

**ARNP FEE SCHEDULE
EFFECTIVE JANUARY 1, 2008**

ANESTHESIA REIMBURSEMENT METHOD:

TERMINOLOGY: Base Fee = Max Fee, Time = TOTAL MINUTES, Conversion Factor = \$14.50

(For CRNA Reimbursement is 80% of Total Reimbursement)

METHOD: Total Minutes divided by 15 then multiplied by the Conversion Factor then added to the Base Fee = Total Reimbursement

*** For age 00-20, the total reimbursement is increased by 4%**

NOTE: Procedure codes with an asterisk (*) have a begin date of 01/18/08

CERTIFIED REGISTERED NURSE ANESTHETIST FEES

CODE	DESCRIPTION	ANES BASE FEE	SPEC
00100	ANESTHESIA FOR PROCEDURES ON SALIVARY GLANDS, INCLUDING BIOPSY	72.49	
00102	ANESTHESIA FOR PROCEDURES ON PLASTIC REPAIR OF CLEFT LIP	86.99	
00103	ANESTHESIA FOR RECONSTRUCTIVE PROCEDURES OF EYELID (EG, BLEPHAROPLASTY, PTO	72.49	
00104	ANESTHESIA FOR ELECTROCONVULSIVE THERAPY	57.99	
00120	ANESTHESIA FOR PROCEDURES ON EXTERNAL, MIDDLE, AND INNER EAR INCLUDING BIOP	72.49	
00124	ANESTHESIA FOR PROCEDURES ON EXTERNAL, MIDDLE, AND INNER EAR INCLUDING BIOP	57.99	
00126	ANESTHESIA FOR PROCEDURES ON EXTERNAL, MIDDLE, AND INNER EAR INCLUDING BIOP	57.99	
00140	ANESTHESIA FOR PROCEDURES ON EYE; NOT OTHERWISE SPECIFIED	72.49	
00142	ANESTHESIA FOR PROCEDURES ON EYE; LENS SURGERY	86.99	
00144	ANESTHESIA FOR PROCEDURES ON EYE; CORNEAL TRANSPLANT	86.99	
00145	ANESTHESIA FOR PROCEDURES ON EYE; VITREORETINAL SURGERY	86.99	
00148	ANESTHESIA FOR PROCEDURES ON EYE; OPHTHALMOSCOPY	57.99	
00160	ANESTHESIA FOR PROCEDURES ON NOSE AND ACCESSORY SINUSES; NOT OTHERWISE SPEC	72.49	
00162	ANESTHESIA FOR PROCEDURES ON NOSE AND ACCESSORY SINUSES; RADICAL SURGERY	101.48	
00164	ANESTHESIA FOR PROCEDURES ON NOSE AND ACCESSORY SINUSES; BIOPSY, SOFT TISSU	57.99	
00170	ANESTHESIA FOR INTRAORAL PROCEDURES, INCLUDING BIOPSY; NOT OTHERWISE SPECIF	72.49	
00172	ANESTHESIA FOR INTRAORAL PROCEDURES, INCLUDING BIOPSY; REPAIR OF CLEFT PALA	86.99	
00174	ANESTHESIA FOR INTRAORAL PROCEDURES, INCLUDING BIOPSY; EXCISION OF RETROPHA	86.99	
00176	ANESTHESIA FOR INTRAORAL PROCEDURES, INCLUDING BIOPSY; RADICAL SURGERY	101.48	

00190	ANESTHESIA FOR PROCEDURES ON FACIAL BONES OR SKULL; NOT OTHERWISE SPECIFIED	72.49
00192	ANESTHESIA FOR PROCEDURES ON FACIAL BONES; RADICAL SURGERY (INCLUDING PROGN	101.48
00210	ANESTHESIA FOR INTRACRANIAL PROCEDURES; NOT OTHERWISE SPECIFIED	159.47
00212	ANESTHESIA FOR INTRACRANIAL PROCEDURES; SUBDURAL TAPS	72.49
00214	ANESTHESIA FOR INTRACRANIAL PROCEDURES; BURR HOLES, INCLUDING VENTRICULOGRA	130.48
00215	ANESTHESIA FOR INTRACRANIAL PROCEDURES; CRANIOPLASTY OR ELEVATION OF DEPRES	130.48
00216	ANESTHESIA FOR INTRACRANIAL PROCEDURES; VASCULAR PROCEDURES	217.46
00218	ANESTHESIA FOR INTRACRANIAL PROCEDURES; PROCEDURES IN SITTING POSITION	188.47
00220	ANESTHESIA FOR INTRACRANIAL PROCEDURES; CEREBROSPINAL FLUID SHUNTING PROCED	144.98
00222	ANESTHESIA FOR INTRACRANIAL PROCEDURES; ELECTROCOAGULATION OF INTRACRANIAL	86.99
00300	ANESTHESIA FOR ALL PROCEDURES ON THE INTEGUMENTARY SYSTEM, MUSCLES AND NERV	72.49
00320	ANESTHESIA FOR ALL PROCEDURES ON ESOPHAGUS, THYROID, LARYNX, TRACHEA AND LY	86.99
00322	ANESTHESIA FOR ALL PROCEDURES ON ESOPHAGUS, THYROID, LARYNX, TRACHEA AND LY	43.49
00326	ANESTHESIA FOR ALL PROCEDURES ON THE LARYNX AND TRACHEA IN CHILDREN LESS	116.00
00350	ANESTHESIA FOR PROCEDURES ON MAJOR VESSELS OF NECK; NOT OTHERWISE SPECIFIED	144.98
00352	ANESTHESIA FOR PROCEDURES ON MAJOR VESSELS OF NECK; SIMPLE LIGATION	72.49
00400	ANESTHESIA FOR PROCEDURES ON THE INTEGUMENTARY SYSTEM ON THE EXTREMITIES,	43.49
00402	ANESTHESIA FOR PROCEDURES ON ANTERIOR INTEGUMENTARY SYSTEM OF CHEST, INCLUD	72.49
00404	ANESTHESIA FOR PROCEDURES ON ANTERIOR INTEGUMENTARY SYSTEM OF CHEST, INCLUD	72.49
00406	ANESTHESIA FOR PROCEDURES ON ANTERIOR INTEGUMENTARY SYSTEM OF CHEST, INCLUD	188.47
00410	ANESTHESIA FOR PROCEDURES ON ANTERIOR INTEGUMENTARY SYSTEM OF CHEST, INCLUD	57.99
00450	ANESTHESIA FOR PROCEDURES ON CLAVICLE AND SCAPULA; NOT OTHERWISE SPECIFIED	72.49
00452	ANESTHESIA FOR PROCEDURES ON CLAVICLE AND SCAPULA; RADICAL SURGERY	86.99
00454	ANESTHESIA FOR PROCEDURES ON CLAVICLE AND SCAPULA; BIOPSY OF CLAVICLE	43.49
00470	ANESTHESIA FOR PARTIAL RIB RESECTION; NOT OTHERWISE SPECIFIED	86.99
00472	ANESTHESIA FOR PARTIAL RIB RESECTION; THORACOPLASTY (ANY TYPE)	144.98
00474	ANESTHESIA FOR PARTIAL RIB RESECTION; RADICAL PROCEDURES (EG, PECTUS EXCAVA	188.47
00500	ANESTHESIA FOR ALL PROCEDURES ON ESOPHAGUS	217.46
00520	ANESTHESIA FOR CLOSED CHEST PROCEDURES; (INCLUDING BRONCHOSCOPY) NOT OTHERW	86.99
00522	ANESTHESIA FOR CLOSED CHEST PROCEDURES (INCLUDING ESOPHAGOSCOPY, BRONCHOSCO	57.99
00524	ANESTHESIA FOR CLOSED CHEST PROCEDURES (INCLUDING ESOPHAGOSCOPY, BRONCHOSCO	57.99
00528	ANESTHESIA FOR CLOSED CHEST PROCEDURES; MEDIASTINOSCOPY AND DIAGNOSTIC THOR	115.98
00529	ANESTHESIA FOR CLOSED CHEST PROCEDURES; MEDIASTINOSCOPY AND DIAGNOSTIC THOR	159.50
00530	ANESTHESIA FOR PERMANENT TRANSVENOUS PACEMAKER INSERTION	57.99
00532	ANESTHESIA FOR ACCESS TO CENTRAL VENOUS CIRCULATION	57.99
00534	ANESTHESIA FOR TRANSVENOUS INSERTION OR REPLACEMENT OF PACING CARDIOVERTER-	101.48
00537	ANESTHESIA FOR CARDIAC ELECTROPHYSIOLOGIC PROCEDURES INCLUDING RADIOFREQUEN	144.98
00539	ANESTHESIA FOR TRACHEOBRONCHIAL RECONSTRUCTION	261.00
00540	ANESTHESIA FOR THORACOTOMY PROCEDURES INVOLVING LUNGS, PLEURA, DIAPHRAGM, A	174.00
00541	ANESTHESIA FOR THORACOTOMY PROCEDURES INVOLVING LUNGS, PLEURA, DIAPHRAGM, A	217.50
00542	ANESTHESIA FOR THORACOTOMY PROCEDURES INVOLVING LUNGS, PLEURA, DIAPHRAGM, A	217.50

00546	ANESTHESIA FOR THORACOTOMY PROCEDURES INVOLVING LUNGS, PLEURA, DIAPHRAGM, A	217.50
00548	ANESTHESIA FOR THORACOTOMY PROCEDURES INVOLVING LUNGS, PLEURA, DIAPHRAGM, A	246.50
00550	ANESTHESIA FOR STERNAL DEBRIDEMENT	144.98
00560	ANESTHESIA FOR PROCEDURES ON HEART, PERICARDIAL SAC, AND GREAT VESSELS OF C	217.46
00561	ANESTHESIA FOR PROCEDURES ON HEART, PERICARDIAL SAC, AND GREAT VESSELS OF C	217.46
00562	ANESTHESIA FOR PROCEDURES ON HEART, PERICARDIUM, AND GREAT VESSELS OF CHEST	289.95
00563	ANESTHESIA FOR PROCEDURES ON HEART, PERICARDIUM, AND GREAT VESSELS OF CHEST	362.44
00566	ANESTHESIA FOR DIRECT CORONARY ARTERY BYPASS GRAFTING WITHOUT PUMP OXYGENAT	362.44
00580	ANESTHESIA FOR HEART TRANSPLANT OR HEART/LUNG TRANSPLANT	289.95
00600	ANESTHESIA FOR PROCEDURES ON CERVICAL SPINE AND CORD; NOT OTHERWISE SPECIFI	144.98
00604	ANESTHESIA FOR PROCEDURES ON CERVICAL SPINE AND CORD; PROCEDURES WITH PATIE	188.47
00620	ANESTHESIA FOR PROCEDURES ON THORACIC SPINE AND CORD; NOT OTHERWISE SPECIFI	144.98
00622	ANESTHESIA FOR PROCEDURES ON THORACIC SPINE AND CORD; THORACOLUMBAR SYMPATH	188.47
00625	ANESTHESIA FOR PROCEDURES ON THE THORACIC SPINE AND CORD, VIA AN ANTERIOR T	144.98
00626	ANESTHESIA FOR PROCEDURES ON THE THORACIC SPINE AND CORD, VIA AN ANTERIOR T	144.98
00630	ANESTHESIA FOR PROCEDURES IN LUMBAR REGION; NOT OTHERWISE SPECIFIED	115.98
00632	ANESTHESIA FOR PROCEDURES IN LUMBAR REGION; LUMBAR SYMPATHECTOMY	101.48
00634	ANESTHESIA FOR PROCEDURES IN LUMBAR REGION; CHEMONUCLEOLYSIS	144.98
00635	ANESTHESIA FOR PROCEDURES IN LUMBAR REGION; DIAGNOSTIC OR THERAPEUTIC LUMBA	58.00
00640	ANESTHESIA FOR MANIPULATION OF THE SPINE OR FOR CLOSED PROCEDURES ON THE CE	43.50
00670	ANESTHESIA FOR EXTENSIVE SPINE AND SPINAL CORD PROCEDURES (EG, SPINAL INSTR	188.47
00700	ANESTHESIA FOR PROCEDURES ON UPPER ANTERIOR ABDOMINAL WALL; NOT OTHERWISE S	58.00
00702	ANESTHESIA FOR PROCEDURES ON UPPER ANTERIOR ABDOMINAL WALL; PERCUTANEOUS LI	57.99
00730	ANESTHESIA FOR PROCEDURES ON UPPER POSTERIOR ABDOMINAL WALL	72.49
00740	ANESTHESIA FOR UPPER GASTROINTESTINAL ENDOSCOPIC PROCEDURES, ENDOSCOPE	72.49
00750	ANESTHESIA FOR HERNIA REPAIRS IN UPPER ABDOMEN; NOT OTHERWISE SPECIFIED	57.99
00752	ANESTHESIA FOR HERNIA REPAIRS IN UPPER ABDOMEN; LUMBAR AND VENTRAL (INCISIO	86.99
00754	ANESTHESIA FOR HERNIA REPAIRS IN UPPER ABDOMEN; OMPHALOCELE	101.48
00756	ANESTHESIA FOR HERNIA REPAIRS IN UPPER ABDOMEN; TRANSABDOMINAL REPAIR OF DI	101.48
00770	ANESTHESIA FOR ALL PROCEDURES ON MAJOR ABDOMINAL BLOOD VESSELS	217.46
00790	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN UPPER ABDOMEN INCLUDING LAPARO	101.48
00792	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN UPPER ABDOMEN INCLUDING LAPARO	188.47
00794	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN UPPER ABDOMEN INCLUDING LAPARO	115.98
00796	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN UPPER ABDOMEN INCLUDING LAPARO	434.93
00797	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN UPPER ABDOMEN INCLUDING LAPARO	145.00
00800	ANESTHESIA FOR PROCEDURES ON LOWER ANTERIOR ABDOMINAL WALL; NOT OTHERWISE S	58.00
00802	ANESTHESIA FOR PROCEDURES ON LOWER ANTERIOR ABDOMINAL WALL; PANNICULECTOMY	72.49
00810	ANESTHESIA FOR LOWER INTESTINAL ENDOSCOPIC PROCEDURES, ENDOSCOPE INTRODUCED	72.50
00820	ANESTHESIA FOR PROCEDURES ON LOWER POSTERIOR ABDOMINAL WALL	72.49
00830	ANESTHESIA FOR HERNIA REPAIRS IN LOWER ABDOMEN; NOT OTHERWISE SPECIFIED	57.99
00832	ANESTHESIA FOR HERNIA REPAIRS IN LOWER ABDOMEN; VENTRAL AND INCISIONAL HERN	86.99

00834	ANESTHESIA FOR HERNIA REPAIRS IN THE LOWER ABDOMEN NOT OTHERWISE SPECIFIED,	72.50		
00836	ANESTHESIA FOR HERNIA REPAIRS IN THE LOWER ABDOMEN NOT OTHERWISE SPECIFIED,	87.00		
00840	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDING LAPARO	86.99		
00842	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDING LAPARO	57.99		
00844	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDING LAPARO	101.48		
00846	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDING LAPARO	115.98		
00848	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDING LAPARO	115.98		
00851	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDING LAPARO	87.00		
00860	ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN, INCLUDING URINA	86.99		
00862	ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN, INCLUDING URINA	101.48		
00864	ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN, INCLUDING URINA	115.98		
00865	ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN, INCLUDING URINA	101.48		
00866	ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN, INCLUDING URINA	144.98		
00868	ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN, INCLUDING URINA	144.98		
00870	ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN, INCLUDING URINA	72.49		
00872	ANESTHESIA FOR LITHOTRIPSY, EXTRACORPOREAL SHOCK WAVE; WITH WATER BATH	101.48		
00873	ANESTHESIA FOR LITHOTRIPSY, EXTRACORPOREAL SHOCK WAVE; WITHOUT WATER BATH	72.49		
00880	ANESTHESIA FOR PROCEDURES ON MAJOR LOWER ABDOMINAL VESSELS; NOT OTHERWISE S	217.46		
00882	ANESTHESIA FOR PROCEDURES ON MAJOR LOWER ABDOMINAL VESSELS; INFERIOR VENA C	144.98		
00902	ANESTHESIA FOR; ANORECTAL PROCEDURE	72.50		
00904	ANESTHESIA FOR PROCEDURES ON PERINEAL INTEGUMENTARY SYSTEM (INCLUDING BIOPS	101.48		
00906	ANESTHESIA FOR PROCEDURES ON PERINEAL INTEGUMENTARY SYSTEM (INCLUDING BIOPS	57.99		
00908	ANESTHESIA FOR PROCEDURES ON PERINEAL INTEGUMENTARY SYSTEM (INCLUDING BIOPS	86.99		
00910	ANESTHESIA FOR TRANSURETHRAL PROCEDURES (INCLUDING URETHROCYSTOSCOPY); NOT	43.49		
00912	ANESTHESIA FOR TRANSURETHRAL PROCEDURES (INCLUDING URETHROCYSTOSCOPY); TRAN	72.49		
00914	ANESTHESIA FOR TRANSURETHRAL PROCEDURES (INCLUDING URETHROCYSTOSCOPY); TRAN	72.49		
00916	ANESTHESIA FOR TRANSURETHRAL PROCEDURES (INCLUDING URETHROCYSTOSCOPY); POST	72.49		
00918	ANESTHESIA FOR TRANSURETHRAL PROCEDURES (INCLUDING URETHROCYSTOSCOPY); WITH	72.49		
00920	ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRAL PROCED	43.49		
00921	ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRAL PROCED	43.50	S	
00922	ANESTHESIA FOR PROCEDURES ON MALE EXTERNAL GENITALIA; SEMINAL VESICLES	86.99		
00924	ANESTHESIA FOR PROCEDURES ON MALE EXTERNAL GENITALIA; UNDESCENDED TESTIS, U	57.99		
00926	ANESTHESIA FOR PROCEDURES ON MALE EXTERNAL GENITALIA; RADICAL ORCHIECTOMY,	57.99		
00928	ANESTHESIA FOR PROCEDURES ON MALE EXTERNAL GENITALIA; RADICAL ORCHIECTOMY,	86.99		
00930	ANESTHESIA FOR PROCEDURES ON MALE EXTERNAL GENITALIA; ORCHIOPEXY, UNILATERA	57.99		
00932	ANESTHESIA FOR PROCEDURES ON MALE EXTERNAL GENITALIA; COMPLETE AMPUTATION O	57.99		
00934	ANESTHESIA FOR PROCEDURES ON MALE EXTERNAL GENITALIA; RADICAL AMPUTATION OF	86.99		
00936	ANESTHESIA FOR PROCEDURES ON MALE EXTERNAL GENITALIA; RADICAL AMPUTATION OF	115.98		
00940	ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA, VAGINA, CERVI	43.49		
00942	ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA, VAGINA, CERVI	57.99		
00944	ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA, VAGINA, CERVI	86.99	S	PA

00948	ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA, VAGINA, CERV	57.99
00950	ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA, VAGINA, CERV	72.49
00952	ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA, VAGINA, CERV	57.99
01112	ANESTHESIA FOR BONE MARROW ASPIRATION AND/OR BIOPSY, ANTERIOR OR POSTERIOR	72.49
01120	ANESTHESIA FOR PROCEDURES ON BONY PELVIS	86.99
01130	ANESTHESIA FOR BODY CAST APPLICATION OR REVISION	43.49
01140	ANESTHESIA FOR INTERPELVIABDOMINAL (HINDQUARTER) AMPUTATION	217.46
01150	ANESTHESIA FOR RADICAL PROCEDURES FOR TUMOR OF PELVIS, EXCEPT HINDQUARTER A	145.00
01160	ANESTHESIA FOR CLOSED PROCEDURES INVOLVING SYMPHYSIS PUBIS OR SACROILIAC JO	57.99
01170	ANESTHESIA FOR OPEN PROCEDURES INVOLVING SYMPHYSIS PUBIS OR SACROILIAC JOIN	115.98
01173	ANESTHESIA FOR OPEN REPAIR OF FRACTURE DISRUPTION OF PELVIS OR COLUMN FRACT	174.00
01180	ANESTHESIA FOR OBTURATOR NEURECTOMY; EXTRAPELVIC	43.49
01190	ANESTHESIA FOR OBTURATOR NEURECTOMY; INTRAPELVIC	57.99
01200	ANESTHESIA FOR ALL CLOSED PROCEDURES INVOLVING HIP JOINT	57.99
01202	ANESTHESIA FOR ARTHROSCOPIC PROCEDURES OF HIP JOINT	57.99
01210	ANESTHESIA FOR OPEN PROCEDURES INVOLVING HIP JOINT; NOT OTHERWISE SPECIFIED	86.99
01212	ANESTHESIA FOR OPEN PROCEDURES INVOLVING HIP JOINT; HIP DISARTICULATION	144.98
01214	ANESTHESIA FOR OPEN PROCEDURES INVOLVING HIP JOINT; TOTAL HIP ARTHROPLASTY	116.00
01215	ANESTHESIA FOR OPEN PROCEDURES INVOLVING HIP JOINT; REVISION OF TOTAL HIP A	144.98
01220	ANESTHESIA FOR ALL CLOSED PROCEDURES INVOLVING UPPER 2/3 OF FEMUR	57.99
01230	ANESTHESIA FOR OPEN PROCEDURES INVOLVING UPPER 2/3 OF FEMUR; NOT OTHERWISE	86.99
01232	ANESTHESIA FOR OPEN PROCEDURES INVOLVING UPPER 2/3 OF FEMUR; AMPUTATION	72.49
01234	ANESTHESIA FOR OPEN PROCEDURES INVOLVING UPPER 2/3 OF FEMUR; RADICAL RESECT	115.98
01250	ANESTHESIA FOR ALL PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURS	57.99
01260	ANESTHESIA FOR ALL PROCEDURES INVOLVING VEINS OF UPPER LEG, INCLUDING EXPLO	115.98
01270	ANESTHESIA FOR PROCEDURES INVOLVING ARTERIES OF UPPER LEG, INCLUDING BYPASS	116.48
01272	ANESTHESIA FOR PROCEDURES INVOLVING ARTERIES OF UPPER LEG, INCLUDING BYPASS	57.99
01274	ANESTHESIA FOR PROCEDURES INVOLVING ARTERIES OF UPPER LEG, INCLUDING BYPASS	86.99
01320	ANESTHESIA FOR ALL PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURS	57.99
01340	ANESTHESIA FOR ALL CLOSED PROCEDURES ON LOWER 1/3 OF FEMUR	57.99
01360	ANESTHESIA FOR ALL OPEN PROCEDURES ON LOWER 1/3 OF FEMUR	72.49
01380	ANESTHESIA FOR ALL CLOSED PROCEDURES ON KNEE JOINT	43.49
01382	ANESTHESIA FOR DIAGNOSTIC ARTHROSCOPIC PROCEDURES OF KNEE JOINT	43.49
01390	ANESTHESIA FOR ALL CLOSED PROCEDURES ON UPPER ENDS OF TIBIA, FIBULA, AND/OR	43.49
01392	ANESTHESIA FOR ALL OPEN PROCEDURES ON UPPER ENDS OF TIBIA, FIBULA, AND/OR P	57.99
01400	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES ON KNEE JOINT; NOT	57.99
01402	ANESTHESIA FOR OPEN PROCEDURES ON KNEE JOINT; TOTAL KNEE ARTHROPLASTY	101.48
01404	ANESTHESIA FOR OPEN PROCEDURES ON KNEE JOINT; DISARTICULATION AT KNEE	72.49
01420	ANESTHESIA FOR ALL CAST APPLICATIONS, REMOVAL, OR REPAIR INVOLVING KNEE JOI	43.49
01430	ANESTHESIA FOR PROCEDURES ON VEINS OF KNEE AND POPLITEAL AREA; NOT OTHERWIS	43.49
01432	ANESTHESIA FOR PROCEDURES ON VEINS OF KNEE AND POPLITEAL AREA; ARTERIOVENOU	87.00

01440	ANESTHESIA FOR PROCEDURES ON ARTERIES OF KNEE AND POPLITEAL AREA; NOT OTHER	116.00
01442	ANESTHESIA FOR PROCEDURES ON ARTERIES OF KNEE AND POPLITEAL AREA; POPLITEAL	115.98
01444	ANESTHESIA FOR PROCEDURES ON ARTERIES OF KNEE AND POPLITEAL AREA; POPLITEAL	115.98
01462	ANESTHESIA FOR ALL CLOSED PROCEDURES ON LOWER LEG, ANKLE, AND FOOT	43.49
01464	ANESTHESIA FOR ARTHROSCOPIC PROCEDURES OF ANKLE AND/OR FOOT	43.49
01470	ANESTHESIA FOR PROCEDURES ON NERVES, MUSCLES, TENDONS, AND FASCIA OF LOWER	43.49
01472	ANESTHESIA FOR PROCEDURES ON NERVES, MUSCLES, TENDONS, AND FASCIA OF LOWER	72.49
01474	ANESTHESIA FOR PROCEDURES ON NERVES, MUSCLES, TENDONS, AND FASCIA OF LOWER	72.49
01480	ANESTHESIA FOR OPEN PROCEDURES ON BONES OF LOWER LEG, ANKLE, AND FOOT; NOT	43.49
01482	ANESTHESIA FOR OPEN PROCEDURES ON BONES OF LOWER LEG, ANKLE, AND FOOT; RADI	57.99
01484	ANESTHESIA FOR OPEN PROCEDURES ON BONES OF LOWER LEG, ANKLE, AND FOOT; OSTE	57.99
01486	ANESTHESIA FOR OPEN PROCEDURES ON BONES OF LOWER LEG, ANKLE, AND FOOT; TOTA	101.48
01490	ANESTHESIA FOR LOWER LEG CAST APPLICATION, REMOVAL, OR REPAIR	43.49
01500	ANESTHESIA FOR PROCEDURES ON ARTERIES OF LOWER LEG, INCLUDING BYPASS GRAFT;	115.98
01502	ANESTHESIA FOR PROCEDURES ON ARTERIES OF LOWER LEG, INCLUDING BYPASS GRAFT;	86.99
01520	ANESTHESIA FOR PROCEDURES ON VEINS OF LOWER LEG; NOT OTHERWISE SPECIFIED	43.49
01522	ANESTHESIA FOR PROCEDURES ON VEINS OF LOWER LEG; VENOUS THROMBECTOMY, DIREC	72.49
01610	ANESTHESIA FOR ALL PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURS	72.49
01620	ANESTHESIA FOR ALL CLOSED PROCEDURES ON HUMERAL HEAD AND NECK, STERNOCLAVIC	57.99
01622	ANESTHESIA FOR DIAGNOSTIC ARTHROSCOPIC PROCEDURES OF SHOULDER JOINT	57.99
01630	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES ON HUMERAL HEAD AND	72.49
01632	ANESTHESIA FOR OPEN PROCEDURES ON HUMERAL HEAD AND NECK, STERNOCLAVICULAR J	86.99
01634	ANESTHESIA FOR OPEN PROCEDURES ON HUMERAL HEAD AND NECK, STERNOCLAVICULAR J	130.48
01636	ANESTHESIA FOR OPEN PROCEDURES ON HUMERAL HEAD AND NECK, STERNOCLAVICULAR J	217.46
01638	ANESTHESIA FOR OPEN PROCEDURES ON HUMERAL HEAD AND NECK, STERNOCLAVICULAR J	144.98
01650	ANESTHESIA FOR PROCEDURES ON ARTERIES OF SHOULDER AND AXILLA; NOT OTHERWISE	86.99
01652	ANESTHESIA FOR PROCEDURES ON ARTERIES OF SHOULDER AND AXILLA; AXILLARY-BRAC	144.98
01654	ANESTHESIA FOR PROCEDURES ON ARTERIES OF SHOULDER AND AXILLA; BYPASS GRAFT	115.98
01656	ANESTHESIA FOR PROCEDURES ON ARTERIES OF SHOULDER AND AXILLA; AXILLARY-FEMO	144.98
01670	ANESTHESIA FOR ALL PROCEDURES ON VEINS OF SHOULDER AND AXILLA	57.99
01680	ANESTHESIA FOR SHOULDER CAST APPLICATION, REMOVAL OR REPAIR; NOT OTHERWISE	43.49
01682	ANESTHESIA FOR SHOULDER CAST APPLICATION, REMOVAL OR REPAIR; SHOULDER SPICA	57.99
01710	ANESTHESIA FOR PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURSAE O	43.49
01712	ANESTHESIA FOR PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURSAE O	72.49
01714	ANESTHESIA FOR PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURSAE O	72.49
01716	ANESTHESIA FOR PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURSAE O	72.49
01730	ANESTHESIA FOR ALL CLOSED PROCEDURES ON HUMERUS AND ELBOW	43.49
01732	ANESTHESIA FOR DIAGNOSTIC ARTHROSCOPIC PROCEDURES OF ELBOW JOINT	43.49
01740	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES OF THE ELBOW; NOT O	57.99
01742	ANESTHESIA FOR OPEN PROCEDURES ON HUMERUS AND ELBOW; OSTEOTOMY OF HUMERUS	72.49
01744	ANESTHESIA FOR OPEN PROCEDURES ON HUMERUS AND ELBOW; REPAIR OF NONUNION OR	72.49

01756	ANESTHESIA FOR OPEN PROCEDURES ON HUMERUS AND ELBOW; RADICAL PROCEDURES	86.99	
01758	ANESTHESIA FOR OPEN PROCEDURES ON HUMERUS AND ELBOW; EXCISION OF CYST OR TU	72.49	
01760	ANESTHESIA FOR OPEN PROCEDURES ON HUMERUS AND ELBOW; TOTAL ELBOW REPLACEMEN	101.48	
01770	ANESTHESIA FOR PROCEDURES ON ARTERIES OF UPPER ARM AND ELBOW; NOT OTHERWISE	87.00	
01772	ANESTHESIA FOR PROCEDURES ON ARTERIES OF UPPER ARM AND ELBOW; EMBOLECTOMY	86.99	
01780	ANESTHESIA FOR PROCEDURES ON VEINS OF UPPER ARM AND ELBOW; NOT OTHERWISE SP	43.49	
01782	ANESTHESIA FOR PROCEDURES ON VEINS OF UPPER ARM AND ELBOW; PHLEBORRHAPHY	57.99	
01810	ANESTHESIA FOR ALL PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURS	43.49	
01820	ANESTHESIA FOR ALL CLOSED PROCEDURES ON RADIUS, ULNA, WRIST, OR HAND BONES	43.49	
01829	ANESTHESIA FOR DIAGNOSTIC ARTHROSCOPIC PROCEDURES ON THE WRIST	43.50	
01830	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC/ENDOSCOPIC PROCEDURES ON DISTA	43.49	
01832	ANESTHESIA FOR OPEN PROCEDURES ON RADIUS, ULNA, WRIST, OR HAND BONES; TOTAL	86.99	
01840	ANESTHESIA FOR PROCEDURES ON ARTERIES OF FOREARM, WRIST, AND HAND; NOT OTHE	86.99	
01842	ANESTHESIA FOR PROCEDURES ON ARTERIES OF FOREARM, WRIST, AND HAND; EMBOLECT	86.99	
01844	ANESTHESIA FOR VASCULAR SHUNT, OR SHUNT REVISION, ANY TYPE (EG, DIALYSIS)	86.99	
01850	ANESTHESIA FOR PROCEDURES ON VEINS OF FOREARM, WRIST, AND HAND; NOT OTHERWI	43.49	
01852	ANESTHESIA FOR PROCEDURES ON VEINS OF FOREARM, WRIST, AND HAND; PHLEBORRHAP	57.99	
01860	ANESTHESIA FOR FOREARM, WRIST, OR HAND CAST APPLICATION, REMOVAL, OR REPAIR	43.49	
01916	ANESTHESIA FOR DIAGNOSTIC ARTERIOGRAPHY/VENOGRAPHY	72.49	
01920	ANESTHESIA FOR CARDIAC CATHETERIZATION INCLUDING CORONARY ANGIOGRAPHY AND V	101.48	
01922	ANESTHESIA FOR NON-INVASIVE IMAGING OR RADIATION THERAPY	101.48	
01924	ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES INVOLVING T	87.00	
01925	ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES INVOLVING T	116.00	
01926	ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES INVOLVING T	145.00	
01930	ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES INVOLVING T	72.50	
01931	ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGICAL PROCEDURES INVOLVING	101.50	
01932	ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES INVOLVING T	101.50	
01933	ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES INVOLVING T	116.00	
01935	ANESTHESIA FOR PERCUTANEOUS IMAGE GUIDED PROCEDURES ON THE SPINE AND SPINAL	101.50	
01936	ANESTHESIA FOR PERCUTANEOUS IMAGE GUIDED PROCEDURES ON THE SPINE AND SPINAL	101.50	
01951	ANESTHESIA FOR SECOND AND THIRD DEGREE BURN EXCISION OR DEBRIDEMENT WITH OR	43.49	
01952	ANESTHESIA FOR SECOND AND THIRD DEGREE BURN EXCISION OR DEBRIDEMENT WITH OR	72.49	
01953	ANESTHESIA FOR SECOND AND THIRD DEGREE BURN EXCISION OR DEBRIDEMENT WITH OR	14.50	
01958	ANESTHESIA FOR EXTERNAL CEPHALIC VERSION PROCEDURE	72.50	
01960	ANESTHESIA FOR; VAGINAL DELIVERY ONLY	72.50	
01961	ANESTHESIA FOR CESAREAN DELIVERY ONLY	101.50	
01962	ANESTHESIA FOR URGENT HYSTERECTOMY FOLLOWING DELIVERY	116.00	
01963	ANESTHESIA FOR CESAREAN HYSTERECTOMY WITHOUT ANY LABOR ANALGESIA/ANESTHESIA	145.00	
01965	ANESTHESIA FOR INCOMPLETE OR MISSED ABORTION PROCEDURES	58.00	
01966	ANESTHESIA FOR INDUCED ABORTION PROCEDURES	58.00	S
01967	NEURAXIAL LABOR ANALGESIA/ANESTHESIA FOR PLANNED VAGINAL DELIVERY (THIS INC	72.50	

01968	ANESTHESIA FOR CESAREAN DELIVERY FOLLOWING NEURAXIAL LABOR ANALGESIA/ANESTH	43.50	
01969	ANESTHESIA FOR CESAREAN HYSTERECTOMY FOLLOWING NEURAXIAL LABOR ANALGESIA/AN	72.50	S
01991	ANESTHESIA FOR DIAGNOSTIC OR THERAPEUTIC NERVE BLOCKS AND INJECTIONS (WHEN	43.50	
01992	ANESTHESIA FOR DIAGNOSTIC OR THERAPEUTIC NERVE BLOCKS AND INJECTIONS (WHEN	72.50	
01996	DAILY HOSPITAL MANAGEMENT OF EPIDURAL OR SUBARACHNOID CONTINUOUS DRUG ADMIN	43.49	
01999	UNLISTED ANESTHESIA PROCEDURE(S)	0.00	R

ADVANCED REGISTERED NURSE PRACTITIONER FEES

CODE	DESCRIPTION	00-20					
		MAX FEE	21+ MAX FEE	FUD	MAX UNITS	SPEC	
10060	INCISION AND DRAINAGE OF ABSCESS (EG, CARVUNCLE, SUPPURATIVE HIDRADENITIS,	46.07	44.30	10	1		
10061	INCISION AND DRAINAGE OF ABSCESS (EG, CARBUNCLE, SUPPURATIVE HIDRADENITIS,	77.59	74.61	10	1	B	
10120	INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES; SIMPLE	53.90	51.83	10	1		
10140	INCISION AND DRAINAGE OF HEMATOMA, SEROMA OR FLUID COLLECTION	65.33	62.82	10	1		
10160	PUNCTURE ASPIRATION OF ABSCESS, HEMATOMA, BULLA, OR CYST	52.43	50.42	10	1		
11004	DEBRIDEMENT OF SKIN, SUBCUTANEOUS TISSUE, MUSCLE AND FASCIA FOR NECROTIZING	38.36	36.89	0	1	AS	
11040	DEBRIDEMENT; SKIN, PARTIAL THICKNESS	20.25	19.48	0	1		
11041	DEBRIDEMENT; SKIN, FULL THICKNESS	23.19	22.30	0	1		
11042	DEBRIDEMENT; SKIN, AND SUBCUTANEOUS TISSUE	30.71	29.53	0	1		
11055	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); SIN	21.07	20.26	0	1		
11056	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); TWO	25.48	24.50	0	1		
11057	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); MOR	30.71	29.53	0	1		
11100	BIOPSY OF SKIN, SUBCUTANEOUS TISSUE AND/OR MUCOUS MEMBRANE (INCLUDING SIMPL	44.42	42.72	0	1		
11101	BIOPSY OF SKIN, SUBCUTANEOUS TISSUE AND/OR MUCOUS MEMBRANE (INCLUDING SIMPL	13.71	13.19	0	6		
11200	REMOVAL OF SKIN TAGS, MULTIPLE FIBROCUTANEOUS TAGS, ANY AREA; UP TO AND	33.64	32.35	10	1		
11303	SHAVING OF EPIDERMAL OR DERMAL LESION,	68.19	65.57	0	1		
11400	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED E	45.90	44.14	10	1	B	
11401	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED E	57.82	55.60	10	1	B	
11402	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED E	64.52	62.04	10	1	B	
11403	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED E	74.15	71.30	10	1		
11443	EXCISION, OTHER BENIGN LESION INCLUDING	110.66	106.41	10	1		
11730	AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; SINGLE	41.98	40.37	0	1		
11740	EVACUATION OF SUBUNGUAL HEMATOMA	19.77	19.01	30	1		
11750	EXCISION OF NAIL AND NAIL MATRIX, PARTIAL OR COMPLETE, (EG, INGROWN OR DEFO	91.14	87.64	10	1	B	
11765	WEDGE EXCISION OF SKIN OF NAIL FOLD (EG, FOR INGROWN TOENAIL)	56.51	54.34	10	1	B	
11921	TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE PIGMENTS TO CORRECT	80.39	77.30	0	1	R	
11922	TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE PIGMENTS TO CORRECT	24.50	23.56	0	1	R	
11975	INSERTION, IMPLANTABLE CONTRACEPTIVE CAPSULES	52.10	50.10	0	1		
11976	REMOVAL, IMPLANTABLE CONTRACEPTIVE CAPSULES	60.76	58.43	0	1		
11977	REMOVAL WITH REINSERTION, IMPLANTABLE CONTRACEPTIVE CAPSULES	92.28	88.74	0	1		
11981	INSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	57.17	54.98	0	1		
11982	REMOVAL, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	64.84	62.35	0	1		
11983	REMOVAL WITH REINSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	100.78	96.91	0	1		
12001	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENI	58.80	56.54	10	1		

12002	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENI	62.88	60.47	10	1		
12004	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENI	74.31	71.46	10	1		
12011	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND	62.88	60.47	10	1		
12013	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND	69.58	66.91	10	1		
12018	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/	21.17	20.36	10	1		AS
12031	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLU	101.93	98.01	10	1		
12032	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLU	128.55	123.61	10	1		
12034	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUD	127.41	122.51	10	1		
12035	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUD	149.13	143.40	10	1		
12047	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; OVE	30.68	29.50	10	1		AS
12057	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME	37.34	35.91	10	1		AS
15002	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUN	21.85	21.01	0	1		AS
15003	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUN	4.73	4.55	0	20		AS
15004	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUN	26.34	25.33	0	1		AS
15005	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUN	7.99	7.69	0	20		AS
15731	FOREHEAD FLAP WITH PRESERVATION OF VASCULAR PEDICLE (EG, AXIAL PATTERN FLAP	71.35	68.61	0	1		AS
15732	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; HEAD AND NECK (EG, TEMPORALI	95.02	91.37	90	1		AS
15734	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; TRUNK	99.15	95.34	90	1		AS
15738	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; LOWER EXTREMITY	92.41	88.86	90	1		AS
15750	FLAP; NEUROVASCULAR PEDICLE	60.14	57.83	90	1		AS
15756	FREE MUSCLE OR MYOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS	156.63	150.61	90	1		AS
15757	FREE SKIN FLAP WITH MICROVASCULAR ANASTOMOSIS	153.47	147.57	90	1		AS
15758	FREE FASCIAL FLAP WITH MICROVASCULAR ANASTOMOSIS	152.94	147.06	90	1		AS
15770	GRAFT; DERMA-FAT-FASCIA	42.91	41.26	90	1		AS
15830	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY); ABDO	77.49	74.51	90	1	PA	AS
15841	GRAFT FOR FACIAL NERVE PARALYSIS; FREE MUSCLE GRAFT (INCLUDING OBTAINING GR	109.20	105.00	90	1		AS
15842	GRAFT FOR FACIAL NERVE PARALYSIS; FREE MUSCLE FLAP BY MICROSURGICAL TECHNIQ	173.82	167.14	90	1		AS
15845	GRAFT FOR FACIAL NERVE PARALYSIS; REGIONAL MUSCLE TRANSFER	60.66	58.33	90	1		AS
15847	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY), ABDO	39.18	37.68	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	49.19	47.30	90	1		AS
15935	EXCISION, SACRAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE; WITH OSTECTOMY	70.20	67.50	90	1		AS
15937	EXCISION, SACRAL PRESSURE ULCER, WITH MUSCLE OR MYOCUTANEOUS FLAP CLOSURE;	67.97	65.36	90	1		AS
15946	EXCISION, ISCHIAL PRESSURE ULCER, WITH OSTECTOMY, IN PREPARATION FOR MUSCLE	106.31	102.23	90	1		AS
15952	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH SKIN FLAP CLOSURE;	55.41	53.28	90	1		AS
15958	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH MUSCLE OR MYOCUTANEOUS FLAP CLO	76.41	73.48	90	1		AS
16020	DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITIAL OR SUBSEQU	32.51	31.26	0	1		
17000	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY,	33.64	32.35	10	1		
17003	DESTRUCTION BY ANY METHOD, INCLUDING LASER, WITH OR WITHOUT SURGICAL CURETT	2.93	2.82	0	13		
17004	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY,	71.38	68.64	10	1		
17110	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY,	40.99	39.42	10	1		

17111	DESTRUCTION BY ANY METHOD OF FLAT WARTS, MOLLUSCUM CONTAGIOSUM, OR MILIA; 1	52.92	50.89	10	1			
17250	CHEMICAL CAUTERIZATION OF GRANULATION TISSUE (PROUD FLESH, SINUS OR FISTUL	30.71	29.53	0	1			
17260	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGE	38.87	37.38	10	1			
17261	DESTRUCTION, MALIGNANT LESION, ANY METHOD, TRUNK, ARMS OR LEGS; LESION DIAM	60.92	58.58	10	1			
17262	DESTRUCTION, MALIGNANT LESION, ANY METHOD, TRUNK, ARMS OR LEGS; LESION DIAM	73.50	70.68	10	1			
17263	DESTRUCTION, MALIGNANT LESION, ANY METHOD, TRUNK, ARMS OR LEGS; LESION DIAM	80.84	77.74	10	1			
17311	MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL	44.82	43.10	0	1			AS
17312	MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL	26.96	25.93	0	1			AS
17313	MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL	40.92	39.35	0	1			AS
17314	MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL	24.96	24.00	0	1			AS
17315	MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL	5.33	5.13	0	1			AS
19260	EXCISION OF CHEST WALL TUMOR INCLUDING RIBS	78.12	75.12	90	1			AS
19271	EXCISION OF CHEST WALL TUMOR INVOLVING RIBS, WITH PLASTIC RECONSTRUCTION; W	105.38	101.33	90	1			AS
19272	EXCISION OF CHEST WALL TUMOR INVOLVING RIBS, WITH PLASTIC RECONSTRUCTION; W	117.06	112.56	90	1			AS
19300	MASTECTOMY FOR GYNECOMASTIA	36.46	35.06	90	1			B AS
19301	MASTECTOMY, PARTIAL (EG, LUMPECTOMY, TYLECTOMY, QUADRANTECTOMY, SEGMENTECTO	251.87	242.19	90	1			B AS
19302	MASTECTOMY, PARTIAL (EG, LUMPECTOMY, TYLECTOMY, QUADRANTECTOMY, SEGMENTECTO	57.03	54.84	90	1			B AS
19303	MASTECTOMY, SIMPLE, COMPLETE	62.33	59.94	90	1			B AS
19304	MASTECTOMY, SUBCUTANEOUS	36.03	34.65	90	1			B AS
19305	MASTECTOMY, RADICAL, INCLUDING PECTORAL MUSCLES, AXILLARY LYMPH NODES	71.30	68.56	90	1			B AS
19306	MASTECTOMY, RADICAL, INCLUDING PECTORAL MUSCLES, AXILLARY AND INTERNAL MAMM	74.88	72.00	90	1			B AS
19307	MASTECTOMY, MODIFIED RADICAL, INCLUDING AXILLARY LYMPH NODES, WITH OR WITHO	75.40	72.50	90	1			B AS
19316	MASTOPEXY	51.14	49.18	90	1	R		B AS
19318	REDUCTION MAMMAPLASTY	75.14	72.25	90	1		PA	B AS
19325	MAMMAPLASTY, AUGMENTATION; WITH PROSTHETIC IMPLANT	42.49	40.86	90	1		PA	B AS
19357	BREAST RECONSTRUCTION, IMMEDIATE OR DELAYED, WITH TISSUE EXPANDER, INCLUDIN	101.67	97.76	90	1	R		B AS
19361	BREAST RECONSTRUCTION WITH LATISSIMUS DORSI FLAP, WITHOUT PROSTHETIC IMPLAN	112.12	107.81	90	1	R		B AS
19364	BREAST RECONSTRUCTION WITH FREE FLAP	185.06	177.95	90	1	R		B AS
19366	BREAST RECONSTRUCTION WITH OTHER TECHNIQUE	91.10	87.60	90	1	R		B AS
19367	BREAST RECONSTRUCTION WITH TRANSVERSE RECTUS ABDOMINIS MYOCUTANEOUS FLAP (T	119.75	115.15	90	1	R		B AS
19368	BREAST RECONSTRUCTION WITH TRANSVERSE RECTUS ABDOMINIS MYOCUTANEOUS FLAP (T	149.46	143.72	90	1	R		B AS
19369	BREAST RECONSTRUCTION WITH TRANSVERSE RECTUS ABDOMINIS MYOCUTANEOUS FLAP (T	135.54	130.33	90	1	R		B AS
20100	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); NECK	39.52	38.00	10	1			B AS
20102	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); ABDOMEN/FLANK/BACK	29.76	28.62	10	1			AS
20150	EXCISION OF EPIPHYSEAL BAR, WITH OR WITHOUT AUTOGENOUS SOFT TISSUE GRAFT OB	63.48	61.04	90	1			B AS
20251	BIOPSY, VERTEBRAL BODY, OPEN; LUMBAR OR CERVICAL	27.93	26.86	10	1			AS
20550	INJECTION(S); SINGLE TENDON SHEATH, OR LIGAMENT, APONEUROSIS (EG, PLANTAR '	24.01	23.09	0	1			
20551	INJECTION(S); SINGLE TENDON ORIGIN/INSERTION	24.01	23.09	0	1			
20552	INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), ONE OR TWO MUSCLE(S)	21.07	20.26	0	1			
20553	INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), THREE OR MORE MUSCLE(S)	23.35	22.46	0	1			
20600	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; SMALL JOINT OR BURSA (EG, FING	22.86	21.99	0	1			B

20605	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; INTERMEDIATE JOINT OR BURSA (E	24.50	23.56	0	1		B
20610	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; MAJOR JOINT OR BURSA (EG, SHO	32.17	30.94	0	1		B
20692	APPLICATION OF A MULTIPLANE (PINS OR WIRES IN MORE THAN ONE PLANE), UNILATE	70.20	67.50	0	1		AS
20802	REPLANTATION, ARM (INCLUDES SURGICAL NECK OF HUMERUS THROUGH ELBOW JOINT);	155.11	149.15	90	1		B AS
20805	REPLANTATION, FOREARM (INCLUDES RADIUS AND ULNA TO RADIAL CARPAL JOINT); CO	193.34	185.91	90	1		B AS
20808	REPLANTATION, HAND (INCLUDES HAND THROUGH METACARPOPHALANGEAL JOINTS); COMP	261.33	251.28	90	1		B AS
20816	REPLANTATION, DIGIT, EXCLUDING THUMB (INCLUDES METACARPOPHALANGEAL JOINT TO	137.58	132.29	90	1		AS
20822	REPLANTATION, DIGIT, EXCLUDING THUMB (INCLUDES DISTAL TIP TO SUBLIMIS TENDO	119.39	114.80	90	1		AS
20824	REPLANTATION, THUMB (INCLUDES CARPOMETACARPAL JOINT TO MP JOINT); COMPLETE	137.39	132.11	90	1		B AS
20827	REPLANTATION, THUMB (INCLUDES DISTAL TIP TO MP JOINT); COMPLETE AMPUTATION	119.34	114.75	90	1		B AS
20838	REPLANTATION, FOOT; COMPLETE AMPUTATION	150.83	145.03	90	1		B AS
20900	BONE GRAFT, ANY DONOR AREA; MINOR OR SMALL (EG, DOWEL OR BUTTON)	41.66	40.06	90	1		AS
20902	BONE GRAFT, ANY DONOR AREA; MAJOR OR LARGE	39.88	38.35	90	1		AS
20922	FASCIA LATA GRAFT; BY INCISION AND AREA EXPOSURE, COMPLEX OR SHEET	39.46	37.95	90	1		AS
20924	TENDON GRAFT, FROM A DISTANCE (EG, PALMARIS, TOE EXTENSOR, PLANTARIS)	32.92	31.66	90	1		AS
20937	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); MORSELIZE	11.52	11.08	90	1		B AS
20938	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); STRUCTURA	12.57	12.09	90	1		B AS
20955	BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; FIBULA	165.88	159.50	90	1		AS
20956	BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; ILIAC CREST	178.50	171.64	90	1		AS
20957	BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; METATARSAL	170.64	164.08	90	1		AS
20962	BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN FIBULA, ILIAC CREST,	175.37	168.63	90	1	R	AS
20969	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN ILIAC C	185.64	178.50	90	1		AS
20970	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; ILIAC CREST	187.65	180.44	90	1		AS
20972	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; METATARSAL	168.41	161.94	90	1		AS
20973	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; GREAT TOE WITH WEB	174.25	167.55	90	1		AS
20975	ELECTRICAL STIMULATION TO AID BONE HEALING; INVASIVE (OPERATIVE)	11.93	11.48	0	1		AS
21034	EXCISION OF MALIGNANT TUMOR OF MAXILLA OR ZYGOMA	85.80	82.50	90	1		AS
21044	EXCISION OF MALIGNANT TUMOR OF MANDIBLE;	57.08	54.89	90	1		AS
21045	EXCISION OF MALIGNANT TUMOR OF MANDIBLE; RADICAL RESECTION	79.56	76.50	90	1		AS
21046	EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING INTRA-ORAL OSTEOTOM	71.42	68.68	90	1		AS
21048	EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING INTRA-ORAL OSTEOTOMY	72.21	69.44	90	1		AS
21049	EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING EXTRA-ORAL OSTEOTOMY	80.91	77.80	90	1		AS
21060	MENISCECTOMY, PARTIAL OR COMPLETE, TEMPOROMANDIBULAR JOINT (SEPARATE PROCED	50.93	48.98	90	1		B AS
21121	GENIOPLASTY; SLIDING OSTEOTOMY, SINGLE PIECE	50.31	48.38	90	1	R	AS
21125	AUGMENTATION, MANDIBULAR BODY OR ANGLE; PROSTHETIC MATERIAL	46.77	44.98	90	1		AS
21127	AUGMENTATION, MANDIBULAR BODY OR ANGLE; WITH BONE GRAFT, ONLAY OR INTERPOSI	55.56	53.43	90	1		AS
21141	RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIR	87.55	84.19	90	1		AS
21142	RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY DIREC	84.81	81.55	90	1		AS
21143	RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN	89.44	86.00	90	1		AS
21145	RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIR	103.15	99.19	90	1		AS
21146	RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY DIREC	96.23	92.53	90	1		AS

21147	RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN	110.55	106.30	90	1	AS
21150	RECONSTRUCTION MIDFACE, LEFORT II; ANTERIOR INTRUSION (EG, TREACHER-COLLINS	118.32	113.77	90	1	AS
21151	RECONSTRUCTION MIDFACE, LEFORT II; ANY DIRECTION, REQUIRING BONE GRAFTS (IN	111.75	107.46	90	1	AS
21154	RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE	134.42	129.25	90	1	AS
21155	RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE	156.32	150.31	90	1	AS
21159	RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD A	173.09	166.44	90	1	AS
21160	RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD A	194.27	186.80	90	1	AS
21172	RECONSTRUCTION SUPERIOR-LATERAL ORBITAL RIM AND LOWER FOREHEAD, ADVANCEMENT	118.60	114.04	90	1	AS
21175	RECONSTRUCTION, BIFRONTAL, SUPERIOR-LATERAL ORBITAL RIMS AND LOWER FOREHEAD	135.38	130.18	90	1	AS
21179	RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS; WI	95.55	91.88	90	1	AS
21180	RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS; WI	109.63	105.42	90	1	AS
21182	RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW	132.05	126.98	90	1	AS
21183	RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW	154.92	148.97	90	1	AS
21184	RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW	156.39	150.38	90	1	AS
21188	RECONSTRUCTION MIDFACE, OSTEOTOMIES (OTHER THAN LEFORT TYPE) AND BONE GRAFT	105.38	101.33	90	1	AS
21193	RECONSTRUCTION OF MANDIBULAR RAMI, HORIZONTAL, VERTICAL, "C", OR "L" OS	80.26	77.18	90	1	AS
21194	RECONSTRUCTION OF MANDIBULAR RAMUS, HORIZONTAL, VERTICAL, "C", OR "L" O	93.30	89.72	90	1	AS
21195	RECONSTRUCTION OF MANDIBULAR RAMI AND/OR BODY, SAGITTAL SPLIT; WITHOUT INTE	87.81	84.44	90	1	AS
21196	RECONSTRUCTION OF MANDIBULAR RAMI, SAGITTAL SPLIT; WITH INTERNAL RIGID FIX	95.60	91.93	90	1	AS
21198	OSTEOTOMY, MANDIBLE, SEGMENTAL	75.29	72.40	90	1	AS
21199	OSTEOTOMY, MANDIBLE, SEGMENTAL; WITH GENIOGLOSSUS ADVANCEMENT	66.85	64.28	90	1	AS
21206	OSTEOTOMY, MAXILLA, SEGMENTAL (EG, WASSMUND OR SCHUCHARD)	72.08	69.31	90	1	AS
21240	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH OR WITHOUT AUTOGRAFT (INCLUDES	71.77	69.01	90	1	B AS
21242	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH ALLOGRAFT	65.67	63.15	90	1	B AS
21243	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH PROSTHETIC JOINT REPLACEMENT	108.33	104.17	90	1	B AS
21244	RECONSTRUCTION OF MANDIBLE, EXTRAORAL, WITH TRANSOSTEAL BONE PLATE (EG, MAN	68.29	65.67	90	1	AS
21245	RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; PARTIAL	73.93	71.09	90	1	AS
21246	RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; COMPLETE	56.34	54.18	90	1	AS
21247	RECONSTRUCTION OF MANDIBULAR CONDYLE WITH BONE AND CARTILAGE AUTOGRAFTS (IN	103.46	99.49	90	1	AS
21255	RECONSTRUCTION OF ZYGOMATIC ARCH AND GLENOID FOSSA WITH BONE AND CARTILAGE	90.37	86.90	90	1	AS
21256	RECONSTRUCTION OF ORBIT WITH OSTEOTOMIES (EXTRACRANIAL) AND WITH BONE GRAFT	74.51	71.65	90	1	AS
21260	PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; EXTRAC	82.77	79.59	90	1	AS
21261	PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; COMBIN	135.80	130.58	90	1	AS
21263	PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; WITH F	123.88	119.12	90	1	AS
21267	ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFT	99.86	96.02	90	1	AS
21268	ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFT	113.90	109.52	90	1	AS
21270	MALAR AUGMENTATION, PROSTHETIC MATERIAL	58.54	56.29	90	1	AS
21275	SECONDARY REVISION OF ORBITOCRANIOFACIAL RECONSTRUCTION	52.53	50.51	90	1	AS
21339	OPEN TREATMENT OF NASOETHMOID FRACTURE; WITH EXTERNAL FIXATION	50.15	48.23	90	1	AS
21343	OPEN TREATMENT OF DEPRESSED FRONTAL SINUS FRACTURE	74.17	71.32	90	1	AS
21344	OPEN TREATMENT OF COMPLICATED (EG, COMMUNUTED OR INVOLVING POSTERIOR WALL)	96.33	92.63	90	1	AS

