

**PHYSICIAN ASSISTANT SERVICES FEE SCHEDULE
EFFECTIVE JANUARY 1, 2007**

CODE	DESCRIPTION	AGE 21+ MAX FEE	00-20 MAX FEE	FUD	MAX UNITS	SPEC
10060	INCISION AND DRAINAGE OF ABSCESS (EG, CARVUNCLE,SUPPURATIVE HIDRADENITIS,	44.30	46.07	10	1	
10061	INCISION AND DRAINAGE OF ABSCESS (EG, CARBUNCLE, SUPPURATIVE HIDRADENITIS,	74.94	77.93	10	1	B
10120	INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES; SIMPLE	51.85	53.92	10	1	
10140	INCISION AND DRAINAGE OF HEMATOMA, SEROMA OR FLUID COLLECTION	62.85	65.36	10	1	
10160	PUNCTURE ASPIRATION OF ABSCESS, HEMATOMA, BULLA, OR CYST	50.28	52.29	10	1	
11004	DEBRIDEMENT OF SKIN, SUBCUTANEOUS TISSUE, MUSCLE AND FASCIA FOR NECROTIZING	36.95	38.42	0	1	AS
11040	DEBRIDEMENT; SKIN, PARTIAL THICKNESS	19.48	20.25	0	1	
11042	DEBRIDEMENT; SKIN, AND SUBCUTANEOUS TISSUE	29.70	30.88	0	1	
11055	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); SIN	20.42	21.23	0	1	
11056	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); TWO	24.66	25.64	0	1	
11057	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); MOR	29.70	30.88	0	1	
11100	BIOPSY OF SKIN, SUBCUTANEOUS TISSUE AND/OR MUCOUS MEMBRANE (INCLUDING SIMPL	42.89	44.60	0	1	
11101	BIOPSY OF SKIN, SUBCUTANEOUS TISSUE AND/OR MUCOUS MEMBRANE (INCLUDING SIMPL	13.35	13.88	0	6	
11400	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED E	44.15	45.91	10	1	B
11401	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED E	55.46	57.67	10	1	B
11402	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED E	61.90	64.37	10	1	B
11403	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED E	71.18	74.02	10	1	
11740	EVACUATION OF SUBUNGUAL HEMATOMA	19.01	19.77	30	1	
11765	WEDGE EXCISION OF SKIN OF NAIL FOLD (EG, FOR INGROWN TOENAIL)	54.67	56.85	10	1	B
11975	INSERTION, IMPLANTABLE CONTRACEPTIVE CAPSULES	49.81	51.80	0	1	
11976	REMOVAL, IMPLANTABLE CONTRACEPTIVE CAPSULES	57.98	60.29	0	1	
11977	REMOVAL WITH REINSERTION, IMPLANTABLE CONTRACEPTIVE CAPSULES	88.61	92.15	0	1	
12001	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENI	56.56	58.82	10	1	
12002	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENI	60.33	62.74	10	1	
12018	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/	20.59	21.41	10	1	AS
12031	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLU	98.04	101.96	10	1	
12032	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLU	123.65	128.59	10	1	
12034	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUD	122.08	126.96	10	1	
12035	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUD	142.82	148.53	10	1	
12047	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; OVE	28.68	29.82	10	1	AS
12057	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME	35.19	36.59	10	1	AS
15002	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUN	20.76	21.59	0	1	AS
15003	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUN	4.60	4.78	0	1	AS
15004	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUN	25.06	26.06	0	1	AS

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15005	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUN	7.79	8.10	0	1	AS
15731	FOREHEAD FLAP WITH PRESERVATION OF VASCULAR PEDICLE (EG, AXIAL PATTERN FLAP	69.20	71.96	0	1	AS
15732	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; HEAD AND NECK (EG, TEMPORALI	92.18	95.86	90	1	AS
15734	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; TRUNK	96.13	99.97	90	1	AS
15738	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; LOWER EXTREMITY	90.04	93.64	90	1	AS
15750	FLAP; NEUROVASCULAR PEDICLE	58.30	60.63	90	1	AS
15756	FREE MUSCLE OR MYOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS	151.48	157.53	90	1	AS
15757	FREE SKIN FLAP WITH MICROVASCULAR ANASTOMOSIS	145.62	151.44	90	1	AS
15758	FREE FASCIAL FLAP WITH MICROVASCULAR ANASTOMOSIS	145.45	151.26	90	1	AS
15770	GRAFT; DERMA-FAT-FASCIA	41.33	42.98	90	1	AS
15830	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY); ABDO	75.36	78.37	90	1	PA AS
15841	GRAFT FOR FACIAL NERVE PARALYSIS; FREE MUSCLE GRAFT (INCLUDING OBTAINING GR	104.50	108.68	90	1	AS
15842	GRAFT FOR FACIAL NERVE PARALYSIS; FREE MUSCLE FLAP BY MICROSURGICAL TECHNIQ	169.08	175.84	90	1	AS
15845	GRAFT FOR FACIAL NERVE PARALYSIS; REGIONAL MUSCLE TRANSFER	59.70	62.08	90	1	AS
15847	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY), ABDO	37.68	39.18	90	1	PA AS
15876	SUCTION ASSISTED LIPECTOMY; HEAD AND NECK	0.00	0.00	0	1	R AS
15922	EXCISION, COCCYGEAL PRESSURE ULCER, WITH COCCYGECTOMY; WITH FLAP CLOSURE	47.16	49.04	90	1	AS
15935	EXCISION, SACRAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE; WITH OSTECTOMY	70.44	73.25	90	1	AS
15937	EXCISION, SACRAL PRESSURE ULCER, WITH MUSCLE OR MYOCUTANEOUS FLAP CLOSURE;	65.89	68.52	90	1	AS
15946	EXCISION, ISCHIAL PRESSURE ULCER, WITH OSTECTOMY, IN PREPARATION FOR MUSCLE	103.64	107.78	90	1	AS
15952	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH SKIN FLAP CLOSURE;	54.40	56.57	90	1	AS
15958	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH MUSCLE OR MYOCUTANEOUS FLAP CLO	73.63	76.57	90	1	AS
16020	DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITIAL OR SUBSEQU	31.26	32.51	0	1	
17000	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY,	32.52	33.82	10	1	
17003	DESTRUCTION BY ANY METHOD, INCLUDING LASER, WITH OR WITHOUT SURGICAL CURETT	2.83	2.94	0	13	
17004	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY,	68.50	71.24	10	1	
17110	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY,	38.96	40.51	10	1	
17111	DESTRUCTION BY ANY METHOD OF FLAT WARTS, MOLLUSCUM CONTAGIOSUM, OR MILIA; 1	51.54	53.60	10	1	
17250	CHEMICAL CAUTERIZATION OF GRANULATION TISSUE (PROUD FLESH,SINUS OR FISTUL	29.54	30.72	0	1	
17260	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGE	37.70	39.20	10	1	
17261	DESTRUCTION, MALIGNANT LESION, ANY METHOD, TRUNK, ARMS OR LEGS; LESION DIAM	58.92	61.27	10	1	
17262	DESTRUCTION, MALIGNANT LESION, ANY METHOD, TRUNK, ARMS OR LEGS; LESION DIAM	71.02	73.86	10	1	
17263	DESTRUCTION, MALIGNANT LESION, ANY METHOD, TRUNK, ARMS OR LEGS; LESION DIAM	78.09	81.21	10	1	
17311	MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL	43.31	45.04	0	1	AS
17312	MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL	26.02	27.06	0	1	AS
17313	MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL	39.54	41.12	0	1	AS
17314	MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL	24.11	25.07	0	1	AS
17315	MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL	5.15	5.35	0	1	AS
19260	EXCISION OF CHEST WALL TUMOR INCLUDING RIBS	75.41	78.42	90	1	AS

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19271	EXCISION OF CHEST WALL TUMOR INVOLVING RIBS, WITH PLASTIC RECONSTRUCTION; W	101.48	105.53	90	1	AS
19272	EXCISION OF CHEST WALL TUMOR INVOLVING RIBS, WITH PLASTIC RECONSTRUCTION; W	112.64	117.14	90	1	AS
19300	MASTECTOMY FOR GYNECOMASTIA	34.79	36.18	90	1	B AS
19301	MASTECTOMY, PARTIAL (EG, LUMPECTOMY, TYLECTOMY, QUADRANTECTOMY, SEGMENTECTO	163.71	170.25	90	1	B
19302	MASTECTOMY, PARTIAL (EG, LUMPECTOMY, TYLECTOMY, QUADRANTECTOMY, SEGMENTECTO	54.88	57.07	90	1	B AS
19303	MASTECTOMY, SIMPLE, COMPLETE	59.95	62.34	90	1	B AS
19304	MASTECTOMY, SUBCUTANEOUS	34.64	36.02	90	1	B AS
19305	MASTECTOMY, RADICAL, INCLUDING PECTORAL MUSCLES, AXILLARY LYMPH NODES	68.68	71.42	90	1	B AS
19306	MASTECTOMY, RADICAL, INCLUDING PECTORAL MUSCLES, AXILLARY AND INTERNAL MAMM	71.77	74.64	90	1	B AS
19307	MASTECTOMY, MODIFIED RADICAL, INCLUDING AXILLARY LYMPH NODES, WITH OR WITHO	72.52	75.42	90	1	B AS
19316	MASTOPEXY	50.02	52.02	90	1	R B AS
19318	REDUCTION MAMMAPLASTY	73.13	76.05	90	1	PA B AS
19325	MAMMAPLASTY, AUGMENTATION; WITH PROSTHETIC IMPLANT	41.40	43.05	90	1	PA B AS
19357	BREAST RECONSTRUCTION, IMMEDIATE OR DELAYED, WITH TISSUE EXPANDER, INCLUDIN	99.09	103.05	90	1	R B AS
19361	BREAST RECONSTRUCTION WITH LATISSIMUS DORSI FLAP, WITHOUT PROSTHETIC IMPLAN	109.10	113.46	90	1	R B AS
19364	BREAST RECONSTRUCTION WITH FREE FLAP	181.50	188.76	90	1	R B AS
19366	BREAST RECONSTRUCTION WITH OTHER TECHNIQUE	88.56	92.10	90	1	R B AS
19367	BREAST RECONSTRUCTION WITH TRANSVERSE RECTUS ABDOMINIS MYOCUTANEOUS FLAP (T	116.59	121.25	90	1	R B AS
19368	BREAST RECONSTRUCTION WITH TRANSVERSE RECTUS ABDOMINIS MYOCUTANEOUS FLAP (T	145.65	151.47	90	1	R B AS
19369	BREAST RECONSTRUCTION WITH TRANSVERSE RECTUS ABDOMINIS MYOCUTANEOUS FLAP (T	130.57	135.79	90	1	R B AS
20100	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); NECK	38.23	39.75	10	1	B AS
20102	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); ABDOMEN/FLANK/BACK	28.48	29.61	10	1	AS
20150	EXCISION OF EPIPHYSEAL BAR, WITH OR WITHOUT AUTOGENOUS SOFT TISSUE GRAFT OB	61.46	63.91	90	1	B AS
20251	BIOPSY, VERTEBRAL BODY, OPEN; LUMBAR OR CERVICAL	27.02	28.10	10	1	AS
20550	INJECTION(S); SINGLE TENDON SHEATH, OR LIGAMENT, APONEUROSIS (EG, PLANTAR '	23.10	24.02	0	1	
20551	INJECTION(S); SINGLE TENDON ORIGIN/INSERTION	22.94	23.85	0	1	
20552	INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), ONE OR TWO MUSCLE(S)	20.26	21.07	0	1	
20553	INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), THREE OR MORE MUSCLE(S)	22.46	23.35	0	1	
20600	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; SMALL JOINT OR BURSA (EG, FING	22.15	23.03	0	1	B
20605	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; INTERMEDIATE JOINT OR BURSA (E	23.57	24.51	0	1	B
20610	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; MAJOR JOINT OR BURSA (EG, SHO	30.79	32.02	0	1	B
20692	APPLICATION OF A MULTIPLANE (PINS OR WIRES IN MORE THAN ONE PLANE), UNILATE	27.02	28.10	0	1	AS
20802	REPLANTATION, ARM (INCLUDES SURGICAL NECK OF HUMERUS THROUGH ELBOW JOINT);	178.23	185.35	90	1	B AS
20805	REPLANTATION, FOREARM (INCLUDES RADIUS AND ULNA TO RADIAL CARPAL JOINT); CO	206.38	214.63	90	1	B AS
20808	REPLANTATION, HAND (INCLUDES HAND THROUGH METACARPPOPHALANGEAL JOINTS); COMP	274.94	285.93	90	1	B AS
20816	REPLANTATION, DIGIT, EXCLUDING THUMB (INCLUDES METACARPPOPHALANGEAL JOINT TO	153.09	159.21	90	1	AS
20822	REPLANTATION, DIGIT, EXCLUDING THUMB (INCLUDES DISTAL TIP TO SUBLIMIS TENDO	133.61	138.95	90	1	AS
20824	REPLANTATION, THUMB (INCLUDES CARPOMETACARPAL JOINT TO MP JOINT); COMPLETE	156.58	162.84	90	1	B AS
20827	REPLANTATION, THUMB (INCLUDES DISTAL TIP TO MP JOINT); COMPLETE AMPUTATION	138.28	143.81	90	1	B AS

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		MAX FEE	FEE	FUD	UNITS	
20838	REPLANTATION, FOOT; COMPLETE AMPUTATION	143.79	149.54	90	1	B AS
20900	BONE GRAFT, ANY DONOR AREA; MINOR OR SMALL (EG, DOWEL OR BUTTON)	40.25	41.86	90	1	AS
20902	BONE GRAFT, ANY DONOR AREA; MAJOR OR LARGE	38.08	39.60	90	1	AS
20922	FASCIA LATA GRAFT; BY INCISION AND AREA EXPOSURE, COMPLEX OR SHEET	37.98	39.49	90	1	AS
20924	TENDON GRAFT, FROM A DISTANCE (EG, PALMARIS, TOE EXTENSOR, PLANTARIS)	31.85	33.12	90	1	AS
20937	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); MORSELIZE	11.16	11.60	90	1	B AS
20938	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); STRUCTURA	12.17	12.65	90	1	B AS
20955	BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; FIBULA	159.43	165.80	90	1	AS
20956	BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; ILIAC CREST	173.23	180.15	90	1	AS
20957	BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; METATARSAL	173.58	180.52	90	1	AS
20962	BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN FIBULA, ILIAC CREST,	169.03	175.79	90	1	R AS
20969	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN ILIAC C	177.73	184.83	90	1	AS
20970	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; ILIAC CREST	179.49	186.66	90	1	AS
20972	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; METATARSAL	169.28	176.05	90	1	AS
20973	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; GREAT TOE WITH WEB	170.21	177.01	90	1	AS
20975	ELECTRICAL STIMULATION TO AID BONE HEALING; INVASIVE (OPERATIVE)	11.56	12.02	0	1	AS
21034	EXCISION OF MALIGNANT TUMOR OF MAXILLA OR ZYGOMA	80.94	84.17	90	1	AS
21044	EXCISION OF MALIGNANT TUMOR OF MANDIBLE;	53.62	55.76	90	1	AS
21045	EXCISION OF MALIGNANT TUMOR OF MANDIBLE; RADICAL RESECTION	74.99	77.98	90	1	AS
21046	EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING INTRA-ORAL OSTEOTOM	69.26	72.03	90	1	AS
21048	EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING INTRA-ORAL OSTEOTOMY	69.68	72.46	90	1	AS
21049	EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING EXTRA-ORAL OSTEOTOMY	75.21	78.21	90	1	AS
21060	MENISCECTOMY, PARTIAL OR COMPLETE, TEMPOROMANDIBULAR JOINT (SEPARATE PROCED	50.02	52.02	90	1	B AS
21121	GENIOPLASTY; SLIDING OSTEOTOMY, SINGLE PIECE	48.34	50.27	90	1	R AS
21125	AUGMENTATION, MANDIBULAR BODY OR ANGLE; PROSTHETIC MATERIAL	46.78	48.65	90	1	AS
21127	AUGMENTATION, MANDIBULAR BODY OR ANGLE; WITH BONE GRAFT, ONLAY OR INTERPOSI	54.73	56.91	90	1	AS
21141	RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIR	83.76	87.11	90	1	AS
21142	RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY DIREC	82.98	86.29	90	1	AS
21143	RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN	78.46	81.59	90	1	AS
21145	RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIR	98.57	102.51	90	1	AS
21146	RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY DIREC	92.51	96.21	90	1	AS
21147	RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN	104.93	109.12	90	1	AS
21150	RECONSTRUCTION MIDFACE, LEFORT II; ANTERIOR INTRUSION (EG, TREACHER-COLLINS	104.05	108.21	90	1	AS
21151	RECONSTRUCTION MIDFACE, LEFORT II; ANY DIRECTION, REQUIRING BONE GRAFTS (IN	107.39	111.68	90	1	AS
21154	RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE	139.06	144.62	90	1	AS
21155	RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE	138.06	143.58	90	1	AS
21159	RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD A	166.41	173.06	90	1	AS
21160	RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD A	189.14	196.70	90	1	AS
21175	RECONSTRUCTION, BIFRONTAL, SUPERIOR-LATERAL ORBITAL RIMS AND LOWER FOREHEAD	129.31	134.48	90	1	AS

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21179	RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS; WI	91.78	95.45	90	1	AS
21180	RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS; WI	104.90	109.09	90	1	AS
21182	RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW	124.84	129.83	90	1	AS
21183	RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW	139.82	145.41	90	1	AS
21184	RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW	164.98	171.57	90	1	AS
21188	RECONSTRUCTION MIDFACE, OSTEOTOMIES (OTHER THAN LEFORT TYPE) AND BONE GRAFT	99.55	103.53	90	1	AS
21193	RECONSTRUCTION OF MANDIBULAR RAMI, HORIZONTAL, VERTICAL, "C", OR "L" OS	77.48	80.57	90	1	AS
21194	RECONSTRUCTION OF MANDIBULAR RAMUS, HORIZONTAL, VERTICAL, "C", OR "L" O	88.11	91.63	90	1	AS
21195	RECONSTRUCTION OF MANDIBULAR RAMI AND/OR BODY, SAGITTAL SPLIT; WITHOUT INTE	85.44	88.85	90	1	AS
21196	RECONSTRUCTION OF MANDIBULAR RAMI, SAGITTAL SPLIT; WITH INTERNAL RIGID FIX	90.60	94.22	90	1	AS
21198	OSTEOTOMY, MANDIBLE, SEGMENTAL	70.71	73.53	90	1	AS
21199	OSTEOTOMY, MANDIBLE, SEGMENTAL; WITH GENIOGLOSSUS ADVANCEMENT	62.77	65.28	90	1	AS
21206	OSTEOTOMY, MAXILLA, SEGMENTAL (EG, WASSMUND OR SCHUCHARD)	70.24	73.04	90	1	AS
21240	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH OR WITHOUT AUTOGRAFT (INCLUDES	69.53	72.31	90	1	B AS
21242	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH ALLOGRAFT	63.00	65.52	90	1	B AS
21243	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH PROSTHETIC JOINT REPLACEMENT	104.22	108.38	90	1	B AS
21244	RECONSTRUCTION OF MANDIBLE, EXTRAORAL, WITH TRANSOSTEAL BONE PLATE (EG, MAN	64.53	67.11	90	1	AS
21245	RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; PARTIAL	69.26	72.03	90	1	AS
21246	RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; COMPLETE	52.64	54.74	90	1	AS
21247	RECONSTRUCTION OF MANDIBULAR CONDYLE WITH BONE AND CARTILAGE AUTOGRAFTS (IN	98.04	101.96	90	1	AS
21255	RECONSTRUCTION OF ZYGOMATIC ARCH AND GLENOID FOSSA WITH BONE AND CARTILAGE	85.57	88.99	90	1	AS
21256	RECONSTRUCTION OF ORBIT WITH OSTEOTOMIES (EXTRACRANIAL) AND WITH BONE GRAFT	72.65	75.55	90	1	AS
21260	PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; EXTRAC	70.64	73.46	90	1	AS
21261	PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; COMBIN	130.47	135.68	90	1	AS
21263	PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; WITH F	119.00	123.76	90	1	AS
21267	ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFT	96.78	100.65	90	1	AS
21268	ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFT	116.84	121.51	90	1	AS
21270	MALAR AUGMENTATION, PROSTHETIC MATERIAL	56.49	58.74	90	1	AS
21275	SECONDARY REVISION OF ORBITOCRANIOFACIAL RECONSTRUCTION	51.58	53.64	90	1	AS
21339	OPEN TREATMENT OF NASOETHMOID FRACTURE; WITH EXTERNAL FIXATION	50.65	52.67	90	1	AS
21343	OPEN TREATMENT OF DEPRESSED FRONTAL SINUS FRACTURE	71.04	73.88	90	1	AS
21344	OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING POSTERIOR WALL)	93.44	97.17	90	1	AS
21347	OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); REQUIRIN	66.79	69.46	90	1	AS
21360	OPEN TREATMENT OF DEPRESSED MALAR FRACTURE, INCLUDING ZYGOMATIC ARCH AND MA	32.98	34.29	90	1	AS
21365	OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING CRANIAL NERVE FO	68.70	71.44	90	1	AS
21366	OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING CRANIAL NERVE FO	78.93	82.08	90	1	AS
21385	OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; TRANSANTRAL APPROACH	43.84	45.59	90	1	AS
21386	OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH	40.95	42.58	90	1	AS
21387	OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; COMBINED APPROACH	46.41	48.26	90	1	AS

CODE	DESCRIPTION	AGE 21+ MAX FEE	00-20 MAX FEE	FUD	MAX UNITS	SPEC
21390	OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH,	48.11	50.03	90	1	AS
21395	OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH	60.38	62.79	90	1	AS
21401	CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH MANIPULATIO	28.13	29.25	90	1	AS
21406	OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITHOUT IMPLANT	33.21	34.53	90	1	AS
21407	OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH IMPLANT	39.82	41.41	90	1	AS
21408	OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH BONE GRAFTING	55.78	58.01	90	1	AS
21422	OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE);	41.45	43.10	90	1	AS
21423	OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); COMPLICATE	48.74	50.68	90	1	AS
21431	CLOSED TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE) USING INTERDE	44.85	46.64	90	1	AS
21432	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); WITH WIRING AN	42.31	44.00	90	1	AS
21433	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED (E	104.27	108.44	90	1	AS
21435	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED, U	82.30	85.59	90	1	AS
21436	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED, M	119.56	124.34	90	1	AS
21445	OPEN TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEPARATE	48.54	50.48	90	1	AS
21461	OPEN TREATMENT OF MANDIBULAR FRACTURE; WITHOUT INTERDENTAL FIXATION	128.73	133.87	90	1	AS
21462	OPEN TREATMENT OF MANDIBULAR FRACTURE; WITH INTERDENTAL FIXATION	136.75	142.22	90	1	AS
21465	OPEN TREATMENT OF MANDIBULAR CONDYLAR FRACTURE	57.31	59.60	90	1	AS
21470	OPEN TREATMENT OF COMPLICATED MANDIBULAR FRACTURE BY MULTIPLE SURGICAL APPR	74.08	77.04	90	1	AS
21490	OPEN TREATMENT OF TEMPOROMANDIBULAR DISLOCATION	56.89	59.16	90	1	B AS
21495	OPEN TREATMENT OF HYOID FRACTURE	41.88	43.55	90	1	AS
21502	INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT TISSUES OF NECK OR TH	33.13	34.45	90	1	AS
21557	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF NECK OR	36.32	37.77	90	1	AS
21600	EXCISION OF RIB, PARTIAL	35.07	36.47	90	1	AS
21610	COSTOTRANSVERSECTOMY (SEPARATE PROCEDURE)	68.00	70.72	90	1	AS
21615	EXCISION FIRST AND/OR CERVICAL RIB;	43.31	45.04	90	1	B AS
21616	EXCISION FIRST AND/OR CERVICAL RIB FOR OUTLET COMPRESSION SYNDROME OR OTHER	54.12	56.28	90	1	B AS
21620	OSTECTOMY OF STERNUM, PARTIAL	32.78	34.09	90	1	AS
21627	STERNAL DEBRIDEMENT	34.79	36.18	90	1	AS
21630	RADICAL RESECTION OF STERNUM;	81.32	84.57	90	1	AS
21632	RADICAL RESECTION OF STERNUM; WITH MEDIASTINAL LYMPHADENECTOMY	79.81	83.00	90	1	AS
21685	HYOID MYOTOMY AND SUSPENSION	60.18	62.58	90	1	AS
21700	DIVISION OF SCALENUS ANTICUS; WITHOUT RESECTION OF CERVICAL RIB	26.60	27.66	90	1	AS
21705	DIVISION OF SCALENUS ANTICUS; WITH RESECTION OF CERVICAL RIB	40.15	41.75	90	1	AS
21720	DIVISION OF STERNOCLEIDOMASTOID FOR TORTICOLLIS, OPEN OPERATION; WITHOUT CA	27.63	28.73	90	1	AS
21725	DIVISION OF STERNOCLEIDOMASTOID FOR TORTICOLLIS, OPEN OPERATION; WITH CAST	32.45	33.74	90	1	AS
21740	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; OPEN	72.12	75.00	90	1	AS
21742	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; MINIMALLY INVASIVE	63.11	65.63	90	1	AS
21743	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; MINIMALLY INVASIVE	63.11	65.63	90	1	AS
21750	CLOSURE OF MEDIAN STERNOTOMY SEPARATION WITH OR WITHOUT DEBRIDEMENT (SEPARA	46.28	48.13	90	1	AS

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21810	TREATMENT OF RIB FRACTURE REQUIRING EXTERNAL FIXATION ("FLAIL CHEST")	32.86	34.17	90	1	AS
21825	OPEN TREATMENT OF STERNUM FRACTURE WITH OR WITHOUT SKELETAL FIXATION	35.75	37.18	90	1	AS
22100	PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT (EG, SPINOUS PROCESS, LAM	52.87	54.98	90	1	AS
22101	PARTIAL RESECTION OF VERTEBRAL COMPONENT, SPINOUS PROCESSES; THORACIC	52.31	54.40	90	1	AS
22102	PARTIAL RESECTION OF VERTEBRAL COMPONENT, SPINOUS PROCESSES; LUMBAR	50.35	52.36	90	1	AS
22103	PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT (EG, SPINOUS PROCESS, LAM	9.25	9.62	90	1	AS
22110	PARTIAL EXCISION OF VERTEBRAL BODY, FOR INTRINSIC BONY LESION, WITHOUT DECO	64.71	67.29	90	1	AS
22112	PARTIAL EXCISION OF VERTEBRAE (EG, FOR OSTEOMYELITIS); THORACIC	63.90	66.45	90	1	AS
22114	PARTIAL EXCISION OF VERTEBRAE (EG, FOR OSTEOMYELITIS); LUMBAR	64.43	67.00	90	1	AS
22116	PARTIAL EXCISION OF VERTEBRAL BODY, FOR INTRINSIC BONY LESION, WITHOUT DECO	9.33	9.70	90	1	AS
22210	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, ONE VERTEBRAL SEG	114.25	118.82	90	1	AS
22212	OSTEOTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE	93.51	97.25	90	1	AS
22214	OSTEOTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE	93.92	97.67	90	1	AS
22216	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, ONE VERTEBRAL SEG	24.41	25.38	0	6	B AS
22220	OSTEOTOMY OF SPINE, INCLUDING DISKECTOMY, ANTERIOR APPROACH, SINGLE VERTEBR	103.90	108.05	90	1	AS
22224	OSTEOTOMY OF SPINE, ANTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE	101.26	105.31	90	1	AS
22226	OSTEOTOMY OF SPINE, INCLUDING DISKECTOMY, ANTERIOR APPROACH, SINGLE VERTEBR	23.88	24.83	90	4	B AS
22318	OPEN TREATMENT AND/OR REDUCTION OF ODONTOID FRACTURE(S) AND OR DISLOCATION(	103.72	107.86	90	1	AS
22319	OPEN TREATMENT AND/OR REDUCTION OF ODONTOID FRACTURE(S) AND OR DISLOCATION(	114.08	118.64	90	1	AS
22325	OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURE(S) AND/ OR DISLOCATIO	89.49	93.06	90	1	AS
22326	OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURE(S) AND/ OR DISLOCATIO	93.79	97.54	90	1	AS
22327	OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURE(S) AND/ OR DISLOCATIO	92.71	96.41	90	1	AS
22328	OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURE(S) AND/OR DISLOCATION	18.53	19.27	90	4	AS
22532	ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY	110.81	115.24	90	1	AS
22533	ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY	103.80	107.95	90	1	AS
22534	ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY	24.11	25.07	0	5	AS
22548	ARTHRODESIS, ANTERIOR TRANSORAL OR EXTRAORAL TECHNIQUE, CLIVUS-C1-C2 (ATLAS	120.13	124.93	90	1	AS
22554	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO	82.55	85.85	90	1	AS
22556	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO	105.58	109.80	90	1	AS
22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO	95.67	99.49	90	1	AS
22585	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO	22.35	23.24	90	5	AS
22590	ARTHRODESIS, POSTERIOR TECHNIQUE, CRANIOCERVICAL (OCCIPUT-C2)	99.52	103.50	90	1	AS
22595	ARTHRODESIS, POSTERIOR TECHNIQUE, ATLAS-AXIS (C1-C2)	94.49	98.26	90	1	AS
22600	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; CERVICAL	81.20	84.44	90	1	AS
22610	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; THORACIC	79.36	82.53	90	1	AS
22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; LUMBAR (W	101.99	106.06	90	1	AS
22614	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; EACH ADDI	25.99	27.02	90	4	AS
22630	ARTHRODESIS, POSTERIOR INTERBODY TECHNIQUE, INCLUDING LAMINECTOMY AND/OR	98.97	102.92	90	1	AS
22632	ARTHRODESIS, POSTERIOR INTERBODY TECHNIQUE, SINGLE INTERSPACE; EACH ADDITIO	21.17	22.01	90	3	AS

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22800	ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; UP TO 6	86.17	89.61	90	1	AS
22802	ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 7 TO 12	136.65	142.11	90	1	AS
22804	ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 13 OR M	157.44	163.73	90	1	AS
22808	ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 2 TO 3 V	116.09	120.73	90	1	AS
22810	ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 4 TO 7 V	129.34	134.51	90	1	AS
22812	ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 8 OR MOR	141.28	146.93	90	1	AS
22818	KYPHECTOMY, CIRCUMFERENTIAL EXPOSURE OF SPINE AND RESECTION OF VERTEBRAL SE	144.29	150.06	90	1	R AS
22819	KYPHECTOMY, CIRCUMFERENTIAL EXPOSURE OF SPINE AND RESECTION OF VERTEBRAL SE	167.07	173.75	90	1	R AS
22830	EXPLORATION OF SPINAL FUSION	51.73	53.79	90	1	AS
22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE), PED	50.83	52.86	0	1	AS
22842	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH M	50.88	52.91	0	1	AS
22843	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH M	54.35	56.52	0	1	AS
22844	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH M	65.74	68.36	0	1	AS
22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS	48.82	50.77	0	1	AS
22846	ANTERIOR INSTRUMENTATION; 4 TO 7 VERTEBRAL SEGMENTS	50.68	52.70	0	1	AS
22847	ANTERIOR INSTRUMENTATION; 8 OR MORE VERTEBRAL SEGMENTS	55.81	58.04	0	1	AS
22848	PELVIC FIXATION (ATTACHMENT OF CAUDAL END OF INSTRUMENTATION TO PELVIC BONY	23.96	24.91	90	1	AS
22849	REINSERTION OF SPINAL FIXATION DEVICE	83.83	87.18	90	1	AS
22850	REMOVAL OF POSTERIOR NONSEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD)	46.10	47.94	90	1	AS
22851	APPLICATION OF INTERVERTEBRAL BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE(S)	27.17	28.25	90	6	AS
22852	REMOVAL OF POSTERIOR SEGMENTAL INSTRUMENTATION	43.87	45.62	90	1	AS
22855	REMOVAL OF ANTERIOR INSTRUMENTATION	72.07	74.95	90	1	AS
22899	UNLISTED PROCEDURE, SPINE	0.00	0.00	90	1	R AS
22900	EXCISION, ABDOMINAL WALL TUMOR, SUBFASCIAL (EG, DESMOID)	26.22	27.26	90	1	AS
23000	REMOVAL OF SUBDELTOID CALCAREOUS DEPOSITS, OPEN	32.33	33.62	90	1	AS
23020	CAPSULAR CONTRACTURE RELEASE (EG, SEVER TYPE PROCEDURE)	43.51	45.25	90	1	B AS
23035	INCISION, BONE CORTEX (EG, OSTEOMYELITIS OR BONE ABSCESS), SHOULDER AREA	44.12	45.88	90	1	B AS
23040	ARTHROTOMY, GLENOHUMERAL JOINT, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL	45.37	47.18	90	1	B AS
23077	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF SHOULDE	76.09	79.13	90	1	B AS
23100	ARTHROTOMY, GLENOHUMERAL JOINT, INCLUDING BIOPSY	30.89	32.12	90	1	B AS
23105	ARTHROTOMY; GLENOHUMERAL JOINT, WITH SYNOVECTOMY, WITH OR WITHOUT BIOPSY	40.02	41.62	90	1	B AS
23107	ARTHROTOMY, GLENOHUMERAL JOINT, WITH JOINT EXPLORATION, WITH OR WITHOUT REM	41.55	43.21	90	1	B AS
23120	CLAVICULECTOMY; PARTIAL	35.12	36.52	90	1	AS
23125	CLAVICULECTOMY; TOTAL	44.04	45.80	90	1	B AS
23145	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA;	41.75	43.42	90	1	B AS
23150	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS;	40.72	42.34	90	1	B AS
23155	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; WIT	50.05	52.05	90	1	B AS
23156	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; WIT	42.56	44.26	90	1	B AS
23172	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SCAPULA	33.28	34.61	90	1	B AS

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23174	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), HUMERAL HEAD TO SUR	47.46	49.35	90	1	B AS
23182	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG,	42.13	43.81	90	1	B AS
23184	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG,	47.64	49.54	90	1	B AS
23190	OSTECTOMY OF SCAPULA, PARTIAL (EG, SUPERIOR MEDIAL ANGLE)	35.12	36.52	90	1	B AS
23195	RESECTION HUMERAL HEAD	47.18	49.06	90	1	B AS
23200	RADICAL RESECTION FOR TUMOR; CLAVICLE	55.66	57.88	90	1	B AS
23210	RADICAL RESECTION FOR TUMOR; SCAPULA	59.00	61.36	90	1	B AS
23220	RADICAL RESECTION OF BONE TUMOR, PROXIMAL HUMERUS;	67.80	70.51	90	1	B AS
23221	RADICAL RESECTION FOR TUMOR, PROXIMAL HUMERUS; WITH AUTOGRAFT (INCLUDES OBT	70.59	73.41	90	1	B AS
23222	RADICAL RESECTION FOR TUMOR, PROXIMAL HUMERUS; WITH PROSTHETIC REPLACEMENT	108.17	112.49	90	1	B AS
23332	REMOVAL OF FOREIGN BODY, SHOULDER; COMPLICATED (EG, TOTAL SHOULDER)	56.11	58.35	90	1	B AS
23395	MUSCLE TRANSFER, ANY TYPE, SHOULDER OR UPPER ARM; SINGLE	81.82	85.09	90	1	AS
23397	MUSCLE TRANSFER, ANY TYPE FOR PARALYSIS OF SHOULDER OR UPPER ARM; MULTIPLE	73.18	76.10	90	1	AS
23400	SCAPULOPEXY (EG, SPRENGEL'S DEFORMITY OR FOR PARALYSIS)	61.91	64.38	90	1	B AS
23405	TENOTOMY, SHOULDER AREA; SINGLE TENDON	39.89	41.48	90	1	AS
23406	TENOTOMY, SHOULDER AREA; MULTIPLE TENDONS THROUGH SAME INCISION	49.67	51.65	90	1	AS
23410	REPAIR OF RUPTURED MUSCULOTENDINOUS CUFF (EG, ROTATOR CUFF) OPEN; ACUTE	56.99	59.26	90	1	AS
23412	REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS	60.68	63.10	90	1	B AS
23420	RECONSTRUCTION OF COMPLETE SHOULDER (ROTATOR) CUFF AVULSION, CHRONIC (INCLU	67.60	70.30	90	1	B AS
23430	TENODESIS OF LONG TENDON OF BICEPS	46.81	48.68	90	1	B AS
23440	RESECTION OR TRANSPLANTATION OF LONG TENDON OF BICEPS	48.29	50.22	90	1	B AS
23450	CAPSULORRHAPHY, ANTERIOR; PUTTI-PLATT PROCEDURE OR MAGNUSON TYPE OPERATION	60.71	63.13	90	1	B AS
23455	CAPSULORRHAPHY, ANTERIOR; WITH LABRAL REPAIR (EG, BANKART PROCEDURE)	64.58	67.16	90	1	B AS
23460	CAPSULORRHAPHY, ANTERIOR, ANY TYPE; WITH BONE BLOCK	69.76	72.55	90	1	B AS
23462	CAPSULORRHAPHY FOR RECURRENT DISLOCATION, ANTERIOR, ANY TYPE; WITH CORACOID	68.75	71.50	90	1	B AS
23465	CAPSULORRHAPHY, GLENOHUMERAL JOINT, POSTERIOR, WITH OR WITHOUT BONE BLOCK	71.87	74.74	90	1	B AS
23466	CAPSULORRHAPHY, GLENOHUMERAL JOINT, ANY TYPE MULTI-DIRECTIONAL INSTABILITY	70.79	73.62	90	1	B AS
23470	ARTHROPLASTY, GLENOHUMERAL JOINT; HEMIARTHROPLASTY	77.90	81.01	90	1	B AS
23472	ARTHROPLASTY, GLENOHUMERAL JOINT; TOTAL SHOULDER (GLENOID AND PROXIMAL HUME	96.68	100.54	90	1	B AS
23485	OSTEOTOMY, CLAVICLE, WITH OR WITHOUT INTERNAL FIXATION; WITH BONE GRAFT FOR	61.61	64.07	90	1	B AS
23490	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOU	50.43	52.44	90	1	B AS
23491	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOU	64.86	67.45	90	1	B AS
23515	OPEN TREATMENT OF CLAVICULAR FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL	36.10	37.54	90	1	B AS
23530	OPEN TREATMENT OF STERNOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC;	34.84	36.23	90	1	B AS
23532	OPEN TREATMENT OF STERNOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC; WITH FASC	39.11	40.67	90	1	B AS
23550	OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC;	35.87	37.30	90	1	B AS
23552	OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC; WITH FAS	41.35	43.00	90	1	B AS
23585	OPEN TREATMENT OF SCAPULAR FRACTURE (BODY, GLENOID OR ACROMION) WITH OR WIT	43.31	45.04	90	1	B AS
23615	OPEN TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE,	52.54	54.64	90	1	B AS

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23616	OPEN TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE,	93.01	96.73	90	1	B AS
23630	OPEN TREATMENT OF GREATER HUMERAL TUBEROSITY FRACTURE, WITH OR WITHOUT INTE	36.32	37.77	90	1	B AS
23660	OPEN TREATMENT OF ACUTE SHOULDER DISLOCATION	36.42	37.87	90	1	B AS
23670	OPEN TREATMENT OF SHOULDER DISLOCATION, WITH FRACTURE OF GREATER HUMERAL TU	38.41	39.94	90	1	B AS
23680	OPEN TREATMENT OF SHOULDER DISLOCATION, WITH SURGICAL OR ANATOMICAL NECK FR	48.01	49.93	90	1	B AS
23800	ARTHRODESIS, GLENOHUMERAL JOINT;	61.82	64.29	90	1	B AS
23802	ARTHRODESIS, GLENOHUMERAL JOINT; WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING	80.34	83.55	90	1	AS
23900	INTERTHORACOSCAPULAR AMPUTATION (FOREQUARTER)	86.70	90.16	90	1	AS
23920	DISARTICULATION OF SHOULDER;	70.64	73.46	90	1	AS
23929	UNLISTED PROCEDURE, SHOULDER	0.00	0.00	90	1	R AS
24006	ARTHROTOMY OF THE ELBOW, WITH CAPSULAR EXCISION FOR CAPSULAR RELEASE (SEPAR	44.82	46.61	90	1	B AS
24077	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF UPPER A	51.99	54.06	90	1	B AS
24100	ARTHROTOMY, ELBOW; WITH SYNOVIAL BIOPSY ONLY	25.44	26.45	90	1	B AS
24101	ARTHROTOMY, ELBOW; WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR	30.97	32.20	90	1	B AS
24102	ARTHROTOMY, ELBOW; WITH SYNOVECTOMY	38.54	40.08	90	1	B AS
24115	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS; WITH AUTOGRAFT	46.58	48.44	90	1	B AS
24116	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS; WITH ALLOGRAFT	54.98	57.17	90	1	B AS
24125	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIU	38.03	39.55	90	1	B AS
24126	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIU	39.97	41.56	90	1	B AS
24134	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SHAFT OR DISTAL HUM	48.42	50.35	90	1	B AS
24138	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), OLECRANON PROCESS	41.25	42.90	90	1	B AS
24140	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG,	45.70	47.52	90	1	B AS
24149	RADICAL RESECTION OF CAPSULE, SOFT TISSUE, AND HETEROTOPIC BONE, ELBOW, WIT	73.43	76.36	90	1	B AS
24150	RADICAL RESECTION FOR TUMOR, SHAFT OR DISTAL HUMERUS;	61.86	64.33	90	1	B AS
24151	RADICAL RESECTION FOR TUMOR, SHAFT OR DISTAL HUMERUS; WITH AUTOGRAFT (INCLU	71.64	74.50	90	1	B AS
24152	RADICAL RESECTION FOR TUMOR, RADIAL HEAD OR NECK;	45.42	47.23	90	1	B AS
24155	RESECTION OF ELBOW JOINT (ARTHRECTOMY)	54.15	56.31	90	1	B AS
24301	MUSCLE OR TENDON TRANSFER, ANY TYPE, UPPER ARM OR ELBOW, SINGLE (EXCLUDING	47.33	49.22	90	1	AS
24320	TENOPLASTY, WITH MUSCLE TRANSFER, WITH OR WITHOUT FREE GRAFT, ELBOW TO SHOU	49.35	51.32	90	1	AS
24330	FLEXOR-PLASTY, ELBOW (EG, STEINDLER TYPE ADVANCEMENT);	45.15	46.95	90	1	B AS
24331	FLEXOR-PLASTY, ELBOW (EG, STEINDLER TYPE ADVANCEMENT); WITH EXTENSOR ADVANC	48.22	50.14	90	1	B AS
24340	TENODESIS OF BICEPS TENDON AT ELBOW (SEPARATE PROCEDURE)	38.56	40.10	90	1	B AS
24341	REPAIR, TENDON OR MUSCLE, UPPER ARM OR ELBOW, EACH TENDON OR MUSCLE, PRIMAR	45.60	47.42	90	1	B AS
24342	REINSERTION OF RUPTURED BICEPS OR TRICEPS TENDON, DISTAL, WITH OR WITHOUT T	49.65	51.63	90	1	B AS
24343	REPAIR LATERAL COLLATERAL LIGAMENT, ELBOW, WITH LOCAL TISSUE	43.94	45.69	90	1	B AS
24344	RECONSTRUCTION LATERAL COLLATERAL LIGAMENT, ELBOW, WITH TENDON GRAFT (INCLU	69.00	71.76	90	1	B AS
24345	REPAIR MEDIAL COLLATERAL LIGAMENT, ELBOW, WITH LOCAL TISSUE	43.84	45.59	90	1	B AS
24346	RECONSTRUCTION MEDIAL COLLATERAL LIGAMENT, ELBOW, WITH TENDON GRAFT (INCLUD	68.93	71.68	90	1	B AS
24352	FASCIOTOMY, LATERAL OR MEDIAL (EG, "TENNIS ELBOW" OR EPICONDYLITIS); WITH	32.25	33.54	90	1	B AS

CODE	DESCRIPTION	AGE 21+ MAX FEE	00-20 MAX FEE	FUD	MAX UNITS	SPEC
24360	ARTHROPLASTY, ELBOW; WITH MEMBRANE (EG, FASCIAL)	56.81	59.08	90	1	B AS
24361	ARTHROPLASTY, ELBOW; WITH DISTAL HUMERAL PROSTHETIC REPLACEMENT	63.65	66.19	90	1	B AS
24362	ARTHROPLASTY, ELBOW; WITH IMPLANT AND FASCIA LATA LIGAMENT RECONSTRUCTION	68.28	71.01	90	1	B AS
24363	ARTHROPLASTY, ELBOW; WITH DISTAL HUMERUS AND PROXIMAL ULNAR PROSTHETIC REPL	95.15	98.95	90	1	B AS
24365	ARTHROPLASTY, RADIAL HEAD;	39.92	41.51	90	1	B AS
24366	ARTHROPLASTY, RADIAL HEAD; WITH IMPLANT	43.04	44.76	90	1	B AS
24400	OSTEOTOMY, HUMERUS, WITH OR WITHOUT INTERNAL FIXATION	52.21	54.29	90	1	B AS
24410	MULTIPLE OSTEOTOMIES WITH REALIGNMENT ON INTRAMEDULLARY ROD, HUMERAL SHAFT	67.65	70.35	90	1	B AS
24420	OSTEOPLASTY, HUMERUS (EG, SHORTENING OR LENGTHENING) (EXCLUDING 64876)	61.96	64.43	90	1	B AS
24430	REPAIR OF NONUNION OR MALUNION, HUMERUS; WITHOUT GRAFT (EG, COMPRESSION TEC	66.94	69.61	90	1	B AS
24435	REPAIR OF NONUNION OR MALUNION, HUMERUS; WITH ILIAC OR OTHER AUTOGRAFT (INC	67.67	70.37	90	1	B AS
24470	HEMIEPIPHYSEAL ARREST (EG, CUBITUS VARUS OR VALGUS, DISTAL HUMERUS)	42.06	43.74	90	1	B AS
24498	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING), WITH OR WITHO	55.33	57.54	90	1	B AS
24515	OPEN TREATMENT OF HUMERAL SHAFT FRACTURE WITH PLATE/SCREWS, WITH OR WITHOUT	55.61	57.83	90	1	B AS
24516	TREATMENT OF HUMERAL SHAFT FRACTURE, WITH INSERTION OF INTRAMEDULLARY IMPLA	54.90	57.09	90	1	B AS
24545	OPEN TREATMENT OF HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, WITH OR	50.23	52.23	90	1	B AS
24546	OPEN TREATMENT OF HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, WITH OR	71.07	73.91	90	1	B AS
24575	OPEN TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL, WITH OR	50.75	52.78	90	1	B AS
24579	OPEN TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL, WITH OR WIT	55.03	57.23	90	1	B AS
24586	OPEN TREATMENT OF PERIARTICULAR FRACTURE AND/OR DISLOCATION OF THE ELBOW (F	69.63	72.41	90	1	B AS
24587	OPEN TREATMENT OF PERIARTICULAR FRACTURE AND/OR DISLOCATION OF THE ELBOW (F	69.41	72.18	90	1	B AS
24615	OPEN TREATMENT OF ACUTE OR CHRONIC ELBOW DISLOCATION	45.07	46.87	90	1	B AS
24635	OPEN TREATMENT OF MONTEGGIA TYPE OF FRACTURE DISLOCATION AT ELBOW (FRACTURE	65.61	68.23	90	1	B AS
24665	OPEN TREATMENT OF RADIAL HEAD OR NECK FRACTURE, WITH OR WITHOUT INTERNAL FI	40.67	42.29	90	1	B AS
24666	OPEN TREATMENT OF RADIAL HEAD OR NECK FRACTURE, WITH OR WITHOUT INTERNAL FI	46.20	48.04	90	1	B AS
24685	OPEN TREATMENT OF ULNAR FRACTURE PROXIMAL END (OLECRANON PROCESS), WITH OR	42.58	44.28	90	1	B AS
24800	ARTHRODESIS, ELBOW JOINT; LOCAL	51.73	53.79	90	1	B AS
24802	ARTHRODESIS, ELBOW JOINT; WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAFT)	63.27	65.80	90	1	B AS
24900	AMPUTATION, ARM THROUGH HUMERUS; WITH PRIMARY CLOSURE	45.40	47.21	90	1	B AS
24920	AMPUTATION, ARM THROUGH HUMERUS; OPEN, CIRCULAR (GUILLotine)	45.58	47.40	90	1	B AS
24925	AMPUTATION, ARM THROUGH HUMERUS; SECONDARY CLOSURE OR SCAR REVISION	33.38	34.71	90	1	B AS
24930	AMPUTATION, ARM THROUGH HUMERUS; RE-AMPUTATION	46.08	47.92	90	1	B AS
24931	AMPUTATION, ARM THROUGH HUMERUS; WITH IMPLANT	59.43	61.80	90	1	B AS
24940	CINEPLASTY, UPPER EXTREMITY, COMPLETE PROCEDURE	68.16	70.88	90	1	B AS
25085	CAPSULOTOMY, WRIST (EG, CONTRACTURE)	29.86	31.05	90	1	B AS
25107	ARTHROTOMY, DISTAL RADIOULNAR JOINT INCLUDING REPAIR OF TRIANGULAR CARTILAG	39.44	41.01	90	1	B AS
25109	EXCISION OF TENDON, FOREARM AND/OR WRIST, FLEXOR OR EXTENSOR, EACH	32.91	34.22	90	1	B AS
25119	SYNOVECTOMY, EXTENSOR TENDON SHEATH, WRIST, SINGLE COMPARTMENT; WITH RESECT	32.55	33.85	90	1	B AS
25126	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA (EXCLU	44.47	46.24	90	1	B AS

