

**PHYSICIANS ASSISTANT FEE SCHEDULE
EFFECTIVE JANUARY 1, 2008**

Note: Codes with an asterisk (*) next to them have a begin date of 01/18/08

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	
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	
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	
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	
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

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		B 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
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, COMMINUTED 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
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, COMMINUTED OR INVOLVING CRANIAL NERVE FO	71.40	68.66	90	1	AS
21366	OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED 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	
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
22206	OSTEOTOMY OF SPINE FOR CORRECTION FIXED DEFORMITY,	159.32	153.19	90	1	AS
22207	OSTEOTOMY OF SPINE FOR CORRECTION FIXED DEFORMITY,	157.28	151.23	90	1	AS
22116	PARTIAL EXCISION OF VERTEBRAL BODY, FOR INTRINSIC BONY LESION, WITHOUT DECO	9.69	9.32	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 SHOUL	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
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
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 ("MALLETT 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
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
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
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
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
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 OSTEOTOMY (INCLUDE	62.20	59.81	90	1	B AS
27457	OSTEOTOMY, PROXIMAL TIBIA, INCLUDING FIBULAR EXCISION OR OSTEOTOMY (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 EPIPHYSEDESIS 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 WITHO	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 OSTEOATOMY	34.02	32.72	90	1		B AS
27676	REPAIR FOR DISLOCATING PERONEAL TENDONS; WITH FIBULAR OSTEOATOMY	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 RECESSION (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
27768	CLOSED TREATMENT OF POSTERIOR MALLEOLUS FRACTURE; WITH MANIPULATION	26.36	25.35	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
29851	ARTHROSCOPICALLY AIDED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSIT	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

