

**ADVANCED REGISTERED NURSE PRACTITIONER SERVICES FEE SCHEDULE
EFFECTIVE JANUARY 1, 2007**

Anesthesia Reimbursement Method:

Base rate = MAX FEE

Time = TOTAL MINUTES

Conversion Factor = \$14.50

*** For age 00-20, the total reimbursement is increased by 4% (Effective DOS 7/01/01)**

BASE + (time/15 x Conv Factor) = Total Reimbursement* (For CRNAs, reimbursement is 80% of TOTAL)

CODE	DESCRIPTION	ANESTHESIA	AGE 21+	00-20	MAX	FUD	UNITS	SPEC
		BASE FEE	MAX FEE	MAX FEE				
CERTIFIED REGISTERED NURSE ANESTHETIST FEES								
00100	ANESTHESIA FOR PROCEDURES ON SALIVARY GLANDS, INCLUDING BIOPSY	72.49	N/A	N/A	N/A	N/A		
00102	ANESTHESIA FOR PROCEDURES ON PLASTIC REPAIR OF CLEFT LIP	86.99	N/A	N/A	N/A	N/A		
00103	ANESTHESIA FOR RECONSTRUCTIVE PROCEDURES OF EYELID (EG, BLEPHAROPLASTY, PTO	72.49	N/A	N/A	N/A	N/A		
00104	ANESTHESIA FOR ELECTROCONVULSIVE THERAPY	57.99	N/A	N/A	N/A	N/A		
00120	ANESTHESIA FOR PROCEDURES ON EXTERNAL, MIDDLE, AND INNER EAR INCLUDING BIOP	72.49	N/A	N/A	N/A	N/A		
00124	ANESTHESIA FOR PROCEDURES ON EXTERNAL, MIDDLE, AND INNER EAR INCLUDING BIOP	57.99	N/A	N/A	N/A	N/A		
00126	ANESTHESIA FOR PROCEDURES ON EXTERNAL, MIDDLE, AND INNER EAR INCLUDING BIOP	57.99	N/A	N/A	N/A	N/A		
00140	ANESTHESIA FOR PROCEDURES ON EYE; NOT OTHERWISE SPECIFIED	72.49	N/A	N/A	N/A	N/A		
00142	ANESTHESIA FOR PROCEDURES ON EYE; LENS SURGERY	86.99	N/A	N/A	N/A	N/A		
00144	ANESTHESIA FOR PROCEDURES ON EYE; CORNEAL TRANSPLANT	86.99	N/A	N/A	N/A	N/A		
00145	ANESTHESIA FOR PROCEDURES ON EYE; VITREORETINAL SURGERY	86.99	N/A	N/A	N/A	N/A		
00148	ANESTHESIA FOR PROCEDURES ON EYE; OPHTHALMOSCOPY	57.99	N/A	N/A	N/A	N/A		
00160	ANESTHESIA FOR PROCEDURES ON NOSE AND ACCESSORY SINUSES; NOT OTHERWISE SPEC	72.49	N/A	N/A	N/A	N/A		
00162	ANESTHESIA FOR PROCEDURES ON NOSE AND ACCESSORY SINUSES; RADICAL SURGERY	101.48	N/A	N/A	N/A	N/A		
00164	ANESTHESIA FOR PROCEDURES ON NOSE AND ACCESSORY SINUSES; BIOPSY, SOFT TISSU	57.99	N/A	N/A	N/A	N/A		
00170	ANESTHESIA FOR INTRAORAL PROCEDURES, INCLUDING BIOPSY; NOT OTHERWISE SPECIF	72.49	N/A	N/A	N/A	N/A		
00172	ANESTHESIA FOR INTRAORAL PROCEDURES, INCLUDING BIOPSY; REPAIR OF CLEFT PALA	86.99	N/A	N/A	N/A	N/A		
00174	ANESTHESIA FOR INTRAORAL PROCEDURES, INCLUDING BIOPSY; EXCISION OF RETROPHA	86.99	N/A	N/A	N/A	N/A		
00176	ANESTHESIA FOR INTRAORAL PROCEDURES, INCLUDING BIOPSY; RADICAL SURGERY	101.48	N/A	N/A	N/A	N/A		
00190	ANESTHESIA FOR PROCEDURES ON FACIAL BONES OR SKULL; NOT OTHERWISE SPECIFIED	72.49	N/A	N/A	N/A	N/A		

CODE	DESCRIPTION	ANESTHESIA	AGE 21+	00-20	MAX		SPEC
		BASE FEE	MAX FEE	MAX FEE	FUD	UNITS	
00192	ANESTHESIA FOR PROCEDURES ON FACIAL BONES; RADICAL SURGERY (INCLUDING PROGN	101.48	N/A	N/A	N/A	N/A	
00210	ANESTHESIA FOR INTRACRANIAL PROCEDURES; NOT OTHERWISE SPECIFIED	159.47	N/A	N/A	N/A	N/A	
00212	ANESTHESIA FOR INTRACRANIAL PROCEDURES; SUBDURAL TAPS	72.49	N/A	N/A	N/A	N/A	
00214	ANESTHESIA FOR INTRACRANIAL PROCEDURES; BURR HOLES, INCLUDING VENTRICULOGRA	130.48	N/A	N/A	N/A	N/A	
00215	ANESTHESIA FOR INTRACRANIAL PROCEDURES; CRANIOPLASTY OR ELEVATION OF DEPRES	130.48	N/A	N/A	N/A	N/A	
00216	ANESTHESIA FOR INTRACRANIAL PROCEDURES; VASCULAR PROCEDURES	217.46	N/A	N/A	N/A	N/A	
00218	ANESTHESIA FOR INTRACRANIAL PROCEDURES; PROCEDURES IN SITTING POSITION	188.47	N/A	N/A	N/A	N/A	
00220	ANESTHESIA FOR INTRACRANIAL PROCEDURES; CEREBROSPINAL FLUID SHUNTING PROCED	144.98	N/A	N/A	N/A	N/A	
00222	ANESTHESIA FOR INTRACRANIAL PROCEDURES; ELECTROCOAGULATION OF INTRACRANIAL	86.99	N/A	N/A	N/A	N/A	
00300	ANESTHESIA FOR ALL PROCEDURES ON THE INTEGUMENTARY SYSTEM, MUSCLES AND NERV	72.49	N/A	N/A	N/A	N/A	
00320	ANESTHESIA FOR ALL PROCEDURES ON ESOPHAGUS, THYROID, LARYNX, TRACHEA AND LY	86.99	N/A	N/A	N/A	N/A	
00322	ANESTHESIA FOR ALL PROCEDURES ON ESOPHAGUS, THYROID, LARYNX, TRACHEA AND LY	43.49	N/A	N/A	N/A	N/A	
00326	ANESTHESIA FOR ALL PROCEDURES ON THE LARYNX AND TRACHEA IN CHILDREN LESS	116.00	N/A	N/A	N/A	N/A	
00350	ANESTHESIA FOR PROCEDURES ON MAJOR VESSELS OF NECK; NOT OTHERWISE SPECIFIED	144.98	N/A	N/A	N/A	N/A	
00352	ANESTHESIA FOR PROCEDURES ON MAJOR VESSELS OF NECK; SIMPLE LIGATION	72.49	N/A	N/A	N/A	N/A	
00400	ANESTHESIA FOR PROCEDURES ON THE INTEGUMENTARY SYSTEM ON THE EXTREMITIES,	43.49	N/A	N/A	N/A	N/A	
00402	ANESTHESIA FOR PROCEDURES ON ANTERIOR INTEGUMENTARY SYSTEM OF CHEST, INCLUD	72.49	N/A	N/A	N/A	N/A	
00404	ANESTHESIA FOR PROCEDURES ON ANTERIOR INTEGUMENTARY SYSTEM OF CHEST, INCLUD	72.49	N/A	N/A	N/A	N/A	
00406	ANESTHESIA FOR PROCEDURES ON ANTERIOR INTEGUMENTARY SYSTEM OF CHEST, INCLUD	188.47	N/A	N/A	N/A	N/A	
00410	ANESTHESIA FOR PROCEDURES ON ANTERIOR INTEGUMENTARY SYSTEM OF CHEST, INCLUD	57.99	N/A	N/A	N/A	N/A	
00450	ANESTHESIA FOR PROCEDURES ON CLAVICLE AND SCAPULA; NOT OTHERWISE SPECIFIED	72.49	N/A	N/A	N/A	N/A	
00452	ANESTHESIA FOR PROCEDURES ON CLAVICLE AND SCAPULA; RADICAL SURGERY	86.99	N/A	N/A	N/A	N/A	
00454	ANESTHESIA FOR PROCEDURES ON CLAVICLE AND SCAPULA; BIOPSY OF CLAVICLE	43.49	N/A	N/A	N/A	N/A	
00470	ANESTHESIA FOR PARTIAL RIB RESECTION; NOT OTHERWISE SPECIFIED	86.99	N/A	N/A	N/A	N/A	
00472	ANESTHESIA FOR PARTIAL RIB RESECTION; THORACOPLASTY (ANY TYPE)	144.98	N/A	N/A	N/A	N/A	
00474	ANESTHESIA FOR PARTIAL RIB RESECTION; RADICAL PROCEDURES (EG, PECTUS EXCAVA	188.47	N/A	N/A	N/A	N/A	
00500	ANESTHESIA FOR ALL PROCEDURES ON ESOPHAGUS	217.46	N/A	N/A	N/A	N/A	
00520	ANESTHESIA FOR CLOSED CHEST PROCEDURES; (INCLUDING BRONCHOSCOPY) NOT OTHERW	86.99	N/A	N/A	N/A	N/A	
00522	ANESTHESIA FOR CLOSED CHEST PROCEDURES (INCLUDING ESOPHAGOSCOPY, BRONCHOSCO	57.99	N/A	N/A	N/A	N/A	
00524	ANESTHESIA FOR CLOSED CHEST PROCEDURES (INCLUDING ESOPHAGOSCOPY, BRONCHOSCO	57.99	N/A	N/A	N/A	N/A	
00528	ANESTHESIA FOR CLOSED CHEST PROCEDURES; MEDIASTINOSCOPY AND DIAGNOSTIC THOR	115.98	N/A	N/A	N/A	N/A	
00529	ANESTHESIA FOR CLOSED CHEST PROCEDURES; MEDIASTINOSCOPY AND DIAGNOSTIC THOR	159.50	N/A	N/A	N/A	N/A	
00530	ANESTHESIA FOR PERMANENT TRANSVENOUS PACEMAKER INSERTION	57.99	N/A	N/A	N/A	N/A	
00532	ANESTHESIA FOR ACCESS TO CENTRAL VENOUS CIRCULATION	57.99	N/A	N/A	N/A	N/A	
00534	ANESTHESIA FOR TRANSVENOUS INSERTION OR REPLACEMENT OF PACING CARDIOVERTER-	101.48	N/A	N/A	N/A	N/A	
00537	ANESTHESIA FOR CARDIAC ELECTROPHYSIOLOGIC PROCEDURES INCLUDING RADIOFREQUEN	144.98	N/A	N/A	N/A	N/A	
00539	ANESTHESIA FOR TRACHEOBRONCHIAL RECONSTRUCTION	261.00	N/A	N/A	N/A	N/A	
00540	ANESTHESIA FOR THORACOTOMY PROCEDURES INVOLVING LUNGS, PLEURA, DIAPHRAGM, A	174.00	N/A	N/A	N/A	N/A	
00541	ANESTHESIA FOR THORACOTOMY PROCEDURES INVOLVING LUNGS, PLEURA, DIAPHRAGM, A	217.50	N/A	N/A	N/A	N/A	
00542	ANESTHESIA FOR THORACOTOMY PROCEDURES INVOLVING LUNGS, PLEURA, DIAPHRAGM, A	217.50	N/A	N/A	N/A	N/A	

CODE	DESCRIPTION	ANESTHESIA	AGE 21+	00-20	MAX		SPEC
		BASE FEE	MAX FEE	MAX FEE	FUD	UNITS	
00546	ANESTHESIA FOR THORACOTOMY PROCEDURES INVOLVING LUNGS, PLEURA, DIAPHRAGM, A	217.50	N/A	N/A	N/A	N/A	
00548	ANESTHESIA FOR THORACOTOMY PROCEDURES INVOLVING LUNGS, PLEURA, DIAPHRAGM, A	246.50	N/A	N/A	N/A	N/A	
00550	ANESTHESIA FOR STERNAL DEBRIDEMENT	144.98	N/A	N/A	N/A	N/A	
00560	ANESTHESIA FOR PROCEDURES ON HEART, PERICARDIAL SAC, AND GREAT VESSELS OF C	217.46	N/A	N/A	N/A	N/A	
00561	ANESTHESIA FOR PROCEDURES ON HEART, PERICARDIAL SAC, AND GREAT VESSELS OF C	217.46	N/A	N/A	N/A	N/A	
00562	ANESTHESIA FOR PROCEDURES ON HEART, PERICARDIUM, AND GREAT VESSELS OF CHEST	289.95	N/A	N/A	N/A	N/A	
00563	ANESTHESIA FOR PROCEDURES ON HEART, PERICARDIUM, AND GREAT VESSELS OF CHEST	362.44	N/A	N/A	N/A	N/A	
00566	ANESTHESIA FOR DIRECT CORONARY ARTERY BYPASS GRAFTING WITHOUT PUMP OXYGENAT	362.44	N/A	N/A	N/A	N/A	
00580	ANESTHESIA FOR HEART TRANSPLANT OR HEART/LUNG TRANSPLANT	289.95	N/A	N/A	N/A	N/A	
00600	ANESTHESIA FOR PROCEDURES ON CERVICAL SPINE AND CORD; NOT OTHERWISE SPECIFI	144.98	N/A	N/A	N/A	N/A	
00604	ANESTHESIA FOR PROCEDURES ON CERVICAL SPINE AND CORD; PROCEDURES WITH PATIE	188.47	N/A	N/A	N/A	N/A	
00620	ANESTHESIA FOR PROCEDURES ON THORACIC SPINE AND CORD; NOT OTHERWISE SPECIFI	144.98	N/A	N/A	N/A	N/A	
00622	ANESTHESIA FOR PROCEDURES ON THORACIC SPINE AND CORD; THORACOLUMBAR SYMPATH	188.47	N/A	N/A	N/A	N/A	
00625	ANESTHESIA FOR PROCEDURES ON THE THORACIC SPINE AND CORD, VIA AN ANTERIOR T	0.00	N/A	N/A	N/A	N/A	
00626	ANESTHESIA FOR PROCEDURES ON THE THORACIC SPINE AND CORD, VIA AN ANTERIOR T	0.00	N/A	N/A	N/A	N/A	
00630	ANESTHESIA FOR PROCEDURES IN LUMBAR REGION; NOT OTHERWISE SPECIFIED	115.98	N/A	N/A	N/A	N/A	
00632	ANESTHESIA FOR PROCEDURES IN LUMBAR REGION; LUMBAR SYMPATHECTOMY	101.48	N/A	N/A	N/A	N/A	
00634	ANESTHESIA FOR PROCEDURES IN LUMBAR REGION; CHEMONUCLEOLYSIS	144.98	N/A	N/A	N/A	N/A	
00635	ANESTHESIA FOR PROCEDURES IN LUMBAR REGION; DIAGNOSTIC OR THERAPEUTIC LUMBA	58.00	N/A	N/A	N/A	N/A	
00640	ANESTHESIA FOR MANIPULATION OF THE SPINE OR FOR CLOSED PROCEDURES ON THE CE	43.50	N/A	N/A	N/A	N/A	
00670	ANESTHESIA FOR EXTENSIVE SPINE AND SPINAL CORD PROCEDURES (EG, SPINAL INSTR	188.47	N/A	N/A	N/A	N/A	
00700	ANESTHESIA FOR PROCEDURES ON UPPER ANTERIOR ABDOMINAL WALL; NOT OTHERWISE S	58.00	N/A	N/A	N/A	N/A	
00702	ANESTHESIA FOR PROCEDURES ON UPPER ANTERIOR ABDOMINAL WALL; PERCUTANEOUS LI	57.99	N/A	N/A	N/A	N/A	
00730	ANESTHESIA FOR PROCEDURES ON UPPER POSTERIOR ABDOMINAL WALL	72.49	N/A	N/A	N/A	N/A	
00740	ANESTHESIA FOR UPPER GASTROINTESTINAL ENDOSCOPIC PROCEDURES, ENDOSCOPE	72.49	N/A	N/A	N/A	N/A	
00750	ANESTHESIA FOR HERNIA REPAIRS IN UPPER ABDOMEN; NOT OTHERWISE SPECIFIED	57.99	N/A	N/A	N/A	N/A	
00752	ANESTHESIA FOR HERNIA REPAIRS IN UPPER ABDOMEN; LUMBAR AND VENTRAL (INCISIO	86.99	N/A	N/A	N/A	N/A	
00754	ANESTHESIA FOR HERNIA REPAIRS IN UPPER ABDOMEN; OMPHALOCELE	101.48	N/A	N/A	N/A	N/A	
00756	ANESTHESIA FOR HERNIA REPAIRS IN UPPER ABDOMEN; TRANSABDOMINAL REPAIR OF DI	101.48	N/A	N/A	N/A	N/A	
00770	ANESTHESIA FOR ALL PROCEDURES ON MAJOR ABDOMINAL BLOOD VESSELS	217.46	N/A	N/A	N/A	N/A	
00790	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN UPPER ABDOMEN INCLUDING LAPARO	101.48	N/A	N/A	N/A	N/A	
00792	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN UPPER ABDOMEN INCLUDING LAPARO	188.47	N/A	N/A	N/A	N/A	
00794	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN UPPER ABDOMEN INCLUDING LAPARO	115.98	N/A	N/A	N/A	N/A	
00796	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN UPPER ABDOMEN INCLUDING LAPARO	434.93	N/A	N/A	N/A	N/A	
00797	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN UPPER ABDOMEN INCLUDING LAPARO	145.00	N/A	N/A	N/A	N/A	
00800	ANESTHESIA FOR PROCEDURES ON LOWER ANTERIOR ABDOMINAL WALL; NOT OTHERWISE S	58.00	N/A	N/A	N/A	N/A	
00802	ANESTHESIA FOR PROCEDURES ON LOWER ANTERIOR ABDOMINAL WALL; PANNICULECTOMY	72.49	N/A	N/A	N/A	N/A	
00810	ANESTHESIA FOR LOWER INTESTINAL ENDOSCOPIC PROCEDURES, ENDOSCOPE INTRODUCED	72.50	N/A	N/A	N/A	N/A	
00820	ANESTHESIA FOR PROCEDURES ON LOWER POSTERIOR ABDOMINAL WALL	72.49	N/A	N/A	N/A	N/A	
00830	ANESTHESIA FOR HERNIA REPAIRS IN LOWER ABDOMEN; NOT OTHERWISE SPECIFIED	57.99	N/A	N/A	N/A	N/A	

CODE	DESCRIPTION	ANESTHESIA	AGE 21+	00-20	MAX		SPEC
		BASE FEE	MAX FEE	MAX FEE	FUD	UNITS	
00832	ANESTHESIA FOR HERNIA REPAIRS IN LOWER ABDOMEN; VENTRAL AND INCISIONAL HERN	86.99	N/A	N/A	N/A	N/A	
00834	ANESTHESIA FOR HERNIA REPAIRS IN THE LOWER ABDOMEN NOT OTHERWISE SPECIFIED,	72.50	N/A	N/A	N/A	N/A	
00836	ANESTHESIA FOR HERNIA REPAIRS IN THE LOWER ABDOMEN NOT OTHERWISE SPECIFIED,	87.00	N/A	N/A	N/A	N/A	
00840	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDING LAPARO	86.99	N/A	N/A	N/A	N/A	
00842	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDING LAPARO	57.99	N/A	N/A	N/A	N/A	
00844	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDING LAPARO	101.48	N/A	N/A	N/A	N/A	
00846	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDING LAPARO	115.98	N/A	N/A	N/A	N/A	
00848	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDING LAPARO	115.98	N/A	N/A	N/A	N/A	
00851	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDING LAPARO	87.00	N/A	N/A	N/A	N/A	
00860	ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN, INCLUDING URINA	86.99	N/A	N/A	N/A	N/A	
00862	ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN, INCLUDING URINA	101.48	N/A	N/A	N/A	N/A	
00864	ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN, INCLUDING URINA	115.98	N/A	N/A	N/A	N/A	
00865	ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN, INCLUDING URINA	101.48	N/A	N/A	N/A	N/A	
00866	ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN, INCLUDING URINA	144.98	N/A	N/A	N/A	N/A	
00868	ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN, INCLUDING URINA	144.98	N/A	N/A	N/A	N/A	
00870	ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN, INCLUDING URINA	72.49	N/A	N/A	N/A	N/A	
00872	ANESTHESIA FOR LITHOTRIPSY, EXTRACORPOREAL SHOCK WAVE; WITH WATER BATH	101.48	N/A	N/A	N/A	N/A	
00873	ANESTHESIA FOR LITHOTRIPSY, EXTRACORPOREAL SHOCK WAVE; WITHOUT WATER BATH	72.49	N/A	N/A	N/A	N/A	
00880	ANESTHESIA FOR PROCEDURES ON MAJOR LOWER ABDOMINAL VESSELS; NOT OTHERWISE S	217.46	N/A	N/A	N/A	N/A	
00882	ANESTHESIA FOR PROCEDURES ON MAJOR LOWER ABDOMINAL VESSELS; INFERIOR VENA C	144.98	N/A	N/A	N/A	N/A	
00902	ANESTHESIA FOR; ANORECTAL PROCEDURE	72.50	N/A	N/A	N/A	N/A	
00904	ANESTHESIA FOR PROCEDURES ON PERINEAL INTEGUMENTARY SYSTEM (INCLUDING BIOPS	101.48	N/A	N/A	N/A	N/A	
00906	ANESTHESIA FOR PROCEDURES ON PERINEAL INTEGUMENTARY SYSTEM (INCLUDING BIOPS	57.99	N/A	N/A	N/A	N/A	
00908	ANESTHESIA FOR PROCEDURES ON PERINEAL INTEGUMENTARY SYSTEM (INCLUDING BIOPS	86.99	N/A	N/A	N/A	N/A	
00910	ANESTHESIA FOR TRANSURETHRAL PROCEDURES (INCLUDING URETHROCYSTOSCOPY); NOT	43.49	N/A	N/A	N/A	N/A	
00912	ANESTHESIA FOR TRANSURETHRAL PROCEDURES (INCLUDING URETHROCYSTOSCOPY); TRAN	72.49	N/A	N/A	N/A	N/A	
00914	ANESTHESIA FOR TRANSURETHRAL PROCEDURES (INCLUDING URETHROCYSTOSCOPY); TRAN	72.49	N/A	N/A	N/A	N/A	
00916	ANESTHESIA FOR TRANSURETHRAL PROCEDURES (INCLUDING URETHROCYSTOSCOPY); POST	72.49	N/A	N/A	N/A	N/A	
00918	ANESTHESIA FOR TRANSURETHRAL PROCEDURES (INCLUDING URETHROCYSTOSCOPY); WITH	72.49	N/A	N/A	N/A	N/A	
00920	ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRAL PROCED	43.49	N/A	N/A	N/A	N/A	
00921	ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRAL PROCED	43.50	N/A	N/A	N/A	N/A	S
00922	ANESTHESIA FOR PROCEDURES ON MALE EXTERNAL GENITALIA; SEMINAL VESICLES	86.99	N/A	N/A	N/A	N/A	
00924	ANESTHESIA FOR PROCEDURES ON MALE EXTERNAL GENITALIA; UNDESCENDED TESTIS, U	57.99	N/A	N/A	N/A	N/A	
00926	ANESTHESIA FOR PROCEDURES ON MALE EXTERNAL GENITALIA; RADICAL ORCHIECTOMY,	57.99	N/A	N/A	N/A	N/A	
00928	ANESTHESIA FOR PROCEDURES ON MALE EXTERNAL GENITALIA; RADICAL ORCHIECTOMY,	86.99	N/A	N/A	N/A	N/A	
00930	ANESTHESIA FOR PROCEDURES ON MALE EXTERNAL GENITALIA; ORCHIOPEXY, UNILATERA	57.99	N/A	N/A	N/A	N/A	
00932	ANESTHESIA FOR PROCEDURES ON MALE EXTERNAL GENITALIA; COMPLETE AMPUTATION O	57.99	N/A	N/A	N/A	N/A	
00934	ANESTHESIA FOR PROCEDURES ON MALE EXTERNAL GENITALIA; RADICAL AMPUTATION OF	86.99	N/A	N/A	N/A	N/A	
00936	ANESTHESIA FOR PROCEDURES ON MALE EXTERNAL GENITALIA; RADICAL AMPUTATION OF	115.98	N/A	N/A	N/A	N/A	
00940	ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA, VAGINA, CERVIX)	43.49	N/A	N/A	N/A	N/A	

CODE	DESCRIPTION	ANESTHESIA	AGE 21+	00-20	MAX		SPEC
		BASE FEE	MAX FEE	MAX FEE	FUD	UNITS	
00942	ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA, VAGINA, CERV	57.99	N/A	N/A	N/A	N/A	S PA
00944	ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA, VAGINA, CERV	86.99	N/A	N/A	N/A	N/A	
00948	ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA, VAGINA, CERV	57.99	N/A	N/A	N/A	N/A	
00950	ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA, VAGINA, CERV	72.49	N/A	N/A	N/A	N/A	
00952	ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA, VAGINA, CERV	57.99	N/A	N/A	N/A	N/A	
01112	ANESTHESIA FOR BONE MARROW ASPIRATION AND/OR BIOPSY, ANTERIOR OR POSTERIOR	72.49	N/A	N/A	N/A	N/A	
01120	ANESTHESIA FOR PROCEDURES ON BONY PELVIS	86.99	N/A	N/A	N/A	N/A	
01130	ANESTHESIA FOR BODY CAST APPLICATION OR REVISION	43.49	N/A	N/A	N/A	N/A	
01140	ANESTHESIA FOR INTERPELVIABDOMINAL (HINDQUARTER) AMPUTATION	217.46	N/A	N/A	N/A	N/A	
01150	ANESTHESIA FOR RADICAL PROCEDURES FOR TUMOR OF PELVIS, EXCEPT HINDQUARTER A	145.00	N/A	N/A	N/A	N/A	
01160	ANESTHESIA FOR CLOSED PROCEDURES INVOLVING SYMPHYSIS PUBIS OR SACROILIAC JO	57.99	N/A	N/A	N/A	N/A	
01170	ANESTHESIA FOR OPEN PROCEDURES INVOLVING SYMPHYSIS PUBIS OR SACROILIAC JOIN	115.98	N/A	N/A	N/A	N/A	
01173	ANESTHESIA FOR OPEN REPAIR OF FRACTURE DISRUPTION OF PELVIS OR COLUMN FRACT	174.00	N/A	N/A	N/A	N/A	
01180	ANESTHESIA FOR OBTURATOR NEURECTOMY; EXTRAPELVIC	43.49	N/A	N/A	N/A	N/A	
01190	ANESTHESIA FOR OBTURATOR NEURECTOMY; INTRAPELVIC	57.99	N/A	N/A	N/A	N/A	
01200	ANESTHESIA FOR ALL CLOSED PROCEDURES INVOLVING HIP JOINT	57.99	N/A	N/A	N/A	N/A	
01202	ANESTHESIA FOR ARTHROSCOPIC PROCEDURES OF HIP JOINT	57.99	N/A	N/A	N/A	N/A	
01210	ANESTHESIA FOR OPEN PROCEDURES INVOLVING HIP JOINT; NOT OTHERWISE SPECIFIED	86.99	N/A	N/A	N/A	N/A	
01212	ANESTHESIA FOR OPEN PROCEDURES INVOLVING HIP JOINT; HIP DISARTICULATION	144.98	N/A	N/A	N/A	N/A	
01214	ANESTHESIA FOR OPEN PROCEDURES INVOLVING HIP JOINT; TOTAL HIP ARTHROPLASTY	116.00	N/A	N/A	N/A	N/A	
01215	ANESTHESIA FOR OPEN PROCEDURES INVOLVING HIP JOINT; REVISION OF TOTAL HIP A	144.98	N/A	N/A	N/A	N/A	
01220	ANESTHESIA FOR ALL CLOSED PROCEDURES INVOLVING UPPER 2/3 OF FEMUR	57.99	N/A	N/A	N/A	N/A	
01230	ANESTHESIA FOR OPEN PROCEDURES INVOLVING UPPER 2/3 OF FEMUR; NOT OTHERWISE	86.99	N/A	N/A	N/A	N/A	
01232	ANESTHESIA FOR OPEN PROCEDURES INVOLVING UPPER 2/3 OF FEMUR; AMPUTATION	72.49	N/A	N/A	N/A	N/A	
01234	ANESTHESIA FOR OPEN PROCEDURES INVOLVING UPPER 2/3 OF FEMUR; RADICAL RESECT	115.98	N/A	N/A	N/A	N/A	
01250	ANESTHESIA FOR ALL PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURS	57.99	N/A	N/A	N/A	N/A	
01260	ANESTHESIA FOR ALL PROCEDURES INVOLVING VEINS OF UPPER LEG, INCLUDING EXPLO	115.98	N/A	N/A	N/A	N/A	
01270	ANESTHESIA FOR PROCEDURES INVOLVING ARTERIES OF UPPER LEG, INCLUDING BYPASS	116.48	N/A	N/A	N/A	N/A	
01272	ANESTHESIA FOR PROCEDURES INVOLVING ARTERIES OF UPPER LEG, INCLUDING BYPASS	57.99	N/A	N/A	N/A	N/A	
01274	ANESTHESIA FOR PROCEDURES INVOLVING ARTERIES OF UPPER LEG, INCLUDING BYPASS	86.99	N/A	N/A	N/A	N/A	
01320	ANESTHESIA FOR ALL PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURS	57.99	N/A	N/A	N/A	N/A	
01340	ANESTHESIA FOR ALL CLOSED PROCEDURES ON LOWER 1/3 OF FEMUR	57.99	N/A	N/A	N/A	N/A	
01360	ANESTHESIA FOR ALL OPEN PROCEDURES ON LOWER 1/3 OF FEMUR	72.49	N/A	N/A	N/A	N/A	
01380	ANESTHESIA FOR ALL CLOSED PROCEDURES ON KNEE JOINT	43.49	N/A	N/A	N/A	N/A	
01382	ANESTHESIA FOR DIAGNOSTIC ARTHROSCOPIC PROCEDURES OF KNEE JOINT	43.49	N/A	N/A	N/A	N/A	
01390	ANESTHESIA FOR ALL CLOSED PROCEDURES ON UPPER ENDS OF TIBIA, FIBULA, AND/OR	43.49	N/A	N/A	N/A	N/A	
01392	ANESTHESIA FOR ALL OPEN PROCEDURES ON UPPER ENDS OF TIBIA, FIBULA, AND/OR P	57.99	N/A	N/A	N/A	N/A	
01400	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES ON KNEE JOINT; NOT	57.99	N/A	N/A	N/A	N/A	
01402	ANESTHESIA FOR OPEN PROCEDURES ON KNEE JOINT; TOTAL KNEE ARTHROPLASTY	101.48	N/A	N/A	N/A	N/A	
01404	ANESTHESIA FOR OPEN PROCEDURES ON KNEE JOINT; DISARTICULATION AT KNEE	72.49	N/A	N/A	N/A	N/A	

CODE	DESCRIPTION	ANESTHESIA	AGE 21+	00-20	MAX		SPEC
		BASE FEE	MAX FEE	MAX FEE	FUD	UNITS	
01420	ANESTHESIA FOR ALL CAST APPLICATIONS, REMOVAL, OR REPAIR INVOLVING KNEE JOI	43.49	N/A	N/A	N/A	N/A	
01430	ANESTHESIA FOR PROCEDURES ON VEINS OF KNEE AND POPLITEAL AREA; NOT OTHERWIS	43.49	N/A	N/A	N/A	N/A	
01432	ANESTHESIA FOR PROCEDURES ON VEINS OF KNEE AND POPLITEAL AREA; ARTERIOVENOU	87.00	N/A	N/A	N/A	N/A	
01440	ANESTHESIA FOR PROCEDURES ON ARTERIES OF KNEE AND POPLITEAL AREA; NOT OTHER	116.00	N/A	N/A	N/A	N/A	
01442	ANESTHESIA FOR PROCEDURES ON ARTERIES OF KNEE AND POPLITEAL AREA; POPLITEAL	115.98	N/A	N/A	N/A	N/A	
01444	ANESTHESIA FOR PROCEDURES ON ARTERIES OF KNEE AND POPLITEAL AREA; POPLITEAL	115.98	N/A	N/A	N/A	N/A	
01462	ANESTHESIA FOR ALL CLOSED PROCEDURES ON LOWER LEG, ANKLE, AND FOOT	43.49	N/A	N/A	N/A	N/A	
01464	ANESTHESIA FOR ARTHROSCOPIC PROCEDURES OF ANKLE AND/OR FOOT	43.49	N/A	N/A	N/A	N/A	
01470	ANESTHESIA FOR PROCEDURES ON NERVES, MUSCLES, TENDONS, AND FASCIA OF LOWER	43.49	N/A	N/A	N/A	N/A	
01472	ANESTHESIA FOR PROCEDURES ON NERVES, MUSCLES, TENDONS, AND FASCIA OF LOWER	72.49	N/A	N/A	N/A	N/A	
01474	ANESTHESIA FOR PROCEDURES ON NERVES, MUSCLES, TENDONS, AND FASCIA OF LOWER	72.49	N/A	N/A	N/A	N/A	
01480	ANESTHESIA FOR OPEN PROCEDURES ON BONES OF LOWER LEG, ANKLE, AND FOOT; NOT	43.49	N/A	N/A	N/A	N/A	
01482	ANESTHESIA FOR OPEN PROCEDURES ON BONES OF LOWER LEG, ANKLE, AND FOOT; RADI	57.99	N/A	N/A	N/A	N/A	
01484	ANESTHESIA FOR OPEN PROCEDURES ON BONES OF LOWER LEG, ANKLE, AND FOOT; OSTE	57.99	N/A	N/A	N/A	N/A	
01486	ANESTHESIA FOR OPEN PROCEDURES ON BONES OF LOWER LEG, ANKLE, AND FOOT; TOTA	101.48	N/A	N/A	N/A	N/A	
01490	ANESTHESIA FOR LOWER LEG CAST APPLICATION, REMOVAL, OR REPAIR	43.49	N/A	N/A	N/A	N/A	
01500	ANESTHESIA FOR PROCEDURES ON ARTERIES OF LOWER LEG, INCLUDING BYPASS GRAFT;	115.98	N/A	N/A	N/A	N/A	
01502	ANESTHESIA FOR PROCEDURES ON ARTERIES OF LOWER LEG, INCLUDING BYPASS GRAFT;	86.99	N/A	N/A	N/A	N/A	
01520	ANESTHESIA FOR PROCEDURES ON VEINS OF LOWER LEG; NOT OTHERWISE SPECIFIED	43.49	N/A	N/A	N/A	N/A	
01522	ANESTHESIA FOR PROCEDURES ON VEINS OF LOWER LEG; VENOUS THROMBECTOMY, DIREC	72.49	N/A	N/A	N/A	N/A	
01610	ANESTHESIA FOR ALL PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURS	72.49	N/A	N/A	N/A	N/A	
01620	ANESTHESIA FOR ALL CLOSED PROCEDURES ON HUMERAL HEAD AND NECK, STERNOCLAVIC	57.99	N/A	N/A	N/A	N/A	
01622	ANESTHESIA FOR DIAGNOSTIC ARTHROSCOPIC PROCEDURES OF SHOULDER JOINT	57.99	N/A	N/A	N/A	N/A	
01630	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES ON HUMERAL HEAD AND	72.49	N/A	N/A	N/A	N/A	
01632	ANESTHESIA FOR OPEN PROCEDURES ON HUMERAL HEAD AND NECK, STERNOCLAVICULAR J	86.99	N/A	N/A	N/A	N/A	
01634	ANESTHESIA FOR OPEN PROCEDURES ON HUMERAL HEAD AND NECK, STERNOCLAVICULAR J	130.48	N/A	N/A	N/A	N/A	
01636	ANESTHESIA FOR OPEN PROCEDURES ON HUMERAL HEAD AND NECK, STERNOCLAVICULAR J	217.46	N/A	N/A	N/A	N/A	
01638	ANESTHESIA FOR OPEN PROCEDURES ON HUMERAL HEAD AND NECK, STERNOCLAVICULAR J	144.98	N/A	N/A	N/A	N/A	
01650	ANESTHESIA FOR PROCEDURES ON ARTERIES OF SHOULDER AND AXILLA; NOT OTHERWISE	86.99	N/A	N/A	N/A	N/A	
01652	ANESTHESIA FOR PROCEDURES ON ARTERIES OF SHOULDER AND AXILLA; AXILLARY-BRAC	144.98	N/A	N/A	N/A	N/A	
01654	ANESTHESIA FOR PROCEDURES ON ARTERIES OF SHOULDER AND AXILLA; BYPASS GRAFT	115.98	N/A	N/A	N/A	N/A	
01656	ANESTHESIA FOR PROCEDURES ON ARTERIES OF SHOULDER AND AXILLA; AXILLARY-FEMO	144.98	N/A	N/A	N/A	N/A	
01670	ANESTHESIA FOR ALL PROCEDURES ON VEINS OF SHOULDER AND AXILLA	57.99	N/A	N/A	N/A	N/A	
01680	ANESTHESIA FOR SHOULDER CAST APPLICATION, REMOVAL OR REPAIR; NOT OTHERWISE	43.49	N/A	N/A	N/A	N/A	
01682	ANESTHESIA FOR SHOULDER CAST APPLICATION, REMOVAL OR REPAIR; SHOULDER SPICA	57.99	N/A	N/A	N/A	N/A	
01710	ANESTHESIA FOR PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURSAE O	43.49	N/A	N/A	N/A	N/A	
01712	ANESTHESIA FOR PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURSAE O	72.49	N/A	N/A	N/A	N/A	
01714	ANESTHESIA FOR PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURSAE O	72.49	N/A	N/A	N/A	N/A	
01716	ANESTHESIA FOR PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURSAE O	72.49	N/A	N/A	N/A	N/A	
01730	ANESTHESIA FOR ALL CLOSED PROCEDURES ON HUMERUS AND ELBOW	43.49	N/A	N/A	N/A	N/A	

CODE	DESCRIPTION	ANESTHESIA BASE FEE	AGE 21+ MAX FEE	00-20 MAX FEE	FUD	MAX UNITS	SPEC
01732	ANESTHESIA FOR DIAGNOSTIC ARTHROSCOPIC PROCEDURES OF ELBOW JOINT	43.49	N/A	N/A	N/A	N/A	
01740	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES OF THE ELBOW; NOT O	57.99	N/A	N/A	N/A	N/A	
01742	ANESTHESIA FOR OPEN PROCEDURES ON HUMERUS AND ELBOW; OSTEOTOMY OF HUMERUS	72.49	N/A	N/A	N/A	N/A	
01744	ANESTHESIA FOR OPEN PROCEDURES ON HUMERUS AND ELBOW; REPAIR OF NONUNION OR	72.49	N/A	N/A	N/A	N/A	
01756	ANESTHESIA FOR OPEN PROCEDURES ON HUMERUS AND ELBOW; RADICAL PROCEDURES	86.99	N/A	N/A	N/A	N/A	
01758	ANESTHESIA FOR OPEN PROCEDURES ON HUMERUS AND ELBOW; EXCISION OF CYST OR TU	72.49	N/A	N/A	N/A	N/A	
01760	ANESTHESIA FOR OPEN PROCEDURES ON HUMERUS AND ELBOW; TOTAL ELBOW REPLACEMEN	101.48	N/A	N/A	N/A	N/A	
01770	ANESTHESIA FOR PROCEDURES ON ARTERIES OF UPPER ARM AND ELBOW; NOT OTHERWISE	87.00	N/A	N/A	N/A	N/A	
01772	ANESTHESIA FOR PROCEDURES ON ARTERIES OF UPPER ARM AND ELBOW; EMBOLECTOMY	86.99	N/A	N/A	N/A	N/A	
01780	ANESTHESIA FOR PROCEDURES ON VEINS OF UPPER ARM AND ELBOW; NOT OTHERWISE SP	43.49	N/A	N/A	N/A	N/A	
01782	ANESTHESIA FOR PROCEDURES ON VEINS OF UPPER ARM AND ELBOW; PHLEBORRHAPHY	57.99	N/A	N/A	N/A	N/A	
01810	ANESTHESIA FOR ALL PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURS	43.49	N/A	N/A	N/A	N/A	
01820	ANESTHESIA FOR ALL CLOSED PROCEDURES ON RADIUS, ULNA, WRIST, OR HAND BONES	43.49	N/A	N/A	N/A	N/A	
01829	ANESTHESIA FOR DIAGNOSTIC ARTHROSCOPIC PROCEDURES ON THE WRIST	43.50	N/A	N/A	N/A	N/A	
01830	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC/ENDOSCOPIC PROCEDURES ON DISTA	43.49	N/A	N/A	N/A	N/A	
01832	ANESTHESIA FOR OPEN PROCEDURES ON RADIUS, ULNA, WRIST, OR HAND BONES; TOTAL	86.99	N/A	N/A	N/A	N/A	
01840	ANESTHESIA FOR PROCEDURES ON ARTERIES OF FOREARM, WRIST, AND HAND; NOT OTHE	86.99	N/A	N/A	N/A	N/A	
01842	ANESTHESIA FOR PROCEDURES ON ARTERIES OF FOREARM, WRIST, AND HAND; EMBOLECT	86.99	N/A	N/A	N/A	N/A	
01844	ANESTHESIA FOR VASCULAR SHUNT, OR SHUNT REVISION, ANY TYPE (EG, DIALYSIS)	86.99	N/A	N/A	N/A	N/A	
01850	ANESTHESIA FOR PROCEDURES ON VEINS OF FOREARM, WRIST, AND HAND; NOT OTHERWI	43.49	N/A	N/A	N/A	N/A	
01852	ANESTHESIA FOR PROCEDURES ON VEINS OF FOREARM, WRIST, AND HAND; PHLEBORRHAP	57.99	N/A	N/A	N/A	N/A	
01860	ANESTHESIA FOR FOREARM, WRIST, OR HAND CAST APPLICATION, REMOVAL, OR REPAIR	43.49	N/A	N/A	N/A	N/A	
01905	ANESTHESIA FOR MYELOGRAPHY, DISKOGRAPHY, VERTEBROPLASTY	72.50	N/A	N/A	N/A	N/A	
01916	ANESTHESIA FOR DIAGNOSTIC ARTERIOGRAPHY/VENOGRAPHY	72.49	N/A	N/A	N/A	N/A	
01920	ANESTHESIA FOR CARDIAC CATHETERIZATION INCLUDING CORONARY ANGIOGRAPHY AND V	101.48	N/A	N/A	N/A	N/A	
01922	ANESTHESIA FOR NON-INVASIVE IMAGING OR RADIATION THERAPY	101.48	N/A	N/A	N/A	N/A	
01924	ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES INVOLVING T	87.00	N/A	N/A	N/A	N/A	
01925	ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES INVOLVING T	116.00	N/A	N/A	N/A	N/A	
01926	ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES INVOLVING T	145.00	N/A	N/A	N/A	N/A	
01930	ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES INVOLVING T	72.50	N/A	N/A	N/A	N/A	
01931	ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES INVOLVING T	101.50	N/A	N/A	N/A	N/A	
01932	ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES INVOLVING T	101.50	N/A	N/A	N/A	N/A	
01933	ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES INVOLVING T	116.00	N/A	N/A	N/A	N/A	
01951	ANESTHESIA FOR SECOND AND THIRD DEGREE BURN EXCISION OR DEBRIDEMENT WITH OR	43.49	N/A	N/A	N/A	N/A	
01952	ANESTHESIA FOR SECOND AND THIRD DEGREE BURN EXCISION OR DEBRIDEMENT WITH OR	72.49	N/A	N/A	N/A	N/A	
01953	ANESTHESIA FOR SECOND AND THIRD DEGREE BURN EXCISION OR DEBRIDEMENT WITH OR	14.50	N/A	N/A	N/A	5	
01958	ANESTHESIA FOR EXTERNAL CEPHALIC VERSION PROCEDURE	72.50	N/A	N/A	N/A	N/A	
01960	ANESTHESIA FOR; VAGINAL DELIVERY ONLY	72.50	N/A	N/A	N/A	134	
01961	ANESTHESIA FOR CESAREAN DELIVERY ONLY	101.50	N/A	N/A	N/A	134	
01962	ANESTHESIA FOR URGENT HYSTERECTOMY FOLLOWING DELIVERY	116.00	N/A	N/A	N/A	134	

CODE	DESCRIPTION	ANESTHESIA BASE FEE	AGE 21+ MAX FEE	00-20 MAX FEE	FUD	MAX UNITS	SPEC
01963	ANESTHESIA FOR CESAREAN HYSTERECTOMY WITHOUT ANY LABOR ANALGESIA/ANESTHESIA	145.00	N/A	N/A	N/A	134	
01965	ANESTHESIA FOR INCOMPLETE OR MISSED ABORTION PROCEDURES	58.00	N/A	N/A	N/A	134	
01966	ANESTHESIA FOR INDUCED ABORTION PROCEDURES	58.00	N/A	N/A	N/A	134	S
01967	NEURAXIAL LABOR ANALGESIA/ANESTHESIA FOR PLANNED VAGINAL DELIVERY (THIS INC	72.50	N/A	N/A	N/A	374	
01968	ANESTHESIA FOR CESAREAN DELIVERY FOLLOWING NEURAXIAL LABOR ANALGESIA/ANESTH	43.50	N/A	N/A	N/A	1	
01969	ANESTHESIA FOR CESAREAN HYSTERECTOMY FOLLOWING NEURAXIAL LABOR ANALGESIA/AN	72.50	N/A	N/A	N/A	N/A	S
01991	ANESTHESIA FOR DIAGNOSTIC OR THERAPEUTIC NERVE BLOCKS AND INJECTIONS (WHEN	43.50	N/A	N/A	N/A	N/A	
01992	ANESTHESIA FOR DIAGNOSTIC OR THERAPEUTIC NERVE BLOCKS AND INJECTIONS (WHEN	72.50	N/A	N/A	N/A	N/A	
01996	DAILY HOSPITAL MANAGEMENT OF EPIDURAL OR SUBARACHNOID CONTINUOUS DRUG ADMIN	43.49	N/A	N/A	N/A	1	
01999	UNLISTED ANESTHESIA PROCEDURE(S)	0.00	N/A	N/A	N/A	N/A	R

ADVANCED REGISTERED NURSE PRACTITIONER FEES

10060	INCISION AND DRAINAGE OF ABSCESS (EG, CARVUNCLE,SUPPURATIVE HIDRADENITIS,	N/A	44.30	46.07	10	1	
10061	INCISION AND DRAINAGE OF ABSCESS (EG, CARBUNCLE, SUPPURATIVE HIDRADENITIS,	N/A	74.94	77.93	10	1	B
10120	INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES; SIMPLE	N/A	51.85	53.92	10	1	
10140	INCISION AND DRAINAGE OF HEMATOMA, SEROMA OR FLUID COLLECTION	N/A	62.85	65.36	10	1	
10160	PUNCTURE ASPIRATION OF ABSCESS, HEMATOMA, BULLA, OR CYST	N/A	50.28	52.29	10	1	
11004	DEBRIDEMENT OF SKIN, SUBCUTANEOUS TISSUE, MUSCLE AND FASCIA FOR NECROTIZING	N/A	36.95	38.42	0	1	
11040	DEBRIDEMENT; SKIN, PARTIAL THICKNESS	N/A	19.48	20.25	0	1	
11041	DEBRIDEMENT; SKIN, FULL THICKNESS	N/A	22.46	23.35	0	1	
11042	DEBRIDEMENT; SKIN, AND SUBCUTANEOUS TISSUE	N/A	29.70	30.88	0	1	
11055	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); SIN	N/A	20.42	21.23	0	1	
11056	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); TWO	N/A	24.66	25.64	0	1	
11057	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); MOR	N/A	29.70	30.88	0	1	
11100	BIOPSY OF SKIN, SUBCUTANEOUS TISSUE AND/OR MUCOUS MEMBRANE (INCLUDING SIMPL	N/A	42.89	44.60	0	1	
11101	BIOPSY OF SKIN, SUBCUTANEOUS TISSUE AND/OR MUCOUS MEMBRANE (INCLUDING SIMPL	N/A	13.35	13.88	0	6	
11200	REMOVAL OF SKIN TAGS, MULTIPLE FIBROSCUTANEOUS TAGS, ANY AREA; UP TO AND	N/A	32.37	33.66	10	1	
11400	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED E	N/A	44.15	45.91	10	1	B
11401	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED E	N/A	55.46	57.67	10	1	B
11402	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED E	N/A	61.90	64.37	10	1	B
11403	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED E	N/A	71.18	74.02	10	1	
11740	EVACUATION OF SUBUNGUAL HEMATOMA	N/A	19.01	19.77	30	1	
11750	EXCISION OF NAIL AND NAIL MATRIX, PARTIAL OR COMPLETE, (EG, INGROWN OR DEFO	N/A	88.14	91.66	10	1	B
11765	WEDGE EXCISION OF SKIN OF NAIL FOLD (EG, FOR INGROWN TOENAIL)	N/A	54.67	56.85	10	1	B
11975	INSERTION, IMPLANTABLE CONTRACEPTIVE CAPSULES	N/A	49.81	51.80	0	1	
11976	REMOVAL, IMPLANTABLE CONTRACEPTIVE CAPSULES	N/A	57.98	60.29	0	1	
11977	REMOVAL WITH REINSERTION, IMPLANTABLE CONTRACEPTIVE CAPSULES	N/A	88.61	92.15	0	1	
12001	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENI	N/A	56.56	58.82	10	1	

CODE	DESCRIPTION	ANESTHESIA	AGE 21+	00-20	MAX		SPEC
		BASE FEE	MAX FEE	MAX FEE	FUD	UNITS	
12002	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENI	N/A	60.33	62.74	10	1	
12011	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND	N/A	60.33	62.74	10	1	
12013	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND	N/A	66.78	69.45	10	1	
12018	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/	N/A	20.59	21.41	10	1	
12031	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLU	N/A	98.04	101.96	10	1	
12032	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLU	N/A	123.65	128.59	10	1	
12034	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUD	N/A	122.08	126.96	10	1	
12035	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUD	N/A	142.82	148.53	10	1	
12047	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; OVE	N/A	28.68	29.82	10	1	
12057	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME	N/A	35.19	36.59	10	1	
15002	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUN	N/A	20.76	21.59	0	1	
15003	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUN	N/A	4.60	4.78	0	1	
15004	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUN	N/A	25.06	26.06	0	1	
15005	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUN	N/A	7.79	8.10	0	1	
15731	FOREHEAD FLAP WITH PRESERVATION OF VASCULAR PEDICLE (EG, AXIAL PATTERN FLAP	N/A	69.20	71.96	0	1	
15732	MUSCLE, MYOCUTANEOUS, OR FASCIOTANEOUS FLAP; HEAD AND NECK (EG, TEMPORALI	N/A	92.18	95.86	90	1	
15734	MUSCLE, MYOCUTANEOUS, OR FASCIOTANEOUS FLAP; TRUNK	N/A	96.13	99.97	90	1	
15738	MUSCLE, MYOCUTANEOUS, OR FASCIOTANEOUS FLAP; LOWER EXTREMITY	N/A	90.04	93.64	90	1	
15750	FLAP; NEUROVASCULAR PEDICLE	N/A	58.30	60.63	90	1	
15756	FREE MUSCLE OR MYOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS	N/A	151.48	157.53	90	1	
15757	FREE SKIN FLAP WITH MICROVASCULAR ANASTOMOSIS	N/A	145.62	151.44	90	1	
15758	FREE FASCIAL FLAP WITH MICROVASCULAR ANASTOMOSIS	N/A	145.45	151.26	90	1	
15770	GRAFT; DERMA-FAT-FASCIA	N/A	41.33	42.98	90	1	
15830	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY); ABDO	N/A	75.36	78.37	90	1	PA
15841	GRAFT FOR FACIAL NERVE PARALYSIS; FREE MUSCLE GRAFT (INCLUDING OBTAINING GR	N/A	104.50	108.68	90	1	
15842	GRAFT FOR FACIAL NERVE PARALYSIS; FREE MUSCLE FLAP BY MICROSURGICAL TECHNIQ	N/A	169.08	175.84	90	1	
15845	GRAFT FOR FACIAL NERVE PARALYSIS; REGIONAL MUSCLE TRANSFER	N/A	59.70	62.08	90	1	
15847	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY), ABDO	N/A	37.68	39.18	90	1	PA
15876	SUCTION ASSISTED LIPECTOMY; HEAD AND NECK	N/A	0.00	0.00	0	1	R
15922	EXCISION, COCCYGEAL PRESSURE ULCER, WITH COCCYGECTOMY; WITH FLAP CLOSURE	N/A	47.16	49.04	90	1	
15935	EXCISION, SACRAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE; WITH OSTECTOMY	N/A	70.44	73.25	90	1	
15937	EXCISION, SACRAL PRESSURE ULCER, WITH MUSCLE OR MYOCUTANEOUS FLAP CLOSURE;	N/A	65.89	68.52	90	1	
15946	EXCISION, ISCHIAL PRESSURE ULCER, WITH OSTECTOMY, IN PREPARATION FOR MUSCLE	N/A	103.64	107.78	90	1	
15952	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH SKIN FLAP CLOSURE;	N/A	54.40	56.57	90	1	
15958	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH MUSCLE OR MYOCUTANEOUS FLAP CLO	N/A	73.63	76.57	90	1	
16020	DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITIAL OR SUBSEQU	N/A	31.26	32.51	0	1	
17000	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY,	N/A	32.52	33.82	10	1	
17003	DESTRUCTION BY ANY METHOD, INCLUDING LASER, WITH OR WITHOUT SURGICAL CURETT	N/A	2.83	2.94	0	13	
17004	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY,	N/A	68.50	71.24	10	1	
17110	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY,	N/A	38.96	40.51	10	1	

CODE	DESCRIPTION	ANESTHESIA	AGE 21+	00-20	MAX		SPEC
		BASE FEE	MAX FEE	MAX FEE	FUD	UNITS	
17111	DESTRUCTION BY ANY METHOD OF FLAT WARTS, MOLLUSCUM CONTAGIOSUM, OR MILIA; 1	N/A	51.54	53.60	10	1	
17250	CHEMICAL CAUTERIZATION OF GRANULATION TISSUE (PROUD FLESH, SINUS OR FISTUL	N/A	29.54	30.72	0	1	
17260	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGE	N/A	37.70	39.20	10	1	
17261	DESTRUCTION, MALIGNANT LESION, ANY METHOD, TRUNK, ARMS OR LEGS; LESION DIAM	N/A	58.92	61.27	10	1	
17262	DESTRUCTION, MALIGNANT LESION, ANY METHOD, TRUNK, ARMS OR LEGS; LESION DIAM	N/A	71.02	73.86	10	1	
17263	DESTRUCTION, MALIGNANT LESION, ANY METHOD, TRUNK, ARMS OR LEGS; LESION DIAM	N/A	78.09	81.21	10	1	
17311	MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL	N/A	43.31	45.04	0	1	
17312	MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL	N/A	26.02	27.06	0	1	
17313	MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL	N/A	39.54	41.12	0	1	
17314	MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL	N/A	24.11	25.07	0	1	
17315	MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL	N/A	5.15	5.35	0	1	
19260	EXCISION OF CHEST WALL TUMOR INCLUDING RIBS	N/A	75.41	78.42	90	1	
19271	EXCISION OF CHEST WALL TUMOR INVOLVING RIBS, WITH PLASTIC RECONSTRUCTION; W	N/A	101.48	105.53	90	1	
19272	EXCISION OF CHEST WALL TUMOR INVOLVING RIBS, WITH PLASTIC RECONSTRUCTION; W	N/A	112.64	117.14	90	1	
19300	MASTECTOMY FOR GYNECOMASTIA	N/A	34.79	36.18	90	1	B
19301	MASTECTOMY, PARTIAL (EG, LUMPECTOMY, TYLECTOMY, QUADRANTECTOMY, SEGMENTECTO	N/A	163.71	170.25	90	1	B
19302	MASTECTOMY, PARTIAL (EG, LUMPECTOMY, TYLECTOMY, QUADRANTECTOMY, SEGMENTECTO	N/A	54.88	57.07	90	1	B
19303	MASTECTOMY, SIMPLE, COMPLETE	N/A	59.95	62.34	90	1	B
19304	MASTECTOMY, SUBCUTANEOUS	N/A	34.64	36.02	90	1	B
19305	MASTECTOMY, RADICAL, INCLUDING PECTORAL MUSCLES, AXILLARY LYMPH NODES	N/A	68.68	71.42	90	1	B
19306	MASTECTOMY, RADICAL, INCLUDING PECTORAL MUSCLES, AXILLARY AND INTERNAL MAMM	N/A	71.77	74.64	90	1	B
19307	MASTECTOMY, MODIFIED RADICAL, INCLUDING AXILLARY LYMPH NODES, WITH OR WITHO	N/A	72.52	75.42	90	1	B
19316	MASTOPEXY	N/A	50.02	52.02	90	1	R B
19318	REDUCTION MAMMAPLASTY	N/A	73.13	76.05	90	1	PA B
19325	MAMMAPLASTY, AUGMENTATION; WITH PROSTHETIC IMPLANT	N/A	41.40	43.05	90	1	PA B
19357	BREAST RECONSTRUCTION, IMMEDIATE OR DELAYED, WITH TISSUE EXPANDER, INCLUDIN	N/A	99.09	103.05	90	1	R B
19361	BREAST RECONSTRUCTION WITH LATISSIMUS DORSI FLAP, WITHOUT PROSTHETIC IMPLAN	N/A	109.10	113.46	90	1	R B
19364	BREAST RECONSTRUCTION WITH FREE FLAP	N/A	181.50	188.76	90	1	R B
19366	BREAST RECONSTRUCTION WITH OTHER TECHNIQUE	N/A	88.56	92.10	90	1	R B
19367	BREAST RECONSTRUCTION WITH TRANSVERSE RECTUS ABDOMINIS MYOCUTANEOUS FLAP (T	N/A	116.59	121.25	90	1	R B
19368	BREAST RECONSTRUCTION WITH TRANSVERSE RECTUS ABDOMINIS MYOCUTANEOUS FLAP (T	N/A	145.65	151.47	90	1	R B
19369	BREAST RECONSTRUCTION WITH TRANSVERSE RECTUS ABDOMINIS MYOCUTANEOUS FLAP (T	N/A	130.57	135.79	90	1	R B
20100	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); NECK	N/A	38.23	39.75	10	1	B
20102	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); ABDOMEN/FLANK/BACK	N/A	28.48	29.61	10	1	
20150	EXCISION OF EPIPHYSEAL BAR, WITH OR WITHOUT AUTOGENOUS SOFT TISSUE GRAFT OB	N/A	61.46	63.91	90	1	B
20251	BIOPSY, VERTEBRAL BODY, OPEN; LUMBAR OR CERVICAL	N/A	27.02	28.10	10	1	
20550	INJECTION(S); SINGLE TENDON SHEATH, OR LIGAMENT, APONEUROSIS (EG, PLANTAR '	N/A	23.10	24.02	0	1	
20551	INJECTION(S); SINGLE TENDON ORIGIN/INSERTION	N/A	22.94	23.85	0	1	
20552	INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), ONE OR TWO MUSCLE(S)	N/A	20.26	21.07	0	1	
20553	INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), THREE OR MORE MUSCLE(S)	N/A	22.46	23.35	0	1	