CODE	DESCRIPTION	AGE 21+ MAX FEE	00-20 MAX FEE	FUD	MAX UNITS	SPEC
25135	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES; WITH AU	35.57	36.99	90	1	B AS
25136	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES; WITH AL	31.70	32.96	90	1	B AS
25145	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), FOREARM AND/OR WRIS	39.14	40.70	90	1	B AS
25151	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION OR DIAPHYSECTOMY) OF BONE (E	43.44	45.17	90	1	B AS
25170	RADICAL RESECTION FOR TUMOR, RADIUS OR ULNA	59.48	61.85	90	1	B AS
25215	CARPECTOMY; ALL BONES OF PROXIMAL ROW	40.45	42.06	90	1	AS
25250	REMOVAL OF WRIST PROSTHESIS; (SEPARATE PROCEDURE)	32.78	34.09	90	1	B AS
25251	REMOVAL OF WRIST PROSTHESIS; COMPLICATED, INCLUDING "TOTAL WRIST"	44.57	46.35	90	1	AS
25263	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; SECONDARY, SINGLE,	45.45	47.26	90	1	AS
25265	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; SECONDARY, WITH FRE	54.07	56.23	90	1	AS
25300	TENODESIS AT WRIST; FLEXORS OF FINGERS	43.82	45.57	90	1	B AS
25301	TENODESIS AT WRIST; EXTENSORS OF FINGERS	41.63	43.29	90	1	B AS
25310	TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, FOREARM AND/OR WRIS	46.05	47.89	90	1	AS
25312	TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, FOREARM AND/OR WRIS	52.19	54.27	90	1	AS
25315	FLEXOR ORIGIN SLIDE (EG, FOR CEREBRAL PALSY, VOLKMANN CONTRACTURE), FOREARM	55.86	58.09	90	1	B AS
25316	FLEXOR ORIGIN SLIDE FOR CEREBRAL PALSY, FOREARM AND/OR WRIST; WITH TENDON(S	64.38	66.95	90	1	B AS
25320	CAPSULORRHAPHY OR RECONSTRUCTION, WRIST, OPEN (EG, CAPSULODESIS, LIGAMENT R	61.46	63.91	90	1	B AS
25332	ARTHROPLASTY, WRIST, WITH OR WITHOUT INTERPOSITION, WITH OR WITHOUT EXTERNA	53.42	55.55	90	1	B AS
25335	CENTRALIZATION OF WRIST ON ULNA (EG, RADIAL CLUB HAND)	55.93	58.16	90	1	B AS
25350	OSTEOTOMY, RADIUS; DISTAL THIRD	49.55	51.53	90	1	B AS
25355	OSTEOTOMY, RADIUS; MIDDLE OR PROXIMAL THIRD	55.88	58.11	90	1	B AS
25360	OSTEOTOMY; ULNA	48.14	50.06	90	1	B AS
25365	OSTEOTOMY; RADIUS AND ULNA	65.38	67.99	90	1	B AS
25370	MULTIPLE OSTEOTOMIES, WITH REALIGNMENT ON INTRAMEDULLARY ROD (SOFIELD TYPE	70.84	73.67	90	1	B AS
25375	MULTIPLE OSTEOTOMIES, WITH REALIGNMENT ON INTRAMEDULLARY ROD (SOFIELD TYPE	67.87	70.58	90	1	B AS
25390	OSTEOPLASTY, RADIUS OR ULNA; SHORTENING	55.83	58.06	90	1	B AS
25391	OSTEOPLASTY, RADIUS OR ULNA; LENGTHENING WITH AUTOGRAFT	70.56	73.38	90	1	B AS
25392	OSTEOPLASTY, RADIUS AND ULNA; SHORTENING (EXCLUDING 64876)	71.42	74.27	90	1	B AS
25393	OSTEOPLASTY, RADIUS AND ULNA; LENGTHENING WITH AUTOGRAFT	82.10	85.38	90	1	B AS
25394	OSTEOPLASTY, CARPAL BONE, SHORTENING	48.14	50.06	90	1	B AS
25400	REPAIR OF NONUNION OR MALUNION, RADIUS OR ULNA; WITHOUT GRAFT (EG, COMPRESS	58.27	60.60	90	1	B AS
25405	REPAIR OF NONUNION OR MALUNION, RADIUS OR ULNA; WITH AUTOGRAFT (INCLUDES OB	73.28	76.21	90	1	B AS
25415	REPAIR OF NONUNION OR MALUNION, RADIUS AND ULNA; WITHOUT GRAFT (EG, COMPRES	67.52	70.22	90	1	B AS
25420	REPAIR OF NONUNION OR MALUNION, RADIUS AND ULNA; WITH AUTOGRAFT (INCLUDES O	81.30	84.55	90	1	B AS
25425	REPAIR OF DEFECT WITH AUTOGRAFT; RADIUS OR ULNA	75.01	78.01	90	1	B AS
25426	REPAIR OF DEFECT WITH AUTOGRAFT; RADIUS AND ULNA	78.83	81.98	90	1	B AS
25431	REPAIR OF NONUNION OF CARPAL BONE (EXCLUDING CARPAL SCAPHOID (NAVICULAR)) (	50.25	52.26	90	1	B AS
25440	REPAIR OF NONUNION, SCAPHOID CARPAL (NAVICULAR) BONE, WITH OR WITHOUT RADIA	49.65	51.63	90	1	B AS
25441	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL RADIUS	59.95	62.34	90	1	B AS

CODE	DESCRIPTION	AGE 21+	00-20 MAX	MAX		SPEC
		MAX FEE	FEE	FUD	UNITS	
25442	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL ULNA	50.10	52.10	90	1	B AS
25443	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; SCAPHOID CARPAL (NAVICULAR)	46.71	48.57	90	1	B AS
25444	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; LUNATE	52.16	54.24	90	1	B AS
25446	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL RADIUS AND PARTIAL OR ENTI	74.48	77.45	90	1	B AS
25447	ARTHROPLASTY, INTERPOSITION, INTERCARPAL OR CARPOMETACARPAL JOINTS	51.56	53.62	90	1	B AS
25449	REVISION OF ARTHROPLASTY, INCLUDING REMOVAL OF IMPLANT, WRIST JOINT	65.89	68.52	90	1	B AS
25490	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOU	51.63	53.69	90	1	B AS
25491	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOU	53.64	55.78	90	1	B AS
25492	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOU	63.42	65.95	90	1	B AS
25515	OPEN TREATMENT OF RADIAL SHAFT FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERN	44.60	46.38	90	1	B AS
25525	OPEN TREATMENT OF RADIAL SHAFT FRACTURE, WITH INTERNAL AND/ OR EXTERNAL FIX	59.33	61.70	90	1	B AS
25526	OPEN TREATMENT OF RADIAL SHAFT FRACTURE, WITH INTERNAL AND/OR EXTERNAL FIXA	65.08	67.68	90	1	B AS
25545	OPEN TREATMENT OF ULNAR SHAFT FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNA	43.46	45.19	90	1	B AS
25574	OPEN TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES, WITH INTERNAL OR EXTERN	38.54	40.08	90	1	B AS
25575	OPEN TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES, WITH INTERNAL OR EXTERN	57.47	59.76	90	1	B AS
25606	PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIAL FRACTURE OR EPIPHYSEAL SEPA	253.11	263.23	90	1	B
25607	OPEN TREATMENT OF DISTAL RADIAL EXTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEPA	45.17	46.97	90	1	B AS
25608	OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEPA	51.73	53.79	90	1	B AS
25609	OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEPA	66.04	68.68	90	1	B AS
25628	OPEN TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE, WITH OR WITHOUT INT	45.88	47.71	90	1	B AS
25645	OPEN TREATMENT OF CARPAL BONE FRACTURE (OTHER THAN CARPAL SCAPHOID (NAVICUL	36.07	37.51	90	1	B AS
25652	OPEN TREATMENT OF ULNAR STYLOID FRACTURE	38.66	40.20	90	1	AS
25670	OPEN TREATMENT OF RADIOCARPAL OR INTERCARPAL DISLOCATION, ONE OR MORE BONES	38.41	39.94	90	1	B AS
25671	PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIOULNAR DISLOCATION	32.35	33.64	90	1	AS
25676	OPEN TREATMENT OF DISTAL RADIOULNAR DISLOCATION, ACUTE OR CHRONIC	39.77	41.36	90	1	B AS
25685	OPEN TREATMENT OF TRANS-SCAPHOPERILUNAR TYPE OF FRACTURE DISLOCATION	46.03	47.87	90	1	B AS
25695	OPEN TREATMENT OF LUNATE DISLOCATION	40.09	41.69	90	1	B AS
25800	ARTHRODESIS, WRIST; COMPLETE, WITHOUT BONE GRAFT (INCLUDES RADIOCARPAL AND/	47.39	49.28	90	1	B AS
25805	ARTHRODESIS, WRIST JOINT (INCLUDING RADIOCARPAL AND/OR ULNOCARPAL FUSION);	54.37	56.54	90	1	B AS
25810	ARTHRODESIS, WRIST JOINT (INCLUDING RADIOCARPAL AND/OR ULNOCARPAL FUSION);	55.43	57.64	90	1	B AS
25820	ARTHRODESIS, WRIST; LIMITED, WITHOUT BONE GRAFT (EG, INTERCARPAL OR RADIOCA	37.86	39.37	90	1	B AS
25825	INTERCARPAL FUSION; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	46.71	48.57	90	1	B AS
25830	ARTHRODESIS, DISTAL RADIOULNAR JOINT WITH SEGMENTAL RESECTION OF ULNA, WITH	57.11	59.39	90	1	B AS
25905	AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; OPEN, CIRCULAR (GUILLotine)	48.64	50.58	90	1	B AS
25907	AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; SECONDARY CLOSURE OR SCAR REV	42.38	44.07	90	1	B AS
25909	AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; RE-AMPUTATION	49.50	51.48	90	1	B AS
25915	KRUKENBERG PROCEDURE	71.52	74.38	90	1	B AS
25922	DISARTICULATION THROUGH WRIST; SECONDARY CLOSURE OR SCAR REVISION	38.23	39.75	90	1	B AS
25924	DISARTICULATION THROUGH WRIST; RE-AMPUTATION	42.21	43.89	90	1	B AS

CODE	DESCRIPTION	AGE 21+ MAX FEE	00-20 MAX FEE	FUD	MAX UNITS	SPEC
25929	TRANSMETACARPAL AMPUTATION; SECONDARY CLOSURE OR SCAR REVISION	35.97	37.40	90	1	B AS
26185	SESAMOIDECTOMY, THUMB OR FINGER (SEPARATE PROCEDURE)	32.60	33.90	90	1	B AS
26255	RADICAL RESECTION (OSTECTOMY) FOR TUMOR, METACARPAL; WITH AUTOGRAFT (INCLUD	57.82	60.13	90	1	AS
26262	RADICAL RESECTION, DISTAL PHALANX OF FINGER (EG, TUMOR)	28.41	29.54	90	1	AS
26352	FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE, NOT IN "NO MAN'S LAND"; SECO	47.59	49.49	90	1	AS
26358	FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE, IN "NO MAN'S LAND"; SECONDAR	53.92	56.07	90	1	AS
26372	REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON, WITH INTACT SUPERFICIALIS TENDON	52.31	54.40	90	1	AS
26373	REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON, WITH INTACT SUPERFICIALIS TENDON	49.52	51.50	90	1	AS
26390	EXCISION FLEXOR TENDON, WITH IMPLANTATION OF SYNTHETIC ROD FOR DELAYED TEND	49.87	51.86	90	1	AS
26392	REMOVAL OF SYNTHETIC ROD AND INSERTION OF FLEXOR TENDON GRAFT, HAND OR FING	57.87	60.18	90	1	AS
26420	EXTENSOR TENDON REPAIR, DORSUM OF FINGER, SINGLE, PRIMARY OR SECONDARY; WIT	41.85	43.52	90	1	AS
26434	EXTENSOR TENDON REPAIR, DISTAL INSERTION ("MALLEET FINGER"), OPEN, PRIMARY	37.66	39.16	90	1	AS
26474	TENODESIS; OF DISTAL JOINT, EACH JOINT	34.29	35.66	90	1	AS
26479	SHORTENING OF TENDON, FLEXOR, HAND OR FINGER, EACH TENDON	36.27	37.72	90	1	AS
26483	TENDON TRANSFER OR TRANSPLANT, CARPOMETACARPAL AREA OR DORSUM OF HAND, SING	49.87	51.86	90	1	AS
26485	TRANSFER OR TRANSPLANT OF TENDON, PALMAR; WITHOUT FREE TENDON GRAFT, EACH T	47.46	49.35	90	1	AS
26492	OPPONENSPLASTY; TENDON TRANSFER WITH GRAFT (INCLUDES OBTAINING GRAFT), EACH	52.59	54.69	90	1	AS
26494	OPPONENSPLASTY; HYPOTHENAR MUSCLE TRANSFER	47.36	49.25	90	1	AS
26497	TRANSFER OF TENDON TO RESTORE INTRINSIC FUNCTION; RING AND SMALL FINGER	51.56	53.62	90	1	AS
26498	TENDON TRANSFER TO RESTORE INTRINSIC FUNCTION; ALL FOUR FINGERS	69.78	72.57	90	1	AS
26499	CORRECTION CLAW FINGER, OTHER METHODS	48.26	50.19	90	1	AS
26502	TENDON PULLEY RECONSTRUCTION; WITH TENDON OR FASCIAL GRAFT (INCLUDES OBTAIN	42.03	43.71	90	1	AS
26517	CAPSULODESIS FOR M-P JOINT STABILIZATION; TWO DIGITS	49.40	51.37	90	1	AS
26518	CAPSULODESIS FOR M-P JOINT STABILIZATION; THREE OR FOUR DIGITS	49.60	51.58	90	1	AS
26530	ARTHROPLASTY, METACARPOPHALANGEAL JOINT; EACH JOINT	33.36	34.69	90	1	AS
26531	ARTHROPLASTY, METACARPOPHALANGEAL JOINT; WITH PROSTHETIC IMPLANT, EACH JOIN	38.66	40.20	90	1	AS
26541	RECONSTRUCTION, COLLATERAL LIGAMENT, METACARPOPHALANGEAL JOINT, SINGLE, WIT	47.89	49.80	90	1	AS
26546	REPAIR NON-UNION, METACARPAL OR PHALANX, (INCLUDES OBTAINING BONE GRAFT WIT	58.90	61.25	90	1	B AS
26551	TRANSFER, TOE-TO-HAND WITH MICROVASCULAR ANASTOMOSIS; GREAT TOE ' WRAP-AROU	195.85	203.68	90	1	AS
26553	TOE-TO-HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE,	178.56	185.70	90	1	AS
26554	TOE-TO-HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE,	214.98	223.57	90	1	AS
26555	TRANSFER, FINGER TO ANOTHER POSITION WITHOUT MICROVASCULAR ANASTOMOSIS	83.91	87.26	90	1	AS
26556	TRANSFER, FREE TOE JOINT, WITH MICROVASCULAR ANASTOMOSIS	175.56	182.58	90	1	AS
26560	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; WITH SKIN FLAPS	33.63	34.97	90	1	AS
26561	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; WITH SKIN FLAPS AND GRAFT	55.08	57.28	90	1	AS
26565	OSTEOTOMY; METACARPAL, EACH	39.49	41.06	90	1	AS
26568	OSTEOPLASTY, LENGTHENING, METACARPAL OR PHALANX	52.34	54.43	90	1	AS
26580	REPAIR CLEFT HAND	83.33	86.66	90	1	AS
26587	RECONSTRUCTION OF POLYDACTYLOUS DIGIT, SOFT TISSUE AND BONE	61.29	63.74	90	1	AS

CODE	DESCRIPTION	AGE 21+	00-20 MAX	MAX		SPEC
		MAX FEE	FEE	FUD	UNITS	
26590	REPAIR MACRODACTYLIA, EACH DIGIT	79.96	83.15	90	1	AS
26596	EXCISION OF CONSTRICTING RING OF FINGER, WITH MULTIPLE Z-PLASTIES	45.12	46.92	90	1	AS
26686	OPEN TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB (BENNETT FR	38.91	40.46	90	1	AS
26820	FUSION IN OPPOSITION, THUMB, WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAF	46.10	47.94	90	1	AS
26842	ARTHRODESIS, CARPOMETACARPAL JOINT, THUMB, WITH OR WITHOUT INTERNAL FIXATIO	46.91	48.78	90	1	AS
26843	ARTHRODESIS, CARPOMETACARPAL JOINT, DIGIT, OTHER THAN THUMB, EACH;	42.76	44.47	90	1	AS
26844	ARTHRODESIS, CARPOMETACARPAL JOINT, DIGITS, OTHER THAN THUMB; WITH AUTOGRAF	48.69	50.63	90	1	AS
26852	ARTHRODESIS, METACARPOPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION;	47.71	49.61	90	1	AS
26862	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; WITH	43.39	45.12	90	1	AS
27001	TENOTOMY, ADDUCTOR OF HIP, OPEN	34.01	35.37	90	1	B AS
27003	TENOTOMY, ADDUCTOR, SUBCUTANEOUS, OPEN, WITH OBTURATOR NEURECTOMY	36.88	38.35	90	1	B AS
27005	TENOTOMY, HIP FLEXOR(S), OPEN (SEPARATE PROCEDURE)	46.53	48.39	90	1	B AS
27006	TENOTOMY, ABDUCTORS AND/OR EXTENSOR(S) OF HIP, OPEN (SEPARATE PROCEDURE)	46.63	48.49	90	1	B AS
27030	ARTHROTOMY, HIP, WITH DRAINAGE (EG, INFECTION)	60.21	62.61	90	1	B AS
27033	ARTHROTOMY, HIP, INCLUDING EXPLORATION OR REMOVAL OF LOOSE OR FOREIGN BODY	62.37	64.86	90	1	B AS
27035	DENERVATION, HIP JOINT, INTRAPELVIC OR EXTRAPELVIC INTRA-ARTICULAR BRANCHES	73.23	76.15	90	1	B AS
27036	CAPSULECTOMY OR CAPSULOTOMY, HIP, WITH OR WITHOUT EXCISION OF HETEROTOPIC B	64.00	66.56	90	1	B AS
27048	EXCISION, TUMOR, PELVIS AND HIP AREA; DEEP, SUBFASCIAL, INTRAMUSCULAR	30.17	31.37	90	1	B AS
27049	RADICAL RESECTION OF TUMOR, SOFT TISSUE OF PELVIS AND HIP AREA (EG, MALIGNA	64.13	66.69	90	1	B AS
27052	ARTHROTOMY, FOR BIOPSY; HIP JOINT	35.27	36.68	90	1	B AS
27054	ARTHROTOMY WITH SYNOVECTOMY, HIP JOINT	42.91	44.62	90	1	B AS
27065	EXCISION OF BONE CYST OR BENIGN TUMOR; SUPERFICIAL (WING OF ILIUM, SYMPHYSI	31.60	32.86	90	1	B AS
27066	EXCISION OF BONE CYST OR BENIGN TUMOR; DEEP, WITH OR WITHOUT AUTOGRAFT	51.16	53.20	90	1	B AS
27067	EXCISION OF BONE CYST OR BENIGN TUMOR; WITH AUTOGRAFT REQUIRING SEPARATE IN	63.55	66.09	90	1	B AS
27070	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION) (EG, OSTEOMYELITIS OR BONE	53.19	55.31	90	1	B AS
27071	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION) (EG, OSTEOMYELITIS OR BONE	57.16	59.44	90	1	B AS
27075	RADICAL RESECTION OF TUMOR OR INFECTION; WING OF ILIUM, ONE PUBIC OR ISCHIA	148.74	154.68	90	1	AS
27076	RADICAL RESECTION FOR TUMOR OR INFECTION; ILIUM, INCLUDING ACETABULUM, BOTH	102.54	106.64	90	1	AS
27077	RADICAL RESECTION FOR TUMOR OR INFECTION; INNOMINATE BONE, TOTAL	172.90	179.81	90	1	AS
27078	RADICAL RESECTION FOR TUMOR OR INFECTION; ISCHIAL TUBEROSITY AND GREATER TR	64.45	67.02	90	1	AS
27079	RADICAL RESECTION FOR TUMOR OR INFECTION; ISCHIAL TUBEROSITY AND GREATER TR	61.24	63.68	90	1	AS
27080	COCCYGECTOMY, PRIMARY	31.37	32.62	90	1	AS
27087	REMOVAL OF FOREIGN BODY, PELVIS OR HIP; DEEP (SUBFASCIAL OR INTRAMUSCULAR)	39.57	41.15	90	1	B AS
27090	REMOVAL OF HIP PROSTHESIS; (SEPARATE PROCEDURE)	52.76	54.87	90	1	B AS
27091	REMOVAL OF HIP PROSTHESIS; COMPLICATED, INCLUDING TOTAL HIP PROSTHESIS, MET	103.34	107.47	90	1	B AS
27097	RELEASE OR RECESSION, HAMSTRING, PROXIMAL	42.96	44.67	90	1	B AS
27098	TRANSFER, ADDUCTOR TO ISCHIUM	37.81	39.32	90	1	B AS
27100	TRANSFER EXTERNAL OBLIQUE MUSCLE TO GREATER TROCHANTER INCLUDING FASCIAL OR	51.48	53.53	90	1	B AS
27105	TRANSFER PARASPINAL MUSCLE TO HIP (INCLUDES FASCIAL OR TENDON EXTENSION GRA	54.27	56.44	90	1	B AS

CODE	DESCRIPTION	AGE 21+	00-20 MAX	MAX		SPEC
		MAX FEE	FEE	FUD	UNITS	
27110	TRANSFER ILIOPSOAS; TO GREATER TROCHANTER OF FEMUR	61.56	64.02	90	1	B AS
27111	TRANSFER ILIOPSOAS; TO FEMORAL NECK	56.76	59.03	90	1	B AS
27120	ACETABULOPLASTY; (EG, WHITMAN, COLONNA, HAYGROVES, OR CUP TYPE)	83.06	86.38	90	1	B AS
27122	ACETABULOPLASTY; RESECTION, FEMORAL HEAD (EG, GIRDLESTONE PROCEDURE)	70.66	73.48	90	1	B AS
27125	HEMIARTHROPLASTY, HIP, PARTIAL (EG, FEMORAL STEM PROSTHESIS, BIPOLAR ARTHRO	72.22	75.10	90	1	B AS
27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL	93.19	96.91	90	1	B AS
27132	CONVERSION OF PREVIOUS HIP SURGERY TO TOTAL HIP ARTHROPLASTY, WITH OR WITHO	108.55	112.89	90	1	B AS
27134	REVISION OF TOTAL HIP ARTHROPLASTY; BOTH COMPONENTS, WITH OR WITHOUT AUTOGR	125.74	130.76	90	1	B AS
27137	REVISION OF TOTAL HIP ARTHROPLASTY; ACETABULAR COMPONENT ONLY, WITH OR WITH	95.85	99.68	90	1	B AS
27138	REVISION OF TOTAL HIP ARTHROPLASTY; FEMORAL COMPONENT ONLY, WITH OR WITHOUT	99.80	103.79	90	1	B AS
27140	OSTEOTOMY AND TRANSFER OF GREATER TROCHANTER OF FEMUR (SEPARATE PROCEDURE)	56.86	59.13	90	1	B AS
27146	OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE;	81.62	84.88	90	1	B AS
27147	OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE; WITH OPEN REDUCTION OF HIP	94.27	98.04	90	1	B AS
27151	OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE; WITH FEMORAL OSTEOTOMY	101.41	105.46	90	1	B AS
27156	OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE; WITH FEMORAL OSTEOTOMY AND	110.26	114.67	90	1	B AS
27158	OSTEOTOMY, PELVIS, BILATERAL (EG, CONGENITAL MALFORMATION)	78.38	81.51	90	1	AS
27161	OSTEOTOMY, FEMORAL NECK (SEPARATE PROCEDURE)	78.33	81.46	90	1	B AS
27165	OSTEOTOMY, INTERTROCHANTERIC OR SUBTROCHANTERIC INCLUDING INTERNAL OR EXTER	87.83	91.34	90	1	AS
27170	BONE GRAFT, FEMORAL HEAD, NECK, INTERTROCHANTERIC OR SUBTROCHANTERIC AREA (	75.77	78.80	90	1	B AS
27176	TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; BY SINGLE OR MULTIPLE PINNING, IN S	58.60	60.94	90	1	B AS
27177	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; SINGLE OR MULTIPLE PINNING OR	71.14	73.98	90	1	B AS
27178	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; CLOSED MANIPULATION WITH SINGL	58.22	60.54	90	1	B AS
27179	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; OSTEOPLASTY OF FEMORAL NECK (H	62.04	64.52	90	1	B AS
27181	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; OSTEOTOMY AND INTERNAL FIXATIO	68.90	71.65	90	1	B AS
27187	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOU	63.42	65.95	90	1	B AS
27202	OPEN TREATMENT OF COCCYGEAL FRACTURE	48.89	50.84	90	1	AS
27215	OPEN TREATMENT OF ILIAC SPINE(S), TUBEROSITY AVULSION, OR ILIAC WING FRACTU	47.71	49.61	90	1	AS
27216	PERCUTANEOUS SKELETAL FIXATION OF POSTERIOR PELVIC RING FRACTURE AND/OR DIS	69.53	72.31	90	1	AS
27217	OPEN TREATMENT OF ANTERIOR RING FRACTURE AND/OR DISLOCATION WITH INTERNAL F	64.88	67.47	90	1	AS
27218	OPEN TREATMENT OF POSTERIOR RING FRACTURE AND/OR DISLOCATION WITH INTERNAL	90.17	93.77	90	1	AS
27226	OPEN TREATMENT OF POSTERIOR OR ANTERIOR ACETABULAR WALL FRACTURE, WITH INTE	67.82	70.53	90	1	B AS
27227	OPEN TREATMENT OF ACETABULAR FRACTURE(S) INVOLVING ANTERIOR OR POSTERIOR (O	107.51	111.81	90	1	B AS
27228	OPEN TREATMENT OF ACETABULAR FRACTURE(S) INVOLVING ANTERIOR AND POSTERIOR (	122.92	127.83	90	1	B AS
27236	OPEN TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, NECK, INTERNAL FIXATION O	76.45	79.50	90	1	B AS
27244	TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC, OR SUBTROCHANTERIC FEMORAL	74.43	77.40	90	1	B AS
27245	OPEN TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC OR SUBTROCHANTERIC FEM	90.85	94.48	90	1	B AS
27248	OPEN TREATMENT OF GREATER TROCHANTERIC FRACTURE, WITH OR WITHOUT INTERNAL O	49.40	51.37	90	1	B AS
27253	OPEN TREATMENT OF HIP DISLOCATION, TRAUMATIC, WITHOUT INTERNAL FIXATION	60.31	62.72	90	1	B AS
27254	OPEN TREATMENT OF HIP DISLOCATION, TRAUMATIC, WITH ACETABULAR WALL AND FEMO	81.93	85.20	90	1	B AS

CODE	DESCRIPTION	AGE 21+ MAX FEE	00-20 MAX FEE	FUD	MAX UNITS	SPEC
27258	OPEN TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INCLUDING CON	70.86	73.69	90	1	B AS
27280	ARTHRODESIS, SACROILIAC JOINT (INCLUDING OBTAINING GRAFT)	65.69	68.31	90	1	B AS
27282	ARTHRODESIS, SYMPHYSIS PUBIS (INCLUDING OBTAINING GRAFT)	53.90	56.05	90	1	AS
27284	ARTHRODESIS, HIP JOINT (INCLUDING OBTAINING GRAFT);	104.98	109.17	90	1	B AS
27286	ARTHRODESIS, HIP JOINT (INCLUDES OBTAINING GRAFT); WITH SUBTROCHANTERIC OST	104.67	108.85	90	1	B AS
27290	INTERPELVIABDOMINAL AMPUTATION (HINDQUARTER AMPUTATION)	101.51	105.57	90	1	AS
27295	DISARTICULATION OF HIP	81.27	84.52	90	1	AS
27299	UNLISTED PROCEDURE, PELVIS OR HIP JOINT	0.00	0.00	90	1	R B AS
27303	INCISION, DEEP, WITH OPENING OF BONE CORTEX, FEMUR OR KNEE (EG, OSTEOMYELIT	40.32	41.93	90	1	B AS
27305	FASCIOTOMY, ILIOTIBIAL (TENOTOMY), OPEN	29.49	30.66	90	1	B AS
27306	TENOTOMY, PERCUTANEOUS, ADDUCTOR OR HAMSTRING; SINGLE TENDON (SEPARATE PROC	24.08	25.04	90	1	B AS
27310	ARTHROTOMY, KNEE, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY (E	46.10	47.94	90	1	B AS
27325	NEURECTOMY, HAMSTRING MUSCLE	34.26	35.63	90	1	B AS
27326	NEURECTOMY, POPLITEAL (GASTROCNEMIUS)	30.64	31.86	90	1	B AS
27329	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF THIGH O	66.39	69.04	90	1	B AS
27331	ARTHROTOMY, KNEE; INCLUDING JOINT EXPLORATION, BIOPSY, OR REMOVAL OF LOOSE	29.66	30.84	90	1	B AS
27332	ARTHROTOMY, WITH EXCISION OF SEMILUNAR CARTILAGE (MENISCECTOMY) KNEE; MEDIA	40.07	41.67	90	1	B AS
27333	ARTHROTOMY, KNEE, FOR EXCISION OF SEMILUNAR CARTILAGE (MENISCECTOMY); MEDIA	36.27	37.72	90	1	B AS
27334	ARTHROTOMY, WITH SYNOVECTOMY KNEE; ANTERIOR OR POSTERIOR	42.96	44.67	90	1	B AS
27335	ARTHROTOMY, KNEE, FOR SYNOVECTOMY; ANTERIOR AND POSTERIOR INCLUDING POPLITE	48.42	50.35	90	1	B AS
27345	EXCISION OF SYNOVIAL CYST OF POPLITEAL SPACE (EG, BAKER'S CYST)	29.86	31.05	90	1	B AS
27347	EXCISION OF LESION OF MENISCUS OR CAPSULE (EG, CYST, GANGLION), KNEE	32.23	33.51	90	1	B AS
27350	PATELLECTOMY OR HEMIPATELLECTOMY	40.85	42.48	90	1	B AS
27355	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR;	37.93	39.44	90	1	B AS
27356	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH ALLOGRAFT	46.50	48.36	90	1	B AS
27357	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH AUTOGRAFT	51.63	53.69	90	1	B AS
27358	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH INTERNAL	18.75	19.50	90	1	B AS
27360	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE, FEM	53.62	55.76	90	1	B AS
27365	RADICAL RESECTION OF TUMOR, BONE, FEMUR OR KNEE	78.66	81.80	90	1	B AS
27380	SUTURE OF INFRAPATELLAR TENDON; PRIMARY	36.88	38.35	90	1	B AS
27381	SUTURE OF INFRAPATELLAR TENDON; SECONDARY RECONSTRUCTION, INCLUDING FASCIAL	50.33	52.34	90	1	B AS
27385	SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; PRIMARY	39.54	41.12	90	1	B AS
27386	SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; SECONDARY RECONSTRUCTION,	52.41	54.50	90	1	B AS
27390	TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; SINGLE TENDON	27.48	28.57	90	1	AS
27392	TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; MULTIPLE TENDONS, BILATERAL	44.85	46.64	90	1	AS
27393	LENGTHENING OF HAMSTRING TENDON; SINGLE TENDON	31.72	32.98	90	1	AS
27394	LENGTHENING OF HAMSTRING TENDON; MULTIPLE TENDONS, ONE LEG	41.13	42.77	90	1	AS
27395	LENGTHENING OF HAMSTRING TENDON; MULTIPLE TENDONS, BILATERAL	55.73	57.95	90	1	AS
27396	TRANSPLANT, HAMSTRING TENDON TO PATELLA; SINGLE TENDON	38.51	40.05	90	1	AS

CODE	DESCRIPTION	AGE 21+	00-20 MAX	MAX		SPEC
		MAX FEE	FEE	FUD	UNITS	
27400	TRANSFER, TENDON OR MUSCLE, HAMSTRINGS TO FEMUR (EG, EGGER'S TYPE PROCEDURE	42.01	43.69	90	1	B AS
27403	ARTHROTOMY WITH MENISCUS REPAIR, KNEE	40.37	41.98	90	1	B AS
27405	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; COLLATERAL	42.56	44.26	90	1	B AS
27407	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; CRUCIATE	48.29	50.22	90	1	B AS
27409	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; COLLATERAL AND CRUCIAT	61.06	63.50	90	1	B AS
27412	AUTOLOGOUS CHONDROCYTE IMPLANTATION, KNEE	107.09	111.37	0	1	B AS
27415	OSTEOCHONDRAL ALLOGRAFT, KNEE, OPEN	90.62	94.24	0	1	B AS
27418	ANTERIOR TIBIAL TUBERCLEPLASTY (EG, MAQUET TYPE PROCEDURE)	52.76	54.87	90	1	B AS
27420	RECONSTRUCTION OF DISLOCATING PATELLA; (EG, HAUSER TYPE PROCEDURE)	47.36	49.25	90	1	B AS
27422	RECONSTRUCTION OF DISLOCATING PATELLA; WITH EXTENSOR REALIGNMENT AND/OR MUS	47.08	48.96	90	1	B AS
27424	RECONSTRUCTION FOR RECURRENT DISLOCATING PATELLA; WITH PATELLECTOMY	47.18	49.06	90	1	B AS
27427	LIGAMENOUS RECONSTRUCTION (AUGMENTATION), KNEE; EXTRA-ARTICULAR	45.32	47.13	90	1	B AS
27428	LIGAMENOUS RECONSTRUCTION (AUGMENTATION), KNEE; INTRA-ARTICULAR (OPEN)	70.18	72.98	90	1	B AS
27429	LIGAMENOUS RECONSTRUCTION (AUGMENTATION), KNEE; INTRA-ARTICULAR (OPEN) AND	78.73	81.87	90	1	B AS
27430	QUADRICEPSPLASTY (EG, BENNETT OR THOMPSON TYPE)	46.88	48.75	90	1	B AS
27435	CAPSULOTOMY, POSTERIOR CAPSULAR RELEASE, KNEE	50.50	52.52	90	1	B AS
27438	ARTHROPLASTY, PATELLA; WITH PROSTHESIS	53.62	55.76	90	1	B AS
27440	ARTHROPLASTY, KNEE, TIBIAL PLATEAU;	50.23	52.23	90	1	B AS
27441	ARTHROPLASTY, KNEE, TIBIAL PLATEAU; WITH DEBRIDEMENT AND PARTIAL SYNOVECTOM	52.41	54.50	90	1	B AS
27442	ARTHROPLASTY, FEMORAL CONDYLES OR TIBIAL PLATEAU(S), KNEE;	55.71	57.93	90	1	B AS
27443	ARTHROPLASTY, KNEE, FEMORAL CONDYLES OR TIBIAL PLATEAUS; WITH DEBRIDEMENT A	51.86	53.93	90	1	B AS
27445	ARTHROPLASTY, KNEE, HINGE PROSTHESIS (EG, WALLDIUS TYPE)	80.92	84.15	90	1	B AS
27446	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL OR LATERAL COMPARTMENT	71.59	74.45	90	1	B AS
27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WI	99.52	103.50	90	1	B AS
27448	OSTEOTOMY, FEMUR, SHAFT OR SUPRACONDYLAR; WITHOUT FIXATION	52.51	54.61	90	1	B AS
27450	OSTEOTOMY, FEMUR, SHAFT OR SUPRACONDYLAR; WITH FIXATION	64.73	67.31	90	1	B AS
27454	OSTEOTOMY, MULTIPLE, WITH REALIGNMENT ON INTRAMEDULLARY ROD, FEMORAL SHAFT	82.68	85.98	90	1	B AS
27455	OSTEOTOMY, PROXIMAL TIBIA, INCLUDING FIBULAR EXCISION OR OSTEOTOMY (INCLUDE	60.13	62.53	90	1	B AS
27457	OSTEOTOMY, PROXIMAL TIBIA, INCLUDING FIBULAR EXCISION OR OSTEOTOMY (INCLUDE	61.74	64.20	90	1	B AS
27465	OSTEOPLASTY, FEMUR; SHORTENING (EXCLUDING 64876)	78.73	81.87	90	1	B AS
27466	OSTEOPLASTY, FEMUR; LENGTHENING	75.69	78.71	90	1	B AS
27468	OSTEOPLASTY, FEMUR; COMBINED, LENGTHENING AND SHORTENING WITH FEMORAL SEGME	86.63	90.09	90	1	B AS
27470	REPAIR, NONUNION OR MALUNION, FEMUR, DISTAL TO HEAD AND NECK; WITHOUT GRAFT	75.49	78.50	90	1	B AS
27472	REPAIR, NONUNION OR MALUNION, FEMUR, DISTAL TO HEAD AND NECK; WITH ILIAC OR	81.50	84.76	90	1	B AS
27479	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; COMBINED DISTAL FEMUR, PRO	52.51	54.61	90	1	B AS
27486	REVISION OF TOTAL KNEE ARTHROPLASTY, WITH OR WITHOUT ALLOGRAFT; ONE COMPONE	90.70	94.32	90	1	B AS
27487	REVISION OF TOTAL KNEE ARTHROPLASTY, WITH OR WITHOUT ALLOGRAFT; FEMORAL AND	114.43	119.00	90	1	B AS
27488	REMOVAL OF PROSTHESIS, INCLUDING TOTAL KNEE PROSTHESIS, METHYLMETHACRYLATE	76.75	79.82	90	1	B AS
27495	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOU	72.55	75.45	90	1	B AS

CODE	DESCRIPTION	AGE 21+ MAX FEE	00-20 MAX FEE	FUD	MAX UNITS	SPEC
27498	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, MULTIPLE COMPARTMENTS;	38.08	39.60	90	1	B AS
27499	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, MULTIPLE COMPARTMENTS; WITH DE	41.78	43.45	90	1	B AS
27506	OPEN TREATMENT OF FEMORAL SHAFT FRACTURE, WITH OR WITHOUT EXTERNAL FIXATION	84.77	88.16	90	1	B AS
27507	OPEN TREATMENT OF FEMORAL SHAFT FRACTURE WITH PLATE/SCREWS, WITH OR WITHOUT	62.97	65.48	90	1	B AS
27511	OPEN TREATMENT OF FEMORAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE WITHOUT I	63.98	66.53	90	1	B AS
27513	OPEN TREATMENT OF FEMORAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE WITH INTE	86.65	90.11	90	1	B AS
27514	OPEN TREATMENT OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL CONDYLE,	85.75	89.18	90	1	B AS
27519	OPEN TREATMENT OF DISTAL FEMORAL EPIPHYSEAL SEPARATION, WITH OR WITHOUT INT	71.09	73.93	90	1	B AS
27524	OPEN TREATMENT OF PATELLAR FRACTURE, WITH INTERNAL FIXATION AND/OR PARTIAL	47.76	49.67	90	1	B AS
27535	OPEN TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); UNICONDYLAR, WITH OR	55.53	57.75	90	1	B AS
27536	OPEN TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); BICONDYLAR, WITH OR	76.07	79.11	90	1	B AS
27540	OPEN TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(S) OF T	59.78	62.17	90	1	B AS
27556	OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FI	67.39	70.08	90	1	B AS
27557	OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FI	77.73	80.83	90	1	B AS
27558	OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FI	79.84	83.03	90	1	B AS
27566	OPEN TREATMENT OF PATELLAR DISLOCATION, WITH OR WITHOUT PARTIAL OR TOTAL PA	56.84	59.11	90	1	B AS
27580	ARTHRODESIS, KNEE, ANY TECHNIQUE	92.16	95.84	90	1	B AS
27590	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL;	53.34	55.47	90	1	B AS
27591	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; IMMEDIATE FITTING TECHNIQUE IN	58.55	60.89	90	1	B AS
27592	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; OPEN, CIRCULAR (GUILLOTINE)	44.72	46.50	90	1	B AS
27598	DISARTICULATION AT KNEE	47.94	49.85	90	1	B AS
27599	UNLISTED PROCEDURE, FEMUR OR KNEE	0.00	0.00	90	1	R B AS
27602	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL, AND POSTERIOR COMPA	33.13	34.45	90	1	B AS
27612	ARTHROTOMY, POSTERIOR CAPSULAR RELEASE, ANKLE, WITH OR WITHOUT ACHILLES TEN	36.53	37.99	90	1	B AS
27620	ARTHROTOMY, ANKLE, WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR	29.24	30.40	90	1	B AS
27625	ARTHROTOMY, ANKLE, WITH SYNOVECTOMY;	38.41	39.94	90	1	B AS
27626	ARTHROTOMY, ANKLE, FOR SYNOVECTOMY; INCLUDING TENOSYNOVECTOMY	41.35	43.00	90	1	B AS
27637	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA; WITH A	47.81	49.72	90	1	B AS
27638	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA; WITH A	49.60	51.58	90	1	B AS
27645	RADICAL RESECTION OF TUMOR, BONE; TIBIA	67.22	69.90	90	1	B AS
27646	RESECTION FOR TUMOR, RADICAL; FIBULA	59.63	62.01	90	1	B AS
27647	RADICAL RESECTION OF TUMOR, BONE; TALUS OR CALCANEUS	53.57	55.71	90	1	B AS
27650	REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED ACHILLES TENDON;	44.92	46.71	90	1	B AS
27654	REPAIR, SECONDARY, ACHILLES TENDON, WITH OR WITHOUT GRAFT	45.07	46.87	90	1	B AS
27656	REPAIR, FASCIAL DEFECT OF LEG	33.61	34.95	90	1	B AS
27658	REPAIR, FLEXOR TENDON, LEG; PRIMARY, WITHOUT GRAFT, EACH TENDON	24.48	25.45	90	1	AS
27659	REPAIR, FLEXOR TENDON, LEG; SECONDARY, WITH OR WITHOUT GRAFT, EACH TENDON	32.65	33.95	90	1	AS
27665	REPAIR, EXTENSOR TENDON, LEG; SECONDARY, WITH OR WITHOUT GRAFT, EACH TENDON	27.27	28.36	90	1	AS
27675	REPAIR, DISLOCATING PERONEAL TENDONS; WITHOUT FIBULAR OSTEOTOMY	33.01	34.33	90	1	B AS

CODE	DESCRIPTION	AGE 21+	00-20 MAX	MAX		SPEC
		MAX FEE	FEE	FUD	UNITS	
27676	REPAIR FOR DISLOCATING PERONEAL TENDONS; WITH FIBULAR OSTEOTOMY	39.67	41.25	90	1	B AS
27685	LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE; SINGLE TENDON (SEPARATE	41.18	42.82	90	1	B AS
27687	GASTROCNEMIUS RECESSION (EG, STRAYER PROCEDURE)	29.81	31.00	90	1	B AS
27690	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTI	39.77	41.36	90	1	B AS
27691	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTI	46.96	48.83	90	1	B AS
27692	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTI	7.34	7.63	90	5	B AS
27698	REPAIR, SECONDARY DISRUPTED LIGAMENT, ANKLE, COLLATERAL (EG, WATSON-JONES P	42.56	44.26	90	1	B AS
27700	ARTHROPLASTY, ANKLE;	40.35	41.96	90	1	B AS
27702	ARTHROPLASTY, ANKLE; WITH IMPLANT ("TOTAL ANKLE")	63.93	66.48	90	1	B AS
27703	ARTHROPLASTY, ANKLE; REVISION, TOTAL ANKLE	74.18	77.14	90	1	B AS
27705	OSTEOTOMY; TIBIA	49.02	50.98	90	1	B AS
27709	OSTEOTOMY; TIBIA AND FIBULA	73.03	75.95	90	1	B AS
27712	OSTEOTOMY; MULTIPLE, WITH REALIGNMENT ON INTRAMEDULLARY ROD (EG, SOFIELD TY	68.83	71.58	90	1	B AS
27715	OSTEOPLASTY, TIBIA AND FIBULA, LENGTHENING OR SHORTENING	67.67	70.37	90	1	B AS
27720	REPAIR OF NONUNION OR MALUNION, TIBIA; WITHOUT GRAFT, (EG, COMPRESSION TECH	55.98	58.21	90	1	B AS
27722	REPAIR OF NONUNION OR MALUNION, TIBIA; WITH SLIDING GRAFT	56.49	58.74	90	1	B AS
27724	REPAIR OF NONUNION OR MALUNION, TIBIA; WITH ILIAC OR OTHER AUTOGRAFT (INCLU	82.28	85.57	90	1	B AS
27725	REPAIR OF NONUNION OR MALUNION, TIBIA; BY SYNOSTOSIS, WITH FIBULA, ANY METH	76.67	79.73	90	1	B AS
27727	REPAIR OF CONGENITAL PSEUDARTHROSIS, TIBIA	64.81	67.40	90	1	B AS
27740	ARREST, EPIPHYSEAL (EPIPHYSIODESIS), ANY METHOD, COMBINED, PROXIMAL AND DIS	44.70	46.48	90	1	B AS
27742	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING, COMBINED, PROXIMAL AND DIS	45.80	47.63	90	1	B AS
27745	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOU	48.19	50.11	90	1	B AS
27756	PERCUTANEOUS SKELETAL FIXATION OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FI	35.90	37.33	90	1	B AS
27758	OPEN TREATMENT OF TIBIAL SHAFT FRACTURE, (WITH OR WITHOUT FIBULAR FRACTURE)	56.64	58.90	90	1	B AS
27759	TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE) BY IN	64.00	66.56	90	1	B AS
27814	OPEN TREATMENT OF BIMALLEOLAR ANKLE FRACTURE, WITH OR WITHOUT INTERNAL OR E	50.95	52.98	90	1	B AS
27822	OPEN TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE, WITH OR WITHOUT INTERNAL OR	57.64	59.94	90	1	B AS
27823	OPEN TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE, WITH OR WITHOUT INTERNAL OR	65.51	68.13	90	1	B AS
27826	OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/ PORTION OF	43.92	45.67	90	1	B AS
27827	OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/ PORTION OF	73.00	75.92	90	1	B AS
27828	OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/ PORTION OF	83.96	87.31	90	1	B AS
27829	OPEN TREATMENT OF DISTAL TIBIOFIBULAR JOINT (SYNDESISMOSIS) DISRUPTION, WITH	30.57	31.79	90	1	B AS
27832	OPEN TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION, WITH OR WITHOUT	31.35	32.60	90	1	B AS
27846	OPEN TREATMENT OF ANKLE DISLOCATION, WITH OR WITHOUT PERCUTANEOUS SKELETAL	47.18	49.06	90	1	B AS
27848	OPEN TREATMENT OF ANKLE DISLOCATION, WITH OR WITHOUT PERCUTANEOUS SKELETAL	53.44	55.57	90	1	B AS
27870	ARTHRODESIS, ANKLE, OPEN	67.42	70.11	90	1	B AS
27871	ARTHRODESIS, TIBIOFIBULAR JOINT, PROXIMAL OR DISTAL	44.14	45.90	90	1	B AS
27880	AMPUTATION LEG, THROUGH TIBIA AND FIBULA;	59.75	62.14	90	1	B AS
27881	AMPUTATION LEG, THROUGH TIBIA AND FIBULA; WITH IMMEDIATE FITTING TECHNIQUE	57.26	59.55	90	1	B AS

