

Advanced Registered Nurse Practitioner Fee Schedule
Effective January 1, 2010

Anesthesia Reimbursement Method: Calculate your reimbursement by dividing the total minutes of anesthesia by 15. Multiply this number by the conversion factor of \$14.50. Add this to the base fee listed below for the procedure code (00120). Example: 100 minutes of anesthesia for code 00120 = \$159.49. (100 min. divided by 15 = 6.67, rounded down to 6. 6 X \$14.50 = \$87.00. \$87.00 + \$72.49 anesthesia base fee = \$159.49.) (CRNA reimbursement is 80% of total reimbursement of \$159.49. Example: \$159.49 X .80 = \$127.59.)

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy	Sterilization	Abortion	PA	AS
00100		ANESTHESIA FOR PROCEDURES ON SALIVARY GLANDS, INCLUDING BIOPSY	72.49	72.49						
00102		ANESTHESIA FOR PROCEDURES ON PLASTIC REPAIR OF CLEFT LIP	86.99	86.99						
00103		ANESTHESIA FOR RECONSTRUCTIVE PROCEDURES OF EYELID (EG, BLEPHAROPLASTY, PTO	72.49	72.49						
00104		ANESTHESIA FOR ELECTROCONVULSIVE THERAPY	57.99	57.99						
00120		ANESTHESIA FOR PROCEDURES ON EXTERNAL, MIDDLE, AND INNER EAR INCLUDING BIOP	72.49	72.49						
00124		ANESTHESIA FOR PROCEDURES ON EXTERNAL, MIDDLE, AND INNER EAR INCLUDING BIOP	57.99	57.99						
00126		ANESTHESIA FOR PROCEDURES ON EXTERNAL, MIDDLE, AND INNER EAR INCLUDING BIOP	57.99	57.99						
00140		ANESTHESIA FOR PROCEDURES ON EYE; NOT OTHERWISE SPECIFIED	72.49	72.49						
00142		ANESTHESIA FOR PROCEDURES ON EYE; LENS SURGERY	86.99	86.99						
00144		ANESTHESIA FOR PROCEDURES ON EYE; CORNEAL TRANSPLANT	86.99	86.99						
00145		ANESTHESIA FOR PROCEDURES ON EYE; VITREORETINAL SURGERY	86.99	86.99						
00148		ANESTHESIA FOR PROCEDURES ON EYE; OPHTHALMOSCOPY	57.99	57.99						
00160		ANESTHESIA FOR PROCEDURES ON NOSE AND ACCESSORY SINUSES; NOT OTHERWISE SPEC	72.49	72.49						
00162		ANESTHESIA FOR PROCEDURES ON NOSE AND ACCESSORY SINUSES; RADICAL SURGERY	101.48	101.48						
00164		ANESTHESIA FOR PROCEDURES ON NOSE AND ACCESSORY SINUSES; BIOPSY, SOFT TISSU	57.99	57.99						
00170		ANESTHESIA FOR INTRAORAL PROCEDURES, INCLUDING BIOPSY; NOT OTHERWISE SPECIF	72.49	72.49						
00172		ANESTHESIA FOR INTRAORAL PROCEDURES, INCLUDING BIOPSY; REPAIR OF CLEFT PALA	86.99	86.99						
00174		ANESTHESIA FOR INTRAORAL PROCEDURES, INCLUDING BIOPSY; EXCISION OF RETROPHA	86.99	86.99						
00176		ANESTHESIA FOR INTRAORAL PROCEDURES, INCLUDING BIOPSY; RADICAL SURGERY	101.48	101.48						

00190	ANESTHESIA FOR PROCEDURES ON FACIAL BONES OR SKULL; NOT OTHERWISE SPECIFIED	72.49	72.49
00192	ANESTHESIA FOR PROCEDURES ON FACIAL BONES; RADICAL SURGERY (INCLUDING PROGN	101.48	101.48
00210	ANESTHESIA FOR INTRACRANIAL PROCEDURES; NOT OTHERWISE SPECIFIED	159.47	159.47
00211	ANESTHESIA FOR INTRACRANIAL PROCEDURES; CRANIOTOMY OR CRANIECTOMY FOR EVACUATION	130.48	130.48
00212	ANESTHESIA FOR INTRACRANIAL PROCEDURES; SUBDURAL TAPS	72.49	72.49
00214	ANESTHESIA FOR INTRACRANIAL PROCEDURES; BURR HOLES, INCLUDING VENTRICULOGRA	130.48	130.48
00215	ANESTHESIA FOR INTRACRANIAL PROCEDURES; CRANIOPLASTY OR ELEVATION OF DEPRES	130.48	130.48
00216	ANESTHESIA FOR INTRACRANIAL PROCEDURES; VASCULAR PROCEDURES	217.46	217.46
00218	ANESTHESIA FOR INTRACRANIAL PROCEDURES; PROCEDURES IN SITTING POSITION	188.47	188.47
00220	ANESTHESIA FOR INTRACRANIAL PROCEDURES; CEREBROSPINAL FLUID SHUNTING PROCED	144.98	144.98
00222	ANESTHESIA FOR INTRACRANIAL PROCEDURES; ELECTROCOAGULATION OF INTRACRANIAL	86.99	86.99
00300	ANESTHESIA FOR ALL PROCEDURES ON THE INTEGUMENTARY SYSTEM, MUSCLES AND NERV	72.49	72.49
00320	ANESTHESIA FOR ALL PROCEDURES ON ESOPHAGUS, THYROID, LARYNX, TRACHEA AND LY	86.99	86.99
00322	ANESTHESIA FOR ALL PROCEDURES ON ESOPHAGUS, THYROID, LARYNX, TRACHEA AND LY	43.49	43.49
00326	ANESTHESIA FOR ALL PROCEDURES ON THE LARYNX AND TRACHEA IN CHILDREN LESS	116.00	116.00
00350	ANESTHESIA FOR PROCEDURES ON MAJOR VESSELS OF NECK; NOT OTHERWISE SPECIFIED	144.98	144.98
00352	ANESTHESIA FOR PROCEDURES ON MAJOR VESSELS OF NECK; SIMPLE LIGATION	72.49	72.49
00400	ANESTHESIA FOR PROCEDURES ON THE INTEGUMENTARY SYSTEM ON THE EXTREMITIES,	43.49	43.49
00402	ANESTHESIA FOR PROCEDURES ON ANTERIOR INTEGUMENTARY SYSTEM OF CHEST, INCLUD	72.49	72.49
00404	ANESTHESIA FOR PROCEDURES ON ANTERIOR INTEGUMENTARY SYSTEM OF CHEST, INCLUD	72.49	72.49
00406	ANESTHESIA FOR PROCEDURES ON ANTERIOR INTEGUMENTARY SYSTEM OF CHEST, INCLUD	188.47	188.47
00410	ANESTHESIA FOR PROCEDURES ON ANTERIOR INTEGUMENTARY SYSTEM OF CHEST, INCLUD	57.99	57.99
00450	ANESTHESIA FOR PROCEDURES ON CLAVICLE AND SCAPULA; NOT OTHERWISE SPECIFIED	72.49	72.49
00452	ANESTHESIA FOR PROCEDURES ON CLAVICLE AND SCAPULA; RADICAL SURGERY	86.99	86.99
00454	ANESTHESIA FOR PROCEDURES ON CLAVICLE AND SCAPULA; BIOPSY OF CLAVICLE	43.49	43.49
00470	ANESTHESIA FOR PARTIAL RIB RESECTION; NOT OTHERWISE SPECIFIED	86.99	86.99
00472	ANESTHESIA FOR PARTIAL RIB RESECTION; THORACOPLASTY (ANY TYPE)	144.98	144.98
00474	ANESTHESIA FOR PARTIAL RIB RESECTION; RADICAL PROCEDURES (EG, PECTUS EXCAVA	188.47	188.47
00500	ANESTHESIA FOR ALL PROCEDURES ON ESOPHAGUS	217.46	217.46
00520	ANESTHESIA FOR CLOSED CHEST PROCEDURES; (INCLUDING BRONCHOSCOPY) NOT OTHERW	86.99	86.99
00522	ANESTHESIA FOR CLOSED CHEST PROCEDURES (INCLUDING ESOPHAGOSCOPY, BRONCHOSCO	57.99	57.99

00524	ANESTHESIA FOR CLOSED CHEST PROCEDURES (INCLUDING ESOPHAGOSCOPY, BRONCHOSCO	57.99	57.99
00528	ANESTHESIA FOR CLOSED CHEST PROCEDURES; MEDIASTINOSCOPY AND DIAGNOSTIC THOR	115.98	115.98
00529	ANESTHESIA FOR CLOSED CHEST PROCEDURES; MEDIASTINOSCOPY AND DIAGNOSTIC THOR	159.50	159.50
00530	ANESTHESIA FOR PERMANENT TRANSVENOUS PACEMAKER INSERTION	57.99	57.99
00532	ANESTHESIA FOR ACCESS TO CENTRAL VENOUS CIRCULATION	57.99	57.99
00534	ANESTHESIA FOR TRANSVENOUS INSERTION OR REPLACEMENT OF PACING CARDIOVERTER-	101.48	101.48
00537	ANESTHESIA FOR CARDIAC ELECTROPHYSIOLOGIC PROCEDURES INCLUDING RADIOFREQUEN	144.98	144.98
00539	ANESTHESIA FOR TRACHEOBRONCHIAL RECONSTRUCTION	261.00	261.00
00540	ANESTHESIA FOR THORACOTOMY PROCEDURES INVOLVING LUNGS, PLEURA, DIAPHRAGM, A	174.00	174.00
00541	ANESTHESIA FOR THORACOTOMY PROCEDURES INVOLVING LUNGS, PLEURA, DIAPHRAGM, A	217.50	217.50
00542	ANESTHESIA FOR THORACOTOMY PROCEDURES INVOLVING LUNGS, PLEURA, DIAPHRAGM, A	217.50	217.50
00546	ANESTHESIA FOR THORACOTOMY PROCEDURES INVOLVING LUNGS, PLEURA, DIAPHRAGM, A	217.50	217.50
00548	ANESTHESIA FOR THORACOTOMY PROCEDURES INVOLVING LUNGS, PLEURA, DIAPHRAGM, A	246.50	246.50
00550	ANESTHESIA FOR STERNAL DEBRIDEMENT	144.98	144.98
00560	ANESTHESIA FOR PROCEDURES ON HEART, PERICARDIAL SAC, AND GREAT VESSELS OF C	217.46	217.46
00561	ANESTHESIA FOR PROCEDURES ON HEART, PERICARDIAL SAC, AND GREAT VESSELS OF C	217.46	217.46
00562	ANESTHESIA FOR PROCEDURES ON HEART, PERICARDIUM, AND GREAT VESSELS OF CHEST	289.95	289.95
00563	ANESTHESIA FOR PROCEDURES ON HEART, PERICARDIUM, AND GREAT VESSELS OF CHEST	362.44	362.44
00566	ANESTHESIA FOR DIRECT CORONARY ARTERY BYPASS GRAFTING WITHOUT PUMP OXYGENAT	362.44	362.44
00567	ANESTHESIA FOR DIRECT CORONARY ARTERY BYPASS GRAFTING WITH PUMP OXYGENATOR	362.44	362.44
00580	ANESTHESIA FOR HEART TRANSPLANT OR HEART/LUNG TRANSPLANT	289.95	289.95
00600	ANESTHESIA FOR PROCEDURES ON CERVICAL SPINE AND CORD; NOT OTHERWISE SPECIFI	144.98	144.98
00604	ANESTHESIA FOR PROCEDURES ON CERVICAL SPINE AND CORD; PROCEDURES WITH PATIE	188.47	188.47
00620	ANESTHESIA FOR PROCEDURES ON THORACIC SPINE AND CORD; NOT OTHERWISE SPECIFI	144.98	144.98
00622	ANESTHESIA FOR PROCEDURES ON THORACIC SPINE AND CORD; THORACOLUMBAR SYMPATH	188.47	188.47
00625	ANESTHESIA FOR PROCEDURES ON THE THORACIC SPINE AND CORD, VIA AN ANTERIOR T	144.98	144.98
00626	ANESTHESIA FOR PROCEDURES ON THE THORACIC SPINE AND CORD, VIA AN ANTERIOR T	144.98	144.98
00630	ANESTHESIA FOR PROCEDURES IN LUMBAR REGION; NOT OTHERWISE SPECIFIED	115.98	115.98
00632	ANESTHESIA FOR PROCEDURES IN LUMBAR REGION; LUMBAR SYMPATHECTOMY	101.48	101.48
00634	ANESTHESIA FOR PROCEDURES IN LUMBAR REGION; CHEMONUCLEOLYSIS	144.98	144.98
00635	ANESTHESIA FOR PROCEDURES IN LUMBAR REGION; DIAGNOSTIC OR THERAPEUTIC LUMBAR PUNC	58.00	58.00

00640	ANESTHESIA FOR MANIPULATION OF THE SPINE OR FOR CLOSED PROCEDURES ON THE CE	43.50	43.50	
00670	ANESTHESIA FOR EXTENSIVE SPINE AND SPINAL CORD PROCEDURES (EG, SPINAL INSTR	188.47	188.47	
00700	ANESTHESIA FOR PROCEDURES ON UPPER ANTERIOR ABDOMINAL WALL; NOT OTHERWISE S	58.00	58.00	
00702	ANESTHESIA FOR PROCEDURES ON UPPER ANTERIOR ABDOMINAL WALL; PERCUTANEOUS LI	57.99	57.99	
00730	ANESTHESIA FOR PROCEDURES ON UPPER POSTERIOR ABDOMINAL WALL	72.49	72.49	
00740	ANESTHESIA FOR UPPER GASTROINTESTINAL ENDOSCOPIC PROCEDURES ENDOSCOPE INTRODUC	72.49	72.49	
00750	ANESTHESIA FOR HERNIA REPAIRS IN UPPER ABDOMEN; NOT OTHERWISE SPECIFIED	57.99	57.99	
00752	ANESTHESIA FOR HERNIA REPAIRS IN UPPER ABDOMEN; LUMBAR AND VENTRAL (INCISIO	86.99	86.99	
00754	ANESTHESIA FOR HERNIA REPAIRS IN UPPER ABDOMEN; OMPHALOCELE	101.48	101.48	
00756	ANESTHESIA FOR HERNIA REPAIRS IN UPPER ABDOMEN; TRANSABDOMINAL REPAIR OF DI	101.48	101.48	
00770	ANESTHESIA FOR ALL PROCEDURES ON MAJOR ABDOMINAL BLOOD VESSELS	217.46	217.46	
00790	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN UPPER ABDOMEN INCLUDING LAPARO	101.48	101.48	
00792	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN UPPER ABDOMEN INCLUDING LAPARO	188.47	188.47	
00794	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN UPPER ABDOMEN INCLUDING LAPARO	115.98	115.98	
00796	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN UPPER ABDOMEN INCLUDING LAPARO	434.93	434.93	
00797	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN UPPER ABDOMEN INCLUDING LAPARO	145.00	145.00	
00800	ANESTHESIA FOR PROCEDURES ON LOWER ANTERIOR ABDOMINAL WALL; NOT OTHERWISE S	58.00	58.00	
00802	ANESTHESIA FOR PROCEDURES ON LOWER ANTERIOR ABDOMINAL WALL; PANNICULECTOMY	72.49	72.49	
00810	ANESTHESIA FOR LOWER INTESTINAL ENDOSCOPIC PROCEDURES; ENDOSCOPE INTRODUCED DIST	72.50	72.50	
00820	ANESTHESIA FOR PROCEDURES ON LOWER POSTERIOR ABDOMINAL WALL	72.49	72.49	
00830	ANESTHESIA FOR HERNIA REPAIRS IN LOWER ABDOMEN; NOT OTHERWISE SPECIFIED	57.99	57.99	
00832	ANESTHESIA FOR HERNIA REPAIRS IN LOWER ABDOMEN; VENTRAL AND INCISIONAL HERN	86.99	86.99	
00834	ANESTHESIA FOR HERNIA REPAIRS IN THE LOWER ABDOMEN NOT OTHERWISE SPECIFIED,	72.50	72.50	
00836	ANESTHESIA FOR HERNIA REPAIRS IN THE LOWER ABDOMEN NOT OTHERWISE SPECIFIED,	87.00	87.00	
00840	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDING LAPARO	86.99	86.99	
00842	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDING LAPARO	57.99	57.99	
00844	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDING LAPARO	101.48	101.48	
00846	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDING LAPARO	115.98	115.98	Y
00848	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDING LAPARO	115.98	115.98	
00851	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDING LAPARO	87.00	87.00	Y
00860	ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN, INCLUDING URINA	86.99	86.99	

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

00944	ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA, VAGINA, CERVI	86.99	86.99	Y
00948	ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA, VAGINA, CERVI	57.99	57.99	
00950	ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA, VAGINA, CERVI	72.49	72.49	
00952	ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA, VAGINA, CERVI	57.99	57.99	
01112	ANESTHESIA FOR BONE MARROW ASPIRATION AND/OR BIOPSY, ANTERIOR OR POSTERIOR	72.49	72.49	
01120	ANESTHESIA FOR PROCEDURES ON BONY PELVIS	86.99	86.99	
01130	ANESTHESIA FOR BODY CAST APPLICATION OR REVISION	43.49	43.49	
01140	ANESTHESIA FOR INTERPELVIABDOMINAL (HINDQUARTER) AMPUTATION	217.46	217.46	
01150	ANESTHESIA FOR RADICAL PROCEDURES FOR TUMOR OF PELVIS, EXCEPT HINDQUARTER A	145.00	145.00	
01160	ANESTHESIA FOR CLOSED PROCEDURES INVOLVING SYMPHYSIS PUBIS OR SACROILIAC JO	57.99	57.99	
01170	ANESTHESIA FOR OPEN PROCEDURES INVOLVING SYMPHYSIS PUBIS OR SACROILIAC JOIN	115.98	115.98	
01173	ANESTHESIA FOR OPEN REPAIR OF FRACTURE DISRUPTION OF PELVIS OR COLUMN FRACT	174.00	174.00	
01180	ANESTHESIA FOR OBTURATOR NEURECTOMY; EXTRAPELVIC	43.49	43.49	
01190	ANESTHESIA FOR OBTURATOR NEURECTOMY; INTRAPELVIC	57.99	57.99	
01200	ANESTHESIA FOR ALL CLOSED PROCEDURES INVOLVING HIP JOINT	57.99	57.99	
01202	ANESTHESIA FOR ARTHROSCOPIC PROCEDURES OF HIP JOINT	57.99	57.99	
01210	ANESTHESIA FOR OPEN PROCEDURES INVOLVING HIP JOINT; NOT OTHERWISE SPECIFIED	86.99	86.99	
01212	ANESTHESIA FOR OPEN PROCEDURES INVOLVING HIP JOINT; HIP DISARTICULATION	144.98	144.98	
01214	ANESTHESIA FOR OPEN PROCEDURES INVOLVING HIP JOINT; TOTAL HIP ARTHROPLASTY	116.00	116.00	
01215	ANESTHESIA FOR OPEN PROCEDURES INVOLVING HIP JOINT; REVISION OF TOTAL HIP A	144.98	144.98	
01220	ANESTHESIA FOR ALL CLOSED PROCEDURES INVOLVING UPPER 2/3 OF FEMUR	57.99	57.99	
01230	ANESTHESIA FOR OPEN PROCEDURES INVOLVING UPPER 2/3 OF FEMUR; NOT OTHERWISE	86.99	86.99	
01232	ANESTHESIA FOR OPEN PROCEDURES INVOLVING UPPER 2/3 OF FEMUR; AMPUTATION	72.49	72.49	
01234	ANESTHESIA FOR OPEN PROCEDURES INVOLVING UPPER 2/3 OF FEMUR; RADICAL RESECT	115.98	115.98	
01250	ANESTHESIA FOR ALL PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURS	57.99	57.99	
01260	ANESTHESIA FOR ALL PROCEDURES INVOLVING VEINS OF UPPER LEG, INCLUDING EXPLO	115.98	115.98	
01270	ANESTHESIA FOR PROCEDURES INVOLVING ARTERIES OF UPPER LEG, INCLUDING BYPASS	116.48	116.48	
01272	ANESTHESIA FOR PROCEDURES INVOLVING ARTERIES OF UPPER LEG, INCLUDING BYPASS	57.99	57.99	
01274	ANESTHESIA FOR PROCEDURES INVOLVING ARTERIES OF UPPER LEG, INCLUDING BYPASS	86.99	86.99	
01320	ANESTHESIA FOR ALL PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURS	57.99	57.99	
01340	ANESTHESIA FOR ALL CLOSED PROCEDURES ON LOWER 1/3 OF FEMUR	57.99	57.99	

01360	ANESTHESIA FOR ALL OPEN PROCEDURES ON LOWER 1/3 OF FEMUR	72.49	72.49
01380	ANESTHESIA FOR ALL CLOSED PROCEDURES ON KNEE JOINT	43.49	43.49
01382	ANESTHESIA FOR DIAGNOSTIC ARTHROSCOPIC PROCEDURES OF KNEE JOINT	43.49	43.49
01390	ANESTHESIA FOR ALL CLOSED PROCEDURES ON UPPER ENDS OF TIBIA, FIBULA, AND/OR	43.49	43.49
01392	ANESTHESIA FOR ALL OPEN PROCEDURES ON UPPER ENDS OF TIBIA, FIBULA, AND/OR P	57.99	57.99
01400	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES ON KNEE JOINT; NOT	57.99	57.99
01402	ANESTHESIA FOR OPEN PROCEDURES ON KNEE JOINT; TOTAL KNEE ARTHROPLASTY	101.48	101.48
01404	ANESTHESIA FOR OPEN PROCEDURES ON KNEE JOINT; DISARTICULATION AT KNEE	72.49	72.49
01420	ANESTHESIA FOR ALL CAST APPLICATIONS, REMOVAL, OR REPAIR INVOLVING KNEE JOI	43.49	43.49
01430	ANESTHESIA FOR PROCEDURES ON VEINS OF KNEE AND POPLITEAL AREA; NOT OTHERWIS	43.49	43.49
01432	ANESTHESIA FOR PROCEDURES ON VEINS OF KNEE AND POPLITEAL AREA; ARTERIOVENOU	87.00	87.00
01440	ANESTHESIA FOR PROCEDURES ON ARTERIES OF KNEE AND POPLITEAL AREA; NOT OTHER	116.00	116.00
01442	ANESTHESIA FOR PROCEDURES ON ARTERIES OF KNEE AND POPLITEAL AREA; POPLITEAL	115.98	115.98
01444	ANESTHESIA FOR PROCEDURES ON ARTERIES OF KNEE AND POPLITEAL AREA; POPLITEAL	115.98	115.98
01462	ANESTHESIA FOR ALL CLOSED PROCEDURES ON LOWER LEG, ANKLE, AND FOOT	43.49	43.49
01464	ANESTHESIA FOR ARTHROSCOPIC PROCEDURES OF ANKLE AND/OR FOOT	43.49	43.49
01470	ANESTHESIA FOR PROCEDURES ON NERVES, MUSCLES, TENDONS, AND FASCIA OF LOWER	43.49	43.49
01472	ANESTHESIA FOR PROCEDURES ON NERVES, MUSCLES, TENDONS, AND FASCIA OF LOWER	72.49	72.49
01474	ANESTHESIA FOR PROCEDURES ON NERVES, MUSCLES, TENDONS, AND FASCIA OF LOWER	72.49	72.49
01480	ANESTHESIA FOR OPEN PROCEDURES ON BONES OF LOWER LEG, ANKLE, AND FOOT; NOT	43.49	43.49
01482	ANESTHESIA FOR OPEN PROCEDURES ON BONES OF LOWER LEG, ANKLE, AND FOOT; RADI	57.99	57.99
01484	ANESTHESIA FOR OPEN PROCEDURES ON BONES OF LOWER LEG, ANKLE, AND FOOT; OSTE	57.99	57.99
01486	ANESTHESIA FOR OPEN PROCEDURES ON BONES OF LOWER LEG, ANKLE, AND FOOT; TOTA	101.48	101.48
01490	ANESTHESIA FOR LOWER LEG CAST APPLICATION, REMOVAL, OR REPAIR	43.49	43.49
01500	ANESTHESIA FOR PROCEDURES ON ARTERIES OF LOWER LEG, INCLUDING BYPASS GRAFT;	115.98	115.98
01502	ANESTHESIA FOR PROCEDURES ON ARTERIES OF LOWER LEG, INCLUDING BYPASS GRAFT;	86.99	86.99
01520	ANESTHESIA FOR PROCEDURES ON VEINS OF LOWER LEG; NOT OTHERWISE SPECIFIED	43.49	43.49
01522	ANESTHESIA FOR PROCEDURES ON VEINS OF LOWER LEG; VENOUS THROMBECTOMY, DIREC	72.49	72.49
01610	ANESTHESIA FOR ALL PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURS	72.49	72.49
01620	ANESTHESIA FOR ALL CLOSED PROCEDURES ON HUMERAL HEAD AND NECK, STERNOCLAVIC	57.99	57.99
01622	ANESTHESIA FOR DIAGNOSTIC ARTHROSCOPIC PROCEDURES OF SHOULDER JOINT	57.99	57.99

01630	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES ON HUMERAL HEAD AND	72.49	72.49
01634	ANESTHESIA FOR OPEN PROCEDURES ON HUMERAL HEAD AND NECK, STERNOCLAVICULAR J	130.48	130.48
01636	ANESTHESIA FOR OPEN PROCEDURES ON HUMERAL HEAD AND NECK, STERNOCLAVICULAR J	217.46	217.46
01638	ANESTHESIA FOR OPEN PROCEDURES ON HUMERAL HEAD AND NECK, STERNOCLAVICULAR J	144.98	144.98
01650	ANESTHESIA FOR PROCEDURES ON ARTERIES OF SHOULDER AND AXILLA; NOT OTHERWISE	86.99	86.99
01652	ANESTHESIA FOR PROCEDURES ON ARTERIES OF SHOULDER AND AXILLA; AXILLARY-BRAC	144.98	144.98
01654	ANESTHESIA FOR PROCEDURES ON ARTERIES OF SHOULDER AND AXILLA; BYPASS GRAFT	115.98	115.98
01656	ANESTHESIA FOR PROCEDURES ON ARTERIES OF SHOULDER AND AXILLA; AXILLARY-FEMO	144.98	144.98
01670	ANESTHESIA FOR ALL PROCEDURES ON VEINS OF SHOULDER AND AXILLA	57.99	57.99
01680	ANESTHESIA FOR SHOULDER CAST APPLICATION, REMOVAL OR REPAIR; NOT OTHERWISE	43.49	43.49
01682	ANESTHESIA FOR SHOULDER CAST APPLICATION, REMOVAL OR REPAIR; SHOULDER SPICA	57.99	57.99
01710	ANESTHESIA FOR PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURSAE O	43.49	43.49
01712	ANESTHESIA FOR PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURSAE O	72.49	72.49
01714	ANESTHESIA FOR PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURSAE O	72.49	72.49
01716	ANESTHESIA FOR PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURSAE O	72.49	72.49
01730	ANESTHESIA FOR ALL CLOSED PROCEDURES ON HUMERUS AND ELBOW	43.49	43.49
01732	ANESTHESIA FOR DIAGNOSTIC ARTHROSCOPIC PROCEDURES OF ELBOW JOINT	43.49	43.49
01740	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES OF THE ELBOW; NOT O	57.99	57.99
01742	ANESTHESIA FOR OPEN PROCEDURES ON HUMERUS AND ELBOW; OSTEOTOMY OF HUMERUS	72.49	72.49
01744	ANESTHESIA FOR OPEN PROCEDURES ON HUMERUS AND ELBOW; REPAIR OF NONUNION OR	72.49	72.49
01756	ANESTHESIA FOR OPEN PROCEDURES ON HUMERUS AND ELBOW; RADICAL PROCEDURES	86.99	86.99
01758	ANESTHESIA FOR OPEN PROCEDURES ON HUMERUS AND ELBOW; EXCISION OF CYST OR TU	72.49	72.49
01760	ANESTHESIA FOR OPEN PROCEDURES ON HUMERUS AND ELBOW; TOTAL ELBOW REPLACEMEN	101.48	101.48
01770	ANESTHESIA FOR PROCEDURES ON ARTERIES OF UPPER ARM AND ELBOW; NOT OTHERWISE	87.00	87.00
01772	ANESTHESIA FOR PROCEDURES ON ARTERIES OF UPPER ARM AND ELBOW; EMBOLECTOMY	86.99	86.99
01780	ANESTHESIA FOR PROCEDURES ON VEINS OF UPPER ARM AND ELBOW; NOT OTHERWISE SP	43.49	43.49
01782	ANESTHESIA FOR PROCEDURES ON VEINS OF UPPER ARM AND ELBOW; PHLEBORRHAPHY	57.99	57.99
01810	ANESTHESIA FOR ALL PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURS	43.49	43.49
01820	ANESTHESIA FOR ALL CLOSED PROCEDURES ON RADIUS, ULNA, WRIST, OR HAND BONES	43.49	43.49
01829	ANESTHESIA FOR DIAGNOSTIC ARTHROSCOPIC PROCEDURES ON THE WRIST	43.50	43.50
01830	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC/ENDOSCOPIC PROCEDURES ON DISTA	43.49	43.49

01832	ANESTHESIA FOR OPEN PROCEDURES ON RADIUS, ULNA, WRIST, OR HAND BONES; TOTAL	86.99	86.99	
01840	ANESTHESIA FOR PROCEDURES ON ARTERIES OF FOREARM, WRIST, AND HAND; NOT OTHE	86.99	86.99	
01842	ANESTHESIA FOR PROCEDURES ON ARTERIES OF FOREARM, WRIST, AND HAND; EMBOLECT	86.99	86.99	
01844	ANESTHESIA FOR VASCULAR SHUNT, OR SHUNT REVISION, ANY TYPE (EG, DIALYSIS)	86.99	86.99	
01850	ANESTHESIA FOR PROCEDURES ON VEINS OF FOREARM, WRIST, AND HAND; NOT OTHERWI	43.49	43.49	
01852	ANESTHESIA FOR PROCEDURES ON VEINS OF FOREARM, WRIST, AND HAND; PHLEBORRHAP	57.99	57.99	
01860	ANESTHESIA FOR FOREARM, WRIST, OR HAND CAST APPLICATION, REMOVAL, OR REPAIR	43.49	43.49	
01916	ANESTHESIA FOR DIAGNOSTIC ARTERIOGRAPHY/VENOGRAPHY	72.49	72.49	
01920	ANESTHESIA FOR CARDIAC CATHETERIZATION INCLUDING CORONARY ANGIOGRAPHY AND V	101.48	101.48	
01922	ANESTHESIA FOR NON-INVASIVE IMAGING OR RADIATION THERAPY	101.48	101.48	
01924	ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES INVOLVING T	87.00	87.00	
01925	ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES INVOLVING T	116.00	116.00	
01926	ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES INVOLVING T	145.00	145.00	
01930	ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES INVOLVING T	72.50	72.50	
01931	ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES INVOLVING T	101.50	101.50	
01932	ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES INVOLVING T	101.50	101.50	
01933	ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES INVOLVING T	116.00	116.00	
01951	ANESTHESIA FOR SECOND AND THIRD DEGREE BURN EXCISION OR DEBRIDEMENT WITH OR	43.49	43.49	
01952	ANESTHESIA FOR SECOND AND THIRD DEGREE BURN EXCISION OR DEBRIDEMENT WITH OR	72.49	72.49	
01953	ANESTHESIA FOR SECOND AND THIRD DEGREE BURN EXCISION OR DEBRIDEMENT WITH OR	14.50	14.50	
01958	ANESTHESIA FOR EXTERNAL CEPHALIC VERSION PROCEDURE	72.50	72.50	
01960	ANESTHESIA FOR; VAGINAL DELIVERY ONLY	72.50	72.50	
01961	ANESTHESIA FOR CESAREAN DELIVERY ONLY	101.50	101.50	
01962	ANESTHESIA FOR URGENT HYSTERECTOMY FOLLOWING DELIVERY	116.00	116.00	Y
01963	ANESTHESIA FOR CESAREAN HYSTERECTOMY WITHOUT ANY LABOR ANALGESIA/ANESTHESIA	145.00	145.00	Y
01965	ANESTHESIA FOR INCOMPLETE OR MISSED ABORTION PROCEDURES	58.00	58.00	
01966	ANESTHESIA FOR INDUCED ABORTION PROCEDURES	58.00	58.00	Y
01967	NEURAXIAL LABOR ANALGESIA/ANESTHESIA FOR PLANNED VAGINAL DELIVERY (THIS INC	72.50	72.50	
01968	ANESTHESIA FOR CESAREAN DELIVERY FOLLOWING NEURAXIAL LABOR ANALGESIA/ANESTH	43.50	43.50	
01969	ANESTHESIA FOR CESAREAN HYSTERECTOMY FOLLOWING NEURAXIAL LABOR ANALGESIA/AN	72.50	72.50	Y
01991	ANESTHESIA FOR DIAGNOSTIC OR THERAPEUTIC NERVE BLOCKS AND INJECTIONS (WHEN	43.50	43.50	

