PEIA Maximum Facility Fee Allowance
CPT Procedure Code Listing Effective July 1, 2016
(PEIA may modify this list at it's discretion)

CPT Code Description	PEIA Maximum Facility Fee Allowance	Procedure Code
Colonoscopy (no biopsy)	$ 880	44408
Colonoscopy (no biopsy)	$ 880	45378
Colonoscopy (no biopsy)	$ 880	44388
Colonoscopy (no biopsy)	$ 880	45391
Colonoscopy (no biopsy)	$ 880	G0105
Colonoscopy (no biopsy)	$ 880	G0121
Colonoscopy (with biopsy)	$ 880	45393
Colonoscopy (with biopsy)	$ 880	45398
Colonoscopy (with biopsy)	$ 880	44389
Colonoscopy (with biopsy)	$ 880	44390
Colonoscopy (with biopsy)	$ 880	44392
Colonoscopy (with biopsy)	$ 880	44393
Colonoscopy (with biopsy)	$ 880	44394
Colonoscopy (with biopsy)	$ 880	44401
Colonoscopy (with biopsy)	$ 880	44402
Colonoscopy (with biopsy)	$ 880	44403
Colonoscopy (with biopsy)	$ 880	44404
Colonoscopy (with biopsy)	$ 880	44405
Colonoscopy (with biopsy)	$ 880	44406
Colonoscopy (with biopsy)	$ 880	44407
Colonoscopy (with biopsy)	$ 880	45379
Colonoscopy (with biopsy)	$ 880	45380
Colonoscopy (with biopsy)	$ 880	45381
Colonoscopy (with biopsy)	$ 880	45382
Colonoscopy (with biopsy)	$ 880	45383
Colonoscopy (with biopsy)	$ 880	45384
Colonoscopy (with biopsy)	$ 880	45385
Colonoscopy (with biopsy)	$ 880	45388
Colonoscopy (with biopsy)	$ 880	45389
Colonoscopy (with biopsy)	$ 880	45390
Upper Gastrointestinal Endoscopy (no biopsy)	$ 830	43248
Upper Gastrointestinal Endoscopy (no biopsy)	$ 830	43234
Upper Gastrointestinal Endoscopy (no biopsy)	$ 830	43235
Upper Gastrointestinal Endoscopy (with biopsy)	$ 830	43270
Upper Gastrointestinal Endoscopy (with biopsy)	$ 830	43236
Upper Gastrointestinal Endoscopy (with biopsy)	$ 830	43238
Upper Gastrointestinal Endoscopy (with biopsy)	$ 830	43239
Upper Gastrointestinal Endoscopy (with biopsy)	$ 830	43240
Upper Gastrointestinal Endoscopy (with biopsy)	$ 830	43242
Transthoracic Echocardiogram (TTE)	$ 500	93303
Transthoracic Echocardiogram (TTE)	$ 500	93306
Transthoracic Echocardiogram (TTE)	$ 500	93307
Transthoracic Echocardiogram (TTE)	$ 500	93350
Transthoracic Echocardiogram (TTE)	$ 500	93351
Heart Perfusion Imaging	$ 1,400	78451
Heart Perfusion Imaging	$ 1,400	78452
Sleep Study	$ 960	95810
Sleep Study	$ 960	95811

CPT Code Description	PEIA Maximum Facility Fee Allowance	Procedure Code
Cataract Surgery	$ 1,960	66830
Cataract Surgery	$ 1,960	66840
Cataract Surgery	$ 1,960	66850
Cataract Surgery	$ 1,960	66852
Cataract Surgery	$ 1,960	66920
Cataract Surgery	$ 1,960	66930
Cataract Surgery	$ 1,960	66940
Cataract Surgery	$ 1,960	66982
Cataract Surgery	$ 1,960	66983
Cataract Surgery	$ 1,960	66984
Cataract Surgery	$ 1,960	66985
Cholecystectomy (laparoscopic)	$ 4,200	47562
Cholecystectomy (laparoscopic)	$ 4,200	47563
Cholecystectomy (laparoscopic)	$ 4,200	47570
Complex Ear Drum Repair (Tympanoplasty)	$ 4,200	69631
Complex Ear Drum Repair (Tympanoplasty)	$ 4,200	69632
Complex Ear Drum Repair (Tympanoplasty)	$ 4,200	69633
Complex Ear Drum Repair (Tympanoplasty)	$ 4,200	69635
