	\$6.91	\$10.37	\$17.28
85475	\$6.44	\$9.65	\$16.09
85520	\$9.53	\$14.30	\$23.83
85525	\$8.82	\$13.22	\$22.04
85530	\$9.53	\$14.30	\$23.83
85536	\$5.00	\$7.51	\$12.51
85540	\$6.44	\$9.65	\$16.09
85547	\$6.44	\$9.65	\$16.09
85549	\$13.82	\$20.73	\$34.55
85555	\$5.48	\$8.22	\$13.70
85557	\$9.77	\$14.66	\$24.43
85576	\$18.35	\$27.52	\$45.87
85597	\$13.34	\$20.02	\$33.36
85598	\$13.34	\$20.02	\$33.36
85610	\$3.10	\$4.64	\$7.74
85611	\$2.86	\$4.29	\$7.15
85612	\$12.87	\$19.30	\$32.17
85613	\$7.15	\$10.72	\$17.87
85635	\$7.15	\$10.72	\$17.87
85651	\$3.10	\$4.64	\$7.74
85652	\$1.91	\$2.86	\$4.77
85660	\$4.05	\$6.08	\$10.13
85670	\$4.29	\$6.43	\$10.72
85675	\$5.00	\$7.51	\$12.51
85705	\$7.15	\$10.72	\$17.87

Diagnostic Radiology	Professional Component	Technical Component	Total
85730	\$4.53	\$6.79	\$11.32
85732	\$4.77	\$7.15	\$11.92
85810	\$8.58	\$12.87	\$21.45
85999	BR	BR	BR

Immunology

86000	\$5.24	\$7.87	\$13.11
86001	\$5.72	\$8.58	\$14.30
86003	\$3.81	\$5.72	\$9.53
86005	\$5.96	\$8.93	\$14.89
86008	\$13.11	\$19.66	\$32.77
86015	\$8.82	\$13.22	\$22.04
86021	\$11.20	\$16.80	\$28.00
86022	\$13.58	\$20.38	\$33.96
86023	\$9.29	\$13.94	\$23.23
86036	\$8.82	\$13.22	\$22.04
86037	\$8.82	\$13.22	\$22.04
86038	\$8.82	\$13.22	\$22.04
86039	\$8.34	\$12.51	\$20.85
86041	\$13.58	\$20.38	\$33.96
86042	\$13.58	\$20.38	\$33.96
86043	\$8.82	\$13.22	\$22.04
86051	\$8.58	\$12.87	\$21.45
86052	\$8.82	\$13.22	\$22.04
86053	\$27.88	\$41.82	\$69.70
86060	\$5.48	\$8.22	\$13.70
86063	\$4.29	\$6.43	\$10.72
86077	\$36.46	\$54.69	\$91.15
86078	\$36.46	\$54.69	\$91.15
86079	\$36.22	\$54.33	\$90.55
86140	\$3.81	\$5.72	\$9.53
86141	\$9.53	\$14.30	\$23.83
86146	\$18.82	\$28.24	\$47.06
86147	\$18.82	\$28.24	\$47.06
86148	\$11.92	\$17.87	\$29.79
86152	\$184.68	\$277.03	\$461.71
86153	BR	BR	BR
86155	\$11.68	\$17.51	\$29.19
86156	\$5.96	\$8.93	\$14.89
86157	\$5.96	\$8.93	\$14.89
86160	\$8.82	\$13.22	\$22.04
86161	\$8.82	\$13.22	\$22.04

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Diagnostic Radiology	Professional Component	Technical Component	Total
86162	\$15.01	\$22.52	\$37.53
86171	\$7.39	\$11.08	\$18.47
86200	\$9.53	\$14.30	\$23.83
86215	\$9.77	\$14.66	\$24.43
86225	\$10.01	\$15.01	\$25.02
86226	\$8.82	\$13.22	\$22.04
86231	\$8.82	\$13.22	\$22.04
86235	\$13.11	\$19.66	\$32.77
86255	\$8.82	\$13.22	\$22.04
86256	\$8.82	\$13.22	\$22.04
86258	\$8.82	\$13.22	\$22.04
86277	\$11.68	\$17.51	\$29.19
86280	\$5.96	\$8.93	\$14.89
86294	\$18.82	\$28.24	\$47.06
86300	\$15.25	\$22.88	\$38.13
86301	\$15.25	\$22.88	\$38.13
86304	\$15.25	\$22.88	\$38.13
86305	\$15.25	\$22.88	\$38.13
86308	\$3.81	\$5.72	\$9.53
86309	\$4.77	\$7.15	\$11.92
86310	\$5.48	\$8.22	\$13.70
86316	\$15.25	\$22.88	\$38.13
86317	\$10.96	\$16.44	\$27.40
86318	\$13.34	\$20.02	\$33.36
86320	\$21.92	\$32.89	\$54.81
86325	\$17.16	\$25.73	\$42.89
86328	\$33.36	\$50.05	\$83.41
86329	\$10.25	\$15.37	\$25.62
86331	\$8.82	\$13.22	\$22.04
86332	\$17.87	\$26.81	\$44.68
86334	\$16.44	\$24.67	\$41.11
86335	\$21.68	\$32.53	\$54.21
86336	\$11.44	\$17.16	\$28.60
86337	\$15.73	\$23.59	\$39.32
86340	\$11.20	\$16.80	\$28.00
86341	\$17.40	\$26.09	\$43.49
86343	\$9.29	\$13.94	\$23.23
86344	\$7.62	\$11.44	\$19.06
86352	\$100.09	\$150.13	\$250.22
86353	\$36.22	\$54.33	\$90.55
86355	\$27.88	\$41.82	\$69.70
86356	\$19.78	\$29.67	\$49.45