CODE	DESCRIPTION	ANESTHESIA	AGE 21+	00-20	MAX		SPEC
		BASE FEE	MAX FEE	MAX FEE	FUD	UNITS	
20600	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; SMALL JOINT OR BURSA (EG, FING	N/A	22.15	23.03	0	1	B
20605	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; INTERMEDIATE JOINT OR BURSA (E	N/A	23.57	24.51	0	1	B
20610	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; MAJOR JOINT OR BURSA (EG, SHO	N/A	30.79	32.02	0	1	B
20692	APPLICATION OF A MULTIPLANE (PINS OR WIRES IN MORE THAN ONE PLANE), UNILATE	N/A	27.02	28.10	0	1	
20802	REPLANTATION, ARM (INCLUDES SURGICAL NECK OF HUMERUS THROUGH ELBOW JOINT);	N/A	178.23	185.35	90	1	B
20805	REPLANTATION, FOREARM (INCLUDES RADIUS AND ULNA TO RADIAL CARPAL JOINT); CO	N/A	206.38	214.63	90	1	B
20808	REPLANTATION, HAND (INCLUDES HAND THROUGH METACARPOPHALANGEAL JOINTS); COMP	N/A	274.94	285.93	90	1	B
20816	REPLANTATION, DIGIT, EXCLUDING THUMB (INCLUDES METACARPOPHALANGEAL JOINT TO	N/A	153.09	159.21	90	1	
20822	REPLANTATION, DIGIT, EXCLUDING THUMB (INCLUDES DISTAL TIP TO SUBLIMIS TENDO	N/A	133.61	138.95	90	1	
20824	REPLANTATION, THUMB (INCLUDES CARPOMETACARPAL JOINT TO MP JOINT); COMPLETE	N/A	156.58	162.84	90	1	B
20827	REPLANTATION, THUMB (INCLUDES DISTAL TIP TO MP JOINT); COMPLETE AMPUTATION	N/A	138.28	143.81	90	1	B
20838	REPLANTATION, FOOT; COMPLETE AMPUTATION	N/A	143.79	149.54	90	1	B
20900	BONE GRAFT, ANY DONOR AREA; MINOR OR SMALL (EG, DOWEL OR BUTTON)	N/A	40.25	41.86	90	1	
20902	BONE GRAFT, ANY DONOR AREA; MAJOR OR LARGE	N/A	38.08	39.60	90	1	
20922	FASCIA LATA GRAFT; BY INCISION AND AREA EXPOSURE, COMPLEX OR SHEET	N/A	37.98	39.49	90	1	
20924	TENDON GRAFT, FROM A DISTANCE (EG, PALMARIS, TOE EXTENSOR, PLANTARIS)	N/A	31.85	33.12	90	1	
20937	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); MORSELIZE	N/A	11.16	11.60	90	1	B
20938	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); STRUCTURA	N/A	12.17	12.65	90	1	B
20955	BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; FIBULA	N/A	159.43	165.80	90	1	
20956	BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; ILIAC CREST	N/A	173.23	180.15	90	1	
20957	BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; METATARSAL	N/A	173.58	180.52	90	1	
20962	BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN FIBULA, ILIAC CREST,	N/A	169.03	175.79	90	1	R
20969	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN ILIAC C	N/A	177.73	184.83	90	1	
20970	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; ILIAC CREST	N/A	179.49	186.66	90	1	
20972	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; METATARSAL	N/A	169.28	176.05	90	1	
20973	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; GREAT TOE WITH WEB	N/A	170.21	177.01	90	1	
20975	ELECTRICAL STIMULATION TO AID BONE HEALING; INVASIVE (OPERATIVE)	N/A	11.56	12.02	0	1	
21034	EXCISION OF MALIGNANT TUMOR OF MAXILLA OR ZYGOMA	N/A	80.94	84.17	90	1	
21044	EXCISION OF MALIGNANT TUMOR OF MANDIBLE;	N/A	53.62	55.76	90	1	
21045	EXCISION OF MALIGNANT TUMOR OF MANDIBLE; RADICAL RESECTION	N/A	74.99	77.98	90	1	
21046	EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING INTRA-ORAL OSTEOTOM	N/A	69.26	72.03	90	1	
21048	EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING INTRA-ORAL OSTEOTOMY	N/A	69.68	72.46	90	1	
21049	EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING EXTRA-ORAL OSTEOTOMY	N/A	75.21	78.21	90	1	
21060	MENISCECTOMY, PARTIAL OR COMPLETE, TEMPOROMANDIBULAR JOINT (SEPARATE PROCED	N/A	50.02	52.02	90	1	B
21121	GENIOPLASTY; SLIDING OSTEOTOMY, SINGLE PIECE	N/A	48.34	50.27	90	1	R
21125	AUGMENTATION, MANDIBULAR BODY OR ANGLE; PROSTHETIC MATERIAL	N/A	46.78	48.65	90	1	
21127	AUGMENTATION, MANDIBULAR BODY OR ANGLE; WITH BONE GRAFT, ONLAY OR INTERPOSI	N/A	54.73	56.91	90	1	
21141	RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIR	N/A	83.76	87.11	90	1	
21142	RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY DIREC	N/A	82.98	86.29	90	1	
21143	RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN	N/A	78.46	81.59	90	1	

CODE	DESCRIPTION	ANESTHESIA	AGE 21+	00-20	MAX		SPEC
		BASE FEE	MAX FEE	MAX FEE	FUD	UNITS	
21145	RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIR	N/A	98.57	102.51	90	1	
21146	RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY DIREC	N/A	92.51	96.21	90	1	
21147	RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN	N/A	104.93	109.12	90	1	
21150	RECONSTRUCTION MIDFACE, LEFORT II; ANTERIOR INTRUSION (EG, TREACHER-COLLINS	N/A	104.05	108.21	90	1	
21151	RECONSTRUCTION MIDFACE, LEFORT II; ANY DIRECTION, REQUIRING BONE GRAFTS (IN	N/A	107.39	111.68	90	1	
21154	RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE	N/A	139.06	144.62	90	1	
21155	RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE	N/A	138.06	143.58	90	1	
21159	RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD A	N/A	166.41	173.06	90	1	
21160	RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD A	N/A	189.14	196.70	90	1	
21172	RECONSTRUCTION SUPERIOR-LATERAL ORBITAL RIM AND LOWER FOREHEAD, ADVANCEMENT	N/A	114.40	118.97	90	1	
21175	RECONSTRUCTION, BIFRONTAL, SUPERIOR-LATERAL ORBITAL RIMS AND LOWER FOREHEAD	N/A	129.31	134.48	90	1	
21179	RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS; WI	N/A	91.78	95.45	90	1	
21180	RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS; WI	N/A	104.90	109.09	90	1	
21182	RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW	N/A	124.84	129.83	90	1	
21183	RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW	N/A	139.82	145.41	90	1	
21184	RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW	N/A	164.98	171.57	90	1	
21188	RECONSTRUCTION MIDFACE, OSTEOTOMIES (OTHER THAN LEFORT TYPE) AND BONE GRAFT	N/A	99.55	103.53	90	1	
21193	RECONSTRUCTION OF MANDIBULAR RAMI, HORIZONTAL, VERTICAL, "C", OR "L" OS	N/A	77.48	80.57	90	1	
21194	RECONSTRUCTION OF MANDIBULAR RAMUS, HORIZONTAL, VERTICAL, "C", OR "L" O	N/A	88.11	91.63	90	1	
21195	RECONSTRUCTION OF MANDIBULAR RAMI AND/OR BODY, SAGITTAL SPLIT; WITHOUT INTE	N/A	85.44	88.85	90	1	
21196	RECONSTRUCTION OF MANDIBULAR RAMI, SAGITTAL SPLIT; WITH INTERNAL RIGID FIX	N/A	90.60	94.22	90	1	
21198	OSTEOTOMY, MANDIBLE, SEGMENTAL	N/A	70.71	73.53	90	1	
21199	OSTEOTOMY, MANDIBLE, SEGMENTAL; WITH GENIOGLOSSUS ADVANCEMENT	N/A	62.77	65.28	90	1	
21206	OSTEOTOMY, MAXILLA, SEGMENTAL (EG, WASSMUND OR SCHUCHARD)	N/A	70.24	73.04	90	1	
21240	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH OR WITHOUT AUTOGRAFT (INCLUDES	N/A	69.53	72.31	90	1	B
21242	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH ALLOGRAFT	N/A	63.00	65.52	90	1	B
21243	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH PROSTHETIC JOINT REPLACEMENT	N/A	104.22	108.38	90	1	B
21244	RECONSTRUCTION OF MANDIBLE, EXTRAORAL, WITH TRANSOSTEAL BONE PLATE (EG, MAN	N/A	64.53	67.11	90	1	
21245	RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; PARTIAL	N/A	69.26	72.03	90	1	
21246	RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; COMPLETE	N/A	52.64	54.74	90	1	
21247	RECONSTRUCTION OF MANDIBULAR CONDYLE WITH BONE AND CARTILAGE AUTOGRAFTS (IN	N/A	98.04	101.96	90	1	
21255	RECONSTRUCTION OF ZYGOMATIC ARCH AND GLENOID FOSSA WITH BONE AND CARTILAGE	N/A	85.57	88.99	90	1	
21256	RECONSTRUCTION OF ORBIT WITH OSTEOTOMIES (EXTRACRANIAL) AND WITH BONE GRAFT	N/A	72.65	75.55	90	1	
21260	PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; EXTRAC	N/A	70.64	73.46	90	1	
21261	PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; COMBIN	N/A	130.47	135.68	90	1	
21263	PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; WITH F	N/A	119.00	123.76	90	1	
21267	ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFT	N/A	96.78	100.65	90	1	
21268	ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFT	N/A	116.84	121.51	90	1	
21270	MALAR AUGMENTATION, PROSTHETIC MATERIAL	N/A	56.49	58.74	90	1	
21275	SECONDARY REVISION OF ORBITOCRANIOFACIAL RECONSTRUCTION	N/A	51.58	53.64	90	1	

CODE	DESCRIPTION	ANESTHESIA	AGE 21+	00-20	MAX		SPEC
		BASE FEE	MAX FEE	MAX FEE	FUD	UNITS	
21339	OPEN TREATMENT OF NASOETHMOID FRACTURE; WITH EXTERNAL FIXATION	N/A	50.65	52.67	90	1	
21343	OPEN TREATMENT OF DEPRESSED FRONTAL SINUS FRACTURE	N/A	71.04	73.88	90	1	
21344	OPEN TREATMENT OF COMPLICATED (EG, COMMUNUTED OR INVOLVING POSTERIOR WALL)	N/A	93.44	97.17	90	1	
21347	OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); REQUIRIN	N/A	66.79	69.46	90	1	
21348	OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH BON	N/A	65.71	68.33	90	1	
21360	OPEN TREATMENT OF DEPRESSED MALAR FRACTURE, INCLUDING ZYGOMATIC ARCH AND MA	N/A	32.98	34.29	90	1	
21365	OPEN TREATMENT OF COMPLICATED (EG, COMMUNUTED OR INVOLVING CRANIAL NERVE FO	N/A	68.70	71.44	90	1	
21366	OPEN TREATMENT OF COMPLICATED (EG, COMMUNUTED OR INVOLVING CRANIAL NERVE FO	N/A	78.93	82.08	90	1	
21385	OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; TRANSANTRAL APPROACH	N/A	43.84	45.59	90	1	
21386	OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH	N/A	40.95	42.58	90	1	
21387	OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; COMBINED APPROACH	N/A	46.41	48.26	90	1	
21390	OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH,	N/A	48.11	50.03	90	1	
21395	OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH	N/A	60.38	62.79	90	1	
21401	CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH MANIPULATION	N/A	28.13	29.25	90	1	
21406	OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITHOUT IMPLANT	N/A	33.21	34.53	90	1	
21407	OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH IMPLANT	N/A	39.82	41.41	90	1	
21408	OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH BONE GRAFTING	N/A	55.78	58.01	90	1	
21422	OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE);	N/A	41.45	43.10	90	1	
21423	OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); COMPLICATE	N/A	48.74	50.68	90	1	
21431	CLOSED TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE) USING INTERDE	N/A	44.85	46.64	90	1	
21432	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); WITH WIRING AN	N/A	42.31	44.00	90	1	
21433	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED (E	N/A	104.27	108.44	90	1	
21435	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED, U	N/A	82.30	85.59	90	1	
21436	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED, M	N/A	119.56	124.34	90	1	
21445	OPEN TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEPARATE	N/A	48.54	50.48	90	1	
21461	OPEN TREATMENT OF MANDIBULAR FRACTURE; WITHOUT INTERDENTAL FIXATION	N/A	128.73	133.87	90	1	
21462	OPEN TREATMENT OF MANDIBULAR FRACTURE; WITH INTERDENTAL FIXATION	N/A	136.75	142.22	90	1	
21465	OPEN TREATMENT OF MANDIBULAR CONDYLAR FRACTURE	N/A	57.31	59.60	90	1	
21470	OPEN TREATMENT OF COMPLICATED MANDIBULAR FRACTURE BY MULTIPLE SURGICAL APPR	N/A	74.08	77.04	90	1	
21490	OPEN TREATMENT OF TEMPOROMANDIBULAR DISLOCATION	N/A	56.89	59.16	90	1	B
21495	OPEN TREATMENT OF HYOID FRACTURE	N/A	41.88	43.55	90	1	
21502	INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT TISSUES OF NECK OR TH	N/A	33.13	34.45	90	1	
21557	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF NECK OR	N/A	36.32	37.77	90	1	
21600	EXCISION OF RIB, PARTIAL	N/A	35.07	36.47	90	1	
21610	COSTOTRANSVERSECTOMY (SEPARATE PROCEDURE)	N/A	68.00	70.72	90	1	
21615	EXCISION FIRST AND/OR CERVICAL RIB;	N/A	43.31	45.04	90	1	B
21616	EXCISION FIRST AND/OR CERVICAL RIB FOR OUTLET COMPRESSION SYNDROME OR OTHER	N/A	54.12	56.28	90	1	B
21620	OSTECTOMY OF STERNUM, PARTIAL	N/A	32.78	34.09	90	1	
21627	STERNAL DEBRIDEMENT	N/A	34.79	36.18	90	1	
21630	RADICAL RESECTION OF STERNUM;	N/A	81.32	84.57	90	1	

CODE	DESCRIPTION	ANESTHESIA	AGE 21+	00-20	MAX		SPEC
		BASE FEE	MAX FEE	MAX FEE	FUD	UNITS	
21632	RADICAL RESECTION OF STERNUM; WITH MEDIASTINAL LYMPHADENECTOMY	N/A	79.81	83.00	90	1	
21685	HYOID MYOTOMY AND SUSPENSION	N/A	60.18	62.58	90	1	
21700	DIVISION OF SCALENUS ANTICUS; WITHOUT RESECTION OF CERVICAL RIB	N/A	26.60	27.66	90	1	
21705	DIVISION OF SCALENUS ANTICUS; WITH RESECTION OF CERVICAL RIB	N/A	40.15	41.75	90	1	
21720	DIVISION OF STERNOCLEIDOMASTOID FOR TORTICOLLIS, OPEN OPERATION; WITHOUT CA	N/A	27.63	28.73	90	1	
21725	DIVISION OF STERNOCLEIDOMASTOID FOR TORTICOLLIS, OPEN OPERATION; WITH CAST	N/A	32.45	33.74	90	1	
21740	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; OPEN	N/A	72.12	75.00	90	1	
21742	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; MINIMALLY INVASIVE	N/A	63.11	65.63	90	1	
21743	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; MINIMALLY INVASIVE	N/A	63.11	65.63	90	1	
21750	CLOSURE OF MEDIAN STERNOTOMY SEPARATION WITH OR WITHOUT DEBRIDEMENT (SEPARA	N/A	46.28	48.13	90	1	
21810	TREATMENT OF RIB FRACTURE REQUIRING EXTERNAL FIXATION ("FLAIL CHEST")	N/A	32.86	34.17	90	1	
21825	OPEN TREATMENT OF STERNUM FRACTURE WITH OR WITHOUT SKELETAL FIXATION	N/A	35.75	37.18	90	1	
22100	PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT (EG, SPINOUS PROCESS, LAM	N/A	52.87	54.98	90	1	
22101	PARTIAL RESECTION OF VERTEBRAL COMPONENT, SPINOUS PROCESSES; THORACIC	N/A	52.31	54.40	90	1	
22102	PARTIAL RESECTION OF VERTEBRAL COMPONENT, SPINOUS PROCESSES; LUMBAR	N/A	50.35	52.36	90	1	
22103	PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT (EG, SPINOUS PROCESS, LAM	N/A	9.25	9.62	90	1	
22110	PARTIAL EXCISION OF VERTEBRAL BODY, FOR INTRINSIC BONY LESION, WITHOUT DECO	N/A	64.71	67.29	90	1	
22112	PARTIAL EXCISION OF VERTEBRAE (EG, FOR OSTEOMYELITIS); THORACIC	N/A	63.90	66.45	90	1	
22114	PARTIAL EXCISION OF VERTEBRAE (EG, FOR OSTEOMYELITIS); LUMBAR	N/A	64.43	67.00	90	1	
22116	PARTIAL EXCISION OF VERTEBRAL BODY, FOR INTRINSIC BONY LESION, WITHOUT DECO	N/A	9.33	9.70	90	1	
22210	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, ONE VERTEBRAL SEG	N/A	114.25	118.82	90	1	
22212	OSTEOTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE	N/A	93.51	97.25	90	1	
22214	OSTEOTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE	N/A	93.92	97.67	90	1	
22216	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, ONE VERTEBRAL SEG	N/A	24.41	25.38	0	6	B
22220	OSTEOTOMY OF SPINE, INCLUDING DISKECTOMY, ANTERIOR APPROACH, SINGLE VERTEBR	N/A	103.90	108.05	90	1	
22224	OSTEOTOMY OF SPINE, ANTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE	N/A	101.26	105.31	90	1	
22226	OSTEOTOMY OF SPINE, INCLUDING DISKECTOMY, ANTERIOR APPROACH, SINGLE VERTEBR	N/A	23.88	24.83	90	4	B
22318	OPEN TREATMENT AND/OR REDUCTION OF ODONTOID FRACTURE(S) AND OR DISLOCATION(	N/A	103.72	107.86	90	1	
22319	OPEN TREATMENT AND/OR REDUCTION OF ODONTOID FRACTURE(S) AND OR DISLOCATION(	N/A	114.08	118.64	90	1	
22325	OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURE(S) AND/ OR DISLOCATIO	N/A	89.49	93.06	90	1	
22326	OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURE(S) AND/ OR DISLOCATIO	N/A	93.79	97.54	90	1	
22327	OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURE(S) AND/ OR DISLOCATIO	N/A	92.71	96.41	90	1	
22328	OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURE(S) AND/OR DISLOCATION	N/A	18.53	19.27	90	4	
22532	ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY	N/A	110.81	115.24	90	1	
22533	ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY	N/A	103.80	107.95	90	1	
22534	ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY	N/A	24.11	25.07	0	5	
22548	ARTHRODESIS, ANTERIOR TRANSORAL OR EXTRAORAL TECHNIQUE, CLIVUS-C1-C2 (ATLAS	N/A	120.13	124.93	90	1	
22554	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO	N/A	82.55	85.85	90	1	
22556	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO	N/A	105.58	109.80	90	1	
22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO	N/A	95.67	99.49	90	1	

CODE	DESCRIPTION	ANESTHESIA	AGE 21+	00-20	MAX		SPEC
		BASE FEE	MAX FEE	MAX FEE	FUD	UNITS	
22585	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO	N/A	22.35	23.24	90	5	
22590	ARTHRODESIS, POSTERIOR TECHNIQUE, CRANIOCERVICAL (OCCIPUT-C2)	N/A	99.52	103.50	90	1	
22595	ARTHRODESIS, POSTERIOR TECHNIQUE, ATLAS-AXIS (C1-C2)	N/A	94.49	98.26	90	1	
22600	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; CERVICAL	N/A	81.20	84.44	90	1	
22610	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; THORACIC	N/A	79.36	82.53	90	1	
22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; LUMBAR (W	N/A	101.99	106.06	90	1	
22614	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; EACH ADDI	N/A	25.99	27.02	90	4	
22630	ARTHRODESIS, POSTERIOR INTERBODY TECHNIQUE, INCLUDING LAMINECTOMY AND/OR	N/A	98.97	102.92	90	1	
22632	ARTHRODESIS, POSTERIOR INTERBODY TECHNIQUE, SINGLE INTERSPACE; EACH ADDITIO	N/A	21.17	22.01	90	3	
22800	ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; UP TO 6	N/A	86.17	89.61	90	1	
22802	ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 7 TO 12	N/A	136.65	142.11	90	1	
22804	ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 13 OR M	N/A	157.44	163.73	90	1	
22808	ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 2 TO 3 V	N/A	116.09	120.73	90	1	
22810	ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 4 TO 7 V	N/A	129.34	134.51	90	1	
22812	ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 8 OR MOR	N/A	141.28	146.93	90	1	
22818	KYPHECTOMY, CIRCUMFERENTIAL EXPOSURE OF SPINE AND RESECTION OF VERTEBRAL SE	N/A	144.29	150.06	90	1	R
22819	KYPHECTOMY, CIRCUMFERENTIAL EXPOSURE OF SPINE AND RESECTION OF VERTEBRAL SE	N/A	167.07	173.75	90	1	R
22830	EXPLORATION OF SPINAL FUSION	N/A	51.73	53.79	90	1	
22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE), PED	N/A	50.83	52.86	0	1	
22842	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH M	N/A	50.88	52.91	0	1	
22843	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH M	N/A	54.35	56.52	0	1	
22844	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH M	N/A	65.74	68.36	0	1	
22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS	N/A	48.82	50.77	0	1	
22846	ANTERIOR INSTRUMENTATION; 4 TO 7 VERTEBRAL SEGMENTS	N/A	50.68	52.70	0	1	
22847	ANTERIOR INSTRUMENTATION; 8 OR MORE VERTEBRAL SEGMENTS	N/A	55.81	58.04	0	1	
22848	PELVIC FIXATION (ATTACHMENT OF CAUDAL END OF INSTRUMENTATION TO PELVIC BONY	N/A	23.96	24.91	90	1	
22849	REINSERTION OF SPINAL FIXATION DEVICE	N/A	83.83	87.18	90	1	
22850	REMOVAL OF POSTERIOR NONSEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD)	N/A	46.10	47.94	90	1	
22851	APPLICATION OF INTERVERTEBRAL BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE(S	N/A	27.17	28.25	90	6	
22852	REMOVAL OF POSTERIOR SEGMENTAL INSTRUMENTATION	N/A	43.87	45.62	90	1	
22855	REMOVAL OF ANTERIOR INSTRUMENTATION	N/A	72.07	74.95	90	1	
22899	UNLISTED PROCEDURE, SPINE	N/A	0.00	0.00	90	1	R
22900	EXCISION, ABDOMINAL WALL TUMOR, SUBFASCIAL (EG, DESMOID)	N/A	26.22	27.26	90	1	
23000	REMOVAL OF SUBDELTOID CALCAREOUS DEPOSITS, OPEN	N/A	32.33	33.62	90	1	
23020	CAPSULAR CONTRACTURE RELEASE (EG, SEVER TYPE PROCEDURE)	N/A	43.51	45.25	90	1	B
23035	INCISION, BONE CORTEX (EG, OSTEOMYELITIS OR BONE ABSCESS), SHOULDER AREA	N/A	44.12	45.88	90	1	B
23040	ARTHROTOMY, GLENOHUMERAL JOINT, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL	N/A	45.37	47.18	90	1	B
23077	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF SHOULDE	N/A	76.09	79.13	90	1	B
23100	ARTHROTOMY, GLENOHUMERAL JOINT, INCLUDING BIOPSY	N/A	30.89	32.12	90	1	B
23105	ARTHROTOMY; GLENOHUMERAL JOINT, WITH SYNOVECTOMY, WITH OR WITHOUT BIOPSY	N/A	40.02	41.62	90	1	B

CODE	DESCRIPTION	ANESTHESIA	AGE 21+	00-20	MAX		SPEC
		BASE FEE	MAX FEE	MAX FEE	FUD	UNITS	
23107	ARTHROTOMY, GLENOHUMERAL JOINT, WITH JOINT EXPLORATION, WITH OR WITHOUT REM	N/A	41.55	43.21	90	1	B
23120	CLAVICULECTOMY; PARTIAL	N/A	35.12	36.52	90	1	
23125	CLAVICULECTOMY; TOTAL	N/A	44.04	45.80	90	1	B
23145	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA;	N/A	41.75	43.42	90	1	B
23150	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS;	N/A	40.72	42.34	90	1	B
23155	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; WIT	N/A	50.05	52.05	90	1	B
23156	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; WIT	N/A	42.56	44.26	90	1	B
23172	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SCAPULA	N/A	33.28	34.61	90	1	B
23174	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), HUMERAL HEAD TO SUR	N/A	47.46	49.35	90	1	B
23182	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG,	N/A	42.13	43.81	90	1	B
23184	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG,	N/A	47.64	49.54	90	1	B
23190	OSTECTOMY OF SCAPULA, PARTIAL (EG, SUPERIOR MEDIAL ANGLE)	N/A	35.12	36.52	90	1	B
23195	RESECTION HUMERAL HEAD	N/A	47.18	49.06	90	1	B
23200	RADICAL RESECTION FOR TUMOR; CLAVICLE	N/A	55.66	57.88	90	1	B
23210	RADICAL RESECTION FOR TUMOR; SCAPULA	N/A	59.00	61.36	90	1	B
23220	RADICAL RESECTION OF BONE TUMOR, PROXIMAL HUMERUS;	N/A	67.80	70.51	90	1	B
23221	RADICAL RESECTION FOR TUMOR, PROXIMAL HUMERUS; WITH AUTOGRAFT (INCLUDES OBT	N/A	70.59	73.41	90	1	B
23222	RADICAL RESECTION FOR TUMOR, PROXIMAL HUMERUS; WITH PROSTHETIC REPLACEMENT	N/A	108.17	112.49	90	1	B
23332	REMOVAL OF FOREIGN BODY, SHOULDER; COMPLICATED (EG, TOTAL SHOULDER)	N/A	56.11	58.35	90	1	B
23395	MUSCLE TRANSFER, ANY TYPE, SHOULDER OR UPPER ARM; SINGLE	N/A	81.82	85.09	90	1	
23397	MUSCLE TRANSFER, ANY TYPE FOR PARALYSIS OF SHOULDER OR UPPER ARM; MULTIPLE	N/A	73.18	76.10	90	1	
23400	SCAPULOPEXY (EG, SPRENGEL'S DEFORMITY OR FOR PARALYSIS)	N/A	61.91	64.38	90	1	B
23405	TENOTOMY, SHOULDER AREA; SINGLE TENDON	N/A	39.89	41.48	90	1	
23406	TENOTOMY, SHOULDER AREA; MULTIPLE TENDONS THROUGH SAME INCISION	N/A	49.67	51.65	90	1	
23410	REPAIR OF RUPTURED MUSCULOTENDINOUS CUFF (EG, ROTATOR CUFF) OPEN; ACUTE	N/A	56.99	59.26	90	1	
23412	REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS	N/A	60.68	63.10	90	1	B
23420	RECONSTRUCTION OF COMPLETE SHOULDER (ROTATOR) CUFF AVULSION, CHRONIC (INCLU	N/A	67.60	70.30	90	1	B
23430	TENODESIS OF LONG TENDON OF BICEPS	N/A	46.81	48.68	90	1	B
23440	RESECTION OR TRANSPLANTATION OF LONG TENDON OF BICEPS	N/A	48.29	50.22	90	1	B
23450	CAPSULORRHAPHY, ANTERIOR; PUTTI-PLATT PROCEDURE OR MAGNUSON TYPE OPERATION	N/A	60.71	63.13	90	1	B
23455	CAPSULORRHAPHY, ANTERIOR; WITH LABRAL REPAIR (EG, BANKART PROCEDURE)	N/A	64.58	67.16	90	1	B
23460	CAPSULORRHAPHY, ANTERIOR, ANY TYPE; WITH BONE BLOCK	N/A	69.76	72.55	90	1	B
23462	CAPSULORRHAPHY FOR RECURRENT DISLOCATION, ANTERIOR, ANY TYPE; WITH CORACOID	N/A	68.75	71.50	90	1	B
23465	CAPSULORRHAPHY, GLENOHUMERAL JOINT, POSTERIOR, WITH OR WITHOUT BONE BLOCK	N/A	71.87	74.74	90	1	B
23466	CAPSULORRHAPHY, GLENOHUMERAL JOINT, ANY TYPE MULTI-DIRECTIONAL INSTABILITY	N/A	70.79	73.62	90	1	B
23470	ARTHROPLASTY, GLENOHUMERAL JOINT; HEMIARTHROPLASTY	N/A	77.90	81.01	90	1	B
23472	ARTHROPLASTY, GLENOHUMERAL JOINT; TOTAL SHOULDER (GLENOID AND PROXIMAL HUME	N/A	96.68	100.54	90	1	B
23485	OSTEOTOMY, CLAVICLE, WITH OR WITHOUT INTERNAL FIXATION; WITH BONE GRAFT FOR	N/A	61.61	64.07	90	1	B
23490	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOU	N/A	50.43	52.44	90	1	B
23491	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOU	N/A	64.86	67.45	90	1	B

CODE	DESCRIPTION	ANESTHESIA	AGE 21+	00-20	MAX		SPEC
		BASE FEE	MAX FEE	MAX FEE	FUD	UNITS	
23500	CLOSED TREATMENT OF CLAVICULAR FRACTURE; WITHOUT MANIPULATION	N/A	79.66	82.84	90	1	B
23515	OPEN TREATMENT OF CLAVICULAR FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL	N/A	36.10	37.54	90	1	B
23530	OPEN TREATMENT OF STERNOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC;	N/A	34.84	36.23	90	1	B
23532	OPEN TREATMENT OF STERNOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC; WITH FASC	N/A	39.11	40.67	90	1	B
23550	OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC;	N/A	35.87	37.30	90	1	B
23552	OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC; WITH FAS	N/A	41.35	43.00	90	1	B
23585	OPEN TREATMENT OF SCAPULAR FRACTURE (BODY, GLENOID OR ACROMION) WITH OR WIT	N/A	43.31	45.04	90	1	B
23615	OPEN TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE,	N/A	52.54	54.64	90	1	B
23616	OPEN TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE,	N/A	93.01	96.73	90	1	B
23630	OPEN TREATMENT OF GREATER HUMERAL TUBEROSITY FRACTURE, WITH OR WITHOUT INTE	N/A	36.32	37.77	90	1	B
23660	OPEN TREATMENT OF ACUTE SHOULDER DISLOCATION	N/A	36.42	37.87	90	1	B
23670	OPEN TREATMENT OF SHOULDER DISLOCATION, WITH FRACTURE OF GREATER HUMERAL TU	N/A	38.41	39.94	90	1	B
23680	OPEN TREATMENT OF SHOULDER DISLOCATION, WITH SURGICAL OR ANATOMICAL NECK FR	N/A	48.01	49.93	90	1	B
23800	ARTHRODESIS, GLENOHUMERAL JOINT;	N/A	61.82	64.29	90	1	B
23802	ARTHRODESIS, GLENOHUMERAL JOINT; WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING	N/A	80.34	83.55	90	1	
23900	INTERTHORACOSCAPULAR AMPUTATION (FOREQUARTER)	N/A	86.70	90.16	90	1	
23920	DISARTICULATION OF SHOULDER;	N/A	70.64	73.46	90	1	
23929	UNLISTED PROCEDURE, SHOULDER	N/A	0.00	0.00	90	1	R
24006	ARTHROTOMY OF THE ELBOW, WITH CAPSULAR EXCISION FOR CAPSULAR RELEASE (SEPAR	N/A	44.82	46.61	90	1	B
24077	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF UPPER A	N/A	51.99	54.06	90	1	B
24100	ARTHROTOMY, ELBOW; WITH SYNOVIAL BIOPSY ONLY	N/A	25.44	26.45	90	1	B
24101	ARTHROTOMY, ELBOW; WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR	N/A	30.97	32.20	90	1	B
24102	ARTHROTOMY, ELBOW; WITH SYNOVECTOMY	N/A	38.54	40.08	90	1	B
24115	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS; WITH AUTOGRAFT	N/A	46.58	48.44	90	1	B
24116	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS; WITH ALLOGRAFT	N/A	54.98	57.17	90	1	B
24125	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIU	N/A	38.03	39.55	90	1	B
24126	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIU	N/A	39.97	41.56	90	1	B
24134	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SHAFT OR DISTAL HUM	N/A	48.42	50.35	90	1	B
24138	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), OLECRANON PROCESS	N/A	41.25	42.90	90	1	B
24140	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG,	N/A	45.70	47.52	90	1	B
24149	RADICAL RESECTION OF CAPSULE, SOFT TISSUE, AND HETEROTOPIC BONE, ELBOW, WIT	N/A	73.43	76.36	90	1	B
24150	RADICAL RESECTION FOR TUMOR, SHAFT OR DISTAL HUMERUS;	N/A	61.86	64.33	90	1	B
24151	RADICAL RESECTION FOR TUMOR, SHAFT OR DISTAL HUMERUS; WITH AUTOGRAFT (INCLU	N/A	71.64	74.50	90	1	B
24152	RADICAL RESECTION FOR TUMOR, RADIAL HEAD OR NECK;	N/A	45.42	47.23	90	1	B
24155	RESECTION OF ELBOW JOINT (ARTHRECTOMY)	N/A	54.15	56.31	90	1	B
24301	MUSCLE OR TENDON TRANSFER, ANY TYPE, UPPER ARM OR ELBOW, SINGLE (EXCLUDING	N/A	47.33	49.22	90	1	
24320	TENOPLASTY, WITH MUSCLE TRANSFER, WITH OR WITHOUT FREE GRAFT, ELBOW TO SHOU	N/A	49.35	51.32	90	1	
24330	FLEXOR-PLASTY, ELBOW (EG, STEINDLER TYPE ADVANCEMENT);	N/A	45.15	46.95	90	1	B
24331	FLEXOR-PLASTY, ELBOW (EG, STEINDLER TYPE ADVANCEMENT); WITH EXTENSOR ADVANC	N/A	48.22	50.14	90	1	B
24340	TENODESIS OF BICEPS TENDON AT ELBOW (SEPARATE PROCEDURE)	N/A	38.56	40.10	90	1	B

CODE	DESCRIPTION	ANESTHESIA	AGE 21+	00-20	MAX		SPEC
		BASE FEE	MAX FEE	MAX FEE	FUD	UNITS	
24341	REPAIR, TENDON OR MUSCLE, UPPER ARM OR ELBOW, EACH TENDON OR MUSCLE, PRIMAR	N/A	45.60	47.42	90	1	B
24342	REINSERTION OF RUPTURED BICEPS OR TRICEPS TENDON, DISTAL, WITH OR WITHOUT T	N/A	49.65	51.63	90	1	B
24343	REPAIR LATERAL COLLATERAL LIGAMENT, ELBOW, WITH LOCAL TISSUE	N/A	43.94	45.69	90	1	B
24344	RECONSTRUCTION LATERAL COLLATERAL LIGAMENT, ELBOW, WITH TENDON GRAFT (INCLU	N/A	69.00	71.76	90	1	B
24345	REPAIR MEDIAL COLLATERAL LIGAMENT, ELBOW, WITH LOCAL TISSUE	N/A	43.84	45.59	90	1	B
24346	RECONSTRUCTION MEDIAL COLLATERAL LIGAMENT, ELBOW, WITH TENDON GRAFT (INCLUD	N/A	68.93	71.68	90	1	B
24352	FASCIOTOMY, LATERAL OR MEDIAL (EG, "TENNIS ELBOW" OR EPICONDYLITIS); WITH	N/A	32.25	33.54	90	1	B
24360	ARTHROPLASTY, ELBOW; WITH MEMBRANE (EG, FASCIAL)	N/A	56.81	59.08	90	1	B
24361	ARTHROPLASTY, ELBOW; WITH DISTAL HUMERAL PROSTHETIC REPLACEMENT	N/A	63.65	66.19	90	1	B
24362	ARTHROPLASTY, ELBOW; WITH IMPLANT AND FASCIA LATA LIGAMENT RECONSTRUCTION	N/A	68.28	71.01	90	1	B
24363	ARTHROPLASTY, ELBOW; WITH DISTAL HUMERUS AND PROXIMAL ULNAR PROSTHETIC REPL	N/A	95.15	98.95	90	1	B
24365	ARTHROPLASTY, RADIAL HEAD;	N/A	39.92	41.51	90	1	B
24366	ARTHROPLASTY, RADIAL HEAD; WITH IMPLANT	N/A	43.04	44.76	90	1	B
24400	OSTEOTOMY, HUMERUS, WITH OR WITHOUT INTERNAL FIXATION	N/A	52.21	54.29	90	1	B
24410	MULTIPLE OSTEOTOMIES WITH REALIGNMENT ON INTRAMEDULLARY ROD, HUMERAL SHAFT	N/A	67.65	70.35	90	1	B
24420	OSTEOPLASTY, HUMERUS (EG, SHORTENING OR LENGTHENING) (EXCLUDING 64876)	N/A	61.96	64.43	90	1	B
24430	REPAIR OF NONUNION OR MALUNION, HUMERUS; WITHOUT GRAFT (EG, COMPRESSION TEC	N/A	66.94	69.61	90	1	B
24435	REPAIR OF NONUNION OR MALUNION, HUMERUS; WITH ILIAC OR OTHER AUTOGRAFT (INC	N/A	67.67	70.37	90	1	B
24470	HEMIEPIPHYSEAL ARREST (EG, CUBITUS VARUS OR VALGUS, DISTAL HUMERUS)	N/A	42.06	43.74	90	1	B
24498	PROPHYLACTION TREATMENT (NAILING, PINNING, PLATING OR WIRING), WITH OR WITHO	N/A	55.33	57.54	90	1	B
24515	OPEN TREATMENT OF HUMERAL SHAFT FRACTURE WITH PLATE/SCREWS, WITH OR WITHOUT	N/A	55.61	57.83	90	1	B
24516	TREATMENT OF HUMERAL SHAFT FRACTURE, WITH INSERTION OF INTRAMEDULLARY IMPLA	N/A	54.90	57.09	90	1	B
24545	OPEN TREATMENT OF HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, WITH OR	N/A	50.23	52.23	90	1	B
24546	OPEN TREATMENT OF HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, WITH OR	N/A	71.07	73.91	90	1	B
24575	OPEN TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL, WITH OR	N/A	50.75	52.78	90	1	B
24579	OPEN TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL, WITH OR WIT	N/A	55.03	57.23	90	1	B
24586	OPEN TREATMENT OF PERIARTICULAR FRACTURE AND/OR DISLOCATION OF THE ELBOW (F	N/A	69.63	72.41	90	1	B
24587	OPEN TREATMENT OF PERIARTICULAR FRACTURE AND/OR DISLOCATION OF THE ELBOW (F	N/A	69.41	72.18	90	1	B
24615	OPEN TREATMENT OF ACUTE OR CHRONIC ELBOW DISLOCATION	N/A	45.07	46.87	90	1	B
24635	OPEN TREATMENT OF MONTEGGIA TYPE OF FRACTURE DISLOCATION AT ELBOW (FRACTURE	N/A	65.61	68.23	90	1	B
24665	OPEN TREATMENT OF RADIAL HEAD OR NECK FRACTURE, WITH OR WITHOUT INTERNAL FI	N/A	40.67	42.29	90	1	B
24666	OPEN TREATMENT OF RADIAL HEAD OR NECK FRACTURE, WITH OR WITHOUT INTERNAL FI	N/A	46.20	48.04	90	1	B
24685	OPEN TREATMENT OF ULNAR FRACTURE PROXIMAL END (OLECRANON PROCESS), WITH OR	N/A	42.58	44.28	90	1	B
24800	ARTHRODESIS, ELBOW JOINT; LOCAL	N/A	51.73	53.79	90	1	B
24802	ARTHRODESIS, ELBOW JOINT; WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAFT)	N/A	63.27	65.80	90	1	B
24900	AMPUTATION, ARM THROUGH HUMERUS; WITH PRIMARY CLOSURE	N/A	45.40	47.21	90	1	B
24920	AMPUTATION, ARM THROUGH HUMERUS; OPEN, CIRCULAR (GUILLotine)	N/A	45.58	47.40	90	1	B
24925	AMPUTATION, ARM THROUGH HUMERUS; SECONDARY CLOSURE OR SCAR REVISION	N/A	33.38	34.71	90	1	B
24930	AMPUTATION, ARM THROUGH HUMERUS; RE-AMPUTATION	N/A	46.08	47.92	90	1	B
24931	AMPUTATION, ARM THROUGH HUMERUS; WITH IMPLANT	N/A	59.43	61.80	90	1	B

CODE	DESCRIPTION	ANESTHESIA	AGE 21+	00-20	MAX		SPEC
		BASE FEE	MAX FEE	MAX FEE	FUD	UNITS	
24940	CINEPLASTY, UPPER EXTREMITY, COMPLETE PROCEDURE	N/A	68.16	70.88	90	1	B
25085	CAPSULOTOMY, WRIST (EG, CONTRACTURE)	N/A	29.86	31.05	90	1	B
25107	ARTHROTOMY, DISTAL RADIOULNAR JOINT INCLUDING REPAIR OF TRIANGULAR CARTILAG	N/A	39.44	41.01	90	1	B
25109	EXCISION OF TENDON, FOREARM AND/OR WRIST, FLEXOR OR EXTENSOR, EACH	N/A	32.91	34.22	90	1	B
25119	SYNOVECTOMY, EXTENSOR TENDON SHEATH, WRIST, SINGLE COMPARTMENT; WITH RESECT	N/A	32.55	33.85	90	1	B
25126	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA (EXCLU	N/A	44.47	46.24	90	1	B
25135	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES; WITH AU	N/A	35.57	36.99	90	1	B
25136	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES; WITH AL	N/A	31.70	32.96	90	1	B
25145	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), FOREARM AND/OR WRIS	N/A	39.14	40.70	90	1	B
25151	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION OR DIAPHYSECTOMY) OF BONE (E	N/A	43.44	45.17	90	1	B
25170	RADICAL RESECTION FOR TUMOR, RADIUS OR ULNA	N/A	59.48	61.85	90	1	B
25215	CARPECTOMY; ALL BONES OF PROXIMAL ROW	N/A	40.45	42.06	90	1	
25250	REMOVAL OF WRIST PROSTHESIS; (SEPARATE PROCEDURE)	N/A	32.78	34.09	90	1	B
25251	REMOVAL OF WRIST PROSTHESIS; COMPLICATED, INCLUDING "TOTAL WRIST"	N/A	44.57	46.35	90	1	
25263	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; SECONDARY, SINGLE,	N/A	45.45	47.26	90	1	
25265	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; SECONDARY, WITH FRE	N/A	54.07	56.23	90	1	
25300	TENODESIS AT WRIST; FLEXORS OF FINGERS	N/A	43.82	45.57	90	1	B
25301	TENODESIS AT WRIST; EXTENSORS OF FINGERS	N/A	41.63	43.29	90	1	B
25310	TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, FOREARM AND/OR WRIS	N/A	46.05	47.89	90	1	
25312	TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, FOREARM AND/OR WRIS	N/A	52.19	54.27	90	1	
25315	FLEXOR ORIGIN SLIDE (EG, FOR CEREBRAL PALSY, VOLKMANN CONTRACTURE), FOREARM	N/A	55.86	58.09	90	1	B
25316	FLEXOR ORIGIN SLIDE FOR CEREBRAL PALSY, FOREARM AND/OR WRIST; WITH TENDON(S	N/A	64.38	66.95	90	1	B
25320	CAPSULORRHAPHY OR RECONSTRUCTION, WRIST, OPEN (EG, CAPSULODESIS, LIGAMENT R	N/A	61.46	63.91	90	1	B
25332	ARTHROPLASTY, WRIST, WITH OR WITHOUT INTERPOSITION, WITH OR WITHOUT EXTERNA	N/A	53.42	55.55	90	1	B
25335	CENTRALIZATION OF WRIST ON ULNA (EG, RADIAL CLUB HAND)	N/A	55.93	58.16	90	1	B
25350	OSTEOTOMY, RADIUS; DISTAL THIRD	N/A	49.55	51.53	90	1	B
25355	OSTEOTOMY, RADIUS; MIDDLE OR PROXIMAL THIRD	N/A	55.88	58.11	90	1	B
25360	OSTEOTOMY; ULNA	N/A	48.14	50.06	90	1	B
25365	OSTEOTOMY; RADIUS AND ULNA	N/A	65.38	67.99	90	1	B
25370	MULTIPLE OSTEOTOMIES, WITH REALIGNMENT ON INTRAMEDULLARY ROD (SOFIELD TYPE	N/A	70.84	73.67	90	1	B
25375	MULTIPLE OSTEOTOMIES, WITH REALIGNMENT ON INTRAMEDULLARY ROD (SOFIELD TYPE	N/A	67.87	70.58	90	1	B
25390	OSTEOPLASTY, RADIUS OR ULNA; SHORTENING	N/A	55.83	58.06	90	1	B
25391	OSTEOPLASTY, RADIUS OR ULNA; LENGTHENING WITH AUTOGRAFT	N/A	70.56	73.38	90	1	B
25392	OSTEOPLASTY, RADIUS AND ULNA; SHORTENING (EXCLUDING 64876)	N/A	71.42	74.27	90	1	B
25393	OSTEOPLASTY, RADIUS AND ULNA; LENGTHENING WITH AUTOGRAFT	N/A	82.10	85.38	90	1	B
25394	OSTEOPLASTY, CARPAL BONE, SHORTENING	N/A	48.14	50.06	90	1	B
25400	REPAIR OF NONUNION OR MALUNION, RADIUS OR ULNA; WITHOUT GRAFT (EG, COMPRESS	N/A	58.27	60.60	90	1	B
25405	REPAIR OF NONUNION OR MALUNION, RADIUS OR ULNA; WITH AUTOGRAFT (INCLUDES OB	N/A	73.28	76.21	90	1	B
25415	REPAIR OF NONUNION OR MALUNION, RADIUS AND ULNA; WITHOUT GRAFT (EG, COMPRES	N/A	67.52	70.22	90	1	B
25420	REPAIR OF NONUNION OR MALUNION, RADIUS AND ULNA; WITH AUTOGRAFT (INCLUDES O	N/A	81.30	84.55	90	1	B

CODE	DESCRIPTION	ANESTHESIA	AGE 21+	00-20	MAX		SPEC
		BASE FEE	MAX FEE	MAX FEE	FUD	UNITS	
25425	REPAIR OF DEFECT WITH AUTOGRAFT; RADIUS OR ULNA	N/A	75.01	78.01	90	1	B
25426	REPAIR OF DEFECT WITH AUTOGRAFT; RADIUS AND ULNA	N/A	78.83	81.98	90	1	B
25431	REPAIR OF NONUNION OF CARPAL BONE (EXCLUDING CARPAL SCAPHOID (NAVICULAR)) (	N/A	50.25	52.26	90	1	B
25440	REPAIR OF NONUNION, SCAPHOID CARPAL (NAVICULAR) BONE, WITH OR WITHOUT RADIA	N/A	49.65	51.63	90	1	B
25441	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL RADIUS	N/A	59.95	62.34	90	1	B
25442	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL ULNA	N/A	50.10	52.10	90	1	B
25443	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; SCAPHOID CARPAL (NAVICULAR)	N/A	46.71	48.57	90	1	B
25444	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; LUNATE	N/A	52.16	54.24	90	1	B
25446	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL RADIUS AND PARTIAL OR ENTI	N/A	74.48	77.45	90	1	B
25447	ARTHROPLASTY, INTERPOSITION, INTERCARPAL OR CARPOMETACARPAL JOINTS	N/A	51.56	53.62	90	1	B
25449	REVISION OF ARTHROPLASTY, INCLUDING REMOVAL OF IMPLANT, WRIST JOINT	N/A	65.89	68.52	90	1	B
25490	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOU	N/A	51.63	53.69	90	1	B
25491	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOU	N/A	53.64	55.78	90	1	B
25492	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOU	N/A	63.42	65.95	90	1	B
25515	OPEN TREATMENT OF RADIAL SHAFT FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERN	N/A	44.60	46.38	90	1	B
25525	OPEN TREATMENT OF RADIAL SHAFT FRACTURE, WITH INTERNAL AND/ OR EXTERNAL FIX	N/A	59.33	61.70	90	1	B
25526	OPEN TREATMENT OF RADIAL SHAFT FRACTURE, WITH INTERNAL AND/OR EXTERNAL FIXA	N/A	65.08	67.68	90	1	B
25545	OPEN TREATMENT OF ULNAR SHAFT FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNA	N/A	43.46	45.19	90	1	B
25574	OPEN TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES, WITH INTERNAL OR EXTERN	N/A	38.54	40.08	90	1	B
25575	OPEN TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES, WITH INTERNAL OR EXTERN	N/A	57.47	59.76	90	1	B
25606	PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIAL FRACTURE OR EPIPHYSEAL SEPA	N/A	253.11	263.23	90	1	B
25607	OPEN TREATMENT OF DISTAL RADIAL EXTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEPA	N/A	45.17	46.97	90	1	B
25608	OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEPA	N/A	51.73	53.79	90	1	B
25609	OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEPA	N/A	66.04	68.68	90	1	B
25628	OPEN TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE, WITH OR WITHOUT INT	N/A	45.88	47.71	90	1	B
25645	OPEN TREATMENT OF CARPAL BONE FRACTURE (OTHER THAN CARPAL SCAPHOID (NAVICUL	N/A	36.07	37.51	90	1	B
25652	OPEN TREATMENT OF ULNAR STYLOID FRACTURE	N/A	38.66	40.20	90	1	
25670	OPEN TREATMENT OF RADIOCARPAL OR INTERCARPAL DISLOCATION, ONE OR MORE BONES	N/A	38.41	39.94	90	1	B
25671	PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIOULNAR DISLOCATION	N/A	32.35	33.64	90	1	
25676	OPEN TREATMENT OF DISTAL RADIOULNAR DISLOCATION, ACUTE OR CHRONIC	N/A	39.77	41.36	90	1	B
25685	OPEN TREATMENT OF TRANS-SCAPHOPERILUNAR TYPE OF FRACTURE DISLOCATION	N/A	46.03	47.87	90	1	B
25695	OPEN TREATMENT OF LUNATE DISLOCATION	N/A	40.09	41.69	90	1	B
25800	ARTHRODESIS, WRIST; COMPLETE, WITHOUT BONE GRAFT (INCLUDES RADIOCARPAL AND/	N/A	47.39	49.28	90	1	B
25805	ARTHRODESIS, WRIST JOINT (INCLUDING RADIOCARPAL AND/OR ULNOCARPAL FUSION);	N/A	54.37	56.54	90	1	B
25810	ARTHRODESIS, WRIST JOINT (INCLUDING RADIOCARPAL AND/OR ULNOCARPAL FUSION);	N/A	55.43	57.64	90	1	B
25820	ARTHRODESIS, WRIST; LIMITED, WITHOUT BONE GRAFT (EG, INTERCARPAL OR RADIOCA	N/A	37.86	39.37	90	1	B
25825	INTERCARPAL FUSION; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	N/A	46.71	48.57	90	1	B
25830	ARTHRODESIS, DISTAL RADIOULNAR JOINT WITH SEGMENTAL RESECTION OF ULNA, WITH	N/A	57.11	59.39	90	1	B
25905	AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; OPEN, CIRCULAR (GUILLotine)	N/A	48.64	50.58	90	1	B
25907	AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; SECONDARY CLOSURE OR SCAR REV	N/A	42.38	44.07	90	1	B

CODE	DESCRIPTION	ANESTHESIA	AGE 21+	00-20	MAX		SPEC
		BASE FEE	MAX FEE	MAX FEE	FUD	UNITS	
25909	AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; RE-AMPUTATION	N/A	49.50	51.48	90	1	B
25915	KRUKENBERG PROCEDURE	N/A	71.52	74.38	90	1	B
25922	DISARTICULATION THROUGH WRIST; SECONDARY CLOSURE OR SCAR REVISION	N/A	38.23	39.75	90	1	B
25924	DISARTICULATION THROUGH WRIST; RE-AMPUTATION	N/A	42.21	43.89	90	1	B
25929	TRANSMETACARPAL AMPUTATION; SECONDARY CLOSURE OR SCAR REVISION	N/A	35.97	37.40	90	1	B
26185	SESAMOIDECTOMY, THUMB OR FINGER (SEPARATE PROCEDURE)	N/A	32.60	33.90	90	1	B
26255	RADICAL RESECTION (OSTECTOMY) FOR TUMOR, METACARPAL; WITH AUTOGRAFT (INCLUD	N/A	57.82	60.13	90	1	
26260	RADICAL RESECTION, PROXIMAL OR MIDDLE PHALANX OF FINGER (EG, TUMOR);	N/A	33.96	35.31	90	1	
26261	RADICAL RESECTION (OSTECTOMY) FOR TUMOR, PROXIMAL OR MIDDLE PHALANX OF FING	N/A	43.92	45.67	90	1	
26262	RADICAL RESECTION, DISTAL PHALANX OF FINGER (EG, TUMOR)	N/A	28.41	29.54	90	1	
26352	FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE, NOT IN "NO MAN'S LAND"; SECO	N/A	47.59	49.49	90	1	
26357	REPAIR OR ADVANCEMENT, FLEXOR TENDON, IN ZONE 2 DIGITAL FLEXOR TENDON SHEAT	N/A	50.93	52.96	90	1	
26358	FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE, IN "NO MAN'S LAND"; SECONDAR	N/A	53.92	56.07	90	1	
26372	REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON, WITH INTACT SUPERFICIALIS TENDON	N/A	52.31	54.40	90	1	
26373	REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON, WITH INTACT SUPERFICIALIS TENDON	N/A	49.52	51.50	90	1	
26390	EXCISION FLEXOR TENDON, WITH IMPLANTATION OF SYNTHETIC ROD FOR DELAYED TEND	N/A	49.87	51.86	90	1	
26392	REMOVAL OF SYNTHETIC ROD AND INSERTION OF FLEXOR TENDON GRAFT, HAND OR FING	N/A	57.87	60.18	90	1	
26420	EXTENSOR TENDON REPAIR, DORSUM OF FINGER, SINGLE, PRIMARY OR SECONDARY; WIT	N/A	41.85	43.52	90	1	
26434	EXTENSOR TENDON REPAIR, DISTAL INSERTION ("MALLEET FINGER"), OPEN, PRIMARY	N/A	37.66	39.16	90	1	
26474	TENODESIS; OF DISTAL JOINT, EACH JOINT	N/A	34.29	35.66	90	1	
26479	SHORTENING OF TENDON, FLEXOR, HAND OR FINGER, EACH TENDON	N/A	36.27	37.72	90	1	
26483	TENDON TRANSFER OR TRANSPLANT, CARPOMETACARPAL AREA OR DORSUM OF HAND, SING	N/A	49.87	51.86	90	1	
26485	TRANSFER OR TRANSPLANT OF TENDON, PALMAR; WITHOUT FREE TENDON GRAFT, EACH T	N/A	47.46	49.35	90	1	
26492	OPPONENSPLASTY; TENDON TRANSFER WITH GRAFT (INCLUDES OBTAINING GRAFT), EACH	N/A	52.59	54.69	90	1	
26494	OPPONENSPLASTY; HYPOTHENAR MUSCLE TRANSFER	N/A	47.36	49.25	90	1	
26497	TRANSFER OF TENDON TO RESTORE INTRINSIC FUNCTION; RING AND SMALL FINGER	N/A	51.56	53.62	90	1	
26498	TENDON TRANSFER TO RESTORE INTRINSIC FUNCTION; ALL FOUR FINGERS	N/A	69.78	72.57	90	1	
26499	CORRECTION CLAW FINGER, OTHER METHODS	N/A	48.26	50.19	90	1	
26502	TENDON PULLEY RECONSTRUCTION; WITH TENDON OR FASCIAL GRAFT (INCLUDES OBTAIN	N/A	42.03	43.71	90	1	
26517	CAPSULODESIS FOR M-P JOINT STABILIZATION; TWO DIGITS	N/A	49.40	51.37	90	1	
26518	CAPSULODESIS FOR M-P JOINT STABILIZATION; THREE OR FOUR DIGITS	N/A	49.60	51.58	90	1	
26530	ARTHROPLASTY, METACARPOPHALANGEAL JOINT; EACH JOINT	N/A	33.36	34.69	90	1	
26531	ARTHROPLASTY, METACARPOPHALANGEAL JOINT; WITH PROSTHETIC IMPLANT, EACH JOIN	N/A	38.66	40.20	90	1	
26541	RECONSTRUCTION, COLLATERAL LIGAMENT, METACARPOPHALANGEAL JOINT, SINGLE, WIT	N/A	47.89	49.80	90	1	
26546	REPAIR NON-UNION, METACARPAL OR PHALANX, (INCLUDES OBTAINING BONE GRAFT WIT	N/A	58.90	61.25	90	1	B
26550	POLLICIZATION OF A DIGIT	N/A	99.24	103.20	90	1	
26551	TRANSFER, TOE-TO-HAND WITH MICROVASCULAR ANASTOMOSIS; GREAT TOE ' WRAP-AROU	N/A	195.85	203.68	90	1	
26553	TOE-TO-HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE,	N/A	178.56	185.70	90	1	
26554	TOE-TO-HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE,	N/A	214.98	223.57	90	1	
26555	TRANSFER, FINGER TO ANOTHER POSITION WITHOUT MICROVASCULAR ANASTOMOSIS	N/A	83.91	87.26	90	1	

CODE	DESCRIPTION	ANESTHESIA	AGE 21+	00-20	MAX		SPEC
		BASE FEE	MAX FEE	MAX FEE	FUD	UNITS	
26556	TRANSFER, FREE TOE JOINT, WITH MICROVASCULAR ANASTOMOSIS	N/A	175.56	182.58	90	1	
26560	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; WITH SKIN FLAPS	N/A	33.63	34.97	90	1	
26561	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; WITH SKIN FLAPS AND GRAFT	N/A	55.08	57.28	90	1	
26562	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; COMPLEX (EG, INVOLVING BO	N/A	82.35	85.64	90	1	
26565	OSTEOTOMY; METACARPAL, EACH	N/A	39.49	41.06	90	1	
26568	OSTEOPLASTY, LENGTHENING, METACARPAL OR PHALANX	N/A	52.34	54.43	90	1	
26580	REPAIR CLEFT HAND	N/A	83.33	86.66	90	1	
26587	RECONSTRUCTION OF POLYDACTYLOUS DIGIT, SOFT TISSUE AND BONE	N/A	61.29	63.74	90	1	
26590	REPAIR MACRODACTYLIA, EACH DIGIT	N/A	79.96	83.15	90	1	
26596	EXCISION OF CONSTRICTING RING OF FINGER, WITH MULTIPLE Z-PLASTIES	N/A	45.12	46.92	90	1	
26686	OPEN TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB (BENNETT FR	N/A	38.91	40.46	90	1	
26820	FUSION IN OPPOSITION, THUMB, WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAF	N/A	46.10	47.94	90	1	
26842	ARTHRODESIS, CARPOMETACARPAL JOINT, THUMB, WITH OR WITHOUT INTERNAL FIXATIO	N/A	46.91	48.78	90	1	
26843	ARTHRODESIS, CARPOMETACARPAL JOINT, DIGIT, OTHER THAN THUMB, EACH;	N/A	42.76	44.47	90	1	
26844	ARTHRODESIS, CARPOMETACARPAL JOINT, DIGITS, OTHER THAN THUMB; WITH AUTOGRAF	N/A	48.69	50.63	90	1	
26852	ARTHRODESIS, METACARPOPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION;	N/A	47.71	49.61	90	1	
26862	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; WITH	N/A	43.39	45.12	90	1	
26863	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; WITH	N/A	15.23	15.83	90	5	
27001	TENOTOMY, ADDUCTOR OF HIP, OPEN	N/A	34.01	35.37	90	1	B
27003	TENOTOMY, ADDUCTOR, SUBCUTANEOUS, OPEN, WITH OBTURATOR NEURECTOMY	N/A	36.88	38.35	90	1	B
27005	TENOTOMY, HIP FLEXOR(S), OPEN (SEPARATE PROCEDURE)	N/A	46.53	48.39	90	1	B
27006	TENOTOMY, ABDUCTORS AND/OR EXTENSOR(S) OF HIP, OPEN (SEPARATE PROCEDURE)	N/A	46.63	48.49	90	1	B
27030	ARTHROTOMY, HIP, WITH DRAINAGE (EG, INFECTION)	N/A	60.21	62.61	90	1	B
27033	ARTHROTOMY, HIP, INCLUDING EXPLORATION OR REMOVAL OF LOOSE OR FOREIGN BODY	N/A	62.37	64.86	90	1	B
27035	DENERVATION, HIP JOINT, INTRAPELVIC OR EXTRAPELVIC INTRA-ARTICULAR BRANCHES	N/A	73.23	76.15	90	1	B
27036	CAPSULECTOMY OR CAPSULOTOMY, HIP, WITH OR WITHOUT EXCISION OF HETEROTOPIC B	N/A	64.00	66.56	90	1	B
27048	EXCISION, TUMOR, PELVIS AND HIP AREA; DEEP, SUBFASCIAL, INTRAMUSCULAR	N/A	30.17	31.37	90	1	B
27049	RADICAL RESECTION OF TUMOR, SOFT TISSUE OF PELVIS AND HIP AREA (EG, MALIGNA	N/A	64.13	66.69	90	1	B
27052	ARTHROTOMY, FOR BIOPSY; HIP JOINT	N/A	35.27	36.68	90	1	B
27054	ARTHROTOMY WITH SYNOVECTOMY, HIP JOINT	N/A	42.91	44.62	90	1	B
27065	EXCISION OF BONE CYST OR BENIGN TUMOR; SUPERFICIAL (WING OF ILIUM, SYMPHYSI	N/A	31.60	32.86	90	1	B
27066	EXCISION OF BONE CYST OR BENIGN TUMOR; DEEP, WITH OR WITHOUT AUTOGRAFT	N/A	51.16	53.20	90	1	B
27067	EXCISION OF BONE CYST OR BENIGN TUMOR; WITH AUTOGRAFT REQUIRING SEPARATE IN	N/A	63.55	66.09	90	1	B
27070	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION) (EG, OSTEOMYELITIS OR BONE	N/A	53.19	55.31	90	1	B
27071	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION) (EG, OSTEOMYELITIS OR BONE	N/A	57.16	59.44	90	1	B
27075	RADICAL RESECTION OF TUMOR OR INFECTION; WING OF ILIUM, ONE PUBIC OR ISCHIA	N/A	148.74	154.68	90	1	
27076	RADICAL RESECTION FOR TUMOR OR INFECTION; ILIUM, INCLUDING ACETABULUM, BOTH	N/A	102.54	106.64	90	1	
27077	RADICAL RESECTION FOR TUMOR OR INFECTION; INNOMINATE BONE, TOTAL	N/A	172.90	179.81	90	1	
27078	RADICAL RESECTION FOR TUMOR OR INFECTION; ISCHIAL TUBEROSITY AND GREATER TR	N/A	64.45	67.02	90	1	
27079	RADICAL RESECTION FOR TUMOR OR INFECTION; ISCHIAL TUBEROSITY AND GREATER TR	N/A	61.24	63.68	90	1	