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, LYNC	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 AS
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
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	10.53	10.13	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
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
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 PPLICATION 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 TRIARIATUM 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
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
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		
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		
36660	CATHETERIZATION, UMBILICAL ARTERY, NEWBORN, FOR DIAGNOSIS OR THERAPY	31.84	30.62	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-MESENERIC	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
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
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 ILEOCOLOSTOMY	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, COLOSTOMY 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 COLOSTOMY 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	COLOSTOMY OR SKIN LEVEL CECOSTOMY;	77.38	74.41	90	1		AS
44322	COLOSTOMY OR SKIN LEVEL CECOSTOMY; WITH MULTIPLE BIOPSIES (EG, FOR CONGENIT	62.20	59.81	90	1		AS
44345	REVISION OF COLOSTOMY; COMPLICATED (RECONSTRUCTION IN-DEPTH) (SEPARATE PROC	67.81	65.21	90	1		AS
44346	REVISION OF COLOSTOMY; WITH REPAIR OF PARACOLOSTOMY 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 TRANSSACRAL 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 TRANSCOCYGEAL 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, PAPILOMA, MOLLUSCUM CONTAG	93.75	90.15	10	1		
46924	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILOMA, 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 (PUESTOW-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	OMENECTOMY, EPILOECTOMY, 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 PYELOSTOLITHOTOMY, 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		B 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 NEPHRO CUTANEOUS 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	SYMPHYSIOTOMY 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, CYSTOSTOMY 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	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 INGUINFEMORAL 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
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
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	NA	23.72	90	1	S	AS
58605	LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S), ABDOMINAL OR VAGINAL APPROACH	NA	21.49	90	1	S	AS
58611	LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S) WHEN DONE AT THE TIME OF CESAR	NA	5.10	90	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
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		
59430	POSTPARTUM CARE ONLY (SEPARATE PROCEDURE)	43.26	41.60	0	1		
59515	CESAREAN DELIVERY ONLY; INCLUDING POSTPARTUM CARE	110.76	106.50	45	1		AS
59525	SUBTOTAL OR TOTAL HYSTERECTOMY AFTER CESAREAN DELIVERY (LIST SEPARATELY IN	41.88	40.27	90	1	S	AS
59622	CESAREAN DELIVERY ONLY, FOLLOWING ATTEMPTED VAGINAL DELIVERY AFTER PREVIOUS	110.76	106.50	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 THYROID GLAND; CERVICAL APPROACH	28.93	27.82	90	1		AS
60281	EXCISION OF THYROID GLAND; CERVICAL APPROACH	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, DECOMPRESSIVE, 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 TREP	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	INFRA TEMPORAL PRE-AURICULAR APPROACH TO MIDDLE CRANIAL FOSSA (PARAPHARYNGEA	201.21	193.48	90	1	B AS
61591	INFRA TEMPORAL 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	TRANSCHELEAR 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	
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	
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
64405	INJECTION, ANESTHETIC AGENT; GREATER OCCIPITAL NERVE	41.81	40.21	0	1	
64517	INJECTION, ANESTHETIC AGENT; SUPERIOR HYPOGASTRIC PLEXUS	10.53	10.13	0	1	AS
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
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	
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
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; IRIDENCELEISIS 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, MOLTENO, 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 GEL	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
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
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		AS
69530	PETROUS APICECTOMY INCLUDING RADICAL MASTOIDECTOMY	108.33	104.17	90	1		AS
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
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	2.61	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, GUAIAIC), 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	
84704	GONADOTROPIN, CHORIONIC (HCG); FREE BETA	NA	11.80	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	2.82	0	1	
86592	SYPHILIS TEST; QUALITATIVE (EG, VDRL, RPR, ART)	NA	3.20	0	1	
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	70.35	NA	0	1
90633	HEPATITIS A VACCINE, PEDIATRIC/ADOLESCENT DOSAGE-2 DOSE SCHEDULE, FOR INTRA	8.00	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 PAPILOMA VIRUS (HPV) VACCINE, TYPES 6, 11, 16, 18 (QUADRIVALENT), 3	8.00	NA	0	1
90649	HA HUMAN PAPILOMA 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	102.41	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	NA	0	1	R
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
93005	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS	4.89	4.71	0	1	
93925	DUPLEX SCAN OF LOWER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; COMPLETE	146.84	141.20	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	
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	
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
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	FP OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES	8.17	7.86	0	1	
99211	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES	10.37	9.98	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	25.96	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	NA	0	1
99383	INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPR	57.27	NA	0	1
99383	FP INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN	57.27	NA	0	1
99384	INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPR	57.27	NA	0	1
99384	FP INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPR	57.27	NA	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	NA	0	1
99385	FP INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN	57.27	55.07	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	53.41	0	1
99391		PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF A	57.27	NA	0	1
99392		PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A CO	57.27	NA	0	1
99393		PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A CO	57.27	NA	0	1
99393	FP	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF A	57.27	NA	0	1
99394		PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A CO	57.27	NA	0	1
99394	FP	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF A	57.27	NA	0	1
99395		PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A CO	57.27	55.07	0	1
99395	FP	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF A	57.27	55.07	0	1
99395	EP	PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A	57.27	NA	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	NA	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	60.77	NA	0	1
A4261		CERVICAL CAP FOR CONTRACEPTIVE USE	45.76	44.00	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
J0207		INJECTION, AMIFOSTINE, 500 MG	NA	500.85	0	3
J0290		INJECTION, AMPICILLIN SODIUM, 500 MG	NA	3.73	0	14
J0295		INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	NA	8.53	0	2
J0530		INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, UP TO 600,000	NA	5.19	0	1
J0540		INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, UP TO 1,200,0	NA	15.74	0	1
J0550		INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, UP TO 2,400,0	NA	9.96	0	14
J0560		INJECTION, PENICILLIN G BENZATHINE, UP TO 600,000 UNITS	NA	24.85	0	1
J0570		INJECTION, PENICILLIN G BENZATHINE, UP TO 1,200,000 UNITS	NA	43.04	0	1
J0580		INJECTION, PENICILLIN G BENZATHINE, UP TO 2,400,000 UNITS	NA	88.19	0	1
J0696		INJECTION, CEFTRIAZONE SODIUM, PER 250 MG	NA	15.00	0	16
J0740		INJECTION, CIDOFOVIR, 375 MG	NA	751.25	0	1
J0881		INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	NA	4.89	0	500
J0882		INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (FOR ESRD ON DIALYSIS)	NA	4.89	0	500
J0885		INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	NA	13.88	0	80
J0886		INJECTION, EPOETIN ALFA, 1000 UNITS (FOR ESRD ON DIALYSIS)	NA	13.88	0	500