21347	OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); REQUIRIN	69.47	66.80	90	1	AS
21348	OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH BON	80.63	77.53	90	1	AS
21360	OPEN TREATMENT OF DEPRESSED MALAR FRACTURE, INCLUDING ZYGOMATIC ARCH AND MA	34.42	33.10	90	1	AS
21365	OPEN TREATMENT OF COMPLICATED (EG, COMMUNUTED OR INVOLVING CRANIAL NERVE FO	71.40	68.66	90	1	AS
21366	OPEN TREATMENT OF COMPLICATED (EG, COMMUNUTED OR INVOLVING CRANIAL NERVE FO	82.19	79.03	90	1	AS
21385	OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; TRANSANTRAL APPROACH	45.91	44.15	90	1	AS
21386	OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH	42.96	41.31	90	1	AS
21387	OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; COMBINED APPROACH	48.43	46.57	90	1	AS
21390	OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH,	49.60	47.70	90	1	AS
21395	OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH	63.77	61.32	90	1	AS
21401	CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH MANIPULATIO	28.72	27.62	90	1	AS
21406	OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITHOUT IMPLANT	34.84	33.50	90	1	AS
21407	OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH IMPLANT	41.21	39.63	90	1	AS
21408	OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH BONE GRAFTING	56.34	54.18	90	1	AS
21422	OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE);	43.54	41.87	90	1	AS
21423	OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); COMPLICATE	50.64	48.70	90	1	AS
21431	CLOSED TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE) USING INTERDE	50.41	48.48	90	1	AS
21432	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); WITH WIRING AN	42.80	41.16	90	1	AS
21433	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED (E	107.31	103.19	90	1	AS
21435	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED, U	86.48	83.16	90	1	AS
21436	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED, M	120.90	116.25	90	1	AS
21445	OPEN TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEPARATE	49.94	48.02	90	1	AS
21461	OPEN TREATMENT OF MANDIBULAR FRACTURE; WITHOUT INTERDENTAL FIXATION	135.33	130.13	90	1	AS
21462	OPEN TREATMENT OF MANDIBULAR FRACTURE; WITH INTERDENTAL FIXATION	143.90	138.37	90	1	AS
21465	OPEN TREATMENT OF MANDIBULAR CONDYLAR FRACTURE	58.80	56.54	90	1	AS
21470	OPEN TREATMENT OF COMPLICATED MANDIBULAR FRACTURE BY MULTIPLE SURGICAL APPR	76.81	73.86	90	1	AS
21490	OPEN TREATMENT OF TEMPOROMANDIBULAR DISLOCATION	59.61	57.32	90	1	B AS
21495	OPEN TREATMENT OF HYOID FRACTURE	45.70	43.95	90	1	AS
21502	INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT TISSUES OF NECK OR TH	33.87	32.57	90	1	AS
21557	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF NECK OR	37.89	36.44	90	1	AS
21600	EXCISION OF RIB, PARTIAL	36.84	35.43	90	1	AS
21610	COSTOTRANSVERSECTOMY (SEPARATE PROCEDURE)	72.49	69.71	90	1	AS
21615	EXCISION FIRST AND/OR CERVICAL RIB;	44.25	42.55	90	1	B AS
21616	EXCISION FIRST AND/OR CERVICAL RIB FOR OUTLET COMPRESSION SYNDROME OR OTHER	54.70	52.60	90	1	B AS
21620	OSTECTOMY OF STERNUM, PARTIAL	33.71	32.42	90	1	AS
21627	STERNAL DEBRIDEMENT	35.93	34.55	90	1	AS
21630	RADICAL RESECTION OF STERNUM;	83.53	80.32	90	1	AS
21632	RADICAL RESECTION OF STERNUM; WITH MEDIASTINAL LYMPHADENECTOMY	82.58	79.41	90	1	AS
21685	HYOID MYOTOMY AND SUSPENSION	64.60	62.12	90	1	AS
21700	DIVISION OF SCALENUS ANTICUS; WITHOUT RESECTION OF CERVICAL RIB	28.62	27.52	90	1	AS
21705	DIVISION OF SCALENUS ANTICUS; WITH RESECTION OF CERVICAL RIB	40.82	39.25	90	1	AS

21720	DIVISION OF STERNOCLEIDOMASTOID FOR TORTICOLLIS, OPEN OPERATION; WITHOUT CA	28.06	26.99	90	1	AS
21725	DIVISION OF STERNOCLEIDOMASTOID FOR TORTICOLLIS, OPEN OPERATION; WITH CAST	35.18	33.83	90	1	AS
21740	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; OPEN	73.30	70.49	90	1	AS
21742	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; MINIMALLY INVASIVE	65.63	63.11	90	1	AS
21743	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; MINIMALLY INVASIVE	65.63	63.11	90	1	AS
21750	CLOSURE OF MEDIAN STERNOTOMY SEPARATION WITH OR WITHOUT DEBRIDEMENT (SEPARA	47.82	45.99	90	1	AS
21800	CLOSED TREATMENT OF RIB FRACTURE, UNCOMPLICATED, EACH	39.69	38.17	90	1	B
21810	TREATMENT OF RIB FRACTURE REQUIRING EXTERNAL FIXATION ("FLAIL CHEST")	34.60	33.27	90	1	AS
21825	OPEN TREATMENT OF STERNUM FRACTURE WITH OR WITHOUT SKELETAL FIXATION	36.95	35.53	90	1	AS
22100	PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT (EG, SPINOUS PROCESS, LAM	55.25	53.13	90	1	AS
22101	PARTIAL RESECTION OF VERTEBRAL COMPONENT, SPINOUS PROCESSES; THORACIC	54.65	52.55	90	1	AS
22102	PARTIAL RESECTION OF VERTEBRAL COMPONENT, SPINOUS PROCESSES; LUMBAR	54.06	51.99	90	1	AS
22103	PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT (EG, SPINOUS PROCESS, LAM	9.62	9.25	90	1	AS
22110	PARTIAL EXCISION OF VERTEBRAL BODY, FOR INTRINSIC BONY LESION, WITHOUT DECO	67.14	64.56	90	1	AS
22112	PARTIAL EXCISION OF VERTEBRAE (EG, FOR OSTEOMYELITIS); THORACIC	66.46	63.91	90	1	AS
22114	PARTIAL EXCISION OF VERTEBRAE (EG, FOR OSTEOMYELITIS); LUMBAR	66.69	64.13	90	1	AS
22116	PARTIAL EXCISION OF VERTEBRAL BODY, FOR INTRINSIC BONY LESION, WITHOUT DECO	9.69	9.32	90	1	AS
22206	OSTEOTOMY OF SPINE FOR CORRECTION FIXED DEFORMITY,	159.31	153.19	90	1	AS
22207	OSTEOTOMY OF SPINE FOR CORRECTION FIXED DEFORMITY,	157.27	151.23	90	1	AS
22208	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, THREE COLUMNS, ON	40.40	38.85	0	1	AS
22210	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, ONE VERTEBRAL SEG	117.99	113.46	90	1	AS
22212	OSTEOTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE	96.95	93.23	90	1	AS
22214	OSTEOTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE	97.30	93.56	90	1	AS
22216	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, ONE VERTEBRAL SEG	25.19	24.23	0	6	B AS
22220	OSTEOTOMY OF SPINE, INCLUDING DISKECTOMY, ANTERIOR APPROACH, SINGLE VERTEBR	107.49	103.36	90	1	AS
22224	OSTEOTOMY OF SPINE, ANTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE	104.36	100.35	90	1	AS
22226	OSTEOTOMY OF SPINE, INCLUDING DISKECTOMY, ANTERIOR APPROACH, SINGLE VERTEBR	25.09	24.13	90	4	B AS
22318	OPEN TREATMENT AND/OR REDUCTION OF ODONTOID FRACTURE(S) AND OR DISLOCATION(	107.44	103.31	90	1	AS
22319	OPEN TREATMENT AND/OR REDUCTION OF ODONTOID FRACTURE(S) AND OR DISLOCATION(	116.71	112.23	90	1	AS
22325	OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURE(S) AND/ OR DISLOCATIO	93.17	89.59	90	1	AS
22326	OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURE(S) AND/ OR DISLOCATIO	96.95	93.23	90	1	AS
22327	OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURE(S) AND/ OR DISLOCATIO	96.31	92.61	90	1	AS
22328	OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURE(S) AND/OR DISLOCATION	19.07	18.34	90	4	AS
22532	ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY	114.86	110.45	90	1	AS
22533	ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY	108.06	103.91	90	1	AS
22534	ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY	24.87	23.92	0	5	AS
22548	ARTHRODESIS, ANTERIOR TRANSORAL OR EXTRAORAL TECHNIQUE, CLIVUS-C1-C2 (ATLAS	123.90	119.14	90	1	AS
22554	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO	85.33	82.05	90	1	AS
22556	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO	109.27	105.07	90	1	AS
22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO	99.13	95.32	90	1	AS
22585	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO	23.07	22.19	90	5	AS

22590	ARTHRODESIS, POSTERIOR TECHNIQUE, CRANIOCERVICAL (OCCIPUT-C2)	103.05	99.09	90	1		AS
22595	ARTHRODESIS, POSTERIOR TECHNIQUE, ATLAS-AXIS (C1-C2)	98.00	94.24	90	1		AS
22600	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; CERVICAL	83.96	80.74	90	1		AS
22610	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; THORACIC	82.13	78.98	90	1		AS
22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; LUMBAR (W	105.45	101.40	90	1		AS
22614	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; EACH ADDI	26.84	25.81	90	4		AS
22630	ARTHRODESIS, POSTERIOR INTERBODY TECHNIQUE, INCLUDING LAMINECTOMY AND/OR	102.34	98.41	90	1		AS
22632	ARTHRODESIS, POSTERIOR INTERBODY TECHNIQUE, SINGLE INTERSPACE; EACH ADDITIO	21.87	21.03	90	3		AS
22800	ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; UP TO 6	89.44	86.00	90	1		AS
22802	ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 7 TO 12	141.34	135.91	90	1		AS
22804	ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 13 OR M	163.16	156.89	90	1		AS
22808	ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 2 TO 3 V	121.00	116.35	90	1		AS
22810	ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 4 TO 7 V	134.26	129.10	90	1		AS
22812	ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 8 OR MOR	148.16	142.47	90	1		AS
22818	KYPHECTOMY, CIRCUMFERENTIAL EXPOSURE OF SPINE AND RESECTION OF VERTEBRAL SE	149.70	143.95	90	1		AS
22819	KYPHECTOMY, CIRCUMFERENTIAL EXPOSURE OF SPINE AND RESECTION OF VERTEBRAL SE	171.78	165.18	90	1	R	AS
22830	EXPLORATION OF SPINAL FUSION	53.54	51.49	90	1		AS
22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDI	52.50	50.49	0	1		AS
22842	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH M	52.56	50.54	0	1		AS
22843	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH M	56.08	53.93	0	1		AS
22844	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH M	68.00	65.39	0	1		AS
22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADD	50.41	48.48	0	1		AS
22846	ANTERIOR INSTRUMENTATION; 4 TO 7 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADD	52.32	50.31	0	1		AS
22847	ANTERIOR INSTRUMENTATION; 8 OR MORE VERTEBRAL SEGMENTS (LIST SEPARATELY IN	57.44	55.24	0	1		AS
22848	PELVIC FIXATION (ATTACHMENT OF CAUDAL END OF INSTRUMENTATION TO PELVIC BONY	24.77	23.82	90	1		AS
22849	REINSERTION OF SPINAL FIXATION DEVICE	86.64	83.31	90	1		AS
22850	REMOVAL OF POSTERIOR NONSEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD)	47.56	45.74	90	1		AS
22851	APPLICATION OF INTERVERTEBRAL BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE(S	28.03	26.96	90	6		AS
22852	REMOVAL OF POSTERIOR SEGMENTAL INSTRUMENTATION	45.39	43.65	90	1		AS
22855	REMOVAL OF ANTERIOR INSTRUMENTATION	74.41	71.55	90	1		AS
22857	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DIS	118.41	113.86	90	1		AS
22899	UNLISTED PROCEDURE, SPINE	0.00	0.00	90	1	R	AS
22900	EXCISION, ABDOMINAL WALL TUMOR, SUBFASCIAL (EG, DESMOID)	27.28	26.24	90	1		AS
23000	REMOVAL OF SUBDELTOID CALCAREOUS DEPOSITS, OPEN	33.89	32.59	90	1		AS
23020	CAPSULAR CONTRACTURE RELEASE (EG, SEVER TYPE PROCEDURE)	45.13	43.40	90	1		B AS
23035	INCISION, BONE CORTEX (EG, OSTEOMYELITIS OR BONE ABSCESS), SHOULDER AREA	44.35	42.65	90	1		B AS
23040	ARTHROTOMY, GLENOHUMERAL JOINT, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL	46.98	45.18	90	1		B AS
23077	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF SHOULDE	78.48	75.47	90	1		B AS
23100	ARTHROTOMY, GLENOHUMERAL JOINT, INCLUDING BIOPSY	31.69	30.48	90	1		B AS
23105	ARTHROTOMY; GLENOHUMERAL JOINT, WITH SYNOVECTOMY, WITH OR WITHOUT BIOPSY	41.50	39.91	90	1		B AS
23107	ARTHROTOMY, GLENOHUMERAL JOINT, WITH JOINT EXPLORATION, WITH OR WITHOUT REM	43.12	41.47	90	1		B AS

23120	CLAVICULECTOMY; PARTIAL	36.41	35.01	90	1	AS
23125	CLAVICULECTOMY; TOTAL	45.81	44.05	90	1	B AS
23145	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA;	45.11	43.38	90	1	B AS
23150	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS;	42.78	41.14	90	1	B AS
23155	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; WIT	51.71	49.73	90	1	B AS
23156	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; WIT	43.85	42.17	90	1	B AS
23172	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SCAPULA	35.88	34.50	90	1	B AS
23174	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), HUMERAL HEAD TO SUR	48.95	47.07	90	1	B AS
23182	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG,	42.52	40.89	90	1	B AS
23184	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG,	47.88	46.04	90	1	B AS
23190	OSTECTOMY OF SCAPULA, PARTIAL (EG, SUPERIOR MEDIAL ANGLE)	36.17	34.78	90	1	B AS
23195	RESECTION HUMERAL HEAD	49.31	47.42	90	1	B AS
23200	RADICAL RESECTION FOR TUMOR; CLAVICLE	56.84	54.66	90	1	B AS
23210	RADICAL RESECTION FOR TUMOR; SCAPULA	60.11	57.80	90	1	B AS
23220	RADICAL RESECTION OF BONE TUMOR, PROXIMAL HUMERUS;	70.56	67.85	90	1	B AS
23221	RADICAL RESECTION FOR TUMOR, PROXIMAL HUMERUS; WITH AUTOGRAFT (INCLUDES OBT	83.86	80.64	90	1	B AS
23222	RADICAL RESECTION FOR TUMOR, PROXIMAL HUMERUS; WITH PROSTHETIC REPLACEMENT	111.70	107.41	90	1	B AS
23332	REMOVAL OF FOREIGN BODY, SHOULDER; COMPLICATED (EG, TOTAL SHOULDER)	58.10	55.87	90	1	B AS
23395	MUSCLE TRANSFER, ANY TYPE, SHOULDER OR UPPER ARM; SINGLE	84.78	81.52	90	1	AS
23397	MUSCLE TRANSFER, ANY TYPE FOR PARALYSIS OF SHOULDER OR UPPER ARM; MULTIPLE	75.58	72.68	90	1	AS
23400	SCAPULOPEXY (EG, SPRENGEL'S DEFORMITY OR FOR PARALYSIS)	64.24	61.77	90	1	B AS
23405	TENOTOMY, SHOULDER AREA; SINGLE TENDON	41.29	39.71	90	1	AS
23406	TENOTOMY, SHOULDER AREA; MULTIPLE TENDONS THROUGH SAME INCISION	51.45	49.48	90	1	AS
23410	REPAIR OF RUPTURED MUSCULOTENDINOUS CUFF (EG, ROTATOR CUFF) OPEN; ACUTE	59.00	56.74	90	1	AS
23412	REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS	62.80	60.39	90	1	B AS
23420	RECONSTRUCTION OF COMPLETE SHOULDER (ROTATOR) CUFF AVULSION, CHRONIC (INCLU	69.99	67.30	90	1	B AS
23430	TENODESIS OF LONG TENDON OF BICEPS	48.53	46.67	90	1	B AS
23440	RESECTION OR TRANSPLANTATION OF LONG TENDON OF BICEPS	50.02	48.10	90	1	B AS
23450	CAPSULORRHAPHY, ANTERIOR; PUTTI-PLATT PROCEDURE OR MAGNUSON TYPE OPERATION	62.96	60.54	90	1	B AS
23455	CAPSULORRHAPHY, ANTERIOR; WITH LABRAL REPAIR (EG, BANKART PROCEDURE)	66.93	64.36	90	1	B AS
23460	CAPSULORRHAPHY, ANTERIOR, ANY TYPE; WITH BONE BLOCK	72.44	69.66	90	1	B AS
23462	CAPSULORRHAPHY FOR RECURRENT DISLOCATION, ANTERIOR, ANY TYPE; WITH CORACOID	71.32	68.58	90	1	B AS
23465	CAPSULORRHAPHY, GLENOHUMERAL JOINT, POSTERIOR, WITH OR WITHOUT BONE BLOCK	74.30	71.45	90	1	B AS
23466	CAPSULORRHAPHY, GLENOHUMERAL JOINT, ANY TYPE MULTI-DIRECTIONAL INSTABILITY	73.23	70.42	90	1	B AS
23470	ARTHROPLASTY, GLENOHUMERAL JOINT; HEMIARTHROPLASTY	80.68	77.58	90	1	B AS
23472	ARTHROPLASTY, GLENOHUMERAL JOINT; TOTAL SHOULDER (GLENOID AND PROXIMAL HUME	100.07	96.23	90	1	B AS
23485	OSTEOTOMY, CLAVICLE, WITH OR WITHOUT INTERNAL FIXATION; WITH BONE GRAFT FOR	63.61	61.17	90	1	B AS
23490	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOU	52.94	50.91	90	1	B AS
23491	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOU	66.88	64.31	90	1	B AS
23500	CLOSED TREATMENT OF CLAVICULAR FRACTURE; WITHOUT MANIPULATION	82.81	79.63	90	1	B
23515	OPEN TREATMENT OF CLAVICULAR FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PER	46.57	44.78	90	1	B AS

23530	OPEN TREATMENT OF STERNOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC;	36.27	34.88	90	1		B AS
23532	OPEN TREATMENT OF STERNOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC; WITH FASC	40.45	38.90	90	1		B AS
23550	OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC;	37.29	35.86	90	1		B AS
23552	OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC; WITH FAS	42.91	41.26	90	1		B AS
23570	CLOSED TREATMENT OF SCAPULAR FRACTURE; WITHOUT MANIPULATION	88.53	85.13	90	1		B
23585	OPEN TREATMENT OF SCAPULAR FRACTURE (BODY, GLENOID OR ACROMION) WITH OR WIT	63.03	60.61	90	1		B AS
23600	CLOSED TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE	123.32	118.58	90	1		B
23615	OPEN TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE,	56.97	54.78	90	1		B AS
23616	OPEN TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE,	84.55	81.30	90	1		B AS
23620	CLOSED TREATMENT OF GREATER HUMERAL TUBEROSITY FRACTURE; WITHOUT MANIPULATI	102.41	98.48	90	1		B
23630	OPEN TREATMENT OF GREATER HUMERAL TUBEROSITY FRACTURE, INCLUDES INTERNAL FI	49.73	47.82	90	1		B AS
23660	OPEN TREATMENT OF ACUTE SHOULDER DISLOCATION	37.97	36.51	90	1		B AS
23670	OPEN TREATMENT OF SHOULDER DISLOCATION, WITH FRACTURE OF GREATER HUMERAL TU	55.95	53.80	90	1		B AS
23680	OPEN TREATMENT OF SHOULDER DISLOCATION, WITH SURGICAL OR ANATOMICAL NECK FR	60.09	57.78	90	1		B AS
23800	ARTHRODESIS, GLENOHUMERAL JOINT;	67.48	64.89	90	1		B AS
23802	ARTHRODESIS, GLENOHUMERAL JOINT; WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING	83.89	80.67	90	1		AS
23900	INTERTHORACOSCAPULAR AMPUTATION (FOREQUARTER)	89.35	85.92	90	1		AS
23920	DISARTICULATION OF SHOULDER;	72.44	69.66	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	46.31	44.53	90	1		B AS
24077	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF UPPER A	53.68	51.62	90	1		B AS
24100	ARTHROTOMY, ELBOW; WITH SYNOVIAL BIOPSY ONLY	25.92	24.93	90	1		B AS
24101	ARTHROTOMY, ELBOW; WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR	32.07	30.84	90	1		B AS
24102	ARTHROTOMY, ELBOW; WITH SYNOVECTOMY	39.95	38.42	90	1		B AS
24115	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS; WITH AUTOGRAFT	41.81	40.21	90	1		B AS
24116	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS; WITH ALLOGRAFT	57.10	54.91	90	1		B AS
24125	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIU	39.38	37.87	90	1		B AS
24126	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIU	40.95	39.38	90	1		B AS
24134	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SHAFT OR DISTAL HUM	48.74	46.87	90	1		B AS
24138	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), OLECRANON PROCESS	42.23	40.61	90	1		B AS
24140	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG,	45.79	44.03	90	1		B AS
24149	RADICAL RESECTION OF CAPSULE, SOFT TISSUE, AND HETEROTOPIC BONE, ELBOW, WIT	75.89	72.98	90	1		B AS
24150	RADICAL RESECTION FOR TUMOR, SHAFT OR DISTAL HUMERUS;	64.10	61.64	90	1		B AS
24151	RADICAL RESECTION FOR TUMOR, SHAFT OR DISTAL HUMERUS; WITH AUTOGRAFT (INCLU	74.17	71.32	90	1		B AS
24152	RADICAL RESECTION FOR TUMOR, RADIAL HEAD OR NECK;	46.75	44.96	90	1		B AS
24155	RESECTION OF ELBOW JOINT (ARTHRECTOMY)	55.72	53.58	90	1		B AS
24301	MUSCLE OR TENDON TRANSFER, ANY TYPE, UPPER ARM OR ELBOW, SINGLE (EXCLUDING	49.00	47.12	90	1		AS
24320	TENOPLASTY, WITH MUSCLE TRANSFER, WITH OR WITHOUT FREE GRAFT, ELBOW TO SHO	50.99	49.03	90	1		AS
24330	FLEXOR-PLASTY, ELBOW (EG, STEINDLER TYPE ADVANCEMENT);	46.81	45.01	90	1		B AS
24331	FLEXOR-PLASTY, ELBOW (EG, STEINDLER TYPE ADVANCEMENT); WITH EXTENSOR ADVANC	51.12	49.16	90	1		B AS
24340	TENODESIS OF BICEPS TENDON AT ELBOW (SEPARATE PROCEDURE)	39.93	38.40	90	1		B AS

24341	REPAIR, TENDON OR MUSCLE, UPPER ARM OR ELBOW, EACH TENDON OR MUSCLE, PRIMAR	47.38	45.56	90	1	B AS
24342	REINSERTION OF RUPTURED BICEPS OR TRICEPS TENDON, DISTAL, WITH OR WITHOUT T	51.40	49.43	90	1	B AS
24343	REPAIR LATERAL COLLATERAL LIGAMENT, ELBOW, WITH LOCAL TISSUE	45.50	43.75	90	1	B AS
24344	RECONSTRUCTION LATERAL COLLATERAL LIGAMENT, ELBOW, WITH TENDON GRAFT (INCLU	71.35	68.61	90	1	B AS
24345	REPAIR MEDIAL COLLATERAL LIGAMENT, ELBOW, WITH LOCAL TISSUE	45.39	43.65	90	1	B AS
24346	RECONSTRUCTION MEDIAL COLLATERAL LIGAMENT, ELBOW, WITH TENDON GRAFT (INCLUD	71.47	68.73	90	1	B AS
24357	TENOTOMY, ELBOW, LATERAL OR MEDIAL (EG, EPICONDYLITIS, TENNIS ELBOW, GOLFER	28.51	27.42	90	1	B AS
24360	ARTHROPLASTY, ELBOW; WITH MEMBRANE (EG, FASCIAL)	58.62	56.37	90	1	B AS
24361	ARTHROPLASTY, ELBOW; WITH DISTAL HUMERAL PROSTHETIC REPLACEMENT	65.91	63.38	90	1	B AS
24362	ARTHROPLASTY, ELBOW; WITH IMPLANT AND FASCIA LATA LIGAMENT RECONSTRUCTION	71.01	68.28	90	1	B AS
24363	ARTHROPLASTY, ELBOW; WITH DISTAL HUMERUS AND PROXIMAL ULNAR PROSTHETIC REPL	98.45	94.67	90	1	B AS
24365	ARTHROPLASTY, RADIAL HEAD;	41.52	39.93	90	1	B AS
24366	ARTHROPLASTY, RADIAL HEAD; WITH IMPLANT	44.63	42.92	90	1	B AS
24400	OSTEOTOMY, HUMERUS, WITH OR WITHOUT INTERNAL FIXATION	53.89	51.82	90	1	B AS
24410	MULTIPLE OSTEOTOMIES WITH REALIGNMENT ON INTRAMEDULLARY ROD, HUMERAL SHAFT	70.01	67.32	90	1	B AS
24420	OSTEOPLASTY, HUMERUS (EG, SHORTENING OR LENGTHENING) (EXCLUDING 64876)	63.42	60.99	90	1	B AS
24430	REPAIR OF NONUNION OR MALUNION, HUMERUS; WITHOUT GRAFT (EG, COMPRESSION TEC	69.31	66.65	90	1	B AS
24435	REPAIR OF NONUNION OR MALUNION, HUMERUS; WITH ILIAC OR OTHER AUTOGRAFT (INC	70.14	67.45	90	1	B AS
24470	HEMIEPIPHYSEAL ARREST (EG, CUBITUS VARUS OR VALGUS, DISTAL HUMERUS)	41.68	40.08	90	1	B AS
24498	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING), WITH OR WITHO	57.24	55.04	90	1	B AS
24500	CLOSED TREATMENT OF HUMERAL SHAFT FRACTURE; WITHOUT MANIPULATION	134.59	129.42	90	1	B
24515	OPEN TREATMENT OF HUMERAL SHAFT FRACTURE WITH PLATE/SCREWS, WITH OR WITHOUT	57.60	55.39	90	1	B AS
24516	TREATMENT OF HUMERAL SHAFT FRACTURE, WITH INSERTION OF INTRAMEDULLARY IMPLA	56.84	54.66	90	1	B AS
24530	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR HUMERAL FRACTURE, WITH O	144.89	139.32	90	1	B
24545	OPEN TREATMENT OF HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, INCLUDES	60.37	58.05	90	1	B AS
24546	OPEN TREATMENT OF HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, INCLUDES	69.47	66.80	90	1	B AS
24560	CLOSED TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL; WITHOU	121.20	116.54	90	1	B
24575	OPEN TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL, INCLUDES	48.00	46.16	90	1	B AS
24579	OPEN TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL, INCLUDES IN	54.96	52.85	90	1	B AS
24586	OPEN TREATMENT OF PERIARTICULAR FRACTURE AND/OR DISLOCATION OF THE ELBOW (F	72.18	69.41	90	1	B AS
24587	OPEN TREATMENT OF PERIARTICULAR FRACTURE AND/OR DISLOCATION OF THE ELBOW (F	71.87	69.11	90	1	B AS
24615	OPEN TREATMENT OF ACUTE OR CHRONIC ELBOW DISLOCATION	46.72	44.93	90	1	B AS
24635	OPEN TREATMENT OF MONTEGGIA TYPE OF FRACTURE DISLOCATION AT ELBOW (FRACTURE	68.23	65.61	90	1	B AS
24650	CLOSED TREATMENT OF RADIAL HEAD OR NECK FRACTURE; WITHOUT MANIPULATION	98.00	94.24	90	1	B
24665	OPEN TREATMENT OF RADIAL HEAD OR NECK FRACTURE, INCLUDES INTERNAL FIXATION	42.18	40.56	90	1	B AS
24666	OPEN TREATMENT OF RADIAL HEAD OR NECK FRACTURE, INCLUDES INTERNAL FIXATION	47.88	46.04	90	1	B AS
24670	CLOSED TREATMENT OF ULNAR FRACTURE, PROXIMAL END (EG, OLECRANON OR CORONOID	110.09	105.86	90	1	B
24685	OPEN TREATMENT OF ULNAR FRACTURE, PROXIMAL END (EG, OLECRANON OR CORONOID P	42.47	40.84	90	1	B AS
24800	ARTHRODESIS, ELBOW JOINT; LOCAL	51.71	49.73	90	1	B AS
24802	ARTHRODESIS, ELBOW JOINT; WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAFT)	64.27	61.80	90	1	B AS
24900	AMPUTATION, ARM THROUGH HUMERUS; WITH PRIMARY CLOSURE	47.01	45.21	90	1	B AS

24920	AMPUTATION, ARM THROUGH HUMERUS; OPEN, CIRCULAR (GUILLotine)	46.18	44.41	90	1	B AS
24925	AMPUTATION, ARM THROUGH HUMERUS; SECONDARY CLOSURE OR SCAR REVISION	34.70	33.37	90	1	B AS
24930	AMPUTATION, ARM THROUGH HUMERUS; RE-AMPUTATION	48.60	46.74	90	1	B AS
24931	AMPUTATION, ARM THROUGH HUMERUS; WITH IMPLANT	53.05	51.01	90	1	B AS
24940	CINEPLASTY, UPPER EXTREMITY, COMPLETE PROCEDURE	70.88	68.16	90	1	B AS
25085	CAPSULOTOMY, WRIST (EG, CONTRACTURE)	28.79	27.69	90	1	B AS
25107	ARTHROTOMY, DISTAL RADIOULNAR JOINT INCLUDING REPAIR OF TRIANGULAR CARTILAG	38.50	37.02	90	1	B AS
25109	EXCISION OF TENDON, FOREARM AND/OR WRIST, FLEXOR OR EXTENSOR, EACH	34.00	32.70	90	1	B AS
25119	SYNOVECTOMY, EXTENSOR TENDON SHEATH, WRIST, SINGLE COMPARTMENT; WITH RESECT	31.69	30.48	90	1	B AS
25126	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA (EXCLU	38.55	37.07	90	1	B AS
25135	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES; WITH AU	35.54	34.18	90	1	B AS
25136	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES; WITH AL	31.78	30.56	90	1	B AS
25145	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), FOREARM AND/OR WRIS	33.06	31.79	90	1	B AS
25151	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION OR DIAPHYSECTOMY) OF BONE (E	37.63	36.19	90	1	B AS
25170	RADICAL RESECTION FOR TUMOR, RADIUS OR ULNA	53.54	51.49	90	1	B AS
25215	CARPECTOMY; ALL BONES OF PROXIMAL ROW	39.83	38.30	90	1	AS
25250	REMOVAL OF WRIST PROSTHESIS; (SEPARATE PROCEDURE)	33.82	32.52	90	1	B AS
25251	REMOVAL OF WRIST PROSTHESIS; COMPLICATED, INCLUDING "TOTAL WRIST"	46.29	44.51	90	1	AS
25263	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; SECONDARY, SINGLE,	39.67	38.15	90	1	AS
25265	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; SECONDARY, WITH FRE	48.45	46.59	90	1	AS
25300	TENODESIS AT WRIST; FLEXORS OF FINGERS	43.90	42.22	90	1	B AS
25301	TENODESIS AT WRIST; EXTENSORS OF FINGERS	41.68	40.08	90	1	B AS
25310	TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, FOREARM AND/OR WRIS	40.27	38.73	90	1	AS
25312	TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, FOREARM AND/OR WRIS	46.57	44.78	90	1	AS
25315	FLEXOR ORIGIN SLIDE (EG, FOR CEREBRAL PALSY, VOLKMANN CONTRACTURE), FOREARM	50.31	48.38	90	1	B AS
25316	FLEXOR ORIGIN SLIDE FOR CEREBRAL PALSY, FOREARM AND/OR WRIST; WITH TENDON(S	58.36	56.12	90	1	B AS
25320	CAPSULORRHAPHY OR RECONSTRUCTION, WRIST, OPEN (EG, CAPSULODESIS, LIGAMENT R	62.35	59.96	90	1	B AS
25332	ARTHROPLASTY, WRIST, WITH OR WITHOUT INTERPOSITION, WITH OR WITHOUT EXTERNA	55.01	52.90	90	1	B AS
25335	CENTRALIZATION OF WRIST ON ULNA (EG, RADIAL CLUB HAND)	61.39	59.03	90	1	B AS
25350	OSTEOTOMY, RADIUS; DISTAL THIRD	43.85	42.17	90	1	B AS
25355	OSTEOTOMY, RADIUS; MIDDLE OR PROXIMAL THIRD	49.40	47.50	90	1	B AS
25360	OSTEOTOMY; ULNA	42.52	40.89	90	1	B AS
25365	OSTEOTOMY; RADIUS AND ULNA	60.40	58.08	90	1	B AS
25370	MULTIPLE OSTEOTOMIES, WITH REALIGNMENT ON INTRAMEDULLARY ROD (SOFIELD TYPE	65.93	63.40	90	1	B AS
25375	MULTIPLE OSTEOTOMIES, WITH REALIGNMENT ON INTRAMEDULLARY ROD (SOFIELD TYPE	62.85	60.44	90	1	B AS
25390	OSTEOPLASTY, RADIUS OR ULNA; SHORTENING	50.44	48.50	90	1	B AS
25391	OSTEOPLASTY, RADIUS OR ULNA; LENGTHENING WITH AUTOGRAFT	65.41	62.90	90	1	B AS
25392	OSTEOPLASTY, RADIUS AND ULNA; SHORTENING (EXCLUDING 64876)	66.53	63.98	90	1	B AS
25393	OSTEOPLASTY, RADIUS AND ULNA; LENGTHENING WITH AUTOGRAFT	75.17	72.28	90	1	B AS
25394	OSTEOPLASTY, CARPAL BONE, SHORTENING	50.31	48.38	90	1	B AS
25400	REPAIR OF NONUNION OR MALUNION, RADIUS OR ULNA; WITHOUT GRAFT (EG, COMPRESS	60.60	58.27	90	1	B AS

25405	REPAIR OF NONUNION OR MALUNION, RADIUS OR ULNA; WITH AUTOGRAFT (INCLUDES OB	76.21	73.28	90	1	B AS
25415	REPAIR OF NONUNION OR MALUNION, RADIUS AND ULNA; WITHOUT GRAFT (EG, COMPRES	70.22	67.52	90	1	B AS
25420	REPAIR OF NONUNION OR MALUNION, RADIUS AND ULNA; WITH AUTOGRAFT (INCLUDES O	76.93	73.98	90	1	B AS
25425	REPAIR OF DEFECT WITH AUTOGRAFT; RADIUS OR ULNA	78.01	75.01	90	1	B AS
25426	REPAIR OF DEFECT WITH AUTOGRAFT; RADIUS AND ULNA	81.98	78.83	90	1	B AS
25431	REPAIR OF NONUNION OF CARPAL BONE (EXCLUDING CARPAL SCAPHOID (NAVICULAR)) (	51.80	49.81	90	1	B AS
25440	REPAIR OF NONUNION, SCAPHOID CARPAL (NAVICULAR) BONE, WITH OR WITHOUT RADIA	49.88	47.97	90	1	B AS
25441	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL RADIUS	60.99	58.65	90	1	B AS
25442	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL ULNA	52.32	50.31	90	1	B AS
25443	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; SCAPHOID CARPAL (NAVICULAR)	49.94	48.02	90	1	B AS
25444	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; LUNATE	53.42	51.37	90	1	B AS
25446	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL RADIUS AND PARTIAL OR ENTI	77.43	74.46	90	1	B AS
25447	ARTHROPLASTY, INTERPOSITION, INTERCARPAL OR CARPOMETACARPAL JOINTS	53.39	51.34	90	1	B AS
25449	REVISION OF ARTHROPLASTY, INCLUDING REMOVAL OF IMPLANT, WRIST JOINT	67.90	65.29	90	1	B AS
25490	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOU	46.05	44.28	90	1	B AS
25491	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOU	48.14	46.29	90	1	B AS
25492	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOU	60.14	57.83	90	1	B AS
25500	CLOSED TREATMENT OF RADIAL SHAFT FRACTURE; WITHOUT MANIPULATION	100.78	96.91	90	1	B
25515	OPEN TREATMENT OF RADIAL SHAFT FRACTURE, INCLUDES INTERNAL FIXATION, WHEN P	43.64	41.97	90	1	B AS
25525	OPEN TREATMENT OF RADIAL SHAFT FRACTURE, INCLUDES INTERNAL FIXATION, WHEN P	61.70	59.33	90	1	B AS
25526	OPEN TREATMENT OF RADIAL SHAFT FRACTURE, INCLUDES INTERNAL FIXATION, WHEN P	62.33	59.94	90	1	B AS
25530	CLOSED TREATMENT OF ULNAR SHAFT FRACTURE; WITHOUT MANIPULATION	97.52	93.77	90	1	B
25545	OPEN TREATMENT OF ULNAR SHAFT FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PE	45.19	43.46	90	1	B AS
25560	CLOSED TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES; WITHOUT MANIPULATION	101.60	97.70	90	1	B
25574	OPEN TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES, WITH INTERNAL FIXATION,	42.85	41.21	90	1	B AS
25575	OPEN TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES, WITH INTERNAL FIXATION,	58.26	56.02	90	1	B AS
25600	CLOSED TREATMENT OF DISTAL RADIAL FRACTURE (EG, COLLES OR SMITH TYPE) OR EP	110.91	106.65	90	1	B
25606	PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIAL FRACTURE OR EPIPHYSEAL SEPA	262.34	252.25	90	1	B
25607	OPEN TREATMENT OF DISTAL RADIAL EXTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEPA	46.81	45.01	90	1	B AS
25608	OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEPA	53.58	51.52	90	1	B AS
25609	OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEPA	68.36	65.74	90	1	B AS
25622	CLOSED TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE; WITHOUT MANIPULAT	114.33	109.94	90	1	B
25628	OPEN TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE, INCLUDES INTERNAL F	46.34	44.56	90	1	B AS
25630	CLOSED TREATMENT OF CARPAL BONE FRACTURE (EXCLUDING CARPAL SCAPHOID (NAVICU	116.79	112.30	90	1	B
25645	OPEN TREATMENT OF CARPAL BONE FRACTURE (OTHER THAN CARPAL SCAPHOID (NAVICUL	36.77	35.36	90	1	B AS
25650	CLOSED TREATMENT OF ULNAR STYLOID FRACTURE	121.20	116.54	90	1	B
25652	OPEN TREATMENT OF ULNAR STYLOID FRACTURE	39.95	38.42	90	1	AS
25670	OPEN TREATMENT OF RADIOCARPAL OR INTERCARPAL DISLOCATION, ONE OR MORE BONES	39.41	37.90	90	1	B AS
25671	PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIOULNAR DISLOCATION	33.61	32.32	90	1	AS
25676	OPEN TREATMENT OF DISTAL RADIOULNAR DISLOCATION, ACUTE OR CHRONIC	40.90	39.33	90	1	B AS
25685	OPEN TREATMENT OF TRANS-SCAPHOPERILUNAR TYPE OF FRACTURE DISLOCATION	47.56	45.74	90	1	B AS

25695	OPEN TREATMENT OF LUNATE DISLOCATION	41.11	39.53	90	1	B AS
25800	ARTHRODESIS, WRIST; COMPLETE, WITHOUT BONE GRAFT (INCLUDES RADIOCARPAL AND/	47.88	46.04	90	1	B AS
25805	ARTHRODESIS, WRIST JOINT (INCLUDING RADIOCARPAL AND/OR ULNOCARPAL FUSION);	55.09	52.98	90	1	B AS
25810	ARTHRODESIS, WRIST JOINT (INCLUDING RADIOCARPAL AND/OR ULNOCARPAL FUSION);	56.10	53.95	90	1	B AS
25820	ARTHRODESIS, WRIST; LIMITED, WITHOUT BONE GRAFT (EG, INTERCARPAL OR RADIOCA	39.59	38.07	90	1	B AS
25825	INTERCARPAL FUSION; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	48.64	46.77	90	1	B AS
25830	ARTHRODESIS, DISTAL RADIOULNAR JOINT WITH SEGMENTAL RESECTION OF ULNA, WITH	59.66	57.37	90	1	B AS
25905	AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; OPEN, CIRCULAR (GUILLOTINE)	44.30	42.60	90	1	B AS
25907	AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; SECONDARY CLOSURE OR SCAR REV	38.81	37.32	90	1	B AS
25909	AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; RE-AMPUTATION	44.35	42.65	90	1	B AS
25915	KRUKENBERG PROCEDURE	68.73	66.09	90	1	B AS
25922	DISARTICULATION THROUGH WRIST; SECONDARY CLOSURE OR SCAR REVISION	39.04	37.54	90	1	B AS
25924	DISARTICULATION THROUGH WRIST; RE-AMPUTATION	42.21	40.59	90	1	B AS
25929	TRANSMETACARPAL AMPUTATION; SECONDARY CLOSURE OR SCAR REVISION	37.94	36.49	90	1	B AS
26185	SESAMOIDECTOMY, THUMB OR FINGER (SEPARATE PROCEDURE)	33.61	32.32	90	1	B AS
26255	RADICAL RESECTION (OSTECTOMY) FOR TUMOR, METACARPAL; WITH AUTOGRAFT (INCLUD	59.54	57.25	90	1	AS
26260	RADICAL RESECTION, PROXIMAL OR MIDDLE PHALANX OF FINGER (EG, TUMOR);	35.46	34.10	90	1	AS
26261	RADICAL RESECTION (OSTECTOMY) FOR TUMOR, PROXIMAL OR MIDDLE PHALANX OF FING	44.82	43.10	90	1	AS
26262	RADICAL RESECTION, DISTAL PHALANX OF FINGER (EG, TUMOR)	29.66	28.52	90	1	AS
26352	FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE, NOT IN "NO MAN'S LAND"; SECO	49.52	47.62	90	1	AS
26357	REPAIR OR ADVANCEMENT, FLEXOR TENDON, IN ZONE 2 DIGITAL FLEXOR TENDON SHEAT	53.16	51.12	90	1	AS
26358	FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE, IN "NO MAN'S LAND"; SECONDAR	56.34	54.18	90	1	AS
26372	REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON, WITH INTACT SUPERFICIALIS TENDON	54.44	52.35	90	1	AS
26373	REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON, WITH INTACT SUPERFICIALIS TENDON	51.45	49.48	90	1	AS
26390	EXCISION FLEXOR TENDON, WITH IMPLANTATION OF SYNTHETIC ROD FOR DELAYED TEND	52.06	50.06	90	1	AS
26392	REMOVAL OF SYNTHETIC ROD AND INSERTION OF FLEXOR TENDON GRAFT, HAND OR FING	60.42	58.10	90	1	AS
26420	EXTENSOR TENDON REPAIR, DORSUM OF FINGER, SINGLE, PRIMARY OR SECONDARY; WIT	43.66	41.99	90	1	AS
26434	EXTENSOR TENDON REPAIR, DISTAL INSERTION ("MALLEET FINGER"), OPEN, PRIMARY	39.26	37.75	90	1	AS
26474	TENODESIS; OF DISTAL JOINT, EACH JOINT	35.93	34.55	90	1	AS
26479	SHORTENING OF TENDON, FLEXOR, HAND OR FINGER, EACH TENDON	37.79	36.34	90	1	AS
26483	TENDON TRANSFER OR TRANSPLANT, CARPOMETACARPAL AREA OR DORSUM OF HAND, SING	51.87	49.88	90	1	AS
26485	TRANSFER OR TRANSPLANT OF TENDON, PALMAR; WITHOUT FREE TENDON GRAFT, EACH T	49.68	47.77	90	1	AS
26492	OPPONENSPLASTY; TENDON TRANSFER WITH GRAFT (INCLUDES OBTAINING GRAFT), EACH	54.70	52.60	90	1	AS
26494	OPPONENSPLASTY; HYPOTHENAR MUSCLE TRANSFER	49.81	47.90	90	1	AS
26497	TRANSFER OF TENDON TO RESTORE INTRINSIC FUNCTION; RING AND SMALL FINGER	53.80	51.74	90	1	AS
26498	TENDON TRANSFER TO RESTORE INTRINSIC FUNCTION; ALL FOUR FINGERS	72.75	69.96	90	1	AS
26499	CORRECTION CLAW FINGER, OTHER METHODS	50.33	48.40	90	1	AS
26502	TENDON PULLEY RECONSTRUCTION; WITH TENDON OR FASCIAL GRAFT (INCLUDES OBTAIN	43.54	41.87	90	1	AS
26517	CAPSULODESIS FOR M-P JOINT STABILIZATION; TWO DIGITS	50.62	48.68	90	1	AS
26518	CAPSULODESIS FOR M-P JOINT STABILIZATION; THREE OR FOUR DIGITS	50.88	48.93	90	1	AS
26530	ARTHROPLASTY, METACARPOPHALANGEAL JOINT; EACH JOINT	34.52	33.20	90	1	AS

26531	ARTHROPLASTY, METACARPOPHALANGEAL JOINT; WITH PROSTHETIC IMPLANT, EACH JOIN	40.07	38.53	90	1	AS
26541	RECONSTRUCTION, COLLATERAL LIGAMENT, METACARPOPHALANGEAL JOINT, SINGLE, WIT	49.88	47.97	90	1	AS
26546	REPAIR NON-UNION, METACARPAL OR PHALANX, (INCLUDES OBTAINING BONE GRAFT WIT	61.16	58.81	90	1	B AS
26550	POLLICIZATION OF A DIGIT	100.75	96.88	90	1	AS
26551	TRANSFER, TOE-TO-HAND WITH MICROVASCULAR ANASTOMOSIS; GREAT TOE WRAP-AROU	191.78	184.41	90	1	AS
26553	TOE-TO-HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE,	203.12	195.31	90	1	AS
26554	TOE-TO-HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE,	266.56	256.31	90	1	AS
26555	TRANSFER, FINGER TO ANOTHER POSITION WITHOUT MICROVASCULAR ANASTOMOSIS	87.40	84.04	90	1	AS
26556	TRANSFER, FREE TOE JOINT, WITH MICROVASCULAR ANASTOMOSIS	183.10	176.06	90	1	AS
26560	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; WITH SKIN FLAPS	33.78	32.49	90	1	AS
26561	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; WITH SKIN FLAPS AND GRAFT	57.34	55.14	90	1	AS
26562	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; COMPLEX (EG, INVOLVING BO	71.63	68.88	90	1	AS
26565	OSTEOTOMY; METACARPAL, EACH	41.71	40.11	90	1	AS
26568	OSTEOPLASTY, LENGTHENING, METACARPAL OR PHALANX	55.77	53.63	90	1	AS
26580	REPAIR CLEFT HAND	82.40	79.24	90	1	AS
26587	RECONSTRUCTION OF POLYDACTYLOUS DIGIT, SOFT TISSUE AND BONE	62.49	60.09	90	1	AS
26590	REPAIR MACRODACTYLIA, EACH DIGIT	88.12	84.74	90	1	AS
26596	EXCISION OF CONSTRICTING RING OF FINGER, WITH MULTIPLE Z-PLASTIES	46.88	45.08	90	1	AS
26600	CLOSED TREATMENT OF METACARPAL FRACTURE, SINGLE; WITHOUT MANIPULATION, EACH	108.13	103.98	90	1	
26605	CLOSED TREATMENT OF METACARPAL FRACTURE, SINGLE; WITH MANIPULATION, EACH BO	122.51	117.80	90	1	
26608	PERCUTANEOUS SKELETAL FIXATION OF METACARPAL FRACTURE, EACH BONE	188.51	181.26	90	1	
26686	OPEN TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB (BENNETT FR	40.19	38.65	90	1	AS
26720	CLOSED TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX,	73.82	70.99	0	1	
26740	CLOSED TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL OR IN	86.73	83.40	90	1	
26750	CLOSED TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB; WITHOUT MA	68.77	66.13	90	1	
26820	FUSION IN OPPOSITION, THUMB, WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAF	48.60	46.74	90	1	AS
26842	ARTHRODESIS, CARPOMETACARPAL JOINT, THUMB, WITH OR WITHOUT INTERNAL FIXATIO	48.90	47.02	90	1	AS
26843	ARTHRODESIS, CARPOMETACARPAL JOINT, DIGIT, OTHER THAN THUMB, EACH;	45.44	43.70	90	1	AS
26844	ARTHRODESIS, CARPOMETACARPAL JOINT, DIGITS, OTHER THAN THUMB; WITH AUTOGRAF	50.57	48.63	90	1	AS
26852	ARTHRODESIS, METACARPOPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION;	49.52	47.62	90	1	AS
26862	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; WITH	44.98	43.25	90	1	AS
26863	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; WITH	15.75	15.15	90	5	AS
27001	TENOTOMY, ADDUCTOR OF HIP, OPEN	35.33	33.98	90	1	B AS
27003	TENOTOMY, ADDUCTOR, SUBCUTANEOUS, OPEN, WITH OBTURATOR NEURECTOMY	38.02	36.56	90	1	B AS
27005	TENOTOMY, HIP FLEXOR(S), OPEN (SEPARATE PROCEDURE)	47.51	45.69	90	1	B AS
27006	TENOTOMY, ABDUCTORS AND/OR EXTENSOR(S) OF HIP, OPEN (SEPARATE PROCEDURE)	48.22	46.37	90	1	B AS
27030	ARTHROTOMY, HIP, WITH DRAINAGE (EG, INFECTION)	62.33	59.94	90	1	B AS
27033	ARTHROTOMY, HIP, INCLUDING EXPLORATION OR REMOVAL OF LOOSE OR FOREIGN BODY	64.60	62.12	90	1	B AS
27035	DENERVATION, HIP JOINT, INTRAPELVIC OR EXTRAPELVIC INTRA-ARTICULAR BRANCHES	72.96	70.16	90	1	B AS
27036	CAPSULECTOMY OR CAPSULOTOMY, HIP, WITH OR WITHOUT EXCISION OF HETEROTOPIC B	66.31	63.76	90	1	B AS
27048	EXCISION, TUMOR, PELVIS AND HIP AREA; DEEP, SUBFASCIAL, INTRAMUSCULAR	31.28	30.08	90	1	B AS