01992		ANESTHESIA FOR DIAGNOSTIC OR THERAPEUTIC NERVE BLOCKS AND INJECTIONS (WHEN	72.50	72.50		
01996		DAILY HOSPITAL MANAGEMENT OF EPIDURAL OR SUBARACHNOID CONTINUOUS DRUG ADMIN	43.49	43.49		
10060		INCISION AND DRAINAGE OF ABSCESS (EG, CARVUNCLE, SUPPURATIVE HIDRADENITIS,	45.44	43.69	10	1
10061		INCISION AND DRAINAGE OF ABSCESS (EG, CARBUNCLE, SUPPURATIVE HIDRADENITIS,	76.87	73.91	10	1
10120		INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES; SIMPLE	53.09	51.05	10	1
10140		INCISION AND DRAINAGE OF HEMATOMA, SEROMA OR FLUID COLLECTION	64.33	61.86	10	1
10160		PUNCTURE ASPIRATION OF ABSCESS, HEMATOMA, BULLA, OR CYST	51.79	49.80	10	1
11004		DEBRIDEMENT OF SKIN, SUBCUTANEOUS TISSUE, MUSCLE AND FASCIA FOR NECROTIZING	38.83	37.33	0	1 AS
11040		DEBRIDEMENT; SKIN, PARTIAL THICKNESS	19.87	19.10	0	1
11041		DEBRIDEMENT; SKIN, FULL THICKNESS	22.81	21.93	0	1
11042		DEBRIDEMENT; SKIN, AND SUBCUTANEOUS TISSUE	30.46	29.29	0	1
11055		PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); SIN	20.52	19.73	0	1
11056		PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); TWO	24.92	23.96	0	1
11057		PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); MOR	30.13	28.97	0	1
11100		BIOPSY OF SKIN, SUBCUTANEOUS TISSUE AND/OR MUCOUS MEMBRANE (INCLUDING SIMPL	43.97	42.28	0	1
11101		BIOPSY OF SKIN, SUBCUTANEOUS TISSUE AND/OR MUCOUS MEMBRANE (INCLUDING SIMPL	13.84	13.31	0	6
11200		REMOVAL OF SKIN TAGS, MULTIPLE FIBROCUTANEOUS TAGS, ANY AREA; UP TO AND	33.39	32.10	10	1
11400		EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED E	45.60	43.85	10	1
11401		EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED E	57.49	55.28	10	1
11402		EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED E	64.17	61.70	10	1
11403		EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED E	73.78	70.94	10	1
11730		AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; SINGLE	257.56	247.65	0	1
11740		EVACUATION OF SUBUNGUAL HEMATOMA	19.22	18.48	30	1
11750		EXCISION OF NAIL AND NAIL MATRIX, PARTIAL OR COMPLETE, (EG, INGROWN OR DEFO	89.42	85.98	10	1
11765		WEDGE EXCISION OF SKIN OF NAIL FOLD (EG, FOR INGROWN TOENAIL)	54.72	52.62	10	1
11921	R	TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE PIGMENTS TO CORRECT	78.56	75.54	0	1
11922	R	TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE PIGMENTS TO CORRECT	23.78	22.86	0	1
11975		INSERTION, IMPLANTABLE CONTRACEPTIVE CAPSULES	56.35	54.18	0	1
11976		REMOVAL, IMPLANTABLE CONTRACEPTIVE CAPSULES	62.05	59.66	0	1
11977		REMOVAL WITH REINSERTION, IMPLANTABLE CONTRACEPTIVE CAPSULES	99.51	95.68	0	1

11981	INSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	57.00	54.81	0	1	
11982	REMOVAL, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	65.15	62.64	0	1	
11983	REMOVAL WITH REINSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	101.63	97.72	0	1	
12001	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENI	58.14	55.90	10	1	
12002	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENI	62.05	59.66	10	1	
12004	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENI	73.29	70.47	10	1	
12011	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND	61.73	59.35	10	1	
12013	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND	68.41	65.78	10	1	
12018	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/	21.86	21.02	10	1	AS
12031	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLU	101.30	97.41	10	1	
12032	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLU	127.52	122.62	10	1	
12034	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUD	126.06	121.21	10	1	
12035	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUD	147.72	142.04	10	1	
12047	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; OVE	30.36	29.19	10	1	AS
12057	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME	36.87	35.45	10	1	AS
15002	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUN	21.68	20.85	0	1	AS
15003	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUN	4.72	4.54	0	1	AS
15004	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUN	26.32	25.31	0	1	AS
15005	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUN	7.95	7.64	0	1	AS
15731	FOREHEAD FLAP WITH PRESERVATION OF VASCULAR PEDICLE (EG, AXIAL PATTERN FLAP	73.46	70.63	0	1	AS
15732	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; HEAD AND NECK (EG, TEMPORALI	95.30	91.63	90	1	AS
15734	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; TRUNK	99.02	95.21	90	1	AS
15738	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; LOWER EXTREMITY	92.64	89.07	90	1	AS
15750	FLAP; NEUROVASCULAR PEDICLE	59.96	57.65	90	1	AS
15756	FREE MUSCLE OR MYOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS	158.10	152.02	90	1	AS
15757	FREE SKIN FLAP WITH MICROVASCULAR ANASTOMOSIS	154.73	148.78	90	1	AS
15758	FREE FASCIAL FLAP WITH MICROVASCULAR ANASTOMOSIS	155.20	149.23	90	1	AS
15770	GRAFT; DERMA-FAT-FASCIA	43.15	41.49	90	1	AS
15830	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY); ABDO	78.07	75.07	90	1	Y AS
15841	GRAFT FOR FACIAL NERVE PARALYSIS; FREE MUSCLE GRAFT (INCLUDING OBTAINING GR	110.93	106.66	90	1	AS
15842	GRAFT FOR FACIAL NERVE PARALYSIS; FREE MUSCLE FLAP BY MICROSURGICAL TECHNIQ	176.05	169.28	90	1	AS

15845	GRAFT FOR FACIAL NERVE PARALYSIS; REGIONAL MUSCLE TRANSFER	61.58	59.21	90	1		AS
15847	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY), ABDO	39.19	37.68	90	1	Y	AS
15922	EXCISION, COCCYGEAL PRESSURE ULCER, WITH COCCYGECTOMY; WITH FLAP CLOSURE	48.99	47.11	90	1		AS
15935	EXCISION, SACRAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE; WITH OSTECTOMY	71.43	68.68	90	1		AS
15937	EXCISION, SACRAL PRESSURE ULCER, WITH MUSCLE OR MYOCUTANEOUS FLAP CLOSURE;	67.93	65.32	90	1		AS
15946	EXCISION, ISCHIAL PRESSURE ULCER, WITH OSTECTOMY, IN PREPARATION FOR MUSCLE	107.36	103.23	90	1		AS
15952	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH SKIN FLAP CLOSURE;	56.16	54.00	90	1		AS
15958	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH MUSCLE OR MYOCUTANEOUS FLAP CLO	76.53	73.59	90	1		AS
16020	DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITIAL OR SUBSEQU	31.92	30.70	0	1		
17000	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY,	33.39	32.10	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,	71.34	68.59	10	1		
17110	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY,	41.00	39.42	10	1		
17111	DESTRUCTION BY ANY METHOD OF FLAT WARTS, MOLLUSCUM CONTAGIOSUM, OR MILIA; 1	55.05	52.93	10	1		
17250	CHEMICAL CAUTERIZATION OF GRANULATION TISSUE (PROUD FLESH,SINUS OR FISTUL	30.13	28.97	0	1		
17260	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGE	38.60	37.11	10	1		
17261	DESTRUCTION, MALIGNANT LESION, ANY METHOD, TRUNK, ARMS OR LEGS; LESION DIAM	60.26	57.94	10	1		
17262	DESTRUCTION, MALIGNANT LESION, ANY METHOD, TRUNK, ARMS OR LEGS; LESION DIAM	72.97	70.16	10	1		
17263	DESTRUCTION, MALIGNANT LESION, ANY METHOD, TRUNK, ARMS OR LEGS; LESION DIAM	80.30	77.21	10	1		
17311	MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL	44.53	42.82	0	1		AS
17312	MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL	26.68	25.66	0	1		AS
17313	MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL	40.65	39.09	0	1		AS
17314	MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL	24.73	23.78	0	1		AS
17315	MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL	5.32	5.11	0	1		AS
19260	EXCISION OF CHEST WALL TUMOR INCLUDING RIBS	78.41	75.39	90	1		AS
19271	EXCISION OF CHEST WALL TUMOR INVOLVING RIBS, WITH PLASTIC RECONSTRUCTION; W	105.93	101.85	90	1		AS
19272	EXCISION OF CHEST WALL TUMOR INVOLVING RIBS, WITH PLASTIC RECONSTRUCTION; W	117.65	113.13	90	1		AS
19300	MASTECTOMY FOR GYNECOMASTIA	36.46	35.06	90	1		AS
19301	MASTECTOMY, PARTIAL (EG, LUMPECTOMY, TYLECTOMY, QUADRANTECTOMY, SEGMENTECTO	253.09	243.36	90	1		
19302	MASTECTOMY, PARTIAL (EG, LUMPECTOMY, TYLECTOMY, QUADRANTECTOMY, SEGMENTECTO	57.38	55.17	90	1		AS
19303	MASTECTOMY, SIMPLE, COMPLETE	62.67	60.26	90	1		AS

19304		MASTECTOMY, SUBCUTANEOUS	36.04	34.65	90	1	AS
19305		MASTECTOMY, RADICAL, INCLUDING PECTORAL MUSCLES, AXILLARY LYMPH NODES	71.45	68.70	90	1	AS
19306		MASTECTOMY, RADICAL, INCLUDING PECTORAL MUSCLES, AXILLARY AND INTERNAL MAMM	75.20	72.31	90	1	AS
19307		MASTECTOMY, MODIFIED RADICAL, INCLUDING AXILLARY LYMPH NODES, WITH OR WITHO	75.73	72.81	90	1	AS
19316	R	MASTOPEXY	51.07	49.11	90	1	AS
19318		REDUCTION MAMMAPLASTY	75.52	72.61	90	1	Y AS
19325		MAMMAPLASTY, AUGMENTATION; WITH PROSTHETIC IMPLANT	42.61	40.97	90	1	Y AS
19357	R	BREAST RECONSTRUCTION, IMMEDIATE OR DELAYED, WITH TISSUE EXPANDER, INCLUDIN	101.91	97.99	90	1	AS
19361	R	BREAST RECONSTRUCTION WITH LATISSIMUS DORSI FLAP, WITHOUT PROSTHETIC IMPLAN	112.21	107.89	90	1	AS
19364	R	BREAST RECONSTRUCTION WITH FREE FLAP	187.26	180.05	90	1	AS
19366	R	BREAST RECONSTRUCTION WITH OTHER TECHNIQUE	91.78	88.25	90	1	AS
19367	R	BREAST RECONSTRUCTION WITH TRANSVERSE RECTUS ABDOMINIS MYOCUTANEOUS FLAP (T	120.65	116.01	90	1	AS
19368	R	BREAST RECONSTRUCTION WITH TRANSVERSE RECTUS ABDOMINIS MYOCUTANEOUS FLAP (T	150.62	144.82	90	1	AS
19369	R	BREAST RECONSTRUCTION WITH TRANSVERSE RECTUS ABDOMINIS MYOCUTANEOUS FLAP (T	135.76	130.54	90	1	AS
20100		EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); NECK	38.96	37.46	10	1	AS
20102		EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); ABDOMEN/FLANK/BACK	29.45	28.31	10	1	AS
20150		EXCISION OF EPIPHYSEAL BAR, WITH OR WITHOUT AUTOGENOUS SOFT TISSUE GRAFT OB	65.41	62.89	90	1	AS
20251		BIOPSY, VERTEBRAL BODY, OPEN; LUMBAR OR CERVICAL	28.04	26.96	10	1	AS
20526		INJECTION, THERAPEUTIC (EG, LOCAL ANESTHETIC, CORTICOSTEROID), CARPAL TUNNEL	30.78	29.60	0	1	
20550		INJECTION(S); SINGLE TENDON SHEATH, OR LIGAMENT, APONEUROSIS (EG, PLANTAR '	23.78	22.86	0	1	
20551		INJECTION(S); SINGLE TENDON ORIGIN/INSERTION	23.78	22.86	0	1	
20552		INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), ONE OR TWO MUSCLE(S)	21.01	20.20	0	1	
20553		INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), THREE OR MORE MUSCLE(S)	23.45	22.55	0	1	
20600		ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; SMALL JOINT OR BURSA (EG, FING	22.81	21.93	0	1	
20605		ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; INTERMEDIATE JOINT OR BURSA (E	24.27	23.34	0	1	
20610		ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; MAJOR JOINT OR BURSA (EG, SHO	31.92	30.70	0	1	
20650		INSERTION OF WIRE OR PIN WITH APPLICATION OF SKELETAL TRACTION, INCLUDING REMOVAL	81.27	78.14	10	1	
20692		APPLICATION OF A MULTIPLANE (PINS OR WIRES IN MORE THAN ONE PLANE), UNILATE	71.09	68.35	0	1	AS
20802		REPLANTATION, ARM (INCLUDES SURGICAL NECK OF HUMERUS THROUGH ELBOW JOINT);	161.56	155.35	90	1	AS
20805		REPLANTATION, FOREARM (INCLUDES RADIUS AND ULNA TO RADIAL CARPAL JOINT); CO	191.14	183.79	90	1	AS
20808		REPLANTATION, HAND (INCLUDES HAND THROUGH METACARPPOPHALANGEAL JOINTS); COMP	268.95	258.60	90	1	AS

20816		REPLANTATION, DIGIT, EXCLUDING THUMB (INCLUDES METACARPOPHALANGEAL JOINT TO	139.28	133.93	90	1	AS
20822		REPLANTATION, DIGIT, EXCLUDING THUMB (INCLUDES DISTAL TIP TO SUBLIMIS TENDO	116.48	112.00	90	1	AS
20824		REPLANTATION, THUMB (INCLUDES CARPOMETACARPAL JOINT TO MP JOINT); COMPLETE	139.57	134.20	90	1	AS
20827		REPLANTATION, THUMB (INCLUDES DISTAL TIP TO MP JOINT); COMPLETE AMPUTATION	120.65	116.01	90	1	AS
20838		REPLANTATION, FOOT; COMPLETE AMPUTATION	161.64	155.42	90	1	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	40.08	38.54	90	1	AS
20924		TENDON GRAFT, FROM A DISTANCE (EG, PALMARIS, TOE EXTENSOR, PLANTARIS)	33.20	31.92	90	1	AS
20937		AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); MORSELIZE	11.67	11.23	90	1	AS
20938		AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); STRUCTURA	12.74	12.25	90	1	AS
20955		BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; FIBULA	169.61	163.09	90	1	AS
20956		BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; ILIAC CREST	178.92	172.04	90	1	AS
20957		BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; METATARSAL	171.80	165.20	90	1	AS
20962	R	BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN FIBULA, ILIAC CREST,	174.04	167.35	90	1	AS
20969		FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN ILIAC C	187.15	179.95	90	1	AS
20970		FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; ILIAC CREST	190.82	183.49	90	1	AS
20972		FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; METATARSAL	172.58	165.95	90	1	AS
20973		FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; GREAT TOE WITH WEB	177.46	170.63	90	1	AS
20975		ELECTRICAL STIMULATION TO AID BONE HEALING; INVASIVE (OPERATIVE)	12.06	11.60	0	1	AS
21011		EXCISION, TUMOR, SOFT TISSUE OF FACE OR SCALP, SUBCUTANEOUS; LESS THAN 2 CM	22.12	21.27	90	1	AS
21012		EXCISION, TUMOR, SOFT TISSUE OF FACE OR SCALP, SUBCUTANEOUS; 2 CM OR GREATER	23.69	22.78	90	1	AS
21013		EXCISION, TUMOR, SOFT TISSUE OF FACE AND SCALP, SUBFASCIAL (EG, SUBGALEAL,	34.37	30.05	90	1	AS
21014		EXCISION, TUMOR, SOFT TISSUE OF FACE AND SCALP, SUBFASCIAL (EG, SUBGALEAL,	35.59	35.18	90	1	AS
21016		RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FACE OR	73.56	70.73	90	1	AS
21034		EXCISION OF MALIGNANT TUMOR OF MAXILLA OR ZYGOMA	86.02	82.71	90	1	AS
21044		EXCISION OF MALIGNANT TUMOR OF MANDIBLE;	57.35	55.15	90	1	AS
21045		EXCISION OF MALIGNANT TUMOR OF MANDIBLE; RADICAL RESECTION	80.08	77.00	90	1	AS
21046		EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING INTRA-ORAL OSTEOTOM	72.10	69.33	90	1	AS
21048		EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING INTRA-ORAL OSTEOTOMY	72.65	69.86	90	1	AS
21049		EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING EXTRA-ORAL OSTEOTOMY	82.29	79.13	90	1	AS

21060		MENISCECTOMY, PARTIAL OR COMPLETE, TEMPOROMANDIBULAR JOINT (SEPARATE PROCED	51.78	49.79	90	1	AS
21121	R	GENIOPLASTY; SLIDING OSTEOTOMY, SINGLE PIECE	50.97	49.01	90	1	AS
21125		AUGMENTATION, MANDIBULAR BODY OR ANGLE; PROSTHETIC MATERIAL	46.78	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	89.25	85.82	90	1	AS
21142		RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY DIREC	87.87	84.49	90	1	AS
21143		RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN	90.06	86.59	90	1	AS
21145		RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIR	102.64	98.70	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	112.52	108.19	90	1	AS
21150		RECONSTRUCTION MIDFACE, LEFORT II; ANTERIOR INTRUSION (EG, TREACHER-COLLINS	110.46	106.21	90	1	AS
21151		RECONSTRUCTION MIDFACE, LEFORT II; ANY DIRECTION, REQUIRING BONE GRAFTS (IN	111.76	107.46	90	1	AS
21154		RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE	132.92	127.81	90	1	AS
21155		RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE	154.06	148.13	90	1	AS
21159		RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD A	185.61	178.47	90	1	AS
21160		RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD A	189.11	181.83	90	1	AS
21172		RECONSTRUCTION SUPERIOR-LATERAL ORBITAL RIM AND LOWER FOREHEAD, ADVANCEMENT	120.10	115.48	90	1	AS
21175		RECONSTRUCTION, BIFRONTAL, SUPERIOR-LATERAL ORBITAL RIMS AND LOWER FOREHEAD	144.65	139.09	90	1	AS
21179		RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS; WI	97.67	93.91	90	1	AS
21180		RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS; WI	112.31	107.99	90	1	AS
21182		RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW	134.36	129.19	90	1	AS
21183		RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW	151.84	146.00	90	1	AS
21184		RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW	162.42	156.18	90	1	AS
21188		RECONSTRUCTION MIDFACE, OSTEOTOMIES (OTHER THAN LEFORT TYPE) AND BONE GRAFT	105.90	101.83	90	1	AS
21193		RECONSTRUCTION OF MANDIBULAR RAMI, HORIZONTAL, VERTICAL, "C", OR "L" OS	81.54	78.40	90	1	AS
21194		RECONSTRUCTION OF MANDIBULAR RAMUS, HORIZONTAL, VERTICAL, "C", OR "L" O	93.31	89.73	90	1	AS
21195		RECONSTRUCTION OF MANDIBULAR RAMI AND/OR BODY, SAGITTAL SPLIT; WITHOUT INTE	87.35	83.99	90	1	AS
21196		RECONSTRUCTION OF MANDIBULAR RAMI, SAGITTAL SPLIT; WITH INTERNAL RIGID FIX	95.69	92.01	90	1	AS
21198		OSTEOTOMY, MANDIBLE, SEGMENTAL	75.57	72.66	90	1	AS
21199		OSTEOTOMY, MANDIBLE, SEGMENTAL; WITH GENIOGLOSSUS ADVANCEMENT	67.88	65.27	90	1	AS
21206		OSTEOTOMY, MAXILLA, SEGMENTAL (EG, WASSMUND OR SCHUCHARD)	74.21	71.36	90	1	AS

21240	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH OR WITHOUT AUTOGRAFT (INCLUDES	72.65	69.86	90	1	AS
21242	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH ALLOGRAFT	66.21	63.67	90	1	AS
21243	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH PROSTHETIC JOINT REPLACEMENT	109.52	105.31	90	1	AS
21244	RECONSTRUCTION OF MANDIBLE, EXTRAORAL, WITH TRANSOSTEAL BONE PLATE (EG, MAN	68.51	65.87	90	1	AS
21245	RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; PARTIAL	74.08	71.23	90	1	AS
21246	RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; COMPLETE	55.48	53.34	90	1	AS
21247	RECONSTRUCTION OF MANDIBULAR CONDYLE WITH BONE AND CARTILAGE AUTOGRAFTS (IN	105.43	101.38	90	1	AS
21255	RECONSTRUCTION OF ZYGOMATIC ARCH AND GLENOID FOSSA WITH BONE AND CARTILAGE	95.76	92.08	90	1	AS
21256	RECONSTRUCTION OF ORBIT WITH OSTEOTOMIES (EXTRACRANIAL) AND WITH BONE GRAFT	76.59	73.64	90	1	AS
21260	PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; EXTRAC	88.52	85.12	90	1	AS
21261	PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; COMBIN	146.34	140.72	90	1	AS
21263	PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; WITH F	133.63	128.49	90	1	AS
21267	ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFT	99.49	95.66	90	1	AS
21268	ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFT	113.90	109.52	90	1	AS
21270	MALAR AUGMENTATION, PROSTHETIC MATERIAL	58.79	56.53	90	1	AS
21275	SECONDARY REVISION OF ORBITOCRANIOFACIAL RECONSTRUCTION	53.03	50.99	90	1	AS
21339	OPEN TREATMENT OF NASOETHMOID FRACTURE; WITH EXTERNAL FIXATION	50.97	49.01	90	1	AS
21343	OPEN TREATMENT OF DEPRESSED FRONTAL SINUS FRACTURE	73.80	70.96	90	1	AS
21344	OPEN TREATMENT OF COMPLICATED (EG, COMMUNUTED OR INVOLVING POSTERIOR WALL)	97.77	94.01	90	1	AS
21347	OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); REQUIRIN	69.91	67.23	90	1	AS
21348	OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH BON	76.66	73.72	90	1	AS
21360	OPEN TREATMENT OF DEPRESSED MALAR FRACTURE, INCLUDING ZYGOMATIC ARCH AND MA	34.53	33.20	90	1	AS
21365	OPEN TREATMENT OF COMPLICATED (EG, COMMUNUTED OR INVOLVING CRANIAL NERVE FO	72.16	69.38	90	1	AS
21366	OPEN TREATMENT OF COMPLICATED (EG, COMMUNUTED OR INVOLVING CRANIAL NERVE FO	80.86	77.75	90	1	AS
21385	OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; TRANSANTRAL APPROACH	46.41	44.62	90	1	AS
21386	OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH	43.28	41.62	90	1	AS
21387	OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; COMBINED APPROACH	48.03	46.18	90	1	AS
21390	OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH,	50.24	48.31	90	1	AS
21395	OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH	63.53	61.09	90	1	AS
21401	CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH MANIPULATIO	30.05	28.89	90	1	AS
21406	OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITHOUT IMPLANT	35.07	33.73	90	1	AS

21407	OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH IMPLANT	41.64	40.04	90	1	AS
21408	OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH BONE GRAFTING	57.35	55.15	90	1	AS
21422	OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE);	43.47	41.79	90	1	AS
21423	OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); COMPLICATE	51.47	49.49	90	1	AS
21431	CLOSED TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE) USING INTERDE	48.36	46.50	90	1	AS
21432	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); WITH WIRING AN	43.15	41.49	90	1	AS
21433	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED (E	111.35	107.06	90	1	AS
21435	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED, U	88.49	85.09	90	1	AS
21436	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED, M	130.19	125.18	90	1	AS
21445	OPEN TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEPARATE	50.21	48.28	90	1	AS
21461	OPEN TREATMENT OF MANDIBULAR FRACTURE; WITHOUT INTERDENTAL FIXATION	133.37	128.24	90	1	AS
21462	OPEN TREATMENT OF MANDIBULAR FRACTURE; WITH INTERDENTAL FIXATION	142.28	136.81	90	1	AS
21465	OPEN TREATMENT OF MANDIBULAR CONDYLAR FRACTURE	59.41	57.13	90	1	AS
21470	OPEN TREATMENT OF COMPLICATED MANDIBULAR FRACTURE BY MULTIPLE SURGICAL APPR	77.84	74.84	90	1	AS
21490	OPEN TREATMENT OF TEMPOROMANDIBULAR DISLOCATION	60.90	58.56	90	1	AS
21495	OPEN TREATMENT OF HYOID FRACTURE	45.39	43.65	90	1	AS
21502	INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT TISSUES OF NECK OR TH	33.98	32.67	90	1	AS
21552	BIOPSY, SOFT TISSUE OF NECK OR THORAX 3 CM OR GREATER	31.64	30.42	90	1	AS
21554	BIOPSY, SOFT TISSUE OF NECK OR THORAX 5 CM OR GREATER	51.92	49.92	90	1	AS
21557	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF NECK OR	38.18	36.71	90	1	AS
21558	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF NECK OR	97.54	93.79	90	1	AS
21600	EXCISION OF RIB, PARTIAL	36.72	35.30	90	1	AS
21610	COSTOTRANSVERSECTOMY (SEPARATE PROCEDURE)	71.97	69.20	90	1	AS
21615	EXCISION FIRST AND/OR CERVICAL RIB;	44.06	42.37	90	1	AS
21616	EXCISION FIRST AND/OR CERVICAL RIB FOR OUTLET COMPRESSION SYNDROME OR OTHER	57.30	55.10	90	1	AS
21620	OSTECTOMY OF STERNUM, PARTIAL	34.11	32.80	90	1	AS
21627	STERNAL DEBRIDEMENT	36.14	34.75	90	1	AS
21630	RADICAL RESECTION OF STERNUM;	84.51	81.26	90	1	AS
21632	RADICAL RESECTION OF STERNUM; WITH MEDIASTINAL LYMPHADENECTOMY	83.49	80.28	90	1	AS
21685	HYOID MYOTOMY AND SUSPENSION	64.99	62.49	90	1	AS
21700	DIVISION OF SCALENUS ANTICUS; WITHOUT RESECTION OF CERVICAL RIB	27.49	26.43	90	1	AS

21705	DIVISION OF SCALENUS ANTICUS; WITH RESECTION OF CERVICAL RIB	43.36	41.69	90	1	AS
21720	DIVISION OF STERNOCLEIDOMASTOID FOR TORTICOLLIS, OPEN OPERATION; WITHOUT CA	28.56	27.46	90	1	AS
21725	DIVISION OF STERNOCLEIDOMASTOID FOR TORTICOLLIS, OPEN OPERATION; WITH CAST	35.41	34.05	90	1	AS
21740	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; OPEN	73.25	70.43	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	48.39	46.53	90	1	AS
21800	CLOSED TREATMENT OF RIB FRACTURE, UNCOMPLICATED, EACH	39.09	37.58	90	1	AS
21810	TREATMENT OF RIB FRACTURE REQUIRING EXTERNAL FIXATION ("FLAIL CHEST")	33.15	31.87	90	1	AS
21825	OPEN TREATMENT OF STERNUM FRACTURE WITH OR WITHOUT SKELETAL FIXATION	37.21	35.78	90	1	AS
21931	EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK, SUBCUTANEOUS; 3 CM OR GREATER	33.12	31.85	90	1	AS
21932	EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK, SUBFASCIAL	47.61	45.78	90	1	AS
21933	EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK, SUBFASCIAL (EG, INTRAMUSCULAR)	52.51	50.49	90	1	AS
21936	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF BACK OR	101.60	97.70	90	1	AS
22100	PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT (EG, SPINOUS PROCESS, LAM	55.01	52.89	90	1	AS
22101	PARTIAL RESECTION OF VERTEBRAL COMPONENT, SPINOUS PROCESSES; THORACIC	54.49	52.39	90	1	AS
22102	PARTIAL RESECTION OF VERTEBRAL COMPONENT, SPINOUS PROCESSES; LUMBAR	53.91	51.84	90	1	AS
22103	PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT (EG, SPINOUS PROCESS, LAM	9.77	9.40	90	1	AS
22110	PARTIAL EXCISION OF VERTEBRAL BODY, FOR INTRINSIC BONY LESION, WITHOUT DECO	68.17	65.55	90	1	AS
22112	PARTIAL EXCISION OF VERTEBRAE (EG, FOR OSTEOMYELITIS); THORACIC	65.15	62.64	90	1	AS
22114	PARTIAL EXCISION OF VERTEBRAE (EG, FOR OSTEOMYELITIS); LUMBAR	67.44	64.84	90	1	AS
22116	PARTIAL EXCISION OF VERTEBRAL BODY, FOR INTRINSIC BONY LESION, WITHOUT DECO	9.77	9.40	90	1	AS
22206	OSTEOTOMY OF SPINE FOR CORRECTION FIXED DEFORMITY,	159.31	153.19	90	1	AS
22207	OSTEOTOMY OF SPINE FOR CORRECTION FIXED DEFORMITY,	157.27	151.23	90	1	AS
22208	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, THREE COLUMNS, ON	40.96	39.39	0	1	AS
22210	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, ONE VERTEBRAL SEG	119.01	114.43	90	1	AS
22212	OSTEOTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE	97.88	94.11	90	1	AS
22214	OSTEOTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE	98.19	94.41	90	1	AS
22216	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, ONE VERTEBRAL SEG	25.56	24.58	0	6	AS
22220	OSTEOTOMY OF SPINE, INCLUDING DISKECTOMY, ANTERIOR APPROACH, SINGLE VERTEBR	107.36	103.23	90	1	AS
22224	OSTEOTOMY OF SPINE, ANTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE	105.04	101.00	90	1	AS

22226		OSTEOTOMY OF SPINE, INCLUDING DISKECTOMY, ANTERIOR APPROACH, SINGLE VERTEBR	25.46	24.48	90	4	AS
22318		OPEN TREATMENT AND/OR REDUCTION OF ODONTOID FRACTURE(S) AND OR DISLOCATION(	107.60	103.46	90	1	AS
22319		OPEN TREATMENT AND/OR REDUCTION OF ODONTOID FRACTURE(S) AND OR DISLOCATION(	117.97	113.43	90	1	AS
22325		OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURE(S) AND/ OR DISLOCATIO	93.86	90.25	90	1	AS
22326		OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURE(S) AND/ OR DISLOCATIO	97.64	93.89	90	1	AS
22327		OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURE(S) AND/ OR DISLOCATIO	96.96	93.23	90	1	AS
22328		OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURE(S) AND/OR DISLOCATION	19.31	18.57	90	4	AS
22532		ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY	115.65	111.20	90	1	AS
22533		ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY	108.82	104.63	90	1	AS
22534		ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY	25.25	24.28	0	5	AS
22548		ARTHRODESIS, ANTERIOR TRANSORAL OR EXTRAORAL TECHNIQUE, CLIVUS-C1-C2 (ATLAS	123.96	119.19	90	1	AS
22554		ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO	85.65	82.36	90	1	AS
22556		ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO	109.99	105.76	90	1	AS
22558		ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO	100.32	96.47	90	1	AS
22585		ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO	23.35	22.45	90	5	AS
22590		ARTHRODESIS, POSTERIOR TECHNIQUE, CRANIOCERVICAL (OCCIPUT-C2)	103.53	99.55	90	1	AS
22595		ARTHRODESIS, POSTERIOR TECHNIQUE, ATLAS-AXIS (C1-C2)	98.16	94.39	90	1	AS
22600		ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; CERVICAL	84.27	81.03	90	1	AS
22610		ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; THORACIC	82.74	79.55	90	1	AS
22612		ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; LUMBAR (W	106.42	102.33	90	1	AS
22614		ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; EACH ADDI	27.18	26.13	90	4	AS
22630		ARTHRODESIS, POSTERIOR INTERBODY TECHNIQUE, INCLUDING LAMINECTOMY AND/OR	103.01	99.05	90	1	AS
22632		ARTHRODESIS, POSTERIOR INTERBODY TECHNIQUE, SINGLE INTERSPACE; EACH ADDITIO	22.12	21.27	90	3	AS
22800		ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; UP TO 6	90.32	86.84	90	1	AS
22802		ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 7 TO 12	143.14	137.63	90	1	AS
22804		ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 13 OR M	164.87	158.53	90	1	AS
22808		ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 2 TO 3 V	121.88	117.19	90	1	AS
22810		ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 4 TO 7 V	134.90	129.72	90	1	AS
22812		ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 8 OR MOR	147.83	142.14	90	1	AS
22818	R	KYPHECTOMY, CIRCUMFERENTIAL EXPOSURE OF SPINE AND RESECTION OF VERTEBRAL SE	150.54	144.75	90	1	AS
22819	R	KYPHECTOMY, CIRCUMFERENTIAL EXPOSURE OF SPINE AND RESECTION OF VERTEBRAL SE	175.14	168.40	90	1	AS