CODE	DESCRIPTION	ANESTHESIA	AGE 21+	00-20	MAX		SPEC
		BASE FEE	MAX FEE	MAX FEE	FUD	UNITS	
27080	COCCYGECTOMY, PRIMARY	N/A	31.37	32.62	90	1	
27087	REMOVAL OF FOREIGN BODY, PELVIS OR HIP; DEEP (SUBFASCIAL OR INTRAMUSCULAR)	N/A	39.57	41.15	90	1	B
27090	REMOVAL OF HIP PROSTHESIS; (SEPARATE PROCEDURE)	N/A	52.76	54.87	90	1	B
27091	REMOVAL OF HIP PROSTHESIS; COMPLICATED, INCLUDING TOTAL HIP PROSTHESIS, MET	N/A	103.34	107.47	90	1	B
27097	RELEASE OR RECESSION, HAMSTRING, PROXIMAL	N/A	42.96	44.67	90	1	B
27098	TRANSFER, ADDUCTOR TO ISCHIUM	N/A	37.81	39.32	90	1	B
27100	TRANSFER EXTERNAL OBLIQUE MUSCLE TO GREATER TROCHANTER INCLUDING FASCIAL OR	N/A	51.48	53.53	90	1	B
27105	TRANSFER PARASPINAL MUSCLE TO HIP (INCLUDES FASCIAL OR TENDON EXTENSION GRA	N/A	54.27	56.44	90	1	B
27110	TRANSFER ILIOPSOAS; TO GREATER TROCHANTER OF FEMUR	N/A	61.56	64.02	90	1	B
27111	TRANSFER ILIOPSOAS; TO FEMORAL NECK	N/A	56.76	59.03	90	1	B
27120	ACETABULOPLASTY; (EG, WHITMAN, COLONNA, HAYGROVES, OR CUP TYPE)	N/A	83.06	86.38	90	1	B
27122	ACETABULOPLASTY; RESECTION, FEMORAL HEAD (EG, GIRDLESTONE PROCEDURE)	N/A	70.66	73.48	90	1	B
27125	HEMIARTHROPLASTY, HIP, PARTIAL (EG, FEMORAL STEM PROSTHESIS, BIPOLAR ARTHRO	N/A	72.22	75.10	90	1	B
27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL	N/A	93.19	96.91	90	1	B
27132	CONVERSION OF PREVIOUS HIP SURGERY TO TOTAL HIP ARTHROPLASTY, WITH OR WITHO	N/A	108.55	112.89	90	1	B
27134	REVISION OF TOTAL HIP ARTHROPLASTY; BOTH COMPONENTS, WITH OR WITHOUT AUTOGR	N/A	125.74	130.76	90	1	B
27137	REVISION OF TOTAL HIP ARTHROPLASTY; ACETABULAR COMPONENT ONLY, WITH OR WITH	N/A	95.85	99.68	90	1	B
27138	REVISION OF TOTAL HIP ARTHROPLASTY; FEMORAL COMPONENT ONLY, WITH OR WITHOUT	N/A	99.80	103.79	90	1	B
27140	OSTEOTOMY AND TRANSFER OF GREATER TROCHANTER OF FEMUR (SEPARATE PROCEDURE)	N/A	56.86	59.13	90	1	B
27146	OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE;	N/A	81.62	84.88	90	1	B
27147	OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE; WITH OPEN REDUCTION OF HIP	N/A	94.27	98.04	90	1	B
27151	OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE; WITH FEMORAL OSTEOTOMY	N/A	101.41	105.46	90	1	B
27156	OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE; WITH FEMORAL OSTEOTOMY AND	N/A	110.26	114.67	90	1	B
27158	OSTEOTOMY, PELVIS, BILATERAL (EG, CONGENITAL MALFORMATION)	N/A	78.38	81.51	90	1	
27161	OSTEOTOMY, FEMORAL NECK (SEPARATE PROCEDURE)	N/A	78.33	81.46	90	1	B
27165	OSTEOTOMY, INTERTROCHANTERIC OR SUBTROCHANTERIC INCLUDING INTERNAL OR EXTER	N/A	87.83	91.34	90	1	
27170	BONE GRAFT, FEMORAL HEAD, NECK, INTERTROCHANTERIC OR SUBTROCHANTERIC AREA (	N/A	75.77	78.80	90	1	B
27176	TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; BY SINGLE OR MULTIPLE PINNING, IN S	N/A	58.60	60.94	90	1	B
27177	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; SINGLE OR MULTIPLE PINNING OR	N/A	71.14	73.98	90	1	B
27178	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; CLOSED MANIPULATION WITH SINGL	N/A	58.22	60.54	90	1	B
27179	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; OSTEOPLASTY OF FEMORAL NECK (H	N/A	62.04	64.52	90	1	B
27181	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; OSTEOTOMY AND INTERNAL FIXATIO	N/A	68.90	71.65	90	1	B
27187	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOU	N/A	63.42	65.95	90	1	B
27202	OPEN TREATMENT OF COCCYGEAL FRACTURE	N/A	48.89	50.84	90	1	
27215	OPEN TREATMENT OF ILIAC SPINE(S), TUBEROSITY AVULSION, OR ILIAC WING FRACTU	N/A	47.71	49.61	90	1	
27216	PERCUTANEOUS SKELETAL FIXATION OF POSTERIOR PELVIC RING FRACTURE AND/OR DIS	N/A	69.53	72.31	90	1	
27217	OPEN TREATMENT OF ANTERIOR RING FRACTURE AND/OR DISLOCATION WITH INTERNAL F	N/A	64.88	67.47	90	1	
27218	OPEN TREATMENT OF POSTERIOR RING FRACTURE AND/OR DISLOCATION WITH INTERNAL	N/A	90.17	93.77	90	1	
27226	OPEN TREATMENT OF POSTERIOR OR ANTERIOR ACETABULAR WALL FRACTURE, WITH INTE	N/A	67.82	70.53	90	1	B
27227	OPEN TREATMENT OF ACETABULAR FRACTURE(S) INVOLVING ANTERIOR OR POSTERIOR (O	N/A	107.51	111.81	90	1	B

CODE	DESCRIPTION	ANESTHESIA	AGE 21+	00-20	MAX		SPEC
		BASE FEE	MAX FEE	MAX FEE	FUD	UNITS	
27228	OPEN TREATMENT OF ACETABULAR FRACTURE(S) INVOLVING ANTERIOR AND POSTERIOR (	N/A	122.92	127.83	90	1	B
27236	OPEN TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, NECK, INTERNAL FIXATION O	N/A	76.45	79.50	90	1	B
27244	TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC, OR SUBTROCHANTERIC FEMORAL	N/A	74.43	77.40	90	1	B
27245	OPEN TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC OR SUBTROCHANTERIC FEM	N/A	90.85	94.48	90	1	B
27248	OPEN TREATMENT OF GREATER TROCHANTERIC FRACTURE, WITH OR WITHOUT INTERNAL O	N/A	49.40	51.37	90	1	B
27253	OPEN TREATMENT OF HIP DISLOCATION, TRAUMATIC, WITHOUT INTERNAL FIXATION	N/A	60.31	62.72	90	1	B
27254	OPEN TREATMENT OF HIP DISLOCATION, TRAUMATIC, WITH ACETABULAR WALL AND FEMO	N/A	81.93	85.20	90	1	B
27258	OPEN TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INCLUDING CON	N/A	70.86	73.69	90	1	B
27259	OPEN TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INCLUDING CON	N/A	99.90	103.89	90	1	B
27280	ARTHRODESIS, SACROILIAC JOINT (INCLUDING OBTAINING GRAFT)	N/A	65.69	68.31	90	1	B
27282	ARTHRODESIS, SYMPHYSIS PUBIS (INCLUDING OBTAINING GRAFT)	N/A	53.90	56.05	90	1	
27284	ARTHRODESIS, HIP JOINT (INCLUDING OBTAINING GRAFT);	N/A	104.98	109.17	90	1	B
27286	ARTHRODESIS, HIP JOINT (INCLUDES OBTAINING GRAFT); WITH SUBTROCHANTERIC OST	N/A	104.67	108.85	90	1	B
27290	INTERPELVIC ABDOMINAL AMPUTATION (HINDQUARTER AMPUTATION)	N/A	101.51	105.57	90	1	
27295	DISARTICULATION OF HIP	N/A	81.27	84.52	90	1	
27299	UNLISTED PROCEDURE, PELVIS OR HIP JOINT	N/A	0.00	0.00	90	1	R B
27303	INCISION, DEEP, WITH OPENING OF BONE CORTEX, FEMUR OR KNEE (EG, OSTEOMYELIT	N/A	40.32	41.93	90	1	B
27305	FASCIOTOMY, ILIOTIBIAL (TENOTOMY), OPEN	N/A	29.49	30.66	90	1	B
27306	TENOTOMY, PERCUTANEOUS, ADDUCTOR OR HAMSTRING; SINGLE TENDON (SEPARATE PROC	N/A	24.08	25.04	90	1	B
27310	ARTHROTOMY, KNEE, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY (E	N/A	46.10	47.94	90	1	B
27325	NEURECTOMY, HAMSTRING MUSCLE	N/A	34.26	35.63	90	1	B
27326	NEURECTOMY, POPLITEAL (GASTROCNEMIUS)	N/A	30.64	31.86	90	1	B
27329	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF THIGH O	N/A	66.39	69.04	90	1	B
27331	ARTHROTOMY, KNEE; INCLUDING JOINT EXPLORATION, BIOPSY, OR REMOVAL OF LOOSE	N/A	29.66	30.84	90	1	B
27332	ARTHROTOMY, WITH EXCISION OF SEMILUNAR CARTILAGE (MENISCECTOMY) KNEE; MEDIA	N/A	40.07	41.67	90	1	B
27333	ARTHROTOMY, KNEE, FOR EXCISION OF SEMILUNAR CARTILAGE (MENISCECTOMY); MEDIA	N/A	36.27	37.72	90	1	B
27334	ARTHROTOMY, WITH SYNOVECTOMY KNEE; ANTERIOR OR POSTERIOR	N/A	42.96	44.67	90	1	B
27335	ARTHROTOMY, KNEE, FOR SYNOVECTOMY; ANTERIOR AND POSTERIOR INCLUDING POPLITE	N/A	48.42	50.35	90	1	B
27345	EXCISION OF SYNOVIAL CYST OF POPLITEAL SPACE (EG, BAKER'S CYST)	N/A	29.86	31.05	90	1	B
27347	EXCISION OF LESION OF MENISCUS OR CAPSULE (EG, CYST, GANGLION), KNEE	N/A	32.23	33.51	90	1	B
27350	PATELLECTOMY OR HEMIPATELLECTOMY	N/A	40.85	42.48	90	1	B
27355	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR;	N/A	37.93	39.44	90	1	B
27356	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH ALLOGRAFT	N/A	46.50	48.36	90	1	B
27357	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH AUTOGRAFT	N/A	51.63	53.69	90	1	B
27358	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH INTERNAL	N/A	18.75	19.50	90	1	B
27360	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE, FEM	N/A	53.62	55.76	90	1	B
27365	RADICAL RESECTION OF TUMOR, BONE, FEMUR OR KNEE	N/A	78.66	81.80	90	1	B
27380	SUTURE OF INFRAPATELLAR TENDON; PRIMARY	N/A	36.88	38.35	90	1	B
27381	SUTURE OF INFRAPATELLAR TENDON; SECONDARY RECONSTRUCTION, INCLUDING FASCIAL	N/A	50.33	52.34	90	1	B
27385	SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; PRIMARY	N/A	39.54	41.12	90	1	B

CODE	DESCRIPTION	ANESTHESIA	AGE 21+	00-20	MAX		SPEC
		BASE FEE	MAX FEE	MAX FEE	FUD	UNITS	
27386	SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; SECONDARY RECONSTRUCTION,	N/A	52.41	54.50	90	1	B
27390	TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; SINGLE TENDON	N/A	27.48	28.57	90	1	
27392	TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; MULTIPLE TENDONS, BILATERAL	N/A	44.85	46.64	90	1	
27393	LENGTHENING OF HAMSTRING TENDON; SINGLE TENDON	N/A	31.72	32.98	90	1	
27394	LENGTHENING OF HAMSTRING TENDON; MULTIPLE TENDONS, ONE LEG	N/A	41.13	42.77	90	1	
27395	LENGTHENING OF HAMSTRING TENDON; MULTIPLE TENDONS, BILATERAL	N/A	55.73	57.95	90	1	
27396	TRANSPLANT, HAMSTRING TENDON TO PATELLA; SINGLE TENDON	N/A	38.51	40.05	90	1	
27397	TRANSPLANT, HAMSTRING TENDON TO PATELLA; MULTIPLE TENDONS	N/A	57.14	59.42	90	1	
27400	TRANSFER, TENDON OR MUSCLE, HAMSTRINGS TO FEMUR (EG, EGGER'S TYPE PROCEDURE	N/A	42.01	43.69	90	1	B
27403	ARTHROTOMY WITH MENISCUS REPAIR, KNEE	N/A	40.37	41.98	90	1	B
27405	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; COLLATERAL	N/A	42.56	44.26	90	1	B
27407	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; CRUCIATE	N/A	48.29	50.22	90	1	B
27409	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; COLLATERAL AND CRUCIAT	N/A	61.06	63.50	90	1	B
27412	AUTOLOGOUS CHONDROCYTE IMPLANTATION, KNEE	N/A	107.09	111.37	0	1	B
27415	OSTEOCHONDRAL ALLOGRAFT, KNEE, OPEN	N/A	90.62	94.24	0	1	B
27418	ANTERIOR TIBIAL TUBERCLEPLASTY (EG, MAQUET TYPE PROCEDURE)	N/A	52.76	54.87	90	1	B
27420	RECONSTRUCTION OF DISLOCATING PATELLA; (EG, HAUSER TYPE PROCEDURE)	N/A	47.36	49.25	90	1	B
27422	RECONSTRUCTION OF DISLOCATING PATELLA; WITH EXTENSOR REALIGNMENT AND/OR MUS	N/A	47.08	48.96	90	1	B
27424	RECONSTRUCTION FOR RECURRENT DISLOCATING PATELLA; WITH PATELLECTOMY	N/A	47.18	49.06	90	1	B
27427	LIGAMENOUS RECONSTRUCTION (AUGMENTATION), KNEE; EXTRA-ARTICULAR	N/A	45.32	47.13	90	1	B
27428	LIGAMENOUS RECONSTRUCTION (AUGMENTATION), KNEE; INTRA-ARTICULAR (OPEN)	N/A	70.18	72.98	90	1	B
27429	LIGAMENOUS RECONSTRUCTION (AUGMENTATION), KNEE; INTRA-ARTICULAR (OPEN) AND	N/A	78.73	81.87	90	1	B
27430	QUADRICEPSPLASTY (EG, BENNETT OR THOMPSON TYPE)	N/A	46.88	48.75	90	1	B
27435	CAPSULOTOMY, POSTERIOR CAPSULAR RELEASE, KNEE	N/A	50.50	52.52	90	1	B
27438	ARTHROPLASTY, PATELLA; WITH PROSTHESIS	N/A	53.62	55.76	90	1	B
27440	ARTHROPLASTY, KNEE, TIBIAL PLATEAU;	N/A	50.23	52.23	90	1	B
27441	ARTHROPLASTY, KNEE, TIBIAL PLATEAU; WITH DEBRIDEMENT AND PARTIAL SYNOVECTOM	N/A	52.41	54.50	90	1	B
27442	ARTHROPLASTY, FEMORAL CONDYLES OR TIBIAL PLATEAU(S), KNEE;	N/A	55.71	57.93	90	1	B
27443	ARTHROPLASTY, KNEE, FEMORAL CONDYLES OR TIBIAL PLATEAUS; WITH DEBRIDEMENT A	N/A	51.86	53.93	90	1	B
27445	ARTHROPLASTY, KNEE, HINGE PROSTHESIS (EG, WALLDIUS TYPE)	N/A	80.92	84.15	90	1	B
27446	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL OR LATERAL COMPARTMENT	N/A	71.59	74.45	90	1	B
27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WI	N/A	99.52	103.50	90	1	B
27448	OSTEOTOMY, FEMUR, SHAFT OR SUPRACONDYLAR; WITHOUT FIXATION	N/A	52.51	54.61	90	1	B
27450	OSTEOTOMY, FEMUR, SHAFT OR SUPRACONDYLAR; WITH FIXATION	N/A	64.73	67.31	90	1	B
27454	OSTEOTOMY, MULTIPLE, WITH REALIGNMENT ON INTRAMEDULLARY ROD, FEMORAL SHAFT	N/A	82.68	85.98	90	1	B
27455	OSTEOTOMY, PROXIMAL TIBIA, INCLUDING FIBULAR EXCISION OR OSTEOTOMY (INCLUDE	N/A	60.13	62.53	90	1	B
27457	OSTEOTOMY, PROXIMAL TIBIA, INCLUDING FIBULAR EXCISION OR OSTEOTOMY (INCLUDE	N/A	61.74	64.20	90	1	B
27465	OSTEOPLASTY, FEMUR; SHORTENING (EXCLUDING 64876)	N/A	78.73	81.87	90	1	B
27466	OSTEOPLASTY, FEMUR; LENGTHENING	N/A	75.69	78.71	90	1	B
27468	OSTEOPLASTY, FEMUR; COMBINED, LENGTHENING AND SHORTENING WITH FEMORAL SEGME	N/A	86.63	90.09	90	1	B

CODE	DESCRIPTION	ANESTHESIA	AGE 21+	00-20	MAX		SPEC
		BASE FEE	MAX FEE	MAX FEE	FUD	UNITS	
27470	REPAIR, NONUNION OR MALUNION, FEMUR, DISTAL TO HEAD AND NECK; WITHOUT GRAFT	N/A	75.49	78.50	90	1	B
27472	REPAIR, NONUNION OR MALUNION, FEMUR, DISTAL TO HEAD AND NECK; WITH ILIAC OR	N/A	81.50	84.76	90	1	B
27479	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; COMBINED DISTAL FEMUR, PRO	N/A	52.51	54.61	90	1	B
27486	REVISION OF TOTAL KNEE ARTHROPLASTY, WITH OR WITHOUT ALLOGRAFT; ONE COMPONE	N/A	90.70	94.32	90	1	B
27487	REVISION OF TOTAL KNEE ARTHROPLASTY, WITH OR WITHOUT ALLOGRAFT; FEMORAL AND	N/A	114.43	119.00	90	1	B
27488	REMOVAL OF PROSTHESIS, INCLUDING TOTAL KNEE PROSTHESIS, METHYLMETHACRYLATE	N/A	76.75	79.82	90	1	B
27495	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOU	N/A	72.55	75.45	90	1	B
27498	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, MULTIPLE COMPARTMENTS;	N/A	38.08	39.60	90	1	B
27499	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, MULTIPLE COMPARTMENTS; WITH DE	N/A	41.78	43.45	90	1	B
27506	OPEN TREATMENT OF FEMORAL SHAFT FRACTURE, WITH OR WITHOUT EXTERNAL FIXATION	N/A	84.77	88.16	90	1	B
27507	OPEN TREATMENT OF FEMORAL SHAFT FRACTURE WITH PLATE/SCREWS, WITH OR WITHOUT	N/A	62.97	65.48	90	1	B
27511	OPEN TREATMENT OF FEMORAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE WITHOUT I	N/A	63.98	66.53	90	1	B
27513	OPEN TREATMENT OF FEMORAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE WITH INTE	N/A	86.65	90.11	90	1	B
27514	OPEN TREATMENT OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL CONDYLE,	N/A	85.75	89.18	90	1	B
27519	OPEN TREATMENT OF DISTAL FEMORAL EPIPHYSEAL SEPARATION, WITH OR WITHOUT INT	N/A	71.09	73.93	90	1	B
27524	OPEN TREATMENT OF PATELLAR FRACTURE, WITH INTERNAL FIXATION AND/OR PARTIAL	N/A	47.76	49.67	90	1	B
27535	OPEN TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); UNICONDYLAR, WITH OR	N/A	55.53	57.75	90	1	B
27536	OPEN TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); BICONDYLAR, WITH OR	N/A	76.07	79.11	90	1	B
27540	OPEN TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(S) OF T	N/A	59.78	62.17	90	1	B
27556	OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FI	N/A	67.39	70.08	90	1	B
27557	OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FI	N/A	77.73	80.83	90	1	B
27558	OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FI	N/A	79.84	83.03	90	1	B
27566	OPEN TREATMENT OF PATELLAR DISLOCATION, WITH OR WITHOUT PARTIAL OR TOTAL PA	N/A	56.84	59.11	90	1	B
27580	ARTHRODESIS, KNEE, ANY TECHNIQUE	N/A	92.16	95.84	90	1	B
27590	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL;	N/A	53.34	55.47	90	1	B
27591	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; IMMEDIATE FITTING TECHNIQUE IN	N/A	58.55	60.89	90	1	B
27592	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; OPEN, CIRCULAR (GUILLotine)	N/A	44.72	46.50	90	1	B
27598	DISARTICULATION AT KNEE	N/A	47.94	49.85	90	1	B
27599	UNLISTED PROCEDURE, FEMUR OR KNEE	N/A	0.00	0.00	90	1	R B
27602	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL, AND POSTERIOR COMPA	N/A	33.13	34.45	90	1	B
27612	ARTHROTOMY, POSTERIOR CAPSULAR RELEASE, ANKLE, WITH OR WITHOUT ACHILLES TEN	N/A	36.53	37.99	90	1	B
27620	ARTHROTOMY, ANKLE, WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR	N/A	29.24	30.40	90	1	B
27625	ARTHROTOMY, ANKLE, WITH SYNOVECTOMY;	N/A	38.41	39.94	90	1	B
27626	ARTHROTOMY, ANKLE, FOR SYNOVECTOMY; INCLUDING TENOSYNOVECTOMY	N/A	41.35	43.00	90	1	B
27637	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA; WITH A	N/A	47.81	49.72	90	1	B
27638	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA; WITH A	N/A	49.60	51.58	90	1	B
27645	RADICAL RESECTION OF TUMOR, BONE; TIBIA	N/A	67.22	69.90	90	1	B
27646	RESECTION FOR TUMOR, RADICAL; FIBULA	N/A	59.63	62.01	90	1	B
27647	RADICAL RESECTION OF TUMOR, BONE; TALUS OR CALCANEUS	N/A	53.57	55.71	90	1	B
27650	REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED ACHILLES TENDON;	N/A	44.92	46.71	90	1	B

CODE	DESCRIPTION	ANESTHESIA	AGE 21+	00-20	MAX		SPEC
		BASE FEE	MAX FEE	MAX FEE	FUD	UNITS	
27654	REPAIR, SECONDARY, ACHILLES TENDON, WITH OR WITHOUT GRAFT	N/A	45.07	46.87	90	1	B
27656	REPAIR, FASCIAL DEFECT OF LEG	N/A	33.61	34.95	90	1	B
27658	REPAIR, FLEXOR TENDON, LEG; PRIMARY, WITHOUT GRAFT, EACH TENDON	N/A	24.48	25.45	90	1	
27659	REPAIR, FLEXOR TENDON, LEG; SECONDARY, WITH OR WITHOUT GRAFT, EACH TENDON	N/A	32.65	33.95	90	1	
27665	REPAIR, EXTENSOR TENDON, LEG; SECONDARY, WITH OR WITHOUT GRAFT, EACH TENDON	N/A	27.27	28.36	90	1	
27675	REPAIR, DISLOCATING PERONEAL TENDONS; WITHOUT FIBULAR OSTEOTOMY	N/A	33.01	34.33	90	1	B
27676	REPAIR FOR DISLOCATING PERONEAL TENDONS; WITH FIBULAR OSTEOTOMY	N/A	39.67	41.25	90	1	B
27685	LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE; SINGLE TENDON (SEPARATE	N/A	41.18	42.82	90	1	B
27687	GASTROCNEMIUS RECESSON (EG, STRAYER PROCEDURE)	N/A	29.81	31.00	90	1	B
27690	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTI	N/A	39.77	41.36	90	1	B
27691	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTI	N/A	46.96	48.83	90	1	B
27692	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTI	N/A	7.34	7.63	90	5	B
27698	REPAIR, SECONDARY DISRUPTED LIGAMENT, ANKLE, COLLATERAL (EG, WATSON-JONES P	N/A	42.56	44.26	90	1	B
27700	ARTHROPLASTY, ANKLE;	N/A	40.35	41.96	90	1	B
27702	ARTHROPLASTY, ANKLE; WITH IMPLANT ("TOTAL ANKLE")	N/A	63.93	66.48	90	1	B
27703	ARTHROPLASTY, ANKLE; REVISION, TOTAL ANKLE	N/A	74.18	77.14	90	1	B
27705	OSTEOTOMY; TIBIA	N/A	49.02	50.98	90	1	B
27709	OSTEOTOMY; TIBIA AND FIBULA	N/A	73.03	75.95	90	1	B
27712	OSTEOTOMY; MULTIPLE, WITH REALIGNMENT ON INTRAMEDULLARY ROD (EG, SOFIELD TY	N/A	68.83	71.58	90	1	B
27715	OSTEOPLASTY, TIBIA AND FIBULA, LENGTHENING OR SHORTENING	N/A	67.67	70.37	90	1	B
27720	REPAIR OF NONUNION OR MALUNION, TIBIA; WITHOUT GRAFT, (EG, COMPRESSION TECH	N/A	55.98	58.21	90	1	B
27722	REPAIR OF NONUNION OR MALUNION, TIBIA; WITH SLIDING GRAFT	N/A	56.49	58.74	90	1	B
27724	REPAIR OF NONUNION OR MALUNION, TIBIA; WITH ILIAC OR OTHER AUTOGRAFT (INCLU	N/A	82.28	85.57	90	1	B
27725	REPAIR OF NONUNION OR MALUNION, TIBIA; BY SYNOSTOSIS, WITH FIBULA, ANY METH	N/A	76.67	79.73	90	1	B
27727	REPAIR OF CONGENITAL PSEUDARTHROSIS, TIBIA	N/A	64.81	67.40	90	1	B
27740	ARREST, EPIPHYSEAL (EPIPHYSIODESIS), ANY METHOD, COMBINED, PROXIMAL AND DIS	N/A	44.70	46.48	90	1	B
27742	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING, COMBINED, PROXIMAL AND DIS	N/A	45.80	47.63	90	1	B
27745	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOU	N/A	48.19	50.11	90	1	B
27756	PERCUTANEOUS SKELETAL FIXATION OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FI	N/A	35.90	37.33	90	1	B
27758	OPEN TREATMENT OF TIBIAL SHAFT FRACTURE, (WITH OR WITHOUT FIBULAR FRACTURE)	N/A	56.64	58.90	90	1	B
27759	TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE) BY IN	N/A	64.00	66.56	90	1	B
27814	OPEN TREATMENT OF BIMALLEOLAR ANKLE FRACTURE, WITH OR WITHOUT INTERNAL OR E	N/A	50.95	52.98	90	1	B
27822	OPEN TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE, WITH OR WITHOUT INTERNAL OR	N/A	57.64	59.94	90	1	B
27823	OPEN TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE, WITH OR WITHOUT INTERNAL OR	N/A	65.51	68.13	90	1	B
27826	OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/ PORTION OF	N/A	43.92	45.67	90	1	B
27827	OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/ PORTION OF	N/A	73.00	75.92	90	1	B
27828	OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/ PORTION OF	N/A	83.96	87.31	90	1	B
27829	OPEN TREATMENT OF DISTAL TIBIOFIBULAR JOINT (SYNDESMOSIS) DISRUPTION, WITH	N/A	30.57	31.79	90	1	B
27832	OPEN TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION, WITH OR WITHOUT	N/A	31.35	32.60	90	1	B
27846	OPEN TREATMENT OF ANKLE DISLOCATION, WITH OR WITHOUT PERCUTANEOUS SKELETAL	N/A	47.18	49.06	90	1	B

CODE	DESCRIPTION	ANESTHESIA	AGE 21+	00-20	MAX		SPEC
		BASE FEE	MAX FEE	MAX FEE	FUD	UNITS	
27848	OPEN TREATMENT OF ANKLE DISLOCATION, WITH OR WITHOUT PERCUTANEOUS SKELETAL	N/A	53.44	55.57	90	1	B
27870	ARTHRODESIS, ANKLE, OPEN	N/A	67.42	70.11	90	1	B
27871	ARTHRODESIS, TIBIOFIBULAR JOINT, PROXIMAL OR DISTAL	N/A	44.14	45.90	90	1	B
27880	AMPUTATION LEG, THROUGH TIBIA AND FIBULA;	N/A	59.75	62.14	90	1	B
27881	AMPUTATION LEG, THROUGH TIBIA AND FIBULA; WITH IMMEDIATE FITTING TECHNIQUE	N/A	57.26	59.55	90	1	B
27888	AMPUTATION, ANKLE, THROUGH MALLEOLI OF TIBIA AND FIBULA (EG, SYME, PIROGOFF	N/A	45.27	47.08	90	1	B
27894	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL, AND POSTERIOR COMPA	N/A	53.92	56.07	90	1	B
28055	NEURECTOMY, INTRINSIC MUSCULATURE OF FOOT	N/A	26.32	27.37	0	1	B
28086	SYNOVECTOMY, TENDON SHEATH, FOOT; FLEXOR	N/A	33.74	35.08	90	1	B
28100	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS;	N/A	37.18	38.66	90	1	B
28102	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS; WIT	N/A	35.07	36.47	90	1	B
28103	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS; WIT	N/A	29.39	30.56	90	1	B
28104	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL, E	N/A	33.11	34.43	90	1	
28106	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL BO	N/A	31.98	33.25	90	1	
28107	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL BO	N/A	35.85	37.28	90	1	
28114	OSTECTOMY, COMPLETE EXCISION; ALL METATARSAL HEADS, WITH PARTIAL PROXIMAL P	N/A	66.52	69.18	90	1	B
28118	OSTECTOMY, CALCANEUS;	N/A	37.36	38.85	90	1	B
28122	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR DIAPHYSE	N/A	43.09	44.81	90	1	B
28130	TALECTOMY (ASTRAGALECTOMY)	N/A	41.53	43.19	90	1	B
28171	RADICAL RESECTION OF TUMOR, BONE; TARSAL (EXCEPT TALUS OR CALCANEUS)	N/A	41.75	43.42	90	1	
28190	REMOVAL OF FOREIGN BODY, FOOT; SUBCUTANEOUS	N/A	97.88	101.79	10	1	B
28202	REPAIR OR SUTURE OF TENDON, FOOT, FLEXOR, SINGLE; SECONDARY WITH FREE GRAFT	N/A	40.02	41.62	90	1	
28210	REPAIR OR SUTURE OF TENDON, FOOT, EXTENSOR, SINGLE; SECONDARY WITH FREE GRA	N/A	37.28	38.77	90	1	
28238	RECONSTRUCTION (ADVANCEMENT), POSTERIOR TIBIAL TENDON WITH EXCISION OF ACCE	N/A	43.59	45.33	90	1	B
28250	DIVISION OF PLANTAR FASCIA AND MUSCLE (EG, STEINDLER STRIPPING) (SEPARATE P	N/A	35.92	37.35	90	1	B
28260	CAPSULOTOMY, MIDFOOT; MEDIAL RELEASE ONLY (SEPARATE PROCEDURE)	N/A	45.00	46.80	90	1	B
28262	CAPSULOTOMY, MIDFOOT; EXTENSIVE, INCLUDING POSTERIOR TALOTIBIAL CAPSULOTOMY	N/A	88.54	92.08	90	1	B
28264	CAPSULOTOMY, MIDTARSAL (EG, HEYMAN TYPE PROCEDURE)	N/A	56.71	58.97	90	1	B
28289	HALLUX RIGIDUS CORRECTION WITH CHEILECTOMY, DEBRIDEMENT AND CAPSULAR RELEAS	N/A	46.91	48.78	90	1	B
28292	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; KELLER,	N/A	50.50	52.52	90	1	B
28293	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; RESECTIO	N/A	67.57	70.27	90	1	B
28294	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; WITH TE	N/A	47.61	49.51	90	1	B
28296	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; WITH MET	N/A	50.80	52.83	90	1	B
28297	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; LAPIDUS	N/A	53.17	55.29	90	1	B
28298	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; BY PHALA	N/A	46.20	48.04	90	1	B
28299	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; BY DOUB	N/A	58.92	61.27	90	1	B
28300	OSTEOTOMY; CALCANEUS (EG, DWYER OR CHAMBERS TYPE PROCEDURE), WITH OR WITHOU	N/A	43.49	45.22	90	1	B
28302	OSTEOTOMY; TALUS	N/A	42.36	44.05	90	1	B
28304	OSTEOTOMY, TARSAL BONES, OTHER THAN CALCANEUS OR TALUS;	N/A	50.70	52.72	90	1	B
28305	OSTEOTOMY, TARSAL BONES, OTHER THAN CALCANEUS OR TALUS; WITH AUTOGRAFT (INC	N/A	44.24	46.00	90	1	

CODE	DESCRIPTION	ANESTHESIA	AGE 21+	00-20	MAX		SPEC
		BASE FEE	MAX FEE	MAX FEE	FUD	UNITS	
28306	OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTION, M	N/A	38.06	39.58	90	1	B
28308	OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTION, M	N/A	35.24	36.64	90	1	
28320	REPAIR, NONUNION OR MALUNION; TARSAL BONES	N/A	41.50	43.16	90	1	
28322	REPAIR OF NONUNION OR MALUNION; METATARSAL, WITH OR WITHOUT BONE GRAFT (INC	N/A	49.55	51.53	90	1	
28360	RECONSTRUCTION, CLEFT FOOT	N/A	58.52	60.86	90	1	
28415	OPEN TREATMENT OF CALCANEAL FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL	N/A	78.41	81.54	90	1	B
28420	OPEN TREATMENT OF CALCANEAL FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL	N/A	75.77	78.80	90	1	B
28445	OPEN TREATMENT OF TALUS FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXA	N/A	74.06	77.02	90	1	B
28555	OPEN TREATMENT OF TARSAL BONE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTE	N/A	43.44	45.17	90	1	
28585	OPEN TREATMENT OF TALOTARSAL JOINT DISLOCATION, WITH OR WITHOUT INTERNAL OR	N/A	48.72	50.66	90	1	
28615	OPEN TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION, WITH OR WITHOUT INTERN	N/A	43.44	45.17	90	1	B
28705	ARTHRODESIS; PANTALAR	N/A	85.62	89.04	90	1	
28715	ARTHRODESIS; TRIPLE	N/A	63.22	65.74	90	1	
28725	ARTHRODESIS; SUBTALAR	N/A	52.39	54.48	90	1	
28730	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR TRANSVERSE;	N/A	54.73	56.91	90	1	
28735	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR TRANSVERSE; WITH OST	N/A	52.19	54.27	90	1	
28737	ARTHRODESIS, WITH TENDON LENGTHENING AND ADVANCEMENT, MIDTARSAL, TARSAL NAV	N/A	46.46	48.31	90	1	
28740	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, SINGLE JOINT	N/A	53.49	55.62	90	1	
28760	ARTHRODESIS, WITH EXTENSOR HALLUCIS LONGUS TRANSFER TO FIRST METATARSAL NEC	N/A	50.33	52.34	90	1	B
28800	AMPUTATION, FOOT; MIDTARSAL (EG, CHOPART TYPE PROCEDURE)	N/A	37.48	38.97	90	1	B
29065	APPLICATION; SHOULDER TO HAND (LONG ARM)	N/A	35.98	37.41	0	1	B
29075	APPLICATION; ELBOW TO FINGER (SHORT ARM)	N/A	33.46	34.79	0	1	B
29085	APPLICATION; HAND AND LOWER FOREARM (GAUNTLET)	N/A	35.66	37.08	0	1	B
29105	APPLICATION OF LONG ARM SPLINT (SHOULDER TO HAND)	N/A	32.68	33.98	0	1	B
29125	APPLICATION OF SHORT ARM SPLINT (FOREARM TO HAND); STATIC	N/A	25.46	26.47	0	1	B
29126	APPLICATION OF SHORT ARM SPLINT (FOREARM TO HAND); DYNAMIC	N/A	29.06	30.22	0	1	B
29130	APPLICATION OF FINGER SPLINT; STATIC	N/A	15.55	16.17	0	1	B
29131	APPLICATION OF FINGER SPLINT; DYNAMIC	N/A	18.86	19.61	0	1	B
29240	STRAPPING; SHOULDER (EG, VELPEAU)	N/A	22.62	23.52	0	1	
29260	STRAPPING; ELBOW OR WRIST	N/A	19.64	20.42	0	1	B
29345	APPLICATION OF LONG LEG CAST (THIGH TO TOES);	N/A	51.85	53.92	0	1	B
29365	APPLICATION OF CYLINDER CAST (THIGH TO ANKLE)	N/A	46.35	48.20	0	1	B
29405	APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES);	N/A	34.57	35.95	0	1	B
29425	APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES); WALKING OR AMBULATORY T	N/A	37.70	39.20	0	1	B
29530	STRAPPING; KNEE	N/A	19.80	20.59	0	1	
29540	STRAPPING; ANKLE AND/OR FOOT	N/A	17.60	18.30	0	1	B
29550	STRAPPING; TOES	N/A	17.28	17.97	0	1	
29580	STRAPPING; UNNA BOOT	N/A	21.06	21.90	0	1	B
29590	DENIS-BROWNE SPLINT STRAPPING	N/A	22.94	23.85	0	1	
29804	ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, SURGICAL	N/A	39.69	41.27	90	1	B

CODE	DESCRIPTION	ANESTHESIA	AGE 21+	00-20	MAX		SPEC
		BASE FEE	MAX FEE	MAX FEE	FUD	UNITS	
29820	ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, PARTIAL	N/A	34.09	35.45	90	1	B
29821	ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, COMPLETE	N/A	37.23	38.71	90	1	B
29822	ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, LIMITED	N/A	36.20	37.64	90	1	B
29823	ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, EXTENSIVE	N/A	39.57	41.15	90	1	B
29824	ARTHROSCOPY, SHOULDER, SURGICAL; DISTAL CLAVICULECTOMY INCLUDING DISTAL ART	N/A	42.31	44.00	90	1	B
29825	ARTHROSCOPY, SHOULDER, SURGICAL; WITH LYSIS AND RESECTION OF ADHESIONS, WIT	N/A	36.93	38.40	90	1	B
29826	ARTHROSCOPY, SHOULDER, SURGICAL; DECOMPRESSION OF SUBACROMIAL SPACE WITH PA	N/A	42.36	44.05	90	1	B
29827	ARTHROSCOPY, SHOULDER, SURGICAL; WITH ROTATOR CUFF REPAIR	N/A	69.23	71.99	90	1	B
29834	ARTHROSCOPY, ELBOW, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	N/A	30.92	32.15	90	1	B
29835	ARTHROSCOPY, ELBOW, SURGICAL; SYNOVECTOMY, PARTIAL	N/A	31.85	33.12	90	1	B
29836	ARTHROSCOPY, ELBOW, SURGICAL; SYNOVECTOMY, COMPLETE	N/A	36.27	37.72	90	1	B
29837	ARTHROSCOPY, ELBOW, SURGICAL; DEBRIDEMENT, LIMITED	N/A	33.38	34.71	90	1	B
29843	ARTHROSCOPY, WRIST, SURGICAL; FOR INFECTION, LAVAGE AND DRAINAGE	N/A	29.99	31.18	90	1	B
29844	ARTHROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, PARTIAL	N/A	31.30	32.55	90	1	B
29845	ARTHROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, COMPLETE	N/A	35.49	36.90	90	1	B
29847	ARTHROSCOPY, WRIST, SURGICAL; INTERNAL FIXATION FOR FRACTURE OR INSTABILITY	N/A	33.74	35.08	90	1	B
29851	ARTHROSCOPICALLY AIDED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSIT	N/A	59.70	62.08	90	1	B
29855	ARTHROSCOPICALLY AIDED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); UN	N/A	49.85	51.84	90	1	B
29856	ARTHROSCOPICALLY AIDED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); BI	N/A	63.55	66.09	90	1	B
29860	ARTHROSCOPY, HIP, DIAGNOSTIC WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROC	N/A	41.38	43.03	90	1	B
29861	ARTHROSCOPY, HIP, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	N/A	45.75	47.58	90	1	B
29862	ARTHROSCOPY, HIP, SURGICAL; WITH DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE	N/A	50.85	52.88	90	1	B
29863	ARTHROSCOPY, HIP, SURGICAL; WITH SYNOVECTOMY	N/A	50.12	52.12	90	1	B
29884	ARTHROSCOPY, KNEE, SURGICAL; WITH LYSIS OF ADHESIONS, WITH OR WITHOUT MANIP	N/A	38.76	40.31	90	1	B
29885	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR OSTEOCHONDritis DISSECANS WITH BO	N/A	46.96	48.83	90	1	B
29887	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR INTACT OSTEOCHONDritis DISSECANS	N/A	46.78	48.65	90	1	B
29888	ARTHROSCOPICALLY AIDED ANTERIOR CRUCIATE LIGAMENT REPAIR/AUGMENTATION OR RE	N/A	62.69	65.19	90	1	B
29889	ARTHROSCOPICALLY AIDED POSTERIOR CRUCIATE LIGAMENT REPAIR/AUGMENTATION OR R	N/A	77.22	80.30	90	1	B
29891	ARTHROSCOPY, ANKLE, SURGICAL; EXCISION OF OSTEOCHONDRAL DEFECT OF TALUS AND	N/A	44.19	45.95	90	1	B
29892	ARTHROSCOPICALLY AIDED REPAIR OF LARGE OSTEOCHONDritis DISSECANS LESION, TA	N/A	45.50	47.32	90	1	B
29893	ENDOSCOPIC PLANTAR FASCIOTOMY	N/A	39.24	40.80	90	1	B
29894	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; WITH REMO	N/A	33.06	34.38	90	1	B
29895	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; SYNOVECTO	N/A	32.00	33.28	90	1	B
29897	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; DEBRIDEME	N/A	33.66	35.00	90	1	B
29898	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; DEBRIDEME	N/A	37.68	39.18	90	1	B
29899	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; WITH ANKL	N/A	67.77	70.48	90	1	B
29999	UNLISTED PROCEDURE, ARTHROSCOPY	N/A	0.00	0.00	90	1	R B
30118	EXCISION OR DESTRUCTION, ANY METHOD (INCLUDING LASER), INTRANASAL LESION; E	N/A	46.36	48.21	90	1	
30125	EXCISION DERMOID CYST, NOSE; COMPLEX, UNDER BONE OR CARTILAGE	N/A	37.38	38.87	90	1	
30160	RHINECTOMY; TOTAL	N/A	47.69	49.59	90	1	

CODE	DESCRIPTION	ANESTHESIA	AGE 21+	00-20	MAX		SPEC
		BASE FEE	MAX FEE	MAX FEE	FUD	UNITS	
30300	REMOVAL FOREIGN BODY, INTRANASAL; OFFICE TYPE PROCEDURE	N/A	82.80	86.11	10	1	
30460	RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP AND/OR PA	N/A	46.53	48.39	90	1	
30462	RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP AND/OR PA	N/A	93.51	97.25	90	1	
30540	REPAIR CHOANAL ATRESIA; INTRANASAL	N/A	39.06	40.62	90	1	
30545	REPAIR CHOANAL ATRESIA; TRANSPALATINE	N/A	58.72	61.06	90	1	
30901	CONTROL NASAL HEMORRHAGE, ANTERIOR, SIMPLE (LIMITED CAUTERY AND/OR PACKING	N/A	39.75	41.34	0	1	B
31075	SINUSOTOMY FRONTAL; TRANSORBITAL, UNILATERAL (FOR MUCOCELE OR OSTEOMA, LYNC	N/A	47.11	48.99	90	1	B
31080	SINUSOTOMY FRONTAL; OBLITERATIVE WITHOUT OSTEOPLASTIC FLAP, BROW INCISION (	N/A	60.93	63.36	90	1	B
31081	SINUSOTOMY FRONTAL; OBLITERATIVE, WITHOUT OSTEOPLASTIC FLAP, CORONAL INCISI	N/A	78.56	81.70	90	1	B
31084	SINUSOTOMY FRONTAL; OBLITERATIVE, WITH OSTEOPLASTIC FLAP, BROW INCISION	N/A	70.18	72.98	90	1	B
31085	SINUSOTOMY FRONTAL; OBLITERATIVE, WITH OSTEOPLASTIC FLAP, CORONAL INCISION	N/A	75.94	78.97	90	1	B
31086	SINUSOTOMY FRONTAL; NONOBLITERATIVE, WITH OSTEOPLASTIC FLAP, BROW INCISION	N/A	68.00	70.72	90	1	B
31087	SINUSOTOMY FRONTAL; NONOBLITERATIVE, WITH OSTEOPLASTIC FLAP, CORONAL INCISI	N/A	67.02	69.70	90	1	B
31205	ETHMOIDECTOMY; EXTRANASAL, TOTAL	N/A	52.11	54.19	90	1	B
31225	MAXILLECTOMY; WITHOUT ORBITAL EXENTERATION	N/A	112.07	116.55	90	1	B
31230	MAXILLECTOMY; WITH ORBITAL EXENTERATION (EN BLOC)	N/A	124.71	129.69	90	1	B
31231	NASAL ENDOSCOPY, DIAGNOSTIC, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	N/A	71.18	74.02	0	1	
31237	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH BIOPSY, POLYPECTOMY OR DEBRIDEMENT (S	N/A	122.39	127.28	0	1	B
31300	LARYNGOTOMY (THYROTOMY, LARYNGOFISSURE); WITH REMOVAL OF TUMOR OR LARYNGOCE	N/A	76.60	79.66	90	1	
31360	LARYNGECTOMY; TOTAL, WITHOUT RADICAL NECK DISSECTION	N/A	123.86	128.81	90	1	
31365	LARYNGECTOMY; TOTAL, WITH RADICAL NECK DISSECTION	N/A	154.25	160.42	90	1	
31367	LARYNGECTOMY; SUBTOTAL SUPRAGLOTTIC, WITHOUT RADICAL NECK DISSECTION	N/A	131.97	137.24	90	1	
31368	LARYNGECTOMY; SUBTOTAL SUPRAGLOTTIC, WITH RADICAL NECK DISSECTION	N/A	147.06	152.94	90	1	
31370	PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY); HORIZONTAL	N/A	124.11	129.07	90	1	
31375	PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY); LATEROVERTICAL	N/A	117.77	122.48	90	1	
31380	PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY); ANTEROVERTICAL	N/A	115.91	120.54	90	1	
31382	PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY); ANTERO-LATERO-VERTICAL	N/A	127.17	132.25	90	1	
31390	PHARYNGOLARYNGECTOMY, WITH RADICAL NECK DISSECTION; WITHOUT RECONSTRUCTION	N/A	171.06	177.90	90	1	
31395	PHARYNGOLARYNGECTOMY, WITH RADICAL NECK DISSECTION; WITH RECONSTRUCTION	N/A	180.77	188.00	90	1	
31400	ARYTENOIDECTOMY OR ARYTENOIDOPEXY, EXTERNAL APPROACH	N/A	59.95	62.34	90	1	
31420	EPIGLOTTIDECTOMY	N/A	50.50	52.52	90	1	
31500	INTUBATION, ENDOTRACHEAL, EMERGENCY PROCEDURE	N/A	46.19	48.03	0	1	
31502	TRACHEOTOMY TUBE CHANGE PRIOR TO ESTABLISHMENT OF FISTULA TRACT	N/A	14.14	14.70	0	1	
31575	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; DIAGNOSTIC	N/A	43.36	45.09	0	1	
31580	LARYNGOPLASTY; FOR LARYNGEAL WEB, TWO STAGE, WITH KEEL INSERTION AND REMOVA	N/A	72.77	75.68	90	1	
31584	LARYNGOPLASTY; WITH OPEN REDUCTION OF FRACTURE	N/A	91.48	95.13	90	1	
31587	LARYNGOPLASTY, CRICOID SPLIT	N/A	60.68	63.10	90	1	
31588	LARYNGOPLASTY, NOT OTHERWISE SPECIFIED (EG, FOR BURNS, RECONSTRUCTION AFTER	N/A	68.23	70.95	90	1	
31590	LARYNGEAL REINNERVATION BY NEUROMUSCULAR PEDICLE	N/A	51.71	53.77	90	1	
31595	SECTION RECURRENT LARYNGEAL NERVE, THERAPEUTIC (SEPARATE PROCEDURE), UNILAT	N/A	46.18	48.02	90	1	

CODE	DESCRIPTION	ANESTHESIA	AGE 21+	00-20	MAX		SPEC
		BASE FEE	MAX FEE	MAX FEE	FUD	UNITS	
31601	TRACHEOSTOMY, PLANNED (SEPARATE PROCEDURE); UNDER TWO YEARS	N/A	16.26	16.91	0	1	
31611	CONSTRUCTION OF TRACHEOESOPHAGEAL FISTULA AND SUBSEQUENT INSERTION OF AN AL	N/A	32.38	33.67	90	1	
31750	TRACHEOPLASTY; CERVICAL	N/A	81.57	84.83	90	1	
31755	TRACHEOPLASTY; TRACHEOPHARYNGEAL FISTULIZATION, EACH STAGE	N/A	102.51	106.61	90	1	
31760	TRACHEOPLASTY; INTRATHORACIC	N/A	90.67	94.29	90	1	
31766	CARINAL RECONSTRUCTION	N/A	119.58	124.36	90	1	
31770	BRONCHOPLASTY; GRAFT REPAIR	N/A	88.29	91.82	90	1	
31775	BRONCHOPLASTY; EXCISION STENOSIS AND ANASTOMOSIS	N/A	91.60	95.26	90	1	
31780	EXCISION TRACHEAL STENOSIS AND ANASTOMOSIS; CERVICAL	N/A	74.08	77.04	90	1	
31781	EXCISION TRACHEAL STENOSIS AND ANASTOMOSIS; CERVICOTHORACIC	N/A	91.25	94.90	90	1	
31785	EXCISION OF TRACHEAL TUMOR OR CARCINOMA; CERVICAL	N/A	64.05	66.61	90	1	
31786	EXCISION OF TRACHEAL TUMOR OR CARCINOMA; THORACIC	N/A	96.61	100.47	90	1	
31805	SUTURE OF EXTERNAL TRACHEAL WOUND OR INJURY; INTRATHORACIC	N/A	54.02	56.18	90	1	
32035	THORACOSTOMY; WITH RIB RESECTION FOR EMPYEMA	N/A	46.58	48.44	90	1	
32036	THORACOSTOMY; WITH OPEN FLAP DRAINAGE FOR EMPYEMA	N/A	50.38	52.39	90	1	
32095	THORACOTOMY LIMITED, FOR BIOPSY OF LUNG OR PLEURA	N/A	41.40	43.05	90	1	
32100	THORACOTOMY, MAJOR; WITH EXPLORATION AND BIOPSY	N/A	63.80	66.35	90	1	
32110	THORACOTOMY, MAJOR; WITH CONTROL OF TRAUMATIC HEMORRHAGE AND/OR REPAIR OF L	N/A	96.43	100.28	90	1	
32120	THORACOTOMY, MAJOR; FOR POSTOPERATIVE COMPLICATIONS	N/A	57.26	59.55	90	1	
32124	THORACOTOMY, MAJOR; WITH OPEN INTRAPLEURAL PNEUMONOLYSIS	N/A	61.04	63.48	90	1	
32140	THORACOTOMY, MAJOR; WITH CYST(S) REMOVAL, WITH OR WITHOUT A PLEURAL PROCEDU	N/A	65.23	67.83	90	1	
32141	THORACOTOMY, MAJOR; WITH EXCISION-PLICATION OF BULLAE, WITH OR WITHOUT ANY	N/A	99.17	103.13	90	1	
32150	THORACOTOMY, MAJOR; WITH REMOVAL OF INTRAPLEURAL FOREIGN BODY OR FIBRIN DEP	N/A	65.89	68.52	90	1	
32151	THORACOTOMY, MAJOR; WITH REMOVAL OF INTRAPULMONARY FOREIGN BODY	N/A	69.41	72.18	90	1	
32160	THORACOTOMY, MAJOR; WITH CARDIAC MASSAGE	N/A	50.75	52.78	90	1	
32200	PNEUMONOSTOMY, WITH OPEN DRAINAGE OF ABSCESS OR CYST	N/A	73.88	76.83	90	1	
32201	PNEUMONOSTOMY; WITH PERCUTANEOUS DRAINAGE OF ABSCESS OR CYST	N/A	13.47	14.00	0	1	
32215	PLEURAL SCARIFICATION FOR REPEAT PNEUMOTHORAX	N/A	52.82	54.93	90	1	
32220	DECORTICATION, PULMONARY, (SEPARATE PROCEDURE); TOTAL	N/A	105.70	109.92	90	1	
32225	DECORTICATION, PULMONARY, (SEPARATE PROCEDURE); PARTIAL	N/A	65.89	68.52	90	1	
32310	PLEURECTOMY, PARIETAL (SEPARATE PROCEDURE)	N/A	60.58	63.00	90	1	
32320	DECORTICATION AND PARIETAL PLEURECTOMY	N/A	105.93	110.16	90	1	
32402	BIOPSY, PLEURA; OPEN	N/A	37.05	38.53	90	1	
32440	REMOVAL OF LUNG, TOTAL PNEUMONECTOMY;	N/A	105.43	109.64	90	1	
32442	REMOVAL OF LUNG, TOTAL PNEUMONECTOMY; WITH RESECTION OF SEGMENT OF TRACHEA	N/A	198.04	205.96	90	1	
32445	REMOVAL OF LUNG, TOTAL PNEUMONECTOMY; EXTRAPLEURAL	N/A	227.07	236.15	90	1	
32480	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; SINGLE LOBE (LOBECTOMY)	N/A	99.42	103.39	90	1	
32482	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; TWO LOBES (BILOBECTOMY)	N/A	105.88	110.11	90	1	
32484	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; SINGLE SEGMENT (SEGMENTECT	N/A	95.47	99.28	90	1	
32486	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; WITH CIRCUMFERENTIAL RESEC	N/A	154.67	160.85	90	1	

CODE	DESCRIPTION	ANESTHESIA	AGE 21+	00-20	MAX		SPEC
		BASE FEE	MAX FEE	MAX FEE	FUD	UNITS	
32488	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; ALL REMAINING LUNG FOLLOWI	N/A	156.69	162.95	90	1	B
32500	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; WEDGE RESECTION, SINGLE OR	N/A	95.85	99.68	90	1	
32501	RESECTION AND REPAIR OF PORTION OF BRONCHUS (BRONCHOPLASTY) WHEN PERFORMED	N/A	16.84	17.51	90	1	
32503	RESECTION OF APICAL LUNG TUMOR (EG, PANCOAST TUMOR), INCLUDING CHEST WALL R	N/A	121.29	126.14	90	1	
32504	RESECTION OF APICAL LUNG TUMOR (EG, PANCOAST TUMOR), INCLUDING CHEST WALL R	N/A	138.74	144.28	90	1	
32540	EXTRAPLEURAL ENUCLEATION OF EMPYEMA (EMPYEMECTOMY)	N/A	111.86	116.33	90	1	
32650	THORACOSCOPY, SURGICAL; WITH PLEURODESIS (EG, MECHANICAL OR CHEMICAL)	N/A	44.34	46.11	90	1	
32651	THORACOSCOPY, SURGICAL; WITH PARTIAL PULMONARY DECORTICATION	N/A	71.19	74.03	90	1	
32652	THORACOSCOPY, SURGICAL; WITH TOTAL PULMONARY DECORTICATION, INCLUDING INTRA	N/A	107.99	112.30	90	1	
32653	THORACOSCOPY, SURGICAL; WITH REMOVAL OF INTRAPLEURAL FOREIGN BODY OR FIBRIN	N/A	69.00	71.76	90	1	
32654	THORACOSCOPY, SURGICAL; WITH CONTROL OF TRAUMATIC HEMORRHAGE	N/A	75.54	78.56	90	1	B
32655	THORACOSCOPY, SURGICAL; WITH EXCISION-PLICATION OF BULLAE, INCLUDING ANY PL	N/A	62.90	65.41	90	1	
32656	THORACOSCOPY, SURGICAL; WITH PARIETAL PLEURECTOMY	N/A	53.02	55.14	90	1	
32657	THORACOSCOPY, SURGICAL; WITH WEDGE RESECTION OF LUNG, SINGLE OR MULTIPLE	N/A	52.59	54.69	90	1	
32658	THORACOSCOPY, SURGICAL; WITH REMOVAL OF CLOT OR FOREIGN BODY FROM PERICARDI	N/A	47.66	49.56	90	1	
32659	THORACOSCOPY, SURGICAL; WITH CREATION OF PERICARDIAL WINDOW OR PARTIAL RESE	N/A	48.79	50.74	90	1	
32660	THORACOSCOPY, SURGICAL; WITH TOTAL PERICARDECTOMY	N/A	68.50	71.24	90	1	
32661	THORACOSCOPY, SURGICAL; WITH EXCISION OF PERICARDIAL CYST, TUMOR, OR MASS	N/A	53.80	55.95	90	1	
32662	THORACOSCOPY, SURGICAL; WITH EXCISION OF MEDIASTINAL CYST, TUMOR, OR MASS	N/A	59.83	62.22	90	1	
32663	THORACOSCOPY, SURGICAL; WITH LOBECTOMY, TOTAL OR SEGMENTAL	N/A	92.41	96.10	90	1	
32664	THORACOSCOPY, SURGICAL; WITH THORACIC SYMPATHECTOMY	N/A	57.69	59.99	90	1	
32665	THORACOSCOPY, SURGICAL; WITH ESOPHAGOMYOTOMY (HELLER TYPE)	N/A	81.10	84.34	90	1	R
32800	REPAIR LUNG HERNIA THROUGH CHEST WALL	N/A	62.04	64.52	90	1	
32810	CLOSURE OF CHEST WALL FOLLOWING OPEN FLAP DRAINAGE FOR EMPYEMA (CLAGETT TYP	N/A	60.01	62.41	90	1	
32815	OPEN CLOSURE OF MAJOR BRONCHIAL FISTULA	N/A	181.04	188.28	90	1	
32820	MAJOR RECONSTRUCTION, CHEST WALL (POST-TRAUMATIC)	N/A	92.21	95.89	90	1	
32851	LUNG TRANSPLANT, SINGLE; WITHOUT CARDIOPULMONARY BYPASS	N/A	169.48	176.25	90	1	
32852	LUNG TRANSPLANT, SINGLE; WITH CARDIOPULMONARY BYPASS	N/A	187.03	194.51	90	1	
32853	LUNG TRANSPLANT, DOUBLE (BILATERAL SEQUENTIAL OR EN BLOC); WITHOUT CARDIOPU	N/A	202.29	210.38	90	1	
32854	LUNG TRANSPLANT, DOUBLE (BILATERAL SEQUENTIAL OR EN BLOC); WITH CARDIOPULMO	N/A	220.26	229.07	90	1	
32900	RESECTION OF RIBS, EXTRAPLEURAL, ALL STAGES	N/A	91.55	95.21	90	1	
32905	THORACOPLASTY, SCHEDE TYPE OR EXTRAPLEURAL (ALL STAGES);	N/A	90.37	93.98	90	1	R
32906	THORACOPLASTY, SCHEDE TYPE OR EXTRAPLEURAL (ALL STAGES); WITH CLOSURE OF BR	N/A	111.81	116.28	90	1	
32940	PNEUMONOLYSIS, EXTRAPERIOSTEAL, INCLUDING FILLING OR PACKING PROCEDURES	N/A	82.28	85.57	90	1	
32998	ABLATION THERAPY FOR REDUCTION OR ERADICATION OF ONE OR MORE PULMONARY TUMO	N/A	187.73	195.23	0	1	
32999	UNLISTED PROCEDURE, LUNGS AND PLEURA	N/A	0.00	0.00	90	1	
33020	PERICARDIOTOMY FOR REMOVAL OF CLOT OR FOREIGN BODY (PRIMARY PROCEDURE)	N/A	58.27	60.60	90	1	
33025	CREATION OF PERICARDIAL WINDOW OR PARTIAL RESECTION FOR DRAINAGE	N/A	53.85	56.00	90	1	
33030	PERICARDIECTOMY, SUBTOTAL OR COMPLETE; WITHOUT CARDIOPULMONARY BYPASS	N/A	86.30	89.75	90	1	
33031	PERICARDIECTOMY, SUBTOTAL OR COMPLETE; WITH CARDIOPULMONARY BYPASS	N/A	96.45	100.30	90	1	