CODE	DESCRIPTION	AGE 21+ MAX FEE	00-20 MAX FEE	FUD	MAX UNITS	SPEC
27888	AMPUTATION, ANKLE, THROUGH MALLEOLI OF TIBIA AND FIBULA (EG, SYME, PIROGOFF	45.27	47.08	90	1	B AS
27894	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL, AND POSTERIOR COMPA	53.92	56.07	90	1	B AS
28055	NEURECTOMY, INTRINSIC MUSCULATURE OF FOOT	26.32	27.37	0	1	B AS
28086	SYNOVECTOMY, TENDON SHEATH, FOOT; FLEXOR	33.74	35.08	90	1	B AS
28100	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS;	37.18	38.66	90	1	B AS
28102	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS; WIT	35.07	36.47	90	1	B AS
28103	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS; WIT	29.39	30.56	90	1	B AS
28104	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL, E	33.11	34.43	90	1	AS
28106	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL BO	31.98	33.25	90	1	AS
28107	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL BO	35.85	37.28	90	1	AS
28114	OSTECTOMY, COMPLETE EXCISION; ALL METATARSAL HEADS, WITH PARTIAL PROXIMAL P	66.52	69.18	90	1	B AS
28118	OSTECTOMY, CALCANEUS;	37.36	38.85	90	1	B AS
28122	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR DIAPHYSE	43.09	44.81	90	1	B AS
28130	TALECTOMY (ASTRAGALECTOMY)	41.53	43.19	90	1	B AS
28171	RADICAL RESECTION OF TUMOR, BONE; TARSAL (EXCEPT TALUS OR CALCANEUS)	41.75	43.42	90	1	AS
28190	REMOVAL OF FOREIGN BODY, FOOT; SUBCUTANEOUS	97.88	101.79	10	1	B
28202	REPAIR OR SUTURE OF TENDON, FOOT, FLEXOR, SINGLE; SECONDARY WITH FREE GRAFT	40.02	41.62	90	1	AS
28210	REPAIR OR SUTURE OF TENDON, FOOT, EXTENSOR, SINGLE; SECONDARY WITH FREE GRA	37.28	38.77	90	1	AS
28238	RECONSTRUCTION (ADVANCEMENT), POSTERIOR TIBIAL TENDON WITH EXCISION OF ACCE	43.59	45.33	90	1	B AS
28250	DIVISION OF PLANTAR FASCIA AND MUSCLE (EG, STEINDLER STRIPPING) (SEPARATE P	35.92	37.35	90	1	B AS
28260	CAPSULOTOMY, MIDFOOT; MEDIAL RELEASE ONLY (SEPARATE PROCEDURE)	45.00	46.80	90	1	B AS
28262	CAPSULOTOMY, MIDFOOT; EXTENSIVE, INCLUDING POSTERIOR TALOTIBIAL CAPSULOTOMY	88.54	92.08	90	1	B AS
28264	CAPSULOTOMY, MIDTARSAL (EG, HEYMAN TYPE PROCEDURE)	56.71	58.97	90	1	B AS
28289	HALLUX RIGIDUS CORRECTION WITH CHEILECTOMY, DEBRIDEMENT AND CAPSULAR RELEAS	46.91	48.78	90	1	B AS
28292	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTIONY; KELLER,	50.50	52.52	90	1	B AS
28293	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTIONY; RESECTIO	67.57	70.27	90	1	B AS
28294	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTIONY; WITH TE	47.61	49.51	90	1	B AS
28296	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTIONY; WITH MET	50.80	52.83	90	1	B AS
28297	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTIONY; LAPIDUS	53.17	55.29	90	1	B AS
28298	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTIONY; BY PHALA	46.20	48.04	90	1	B AS
28299	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTIONY; BY DOUB	58.92	61.27	90	1	B AS
28300	OSTEOTOMY; CALCANEUS (EG, DWYER OR CHAMBERS TYPE PROCEDURE), WITH OR WITHOU	43.49	45.22	90	1	B AS
28302	OSTEOTOMY; TALUS	42.36	44.05	90	1	B AS
28304	OSTEOTOMY, TARSAL BONES, OTHER THAN CALCANEUS OR TALUS;	50.70	52.72	90	1	B AS
28305	OSTEOTOMY, TARSAL BONES, OTHER THAN CALCANEUS OR TALUS; WITH AUTOGRAFT (INC	44.24	46.00	90	1	AS
28306	OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTION, M	38.06	39.58	90	1	B AS
28308	OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTION, M	35.24	36.64	90	1	AS
28320	REPAIR, NONUNION OR MALUNION; TARSAL BONES	41.50	43.16	90	1	AS
28322	REPAIR OF NONUNION OR MALUNION; METATARSAL, WITH OR WITHOUT BONE GRAFT (INC	49.55	51.53	90	1	AS

CODE	DESCRIPTION	AGE 21+ MAX FEE	00-20 MAX FEE	FUD	MAX UNITS	SPEC
28360	RECONSTRUCTION, CLEFT FOOT	58.52	60.86	90	1	AS
28415	OPEN TREATMENT OF CALCANEAL FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL	78.41	81.54	90	1	B AS
28420	OPEN TREATMENT OF CALCANEAL FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL	75.77	78.80	90	1	B AS
28445	OPEN TREATMENT OF TALUS FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXA	74.06	77.02	90	1	B AS
28555	OPEN TREATMENT OF TARSAL BONE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTE	43.44	45.17	90	1	AS
28585	OPEN TREATMENT OF TALOTARSAL JOINT DISLOCATION, WITH OR WITHOUT INTERNAL OR	48.72	50.66	90	1	AS
28615	OPEN TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION, WITH OR WITHOUT INTERN	43.44	45.17	90	1	B AS
28705	ARTHRODESIS; PANTALAR	85.62	89.04	90	1	AS
28715	ARTHRODESIS; TRIPLE	63.22	65.74	90	1	AS
28725	ARTHRODESIS; SUBTALAR	52.39	54.48	90	1	AS
28730	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR TRANSVERSE;	54.73	56.91	90	1	AS
28735	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR TRANSVERSE; WITH OST	52.19	54.27	90	1	AS
28737	ARTHRODESIS, WITH TENDON LENGTHENING AND ADVANCEMENT, MIDTARSAL, TARSAL NAV	46.46	48.31	90	1	AS
28740	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, SINGLE JOINT	53.49	55.62	90	1	AS
28760	ARTHRODESIS, WITH EXTENSOR HALLUCIS LONGUS TRANSFER TO FIRST METATARSAL NEC	50.33	52.34	90	1	B AS
28800	AMPUTATION, FOOT; MIDTARSAL (EG, CHOPART TYPE PROCEDURE)	37.48	38.97	90	1	B AS
29065	APPLICATION; SHOULDER TO HAND (LONG ARM)	35.98	37.41	0	1	B
29075	APPLICATION; ELBOW TO FINGER (SHORT ARM)	33.46	34.79	0	1	B
29085	APPLICATION; HAND AND LOWER FOREARM (GAUNTLET)	35.66	37.08	0	1	B
29105	APPLICATION OF LONG ARM SPLINT (SHOULDER TO HAND)	32.68	33.98	0	1	B
29125	APPLICATION OF SHORT ARM SPLINT (FOREARM TO HAND); STATIC	25.46	26.47	0	1	B
29126	APPLICATION OF SHORT ARM SPLINT (FOREARM TO HAND); DYNAMIC	29.06	30.22	0	1	B
29130	APPLICATION OF FINGER SPLINT; STATIC	15.55	16.17	0	1	B
29131	APPLICATION OF FINGER SPLINT; DYNAMIC	18.86	19.61	0	1	B
29240	STRAPPING; SHOULDER (EG, VELPEAU)	22.62	23.52	0	1	
29260	STRAPPING; ELBOW OR WRIST	19.64	20.42	0	1	B
29345	APPLICATION OF LONG LEG CAST (THIGH TO TOES);	51.85	53.92	0	1	B
29365	APPLICATION OF CYLINDER CAST (THIGH TO ANKLE)	46.35	48.20	0	1	B
29405	APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES);	34.57	35.95	0	1	B
29425	APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES); WALKING OR AMBULATORY T	37.70	39.20	0	1	B
29530	STRAPPING; KNEE	19.80	20.59	0	1	
29540	STRAPPING; ANKLE AND/OR FOOT	17.60	18.30	0	1	B
29550	STRAPPING; TOES	17.28	17.97	0	1	
29580	STRAPPING; UNNA BOOT	21.06	21.90	0	1	B
29590	DENIS-BROWNE SPLINT STRAPPING	22.94	23.85	0	1	
29804	ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, SURGICAL	39.69	41.27	90	1	B AS
29820	ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, PARTIAL	34.09	35.45	90	1	B AS
29821	ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, COMPLETE	37.23	38.71	90	1	B AS
29822	ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, LIMITED	36.20	37.64	90	1	B AS

CODE	DESCRIPTION	AGE 21+ MAX FEE	00-20 MAX FEE	FUD	MAX UNITS	SPEC
29823	ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, EXTENSIVE	39.57	41.15	90	1	B AS
29824	ARTHROSCOPY, SHOULDER, SURGICAL; DISTAL CLAVICULECTOMY INCLUDING DISTAL ART	42.31	44.00	90	1	B AS
29825	ARTHROSCOPY, SHOULDER, SURGICAL; WITH LYSIS AND RESECTION OF ADHESIONS, WIT	36.93	38.40	90	1	B AS
29826	ARTHROSCOPY, SHOULDER, SURGICAL; DECOMPRESSION OF SUBACROMIAL SPACE WITH PA	42.36	44.05	90	1	B AS
29827	ARTHROSCOPY, SHOULDER, SURGICAL; WITH ROTATOR CUFF REPAIR	69.23	71.99	90	1	B AS
29834	ARTHROSCOPY, ELBOW, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	30.92	32.15	90	1	B AS
29835	ARTHROSCOPY, ELBOW, SURGICAL; SYNOVECTOMY, PARTIAL	31.85	33.12	90	1	B AS
29836	ARTHROSCOPY, ELBOW, SURGICAL; SYNOVECTOMY, COMPLETE	36.27	37.72	90	1	B AS
29837	ARTHROSCOPY, ELBOW, SURGICAL; DEBRIDEMENT, LIMITED	33.38	34.71	90	1	B AS
29843	ARTHROSCOPY, WRIST, SURGICAL; FOR INFECTION, LAVAGE AND DRAINAGE	29.99	31.18	90	1	B AS
29844	ARTHROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, PARTIAL	31.30	32.55	90	1	B AS
29845	ARTHROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, COMPLETE	35.49	36.90	90	1	B AS
29851	ARTHROSCOPICALLY AIDED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSIT	59.70	62.08	90	1	B AS
29855	ARTHROSCOPICALLY AIDED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); UN	49.85	51.84	90	1	B AS
29856	ARTHROSCOPICALLY AIDED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); BI	63.55	66.09	90	1	B AS
29860	ARTHROSCOPY, HIP, DIAGNOSTIC WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROC	41.38	43.03	90	1	B AS
29861	ARTHROSCOPY, HIP, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	45.75	47.58	90	1	B AS
29862	ARTHROSCOPY, HIP, SURGICAL; WITH DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE	50.85	52.88	90	1	B AS
29863	ARTHROSCOPY, HIP, SURGICAL; WITH SYNOVECTOMY	50.12	52.12	90	1	B AS
29884	ARTHROSCOPY, KNEE, SURGICAL; WITH LYSIS OF ADHESIONS, WITH OR WITHOUT MANIP	38.76	40.31	90	1	B AS
29885	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR OSTEOCHONDritis DISSECANS WITH BO	46.96	48.83	90	1	B AS
29887	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR INTACT OSTEOCHONDritis DISSECANS	46.78	48.65	90	1	B AS
29888	ARTHROSCOPICALLY AIDED ANTERIOR CRUCIATE LIGAMENT REPAIR/AUGMENTATION OR RE	62.69	65.19	90	1	B AS
29889	ARTHROSCOPICALLY AIDED POSTERIOR CRUCIATE LIGAMENT REPAIR/AUGMENTATION OR R	77.22	80.30	90	1	B AS
29891	ARTHROSCOPY, ANKLE, SURGICAL; EXCISION OF OSTEOCHONDRAL DEFECT OF TALUS AND	44.19	45.95	90	1	B AS
29892	ARTHROSCOPICALLY AIDED REPAIR OF LARGE OSTEOCHONDritis DISSECANS LESION, TA	45.50	47.32	90	1	B AS
29893	ENDOSCOPIC PLANTAR FASCIOTOMY	39.24	40.80	90	1	B AS
29894	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; WITH REMO	33.06	34.38	90	1	B AS
29895	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; SYNOVECTO	32.00	33.28	90	1	B AS
29897	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; DEBRIDEME	33.66	35.00	90	1	B AS
29898	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; DEBRIDEME	37.68	39.18	90	1	B AS
29899	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; WITH ANKL	67.77	70.48	90	1	B AS
29999	UNLISTED PROCEDURE, ARTHROSCOPY	0.00	0.00	90	1	R B AS
30118	EXCISION OR DESTRUCTION, ANY METHOD (INCLUDING LASER), INTRANASAL LESION; E	46.36	48.21	90	1	AS
30160	RHINECTOMY; TOTAL	47.69	49.59	90	1	AS
30300	REMOVAL FOREIGN BODY, INTRANASAL; OFFICE TYPE PROCEDURE	82.80	86.11	10	1	
30460	RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP AND/OR PA	46.53	48.39	90	1	AS
30462	RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP AND/OR PA	93.51	97.25	90	1	AS
30540	REPAIR CHOANAL ATRESIA; INTRANASAL	39.06	40.62	90	1	AS

CODE	DESCRIPTION	AGE 21+ MAX FEE	00-20 MAX FEE	FUD	MAX UNITS	SPEC
30545	REPAIR CHOANAL ATRESIA; TRANSPALATINE	58.72	61.06	90	1	AS
30901	CONTROL NASAL HEMORRHAGE, ANTERIOR, SIMPLE (LIMITED CAUTERY AND/OR PACKING	39.75	41.34	0	1	B
31075	SINUSOTOMY FRONTAL; TRANSORBITAL, UNILATERAL (FOR MUCOCELE OR OSTEOMA, LYNC	47.11	48.99	90	1	B AS
31080	SINUSOTOMY FRONTAL; OBLITERATIVE WITHOUT OSTEOPLASTIC FLAP, BROW INCISION (	60.93	63.36	90	1	B AS
31081	SINUSOTOMY FRONTAL; OBLITERATIVE, WITHOUT OSTEOPLASTIC FLAP, CORONAL INCISI	78.56	81.70	90	1	B AS
31084	SINUSOTOMY FRONTAL; OBLITERATIVE, WITH OSTEOPLASTIC FLAP, BROW INCISION	70.18	72.98	90	1	B AS
31085	SINUSOTOMY FRONTAL; OBLITERATIVE, WITH OSTEOPLASTIC FLAP, CORONAL INCISION	75.94	78.97	90	1	B AS
31086	SINUSOTOMY FRONTAL; NOBOLITERATIVE, WITH OSTEOPLASTIC FLAP, BROW INCISION	68.00	70.72	90	1	B AS
31087	SINUSOTOMY FRONTAL; NOBOLITERATIVE, WITH OSTEOPLASTIC FLAP, CORONAL INCISI	67.02	69.70	90	1	B AS
31205	ETHMOIDECTOMY; EXTRANASAL, TOTAL	52.11	54.19	90	1	B AS
31225	MAXILLECTOMY; WITHOUT ORBITAL EXENTERATION	112.07	116.55	90	1	B AS
31230	MAXILLECTOMY; WITH ORBITAL EXENTERATION (EN BLOC)	124.71	129.69	90	1	B AS
31231	NASAL ENDOSCOPY, DIAGNOSTIC, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	71.18	74.02	0	1	
31237	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH BIOPSY, POLYPECTOMY OR DEBRIDEMENT (S	122.39	127.28	0	1	B
31300	LARYNGOTOMY (THYROTOMY, LARYNGOFISSURE); WITH REMOVAL OF TUMOR OR LARYNGOCE	76.60	79.66	90	1	AS
31360	LARYNGECTOMY; TOTAL, WITHOUT RADICAL NECK DISSECTION	123.86	128.81	90	1	AS
31365	LARYNGECTOMY; TOTAL, WITH RADICAL NECK DISSECTION	154.25	160.42	90	1	AS
31367	LARYNGECTOMY; SUBTOTAL SUPRAGLOTTIC, WITHOUT RADICAL NECK DISSECTION	131.97	137.24	90	1	AS
31368	LARYNGECTOMY; SUBTOTAL SUPRAGLOTTIC, WITH RADICAL NECK DISSECTION	147.06	152.94	90	1	AS
31370	PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY); HORIZONTAL	124.11	129.07	90	1	AS
31375	PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY); LATEROVERTICAL	117.77	122.48	90	1	AS
31380	PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY); ANTEROVERTICAL	115.91	120.54	90	1	AS
31382	PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY); ANTERO-LATERO-VERTICAL	127.17	132.25	90	1	AS
31390	PHARYNGOLARYNGECTOMY, WITH RADICAL NECK DISSECTION; WITHOUT RECONSTRUCTION	171.06	177.90	90	1	AS
31395	PHARYNGOLARYNGECTOMY, WITH RADICAL NECK DISSECTION; WITH RECONSTRUCTION	180.77	188.00	90	1	AS
31400	ARYTENOIDECTOMY OR ARYTENOIDOPEXY, EXTERNAL APPROACH	59.95	62.34	90	1	AS
31420	EPIGLOTTIDECTOMY	50.50	52.52	90	1	AS
31502	TRACHEOTOMY TUBE CHANGE PRIOR TO ESTABLISHMENT OF FISTULA TRACT	14.14	14.70	0	1	
31575	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; DIAGNOSTIC	43.36	45.09	0	1	
31580	LARYNGOPLASTY; FOR LARYNGEAL WEB, TWO STAGE, WITH KEEL INSERTION AND REMOVA	72.77	75.68	90	1	AS
31584	LARYNGOPLASTY; WITH OPEN REDUCTION OF FRACTURE	91.48	95.13	90	1	AS
31587	LARYNGOPLASTY, CRICOID SPLIT	60.68	63.10	90	1	AS
31588	LARYNGOPLASTY, NOT OTHERWISE SPECIFIED (EG, FOR BURNS, RECONSTRUCTION AFTER	68.23	70.95	90	1	AS
31590	LARYNGEAL REINNERVATION BY NEUROMUSCULAR PEDICLE	51.71	53.77	90	1	AS
31595	SECTION RECURRENT LARYNGEAL NERVE, THERAPEUTIC (SEPARATE PROCEDURE), UNILAT	46.18	48.02	90	1	AS
31601	TRACHEOSTOMY, PLANNED (SEPARATE PROCEDURE); UNDER TWO YEARS	16.26	16.91	0	1	AS
31611	CONSTRUCTION OF TRACHEOESOPHAGEAL FISTULA AND SUBSEQUENT INSERTION OF AN AL	32.38	33.67	90	1	AS
31750	TRACHEOPLASTY; CERVICAL	81.57	84.83	90	1	AS
31755	TRACHEOPLASTY; TRACHEOPHARYNGEAL FISTULIZATION, EACH STAGE	102.51	106.61	90	1	AS

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31760	TRACHEOPLASTY; INTRATHORACIC	90.67	94.29	90	1	AS
31766	CARINAL RECONSTRUCTION	119.58	124.36	90	1	AS
31770	BRONCHOPLASTY; GRAFT REPAIR	88.29	91.82	90	1	AS
31775	BRONCHOPLASTY; EXCISION STENOSIS AND ANASTOMOSIS	91.60	95.26	90	1	AS
31780	EXCISION TRACHEAL STENOSIS AND ANASTOMOSIS; CERVICAL	74.08	77.04	90	1	AS
31781	EXCISION TRACHEAL STENOSIS AND ANASTOMOSIS; CERVICOTHORACIC	91.25	94.90	90	1	AS
31785	EXCISION OF TRACHEAL TUMOR OR CARCINOMA; CERVICAL	64.05	66.61	90	1	AS
31786	EXCISION OF TRACHEAL TUMOR OR CARCINOMA; THORACIC	96.61	100.47	90	1	AS
31805	SUTURE OF EXTERNAL TRACHEAL WOUND OR INJURY; INTRATHORACIC	54.02	56.18	90	1	AS
32035	THORACOSTOMY; WITH RIB RESECTION FOR EMPYEMA	46.58	48.44	90	1	AS
32036	THORACOSTOMY; WITH OPEN FLAP DRAINAGE FOR EMPYEMA	50.38	52.39	90	1	AS
32095	THORACOTOMY LIMITED, FOR BIOPSY OF LUNG OR PLEURA	41.40	43.05	90	1	AS
32100	THORACOTOMY, MAJOR; WITH EXPLORATION AND BIOPSY	63.80	66.35	90	1	AS
32110	THORACOTOMY, MAJOR; WITH CONTROL OF TRAUMATIC HEMORRHAGE AND/OR REPAIR OF L	96.43	100.28	90	1	AS
32120	THORACOTOMY, MAJOR; FOR POSTOPERATIVE COMPLICATIONS	57.26	59.55	90	1	AS
32124	THORACOTOMY, MAJOR; WITH OPEN INTRAPLEURAL PNEUMONOLYSIS	61.04	63.48	90	1	AS
32140	THORACOTOMY, MAJOR; WITH CYST(S) REMOVAL, WITH OR WITHOUT A PLEURAL PROCEDU	65.23	67.83	90	1	AS
32141	THORACOTOMY, MAJOR; WITH EXCISION-PLICATION OF BULLAE, WITH OR WITHOUT ANY	99.17	103.13	90	1	AS
32150	THORACOTOMY, MAJOR; WITH REMOVAL OF INTRAPLEURAL FOREIGN BODY OR FIBRIN DEP	65.89	68.52	90	1	AS
32151	THORACOTOMY, MAJOR; WITH REMOVAL OF INTRAPULMONARY FOREIGN BODY	69.41	72.18	90	1	AS
32160	THORACOTOMY, MAJOR; WITH CARDIAC MASSAGE	50.75	52.78	90	1	AS
32200	PNEUMONOSTOMY, WITH OPEN DRAINAGE OF ABSCESS OR CYST	73.88	76.83	90	1	AS
32201	PNEUMONOSTOMY; WITH PERCUTANEOUS DRAINAGE OF ABSCESS OR CYST	13.47	14.00	0	1	AS
32215	PLEURAL SCARIFICATION FOR REPEAT PNEUMOTHORAX	52.82	54.93	90	1	AS
32220	DECORTICATION, PULMONARY, (SEPARATE PROCEDURE); TOTAL	105.70	109.92	90	1	AS
32225	DECORTICATION, PULMONARY, (SEPARATE PROCEDURE); PARTIAL	65.89	68.52	90	1	AS
32310	PLEURECTOMY, PARIETAL (SEPARATE PROCEDURE)	60.58	63.00	90	1	AS
32320	DECORTICATION AND PARIETAL PLEURECTOMY	105.93	110.16	90	1	AS
32402	BIOPSY, PLEURA; OPEN	37.05	38.53	90	1	AS
32440	REMOVAL OF LUNG, TOTAL PNEUMONECTOMY;	105.43	109.64	90	1	AS
32442	REMOVAL OF LUNG, TOTAL PNEUMONECTOMY; WITH RESECTION OF SEGMENT OF TRACHEA	198.04	205.96	90	1	AS
32445	REMOVAL OF LUNG, TOTAL PNEUMONECTOMY; EXTRAPLEURAL	227.07	236.15	90	1	AS
32480	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; SINGLE LOBE (LOBECTOMY)	99.42	103.39	90	1	AS
32482	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; TWO LOBES (BILOBECTOMY)	105.88	110.11	90	1	AS
32484	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; SINGLE SEGMENT (SEGMENTECT	95.47	99.28	90	1	AS
32486	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; WITH CIRCUMFERENTIAL RESEC	154.67	160.85	90	1	AS
32488	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; ALL REMAINING LUNG FOLLOWI	156.69	162.95	90	1	AS
32500	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; WEDGE RESECTION, SINGLE OR	95.85	99.68	90	1	AS
32501	RESECTION AND REPAIR OF PORTION OF BRONCHUS (BRONCHOPLASTY) WHEN PERFORMED	16.84	17.51	90	1	B AS

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32503	RESECTION OF APICAL LUNG TUMOR (EG, PANCOAST TUMOR), INCLUDING CHEST WALL R	121.29	126.14	90	1	AS
32504	RESECTION OF APICAL LUNG TUMOR (EG, PANCOAST TUMOR), INCLUDING CHEST WALL R	138.74	144.28	90	1	AS
32540	EXTRAPLEURAL ENUCLEATION OF EMPYEMA (EMPYEMECTOMY)	111.86	116.33	90	1	AS
32650	THORACOSCOPY, SURGICAL; WITH PLEURODESIS (EG, MECHANICAL OR CHEMICAL)	44.34	46.11	90	1	AS
32657	THORACOSCOPY, SURGICAL; WITH WEDGE RESECTION OF LUNG, SINGLE OR MULTIPLE	52.59	54.69	90	1	AS
32658	THORACOSCOPY, SURGICAL; WITH REMOVAL OF CLOT OR FOREIGN BODY FROM PERICARDI	47.66	49.56	90	1	AS
32659	THORACOSCOPY, SURGICAL; WITH CREATION OF PERICARDIAL WINDOW OR PARTIAL RESE	48.79	50.74	90	1	AS
32660	THORACOSCOPY, SURGICAL; WITH TOTAL PERICARDECTOMY	68.50	71.24	90	1	AS
32661	THORACOSCOPY, SURGICAL; WITH EXCISION OF PERICARDIAL CYST, TUMOR, OR MASS	53.80	55.95	90	1	AS
32662	THORACOSCOPY, SURGICAL; WITH EXCISION OF MEDIASTINAL CYST, TUMOR, OR MASS	59.83	62.22	90	1	AS
32663	THORACOSCOPY, SURGICAL; WITH LOBECTOMY, TOTAL OR SEGMENTAL	92.41	96.10	90	1	AS
32664	THORACOSCOPY, SURGICAL; WITH THORACIC SYMPATHECTOMY	57.69	59.99	90	1	B AS
32665	THORACOSCOPY, SURGICAL; WITH ESOPHAGOMYOTOMY (HELLER TYPE)	81.10	84.34	90	1	AS
32800	REPAIR LUNG HERNIA THROUGH CHEST WALL	62.04	64.52	90	1	AS
32815	OPEN CLOSURE OF MAJOR BRONCHIAL FISTULA	181.04	188.28	90	1	AS
32820	MAJOR RECONSTRUCTION, CHEST WALL (POST-TRAUMATIC)	92.21	95.89	90	1	AS
32851	LUNG TRANSPLANT, SINGLE; WITHOUT CARDIOPULMONARY BYPASS	169.48	176.25	90	1	AS
32852	LUNG TRANSPLANT, SINGLE; WITH CARDIOPULMONARY BYPASS	187.03	194.51	90	1	AS
32853	LUNG TRANSPLANT, DOUBLE (BILATERAL SEQUENTIAL OR EN BLOC); WITHOUT CARDIOPU	202.29	210.38	90	1	AS
32854	LUNG TRANSPLANT, DOUBLE (BILATERAL SEQUENTIAL OR EN BLOC); WITH CARDIOPULMO	220.26	229.07	90	1	AS
32900	RESECTION OF RIBS, EXTRAPLEURAL, ALL STAGES	91.55	95.21	90	1	AS
32905	THORACOPLASTY, SCHEDE TYPE OR EXTRAPLEURAL (ALL STAGES);	90.37	93.98	90	1	AS
32906	THORACOPLASTY, SCHEDE TYPE OR EXTRAPLEURAL (ALL STAGES); WITH CLOSURE OF BR	111.81	116.28	90	1	AS
32940	PNEUMONOLYSIS, EXTRAPERIOSTEAL, INCLUDING FILLING OR PACKING PROCEDURES	82.28	85.57	90	1	AS
32998	ABLATION THERAPY FOR REDUCTION OR ERADICATION OF ONE OR MORE PULMONARY TUMO	187.73	195.23	0	1	AS
32999	UNLISTED PROCEDURE, LUNGS AND PLEURA	0.00	0.00	90	1	R AS
33020	PERICARDIOTOMY FOR REMOVAL OF CLOT OR FOREIGN BODY (PRIMARY PROCEDURE)	58.27	60.60	90	1	AS
33025	CREATION OF PERICARDIAL WINDOW OR PARTIAL RESECTION FOR DRAINAGE	53.85	56.00	90	1	AS
33030	PERICARDIECTOMY, SUBTOTAL OR COMPLETE; WITHOUT CARDIOPULMONARY BYPASS	86.30	89.75	90	1	AS
33031	PERICARDIECTOMY, SUBTOTAL OR COMPLETE; WITH CARDIOPULMONARY BYPASS	96.45	100.30	90	1	AS
33050	EXCISION OF PERICARDIAL CYST OR TUMOR	66.82	69.49	90	1	AS
33120	EXCISION OF INTRACARDIAC TUMOR, RESECTION WITH CARDIOPULMONARY BYPASS	105.03	109.23	90	1	AS
33130	RESECTION OF EXTERNAL CARDIAC TUMOR	91.78	95.45	90	1	AS
33140	TRANSMYOCARDIAL LASER REVASCULARIZATION, BY THORACOTOMY (SEPARATE PROCEDURE	105.00	109.20	90	1	AS
33141	TRANSMYOCARDIAL LASER REVASCULARIZATION, BY THORACOTOMY; PERFORMED AT THE T	10.13	10.53	90	1	B AS
33243	REMOVAL OF SINGLE OR DUAL CHAMBER PACING CARDIOVERTER-DEFIBRILLATOR	91.85	95.52	90	1	AS
33250	OPERATIVE ABLATION OF SUPRAVENTRICULAR ARRHYTHMOGENIC FOCUS OR PATHWAY (EG,	98.26	102.19	90	1	AS
33251	OPERATIVE ABLATION OF SUPRAVENTRICULAR ARRHYTHMOGENIC FOCUS OR PATHWAY (EG,	109.32	113.69	90	1	AS
33254	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, LIMITED (EG, MODIFIE	92.68	96.38	90	1	AS

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33255	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, EXTENSIVE (EG, MAZE	111.66	116.12	90	1	AS
33256	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, EXTENSIVE (EG, MAZE	133.46	138.79	90	1	AS
33261	OPERATIVE ABLATION OF VENTRICULAR ARRHYTHMOGENIC FOCUS WITH CARDIOPULMONARY	109.50	113.88	90	1	AS
33265	ENDOSCOPY, SURGICAL; OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA,	92.68	96.38	90	1	AS
33266	ENDOSCOPY, SURGICAL; OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA,	126.97	132.04	90	1	AS
33300	REPAIR OF CARDIAC WOUND; WITHOUT BYPASS	158.77	165.12	90	1	AS
33305	REPAIR OF CARDIAC WOUND; WITH CARDIOPULMONARY BYPASS	264.40	274.97	90	1	AS
33310	CARDIOTOMY, EXPLORATORY (INCLUDES REMOVAL OF FOREIGN BODY, ATRIAL OR VENTRI	79.46	82.63	90	1	AS
33315	CARDIOTOMY, EXPLORATORY (INCLUDES REMOVAL OF FOREIGN BODY); WITH CARDIOPULM	99.92	103.91	90	1	AS
33320	SUTURE REPAIR OF AORTA OR GREAT VESSELS; WITHOUT SHUNT OR CARDIOPULMONARY B	73.53	76.47	90	1	AS
33321	SUTURE REPAIR OF AORTA OR GREAT VESSELS; WITH SHUNT BYPASS	85.29	88.70	90	1	AS
33322	SUTURE REPAIR OF AORTA OR GREAT VESSELS; WITH CARDIOPULMONARY BYPASS	92.88	96.59	90	1	AS
33330	INSERTION OF GRAFT, AORTA OR GREAT VESSELS; WITHOUT SHUNT, OR CARDIOPULMONA	94.87	98.66	90	1	AS
33332	INSERTION OF GRAFT, AORTA OR GREAT VESSELS; WITH SHUNT BYPASS	93.21	96.93	90	1	AS
33335	INSERTION OF GRAFT, AORTA OR GREAT VESSELS; WITH CARDIOPULMONARY BYPASS	128.25	133.38	90	1	AS
33400	VALVULOPLASTY, AORTIC VALVE; OPEN, WITH CARDIOPULMONARY BYPASS	152.44	158.53	90	1	AS
33401	VALVULOPLASTY, AORTIC VALVE; OPEN, WITH INFLOW OCCLUSION	94.87	98.66	90	1	AS
33403	VALVULOPLASTY, AORTIC VALVE; USING TRANSVENTRICULAR DILATION, WITH CARDIOPU	99.09	103.05	90	1	AS
33404	CONSTRUCTION OF APICAL-AORTIC CONDUIT	120.16	124.96	90	1	AS
33405	REPLACEMENT, AORTIC VALVE, WITH CARDIOPULMONARY BYPASS; WITH PROSTHETIC VAL	155.73	161.95	90	1	AS
33406	REPLACEMENT, AORTIC VALVE, WITH CARDIOPULMONARY BYPASS; WITH ALLOGRAFT VALV	192.98	200.69	90	1	AS
33410	REPLACEMENT, AORTIC VALVE, WITH CARDIOPULMONARY BYPASS; WITH STENTLESS TISS	170.59	177.41	90	1	AS
33411	REPLACEMENT, AORTIC VALVE; WITH AORTIC ANNULUS ENLARGEMENT, NONCORONARY CUS	223.60	232.54	90	1	AS
33412	REPLACEMENT, AORTIC VALVE; WITH TRANSVENTRICULAR AORTIC ANNULUS ENLARGEMENT	167.55	174.25	90	1	AS
33413	REPLACEMENT, AORTIC VALVE; BY TRANSLOCATION OF AUTOLOGOUS PULMONARY VALVE W	218.30	227.03	90	1	AS
33414	REPAIR OF LEFT VENTRICULAR OUTFLOW TRACT OBSTRUCTION BY PATCH ENLARGEMENT O	148.49	154.42	90	1	AS
33415	RESECTION OR INCISION OF SUBVALVULAR TISSUE FOR DISCRETE SUBVALVULAR AORTIC	136.47	141.92	90	1	AS
33416	VENTRICULOMYOTOMY (-MYECTOMY) FOR IDIOPATHIC HYPERTROPHIC SUBAORTIC STENOSI	137.23	142.71	90	1	AS
33417	AORTOPLASTY (GUSSET) FOR SUPRAVALVULAR STENOSIS	114.05	118.61	90	1	AS
33422	VALVOTOMY, MITRAL VALVE; OPEN HEART, WITH CARDIOPULMONARY BYPASS	115.64	120.26	90	1	AS
33425	VALVULOPLASTY, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS;	180.49	187.70	90	1	AS
33426	VALVULOPLASTY, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS; WITH PROSTHETIC R	161.41	167.86	90	1	AS
33427	VALVULOPLASTY, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS; RADICAL RECONSTRU	167.95	174.66	90	1	AS
33430	REPLACEMENT, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS	188.08	195.60	90	1	AS
33460	VALVECTOMY, TRICUSPID VALVE, WITH CARDIOPULMONARY BYPASS	159.80	166.19	90	1	AS
33463	VALVULOPLASTY, TRICUSPID VALVE; WITHOUT RING INSERTION	202.56	210.66	90	1	AS
33464	VALVULOPLASTY, TRICUSPID VALVE; WITH RING INSERTION	163.07	169.59	90	1	AS
33465	REPLACEMENT, TRICUSPID VALVE, WITH CARDIOPULMONARY BYPASS	182.88	190.19	90	1	AS
33468	TRICUSPID VALVE REPOSITIONING AND PPLICATION FOR EBSTEIN ANOMALY	131.37	136.62	90	1	AS

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33470	VALVOTOMY, PULMONARY VALVE, CLOSED HEART; TRANSVENTRICULAR	78.05	81.17	90	1	AS
33472	VALVOTOMY, PULMONARY VALVE, OPEN HEART; WITH INFLOW OCCLUSION	84.61	87.99	90	1	AS
33474	VALVOTOMY, PULMONARY VALVE, OPEN HEART; WITH CARDIOPULMONARY BYPASS	150.15	156.15	90	1	AS
33475	REPLACEMENT, PULMONARY VALVE	158.17	164.49	90	1	AS
33476	RIGHT VENTRICULAR RESECTION FOR INFUNDIBULAR STENOSIS, WITH OR WITHOUT COMM	101.21	105.25	90	1	AS
33478	OUTFLOW TRACT AUGMENTATION (GUSSET), WITH OR WITHOUT COMMISSUROTOMY OR INFU	106.21	110.45	90	1	AS
33496	REPAIR OF NON-STRUCTURAL PROSTHETIC VALVE DYSFUNCTION WITH CARDIOPULMONARY	113.90	118.45	90	1	AS
33500	REPAIR OF CORONARY ARTERIOVENOUS OR ARTERIOCARDIAC CHAMBER FISTULA; WITH CA	107.44	111.73	90	1	AS
33501	REPAIR OF CORONARY ARTERIOVENOUS OR ARTERIOCARDIAC CHAMBER FISTULA; WITHOUT	74.43	77.40	90	1	AS
33502	REPAIR OF ANOMALOUS CORONARY ARTERY FROM PULMONARY ARTERY ORIGIN; BY LIGATI	85.37	88.78	90	1	AS
33504	REPAIR OF ANOMALOUS CORONARY ARTERY; BY GRAFT, WITH CARDIOPULMONARY BYPASS	97.54	101.44	90	1	AS
33505	REPAIR OF ANOMALOUS CORONARY ARTERY; WITH CONSTRUCTION OF INTRAPULMONARY AR	132.78	138.09	90	1	AS
33506	REPAIR OF ANOMALOUS CORONARY ARTERY; BY TRANSLOCATION FROM PULMONARY ARTERY	145.85	151.68	90	1	AS
33507	REPAIR OF ANOMALOUS (EG, INTRAMURAL) AORTIC ORIGIN OF CORONARY ARTERY BY UN	118.58	123.32	90	1	AS
33508	ENDOSCOPY, SURGICAL, INCLUDING VIDEO-ASSISTED HARVEST OF VEIN(S) FOR CORONA	1.13	1.17	0	1	AS
33510	CORONARY ARTERY BYPASS, VEIN ONLY; SINGLE CORONARY VENOUS GRAFT	131.90	137.17	90	1	AS
33511	CORONARY ARTERY BYPASS, VEIN ONLY; TWO CORONARY VENOUS GRAFTS	144.19	149.95	90	1	AS
33512	CORONARY ARTERY BYPASS, VEIN ONLY; THREE CORONARY VENOUS GRAFTS	162.84	169.35	90	1	AS
33513	CORONARY ARTERY BYPASS, VEIN ONLY; FOUR CORONARY VENOUS GRAFTS	168.32	175.05	90	1	AS
33514	CORONARY ARTERY BYPASS, VEIN ONLY; FIVE CORONARY VENOUS GRAFTS	176.92	183.99	90	1	AS
33516	CORONARY ARTERY BYPASS, VEIN ONLY; SIX OR MORE CORONARY VENOUS GRAFTS	184.39	191.76	90	1	AS
33517	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); SINGLE	12.85	13.36	90	1	AS
33518	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); TWO VE	27.88	28.99	90	1	AS
33519	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); THREE	37.05	38.53	90	1	AS
33521	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); FOUR V	44.85	46.64	90	1	AS
33522	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); FIVE V	50.88	52.91	90	1	AS
33523	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); SIX OR	58.25	60.58	90	1	AS
33530	REOPERATION, CORONARY ARTERY BYPASS PROCEDURE OR VALVE PROCEDURE, MORE THAN	35.47	36.88	90	1	AS
33533	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); SINGLE ARTERIAL GRAFT	128.23	133.35	90	1	AS
33534	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); TWO CORONARY ARTERIAL GRAF	149.45	155.42	90	1	AS
33535	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); THREE CORONARY ARTERIAL GR	166.62	173.28	90	1	AS
33536	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); FOUR OR MORE CORONARY ARTE	179.26	186.43	90	1	AS
33542	MYOCARDIAL RESECTION (EG, VENTRICULAR ANEURYSMECTOMY)	175.89	182.92	90	1	AS
33545	REPAIR OF POSTINFARCTION VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT MYOCARD	207.79	216.10	90	1	AS
33548	SURGICAL VENTRICULAR RESTORATION PROCEDURE, INCLUDES PROSTHETIC PATCH, WHEN	199.92	207.91	90	1	AS
33572	CORONARY ENDARTERECTOMY, OPEN, ANY METHOD, OF LEFT ANTERIOR DESCENDING, CIR	16.16	16.80	90	1	AS
33600	CLOSURE OF ATRIOVENTRICULAR VALVE (MITRAL OR TRICUSPID) BY SUTURE OR PATCH	118.20	122.92	90	1	AS
33602	CLOSURE OF SEMILUNAR VALVE (AORTIC OR PULMONARY) BY SUTURE OR PATCH	117.14	121.82	90	1	AS
33606	ANASTOMOSIS OF PULMONARY ARTERY TO AORTA (DAMUS-KAYE-STANSEL PROCEDURE)	120.36	125.17	90	1	AS

CODE	DESCRIPTION	AGE 21+ MAX FEE	00-20 MAX FEE	FUD	MAX UNITS	SPEC
33608	REPAIR OF COMPLEX CARDIAC ANOMALY OTHER THAN PULMONARY ATRESIA WITH VENTRIC	125.34	130.35	90	1	AS
33610	REPAIR OF COMPLEX CARDIAC ANOMALIES (EG, SINGLE VENTRICLE WITH SUBAORTIC OB	118.35	123.08	90	1	AS
33611	REPAIR OF DOUBLE OUTLET RIGHT VENTRICLE WITH INTRAVENTRICULAR TUNNEL REPAIR	131.80	137.07	90	1	AS
33612	REPAIR OF DOUBLE OUTLET RIGHT VENTRICLE WITH INTRAVENTRICULAR TUNNEL REPAIR	137.51	143.01	90	1	AS
33615	REPAIR OF COMPLEX CARDIAC ANOMALIES (EG, TRICUSPID ATRESIA) BY CLOSURE OF A	132.25	137.54	90	1	AS
33617	REPAIR OF COMPLEX CARDIAC ANOMALIES (EG, SINGLE VENTRICLE) BY MODIFIED FONT	153.42	159.55	90	1	AS
33619	REPAIR OF SINGLE VENTRICLE WITH AORTIC OUTFLOW OBSTRUCTION AND AORTIC ARCH	184.29	191.66	90	1	AS
33641	REPAIR ATRIAL SEPTAL DEFECT, SECUNDUM, WITH CARDIOPULMONARY BYPASS, WITH OR	109.98	114.37	90	1	AS
33645	DIRECT OR PATCH CLOSURE, SINUS VENOSUS, WITH OR WITHOUT ANOMALOUS PULMONARY	107.46	111.75	90	1	AS
33647	REPAIR OF ATRIAL SEPTAL DEFECT AND VENTRICULAR SEPTAL DEFECT, WITH DIRECT O	113.10	117.62	90	1	AS
33660	REPAIR OF INCOMPLETE OR PARTIAL ATRIOVENTRICULAR CANAL (OSTIUM PRIMUM ATRIA	119.88	124.67	90	1	AS
33665	REPAIR OF INTERMEDIATE OR TRANSITIONAL ATRIOVENTRICULAR CANAL, WITH OR WITH	128.68	133.82	90	1	AS
33670	REPAIR OF COMPLETE ATRIOVENTRICULAR CANAL, WITH OR WITHOUT PROSTHETIC VALVE	134.44	139.81	90	1	AS
33675	CLOSURE OF MULTIPLE VENTRICULAR SEPTAL DEFECTS;	147.41	153.30	90	1	AS
33676	CLOSURE OF MULTIPLE VENTRICULAR SEPTAL DEFECTS; WITH PULMONARY VALVOTOMY OR	152.03	158.11	90	1	AS
33677	CLOSURE OF MULTIPLE VENTRICULAR SEPTAL DEFECTS; WITH REMOVAL OF PULMONARY A	158.04	164.36	90	1	AS
33681	CLOSURE OF SINGLE VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT PATCH;	125.31	130.32	90	1	AS
33684	CLOSURE OF VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT PATCH WITH PULMONARY	144.14	149.90	90	1	AS
33688	CLOSURE OF VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT PATCH WITH REMOVAL OF	122.70	127.60	90	1	AS
33690	BANDING OF PULMONARY ARTERY	77.35	80.44	90	1	AS
33692	COMPLETE REPAIR TETRALOGY OF FALLOT WITHOUT PULMONARY ATRESIA;	113.52	118.06	90	1	AS
33694	COMPLETE REPAIR TETRALOGY OF FALLOT WITHOUT PULMONARY ATRESIA; WITH TRANSAN	127.78	132.89	90	1	AS
33697	COMPLETE REPAIR TETRALOGY OF FALLOT WITH PULMONARY ATRESIA INCLUDING CONSTR	159.70	166.08	90	1	AS
33702	REPAIR SINUS OF VALSALVA FISTULA, WITH CARDIOPULMONARY BYPASS;	106.21	110.45	90	1	AS
33710	REPAIR SINUS OF VALSALVA FISTULA, WITH CARDIOPULMONARY BYPASS; WITH REPAIR	116.54	121.20	90	1	AS
33720	REPAIR SINUS OF VALSALVA ANEURYSM, WITH CARDIOPULMONARY BYPASS	105.83	110.06	90	1	AS
33722	CLOSURE OF AORTICO-LEFT VENTRICULAR TUNNEL	98.06	101.98	90	1	AS
33724	REPAIR OF ISOLATED PARTIAL ANOMALOUS PULMONARY VENOUS RETURN (EG, SCIMITAR	105.86	110.09	90	1	AS
33726	REPAIR OF PULMONARY VENOUS STENOSIS	139.59	145.17	90	1	AS
33730	COMPLETE REPAIR OF ANOMALOUS VENOUS RETURN (SUPRACARDIAC, INTRACARDIAC, OR	136.57	142.03	90	1	AS
33732	REPAIR OF COR TRIANGULUM OR SUPRAVALVULAR MITRAL RING BY RESECTION OF LEFT	118.90	123.65	90	1	AS
33735	ATRIAL SEPTECTOMY OR SEPTOSTOMY; CLOSED HEART (BLALOCK-HANLON TYPE OPERATIO	83.99	87.34	90	1	AS
33736	ATRIAL SEPTECTOMY OR SEPTOSTOMY; OPEN HEART WITH CARDIOPULMONARY BYPASS	95.50	99.32	90	1	AS
33737	ATRIAL SEPTECTOMY OR SEPTOSTOMY; OPEN HEART, WITH INFLOW OCCLUSION	83.26	86.59	90	1	AS
33750	SHUNT; SUBCLAVIAN TO PULMONARY ARTERY (BLALOCK-TAUSSIG TYPE OPERATION)	87.03	90.51	90	1	AS
33755	SHUNT; ASCENDING AORTA TO PULMONARY ARTERY (WATERSTON TYPE OPERATION)	84.16	87.52	90	1	AS
33762	SHUNT; DESCENDING AORTA TO PULMONARY ARTERY (POTTS-SMITH TYPE OPERATION)	82.23	85.51	90	1	AS
33764	SHUNT; CENTRAL, WITH PROSTHETIC GRAFT	87.15	90.63	90	1	AS
33766	SHUNT; SUPERIOR VENA CAVA TO PULMONARY ARTERY FOR FLOW TO ONE LUNG (CLASSIC	89.59	93.17	90	1	AS

