

Anthem Fee Reimbursement Effective July 1, 2019					
				Blue Access	Blue Access
		Blue Traditional	Blue Traditional	Blue Preferred	Blue Preferred
Procedure	Description	Non-facility	Facility	Non-facility	Facility
Integumentary					
11042	Deb subq tissue 20 sq cm/<	\$ 132.44	\$ 62.39	\$ 132.44	\$ 62.39
11102	Tangntl bx skin single les	\$ 92.91	\$ 37.93	\$ 92.91	\$ 37.93
11104	Punch bx skin single lesion	\$ 116.86	\$ 47.64	\$ 116.86	\$ 47.64
11106	Incal bx skn single les	\$ 141.31	\$ 57.85	\$ 141.31	\$ 57.85
11750	Removal of nail bed	\$ 190.62	\$ 98.99	\$ 190.62	\$ 98.99
13101	Cmplx rpr trunk 2.6-7.5 cm	\$ 400.91	\$ 240.88	\$ 400.91	\$ 240.88
13132	Cmplx rpr f/c/c/m/n/ax/g/h/f	\$ 516.40	\$ 299.21	\$ 516.40	\$ 299.21
13152	Cmplx rpr e/n/e/l 2.6-7.5 cm	\$ 577.80	\$ 330.89	\$ 577.80	\$ 330.89
14061	Tis trnfr e/n/e/l10.1-30sqcm	\$ 1,126.50	\$ 790.42	\$ 1,126.50	\$ 790.42
17110	Destruct b9 lesion 1-14	\$ 106.25	\$ 54.27	\$ 106.25	\$ 54.27
Musculoskeletal					
20552	Inj trigger point 1/2 muscl	\$ 79.70	\$ 36.67	\$ 79.70	\$ 36.67
20610	Drain/inj joint/bursa w/o us	\$ 89.11	\$ 43.69	\$ 89.11	\$ 43.69
22853	Insj biomechanical device	\$ 243.86	\$ 243.86	\$ 243.86	\$ 243.86
27096	Inject sacroiliac joint	\$ 310.03	\$ 102.35	\$ 310.03	\$ 102.35
27130	Total hip arthroplasty	\$ 1,975.00	\$ 1,975.00	\$ 1,975.00	\$ 1,975.00
27447	Total knee arthroplasty	\$ 2,089.40	\$ 2,089.40	\$ 2,089.40	\$ 2,089.40
27530	Treat knee fracture	\$ 521.96	\$ 264.82	\$ 521.96	\$ 264.82
27786	Treatment of ankle fracture	\$ 425.90	\$ 269.68	\$ 425.90	\$ 269.68
Podiatry					
28010	Incision of toe tendon	\$ 238.02	\$ 202.39	\$ 238.02	\$ 202.39
28011	Incision of toe tendons	\$ 338.55	\$ 274.70	\$ 338.55	\$ 274.70
28118	Removal of heel bone	\$ 560.68	\$ 457.45	\$ 560.68	\$ 457.45
28190	Removal of foot foreign body	\$ 229.80	\$ 129.88	\$ 229.80	\$ 129.88
28285	Repair of hammertoe	\$ 439.70	\$ 357.11	\$ 439.70	\$ 357.11
28308	Incision of metatarsal	\$ 513.54	\$ 403.00	\$ 513.54	\$ 403.00
ENT					
30520	Repair of nasal septum	\$ 588.60	\$ 588.60	\$ 588.60	\$ 588.60
31231	Nasal endoscopy dx	\$ 224.03	\$ 61.70	\$ 224.03	\$ 61.70
31267	Endoscopy maxillary sinus	\$ 483.10	\$ 483.10	\$ 483.10	\$ 483.10
31298	Nsl/sins ndsc w/sins dilat	\$ 3,629.56	\$ 244.78	\$ 3,629.56	\$ 244.78
31500	Insert emergency airway	\$ 159.50	\$ 159.50	\$ 159.50	\$ 159.50
31575	Diagnostic laryngoscopy	\$ 145.26	\$ 63.47	\$ 145.26	\$ 63.47
Digestive					
43239	Egd biopsy single/multiple	\$ 338.24	\$ 269.76	\$ 338.24	\$ 269.76
45378	Diagnostic colonoscopy	\$ 519.26	\$ 297.75	\$ 519.26	\$ 297.75
45380	Colonoscopy and biopsy	\$ 623.48	\$ 358.77	\$ 623.48	\$ 358.77
45385	Colonoscopy w/lesion removal	\$ 704.10	\$ 425.99	\$ 704.10	\$ 425.99
46083	Incise external hemorrhoid	\$ 235.89	\$ 101.57	\$ 235.89	\$ 101.57
46930	Destroy internal hemorrhoids	\$ 311.40	\$ 141.98	\$ 311.40	\$ 141.98
Maternity & OB/Gyn					