CODE	DESCRIPTION	ANESTHESIA	AGE 21+	00-20	MAX		SPEC
		BASE FEE	MAX FEE	MAX FEE	FUD	UNITS	
33050	EXCISION OF PERICARDIAL CYST OR TUMOR	N/A	66.82	69.49	90	1	B
33120	EXCISION OF INTRACARDIAC TUMOR, RESECTION WITH CARDIOPULMONARY BYPASS	N/A	105.03	109.23	90	1	
33130	RESECTION OF EXTERNAL CARDIAC TUMOR	N/A	91.78	95.45	90	1	
33140	TRANSMYOCARDIAL LASER REVASCULARIZATION, BY THORACOTOMY (SEPARATE PROCEDURE	N/A	105.00	109.20	90	1	
33141	TRANSMYOCARDIAL LASER REVASCULARIZATION, BY THORACOTOMY; PERFORMED AT THE T	N/A	10.13	10.53	90	1	
33243	REMOVAL OF SINGLE OR DUAL CHAMBER PACING CARDIOVERTER-DEFIBRILLATOR	N/A	91.85	95.52	90	1	
33250	OPERATIVE ABLATION OF SUPRAVENTRICULAR ARRHYTHMOGENIC FOCUS OR PATHWAY (EG,	N/A	98.26	102.19	90	1	
33251	OPERATIVE ABLATION OF SUPRAVENTRICULAR ARRHYTHMOGENIC FOCUS OR PATHWAY (EG,	N/A	109.32	113.69	90	1	
33254	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, LIMITED (EG, MODIFIE	N/A	92.68	96.38	90	1	
33255	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, EXTENSIVE (EG, MAZE	N/A	111.66	116.12	90	1	
33256	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, EXTENSIVE (EG, MAZE	N/A	133.46	138.79	90	1	
33261	OPERATIVE ABLATION OF VENTRICULAR ARRHYTHMOGENIC FOCUS WITH CARDIOPULMONARY	N/A	109.50	113.88	90	1	
33265	ENDOSCOPY, SURGICAL; OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA,	N/A	92.68	96.38	90	1	
33266	ENDOSCOPY, SURGICAL; OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA,	N/A	126.97	132.04	90	1	
33300	REPAIR OF CARDIAC WOUND; WITHOUT BYPASS	N/A	158.77	165.12	90	1	
33305	REPAIR OF CARDIAC WOUND; WITH CARDIOPULMONARY BYPASS	N/A	264.40	274.97	90	1	
33310	CARDIOTOMY, EXPLORATORY (INCLUDES REMOVAL OF FOREIGN BODY, ATRIAL OR VENTRI	N/A	79.46	82.63	90	1	
33315	CARDIOTOMY, EXPLORATORY (INCLUDES REMOVAL OF FOREIGN BODY); WITH CARDIOPULM	N/A	99.92	103.91	90	1	
33320	SUTURE REPAIR OF AORTA OR GREAT VESSELS; WITHOUT SHUNT OR CARDIOPULMONARY B	N/A	73.53	76.47	90	1	
33321	SUTURE REPAIR OF AORTA OR GREAT VESSELS; WITH SHUNT BYPASS	N/A	85.29	88.70	90	1	
33322	SUTURE REPAIR OF AORTA OR GREAT VESSELS; WITH CARDIOPULMONARY BYPASS	N/A	92.88	96.59	90	1	
33330	INSERTION OF GRAFT, AORTA OR GREAT VESSELS; WITHOUT SHUNT, OR CARDIOPULMONA	N/A	94.87	98.66	90	1	
33332	INSERTION OF GRAFT, AORTA OR GREAT VESSELS; WITH SHUNT BYPASS	N/A	93.21	96.93	90	1	
33335	INSERTION OF GRAFT, AORTA OR GREAT VESSELS; WITH CARDIOPULMONARY BYPASS	N/A	128.25	133.38	90	1	
33400	VALVULOPLASTY, AORTIC VALVE; OPEN, WITH CARDIOPULMONARY BYPASS	N/A	152.44	158.53	90	1	
33401	VALVULOPLASTY, AORTIC VALVE; OPEN, WITH INFLOW OCCLUSION	N/A	94.87	98.66	90	1	
33403	VALVULOPLASTY, AORTIC VALVE; USING TRANSVENTRICULAR DILATION, WITH CARDIOPU	N/A	99.09	103.05	90	1	
33404	CONSTRUCTION OF APICAL-AORTIC CONDUIT	N/A	120.16	124.96	90	1	
33405	REPLACEMENT, AORTIC VALVE, WITH CARDIOPULMONARY BYPASS; WITH PROSTHETIC VAL	N/A	155.73	161.95	90	1	
33406	REPLACEMENT, AORTIC VALVE, WITH CARDIOPULMONARY BYPASS; WITH ALLOGRAFT VALV	N/A	192.98	200.69	90	1	
33410	REPLACEMENT, AORTIC VALVE, WITH CARDIOPULMONARY BYPASS; WITH STENTLESS TISS	N/A	170.59	177.41	90	1	
33411	REPLACEMENT, AORTIC VALVE; WITH AORTIC ANNULUS ENLARGEMENT, NONCORONARY CUS	N/A	223.60	232.54	90	1	
33412	REPLACEMENT, AORTIC VALVE; WITH TRANSVENTRICULAR AORTIC ANNULUS ENLARGEMENT	N/A	167.55	174.25	90	1	
33413	REPLACEMENT, AORTIC VALVE; BY TRANSLOCATION OF AUTOLOGOUS PULMONARY VALVE W	N/A	218.30	227.03	90	1	
33414	REPAIR OF LEFT VENTRICULAR OUTFLOW TRACT OBSTRUCTION BY PATCH ENLARGEMENT O	N/A	148.49	154.42	90	1	
33415	RESECTION OR INCISION OF SUBVALVULAR TISSUE FOR DISCRETE SUBVALVULAR AORTIC	N/A	136.47	141.92	90	1	
33416	VENTRICULOMYOTOMY (-MYECTOMY) FOR IDIOPATHIC HYPERTROPHIC SUBAORTIC STENOSI	N/A	137.23	142.71	90	1	
33417	AORTOPLASTY (GUSSET) FOR SUPRAVALVULAR STENOSIS	N/A	114.05	118.61	90	1	
33422	VALVOTOMY, MITRAL VALVE; OPEN HEART, WITH CARDIOPULMONARY BYPASS	N/A	115.64	120.26	90	1	
33425	VALVULOPLASTY, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS;	N/A	180.49	187.70	90	1	

CODE	DESCRIPTION	ANESTHESIA	AGE 21+	00-20	MAX		SPEC
		BASE FEE	MAX FEE	MAX FEE	FUD	UNITS	
33426	VALVULOPLASTY, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS; WITH PROSTHETIC R	N/A	161.41	167.86	90	1	
33427	VALVULOPLASTY, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS; RADICAL RECONSTRU	N/A	167.95	174.66	90	1	
33430	REPLACEMENT, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS	N/A	188.08	195.60	90	1	
33460	VALVECTOMY, TRICUSPID VALVE, WITH CARDIOPULMONARY BYPASS	N/A	159.80	166.19	90	1	
33463	VALVULOPLASTY, TRICUSPID VALVE; WITHOUT RING INSERTION	N/A	202.56	210.66	90	1	
33464	VALVULOPLASTY, TRICUSPID VALVE; WITH RING INSERTION	N/A	163.07	169.59	90	1	
33465	REPLACEMENT, TRICUSPID VALVE, WITH CARDIOPULMONARY BYPASS	N/A	182.88	190.19	90	1	
33468	TRICUSPID VALVE REPOSITIONING AND PLICATION FOR EBSTEIN ANOMALY	N/A	131.37	136.62	90	1	
33470	VALVOTOMY, PULMONARY VALVE, CLOSED HEART; TRANSVENTRICULAR	N/A	78.05	81.17	90	1	
33472	VALVOTOMY, PULMONARY VALVE, OPEN HEART; WITH INFLOW OCCLUSION	N/A	84.61	87.99	90	1	
33474	VALVOTOMY, PULMONARY VALVE, OPEN HEART; WITH CARDIOPULMONARY BYPASS	N/A	150.15	156.15	90	1	
33475	REPLACEMENT, PULMONARY VALVE	N/A	158.17	164.49	90	1	
33476	RIGHT VENTRICULAR RESECTION FOR INFUNDIBULAR STENOSIS, WITH OR WITHOUT COMM	N/A	101.21	105.25	90	1	
33478	OUTFLOW TRACT AUGMENTATION (GUSSET), WITH OR WITHOUT COMMISSUROTOMY OR INFU	N/A	106.21	110.45	90	1	
33496	REPAIR OF NON-STRUCTURAL PROSTHETIC VALVE DYSFUNCTION WITH CARDIOPULMONARY	N/A	113.90	118.45	90	1	
33500	REPAIR OF CORONARY ARTERIOVENOUS OR ARTERIOCARDIAC CHAMBER FISTULA; WITH CA	N/A	107.44	111.73	90	1	
33501	REPAIR OF CORONARY ARTERIOVENOUS OR ARTERIOCARDIAC CHAMBER FISTULA; WITHOUT	N/A	74.43	77.40	90	1	
33502	REPAIR OF ANOMALOUS CORONARY ARTERY FROM PULMONARY ARTERY ORIGIN; BY LIGATI	N/A	85.37	88.78	90	1	
33504	REPAIR OF ANOMALOUS CORONARY ARTERY; BY GRAFT, WITH CARDIOPULMONARY BYPASS	N/A	97.54	101.44	90	1	
33505	REPAIR OF ANOMALOUS CORONARY ARTERY; WITH CONSTRUCTION OF INTRAPULMONARY AR	N/A	132.78	138.09	90	1	
33506	REPAIR OF ANOMALOUS CORONARY ARTERY; BY TRANSLOCATION FROM PULMONARY ARTERY	N/A	145.85	151.68	90	1	
33507	REPAIR OF ANOMALOUS (EG, INTRAMURAL) AORTIC ORIGIN OF CORONARY ARTERY BY UN	N/A	118.58	123.32	90	1	
33508	ENDOSCOPY, SURGICAL, INCLUDING VIDEO-ASSISTED HARVEST OF VEIN(S) FOR CORONA	N/A	1.13	1.17	0	1	
33510	CORONARY ARTERY BYPASS, VEIN ONLY; SINGLE CORONARY VENOUS GRAFT	N/A	131.90	137.17	90	1	
33511	CORONARY ARTERY BYPASS, VEIN ONLY; TWO CORONARY VENOUS GRAFTS	N/A	144.19	149.95	90	1	
33512	CORONARY ARTERY BYPASS, VEIN ONLY; THREE CORONARY VENOUS GRAFTS	N/A	162.84	169.35	90	1	
33513	CORONARY ARTERY BYPASS, VEIN ONLY; FOUR CORONARY VENOUS GRAFTS	N/A	168.32	175.05	90	1	
33514	CORONARY ARTERY BYPASS, VEIN ONLY; FIVE CORONARY VENOUS GRAFTS	N/A	176.92	183.99	90	1	
33516	CORONARY ARTERY BYPASS, VEIN ONLY; SIX OR MORE CORONARY VENOUS GRAFTS	N/A	184.39	191.76	90	1	
33517	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); SINGLE	N/A	12.85	13.36	90	1	
33518	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); TWO VE	N/A	27.88	28.99	90	1	
33519	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); THREE	N/A	37.05	38.53	90	1	
33521	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); FOUR V	N/A	44.85	46.64	90	1	
33522	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); FIVE V	N/A	50.88	52.91	90	1	
33523	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); SIX OR	N/A	58.25	60.58	90	1	
33530	REOPERATION, CORONARY ARTERY BYPASS PROCEDURE OR VALVE PROCEDURE, MORE THAN	N/A	35.47	36.88	90	1	
33533	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); SINGLE ARTERIAL GRAFT	N/A	128.23	133.35	90	1	
33534	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); TWO CORONARY ARTERIAL GRAF	N/A	149.45	155.42	90	1	
33535	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); THREE CORONARY ARTERIAL GR	N/A	166.62	173.28	90	1	
33536	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); FOUR OR MORE CORONARY ARTE	N/A	179.26	186.43	90	1	

CODE	DESCRIPTION	ANESTHESIA	AGE 21+	00-20	MAX		SPEC
		BASE FEE	MAX FEE	MAX FEE	FUD	UNITS	
33542	MYOCARDIAL RESECTION (EG, VENTRICULAR ANEURYSMECTOMY)	N/A	175.89	182.92	90	1	
33545	REPAIR OF POSTINFARCTION VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT MYOCARD	N/A	207.79	216.10	90	1	
33548	SURGICAL VENTRICULAR RESTORATION PROCEDURE, INCLUDES PROSTHETIC PATCH, WHEN	N/A	199.92	207.91	90	1	
33572	CORONARY ENDARTERECTOMY, OPEN, ANY METHOD, OF LEFT ANTERIOR DESCENDING, CIR	N/A	16.16	16.80	90	1	
33600	CLOSURE OF ATRIOVENTRICULAR VALVE (MITRAL OR TRICUSPID) BY SUTURE OR PATCH	N/A	118.20	122.92	90	1	
33602	CLOSURE OF SEMILUNAR VALVE (AORTIC OR PULMONARY) BY SUTURE OR PATCH	N/A	117.14	121.82	90	1	
33606	ANASTOMOSIS OF PULMONARY ARTERY TO AORTA (DAMUS-KAYE-STANSEL PROCEDURE)	N/A	120.36	125.17	90	1	
33608	REPAIR OF COMPLEX CARDIAC ANOMALY OTHER THAN PULMONARY ATRESIA WITH VENTRIC	N/A	125.34	130.35	90	1	
33610	REPAIR OF COMPLEX CARDIAC ANOMALIES (EG, SINGLE VENTRICLE WITH SUBAORTIC OB	N/A	118.35	123.08	90	1	
33611	REPAIR OF DOUBLE OUTLET RIGHT VENTRICLE WITH INTRAVENTRICULAR TUNNEL REPAIR	N/A	131.80	137.07	90	1	
33612	REPAIR OF DOUBLE OUTLET RIGHT VENTRICLE WITH INTRAVENTRICULAR TUNNEL REPAIR	N/A	137.51	143.01	90	1	
33615	REPAIR OF COMPLEX CARDIAC ANOMALIES (EG, TRICUSPID ATRESIA) BY CLOSURE OF A	N/A	132.25	137.54	90	1	
33617	REPAIR OF COMPLEX CARDIAC ANOMALIES (EG, SINGLE VENTRICLE) BY MODIFIED FONT	N/A	153.42	159.55	90	1	
33619	REPAIR OF SINGLE VENTRICLE WITH AORTIC OUTFLOW OBSTRUCTION AND AORTIC ARCH	N/A	184.29	191.66	90	1	
33641	REPAIR ATRIAL SEPTAL DEFECT, SECUNDUM, WITH CARDIOPULMONARY BYPASS, WITH OR	N/A	109.98	114.37	90	1	
33645	DIRECT OR PATCH CLOSURE, SINUS VENOSUS, WITH OR WITHOUT ANOMALOUS PULMONARY	N/A	107.46	111.75	90	1	
33647	REPAIR OF ATRIAL SEPTAL DEFECT AND VENTRICULAR SEPTAL DEFECT, WITH DIRECT O	N/A	113.10	117.62	90	1	
33660	REPAIR OF INCOMPLETE OR PARTIAL ATRIOVENTRICULAR CANAL (OSTIUM PRIMUM ATRIA	N/A	119.88	124.67	90	1	
33665	REPAIR OF INTERMEDIATE OR TRANSITIONAL ATRIOVENTRICULAR CANAL, WITH OR WITH	N/A	128.68	133.82	90	1	
33670	REPAIR OF COMPLETE ATRIOVENTRICULAR CANAL, WITH OR WITHOUT PROSTHETIC VALVE	N/A	134.44	139.81	90	1	
33675	CLOSURE OF MULTIPLE VENTRICULAR SEPTAL DEFECTS;	N/A	147.41	153.30	90	1	
33676	CLOSURE OF MULTIPLE VENTRICULAR SEPTAL DEFECTS; WITH PULMONARY VALVOTOMY OR	N/A	152.03	158.11	90	1	
33677	CLOSURE OF MULTIPLE VENTRICULAR SEPTAL DEFECTS; WITH REMOVAL OF PULMONARY A	N/A	158.04	164.36	90	1	
33681	CLOSURE OF SINGLE VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT PATCH;	N/A	125.31	130.32	90	1	
33684	CLOSURE OF VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT PATCH WITH PULMONARY	N/A	144.14	149.90	90	1	
33688	CLOSURE OF VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT PATCH WITH REMOVAL OF	N/A	122.70	127.60	90	1	
33690	BANDING OF PULMONARY ARTERY	N/A	77.35	80.44	90	1	
33692	COMPLETE REPAIR TETRALOGY OF FALLOT WITHOUT PULMONARY ATRESIA;	N/A	113.52	118.06	90	1	
33694	COMPLETE REPAIR TETRALOGY OF FALLOT WITHOUT PULMONARY ATRESIA; WITH TRANSAN	N/A	127.78	132.89	90	1	
33697	COMPLETE REPAIR TETRALOGY OF FALLOT WITH PULMONARY ATRESIA INCLUDING CONSTR	N/A	159.70	166.08	90	1	
33702	REPAIR SINUS OF VALSALVA FISTULA, WITH CARDIOPULMONARY BYPASS;	N/A	106.21	110.45	90	1	
33710	REPAIR SINUS OF VALSALVA FISTULA, WITH CARDIOPULMONARY BYPASS; WITH REPAIR	N/A	116.54	121.20	90	1	
33720	REPAIR SINUS OF VALSALVA ANEURYSM, WITH CARDIOPULMONARY BYPASS	N/A	105.83	110.06	90	1	
33722	CLOSURE OF AORTICO-LEFT VENTRICULAR TUNNEL	N/A	98.06	101.98	90	1	
33724	REPAIR OF ISOLATED PARTIAL ANOMALOUS PULMONARY VENOUS RETURN (EG, SCIMITAR	N/A	105.86	110.09	90	1	
33726	REPAIR OF PULMONARY VENOUS STENOSIS	N/A	139.59	145.17	90	1	
33730	COMPLETE REPAIR OF ANOMALOUS VENOUS RETURN (SUPRACARDIAC, INTRACARDIAC, OR	N/A	136.57	142.03	90	1	
33732	REPAIR OF COR TRIARIATUM OR SUPRAVALVULAR MITRAL RING BY RESECTION OF LEFT	N/A	118.90	123.65	90	1	
33735	ATRIAL SEPTECTOMY OR SEPTOSTOMY; CLOSED HEART (BLALOCK-HANLON TYPE OPERATIO	N/A	83.99	87.34	90	1	
33736	ATRIAL SEPTECTOMY OR SEPTOSTOMY; OPEN HEART WITH CARDIOPULMONARY BYPASS	N/A	95.50	99.32	90	1	

CODE	DESCRIPTION	ANESTHESIA	AGE 21+	00-20	MAX		SPEC
		BASE FEE	MAX FEE	MAX FEE	FUD	UNITS	
33737	ATRIAL SEPTECTOMY OR SEPTOSTOMY; OPEN HEART, WITH INFLOW OCCLUSION	N/A	83.26	86.59	90	1	
33750	SHUNT; SUBCLAVIAN TO PULMONARY ARTERY (BLALOCK-TAUSSIG TYPE OPERATION)	N/A	87.03	90.51	90	1	
33755	SHUNT; ASCENDING AORTA TO PULMONARY ARTERY (WATERSTON TYPE OPERATION)	N/A	84.16	87.52	90	1	
33762	SHUNT; DESCENDING AORTA TO PULMONARY ARTERY (POTTS-SMITH TYPE OPERATION)	N/A	82.23	85.51	90	1	
33764	SHUNT; CENTRAL, WITH PROSTHETIC GRAFT	N/A	87.15	90.63	90	1	
33766	SHUNT; SUPERIOR VENA CAVA TO PULMONARY ARTERY FOR FLOW TO ONE LUNG (CLASSIC	N/A	89.59	93.17	90	1	
33767	SHUNT; SUPERIOR VENA CAVA TO PULMONARY ARTERY FOR FLOW TO BOTH LUNGS (BIDIR	N/A	96.48	100.33	90	1	
33768	ANASTOMOSIS, CAVOPULMONARY, SECOND SUPERIOR VENA CAVA (LIST SEPARATELY IN A	N/A	28.66	29.80	0	1	
33770	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES WITH VENTRICULAR SEPTAL DEFEC	N/A	139.06	144.62	90	1	
33771	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES WITH VENTRICULAR SEPTAL DEFEC	N/A	142.81	148.52	90	1	
33774	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE (EG,	N/A	122.50	127.40	90	1	
33775	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE (EG,	N/A	120.46	125.27	90	1	
33776	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE (EG,	N/A	133.08	138.40	90	1	
33777	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE (EG,	N/A	124.11	129.07	90	1	
33778	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, AORTIC PULMONARY ARTERY RECO	N/A	160.91	167.34	90	1	
33779	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, AORTIC PULMONARY ARTERY RECO	N/A	144.39	150.16	90	1	
33780	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, AORTIC PULMONARY ARTERY RECO	N/A	148.84	154.79	90	1	
33781	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, AORTIC PULMONARY ARTERY RECO	N/A	159.10	165.46	90	1	
33786	TOTAL REPAIR, TRUNCUS ARTERIOSUS (RASTELLI TYPE OPERATION)	N/A	147.99	153.90	90	1	
33788	REIMPLANTATION OF AN ANOMALOUS PULMONARY ARTERY	N/A	103.04	107.16	90	1	
33800	AORTIC SUSPENSION (AORTOPEXY) FOR TRACHEAL DECOMPRESSION (EG, FOR TRACHEOMA	N/A	67.85	70.56	90	1	
33802	DIVISION OF ABERRANT VESSEL (VASCULAR RING);	N/A	70.49	73.30	90	1	
33803	DIVISION OF ABERRANT VESSEL (VASCULAR RING); WITH REANASTOMOSIS	N/A	78.71	81.85	90	1	
33813	OBLITERATION OF AORTOPULMONARY SEPTAL DEFECT; WITHOUT CARDIOPULMONARY BYPAS	N/A	83.76	87.11	90	1	
33814	OBLITERATION OF AORTOPULMONARY SEPTAL DEFECT; WITH CARDIOPULMONARY BYPASS	N/A	102.31	106.40	90	1	
33820	REPAIR OF PATENT DUCTUS ARTERIOSUS; BY LIGATION	N/A	68.80	71.55	90	1	
33822	REPAIR OF PATENT DUCTUS ARTERIOSUS; BY DIVISION, UNDER 18 YEARS	N/A	65.96	68.59	90	1	
33824	REPAIR OF PATENT DUCTUS ARTERIOSUS; BY DIVISION, 18 YEARS AND OLDER	N/A	79.34	82.51	90	1	
33840	EXCISION OF COARCTATION OF AORTA, WITH OR WITHOUT ASSOCIATED PATENT DUCTUS	N/A	81.25	84.50	90	1	
33845	EXCISION OF COARCTATION OF AORTA, WITH OR WITHOUT ASSOCIATED PATENT DUCTUS	N/A	89.39	92.96	90	1	
33851	EXCISION OF COARCTATION OF AORTA, WITH OR WITHOUT ASSOCIATED PATENT DUCTUS	N/A	85.85	89.28	90	1	
33852	REPAIR OF HYPOPLASTIC OR INTERRUPTED AORTIC ARCH USING AUTOGENOUS OR PROSTH	N/A	91.23	94.87	90	1	
33853	REPAIR OF HYPOPLASTIC OR INTERRUPTED AORTIC ARCH USING AUTOGENOUS OR PROSTH	N/A	125.26	130.27	90	1	
33860	ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS, WITH OR WITHOUT VALVE S	N/A	215.36	223.97	90	1	
33861	ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS, WITH OR WITHOUT VALVE S	N/A	166.87	173.54	90	1	
33863	ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS, WITH OR WITHOUT VALVE S	N/A	214.38	222.95	90	1	
33870	TRANSVERSE ARCH GRAFT, WITH CARDIOPULMONARY BYPASS	N/A	173.93	180.88	90	1	
33875	DESCENDING THORACIC AORTA GRAFT, WITH OR WITHOUT BYPASS	N/A	134.97	140.36	90	1	
33877	REPAIR OF THORACOABDOMINAL AORTIC ANEURYSM WITH GRAFT, WITH OR WITHOUT CARD	N/A	242.68	252.38	90	1	
33880	ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA (EG, ANEURYSM, PSEUDOANEUR	N/A	119.98	124.77	90	1	

CODE	DESCRIPTION	ANESTHESIA	AGE 21+	00-20	MAX		SPEC
		BASE FEE	MAX FEE	MAX FEE	FUD	UNITS	
33881	ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA (EG, ANEURYSM, PSEUDOANEUR	N/A	103.27	107.40	0	1	
33883	PLACEMENT OF PROXIMAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF DESCE	N/A	75.54	78.56	90	1	
33884	PLACEMENT OF PROXIMAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF DESCE	N/A	27.80	28.91	0	4	
33886	PLACEMENT OF DISTAL EXTENSION PROSTHESIS(S) DELAYED AFTER ENDOVASCULAR REPA	N/A	65.33	67.94	90	1	
33889	OPEN SUBCLAVIAN TO CAROTID ARTERY TRANSPOSITION PERFORMED IN CONJUNCTION WI	N/A	55.93	58.16	0	1	B
33891	BYPASS GRAFT, WITH OTHER THAN VEIN, TRANSCERVICAL RETROPHARYNGEAL CAROTID-C	N/A	72.98	75.89	0	1	B
33910	PULMONARY ARTERY EMBOLECTOMY; WITH CARDIOPULMONARY BYPASS	N/A	112.04	116.52	90	1	
33915	PULMONARY ARTERY EMBOLECTOMY; WITHOUT CARDIOPULMONARY BYPASS	N/A	89.69	93.27	90	1	
33916	PULMONARY ENDARTERECTOMY, WITH OR WITHOUT EMBOLECTOMY, WITH CARDIOPULMONARY	N/A	107.69	111.99	90	1	
33917	REPAIR OF PULMONARY ARTERY STENOSIS BY RECONSTRUCTION WITH PATCH OR GRAFT	N/A	98.59	102.53	90	1	
33920	REPAIR OF PULMONARY ATRESIA WITH VENTRICULAR SEPTAL DEFECT, BY CONSTRUCTION	N/A	121.37	126.22	90	1	
33922	TRANSECTION OF PULMONARY ARTERY WITH CARDIOPULMONARY BYPASS	N/A	97.18	101.06	90	1	
33924	LIGATION AND TAKEDOWN OF A SYSTEMIC-TO-PULMONARY ARTERY SHUNT, PERFORMED IN	N/A	21.24	22.08	90	1	
33925	REPAIR OF PULMONARY ARTERY ARBORIZATION ANOMALIES BY UNIFOCALIZATION; WITHO	N/A	115.69	120.31	90	1	
33926	REPAIR OF PULMONARY ARTERY ARBORIZATION ANOMALIES BY UNIFOCALIZATION; WITH	N/A	163.95	170.50	90	1	
33935	HEART-LUNG TRANSPLANT WITH RECIPIENT CARDIECTOMY-PNEUMONECTOMY	N/A	236.25	245.70	90	1	R
33945	HEART TRANSPLANT, WITH OR WITHOUT RECIPIENT CARDIECTOMY	N/A	317.09	329.77	90	1	
33960	PROLONGED EXTRACORPOREAL CIRCULATION FOR CARDIOPULMONARY INSUFFICIENCY; INI	N/A	69.46	72.23	0	1	
33961	PROLONGED EXTRACORPOREAL CIRCULATION FOR CARDIOPULMONARY INSUFFICIENCY; EAC	N/A	37.05	38.53	0	1	
33968	REMOVAL OF INTRA-AORTIC BALLOON ASSIST DEVICE, PERCUTANEOUS	N/A	15.40	16.01	0	1	
33970	INSERTION OF INTRA-AORTIC BALLOON ASSIST DEVICE THROUGH THE FEMORAL ARTERY,	N/A	25.44	26.45	0	1	
33973	INSERTION OF INTRA-AORTIC BALLOON ASSIST DEVICE THROUGH THE ASCENDING AORTA	N/A	37.53	39.03	0	1	
33975	INSERTION OF VENTRICULAR ASSIST DEVICE; EXTRACORPOREAL, SINGLE VENTRICLE	N/A	77.12	80.20	90	1	
33976	INSERTION OF VENTRICULAR ASSIST DEVICE; EXTRACORPOREAL, BIVENTRICULAR	N/A	85.85	89.28	90	1	
33977	REMOVAL OF VENTRICULAR ASSIST DEVICE; EXTRACORPOREAL, SINGLE VENTRICLE	N/A	81.04	84.28	90	1	
33978	REMOVAL OF VENTRICULAR ASSIST DEVICE; EXTRACORPOREAL, BIVENTRICULAR	N/A	91.23	94.87	90	1	
33999	UNLISTED PROCEDURE, CARDIAC SURGERY	N/A	0.00	0.00	90	1	R
34001	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; CAROTID, SUBCLAVIAN	N/A	65.99	68.62	90	1	B
34051	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; INNOMINATE, SUBCLAVI	N/A	65.38	67.99	90	1	B
34101	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; AXILLARY, BRACHIAL,	N/A	41.88	43.55	90	1	B
34111	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; RADIAL OR ULNAR ARTE	N/A	42.03	43.71	90	1	B
34151	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; RENAL, CELIAC, MESEN	N/A	97.48	101.37	90	1	B
34201	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; FEMOROPOPLITEAL, AOR	N/A	69.38	72.15	90	1	B
34203	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; POPLITEAL-TIBIO-PERO	N/A	66.89	69.56	90	1	B
34401	THROMBECTOMY, DIRECT OR WITH CATHETER; VENA CAVA, ILIAC VEIN, BY ABDOMINAL	N/A	98.26	102.19	90	1	B
34421	THROMBECTOMY, DIRECT OR WITH CATHETER; VENA CAVA, ILIAC, FEMOROPOPLITEAL VE	N/A	50.43	52.44	90	1	B
34451	THROMBECTOMY, DIRECT OR WITH CATHETER; VENA CAVA, ILIAC, FEMOROPOPLITEAL VE	N/A	105.35	109.56	90	1	B
34501	VALVULOPLASTY, FEMORAL VEIN	N/A	65.36	67.97	90	1	B
34502	RECONSTRUCTION OF VENA CAVA, ANY METHOD	N/A	106.21	110.45	90	1	
34510	VENOUS VALVE TRANSPOSITION, ANY VEIN DONOR	N/A	73.83	76.78	90	1	B

CODE	DESCRIPTION	ANESTHESIA	AGE 21+	00-20	MAX		SPEC
		BASE FEE	MAX FEE	MAX FEE	FUD	UNITS	
34520	CROSS-OVER VEIN GRAFT TO VENOUS SYSTEM	N/A	76.90	79.97	90	1	B
34530	SAPHENOPOPLITEAL VEIN ANASTOMOSIS	N/A	68.83	71.58	90	1	B
34802	ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM OR DISSECTION;	N/A	86.02	89.46	90	1	
34803	ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM OR DISSECTION;	N/A	87.58	91.08	0	1	
34805	ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM OR DISSECTION;	N/A	80.01	83.21	90	1	
34833	OPEN ILIAC ARTERY EXPOSURE WITH CREATION OF CONDUIT FOR DELIVERY OF AORTIC	N/A	42.66	44.36	0	1	
34834	OPEN BRACHIAL ARTERY EXPOSURE TO ASSIST IN THE DEPLOYMENT OF AORTIC OR ILIA	N/A	19.36	20.13	0	1	
34900	ENDOVASCULAR GRAFT REPLACEMENT FOR REPAIR OF ILIAC ARTERY (EG, ANEURYSM, PS	N/A	62.82	65.33	90	1	B
35001	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	N/A	78.26	81.39	90	1	B
35002	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	N/A	82.75	86.06	90	1	B
35005	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	N/A	71.64	74.50	90	1	B
35011	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	N/A	69.00	71.76	90	1	B
35013	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	N/A	85.80	89.23	90	1	B
35021	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	N/A	84.54	87.92	90	1	B
35022	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	N/A	96.15	99.99	90	1	B
35045	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	N/A	67.67	70.37	90	1	B
35081	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	N/A	121.74	126.60	90	1	
35082	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	N/A	152.06	158.14	90	1	
35091	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	N/A	127.90	133.01	90	1	B
35092	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	N/A	181.57	188.83	90	1	B
35102	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	N/A	131.90	137.17	90	1	B
35103	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	N/A	157.11	163.39	90	1	B
35111	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	N/A	96.08	99.92	90	1	B
35112	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	N/A	118.15	122.87	90	1	B
35121	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	N/A	116.09	120.73	90	1	B
35122	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	N/A	137.20	142.68	90	1	B
35131	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	N/A	97.99	101.90	90	1	B
35132	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	N/A	118.17	122.89	90	1	B
35141	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	N/A	77.53	80.63	90	1	B
35142	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	N/A	92.51	96.21	90	1	B
35151	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	N/A	87.38	90.87	90	1	B
35152	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	N/A	101.05	105.09	90	1	B
35180	REPAIR, CONGENITAL ARTERIOVENOUS FISTULA; HEAD AND NECK	N/A	54.70	56.88	90	1	
35182	REPAIR, CONGENITAL ARTERIOVENOUS FISTULA; THORAX AND ABDOMEN	N/A	119.88	124.67	90	1	
35184	REPAIR, CONGENITAL ARTERIOVENOUS FISTULA; EXTREMITIES	N/A	70.79	73.62	90	1	
35188	REPAIR, ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA; HEAD AND NECK	N/A	58.92	61.27	90	1	
35189	REPAIR, ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA; THORAX AND ABDOMEN	N/A	110.51	114.93	90	1	
35190	REPAIR, ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA; EXTREMITIES	N/A	51.38	53.43	90	1	
35201	REPAIR BLOOD VESSEL, DIRECT; NECK	N/A	64.40	66.97	90	1	B
35206	REPAIR BLOOD VESSEL, DIRECT; UPPER EXTREMITY	N/A	52.87	54.98	90	1	B

CODE	DESCRIPTION	ANESTHESIA	AGE 21+	00-20	MAX		SPEC
		BASE FEE	MAX FEE	MAX FEE	FUD	UNITS	
35211	REPAIR BLOOD VESSEL, DIRECT; INTRATHORACIC, WITH BYPASS	N/A	95.00	98.80	90	1	B
35216	REPAIR BLOOD VESSEL, DIRECT; INTRATHORACIC, WITHOUT BYPASS	N/A	133.21	138.53	90	1	B
35221	REPAIR BLOOD VESSEL, DIRECT; INTRA-ABDOMINAL	N/A	96.66	100.52	90	1	B
35226	REPAIR BLOOD VESSEL, DIRECT; LOWER EXTREMITY	N/A	58.14	60.46	90	1	B
35231	REPAIR BLOOD VESSEL WITH VEIN GRAFT; NECK	N/A	79.69	82.87	90	1	B
35236	REPAIR BLOOD VESSEL WITH VEIN GRAFT; UPPER EXTREMITY	N/A	67.55	70.25	90	1	B
35241	REPAIR BLOOD VESSEL WITH VEIN GRAFT; INTRATHORACIC, WITH BYPASS	N/A	97.94	101.85	90	1	B
35246	REPAIR BLOOD VESSEL WITH VEIN GRAFT; INTRATHORACIC, WITHOUT BYPASS	N/A	110.68	115.10	90	1	B
35251	REPAIR BLOOD VESSEL WITH VEIN GRAFT; INTRA-ABDOMINAL	N/A	114.98	119.57	90	1	B
35256	REPAIR BLOOD VESSEL WITH VEIN GRAFT; LOWER EXTREMITY	N/A	70.94	73.77	90	1	B
35261	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; NECK	N/A	72.17	75.05	90	1	B
35266	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; UPPER EXTREMITY	N/A	59.20	61.56	90	1	B
35271	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRATHORACIC, WITH BYPASS	N/A	93.79	97.54	90	1	B
35276	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRATHORACIC, WITHOUT BYPA	N/A	97.59	101.49	90	1	B
35281	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRA-ABDOMINAL	N/A	109.75	114.14	90	1	B
35286	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; LOWER EXTREMITY	N/A	64.96	67.55	90	1	B
35301	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; CAROTID, VERTEB	N/A	73.10	76.02	90	1	B
35302	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; SUPERFICIAL FEM	N/A	78.91	82.06	90	1	B
35303	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; POPLITEAL ARTER	N/A	86.73	90.19	90	1	B
35304	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; TIBIOPERONEAL T	N/A	90.25	93.86	90	1	B
35305	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; TIBIAL OR PERON	N/A	86.73	90.19	90	1	B
35306	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; EACH ADDITIONAL	N/A	32.60	33.90	0	3	
35311	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; SUBCLAVIAN, INNOMINATE,	N/A	104.57	108.75	90	1	B
35321	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; AXILLARY-BRACHIAL	N/A	62.17	64.65	90	1	B
35331	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; ABDOMINAL AORTA	N/A	101.66	105.72	90	1	B
35341	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; MESENTERIC, CELIAC, OR	N/A	96.56	100.42	90	1	B
35351	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; ILIAC	N/A	90.02	93.62	90	1	B
35355	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; ILIOFEMORAL	N/A	72.85	75.76	90	1	B
35361	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; COMBINED AORTOILIAC	N/A	110.48	114.89	90	1	B
35363	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; COMBINED AORTOILIOFEMOR	N/A	118.40	123.13	90	1	B
35371	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; COMMON FEMORAL	N/A	57.44	59.73	90	1	B
35372	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; DEEP (PROFUNDA) FEMORAL	N/A	68.95	71.70	90	1	B
35390	REOPERATION, CAROTID, THROMBOENDARTERECTOMY, MORE THAN ONE MONTH AFTER ORIG	N/A	11.31	11.76	0	1	B
35450	TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN; RENAL OR OTHER VISCERAL ARTERY	N/A	36.40	37.85	0	1	B
35452	TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN; AORTIC	N/A	25.01	26.01	0	1	B
35454	TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN; ILIAC	N/A	21.92	22.79	0	1	B
35456	TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN; FEMORAL-POPLITEAL	N/A	26.82	27.89	0	1	B
35458	TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN; BRACHIOCEPHALIC TRUNK OR BRANCHES,	N/A	34.29	35.66	0	1	B
35459	TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN; TIBIOPERONEAL TRUNK AND BRANCHES	N/A	31.05	32.29	0	1	B
35480	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN; RENAL OR OTHER VISCERAL ARTERY	N/A	41.03	42.67	0	1	

CODE	DESCRIPTION	ANESTHESIA	AGE 21+	00-20	MAX		SPEC
		BASE FEE	MAX FEE	MAX FEE	FUD	UNITS	
35481	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN; AORTIC	N/A	28.20	29.32	0	1	
35482	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN; ILIAC	N/A	24.26	25.23	0	1	
35483	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN; FEMORAL-POPLITEAL	N/A	30.22	31.42	0	1	
35484	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN; BRACHIOCEPHALIC TRUNK OR BRANCHE	N/A	37.05	38.53	0	1	
35485	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN; TIBIOPERONEAL TRUNK AND BRANCHES	N/A	34.74	36.12	0	1	
35490	TRANSLUMINAL PERIPHERAL ATHERECTOMY, PERCUTANEOUS; RENAL OR OTHER VISCERAL	N/A	45.50	47.32	0	1	
35491	TRANSLUMINAL PERIPHERAL ATHERECTOMY, PERCUTANEOUS; AORTIC	N/A	30.92	32.15	0	1	
35492	TRANSLUMINAL PERIPHERAL ATHERECTOMY, PERCUTANEOUS; ILIAC	N/A	26.92	27.99	0	1	
35500	HARVEST OF UPPER EXTREMITY VEIN, ONE SEGMENT, FOR LOWER EXTREMITY OR CORONA	N/A	22.75	23.66	0	1	B
35501	BYPASS GRAFT, WITH VEIN; COMMON CAROTID-IPSILATERAL INTERNAL CAROTID	N/A	112.12	116.60	90	1	B
35506	BYPASS GRAFT, WITH VEIN; CAROTID-SUBCLAVIAN OR SUBCLAVIAN-CAROTID	N/A	91.85	95.52	90	1	B
35508	BYPASS GRAFT, WITH VEIN; CAROTID-VERTEBRAL	N/A	95.17	98.97	90	1	B
35509	BYPASS GRAFT, WITH VEIN; CAROTID-CONTRALATERAL CAROTID	N/A	107.06	111.34	90	1	B
35510	BYPASS GRAFT, WITH VEIN; CAROTID-BRACHIAL	N/A	85.90	89.33	90	1	B
35511	BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-SUBCLAVIAN	N/A	81.22	84.46	90	1	B
35512	BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-BRACHIAL	N/A	83.94	87.29	90	1	B
35515	BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-VERTEBRAL	N/A	93.39	97.12	90	1	B
35516	BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-AXILLARY	N/A	86.00	89.44	90	1	B
35518	BYPASS GRAFT, WITH VEIN; AXILLARY-AXILLARY	N/A	83.21	86.53	90	1	B
35521	BYPASS GRAFT, WITH VEIN; AXILLARY-FEMORAL	N/A	88.59	92.13	90	1	B
35522	BYPASS GRAFT, WITH VEIN; AXILLARY-BRACHIAL	N/A	82.02	85.30	90	1	B
35525	BYPASS GRAFT, WITH VEIN; BRACHIAL-BRACHIAL	N/A	77.55	80.65	90	1	B
35526	BYPASS GRAFT, WITH VEIN; AORTOSUBCLAVIAN OR CAROTID	N/A	134.44	139.81	90	1	B
35531	BYPASS GRAFT, WITH VEIN; AORTOCELIAC OR AORTOMESENTERIC	N/A	140.90	146.53	90	1	B
35533	BYPASS GRAFT, WITH VEIN; AXILLARY-FEMORAL-FEMORAL	N/A	109.55	113.93	90	1	B
35536	BYPASS GRAFT, WITH VEIN; SPLENORENAL	N/A	122.55	127.45	90	1	B
35537	BYPASS GRAFT, WITH VEIN; AORTOILIAC	N/A	152.56	158.66	90	1	
35538	BYPASS GRAFT, WITH VEIN; AORTOBI-ILIAC	N/A	170.46	177.27	90	1	
35539	BYPASS GRAFT, WITH VEIN; AORTOFEMORAL	N/A	160.20	166.60	90	1	B
35540	BYPASS GRAFT, WITH VEIN; AORTOBIFEMORAL	N/A	178.63	185.77	90	1	B
35548	BYPASS GRAFT, WITH VEIN; AORTOILIOFEMORAL, UNILATERAL	N/A	83.99	87.34	90	1	
35549	BYPASS GRAFT, WITH VEIN; AORTOILIOFEMORAL, BILATERAL	N/A	92.48	96.17	90	1	
35551	BYPASS GRAFT, WITH VEIN; AORTOFEMORAL-POPLITEAL	N/A	103.90	108.05	90	1	B
35556	BYPASS GRAFT, WITH VEIN; FEMORAL-POPLITEAL	N/A	97.03	100.91	90	1	B
35558	BYPASS GRAFT, WITH VEIN; FEMORAL-FEMORAL	N/A	85.59	89.01	90	1	B
35560	BYPASS GRAFT, WITH VEIN; AORTORENAL	N/A	124.16	129.12	90	1	B
35563	BYPASS GRAFT, WITH VEIN; ILIOILIAC	N/A	95.73	99.55	90	1	B
35565	BYPASS GRAFT, WITH VEIN; ILIOFEMORAL	N/A	92.41	96.10	90	1	B
35566	BYPASS GRAFT, WITH VEIN; FEMORAL-ANTERIOR TIBIAL, POSTERIOR TIBIAL, PERONEA	N/A	116.11	120.75	90	1	B
35571	BYPASS GRAFT, WITH VEIN; POPLITEAL-TIBIAL, -PERONEAL ARTERY OR OTHER DISTAL	N/A	93.56	97.30	90	1	B

CODE	DESCRIPTION	ANESTHESIA	AGE 21+	00-20	MAX		SPEC
		BASE FEE	MAX FEE	MAX FEE	FUD	UNITS	
35572	HARVEST OF FEMOROPOPLITEAL VEIN, ONE SEGMENT, FOR VASCULAR RECONSTRUCTION P	N/A	24.33	25.30	0	1	
35583	IN-SITU VEIN BYPASS; FEMORAL-POPLITEAL	N/A	99.92	103.91	90	1	B
35585	IN-SITU VEIN BYPASS; FEMORAL-ANTERIOR TIBIAL, POSTERIOR TIBIAL, OR PERONEAL	N/A	117.04	121.72	90	1	B
35587	IN-SITU VEIN BYPASS; POPLITEAL-TIBIAL, PERONEAL	N/A	96.13	99.97	90	1	B
35600	HARVEST OF UPPER EXTREMITY ARTERY, ONE SEGMENT, FOR CORONARY ARTERY BYPASS	N/A	18.12	18.84	0	1	B
35601	BYPASS GRAFT, WITH OTHER THAN VEIN; COMMON CAROTID-IPSILATERAL INTERNAL CAR	N/A	103.54	107.68	90	1	B
35606	BYPASS GRAFT, WITH OTHER THAN VEIN; CAROTID-SUBCLAVIAN	N/A	82.20	85.48	90	1	B
35612	BYPASS GRAFT, WITH OTHER THAN VEIN; SUBCLAVIAN-SUBCLAVIAN	N/A	63.25	65.78	90	1	B
35616	BYPASS GRAFT, WITH OTHER THAN VEIN; SUBCLAVIAN-AXILLARY	N/A	78.03	81.15	90	1	B
35621	BYPASS GRAFT, WITH OTHER THAN VEIN; AXILLARY-FEMORAL	N/A	77.58	80.68	90	1	B
35623	BYPASS GRAFT, WITH OTHER THAN VEIN; AXILLARY-POPLITEAL OR -TIBIAL	N/A	95.15	98.95	90	1	B
35626	BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOSUBCLAVIAN OR CAROTID	N/A	108.95	113.30	90	1	B
35631	BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOCELIAC, AORTOMESENTERIC, AORTORENA	N/A	130.32	135.53	90	1	B
35636	BYPASS GRAFT, WITH OTHER THAN VEIN; SPLENORENAL (SPLENIC TO RENAL ARTERIAL	N/A	114.63	119.21	90	1	B
35642	BYPASS GRAFT, WITH OTHER THAN VEIN; CAROTID-VERTEBRAL	N/A	72.40	75.29	90	1	B
35645	BYPASS GRAFT, WITH OTHER THAN VEIN; SUBCLAVIAN-VERTEBRAL	N/A	70.76	73.59	90	1	B
35646	BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOBIFEMORAL	N/A	120.69	125.51	90	1	
35647	BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOFEMORAL	N/A	109.00	113.36	90	1	B
35650	BYPASS GRAFT, WITH OTHER THAN VEIN; AXILLARY-AXILLARY	N/A	74.28	77.25	90	1	B
35651	BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOFEMORAL-POPLITEAL	N/A	95.88	99.71	90	1	B
35654	BYPASS GRAFT, WITH OTHER THAN VEIN; AXILLARY-FEMORAL-FEMORAL	N/A	96.13	99.97	90	1	B
35656	BYPASS GRAFT, WITH OTHER THAN VEIN; FEMORAL-POPLITEAL	N/A	75.94	78.97	90	1	B
35661	BYPASS GRAFT, WITH OTHER THAN VEIN; FEMORAL-FEMORAL	N/A	75.92	78.95	90	1	B
35663	BYPASS GRAFT, WITH OTHER THAN VEIN; ILIOILIAC	N/A	87.98	91.49	90	1	B
35665	BYPASS GRAFT, WITH OTHER THAN VEIN; ILIOFEMORAL	N/A	82.53	85.83	90	1	B
35666	BYPASS GRAFT, WITH OTHER THAN VEIN; FEMORAL-ANTERIOR TIBIAL, POSTERIOR TIBI	N/A	88.99	92.54	90	1	B
35671	BYPASS GRAFT, WITH OTHER THAN VEIN; POPLITEAL-TIBIAL OR -PERONEAL ARTERY	N/A	78.83	81.98	90	1	B
35681	BYPASS GRAFT; COMPOSITE, PROSTHETIC AND VEIN (LIST SEPARATELY IN ADDITION T	N/A	5.66	5.88	90	1	B
35682	BYPASS GRAFT; AUTOGENOUS COMPOSITE, TWO SEGMENTS OF VEINS FROM TWO LOCATION	N/A	25.11	26.11	0	1	B
35683	BYPASS GRAFT; AUTOGENOUS COMPOSITE, THREE OR MORE SEGMENTS OF VEIN FROM TWO	N/A	29.66	30.84	0	1	B
35685	PLACEMENT OF VEIN PATCH OR CUFF AT DISTAL ANASTOMOSIS OF BYPASS GRAFT, SYNT	N/A	14.13	14.69	0	1	B
35686	CREATION OF DISTAL ARTERIOVENOUS FISTULA DURING LOWER EXTREMITY BYPASS SURG	N/A	11.69	12.15	0	1	B
35691	TRANSPOSITION AND/OR REIMPLANTATION; VERTEBRAL TO CAROTID ARTERY	N/A	68.38	71.11	90	1	B
35693	TRANSPOSITION AND/OR REIMPLANTATION; VERTEBRAL TO SUBCLAVIAN ARTERY	N/A	60.08	62.48	90	1	B
35694	TRANSPOSITION AND/OR REIMPLANTATION; SUBCLAVIAN TO CAROTID ARTERY	N/A	71.47	74.32	90	1	B
35695	TRANSPOSITION AND/OR REIMPLANTATION; CAROTID TO SUBCLAVIAN ARTERY	N/A	73.68	76.62	90	1	B
35697	REIMPLANTATION, VISCERAL ARTERY TO INFRARENAL AORTIC PROSTHESIS, EACH ARTER	N/A	10.51	10.93	0	1	
35700	REOPERATION, FEMORAL-POPLITEAL OR FEMORAL (POPLITEAL) -ANTERIOR TIBIAL, POS	N/A	10.86	11.29	0	1	B
35701	EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR), WITH OR WITHOUT LYSIS OF ART	N/A	36.45	37.90	90	1	B
35721	EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR), WITH OR WITHOUT LYSIS OF ART	N/A	31.25	32.50	90	1	B

CODE	DESCRIPTION	ANESTHESIA	AGE 21+	00-20	MAX		SPEC
		BASE FEE	MAX FEE	MAX FEE	FUD	UNITS	
35741	EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR), WITH OR WITHOUT LYSIS OF ART	N/A	34.41	35.78	90	1	B
35761	EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR), WITH OR WITHOUT LYSIS OF ART	N/A	25.29	26.30	90	1	B
35800	EXPLORATION FOR POSTOPERATIVE HEMORRHAGE, THROMBOSIS OR INFECTION; NECK	N/A	32.40	33.69	90	1	
35820	EXPLORATION FOR POSTOPERATIVE HEMORRHAGE, THROMBOSIS OR INFECTION; CHEST	N/A	130.62	135.84	90	1	
35840	EXPLORATION FOR POSTOPERATIVE HEMORRHAGE, THROMBOSIS OR INFECTION; ABDOMEN	N/A	42.91	44.62	90	1	
35860	EXPLORATION FOR POSTOPERATIVE HEMORRHAGE, THROMBOSIS OR INFECTION; EXTREMIT	N/A	27.58	28.68	90	1	
35870	REPAIR OF GRAFT-ENTERIC FISTULA	N/A	89.47	93.04	90	1	
35876	THROMBECTOMY OF ARTERIAL OR VENOUS GRAFT; WITH REVISION OF ARTERIAL OR VENO	N/A	66.01	68.65	90	1	
35879	REVISION, LOWER EXTREMITY ARTERIAL BYPASS, WITHOUT THROMBECTOMY, OPEN; WITH	N/A	64.55	67.13	90	1	B
35881	REVISION, LOWER EXTREMITY ARTERIAL BYPASS, WITHOUT THROMBECTOMY, OPEN; WITH	N/A	71.54	74.40	90	1	B
35883	REVISION, FEMORAL ANASTOMOSIS OF SYNTHETIC ARTERIAL BYPASS GRAFT IN GROIN,	N/A	88.54	92.08	90	1	B
35884	REVISION, FEMORAL ANASTOMOSIS OF SYNTHETIC ARTERIAL BYPASS GRAFT IN GROIN,	N/A	94.04	97.80	0	1	B
35901	EXCISION OF INFECTED GRAFT; NECK	N/A	34.44	35.81	90	1	
35903	EXCISION OF INFECTED GRAFT; EXTREMITY	N/A	38.79	40.34	90	1	
35905	EXCISION OF INFECTED GRAFT; THORAX	N/A	122.05	126.93	90	1	
35907	EXCISION OF INFECTED GRAFT; ABDOMEN	N/A	134.09	139.45	90	1	
36000	INTRODUCTION OF NEEDLE OR INTRACATHETER, VEIN	N/A	10.22	10.62	0	1	B
36261	REVISION OF IMPLANTED INTRA-ARTERIAL INFUSION PUMP	N/A	23.73	24.67	90	1	
36420	VENIPUNCTURE, CUTDOWN; UNDER AGE 1 YEAR	N/A	20.26	21.07	0	1	
36425	VENIPUNCTURE, CUTDOWN; AGE 1 OR OVER	N/A	16.34	16.99	0	1	
36430	TRANSFUSION, BLOOD OR BLOOD COMPONENTS	N/A	15.55	16.17	0	1	
36440	PUSH TRANSFUSION, BLOOD, 2 YEARS OR UNDER	N/A	24.66	25.64	0	1	
36450	EXCHANGE TRANSFUSION, BLOOD; NEWBORN	N/A	50.90	52.93	0	1	
36455	EXCHANGE TRANSFUSION, BLOOD; OTHER THAN NEWBORN	N/A	52.32	54.41	0	1	
36460	TRANSFUSION, INTRAUTERINE, FETAL	N/A	22.78	23.69	0	1	
36468	SINGLE OR MULTIPLE INJECTIONS OF SCLEROSING SOLUTIONS, SPIDER VEINS (TELANG	N/A	3.67	3.81	0	1	PA
36550	DECLOTTING BY THROMBOLYTIC AGENT OF IMPLANTED VASCULAR ACCESS DEVICE OR CAT	N/A	10.84	11.27	0	1	
36555	INSERTION OF NON-TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER; UNDER	N/A	53.58	55.72	0	1	
36556	INSERTION OF NON-TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER; AGE 5	N/A	51.22	53.26	0	1	
36568	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER (PICC), WITHOUT	N/A	40.54	42.16	0	1	
36569	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER (PICC), WITHOUT	N/A	40.22	41.82	0	1	
36580	REPLACEMENT, COMPLETE, OF A NON-TUNNELED CENTRALLY INSERTED CENTRAL VENOUS	N/A	29.70	30.88	0	1	
36584	REPLACEMENT, COMPLETE, OF A PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER (	N/A	30.01	31.21	0	1	
36600	ARTERIAL PUNCTURE, WITHDRAWAL OF BLOOD FOR DIAGNOSIS	N/A	13.20	13.72	0	1	
36620	ARTERIAL CATHETERIZATION OR CANNULATION FOR SAMPLING, MONITORING OR TRANSFU	N/A	21.84	22.71	0	1	
36625	ARTERIAL CATHETERIZATION OR CANNULATION FOR SAMPLING, MONITORING OR TRANSFU	N/A	44.94	46.73	0	1	
36660	CATHETERIZATION, UMBILICAL ARTERY, NEWBORN, FOR DIAGNOSIS OR THERAPY	N/A	27.34	28.43	0	1	
36819	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM BASILIC VEIN TRANSPOSITION	N/A	54.22	56.38	90	1	
36820	INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE; ARTERIOVENOUS, INTERN	N/A	54.42	56.59	0	1	
36821	ARTERIOVENOUS ANASTOMOSIS, OPEN; DIRECT, ANY SITE (EG, CIMINO TYPE) (SEPARA	N/A	36.17	37.61	90	1	

CODE	DESCRIPTION	ANESTHESIA	AGE 21+	00-20	MAX		SPEC
		BASE FEE	MAX FEE	MAX FEE	FUD	UNITS	
36825	CREATION OF ARTERIOVENOUS FISTULA BY OTHER THAN DIRECT ARTERIOVENOUS ANASTO	N/A	39.37	40.94	90	1	
36830	CREATION OF ARTERIOVENOUS FISTULA BY OTHER THAN DIRECT ARTERIOVENOUS ANASTO	N/A	44.97	46.76	90	1	
36831	THROMBECTOMY, OPEN, ARTERIOVENOUS FISTULA WITHOUT REVISION, AUTOGENOUS OR N	N/A	31.05	32.29	90	1	
36832	REVISION, OPEN, ARTERIOVENOUS FISTULA; WITHOUT THROMBECTOMY, AUTOGENOUS OR	N/A	39.67	41.25	90	1	
36833	REVISION, ARTERIOVENOUS FISTULA; WITH THROMBECTOMY, AUTOGENOUS OR NONAUTOGE	N/A	44.82	46.61	90	1	
36834	PLASTIC REPAIR OF ARTERIOVENOUS ANEURYSM (SEPARATE PROCEDURE)	N/A	42.26	43.95	90	1	
36838	DISTAL REVASCULARIZATION AND INTERVAL LIGATION (DRIL), UPPER EXTREMITY HEMO	N/A	79.69	82.87	90	1	B
37145	VENOUS ANASTOMOSIS; RENOPORTAL	N/A	96.66	100.52	90	1	
37160	VENOUS ANASTOMOSIS; CAVAL-MESENTERIC	N/A	85.62	89.04	90	1	
37180	VENOUS ANASTOMOSIS; SPLENORENAL, PROXIMAL	N/A	96.61	100.47	90	1	
37181	ANASTOMOSIS; SPLENORENAL, DISTAL (SELECTIVE DECOMPRESSION OF ESOPHAGOGASTRI	N/A	103.04	107.16	90	1	
37182	INSERTION OF TRANSVENOUS INTRAHEPATIC PORTOSYSTEMIC SHUNT(S) (TIPS) (INCLUD	N/A	58.02	60.34	0	1	R
37183	REVISION OF TRANSVENOUS INTRAHEPATIC PORTOSYSTEMIC SHUNT(S) (TIPS) (INCLUDE	N/A	27.58	28.68	0	1	R
37207	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), (NON-CORONARY VESSEL)	N/A	29.84	31.03	0	1	
37208	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), (NON-CORONARY VESSEL)	N/A	14.48	15.05	0	1	
37500	VASCULAR ENDOSCOPY,SURGICAL,WITH LIGATION OF PERFORATOR VEINS,SUBFASCIAL	N/A	290.66	302.28	90	1	B
37600	LIGATION; EXTERNAL CAROTID ARTERY	N/A	46.66	48.52	90	1	
37605	LIGATION; INTERNAL OR COMMON CAROTID ARTERY	N/A	54.70	56.88	90	1	
37606	LIGATION; INTERNAL OR COMMON CAROTID ARTERY, WITH GRADUAL OCCLUSION, AS WIT	N/A	37.30	38.79	90	1	
37615	LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE); NECK	N/A	31.20	32.44	90	1	
37616	LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE); CHEST	N/A	73.25	76.18	90	1	
37617	LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE); ABDOMEN	N/A	86.93	90.40	90	1	
37618	LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE); EXTREMITY	N/A	25.11	26.11	90	1	
37660	LIGATION OF COMMON ILIAC VEIN	N/A	82.23	85.51	90	1	
37735	LIGATION AND DIVISION AND COMPLETE STRIPPING OF LONG OR SHORT SAPHENOUS VEI	N/A	42.58	44.28	90	1	B
37760	LIGATION OF PERFORATOR VEINS, SUBFASCIAL, RADICAL (LINTON TYPE), WITH OR WI	N/A	41.88	43.55	90	1	
38100	SPLENECTOMY; TOTAL (SEPARATE PROCEDURE)	N/A	71.12	73.96	90	1	
38101	SPLENECTOMY; PARTIAL (SEPARATE PROCEDURE)	N/A	72.47	75.36	90	1	
38102	SPLENECTOMY; TOTAL, EN BLOC FOR EXTENSIVE DISEASE, IN CONJUNCTION WITH OTHE	N/A	16.79	17.46	0	1	
38115	REPAIR OF RUPTURED SPLEEN (SPLENORRHAPHY) WITH OR WITHOUT PARTIAL SPLENECTO	N/A	79.06	82.22	90	1	
38129	UNLISTED LAPAROSCOPY PROCEDURE, SPLEEN	N/A	0.00	0.00	0	1	R
38220	BONE MARROW; ASPIRATION ONLY	N/A	59.54	61.92	0	1	B
38221	BONE MARROW; BIOPSY, NEEDLE OR TROCAR	N/A	66.30	68.95	0	1	B
38308	LYMPHANGIOTOMY OR OTHER OPERATIONS ON LYMPHATIC CHANNELS	N/A	27.95	29.06	90	1	
38380	SUTURE AND/OR LIGATION OF THORACIC DUCT; CERVICAL APPROACH	N/A	34.64	36.02	90	1	
38381	SUTURE AND/OR LIGATION OF THORACIC DUCT; THORACIC APPROACH	N/A	53.42	55.55	90	1	
38382	SUTURE AND/OR LIGATION OF THORACIC DUCT; ABDOMINAL APPROACH	N/A	43.56	45.30	90	1	
38530	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, INTERNAL MAMMARY NODE(S)	N/A	33.86	35.21	90	1	B
38542	DISSECTION, DEEP JUGULAR NODE(S)	N/A	26.27	27.32	90	1	B
38555	EXCISION OF CYSTIC HYGROMA, AXILLARY OR CERVICAL; WITH DEEP NEUROVASCULAR D	N/A	61.46	63.91	90	1	