CODE	DESCRIPTION	AGE 21+ MAX FEE	00-20 MAX FEE	FUD	MAX UNITS	SPEC
33767	SHUNT; SUPERIOR VENA CAVA TO PULMONARY ARTERY FOR FLOW TO BOTH LUNGS (BIDIR	96.48	100.33	90	1	AS
33768	ANASTOMOSIS, CAVOPULMONARY, SECOND SUPERIOR VENA CAVA (LIST SEPARATELY IN A	28.66	29.80	0	1	AS
33770	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES WITH VENTRICULAR SEPTAL DEFEC	139.06	144.62	90	1	AS
33771	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES WITH VENTRICULAR SEPTAL DEFEC	142.81	148.52	90	1	AS
33774	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE (EG,	122.50	127.40	90	1	AS
33775	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE (EG,	120.46	125.27	90	1	AS
33776	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE (EG,	133.08	138.40	90	1	AS
33777	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE (EG,	124.11	129.07	90	1	AS
33778	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, AORTIC PULMONARY ARTERY RECO	160.91	167.34	90	1	AS
33779	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, AORTIC PULMONARY ARTERY RECO	144.39	150.16	90	1	AS
33780	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, AORTIC PULMONARY ARTERY RECO	148.84	154.79	90	1	AS
33781	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, AORTIC PULMONARY ARTERY RECO	159.10	165.46	90	1	AS
33786	TOTAL REPAIR, TRUNCUS ARTERIOSUS (RASTELLI TYPE OPERATION)	147.99	153.90	90	1	AS
33788	REIMPLANTATION OF AN ANOMALOUS PULMONARY ARTERY	103.04	107.16	90	1	AS
33800	AORTIC SUSPENSION (AORTOPEXY) FOR TRACHEAL DECOMPRESSION (EG, FOR TRACHEOMA	67.85	70.56	90	1	AS
33802	DIVISION OF ABERRANT VESSEL (VASCULAR RING);	70.49	73.30	90	1	AS
33803	DIVISION OF ABERRANT VESSEL (VASCULAR RING); WITH REANASTOMOSIS	78.71	81.85	90	1	AS
33813	OBLITERATION OF AORTOPULMONARY SEPTAL DEFECT; WITHOUT CARDIOPULMONARY BYPAS	83.76	87.11	90	1	AS
33814	OBLITERATION OF AORTOPULMONARY SEPTAL DEFECT; WITH CARDIOPULMONARY BYPASS	102.31	106.40	90	1	AS
33820	REPAIR OF PATENT DUCTUS ARTERIOSUS; BY LIGATION	68.80	71.55	90	1	AS
33822	REPAIR OF PATENT DUCTUS ARTERIOSUS; BY DIVISION, UNDER 18 YEARS	65.96	68.59	90	1	AS
33824	REPAIR OF PATENT DUCTUS ARTERIOSUS; BY DIVISION, 18 YEARS AND OLDER	79.34	82.51	90	1	AS
33840	EXCISION OF COARCTATION OF AORTA, WITH OR WITHOUT ASSOCIATED PATENT DUCTUS	81.25	84.50	90	1	AS
33845	EXCISION OF COARCTATION OF AORTA, WITH OR WITHOUT ASSOCIATED PATENT DUCTUS	89.39	92.96	90	1	AS
33851	EXCISION OF COARCTATION OF AORTA, WITH OR WITHOUT ASSOCIATED PATENT DUCTUS	85.85	89.28	90	1	AS
33852	REPAIR OF HYPOPLASTIC OR INTERRUPTED AORTIC ARCH USING AUTOGENOUS OR PROSTH	91.23	94.87	90	1	AS
33853	REPAIR OF HYPOPLASTIC OR INTERRUPTED AORTIC ARCH USING AUTOGENOUS OR PROSTH	125.26	130.27	90	1	AS
33860	ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS, WITH OR WITHOUT VALVE S	215.36	223.97	90	1	AS
33861	ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS, WITH OR WITHOUT VALVE S	166.87	173.54	90	1	AS
33863	ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS, WITH OR WITHOUT VALVE S	214.38	222.95	90	1	AS
33870	TRANSVERSE ARCH GRAFT, WITH CARDIOPULMONARY BYPASS	173.93	180.88	90	1	AS
33875	DESCENDING THORACIC AORTA GRAFT, WITH OR WITHOUT BYPASS	134.97	140.36	90	1	AS
33877	REPAIR OF THORACOABDOMINAL AORTIC ANEURYSM WITH GRAFT, WITH OR WITHOUT CARD	242.68	252.38	90	1	AS
33880	ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA (EG, ANEURYSM, PSEUDOANEUR	119.98	124.77	90	1	AS
33881	ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA (EG, ANEURYSM, PSEUDOANEUR	103.27	107.40	0	1	AS
33883	PLACEMENT OF PROXIMAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF DESCE	75.54	78.56	90	1	AS
33884	PLACEMENT OF PROXIMAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF DESCE	27.80	28.91	0	4	AS
33886	PLACEMENT OF DISTAL EXTENSION PROSTHESIS(S) DELAYED AFTER ENDOVASCULAR REPA	65.33	67.94	90	1	AS
33889	OPEN SUBCLAVIAN TO CAROTID ARTERY TRANSPOSITION PERFORMED IN CONJUNCTION WI	55.93	58.16	0	1	B AS

CODE	DESCRIPTION	AGE 21+ MAX FEE	00-20 MAX FEE	FUD	MAX UNITS	SPEC
33891	BYPASS GRAFT, WITH OTHER THAN VEIN, TRANSCERVICAL RETROPHARYNGEAL CAROTID-C	72.98	75.89	0	1	B AS
33910	PULMONARY ARTERY EMBOLECTOMY; WITH CARDIOPULMONARY BYPASS	112.04	116.52	90	1	AS
33915	PULMONARY ARTERY EMBOLECTOMY; WITHOUT CARDIOPULMONARY BYPASS	89.69	93.27	90	1	AS
33916	PULMONARY ENDARTERECTOMY, WITH OR WITHOUT EMBOLECTOMY, WITH CARDIOPULMONARY	107.69	111.99	90	1	AS
33917	REPAIR OF PULMONARY ARTERY STENOSIS BY RECONSTRUCTION WITH PATCH OR GRAFT	98.59	102.53	90	1	AS
33920	REPAIR OF PULMONARY ATRESIA WITH VENTRICULAR SEPTAL DEFECT, BY CONSTRUCTION	121.37	126.22	90	1	AS
33922	TRANSECTION OF PULMONARY ARTERY WITH CARDIOPULMONARY BYPASS	97.18	101.06	90	1	AS
33924	LIGATION AND TAKEDOWN OF A SYSTEMIC-TO-PULMONARY ARTERY SHUNT, PERFORMED IN	21.24	22.08	90	1	AS
33925	REPAIR OF PULMONARY ARTERY ARBORIZATION ANOMALIES BY UNIFOCALIZATION; WITHO	115.69	120.31	90	1	
33926	REPAIR OF PULMONARY ARTERY ARBORIZATION ANOMALIES BY UNIFOCALIZATION; WITH	163.95	170.50	90	1	
33935	HEART-LUNG TRANSPLANT WITH RECIPIENT CARDIECTOMY-PNEUMONECTOMY	236.25	245.70	90	1	R AS
33945	HEART TRANSPLANT, WITH OR WITHOUT RECIPIENT CARDIECTOMY	317.09	329.77	90	1	AS
33960	PROLONGED EXTRACORPOREAL CIRCULATION FOR CARDIOPULMONARY INSUFFICIENCY; INI	69.46	72.23	0	1	AS
33961	PROLONGED EXTRACORPOREAL CIRCULATION FOR CARDIOPULMONARY INSUFFICIENCY; EAC	37.05	38.53	0	1	AS
33968	REMOVAL OF INTRA-AORTIC BALLOON ASSIST DEVICE, PERCUTANEOUS	15.40	16.01	0	1	
33970	INSERTION OF INTRA-AORTIC BALLOON ASSIST DEVICE THROUGH THE FEMORAL ARTERY,	25.44	26.45	0	1	AS
33973	INSERTION OF INTRA-AORTIC BALLOON ASSIST DEVICE THROUGH THE ASCENDING AORTA	37.53	39.03	0	1	AS
33975	INSERTION OF VENTRICULAR ASSIST DEVICE; EXTRACORPOREAL, SINGLE VENTRICLE	77.12	80.20	90	1	AS
33976	INSERTION OF VENTRICULAR ASSIST DEVICE; EXTRACORPOREAL, BIVENTRICULAR	85.85	89.28	90	1	AS
33977	REMOVAL OF VENTRICULAR ASSIST DEVICE; EXTRACORPOREAL, SINGLE VENTRICLE	81.04	84.28	90	1	AS
33978	REMOVAL OF VENTRICULAR ASSIST DEVICE; EXTRACORPOREAL, BIVENTRICULAR	91.23	94.87	90	1	AS
33999	UNLISTED PROCEDURE, CARDIAC SURGERY	0.00	0.00	90	1	R AS
34001	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; CAROTID, SUBCLAVIAN	65.99	68.62	90	1	B AS
34051	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; INNOMINATE, SUBCLAVI	65.38	67.99	90	1	B AS
34101	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; AXILLARY, BRACHIAL,	41.88	43.55	90	1	B AS
34111	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; RADIAL OR ULNAR ARTE	42.03	43.71	90	1	B AS
34151	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; RENAL, CELIAC, MESEN	97.48	101.37	90	1	B AS
34201	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; FEMOROPOPLITEAL, AOR	69.38	72.15	90	1	B AS
34203	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; POPLITEAL-TIBIO-PERO	66.89	69.56	90	1	B AS
34401	THROMBECTOMY, DIRECT OR WITH CATHETER; VENA CAVA, ILIAC VEIN, BY ABDOMINAL	98.26	102.19	90	1	B AS
34421	THROMBECTOMY, DIRECT OR WITH CATHETER; VENA CAVA, ILIAC, FEMOROPOPLITEAL VE	50.43	52.44	90	1	B AS
34451	THROMBECTOMY, DIRECT OR WITH CATHETER; VENA CAVA, ILIAC, FEMOROPOPLITEAL VE	105.35	109.56	90	1	B AS
34501	VALVULOPLASTY, FEMORAL VEIN	65.36	67.97	90	1	B AS
34502	RECONSTRUCTION OF VENA CAVA, ANY METHOD	106.21	110.45	90	1	AS
34510	VENOUS VALVE TRANSPOSITION, ANY VEIN DONOR	73.83	76.78	90	1	B AS
34520	CROSS-OVER VEIN GRAFT TO VENOUS SYSTEM	76.90	79.97	90	1	B AS
34530	SAPHENOPOPLITEAL VEIN ANASTOMOSIS	68.83	71.58	90	1	B AS
34802	ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM OR DISSECTION;	86.02	89.46	90	1	AS
34803	ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM OR DISSECTION;	87.58	91.08	0	1	AS

CODE	DESCRIPTION	AGE 21+ MAX FEE	00-20 MAX FEE	MAX FUD	MAX UNITS	SPEC
34805	ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM OR DISSECTION;	80.01	83.21	90	1	AS
34833	OPEN ILIAC ARTERY EXPOSURE WITH CREATION OF CONDUIT FOR DELIVERY OF AORTIC	42.66	44.36	0	1	AS
34834	OPEN BRACHIAL ARTERY EXPOSURE TO ASSIST IN THE DEPLOYMENT OF AORTIC OR ILIA	19.36	20.13	0	1	AS
34900	ENDOVASCULAR GRAFT REPLACEMENT FOR REPAIR OF ILIAC ARTERY (EG, ANEURYSM, PS	62.82	65.33	90	1	B AS
35001	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	78.26	81.39	90	1	B AS
35002	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	82.75	86.06	90	1	B AS
35005	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	71.64	74.50	90	1	B AS
35011	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	69.00	71.76	90	1	B AS
35013	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	85.80	89.23	90	1	B AS
35021	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	84.54	87.92	90	1	B AS
35022	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	96.15	99.99	90	1	B AS
35045	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	67.67	70.37	90	1	B AS
35081	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	121.74	126.60	90	1	AS
35082	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	152.06	158.14	90	1	AS
35091	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	127.90	133.01	90	1	B AS
35092	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	181.57	188.83	90	1	B AS
35102	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	131.90	137.17	90	1	B AS
35103	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	157.11	163.39	90	1	B AS
35111	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	96.08	99.92	90	1	B AS
35112	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	118.15	122.87	90	1	B AS
35121	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	116.09	120.73	90	1	B AS
35122	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	137.20	142.68	90	1	B AS
35131	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	97.99	101.90	90	1	B AS
35132	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	118.17	122.89	90	1	B AS
35141	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	77.53	80.63	90	1	B AS
35142	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	92.51	96.21	90	1	B AS
35151	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	87.38	90.87	90	1	B AS
35152	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	101.05	105.09	90	1	B AS
35180	REPAIR, CONGENITAL ARTERIOVENOUS FISTULA; HEAD AND NECK	54.70	56.88	90	1	AS
35182	REPAIR, CONGENITAL ARTERIOVENOUS FISTULA; THORAX AND ABDOMEN	119.88	124.67	90	1	AS
35184	REPAIR, CONGENITAL ARTERIOVENOUS FISTULA; EXTREMITIES	70.79	73.62	90	1	AS
35188	REPAIR, ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA; HEAD AND NECK	58.92	61.27	90	1	AS
35189	REPAIR, ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA; THORAX AND ABDOMEN	110.51	114.93	90	1	AS
35190	REPAIR, ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA; EXTREMITIES	51.38	53.43	90	1	AS
35201	REPAIR BLOOD VESSEL, DIRECT; NECK	64.40	66.97	90	1	B AS
35206	REPAIR BLOOD VESSEL, DIRECT; UPPER EXTREMITY	52.87	54.98	90	1	B AS
35211	REPAIR BLOOD VESSEL, DIRECT; INTRATHORACIC, WITH BYPASS	95.00	98.80	90	1	B AS
35216	REPAIR BLOOD VESSEL, DIRECT; INTRATHORACIC, WITHOUT BYPASS	133.21	138.53	90	1	B AS
35221	REPAIR BLOOD VESSEL, DIRECT; INTRA-ABDOMINAL	96.66	100.52	90	1	B AS

CODE	DESCRIPTION	AGE 21+	00-20 MAX	MAX		SPEC
		MAX FEE	FEE	FUD	UNITS	
35226	REPAIR BLOOD VESSEL, DIRECT; LOWER EXTREMITY	58.14	60.46	90	1	B AS
35231	REPAIR BLOOD VESSEL WITH VEIN GRAFT; NECK	79.69	82.87	90	1	B AS
35236	REPAIR BLOOD VESSEL WITH VEIN GRAFT; UPPER EXTREMITY	67.55	70.25	90	1	B AS
35241	REPAIR BLOOD VESSEL WITH VEIN GRAFT; INTRATHORACIC, WITH BYPASS	97.94	101.85	90	1	B AS
35246	REPAIR BLOOD VESSEL WITH VEIN GRAFT; INTRATHORACIC, WITHOUT BYPASS	110.68	115.10	90	1	B AS
35251	REPAIR BLOOD VESSEL WITH VEIN GRAFT; INTRA-ABDOMINAL	114.98	119.57	90	1	B AS
35256	REPAIR BLOOD VESSEL WITH VEIN GRAFT; LOWER EXTREMITY	70.94	73.77	90	1	B AS
35261	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; NECK	72.17	75.05	90	1	B AS
35266	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; UPPER EXTREMITY	59.20	61.56	90	1	B AS
35271	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRATHORACIC, WITH BYPASS	93.79	97.54	90	1	B AS
35276	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRATHORACIC, WITHOUT BYPA	97.59	101.49	90	1	B AS
35281	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRA-ABDOMINAL	109.75	114.14	90	1	B AS
35286	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; LOWER EXTREMITY	64.96	67.55	90	1	B AS
35301	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; CAROTID, VERTEB	73.10	76.02	90	1	B AS
35302	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; SUPERFICIAL FEM	78.91	82.06	90	1	B AS
35303	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; POPLITEAL ARTER	86.73	90.19	90	1	B AS
35304	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; TIBIOPERONEAL T	90.25	93.86	90	1	B AS
35305	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; TIBIAL OR PERON	86.73	90.19	90	1	B AS
35306	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; EACH ADDITIONAL	32.60	33.90	0	3	AS
35311	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; SUBCLAVIAN, INNOMINATE,	104.57	108.75	90	1	B AS
35321	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; AXILLARY-BRACHIAL	62.17	64.65	90	1	B AS
35331	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; ABDOMINAL AORTA	101.66	105.72	90	1	B AS
35341	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; MESENTERIC, CELIAC, OR	96.56	100.42	90	1	B AS
35351	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; ILIAC	90.02	93.62	90	1	B AS
35355	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; ILIOFEMORAL	72.85	75.76	90	1	B AS
35361	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; COMBINED AORTOILIAC	110.48	114.89	90	1	B AS
35363	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; COMBINED AORTOILIOFEMOR	118.40	123.13	90	1	B AS
35371	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; COMMON FEMORAL	57.44	59.73	90	1	B AS
35372	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; DEEP (PROFUNDA) FEMORAL	68.95	71.70	90	1	B AS
35390	REOPERATION, CAROTID, THROMBOENDARTERECTOMY, MORE THAN ONE MONTH AFTER ORIG	11.31	11.76	0	1	B AS
35450	TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN; RENAL OR OTHER VISCERAL ARTERY	36.40	37.85	0	1	B AS
35452	TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN; AORTIC	25.01	26.01	0	1	B AS
35454	TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN; ILIAC	21.92	22.79	0	1	B AS
35456	TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN; FEMORAL-POPLITEAL	26.82	27.89	0	1	B AS
35458	TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN; BRACHIOCEPHALIC TRUNK OR BRANCHES,	34.29	35.66	0	1	B AS
35459	TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN; TIBIOPERONEAL TRUNK AND BRANCHES	31.05	32.29	0	1	B AS
35480	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN; RENAL OR OTHER VISCERAL ARTERY	41.03	42.67	0	1	AS
35481	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN; AORTIC	28.20	29.32	0	1	AS
35482	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN; ILIAC	24.26	25.23	0	1	AS

CODE	DESCRIPTION	AGE 21+ MAX FEE	00-20 MAX FEE	FUD	MAX UNITS	SPEC
35483	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN; FEMORAL-POPLITEAL	30.22	31.42	0	1	AS
35484	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN; BRACHIOCEPHALIC TRUNK OR BRANCHE	37.05	38.53	0	1	AS
35485	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN; TIBIOPERONEAL TRUNK AND BRANCHES	34.74	36.12	0	1	AS
35490	TRANSLUMINAL PERIPHERAL ATHERECTOMY, PERCUTANEOUS; RENAL OR OTHER VISCERAL	45.50	47.32	0	1	AS
35491	TRANSLUMINAL PERIPHERAL ATHERECTOMY, PERCUTANEOUS; AORTIC	30.92	32.15	0	1	AS
35492	TRANSLUMINAL PERIPHERAL ATHERECTOMY, PERCUTANEOUS; ILIAC	26.92	27.99	0	1	AS
35500	HARVEST OF UPPER EXTREMITY VEIN, ONE SEGMENT, FOR LOWER EXTREMITY OR CORONA	22.75	23.66	0	1	B AS
35501	BYPASS GRAFT, WITH VEIN; COMMON CAROTID-IPSILATERAL INTERNAL CAROTID	112.12	116.60	90	1	B AS
35506	BYPASS GRAFT, WITH VEIN; CAROTID-SUBCLAVIAN OR SUBCLAVIAN-CAROTID	91.85	95.52	90	1	B AS
35508	BYPASS GRAFT, WITH VEIN; CAROTID-VERTEBRAL	95.17	98.97	90	1	B AS
35509	BYPASS GRAFT, WITH VEIN; CAROTID-CONTRALATERAL CAROTID	107.06	111.34	90	1	B AS
35510	BYPASS GRAFT, WITH VEIN; CAROTID-BRACHIAL	85.90	89.33	90	1	B AS
35511	BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-SUBCLAVIAN	81.22	84.46	90	1	B AS
35512	BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-BRACHIAL	83.94	87.29	90	1	B AS
35515	BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-VERTEBRAL	93.39	97.12	90	1	B AS
35516	BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-AXILLARY	86.00	89.44	90	1	B AS
35518	BYPASS GRAFT, WITH VEIN; AXILLARY-AXILLARY	83.21	86.53	90	1	B AS
35521	BYPASS GRAFT, WITH VEIN; AXILLARY-FEMORAL	88.59	92.13	90	1	B AS
35522	BYPASS GRAFT, WITH VEIN; AXILLARY-BRACHIAL	82.02	85.30	90	1	B AS
35525	BYPASS GRAFT, WITH VEIN; BRACHIAL-BRACHIAL	77.55	80.65	90	1	B AS
35526	BYPASS GRAFT, WITH VEIN; AORTOSUBCLAVIAN OR CAROTID	134.44	139.81	90	1	B AS
35531	BYPASS GRAFT, WITH VEIN; AORTOCELIAC OR AORTOMESENTERIC	140.90	146.53	90	1	B AS
35533	BYPASS GRAFT, WITH VEIN; AXILLARY-FEMORAL-FEMORAL	109.55	113.93	90	1	B AS
35536	BYPASS GRAFT, WITH VEIN; SPLENORENAL	122.55	127.45	90	1	B AS
35537	BYPASS GRAFT, WITH VEIN; AORTOILIAC	152.56	158.66	90	1	AS
35538	BYPASS GRAFT, WITH VEIN; AORTOBI-ILIAC	170.46	177.27	90	1	AS
35539	BYPASS GRAFT, WITH VEIN; AORTOFEMORAL	160.20	166.60	90	1	B AS
35540	BYPASS GRAFT, WITH VEIN; AORTOBIFEMORAL	178.63	185.77	90	1	B AS
35548	BYPASS GRAFT, WITH VEIN; AORTOILIOFEMORAL, UNILATERAL	83.99	87.34	90	1	AS
35549	BYPASS GRAFT, WITH VEIN; AORTOILIOFEMORAL, BILATERAL	92.48	96.17	90	1	AS
35551	BYPASS GRAFT, WITH VEIN; AORTOFEMORAL-POPLITEAL	103.90	108.05	90	1	B AS
35556	BYPASS GRAFT, WITH VEIN; FEMORAL-POPLITEAL	97.03	100.91	90	1	B AS
35558	BYPASS GRAFT, WITH VEIN; FEMORAL-FEMORAL	85.59	89.01	90	1	B AS
35560	BYPASS GRAFT, WITH VEIN; AORTORENAL	124.16	129.12	90	1	B AS
35563	BYPASS GRAFT, WITH VEIN; ILIOILIAC	95.73	99.55	90	1	B AS
35565	BYPASS GRAFT, WITH VEIN; ILIOFEMORAL	92.41	96.10	90	1	B AS
35566	BYPASS GRAFT, WITH VEIN; FEMORAL-ANTERIOR TIBIAL, POSTERIOR TIBIAL, PERONEA	116.11	120.75	90	1	B AS
35571	BYPASS GRAFT, WITH VEIN; POPLITEAL-TIBIAL, -PERONEAL ARTERY OR OTHER DISTAL	93.56	97.30	90	1	B AS
35583	IN-SITU VEIN BYPASS; FEMORAL-POPLITEAL	99.92	103.91	90	1	B AS

CODE	DESCRIPTION	AGE 21+ MAX FEE	00-20 MAX FEE	FUD	MAX UNITS	SPEC
35585	IN-SITU VEIN BYPASS; FEMORAL-ANTERIOR TIBIAL, POSTERIOR TIBIAL, OR PERONEAL	117.04	121.72	90	1	B AS
35587	IN-SITU VEIN BYPASS; POPLITEAL-TIBIAL, PERONEAL	96.13	99.97	90	1	B AS
35600	HARVEST OF UPPER EXTREMITY ARTERY, ONE SEGMENT, FOR CORONARY ARTERY BYPASS	18.12	18.84	0	1	B AS
35601	BYPASS GRAFT, WITH OTHER THAN VEIN; COMMON CAROTID-IPSILATERAL INTERNAL CAR	103.54	107.68	90	1	B AS
35606	BYPASS GRAFT, WITH OTHER THAN VEIN; CAROTID-SUBCLAVIAN	82.20	85.48	90	1	B AS
35612	BYPASS GRAFT, WITH OTHER THAN VEIN; SUBCLAVIAN-SUBCLAVIAN	63.25	65.78	90	1	B AS
35616	BYPASS GRAFT, WITH OTHER THAN VEIN; SUBCLAVIAN-AXILLARY	78.03	81.15	90	1	B AS
35621	BYPASS GRAFT, WITH OTHER THAN VEIN; AXILLARY-FEMORAL	77.58	80.68	90	1	B AS
35623	BYPASS GRAFT, WITH OTHER THAN VEIN; AXILLARY-POPLITEAL OR -TIBIAL	95.15	98.95	90	1	B AS
35626	BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOSUBCLAVIAN OR CAROTID	108.95	113.30	90	1	B AS
35631	BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOCELIAC, AORTOMESENTERIC, AORTORENA	130.32	135.53	90	1	B AS
35636	BYPASS GRAFT, WITH OTHER THAN VEIN; SPLENORENAL (SPLENIC TO RENAL ARTERIAL	114.63	119.21	90	1	B AS
35642	BYPASS GRAFT, WITH OTHER THAN VEIN; CAROTID-VERTEBRAL	72.40	75.29	90	1	B AS
35645	BYPASS GRAFT, WITH OTHER THAN VEIN; SUBCLAVIAN-VERTEBRAL	70.76	73.59	90	1	B AS
35646	BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOBIFEMORAL	120.69	125.51	90	1	AS
35647	BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOFEMORAL	109.00	113.36	90	1	B AS
35650	BYPASS GRAFT, WITH OTHER THAN VEIN; AXILLARY-AXILLARY	74.28	77.25	90	1	B AS
35651	BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOFEMORAL-POPLITEAL	95.88	99.71	90	1	B AS
35654	BYPASS GRAFT, WITH OTHER THAN VEIN; AXILLARY-FEMORAL-FEMORAL	96.13	99.97	90	1	B AS
35656	BYPASS GRAFT, WITH OTHER THAN VEIN; FEMORAL-POPLITEAL	75.94	78.97	90	1	B AS
35661	BYPASS GRAFT, WITH OTHER THAN VEIN; FEMORAL-FEMORAL	75.92	78.95	90	1	B AS
35663	BYPASS GRAFT, WITH OTHER THAN VEIN; ILIOILIAC	87.98	91.49	90	1	B AS
35665	BYPASS GRAFT, WITH OTHER THAN VEIN; ILIOFEMORAL	82.53	85.83	90	1	B AS
35666	BYPASS GRAFT, WITH OTHER THAN VEIN; FEMORAL-ANTERIOR TIBIAL, POSTERIOR TIBI	88.99	92.54	90	1	B AS
35671	BYPASS GRAFT, WITH OTHER THAN VEIN; POPLITEAL-TIBIAL OR -PERONEAL ARTERY	78.83	81.98	90	1	B AS
35681	BYPASS GRAFT; COMPOSITE, PROSTHETIC AND VEIN (LIST SEPARATELY IN ADDITION T	5.66	5.88	90	1	B AS
35682	BYPASS GRAFT; AUTOGENOUS COMPOSITE, TWO SEGMENTS OF VEINS FROM TWO LOCATION	25.11	26.11	0	1	B AS
35683	BYPASS GRAFT; AUTOGENOUS COMPOSITE, THREE OR MORE SEGMENTS OF VEIN FROM TWO	29.66	30.84	0	1	B AS
35685	PLACEMENT OF VEIN PATCH OR CUFF AT DISTAL ANASTOMOSIS OF BYPASS GRAFT, SYNT	14.13	14.69	0	1	B AS
35686	CREATION OF DISTAL ARTERIOVENOUS FISTULA DURING LOWER EXTREMITY BYPASS SURG	11.69	12.15	0	1	B AS
35691	TRANSPOSITION AND/OR REIMPLANTATION; VERTEBRAL TO CAROTID ARTERY	68.38	71.11	90	1	B AS
35693	TRANSPOSITION AND/OR REIMPLANTATION; VERTEBRAL TO SUBCLAVIAN ARTERY	60.08	62.48	90	1	B AS
35694	TRANSPOSITION AND/OR REIMPLANTATION; SUBCLAVIAN TO CAROTID ARTERY	71.47	74.32	90	1	B AS
35695	TRANSPOSITION AND/OR REIMPLANTATION; CAROTID TO SUBCLAVIAN ARTERY	73.68	76.62	90	1	B AS
35697	REIMPLANTATION, VISCERAL ARTERY TO INFRARENAL AORTIC PROSTHESIS, EACH ARTER	10.51	10.93	0	1	AS
35700	REOPERATION, FEMORAL-POPLITEAL OR FEMORAL (POPLITEAL) -ANTERIOR TIBIAL, POS	10.86	11.29	0	1	B AS
35701	EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR), WITH OR WITHOUT LYSIS OF ART	36.45	37.90	90	1	B AS
35721	EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR), WITH OR WITHOUT LYSIS OF ART	31.25	32.50	90	1	B AS
35741	EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR), WITH OR WITHOUT LYSIS OF ART	34.41	35.78	90	1	B AS

CODE	DESCRIPTION	AGE 21+ MAX FEE	00-20 MAX FEE	FUD	MAX UNITS	SPEC
35761	EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR), WITH OR WITHOUT LYSIS OF ART	25.29	26.30	90	1	B AS
35800	EXPLORATION FOR POSTOPERATIVE HEMORRHAGE, THROMBOSIS OR INFECTION; NECK	32.40	33.69	90	1	AS
35820	EXPLORATION FOR POSTOPERATIVE HEMORRHAGE, THROMBOSIS OR INFECTION; CHEST	130.62	135.84	90	1	AS
35840	EXPLORATION FOR POSTOPERATIVE HEMORRHAGE, THROMBOSIS OR INFECTION; ABDOMEN	42.91	44.62	90	1	AS
35860	EXPLORATION FOR POSTOPERATIVE HEMORRHAGE, THROMBOSIS OR INFECTION; EXTREMIT	27.58	28.68	90	1	AS
35870	REPAIR OF GRAFT-ENTERIC FISTULA	89.47	93.04	90	1	AS
35876	THROMBECTOMY OF ARTERIAL OR VENOUS GRAFT; WITH REVISION OF ARTERIAL OR VENO	66.01	68.65	90	1	AS
35879	REVISION, LOWER EXTREMITY ARTERIAL BYPASS, WITHOUT THROMBECTOMY, OPEN; WITH	64.55	67.13	90	1	B AS
35881	REVISION, LOWER EXTREMITY ARTERIAL BYPASS, WITHOUT THROMBECTOMY, OPEN; WITH	71.54	74.40	90	1	B AS
35883	REVISION, FEMORAL ANASTOMOSIS OF SYNTHETIC ARTERIAL BYPASS GRAFT IN GROIN,	88.54	92.08	90	1	B AS
35884	REVISION, FEMORAL ANASTOMOSIS OF SYNTHETIC ARTERIAL BYPASS GRAFT IN GROIN,	94.04	97.80	0	1	B AS
35901	EXCISION OF INFECTED GRAFT; NECK	34.44	35.81	90	1	AS
35903	EXCISION OF INFECTED GRAFT; EXTREMITY	38.79	40.34	90	1	AS
35905	EXCISION OF INFECTED GRAFT; THORAX	122.05	126.93	90	1	AS
35907	EXCISION OF INFECTED GRAFT; ABDOMEN	134.09	139.45	90	1	AS
36261	REVISION OF IMPLANTED INTRA-ARTERIAL INFUSION PUMP	23.73	24.67	90	1	AS
36420	VENIPUNCTURE, CUTDOWN; UNDER AGE 1 YEAR	20.26	21.07	0	1	
36425	VENIPUNCTURE, CUTDOWN; AGE 1 OR OVER	16.34	16.99	0	1	
36430	TRANSFUSION, BLOOD OR BLOOD COMPONENTS	15.55	16.17	0	1	
36455	EXCHANGE TRANSFUSION, BLOOD; OTHER THAN NEWBORN	52.32	54.41	0	1	
36460	TRANSFUSION, INTRAUTERINE, FETAL	22.78	23.69	0	1	AS
36468	SINGLE OR MULTIPLE INJECTIONS OF SCLEROSING SOLUTIONS, SPIDER VEINS (TELANG	3.67	3.81	0	1	PA AS
36550	DECLOTTING BY THROMBOLYTIC AGENT OF IMPLANTED VASCULAR ACCESS DEVICE OR CAT	10.84	11.27	0	1	
36555	INSERTION OF NON-TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER; UNDER	53.58	55.72	0	1	
36556	INSERTION OF NON-TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER; AGE 5	51.22	53.26	0	1	
36568	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER (PICC), WITHOUT	40.54	42.16	0	1	
36569	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER (PICC), WITHOUT	40.22	41.82	0	1	
36580	REPLACEMENT, COMPLETE, OF A NON-TUNNELED CENTRALLY INSERTED CENTRAL VENOUS	29.70	30.88	0	1	
36584	REPLACEMENT, COMPLETE, OF A PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER (	30.01	31.21	0	1	
36600	ARTERIAL PUNCTURE, WITHDRAWAL OF BLOOD FOR DIAGNOSIS	13.20	13.72	0	1	
36620	ARTERIAL CATHETERIZATION OR CANNULATION FOR SAMPLING, MONITORING OR TRANSFU	21.84	22.71	0	1	
36660	CATHETERIZATION, UMBILICAL ARTERY, NEWBORN, FOR DIAGNOSIS OR THERAPY	27.34	28.43	0	1	
36819	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM BASILIC VEIN TRANSPOSITION	54.22	56.38	90	1	AS
36820	INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE; ARTERIOVENOUS, INTERN	54.42	56.59	0	1	AS
36821	ARTERIOVENOUS ANASTOMOSIS, OPEN; DIRECT, ANY SITE (EG, CIMINO TYPE) (SEPARA	36.17	37.61	90	1	AS
36825	CREATION OF ARTERIOVENOUS FISTULA BY OTHER THAN DIRECT ARTERIOVENOUS ANASTO	39.37	40.94	90	1	AS
36830	CREATION OF ARTERIOVENOUS FISTULA BY OTHER THAN DIRECT ARTERIOVENOUS ANASTO	44.97	46.76	90	1	AS
36831	THROMBECTOMY, OPEN, ARTERIOVENOUS FISTULA WITHOUT REVISION, AUTOGENOUS OR N	31.05	32.29	90	1	AS
36832	REVISION, OPEN, ARTERIOVENOUS FISTULA; WITHOUT THROMBECTOMY, AUTOGENOUS OR	39.67	41.25	90	1	AS

CODE	DESCRIPTION	AGE 21+ MAX FEE	00-20 MAX FEE	FUD	MAX UNITS	SPEC
36833	REVISION, ARTERIOVENOUS FISTULA; WITH THROMBECTOMY, AUTOGENOUS OR NONAUTOGE	44.82	46.61	90	1	AS
36834	PLASTIC REPAIR OF ARTERIOVENOUS ANEURYSM (SEPARATE PROCEDURE)	42.26	43.95	90	1	AS
36838	DISTAL REVASCLARIZATION AND INTERVAL LIGATION (DRIL), UPPER EXTREMITY HEMO	79.69	82.87	90	1	B AS
37145	VENOUS ANASTOMOSIS; RENOPORTAL	96.66	100.52	90	1	AS
37160	VENOUS ANASTOMOSIS; CAVAL-MESENTERIC	85.62	89.04	90	1	AS
37180	VENOUS ANASTOMOSIS; SPLENORENAL, PROXIMAL	96.61	100.47	90	1	AS
37181	ANASTOMOSIS; SPLENORENAL, DISTAL (SELECTIVE DECOMPRESSION OF ESOPHAGOGASTRI	103.04	107.16	90	1	AS
37182	INSERTION OF TRANSVENOUS INTRAHEPATIC PORTOSYSTEMIC SHUNT(S) (TIPS) (INCLUD	58.02	60.34	0	1	R AS
37183	REVISION OF TRANSVENOUS INTRAHEPATIC PORTOSYSTEMIC SHUNT(S) (TIPS) (INCLUDE	27.58	28.68	0	1	R AS
37207	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), (NON-CORONARY VESSEL)	29.84	31.03	0	1	AS
37208	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), (NON-CORONARY VESSEL)	14.48	15.05	0	1	AS
37500	VASCULAR ENDOSCOPY,SURGICAL,WITH LIGATION OF PERFORATOR VEINS,SUBFASCIAL	290.66	302.28	90	1	B
37600	LIGATION; EXTERNAL CAROTID ARTERY	46.66	48.52	90	1	AS
37605	LIGATION; INTERNAL OR COMMON CAROTID ARTERY	54.70	56.88	90	1	AS
37606	LIGATION; INTERNAL OR COMMON CAROTID ARTERY, WITH GRADUAL OCCLUSION, AS WIT	37.30	38.79	90	1	AS
37615	LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE); NECK	31.20	32.44	90	1	AS
37616	LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE); CHEST	73.25	76.18	90	1	AS
37617	LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE); ABDOMEN	86.93	90.40	90	1	AS
37618	LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE); EXTREMITY	25.11	26.11	90	1	AS
37660	LIGATION OF COMMON ILIAC VEIN	82.23	85.51	90	1	AS
37735	LIGATION AND DIVISION AND COMPLETE STRIPPING OF LONG OR SHORT SAPHENOUS VEI	42.58	44.28	90	1	B AS
37760	LIGATION OF PERFORATOR VEINS, SUBFASCIAL, RADICAL (LINTON TYPE), WITH OR WI	41.88	43.55	90	1	AS
38100	SPLENECTOMY; TOTAL (SEPARATE PROCEDURE)	71.12	73.96	90	1	AS
38101	SPLENECTOMY; PARTIAL (SEPARATE PROCEDURE)	72.47	75.36	90	1	AS
38102	SPLENECTOMY; TOTAL, EN BLOC FOR EXTENSIVE DISEASE, IN CONJUNCTION WITH OTHE	16.79	17.46	0	1	AS
38115	REPAIR OF RUPTURED SPLEEN (SPLENORRHAPHY) WITH OR WITHOUT PARTIAL SPLENECTO	79.06	82.22	90	1	AS
38129	UNLISTED LAPAROSCOPY PROCEDURE, SPLEEN	0.00	0.00	0	1	R AS
38308	LYMPHANGIOTOMY OR OTHER OPERATIONS ON LYMPHATIC CHANNELS	27.95	29.06	90	1	AS
38380	SUTURE AND/OR LIGATION OF THORACIC DUCT; CERVICAL APPROACH	34.64	36.02	90	1	AS
38381	SUTURE AND/OR LIGATION OF THORACIC DUCT; THORACIC APPROACH	53.42	55.55	90	1	AS
38382	SUTURE AND/OR LIGATION OF THORACIC DUCT; ABDOMINAL APPROACH	43.56	45.30	90	1	AS
38530	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, INTERNAL MAMMARY NODE(S)	33.86	35.21	90	1	B AS
38542	DISSECTION, DEEP JUGULAR NODE(S)	26.27	27.32	90	1	B AS
38555	EXCISION OF CYSTIC HYGROMA, AXILLARY OR CERVICAL; WITH DEEP NEUROVASCULAR D	61.46	63.91	90	1	AS
38562	LIMITED LYMPHADENECTOMY FOR STAGING (SEPARATE PROCEDURE); PELVIC AND PARA-A	44.97	46.76	90	1	AS
38564	LIMITED LYMPHADENECTOMY FOR STAGING (SEPARATE PROCEDURE); RETROPERITONEAL (	44.85	46.64	90	1	AS
38570	LAPAROSCOPY, SURGICAL; WITH RETROPERITONEAL LYMPH NODE SAMPLING (BIOPSY), S	36.20	37.64	10	1	AS
38571	LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY	57.31	59.60	10	1	AS
38572	LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND PERI	62.79	65.30	10	1	AS

CODE	DESCRIPTION	AGE 21+	00-20 MAX	MAX			SPEC
		MAX FEE	FEE	FUD	UNITS		
38589	UNLISTED LAPAROSCOPY PROCEDURE, LYMPHATIC SYSTEM	0.00	0.00	0	1	R	B AS
38700	SUPRAHYOID LYMPHADENECTOMY	48.79	50.74	90	1		B AS
38720	CERVICAL LYMPHADENECTOMY (COMPLETE)	81.20	84.44	90	1		B AS
38724	CERVICAL LYMPHADENECTOMY (MODIFIED RADICAL NECK DISSECTION)	87.98	91.49	90	1		B AS
38740	AXILLARY LYMPHADENECTOMY; SUPERFICIAL	42.51	44.21	90	1		AS
38745	AXILLARY LYMPHADENECTOMY; COMPLETE	54.07	56.23	90	1		AS
38746	THORACIC LYMPHADENECTOMY, REGIONAL, INCLUDING MEDIASTINAL AND PERITRACHEAL	17.72	18.42	0	1		AS
38747	ABDOMINAL LYMPHADENECTOMY, REGIONAL, INCLUDING CELIAC, GASTRIC, PORTAL, PER	17.07	17.75	0	1		AS
38760	INGUINOFEMORAL LYMPHADENECTOMY, SUPERFICIAL, INCLUDING CLOQUET'S NODE (SEPA	53.27	55.40	90	1		B AS
38765	INGUINOFEMORAL LYMPHADENECTOMY, SUPERFICIAL, IN CONTINUITY WITH PELVIC LYMP	82.75	86.06	90	1		B AS
38770	PELVIC LYMPHADENECTOMY, INCLUDING EXTERNAL ILIAC, HYPOGASTRIC, AND OBTURATO	56.18	58.42	90	1		B AS
38780	RETROPERITONEAL TRANSABDOMINAL LYMPHADENECTOMY, EXTENSIVE, INCLUDING PELVIC	69.05	71.81	90	1		AS
38999	UNLISTED PROCEDURE, HEMIC OR LYMPHATIC SYSTEM	0.00	0.00	90	1	R	AS
39000	MEDIASTINOTOMY WITH EXPLORATION, DRAINAGE, REMOVAL OF FOREIGN BODY, OR BIOP	31.98	33.25	90	1		AS
39010	MEDIASTINOTOMY WITH EXPLORATION, DRAINAGE, REMOVAL OF FOREIGN BODY, OR BIOP	52.82	54.93	90	1		AS
39200	EXCISION OF MEDIASTINAL CYST	58.65	60.99	90	1		AS
39220	EXCISION OF MEDIASTINAL TUMOR	75.39	78.40	90	1		AS
39499	UNLISTED PROCEDURE, MEDIASTINUM	0.00	0.00	90	1	R	AS
39501	REPAIR, LACERATION OF DIAPHRAGM, ANY APPROACH	54.27	56.44	90	1		AS
39502	REPAIR, PARAESOPHAGEAL HIATUS HERNIA, TRANSABDOMINAL, WITH OR WITHOUT FUNDO	65.08	67.68	90	1		AS
39503	REPAIR, NEONATAL DIAPHRAGMATIC HERNIA, WITH OR WITHOUT CHEST TUBE INSERTION	378.25	393.38	90	1		AS
39520	REPAIR, DIAPHRAGMATIC HERNIA (ESOPHAGEAL HIATAL); TRANSTHORACIC	64.78	67.37	90	1		AS
39530	REPAIR, DIAPHRAGMATIC HERNIA (ESOPHAGEAL HIATAL); COMBINED, THORACOABDOMINA	62.14	64.62	90	1		AS
39531	REPAIR, DIAPHRAGMATIC HERNIA (ESOPHAGEAL HIATAL); COMBINED, THORACOABDOMINA	65.46	68.07	90	1		AS
39540	REPAIR, DIAPHRAGMATIC HERNIA (OTHER THAN NEONATAL), TRAUMATIC; ACUTE	55.13	57.33	90	1		AS
39541	REPAIR, DIAPHRAGMATIC HERNIA (OTHER THAN NEONATAL), TRAUMATIC; CHRONIC	59.78	62.17	90	1		AS
39545	IMBRICATION OF DIAPHRAGM FOR EVENTRATION, TRANSTHORACIC OR TRANSABDOMINAL,	59.40	61.77	90	1		AS
39560	RESECTION, DIAPHRAGM; WITH SIMPLE REPAIR (EG, PRIMARY SUTURE)	50.53	52.55	90	1		AS
39561	RESECTION, DIAPHRAGM; WITH COMPLEX REPAIR (EG, PROSTHETIC MATERIAL, LOCAL M	79.31	82.48	90	1		AS
39599	UNLISTED PROCEDURE, DIAPHRAGM	0.00	0.00	90	1	R	AS
40701	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY BILATERAL, ONE STAGE P	75.72	78.74	90	1		AS
40702	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY BILATERAL, ONE OF TWO	56.91	59.18	90	1		AS
40799	UNLISTED PROCEDURE, LIPS	0.00	0.00	90	1	R	AS
40840	VESTIBULOPLASTY; ANTERIOR	50.70	52.72	90	1		AS
40843	VESTIBULOPLASTY; POSTERIOR, BILATERAL	64.93	67.52	90	1		AS
40844	VESTIBULOPLASTY; ENTIRE ARCH	84.09	87.45	90	1		AS
41120	GLOSSECTOMY; LESS THAN ONE-HALF TONGUE	62.87	65.38	90	1		AS
41130	GLOSSECTOMY; HEMIGLOSSECTOMY	78.23	81.35	90	1		AS
41135	GLOSSECTOMY; PARTIAL, WITH UNILATERAL RADICAL NECK DISSECTION	130.39	135.60	90	1		AS