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Diagnostic Radiology	Professional Component	Technical Component	Total
86357	\$27.88	\$41.82	\$69.70
86359	\$27.88	\$41.82	\$69.70
86360	\$34.55	\$51.83	\$86.38
86361	\$19.78	\$29.67	\$49.45
86362	\$8.82	\$13.22	\$22.04
86363	\$27.88	\$41.82	\$69.70
86364	\$8.58	\$12.87	\$21.45
86366	\$13.58	\$20.38	\$33.96
86367	\$57.19	\$85.79	\$142.98
86376	\$10.72	\$16.09	\$26.81
86381	\$18.82	\$28.24	\$47.06
86382	\$12.39	\$18.59	\$30.98
86384	\$10.01	\$15.01	\$25.02
86386	\$15.97	\$23.95	\$39.92
86403	\$8.58	\$12.87	\$21.45
86406	\$7.86	\$11.80	\$19.66
86408	\$30.98	\$46.47	\$77.45
86409	\$58.62	\$87.94	\$146.56
86413	\$37.89	\$56.83	\$94.72
86430	\$4.53	\$6.79	\$11.32
86431	\$4.29	\$6.43	\$10.72
86480	\$45.75	\$68.63	\$114.38
86481	\$73.64	\$110.45	\$184.09
86485	\$31.22	\$46.82	\$78.04
86486	\$4.29	\$6.43	\$10.72
86510	\$5.00	\$7.51	\$12.51
86580	\$6.67	\$10.01	\$16.68
86581	BR	BR	BR
86590	\$9.29	\$13.94	\$23.23
86592	\$3.10	\$4.64	\$7.74
86593	\$3.34	\$5.00	\$8.34
86596	\$8.82	\$13.22	\$22.04
86602	\$7.39	\$11.08	\$18.47
86603	\$9.53	\$14.30	\$23.83
86606	\$11.20	\$16.80	\$28.00
86609	\$9.53	\$14.30	\$23.83
86611	\$7.39	\$11.08	\$18.47
86612	\$9.53	\$14.30	\$23.83
86615	\$9.77	\$14.66	\$24.43
86617	\$11.44	\$17.16	\$28.60
86618	\$12.63	\$18.94	\$31.57
86619	\$9.77	\$14.66	\$24.43

HCP Fee Schedule & Billing Instructions

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Diagnostic Radiology	Professional Component	Technical Component	Total
86622	\$6.67	\$10.01	\$16.68
86625	\$9.77	\$14.66	\$24.43
86628	\$8.82	\$13.22	\$22.04
86631	\$8.82	\$13.22	\$22.04
86632	\$9.29	\$13.94	\$23.23
86635	\$8.34	\$12.51	\$20.85
86638	\$8.82	\$13.22	\$22.04
86641	\$10.72	\$16.09	\$26.81
86644	\$10.48	\$15.73	\$26.21
86645	\$12.39	\$18.59	\$30.98
86648	\$11.20	\$16.80	\$28.00
86651	\$9.77	\$14.66	\$24.43
86652	\$9.77	\$14.66	\$24.43
86653	\$9.77	\$14.66	\$24.43
86654	\$9.77	\$14.66	\$24.43
86658	\$9.53	\$14.30	\$23.83
86663	\$9.77	\$14.66	\$24.43
86664	\$11.20	\$16.80	\$28.00
86665	\$13.34	\$20.02	\$33.36
86666	\$7.39	\$11.08	\$18.47
86668	\$10.48	\$15.73	\$26.21
86671	\$9.06	\$13.58	\$22.64
86674	\$10.96	\$16.44	\$27.40
86677	\$12.39	\$18.59	\$30.98
86682	\$9.53	\$14.30	\$23.83
86684	\$11.68	\$17.51	\$29.19
86687	\$6.67	\$10.01	\$16.68
86688	\$10.25	\$15.37	\$25.62
86689	\$14.30	\$21.45	\$35.75
86692	\$12.63	\$18.94	\$31.57
86694	\$10.48	\$15.73	\$26.21
86695	\$9.77	\$14.66	\$24.43
86696	\$14.30	\$21.45	\$35.75
86698	\$10.25	\$15.37	\$25.62
86701	\$6.44	\$9.65	\$16.09
86702	\$10.01	\$15.01	\$25.02
86703	\$10.01	\$15.01	\$25.02
86704	\$8.82	\$13.22	\$22.04
86705	\$8.58	\$12.87	\$21.45
86706	\$7.86	\$11.80	\$19.66
86707	\$8.58	\$12.87	\$21.45
86708	\$9.06	\$13.58	\$22.64