22830		EXPLORATION OF SPINAL FUSION	53.91	51.84	90	1	AS
22840		POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE), PED	53.16	51.11	0	1	AS
22842		POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH M	53.24	51.19	0	1	AS
22843		POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH M	56.88	54.70	0	1	AS
22844		POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH M	69.08	66.42	0	1	AS
22845		ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS	51.02	49.06	0	1	AS
22846		ANTERIOR INSTRUMENTATION; 4 TO 7 VERTEBRAL SEGMENTS	52.95	50.91	0	1	AS
22847		ANTERIOR INSTRUMENTATION; 8 OR MORE VERTEBRAL SEGMENTS	58.27	56.03	0	1	AS
22848		PELVIC FIXATION (ATTACHMENT OF CAUDAL END OF INSTRUMENTATION TO PELVIC BONY	25.15	24.18	90	1	AS
22849		REINSERTION OF SPINAL FIXATION DEVICE	87.53	84.16	90	1	AS
22850		REMOVAL OF POSTERIOR NONSEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD)	47.84	46.00	90	1	AS
22851		APPLICATION OF INTERVERTEBRAL BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE(S	28.40	27.31	90	6	AS
22852		REMOVAL OF POSTERIOR SEGMENTAL INSTRUMENTATION	45.68	43.92	90	1	AS
22855		REMOVAL OF ANTERIOR INSTRUMENTATION	74.76	71.89	90	1	AS
22857		TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY TC	118.42	113.86	90	1	AS
22899	R	UNLISTED PROCEDURE, SPINE			90	1	AS
22900		EXCISION, ABDOMINAL WALL TUMOR, SUBFASCIAL (EG, DESMOID)	27.39	26.33	90	1	AS
22901		EXCISION, TUMOR, SOFT TISSUE OF ABDOMINAL WALL, SUBFASCIAL (EG, INTRAMUSCULAR);	46.85	45.05	90	1	AS
22902		EXCISION, TUMOR, SOFT TISSUE OF ABDOMINAL WALL, SUBCUTANEOUS; LESS THAN 3 CM	29.55	28.41	90	1	AS
22903		EXCISION, TUMOR, SOFT TISSUE OF ABDOMINAL WALL, SUBCUTANEOUS; 3 CM OR GREATER	30.96	29.76	90	1	AS
22904		RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF	73.38	70.56	90	1	AS
22905		RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF	95.12	91.46	90	1	AS
23000		REMOVAL OF SUBDELTOID CALCAREOUS DEPOSITS, OPEN	33.88	32.57	90	1	AS
23020		CAPSULAR CONTRACTURE RELEASE (EG, SEVER TYPE PROCEDURE)	45.45	43.70	90	1	AS
23035		INCISION, BONE CORTEX (EG, OSTEOMYELITIS OR BONE ABSCESS), SHOULDER AREA	44.51	42.80	90	1	AS
23040		ARTHROTOMY, GLENOHUMERAL JOINT, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL	47.32	45.50	90	1	AS
23071		BIOPSY, SOFT TISSUE OF SHOULDER AREA; 3 CM OR GREATER	29.42	28.29	90	1	AS
23073		BIOPSY, SOFT TISSUE OF SHOULDER AREA; 5 CM OR GREATER	48.78	46.91	90	1	AS
23077		RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF SHOULDE	78.90	75.87	90	1	AS
23078		RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM),	98.97	95.17	90	1	AS
23100		ARTHROTOMY, GLENOHUMERAL JOINT, INCLUDING BIOPSY	31.97	30.74	90	1	AS

23105	ARTHROTOMY; GLENOHUMERAL JOINT, WITH SYNOVECTOMY, WITH OR WITHOUT BIOPSY	41.82	40.22	90	1	AS
23107	ARTHROTOMY, GLENOHUMERAL JOINT, WITH JOINT EXPLORATION, WITH OR WITHOUT REM	43.44	41.77	90	1	AS
23120	CLAVICULECTOMY; PARTIAL	37.76	36.31	90	1	AS
23125	CLAVICULECTOMY; TOTAL	46.25	44.47	90	1	AS
23145	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA;	45.47	43.72	90	1	AS
23150	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS;	43.07	41.42	90	1	AS
23155	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; WIT	52.27	50.26	90	1	AS
23156	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; WIT	44.22	42.52	90	1	AS
23172	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SCAPULA	35.31	33.95	90	1	AS
23174	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), HUMERAL HEAD TO SUR	49.48	47.58	90	1	AS
23182	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG,	42.58	40.94	90	1	AS
23184	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG,	48.23	46.38	90	1	AS
23190	OSTECTOMY OF SCAPULA, PARTIAL (EG, SUPERIOR MEDIAL ANGLE)	36.46	35.05	90	1	AS
23195	RESECTION HUMERAL HEAD	49.82	47.91	90	1	AS
23200	RADICAL RESECTION FOR TUMOR; CLAVICLE	58.58	56.33	90	1	AS
23210	RADICAL RESECTION FOR TUMOR; SCAPULA	61.52	59.16	90	1	AS
23220	RADICAL RESECTION OF BONE TUMOR, PROXIMAL HUMERUS;	70.85	68.13	90	1	AS
23332	REMOVAL OF FOREIGN BODY, SHOULDER; COMPLICATED (EG, TOTAL SHOULDER)	58.60	56.35	90	1	AS
23395	MUSCLE TRANSFER, ANY TYPE, SHOULDER OR UPPER ARM; SINGLE	85.58	82.28	90	1	AS
23397	MUSCLE TRANSFER, ANY TYPE FOR PARALYSIS OF SHOULDER OR UPPER ARM; MULTIPLE	76.59	73.64	90	1	AS
23400	SCAPULOPEXY (EG, SPRENGEL'S DEFORMITY OR FOR PARALYSIS)	64.86	62.36	90	1	AS
23405	TENOTOMY, SHOULDER AREA; SINGLE TENDON	41.61	40.01	90	1	AS
23406	TENOTOMY, SHOULDER AREA; MULTIPLE TENDONS THROUGH SAME INCISION	52.01	50.01	90	1	AS
23410	REPAIR OF RUPTURED MUSCULOTENDINOUS CUFF (EG, ROTATOR CUFF) OPEN; ACUTE	55.06	52.94	90	1	AS
23412	REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS	57.49	55.27	90	1	AS
23420	RECONSTRUCTION OF COMPLETE SHOULDER (ROTATOR) CUFF AVULSION, CHRONIC (INCLU	64.42	61.94	90	1	AS
23430	TENODESIS OF LONG TENDON OF BICEPS	48.91	47.03	90	1	AS
23440	RESECTION OR TRANSPLANTATION OF LONG TENDON OF BICEPS	50.40	48.46	90	1	AS
23450	CAPSULORRHAPHY, ANTERIOR; PUTTI-PLATT PROCEDURE OR MAGNUSON TYPE OPERATION	63.35	60.91	90	1	AS
23455	CAPSULORRHAPHY, ANTERIOR; WITH LABRAL REPAIR (EG, BANKART PROCEDURE)	67.57	64.97	90	1	AS
23460	CAPSULORRHAPHY, ANTERIOR, ANY TYPE; WITH BONE BLOCK	73.12	70.31	90	1	AS

23462		CAPSULORRHAPHY FOR RECURRENT DISLOCATION, ANTERIOR, ANY TYPE; WITH CORACOID	71.90	69.13	90	1	AS
23465		CAPSULORRHAPHY, GLENOHUMERAL JOINT, POSTERIOR, WITH OR WITHOUT BONE BLOCK	75.15	72.26	90	1	AS
23466		CAPSULORRHAPHY, GLENOHUMERAL JOINT, ANY TYPE MULTI-DIRECTIONAL INSTABILITY	74.03	71.18	90	1	AS
23470		ARTHROPLASTY, GLENOHUMERAL JOINT; HEMIARTHROPLASTY	81.51	78.38	90	1	AS
23472		ARTHROPLASTY, GLENOHUMERAL JOINT; TOTAL SHOULDER (GLENOID AND PROXIMAL HUME	101.18	97.29	90	1	AS
23485		OSTEOTOMY, CLAVICLE, WITH OR WITHOUT INTERNAL FIXATION; WITH BONE GRAFT FOR	64.39	61.91	90	1	AS
23490		PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOU	55.22	53.09	90	1	AS
23491		PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOU	67.65	65.05	90	1	AS
23500		CLOSED TREATMENT OF CLAVICULAR FRACTURE; WITHOUT MANIPULATION	82.41	79.24	90	1	
23515		OPEN TREATMENT OF CLAVICULAR FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL	46.96	45.15	90	1	AS
23530		OPEN TREATMENT OF STERNOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC;	35.18	33.83	90	1	AS
23532		OPEN TREATMENT OF STERNOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC; WITH FASC	40.73	39.16	90	1	AS
23550		OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC;	37.55	36.11	90	1	AS
23552		OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC; WITH FAS	43.21	41.54	90	1	AS
23570		CLOSED TREATMENT OF SCAPULAR FRACTURE; WITHOUT MANIPULATION	88.43	85.03	90	1	
23585		OPEN TREATMENT OF SCAPULAR FRACTURE (BODY, GLENOID OR ACROMION) WITH OR WIT	63.69	61.24	90	1	AS
23600		CLOSED TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE	122.80	118.08	90	1	
23615		OPEN TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE,	57.49	55.27	90	1	AS
23616		OPEN TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE,	85.39	82.11	90	1	AS
23620		CLOSED TREATMENT OF GREATER HUMERAL TUBEROSITY FRACTURE; WITHOUT MANIPULATI	101.95	98.03	90	1	
23630		OPEN TREATMENT OF GREATER HUMERAL TUBEROSITY FRACTURE, WITH OR WITHOUT INTE	50.16	48.23	90	1	AS
23660		OPEN TREATMENT OF ACUTE SHOULDER DISLOCATION	38.20	36.73	90	1	AS
23670		OPEN TREATMENT OF SHOULDER DISLOCATION, WITH FRACTURE OF GREATER HUMERAL TU	56.49	54.32	90	1	AS
23680		OPEN TREATMENT OF SHOULDER DISLOCATION, WITH SURGICAL OR ANATOMICAL NECK FR	60.77	58.43	90	1	AS
23800		ARTHRODESIS, GLENOHUMERAL JOINT;	68.27	65.65	90	1	AS
23802		ARTHRODESIS, GLENOHUMERAL JOINT; WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING	84.61	81.36	90	1	AS
23900		INTERTHORACOSCAPULAR AMPUTATION (FOREQUARTER)	88.62	85.22	90	1	AS
23920		DISARTICULATION OF SHOULDER;	71.95	69.18	90	1	AS
23929	R	UNLISTED PROCEDURE, SHOULDER			90	1	AS
24006		ARTHROTOMY OF THE ELBOW, WITH CAPSULAR EXCISION FOR CAPSULAR RELEASE (SEPAR	46.62	44.83	90	1	AS
24071		BIOPSY, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; 3 CM OR GREATER	28.56	27.46	90	1	AS

24073	BIOPSY, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; 5 CM OR GREATER	49.02	47.13	90	1	AS
24077	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF UPPER A	53.78	51.72	90	1	AS
24079	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF UPPER A	91.26	87.75	90	1	AS
24100	ARTHROTOMY, ELBOW; WITH SYNOVIAL BIOPSY ONLY	26.50	25.48	90	1	AS
24101	ARTHROTOMY, ELBOW; WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR	32.31	31.07	90	1	AS
24102	ARTHROTOMY, ELBOW; WITH SYNOVECTOMY	40.16	38.61	90	1	AS
24115	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS; WITH AUTOGRAFT	41.82	40.21	90	1	AS
24116	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS; WITH ALLOGRAFT	57.17	54.97	90	1	AS
24125	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIU	39.66	38.14	90	1	AS
24126	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIU	41.72	40.12	90	1	AS
24134	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SHAFT OR DISTAL HUM	48.96	47.08	90	1	AS
24138	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), OLECRANON PROCESS	43.15	41.49	90	1	AS
24140	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG,	46.20	44.42	90	1	AS
24149	RADICAL RESECTION OF CAPSULE, SOFT TISSUE, AND HETEROTOPIC BONE, ELBOW, WIT	76.51	73.56	90	1	AS
24150	RADICAL RESECTION FOR TUMOR, SHAFT OR DISTAL HUMERUS;	64.62	62.14	90	1	AS
24152	RADICAL RESECTION FOR TUMOR, RADIAL HEAD OR NECK;	48.36	46.50	90	1	AS
24155	RESECTION OF ELBOW JOINT (ARTHRECTOMY)	56.44	54.27	90	1	AS
24301	MUSCLE OR TENDON TRANSFER, ANY TYPE, UPPER ARM OR ELBOW, SINGLE (EXCLUDING	49.54	47.63	90	1	AS
24320	TENOPLASTY, WITH MUSCLE TRANSFER, WITH OR WITHOUT FREE GRAFT, ELBOW TO SHOUL	51.65	49.66	90	1	AS
24330	FLEXOR-PLASTY, ELBOW (EG, STEINDLER TYPE ADVANCEMENT);	47.06	45.25	90	1	AS
24331	FLEXOR-PLASTY, ELBOW (EG, STEINDLER TYPE ADVANCEMENT); WITH EXTENSOR ADVANC	51.96	49.96	90	1	AS
24340	TENODESIS OF BICEPS TENDON AT ELBOW (SEPARATE PROCEDURE)	40.13	38.59	90	1	AS
24341	REPAIR, TENDON OR MUSCLE, UPPER ARM OR ELBOW, EACH TENDON OR MUSCLE, PRIMAR	47.56	45.73	90	1	AS
24342	REINSERTION OF RUPTURED BICEPS OR TRICEPS TENDON, DISTAL, WITH OR WITHOUT T	51.80	49.81	90	1	AS
24343	REPAIR LATERAL COLLATERAL LIGAMENT, ELBOW, WITH LOCAL TISSUE	45.84	44.07	90	1	AS
24344	RECONSTRUCTION LATERAL COLLATERAL LIGAMENT, ELBOW, WITH TENDON GRAFT (INCLU	71.76	69.00	90	1	AS
24345	REPAIR MEDIAL COLLATERAL LIGAMENT, ELBOW, WITH LOCAL TISSUE	45.55	43.80	90	1	AS
24346	RECONSTRUCTION MEDIAL COLLATERAL LIGAMENT, ELBOW, WITH TENDON GRAFT (INCLUD	72.13	69.36	90	1	AS
24357	TENOTOMY, ELBOW, LATERAL OR MEDIAL (EG, EPICONDYLITIS, TENNIS ELBOW, GOLFER	28.56	27.46	90	1	AS
24360	ARTHROPLASTY, ELBOW; WITH MEMBRANE (EG, FASCIAL)	59.67	57.38	90	1	AS
24361	ARTHROPLASTY, ELBOW; WITH DISTAL HUMERAL PROSTHETIC REPLACEMENT	66.71	64.14	90	1	AS

24362	ARTHROPLASTY, ELBOW; WITH IMPLANT AND FASCIA LATA LIGAMENT RECONSTRUCTION	71.58	68.83	90	1	AS
24363	ARTHROPLASTY, ELBOW; WITH DISTAL HUMERUS AND PROXIMAL ULNAR PROSTHETIC REPL	99.54	95.71	90	1	AS
24365	ARTHROPLASTY, RADIAL HEAD;	41.90	40.29	90	1	AS
24366	ARTHROPLASTY, RADIAL HEAD; WITH IMPLANT	44.95	43.22	90	1	AS
24400	OSTEOTOMY, HUMERUS, WITH OR WITHOUT INTERNAL FIXATION	54.51	52.42	90	1	AS
24410	MULTIPLE OSTEOTOMIES WITH REALIGNMENT ON INTRAMEDULLARY ROD, HUMERAL SHAFT	69.99	67.30	90	1	AS
24420	OSTEOPLASTY, HUMERUS (EG, SHORTENING OR LENGTHENING) (EXCLUDING 64876)	65.33	62.82	90	1	AS
24430	REPAIR OF NONUNION OR MALUNION, HUMERUS; WITHOUT GRAFT (EG, COMPRESSION TEC	70.05	67.35	90	1	AS
24435	REPAIR OF NONUNION OR MALUNION, HUMERUS; WITH ILIAC OR OTHER AUTOGRAFT (INC	70.70	67.98	90	1	AS
24470	HEMIEPIPHYSEAL ARREST (EG, CUBITUS VARUS OR VALGUS, DISTAL HUMERUS)	40.42	38.86	90	1	AS
24498	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING), WITH OR WITHO	57.82	55.60	90	1	AS
24500	CLOSED TREATMENT OF HUMERAL SHAFT FRACTURE; WITHOUT MANIPULATION	134.04	128.88	90	1	
24515	OPEN TREATMENT OF HUMERAL SHAFT FRACTURE WITH PLATE/SCREWS, WITH OR WITHOUT	58.03	55.80	90	1	AS
24516	TREATMENT OF HUMERAL SHAFT FRACTURE, WITH INSERTION OF INTRAMEDULLARY IMPLA	57.35	55.15	90	1	AS
24530	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR HUMERAL FRACTURE, WITH O	144.30	138.75	90	1	
24545	OPEN TREATMENT OF HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, WITH OR	60.98	58.63	90	1	AS
24546	OPEN TREATMENT OF HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, WITH OR	70.07	67.38	90	1	AS
24560	CLOSED TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL; WITHOU	120.03	115.42	90	1	
24575	OPEN TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL, WITH OR	48.60	46.73	90	1	AS
24579	OPEN TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL, WITH OR WIT	55.43	53.29	90	1	AS
24586	OPEN TREATMENT OF PERIARTICULAR FRACTURE AND/OR DISLOCATION OF THE ELBOW (F	72.99	70.18	90	1	AS
24587	OPEN TREATMENT OF PERIARTICULAR FRACTURE AND/OR DISLOCATION OF THE ELBOW (F	72.70	69.91	90	1	AS
24615	OPEN TREATMENT OF ACUTE OR CHRONIC ELBOW DISLOCATION	47.11	45.30	90	1	AS
24635	OPEN TREATMENT OF MONTEGGIA TYPE OF FRACTURE DISLOCATION AT ELBOW (FRACTURE	68.23	65.61	90	1	AS
24650	CLOSED TREATMENT OF RADIAL HEAD OR NECK FRACTURE; WITHOUT MANIPULATION	97.39	93.65	90	1	
24665	OPEN TREATMENT OF RADIAL HEAD OR NECK FRACTURE, WITH OR WITHOUT INTERNAL FI	42.40	40.77	90	1	AS
24666	OPEN TREATMENT OF RADIAL HEAD OR NECK FRACTURE, WITH OR WITHOUT INTERNAL FI	48.26	46.40	90	1	AS
24670	CLOSED TREATMENT OF ULNAR FRACTURE, PROXIMAL END (EG, OLECRANON OR CORONOID	109.61	105.39	90	1	
24685	OPEN TREATMENT OF ULNAR FRACTURE PROXIMAL END (OLECRANON PROCESS), WITH OR	42.71	41.07	90	1	AS
24800	ARTHRODESIS, ELBOW JOINT; LOCAL	51.73	49.74	90	1	AS
24802	ARTHRODESIS, ELBOW JOINT; WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAFT)	66.37	63.82	90	1	AS

24900	AMPUTATION, ARM THROUGH HUMERUS; WITH PRIMARY CLOSURE	47.61	45.78	90	1	AS
24920	AMPUTATION, ARM THROUGH HUMERUS; OPEN, CIRCULAR (GUILLOTINE)	47.37	45.55	90	1	AS
24925	AMPUTATION, ARM THROUGH HUMERUS; SECONDARY CLOSURE OR SCAR REVISION	36.64	35.23	90	1	AS
24930	AMPUTATION, ARM THROUGH HUMERUS; RE-AMPUTATION	50.24	48.31	90	1	AS
24931	AMPUTATION, ARM THROUGH HUMERUS; WITH IMPLANT	57.04	54.85	90	1	AS
24940	CINEPLASTY, UPPER EXTREMITY, COMPLETE PROCEDURE	70.88	68.16	90	1	AS
25071	BIOPSY, SOFT TISSUE OF FOREARM AND/OR WRIST; 3 CM OR GREATER	29.91	28.76	90	1	AS
25073	BIOPSY, SOFT TISSUE OF FOREARM AND/OR WRIST; 3 CM OR GREATER	37.24	35.81	90	1	AS
25078	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FORE	79.69	76.62	90	1	AS
25085	CAPSULOTOMY, WRIST (EG, CONTRACTURE)	28.90	27.79	90	1	AS
25107	ARTHROTOMY, DISTAL RADIOULNAR JOINT INCLUDING REPAIR OF TRIANGULAR CARTILAG	38.96	37.46	90	1	AS
25109	EXCISION OF TENDON, FOREARM AND/OR WRIST, FLEXOR OR EXTENSOR, EACH	34.45	33.12	90	1	AS
25119	SYNOVECTOMY, EXTENSOR TENDON SHEATH, WRIST, SINGLE COMPARTMENT; WITH RESECT	31.84	30.62	90	1	AS
25126	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA (EXCLU	38.54	37.06	90	1	AS
25135	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES; WITH AU	35.80	34.43	90	1	AS
25136	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES; WITH AL	31.82	30.59	90	1	AS
25145	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), FOREARM AND/OR WRIS	33.25	31.97	90	1	AS
25151	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION OR DIAPHYSECTOMY) OF BONE (E	37.86	36.41	90	1	AS
25170	RADICAL RESECTION FOR TUMOR, RADIUS OR ULNA	54.25	52.17	90	1	AS
25215	CARPECTOMY; ALL BONES OF PROXIMAL ROW	40.13	38.59	90	1	AS
25250	REMOVAL OF WRIST PROSTHESIS; (SEPARATE PROCEDURE)	34.08	32.77	90	1	AS
25251	REMOVAL OF WRIST PROSTHESIS; COMPLICATED, INCLUDING "TOTAL WRIST"	46.33	44.55	90	1	AS
25263	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; SECONDARY, SINGLE,	40.36	38.81	90	1	AS
25265	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; SECONDARY, WITH FRE	48.68	46.80	90	1	AS
25300	TENODESIS AT WRIST; FLEXORS OF FINGERS	44.12	42.42	90	1	AS
25301	TENODESIS AT WRIST; EXTENSORS OF FINGERS	41.98	40.36	90	1	AS
25310	TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, FOREARM AND/OR WRIS	40.13	38.59	90	1	AS
25312	TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, FOREARM AND/OR WRIS	47.01	45.20	90	1	AS
25315	FLEXOR ORIGIN SLIDE (EG, FOR CEREBRAL PALSY, VOLKMANN CONTRACTURE), FOREARM	50.76	48.81	90	1	AS
25316	FLEXOR ORIGIN SLIDE FOR CEREBRAL PALSY, FOREARM AND/OR WRIST; WITH TENDON(S	58.58	56.33	90	1	AS
25320	CAPSULORRHAPHY OR RECONSTRUCTION, WRIST, OPEN (EG, CAPSULODESIS, LIGAMENT R	62.62	60.21	90	1	AS

25332	ARTHROPLASTY, WRIST, WITH OR WITHOUT INTERPOSITION, WITH OR WITHOUT EXTERNA	55.58	53.45	90	1	AS
25335	CENTRALIZATION OF WRIST ON ULNA (EG, RADIAL CLUB HAND)	61.97	59.58	90	1	AS
25350	OSTEOTOMY, RADIUS; DISTAL THIRD	44.35	42.65	90	1	AS
25355	OSTEOTOMY, RADIUS; MIDDLE OR PROXIMAL THIRD	50.58	48.63	90	1	AS
25360	OSTEOTOMY; ULNA	42.87	41.22	90	1	AS
25365	OSTEOTOMY; RADIUS AND ULNA	60.27	57.95	90	1	AS
25370	MULTIPLE OSTEOTOMIES, WITH REALIGNMENT ON INTRAMEDULLARY ROD (SOFIELD TYPE	66.53	63.97	90	1	AS
25375	MULTIPLE OSTEOTOMIES, WITH REALIGNMENT ON INTRAMEDULLARY ROD (SOFIELD TYPE	63.45	61.01	90	1	AS
25390	OSTEOPLASTY, RADIUS OR ULNA; SHORTENING	50.84	48.88	90	1	AS
25391	OSTEOPLASTY, RADIUS OR ULNA; LENGTHENING WITH AUTOGRAFT	65.72	63.19	90	1	AS
25392	OSTEOPLASTY, RADIUS AND ULNA; SHORTENING (EXCLUDING 64876)	67.36	64.77	90	1	AS
25393	OSTEOPLASTY, RADIUS AND ULNA; LENGTHENING WITH AUTOGRAFT	75.93	73.01	90	1	AS
25394	OSTEOPLASTY, CARPAL BONE, SHORTENING	51.31	49.34	90	1	AS
25400	REPAIR OF NONUNION OR MALUNION, RADIUS OR ULNA; WITHOUT GRAFT (EG, COMPRESS	60.60	58.27	90	1	AS
25405	REPAIR OF NONUNION OR MALUNION, RADIUS OR ULNA; WITH AUTOGRAFT (INCLUDES OB	69.05	66.40	90	1	AS
25415	REPAIR OF NONUNION OR MALUNION, RADIUS AND ULNA; WITHOUT GRAFT (EG, COMPRES	64.91	62.42	90	1	AS
25420	REPAIR OF NONUNION OR MALUNION, RADIUS AND ULNA; WITH AUTOGRAFT (INCLUDES O	77.92	74.92	90	1	AS
25425	REPAIR OF DEFECT WITH AUTOGRAFT; RADIUS OR ULNA	78.01	75.01	90	1	AS
25426	REPAIR OF DEFECT WITH AUTOGRAFT; RADIUS AND ULNA	81.99	78.83	90	1	AS
25431	REPAIR OF NONUNION OF CARPAL BONE (EXCLUDING CARPAL SCAPHOID (NAVICULAR)) (	51.73	49.74	90	1	AS
25440	REPAIR OF NONUNION, SCAPHOID CARPAL (NAVICULAR) BONE, WITH OR WITHOUT RADIA	50.50	48.56	90	1	AS
25441	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL RADIUS	62.18	59.78	90	1	AS
25442	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL ULNA	52.77	50.74	90	1	AS
25443	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; SCAPHOID CARPAL (NAVICULAR)	50.40	48.46	90	1	AS
25444	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; LUNATE	54.07	51.99	90	1	AS
25446	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL RADIUS AND PARTIAL OR ENTI	78.10	75.09	90	1	AS
25447	ARTHROPLASTY, INTERPOSITION, INTERCARPAL OR CARPOMETACARPAL JOINTS	53.78	51.72	90	1	AS
25449	REVISION OF ARTHROPLASTY, INCLUDING REMOVAL OF IMPLANT, WRIST JOINT	68.46	65.82	90	1	AS
25490	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOU	45.84	44.07	90	1	AS
25491	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOU	48.55	46.68	90	1	AS
25492	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOU	60.04	57.73	90	1	AS

25500	CLOSED TREATMENT OF RADIAL SHAFT FRACTURE; WITHOUT MANIPULATION	100.16	96.31	90	1	
25505	CLOSED TREATMENT OF RADIAL SHAFT FRACTURE WITH MANIPULATION	196.42	188.86	90	1	
25515	OPEN TREATMENT OF RADIAL SHAFT FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERN	43.99	42.30	90	1	AS
25525	OPEN TREATMENT OF RADIAL SHAFT FRACTURE, WITH INTERNAL AND/ OR EXTERNAL FIX	61.70	59.33	90	1	AS
25526	OPEN TREATMENT OF RADIAL SHAFT FRACTURE, WITH INTERNAL AND/OR EXTERNAL FIXA	62.98	60.56	90	1	AS
25530	CLOSED TREATMENT OF ULNAR SHAFT FRACTURE; WITHOUT MANIPULATION	96.90	93.18	90	1	
25545	OPEN TREATMENT OF ULNAR SHAFT FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNA	40.86	39.29	90	1	AS
25560	CLOSED TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES; WITHOUT MANIPULATION	101.30	97.41	90	1	
25565	CLOSED TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES; WITH MANIPULATION	205.37	197.47	90	1	
25574	OPEN TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES, WITH INTERNAL OR EXTERN	43.18	41.52	90	1	AS
25575	OPEN TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES, WITH INTERNAL OR EXTERN	58.74	56.48	90	1	AS
25600	CLOSED TREATMENT OF DISTAL RADIAL FRACTURE (EG, COLLES OR SMITH TYPE) OR EP	110.42	106.18	90	1	
25605	CLOSED TREATMENT OF DISTAL RADIAL FRACTURE (EG, COLLES OR SMITH TYPE)	242.99	233.65	90	1	
25606	PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIAL FRACTURE OR EPIPHYSEAL SEPA	263.68	253.54	90	1	
25607	OPEN TREATMENT OF DISTAL RADIAL EXTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEPA	47.11	45.30	90	1	AS
25608	OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEPA	53.99	51.92	90	1	AS
25609	OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEPA	68.95	66.30	90	1	AS
25622	CLOSED TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE; WITHOUT MANIPULAT	113.19	108.84	90	1	
25628	OPEN TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE, WITH OR WITHOUT INT	46.80	45.00	90	1	AS
25630	CLOSED TREATMENT OF CARPAL BONE FRACTURE (EXCLUDING CARPAL SCAPHOID (NAVICU	115.96	111.49	90	1	
25645	OPEN TREATMENT OF CARPAL BONE FRACTURE (OTHER THAN CARPAL SCAPHOID (NAVICUL	36.72	35.30	90	1	AS
25650	CLOSED TREATMENT OF ULNAR STYLOID FRACTURE	120.68	116.04	90	1	
25652	OPEN TREATMENT OF ULNAR STYLOID FRACTURE	40.23	38.69	90	1	AS
25660	CLOSED TREATMENT OF RADIOCARPAL OR INTERCARPAL DISLOCATION, 1 OR MORE BONES,	158.63	152.53	90	1	
25670	OPEN TREATMENT OF RADIOCARPAL OR INTERCARPAL DISLOCATION, ONE OR MORE BONES	39.69	38.16	90	1	AS
25671	PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIOULNAR DISLOCATION	33.64	32.35	90	1	AS
25676	OPEN TREATMENT OF DISTAL RADIOULNAR DISLOCATION, ACUTE OR CHRONIC	41.15	39.56	90	1	AS
25685	OPEN TREATMENT OF TRANS-SCAPHOPERILUNAR TYPE OF FRACTURE DISLOCATION	48.05	46.20	90	1	AS
25695	OPEN TREATMENT OF LUNATE DISLOCATION	41.28	39.69	90	1	AS
25800	ARTHRODESIS, WRIST; COMPLETE, WITHOUT BONE GRAFT (INCLUDES RADIOCARPAL AND/	48.23	46.38	90	1	AS
25805	ARTHRODESIS, WRIST JOINT (INCLUDING RADIOCARPAL AND/OR ULNOCARPAL FUSION);	55.66	53.52	90	1	AS

25810	ARTHRODESIS, WRIST JOINT (INCLUDING RADIOCARPAL AND/OR ULNOCARPAL FUSION);	56.52	54.35	90	1	AS
25820	ARTHRODESIS, WRIST; LIMITED, WITHOUT BONE GRAFT (EG, INTERCARPAL OR RADIOCA	39.61	38.09	90	1	AS
25825	INTERCARPAL FUSION; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	48.91	47.03	90	1	AS
25830	ARTHRODESIS, DISTAL RADIOULNAR JOINT WITH SEGMENTAL RESECTION OF ULNA, WITH	59.67	57.38	90	1	AS
25905	AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; OPEN, CIRCULAR (GUILLOTINE)	45.32	43.57	90	1	AS
25907	AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; SECONDARY CLOSURE OR SCAR REV	38.91	37.41	90	1	AS
25909	AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; RE-AMPUTATION	44.53	42.82	90	1	AS
25915	KRUKENBERG PROCEDURE	68.74	66.09	90	1	AS
25922	DISARTICULATION THROUGH WRIST; SECONDARY CLOSURE OR SCAR REVISION	37.52	36.08	90	1	AS
25924	DISARTICULATION THROUGH WRIST; RE-AMPUTATION	43.41	41.74	90	1	AS
25929	TRANSMETACARPAL AMPUTATION; SECONDARY CLOSURE OR SCAR REVISION	36.74	35.33	90	1	AS
26111	ARTHROTOMY WITH BIOPSY; 1.5 CM OR GREATER	28.98	27.86	90	1	AS
26113	ARTHROTOMY WITH BIOPSY; 1.5 CM OR GREATER	38.12	36.66	90	1	AS
26118	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT	74.87	71.99	90	1	AS
26185	SESAMOIDECTOMY, THUMB OR FINGER (SEPARATE PROCEDURE)	34.11	32.80	90	1	AS
26260	RADICAL RESECTION, PROXIMAL OR MIDDLE PHALANX OF FINGER (EG, TUMOR);	35.39	34.03	90	1	AS
26262	RADICAL RESECTION, DISTAL PHALANX OF FINGER (EG, TUMOR)	29.58	28.44	90	1	AS
26352	FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE, NOT IN "NO MAN'S LAND"; SECO	49.07	47.18	90	1	AS
26357	REPAIR OR ADVANCEMENT, FLEXOR TENDON, IN ZONE 2 DIGITAL FLEXOR TENDON SHEAT	53.19	51.14	90	1	AS
26358	FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE, IN "NO MAN'S LAND"; SECONDA	56.05	53.90	90	1	AS
26372	REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON, WITH INTACT SUPERFICIALIS TENDON	54.28	52.19	90	1	AS
26373	REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON, WITH INTACT SUPERFICIALIS TENDON	51.41	49.44	90	1	AS
26390	EXCISION FLEXOR TENDON, WITH IMPLANTATION OF SYNTHETIC ROD FOR DELAYED TEND	51.60	49.61	90	1	AS
26392	REMOVAL OF SYNTHETIC ROD AND INSERTION OF FLEXOR TENDON GRAFT, HAND OR FING	59.78	57.48	90	1	AS
26420	EXTENSOR TENDON REPAIR, DORSUM OF FINGER, SINGLE, PRIMARY OR SECONDARY; WIT	43.26	41.59	90	1	AS
26434	EXTENSOR TENDON REPAIR, DISTAL INSERTION ("MALLETT FINGER"), OPEN, PRIMARY	39.11	37.61	90	1	AS
26474	TENODESIS; OF DISTAL JOINT, EACH JOINT	35.54	34.18	90	1	AS
26479	SHORTENING OF TENDON, FLEXOR, HAND OR FINGER, EACH TENDON	37.84	36.38	90	1	AS
26483	TENDON TRANSFER OR TRANSPLANT, CARPOMETACARPAL AREA OR DORSUM OF HAND, SING	51.93	49.94	90	1	AS
26485	TRANSFER OR TRANSPLANT OF TENDON, PALMAR; WITHOUT FREE TENDON GRAFT, EACH T	49.54	47.63	90	1	AS
26492	OPPONENSPLASTY; TENDON TRANSFER WITH GRAFT (INCLUDES OBTAINING GRAFT), EACH	54.75	52.64	90	1	AS