CODE	DESCRIPTION	AGE 21+ MAX FEE	00-20 MAX FEE	FUD	MAX UNITS	SPEC
41140	GLOSSECTOMY; COMPLETE OR TOTAL, WITH OR WITHOUT TRACHEOSTOMY, WITHOUT RADIC	132.33	137.62	90	1	AS
41145	GLOSSECTOMY; COMPLETE OR TOTAL, WITH OR WITHOUT TRACHEOSTOMY, WITH UNILATER	167.82	174.53	90	1	AS
41150	GLOSSECTOMY; COMPOSITE PROCEDURE WITH RESECTION FLOOR OF MOUTH AND MANDIBUL	132.80	138.11	90	1	AS
41153	GLOSSECTOMY; COMPOSITE PROCEDURE WITH RESECTION FLOOR OF MOUTH, WITH SUPRAH	144.34	150.11	90	1	AS
41155	GLOSSECTOMY; COMPOSITE PROCEDURE WITH RESECTION FLOOR OF MOUTH, MANDIBULAR	180.49	187.70	90	1	AS
42120	RESECTION OF PALATE OR EXTENSIVE RESECTION OF LESION	59.65	62.03	90	1	AS
42200	PALATOPLASTY FOR CLEFT PALATE, SOFT AND/OR HARD PALATE ONLY	55.15	57.35	90	1	AS
42205	PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; SOFT TISSUE	57.19	59.47	90	1	AS
42210	PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; WITH BONE GR	67.75	70.46	90	1	AS
42215	PALATOPLASTY FOR CLEFT PALATE; MAJOR REVISION	44.07	45.83	90	1	AS
42220	PALATOPLASTY FOR CLEFT PALATE; SECONDARY LENGTHENING PROCEDURE	36.70	38.16	90	1	AS
42225	PALATOPLASTY FOR CLEFT PALATE; ATTACHMENT PHARYNGEAL FLAP	56.91	59.18	90	1	AS
42226	LENGTHENING OF PALATE, AND PHARYNGEAL FLAP	57.04	59.32	90	1	AS
42227	LENGTHENING OF PALATE, WITH ISLAND FLAP	51.71	53.77	90	1	AS
42235	REPAIR OF ANTERIOR PALATE, INCLUDING VOMER FLAP	47.71	49.61	90	1	AS
42260	REPAIR OF NASOLABIAL FISTULA	52.82	54.93	90	1	AS
42299	UNLISTED PROCEDURE, PALATE, UVULA	0.00	0.00	90	1	R AS
42409	MARSUPIALIZATION OF SUBLINGUAL SALIVARY CYST (RANULA)	20.59	21.41	90	1	AS
42410	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITHOUT NERVE DIS	38.61	40.15	90	1	AS
42415	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITH DISSECTION A	68.60	71.34	90	1	AS
42420	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH DISSECTION AND PRES	78.53	81.67	90	1	AS
42425	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, EN BLOC REMOVAL WITH SAC	51.61	53.67	90	1	AS
42426	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH UNILATERAL RADICAL	83.78	87.13	90	1	AS
42440	EXCISION OF SUBMANDIBULAR (SUBMAXILLARY) GLAND	28.08	29.20	90	1	AS
42507	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE);	31.67	32.93	90	1	AS
42508	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE); WITH EXCISION OF	44.80	46.59	90	1	AS
42510	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE); WITH LIGATION OF	38.59	40.13	90	1	AS
42699	UNLISTED PROCEDURE, SALIVARY GLANDS OR DUCTS	0.00	0.00	90	1	R AS
42725	INCISION AND DRAINAGE ABSCESS; RETROPHARYNGEAL OR PARAPHARYNGEAL, EXTERNAL	49.98	51.97	90	1	AS
42810	EXCISION BRANCHIAL CLEFT CYST OR VESTIGE, CONFINED TO SKIN AND SUBCUTANEOUS	23.48	24.41	90	1	AS
42815	EXCISION BRANCHIAL CLEFT CYST, VESTIGE, OR FISTULA, EXTENDING BENEATH SUBCU	34.21	35.57	90	1	AS
42844	RADICAL RESECTION OF TONSIL, TONSILLAR PILLARS, AND/OR RETROMOLAR TRIGONE;	82.70	86.00	90	1	AS
42845	RADICAL RESECTION OF TONSIL, TONSILLAR PILLARS, AND/OR RETROMOLAR TRIGONE;	134.81	140.20	90	1	AS
42890	LIMITED PHARYNGECTOMY	85.34	88.75	90	1	AS
42892	RESECTION OF LATERAL PHARYNGEAL WALL OR PYRIFORM SINUS, DIRECT CLOSURE BY A	112.22	116.70	90	1	AS
42894	RESECTION OF PHARYNGEAL WALL REQUIRING CLOSURE WITH MYOCUTANEOUS FLAP	142.89	148.60	90	1	AS
42950	PHARYNGOPLASTY (PLASTIC OR RECONSTRUCTIVE OPERATION ON PHARYNX)	48.22	50.14	90	1	AS
42953	PHARYNGOESOPHAGEAL REPAIR	58.27	60.60	90	1	AS
42955	PHARYNGOSTOMY (FISTULIZATION OF PHARYNX, EXTERNAL FOR FEEDING)	45.40	47.21	90	1	AS

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42962	CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POSTTONSILLECTO	31.82	33.09	90	1	AS
42971	CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POSTADENOID	28.15	29.27	90	1	AS
42972	CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POSTADENOID	31.80	33.07	90	1	AS
43020	ESOPHAGOTOMY, CERVICAL APPROACH; WITH REMOVAL OF FOREIGN BODY	33.58	34.92	90	1	AS
43030	CRICOPHARYNGEAL MYOTOMY	32.20	33.48	90	1	AS
43045	ESOPHAGOTOMY, THORACIC APPROACH, WITH REMOVAL OF FOREIGN BODY	86.35	89.80	90	1	AS
43100	EXCISION OF LESION, ESOPHAGUS, WITH PRIMARY REPAIR; CERVICAL APPROACH	39.17	40.73	90	1	AS
43101	EXCISION OF LESION, ESOPHAGUS, WITH PRIMARY REPAIR; THORACIC OR ABDOMINAL A	66.69	69.35	90	1	AS
43107	TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITHOUT THORACOTOMY; WITH PHARYNGOGASTRO	165.36	171.97	90	1	AS
43108	TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITHOUT THORACOTOMY; WITH COLON INTERPOS	282.68	293.98	90	1	AS
43112	TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITH THORACOTOMY; WITH PHARYNGOGASTROSTO	176.37	183.42	90	1	AS
43113	TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITH THORACOTOMY; WITH COLON INTERPOSITI	281.80	293.07	90	1	AS
43116	PARTIAL ESOPHAGECTOMY, CERVICAL, WITH FREE INTESTINAL GRAFT, INCLUDING MICR	313.65	326.19	90	1	AS
43117	PARTIAL ESOPHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY AND SEPARATE ABD	160.96	167.39	90	1	AS
43118	PARTIAL ESOPHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY AND SEPARATE ABD	232.10	241.38	90	1	AS
43121	PARTIAL ESOPHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY ONLY, WITH OR WI	184.54	191.92	90	1	AS
43122	PARTIAL ESOPHAGECTOMY, THORACOABDOMINAL OR ABDOMINAL APPROACH, WITH OR WITH	163.70	170.24	90	1	AS
43123	PARTIAL ESOPHAGECTOMY, THORACOABDOMINAL OR ABDOMINAL APPROACH, WITH OR WITH	283.96	295.31	90	1	AS
43124	TOTAL OR PARTIAL ESOPHAGECTOMY, WITHOUT RECONSTRUCTION (ANY APPROACH), WITH	242.68	252.38	90	1	AS
43130	DIVERTICULECTOMY OF HYPOPHARYNX OR ESOPHAGUS, WITH OR WITHOUT MYOTOMY; CERV	49.22	51.18	90	1	AS
43135	DIVERTICULECTOMY OF HYPOPHARYNX OR ESOPHAGUS, WITH OR WITHOUT MYOTOMY; THOR	96.58	100.44	90	1	AS
43280	LAPAROSCOPY, SURGICAL, ESOPHAGOGASTRIC FUNDOPLASTY (EG, NISSEN, TOUPET PROC	67.82	70.53	90	1	AS
43289	UNLISTED LAPAROSCOPY PROCEDURE, ESOPHAGUS	0.00	0.00	0	1	R AS
43300	ESOPHAGOPLASTY, (PLASTIC REPAIR OR RECONSTRUCTION), CERVICAL APPROACH; WITH	39.04	40.60	90	1	AS
43305	ESOPHAGOPLASTY, (PLASTIC REPAIR OR RECONSTRUCTION), CERVICAL APPROACH; WITH	68.30	71.03	90	1	AS
43310	ESOPHAGOPLASTY, (PLASTIC REPAIR OR RECONSTRUCTION), THORACIC APPROACH; WITH	100.28	104.29	90	1	AS
43312	ESOPHAGOPLASTY, (PLASTIC REPAIR OR RECONSTRUCTION), THORACIC APPROACH; WITH	108.62	112.96	90	1	AS
43313	ESOPHAGOPLASTY FOR CONGENITAL DEFECT, (PLASTIC REPAIR OR RECONSTRUCTION), T	178.28	185.41	90	1	AS
43314	ESOPHAGOPLASTY FOR CONGENITAL DEFECT, (PLASTIC REPAIR OR RECONSTRUCTION), T	196.50	204.36	90	1	AS
43320	ESOPHAGOGASTROSTOMY (CARDIOPLASTY), WITH OR WITHOUT VAGOTOMY AND PYLOROPLAS	87.35	90.84	90	1	AS
43324	ESOPHAGOGASTRIC FUNDOPLASTY (EG, NISSEN, BELSEY IV, HILL PROCEDURES)	85.50	88.92	90	1	AS
43325	ESOPHAGOGASTRIC FUNDOPLASTY; WITH FUNDIC PATCH (THAL-NISSEN PROCEDURE)	84.06	87.42	90	1	AS
43326	ESOPHAGOGASTRIC FUNDOPLASTY; WITH GASTROPLASTY (EG, COLLIS)	86.30	89.75	90	1	AS
43330	ESOPHAGOMYOTOMY (HELLER TYPE); ABDOMINAL APPROACH	82.75	86.06	90	1	AS
43331	ESOPHAGOMYOTOMY ((HELLER TYPE), WITH OR WITHOUT HIATAL HERNIA REPAIR); THOR	89.01	92.57	90	1	AS
43340	ESOPHAGOJEJUNOSTOMY (WITHOUT TOTAL GASTRECTOMY); ABDOMINAL APPROACH	86.50	89.96	90	1	AS
43341	ESOPHAGOJEJUNOSTOMY (WITHOUT TOTAL GASTRECTOMY); THORACIC APPROACH	93.26	96.99	90	1	AS
43350	ESOPHAGOSTOMY, FISTULIZATION OF ESOPHAGUS, EXTERNAL; ABDOMINAL APPROACH	72.27	75.16	90	1	AS
43351	ESOPHAGOSTOMY, FISTULIZATION OF ESOPHAGUS, EXTERNAL; THORACIC APPROACH	85.29	88.70	90	1	AS

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43352	ESOPHAGOSTOMY, FISTULIZATION OF ESOPHAGUS, EXTERNAL; CERVICAL APPROACH	70.16	72.96	90	1	AS
43360	GASTROINTESTINAL RECONSTRUCTION FOR PREVIOUS ESOPHAGECTOMY, FOR OBSTRUCTING	152.54	158.64	90	1	AS
43361	GASTROINTESTINAL RECONSTRUCTION FOR PREVIOUS ESOPHAGECTOMY, FOR OBSTRUCTING	168.15	174.87	90	1	AS
43400	LIGATION, DIRECT, ESOPHAGEAL VARICES	103.47	107.60	90	1	AS
43401	TRANSECTION OF ESOPHAGUS WITH REPAIR, FOR ESOPHAGEAL VARICES	97.66	101.56	90	1	AS
43405	LIGATION OR STAPLING AT GASTROESOPHAGEAL JUNCTION FOR PRE-EXISTING ESOPHAGE	94.92	98.71	90	1	AS
43410	SUTURE OF ESOPHAGEAL WOUND OR INJURY; CERVICAL APPROACH	64.23	66.79	90	1	AS
43415	SUTURE OF ESOPHAGEAL WOUND OR INJURY; TRANSTHORACIC OR TRANSABDOMINAL APPRO	111.01	115.45	90	1	AS
43425	CLOSURE OF ESOPHAGOSTOMY OR FISTULA; TRANSTHORACIC OR TRANSABDOMINAL APPROA	96.30	100.15	90	1	AS
43499	UNLISTED PROCEDURE, ESOPHAGUS	0.00	0.00	90	1	R AS
43500	GASTROTOMY; WITH EXPLORATION OR FOREIGN BODY REMOVAL	48.77	50.72	90	1	AS
43501	GASTROTOMY; WITH SUTURE REPAIR OF BLEEDING ULCER	83.58	86.92	90	1	AS
43502	GASTROTOMY; WITH SUTURE REPAIR OF PRE-EXISTING ESOPHAGOGASTRIC LACERATION (	94.72	98.50	90	1	AS
43510	GASTROTOMY; WITH ESOPHAGEAL DILATION AND INSERTION OF PERMANENT INTRALUMINA	58.70	61.04	90	1	AS
43520	PYLOROMYOTOMY, CUTTING OF PYLORIC MUSCLE (FREDET-RAMSTEDT TYPE OPERATION)	43.79	45.54	90	1	AS
43605	BIOPSY OF STOMACH; BY LAPAROTOMY	51.91	53.98	90	1	AS
43610	EXCISION, LOCAL; ULCER OR BENIGN TUMOR OF STOMACH	61.04	63.48	90	1	AS
43611	EXCISION, LOCAL; MALIGNANT TUMOR OF STOMACH	75.82	78.85	90	1	AS
43620	GASTRECTOMY, TOTAL; WITH ESOPHAGOENTEROSTOMY	123.08	128.00	90	1	AS
43621	GASTRECTOMY, TOTAL; WITH ROUX-EN-Y RECONSTRUCTION	140.55	146.17	90	1	AS
43622	GASTRECTOMY, TOTAL; WITH FORMATION OF INTESTINAL POUCH, ANY TYPE	142.83	148.54	90	1	AS
43631	GASTRECTOMY, PARTIAL, DISTAL; WITH GASTRODUODENOSTOMY	90.50	94.12	90	1	AS
43632	GASTRECTOMY, PARTIAL, DISTAL; WITH GASTROJEJUNOSTOMY	124.08	129.04	90	1	AS
43633	GASTRECTOMY, PARTIAL, DISTAL; WITH ROUX-EN-Y RECONSTRUCTION	117.97	122.68	90	1	AS
43634	GASTRECTOMY, PARTIAL, DISTAL; WITH FORMATION OF INTESTINAL POUCH	130.01	135.21	90	1	AS
43635	VAGOTOMY WHEN PERFORMED WITH PARTIAL DISTAL GASTRECTOMY (LIST SEPARATELY IN	7.19	7.47	90	1	AS
43640	VAGOTOMY INCLUDING PYLOROPLASTY, WITH OR WITHOUT GASTROSTOMY; TRUNCAL OR SE	73.05	75.97	90	1	AS
43641	VAGOTOMY INCLUDING PYLOROPLASTY, WITH OR WITHOUT GASTROSTOMY; PARIETAL CELL	74.53	77.51	90	1	AS
43644	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS A	107.16	111.44	0	1	PA AS
43645	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS A	115.76	120.39	0	1	PA AS
43651	LAPAROSCOPY, SURGICAL; TRANSECTION OF VAGUS NERVES, TRUNCAL	40.45	42.06	90	1	AS
43652	LAPAROSCOPY, SURGICAL; TRANSECTION OF VAGUS NERVES, SELECTIVE OR HIGHLY SEL	47.41	49.30	90	1	AS
43653	LAPAROSCOPY, SURGICAL; GASTROSTOMY, WITHOUT CONSTRUCTION OF GASTRIC TUBE (E	34.64	36.02	90	1	AS
43659	UNLISTED LAPAROSCOPY PROCEDURE, STOMACH	0.00	0.00	0	1	R AS
43760	CHANGE OF GASTROSTOMY TUBE	220.27	229.08	0	1	
43761	REPOSITIONING OF THE GASTRIC FEEDING TUBE, ANY METHOD, THROUGH THE DUODENUM	47.92	49.83	0	1	
43770	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; PLACEMENT OF ADJUSTAB	69.15	71.91	90	1	AS
43771	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REVISION OF ADJUSTABL	78.81	81.96	90	1	R AS
43772	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTABLE	59.17	61.53	90	1	R AS

CODE	DESCRIPTION	AGE 21+	00-20 MAX	MAX			SPEC
		MAX FEE	FEE	FUD	UNITS		
43773	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL AND REPLACEME	78.83	81.98	90	1	R	AS
43774	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTABLE	59.45	61.82	90	1	R	AS
43800	PYLOROPLASTY	57.94	60.25	90	1		AS
43810	GASTRODUODENOSTOMY	62.90	65.41	90	1		AS
43820	GASTROJEJUNOSTOMY; WITHOUT VAGOTOMY	81.90	85.17	90	1		AS
43825	GASTROJEJUNOSTOMY; WITH VAGOTOMY, ANY TYPE	80.67	83.89	90	1		AS
43830	GASTROSTOMY, OPEN; WITHOUT CONSTRUCTION OF GASTRIC TUBE (EG, STAMM PROCEDUR	43.21	44.93	90	1		AS
43831	GASTROSTOMY, TEMPORARY (TUBE, RUBBER OR PLASTIC) (SEPARATE PROCEDURE); NEON	36.60	38.06	90	1		AS
43832	GASTROSTOMY, OPEN; WITH CONSTRUCTION OF GASTRIC TUBE (EG, JANEWAY PROCEDURE	66.31	68.96	90	1		AS
43840	GASTRORRHAPHY, SUTURE OF PERFORATED DUODENAL OR GASTRIC ULCER, WOUND, OR IN	82.91	86.22	90	1		AS
43842	GASTRIC RESTRICTIVE PROCEDURE, WITHOUT GASTRIC BYPASS, FOR MORBID OBESITY;	75.67	78.69	90	1	PA	AS
43843	GASTRIC RESTRICTIVE PROCEDURE, WITHOUT GASTRIC BYPASS, FOR MORBID OBESITY;	78.81	81.96	90	1	PA	AS
43846	GASTRIC RESTRICTIVE PROCEDURE, WITH GASTRIC BYPASS FOR MORBID OBESITY; WITH	101.73	105.79	90	1	PA	AS
43847	GASTRIC RESTRICTIVE PROCEDURE, WITH GASTRIC BYPASS FOR MORBID OBESITY; WITH	111.44	115.89	90	1	PA	AS
43848	REVISION, OPEN, OF GASTRIC RESTRICTIVE PROCEDURE FOR MORBID OBESITY, OTHER	120.16	124.96	90	1		AS
43850	REVISION OF GASTRODUODENAL ANASTOMOSIS (GASTRODUODENOSTOMY) WITH RECONSTRUC	100.98	105.01	90	1		AS
43855	REVISION OF GASTRODUODENAL ANASTOMOSIS (GASTRODUODENOSTOMY) WITH RECONSTRUC	105.10	109.30	90	1		AS
43860	REVISION OF GASTROJEJUNAL ANASTOMOSIS (GASTROJEJUNOSTOMY) WITH RECONSTRUCTI	102.06	106.14	90	1		AS
43865	REVISION OF GASTROJEJUNAL ANASTOMOSIS (GASTROJEJUNOSTOMY) WITH RECONSTRUCTI	106.96	111.23	90	1		AS
43870	CLOSURE OF GASTROSTOMY, SURGICAL	44.42	46.19	90	1		AS
43880	CLOSURE OF GASTROCOLIC FISTULA	99.77	103.76	90	1		AS
43886	GASTRIC RESTRICTIVE PROCEDURE, OPEN; REVISION OF SUBCUTANEOUS PORT COMPONENT	20.54	21.36	90	1	R	AS
43887	GASTRIC RESTRICTIVE PROCEDURE, OPEN; REMOVAL OF SUBCUTANEOUS PORT COMPONENT	19.33	20.10	90	1	R	AS
43888	GASTRIC RESTRICTIVE PROCEDURE, OPEN; REMOVAL AND REPLACEMENT OF SUBCUTANEOU	27.40	28.49	90	1	R	AS
44005	ENTEROLYSIS (FREEING OF INTESTINAL ADHESION) (SEPARATE PROCEDURE)	68.30	71.03	90	1		AS
44010	DUODENOTOMY, FOR EXPLORATION, BIOPSY(S), OR FOREIGN BODY REMOVAL	53.72	55.86	90	1		AS
44015	TUBE OR NEEDLE CATHETER JEJUNOSTOMY FOR ENTERAL ALIMENTATION, INTRAOPERATIV	9.20	9.56	0	1		AS
44020	ENTEROTOMY, SMALL INTESTINE, OTHER THAN DUODENUM; FOR EXPLORATION, BIOPSY(S)	60.41	62.82	90	1		AS
44021	ENTEROTOMY, SMALL BOWEL, OTHER THAN DUODENUM; FOR DECOMPRESSION (EG, BAKER	61.36	63.81	90	1		AS
44025	COLOTOMY, FOR EXPLORATION, BIOPSY(S), OR FOREIGN BODY REMOVAL	61.56	64.02	90	1		AS
44050	REDUCTION OF VOLVULUS, INTUSSUSCEPTION, INTERNAL HERNIA, BY LAPAROTOMY	58.22	60.54	90	1		AS
44055	CORRECTION OF MALROTATION BY LYSIS OF DUODENAL BANDS AND/OR REDUCTION OF MI	93.01	96.73	90	1		AS
44110	EXCISION OF ONE OR MORE LESIONS OF SMALL OR LARGE INTESTINE NOT REQUIRING A	52.97	55.08	90	1		AS
44111	EXCISION OF ONE OR MORE LESIONS OF SMALL OR LARGE BOWEL NOT REQUIRING ANAST	61.56	64.02	90	1		AS
44120	ENTERECTOMY, RESECTION OF SMALL INTESTINE; SINGLE RESECTION AND ANASTOMOSIS	75.92	78.95	90	1		AS
44121	ENTERECTOMY, RESECTION OF SMALL INTESTINE; EACH ADDITIONAL RESECTION AND AN	15.49	16.10	0	10		AS
44125	ENTERECTOMY, RESECTION OF SMALL INTESTINE; WITH ENTEROSTOMY	73.60	76.54	90	1		AS
44126	ENTERECTOMY, RESECTION OF SMALL INTESTINE FOR CONGENITAL ATRESIA, SINGLE RE	152.39	158.48	90	1		AS
44127	ENTERECTOMY, RESECTION OF SMALL INTESTINE FOR CONGENITAL ATRESIA, SINGLE RE	175.11	182.11	90	1		AS

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

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

CODE	DESCRIPTION	AGE 21+ MAX FEE	00-20 MAX FEE	FUD	MAX UNITS		SPEC
45123	PROCTECTOMY, PARTIAL, WITHOUT ANASTOMOSIS, PERINEAL APPROACH	69.58	72.36	90	1		AS
45126	PELVIC EXENTERATION FOR COLORECTAL MALIGNANCY, WITH PROCTECTOMY (WITH OR WI	177.47	184.56	90	1	R	AS
45130	EXCISION OF RECTAL PROCIDENTIA, WITH ANASTOMOSIS; PERINEAL APPROACH	67.77	70.48	90	1		AS
45135	EXCISION OF RECTAL PROCIDENTIA, WITH ANASTOMOSIS; ABDOMINAL AND PERINEAL AP	85.12	88.52	90	1		AS
45136	EXCISION OF ILEOANAL RESERVOIR WITH ILEOSTOMY	114.10	118.66	90	1		AS
45160	EXCISION OF RECTAL TUMOR BY PROCTOTOMY, TRANSACRAL OR TRANSCOCCYGEAL APPROA	61.49	63.94	90	1		AS
45170	EXCISION OF RECTAL TUMOR, TRANSANAL APPROACH	48.37	50.30	90	1		AS
45190	DESTRUCTION OF RECTAL TUMOR (EG, ELECTRODESSICATION, ELECTROSURGERY, LASER	42.79	44.50	90	1		AS
45395	LAPAROSCOPY, SURGICAL; PROCTECTOMY, COMPLETE, COMBINED ABDOMINOPERINEAL, WI	124.31	129.28	90	1		AS
45397	LAPAROSCOPY, SURGICAL; PROCTECTOMY, COMBINED ABDOMINOPERINEAL PULL-THROUGH	134.81	140.20	90	1		AS
45400	LAPAROSCOPY, SURGICAL; PROCTOPEXY (FOR PROLAPSE)	71.77	74.64	90	1		AS
45402	LAPAROSCOPY, SURGICAL; PROCTOPEXY (FOR PROLAPSE), WITH SIGMOID RESECTION	95.80	99.63	90	1		AS
45540	PROCTOPEXY (EG, FOR PROLAPSE); ABDOMINAL APPROACH	64.60	67.18	90	1		AS
45541	PROCTOPEXY FOR PROLAPSE; PERINEAL APPROACH	57.57	59.87	90	1		AS
45550	PROCTOPEXY (EG, FOR PROLAPSE); WITH SIGMOID RESECTION, ABDOMINAL APPROACH	91.38	95.03	90	1		AS
45560	REPAIR OF RECTOCELE (SEPARATE PROCEDURE)	45.50	47.32	90	1		AS
45562	EXPLORATION, REPAIR, AND PRESACRAL DRAINAGE FOR RECTAL INJURY;	69.98	72.77	90	1		AS
45563	EXPLORATION, REPAIR, AND PRESACRAL DRAINAGE FOR RECTAL INJURY; WITH COLOSTO	101.26	105.31	90	1		AS
45800	CLOSURE OF RECTOVESICAL FISTULA;	78.78	81.93	90	1		AS
45805	CLOSURE OF RECTOVESICAL FISTULA; WITH COLOSTOMY	86.70	90.16	90	1		AS
45820	CLOSURE OF RECTOURETHRAL FISTULA;	78.46	81.59	90	1		AS
45825	CLOSURE OF RECTOURETHRAL FISTULA; WITH COLOSTOMY	93.97	97.72	90	1		AS
46705	ANOPLASTY, PLASTIC OPERATION FOR STRICTURE; INFANT	30.84	32.07	90	1		AS
46710	REPAIR OF ILEOANAL POUCH FISTULA/SINUS (EG, PERINEAL OR VAGINAL), POUCH ADV	65.91	68.54	90	1		AS
46712	REPAIR OF ILEOANAL POUCH FISTULA/SINUS (EG, PERINEAL OR VAGINAL), POUCH ADV	136.37	141.82	90	1		AS
46715	REPAIR OF LOW IMPERFORATE ANUS; WITH ANOPERINEAL FISTULA ("CUT-BACK" PROC	30.67	31.89	90	1		AS
46716	REPAIR OF LOW IMPERFORATE ANUS; WITH TRANSPOSITION OF ANOPERINEAL OR ANOVES	71.17	74.01	90	1		AS
46730	REPAIR OF HIGH IMPERFORATE ANUS WITHOUT FISTULA; PERINEAL OR SACROPERINEAL	111.08	115.52	90	1		AS
46735	REPAIR OF HIGH IMPERFORATE ANUS WITHOUT FISTULA; COMBINED TRANSABDOMINAL AN	131.97	137.24	90	1		AS
46740	REPAIR OF HIGH IMPERFORATE ANUS WITH RECTOURETHRAL OR RECTOVAGINAL FISTULA;	126.72	131.78	90	1		AS
46742	REPAIR OF HIGH IMPERFORATE ANUS WITH RECTOURETHRAL OR RECTOVAGINAL FISTULA;	148.19	154.11	90	1		AS
46744	REPAIR OF CLOACAL ANOMALY BY ANORECTOVAGINOPLASTY AND URETHROPLASTY, SACROP	216.77	225.44	90	1		AS
46746	REPAIR OF CLOACAL ANOMALY BY ANORECTOVAGINOPLASTY AND URETHROPLASTY, COMBIN	232.05	241.33	90	1		AS
46748	REPAIR OF CLOACAL ANOMALY BY ANORECTOVAGINOPLASTY AND URETHROPLASTY, COMBIN	239.69	249.27	90	1		AS
46750	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE OR PROLAPSE; ADULT	47.64	49.54	90	1		AS
46751	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE OR PROLAPSE; CHILD	36.58	38.04	90	1		AS
46760	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT; MUSCLE TRANSPLANT	67.97	70.68	90	1		AS
46761	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT; LEVATOR MUSCLE IMBRICATION	58.07	60.39	90	1		AS
46762	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT; IMPLANTATION ARTIFICIAL SP	57.24	59.52	90	1		AS

CODE	DESCRIPTION	AGE 21+ MAX FEE	00-20 MAX FEE	FUD	MAX UNITS	SPEC
46900	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILOMA, MOLLUSCUM CONTAG	89.71	93.29	10	1	
46924	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILOMA, MOLLUSCUM CONTAGI	198.59	206.53	10	1	
47010	HEPATOTOMY; FOR OPEN DRAINAGE OF ABSCESS OR CYST, ONE OR TWO STAGES	73.48	76.41	90	1	AS
47011	HEPATOTOMY; FOR PERCUTANEOUS DRAINAGE OF ABSCESS OR CYST, ONE OR TWO STAGES	12.47	12.96	0	1	AS
47015	LAPAROTOMY, WITH ASPIRATION AND/OR INJECTION OF HEPATIC PARASITIC (EG, AMOE	70.41	73.22	90	1	AS
47100	BIOPSY OF LIVER, WEDGE	51.88	53.95	90	1	AS
47120	HEPATECTOMY, RESECTION OF LIVER; PARTIAL LOBECTOMY	144.70	150.48	90	1	AS
47122	HEPATECTOMY, RESECTION OF LIVER; TRISEGMENTECTOMY	214.65	223.23	90	1	AS
47125	HEPATECTOMY, RESECTION OF LIVER; TOTAL LEFT LOBECTOMY	192.23	199.91	90	1	AS
47130	HEPATECTOMY, RESECTION OF LIVER; TOTAL RIGHT LOBECTOMY	206.41	214.66	90	1	AS
47135	LIVER ALLOTRANSPLANTATION; ORTHOTOPIC, PARTIAL OR WHOLE, FROM CADAVER OR LI	304.47	316.64	90	1	AS
47136	LIVER ALLOTRANSPLANTATION; HETEROTOPIC, PARTIAL OR WHOLE, FROM CADAVER OR L	257.92	268.23	90	1	AS
47300	MARSUPIALIZATION OF CYST OR ABSCESS OF LIVER	69.56	72.34	90	1	AS
47350	MANAGEMENT OF LIVER HEMORRHAGE; SIMPLE SUTURE OF LIVER WOUND OR INJURY	85.07	88.47	90	1	AS
47360	MANAGEMENT OF LIVER HEMORRHAGE; COMPLEX SUTURE OF LIVER WOUND OR INJURY, WI	115.48	120.09	90	1	AS
47361	MANAGEMENT OF LIVER HEMORRHAGE; EXPLORATION OF HEPATIC WOUND, EXTENSIVE DEB	188.94	196.49	90	1	AS
47362	MANAGEMENT OF LIVER HEMORRHAGE; RE-EXPLORATION OF HEPATIC WOUND FOR REMOVAL	88.56	92.10	90	1	AS
47370	LAPAROSCOPY, SURGICAL, ABLATION OF ONE OR MORE LIVER TUMOR(S); RADIOFREQUEN	77.68	80.78	90	1	AS
47371	LAPAROSCOPY, SURGICAL, ABLATION OF ONE OR MORE LIVER TUMOR(S); CRYOSURGICAL	78.98	82.13	90	1	AS
47379	UNLISTED LAPAROSCOPIC PROCEDURE, LIVER	0.00	0.00	0	1	R AS
47380	ABLATION, OPEN, OF ONE OR MORE LIVER TUMOR(S); RADIOFREQUENCY	90.04	93.64	90	1	AS
47381	ABLATION, OPEN, OF ONE OR MORE LIVER TUMOR(S); CRYOSURGICAL	91.96	95.63	90	1	AS
47382	ABLATION, ONE OR MORE LIVER TUMOR(S), PERCUTANEOUS, RADIOFREQUENCY	53.47	55.60	10	1	AS
47399	UNLISTED PROCEDURE, LIVER	0.00	0.00	90	1	R AS
47400	HEPATICOTOMY OR HEPATICOSTOMY WITH EXPLORATION, DRAINAGE, OR REMOVAL OF CAL	131.80	137.07	90	1	AS
47420	CHOLEDOCHOTOMY OR CHOLEDOCHOSTOMY WITH EXPLORATION, DRAINAGE, OR REMOVAL OF	83.41	86.74	90	1	AS
47425	CHOLEDOCHOTOMY OR CHOLEDOCHOSTOMY WITH EXPLORATION, DRAINAGE, OR REMOVAL OF	83.99	87.34	90	1	AS
47460	TRANSDUODENAL SPHINCTEROTOMY OR SPHINCTEROPLASTY, WITH OR WITHOUT TRANSDUOD	79.51	82.69	90	1	AS
47480	CHOLECYSTOTOMY OR CHOLECYSTOSTOMY WITH EXPLORATION, DRAINAGE, OR REMOVAL OF	53.27	55.40	90	1	AS
47550	BILIARY ENDOSCOPY, INTRAOPERATIVE (CHOLEDOCHOSCOPY) (LIST SEPARATELY IN ADD	10.56	10.98	0	1	AS
47562	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY	46.20	48.04	90	1	AS
47563	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY WITH CHOLANGIOGRAPHY	47.01	48.89	90	1	AS
47564	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT	54.20	56.36	90	1	AS
47570	LAPAROSCOPY, SURGICAL; CHOLECYSTOENTEROSTOMY	48.39	50.32	90	1	AS
47579	UNLISTED LAPAROSCOPY PROCEDURE, BILIARY TRACT	0.00	0.00	0	1	R AS
47600	CHOLECYSTECTOMY;	66.36	69.01	90	1	AS
47605	CHOLECYSTECTOMY; WITH CHOLANGIOGRAPHY	60.98	63.41	90	1	AS
47610	CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT;	78.08	81.20	90	1	AS
47612	CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT; WITH CHOLEDOCHOENTEROSTOMY	78.78	81.93	90	1	AS

CODE	DESCRIPTION	AGE 21+ MAX FEE	00-20 MAX FEE	FUD	MAX UNITS	SPEC
47620	CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT; WITH TRANSDUODENAL SPHINCT	85.37	88.78	90	1	AS
47700	EXPLORATION FOR CONGENITAL ATRESIA OF BILE DUCTS, WITHOUT REPAIR, WITH OR W	64.68	67.26	90	1	AS
47711	EXCISION OF BILE DUCT TUMOR, WITH OR WITHOUT PRIMARY REPAIR OF BILE DUCT; E	96.56	100.42	90	1	AS
47712	EXCISION OF BILE DUCT TUMOR, WITH OR WITHOUT PRIMARY REPAIR OF BILE DUCT; I	123.45	128.38	90	1	AS
47715	EXCISION OF CHOLEDOCHAL CYST	81.70	84.96	90	1	AS
47719	ANASTOMOSIS, CHOLEDOCHAL CYST, WITHOUT EXCISION	73.38	76.31	90	1	AS
47720	CHOLECYSTOENTEROSTOMY; DIRECT	70.54	73.36	90	1	AS
47721	CHOLECYSTOENTEROSTOMY; WITH GASTROENTEROSTOMY	82.98	86.29	90	1	AS
47740	CHOLECYSTOENTEROSTOMY; ROUX-EN-Y	80.54	83.76	90	1	AS
47741	CHOLECYSTOENTEROSTOMY; ROUX-EN-Y WITH GASTROENTEROSTOMY	90.95	94.58	90	1	AS
47760	ANASTOMOSIS, OF EXTRAHEPATIC BILIARY DUCTS AND GASTROINTESTINAL TRACT	137.51	143.01	90	1	AS
47765	ANASTOMOSIS, OF INTRAHEPATIC DUCTS AND GASTROINTESTINAL TRACT	181.75	189.02	90	1	AS
47780	ANASTOMOSIS, ROUX-EN-Y, OF EXTRAHEPATIC BILIARY DUCTS AND GASTROINTESTINAL	150.33	156.34	90	1	AS
47785	ANASTOMOSIS, ROUX-EN-Y, OF INTRAHEPATIC BILIARY DUCTS AND GASTROINTESTINAL	196.23	204.07	90	1	AS
47800	RECONSTRUCTION, PLASTIC, OF EXTRAHEPATIC BILIARY DUCTS WITH END-TO-END ANAS	97.79	101.70	90	1	AS
47801	PLACEMENT OF CHOLEDOCHAL STENT	65.94	68.57	90	1	AS
47802	U-TUBE HEPATICOENTEROSTOMY	93.51	97.25	90	1	AS
47900	SUTURE OF EXTRAHEPATIC BILIARY DUCT FOR PRE-EXISTING INJURY (SEPARATE PROCE	84.79	88.18	90	1	AS
47999	UNLISTED PROCEDURE, BILIARY TRACT	0.00	0.00	90	1	R AS
48000	PLACEMENT OF DRAINS, PERIPANCREATIC, FOR ACUTE PANCREATITIS;	116.06	120.70	90	1	AS
48001	PLACEMENT OF DRAINS, PERIPANCREATIC, FOR ACUTE PANCREATITIS; WITH CHOLECYST	143.26	148.99	90	1	AS
48020	REMOVAL OF PANCREATIC CALCULUS	72.20	75.08	90	1	AS
48100	BIOPSY OF PANCREAS, OPEN (EG, FINE NEEDLE ASPIRATION, NEEDLE CORE BIOPSY, W	55.00	57.20	90	1	AS
48105	RESECTION OR DEBRIDEMENT OF PANCREAS AND PERIPANCREATIC TISSUE FOR ACUTE NE	177.50	184.60	90	1	AS
48120	EXCISION OF LESION OF PANCREAS (EG, CYST, ADENOMA)	68.78	71.53	90	1	AS
48140	PANCREATECTOMY, DISTAL SUBTOTAL, WITH OR WITHOUT SPLENECTOMY; WITHOUT PANCR	97.08	100.96	90	1	AS
48145	PANCREATECTOMY, DISTAL SUBTOTAL, WITH OR WITHOUT SPLENECTOMY; WITH PANCREAT	101.05	105.09	90	1	AS
48146	PANCREATECTOMY, DISTAL, NEAR-TOTAL WITH PRESERVATION OF DUODENUM (CHILD-TYP	115.11	119.71	90	1	AS
48148	EXCISION OF AMPULLA OF VATER	77.05	80.13	90	1	AS
48150	PANCREATECTOMY, PROXIMAL SUBTOTAL WITH TOTAL DUODENECTOMY, PARTIAL GASTRECT	193.71	201.45	90	1	AS
48152	PANCREATECTOMY, PROXIMAL SUBTOTAL WITH TOTAL DUODENECTOMY, PARTIAL GASTRECT	178.28	185.41	90	1	AS
48153	PANCREATECTOMY, PROXIMAL SUBTOTAL WITH NEAR-TOTAL DUODENECTOMY, CHOLEDOCHOE	193.31	201.04	90	1	AS
48154	PANCREATECTOMY, PROXIMAL SUBTOTAL WITH NEAR-TOTAL DUODENECTOMY, CHOLEDOCHOE	179.86	187.05	90	1	AS
48155	PANCREATECTOMY, TOTAL	111.91	116.38	90	1	AS
48500	MARSUPIALIZATION OF PANCREATIC CYST	70.64	73.46	90	1	AS
48510	EXTERNAL DRAINAGE, PSEUDOCYST OF PANCREAS; OPEN	66.42	69.07	90	1	AS
48511	EXTERNAL DRAINAGE, PSEUDOCYST OF PANCREAS; PERCUTANEOUS	13.50	14.04	0	1	AS
48520	INTERNAL ANASTOMOSIS OF PANCREATIC CYST TO GASTROINTESTINAL TRACT; DIRECT	67.70	70.40	90	1	AS
48540	INTERNAL ANASTOMOSIS OF PANCREATIC CYST TO GASTROINTESTINAL TRACT; ROUX-EN-	81.02	84.26	90	1	AS

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48545	PANCREATORRHAPHY FOR INJURY	81.93	85.20	90	1	AS
48547	DUODENAL EXCLUSION WITH GASTROJEJUNOSTOMY FOR PANCREATIC INJURY	110.58	115.00	90	1	AS
48548	PANCREATICOJEJUNOSTOMY, SIDE-TO-SIDE ANASTOMOSIS (PUSTOW-TYPE OPERATION)	103.49	107.62	90	1	AS
48554	TRANSPLANTATION OF PANCREATIC ALLOGRAFT	155.25	161.46	0	1	AS
48556	REMOVAL OF TRANSPLANTED PANCREATIC ALLOGRAFT	77.27	80.36	90	1	AS
48999	UNLISTED PROCEDURE, PANCREAS	0.00	0.00	90	1	R AS
49000	EXPLORATORY LAPAROTOMY, EXPLORATORY CELIOTOMY WITH OR WITHOUT BIOPSY(S) (SE	48.22	50.14	90	1	AS
49002	REOPENING OF RECENT LAPAROTOMY	63.75	66.30	90	1	AS
49010	EXPLORATION, RETROPERITONEAL AREA WITH OR WITHOUT BIOPSY(S) (SEPARATE PROCE	59.90	62.29	90	1	AS
49020	DRAINAGE OF PERITONEAL ABSCESS OR LOCALIZED PERITONITIS, EXCLUSIVE OF APPEN	98.42	102.35	90	1	AS
49040	DRAINAGE OF SUBDIAPHRAGMATIC OR SUBPHRENIC ABSCESS; OPEN	61.89	64.36	90	1	AS
49041	DRAINAGE OF SUBDIAPHRAGMATIC OR SUBPHRENIC ABSCESS; PERCUTANEOUS	13.50	14.04	0	1	AS
49061	DRAINAGE OF RETROPERITONEAL ABSCESS; PERCUTANEOUS	12.49	12.98	0	1	AS
49062	DRAINAGE OF EXTRAPERITONEAL LYMPHOCELE TO PERITONEAL CAVITY, OPEN	47.11	48.99	90	1	AS
49200	EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL OR RETROPERITONEAL TUMORS OR	42.84	44.55	90	1	AS
49201	EXCISION OR DESTRUCTION BY ANY METHOD OF INTRA-ABDOMINAL OR RETROPERITONEAL	60.36	62.77	90	1	AS
49215	EXCISION OF PRESACRAL OR SACROCOCCYGEAL TUMOR	137.78	143.29	90	1	AS
49220	STAGING LAPAROTOMY FOR HODGKINS DISEASE OR LYMPHOMA (INCLUDES SPLENECTOMY,	59.95	62.34	90	1	AS
49255	OMENTECTOMY, EPIPLOECTOMY, RESECTION OF OMENTUM (SEPARATE PROCEDURE)	48.99	50.94	90	1	AS
49320	LAPAROSCOPY, ABDOMEN, PERITONEUM, AND OMENTUM, DIAGNOSTIC, WITH OR WITHOUT	20.59	21.41	10	1	AS
49321	LAPAROSCOPY, SURGICAL; WITH BIOPSY (SINGLE OR MULTIPLE)	21.74	22.60	10	1	AS
49322	LAPAROSCOPY, SURGICAL, ABDOMEN, PERITONEUM, AND OMENTUM; WITH ASPIRATION OF	23.40	24.33	10	1	AS
49323	LAPAROSCOPY, SURGICAL, ABDOMEN, PERITONEUM, AND OMENTUM; WITH DRAINAGE OF L	40.27	41.88	90	1	AS
49324	LAPAROSCOPY, SURGICAL; WITH INSERTION OF INTRAPERITONEAL CANNULA OR CATHETE	24.63	25.61	10	1	AS
49325	LAPAROSCOPY, SURGICAL; WITH REVISION OF PREVIOUSLY PLACED INTRAPERITONEAL C	26.55	27.61	10	1	AS
49326	LAPAROSCOPY, SURGICAL; WITH OMENTOPEXY (OMENTAL TACKING PROCEDURE) (LIST SE	12.22	12.70	0	1	AS
49329	UNLISTED LAPAROSCOPY PROCEDURE, ABDOMEN, PERITONEUM AND OMENTUM	0.00	0.00	0	1	R AS
49425	INSERTION OF PERITONEAL-VENOUS SHUNT	47.61	49.51	90	1	AS
49435	INSERTION OF SUBCUTANEOUS EXTENSION TO INTRAPERITONEAL CANNULA OR CATHETER	7.87	8.18	0	1	AS
49436	DELAYED CREATION OF EXIT SITE FROM EMBEDDED SUBCUTANEOUS SEGMENT OF INTRAPE	11.56	12.02	10	1	AS
49491	REPAIR, INITIAL INGUINAL HERNIA, PRETERM INFANT (LESS THAN 37 WEEKS GESTATI	48.39	50.32	90	1	B AS
49492	REPAIR, INITIAL INGUINAL HERNIA, PRETERM INFANT (LESS THAN 37 WEEKS GESTATI	57.77	60.08	90	1	B AS
49495	REPAIR, INITIAL INGUINAL HERNIA, FULL TERM INFANT UNDER AGE 6 MONTHS, OR PR	24.84	25.83	90	1	B AS
49496	REPAIR INITIAL INGUINAL HERNIA, UNDER AGE 6 MONTHS, WITH OR WITHOUT HYDROCE	37.08	38.56	90	1	B AS
49500	REPAIR INITIAL INGUINAL HERNIA, AGE 6 MONTHS TO UNDER 5 YEARS, WITH OR WITH	25.36	26.37	90	1	B AS
49501	REPAIR INITIAL INGUINAL HERNIA, AGE 6 MONTHS TO UNDER 5 YEARS, WITH OR WITH	36.83	38.30	90	1	B AS
49505	REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OVER; REDUCIBLE	32.18	33.46	90	1	B AS
49507	REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OVER; INCARCERATED OR STRANG	39.49	41.06	90	1	B AS
49520	REPAIR RECURRENT INGUINAL HERNIA, ANY AGE; REDUCIBLE	39.17	40.73	90	1	B AS

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49521	REPAIR RECURRENT INGUINAL HERNIA, ANY AGE; INCARCERATED OR STRANGULATED	47.66	49.56	90	1	B AS
49525	REPAIR INGUINAL HERNIA, SLIDING, ANY AGE	35.49	36.90	90	1	B AS
49540	REPAIR LUMBAR HERNIA	41.93	43.60	90	1	B AS
49550	REPAIR INITIAL FEMORAL HERNIA, ANY AGE, REDUCIBLE;	35.62	37.04	90	1	B AS
49553	REPAIR INITIAL FEMORAL HERNIA, ANY AGE; INCARCERATED OR STRANGULATED	38.96	40.51	90	1	B AS
49555	REPAIR RECURRENT FEMORAL HERNIA; REDUCIBLE	37.05	38.53	90	1	B AS
49557	REPAIR RECURRENT FEMORAL HERNIA; INCARCERATED OR STRANGULATED	44.95	46.74	90	1	B AS
49560	REPAIR INITIAL INCISIONAL OR VENTRAL HERNIA; REDUCIBLE	45.90	47.73	90	1	B AS
49561	REPAIR INITIAL INCISIONAL HERNIA; INCARCERATED OR STRANGULATED	57.87	60.18	90	1	B AS
49565	REPAIR RECURRENT INCISIONAL OR VENTRAL HERNIA; REDUCIBLE	47.64	49.54	90	1	B AS
49566	REPAIR RECURRENT INCISIONAL HERNIA; INCARCERATED OR STRANGULATED	58.45	60.78	90	1	B AS
49568	IMPLANTATION OF MESH OR OTHER PROSTHESIS FOR INCISIONAL OR VENTRAL HERNIA R	17.04	17.72	0	1	B AS
49570	REPAIR EPIGASTRIC HERNIA (EG, PREPERITONEAL FAT); REDUCIBLE (SEPARATE PROCE	25.29	26.30	90	1	B AS
49572	REPAIR EPIGASTRIC HERNIA (EG, PREPERITONEAL FAT); INCARCERATED OR STRANGULA	31.45	32.70	90	1	B AS
49580	REPAIR UMBILICAL HERNIA, UNDER AGE 5 YEARS; REDUCIBLE	19.93	20.72	90	1	PA AS
49582	REPAIR UMBILICAL HERNIA, UNDER AGE 5 YEARS; INCARCERATED OR STRANGULATED	29.03	30.19	90	1	AS
49585	REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OVER; REDUCIBLE	27.27	28.36	90	1	AS
49587	REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OVER; INCARCERATED OR STRANGULATED	32.25	33.54	90	1	AS
49590	REPAIR SPIGELIAN HERNIA	35.34	36.75	90	1	B AS
49600	REPAIR OF SMALL OMPHALOCELE, WITH PRIMARY CLOSURE	45.20	47.00	90	1	AS
49605	REPAIR OF LARGE OMPHALOCELE OR GASTROSCHISIS; WITH OR WITHOUT PROSTHESIS	308.42	320.75	90	1	AS
49606	REPAIR OF LARGE OMPHALOCELE OR GASTROSCHISIS; WITH REMOVAL OF PROSTHESIS, F	70.44	73.25	90	1	AS
49610	REPAIR OF OMPHALOCELE (GROSS TYPE OPERATION); FIRST STAGE	41.73	43.39	90	1	AS
49611	REPAIR OF OMPHALOCELE (GROSS TYPE OPERATION); SECOND STAGE	34.36	35.73	90	1	AS
49650	LAPAROSCOPY, SURGICAL; REPAIR INITIAL INGUINAL HERNIA	26.60	27.66	90	1	B AS
49651	LAPAROSCOPY, SURGICAL; REPAIR RECURRENT INGUINAL HERNIA	34.34	35.71	90	1	AS
49659	UNLISTED LAPAROSCOPY PROCEDURE, HERNIOPLASTY, HERNIORRHAPHY, HERNIOTOMY	0.00	0.00	0	1	R AS
49900	SUTURE, SECONDARY, OF ABDOMINAL WALL FOR EVISCERATION OR DEHISCENCE	50.73	52.75	90	1	AS
49904	OMENTAL FLAP, EXTRA-ABDOMINAL (EG, FOR RECONSTRUCTION OF STERNAL AND CHEST	93.51	97.25	90	1	PA AS
49905	OMENTAL FLAP, INTRA-ABDOMINAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIM	22.73	23.63	0	1	AS
49999	UNLISTED PROCEDURE, ABDOMEN, PERITONEUM AND OMENTUM	0.00	0.00	90	1	R AS
50010	RENAL EXPLORATION, NOT NECESSITATING OTHER SPECIFIC PROCEDURES	50.28	52.29	90	1	AS
50021	DRAINAGE OF PERIRENAL OR RENAL ABSCESS; PERCUTANEOUS	11.41	11.86	0	1	AS
50045	NEPHROTOMY, WITH EXPLORATION	66.52	69.18	90	1	AS
50060	NEPHROLITHOTOMY; REMOVAL OF CALCULUS	83.96	87.31	90	1	AS
50065	NEPHROLITHOTOMY; SECONDARY SURGICAL OPERATION FOR CALCULUS	89.49	93.06	90	1	AS
50070	NEPHROLITHOTOMY; COMPLICATED BY CONGENITAL KIDNEY ABNORMALITY	87.45	90.94	90	1	AS
50075	NEPHROLITHOTOMY; REMOVAL OF LARGE STAGHORN CALCULUS FILLING RENAL PELVIS AN	107.34	111.63	90	1	AS
50081	PERCUTANEOUS NEPHROSTOLITHOTOMY OR PYELOSTOLITHOTOMY, WITH OR WITHOUT DILAT	93.84	97.59	90	1	AS