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Diagnostic Radiology	Professional Component	Technical Component	Total
86709	\$8.34	\$12.51	\$20.85
86710	\$10.01	\$15.01	\$25.02
86711	\$12.39	\$18.59	\$30.98
86713	\$11.20	\$16.80	\$28.00
86717	\$9.06	\$13.58	\$22.64
86720	\$11.92	\$17.87	\$29.79
86723	\$9.77	\$14.66	\$24.43
86727	\$9.53	\$14.30	\$23.83
86732	\$10.96	\$16.44	\$27.40
86735	\$9.53	\$14.30	\$23.83
86738	\$9.77	\$14.66	\$24.43
86741	\$9.77	\$14.66	\$24.43
86744	\$11.68	\$17.51	\$29.19
86747	\$10.96	\$16.44	\$27.40
86750	\$9.77	\$14.66	\$24.43
86753	\$9.06	\$13.58	\$22.64
86756	\$11.68	\$17.51	\$29.19
86757	\$14.30	\$21.45	\$35.75
86759	\$13.34	\$20.02	\$33.36
86762	\$10.48	\$15.73	\$26.21
86765	\$9.53	\$14.30	\$23.83
86768	\$9.77	\$14.66	\$24.43
86769	\$30.98	\$46.47	\$77.45
86771	\$18.11	\$27.17	\$45.28
86774	\$10.96	\$16.44	\$27.40
86777	\$10.48	\$15.73	\$26.21
86778	\$10.72	\$16.09	\$26.81
86780	\$9.77	\$14.66	\$24.43
86784	\$9.29	\$13.94	\$23.23
86787	\$9.53	\$14.30	\$23.83
86788	\$12.39	\$18.59	\$30.98
86789	\$10.48	\$15.73	\$26.21
86790	\$9.53	\$14.30	\$23.83
86793	\$9.77	\$14.66	\$24.43
86794	\$12.39	\$18.59	\$30.98
86800	\$11.68	\$17.51	\$29.19
86803	\$10.48	\$15.73	\$26.21
86804	\$11.44	\$17.16	\$28.60
86805	\$139.64	\$209.47	\$349.11
86806	\$35.03	\$52.55	\$87.58
86807	\$57.91	\$86.86	\$144.77
86808	\$21.92	\$32.89	\$54.81

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Diagnostic Radiology	Professional Component	Technical Component	Total
86812	\$19.06	\$28.60	\$47.66
86813	\$42.66	\$63.98	\$106.64
86816	\$22.16	\$33.25	\$55.41
86817	\$78.16	\$117.25	\$195.41
86821	\$26.93	\$40.39	\$67.32
86825	\$80.54	\$120.82	\$201.36
86826	\$26.93	\$40.39	\$67.32
86828	\$47.18	\$70.78	\$117.96
86829	\$47.18	\$70.78	\$117.96
86830	\$70.30	\$105.45	\$175.75
86831	\$60.29	\$90.44	\$150.73
86832	\$238.54	\$357.81	\$596.35
86833	\$239.97	\$359.95	\$599.92
86834	\$263.32	\$394.99	\$658.31
86835	\$237.82	\$356.74	\$594.56
86849	BR	BR	BR

Transfusion Medicine

86850	\$7.15	\$10.72	\$17.87
86860	\$70.78	\$106.16	\$176.94
86870	\$57.91	\$86.86	\$144.77
86880	\$4.05	\$6.08	\$10.13
86885	\$4.29	\$6.43	\$10.72
86886	\$3.81	\$5.72	\$9.53
86890	\$183.97	\$275.95	\$459.92
86891	\$411.78	\$617.68	\$1,029.46
86900	\$2.14	\$3.22	\$5.36
86901	\$2.14	\$3.22	\$5.36
86902	\$4.77	\$7.15	\$11.92
86904	\$12.15	\$18.23	\$30.38
86905	\$2.86	\$4.29	\$7.15
86906	\$5.72	\$8.58	\$14.30
86910	BR	BR	BR
86911	BR	BR	BR
86920	\$44.56	\$66.85	\$111.41
86921	\$44.56	\$66.85	\$111.41
86922	\$43.37	\$65.06	\$108.43
86923	\$12.15	\$18.23	\$30.38
86927	\$7.62	\$11.44	\$19.06
86930	BR	BR	BR
86931	BR	BR	BR
86932	BR	BR	BR