Complex Ear Drum Repair (Tympanoplasty)	$ 4,200	69636
Complex Ear Drum Repair (Tympanoplasty)	$ 4,200	69637
Complex Ear Drum Repair (Tympanoplasty)	$ 4,200	69641
Complex Ear Drum Repair (Tympanoplasty)	$ 4,200	69642
Complex Ear Drum Repair (Tympanoplasty)	$ 4,200	69643
Complex Ear Drum Repair (Tympanoplasty)	$ 4,200	69644
Complex Ear Drum Repair (Tympanoplasty)	$ 4,200	69645
Complex Ear Drum Repair (Tympanoplasty)	$ 4,200	69646
Ear Tube Placement (Tympanostomy)	$ 2,110	69421
Ear Tube Placement (Tympanostomy)	$ 2,110	69436
Hernia Repair - Laparoscopic (inguinal, umbilical, or ventral)	$ 6,080	49650
Hernia Repair - Laparoscopic (inguinal, umbilical, or ventral)	$ 6,080	49651
Hernia Repair - Laparoscopic (inguinal, umbilical, or ventral)	$ 6,080	49652
Hernia Repair - Laparoscopic (inguinal, umbilical, or ventral)	$ 6,080	49653
Hernia Repair - Laparoscopic (inguinal, umbilical, or ventral)	$ 6,080	49654
Hernia Repair - Laparoscopic (inguinal, umbilical, or ventral)	$ 6,080	49655
Hernia Repair - Laparoscopic (inguinal, umbilical, or ventral)	$ 6,080	49656
Hernia Repair - Laparoscopic (inguinal, umbilical, or ventral)	$ 6,080	49657
Hernia Repair (inguinal, umbilical, or ventral)	$ 3,000	49505
Hernia Repair (inguinal, umbilical, or ventral)	$ 3,000	49507
Hernia Repair (inguinal, umbilical, or ventral)	$ 3,000	49520
Hernia Repair (inguinal, umbilical, or ventral)	$ 3,000	49521
Hernia Repair (inguinal, umbilical, or ventral)	$ 3,000	49525
Hernia Repair (inguinal, umbilical, or ventral)	$ 3,000	49540
Hernia Repair (inguinal, umbilical, or ventral)	$ 3,000	49550
Hernia Repair (inguinal, umbilical, or ventral)	$ 3,000	49553
Hernia Repair (inguinal, umbilical, or ventral)	$ 3,000	49555
Hernia Repair (inguinal, umbilical, or ventral)	$ 3,000	49557
Hernia Repair (inguinal, umbilical, or ventral)	$ 3,000	49560
Hernia Repair (inguinal, umbilical, or ventral)	$ 3,000	49561
Hernia Repair (inguinal, umbilical, or ventral)	$ 3,000	49565
Hernia Repair (inguinal, umbilical, or ventral)	$ 3,000	49566
Hernia Repair (inguinal, umbilical, or ventral)	$ 3,000	49570
Hernia Repair (inguinal, umbilical, or ventral)	$ 3,000	49572
Hernia Repair (inguinal, umbilical, or ventral)	$ 3,000	49580
Hernia Repair (inguinal, umbilical, or ventral)	$ 3,000	49582

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Hernia Repair (inguinal, umbilical, or ventral)	$ 3,000	49585
Hernia Repair (inguinal, umbilical, or ventral)	$ 3,000	49587
Hernia Repair (inguinal, umbilical, or ventral)	$ 3,000	49590
Lithotripsy	$ 3,850	50590
Nasal Septum Repair	$ 4,130	30520
Nasal Septum Repair	$ 4,130	30580
Nasal Septum Repair	$ 4,130	30600
Nasal Septum Repair	$ 4,130	30620
Nasal Septum Repair	$ 4,130	30630
Tonsillectomy	$ 2,160	42820
Tonsillectomy	$ 2,160	42821
Tonsillectomy	$ 2,160	42825
Tonsillectomy	$ 2,160	42826
Breast Biopsy (with stereotactic or ultrasound guidance)	$ 1,300	19081
Breast Biopsy (with stereotactic or ultrasound guidance)	$ 1,300	19083