58301	Remove intrauterine device	\$ 134.12	\$ 64.05	\$ 134.12	\$ 64.05
58558	Hysteroscopy biopsy	\$ 1,934.43	\$ 221.83	\$ 1,934.43	\$ 221.83
58563	Hysteroscopy ablation	\$ 3,197.32	\$ 236.42	\$ 3,197.32	\$ 236.42
59400	Obstetrical care	\$ 2,200.00	\$ 2,200.00	\$ 2,200.00	\$ 2,200.00
59510	Cesarean delivery	\$ 2,200.00	\$ 2,200.00	\$ 2,200.00	\$ 2,200.00

Anthem Fee Reimbursement Effective July 1, 2019					
				Blue Access	Blue Access
		Blue Traditional	Blue Traditional	Blue Preferred	Blue Preferred
Procedure	Description	Non-facility	Facility	Non-facility	Facility
<b>Nervous</b>					
62368	Analyze sp inf pump w/reprog	\$ 156.70	\$ 34.04	\$ 156.70	\$ 34.04
64405	N block inj occipital	\$ 162.50	\$ 49.86	\$ 162.50	\$ 49.86
64483	Inj foramen epidural l/s	\$ 261.70	\$ 102.74	\$ 261.70	\$ 102.74
64493	Inj paravert f jnt l/s 1 lev	\$ 177.46	\$ 109.51	\$ 177.46	\$ 109.51
64494	Inj paravert f jnt l/s 2 lev	\$ 86.57	\$ 63.19	\$ 86.57	\$ 63.19
64615	Chemodenerv musc migraine	\$ 178.70	\$ 112.10	\$ 178.70	\$ 112.10
<b>Radiology</b>					
71045	X-ray exam chest 1 view	\$ 18.46	\$ 18.46	\$ 18.46	\$ 18.46
7104526	X-ray exam chest 1 view	\$ 8.73	\$ 8.73	\$ 8.73	\$ 8.73
71046	X-ray exam chest 2 views	\$ 28.46	\$ 28.46	\$ 28.46	\$ 28.46
7104626	X-ray exam chest 2 views	\$ 10.46	\$ 10.46	\$ 10.46	\$ 10.46
72040	X-ray exam neck spine 2-3 vw	\$ 51.56	\$ 34.37	\$ 51.56	\$ 34.37
7204026	X-ray exam neck spine 2-3 vw	\$ 14.60	\$ 14.60	\$ 14.60	\$ 14.60
77067	Scr mammo bi incl cad	\$ 142.23	\$ 139.90	\$ 142.23	\$ 139.90
7706726	Scr mammo bi incl cad	\$ 39.50	\$ 39.50	\$ 39.50	\$ 39.50
<b>Clinical Laboratory</b>					
80061	Lipid panel	\$ 6.02	\$ 6.02	\$ 6.02	\$ 6.02
81025	Urine pregnancy test	\$ 5.17	\$ 5.17	\$ 5.17	\$ 5.17
84153	Assay of psa total	\$ 10.42	\$ 10.42	\$ 10.42	\$ 10.42
85025	Complete cbc w/auto diff wbc	\$ 3.68	\$ 3.68	\$ 3.68	\$ 3.68
87804	Influenza assay w/optic	\$ 16.00	\$ 16.00	\$ 16.00	\$ 16.00
87880	Strep a assay w/optic	\$ 9.92	\$ 9.92	\$ 9.92	\$ 9.92
88175	Cytopath c/v auto fluid redo	\$ 15.01	\$ 15.01	\$ 15.01	\$ 15.01
<b>Surgical Pathology</b>					
88304	Tissue exam by pathologist	\$ 42.08	\$ 42.08	\$ 42.08	\$ 42.08
8830426	Tissue exam by pathologist	\$ 14.08	\$ 14.08	\$ 14.08	\$ 14.08
88305	Tissue exam by pathologist	\$ 91.31	\$ 91.31	\$ 91.31	\$ 91.31
8830526	Tissue exam by pathologist	\$ 45.95	\$ 45.95	\$ 45.95	\$ 45.95
88307	Tissue exam by pathologist	\$ 206.98	\$ 206.98	\$ 206.98	\$ 206.98
8830726	Tissue exam by pathologist	\$ 101.02	\$ 101.02	\$ 101.02	\$ 101.02
<b>Vaccines</b>					
90633	Hepa vacc ped/adol 2 dose im	\$ 33.00	\$ 33.00	\$ 33.00	\$ 33.00
90670	Pcv13 vaccine im	\$ 205.11	\$ 205.11	\$ 205.11	\$ 205.11
90686	liv4 vacc no prsv 0.5 ml im	\$ 19.03	\$ 19.03	\$ 19.03	\$ 19.03
90715	Tdap vaccine 7 yrs/> im	\$ 32.34	\$ 32.34	\$ 32.34	\$ 32.34
90734	Mcv4 menacwy vaccine im	\$ 132.00	\$ 132.00	\$ 132.00	\$ 132.00
<b>Vaccine Administration</b>					