27049	RADICAL RESECTION OF TUMOR, SOFT TISSUE OF PELVIS AND HIP AREA (EG, MALIGNA	66.48	63.93	90	1	B AS
27052	ARTHROTOMY, FOR BIOPSY; HIP JOINT	36.58	35.18	90	1	B AS
27054	ARTHROTOMY WITH SYNOVECTOMY, HIP JOINT	44.56	42.85	90	1	B AS
27065	EXCISION OF BONE CYST OR BENIGN TUMOR; SUPERFICIAL (WING OF ILIUM, SYMPHYSI	32.51	31.26	90	1	B AS
27066	EXCISION OF BONE CYST OR BENIGN TUMOR; DEEP, WITH OR WITHOUT AUTOGRAFT	53.05	51.01	90	1	B AS
27067	EXCISION OF BONE CYST OR BENIGN TUMOR; WITH AUTOGRAFT REQUIRING SEPARATE IN	66.04	63.50	90	1	B AS
27070	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION) (EG, OSTEOMYELITIS OR BONE	55.46	53.33	90	1	B AS
27071	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION) (EG, OSTEOMYELITIS OR BONE	59.22	56.95	90	1	B AS
27075	RADICAL RESECTION OF TUMOR OR INFECTION; WING OF ILIUM, ONE PUBIC OR ISCHIA	153.09	147.21	90	1	AS
27076	RADICAL RESECTION FOR TUMOR OR INFECTION; ILIUM, INCLUDING ACETABULUM, BOTH	106.61	102.51	90	1	AS
27077	RADICAL RESECTION FOR TUMOR OR INFECTION; INNOMINATE BONE, TOTAL	179.36	172.47	90	1	AS
27078	RADICAL RESECTION FOR TUMOR OR INFECTION; ISCHIAL TUBEROSITY AND GREATER TR	66.88	64.31	90	1	AS
27079	RADICAL RESECTION FOR TUMOR OR INFECTION; ISCHIAL TUBEROSITY AND GREATER TR	65.00	62.50	90	1	AS
27080	COCCYGECTOMY, PRIMARY	32.19	30.96	90	1	AS
27087	REMOVAL OF FOREIGN BODY, PELVIS OR HIP; DEEP (SUBFASCIAL OR INTRAMUSCULAR)	41.11	39.53	90	1	B AS
27090	REMOVAL OF HIP PROSTHESIS; (SEPARATE PROCEDURE)	54.70	52.60	90	1	B AS
27091	REMOVAL OF HIP PROSTHESIS; COMPLICATED, INCLUDING TOTAL HIP PROSTHESIS, MET	106.92	102.81	90	1	B AS
27097	RELEASE OR RECESSION, HAMSTRING, PROXIMAL	44.61	42.90	90	1	B AS
27098	TRANSFER, ADDUCTOR TO ISCHIUM	39.36	37.85	90	1	B AS
27100	TRANSFER EXTERNAL OBLIQUE MUSCLE TO GREATER TROCHANTER INCLUDING FASCIAL OR	53.49	51.44	90	1	B AS
27105	TRANSFER PARASPINAL MUSCLE TO HIP (INCLUDES FASCIAL OR TENDON EXTENSION GRA	54.86	52.75	90	1	B AS
27110	TRANSFER ILIOPSOAS; TO GREATER TROCHANTER OF FEMUR	62.98	60.56	90	1	B AS
27111	TRANSFER ILIOPSOAS; TO FEMORAL NECK	58.74	56.49	90	1	B AS
27120	ACETABULOPLASTY; (EG, WHITMAN, COLONNA, HAYGROVES, OR CUP TYPE)	86.27	82.96	90	1	B AS
27122	ACETABULOPLASTY; RESECTION, FEMORAL HEAD (EG, GIRDLESTONE PROCEDURE)	73.20	70.39	90	1	B AS
27125	HEMIARTHROPLASTY, HIP, PARTIAL (EG, FEMORAL STEM PROSTHESIS, BIPOLAR ARTHRO	74.77	71.90	90	1	B AS
27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL	96.41	92.71	90	1	B AS
27132	CONVERSION OF PREVIOUS HIP SURGERY TO TOTAL HIP ARTHROPLASTY, WITH OR WITHO	112.30	107.99	90	1	B AS
27134	REVISION OF TOTAL HIP ARTHROPLASTY; BOTH COMPONENTS, WITH OR WITHOUT AUTOGR	130.07	125.07	90	1	B AS
27137	REVISION OF TOTAL HIP ARTHROPLASTY; ACETABULAR COMPONENT ONLY, WITH OR WITH	99.21	95.40	90	1	B AS
27138	REVISION OF TOTAL HIP ARTHROPLASTY; FEMORAL COMPONENT ONLY, WITH OR WITHOUT	103.29	99.32	90	1	B AS
27140	OSTEOTOMY AND TRANSFER OF GREATER TROCHANTER OF FEMUR (SEPARATE PROCEDURE)	59.22	56.95	90	1	B AS
27146	OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE;	84.62	81.37	90	1	B AS
27147	OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE; WITH OPEN REDUCTION OF HIP	97.92	94.16	90	1	B AS
27151	OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE; WITH FEMORAL OSTEOTOMY	106.45	102.36	90	1	B AS
27156	OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE; WITH FEMORAL OSTEOTOMY AND	114.92	110.50	90	1	B AS
27158	OSTEOTOMY, PELVIS, BILATERAL (EG, CONGENITAL MALFORMATION)	92.98	89.41	90	1	AS
27161	OSTEOTOMY, FEMORAL NECK (SEPARATE PROCEDURE)	81.15	78.03	90	1	B AS
27165	OSTEOTOMY, INTERTROCHANTERIC OR SUBTROCHANTERIC INCLUDING INTERNAL OR EXTER	90.82	87.33	90	1	B AS
27170	BONE GRAFT, FEMORAL HEAD, NECK, INTERTROCHANTERIC OR SUBTROCHANTERIC AREA (	78.50	75.49	90	1	B AS
27176	TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; BY SINGLE OR MULTIPLE PINNING, IN S	60.61	58.28	90	1	B AS

27177	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; SINGLE OR MULTIPLE PINNING OR	73.70	70.87	90	1		B AS
27178	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; CLOSED MANIPULATION WITH SINGL	59.71	57.42	90	1		B AS
27179	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; OSTEOPLASTY OF FEMORAL NECK (H	64.44	61.97	90	1		B AS
27181	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; OSTEOTOMY AND INTERNAL FIXATIO	71.32	68.58	90	1		B AS
27187	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOU	65.75	63.23	90	1		B AS
27193	CLOSED TREATMENT OF PELVIC RING FRACTURE, DISLOCATION, DIASTASIS OR SUBLUXA	188.99	181.73	90	1		B
27202	OPEN TREATMENT OF COCCYGEAL FRACTURE	50.84	48.89	90	1		AS
27215	OPEN TREATMENT OF ILIAC SPINE(S), TUBEROSITY AVULSION, OR ILIAC WING FRACTU	49.60	47.70	90	1		AS
27216	PERCUTANEOUS SKELETAL FIXATION OF POSTERIOR PELVIC RING FRACTURE AND/OR DIS	71.89	69.13	90	1		AS
27217	OPEN TREATMENT OF ANTERIOR RING FRACTURE AND/OR DISLOCATION WITH INTERNAL F	67.16	64.58	90	1		AS
27218	OPEN TREATMENT OF POSTERIOR RING FRACTURE AND/OR DISLOCATION WITH INTERNAL	93.43	89.84	90	1		AS
27226	OPEN TREATMENT OF POSTERIOR OR ANTERIOR ACETABULAR WALL FRACTURE, WITH INTE	70.23	67.53	90	1		B AS
27227	OPEN TREATMENT OF ACETABULAR FRACTURE(S) INVOLVING ANTERIOR OR POSTERIOR (O	111.46	107.18	90	1		B AS
27228	OPEN TREATMENT OF ACETABULAR FRACTURE(S) INVOLVING ANTERIOR AND POSTERIOR (	127.15	122.26	90	1		B AS
27236	OPEN TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, NECK, INTERNAL FIXATION O	79.16	76.12	90	1		B AS
27244	TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC, OR SUBTROCHANTERIC FEMORAL	77.05	74.09	90	1		B AS
27245	OPEN TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC OR SUBTROCHANTERIC FEM	93.98	90.37	90	1		B AS
27248	OPEN TREATMENT OF GREATER TROCHANTERIC FRACTURE, INCLUDES INTERNAL FIXATION	49.24	47.35	90	1		B AS
27253	OPEN TREATMENT OF HIP DISLOCATION, TRAUMATIC, WITHOUT INTERNAL FIXATION	62.41	60.01	90	1		B AS
27254	OPEN TREATMENT OF HIP DISLOCATION, TRAUMATIC, WITH ACETABULAR WALL AND FEMO	84.98	81.72	90	1		B AS
27258	OPEN TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INCLUDING CON	73.62	70.79	90	1		B AS
27259	OPEN TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INCLUDING CON	103.39	99.42	90	1		B AS
27267	CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, HEAD; WITHOUT MANIPULAT	27.88	26.81	90	1		B AS
27268	CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, HEAD; WITH MANIPULATION	34.44	33.12	90	1		B AS
27269	OPEN TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, HEAD, INCLUDES INTERNAL F	82.51	79.34	90	1		B AS
27280	ARTHRODESIS, SACROILIAC JOINT (INCLUDING OBTAINING GRAFT)	67.71	65.11	90	1		B AS
27282	ARTHRODESIS, SYMPHYSIS PUBIS (INCLUDING OBTAINING GRAFT)	55.82	53.68	90	1		AS
27284	ARTHRODESIS, HIP JOINT (INCLUDING OBTAINING GRAFT);	106.76	102.66	90	1		B AS
27286	ARTHRODESIS, HIP JOINT (INCLUDES OBTAINING GRAFT); WITH SUBTROCHANTERIC OST	106.40	102.31	90	1		B AS
27290	INTERPELVIABDOMINAL AMPUTATION (HINDQUARTER AMPUTATION)	104.36	100.35	90	1		AS
27295	DISARTICULATION OF HIP	83.86	80.64	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	41.66	40.06	90	1		B AS
27305	FASCIOTOMY, ILIOTIBIAL (TENOTOMY), OPEN	30.78	29.60	90	1		B AS
27306	TENOTOMY, PERCUTANEOUS, ADDUCTOR OR HAMSTRING; SINGLE TENDON (SEPARATE PROC	25.06	24.10	90	1		B AS
27310	ARTHROTOMY, KNEE, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY (E	47.74	45.91	90	1		B AS
27325	NEURECTOMY, HAMSTRING MUSCLE	34.42	33.10	90	1		B AS
27326	NEURECTOMY, POPLITEAL (GASTROCNEMIUS)	32.77	31.51	90	1		B AS
27329	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF THIGH O	68.73	66.09	90	1		B AS
27331	ARTHROTOMY, KNEE; INCLUDING JOINT EXPLORATION, BIOPSY, OR REMOVAL OF LOOSE	30.71	29.53	90	1		B AS
27332	ARTHROTOMY, WITH EXCISION OF SEMILUNAR CARTILAGE (MENISCECTOMY) KNEE; MEDIA	41.52	39.93	90	1		B AS

27333	ARTHROTOMY, KNEE, FOR EXCISION OF SEMILUNAR CARTILAGE (MENISCECTOMY); MEDIA	37.58	36.14	90	1	B AS
27334	ARTHROTOMY, WITH SYNOVECTOMY KNEE; ANTERIOR OR POSTERIOR	44.46	42.75	90	1	B AS
27335	ARTHROTOMY, KNEE, FOR SYNOVECTOMY; ANTERIOR AND POSTERIOR INCLUDING POPLITE	50.18	48.25	90	1	B AS
27345	EXCISION OF SYNOVIAL CYST OF POPLITEAL SPACE (EG, BAKER'S CYST)	31.02	29.83	90	1	B AS
27347	EXCISION OF LESION OF MENISCUS OR CAPSULE (EG, CYST, GANGLION), KNEE	33.51	32.23	90	1	B AS
27350	PATELLECTOMY OR HEMIPATELLECTOMY	42.33	40.71	90	1	B AS
27355	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR;	39.26	37.75	90	1	B AS
27356	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH ALLOGRAFT	48.24	46.39	90	1	B AS
27357	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH AUTOGRAFT	53.47	51.42	90	1	B AS
27358	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH INTERNAL	19.24	18.50	90	1	B AS
27360	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE, FEM	55.48	53.35	90	1	B AS
27365	RADICAL RESECTION OF TUMOR, BONE, FEMUR OR KNEE	81.41	78.28	90	1	B AS
27380	SUTURE OF INFRAPATELLAR TENDON; PRIMARY	38.26	36.79	90	1	B AS
27381	SUTURE OF INFRAPATELLAR TENDON; SECONDARY RECONSTRUCTION, INCLUDING FASCIAL	52.27	50.26	90	1	B AS
27385	SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; PRIMARY	40.95	39.38	90	1	B AS
27386	SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; SECONDARY RECONSTRUCTION,	54.30	52.22	90	1	B AS
27390	TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; SINGLE TENDON	28.30	27.22	90	1	AS
27392	TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; MULTIPLE TENDONS, BILATERAL	46.39	44.61	90	1	AS
27393	LENGTHENING OF HAMSTRING TENDON; SINGLE TENDON	32.82	31.56	90	1	AS
27394	LENGTHENING OF HAMSTRING TENDON; MULTIPLE TENDONS, ONE LEG	42.59	40.96	90	1	AS
27395	LENGTHENING OF HAMSTRING TENDON; MULTIPLE TENDONS, BILATERAL	57.70	55.49	90	1	AS
27396	TRANSPLANT, HAMSTRING TENDON TO PATELLA; SINGLE TENDON	39.74	38.22	90	1	AS
27397	TRANSPLANT, HAMSTRING TENDON TO PATELLA; MULTIPLE TENDONS	59.17	56.90	90	1	AS
27400	TRANSFER, TENDON OR MUSCLE, HAMSTRINGS TO FEMUR (EG, EGGER'S TYPE PROCEDURE	44.51	42.80	90	1	B AS
27403	ARTHROTOMY WITH MENISCUS REPAIR, KNEE	41.76	40.16	90	1	B AS
27405	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; COLLATERAL	44.06	42.37	90	1	B AS
27407	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; CRUCIATE	50.52	48.58	90	1	B AS
27409	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; COLLATERAL AND CRUCIAT	62.93	60.51	90	1	B AS
27412	AUTOLOGOUS CHONDROCYTE IMPLANTATION, KNEE	111.20	106.93	0	1	B AS
27415	OSTEOCHONDRAL ALLOGRAFT, KNEE, OPEN	93.93	90.32	0	1	B AS
27418	ANTERIOR TIBIAL TUBERCLEPLASTY (EG, MAQUET TYPE PROCEDURE)	54.67	52.57	90	1	B AS
27420	RECONSTRUCTION OF DISLOCATING PATELLA; (EG, HAUSER TYPE PROCEDURE)	49.05	47.17	90	1	B AS
27422	RECONSTRUCTION OF DISLOCATING PATELLA; WITH EXTENSOR REALIGNMENT AND/OR MUS	48.81	46.94	90	1	B AS
27424	RECONSTRUCTION FOR RECURRENT DISLOCATING PATELLA; WITH PATELLECTOMY	48.95	47.07	90	1	B AS
27427	LIGAMENOUS RECONSTRUCTION (AUGMENTATION), KNEE; EXTRA-ARTICULAR	47.04	45.24	90	1	B AS
27428	LIGAMENOUS RECONSTRUCTION (AUGMENTATION), KNEE; INTRA-ARTICULAR (OPEN)	72.68	69.89	90	1	B AS
27429	LIGAMENOUS RECONSTRUCTION (AUGMENTATION), KNEE; INTRA-ARTICULAR (OPEN) AND	81.56	78.43	90	1	B AS
27430	QUADRICEPSPLASTY (EG, BENNETT OR THOMPSON TYPE)	48.55	46.69	90	1	B AS
27435	CAPSULOTOMY, POSTERIOR CAPSULAR RELEASE, KNEE	52.19	50.19	90	1	B AS
27438	ARTHROPLASTY, PATELLA; WITH PROSTHESIS	55.48	53.35	90	1	B AS
27440	ARTHROPLASTY, KNEE, TIBIAL PLATEAU;	51.71	49.73	90	1	B AS

27441	ARTHROPLASTY, KNEE, TIBIAL PLATEAU; WITH DEBRIDEMENT AND PARTIAL SYNOVECTOM	54.01	51.94	90	1	B AS
27442	ARTHROPLASTY, FEMORAL CONDYLES OR TIBIAL PLATEAU(S), KNEE;	57.47	55.26	90	1	B AS
27443	ARTHROPLASTY, KNEE, FEMORAL CONDYLES OR TIBIAL PLATEAUS; WITH DEBRIDEMENT A	53.70	51.64	90	1	B AS
27445	ARTHROPLASTY, KNEE, HINGE PROSTHESIS (EG, WALLDIUS TYPE)	83.70	80.49	90	1	B AS
27446	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL OR LATERAL COMPARTMENT	74.12	71.27	90	1	B AS
27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WI	103.02	99.06	90	1	B AS
27448	OSTEOTOMY, FEMUR, SHAFT OR SUPRACONDYLAR; WITHOUT FIXATION	54.23	52.15	90	1	B AS
27450	OSTEOTOMY, FEMUR, SHAFT OR SUPRACONDYLAR; WITH FIXATION	67.27	64.69	90	1	B AS
27454	OSTEOTOMY, MULTIPLE, WITH REALIGNMENT ON INTRAMEDULLARY ROD, FEMORAL SHAFT	85.80	82.50	90	1	B AS
27455	OSTEOTOMY, PROXIMAL TIBIA, INCLUDING FIBULAR EXCISION OR OSTEOOTOMY (INCLUDE	62.20	59.81	90	1	B AS
27457	OSTEOTOMY, PROXIMAL TIBIA, INCLUDING FIBULAR EXCISION OR OSTEOOTOMY (INCLUDE	64.03	61.57	90	1	B AS
27465	OSTEOPLASTY, FEMUR; SHORTENING (EXCLUDING 64876)	81.56	78.43	90	1	B AS
27466	OSTEOPLASTY, FEMUR; LENGTHENING	78.33	75.32	90	1	B AS
27468	OSTEOPLASTY, FEMUR; COMBINED, LENGTHENING AND SHORTENING WITH FEMORAL SEGME	89.64	86.20	90	1	B AS
27470	REPAIR, NONUNION OR MALUNION, FEMUR, DISTAL TO HEAD AND NECK; WITHOUT GRAFT	78.22	75.22	90	1	B AS
27472	REPAIR, NONUNION OR MALUNION, FEMUR, DISTAL TO HEAD AND NECK; WITH ILIAC OR	84.39	81.15	90	1	B AS
27479	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; COMBINED DISTAL FEMUR, PRO	64.50	62.02	90	1	B AS
27486	REVISION OF TOTAL KNEE ARTHROPLASTY, WITH OR WITHOUT ALLOGRAFT; ONE COMPONE	93.88	90.27	90	1	B AS
27487	REVISION OF TOTAL KNEE ARTHROPLASTY, WITH OR WITHOUT ALLOGRAFT; FEMORAL AND	118.37	113.82	90	1	B AS
27488	REMOVAL OF PROSTHESIS, INCLUDING TOTAL KNEE PROSTHESIS, METHYLMETHACRYLATE	79.45	76.40	90	1	B AS
27495	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOU	75.06	72.18	90	1	B AS
27498	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, MULTIPLE COMPARTMENTS;	39.12	37.62	90	1	B AS
27499	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, MULTIPLE COMPARTMENTS; WITH DE	43.80	42.12	90	1	B AS
27500	CLOSED TREATMENT OF FEMORAL SHAFT FRACTURE, WITHOUT MANIPULATION	205.64	197.74	90	1	B
27506	OPEN TREATMENT OF FEMORAL SHAFT FRACTURE, WITH OR WITHOUT EXTERNAL FIXATION	88.42	85.02	90	1	B AS
27507	OPEN TREATMENT OF FEMORAL SHAFT FRACTURE WITH PLATE/SCREWS, WITH OR WITHOUT	65.20	62.70	90	1	B AS
27508	CLOSED TREATMENT OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL CONDYLE	208.10	200.10	90	1	B
27511	OPEN TREATMENT OF FEMORAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE WITHOUT I	66.53	63.98	90	1	B AS
27513	OPEN TREATMENT OF FEMORAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE WITH INTE	83.60	80.39	90	1	B AS
27514	OPEN TREATMENT OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL CONDYLE,	89.18	85.75	90	1	B AS
27516	CLOSED TREATMENT OF DISTAL FEMORAL EPIPHYSEAL SEPARATION; WITHOUT MANIPULAT	195.69	188.17	90	1	B
27519	OPEN TREATMENT OF DISTAL FEMORAL EPIPHYSEAL SEPARATION, INCLUDES INTERNAL F	73.93	71.09	90	1	B AS
27520	CLOSED TREATMENT OF PATELLAR FRACTURE, WITHOUT MANIPULATION	122.51	117.80	90	1	B
27524	OPEN TREATMENT OF PATELLAR FRACTURE, WITH INTERNAL FIXATION AND/OR PARTIAL	49.50	47.60	90	1	B AS
27530	CLOSED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); WITHOUT MANIPULATI	154.20	148.27	90	1	B
27535	OPEN TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); UNICONDYLAR, INCLUDE	59.40	57.12	90	1	B AS
27536	OPEN TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); BICONDYLAR, WITH OR	78.74	75.72	90	1	B AS
27540	OPEN TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(S) OF T	62.17	59.78	90	1	B AS
27556	OPEN TREATMENT OF KNEE DISLOCATION, INCLUDES INTERNAL FIXATION, WHEN PERFOR	70.08	67.39	90	1	B AS
27557	OPEN TREATMENT OF KNEE DISLOCATION, INCLUDES INTERNAL FIXATION, WHEN PERFOR	80.83	77.73	90	1	B AS
27558	OPEN TREATMENT OF KNEE DISLOCATION, INCLUDES INTERNAL FIXATION, WHEN PERFOR	80.04	76.97	90	1	B AS

27566	OPEN TREATMENT OF PATELLAR DISLOCATION, WITH OR WITHOUT PARTIAL OR TOTAL PA	59.09	56.82	90	1		B AS
27580	ARTHRODESIS, KNEE, ANY TECHNIQUE	95.31	91.65	90	1		B AS
27590	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL;	55.20	53.08	90	1		B AS
27591	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; IMMEDIATE FITTING TECHNIQUE IN	60.63	58.30	90	1		B AS
27592	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; OPEN, CIRCULAR (GUILLotine)	46.41	44.63	90	1		B AS
27598	DISARTICULATION AT KNEE	49.47	47.57	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	34.23	32.92	90	1		B AS
27612	ARTHROTOMY, POSTERIOR CAPSULAR RELEASE, ANKLE, WITH OR WITHOUT ACHILLES TEN	37.42	35.99	90	1		B AS
27620	ARTHROTOMY, ANKLE, WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR	30.26	29.10	90	1		B AS
27625	ARTHROTOMY, ANKLE, WITH SYNOVECTOMY;	39.59	38.07	90	1		B AS
27626	ARTHROTOMY, ANKLE, FOR SYNOVECTOMY; INCLUDING TENOSYNOVECTOMY	42.44	40.81	90	1		B AS
27637	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA; WITH A	48.98	47.10	90	1		B AS
27638	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA; WITH A	51.66	49.68	90	1		B AS
27645	RADICAL RESECTION OF TUMOR, BONE; TIBIA	67.79	65.19	90	1		B AS
27646	RESECTION FOR TUMOR, RADICAL; FIBULA	59.87	57.57	90	1		B AS
27647	RADICAL RESECTION OF TUMOR, BONE; TALUS OR CALCANEUS	55.27	53.15	90	1		B AS
27650	REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED ACHILLES TENDON;	46.23	44.46	90	1		B AS
27654	REPAIR, SECONDARY, ACHILLES TENDON, WITH OR WITHOUT GRAFT	46.75	44.96	90	1		B AS
27656	REPAIR, FASCIAL DEFECT OF LEG	34.68	33.35	90	1		B AS
27658	REPAIR, FLEXOR TENDON, LEG; PRIMARY, WITHOUT GRAFT, EACH TENDON	25.37	24.40	90	1		AS
27659	REPAIR, FLEXOR TENDON, LEG; SECONDARY, WITH OR WITHOUT GRAFT, EACH TENDON	33.35	32.07	90	1		AS
27665	REPAIR, EXTENSOR TENDON, LEG; SECONDARY, WITH OR WITHOUT GRAFT, EACH TENDON	27.91	26.84	90	1		AS
27675	REPAIR, DISLOCATING PERONEAL TENDONS; WITHOUT FIBULAR OSTEOTOMY	34.02	32.72	90	1		B AS
27676	REPAIR FOR DISLOCATING PERONEAL TENDONS; WITH FIBULAR OSTEOTOMY	41.05	39.48	90	1		B AS
27685	LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE; SINGLE TENDON (SEPARATE	42.65	41.01	90	1		B AS
27687	GASTROCNEMIUS RECESSIO (EG, STRAYER PROCEDURE)	30.76	29.58	90	1		B AS
27690	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTI	40.92	39.35	90	1		B AS
27691	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTI	48.55	46.69	90	1		B AS
27692	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTI	7.58	7.29	90	5		B AS
27698	REPAIR, SECONDARY DISRUPTED LIGAMENT, ANKLE, COLLATERAL (EG, WATSON-JONES P	43.99	42.30	90	1		B AS
27700	ARTHROPLASTY, ANKLE;	41.94	40.33	90	1		B AS
27702	ARTHROPLASTY, ANKLE; WITH IMPLANT ("TOTAL ANKLE")	66.15	63.61	90	1		B AS
27703	ARTHROPLASTY, ANKLE; REVISION, TOTAL ANKLE	76.67	73.73	90	1		B AS
27705	OSTEOTOMY; TIBIA	50.99	49.03	90	1		B AS
27709	OSTEOTOMY; TIBIA AND FIBULA	75.84	72.93	90	1		B AS
27712	OSTEOTOMY; MULTIPLE, WITH REALIGNMENT ON INTRAMEDULLARY ROD (EG, SOFIELD TY	72.13	69.36	90	1		B AS
27715	OSTEOPLASTY, TIBIA AND FIBULA, LENGTHENING OR SHORTENING	70.30	67.60	90	1		B AS
27720	REPAIR OF NONUNION OR MALUNION, TIBIA; WITHOUT GRAFT, (EG, COMPRESSION TECH	58.02	55.79	90	1		B AS
27722	REPAIR OF NONUNION OR MALUNION, TIBIA; WITH SLIDING GRAFT	58.17	55.94	90	1		B AS
27724	REPAIR OF NONUNION OR MALUNION, TIBIA; WITH ILIAC OR OTHER AUTOGRAFT (INCLU	85.31	82.03	90	1		B AS

27725	REPAIR OF NONUNION OR MALUNION, TIBIA; BY SYNOSTOSIS, WITH FIBULA, ANY METH	79.61	76.55	90	1	B AS
27727	REPAIR OF CONGENITAL PSEUDARTHROSIS, TIBIA	68.47	65.84	90	1	B AS
27740	ARREST, EPIPHYSEAL (EPIPHYSIODESIS), ANY METHOD, COMBINED, PROXIMAL AND DIS	46.31	44.53	90	1	B AS
27742	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING, COMBINED, PROXIMAL AND DIS	44.13	42.44	90	1	B AS
27745	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOU	49.99	48.07	90	1	B AS
27750	CLOSED TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE	132.80	127.70	90	1	B
27756	PERCUTANEOUS SKELETAL FIXATION OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FI	37.27	35.84	90	1	B AS
27758	OPEN TREATMENT OF TIBIAL SHAFT FRACTURE, (WITH OR WITHOUT FIBULAR FRACTURE)	58.72	56.47	90	1	B AS
27759	TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE) BY IN	66.31	63.76	90	1	B AS
27760	CLOSED TREATMENT OF MEDIAL MALLEOLUS FRACTURE; WITHOUT MANIPULATION	128.23	123.30	90	1	B
27767	CLOSED TREATMENT OF POSTERIOR MALLEOLUS FRACTURE; WITHOUT MANIPULATION	16.77	16.13	90	1	B AS
27769	OPEN TREATMENT OF POSTERIOR MALLEOLUS FRACTURE, INCLUDES INTERNAL FIXATION,	45.81	44.05	90	1	B AS
27780	CLOSED TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE; WITHOUT MANIPULATION	114.33	109.94	90	1	B
27786	CLOSED TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS); WITHOUT MA	121.20	116.54	90	1	B
27808	CLOSED TREATMENT OF BIMALLEOLAR ANKLE FRACTURE (EG, LATERAL AND MEDIAL MALL	126.92	122.04	90	1	B
27814	OPEN TREATMENT OF BIMALLEOLAR ANKLE FRACTURE (EG, LATERAL AND MEDIAL MALLEO	51.12	49.16	90	1	B AS
27816	CLOSED TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE; WITHOUT MANIPULATION	120.54	115.91	90	1	B
27822	OPEN TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE, INCLUDES INTERNAL FIXATION,	55.30	53.18	90	1	B AS
27823	OPEN TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE, INCLUDES INTERNAL FIXATION,	63.20	60.77	90	1	B AS
27826	OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/PORTION OF D	53.84	51.77	90	1	B AS
27827	OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/PORTION OF D	71.06	68.33	90	1	B AS
27828	OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/PORTION OF D	85.20	81.93	90	1	B AS
27829	OPEN TREATMENT OF DISTAL TIBIOFIBULAR JOINT (SYNDESMOSIS) DISRUPTION, INCLU	43.28	41.62	90	1	B AS
27832	OPEN TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION, INCLUDES INTERNA	46.70	44.91	90	1	B AS
27846	OPEN TREATMENT OF ANKLE DISLOCATION, WITH OR WITHOUT PERCUTANEOUS SKELETAL	48.71	46.84	90	1	B AS
27848	OPEN TREATMENT OF ANKLE DISLOCATION, WITH OR WITHOUT PERCUTANEOUS SKELETAL	54.44	52.35	90	1	B AS
27870	ARTHRODESIS, ANKLE, OPEN	69.68	67.00	90	1	B AS
27871	ARTHRODESIS, TIBIOFIBULAR JOINT, PROXIMAL OR DISTAL	45.86	44.10	90	1	B AS
27880	AMPUTATION LEG, THROUGH TIBIA AND FIBULA;	61.80	59.43	90	1	B AS
27881	AMPUTATION LEG, THROUGH TIBIA AND FIBULA; WITH IMMEDIATE FITTING TECHNIQUE	59.30	57.02	90	1	B AS
27888	AMPUTATION, ANKLE, THROUGH MALLEOLI OF TIBIA AND FIBULA (EG, SYME, PIROGOFF	46.39	44.61	90	1	B AS
27894	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL, AND POSTERIOR COMPA	55.95	53.80	90	1	B AS
28055	NEURECTOMY, INTRINSIC MUSCULATURE OF FOOT	27.13	26.09	0	1	B AS
28086	SYNOVECTOMY, TENDON SHEATH, FOOT; FLEXOR	35.18	33.83	90	1	B AS
28100	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS;	38.26	36.79	90	1	B AS
28102	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS; WIT	36.01	34.63	90	1	B AS
28103	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS; WIT	30.05	28.90	90	1	B AS
28104	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL, E	34.23	32.92	90	1	AS
28106	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL BO	32.48	31.24	90	1	AS
28107	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL BO	36.74	35.33	90	1	AS
28114	OSTECTOMY, COMPLETE EXCISION; ALL METATARSAL HEADS, WITH PARTIAL PROXIMAL P	69.07	66.42	90	1	B AS

28118	OSTECTOMY, CALCANEUS;	38.65	37.17	90	1	B AS
28122	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR DIAPHYSE	44.46	42.75	90	1	B AS
28130	TALECTOMY (ASTRAGALECTOMY)	43.70	42.02	90	1	B AS
28171	RADICAL RESECTION OF TUMOR, BONE; TARSAL (EXCEPT TALUS OR CALCANEUS)	42.96	41.31	90	1	AS
28190	REMOVAL OF FOREIGN BODY, FOOT; SUBCUTANEOUS	101.44	97.54	10	1	B
28202	REPAIR OR SUTURE OF TENDON, FOOT, FLEXOR, SINGLE; SECONDARY WITH FREE GRAFT	40.87	39.30	90	1	AS
28210	REPAIR OR SUTURE OF TENDON, FOOT, EXTENSOR, SINGLE; SECONDARY WITH FREE GRA	38.81	37.32	90	1	AS
28238	RECONSTRUCTION (ADVANCEMENT), POSTERIOR TIBIAL TENDON WITH EXCISION OF ACCE	45.21	43.48	90	1	B AS
28250	DIVISION OF PLANTAR FASCIA AND MUSCLE (EG, STEINDLER STRIPPING) (SEPARATE P	37.50	36.06	90	1	B AS
28260	CAPSULOTOMY, MIDFOOT; MEDIAL RELEASE ONLY (SEPARATE PROCEDURE)	46.18	44.41	90	1	B AS
28262	CAPSULOTOMY, MIDFOOT; EXTENSIVE, INCLUDING POSTERIOR TALOTIBIAL CAPSULOTOMY	91.86	88.33	90	1	B AS
28264	CAPSULOTOMY, MIDTARSAL (EG, HEYMAN TYPE PROCEDURE)	58.52	56.27	90	1	B AS
28289	HALLUX RIGIDUS CORRECTION WITH CHEILECTOMY, DEBRIDEMENT AND CAPSULAR RELEAS	48.50	46.64	90	1	B AS
28292	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; KELLER,	52.21	50.21	90	1	B AS
28293	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; RESECTIO	69.80	67.12	90	1	B AS
28294	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; WITH TE	50.12	48.20	90	1	B AS
28296	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; WITH MET	52.47	50.46	90	1	B AS
28297	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; LAPIDUS	55.15	53.03	90	1	B AS
28298	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; BY PHALA	47.98	46.14	90	1	B AS
28299	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; BY DOUB	60.92	58.58	90	1	B AS
28300	OSTEOTOMY; CALCANEUS (EG, DWYER OR CHAMBERS TYPE PROCEDURE), WITH OR WITHOU	44.92	43.20	90	1	B AS
28302	OSTEOTOMY; TALUS	45.08	43.35	90	1	B AS
28304	OSTEOTOMY, TARSAL BONES, OTHER THAN CALCANEUS OR TALUS;	52.58	50.56	90	1	B AS
28305	OSTEOTOMY, TARSAL BONES, OTHER THAN CALCANEUS OR TALUS; WITH AUTOGRAFT (INC	46.23	44.46	90	1	AS
28306	OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTION, M	39.64	38.12	90	1	B AS
28308	OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTION, M	36.53	35.13	90	1	AS
28320	REPAIR, NONUNION OR MALUNION; TARSAL BONES	42.78	41.14	90	1	AS
28322	REPAIR OF NONUNION OR MALUNION; METATARSAL, WITH OR WITHOUT BONE GRAFT (INC	50.78	48.83	90	1	AS
28360	RECONSTRUCTION, CLEFT FOOT	60.92	58.58	90	1	AS
28400	CLOSED TREATMENT OF CALCANEAL FRACTURE; WITHOUT MANIPULATION	97.03	93.30	90	1	B
28415	OPEN TREATMENT OF CALCANEAL FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERF	75.48	72.58	90	1	B AS
28420	OPEN TREATMENT OF CALCANEAL FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERF	79.40	76.35	90	1	B AS
28430	CLOSED TREATMENT OF TALUS FRACTURE; WITHOUT MANIPULATION	90.98	87.49	90	1	B
28445	OPEN TREATMENT OF TALUS FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORME	72.15	69.38	90	1	B AS
28470	CLOSED TREATMENT OF METATARSAL FRACTURE; WITHOUT MANIPULATION, EACH	83.13	79.94	90	1	B
28490	CLOSED TREATMENT OF FRACTURE GREAT TOE, PHALANX OR PHALANGES; WITHOUT MANIP	54.72	52.62	90	1	B
28510	CLOSED TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE; W	48.19	46.34	90	1	B
28555	OPEN TREATMENT OF TARSAL BONE DISLOCATION, INCLUDES INTERNAL FIXATION, WHEN	55.77	53.63	90	1	AS
28585	OPEN TREATMENT OF TALOTARSAL JOINT DISLOCATION, INCLUDES INTERNAL FIXATION,	62.04	59.66	90	1	AS
28615	OPEN TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION, INCLUDES INTERNAL FIXA	52.01	50.01	90	1	B AS
28705	ARTHRODESIS; PANTALAR	88.52	85.12	90	1	AS

28715	ARTHRODESIS; TRIPLE	65.49	62.98	90	1	AS
28725	ARTHRODESIS; SUBTALAR	53.99	51.92	90	1	AS
28730	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR TRANSVERSE;	56.65	54.48	90	1	AS
28735	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR TRANSVERSE; WITH OST	54.06	51.99	90	1	AS
28737	ARTHRODESIS, WITH TENDON LENGTHENING AND ADVANCEMENT, MIDTARSAL, TARSAL NAV	48.00	46.16	90	1	AS
28740	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, SINGLE JOINT	55.35	53.23	90	1	AS
28760	ARTHRODESIS, WITH EXTENSOR HALLUCIS LONGUS TRANSFER TO FIRST METATARSAL NEC	51.90	49.91	90	1	B AS
28800	AMPUTATION, FOOT; MIDTARSAL (EG, CHOPART TYPE PROCEDURE)	38.70	37.22	90	1	B AS
29065	APPLICATION; SHOULDER TO HAND (LONG ARM)	37.57	36.13	0	1	B
29075	APPLICATION; ELBOW TO FINGER (SHORT ARM)	34.96	33.62	0	1	B
29085	APPLICATION; HAND AND LOWER FOREARM (GAUNTLET)	37.08	35.66	0	1	B
29105	APPLICATION OF LONG ARM SPLINT (SHOULDER TO HAND)	33.97	32.67	0	1	B
29125	APPLICATION OF SHORT ARM SPLINT (FOREARM TO HAND); STATIC	26.62	25.60	0	1	B
29126	APPLICATION OF SHORT ARM SPLINT (FOREARM TO HAND); DYNAMIC	30.22	29.06	0	1	B
29130	APPLICATION OF FINGER SPLINT; STATIC	16.17	15.55	0	1	B
29131	APPLICATION OF FINGER SPLINT; DYNAMIC	19.11	18.38	0	1	B
29240	STRAPPING; SHOULDER (EG, VELPEAU)	23.69	22.78	0	1	
29260	STRAPPING; ELBOW OR WRIST	20.73	19.94	0	1	B
29345	APPLICATION OF LONG LEG CAST (THIGH TO TOES);	53.90	51.83	0	1	B
29365	APPLICATION OF CYLINDER CAST (THIGH TO ANKLE)	48.34	46.49	0	1	B
29405	APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES);	35.93	34.55	0	1	B
29425	APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES); WALKING OR AMBULATORY T	38.87	37.38	0	1	B
29530	STRAPPING; KNEE	20.90	20.10	0	1	
29540	STRAPPING; ANKLE AND/OR FOOT	18.29	17.59	0	1	B
29550	STRAPPING; TOES	17.80	17.12	0	1	
29580	STRAPPING; UNNA BOOT	21.72	20.89	0	1	B
29590	DENIS-BROWNE SPLINT STRAPPING	23.52	22.62	0	1	
29804	ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, SURGICAL	41.26	39.68	90	1	B AS
29820	ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, PARTIAL	35.33	33.98	90	1	B AS
29821	ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, COMPLETE	38.60	37.12	90	1	B AS
29822	ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, LIMITED	37.50	36.06	90	1	B AS
29823	ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, EXTENSIVE	41.02	39.45	90	1	B AS
29824	ARTHROSCOPY, SHOULDER, SURGICAL; DISTAL CLAVICULECTOMY INCLUDING DISTAL ART	43.85	42.17	90	1	B AS
29825	ARTHROSCOPY, SHOULDER, SURGICAL; WITH LYSIS AND RESECTION OF ADHESIONS, WIT	38.26	36.79	90	1	B AS
29826	ARTHROSCOPY, SHOULDER, SURGICAL; DECOMPRESSION OF SUBACROMIAL SPACE WITH PA	43.85	42.17	90	1	B AS
29827	ARTHROSCOPY, SHOULDER, SURGICAL; WITH ROTATOR CUFF REPAIR	71.68	68.93	90	1	B AS
29834	ARTHROSCOPY, ELBOW, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	32.07	30.84	90	1	B AS
29835	ARTHROSCOPY, ELBOW, SURGICAL; SYNOVECTOMY, PARTIAL	33.00	31.74	90	1	B AS
29836	ARTHROSCOPY, ELBOW, SURGICAL; SYNOVECTOMY, COMPLETE	37.55	36.11	90	1	B AS
29837	ARTHROSCOPY, ELBOW, SURGICAL; DEBRIDEMENT, LIMITED	34.44	33.12	90	1	B AS
29843	ARTHROSCOPY, WRIST, SURGICAL; FOR INFECTION, LAVAGE AND DRAINAGE	30.81	29.63	90	1	B AS

29844	ARTHROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, PARTIAL	32.25	31.01	90	1		B AS
29845	ARTHROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, COMPLETE	37.03	35.61	90	1		B AS
29847	ARTHROSCOPY, WRIST, SURGICAL; INTERNAL FIXATION FOR FRACTURE OR INSTABILITY	35.25	33.90	90	1		B AS
29851	ARTHROSCOPICALLY AIDED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY	61.80	59.43	90	1		B AS
29855	ARTHROSCOPICALLY AIDED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); UN	51.56	49.58	90	1		B AS
29856	ARTHROSCOPICALLY AIDED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); BI	65.91	63.38	90	1		B AS
29860	ARTHROSCOPY, HIP, DIAGNOSTIC WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROC	43.01	41.36	90	1		B AS
29861	ARTHROSCOPY, HIP, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	46.88	45.08	90	1		B AS
29862	ARTHROSCOPY, HIP, SURGICAL; WITH DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE	52.68	50.66	90	1		B AS
29863	ARTHROSCOPY, HIP, SURGICAL; WITH SYNOVECTOMY	51.95	49.96	90	1		B AS
29884	ARTHROSCOPY, KNEE, SURGICAL; WITH LYSIS OF ADHESIONS, WITH OR WITHOUT MANIP	40.14	38.60	90	1		B AS
29885	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR OSTEOCHONDritis DISSECANS WITH BO	48.71	46.84	90	1		B AS
29887	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR INTACT OSTEOCHONDritis DISSECANS	48.40	46.54	90	1		B AS
29888	ARTHROSCOPICALLY AIDED ANTERIOR CRUCIATE LIGAMENT REPAIR/AUGMENTATION OR RE	64.89	62.40	90	1		B AS
29889	ARTHROSCOPICALLY AIDED POSTERIOR CRUCIATE LIGAMENT REPAIR/AUGMENTATION OR R	79.87	76.80	90	1		B AS
29891	ARTHROSCOPY, ANKLE, SURGICAL; EXCISION OF OSTEOCHONDRAL DEFECT OF TALUS AND	45.76	44.00	90	1		B AS
29892	ARTHROSCOPICALLY AIDED REPAIR OF LARGE OSTEOCHONDritis DISSECANS LESION, TA	46.70	44.91	90	1		B AS
29893	ENDOSCOPIC PLANTAR FASCIOTOMY	40.64	39.08	90	1		B AS
29894	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; WITH REMO	34.32	33.00	90	1		B AS
29895	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; SYNOVECTO	33.11	31.84	90	1		B AS
29897	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; DEBRIDEME	34.54	33.22	90	1		B AS
29898	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; DEBRIDEME	38.93	37.44	90	1		B AS
29899	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; WITH ANKL	70.12	67.43	90	1		B AS
29904	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIG	40.87	39.30	90	1		B AS
29905	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH SYNOVECTOMY	44.01	42.32	90	1		B AS
29906	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH DEBRIDEMENT	46.36	44.58	90	1		B AS
29907	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH SUBTALAR ARTHRODESIS	56.89	54.71	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	50.05	48.13	90	1		AS
30125	EXCISION DERMOID CYST, NOSE; COMPLEX, UNDER BONE OR CARTILAGE	39.85	38.32	90	1		AS
30160	RHINECTOMY; TOTAL	51.33	49.36	90	1		AS
30300	REMOVAL FOREIGN BODY, INTRANASAL; OFFICE TYPE PROCEDURE	88.85	85.44	10	1		
30460	RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP AND/OR PA	49.02	47.14	90	1		AS
30462	RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP AND/OR PA	97.54	93.79	90	1		AS
30540	REPAIR CHOANAL ATRESIA; INTRANASAL	44.51	42.80	90	1		AS
30545	REPAIR CHOANAL ATRESIA; TRANSPALATINE	63.51	61.07	90	1		AS
30901	CONTROL NASAL HEMORRHAGE, ANTERIOR, SIMPLE (LIMITED CAUTERY AND/OR PACKING	42.30	40.68	0	1		B
31075	SINUSOTOMY FRONTAL; TRANSORBITAL, UNILATERAL (FOR MUCOCELE OR OSTEOMA, LINC	50.90	48.95	90	1		B AS
31080	SINUSOTOMY FRONTAL; OBLITERATIVE WITHOUT OSTEOPLASTIC FLAP, BROW INCISION (	63.77	61.32	90	1		B AS
31081	SINUSOTOMY FRONTAL; OBLITERATIVE, WITHOUT OSTEOPLASTIC FLAP, CORONAL INCISI	83.22	80.02	90	1		B AS
31084	SINUSOTOMY FRONTAL; OBLITERATIVE, WITH OSTEOPLASTIC FLAP, BROW INCISION	75.32	72.43	90	1		B AS

31085	SINUSOTOMY FRONTAL; OBLITERATIVE, WITH OSTEOPLASTIC FLAP, CORONAL INCISION	82.61	79.44	90	1	B AS
31086	SINUSOTOMY FRONTAL; NONOBLITERATIVE, WITH OSTEOPLASTIC FLAP, BROW INCISION	73.23	70.42	90	1	B AS
31087	SINUSOTOMY FRONTAL; NONOBLITERATIVE, WITH OSTEOPLASTIC FLAP, CORONAL INCISI	71.82	69.06	90	1	B AS
31205	ETHMOIDECTOMY; EXTRANASAL, TOTAL	53.99	51.92	90	1	B AS
31225	MAXILLECTOMY; WITHOUT ORBITAL EXENTERATION	120.03	115.42	90	1	B AS
31230	MAXILLECTOMY; WITH ORBITAL EXENTERATION (EN BLOC)	135.49	130.28	90	1	B AS
31231	NASAL ENDOSCOPY, DIAGNOSTIC, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	78.23	75.23	0	1	
31237	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH BIOPSY, POLYPECTOMY OR DEBRIDEMENT (S	133.29	128.17	0	1	B
31300	LARYNGOTOMY (THYROTOMY, LARYNGOFISSURE); WITH REMOVAL OF TUMOR OR LARYNGOCE	82.25	79.09	90	1	AS
31360	LARYNGECTOMY; TOTAL, WITHOUT RADICAL NECK DISSECTION	133.36	128.24	90	1	AS
31365	LARYNGECTOMY; TOTAL, WITH RADICAL NECK DISSECTION	165.82	159.45	90	1	AS
31367	LARYNGECTOMY; SUBTOTAL SUPRAGLOTTIC, WITHOUT RADICAL NECK DISSECTION	142.54	137.06	90	1	AS
31368	LARYNGECTOMY; SUBTOTAL SUPRAGLOTTIC, WITH RADICAL NECK DISSECTION	158.56	152.47	90	1	AS
31370	PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY); HORIZONTAL	133.66	128.52	90	1	AS
31375	PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY); LATEROVERTICAL	126.80	121.93	90	1	AS
31380	PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY); ANTEROVERTICAL	124.80	120.00	90	1	AS
31382	PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY); ANTERO-LATERO-VERTICAL	137.52	132.24	90	1	AS
31390	PHARYNGOLARYNGECTOMY, WITH RADICAL NECK DISSECTION; WITHOUT RECONSTRUCTION	183.99	176.92	90	1	AS
31395	PHARYNGOLARYNGECTOMY, WITH RADICAL NECK DISSECTION; WITH RECONSTRUCTION	194.65	187.17	90	1	AS
31400	ARYTENOIDECTOMY OR ARYTENOIDOPEXY, EXTERNAL APPROACH	64.84	62.35	90	1	AS
31420	EPIGLOTTIDECTOMY	54.20	52.12	90	1	AS
31500	INTUBATION, ENDOTRACHEAL, EMERGENCY PROCEDURE	47.69	45.86	0	1	
31502	TRACHEOTOMY TUBE CHANGE PRIOR TO ESTABLISHMENT OF FISTULA TRACT	14.87	14.30	0	1	
31575	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; DIAGNOSTIC	47.20	45.39	0	1	
31580	LARYNGOPLASTY; FOR LARYNGEAL WEB, TWO STAGE, WITH KEEL INSERTION AND REMOVA	76.55	73.61	90	1	AS
31584	LARYNGOPLASTY; WITH OPEN REDUCTION OF FRACTURE	97.61	93.86	90	1	AS
31587	LARYNGOPLASTY, CRICOID SPLIT	64.63	62.15	90	1	AS
31588	LARYNGOPLASTY, NOT OTHERWISE SPECIFIED (EG, FOR BURNS, RECONSTRUCTION AFTER	73.70	70.87	90	1	AS
31590	LARYNGEAL REINNERVATION BY NEUROMUSCULAR PEDICLE	55.58	53.45	90	1	AS
31595	SECTION RECURRENT LARYNGEAL NERVE, THERAPEUTIC (SEPARATE PROCEDURE), UNILAT	49.86	47.95	90	1	AS
31601	TRACHEOSTOMY, PLANNED (SEPARATE PROCEDURE); UNDER TWO YEARS	17.20	16.54	0	1	AS
31611	CONSTRUCTION OF TRACHEOESOPHAGEAL FISTULA AND SUBSEQUENT INSERTION OF AN AL	35.18	33.83	90	1	AS
31750	TRACHEOPLASTY; CERVICAL	88.07	84.69	90	1	AS
31755	TRACHEOPLASTY; TRACHEOPHARYNGEAL FISTULIZATION, EACH STAGE	111.02	106.75	90	1	AS
31760	TRACHEOPLASTY; INTRATHORACIC	94.32	90.70	90	1	AS
31766	CARINAL RECONSTRUCTION	124.95	120.15	90	1	AS
31770	BRONCHOPLASTY; GRAFT REPAIR	91.10	87.60	90	1	AS
31775	BRONCHOPLASTY; EXCISION STENOSIS AND ANASTOMOSIS	96.83	93.11	90	1	AS
31780	EXCISION TRACHEAL STENOSIS AND ANASTOMOSIS; CERVICAL	78.80	75.77	90	1	AS
31781	EXCISION TRACHEAL STENOSIS AND ANASTOMOSIS; CERVICOTHORACIC	95.88	92.20	90	1	AS
31785	EXCISION OF TRACHEAL TUMOR OR CARCINOMA; CERVICAL	72.03	69.26	90	1	AS

31786	EXCISION OF TRACHEAL TUMOR OR CARCINOMA; THORACIC	99.99	96.15	90	1		AS
31805	SUTURE OF EXTERNAL TRACHEAL WOUND OR INJURY; INTRATHORACIC	55.90	53.75	90	1		AS
32035	THORACOSTOMY; WITH RIB RESECTION FOR EMPYEMA	48.48	46.62	90	1		AS
32036	THORACOSTOMY; WITH OPEN FLAP DRAINAGE FOR EMPYEMA	52.11	50.11	90	1		AS
32095	THORACOTOMY LIMITED, FOR BIOPSY OF LUNG OR PLEURA	42.80	41.16	90	1		AS
32100	THORACOTOMY, MAJOR; WITH EXPLORATION AND BIOPSY	66.20	63.66	90	1		AS
32110	THORACOTOMY, MAJOR; WITH CONTROL OF TRAUMATIC HEMORRHAGE AND/OR REPAIR OF L	99.96	96.12	90	1		AS
32120	THORACOTOMY, MAJOR; FOR POSTOPERATIVE COMPLICATIONS	59.28	57.00	90	1		AS
32124	THORACOTOMY, MAJOR; WITH OPEN INTRAPLEURAL PNEUMONOLYSIS	63.22	60.79	90	1		AS
32140	THORACOTOMY, MAJOR; WITH CYST(S) REMOVAL, WITH OR WITHOUT A PLEURAL PROCEDU	67.71	65.11	90	1		AS
32141	THORACOTOMY, MAJOR; WITH EXCISION-PLICATION OF BULLAE, WITH OR WITHOUT ANY	102.71	98.76	90	1		AS
32150	THORACOTOMY, MAJOR; WITH REMOVAL OF INTRAPLEURAL FOREIGN BODY OR FIBRIN DEP	68.52	65.89	90	1		AS
32151	THORACOTOMY, MAJOR; WITH REMOVAL OF INTRAPULMONARY FOREIGN BODY	69.99	67.30	90	1		AS
32160	THORACOTOMY, MAJOR; WITH CARDIAC MASSAGE	52.71	50.69	90	1		AS
32200	PNEUMONOSTOMY, WITH OPEN DRAINAGE OF ABSCESS OR CYST	76.81	73.86	90	1		AS
32201	PNEUMONOSTOMY; WITH PERCUTANEOUS DRAINAGE OF ABSCESS OR CYST	14.78	14.22	0	1		AS
32215	PLEURAL SCARIFICATION FOR REPEAT PNEUMOTHORAX	54.51	52.42	90	1		AS
32220	DECORTICATION, PULMONARY, (SEPARATE PROCEDURE); TOTAL	109.48	105.27	90	1		AS
32225	DECORTICATION, PULMONARY, (SEPARATE PROCEDURE); PARTIAL	68.36	65.74	90	1		AS
32310	PLEURECTOMY, PARIETAL (SEPARATE PROCEDURE)	62.96	60.54	90	1		AS
32320	DECORTICATION AND PARIETAL PLEURECTOMY	109.82	105.60	90	1		AS
32402	BIOPSY, PLEURA; OPEN	38.29	36.82	90	1		AS
32421	THORACENTESIS, PUNCTURE OF PLEURAL CAVITY FOR ASPIRATION, INITIAL OR SUBSEQ	10.52	10.12	0	1		AS
32422	THORACENTESIS WITH INSERTION OF TUBE, INCLUDES WATER SEAL (EG, FOR PNEUMOTH	13.56	13.04	0	1	B	AS
32440	REMOVAL OF LUNG, TOTAL PNEUMONECTOMY;	109.20	105.00	90	1		AS
32442	REMOVAL OF LUNG, TOTAL PNEUMONECTOMY; WITH RESECTION OF SEGMENT OF TRACHEA	206.36	198.43	90	1		AS
32445	REMOVAL OF LUNG, TOTAL PNEUMONECTOMY; EXTRAPLEURAL	235.53	226.48	90	1		AS
32480	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; SINGLE LOBE (LOBECTOMY)	102.97	99.01	90	1		AS
32482	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; TWO LOBES (BILOBECTOMY)	109.89	105.67	90	1		AS
32484	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; SINGLE SEGMENT (SEGMENTECT	99.08	95.27	90	1		AS
32486	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; WITH CIRCUMFERENTIAL RESEC	159.27	153.15	90	1		AS
32488	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; ALL REMAINING LUNG FOLLOWI	162.61	156.36	90	1		AS
32500	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; WEDGE RESECTION, SINGLE OR	99.34	95.52	90	1		AS
32501	RESECTION AND REPAIR OF PORTION OF BRONCHUS (BRONCHOPLASTY) WHEN PERFORMED	17.43	16.76	90	1	B	AS
32503	RESECTION OF APICAL LUNG TUMOR (EG, PANCOAST TUMOR), INCLUDING CHEST WALL R	125.66	120.83	90	1		AS
32504	RESECTION OF APICAL LUNG TUMOR (EG, PANCOAST TUMOR), INCLUDING CHEST WALL R	143.69	138.17	90	1		AS
32540	EXTRAPLEURAL ENUCLEATION OF EMPYEMA (EMPYEMECTOMY)	114.45	110.05	90	1		AS
32550	INSERTION OF INDWELLING TUNNELED PLEURAL CATHETER WITH CUFF	51.12	49.16	0	1		AS
32551	TUBE THORACOSTOMY, INCLUDES WATER SEAL (EG, FOR ABSCESS, HEMOTHORAX, EMPYEM	12.26	11.79	0	1	B	AS
32560	CHEMICAL PLEURODESIS (EG, FOR RECURRENT OR PERSISTENT PNEUMOTHORAX)	19.55	18.80	0	1		AS
32650	THORACOSCOPY, SURGICAL; WITH PLEURODESIS (EG, MECHANICAL OR CHEMICAL)	45.96	44.20	90	1		AS