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50100	TRANSECTION OR REPOSITIONING OF ABERRANT RENAL VESSELS (SEPARATE PROCEDURE)	66.79	69.46	90	1	AS
50120	PYELOTOMY; WITH EXPLORATION	68.33	71.06	90	1	AS
50125	PYELOTOMY; WITH DRAINAGE, PYELOSTOMY	73.08	76.00	90	1	AS
50130	PYELOTOMY; WITH REMOVAL OF CALCULUS (PYELOLITHOTOMY, PELVIOLITHOTOMY, INCLU	75.74	78.76	90	1	AS
50135	PYELOTOMY; COMPLICATED (EG, SECONDARY OPERATION, CONGENITAL KIDNEY ABNORMAL	82.28	85.57	90	1	AS
50205	RENAL BIOPSY; BY SURGICAL EXPOSURE OF KIDNEY	47.99	49.90	90	1	B AS
50220	NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY, ANY OPEN APPROACH INCLUDING RI	74.46	77.43	90	1	B AS
50225	NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY, ANY APPROACH INCLUDING RIB RES	86.73	90.19	90	1	AS
50230	NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY, ANY APPROACH INCLUDING RIB RES	93.49	97.22	90	1	AS
50234	NEPHRECTOMY WITH TOTAL URETERECTOMY AND BLADDER CUFF; THROUGH SAME INCISION	95.15	98.95	90	1	AS
50236	NEPHRECTOMY WITH TOTAL URETERECTOMY AND BLADDER CUFF; THROUGH SEPARATE INCI	107.57	111.87	90	1	AS
50240	NEPHRECTOMY, PARTIAL	96.76	100.63	90	1	AS
50250	ABLATION, OPEN, ONE OR MORE RENAL MASS LESION(S), CRYOSURGICAL, INCLUDING I	86.07	89.51	90	1	B AS
50280	EXCISION OR UNROOFING OF CYST(S) OF KIDNEY	69.33	72.10	90	1	AS
50290	EXCISION OF PERINEPHRIC CYST	64.55	67.13	90	1	AS
50340	RECIPIENT NEPHRECTOMY (SEPARATE PROCEDURE)	58.20	60.52	90	1	B AS
50360	RENAL ALLOTRANSPLANTATION, IMPLANTATION OF GRAFT; WITHOUT RECIPIENT NEPHREC	158.70	165.04	90	1	AS
50365	RENAL ALLOTRANSPLANTATION, IMPLANTATION OF GRAFT; WITH RECIPIENT NEPHRECTOM	175.11	182.11	90	1	B AS
50370	REMOVAL OF TRANSPLANTED RENAL ALLOGRAFT	74.58	77.56	90	1	AS
50380	RENAL AUTOTRANSPLANTATION, REIMPLANTATION OF KIDNEY	122.15	127.03	90	1	AS
50400	PYELOPLASTY (FOLEY Y-PYELOPLASTY), PLASTIC OPERATION ON RENAL PELVIS, WITH	84.87	88.26	90	1	AS
50405	PYELOPLASTY (FOLEY Y-PYELOPLASTY), PLASTIC OPERATION ON RENAL PELVIS, WITH	102.59	106.69	90	1	AS
50500	NEPHRORRHAPHY, SUTURE OF KIDNEY WOUND OR INJURY	81.47	84.72	90	1	AS
50520	CLOSURE OF NEPHROCUTANEOUS OR PYELOCUTANEOUS FISTULA	74.76	77.75	90	1	AS
50525	CLOSURE OF NEPHROVISCERAL FISTULA (EG, RENOCOLIC), INCLUDING VISCERAL REPAI	93.29	97.02	90	1	AS
50526	CLOSURE OF NEPHROVISCERAL FISTULA (EG, RENOCOLIC), INCLUDING VISCERAL REPAI	91.13	94.77	90	1	AS
50540	SYMPHYSIOTOMY FOR HORSESHOE KIDNEY WITH OR WITHOUT PYELOPLASTY AND/OR OTHER	83.53	86.87	90	1	AS
50541	LAPAROSCOPY, SURGICAL; ABLATION OF RENAL CYSTS	67.32	70.01	90	1	AS
50542	LAPAROSCOPY, SURGICAL; ABLATION OF RENAL MASS LESION(S)	85.22	88.62	90	1	AS
50543	LAPAROSCOPY, SURGICAL; PARTIAL NEPHRECTOMY	109.05	113.41	90	1	AS
50544	LAPAROSCOPY, SURGICAL; PYELOPLASTY	91.78	95.45	90	1	AS
50545	LAPAROSCOPY, SURGICAL; RADICAL NEPHRECTOMY (INCLUDES REMOVAL OF GEROTA±S FA	98.42	102.35	90	1	B AS
50546	LAPAROSCOPY, SURGICAL; NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY	87.43	90.92	90	1	AS
50548	LAPAROSCOPY, SURGICAL; NEPHRECTOMY WITH TOTAL URETERECTOMY	99.12	103.08	90	1	AS
50562	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITH	43.01	44.73	90	1	AS
50592	ABLATION, ONE OR MORE RENAL TUMOR(S), PERCUTANEOUS, UNILATERAL, RADIOFREQUE	24.76	25.75	10	1	AS
50600	URETEROTOMY WITH EXPLORATION OR DRAINAGE (SEPARATE PROCEDURE)	67.55	70.25	90	1	B AS
50605	URETEROTOMY FOR INSERTION OF INDWELLING STENT, ALL TYPES	65.74	68.36	90	1	B AS
50610	URETEROLITHOTOMY; UPPER ONE-THIRD OF URETER	69.81	72.60	90	1	B AS

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50620	URETEROLITHOTOMY; MIDDLE ONE-THIRD OF URETER	66.47	69.12	90	1	B AS
50630	URETEROLITHOTOMY; LOWER ONE-THIRD OF URETER	64.28	66.85	90	1	B AS
50650	URETERECTOMY, WITH BLADDER CUFF (SEPARATE PROCEDURE)	75.84	78.87	90	1	AS
50660	URETERECTOMY, TOTAL, ECTOPIC URETER, COMBINATION ABDOMINAL, VAGINAL AND/OR	83.58	86.92	90	1	AS
50700	URETEROPLASTY, PLASTIC OPERATION ON URETER (EG, STRICTURE)	65.91	68.54	90	1	AS
50715	URETEROLYSIS, WITH OR WITHOUT REPOSITIONING OF URETER FOR RETROPERITONEAL F	78.78	81.93	90	1	B AS
50722	URETEROLYSIS FOR OVARIAN VEIN SYNDROME	69.76	72.55	90	1	AS
50725	URETEROLYSIS FOR RETROCAVAL URETER, WITH REANASTOMOSIS OF UPPER URINARY TRA	78.78	81.93	90	1	AS
50727	REVISION OF URINARY-CUTANEOUS ANASTOMOSIS (ANY TYPE UROSTOMY);	36.63	38.09	90	1	AS
50728	REVISION OF URINARY-CUTANEOUS ANASTOMOSIS (ANY TYPE UROSTOMY); WITH REPAIR	50.90	52.93	90	1	AS
50740	URETEROPYELOSTOMY, ANASTOMOSIS OF URETER AND RENAL PELVIS	77.83	80.94	90	1	AS
50750	URETEROCALYCOSTOMY, ANASTOMOSIS OF URETER TO RENAL CALYX	81.32	84.57	90	1	AS
50760	URETEROURETEROSTOMY	78.88	82.03	90	1	AS
50770	TRANSURETEROURETEROSTOMY, ANASTOMOSIS OF URETER TO CONTRALATERAL URETER	83.83	87.18	90	1	AS
50780	URETERONEOCYSTOSTOMY; ANASTOMOSIS OF SINGLE URETER TO BLADDER	79.34	82.51	90	1	B AS
50782	URETERONEOCYSTOSTOMY; ANASTOMOSIS OF DUPLICATED URETER TO BLADDER	74.56	77.54	90	1	B AS
50783	URETERONEOCYSTOSTOMY; WITH EXTENSIVE URETERAL TAILORING	82.08	85.36	90	1	B AS
50785	URETERONEOCYSTOSTOMY; WITH VESICO-PSOAS HITCH OR BLADDER FLAP	87.63	91.13	90	1	B AS
50800	URETEROENTEROSTOMY, DIRECT ANASTOMOSIS OF URETER TO INTESTINE	67.50	70.20	90	1	B AS
50810	URETEROSIGMOIDOSTOMY, WITH CREATION OF SIGMOID BLADDER AND ESTABLISHMENT OF	86.35	89.80	90	1	AS
50815	URETEROCOLON CONDUIT, INCLUDING INTESTINE ANASTOMOSIS	88.89	92.44	90	1	B AS
50820	URETEROILEAL CONDUIT (ILEAL BLADDER), INCLUDING INTESTINE ANASTOMOSIS (BRIC	95.35	99.16	90	1	B AS
50825	CONTINENT DIVERSION, INCLUDING INTESTINE ANASTOMOSIS USING ANY SEGMENT OF S	120.26	125.07	90	1	AS
50830	URINARY UNDIVERSION (EG, TAKING DOWN OF URETEROILEAL CONDUIT, URETEROSIGMOI	130.87	136.10	90	1	AS
50840	REPLACEMENT OF ALL OR PART OF URETER BY INTESTINE SEGMENT, INCLUDING INTEST	89.84	93.43	90	1	B AS
50845	CUTANEOUS APPENDICO-VESICOSTOMY	91.38	95.03	90	1	AS
50860	URETEROSTOMY, TRANSPLANTATION OF URETER TO SKIN	68.85	71.60	90	1	B AS
50900	URETERORRHAPHY, SUTURE OF URETER (SEPARATE PROCEDURE)	60.86	63.29	90	1	AS
50920	CLOSURE OF URETEROCUTANEOUS FISTULA	63.27	65.80	90	1	AS
50930	CLOSURE OF URETEROVISCERAL FISTULA (INCLUDING VISCERAL REPAIR)	79.69	82.87	90	1	AS
50940	DELIGATION OF URETER	63.75	66.30	90	1	B AS
50945	LAPAROSCOPY, SURGICAL, URETEROLITHOTOMY	70.69	73.51	0	1	B AS
50947	LAPAROSCOPY, SURGICAL; URETERONEOCYSTOSTOMY WITH CYSTOSCOPY AND URETERAL ST	101.68	105.74	90	1	B AS
50948	LAPAROSCOPY, SURGICAL; URETERONEOCYSTOSTOMY WITHOUT CYSTOSCOPY AND URETERAL	94.47	98.24	90	1	B AS
50949	UNLISTED LAPAROSCOPY PROCEDURE, URETER	0.00	0.00	90	1	R B AS
51020	CYSTOTOMY OR CYSTOSTOMY; WITH FULGURATION AND/OR INSERTION OF RADIOACTIVE M	33.68	35.02	90	1	AS
51040	CYSTOSTOMY, CYSTOTOMY WITH DRAINAGE	21.32	22.17	90	1	AS
51045	CYSTOTOMY, WITH INSERTION OF URETERAL CATHETER OR STENT (SEPARATE PROCEDURE	33.86	35.21	90	1	AS
51050	CYSTOLITHOTOMY, CYSTOTOMY WITH REMOVAL OF CALCULUS, WITHOUT VESICAL NECK RE	34.66	36.04	90	1	AS

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51060	TRANSVESICAL URETEROLITHOTOMY	42.56	44.26	90	1	AS
51080	DRAINAGE OF PERIVESICAL OR PREVESICAL SPACE ABSCESS	28.46	29.59	90	1	AS
51500	EXCISION OF URACHAL CYST OR SINUS, WITH OR WITHOUT UMBILICAL HERNIA REPAIR	44.77	46.56	90	1	AS
51520	CYSTOTOMY; FOR SIMPLE EXCISION OF VESICAL NECK (SEPARATE PROCEDURE)	43.61	45.35	90	1	AS
51525	CYSTOTOMY; FOR EXCISION OF BLADDER DIVERTICULUM, SINGLE OR MULTIPLE (SEPARA	62.95	65.46	90	1	AS
51530	CYSTOTOMY; FOR EXCISION OF BLADDER TUMOR	55.35	57.56	90	1	AS
51535	CYSTOTOMY FOR EXCISION, INCISION, OR REPAIR OF URETEROCELE	56.81	59.08	90	1	B AS
51550	CYSTECTOMY, PARTIAL; SIMPLE	68.90	71.65	90	1	AS
51555	CYSTECTOMY, PARTIAL; COMPLICATED (EG, POSTRADIATION, PREVIOUS SURGERY, DIFF	91.43	95.08	90	1	AS
51565	CYSTECTOMY, PARTIAL, WITH REIMPLANTATION OF URETER(S) INTO BLADDER (URETERO	93.89	97.64	90	1	AS
51570	CYSTECTOMY, COMPLETE; (SEPARATE PROCEDURE)	107.04	111.32	90	1	AS
51575	CYSTECTOMY, COMPLETE; WITH BILATERAL PELVIC LYMPHADENECTOMY, INCLUDING EXTE	133.73	139.07	90	1	AS
51580	CYSTECTOMY, COMPLETE, WITH URETEROSIGMOIDOSTOMY OR URETEROCUTANEOUS TRANSPL	138.91	144.46	90	1	AS
51585	CYSTECTOMY, COMPLETE, WITH URETEROSIGMOIDOSTOMY OR URETEROCUTANEOUS TRANSPL	155.38	161.59	90	1	AS
51590	CYSTECTOMY, COMPLETE, WITH URETEROILEAL CONDUIT OR SIGMOID BLADDER, INCLUDI	141.10	146.74	90	1	AS
51595	CYSTECTOMY, COMPLETE, WITH URETEROILEAL CONDUIT OR SIGMOID BLADDER, INCLUDI	160.33	166.74	90	1	AS
51596	CYSTECTOMY, COMPLETE, WITH CONTINENT DIVERSION, ANY OPEN TECHNIQUE, USING A	172.09	178.97	90	1	AS
51597	PELVIC EXENTERATION, COMPLETE, FOR VESICAL, PROSTATIC OR URETHRAL MALIGNANC	165.41	172.02	90	1	AS
51701	INSERTION OF NON-INDWELLING BLADDER CATHETER (EG, STRAIGHT CATHETERIZATION	24.82	25.81	0	1	
51702	INSERTION OF TEMPORARY INDWELLING BLADDER CATHETER; SIMPLE (EG, FOLEY)	32.52	33.82	0	1	
51800	CYSTOPLASTY OR CYSTOURETHROPLASTY, PLASTIC OPERATION ON BLADDER AND/OR VESI	76.09	79.13	90	1	AS
51820	CYSTOURETHROPLASTY WITH UNILATERAL OR BILATERAL URETERONEOCYSTOSTOMY	79.96	83.15	90	1	AS
51840	ANTERIOR VESICourethroPEXY, OR URETHROPEXY (EG, MARSHALL-MARCHETTI-KRANTZ,	45.63	47.45	90	1	AS
51841	ANTERIOR VESICourethroPEXY, OR URETHROPEXY (MARSHALL-MARCHETTI-KRANTZ TYPE)	54.57	56.75	90	1	AS
51845	ABDOMINO-VAGINAL VESICAL NECK SUSPENSION, WITH OR WITHOUT ENDOSCOPIC CONTRO	42.18	43.86	90	1	AS
51860	CYSTORRHAPHY, SUTURE OF BLADDER WOUND, INJURY OR RUPTURE; SIMPLE	51.58	53.64	90	1	AS
51865	CYSTORRHAPHY, SUTURE OF BLADDER WOUND, INJURY OR RUPTURE; COMPLICATED	64.05	66.61	90	1	AS
51880	CLOSURE OF CYSTOSTOMY (SEPARATE PROCEDURE)	33.41	34.74	90	1	AS
51900	CLOSURE OF VESICOVAGINAL FISTULA, ABDOMINAL APPROACH	59.83	62.22	90	1	AS
51920	CLOSURE OF VESICOUTERINE FISTULA;	56.06	58.30	90	1	AS
51925	CLOSURE OF VESICOUTERINE FISTULA; WITH HYSTERECTOMY	74.84	77.83	90	1	AS
51940	CLOSURE, EXSTROPHY OF BLADDER	110.98	115.41	90	1	AS
51960	ENTEROCYSTOPLASTY, INCLUDING INTESTINAL ANASTOMOSIS	100.90	104.93	90	1	AS
51980	CUTANEOUS VESICOSTOMY	51.93	54.00	90	1	AS
51990	LAPAROSCOPY, SURGICAL; URETHRAL SUSPENSION FOR STRESS INCONTINENCE	51.86	53.93	90	1	AS
51992	LAPAROSCOPY, SURGICAL; SLING OPERATION FOR STRESS INCONTINENCE (EG, FASCIA	57.42	59.71	90	1	AS
53085	DRAINAGE OF PERINEAL URINARY EXTRAVASATION; COMPLICATED	41.65	43.31	90	1	AS
53210	URETHRECTOMY, TOTAL, INCLUDING CYSTOSTOMY; FEMALE	56.21	58.45	90	1	AS
53215	URETHRECTOMY, TOTAL, INCLUDING CYSTOSTOMY; MALE	68.28	71.01	90	1	AS

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53230	EXCISION OF URETHRAL DIVERTICULUM (SEPARATE PROCEDURE); FEMALE	44.22	45.98	90	1	AS
53235	EXCISION OF URETHRAL DIVERTICULUM (SEPARATE PROCEDURE); MALE	46.81	48.68	90	1	AS
53400	URETHROPLASTY; FIRST STAGE, FOR FISTULA, DIVERTICULUM, OR STRICTURE (EG, JO	58.50	60.84	90	1	AS
53405	URETHROPLASTY; SECOND STAGE (FORMATION OF URETHRA), INCLUDING URINARY DIVER	64.55	67.13	90	1	AS
53410	URETHROPLASTY, ONE-STAGE RECONSTRUCTION OF MALE ANTERIOR URETHRA	72.05	74.93	90	1	AS
53415	URETHROPLASTY, TRANSPUBIC OR PERINEAL, ONE STAGE, FOR RECONSTRUCTION OR REP	83.11	86.43	90	1	AS
53425	URETHROPLASTY, TWO-STAGE RECONSTRUCTION OR REPAIR OF PROSTATIC OR MEMBRANOU	69.10	71.86	90	1	AS
53430	URETHROPLASTY, RECONSTRUCTION OF FEMALE URETHRA	68.53	71.27	90	1	AS
53431	URETHROPLASTY WITH TUBULARIZATION OF POSTERIOR URETHRA AND/OR LOWER BLADDER	84.59	87.97	90	1	AS
53440	SLING OPERATION FOR CORRECTION OF MALE URINARY INCONTINENCE (EG, FASCIA OR	64.58	67.16	90	1	AS
53442	REMOVAL OR REVISION OF SLING FOR MALE URINARY INCONTINENCE (EG, FASCIA OR S	56.99	59.26	90	1	AS
53444	INSERTION OF TANDEM CUFF (DUAL CUFF)	58.27	60.60	90	1	AS
53445	INSERTION OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER, INCLUDING PLACEMEN	63.25	65.78	90	1	AS
53446	REMOVAL OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER, INCLUDING PUMP, RESE	47.21	49.09	90	1	AS
53447	REMOVAL AND REPLACEMENT OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER INCLU	59.53	61.91	90	1	AS
53448	REMOVAL AND REPLACEMENT OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER INCLU	94.12	97.88	90	1	AS
53500	URETHROLYSIS, TRANSVAGINAL, SECONDARY, OPEN, INCLUDING CYSTOURETHROSCOPY (E	334.65	348.03	90	1	B
53505	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PENILE	35.70	37.12	90	1	AS
53510	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PERINEAL	46.30	48.15	90	1	AS
53515	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PROSTATOMEMBRANOUS	58.07	60.39	90	1	AS
54110	EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE);	45.65	47.47	90	1	AS
54111	EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE); WITH GRAFT TO 5 CM IN LENGTH	59.00	61.36	90	1	AS
54112	EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE); WITH GRAFT GREATER THAN 5 CM	69.08	71.84	90	1	AS
54115	REMOVAL FOREIGN BODY FROM DEEP PENILE TISSUE (EG, PLASTIC IMPLANT)	33.06	34.38	90	1	AS
54120	AMPUTATION OF PENIS; PARTIAL	46.38	48.23	90	1	AS
54125	AMPUTATION OF PENIS; COMPLETE	59.65	62.03	90	1	AS
54130	AMPUTATION OF PENIS, RADICAL; WITH BILATERAL INGUINOFEMORAL LYMPHADENECTOMY	87.33	90.82	90	1	AS
54135	AMPUTATION OF PENIS, RADICAL; IN CONTINUITY WITH BILATERAL PELVIC LYMPHADEN	111.56	116.02	90	1	AS
54205	INJECTION PROCEDURE FOR PEYRONIE DISEASE; WITH SURGICAL EXPOSURE OF PLAQUE	39.17	40.73	90	1	AS
54300	PLASTIC OPERATION OF PENIS FOR STRAIGHTENING OF CHORDEE (EG, HYPOSPADIAS),	47.03	48.91	90	1	AS
54304	PLASTIC OPERATION ON PENIS FOR CORRECTION OF CHORDEE OR FOR FIRST STAGE HYP	55.33	57.54	90	1	AS
54308	URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY DIVERS	52.76	54.87	90	1	AS
54312	URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY DIVERS	61.04	63.48	90	1	AS
54316	URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY DIVERS	73.68	76.62	90	1	AS
54318	URETHROPLASTY FOR THIRD STAGE HYPOSPADIAS REPAIR TO RELEASE PENIS FROM SCRO	50.10	52.10	90	1	AS
54322	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISIO	57.29	59.58	90	1	AS
54324	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISIO	71.64	74.50	90	1	AS
54326	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISIO	69.73	72.51	90	1	AS
54328	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISIO	69.36	72.13	90	1	AS

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54332	ONE STAGE PROXIMAL PENILE OR PENOSCROTAL HYPOSPADIAS REPAIR REQUIRING EXTEN	74.81	77.80	90	1	AS
54336	ONE STAGE PERINEAL HYPOSPADIAS REPAIR REQUIRING EXTENSIVE DISSECTION TO COR	89.69	93.27	90	1	AS
54340	REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICULA);	42.01	43.69	90	1	AS
54344	REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICULA);	71.34	74.19	90	1	AS
54348	REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICULA);	64.68	67.26	90	1	AS
54352	REPAIR OF HYPOSPADIAS CRIPPLE REQUIRING EXTENSIVE DISSECTION AND EXCISION O	105.83	110.06	90	1	AS
54360	PLASTIC OPERATION ON PENIS TO CORRECT ANGULATION	53.09	55.21	90	1	AS
54380	PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER;	51.86	53.93	90	1	AS
54385	PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER; WIT	64.48	67.05	90	1	AS
54390	PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER; WIT	79.29	82.46	90	1	AS
54406	REMOVAL OF ALL COMPONENTS OF A MULTI-COMPONENT, INFLATABLE PENILE PROSTHESI	53.82	55.97	90	1	AS
54415	REMOVAL OF NON-INFLATABLE (SEMI-RIGID) OR INFLATABLE (SELF-CONTAINED) PENIL	38.84	40.39	90	1	AS
54420	CORPORA CAVERNOSA-SAPHENOUS VEIN SHUNT (PRIAPISM OPERATION), UNILATERAL OR	52.19	54.27	90	1	AS
54430	CORPORA CAVERNOSA-CORPUS SPONGIOSUM SHUNT (PRIAPISM OPERATION), UNILATERAL	47.03	48.91	90	1	AS
54440	PLASTIC OPERATION OF PENIS FOR INJURY	17.70	18.40	90	1	AS
54512	EXCISION OF EXTRAPARENCHYMAL LESION OF TESTIS	39.39	40.96	90	1	B AS
54522	ORCHIECTOMY, PARTIAL	42.38	44.07	90	1	B AS
54530	ORCHIECTOMY, RADICAL, FOR TUMOR; INGUINAL APPROACH	40.62	42.24	90	1	B AS
54535	ORCHIECTOMY, RADICAL, FOR TUMOR; WITH ABDOMINAL EXPLORATION	54.50	56.68	90	1	B AS
54550	EXPLORATION FOR UNDESCENDED TESTIS (INGUINAL OR SCROTAL AREA)	36.00	37.44	90	1	B AS
54560	EXPLORATION FOR UNDESCENDED TESTIS WITH ABDOMINAL EXPLORATION	48.29	50.22	90	1	B AS
54680	TRANSPLANTATION OF TESTIS(ES) TO THIGH (BECAUSE OF SCROTAL DESTRUCTION)	57.64	59.94	90	1	B AS
54690	LAPAROSCOPY, SURGICAL; ORCHIECTOMY	47.41	49.30	90	1	B AS
55150	RESECTION OF SCROTUM	35.44	36.85	90	1	AS
55520	EXCISION OF LESION OF SPERMATIC CORD (SEPARATE PROCEDURE)	28.00	29.12	90	1	AS
55535	EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; ABDOM	31.37	32.62	90	1	AS
55540	EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; WITH	33.79	35.14	90	1	AS
55550	LAPAROSCOPY, SURGICAL, WITH LIGATION OF SPERMATIC VEINS FOR VARICOCELE	30.84	32.07	90	1	B AS
55559	UNLISTED LAPAROSCOPY PROCEDURE, SPERMATIC CORD	0.00	0.00	0	1	R B AS
55650	VESICULECTOMY, ANY APPROACH	52.34	54.43	90	1	B AS
55720	PROSTATOTOMY, EXTERNAL DRAINAGE OF PROSTATIC ABSCESS, ANY APPROACH; SIMPLE	33.91	35.26	90	1	AS
55725	PROSTATOTOMY, EXTERNAL DRAINAGE OF PROSTATIC ABSCESS, ANY APPROACH; COMPLIC	42.66	44.36	90	1	AS
55801	PROSTATECTOMY, PERINEAL, SUBTOTAL (INCLUDING CONTROL OF POSTOPERATIVE BLEED	79.84	83.03	90	1	AS
55810	PROSTATECTOMY, PERINEAL RADICAL;	96.53	100.39	90	1	AS
55812	PROSTATECTOMY, PERINEAL RADICAL; WITH LYMPH NODE BIOPSY(S) (LIMITED PELVIC	118.15	122.87	90	1	AS
55815	PROSTATECTOMY, PERINEAL RADICAL; WITH BILATERAL PELVIC LYMPHADENECTOMY, INC	129.84	135.03	90	1	AS
55821	PROSTATECTOMY (INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, VASECTOMY, MEAT	64.18	66.74	90	1	AS
55831	PROSTATECTOMY (INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, VASECTOMY, MEAT	69.51	72.29	90	1	AS
55840	PROSTATECTOMY, RETROPUBIC RADICAL, WITH OR WITHOUT NERVE SPARING;	98.16	102.08	90	1	AS

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55842	PROSTATECTOMY, RETROPUBIC RADICAL, WITH OR WITHOUT NERVE SPARING; WITH LYMP	105.30	109.51	90	1	AS
55845	PROSTATECTOMY, RETROPUBIC RADICAL, WITH OR WITHOUT NERVE SPARING; WITH BILA	120.26	125.07	90	1	AS
55862	EXPOSURE OF PROSTATE, ANY APPROACH, FOR INSERTION OF RADIOACTIVE SUBSTANCE;	81.35	84.60	90	1	AS
55865	EXPOSURE OF PROSTATE, ANY APPROACH, FOR INSERTION OF RADIOACTIVE SUBSTANCE;	98.44	102.37	90	1	AS
55866	LAPAROSCOPY, SURGICAL PROSTATECTOMY, RETROPUBIC RADICAL, INCLUDING NERVE SP	127.70	132.80	90	1	AS
56501	DESTRUCTION OF LESION(S), VULVA; SIMPLE (EG, LASER SURGERY, ELECTROSURGERY,	52.79	54.90	10	1	
56515	DESTRUCTION OF LESION(S), VULVA; EXTENSIVE (EG, LASER SURGERY, ELECTROSURGE	89.87	93.46	10	1	
56620	VULVECTOMY SIMPLE; PARTIAL	34.57	35.95	90	1	AS
56625	VULVECTOMY SIMPLE; COMPLETE	38.59	40.13	90	1	AS
56630	VULVECTOMY, RADICAL, PARTIAL;	56.49	58.74	90	1	AS
56631	VULVECTOMY, RADICAL, PARTIAL; WITH UNILATERAL INGUINOFEMORAL LYMPHADENECTOM	71.74	74.60	90	1	AS
56632	VULVECTOMY, RADICAL, PARTIAL; WITH BILATERAL INGUINOFEMORAL LYMPHADENECTOMY	83.86	87.21	90	1	AS
56633	VULVECTOMY, RADICAL, COMPLETE;	73.58	76.52	90	1	AS
56634	VULVECTOMY, RADICAL, COMPLETE; WITH UNILATERAL INGUINOFEMORAL LYMPHADENECTO	77.60	80.70	90	1	AS
56637	VULVECTOMY, RADICAL, COMPLETE; WITH BILATERAL INGUINOFEMORAL LYMPHADENECTOM	91.65	95.31	90	1	AS
56640	VULVECTOMY, RADICAL, COMPLETE, WITH INGUINOFEMORAL, ILIAC, AND PELVIC LYMPH	92.11	95.79	90	1	B AS
56700	PARTIAL HYMENECTOMY OR REVISION OF HYMENAL RING	12.19	12.67	10	1	AS
56800	PLASTIC REPAIR OF INTROITUS	15.91	16.54	10	1	AS
56805	CLITOROPLASTY FOR INTERSEX STATE	78.46	81.59	90	1	PA AS
56810	PERINEOPLASTY, REPAIR OF PERINEUM, NON-OBSTETRICAL (SEPARATE PROCEDURE)	17.09	17.77	10	1	AS
57061	DESTRUCTION OF VAGINAL LESION(S); SIMPLE (EG, LASER SURGERY, ELECTROSURGERY	45.88	47.71	10	1	
57065	DESTRUCTION OF VAGINAL LESION(S); EXTENSIVE (EG, LASER SURGERY, ELECTROSURG	77.77	80.88	10	1	
57106	VAGINECTOMY, PARTIAL REMOVAL OF VAGINAL WALL;	31.00	32.24	90	1	AS
57107	VAGINECTOMY, PARTIAL REMOVAL OF VAGINAL WALL; WITH REMOVAL OF PARAVAGINAL T	91.13	94.77	90	1	AS
57109	VAGINECTOMY, PARTIAL REMOVAL OF VAGINAL WALL; WITH REMOVAL OF PARAVAGINAL T	105.25	109.46	90	1	AS
57110	VAGINECTOMY, COMPLETE REMOVAL OF VAGINAL WALL;	58.67	61.01	90	1	AS
57111	VAGINECTOMY, COMPLETE REMOVAL OF VAGINAL WALL; WITH REMOVAL OF PARAVAGINAL	104.80	108.99	90	1	AS
57112	VAGINECTOMY, COMPLETE REMOVAL OF VAGINAL WALL; WITH REMOVAL OF PARAVAGINAL	113.42	117.95	90	1	AS
57120	COLPOCLEISIS (LE FORT TYPE)	33.28	34.61	90	1	AS
57130	EXCISION OF VAGINAL SEPTUM	11.81	12.28	10	1	AS
57150	IRRIGATION OF VAGINA AND /OR APPLICATION OF MEDICAMENT FOR TREATMENT OF	18.70	19.44	0	1	
57160	FITTING AND INSERTION OF PESSARY OR OTHER INTRAVAGINAL SUPPORT DEVICE	31.74	33.00	0	1	
57170	DIAPHRAGM OR CERVICAL CAP FITTING WITH INSTRUCTIONS	24.82	25.81	0	1	
57200	COLPORRHAPHY, SUTURE OF INJURY OF VAGINA (NONOBSTETRICAL)	19.43	20.20	90	1	AS
57210	COLPOPERINEORRHAPHY, SUTURE OF INJURY OF VAGINA AND/OR PERINEUM (NONOBSTETR	23.88	24.83	90	1	AS
57220	PLASTIC OPERATION ON URETHRAL SPHINCTER, VAGINAL APPROACH (EG, KELLY URETHR	20.81	21.64	90	1	AS
57230	PLASTIC REPAIR OF URETHROCELE	26.47	27.52	90	1	AS
57240	ANTERIOR COLPORRHAPHY, REPAIR OF CYSTOCELE WITH OR WITHOUT REPAIR OF URETHR	43.99	45.74	90	1	AS
57250	POSTERIOR COLPORRHAPHY, REPAIR OF RECTOCELE WITH OR WITHOUT PERINEORRHAPHY	42.94	44.65	90	1	AS

CODE	DESCRIPTION	AGE 21+	00-20 MAX	MAX		SPEC
		MAX FEE	FEE	FUD	UNITS	
57260	COMBINED ANTEROPOSTERIOR COLPORRHAPHY;	53.17	55.29	90	1	AS
57265	COMBINED ANTEROPOSTERIOR COLPORRHAPHY; WITH ENTEROCELE REPAIR	59.00	61.36	90	1	AS
57267	INSERTION OF MESH OR OTHER PROSTHESIS FOR REPAIR OF PELVIC FLOOR DEFECT, EA	17.72	18.42	90	1	B AS
57268	REPAIR OF ENTEROCELE, VAGINAL APPROACH (SEPARATE PROCEDURE)	31.52	32.78	90	1	AS
57270	REPAIR OF ENTEROCELE, ABDOMINAL APPROACH (SEPARATE PROCEDURE)	51.96	54.03	90	1	AS
57280	COLPOPEXY, ABDOMINAL APPROACH	63.62	66.16	90	1	AS
57282	COLPOPEXY, VAGINAL; EXTRA-PERITONEAL APPROACH (SACROSPINOUS, ILIOCOCCYGEUS)	33.33	34.66	90	1	AS
57283	COLPOPEXY, VAGINAL; INTRA-PERITONEAL APPROACH (UTEROSACRAL, LEVATOR MYORRHA	44.77	46.56	90	1	AS
57284	PARAVAGINAL DEFECT REPAIR (INCLUDING REPAIR OF CYSTOCELE, STRESS URINARY IN	54.47	56.64	90	1	AS
57287	REMOVAL OR REVISION OF SLING FOR STRESS INCONTINENCE (EG, FASCIA OR SYNTHET	47.49	49.38	90	1	AS
57288	SLING OPERATION FOR STRESS INCONTINENCE (EG, FASCIA OR SYNTHETIC)	55.96	58.19	90	1	AS
57289	PEREYRA PROCEDURE, INCLUDING ANTERIOR COLPORRHAPHY	50.55	52.57	90	1	AS
57291	CONSTRUCTION OF ARTIFICIAL VAGINA; WITHOUT GRAFT	34.79	36.18	90	1	R AS
57292	CONSTRUCTION OF ARTIFICIAL VAGINA; WITH GRAFT	54.17	56.33	90	1	R AS
57295	REVISION (INCLUDING REMOVAL) OF PROSTHETIC VAGINAL GRAFT, VAGINAL APPROACH	31.82	33.09	90	1	AS
57296	REVISION (INCLUDING REMOVAL) OF PROSTHETIC VAGINAL GRAFT; OPEN ABDOMINAL AP	62.57	65.07	90	1	AS
57300	CLOSURE OF RECTOVAGINAL FISTULA; VAGINAL OR TRANSANAL APPROACH	34.99	36.38	90	1	AS
57305	CLOSURE OF RECTOVAGINAL FISTULA; ABDOMINAL APPROACH	58.22	60.54	90	1	AS
57307	CLOSURE OF RECTOVAGINAL FISTULA; ABDOMINAL APPROACH, WITH CONCOMITANT COLOS	65.51	68.13	90	1	AS
57308	CLOSURE OF RECTOVAGINAL FISTULA; TRANSPERINEAL APPROACH, WITH PERINEAL BODY	41.53	43.19	90	1	AS
57310	CLOSURE OF URETHROVAGINAL FISTULA;	33.21	34.53	90	1	AS
57311	CLOSURE OF URETHROVAGINAL FISTULA; WITH BULBOCAVERNOSUS TRANSPLANT	36.90	38.37	90	1	AS
57320	CLOSURE OF VESICOVAGINAL FISTULA; VAGINAL APPROACH	37.41	38.90	90	1	AS
57330	CLOSURE OF VESICOVAGINAL FISTULA; TRANSVESICAL AND VAGINAL APPROACH	53.85	56.00	90	1	AS
57335	VAGINOPLASTY FOR INTERSEX STATE	77.53	80.63	90	1	AS
57415	REMOVAL OF IMPACTED VAGINAL FOREIGN BODY (SEPARATE PROCEDURE) UNDER ANESTHE	65.67	68.29	10	1	
57425	LAPAROSCOPY, SURGICAL, COLPOPEXY (SUSPENSION OF VAGINAL APEX)	64.48	67.05	90	1	AS
57452	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA;	44.78	46.57	0	1	
57454	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH BIOPSY(S) OF	62.85	65.36	0	1	
57510	CAUTERY OF CERVIX; ELECTRO OR THERMAL	53.89	56.04	10	1	
57511	CAUTERIZATION OF CERVIX; CRYOCAUTERY, INITIAL OR REPEAT	58.76	61.11	10	1	
57513	CAUTERIZATION OF CERVIX; LASER ABLATION	58.29	60.62	10	1	
57522	CONIZATION OF CERVIX, WITH OR WITHOUT FULGURATION, WITH OR WITHOUT DILATION	106.52	110.78	90	1	
57530	TRACHELECTOMY (CERVICECTOMY), AMPUTATION OF CERVIX (SEPARATE PROCEDURE)	22.27	23.16	90	1	AS
57531	RADICAL TRACHELECTOMY, WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND PARA	110.26	114.67	90	1	AS
57540	EXCISION OF CERVICAL STUMP, ABDOMINAL APPROACH;	51.01	53.05	90	1	AS
57545	EXCISION OF CERVICAL STUMP, ABDOMINAL APPROACH; WITH PELVIC FLOOR REPAIR	54.63	56.81	90	1	AS
57550	EXCISION OF CERVICAL STUMP, VAGINAL APPROACH;	26.47	27.52	90	1	AS
57555	EXCISION OF CERVICAL STUMP, VAGINAL APPROACH; WITH ANTERIOR AND/OR POSTERIO	39.44	41.01	90	1	AS

CODE	DESCRIPTION	AGE 21+	00-20 MAX	MAX		SPEC
		MAX FEE	FEE	FUD	UNITS	
57556	EXCISION OF CERVICAL STUMP, VAGINAL APPROACH; WITH REPAIR OF ENTEROCELE	37.30	38.79	90	1	AS
57720	TRACHELORRHAPHY, PLASTIC REPAIR OF UTERINE CERVIX, VAGINAL APPROACH	19.88	20.67	90	1	AS
58100	ENDOMETRIAL SAMPLING(BIOPSY) WITH OR WITHOUT ENDOCERVICAL SAMPLING (BIOPSY	44.46	46.23	0	1	
58140	MYOMECTOMY, EXCISION OF FIBROID TUMOR(S) OF UTERUS, 1 TO 4 INTRAMURAL MYOMA	59.63	62.01	90	1	AS
58145	MYOMECTOMY, EXCISION OF FIBROID TUMOR OF UTERUS, SINGLE OR MULTIPLE (SEPARA	35.24	36.64	90	1	AS
58150	TOTAL ABDOMINAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL O	64.38	66.95	90	1	S AS
58152	TOTAL ABDOMINAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL O	81.27	84.52	90	1	S AS
58180	SUPRACERVICAL ABDOMINAL HYSTERECTOMY (SUBTOTAL HYSTERECTOMY), WITH OR WITHO	61.54	64.00	90	1	S AS
58200	TOTAL ABDOMINAL HYSTERECTOMY, INCLUDING PARTIAL VAGINECTOMY, WITH PARA-AORT	84.79	88.18	90	1	S AS
58210	RADICAL ABDOMINAL HYSTERECTOMY, WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY	112.89	117.40	90	1	S AS
58240	PELVIC EXENTERATION FOR GYNECOLOGIC MALIGNANCY, WITH TOTAL ABDOMINAL HYSTER	178.56	185.70	90	1	S AS
58260	VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS;	53.72	55.86	90	1	S AS
58262	VAGINAL HYSTERECTOMY; WITH REMOVAL OF TUBE(S), AND/OR OVARY(S)	59.98	62.37	90	1	S AS
58263	VAGINAL HYSTERECTOMY; WITH REMOVAL OF TUBE(S), AND/OR OVARY(S), WITH REPAIR	64.53	67.11	90	1	S AS
58267	VAGINAL HYSTERECTOMY; WITH COLPO-URETHROCYSTOPEXY (MARSHALL-MARCHETTI-KRANT	68.65	71.39	90	1	S AS
58270	VAGINAL HYSTERECTOMY; WITH REPAIR OF ENTEROCELE	57.52	59.82	90	1	S AS
58275	VAGINAL HYSTERECTOMY, WITH TOTAL OR PARTIAL VAGINECTOMY;	64.05	66.61	90	1	S AS
58280	VAGINAL HYSTERECTOMY, WITH TOTAL OR PARTIAL COLPECTOMY; WITH REPAIR OF ENTE	68.63	71.37	90	1	S AS
58285	VAGINAL HYSTERECTOMY, RADICAL (SCHAUTA TYPE OPERATION)	85.62	89.04	90	1	S AS
58290	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS;	75.04	78.04	90	1	S AS
58291	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH REMOVAL OF TU	81.20	84.44	90	1	S AS
58292	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH REMOVAL OF TU	86.02	89.46	90	1	S AS
58293	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH COLPO-URETHRO	89.24	92.80	90	1	S AS
58294	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH REPAIR OF ENT	78.15	81.27	90	1	S AS
58300	INSERTION OF INTRAUTERINE DEVICE (IUD)	27.50	28.60	0	1	
58301	REMOVAL OF INTRAUTERINE DEVICE (IUD)	38.65	40.19	0	1	
58353	ENDOMETRIAL ABLATION, THERMAL, WITHOUT HYSTEROSCOPIC GUIDANCE	14.35	14.92	10	1	R B AS
58356	ENDOMETRIAL CRYOABLATION WITH ULTRASONIC GUIDANCE, INCLUDING ENDOMETRIAL CU	22.70	23.60	10	1	B AS
58520	HYSTERORRHAPHY, REPAIR OF RUPTURED UTERUS (NONOBSTETRICAL)	51.03	53.07	90	1	AS
58540	HYSTEROPLASTY, REPAIR OF UTERINE ANOMALY (STRASSMAN TYPE)	59.33	61.70	90	1	AS
58541	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS	56.28	58.53	90	1	AS
58542	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS	62.29	64.78	90	1	AS
58543	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS GREATER THAN	63.35	65.88	90	1	AS
58544	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS GREATER THAN	68.60	71.34	90	1	AS
58545	LAPAROSCOPY, SURGICAL, MYOMECTOMY, EXCISION; 1 TO 4 INTRAMURAL MYOMAS WITH	58.22	60.54	90	1	AS
58546	LAPAROSCOPY, SURGICAL, MYOMECTOMY, EXCISION; 5 OR MORE INTRAMURAL MYOMAS AN	73.53	76.47	90	1	AS
58548	LAPAROSCOPY, SURGICAL, WITH RADICAL HYSTERECTOMY, WITH BILATERAL TOTAL PELV	119.93	124.72	90	1	B AS
58550	LAPAROSCOPY SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LE	57.47	59.76	10	1	S AS
58552	LAPAROSCOPY SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LE	63.10	65.62	90	1	S AS