90471	Immunization admin	\$ 25.42	\$ 15.87	\$ 25.42	\$ 15.87
90472	Immunization admin, each add	\$ 12.51	\$ 12.51	\$ 12.51	\$ 12.51
90473	Immune admin oral/nasal	\$ 25.42	\$ 25.42	\$ 25.42	\$ 25.42
90474	Immune admin oral/nasal addl	\$ 12.51	\$ 12.51	\$ 12.51	\$ 12.51
<b>Behavioral Health (MD level)</b>					
90791	Psych diagnostic evaluation	\$ 150.79	\$ 117.09	\$ 150.79	\$ 117.09
90832	Psytx w pt 30 minutes	\$ 65.72	\$ 52.91	\$ 65.72	\$ 52.91
90834	Psytx w pt 45 minutes	\$ 88.19	\$ 80.77	\$ 88.19	\$ 80.77
90837	Psytx w pt 60 minutes	\$ 129.95	\$ 121.83	\$ 129.95	\$ 121.83
90847	Family psytx w/pt 50 min	\$ 104.16	\$ 95.91	\$ 104.16	\$ 95.91
90853	Group psychotherapy	\$ 31.64	\$ 29.00	\$ 31.64	\$ 29.00

Anthem Fee Reimbursement Effective July 1, 2019					
				Blue Access	Blue Access
		Blue Traditional	Blue Traditional	Blue Preferred	Blue Preferred
Procedure	Description	Non-facility	Facility	Non-facility	Facility
Hearing					
92507	Speech/hearing therapy	\$ 67.78	\$ 67.78	\$ 67.78	\$ 67.78
92526	Oral function therapy	\$ 64.30	\$ 22.20	\$ 64.30	\$ 22.20
92551	Pure tone hearing test air	\$ 13.15	\$ 13.15	\$ 13.15	\$ 13.15
92557	Comprehensive hearing test	\$ 47.10	\$ 45.40	\$ 47.10	\$ 45.40
92567	Tympanometry	\$ 20.70	\$ 19.24	\$ 20.70	\$ 19.24
Sleep Studies					
95810	Polysom 6/> yrs 4/> param	\$ 586.26	\$ 586.26	\$ 586.26	\$ 586.26
9581026	Polysom 6/> yrs 4/> param	\$ 119.97	\$ 119.97	\$ 119.97	\$ 119.97
95811	Polysom 6/>yrs cpap 4/> parm	\$ 616.00	\$ 616.00	\$ 616.00	\$ 616.00
9581126	Polysom 6/>yrs cpap 4/> parm	\$ 124.76	\$ 124.76	\$ 124.76	\$ 124.76
Neurology					
95886	Musc test done w/n test comp	\$ 91.81	\$ 91.81	\$ 91.81	\$ 91.81
9588626	Musc test done w/n test comp	\$ 50.78	\$ 50.78	\$ 50.78	\$ 50.78
95907	Nrv cndj tst 1-2 studies	\$ 111.36	\$ 111.36	\$ 111.36	\$ 111.36
95908	Nrv cndj tst 3-4 studies	\$ 136.97	\$ 136.97	\$ 136.97	\$ 136.97
95909	Nrv cndj tst 5-6 studies	\$ 164.36	\$ 164.36	\$ 164.36	\$ 164.36
95910	Nrv cndj test 7-8 studies	\$ 216.96	\$ 216.96	\$ 216.96	\$ 216.96
Physical Therapy					
97012	Mechanical traction therapy	\$ 11.79	\$ 11.79	\$ 11.79	\$ 11.79
97014	Electric stimulation therapy	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00
97110	Therapeutic exercises	\$ 23.55	\$ 23.55	\$ 23.55	\$ 23.55
97112	Neuromuscular reeducation	\$ 24.52	\$ 24.52	\$ 24.52	\$ 24.52
97140	Manual therapy 1/> regions	\$ 22.07	\$ 22.07	\$ 22.07	\$ 22.07
97530	Therapeutic activities	\$ 25.71	\$ 25.71	\$ 25.71	\$ 25.71
Chiropractic					
98940	Chiropract manj 1-2 regions	\$ 16.47	\$ 13.29	\$ 16.47	\$ 13.29
98941	Chiropract manj 3-4 regions	\$ 24.06	\$ 20.48	\$ 24.06	\$ 20.48
98942	Chiropractic manj 5 regions	\$ 31.14	\$ 27.76	\$ 31.14	\$ 27.76
98943	Chiropract manj xtrspnl 1/>	\$ 15.76	\$ 13.77	\$ 15.76	\$ 13.77
Evaluation & Management					
99203	Office/outpatient visit, new	\$ 106.19	\$ 106.19	\$ 106.19	\$ 106.19