32651	THORACOSCOPY, SURGICAL; WITH PARTIAL PULMONARY DECORTICATION	73.88	71.04	90	1		AS
32652	THORACOSCOPY, SURGICAL; WITH TOTAL PULMONARY DECORTICATION, INCLUDING INTRA	112.04	107.74	90	1		AS
32653	THORACOSCOPY, SURGICAL; WITH REMOVAL OF INTRAPLEURAL FOREIGN BODY OR FIBRIN	71.71	68.96	90	1		AS
32654	THORACOSCOPY, SURGICAL; WITH CONTROL OF TRAUMATIC HEMORRHAGE	78.48	75.47	90	1		AS
32655	THORACOSCOPY, SURGICAL; WITH EXCISION-PLICATION OF BULLAE, INCLUDING ANY PL	65.00	62.50	90	1		AS
32656	THORACOSCOPY, SURGICAL; WITH PARIETAL PLEURECTOMY	54.98	52.87	90	1		AS
32657	THORACOSCOPY, SURGICAL; WITH WEDGE RESECTION OF LUNG, SINGLE OR MULTIPLE	54.41	52.32	90	1		AS
32658	THORACOSCOPY, SURGICAL; WITH REMOVAL OF CLOT OR FOREIGN BODY FROM PERICARDI	49.26	47.37	90	1		AS
32659	THORACOSCOPY, SURGICAL; WITH CREATION OF PERICARDIAL WINDOW OR PARTIAL RESE	50.38	48.45	90	1		AS
32660	THORACOSCOPY, SURGICAL; WITH TOTAL PERICARDECTOMY	71.53	68.78	90	1		AS
32661	THORACOSCOPY, SURGICAL; WITH EXCISION OF PERICARDIAL CYST, TUMOR, OR MASS	55.53	53.40	90	1		AS
32662	THORACOSCOPY, SURGICAL; WITH EXCISION OF MEDIASTINAL CYST, TUMOR, OR MASS	62.02	59.64	90	1		AS
32663	THORACOSCOPY, SURGICAL; WITH LOBECTOMY, TOTAL OR SEGMENTAL	95.88	92.20	90	1		AS
32664	THORACOSCOPY, SURGICAL; WITH THORACIC SYMPATHECTOMY	57.93	55.71	90	1	B	AS
32665	THORACOSCOPY, SURGICAL; WITH ESOPHAGOMYOTOMY (HELLER TYPE)	84.10	80.87	90	1		AS
32800	REPAIR LUNG HERNIA THROUGH CHEST WALL	64.05	61.59	90	1		AS
32810	CLOSURE OF CHEST WALL FOLLOWING OPEN FLAP DRAINAGE FOR EMPYEMA (CLAGETT TYP	62.07	59.69	90	1		AS
32815	OPEN CLOSURE OF MAJOR BRONCHIAL FISTULA	187.31	180.11	90	1		AS
32820	MAJOR RECONSTRUCTION, CHEST WALL (POST-TRAUMATIC)	92.60	89.04	90	1		AS
32851	LUNG TRANSPLANT, SINGLE; WITHOUT CARDIOPULMONARY BYPASS	174.35	167.65	90	1		AS
32852	LUNG TRANSPLANT, SINGLE; WITH CARDIOPULMONARY BYPASS	191.44	184.08	90	1		AS
32853	LUNG TRANSPLANT, DOUBLE (BILATERAL SEQUENTIAL OR EN BLOC); WITHOUT CARDIOPU	209.02	200.99	90	1		AS
32854	LUNG TRANSPLANT, DOUBLE (BILATERAL SEQUENTIAL OR EN BLOC); WITH CARDIOPULMO	227.09	218.36	90	1		AS
32900	RESECTION OF RIBS, EXTRAPLEURAL, ALL STAGES	94.60	90.97	90	1		AS
32905	THORACOPLASTY, SCHEDE TYPE OR EXTRAPLEURAL (ALL STAGES);	93.72	90.12	90	1		AS
32906	THORACOPLASTY, SCHEDE TYPE OR EXTRAPLEURAL (ALL STAGES); WITH CLOSURE OF BR	115.52	111.08	90	1		AS
32940	PNEUMONOLYSIS, EXTRAPERIOSTEAL, INCLUDING FILLING OR PACKING PROCEDURES	85.20	81.93	90	1		AS
32998	ABLATION THERAPY FOR REDUCTION OR ERADICATION OF ONE OR MORE PULMONARY TUMO	199.42	191.75	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)	60.21	57.90	90	1		AS
33025	CREATION OF PERICARDIAL WINDOW OR PARTIAL RESECTION FOR DRAINAGE	55.69	53.55	90	1		AS
33030	PERICARDIECTOMY, SUBTOTAL OR COMPLETE; WITHOUT CARDIOPULMONARY BYPASS	89.46	86.02	90	1		AS
33031	PERICARDIECTOMY, SUBTOTAL OR COMPLETE; WITH CARDIOPULMONARY BYPASS	99.37	95.55	90	1		AS
33050	EXCISION OF PERICARDIAL CYST OR TUMOR	68.92	66.27	90	1		AS
33120	EXCISION OF INTRACARDIAC TUMOR, RESECTION WITH CARDIOPULMONARY BYPASS	108.72	104.54	90	1		AS
33130	RESECTION OF EXTERNAL CARDIAC TUMOR	95.21	91.55	90	1		AS
33140	TRANSMYOCARDIAL LASER REVASCULARIZATION, BY THORACOTOMY (SEPARATE PROCEDURE	108.28	104.12	90	1		AS
33141	TRANSMYOCARDIAL LASER REVASCULARIZATION, BY THORACOTOMY; PERFORMED AT THE T	10.48	10.08	90	1	B	AS
33243	REMOVAL OF SINGLE OR DUAL CHAMBER PACING CARDIOVERTER-DEFIBRILLATOR	95.29	91.63	90	1		AS
33250	OPERATIVE ABLATION OF SUPRAVENTRICULAR ARRHYTHMOGENIC FOCUS OR PATHWAY (EG,	104.17	100.17	90	1		AS
33251	OPERATIVE ABLATION OF SUPRAVENTRICULAR ARRHYTHMOGENIC FOCUS OR PATHWAY (EG,	113.34	108.99	90	1		AS

33254	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, LIMITED (EG, MODIFIE	95.91	92.23	90	1	AS
33255	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, EXTENSIVE (EG, MAZE	115.57	111.13	90	1	AS
33256	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, EXTENSIVE (EG, MAZE	138.10	132.79	90	1	AS
33257	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, PERFORMED AT THE TIM	41.78	40.18	0	1	AS
33258	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, PERFORMED AT THE TIM	47.25	45.44	0	1	AS
33259	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, PERFORMED AT THE TIM	61.99	59.61	0	1	AS
33261	OPERATIVE ABLATION OF VENTRICULAR ARRHYTHMOGENIC FOCUS WITH CARDIOPULMONARY	114.86	110.45	90	1	AS
33265	ENDOSCOPY, SURGICAL; OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA,	95.91	92.23	90	1	AS
33266	ENDOSCOPY, SURGICAL; OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA,	131.41	126.36	90	1	AS
33300	REPAIR OF CARDIAC WOUND; WITHOUT BYPASS	163.63	157.34	90	1	AS
33305	REPAIR OF CARDIAC WOUND; WITH CARDIOPULMONARY BYPASS	274.73	264.17	90	1	AS
33310	CARDIOTOMY, EXPLORATORY (INCLUDES REMOVAL OF FOREIGN BODY, ATRIAL OR VENTRI	81.46	78.33	90	1	AS
33315	CARDIOTOMY, EXPLORATORY (INCLUDES REMOVAL OF FOREIGN BODY); WITH CARDIOPULM	103.72	99.74	90	1	AS
33320	SUTURE REPAIR OF AORTA OR GREAT VESSELS; WITHOUT SHUNT OR CARDIOPULMONARY B	74.62	71.75	90	1	AS
33321	SUTURE REPAIR OF AORTA OR GREAT VESSELS; WITH SHUNT BYPASS	83.63	80.42	90	1	AS
33322	SUTURE REPAIR OF AORTA OR GREAT VESSELS; WITH CARDIOPULMONARY BYPASS	95.94	92.25	90	1	AS
33330	INSERTION OF GRAFT, AORTA OR GREAT VESSELS; WITHOUT SHUNT, OR CARDIOPULMONA	97.97	94.21	90	1	AS
33332	INSERTION OF GRAFT, AORTA OR GREAT VESSELS; WITH SHUNT BYPASS	96.57	92.86	90	1	AS
33335	INSERTION OF GRAFT, AORTA OR GREAT VESSELS; WITH CARDIOPULMONARY BYPASS	132.14	127.06	90	1	AS
33400	VALVULOPLASTY, AORTIC VALVE; OPEN, WITH CARDIOPULMONARY BYPASS	156.96	150.93	90	1	AS
33401	VALVULOPLASTY, AORTIC VALVE; OPEN, WITH INFLOW OCCLUSION	99.99	96.15	90	1	AS
33403	VALVULOPLASTY, AORTIC VALVE; USING TRANSVENTRICULAR DILATION, WITH CARDIOPU	108.38	104.22	90	1	AS
33404	CONSTRUCTION OF APICAL-AORTIC CONDUIT	124.40	119.62	90	1	AS
33405	REPLACEMENT, AORTIC VALVE, WITH CARDIOPULMONARY BYPASS; WITH PROSTHETIC VAL	161.09	154.90	90	1	AS
33406	REPLACEMENT, AORTIC VALVE, WITH CARDIOPULMONARY BYPASS; WITH ALLOGRAFT VALV	199.64	191.97	90	1	AS
33410	REPLACEMENT, AORTIC VALVE, WITH CARDIOPULMONARY BYPASS; WITH STENTLESS TISS	176.41	169.63	90	1	AS
33411	REPLACEMENT, AORTIC VALVE; WITH AORTIC ANNULUS ENLARGEMENT, NONCORONARY CUS	231.37	222.48	90	1	AS
33412	REPLACEMENT, AORTIC VALVE; WITH TRANSVENTRICULAR AORTIC ANNULUS ENLARGEMENT	173.49	166.82	90	1	AS
33413	REPLACEMENT, AORTIC VALVE; BY TRANSLOCATION OF AUTOLOGOUS PULMONARY VALVE W	234.74	225.72	90	1	AS
33414	REPAIR OF LEFT VENTRICULAR OUTFLOW TRACT OBSTRUCTION BY PATCH ENLARGEMENT O	151.97	146.13	90	1	AS
33415	RESECTION OR INCISION OF SUBVALVULAR TISSUE FOR DISCRETE SUBVALVULAR AORTIC	142.38	136.91	90	1	AS
33416	VENTRICULOMYOTOMY (-MYECTOMY) FOR IDIOPATHIC HYPERTROPHIC SUBAORTIC STENOSI	141.76	136.31	90	1	AS
33417	AORTOPLASTY (GUSSET) FOR SUPRAVALVULAR STENOSIS	117.56	113.04	90	1	AS
33422	VALVOTOMY, MITRAL VALVE; OPEN HEART, WITH CARDIOPULMONARY BYPASS	117.37	112.86	90	1	AS
33425	VALVULOPLASTY, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS;	186.89	179.71	90	1	AS
33426	VALVULOPLASTY, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS; WITH PROSTHETIC R	167.10	160.68	90	1	AS
33427	VALVULOPLASTY, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS; RADICAL RECONSTRU	173.77	167.09	90	1	AS
33430	REPLACEMENT, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS	194.50	187.02	90	1	AS
33460	VALVECTOMY, TRICUSPID VALVE, WITH CARDIOPULMONARY BYPASS	164.10	157.79	90	1	AS
33463	VALVULOPLASTY, TRICUSPID VALVE; WITHOUT RING INSERTION	210.52	202.43	90	1	AS
33464	VALVULOPLASTY, TRICUSPID VALVE; WITH RING INSERTION	168.55	162.07	90	1	AS

33465	REPLACEMENT, TRICUSPID VALVE, WITH CARDIOPULMONARY BYPASS	189.82	182.52	90	1	AS
33468	TRICUSPID VALVE REPOSITIONING AND PLICATION FOR EBSTEIN ANOMALY	136.27	131.03	90	1	AS
33470	VALVOTOMY, PULMONARY VALVE, CLOSED HEART; TRANSVENTRICULAR	79.13	76.09	90	1	AS
33472	VALVOTOMY, PULMONARY VALVE, OPEN HEART; WITH INFLOW OCCLUSION	92.10	88.56	90	1	AS
33474	VALVOTOMY, PULMONARY VALVE, OPEN HEART; WITH CARDIOPULMONARY BYPASS	144.89	139.32	90	1	AS
33475	REPLACEMENT, PULMONARY VALVE	162.74	156.49	90	1	AS
33476	RIGHT VENTRICULAR RESECTION FOR INFUNDIBULAR STENOSIS, WITH OR WITHOUT COMM	102.45	98.51	90	1	AS
33478	OUTFLOW TRACT AUGMENTATION (GUSSET), WITH OR WITHOUT COMMISSUROTOMY OR INFU	110.53	106.28	90	1	AS
33496	REPAIR OF NON-STRUCTURAL PROSTHETIC VALVE DYSFUNCTION WITH CARDIOPULMONARY	117.45	112.94	90	1	AS
33500	REPAIR OF CORONARY ARTERIOVENOUS OR ARTERIOCARDIAC CHAMBER FISTULA; WITH CA	111.67	107.38	90	1	AS
33501	REPAIR OF CORONARY ARTERIOVENOUS OR ARTERIOCARDIAC CHAMBER FISTULA; WITHOUT	76.67	73.73	90	1	AS
33502	REPAIR OF ANOMALOUS CORONARY ARTERY FROM PULMONARY ARTERY ORIGIN; BY LIGATI	88.94	85.52	90	1	AS
33504	REPAIR OF ANOMALOUS CORONARY ARTERY; BY GRAFT, WITH CARDIOPULMONARY BYPASS	102.58	98.64	90	1	AS
33505	REPAIR OF ANOMALOUS CORONARY ARTERY; WITH CONSTRUCTION OF INTRAPULMONARY AR	145.52	139.93	90	1	AS
33506	REPAIR OF ANOMALOUS CORONARY ARTERY; BY TRANSLOCATION FROM PULMONARY ARTERY	144.18	138.64	90	1	AS
33507	REPAIR OF ANOMALOUS (EG, INTRAMURAL) AORTIC ORIGIN OF CORONARY ARTERY BY UN	121.55	116.88	90	1	AS
33508	ENDOSCOPY, SURGICAL, INCLUDING VIDEO-ASSISTED HARVEST OF VEIN(S) FOR CORONA	1.15	1.11	0	1	AS
33510	CORONARY ARTERY BYPASS, VEIN ONLY; SINGLE CORONARY VENOUS GRAFT	136.42	131.18	90	1	AS
33511	CORONARY ARTERY BYPASS, VEIN ONLY; TWO CORONARY VENOUS GRAFTS	149.12	143.39	90	1	AS
33512	CORONARY ARTERY BYPASS, VEIN ONLY; THREE CORONARY VENOUS GRAFTS	168.55	162.07	90	1	AS
33513	CORONARY ARTERY BYPASS, VEIN ONLY; FOUR CORONARY VENOUS GRAFTS	173.85	167.17	90	1	AS
33514	CORONARY ARTERY BYPASS, VEIN ONLY; FIVE CORONARY VENOUS GRAFTS	183.21	176.17	90	1	AS
33516	CORONARY ARTERY BYPASS, VEIN ONLY; SIX OR MORE CORONARY VENOUS GRAFTS	190.13	182.82	90	1	AS
33517	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); SINGLE	13.28	12.77	90	1	AS
33518	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); TWO VE	28.82	27.72	90	1	AS
33519	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); THREE	38.34	36.87	90	1	AS
33521	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); FOUR V	46.36	44.58	90	1	AS
33522	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); FIVE V	52.68	50.66	90	1	AS
33523	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); SIX OR	60.09	57.78	90	1	AS
33530	REOPERATION, CORONARY ARTERY BYPASS PROCEDURE OR VALVE PROCEDURE, MORE THAN	36.48	35.08	90	1	AS
33533	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); SINGLE ARTERIAL GRAFT	132.69	127.59	90	1	AS
33534	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); TWO CORONARY ARTERIAL GRAF	154.77	148.82	90	1	AS
33535	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); THREE CORONARY ARTERIAL GR	172.44	165.81	90	1	AS
33536	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); FOUR OR MORE CORONARY ARTE	185.82	178.68	90	1	AS
33542	MYOCARDIAL RESECTION (EG, VENTRICULAR ANEURYSMECTOMY)	181.28	174.31	90	1	AS
33545	REPAIR OF POSTINFARCTION VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT MYOCARD	215.09	206.82	90	1	AS
33548	SURGICAL VENTRICULAR RESTORATION PROCEDURE, INCLUDES PROSTHETIC PATCH, WHEN	206.05	198.13	90	1	AS
33572	CORONARY ENDARTERECTOMY, OPEN, ANY METHOD, OF LEFT ANTERIOR DESCENDING, CIR	16.72	16.08	90	1	AS
33600	CLOSURE OF ATRIOVENTRICULAR VALVE (MITRAL OR TRICUSPID) BY SUTURE OR PATCH	122.10	117.41	90	1	AS
33602	CLOSURE OF SEMILUNAR VALVE (AORTIC OR PULMONARY) BY SUTURE OR PATCH	115.44	111.00	90	1	AS
33606	ANASTOMOSIS OF PULMONARY ARTERY TO AORTA (DAMUS-KAYE-STANSEL PROCEDURE)	124.66	119.87	90	1	AS

33608	REPAIR OF COMPLEX CARDIAC ANOMALY OTHER THAN PULMONARY ATRESIA WITH VENTRIC	128.89	123.94	90	1	AS
33610	REPAIR OF COMPLEX CARDIAC ANOMALIES (EG, SINGLE VENTRICLE WITH SUBAORTIC OB	129.00	124.04	90	1	AS
33611	REPAIR OF DOUBLE OUTLET RIGHT VENTRICLE WITH INTRAVENTRICULAR TUNNEL REPAIR	136.51	131.26	90	1	AS
33612	REPAIR OF DOUBLE OUTLET RIGHT VENTRICLE WITH INTRAVENTRICULAR TUNNEL REPAIR	146.65	141.01	90	1	AS
33615	REPAIR OF COMPLEX CARDIAC ANOMALIES (EG, TRICUSPID ATRESIA) BY CLOSURE OF A	140.81	135.40	90	1	AS
33617	REPAIR OF COMPLEX CARDIAC ANOMALIES (EG, SINGLE VENTRICLE) BY MODIFIED FONT	153.09	147.21	90	1	AS
33619	REPAIR OF SINGLE VENTRICLE WITH AORTIC OUTFLOW OBSTRUCTION AND AORTIC ARCH	190.92	183.58	90	1	AS
33641	REPAIR ATRIAL SEPTAL DEFECT, SECUNDUM, WITH CARDIOPULMONARY BYPASS, WITH OR	114.00	109.62	90	1	AS
33645	DIRECT OR PATCH CLOSURE, SINUS VENOSUS, WITH OR WITHOUT ANOMALOUS PULMONARY	110.94	106.68	90	1	AS
33647	REPAIR OF ATRIAL SEPTAL DEFECT AND VENTRICULAR SEPTAL DEFECT, WITH DIRECT O	118.68	114.12	90	1	AS
33660	REPAIR OF INCOMPLETE OR PARTIAL ATRIOVENTRICULAR CANAL (OSTIUM PRIMUM ATRIA	125.63	120.80	90	1	AS
33665	REPAIR OF INTERMEDIATE OR TRANSITIONAL ATRIOVENTRICULAR CANAL, WITH OR WITH	133.14	128.02	90	1	AS
33670	REPAIR OF COMPLETE ATRIOVENTRICULAR CANAL, WITH OR WITHOUT PROSTHETIC VALVE	148.63	142.92	90	1	AS
33675	CLOSURE OF MULTIPLE VENTRICULAR SEPTAL DEFECTS;	147.87	142.19	90	1	AS
33676	CLOSURE OF MULTIPLE VENTRICULAR SEPTAL DEFECTS; WITH PULMONARY VALVOTOMY OR	152.55	146.69	90	1	AS
33677	CLOSURE OF MULTIPLE VENTRICULAR SEPTAL DEFECTS; WITH REMOVAL OF PULMONARY A	158.58	152.49	90	1	AS
33681	CLOSURE OF SINGLE VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT PATCH;	129.37	124.40	90	1	AS
33684	CLOSURE OF VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT PATCH WITH PULMONARY	133.21	128.09	90	1	AS
33688	CLOSURE OF VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT PATCH WITH REMOVAL OF	133.36	128.24	90	1	AS
33690	BANDING OF PULMONARY ARTERY	80.52	77.43	90	1	AS
33692	COMPLETE REPAIR TETRALOGY OF FALLOT WITHOUT PULMONARY ATRESIA;	145.18	139.60	90	1	AS
33694	COMPLETE REPAIR TETRALOGY OF FALLOT WITHOUT PULMONARY ATRESIA; WITH TRANSAN	132.81	127.71	90	1	AS
33697	COMPLETE REPAIR TETRALOGY OF FALLOT WITH PULMONARY ATRESIA INCLUDING CONSTR	152.97	147.09	90	1	AS
33702	REPAIR SINUS OF VALSALVA FISTULA, WITH CARDIOPULMONARY BYPASS;	107.99	103.84	90	1	AS
33710	REPAIR SINUS OF VALSALVA FISTULA, WITH CARDIOPULMONARY BYPASS; WITH REPAIR	120.15	115.53	90	1	AS
33720	REPAIR SINUS OF VALSALVA ANEURYSM, WITH CARDIOPULMONARY BYPASS	108.87	104.69	90	1	AS
33722	CLOSURE OF AORTICO-LEFT VENTRICULAR TUNNEL	107.05	102.94	90	1	AS
33724	REPAIR OF ISOLATED PARTIAL ANOMALOUS PULMONARY VENOUS RETURN (EG, SCIMITAR	109.58	105.37	90	1	AS
33726	REPAIR OF PULMONARY VENOUS STENOSIS	144.52	138.97	90	1	AS
33730	COMPLETE REPAIR OF ANOMALOUS VENOUS RETURN (SUPRACARDIAC, INTRACARDIAC, OR	140.89	135.48	90	1	AS
33732	REPAIR OF COR TRIATRIATUM OR SUPRAVALVULAR MITRAL RING BY RESECTION OF LEFT	117.97	113.44	90	1	AS
33735	ATRIAL SEPTECTOMY OR SEPTOSTOMY; CLOSED HEART (BLALOCK-HANLON TYPE OPERATIO	91.47	87.96	90	1	AS
33736	ATRIAL SEPTECTOMY OR SEPTOSTOMY; OPEN HEART WITH CARDIOPULMONARY BYPASS	102.76	98.81	90	1	AS
33737	ATRIAL SEPTECTOMY OR SEPTOSTOMY; OPEN HEART, WITH INFLOW OCCLUSION	90.74	87.25	90	1	AS
33750	SHUNT; SUBCLAVIAN TO PULMONARY ARTERY (BLALOCK-TAUSSIG TYPE OPERATION)	85.33	82.05	90	1	AS
33755	SHUNT; ASCENDING AORTA TO PULMONARY ARTERY (WATERSTON TYPE OPERATION)	87.55	84.19	90	1	AS
33762	SHUNT; DESCENDING AORTA TO PULMONARY ARTERY (POTTS-SMITH TYPE OPERATION)	89.56	86.12	90	1	AS
33764	SHUNT; CENTRAL, WITH PROSTHETIC GRAFT	89.90	86.45	90	1	AS
33766	SHUNT; SUPERIOR VENA CAVA TO PULMONARY ARTERY FOR FLOW TO ONE LUNG (CLASSIC	93.01	89.44	90	1	AS
33767	SHUNT; SUPERIOR VENA CAVA TO PULMONARY ARTERY FOR FLOW TO BOTH LUNGS (BIDIR	97.92	94.16	90	1	AS
33768	ANASTOMOSIS, CAVOPULMONARY, SECOND SUPERIOR VENA CAVA (LIST SEPARATELY IN A	28.82	27.72	0	1	AS

33770	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES WITH VENTRICULAR SEPTAL DEFEC	148.13	142.44	90	1	AS
33771	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES WITH VENTRICULAR SEPTAL DEFEC	155.11	149.15	90	1	AS
33774	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE (EG,	126.91	122.03	90	1	AS
33775	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE (EG,	125.26	120.45	90	1	AS
33776	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE (EG,	130.34	125.33	90	1	AS
33777	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE (EG,	129.03	124.07	90	1	AS
33778	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, AORTIC PULMONARY ARTERY RECO	166.61	160.21	90	1	AS
33779	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, AORTIC PULMONARY ARTERY RECO	152.97	147.09	90	1	AS
33780	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, AORTIC PULMONARY ARTERY RECO	158.58	152.49	90	1	AS
33781	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, AORTIC PULMONARY ARTERY RECO	157.49	151.44	90	1	AS
33786	TOTAL REPAIR, TRUNCUS ARTERIOSUS (RASTELLI TYPE OPERATION)	160.86	154.68	90	1	AS
33788	REIMPLANTATION OF AN ANOMALOUS PULMONARY ARTERY	103.34	99.37	90	1	AS
33800	AORTIC SUSPENSION (AORTOPEXY) FOR TRACHEAL DECOMPRESSION (EG, FOR TRACHEOMA	69.28	66.62	90	1	AS
33802	DIVISION OF ABERRANT VESSEL (VASCULAR RING);	74.38	71.52	90	1	AS
33803	DIVISION OF ABERRANT VESSEL (VASCULAR RING); WITH REANASTOMOSIS	77.80	74.81	90	1	AS
33813	OBLITERATION OF AORTOPULMONARY SEPTAL DEFECT; WITHOUT CARDIOPULMONARY BYPAS	86.71	83.38	90	1	AS
33814	OBLITERATION OF AORTOPULMONARY SEPTAL DEFECT; WITH CARDIOPULMONARY BYPASS	106.29	102.21	90	1	AS
33820	REPAIR OF PATENT DUCTUS ARTERIOSUS; BY LIGATION	67.74	65.14	90	1	AS
33822	REPAIR OF PATENT DUCTUS ARTERIOSUS; BY DIVISION, UNDER 18 YEARS	68.60	65.97	90	1	AS
33824	REPAIR OF PATENT DUCTUS ARTERIOSUS; BY DIVISION, 18 YEARS AND OLDER	82.19	79.03	90	1	AS
33840	EXCISION OF COARCTATION OF AORTA, WITH OR WITHOUT ASSOCIATED PATENT DUCTUS	85.48	82.20	90	1	AS
33845	EXCISION OF COARCTATION OF AORTA, WITH OR WITHOUT ASSOCIATED PATENT DUCTUS	92.46	88.91	90	1	AS
33851	EXCISION OF COARCTATION OF AORTA, WITH OR WITHOUT ASSOCIATED PATENT DUCTUS	88.62	85.22	90	1	AS
33852	REPAIR OF HYPOPLASTIC OR INTERRUPTED AORTIC ARCH USING AUTOGENOUS OR PROSTH	107.70	103.56	90	1	AS
33853	REPAIR OF HYPOPLASTIC OR INTERRUPTED AORTIC ARCH USING AUTOGENOUS OR PROSTH	128.30	123.37	90	1	AS
33860	ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS, WITH OR WITHOUT VALVE S	222.96	214.39	90	1	AS
33861	ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS, WITH OR WITHOUT VALVE S	172.54	165.91	90	1	AS
33863	ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS, WITH OR WITHOUT VALVE S	221.91	213.38	90	1	AS
33864	ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS WITH VALVE SUSPENSION, W	226.95	218.23	90	1	AS
33870	TRANSVERSE ARCH GRAFT, WITH CARDIOPULMONARY BYPASS	179.92	173.00	90	1	AS
33875	DESCENDING THORACIC AORTA GRAFT, WITH OR WITHOUT BYPASS	139.79	134.42	90	1	AS
33877	REPAIR OF THORACOABDOMINAL AORTIC ANEURYSM WITH GRAFT, WITH OR WITHOUT CARD	250.43	240.80	90	1	AS
33880	ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA (EG, ANEURYSM, PSEUDOANEUR	125.87	121.03	90	1	AS
33881	ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA (EG, ANEURYSM, PSEUDOANEUR	108.40	104.24	0	1	AS
33883	PLACEMENT OF PROXIMAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF DESCE	79.30	76.25	90	1	AS
33884	PLACEMENT OF PROXIMAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF DESCE	29.10	27.99	0	4	AS
33886	PLACEMENT OF DISTAL EXTENSION PROSTHESIS(S) DELAYED AFTER ENDOVASCULAR REPA	68.29	65.67	90	1	AS
33889	OPEN SUBCLAVIAN TO CAROTID ARTERY TRANSPOSITION PERFORMED IN CONJUNCTION WI	57.70	55.49	0	1	B AS
33891	BYPASS GRAFT, WITH OTHER THAN VEIN, TRANSCERVICAL RETROPHARYNGEAL CAROTID-C	74.62	71.75	0	1	B AS
33910	PULMONARY ARTERY EMBOLECTOMY; WITH CARDIOPULMONARY BYPASS	116.66	112.18	90	1	AS
33915	PULMONARY ARTERY EMBOLECTOMY; WITHOUT CARDIOPULMONARY BYPASS	92.49	88.94	90	1	AS

33916	PULMONARY ENDARTERECTOMY, WITH OR WITHOUT EMBOLECTOMY, WITH CARDIOPULMONARY	111.86	107.56	90	1		AS
33917	REPAIR OF PULMONARY ARTERY STENOSIS BY RECONSTRUCTION WITH PATCH OR GRAFT	101.61	97.71	90	1		AS
33920	REPAIR OF PULMONARY ATRESIA WITH VENTRICULAR SEPTAL DEFECT, BY CONSTRUCTION	121.34	116.68	90	1		AS
33922	TRANSECTION OF PULMONARY ARTERY WITH CARDIOPULMONARY BYPASS	97.85	94.09	90	1		AS
33924	LIGATION AND TAKEDOWN OF A SYSTEMIC-TO-PULMONARY ARTERY SHUNT, PERFORMED IN	20.64	19.85	90	1		AS
33925	REPAIR OF PULMONARY ARTERY ARBORIZATION ANOMALIES BY UNIFOCALIZATION; WITHO	136.68	131.43	90	1		AS
33926	REPAIR OF PULMONARY ARTERY ARBORIZATION ANOMALIES BY UNIFOCALIZATION; WITH	171.73	165.13	90	1		AS
33935	HEART-LUNG TRANSPLANT WITH RECIPIENT CARDIECTOMY-PNEUMONECTOMY	244.88	235.47	90	1	R	AS
33945	HEART TRANSPLANT, WITH OR WITHOUT RECIPIENT CARDIECTOMY	328.62	315.99	90	1		AS
33960	PROLONGED EXTRACORPOREAL CIRCULATION FOR CARDIOPULMONARY INSUFFICIENCY; INI	71.25	68.51	0	1		AS
33961	PROLONGED EXTRACORPOREAL CIRCULATION FOR CARDIOPULMONARY INSUFFICIENCY; EAC	38.62	37.14	0	1		AS
33968	REMOVAL OF INTRA-AORTIC BALLOON ASSIST DEVICE, PERCUTANEOUS	15.83	15.23	0	1		
33970	INSERTION OF INTRA-AORTIC BALLOON ASSIST DEVICE THROUGH THE FEMORAL ARTERY,	26.39	25.38	0	1		AS
33973	INSERTION OF INTRA-AORTIC BALLOON ASSIST DEVICE THROUGH THE ASCENDING AORTA	39.07	37.57	0	1		AS
33975	INSERTION OF VENTRICULAR ASSIST DEVICE; EXTRACORPOREAL, SINGLE VENTRICLE	79.30	76.25	90	1		AS
33976	INSERTION OF VENTRICULAR ASSIST DEVICE; EXTRACORPOREAL, BIVENTRICULAR	88.59	85.19	90	1		AS
33977	REMOVAL OF VENTRICULAR ASSIST DEVICE; EXTRACORPOREAL, SINGLE VENTRICLE	84.41	81.17	90	1		AS
33978	REMOVAL OF VENTRICULAR ASSIST DEVICE; EXTRACORPOREAL, BIVENTRICULAR	94.74	91.10	90	1		AS
33979	INSERTION OF VENTRICULAR ASSIST DEVICE, IMPLANTABLE INTRACORPOREAL, SINGLE	172.99	166.34	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	67.95	65.34	90	1		B AS
34051	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; INNOMINATE, SUBCLAVI	69.42	66.75	90	1		B AS
34101	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; AXILLARY, BRACHIAL,	43.28	41.62	90	1		B AS
34111	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; RADIAL OR ULNAR ARTE	43.20	41.54	90	1		B AS
34151	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; RENAL, CELIAC, MESEN	100.96	97.08	90	1		B AS
34201	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; FEMOROPOPLITEAL, AOR	71.56	68.81	90	1		B AS
34203	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; POPLITEAL-TIBIO-PERO	69.18	66.52	90	1		B AS
34401	THROMBECTOMY, DIRECT OR WITH CATHETER; VENA CAVA, ILIAC VEIN, BY ABDOMINAL	101.35	97.46	90	1		B AS
34421	THROMBECTOMY, DIRECT OR WITH CATHETER; VENA CAVA, ILIAC, FEMOROPOPLITEAL VE	52.37	50.36	90	1		B AS
34451	THROMBECTOMY, DIRECT OR WITH CATHETER; VENA CAVA, ILIAC, FEMOROPOPLITEAL VE	108.82	104.64	90	1		B AS
34501	VALVULOPLASTY, FEMORAL VEIN	66.69	64.13	90	1		B AS
34502	RECONSTRUCTION OF VENA CAVA, ANY METHOD	109.72	105.50	90	1		AS
34510	VENOUS VALVE TRANSPOSITION, ANY VEIN DONOR	77.52	74.54	90	1		B AS
34520	CROSS-OVER VEIN GRAFT TO VENOUS SYSTEM	74.12	71.27	90	1		B AS
34530	SAPHENOPOPLITEAL VEIN ANASTOMOSIS	68.68	66.04	90	1		B AS
34802	ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM OR DISSECTION;	89.44	86.00	90	1		AS
34803	ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM OR DISSECTION;	90.87	87.38	0	1		AS
34805	ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM OR DISSECTION;	83.29	80.09	90	1		AS
34806	TRANSCATHETER PLACEMENT OF WIRELESS PHYSIOLOGIC SENSOR IN ANEURYSMAL SAC DU	7.49	7.21	0	1		AS
34833	OPEN ILIAC ARTERY EXPOSURE WITH CREATION OF CONDUIT FOR DELIVERY OF AORTIC	44.35	42.65	0	1		AS
34834	OPEN BRACHIAL ARTERY EXPOSURE TO ASSIST IN THE DEPLOYMENT OF AORTIC OR ILIA	20.05	19.28	0	1		AS

34900	ENDOVASCULAR GRAFT REPLACEMENT FOR REPAIR OF ILIAC ARTERY (EG, ANEURYSM, PS	64.89	62.40	90	1	B AS
35001	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	81.59	78.46	90	1	B AS
35002	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	85.31	82.03	90	1	B AS
35005	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	77.05	74.09	90	1	B AS
35011	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	71.47	68.73	90	1	B AS
35013	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	88.78	85.37	90	1	B AS
35021	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	87.37	84.01	90	1	B AS
35022	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	102.91	98.96	90	1	B AS
35045	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	69.70	67.02	90	1	B AS
35081	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	125.68	120.85	90	1	AS
35082	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	157.20	151.16	90	1	AS
35091	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	131.95	126.88	90	1	B AS
35092	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	187.44	180.24	90	1	B AS
35102	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	136.30	131.06	90	1	B AS
35103	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	161.75	155.53	90	1	B AS
35111	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	99.70	95.87	90	1	B AS
35112	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	121.79	117.11	90	1	B AS
35121	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	119.41	114.82	90	1	B AS
35122	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	141.21	135.78	90	1	B AS
35131	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	101.22	97.33	90	1	B AS
35132	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	122.91	118.19	90	1	B AS
35141	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	80.16	77.08	90	1	B AS
35142	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	95.76	92.08	90	1	B AS
35151	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	90.16	86.70	90	1	B AS
35152	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	105.22	101.18	90	1	B AS
35180	REPAIR, CONGENITAL ARTERIOVENOUS FISTULA; HEAD AND NECK	58.20	55.97	90	1	AS
35182	REPAIR, CONGENITAL ARTERIOVENOUS FISTULA; THORAX AND ABDOMEN	122.26	117.56	90	1	AS
35184	REPAIR, CONGENITAL ARTERIOVENOUS FISTULA; EXTREMITIES	72.55	69.76	90	1	AS
35188	REPAIR, ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA; HEAD AND NECK	61.42	59.06	90	1	AS
35189	REPAIR, ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA; THORAX AND ABDOMEN	116.40	111.93	90	1	AS
35190	REPAIR, ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA; EXTREMITIES	53.23	51.19	90	1	AS
35201	REPAIR BLOOD VESSEL, DIRECT; NECK	66.64	64.08	90	1	B AS
35206	REPAIR BLOOD VESSEL, DIRECT; UPPER EXTREMITY	54.70	52.60	90	1	B AS
35211	REPAIR BLOOD VESSEL, DIRECT; INTRATHORACIC, WITH BYPASS	97.80	94.04	90	1	B AS
35216	REPAIR BLOOD VESSEL, DIRECT; INTRATHORACIC, WITHOUT BYPASS	137.73	132.44	90	1	B AS
35221	REPAIR BLOOD VESSEL, DIRECT; INTRA-ABDOMINAL	99.96	96.12	90	1	B AS
35226	REPAIR BLOOD VESSEL, DIRECT; LOWER EXTREMITY	60.21	57.90	90	1	B AS
35231	REPAIR BLOOD VESSEL WITH VEIN GRAFT; NECK	82.84	79.66	90	1	B AS
35236	REPAIR BLOOD VESSEL WITH VEIN GRAFT; UPPER EXTREMITY	69.70	67.02	90	1	B AS
35241	REPAIR BLOOD VESSEL WITH VEIN GRAFT; INTRATHORACIC, WITH BYPASS	102.08	98.16	90	1	B AS
35246	REPAIR BLOOD VESSEL WITH VEIN GRAFT; INTRATHORACIC, WITHOUT BYPASS	110.08	105.85	90	1	B AS

35251	REPAIR BLOOD VESSEL WITH VEIN GRAFT; INTRA-ABDOMINAL	118.70	114.14	90	1	B AS
35256	REPAIR BLOOD VESSEL WITH VEIN GRAFT; LOWER EXTREMITY	73.15	70.34	90	1	B AS
35261	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; NECK	74.41	71.55	90	1	B AS
35266	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; UPPER EXTREMITY	60.94	58.60	90	1	B AS
35271	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRATHORACIC, WITH BYPASS	97.61	93.86	90	1	B AS
35276	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRATHORACIC, WITHOUT BYPA	101.93	98.01	90	1	B AS
35281	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRA-ABDOMINAL	112.88	108.54	90	1	B AS
35286	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; LOWER EXTREMITY	67.22	64.64	90	1	B AS
35301	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; CAROTID, VERTEB	75.53	72.63	90	1	B AS
35302	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; SUPERFICIAL FEM	81.44	78.31	90	1	B AS
35303	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; POPLITEAL ARTER	89.49	86.05	90	1	B AS
35304	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; TIBIOPERONEAL T	93.15	89.57	90	1	B AS
35305	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; TIBIAL OR PERON	89.49	86.05	90	1	B AS
35306	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; EACH ADDITIONAL	33.63	32.34	0	3	AS
35311	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; SUBCLAVIAN, INNOMINATE,	108.66	104.49	90	1	B AS
35321	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; AXILLARY-BRACHIAL	64.13	61.67	90	1	B AS
35331	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; ABDOMINAL AORTA	105.22	101.18	90	1	B AS
35341	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; MESENTERIC, CELIAC, OR	99.65	95.82	90	1	B AS
35351	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; ILIAC	92.86	89.29	90	1	B AS
35355	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; ILIOFEMORAL	75.29	72.40	90	1	B AS
35361	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; COMBINED AORTOILIAC	114.62	110.22	90	1	B AS
35363	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; COMBINED AORTOILIOFEMOR	122.81	118.09	90	1	B AS
35371	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; COMMON FEMORAL	59.33	57.05	90	1	B AS
35372	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; DEEP (PROFUNDA) FEMORAL	71.25	68.51	90	1	B AS
35390	REOPERATION, CAROTID, THROMBOENDARTERECTOMY, MORE THAN ONE MONTH AFTER ORIG	11.67	11.23	0	1	B AS
35450	TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN; RENAL OR OTHER VISCERAL ARTERY	37.29	35.86	0	1	B AS
35452	TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN; AORTIC	25.87	24.88	0	1	B AS
35454	TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN; ILIAC	22.63	21.76	0	1	B AS
35456	TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN; FEMORAL-POPLITEAL	27.44	26.39	0	1	B AS
35458	TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN; BRACHIOCEPHALIC TRUNK OR BRANCHES,	35.39	34.03	0	1	B AS
35459	TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN; TIBIOPERONEAL TRUNK AND BRANCHES	32.61	31.36	0	1	B AS
35480	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN; RENAL OR OTHER VISCERAL ARTERY	42.83	41.19	0	1	AS
35481	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN; AORTIC	29.53	28.40	0	1	AS
35482	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN; ILIAC	24.92	23.97	0	1	AS
35483	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN; FEMORAL-POPLITEAL	30.86	29.68	0	1	AS
35484	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN; BRACHIOCEPHALIC TRUNK OR BRANCHE	38.13	36.67	0	1	AS
35485	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN; TIBIOPERONEAL TRUNK AND BRANCHES	35.80	34.43	0	1	AS
35490	TRANSLUMINAL PERIPHERAL ATHERECTOMY, PERCUTANEOUS; RENAL OR OTHER VISCERAL	44.30	42.60	0	1	AS
35491	TRANSLUMINAL PERIPHERAL ATHERECTOMY, PERCUTANEOUS; AORTIC	31.88	30.66	0	1	AS
35492	TRANSLUMINAL PERIPHERAL ATHERECTOMY, PERCUTANEOUS; ILIAC	27.60	26.54	0	1	AS
35500	HARVEST OF UPPER EXTREMITY VEIN, ONE SEGMENT, FOR LOWER EXTREMITY OR CORONA	23.44	22.54	0	1	B AS

35501	BYPASS GRAFT, WITH VEIN; COMMON CAROTID-IPSILATERAL INTERNAL CAROTID	115.41	110.98	90	1	B AS
35506	BYPASS GRAFT, WITH VEIN; CAROTID-SUBCLAVIAN OR SUBCLAVIAN-CAROTID	95.19	91.53	90	1	B AS
35508	BYPASS GRAFT, WITH VEIN; CAROTID-VERTEBRAL	98.11	94.34	90	1	B AS
35509	BYPASS GRAFT, WITH VEIN; CAROTID-CONTRALATERAL CAROTID	111.60	107.31	90	1	B AS
35510	BYPASS GRAFT, WITH VEIN; CAROTID-BRACHIAL	89.14	85.72	90	1	B AS
35511	BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-SUBCLAVIAN	85.43	82.15	90	1	B AS
35512	BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-BRACHIAL	87.26	83.91	90	1	B AS
35515	BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-VERTEBRAL	98.94	95.14	90	1	B AS
35516	BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-AXILLARY	88.62	85.22	90	1	B AS
35518	BYPASS GRAFT, WITH VEIN; AXILLARY-AXILLARY	86.06	82.75	90	1	B AS
35521	BYPASS GRAFT, WITH VEIN; AXILLARY-FEMORAL	91.68	88.16	90	1	B AS
35522	BYPASS GRAFT, WITH VEIN; AXILLARY-BRACHIAL	85.12	81.85	90	1	B AS
35523	BYPASS GRAFT, WITH VEIN; BRACHIAL-ULNAR OR -RADIAL	92.41	88.86	90	1	B AS
35525	BYPASS GRAFT, WITH VEIN; BRACHIAL-BRACHIAL	80.37	77.28	90	1	B AS
35526	BYPASS GRAFT, WITH VEIN; AORTOSUBCLAVIAN OR CAROTID	128.42	123.49	90	1	B AS
35531	BYPASS GRAFT, WITH VEIN; AORTOCELIAC OR AORTOMESENTERIC	145.42	139.83	90	1	B AS
35533	BYPASS GRAFT, WITH VEIN; AXILLARY-FEMORAL-FEMORAL	112.74	108.41	90	1	B AS
35536	BYPASS GRAFT, WITH VEIN; SPLENORENAL	124.74	119.95	90	1	B AS
35537	BYPASS GRAFT, WITH VEIN; AORTOILIAC	158.30	152.22	90	1	AS
35538	BYPASS GRAFT, WITH VEIN; AORTOBI-ILIAC	176.83	170.03	90	1	AS
35539	BYPASS GRAFT, WITH VEIN; AORTOFEMORAL	165.88	159.50	90	1	B AS
35540	BYPASS GRAFT, WITH VEIN; AORTOBIFEMORAL	184.98	177.87	90	1	B AS
35548	BYPASS GRAFT, WITH VEIN; AORTOILIOFEMORAL, UNILATERAL	87.00	83.66	90	1	AS
35549	BYPASS GRAFT, WITH VEIN; AORTOILIOFEMORAL, BILATERAL	95.08	91.43	90	1	AS
35551	BYPASS GRAFT, WITH VEIN; AORTOFEMORAL-POPLITEAL	106.76	102.66	90	1	B AS
35556	BYPASS GRAFT, WITH VEIN; FEMORAL-POPLITEAL	100.25	96.40	90	1	B AS
35558	BYPASS GRAFT, WITH VEIN; FEMORAL-FEMORAL	88.52	85.12	90	1	B AS
35560	BYPASS GRAFT, WITH VEIN; AORTORENAL	128.79	123.84	90	1	B AS
35563	BYPASS GRAFT, WITH VEIN; ILIOILIAC	100.33	96.48	90	1	B AS
35565	BYPASS GRAFT, WITH VEIN; ILIOFEMORAL	95.31	91.65	90	1	B AS
35566	BYPASS GRAFT, WITH VEIN; FEMORAL-ANTERIOR TIBIAL, POSTERIOR TIBIAL, PERONEA	119.96	115.35	90	1	B AS
35571	BYPASS GRAFT, WITH VEIN; POPLITEAL-TIBIAL, -PERONEAL ARTERY OR OTHER DISTAL	96.47	92.76	90	1	B AS
35572	HARVEST OF FEMOROPOPLITEAL VEIN, ONE SEGMENT, FOR VASCULAR RECONSTRUCTION P	25.40	24.43	0	1	AS
35583	IN-SITU VEIN BYPASS; FEMORAL-POPLITEAL	103.05	99.09	90	1	B AS
35585	IN-SITU VEIN BYPASS; FEMORAL-ANTERIOR TIBIAL, POSTERIOR TIBIAL, OR PERONEAL	121.13	116.48	90	1	B AS
35587	IN-SITU VEIN BYPASS; POPLITEAL-TIBIAL, PERONEAL	99.60	95.77	90	1	B AS
35600	HARVEST OF UPPER EXTREMITY ARTERY, ONE SEGMENT, FOR CORONARY ARTERY BYPASS	18.79	18.07	0	1	B AS
35601	BYPASS GRAFT, WITH OTHER THAN VEIN; COMMON CAROTID-IPSILATERAL INTERNAL CAR	107.52	103.39	90	1	B AS
35606	BYPASS GRAFT, WITH OTHER THAN VEIN; CAROTID-SUBCLAVIAN	84.57	81.32	90	1	B AS
35612	BYPASS GRAFT, WITH OTHER THAN VEIN; SUBCLAVIAN-SUBCLAVIAN	65.62	63.10	90	1	B AS
35616	BYPASS GRAFT, WITH OTHER THAN VEIN; SUBCLAVIAN-AXILLARY	81.20	78.08	90	1	B AS

35621	BYPASS GRAFT, WITH OTHER THAN VEIN; AXILLARY-FEMORAL	80.11	77.03	90	1	B AS
35623	BYPASS GRAFT, WITH OTHER THAN VEIN; AXILLARY-POPLITEAL OR -TIBIAL	98.50	94.72	90	1	B AS
35626	BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOSUBCLAVIAN OR CAROTID	113.48	109.12	90	1	B AS
35631	BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOCELIAC, AORTOMESENTERIC, AORTORENA	134.38	129.22	90	1	B AS
35636	BYPASS GRAFT, WITH OTHER THAN VEIN; SPLENORENAL (SPLENIC TO RENAL ARTERIAL	118.75	114.19	90	1	B AS
35642	BYPASS GRAFT, WITH OTHER THAN VEIN; CAROTID-VERTEBRAL	71.47	68.73	90	1	B AS
35645	BYPASS GRAFT, WITH OTHER THAN VEIN; SUBCLAVIAN-VERTEBRAL	75.32	72.43	90	1	B AS
35646	BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOBIFEMORAL	124.74	119.95	90	1	AS
35647	BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOFEMORAL	113.08	108.74	90	1	B AS
35650	BYPASS GRAFT, WITH OTHER THAN VEIN; AXILLARY-AXILLARY	77.69	74.71	90	1	B AS
35651	BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOFEMORAL-POPLITEAL	99.42	95.60	90	1	B AS
35654	BYPASS GRAFT, WITH OTHER THAN VEIN; AXILLARY-FEMORAL-FEMORAL	99.47	95.65	90	1	B AS
35656	BYPASS GRAFT, WITH OTHER THAN VEIN; FEMORAL-POPLITEAL	78.48	75.47	90	1	B AS
35661	BYPASS GRAFT, WITH OTHER THAN VEIN; FEMORAL-FEMORAL	78.35	75.34	90	1	B AS
35663	BYPASS GRAFT, WITH OTHER THAN VEIN; ILIOILIAC	90.97	87.48	90	1	B AS
35665	BYPASS GRAFT, WITH OTHER THAN VEIN; ILIOFEMORAL	85.17	81.90	90	1	B AS
35666	BYPASS GRAFT, WITH OTHER THAN VEIN; FEMORAL-ANTERIOR TIBIAL, POSTERIOR TIBI	91.99	88.46	90	1	B AS
35671	BYPASS GRAFT, WITH OTHER THAN VEIN; POPLITEAL-TIBIAL OR -PERONEAL ARTERY	81.15	78.03	90	1	B AS
35681	BYPASS GRAFT; COMPOSITE, PROSTHETIC AND VEIN (LIST SEPARATELY IN ADDITION T	5.82	5.60	90	1	B AS
35682	BYPASS GRAFT; AUTOGENOUS COMPOSITE, TWO SEGMENTS OF VEINS FROM TWO LOCATION	25.92	24.93	0	1	B AS
35683	BYPASS GRAFT; AUTOGENOUS COMPOSITE, THREE OR MORE SEGMENTS OF VEIN FROM TWO	30.45	29.28	0	1	B AS
35685	PLACEMENT OF VEIN PATCH OR CUFF AT DISTAL ANASTOMOSIS OF BYPASS GRAFT, SYNT	14.58	14.02	0	1	B AS
35686	CREATION OF DISTAL ARTERIOVENOUS FISTULA DURING LOWER EXTREMITY BYPASS SURG	12.17	11.71	0	1	B AS
35691	TRANSPOSITION AND/OR REIMPLANTATION; VERTEBRAL TO CAROTID ARTERY	70.20	67.50	90	1	B AS
35693	TRANSPOSITION AND/OR REIMPLANTATION; VERTEBRAL TO SUBCLAVIAN ARTERY	62.67	60.26	90	1	B AS
35694	TRANSPOSITION AND/OR REIMPLANTATION; SUBCLAVIAN TO CAROTID ARTERY	73.72	70.89	90	1	B AS
35695	TRANSPOSITION AND/OR REIMPLANTATION; CAROTID TO SUBCLAVIAN ARTERY	76.88	73.93	90	1	B AS
35697	REIMPLANTATION, VISCERAL ARTERY TO INFRARENAL AORTIC PROSTHESIS, EACH ARTER	10.84	10.43	0	1	AS
35700	REOPERATION, FEMORAL-POPLITEAL OR FEMORAL (POPLITEAL) -ANTERIOR TIBIAL, POS	11.21	10.78	0	1	B AS
35701	EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR), WITH OR WITHOUT LYSIS OF ART	38.02	36.56	90	1	B AS
35721	EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR), WITH OR WITHOUT LYSIS OF ART	32.71	31.46	90	1	B AS
35741	EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR), WITH OR WITHOUT LYSIS OF ART	35.54	34.18	90	1	B AS
35761	EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR), WITH OR WITHOUT LYSIS OF ART	26.21	25.21	90	1	B AS
35800	EXPLORATION FOR POSTOPERATIVE HEMORRHAGE, THROMBOSIS OR INFECTION; NECK	33.68	32.39	90	1	AS
35820	EXPLORATION FOR POSTOPERATIVE HEMORRHAGE, THROMBOSIS OR INFECTION; CHEST	135.04	129.85	90	1	AS
35840	EXPLORATION FOR POSTOPERATIVE HEMORRHAGE, THROMBOSIS OR INFECTION; ABDOMEN	44.48	42.77	90	1	AS
35860	EXPLORATION FOR POSTOPERATIVE HEMORRHAGE, THROMBOSIS OR INFECTION; EXTREMIT	28.43	27.34	90	1	AS
35870	REPAIR OF GRAFT-ENTERIC FISTULA	92.31	88.76	90	1	AS
35876	THROMBECTOMY OF ARTERIAL OR VENOUS GRAFT; WITH REVISION OF ARTERIAL OR VENO	68.19	65.57	90	1	AS
35879	REVISION, LOWER EXTREMITY ARTERIAL BYPASS, WITHOUT THROMBECTOMY, OPEN; WITH	66.74	64.18	90	1	B AS
35881	REVISION, LOWER EXTREMITY ARTERIAL BYPASS, WITHOUT THROMBECTOMY, OPEN; WITH	73.80	70.97	90	1	B AS