26494	OPPONENSPLASTY; HYPOTHENAR MUSCLE TRANSFER	49.41	47.51	90	1	AS
26497	TRANSFER OF TENDON TO RESTORE INTRINSIC FUNCTION; RING AND SMALL FINGER	53.76	51.69	90	1	AS
26498	TENDON TRANSFER TO RESTORE INTRINSIC FUNCTION; ALL FOUR FINGERS	72.57	69.78	90	1	AS
26499	CORRECTION CLAW FINGER, OTHER METHODS	51.47	49.49	90	1	AS
26502	TENDON PULLEY RECONSTRUCTION; WITH TENDON OR FASCIAL GRAFT (INCLUDES OBTAIN	43.60	41.92	90	1	AS
26517	CAPSULODESIS FOR M-P JOINT STABILIZATION; TWO DIGITS	51.28	49.31	90	1	AS
26518	CAPSULODESIS FOR M-P JOINT STABILIZATION; THREE OR FOUR DIGITS	51.86	49.86	90	1	AS
26530	ARTHROPLASTY, METACARPOPHALANGEAL JOINT; EACH JOINT	34.68	33.35	90	1	AS
26531	ARTHROPLASTY, METACARPOPHALANGEAL JOINT; WITH PROSTHETIC IMPLANT, EACH JOIN	40.31	38.76	90	1	AS
26541	RECONSTRUCTION, COLLATERAL LIGAMENT, METACARPOPHALANGEAL JOINT, SINGLE, WIT	49.80	47.88	90	1	AS
26546	REPAIR NON-UNION, METACARPAL OR PHALANX, (INCLUDES OBTAINING BONE GRAFT WIT	61.18	58.83	90	1	AS
26550	POLLICIZATION OF A DIGIT	94.80	91.15	90	1	AS
26551	TRANSFER, TOE-TO-HAND WITH MICROVASCULAR ANASTOMOSIS; GREAT TOE ' WRAP-AROU	191.78	184.41	90	1	AS
26553	TOE-TO-HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE,	183.24	176.19	90	1	AS
26554	TOE-TO-HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE,	240.00	230.77	90	1	AS
26555	TRANSFER, FINGER TO ANOTHER POSITION WITHOUT MICROVASCULAR ANASTOMOSIS	87.92	84.54	90	1	AS
26556	TRANSFER, FREE TOE JOINT, WITH MICROVASCULAR ANASTOMOSIS	180.77	173.81	90	1	AS
26560	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; WITH SKIN FLAPS	35.36	34.00	90	1	AS
26561	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; WITH SKIN FLAPS AND GRAFT	57.67	55.45	90	1	AS
26562	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; COMPLEX (EG, INVOLVING BO	71.64	68.88	90	1	AS
26565	OSTEOTOMY; METACARPAL, EACH	41.46	39.86	90	1	AS
26568	OSTEOPLASTY, LENGTHENING, METACARPAL OR PHALANX	55.56	53.42	90	1	AS
26580	REPAIR CLEFT HAND	82.41	79.24	90	1	AS
26587	RECONSTRUCTION OF POLYDACTYLOUS DIGIT, SOFT TISSUE AND BONE	62.02	59.63	90	1	AS
26590	REPAIR MACRODACTYLIA, EACH DIGIT	81.69	78.55	90	1	AS
26596	EXCISION OF CONSTRICTING RING OF FINGER, WITH MULTIPLE Z-PLASTIES	47.53	45.70	90	1	AS
26600	CLOSED TREATMENT OF METACARPAL FRACTURE, SINGLE; WITHOUT MANIPULATION, EACH	107.49	103.36	90	1	
26605	CLOSED TREATMENT OF METACARPAL FRACTURE, SINGLE; WITH MANIPULATION, EACH BO	121.82	117.14	90	1	
26608	PERCUTANEOUS SKELETAL FIXATION OF METACARPAL FRACTURE, EACH BONE	189.09	181.82	90	1	
26686	OPEN TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB (BENNETT FR	40.31	38.76	90	1	AS
26720	CLOSED TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX,	73.12	70.31		1	

26740	CLOSED TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL OR IN	85.67	82.38	90	1	
26750	CLOSED TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB; WITHOUT MA	68.07	65.46	90	1	
26820	FUSION IN OPPOSITION, THUMB, WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAF	48.68	46.80	90	1	AS
26842	ARTHRODESIS, CARPOMETACARPAL JOINT, THUMB, WITH OR WITHOUT INTERNAL FIXATIO	48.94	47.06	90	1	AS
26843	ARTHRODESIS, CARPOMETACARPAL JOINT, DIGIT, OTHER THAN THUMB, EACH;	45.39	43.65	90	1	AS
26844	ARTHRODESIS, CARPOMETACARPAL JOINT, DIGITS, OTHER THAN THUMB; WITH AUTOGRAF	50.76	48.81	90	1	AS
26852	ARTHRODESIS, METACARPOPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION;	49.54	47.63	90	1	AS
26862	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; WITH	44.85	43.12	90	1	AS
26863	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; WITH	15.92	15.31	90	5	AS
27001	TENOTOMY, ADDUCTOR OF HIP, OPEN	35.52	34.15	90	1	AS
27003	TENOTOMY, ADDUCTOR, SUBCUTANEOUS, OPEN, WITH OBTURATOR NEURECTOMY	38.02	36.56	90	1	AS
27005	TENOTOMY, HIP FLEXOR(S), OPEN (SEPARATE PROCEDURE)	48.23	46.38	90	1	AS
27006	TENOTOMY, ABDUCTORS AND/OR EXTENSOR(S) OF HIP, OPEN (SEPARATE PROCEDURE)	48.68	46.80	90	1	AS
27030	ARTHROTOMY, HIP, WITH DRAINAGE (EG, INFECTION)	62.98	60.56	90	1	AS
27033	ARTHROTOMY, HIP, INCLUDING EXPLORATION OR REMOVAL OF LOOSE OR FOREIGN BODY	65.28	62.77	90	1	AS
27035	DENERVATION, HIP JOINT, INTRAPELVIC OR EXTRAPELVIC INTRA-ARTICULAR BRANCHES	71.40	68.65	90	1	AS
27036	CAPSULECTOMY OR CAPSULOTOMY, HIP, WITH OR WITHOUT EXCISION OF HETEROTOPIC B	66.94	64.37	90	1	AS
27043	BIOPSY, SOFT TISSUE OF PELVIS AND HIP AREA; 3 CM OR GREATER	33.07	31.80	90	1	AS
27045	BIOPSY, SOFT TISSUE OF PELVIS AND HIP AREA; 5 CM OR GREATER	52.59	50.56	90	1	AS
27048	EXCISION, TUMOR, PELVIS AND HIP AREA; DEEP, SUBFASCIAL, INTRAMUSCULAR	31.43	30.22	90	1	AS
27049	RADICAL RESECTION OF TUMOR, SOFT TISSUE OF PELVIS AND HIP AREA (EG, MALIGNA	66.81	64.24	90	1	AS
27052	ARTHROTOMY, FOR BIOPSY; HIP JOINT	36.66	35.25	90	1	AS
27054	ARTHROTOMY WITH SYNOVECTOMY, HIP JOINT	44.82	43.10	90	1	AS
27059	DECOMPRESSION FASCIOTOMY(IES), PELVIC (BUTTOCK) COMPARTMENT(S) (EG,	128.91	123.96	90	1	AS
27065	EXCISION OF BONE CYST OR BENIGN TUMOR; SUPERFICIAL (WING OF ILIUM, SYMPHYSI	32.99	31.72	90	1	AS
27066	EXCISION OF BONE CYST OR BENIGN TUMOR; DEEP, WITH OR WITHOUT AUTOGRAFT	53.55	51.49	90	1	AS
27067	EXCISION OF BONE CYST OR BENIGN TUMOR; WITH AUTOGRAFT REQUIRING SEPARATE IN	67.36	64.77	90	1	AS
27070	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION) (EG, OSTEOMYELITIS OR BONE	55.90	53.75	90	1	AS
27071	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION) (EG, OSTEOMYELITIS OR BONE	59.75	57.45	90	1	AS
27075	RADICAL RESECTION OF TUMOR OR INFECTION; WING OF ILIUM, ONE PUBIC OR ISCHIA	155.62	149.63	90	1	AS
27076	RADICAL RESECTION FOR TUMOR OR INFECTION; ILIUM, INCLUDING ACETABULUM, BOTH	107.20	103.08	90	1	AS

27077	RADICAL RESECTION FOR TUMOR OR INFECTION; INNOMINATE BONE, TOTAL	179.28	172.39	90	1	AS
27078	RADICAL RESECTION FOR TUMOR OR INFECTION; ISCHIAL TUBEROSITY AND GREATER TR	67.70	65.10	90	1	AS
27080	COCCYGECTOMY, PRIMARY	32.57	31.32	90	1	AS
27087	REMOVAL OF FOREIGN BODY, PELVIS OR HIP; DEEP (SUBFASCIAL OR INTRAMUSCULAR)	41.64	40.04	90	1	AS
27090	REMOVAL OF HIP PROSTHESIS; (SEPARATE PROCEDURE)	55.19	53.07	90	1	AS
27091	REMOVAL OF HIP PROSTHESIS; COMPLICATED, INCLUDING TOTAL HIP PROSTHESIS, MET	108.09	103.93	90	1	AS
27097	RELEASE OR RECESSION, HAMSTRING, PROXIMAL	44.56	42.85	90	1	AS
27098	TRANSFER, ADDUCTOR TO ISCHIUM	39.95	38.41	90	1	AS
27100	TRANSFER EXTERNAL OBLIQUE MUSCLE TO GREATER TROCHANTER INCLUDING FASCIAL OR	54.38	52.29	90	1	AS
27105	TRANSFER PARASPINAL MUSCLE TO HIP (INCLUDES FASCIAL OR TENDON EXTENSION GRA	56.63	54.45	90	1	AS
27110	TRANSFER ILIOPSOAS; TO GREATER TROCHANTER OF FEMUR	64.00	61.54	90	1	AS
27111	TRANSFER ILIOPSOAS; TO FEMORAL NECK	55.95	53.80	90	1	AS
27120	ACETABULOPLASTY; (EG, WHITMAN, COLONNA, HAYGROVES, OR CUP TYPE)	86.80	83.46	90	1	AS
27122	ACETABULOPLASTY; RESECTION, FEMORAL HEAD (EG, GIRDLESTONE PROCEDURE)	73.87	71.03	90	1	AS
27125	HEMIARTHROPLASTY, HIP, PARTIAL (EG, FEMORAL STEM PROSTHESIS, BIPOLAR ARTHRO	75.52	72.61	90	1	AS
27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL	97.54	93.79	90	1	AS
27132	CONVERSION OF PREVIOUS HIP SURGERY TO TOTAL HIP ARTHROPLASTY, WITH OR WITHO	113.64	109.27	90	1	AS
27134	REVISION OF TOTAL HIP ARTHROPLASTY; BOTH COMPONENTS, WITH OR WITHOUT AUTOGR	131.75	126.68	90	1	AS
27137	REVISION OF TOTAL HIP ARTHROPLASTY; ACETABULAR COMPONENT ONLY, WITH OR WITH	100.43	96.57	90	1	AS
27138	REVISION OF TOTAL HIP ARTHROPLASTY; FEMORAL COMPONENT ONLY, WITH OR WITHOUT	104.57	100.55	90	1	AS
27140	OSTEOTOMY AND TRANSFER OF GREATER TROCHANTER OF FEMUR (SEPARATE PROCEDURE)	59.80	57.50	90	1	AS
27146	OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE;	84.59	81.33	90	1	AS
27147	OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE; WITH OPEN REDUCTION OF HIP	99.33	95.51	90	1	AS
27151	OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE; WITH FEMORAL OSTEOTOMY	107.67	103.53	90	1	AS
27156	OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE; WITH FEMORAL OSTEOTOMY AND	114.94	110.52	90	1	AS
27158	OSTEOTOMY, PELVIS, BILATERAL (EG, CONGENITAL MALFORMATION)	94.05	90.43	90	1	AS
27161	OSTEOTOMY, FEMORAL NECK (SEPARATE PROCEDURE)	81.82	78.68	90	1	AS
27165	OSTEOTOMY, INTERTROCHANTERIC OR SUBTROCHANTERIC INCLUDING INTERNAL OR EXTER	91.67	88.15	90	1	AS
27170	BONE GRAFT, FEMORAL HEAD, NECK, INTERTROCHANTERIC OR SUBTROCHANTERIC AREA (	79.30	76.25	90	1	AS
27176	TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; BY SINGLE OR MULTIPLE PINNING, IN S	61.21	58.86	90	1	AS
27177	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; SINGLE OR MULTIPLE PINNING OR	74.42	71.56	90	1	AS

27178		OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; CLOSED MANIPULATION WITH SINGL	60.85	58.51	90	1	AS
27179		OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; OSTEOPLASTY OF FEMORAL NECK (H	64.70	62.21	90	1	AS
27181		OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; OSTEOTOMY AND INTERNAL FIXATIO	72.05	69.28	90	1	AS
27187		PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOU	66.37	63.82	90	1	AS
27193		CLOSED TREATMENT OF PELVIC RING FRACTURE, DISLOCATION, DIASTASIS OR SUBLUXA	190.06	182.75	90	1	
27202		OPEN TREATMENT OF COCCYGEAL FRACTURE	50.85	48.89	90	1	AS
27215		OPEN TREATMENT OF ILIAC SPINE(S), TUBEROSITY AVULSION, OR ILIAC WING FRACTU	49.51	47.61	90	1	AS
27216		PERCUTANEOUS SKELETAL FIXATION OF POSTERIOR PELVIC RING FRACTURE AND/OR DIS	72.57	69.78	90	1	AS
27217		OPEN TREATMENT OF ANTERIOR RING FRACTURE AND/OR DISLOCATION WITH INTERNAL F	67.93	65.32	90	1	AS
27218		OPEN TREATMENT OF POSTERIOR RING FRACTURE AND/OR DISLOCATION WITH INTERNAL	94.20	90.58	90	1	AS
27226		OPEN TREATMENT OF POSTERIOR OR ANTERIOR ACETABULAR WALL FRACTURE, WITH INTE	71.14	68.40	90	1	AS
27227		OPEN TREATMENT OF ACETABULAR FRACTURE(S) INVOLVING ANTERIOR OR POSTERIOR (O	112.70	108.37	90	1	AS
27228		OPEN TREATMENT OF ACETABULAR FRACTURE(S) INVOLVING ANTERIOR AND POSTERIOR (	128.88	123.93	90	1	AS
27236		OPEN TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, NECK, INTERNAL FIXATION O	80.00	76.92	90	1	AS
27244		TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC, OR SUBTROCHANTERIC FEMORAL	82.27	79.10	90	1	AS
27245		OPEN TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC OR SUBTROCHANTERIC FEM	93.98	90.37	90	1	AS
27248		OPEN TREATMENT OF GREATER TROCHANTERIC FRACTURE, WITH OR WITHOUT INTERNAL O	49.80	47.88	90	1	AS
27253		OPEN TREATMENT OF HIP DISLOCATION, TRAUMATIC, WITHOUT INTERNAL FIXATION	62.98	60.56	90	1	AS
27254		OPEN TREATMENT OF HIP DISLOCATION, TRAUMATIC, WITH ACETABULAR WALL AND FEMO	85.76	82.46	90	1	AS
27258		OPEN TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INCLUDING CON	74.19	71.33	90	1	AS
27259		OPEN TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INCLUDING CON	104.62	100.60	90	1	AS
27267		CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, HEAD; WITHOUT MANIPULAT	27.49	26.43	90	1	AS
27268		CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, HEAD; WITH MANIPULATION	34.11	32.80	90	1	AS
27269		OPEN TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, HEAD, INCLUDES INTERNAL F	82.27	79.10	90	1	AS
27280		ARTHRODESIS, SACROILIAC JOINT (INCLUDING OBTAINING GRAFT)	68.82	66.17	90	1	AS
27282		ARTHRODESIS, SYMPHYSIS PUBIS (INCLUDING OBTAINING GRAFT)	53.58	51.51	90	1	AS
27284		ARTHRODESIS, HIP JOINT (INCLUDING OBTAINING GRAFT);	102.98	99.02	90	1	AS
27286		ARTHRODESIS, HIP JOINT (INCLUDES OBTAINING GRAFT); WITH SUBTROCHANTERIC OST	109.52	105.31	90	1	AS
27290		INTERPELVIABDOMINAL AMPUTATION (HINDQUARTER AMPUTATION)	105.12	101.08	90	1	AS
27295		DISARTICULATION OF HIP	85.13	81.86	90	1	AS
27299	R	UNLISTED PROCEDURE, PELVIS OR HIP JOINT			90	1	AS

27303	INCISION, DEEP, WITH OPENING OF BONE CORTEX, FEMUR OR KNEE (EG, OSTEOMYELIT	42.01	40.39	90	1	AS
27305	FASCIOTOMY, ILIOTIBIAL (TENOTOMY), OPEN	30.62	29.44	90	1	AS
27306	TENOTOMY, PERCUTANEOUS, ADDUCTOR OR HAMSTRING; SINGLE TENDON (SEPARATE PROC	24.57	23.63	90	1	AS
27310	ARTHROTOMY, KNEE, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY (E	48.13	46.28	90	1	AS
27325	NEURECTOMY, HAMSTRING MUSCLE	35.18	33.83	90	1	AS
27326	NEURECTOMY, POPLITEAL (GASTROCNEMIUS)	32.03	30.79	90	1	AS
27329	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF THIGH O	69.26	66.60	90	1	AS
27331	ARTHROTOMY, KNEE; INCLUDING JOINT EXPLORATION, BIOPSY, OR REMOVAL OF LOOSE	30.83	29.64	90	1	AS
27332	ARTHROTOMY, WITH EXCISION OF SEMILUNAR CARTILAGE (MENISCECTOMY) KNEE; MEDIA	41.98	40.36	90	1	AS
27333	ARTHROTOMY, KNEE, FOR EXCISION OF SEMILUNAR CARTILAGE (MENISCECTOMY); MEDIA	37.94	36.48	90	1	AS
27334	ARTHROTOMY, WITH SYNOVECTOMY KNEE; ANTERIOR OR POSTERIOR	44.66	42.95	90	1	AS
27335	ARTHROTOMY, KNEE, FOR SYNOVECTOMY; ANTERIOR AND POSTERIOR INCLUDING POPLITE	50.58	48.63	90	1	AS
27337	ARTHROTOMY, WITH SYNOVECTOMY, KNEE; 3 CM OR GREATER	29.50	28.36	90	1	AS
27339	ARTHROTOMY, WITH SYNOVECTOMY, KNEE; 5 CM OR GREATER	53.13	51.09	90	1	AS
27345	EXCISION OF SYNOVIAL CYST OF POPLITEAL SPACE (EG, BAKER'S CYST)	31.22	30.02	90	1	AS
27347	EXCISION OF LESION OF MENISCUS OR CAPSULE (EG, CYST, GANGLION), KNEE	33.52	32.23	90	1	AS
27350	PATELLECTOMY OR HEMIPATELLECTOMY	42.66	41.02	90	1	AS
27355	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR;	39.50	37.99	90	1	AS
27356	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH ALLOGRAFT	48.65	46.78	90	1	AS
27357	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH AUTOGRAFT	53.97	51.89	90	1	AS
27358	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH INTERNAL	19.70	18.94	90	1	AS
27360	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE, FEM	55.82	53.67	90	1	AS
27364	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE,	110.98	106.72	90	1	AS
27365	RADICAL RESECTION OF TUMOR, BONE, FEMUR OR KNEE	82.19	79.03	90	1	AS
27380	SUTURE OF INFRAPATELLAR TENDON; PRIMARY	38.41	36.93	90	1	AS
27381	SUTURE OF INFRAPATELLAR TENDON; SECONDARY RECONSTRUCTION, INCLUDING FASCIAL	52.66	50.64	90	1	AS
27385	SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; PRIMARY	41.20	39.61	90	1	AS
27386	SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; SECONDARY RECONSTRUCTION,	54.57	52.47	90	1	AS
27390	TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; SINGLE TENDON	28.74	27.64	90	1	AS
27392	TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; MULTIPLE TENDONS, BILATERAL	46.12	44.35	90	1	AS
27393	LENGTHENING OF HAMSTRING TENDON; SINGLE TENDON	33.12	31.85	90	1	AS

27394	LENGTHENING OF HAMSTRING TENDON; MULTIPLE TENDONS, ONE LEG	42.89	41.24	90	1	AS
27395	LENGTHENING OF HAMSTRING TENDON; MULTIPLE TENDONS, BILATERAL	58.24	56.00	90	1	AS
27396	TRANSPLANT, HAMSTRING TENDON TO PATELLA; SINGLE TENDON	40.18	38.64	90	1	AS
27397	TRANSPLANT, HAMSTRING TENDON TO PATELLA; MULTIPLE TENDONS	59.75	57.45	90	1	AS
27400	TRANSFER, TENDON OR MUSCLE, HAMSTRINGS TO FEMUR (EG, EGGER'S TYPE PROCEDURE	45.00	43.27	90	1	AS
27403	ARTHROTOMY WITH MENISCUS REPAIR, KNEE	42.16	40.54	90	1	AS
27405	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; COLLATERAL	44.48	42.77	90	1	AS
27407	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; CRUCIATE	50.66	48.71	90	1	AS
27409	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; COLLATERAL AND CRUCIAT	64.08	61.61	90	1	AS
27412	AUTOLOGOUS CHONDROCYTE IMPLANTATION, KNEE	112.44	108.12	0	1	AS
27415	OSTEOCHONDRAL ALLOGRAFT, KNEE, OPEN	94.83	91.18	0	1	AS
27418	ANTERIOR TIBIAL TUBERCLEPLASTY (EG, MAQUET TYPE PROCEDURE)	55.19	53.07	90	1	AS
27420	RECONSTRUCTION OF DISLOCATING PATELLA; (EG, HAUSER TYPE PROCEDURE)	49.41	47.51	90	1	AS
27422	RECONSTRUCTION OF DISLOCATING PATELLA; WITH EXTENSOR REALIGNMENT AND/OR MUS	49.15	47.26	90	1	AS
27424	RECONSTRUCTION FOR RECURRENT DISLOCATING PATELLA; WITH PATELLECTOMY	49.33	47.43	90	1	AS
27427	LIGAMENOUS RECONSTRUCTION (AUGMENTATION), KNEE; EXTRA-ARTICULAR	47.37	45.55	90	1	AS
27428	LIGAMENOUS RECONSTRUCTION (AUGMENTATION), KNEE; INTRA-ARTICULAR (OPEN)	73.30	70.48	90	1	AS
27429	LIGAMENOUS RECONSTRUCTION (AUGMENTATION), KNEE; INTRA-ARTICULAR (OPEN) AND	82.16	79.00	90	1	AS
27430	QUADRICEPSPLASTY (EG, BENNETT OR THOMPSON TYPE)	48.91	47.03	90	1	AS
27435	CAPSULOTOMY, POSTERIOR CAPSULAR RELEASE, KNEE	52.59	50.56	90	1	AS
27438	ARTHROPLASTY, PATELLA; WITH PROSTHESIS	55.97	53.82	90	1	AS
27440	ARTHROPLASTY, KNEE, TIBIAL PLATEAU;	52.53	50.51	90	1	AS
27441	ARTHROPLASTY, KNEE, TIBIAL PLATEAU; WITH DEBRIDEMENT AND PARTIAL SYNOVECTOM	53.68	51.62	90	1	AS
27442	ARTHROPLASTY, FEMORAL CONDYLES OR TIBIAL PLATEAU(S), KNEE;	57.90	55.67	90	1	AS
27443	ARTHROPLASTY, KNEE, FEMORAL CONDYLES OR TIBIAL PLATEAUS; WITH DEBRIDEMENT A	54.02	51.94	90	1	AS
27445	ARTHROPLASTY, KNEE, HINGE PROSTHESIS (EG, WALLDIUS TYPE)	84.56	81.31	90	1	AS
27446	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL OR LATERAL COMPARTMENT	74.89	72.01	90	1	AS
27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WI	104.18	100.17	90	1	AS
27448	OSTEOTOMY, FEMUR, SHAFT OR SUPRACONDYLAR; WITHOUT FIXATION	54.49	52.39	90	1	AS
27450	OSTEOTOMY, FEMUR, SHAFT OR SUPRACONDYLAR; WITH FIXATION	67.91	65.30	90	1	AS
27454	OSTEOTOMY, MULTIPLE, WITH REALIGNMENT ON INTRAMEDULLARY ROD, FEMORAL SHAFT	85.86	82.56	90	1	AS

27455	OSTEOTOMY, PROXIMAL TIBIA, INCLUDING FIBULAR EXCISION OR OSTEOTOMY (INCLUDE	62.77	60.36	90	1	AS
27457	OSTEOTOMY, PROXIMAL TIBIA, INCLUDING FIBULAR EXCISION OR OSTEOTOMY (INCLUDE	64.65	62.16	90	1	AS
27465	OSTEOPLASTY, FEMUR; SHORTENING (EXCLUDING 64876)	82.53	79.35	90	1	AS
27466	OSTEOPLASTY, FEMUR; LENGTHENING	79.14	76.10	90	1	AS
27468	OSTEOPLASTY, FEMUR; COMBINED, LENGTHENING AND SHORTENING WITH FEMORAL SEGME	89.35	85.92	90	1	AS
27470	REPAIR, NONUNION OR MALUNION, FEMUR, DISTAL TO HEAD AND NECK; WITHOUT GRAFT	79.01	75.97	90	1	AS
27472	REPAIR, NONUNION OR MALUNION, FEMUR, DISTAL TO HEAD AND NECK; WITH ILIAC OR	85.32	82.03	90	1	AS
27479	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; COMBINED DISTAL FEMUR, PRO	63.01	60.59	90	1	AS
27486	REVISION OF TOTAL KNEE ARTHROPLASTY, WITH OR WITHOUT ALLOGRAFT; ONE COMPONE	94.93	91.28	90	1	AS
27487	REVISION OF TOTAL KNEE ARTHROPLASTY, WITH OR WITHOUT ALLOGRAFT; FEMORAL AND	119.82	115.21	90	1	AS
27488	REMOVAL OF PROSTHESIS, INCLUDING TOTAL KNEE PROSTHESIS, METHYLMETHACRYLATE	80.26	77.17	90	1	AS
27495	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOU	75.86	72.94	90	1	AS
27498	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, MULTIPLE COMPARTMENTS;	38.98	37.48	90	1	AS
27499	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, MULTIPLE COMPARTMENTS; WITH DE	43.21	41.54	90	1	AS
27500	CLOSED TREATMENT OF FEMORAL SHAFT FRACTURE, WITHOUT MANIPULATION	206.84	198.88	90	1	
27506	OPEN TREATMENT OF FEMORAL SHAFT FRACTURE, WITH OR WITHOUT EXTERNAL FIXATION	89.33	85.89	90	1	AS
27507	OPEN TREATMENT OF FEMORAL SHAFT FRACTURE WITH PLATE/SCREWS, WITH OR WITHOUT	65.90	63.37	90	1	AS
27508	CLOSED TREATMENT OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL CONDYLE	207.98	199.98	90	1	
27511	OPEN TREATMENT OF FEMORAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE WITHOUT I	67.28	64.70	90	1	AS
27513	OPEN TREATMENT OF FEMORAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE WITH INTE	84.64	81.38	90	1	AS
27514	OPEN TREATMENT OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL CONDYLE,	89.18	85.75	90	1	AS
27516	CLOSED TREATMENT OF DISTAL FEMORAL EPIPHYSEAL SEPARATION; WITHOUT MANIPULAT	193.97	186.51	90	1	
27519	OPEN TREATMENT OF DISTAL FEMORAL EPIPHYSEAL SEPARATION, WITH OR WITHOUT INT	73.93	71.09	90	1	AS
27520	CLOSED TREATMENT OF PATELLAR FRACTURE, WITHOUT MANIPULATION	121.82	117.14	90	1	
27524	OPEN TREATMENT OF PATELLAR FRACTURE, WITH INTERNAL FIXATION AND/OR PARTIAL	49.88	47.96	90	1	AS
27530	CLOSED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); WITHOUT MANIPULATI	153.75	147.83	90	1	
27535	OPEN TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); UNICONDYLAR, WITH OR	60.01	57.70	90	1	AS
27536	OPEN TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); BICONDYLAR, WITH OR	79.53	76.47	90	1	AS
27540	OPEN TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(S) OF T	62.17	59.78	90	1	AS
27556	OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FI	70.09	67.39	90	1	AS
27557	OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FI	80.84	77.73	90	1	AS

27558		OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FI	81.56	78.43	90	1	AS
27566		OPEN TREATMENT OF PATELLAR DISLOCATION, WITH OR WITHOUT PARTIAL OR TOTAL PA	59.52	57.23	90	1	AS
27580		ARTHRODESIS, KNEE, ANY TECHNIQUE	96.34	92.63	90	1	AS
27590		AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL;	55.45	53.32	90	1	AS
27591		AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; IMMEDIATE FITTING TECHNIQUE IN	61.21	58.86	90	1	AS
27592		AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; OPEN, CIRCULAR (GUILLOTINE)	46.98	45.18	90	1	AS
27598		DISARTICULATION AT KNEE	50.08	48.16	90	1	AS
27599	R	UNLISTED PROCEDURE, FEMUR OR KNEE			90	1	AS
27602		DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL, AND POSTERIOR COMPA	34.34	33.02	90	1	AS
27612		ARTHROTOMY, POSTERIOR CAPSULAR RELEASE, ANKLE, WITH OR WITHOUT ACHILLES TEN	37.76	36.31	90	1	AS
27616		RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF LEG	90.58	87.10	90	1	AS
27620		ARTHROTOMY, ANKLE, WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR	30.33	29.16	90	1	AS
27625		ARTHROTOMY, ANKLE, WITH SYNOVECTOMY;	39.32	37.81	90	1	AS
27626		ARTHROTOMY, ANKLE, FOR SYNOVECTOMY; INCLUDING TENOSYNOVECTOMY	42.58	40.94	90	1	AS
27632		EXCISION OF LESION OF TENDON SHEATH OR CAPSULE (EG, CYST OR GANGLION),	29.13	28.01	90	1	AS
27634		EXCISION OF LESION OF TENDON SHEATH OR CAPSULE (EG, CYST OR GANGLION),	47.48	45.65	90	1	AS
27637		EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA; WITH A	49.80	47.88	90	1	AS
27638		EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA; WITH A	52.01	50.01	90	1	AS
27645		RADICAL RESECTION OF TUMOR, BONE; TIBIA	68.95	66.30	90	1	AS
27646		RESECTION FOR TUMOR, RADICAL; FIBULA	60.48	58.16	90	1	AS
27647		RADICAL RESECTION OF TUMOR, BONE; TALUS OR CALCANEUS	54.38	52.29	90	1	AS
27650		REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED ACHILLES TENDON;	45.00	43.27	90	1	AS
27654		REPAIR, SECONDARY, ACHILLES TENDON, WITH OR WITHOUT GRAFT	48.60	46.73	90	1	AS
27656		REPAIR, FASCIAL DEFECT OF LEG	34.45	33.12	90	1	AS
27658		REPAIR, FLEXOR TENDON, LEG; PRIMARY, WITHOUT GRAFT, EACH TENDON	25.30	24.33	90	1	AS
27659		REPAIR, FLEXOR TENDON, LEG; SECONDARY, WITH OR WITHOUT GRAFT, EACH TENDON	33.22	31.95	90	1	AS
27665		REPAIR, EXTENSOR TENDON, LEG; SECONDARY, WITH OR WITHOUT GRAFT, EACH TENDON	27.67	26.61	90	1	AS
27675		REPAIR, DISLOCATING PERONEAL TENDONS; WITHOUT FIBULAR OSTEOATOMY	33.77	32.47	90	1	AS
27676		REPAIR FOR DISLOCATING PERONEAL TENDONS; WITH FIBULAR OSTEOATOMY	41.33	39.74	90	1	AS
27685		LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE; SINGLE TENDON (SEPARATE	42.11	40.49	90	1	AS
27687		GASTROCNEMIUS RECESSON (EG, STRAYER PROCEDURE)	30.70	29.52	90	1	AS