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Diagnostic Radiology	Professional Component	Technical Component	Total
86940	\$6.44	\$9.65	\$16.09
86941	\$8.82	\$13.22	\$22.04
86945	\$64.82	\$97.22	\$162.04
86950	BR	BR	BR
86960	\$35.98	\$53.98	\$89.96
86965	\$178.49	\$267.73	\$446.22
86970	\$62.91	\$94.37	\$157.28
86971	\$25.74	\$38.60	\$64.34
86972	\$104.14	\$156.20	\$260.34
86975	BR	BR	BR
86976	\$24.78	\$37.18	\$61.96
86977	BR	BR	BR
86978	\$89.36	\$134.05	\$223.41
86985	\$43.85	\$65.77	\$109.62
86999	BR	BR	BR

Microbiology

87003	\$12.39	\$18.59	\$30.98
87015	\$5.00	\$7.51	\$12.51
87040	\$7.62	\$11.44	\$19.06
87045	\$6.91	\$10.37	\$17.28
87046	\$6.91	\$10.37	\$17.28
87070	\$6.44	\$9.65	\$16.09
87071	\$7.39	\$11.08	\$18.47
87073	\$7.15	\$10.72	\$17.87
87075	\$6.91	\$10.37	\$17.28
87076	\$5.96	\$8.93	\$14.89
87077	\$5.96	\$8.93	\$14.89
87081	\$4.77	\$7.15	\$11.92
87084	\$20.02	\$30.02	\$50.04
87086	\$5.96	\$8.93	\$14.89
87088	\$5.96	\$8.93	\$14.89
87101	\$5.72	\$8.58	\$14.30
87102	\$6.20	\$9.29	\$15.49
87103	\$15.01	\$22.52	\$37.53
87106	\$7.62	\$11.44	\$19.06
87107	\$7.62	\$11.44	\$19.06
87109	\$11.44	\$17.16	\$28.60
87110	\$14.54	\$21.80	\$36.34
87116	\$7.86	\$11.80	\$19.66
87118	\$10.72	\$16.09	\$26.81
87140	\$4.05	\$6.08	\$10.13

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Diagnostic Radiology	Professional Component	Technical Component	Total
87143	\$9.29	\$13.94	\$23.23
87147	\$3.81	\$5.72	\$9.53
87149	\$14.78	\$22.16	\$36.94
87150	\$25.74	\$38.60	\$64.34
87152	\$5.72	\$8.58	\$14.30
87153	\$85.07	\$127.61	\$212.68
87154	\$160.62	\$240.92	\$401.54
87158	\$5.72	\$8.58	\$14.30
87164	\$7.86	\$11.80	\$19.66
87166	\$8.34	\$12.51	\$20.85
87168	\$3.10	\$4.64	\$7.74
87169	\$3.10	\$4.64	\$7.74
87172	\$3.10	\$4.64	\$7.74
87176	\$4.29	\$6.43	\$10.72
87177	\$6.67	\$10.01	\$16.68
87181	\$3.58	\$5.36	\$8.94
87184	\$5.48	\$8.22	\$13.70
87185	\$3.58	\$5.36	\$8.94
87186	\$6.44	\$9.65	\$16.09
87187	\$29.55	\$44.32	\$73.87
87188	\$5.00	\$7.51	\$12.51
87190	\$5.48	\$8.22	\$13.70
87197	\$10.96	\$16.44	\$27.40
87205	\$3.10	\$4.64	\$7.74
87206	\$4.05	\$6.08	\$10.13
87207	\$4.53	\$6.79	\$11.32
87209	\$13.34	\$20.02	\$33.36
87210	\$4.29	\$6.43	\$10.72
87220	\$3.10	\$4.64	\$7.74
87230	\$14.54	\$21.80	\$36.34
87250	\$14.30	\$21.45	\$35.75
87252	\$19.30	\$28.96	\$48.26
87253	\$14.78	\$22.16	\$36.94
87254	\$14.30	\$21.45	\$35.75
87255	\$25.02	\$37.53	\$62.55
87260	\$10.72	\$16.09	\$26.81
87265	\$8.82	\$13.22	\$22.04
87267	\$9.77	\$14.66	\$24.43
87269	\$10.01	\$15.01	\$25.02
87270	\$8.82	\$13.22	\$22.04
87271	\$9.77	\$14.66	\$24.43
87272	\$8.82	\$13.22	\$22.04