35883	REVISION, FEMORAL ANASTOMOSIS OF SYNTHETIC ARTERIAL BYPASS GRAFT IN GROIN,	90.84	87.35	90	1	B	AS
35884	REVISION, FEMORAL ANASTOMOSIS OF SYNTHETIC ARTERIAL BYPASS GRAFT IN GROIN,	96.49	92.78	0	1	B	AS
35901	EXCISION OF INFECTED GRAFT; NECK	35.67	34.30	90	1		AS
35903	EXCISION OF INFECTED GRAFT; EXTREMITY	40.09	38.55	90	1		AS
35905	EXCISION OF INFECTED GRAFT; THORAX	126.73	121.86	90	1		AS
35907	EXCISION OF INFECTED GRAFT; ABDOMEN	138.39	133.07	90	1		AS
36000	INTRODUCTION OF NEEDLE OR INTRACATHETER, VEIN	10.61	10.21	0	1	B	
36261	REVISION OF IMPLANTED INTRA-ARTERIAL INFUSION PUMP	24.33	23.40	90	1		AS
36420	VENIPUNCTURE, CUTDOWN; UNDER AGE 1 YEAR	21.07	20.26	0	1		
36425	VENIPUNCTURE, CUTDOWN; AGE 1 OR OVER	16.82	16.18	0	1		
36430	TRANSFUSION, BLOOD OR BLOOD COMPONENTS	16.32	15.70	0	1		
36440	PUSH TRANSFUSION, BLOOD, 2 YEARS OR UNDER	22.53	21.67	0	1		
36450	EXCHANGE TRANSFUSION, BLOOD; NEWBORN	52.43	50.42	0	1		
36455	EXCHANGE TRANSFUSION, BLOOD; OTHER THAN NEWBORN	53.09	51.05	0	1		
36460	TRANSFUSION, INTRAUTERINE, FETAL	23.99	23.07	0	1		AS
36468	SINGLE OR MULTIPLE INJECTIONS OF SCLEROSING SOLUTIONS, SPIDER VEINS (TELANG	3.81	3.67	0	1	PA	AS
36555	INSERTION OF NON-TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER; UNDER	55.21	53.09	0	1		
36556	INSERTION OF NON-TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER; AGE 5	52.92	50.89	0	1		
36568	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER (PICC), WITHOUT	42.79	41.15	0	1		
36569	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER (PICC), WITHOUT	43.78	42.10	0	1		
36580	REPLACEMENT, COMPLETE, OF A NON-TUNNELED CENTRALLY INSERTED CENTRAL VENOUS	31.52	30.31	0	1		
36584	REPLACEMENT, COMPLETE, OF A PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER (	32.67	31.42	0	1		
36593	DECLOTTING BY THROMBOLYTIC AGENT OF IMPLANTED VASCULAR ACCESS DEVICE OR CAT	19.43	18.69	0	1		
36600	ARTERIAL PUNCTURE, WITHDRAWAL OF BLOOD FOR DIAGNOSIS	13.72	13.20	0	1		
36620	ARTERIAL CATHETERIZATION OR CANNULATION FOR SAMPLING, MONITORING OR TRANSFU	22.38	21.52	0	1		
36625	ARTERIAL CATHETERIZATION OR CANNULATION FOR SAMPLING, MONITORING OR TRANSFU	46.88	45.08	0	1		
36660	CATHETERIZATION, UMBILICAL ARTERY, NEWBORN, FOR DIAGNOSIS OR THERAPY	31.84	NA	0	1		
36819	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM BASILIC VEIN TRANSPOSITION	56.10	53.95	90	1		AS
36820	INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE; ARTERIOVENOUS, INTERN	56.39	54.23	0	1		AS
36821	ARTERIOVENOUS ANASTOMOSIS, OPEN; DIRECT, ANY SITE (EG, CIMINO TYPE) (SEPARA	37.42	35.99	90	1		AS
36825	CREATION OF ARTERIOVENOUS FISTULA BY OTHER THAN DIRECT ARTERIOVENOUS ANASTO	40.71	39.15	90	1		AS
36830	CREATION OF ARTERIOVENOUS FISTULA BY OTHER THAN DIRECT ARTERIOVENOUS ANASTO	46.49	44.71	90	1		AS
36831	THROMBECTOMY, OPEN, ARTERIOVENOUS FISTULA WITHOUT REVISION, AUTOGENOUS OR N	32.12	30.89	90	1		AS
36832	REVISION, OPEN, ARTERIOVENOUS FISTULA; WITHOUT THROMBECTOMY, AUTOGENOUS OR	41.00	39.43	90	1		AS
36833	REVISION, ARTERIOVENOUS FISTULA; WITH THROMBECTOMY, AUTOGENOUS OR NONAUTOGE	46.31	44.53	90	1		AS
36834	PLASTIC REPAIR OF ARTERIOVENOUS ANEURYSM (SEPARATE PROCEDURE)	43.64	41.97	90	1		AS
36838	DISTAL REVASCLARIZATION AND INTERVAL LIGATION (DRIL), UPPER EXTREMITY HEMO	82.74	79.56	90	1	B	AS
37145	VENOUS ANASTOMOSIS; RENOPORTAL	104.14	100.14	90	1		AS
37160	VENOUS ANASTOMOSIS; CAVAL-MESENTERIC	88.54	85.14	90	1		AS
37180	VENOUS ANASTOMOSIS; SPLENORENAL, PROXIMAL	101.30	97.41	90	1		AS
37181	ANASTOMOSIS; SPLENORENAL, DISTAL (SELECTIVE DECOMPRESSION OF ESOPHAGOGASTRI	105.87	101.80	90	1		AS

37182	INSERTION OF TRANSVENOUS INTRAHEPATIC PORTOSYSTEMIC SHUNT(S) (TIPS) (INCLUD	63.51	61.07	0	1		AS
37183	REVISION OF TRANSVENOUS INTRAHEPATIC PORTOSYSTEMIC SHUNT(S) (TIPS) (INCLUDE	30.19	29.03	0	1	R	AS
37207	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), (NON-CORONARY VESSEL)	30.88	29.70	0	1		AS
37208	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), (NON-CORONARY VESSEL)	14.94	14.37	0	1		AS
37500	VASCULAR ENDOSCOPY, SURGICAL, WITH LIGATION OF PERFORATOR VEINS, SUBFASCIAL	301.04	289.47	90	1	B	
37600	LIGATION; EXTERNAL CAROTID ARTERY	48.79	46.92	90	1		AS
37605	LIGATION; INTERNAL OR COMMON CAROTID ARTERY	56.55	54.38	90	1		AS
37606	LIGATION; INTERNAL OR COMMON CAROTID ARTERY, WITH GRADUAL OCCLUSION, AS WIT	38.70	37.22	90	1		AS
37615	LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE); NECK	32.64	31.39	90	1		AS
37616	LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE); CHEST	76.19	73.26	90	1		AS
37617	LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE); ABDOMEN	90.37	86.90	90	1		AS
37618	LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE); EXTREMITY	26.11	25.11	90	1		AS
37660	LIGATION OF COMMON ILIAC VEIN	84.36	81.12	90	1		AS
37735	LIGATION AND DIVISION AND COMPLETE STRIPPING OF LONG OR SHORT SAPHENOUS VEI	44.37	42.67	90	1	B	AS
37760	LIGATION OF PERFORATOR VEINS, SUBFASCIAL, RADICAL (LINTON TYPE), WITH OR WI	43.40	41.74	90	1		AS
38100	SPLENECTOMY; TOTAL (SEPARATE PROCEDURE)	73.80	70.97	90	1		AS
38101	SPLENECTOMY; PARTIAL (SEPARATE PROCEDURE)	74.32	71.47	90	1		AS
38102	SPLENECTOMY; TOTAL, EN BLOC FOR EXTENSIVE DISEASE, IN CONJUNCTION WITH OTHE	17.37	16.71	0	1		AS
38115	REPAIR OF RUPTURED SPLEEN (SPLENORRHAPHY) WITH OR WITHOUT PARTIAL SPLENECTO	81.87	78.73	90	1		AS
38129	UNLISTED LAPAROSCOPY PROCEDURE, SPLEEN	0.00	0.00	0	1	R	AS
38220	BONE MARROW; ASPIRATION ONLY	62.23	59.84	0	1	B	
38221	BONE MARROW; BIOPSY, NEEDLE OR TROCAR	69.09	66.44	0	1	B	
38308	LYMPHANGIOTOMY OR OTHER OPERATIONS ON LYMPHATIC CHANNELS	29.05	27.94	90	1		AS
38380	SUTURE AND/OR LIGATION OF THORACIC DUCT; CERVICAL APPROACH	36.95	35.53	90	1		AS
38381	SUTURE AND/OR LIGATION OF THORACIC DUCT; THORACIC APPROACH	55.53	53.40	90	1		AS
38382	SUTURE AND/OR LIGATION OF THORACIC DUCT; ABDOMINAL APPROACH	45.24	43.50	90	1		AS
38530	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, INTERNAL MAMMARY NODE(S)	35.28	33.93	90	1	B	AS
38542	DISSECTION, DEEP JUGULAR NODE(S)	27.83	26.76	90	1	B	AS
38555	EXCISION OF CYSTIC HYGROMA, AXILLARY OR CERVICAL; WITH DEEP NEUROVASCULAR D	64.37	61.90	90	1		AS
38562	LIMITED LYMPHADENECTOMY FOR STAGING (SEPARATE PROCEDURE); PELVIC AND PARA-A	46.75	44.96	90	1		AS
38564	LIMITED LYMPHADENECTOMY FOR STAGING (SEPARATE PROCEDURE); RETROPERITONEAL (	46.57	44.78	90	1		AS
38570	LAPAROSCOPY, SURGICAL; WITH RETROPERITONEAL LYMPH NODE SAMPLING (BIOPSY), S	37.76	36.31	10	1		AS
38571	LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY	59.19	56.92	10	1		AS
38572	LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND PERI	64.58	62.10	10	1		AS
38589	UNLISTED LAPAROSCOPY PROCEDURE, LYMPHATIC SYSTEM	0.00	0.00	0	1	R	B AS
38700	SUPRAHYOID LYMPHADENECTOMY	52.04	50.04	90	1	B	AS
38720	CERVICAL LYMPHADENECTOMY (COMPLETE)	86.50	83.18	90	1	B	AS
38724	CERVICAL LYMPHADENECTOMY (MODIFIED RADICAL NECK DISSECTION)	93.90	90.29	90	1	B	AS
38740	AXILLARY LYMPHADENECTOMY; SUPERFICIAL	44.13	42.44	90	1		AS
38745	AXILLARY LYMPHADENECTOMY; COMPLETE	56.19	54.03	90	1	B	AS
38746	THORACIC LYMPHADENECTOMY, REGIONAL, INCLUDING MEDIASTINAL AND PERITRACHEAL	18.34	17.64	0	1		AS

38747	ABDOMINAL LYMPHADENECTOMY, REGIONAL, INCLUDING CELIAC, GASTRIC, PORTAL, PER	17.74	17.06	0	1		AS
38760	INGUINOFEMORAL LYMPHADENECTOMY, SUPERFICIAL, INCLUDING CLOQUET'S NODE (SEPA	55.22	53.10	90	1		B AS
38765	INGUINOFEMORAL LYMPHADENECTOMY, SUPERFICIAL, IN CONTINUITY WITH PELVIC LYMP	85.22	81.95	90	1		B AS
38770	PELVIC LYMPHADENECTOMY, INCLUDING EXTERNAL ILIAC, HYPOGASTRIC, AND OBTURATO	57.76	55.54	90	1		B AS
38780	RETROPERITONEAL TRANSABDOMINAL LYMPHADENECTOMY, EXTENSIVE, INCLUDING PELVIC	71.71	68.96	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	33.06	31.79	90	1		AS
39010	MEDIASTINOTOMY WITH EXPLORATION, DRAINAGE, REMOVAL OF FOREIGN BODY, OR BIOP	55.43	53.30	90	1		AS
39200	EXCISION OF MEDIASTINAL CYST	60.81	58.48	90	1		AS
39220	EXCISION OF MEDIASTINAL TUMOR	78.22	75.22	90	1		AS
39499	UNLISTED PROCEDURE, MEDIASTINUM	0.00	0.00	90	1	R	AS
39501	REPAIR, LACERATION OF DIAPHRAGM, ANY APPROACH	56.17	54.01	90	1		AS
39502	REPAIR, PARAESOPHAGEAL HIATUS HERNIA, TRANSABDOMINAL, WITH OR WITHOUT FUNDO	67.55	64.96	90	1		AS
39503	REPAIR, NEONATAL DIAPHRAGMATIC HERNIA, WITH OR WITHOUT CHEST TUBE INSERTION	384.35	369.57	90	1		AS
39520	REPAIR, DIAPHRAGMATIC HERNIA (ESOPHAGEAL HIATAL); TRANSTHORACIC	67.09	64.51	90	1		AS
39530	REPAIR, DIAPHRAGMATIC HERNIA (ESOPHAGEAL HIATAL); COMBINED, THORACOABDOMINA	64.18	61.72	90	1		AS
39531	REPAIR, DIAPHRAGMATIC HERNIA (ESOPHAGEAL HIATAL); COMBINED, THORACOABDOMINA	68.02	65.41	90	1		AS
39540	REPAIR, DIAPHRAGMATIC HERNIA (OTHER THAN NEONATAL), TRAUMATIC; ACUTE	57.52	55.31	90	1		AS
39541	REPAIR, DIAPHRAGMATIC HERNIA (OTHER THAN NEONATAL), TRAUMATIC; CHRONIC	61.85	59.48	90	1		AS
39545	IMBRICATION OF DIAPHRAGM FOR EVENTRATION, TRANSTHORACIC OR TRANSABDOMINAL,	61.02	58.68	90	1		AS
39560	RESECTION, DIAPHRAGM; WITH SIMPLE REPAIR (EG, PRIMARY SUTURE)	52.47	50.46	90	1		AS
39561	RESECTION, DIAPHRAGM; WITH COMPLEX REPAIR (EG, PROSTHETIC MATERIAL, LOCAL M	82.37	79.21	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	69.26	66.60	90	1		AS
40702	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY BILATERAL, ONE OF TWO	55.25	53.13	90	1		AS
40799	UNLISTED PROCEDURE, LIPS	0.00	0.00	90	1	R	AS
40840	VESTIBULOPLASTY; ANTERIOR	52.63	50.61	90	1		AS
40843	VESTIBULOPLASTY; POSTERIOR, BILATERAL	66.25	63.71	90	1		AS
40844	VESTIBULOPLASTY; ENTIRE ARCH	88.33	84.94	90	1		AS
41120	GLOSSECTOMY; LESS THAN ONE-HALF TONGUE	68.05	65.44	90	1		AS
41130	GLOSSECTOMY; HEMIGLOSSECTOMY	84.50	81.25	90	1		AS
41135	GLOSSECTOMY; PARTIAL, WITH UNILATERAL RADICAL NECK DISSECTION	140.05	134.67	90	1		AS
41140	GLOSSECTOMY; COMPLETE OR TOTAL, WITH OR WITHOUT TRACHEOSTOMY, WITHOUT RADIC	142.88	137.39	90	1		AS
41145	GLOSSECTOMY; COMPLETE OR TOTAL, WITH OR WITHOUT TRACHEOSTOMY, WITH UNILATER	180.25	173.32	90	1		AS
41150	GLOSSECTOMY; COMPOSITE PROCEDURE WITH RESECTION FLOOR OF MOUTH AND MANDIBUL	142.49	137.01	90	1		AS
41153	GLOSSECTOMY; COMPOSITE PROCEDURE WITH RESECTION FLOOR OF MOUTH, WITH SUPRAH	154.82	148.87	90	1		AS
41155	GLOSSECTOMY; COMPOSITE PROCEDURE WITH RESECTION FLOOR OF MOUTH, MANDIBULAR	193.20	185.77	90	1		AS
42120	RESECTION OF PALATE OR EXTENSIVE RESECTION OF LESION	64.05	61.59	90	1		AS
42200	PALATOPLASTY FOR CLEFT PALATE, SOFT AND/OR HARD PALATE ONLY	58.31	56.07	90	1		AS
42205	PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; SOFT TISSUE	58.85	56.59	90	1		AS
42210	PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; WITH BONE GR	71.42	68.68	90	1		AS

42215	PALATOPLASTY FOR CLEFT PALATE; MAJOR REVISION	46.02	44.25	90	1		AS
42220	PALATOPLASTY FOR CLEFT PALATE; SECONDARY LENGTHENING PROCEDURE	39.26	37.75	90	1		AS
42225	PALATOPLASTY FOR CLEFT PALATE; ATTACHMENT PHARYNGEAL FLAP	59.50	57.22	90	1		AS
42226	LENGTHENING OF PALATE, AND PHARYNGEAL FLAP	60.52	58.20	90	1		AS
42227	LENGTHENING OF PALATE, WITH ISLAND FLAP	57.52	55.31	90	1		AS
42235	REPAIR OF ANTERIOR PALATE, INCLUDING VOMER FLAP	49.62	47.72	90	1		AS
42260	REPAIR OF NASOLABIAL FISTULA	55.15	53.03	90	1		AS
42299	UNLISTED PROCEDURE, PALATE, UVULA	0.00	0.00	90	1	R	AS
42409	MARSUPIALIZATION OF SUBLINGUAL SALIVARY CYST (RANULA)	22.05	21.21	90	1		AS
42410	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITHOUT NERVE DIS	41.14	39.56	90	1		AS
42415	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITH DISSECTION A	73.30	70.49	90	1		AS
42420	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH DISSECTION AND PRES	83.89	80.67	90	1		AS
42425	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, EN BLOC REMOVAL WITH SAC	55.41	53.28	90	1		AS
42426	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH UNILATERAL RADICAL	89.80	86.35	90	1		AS
42440	EXCISION OF SUBMANDIBULAR (SUBMAXILLARY) GLAND	30.05	28.90	90	1		AS
42507	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE);	33.95	32.65	90	1		AS
42508	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE); WITH EXCISION OF	47.93	46.09	90	1		AS
42510	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE); WITH LIGATION OF	41.35	39.76	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	52.99	50.96	90	1		AS
42810	EXCISION BRANCHIAL CLEFT CYST OR VESTIGE, CONFINED TO SKIN AND SUBCUTANEOUS	25.66	24.68	90	1		AS
42815	EXCISION BRANCHIAL CLEFT CYST, VESTIGE, OR FISTULA, EXTENDING BENEATH SUBCU	36.84	35.43	90	1		AS
42844	RADICAL RESECTION OF TONSIL, TONSILLAR PILLARS, AND/OR RETROMOLAR TRIGONE;	89.40	85.97	90	1		AS
42845	RADICAL RESECTION OF TONSIL, TONSILLAR PILLARS, AND/OR RETROMOLAR TRIGONE;	145.08	139.50	90	1		AS
42890	LIMITED PHARYNGECTOMY	92.08	88.54	90	1		AS
42892	RESECTION OF LATERAL PHARYNGEAL WALL OR PYRIFORM SINUS, DIRECT CLOSURE BY A	120.93	116.28	90	1		AS
42894	RESECTION OF PHARYNGEAL WALL REQUIRING CLOSURE WITH MYOCUTANEOUS FLAP	154.28	148.35	90	1		AS
42950	PHARYNGOPLASTY (PLASTIC OR RECONSTRUCTIVE OPERATION ON PHARYNX)	52.16	50.16	90	1		AS
42953	PHARYNGOESOPHAGEAL REPAIR	62.72	60.31	90	1		AS
42955	PHARYNGOSTOMY (FISTULIZATION OF PHARYNX, EXTERNAL FOR FEEDING)	49.21	47.32	90	1		AS
42961	CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POSTTONSILLECTO	27.77	26.71	90	1		AS
42962	CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POSTTONSILLECTO	34.18	32.87	90	1		AS
42971	CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POSTADENOID	30.21	29.05	90	1		AS
42972	CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POSTADENOID	34.34	33.02	90	1		AS
43020	ESOPHAGOTOMY, CERVICAL APPROACH; WITH REMOVAL OF FOREIGN BODY	35.51	34.15	90	1		AS
43030	CRICOPHARYNGEAL MYOTOMY	34.32	33.00	90	1		AS
43045	ESOPHAGOTOMY, THORACIC APPROACH, WITH REMOVAL OF FOREIGN BODY	87.81	84.44	90	1		AS
43100	EXCISION OF LESION, ESOPHAGUS, WITH PRIMARY REPAIR; CERVICAL APPROACH	41.00	39.43	90	1		AS
43101	EXCISION OF LESION, ESOPHAGUS, WITH PRIMARY REPAIR; THORACIC OR ABDOMINAL A	69.21	66.55	90	1		AS
43107	TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITHOUT THORACOTOMY; WITH PHARYNGOGASTRO	171.13	164.55	90	1		AS
43108	TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITHOUT THORACOTOMY; WITH COLON INTERPOS	290.71	279.53	90	1		AS

43112	TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITH THORACOTOMY; WITH PHARYNGOGASTROSTO	183.21	176.17	90	1		AS
43113	TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITH THORACOTOMY; WITH COLON INTERPOSITI	286.58	275.56	90	1		AS
43116	PARTIAL ESOPHAGECTOMY, CERVICAL, WITH FREE INTESTINAL GRAFT, INCLUDING MICR	329.78	317.10	90	1		AS
43117	PARTIAL ESOPHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY AND SEPARATE ABD	166.93	160.51	90	1		AS
43118	PARTIAL ESOPHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY AND SEPARATE ABD	241.75	232.46	90	1		AS
43121	PARTIAL ESOPHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY ONLY, WITH OR WI	191.89	184.51	90	1		AS
43122	PARTIAL ESOPHAGECTOMY, THORACOABDOMINAL OR ABDOMINAL APPROACH, WITH OR WITH	169.90	163.37	90	1		AS
43123	PARTIAL ESOPHAGECTOMY, THORACOABDOMINAL OR ABDOMINAL APPROACH, WITH OR WITH	294.94	283.60	90	1		AS
43124	TOTAL OR PARTIAL ESOPHAGECTOMY, WITHOUT RECONSTRUCTION (ANY APPROACH), WITH	253.35	243.61	90	1		AS
43130	DIVERTICULECTOMY OF HYPOPHARYNX OR ESOPHAGUS, WITH OR WITHOUT MYOTOMY; CERV	52.14	50.14	90	1		AS
43135	DIVERTICULECTOMY OF HYPOPHARYNX OR ESOPHAGUS, WITH OR WITHOUT MYOTOMY; THOR	100.25	96.40	90	1		AS
43280	LAPAROSCOPY, SURGICAL, ESOPHAGOGASTRIC FUNDOPLASTY (EG, NISSEN, TOUPET PROC	70.40	67.70	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	41.14	39.56	90	1		AS
43305	ESOPHAGOPLASTY, (PLASTIC REPAIR OR RECONSTRUCTION), CERVICAL APPROACH; WITH	72.81	70.01	90	1		AS
43310	ESOPHAGOPLASTY, (PLASTIC REPAIR OR RECONSTRUCTION), THORACIC APPROACH; WITH	103.52	99.54	90	1		AS
43312	ESOPHAGOPLASTY, (PLASTIC REPAIR OR RECONSTRUCTION), THORACIC APPROACH; WITH	113.74	109.37	90	1		AS
43313	ESOPHAGOPLASTY FOR CONGENITAL DEFECT, (PLASTIC REPAIR OR RECONSTRUCTION), T	185.87	178.73	90	1		AS
43314	ESOPHAGOPLASTY FOR CONGENITAL DEFECT, (PLASTIC REPAIR OR RECONSTRUCTION), T	195.78	188.25	90	1		AS
43320	ESOPHAGOGASTROSTOMY (CARDIOPLASTY), WITH OR WITHOUT VAGOTOMY AND PYLOROPLAS	90.25	86.78	90	1		AS
43324	ESOPHAGOGASTRIC FUNDOPLASTY (EG, NISSEN, BELSEY IV, HILL PROCEDURES)	88.78	85.37	90	1		AS
43325	ESOPHAGOGASTRIC FUNDOPLASTY; WITH FUNDIC PATCH (THAL-NISSEN PROCEDURE)	87.45	84.09	90	1		AS
43326	ESOPHAGOGASTRIC FUNDOPLASTY; WITH GASTROPLASTY (EG, COLLIS)	89.40	85.97	90	1		AS
43330	ESOPHAGOMYOTOMY (HELLER TYPE); ABDOMINAL APPROACH	85.69	82.40	90	1		AS
43331	ESOPHAGOMYOTOMY ((HELLER TYPE), WITH OR WITHOUT HIATAL HERNIA REPAIR); THOR	93.30	89.72	90	1		AS
43340	ESOPHAGOJEJUNOSTOMY (WITHOUT TOTAL GASTRECTOMY); ABDOMINAL APPROACH	90.42	86.95	90	1		AS
43341	ESOPHAGOJEJUNOSTOMY (WITHOUT TOTAL GASTRECTOMY); THORACIC APPROACH	95.86	92.18	90	1		AS
43350	ESOPHAGOSTOMY, FISTULIZATION OF ESOPHAGUS, EXTERNAL; ABDOMINAL APPROACH	77.07	74.11	90	1		AS
43351	ESOPHAGOSTOMY, FISTULIZATION OF ESOPHAGUS, EXTERNAL; THORACIC APPROACH	92.01	88.48	90	1		AS
43352	ESOPHAGOSTOMY, FISTULIZATION OF ESOPHAGUS, EXTERNAL; CERVICAL APPROACH	72.37	69.59	90	1		AS
43360	GASTROINTESTINAL RECONSTRUCTION FOR PREVIOUS ESOPHAGECTOMY, FOR OBSTRUCTING	156.21	150.21	90	1		AS
43361	GASTROINTESTINAL RECONSTRUCTION FOR PREVIOUS ESOPHAGECTOMY, FOR OBSTRUCTING	178.11	171.26	90	1		AS
43400	LIGATION, DIRECT, ESOPHAGEAL VARICES	107.23	103.11	90	1		AS
43401	TRANSECTION OF ESOPHAGUS WITH REPAIR, FOR ESOPHAGEAL VARICES	101.82	97.91	90	1		AS
43405	LIGATION OR STAPLING AT GASTROESOPHAGEAL JUNCTION FOR PRE-EXISTING ESOPHAGE	99.49	95.67	90	1		AS
43410	SUTURE OF ESOPHAGEAL WOUND OR INJURY; CERVICAL APPROACH	67.09	64.51	90	1		AS
43415	SUTURE OF ESOPHAGEAL WOUND OR INJURY; TRANSTHORACIC OR TRANSABDOMINAL APPRO	115.18	110.75	90	1		AS
43425	CLOSURE OF ESOPHAGOSTOMY OR FISTULA; TRANSTHORACIC OR TRANSABDOMINAL APPROA	100.36	96.50	90	1		AS
43499	UNLISTED PROCEDURE, ESOPHAGUS	0.00	0.00	90	1	R	AS
43500	GASTROTOMY; WITH EXPLORATION OR FOREIGN BODY REMOVAL	50.83	48.88	90	1		AS
43501	GASTROTOMY; WITH SUTURE REPAIR OF BLEEDING ULCER	86.81	83.48	90	1		AS

43502	GASTROTOMY; WITH SUTURE REPAIR OF PRE-EXISTING ESOPHAGOGASTRIC LACERATION (	98.35	94.57	90	1		AS
43510	GASTROTOMY; WITH ESOPHAGEAL DILATION AND INSERTION OF PERMANENT INTRALUMINA	66.98	64.41	90	1		AS
43520	PYLOROMYOTOMY, CUTTING OF PYLORIC MUSCLE (FREDET-RAMSTEDT TYPE OPERATION)	45.44	43.70	90	1		AS
43605	BIOPSY OF STOMACH; BY LAPAROTOMY	53.78	51.72	90	1		AS
43610	EXCISION, LOCAL; ULCER OR BENIGN TUMOR OF STOMACH	63.32	60.89	90	1		AS
43611	EXCISION, LOCAL; MALIGNANT TUMOR OF STOMACH	78.66	75.64	90	1		AS
43620	GASTRECTOMY, TOTAL; WITH ESOPHAGOENTEROSTOMY	127.98	123.06	90	1		AS
43621	GASTRECTOMY, TOTAL; WITH ROUX-EN-Y RECONSTRUCTION	145.96	140.35	90	1		AS
43622	GASTRECTOMY, TOTAL; WITH FORMATION OF INTESTINAL POUCH, ANY TYPE	148.22	142.52	90	1		AS
43631	GASTRECTOMY, PARTIAL, DISTAL; WITH GASTRODUODENOSTOMY	93.98	90.37	90	1		AS
43632	GASTRECTOMY, PARTIAL, DISTAL; WITH GASTROJEJUNOSTOMY	128.79	123.84	90	1		AS
43633	GASTRECTOMY, PARTIAL, DISTAL; WITH ROUX-EN-Y RECONSTRUCTION	122.39	117.69	90	1		AS
43634	GASTRECTOMY, PARTIAL, DISTAL; WITH FORMATION OF INTESTINAL POUCH	134.94	129.75	90	1		AS
43635	VAGOTOMY WHEN PERFORMED WITH PARTIAL DISTAL GASTRECTOMY (LIST SEPARATELY IN	7.44	7.16	90	1		AS
43640	VAGOTOMY INCLUDING PYLOROPLASTY, WITH OR WITHOUT GASTROSTOMY; TRUNCAL OR SE	75.86	72.95	90	1		AS
43641	VAGOTOMY INCLUDING PYLOROPLASTY, WITH OR WITHOUT GASTROSTOMY; PARIETAL CELL	77.26	74.29	90	1		AS
43644	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS A	111.10	106.83	0	1	PA	AS
43645	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS A	118.65	114.09	0	1	PA	AS
43651	LAPAROSCOPY, SURGICAL; TRANSECTION OF VAGUS NERVES, TRUNCAL	42.02	40.41	90	1		AS
43652	LAPAROSCOPY, SURGICAL; TRANSECTION OF VAGUS NERVES, SELECTIVE OR HIGHLY SEL	49.42	47.52	90	1		AS
43653	LAPAROSCOPY, SURGICAL; GASTROSTOMY, WITHOUT CONSTRUCTION OF GASTRIC TUBE (E	36.22	34.83	90	1		AS
43659	UNLISTED LAPAROSCOPY PROCEDURE, STOMACH	0.00	0.00	0	1	R	AS
43760	CHANGE OF GASTROSTOMY TUBE, PERCUTANEOUS, WITHOUT IMAGING OR ENDOSCOPIC GUI	114.01	109.63	0	1		
43761	REPOSITIONING OF THE GASTRIC FEEDING TUBE, THROUGH THE DUODENUM FOR ENTERIC	51.93	49.94	0	1		
43770	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; PLACEMENT OF ADJUSTAB	71.71	68.96	90	1		AS
43771	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REVISION OF ADJUSTABL	81.85	78.71	90	1		AS
43772	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTABLE	61.54	59.18	90	1		AS
43773	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL AND REPLACEME	81.82	78.68	90	1		AS
43774	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTABLE	61.91	59.53	90	1		AS
43800	PYLOROPLASTY	60.09	57.78	90	1		AS
43810	GASTRODUODENOSTOMY	65.02	62.52	90	1		AS
43820	GASTROJEJUNOSTOMY; WITHOUT VAGOTOMY	84.98	81.72	90	1		AS
43825	GASTROJEJUNOSTOMY; WITH VAGOTOMY, ANY TYPE	83.81	80.59	90	1		AS
43830	GASTROSTOMY, OPEN; WITHOUT CONSTRUCTION OF GASTRIC TUBE (EG, STAMM PROCEDUR	44.87	43.15	90	1		AS
43831	GASTROSTOMY, TEMPORARY (TUBE, RUBBER OR PLASTIC) (SEPARATE PROCEDURE); NEON	37.48	36.04	90	1		AS
43832	GASTROSTOMY, OPEN; WITH CONSTRUCTION OF GASTRIC TUBE (EG, JANEWAY PROCEDURE	68.76	66.12	90	1		AS
43840	GASTRORRHAPHY, SUTURE OF PERFORATED DUODENAL OR GASTRIC ULCER, WOUND, OR IN	86.00	82.70	90	1		AS
43842	GASTRIC RESTRICTIVE PROCEDURE, WITHOUT GASTRIC BYPASS, FOR MORBID OBESITY;	78.66	75.64	90	1	PA	AS
43843	GASTRIC RESTRICTIVE PROCEDURE, WITHOUT GASTRIC BYPASS, FOR MORBID OBESITY;	82.04	78.89	90	1	PA	AS
43846	GASTRIC RESTRICTIVE PROCEDURE, WITH GASTRIC BYPASS FOR MORBID OBESITY; WITH	105.59	101.53	90	1	PA	AS
43847	GASTRIC RESTRICTIVE PROCEDURE, WITH GASTRIC BYPASS FOR MORBID OBESITY; WITH	115.47	111.03	90	1	PA	AS

43848	REVISION, OPEN, OF GASTRIC RESTRICTIVE PROCEDURE FOR MORBID OBESITY, OTHER	124.82	120.02	90	1		AS
43850	REVISION OF GASTRODUODENAL ANASTOMOSIS (GASTRODUODENOSTOMY) WITH RECONSTRUC	105.14	101.10	90	1		AS
43855	REVISION OF GASTRODUODENAL ANASTOMOSIS (GASTRODUODENOSTOMY) WITH RECONSTRUC	109.08	104.89	90	1		AS
43860	REVISION OF GASTROJEJUNAL ANASTOMOSIS (GASTROJEJUNOSTOMY) WITH RECONSTRUCTI	105.97	101.90	90	1		AS
43865	REVISION OF GASTROJEJUNAL ANASTOMOSIS (GASTROJEJUNOSTOMY) WITH RECONSTRUCTI	110.21	105.98	90	1		AS
43870	CLOSURE OF GASTROSTOMY, SURGICAL	45.94	44.18	90	1		AS
43880	CLOSURE OF GASTROCOLIC FISTULA	103.50	99.52	90	1		AS
43886	GASTRIC RESTRICTIVE PROCEDURE, OPEN; REVISION OF SUBCUTANEOUS PORT COMPONENT	21.53	20.71	90	1	R	AS
43887	GASTRIC RESTRICTIVE PROCEDURE, OPEN; REMOVAL OF SUBCUTANEOUS PORT COMPONENT	20.41	19.63	90	1	R	AS
43888	GASTRIC RESTRICTIVE PROCEDURE, OPEN; REMOVAL AND REPLACEMENT OF SUBCUTANEOU	28.88	27.77	90	1	R	AS
44005	ENTEROLYSIS (FREEING OF INTESTINAL ADHESION) (SEPARATE PROCEDURE)	70.87	68.15	90	1		AS
44010	DUODENOTOMY, FOR EXPLORATION, BIOPSY(S), OR FOREIGN BODY REMOVAL	55.79	53.65	90	1		AS
44015	TUBE OR NEEDLE CATHETER JEJUNOSTOMY FOR ENTERAL ALIMENTATION, INTRAOPERATIV	9.53	9.17	0	1		AS
44020	ENTEROTOMY, SMALL INTESTINE, OTHER THAN DUODENUM; FOR EXPLORATION, BIOPSY(S)	62.75	60.34	90	1		AS
44021	ENTEROTOMY, SMALL BOWEL, OTHER THAN DUODENUM; FOR DECOMPRESSION (EG, BAKER	63.37	60.94	90	1		AS
44025	COLOTOMY, FOR EXPLORATION, BIOPSY(S), OR FOREIGN BODY REMOVAL	63.74	61.29	90	1		AS
44050	REDUCTION OF VOLVULUS, INTUSSUSCEPTION, INTERNAL HERNIA, BY LAPAROTOMY	60.45	58.13	90	1		AS
44055	CORRECTION OF MALROTATION BY LYSIS OF DUODENAL BANDS AND/OR REDUCTION OF MI	96.52	92.81	90	1		AS
44110	EXCISION OF ONE OR MORE LESIONS OF SMALL OR LARGE INTESTINE NOT REQUIRING A	54.93	52.82	90	1		AS
44111	EXCISION OF ONE OR MORE LESIONS OF SMALL OR LARGE BOWEL NOT REQUIRING ANAST	63.79	61.34	90	1		AS
44120	ENTERECTOMY, RESECTION OF SMALL INTESTINE; SINGLE RESECTION AND ANASTOMOSIS	78.76	75.74	90	1		AS
44121	ENTERECTOMY, RESECTION OF SMALL INTESTINE; EACH ADDITIONAL RESECTION AND AN	16.04	15.43	0	10		AS
44125	ENTERECTOMY, RESECTION OF SMALL INTESTINE; WITH ENTEROSTOMY	76.39	73.46	90	1		AS
44126	ENTERECTOMY, RESECTION OF SMALL INTESTINE FOR CONGENITAL ATRESIA, SINGLE RE	157.65	151.59	90	1		AS
44127	ENTERECTOMY, RESECTION OF SMALL INTESTINE FOR CONGENITAL ATRESIA, SINGLE RE	184.28	177.20	90	1		AS
44128	ENTERECTOMY, RESECTION OF SMALL INTESTINE FOR CONGENITAL ATRESIA, SINGLE RE	16.39	15.76	0	1		AS
44130	ENTEROENTEROSTOMY, ANASTOMOSIS OF INTESTINE, WITH OR WITHOUT CUTANEOUS ENTE	83.22	80.02	90	1		AS
44139	MOBILIZATION (TAKE-DOWN) OF SPLENIC FLEXURE PERFORMED IN CONJUNCTION WITH P	8.01	7.71	0	1		AS
44140	COLECTOMY, PARTIAL; WITH ANASTOMOSIS	86.87	83.53	90	1		AS
44141	COLECTOMY, PARTIAL; WITH SKIN LEVEL CECOSTOMY OR COLOSTOMY	115.33	110.90	90	1		AS
44143	COLECTOMY, PARTIAL; WITH END COLOSTOMY AND CLOSURE OF DISTAL SEGMENT (HARTM	107.07	102.96	90	1		AS
44144	COLECTOMY, PARTIAL; WITH RESECTION, WITH COLOSTOMY OR ILEOSTOMY AND CREATIO	113.00	108.66	90	1		AS
44145	COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)	107.75	103.61	90	1		AS
44146	COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS), WITH COL	135.69	130.48	90	1		AS
44147	COLECTOMY, PARTIAL; ABDOMINAL AND TRANSANAL APPROACH	122.60	117.89	90	1		AS
44150	COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PROCTECTOMY; WITH ILEOSTOMY OR ILEOPRO	119.30	114.72	90	1		AS
44151	COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PROCTECTOMY; WITH CONTINENT ILEOSTOMY	136.30	131.06	90	1		AS
44155	COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY; WITH ILEOSTOMY	133.21	128.09	90	1		AS
44156	COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY; WITH CONTINENT ILEOSTOMY	145.49	139.90	90	1		AS
44157	COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY; WITH ILEOANAL ANASTOMOSIS, I	147.72	142.04	90	1		AS
44158	COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY; WITH ILEOANAL ANASTOMOSIS, C	151.55	145.73	90	1		AS

44160	COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM WITH ILEOCOLECTOMY	80.16	77.08	90	1		AS
44180	LAPAROSCOPY, SURGICAL; ENTEROLYSIS (FREEING OF INTESTINAL ADHESION) (SEPARA	59.74	57.45	90	1		AS
44186	LAPAROSCOPY, SURGICAL; JEJUNOSTOMY (EG, FOR DECOMPRESSION OR FEEDING)	42.23	40.61	90	1		AS
44187	LAPAROSCOPY, SURGICAL; ILEOSTOMY OR JEJUNOSTOMY, NON-TUBE	71.51	68.76	90	1		AS
44188	LAPAROSCOPY, SURGICAL, COLECTOMY OR SKIN LEVEL CECOSTOMY	78.71	75.69	90	1		AS
44202	LAPAROSCOPY, SURGICAL; ENTERECTOMY, RESECTION OF SMALL INTESTINE, SINGLE RE	89.98	86.52	90	1		AS
44203	LAPAROSCOPY, SURGICAL; EACH ADDITIONAL SMALL INTESTINE RESECTION AND ANASTO	16.01	15.40	0	1		AS
44204	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS	100.07	96.23	90	1		AS
44205	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM W	87.34	83.99	90	1		AS
44206	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH END COLECTOMY AND CLOSURE O	113.86	109.49	90	1		AS
44207	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLOPROCT	119.10	114.52	90	1		AS
44208	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLOPROCT	130.05	125.05	90	1		AS
44210	LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PROCTECTOMY, WI	116.28	111.81	90	1		AS
44211	LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY, WITH	142.80	137.31	90	1		AS
44212	LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY, WITH	133.81	128.67	90	1		AS
44213	LAPAROSCOPY, SURGICAL, MOBILIZATION (TAKE-DOWN) OF SPLENIC FLEXURE PERFORME	12.54	12.06	0	1		AS
44227	LAPAROSCOPY, SURGICAL, CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE, WI	108.09	103.94	90	1		AS
44238	UNLISTED LAPAROSCOPY PROCEDURE, INTESTINE (EXCEPT RECTUM)	0.00	0.00	0	1	R	B AS
44300	PLACEMENT, ENTEROSTOMY OR CECOSTOMY, TUBE OPEN (EG, FOR FEEDING OR DECOMPRE	54.39	52.30	90	1		AS
44310	ILEOSTOMY OR JEJUNOSTOMY, NON-TUBE	67.64	65.04	90	1		AS
44314	REVISION OF ILEOSTOMY; COMPLICATED (RECONSTRUCTION IN-DEPTH) (SEPARATE PROC	65.70	63.18	90	1		AS
44316	CONTINENT ILEOSTOMY (KOCK PROCEDURE) (SEPARATE PROCEDURE)	90.74	87.25	90	1		AS
44320	COLECTOMY OR SKIN LEVEL CECOSTOMY;	77.38	74.41	90	1		AS
44322	COLECTOMY OR SKIN LEVEL CECOSTOMY; WITH MULTIPLE BIOPSIES (EG, FOR CONGENIT	62.20	59.81	90	1		AS
44345	REVISION OF COLECTOMY; COMPLICATED (RECONSTRUCTION IN-DEPTH) (SEPARATE PROC	67.81	65.21	90	1		AS
44346	REVISION OF COLECTOMY; WITH REPAIR OF PARACOLESTOMY HERNIA (SEPARATE PROCED	76.13	73.21	90	1		AS
44602	SUTURE OF SMALL INTESTINE (ENTERORRHAPHY) FOR PERFORATED ULCER, DIVERTICULU	89.85	86.40	90	1		AS
44603	SUTURE OF SMALL INTESTINE (ENTERORRHAPHY) FOR PERFORATED ULCER, DIVERTICULU	103.02	99.06	90	1		AS
44604	SUTURE OF LARGE INTESTINE (COLORRHAPHY) FOR PERFORATED ULCER, DIVERTICULUM,	68.60	65.97	90	1		AS
44605	SUTURE OF LARGE INTESTINE (COLORRHAPHY) FOR PERFORATED ULCER, DIVERTICULUM,	84.55	81.30	90	1		AS
44615	INTESTINAL STRICTUROPLASTY (ENTEROTOMY AND ENTERORRHAPHY) WITH OR WITHOUT D	69.75	67.07	90	1		AS
44620	CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE;	55.84	53.70	90	1		AS
44625	CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE; WITH RESECTION AND ANASTO	65.88	63.35	90	1		AS
44626	CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE; WITH RESECTION AND COLORE	104.48	100.47	90	1		AS
44640	CLOSURE OF INTESTINAL CUTANEOUS FISTULA	91.27	87.76	90	1		AS
44650	CLOSURE OF ENTEROENTERIC OR ENTEROCOLIC FISTULA	94.81	91.17	90	1		AS
44660	CLOSURE OF ENTEROVESICAL FISTULA; WITHOUT INTESTINAL OR BLADDER RESECTION	93.38	89.79	90	1		AS
44661	CLOSURE OF ENTEROVESICAL FISTULA; WITH INTESTINE AND/OR BLADDER RESECTION	103.18	99.22	90	1		AS
44680	INTESTINAL PLICATION (SEPARATE PROCEDURE)	69.44	66.77	90	1		AS
44700	EXCLUSION OF SMALL INTESTINE FROM PELVIS BY MESH OR OTHER PROSTHESIS, OR NA	66.38	63.83	90	1		AS
44701	INTRAOPERATIVE COLONIC LAVAGE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIM	11.05	10.63	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	49.40	47.50	90	1		AS
44820	EXCISION OF LESION OF MESENTERY (SEPARATE PROCEDURE)	54.30	52.22	90	1		AS
44850	SUTURE OF MESENTERY (SEPARATE PROCEDURE)	48.17	46.32	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	49.12	47.24	90	1		AS
44901	INCISION AND DRAINAGE OF APPENDICEAL ABSCESS; PERCUTANEOUS	12.52	12.04	0	1		AS
44950	APPENDECTOMY;	41.50	39.91	90	1		AS
44955	APPENDECTOMY; WHEN DONE FOR INDICATED PURPOSE AT TIME OF OTHER MAJOR PROCED	5.56	5.35	90	1		AS
44960	APPENDECTOMY; FOR RUPTURED APPENDIX WITH ABSCESS OR GENERALIZED PERITONITIS	55.98	53.83	90	1		AS
44970	LAPAROSCOPY, SURGICAL, APPENDECTOMY	38.36	36.89	90	1		AS
44979	UNLISTED LAPAROSCOPY PROCEDURE, APPENDIX	0.00	0.00	0	1	R	AS
45110	PROCTECTOMY; COMPLETE, COMBINED ABDOMINOPERINEAL, WITH COLOSTOMY	119.67	115.07	90	1		AS
45111	PROCTECTOMY; PARTIAL RESECTION OF RECTUM, TRANSABDOMINAL APPROACH	70.46	67.75	90	1		AS
45112	PROCTECTOMY, COMBINED ABDOMINOPERINEAL, PULL-THROUGH PROCEDURE (EG, COLO-AN	122.29	117.59	90	1		AS
45113	PROCTECTOMY, PARTIAL, WITH RECTAL MUCOSECTOMY, ILEOANAL ANASTOMOSIS, CREATI	125.89	121.05	90	1		AS
45114	PROCTECTOMY, PARTIAL, WITH ANASTOMOSIS; ABDOMINAL AND TRANSACRAL APPROACH	115.75	111.30	90	1		AS
45116	PROCTECTOMY, PARTIAL, WITH ANASTOMOSIS; TRANSACRAL APPROACH ONLY (KRASKE TY	104.78	100.75	90	1		AS
45119	PROCTECTOMY, COMBINED ABDOMINOPERINEAL PULL-THROUGH PROCEDURE (EG, COLO-ANA	126.10	121.25	90	1		AS
45120	PROCTECTOMY, COMPLETE (FOR CONGENITAL MEGACOLON), ABDOMINAL AND PERINEAL AP	100.41	96.55	90	1		AS
45121	PROCTECTOMY, COMPLETE (FOR CONGENITAL MEGACOLON), ABDOMINAL AND PERINEAL AP	110.34	106.10	90	1		AS
45123	PROCTECTOMY, PARTIAL, WITHOUT ANASTOMOSIS, PERINEAL APPROACH	71.87	69.11	90	1		AS
45126	PELVIC EXENTERATION FOR COLORECTAL MALIGNANCY, WITH PROCTECTOMY (WITH OR WI	185.84	178.70	90	1	R	AS
45130	EXCISION OF RECTAL PROCIDENTIA, WITH ANASTOMOSIS; PERINEAL APPROACH	70.14	67.45	90	1		AS
45135	EXCISION OF RECTAL PROCIDENTIA, WITH ANASTOMOSIS; ABDOMINAL AND PERINEAL AP	86.55	83.23	90	1		AS
45136	EXCISION OF ILEOANAL RESERVOIR WITH ILEOSTOMY	118.68	114.12	90	1		AS
45160	EXCISION OF RECTAL TUMOR BY PROCTOTOMY, TRANSACRAL OR TRANSCOCCYGEAL APPROA	63.48	61.04	90	1		AS
45170	EXCISION OF RECTAL TUMOR, TRANSANAL APPROACH	50.15	48.23	90	1		AS
45190	DESTRUCTION OF RECTAL TUMOR (EG, ELECTRODESSICATION, ELECTROSURGERY, LASER	44.27	42.57	90	1		AS
45395	LAPAROSCOPY, SURGICAL; PROCTECTOMY, COMPLETE, COMBINED ABDOMINOPERINEAL, WI	129.05	124.09	90	1		AS
45397	LAPAROSCOPY, SURGICAL; PROCTECTOMY, COMBINED ABDOMINOPERINEAL PULL-THROUGH	139.46	134.10	90	1		AS
45400	LAPAROSCOPY, SURGICAL; PROCTOPEXY (FOR PROLAPSE)	74.27	71.42	90	1		AS
45402	LAPAROSCOPY, SURGICAL; PROCTOPEXY (FOR PROLAPSE), WITH SIGMOID RESECTION	99.15	95.34	90	1		AS
45540	PROCTOPEXY (EG, FOR PROLAPSE); ABDOMINAL APPROACH	67.19	64.61	90	1		AS
45541	PROCTOPEXY FOR PROLAPSE; PERINEAL APPROACH	59.74	57.45	90	1		AS
45550	PROCTOPEXY (EG, FOR PROLAPSE); WITH SIGMOID RESECTION, ABDOMINAL APPROACH	94.74	91.10	90	1		AS
45560	REPAIR OF RECTOCELE (SEPARATE PROCEDURE)	47.22	45.41	90	1		AS
45562	EXPLORATION, REPAIR, AND PRESACRAL DRAINAGE FOR RECTAL INJURY;	72.58	69.79	90	1		AS
45563	EXPLORATION, REPAIR, AND PRESACRAL DRAINAGE FOR RECTAL INJURY; WITH COLOSTO	104.78	100.75	90	1		AS
45800	CLOSURE OF RECTOVESICAL FISTULA;	81.51	78.38	90	1		AS
45805	CLOSURE OF RECTOVESICAL FISTULA; WITH COLOSTOMY	91.86	88.33	90	1		AS

45820	CLOSURE OF RECTOURETHRAL FISTULA;	80.80	77.70	90	1		AS
45825	CLOSURE OF RECTOURETHRAL FISTULA; WITH COLOSTOMY	93.56	89.97	90	1		AS
46705	ANOPLASTY, PLASTIC OPERATION FOR STRICTURE; INFANT	32.14	30.91	90	1		AS
46710	REPAIR OF ILEOANAL POUCH FISTULA/SINUS (EG, PERINEAL OR VAGINAL), POUCH ADV	67.79	65.19	90	1		AS
46712	REPAIR OF ILEOANAL POUCH FISTULA/SINUS (EG, PERINEAL OR VAGINAL), POUCH ADV	141.15	135.73	90	1		AS
46715	REPAIR OF LOW IMPERFORATE ANUS; WITH ANOPERINEAL FISTULA ("CUT-BACK" PROC	31.93	30.71	90	1		AS
46716	REPAIR OF LOW IMPERFORATE ANUS; WITH TRANSPOSITION OF ANOPERINEAL OR ANOVES	74.01	71.17	90	1		AS
46730	REPAIR OF HIGH IMPERFORATE ANUS WITHOUT FISTULA; PERINEAL OR SACROPERINEAL	117.97	113.44	90	1		AS
46735	REPAIR OF HIGH IMPERFORATE ANUS WITHOUT FISTULA; COMBINED TRANSABDOMINAL AN	140.84	135.43	90	1		AS
46740	REPAIR OF HIGH IMPERFORATE ANUS WITH RECTOURETHRAL OR RECTOVAGINAL FISTULA;	133.66	128.52	90	1		AS
46742	REPAIR OF HIGH IMPERFORATE ANUS WITH RECTOURETHRAL OR RECTOVAGINAL FISTULA;	147.98	142.29	90	1		AS
46744	REPAIR OF CLOACAL ANOMALY BY ANORECTOVAGINOPLASTY AND URETHROPLASTY, SACROP	216.95	208.61	90	1		AS
46746	REPAIR OF CLOACAL ANOMALY BY ANORECTOVAGINOPLASTY AND URETHROPLASTY, COMBIN	241.29	232.01	90	1		AS
46748	REPAIR OF CLOACAL ANOMALY BY ANORECTOVAGINOPLASTY AND URETHROPLASTY, COMBIN	249.17	239.59	90	1		AS
46750	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE OR PROLAPSE; ADULT	49.36	47.47	90	1		AS
46751	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE OR PROLAPSE; CHILD	39.59	38.07	90	1		AS
46760	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT; MUSCLE TRANSPLANT	70.20	67.50	90	1		AS
46761	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT; LEVATOR MUSCLE IMBRICATION	60.26	57.95	90	1		AS
46762	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT; IMPLANTATION ARTIFICIAL SP	60.06	57.75	90	1		AS
46900	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAG	93.75	90.15	10	1		
46924	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGI	206.14	198.22	10	1		
47010	HEPATOTOMY; FOR OPEN DRAINAGE OF ABSCESS OR CYST, ONE OR TWO STAGES	76.83	73.88	90	1		AS
47011	HEPATOTOMY; FOR PERCUTANEOUS DRAINAGE OF ABSCESS OR CYST, ONE OR TWO STAGES	13.66	13.14	0	1		AS
47015	LAPAROTOMY, WITH ASPIRATION AND/OR INJECTION OF HEPATIC PARASITIC (EG, AMOE	74.17	71.32	90	1		AS
47100	BIOPSY OF LIVER, WEDGE	53.91	51.84	90	1		AS
47120	HEPATECTOMY, RESECTION OF LIVER; PARTIAL LOBECTOMY	150.43	144.65	90	1		AS
47122	HEPATECTOMY, RESECTION OF LIVER; TRISEGMENTECTOMY	222.98	214.41	90	1		AS
47125	HEPATECTOMY, RESECTION OF LIVER; TOTAL LEFT LOBECTOMY	200.09	192.40	90	1		AS
47130	HEPATECTOMY, RESECTION OF LIVER; TOTAL RIGHT LOBECTOMY	214.67	206.42	90	1		AS
47135	LIVER ALLOTRANSPLANTATION; ORTHOTOPIC, PARTIAL OR WHOLE, FROM CADAVER OR LI	316.26	304.10	90	1		AS
47136	LIVER ALLOTRANSPLANTATION; HETEROTOPIC, PARTIAL OR WHOLE, FROM CADAVER OR L	270.21	259.82	90	1		AS
47300	MARSUPIALIZATION OF CYST OR ABSCESS OF LIVER	72.52	69.74	90	1		AS
47350	MANAGEMENT OF LIVER HEMORRHAGE; SIMPLE SUTURE OF LIVER WOUND OR INJURY	88.16	84.77	90	1		AS
47360	MANAGEMENT OF LIVER HEMORRHAGE; COMPLEX SUTURE OF LIVER WOUND OR INJURY, WI	119.72	115.12	90	1		AS
47361	MANAGEMENT OF LIVER HEMORRHAGE; EXPLORATION OF HEPATIC WOUND, EXTENSIVE DEB	197.95	190.34	90	1		AS
47362	MANAGEMENT OF LIVER HEMORRHAGE; RE-EXPLORATION OF HEPATIC WOUND FOR REMOVAL	92.08	88.54	90	1		AS
47370	LAPAROSCOPY, SURGICAL, ABLATION OF ONE OR MORE LIVER TUMOR(S); RADIOFREQUEN	80.83	77.73	90	1		AS
47371	LAPAROSCOPY, SURGICAL, ABLATION OF ONE OR MORE LIVER TUMOR(S); CRYOSURGICAL	81.49	78.36	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	93.84	90.24	90	1		AS
47381	ABLATION, OPEN, OF ONE OR MORE LIVER TUMOR(S); CRYOSURGICAL	96.41	92.71	90	1		AS