CODE	DESCRIPTION	AGE 21+	00-20 MAX	MAX			SPEC
		MAX FEE	FEE	FUD	UNITS		
58553	LAPAROSCOPY, SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 2	73.91	76.86	90	1	S	AS
58554	LAPAROSCOPY, SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 2	84.44	87.81	90	1	S	AS
58560	HYSTEROSCOPY, SURGICAL; WITH DIVISION OR RESECTION OF INTRAUTERINE SEPTUM (	25.44	26.45	0	1		AS
58578	UNLISTED LAPAROSCOPY PROCEDURE, UTERUS	0.00	0.00	0	1	R	B AS
58579	UNLISTED HYSTEROSCOPY PROCEDURE, UTERUS	0.00	0.00	0	1	R	B AS
58600	LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S), ABDOMINAL OR VAGINAL APPROACH	23.71	24.65	90	1	S	AS
58605	LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S), ABDOMINAL OR VAGINAL APPROACH	21.39	22.24	90	1	S	AS
58611	LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S) WHEN DONE AT THE TIME OF CESAR	5.10	5.30	90	1	S	AS
58660	LAPAROSCOPY, SURGICAL; WITH LYSIS OF ADHESIONS (SALPINGOLYSIS, OVARIOLYSIS)	43.89	45.64	90	1		AS
58661	LAPAROSCOPY, SURGICAL; WITH REMOVAL OF ADNEXAL STRUCTURES (PARTIAL OR TOTAL	41.85	43.52	10	1		AS
58662	LAPAROSCOPY, SURGICAL; WITH FULGURATION OR EXCISION OF LESIONS OF THE OVARY	45.98	47.81	90	1		AS
58672	LAPAROSCOPY, SURGICAL; WITH FIMBRIOPLASTY	48.34	50.27	90	1		B AS
58673	LAPAROSCOPY, SURGICAL; WITH SALPINGOSTOMY (SALPINGONEOSTOMY)	52.49	54.58	90	1		B AS
58679	UNLISTED LAPAROSCOPY PROCEDURE, OVIDUCT, OVARY	0.00	0.00	0	1	R	B AS
58700	SALPINGECTOMY, COMPLETE OR PARTIAL, UNILATERAL OR BILATERAL (SEPARATE PROCE	49.98	51.97	90	1		AS
58720	SALPINGO-OOPHORECTOMY, COMPLETE OR PARTIAL, UNILATERAL OR BILATERAL (SEPARA	46.68	48.54	90	1		AS
58740	LYSIS OF ADHESIONS (SALPINGOLYSIS, OVARIOLYSIS)	56.76	59.03	90	1		AS
58770	SALPINGOSTOMY (SALPINGONEOSTOMY)	55.78	58.01	90	1		B AS
58805	DRAINAGE OF OVARIAN CYST(S), UNILATERAL OR BILATERAL, (SEPARATE PROCEDURE);	26.22	27.26	90	1		AS
58822	DRAINAGE OF OVARIAN ABSCESS; ABDOMINAL APPROACH	45.05	46.85	90	1		AS
58823	DRAINAGE OF PELVIC ABSCESS, TRANSVAGINAL OR TRANSRECTAL APPROACH, PERCUTANE	11.46	11.91	0	1		AS
58825	TRANSPOSITION, OVARY(S)	45.25	47.06	90	1	R	AS
58900	BIOPSY OF OVARY, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	26.70	27.76	90	1		AS
58920	WEDGE RESECTION OR BISECTION OF OVARY, UNILATERAL OR BILATERAL	46.58	48.44	90	1		AS
58925	OVARIAN CYSTECTOMY, UNILATERAL OR BILATERAL	47.79	49.70	90	1		AS
58940	OOPHORECTOMY, PARTIAL OR TOTAL, UNILATERAL OR BILATERAL;	32.86	34.17	90	1		AS
58943	OOPHORECTOMY, PARTIAL OR TOTAL, UNILATERAL OR BILATERAL; FOR OVARIAN, TUBAL	72.62	75.52	90	1		AS
58950	RESECTION (INITIAL) OF OVARIAN, TUBAL OR PRIMARY PERITONEAL MALIGNANCY WITH	69.36	72.13	90	1		AS
58951	RESECTION OF OVARIAN MALIGNANCY WITH BILATERAL SALPINGO-OOPHORECTOMY AND OM	89.06	92.62	90	1	S	AS
58952	RESECTION OF OVARIAN, TUBAL OR PRIMARY PERITONEAL MALIGNANCY WITH BILATERAL	100.63	104.65	90	1		AS
58953	BILATERAL SALPINGO-OOPHORECTOMY WITH OMENTECTOMY, TOTAL ABDOMINAL HYSTERECT	124.48	129.45	90	1		B AS
58954	BILATERAL SALPINGO-OOPHORECTOMY WITH OMENTECTOMY, TOTAL ABDOMINAL HYSTERECT	135.02	140.42	90	1		B AS
58956	BILATERAL SALPINGO-OOPHORECTOMY WITH TOTAL OMENTECTOMY, TOTAL ABDOMINAL HYS	88.71	92.25	90	1		AS
58957	RESECTION (TUMOR DEBULKING) OF RECURRENT OVARIAN, TUBAL, PRIMARY PERITONEAL	97.13	101.01	90	1		B AS
58958	RESECTION (TUMOR DEBULKING) OF RECURRENT OVARIAN, TUBAL, PRIMARY PERITONEAL	107.57	111.87	90	1		B AS
58960	LAPAROTOMY, FOR STAGING OR RESTAGING OF OVARIAN, TUBAL OR PRIMARY PERITONEA	59.75	62.14	90	1		AS
58999	UNLISTED PROCEDURE, FEMALE GENITAL SYSTEM (NONOBSTETRICAL)	0.00	0.00	90	1	R	AS
59025	FETAL NON-STRESS TEST	20.58	21.40	0	1		
59100	HYSTEROTOMY, ABDOMINAL (EG, FOR HYDATIDIFORM MOLE, ABORTION)	55.35	57.56	90	1		AS

CODE	DESCRIPTION	AGE 21+ MAX FEE	00-20 MAX FEE	FUD	MAX UNITS	SPEC
59120	SURGICAL TREATMENT OF ECTOPIC PREGNANCY; TUBAL OR OVARIAN, REQUIRING SALPIN	52.06	54.14	90	1	AS
59121	SURGICAL TREATMENT OF ECTOPIC PREGNANCY; TUBAL OR OVARIAN, WITHOUT SALPINGE	52.29	54.38	90	1	AS
59136	SURGICAL TREATMENT OF ECTOPIC PREGNANCY; INTERSTITIAL, UTERINE PREGNANCY WI	57.84	60.15	90	1	AS
59140	SURGICAL TREATMENT OF ECTOPIC PREGNANCY; CERVICAL, WITH EVACUATION	25.21	26.21	90	1	AS
59150	LAPAROSCOPIC TREATMENT OF ECTOPIC PREGNANCY; WITHOUT SALPINGECTOMY AND/OR O	50.75	52.78	90	1	AS
59151	LAPAROSCOPIC TREATMENT OF ECTOPIC PREGNANCY; WITH SALPINGECTOMY AND/OR OOPH	49.37	51.34	90	1	AS
59350	HYSTERORRHAPHY OF RUPTURED UTERUS	18.88	19.63	0	1	AS
59410	VAGINAL DELIVERY ONLY (WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS); INCLUDIN	665.60	692.22	45	1	
59430	POSTPARTUM CARE ONLY (SEPARATE PROCEDURE)	41.60	43.26	0	1	
59515	CESAREAN DELIVERY ONLY; INCLUDING POSTPARTUM CARE	106.50	110.76	45	1	AS
59525	SUBTOTAL OR TOTAL HYSTERECTOMY AFTER CESAREAN DELIVERY (LIST SEPARATELY IN	40.27	41.88	90	1	S AS
59622	CESAREAN DELIVERY ONLY, FOLLOWING ATTEMPTED VAGINAL DELIVERY AFTER PREVIOUS	106.50	110.76	45	1	
59866	MULTIFETAL PREGNANCY REDUCTION(S) (MPR)	15.33	15.94	10	1	R
59870	UTERINE EVACUATION AND CURETTAGE FOR HYDATIDIFORM MOLE	30.42	31.63	90	1	
59899	UNLISTED PROCEDURE, MATERNITY CARE AND DELIVERY	0.00	0.00	0	1	R
60200	EXCISION OF CYST OR ADENOMA OF THYROID, OR TRANSECTION OF ISTHMUS	40.65	42.27	90	1	AS
60210	PARTIAL THYROID LOBECTOMY, UNILATERAL; WITH OR WITHOUT ISTHMUSECTOMY	43.82	45.57	90	1	AS
60212	PARTIAL THYROID LOBECTOMY, UNILATERAL; WITH CONTRALATERAL SUBTOTAL LOBECTOM	63.02	65.54	90	1	AS
60220	TOTAL THYROID LOBECTOMY, UNILATERAL; WITH OR WITHOUT ISTHMUSECTOMY	47.79	49.70	90	1	AS
60225	TOTAL THYROID LOBECTOMY, UNILATERAL; WITH CONTRALATERAL SUBTOTAL LOBECTOMY,	57.82	60.13	90	1	AS
60240	THYROIDECTOMY, TOTAL OR COMPLETE	60.83	63.26	90	1	AS
60252	THYROIDECTOMY, TOTAL OR SUBTOTAL FOR MALIGNANCY; WITH LIMITED NECK DISSECTI	81.98	85.25	90	1	AS
60254	THYROIDECTOMY, TOTAL OR SUBTOTAL FOR MALIGNANCY; WITH RADICAL NECK DISSECTI	103.92	108.07	90	1	AS
60260	THYROIDECTOMY, REMOVAL OF ALL REMAINING THYROID TISSUE FOLLOWING PREVIOUS R	68.23	70.95	90	1	AS
60270	THYROIDECTOMY, INCLUDING SUBSTERNAL THYROID; STERNAL SPLIT OR TRANSTHORACIC	86.37	89.82	90	1	AS
60271	THYROIDECTOMY, INCLUDING SUBSTERNAL THYROID GLAND; CERVICAL APPROACH	65.66	68.28	90	1	AS
60280	EXCISION OF THYROGLOSSAL DUCT CYST OR SINUS;	26.92	27.99	90	1	AS
60281	EXCISION OF THYROGLOSSAL DUCT CYST OR SINUS; RECURRENT	35.47	36.88	90	1	AS
60500	PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S);	63.93	66.48	90	1	AS
60502	PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S); RE-EXPLORATION	80.47	83.68	90	1	AS
60505	PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S); WITH MEDIASTINAL EXPLOR	87.48	90.97	90	1	AS
60512	PARATHYROID AUTOTRANSPLANTATION (LIST SEPARATELY IN ADDITION TO CODE FOR PR	15.49	16.10	0	1	AS
60520	THYMECTOMY, PARTIAL OR TOTAL; TRANSCERVICAL APPROACH (SEPARATE PROCEDURE)	65.86	68.49	90	1	AS
60521	THYMECTOMY, PARTIAL OR TOTAL; STERNAL SPLIT OR TRANSTHORACIC APPROACH, WITH	75.92	78.95	90	1	AS
60522	THYMECTOMY, PARTIAL OR TOTAL; STERNAL SPLIT OR TRANSTHORACIC APPROACH, WITH	91.50	95.16	90	1	AS
60540	ADRENALECTOMY, PARTIAL OR COMPLETE, OR EXPLORATION OF ADRENAL GLAND WITH OR	69.83	72.62	90	1	B AS
60545	ADRENALECTOMY, PARTIAL OR COMPLETE, OR EXPLORATION OF ADRENAL GLAND WITH OR	79.91	83.10	90	1	AS
60600	EXCISION OF CAROTID BODY TUMOR; WITHOUT EXCISION OF CAROTID ARTERY	90.40	94.01	90	1	AS
60605	EXCISION OF CAROTID BODY TUMOR; WITH EXCISION OF CAROTID ARTERY	117.12	121.80	90	1	AS

CODE	DESCRIPTION	AGE 21+	00-20 MAX	MAX			SPEC
		MAX FEE	FEE	FUD	UNITS		
60659	UNLISTED LAPAROSCOPY PROCEDURE, ENDOCRINE SYSTEM	0.00	0.00	0	1	R	B AS
60699	UNLISTED PROCEDURE, ENDOCRINE SYSTEM	0.00	0.00	90	1	R	AS
61140	BURR HOLE(S) OR TREPHINE; WITH BIOPSY OF BRAIN OR INTRACRANIAL LESION	79.79	82.98	90	1		AS
61154	BURR HOLE(S) WITH EVACUATION AND/OR DRAINAGE OF HEMATOMA, EXTRADURAL OR SUB	80.49	83.70	90	1		B AS
61156	BURR HOLE(S); WITH ASPIRATION OF HEMATOMA OR CYST, INTRACEREBRAL	79.46	82.63	90	1		AS
61250	BURR HOLE(S) OR TREPHINE, SUPRATENTORIAL, EXPLORATORY, NOT FOLLOWED BY OTHE	54.85	57.04	90	1		B AS
61253	BURR HOLE(S) OR TREPHINE, INFRATENTORIAL, UNILATERAL OR BILATERAL	60.08	62.48	90	1		AS
61304	CRANIECTOMY OR CRANIOTOMY, EXPLORATORY; SUPRATENTORIAL	104.90	109.09	90	1		AS
61305	CRANIECTOMY OR CRANIOTOMY, EXPLORATORY; INFRATENTORIAL (POSTERIOR FOSSA)	125.44	130.45	90	1		AS
61312	CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, SUPRATENTORIAL; EXTRA	130.72	135.94	90	1		AS
61313	CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, SUPRATENTORIAL; INTRA	125.92	130.95	90	1		AS
61314	CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, INFRATENTORIAL; EXTRA	116.84	121.51	90	1		AS
61315	CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, INFRATENTORIAL; INTRA	131.92	137.19	90	1		AS
61320	CRANIECTOMY OR CRANIOTOMY, DRAINAGE OF INTRACRANIAL ABSCESS; SUPRATENTORIAL	121.74	126.60	90	1		AS
61321	CRANIECTOMY OR CRANIOTOMY, DRAINAGE OF INTRACRANIAL ABSCESS; INFRATENTORIAL	130.84	136.07	90	1		AS
61322	CRANIECTOMY OR CRANIOTOMY, DECOMPRESSIVE, WITH OR WITHOUT DURAPLASTY, FOR T	150.22	156.22	90	1		AS
61330	DECOMPRESSION OF ORBIT ONLY, TRANSCRANIAL APPROACH	99.47	103.44	90	1		B AS
61332	EXPLORATION OF ORBIT (TRANSCRANIAL APPROACH); WITH BIOPSY	118.17	122.89	90	1		AS
61333	EXPLORATION OF ORBIT (TRANSCRANIAL APPROACH); WITH REMOVAL OF LESION	117.27	121.96	90	1		AS
61334	EXPLORATION OF ORBIT (TRANSCRANIAL APPROACH); WITH REMOVAL OF FOREIGN BODY	76.67	79.73	90	1		AS
61340	SUBTEMPORAL CRANIAL DECOMPRESSION (PSEUDOTUMOR CEREBRI, SLIT VENTRICLE SYND	91.50	95.16	90	1		B AS
61343	CRANIECTOMY, SUBOCCIPITAL WITH CERVICAL LAMINECTOMY FOR DECOMPRESSION OF ME	140.14	145.74	90	1		AS
61345	OTHER CRANIAL DECOMPRESSION, POSTERIOR FOSSA	129.74	134.92	90	1		AS
61440	CRANIOTOMY FOR SECTION OF TENTORIUM CEREBELLI (SEPARATE PROCEDURE)	124.94	129.93	90	1		AS
61450	CRANIECTOMY, SUBTEMPORAL, FOR SECTION, COMPRESSION, OR DECOMPRESSION OF SEN	116.31	120.96	90	1		AS
61458	CRANIECTOMY, SUBOCCIPITAL; FOR EXPLORATION OR DECOMPRESSION OF CRANIAL NERV	128.13	133.25	90	1		AS
61460	CRANIECTOMY, SUBOCCIPITAL; FOR SECTION OF ONE OR MORE CRANIAL NERVES	129.51	134.69	90	1		AS
61470	CRANIECTOMY, SUBOCCIPITAL; FOR MEDULLARY TRACTOTOMY	117.47	122.16	90	1		AS
61480	CRANIECTOMY, SUBOCCIPITAL; FOR MESENCEPHALIC TRACTOTOMY OR PEDUNCULOTOMY	107.67	111.97	90	1		AS
61490	CRANIOTOMY FOR LOBOTOMY, INCLUDING CINGULOTOMY	122.15	127.03	90	1		B AS
61500	CRANIECTOMY; WITH EXCISION OF TUMOR OR OTHER BONE LESION OF SKULL	85.29	88.70	90	1		AS
61501	CRANIECTOMY; FOR OSTEOMYELITIS	73.15	76.07	90	1		AS
61510	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF BRAIN TUMO	139.01	144.57	90	1		AS
61512	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF MENINGIOMA	163.20	169.72	90	1		AS
61514	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF BRAIN ABSC	121.62	126.48	90	1		AS
61516	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OR FENESTRATI	118.90	123.65	90	1		AS
61518	CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR FOSSA;	176.19	183.23	90	1		AS
61519	CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR FOSSA;	188.71	196.25	90	1		AS
61520	CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR FOSSA;	236.83	246.30	90	1		AS

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61521	CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR FOSSA;	203.04	211.16	90	1	AS
61522	CRANIECTOMY, INFRATENTORIAL OR POSTERIOR FOSSA; FOR EXCISION OF BRAIN ABSCE	137.76	143.27	90	1	AS
61524	CRANIECTOMY, INFRATENTORIAL OR POSTERIOR FOSSA; FOR EXCISION OR FENESTRATIO	133.06	138.38	90	1	AS
61531	SUBDURAL IMPLANTATION OF STRIP ELECTRODES THROUGH ONE OR MORE BURR OR TREPH	76.57	79.63	90	1	AS
61533	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR SUBDURAL IMPLANTATION OF AN ELE	96.58	100.44	90	1	AS
61534	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR EXCISION OF EPILEPTOGENIC FOCUS	104.85	109.04	90	1	AS
61535	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR REMOVAL OF EPIDURAL OR SUBDURAL	63.10	65.62	90	1	AS
61536	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR EXCISION OF CEREBRAL EPILEPTOGE	164.81	171.40	90	1	AS
61537	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR LOBECTOMY, TEMPORAL LOBE, WITHO	153.57	159.71	90	1	AS
61538	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR LOBECTOMY, TEMPORAL LOBE, WITH	164.38	170.95	90	1	AS
61539	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR LOBECTOMY, OTHER THAN TEMPORAL	146.35	152.20	90	1	AS
61540	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR LOBECTOMY, OTHER THAN TEMPORAL	140.19	145.79	90	1	AS
61541	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR TRANSECTION OF CORPUS CALLOSUM	135.12	140.52	90	1	AS
61542	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR TOTAL HEMISPHERECTOMY	144.59	150.37	90	1	AS
61543	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR PARTIAL OR SUBTOTAL (FUNCTIONAL	139.09	144.65	90	1	AS
61544	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR EXCISION OR COAGULATION OF CHOR	120.24	125.04	90	1	AS
61545	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR EXCISION OF CRANIOPHARYNGIOMA	200.05	208.05	90	1	AS
61546	CRANIOTOMY FOR HYPOPHYSECTOMY OR EXCISION OF PITUITARY TUMOR, INTRACRANIAL	145.47	151.28	90	1	AS
61548	HYPOPHYSECTOMY OR EXCISION OF PITUITARY TUMOR, TRANSNASAL OR TRANSSEPTAL AP	96.18	100.02	90	1	AS
61550	CRANIECTOMY FOR CRANIOSYNOSTOSIS; SINGLE CRANIAL SUTURE	55.45	57.66	90	1	AS
61552	CRANIECTOMY FOR CRANIOSYNOSTOSIS; MULTIPLE CRANIAL SUTURES	70.31	73.12	90	1	AS
61556	CRANIOTOMY FOR CRANIOSYNOSTOSIS; FRONTAL OR PARIETAL BONE FLAP	104.55	108.73	90	1	AS
61557	CRANIOTOMY FOR CRANIOSYNOSTOSIS; BIFRONTAL BONE FLAP	107.77	112.08	90	1	AS
61558	EXTENSIVE CRANIECTOMY FOR MULTIPLE CRANIAL SUTURE CRANIOSYNOSTOSIS (EG, CLO	90.17	93.77	90	1	AS
61559	EXTENSIVE CRANIECTOMY FOR MULTIPLE CRANIAL SUTURE CRANIOSYNOSTOSIS (EG, CLO	155.18	161.38	90	1	AS
61563	EXCISION, INTRA AND EXTRACRANIAL, BENIGN TUMOR OF CRANIAL BONE (EG, FIBROUS	120.89	125.72	90	1	AS
61564	EXCISION, INTRA AND EXTRACRANIAL, BENIGN TUMOR OF CRANIAL BONE (EG, FIBROUS	150.58	156.60	90	1	AS
61566	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR SELECTIVE AMYGDALOHIPPOCAMPECTO	141.20	146.84	90	1	AS
61567	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR MULTIPLE SUBPIAL TRANSECTIONS,	152.03	158.11	90	1	AS
61570	CRANIECTOMY OR CRANIOTOMY; WITH EXCISION OF FOREIGN BODY FROM BRAIN	117.22	121.90	90	1	AS
61571	CRANIECTOMY OR CRANIOTOMY; WITH TREATMENT OF PENETRATING WOUND OF BRAIN	126.97	132.04	90	1	AS
61575	TRANSORAL APPROACH TO SKULL BASE, BRAIN STEM OR UPPER SPINAL CORD FOR BIOPS	145.02	150.82	90	1	AS
61576	TRANSORAL APPROACH TO SKULL BASE, BRAIN STEM OR UPPER SPINAL CORD FOR BIOPS	218.58	227.32	90	1	AS
61580	CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA; EXTRADURAL, INCLUDING LATE	147.64	153.54	90	1	B AS
61582	CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA; EXTRADURAL, INCLUDING UNIL	183.01	190.33	90	1	AS
61583	CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA; INTRADURAL, INCLUDING UNIL	185.29	192.70	90	1	AS
61584	ORBITOCRANIAL APPROACH TO ANTERIOR CRANIAL FOSSA, EXTRADURAL, INCLUDING SUP	179.99	187.18	90	1	B AS
61585	ORBITOCRANIAL APPROACH TO ANTERIOR CRANIAL FOSSA, EXTRADURAL, INCLUDING SUP	187.66	195.16	90	1	B AS
61586	BICORONAL, TRANSZYGOMATIC AND/OR LEFORT I OSTEOTOMY APPROACH TO ANTERIOR CR	140.30	145.91	90	1	AS

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61590	INFRATEMPORAL PRE-AURICULAR APPROACH TO MIDDLE CRANIAL FOSSA (PARAPHARYNGEA	190.47	198.08	90	1	B AS
61591	INFRATEMPORAL POST-AURICULAR APPROACH TO MIDDLE CRANIAL FOSSA (INTERNAL AUD	192.96	200.67	90	1	B AS
61592	ORBITOCRANIAL ZYGOMATIC APPROACH TO MIDDLE CRANIAL FOSSA (CAVERNOUS SINUS A	203.44	211.57	90	1	B AS
61595	TRANSTEMPORAL APPROACH TO POSTERIOR CRANIAL FOSSA, JUGULAR FORAMEN OR MIDLI	143.64	149.38	90	1	B AS
61596	TRANSCOCHLEAR APPROACH TO POSTERIOR CRANIAL FOSSA, JUGULAR FORAMEN OR MIDLI	154.60	160.78	90	1	B AS
61597	TRANSCONDYLAR (FAR LATERAL) APPROACH TO POSTERIOR CRANIAL FOSSA, JUGULAR FO	182.78	190.09	90	1	B AS
61598	TRANSPETROSAL APPROACH TO POSTERIOR CRANIAL FOSSA, CLIVUS OR FORAMEN MAGNUM	159.43	165.80	90	1	AS
61600	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF BASE	131.30	136.55	90	1	AS
61601	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF BASE	151.41	157.46	90	1	AS
61605	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF INFRA	133.63	138.97	90	1	AS
61606	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF INFRA	189.92	197.51	90	1	AS
61607	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF PARAS	172.57	179.47	90	1	AS
61608	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF PARAS	208.85	217.20	90	1	AS
61609	TRANSECTION OR LIGATION, CAROTID ARTERY IN CAVERNOUS SINUS; WITHOUT REPAIR	40.85	42.48	0	1	B AS
61610	TRANSECTION OR LIGATION, CAROTID ARTERY IN CAVERNOUS SINUS; WITH REPAIR BY	122.52	127.42	0	1	B AS
61611	TRANSECTION OR LIGATION, CAROTID ARTERY IN PETROUS CANAL; WITHOUT REPAIR (L	30.57	31.79	0	1	B AS
61612	TRANSECTION OR LIGATION, CAROTID ARTERY IN PETROUS CANAL; WITH REPAIR BY AN	101.78	105.85	0	1	B AS
61613	OBLITERATION OF CAROTID ANEURYSM, ARTERIOVENOUS MALFORMATION, OR CAROTID-CA	204.27	212.44	90	1	B AS
61615	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF BASE	150.73	156.75	90	1	AS
61616	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF BASE	205.55	213.77	90	1	AS
61618	SECONDARY REPAIR OF DURA FOR CEREBROSPINAL FLUID LEAK, ANTERIOR, MIDDLE OR	81.82	85.09	90	1	AS
61619	SECONDARY REPAIR OF DURA FOR CSF LEAK, ANTERIOR, MIDDLE OR POSTERIOR CRANIA	93.34	97.07	90	1	AS
61680	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; SUPRATENTORIAL, SIMPLE	144.44	150.21	90	1	AS
61682	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; SUPRATENTORIAL, COMPLEX	268.98	279.73	90	1	AS
61684	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; INFRATENTORIAL, SIMPLE	182.48	189.77	90	1	AS
61686	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; INFRATENTORIAL, COMPLEX	288.66	300.20	90	1	AS
61690	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; DURAL, SIMPLE	136.37	141.82	90	1	AS
61692	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; DURAL, COMPLEX	233.58	242.92	90	1	AS
61697	SURGERY OF COMPLEX INTRACRANIAL ANEURYSM, INTRACRANIAL APPROACH; CAROTID CI	264.86	275.45	90	1	AS
61698	SURGERY OF COMPLEX INTRACRANIAL ANEURYSM, INTRACRANIAL APPROACH; VERTEBROBA	285.17	296.57	90	1	AS
61700	SURGERY OF SIMPLE INTRACRANIAL ANEURYSM, INTRACRANIAL APPROACH; CAROTID CIR	220.84	229.67	90	1	AS
61702	SURGERY OF INTRACRANIAL ANEURYSM, INTRACRANIAL APPROACH; VERTEBRAL-BASILAR	249.02	258.98	90	1	AS
61703	SURGERY OF INTRACRANIAL ANEURYSM, CERVICAL APPROACH BY APPLICATION OF OCCLU	84.82	88.21	90	1	AS
61705	SURGERY OF ANEURYSM, VASCULAR MALFORMATION OR CAROTID-CAVERNOUS FISTULA; BY	162.67	169.17	90	1	AS
61708	SURGERY OF ANEURYSM, VASCULAR MALFORMATION OR CAROTID-CAVERNOUS FISTULA; BY	131.80	137.07	90	1	AS
61711	ANASTOMOSIS, ARTERIAL, EXTRACRANIAL-INTRACRANIAL (EG, MIDDLE CEREBRAL/CORTI	166.87	173.54	90	1	AS
61850	TWIST DRILL OR BURR HOLE(S) FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES;	55.58	57.80	90	1	AS
61860	CRANIECTOMY OR CRANIOTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, C	96.71	100.57	90	1	AS
61863	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC IMPLAN	97.11	100.99	90	1	AS

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61864	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC IMPLAN	29.29	30.46	0	1	AS
61867	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC IMPLAN	138.91	144.46	90	1	AS
61868	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC IMPLAN	41.13	42.77	90	1	AS
61870	CRANIECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, CEREBELLAR; COR	72.62	75.52	90	1	AS
61875	CRANIECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, CEREBELLAR; SUB	61.94	64.41	90	1	AS
61880	REVISION OR REMOVAL OF INTRACRANIAL NEUROSTIMULATOR ELECTRODES	35.34	36.75	90	1	AS
62005	ELEVATION OF DEPRESSED SKULL FRACTURE; COMPOUND OR COMMUNUTED, EXTRADURAL	77.95	81.06	90	1	AS
62010	ELEVATION OF DEPRESSED SKULL FRACTURE; WITH REPAIR OF DURA AND/OR DEBRIDEME	96.83	100.70	90	1	AS
62100	CRANIOTOMY FOR REPAIR OF DURAL/CEREBROSPINAL FLUID LEAK, INCLUDING SURGERY	101.28	105.33	90	1	AS
62115	REDUCTION OF CRANIOMEGALIC SKULL (EG, TREATED HYDROCEPHALUS); NOT REQUIRING	106.51	110.77	90	1	AS
62116	REDUCTION OF CRANIOMEGALIC SKULL (EG, TREATED HYDROCEPHALUS); WITH SIMPLE C	111.74	116.20	90	1	AS
62117	REDUCTION OF CRANIOMEGALIC SKULL (EG, TREATED HYDROCEPHALUS); REQUIRING CRA	119.93	124.72	90	1	AS
62120	REPAIR OF ENCEPHALOCELE, SKULL VAULT, INCLUDING CRANIOPLASTY	108.90	113.25	90	1	AS
62121	CRANIOTOMY FOR REPAIR OF ENCEPHALOCELE, SKULL BASE	103.87	108.02	90	1	AS
62140	CRANIOPLASTY FOR SKULL DEFECT; UP TO 5 CM DIAMETER	66.94	69.61	90	1	AS
62141	CRANIOPLASTY FOR SKULL DEFECT; LARGER THAN 5 CM DIAMETER	73.30	76.23	90	1	AS
62142	REMOVAL OF BONE FLAP OR PROSTHETIC PLATE OF SKULL	55.98	58.21	90	1	AS
62143	REPLACEMENT OF BONE FLAP OR PROSTHETIC PLATE OF SKULL	66.14	68.78	90	1	AS
62145	CRANIOPLASTY FOR SKULL DEFECT WITH REPARATIVE BRAIN SURGERY	87.58	91.08	90	1	AS
62146	CRANIOPLASTY WITH AUTOGRAFT (INCLUDES OBTAINING BONE GRAFTS); UP TO 5 CM DI	75.44	78.45	90	1	AS
62147	CRANIOPLASTY WITH AUTOGRAFT (INCLUDES OBTAINING BONE GRAFTS); LARGER THAN 5	89.59	93.17	90	1	AS
62161	NEUROENDOSCOPY, INTRACRANIAL; WITH DISSECTION OF ADHESIONS, FENESTRATION OF	96.98	100.85	90	1	AS
62162	NEUROENDOSCOPY, INTRACRANIAL; WITH FENESTRATION OR EXCISION OF COLLOID CYST	117.22	121.90	90	1	AS
62163	NEUROENDOSCOPY, INTRACRANIAL; WITH RETRIEVAL OF FOREIGN BODY	78.10	81.22	90	1	AS
62164	NEUROENDOSCOPY, INTRACRANIAL; WITH EXCISION OF BRAIN TUMOR, INCLUDING PLACE	125.19	130.19	90	1	AS
62165	NEUROENDOSCOPY, INTRACRANIAL; WITH EXCISION OF PITUITARY TUMOR, TRANSNASAL	94.97	98.76	90	1	AS
62180	VENTRICULOCISTERNOSTOMY (TORKILDSEN TYPE OPERATION)	99.55	103.53	90	1	AS
62192	CREATION OF SHUNT; SUBARACHNOID/SUBDURAL-PERITONEAL, -PLEURAL, OTHER TERMIN	62.24	64.72	90	1	AS
62200	VENTRICULOCISTERNOSTOMY, THIRD VENTRICLE;	87.18	90.66	90	1	AS
62220	CREATION OF SHUNT; VENTRICULO-ATRIAL, -JUGULAR, -AURICULAR	64.96	67.55	90	1	AS
62223	CREATION OF SHUNT; VENTRICULO-PERITONEAL, -PLEURAL, OTHER TERMINUS	66.77	69.44	90	1	AS
62230	REPLACEMENT OR REVISION OF CEREBROSPINAL FLUID SHUNT, OBSTRUCTED VALVE, OR	53.85	56.00	90	1	AS
62252	REPROGRAMMING OF PROGRAMMABLE CEREBROSPINAL SHUNT	42.89	44.60	0	1	
62256	REMOVAL OF COMPLETE CEREBROSPINAL FLUID SHUNT SYSTEM; WITHOUT REPLACEMENT	37.61	39.11	90	1	AS
62258	REMOVAL OF COMPLETE CSF SHUNT SYSTEM; WITH REPLACEMENT BY SIMILAR OR OTHER	72.02	74.90	90	1	AS
62270	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	58.92	61.27	0	1	
62351	IMPLANTATION, REVISION OR REPOSITIONING OF INTRATHECAL OR EPIDURAL CATHETER	54.25	56.42	90	1	AS
63001	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAU	78.66	81.80	90	1	AS
63003	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAU	78.63	81.77	90	1	AS

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63005	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAU	74.13	77.09	90	1	AS
63011	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAU	71.54	74.40	90	1	AS
63012	LAMINECTOMY WITH REMOVAL OF ABNORMAL FACETS AND/OR PARS INTER-ARTICULARIS W	75.79	78.82	90	1	AS
63015	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAU	94.57	98.35	90	1	AS
63016	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAU	96.98	100.85	90	1	AS
63017	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAU	78.83	81.98	90	1	AS
63020	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDIN	75.06	78.06	90	1	B AS
63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDIN	62.29	64.78	90	1	B AS
63035	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDIN	12.97	13.48	90	11	B AS
63040	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDIN	90.65	94.27	90	1	B AS
63042	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDIN	84.59	87.97	90	1	B AS
63043	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDIN	15.15	15.75	90	5	B AS
63044	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDIN	15.15	15.75	90	4	B AS
63045	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DEC	81.30	84.55	90	1	AS
63046	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DEC	77.07	80.15	90	1	AS
63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DEC	70.26	73.07	90	1	AS
63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DEC	13.93	14.48	90	23	AS
63050	LAMINOPLASTY, CERVICAL, WITH DECOMPRESSION OF THE SPINAL CORD, TWO OR MORE	89.14	92.70	90	1	AS
63051	LAMINOPLASTY, CERVICAL, WITH DECOMPRESSION OF THE SPINAL CORD, TWO OR MORE	105.18	109.38	90	1	AS
63055	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NE	103.72	107.86	90	1	AS
63056	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NE	95.60	99.42	90	1	AS
63057	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NE	21.29	22.14	90	16	AS
63064	COSTOVERTEBRAL APPROACH WITH DECOMPRESSION OF SPINAL CORD OR NERVE ROOT(S),	114.08	118.64	90	1	AS
63066	COSTOVERTEBRAL APPROACH WITH DECOMPRESSION OF SPINAL CORD OR NERVE ROOT(S),	13.10	13.62	90	11	AS
63075	DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/ OR NERVE ROOT(	88.84	92.39	90	1	AS
63076	DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/ OR NERVE ROOT(	16.49	17.14	90	3	AS
63077	DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/ OR NERVE ROOT(	95.58	99.40	90	1	AS
63078	DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/ OR NERVE ROOT(	12.97	13.48	90	11	AS
63081	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, ANTER	113.90	118.45	90	1	AS
63082	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, ANTER	17.77	18.48	90	6	AS
63085	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, TRANS	119.96	124.75	90	1	AS
63086	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, TRANS	12.49	12.98	90	11	AS
63087	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, COMBI	152.31	158.40	90	1	AS
63088	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, COMBI	17.09	17.77	90	16	AS
63090	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, TRANS	123.78	128.73	90	1	AS
63091	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, TRANS	11.69	12.15	90	17	AS
63101	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, LATER	143.31	149.04	90	1	AS
63102	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, LATER	142.58	148.28	90	1	AS
63103	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, LATER	18.43	19.16	90	2	AS

CODE	DESCRIPTION	AGE 21+ MAX FEE	00-20 MAX FEE	FUD	MAX UNITS	SPEC
63170	LAMINECTOMY WITH MYELOTOMY (EG, BISCHOF OR DREZ TYPE), CERVICAL, THORACIC,	99.92	103.91	90	1	AS
63172	LAMINECTOMY WITH DRAINAGE OF INTRAMEDULLARY CYST/SYRINX; TO SUBARACHNOID SP	89.47	93.04	90	1	AS
63173	LAMINECTOMY WITH DRAINAGE OF INTRAMEDULLARY CYST/SYRINX; TO PERITONEAL OR P	109.20	113.56	90	1	AS
63180	LAMINECTOMY AND SECTION OF DENTATE LIGAMENTS, WITH OR WITHOUT DURAL GRAFT,	88.84	92.39	90	1	AS
63182	LAMINECTOMY AND SECTION OF DENTATE LIGAMENTS, WITH OR WITHOUT DURAL GRAFT,	88.46	91.99	90	1	AS
63185	LAMINECTOMY WITH RHIZOTOMY; ONE OR TWO SEGMENTS	73.78	76.73	90	1	AS
63190	LAMINECTOMY WITH RHIZOTOMY; MORE THAN TWO SEGMENTS	81.12	84.36	90	1	AS
63191	LAMINECTOMY WITH SECTION OF SPINAL ACCESSORY NERVE	90.60	94.22	90	1	B AS
63194	LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF ONE SPINOTHALAMIC TRACT, ONE ST	85.80	89.23	90	1	AS
63195	LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF ONE SPINOTHALAMIC TRACT, ONE ST	97.46	101.35	90	1	AS
63196	LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF BOTH SPINOTHALAMIC TRACTS, ONE	113.12	117.64	90	1	AS
63197	LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF BOTH SPINOTHALAMIC TRACTS, ONE	107.94	112.25	90	1	AS
63198	LAMINECTOMY WITH CORDOTOMY WITH SECTION OF BOTH SPINOTHALAMIC TRACTS, TWO S	113.45	117.98	90	1	AS
63199	LAMINECTOMY WITH CORDOTOMY WITH SECTION OF BOTH SPINOTHALAMIC TRACTS, TWO S	105.61	109.83	90	1	AS
63200	LAMINECTOMY, WITH RELEASE OF TETHERED SPINAL CORD, LUMBAR	96.03	99.87	90	1	AS
63250	LAMINECTOMY FOR EXCISION OR OCCLUSION OF ARTERIOVENOUS MALFORMATION OF SPIN	186.52	193.98	90	1	AS
63251	LAMINECTOMY FOR EXCISION OR OCCLUSION OF ARTERIOVENOUS MALFORMATION OF SPIN	192.66	200.36	90	1	AS
63252	LAMINECTOMY FOR EXCISION OR OCCLUSION OF ARTERIOVENOUS MALFORMATION OF SPIN	192.91	200.62	90	1	AS
63265	LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THAN NEO	106.61	110.87	90	1	AS
63266	LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THAN NEO	109.48	113.85	90	1	AS
63267	LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THAN NEO	88.11	91.63	90	1	AS
63268	LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THAN NEO	86.83	90.30	90	1	AS
63270	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM, INTRADU	131.90	137.17	90	1	AS
63271	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM, INTRADU	131.42	136.67	90	1	AS
63272	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM, INTRADU	120.89	125.72	90	1	AS
63273	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM, INTRADU	115.94	120.57	90	1	AS
63275	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; EXTRADURAL, CERVIC	113.67	118.21	90	1	AS
63276	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; EXTRADURAL, THORAC	113.95	118.50	90	1	AS
63277	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; EXTRADURAL, LUMBAR	99.55	103.53	90	1	AS
63278	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; EXTRADURAL, SACRAL	97.46	101.35	90	1	AS
63280	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, EXTRAM	134.94	140.33	90	1	AS
63281	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, EXTRAM	133.43	138.76	90	1	AS
63282	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, EXTRAM	126.02	131.06	90	1	AS
63283	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, SACRAL	118.83	123.58	90	1	AS
63285	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, INTRAM	167.04	173.72	90	1	AS
63286	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, INTRAM	165.38	171.99	90	1	AS
63287	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, INTRAM	173.80	180.75	90	1	AS
63290	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; COMBINED EXTRADURA	176.22	183.26	90	1	AS
63295	OSTEOPLASTIC RECONSTRUCTION OF DORSAL SPINAL ELEMENTS, FOLLOWING PRIMARY IN	21.56	22.42	90	1	AS

CODE	DESCRIPTION	AGE 21+ MAX FEE	00-20 MAX FEE	FUD	MAX UNITS	SPEC
63300	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR E	116.59	121.25	90	1	AS
63301	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR E	130.79	136.02	90	1	AS
63302	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR E	129.49	134.66	90	1	AS
63303	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR E	132.98	138.29	90	1	AS
63304	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR E	144.34	150.11	90	1	AS
63305	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR E	149.77	155.76	90	1	AS
63306	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR E	149.72	155.70	90	1	AS
63307	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR E	143.81	149.56	90	1	AS
63308	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR E	21.34	22.19	90	3	AS
63655	LAMINECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, PLATE/PADDLE, E	54.75	56.94	90	1	AS
63685	INSERTION OR REPLACEMENT OF SPINAL NEUROSTIMULATOR PULSE GENERATOR OR RECEI	31.75	33.02	90	1	AS
63700	REPAIR OF MENINGOCELE; LESS THAN 5 CM DIAMETER	77.25	80.34	90	1	AS
63702	REPAIR OF MENINGOCELE; LARGER THAN 5 CM DIAMETER	86.53	89.99	90	1	AS
63704	REPAIR OF MYELOMENINGOCELE; LESS THAN 5 CM DIAMETER	99.35	103.32	90	1	AS
63706	REPAIR OF MYELOMENINGOCELE; LARGER THAN 5 CM DIAMETER	117.32	122.01	90	1	AS
63707	REPAIR OF DURAL/CEREBROSPINAL FLUID LEAK, NOT REQUIRING LAMINECTOMY	57.82	60.13	90	1	AS
63709	REPAIR OF DURAL/CEREBROSPINAL FLUID LEAK OR PSEUDOMENINGOCELE, WITH LAMINEC	69.78	72.57	90	1	AS
63710	DURAL GRAFT, SPINAL	70.46	73.27	90	1	AS
63740	CREATION OF SHUNT, LUMBAR, SUBARACHNOID-PERITONEAL, -PLEURAL, OR OTHER; INC	59.75	62.14	90	1	AS
63741	CREATION OF SHUNT, LUMBAR, SUBARACHNOID-PERITONEAL, -PLEURAL, OR OTHER; PER	39.04	40.60	90	1	AS
63744	REPLACEMENT, IRRIGATION OR REVISION OF LUMBOSUBARACHNOID SHUNT	42.43	44.12	90	1	AS
64405	INJECTION, ANESTHETIC AGENT; GREATER OCCIPITAL NERVE	40.22	41.82	0	1	
64517	INJECTION, ANESTHETIC AGENT; SUPERIOR HYPOGASTRIC PLEXUS	9.95	10.34	0	1	AS
64580	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; NEUROMUSCULAR	18.07	18.79	90	1	AS
64585	REVISION OR REMOVAL OF PERIPHERAL NEUROSTIMULATOR ELECTRODES	11.34	11.79	10	1	AS
64590	INSERTION OR REPLACEMENT OF PERIPHERAL OR GASTRIC NEUROSTIMULATOR PULSE GEN	22.62	23.52	10	1	AS
64650	CHEMODENERVATION OF ECCRINE GLANDS; BOTH AXILLAE	24.04	25.00	0	1	
64653	CHEMODENERVATION OF ECCRINE GLANDS; OTHER AREA(S) (EG, SCALP, FACE, NECK),	27.97	29.08	0	1	
64681	DESTRUCTION BY NEUROLYTIC AGENT, WITH OR WITHOUT RADIOLOGIC MONITORING; SUP	13.42	13.95	10	1	AS
64704	NEUROPLASTY; NERVE OF HAND OR FOOT	21.24	22.08	90	1	AS
64708	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; OTHER THAN SPECIFIED	28.91	30.06	90	1	AS
64712	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; SCIATIC NERVE	33.91	35.26	90	1	AS
64713	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; BRACHIAL PLEXUS	49.32	51.29	90	1	AS
64714	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; LUMBAR PLEXUS	41.63	43.29	90	1	AS
64716	NEUROPLASTY AND/OR TRANSPOSITION; CRANIAL NERVE (SPECIFY)	31.98	33.25	90	1	AS
64722	DECOMPRESSION; UNSPECIFIED NERVE(S) (SPECIFY)	20.24	21.04	90	1	AS
64732	TRANSECTION OR AVULSION OF; SUPRAORBITAL NERVE	25.44	26.45	90	1	AS
64736	TRANSECTION OR AVULSION OF; MENTAL NERVE	24.03	24.99	90	1	AS
64738	TRANSECTION OR AVULSION OF; INFERIOR ALVEOLAR NERVE BY OSTEOTOMY	29.21	30.37	90	1	AS

CODE	DESCRIPTION	AGE 21+ MAX FEE	00-20 MAX FEE	FUD	MAX UNITS	SPEC
64740	TRANSECTION OR AVULSION OF; LINGUAL NERVE	28.28	29.41	90	1	AS
64742	TRANSECTION OR AVULSION OF; FACIAL NERVE, DIFFERENTIAL OR COMPLETE	29.89	31.08	90	1	AS
64746	TRANSECTION OR AVULSION OF; PHRENIC NERVE	28.03	29.15	90	1	AS
64752	TRANSECTION OR AVULSION OF; VAGUS NERVE (VAGOTOMY), TRANSTHORACIC	31.57	32.83	90	1	AS
64755	TRANSECTION OR AVULSION OF; VAGUS NERVES LIMITED TO PROXIMAL STOMACH (SELEC	56.84	59.11	90	1	AS
64760	TRANSECTION OR AVULSION OF; VAGUS NERVE (VAGOTOMY), ABDOMINAL	30.52	31.74	90	1	AS
64761	TRANSECTION OR AVULSION OF; PUDENDAL NERVE	28.71	29.85	90	1	B AS
64763	TRANSECTION OR AVULSION OF OBTURATOR NERVE, EXTRAPELVIC, WITH OR WITHOUT AD	34.01	35.37	90	1	B AS
64766	TRANSECTION OR AVULSION OF OBTURATOR NERVE, INTRAPELVIC, WITH OR WITHOUT AD	39.49	41.06	90	1	B AS
64771	TRANSECTION OR AVULSION OF OTHER CRANIAL NERVE, EXTRADURAL	36.73	38.19	90	1	AS
64772	TRANSECTION OR AVULSION OF OTHER SPINAL NERVE, EXTRADURAL	36.42	37.87	90	1	AS
64786	EXCISION OF NEUROMA; SCIATIC NERVE	69.96	72.75	90	1	AS
64792	EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; EXTENSIVE (INCLUDING MALIGNANT TY	67.12	69.80	90	1	AS
64802	SYMPATHECTOMY, CERVICAL	39.62	41.20	90	1	B AS
64804	SYMPATHECTOMY, CERVICOTHORACIC	60.13	62.53	90	1	B AS
64809	SYMPATHECTOMY, THORACOLUMBAR	57.16	59.44	90	1	B AS
64818	SYMPATHECTOMY, LUMBAR	42.38	44.07	90	1	B AS
64835	SUTURE OF ONE NERVE, HAND OR FOOT; MEDIAN MOTOR THENAR	52.19	54.27	90	1	AS
64836	SUTURE OF ONE NERVE, HAND OR FOOT; ULNAR MOTOR	51.36	53.41	90	1	AS
64837	SUTURE OF EACH ADDITIONAL NERVE, HAND OR FOOT (LIST SEPARATELY IN ADDITION	25.04	26.04	90	4	AS
64840	SUTURE OF POSTERIOR TIBIAL NERVE	51.28	53.33	90	1	AS
64857	SUTURE OF MAJOR PERIPHERAL NERVE, ARM OR LEG, EXCEPT SCIATIC; WITHOUT TRANS	67.85	70.56	90	1	AS
64858	SUTURE OF SCIATIC NERVE	79.06	82.22	90	1	AS
64859	SUTURE OF EACH ADDITIONAL MAJOR PERIPHERAL NERVE (LIST SEPARATELY IN ADDITI	17.24	17.92	90	3	AS
64861	SUTURE OF; BRACHIAL PLEXUS	87.96	91.47	90	1	AS
64862	SUTURE OF; LUMBAR PLEXUS	80.49	83.70	90	1	AS
64864	SUTURE OF FACIAL NERVE; EXTRACRANIAL	54.73	56.91	90	1	AS
64865	SUTURE OF FACIAL NERVE; INFRATEMPORAL, WITH OR WITHOUT GRAFTING	69.18	71.94	90	1	AS
64866	ANASTOMOSIS; FACIAL-SPINAL ACCESSORY	78.41	81.54	90	1	AS
64868	ANASTOMOSIS; FACIAL-HYPOGLOSSAL	63.90	66.45	90	1	AS
64870	ANASTOMOSIS; FACIAL-PHRENIC	67.37	70.06	90	1	AS
64872	SUTURE OF NERVE; REQUIRING SECONDARY OR DELAYED SUTURE (LIST SEPARATELY IN	7.82	8.13	90	1	AS
64874	SUTURE OF NERVE; REQUIRING EXTENSIVE MOBILIZATION, OR TRANSPOSITION OF NERV	11.66	12.12	90	1	AS
64876	SUTURE OF NERVE; REQUIRING SHORTENING OF BONE OF EXTREMITY (LIST SEPARATELY	11.61	12.07	90	1	AS
64885	NERVE GRAFT (INCLUDES OBTAINING GRAFT), HEAD OR NECK; UP TO 4 CM IN LENGTH	70.81	73.64	90	1	AS
64886	NERVE GRAFT (INCLUDES OBTAINING GRAFT), HEAD OR NECK; MORE THAN 4 CM IN LEN	82.38	85.67	90	1	AS
64890	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, HAND OR FOOT; UP TO	69.51	72.29	90	1	AS
64891	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, HAND OR FOOT; MORE T	72.70	75.60	90	1	AS
64892	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, ARM OR LEG; UP TO 4	68.33	71.06	90	1	AS