Diagnostic Radiology	Professional Component	Technical Component	Total
87273	\$8.82	\$13.22	\$22.04
87274	\$8.82	\$13.22	\$22.04
87275	\$9.06	\$13.58	\$22.64
87276	\$11.92	\$17.87	\$29.79
87278	\$11.44	\$17.16	\$28.60
87279	\$12.15	\$18.23	\$30.38
87280	\$9.77	\$14.66	\$24.43
87281	\$8.82	\$13.22	\$22.04
87283	\$44.80	\$67.20	\$112.00
87285	\$9.06	\$13.58	\$22.64
87290	\$9.77	\$14.66	\$24.43
87299	\$11.92	\$17.87	\$29.79
87300	\$8.82	\$13.22	\$22.04
87301	\$8.82	\$13.22	\$22.04
87305	\$8.82	\$13.22	\$22.04
87320	\$10.96	\$16.44	\$27.40
87324	\$8.82	\$13.22	\$22.04
87327	\$9.77	\$14.66	\$24.43
87328	\$10.25	\$15.37	\$25.62
87329	\$8.82	\$13.22	\$22.04
87332	\$8.82	\$13.22	\$22.04
87335	\$9.29	\$13.94	\$23.23
87336	\$11.68	\$17.51	\$29.19
87337	\$8.82	\$13.22	\$22.04
87338	\$10.48	\$15.73	\$26.21
87339	\$11.68	\$17.51	\$29.19
87340	\$7.62	\$11.44	\$19.06
87341	\$7.62	\$11.44	\$19.06
87350	\$8.58	\$12.87	\$21.45
87380	\$13.58	\$20.38	\$33.96
87385	\$9.77	\$14.66	\$24.43
87389	\$17.64	\$26.45	\$44.09
87390	\$17.64	\$26.45	\$44.09
87391	\$16.20	\$24.31	\$40.51
87400	\$10.48	\$15.73	\$26.21
87420	\$10.25	\$15.37	\$25.62
87425	\$8.82	\$13.22	\$22.04
87426	\$25.98	\$38.96	\$64.94
87427	\$8.82	\$13.22	\$22.04
87428	\$51.71	\$77.57	\$129.28
87430	\$12.39	\$18.59	\$30.98
87449	\$8.82	\$13.22	\$22.04

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Diagnostic Radiology	Professional Component	Technical Component	Total
87451	\$7.62	\$11.44	\$19.06
87467	\$18.59	\$27.88	\$46.47
87468	\$25.74	\$38.60	\$64.34
87469	\$25.74	\$38.60	\$64.34
87471	\$25.74	\$38.60	\$64.34
87472	\$31.46	\$47.18	\$78.64
87475	\$14.78	\$22.16	\$36.94
87476	\$25.74	\$38.60	\$64.34
87478	\$25.74	\$38.60	\$64.34
87480	\$14.78	\$22.16	\$36.94
87481	\$25.74	\$38.60	\$64.34
87482	\$40.99	\$61.48	\$102.47
87483	\$306.93	\$460.40	\$767.33
87484	\$25.74	\$38.60	\$64.34
87485	\$14.78	\$22.16	\$36.94
87486	\$25.74	\$38.60	\$64.34
87487	\$31.46	\$47.18	\$78.64
87490	\$16.68	\$25.02	\$41.70
87491	\$25.74	\$38.60	\$64.34
87492	\$39.32	\$58.98	\$98.30
87493	\$27.40	\$41.11	\$68.51
87495	\$22.16	\$33.25	\$55.41
87496	\$25.74	\$38.60	\$64.34
87497	\$31.46	\$47.18	\$78.64
87498	\$25.74	\$38.60	\$64.34
87500	\$25.74	\$38.60	\$64.34
87501	\$37.89	\$56.83	\$94.72
87502	\$70.54	\$105.80	\$176.34
87503	\$21.45	\$32.17	\$53.62
87505	\$94.60	\$141.91	\$236.51
87506	\$193.74	\$290.61	\$484.35
87507	\$306.93	\$460.40	\$767.33
87510	\$14.78	\$22.16	\$36.94
87511	\$25.74	\$38.60	\$64.34
87512	\$30.74	\$46.11	\$76.85
87513	\$25.74	\$38.60	\$64.34
87516	\$25.74	\$38.60	\$64.34
87517	\$31.46	\$47.18	\$78.64
87520	\$23.12	\$34.67	\$57.79
87521	\$25.74	\$38.60	\$64.34
87522	\$31.46	\$47.18	\$78.64
87523	\$31.46	\$47.18	\$78.64