47382	ABLATION, ONE OR MORE LIVER TUMOR(S), PERCUTANEOUS, RADIOFREQUENCY	58.43	56.19	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	136.77	131.51	90	1		AS
47420	CHOLEDOCHOTOMY OR CHOLEDOCHOSTOMY WITH EXPLORATION, DRAINAGE, OR REMOVAL OF	86.50	83.18	90	1		AS
47425	CHOLEDOCHOTOMY OR CHOLEDOCHOSTOMY WITH EXPLORATION, DRAINAGE, OR REMOVAL OF	87.47	84.11	90	1		AS
47460	TRANSDUODENAL SPHINCTEROTOMY OR SPHINCTEROPLASTY, WITH OR WITHOUT TRANSDUOD	83.00	79.81	90	1		AS
47480	CHOLECYSTOTOMY OR CHOLECYSTOSTOMY WITH EXPLORATION, DRAINAGE, OR REMOVAL OF	55.35	53.23	90	1		AS
47550	BILIARY ENDOSCOPY, INTRAOPERATIVE (CHOLEDOCHOSCOPY) (LIST SEPARATELY IN ADD	10.97	10.55	0	1		AS
47562	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY	47.98	46.14	90	1		AS
47563	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY WITH CHOLANGIOGRAPHY	48.81	46.94	90	1		AS
47564	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT	56.24	54.08	90	1		AS
47570	LAPAROSCOPY, SURGICAL; CHOLECYSTOENTEROSTOMY	50.12	48.20	90	1		AS
47579	UNLISTED LAPAROSCOPY PROCEDURE, BILIARY TRACT	0.00	0.00	0	1	R	AS
47600	CHOLECYSTECTOMY;	68.92	66.27	90	1		AS
47605	CHOLECYSTECTOMY; WITH CHOLANGIOGRAPHY	63.35	60.92	90	1		AS
47610	CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT;	80.99	77.88	90	1		AS
47612	CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT; WITH CHOLEDOCHOENTEROSTOMY	81.77	78.63	90	1		AS
47620	CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT; WITH TRANSDUODENAL SPHINCT	88.57	85.17	90	1		AS
47700	EXPLORATION FOR CONGENITAL ATRESIA OF BILE DUCTS, WITHOUT REPAIR, WITH OR W	67.35	64.76	90	1		AS
47711	EXCISION OF BILE DUCT TUMOR, WITH OR WITHOUT PRIMARY REPAIR OF BILE DUCT; E	100.54	96.68	90	1		AS
47712	EXCISION OF BILE DUCT TUMOR, WITH OR WITHOUT PRIMARY REPAIR OF BILE DUCT; I	128.53	123.59	90	1		AS
47715	EXCISION OF CHOLEDOCHAL CYST	84.98	81.72	90	1		AS
47720	CHOLECYSTOENTEROSTOMY; DIRECT	73.25	70.44	90	1		AS
47721	CHOLECYSTOENTEROSTOMY; WITH GASTROENTEROSTOMY	86.09	82.78	90	1		AS
47740	CHOLECYSTOENTEROSTOMY; ROUX-EN-Y	83.27	80.07	90	1		AS
47741	CHOLECYSTOENTEROSTOMY; ROUX-EN-Y WITH GASTROENTEROSTOMY	94.53	90.90	90	1		AS
47760	ANASTOMOSIS, OF EXTRAHEPATIC BILIARY DUCTS AND GASTROINTESTINAL TRACT	142.72	137.24	90	1		AS
47765	ANASTOMOSIS, OF INTRAHEPATIC DUCTS AND GASTROINTESTINAL TRACT	188.88	181.62	90	1		AS
47780	ANASTOMOSIS, ROUX-EN-Y, OF EXTRAHEPATIC BILIARY DUCTS AND GASTROINTESTINAL	156.21	150.21	90	1		AS
47785	ANASTOMOSIS, ROUX-EN-Y, OF INTRAHEPATIC BILIARY DUCTS AND GASTROINTESTINAL	203.77	195.94	90	1		AS
47800	RECONSTRUCTION, PLASTIC, OF EXTRAHEPATIC BILIARY DUCTS WITH END-TO-END ANAS	101.67	97.76	90	1		AS
47801	PLACEMENT OF CHOLEDOCHAL STENT	70.75	68.03	90	1		AS
47802	U-TUBE HEPATICOENTEROSTOMY	97.61	93.86	90	1		AS
47900	SUTURE OF EXTRAHEPATIC BILIARY DUCT FOR PRE-EXISTING INJURY (SEPARATE PROCE	88.38	84.99	90	1		AS
47999	UNLISTED PROCEDURE, BILIARY TRACT	0.00	0.00	90	1	R	AS
48000	PLACEMENT OF DRAINS, PERIPANCREATIC, FOR ACUTE PANCREATITIS;	120.67	116.03	90	1		AS
48001	PLACEMENT OF DRAINS, PERIPANCREATIC, FOR ACUTE PANCREATITIS; WITH CHOLECYST	149.02	143.29	90	1		AS
48020	REMOVAL OF PANCREATIC CALCULUS	74.98	72.10	90	1		AS
48100	BIOPSY OF PANCREAS, OPEN (EG, FINE NEEDLE ASPIRATION, NEEDLE CORE BIOPSY, W	57.39	55.19	90	1		AS
48105	RESECTION OR DEBRIDEMENT OF PANCREAS AND PERIPANCREATIC TISSUE FOR ACUTE NE	183.96	176.89	90	1		AS
48120	EXCISION OF LESION OF PANCREAS (EG, CYST, ADENOMA)	71.32	68.58	90	1		AS

48140	PANCREATECTOMY, DISTAL SUBTOTAL, WITH OR WITHOUT SPLENECTOMY; WITHOUT PANCR	100.88	97.00	90	1		AS
48145	PANCREATECTOMY, DISTAL SUBTOTAL, WITH OR WITHOUT SPLENECTOMY; WITH PANCREAT	104.54	100.52	90	1		AS
48146	PANCREATECTOMY, DISTAL, NEAR-TOTAL WITH PRESERVATION OF DUODENUM (CHILD-TYP	119.86	115.25	90	1		AS
48148	EXCISION OF AMPULLA OF VATER	80.42	77.33	90	1		AS
48150	PANCREATECTOMY, PROXIMAL SUBTOTAL WITH TOTAL DUODENECTOMY, PARTIAL GASTRECT	201.18	193.45	90	1		AS
48152	PANCREATECTOMY, PROXIMAL SUBTOTAL WITH TOTAL DUODENECTOMY, PARTIAL GASTRECT	185.84	178.70	90	1		AS
48153	PANCREATECTOMY, PROXIMAL SUBTOTAL WITH NEAR-TOTAL DUODENECTOMY, CHOLEDOCHOE	200.82	193.10	90	1		AS
48154	PANCREATECTOMY, PROXIMAL SUBTOTAL WITH NEAR-TOTAL DUODENECTOMY, CHOLEDOCHOE	187.15	179.96	90	1		AS
48155	PANCREATECTOMY, TOTAL	116.33	111.86	90	1		AS
48500	MARSUPIALIZATION OF PANCREATIC CYST	72.47	69.69	90	1		AS
48510	EXTERNAL DRAINAGE, PSEUDOCYST OF PANCREAS; OPEN	69.26	66.60	90	1		AS
48511	EXTERNAL DRAINAGE, PSEUDOCYST OF PANCREAS; PERCUTANEOUS	14.78	14.22	0	1		AS
48520	INTERNAL ANASTOMOSIS OF PANCREATIC CYST TO GASTROINTESTINAL TRACT; DIRECT	70.46	67.75	90	1		AS
48540	INTERNAL ANASTOMOSIS OF PANCREATIC CYST TO GASTROINTESTINAL TRACT; ROUX-EN-	84.34	81.10	90	1		AS
48545	PANCREATORRHAPHY FOR INJURY	85.98	82.68	90	1		AS
48547	DUODENAL EXCLUSION WITH GASTROJEJUNOSTOMY FOR PANCREATIC INJURY	114.88	110.47	90	1		AS
48548	PANCREATICOJEJUNOSTOMY, SIDE-TO-SIDE ANASTOMOSIS (PUSTOW-TYPE OPERATION)	107.49	103.36	90	1		AS
48554	TRANSPLANTATION OF PANCREATIC ALLOGRAFT	161.38	155.18	0	1		AS
48556	REMOVAL OF TRANSPLANTED PANCREATIC ALLOGRAFT	79.84	76.77	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	50.10	48.18	90	1		AS
49002	REOPENING OF RECENT LAPAROTOMY	66.15	63.61	90	1		AS
49010	EXPLORATION, RETROPERITONEAL AREA WITH OR WITHOUT BIOPSY(S) (SEPARATE PROCE	61.91	59.53	90	1		AS
49020	DRAINAGE OF PERITONEAL ABSCESS OR LOCALIZED PERITONITIS, EXCLUSIVE OF APPEN	102.45	98.51	90	1		AS
49040	DRAINAGE OF SUBDIAPHRAGMATIC OR SUBPHRENIC ABSCESS; OPEN	64.37	61.90	90	1		AS
49041	DRAINAGE OF SUBDIAPHRAGMATIC OR SUBPHRENIC ABSCESS; PERCUTANEOUS	14.78	14.22	0	1		AS
49061	DRAINAGE OF RETROPERITONEAL ABSCESS; PERCUTANEOUS	13.69	13.17	0	1		AS
49062	DRAINAGE OF EXTRAPERITONEAL LYMPHOCELE TO PERITONEAL CAVITY, OPEN	48.69	46.82	90	1		AS
49203	EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL TUMORS, CYSTS OR ENDOMETRIOM	78.22	75.22	90	1		AS
49204	EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL TUMORS, CYSTS OR ENDOMETRIOM	99.86	96.02	90	1		AS
49205	EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL TUMORS, CYSTS OR ENDOMETRIOM	114.34	109.95	90	1		AS
49215	EXCISION OF PRESACRAL OR SACROCOCCYGEAL TUMOR	143.04	137.54	90	1		AS
49220	STAGING LAPAROTOMY FOR HODGKINS DISEASE OR LYMPHOMA (INCLUDES SPLENECTOMY,	62.85	60.44	90	1		AS
49255	OMENTECTOMY, EPIPLOECTOMY, RESECTION OF OMENTUM (SEPARATE PROCEDURE)	50.88	48.93	90	1		AS
49320	LAPAROSCOPY, ABDOMEN, PERITONEUM, AND OMENTUM, DIAGNOSTIC, WITH OR WITHOUT	21.38	20.56	10	1		AS
49321	LAPAROSCOPY, SURGICAL; WITH BIOPSY (SINGLE OR MULTIPLE)	22.60	21.74	10	1		AS
49322	LAPAROSCOPY, SURGICAL, ABDOMEN, PERITONEUM, AND OMENTUM; WITH ASPIRATION OF	24.30	23.37	10	1		AS
49323	LAPAROSCOPY, SURGICAL, ABDOMEN, PERITONEUM, AND OMENTUM; WITH DRAINAGE OF L	41.87	40.26	90	1		AS
49324	LAPAROSCOPY, SURGICAL; WITH INSERTION OF INTRAPERITONEAL CANNULA OR CATHETE	25.58	24.60	10	1		AS
49325	LAPAROSCOPY, SURGICAL; WITH REVISION OF PREVIOUSLY PLACED INTRAPERITONEAL C	27.54	26.49	10	1		AS
49326	LAPAROSCOPY, SURGICAL; WITH OMENTOPEXY (OMENTAL TACKING PROCEDURE) (LIST SE	12.69	12.21	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	49.55	47.65	90	1		AS
49435	INSERTION OF SUBCUTANEOUS EXTENSION TO INTRAPERITONEAL CANNULA OR CATHETER	8.23	7.92	0	1		AS
49436	DELAYED CREATION OF EXIT SITE FROM EMBEDDED SUBCUTANEOUS SEGMENT OF INTRAPE	12.10	11.64	10	1		AS
49491	REPAIR, INITIAL INGUINAL HERNIA, PRETERM INFANT (LESS THAN 37 WEEKS GESTATI	48.19	46.34	90	1		B AS
49492	REPAIR, INITIAL INGUINAL HERNIA, PRETERM INFANT (LESS THAN 37 WEEKS GESTATI	61.04	58.70	90	1		B AS
49495	REPAIR, INITIAL INGUINAL HERNIA, FULL TERM INFANT UNDER AGE 6 MONTHS, OR PR	26.00	25.00	90	1		B AS
49496	REPAIR INITIAL INGUINAL HERNIA, UNDER AGE 6 MONTHS, WITH OR WITHOUT HYDROCE	38.78	37.29	90	1		B AS
49500	REPAIR INITIAL INGUINAL HERNIA, AGE 6 MONTHS TO UNDER 5 YEARS, WITH OR WITH	26.44	25.43	90	1		B AS
49501	REPAIR INITIAL INGUINAL HERNIA, AGE 6 MONTHS TO UNDER 5 YEARS, WITH OR WITH	38.34	36.87	90	1		B AS
49505	REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OVER; REDUCIBLE	33.42	32.14	90	1		B AS
49507	REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OVER; INCARCERATED OR STRANG	41.00	39.43	90	1		B AS
49520	REPAIR RECURRENT INGUINAL HERNIA, ANY AGE; REDUCIBLE	40.69	39.13	90	1		B AS
49521	REPAIR RECURRENT INGUINAL HERNIA, ANY AGE; INCARCERATED OR STRANGULATED	49.47	47.57	90	1		B AS
49525	REPAIR INGUINAL HERNIA, SLIDING, ANY AGE	36.84	35.43	90	1		B AS
49540	REPAIR LUMBAR HERNIA	43.40	41.74	90	1		B AS
49550	REPAIR INITIAL FEMORAL HERNIA, ANY AGE, REDUCIBLE;	37.01	35.59	90	1		B AS
49553	REPAIR INITIAL FEMORAL HERNIA, ANY AGE; INCARCERATED OR STRANGULATED	40.50	38.95	90	1		B AS
49555	REPAIR RECURRENT FEMORAL HERNIA; REDUCIBLE	38.44	36.97	90	1		B AS
49557	REPAIR RECURRENT FEMORAL HERNIA; INCARCERATED OR STRANGULATED	46.62	44.83	90	1		B AS
49560	REPAIR INITIAL INCISIONAL OR VENTRAL HERNIA; REDUCIBLE	47.67	45.84	90	1		B AS
49561	REPAIR INITIAL INCISIONAL HERNIA; INCARCERATED OR STRANGULATED	60.09	57.78	90	1		B AS
49565	REPAIR RECURRENT INCISIONAL OR VENTRAL HERNIA; REDUCIBLE	49.36	47.47	90	1		B AS
49566	REPAIR RECURRENT INCISIONAL HERNIA; INCARCERATED OR STRANGULATED	60.66	58.33	90	1		B AS
49568	IMPLANTATION OF MESH OR OTHER PROSTHESIS FOR INCISIONAL OR VENTRAL HERNIA R	17.66	16.99	0	1		B AS
49570	REPAIR EPIGASTRIC HERNIA (EG, PREPERITONEAL FAT); REDUCIBLE (SEPARATE PROCE	26.39	25.38	90	1		B AS
49572	REPAIR EPIGASTRIC HERNIA (EG, PREPERITONEAL FAT); INCARCERATED OR STRANGULA	32.66	31.41	90	1		B AS
49580	REPAIR UMBILICAL HERNIA, UNDER AGE 5 YEARS; REDUCIBLE	20.59	19.80	90	1	PA	AS
49582	REPAIR UMBILICAL HERNIA, UNDER AGE 5 YEARS; INCARCERATED OR STRANGULATED	30.36	29.20	90	1		AS
49585	REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OVER; REDUCIBLE	28.32	27.24	90	1		AS
49587	REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OVER; INCARCERATED OR STRANGULATED	33.47	32.19	90	1		AS
49590	REPAIR SPIGELIAN HERNIA	36.69	35.28	90	1		B AS
49600	REPAIR OF SMALL OMPHALOCELE, WITH PRIMARY CLOSURE	47.48	45.66	90	1		AS
49605	REPAIR OF LARGE OMPHALOCELE OR GASTROSCHISIS; WITH OR WITHOUT PROSTHESIS	323.63	311.19	90	1		AS
49606	REPAIR OF LARGE OMPHALOCELE OR GASTROSCHISIS; WITH REMOVAL OF PROSTHESIS, F	73.60	70.77	90	1		AS
49610	REPAIR OF OMPHALOCELE (GROSS TYPE OPERATION); FIRST STAGE	44.92	43.20	90	1		AS
49611	REPAIR OF OMPHALOCELE (GROSS TYPE OPERATION); SECOND STAGE	37.24	35.81	90	1		AS
49650	LAPAROSCOPY, SURGICAL; REPAIR INITIAL INGUINAL HERNIA	27.65	26.59	90	1		B AS
49651	LAPAROSCOPY, SURGICAL; REPAIR RECURRENT INGUINAL HERNIA	35.70	34.33	90	1		B 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	52.71	50.69	90	1		AS

49904	OMENTAL FLAP, EXTRA-ABDOMINAL (EG, FOR RECONSTRUCTION OF STERNAL AND CHEST	96.04	92.35	90	1	PA	AS
49905	OMENTAL FLAP, INTRA-ABDOMINAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIM	23.47	22.57	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	51.71	49.73	90	1		AS
50021	DRAINAGE OF PERIRENAL OR RENAL ABSCESS; PERCUTANEOUS	12.52	12.04	0	1		AS
50045	NEPHROTOMY, WITH EXPLORATION	68.10	65.49	90	1		AS
50060	NEPHROLITHOTOMY; REMOVAL OF CALCULUS	86.22	82.91	90	1		AS
50065	NEPHROLITHOTOMY; SECONDARY SURGICAL OPERATION FOR CALCULUS	92.23	88.69	90	1		AS
50070	NEPHROLITHOTOMY; COMPLICATED BY CONGENITAL KIDNEY ABNORMALITY	90.11	86.65	90	1		AS
50075	NEPHROLITHOTOMY; REMOVAL OF LARGE STAGHORN CALCULUS FILLING RENAL PELVIS AN	110.37	106.13	90	1		AS
50081	PERCUTANEOUS NEPHROSTOLITHOTOMY OR PYEOSTOLITHOTOMY, WITH OR WITHOUT DILAT	96.80	93.08	90	1		AS
50100	TRANSECTION OR REPOSITIONING OF ABERRANT RENAL VESSELS (SEPARATE PROCEDURE)	67.66	65.06	90	1		AS
50120	PYELOTOMY; WITH EXPLORATION	71.58	68.83	90	1		AS
50125	PYELOTOMY; WITH DRAINAGE, PYELOSTOMY	75.32	72.43	90	1		AS
50130	PYELOTOMY; WITH REMOVAL OF CALCULUS (PYEOLITHOTOMY, PELVIOLITHOTOMY, INCLU	78.28	75.27	90	1		AS
50135	PYELOTOMY; COMPLICATED (EG, SECONDARY OPERATION, CONGENITAL KIDNEY ABNORMAL	84.86	81.60	90	1		AS
50205	RENAL BIOPSY; BY SURGICAL EXPOSURE OF KIDNEY	49.66	47.75	90	1	B	AS
50220	NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY, ANY OPEN APPROACH INCLUDING RI	76.83	73.88	90	1	B	AS
50225	NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY, ANY APPROACH INCLUDING RIB RES	89.51	86.07	90	1		AS
50230	NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY, ANY APPROACH INCLUDING RIB RES	96.38	92.68	90	1		AS
50234	NEPHRECTOMY WITH TOTAL URETERECTOMY AND BLADDER CUFF; THROUGH SAME INCISION	98.08	94.31	90	1		AS
50236	NEPHRECTOMY WITH TOTAL URETERECTOMY AND BLADDER CUFF; THROUGH SEPARATE INCI	110.89	106.63	90	1		AS
50240	NEPHRECTOMY, PARTIAL	99.75	95.92	90	1		AS
50250	ABLATION, OPEN, ONE OR MORE RENAL MASS LESION(S), CRYOSURGICAL, INCLUDING I	91.32	87.81	90	1	B	AS
50280	EXCISION OR UNROOFING OF CYST(S) OF KIDNEY	71.08	68.35	90	1		AS
50290	EXCISION OF PERINEPHRIC CYST	65.72	63.20	90	1		AS
50340	RECIPIENT NEPHRECTOMY (SEPARATE PROCEDURE)	60.94	58.60	90	1	B	AS
50360	RENAL ALLOTRANSPLANTATION, IMPLANTATION OF GRAFT; WITHOUT RECIPIENT NEPHREC	164.52	158.20	90	1		AS
50365	RENAL ALLOTRANSPLANTATION, IMPLANTATION OF GRAFT; WITH RECIPIENT NEPHRECTOM	181.71	174.73	90	1		AS
50370	REMOVAL OF TRANSPLANTED RENAL ALLOGRAFT	77.23	74.26	90	1		AS
50380	RENAL AUTOTRANSPLANTATION, REIMPLANTATION OF KIDNEY	126.44	121.58	90	1		AS
50400	PYELOPLASTY (FOLEY Y-PYELOPLASTY), PLASTIC OPERATION ON RENAL PELVIS, WITH	87.42	84.06	90	1		AS
50405	PYELOPLASTY (FOLEY Y-PYELOPLASTY), PLASTIC OPERATION ON RENAL PELVIS, WITH	105.53	101.48	90	1		AS
50500	NEPHRORRHAPHY, SUTURE OF KIDNEY WOUND OR INJURY	83.08	79.89	90	1		AS
50520	CLOSURE OF NEPHROCUTANEOUS OR PYELOCUTANEOUS FISTULA	77.02	74.06	90	1		AS
50525	CLOSURE OF NEPHROVISCERAL FISTULA (EG, RENOCOLIC), INCLUDING VISCERAL REPAI	98.92	95.12	90	1		AS
50526	CLOSURE OF NEPHROVISCERAL FISTULA (EG, RENOCOLIC), INCLUDING VISCERAL REPAI	94.76	91.12	90	1		AS
50540	SYMPHYOTOMY FOR HORSESHOE KIDNEY WITH OR WITHOUT PYELOPLASTY AND/OR OTHER	86.06	82.75	90	1		AS
50541	LAPAROSCOPY, SURGICAL; ABLATION OF RENAL CYSTS	69.49	66.82	90	1		AS
50542	LAPAROSCOPY, SURGICAL; ABLATION OF RENAL MASS LESION(S)	88.21	84.82	90	1		AS
50543	LAPAROSCOPY, SURGICAL; PARTIAL NEPHRECTOMY	112.62	108.29	90	1		AS

50544	LAPAROSCOPY, SURGICAL; PYELOPLASTY	94.84	91.20	90	1	AS
50545	LAPAROSCOPY, SURGICAL; RADICAL NEPHRECTOMY (INCLUDES REMOVAL OF GEROTA±S FA	101.37	97.48	90	1	B AS
50546	LAPAROSCOPY, SURGICAL; NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY	90.30	86.83	90	1	AS
50548	LAPAROSCOPY, SURGICAL; NEPHRECTOMY WITH TOTAL URETERECTOMY	102.21	98.28	90	1	AS
50562	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITH	44.40	42.70	90	1	AS
50592	ABLATION, ONE OR MORE RENAL TUMOR(S), PERCUTANEOUS, UNILATERAL, RADIOFREQUE	26.65	25.63	10	1	AS
50593	ABLATION, RENAL TUMOR(S), UNILATERAL, PERCUTANEOUS, CRYOTHERAPY	34.25	32.94	10	1	B AS
50600	URETEROTOMY WITH EXPLORATION OR DRAINAGE (SEPARATE PROCEDURE)	69.73	67.05	90	1	B AS
50605	URETEROTOMY FOR INSERTION OF INDWELLING STENT, ALL TYPES	67.95	65.34	90	2	B AS
50610	URETEROLITHOTOMY; UPPER ONE-THIRD OF URETER	71.94	69.18	90	1	B AS
50620	URETEROLITHOTOMY; MIDDLE ONE-THIRD OF URETER	68.60	65.97	90	1	B AS
50630	URETEROLITHOTOMY; LOWER ONE-THIRD OF URETER	66.31	63.76	90	1	B AS
50650	URETERECTOMY, WITH BLADDER CUFF (SEPARATE PROCEDURE)	78.04	75.04	90	1	AS
50660	URETERECTOMY, TOTAL, ECTOPIC URETER, COMBINATION ABDOMINAL, VAGINAL AND/OR	86.19	82.88	90	1	AS
50700	URETEROPLASTY, PLASTIC OPERATION ON URETER (EG, STRICTURE)	69.44	66.77	90	1	AS
50715	URETEROLYSIS, WITH OR WITHOUT REPOSITIONING OF URETER FOR RETROPERITONEAL F	81.46	78.33	90	1	B AS
50722	URETEROLYSIS FOR OVARIAN VEIN SYNDROME	70.51	67.80	90	1	AS
50725	URETEROLYSIS FOR RETROCAVAL URETER, WITH REANASTOMOSIS OF UPPER URINARY TRA	79.42	76.37	90	1	AS
50727	REVISION OF URINARY-CUTANEOUS ANASTOMOSIS (ANY TYPE UROSTOMY);	37.91	36.46	90	1	AS
50728	REVISION OF URINARY-CUTANEOUS ANASTOMOSIS (ANY TYPE UROSTOMY); WITH REPAIR	51.61	49.63	90	1	AS
50740	URETEROPYELOSTOMY, ANASTOMOSIS OF URETER AND RENAL PELVIS	80.68	77.58	90	1	AS
50750	URETEROCALYCOSTOMY, ANASTOMOSIS OF URETER TO RENAL CALYX	87.63	84.26	90	1	AS
50760	URETEROURETEROSTOMY	81.98	78.83	90	1	AS
50770	TRANSURETEROURETEROSTOMY, ANASTOMOSIS OF URETER TO CONTRALATERAL URETER	87.29	83.94	90	1	AS
50780	URETERONEOCYSTOSTOMY; ANASTOMOSIS OF SINGLE URETER TO BLADDER	82.11	78.96	90	1	B AS
50782	URETERONEOCYSTOSTOMY; ANASTOMOSIS OF DUPLICATED URETER TO BLADDER	81.04	77.93	90	1	B AS
50783	URETERONEOCYSTOSTOMY; WITH EXTENSIVE URETERAL TAILORING	85.28	82.00	90	1	B AS
50785	URETERONEOCYSTOSTOMY; WITH VESICO-PSOAS HITCH OR BLADDER FLAP	90.77	87.28	90	1	B AS
50800	URETEROENTEROSTOMY, DIRECT ANASTOMOSIS OF URETER TO INTESTINE	69.49	66.82	90	1	B AS
50810	URETEROSIGMOIDOSTOMY, WITH CREATION OF SIGMOID BLADDER AND ESTABLISHMENT OF	92.20	88.66	90	1	AS
50815	URETEROCOLON CONDUIT, INCLUDING INTESTINE ANASTOMOSIS	91.65	88.13	90	1	B AS
50820	URETEROILEAL CONDUIT (ILEAL BLADDER), INCLUDING INTESTINE ANASTOMOSIS (BRIC	98.40	94.62	90	1	B AS
50825	CONTINENT DIVERSION, INCLUDING INTESTINE ANASTOMOSIS USING ANY SEGMENT OF S	124.06	119.29	90	1	AS
50830	URINARY UNDIVERSION (EG, TAKING DOWN OF URETEROILEAL CONDUIT, URETEROSIGMOI	134.78	129.60	90	1	AS
50840	REPLACEMENT OF ALL OR PART OF URETER BY INTESTINE SEGMENT, INCLUDING INTEST	93.01	89.44	90	1	B AS
50845	CUTANEOUS APPENDICO-VESICOSTOMY	93.69	90.09	90	1	AS
50860	URETEROSTOMY, TRANSPLANTATION OF URETER TO SKIN	71.71	68.96	90	1	B AS
50900	URETERORRHAPHY, SUTURE OF URETER (SEPARATE PROCEDURE)	62.77	60.36	90	1	AS
50920	CLOSURE OF URETEROCUTANEOUS FISTULA	65.83	63.30	90	1	AS
50930	CLOSURE OF URETEROVISCERAL FISTULA (INCLUDING VISCERAL REPAIR)	80.52	77.43	90	1	AS
50940	DELIGATION OF URETER	64.89	62.40	90	1	B AS

50945	LAPAROSCOPY, SURGICAL, URETEROLITHOTOMY	74.53	71.67	0	1		B AS
50947	LAPAROSCOPY, SURGICAL; URETERONEOCYSTOSTOMY WITH CYSTOSCOPY AND URETERAL ST	104.78	100.75	90	1		B AS
50948	LAPAROSCOPY, SURGICAL; URETERONEOCYSTOSTOMY WITHOUT CYSTOSCOPY AND URETERAL	95.62	91.95	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	35.07	33.73	90	1		AS
51040	CYSTOSTOMY, CYSTOTOMY WITH DRAINAGE	22.03	21.19	90	1		AS
51045	CYSTOTOMY, WITH INSERTION OF URETERAL CATHETER OR STENT (SEPARATE PROCEDURE	34.89	33.55	90	1		AS
51050	CYSTOLITHOTOMY, CYSTOTOMY WITH REMOVAL OF CALCULUS, WITHOUT VESICAL NECK RE	35.77	34.40	90	1		AS
51060	TRANSVESICAL URETEROLITHOTOMY	44.06	42.37	90	1		AS
51080	DRAINAGE OF PERIVESICAL OR PREVESICAL SPACE ABSCESS	30.45	29.28	90	1		AS
51100	ASPIRATION OF BLADDER; BY NEEDLE	4.57	4.40	0	1		AS
51101	ASPIRATION OF BLADDER; BY TROCAR OR INTRACATHETER	9.22	8.87	0	1		AS
51102	ASPIRATION OF BLADDER; WITH INSERTION OF SUPRAPUBIC CATHETER	24.30	23.37	0	1		AS
51500	EXCISION OF URACHAL CYST OR SINUS, WITH OR WITHOUT UMBILICAL HERNIA REPAIR	46.29	44.51	90	1		AS
51520	CYSTOTOMY; FOR SIMPLE EXCISION OF VESICAL NECK (SEPARATE PROCEDURE)	44.63	42.92	90	1		AS
51525	CYSTOTOMY; FOR EXCISION OF BLADDER DIVERTICULUM, SINGLE OR MULTIPLE (SEPARA	64.68	62.20	90	1		AS
51530	CYSTOTOMY; FOR EXCISION OF BLADDER TUMOR	57.52	55.31	90	1		AS
51535	CYSTOTOMY FOR EXCISION, INCISION, OR REPAIR OF URETEROCELE	58.48	56.24	90	1		B AS
51550	CYSTECTOMY, PARTIAL; SIMPLE	70.87	68.15	90	1		AS
51555	CYSTECTOMY, PARTIAL; COMPLICATED (EG, POSTRADIATION, PREVIOUS SURGERY, DIFF	94.32	90.70	90	1		AS
51565	CYSTECTOMY, PARTIAL, WITH REIMPLANTATION OF URETER(S) INTO BLADDER (URETERO	97.35	93.61	90	1		AS
51570	CYSTECTOMY, COMPLETE; (SEPARATE PROCEDURE)	111.12	106.85	90	1		AS
51575	CYSTECTOMY, COMPLETE; WITH BILATERAL PELVIC LYMPHADENECTOMY, INCLUDING EXTE	137.52	132.24	90	1		AS
51580	CYSTECTOMY, COMPLETE, WITH URETEROSIGMOIDOSTOMY OR URETEROCUTANEOUS TRANSPL	143.69	138.17	90	1		AS
51585	CYSTECTOMY, COMPLETE, WITH URETEROSIGMOIDOSTOMY OR URETEROCUTANEOUS TRANSPL	159.84	153.70	90	1		AS
51590	CYSTECTOMY, COMPLETE, WITH URETEROILEAL CONDUIT OR SIGMOID BLADDER, INCLUDI	145.52	139.93	90	1		AS
51595	CYSTECTOMY, COMPLETE, WITH URETEROILEAL CONDUIT OR SIGMOID BLADDER, INCLUDI	165.44	159.08	90	1		AS
51596	CYSTECTOMY, COMPLETE, WITH CONTINENT DIVERSION, ANY OPEN TECHNIQUE, USING A	177.69	170.86	90	1		AS
51597	PELVIC EXENTERATION, COMPLETE, FOR VESICAL, PROSTATIC OR URETHRAL MALIGNANC	171.50	164.91	90	1		AS
51701	INSERTION OF NON-INDWELLING BLADDER CATHETER (EG, STRAIGHT CATHETERIZATION	25.81	24.82	0	1		
51702	INSERTION OF TEMPORARY INDWELLING BLADDER CATHETER; SIMPLE (EG, FOLEY)	33.81	32.51	0	1		
51800	CYSTOPLASTY OR CYSTOURETHROPLASTY, PLASTIC OPERATION ON BLADDER AND/OR VESI	77.83	74.84	90	1		AS
51820	CYSTOURETHROPLASTY WITH UNILATERAL OR BILATERAL URETERONEOCYSTOSTOMY	80.78	77.68	90	1		AS
51840	ANTERIOR VESICourethroPEXY, OR URETHROPEXY (EG, MARSHALL-MARCHETTI-KRANTZ,	47.30	45.49	90	1		AS
51841	ANTERIOR VESICourethroPEXY, OR URETHROPEXY (MARSHALL-MARCHETTI-KRANTZ TYPE)	56.71	54.53	90	1		AS
51845	ABDOMINO-VAGINAL VESICAL NECK SUSPENSION, WITH OR WITHOUT ENDOSCOPIC CONTRO	43.77	42.09	90	1		AS
51860	CYSTORRHAPHY, SUTURE OF BLADDER WOUND, INJURY OR RUPTURE; SIMPLE	53.26	51.22	90	1		AS
51865	CYSTORRHAPHY, SUTURE OF BLADDER WOUND, INJURY OR RUPTURE; COMPLICATED	65.98	63.45	90	1		AS
51880	CLOSURE OF CYSTOSTOMY (SEPARATE PROCEDURE)	34.65	33.32	90	1		AS
51900	CLOSURE OF VESICOVAGINAL FISTULA, ABDOMINAL APPROACH	61.85	59.48	90	1		AS
51920	CLOSURE OF VESICOUTERINE FISTULA;	58.74	56.49	90	1		AS

51925	CLOSURE OF VESICOUTERINE FISTULA; WITH HYSTERECTOMY	83.13	79.94	90	1	AS
51940	CLOSURE, EXSTROPHY OF BLADDER	115.93	111.48	90	1	AS
51960	ENTEROCYSTOPLASTY, INCLUDING INTESTINAL ANASTOMOSIS	103.81	99.82	90	1	AS
51980	CUTANEOUS VESICOSTOMY	53.23	51.19	90	1	AS
51990	LAPAROSCOPY, SURGICAL; URETHRAL SUSPENSION FOR STRESS INCONTINENCE	53.78	51.72	90	1	AS
51992	LAPAROSCOPY, SURGICAL; SLING OPERATION FOR STRESS INCONTINENCE (EG, FASCIA	59.30	57.02	90	1	AS
53085	DRAINAGE OF PERINEAL URINARY EXTRAVASATION; COMPLICATED	42.80	41.16	90	1	AS
53210	URETHRECTOMY, TOTAL, INCLUDING CYSTOSTOMY; FEMALE	58.12	55.89	90	1	AS
53215	URETHRECTOMY, TOTAL, INCLUDING CYSTOSTOMY; MALE	70.40	67.70	90	1	AS
53230	EXCISION OF URETHRAL DIVERTICULUM (SEPARATE PROCEDURE); FEMALE	45.50	43.75	90	1	AS
53235	EXCISION OF URETHRAL DIVERTICULUM (SEPARATE PROCEDURE); MALE	48.34	46.49	90	1	AS
53400	URETHROPLASTY; FIRST STAGE, FOR FISTULA, DIVERTICULUM, OR STRICTURE (EG, JO	60.45	58.13	90	1	AS
53405	URETHROPLASTY; SECOND STAGE (FORMATION OF URETHRA), INCLUDING URINARY DIVER	66.12	63.58	90	1	AS
53410	URETHROPLASTY, ONE-STAGE RECONSTRUCTION OF MALE ANTERIOR URETHRA	74.14	71.29	90	1	AS
53415	URETHROPLASTY, TRANSPUBIC OR PERINEAL, ONE STAGE, FOR RECONSTRUCTION OR REP	85.25	81.98	90	1	AS
53425	URETHROPLASTY, TWO-STAGE RECONSTRUCTION OR REPAIR OF PROSTATIC OR MEMBRANOU	70.75	68.03	90	1	AS
53430	URETHROPLASTY, RECONSTRUCTION OF FEMALE URETHRA	71.25	68.51	90	1	AS
53431	URETHROPLASTY WITH TUBULARIZATION OF POSTERIOR URETHRA AND/OR LOWER BLADDER	87.34	83.99	90	1	AS
53440	SLING OPERATION FOR CORRECTION OF MALE URINARY INCONTINENCE (EG, FASCIA OR	66.62	64.06	90	1	AS
53442	REMOVAL OR REVISION OF SLING FOR MALE URINARY INCONTINENCE (EG, FASCIA OR S	58.72	56.47	90	1	AS
53444	INSERTION OF TANDEM CUFF (DUAL CUFF)	60.16	57.85	90	1	AS
53445	INSERTION OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER, INCLUDING PLACEMEN	65.20	62.70	90	1	AS
53446	REMOVAL OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER, INCLUDING PUMP, RESE	48.64	46.77	90	1	AS
53447	REMOVAL AND REPLACEMENT OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER INCLU	61.37	59.01	90	1	AS
53448	REMOVAL AND REPLACEMENT OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER INCLU	96.93	93.21	90	1	AS
53500	URETHROLYSIS, TRANSVAGINAL, SECONDARY, OPEN, INCLUDING CYSTOURETHROSCOPY (E	345.96	332.66	90	1	B
53505	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PENILE	36.79	35.38	90	1	AS
53510	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PERINEAL	48.08	46.24	90	1	AS
53515	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PROSTATOMEMBRANOUS	60.37	58.05	90	1	AS
54110	EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE);	47.64	45.81	90	1	AS
54111	EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE); WITH GRAFT TO 5 CM IN LENGTH	60.84	58.50	90	1	AS
54112	EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE); WITH GRAFT GREATER THAN 5 CM	71.21	68.48	90	1	AS
54115	REMOVAL FOREIGN BODY FROM DEEP PENILE TISSUE (EG, PLASTIC IMPLANT)	34.00	32.70	90	1	AS
54120	AMPUTATION OF PENIS; PARTIAL	47.77	45.94	90	1	AS
54125	AMPUTATION OF PENIS; COMPLETE	61.28	58.93	90	1	AS
54130	AMPUTATION OF PENIS, RADICAL; WITH BILATERAL INGUINOFEMORAL LYMPHADENECTOMY	90.84	87.35	90	1	AS
54135	AMPUTATION OF PENIS, RADICAL; IN CONTINUITY WITH BILATERAL PELVIC LYMPHADEN	114.94	110.52	90	1	AS
54150	CIRCUMCISION, USING CLAMP OR OTHER DEVICE WITH REGIONAL DORSAL PENILE OR RI	72.85	70.05	0	1	
54205	INJECTION PROCEDURE FOR PEYRONIE DISEASE; WITH SURGICAL EXPOSURE OF PLAQUE	40.40	38.85	90	1	AS
54300	PLASTIC OPERATION OF PENIS FOR STRAIGHTENING OF CHORDEE (EG, HYPOSPADIAS),	48.43	46.57	90	1	AS
54304	PLASTIC OPERATION ON PENIS FOR CORRECTION OF CHORDEE OR FOR FIRST STAGE HYP	57.05	54.86	90	1	AS

54308	URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY DIVERS	47.27	45.46	90	1		AS
54312	URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY DIVERS	63.94	61.49	90	1		AS
54316	URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY DIVERS	75.92	73.00	90	1		AS
54318	URETHROPLASTY FOR THIRD STAGE HYPOSPADIAS REPAIR TO RELEASE PENIS FROM SCRO	48.34	46.49	90	1		AS
54322	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISIO	59.35	57.07	90	1		AS
54324	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISIO	73.93	71.09	90	1		AS
54326	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISIO	70.92	68.20	90	1		AS
54328	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISIO	71.08	68.35	90	1		AS
54332	ONE STAGE PROXIMAL PENILE OR PENOSCROTAL HYPOSPADIAS REPAIR REQUIRING EXTEN	77.10	74.14	90	1		AS
54336	ONE STAGE PERINEAL HYPOSPADIAS REPAIR REQUIRING EXTENSIVE DISSECTION TO COR	80.91	77.80	90	1		AS
54340	REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICULA);	43.30	41.64	90	1		AS
54344	REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICULA);	73.15	70.34	90	1		AS
54348	REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICULA);	77.17	74.21	90	1		AS
54352	REPAIR OF HYPOSPADIAS CRIPPLE REQUIRING EXTENSIVE DISSECTION AND EXCISION O	110.29	106.05	90	1		AS
54360	PLASTIC OPERATION ON PENIS TO CORRECT ANGULATION	54.72	52.62	90	1		AS
54380	PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER;	60.11	57.80	90	1		AS
54385	PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER; WIT	74.62	71.75	90	1		AS
54390	PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER; WIT	82.46	79.29	90	1		AS
54406	REMOVAL OF ALL COMPONENTS OF A MULTI-COMPONENT, INFLATABLE PENILE PROSTHESI	55.46	53.33	90	1		AS
54415	REMOVAL OF NON-INFLATABLE (SEMI-RIGID) OR INFLATABLE (SELF-CONTAINED) PENIL	40.07	38.53	90	1		AS
54420	CORPORA CAVERNOSA-SAPHENOUS VEIN SHUNT (PRIAPISM OPERATION), UNILATERAL OR	53.47	51.42	90	1		AS
54430	CORPORA CAVERNOSA-CORPUS SPONGIOSUM SHUNT (PRIAPISM OPERATION), UNILATERAL	48.66	46.79	90	1		AS
54440	PLASTIC OPERATION OF PENIS FOR INJURY	18.40	17.70	90	1		AS
54512	EXCISION OF EXTRAPARENCHYMAL LESION OF TESTIS	40.69	39.13	90	1		B AS
54522	ORCHIECTOMY, PARTIAL	43.46	41.79	90	1		B AS
54530	ORCHIECTOMY, RADICAL, FOR TUMOR; INGUINAL APPROACH	41.89	40.28	90	1		B AS
54535	ORCHIECTOMY, RADICAL, FOR TUMOR; WITH ABDOMINAL EXPLORATION	54.67	52.57	90	1		B AS
54550	EXPLORATION FOR UNDESCENDED TESTIS (INGUINAL OR SCROTAL AREA)	36.87	35.46	90	1		B AS
54560	EXPLORATION FOR UNDESCENDED TESTIS WITH ABDOMINAL EXPLORATION	51.59	49.61	90	1		B AS
54650	ORCHIOPEXY, ABDOMINAL APPROACH, FOR INTRA-ABDOMINAL TESTIS (EG, FOWLER-STEP	49.81	47.90	90	1		B AS
54680	TRANSPLANTATION OF TESTIS(ES) TO THIGH (BECAUSE OF SCROTAL DESTRUCTION)	59.50	57.22	90	1		B AS
54690	LAPAROSCOPY, SURGICAL; ORCHIECTOMY	47.59	45.76	90	1		B AS
55150	RESECTION OF SCROTUM	36.63	35.23	90	1		AS
55520	EXCISION OF LESION OF SPERMATIC CORD (SEPARATE PROCEDURE)	29.08	27.97	90	1		AS
55535	EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; ABDOM	32.38	31.14	90	1		AS
55540	EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; WITH	34.99	33.65	90	1		AS
55550	LAPAROSCOPY, SURGICAL, WITH LIGATION OF SPERMATIC VEINS FOR VARICOCELE	31.93	30.71	90	1		B AS
55559	UNLISTED LAPAROSCOPY PROCEDURE, SPERMATIC CORD	0.00	0.00	0	1	R	B AS
55650	VESICULECTOMY, ANY APPROACH	54.46	52.37	90	1		B AS
55720	PROSTATOTOMY, EXTERNAL DRAINAGE OF PROSTATIC ABSCESS, ANY APPROACH; SIMPLE	35.30	33.95	90	1		AS
55725	PROSTATOTOMY, EXTERNAL DRAINAGE OF PROSTATIC ABSCESS, ANY APPROACH; COMPLIC	44.11	42.42	90	1		AS

55801	PROSTATECTOMY, PERINEAL, SUBTOTAL (INCLUDING CONTROL OF POSTOPERATIVE BLEED	81.80	78.66	90	1		AS
55810	PROSTATECTOMY, PERINEAL RADICAL;	99.52	95.70	90	1		AS
55812	PROSTATECTOMY, PERINEAL RADICAL; WITH LYMPH NODE BIOPSY(S) (LIMITED PELVIC	120.09	115.48	90	1		AS
55815	PROSTATECTOMY, PERINEAL RADICAL; WITH BILATERAL PELVIC LYMPHADENECTOMY, INC	133.60	128.47	90	1		AS
55821	PROSTATECTOMY (INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, VASECTOMY, MEAT	66.15	63.61	90	1		AS
55831	PROSTATECTOMY (INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, VASECTOMY, MEAT	71.61	68.86	90	1		AS
55840	PROSTATECTOMY, RETROPUBIC RADICAL, WITH OR WITHOUT NERVE SPARING;	101.27	97.38	90	1		AS
55842	PROSTATECTOMY, RETROPUBIC RADICAL, WITH OR WITHOUT NERVE SPARING; WITH LYMP	108.51	104.34	90	1		AS
55845	PROSTATECTOMY, RETROPUBIC RADICAL, WITH OR WITHOUT NERVE SPARING; WITH BILA	123.90	119.14	90	1		AS
55862	EXPOSURE OF PROSTATE, ANY APPROACH, FOR INSERTION OF RADIOACTIVE SUBSTANCE;	83.84	80.62	90	1		AS
55865	EXPOSURE OF PROSTATE, ANY APPROACH, FOR INSERTION OF RADIOACTIVE SUBSTANCE;	100.44	96.58	90	1		AS
55866	LAPAROSCOPY, SURGICAL PROSTATECTOMY, RETROPUBIC RADICAL, INCLUDING NERVE SP	131.67	126.61	90	1		AS
56501	DESTRUCTION OF LESION(S), VULVA; SIMPLE (EG, LASER SURGERY, ELECTROSURGERY,	54.89	52.78	10	1		
56515	DESTRUCTION OF LESION(S), VULVA; EXTENSIVE (EG, LASER SURGERY, ELECTROSURGE	94.08	90.47	10	1		
56620	VULVECTOMY SIMPLE; PARTIAL	35.91	34.53	90	1		AS
56625	VULVECTOMY SIMPLE; COMPLETE	40.19	38.65	90	1		AS
56630	VULVECTOMY, RADICAL, PARTIAL;	58.64	56.39	90	1		AS
56631	VULVECTOMY, RADICAL, PARTIAL; WITH UNILATERAL INGUINOFEMORAL LYMPHADENECTOM	74.64	71.77	90	1		AS
56632	VULVECTOMY, RADICAL, PARTIAL; WITH BILATERAL INGUINOFEMORAL LYMPHADENECTOMY	87.03	83.69	90	1		AS
56633	VULVECTOMY, RADICAL, COMPLETE;	76.45	73.51	90	1		AS
56634	VULVECTOMY, RADICAL, COMPLETE; WITH UNILATERAL INGUINOFEMORAL LYMPHADENECTO	80.60	77.50	90	1		AS
56637	VULVECTOMY, RADICAL, COMPLETE; WITH BILATERAL INGUINOFEMORAL LYMPHADENECTOM	95.36	91.70	90	1		AS
56640	VULVECTOMY, RADICAL, COMPLETE, WITH INGUINOFEMORAL, ILIAC, AND PELVIC LYMPH	95.08	91.43	90	1	B	AS
56700	PARTIAL HYMENECTOMY OR REVISION OF HYMENAL RING	12.69	12.21	10	1		AS
56800	PLASTIC REPAIR OF INTROITUS	16.46	15.83	10	1		AS
56805	CLITOROPLASTY FOR INTERSEX STATE	77.33	74.36	90	1	PA	AS
56810	PERINEOPLASTY, REPAIR OF PERINEUM, NON-OBSTETRICAL (SEPARATE PROCEDURE)	17.74	17.06	10	1		AS
57061	DESTRUCTION OF VAGINAL LESION(S); SIMPLE (EG, LASER SURGERY, ELECTROSURGERY	48.02	46.18	10	1		
57065	DESTRUCTION OF VAGINAL LESION(S); EXTENSIVE (EG, LASER SURGERY, ELECTROSURG	81.18	78.06	10	1		
57106	VAGINECTOMY, PARTIAL REMOVAL OF VAGINAL WALL;	32.28	31.04	90	1		AS
57107	VAGINECTOMY, PARTIAL REMOVAL OF VAGINAL WALL; WITH REMOVAL OF PARAVAGINAL T	94.64	91.00	90	1		AS
57109	VAGINECTOMY, PARTIAL REMOVAL OF VAGINAL WALL; WITH REMOVAL OF PARAVAGINAL T	109.06	104.87	90	1		AS
57110	VAGINECTOMY, COMPLETE REMOVAL OF VAGINAL WALL;	60.92	58.58	90	1		AS
57111	VAGINECTOMY, COMPLETE REMOVAL OF VAGINAL WALL; WITH REMOVAL OF PARAVAGINAL	109.40	105.20	90	1		AS
57112	VAGINECTOMY, COMPLETE REMOVAL OF VAGINAL WALL; WITH REMOVAL OF PARAVAGINAL	115.18	110.75	90	1		AS
57120	COLPOCLEISIS (LE FORT TYPE)	34.68	33.35	90	1		AS
57130	EXCISION OF VAGINAL SEPTUM	12.26	11.79	10	1		AS
57150	IRRIGATION OF VAGINA AND /OR APPLICATION OF MEDICAMENT FOR TREATMENT OF	19.60	18.85	0	1		
57160	FITTING AND INSERTION OF PESSARY OR OTHER INTRAVAGINAL SUPPORT DEVICE	33.16	31.89	0	1		
57170	DIAPHRAGM OR CERVICAL CAP FITTING WITH INSTRUCTIONS	25.97	24.98	0	1		
57200	COLPORRHAPHY, SUTURE OF INJURY OF VAGINA (NONOBSTETRICAL)	20.36	19.58	90	1		AS

57210	COLPOPERINEORRHAPHY, SUTURE OF INJURY OF VAGINA AND/OR PERINEUM (NONOBSTETR	24.87	23.92	90	1		AS
57220	PLASTIC OPERATION ON URETHRAL SPHINCTER, VAGINAL APPROACH (EG, KELLY URETHR	21.66	20.83	90	1		AS
57230	PLASTIC REPAIR OF URETHROCELE	27.18	26.14	90	1		AS
57240	ANTERIOR COLPORRHAPHY, REPAIR OF CYSTOCELE WITH OR WITHOUT REPAIR OF URETHR	45.81	44.05	90	1		AS
57250	POSTERIOR COLPORRHAPHY, REPAIR OF RECTOCELE WITH OR WITHOUT PERINEORRHAPHY	44.72	43.00	90	1		AS
57260	COMBINED ANTEROPOSTERIOR COLPORRHAPHY;	55.38	53.25	90	1		AS
57265	COMBINED ANTEROPOSTERIOR COLPORRHAPHY; WITH ENTEROCELE REPAIR	61.44	59.08	90	1		AS
57267	INSERTION OF MESH OR OTHER PROSTHESIS FOR REPAIR OF PELVIC FLOOR DEFECT, EA	18.34	17.64	90	1	B	AS
57268	REPAIR OF ENTEROCELE, VAGINAL APPROACH (SEPARATE PROCEDURE)	32.92	31.66	90	1		AS
57270	REPAIR OF ENTEROCELE, ABDOMINAL APPROACH (SEPARATE PROCEDURE)	54.44	52.35	90	1		AS
57280	COLPOPEXY, ABDOMINAL APPROACH	66.04	63.50	90	1		AS
57282	COLPOPEXY, VAGINAL; EXTRA-PERITONEAL APPROACH (SACROSPINOUS, ILIOCOCCYGEUS)	34.91	33.57	90	1		AS
57283	COLPOPEXY, VAGINAL; INTRA-PERITONEAL APPROACH (UTEROSACRAL, LEVATOR MYORRHA	46.31	44.53	90	1		AS
57284	PARAVAGINAL DEFECT REPAIR (INCLUDING REPAIR OF CYSTOCELE, IF PERFORMED); OP	56.58	54.41	90	1		AS
57285	PARAVAGINAL DEFECT REPAIR (INCLUDING REPAIR OF CYSTOCELE, IF PERFORMED); VA	45.24	43.50	90	1		AS
57287	REMOVAL OR REVISION OF SLING FOR STRESS INCONTINENCE (EG, FASCIA OR SYNTHET	48.98	47.10	90	1		AS
57288	SLING OPERATION FOR STRESS INCONTINENCE (EG, FASCIA OR SYNTHETIC)	57.88	55.66	90	1		AS
57289	PEREYRA PROCEDURE, INCLUDING ANTERIOR COLPORRHAPHY	53.86	51.79	90	1		AS
57291	CONSTRUCTION OF ARTIFICIAL VAGINA; WITHOUT GRAFT	37.55	36.11	90	1	R	AS
57292	CONSTRUCTION OF ARTIFICIAL VAGINA; WITH GRAFT	55.93	53.78	90	1	R	AS
57295	REVISION (INCLUDING REMOVAL) OF PROSTHETIC VAGINAL GRAFT, VAGINAL APPROACH	33.30	32.02	90	1		AS
57296	REVISION (INCLUDING REMOVAL) OF PROSTHETIC VAGINAL GRAFT; OPEN ABDOMINAL AP	64.84	62.35	90	1		AS
57300	CLOSURE OF RECTOVAGINAL FISTULA; VAGINAL OR TRANSANAL APPROACH	36.30	34.91	90	1		AS
57305	CLOSURE OF RECTOVAGINAL FISTULA; ABDOMINAL APPROACH	60.55	58.23	90	1		AS
57307	CLOSURE OF RECTOVAGINAL FISTULA; ABDOMINAL APPROACH, WITH CONCOMITANT COLOS	67.81	65.21	90	1		AS
57308	CLOSURE OF RECTOVAGINAL FISTULA; TRANSPERINEAL APPROACH, WITH PERINEAL BODY	43.33	41.67	90	1		AS
57310	CLOSURE OF URETHROVAGINAL FISTULA;	34.26	32.95	90	1		AS
57311	CLOSURE OF URETHROVAGINAL FISTULA; WITH BULBOCAVERNOSUS TRANSPLANT	39.12	37.62	90	1		AS
57320	CLOSURE OF VESICOVAGINAL FISTULA; VAGINAL APPROACH	38.55	37.07	90	1		AS
57330	CLOSURE OF VESICOVAGINAL FISTULA; TRANSVESICAL AND VAGINAL APPROACH	55.84	53.70	90	1		AS
57335	VAGINOPLASTY FOR INTERSEX STATE	77.41	74.44	90	1		AS
57415	REMOVAL OF IMPACTED VAGINAL FOREIGN BODY (SEPARATE PROCEDURE) UNDER ANESTHE	68.12	65.50	10	1		
57423	PARAVAGINAL DEFECT REPAIR (INCLUDING REPAIR OF CYSTOCELE, IF PERFORMED), LA	63.15	60.73	90	1		AS
57425	LAPAROSCOPY, SURGICAL, COLPOPEXY (SUSPENSION OF VAGINAL APEX)	66.90	64.33	90	1		AS
57452	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA;	46.71	44.92	0	1		
57454	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH BIOPSY(S) OF	65.33	62.82	0	1		
57510	CAUTERY OF CERVIX; ELECTRO OR THERMAL	56.02	53.87	10	1		
57511	CAUTERIZATION OF CERVIX; CRYOCAUTERY, INITIAL OR REPEAT	61.25	58.90	10	1		
57513	CAUTERIZATION OF CERVIX; LASER ABLATION	60.76	58.43	10	1		
57522	CONIZATION OF CERVIX, WITH OR WITHOUT FULGURATION, WITH OR WITHOUT DILATION	111.08	106.81	90	1		
57530	TRACHELECTOMY (CERVICECTOMY), AMPUTATION OF CERVIX (SEPARATE PROCEDURE)	23.18	22.29	90	1		AS