J1020	INJECTION, METHYLPREDNISOLONE ACETATE, 20 MG	NA	1.02	0	2	
J1030	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	NA	2.03	0	2	
J1040	INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG	NA	3.25	0	2	
J1055	INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150 MG	NA	47.47	0	1	
J1056	INJECTION, MEDROXYPROGESTERONE ACETATE / ESTRADIOL CYPIONATE, 5MG / 25MG	NA	22.83	0	1	
J1200	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	NA	3.68	0	1	
J1325	INJECTION, EPOPROSTENOL, 0.5 MG	NA	18.82	0	1	
J1364	INJECTION, ERYTHROMYCIN LACTOBIONATE, PER 500 MG	NA	8.96	0	2	
J1440	INJECTION, FILGRASTIM (G-CSF), 300 MCG	NA	213.72	0	2	
J1441	INJECTION, FILGRASTIM (G-CSF), 480 MCG	NA	340.41	0	1	
J1565	INJECTION, RESPIRATORY SYNCYTIAL VIRUS IMMUNE GLOBULIN, INTRAVENOUS, 50 MG	NA	806.91	0	1	
J1570	INJECTION, GANCICLOVIR SODIUM, 500 MG	NA	52.58	0	1	
J1626	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG	NA	16.51	0	20	
J1825	INJECTION, INTERFERON BETA-1A, 33 MCG	NA	227.63	0	1	
J1885	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	NA	5.95	0	4	
J1950	INJECTION, LEUPROLIDE ACETATE PER 3.75 MG.	NA	545.49	0	3	
J2060	INJECTION, LORAZEPAM, 2 MG	NA	8.33	0	2	
J2550	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	NA	1.00	0	1	
J2790	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MCG	NA	112.10	0	1	
J2820	INJECTION, SARGRAMOSTIM (GM-CSF), 50 MCG	NA	32.19	0	10	
J3030	INJECTION, SUMATRIPTAN SUCCINATE, 6 MG (CODE MAY BE USED FOR MEDICARE WHEN	NA	143.90	0	1	
J3301	INJECTION TRIAMCINOLONE ACETONIDE, PER 10MG	NA	1.00	0	8	
J3410	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	NA	1.00	0	4	
J7300	INTRAUTERINE COPPER CONTRACEPTIVE	NA	414.54	0	1	
J7302	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, 52 MG	NA	495.66	0	1	
J7307*	ETONOGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM, INCLUDING IMPLANT AND SUPPLIES	NA	599.53	0	1	
J7319	HYALURONAN (SODIUM HYALURONATE) OR DERIVATIVE, INTRA-ARTICULAR INJECTION, P	NA	221.11	0	2	
J9170	DOCETAXEL 20 MG, INJECTABLE	NA	360.72	0	15	
J9201	GEMCITABINE HCL, 200 MG	NA	135.04	0	15	
J9206	IRINOTECAN, 20 MG	NA	129.79	0	38	
J9350	TOPOTECAN, 4 MG.	NA	956.71	0	2	
J9600	PORFIMER SODIUM, 75 MG	NA	0.00	0	1	R
Q0111	WET MOUNTS, INCLUDING PREPARATIONS OF VAGINAL, CERVICAL OR SKIN SPECIMENS	NA	3.20	0	1	
Q0112	ALL POTASSIUM HYDROXIDE (KOH) PREPARATIONS	NA	3.20	0	1	
Q0113	PINWORM EXAMINATIONS	NA	4.00	0	0	
Q0114	FERN TEST	NA	4.00	0	1	
Q4003	CAST SUPPLIES, SHOULDER CAST, ADULT (11 YEARS +), PLASTER	NA	18.05	0	1	AS
Q4004	CAST SUPPLIES, SHOULDER CAST, ADULT (11 YEARS +), FIBERGLASS	NA	62.49	0	1	AS
Q4005	CAST SUPPLIES, LONG ARM CAST, ADULT (11 YEARS +), PLASTER	NA	6.65	0	1	AS
Q4006	CAST SUPPLIES, LONG ARM CAST, ADULT (11 YEARS +), FIBERGLASS	NA	14.99	0	1	AS
Q4007	CAST SUPPLIES, LONG ARM CAST, PEDIATRIC (0-10 YEARS), PLASTER	NA	3.33	0	1	AS
Q4008	CAST SUPPLIES, LONG ARM CAST, PEDIATRIC (0-10 YEARS), FIBERGLASS	NA	7.50	0	1	AS
Q4009	CAST SUPPLIES, SHORT ARM CAST, ADULT (11 YEARS +), PLASTER	NA	4.44	0	1	AS
Q4010	CAST SUPPLIES, SHORT ARM CAST, ADULT (11 YEARS +), FIBERGLASS	NA	10.00	0	1	
Q4011	CAST SUPPLIES, SHORT ARM CAST, PEDIATRIC (0-10 YEARS), PLASTER	NA	2.22	0	1	AS
Q4012	CAST SUPPLIES, SHORT ARM CAST, PEDIATRIC (0-10 YEARS), FIBERGLASS	NA	5.00	0	1	AS
Q4013	CAST SUPPLIES, GAUNTLET CAST (INCLUDES LOWER FOREARM AND HAND), ADULT (11 Y	NA	8.08	0	1	AS
Q4014	CAST SUPPLIES, GAUNTLET CAST (INCLUDES LOWER FOREARM AND HAND), ADULT (11 Y	NA	13.64	0	1	AS