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Diagnostic Radiology	Professional Component	Technical Component	Total
87525	\$21.92	\$32.89	\$54.81
87526	\$28.84	\$43.25	\$72.09
87527	\$30.74	\$46.11	\$76.85
87528	\$14.78	\$22.16	\$36.94
87529	\$25.74	\$38.60	\$64.34
87530	\$31.46	\$47.18	\$78.64
87531	\$42.66	\$63.98	\$106.64
87532	\$25.74	\$38.60	\$64.34
87533	\$30.74	\$46.11	\$76.85
87534	\$16.20	\$24.31	\$40.51
87535	\$25.74	\$38.60	\$64.34
87536	\$62.67	\$94.01	\$156.68
87537	\$16.20	\$24.31	\$40.51
87538	\$25.74	\$38.60	\$64.34
87539	\$43.13	\$64.70	\$107.83
87540	\$14.78	\$22.16	\$36.94
87541	\$25.74	\$38.60	\$64.34
87542	\$30.74	\$46.11	\$76.85
87550	\$14.78	\$22.16	\$36.94
87551	\$35.51	\$53.26	\$88.77
87552	\$31.46	\$47.18	\$78.64
87555	\$19.78	\$29.67	\$49.45
87556	\$30.74	\$46.11	\$76.85
87557	\$31.46	\$47.18	\$78.64
87560	\$20.02	\$30.02	\$50.04
87561	\$25.74	\$38.60	\$64.34
87562	\$31.46	\$47.18	\$78.64
87563	\$25.74	\$38.60	\$64.34
87564	\$56.48	\$84.71	\$141.19
87580	\$14.78	\$22.16	\$36.94
87581	\$25.74	\$38.60	\$64.34
87582	\$223.05	\$334.58	\$557.63
87590	\$19.78	\$29.67	\$49.45
87591	\$25.74	\$38.60	\$64.34
87592	\$31.46	\$47.18	\$78.64
87593	\$37.89	\$56.83	\$94.72
87594	\$25.74	\$38.60	\$64.34
87623	\$25.74	\$38.60	\$64.34
87624	\$25.74	\$38.60	\$64.34
87625	\$29.79	\$44.68	\$74.47
87626	\$51.71	\$77.57	\$129.28
87631	\$105.09	\$157.64	\$262.73

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Diagnostic Radiology	Professional Component	Technical Component	Total
87632	\$160.62	\$240.92	\$401.54
87633	\$306.93	\$460.40	\$767.33
87634	\$51.71	\$77.57	\$129.28
87635	\$37.89	\$56.83	\$94.72
87636	\$105.09	\$157.64	\$262.73
87637	\$105.09	\$157.64	\$262.73
87640	\$25.74	\$38.60	\$64.34
87641	\$25.74	\$38.60	\$64.34
87650	\$14.78	\$22.16	\$36.94
87651	\$25.74	\$38.60	\$64.34
87652	\$30.74	\$46.11	\$76.85
87653	\$25.74	\$38.60	\$64.34
87660	\$14.78	\$22.16	\$36.94
87661	\$25.74	\$38.60	\$64.34
87662	\$37.89	\$56.83	\$94.72
87797	\$22.16	\$33.25	\$55.41
87798	\$25.74	\$38.60	\$64.34
87799	\$31.46	\$47.18	\$78.64
87800	\$32.17	\$48.26	\$80.43
87801	\$51.71	\$77.57	\$129.28
87802	\$9.29	\$13.94	\$23.23
87803	\$11.68	\$17.51	\$29.19
87804	\$12.15	\$18.23	\$30.38
87806	\$24.07	\$36.10	\$60.17
87807	\$9.53	\$14.30	\$23.83
87808	\$11.20	\$16.80	\$28.00
87809	\$15.97	\$23.95	\$39.92
87810	\$25.98	\$38.96	\$64.94
87811	\$30.50	\$45.76	\$76.26
87850	\$18.11	\$27.17	\$45.28
87880	\$12.15	\$18.23	\$30.38
87899	\$11.92	\$17.87	\$29.79
87900	\$96.04	\$144.05	\$240.09
87901	\$189.69	\$284.53	\$474.22
87902	\$189.69	\$284.53	\$474.22
87903	\$360.07	\$540.11	\$900.18
87904	\$19.30	\$28.96	\$48.26
87905	\$9.06	\$13.58	\$22.64
87906	\$94.84	\$142.27	\$237.11
87910	\$189.69	\$284.53	\$474.22
87912	\$189.69	\$284.53	\$474.22
87913	\$189.69	\$284.53	\$474.22