27690	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTI	42.84	41.19	90	1	AS
27691	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTI	50.24	48.31	90	1	AS
27692	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTI	7.64	7.34	90	5	AS
27695	REPAIR, PRIMARY, DISRUPTED LIGAMENT, ANKLE; COLLATERAL	32.60	31.34	90	1	AS
27698	REPAIR, SECONDARY DISRUPTED LIGAMENT, ANKLE, COLLATERAL (EG, WATSON-JONES P	43.99	42.30	90	1	AS
27700	ARTHROPLASTY, ANKLE;	41.85	40.24	90	1	AS
27702	ARTHROPLASTY, ANKLE; WITH IMPLANT ("TOTAL ANKLE")	66.61	64.04	90	1	AS
27703	ARTHROPLASTY, ANKLE; REVISION, TOTAL ANKLE	77.60	74.62	90	1	AS
27705	OSTEOTOMY; TIBIA	51.15	49.19	90	1	AS
27709	OSTEOTOMY; TIBIA AND FIBULA	76.30	73.36	90	1	AS
27712	OSTEOTOMY; MULTIPLE, WITH REALIGNMENT ON INTRAMEDULLARY ROD (EG, SOFIELD TY	73.41	70.58	90	1	AS
27715	OSTEOPLASTY, TIBIA AND FIBULA, LENGTHENING OR SHORTENING	71.40	68.65	90	1	AS
27720	REPAIR OF NONUNION OR MALUNION, TIBIA; WITHOUT GRAFT, (EG, COMPRESSION TECH	58.55	56.30	90	1	AS
27722	REPAIR OF NONUNION OR MALUNION, TIBIA; WITH SLIDING GRAFT	58.53	56.28	90	1	AS
27724	REPAIR OF NONUNION OR MALUNION, TIBIA; WITH ILIAC OR OTHER AUTOGRAFT (INCLU	86.28	82.96	90	1	AS
27725	REPAIR OF NONUNION OR MALUNION, TIBIA; BY SYNOSTOSIS, WITH FIBULA, ANY METH	80.42	77.32	90	1	AS
27727	REPAIR OF CONGENITAL PSEUDARTHROSIS, TIBIA	64.10	61.64	90	1	AS
27740	ARREST, EPIPHYSEAL (EPIPHYSIODESIS), ANY METHOD, COMBINED, PROXIMAL AND DIS	43.05	41.39	90	1	AS
27742	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING, COMBINED, PROXIMAL AND DIS	47.43	45.60	90	1	AS
27745	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOU	50.21	48.28	90	1	AS
27750	CLOSED TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE	132.08	127.00	90	1	
27756	PERCUTANEOUS SKELETAL FIXATION OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FI	37.32	35.88	90	1	AS
27758	OPEN TREATMENT OF TIBIAL SHAFT FRACTURE, (WITH OR WITHOUT FIBULAR FRACTURE)	59.21	56.93	90	1	AS
27759	TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE) BY IN	66.97	64.39	90	1	AS
27760	CLOSED TREATMENT OF MEDIAL MALLEOLUS FRACTURE; WITHOUT MANIPULATION	127.04	122.15	90	1	
27767	CLOSED TREATMENT OF POSTERIOR MALLEOLUS FRACTURE; WITHOUT MANIPULATION	16.31	15.69	90	1	AS
27768	CLOSED TREATMENT OF POSTERIOR MALLEOLUS FRACTURE; WITH MANIPULATION	34.11	32.80	90	1	AS
27769	OPEN TREATMENT OF POSTERIOR MALLEOLUS FRACTURE, INCLUDES INTERNAL FIXATION,	46.36	44.57	90	1	AS
27780	CLOSED TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE; WITHOUT MANIPULATION	113.84	109.46	90	1	
27786	CLOSED TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS); WITHOUT MA	120.36	115.73	90	1	
27808	CLOSED TREATMENT OF BIMALLEOLAR ANKLE FRACTURE (EG, LATERAL AND MEDIAL MALL	125.90	121.06	90	1	

27814	OPEN TREATMENT OF BIMALLEOLAR ANKLE FRACTURE, WITH OR WITHOUT INTERNAL OR E	51.49	49.51	90	1	AS
27816	CLOSED TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE; WITHOUT MANIPULATION	119.05	114.47	90	1	
27822	OPEN TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE, WITH OR WITHOUT INTERNAL OR	55.63	53.50	90	1	AS
27823	OPEN TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE, WITH OR WITHOUT INTERNAL OR	63.61	61.16	90	1	AS
27824	CLOSED TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR PORTION OF DISTAL	120.03	115.42	90		
27826	OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/ PORTION OF	54.15	52.07	90	1	AS
27827	OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/ PORTION OF	71.53	68.78	90	1	AS
27828	OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/ PORTION OF	85.97	82.66	90	1	AS
27829	OPEN TREATMENT OF DISTAL TIBIOFIBULAR JOINT (SYNDESMOSIS) DISRUPTION, WITH	43.52	41.84	90	1	AS
27832	OPEN TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION, WITH OR WITHOUT	47.17	45.35	90	1	AS
27846	OPEN TREATMENT OF ANKLE DISLOCATION, WITH OR WITHOUT PERCUTANEOUS SKELETAL	49.17	47.28	90	1	AS
27848	OPEN TREATMENT OF ANKLE DISLOCATION, WITH OR WITHOUT PERCUTANEOUS SKELETAL	54.98	52.87	90	1	AS
27870	ARTHRODESIS, ANKLE, OPEN	70.28	67.58	90	1	AS
27871	ARTHRODESIS, TIBIOFIBULAR JOINT, PROXIMAL OR DISTAL	46.07	44.30	90	1	AS
27880	AMPUTATION LEG, THROUGH TIBIA AND FIBULA;	62.28	59.88	90	1	AS
27881	AMPUTATION LEG, THROUGH TIBIA AND FIBULA; WITH IMMEDIATE FITTING TECHNIQUE	59.67	57.38	90	1	AS
27888	AMPUTATION, ANKLE, THROUGH MALLEOLI OF TIBIA AND FIBULA (EG, SYME, PIROGOFF	46.96	45.15	90	1	AS
27894	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL, AND POSTERIOR COMPA	56.78	54.60	90	1	AS
28039	EXC FOOT/TOE TUM SC > 1.5 CM 1.5 CM OR GREATER	33.49	32.20	90	1	AS
28041	EXC FOOT/TOE TUM DEEP >1.5CM	31.51	30.29	90	1	AS
28047	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF	66.35	63.79	90	1	AS
28055	NEURECTOMY, INTRINSIC MUSCULATURE OF FOOT	27.13	26.08	0	1	AS
28086	SYNOVECTOMY, TENDON SHEATH, FOOT; FLEXOR	33.98	32.67	90	1	AS
28100	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS;	37.97	36.51	90	1	AS
28102	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS; WIT	38.07	36.61	90	1	AS
28103	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS; WIT	30.67	29.49	90	1	AS
28104	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL, E	33.51	32.22	90	1	AS
28106	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL BO	32.52	31.27	90	1	AS
28107	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL BO	36.90	35.48	90	1	AS
28114	OSTECTOMY, COMPLETE EXCISION; ALL METATARSAL HEADS, WITH PARTIAL PROXIMAL P	68.30	65.67	90	1	AS
28118	OSTECTOMY, CALCANEUS;	38.38	36.91	90	1	AS

28122	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR DIAPHYSE	43.86	42.17	90	1	AS
28130	TALECTOMY (ASTRAGALECTOMY)	43.00	41.34	90	1	AS
28171	RADICAL RESECTION OF TUMOR, BONE; TARSAL (EXCEPT TALUS OR CALCANEUS)	42.50	40.87	90	1	AS
28190	REMOVAL OF FOREIGN BODY, FOOT; SUBCUTANEOUS	99.35	95.53	10	1	
28202	REPAIR OR SUTURE OF TENDON, FOOT, FLEXOR, SINGLE; SECONDARY WITH FREE GRAFT	40.31	38.76	90	1	AS
28210	REPAIR OR SUTURE OF TENDON, FOOT, EXTENSOR, SINGLE; SECONDARY WITH FREE GRA	38.07	36.61	90	1	AS
28238	RECONSTRUCTION (ADVANCEMENT), POSTERIOR TIBIAL TENDON WITH EXCISION OF ACCE	44.64	42.92	90	1	AS
28250	DIVISION OF PLANTAR FASCIA AND MUSCLE (EG, STEINDLER STRIPPING) (SEPARATE P	37.24	35.81	90	1	AS
28260	CAPSULOTOMY, MIDFOOT; MEDIAL RELEASE ONLY (SEPARATE PROCEDURE)	45.37	43.62	90	1	AS
28262	CAPSULOTOMY, MIDFOOT; EXTENSIVE, INCLUDING POSTERIOR TALOTIBIAL CAPSULOTOMY	90.87	87.37	90	1	AS
28264	CAPSULOTOMY, MIDTARSAL (EG, HEYMAN TYPE PROCEDURE)	59.23	56.95	90	1	AS
28289	HALLUX RIGIDUS CORRECTION WITH CHEILECTOMY, DEBRIDEMENT AND CAPSULAR RELEAS	47.71	45.88	90	1	AS
28292	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; KELLER,	51.44	49.46	90	1	AS
28293	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; RESECTIO	68.40	65.77	90	1	AS
28294	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; WITH TE	49.41	47.51	90	1	AS
28296	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; WITH MET	48.05	46.20	90	1	AS
28297	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; LAPIDUS	54.38	52.29	90	1	AS
28298	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; BY PHALA	47.40	45.58	90	1	AS
28299	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; BY DOUB	60.38	58.06	90	1	AS
28300	OSTEOTOMY; CALCANEUS (EG, DWYER OR CHAMBERS TYPE PROCEDURE), WITH OR WITHOU	45.05	43.32	90	1	AS
28302	OSTEOTOMY; TALUS	44.61	42.90	90	1	AS
28304	OSTEOTOMY, TARSAL BONES, OTHER THAN CALCANEUS OR TALUS;	52.40	50.39	90	1	AS
28305	OSTEOTOMY, TARSAL BONES, OTHER THAN CALCANEUS OR TALUS; WITH AUTOGRAFT (INC	47.11	45.30	90	1	AS
28306	OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTION, M	39.40	37.89	90	1	AS
28308	OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTION, M	36.04	34.65	90	1	AS
28320	REPAIR, NONUNION OR MALUNION; TARSAL BONES	42.42	40.79	90	1	AS
28322	REPAIR OF NONUNION OR MALUNION; METATARSAL, WITH OR WITHOUT BONE GRAFT (INC	50.21	48.28	90	1	AS
28360	RECONSTRUCTION, CLEFT FOOT	64.78	62.29	90	1	AS
28400	CLOSED TREATMENT OF CALCANEAL FRACTURE; WITHOUT MANIPULATION	95.61	91.93	90	1	
28415	OPEN TREATMENT OF CALCANEAL FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL	75.46	72.56	90	1	AS
28420	OPEN TREATMENT OF CALCANEAL FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL	79.95	76.87	90	1	AS

28430	CLOSED TREATMENT OF TALUS FRACTURE; WITHOUT MANIPULATION	89.09	85.66	90	1	
28445	OPEN TREATMENT OF TALUS FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXA	72.05	69.28	90	1	AS
28455	TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS); WITH MANIP	117.43	112.91	90	1	
28470	CLOSED TREATMENT OF METATARSAL FRACTURE; WITHOUT MANIPULATION, EACH	82.24	79.08	90	1	
28490	CLOSED TREATMENT OF FRACTURE GREAT TOE, PHALANX OR PHALANGES; WITHOUT MANIP	53.74	51.68	90	1	
28510	CLOSED TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE; W	47.07	45.26	90	1	
28555	OPEN TREATMENT OF TARSAL BONE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTE	55.79	53.64	90	1	AS
28585	OPEN TREATMENT OF TALOTARSAL JOINT DISLOCATION, WITH OR WITHOUT INTERNAL OR	61.68	59.31	90	1	AS
28615	OPEN TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION, WITH OR WITHOUT INTERN	51.88	49.89	90	1	AS
28705	ARTHRODESIS; PANTALAR	88.96	85.54	90	1	AS
28715	ARTHRODESIS; TRIPLE	65.80	63.27	90	1	AS
28725	ARTHRODESIS; SUBTALAR	53.89	51.82	90	1	AS
28730	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR TRANSVERSE;	56.73	54.55	90	1	AS
28735	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR TRANSVERSE; WITH OST	54.20	52.12	90	1	AS
28737	ARTHRODESIS, WITH TENDON LENGTHENING AND ADVANCEMENT, MIDTARSAL, TARSAL NAV	48.03	46.18	90	1	AS
28740	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, SINGLE JOINT	54.64	52.54	90	1	AS
28760	ARTHRODESIS, WITH EXTENSOR HALLUCIS LONGUS TRANSFER TO FIRST METATARSAL NEC	51.57	49.59	90	1	AS
28800	AMPUTATION, FOOT; MIDTARSAL (EG, CHOPART TYPE PROCEDURE)	38.59	37.11	90	1	AS
28810	AMPUTATION, METATARSAL, WITH TOE, SINGLE	29.86	28.71	90	1	AS
29065	APPLICATION; SHOULDER TO HAND (LONG ARM)	37.30	35.86	0	1	
29075	APPLICATION; ELBOW TO FINGER (SHORT ARM)	34.69	33.35	0	1	
29085	APPLICATION; HAND AND LOWER FOREARM (GAUNTLET)	36.97	35.55	0	1	
29105	APPLICATION OF LONG ARM SPLINT (SHOULDER TO HAND)	33.71	32.42	0	1	
29125	APPLICATION OF SHORT ARM SPLINT (FOREARM TO HAND); STATIC	26.22	25.22	0	1	
29126	APPLICATION OF SHORT ARM SPLINT (FOREARM TO HAND); DYNAMIC	29.48	28.34	0	1	
29130	APPLICATION OF FINGER SPLINT; STATIC	16.12	15.50	0	1	
29131	APPLICATION OF FINGER SPLINT; DYNAMIC	19.38	18.63	0	1	
29240	STRAPPING; SHOULDER (EG, VELPEAU)	23.13	22.24	0	1	
29260	STRAPPING; ELBOW OR WRIST	20.19	19.42	0	1	
29305	APPLICATION OF HIP SPICA CAST; 1 LEG	93.16	89.58	0	1	
29345	APPLICATION OF LONG LEG CAST (THIGH TO TOES);	53.75	51.68	0	1	

29355	APPLICATION OF LONG LEG CAST (THIGH TO TOES); WALKER OR AMBULATORY TYPE	55.86	53.71	0	1	
29365	APPLICATION OF CYLINDER CAST (THIGH TO ANKLE)	48.21	46.35	0	1	
29405	APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES);	35.34	33.98	0	1	
29425	APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES); WALKING OR AMBULATORY T	38.44	36.96	0	1	
29450	APPLICATION OF CLUBFOOT CAST WITH MOLDING OR MANIPULATION, LONG OR SHORT LE	63.03	60.61	0	1	
29515	APPLICATION OF SHORT LEG SPLINT (CALF TO FOOT)	28.50	27.41	0	1	
29530	STRAPPING; KNEE	20.19	19.42	0	1	
29540	STRAPPING; ANKLE AND/OR FOOT	17.91	17.22	0	1	
29550	STRAPPING; TOES	17.43	16.76	0	1	
29580	STRAPPING; UNNA BOOT	21.50	20.67	0	1	
29581	APPLICATION OF MULTI-LAYER VENOUS WOUND COMPRESSION SYSTEM, BELOW KNEE	39.09	37.58	0	1	
29590	DENIS-BROWNE SPLINT STRAPPING	23.29	22.39	0	1	
29804	ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, SURGICAL	41.72	40.12	90	1	AS
29820	ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, PARTIAL	35.60	34.23	90	1	AS
29821	ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, COMPLETE	38.85	37.36	90	1	AS
29822	ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, LIMITED	37.73	36.28	90	1	AS
29823	ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, EXTENSIVE	41.33	39.74	90	1	AS
29824	ARTHROSCOPY, SHOULDER, SURGICAL; DISTAL CLAVICULECTOMY INCLUDING DISTAL ART	44.14	42.44	90	1	AS
29825	ARTHROSCOPY, SHOULDER, SURGICAL; WITH LYSIS AND RESECTION OF ADHESIONS, WIT	38.51	37.03	90	1	AS
29826	ARTHROSCOPY, SHOULDER, SURGICAL; DECOMPRESSION OF SUBACROMIAL SPACE WITH PA	44.22	42.52	90	1	AS
29827	ARTHROSCOPY, SHOULDER, SURGICAL; WITH ROTATOR CUFF REPAIR	72.39	69.61	90	1	AS
29834	ARTHROSCOPY, ELBOW, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	32.31	31.07	90	1	AS
29835	ARTHROSCOPY, ELBOW, SURGICAL; SYNOVECTOMY, PARTIAL	33.22	31.95	90	1	AS
29836	ARTHROSCOPY, ELBOW, SURGICAL; SYNOVECTOMY, COMPLETE	38.05	36.58	90	1	AS
29837	ARTHROSCOPY, ELBOW, SURGICAL; DEBRIDEMENT, LIMITED	34.81	33.47	90	1	AS
29843	ARTHROSCOPY, WRIST, SURGICAL; FOR INFECTION, LAVAGE AND DRAINAGE	31.24	30.04	90	1	AS
29844	ARTHROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, PARTIAL	32.42	31.17	90	1	AS
29845	ARTHROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, COMPLETE	36.87	35.45	90	1	AS
29847	ARTHROSCOPY, WRIST, SURGICAL; INTERNAL FIXATION FOR FRACTURE OR INSTABILITY	35.41	34.05	90	1	AS
29851	ARTHROSCOPICALLY AIDED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSIT	62.38	59.98	90	1	AS
29855	ARTHROSCOPICALLY AIDED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); UN	52.01	50.01	90	1	AS

29856	ARTHROSCOPICALLY AIDED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); BI	66.58	64.02	90	1	AS
29860	ARTHROSCOPY, HIP, DIAGNOSTIC WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROC	42.87	41.22	90	1	AS
29861	ARTHROSCOPY, HIP, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	47.82	45.98	90	1	AS
29862	ARTHROSCOPY, HIP, SURGICAL; WITH DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE	53.19	51.14	90	1	AS
29863	ARTHROSCOPY, HIP, SURGICAL; WITH SYNOVECTOMY	52.40	50.39	90	1	AS
29884	ARTHROSCOPY, KNEE, SURGICAL; WITH LYSIS OF ADHESIONS, WITH OR WITHOUT MANIP	40.42	38.86	90	1	AS
29885	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR OSTEOCHONDritis DISSECANS WITH BO	49.09	47.21	90	1	AS
29887	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR INTACT OSTEOCHONDritis DISSECANS	48.81	46.93	90	1	AS
29888	ARTHROSCOPICALLY AIDED ANTERIOR CRUCIATE LIGAMENT REPAIR/AUGMENTATION OR RE	66.27	63.72	90	1	AS
29889	ARTHROSCOPICALLY AIDED POSTERIOR CRUCIATE LIGAMENT REPAIR/AUGMENTATION OR R	81.04	77.93	90	1	AS
29891	ARTHROSCOPY, ANKLE, SURGICAL; EXCISION OF OSTEOCHONDRAL DEFECT OF TALUS AND	45.89	44.12	90	1	AS
29892	ARTHROSCOPICALLY AIDED REPAIR OF LARGE OSTEOCHONDritis DISSECANS LESION, TA	46.54	44.75	90	1	AS
29893	ENDOSCOPIC PLANTAR FASCIOTOMY	39.69	38.16	90	1	AS
29894	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; WITH REMO	34.50	33.17	90	1	AS
29895	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; SYNOVECTO	33.17	31.90	90	1	AS
29897	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; DEBRIDEME	34.76	33.42	90	1	AS
29898	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; DEBRIDEME	38.93	37.43	90	1	AS
29899	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; WITH ANKL	70.44	67.73	90	1	AS
29904	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIG	41.25	39.66	90	1	AS
29905	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH SYNOVECTOMY	44.38	42.67	90	1	AS
29906	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH DEBRIDEMENT	46.75	44.95	90	1	AS
29907	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH SUBTALAR ARTHRODESIS	57.46	55.25	90	1	AS
30118	EXCISION OR DESTRUCTION, ANY METHOD (INCLUDING LASER), INTRANASAL LESION; E	50.06	48.13	90	1	AS
30125	EXCISION DERMOID CYST, NOSE; COMPLEX, UNDER BONE OR CARTILAGE	39.56	38.04	90	1	AS
30160	RHINECTOMY; TOTAL	51.05	49.09	90	1	AS
30300	REMOVAL FOREIGN BODY, INTRANASAL; OFFICE TYPE PROCEDURE	13.97	13.43	10	1	
30460	RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP AND/OR PA	48.68	46.80	90	1	AS
30462	RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP AND/OR PA	98.24	94.46	90	1	AS
30540	REPAIR CHOANAL ATRESIA; INTRANASAL	43.00	41.34	90	1	AS
30545	REPAIR CHOANAL ATRESIA; TRANSPALATINE	63.53	61.09	90	1	AS
30901	CONTROL NASAL HEMORRHAGE, ANTERIOR, SIMPLE (LIMITED CAUTERY AND/OR PACKING	6.72	6.46	0	1	

31075	SINUSOTOMY FRONTAL; TRANSORBITAL, UNILATERAL (FOR MUCOCELE OR OSTEOMA, LYNC	51.07	49.11	90	1	AS
31080	SINUSOTOMY FRONTAL; OBLITERATIVE WITHOUT OSTEOPLASTIC FLAP, BROW INCISION (	64.83	62.34	90	1	AS
31081	SINUSOTOMY FRONTAL; OBLITERATIVE, WITHOUT OSTEOPLASTIC FLAP, CORONAL INCISI	82.92	79.73	90	1	AS
31084	SINUSOTOMY FRONTAL; OBLITERATIVE, WITH OSTEOPLASTIC FLAP, BROW INCISION	77.55	74.57	90	1	AS
31085	SINUSOTOMY FRONTAL; OBLITERATIVE, WITH OSTEOPLASTIC FLAP, CORONAL INCISION	82.60	79.43	90	1	AS
31086	SINUSOTOMY FRONTAL; NONOBLITERATIVE, WITH OSTEOPLASTIC FLAP, BROW INCISION	72.81	70.01	90	1	AS
31087	SINUSOTOMY FRONTAL; NONOBLITERATIVE, WITH OSTEOPLASTIC FLAP, CORONAL INCISI	72.47	69.68	90	1	AS
31205	ETHMOIDECTOMY; EXTRANASAL, TOTAL	54.51	52.42	90	1	AS
31225	MAXILLECTOMY; WITHOUT ORBITAL EXENTERATION	120.91	116.26	90	1	AS
31230	MAXILLECTOMY; WITH ORBITAL EXENTERATION (EN BLOC)	135.24	130.04	90	1	AS
31231	NASAL ENDOSCOPY, DIAGNOSTIC, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	76.87	73.91	0	1	
31237	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH BIOPSY, POLYPECTOMY OR DEBRIDEMENT (S	132.41	127.32	0	1	
31300	LARYNGOTOMY (THYROTOMY, LARYNGOFISSURE); WITH REMOVAL OF TUMOR OR LARYNGOCE	82.58	79.40	90	1	AS
31360	LARYNGECTOMY; TOTAL, WITHOUT RADICAL NECK DISSECTION	134.07	128.91	90	1	AS
31365	LARYNGECTOMY; TOTAL, WITH RADICAL NECK DISSECTION	167.11	160.68	90	1	AS
31367	LARYNGECTOMY; SUBTOTAL SUPRAGLOTTIC, WITHOUT RADICAL NECK DISSECTION	143.19	137.68	90	1	AS
31368	LARYNGECTOMY; SUBTOTAL SUPRAGLOTTIC, WITH RADICAL NECK DISSECTION	159.09	152.97	90	1	AS
31370	PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY); HORIZONTAL	134.33	129.16	90	1	AS
31375	PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY); LATEROVERTICAL	127.63	122.73	90	1	AS
31380	PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY); ANTEROVERTICAL	125.47	120.65	90	1	AS
31382	PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY); ANTERO-LATERO-VERTICAL	137.69	132.40	90	1	AS
31390	PHARYNGOLARYNGECTOMY, WITH RADICAL NECK DISSECTION; WITHOUT RECONSTRUCTION	185.33	178.20	90	1	AS
31395	PHARYNGOLARYNGECTOMY, WITH RADICAL NECK DISSECTION; WITH RECONSTRUCTION	195.67	188.15	90	1	AS
31400	ARYTENOIDECTOMY OR ARYTENOIDOPEXY, EXTERNAL APPROACH	64.91	62.42	90	1	AS
31420	EPIGLOTTIDECTOMY	54.75	52.64	90	1	AS
31500	INTUBATION, ENDOTRACHEAL, EMERGENCY PROCEDURE	47.72	45.89	0	1	
31502	TRACHEOTOMY TUBE CHANGE PRIOR TO ESTABLISHMENT OF FISTULA TRACT	14.98	14.41	0	1	
31575	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; DIAGNOSTIC	46.91	45.10	0	1	
31580	LARYNGOPLASTY; FOR LARYNGEAL WEB, TWO STAGE, WITH KEEL INSERTION AND REMOVA	77.86	74.87	90	1	AS
31584	LARYNGOPLASTY; WITH OPEN REDUCTION OF FRACTURE	99.33	95.51	90	1	AS
31587	LARYNGOPLASTY, CRICOID SPLIT	65.48	62.97	90	1	AS

31588	LARYNGOPLASTY, NOT OTHERWISE SPECIFIED (EG, FOR BURNS, RECONSTRUCTION AFTER	73.85	71.01	90	1	AS
31590	LARYNGEAL REINNERVATION BY NEUROMUSCULAR PEDICLE	56.88	54.70	90	1	AS
31595	SECTION RECURRENT LARYNGEAL NERVE, THERAPEUTIC (SEPARATE PROCEDURE), UNILAT	49.77	47.86	90	1	AS
31601	TRACHEOSTOMY, PLANNED (SEPARATE PROCEDURE); UNDER TWO YEARS	17.85	17.16	0	1	AS
31611	CONSTRUCTION OF TRACHEOESOPHAGEAL FISTULA AND SUBSEQUENT INSERTION OF AN AL	35.07	33.73	90	1	AS
31750	TRACHEOPLASTY; CERVICAL	87.95	84.56	90	1	AS
31755	TRACHEOPLASTY; TRACHEOPHARYNGEAL FISTULIZATION, EACH STAGE	111.29	107.01	90	1	AS
31760	TRACHEOPLASTY; INTRATHORACIC	96.57	92.86	90	1	AS
31766	CARINAL RECONSTRUCTION	125.55	120.72	90	1	AS
31770	BRONCHOPLASTY; GRAFT REPAIR	92.69	89.13	90	1	AS
31775	BRONCHOPLASTY; EXCISION STENOSIS AND ANASTOMOSIS	94.59	90.95	90	1	AS
31780	EXCISION TRACHEAL STENOSIS AND ANASTOMOSIS; CERVICAL	79.69	76.62	90	1	AS
31781	EXCISION TRACHEAL STENOSIS AND ANASTOMOSIS; CERVICOTHORACIC	96.99	93.26	90	1	AS
31785	EXCISION OF TRACHEAL TUMOR OR CARCINOMA; CERVICAL	72.70	69.91	90	1	AS
31786	EXCISION OF TRACHEAL TUMOR OR CARCINOMA; THORACIC	102.49	98.55	90	1	AS
31805	SUTURE OF EXTERNAL TRACHEAL WOUND OR INJURY; INTRATHORACIC	57.04	54.85	90	1	AS
32035	THORACOSTOMY; WITH RIB RESECTION FOR EMPYEMA	48.89	47.01	90	1	AS
32036	THORACOSTOMY; WITH OPEN FLAP DRAINAGE FOR EMPYEMA	52.90	50.86	90	1	AS
32095	THORACOTOMY LIMITED, FOR BIOPSY OF LUNG OR PLEURA	43.31	41.64	90	1	AS
32100	THORACOTOMY, MAJOR; WITH EXPLORATION AND BIOPSY	67.00	64.42	90	1	AS
32110	THORACOTOMY, MAJOR; WITH CONTROL OF TRAUMATIC HEMORRHAGE AND/OR REPAIR OF L	100.95	97.07	90	1	AS
32120	THORACOTOMY, MAJOR; FOR POSTOPERATIVE COMPLICATIONS	60.01	57.70	90	1	AS
32124	THORACOTOMY, MAJOR; WITH OPEN INTRAPLEURAL PNEUMONOLYSIS	63.97	61.51	90	1	AS
32140	THORACOTOMY, MAJOR; WITH CYST(S) REMOVAL, WITH OR WITHOUT A PLEURAL PROCEDU	68.33	65.70	90	1	AS
32141	THORACOTOMY, MAJOR; WITH EXCISION-PLICATION OF BULLAE, WITH OR WITHOUT ANY	104.52	100.50	90	1	AS
32150	THORACOTOMY, MAJOR; WITH REMOVAL OF INTRAPLEURAL FOREIGN BODY OR FIBRIN DEP	68.92	66.27	90	1	AS
32151	THORACOTOMY, MAJOR; WITH REMOVAL OF INTRAPULMONARY FOREIGN BODY	70.54	67.83	90	1	AS
32160	THORACOTOMY, MAJOR; WITH CARDIAC MASSAGE	53.21	51.16	90	1	AS
32200	PNEUMONOSTOMY, WITH OPEN DRAINAGE OF ABSCESS OR CYST	77.52	74.54	90	1	AS
32201	PNEUMONOSTOMY; WITH PERCUTANEOUS DRAINAGE OF ABSCESS OR CYST	14.79	14.22	0	1	AS
32215	PLEURAL SCARIFICATION FOR REPEAT PNEUMOTHORAX	55.35	53.22	90	1	AS

32220	DECORTICATION, PULMONARY, (SEPARATE PROCEDURE); TOTAL	110.85	106.59	90	1	AS
32225	DECORTICATION, PULMONARY, (SEPARATE PROCEDURE); PARTIAL	69.08	66.42	90	1	AS
32310	PLEURECTOMY, PARIETAL (SEPARATE PROCEDURE)	63.63	61.19	90	1	AS
32320	DECORTICATION AND PARIETAL PLEURECTOMY	111.24	106.96	90	1	AS
32402	BIOPSY, PLEURA; OPEN	38.91	37.41	90	1	AS
32421	THORACENTESIS, PUNCTURE OF PLEURAL CAVITY FOR ASPIRATION, INITIAL OR SUBSEQUENT	10.47	10.07	0	1	AS
32422	THORACENTESIS WITH INSERTION OF TUBE, INCLUDES WATER SEAL (EG, FOR PNEUMOTHORAX), W	13.55	13.06	0	1	AS
32440	REMOVAL OF LUNG, TOTAL PNEUMONECTOMY;	110.54	106.29	90	1	AS
32442	REMOVAL OF LUNG, TOTAL PNEUMONECTOMY; WITH RESECTION OF SEGMENT OF TRACHEA	207.16	199.20	90	1	AS
32445	REMOVAL OF LUNG, TOTAL PNEUMONECTOMY; EXTRAPLEURAL	237.97	228.81	90	1	AS
32480	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; SINGLE LOBE (LOBECTOMY)	104.34	100.33	90	1	AS
32482	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; TWO LOBES (BILOBECTOMY)	111.37	107.09	90	1	AS
32484	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; SINGLE SEGMENT (SEGMENTECT	100.32	96.47	90	1	AS
32486	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; WITH CIRCUMFERENTIAL RESEC	161.72	155.50	90	1	AS
32488	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; ALL REMAINING LUNG FOLLOWI	164.09	157.78	90	1	AS
32500	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; WEDGE RESECTION, SINGLE OR	100.59	96.72	90	1	AS
32501	RESECTION AND REPAIR OF PORTION OF BRONCHUS (BRONCHOPLASTY) WHEN PERFORMED	17.75	17.06	90	1	AS
32503	RESECTION OF APICAL LUNG TUMOR (EG, PANCOAST TUMOR), INCLUDING CHEST WALL R	126.88	122.00	90	1	AS
32504	RESECTION OF APICAL LUNG TUMOR (EG, PANCOAST TUMOR), INCLUDING CHEST WALL R	146.24	140.61	90	1	AS
32540	EXTRAPLEURAL ENUCLEATION OF EMPYEMA (EMPYEMECTOMY)	116.95	112.45	90	1	AS
32550	INSERTION OF INDWELLING TUNNELED PLEURAL CATHETER WITH CUFF	50.55	48.61	0	1	AS
32551	TUBE THORACOSTOMY, INCLUDES WATER SEAL (EG, FOR ABSCESS, HEMOTHORAX, EMPYEMA), WH	12.43	11.95	0	1	AS
32552	REMOVAL OF INDWELLING TUNNELED PLEURAL CATHETER WITH CUFF	13.06	12.55	10	1	AS
32561	INSTILLATION(S), VIA CHEST TUBE/CATHETER, AGENT FOR FIBRINOLYSIS (EG, FIBRI	42.52	40.88	0	1	
32562	INSTILLATION(S), VIA CHEST TUBE/CATHETER, AGENT FOR FIBRINOLYSIS (EG, FIBRI	37.79	36.34	0	1	
32650	THORACOSCOPY, SURGICAL; WITH PLEURODESIS (EG, MECHANICAL OR CHEMICAL)	46.44	44.65	90	1	AS
32651	THORACOSCOPY, SURGICAL; WITH PARTIAL PULMONARY DECORTICATION	74.58	71.71	90	1	AS
32652	THORACOSCOPY, SURGICAL; WITH TOTAL PULMONARY DECORTICATION, INCLUDING INTRA	113.43	109.07	90	1	AS
32653	THORACOSCOPY, SURGICAL; WITH REMOVAL OF INTRAPLEURAL FOREIGN BODY OR FIBRIN	72.39	69.61	90	1	AS
32654	THORACOSCOPY, SURGICAL; WITH CONTROL OF TRAUMATIC HEMORRHAGE	79.58	76.52	90	1	AS
32655	THORACOSCOPY, SURGICAL; WITH EXCISION-PLICATION OF BULLAE, INCLUDING ANY PL	65.77	63.24	90	1	AS