Q4015	CAST SUPPLIES, GAUNTLET CAST (INCLUDES LOWER FOREARM AND HAND), PEDIATRIC (	NA	4.04	0	1		AS
Q4016	CAST SUPPLIES, GAUNTLET CAST (INCLUDES LOWER FOREARM AND HAND), PEDIATRIC (	NA	6.82	0	1		AS
Q4017	CAST SUPPLIES, LONG ARM SPLINT, ADULT (11 YEARS +), PLASTER	NA	4.68	0	1		AS
Q4018	CAST SUPPLIES, LONG ARM SPLINT, ADULT (11 YEARS +), FIBERGLASS	NA	7.46	0	1		AS
Q4019	CAST SUPPLIES, LONG ARM SPLINT, PEDIATRIC (0-10 YEARS), PLASTER	NA	2.34	0	1		AS
Q4020	CAST SUPPLIES, LONG ARM SPLINT, PEDIATRIC (0-10 YEARS), FIBERGLASS	NA	3.73	0	1		AS
Q4021	CAST SUPPLIES, SHORT ARM SPLINT, ADULT (11 YEARS +), PLASTER	NA	3.46	0	1		AS
Q4022	CAST SUPPLIES, SHORT ARM SPLINT, ADULT (11 YEARS +), FIBERGLASS	NA	6.24	0	1		AS
Q4023	CAST SUPPLIES, SHORT ARM SPLINT, PEDIATRIC (0-10 YEARS), PLASTER	NA	1.74	0	1		AS
Q4024	CAST SUPPLIES, SHORT ARM SPLINT, PEDIATRIC (0-10 YEARS), FIBERGLASS	NA	3.12	0	1		AS
Q4032	CAST SUPPLIES, LONG LEG CAST, PEDIATRIC (0-10 YEARS), FIBERGLASS	NA	19.52	0	2		
Q4037	CAST SUPPLIES, SHORT LEG CAST, ADULT (11 YEARS +), PLASTER	NA	8.44	0	1		AS
Q4038	CAST SUPPLIES, SHORT LEG CAST, ADULT (11 YEARS +), FIBERGLASS	NA	21.15	0	1		AS
Q4039	CAST SUPPLIES, SHORT LEG CAST, PEDIATRIC (0-10 YEARS), PLASTER	NA	4.23	0	1		AS
Q4040	CAST SUPPLIES, SHORT LEG CAST, PEDIATRIC (0-10 YEARS), FIBERGLASS	NA	10.58	0	1		AS
Q4045	CAST SUPPLIES, SHORT LEG SPLINT, ADULT (11 YEARS +), PLASTER	NA	5.96	0	1		AS
Q4046	CAST SUPPLIES, SHORT LEG SPLINT, ADULT (11 YEARS +), FIBERGLASS	NA	9.58	0	1		AS
Q4047	CAST SUPPLIES, SHORT LEG SPLINT, PEDIATRIC (0-10 YEARS), PLASTER	NA	2.98	0	1		AS
Q4048	CAST SUPPLIES, SHORT LEG SPLINT, PEDIATRIC (0-10 YEARS), FIBERGLASS	NA	4.80	0	1		AS
Q4049	FINGER SPLINT, STATIC	NA	1.09	0	1		AS
Q4050	CAST SUPPLIES, FOR UNLISTED TYPES AND MATERIALS OF CASTS	NA	0.00	0	1	R	AS
Q4051	SPLINT SUPPLIES, MISCELLANEOUS (INCLUDES THERMOPLASTICS, STRAPPING, FASTENE	NA	0.00	0	1	R	AS
S0195	PNEUMOCOCCAL CONJUGATE VACCINE, POLYVALENT, INTRAMUSCULAR, FOR CHILDREN FRO	8.00	NA	0	1		
S4989	PROGESTASERT INTRAUTERINE DEVICE	112.46	108.14	0	1		