Diagnostic Radiology	Professional Component	Technical Component	Total
87999	BR	BR	BR
Anatomic Pathology			
88000	BR	BR	BR
88005	BR	BR	BR
88007	BR	BR	BR
88012	BR	BR	BR
88014	BR	BR	BR
88016	BR	BR	BR
88020	BR	BR	BR
88025	BR	BR	BR
88027	BR	BR	BR
88028	BR	BR	BR
88029	BR	BR	BR
88036	\$38.37	\$57.55	\$95.92
88037	BR	BR	BR
88040	BR	BR	BR
88045	BR	BR	BR
88099	BR	BR	BR
Cytopathology			
88104	\$53.38	\$80.07	\$133.45
88106	\$47.18	\$70.78	\$117.96
88108	\$46.47	\$69.70	\$116.17
88112	\$45.28	\$67.91	\$113.19
88120	\$365.79	\$548.69	\$914.48
88121	\$265.47	\$398.20	\$663.67
88125	\$19.54	\$29.31	\$48.85
88130	\$13.34	\$20.02	\$33.36
88140	\$5.96	\$8.93	\$14.89
88141	\$16.92	\$25.38	\$42.30
88142	\$15.01	\$22.52	\$37.53
88143	\$16.92	\$25.38	\$42.30
88147	\$37.18	\$55.76	\$92.94
88148	\$13.34	\$20.02	\$33.36
88150	\$13.34	\$20.02	\$33.36
88152	\$20.26	\$30.38	\$50.64
88153	\$17.64	\$26.45	\$44.09
88155	\$10.72	\$16.09	\$26.81
88160	\$55.28	\$82.93	\$138.21
88161	\$55.76	\$83.65	\$139.41
88162	\$87.70	\$131.54	\$219.24

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Diagnostic Radiology	Professional Component	Technical Component	Total
88164	\$13.34	\$20.02	\$33.36
88165	\$31.22	\$46.82	\$78.04
88166	\$13.34	\$20.02	\$33.36
88167	\$13.34	\$20.02	\$33.36
88172	\$38.13	\$57.19	\$95.32
88173	\$114.62	\$171.94	\$286.56
88174	\$18.59	\$27.88	\$46.47
88175	\$19.54	\$29.31	\$48.85
88177	\$20.26	\$30.38	\$50.64
88182	\$106.04	\$159.07	\$265.11
88184	\$50.76	\$76.14	\$126.90
88185	\$14.78	\$22.16	\$36.94
88187	\$24.78	\$37.18	\$61.96
88188	\$41.94	\$62.91	\$104.85
88189	\$57.19	\$85.79	\$142.98
88199	BR	BR	BR

Cytogenetic Studies

88230	\$85.79	\$128.68	\$214.47
88233	\$103.66	\$155.49	\$259.15
88235	\$110.81	\$166.22	\$277.03
88237	\$105.80	\$158.71	\$264.51
88239	\$108.66	\$163.00	\$271.66
88240	\$9.53	\$14.30	\$23.83
88241	\$8.82	\$13.22	\$22.04
88245	\$127.49	\$191.24	\$318.73
88248	\$127.49	\$191.24	\$318.73
88249	\$127.49	\$191.24	\$318.73
88261	\$194.69	\$292.04	\$486.73
88262	\$92.46	\$138.69	\$231.15
88263	\$110.81	\$166.22	\$277.03
88264	\$106.52	\$159.78	\$266.30
88267	\$138.93	\$208.39	\$347.32
88269	\$127.97	\$191.95	\$319.92
88271	\$15.73	\$23.59	\$39.32
88272	\$30.02	\$45.04	\$75.06
88273	\$25.74	\$38.60	\$64.34
88274	\$31.22	\$46.82	\$78.04
88275	\$37.65	\$56.48	\$94.13
88280	\$24.54	\$36.82	\$61.36
88283	\$50.52	\$75.78	\$126.30
88285	\$19.78	\$29.67	\$49.45

Diagnostic Radiology	Professional Component	Technical Component	Total
88289	\$25.26	\$37.89	\$63.15
88291	\$23.35	\$35.03	\$58.38
88299	BR	BR	BR