CODE	DESCRIPTION	ANESTHESIA	AGE 21+	00-20	MAX		SPEC
		BASE FEE	MAX FEE	MAX FEE	FUD	UNITS	
38562	LIMITED LYMPHADENECTOMY FOR STAGING (SEPARATE PROCEDURE); PELVIC AND PARA-A	N/A	44.97	46.76	90	1	
38564	LIMITED LYMPHADENECTOMY FOR STAGING (SEPARATE PROCEDURE); RETROPERITONEAL (	N/A	44.85	46.64	90	1	
38570	LAPAROSCOPY, SURGICAL; WITH RETROPERITONEAL LYMPH NODE SAMPLING (BIOPSY), S	N/A	36.20	37.64	10	1	
38571	LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY	N/A	57.31	59.60	10	1	
38572	LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND PERI	N/A	62.79	65.30	10	1	
38589	UNLISTED LAPAROSCOPY PROCEDURE, LYMPHATIC SYSTEM	N/A	0.00	0.00	0	1	R B
38700	SUPRAHYOID LYMPHADENECTOMY	N/A	48.79	50.74	90	1	B
38720	CERVICAL LYMPHADENECTOMY (COMPLETE)	N/A	81.20	84.44	90	1	B
38724	CERVICAL LYMPHADENECTOMY (MODIFIED RADICAL NECK DISSECTION)	N/A	87.98	91.49	90	1	B
38740	AXILLARY LYMPHADENECTOMY; SUPERFICIAL	N/A	42.51	44.21	90	1	
38745	AXILLARY LYMPHADENECTOMY; COMPLETE	N/A	54.07	56.23	90	1	
38746	THORACIC LYMPHADENECTOMY, REGIONAL, INCLUDING MEDIASTINAL AND PERITRACHEAL	N/A	17.72	18.42	0	1	
38747	ABDOMINAL LYMPHADENECTOMY, REGIONAL, INCLUDING CELIAC, GASTRIC, PORTAL, PER	N/A	17.07	17.75	0	1	
38760	INGUINOFEMORAL LYMPHADENECTOMY, SUPERFICIAL, INCLUDING CLOQUET'S NODE (SEPA	N/A	53.27	55.40	90	1	B
38765	INGUINOFEMORAL LYMPHADENECTOMY, SUPERFICIAL, IN CONTINUITY WITH PELVIC LYMP	N/A	82.75	86.06	90	1	B
38770	PELVIC LYMPHADENECTOMY, INCLUDING EXTERNAL ILIAC, HYPOGASTRIC, AND OBTURATO	N/A	56.18	58.42	90	1	B
38780	RETROPERITONEAL TRANSABDOMINAL LYMPHADENECTOMY, EXTENSIVE, INCLUDING PELVIC	N/A	69.05	71.81	90	1	
38999	UNLISTED PROCEDURE, HEMIC OR LYMPHATIC SYSTEM	N/A	0.00	0.00	90	1	R
39000	MEDIASTINOTOMY WITH EXPLORATION, DRAINAGE, REMOVAL OF FOREIGN BODY, OR BIOP	N/A	31.98	33.25	90	1	
39010	MEDIASTINOTOMY WITH EXPLORATION, DRAINAGE, REMOVAL OF FOREIGN BODY, OR BIOP	N/A	52.82	54.93	90	1	
39200	EXCISION OF MEDIASTINAL CYST	N/A	58.65	60.99	90	1	
39220	EXCISION OF MEDIASTINAL TUMOR	N/A	75.39	78.40	90	1	
39499	UNLISTED PROCEDURE, MEDIASTINUM	N/A	0.00	0.00	90	1	R
39501	REPAIR, LACERATION OF DIAPHRAGM, ANY APPROACH	N/A	54.27	56.44	90	1	
39502	REPAIR, PARAESOPHAGEAL HIATUS HERNIA, TRANSABDOMINAL, WITH OR WITHOUT FUNDO	N/A	65.08	67.68	90	1	
39503	REPAIR, NEONATAL DIAPHRAGMATIC HERNIA, WITH OR WITHOUT CHEST TUBE INSERTION	N/A	378.25	393.38	90	1	
39520	REPAIR, DIAPHRAGMATIC HERNIA (ESOPHAGEAL HIATAL); TRANSTHORACIC	N/A	64.78	67.37	90	1	
39530	REPAIR, DIAPHRAGMATIC HERNIA (ESOPHAGEAL HIATAL); COMBINED, THORACOABDOMINA	N/A	62.14	64.62	90	1	
39531	REPAIR, DIAPHRAGMATIC HERNIA (ESOPHAGEAL HIATAL); COMBINED, THORACOABDOMINA	N/A	65.46	68.07	90	1	
39540	REPAIR, DIAPHRAGMATIC HERNIA (OTHER THAN NEONATAL), TRAUMATIC; ACUTE	N/A	55.13	57.33	90	1	
39541	REPAIR, DIAPHRAGMATIC HERNIA (OTHER THAN NEONATAL), TRAUMATIC; CHRONIC	N/A	59.78	62.17	90	1	
39545	IMBRICATION OF DIAPHRAGM FOR EVENTRATION, TRANSTHORACIC OR TRANSABDOMINAL,	N/A	59.40	61.77	90	1	
39560	RESECTION, DIAPHRAGM; WITH SIMPLE REPAIR (EG, PRIMARY SUTURE)	N/A	50.53	52.55	90	1	
39561	RESECTION, DIAPHRAGM; WITH COMPLEX REPAIR (EG, PROSTHETIC MATERIAL, LOCAL M	N/A	79.31	82.48	90	1	
39599	UNLISTED PROCEDURE, DIAPHRAGM	N/A	0.00	0.00	90	1	R
40701	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY BILATERAL, ONE STAGE P	N/A	75.72	78.74	90	1	
40702	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY BILATERAL, ONE OF TWO	N/A	56.91	59.18	90	1	
40799	UNLISTED PROCEDURE, LIPS	N/A	0.00	0.00	90	1	R
40840	VESTIBULOPLASTY; ANTERIOR	N/A	50.70	52.72	90	1	
40843	VESTIBULOPLASTY; POSTERIOR, BILATERAL	N/A	64.93	67.52	90	1	

CODE	DESCRIPTION	ANESTHESIA	AGE 21+	00-20	MAX		SPEC
		BASE FEE	MAX FEE	MAX FEE	FUD	UNITS	
40844	VESTIBULOPLASTY; ENTIRE ARCH	N/A	84.09	87.45	90	1	
41120	GLOSSECTOMY; LESS THAN ONE-HALF TONGUE	N/A	62.87	65.38	90	1	
41130	GLOSSECTOMY; HEMIGLOSSECTOMY	N/A	78.23	81.35	90	1	
41135	GLOSSECTOMY; PARTIAL, WITH UNILATERAL RADICAL NECK DISSECTION	N/A	130.39	135.60	90	1	
41140	GLOSSECTOMY; COMPLETE OR TOTAL, WITH OR WITHOUT TRACHEOSTOMY, WITHOUT RADIC	N/A	132.33	137.62	90	1	
41145	GLOSSECTOMY; COMPLETE OR TOTAL, WITH OR WITHOUT TRACHEOSTOMY, WITH UNILATER	N/A	167.82	174.53	90	1	
41150	GLOSSECTOMY; COMPOSITE PROCEDURE WITH RESECTION FLOOR OF MOUTH AND MANDIBUL	N/A	132.80	138.11	90	1	
41153	GLOSSECTOMY; COMPOSITE PROCEDURE WITH RESECTION FLOOR OF MOUTH, WITH SUPRAH	N/A	144.34	150.11	90	1	
41155	GLOSSECTOMY; COMPOSITE PROCEDURE WITH RESECTION FLOOR OF MOUTH, MANDIBULAR	N/A	180.49	187.70	90	1	
42120	RESECTION OF PALATE OR EXTENSIVE RESECTION OF LESION	N/A	59.65	62.03	90	1	
42200	PALATOPLASTY FOR CLEFT PALATE, SOFT AND/OR HARD PALATE ONLY	N/A	55.15	57.35	90	1	
42205	PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; SOFT TISSUE	N/A	57.19	59.47	90	1	
42210	PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; WITH BONE GR	N/A	67.75	70.46	90	1	
42215	PALATOPLASTY FOR CLEFT PALATE; MAJOR REVISION	N/A	44.07	45.83	90	1	
42220	PALATOPLASTY FOR CLEFT PALATE; SECONDARY LENGTHENING PROCEDURE	N/A	36.70	38.16	90	1	
42225	PALATOPLASTY FOR CLEFT PALATE; ATTACHMENT PHARYNGEAL FLAP	N/A	56.91	59.18	90	1	
42226	LENGTHENING OF PALATE, AND PHARYNGEAL FLAP	N/A	57.04	59.32	90	1	
42227	LENGTHENING OF PALATE, WITH ISLAND FLAP	N/A	51.71	53.77	90	1	
42235	REPAIR OF ANTERIOR PALATE, INCLUDING VOMER FLAP	N/A	47.71	49.61	90	1	
42260	REPAIR OF NASOLABIAL FISTULA	N/A	52.82	54.93	90	1	
42299	UNLISTED PROCEDURE, PALATE, UVULA	N/A	0.00	0.00	90	1	R
42409	MARSUPIALIZATION OF SUBLINGUAL SALIVARY CYST (RANULA)	N/A	20.59	21.41	90	1	
42410	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITHOUT NERVE DIS	N/A	38.61	40.15	90	1	
42415	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITH DISSECTION A	N/A	68.60	71.34	90	1	
42420	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH DISSECTION AND PRES	N/A	78.53	81.67	90	1	
42425	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, EN BLOC REMOVAL WITH SAC	N/A	51.61	53.67	90	1	
42426	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH UNILATERAL RADICAL	N/A	83.78	87.13	90	1	
42440	EXCISION OF SUBMANDIBULAR (SUBMAXILLARY) GLAND	N/A	28.08	29.20	90	1	
42507	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE);	N/A	31.67	32.93	90	1	
42508	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE); WITH EXCISION OF	N/A	44.80	46.59	90	1	
42510	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE); WITH LIGATION OF	N/A	38.59	40.13	90	1	
42699	UNLISTED PROCEDURE, SALIVARY GLANDS OR DUCTS	N/A	0.00	0.00	90	1	R
42725	INCISION AND DRAINAGE ABSCESS; RETROPHARYNGEAL OR PARAPHARYNGEAL, EXTERNAL	N/A	49.98	51.97	90	1	
42810	EXCISION BRANCHIAL CLEFT CYST OR VESTIGE, CONFINED TO SKIN AND SUBCUTANEOUS	N/A	23.48	24.41	90	1	
42815	EXCISION BRANCHIAL CLEFT CYST, VESTIGE, OR FISTULA, EXTENDING BENEATH SUBCU	N/A	34.21	35.57	90	1	
42844	RADICAL RESECTION OF TONSIL, TONSILLAR PILLARS, AND/OR RETROMOLAR TRIGONE;	N/A	82.70	86.00	90	1	
42845	RADICAL RESECTION OF TONSIL, TONSILLAR PILLARS, AND/OR RETROMOLAR TRIGONE;	N/A	134.81	140.20	90	1	
42890	LIMITED PHARYNGECTOMY	N/A	85.34	88.75	90	1	
42892	RESECTION OF LATERAL PHARYNGEAL WALL OR PYRIFORM SINUS, DIRECT CLOSURE BY A	N/A	112.22	116.70	90	1	
42894	RESECTION OF PHARYNGEAL WALL REQUIRING CLOSURE WITH MYOCUTANEOUS FLAP	N/A	142.89	148.60	90	1	

CODE	DESCRIPTION	ANESTHESIA	AGE 21+	00-20	MAX		SPEC
		BASE FEE	MAX FEE	MAX FEE	FUD	UNITS	
42950	PHARYNGOPLASTY (PLASTIC OR RECONSTRUCTIVE OPERATION ON PHARYNX)	N/A	48.22	50.14	90	1	
42953	PHARYNGOESOPHAGEAL REPAIR	N/A	58.27	60.60	90	1	
42955	PHARYNGOSTOMY (FISTULIZATION OF PHARYNX, EXTERNAL FOR FEEDING)	N/A	45.40	47.21	90	1	
42961	CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POSTTONSILLECTO	N/A	25.87	26.90	90	1	
42962	CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POSTTONSILLECTO	N/A	31.82	33.09	90	1	
42971	CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POSTADENOID	N/A	28.15	29.27	90	1	
42972	CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POSTADENOID	N/A	31.80	33.07	90	1	
43020	ESOPHAGOTOMY, CERVICAL APPROACH; WITH REMOVAL OF FOREIGN BODY	N/A	33.58	34.92	90	1	
43030	CRICOPHARYNGEAL MYOTOMY	N/A	32.20	33.48	90	1	
43045	ESOPHAGOTOMY, THORACIC APPROACH, WITH REMOVAL OF FOREIGN BODY	N/A	86.35	89.80	90	1	
43100	EXCISION OF LESION, ESOPHAGUS, WITH PRIMARY REPAIR; CERVICAL APPROACH	N/A	39.17	40.73	90	1	
43101	EXCISION OF LESION, ESOPHAGUS, WITH PRIMARY REPAIR; THORACIC OR ABDOMINAL A	N/A	66.69	69.35	90	1	
43107	TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITHOUT THORACOTOMY; WITH PHARYNGOGASTRO	N/A	165.36	171.97	90	1	
43108	TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITHOUT THORACOTOMY; WITH COLON INTERPOS	N/A	282.68	293.98	90	1	
43112	TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITH THORACOTOMY; WITH PHARYNGOGASTROSTO	N/A	176.37	183.42	90	1	
43113	TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITH THORACOTOMY; WITH COLON INTERPOSITI	N/A	281.80	293.07	90	1	
43116	PARTIAL ESOPHAGECTOMY, CERVICAL, WITH FREE INTESTINAL GRAFT, INCLUDING MICR	N/A	313.65	326.19	90	1	
43117	PARTIAL ESOPHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY AND SEPARATE ABD	N/A	160.96	167.39	90	1	
43118	PARTIAL ESOPHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY AND SEPARATE ABD	N/A	232.10	241.38	90	1	
43121	PARTIAL ESOPHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY ONLY, WITH OR WI	N/A	184.54	191.92	90	1	
43122	PARTIAL ESOPHAGECTOMY, THORACOABDOMINAL OR ABDOMINAL APPROACH, WITH OR WITH	N/A	163.70	170.24	90	1	
43123	PARTIAL ESOPHAGECTOMY, THORACOABDOMINAL OR ABDOMINAL APPROACH, WITH OR WITH	N/A	283.96	295.31	90	1	
43124	TOTAL OR PARTIAL ESOPHAGECTOMY, WITHOUT RECONSTRUCTION (ANY APPROACH), WITH	N/A	242.68	252.38	90	1	
43130	DIVERTICULECTOMY OF HYPOPHARYNX OR ESOPHAGUS, WITH OR WITHOUT MYOTOMY; CERV	N/A	49.22	51.18	90	1	
43135	DIVERTICULECTOMY OF HYPOPHARYNX OR ESOPHAGUS, WITH OR WITHOUT MYOTOMY; THOR	N/A	96.58	100.44	90	1	
43280	LAPAROSCOPY, SURGICAL, ESOPHAGOGASTRIC FUNDOPLASTY (EG, NISSEN, TOUPET PROC	N/A	67.82	70.53	90	1	
43289	UNLISTED LAPAROSCOPY PROCEDURE, ESOPHAGUS	N/A	0.00	0.00	0	1	R
43300	ESOPHAGOPLASTY, (PLASTIC REPAIR OR RECONSTRUCTION), CERVICAL APPROACH; WITH	N/A	39.04	40.60	90	1	
43305	ESOPHAGOPLASTY, (PLASTIC REPAIR OR RECONSTRUCTION), CERVICAL APPROACH; WITH	N/A	68.30	71.03	90	1	
43310	ESOPHAGOPLASTY, (PLASTIC REPAIR OR RECONSTRUCTION), THORACIC APPROACH; WITH	N/A	100.28	104.29	90	1	
43312	ESOPHAGOPLASTY, (PLASTIC REPAIR OR RECONSTRUCTION), THORACIC APPROACH; WITH	N/A	108.62	112.96	90	1	
43313	ESOPHAGOPLASTY FOR CONGENITAL DEFECT, (PLASTIC REPAIR OR RECONSTRUCTION), T	N/A	178.28	185.41	90	1	
43314	ESOPHAGOPLASTY FOR CONGENITAL DEFECT, (PLASTIC REPAIR OR RECONSTRUCTION), T	N/A	196.50	204.36	90	1	
43320	ESOPHAGOGASTROSTOMY (CARDIOPLASTY), WITH OR WITHOUT VAGOTOMY AND PYLOROPLAS	N/A	87.35	90.84	90	1	
43324	ESOPHAGOGASTRIC FUNDOPLASTY (EG, NISSEN, BELSEY IV, HILL PROCEDURES)	N/A	85.50	88.92	90	1	
43325	ESOPHAGOGASTRIC FUNDOPLASTY; WITH FUNDIC PATCH (THAL-NISSEN PROCEDURE)	N/A	84.06	87.42	90	1	
43326	ESOPHAGOGASTRIC FUNDOPLASTY; WITH GASTROPLASTY (EG, COLLIS)	N/A	86.30	89.75	90	1	
43330	ESOPHAGOMYOTOMY (HELLER TYPE); ABDOMINAL APPROACH	N/A	82.75	86.06	90	1	
43331	ESOPHAGOMYOTOMY ((HELLER TYPE), WITH OR WITHOUT HIATAL HERNIA REPAIR); THOR	N/A	89.01	92.57	90	1	
43340	ESOPHAGOJEJUNOSTOMY (WITHOUT TOTAL GASTRECTOMY); ABDOMINAL APPROACH	N/A	86.50	89.96	90	1	

CODE	DESCRIPTION	ANESTHESIA	AGE 21+	00-20	MAX		SPEC
		BASE FEE	MAX FEE	MAX FEE	FUD	UNITS	
43341	ESOPHAGOJEJUNOSTOMY (WITHOUT TOTAL GASTRECTOMY); THORACIC APPROACH	N/A	93.26	96.99	90	1	
43350	ESOPHAGOSTOMY, FISTULIZATION OF ESOPHAGUS, EXTERNAL; ABDOMINAL APPROACH	N/A	72.27	75.16	90	1	
43351	ESOPHAGOSTOMY, FISTULIZATION OF ESOPHAGUS, EXTERNAL; THORACIC APPROACH	N/A	85.29	88.70	90	1	
43352	ESOPHAGOSTOMY, FISTULIZATION OF ESOPHAGUS, EXTERNAL; CERVICAL APPROACH	N/A	70.16	72.96	90	1	
43360	GASTROINTESTINAL RECONSTRUCTION FOR PREVIOUS ESOPHAGECTOMY, FOR OBSTRUCTING	N/A	152.54	158.64	90	1	
43361	GASTROINTESTINAL RECONSTRUCTION FOR PREVIOUS ESOPHAGECTOMY, FOR OBSTRUCTING	N/A	168.15	174.87	90	1	
43400	LIGATION, DIRECT, ESOPHAGEAL VARICES	N/A	103.47	107.60	90	1	
43401	TRANSECTION OF ESOPHAGUS WITH REPAIR, FOR ESOPHAGEAL VARICES	N/A	97.66	101.56	90	1	
43405	LIGATION OR STAPLING AT GASTROESOPHAGEAL JUNCTION FOR PRE-EXISTING ESOPHAGE	N/A	94.92	98.71	90	1	
43410	SUTURE OF ESOPHAGEAL WOUND OR INJURY; CERVICAL APPROACH	N/A	64.23	66.79	90	1	
43415	SUTURE OF ESOPHAGEAL WOUND OR INJURY; TRANSTHORACIC OR TRANSABDOMINAL APPRO	N/A	111.01	115.45	90	1	
43425	CLOSURE OF ESOPHAGOSTOMY OR FISTULA; TRANSTHORACIC OR TRANSABDOMINAL APPROA	N/A	96.30	100.15	90	1	
43499	UNLISTED PROCEDURE, ESOPHAGUS	N/A	0.00	0.00	90	1	R
43500	GASTROTOMY; WITH EXPLORATION OR FOREIGN BODY REMOVAL	N/A	48.77	50.72	90	1	
43501	GASTROTOMY; WITH SUTURE REPAIR OF BLEEDING ULCER	N/A	83.58	86.92	90	1	
43502	GASTROTOMY; WITH SUTURE REPAIR OF PRE-EXISTING ESOPHAGOGASTRIC LACERATION (	N/A	94.72	98.50	90	1	
43510	GASTROTOMY; WITH ESOPHAGEAL DILATION AND INSERTION OF PERMANENT INTRALUMINA	N/A	58.70	61.04	90	1	
43520	PYLOROMYOTOMY, CUTTING OF PYLORIC MUSCLE (FREDET-RAMSTEDT TYPE OPERATION)	N/A	43.79	45.54	90	1	
43605	BIOPSY OF STOMACH; BY LAPAROTOMY	N/A	51.91	53.98	90	1	
43610	EXCISION, LOCAL; ULCER OR BENIGN TUMOR OF STOMACH	N/A	61.04	63.48	90	1	
43611	EXCISION, LOCAL; MALIGNANT TUMOR OF STOMACH	N/A	75.82	78.85	90	1	
43620	GASTRECTOMY, TOTAL; WITH ESOPHAGOENTEROSTOMY	N/A	123.08	128.00	90	1	
43621	GASTRECTOMY, TOTAL; WITH ROUX-EN-Y RECONSTRUCTION	N/A	140.55	146.17	90	1	
43622	GASTRECTOMY, TOTAL; WITH FORMATION OF INTESTINAL POUCH, ANY TYPE	N/A	142.83	148.54	90	1	
43631	GASTRECTOMY, PARTIAL, DISTAL; WITH GASTRODUODENOSTOMY	N/A	90.50	94.12	90	1	
43632	GASTRECTOMY, PARTIAL, DISTAL; WITH GASTROJEJUNOSTOMY	N/A	124.08	129.04	90	1	
43633	GASTRECTOMY, PARTIAL, DISTAL; WITH ROUX-EN-Y RECONSTRUCTION	N/A	117.97	122.68	90	1	
43634	GASTRECTOMY, PARTIAL, DISTAL; WITH FORMATION OF INTESTINAL POUCH	N/A	130.01	135.21	90	1	
43635	VAGOTOMY WHEN PERFORMED WITH PARTIAL DISTAL GASTRECTOMY (LIST SEPARATELY IN	N/A	7.19	7.47	90	1	
43640	VAGOTOMY INCLUDING PYLOROPLASTY, WITH OR WITHOUT GASTROSTOMY; TRUNCAL OR SE	N/A	73.05	75.97	90	1	
43641	VAGOTOMY INCLUDING PYLOROPLASTY, WITH OR WITHOUT GASTROSTOMY; PARIETAL CELL	N/A	74.53	77.51	90	1	
43644	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS A	N/A	107.16	111.44	0	1	PA
43645	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS A	N/A	115.76	120.39	0	1	PA
43651	LAPAROSCOPY, SURGICAL; TRANSECTION OF VAGUS NERVES, TRUNCAL	N/A	40.45	42.06	90	1	
43652	LAPAROSCOPY, SURGICAL; TRANSECTION OF VAGUS NERVES, SELECTIVE OR HIGHLY SEL	N/A	47.41	49.30	90	1	
43653	LAPAROSCOPY, SURGICAL; GASTROSTOMY, WITHOUT CONSTRUCTION OF GASTRIC TUBE (E	N/A	34.64	36.02	90	1	
43659	UNLISTED LAPAROSCOPY PROCEDURE, STOMACH	N/A	0.00	0.00	0	1	R
43760	CHANGE OF GASTROSTOMY TUBE	N/A	220.27	229.08	0	1	
43761	REPOSITIONING OF THE GASTRIC FEEDING TUBE, ANY METHOD, THROUGH THE DUODENUM	N/A	47.92	49.83	0	1	
43770	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; PLACEMENT OF ADJUSTAB	N/A	69.15	71.91	90	1	

CODE	DESCRIPTION	ANESTHESIA	AGE 21+	00-20	MAX		SPEC
		BASE FEE	MAX FEE	MAX FEE	FUD	UNITS	
43771	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REVISION OF ADJUSTABL	N/A	78.81	81.96	90	1	R
43772	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTABLE	N/A	59.17	61.53	90	1	R
43773	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL AND REPLACEME	N/A	78.83	81.98	90	1	R
43774	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTABLE	N/A	59.45	61.82	90	1	R
43800	PYLOROPLASTY	N/A	57.94	60.25	90	1	
43810	GASTRODUODENOSTOMY	N/A	62.90	65.41	90	1	
43820	GASTROJEJUNOSTOMY; WITHOUT VAGOTOMY	N/A	81.90	85.17	90	1	
43825	GASTROJEJUNOSTOMY; WITH VAGOTOMY, ANY TYPE	N/A	80.67	83.89	90	1	
43830	GASTROSTOMY, OPEN; WITHOUT CONSTRUCTION OF GASTRIC TUBE (EG, STAMM PROCEDUR	N/A	43.21	44.93	90	1	
43831	GASTROSTOMY, TEMPORARY (TUBE, RUBBER OR PLASTIC) (SEPARATE PROCEDURE); NEON	N/A	36.60	38.06	90	1	
43832	GASTROSTOMY, OPEN; WITH CONSTRUCTION OF GASTRIC TUBE (EG, JANEWAY PROCEDURE	N/A	66.31	68.96	90	1	
43840	GASTRORRHAPHY, SUTURE OF PERFORATED DUODENAL OR GASTRIC ULCER, WOUND, OR IN	N/A	82.91	86.22	90	1	
43842	GASTRIC RESTRICTIVE PROCEDURE, WITHOUT GASTRIC BYPASS, FOR MORBID OBESITY;	N/A	75.67	78.69	90	1	PA
43843	GASTRIC RESTRICTIVE PROCEDURE, WITHOUT GASTRIC BYPASS, FOR MORBID OBESITY;	N/A	78.81	81.96	90	1	PA
43846	GASTRIC RESTRICTIVE PROCEDURE, WITH GASTRIC BYPASS FOR MORBID OBESITY; WITH	N/A	101.73	105.79	90	1	PA
43847	GASTRIC RESTRICTIVE PROCEDURE, WITH GASTRIC BYPASS FOR MORBID OBESITY; WITH	N/A	111.44	115.89	90	1	PA
43848	REVISION, OPEN, OF GASTRIC RESTRICTIVE PROCEDURE FOR MORBID OBESITY, OTHER	N/A	120.16	124.96	90	1	
43850	REVISION OF GASTRODUODENAL ANASTOMOSIS (GASTRODUODENOSTOMY) WITH RECONSTRUC	N/A	100.98	105.01	90	1	
43855	REVISION OF GASTRODUODENAL ANASTOMOSIS (GASTRODUODENOSTOMY) WITH RECONSTRUC	N/A	105.10	109.30	90	1	
43860	REVISION OF GASTROJEJUNAL ANASTOMOSIS (GASTROJEJUNOSTOMY) WITH RECONSTRUCTI	N/A	102.06	106.14	90	1	
43865	REVISION OF GASTROJEJUNAL ANASTOMOSIS (GASTROJEJUNOSTOMY) WITH RECONSTRUCTI	N/A	106.96	111.23	90	1	
43870	CLOSURE OF GASTROSTOMY, SURGICAL	N/A	44.42	46.19	90	1	
43880	CLOSURE OF GASTROCOLIC FISTULA	N/A	99.77	103.76	90	1	
43886	GASTRIC RESTRICTIVE PROCEDURE, OPEN; REVISION OF SUBCUTANEOUS PORT COMPONENT	N/A	20.54	21.36	90	1	R
43887	GASTRIC RESTRICTIVE PROCEDURE, OPEN; REMOVAL OF SUBCUTANEOUS PORT COMPONENT	N/A	19.33	20.10	90	1	R
43888	GASTRIC RESTRICTIVE PROCEDURE, OPEN; REMOVAL AND REPLACEMENT OF SUBCUTANEOU	N/A	27.40	28.49	90	1	R
44005	ENTEROLYSIS (FREEING OF INTESTINAL ADHESION) (SEPARATE PROCEDURE)	N/A	68.30	71.03	90	1	
44010	DUODENOTOMY, FOR EXPLORATION, BIOPSY(S), OR FOREIGN BODY REMOVAL	N/A	53.72	55.86	90	1	
44015	TUBE OR NEEDLE CATHETER JEJUNOSTOMY FOR ENTERAL ALIMENTATION, INTRAOPERATIV	N/A	9.20	9.56	0	1	
44020	ENTEROTOMY, SMALL INTESTINE, OTHER THAN DUODENUM; FOR EXPLORATION, BIOPSY(S	N/A	60.41	62.82	90	1	
44021	ENTEROTOMY, SMALL BOWEL, OTHER THAN DUODENUM; FOR DECOMPRESSION (EG, BAKER	N/A	61.36	63.81	90	1	
44025	COLOTOMY, FOR EXPLORATION, BIOPSY(S), OR FOREIGN BODY REMOVAL	N/A	61.56	64.02	90	1	
44050	REDUCTION OF VOLVULUS, INTUSSUSCEPTION, INTERNAL HERNIA, BY LAPAROTOMY	N/A	58.22	60.54	90	1	
44055	CORRECTION OF MALROTATION BY LYSIS OF DUODENAL BANDS AND/OR REDUCTION OF MI	N/A	93.01	96.73	90	1	
44110	EXCISION OF ONE OR MORE LESIONS OF SMALL OR LARGE INTESTINE NOT REQUIRING A	N/A	52.97	55.08	90	1	
44111	EXCISION OF ONE OR MORE LESIONS OF SMALL OR LARGE BOWEL NOT REQUIRING ANAST	N/A	61.56	64.02	90	1	
44120	ENTERECTOMY, RESECTION OF SMALL INTESTINE; SINGLE RESECTION AND ANASTOMOSIS	N/A	75.92	78.95	90	1	
44121	ENTERECTOMY, RESECTION OF SMALL INTESTINE; EACH ADDITIONAL RESECTION AND AN	N/A	15.49	16.10	0	10	
44125	ENTERECTOMY, RESECTION OF SMALL INTESTINE; WITH ENTEROSTOMY	N/A	73.60	76.54	90	1	
44126	ENTERECTOMY, RESECTION OF SMALL INTESTINE FOR CONGENITAL ATRESIA, SINGLE RE	N/A	152.39	158.48	90	1	

CODE	DESCRIPTION	ANESTHESIA	AGE 21+	00-20	MAX		SPEC
		BASE FEE	MAX FEE	MAX FEE	FUD	UNITS	
44127	ENTERECTOMY, RESECTION OF SMALL INTESTINE FOR CONGENITAL ATRESIA, SINGLE RE	N/A	175.11	182.11	90	1	
44128	ENTERECTOMY, RESECTION OF SMALL INTESTINE FOR CONGENITAL ATRESIA, SINGLE RE	N/A	15.33	15.94	0	1	
44130	ENTEROENTEROSTOMY, ANASTOMOSIS OF INTESTINE, WITH OR WITHOUT CUTANEOUS ENTE	N/A	80.14	83.34	90	1	
44139	MOBILIZATION (TAKE-DOWN) OF SPLENIC FLEXURE PERFORMED IN CONJUNCTION WITH P	N/A	7.74	8.04	0	1	
44140	COLECTOMY, PARTIAL; WITH ANASTOMOSIS	N/A	83.74	87.08	90	1	
44141	COLECTOMY, PARTIAL; WITH SKIN LEVEL CECOSTOMY OR COLOSTOMY	N/A	111.06	115.50	90	1	
44143	COLECTOMY, PARTIAL; WITH END COLOSTOMY AND CLOSURE OF DISTAL SEGMENT (HARTM	N/A	103.14	107.26	90	1	
44144	COLECTOMY, PARTIAL; WITH RESECTION, WITH COLOSTOMY OR ILEOSTOMY AND CREATIO	N/A	108.87	113.22	90	1	
44145	COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)	N/A	103.87	108.02	90	1	
44146	COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS), WITH COL	N/A	130.64	135.86	90	1	
44147	COLECTOMY, PARTIAL; ABDOMINAL AND TRANSANAL APPROACH	N/A	118.58	123.32	90	1	
44150	COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PROCTECTOMY; WITH ILEOSTOMY OR ILEOPRO	N/A	114.91	119.50	90	1	
44151	COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PROCTECTOMY; WITH CONTINENT ILEOSTOMY	N/A	131.52	136.78	90	1	
44155	COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY; WITH ILEOSTOMY	N/A	128.38	133.51	90	1	
44156	COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY; WITH CONTINENT ILEOSTOMY	N/A	140.70	146.32	90	1	
44157	COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY; WITH ILEOANAL ANASTOMOSIS, I	N/A	138.49	144.02	90	1	
44158	COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY; WITH ILEOANAL ANASTOMOSIS, C	N/A	142.08	147.76	90	1	
44160	COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM WITH ILEOCOLOSTOMY	N/A	77.22	80.30	90	1	
44180	LAPAROSCOPY, SURGICAL, ENTEROLYSIS (FREEING OF INTESTINAL ADHESION) (SEPARA	N/A	57.06	59.34	90	1	
44186	LAPAROSCOPY, SURGICAL; JEJUNOSTOMY (EG, FOR DECOMPRESSION OR FEEDING)	N/A	40.22	41.82	90	1	
44187	LAPAROSCOPY, SURGICAL; ILEOSTOMY OR JEJUNOSTOMY, NON-TUBE	N/A	68.93	71.68	90	1	
44188	LAPAROSCOPY, SURGICAL, COLOSTOMY OR SKIN LEVEL CECOSTOMY	N/A	75.94	78.97	90	1	
44202	LAPAROSCOPY, SURGICAL; ENTERECTOMY, RESECTION OF SMALL INTESTINE, SINGLE RE	N/A	86.68	90.14	90	1	
44203	LAPAROSCOPY, SURGICAL; EACH ADDITIONAL SMALL INTESTINE RESECTION AND ANASTO	N/A	15.46	16.07	0	1	
44204	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS	N/A	96.53	100.39	90	1	
44205	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM W	N/A	84.19	87.55	90	1	
44206	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH END COLOSTOMY AND CLOSURE O	N/A	109.78	114.17	90	1	
44207	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLOPROCT	N/A	114.88	119.47	90	1	
44208	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLOPROCT	N/A	125.46	130.47	90	1	
44210	LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PROCTECTOMY, WI	N/A	112.04	116.52	90	1	
44211	LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY, WITH	N/A	137.98	143.49	90	1	
44212	LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY, WITH	N/A	129.24	134.40	90	1	
44213	LAPAROSCOPY, SURGICAL, MOBILIZATION (TAKE-DOWN) OF SPLENIC FLEXURE PERFORME	N/A	12.14	12.62	0	1	
44227	LAPAROSCOPY, SURGICAL, CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE, WI	N/A	104.22	108.38	90	1	
44238	UNLISTED LAPAROSCOPY PROCEDURE, INTESTINE (EXCEPT RECTUM)	N/A	0.00	0.00	0	1	R B
44300	ENTEROSTOMY OR CECOSTOMY, TUBE (EG, FOR DECOMPRESSION OR FEEDING) (SEPARATE	N/A	52.36	54.45	90	1	
44310	ILEOSTOMY OR JEJUNOSTOMY, NON-TUBE	N/A	65.18	67.78	90	1	
44314	REVISION OF ILEOSTOMY; COMPLICATED (RECONSTRUCTION IN-DEPTH) (SEPARATE PROC	N/A	63.45	65.98	90	1	
44316	CONTINENT ILEOSTOMY (KOCK PROCEDURE) (SEPARATE PROCEDURE)	N/A	88.46	91.99	90	1	
44320	COLOSTOMY OR SKIN LEVEL CECOSTOMY;	N/A	74.58	77.56	90	1	

CODE	DESCRIPTION	ANESTHESIA	AGE 21+	00-20	MAX		SPEC
		BASE FEE	MAX FEE	MAX FEE	FUD	UNITS	
44322	COLOSTOMY OR SKIN LEVEL CECOSTOMY; WITH MULTIPLE BIOPSIES (EG, FOR CONGENIT	N/A	60.58	63.00	90	1	
44345	REVISION OF COLOSTOMY; COMPLICATED (RECONSTRUCTION IN-DEPTH) (SEPARATE PROC	N/A	65.33	67.94	90	1	
44346	REVISION OF COLOSTOMY; WITH REPAIR OF PARACOLOSTOMY HERNIA (SEPARATE PROCED	N/A	73.35	76.28	90	1	
44602	SUTURE OF SMALL INTESTINE (ENTERORRHAPHY) FOR PERFORATED ULCER, DIVERTICULU	N/A	86.65	90.11	90	1	
44603	SUTURE OF SMALL INTESTINE (ENTERORRHAPHY) FOR PERFORATED ULCER, DIVERTICULU	N/A	99.37	103.34	90	1	
44604	SUTURE OF LARGE INTESTINE (COLORRHAPHY) FOR PERFORATED ULCER, DIVERTICULUM,	N/A	66.11	68.75	90	1	
44605	SUTURE OF LARGE INTESTINE (COLORRHAPHY) FOR PERFORATED ULCER, DIVERTICULUM,	N/A	81.62	84.88	90	1	
44615	INTESTINAL STRICTUROPLASTY (ENTEROTOMY AND ENTERORRHAPHY) WITH OR WITHOUT D	N/A	67.27	69.96	90	1	
44620	CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE;	N/A	53.80	55.95	90	1	
44625	CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE; WITH RESECTION AND ANASTO	N/A	63.55	66.09	90	1	
44626	CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE; WITH RESECTION AND COLORE	N/A	100.78	104.81	90	1	
44640	CLOSURE OF INTESTINAL CUTANEOUS FISTULA	N/A	88.06	91.58	90	1	
44650	CLOSURE OF ENTEROENTERIC OR ENTEROCOLIC FISTULA	N/A	91.38	95.03	90	1	
44660	CLOSURE OF ENTEROVESICAL FISTULA; WITHOUT INTESTINAL OR BLADDER RESECTION	N/A	89.89	93.48	90	1	
44661	CLOSURE OF ENTEROVESICAL FISTULA; WITH INTESTINE AND/OR BLADDER RESECTION	N/A	99.45	103.42	90	1	
44680	INTESTINAL PLICATION (SEPARATE PROCEDURE)	N/A	66.54	69.20	90	1	
44700	EXCLUSION OF SMALL INTESTINE FROM PELVIS BY MESH OR OTHER PROSTHESIS, OR NA	N/A	64.18	66.74	90	1	
44701	INTRAOPERATIVE COLONIC LAVAGE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIM	N/A	10.68	11.10	0	1	
44799	UNLISTED PROCEDURE, INTESTINE	N/A	0.00	0.00	90	1	R
44800	EXCISION OF MECKEL'S DIVERTICULUM (DIVERTICULECTOMY) OR OMPHALOMESENTERIC D	N/A	47.64	49.54	90	1	
44820	EXCISION OF LESION OF MESENTERY (SEPARATE PROCEDURE)	N/A	52.41	54.50	90	1	
44850	SUTURE OF MESENTERY (SEPARATE PROCEDURE)	N/A	46.38	48.23	90	1	
44899	UNLISTED PROCEDURE, MECKEL'S DIVERTICULUM AND THE MESENTERY	N/A	0.00	0.00	90	1	R
44900	INCISION AND DRAINAGE OF APPENDICEAL ABSCESS; OPEN	N/A	47.28	49.17	90	1	
44901	INCISION AND DRAINAGE OF APPENDICEAL ABSCESS; PERCUTANEOUS	N/A	11.41	11.86	0	1	
44950	APPENDECTOMY;	N/A	39.97	41.56	90	1	
44955	APPENDECTOMY; WHEN DONE FOR INDICATED PURPOSE AT TIME OF OTHER MAJOR PROCED	N/A	5.38	5.59	90	1	
44960	APPENDECTOMY; FOR RUPTURED APPENDIX WITH ABSCESS OR GENERALIZED PERITONITIS	N/A	53.95	56.10	90	1	
44970	LAPAROSCOPY, SURGICAL, APPENDECTOMY	N/A	36.95	38.42	90	1	
44979	UNLISTED LAPAROSCOPY PROCEDURE, APPENDIX	N/A	0.00	0.00	0	1	R
45110	PROCTECTOMY; COMPLETE, COMBINED ABDOMINOPERINEAL, WITH COLOSTOMY	N/A	115.38	119.99	90	1	
45111	PROCTECTOMY; PARTIAL RESECTION OF RECTUM, TRANSABDOMINAL APPROACH	N/A	67.90	70.61	90	1	
45112	PROCTECTOMY, COMBINED ABDOMINOPERINEAL, PULL-THROUGH PROCEDURE (EG, COLO-AN	N/A	117.92	122.63	90	1	
45113	PROCTECTOMY, PARTIAL, WITH RECTAL MUCOSECTOMY, ILEOANAL ANASTOMOSIS, CREATI	N/A	121.29	126.14	90	1	
45114	PROCTECTOMY, PARTIAL, WITH ANASTOMOSIS; ABDOMINAL AND TRANSACRAL APPROACH	N/A	111.66	116.12	90	1	
45116	PROCTECTOMY, PARTIAL, WITH ANASTOMOSIS; TRANSACRAL APPROACH ONLY (KRASKE TY	N/A	100.28	104.29	90	1	
45119	PROCTECTOMY, COMBINED ABDOMINOPERINEAL PULL-THROUGH PROCEDURE (EG, COLO-ANA	N/A	121.92	126.79	90	1	
45120	PROCTECTOMY, COMPLETE (FOR CONGENITAL MEGACOLON), ABDOMINAL AND PERINEAL AP	N/A	97.08	100.96	90	1	
45121	PROCTECTOMY, COMPLETE (FOR CONGENITAL MEGACOLON), ABDOMINAL AND PERINEAL AP	N/A	106.86	111.13	90	1	
45123	PROCTECTOMY, PARTIAL, WITHOUT ANASTOMOSIS, PERINEAL APPROACH	N/A	69.58	72.36	90	1	

CODE	DESCRIPTION	ANESTHESIA	AGE 21+	00-20	MAX		SPEC
		BASE FEE	MAX FEE	MAX FEE	FUD	UNITS	
45126	PELVIC EXENTERATION FOR COLORECTAL MALIGNANCY, WITH PROCTECTOMY (WITH OR WI	N/A	177.47	184.56	90	1	R
45130	EXCISION OF RECTAL PROCIDENTIA, WITH ANASTOMOSIS; PERINEAL APPROACH	N/A	67.77	70.48	90	1	
45135	EXCISION OF RECTAL PROCIDENTIA, WITH ANASTOMOSIS; ABDOMINAL AND PERINEAL AP	N/A	85.12	88.52	90	1	
45136	EXCISION OF ILEOANAL RESERVOIR WITH ILEOSTOMY	N/A	114.10	118.66	90	1	
45160	EXCISION OF RECTAL TUMOR BY PROCTOTOMY, TRANSACRAL OR TRANSCOCYGEAL APPROA	N/A	61.49	63.94	90	1	
45170	EXCISION OF RECTAL TUMOR, TRANSANAL APPROACH	N/A	48.37	50.30	90	1	
45190	DESTRUCTION OF RECTAL TUMOR (EG, ELECTRODESSICATION, ELECTROSURGERY, LASER	N/A	42.79	44.50	90	1	
45395	LAPAROSCOPY, SURGICAL; PROCTECTOMY, COMPLETE, COMBINED ABDOMINOPERINEAL, WI	N/A	124.31	129.28	90	1	
45397	LAPAROSCOPY, SURGICAL; PROCTECTOMY, COMBINED ABDOMINOPERINEAL PULL-THROUGH	N/A	134.81	140.20	90	1	
45400	LAPAROSCOPY, SURGICAL; PROCTOPEXY (FOR PROLAPSE)	N/A	71.77	74.64	90	1	
45402	LAPAROSCOPY, SURGICAL; PROCTOPEXY (FOR PROLAPSE), WITH SIGMOID RESECTION	N/A	95.80	99.63	90	1	
45540	PROCTOPEXY (EG, FOR PROLAPSE); ABDOMINAL APPROACH	N/A	64.60	67.18	90	1	
45541	PROCTOPEXY FOR PROLAPSE; PERINEAL APPROACH	N/A	57.57	59.87	90	1	
45550	PROCTOPEXY (EG, FOR PROLAPSE); WITH SIGMOID RESECTION, ABDOMINAL APPROACH	N/A	91.38	95.03	90	1	
45560	REPAIR OF RECTOCELE (SEPARATE PROCEDURE)	N/A	45.50	47.32	90	1	
45562	EXPLORATION, REPAIR, AND PRESACRAL DRAINAGE FOR RECTAL INJURY;	N/A	69.98	72.77	90	1	
45563	EXPLORATION, REPAIR, AND PRESACRAL DRAINAGE FOR RECTAL INJURY; WITH COLOSTO	N/A	101.26	105.31	90	1	
45800	CLOSURE OF RECTOVESICAL FISTULA;	N/A	78.78	81.93	90	1	
45805	CLOSURE OF RECTOVESICAL FISTULA; WITH COLOSTOMY	N/A	86.70	90.16	90	1	
45820	CLOSURE OF RECTOURETHRAL FISTULA;	N/A	78.46	81.59	90	1	
45825	CLOSURE OF RECTOURETHRAL FISTULA; WITH COLOSTOMY	N/A	93.97	97.72	90	1	
46705	ANOPLASTY, PLASTIC OPERATION FOR STRICTURE; INFANT	N/A	30.84	32.07	90	1	
46710	REPAIR OF ILEOANAL POUCH FISTULA/SINUS (EG, PERINEAL OR VAGINAL), POUCH ADV	N/A	65.91	68.54	90	1	
46712	REPAIR OF ILEOANAL POUCH FISTULA/SINUS (EG, PERINEAL OR VAGINAL), POUCH ADV	N/A	136.37	141.82	90	1	
46715	REPAIR OF LOW IMPERFORATE ANUS; WITH ANOPERINEAL FISTULA ("CUT-BACK" PROC	N/A	30.67	31.89	90	1	
46716	REPAIR OF LOW IMPERFORATE ANUS; WITH TRANSPOSITION OF ANOPERINEAL OR ANOVES	N/A	71.17	74.01	90	1	
46730	REPAIR OF HIGH IMPERFORATE ANUS WITHOUT FISTULA; PERINEAL OR SACROPERINEAL	N/A	111.08	115.52	90	1	
46735	REPAIR OF HIGH IMPERFORATE ANUS WITHOUT FISTULA; COMBINED TRANSABDOMINAL AN	N/A	131.97	137.24	90	1	
46740	REPAIR OF HIGH IMPERFORATE ANUS WITH RECTOURETHRAL OR RECTOVAGINAL FISTULA;	N/A	126.72	131.78	90	1	
46742	REPAIR OF HIGH IMPERFORATE ANUS WITH RECTOURETHRAL OR RECTOVAGINAL FISTULA;	N/A	148.19	154.11	90	1	
46744	REPAIR OF CLOACAL ANOMALY BY ANORECTOVAGINOPLASTY AND URETHROPLASTY, SACROP	N/A	216.77	225.44	90	1	
46746	REPAIR OF CLOACAL ANOMALY BY ANORECTOVAGINOPLASTY AND URETHROPLASTY, COMBIN	N/A	232.05	241.33	90	1	
46748	REPAIR OF CLOACAL ANOMALY BY ANORECTOVAGINOPLASTY AND URETHROPLASTY, COMBIN	N/A	239.69	249.27	90	1	
46750	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE OR PROLAPSE; ADULT	N/A	47.64	49.54	90	1	
46751	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE OR PROLAPSE; CHILD	N/A	36.58	38.04	90	1	
46760	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT; MUSCLE TRANSPLANT	N/A	67.97	70.68	90	1	
46761	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT; LEVATOR MUSCLE IMBRICATION	N/A	58.07	60.39	90	1	
46762	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT; IMPLANTATION ARTIFICIAL SP	N/A	57.24	59.52	90	1	
46900	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAG	N/A	89.71	93.29	10	1	
46924	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGI	N/A	198.59	206.53	10	1	

CODE	DESCRIPTION	ANESTHESIA	AGE 21+	00-20	MAX		SPEC
		BASE FEE	MAX FEE	MAX FEE	FUD	UNITS	
47010	HEPATOTOMY; FOR OPEN DRAINAGE OF ABSCESS OR CYST, ONE OR TWO STAGES	N/A	73.48	76.41	90	1	
47011	HEPATOTOMY; FOR PERCUTANEOUS DRAINAGE OF ABSCESS OR CYST, ONE OR TWO STAGES	N/A	12.47	12.96	0	1	
47015	LAPAROTOMY, WITH ASPIRATION AND/OR INJECTION OF HEPATIC PARASITIC (EG, AMOE	N/A	70.41	73.22	90	1	
47100	BIOPSY OF LIVER, WEDGE	N/A	51.88	53.95	90	1	
47120	HEPATECTOMY, RESECTION OF LIVER; PARTIAL LOBECTOMY	N/A	144.70	150.48	90	1	
47122	HEPATECTOMY, RESECTION OF LIVER; TRISEGMENTECTOMY	N/A	214.65	223.23	90	1	
47125	HEPATECTOMY, RESECTION OF LIVER; TOTAL LEFT LOBECTOMY	N/A	192.23	199.91	90	1	
47130	HEPATECTOMY, RESECTION OF LIVER; TOTAL RIGHT LOBECTOMY	N/A	206.41	214.66	90	1	
47135	LIVER ALLOTRANSPLANTATION; ORTHOTOPIC, PARTIAL OR WHOLE, FROM CADAVER OR LI	N/A	304.47	316.64	90	1	
47136	LIVER ALLOTRANSPLANTATION; HETEROTOPIC, PARTIAL OR WHOLE, FROM CADAVER OR L	N/A	257.92	268.23	90	1	
47300	MARSUPIALIZATION OF CYST OR ABSCESS OF LIVER	N/A	69.56	72.34	90	1	
47350	MANAGEMENT OF LIVER HEMORRHAGE; SIMPLE SUTURE OF LIVER WOUND OR INJURY	N/A	85.07	88.47	90	1	
47360	MANAGEMENT OF LIVER HEMORRHAGE; COMPLEX SUTURE OF LIVER WOUND OR INJURY, WI	N/A	115.48	120.09	90	1	
47361	MANAGEMENT OF LIVER HEMORRHAGE; EXPLORATION OF HEPATIC WOUND, EXTENSIVE DEB	N/A	188.94	196.49	90	1	
47362	MANAGEMENT OF LIVER HEMORRHAGE; RE-EXPLORATION OF HEPATIC WOUND FOR REMOVAL	N/A	88.56	92.10	90	1	
47370	LAPAROSCOPY, SURGICAL, ABLATION OF ONE OR MORE LIVER TUMOR(S); RADIOFREQUEN	N/A	77.68	80.78	90	1	
47371	LAPAROSCOPY, SURGICAL, ABLATION OF ONE OR MORE LIVER TUMOR(S); CRYOSURGICAL	N/A	78.98	82.13	90	1	
47379	UNLISTED LAPAROSCOPIC PROCEDURE, LIVER	N/A	0.00	0.00	0	1	R
47380	ABLATION, OPEN, OF ONE OR MORE LIVER TUMOR(S); RADIOFREQUENCY	N/A	90.04	93.64	90	1	
47381	ABLATION, OPEN, OF ONE OR MORE LIVER TUMOR(S); CRYOSURGICAL	N/A	91.96	95.63	90	1	
47382	ABLATION, ONE OR MORE LIVER TUMOR(S), PERCUTANEOUS, RADIOFREQUENCY	N/A	53.47	55.60	10	1	
47399	UNLISTED PROCEDURE, LIVER	N/A	0.00	0.00	90	1	R
47400	HEPATICOTOMY OR HEPATICOSTOMY WITH EXPLORATION, DRAINAGE, OR REMOVAL OF CAL	N/A	131.80	137.07	90	1	
47420	CHOLEDOCHOTOMY OR CHOLEDOCHOSTOMY WITH EXPLORATION, DRAINAGE, OR REMOVAL OF	N/A	83.41	86.74	90	1	
47425	CHOLEDOCHOTOMY OR CHOLEDOCHOSTOMY WITH EXPLORATION, DRAINAGE, OR REMOVAL OF	N/A	83.99	87.34	90	1	
47460	TRANSDUODENAL SPHINCTEROTOMY OR SPHINCTEROPLASTY, WITH OR WITHOUT TRANSDUOD	N/A	79.51	82.69	90	1	
47480	CHOLECYSTOTOMY OR CHOLECYSTOSTOMY WITH EXPLORATION, DRAINAGE, OR REMOVAL OF	N/A	53.27	55.40	90	1	
47550	BILIARY ENDOSCOPY, INTRAOPERATIVE (CHOLEDOCHOSCOPY) (LIST SEPARATELY IN ADD	N/A	10.56	10.98	0	1	
47562	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY	N/A	46.20	48.04	90	1	
47563	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY WITH CHOLANGIOGRAPHY	N/A	47.01	48.89	90	1	
47564	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT	N/A	54.20	56.36	90	1	
47570	LAPAROSCOPY, SURGICAL; CHOLECYSTOENTEROSTOMY	N/A	48.39	50.32	90	1	
47579	UNLISTED LAPAROSCOPY PROCEDURE, BILIARY TRACT	N/A	0.00	0.00	0	1	R
47600	CHOLECYSTECTOMY;	N/A	66.36	69.01	90	1	
47605	CHOLECYSTECTOMY; WITH CHOLANGIOGRAPHY	N/A	60.98	63.41	90	1	
47610	CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT;	N/A	78.08	81.20	90	1	
47612	CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT; WITH CHOLEDOCHOENTEROSTOMY	N/A	78.78	81.93	90	1	
47620	CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT; WITH TRANSDUODENAL SPHINCT	N/A	85.37	88.78	90	1	
47700	EXPLORATION FOR CONGENITAL ATRESIA OF BILE DUCTS, WITHOUT REPAIR, WITH OR W	N/A	64.68	67.26	90	1	
47711	EXCISION OF BILE DUCT TUMOR, WITH OR WITHOUT PRIMARY REPAIR OF BILE DUCT; E	N/A	96.56	100.42	90	1	

CODE	DESCRIPTION	ANESTHESIA	AGE 21+	00-20	MAX		SPEC
		BASE FEE	MAX FEE	MAX FEE	FUD	UNITS	
47712	EXCISION OF BILE DUCT TUMOR, WITH OR WITHOUT PRIMARY REPAIR OF BILE DUCT; I	N/A	123.45	128.38	90	1	
47715	EXCISION OF CHOLEDOCHAL CYST	N/A	81.70	84.96	90	1	
47719	ANASTOMOSIS, CHOLEDOCHAL CYST, WITHOUT EXCISION	N/A	73.38	76.31	90	1	
47720	CHOLECYSTOENTEROSTOMY; DIRECT	N/A	70.54	73.36	90	1	
47721	CHOLECYSTOENTEROSTOMY; WITH GASTROENTEROSTOMY	N/A	82.98	86.29	90	1	
47740	CHOLECYSTOENTEROSTOMY; ROUX-EN-Y	N/A	80.54	83.76	90	1	
47741	CHOLECYSTOENTEROSTOMY; ROUX-EN-Y WITH GASTROENTEROSTOMY	N/A	90.95	94.58	90	1	
47760	ANASTOMOSIS, OF EXTRAHEPATIC BILIARY DUCTS AND GASTROINTESTINAL TRACT	N/A	137.51	143.01	90	1	
47765	ANASTOMOSIS, OF INTRAHEPATIC DUCTS AND GASTROINTESTINAL TRACT	N/A	181.75	189.02	90	1	
47780	ANASTOMOSIS, ROUX-EN-Y, OF EXTRAHEPATIC BILIARY DUCTS AND GASTROINTESTINAL	N/A	150.33	156.34	90	1	
47785	ANASTOMOSIS, ROUX-EN-Y, OF INTRAHEPATIC BILIARY DUCTS AND GASTROINTESTINAL	N/A	196.23	204.07	90	1	
47800	RECONSTRUCTION, PLASTIC, OF EXTRAHEPATIC BILIARY DUCTS WITH END-TO-END ANAS	N/A	97.79	101.70	90	1	
47801	PLACEMENT OF CHOLEDOCHAL STENT	N/A	65.94	68.57	90	1	
47802	U-TUBE HEPATICOENTEROSTOMY	N/A	93.51	97.25	90	1	
47900	SUTURE OF EXTRAHEPATIC BILIARY DUCT FOR PRE-EXISTING INJURY (SEPARATE PROCE	N/A	84.79	88.18	90	1	
47999	UNLISTED PROCEDURE, BILIARY TRACT	N/A	0.00	0.00	90	1	R
48000	PLACEMENT OF DRAINS, PERIPANCREATIC, FOR ACUTE PANCREATITIS;	N/A	116.06	120.70	90	1	
48001	PLACEMENT OF DRAINS, PERIPANCREATIC, FOR ACUTE PANCREATITIS; WITH CHOLECYST	N/A	143.26	148.99	90	1	
48020	REMOVAL OF PANCREATIC CALCULUS	N/A	72.20	75.08	90	1	
48100	BIOPSY OF PANCREAS, OPEN (EG, FINE NEEDLE ASPIRATION, NEEDLE CORE BIOPSY, W	N/A	55.00	57.20	90	1	
48105	RESECTION OR DEBRIDEMENT OF PANCREAS AND PERIPANCREATIC TISSUE FOR ACUTE NE	N/A	177.50	184.60	90	1	
48120	EXCISION OF LESION OF PANCREAS (EG, CYST, ADENOMA)	N/A	68.78	71.53	90	1	
48140	PANCREATECTOMY, DISTAL SUBTOTAL, WITH OR WITHOUT SPLENECTOMY; WITHOUT PANCR	N/A	97.08	100.96	90	1	
48145	PANCREATECTOMY, DISTAL SUBTOTAL, WITH OR WITHOUT SPLENECTOMY; WITH PANCREAT	N/A	101.05	105.09	90	1	
48146	PANCREATECTOMY, DISTAL, NEAR-TOTAL WITH PRESERVATION OF DUODENUM (CHILD-TYP	N/A	115.11	119.71	90	1	
48148	EXCISION OF AMPULLA OF VATER	N/A	77.05	80.13	90	1	
48150	PANCREATECTOMY, PROXIMAL SUBTOTAL WITH TOTAL DUODENECTOMY, PARTIAL GASTRECT	N/A	193.71	201.45	90	1	
48152	PANCREATECTOMY, PROXIMAL SUBTOTAL WITH TOTAL DUODENECTOMY, PARTIAL GASTRECT	N/A	178.28	185.41	90	1	
48153	PANCREATECTOMY, PROXIMAL SUBTOTAL WITH NEAR-TOTAL DUODENECTOMY, CHOLEDOCHOE	N/A	193.31	201.04	90	1	
48154	PANCREATECTOMY, PROXIMAL SUBTOTAL WITH NEAR-TOTAL DUODENECTOMY, CHOLEDOCHOE	N/A	179.86	187.05	90	1	
48155	PANCREATECTOMY, TOTAL	N/A	111.91	116.38	90	1	
48500	MARSUPIALIZATION OF PANCREATIC CYST	N/A	70.64	73.46	90	1	
48510	EXTERNAL DRAINAGE, PSEUDOCYST OF PANCREAS; OPEN	N/A	66.42	69.07	90	1	
48511	EXTERNAL DRAINAGE, PSEUDOCYST OF PANCREAS; PERCUTANEOUS	N/A	13.50	14.04	0	1	
48520	INTERNAL ANASTOMOSIS OF PANCREATIC CYST TO GASTROINTESTINAL TRACT; DIRECT	N/A	67.70	70.40	90	1	
48540	INTERNAL ANASTOMOSIS OF PANCREATIC CYST TO GASTROINTESTINAL TRACT; ROUX-EN-	N/A	81.02	84.26	90	1	
48545	PANCREATORRHAPHY FOR INJURY	N/A	81.93	85.20	90	1	
48547	DUODENAL EXCLUSION WITH GASTROJEJUNOSTOMY FOR PANCREATIC INJURY	N/A	110.58	115.00	90	1	
48548	PANCREATICOJEJUNOSTOMY, SIDE-TO-SIDE ANASTOMOSIS (PUSTOW-TYPE OPERATION)	N/A	103.49	107.62	90	1	
48554	TRANSPLANTATION OF PANCREATIC ALLOGRAFT	N/A	155.25	161.46	0	1	