57531	RADICAL TRACHELECTOMY, WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND PARA	114.94	110.52	90	1		AS
57540	EXCISION OF CERVICAL STUMP, ABDOMINAL APPROACH;	52.58	50.56	90	1		AS
57545	EXCISION OF CERVICAL STUMP, ABDOMINAL APPROACH; WITH PELVIC FLOOR REPAIR	55.51	53.38	90	1		AS
57550	EXCISION OF CERVICAL STUMP, VAGINAL APPROACH;	27.49	26.44	90	1		AS
57555	EXCISION OF CERVICAL STUMP, VAGINAL APPROACH; WITH ANTERIOR AND/OR POSTERIO	40.97	39.40	90	1		AS
57556	EXCISION OF CERVICAL STUMP, VAGINAL APPROACH; WITH REPAIR OF ENTEROCELE	38.65	37.17	90	1		AS
57720	TRACHELORRHAPHY, PLASTIC REPAIR OF UTERINE CERVIX, VAGINAL APPROACH	20.80	20.00	90	1		AS
58100	ENDOMETRIAL SAMPLING(BIOPSY) WITH OR WITHOUT ENDOCERVICAL SAMPLING (BIOPSY	46.55	44.76	0	1		
58140	MYOMECTOMY, EXCISION OF FIBROID TUMOR(S) OF UTERUS, 1 TO 4 INTRAMURAL MYOMA	61.91	59.53	90	1		AS
58145	MYOMECTOMY, EXCISION OF FIBROID TUMOR OF UTERUS, SINGLE OR MULTIPLE (SEPARA	36.61	35.21	90	1		AS
58150	TOTAL ABDOMINAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL O	66.95	64.38	90	1	S	AS
58152	TOTAL ABDOMINAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL O	84.26	81.02	90	1	S	AS
58180	SUPRACERVICAL ABDOMINAL HYSTERECTOMY (SUBTOTAL HYSTERECTOMY), WITH OR WITHO	63.94	61.49	90	1	S	AS
58200	TOTAL ABDOMINAL HYSTERECTOMY, INCLUDING PARTIAL VAGINECTOMY, WITH PARA-AORT	88.07	84.69	90	1	S	AS
58210	RADICAL ABDOMINAL HYSTERECTOMY, WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY	117.24	112.74	90	1	S	AS
58240	PELVIC EXENTERATION FOR GYNECOLOGIC MALIGNANCY, WITH TOTAL ABDOMINAL HYSTER	185.27	178.15	90	1	S	AS
58260	VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS;	55.87	53.73	90	1	S	AS
58262	VAGINAL HYSTERECTOMY; WITH REMOVAL OF TUBE(S), AND/OR OVARY(S)	62.30	59.91	90	1	S	AS
58263	VAGINAL HYSTERECTOMY; WITH REMOVAL OF TUBE(S), AND/OR OVARY(S), WITH REPAIR	67.14	64.56	90	1	S	AS
58267	VAGINAL HYSTERECTOMY; WITH COLPO-URETHROCYSTOPEXY (MARSHALL-MARCHETTI-KRANT	71.27	68.53	90	1	S	AS
58270	VAGINAL HYSTERECTOMY; WITH REPAIR OF ENTEROCELE	59.76	57.47	90	1	S	AS
58275	VAGINAL HYSTERECTOMY, WITH TOTAL OR PARTIAL VAGINECTOMY;	66.46	63.91	90	1	S	AS
58280	VAGINAL HYSTERECTOMY, WITH TOTAL OR PARTIAL COLPECTOMY; WITH REPAIR OF ENTE	71.16	68.43	90	1	S	AS
58285	VAGINAL HYSTERECTOMY, RADICAL (SCHAUTA TYPE OPERATION)	88.73	85.32	90	1	S	AS
58290	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS;	77.93	74.94	90	1	S	AS
58291	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH REMOVAL OF TU	84.44	81.20	90	1	S	AS
58292	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH REMOVAL OF TU	89.23	85.80	90	1	S	AS
58293	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH COLPO-URETHRO	92.88	89.31	90	1	S	AS
58294	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH REPAIR OF ENT	81.96	78.81	90	1	S	AS
58300	INSERTION OF INTRAUTERINE DEVICE (IUD)	28.74	27.64	0	1		
58301	REMOVAL OF INTRAUTERINE DEVICE (IUD)	40.34	38.79	0	1		
58353	ENDOMETRIAL ABLATION, THERMAL, WITHOUT HYSTEROSCOPIC GUIDANCE	14.92	14.35	10	1	R	B AS
58356	ENDOMETRIAL CRYOABLATION WITH ULTRASONIC GUIDANCE, INCLUDING ENDOMETRIAL CU	23.59	22.69	10	1		B AS
58520	HYSTERORRHAPHY, REPAIR OF RUPTURED UTERUS (NONOBSTETRICAL)	53.16	51.12	90	1		AS
58540	HYSTEROPLASTY, REPAIR OF UTERINE ANOMALY (STRASSMAN TYPE)	61.54	59.18	90	1		AS
58541	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS	58.48	56.24	90	1		AS
58542	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS	64.70	62.22	90	1		AS
58543	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS GREATER THAN	65.81	63.28	90	1		AS
58544	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS GREATER THAN	71.19	68.46	90	1		AS
58545	LAPAROSCOPY, SURGICAL, MYOMECTOMY, EXCISION; 1 TO 4 INTRAMURAL MYOMAS WITH	60.37	58.05	90	1		AS
58546	LAPAROSCOPY, SURGICAL, MYOMECTOMY, EXCISION; 5 OR MORE INTRAMURAL MYOMAS AN	76.31	73.38	90	1		AS

58548	LAPAROSCOPY, SURGICAL, WITH RADICAL HYSTERECTOMY, WITH BILATERAL TOTAL PELV	123.98	119.22	90	1		B AS
58550	LAPAROSCOPY SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LE	59.66	57.37	10	1	S	AS
58552	LAPAROSCOPY SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LE	65.52	63.00	90	1	S	AS
58553	LAPAROSCOPY, SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 2	76.73	73.78	90	1	S	AS
58554	LAPAROSCOPY, SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 2	87.55	84.19	90	1	S	AS
58560	HYSTEROSCOPY, SURGICAL; WITH DIVISION OR RESECTION OF INTRAUTERINE SEPTUM (	26.53	25.51	0	1		AS
58570	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS;	62.80	60.39	90	1		AS
58571	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS; W	68.78	66.14	90	1		AS
58572	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250	78.06	75.06	90	1		AS
58573	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250	88.02	84.64	90	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	24.66	23.72	90	1	S	AS
58605	LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S), ABDOMINAL OR VAGINAL APPROACH	22.34	21.49	90	1	S	AS
58611	LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S) WHEN DONE AT THE TIME OF CESAR	5.30	5.10	90	1	S	AS
58615	OCCCLUSION OF FALLOPIAN TUBE(S) BY DEVICE (EG, BAND, CLIP, FALOPE RING) VAGI	16.77	16.13	10	1	S	AS
58660	LAPAROSCOPY, SURGICAL; WITH LYSIS OF ADHESIONS (SALPINGOLYSIS, OVARIOLYSIS)	45.55	43.80	90	1		AS
58661	LAPAROSCOPY, SURGICAL; WITH REMOVAL OF ADNEXAL STRUCTURES (PARTIAL OR TOTAL	43.46	41.79	10	1		AS
58662	LAPAROSCOPY, SURGICAL; WITH FULGURATION OR EXCISION OF LESIONS OF THE OVARY	47.74	45.91	90	1		AS
58672	LAPAROSCOPY, SURGICAL; WITH FIMBRIOPLASTY	50.33	48.40	90	1		B AS
58673	LAPAROSCOPY, SURGICAL; WITH SALPINGOSTOMY (SALPINGONEOSTOMY)	54.41	52.32	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	51.85	49.86	90	1		AS
58720	SALPINGO-OOPHORECTOMY, COMPLETE OR PARTIAL, UNILATERAL OR BILATERAL (SEPARA	48.50	46.64	90	1		AS
58740	LYSIS OF ADHESIONS (SALPINGOLYSIS, OVARIOLYSIS)	58.95	56.69	90	1		AS
58770	SALPINGOSTOMY (SALPINGONEOSTOMY)	57.96	55.74	90	1		B AS
58805	DRAINAGE OF OVARIAN CYST(S), UNILATERAL OR BILATERAL, (SEPARATE PROCEDURE);	27.54	26.49	90	1		AS
58820	DRAINAGE OF OVARIAN ABSCESS; VAGINAL APPROACH, OPEN	21.00	20.20	90	1		AS
58822	DRAINAGE OF OVARIAN ABSCESS; ABDOMINAL APPROACH	47.12	45.31	90	1		AS
58823	DRAINAGE OF PELVIC ABSCESS, TRANSVAGINAL OR TRANSRECTAL APPROACH, PERCUTANE	12.46	11.99	0	1		AS
58825	TRANSPOSITION, OVARY(S)	46.67	44.88	90	1	R	AS
58900	BIOPSY OF OVARY, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	28.10	27.02	90	1		AS
58920	WEDGE RESECTION OR BISECTION OF OVARY, UNILATERAL OR BILATERAL	47.95	46.11	90	1		AS
58925	OVARIAN CYSTECTOMY, UNILATERAL OR BILATERAL	49.62	47.72	90	1		AS
58940	OOPHORECTOMY, PARTIAL OR TOTAL, UNILATERAL OR BILATERAL;	34.16	32.85	90	1		AS
58943	OOPHORECTOMY, PARTIAL OR TOTAL, UNILATERAL OR BILATERAL; FOR OVARIAN, TUBAL	75.34	72.45	90	1		AS
58950	RESECTION (INITIAL) OF OVARIAN, TUBAL OR PRIMARY PERITONEAL MALIGNANCY WITH	71.97	69.21	90	1		AS
58951	RESECTION OF OVARIAN MALIGNANCY WITH BILATERAL SALPINGO-OOPHORECTOMY AND OM	92.49	88.94	90	1	S	AS
58952	RESECTION OF OVARIAN, TUBAL OR PRIMARY PERITONEAL MALIGNANCY WITH BILATERAL	104.54	100.52	90	1		AS
58953	BILATERAL SALPINGO-OOPHORECTOMY WITH OMENTECTOMY, TOTAL ABDOMINAL HYSTERECT	129.22	124.25	90	1		B AS
58954	BILATERAL SALPINGO-OOPHORECTOMY WITH OMENTECTOMY, TOTAL ABDOMINAL HYSTERECT	140.26	134.87	90	1		B AS

58956	BILATERAL SALPINGO-OOPHORECTOMY WITH TOTAL OMENTECTOMY, TOTAL ABDOMINAL HYS	92.12	88.58	90	1		AS
58957	RESECTION (TUMOR DEBULKING) OF RECURRENT OVARIAN, TUBAL, PRIMARY PERITONEAL	100.82	96.95	90	1	B	AS
58958	RESECTION (TUMOR DEBULKING) OF RECURRENT OVARIAN, TUBAL, PRIMARY PERITONEAL	111.62	107.33	90	1	B	AS
58960	LAPAROTOMY, FOR STAGING OR RESTAGING OF OVARIAN, TUBAL OR PRIMARY PERITONEA	62.02	59.64	90	1		AS
58999	UNLISTED PROCEDURE, FEMALE GENITAL SYSTEM (NONOBSTETRICAL)	0.00	0.00	90	1	R	AS
59025	FETAL NON-STRESS TEST	21.40	20.58	0	1		
59100	HYSTEROTOMY, ABDOMINAL (EG, FOR HYDATIDIFORM MOLE, ABORTION)	56.86	54.68	90	1		AS
59120	SURGICAL TREATMENT OF ECTOPIC PREGNANCY; TUBAL OR OVARIAN, REQUIRING SALPIN	54.06	51.99	90	1		AS
59121	SURGICAL TREATMENT OF ECTOPIC PREGNANCY; TUBAL OR OVARIAN, WITHOUT SALPINGE	54.30	52.22	90	1		AS
59136	SURGICAL TREATMENT OF ECTOPIC PREGNANCY; INTERSTITIAL, UTERINE PREGNANCY WI	58.07	55.84	90	1		AS
59140	SURGICAL TREATMENT OF ECTOPIC PREGNANCY; CERVICAL, WITH EVACUATION	27.31	26.26	90	1		AS
59150	LAPAROSCOPIC TREATMENT OF ECTOPIC PREGNANCY; WITHOUT SALPINGECTOMY AND/OR O	52.82	50.79	90	1		AS
59151	LAPAROSCOPIC TREATMENT OF ECTOPIC PREGNANCY; WITH SALPINGECTOMY AND/OR OOPH	51.28	49.31	90	1		AS
59350	HYSTERORRHAPHY OF RUPTURED UTERUS	19.13	18.40	0	1		AS
59410	VAGINAL DELIVERY ONLY (WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS); INCLUDIN	692.22	665.60	45	1		
59412	EXTERNAL CEPHALIC VERSION, WITH OR WITHOUT TOCOLYSIS (LIST IN ADDITION TO C	71.82	69.06	0	1		
59414	DELIVERY OF PLACENTA (SEPARATE PROCEDURE)	145.36	139.77	45	1		
59430	POSTPARTUM CARE ONLY (SEPARATE PROCEDURE)	43.26	41.60	0	1		
59430	TH POSTPARTUM CARE ONLY (SEPARATE PROCEDURE)	369.61	355.40	0	1		
59515	CESAREAN DELIVERY ONLY; INCLUDING POSTPARTUM CARE	110.75	106.49	45	1		AS
59525	SUBTOTAL OR TOTAL HYSTERECTOMY AFTER CESAREAN DELIVERY (LIST SEPARATELY IN	41.88	40.27	90	1	S	AS
59614	VAGINAL DELIVERY ONLY, AFTER PREVIOUS CESAREAN DELIVERY (WITH OR WITHOUT EP	692.22	665.60	45	1		
59622	CESAREAN DELIVERY ONLY, FOLLOWING ATTEMPTED VAGINAL DELIVERY AFTER PREVIOUS	110.75	106.49	45	1		AS
59866	MULTIFETAL PREGNANCY REDUCTION(S) (MPR)	16.25	15.63	10	1	R	AS
59870	UTERINE EVACUATION AND CURETTAGE FOR HYDATIDIFORM MOLE	31.88	30.66	90	1		AS
59899	UNLISTED PROCEDURE, MATERNITY CARE AND DELIVERY	0.00	0.00	0	1	R	AS
60200	EXCISION OF CYST OR ADENOMA OF THYROID, OR TRANSECTION OF ISTHMUS	42.91	41.26	90	1		AS
60210	PARTIAL THYROID LOBECTOMY, UNILATERAL; WITH OR WITHOUT ISTHMUSECTOMY	46.02	44.25	90	1		AS
60212	PARTIAL THYROID LOBECTOMY, UNILATERAL; WITH CONTRALATERAL SUBTOTAL LOBECTOM	65.91	63.38	90	1		AS
60220	TOTAL THYROID LOBECTOMY, UNILATERAL; WITH OR WITHOUT ISTHMUSECTOMY	50.38	48.45	90	1		AS
60225	TOTAL THYROID LOBECTOMY, UNILATERAL; WITH CONTRALATERAL SUBTOTAL LOBECTOMY,	60.71	58.38	90	1		AS
60240	THYROIDECTOMY, TOTAL OR COMPLETE	63.87	61.42	90	1		AS
60252	THYROIDECTOMY, TOTAL OR SUBTOTAL FOR MALIGNANCY; WITH LIMITED NECK DISSECTI	86.27	82.96	90	1		AS
60254	THYROIDECTOMY, TOTAL OR SUBTOTAL FOR MALIGNANCY; WITH RADICAL NECK DISSECTI	110.08	105.85	90	1		AS
60260	THYROIDECTOMY, REMOVAL OF ALL REMAINING THYROID TISSUE FOLLOWING PREVIOUS R	71.94	69.18	90	1		AS
60270	THYROIDECTOMY, INCLUDING SUBSTERNAL THYROID; STERNAL SPLIT OR TRANSTHORACIC	90.77	87.28	90	1		AS
60271	THYROIDECTOMY, INCLUDING SUBSTERNAL THYROID GLAND; CERVICAL APPROACH	69.09	66.44	90	1		AS
60280	EXCISION OF THYROGLOSSAL DUCT CYST OR SINUS;	28.93	27.82	90	1		AS
60281	EXCISION OF THYROGLOSSAL DUCT CYST OR SINUS; RECURRENT	38.57	37.09	90	1		AS
60500	PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S);	66.79	64.23	90	1		AS
60502	PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S); RE-EXPLORATION	84.05	80.82	90	1		AS

60505	PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S); WITH MEDIASTINAL EXPLOR	91.34	87.83	90	1		AS
60512	PARATHYROID AUTOTRANSPLANTATION (LIST SEPARATELY IN ADDITION TO CODE FOR PR	16.15	15.53	0	1		AS
60520	THYMECTOMY, PARTIAL OR TOTAL; TRANSCERVICAL APPROACH (SEPARATE PROCEDURE)	68.68	66.04	90	1		AS
60521	THYMECTOMY, PARTIAL OR TOTAL; STERNAL SPLIT OR TRANSTHORACIC APPROACH, WITH	78.56	75.54	90	1		AS
60522	THYMECTOMY, PARTIAL OR TOTAL; STERNAL SPLIT OR TRANSTHORACIC APPROACH, WITH	94.74	91.10	90	1		AS
60540	ADRENALECTOMY, PARTIAL OR COMPLETE, OR EXPLORATION OF ADRENAL GLAND WITH OR	72.94	70.14	90	1	B	AS
60545	ADRENALECTOMY, PARTIAL OR COMPLETE, OR EXPLORATION OF ADRENAL GLAND WITH OR	83.24	80.04	90	1		AS
60600	EXCISION OF CAROTID BODY TUMOR; WITHOUT EXCISION OF CAROTID ARTERY	94.14	90.52	90	1		AS
60605	EXCISION OF CAROTID BODY TUMOR; WITH EXCISION OF CAROTID ARTERY	121.53	116.86	90	1		AS
60650	LAPAROSCOPY, SURGICAL, WITH ADRENALECTOMY, PARTIAL OR COMPLETE, OR EXPLORAT	81.04	77.93	90	1	B	AS
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	82.69	79.51	90	1		AS
61154	BURR HOLE(S) WITH EVACUATION AND/OR DRAINAGE OF HEMATOMA, EXTRADURAL OR SUB	83.53	80.32	90	1	B	AS
61156	BURR HOLE(S); WITH ASPIRATION OF HEMATOMA OR CYST, INTRACEREBRAL	81.85	78.71	90	1		AS
61250	BURR HOLE(S) OR TREPHINE, SUPRATENTORIAL, EXPLORATORY, NOT FOLLOWED BY OTHE	56.34	54.18	90	1	B	AS
61253	BURR HOLE(S) OR TREPHINE, INFRATENTORIAL, UNILATERAL OR BILATERAL	61.47	59.11	90	1		AS
61304	CRANIECTOMY OR CRANIOTOMY, EXPLORATORY; SUPRATENTORIAL	108.40	104.24	90	1		AS
61305	CRANIECTOMY OR CRANIOTOMY, EXPLORATORY; INFRATENTORIAL (POSTERIOR FOSSA)	129.55	124.57	90	1		AS
61312	CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, SUPRATENTORIAL; EXTRA	135.04	129.85	90	1		AS
61313	CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, SUPRATENTORIAL; INTRA	130.05	125.05	90	1		AS
61314	CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, INFRATENTORIAL; EXTRA	120.74	116.10	90	1		AS
61315	CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, INFRATENTORIAL; INTRA	136.40	131.16	90	1		AS
61320	CRANIECTOMY OR CRANIOTOMY, DRAINAGE OF INTRACRANIAL ABSCESS; SUPRATENTORIAL	125.94	121.10	90	1		AS
61321	CRANIECTOMY OR CRANIOTOMY, DRAINAGE OF INTRACRANIAL ABSCESS; INFRATENTORIAL	140.11	134.73	90	1		AS
61322	CRANIECTOMY OR CRANIOTOMY, DECOMPRESSION, WITH OR WITHOUT DURAPLASTY, FOR T	154.70	148.75	90	1		AS
61330	DECOMPRESSION OF ORBIT ONLY, TRANSCRANIAL APPROACH	101.98	98.06	90	1	B	AS
61332	EXPLORATION OF ORBIT (TRANSCRANIAL APPROACH); WITH BIOPSY	120.98	116.33	90	1		AS
61333	EXPLORATION OF ORBIT (TRANSCRANIAL APPROACH); WITH REMOVAL OF LESION	120.15	115.53	90	1		AS
61334	EXPLORATION OF ORBIT (TRANSCRANIAL APPROACH); WITH REMOVAL OF FOREIGN BODY	79.11	76.07	90	1		AS
61340	SUBTEMPORAL CRANIAL DECOMPRESSION (PSEUDOTUMOR CEREBRI, SLIT VENTRICLE SYND	95.47	91.80	90	1	B	AS
61343	CRANIECTOMY, SUBOCCIPITAL WITH CERVICAL LAMINECTOMY FOR DECOMPRESSION OF ME	144.56	139.00	90	1		AS
61345	OTHER CRANIAL DECOMPRESSION, POSTERIOR FOSSA	133.29	128.17	90	1		AS
61440	CRANIOTOMY FOR SECTION OF TENTORIUM CEREBELLI (SEPARATE PROCEDURE)	132.40	127.31	90	1		AS
61450	CRANIECTOMY, SUBTEMPORAL, FOR SECTION, COMPRESSION, OR DECOMPRESSION OF SEN	123.98	119.22	90	1		AS
61458	CRANIECTOMY, SUBOCCIPITAL; FOR EXPLORATION OR DECOMPRESSION OF CRANIAL NERV	132.32	127.24	90	1		AS
61460	CRANIECTOMY, SUBOCCIPITAL; FOR SECTION OF ONE OR MORE CRANIAL NERVES	132.58	127.49	90	1		AS
61470	CRANIECTOMY, SUBOCCIPITAL; FOR MEDULLARY TRACTOTOMY	124.09	119.32	90	1		AS
61480	CRANIECTOMY, SUBOCCIPITAL; FOR MESENCEPHALIC TRACTOTOMY OR PEDUNCULOTOMY	111.91	107.61	90	1		AS
61490	CRANIOTOMY FOR LOBOTOMY, INCLUDING CINGULOTOMY	126.15	121.30	90	1	B	AS
61500	CRANIECTOMY; WITH EXCISION OF TUMOR OR OTHER BONE LESION OF SKULL	88.47	85.07	90	1		AS

61501	CRANIECTOMY; FOR OSTEOMYELITIS	75.50	72.60	90	1	AS
61510	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF BRAIN TUMO	143.56	138.04	90	1	AS
61512	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF MENINGIOMA	168.67	162.19	90	1	AS
61514	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF BRAIN ABSC	125.61	120.78	90	1	AS
61516	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OR FENESTRATI	122.47	117.76	90	1	AS
61518	CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR FOSSA;	182.03	175.03	90	1	AS
61519	CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR FOSSA;	194.86	187.37	90	1	AS
61520	CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR FOSSA;	245.83	236.38	90	1	AS
61521	CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR FOSSA;	210.10	202.02	90	1	AS
61522	CRANIECTOMY, INFRATENTORIAL OR POSTERIOR FOSSA; FOR EXCISION OF BRAIN ABSCE	143.22	137.72	90	1	AS
61524	CRANIECTOMY, INFRATENTORIAL OR POSTERIOR FOSSA; FOR EXCISION OR FENESTRATIO	137.52	132.24	90	1	AS
61531	SUBDURAL IMPLANTATION OF STRIP ELECTRODES THROUGH ONE OR MORE BURR OR TREPH	79.78	76.72	90	1	AS
61533	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR SUBDURAL IMPLANTATION OF AN ELE	100.01	96.17	90	1	AS
61534	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR EXCISION OF EPILEPTOGENIC FOCUS	108.33	104.17	90	1	AS
61535	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR REMOVAL OF EPIDURAL OR SUBDURAL	65.10	62.60	90	1	AS
61536	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR EXCISION OF CEREBRAL EPILEPTOGE	170.74	164.18	90	1	AS
61537	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR LOBECTOMY, TEMPORAL LOBE, WITHO	157.67	151.61	90	1	AS
61538	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR LOBECTOMY, TEMPORAL LOBE, WITH	168.98	162.49	90	1	AS
61539	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR LOBECTOMY, OTHER THAN TEMPORAL	154.98	149.02	90	1	AS
61540	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR LOBECTOMY, OTHER THAN TEMPORAL	146.15	140.53	90	1	AS
61541	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR TRANSECTION OF CORPUS CALLOSUM	139.82	134.45	90	1	AS
61542	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR TOTAL HEMISPHERECTOMY	151.16	145.35	90	1	AS
61543	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR PARTIAL OR SUBTOTAL (FUNCTIONAL	137.47	132.19	90	1	AS
61544	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR EXCISION OR COAGULATION OF CHOR	124.16	119.39	90	1	AS
61545	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR EXCISION OF CRANIOPHARYNGIOMA	208.27	200.26	90	1	AS
61546	CRANIOTOMY FOR HYPOPHYSECTOMY OR EXCISION OF PITUITARY TUMOR, INTRACRANIAL	150.85	145.05	90	1	AS
61548	HYPOPHYSECTOMY OR EXCISION OF PITUITARY TUMOR, TRANSNASAL OR TRANSSEPTAL AP	100.15	96.30	90	1	AS
61550	CRANIECTOMY FOR CRANIOSYNOSTOSIS; SINGLE CRANIAL SUTURE	57.67	55.46	90	1	AS
61552	CRANIECTOMY FOR CRANIOSYNOSTOSIS; MULTIPLE CRANIAL SUTURES	87.50	84.14	90	1	AS
61556	CRANIOTOMY FOR CRANIOSYNOSTOSIS; FRONTAL OR PARIETAL BONE FLAP	109.61	105.40	90	1	AS
61557	CRANIOTOMY FOR CRANIOSYNOSTOSIS; BIFRONTAL BONE FLAP	111.34	107.06	90	1	AS
61558	EXTENSIVE CRANIECTOMY FOR MULTIPLE CRANIAL SUTURE CRANIOSYNOSTOSIS (EG, CLO	110.84	106.58	90	1	AS
61559	EXTENSIVE CRANIECTOMY FOR MULTIPLE CRANIAL SUTURE CRANIOSYNOSTOSIS (EG, CLO	158.67	152.57	90	1	AS
61563	EXCISION, INTRA AND EXTRACRANIAL, BENIGN TUMOR OF CRANIAL BONE (EG, FIBROUS	121.81	117.13	90	1	AS
61564	EXCISION, INTRA AND EXTRACRANIAL, BENIGN TUMOR OF CRANIAL BONE (EG, FIBROUS	160.16	154.00	90	1	AS
61566	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR SELECTIVE AMYGDALOHIPPOCAMPECTO	146.12	140.50	90	1	AS
61567	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR MULTIPLE SUBPIAL TRANSECTIONS,	163.21	156.94	90	1	AS
61570	CRANIECTOMY OR CRANIOTOMY; WITH EXCISION OF FOREIGN BODY FROM BRAIN	120.95	116.30	90	1	AS
61571	CRANIECTOMY OR CRANIOTOMY; WITH TREATMENT OF PENETRATING WOUND OF BRAIN	129.94	124.95	90	1	AS
61575	TRANSORAL APPROACH TO SKULL BASE, BRAIN STEM OR UPPER SPINAL CORD FOR BIOPS	151.24	145.43	90	1	AS
61576	TRANSORAL APPROACH TO SKULL BASE, BRAIN STEM OR UPPER SPINAL CORD FOR BIOPS	232.03	223.11	90	1	AS

61580	CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA; EXTRADURAL, INCLUDING LATE	158.27	152.19	90	1	B AS
61582	CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA; EXTRADURAL, INCLUDING UNIL	189.80	182.50	90	1	AS
61583	CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA; INTRADURAL, INCLUDING UNIL	192.15	184.76	90	1	AS
61584	ORBITOCRANIAL APPROACH TO ANTERIOR CRANIAL FOSSA, EXTRADURAL, INCLUDING SUP	187.73	180.51	90	1	B AS
61585	ORBITOCRANIAL APPROACH TO ANTERIOR CRANIAL FOSSA, EXTRADURAL, INCLUDING SUP	195.02	187.52	90	1	B AS
61586	BICORONAL, TRANSZYGOMATIC AND/OR LEFORT I OSTEOTOMY APPROACH TO ANTERIOR CR	141.88	136.43	90	1	AS
61590	INFRATEMPORAL PRE-AURICULAR APPROACH TO MIDDLE CRANIAL FOSSA (PARAPHARYNGEA	201.21	193.48	90	1	B AS
61591	INFRATEMPORAL POST-AURICULAR APPROACH TO MIDDLE CRANIAL FOSSA (INTERNAL AUD	201.58	193.83	90	1	B AS
61592	ORBITOCRANIAL ZYGOMATIC APPROACH TO MIDDLE CRANIAL FOSSA (CAVERNOUS SINUS A	208.69	200.67	90	1	B AS
61595	TRANSTEMPORAL APPROACH TO POSTERIOR CRANIAL FOSSA, JUGULAR FORAMEN OR MIDLI	153.38	147.49	90	1	B AS
61596	TRANSCOCHLEAR APPROACH TO POSTERIOR CRANIAL FOSSA, JUGULAR FORAMEN OR MIDLI	166.37	159.98	90	1	B AS
61597	TRANSCONDYLAR (FAR LATERAL) APPROACH TO POSTERIOR CRANIAL FOSSA, JUGULAR FO	190.37	183.05	90	1	B AS
61598	TRANSPETROSAL APPROACH TO POSTERIOR CRANIAL FOSSA, CLIVUS OR FORAMEN MAGNUM	167.97	161.51	90	1	AS
61600	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF BASE	139.53	134.17	90	1	AS
61601	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF BASE	156.94	150.91	90	1	AS
61605	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF INFRA	143.04	137.54	90	1	AS
61606	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF INFRA	195.17	187.67	90	1	AS
61607	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF PARAS	179.60	172.70	90	1	AS
61608	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF PARAS	215.67	207.38	90	1	AS
61609	TRANSECTION OR LIGATION, CAROTID ARTERY IN CAVERNOUS SINUS; WITHOUT REPAIR	41.00	39.43	0	1	B AS
61610	TRANSECTION OR LIGATION, CAROTID ARTERY IN CAVERNOUS SINUS; WITH REPAIR BY	126.42	121.56	0	1	B AS
61611	TRANSECTION OR LIGATION, CAROTID ARTERY IN PETROUS CANAL; WITHOUT REPAIR (L	28.77	27.67	0	1	B AS
61612	TRANSECTION OR LIGATION, CAROTID ARTERY IN PETROUS CANAL; WITH REPAIR BY AN	100.77	96.90	0	1	B AS
61613	OBLITERATION OF CAROTID ANEURYSM, ARTERIOVENOUS MALFORMATION, OR CAROTID-CA	211.01	202.90	90	1	B AS
61615	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF BASE	161.14	154.95	90	1	AS
61616	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF BASE	214.57	206.32	90	1	AS
61618	SECONDARY REPAIR OF DURA FOR CEREBROSPINAL FLUID LEAK, ANTERIOR, MIDDLE OR	85.57	82.28	90	1	AS
61619	SECONDARY REPAIR OF DURA FOR CSF LEAK, ANTERIOR, MIDDLE OR POSTERIOR CRANIA	98.35	94.57	90	1	AS
61680	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; SUPRATENTORIAL, SIMPLE	149.24	143.50	90	1	AS
61682	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; SUPRATENTORIAL, COMPLEX	279.00	268.27	90	1	AS
61684	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; INFRATENTORIAL, SIMPLE	188.64	181.39	90	1	AS
61686	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; INFRATENTORIAL, COMPLEX	299.24	287.74	90	1	AS
61690	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; DURAL, SIMPLE	142.80	137.31	90	1	AS
61692	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; DURAL, COMPLEX	240.99	231.73	90	1	AS
61697	SURGERY OF COMPLEX INTRACRANIAL ANEURYSM, INTRACRANIAL APPROACH; CAROTID CI	273.66	263.14	90	1	AS
61698	SURGERY OF COMPLEX INTRACRANIAL ANEURYSM, INTRACRANIAL APPROACH; VERTEBROBA	294.23	282.92	90	1	AS
61700	SURGERY OF SIMPLE INTRACRANIAL ANEURYSM, INTRACRANIAL APPROACH; CAROTID CIR	228.66	219.87	90	1	AS
61702	SURGERY OF INTRACRANIAL ANEURYSM, INTRACRANIAL APPROACH; VERTEBRAL-BASILAR	256.52	246.66	90	1	AS
61703	SURGERY OF INTRACRANIAL ANEURYSM, CERVICAL APPROACH BY APPLICATION OF OCCLU	85.77	82.48	90	1	AS
61705	SURGERY OF ANEURYSM, VASCULAR MALFORMATION OR CAROTID-CAVERNOUS FISTULA; BY	170.30	163.75	90	1	AS
61708	SURGERY OF ANEURYSM, VASCULAR MALFORMATION OR CAROTID-CAVERNOUS FISTULA; BY	142.31	136.84	90	1	AS

61711	ANASTOMOSIS, ARTERIAL, EXTRACRANIAL-INTRACRANIAL (EG, MIDDLE CEREBRAL/CORTI	172.83	166.19	90	1	AS
61850	TWIST DRILL OR BURR HOLE(S) FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES;	63.68	61.24	90	1	AS
61860	CRANIECTOMY OR CRANIOTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, C	101.17	97.28	90	1	AS
61863	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC IMPLAN	100.39	96.53	90	1	AS
61864	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC IMPLAN	30.31	29.15	0	1	AS
61867	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC IMPLAN	142.90	137.41	90	1	AS
61868	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC IMPLAN	42.54	40.91	90	1	AS
61870	CRANIECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, CEREBELLAR; COR	77.88	74.89	90	1	AS
61875	CRANIECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, CEREBELLAR; SUB	64.39	61.92	90	1	AS
61880	REVISION OR REMOVAL OF INTRACRANIAL NEUROSTIMULATOR ELECTRODES	35.82	34.45	90	1	AS
62005	ELEVATION OF DEPRESSED SKULL FRACTURE; COMPOUND OR COMMINUTED, EXTRADURAL	80.99	77.88	90	1	AS
62010	ELEVATION OF DEPRESSED SKULL FRACTURE; WITH REPAIR OF DURA AND/OR DEBRIDEME	99.96	96.12	90	1	AS
62100	CRANIOTOMY FOR REPAIR OF DURAL/CEREBROSPINAL FLUID LEAK, INCLUDING SURGERY	105.40	101.35	90	1	AS
62115	REDUCTION OF CRANIOMEGALIC SKULL (EG, TREATED HYDROCEPHALUS); NOT REQUIRING	110.05	105.82	90	1	AS
62116	REDUCTION OF CRANIOMEGALIC SKULL (EG, TREATED HYDROCEPHALUS); WITH SIMPLE C	115.93	111.48	90	1	AS
62117	REDUCTION OF CRANIOMEGALIC SKULL (EG, TREATED HYDROCEPHALUS); REQUIRING CRA	118.99	114.42	90	1	AS
62120	REPAIR OF ENCEPHALOCELE, SKULL VAULT, INCLUDING CRANIOPLASTY	116.87	112.38	90	1	AS
62121	CRANIOTOMY FOR REPAIR OF ENCEPHALOCELE, SKULL BASE	108.04	103.89	90	1	AS
62140	CRANIOPLASTY FOR SKULL DEFECT; UP TO 5 CM DIAMETER	69.42	66.75	90	1	AS
62141	CRANIOPLASTY FOR SKULL DEFECT; LARGER THAN 5 CM DIAMETER	75.97	73.05	90	1	AS
62142	REMOVAL OF BONE FLAP OR PROSTHETIC PLATE OF SKULL	58.15	55.92	90	1	AS
62143	REPLACEMENT OF BONE FLAP OR PROSTHETIC PLATE OF SKULL	68.34	65.72	90	1	AS
62145	CRANIOPLASTY FOR SKULL DEFECT WITH REPARATIVE BRAIN SURGERY	90.82	87.33	90	1	AS
62146	CRANIOPLASTY WITH AUTOGRAFT (INCLUDES OBTAINING BONE GRAFTS); UP TO 5 CM DI	79.24	76.20	90	1	AS
62147	CRANIOPLASTY WITH AUTOGRAFT (INCLUDES OBTAINING BONE GRAFTS); LARGER THAN 5	93.79	90.19	90	1	AS
62161	NEUROENDOSCOPY, INTRACRANIAL; WITH DISSECTION OF ADHESIONS, FENESTRATION OF	100.46	96.60	90	1	AS
62162	NEUROENDOSCOPY, INTRACRANIAL; WITH FENESTRATION OR EXCISION OF COLLOID CYST	123.43	118.69	90	1	AS
62163	NEUROENDOSCOPY, INTRACRANIAL; WITH RETRIEVAL OF FOREIGN BODY	77.52	74.54	90	1	AS
62164	NEUROENDOSCOPY, INTRACRANIAL; WITH EXCISION OF BRAIN TUMOR, INCLUDING PLACE	132.19	127.11	90	1	AS
62165	NEUROENDOSCOPY, INTRACRANIAL; WITH EXCISION OF PITUITARY TUMOR, TRANSNASAL	99.02	95.22	90	1	AS
62180	VENTRICULOCISTERNOSTOMY (TORKILDSEN TYPE OPERATION)	104.02	100.02	90	1	AS
62192	CREATION OF SHUNT; SUBARACHNOID/SUBDURAL-PERITONEAL, -PLEURAL, OTHER TERMIN	63.48	61.04	90	1	AS
62200	VENTRICULOCISTERNOSTOMY, THIRD VENTRICLE;	90.27	86.80	90	1	AS
62220	CREATION OF SHUNT; VENTRICULO-ATRIAL, -JUGULAR, -AURICULAR	67.87	65.26	90	1	AS
62223	CREATION OF SHUNT; VENTRICULO-PERITONEAL, -PLEURAL, OTHER TERMINUS	68.99	66.34	90	1	AS
62230	REPLACEMENT OR REVISION OF CEREBROSPINAL FLUID SHUNT, OBSTRUCTED VALVE, OR	55.58	53.45	90	1	AS
62252	REPROGRAMMING OF PROGRAMMABLE CEREBROSPINAL SHUNT	44.42	42.72	0	1	AS
62256	REMOVAL OF COMPLETE CEREBROSPINAL FLUID SHUNT SYSTEM; WITHOUT REPLACEMENT	39.00	37.50	90	1	AS
62258	REMOVAL OF COMPLETE CSF SHUNT SYSTEM; WITH REPLACEMENT BY SIMILAR OR OTHER	74.69	71.82	90	1	AS
62270	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	62.88	60.47	0	1	
62273	INJECTION, EPIDURAL, OF BLOOD OR CLOT PATCH	64.52	62.04	0	1	

62280	INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED SALIN	123.48	118.74	10	1	
62282	INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED SALIN	58.96	56.70	10	1	
62310	INJECTION, SINGLE (NOT VIA INDWELLING CATHETER), NOT INCLUDING NEUROLYTIC S	42.30	40.68	0	1	
62311	INJECTION, SINGLE (NOT VIA INDWELLING CATHETER), NOT INCLUDING NEUROLYTIC S	69.92	67.24	0	1	
62318	INJECTION, INCLUDING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTEN	42.30	40.68	0	1	
62319	INJECTION, INCLUDING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTEN	39.53	38.01	0	1	
62351	IMPLANTATION, REVISION OR REPOSITIONING OF INTRATHECAL OR EPIDURAL CATHETER	56.03	53.88	90	1	AS
63001	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAU	81.15	78.03	90	1	AS
63003	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAU	81.28	78.16	90	1	AS
63005	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAU	76.76	73.81	90	1	AS
63011	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAU	73.62	70.79	90	1	AS
63012	LAMINECTOMY WITH REMOVAL OF ABNORMAL FACETS AND/OR PARS INTER-ARTICULARIS W	78.33	75.32	90	1	AS
63015	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAU	97.51	93.76	90	1	AS
63016	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAU	99.68	95.85	90	1	AS
63017	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAU	81.46	78.33	90	1	AS
63020	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDIN	77.49	74.51	90	1	B AS
63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDIN	64.39	61.92	90	1	B AS
63035	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDIN	13.40	12.89	90	11	B AS
63040	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDIN	93.79	90.19	90	1	B AS
63042	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDIN	87.45	84.09	90	1	B AS
63043	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDIN	15.75	15.15	90	5	B AS
63044	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDIN	15.75	15.15	90	4	B AS
63045	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DEC	84.02	80.79	90	1	AS
63046	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DEC	79.63	76.57	90	1	AS
63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DEC	72.65	69.86	90	1	AS
63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DEC	14.40	13.85	90	23	AS
63050	LAMINOPLASTY, CERVICAL, WITH DECOMPRESSION OF THE SPINAL CORD, TWO OR MORE	100.28	96.43	90	1	AS
63051	LAMINOPLASTY, CERVICAL, WITH DECOMPRESSION OF THE SPINAL CORD, TWO OR MORE	112.72	108.39	90	1	AS
63055	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NE	107.57	103.44	90	1	AS
63056	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NE	98.97	95.17	90	1	AS
63057	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NE	22.08	21.24	90	16	AS
63064	COSTOVERTEBRAL APPROACH WITH DECOMPRESSION OF SPINAL CORD OR NERVE ROOT(S),	117.66	113.14	90	1	AS
63066	COSTOVERTEBRAL APPROACH WITH DECOMPRESSION OF SPINAL CORD OR NERVE ROOT(S),	13.48	12.97	90	11	AS
63075	DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/ OR NERVE ROOT(	91.75	88.23	90	1	AS
63076	DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/ OR NERVE ROOT(	17.04	16.39	90	3	AS
63077	DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/ OR NERVE ROOT(	98.84	95.04	90	1	AS
63078	DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/ OR NERVE ROOT(	13.45	12.94	90	11	AS
63081	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, ANTER	117.66	113.14	90	1	AS
63082	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, ANTER	18.34	17.64	90	6	AS
63085	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, TRANS	123.80	119.04	90	1	AS
63086	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, TRANS	12.93	12.44	90	11	AS

63087	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, COMBI	157.46	151.41	90	1	AS
63088	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, COMBI	17.58	16.91	90	16	AS
63090	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, TRANS	129.08	124.12	90	1	AS
63091	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, TRANS	12.15	11.69	90	17	AS
63101	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, LATER	148.10	142.41	90	1	AS
63102	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, LATER	147.56	141.89	90	1	AS
63103	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, LATER	18.94	18.22	90	2	AS
63170	LAMINECTOMY WITH MYELOTOMY (EG, BISCHOF OR DREZ TYPE), CERVICAL, THORACIC,	97.71	93.96	90	1	AS
63172	LAMINECTOMY WITH DRAINAGE OF INTRAMEDULLARY CYST/SYRINX; TO SUBARACHNOID SP	92.05	88.51	90	1	AS
63173	LAMINECTOMY WITH DRAINAGE OF INTRAMEDULLARY CYST/SYRINX; TO PERITONEAL OR P	113.55	109.19	90	1	AS
63180	LAMINECTOMY AND SECTION OF DENTATE LIGAMENTS, WITH OR WITHOUT DURAL GRAFT,	92.28	88.74	90	1	AS
63182	LAMINECTOMY AND SECTION OF DENTATE LIGAMENTS, WITH OR WITHOUT DURAL GRAFT,	91.96	88.43	90	1	AS
63185	LAMINECTOMY WITH RHIZOTOMY; ONE OR TWO SEGMENTS	75.69	72.78	90	1	AS
63190	LAMINECTOMY WITH RHIZOTOMY; MORE THAN TWO SEGMENTS	82.61	79.44	90	1	AS
63191	LAMINECTOMY WITH SECTION OF SPINAL ACCESSORY NERVE	94.22	90.60	90	1	B AS
63194	LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF ONE SPINOTHALAMIC TRACT, ONE ST	95.24	91.58	90	1	AS
63195	LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF ONE SPINOTHALAMIC TRACT, ONE ST	100.67	96.80	90	1	AS
63196	LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF BOTH SPINOTHALAMIC TRACTS, ONE	116.85	112.36	90	1	AS
63197	LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF BOTH SPINOTHALAMIC TRACTS, ONE	112.25	107.94	90	1	AS
63198	LAMINECTOMY WITH CORDOTOMY WITH SECTION OF BOTH SPINOTHALAMIC TRACTS, TWO S	117.94	113.41	90	1	AS
63199	LAMINECTOMY WITH CORDOTOMY WITH SECTION OF BOTH SPINOTHALAMIC TRACTS, TWO S	109.79	105.57	90	1	AS
63200	LAMINECTOMY, WITH RELEASE OF TETHERED SPINAL CORD, LUMBAR	100.30	96.45	90	1	AS
63250	LAMINECTOMY FOR EXCISION OR OCCLUSION OF ARTERIOVENOUS MALFORMATION OF SPIN	192.56	185.16	90	1	AS
63251	LAMINECTOMY FOR EXCISION OR OCCLUSION OF ARTERIOVENOUS MALFORMATION OF SPIN	199.83	192.15	90	1	AS
63252	LAMINECTOMY FOR EXCISION OR OCCLUSION OF ARTERIOVENOUS MALFORMATION OF SPIN	198.68	191.04	90	1	AS
63265	LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THAN NEO	110.11	105.88	90	1	AS
63266	LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THAN NEO	113.14	108.79	90	1	AS
63267	LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THAN NEO	91.03	87.53	90	1	AS
63268	LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THAN NEO	91.05	87.55	90	1	AS
63270	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM, INTRADU	135.56	130.35	90	1	AS
63271	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM, INTRADU	135.98	130.75	90	1	AS
63272	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM, INTRADU	125.08	120.27	90	1	AS
63273	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM, INTRADU	120.69	116.05	90	1	AS
63275	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; EXTRADURAL, CERVIC	118.37	113.82	90	1	AS
63276	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; EXTRADURAL, THORAC	117.42	112.91	90	1	AS
63277	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; EXTRADURAL, LUMBAR	103.02	99.06	90	1	AS
63278	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; EXTRADURAL, SACRAL	100.54	96.68	90	1	AS
63280	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, EXTRAM	139.32	133.97	90	1	AS
63281	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, EXTRAM	138.25	132.94	90	1	AS
63282	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, EXTRAM	130.13	125.13	90	1	AS
63283	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, SACRAL	124.33	119.55	90	1	AS

63285	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, INTRAM	170.43	163.88	90	1	AS
63286	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, INTRAM	170.97	164.40	90	1	AS
63287	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, INTRAM	180.25	173.32	90	1	AS
63290	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; COMBINED EXTRADURA	180.36	173.43	90	1	AS
63295	OSTEOPLASTIC RECONSTRUCTION OF DORSAL SPINAL ELEMENTS, FOLLOWING PRIMARY IN	21.50	20.68	90	1	AS
63300	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR E	121.43	116.76	90	1	AS
63301	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR E	133.40	128.27	90	1	AS
63302	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR E	131.53	126.48	90	1	AS
63303	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR E	138.80	133.47	90	1	AS
63304	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR E	150.83	145.03	90	1	AS
63305	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR E	153.70	147.79	90	1	AS
63306	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR E	157.86	151.79	90	1	AS
63307	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR E	141.41	135.98	90	1	AS
63308	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR E	22.16	21.31	90	3	AS
63655	LAMINECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, PLATE/PADDLE, E	56.19	54.03	90	1	AS
63685	INSERTION OR REPLACEMENT OF SPINAL NEUROSTIMULATOR PULSE GENERATOR OR RECEI	32.85	31.59	90	1	AS
63700	REPAIR OF MENINGOCELE; LESS THAN 5 CM DIAMETER	80.49	77.40	90	1	AS
63702	REPAIR OF MENINGOCELE; LARGER THAN 5 CM DIAMETER	87.21	83.86	90	1	AS
63704	REPAIR OF MYELOMENINGOCELE; LESS THAN 5 CM DIAMETER	100.54	96.68	90	1	AS
63706	REPAIR OF MYELOMENINGOCELE; LARGER THAN 5 CM DIAMETER	119.44	114.85	90	1	AS
63707	REPAIR OF DURAL/CEREBROSPINAL FLUID LEAK, NOT REQUIRING LAMINECTOMY	59.76	57.47	90	1	AS
63709	REPAIR OF DURAL/CEREBROSPINAL FLUID LEAK OR PSEUDOMENINGOCELE, WITH LAMINEC	72.11	69.34	90	1	AS
63710	DURAL GRAFT, SPINAL	72.84	70.04	90	1	AS
63740	CREATION OF SHUNT, LUMBAR, SUBARACHNOID-PERITONEAL, -PLEURAL, OR OTHER; INC	61.99	59.61	90	1	AS
63741	CREATION OF SHUNT, LUMBAR, SUBARACHNOID-PERITONEAL, -PLEURAL, OR OTHER; PER	40.79	39.23	90	1	AS
63744	REPLACEMENT, IRRIGATION OR REVISION OF LUMBOSUBARACHNOID SHUNT	43.18	41.52	90	1	AS
64400	INJECTION, ANESTHETIC AGENT; TRIGEMINAL NERVE, ANY DIVISION OR BRANCH	42.47	40.84	0	1	
64402	INJECTION, ANESTHETIC AGENT; FACIAL NERVE	44.91	43.19	0	1	
64405	INJECTION, ANESTHETIC AGENT; GREATER OCCIPITAL NERVE	41.81	40.21	0	1	
64408	INJECTION, ANESTHETIC AGENT; VAGUS NERVE	48.34	46.49	0	1	
64410	INJECTION, ANESTHETIC AGENT; PHRENIC NERVE	56.19	54.03	0	1	
64412	INJECTION, ANESTHETIC AGENT; SPINAL ACCESSORY NERVE	55.38	53.25	0	1	
64413	INJECTION, ANESTHETIC AGENT; CERVICAL PLEXUS	45.57	43.82	0	1	
64415	INJECTION, ANESTHETIC AGENT; BRACHIAL PLEXUS, SINGLE	48.68	46.81	0	1	
64417	INJECTION, ANESTHETIC AGENT; AXILLARY NERVE	48.68	46.81	0	1	
64418	INJECTION, ANESTHETIC AGENT; SUPRASCAPULAR NERVE	53.58	51.52	0	1	B
64420	INJECTION, ANESTHETIC AGENT; INTERCOSTAL NERVE, SINGLE	59.78	57.49	0	1	
64421	INJECTION, ANESTHETIC AGENT; INTERCOSTAL NERVES, MULTIPLE, REGIONAL BLOCK	87.22	83.87	0	1	
64425	INJECTION, ANESTHETIC AGENT; ILIOINGUINAL, ILIOHYPOGASTRIC NERVES	51.78	49.79	0	1	
64430	INJECTION, ANESTHETIC AGENT; PUDENDAL NERVE	64.52	62.04	0	1	
64435	INJECTION, ANESTHETIC AGENT; PARACERVICAL (UTERINE) NERVE	58.96	56.70	0	1	

64445	INJECTION, ANESTHETIC AGENT; SCIATIC NERVE, SINGLE	52.43	50.42	0	1	
64450	INJECTION, ANESTHETIC AGENT; OTHER PERIPHERAL NERVE OR BRANCH	43.78	42.10	0	1	
64470	INJECTION, ANESTHETIC AGENT AND/OR STEROID, PARAVERTEBRAL FACET JOINT OR FA	136.10	130.87	0	1	B
64472	INJECTION, ANESTHETIC AGENT AND/OR STEROID, PARAVERTEBRAL FACET JOINT OR FA	55.88	53.74	0	2	B
64475	INJECTION, ANESTHETIC AGENT AND/OR STEROID, PARAVERTEBRAL FACET JOINT OR FA	123.85	119.09	0	1	B
64476	INJECTION, ANESTHETIC AGENT AND/OR STEROID, PARAVERTEBRAL FACET JOINT OR FA	47.54	45.72	0	2	B
64479	INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL; CERVIC	144.93	139.36	0	1	B
64480	INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL; CERVIC	67.65	65.05	0	2	B
64483	INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL; LUMBAR	144.93	139.36	0	1	B
64484	INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL; LUMBAR	69.77	67.09	0	2	B
64505	INJECTION, ANESTHETIC AGENT; SPHENOPALATINE GANGLION	42.30	40.68	0	1	
64508	INJECTION, ANESTHETIC AGENT; CAROTID SINUS (SEPARATE PROCEDURE)	52.76	50.74	0	1	
64510	INJECTION, ANESTHETIC AGENT; STELLATE GANGLION (CERVICAL SYMPATHETIC)	52.10	50.10	0	1	
64517	INJECTION, ANESTHETIC AGENT; SUPERIOR HYPOGASTRIC PLEXUS	10.53	10.13	0	1	AS
64520	INJECTION, ANESTHETIC AGENT; LUMBAR OR THORACIC (PARAVERTEBRAL SYMPATHETIC	65.33	62.82	0	1	
64530	INJECTION, ANESTHETIC AGENT; CELIAC PLEXUS, WITH OR WITHOUT RADIOLOGIC MON	73.01	70.21	0	1	
64580	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; NEUROMUSCULAR	18.84	18.12	90	1	AS
64585	REVISION OR REMOVAL OF PERIPHERAL NEUROSTIMULATOR ELECTRODES	11.93	11.48	10	1	AS
64590	INSERTION OR REPLACEMENT OF PERIPHERAL OR GASTRIC NEUROSTIMULATOR PULSE GEN	23.57	22.67	10	1	AS
64600	DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SUPRAORBITAL, INFRAORBIT	150.76	144.97	10	1	
64605	DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SECOND AND THIRD DIVISIO	222.64	214.08	10	1	
64610	DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SECOND AND THIRD DIVISIO	292.88	281.62	10	1	
64620	DESTRUCTION BY NEUROLYTIC AGENT; INTERCOSTAL NERVE	103.89	99.90	10	1	
64626	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE; CERVICAL	96.21	92.51	10	1	B
64627	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE; CERVICAL	24.18	23.25	0	2	B
64630	DESTRUCTION BY NEUROLYTIC AGENT; PUDENDAL NERVE	98.00	94.24	10	1	
64640	DESTRUCTION BY NEUROLYTIC AGENT; OTHER PERIPHERAL NERVE OR BRANCH	89.67	86.23	10	1	
64650	CHEMODENERVATION OF ECCRINE GLANDS; BOTH AXILLAE	24.18	23.25	0	1	
64653	CHEMODENERVATION OF ECCRINE GLANDS; OTHER AREA(S) (EG, SCALP, FACE, NECK),	27.93	26.86	0	1	
64680	DESTRUCTION BY NEUROLYTIC AGENT, WITH OR WITHOUT RADIOLOGIC MONITORING; CEL	115.49	111.05	10	1	
64681	DESTRUCTION BY NEUROLYTIC AGENT, WITH OR WITHOUT RADIOLOGIC MONITORING; SUP	13.92	13.39	10	1	AS
64704	NEUROPLASTY; NERVE OF HAND OR FOOT	22.21	21.36	90	1	AS
64708	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; OTHER THAN SPECIFIED	29.74	28.60	90	1	AS
64712	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; SCIATIC NERVE	34.78	33.45	90	1	AS
64713	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; BRACHIAL PLEXUS	50.10	48.18	90	1	AS
64714	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; LUMBAR PLEXUS	41.81	40.21	90	1	AS
64716	NEUROPLASTY AND/OR TRANSPOSITION; CRANIAL NERVE (SPECIFY)	33.84	32.54	90	1	AS
64722	DECOMPRESSION; UNSPECIFIED NERVE(S) (SPECIFY)	21.48	20.66	90	1	AS
64732	TRANSECTION OR AVULSION OF; SUPRAORBITAL NERVE	24.70	23.75	90	1	AS
64736	TRANSECTION OR AVULSION OF; MENTAL NERVE	24.49	23.55	90	1	AS
64738	TRANSECTION OR AVULSION OF; INFERIOR ALVEOLAR NERVE BY OSTEOTOMY	31.33	30.13	90	1	AS