Surgical Pathology

88300	\$11.20	\$16.80	\$28.00
88302	\$22.16	\$33.25	\$55.41
88304	\$28.36	\$42.53	\$70.89
88305	\$48.38	\$72.56	\$120.94
88307	\$189.93	\$284.89	\$474.82
88309	\$284.53	\$426.80	\$711.33
88311	\$13.82	\$20.73	\$34.55
88312	\$73.87	\$110.81	\$184.68
88313	\$53.86	\$80.78	\$134.64
88314	\$56.72	\$85.07	\$141.79
88319	\$89.12	\$133.69	\$222.81
88321	\$66.72	\$100.09	\$166.81
88323	\$79.59	\$119.39	\$198.98
88325	\$108.66	\$163.00	\$271.66
88329	\$36.94	\$55.40	\$92.34
88331	\$68.16	\$102.23	\$170.39
88332	\$36.94	\$55.40	\$92.34
88333	\$61.96	\$92.94	\$154.90
88334	\$37.89	\$56.83	\$94.72
88341	\$63.86	\$95.80	\$159.66
88342	\$74.59	\$111.88	\$186.47
88344	\$113.67	\$170.50	\$284.17
88346	\$95.56	\$143.34	\$238.90
88348	\$323.61	\$485.42	\$809.03
88350	\$73.16	\$109.74	\$182.90
88355	\$96.51	\$144.77	\$241.28
88356	\$159.66	\$239.49	\$399.15
88358	\$89.60	\$134.40	\$224.00
88360	\$79.36	\$119.03	\$198.39
88361	\$77.21	\$115.81	\$193.02
88362	\$154.90	\$232.34	\$387.24
88363	\$15.97	\$23.95	\$39.92
88364	\$85.31	\$127.97	\$213.28
88365	\$115.10	\$172.65	\$287.75
88366	\$177.06	\$265.58	\$442.64
88367	\$72.44	\$108.67	\$181.11
88368	\$98.90	\$148.34	\$247.24

Diagnostic Radiology	Professional Component	Technical Component	Total
88369	\$86.50	\$129.76	\$216.26
88371	\$16.44	\$24.67	\$41.11
88372	\$19.30	\$28.96	\$48.26
88373	\$43.85	\$65.77	\$109.62
88374	\$178.96	\$268.45	\$447.41
88375	\$32.41	\$48.61	\$81.02
88377	\$254.98	\$382.48	\$637.46
88380	\$84.60	\$126.89	\$211.49
88381	\$127.73	\$191.59	\$319.32
88387	\$23.12	\$34.67	\$57.79
88399	BR	BR	BR

In Vivo (eg, Transcutaneous) Laboratory Procedures

88720	\$3.81	\$5.72	\$9.53
88738	\$3.81	\$5.72	\$9.53
88740	\$6.91	\$10.37	\$17.28
88741	\$6.91	\$10.37	\$17.28
88749	BR	BR	BR

Other Procedures

89049	\$192.31	\$288.46	\$480.77
89050	\$3.58	\$5.36	\$8.94
89051	\$4.05	\$6.08	\$10.13
89055	\$3.10	\$4.64	\$7.74
89060	\$5.48	\$8.22	\$13.70
89125	\$4.29	\$6.43	\$10.72
89160	\$3.58	\$5.36	\$8.94
89190	\$4.29	\$6.43	\$10.72
89220	\$12.39	\$18.59	\$30.98
89230	\$1.91	\$2.86	\$4.77
89240	BR	BR	BR

Reproductive Medicine Procedures

89250	\$1,116.68	\$1,675.02	\$2,791.70
89251	\$1,219.15	\$1,828.72	\$3,047.87
89253	\$568.35	\$852.52	\$1,420.87
89254	\$442.76	\$664.15	\$1,106.91
89255	\$335.05	\$502.58	\$837.63
89257	\$286.44	\$429.66	\$716.10
89258	\$676.78	\$1,015.16	\$1,691.94
89259	\$191.83	\$287.75	\$479.58
89260	\$147.75	\$221.62	\$369.37

HCP Fee Schedule & Billing Instructions

Effective January 01, 2026

Diagnostic Radiology	Professional Component	Technical Component	Total
89261	\$164.43	\$246.64	\$411.07
89264	\$328.62	\$492.92	\$821.54
89268	\$520.93	\$781.39	\$1,302.32
89272	\$853.83	\$1,280.75	\$2,134.58
89280	\$1,208.43	\$1,812.64	\$3,021.07
89281	\$1,098.33	\$1,647.50	\$2,745.83
89290	\$1,193.18	\$1,789.76	\$2,982.94
89291	\$1,381.91	\$2,072.86	\$3,454.77
89300	\$7.15	\$10.72	\$17.87
89310	\$6.44	\$9.65	\$16.09
89320	\$9.06	\$13.58	\$22.64
89321	\$8.82	\$13.22	\$22.04
89322	\$11.44	\$17.16	\$28.60
89325	\$7.86	\$11.80	\$19.66
89329	\$14.54	\$21.80	\$36.34
89330	\$7.62	\$11.44	\$19.06
89331	\$14.54	\$21.80	\$36.34
89335	\$219.71	\$329.57	\$549.28
89337	\$1,907.12	\$2,860.69	\$4,767.81
89342	\$429.42	\$644.13	\$1,073.55
89343	\$367.94	\$551.90	\$919.84
89344	\$330.05	\$495.07	\$825.12
89346	\$437.04	\$655.57	\$1,092.61
89352	\$346.73	\$520.09	\$866.82
89353	\$115.58	\$173.36	\$288.94
89354	\$164.43	\$246.64	\$411.07
89356	\$329.57	\$494.36	\$823.93
89398	BR	BR	BR