32656	THORACOSCOPY, SURGICAL; WITH PARIETAL PLEURECTOMY	55.50	53.37	90	1	AS
32657	THORACOSCOPY, SURGICAL; WITH WEDGE RESECTION OF LUNG, SINGLE OR MULTIPLE	55.06	52.94	90	1	AS
32658	THORACOSCOPY, SURGICAL; WITH REMOVAL OF CLOT OR FOREIGN BODY FROM PERICARDI	50.08	48.16	90	1	AS
32659	THORACOSCOPY, SURGICAL; WITH CREATION OF PERICARDIAL WINDOW OR PARTIAL RESE	50.84	48.88	90	1	AS
32660	THORACOSCOPY, SURGICAL; WITH TOTAL PERICARDECTOMY	71.74	68.98	90	1	AS
32661	THORACOSCOPY, SURGICAL; WITH EXCISION OF PERICARDIAL CYST, TUMOR, OR MASS	56.05	53.90	90	1	AS
32662	THORACOSCOPY, SURGICAL; WITH EXCISION OF MEDIASTINAL CYST, TUMOR, OR MASS	62.62	60.21	90	1	AS
32663	THORACOSCOPY, SURGICAL; WITH LOBECTOMY, TOTAL OR SEGMENTAL	97.22	93.48	90	1	AS
32664	THORACOSCOPY, SURGICAL; WITH THORACIC SYMPATHECTOMY	60.19	57.88	90	1	AS
32665	THORACOSCOPY, SURGICAL; WITH ESOPHAGOMYOTOMY (HELLER TYPE)	84.95	81.68	90	1	AS
32800	REPAIR LUNG HERNIA THROUGH CHEST WALL	64.94	62.44	90	1	AS
32810	CLOSURE OF CHEST WALL FOLLOWING OPEN FLAP DRAINAGE FOR EMPYEMA (CLAGETT TYP	62.77	60.36	90	1	AS
32815	OPEN CLOSURE OF MAJOR BRONCHIAL FISTULA	189.50	182.21	90	1	AS
32820	MAJOR RECONSTRUCTION, CHEST WALL (POST-TRAUMATIC)	92.38	88.82	90	1	AS
32851	LUNG TRANSPLANT, SINGLE; WITHOUT CARDIOPULMONARY BYPASS	177.33	170.51	90	1	AS
32852	LUNG TRANSPLANT, SINGLE; WITH CARDIOPULMONARY BYPASS	194.66	187.17	90	1	AS
32853	LUNG TRANSPLANT, DOUBLE (BILATERAL SEQUENTIAL OR EN BLOC); WITHOUT CARDIOPU	212.04	203.88	90	1	AS
32854	LUNG TRANSPLANT, DOUBLE (BILATERAL SEQUENTIAL OR EN BLOC); WITH CARDIOPULMO	231.29	222.40	90	1	AS
32900	RESECTION OF RIBS, EXTRAPLEURAL, ALL STAGES	95.71	92.03	90	1	AS
32905	THORACOPLASTY, SCHEDE TYPE OR EXTRAPLEURAL (ALL STAGES);	94.33	90.70	90	1	AS
32906	THORACOPLASTY, SCHEDE TYPE OR EXTRAPLEURAL (ALL STAGES); WITH CLOSURE OF BR	117.24	112.73	90	1	AS
32940	PNEUMONOLYSIS, EXTRAPERIOSTEAL, INCLUDING FILLING OR PACKING PROCEDURES	86.28	82.96	90	1	AS
32998	ABLATION THERAPY FOR REDUCTION OR ERADICATION OF ONE OR MORE PULMONARY TUMO	193.48	186.04	0	1	AS
32999	R UNLISTED PROCEDURE, LUNGS AND PLEURA			90	1	AS
33020	PERICARDIOTOMY FOR REMOVAL OF CLOT OR FOREIGN BODY (PRIMARY PROCEDURE)	61.08	58.73	90	1	AS
33025	CREATION OF PERICARDIAL WINDOW OR PARTIAL RESECTION FOR DRAINAGE	56.44	54.27	90	1	AS
33030	PERICARDIECTOMY, SUBTOTAL OR COMPLETE; WITHOUT CARDIOPULMONARY BYPASS	90.48	87.00	90	1	AS
33031	PERICARDIECTOMY, SUBTOTAL OR COMPLETE; WITH CARDIOPULMONARY BYPASS	101.13	97.24	90	1	AS
33050	EXCISION OF PERICARDIAL CYST OR TUMOR	69.84	67.15	90	1	AS
33120	EXCISION OF INTRACARDIAC TUMOR, RESECTION WITH CARDIOPULMONARY BYPASS	110.46	106.21	90	1	AS
33130	RESECTION OF EXTERNAL CARDIAC TUMOR	97.30	93.56	90	1	AS

33140	TRANSMYOCARDIAL LASER REVASCULARIZATION, BY THORACOTOMY (SEPARATE PROCEDURE	110.67	106.41	90	1	AS
33141	TRANSMYOCARDIAL LASER REVASCULARIZATION, BY THORACOTOMY; PERFORMED AT THE T	10.61	10.20	90	1	AS
33243	REMOVAL OF SINGLE OR DUAL CHAMBER PACING CARDIOVERTER-DEFIBRILLATOR	96.13	92.43	90	1	AS
33250	OPERATIVE ABLATION OF SUPRAVENTRICULAR ARRHYTHMOGENIC FOCUS OR PATHWAY (EG,	103.66	99.67	90	1	AS
33251	OPERATIVE ABLATION OF SUPRAVENTRICULAR ARRHYTHMOGENIC FOCUS OR PATHWAY (EG,	115.18	110.75	90	1	AS
33254	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, LIMITED (EG, MODIFIE	97.22	93.48	90	1	AS
33255	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, EXTENSIVE (EG, MAZE	118.80	114.23	90	1	AS
33256	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, EXTENSIVE (EG, MAZE	141.89	136.43	90	1	AS
33257	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, PERFORMED AT THE TIM	40.57	39.01	0	1	AS
33258	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, PERFORMED AT THE TIM	45.89	44.12	0	1	AS
33259	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, PERFORMED AT THE TIM	60.19	57.88	0	1	AS
33261	OPERATIVE ABLATION OF VENTRICULAR ARRHYTHMOGENIC FOCUS WITH CARDIOPULMONARY	114.29	109.90	90	1	AS
33265	ENDOSCOPY, SURGICAL; OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA,	97.02	93.28	90	1	AS
33266	ENDOSCOPY, SURGICAL; OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA,	133.29	128.16	90	1	AS
33300	REPAIR OF CARDIAC WOUND; WITHOUT BYPASS	166.46	160.06	90	1	AS
33305	REPAIR OF CARDIAC WOUND; WITH CARDIOPULMONARY BYPASS	279.81	269.05	90	1	AS
33310	CARDIOTOMY, EXPLORATORY (INCLUDES REMOVAL OF FOREIGN BODY, ATRIAL OR VENTRI	82.32	79.15	90	1	AS
33315	CARDIOTOMY, EXPLORATORY (INCLUDES REMOVAL OF FOREIGN BODY); WITH CARDIOPULM	105.51	101.45	90	1	AS
33320	SUTURE REPAIR OF AORTA OR GREAT VESSELS; WITHOUT SHUNT OR CARDIOPULMONARY B	74.87	71.99	90	1	AS
33321	SUTURE REPAIR OF AORTA OR GREAT VESSELS; WITH SHUNT BYPASS	84.19	80.96	90	1	AS
33322	SUTURE REPAIR OF AORTA OR GREAT VESSELS; WITH CARDIOPULMONARY BYPASS	98.27	94.49	90	1	AS
33330	INSERTION OF GRAFT, AORTA OR GREAT VESSELS; WITHOUT SHUNT, OR CARDIOPULMONA	98.76	94.96	90	1	AS
33332	INSERTION OF GRAFT, AORTA OR GREAT VESSELS; WITH SHUNT BYPASS	99.10	95.29	90	1	AS
33335	INSERTION OF GRAFT, AORTA OR GREAT VESSELS; WITH CARDIOPULMONARY BYPASS	133.99	128.84	90	1	AS
33400	VALVULOPLASTY, AORTIC VALVE; OPEN, WITH CARDIOPULMONARY BYPASS	160.86	154.67	90	1	AS
33401	VALVULOPLASTY, AORTIC VALVE; OPEN, WITH INFLOW OCCLUSION	106.53	102.43	90	1	AS
33403	VALVULOPLASTY, AORTIC VALVE; USING TRANSVENTRICULAR DILATION, WITH CARDIOPU	105.61	101.55	90	1	AS
33404	CONSTRUCTION OF APICAL-AORTIC CONDUIT	126.20	121.35	90	1	AS
33405	REPLACEMENT, AORTIC VALVE, WITH CARDIOPULMONARY BYPASS; WITH PROSTHETIC VAL	163.41	157.13	90	1	AS
33406	REPLACEMENT, AORTIC VALVE, WITH CARDIOPULMONARY BYPASS; WITH ALLOGRAFT VALV	202.73	194.94	90	1	AS
33410	REPLACEMENT, AORTIC VALVE, WITH CARDIOPULMONARY BYPASS; WITH STENTLESS TISS	179.20	172.31	90	1	AS

33411	REPLACEMENT, AORTIC VALVE; WITH AORTIC ANNULUS ENLARGEMENT, NONCORONARY CUS	234.99	225.96	90	1	AS
33412	REPLACEMENT, AORTIC VALVE; WITH TRANSVENTRICULAR AORTIC ANNULUS ENLARGEMENT	176.57	169.78	90	1	AS
33413	REPLACEMENT, AORTIC VALVE; BY TRANSLOCATION OF AUTOLOGOUS PULMONARY VALVE W	231.16	222.27	90	1	AS
33414	REPAIR OF LEFT VENTRICULAR OUTFLOW TRACT OBSTRUCTION BY PATCH ENLARGEMENT O	154.94	148.98	90	1	AS
33415	RESECTION OR INCISION OF SUBVALVULAR TISSUE FOR DISCRETE SUBVALVULAR AORTIC	143.82	138.28	90	1	AS
33416	VENTRICULOMYOTOMY (-MYECTOMY) FOR IDIOPATHIC HYPERTROPHIC SUBAORTIC STENOSI	144.21	138.66	90	1	AS
33417	AORTOPLASTY (GUSSET) FOR SUPRAVALVULAR STENOSIS	119.37	114.78	90	1	AS
33422	VALVOTOMY, MITRAL VALVE; OPEN HEART, WITH CARDIOPULMONARY BYPASS	119.53	114.93	90	1	AS
33425	VALVULOPLASTY, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS;	189.52	182.23	90	1	AS
33426	VALVULOPLASTY, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS; WITH PROSTHETIC R	169.64	163.12	90	1	AS
33427	VALVULOPLASTY, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS; RADICAL RECONSTRU	176.26	169.48	90	1	AS
33430	REPLACEMENT, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS	197.44	189.85	90	1	AS
33460	VALVECTOMY, TRICUSPID VALVE, WITH CARDIOPULMONARY BYPASS	168.57	162.09	90	1	AS
33463	VALVULOPLASTY, TRICUSPID VALVE; WITHOUT RING INSERTION	213.55	205.34	90	1	AS
33464	VALVULOPLASTY, TRICUSPID VALVE; WITH RING INSERTION	170.89	164.32	90	1	AS
33465	REPLACEMENT, TRICUSPID VALVE, WITH CARDIOPULMONARY BYPASS	192.36	184.96	90	1	AS
33468	TRICUSPID VALVE REPOSITIONING AND PPLICATION FOR EBSTEIN ANOMALY	134.62	129.44	90	1	AS
33470	VALVOTOMY, PULMONARY VALVE, CLOSED HEART; TRANSVENTRICULAR	82.21	79.05	90	1	AS
33472	VALVOTOMY, PULMONARY VALVE, OPEN HEART; WITH INFLOW OCCLUSION	94.46	90.83	90	1	AS
33474	VALVOTOMY, PULMONARY VALVE, OPEN HEART; WITH CARDIOPULMONARY BYPASS	146.97	141.32	90	1	AS
33475	REPLACEMENT, PULMONARY VALVE	164.98	158.63	90	1	AS
33476	RIGHT VENTRICULAR RESECTION FOR INFUNDIBULAR STENOSIS, WITH OR WITHOUT COMM	102.59	98.65	90	1	AS
33478	OUTFLOW TRACT AUGMENTATION (GUSSET), WITH OR WITHOUT COMMISSUROTOMY OR INFU	111.48	107.19	90	1	AS
33496	REPAIR OF NON-STRUCTURAL PROSTHETIC VALVE DYSFUNCTION WITH CARDIOPULMONARY	119.87	115.26	90	1	AS
33500	REPAIR OF CORONARY ARTERIOVENOUS OR ARTERIOCARDIAC CHAMBER FISTULA; WITH CA	112.99	108.64	90	1	AS
33501	REPAIR OF CORONARY ARTERIOVENOUS OR ARTERIOCARDIAC CHAMBER FISTULA; WITHOUT	77.78	74.79	90	1	AS
33502	REPAIR OF ANOMALOUS CORONARY ARTERY FROM PULMONARY ARTERY ORIGIN; BY LIGATI	89.51	86.07	90	1	AS
33504	REPAIR OF ANOMALOUS CORONARY ARTERY; BY GRAFT, WITH CARDIOPULMONARY BYPASS	102.38	98.45	90	1	AS
33505	REPAIR OF ANOMALOUS CORONARY ARTERY; WITH CONSTRUCTION OF INTRAPULMONARY AR	139.75	134.38	90	1	AS
33506	REPAIR OF ANOMALOUS CORONARY ARTERY; BY TRANSLOCATION FROM PULMONARY ARTERY	146.32	140.69	90	1	AS
33507	REPAIR OF ANOMALOUS (EG, INTRAMURAL) AORTIC ORIGIN OF CORONARY ARTERY BY UN	123.20	118.47	90	1	AS

33508	ENDOSCOPY, SURGICAL, INCLUDING VIDEO-ASSISTED HARVEST OF VEIN(S) FOR CORONA	1.17	1.13	0	1	AS
33510	CORONARY ARTERY BYPASS, VEIN ONLY; SINGLE CORONARY VENOUS GRAFT	138.40	133.07	90	1	AS
33511	CORONARY ARTERY BYPASS, VEIN ONLY; TWO CORONARY VENOUS GRAFTS	151.40	145.58	90	1	AS
33512	CORONARY ARTERY BYPASS, VEIN ONLY; THREE CORONARY VENOUS GRAFTS	171.13	164.54	90	1	AS
33513	CORONARY ARTERY BYPASS, VEIN ONLY; FOUR CORONARY VENOUS GRAFTS	174.59	167.88	90	1	AS
33514	CORONARY ARTERY BYPASS, VEIN ONLY; FIVE CORONARY VENOUS GRAFTS	185.61	178.47	90	1	AS
33516	CORONARY ARTERY BYPASS, VEIN ONLY; SIX OR MORE CORONARY VENOUS GRAFTS	193.22	185.79	90	1	AS
33517	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); SINGLE	13.50	12.98	90	1	AS
33518	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); TWO VE	29.32	28.19	90	1	AS
33519	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); THREE	39.01	37.51	90	1	AS
33521	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); FOUR V	47.14	45.33	90	1	AS
33522	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); FIVE V	53.55	51.49	90	1	AS
33523	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); SIX OR	61.08	58.73	90	1	AS
33530	REOPERATION, CORONARY ARTERY BYPASS PROCEDURE OR VALVE PROCEDURE, MORE THAN	37.29	35.86	90	1	AS
33533	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); SINGLE ARTERIAL GRAFT	134.64	129.47	90	1	AS
33534	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); TWO CORONARY ARTERIAL GRAF	157.05	151.01	90	1	AS
33535	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); THREE CORONARY ARTERIAL GR	175.16	168.43	90	1	AS
33536	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); FOUR OR MORE CORONARY ARTE	188.22	180.98	90	1	AS
33542	MYOCARDIAL RESECTION (EG, VENTRICULAR ANEURYSMECTOMY)	183.71	176.65	90	1	AS
33545	REPAIR OF POSTINFARCTION VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT MYOCARD	216.34	208.02	90	1	AS
33548	SURGICAL VENTRICULAR RESTORATION PROCEDURE, INCLUDES PROSTHETIC PATCH, WHEN	210.76	202.65	90	1	AS
33572	CORONARY ENDARTERECTOMY, OPEN, ANY METHOD, OF LEFT ANTERIOR DESCENDING, CIR	17.02	16.36	90	1	AS
33600	CLOSURE OF ATRIOVENTRICULAR VALVE (MITRAL OR TRICUSPID) BY SUTURE OR PATCH	122.55	117.84	90	1	AS
33602	CLOSURE OF SEMILUNAR VALVE (AORTIC OR PULMONARY) BY SUTURE OR PATCH	115.75	111.30	90	1	AS
33606	ANASTOMOSIS OF PULMONARY ARTERY TO AORTA (DAMUS-KAYE-STANSEL PROCEDURE)	126.46	121.60	90	1	AS
33608	REPAIR OF COMPLEX CARDIAC ANOMALY OTHER THAN PULMONARY ATRESIA WITH VENTRIC	130.29	125.28	90	1	AS
33610	REPAIR OF COMPLEX CARDIAC ANOMALIES (EG, SINGLE VENTRICLE WITH SUBAORTIC OB	126.98	122.10	90	1	AS
33611	REPAIR OF DOUBLE OUTLET RIGHT VENTRICLE WITH INTRAVENTRICULAR TUNNEL REPAIR	139.00	133.65	90	1	AS
33612	REPAIR OF DOUBLE OUTLET RIGHT VENTRICLE WITH INTRAVENTRICULAR TUNNEL REPAIR	143.45	137.93	90	1	AS
33615	REPAIR OF COMPLEX CARDIAC ANOMALIES (EG, TRICUSPID ATRESIA) BY CLOSURE OF A	144.99	139.41	90	1	AS
33617	REPAIR OF COMPLEX CARDIAC ANOMALIES (EG, SINGLE VENTRICLE) BY MODIFIED FONT	153.61	147.71	90	1	AS

33619	REPAIR OF SINGLE VENTRICLE WITH AORTIC OUTFLOW OBSTRUCTION AND AORTIC ARCH	186.21	179.05	90	1	AS
33641	REPAIR ATRIAL SEPTAL DEFECT, SECUNDUM, WITH CARDIOPULMONARY BYPASS, WITH OR	115.62	111.17	90	1	AS
33645	DIRECT OR PATCH CLOSURE, SINUS VENOSUS, WITH OR WITHOUT ANOMALOUS PULMONARY	113.07	108.72	90	1	AS
33647	REPAIR OF ATRIAL SEPTAL DEFECT AND VENTRICULAR SEPTAL DEFECT, WITH DIRECT O	119.35	114.76	90	1	AS
33660	REPAIR OF INCOMPLETE OR PARTIAL ATRIOVENTRICULAR CANAL (OSTIUM PRIMUM ATRIA	125.18	120.37	90	1	AS
33665	REPAIR OF INTERMEDIATE OR TRANSITIONAL ATRIOVENTRICULAR CANAL, WITH OR WITH	135.50	130.29	90	1	AS
33670	REPAIR OF COMPLETE ATRIOVENTRICULAR CANAL, WITH OR WITHOUT PROSTHETIC VALVE	141.68	136.23	90	1	AS
33675	CLOSURE OF MULTIPLE VENTRICULAR SEPTAL DEFECTS;	141.81	136.36	90	1	AS
33676	CLOSURE OF MULTIPLE VENTRICULAR SEPTAL DEFECTS; WITH PULMONARY VALVOTOMY OR	147.88	142.19	90	1	AS
33677	CLOSURE OF MULTIPLE VENTRICULAR SEPTAL DEFECTS; WITH REMOVAL OF PULMONARY A	153.72	147.81	90	1	AS
33681	CLOSURE OF SINGLE VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT PATCH;	130.19	125.18	90	1	AS
33684	CLOSURE OF VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT PATCH WITH PULMONARY	132.30	127.21	90	1	AS
33688	CLOSURE OF VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT PATCH WITH REMOVAL OF	135.79	130.57	90	1	AS
33690	BANDING OF PULMONARY ARTERY	81.04	77.93	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	142.59	137.11	90	1	AS
33697	COMPLETE REPAIR TETRALOGY OF FALLOT WITH PULMONARY ATRESIA INCLUDING CONSTR	154.27	148.33	90	1	AS
33702	REPAIR SINUS OF VALSALVA FISTULA, WITH CARDIOPULMONARY BYPASS;	108.51	104.33	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	110.75	106.49	90	1	AS
33722	CLOSURE OF AORTICO-LEFT VENTRICULAR TUNNEL	106.11	102.03	90	1	AS
33724	REPAIR OF ISOLATED PARTIAL ANOMALOUS PULMONARY VENOUS RETURN (EG, SCIMITAR	113.04	108.69	90	1	AS
33726	REPAIR OF PULMONARY VENOUS STENOSIS	147.41	141.74	90	1	AS
33730	COMPLETE REPAIR OF ANOMALOUS VENOUS RETURN (SUPRACARDIAC, INTRACARDIAC, OR	139.46	134.10	90	1	AS
33732	REPAIR OF COR TRIARIATUM OR SUPRAVALVULAR MITRAL RING BY RESECTION OF LEFT	116.12	111.65	90	1	AS
33735	ATRIAL SEPTECTOMY OR SEPTOSTOMY; CLOSED HEART (BLALOCK-HANLON TYPE OPERATIO	89.17	85.74	90	1	AS
33736	ATRIAL SEPTECTOMY OR SEPTOSTOMY; OPEN HEART WITH CARDIOPULMONARY BYPASS	98.50	94.71	90	1	AS
33737	ATRIAL SEPTECTOMY OR SEPTOSTOMY; OPEN HEART, WITH INFLOW OCCLUSION	92.25	88.70	90	1	AS
33750	SHUNT; SUBCLAVIAN TO PULMONARY ARTERY (BLALOCK-TAUSSIG TYPE OPERATION)	93.47	89.88	90	1	AS
33755	SHUNT; ASCENDING AORTA TO PULMONARY ARTERY (WATERSTON TYPE OPERATION)	93.29	89.70	90	1	AS
33762	SHUNT; DESCENDING AORTA TO PULMONARY ARTERY (POTTS-SMITH TYPE OPERATION)	91.88	88.35	90	1	AS

33764	SHUNT; CENTRAL, WITH PROSTHETIC GRAFT	89.98	86.52	90	1	AS
33766	SHUNT; SUPERIOR VENA CAVA TO PULMONARY ARTERY FOR FLOW TO ONE LUNG (CLASSIC	100.14	96.29	90	1	AS
33767	SHUNT; SUPERIOR VENA CAVA TO PULMONARY ARTERY FOR FLOW TO BOTH LUNGS (BIDIR	99.91	96.07	90	1	AS
33768	ANASTOMOSIS, CAVOPULMONARY, SECOND SUPERIOR VENA CAVA (LIST SEPARATELY IN A	30.93	29.74	0	1	AS
33770	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES WITH VENTRICULAR SEPTAL DEFEC	153.85	147.93	90	1	AS
33771	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES WITH VENTRICULAR SEPTAL DEFEC	159.37	153.24	90	1	AS
33774	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE (EG,	129.04	124.08	90	1	AS
33775	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE (EG,	134.49	129.31	90	1	AS
33776	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE (EG,	141.45	136.01	90	1	AS
33777	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE (EG,	138.42	133.10	90	1	AS
33778	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, AORTIC PULMONARY ARTERY RECO	171.02	164.44	90	1	AS
33779	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, AORTIC PULMONARY ARTERY RECO	161.74	155.52	90	1	AS
33780	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, AORTIC PULMONARY ARTERY RECO	166.59	160.18	90	1	AS
33781	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, AORTIC PULMONARY ARTERY RECO	169.09	162.59	90	1	AS
33782	AORTIC ROOT TRANSLOCATION WITH VENTRICULAR SEPTAL DEFECT AND PULMONARY STEN	236.93	227.81	90	1	AS
33783	AORTIC ROOT TRANSLOCATION WITH VENTRICULAR SEPTAL DEFECT AND PULMONARY STEN	256.11	246.26	90	1	AS
33786	TOTAL REPAIR, TRUNCUS ARTERIOSUS (RASTELLI TYPE OPERATION)	163.80	157.50	90	1	AS
33788	REIMPLANTATION OF AN ANOMALOUS PULMONARY ARTERY	110.96	106.69	90	1	AS
33800	AORTIC SUSPENSION (AORTOPEXY) FOR TRACHEAL DECOMPRESSION (EG, FOR TRACHEOMA	68.92	66.27	90	1	AS
33802	DIVISION OF ABERRANT VESSEL (VASCULAR RING);	73.85	71.01	90	1	AS
33803	DIVISION OF ABERRANT VESSEL (VASCULAR RING); WITH REANASTOMOSIS	80.44	77.35	90	1	AS
33813	OBLITERATION OF AORTOPULMONARY SEPTAL DEFECT; WITHOUT CARDIOPULMONARY BYPAS	92.90	89.32	90	1	AS
33814	OBLITERATION OF AORTOPULMONARY SEPTAL DEFECT; WITH CARDIOPULMONARY BYPASS	108.30	104.13	90	1	AS
33820	REPAIR OF PATENT DUCTUS ARTERIOSUS; BY LIGATION	69.39	66.72	90	1	AS
33822	REPAIR OF PATENT DUCTUS ARTERIOSUS; BY DIVISION, UNDER 18 YEARS	73.69	70.86	90	1	AS
33824	REPAIR OF PATENT DUCTUS ARTERIOSUS; BY DIVISION, 18 YEARS AND OLDER	83.26	80.05	90	1	AS
33840	EXCISION OF COARCTATION OF AORTA, WITH OR WITHOUT ASSOCIATED PATENT DUCTUS	82.87	79.68	90	1	AS
33845	EXCISION OF COARCTATION OF AORTA, WITH OR WITHOUT ASSOCIATED PATENT DUCTUS	97.98	94.21	90	1	AS
33851	EXCISION OF COARCTATION OF AORTA, WITH OR WITHOUT ASSOCIATED PATENT DUCTUS	89.02	85.59	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	134.72	129.54	90	1	AS

33860	ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS, WITH OR WITHOUT VALVE S	226.52	217.81	90	1	AS
33861	ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS, WITH OR WITHOUT VALVE S	174.90	168.18	90	1	AS
33863	ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS, WITH OR WITHOUT VALVE S	225.14	216.49	90	1	AS
33864	ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS WITH VALVE SUSPENSION, W	229.91	221.07	90	1	AS
33870	TRANSVERSE ARCH GRAFT, WITH CARDIOPULMONARY BYPASS	182.62	175.59	90	1	AS
33875	DESCENDING THORACIC AORTA GRAFT, WITH OR WITHOUT BYPASS	141.78	136.33	90	1	AS
33877	REPAIR OF THORACOABDOMINAL AORTIC ANEURYSM WITH GRAFT, WITH OR WITHOUT CARD	253.78	244.02	90	1	AS
33880	ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA (EG, ANEURYSM, PSEUDOANEUR	128.02	123.10	90	1	AS
33881	ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA (EG, ANEURYSM, PSEUDOANEUR	109.68	105.46	0	1	AS
33883	PLACEMENT OF PROXIMAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF DESCE	80.34	77.25	90	1	AS
33884	PLACEMENT OF PROXIMAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF DESCE	29.60	28.46	0	4	AS
33886	PLACEMENT OF DISTAL EXTENSION PROSTHESIS(S) DELAYED AFTER ENDOVASCULAR REPA	68.77	66.12	90	1	AS
33889	OPEN SUBCLAVIAN TO CAROTID ARTERY TRANSPOSITION PERFORMED IN CONJUNCTION WI	58.29	56.05	0	1	AS
33891	BYPASS GRAFT, WITH OTHER THAN VEIN, TRANSCERVICAL RETROPHARYNGEAL CAROTID-C	72.42	69.63	0	1	AS
33910	PULMONARY ARTERY EMBOLECTOMY; WITH CARDIOPULMONARY BYPASS	119.11	114.53	90	1	AS
33915	PULMONARY ARTERY EMBOLECTOMY; WITHOUT CARDIOPULMONARY BYPASS	93.26	89.68	90	1	AS
33916	PULMONARY ENDARTERECTOMY, WITH OR WITHOUT EMBOLECTOMY, WITH CARDIOPULMONARY	120.65	116.01	90	1	AS
33917	REPAIR OF PULMONARY ARTERY STENOSIS BY RECONSTRUCTION WITH PATCH OR GRAFT	108.09	103.93	90	1	AS
33920	REPAIR OF PULMONARY ATRESIA WITH VENTRICULAR SEPTAL DEFECT, BY CONSTRUCTION	129.12	124.15	90	1	AS
33922	TRANSECTION OF PULMONARY ARTERY WITH CARDIOPULMONARY BYPASS	97.74	93.99	90	1	AS
33924	LIGATION AND TAKEDOWN OF A SYSTEMIC-TO-PULMONARY ARTERY SHUNT, PERFORMED IN	20.74	19.94	90	1	AS
33925	REPAIR OF PULMONARY ARTERY ARBORIZATION ANOMALIES BY UNIFOCALIZATION; WITHO	125.13	120.32	90	1	AS
33926	REPAIR OF PULMONARY ARTERY ARBORIZATION ANOMALIES BY UNIFOCALIZATION; WITH	165.18	158.83	90	1	AS
33935	R HEART-LUNG TRANSPLANT WITH RECIPIENT CARDIECTOMY-PNEUMONECTOMY	246.15	236.68	90	1	AS
33945	HEART TRANSPLANT, WITH OR WITHOUT RECIPIENT CARDIECTOMY	333.76	320.92	90	1	AS
33960	PROLONGED EXTRACORPOREAL CIRCULATION FOR CARDIOPULMONARY INSUFFICIENCY; INI	73.07	70.26	0	1	AS
33961	PROLONGED EXTRACORPOREAL CIRCULATION FOR CARDIOPULMONARY INSUFFICIENCY; EAC	39.64	38.11	0	1	AS
33968	REMOVAL OF INTRA-AORTIC BALLOON ASSIST DEVICE, PERCUTANEOUS	15.96	15.34	0	1	
33970	INSERTION OF INTRA-AORTIC BALLOON ASSIST DEVICE THROUGH THE FEMORAL ARTERY,	26.81	25.78	0	1	AS
33973	INSERTION OF INTRA-AORTIC BALLOON ASSIST DEVICE THROUGH THE ASCENDING AORTA	39.17	37.66	0	1	AS
33975	INSERTION OF VENTRICULAR ASSIST DEVICE; EXTRACORPOREAL, SINGLE VENTRICLE	80.89	77.77	90	1	AS

33976		INSERTION OF VENTRICULAR ASSIST DEVICE; EXTRACORPOREAL, BIVENTRICULAR	89.67	86.22	90	1	AS
33977		REMOVAL OF VENTRICULAR ASSIST DEVICE; EXTRACORPOREAL, SINGLE VENTRICLE	85.39	82.11	90	1	AS
33978		REMOVAL OF VENTRICULAR ASSIST DEVICE; EXTRACORPOREAL, BIVENTRICULAR	94.07	90.45	90	1	AS
33981		REPLACEMENT OF EXTRACORPOREAL VENTRICULAR ASSIST DEVICE, SINGLE OR BIV	46.54	44.75	0	1	AS
33982		REPLACEMENT OF VENTRICULAR ASSIST DEVICE PUMP(S); IMPLANTABLE INTRACORPOR	46.54	44.75	0	1	AS
33983		REPLACEMENT OF VENTRICULAR ASSIST DEVICE PUMP(S); IMPLANTABLE INTRACORPOR	54.83	52.72	0	1	AS
33999	R	UNLISTED PROCEDURE, CARDIAC SURGERY			90	1	AS
34001		EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; CAROTID, SUBCLAVIAN	69.03	66.37	90	1	AS
34051		EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; INNOMINATE, SUBCLAVI	69.26	66.60	90	1	AS
34101		EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; AXILLARY, BRACHIAL,	43.52	41.84	90	1	AS
34111		EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; RADIAL OR ULNAR ARTE	43.52	41.84	90	1	AS
34151		EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; RENAL, CELIAC, MESEN	101.37	97.47	90	1	AS
34201		EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; FEMOROPOPLITEAL, AOR	72.08	69.31	90	1	AS
34203		EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; POPLITEAL-TIBIO-PERO	69.71	67.02	90	1	AS
34401		THROMBECTOMY, DIRECT OR WITH CATHETER; VENA CAVA, ILIAC VEIN, BY ABDOMINAL	105.17	101.13	90	1	AS
34421		THROMBECTOMY, DIRECT OR WITH CATHETER; VENA CAVA, ILIAC, FEMOROPOPLITEAL VE	52.72	50.69	90	1	AS
34451		THROMBECTOMY, DIRECT OR WITH CATHETER; VENA CAVA, ILIAC, FEMOROPOPLITEAL VE	109.37	105.16	90	1	AS
34501		VALVULOPLASTY, FEMORAL VEIN	67.91	65.30	90	1	AS
34502		RECONSTRUCTION OF VENA CAVA, ANY METHOD	110.44	106.19	90	1	AS
34510		VENOUS VALVE TRANSPOSITION, ANY VEIN DONOR	76.48	73.54	90	1	AS
34520		CROSS-OVER VEIN GRAFT TO VENOUS SYSTEM	73.95	71.11	90	1	AS
34530		SAPHENOPOPLITEAL VEIN ANASTOMOSIS	68.95	66.30	90	1	AS
34802		ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM OR DISSECTION;	90.27	86.79	90	1	AS
34803		ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM OR DISSECTION;	91.65	88.12	0	1	AS
34805		ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM OR DISSECTION;	83.96	80.73	90	1	AS
34806		TRANSCATHETER PLACEMENT OF WIRELESS PHYSIOLOGIC SENSOR IN ANEURYSMAL SAC DU	7.82	7.52	0	1	AS
34833		OPEN ILIAC ARTERY EXPOSURE WITH CREATION OF CONDUIT FOR DELIVERY OF AORTIC	44.79	43.07	0	1	AS
34834		OPEN BRACHIAL ARTERY EXPOSURE TO ASSIST IN THE DEPLOYMENT OF AORTIC OR ILIA	20.22	19.44	0	1	AS
34900		ENDOVASCULAR GRAFT REPLACEMENT FOR REPAIR OF ILIAC ARTERY (EG, ANEURYSM, PS	65.77	63.24	90	1	AS
35001		DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	82.21	79.05	90	1	AS
35002		DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	86.93	83.59	90	1	AS