CODE	DESCRIPTION	ANESTHESIA	AGE 21+	00-20	MAX		SPEC
		BASE FEE	MAX FEE	MAX FEE	FUD	UNITS	
48556	REMOVAL OF TRANSPLANTED PANCREATIC ALLOGRAFT	N/A	77.27	80.36	90	1	
48999	UNLISTED PROCEDURE, PANCREAS	N/A	0.00	0.00	90	1	R
49000	EXPLORATORY LAPAROTOMY, EXPLORATORY CELIOTOMY WITH OR WITHOUT BIOPSY(S) (SE	N/A	48.22	50.14	90	1	
49002	REOPENING OF RECENT LAPAROTOMY	N/A	63.75	66.30	90	1	
49010	EXPLORATION, RETROPERITONEAL AREA WITH OR WITHOUT BIOPSY(S) (SEPARATE PROCE	N/A	59.90	62.29	90	1	
49020	DRAINAGE OF PERITONEAL ABSCESS OR LOCALIZED PERITONITIS, EXCLUSIVE OF APPEN	N/A	98.42	102.35	90	1	
49040	DRAINAGE OF SUBDIAPHRAGMATIC OR SUBPHRENIC ABSCESS; OPEN	N/A	61.89	64.36	90	1	
49041	DRAINAGE OF SUBDIAPHRAGMATIC OR SUBPHRENIC ABSCESS; PERCUTANEOUS	N/A	13.50	14.04	0	1	
49061	DRAINAGE OF RETROPERITONEAL ABSCESS; PERCUTANEOUS	N/A	12.49	12.98	0	1	
49062	DRAINAGE OF EXTRAPERITONEAL LYMPHOCELE TO PERITONEAL CAVITY, OPEN	N/A	47.11	48.99	90	1	
49200	EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL OR RETROPERITONEAL TUMORS OR	N/A	42.84	44.55	90	1	
49201	EXCISION OR DESTRUCTION BY ANY METHOD OF INTRA-ABDOMINAL OR RETROPERITONEAL	N/A	60.36	62.77	90	1	
49215	EXCISION OF PRESACRAL OR SACROCOCCYGEAL TUMOR	N/A	137.78	143.29	90	1	
49220	STAGING LAPAROTOMY FOR HODGKINS DISEASE OR LYMPHOMA (INCLUDES SPLENECTOMY,	N/A	59.95	62.34	90	1	
49255	OMENTECTOMY, EPIPLOECTOMY, RESECTION OF OMENTUM (SEPARATE PROCEDURE)	N/A	48.99	50.94	90	1	
49320	LAPAROSCOPY, ABDOMEN, PERITONEUM, AND OMENTUM, DIAGNOSTIC, WITH OR WITHOUT	N/A	20.59	21.41	10	1	
49321	LAPAROSCOPY, SURGICAL; WITH BIOPSY (SINGLE OR MULTIPLE)	N/A	21.74	22.60	10	1	
49322	LAPAROSCOPY, SURGICAL, ABDOMEN, PERITONEUM, AND OMENTUM; WITH ASPIRATION OF	N/A	23.40	24.33	10	1	
49323	LAPAROSCOPY, SURGICAL, ABDOMEN, PERITONEUM, AND OMENTUM; WITH DRAINAGE OF L	N/A	40.27	41.88	90	1	
49324	LAPAROSCOPY, SURGICAL; WITH INSERTION OF INTRAPERITONEAL CANNULA OR CATHETE	N/A	24.63	25.61	10	1	
49325	LAPAROSCOPY, SURGICAL; WITH REVISION OF PREVIOUSLY PLACED INTRAPERITONEAL C	N/A	26.55	27.61	10	1	
49326	LAPAROSCOPY, SURGICAL; WITH OMENTOPEXY (OMENTAL TACKING PROCEDURE) (LIST SE	N/A	12.22	12.70	0	1	
49329	UNLISTED LAPAROSCOPY PROCEDURE, ABDOMEN, PERITONEUM AND OMENTUM	N/A	0.00	0.00	0	1	R
49425	INSERTION OF PERITONEAL-VENOUS SHUNT	N/A	47.61	49.51	90	1	
49435	INSERTION OF SUBCUTANEOUS EXTENSION TO INTRAPERITONEAL CANNULA OR CATHETER	N/A	7.87	8.18	0	1	
49436	DELAYED CREATION OF EXIT SITE FROM EMBEDDED SUBCUTANEOUS SEGMENT OF INTRAPE	N/A	11.56	12.02	10	1	
49491	REPAIR, INITIAL INGUINAL HERNIA, PRETERM INFANT (LESS THAN 37 WEEKS GESTATI	N/A	48.39	50.32	90	1	B
49492	REPAIR, INITIAL INGUINAL HERNIA, PRETERM INFANT (LESS THAN 37 WEEKS GESTATI	N/A	57.77	60.08	90	1	B
49495	REPAIR, INITIAL INGUINAL HERNIA, FULL TERM INFANT UNDER AGE 6 MONTHS, OR PR	N/A	24.84	25.83	90	1	B
49496	REPAIR INITIAL INGUINAL HERNIA, UNDER AGE 6 MONTHS, WITH OR WITHOUT HYDROCE	N/A	37.08	38.56	90	1	B
49500	REPAIR INITIAL INGUINAL HERNIA, AGE 6 MONTHS TO UNDER 5 YEARS, WITH OR WITH	N/A	25.36	26.37	90	1	B
49501	REPAIR INITIAL INGUINAL HERNIA, AGE 6 MONTHS TO UNDER 5 YEARS, WITH OR WITH	N/A	36.83	38.30	90	1	B
49505	REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OVER; REDUCIBLE	N/A	32.18	33.46	90	1	B
49507	REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OVER; INCARCERATED OR STRANG	N/A	39.49	41.06	90	1	B
49520	REPAIR RECURRENT INGUINAL HERNIA, ANY AGE; REDUCIBLE	N/A	39.17	40.73	90	1	B
49521	REPAIR RECURRENT INGUINAL HERNIA, ANY AGE; INCARCERATED OR STRANGULATED	N/A	47.66	49.56	90	1	B
49525	REPAIR INGUINAL HERNIA, SLIDING, ANY AGE	N/A	35.49	36.90	90	1	B
49540	REPAIR LUMBAR HERNIA	N/A	41.93	43.60	90	1	B
49550	REPAIR INITIAL FEMORAL HERNIA, ANY AGE, REDUCIBLE;	N/A	35.62	37.04	90	1	B
49553	REPAIR INITIAL FEMORAL HERNIA, ANY AGE; INCARCERATED OR STRANGULATED	N/A	38.96	40.51	90	1	B

CODE	DESCRIPTION	ANESTHESIA	AGE 21+	00-20	MAX		SPEC
		BASE FEE	MAX FEE	MAX FEE	FUD	UNITS	
49555	REPAIR RECURRENT FEMORAL HERNIA; REDUCIBLE	N/A	37.05	38.53	90	1	B
49557	REPAIR RECURRENT FEMORAL HERNIA; INCARCERATED OR STRANGULATED	N/A	44.95	46.74	90	1	B
49560	REPAIR INITIAL INCISIONAL OR VENTRAL HERNIA; REDUCIBLE	N/A	45.90	47.73	90	1	B
49561	REPAIR INITIAL INCISIONAL HERNIA; INCARCERATED OR STRANGULATED	N/A	57.87	60.18	90	1	B
49565	REPAIR RECURRENT INCISIONAL OR VENTRAL HERNIA; REDUCIBLE	N/A	47.64	49.54	90	1	B
49566	REPAIR RECURRENT INCISIONAL HERNIA; INCARCERATED OR STRANGULATED	N/A	58.45	60.78	90	1	B
49568	IMPLANTATION OF MESH OR OTHER PROSTHESIS FOR INCISIONAL OR VENTRAL HERNIA R	N/A	17.04	17.72	0	1	B
49570	REPAIR EPIGASTRIC HERNIA (EG, PREPERITONEAL FAT); REDUCIBLE (SEPARATE PROCE	N/A	25.29	26.30	90	1	B
49572	REPAIR EPIGASTRIC HERNIA (EG, PREPERITONEAL FAT); INCARCERATED OR STRANGULA	N/A	31.45	32.70	90	1	B
49580	REPAIR UMBILICAL HERNIA, UNDER AGE 5 YEARS; REDUCIBLE	N/A	19.93	20.72	90	1	PA
49582	REPAIR UMBILICAL HERNIA, UNDER AGE 5 YEARS; INCARCERATED OR STRANGULATED	N/A	29.03	30.19	90	1	
49585	REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OVER; REDUCIBLE	N/A	27.27	28.36	90	1	
49587	REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OVER; INCARCERATED OR STRANGULATED	N/A	32.25	33.54	90	1	
49590	REPAIR SPIGELIAN HERNIA	N/A	35.34	36.75	90	1	B
49600	REPAIR OF SMALL OMPHALOCELE, WITH PRIMARY CLOSURE	N/A	45.20	47.00	90	1	
49605	REPAIR OF LARGE OMPHALOCELE OR GASTROSCHISIS; WITH OR WITHOUT PROSTHESIS	N/A	308.42	320.75	90	1	
49606	REPAIR OF LARGE OMPHALOCELE OR GASTROSCHISIS; WITH REMOVAL OF PROSTHESIS, F	N/A	70.44	73.25	90	1	
49610	REPAIR OF OMPHALOCELE (GROSS TYPE OPERATION); FIRST STAGE	N/A	41.73	43.39	90	1	
49611	REPAIR OF OMPHALOCELE (GROSS TYPE OPERATION); SECOND STAGE	N/A	34.36	35.73	90	1	
49650	LAPAROSCOPY, SURGICAL; REPAIR INITIAL INGUINAL HERNIA	N/A	26.60	27.66	90	1	B
49651	LAPAROSCOPY, SURGICAL; REPAIR RECURRENT INGUINAL HERNIA	N/A	34.34	35.71	90	1	
49659	UNLISTED LAPAROSCOPY PROCEDURE, HERNIOPLASTY, HERNIORRHAPHY, HERNIOTOMY	N/A	0.00	0.00	0	1	R
49900	SUTURE, SECONDARY, OF ABDOMINAL WALL FOR EVISCERATION OR DEHISCENCE	N/A	50.73	52.75	90	1	
49904	OMENTAL FLAP, EXTRA-ABDOMINAL (EG, FOR RECONSTRUCTION OF STERNAL AND CHEST	N/A	93.51	97.25	90	1	PA
49905	OMENTAL FLAP, INTRA-ABDOMINAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIM	N/A	22.73	23.63	0	1	
49999	UNLISTED PROCEDURE, ABDOMEN, PERITONEUM AND OMENTUM	N/A	0.00	0.00	90	1	R
50010	RENAL EXPLORATION, NOT NECESSITATING OTHER SPECIFIC PROCEDURES	N/A	50.28	52.29	90	1	
50021	DRAINAGE OF PERIRENAL OR RENAL ABSCESS; PERCUTANEOUS	N/A	11.41	11.86	0	1	
50045	NEPHROTOMY, WITH EXPLORATION	N/A	66.52	69.18	90	1	
50060	NEPHROLITHOTOMY; REMOVAL OF CALCULUS	N/A	83.96	87.31	90	1	
50065	NEPHROLITHOTOMY; SECONDARY SURGICAL OPERATION FOR CALCULUS	N/A	89.49	93.06	90	1	
50070	NEPHROLITHOTOMY; COMPLICATED BY CONGENITAL KIDNEY ABNORMALITY	N/A	87.45	90.94	90	1	
50075	NEPHROLITHOTOMY; REMOVAL OF LARGE STAGHORN CALCULUS FILLING RENAL PELVIS AN	N/A	107.34	111.63	90	1	
50081	PERCUTANEOUS NEPHROSTOLITHOTOMY OR PYELOSTOLITHOTOMY, WITH OR WITHOUT DILAT	N/A	93.84	97.59	90	1	
50100	TRANSECTION OR REPOSITIONING OF ABERRANT RENAL VESSELS (SEPARATE PROCEDURE)	N/A	66.79	69.46	90	1	
50120	PYELOTOMY; WITH EXPLORATION	N/A	68.33	71.06	90	1	
50125	PYELOTOMY; WITH DRAINAGE, PYELOSTOMY	N/A	73.08	76.00	90	1	
50130	PYELOTOMY; WITH REMOVAL OF CALCULUS (PYELOTOMY, PELVIOLITHOTOMY, INCLU	N/A	75.74	78.76	90	1	
50135	PYELOTOMY; COMPLICATED (EG, SECONDARY OPERATION, CONGENITAL KIDNEY ABNORMAL	N/A	82.28	85.57	90	1	
50205	RENAL BIOPSY; BY SURGICAL EXPOSURE OF KIDNEY	N/A	47.99	49.90	90	1	B

CODE	DESCRIPTION	ANESTHESIA	AGE 21+	00-20	MAX		SPEC
		BASE FEE	MAX FEE	MAX FEE	FUD	UNITS	
50220	NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY, ANY OPEN APPROACH INCLUDING RI	N/A	74.46	77.43	90	1	B
50225	NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY, ANY APPROACH INCLUDING RIB RES	N/A	86.73	90.19	90	1	
50230	NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY, ANY APPROACH INCLUDING RIB RES	N/A	93.49	97.22	90	1	
50234	NEPHRECTOMY WITH TOTAL URETERECTOMY AND BLADDER CUFF; THROUGH SAME INCISION	N/A	95.15	98.95	90	1	
50236	NEPHRECTOMY WITH TOTAL URETERECTOMY AND BLADDER CUFF; THROUGH SEPARATE INCI	N/A	107.57	111.87	90	1	
50240	NEPHRECTOMY, PARTIAL	N/A	96.76	100.63	90	1	
50250	ABLATION, OPEN, ONE OR MORE RENAL MASS LESION(S), CRYOSURGICAL, INCLUDING I	N/A	86.07	89.51	90	1	B
50280	EXCISION OR UNROOFING OF CYST(S) OF KIDNEY	N/A	69.33	72.10	90	1	
50290	EXCISION OF PERINEPHRIC CYST	N/A	64.55	67.13	90	1	
50340	RECIPIENT NEPHRECTOMY (SEPARATE PROCEDURE)	N/A	58.20	60.52	90	1	B
50360	RENAL ALLOTRANSPLANTATION, IMPLANTATION OF GRAFT; WITHOUT RECIPIENT NEPHREC	N/A	158.70	165.04	90	1	
50365	RENAL ALLOTRANSPLANTATION, IMPLANTATION OF GRAFT; WITH RECIPIENT NEPHRECTOM	N/A	175.11	182.11	90	1	B
50370	REMOVAL OF TRANSPLANTED RENAL ALLOGRAFT	N/A	74.58	77.56	90	1	
50380	RENAL AUTOTRANSPLANTATION, REIMPLANTATION OF KIDNEY	N/A	122.15	127.03	90	1	
50400	PYELOPLASTY (FOLEY Y-PYELOPLASTY), PLASTIC OPERATION ON RENAL PELVIS, WITH	N/A	84.87	88.26	90	1	
50405	PYELOPLASTY (FOLEY Y-PYELOPLASTY), PLASTIC OPERATION ON RENAL PELVIS, WITH	N/A	102.59	106.69	90	1	
50500	NEPHRORRHAPHY, SUTURE OF KIDNEY WOUND OR INJURY	N/A	81.47	84.72	90	1	
50520	CLOSURE OF NEPHRO CUTANEOUS OR PYELOCUTANEOUS FISTULA	N/A	74.76	77.75	90	1	
50525	CLOSURE OF NEPHROVISCERAL FISTULA (EG, RENOCOLIC), INCLUDING VISCERAL REPAI	N/A	93.29	97.02	90	1	
50526	CLOSURE OF NEPHROVISCERAL FISTULA (EG, RENOCOLIC), INCLUDING VISCERAL REPAI	N/A	91.13	94.77	90	1	
50540	SYMPHYSIOTOMY FOR HORSESHOE KIDNEY WITH OR WITHOUT PYELOPLASTY AND/OR OTHER	N/A	83.53	86.87	90	1	
50541	LAPAROSCOPY, SURGICAL; ABLATION OF RENAL CYSTS	N/A	67.32	70.01	90	1	
50542	LAPAROSCOPY, SURGICAL; ABLATION OF RENAL MASS LESION(S)	N/A	85.22	88.62	90	1	
50543	LAPAROSCOPY, SURGICAL; PARTIAL NEPHRECTOMY	N/A	109.05	113.41	90	1	
50544	LAPAROSCOPY, SURGICAL; PYELOPLASTY	N/A	91.78	95.45	90	1	
50545	LAPAROSCOPY, SURGICAL; RADICAL NEPHRECTOMY (INCLUDES REMOVAL OF GEROTA±S FA	N/A	98.42	102.35	90	1	B
50546	LAPAROSCOPY, SURGICAL; NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY	N/A	87.43	90.92	90	1	
50548	LAPAROSCOPY, SURGICAL; NEPHRECTOMY WITH TOTAL URETERECTOMY	N/A	99.12	103.08	90	1	
50562	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITH	N/A	43.01	44.73	90	1	
50592	ABLATION, ONE OR MORE RENAL TUMOR(S), PERCUTANEOUS, UNILATERAL, RADIOFREQUE	N/A	24.76	25.75	10	1	
50600	URETEROTOMY WITH EXPLORATION OR DRAINAGE (SEPARATE PROCEDURE)	N/A	67.55	70.25	90	1	B
50605	URETEROTOMY FOR INSERTION OF INDWELLING STENT, ALL TYPES	N/A	65.74	68.36	90	1	B
50610	URETEROLITHOTOMY; UPPER ONE-THIRD OF URETER	N/A	69.81	72.60	90	1	B
50620	URETEROLITHOTOMY; MIDDLE ONE-THIRD OF URETER	N/A	66.47	69.12	90	1	B
50630	URETEROLITHOTOMY; LOWER ONE-THIRD OF URETER	N/A	64.28	66.85	90	1	B
50650	URETERECTOMY, WITH BLADDER CUFF (SEPARATE PROCEDURE)	N/A	75.84	78.87	90	1	
50660	URETERECTOMY, TOTAL, ECTOPIC URETER, COMBINATION ABDOMINAL, VAGINAL AND/OR	N/A	83.58	86.92	90	1	
50700	URETEROPLASTY, PLASTIC OPERATION ON URETER (EG, STRICTURE)	N/A	65.91	68.54	90	1	
50715	URETEROLYSIS, WITH OR WITHOUT REPOSITIONING OF URETER FOR RETROPERITONEAL F	N/A	78.78	81.93	90	1	B
50722	URETEROLYSIS FOR OVARIAN VEIN SYNDROME	N/A	69.76	72.55	90	1	

CODE	DESCRIPTION	ANESTHESIA	AGE 21+	00-20	MAX		SPEC
		BASE FEE	MAX FEE	MAX FEE	FUD	UNITS	
50725	URETEROLYSIS FOR RETROCAVAL URETER, WITH REANASTOMOSIS OF UPPER URINARY TRA	N/A	78.78	81.93	90	1	
50727	REVISION OF URINARY-CUTANEOUS ANASTOMOSIS (ANY TYPE UROSTOMY);	N/A	36.63	38.09	90	1	
50728	REVISION OF URINARY-CUTANEOUS ANASTOMOSIS (ANY TYPE UROSTOMY); WITH REPAIR	N/A	50.90	52.93	90	1	
50740	URETEROPYELOSTOMY, ANASTOMOSIS OF URETER AND RENAL PELVIS	N/A	77.83	80.94	90	1	
50750	URETEROCALYCOSTOMY, ANASTOMOSIS OF URETER TO RENAL CALYX	N/A	81.32	84.57	90	1	
50760	URETEROURETEROSTOMY	N/A	78.88	82.03	90	1	
50770	TRANSURETEROURETEROSTOMY, ANASTOMOSIS OF URETER TO CONTRALATERAL URETER	N/A	83.83	87.18	90	1	
50780	URETERONEOCYSTOSTOMY; ANASTOMOSIS OF SINGLE URETER TO BLADDER	N/A	79.34	82.51	90	1	B
50782	URETERONEOCYSTOSTOMY; ANASTOMOSIS OF DUPLICATED URETER TO BLADDER	N/A	74.56	77.54	90	1	B
50783	URETERONEOCYSTOSTOMY; WITH EXTENSIVE URETERAL TAILORING	N/A	82.08	85.36	90	1	B
50785	URETERONEOCYSTOSTOMY; WITH VESICO-PSOAS HITCH OR BLADDER FLAP	N/A	87.63	91.13	90	1	B
50800	URETEROENTEROSTOMY, DIRECT ANASTOMOSIS OF URETER TO INTESTINE	N/A	67.50	70.20	90	1	B
50810	URETEROSIGMOIDOSTOMY, WITH CREATION OF SIGMOID BLADDER AND ESTABLISHMENT OF	N/A	86.35	89.80	90	1	
50815	URETEROCOLON CONDUIT, INCLUDING INTESTINE ANASTOMOSIS	N/A	88.89	92.44	90	1	B
50820	URETEROILEAL CONDUIT (ILEAL BLADDER), INCLUDING INTESTINE ANASTOMOSIS (BRIC	N/A	95.35	99.16	90	1	B
50825	CONTINENT DIVERSION, INCLUDING INTESTINE ANASTOMOSIS USING ANY SEGMENT OF S	N/A	120.26	125.07	90	1	
50830	URINARY UNDIVERSION (EG, TAKING DOWN OF URETEROILEAL CONDUIT, URETEROSIGMOI	N/A	130.87	136.10	90	1	
50840	REPLACEMENT OF ALL OR PART OF URETER BY INTESTINE SEGMENT, INCLUDING INTEST	N/A	89.84	93.43	90	1	B
50845	CUTANEOUS APPENDICO-VESICOSTOMY	N/A	91.38	95.03	90	1	
50860	URETEROSTOMY, TRANSPLANTATION OF URETER TO SKIN	N/A	68.85	71.60	90	1	B
50900	URETERORRHAPHY, SUTURE OF URETER (SEPARATE PROCEDURE)	N/A	60.86	63.29	90	1	
50920	CLOSURE OF URETEROCUTANEOUS FISTULA	N/A	63.27	65.80	90	1	
50930	CLOSURE OF URETEROVISERAL FISTULA (INCLUDING VISCERAL REPAIR)	N/A	79.69	82.87	90	1	
50940	DELIGATION OF URETER	N/A	63.75	66.30	90	1	B
50945	LAPAROSCOPY, SURGICAL, URETEROLITHOTOMY	N/A	70.69	73.51	0	1	B
50947	LAPAROSCOPY, SURGICAL; URETERONEOCYSTOSTOMY WITH CYSTOSCOPY AND URETERAL ST	N/A	101.68	105.74	90	1	B
50948	LAPAROSCOPY, SURGICAL; URETERONEOCYSTOSTOMY WITHOUT CYSTOSCOPY AND URETERAL	N/A	94.47	98.24	90	1	B
50949	UNLISTED LAPAROSCOPY PROCEDURE, URETER	N/A	0.00	0.00	90	1	R B
51020	CYSTOTOMY OR CYSTOSTOMY; WITH FULGURATION AND/OR INSERTION OF RADIOACTIVE M	N/A	33.68	35.02	90	1	
51040	CYSTOSTOMY, CYSTOTOMY WITH DRAINAGE	N/A	21.32	22.17	90	1	
51045	CYSTOTOMY, WITH INSERTION OF URETERAL CATHETER OR STENT (SEPARATE PROCEDURE	N/A	33.86	35.21	90	1	
51050	CYSTOLITHOTOMY, CYSTOTOMY WITH REMOVAL OF CALCULUS, WITHOUT VESICAL NECK RE	N/A	34.66	36.04	90	1	
51060	TRANSVESICAL URETEROLITHOTOMY	N/A	42.56	44.26	90	1	
51080	DRAINAGE OF PERIVESICAL OR PREVESICAL SPACE ABSCESS	N/A	28.46	29.59	90	1	
51500	EXCISION OF URACHAL CYST OR SINUS, WITH OR WITHOUT UMBILICAL HERNIA REPAIR	N/A	44.77	46.56	90	1	
51520	CYSTOTOMY; FOR SIMPLE EXCISION OF VESICAL NECK (SEPARATE PROCEDURE)	N/A	43.61	45.35	90	1	
51525	CYSTOTOMY; FOR EXCISION OF BLADDER DIVERTICULUM, SINGLE OR MULTIPLE (SEPARA	N/A	62.95	65.46	90	1	
51530	CYSTOTOMY; FOR EXCISION OF BLADDER TUMOR	N/A	55.35	57.56	90	1	
51535	CYSTOTOMY FOR EXCISION, INCISION, OR REPAIR OF URETEROCELE	N/A	56.81	59.08	90	1	B
51550	CYSTECTOMY, PARTIAL; SIMPLE	N/A	68.90	71.65	90	1	

CODE	DESCRIPTION	ANESTHESIA	AGE 21+	00-20	MAX		SPEC
		BASE FEE	MAX FEE	MAX FEE	FUD	UNITS	
51555	CYSTECTOMY, PARTIAL; COMPLICATED (EG, POSTRADIATION, PREVIOUS SURGERY, DIFF	N/A	91.43	95.08	90	1	
51565	CYSTECTOMY, PARTIAL, WITH REIMPLANTATION OF URETER(S) INTO BLADDER (URETERO	N/A	93.89	97.64	90	1	
51570	CYSTECTOMY, COMPLETE; (SEPARATE PROCEDURE)	N/A	107.04	111.32	90	1	
51575	CYSTECTOMY, COMPLETE; WITH BILATERAL PELVIC LYMPHADENECTOMY, INCLUDING EXTE	N/A	133.73	139.07	90	1	
51580	CYSTECTOMY, COMPLETE, WITH URETEROSIGMOIDOSTOMY OR URETEROCUTANEOUS TRANSPL	N/A	138.91	144.46	90	1	
51585	CYSTECTOMY, COMPLETE, WITH URETEROSIGMOIDOSTOMY OR URETEROCUTANEOUS TRANSPL	N/A	155.38	161.59	90	1	
51590	CYSTECTOMY, COMPLETE, WITH URETEROILEAL CONDUIT OR SIGMOID BLADDER, INCLUDI	N/A	141.10	146.74	90	1	
51595	CYSTECTOMY, COMPLETE, WITH URETEROILEAL CONDUIT OR SIGMOID BLADDER, INCLUDI	N/A	160.33	166.74	90	1	
51596	CYSTECTOMY, COMPLETE, WITH CONTINENT DIVERSION, ANY OPEN TECHNIQUE, USING A	N/A	172.09	178.97	90	1	
51597	PELVIC EXENTERATION, COMPLETE, FOR VESICAL, PROSTATIC OR URETHRAL MALIGNANC	N/A	165.41	172.02	90	1	
51701	INSERTION OF NON-INDWELLING BLADDER CATHETER (EG, STRAIGHT CATHETERIZATION	N/A	24.82	25.81	0	1	
51702	INSERTION OF TEMPORARY INDWELLING BLADDER CATHETER; SIMPLE (EG, FOLEY)	N/A	32.52	33.82	0	1	
51800	CYSTOPLASTY OR CYSTOURETHROPLASTY, PLASTIC OPERATION ON BLADDER AND/OR VESI	N/A	76.09	79.13	90	1	
51820	CYSTOURETHROPLASTY WITH UNILATERAL OR BILATERAL URETERONEOCYSTOSTOMY	N/A	79.96	83.15	90	1	
51840	ANTERIOR VESICourethropeXY, OR URETHROPEXY (EG, MARSHALL-MARCHETTI-KRANTZ,	N/A	45.63	47.45	90	1	
51841	ANTERIOR VESICourethropeXY, OR URETHROPEXY (MARSHALL-MARCHETTI-KRANTZ TYPE)	N/A	54.57	56.75	90	1	
51845	ABDOMINO-VAGINAL VESICAL NECK SUSPENSION, WITH OR WITHOUT ENDOSCOPIC CONTRO	N/A	42.18	43.86	90	1	
51860	CYSTORRHAPHY, SUTURE OF BLADDER WOUND, INJURY OR RUPTURE; SIMPLE	N/A	51.58	53.64	90	1	
51865	CYSTORRHAPHY, SUTURE OF BLADDER WOUND, INJURY OR RUPTURE; COMPLICATED	N/A	64.05	66.61	90	1	
51880	CLOSURE OF CYSTOSTOMY (SEPARATE PROCEDURE)	N/A	33.41	34.74	90	1	
51900	CLOSURE OF VESICOVAGINAL FISTULA, ABDOMINAL APPROACH	N/A	59.83	62.22	90	1	
51920	CLOSURE OF VESICOUTERINE FISTULA;	N/A	56.06	58.30	90	1	
51925	CLOSURE OF VESICOUTERINE FISTULA; WITH HYSTERECTOMY	N/A	74.84	77.83	90	1	
51940	CLOSURE, EXSTROPHY OF BLADDER	N/A	110.98	115.41	90	1	
51960	ENTEROCYSTOPLASTY, INCLUDING INTESTINAL ANASTOMOSIS	N/A	100.90	104.93	90	1	
51980	CUTANEOUS VESICOSTOMY	N/A	51.93	54.00	90	1	
51990	LAPAROSCOPY, SURGICAL; URETHRAL SUSPENSION FOR STRESS INCONTINENCE	N/A	51.86	53.93	90	1	
51992	LAPAROSCOPY, SURGICAL; SLING OPERATION FOR STRESS INCONTINENCE (EG, FASCIA	N/A	57.42	59.71	90	1	
53085	DRAINAGE OF PERINEAL URINARY EXTRAVASATION; COMPLICATED	N/A	41.65	43.31	90	1	
53210	URETHRECTOMY, TOTAL, INCLUDING CYSTOSTOMY; FEMALE	N/A	56.21	58.45	90	1	
53215	URETHRECTOMY, TOTAL, INCLUDING CYSTOSTOMY; MALE	N/A	68.28	71.01	90	1	
53230	EXCISION OF URETHRAL DIVERTICULUM (SEPARATE PROCEDURE); FEMALE	N/A	44.22	45.98	90	1	
53235	EXCISION OF URETHRAL DIVERTICULUM (SEPARATE PROCEDURE); MALE	N/A	46.81	48.68	90	1	
53400	URETHROPLASTY; FIRST STAGE, FOR FISTULA, DIVERTICULUM, OR STRICTURE (EG, JO	N/A	58.50	60.84	90	1	
53405	URETHROPLASTY; SECOND STAGE (FORMATION OF URETHRA), INCLUDING URINARY DIVER	N/A	64.55	67.13	90	1	
53410	URETHROPLASTY, ONE-STAGE RECONSTRUCTION OF MALE ANTERIOR URETHRA	N/A	72.05	74.93	90	1	
53415	URETHROPLASTY, TRANSPUBIC OR PERINEAL, ONE STAGE, FOR RECONSTRUCTION OR REP	N/A	83.11	86.43	90	1	
53425	URETHROPLASTY, TWO-STAGE RECONSTRUCTION OR REPAIR OF PROSTATIC OR MEMBRANOU	N/A	69.10	71.86	90	1	
53430	URETHROPLASTY, RECONSTRUCTION OF FEMALE URETHRA	N/A	68.53	71.27	90	1	
53431	URETHROPLASTY WITH TUBULARIZATION OF POSTERIOR URETHRA AND/OR LOWER BLADDER	N/A	84.59	87.97	90	1	

CODE	DESCRIPTION	ANESTHESIA	AGE 21+	00-20	MAX		SPEC
		BASE FEE	MAX FEE	MAX FEE	FUD	UNITS	
53440	SLING OPERATION FOR CORRECTION OF MALE URINARY INCONTINENCE (EG, FASCIA OR	N/A	64.58	67.16	90	1	B
53442	REMOVAL OR REVISION OF SLING FOR MALE URINARY INCONTINENCE (EG, FASCIA OR S	N/A	56.99	59.26	90	1	
53444	INSERTION OF TANDEM CUFF (DUAL CUFF)	N/A	58.27	60.60	90	1	
53445	INSERTION OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER, INCLUDING PLACEMEN	N/A	63.25	65.78	90	1	
53446	REMOVAL OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER, INCLUDING PUMP, RESE	N/A	47.21	49.09	90	1	
53447	REMOVAL AND REPLACEMENT OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER INCLU	N/A	59.53	61.91	90	1	
53448	REMOVAL AND REPLACEMENT OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER INCLU	N/A	94.12	97.88	90	1	
53500	URETHROLYSIS, TRANSVAGINAL, SECONDARY, OPEN, INCLUDING CYSTOURETHROSCOPY (E	N/A	334.65	348.03	90	1	
53505	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PENILE	N/A	35.70	37.12	90	1	
53510	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PERINEAL	N/A	46.30	48.15	90	1	
53515	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PROSTATOMEMBRANOUS	N/A	58.07	60.39	90	1	
54110	EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE);	N/A	45.65	47.47	90	1	
54111	EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE); WITH GRAFT TO 5 CM IN LENGTH	N/A	59.00	61.36	90	1	
54112	EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE); WITH GRAFT GREATER THAN 5 CM	N/A	69.08	71.84	90	1	
54115	REMOVAL FOREIGN BODY FROM DEEP PENILE TISSUE (EG, PLASTIC IMPLANT)	N/A	33.06	34.38	90	1	
54120	AMPUTATION OF PENIS; PARTIAL	N/A	46.38	48.23	90	1	
54125	AMPUTATION OF PENIS; COMPLETE	N/A	59.65	62.03	90	1	
54130	AMPUTATION OF PENIS, RADICAL; WITH BILATERAL INGUINOFEMORAL LYMPHADENECTOMY	N/A	87.33	90.82	90	1	
54135	AMPUTATION OF PENIS, RADICAL; IN CONTINUITY WITH BILATERAL PELVIC LYMPHADEN	N/A	111.56	116.02	90	1	
54150	CIRCUMCISION, USING CLAMP OR OTHER DEVICE WITH REGIONAL DORSAL PENILE OR RI	N/A	70.07	72.87	0	1	
54205	INJECTION PROCEDURE FOR PEYRONIE DISEASE; WITH SURGICAL EXPOSURE OF PLAQUE	N/A	39.17	40.73	90	1	
54300	PLASTIC OPERATION OF PENIS FOR STRAIGHTENING OF CHORDEE (EG, HYPOSPADIAS),	N/A	47.03	48.91	90	1	
54304	PLASTIC OPERATION ON PENIS FOR CORRECTION OF CHORDEE OR FOR FIRST STAGE HYP	N/A	55.33	57.54	90	1	
54308	URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY DIVERS	N/A	52.76	54.87	90	1	
54312	URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY DIVERS	N/A	61.04	63.48	90	1	
54316	URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY DIVERS	N/A	73.68	76.62	90	1	
54318	URETHROPLASTY FOR THIRD STAGE HYPOSPADIAS REPAIR TO RELEASE PENIS FROM SCRO	N/A	50.10	52.10	90	1	
54322	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISIO	N/A	57.29	59.58	90	1	
54324	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISIO	N/A	71.64	74.50	90	1	
54326	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISIO	N/A	69.73	72.51	90	1	
54328	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISIO	N/A	69.36	72.13	90	1	
54332	ONE STAGE PROXIMAL PENILE OR PENOSCROTAL HYPOSPADIAS REPAIR REQUIRING EXTEN	N/A	74.81	77.80	90	1	
54336	ONE STAGE PERINEAL HYPOSPADIAS REPAIR REQUIRING EXTENSIVE DISSECTION TO COR	N/A	89.69	93.27	90	1	
54340	REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICULA);	N/A	42.01	43.69	90	1	
54344	REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICULA);	N/A	71.34	74.19	90	1	
54348	REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICULA);	N/A	64.68	67.26	90	1	
54352	REPAIR OF HYPOSPADIAS CRIPPLE REQUIRING EXTENSIVE DISSECTION AND EXCISION O	N/A	105.83	110.06	90	1	
54360	PLASTIC OPERATION ON PENIS TO CORRECT ANGULATION	N/A	53.09	55.21	90	1	
54380	PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER;	N/A	51.86	53.93	90	1	
54385	PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER; WIT	N/A	64.48	67.05	90	1	

CODE	DESCRIPTION	ANESTHESIA	AGE 21+	00-20	MAX		SPEC
		BASE FEE	MAX FEE	MAX FEE	FUD	UNITS	
54390	PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER; WIT	N/A	79.29	82.46	90	1	
54406	REMOVAL OF ALL COMPONENTS OF A MULTI-COMPONENT, INFLATABLE PENILE PROSTHESI	N/A	53.82	55.97	90	1	
54415	REMOVAL OF NON-INFLATABLE (SEMI-RIGID) OR INFLATABLE (SELF-CONTAINED) PENIL	N/A	38.84	40.39	90	1	
54420	CORPORA CAVERNOSA-SAPHENOUS VEIN SHUNT (PRIAPISM OPERATION), UNILATERAL OR	N/A	52.19	54.27	90	1	
54430	CORPORA CAVERNOSA-CORPUS SPONGIOSUM SHUNT (PRIAPISM OPERATION), UNILATERAL	N/A	47.03	48.91	90	1	
54440	PLASTIC OPERATION OF PENIS FOR INJURY	N/A	17.70	18.40	90	1	
54512	EXCISION OF EXTRAPARENCHYMAL LESION OF TESTIS	N/A	39.39	40.96	90	1	B
54522	ORCHIECTOMY, PARTIAL	N/A	42.38	44.07	90	1	B
54530	ORCHIECTOMY, RADICAL, FOR TUMOR; INGUINAL APPROACH	N/A	40.62	42.24	90	1	B
54535	ORCHIECTOMY, RADICAL, FOR TUMOR; WITH ABDOMINAL EXPLORATION	N/A	54.50	56.68	90	1	B
54550	EXPLORATION FOR UNDESCENDED TESTIS (INGUINAL OR SCROTAL AREA)	N/A	36.00	37.44	90	1	B
54560	EXPLORATION FOR UNDESCENDED TESTIS WITH ABDOMINAL EXPLORATION	N/A	48.29	50.22	90	1	B
54650	ORCHIOPEXY, ABDOMINAL APPROACH, FOR INTRA-ABDOMINAL TESTIS (EG, FOWLER-STEP	N/A	53.32	55.45	90	1	B
54680	TRANSPLANTATION OF TESTIS(ES) TO THIGH (BECAUSE OF SCROTAL DESTRUCTION)	N/A	57.64	59.94	90	1	B
54690	LAPAROSCOPY, SURGICAL; ORCHIECTOMY	N/A	47.41	49.30	90	1	B
55150	RESECTION OF SCROTUM	N/A	35.44	36.85	90	1	
55520	EXCISION OF LESION OF SPERMATIC CORD (SEPARATE PROCEDURE)	N/A	28.00	29.12	90	1	
55535	EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; ABDOM	N/A	31.37	32.62	90	1	
55540	EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; WITH	N/A	33.79	35.14	90	1	
55550	LAPAROSCOPY, SURGICAL, WITH LIGATION OF SPERMATIC VEINS FOR VARICOCELE	N/A	30.84	32.07	90	1	B
55559	UNLISTED LAPAROSCOPY PROCEDURE, SPERMATIC CORD	N/A	0.00	0.00	0	1	R B
55650	VESICULECTOMY, ANY APPROACH	N/A	52.34	54.43	90	1	B
55720	PROSTATOTOMY, EXTERNAL DRAINAGE OF PROSTATIC ABSCESS, ANY APPROACH; SIMPLE	N/A	33.91	35.26	90	1	
55725	PROSTATOTOMY, EXTERNAL DRAINAGE OF PROSTATIC ABSCESS, ANY APPROACH; COMPLIC	N/A	42.66	44.36	90	1	
55801	PROSTATECTOMY, PERINEAL, SUBTOTAL (INCLUDING CONTROL OF POSTOPERATIVE BLEED	N/A	79.84	83.03	90	1	
55810	PROSTATECTOMY, PERINEAL RADICAL;	N/A	96.53	100.39	90	1	
55812	PROSTATECTOMY, PERINEAL RADICAL; WITH LYMPH NODE BIOPSY(S) (LIMITED PELVIC	N/A	118.15	122.87	90	1	
55815	PROSTATECTOMY, PERINEAL RADICAL; WITH BILATERAL PELVIC LYMPHADENECTOMY, INC	N/A	129.84	135.03	90	1	
55821	PROSTATECTOMY (INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, VASECTOMY, MEAT	N/A	64.18	66.74	90	1	
55831	PROSTATECTOMY (INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, VASECTOMY, MEAT	N/A	69.51	72.29	90	1	
55840	PROSTATECTOMY, RETROPUBIC RADICAL, WITH OR WITHOUT NERVE SPARING;	N/A	98.16	102.08	90	1	
55842	PROSTATECTOMY, RETROPUBIC RADICAL, WITH OR WITHOUT NERVE SPARING; WITH LYMP	N/A	105.30	109.51	90	1	
55845	PROSTATECTOMY, RETROPUBIC RADICAL, WITH OR WITHOUT NERVE SPARING; WITH BILA	N/A	120.26	125.07	90	1	
55862	EXPOSURE OF PROSTATE, ANY APPROACH, FOR INSERTION OF RADIOACTIVE SUBSTANCE;	N/A	81.35	84.60	90	1	
55865	EXPOSURE OF PROSTATE, ANY APPROACH, FOR INSERTION OF RADIOACTIVE SUBSTANCE;	N/A	98.44	102.37	90	1	
55866	LAPAROSCOPY, SURGICAL PROSTATECTOMY, RETROPUBIC RADICAL, INCLUDING NERVE SP	N/A	127.70	132.80	90	1	
56501	DESTRUCTION OF LESION(S), VULVA; SIMPLE (EG, LASER SURGERY, ELECTROSURGERY,	N/A	52.79	54.90	10	1	
56515	DESTRUCTION OF LESION(S), VULVA; EXTENSIVE (EG, LASER SURGERY, ELECTROSURGE	N/A	89.87	93.46	10	1	
56620	VULVECTOMY SIMPLE; PARTIAL	N/A	34.57	35.95	90	1	
56625	VULVECTOMY SIMPLE; COMPLETE	N/A	38.59	40.13	90	1	

CODE	DESCRIPTION	ANESTHESIA	AGE 21+	00-20	MAX		SPEC
		BASE FEE	MAX FEE	MAX FEE	FUD	UNITS	
56630	VULVECTOMY, RADICAL, PARTIAL;	N/A	56.49	58.74	90	1	
56631	VULVECTOMY, RADICAL, PARTIAL; WITH UNILATERAL INGUINOFEMORAL LYMPHADENECTOM	N/A	71.74	74.60	90	1	
56632	VULVECTOMY, RADICAL, PARTIAL; WITH BILATERAL INGUINOFEMORAL LYMPHADENECTOMY	N/A	83.86	87.21	90	1	
56633	VULVECTOMY, RADICAL, COMPLETE;	N/A	73.58	76.52	90	1	
56634	VULVECTOMY, RADICAL, COMPLETE; WITH UNILATERAL INGUINOFEMORAL LYMPHADENECTO	N/A	77.60	80.70	90	1	
56637	VULVECTOMY, RADICAL, COMPLETE; WITH BILATERAL INGUINOFEMORAL LYMPHADENECTOM	N/A	91.65	95.31	90	1	
56640	VULVECTOMY, RADICAL, COMPLETE, WITH INGUINOFEMORAL, ILIAC, AND PELVIC LYMPH	N/A	92.11	95.79	90	1	B
56700	PARTIAL HYMENECTOMY OR REVISION OF HYMENAL RING	N/A	12.19	12.67	10	1	
56800	PLASTIC REPAIR OF INTROITUS	N/A	15.91	16.54	10	1	
56805	CLITOROPLASTY FOR INTERSEX STATE	N/A	78.46	81.59	90	1	PA
56810	PERINEOPLASTY, REPAIR OF PERINEUM, NON-OBSTETRICAL (SEPARATE PROCEDURE)	N/A	17.09	17.77	10	1	
57061	DESTRUCTION OF VAGINAL LESION(S); SIMPLE (EG, LASER SURGERY, ELECTROSURGERY	N/A	45.88	47.71	10	1	
57065	DESTRUCTION OF VAGINAL LESION(S); EXTENSIVE (EG, LASER SURGERY, ELECTROSURG	N/A	77.77	80.88	10	1	
57106	VAGINECTOMY, PARTIAL REMOVAL OF VAGINAL WALL;	N/A	31.00	32.24	90	1	
57107	VAGINECTOMY, PARTIAL REMOVAL OF VAGINAL WALL; WITH REMOVAL OF PARAVAGINAL T	N/A	91.13	94.77	90	1	
57109	VAGINECTOMY, PARTIAL REMOVAL OF VAGINAL WALL; WITH REMOVAL OF PARAVAGINAL T	N/A	105.25	109.46	90	1	
57110	VAGINECTOMY, COMPLETE REMOVAL OF VAGINAL WALL;	N/A	58.67	61.01	90	1	
57111	VAGINECTOMY, COMPLETE REMOVAL OF VAGINAL WALL; WITH REMOVAL OF PARAVAGINAL	N/A	104.80	108.99	90	1	
57112	VAGINECTOMY, COMPLETE REMOVAL OF VAGINAL WALL; WITH REMOVAL OF PARAVAGINAL	N/A	113.42	117.95	90	1	
57120	COLPOCLEISIS (LE FORT TYPE)	N/A	33.28	34.61	90	1	
57130	EXCISION OF VAGINAL SEPTUM	N/A	11.81	12.28	10	1	
57150	IRRIGATION OF VAGINA AND /OR APPLICATION OF MEDICAMENT FOR TREATMENT OF	N/A	18.70	19.44	0	1	
57160	FITTING AND INSERTION OF PESSARY OR OTHER INTRAVAGINAL SUPPORT DEVICE	N/A	31.74	33.00	0	1	
57170	DIAPHRAGM OR CERVICAL CAP FITTING WITH INSTRUCTIONS	N/A	24.82	25.81	0	1	
57200	COLPORRHAPHY, SUTURE OF INJURY OF VAGINA (NONOBSTETRICAL)	N/A	19.43	20.20	90	1	
57210	COLPOPERINEORRHAPHY, SUTURE OF INJURY OF VAGINA AND/OR PERINEUM (NONOBSTETR	N/A	23.88	24.83	90	1	
57220	PLASTIC OPERATION ON URETHRAL SPHINCTER, VAGINAL APPROACH (EG, KELLY URETHR	N/A	20.81	21.64	90	1	
57230	PLASTIC REPAIR OF URETHROCELE	N/A	26.47	27.52	90	1	
57240	ANTERIOR COLPORRHAPHY, REPAIR OF CYSTOCELE WITH OR WITHOUT REPAIR OF URETHR	N/A	43.99	45.74	90	1	
57250	POSTERIOR COLPORRHAPHY, REPAIR OF RECTOCELE WITH OR WITHOUT PERINEORRHAPHY	N/A	42.94	44.65	90	1	
57260	COMBINED ANTEROPOSTERIOR COLPORRHAPHY;	N/A	53.17	55.29	90	1	
57265	COMBINED ANTEROPOSTERIOR COLPORRHAPHY; WITH ENTEROCELE REPAIR	N/A	59.00	61.36	90	1	
57267	INSERTION OF MESH OR OTHER PROSTHESIS FOR REPAIR OF PELVIC FLOOR DEFECT, EA	N/A	17.72	18.42	90	1	B
57268	REPAIR OF ENTEROCELE, VAGINAL APPROACH (SEPARATE PROCEDURE)	N/A	31.52	32.78	90	1	
57270	REPAIR OF ENTEROCELE, ABDOMINAL APPROACH (SEPARATE PROCEDURE)	N/A	51.96	54.03	90	1	
57280	COLPOPEXY, ABDOMINAL APPROACH	N/A	63.62	66.16	90	1	
57282	COLPOPEXY, VAGINAL; EXTRA-PERITONEAL APPROACH (SACROSPINOUS, ILIOCOCCYGEUS)	N/A	33.33	34.66	90	1	
57283	COLPOPEXY, VAGINAL; INTRA-PERITONEAL APPROACH (UTEROSACRAL, LEVATOR MYORRHA	N/A	44.77	46.56	90	1	
57284	PARAVAGINAL DEFECT REPAIR (INCLUDING REPAIR OF CYSTOCELE, STRESS URINARY IN	N/A	54.47	56.64	90	1	
57287	REMOVAL OR REVISION OF SLING FOR STRESS INCONTINENCE (EG, FASCIA OR SYNTHET	N/A	47.49	49.38	90	1	

CODE	DESCRIPTION	ANESTHESIA	AGE 21+	00-20	MAX		SPEC
		BASE FEE	MAX FEE	MAX FEE	FUD	UNITS	
57288	SLING OPERATION FOR STRESS INCONTINENCE (EG, FASCIA OR SYNTHETIC)	N/A	55.96	58.19	90	1	
57289	PEREYRA PROCEDURE, INCLUDING ANTERIOR COLPORRHAPHY	N/A	50.55	52.57	90	1	
57291	CONSTRUCTION OF ARTIFICIAL VAGINA; WITHOUT GRAFT	N/A	34.79	36.18	90	1	R
57292	CONSTRUCTION OF ARTIFICIAL VAGINA; WITH GRAFT	N/A	54.17	56.33	90	1	R
57295	REVISION (INCLUDING REMOVAL) OF PROSTHETIC VAGINAL GRAFT, VAGINAL APPROACH	N/A	31.82	33.09	90	1	
57296	REVISION (INCLUDING REMOVAL) OF PROSTHETIC VAGINAL GRAFT; OPEN ABDOMINAL AP	N/A	62.57	65.07	90	1	
57300	CLOSURE OF RECTOVAGINAL FISTULA; VAGINAL OR TRANSANAL APPROACH	N/A	34.99	36.38	90	1	
57305	CLOSURE OF RECTOVAGINAL FISTULA; ABDOMINAL APPROACH	N/A	58.22	60.54	90	1	
57307	CLOSURE OF RECTOVAGINAL FISTULA; ABDOMINAL APPROACH, WITH CONCOMITANT COLOS	N/A	65.51	68.13	90	1	
57308	CLOSURE OF RECTOVAGINAL FISTULA; TRANSPERINEAL APPROACH, WITH PERINEAL BODY	N/A	41.53	43.19	90	1	
57310	CLOSURE OF URETHROVAGINAL FISTULA;	N/A	33.21	34.53	90	1	
57311	CLOSURE OF URETHROVAGINAL FISTULA; WITH BULBOCAVERNOSUS TRANSPLANT	N/A	36.90	38.37	90	1	
57320	CLOSURE OF VESICOVAGINAL FISTULA; VAGINAL APPROACH	N/A	37.41	38.90	90	1	
57330	CLOSURE OF VESICOVAGINAL FISTULA; TRANSVESICAL AND VAGINAL APPROACH	N/A	53.85	56.00	90	1	
57335	VAGINOPLASTY FOR INTERSEX STATE	N/A	77.53	80.63	90	1	
57415	REMOVAL OF IMPACTED VAGINAL FOREIGN BODY (SEPARATE PROCEDURE) UNDER ANESTHE	N/A	65.67	68.29	10	1	
57425	LAPAROSCOPY, SURGICAL, COLPOPEXY (SUSPENSION OF VAGINAL APEX)	N/A	64.48	67.05	90	1	
57452	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA;	N/A	44.78	46.57	0	1	
57454	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH BIOPSY(S) OF	N/A	62.85	65.36	0	1	
57510	CAUTERY OF CERVIX; ELECTRO OR THERMAL	N/A	53.89	56.04	10	1	
57511	CAUTERIZATION OF CERVIX; CRYOCAUTERY, INITIAL OR REPEAT	N/A	58.76	61.11	10	1	
57513	CAUTERIZATION OF CERVIX; LASER ABLATION	N/A	58.29	60.62	10	1	
57522	CONIZATION OF CERVIX, WITH OR WITHOUT FULGURATION, WITH OR WITHOUT DILATION	N/A	106.52	110.78	90	1	
57530	TRACHELECTOMY (CERVICECTOMY), AMPUTATION OF CERVIX (SEPARATE PROCEDURE)	N/A	22.27	23.16	90	1	
57531	RADICAL TRACHELECTOMY, WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND PARA	N/A	110.26	114.67	90	1	
57540	EXCISION OF CERVICAL STUMP, ABDOMINAL APPROACH;	N/A	51.01	53.05	90	1	
57545	EXCISION OF CERVICAL STUMP, ABDOMINAL APPROACH; WITH PELVIC FLOOR REPAIR	N/A	54.63	56.81	90	1	
57550	EXCISION OF CERVICAL STUMP, VAGINAL APPROACH;	N/A	26.47	27.52	90	1	
57555	EXCISION OF CERVICAL STUMP, VAGINAL APPROACH; WITH ANTERIOR AND/OR POSTERIO	N/A	39.44	41.01	90	1	
57556	EXCISION OF CERVICAL STUMP, VAGINAL APPROACH; WITH REPAIR OF ENTEROCELE	N/A	37.30	38.79	90	1	
57720	TRACHELORRHAPHY, PLASTIC REPAIR OF UTERINE CERVIX, VAGINAL APPROACH	N/A	19.88	20.67	90	1	
58100	ENDOMETRIAL SAMPLING(BIOPSY) WITH OR WITHOUT ENDOCERVICAL SAMPLING (BIOPSY	N/A	44.46	46.23	0	1	
58140	MYOMECTOMY, EXCISION OF FIBROID TUMOR(S) OF UTERUS, 1 TO 4 INTRAMURAL MYOMA	N/A	59.63	62.01	90	1	
58145	MYOMECTOMY, EXCISION OF FIBROID TUMOR OF UTERUS, SINGLE OR MULTIPLE (SEPARA	N/A	35.24	36.64	90	1	
58150	TOTAL ABDOMINAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL O	N/A	64.38	66.95	90	1	S
58152	TOTAL ABDOMINAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL O	N/A	81.27	84.52	90	1	S
58180	SUPRACERVICAL ABDOMINAL HYSTERECTOMY (SUBTOTAL HYSTERECTOMY), WITH OR WITHO	N/A	61.54	64.00	90	1	S
58200	TOTAL ABDOMINAL HYSTERECTOMY, INCLUDING PARTIAL VAGINECTOMY, WITH PARA-AORT	N/A	84.79	88.18	90	1	S
58210	RADICAL ABDOMINAL HYSTERECTOMY, WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY	N/A	112.89	117.40	90	1	S
58240	PELVIC EXENTERATION FOR GYNECOLOGIC MALIGNANCY, WITH TOTAL ABDOMINAL HYSTER	N/A	178.56	185.70	90	1	S

CODE	DESCRIPTION	ANESTHESIA	AGE 21+	00-20	MAX		SPEC
		BASE FEE	MAX FEE	MAX FEE	FUD	UNITS	
58260	VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS;	N/A	53.72	55.86	90	1	S
58262	VAGINAL HYSTERECTOMY; WITH REMOVAL OF TUBE(S), AND/OR OVARY(S)	N/A	59.98	62.37	90	1	S
58263	VAGINAL HYSTERECTOMY; WITH REMOVAL OF TUBE(S), AND/OR OVARY(S), WITH REPAIR	N/A	64.53	67.11	90	1	S
58267	VAGINAL HYSTERECTOMY; WITH COLPO-URETHROCYSOTPEXY (MARSHALL-MARCHETTI-KRANT	N/A	68.65	71.39	90	1	S
58270	VAGINAL HYSTERECTOMY; WITH REPAIR OF ENTEROCELE	N/A	57.52	59.82	90	1	S
58275	VAGINAL HYSTERECTOMY, WITH TOTAL OR PARTIAL VAGINECTOMY;	N/A	64.05	66.61	90	1	S
58280	VAGINAL HYSTERECTOMY, WITH TOTAL OR PARTIAL COLPECTOMY; WITH REPAIR OF ENTE	N/A	68.63	71.37	90	1	S
58285	VAGINAL HYSTERECTOMY, RADICAL (SCHAUTA TYPE OPERATION)	N/A	85.62	89.04	90	1	S
58290	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS;	N/A	75.04	78.04	90	1	S
58291	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH REMOVAL OF TU	N/A	81.20	84.44	90	1	S
58292	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH REMOVAL OF TU	N/A	86.02	89.46	90	1	S
58293	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH COLPO-URETHRO	N/A	89.24	92.80	90	1	S
58294	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH REPAIR OF ENT	N/A	78.15	81.27	90	1	S
58300	INSERTION OF INTRAUTERINE DEVICE (IUD)	N/A	27.50	28.60	0	1	
58301	REMOVAL OF INTRAUTERINE DEVICE (IUD)	N/A	38.65	40.19	0	1	
58353	ENDOMETRIAL ABLATION, THERMAL, WITHOUT HYSTEROSCOPIC GUIDANCE	N/A	14.35	14.92	10	1	R B
58356	ENDOMETRIAL CRYOABLATION WITH ULTRASONIC GUIDANCE, INCLUDING ENDOMETRIAL CU	N/A	22.70	23.60	10	1	B
58520	HYSTERORRHAPHY, REPAIR OF RUPTURED UTERUS (NONOBSTETRICAL)	N/A	51.03	53.07	90	1	
58540	HYSTEROPLASTY, REPAIR OF UTERINE ANOMALY (STRASSMAN TYPE)	N/A	59.33	61.70	90	1	
58541	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS	N/A	56.28	58.53	90	1	
58542	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS	N/A	62.29	64.78	90	1	
58543	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS GREATER THAN	N/A	63.35	65.88	90	1	
58544	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS GREATER THAN	N/A	68.60	71.34	90	1	
58545	LAPAROSCOPY, SURGICAL, MYOMECTOMY, EXCISION; 1 TO 4 INTRAMURAL MYOMAS WITH	N/A	58.22	60.54	90	1	
58546	LAPAROSCOPY, SURGICAL, MYOMECTOMY, EXCISION; 5 OR MORE INTRAMURAL MYOMAS AN	N/A	73.53	76.47	90	1	
58548	LAPAROSCOPY, SURGICAL, WITH RADICAL HYSTERECTOMY, WITH BILATERAL TOTAL PELV	N/A	119.93	124.72	90	1	B
58550	LAPAROSCOPY SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LE	N/A	57.47	59.76	10	1	S
58552	LAPAROSCOPY SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LE	N/A	63.10	65.62	90	1	S
58553	LAPAROSCOPY, SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 2	N/A	73.91	76.86	90	1	S
58554	LAPAROSCOPY, SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 2	N/A	84.44	87.81	90	1	S
58560	HYSTEROSCOPY, SURGICAL; WITH DIVISION OR RESECTION OF INTRAUTERINE SEPTUM (	N/A	25.44	26.45	0	1	
58578	UNLISTED LAPAROSCOPY PROCEDURE, UTERUS	N/A	0.00	0.00	0	1	R B
58579	UNLISTED HYSTEROSCOPY PROCEDURE, UTERUS	N/A	0.00	0.00	0	1	R B
58600	LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S), ABDOMINAL OR VAGINAL APPROACH	N/A	23.71	24.65	90	1	S
58605	LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S), ABDOMINAL OR VAGINAL APPROACH	N/A	21.39	22.24	90	1	S
58611	LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S) WHEN DONE AT THE TIME OF CESAR	N/A	5.10	5.30	90	1	S
58615	OCCLUSION OF FALLOPIAN TUBE(S) BY DEVICE (EG, BAND, CLIP, FALOPE RING) VAGI	N/A	15.99	16.62	10	1	S
58660	LAPAROSCOPY, SURGICAL; WITH LYSIS OF ADHESIONS (SALPINGOLYSIS, OVARIOLYSIS)	N/A	43.89	45.64	90	1	
58661	LAPAROSCOPY, SURGICAL; WITH REMOVAL OF ADNEXAL STRUCTURES (PARTIAL OR TOTAL	N/A	41.85	43.52	10	1	
58662	LAPAROSCOPY, SURGICAL; WITH FULGURATION OR EXCISION OF LESIONS OF THE OVARY	N/A	45.98	47.81	90	1	