Breast Biopsy (with stereotactic or ultrasound guidance)	$ 1,300	19102
Breast Biopsy (with stereotactic or ultrasound guidance)	$ 1,300	19103
Excise Lesions (laparoscopic)	$ 4,200	58662
Hysteroscopy (lesion removal or tubal ligation)	$ 4,420	58563
Hysteroscopy (lesion removal or tubal ligation)	$ 4,420	58565
Hysteroscopy (with biopsy)	$ 2,100	58558
Laparoscopic Hysterectomy	$ 4,200	58570
Laparoscopic Hysterectomy	$ 4,200	58571
Laparoscopic Hysterectomy	$ 4,200	58572
Laparoscopic Hysterectomy	$ 4,200	58573
Laparoscopic Hysterectomy	$ 4,200	58541
Laparoscopic Hysterectomy	$ 4,200	58542
Laparoscopic Hysterectomy	$ 4,200	58543
Laparoscopic Hysterectomy	$ 4,200	58544
Vaginal Hysterectomy	$ 4,420	58260
Vaginal Hysterectomy	$ 4,420	58262
Vaginal Hysterectomy	$ 4,420	58263
Vaginal Hysterectomy	$ 4,420	58267
Vaginal Hysterectomy	$ 4,420	58270
Vaginal Hysterectomy	$ 4,420	58275
Vaginal Hysterectomy	$ 4,420	58280
Vaginal Hysterectomy	$ 4,420	58290
Vaginal Hysterectomy	$ 4,420	58291
Vaginal Hysterectomy	$ 4,420	58292
Vaginal Hysterectomy	$ 4,420	58293
Vaginal Hysterectomy	$ 4,420	58294
Anterior Cruciate Ligament Knee Surgery (ACL)	$ 8,520	29888
Carpal Tunnel Surgery	$ 1,540	64721
Knee Arthroscopy	$ 2,450	29850
Knee Arthroscopy	$ 2,450	29870
Knee Arthroscopy	$ 2,450	29871
Knee Arthroscopy	$ 2,450	29873
Knee Arthroscopy	$ 2,450	29874
Knee Arthroscopy	$ 2,450	29875
Knee Arthroscopy	$ 2,450	29876
Knee Arthroscopy	$ 2,450	29877
Knee Arthroscopy	$ 2,450	29879
Knee Arthroscopy	$ 2,450	29880
Knee Arthroscopy	$ 2,450	29881

CPT Code Description	PEIA Maximum Facility Fee Allowance	Procedure Code
Knee Arthroscopy	$ 2,450	29882
Knee Arthroscopy	$ 2,450	29883
Knee Arthroscopy	$ 2,450	29884
Knee Arthroscopy	$ 2,450	29885
Knee Arthroscopy	$ 2,450	29886
Knee Arthroscopy	$ 2,450	29887
Rotator Cuff Repair (non-arthroscopic)	$ 7,460	23410
Rotator Cuff Repair (non-arthroscopic)	$ 7,460	23412
Spinal Fusion (lumbar)	$ 14,750	22558
Spinal Fusion (lumbar)	$ 14,750	22533
Spinal Fusion (lumbar)	$ 14,750	22612
Spinal Fusion (lumbar)	$ 14,750	22630
Spinal Fusion (lumbar)	$ 14,750	22633
Brain MRI (with and without contrast)	$ 550	70553
Arm CT (no contrast)	$ 145	73200
Knee MRI (with contrast)	$ 475	73722
Neck CT (with and without contrast)	$ 320	70492
CT Angiography of Head or Neck	$ 325	70496
CT Angiography of Head or Neck	$ 325	70498
Leg MRI (no contrast)	$ 330	73718
Hip MRI (with and without contrast)	$ 550	73723
Brain CT (no contrast)	$ 145	70450
Leg CT (with contrast)	$ 280	73701
Spine CT (with and without contrast)	$ 320	72130
Spine CT (with and without contrast)	$ 320	72133
Spine CT (with and without contrast)	$ 320	72127
Spine MRI (with contrast)	$ 475	72147
Spine MRI (with contrast)	$ 475	72142
Spine MRI (with contrast)	$ 475	72149
Abdominal CT (no contrast)	$ 145	74150
Face and Jaw CT (with contrast)	$ 280	70487
Face and Jaw CT (with contrast)	$ 280	70481
Elbow MRI (no contrast)	$ 330	73221
Shoulder MRI (with and without contrast)	$ 550	73223
Chest CT (with contrast)	$ 280	71260