CODE	DESCRIPTION	AGE 21+ MAX FEE	00-20 MAX FEE	FUD	MAX UNITS	SPEC
64893	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, ARM OR LEG; MORE THA	73.50	76.44	90	1	AS
64895	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), HAND OR F	83.23	86.55	90	1	AS
64896	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), HAND OR F	93.14	96.86	90	1	AS
64897	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), ARM OR LE	81.42	84.67	90	1	AS
64898	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), ARM OR LE	88.23	91.75	90	1	AS
64901	NERVE GRAFT, EACH ADDITIONAL NERVE; SINGLE STRAND (LIST SEPARATELY IN ADDIT	38.99	40.54	90	3	AS
64902	NERVE GRAFT, EACH ADDITIONAL NERVE; MULTIPLE STRANDS (CABLE) (LIST SEPARATE	44.60	46.38	90	1	AS
64905	NERVE PEDICLE TRANSFER; FIRST STAGE	60.33	62.74	90	1	AS
64907	NERVE PEDICLE TRANSFER; SECOND STAGE	73.96	76.91	90	1	AS
65105	ENUCLEATION OF EYE; WITH IMPLANT, MUSCLES ATTACHED TO IMPLANT	48.37	50.30	90	1	B AS
65110	EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL OF ORBITAL CON	70.24	73.04	90	1	B AS
65112	EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL OF ORBITAL CON	82.18	85.46	90	1	B AS
65114	EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL OF ORBITAL CON	85.97	89.40	90	1	B AS
65260	REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM POSTERIOR SEGMENT, MAGNETIC EXTR	55.28	57.49	90	1	B AS
65265	REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM POSTERIOR SEGMENT, NONMAGNETIC E	62.07	64.55	90	1	B AS
65285	REPAIR OF LACERATION; CORNEA AND/OR SCLERA, PERFORATING, WITH REPOSITION OR	60.08	62.48	90	1	B AS
65710	KERATOPLASTY (CORNEAL TRANSPLANT); LAMELLAR	63.60	66.14	90	1	B AS
65730	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (EXCEPT IN APHAKIA)	70.64	73.46	90	1	B AS
65750	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (IN APHAKIA)	71.57	74.43	90	1	B AS
65755	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (IN PSEUDOPHAKIA)	71.19	74.03	90	1	B AS
65770	KERATOPROSTHESIS	81.75	85.02	90	1	B AS
65900	REMOVAL OF EPITHELIAL DOWNGROWTH, ANTERIOR CHAMBER OF EYE	55.43	57.64	90	1	B AS
66165	FISTULIZATION OF SCLERA FOR GLAUCOMA; IRIDENCLEISIS OR IRIDOTASIS	48.64	50.58	90	1	B AS
66170	FISTULIZATION OF SCLERA FOR GLAUCOMA; TRABECULECTOMY AB EXTERNO IN ABSENCE	68.35	71.08	90	1	B AS
66172	FISTULIZATION OF SCLERA FOR GLAUCOMA; TRABECULECTOMY AB EXTERNO WITH SCARRI	86.10	89.54	90	1	B AS
66180	AQUEOUS SHUNT TO EXTRAOCULAR RESERVOIR, (EG, MOLTENO, SCHOCKET, DENVER-KRUP	67.65	70.35	90	1	B AS
66185	REVISION OF AQUEOUS SHUNT TO EXTRAOCULAR RESERVOIR	42.99	44.70	90	1	B AS
66220	REPAIR OF SCLERAL STAPHYLOMA; WITHOUT GRAFT	41.88	43.55	90	1	B AS
66225	REPAIR OF SCLERAL STAPHYLOMA; WITH GRAFT	53.90	56.05	90	1	B AS
67010	REMOVAL OF VITREOUS, ANTERIOR APPROACH (OPEN SKY TECHNIQUE OR LIMBAL INCISI	31.42	32.67	90	1	B AS
67027	IMPLANTATION OF INTRAVITREAL DRUG DELIVERY SYSTEM (EG, GANCICLOVIR IMPLANT)	49.47	51.44	90	1	B AS
67030	DISCISSION OF VITREOUS STRANDS (WITHOUT REMOVAL), PARS PLANA APPROACH	30.06	31.26	90	1	B AS
67036	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH;	55.63	57.85	90	1	B AS
67038	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH EPIRETINAL MEMBRANE STRIP	96.78	100.65	90	1	B AS
67039	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH FOCAL ENDOLASER PHOTOCOAG	71.19	74.03	90	1	B AS
67040	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH ENDOLASER PANRETINAL PHOT	82.18	85.46	90	1	B AS
67107	REPAIR OF RETINAL DETACHMENT; SCLERAL BUCKLING (SUCH AS LAMELLAR SCLERAL DI	70.24	73.04	90	1	B AS
67108	REPAIR OF RETINAL DETACHMENT; WITH VITRECTOMY, ANY METHOD, WITH OR WITHOUT	93.34	97.07	90	1	B AS
67112	REPAIR OF RETINAL DETACHMENT; BY SCLERAL BUCKLING OR VITRECTOMY, ON PATIENT	77.17	80.25	90	1	B AS

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67121	REMOVAL OF IMPLANTED MATERIAL, POSTERIOR SEGMENT; INTRAOCULAR	52.49	54.58	90	1	B AS
67255	SCLERAL REINFORCEMENT (SEPARATE PROCEDURE); WITH GRAFT	48.24	50.16	90	1	B AS
67332	STRABISMUS SURGERY ON PATIENT WITH SCARRING OF EXTRAOCULAR MUSCLES (EG, PRI	19.91	20.70	90	1	B AS
67399	UNLISTED PROCEDURE, OCULAR MUSCLE	0.00	0.00	90	1	R B AS
67400	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); FOR E	53.59	55.73	90	1	B AS
67405	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH	45.17	46.97	90	1	B AS
67412	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH	49.07	51.03	90	1	B AS
67413	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH	49.30	51.27	90	1	B AS
67414	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH	76.80	79.87	90	1	B AS
67420	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH	94.32	98.09	90	1	B AS
67430	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH	71.97	74.84	90	1	B AS
67440	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH	69.10	71.86	90	1	B AS
67445	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH	81.88	85.15	90	1	B AS
67450	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); FOR	71.64	74.50	90	1	B AS
67570	OPTIC NERVE DECOMPRESSION (EG, INCISION OR FENESTRATION OF OPTIC NERVE SHEA	66.14	68.78	90	1	B AS
67599	UNLISTED PROCEDURE, ORBIT	0.00	0.00	90	1	R B AS
67971	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL F	42.46	44.15	90	1	AS
67973	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL F	54.93	57.12	90	1	AS
67974	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL F	54.90	57.09	90	1	AS
68720	DACRYOCYSTORHINOSTOMY (FISTULIZATION OF LACRIMAL SAC TO NASAL CAVITY)	43.74	45.48	90	1	AS
68745	CONJUNCTIVORHINOSTOMY (FISTULIZATION OF CONJUNCTIVA TO NASAL CAVITY); WITHO	44.65	46.43	90	1	AS
68750	CONJUNCTIVORHINOSTOMY (FISTULIZATION OF CONJUNCTIVA TO NASAL CAVITY); WITH	45.30	47.11	90	1	AS
69155	RADICAL EXCISION EXTERNAL AUDITORY CANAL LESION; WITH NECK DISSECTION	100.60	104.62	90	1	B AS
69210	REMOVAL IMPACTED CERUMEN (SEPARATE PROCEDURE), ONE OR BOTH EARS	19.17	19.93	0	1	
69220	DEBRIDEMENT, MASTOIDECTOMY CAVITY, SIMPLE (EG, ROUTINE CLEANING)	51.54	53.60	0	1	B
69320	RECONSTRUCTION EXTERNAL AUDITORY CANAL FOR CONGENITAL ATRESIA, SINGLE STAGE	92.31	96.00	90	1	AS
69530	PETROUS APICECTOMY INCLUDING RADICAL MASTOIDECTOMY	100.48	104.49	90	1	AS
69550	EXCISION AURAL GLOMUS TUMOR; TRANSCANAL	63.10	65.62	90	1	AS
69552	EXCISION AURAL GLOMUS TUMOR; TRANSMASTOID	95.58	99.40	90	1	AS
69554	EXCISION AURAL GLOMUS TUMOR; EXTENDED (EXTRATEMPORAL)	154.37	160.54	90	1	AS
69605	REVISION MASTOIDECTOMY; WITH APICECTOMY	94.87	98.66	90	1	AS
69670	MASTOID OBLITERATION (SEPARATE PROCEDURE)	57.36	59.65	90	1	AS
69740	SUTURE FACIAL NERVE, INTRATEMPORAL, WITH OR WITHOUT GRAFT OR DECOMPRESSION;	72.32	75.21	90	1	AS
69745	SUTURE FACIAL NERVE, INTRATEMPORAL, WITH OR WITHOUT GRAFT OR DECOMPRESSION;	75.69	78.71	90	1	AS
69802	LABYRINTHOTOMY, WITH OR WITHOUT CRYOSURGERY OR OTHER NONEXCISIONAL DESTRUCT	63.17	65.69	90	1	AS
69805	ENDOLYMPHATIC SAC OPERATION; WITHOUT SHUNT	64.43	67.00	90	1	AS
69820	FENESTRATION SEMICIRCULAR CANAL	53.32	55.45	90	1	AS
69840	REVISION FENESTRATION OPERATION	57.42	59.71	90	1	AS
69915	VESTIBULAR NERVE SECTION, TRANSLABYRINTHINE APPROACH	95.37	99.18	90	1	AS

CODE	DESCRIPTION	AGE 21+ MAX FEE	00-20 MAX FEE	FUD	MAX UNITS	SPEC
69950	VESTIBULAR NERVE SECTION, TRANSCRANIAL APPROACH	113.80	118.35	90	1	AS
69955	TOTAL FACIAL NERVE DECOMPRESSION AND/OR REPAIR (MAY INCLUDE GRAFT)	123.88	128.83	90	1	AS
69960	DECOMPRESSION INTERNAL AUDITORY CANAL	118.40	123.13	90	1	AS
69970	REMOVAL OF TUMOR, TEMPORAL BONE	132.50	137.80	90	1	AS
80048	BASIC METABOLIC PANEL	6.40	6.40	0	1	
80069	RENAL FUNCTION PANEL	6.40	6.40	0	1	
80074	ACUTE HEPATITIS PANEL	36.80	36.80	0	1	
80076	HEPATIC FUNCTION PANEL	6.00	6.00	0	1	
81000	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOB	2.40	2.40	0	4	
81001	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOB	2.62	2.62	0	4	
81002	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOB	1.60	1.60	0	1	
81015	URINALYSIS; MICROSCOPIC ONLY	1.60	1.60	0	1	
81025	URINE PREGNANCY TEST, BY VISUAL COLOR COMPARISON METHODS	5.20	5.20	0	1	
82270	BLOOD, OCCULT, BY PEROXIDASE ACTIVITY (EG, GUAIAC), QUALITATIVE; FECES, CON	1.60	1.60	0	1	
82274	BLOOD, OCCULT, BY FECAL HEMOGLOBIN DETERMINATION BY IMMUNOASSAY, QUALITATIV	1.60	1.60	0	1	
82947	GLUCOSE; QUANTITATIVE, BLOOD (EXCEPT REAGENT STRIP)	2.80	2.80	0	10	
82948	GLUCOSE; BLOOD, REAGENT STRIP	2.40	2.40	0	10	
82950	GLUCOSE; POST GLUCOSE DOSE (INCLUDES GLUCOSE)	3.20	3.20	0	1	
82951	GLUCOSE; TOLERANCE TEST (GTT), THREE SPECIMENS (INCLUDES GLUCOSE)	10.40	10.40	0	1	
82962	GLUCOSE, BLOOD BY GLUCOSE MONITORING DEVICE(S) CLEARED BY THE FDA SPECIFICA	2.20	2.20	0	1	
83026	HEMOGLOBIN; BY COPPER SULFATE METHOD, NON-AUTOMATED	2.00	2.00	0	1	
83655	LEAD	8.40	8.40	0	1	
84702	GONADOTROPIN, CHORIONIC (HCG); QUANTITATIVE	12.40	12.40	0	1	
84703	GONADOTROPIN, CHORIONIC (HCG); QUALITATIVE	5.60	5.60	0	1	
85002	BLEEDING TIME	3.60	3.60	0	1	
85004	BLOOD COUNT; AUTOMATED DIFFERENTIAL WBC COUNT	4.80	4.80	0	1	
85007	BLOOD COUNT; BLOOD SMEAR, MICROSCOPIC EXAMINATION WITH MANUAL DIFFERENTIAL	2.80	2.80	0	10	
85013	BLOOD COUNT; SPUN MICROHEMATOCRIT	2.00	2.00	0	1	
85014	BLOOD COUNT; HEMATOCRIT (HCT)	1.60	1.60	0	10	
85018	BLOOD COUNT; HEMOGLOBIN (HGB)	1.60	1.60	0	10	
85025	BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC, WBC AND PLATELET COU	6.40	6.40	0	4	
85049	BLOOD COUNT; PLATELET, AUTOMATED	3.20	3.20	0	1	
85651	SEDIMENTATION RATE, ERYTHROCYTE, NON-AUTOMATED	2.80	2.80	0	1	
85660	SICKLING OF RBC, REDUCTION	3.20	3.20	0	1	
86318	IMMUNOASSAY FOR INFECTIOUS AGENT ANTIBODY, QUALITATIVE OR SEMIQUANTITATIVE,	11.20	11.20	0	1	
86403	PARTICLE AGGLUTINATION; SCREEN, EACH ANTIBODY	8.80	8.80	0	1	
86580	SKIN TEST; TUBERCULOSIS, INTRADERMAL	2.72	2.72	0	1	
86592	SYPHILIS TEST; QUALITATIVE (EG, VDRL, RPR, ART)	3.20	3.20	0	1	
87210	SMEAR, PRIMARY SOURCE WITH INTERPRETATION; WET MOUNT FOR INFECTIOUS AGENTS	3.20	3.20	0	1	

CODE	DESCRIPTION	AGE 21+ MAX FEE	00-20 MAX FEE	FUD	MAX UNITS	SPEC
87220	TISSUE EXAMINATION BY KOH SLIDE OF SAMPLES FROM SKIN, HAIR, OR NAILS FOR FU	3.20	3.20	0	1	
87650	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); STREPTOCOCCUS, GRO	9.60	9.60	0	1	
87880	INFECTIOUS AGENT DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATION;	9.20	9.20	0	1	
89130	GASTRIC INTUBATION AND ASPIRATION, DIAGNOSTIC, EACH SPECIMEN, FOR CHEMICAL	110.73	110.73	0	2	
89190	NASAL SMEAR FOR EOSINOPHILS	3.60	3.60	0	1	
90471	IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBCUTANEO	N/A	4.00	0	1	
90472	EACH ADDITIONAL VACCINE (SINGLE OR COMBINATION VACCINE/TOXOID) (LIST	N/A	4.00	0	5	
90632	HEPATITIS A VACCINE, ADULT DOSAGE, FOR INTRAMUSCULAR USE	N/A	70.35	0	1	
90633	HEPATITIS A VACCINE, PEDIATRIC/ADOLESCENT DOSAGE-2 DOSE SCHEDULE, FOR	N/A	8.00	0	1	
90633	SC HEPATITIS A VACCINE, PEDIATRIC/ADOLESCENT DOSAGE-2 DOSE SCHEDULE, FOR	N/A	41.82	0	1	
90634	HEPATITIS A VACCINE, PEDIATRIC/ADOLESCENT DOSAGE-3 DOSE SCHEDULE, FOR	N/A	8.00	0	1	
90645	HEMOPHILUS INFLUENZA B VACCINE (HIB), HBOC CONJUGATE (4 DOSE SCHEDULE), FOR	N/A	8.00	0	1	
90647	HEMOPHILUS INFLUENZA B VACCINE (HIB), PRP-OMP CONJUGATE (3 DOSE SCHEDULE),	N/A	8.00	0	1	
90648	HEMOPHILUS INFLUENZA B VACCINE (HIB), PRP-T CONJUGATE (4 DOSE SCHEDULE), FO	N/A	8.00	0	1	
90649	HUMAN PAPILLOMA VIRUS (HPV) VACCINE, TYPES 6, 11, 16, 18 (QUADRIVALENT), 3	N/A	134.90	0	1	R
90649	HA HUMAN PAPILLOMA VIRUS (HPV) VACCINE, TYPES 6,11,16,18 (QUADRIVALENT), 3	N/A	134.90	0	1	
90655	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, PRESERVATIVE FREE, WHEN ADMINISTERED	N/A	8.00	0	1	
90655	SC INFLUENZA VIRUS VACCINE, SPLIT VIRUS, PRSERVATIVE FREE, WHEN ADMINISTERED	N/A	23.35	0	1	
90656	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, PRESERVATIVE FREE, WHEN ADMINISTERED	N/A	8.00	0	1	
90656	HA INFLUENZA VIRUS VACCINE, SPLIT VIRUS, PRESERVATIVE FREE, FOR USE IN	N/A	23.35	0	1	
90656	SC INFLUENZA VIRUS VACCINE, SPLIT VIRUS PPRSERVATIVE FREE, WHEN ADMINISTERED	N/A	23.35	0	1	
90657	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO CHILDREN 6-35 MO	N/A	8.00	0	1	
90657	SC INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO CHILDREN	N/A	23.35	0	1	
90658	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO 3 YEARS OF AGE A	N/A	8.00	0	1	
90658	HA INFLUENZA VIRUS VACCINE, SPLIT VIRUS, 3 YEARS AND ABOVE DOSAGE, FOR	N/A	23.35	0	1	
90658	SC INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO 3 YEARS OF	N/A	23.35	0	1	
90660	INFLUENZA VIRUS VACCINE, LIVE, FOR INTRANASAL USE	N/A	26.98	0	1	
90669	PNEUMOCOCCAL CONJUGATE VACCINE, POLYVALENT, WHEN ADMINISTERED TO CHILDREN Y	N/A	8.00	0	1	
90680	ROTAVIRUS VACCINE, PENTAVALENT, 3 DOSE SCHEDULE, LIVE, FOR ORAL USE	N/A	8.00	0	1	
90700	DIPHTHERIA, TETANUS TOXOIDS, AND ACELLULAR PERTUSSIS VACCINE (DTAP), WHEN A	N/A	8.00	0	1	
90702	DIPHTHERIA AND TETANUS TOXOIDS (DT) ADSORBED WHEN ADMINISTERED TO YOUNGER T	N/A	8.00	0	1	
90704	MUMPS VIRUS VACCINE, LIVE, FOR SUBCUTANEOUS USE	N/A	8.00	0	1	
90704	HA MUMPS VIRUS VACCINE, LIVE, FOR SUBCUTANEOUS OR JET INJECTION USE	N/A	29.47	0	1	
90705	MEASLES VIRUS VACCINE, LIVE, FOR SUBCUTANEOUS USE	N/A	8.00	0	1	
90705	HA IMMUNIZATION, ACITVE; MEASLES VIRUS VACCIN, LIVE, ATTENUATED	N/A	24.67	0	1	
90706	RUBELLA VIRUS VACCINE, LIVE, FOR SUBCUTANEOUS USE	N/A	8.00	0	1	
90706	HA RUBELLA VIRUS VACCINE, LIVE, FOR SUBCUTANEOUS OR JET INJECTION USE	N/A	25.46	0	1	
90707	MEASLES, MUMPS AND RUBELLA VIRUS VACCINE (MMR), LIVE, FOR SUBCUTANEOUS USE	N/A	8.00	0	1	
90707	HA MEASLES, MUMPS AND RUBELLA VIRUS VACCINE (MMR), LIVE, FOR SUBCUTANEOUS OR J	N/A	53.69	0	1	

CODE	DESCRIPTION	AGE 21+ MAX FEE	00-20 MAX FEE	FUD	MAX UNITS	SPEC
90708	MEASLES AND RUBELLA VIRUS VACCINE, LIVE, FOR SUBCUTANEOUS USE	N/A	8.00	0	1	
90708 HA	MEASLES AND RUBELLA VIRUS VACCINE, LIVE, FOR SUBCUTANEOUS OR JET INJECTION	N/A	25.80	0	1	
90710	MEASLES, MUMPS, RUBELLA, AND VARICELLA VACCINE (MMRV), LIVE, FOR SUBCUTANEO	N/A	8.00	0	1	
90713	POLIOVIRUS VACCINE, INACTIVATED, (IPV), FOR SUBCUTANEOUS OR INTRAMUSCULAR U	N/A	8.00	0	1	
90714	TETANUS AND DIPHThERIA TOXOIDS (TD) ADSORBED, PRESERVATIVE FREE, WHEN ADMIN	N/A	8.00	0	1	
90714 HA	TETANUS AND DIPHThERIA TOXOIDS(TD) ADSORBED,PRESERVATIVE FREE, FOR USE IN	N/A	27.92	0	1	
90715	TETANUS, DIPHThERIA TOXOIDS AND ACELLULAR PERTUSSIS VACCINE (TDAP), WHEN AD	N/A	8.00	0	1	
90715 HA	TETANUS, DIPHThERIA TOXOIDS AND ACELLULAR PERTUSSIS VACCINE (TDAP),	N/A	47.11	0	1	
90716	VARICELLA VIRUS VACCINE, LIVE, FOR SUBCUTANEOUS USE	N/A	8.00	0	1	
90716 HA	VARICELLA VIRUS VACCINE, LIVE, FOR SUBCUTANEOUS USE	N/A	86.71	0	1	
90718	TETANUS AND DIPHThERIA TOXOIDS (TD) ADSORBED WHEN ADMINISTERED TO 7 YEARS O	N/A	8.00	0	1	
90718 HA	TETANUS AND DIPHThERIA TOXOIDS (TD) ADSORBED FOR USE IN INDIVIDUALS SEVEN Y	N/A	14.37	0	1	
90721	DIPHThERIA, TETANUS TOXOIDS, AND ACELLULAR PERTUSSIS VACCINE AND HEMOPHILUS	N/A	8.00	0	1	
90723	DIPHThERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCINE, HEPATITIS B, AND	N/A	8.00	0	1	
90732	PNEUMOCOCCAL POLYSACCHARIDE VACCINE, 23-VALENT, ADULT OR IMMUNOSUPPRESSED P	N/A	8.00	0	1	
90732 HA	PNEUMOCOCCAL POLYSACCHARIDE VACCINE, 23-VALENT, ADULT OR IMMUNOSUPPRESSED P	N/A	63.15	0	1	
90733	MENINGOCOCCAL POLYSACCHARIDE VACCINE (ANY GROUP(S)), FOR SUBCUTANEOUS USE	N/A	103.61	0	1	
90734	MENINGOCOCCAL CONJUGATE VACCINE, SEROGROUPS A, C, Y AND W-135 (TETRAVALENT)	N/A	8.00	0	1	
90734 HA	MENINGOCOCCAL CONJUGATE VACCINE, SEROGROUPS A, C, Y AND W-135	N/A	94.72	0	1	
90734 SC	MENINGOCOCCAL CONJUGATE VACCINE, SEROGROUPS A, C, Y AND W-135	N/A	94.72	0	1	R
90743	HEPATITIS B VACCINE, ADOLESCENT (2 DOSE SCHEDULE), FOR INTRAMUSCULAR USE	N/A	8.00	0	1	
90744	HEPATITIS B VACCINE, PEDIATRIC/ADOLESCENT DOSAGE (3 DOSE SCHEDULE), FOR INT	N/A	8.00	0	1	
90746	HEPATITIS B VACCINE, ADULT DOSAGE, FOR INTRAMUSCULAR USE	N/A	71.13	0	1	
90748	HEPATITIS B AND HEMOPHILUS INFLUENZA B VACCINE (HEPB-HIB), FOR INTRAMUSCULA	N/A	8.00	0	1	
90749	UNLISTED VACCINE/TOXOID	0.00	0.00	0	1	R
90801	PSYCHIATRIC DIAGNOSTIC INTERVIEW EXAMINATION	68.34	71.07	0	1	
90802	INTERACTIVE PSYCHIATRIC DIAGNOSTIC INTERVIEW EXAMINATION USING PLAY EQUIPME	72.11	74.99	0	1	
90804	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPO	28.12	29.24	0	1	
90805	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPO	31.42	32.67	0	1	
90806	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPO	38.02	39.54	0	1	
90807	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPO	43.68	45.42	0	1	
90810	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVIC	29.54	30.72	0	1	
90811	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVIC	35.19	36.59	0	1	
90812	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVIC	41.63	43.29	0	1	
90813	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVIC	47.45	49.34	0	1	
90816	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPO	25.14	26.14	0	1	
90817	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPO	28.28	29.41	0	1	
90818	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPO	37.08	38.56	0	1	
90819	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPO	40.38	41.99	0	1	

CODE	DESCRIPTION	AGE 21+ MAX FEE	00-20 MAX FEE	FUD	MAX UNITS	SPEC
90823	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVIC	27.18	28.26	0	1	
90824	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVIC	30.48	31.69	0	1	
90826	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVIC	39.59	41.17	0	1	
90827	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVIC	42.42	44.11	0	1	
90862	PHARMACOLOGIC MANAGEMENT, INCLUDING PRESCRIPTION, USE, AND REVIEW OF MEDICA	24.98	25.97	0	1	
90918	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES PER FULL MONTH; FOR PATIENT	254.52	264.70	0	1	
90919	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES PER FULL MONTH; FOR PATIENT	186.02	193.46	0	1	
90920	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES PER FULL MONTH; FOR PATIENT	160.57	166.99	0	1	
90921	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES PER FULL MONTH; FOR PATIENT	98.98	102.93	0	1	
90922	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES (LESS THAN FULL MONTH), PER	8.49	8.82	0	1	
90923	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES (LESS THAN FULL MONTH), PER	6.13	6.37	0	1	
90924	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES (LESS THAN FULL MONTH), PER	5.34	5.55	0	1	
90925	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES (LESS THAN FULL MONTH), PER	3.30	3.43	0	1	
91000	ESOPHAGEAL INTUBATION AND COLLECTION OF WASHINGS FOR CYTOLOGY, INCLUDING PR	46.50	48.36	0	1	
91105	GASTRIC INTUBATION, AND ASPIRATION OR LAVAGE FOR TREATMENT (EG, FOR INGESTE	33.62	34.96	0	1	
92504	BINOCULAR MICROSCOPY (SEPARATE DIAGNOSTIC PROCEDURE)	11.62	12.08	0	1	
92526	TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING	35.19	36.59	0	1	
92950	CARDIOPULMONARY RESUSCITATION (EG, IN CARDIAC ARREST)	114.85	119.44	0	1	
92992	ATRIAL SEPTECTOMY OR SEPTOSTOMY; TRANSVENOUS METHOD, BALLOON (EG, RASHKIND	61.97	64.44	90	1	AS
92993	ATRIAL SEPTECTOMY OR SEPTOSTOMY; BLADE METHOD (PARK SEPTOSTOMY) (INCLUDES C	37.27	38.76	90	1	AS
93925	DUPLEX SCAN OF LOWER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; COMPLETE	138.10	143.62	0	1	
94010	SPIROMETRY, INCLUDING GRAPHIC RECORD, TOTAL AND TIMED VITAL CAPACITY, EXPIR	14.61	15.19	0	1	
94060	BRONCHODILATION RESPONSIVENESS, SPIROMETRY AS IN 94010, PRE- AND POST-BRONC	26.55	27.61	0	1	
94610	INTRAPULMONARY SURFACTANT ADMINISTRATION BY A PHYSICIAN THROUGH ENDOTRACHEA	27.81	28.92	0	1	
94640	PRESSURIZED OR NONPRESSURIZED INHALATION TREATMENT FOR ACUTE AIRWAY OBSTRUC	5.97	6.20	0	3	
94644	CONTINUOUS INHALATION TREATMENT WITH AEROSOL MEDICATION FOR ACUTE AIRWAY OB	14.77	15.36	0	1	
94645	CONTINUOUS INHALATION TREATMENT WITH AEROSOL MEDICATION FOR ACUTE AIRWAY OB	5.66	5.88	0	1	
94664	DEMONSTRATION AND/OR EVALUATION OF PATIENT UTILIZATION OF AN AEROSOL GENERA	6.91	7.18	0	1	
94667	MANIPULATION CHEST WALL, SUCH AS CUPPING, PERCUSSING, AND VIBRATION TO FACI	9.27	9.64	0	1	
96401	CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; NON-HORMONAL AN	32.68	33.98	0	1	
96402	CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; HORMONAL ANTI-N	14.30	14.87	0	1	
96409	CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS, PUSH TECHNIQUE, SINGLE OR INITIAL	48.23	50.15	0	1	
96411	CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS, PUSH TECHNIQUE, EACH ADDITIONAL S	27.50	28.60	0	1	
96413	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; UP TO 1 HOUR,	62.38	64.87	0	1	
96415	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONA	14.30	14.87	0	7	
96416	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; INITIATION OF	68.34	71.07	0	1	
96417	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONA	31.42	32.67	0	1	
96523	IRRIGATION OF IMPLANTED VENOUS ACCESS DEVICE FOR DRUG DELIVERY SYSTEMS	11.83	12.30	0	1	
97602	REMOVAL OF DEVITALIZED TISSUE FROM WOUND; NON-SELECTIVE DEBRIDEMENT, WITHOU	16.56	17.22	0	1	

CODE	DESCRIPTION	AGE 21+ MAX FEE	00-20 MAX FEE	FUD	MAX UNITS	SPEC
99050	SERVICES PROVIDED IN THE OFFICE AT TIMES OTHER THAN REGULARLY SCHEDULED OFF	5.82	6.05	0	1	
99070	SUPPLIES AND MATERIALS (EXCEPT SPECTACLES), PROVIDED BY THE PHYSICIAN OVER	0.00	0.00	0	0	R
99201	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	24.96	25.95	0	1	
99202	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	26.17	27.21	0	1	
99203	OFFICE AND OUTPATIENT VISIT FOR A NEW PATIENT MUST INCLUDE A DETAILED	38.94	40.49	0	1	
99204	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	55.07	57.27	0	1	
99211	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES	9.98	10.37	0	1	
99211 FP	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES	9.98	10.37	0	1	
99212	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES	17.47	18.16	0	1	
99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES	21.29	22.14	0	1	
99214	OFFICE OR OUTPATIENT VISIT FOR THE EVAL AND MANAGEMENT OF AN EST. PATIENT,	33.17	34.49	0	1	
99217	OBSERVATION CARE DISCHARGE DAY MANAGEMENT (THIS CODE IS TO BE UTILIZED BY T	29.06	30.22	0	1	
99218	INITIAL OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P	27.18	28.26	0	1	
99219	INITIAL OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P	44.78	46.57	0	1	
99221	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATI	39.43	41.00	0	1	
99222	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATI	53.26	55.39	0	1	
99231	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P	16.18	16.82	0	1	
99232	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P	29.38	30.55	0	1	
99233	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P	41.95	43.62	0	1	
99234	OBSERVATION OR INPATIENT HOSPITAL CARE, FOR THE EVALUATION AND MANAGEMENT O	54.83	57.02	0	1	
99235	OBSERVATION OR INPATIENT HOSPITAL CARE, FOR THE EVALUATION AND MANAGEMENT O	72.11	74.99	0	1	
99238	HOSPITAL DISCHARGE DAY MANAGEMENT; 30 MINUTES OR LESS	28.75	29.90	0	1	
99239	HOSPITAL DISCHARGE DAY MANAGEMENT; MORE THAN 30 MINUTES	41.79	43.46	0	1	
99241	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE	21.21	22.05	0	1	
99242	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE	39.75	41.34	0	1	
99243	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE	54.36	56.53	0	1	
99244	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE	80.75	83.98	0	1	
99251	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THE	21.53	22.39	0	1	
99252	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THE	32.99	34.30	0	1	
99253	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THE	50.28	52.29	0	1	
99254	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THE	72.90	75.81	0	1	
99281	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT,	11.38	11.83	0	1	
99282	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT,	17.63	18.33	0	1	
99283	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT,	32.50	33.80	0	1	
99284	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT,	49.76	51.75	0	1	
99285	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT,	78.41	81.54	0	1	
99304	INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT O	26.71	27.77	0	1	
99305	INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT O	35.35	36.76	0	1	
99306	INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT O	43.52	45.26	0	1	

CODE	DESCRIPTION	AGE 21+ MAX FEE	00-20 MAX FEE	FUD	MAX UNITS	SPEC
99307	SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMEN	14.14	14.70	0	1	
99308	SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMEN	23.26	24.19	0	1	
99309	SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMEN	32.52	33.82	0	1	
99310	SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMEN	40.70	42.32	0	1	
99318	EVALUATION AND MANAGEMENT OF A PATIENT INVOLVING AN ANNUAL NURSING FACILITY	26.71	27.77	0	1	
99324	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW P	23.57	24.51	0	1	
99325	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW P	34.10	35.46	0	1	
99326	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW P	48.86	50.81	0	1	
99327	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW P	64.42	66.99	0	1	
99328	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW P	79.66	82.84	0	1	
99334	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTA	18.22	18.94	0	1	
99335	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTA	28.28	29.41	0	1	
99336	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTA	43.68	45.42	0	1	
99337	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTA	64.10	66.66	0	1	
99341	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIR	23.57	24.51	0	1	
99342	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIR	34.10	35.46	0	1	
99343	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIR	49.34	51.31	0	1	
99344	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIR	64.26	66.83	0	1	
99347	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHI	18.38	19.11	0	1	
99348	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHI	28.44	29.57	0	1	
99349	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHI	43.68	45.42	0	1	
99350	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHI	64.10	66.66	0	1	
99354	PROLONGED PHYSICIAN SERVICE IN THE OFFICE OR OTHER OUTPATIENT SETTING REQUI	39.43	41.00	0	1	
99355	PROLONGED PHYSICIAN SERVICE IN THE OFFICE OR OTHER OUTPATIENT SETTING REQUI	39.59	41.17	0	1	
99356	PROLONGED PHYSICIAN SERVICE IN THE INPATIENT SETTING, REQUIRING DIRECT (FAC	36.14	37.58	0	1	
99357	PROLONGED PHYSICIAN SERVICE IN THE INPATIENT SETTING, REQUIRING DIRECT (FAC	36.14	37.58	0	1	
99381	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN I	N/A	57.27	0	1	
99382	INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPR	N/A	57.27	0	1	
99383	INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPR	N/A	57.27	0	1	
99383	FP INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN	N/A	57.27	0	1	
99384	INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPR	N/A	57.27	0	1	
99384	FP INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPR	N/A	57.27	0	1	
99385	INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPR	55.07	57.27	0	1	
99385	EP INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN	N/A	57.27	0	1	
99385	FP INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN	55.07	57.27	0	1	
99386	INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPR	48.54	50.48	0	1	
99386	FP INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN	48.54	50.48	0	1	
99387	INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPR	53.42	55.55	0	1	
99391	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF A	N/A	57.27	0	1	

CODE	DESCRIPTION	AGE 21+ MAX FEE	00-20 MAX FEE	FUD	MAX UNITS	SPEC
99392	PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A CO	N/A	57.27	0	1	
99393	PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A CO	N/A	57.27	0	1	
99393	FP PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF A	N/A	57.27	0	1	
99394	PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A CO	N/A	57.27	0	1	
99394	FP PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF A	N/A	57.27	0	1	
99395	PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A CO	55.07	57.27	0	1	
99395	EP PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A	N/A	57.27	0	1	
99395	FP PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF A	55.07	57.27	0	1	
99396	PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A CO	40.22	41.82	0	1	
99396	FP PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF A	40.22	41.82	0	1	
99397	PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A CO	45.25	47.06	0	1	
99401	PREVENTIVE MEDICINE COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S)	13.35	13.88	0	1	
99402	COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S) PROVIDED TO A HEALT	23.10	24.02	0	1	
99403	FP COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S) PROVIDED TO A HEALT	32.68	33.98	0	1	
99431	HISTORY AND EXAMINATION OF THE NORMAL NEWBORN INFANT, INITIATION OF DIAGNOS	23.41	24.34	0	1	
99432	NORMAL NEWBORN CARE IN OTHER THAN HOSPITAL OR BIRTHING ROOM SETTING, INCLUD	36.61	38.07	0	1	
99433	SUBSEQUENT HOSPITAL CARE, FOR THE EVALUATION AND MANAGEMENT OF A NORMAL NEW	12.41	12.90	0	1	
99435	HISTORY AND EXAMINATION OF THE NORMAL NEWBORN INFANT, INCLUDING THE PREPARA	31.74	33.00	0	1	
99436	ATTENDANCE AT DELIVERY (WHEN REQUESTED BY DELIVERING PHYSICIAN) AND INITIAL	30.01	31.21	0	1	
99440	NEWBORN RESUSCITATION: PROVISION OF POSITIVE PRESSURE VENTILATION AND/OR CH	58.60	60.94	0	1	
A4261	CERVICAL CAP FOR CONTRACEPTIVE USE	55.00	55.00	0	1	
G0101	CERVICAL OR VAGINAL CANCER SCREENING; PELVIC AND CLINICAL BREAST EXAMINATIO	14.93	15.52	0	1	
H0004	INDIVIDUAL/FAMILY THERAPY-45 MINUTES	44.00	45.76	0	1	
H1000	PRENATAL CARE, AT RISK ASSESSMENT	41.60	43.26	0	1	
H1001	PRENATAL CARE,AT-RISK ENHANCED SERVICES; ANTEPARTUM MANAGEMENT	83.20	86.52	0	1	
H1001	TG PRENATAL CARE,AT-RISK ENHANCED SERVICE,ANTEPARTUM MANAGEMENT	124.80	129.79	0	1	
J0207	INJECTION, AMIFOSTINE, 500 MG	500.85	500.85	0	3	
J0290	INJECTION, AMPICILLIN SODIUM, 500 MG	3.73	3.73	0	14	
J0295	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	8.12	8.12	0	2	
J0530	INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, UP TO 600,000	5.19	5.19	0	1	
J0540	INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, UP TO 1,200,0	15.74	15.74	0	1	
J0550	INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, UP TO 2,400,0	9.96	9.96	0	14	
J0560	INJECTION, PENICILLIN G BENZATHINE, UP TO 600,000 UNITS	24.85	24.85	0	1	
J0570	INJECTION, PENICILLIN G BENZATHINE, UP TO 1,200,000 UNITS	43.04	43.04	0	1	
J0580	INJECTION, PENICILLIN G BENZATHINE, UP TO 2,400,000 UNITS	88.19	88.19	0	1	
J0696	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	15.00	15.00	0	16	
J0740	INJECTION, CIDOFOVIR, 375 MG	751.25	751.25	0	1	
J0881	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	4.70	4.70	0	500	
J0882	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (FOR ESRD ON DIALYSIS)	4.70	4.70	0	500	

CODE	DESCRIPTION	AGE 21+ MAX FEE	00-20 MAX FEE	FUD	MAX UNITS	SPEC
J0885	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	12.57	12.57	0	80	
J0886	INJECTION, EPOETIN ALFA, 1000 UNITS (FOR ESRD ON DIALYSIS)	12.57	12.57	0	500	
J1020	INJECTION, METHYLPREDNISOLONE ACETATE, 20 MG	1.02	1.02	0	2	
J1030	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	2.03	2.03	0	2	
J1040	INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG	3.25	3.25	0	2	
J1055	INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150 MG	47.47	47.47	0	1	
J1056	INJECTION, MEDROXYPROGESTERONE ACETATE / ESTRADIOL CYPIONATE, 5MG / 25MG	22.83	22.83	0	1	
J1200	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	1.43	1.43	0	1	
J1325	INJECTION, EPOPROSTENOL, 0.5 MG	18.82	18.82	0	1	
J1364	INJECTION, ERYTHROMYCIN LACTOBIONATE, PER 500 MG	8.38	8.38	0	2	
J1440	INJECTION, FILGRASTIM (G-CSF), 300 MCG	201.35	201.35	0	2	
J1441	INJECTION, FILGRASTIM (G-CSF), 480 MCG	327.19	327.19	0	1	
J1565	INJECTION, RESPIRATORY SYNCYTIAL VIRUS IMMUNE GLOBULIN, INTRAVENOUS, 50 MG	806.91	806.91	0	1	
J1570	INJECTION, GANCICLOVIR SODIUM, 500 MG	47.84	47.84	0	1	
J1626	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG	16.51	16.51	0	20	
J1825	INJECTION, INTERFERON BETA-1A, 33 MCG	227.63	227.63	0	1	
J1885	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	5.95	5.95	0	4	
J1950	INJECTION, LEUPROLIDE ACETATE PER 3.75 MG.	519.52	519.52	0	3	
J2060	INJECTION, LORAZEPAM, 2 MG	8.33	8.33	0	2	
J2550	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	1.00	1.00	0	1	
J2790	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MCG	112.10	112.10	0	1	
J2820	INJECTION, SARGRAMOSTIM (GM-CSF), 50 MCG	30.40	30.40	0	10	
J3030	INJECTION, SUMATRIPTAN SUCCINATE, 6 MG (CODE MAY BE USED FOR MEDICARE WHEN	125.86	125.86	0	1	
J3301	INJECTION TRIAMCINOLONE ACETONIDE, PER 10MG	1.00	1.00	0	8	
J3410	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	1.00	1.00	0	4	
J7300	INTRAUTERINE COPPER CONTRACEPTIVE	401.85	401.85	0	1	
J7302	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, 52 MG	435.94	435.94	0	1	
J9170	DOCETAXEL 20 MG, INJECTABLE	341.56	341.56	0	15	
J9201	GEMCITABINE HCL, 200 MG	127.89	127.89	0	15	
J9206	IRINOTECAN, 20 MG	129.79	129.79	0	38	
J9350	TOPOTECAN,4 MG.	901.79	901.79	0	2	
J9600	PORFIMER SODIUM, 75 MG	2318.63	2318.63	0	1	R
Q0111	WET MOUNTS, INCLUDING PREPARATIONS OF VAGINAL, CERVICAL OR SKIN SPECIMENS	3.20	3.32	0	1	
Q0112	ALL POTASSIUM HYDROXIDE (KOH) PREPARATIONS	4.00	4.00	0	1	
Q0113	PINWORM EXAMINATIONS	4.00	4.16	0	0	
Q0114	FERN TEST	3.20	3.32	0	1	
Q4003	CAST SUPPLIES, SHOULDER CAST, ADULT (11 YEARS +), PLASTER	18.05	18.05	0	1	AS
Q4004	CAST SUPPLIES, SHOULDER CAST, ADULT (11 YEARS +), FIBERGLASS	62.48	62.48	0	1	AS
Q4005	CAST SUPPLIES, LONG ARM CAST, ADULT (11 YEARS +), PLASTER	6.65	6.65	0	1	AS

CODE	DESCRIPTION	AGE 21+ MAX FEE	00-20 MAX FEE	FUD	MAX UNITS	SPEC
Q4006	CAST SUPPLIES, LONG ARM CAST, ADULT (11 YEARS +), FIBERGLASS	14.99	14.99	0	1	AS
Q4007	CAST SUPPLIES, LONG ARM CAST, PEDIATRIC (0-10 YEARS), PLASTER	3.33	3.33	0	1	AS
Q4008	CAST SUPPLIES, LONG ARM CAST, PEDIATRIC (0-10 YEARS), FIBERGLASS	7.50	7.50	0	1	AS
Q4009	CAST SUPPLIES, SHORT ARM CAST, ADULT (11 YEARS +), PLASTER	4.44	4.44	0	1	AS
Q4010	CAST SUPPLIES, SHORT ARM CAST, ADULT (11 YEARS +), FIBERGLASS	10.00	10.00	0	1	AS
Q4011	CAST SUPPLIES, SHORT ARM CAST, PEDIATRIC (0-10 YEARS), PLASTER	2.22	2.22	0	1	AS
Q4012	CAST SUPPLIES, SHORT ARM CAST, PEDIATRIC (0-10 YEARS), FIBERGLASS	5.00	5.00	0	1	AS
Q4013	CAST SUPPLIES, GAUNTLET CAST (INCLUDES LOWER FOREARM AND HAND), ADULT (11 Y	8.08	8.08	0	1	AS
Q4014	CAST SUPPLIES, GAUNTLET CAST (INCLUDES LOWER FOREARM AND HAND), ADULT (11 Y	13.64	13.64	0	1	AS
Q4015	CAST SUPPLIES, GAUNTLET CAST (INCLUDES LOWER FOREARM AND HAND), PEDIATRIC (	4.04	4.04	0	1	AS
Q4016	CAST SUPPLIES, GAUNTLET CAST (INCLUDES LOWER FOREARM AND HAND), PEDIATRIC (	6.82	6.82	0	1	AS
Q4017	CAST SUPPLIES, LONG ARM SPLINT, ADULT (11 YEARS +), PLASTER	4.68	4.68	0	1	AS
Q4018	CAST SUPPLIES, LONG ARM SPLINT, ADULT (11 YEARS +), FIBERGLASS	7.46	7.46	0	1	AS
Q4019	CAST SUPPLIES, LONG ARM SPLINT, PEDIATRIC (0-10 YEARS), PLASTER	2.34	2.34	0	1	AS
Q4020	CAST SUPPLIES, LONG ARM SPLINT, PEDIATRIC (0-10 YEARS), FIBERGLASS	3.73	3.73	0	1	AS
Q4021	CAST SUPPLIES, SHORT ARM SPLINT, ADULT (11 YEARS +), PLASTER	3.46	3.46	0	1	AS
Q4022	CAST SUPPLIES, SHORT ARM SPLINT, ADULT (11 YEARS +), FIBERGLASS	6.24	6.24	0	1	AS
Q4023	CAST SUPPLIES, SHORT ARM SPLINT, PEDIATRIC (0-10 YEARS), PLASTER	1.74	1.74	0	1	AS
Q4024	CAST SUPPLIES, SHORT ARM SPLINT, PEDIATRIC (0-10 YEARS), FIBERGLASS	3.12	3.12	0	1	AS
Q4032	CAST SUPPLIES, LONG LEG CAST, PEDIATRIC (0-10 YEARS), FIBERGLASS	19.52	19.52	0	2	
Q4037	CAST SUPPLIES, SHORT LEG CAST, ADULT (11 YEARS +), PLASTER	8.44	8.44	0	1	AS
Q4038	CAST SUPPLIES, SHORT LEG CAST, ADULT (11 YEARS +), FIBERGLASS	21.15	21.15	0	1	AS
Q4039	CAST SUPPLIES, SHORT LEG CAST, PEDIATRIC (0-10 YEARS), PLASTER	4.23	4.23	0	1	AS
Q4040	CAST SUPPLIES, SHORT LEG CAST, PEDIATRIC (0-10 YEARS), FIBERGLASS	10.58	10.58	0	1	AS
Q4045	CAST SUPPLIES, SHORT LEG SPLINT, ADULT (11 YEARS +), PLASTER	5.96	5.96	0	1	AS
Q4046	CAST SUPPLIES, SHORT LEG SPLINT, ADULT (11 YEARS +), FIBERGLASS	9.58	9.58	0	1	AS
Q4047	CAST SUPPLIES, SHORT LEG SPLINT, PEDIATRIC (0-10 YEARS), PLASTER	2.98	2.98	0	1	AS
Q4048	CAST SUPPLIES, SHORT LEG SPLINT, PEDIATRIC (0-10 YEARS), FIBERGLASS	4.80	4.80	0	1	AS
Q4049	FINGER SPLINT, STATIC	1.09	1.09	0	1	AS
Q4050	CAST SUPPLIES, FOR UNLISTED TYPES AND MATERIALS OF CASTS	0.00	0.00	0	1	R AS
Q4051	SPLINT SUPPLIES, MISCELLANEOUS (INCLUDES THERMOPLASTICS, STRAPPING, FASTENE	0.00	0.00	0	1	R AS
S0195	PNEUMOCOCCAL CONJUGATE VACCINE, POLYVALENT, INTRAMUSCULAR, FOR CHILDREN FRO	N/A	8.00	0	1	
S4989	PROGESTASERT INTRAUTERINE DEVICE	108.14	108.14	0	1	