CODE	DESCRIPTION	ANESTHESIA	AGE 21+	00-20	MAX		SPEC
		BASE FEE	MAX FEE	MAX FEE	FUD	UNITS	
58672	LAPAROSCOPY, SURGICAL; WITH FIMBRIOPLASTY	N/A	48.34	50.27	90	1	B
58673	LAPAROSCOPY, SURGICAL; WITH SALPINGOSTOMY (SALPINGONEOSTOMY)	N/A	52.49	54.58	90	1	B
58679	UNLISTED LAPAROSCOPY PROCEDURE, OVIDUCT, OVARY	N/A	0.00	0.00	0	1	R B
58700	SALPINGECTOMY, COMPLETE OR PARTIAL, UNILATERAL OR BILATERAL (SEPARATE PROCE	N/A	49.98	51.97	90	1	
58720	SALPINGO-OOPHORECTOMY, COMPLETE OR PARTIAL, UNILATERAL OR BILATERAL (SEPARA	N/A	46.68	48.54	90	1	
58740	LYSIS OF ADHESIONS (SALPINGOLYSIS, OVARIOLYSIS)	N/A	56.76	59.03	90	1	
58770	SALPINGOSTOMY (SALPINGONEOSTOMY)	N/A	55.78	58.01	90	1	B
58805	DRAINAGE OF OVARIAN CYST(S), UNILATERAL OR BILATERAL, (SEPARATE PROCEDURE);	N/A	26.22	27.26	90	1	
58820	DRAINAGE OF OVARIAN ABSCESS; VAGINAL APPROACH, OPEN	N/A	20.16	20.96	90	1	
58822	DRAINAGE OF OVARIAN ABSCESS; ABDOMINAL APPROACH	N/A	45.05	46.85	90	1	
58823	DRAINAGE OF PELVIC ABSCESS, TRANSVAGINAL OR TRANSRECTAL APPROACH, PERCUTANE	N/A	11.46	11.91	0	1	
58825	TRANSPOSITION, OVARY(S)	N/A	45.25	47.06	90	1	R
58900	BIOPSY OF OVARY, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	N/A	26.70	27.76	90	1	
58920	WEDGE RESECTION OR BISECTION OF OVARY, UNILATERAL OR BILATERAL	N/A	46.58	48.44	90	1	
58925	OVARIAN CYSTECTOMY, UNILATERAL OR BILATERAL	N/A	47.79	49.70	90	1	
58940	OOPHORECTOMY, PARTIAL OR TOTAL, UNILATERAL OR BILATERAL;	N/A	32.86	34.17	90	1	
58943	OOPHORECTOMY, PARTIAL OR TOTAL, UNILATERAL OR BILATERAL; FOR OVARIAN, TUBAL	N/A	72.62	75.52	90	1	
58950	RESECTION (INITIAL) OF OVARIAN, TUBAL OR PRIMARY PERITONEAL MALIGNANCY WITH	N/A	69.36	72.13	90	1	
58951	RESECTION OF OVARIAN MALIGNANCY WITH BILATERAL SALPINGO-OOPHORECTOMY AND OM	N/A	89.06	92.62	90	1	S
58952	RESECTION OF OVARIAN, TUBAL OR PRIMARY PERITONEAL MALIGNANCY WITH BILATERAL	N/A	100.63	104.65	90	1	
58953	BILATERAL SALPINGO-OOPHORECTOMY WITH OMENTECTOMY, TOTAL ABDOMINAL HYSTERECT	N/A	124.48	129.45	90	1	B
58954	BILATERAL SALPINGO-OOPHORECTOMY WITH OMENTECTOMY, TOTAL ABDOMINAL HYSTERECT	N/A	135.02	140.42	90	1	B
58956	BILATERAL SALPINGO-OOPHORECTOMY WITH TOTAL OMENTECTOMY, TOTAL ABDOMINAL HYS	N/A	88.71	92.25	90	1	
58957	RESECTION (TUMOR DEBULKING) OF RECURRENT OVARIAN, TUBAL, PRIMARY PERITONEAL	N/A	97.13	101.01	90	1	B
58958	RESECTION (TUMOR DEBULKING) OF RECURRENT OVARIAN, TUBAL, PRIMARY PERITONEAL	N/A	107.57	111.87	90	1	B
58960	LAPAROTOMY, FOR STAGING OR RESTAGING OF OVARIAN, TUBAL OR PRIMARY PERITONEA	N/A	59.75	62.14	90	1	
58999	UNLISTED PROCEDURE, FEMALE GENITAL SYSTEM (NONOBSTETRICAL)	N/A	0.00	0.00	90	1	R
59025	FETAL NON-STRESS TEST	N/A	20.58	21.40	0	1	
59100	HYSTEROTOMY, ABDOMINAL (EG, FOR HYDATIDIFORM MOLE, ABORTION)	N/A	55.35	57.56	90	1	
59120	SURGICAL TREATMENT OF ECTOPIC PREGNANCY; TUBAL OR OVARIAN, REQUIRING SALPIN	N/A	52.06	54.14	90	1	
59121	SURGICAL TREATMENT OF ECTOPIC PREGNANCY; TUBAL OR OVARIAN, WITHOUT SALPINGE	N/A	52.29	54.38	90	1	
59136	SURGICAL TREATMENT OF ECTOPIC PREGNANCY; INTERSTITIAL, UTERINE PREGNANCY WI	N/A	57.84	60.15	90	1	
59140	SURGICAL TREATMENT OF ECTOPIC PREGNANCY; CERVICAL, WITH EVACUATION	N/A	25.21	26.21	90	1	
59150	LAPAROSCOPIC TREATMENT OF ECTOPIC PREGNANCY; WITHOUT SALPINGECTOMY AND/OR O	N/A	50.75	52.78	90	1	
59151	LAPAROSCOPIC TREATMENT OF ECTOPIC PREGNANCY; WITH SALPINGECTOMY AND/OR OOPH	N/A	49.37	51.34	90	1	
59350	HYSTERORRHAPHY OF RUPTURED UTERUS	N/A	18.88	19.63	0	1	
59410	VAGINAL DELIVERY ONLY (WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS); INCLUDIN	N/A	665.60	692.22	45	1	
59412	EXTERNAL CEPHALIC VERSION, WITH OR WITHOUT TOCOLYSIS (LIST IN ADDITION TO C	N/A	69.06	71.82	0	1	
59414	DELIVERY OF PLACENTA (SEPARATE PROCEDURE)	N/A	139.78	145.37	45	1	
59430	POSTPARTUM CARE ONLY (SEPARATE PROCEDURE)	N/A	41.60	43.26	0	1	

CODE	DESCRIPTION	ANESTHESIA BASE FEE	AGE 21+ MAX FEE	00-20 MAX FEE	FUD	MAX UNITS	SPEC
59430	TH POSTPARTUM CARE ONLY (SEPARATE PROCEDURE)	N/A	444.26	462.03	0	1	
59515	CESAREAN DELIVERY ONLY; INCLUDING POSTPARTUM CARE	N/A	106.50	110.76	45	1	
59525	SUBTOTAL OR TOTAL HYSTERECTOMY AFTER CESAREAN DELIVERY (LIST SEPARATELY IN	N/A	40.27	41.88	90	1	S
59614	VAGINAL DELIVERY ONLY, AFTER PREVIOUS CESAREAN DELIVERY (WITH OR WITHOUT EP	N/A	665.60	692.22	45	1	
59622	CESAREAN DELIVERY ONLY, FOLLOWING ATTEMPTED VAGINAL DELIVERY AFTER PREVIOUS	N/A	106.50	110.76	45	1	
59866	MULTIFETAL PREGNANCY REDUCTION(S) (MPR)	N/A	15.33	15.94	10	1	R
59870	UTERINE EVACUATION AND CURETTAGE FOR HYDATIDIFORM MOLE	N/A	30.42	31.63	90	1	
59899	UNLISTED PROCEDURE, MATERNITY CARE AND DELIVERY	N/A	0.00	0.00	0	1	R
60200	EXCISION OF CYST OR ADENOMA OF THYROID, OR TRANSECTION OF ISTHMUS	N/A	40.65	42.27	90	1	
60210	PARTIAL THYROID LOBECTOMY, UNILATERAL; WITH OR WITHOUT ISTHUSECTOMY	N/A	43.82	45.57	90	1	
60212	PARTIAL THYROID LOBECTOMY, UNILATERAL; WITH CONTRALATERAL SUBTOTAL LOBECTOM	N/A	63.02	65.54	90	1	
60220	TOTAL THYROID LOBECTOMY, UNILATERAL; WITH OR WITHOUT ISTHUSECTOMY	N/A	47.79	49.70	90	1	
60225	TOTAL THYROID LOBECTOMY, UNILATERAL; WITH CONTRALATERAL SUBTOTAL LOBECTOMY,	N/A	57.82	60.13	90	1	
60240	THYROIDECTOMY, TOTAL OR COMPLETE	N/A	60.83	63.26	90	1	
60252	THYROIDECTOMY, TOTAL OR SUBTOTAL FOR MALIGNANCY; WITH LIMITED NECK DISSECTI	N/A	81.98	85.25	90	1	
60254	THYROIDECTOMY, TOTAL OR SUBTOTAL FOR MALIGNANCY; WITH RADICAL NECK DISSECTI	N/A	103.92	108.07	90	1	
60260	THYROIDECTOMY, REMOVAL OF ALL REMAINING THYROID TISSUE FOLLOWING PREVIOUS R	N/A	68.23	70.95	90	1	
60270	THYROIDECTOMY, INCLUDING SUBSTERNAL THYROID; STERNAL SPLIT OR TRANSTHORACIC	N/A	86.37	89.82	90	1	
60271	THYROIDECTOMY, INCLUDING SUBSTERNAL THYROID GLAND; CERVICAL APPROACH	N/A	65.66	68.28	90	1	
60280	EXCISION OF THYROID GLAND; CERVICAL APPROACH	N/A	26.92	27.99	90	1	
60281	EXCISION OF THYROID GLAND; RECURRENT	N/A	35.47	36.88	90	1	
60500	PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S);	N/A	63.93	66.48	90	1	
60502	PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S); RE-EXPLORATION	N/A	80.47	83.68	90	1	
60505	PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S); WITH MEDIASTINAL EXPLOR	N/A	87.48	90.97	90	1	
60512	PARATHYROID AUTOTRANSPLANTATION (LIST SEPARATELY IN ADDITION TO CODE FOR PR	N/A	15.49	16.10	0	1	
60520	THYROIDECTOMY, PARTIAL OR TOTAL; TRANSCERVICAL APPROACH (SEPARATE PROCEDURE)	N/A	65.86	68.49	90	1	
60521	THYROIDECTOMY, PARTIAL OR TOTAL; STERNAL SPLIT OR TRANSTHORACIC APPROACH, WITH	N/A	75.92	78.95	90	1	
60522	THYROIDECTOMY, PARTIAL OR TOTAL; STERNAL SPLIT OR TRANSTHORACIC APPROACH, WITH	N/A	91.50	95.16	90	1	
60540	ADRENALECTOMY, PARTIAL OR COMPLETE, OR EXPLORATION OF ADRENAL GLAND WITH OR	N/A	69.83	72.62	90	1	B
60545	ADRENALECTOMY, PARTIAL OR COMPLETE, OR EXPLORATION OF ADRENAL GLAND WITH OR	N/A	79.91	83.10	90	1	
60600	EXCISION OF CAROTID BODY TUMOR; WITHOUT EXCISION OF CAROTID ARTERY	N/A	90.40	94.01	90	1	
60605	EXCISION OF CAROTID BODY TUMOR; WITH EXCISION OF CAROTID ARTERY	N/A	117.12	121.80	90	1	
60659	UNLISTED LAPAROSCOPY PROCEDURE, ENDOCRINE SYSTEM	N/A	0.00	0.00	0	1	R B
60699	UNLISTED PROCEDURE, ENDOCRINE SYSTEM	N/A	0.00	0.00	90	1	R
61140	BURR HOLE(S) OR TREPHINE; WITH BIOPSY OF BRAIN OR INTRACRANIAL LESION	N/A	79.79	82.98	90	1	
61154	BURR HOLE(S) WITH EVACUATION AND/OR DRAINAGE OF HEMATOMA, EXTRADURAL OR SUB	N/A	80.49	83.70	90	1	B
61156	BURR HOLE(S); WITH ASPIRATION OF HEMATOMA OR CYST, INTRACEREBRAL	N/A	79.46	82.63	90	1	
61250	BURR HOLE(S) OR TREPHINE, SUPRATENTORIAL, EXPLORATORY, NOT FOLLOWED BY OTHE	N/A	54.85	57.04	90	1	B
61253	BURR HOLE(S) OR TREPHINE, INFRATENTORIAL, UNILATERAL OR BILATERAL	N/A	60.08	62.48	90	1	
61304	CRANIECTOMY OR CRANIOTOMY, EXPLORATORY; SUPRATENTORIAL	N/A	104.90	109.09	90	1	

CODE	DESCRIPTION	ANESTHESIA	AGE 21+	00-20	MAX		SPEC
		BASE FEE	MAX FEE	MAX FEE	FUD	UNITS	
61305	CRANIECTOMY OR CRANIOTOMY, EXPLORATORY; INFRATENTORIAL (POSTERIOR FOSSA)	N/A	125.44	130.45	90	1	
61312	CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, SUPRATENTORIAL; EXTRA	N/A	130.72	135.94	90	1	
61313	CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, SUPRATENTORIAL; INTRA	N/A	125.92	130.95	90	1	
61314	CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, INFRATENTORIAL; EXTRA	N/A	116.84	121.51	90	1	
61315	CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, INFRATENTORIAL; INTRA	N/A	131.92	137.19	90	1	
61320	CRANIECTOMY OR CRANIOTOMY, DRAINAGE OF INTRACRANIAL ABSCESS; SUPRATENTORIAL	N/A	121.74	126.60	90	1	
61321	CRANIECTOMY OR CRANIOTOMY, DRAINAGE OF INTRACRANIAL ABSCESS; INFRATENTORIAL	N/A	130.84	136.07	90	1	
61322	CRANIECTOMY OR CRANIOTOMY, DECOMPRESSION, WITH OR WITHOUT DURAPLASTY, FOR T	N/A	150.22	156.22	90	1	
61330	DECOMPRESSION OF ORBIT ONLY, TRANSCRANIAL APPROACH	N/A	99.47	103.44	90	1	B
61332	EXPLORATION OF ORBIT (TRANSCRANIAL APPROACH); WITH BIOPSY	N/A	118.17	122.89	90	1	
61333	EXPLORATION OF ORBIT (TRANSCRANIAL APPROACH); WITH REMOVAL OF LESION	N/A	117.27	121.96	90	1	
61334	EXPLORATION OF ORBIT (TRANSCRANIAL APPROACH); WITH REMOVAL OF FOREIGN BODY	N/A	76.67	79.73	90	1	
61340	SUBTEMPORAL CRANIAL DECOMPRESSION (PSEUDOTUMOR CEREBRI, SLIT VENTRICLE SYND	N/A	91.50	95.16	90	1	B
61343	CRANIECTOMY, SUBOCCIPITAL WITH CERVICAL LAMINECTOMY FOR DECOMPRESSION OF ME	N/A	140.14	145.74	90	1	
61345	OTHER CRANIAL DECOMPRESSION, POSTERIOR FOSSA	N/A	129.74	134.92	90	1	
61440	CRANIOTOMY FOR SECTION OF TENTORIUM CEREBELLI (SEPARATE PROCEDURE)	N/A	124.94	129.93	90	1	
61450	CRANIECTOMY, SUBTEMPORAL, FOR SECTION, COMPRESSION, OR DECOMPRESSION OF SEN	N/A	116.31	120.96	90	1	
61458	CRANIECTOMY, SUBOCCIPITAL; FOR EXPLORATION OR DECOMPRESSION OF CRANIAL NERV	N/A	128.13	133.25	90	1	
61460	CRANIECTOMY, SUBOCCIPITAL; FOR SECTION OF ONE OR MORE CRANIAL NERVES	N/A	129.51	134.69	90	1	
61470	CRANIECTOMY, SUBOCCIPITAL; FOR MEDULLARY TRACTOTOMY	N/A	117.47	122.16	90	1	
61480	CRANIECTOMY, SUBOCCIPITAL; FOR MESENCEPHALIC TRACTOTOMY OR PEDUNCULOTOMY	N/A	107.67	111.97	90	1	
61490	CRANIOTOMY FOR LOBOTOMY, INCLUDING CINGULOTOMY	N/A	122.15	127.03	90	1	B
61500	CRANIECTOMY; WITH EXCISION OF TUMOR OR OTHER BONE LESION OF SKULL	N/A	85.29	88.70	90	1	
61501	CRANIECTOMY; FOR OSTEOMYELITIS	N/A	73.15	76.07	90	1	
61510	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF BRAIN TUMO	N/A	139.01	144.57	90	1	
61512	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF MENINGIOMA	N/A	163.20	169.72	90	1	
61514	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF BRAIN ABSC	N/A	121.62	126.48	90	1	
61516	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OR FENESTRATI	N/A	118.90	123.65	90	1	
61518	CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR FOSSA;	N/A	176.19	183.23	90	1	
61519	CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR FOSSA;	N/A	188.71	196.25	90	1	
61520	CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR FOSSA;	N/A	236.83	246.30	90	1	
61521	CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR FOSSA;	N/A	203.04	211.16	90	1	
61522	CRANIECTOMY, INFRATENTORIAL OR POSTERIOR FOSSA; FOR EXCISION OF BRAIN ABSCE	N/A	137.76	143.27	90	1	
61524	CRANIECTOMY, INFRATENTORIAL OR POSTERIOR FOSSA; FOR EXCISION OR FENESTRATIO	N/A	133.06	138.38	90	1	
61531	SUBDURAL IMPLANTATION OF STRIP ELECTRODES THROUGH ONE OR MORE BURR OR TREPH	N/A	76.57	79.63	90	1	
61533	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR SUBDURAL IMPLANTATION OF AN ELE	N/A	96.58	100.44	90	1	
61534	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR EXCISION OF EPILEPTOGENIC FOCUS	N/A	104.85	109.04	90	1	
61535	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR REMOVAL OF EPIDURAL OR SUBDURAL	N/A	63.10	65.62	90	1	
61536	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR EXCISION OF CEREBRAL EPILEPTOGE	N/A	164.81	171.40	90	1	
61537	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR LOBECTOMY, TEMPORAL LOBE, WITHO	N/A	153.57	159.71	90	1	

CODE	DESCRIPTION	ANESTHESIA	AGE 21+	00-20	MAX		SPEC
		BASE FEE	MAX FEE	MAX FEE	FUD	UNITS	
61538	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR LOBECTOMY, TEMPORAL LOBE, WITH	N/A	164.38	170.95	90	1	
61539	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR LOBECTOMY, OTHER THAN TEMPORAL	N/A	146.35	152.20	90	1	
61540	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR LOBECTOMY, OTHER THAN TEMPORAL	N/A	140.19	145.79	90	1	
61541	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR TRANSECTION OF CORPUS CALLOSUM	N/A	135.12	140.52	90	1	
61542	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR TOTAL HEMISPHERECTOMY	N/A	144.59	150.37	90	1	
61543	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR PARTIAL OR SUBTOTAL (FUNCTIONAL	N/A	139.09	144.65	90	1	
61544	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR EXCISION OR COAGULATION OF CHOR	N/A	120.24	125.04	90	1	
61545	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR EXCISION OF CRANIOPHARYNGIOMA	N/A	200.05	208.05	90	1	
61546	CRANIOTOMY FOR HYPOPHYSECTOMY OR EXCISION OF PITUITARY TUMOR, INTRACRANIAL	N/A	145.47	151.28	90	1	
61548	HYPOPHYSECTOMY OR EXCISION OF PITUITARY TUMOR, TRANSNASAL OR TRANSSEPTAL AP	N/A	96.18	100.02	90	1	
61550	CRANIECTOMY FOR CRANIOSYNOSTOSIS; SINGLE CRANIAL SUTURE	N/A	55.45	57.66	90	1	
61552	CRANIECTOMY FOR CRANIOSYNOSTOSIS; MULTIPLE CRANIAL SUTURES	N/A	70.31	73.12	90	1	
61556	CRANIOTOMY FOR CRANIOSYNOSTOSIS; FRONTAL OR PARIETAL BONE FLAP	N/A	104.55	108.73	90	1	
61557	CRANIOTOMY FOR CRANIOSYNOSTOSIS; BIFRONTAL BONE FLAP	N/A	107.77	112.08	90	1	
61558	EXTENSIVE CRANIECTOMY FOR MULTIPLE CRANIAL SUTURE CRANIOSYNOSTOSIS (EG, CLO	N/A	90.17	93.77	90	1	
61559	EXTENSIVE CRANIECTOMY FOR MULTIPLE CRANIAL SUTURE CRANIOSYNOSTOSIS (EG, CLO	N/A	155.18	161.38	90	1	
61563	EXCISION, INTRA AND EXTRACRANIAL, BENIGN TUMOR OF CRANIAL BONE (EG, FIBROUS	N/A	120.89	125.72	90	1	
61564	EXCISION, INTRA AND EXTRACRANIAL, BENIGN TUMOR OF CRANIAL BONE (EG, FIBROUS	N/A	150.58	156.60	90	1	
61566	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR SELECTIVE AMYGDALOHIPPOCAMPECTO	N/A	141.20	146.84	90	1	
61567	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR MULTIPLE SUBPIAL TRANSECTIONS,	N/A	152.03	158.11	90	1	
61570	CRANIECTOMY OR CRANIOTOMY; WITH EXCISION OF FOREIGN BODY FROM BRAIN	N/A	117.22	121.90	90	1	
61571	CRANIECTOMY OR CRANIOTOMY; WITH TREATMENT OF PENETRATING WOUND OF BRAIN	N/A	126.97	132.04	90	1	
61575	TRANSORAL APPROACH TO SKULL BASE, BRAIN STEM OR UPPER SPINAL CORD FOR BIOPS	N/A	145.02	150.82	90	1	
61576	TRANSORAL APPROACH TO SKULL BASE, BRAIN STEM OR UPPER SPINAL CORD FOR BIOPS	N/A	218.58	227.32	90	1	
61580	CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA; EXTRADURAL, INCLUDING LATE	N/A	147.64	153.54	90	1	B
61582	CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA; EXTRADURAL, INCLUDING UNIL	N/A	183.01	190.33	90	1	
61583	CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA; INTRADURAL, INCLUDING UNIL	N/A	185.29	192.70	90	1	
61584	ORBITOCRANIAL APPROACH TO ANTERIOR CRANIAL FOSSA, EXTRADURAL, INCLUDING SUP	N/A	179.99	187.18	90	1	B
61585	ORBITOCRANIAL APPROACH TO ANTERIOR CRANIAL FOSSA, EXTRADURAL, INCLUDING SUP	N/A	187.66	195.16	90	1	B
61586	BICORONAL, TRANSZYGOMATIC AND/OR LEFORT I OSTEOTOMY APPROACH TO ANTERIOR CR	N/A	140.30	145.91	90	1	
61590	INFRATEMPORAL PRE-AURICULAR APPROACH TO MIDDLE CRANIAL FOSSA (PARAPHARYNGEA	N/A	190.47	198.08	90	1	B
61591	INFRATEMPORAL POST-AURICULAR APPROACH TO MIDDLE CRANIAL FOSSA (INTERNAL AUD	N/A	192.96	200.67	90	1	B
61592	ORBITOCRANIAL ZYGOMATIC APPROACH TO MIDDLE CRANIAL FOSSA (CAVERNOUS SINUS A	N/A	203.44	211.57	90	1	B
61595	TRANSTEMPORAL APPROACH TO POSTERIOR CRANIAL FOSSA, JUGULAR FORAMEN OR MIDLI	N/A	143.64	149.38	90	1	B
61596	TRANSCOCHLEAR APPROACH TO POSTERIOR CRANIAL FOSSA, JUGULAR FORAMEN OR MIDLI	N/A	154.60	160.78	90	1	B
61597	TRANSCONDYLAR (FAR LATERAL) APPROACH TO POSTERIOR CRANIAL FOSSA, JUGULAR FO	N/A	182.78	190.09	90	1	B
61598	TRANSPETROSAL APPROACH TO POSTERIOR CRANIAL FOSSA, CLIVUS OR FORAMEN MAGNUM	N/A	159.43	165.80	90	1	
61600	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF BASE	N/A	131.30	136.55	90	1	
61601	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF BASE	N/A	151.41	157.46	90	1	
61605	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF INFRA	N/A	133.63	138.97	90	1	

CODE	DESCRIPTION	ANESTHESIA	AGE 21+	00-20	MAX		SPEC
		BASE FEE	MAX FEE	MAX FEE	FUD	UNITS	
61606	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF INFRA	N/A	189.92	197.51	90	1	
61607	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF PARAS	N/A	172.57	179.47	90	1	
61608	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF PARAS	N/A	208.85	217.20	90	1	
61609	TRANSECTION OR LIGATION, CAROTID ARTERY IN CAVERNOUS SINUS; WITHOUT REPAIR	N/A	40.85	42.48	0	1	B
61610	TRANSECTION OR LIGATION, CAROTID ARTERY IN CAVERNOUS SINUS; WITH REPAIR BY	N/A	122.52	127.42	0	1	B
61611	TRANSECTION OR LIGATION, CAROTID ARTERY IN PETROUS CANAL; WITHOUT REPAIR (L	N/A	30.57	31.79	0	1	B
61612	TRANSECTION OR LIGATION, CAROTID ARTERY IN PETROUS CANAL; WITH REPAIR BY AN	N/A	101.78	105.85	0	1	B
61613	OBLITERATION OF CAROTID ANEURYSM, ARTERIOVENOUS MALFORMATION, OR CAROTID-CA	N/A	204.27	212.44	90	1	B
61615	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF BASE	N/A	150.73	156.75	90	1	
61616	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF BASE	N/A	205.55	213.77	90	1	
61618	SECONDARY REPAIR OF DURA FOR CEREBROSPINAL FLUID LEAK, ANTERIOR, MIDDLE OR	N/A	81.82	85.09	90	1	
61619	SECONDARY REPAIR OF DURA FOR CSF LEAK, ANTERIOR, MIDDLE OR POSTERIOR CRANIA	N/A	93.34	97.07	90	1	
61680	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; SUPRATENTORIAL, SIMPLE	N/A	144.44	150.21	90	1	
61682	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; SUPRATENTORIAL, COMPLEX	N/A	268.98	279.73	90	1	
61684	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; INFRATENTORIAL, SIMPLE	N/A	182.48	189.77	90	1	
61686	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; INFRATENTORIAL, COMPLEX	N/A	288.66	300.20	90	1	
61690	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; DURAL, SIMPLE	N/A	136.37	141.82	90	1	
61692	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; DURAL, COMPLEX	N/A	233.58	242.92	90	1	
61697	SURGERY OF COMPLEX INTRACRANIAL ANEURYSM, INTRACRANIAL APPROACH; CAROTID CI	N/A	264.86	275.45	90	1	
61698	SURGERY OF COMPLEX INTRACRANIAL ANEURYSM, INTRACRANIAL APPROACH; VERTEBROBA	N/A	285.17	296.57	90	1	
61700	SURGERY OF SIMPLE INTRACRANIAL ANEURYSM, INTRACRANIAL APPROACH; CAROTID CIR	N/A	220.84	229.67	90	1	
61702	SURGERY OF INTRACRANIAL ANEURYSM, INTRACRANIAL APPROACH; VERTEBRAL-BASILAR	N/A	249.02	258.98	90	1	
61703	SURGERY OF INTRACRANIAL ANEURYSM, CERVICAL APPROACH BY APPLICATION OF OCCLU	N/A	84.82	88.21	90	1	
61705	SURGERY OF ANEURYSM, VASCULAR MALFORMATION OR CAROTID-CAVERNOUS FISTULA; BY	N/A	162.67	169.17	90	1	
61708	SURGERY OF ANEURYSM, VASCULAR MALFORMATION OR CAROTID-CAVERNOUS FISTULA; BY	N/A	131.80	137.07	90	1	
61711	ANASTOMOSIS, ARTERIAL, EXTRACRANIAL-INTRACRANIAL (EG, MIDDLE CEREBRAL/CORTI	N/A	166.87	173.54	90	1	
61850	TWIST DRILL OR BURR HOLE(S) FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES;	N/A	55.58	57.80	90	1	
61860	CRANIECTOMY OR CRANIOTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, C	N/A	96.71	100.57	90	1	
61863	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC IMPLAN	N/A	97.11	100.99	90	1	
61864	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC IMPLAN	N/A	29.29	30.46	0	1	
61867	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC IMPLAN	N/A	138.91	144.46	90	1	
61868	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC IMPLAN	N/A	41.13	42.77	90	1	
61870	CRANIECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, CEREBELLAR; COR	N/A	72.62	75.52	90	1	
61875	CRANIECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, CEREBELLAR; SUB	N/A	61.94	64.41	90	1	
61880	REVISION OR REMOVAL OF INTRACRANIAL NEUROSTIMULATOR ELECTRODES	N/A	35.34	36.75	90	1	
62005	ELEVATION OF DEPRESSED SKULL FRACTURE; COMPOUND OR COMMUNUTED, EXTRADURAL	N/A	77.95	81.06	90	1	
62010	ELEVATION OF DEPRESSED SKULL FRACTURE; WITH REPAIR OF DURA AND/OR DEBRIDEME	N/A	96.83	100.70	90	1	
62100	CRANIOTOMY FOR REPAIR OF DURAL/CEREBROSPINAL FLUID LEAK, INCLUDING SURGERY	N/A	101.28	105.33	90	1	
62115	REDUCTION OF CRANIOMEHALIC SKULL (EG, TREATED HYDROCEPHALUS); NOT REQUIRING	N/A	106.51	110.77	90	1	
62116	REDUCTION OF CRANIOMEHALIC SKULL (EG, TREATED HYDROCEPHALUS); WITH SIMPLE C	N/A	111.74	116.20	90	1	

CODE	DESCRIPTION	ANESTHESIA	AGE 21+	00-20	MAX		SPEC
		BASE FEE	MAX FEE	MAX FEE	FUD	UNITS	
62117	REDUCTION OF CRANIOMEGALIC SKULL (EG, TREATED HYDROCEPHALUS); REQUIRING CRA	N/A	119.93	124.72	90	1	
62120	REPAIR OF ENCEPHALOCELE, SKULL VAULT, INCLUDING CRANIOPLASTY	N/A	108.90	113.25	90	1	
62121	CRANIOTOMY FOR REPAIR OF ENCEPHALOCELE, SKULL BASE	N/A	103.87	108.02	90	1	
62140	CRANIOPLASTY FOR SKULL DEFECT; UP TO 5 CM DIAMETER	N/A	66.94	69.61	90	1	
62141	CRANIOPLASTY FOR SKULL DEFECT; LARGER THAN 5 CM DIAMETER	N/A	73.30	76.23	90	1	
62142	REMOVAL OF BONE FLAP OR PROSTHETIC PLATE OF SKULL	N/A	55.98	58.21	90	1	
62143	REPLACEMENT OF BONE FLAP OR PROSTHETIC PLATE OF SKULL	N/A	66.14	68.78	90	1	
62145	CRANIOPLASTY FOR SKULL DEFECT WITH REPARATIVE BRAIN SURGERY	N/A	87.58	91.08	90	1	
62146	CRANIOPLASTY WITH AUTOGRAFT (INCLUDES OBTAINING BONE GRAFTS); UP TO 5 CM DI	N/A	75.44	78.45	90	1	
62147	CRANIOPLASTY WITH AUTOGRAFT (INCLUDES OBTAINING BONE GRAFTS); LARGER THAN 5	N/A	89.59	93.17	90	1	
62161	NEUROENDOSCOPY, INTRACRANIAL; WITH DISSECTION OF ADHESIONS, FENESTRATION OF	N/A	96.98	100.85	90	1	
62162	NEUROENDOSCOPY, INTRACRANIAL; WITH FENESTRATION OR EXCISION OF COLLOID CYST	N/A	117.22	121.90	90	1	
62163	NEUROENDOSCOPY, INTRACRANIAL; WITH RETRIEVAL OF FOREIGN BODY	N/A	78.10	81.22	90	1	
62164	NEUROENDOSCOPY, INTRACRANIAL; WITH EXCISION OF BRAIN TUMOR, INCLUDING PLACE	N/A	125.19	130.19	90	1	
62165	NEUROENDOSCOPY, INTRACRANIAL; WITH EXCISION OF PITUITARY TUMOR, TRANSNASAL	N/A	94.97	98.76	90	1	
62180	VENTRICULOCISTERNOSTOMY (TORKILDSEN TYPE OPERATION)	N/A	99.55	103.53	90	1	
62192	CREATION OF SHUNT; SUBARACHNOID/SUBDURAL-PERITONEAL, -PLEURAL, OTHER TERMIN	N/A	62.24	64.72	90	1	
62200	VENTRICULOCISTERNOSTOMY, THIRD VENTRICLE;	N/A	87.18	90.66	90	1	
62220	CREATION OF SHUNT; VENTRICULO-ATRIAL, -JUGULAR, -AURICULAR	N/A	64.96	67.55	90	1	
62223	CREATION OF SHUNT; VENTRICULO-PERITONEAL, -PLEURAL, OTHER TERMINUS	N/A	66.77	69.44	90	1	
62230	REPLACEMENT OR REVISION OF CEREBROSPINAL FLUID SHUNT, OBSTRUCTED VALVE, OR	N/A	53.85	56.00	90	1	
62252	REPROGRAMMING OF PROGRAMMABLE CEREBROSPINAL SHUNT	N/A	42.89	44.60	0	1	
62256	REMOVAL OF COMPLETE CEREBROSPINAL FLUID SHUNT SYSTEM; WITHOUT REPLACEMENT	N/A	37.61	39.11	90	1	
62258	REMOVAL OF COMPLETE CSF SHUNT SYSTEM; WITH REPLACEMENT BY SIMILAR OR OTHER	N/A	72.02	74.90	90	1	
62270	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	N/A	58.92	61.27	0	1	
62273	INJECTION, EPIDURAL, OF BLOOD OR CLOT PATCH	N/A	61.90	64.37	0	1	
62280	INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED SALIN	N/A	112.18	116.66	10	1	
62282	INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED SALIN	N/A	55.94	58.17	10	1	
62310	INJECTION, SINGLE (NOT VIA INDWELLING CATHETER), NOT INCLUDING NEUROLYTIC S	N/A	40.85	42.48	0	1	
62311	INJECTION, SINGLE (NOT VIA INDWELLING CATHETER), NOT INCLUDING NEUROLYTIC S	N/A	33.94	35.29	0	1	
62318	INJECTION, INCLUDING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTEN	N/A	41.48	43.13	0	1	
62319	INJECTION, INCLUDING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTEN	N/A	38.50	40.04	0	1	
62351	IMPLANTATION, REVISION OR REPOSITIONING OF INTRATHECAL OR EPIDURAL CATHETER	N/A	54.25	56.42	90	1	
63001	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAU	N/A	78.66	81.80	90	1	
63003	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAU	N/A	78.63	81.77	90	1	
63005	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAU	N/A	74.13	77.09	90	1	
63011	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAU	N/A	71.54	74.40	90	1	
63012	LAMINECTOMY WITH REMOVAL OF ABNORMAL FACETS AND/OR PARS INTER-ARTICULARIS W	N/A	75.79	78.82	90	1	
63015	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAU	N/A	94.57	98.35	90	1	
63016	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAU	N/A	96.98	100.85	90	1	

CODE	DESCRIPTION	ANESTHESIA	AGE 21+	00-20	MAX		SPEC
		BASE FEE	MAX FEE	MAX FEE	FUD	UNITS	
63017	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAU	N/A	78.83	81.98	90	1	
63020	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDIN	N/A	75.06	78.06	90	1	B
63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDIN	N/A	62.29	64.78	90	1	B
63035	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDIN	N/A	12.97	13.48	90	11	B
63040	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDIN	N/A	90.65	94.27	90	1	B
63042	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDIN	N/A	84.59	87.97	90	1	B
63043	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDIN	N/A	15.15	15.75	90	5	B
63044	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDIN	N/A	15.15	15.75	90	4	B
63045	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DEC	N/A	81.30	84.55	90	1	
63046	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DEC	N/A	77.07	80.15	90	1	
63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DEC	N/A	70.26	73.07	90	1	
63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DEC	N/A	13.93	14.48	90	23	
63050	LAMINOPLASTY, CERVICAL, WITH DECOMPRESSION OF THE SPINAL CORD, TWO OR MORE	N/A	89.14	92.70	90	1	
63051	LAMINOPLASTY, CERVICAL, WITH DECOMPRESSION OF THE SPINAL CORD, TWO OR MORE	N/A	105.18	109.38	90	1	
63055	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NE	N/A	103.72	107.86	90	1	
63056	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NE	N/A	95.60	99.42	90	1	
63057	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NE	N/A	21.29	22.14	90	16	
63064	COSTOVERTEBRAL APPROACH WITH DECOMPRESSION OF SPINAL CORD OR NERVE ROOT(S),	N/A	114.08	118.64	90	1	
63066	COSTOVERTEBRAL APPROACH WITH DECOMPRESSION OF SPINAL CORD OR NERVE ROOT(S),	N/A	13.10	13.62	90	11	
63075	DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/ OR NERVE ROOT(	N/A	88.84	92.39	90	1	
63076	DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/ OR NERVE ROOT(	N/A	16.49	17.14	90	3	
63077	DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/ OR NERVE ROOT(	N/A	95.58	99.40	90	1	
63078	DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/ OR NERVE ROOT(	N/A	12.97	13.48	90	11	
63081	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, ANTER	N/A	113.90	118.45	90	1	
63082	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, ANTER	N/A	17.77	18.48	90	6	
63085	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, TRANS	N/A	119.96	124.75	90	1	
63086	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, TRANS	N/A	12.49	12.98	90	11	
63087	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, COMBI	N/A	152.31	158.40	90	1	
63088	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, COMBI	N/A	17.09	17.77	90	16	
63090	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, TRANS	N/A	123.78	128.73	90	1	
63091	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, TRANS	N/A	11.69	12.15	90	17	
63101	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, LATER	N/A	143.31	149.04	90	1	
63102	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, LATER	N/A	142.58	148.28	90	1	
63103	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, LATER	N/A	18.43	19.16	90	2	
63170	LAMINECTOMY WITH MYELOTOMY (EG, BISCHOF OR DREZ TYPE), CERVICAL, THORACIC,	N/A	99.92	103.91	90	1	
63172	LAMINECTOMY WITH DRAINAGE OF INTRAMEDULLARY CYST/SYRINX; TO SUBARACHNOID SP	N/A	89.47	93.04	90	1	
63173	LAMINECTOMY WITH DRAINAGE OF INTRAMEDULLARY CYST/SYRINX; TO PERITONEAL OR P	N/A	109.20	113.56	90	1	
63180	LAMINECTOMY AND SECTION OF DENTATE LIGAMENTS, WITH OR WITHOUT DURAL GRAFT,	N/A	88.84	92.39	90	1	
63182	LAMINECTOMY AND SECTION OF DENTATE LIGAMENTS, WITH OR WITHOUT DURAL GRAFT,	N/A	88.46	91.99	90	1	
63185	LAMINECTOMY WITH RHIZOTOMY; ONE OR TWO SEGMENTS	N/A	73.78	76.73	90	1	

CODE	DESCRIPTION	ANESTHESIA	AGE 21+	00-20	MAX		SPEC
		BASE FEE	MAX FEE	MAX FEE	FUD	UNITS	
63190	LAMINECTOMY WITH RHIZOTOMY; MORE THAN TWO SEGMENTS	N/A	81.12	84.36	90	1	B
63191	LAMINECTOMY WITH SECTION OF SPINAL ACCESSORY NERVE	N/A	90.60	94.22	90	1	
63194	LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF ONE SPINOTHALAMIC TRACT, ONE ST	N/A	85.80	89.23	90	1	
63195	LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF ONE SPINOTHALAMIC TRACT, ONE ST	N/A	97.46	101.35	90	1	
63196	LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF BOTH SPINOTHALAMIC TRACTS, ONE	N/A	113.12	117.64	90	1	
63197	LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF BOTH SPINOTHALAMIC TRACTS, ONE	N/A	107.94	112.25	90	1	
63198	LAMINECTOMY WITH CORDOTOMY WITH SECTION OF BOTH SPINOTHALAMIC TRACTS, TWO S	N/A	113.45	117.98	90	1	
63199	LAMINECTOMY WITH CORDOTOMY WITH SECTION OF BOTH SPINOTHALAMIC TRACTS, TWO S	N/A	105.61	109.83	90	1	
63200	LAMINECTOMY, WITH RELEASE OF TETHERED SPINAL CORD, LUMBAR	N/A	96.03	99.87	90	1	
63250	LAMINECTOMY FOR EXCISION OR OCCLUSION OF ARTERIOVENOUS MALFORMATION OF SPIN	N/A	186.52	193.98	90	1	
63251	LAMINECTOMY FOR EXCISION OR OCCLUSION OF ARTERIOVENOUS MALFORMATION OF SPIN	N/A	192.66	200.36	90	1	
63252	LAMINECTOMY FOR EXCISION OR OCCLUSION OF ARTERIOVENOUS MALFORMATION OF SPIN	N/A	192.91	200.62	90	1	
63265	LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THAN NEO	N/A	106.61	110.87	90	1	
63266	LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THAN NEO	N/A	109.48	113.85	90	1	
63267	LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THAN NEO	N/A	88.11	91.63	90	1	
63268	LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THAN NEO	N/A	86.83	90.30	90	1	
63270	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM, INTRADU	N/A	131.90	137.17	90	1	
63271	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM, INTRADU	N/A	131.42	136.67	90	1	
63272	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM, INTRADU	N/A	120.89	125.72	90	1	
63273	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM, INTRADU	N/A	115.94	120.57	90	1	
63275	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; EXTRADURAL, CERVIC	N/A	113.67	118.21	90	1	
63276	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; EXTRADURAL, THORAC	N/A	113.95	118.50	90	1	
63277	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; EXTRADURAL, LUMBAR	N/A	99.55	103.53	90	1	
63278	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; EXTRADURAL, SACRAL	N/A	97.46	101.35	90	1	
63280	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, EXTRAM	N/A	134.94	140.33	90	1	
63281	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, EXTRAM	N/A	133.43	138.76	90	1	
63282	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, EXTRAM	N/A	126.02	131.06	90	1	
63283	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, SACRAL	N/A	118.83	123.58	90	1	
63285	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, INTRAM	N/A	167.04	173.72	90	1	
63286	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, INTRAM	N/A	165.38	171.99	90	1	
63287	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, INTRAM	N/A	173.80	180.75	90	1	
63290	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; COMBINED EXTRADURA	N/A	176.22	183.26	90	1	
63295	OSTEOPLASTIC RECONSTRUCTION OF DORSAL SPINAL ELEMENTS, FOLLOWING PRIMARY IN	N/A	21.56	22.42	90	1	
63300	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR E	N/A	116.59	121.25	90	1	
63301	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR E	N/A	130.79	136.02	90	1	
63302	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR E	N/A	129.49	134.66	90	1	
63303	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR E	N/A	132.98	138.29	90	1	
63304	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR E	N/A	144.34	150.11	90	1	
63305	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR E	N/A	149.77	155.76	90	1	
63306	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR E	N/A	149.72	155.70	90	1	

CODE	DESCRIPTION	ANESTHESIA	AGE 21+	00-20	MAX		SPEC
		BASE FEE	MAX FEE	MAX FEE	FUD	UNITS	
63307	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR E	N/A	143.81	149.56	90	1	
63308	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR E	N/A	21.34	22.19	90	3	
63655	LAMINECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, PLATE/PADDLE, E	N/A	54.75	56.94	90	1	
63685	INSERTION OR REPLACEMENT OF SPINAL NEUROSTIMULATOR PULSE GENERATOR OR RECEI	N/A	31.75	33.02	90	1	
63700	REPAIR OF MENINGOCELE; LESS THAN 5 CM DIAMETER	N/A	77.25	80.34	90	1	
63702	REPAIR OF MENINGOCELE; LARGER THAN 5 CM DIAMETER	N/A	86.53	89.99	90	1	
63704	REPAIR OF MYELOMENINGOCELE; LESS THAN 5 CM DIAMETER	N/A	99.35	103.32	90	1	
63706	REPAIR OF MYELOMENINGOCELE; LARGER THAN 5 CM DIAMETER	N/A	117.32	122.01	90	1	
63707	REPAIR OF DURAL/CEREBROSPINAL FLUID LEAK, NOT REQUIRING LAMINECTOMY	N/A	57.82	60.13	90	1	
63709	REPAIR OF DURAL/CEREBROSPINAL FLUID LEAK OR PSEUDOMENINGOCELE, WITH LAMINEC	N/A	69.78	72.57	90	1	
63710	DURAL GRAFT, SPINAL	N/A	70.46	73.27	90	1	
63740	CREATION OF SHUNT, LUMBAR, SUBARACHNOID-PERITONEAL, -PLEURAL, OR OTHER; INC	N/A	59.75	62.14	90	1	
63741	CREATION OF SHUNT, LUMBAR, SUBARACHNOID-PERITONEAL, -PLEURAL, OR OTHER; PER	N/A	39.04	40.60	90	1	
63744	REPLACEMENT, IRRIGATION OR REVISION OF LUMBOSUBARACHNOID SHUNT	N/A	42.43	44.12	90	1	
64400	INJECTION, ANESTHETIC AGENT; TRIGEMINAL NERVE, ANY DIVISION OR BRANCH	N/A	40.38	41.99	0	1	
64402	INJECTION, ANESTHETIC AGENT; FACIAL NERVE	N/A	43.83	45.58	0	1	
64405	INJECTION, ANESTHETIC AGENT; GREATER OCCIPITAL NERVE	N/A	40.22	41.82	0	1	
64408	INJECTION, ANESTHETIC AGENT; VAGUS NERVE	N/A	46.66	48.52	0	1	
64410	INJECTION, ANESTHETIC AGENT; PHRENIC NERVE	N/A	52.16	54.24	0	1	
64412	INJECTION, ANESTHETIC AGENT; SPINAL ACCESSORY NERVE	N/A	51.69	53.75	0	1	
64413	INJECTION, ANESTHETIC AGENT; CERVICAL PLEXUS	N/A	43.36	45.09	0	1	
64415	INJECTION, ANESTHETIC AGENT; BRACHIAL PLEXUS, SINGLE	N/A	47.92	49.83	0	1	
64417	INJECTION, ANESTHETIC AGENT; AXILLARY NERVE	N/A	47.76	49.67	0	1	
64418	INJECTION, ANESTHETIC AGENT; SUPRASCAPULAR NERVE	N/A	51.22	53.26	0	1	
64420	INJECTION, ANESTHETIC AGENT; INTERCOSTAL NERVE, SINGLE	N/A	56.87	59.14	0	1	
64421	INJECTION, ANESTHETIC AGENT; INTERCOSTAL NERVES, MULTIPLE, REGIONAL BLOCK	N/A	82.80	86.11	0	1	
64425	INJECTION, ANESTHETIC AGENT; ILIOINGUINAL, ILIOHYPOGASTRIC NERVES	N/A	50.28	52.29	0	1	
64430	INJECTION, ANESTHETIC AGENT; PUDENDAL NERVE	N/A	62.22	64.70	0	1	
64435	INJECTION, ANESTHETIC AGENT; PARACERVICAL (UTERINE) NERVE	N/A	56.25	58.50	0	1	
64445	INJECTION, ANESTHETIC AGENT; SCIATIC NERVE, SINGLE	N/A	50.74	52.76	0	1	
64450	INJECTION, ANESTHETIC AGENT; OTHER PERIPHERAL NERVE OR BRANCH	N/A	42.26	43.95	0	1	
64470	INJECTION, ANESTHETIC AGENT AND/OR STEROID, PARAVERTEBRAL FACET JOINT OR FA	N/A	130.87	136.10	0	1	B
64472	INJECTION, ANESTHETIC AGENT AND/OR STEROID, PARAVERTEBRAL FACET JOINT OR FA	N/A	53.74	55.88	0	2	B
64475	INJECTION, ANESTHETIC AGENT AND/OR STEROID, PARAVERTEBRAL FACET JOINT OR FA	N/A	119.09	123.85	0	1	B
64476	INJECTION, ANESTHETIC AGENT AND/OR STEROID, PARAVERTEBRAL FACET JOINT OR FA	N/A	45.72	47.54	0	2	B
64479	INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL; CERVIC	N/A	139.36	144.93	0	1	B
64480	INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL; CERVIC	N/A	65.05	67.64	0	2	B
64483	INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL; LUMBAR	N/A	139.36	144.93	0	1	B
64484	INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL; LUMBAR	N/A	67.09	69.77	0	2	B
64505	*INJECTION, ANESTHETIC AGENT; SPHENOPALATINE GANGLION	N/A	40.22	41.82	0	1	

CODE	DESCRIPTION	ANESTHESIA	AGE 21+	00-20	MAX		SPEC
		BASE FEE	MAX FEE	MAX FEE	FUD	UNITS	
64508	INJECTION, ANESTHETIC AGENT; CAROTID SINUS (SEPARATE PROCEDURE)	N/A	48.08	50.00	0	1	
64510	INJECTION, ANESTHETIC AGENT; STELLATE GANGLION (CERVICAL SYMPATHETIC)	N/A	49.81	51.80	0	1	
64517	INJECTION, ANESTHETIC AGENT; SUPERIOR HYPOGASTRIC PLEXUS	N/A	9.95	10.34	0	1	
64520	INJECTION, ANESTHETIC AGENT; LUMBAR OR THORACIC (PARAVERTEBRAL SYMPATHETIC	N/A	62.69	65.19	0	1	
64530	INJECTION, ANESTHETIC AGENT; CELIAC PLEXUS, WITH OR WITHOUT RADIOLOGIC MON	N/A	66.93	69.60	0	1	
64580	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; NEUROMUSCULAR	N/A	18.07	18.79	90	1	
64585	REVISION OR REMOVAL OF PERIPHERAL NEUROSTIMULATOR ELECTRODES	N/A	11.34	11.79	10	1	
64590	INSERTION OR REPLACEMENT OF PERIPHERAL OR GASTRIC NEUROSTIMULATOR PULSE GEN	N/A	22.62	23.52	10	1	
64600	DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SUPRAORBITAL, INFRAORBIT	N/A	142.03	147.71	10	1	
64605	DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SECOND AND THIRD DIVISIO	N/A	218.38	227.11	10	1	
64610	DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SECOND AND THIRD DIVISIO	N/A	285.16	296.56	10	1	
64620	DESTRUCTION BY NEUROLYTIC AGENT; INTERCOSTAL NERVE	N/A	100.86	104.89	10	1	
64626	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE; CERVICAL	N/A	91.75	95.42	10	1	
64627	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE; CERVICAL	N/A	23.10	24.02	0	2	
64630	DESTRUCTION BY NEUROLYTIC AGENT; PUDENDAL NERVE	N/A	94.58	98.36	10	1	
64640	DESTRUCTION BY NEUROLYTIC AGENT; OTHER PERIPHERAL NERVE OR BRANCH	N/A	86.88	90.35	10	1	
64650	CHEMODENERVATION OF ECCRINE GLANDS; BOTH AXILLAE	N/A	24.04	25.00	0	1	
64653	CHEMODENERVATION OF ECCRINE GLANDS; OTHER AREA(S) (EG, SCALP, FACE, NECK),	N/A	27.97	29.08	0	1	
64680	DESTRUCTION BY NEUROLYTIC AGENT, WITH OR WITHOUT RADIOLOGIC MONITORING; CEL	N/A	106.05	110.29	10	1	
64681	DESTRUCTION BY NEUROLYTIC AGENT, WITH OR WITHOUT RADIOLOGIC MONITORING; SUP	N/A	13.42	13.95	10	1	
64704	NEUROPLASTY; NERVE OF HAND OR FOOT	N/A	21.24	22.08	90	1	
64708	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; OTHER THAN SPECIFIED	N/A	28.91	30.06	90	1	
64712	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; SCIATIC NERVE	N/A	33.91	35.26	90	1	
64713	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; BRACHIAL PLEXUS	N/A	49.32	51.29	90	1	
64714	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; LUMBAR PLEXUS	N/A	41.63	43.29	90	1	
64716	NEUROPLASTY AND/OR TRANSPOSITION; CRANIAL NERVE (SPECIFY)	N/A	31.98	33.25	90	1	
64722	DECOMPRESSION; UNSPECIFIED NERVE(S) (SPECIFY)	N/A	20.24	21.04	90	1	
64732	TRANSECTION OR AVULSION OF; SUPRAORBITAL NERVE	N/A	25.44	26.45	90	1	
64736	TRANSECTION OR AVULSION OF; MENTAL NERVE	N/A	24.03	24.99	90	1	
64738	TRANSECTION OR AVULSION OF; INFERIOR ALVEOLAR NERVE BY OSTEOTOMY	N/A	29.21	30.37	90	1	
64740	TRANSECTION OR AVULSION OF; LINGUAL NERVE	N/A	28.28	29.41	90	1	
64742	TRANSECTION OR AVULSION OF; FACIAL NERVE, DIFFERENTIAL OR COMPLETE	N/A	29.89	31.08	90	1	
64746	TRANSECTION OR AVULSION OF; PHRENIC NERVE	N/A	28.03	29.15	90	1	
64752	TRANSECTION OR AVULSION OF; VAGUS NERVE (VAGOTOMY), TRANSTHORACIC	N/A	31.57	32.83	90	1	
64755	TRANSECTION OR AVULSION OF; VAGUS NERVES LIMITED TO PROXIMAL STOMACH (SELEC	N/A	56.84	59.11	90	1	
64760	TRANSECTION OR AVULSION OF; VAGUS NERVE (VAGOTOMY), ABDOMINAL	N/A	30.52	31.74	90	1	
64761	TRANSECTION OR AVULSION OF; PUDENDAL NERVE	N/A	28.71	29.85	90	1	B
64763	TRANSECTION OR AVULSION OF OBTURATOR NERVE, EXTRAPELVIC, WITH OR WITHOUT AD	N/A	34.01	35.37	90	1	B
64766	TRANSECTION OR AVULSION OF OBTURATOR NERVE, INTRAPELVIC, WITH OR WITHOUT AD	N/A	39.49	41.06	90	1	B
64771	TRANSECTION OR AVULSION OF OTHER CRANIAL NERVE, EXTRADURAL	N/A	36.73	38.19	90	1	

CODE	DESCRIPTION	ANESTHESIA	AGE 21+	00-20	MAX		SPEC
		BASE FEE	MAX FEE	MAX FEE	FUD	UNITS	
64772	TRANSECTION OR AVULSION OF OTHER SPINAL NERVE, EXTRADURAL	N/A	36.42	37.87	90	1	
64786	EXCISION OF NEUROMA; SCIATIC NERVE	N/A	69.96	72.75	90	1	
64792	EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; EXTENSIVE (INCLUDING MALIGNANT TY	N/A	67.12	69.80	90	1	
64802	SYMPATHECTOMY, CERVICAL	N/A	39.62	41.20	90	1	B
64804	SYMPATHECTOMY, CERVICOTHORACIC	N/A	60.13	62.53	90	1	B
64809	SYMPATHECTOMY, THORACOLUMBAR	N/A	57.16	59.44	90	1	B
64818	SYMPATHECTOMY, LUMBAR	N/A	42.38	44.07	90	1	B
64835	SUTURE OF ONE NERVE, HAND OR FOOT; MEDIAN MOTOR THENAR	N/A	52.19	54.27	90	1	
64836	SUTURE OF ONE NERVE, HAND OR FOOT; ULNAR MOTOR	N/A	51.36	53.41	90	1	
64837	SUTURE OF EACH ADDITIONAL NERVE, HAND OR FOOT (LIST SEPARATELY IN ADDITION	N/A	25.04	26.04	90	4	
64840	SUTURE OF POSTERIOR TIBIAL NERVE	N/A	51.28	53.33	90	1	
64857	SUTURE OF MAJOR PERIPHERAL NERVE, ARM OR LEG, EXCEPT SCIATIC; WITHOUT TRANS	N/A	67.85	70.56	90	1	
64858	SUTURE OF SCIATIC NERVE	N/A	79.06	82.22	90	1	
64859	SUTURE OF EACH ADDITIONAL MAJOR PERIPHERAL NERVE (LIST SEPARATELY IN ADDITI	N/A	17.24	17.92	90	3	
64861	SUTURE OF; BRACHIAL PLEXUS	N/A	87.96	91.47	90	1	
64862	SUTURE OF; LUMBAR PLEXUS	N/A	80.49	83.70	90	1	
64864	SUTURE OF FACIAL NERVE; EXTRACRANIAL	N/A	54.73	56.91	90	1	
64865	SUTURE OF FACIAL NERVE; INFRATEMPORAL, WITH OR WITHOUT GRAFTING	N/A	69.18	71.94	90	1	
64866	ANASTOMOSIS; FACIAL-SPINAL ACCESSORY	N/A	78.41	81.54	90	1	
64868	ANASTOMOSIS; FACIAL-HYPOGLOSSAL	N/A	63.90	66.45	90	1	
64870	ANASTOMOSIS; FACIAL-PHRENIC	N/A	67.37	70.06	90	1	
64872	SUTURE OF NERVE; REQUIRING SECONDARY OR DELAYED SUTURE (LIST SEPARATELY IN	N/A	7.82	8.13	90	1	
64874	SUTURE OF NERVE; REQUIRING EXTENSIVE MOBILIZATION, OR TRANSPOSITION OF NERV	N/A	11.66	12.12	90	1	
64876	SUTURE OF NERVE; REQUIRING SHORTENING OF BONE OF EXTREMITY (LIST SEPARATELY	N/A	11.61	12.07	90	1	
64885	NERVE GRAFT (INCLUDES OBTAINING GRAFT), HEAD OR NECK; UP TO 4 CM IN LENGTH	N/A	70.81	73.64	90	1	
64886	NERVE GRAFT (INCLUDES OBTAINING GRAFT), HEAD OR NECK; MORE THAN 4 CM IN LEN	N/A	82.38	85.67	90	1	
64890	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, HAND OR FOOT; UP TO	N/A	69.51	72.29	90	1	
64891	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, HAND OR FOOT; MORE T	N/A	72.70	75.60	90	1	
64892	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, ARM OR LEG; UP TO 4	N/A	68.33	71.06	90	1	
64893	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, ARM OR LEG; MORE THA	N/A	73.50	76.44	90	1	
64895	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), HAND OR F	N/A	83.23	86.55	90	1	
64896	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), HAND OR F	N/A	93.14	96.86	90	1	
64897	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), ARM OR LE	N/A	81.42	84.67	90	1	
64898	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), ARM OR LE	N/A	88.23	91.75	90	1	
64901	NERVE GRAFT, EACH ADDITIONAL NERVE; SINGLE STRAND (LIST SEPARATELY IN ADDIT	N/A	38.99	40.54	90	3	
64902	NERVE GRAFT, EACH ADDITIONAL NERVE; MULTIPLE STRANDS (CABLE) (LIST SEPARATE	N/A	44.60	46.38	90	1	
64905	NERVE PEDICLE TRANSFER; FIRST STAGE	N/A	60.33	62.74	90	1	
64907	NERVE PEDICLE TRANSFER; SECOND STAGE	N/A	73.96	76.91	90	1	
65105	ENUCLEATION OF EYE; WITH IMPLANT, MUSCLES ATTACHED TO IMPLANT	N/A	48.37	50.30	90	1	B
65110	EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL OF ORBITAL CON	N/A	70.24	73.04	90	1	B