35005	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	75.10	72.21	90	1	AS
35011	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	72.23	69.46	90	1	AS
35013	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	89.64	86.19	90	1	AS
35021	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	88.47	85.06	90	1	AS
35022	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	100.06	96.22	90	1	AS
35045	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	70.49	67.78	90	1	AS
35081	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	126.85	121.97	90	1	AS
35082	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	158.59	152.49	90	1	AS
35091	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	133.13	128.01	90	1	AS
35092	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	189.29	182.01	90	1	AS
35102	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	137.56	132.27	90	1	AS
35103	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	163.75	157.45	90	1	AS
35111	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	100.85	96.97	90	1	AS
35112	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	123.91	119.14	90	1	AS
35121	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	119.50	114.91	90	1	AS
35122	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	143.69	138.16	90	1	AS
35131	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	102.25	98.32	90	1	AS
35132	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	123.39	118.64	90	1	AS
35141	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	80.73	77.62	90	1	AS
35142	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	96.73	93.01	90	1	AS
35151	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	90.97	87.47	90	1	AS
35152	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	105.72	101.65	90	1	AS
35180	REPAIR, CONGENITAL ARTERIOVENOUS FISTULA; HEAD AND NECK	60.56	58.23	90	1	AS
35182	REPAIR, CONGENITAL ARTERIOVENOUS FISTULA; THORAX AND ABDOMEN	125.57	120.74	90	1	AS
35184	REPAIR, CONGENITAL ARTERIOVENOUS FISTULA; EXTREMITIES	73.20	70.38	90	1	AS
35188	REPAIR, ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA; HEAD AND NECK	61.39	59.03	90	1	AS
35189	REPAIR, ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA; THORAX AND ABDOMEN	115.07	110.65	90	1	AS
35190	REPAIR, ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA; EXTREMITIES	53.58	51.51	90	1	AS
35201	REPAIR BLOOD VESSEL, DIRECT; NECK	67.28	64.70	90	1	AS
35206	REPAIR BLOOD VESSEL, DIRECT; UPPER EXTREMITY	54.96	52.84	90	1	AS
35211	REPAIR BLOOD VESSEL, DIRECT; INTRATHORACIC, WITH BYPASS	98.42	94.64	90	1	AS

35216	REPAIR BLOOD VESSEL, DIRECT; INTRATHORACIC, WITHOUT BYPASS	139.31	133.95	90	1	AS
35221	REPAIR BLOOD VESSEL, DIRECT; INTRA-ABDOMINAL	101.03	97.14	90	1	AS
35226	REPAIR BLOOD VESSEL, DIRECT; LOWER EXTREMITY	60.46	58.13	90	1	AS
35231	REPAIR BLOOD VESSEL WITH VEIN GRAFT; NECK	84.61	81.36	90	1	AS
35236	REPAIR BLOOD VESSEL WITH VEIN GRAFT; UPPER EXTREMITY	70.41	67.70	90	1	AS
35241	REPAIR BLOOD VESSEL WITH VEIN GRAFT; INTRATHORACIC, WITH BYPASS	102.90	98.95	90	1	AS
35246	REPAIR BLOOD VESSEL WITH VEIN GRAFT; INTRATHORACIC, WITHOUT BYPASS	112.08	107.77	90	1	AS
35251	REPAIR BLOOD VESSEL WITH VEIN GRAFT; INTRA-ABDOMINAL	119.95	115.33	90	1	AS
35256	REPAIR BLOOD VESSEL WITH VEIN GRAFT; LOWER EXTREMITY	73.90	71.06	90	1	AS
35261	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; NECK	75.34	72.44	90	1	AS
35266	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; UPPER EXTREMITY	62.02	59.63	90	1	AS
35271	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRATHORACIC, WITH BYPASS	98.32	94.54	90	1	AS
35276	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRATHORACIC, WITHOUT BYPA	103.09	99.12	90	1	AS
35281	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRA-ABDOMINAL	114.66	110.25	90	1	AS
35286	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; LOWER EXTREMITY	67.78	65.17	90	1	AS
35301	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; CAROTID, VERTEB	76.20	73.26	90	1	AS
35302	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; SUPERFICIAL FEM	82.16	79.00	90	1	AS
35303	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; POPLITEAL ARTER	90.40	86.92	90	1	AS
35304	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; TIBIOPERONEAL T	94.02	90.40	90	1	AS
35305	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; TIBIAL OR PERON	90.29	86.82	90	1	AS
35306	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; EACH ADDITIONAL	33.88	32.57	0	3	AS
35311	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; SUBCLAVIAN, INNOMINATE,	108.92	104.73	90	1	AS
35321	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; AXILLARY-BRACHIAL	64.70	62.21	90	1	AS
35331	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; ABDOMINAL AORTA	107.33	103.21	90	1	AS
35341	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; MESENTERIC, CELIAC, OR	100.74	96.87	90	1	AS
35351	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; ILIAC	93.76	90.15	90	1	AS
35355	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; ILIOFEMORAL	76.01	73.09	90	1	AS
35361	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; COMBINED AORTOILIAC	115.62	111.17	90	1	AS
35363	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; COMBINED AORTOILIOFEMOR	126.51	121.65	90	1	AS
35371	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; COMMON FEMORAL	59.75	57.45	90	1	AS
35372	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; DEEP (PROFUNDA) FEMORAL	71.79	69.03	90	1	AS

35390	REOPERATION, CAROTID, THROMBOENDARTERECTOMY, MORE THAN ONE MONTH AFTER ORIG	11.81	11.35	0	1	AS
35450	TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN; RENAL OR OTHER VISCERAL ARTERY	37.76	36.31	0	1	AS
35452	TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN; AORTIC	26.16	25.16	0	1	AS
35454	TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN; ILIAC	22.98	22.10	0	1	AS
35456	TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN; FEMORAL-POPLITEAL	27.78	26.71	0	1	AS
35458	TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN; BRACHIOCEPHALIC TRUNK OR BRANCHES,	35.65	34.28	0	1	AS
35459	TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN; TIBIOPERONEAL TRUNK AND BRANCHES	32.86	31.60	0	1	AS
35480	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN; RENAL OR OTHER VISCERAL ARTERY	40.65	39.09	0	1	AS
35481	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN; AORTIC	29.71	28.56	0	1	AS
35482	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN; ILIAC	25.93	24.93	0	1	AS
35483	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN; FEMORAL-POPLITEAL	31.30	30.09	0	1	AS
35484	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN; BRACHIOCEPHALIC TRUNK OR BRANCHE	38.64	37.16	0	1	AS
35485	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN; TIBIOPERONEAL TRUNK AND BRANCHES	36.17	34.78	0	1	AS
35490	TRANSLUMINAL PERIPHERAL ATHERECTOMY, PERCUTANEOUS; RENAL OR OTHER VISCERAL	44.92	43.20	0	1	AS
35491	TRANSLUMINAL PERIPHERAL ATHERECTOMY, PERCUTANEOUS; AORTIC	29.94	28.79	0	1	AS
35492	TRANSLUMINAL PERIPHERAL ATHERECTOMY, PERCUTANEOUS; ILIAC	27.13	26.08	0	1	AS
35500	HARVEST OF UPPER EXTREMITY VEIN, ONE SEGMENT, FOR LOWER EXTREMITY OR CORONA	23.69	22.78	0	1	AS
35501	BYPASS GRAFT, WITH VEIN; COMMON CAROTID-IPSILATERAL INTERNAL CAROTID	117.24	112.73	90	1	AS
35506	BYPASS GRAFT, WITH VEIN; CAROTID-SUBCLAVIAN OR SUBCLAVIAN-CAROTID	97.07	93.33	90	1	AS
35508	BYPASS GRAFT, WITH VEIN; CAROTID-VERTEBRAL	100.61	96.74	90	1	AS
35509	BYPASS GRAFT, WITH VEIN; CAROTID-CONTRALATERAL CAROTID	112.00	107.69	90	1	AS
35510	BYPASS GRAFT, WITH VEIN; CAROTID-BRACHIAL	90.45	86.97	90	1	AS
35511	BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-SUBCLAVIAN	86.20	82.89	90	1	AS
35512	BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-BRACHIAL	88.00	84.61	90	1	AS
35515	BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-VERTEBRAL	96.16	92.46	90	1	AS
35516	BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-AXILLARY	89.20	85.77	90	1	AS
35518	BYPASS GRAFT, WITH VEIN; AXILLARY-AXILLARY	88.18	84.79	90	1	AS
35521	BYPASS GRAFT, WITH VEIN; AXILLARY-FEMORAL	92.22	88.67	90	1	AS
35522	BYPASS GRAFT, WITH VEIN; AXILLARY-BRACHIAL	86.20	82.89	90	1	AS
35523	BYPASS GRAFT, WITH VEIN; BRACHIAL-ULNAR OR -RADIAL	92.53	88.97	90	1	AS
35525	BYPASS GRAFT, WITH VEIN; BRACHIAL-BRACHIAL	80.75	77.65	90	1	AS

35526	BYPASS GRAFT, WITH VEIN; AORTOSUBCLAVIAN OR CAROTID	120.86	116.21	90	1	AS
35531	BYPASS GRAFT, WITH VEIN; AORTOCELIAC OR AORTOMESENTERIC	147.75	142.07	90	1	AS
35533	BYPASS GRAFT, WITH VEIN; AXILLARY-FEMORAL-FEMORAL	114.27	109.87	90	1	AS
35535	BYPASS GRAFT, WITH VEIN; HEPATORENAL	148.04	142.34	90		AS
35536	BYPASS GRAFT, WITH VEIN; SPLENORENAL	127.01	122.12	90	1	AS
35537	BYPASS GRAFT, WITH VEIN; AORTOILIAC	159.58	153.44	90	1	AS
35538	BYPASS GRAFT, WITH VEIN; AORTOBI-ILIAC	179.10	172.21	90	1	AS
35539	BYPASS GRAFT, WITH VEIN; AORTOFEMORAL	166.12	159.73	90	1	AS
35540	BYPASS GRAFT, WITH VEIN; AORTOBIFEMORAL	186.11	178.95	90	1	AS
35548	BYPASS GRAFT, WITH VEIN; AORTOILIOFEMORAL, UNILATERAL	87.53	84.16	90	1	AS
35549	BYPASS GRAFT, WITH VEIN; AORTOILIOFEMORAL, BILATERAL	95.22	91.55	90	1	AS
35551	BYPASS GRAFT, WITH VEIN; AORTOFEMORAL-POPLITEAL	108.82	104.63	90	1	AS
35556	BYPASS GRAFT, WITH VEIN; FEMORAL-POPLITEAL	100.98	97.09	90	1	AS
35558	BYPASS GRAFT, WITH VEIN; FEMORAL-FEMORAL	89.25	85.82	90	1	AS
35560	BYPASS GRAFT, WITH VEIN; AORTORENAL	130.00	125.00	90	1	AS
35563	BYPASS GRAFT, WITH VEIN; ILIOILIAC	99.33	95.51	90	1	AS
35565	BYPASS GRAFT, WITH VEIN; ILIOFEMORAL	96.42	92.71	90	1	AS
35566	BYPASS GRAFT, WITH VEIN; FEMORAL-ANTERIOR TIBIAL, POSTERIOR TIBIAL, PERONEA	121.22	116.56	90	1	AS
35570	BYPASS GRAFT, WITH VEIN; TIBIAL-TIBIAL, PERONEAL-TIBIAL, OR TIBIAL/PERONEAL TRUNK-TIBIAL	114.29	109.90	90	1	AS
35571	BYPASS GRAFT, WITH VEIN; POPLITEAL-TIBIAL, -PERONEAL ARTERY OR OTHER DISTAL	97.33	93.58	90	1	AS
35572	HARVEST OF FEMOROPOPLITEAL VEIN, ONE SEGMENT, FOR VASCULAR RECONSTRUCTION P	25.77	24.78	0	1	AS
35583	IN-SITU VEIN BYPASS; FEMORAL-POPLITEAL	104.08	100.07	90	1	AS
35585	IN-SITU VEIN BYPASS; FEMORAL-ANTERIOR TIBIAL, POSTERIOR TIBIAL, OR PERONEAL	121.77	117.09	90	1	AS
35587	IN-SITU VEIN BYPASS; POPLITEAL-TIBIAL, PERONEAL	100.22	96.37	90	1	AS
35600	HARVEST OF UPPER EXTREMITY ARTERY, ONE SEGMENT, FOR CORONARY ARTERY BYPASS	19.05	18.32	0	1	AS
35601	BYPASS GRAFT, WITH OTHER THAN VEIN; COMMON CAROTID-IPSILATERAL INTERNAL CAR	107.47	103.33	90	1	AS
35606	BYPASS GRAFT, WITH OTHER THAN VEIN; CAROTID-SUBCLAVIAN	85.26	81.98	90	1	AS
35612	BYPASS GRAFT, WITH OTHER THAN VEIN; SUBCLAVIAN-SUBCLAVIAN	66.76	64.19	90	1	AS
35616	BYPASS GRAFT, WITH OTHER THAN VEIN; SUBCLAVIAN-AXILLARY	81.67	78.53	90	1	AS
35621	BYPASS GRAFT, WITH OTHER THAN VEIN; AXILLARY-FEMORAL	80.70	77.60	90	1	AS
35623	BYPASS GRAFT, WITH OTHER THAN VEIN; AXILLARY-POPLITEAL OR -TIBIAL	99.05	95.24	90	1	AS

35626	BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOSUBCLAVIAN OR CAROTID	114.37	109.97	90	1	AS
35631	BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOCELIAC, AORTOMESENTERIC, AORTORENA	135.50	130.29	90	1	AS
35632	BYPASS GRAFT, WITH OTHER THAN VEIN; ILIO-CELIAC	140.56	135.15	90	1	AS
35633	BYPASS GRAFT, WITH OTHER THAN VEIN; ILIO-MESENTERIC	151.79	145.95	90	1	AS
35634	BYPASS GRAFT, WITH OTHER THAN VEIN; ILIORENAL	137.56	132.27	90	1	AS
35636	BYPASS GRAFT, WITH OTHER THAN VEIN; SPLENORENAL (SPLENIC TO RENAL ARTERIAL	120.42	115.78	90	1	AS
35642	BYPASS GRAFT, WITH OTHER THAN VEIN; CAROTID-VERTEBRAL	75.36	72.46	90	1	AS
35645	BYPASS GRAFT, WITH OTHER THAN VEIN; SUBCLAVIAN-VERTEBRAL	71.09	68.35	90	1	AS
35646	BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOBIFEMORAL	125.68	120.85	90	1	AS
35647	BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOFEMORAL	113.93	109.54	90	1	AS
35650	BYPASS GRAFT, WITH OTHER THAN VEIN; AXILLARY-AXILLARY	77.81	74.82	90	1	AS
35651	BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOFEMORAL-POPLITEAL	100.82	96.94	90	1	AS
35654	BYPASS GRAFT, WITH OTHER THAN VEIN; AXILLARY-FEMORAL-FEMORAL	100.30	96.44	90	1	AS
35656	BYPASS GRAFT, WITH OTHER THAN VEIN; FEMORAL-POPLITEAL	79.09	76.04	90	1	AS
35661	BYPASS GRAFT, WITH OTHER THAN VEIN; FEMORAL-FEMORAL	79.06	76.02	90	1	AS
35663	BYPASS GRAFT, WITH OTHER THAN VEIN; ILIOILIAC	91.65	88.12	90	1	AS
35665	BYPASS GRAFT, WITH OTHER THAN VEIN; ILIOFEMORAL	85.86	82.56	90	1	AS
35666	BYPASS GRAFT, WITH OTHER THAN VEIN; FEMORAL-ANTERIOR TIBIAL, POSTERIOR TIBI	92.58	89.02	90	1	AS
35671	BYPASS GRAFT, WITH OTHER THAN VEIN; POPLITEAL-TIBIAL OR -PERONEAL ARTERY	81.64	78.50	90	1	AS
35681	BYPASS GRAFT; COMPOSITE, PROSTHETIC AND VEIN (LIST SEPARATELY IN ADDITION T	5.92	5.69	90	1	AS
35682	BYPASS GRAFT; AUTOGENOUS COMPOSITE, TWO SEGMENTS OF VEINS FROM TWO LOCATION	26.27	25.26	0	1	AS
35683	BYPASS GRAFT; AUTOGENOUS COMPOSITE, THREE OR MORE SEGMENTS OF VEIN FROM TWO	30.98	29.79	0	1	AS
35685	PLACEMENT OF VEIN PATCH OR CUFF AT DISTAL ANASTOMOSIS OF BYPASS GRAFT, SYNT	14.75	14.18	0	1	AS
35686	CREATION OF DISTAL ARTERIOVENOUS FISTULA DURING LOWER EXTREMITY BYPASS SURG	12.38	11.90	0	1	AS
35691	TRANSPOSITION AND/OR REIMPLANTATION; VERTEBRAL TO CAROTID ARTERY	71.76	69.00	90	1	AS
35693	TRANSPOSITION AND/OR REIMPLANTATION; VERTEBRAL TO SUBCLAVIAN ARTERY	63.95	61.49	90	1	AS
35694	TRANSPOSITION AND/OR REIMPLANTATION; SUBCLAVIAN TO CAROTID ARTERY	74.03	71.18	90	1	AS
35695	TRANSPOSITION AND/OR REIMPLANTATION; CAROTID TO SUBCLAVIAN ARTERY	77.47	74.49	90	1	AS
35697	REIMPLANTATION, VISCERAL ARTERY TO INFRARENAL AORTIC PROSTHESIS, EACH ARTER	10.97	10.55	0	1	AS
35700	REOPERATION, FEMORAL-POPLITEAL OR FEMORAL (POPLITEAL) -ANTERIOR TIBIAL, POS	11.34	10.90	0	1	AS
35701	EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR), WITH OR WITHOUT LYSIS OF ART	38.46	36.98	90	1	AS

35721	EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR), WITH OR WITHOUT LYSIS OF ART	32.73	31.47	90	1	AS
35741	EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR), WITH OR WITHOUT LYSIS OF ART	35.80	34.43	90	1	AS
35761	EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR), WITH OR WITHOUT LYSIS OF ART	26.42	25.41	90	1	AS
35800	EXPLORATION FOR POSTOPERATIVE HEMORRHAGE, THROMBOSIS OR INFECTION; NECK	33.95	32.65	90	1	AS
35820	EXPLORATION FOR POSTOPERATIVE HEMORRHAGE, THROMBOSIS OR INFECTION; CHEST	137.04	131.77	90	1	AS
35840	EXPLORATION FOR POSTOPERATIVE HEMORRHAGE, THROMBOSIS OR INFECTION; ABDOMEN	44.69	42.97	90	1	AS
35860	EXPLORATION FOR POSTOPERATIVE HEMORRHAGE, THROMBOSIS OR INFECTION; EXTREMIT	28.64	27.54	90	1	AS
35870	REPAIR OF GRAFT-ENTERIC FISTULA	93.16	89.58	90	1	AS
35876	THROMBECTOMY OF ARTERIAL OR VENOUS GRAFT; WITH REVISION OF ARTERIAL OR VENO	68.82	66.17	90	1	AS
35879	REVISION, LOWER EXTREMITY ARTERIAL BYPASS, WITHOUT THROMBECTOMY, OPEN; WITH	67.10	64.52	90	1	AS
35881	REVISION, LOWER EXTREMITY ARTERIAL BYPASS, WITHOUT THROMBECTOMY, OPEN; WITH	74.48	71.61	90	1	AS
35883	REVISION, FEMORAL ANASTOMOSIS OF SYNTHETIC ARTERIAL BYPASS GRAFT IN GROIN,	88.47	85.06	90	1	AS
35884	REVISION, FEMORAL ANASTOMOSIS OF SYNTHETIC ARTERIAL BYPASS GRAFT IN GROIN,	93.34	89.75	0	1	AS
35901	EXCISION OF INFECTED GRAFT; NECK	35.80	34.43	90	1	AS
35903	EXCISION OF INFECTED GRAFT; EXTREMITY	40.23	38.69	90	1	AS
35905	EXCISION OF INFECTED GRAFT; THORAX	126.75	121.87	90	1	AS
35907	EXCISION OF INFECTED GRAFT; ABDOMEN	139.62	134.25	90	1	AS
36000	INTRODUCTION OF NEEDLE OR INTRACATHETER, VEIN	10.42	10.02	0	1	
36147	INTRODUCTION OF NEEDLE AND/OR CATHETER, ARTERIOVENOUS SHUNT CREATED FOR DIAL	55.45	53.32	0	1	AS
36148	INTRODUCTION OF NEEDLE AND/OR CATHETER, ARTERIOVENOUS SHUNT CREATED FOR DIAL	17.46	16.79	0	1	AS
36261	REVISION OF IMPLANTED INTRA-ARTERIAL INFUSION PUMP	24.91	23.95	90	1	AS
36420	VENIPUNCTURE, CUTDOWN; UNDER AGE 1 YEAR	21.50	20.67	0	1	
36425	VENIPUNCTURE, CUTDOWN; AGE 1 OR OVER	17.10	16.44	0	1	
36430	TRANSFUSION, BLOOD OR BLOOD COMPONENTS	15.96	15.34	0	1	
36440	PUSH TRANSFUSION, BLOOD, 2 YEARS OR UNDER	22.96	22.08	0	1	
36450	EXCHANGE TRANSFUSION, BLOOD; NEWBORN	53.26	51.21	0	1	
36455	EXCHANGE TRANSFUSION, BLOOD; OTHER THAN NEWBORN	56.84	54.66	0	1	
36460	TRANSFUSION, INTRAUTERINE, FETAL	23.92	23.00	0	1	AS
36468	SINGLE OR MULTIPLE INJECTIONS OF SCLEROSING SOLUTIONS, SPIDER VEINS (TELANG	3.81	3.67	0	1	Y 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	42.80	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	19.22	18.48	0	1	
36600		ARTERIAL PUNCTURE, WITHDRAWAL OF BLOOD FOR DIAGNOSIS	13.35	12.84	0	1	
36620		ARTERIAL CATHETERIZATION OR CANNULATION FOR SAMPLING, MONITORING OR TRANSFU	22.31	21.46	0	1	
36625		ARTERIAL CATHETERIZATION OR CANNULATION FOR SAMPLING, MONITORING OR TRANSFU	47.72	45.89	0	1	
36660		CATHETERIZATION, UMBILICAL ARTERY, NEWBORN, FOR DIAGNOSIS OR THERAPY	29.48	28.34	0	1	
36819		ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM BASILIC VEIN TRANSPOSITION	56.57	54.40	90	1	AS
36820		INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE; ARTERIOVENOUS, INTERN	56.81	54.62	0	1	AS
36821		ARTERIOVENOUS ANASTOMOSIS, OPEN; DIRECT, ANY SITE (EG, CIMINO TYPE) (SEPARA	37.43	35.99	90	1	AS
36825		CREATION OF ARTERIOVENOUS FISTULA BY OTHER THAN DIRECT ARTERIOVENOUS ANASTO	41.02	39.44	90	1	AS
36830		CREATION OF ARTERIOVENOUS FISTULA BY OTHER THAN DIRECT ARTERIOVENOUS ANASTO	46.85	45.05	90	1	AS
36831		THROMBECTOMY, OPEN, ARTERIOVENOUS FISTULA WITHOUT REVISION, AUTOGENOUS OR N	32.31	31.07	90	1	AS
36832		REVISION, OPEN, ARTERIOVENOUS FISTULA; WITHOUT THROMBECTOMY, AUTOGENOUS OR	41.30	39.71	90	1	AS
36833		REVISION, ARTERIOVENOUS FISTULA; WITH THROMBECTOMY, AUTOGENOUS OR NONAUTOGE	46.70	44.90	90	1	AS
36834		PLASTIC REPAIR OF ARTERIOVENOUS ANEURYSM (SEPARATE PROCEDURE)	43.96	42.27	90	1	AS
36838		DISTAL REVASCULARIZATION AND INTERVAL LIGATION (DRIL), UPPER EXTREMITY HEMO	83.13	79.93	90	1	AS
37145		VENOUS ANASTOMOSIS; RENOPORTAL	103.58	99.60	90	1	AS
37160		VENOUS ANASTOMOSIS; CAVAL-MESENERIC	89.85	86.39	90	1	AS
37180		VENOUS ANASTOMOSIS; SPLENORENAL, PROXIMAL	100.56	96.69	90	1	AS
37181		ANASTOMOSIS; SPLENORENAL, DISTAL (SELECTIVE DECOMPRESSION OF ESOPHAGOGASTRI	108.74	104.56	90	1	AS
37182	R	INSERTION OF TRANSVENOUS INTRAHEPATIC PORTOSYSTEMIC SHUNT(S) (TIPS) (INCLUD	65.15	62.64	0	1	AS
37183	R	REVISION OF TRANSVENOUS INTRAHEPATIC PORTOSYSTEMIC SHUNT(S) (TIPS) (INCLUDE	30.96	29.77	0	1	AS
37207		TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), (NON-CORONARY VESSEL)	31.22	30.02	0	1	AS
37208		TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), (NON-CORONARY VESSEL)	15.14	14.56	0	1	AS
37500		VASCULAR ENDOSCOPY,SURGICAL,WITH LIGATION OF PERFORATOR VEINS,SUBFASCIAL	302.76	291.12	90	1	
37600		LIGATION; EXTERNAL CAROTID ARTERY	48.89	47.01	90	1	AS
37605		LIGATION; INTERNAL OR COMMON CAROTID ARTERY	56.57	54.40	90	1	AS
37606		LIGATION; INTERNAL OR COMMON CAROTID ARTERY, WITH GRADUAL OCCLUSION, AS WIT	37.32	35.88	90	1	AS

37615		LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE); NECK	32.83	31.57	90	1	AS
37616		LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE); CHEST	77.00	74.04	90	1	AS
37617		LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE); ABDOMEN	90.97	87.47	90	1	AS
37618		LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE); EXTREMITY	26.19	25.18	90	1	AS
37660		LIGATION OF COMMON ILIAC VEIN	84.69	81.43	90	1	AS
37735		LIGATION AND DIVISION AND COMPLETE STRIPPING OF LONG OR SHORT SAPHENOUS VEI	44.51	42.80	90	1	AS
37760		LIGATION OF PERFORATOR VEINS, SUBFASCIAL, RADICAL (LINTON TYPE), WITH OR WI	43.83	42.14	90	1	AS
37761		LIGATION OF PERFORATOR VEIN(S), SUBFASCIAL, OPEN, INCLUDING ULTRASOUND GUID	41.46	39.87	90	1	AS
38100		SPLENECTOMY; TOTAL (SEPARATE PROCEDURE)	74.40	71.54	90	1	AS
38101		SPLENECTOMY; PARTIAL (SEPARATE PROCEDURE)	74.66	71.79	90	1	AS
38102		SPLENECTOMY; TOTAL, EN BLOC FOR EXTENSIVE DISEASE, IN CONJUNCTION WITH OTHE	17.59	16.91	0	1	AS
38115		REPAIR OF RUPTURED SPLEEN (SPLENORRHAPHY) WITH OR WITHOUT PARTIAL SPLENECTO	82.79	79.60	90	1	AS
38129	R	UNLISTED LAPAROSCOPY PROCEDURE, SPLEEN			0	1	AS
38220		BONE MARROW; ASPIRATION ONLY	62.05	59.66	0	1	
38221		BONE MARROW; BIOPSY, NEEDLE OR TROCAR	69.06	66.40	0	1	
38308		LYMPHANGIOTOMY OR OTHER OPERATIONS ON LYMPHATIC CHANNELS	29.16	28.04	90	1	AS
38380		SUTURE AND/OR LIGATION OF THORACIC DUCT; CERVICAL APPROACH	37.03	35.60	90	1	AS
38381		SUTURE AND/OR LIGATION OF THORACIC DUCT; THORACIC APPROACH	55.95	53.80	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)	35.62	34.25	90	1	AS
38542		DISSECTION, DEEP JUGULAR NODE(S)	27.83	26.76	90	1	AS
38555		EXCISION OF CYSTIC HYGROMA, AXILLARY OR CERVICAL; WITH DEEP NEUROVASCULAR D	64.91	62.42	90	1	AS
38562		LIMITED LYMPHADENECTOMY FOR STAGING (SEPARATE PROCEDURE); PELVIC AND PARA-A	47.11	45.30	90	1	AS
38564		LIMITED LYMPHADENECTOMY FOR STAGING (SEPARATE PROCEDURE); RETROPERITONEAL (	46.72	44.93	90	1	AS
38570		LAPAROSCOPY, SURGICAL; WITH RETROPERITONEAL LYMPH NODE SAMPLING (BIOPSY), S	38.36	36.88	10	1	AS
38571		LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY	60.53	58.21	10	1	AS
38572		LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND PERI	65.28	62.77	10	1	AS
38589	R	UNLISTED LAPAROSCOPY PROCEDURE, LYMPHATIC SYSTEM			0	1	AS
38700		SUPRAHYOID LYMPHADENECTOMY	52.48	50.46	90	1	AS
38720		CERVICAL LYMPHADENECTOMY (COMPLETE)	87.40	84.04	90	1	AS
38724		CERVICAL LYMPHADENECTOMY (MODIFIED RADICAL NECK DISSECTION)	94.91	91.26	90	1	AS

38740		AXILLARY LYMPHADENECTOMY; SUPERFICIAL	44.43	42.72	90	1	AS
38745		AXILLARY LYMPHADENECTOMY; COMPLETE	56.49	54.32	90	1	AS
38746		THORACIC LYMPHADENECTOMY, REGIONAL, INCLUDING MEDIASTINAL AND PERITRACHEAL	18.63	17.91	0	1	AS
38747		ABDOMINAL LYMPHADENECTOMY, REGIONAL, INCLUDING CELIAC, GASTRIC, PORTAL, PER	17.93	17.24	0	1	AS
38760		INGUINOFEMORAL LYMPHADENECTOMY, SUPERFICIAL, INCLUDING CLOQUET'S NODE (SEPA	55.66	53.52	90	1	AS
38765		INGUINOFEMORAL LYMPHADENECTOMY, SUPERFICIAL, IN CONTINUITY WITH PELVIC LYMP	86.36	83.04	90	1	AS
38770		PELVIC LYMPHADENECTOMY, INCLUDING EXTERNAL ILIAC, HYPOGASTRIC, AND OBTURATO	58.58	56.33	90	1	AS
38780		RETROPERITONEAL TRANSABDOMINAL LYMPHADENECTOMY, EXTENSIVE, INCLUDING PELVIC	73.04	70.23	90	1	AS
38999	R	UNLISTED PROCEDURE, HEMIC OR LYMPHATIC SYSTEM			90	1	AS
39000		MEDIASTINOTOMY WITH EXPLORATION, DRAINAGE, REMOVAL OF FOREIGN BODY, OR BIOP	33.56	32.27	90	1	AS
39010		MEDIASTINOTOMY WITH EXPLORATION, DRAINAGE, REMOVAL OF FOREIGN BODY, OR BIOP	55.22	53.09	90	1	AS
39200		EXCISION OF MEDIASTINAL CYST	61.45	59.08	90	1	AS
39220		EXCISION OF MEDIASTINAL TUMOR	79.30	76.25	90	1	AS
39499	R	UNLISTED PROCEDURE, MEDIASTINUM			90	1	AS
39501		REPAIR, LACERATION OF DIAPHRAGM, ANY APPROACH	56.60	54.42	90	1	AS
39502		REPAIR, PARAESOPHAGEAL HIATUS HERNIA, TRANSABDOMINAL, WITH OR WITHOUT FUNDO	67.99	65.37	90	1	AS
39503		REPAIR, NEONATAL DIAPHRAGMATIC HERNIA, WITH OR WITHOUT CHEST TUBE INSERTION	394.47	379.30	90	1	AS
39520		REPAIR, DIAPHRAGMATIC HERNIA (ESOPHAGEAL HIATAL); TRANSTHORACIC	67.62	65.02	90	1	AS
39530		REPAIR, DIAPHRAGMATIC HERNIA (ESOPHAGEAL HIATAL); COMBINED, THORACOABDOMINA	64.89	62.39	90	1	AS
39531		REPAIR, DIAPHRAGMATIC HERNIA (ESOPHAGEAL HIATAL); COMBINED, THORACOABDOMINA	67.60	65.00	90	1	AS
39540		REPAIR, DIAPHRAGMATIC HERNIA (OTHER THAN NEONATAL), TRAUMATIC; ACUTE	57.82	55.60	90	1	AS
39541		REPAIR, DIAPHRAGMATIC HERNIA (OTHER THAN NEONATAL), TRAUMATIC; CHRONIC	62.46	60.06	90	1	AS
39545		IMBRICATION OF DIAPHRAGM FOR EVENTRATION, TRANSTHORACIC OR TRANSABDOMINAL,	61.45	59.08	90	1	AS
39560		RESECTION, DIAPHRAGM; WITH SIMPLE REPAIR (EG, PRIMARY SUTURE)	52.90	50.86	90	1	AS
39561		RESECTION, DIAPHRAGM; WITH COMPLEX REPAIR (EG, PROSTHETIC MATERIAL, LOCAL M	83.05	79.85	90	1	AS
39599	R	UNLISTED PROCEDURE, DIAPHRAGM			90	1	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	58.79	56.53	90	1	AS
40799	R	UNLISTED PROCEDURE, LIPS			90	1	AS
40840		VESTIBULOPLASTY; ANTERIOR	52.95	50.91	90	1	AS
40843		VESTIBULOPLASTY; POSTERIOR, BILATERAL	67.65	65.05	90	1	AS