64740	TRANSECTION OR AVULSION OF; LINGUAL NERVE	30.81	29.63	90	1	AS
64742	TRANSECTION OR AVULSION OF; FACIAL NERVE, DIFFERENTIAL OR COMPLETE	30.73	29.55	90	1	AS
64746	TRANSECTION OR AVULSION OF; PHRENIC NERVE	29.10	27.99	90	1	AS
64752	TRANSECTION OR AVULSION OF; VAGUS NERVE (VAGOTOMY), TRANSTHORACIC	32.17	30.94	90	1	AS
64755	TRANSECTION OR AVULSION OF; VAGUS NERVES LIMITED TO PROXIMAL STOMACH (SELEC	58.31	56.07	90	1	AS
64760	TRANSECTION OR AVULSION OF; VAGUS NERVE (VAGOTOMY), ABDOMINAL	31.57	30.36	90	1	AS
64761	TRANSECTION OR AVULSION OF; PUDENDAL NERVE	30.83	29.65	90	1	B AS
64763	TRANSECTION OR AVULSION OF OBTURATOR NERVE, EXTRAPELVIC, WITH OR WITHOUT AD	32.17	30.94	90	1	B AS
64766	TRANSECTION OR AVULSION OF OBTURATOR NERVE, INTRAPELVIC, WITH OR WITHOUT AD	39.57	38.05	90	1	B AS
64771	TRANSECTION OR AVULSION OF OTHER CRANIAL NERVE, EXTRADURAL	38.91	37.42	90	1	AS
64772	TRANSECTION OR AVULSION OF OTHER SPINAL NERVE, EXTRADURAL	37.27	35.84	90	1	AS
64786	EXCISION OF NEUROMA; SCIATIC NERVE	71.01	68.28	90	1	AS
64792	EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; EXTENSIVE (INCLUDING MALIGNANT TY	69.26	66.60	90	1	AS
64802	SYMPATHECTOMY, CERVICAL	39.31	37.80	90	1	B AS
64804	SYMPATHECTOMY, CERVICOTHORACIC	62.46	60.06	90	1	B AS
64809	SYMPATHECTOMY, THORACOLUMBAR	60.50	58.18	90	1	B AS
64818	SYMPATHECTOMY, LUMBAR	44.13	42.44	90	1	B AS
64835	SUTURE OF ONE NERVE; MEDIAN MOTOR THENAR	52.92	50.89	90	1	AS
64836	SUTURE OF ONE NERVE; ULNAR MOTOR	53.18	51.14	90	1	AS
64837	SUTURE OF EACH ADDITIONAL NERVE, HAND OR FOOT (LIST SEPARATELY IN ADDITION	25.58	24.60	90	4	AS
64840	SUTURE OF POSTERIOR TIBIAL NERVE	59.48	57.20	90	1	AS
64857	SUTURE OF MAJOR PERIPHERAL NERVE, ARM OR LEG, EXCEPT SCIATIC; WITHOUT TRANS	69.70	67.02	90	1	AS
64858	SUTURE OF SCIATIC NERVE	79.97	76.90	90	1	AS
64859	SUTURE OF EACH ADDITIONAL MAJOR PERIPHERAL NERVE (LIST SEPARATELY IN ADDITI	17.43	16.76	90	3	AS
64861	SUTURE OF; BRACHIAL PLEXUS	91.05	87.55	90	1	AS
64862	SUTURE OF; LUMBAR PLEXUS	92.51	88.96	90	1	AS
64864	SUTURE OF FACIAL NERVE; EXTRACRANIAL	57.60	55.39	90	1	AS
64865	SUTURE OF FACIAL NERVE; INFRATEMPORAL, WITH OR WITHOUT GRAFTING	75.76	72.85	90	1	AS
64866	ANASTOMOSIS; FACIAL-SPINAL ACCESSORY	78.04	75.04	90	1	AS
64868	ANASTOMOSIS; FACIAL-HYPOGLOSSAL	68.00	65.39	90	1	AS
64870	ANASTOMOSIS; FACIAL-PHRENIC	68.76	66.12	90	1	AS
64872	SUTURE OF NERVE; REQUIRING SECONDARY OR DELAYED SUTURE (LIST SEPARATELY IN	7.99	7.69	90	1	AS
64874	SUTURE OF NERVE; REQUIRING EXTENSIVE MOBILIZATION, OR TRANSPOSITION OF NERV	12.17	11.71	90	1	AS
64876	SUTURE OF NERVE; REQUIRING SHORTENING OF BONE OF EXTREMITY (LIST SEPARATELY	13.76	13.24	90	1	AS
64885	NERVE GRAFT (INCLUDES OBTAINING GRAFT), HEAD OR NECK; UP TO 4 CM IN LENGTH	73.39	70.57	90	1	AS
64886	NERVE GRAFT (INCLUDES OBTAINING GRAFT), HEAD OR NECK; MORE THAN 4 CM IN LEN	86.74	83.41	90	1	AS
64890	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, HAND OR FOOT; UP TO	71.58	68.83	90	1	AS
64891	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, HAND OR FOOT; MORE T	74.53	71.67	90	1	AS
64892	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, ARM OR LEG; UP TO 4	71.14	68.41	90	1	AS
64893	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, ARM OR LEG; MORE THA	75.76	72.85	90	1	AS
64895	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), HAND OR F	88.54	85.14	90	1	AS

64896	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), HAND OR F	95.78	92.10	90	1	AS
64897	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), ARM OR LE	84.41	81.17	90	1	AS
64898	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), ARM OR LE	91.63	88.11	90	1	AS
64901	NERVE GRAFT, EACH ADDITIONAL NERVE; SINGLE STRAND (LIST SEPARATELY IN ADDIT	39.72	38.20	90	3	AS
64902	NERVE GRAFT, EACH ADDITIONAL NERVE; MULTIPLE STRANDS (CABLE) (LIST SEPARATE	47.10	45.29	90	1	AS
64905	NERVE PEDICLE TRANSFER; FIRST STAGE	62.70	60.29	90	1	AS
64907	NERVE PEDICLE TRANSFER; SECOND STAGE	76.88	73.93	90	1	AS
65105	ENUCLEATION OF EYE; WITH IMPLANT, MUSCLES ATTACHED TO IMPLANT	49.36	47.47	90	1	B AS
65110	EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL OF ORBITAL CON	72.26	69.49	90	1	B AS
65112	EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL OF ORBITAL CON	85.67	82.38	90	1	B AS
65114	EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL OF ORBITAL CON	88.62	85.22	90	1	B AS
65210	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CONJUNCTIVAL EMBEDDED (INCLUDES CON	25.97	24.98	0	1	B
65220	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CORNEAL, WITHOUT SLIT LAMP	22.04	21.20	0	1	B
65260	REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM POSTERIOR SEGMENT, MAGNETIC EXTR	56.45	54.28	90	1	B AS
65265	REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM POSTERIOR SEGMENT, NONMAGNETIC E	63.42	60.99	90	1	B AS
65285	REPAIR OF LACERATION; CORNEA AND/OR SCLERA, PERFORATING, WITH REPOSITION OR	61.31	58.96	90	1	B AS
65710	KERATOPLASTY (CORNEAL TRANSPLANT); LAMELLAR	64.91	62.42	90	1	B AS
65730	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (EXCEPT IN APHAKIA)	72.26	69.49	90	1	B AS
65750	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (IN APHAKIA)	73.04	70.24	90	1	B AS
65755	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (IN PSEUDOPHAKIA)	72.65	69.86	90	1	B AS
65770	KERATOPROSTHESIS	83.44	80.24	90	1	B AS
65900	REMOVAL OF EPITHELIAL DOWNGROWTH, ANTERIOR CHAMBER OF EYE	56.69	54.51	90	1	B AS
66165	FISTULIZATION OF SCLERA FOR GLAUCOMA; IRIDENCLEISIS OR IRIDOTASIS	49.81	47.90	90	1	B AS
66170	FISTULIZATION OF SCLERA FOR GLAUCOMA; TRABECULECTOMY AB EXTERNO IN ABSENCE	69.80	67.12	90	1	B AS
66172	FISTULIZATION OF SCLERA FOR GLAUCOMA; TRABECULECTOMY AB EXTERNO WITH SCARRI	87.89	84.51	90	1	B AS
66180	AQUEOUS SHUNT TO EXTRAOCULAR RESERVOIR, (EG, MOLTEÑO, SCHOCKET, DENVER-KRUP	69.04	66.39	90	1	B AS
66185	REVISION OF AQUEOUS SHUNT TO EXTRAOCULAR RESERVOIR	43.87	42.19	90	1	B AS
66220	REPAIR OF SCLERAL STAPHYLOMA; WITHOUT GRAFT	43.25	41.59	90	1	B AS
66225	REPAIR OF SCLERAL STAPHYLOMA; WITH GRAFT	54.98	52.87	90	1	B AS
67010	REMOVAL OF VITREOUS, ANTERIOR APPROACH (OPEN SKY TECHNIQUE OR LIMBAL INCISI	32.07	30.84	90	1	B AS
67027	IMPLANTATION OF INTRAVITREAL DRUG DELIVERY SYSTEM (EG, GANCICLOVIR IMPLANT)	50.54	48.60	90	1	B AS
67030	DISCISSION OF VITREOUS STRANDS (WITHOUT REMOVAL), PARS PLANA APPROACH	30.71	29.53	90	1	B AS
67036	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH;	56.79	54.61	90	1	B AS
67039	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH FOCAL ENDOLASER PHOTOCOAG	72.63	69.84	90	1	B AS
67040	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH ENDOLASER PANRETINAL PHOT	83.84	80.62	90	1	B AS
67041	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOVAL OF PRERETINAL CEL	79.00	75.97	90	1	B AS
67042	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOVAL OF INTERNAL LIMIT	90.48	87.00	90	1	B AS
67043	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOVAL OF SUBRETINAL MEM	94.95	91.30	90	1	B AS
67107	REPAIR OF RETINAL DETACHMENT; SCLERAL BUCKLING (SUCH AS LAMELLAR SCLERAL DI	71.68	68.93	90	1	B AS
67108	REPAIR OF RETINAL DETACHMENT; WITH VITRECTOMY, ANY METHOD, WITH OR WITHOUT	95.24	91.58	90	1	B AS
67112	REPAIR OF RETINAL DETACHMENT; BY SCLERAL BUCKLING OR VITRECTOMY, ON PATIENT	78.76	75.74	90	1	B AS

67113	REPAIR OF COMPLEX RETINAL DETACHMENT (EG, PROLIFERATIVE VITREORETINOPATHY,	95.10	91.45	90	1		B AS
67121	REMOVAL OF IMPLANTED MATERIAL, POSTERIOR SEGMENT; INTRAOCULAR	53.52	51.47	90	1		B AS
67255	SCLERAL REINFORCEMENT (SEPARATE PROCEDURE); WITH GRAFT	49.24	47.35	90	1		B AS
67332	STRABISMUS SURGERY ON PATIENT WITH SCARRING OF EXTRAOCULAR MUSCLES (EG, PRI	20.28	19.50	90	1		B AS
67340	STRABISMUS SURGERY INVOLVING EXPLORATION AND/OR REPAIR OF DETACHED EXTRAOCU	21.92	21.08	90	1		B AS
67343	RELEASE OF EXTENSIVE SCAR TISSUE WITHOUT DETACHING EXTRAOCULAR MUSCLE (SEPA	38.46	36.99	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	54.75	52.65	90	1		B AS
67405	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH	46.46	44.68	90	1		B AS
67412	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH	50.12	48.20	90	1		B AS
67413	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH	50.41	48.48	90	1		B AS
67414	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH	78.59	75.57	90	1		B AS
67420	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH	96.73	93.01	90	1		B AS
67430	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH	72.44	69.66	90	1		B AS
67440	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH	70.92	68.20	90	1		B AS
67445	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH	83.63	80.42	90	1		B AS
67450	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); FOR	73.41	70.59	90	1		B AS
67500	RETROBULBAR INJECTION; MEDICATION (SEPARATE PROCEDURE, DOES NOT INCLUDE SU	33.64	32.35	0	1		B
67570	OPTIC NERVE DECOMPRESSION (EG, INCISION OR FENESTRATION OF OPTIC NERVE SHEA	67.69	65.09	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	43.33	41.67	90	1		AS
67973	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL F	55.98	53.83	90	1		AS
67974	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL F	55.84	53.70	90	1		AS
68720	DACRYOCYSTORHINOSTOMY (FISTULIZATION OF LACRIMAL SAC TO NASAL CAVITY)	44.68	42.97	90	1		AS
68745	CONJUNCTIVORHINOSTOMY (FISTULIZATION OF CONJUNCTIVA TO NASAL CAVITY); WITHO	44.94	43.22	90	1		AS
68750	CONJUNCTIVORHINOSTOMY (FISTULIZATION OF CONJUNCTIVA TO NASAL CAVITY); WITH	46.34	44.56	90	1		AS
69155	RADICAL EXCISION EXTERNAL AUDITORY CANAL LESION; WITH NECK DISSECTION	109.74	105.52	90	1		B AS
69210	REMOVAL IMPACTED CERUMEN (SEPARATE PROCEDURE), ONE OR BOTH EARS	20.25	19.48	0	1		
69220	DEBRIDEMENT, MASTOIDECTOMY CAVITY, SIMPLE (EG, ROUTINE CLEANING)	56.51	54.34	0	1		B
69320	RECONSTRUCTION EXTERNAL AUDITORY CANAL FOR CONGENITAL ATRESIA, SINGLE STAGE	100.54	96.68	90	1		
69530	PETROUS APICECTOMY INCLUDING RADICAL MASTOIDECTOMY	108.33	104.17	90	1		
69550	EXCISION AURAL GLOMUS TUMOR; TRANSCANAL	68.50	65.87	90	1		B AS
69552	EXCISION AURAL GLOMUS TUMOR; TRANSMASTOID	103.18	99.22	90	1		AS
69554	EXCISION AURAL GLOMUS TUMOR; EXTENDED (EXTRATEMPORAL)	163.71	157.42	90	1		AS
69605	REVISION MASTOIDECTOMY; WITH APICECTOMY	102.84	98.89	90	1		AS
69670	MASTOID OBLITERATION (SEPARATE PROCEDURE)	62.20	59.81	90	1		AS
69725	DECOMPRESSION FACIAL NERVE, INTRATEMPORAL; INCLUDING MEDIAL TO GENICULATE G	125.26	120.45	90	1		AS
69740	SUTURE FACIAL NERVE, INTRATEMPORAL, WITH OR WITHOUT GRAFT OR DECOMPRESSION;	75.89	72.98	90	1		AS
69745	SUTURE FACIAL NERVE, INTRATEMPORAL, WITH OR WITHOUT GRAFT OR DECOMPRESSION;	73.15	70.34	90	1		AS
69802	LABYRINTHOTOMY, WITH OR WITHOUT CRYOSURGERY OR OTHER NONEXCISIONAL DESTRUCT	68.78	66.14	90	1		AS
69805	ENDOLYMPHATIC SAC OPERATION; WITHOUT SHUNT	69.44	66.77	90	1		AS

69820	FENESTRATION SEMICIRCULAR CANAL	56.34	54.18	90	1	AS
69840	REVISION FENESTRATION OPERATION	58.78	56.52	90	1	AS
69915	VESTIBULAR NERVE SECTION, TRANSLABYRINTHINE APPROACH	102.39	98.46	90	1	AS
69950	VESTIBULAR NERVE SECTION, TRANSCRANIAL APPROACH	121.76	117.08	90	1	AS
69955	TOTAL FACIAL NERVE DECOMPRESSION AND/OR REPAIR (MAY INCLUDE GRAFT)	133.60	128.47	90	1	AS
69960	DECOMPRESSION INTERNAL AUDITORY CANAL	128.89	123.94	90	1	AS
69970	REMOVAL OF TUMOR, TEMPORAL BONE	141.57	136.13	90	1	AS
69990	MICROSURGICAL TECHNIQUES, REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPAR	14.68	14.12	0	1	
80047	BASIC METABOLIC PANEL (CALCIUM, IONIZED)	NA	10.00	0	1	
80048	BASIC METABOLIC PANEL (CALCIUM, TOTAL)	NA	6.40	0	1	
80069	RENAL FUNCTION PANEL	NA	6.40	0	1	
80074	ACUTE HEPATITIS PANEL	NA	36.80	0	1	
80076	HEPATIC FUNCTION PANEL	NA	6.00	0	1	
81000	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOB	NA	2.40	0	4	
81001	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOB	NA	2.62	0	4	
81002	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOB	NA	1.60	0	1	
81015	URINALYSIS; MICROSCOPIC ONLY	NA	1.60	0	1	
81025	URINE PREGNANCY TEST, BY VISUAL COLOR COMPARISON METHODS	NA	5.20	0	1	
82270	BLOOD, OCCULT, BY PEROXIDASE ACTIVITY (EG, GUAIAC), QUALITATIVE; FECES, CON	NA	1.60	0	1	
82274	BLOOD, OCCULT, BY FECAL HEMOGLOBIN DETERMINATION BY IMMUNOASSAY, QUALITATIV	NA	1.60	0	1	
82947	GLUCOSE; QUANTITATIVE, BLOOD (EXCEPT REAGENT STRIP)	NA	2.80	0	10	
82948	GLUCOSE; BLOOD, REAGENT STRIP	NA	2.40	0	10	
82950	GLUCOSE; POST GLUCOSE DOSE (INCLUDES GLUCOSE)	NA	3.20	0	1	
82951	GLUCOSE; TOLERANCE TEST (GTT), THREE SPECIMENS (INCLUDES GLUCOSE)	NA	10.40	0	1	
82962	GLUCOSE, BLOOD BY GLUCOSE MONITORING DEVICE(S) CLEARED BY THE FDA SPECIFICA	NA	2.20	0	1	
83026	HEMOGLOBIN; BY COPPER SULFATE METHOD, NON-AUTOMATED	NA	2.00	0	1	
83655	LEAD	NA	8.40	0	1	
84702	GONADOTROPIN, CHORIONIC (HCG); QUANTITATIVE	NA	12.40	0	1	
84703	GONADOTROPIN, CHORIONIC (HCG); QUALITATIVE	NA	5.60	0	1	
85002	BLEEDING TIME	NA	3.60	0	1	
85004	BLOOD COUNT; AUTOMATED DIFFERENTIAL WBC COUNT	NA	4.80	0	1	
85007	BLOOD COUNT; BLOOD SMEAR, MICROSCOPIC EXAMINATION WITH MANUAL DIFFERENTIAL	NA	2.80	0	10	
85013	BLOOD COUNT; SPUN MICROHEMATOCRIT	NA	2.00	0	1	
85014	BLOOD COUNT; HEMATOCRIT (HCT)	NA	1.60	0	10	
85018	BLOOD COUNT; HEMOGLOBIN (HGB)	NA	1.60	0	10	
85025	BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC, WBC AND PLATELET COU	NA	6.40	0	4	
85049	BLOOD COUNT; PLATELET, AUTOMATED	NA	3.20	0	1	
85651	SEDIMENTATION RATE, ERYTHROCYTE, NON-AUTOMATED	NA	2.80	0	1	
85660	SICKLING OF RBC, REDUCTION	NA	3.20	0	1	
86318	IMMUNOASSAY FOR INFECTIOUS AGENT ANTIBODY, QUALITATIVE OR SEMIQUANTITATIVE,	NA	11.20	0	1	

86403	PARTICLE AGGLUTINATION; SCREEN, EACH ANTIBODY	NA	8.80	0	1
86580	SKIN TEST; TUBERCULOSIS, INTRADERMAL	NA	2.71	0	1
86592	SYPHILIS TEST; QUALITATIVE (EG, VDRL, RPR, ART)	NA	3.20	0	1
87040	CULTURE, BACTERIAL; BLOOD, AEROBIC, WITH ISOLATION AND PRESUMPTIVE IDENTIFI	NA	8.40	0	3
87210	SMEAR, PRIMARY SOURCE WITH INTERPRETATION; WET MOUNT FOR INFECTIOUS AGENTS	NA	3.20	0	1
87220	TISSUE EXAMINATION BY KOH SLIDE OF SAMPLES FROM SKIN, HAIR, OR NAILS FOR FU	NA	3.20	0	1
87650	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); STREPTOCOCCUS, GRO	NA	9.60	0	1
87880	INFECTIOUS AGENT DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATION;	NA	9.20	0	1
89130	GASTRIC INTUBATION AND ASPIRATION, DIAGNOSTIC, EACH SPECIMEN, FOR CHEMICAL	NA	106.02	0	2
89190	NASAL SMEAR FOR EOSINOPHILS	NA	3.60	0	1
90632	HEPATITIS A VACCINE, ADULT DOSAGE, FOR INTRAMUSCULAR USE	72.35	NA	0	1
90633	HEPATITIS A VACCINE, PEDIATRIC/ADOLESCENT DOSAGE-2 DOSE SCHEDULE, FOR INTRA	10.00	NA	0	1
90634	HEPATITIS A VACCINE, PEDIATRIC/ADOLESCENT DOSAGE-3 DOSE SCHEDULE, FOR INTRA	8.00	NA	0	1
90645	HEMOPHILUS INFLUENZA B VACCINE (HIB), HBOC CONJUGATE (4 DOSE SCHEDULE), FOR	8.00	NA	0	1
90647	HEMOPHILUS INFLUENZA B VACCINE (HIB), PRP-OMP CONJUGATE (3 DOSE SCHEDULE),	8.00	NA	0	1
90648	HEMOPHILUS INFLUENZA B VACCINE (HIB), PRP-T CONJUGATE (4 DOSE SCHEDULE), FO	8.00	NA	0	1
90649	HUMAN PAPILLOMA VIRUS (HPV) VACCINE, TYPES 6, 11, 16, 18 (QUADRIVALENT), 3	8.00	NA	0	1
90649	HA HUMAN PAPILLOMA VIRUS (HPV) VACCINE, TYPES 6,11,16,18 (QUADRIVALENT), 3	135.53	NA	0	1
90655	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, PRESERVATIVE FREE, WHEN ADMINISTERED	8.00	NA	0	1
90656	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, PRESERVATIVE FREE, WHEN ADMINISTERED	8.00	NA	0	1
90656	HA INFLUENZA VIRUS VACCINE, SPLIT VIRUS, PRESERVATIVE FREE, FOR USE IN	24.08	NA	0	1
90657	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO CHILDREN 6-35 MO	8.00	NA	0	1
90658	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUALS 3 YE	8.00	NA	0	1
90658	HA INFLUENZA VIRUS VACCINE, SPLIT VIRUS, 3 YEARS AND ABOVE DOSAGE, FOR	24.08	NA	0	1
90660	INFLUENZA VIRUS VACCINE, LIVE, FOR INTRANASAL USE	27.62	NA	0	1
90669	PNEUMOCOCCAL CONJUGATE VACCINE, POLYVALENT, WHEN ADMINISTERED TO CHILDREN Y	8.00	NA	0	1
90680	ROTAVIRUS VACCINE, PENTAVALENT, 3 DOSE SCHEDULE, LIVE, FOR ORAL USE	8.00	NA	0	1
90700	DIPHTHERIA, TETANUS TOXOIDS, AND ACELLULAR PERTUSSIS VACCINE (DTAP), WHEN A	8.00	NA	0	1
90702	DIPHTHERIA AND TETANUS TOXOIDS (DT) ADSORBED WHEN ADMINISTERED TO INDIVIDUA	8.00	NA	0	1
90704	MUMPS VIRUS VACCINE, LIVE, FOR SUBCUTANEOUS USE	8.00	NA	0	1
90704	HA MUMPS VIRUS VACCINE, LIVE, FOR SUBCUTANEOUS OR JET INJECTION USE	30.49	NA	0	1
90705	MEASLES VIRUS VACCINE, LIVE, FOR SUBCUTANEOUS USE	8.00	NA	0	1
90705	HA IMMUNIZATION,ACITVE;MEASLES VIRUS VACCIN,LIVE,ATTENUATED	24.67	NA	0	1
90706	RUBELLA VIRUS VACCINE, LIVE, FOR SUBCUTANEOUS USE	8.00	NA	0	1
90706	HA RUBELLA VIRUS VACCINE, LIVE, FOR SUBCUTANEOUS OR JET INJECTION USE	25.46	NA	0	1
90707	MEASLES, MUMPS AND RUBELLA VIRUS VACCINE (MMR), LIVE, FOR SUBCUTANEOUS USE	8.00	NA	0	1
90707	HA MEASLES, MUMPS AND RUBELLA VIRUS VACCINE (MMR), LIVE, FOR SUBCUTANEOUS OR J	53.69	NA	0	1
90708	MEASLES AND RUBELLA VIRUS VACCINE, LIVE, FOR SUBCUTANEOUS USE	8.00	NA	0	1
90708	HA MEASLES AND RUBELLA VIRUS VACCINE, LIVE, FOR SUBCUTANEOUS OR JET INJECTION	25.80	NA	0	1
90710	MEASLES, MUMPS, RUBELLA, AND VARICELLA VACCINE (MMRV), LIVE, FOR SUBCUTANEO	8.00	NA	0	1
90713	POLIOVIRUS VACCINE, INACTIVATED (IPV), FOR SUBCUTANEOUS OR INTRAMUSCULAR US	8.00	NA	0	1

90714	TETANUS AND DIPHTHERIA TOXOIDS (TD) ADSORBED, PRESERVATIVE FREE, WHEN ADMIN	8.00	NA	0	1	
90714	HA TETANUS AND DIPHTHERIA TOXOIDS(TD) ADSORBED,PRESERVATIVE FREE, FOR USE IN	27.92	NA	0	1	
90715	TETANUS, DIPHTHERIA TOXOIDS AND ACELLULAR PERTUSSIS VACCINE (TDAP), WHEN AD	8.00	NA	0	1	
90715	HA TETANUS, DIPHTHERIA TOXOIDS AND ACELLULAR PERTUSSIS VACCINE (TDAP),	47.11	NA	0	1	
90716	VARICELLA VIRUS VACCINE, LIVE, FOR SUBCUTANEOUS USE	8.00	NA	0	1	
90716	HA VARICELLA VIRUS VACCINE, LIVE, FOR SUBCUTANEOUS USE	90.54	NA	0	1	
90718	TETANUS AND DIPHTHERIA TOXOIDS (TD) ADSORBED WHEN ADMINISTERED TO INDIVIDUA	8.00	NA	0	1	
90718	HA TETANUS AND DIPHTHERIA TOXOIDS (TD) ADSORBED FOR USE IN INDIVIDUALS SEVEN Y	14.37	NA	0	1	
90721	DIPHTHERIA, TETANUS TOXOIDS, AND ACELLULAR PERTUSSIS VACCINE AND HEMOPHILUS	8.00	NA	0	1	
90723	DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCINE, HEPATITIS B, AND	8.00	NA	0	1	
90732	PNEUMOCOCCAL POLYSACCHARIDE VACCINE, 23-VALENT, ADULT OR IMMUNOSUPPRESSED P	8.00	NA	0	1	
90732	HA PNEUMOCOCCAL POLYSACCHARIDE VACCINE, 23-VALENT, ADULT OR IMMUNOSUPPRESSED P	63.15	NA	0	1	
90733	MENINGOCOCCAL POLYSACCHARIDE VACCINE (ANY GROUPIS-J), FOR SUBCUTANEOUS USE	104.24	NA	0	1	
90734	MENINGOCOCCAL CONJUGATE VACCINE, SEROGROUPS A, C, Y AND W-135 (TETRAVALENT)	8.00	NA	0	1	
90734	HA MENINGOCOCCAL CONJUGATE VACCINE, SEROGROUPS A, C, Y AND W-135	94.72	NA	0	1	
90743	HEPATITIS B VACCINE, ADOLESCENT (2 DOSE SCHEDULE), FOR INTRAMUSCULAR USE	8.00	NA	0	1	
90744	HEPATITIS B VACCINE, PEDIATRIC/ADOLESCENT DOSAGE (3 DOSE SCHEDULE), FOR INT	8.00	NA	0	1	
90746	HEPATITIS B VACCINE, ADULT DOSAGE, FOR INTRAMUSCULAR USE	71.13	NA	0	1	
90748	HEPATITIS B AND HEMOPHILUS INFLUENZA B VACCINE (HEPB-HIB), FOR INTRAMUSCULA	8.00	NA	0	1	
90749	UNLISTED VACCINE/TOXOID	0.00	0.00	0	1	R
90760	INTRAVENOUS INFUSION, HYDRATION; INITIAL, 31 MINUTES TO 1 HOUR	25.48	24.50	0	1	
90761	INTRAVENOUS INFUSION, HYDRATION; EACH ADDITIONAL HOUR (LIST SEPARATELY IN A	7.34	7.06	0	8	
90801	PSYCHIATRIC DIAGNOSTIC INTERVIEW EXAMINATION	71.05	68.32	0	1	
90802	INTERACTIVE PSYCHIATRIC DIAGNOSTIC INTERVIEW EXAMINATION USING PLAY EQUIPME	75.47	72.57	0	1	
90804	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPO	29.40	28.27	0	1	
90805	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPO	32.67	31.42	0	1	
90806	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPO	39.69	38.17	0	1	
90807	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPO	45.24	43.50	0	1	
90810	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVIC	31.03	29.84	0	1	
90811	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVIC	36.58	35.18	0	1	
90812	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVIC	43.45	41.78	0	1	
90813	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVIC	49.17	47.28	0	1	
90816	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPO	26.30	25.29	0	1	
90817	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPO	29.23	28.11	0	1	
90818	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPO	38.70	37.22	0	1	
90819	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPO	41.81	40.21	0	1	
90823	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVIC	28.42	27.33	0	1	
90824	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVIC	31.52	30.31	0	1	
90826	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVIC	41.16	39.58	0	1	
90827	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVIC	43.94	42.25	0	1	
90862	PHARMACOLOGIC MANAGEMENT, INCLUDING PRESCRIPTION, USE, AND REVIEW OF MEDICA	25.97	24.98	0	1	

90918	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES PER FULL MONTH; FOR PATIENT	264.95	254.76	0	1	
90919	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES PER FULL MONTH; FOR PATIENT	193.56	186.12	0	1	
90920	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES PER FULL MONTH; FOR PATIENT	167.10	160.68	0	1	
90921	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES PER FULL MONTH; FOR PATIENT	103.07	99.11	0	1	
90922	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES (LESS THAN FULL MONTH), PER	8.81	8.48	0	1	
90923	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES (LESS THAN FULL MONTH), PER	6.37	6.13	0	1	
90924	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES (LESS THAN FULL MONTH), PER	5.55	5.34	0	1	
90925	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES (LESS THAN FULL MONTH), PER	3.43	3.30	0	1	
91000	ESOPHAGEAL INTUBATION AND COLLECTION OF WASHINGS FOR CYTOLOGY, INCLUDING PR	47.37	45.55	0	1	
91105	GASTRIC INTUBATION, AND ASPIRATION OR LAVAGE FOR TREATMENT (EG, FOR INGESTE	33.81	32.51	0	1	
92504	BINOCULAR MICROSCOPY (SEPARATE DIAGNOSTIC PROCEDURE)	12.90	12.41	0	1	
92526	TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING	37.08	35.66	0	1	
92552	PURE TONE AUDIOMETRY (THRESHOLD); AIR ONLY	10.61	10.21	0	1	
92567	TYMPANOMETRY (IMPEDANCE TESTING)	8.98	8.64	0	1	
92950	CARDIOPULMONARY RESUSCITATION (EG, IN CARDIAC ARREST)	119.57	114.98	0	1	
92992	ATRIAL SEPTECTOMY OR SEPTOSTOMY; TRANSVENOUS METHOD, BALLOON (EG, RASHKIND	64.44	61.97	90	1	AS
92993	ATRIAL SEPTECTOMY OR SEPTOSTOMY; BLADE METHOD (PARK SEPTOSTOMY) (INCLUDES C	38.76	37.27	90	1	AS
93000	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; WITH INTERPRETATION	8.98	8.64	0	1	
93005	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; TRACING ONLY	4.89	4.71	0	1	
93503	INSERTION AND PLACEMENT OF FLOW DIRECTED CATHETER (EG, SWAN-GANZ) FOR MONIT	58.50	56.25	0	1	
94010	SPIROMETRY, INCLUDING GRAPHIC RECORD, TOTAL AND TIMED VITAL CAPACITY, EXPIR	15.36	14.77	0	1	
94060	BRONCHODILATION RESPONSIVENESS, SPIROMETRY AS IN 94010, PRE- AND POST-BRONC	27.76	26.70	0	1	
94070	BRONCHOSPASM PROVOCATION EVALUATION, MULTIPLE SPIROMETRIC DETERMINATIONS AS	28.26	27.18	0	1	
94150	VITAL CAPACITY, TOTAL (SEPARATE PROCEDURE)	9.30	8.95	0	1	
94200	MAXIMUM BREATHING CAPACITY, MAXIMAL VOLUNTARY VENTILATION	10.61	10.21	0	1	
94240	FUNCTIONAL RESIDUAL CAPACITY OR RESIDUAL VOLUME: HELIUM METHOD, NITROGEN OP	18.61	17.90	0	1	
94250	EXPIRED GAS COLLECTION, QUANTITATIVE, SINGLE PROCEDURE (SEPARATE PROCEDURE)	10.46	10.06	0	1	
94260	THORACIC GAS VOLUME	15.36	14.77	0	1	
94350	DETERMINATION OF MALDISTRIBUTION OF INSPIRED GAS: MULTIPLE BREATH NITROGEN	15.02	14.45	0	1	
94360	DETERMINATION OF RESISTANCE TO AIRFLOW, OSCILLATORY OR PLETHYSMOGRAPHIC MET	20.90	20.10	0	1	
94370	DETERMINATION OF AIRWAY CLOSING VOLUME, SINGLE BREATH TESTS	14.53	13.98	0	1	
94375	RESPIRATORY FLOW VOLUME LOOP	17.48	16.81	0	1	
94400	BREATHING RESPONSE TO CO2 (CO2 RESPONSE CURVE)	24.82	23.87	0	1	
94450	BREATHING RESPONSE TO HYPOXIA (HYPOXIA RESPONSE CURVE)	23.69	22.78	0	1	
94610	INTRAPULMONARY SURFACTANT ADMINISTRATION BY A PHYSICIAN THROUGH ENDOTRACHEA	28.74	27.64	0	1	
94640	PRESSURIZED OR NONPRESSURIZED INHALATION TREATMENT FOR ACUTE AIRWAY OBSTRUC	6.53	6.28	0	3	
94644	CONTINUOUS INHALATION TREATMENT WITH AEROSOL MEDICATION FOR ACUTE AIRWAY OB	16.00	15.39	0	1	
94645	CONTINUOUS INHALATION TREATMENT WITH AEROSOL MEDICATION FOR ACUTE AIRWAY OB	6.04	5.81	0	1	
94664	DEMONSTRATION AND/OR EVALUATION OF PATIENT UTILIZATION OF AN AEROSOL GENERA	7.18	6.91	0	1	
94667	MANIPULATION CHEST WALL, SUCH AS CUPPING, PERCUSSING, AND VIBRATION TO FACI	9.63	9.26	0	1	
94680	OXYGEN UPTAKE, EXPIRED GAS ANALYSIS; REST AND EXERCISE, DIRECT, SIMPLE	22.70	21.83	0	1	

94681	OXYGEN UPTAKE, EXPIRED GAS ANALYSIS; INCLUDING CO2 OUTPUT, PERCENTAGE OXYGE	22.86	21.99	0	1	
94690	OXYGEN UPTAKE, EXPIRED GAS ANALYSIS; REST, INDIRECT (SEPARATE PROCEDURE)	18.94	18.22	0	1	
94720	CARBON MONOXIDE DIFFUSING CAPACITY (EG, SINGLE BREATH, STEADY STATE)	24.18	23.25	0	1	
94725	MEMBRANE DIFFUSION CAPACITY	22.38	21.52	0	1	
94750	PULMONARY COMPLIANCE STUDY (EG, PLETHYSMOGRAPHY, VOLUME AND PRESSURE MEASUR	33.48	32.20	0	1	
94770	CARBON DIOXIDE, EXPIRED GAS DETERMINATION BY INFRARED ANALYZER	16.99	16.34	0	1	
94799	UNLISTED PULMONARY SERVICE OR PROCEDURE	0.00	0.00	0	0	R
95806	SLEEP STUDY, SIMULTANEOUS RECORDING OF VENTILATION, RESPIRATORY EFFORT, ECG	97.68	93.93	0	1	
96101	PSYCHOLOGICAL TESTING (INCLUDES PSYCHODIAGNOSTIC ASSESSMENT OF EMOTIONALITY	36.92	35.50	0	4	
96102	PSYCHOLOGICAL TESTING (INCLUDES PSYCHODIAGNOSTIC ASSESSMENT OF EMOTIONALITY	26.30	25.29	0	1	
96103	PSYCHOLOGICAL TESTING (INCLUDES PSYCHODIAGNOSTIC ASSESSMENT OF EMOTIONALITY	23.69	22.78	0	1	
96116	NEUROBEHAVIORAL STATUS EXAM (CLINICAL ASSESSMENT OF THINKING, REASONING AND	41.98	40.37	0	3	
96118	NEUROPSYCHOLOGICAL TESTING (EG, HALSTEAD-REITAN NEUROPSYCHOLOGICAL BATTERY,	47.03	45.23	0	3	
96119	NEUROPSYCHOLOGICAL TESTING (EG, HALSTEAD-REITAN NEUROPSYCHOLOGICAL BATTERY,	36.92	35.50	0	3	
96120	NEUROPSYCHOLOGICAL TESTING (EG, WISCONSIN CARD SORTING TEST), ADMINISTERED	36.26	34.87	0	1	
96401	CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; NON-HORMONAL AN	33.97	32.67	0	1	
96402	CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; HORMONAL ANTI-N	16.00	15.39	0	1	
96409	CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS, PUSH TECHNIQUE, SINGLE OR INITIAL	50.63	48.69	0	1	
96411	CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS, PUSH TECHNIQUE, EACH ADDITIONAL S	28.74	27.64	0	1	
96413	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; UP TO 1 HOUR,	65.33	62.82	0	1	
96415	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONA	15.02	14.45	0	7	
96416	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; INITIATION OF	71.54	68.79	0	1	
96417	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONA	32.83	31.57	0	1	
96523	IRRIGATION OF IMPLANTED VENOUS ACCESS DEVICE FOR DRUG DELIVERY SYSTEMS	11.27	10.84	0	1	
97602	REMOVAL OF DEVITALIZED TISSUE FROM WOUND; NON-SELECTIVE DEBRIDEMENT, WITHOU	17.22	16.56	0	1	
97605	NEGATIVE PRESSURE WOUND THERAPY (EG, VACUUM ASSISTED DRAINAGE COLLECTION),	15.83	15.23	0	1	
97606	NEGATIVE PRESSURE WOUND THERAPY (EG, VACUUM ASSISTED DRAINAGE COLLECTION),	16.99	16.34	0	1	
99050	SERVICES PROVIDED IN THE OFFICE AT TIMES OTHER THAN REGULARLY SCHEDULED OFF	6.05	5.82	0	1	
99070	SUPPLIES AND MATERIALS (EXCEPT SPECTACLES), PROVIDED BY THE PHYSICIAN OVER	0.00	0.00	0	0	R
99143	MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 00	44.39	42.69	0	1	R
99144	MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 00	44.39	42.69	0	1	R
99145	MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 00	22.19	21.34	0	4	R
99148	MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 00	44.39	42.69	0	1	R
99149	MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 00	44.39	42.69	0	1	R
99150	MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES	22.19	21.34	0	4	R
99195	PHLEBOTOMY, THERAPEUTIC (SEPARATE PROCEDURE)	42.14	40.52	0	1	
99199	UNLISTED SPECIAL SERVICE, PROCEDURE OR REPORT	0.00	0.00	0	1	R
99201	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	25.95	24.96	0	1	
99202	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	27.21	26.17	0	1	
99203	OFFICE AND OUTPATIENT VISIT FOR A NEW PATIENT MUST INCLUDE A DETAILED	40.49	38.94	0	1	
99204	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	57.27	55.07	0	1	

99205	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	72.77	69.98	0	1
99211	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES	10.37	9.98	0	1
99211	FP OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES	8.17	7.86	0	1
99212	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES	18.16	17.47	0	1
99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES	22.14	21.29	0	1
99214	OFFICE OR OUTPATIENT VISIT FOR THE EVAL AND MANAGEMENT OF AN EST. PATIENT,	34.49	33.17	0	1
99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES	50.14	48.22	0	1
99217	OBSERVATION CARE DISCHARGE DAY MANAGEMENT (THIS CODE IS TO BE UTILIZED BY T	30.05	28.90	0	1
99218	INITIAL OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P	28.10	27.02	0	1
99219	INITIAL OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P	46.22	44.45	0	1
99221	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATI	40.67	39.11	0	1
99222	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATI	55.04	52.93	0	1
99231	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P	16.82	16.18	0	1
99232	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P	30.22	29.06	0	1
99233	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P	43.28	41.62	0	1
99234	OBSERVATION OR INPATIENT HOSPITAL CARE, FOR THE EVALUATION AND MANAGEMENT O	56.68	54.50	0	1
99235	OBSERVATION OR INPATIENT HOSPITAL CARE, FOR THE EVALUATION AND MANAGEMENT O	74.31	71.46	0	1
99238	HOSPITAL DISCHARGE DAY MANAGEMENT; 30 MINUTES OR LESS	29.72	28.58	0	1
99239	HOSPITAL DISCHARGE DAY MANAGEMENT; MORE THAN 30 MINUTES	43.11	41.46	0	1
99241	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE	22.04	21.20	0	1
99242	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE	41.16	39.58	0	1
99243	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE	56.51	54.34	0	1
99244	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE	83.47	80.26	0	1
99245	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE	101.93	98.01	0	1
99251	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THE	22.21	21.36	0	1
99252	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THE	33.97	32.67	0	1
99253	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THE	51.93	49.94	0	1
99254	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THE	75.30	72.41	0	1
99281	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT,	11.83	11.38	0	1
99282	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT,	18.33	17.63	0	1
99283	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT,	33.80	32.50	0	1
99284	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT,	51.75	49.76	0	1
99285	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT,	81.54	78.41	0	1
99304	INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT O	36.42	35.02	0	1
99305	INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT O	50.80	48.85	0	1
99306	INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT O	65.33	62.82	0	1
99307	SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMEN	17.97	17.28	0	1
99308	SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMEN	27.27	26.23	0	1
99309	SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMEN	36.26	34.87	0	1
99310	SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMEN	53.90	51.83	0	1
99315	NURSING FACILITY DISCHARGE DAY MANAGEMENT; 30 MINUTES OR LESS	25.97	24.97	0	1

99318	EVALUATION AND MANAGEMENT OF A PATIENT INVOLVING AN ANNUAL NURSING FACILITY	37.89	36.44	0	1
99324	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW P	24.33	23.40	0	1
99325	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW P	34.96	33.62	0	1
99326	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW P	57.99	55.76	0	1
99327	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW P	75.30	72.41	0	1
99328	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW P	88.37	84.98	0	1
99334	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTA	25.15	24.19	0	1
99335	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTA	38.70	37.22	0	1
99336	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTA	54.22	52.14	0	1
99337	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTA	77.42	74.45	0	1
99341	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIR	24.33	23.40	0	1
99342	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIR	35.12	33.77	0	1
99343	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIR	56.34	54.18	0	1
99344	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIR	73.67	70.84	0	1
99347	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHI	23.84	22.93	0	1
99348	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHI	35.60	34.24	0	1
99349	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHI	51.44	49.47	0	1
99350	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHI	71.38	68.64	0	1
99354	PROLONGED PHYSICIAN SERVICE IN THE OFFICE OR OTHER OUTPATIENT SETTING REQUI	40.83	39.26	0	1
99355	PROLONGED PHYSICIAN SERVICE IN THE OFFICE OR OTHER OUTPATIENT SETTING REQUI	40.18	38.64	0	1
99356	PROLONGED PHYSICIAN SERVICE IN THE INPATIENT SETTING, REQUIRING DIRECT (FAC	37.24	35.81	0	1
99357	PROLONGED PHYSICIAN SERVICE IN THE INPATIENT SETTING, REQUIRING DIRECT (FAC	37.40	35.97	0	1
99381	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN I	57.27	NA	0	1
99382	INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPR	57.27	55.07	0	1
99383	INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPR	57.27	55.07	0	1
99383	FP INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN	39.70	38.18	0	1
99384	INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPR	57.27	55.07	0	1
99384	FP INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPR	43.29	41.63	0	1
99385	INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPR	57.27	55.07	0	1
99385	EP INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN	57.27	55.07	0	1
99385	FP INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN	43.29	41.63	0	1
99386	INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPR	50.48	48.54	0	1
99386	FP INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN	50.48	48.54	0	1
99387	INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPR	55.55	53.42	0	1
99391	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF A	57.27	55.07	0	1
99392	PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A CO	57.27	55.07	0	1
99393	PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A CO	57.27	55.07	0	1
99393	FP PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF A	34.79	33.46	0	1
99394	PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A CO	57.27	55.07	0	1
99394	FP PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF A	38.24	36.77	0	1
99395	PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A CO	57.27	55.07	0	1

99395	EP PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A	57.27	55.07	0	1				
99395	FP PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF A	38.24	36.77	0	1				
99396	PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A CO	41.82	40.22	0	1				
99396	FP PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF A	41.82	40.22	0	1				
99397	PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A CO	47.06	45.25	0	1				
99401	PREVENTIVE MEDICINE COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S)	13.88	13.35	0	1				
99402	COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S) PROVIDED TO A HEALT	24.18	23.25	0	1				
99403	FP COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S) PROVIDED TO A HEALT	33.98	32.68	0	1				
99431	HISTORY AND EXAMINATION OF THE NORMAL NEWBORN INFANT, INITIATION OF DIAGNOS	24.33	23.40	0	1				
99432	NORMAL NEWBORN CARE IN OTHER THAN HOSPITAL OR BIRTHING ROOM SETTING, INCLUD	38.22	36.75	0	1				
99433	SUBSEQUENT HOSPITAL CARE, FOR THE EVALUATION AND MANAGEMENT OF A NORMAL NEW	13.22	12.72	0	1				
99435	HISTORY AND EXAMINATION OF THE NORMAL NEWBORN INFANT, INCLUDING THE PREPARA	33.64	32.35	0	1				
99436	ATTENDANCE AT DELIVERY (WHEN REQUESTED BY DELIVERING PHYSICIAN) AND INITIAL	30.87	29.69	0	1				
99440	NEWBORN RESUSCITATION: PROVISION OF POSITIVE PRESSURE VENTILATION AND/OR CH	60.76	58.43	0	1				
A4261	CERVICAL CAP FOR CONTRACEPTIVE USE	57.20	55.00	0	1				
G0101	CERVICAL OR VAGINAL CANCER SCREENING; PELVIC AND CLINICAL BREAST EXAMINATIO	15.51	14.92	0	1				
H0004	INDIVIDUAL/FAMILY THERAPY-45 MINUTES	45.76	44.00	0	1				
H1000	PRENATAL CARE, AT RISK ASSESSMENT	43.26	41.60	0	1				
H1001	PRENATAL CARE,AT-RISK ENHANCED SERVICES; ANTEPARTUM MANAGEMENT	86.52	83.20	0	1				
H1001	TG PRENATAL CARE,AT-RISK ENHANCED SERVICE,ANTEPARTUM MANAGEMENT	129.79	124.80	0	1				
J0170	INJECTION, ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE	2.21	2.21	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	8.53	8.53	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				
J0690	INJECTION, CEFAZOLIN SODIUM, 500 MG	1.84	1.84	0	4				
J0696	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	15.00	15.00	0	16				
J0698	CEFOTAXIME SODIUM, PER GM	5.16	5.16	0	2				
J0740	INJECTION, CIDOFOVIR, 375 MG	751.25	751.25	0	1				
J0881	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	4.89	4.89	0	500				
J0882	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (FOR ESRD ON DIALYSIS)	4.89	4.89	0	500				
J0885	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	13.88	13.88	0	80				
J0886	INJECTION, EPOETIN ALFA, 1000 UNITS (FOR ESRD ON DIALYSIS)	13.88	13.88	0	500				
J1000	INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 MG	6.30	6.30	0	1				
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	
J1051	INJECTION, MEDROXYPROGESTERONE ACETATE, 50 MG	4.43	4.43	0	20	
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	
J1100	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	1.00	1.00	0	20	
J1200	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	3.68	3.68	0	1	
J1325	INJECTION, EPOPROSTENOL, 0.5 MG	18.82	18.82	0	1	
J1364	INJECTION, ERYTHROMYCIN LACTOBIONATE, PER 500 MG	8.96	8.96	0	2	
J1440	INJECTION, FILGRASTIM (G-CSF), 300 MCG	213.72	213.72	0	2	
J1441	INJECTION, FILGRASTIM (G-CSF), 480 MCG	340.41	340.41	0	1	
J1565	INJECTION, RESPIRATORY SYNCYTIAL VIRUS IMMUNE GLOBULIN, INTRAVENOUS, 50 MG	806.91	806.91	0	1	
J1570	INJECTION, GANCICLOVIR SODIUM, 500 MG	52.58	52.58	0	1	
J1626	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG	16.51	16.51	0	20	
J1642	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	1.00	1.00	0	6	
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	
J1940	INJECTION, FUROSEMIDE, UP TO 20 MG	1.00	1.00	0	2	
J1950	INJECTION, LEUPROLIDE ACETATE PER 3.75 MG.	545.49	545.49	0	3	
J2060	INJECTION, LORAZEPAM, 2 MG	8.33	8.33	0	2	
J2210	INJECTION, METHYLERGONOVINE MALEATE, UP TO 0.2 MG	5.19	5.19	0	1	
J2550	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	1.00	1.00	0	1	
J2590	INJECTION, OXYTOCIN, UP TO 10 UNITS	3.97	3.97	0	2	
J2790	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MCG	112.10	112.10	0	1	
J2820	INJECTION, SARGRAMOSTIM (GM-CSF), 50 MCG	32.19	32.19	0	10	
J2930	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	2.89	2.89	0	24	
J2950	INJECTION, PROMAZINE HCL, UP TO 25 MG	1.00	1.00	0	6	
J3030	INJECTION, SUMATRIPTAN SUCCINATE, 6 MG (CODE MAY BE USED FOR MEDICARE WHEN	143.90	143.90	0	1	
J3105	INJECTION, TERBUTALINE SULFATE, UP TO 1 MG	26.38	26.38	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	
J3430	INJECTION, PHYTONADIONE (VITAMIN K), PER 1 MG	3.60	3.60	0	3	
J3490	UNCLASSIFIED DRUGS	0.00	0.00	0	0	R
J7030	INFUSION, NORMAL SALINE SOLUTION , 1000 CC	6.14	6.14	0	1	
J7040	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	7.71	7.71	0	1	
J7042	5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)	8.41	8.41	0	1	
J7050	INFUSION, NORMAL SALINE SOLUTION , 250 CC	5.83	5.83	0	12	
J7060	5% DEXTROSE/WATER (500 ML = 1 UNIT)	8.28	8.28	0	1	
J7070	INFUSION, D5W, 1000 CC	9.15	9.15	0	1	
J7120	RINGERS LACTATE INFUSION, UP TO 1000 CC	6.58	6.58	0	1	
J7130	HYPERTONIC SALINE SOLUTION, 50 OR 100 MEQ, 20 CC VIAL	0.62	0.62	0	1	
J7300	INTRAUTERINE COPPER CONTRACEPTIVE	414.54	414.54	0	1	

J7302	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, 52 MG	495.66	495.66	0	1	
J7307*	ETONOGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM, INCLUDING IMPLANT AND SUPPLIES	599.53	599.53	0	1	
J9170	DOCETAXEL 20 MG, INJECTABLE	360.72	360.72	0	15	
J9201	GEMCITABINE HCL, 200 MG	135.04	135.04	0	15	
J9206	IRINOTECAN, 20 MG	129.79	129.79	0	38	
J9260	METHOTREXATE SODIUM, 50 MG	3.86	3.86	0	25	
J9350	TOPOTECAN,4 MG.	956.71	956.71	0	2	
J9600	PORFIMER SODIUM, 75 MG	2,318.63	2,318.63	0	1	R
Q0111	WET MOUNTS, INCLUDING PREPARATIONS OF VAGINAL, CERVICAL OR SKIN SPECIMENS	3.33	3.20	0	1	
Q0112	ALL POTASSIUM HYDROXIDE (KOH) PREPARATIONS	4.00	3.20	0	1	
Q0113	PINWORM EXAMINATIONS	4.16	4.00	0	1	
Q0114	FERN TEST	3.33	3.20	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
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	AS
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	0.00	0.00	0	1	R	AS
S0195	PNEUMOCOCCAL CONJUGATE VACCINE, POLYVALENT, INTRAMUSCULAR, FOR CHILDREN FRO	8.00	8.00	0	1		
S4005	LABOR MANAGEMENT FEE	200.00	200.00	0	1		
S4989	PROGESTASERT INTRAUTERINE DEVICE	108.14	108.14	0	1		
S8415	SUPPLIES FOR HOME DELIVERY OF INFANT	45.00	45.00	0	1		