CODE	DESCRIPTION	ANESTHESIA	AGE 21+	00-20	MAX		SPEC
		BASE FEE	MAX FEE	MAX FEE	FUD	UNITS	
65112	EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL OF ORBITAL CON	N/A	82.18	85.46	90	1	B
65114	EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL OF ORBITAL CON	N/A	85.97	89.40	90	1	B
65210	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CONJUNCTIVAL EMBEDDED (INCLUDES CON	N/A	25.46	26.47	0	1	B
65220	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CORNEAL, WITHOUT SLIT LAMP	N/A	21.37	22.22	0	1	B
65260	REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM POSTERIOR SEGMENT, MAGNETIC EXTR	N/A	55.28	57.49	90	1	B
65265	REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM POSTERIOR SEGMENT, NONMAGNETIC E	N/A	62.07	64.55	90	1	B
65285	REPAIR OF LACERATION; CORNEA AND/OR SCLERA, PERFORATING, WITH REPOSITION OR	N/A	60.08	62.48	90	1	B
65710	KERATOPLASTY (CORNEAL TRANSPLANT); LAMELLAR	N/A	63.60	66.14	90	1	B
65730	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (EXCEPT IN APHAKIA)	N/A	70.64	73.46	90	1	B
65750	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (IN APHAKIA)	N/A	71.57	74.43	90	1	B
65755	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (IN PSEUDOPHAKIA)	N/A	71.19	74.03	90	1	B
65770	KERATOPROSTHESIS	N/A	81.75	85.02	90	1	B
65900	REMOVAL OF EPITHELIAL DOWNGROWTH, ANTERIOR CHAMBER OF EYE	N/A	55.43	57.64	90	1	B
66165	FISTULIZATION OF SCLERA FOR GLAUCOMA; IRIDENCELEISIS OR IRIDOTASIS	N/A	48.64	50.58	90	1	B
66170	FISTULIZATION OF SCLERA FOR GLAUCOMA; TRABECULECTOMY AB EXTERNO IN ABSENCE	N/A	68.35	71.08	90	1	B
66172	FISTULIZATION OF SCLERA FOR GLAUCOMA; TRABECULECTOMY AB EXTERNO WITH SCARRI	N/A	86.10	89.54	90	1	B
66180	AQUEOUS SHUNT TO EXTRAOCULAR RESERVOIR, (EG, MOLTEÑO, SCHOCKET, DENVER-KRUP	N/A	67.65	70.35	90	1	B
66185	REVISION OF AQUEOUS SHUNT TO EXTRAOCULAR RESERVOIR	N/A	42.99	44.70	90	1	B
66220	REPAIR OF SCLERAL STAPHYLOMA; WITHOUT GRAFT	N/A	41.88	43.55	90	1	B
66225	REPAIR OF SCLERAL STAPHYLOMA; WITH GRAFT	N/A	53.90	56.05	90	1	B
67010	REMOVAL OF VITREOUS, ANTERIOR APPROACH (OPEN SKY TECHNIQUE OR LIMBAL INCISI	N/A	31.42	32.67	90	1	B
67027	IMPLANTATION OF INTRAVITREAL DRUG DELIVERY SYSTEM (EG, GANCICLOVIR IMPLANT)	N/A	49.47	51.44	90	1	B
67030	DISCUSSION OF VITREOUS STRANDS (WITHOUT REMOVAL), PARS PLANA APPROACH	N/A	30.06	31.26	90	1	B
67036	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH;	N/A	55.63	57.85	90	1	B
67038	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH EPIRETINAL MEMBRANE STRIP	N/A	96.78	100.65	90	1	B
67039	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH FOCAL ENDOLASER PHOTOCOAG	N/A	71.19	74.03	90	1	B
67040	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH ENDOLASER PANRETINAL PHOT	N/A	82.18	85.46	90	1	B
67107	REPAIR OF RETINAL DETACHMENT; SCLERAL BUCKLING (SUCH AS LAMELLAR SCLERAL DI	N/A	70.24	73.04	90	1	B
67108	REPAIR OF RETINAL DETACHMENT; WITH VITRECTOMY, ANY METHOD, WITH OR WITHOUT	N/A	93.34	97.07	90	1	B
67112	REPAIR OF RETINAL DETACHMENT; BY SCLERAL BUCKLING OR VITRECTOMY, ON PATIENT	N/A	77.17	80.25	90	1	B
67121	REMOVAL OF IMPLANTED MATERIAL, POSTERIOR SEGMENT; INTRAOCULAR	N/A	52.49	54.58	90	1	B
67255	SCLERAL REINFORCEMENT (SEPARATE PROCEDURE); WITH GRAFT	N/A	48.24	50.16	90	1	B
67332	STRABISMUS SURGERY ON PATIENT WITH SCARRING OF EXTRAOCULAR MUSCLES (EG, PRI	N/A	19.91	20.70	90	1	B
67340	STRABISMUS SURGERY INVOLVING EXPLORATION AND/OR REPAIR OF DETACHED EXTRAOCU	N/A	21.47	22.32	90	1	B
67343	RELEASE OF EXTENSIVE SCAR TISSUE WITHOUT DETACHING EXTRAOCULAR MUSCLE (SEPA	N/A	37.66	39.16	90	1	B
67399	UNLISTED PROCEDURE, OCULAR MUSCLE	N/A	0.00	0.00	90	1	R B
67400	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); FOR E	N/A	53.59	55.73	90	1	B
67405	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH	N/A	45.17	46.97	90	1	B
67412	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH	N/A	49.07	51.03	90	1	B
67413	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH	N/A	49.30	51.27	90	1	B

CODE	DESCRIPTION	ANESTHESIA	AGE 21+	00-20	MAX		SPEC
		BASE FEE	MAX FEE	MAX FEE	FUD	UNITS	
67414	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH	N/A	76.80	79.87	90	1	B
67420	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH	N/A	94.32	98.09	90	1	B
67430	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH	N/A	71.97	74.84	90	1	B
67440	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH	N/A	69.10	71.86	90	1	B
67445	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH	N/A	81.88	85.15	90	1	B
67450	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); FOR	N/A	71.64	74.50	90	1	B
67500	RETROBULBAR INJECTION; MEDICATION (SEPARATE PROCEDURE, DOES NOT INCLUDE SU	N/A	33.15	34.47	0	1	B
67570	OPTIC NERVE DECOMPRESSION (EG, INCISION OR FENESTRATION OF OPTIC NERVE SHEA	N/A	66.14	68.78	90	1	B
67599	UNLISTED PROCEDURE, ORBIT	N/A	0.00	0.00	90	1	R B
67971	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL F	N/A	42.46	44.15	90	1	
67973	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL F	N/A	54.93	57.12	90	1	
67974	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL F	N/A	54.90	57.09	90	1	
68720	DACRYOCYSTORHINOSTOMY (FISTULIZATION OF LACRIMAL SAC TO NASAL CAVITY)	N/A	43.74	45.48	90	1	
68745	CONJUNCTIVORHINOSTOMY (FISTULIZATION OF CONJUNCTIVA TO NASAL CAVITY); WITHO	N/A	44.65	46.43	90	1	
68750	CONJUNCTIVORHINOSTOMY (FISTULIZATION OF CONJUNCTIVA TO NASAL CAVITY); WITH	N/A	45.30	47.11	90	1	
69155	RADICAL EXCISION EXTERNAL AUDITORY CANAL LESION; WITH NECK DISSECTION	N/A	100.60	104.62	90	1	B
69210	REMOVAL IMPACTED CERUMEN (SEPARATE PROCEDURE), ONE OR BOTH EARS	N/A	19.17	19.93	0	1	
69220	DEBRIDEMENT, MASTOIDECTOMY CAVITY, SIMPLE (EG, ROUTINE CLEANING)	N/A	51.54	53.60	0	1	B
69320	RECONSTRUCTION EXTERNAL AUDITORY CANAL FOR CONGENITAL ATRESIA, SINGLE STAGE	N/A	92.31	96.00	90	1	
69530	PETROUS APICECTOMY INCLUDING RADICAL MASTOIDECTOMY	N/A	100.48	104.49	90	1	
69550	EXCISION AURAL GLOMUS TUMOR; TRANSCANAL	N/A	63.10	65.62	90	1	
69552	EXCISION AURAL GLOMUS TUMOR; TRANSMASTOID	N/A	95.58	99.40	90	1	
69554	EXCISION AURAL GLOMUS TUMOR; EXTENDED (EXTRATEMPORAL)	N/A	154.37	160.54	90	1	
69605	REVISION MASTOIDECTOMY; WITH APICECTOMY	N/A	94.87	98.66	90	1	
69670	MASTOID OBLITERATION (SEPARATE PROCEDURE)	N/A	57.36	59.65	90	1	
69725	DECOMPRESSION FACIAL NERVE, INTRATEMPORAL; INCLUDING MEDIAL TO GENICULATE G	N/A	116.84	121.51	90	1	
69740	SUTURE FACIAL NERVE, INTRATEMPORAL, WITH OR WITHOUT GRAFT OR DECOMPRESSION;	N/A	72.32	75.21	90	1	
69745	SUTURE FACIAL NERVE, INTRATEMPORAL, WITH OR WITHOUT GRAFT OR DECOMPRESSION;	N/A	75.69	78.71	90	1	
69802	LABYRINTHOTOMY, WITH OR WITHOUT CRYOSURGERY OR OTHER NONEXCISIONAL DESTRUCT	N/A	63.17	65.69	90	1	
69805	ENDOLYMPHATIC SAC OPERATION; WITHOUT SHUNT	N/A	64.43	67.00	90	1	
69820	FENESTRATION SEMICIRCULAR CANAL	N/A	53.32	55.45	90	1	
69840	REVISION FENESTRATION OPERATION	N/A	57.42	59.71	90	1	
69915	VESTIBULAR NERVE SECTION, TRANSLABYRINTHINE APPROACH	N/A	95.37	99.18	90	1	
69950	VESTIBULAR NERVE SECTION, TRANSCRANIAL APPROACH	N/A	113.80	118.35	90	1	
69955	TOTAL FACIAL NERVE DECOMPRESSION AND/OR REPAIR (MAY INCLUDE GRAFT)	N/A	123.88	128.83	90	1	
69960	DECOMPRESSION INTERNAL AUDITORY CANAL	N/A	118.40	123.13	90	1	
69970	REMOVAL OF TUMOR, TEMPORAL BONE	N/A	132.50	137.80	90	1	
80048	BASIC METABOLIC PANEL	N/A	6.40	6.40	0	1	
80069	RENAL FUNCTION PANEL	N/A	6.40	6.40	0	1	
80074	ACUTE HEPATITIS PANEL	N/A	36.80	36.80	0	1	

CODE	DESCRIPTION	ANESTHESIA	AGE 21+	00-20	MAX		SPEC
		BASE FEE	MAX FEE	MAX FEE	FUD	UNITS	
80076	HEPATIC FUNCTION PANEL	N/A	6.00	6.00	0	1	
81000	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOB	N/A	2.40	2.40	0	4	
81001	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOB	N/A	2.62	2.62	0	4	
81002	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOB	N/A	1.60	1.60	0	1	
81015	URINALYSIS; MICROSCOPIC ONLY	N/A	1.60	1.60	0	1	
81025	URINE PREGNANCY TEST, BY VISUAL COLOR COMPARISON METHODS	N/A	5.20	5.20	0	1	
82270	BLOOD, OCCULT, BY PEROXIDASE ACTIVITY (EG, GUAIAAC), QUALITATIVE; FECES, CON	N/A	1.60	1.60	0	1	
82274	BLOOD, OCCULT, BY FECAL HEMOGLOBIN DETERMINATION BY IMMUNOASSAY, QUALITATIV	N/A	1.60	1.60	0	1	
82947	GLUCOSE; QUANTITATIVE, BLOOD (EXCEPT REAGENT STRIP)	N/A	2.80	2.80	0	10	
82948	GLUCOSE; BLOOD, REAGENT STRIP	N/A	2.40	2.40	0	10	
82950	GLUCOSE; POST GLUCOSE DOSE (INCLUDES GLUCOSE)	N/A	3.20	3.20	0	1	
82951	GLUCOSE; TOLERANCE TEST (GTT), THREE SPECIMENS (INCLUDES GLUCOSE)	N/A	10.40	10.40	0	1	
82962	GLUCOSE, BLOOD BY GLUCOSE MONITORING DEVICE(S) CLEARED BY THE FDA SPECIFICA	N/A	2.20	2.20	0	1	
83026	HEMOGLOBIN; BY COPPER SULFATE METHOD, NON-AUTOMATED	N/A	2.00	2.00	0	1	
83655	LEAD	N/A	8.40	8.40	0	1	
84702	GONADOTROPIN, CHORIONIC (HCG); QUANTITATIVE	N/A	12.40	12.40	0	1	
84703	GONADOTROPIN, CHORIONIC (HCG); QUALITATIVE	N/A	5.60	5.60	0	1	
85002	BLEEDING TIME	N/A	3.60	3.60	0	1	
85004	BLOOD COUNT; AUTOMATED DIFFERENTIAL WBC COUNT	N/A	4.80	4.80	0	1	
85007	BLOOD COUNT; BLOOD SMEAR, MICROSCOPIC EXAMINATION WITH MANUAL DIFFERENTIAL	N/A	2.80	2.80	0	10	
85013	BLOOD COUNT; SPUN MICROHEMATOCRIT	N/A	2.00	2.00	0	1	
85014	BLOOD COUNT; HEMATOCRIT (HCT)	N/A	1.60	1.60	0	10	
85018	BLOOD COUNT; HEMOGLOBIN (HGB)	N/A	1.60	1.60	0	10	
85025	BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC, WBC AND PLATELET COU	N/A	6.40	6.40	0	4	
85049	BLOOD COUNT; PLATELET, AUTOMATED	N/A	3.20	3.20	0	1	
85651	SEDIMENTATION RATE, ERYTHROCYTE, NON-AUTOMATED	N/A	2.80	2.80	0	1	
85660	SICKLING OF RBC, REDUCTION	N/A	3.20	3.20	0	1	
86318	IMMUNOASSAY FOR INFECTIOUS AGENT ANTIBODY, QUALITATIVE OR SEMIQUANTITATIVE,	N/A	11.20	11.20	0	1	
86403	PARTICLE AGGLUTINATION; SCREEN, EACH ANTIBODY	N/A	8.80	8.80	0	1	
86580	SKIN TEST; TUBERCULOSIS, INTRADERMAL	N/A	2.72	2.72	0	1	
86592	SYPHILIS TEST; QUALITATIVE (EG, VDRL, RPR, ART)	N/A	3.20	3.20	0	1	
87040	CULTURE, BACTERIAL; BLOOD, AEROBIC, WITH ISOLATION AND PRESUMPTIVE IDENTIFI	N/A	8.40	8.40	0	3	
87210	SMEAR, PRIMARY SOURCE WITH INTERPRETATION; WET MOUNT FOR INFECTIOUS AGENTS	N/A	3.20	3.20	0	1	
87220	TISSUE EXAMINATION BY KOH SLIDE OF SAMPLES FROM SKIN, HAIR, OR NAILS FOR FU	N/A	3.20	3.20	0	1	
87650	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); STREPTOCOCCUS, GRO	N/A	9.60	9.60	0	1	
87880	INFECTIOUS AGENT DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATION;	N/A	9.20	9.20	0	1	
89130	GASTRIC INTUBATION AND ASPIRATION, DIAGNOSTIC, EACH SPECIMEN, FOR CHEMICAL	N/A	110.73	110.73	0	2	
89190	NASAL SMEAR FOR EOSINOPHILS	N/A	3.60	3.60	0	1	
90471	IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBCUTANEO	N/A	N/A	4.00	0	1	
90472	EACH ADDITIONAL VACCINE (SINGLE OR COMBINATION VACCINE/TOXOID) (LIST	N/A	N/A	4.00	0	5	

CODE	DESCRIPTION	ANESTHESIA BASE FEE	AGE 21+ MAX FEE	00-20 MAX FEE	FUD	MAX UNITS	SPEC
90632	HEPATITIS A VACCINE, ADULT DOSAGE, FOR INTRAMUSCULAR USE	N/A	N/A	70.35	0	1	
90633	HEPATITIS A VACCINE, PEDIATRIC/ADOLESCENT DOSAGE-2 DOSE SCHEDULE, FOR	N/A	N/A	8.00	0	1	
90633	SC HEPATITIS A VACCINE, PEDIATRIC/ADOLESCENT DOSAGE-2 DOSE SCHEDULE, FOR	N/A	N/A	41.82	0	1	
90634	HEPATITIS A VACCINE, PEDIATRIC/ADOLESCENT DOSAGE-3 DOSE SCHEDULE, FOR	N/A	N/A	8.00	0	1	
90645	HEMOPHILUS INFLUENZA B VACCINE (HIB), HBOC CONJUGATE (4 DOSE SCHEDULE), FOR	N/A	N/A	8.00	0	1	
90647	HEMOPHILUS INFLUENZA B VACCINE (HIB), PRP-OMP CONJUGATE (3 DOSE SCHEDULE),	N/A	N/A	8.00	0	1	
90648	HEMOPHILUS INFLUENZA B VACCINE (HIB), PRP-T CONJUGATE (4 DOSE SCHEDULE), FO	N/A	N/A	8.00	0	1	
90649	HUMAN PAPILLOMA VIRUS (HPV) VACCINE, TYPES 6, 11, 16, 18 (QUADRIVALENT), 3	N/A	N/A	134.90	0	1	R
90649	HA HUMAN PAPILLOMA VIRUS (HPV) VACCINE, TYPES 6,11,16,18 (QUADRIVALENT), 3	N/A	N/A	134.90	0	1	
90655	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, PRESERVATIVE FREE, WHEN ADMINISTERED	N/A	N/A	8.00	0	1	
90655	SC INFLUENZA VIRUS VACCINE, SPLIT VIRUS, PRSERVATIVE FREE, WHEN ADMINISTERED	N/A	N/A	23.35	0	1	
90656	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, PRESERVATIVE FREE, WHEN ADMINISTERED	N/A	N/A	8.00	0	1	
90656	HA INFLUENZA VIRUS VACCINE, SPLIT VIRUS, PRESERVATIVE FREE, FOR USE IN	N/A	N/A	23.35	0	1	
90656	SC INFLUENZA VIRUS VACCINE, SPLIT VIRUS PPRSERVATIVE FREE, WHEN ADMINISTERED	N/A	N/A	23.35	0	1	
90657	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO CHILDREN 6-35 MO	N/A	N/A	8.00	0	1	
90657	SC INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO CHILDREN	N/A	N/A	23.35	0	1	
90658	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO 3 YEARS OF AGE A	N/A	N/A	8.00	0	1	
90658	HA INFLUENZA VIRUS VACCINE, SPLIT VIRUS, 3 YEARS AND ABOVE DOSAGE, FOR	N/A	N/A	23.35	0	1	
90658	SC INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO 3 YEARS OF	N/A	N/A	23.35	0	1	
90660	INFLUENZA VIRUS VACCINE, LIVE, FOR INTRANASAL USE	N/A	N/A	26.98	0	1	
90669	PNEUMOCOCCAL CONJUGATE VACCINE, POLYVALENT, WHEN ADMINISTERED TO CHILDREN Y	N/A	N/A	8.00	0	1	
90680	ROTAVIRUS VACCINE, PENTAVALENT, 3 DOSE SCHEDULE, LIVE, FOR ORAL USE	N/A	N/A	8.00	0	1	
90700	DIPHThERIA, TETANUS TOXOIDS, AND ACELLULAR PERTUSSIS VACCINE (DTAP), WHEN A	N/A	N/A	8.00	0	1	
90702	DIPHThERIA AND TETANUS TOXOIDS (DT) ADSORBED WHEN ADMINISTERED TO YOUNGER T	N/A	N/A	8.00	0	1	
90704	MUMPS VIRUS VACCINE, LIVE, FOR SUBCUTANEOUS USE	N/A	N/A	8.00	0	1	
90704	HA MUMPS VIRUS VACCINE, LIVE, FOR SUBCUTANEOUS OR JET INJECTION USE	N/A	N/A	29.47	0	1	
90705	MEASLES VIRUS VACCINE, LIVE, FOR SUBCUTANEOUS USE	N/A	N/A	8.00	0	1	
90705	HA IMMUNIZATION, ACITVE; MEASLES VIRUS VACCIN, LIVE, ATTENUATED	N/A	N/A	24.67	0	1	
90706	RUBELLA VIRUS VACCINE, LIVE, FOR SUBCUTANEOUS USE	N/A	N/A	8.00	0	1	
90706	HA RUBELLA VIRUS VACCINE, LIVE, FOR SUBCUTANEOUS OR JET INJECTION USE	N/A	N/A	25.46	0	1	
90707	MEASLES, MUMPS AND RUBELLA VIRUS VACCINE (MMR), LIVE, FOR SUBCUTANEOUS USE	N/A	N/A	8.00	0	1	
90707	HA MEASLES, MUMPS AND RUBELLA VIRUS VACCINE (MMR), LIVE, FOR SUBCUTANEOUS OR J	N/A	N/A	53.69	0	1	
90708	MEASLES AND RUBELLA VIRUS VACCINE, LIVE, FOR SUBCUTANEOUS USE	N/A	N/A	8.00	0	1	
90708	HA MEASLES AND RUBELLA VIRUS VACCINE, LIVE, FOR SUBCUTANEOUS OR JET INJECTION	N/A	N/A	25.80	0	1	
90710	MEASLES, MUMPS, RUBELLA, AND VARICELLA VACCINE (MMRV), LIVE, FOR SUBCUTANEO	N/A	N/A	8.00	0	1	
90713	POLIOVIRUS VACCINE, INACTIVATED, (IPV), FOR SUBCUTANEOUS OR INTRAMUSCULAR U	N/A	N/A	8.00	0	1	
90714	TETANUS AND DIPHThERIA TOXOIDS (TD) ADSORBED, PRESERVATIVE FREE, WHEN ADMIN	N/A	N/A	8.00	0	1	
90714	HA TETANUS AND DIPHThERIA TOXOIDS (TD) ADSORBED, PRESERVATIVE FREE, FOR USE IN	N/A	N/A	27.92	0	1	
90715	TETANUS, DIPHThERIA TOXOIDS AND ACELLULAR PERTUSSIS VACCINE (TDAP), WHEN AD	N/A	N/A	8.00	0	1	
90715	HA TETANUS, DIPHThERIA TOXOIDS AND ACELLULAR PERTUSSIS VACCINE (TDAP),	N/A	N/A	47.11	0	1	

CODE	DESCRIPTION	ANESTHESIA BASE FEE	AGE 21+ MAX FEE	00-20 MAX FEE	FUD	MAX UNITS	SPEC
90716	VARICELLA VIRUS VACCINE, LIVE, FOR SUBCUTANEOUS USE	N/A	N/A	8.00	0	1	
90716	HA VARICELLA VIRUS VACCINE, LIVE, FOR SUBCUTANEOUS USE	N/A	N/A	86.71	0	1	
90718	TETANUS AND DIPHTHERIA TOXOIDS (TD) ADSORBED WHEN ADMINISTERED TO 7 YEARS O	N/A	N/A	8.00	0	1	
90718	HA TETANUS AND DIPHTHERIA TOXOIDS (TD) ADSORBED FOR USE IN INDIVIDUALS SEVEN Y	N/A	N/A	14.37	0	1	
90721	DIPHTHERIA, TETANUS TOXOIDS, AND ACELLULAR PERTUSSIS VACCINE AND HEMOPHILUS	N/A	N/A	8.00	0	1	
90723	DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCINE, HEPATITIS B, AND	N/A	N/A	8.00	0	1	
90732	PNEUMOCOCCAL POLYSACCHARIDE VACCINE, 23-VALENT, ADULT OR IMMUNOSUPPRESSED P	N/A	N/A	8.00	0	1	
90732	HA PNEUMOCOCCAL POLYSACCHARIDE VACCINE, 23-VALENT, ADULT OR IMMUNOSUPPRESSED P	N/A	N/A	63.15	0	1	
90733	MENINGOCOCCAL POLYSACCHARIDE VACCINE (ANY GROUP(S)), FOR SUBCUTANEOUS USE	N/A	N/A	103.61	0	1	
90734	MENINGOCOCCAL CONJUGATE VACCINE, SEROGROUPS A, C, Y AND W-135 (TETRAVALENT)	N/A	N/A	8.00	0	1	
90734	HA MENINGOCOCCAL CONJUGATE VACCINE, SEROGROUPS A, C, Y AND W-135	N/A	N/A	94.72	0	1	
90734	SC MENINGOCOCCAL CONJUGATE VACCINE, SEROGROUPS A, C, Y AND W-135	N/A	N/A	94.72	0	1	R
90743	HEPATITIS B VACCINE, ADOLESCENT (2 DOSE SCHEDULE), FOR INTRAMUSCULAR USE	N/A	N/A	8.00	0	1	
90744	HEPATITIS B VACCINE, PEDIATRIC/ADOLESCENT DOSAGE (3 DOSE SCHEDULE), FOR INT	N/A	N/A	8.00	0	1	
90746	HEPATITIS B VACCINE, ADULT DOSAGE, FOR INTRAMUSCULAR USE	N/A	N/A	71.13	0	1	
90748	HEPATITIS B AND HEMOPHILUS INFLUENZA B VACCINE (HEPB-HIB), FOR INTRAMUSCULA	N/A	N/A	8.00	0	1	
90749	UNLISTED VACCINE/TOXOID	N/A	0.00	0.00	0	1	R
90760	INTRAVENOUS INFUSION, HYDRATION; INITIAL, UP TO 1 HOUR	N/A	24.19	25.15	0	1	
90761	INTRAVENOUS INFUSION, HYDRATION; EACH ADDITIONAL HOUR (LIST SEPARATELY IN A	N/A	6.91	7.18	0	8	
90801	PSYCHIATRIC DIAGNOSTIC INTERVIEW EXAMINATION	N/A	68.34	71.07	0	1	
90802	INTERACTIVE PSYCHIATRIC DIAGNOSTIC INTERVIEW EXAMINATION USING PLAY EQUIPME	N/A	72.11	74.99	0	1	
90804	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPO	N/A	28.12	29.24	0	1	
90805	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPO	N/A	31.42	32.67	0	1	
90806	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPO	N/A	38.02	39.54	0	1	
90807	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPO	N/A	43.68	45.42	0	1	
90810	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVIC	N/A	29.54	30.72	0	1	
90811	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVIC	N/A	35.19	36.59	0	1	
90812	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVIC	N/A	41.63	43.29	0	1	
90813	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVIC	N/A	47.45	49.34	0	1	
90816	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPO	N/A	25.14	26.14	0	1	
90817	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPO	N/A	28.28	29.41	0	1	
90818	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPO	N/A	37.08	38.56	0	1	
90819	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPO	N/A	40.38	41.99	0	1	
90823	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVIC	N/A	27.18	28.26	0	1	
90824	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVIC	N/A	30.48	31.69	0	1	
90826	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVIC	N/A	39.59	41.17	0	1	
90827	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVIC	N/A	42.42	44.11	0	1	
90862	PHARMACOLOGIC MANAGEMENT, INCLUDING PRESCRIPTION, USE, AND REVIEW OF MEDICA	N/A	24.98	25.97	0	1	
90918	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES PER FULL MONTH; FOR PATIENT	N/A	254.52	264.70	0	1	
90919	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES PER FULL MONTH; FOR PATIENT	N/A	186.02	193.46	0	1	

CODE	DESCRIPTION	ANESTHESIA BASE FEE	AGE 21+ MAX FEE	00-20 MAX FEE	FUD	MAX UNITS	SPEC
90920	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES PER FULL MONTH; FOR PATIENT	N/A	160.57	166.99	0	1	
90921	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES PER FULL MONTH; FOR PATIENT	N/A	98.98	102.93	0	1	
90922	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES (LESS THAN FULL MONTH), PER	N/A	8.49	8.82	0	1	
90923	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES (LESS THAN FULL MONTH), PER	N/A	6.13	6.37	0	1	
90924	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES (LESS THAN FULL MONTH), PER	N/A	5.34	5.55	0	1	
90925	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES (LESS THAN FULL MONTH), PER	N/A	3.30	3.43	0	1	
91000	ESOPHAGEAL INTUBATION AND COLLECTION OF WASHINGS FOR CYTOLOGY, INCLUDING PR	N/A	46.50	48.36	0	1	
91105	GASTRIC INTUBATION, AND ASPIRATION OR LAVAGE FOR TREATMENT (EG, FOR INGESTE	N/A	33.62	34.96	0	1	
92504	BINOCULAR MICROSCOPY (SEPARATE DIAGNOSTIC PROCEDURE)	N/A	11.62	12.08	0	1	
92526	TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING	N/A	35.19	36.59	0	1	
92567	TYMPANOMETRY (IMPEDANCE TESTING)	N/A	8.64	8.98	0	1	
92950	CARDIOPULMONARY RESUSCITATION (EG, IN CARDIAC ARREST)	N/A	114.85	119.44	0	1	
92992	ATRIAL SEPTECTOMY OR SEPTOSTOMY; TRANSVENOUS METHOD, BALLOON (EG, RASHKIND	N/A	61.97	64.44	90	1	
92993	ATRIAL SEPTECTOMY OR SEPTOSTOMY; BLADE METHOD (PARK SEPTOSTOMY) (INCLUDES C	N/A	37.27	38.76	90	1	
93000	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; WITH INTERPRETATION	N/A	8.49	8.82	0	1	
94010	SPIROMETRY, INCLUDING GRAPHIC RECORD, TOTAL AND TIMED VITAL CAPACITY, EXPIR	N/A	14.61	15.19	0	1	
94060	BRONCHODILATION RESPONSIVENESS, SPIROMETRY AS IN 94010, PRE- AND POST-BRONC	N/A	26.55	27.61	0	1	
94070	BRONCHOSPASM PROVOCATION EVALUATION, MULTIPLE SPIROMETRIC DETERMINATIONS AS	N/A	27.02	28.10	0	1	
94150	VITAL CAPACITY, TOTAL (SEPARATE PROCEDURE)	N/A	8.95	9.30	0	1	
94200	MAXIMUM BREATHING CAPACITY, MAXIMAL VOLUNTARY VENTILATION	N/A	9.74	10.12	0	1	
94240	FUNCTIONAL RESIDUAL CAPACITY OR RESIDUAL VOLUME: HELIUM METHOD, NITROGEN OP	N/A	17.75	18.46	0	1	
94250	EXPIRED GAS COLLECTION, QUANTITATIVE, SINGLE PROCEDURE (SEPARATE PROCEDURE)	N/A	10.06	10.46	0	1	
94260	THORACIC GAS VOLUME	N/A	14.77	15.36	0	1	
94350	DETERMINATION OF MALDISTRIBUTION OF INSPIRED GAS: MULTIPLE BREATH NITROGEN	N/A	14.61	15.19	0	1	
94360	DETERMINATION OF RESISTANCE TO AIRFLOW, OSCILLATORY OR PLETHYSMOGRAPHIC MET	N/A	20.11	20.91	0	1	
94370	DETERMINATION OF AIRWAY CLOSING VOLUME, SINGLE BREATH TESTS	N/A	13.82	14.37	0	1	
94375	RESPIRATORY FLOW VOLUME LOOP	N/A	16.66	17.32	0	1	
94400	BREATHING RESPONSE TO CO2 (CO2 RESPONSE CURVE)	N/A	23.73	24.67	0	1	
94450	BREATHING RESPONSE TO HYPOXIA (HYPOXIA RESPONSE CURVE)	N/A	23.10	24.02	0	1	
94610	INTRAPULMONARY SURFACTANT ADMINISTRATION BY A PHYSICIAN THROUGH ENDOTRACHEA	N/A	27.81	28.92	0	1	
94640	PRESSURIZED OR NONPRESSURIZED INHALATION TREATMENT FOR ACUTE AIRWAY OBSTRUC	N/A	5.97	6.20	0	3	
94644	CONTINUOUS INHALATION TREATMENT WITH AEROSOL MEDICATION FOR ACUTE AIRWAY OB	N/A	14.77	15.36	0	1	
94645	CONTINUOUS INHALATION TREATMENT WITH AEROSOL MEDICATION FOR ACUTE AIRWAY OB	N/A	5.66	5.88	0	1	
94664	DEMONSTRATION AND/OR EVALUATION OF PATIENT UTILIZATION OF AN AEROSOL GENERA	N/A	6.91	7.18	0	1	
94667	MANIPULATION CHEST WALL, SUCH AS CUPPING, PERCUSSING, AND VIBRATION TO FACI	N/A	9.27	9.64	0	1	
94680	OXYGEN UPTAKE, EXPIRED GAS ANALYSIS; REST AND EXERCISE, DIRECT, SIMPLE	N/A	22.46	23.35	0	1	
94681	OXYGEN UPTAKE, EXPIRED GAS ANALYSIS; INCLUDING CO2 OUTPUT, PERCENTAGE OXYGE	N/A	21.84	22.71	0	1	
94690	OXYGEN UPTAKE, EXPIRED GAS ANALYSIS; REST, INDIRECT (SEPARATE PROCEDURE)	N/A	18.22	18.94	0	1	
94720	CARBON MONOXIDE DIFFUSING CAPACITY (EG, SINGLE BREATH, STEADY STATE)	N/A	23.26	24.19	0	1	
94725	MEMBRANE DIFFUSION CAPACITY	N/A	21.21	22.05	0	1	

CODE	DESCRIPTION	ANESTHESIA BASE FEE	AGE 21+ MAX FEE	00-20 MAX FEE	FUD	MAX UNITS	SPEC
94750	PULMONARY COMPLIANCE STUDY (EG, PLETHYSMOGRAPHY, VOLUME AND PRESSURE MEASUR	N/A	30.95	32.18	0	1	
94770	CARBON DIOXIDE, EXPIRED GAS DETERMINATION BY INFRARED ANALYZER	N/A	15.71	16.33	0	1	
94799	UNLISTED PULMONARY SERVICE OR PROCEDURE	N/A	0.00	0.00	0	0	R
95806	SLEEP STUDY, SIMULTANEOUS RECORDING OF VENTILATION, RESPIRATORY EFFORT, ECG	N/A	92.54	96.24	0	1	
96101	PSYCHOLOGICAL TESTING (INCLUDES PSYCHODIAGNOSTIC ASSESSMENT OF EMOTIONALITY	N/A	35.50	36.92	0	4	
96102	PSYCHOLOGICAL TESTING (INCLUDES PSYCHODIAGNOSTIC ASSESSMENT OF EMOTIONALITY	N/A	26.86	27.93	0	1	
96103	PSYCHOLOGICAL TESTING (INCLUDES PSYCHODIAGNOSTIC ASSESSMENT OF EMOTIONALITY	N/A	28.91	30.06	0	1	
96116	NEUROBEHAVIORAL STATUS EXAM (CLINICAL ASSESSMENT OF THINKING, REASONING AND	N/A	40.54	42.16	0	3	
96118	NEUROPSYCHOLOGICAL TESTING (EG, HALSTEAD-REITAN NEUROPSYCHOLOGICAL BATTERY,	N/A	44.94	46.73	0	3	
96119	NEUROPSYCHOLOGICAL TESTING (EG, HALSTEAD-REITAN NEUROPSYCHOLOGICAL BATTERY,	N/A	35.50	36.92	0	3	
96120	NEUROPSYCHOLOGICAL TESTING (EG, WISCONSIN CARD SORTING TEST), ADMINISTERED	N/A	38.50	40.04	0	1	
96401	CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; NON-HORMONAL AN	N/A	32.68	33.98	0	1	
96402	CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; HORMONAL ANTI-N	N/A	14.30	14.87	0	1	
96409	CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS, PUSH TECHNIQUE, SINGLE OR INITIAL	N/A	48.23	50.15	0	1	
96411	CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS, PUSH TECHNIQUE, EACH ADDITIONAL S	N/A	27.50	28.60	0	1	
96413	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; UP TO 1 HOUR,	N/A	62.38	64.87	0	1	
96415	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONA	N/A	14.30	14.87	0	7	
96416	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; INITIATION OF	N/A	68.34	71.07	0	1	
96417	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONA	N/A	31.42	32.67	0	1	
96523	IRRIGATION OF IMPLANTED VENOUS ACCESS DEVICE FOR DRUG DELIVERY SYSTEMS	N/A	11.83	12.30	0	1	
97602	REMOVAL OF DEVITALIZED TISSUE FROM WOUND; NON-SELECTIVE DEBRIDEMENT, WITHOU	N/A	16.56	17.22	0	1	
99050	SERVICES PROVIDED IN THE OFFICE AT TIMES OTHER THAN REGULARLY SCHEDULED OFF	N/A	5.82	6.05	0	1	
99070	SUPPLIES AND MATERIALS (EXCEPT SPECTACLES), PROVIDED BY THE PHYSICIAN OVER	N/A	0.00	0.00	0	0	R
99143	MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 00	N/A	42.69	44.39	0	1	R
99144	MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 00	N/A	42.69	44.39	0	1	R
99145	MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 00	N/A	21.34	22.19	0	4	R
99148	MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 00	N/A	42.69	44.39	0	1	R
99149	MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 00	N/A	42.69	44.39	0	1	R
99150	MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES	N/A	21.34	22.19	0	4	R
99195	PHLEBOTOMY, THERAPEUTIC (SEPARATE PROCEDURE)	N/A	41.01	42.65	0	1	
99199	UNLISTED SPECIAL SERVICE, PROCEDURE OR REPORT	N/A	0.00	0.00	0	1	R
99201	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	N/A	24.96	25.95	0	1	
99202	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	N/A	26.17	27.21	0	1	
99203	OFFICE AND OUTPATIENT VISIT FOR A NEW PATIENT MUST INCLUDE A DETAILED	N/A	38.94	40.49	0	1	
99204	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	N/A	55.07	57.27	0	1	
99211	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES	N/A	9.98	10.37	0	1	
99211	FP OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES	N/A	9.98	10.37	0	1	
99212	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES	N/A	17.47	18.16	0	1	
99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES	N/A	21.29	22.14	0	1	
99214	OFFICE OR OUTPATIENT VISIT FOR THE EVAL AND MANAGEMENT OF AN EST. PATIENT,	N/A	33.17	34.49	0	1	

CODE	DESCRIPTION	ANESTHESIA	AGE 21+	00-20	MAX		SPEC
		BASE FEE	MAX FEE	MAX FEE	FUD	UNITS	
99217	OBSERVATION CARE DISCHARGE DAY MANAGEMENT (THIS CODE IS TO BE UTILIZED BY T	N/A	29.06	30.22	0	1	
99218	INITIAL OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P	N/A	27.18	28.26	0	1	
99219	INITIAL OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P	N/A	44.78	46.57	0	1	
99221	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATI	N/A	39.43	41.00	0	1	
99222	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATI	N/A	53.26	55.39	0	1	
99231	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P	N/A	16.18	16.82	0	1	
99232	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P	N/A	29.38	30.55	0	1	
99233	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P	N/A	41.95	43.62	0	1	
99234	OBSERVATION OR INPATIENT HOSPITAL CARE, FOR THE EVALUATION AND MANAGEMENT O	N/A	54.83	57.02	0	1	
99235	OBSERVATION OR INPATIENT HOSPITAL CARE, FOR THE EVALUATION AND MANAGEMENT O	N/A	72.11	74.99	0	1	
99238	HOSPITAL DISCHARGE DAY MANAGEMENT; 30 MINUTES OR LESS	N/A	28.75	29.90	0	1	
99239	HOSPITAL DISCHARGE DAY MANAGEMENT; MORE THAN 30 MINUTES	N/A	41.79	43.46	0	1	
99241	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE	N/A	21.21	22.05	0	1	
99242	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE	N/A	39.75	41.34	0	1	
99243	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE	N/A	54.36	56.53	0	1	
99244	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE	N/A	80.75	83.98	0	1	
99251	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THE	N/A	21.53	22.39	0	1	
99252	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THE	N/A	32.99	34.30	0	1	
99253	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THE	N/A	50.28	52.29	0	1	
99254	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THE	N/A	72.90	75.81	0	1	
99281	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT,	N/A	11.38	11.83	0	1	
99282	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT,	N/A	17.63	18.33	0	1	
99283	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT,	N/A	32.50	33.80	0	1	
99284	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT,	N/A	49.76	51.75	0	1	
99285	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT,	N/A	78.41	81.54	0	1	
99304	INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT O	N/A	26.71	27.77	0	1	
99305	INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT O	N/A	35.35	36.76	0	1	
99306	INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT O	N/A	43.52	45.26	0	1	
99307	SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMEN	N/A	14.14	14.70	0	1	
99308	SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMEN	N/A	23.26	24.19	0	1	
99309	SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMEN	N/A	32.52	33.82	0	1	
99310	SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMEN	N/A	40.70	42.32	0	1	
99318	EVALUATION AND MANAGEMENT OF A PATIENT INVOLVING AN ANNUAL NURSING FACILITY	N/A	26.71	27.77	0	1	
99324	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW P	N/A	23.57	24.51	0	1	
99325	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW P	N/A	34.10	35.46	0	1	
99326	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW P	N/A	48.86	50.81	0	1	
99327	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW P	N/A	64.42	66.99	0	1	
99328	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW P	N/A	79.66	82.84	0	1	
99334	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTA	N/A	18.22	18.94	0	1	
99335	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTA	N/A	28.28	29.41	0	1	

CODE	DESCRIPTION	ANESTHESIA	AGE 21+	00-20	MAX		SPEC
		BASE FEE	MAX FEE	MAX FEE	FUD	UNITS	
99336	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTA	N/A	43.68	45.42	0	1	
99337	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTA	N/A	64.10	66.66	0	1	
99341	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIR	N/A	23.57	24.51	0	1	
99342	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIR	N/A	34.10	35.46	0	1	
99343	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIR	N/A	49.34	51.31	0	1	
99344	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIR	N/A	64.26	66.83	0	1	
99347	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHI	N/A	18.38	19.11	0	1	
99348	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHI	N/A	28.44	29.57	0	1	
99349	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHI	N/A	43.68	45.42	0	1	
99350	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHI	N/A	64.10	66.66	0	1	
99354	PROLONGED PHYSICIAN SERVICE IN THE OFFICE OR OTHER OUTPATIENT SETTING REQUI	N/A	39.43	41.00	0	1	
99355	PROLONGED PHYSICIAN SERVICE IN THE OFFICE OR OTHER OUTPATIENT SETTING REQUI	N/A	39.59	41.17	0	1	
99356	PROLONGED PHYSICIAN SERVICE IN THE INPATIENT SETTING, REQUIRING DIRECT (FAC	N/A	36.14	37.58	0	1	
99357	PROLONGED PHYSICIAN SERVICE IN THE INPATIENT SETTING, REQUIRING DIRECT (FAC	N/A	36.14	37.58	0	1	
99381	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN I	N/A	N/A	57.27	0	1	
99382	INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPR	N/A	N/A	57.27	0	1	
99383	INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPR	N/A	N/A	57.27	0	1	
99383	FP INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN	N/A	N/A	57.27	0	1	
99384	INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPR	N/A	N/A	57.27	0	1	
99384	FP INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPR	N/A	N/A	57.27	0	1	
99385	INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPR	N/A	55.07	57.27	0	1	
99385	EP INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN	N/A	N/A	57.27	0	1	
99385	FP INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN	N/A	55.07	57.27	0	1	
99386	INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPR	N/A	48.54	50.48	0	1	
99386	FP INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN	N/A	48.54	50.48	0	1	
99387	INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPR	N/A	53.42	55.55	0	1	
99391	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF A	N/A	N/A	57.27	0	1	
99392	PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A CO	N/A	N/A	57.27	0	1	
99393	PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A CO	N/A	N/A	57.27	0	1	
99393	FP PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF A	N/A	N/A	57.27	0	1	
99394	PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A CO	N/A	N/A	57.27	0	1	
99394	FP PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF A	N/A	N/A	57.27	0	1	
99395	PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A CO	N/A	55.07	57.27	0	1	
99395	EP PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A	N/A	N/A	57.27	0	1	
99395	FP PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF A	N/A	55.07	57.27	0	1	
99396	PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A CO	N/A	40.22	41.82	0	1	
99396	FP PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF A	N/A	40.22	41.82	0	1	
99397	PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A CO	N/A	45.25	47.06	0	1	
99401	PREVENTIVE MEDICINE COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S)	N/A	13.35	13.88	0	1	
99402	COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S) PROVIDED TO A HEALT	N/A	23.10	24.02	0	1	

CODE	DESCRIPTION	ANESTHESIA BASE FEE	AGE 21+ MAX FEE	00-20 MAX FEE	FUD	MAX UNITS	SPEC
99403	FP COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S) PROVIDED TO A HEALT	N/A	32.68	33.98	0	1	
99431	HISTORY AND EXAMINATION OF THE NORMAL NEWBORN INFANT, INITIATION OF DIAGNOS	N/A	23.41	24.34	0	1	
99432	NORMAL NEWBORN CARE IN OTHER THAN HOSPITAL OR BIRTHING ROOM SETTING, INCLUD	N/A	36.61	38.07	0	1	
99433	SUBSEQUENT HOSPITAL CARE, FOR THE EVALUATION AND MANAGEMENT OF A NORMAL NEW	N/A	12.41	12.90	0	1	
99435	HISTORY AND EXAMINATION OF THE NORMAL NEWBORN INFANT, INCLUDING THE PREPARA	N/A	31.74	33.00	0	1	
99436	ATTENDANCE AT DELIVERY (WHEN REQUESTED BY DELIVERING PHYSICIAN) AND INITIAL	N/A	30.01	31.21	0	1	
99440	NEWBORN RESUSCITATION: PROVISION OF POSITIVE PRESSURE VENTILATION AND/OR CH	N/A	58.60	60.94	0	1	
A4261	CERVICAL CAP FOR CONTRACEPTIVE USE	N/A	55.00	55.00	0	1	
G0101	CERVICAL OR VAGINAL CANCER SCREENING; PELVIC AND CLINICAL BREAST EXAMINATIO	N/A	14.93	15.52	0	1	
H0004	INDIVIDUAL/FAMILY THERAPY-45 MINUTES	N/A	44.00	45.76	0	1	
H1000	PRENATAL CARE, AT RISK ASSESSMENT	N/A	41.60	43.26	0	1	
H1001	PRENATAL CARE,AT-RISK ENHANCED SERVICES; ANTEPARTUM MANAGEMENT	N/A	83.20	86.52	0	1	
H1001	TG PRENATAL CARE,AT-RISK ENHANCED SERVICE,ANTEPARTUM MANAGEMENT	N/A	124.80	129.79	0	1	
J0170	INJECTION, ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE	N/A	2.21	2.21	0	1	
J0207	INJECTION, AMIFOSTINE, 500 MG	N/A	500.85	500.85	0	3	
J0290	INJECTION, AMPICILLIN SODIUM, 500 MG	N/A	3.73	3.73	0	14	
J0295	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	N/A	8.12	8.12	0	2	
J0530	INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, UP TO 600,000	N/A	5.19	5.19	0	1	
J0540	INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, UP TO 1,200,0	N/A	15.74	15.74	0	1	
J0550	INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, UP TO 2,400,0	N/A	9.96	9.96	0	14	
J0560	INJECTION, PENICILLIN G BENZATHINE, UP TO 600,000 UNITS	N/A	24.85	24.85	0	1	
J0570	INJECTION, PENICILLIN G BENZATHINE, UP TO 1,200,000 UNITS	N/A	43.04	43.04	0	1	
J0580	INJECTION, PENICILLIN G BENZATHINE, UP TO 2,400,000 UNITS	N/A	88.19	88.19	0	1	
J0690	INJECTION, CEFAZOLIN SODIUM, 500 MG	N/A	1.84	1.84	0	4	
J0696	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	N/A	15.00	15.00	0	16	
J0698	CEFOTAXIME SODIUM, PER GM	N/A	5.06	5.06	0	2	
J0740	INJECTION, CIDOFOVIR, 375 MG	N/A	751.25	751.25	0	1	
J0881	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	N/A	4.70	4.70	0	500	
J0882	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (FOR ESRD ON DIALYSIS)	N/A	4.70	4.70	0	500	
J0885	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	N/A	12.57	12.57	0	80	
J0886	INJECTION, EPOETIN ALFA, 1000 UNITS (FOR ESRD ON DIALYSIS)	N/A	12.57	12.57	0	500	
J1000	INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 MG	N/A	5.72	5.72	0	1	
J1020	INJECTION, METHYLPREDNISOLONE ACETATE, 20 MG	N/A	1.02	1.02	0	2	
J1030	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	N/A	2.03	2.03	0	2	
J1040	INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG	N/A	3.25	3.25	0	2	
J1051	INJECTION, MEDROXYPROGESTERONE ACETATE, 50 MG	N/A	4.43	4.43	0	20	
J1055	INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150 MG	N/A	47.47	47.47	0	1	
J1056	INJECTION, MEDROXYPROGESTERONE ACETATE / ESTRADIOL CYPIONATE, 5MG / 25MG	N/A	22.83	22.83	0	1	
J1100	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	N/A	1.00	1.00	0	20	
J1200	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	N/A	1.43	1.43	0	1	

CODE	DESCRIPTION	ANESTHESIA	AGE 21+	00-20	MAX		SPEC
		BASE FEE	MAX FEE	MAX FEE	FUD	UNITS	
J1325	INJECTION, EPOPROSTENOL, 0.5 MG	N/A	18.82	18.82	0	1	
J1364	INJECTION, ERYTHROMYCIN LACTOBIONATE, PER 500 MG	N/A	8.38	8.38	0	2	
J1440	INJECTION, FILGRASTIM (G-CSF), 300 MCG	N/A	201.35	201.35	0	2	
J1441	INJECTION, FILGRASTIM (G-CSF), 480 MCG	N/A	327.19	327.19	0	1	
J1565	INJECTION, RESPIRATORY SYNCYTIAL VIRUS IMMUNE GLOBULIN, INTRAVENOUS, 50 MG	N/A	806.91	806.91	0	1	
J1570	INJECTION, GANCICLOVIR SODIUM, 500 MG	N/A	47.84	47.84	0	1	
J1626	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG	N/A	16.51	16.51	0	20	
J1642	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	N/A	1.00	1.00	0	6	
J1825	INJECTION, INTERFERON BETA-1A, 33 MCG	N/A	227.63	227.63	0	1	
J1885	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	N/A	5.95	5.95	0	4	
J1940	INJECTION, FUROSEMIDE, UP TO 20 MG	N/A	1.00	1.00	0	2	
J1950	INJECTION, LEUPROLIDE ACETATE PER 3.75 MG.	N/A	519.52	519.52	0	3	
J2060	INJECTION, LORAZEPAM, 2 MG	N/A	8.33	8.33	0	2	
J2210	INJECTION, METHYLERGONOVINE MALEATE, UP TO 0.2 MG	N/A	4.73	4.73	0	1	
J2550	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	N/A	1.00	1.00	0	1	
J2590	INJECTION, OXYTOCIN, UP TO 10 UNITS	N/A	3.97	3.97	0	2	
J2790	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MCG	N/A	112.10	112.10	0	1	
J2820	INJECTION, SARGRAMOSTIM (GM-CSF), 50 MCG	N/A	30.40	30.40	0	10	
J2930	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	N/A	2.89	2.89	0	24	
J2950	INJECTION, PROMAZINE HCL, UP TO 25 MG	N/A	1.00	1.00	0	6	
J3030	INJECTION, SUMATRIPTAN SUCCINATE, 6 MG (CODE MAY BE USED FOR MEDICARE WHEN	N/A	125.86	125.86	0	1	
J3105	INJECTION, TERBUTALINE SULFATE, UP TO 1 MG	N/A	26.38	26.38	0	1	
J3301	INJECTION TRIAMCINOLONE ACETONIDE, PER 10MG	N/A	1.00	1.00	0	8	
J3410	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	N/A	1.00	1.00	0	4	
J3430	INJECTION, PHYTONADIONE (VITAMIN K), PER 1 MG	N/A	3.05	3.05	0	3	
J3490	UNCLASSIFIED DRUGS	N/A	0.00	0.00	0	0	R
J7030	INFUSION, NORMAL SALINE SOLUTION , 1000 CC	N/A	6.14	6.14	0	1	
J7040	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	N/A	7.71	7.71	0	1	
J7042	5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)	N/A	8.41	8.41	0	1	
J7050	INFUSION, NORMAL SALINE SOLUTION , 250 CC	N/A	5.83	5.83	0	12	
J7060	5% DEXTROSE/WATER (500 ML = 1 UNIT)	N/A	8.28	8.28	0	1	
J7070	INFUSION, D5W, 1000 CC	N/A	9.15	9.15	0	1	
J7120	RINGERS LACTATE INFUSION, UP TO 1000 CC	N/A	6.58	6.58	0	1	
J7130	HYPERTONIC SALINE SOLUTION, 50 OR 100 MEQ, 20 CC VIAL	N/A	0.58	0.58	0	1	
J7300	INTRAUTERINE COPPER CONTRACEPTIVE	N/A	401.85	401.85	0	1	
J7302	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, 52 MG	N/A	435.94	435.94	0	1	
J9170	DOCETAXEL 20 MG, INJECTABLE	N/A	341.56	341.56	0	15	
J9201	GEMCITABINE HCL, 200 MG	N/A	127.89	127.89	0	15	
J9206	IRINOTECAN, 20 MG	N/A	129.79	129.79	0	38	
J9260	METHOTREXATE SODIUM, 50 MG	N/A	3.86	3.86	0	25	

CODE	DESCRIPTION	ANESTHESIA	AGE 21+	00-20	MAX		SPEC
		BASE FEE	MAX FEE	MAX FEE	FUD	UNITS	
J9350	TOPOTECAN,4 MG.	N/A	901.79	901.79	0	2	
J9600	PORFIMER SODIUM, 75 MG	N/A	2318.63	2318.63	0	1	R
Q0111	WET MOUNTS, INCLUDING PREPARATIONS OF VAGINAL, CERVICAL OR SKIN SPECIMENS	N/A	3.20	3.32	0	1	
Q0112	ALL POTASSIUM HYDROXIDE (KOH) PREPARATIONS	N/A	4.00	4.00	0	1	
Q0113	PINWORM EXAMINATIONS	N/A	4.00	4.16	0	0	
Q0114	FERN TEST	N/A	3.20	3.32	0	1	
Q4003	CAST SUPPLIES, SHOULDER CAST, ADULT (11 YEARS +), PLASTER	N/A	18.05	18.05	0	1	
Q4004	CAST SUPPLIES, SHOULDER CAST, ADULT (11 YEARS +), FIBERGLASS	N/A	62.48	62.48	0	1	
Q4005	CAST SUPPLIES, LONG ARM CAST, ADULT (11 YEARS +), PLASTER	N/A	6.65	6.65	0	1	
Q4006	CAST SUPPLIES, LONG ARM CAST, ADULT (11 YEARS +), FIBERGLASS	N/A	14.99	14.99	0	1	
Q4007	CAST SUPPLIES, LONG ARM CAST, PEDIATRIC (0-10 YEARS), PLASTER	N/A	3.33	3.33	0	1	
Q4008	CAST SUPPLIES, LONG ARM CAST, PEDIATRIC (0-10 YEARS), FIBERGLASS	N/A	7.50	7.50	0	1	
Q4009	CAST SUPPLIES, SHORT ARM CAST, ADULT (11 YEARS +), PLASTER	N/A	4.44	4.44	0	1	
Q4010	CAST SUPPLIES, SHORT ARM CAST, ADULT (11 YEARS +), FIBERGLASS	N/A	10.00	10.00	0	1	
Q4011	CAST SUPPLIES, SHORT ARM CAST, PEDIATRIC (0-10 YEARS), PLASTER	N/A	2.22	2.22	0	1	
Q4012	CAST SUPPLIES, SHORT ARM CAST, PEDIATRIC (0-10 YEARS), FIBERGLASS	N/A	5.00	5.00	0	1	
Q4013	CAST SUPPLIES, GAUNTLET CAST (INCLUDES LOWER FOREARM AND HAND), ADULT (11 Y	N/A	8.08	8.08	0	1	
Q4014	CAST SUPPLIES, GAUNTLET CAST (INCLUDES LOWER FOREARM AND HAND), ADULT (11 Y	N/A	13.64	13.64	0	1	
Q4015	CAST SUPPLIES, GAUNTLET CAST (INCLUDES LOWER FOREARM AND HAND), PEDIATRIC (	N/A	4.04	4.04	0	1	
Q4016	CAST SUPPLIES, GAUNTLET CAST (INCLUDES LOWER FOREARM AND HAND), PEDIATRIC (	N/A	6.82	6.82	0	1	
Q4017	CAST SUPPLIES, LONG ARM SPLINT, ADULT (11 YEARS +), PLASTER	N/A	4.68	4.68	0	1	
Q4018	CAST SUPPLIES, LONG ARM SPLINT, ADULT (11 YEARS +), FIBERGLASS	N/A	7.46	7.46	0	1	
Q4019	CAST SUPPLIES, LONG ARM SPLINT, PEDIATRIC (0-10 YEARS), PLASTER	N/A	2.34	2.34	0	1	
Q4020	CAST SUPPLIES, LONG ARM SPLINT, PEDIATRIC (0-10 YEARS), FIBERGLASS	N/A	3.73	3.73	0	1	
Q4021	CAST SUPPLIES, SHORT ARM SPLINT, ADULT (11 YEARS +), PLASTER	N/A	3.46	3.46	0	1	
Q4022	CAST SUPPLIES, SHORT ARM SPLINT, ADULT (11 YEARS +), FIBERGLASS	N/A	6.24	6.24	0	1	
Q4023	CAST SUPPLIES, SHORT ARM SPLINT, PEDIATRIC (0-10 YEARS), PLASTER	N/A	1.74	1.74	0	1	
Q4032	CAST SUPPLIES, LONG LEG CAST, PEDIATRIC (0-10 YEARS), FIBERGLASS	N/A	19.52	19.52	0	2	
Q4037	CAST SUPPLIES, SHORT LEG CAST, ADULT (11 YEARS +), PLASTER	N/A	8.44	8.44	0	1	
Q4038	CAST SUPPLIES, SHORT LEG CAST, ADULT (11 YEARS +), FIBERGLASS	N/A	21.15	21.15	0	1	
Q4039	CAST SUPPLIES, SHORT LEG CAST, PEDIATRIC (0-10 YEARS), PLASTER	N/A	4.23	4.23	0	1	
Q4040	CAST SUPPLIES, SHORT LEG CAST, PEDIATRIC (0-10 YEARS), FIBERGLASS	N/A	10.58	10.58	0	1	
Q4045	CAST SUPPLIES, SHORT LEG SPLINT, ADULT (11 YEARS +), PLASTER	N/A	5.96	5.96	0	1	
Q4046	CAST SUPPLIES, SHORT LEG SPLINT, ADULT (11 YEARS +), FIBERGLASS	N/A	9.58	9.58	0	1	
Q4047	CAST SUPPLIES, SHORT LEG SPLINT, PEDIATRIC (0-10 YEARS), PLASTER	N/A	2.98	2.98	0	1	
Q4048	CAST SUPPLIES, SHORT LEG SPLINT, PEDIATRIC (0-10 YEARS), FIBERGLASS	N/A	4.80	4.80	0	1	
Q4049	FINGER SPLINT, STATIC	N/A	1.09	1.09	0	1	
Q4050	CAST SUPPLIES, FOR UNLISTED TYPES AND MATERIALS OF CASTS	N/A	0.00	0.00	0	1	R
Q4051	SPLINT SUPPLIES, MISCELLANEOUS (INCLUDES THERMOPLASTICS, STRAPPING, FASTENE	N/A	0.00	0.00	0	1	R
S0195	PNEUMOCOCCAL CONJUGATE VACCINE, POLYVALENT, INTRAMUSCULAR, FOR CHILDREN FRO	N/A	N/A	8.00	0	1	

CODE	DESCRIPTION	ANESTHESIA	AGE 21+	00-20	MAX		SPEC
		BASE FEE	MAX FEE	MAX FEE	FUD	UNITS	
S4005	LABOR MANAGEMENT FEE	N/A	200.00	200.00	0	1	
S4989	PROGESTASERT INTRAUTERINE DEVICE	N/A	108.14	108.14	0	1	
S8415	SUPPLIES FOR HOME DELIVERY OF INFANT	N/A	45.00	45.00	0	1	

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