99204	Office/outpatient visit, new	\$ 162.17	\$ 162.17	\$ 162.17	\$ 162.17
99205	Office/outpatient visit, new	\$ 201.30	\$ 201.30	\$ 201.30	\$ 201.30
99212	Office/outpatient visit, est	\$ 43.00	\$ 43.00	\$ 43.00	\$ 43.00
99213	Office/outpatient visit, est	\$ 71.77	\$ 71.77	\$ 71.77	\$ 71.77
99214	Office/outpatient visit, est	\$ 105.54	\$ 105.54	\$ 105.54	\$ 105.54
99215	Office/outpatient visit, est	\$ 141.38	\$ 141.38	\$ 141.38	\$ 141.38
99391	Periodic preventive evaluation and management; under 1 Yr of age	\$ 100.71	\$ 100.71	\$ 100.71	\$ 100.71
99392	Periodic evaluation and mangement; early childhood age 1-4 yrs	\$ 108.98	\$ 108.98	\$ 108.98	\$ 108.98
99393	Periodic evaluation and management; age 5-11 years of age	\$ 108.98	\$ 108.98	\$ 108.98	\$ 108.98
99394	Periodic preventive evaluation and management; 12-17 yrs of age	\$ 124.43	\$ 124.43	\$ 124.43	\$ 124.43
99395	Periodic preventive evaluation and management; 18-39 yrs of age	\$ 116.76	\$ 116.76	\$ 116.76	\$ 116.76
99396	Periodic preventive evaluation and management; 40-64 yrs of age	\$ 131.20	\$ 131.20	\$ 131.20	\$ 131.20
99397	Periodic preventive evaluation and management; 65 yrs of age or older	\$ 146.65	\$ 146.65	\$ 146.65	\$ 146.65
99241	Office consultation	\$ 43.00	\$ 43.00	\$ 43.00	\$ 43.00
99242	Office consultation	\$ 73.29	\$ 73.29	\$ 73.29	\$ 73.29
99243	Office consultation	\$ 106.19	\$ 106.19	\$ 106.19	\$ 106.19
99244	Office consultation	\$ 162.17	\$ 162.17	\$ 162.17	\$ 162.17
99245	Office consultation	\$ 201.30	\$ 201.30	\$ 201.30	\$ 201.30

<b>Anthem Fee Reimbursement Effective July 1, 2019</b>					
				<b>Blue Access</b>	<b>Blue Access</b>
		<b>Blue Traditional</b>	<b>Blue Traditional</b>	<b>Blue Preferred</b>	<b>Blue Preferred</b>
<b>Procedure</b>	<b>Description</b>	<b>Non-facility</b>	<b>Facility</b>	<b>Non-facility</b>	<b>Facility</b>
<b>HCPCS</b>					
A4604	Tubing with heating element	\$ 38.95	\$ 38.95	\$ 38.95	\$ 38.95
A7030	Cpap full face mask	\$ 98.93	\$ 98.93	\$ 98.93	\$ 98.93
A7034	Nasal application device	\$ 60.89	\$ 60.89	\$ 60.89	\$ 60.89
E0562RR	Humidifier heated used w pap	\$ 13.45	\$ 13.45	\$ 13.45	\$ 13.45
E0601RR	Cont airway pressure device	\$ 40.10	\$ 40.10	\$ 40.10	\$ 40.10
E0720	Tens two lead	\$ 43.39	\$ 43.39	\$ 43.39	\$ 43.39
E0730	Tens four lead	\$ 43.66	\$ 43.66	\$ 43.66	\$ 43.66
L3020	Foot longitud/metatarsal sup	\$ 125.05	\$ 125.05	\$ 125.05	\$ 125.05
L4361	Pneuma/vac walk boot pre ots	\$ 197.76	\$ 197.76	\$ 197.76	\$ 197.76
<b>Anesthesia</b>					
	MD Reimbursement per unit	\$ 42.00	\$ 42.00	\$ 42.00	\$ 42.00
	CRNA Reimbursement per unit	\$ 35.70	\$ 35.70	\$ 35.70	\$ 35.70
*Non-MD mental health practitioners such as LCSW, LMFT, LMHC, etc are reimbursed at 80% of the MD fee schedule					
*Midlevel practitioners such as NP, PA, etc are reimbursed at 85% of the MD fee schedule except for HCPCS and other codes. Refer to the online fee schedule for specific code reimbursements.					