40844		VESTIBULOPLASTY; ENTIRE ARCH	90.01	86.54	90	1	AS
41120		GLOSSECTOMY; LESS THAN ONE-HALF TONGUE	68.01	65.40	90	1	AS
41130		GLOSSECTOMY; HEMIGLOSSECTOMY	84.43	81.18	90	1	AS
41135		GLOSSECTOMY; PARTIAL, WITH UNILATERAL RADICAL NECK DISSECTION	140.64	135.23	90	1	AS
41140		GLOSSECTOMY; COMPLETE OR TOTAL, WITH OR WITHOUT TRACHEOSTOMY, WITHOUT RADIC	143.97	138.43	90	1	AS
41145		GLOSSECTOMY; COMPLETE OR TOTAL, WITH OR WITHOUT TRACHEOSTOMY, WITH UNILATER	181.37	174.39	90	1	AS
41150		GLOSSECTOMY; COMPOSITE PROCEDURE WITH RESECTION FLOOR OF MOUTH AND MANDIBUL	143.11	137.61	90	1	AS
41153		GLOSSECTOMY; COMPOSITE PROCEDURE WITH RESECTION FLOOR OF MOUTH, WITH SUPRAH	155.54	149.56	90	1	AS
41155		GLOSSECTOMY; COMPOSITE PROCEDURE WITH RESECTION FLOOR OF MOUTH, MANDIBULAR	194.81	187.32	90	1	AS
42120		RESECTION OF PALATE OR EXTENSIVE RESECTION OF LESION	63.92	61.46	90	1	AS
42200		PALATOPLASTY FOR CLEFT PALATE, SOFT AND/OR HARD PALATE ONLY	58.19	55.95	90	1	AS
42205		PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; SOFT TISSUE	62.51	60.11	90	1	AS
42210		PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; WITH BONE GR	70.96	68.23	90	1	AS
42215		PALATOPLASTY FOR CLEFT PALATE; MAJOR REVISION	45.99	44.22	90	1	AS
42220		PALATOPLASTY FOR CLEFT PALATE; SECONDARY LENGTHENING PROCEDURE	35.73	34.35	90	1	AS
42225		PALATOPLASTY FOR CLEFT PALATE; ATTACHMENT PHARYNGEAL FLAP	58.87	56.60	90	1	AS
42226		LENGTHENING OF PALATE, AND PHARYNGEAL FLAP	59.88	57.58	90	1	AS
42227		LENGTHENING OF PALATE, WITH ISLAND FLAP	57.25	55.05	90	1	AS
42235		REPAIR OF ANTERIOR PALATE, INCLUDING VOMER FLAP	47.56	45.73	90	1	AS
42260		REPAIR OF NASOLABIAL FISTULA	54.62	52.52	90	1	AS
42299	R	UNLISTED PROCEDURE, PALATE, UVULA			90	1	AS
42409		MARSUPIALIZATION OF SUBLINGUAL SALIVARY CYST (RANULA)	21.76	20.92	90	1	AS
42410		EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITHOUT NERVE DIS	41.36	39.76	90	1	AS
42415		EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITH DISSECTION A	74.08	71.23	90	1	AS
42420		EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH DISSECTION AND PRES	84.77	81.51	90	1	AS
42425		EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, EN BLOC REMOVAL WITH SAC	55.79	53.64	90	1	AS
42426		EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH UNILATERAL RADICAL	90.73	87.24	90	1	AS
42440		EXCISION OF SUBMANDIBULAR (SUBMAXILLARY) GLAND	31.09	29.89	90	1	AS
42507		PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE);	34.06	32.75	90	1	AS
42508		PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE); WITH EXCISION OF	48.96	47.08	90	1	AS
42510		PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE); WITH LIGATION OF	41.59	39.99	90	1	AS

42699	R	UNLISTED PROCEDURE, SALIVARY GLANDS OR DUCTS			90	1	AS
42725		INCISION AND DRAINAGE ABSCESS; RETROPHARYNGEAL OR PARAPHARYNGEAL, EXTERNAL	53.81	51.74	90	1	AS
42810		EXCISION BRANCHIAL CLEFT CYST OR VESTIGE, CONFINED TO SKIN AND SUBCUTANEOUS	25.20	24.23	90	1	AS
42815		EXCISION BRANCHIAL CLEFT CYST, VESTIGE, OR FISTULA, EXTENDING BENEATH SUBCU	36.90	35.48	90	1	AS
42844		RADICAL RESECTION OF TONSIL, TONSILLAR PILLARS, AND/OR RETROMOLAR TRIGONE;	89.77	86.32	90	1	AS
42845		RADICAL RESECTION OF TONSIL, TONSILLAR PILLARS, AND/OR RETROMOLAR TRIGONE;	146.45	140.82	90	1	AS
42890		LIMITED PHARYNGECTOMY	92.38	88.82	90	1	AS
42892		RESECTION OF LATERAL PHARYNGEAL WALL OR PYRIFORM SINUS, DIRECT CLOSURE BY A	121.48	116.81	90	1	AS
42894		RESECTION OF PHARYNGEAL WALL REQUIRING CLOSURE WITH MYOCUTANEOUS FLAP	155.15	149.18	90	1	AS
42950		PHARYNGOPLASTY (PLASTIC OR RECONSTRUCTIVE OPERATION ON PHARYNX)	51.93	49.94	90	1	AS
42953		PHARYNGOESOPHAGEAL REPAIR	62.15	59.76	90	1	AS
42955		PHARYNGOSTOMY (FISTULIZATION OF PHARYNX, EXTERNAL FOR FEEDING)	49.15	47.26	90	1	AS
42961		CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POSTTONSILLECTO	27.83	26.76	90	1	AS
42962		CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POSTTONSILLECTO	34.42	33.10	90	1	AS
42971		CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POSTADENOID	30.33	29.16	90	1	AS
42972		CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POSTADENOID	33.95	32.65	90	1	AS
43020		ESOPHAGOTOMY, CERVICAL APPROACH; WITH REMOVAL OF FOREIGN BODY	35.00	33.65	90	1	AS
43030		CRICOPHARYNGEAL MYOTOMY	34.66	33.32	90	1	AS
43045		ESOPHAGOTOMY, THORACIC APPROACH, WITH REMOVAL OF FOREIGN BODY	89.48	86.04	90	1	AS
43100		EXCISION OF LESION, ESOPHAGUS, WITH PRIMARY REPAIR; CERVICAL APPROACH	41.64	40.04	90	1	AS
43101		EXCISION OF LESION, ESOPHAGUS, WITH PRIMARY REPAIR; THORACIC OR ABDOMINAL A	70.38	67.68	90	1	AS
43107		TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITHOUT THORACOTOMY; WITH PHARYNGOGASTRO	173.18	166.52	90	1	AS
43108		TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITHOUT THORACOTOMY; WITH COLON INTERPOS	296.73	285.31	90	1	AS
43112		TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITH THORACOTOMY; WITH PHARYNGOGASTROSTO	185.04	177.92	90	1	AS
43113		TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITH THORACOTOMY; WITH COLON INTERPOSITI	298.34	286.87	90	1	AS
43116		PARTIAL ESOPHAGECTOMY, CERVICAL, WITH FREE INTESTINAL GRAFT, INCLUDING MICR	337.43	324.45	90	1	AS
43117		PARTIAL ESOPHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY AND SEPARATE ABD	169.33	162.81	90	1	AS
43118		PARTIAL ESOPHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY AND SEPARATE ABD	243.75	234.37	90	1	AS
43121		PARTIAL ESOPHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY ONLY, WITH OR WI	193.22	185.79	90	1	AS
43122		PARTIAL ESOPHAGECTOMY, THORACOABDOMINAL OR ABDOMINAL APPROACH, WITH OR WITH	171.39	164.79	90	1	AS
43123		PARTIAL ESOPHAGECTOMY, THORACOABDOMINAL OR ABDOMINAL APPROACH, WITH OR WITH	298.63	287.14	90	1	AS

43124		TOTAL OR PARTIAL ESOPHAGECTOMY, WITHOUT RECONSTRUCTION (ANY APPROACH), WITH	256.28	246.43	90	1	AS
43130		DIVERTICULECTOMY OF HYPOPHARYNX OR ESOPHAGUS, WITH OR WITHOUT MYOTOMY; CERV	52.74	50.71	90	1	AS
43135		DIVERTICULECTOMY OF HYPOPHARYNX OR ESOPHAGUS, WITH OR WITHOUT MYOTOMY; THOR	101.29	97.39	90	1	AS
43280		LAPAROSCOPY, SURGICAL, ESOPHAGOGASTRIC FUNDOPLASTY (EG, NISSEN, TOUPET PROC	70.93	68.20	90	1	AS
43281		LAPAROSCOPY, SURGICAL, REPAIR OF PARAESOPHAGEAL HERNIA, INCLUDES FUNDOPL	111.30	107.02	90	1	AS
43282		LAPAROSCOPY, SURGICAL, REPAIR OF PARAESOPHAGEAL HERNIA, INCLUDES FUNDOPL	125.19	120.37	90	1	AS
43289	R	UNLISTED LAPAROSCOPY PROCEDURE, ESOPHAGUS			0	1	AS
43300		ESOPHAGOPLASTY, (PLASTIC REPAIR OR RECONSTRUCTION), CERVICAL APPROACH; WITH	41.51	39.91	90	1	AS
43305		ESOPHAGOPLASTY, (PLASTIC REPAIR OR RECONSTRUCTION), CERVICAL APPROACH; WITH	73.48	70.66	90	1	AS
43310		ESOPHAGOPLASTY, (PLASTIC REPAIR OR RECONSTRUCTION), THORACIC APPROACH; WITH	105.22	101.18	90	1	AS
43312		ESOPHAGOPLASTY, (PLASTIC REPAIR OR RECONSTRUCTION), THORACIC APPROACH; WITH	116.17	111.70	90	1	AS
43313		ESOPHAGOPLASTY FOR CONGENITAL DEFECT, (PLASTIC REPAIR OR RECONSTRUCTION), T	183.11	176.07	90	1	AS
43314		ESOPHAGOPLASTY FOR CONGENITAL DEFECT, (PLASTIC REPAIR OR RECONSTRUCTION), T	214.12	205.89	90	1	AS
43320		ESOPHAGOGASTROSTOMY (CARDIOPLASTY), WITH OR WITHOUT VAGOTOMY AND PYLOROPLAS	92.58	89.02	90	1	AS
43324		ESOPHAGOGASTRIC FUNDOPLASTY (EG, NISSEN, BELSEY IV, HILL PROCEDURES)	89.59	86.14	90	1	AS
43325		ESOPHAGOGASTRIC FUNDOPLASTY; WITH FUNDIC PATCH (THAL-NISSEN PROCEDURE)	88.03	84.64	90	1	AS
43326		ESOPHAGOGASTRIC FUNDOPLASTY; WITH GASTROPLASTY (EG, COLLIS)	90.21	86.74	90	1	AS
43330		ESOPHAGOMYOTOMY (HELLER TYPE); ABDOMINAL APPROACH	86.44	83.11	90	1	AS
43331		ESOPHAGOMYOTOMY ((HELLER TYPE), WITH OR WITHOUT HIATAL HERNIA REPAIR); THOR	94.23	90.60	90	1	AS
43340		ESOPHAGOJEJUNOSTOMY (WITHOUT TOTAL GASTRECTOMY); ABDOMINAL APPROACH	89.62	86.17	90	1	AS
43341		ESOPHAGOJEJUNOSTOMY (WITHOUT TOTAL GASTRECTOMY); THORACIC APPROACH	99.62	95.79	90	1	AS
43350		ESOPHAGOSTOMY, FISTULIZATION OF ESOPHAGUS, EXTERNAL; ABDOMINAL APPROACH	75.75	72.84	90	1	AS
43351		ESOPHAGOSTOMY, FISTULIZATION OF ESOPHAGUS, EXTERNAL; THORACIC APPROACH	90.08	86.62	90	1	AS
43352		ESOPHAGOSTOMY, FISTULIZATION OF ESOPHAGUS, EXTERNAL; CERVICAL APPROACH	73.56	70.73	90	1	AS
43360		GASTROINTESTINAL RECONSTRUCTION FOR PREVIOUS ESOPHAGECTOMY, FOR OBSTRUCTING	158.17	152.09	90	1	AS
43361		GASTROINTESTINAL RECONSTRUCTION FOR PREVIOUS ESOPHAGECTOMY, FOR OBSTRUCTING	175.45	168.70	90	1	AS
43400		LIGATION, DIRECT, ESOPHAGEAL VARICES	111.16	106.89	90	1	AS
43401		TRANSECTION OF ESOPHAGUS WITH REPAIR, FOR ESOPHAGEAL VARICES	102.77	98.82	90	1	AS
43405		LIGATION OR STAPLING AT GASTROESOPHAGEAL JUNCTION FOR PRE-EXISTING ESOPHAGE	100.19	96.34	90	1	AS
43410		SUTURE OF ESOPHAGEAL WOUND OR INJURY; CERVICAL APPROACH	68.09	65.47	90	1	AS
43415		SUTURE OF ESOPHAGEAL WOUND OR INJURY; TRANSTHORACIC OR TRANSABDOMINAL APPRO	116.25	111.78	90	1	AS

43425		CLOSURE OF ESOPHAGOSTOMY OR FISTULA; TRANSTHORACIC OR TRANSABDOMINAL APPROA	102.75	98.80	90	1	AS
43499	R	UNLISTED PROCEDURE, ESOPHAGUS			90	1	AS
43500		GASTROTOMY; WITH EXPLORATION OR FOREIGN BODY REMOVAL	51.02	49.06	90	1	AS
43501		GASTROTOMY; WITH SUTURE REPAIR OF BLEEDING ULCER	87.45	84.09	90	1	AS
43502		GASTROTOMY; WITH SUTURE REPAIR OF PRE-EXISTING ESOPHAGOGASTRIC LACERATION (	98.89	95.09	90	1	AS
43510		GASTROTOMY; WITH ESOPHAGEAL DILATION AND INSERTION OF PERMANENT INTRALUMINA	63.27	60.84	90	1	AS
43520		PYLOROMYOTOMY, CUTTING OF PYLORIC MUSCLE (FREDET-RAMSTEDT TYPE OPERATION)	45.81	44.05	90	1	AS
43605		BIOPSY OF STOMACH; BY LAPAROTOMY	54.02	51.94	90	1	AS
43610		EXCISION, LOCAL; ULCER OR BENIGN TUMOR OF STOMACH	63.79	61.34	90	1	AS
43611		EXCISION, LOCAL; MALIGNANT TUMOR OF STOMACH	79.43	76.37	90	1	AS
43620		GASTRECTOMY, TOTAL; WITH ESOPHAGOENTEROSTOMY	129.04	124.08	90	1	AS
43621		GASTRECTOMY, TOTAL; WITH ROUX-EN-Y RECONSTRUCTION	147.31	141.64	90	1	AS
43622		GASTRECTOMY, TOTAL; WITH FORMATION OF INTESTINAL POUCH, ANY TYPE	149.24	143.50	90	1	AS
43631		GASTRECTOMY, PARTIAL, DISTAL; WITH GASTRODUODENOSTOMY	94.70	91.05	90	1	AS
43632		GASTRECTOMY, PARTIAL, DISTAL; WITH GASTROJEJUNOSTOMY	129.85	124.86	90	1	AS
43633		GASTRECTOMY, PARTIAL, DISTAL; WITH ROUX-EN-Y RECONSTRUCTION	123.41	118.67	90	1	AS
43634		GASTRECTOMY, PARTIAL, DISTAL; WITH FORMATION OF INTESTINAL POUCH	136.42	131.17	90	1	AS
43635		VAGOTOMY WHEN PERFORMED WITH PARTIAL DISTAL GASTRECTOMY (LIST SEPARATELY IN	7.53	7.24	90	1	AS
43640		VAGOTOMY INCLUDING PYLOROPLASTY, WITH OR WITHOUT GASTROSTOMY; TRUNCAL OR SE	76.35	73.41	90	1	AS
43641		VAGOTOMY INCLUDING PYLOROPLASTY, WITH OR WITHOUT GASTROSTOMY; PARIETAL CELL	76.87	73.92	90	1	AS
43644		LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS A	112.08	107.77	0	1	AS
43645		LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS A	119.87	115.26	0	1	AS
43651		LAPAROSCOPY, SURGICAL; TRANSECTION OF VAGUS NERVES, TRUNCAL	42.45	40.82	90	1	AS
43652		LAPAROSCOPY, SURGICAL; TRANSECTION OF VAGUS NERVES, SELECTIVE OR HIGHLY SEL	49.25	47.36	90	1	AS
43653		LAPAROSCOPY, SURGICAL; GASTROSTOMY, WITHOUT CONSTRUCTION OF GASTRIC TUBE (E	36.35	34.95	90	1	AS
43659	R	UNLISTED LAPAROSCOPY PROCEDURE, STOMACH			0	1	AS
43760		CHANGE OF GASTROSTOMY TUBE	114.02	109.63	0	1	
43761		REPOSITIONING OF THE GASTRIC FEEDING TUBE, ANY METHOD, THROUGH THE DUODENUM	52.93	50.90	0	1	
43770		LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; PLACEMENT OF ADJUSTAB	72.29	69.51	90	1	AS
43771		LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REVISION OF ADJUSTABL	82.37	79.20	90	1	AS
43772		LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTABLE	62.36	59.96	90	1	AS

43773	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL AND REPLACEME	82.47	79.30	90	1	AS
43774	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTABLE	62.25	59.86	90	1	AS
43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL	93.45	89.85	90	1	AS
43800	PYLOROPLASTY	60.56	58.23	90	1	AS
43810	GASTRODUODENOSTOMY	65.64	63.12	90	1	AS
43820	GASTROJEJUNOSTOMY; WITHOUT VAGOTOMY	85.68	82.38	90	1	AS
43825	GASTROJEJUNOSTOMY; WITH VAGOTOMY, ANY TYPE	84.40	81.16	90	1	AS
43830	GASTROSTOMY, OPEN; WITHOUT CONSTRUCTION OF GASTRIC TUBE (EG, STAMM PROCEDUR	45.13	43.40	90	1	AS
43831	GASTROSTOMY, TEMPORARY (TUBE, RUBBER OR PLASTIC) (SEPARATE PROCEDURE); NEON	37.92	36.46	90	1	AS
43832	GASTROSTOMY, OPEN; WITH CONSTRUCTION OF GASTRIC TUBE (EG, JANEWAY PROCEDURE	69.32	66.65	90	1	AS
43840	GASTRORRHAPHY, SUTURE OF PERFORATED DUODENAL OR GASTRIC ULCER, WOUND, OR IN	86.70	83.36	90	1	AS
43842	GASTRIC RESTRICTIVE PROCEDURE, WITHOUT GASTRIC BYPASS, FOR MORBID OBESITY;	84.64	81.38	90	1	AS
43843	GASTRIC RESTRICTIVE PROCEDURE, WITHOUT GASTRIC BYPASS, FOR MORBID OBESITY;	82.32	79.15	90	1	AS
43846	GASTRIC RESTRICTIVE PROCEDURE, WITH GASTRIC BYPASS FOR MORBID OBESITY; WITH	106.11	102.03	90	1	AS
43847	GASTRIC RESTRICTIVE PROCEDURE, WITH GASTRIC BYPASS FOR MORBID OBESITY; WITH	115.70	111.25	90	1	AS
43848	REVISION, OPEN, OF GASTRIC RESTRICTIVE PROCEDURE FOR MORBID OBESITY, OTHER	125.65	120.82	90	1	AS
43850	REVISION OF GASTRODUODENAL ANASTOMOSIS (GASTRODUODENOSTOMY) WITH RECONSTRUC	105.12	101.08	90	1	AS
43855	REVISION OF GASTRODUODENAL ANASTOMOSIS (GASTRODUODENOSTOMY) WITH RECONSTRUC	109.97	105.74	90	1	AS
43860	REVISION OF GASTROJEJUNAL ANASTOMOSIS (GASTROJEJUNOSTOMY) WITH RECONSTRUCTI	106.86	102.75	90	1	AS
43865	REVISION OF GASTROJEJUNAL ANASTOMOSIS (GASTROJEJUNOSTOMY) WITH RECONSTRUCTI	111.01	106.74	90	1	AS
43870	CLOSURE OF GASTROSTOMY, SURGICAL	46.04	44.27	90	1	AS
43880	CLOSURE OF GASTROCOLIC FISTULA	104.36	100.35	90	1	AS
43886	GASTRIC RESTRICTIVE PROCEDURE, OPEN; REVISION OF SUBCUTANEOUS PORT COMPONENT	21.55	20.72	90	1	AS
43887	GASTRIC RESTRICTIVE PROCEDURE, OPEN; REMOVAL OF SUBCUTANEOUS PORT COMPONENT	20.48	19.69	90	1	AS
43888	R GASTRIC RESTRICTIVE PROCEDURE, OPEN; REMOVAL AND REPLACEMENT OF SUBCUTANEOU	28.69	27.59	90	1	AS
44005	ENTEROLYSIS (FREEING OF INTESTINAL ADHESION) (SEPARATE PROCEDURE)	71.43	68.68	90	1	AS
44010	DUODENOTOMY, FOR EXPLORATION, BIOPSY(S), OR FOREIGN BODY REMOVAL	56.26	54.10	90	1	AS
44015	TUBE OR NEEDLE CATHETER JEJUNOSTOMY FOR ENTERAL ALIMENTATION, INTRAOPERATIV	9.67	9.30	0	1	AS
44020	ENTEROTOMY, SMALL INTESTINE, OTHER THAN DUODENUM; FOR EXPLORATION, BIOPSY(S	63.22	60.79	90	1	AS
44021	ENTEROTOMY, SMALL BOWEL, OTHER THAN DUODENUM; FOR DECOMPRESSION (EG, BAKER	64.08	61.61	90	1	AS
44025	COLOTOMY, FOR EXPLORATION, BIOPSY(S), OR FOREIGN BODY REMOVAL	64.36	61.89	90	1	AS

44050	REDUCTION OF VOLVULUS, INTUSSUSCEPTION, INTERNAL HERNIA, BY LAPAROTOMY	60.85	58.51	90	1	AS
44055	CORRECTION OF MALROTATION BY LYSIS OF DUODENAL BANDS AND/OR REDUCTION OF MI	97.38	93.63	90	1	AS
44110	EXCISION OF ONE OR MORE LESIONS OF SMALL OR LARGE INTESTINE NOT REQUIRING A	55.19	53.07	90	1	AS
44111	EXCISION OF ONE OR MORE LESIONS OF SMALL OR LARGE BOWEL NOT REQUIRING ANAST	64.08	61.61	90	1	AS
44120	ENTERECTOMY, RESECTION OF SMALL INTESTINE; SINGLE RESECTION AND ANASTOMOSIS	79.40	76.35	90	1	AS
44121	ENTERECTOMY, RESECTION OF SMALL INTESTINE; EACH ADDITIONAL RESECTION AND AN	16.21	15.59	0	10	AS
44125	ENTERECTOMY, RESECTION OF SMALL INTESTINE; WITH ENTEROSTOMY	76.98	74.02	90	1	AS
44126	ENTERECTOMY, RESECTION OF SMALL INTESTINE FOR CONGENITAL ATRESIA, SINGLE RE	158.93	152.82	90	1	AS
44127	ENTERECTOMY, RESECTION OF SMALL INTESTINE FOR CONGENITAL ATRESIA, SINGLE RE	185.59	178.45	90	1	AS
44128	ENTERECTOMY, RESECTION OF SMALL INTESTINE FOR CONGENITAL ATRESIA, SINGLE RE	16.31	15.69	0	1	AS
44130	ENTEROENTEROSTOMY, ANASTOMOSIS OF INTESTINE, WITH OR WITHOUT CUTANEOUS ENTE	83.83	80.61	90	1	AS
44139	MOBILIZATION (TAKE-DOWN) OF SPLENIC FLEXURE PERFORMED IN CONJUNCTION WITH P	8.10	7.79	0	1	AS
44140	COLECTOMY, PARTIAL; WITH ANASTOMOSIS	87.56	84.19	90	1	AS
44141	COLECTOMY, PARTIAL; WITH SKIN LEVEL CECOSTOMY OR COLOSTOMY	116.01	111.55	90	1	AS
44143	COLECTOMY, PARTIAL; WITH END COLOSTOMY AND CLOSURE OF DISTAL SEGMENT (HARTM	107.83	103.68	90	1	AS
44144	COLECTOMY, PARTIAL; WITH RESECTION, WITH COLOSTOMY OR ILEOSTOMY AND CREATIO	113.85	109.47	90	1	AS
44145	COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)	108.61	104.43	90	1	AS
44146	COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS), WITH COL	136.60	131.34	90	1	AS
44147	COLECTOMY, PARTIAL; ABDOMINAL AND TRANSANAL APPROACH	123.73	118.97	90	1	AS
44150	COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PROCTECTOMY; WITH ILEOSTOMY OR ILEOPRO	119.95	115.33	90	1	AS
44151	COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PROCTECTOMY; WITH CONTINENT ILEOSTOMY	137.02	131.75	90	1	AS
44155	COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY; WITH ILEOSTOMY	133.86	128.71	90	1	AS
44156	COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY; WITH CONTINENT ILEOSTOMY	147.23	141.57	90	1	AS
44157	COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY; WITH ILEOANAL ANASTOMOSIS, I	139.88	134.50	90	1	AS
44158	COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY; WITH ILEOANAL ANASTOMOSIS, C	143.40	137.88	90	1	AS
44160	COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM WITH ILEOCOLOSTOMY	80.75	77.65	90	1	AS
44180	LAPAROSCOPY, SURGICAL, ENTEROLYSIS (FREEING OF INTESTINAL ADHESION) (SEPARA	60.14	57.83	90	1	AS
44186	LAPAROSCOPY, SURGICAL; JEJUNOSTOMY (EG, FOR DECOMPRESSION OR FEEDING)	42.45	40.82	90	1	AS
44187	LAPAROSCOPY, SURGICAL; ILEOSTOMY OR JEJUNOSTOMY, NON-TUBE	71.43	68.68	90	1	AS
44188	LAPAROSCOPY, SURGICAL, COLOSTOMY OR SKIN LEVEL CECOSTOMY	79.19	76.15	90	1	AS
44202	LAPAROSCOPY, SURGICAL; ENTERECTOMY, RESECTION OF SMALL INTESTINE, SINGLE RE	90.61	87.12	90	1	AS

44203		LAPAROSCOPY, SURGICAL; EACH ADDITIONAL SMALL INTESTINE RESECTION AND ANASTO	16.13	15.51	0	1	AS
44204		LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS	100.87	96.99	90	1	AS
44205		LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM W	88.03	84.64	90	1	AS
44206		LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH END COLOSTOMY AND CLOSURE O	114.66	110.25	90	1	AS
44207		LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLOPROCT	120.10	115.48	90	1	AS
44208		LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLOPROCT	130.68	125.66	90	1	AS
44210		LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PROCTECTOMY, WI	117.05	112.55	90	1	AS
44211		LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY, WITH	143.40	137.88	90	1	AS
44212		LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY, WITH	134.77	129.59	90	1	AS
44213		LAPAROSCOPY, SURGICAL, MOBILIZATION (TAKE-DOWN) OF SPLENIC FLEXURE PERFORME	12.66	12.18	0	1	AS
44227		LAPAROSCOPY, SURGICAL, CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE, WI	109.29	105.09	90	1	AS
44238	R	UNLISTED LAPAROSCOPY PROCEDURE, INTESTINE (EXCEPT RECTUM)			0	1	AS
44300		ENTEROSTOMY OR CECOSTOMY, TUBE (EG, FOR DECOMPRESSION OR FEEDING) (SEPARATE	54.72	52.62	90	1	AS
44310		ILEOSTOMY OR JEJUNOSTOMY, NON-TUBE	68.17	65.55	90	1	AS
44314		REVISION OF ILEOSTOMY; COMPLICATED (RECONSTRUCTION IN-DEPTH) (SEPARATE PROC	66.21	63.67	90	1	AS
44316		CONTINENT ILEOSTOMY (KOCK PROCEDURE) (SEPARATE PROCEDURE)	90.32	86.84	90	1	AS
44320		COLOSTOMY OR SKIN LEVEL CECOSTOMY;	77.92	74.92	90	1	AS
44322		COLOSTOMY OR SKIN LEVEL CECOSTOMY; WITH MULTIPLE BIOPSIES (EG, FOR CONGENIT	62.15	59.76	90	1	AS
44345		REVISION OF COLOSTOMY; COMPLICATED (RECONSTRUCTION IN-DEPTH) (SEPARATE PROC	68.27	65.65	90	1	AS
44346		REVISION OF COLOSTOMY; WITH REPAIR OF PARACOLOSTOMY HERNIA (SEPARATE PROCED	76.59	73.64	90	1	AS
44602		SUTURE OF SMALL INTESTINE (ENTERORRHAPHY) FOR PERFORATED ULCER, DIVERTICULU	90.40	86.92	90	1	AS
44603		SUTURE OF SMALL INTESTINE (ENTERORRHAPHY) FOR PERFORATED ULCER, DIVERTICULU	103.87	99.87	90	1	AS
44604		SUTURE OF LARGE INTESTINE (COLORRHAPHY) FOR PERFORATED ULCER, DIVERTICULUM,	69.13	66.47	90	1	AS
44605		SUTURE OF LARGE INTESTINE (COLORRHAPHY) FOR PERFORATED ULCER, DIVERTICULUM,	85.11	81.83	90	1	AS
44615		INTESTINAL STRICTUROPLASTY (ENTEROTOMY AND ENTERORRHAPHY) WITH OR WITHOUT D	70.36	67.65	90	1	AS
44620		CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE;	56.21	54.05	90	1	AS
44625		CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE; WITH RESECTION AND ANASTO	66.42	63.87	90	1	AS
44626		CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE; WITH RESECTION AND COLORE	105.43	101.38	90	1	AS
44640		CLOSURE OF INTESTINAL CUTANEOUS FISTULA	92.09	88.55	90	1	AS
44650		CLOSURE OF ENTEROENTERIC OR ENTEROCOLIC FISTULA	95.82	92.13	90	1	AS
44660		CLOSURE OF ENTEROVESICAL FISTULA; WITHOUT INTESTINAL OR BLADDER RESECTION	93.42	89.83	90	1	AS

44661		CLOSURE OF ENTEROVESICAL FISTULA; WITH INTESTINE AND/OR BLADDER RESECTION	104.13	100.12	90	1	AS
44680		INTESTINAL PPLICATION (SEPARATE PROCEDURE)	69.55	66.87	90	1	AS
44700		EXCLUSION OF SMALL INTESTINE FROM PELVIS BY MESH OR OTHER PROSTHESIS, OR NA	66.87	64.29	90	1	AS
44701		INTRAOPERATIVE COLONIC LAVAGE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIM	11.18	10.75	0	1	AS
44799	R	UNLISTED PROCEDURE, INTESTINE			90	1	AS
44800		EXCISION OF MECKEL'S DIVERTICULUM (DIVERTICULECTOMY) OR OMPHALOMESENTERIC D	49.62	47.71	90	1	AS
44820		EXCISION OF LESION OF MESENTERY (SEPARATE PROCEDURE)	54.77	52.67	90	1	AS
44850		SUTURE OF MESENTERY (SEPARATE PROCEDURE)	48.16	46.30	90	1	AS
44899	R	UNLISTED PROCEDURE, MECKEL'S DIVERTICULUM AND THE MESENTERY			90	1	AS
44900		INCISION AND DRAINAGE OF APPENDICEAL ABSCESS; OPEN	49.59	47.68	90	1	AS
44901		INCISION AND DRAINAGE OF APPENDICEAL ABSCESS; PERCUTANEOUS	12.52	12.04	0	1	AS
44950		APPENDECTOMY;	41.77	40.17	90	1	AS
44955		APPENDECTOMY; WHEN DONE FOR INDICATED PURPOSE AT TIME OF OTHER MAJOR PROCED	5.63	5.41	90	1	AS
44960		APPENDECTOMY; FOR RUPTURED APPENDIX WITH ABSCESS OR GENERALIZED PERITONITIS	56.42	54.25	90	1	AS
44970		LAPAROSCOPY, SURGICAL, APPENDECTOMY	38.59	37.11	90	1	AS
44979	R	UNLISTED LAPAROSCOPY PROCEDURE, APPENDIX			0	1	AS
45110		PROCTECTOMY; COMPLETE, COMBINED ABDOMINOPERINEAL, WITH COLOSTOMY	120.42	115.78	90	1	AS
45111		PROCTECTOMY; PARTIAL RESECTION OF RECTUM, TRANSABDOMINAL APPROACH	70.91	68.18	90	1	AS
45112		PROCTECTOMY, COMBINED ABDOMINOPERINEAL, PULL-THROUGH PROCEDURE (EG, COLO-AN	123.57	118.82	90	1	AS
45113		PROCTECTOMY, PARTIAL, WITH RECTAL MUCOSECTOMY, ILEOANAL ANASTOMOSIS, CREATI	126.98	122.10	90	1	AS
45114		PROCTECTOMY, PARTIAL, WITH ANASTOMOSIS; ABDOMINAL AND TRANSACRAL APPROACH	116.19	111.72	90	1	AS
45116		PROCTECTOMY, PARTIAL, WITH ANASTOMOSIS; TRANSACRAL APPROACH ONLY (KRASKE TY	104.10	100.10	90	1	AS
45119		PROCTECTOMY, COMBINED ABDOMINOPERINEAL PULL-THROUGH PROCEDURE (EG, COLO-ANA	127.06	122.17	90	1	AS
45120		PROCTECTOMY, COMPLETE (FOR CONGENITAL MEGACOLON), ABDOMINAL AND PERINEAL AP	101.84	97.92	90	1	AS
45121		PROCTECTOMY, COMPLETE (FOR CONGENITAL MEGACOLON), ABDOMINAL AND PERINEAL AP	111.24	106.96	90	1	AS
45123		PROCTECTOMY, PARTIAL, WITHOUT ANASTOMOSIS, PERINEAL APPROACH	72.39	69.61	90	1	AS
45126	R	PELVIC EXENTERATION FOR COLORECTAL MALIGNANCY, WITH PROCTECTOMY (WITH OR WI	187.28	180.08	90	1	AS
45130		EXCISION OF RECTAL PROCIDENTIA, WITH ANASTOMOSIS; PERINEAL APPROACH	70.64	67.93	90	1	AS
45135		EXCISION OF RECTAL PROCIDENTIA, WITH ANASTOMOSIS; ABDOMINAL AND PERINEAL AP	86.77	83.44	90	1	AS
45136		EXCISION OF ILEOANAL RESERVOIR WITH ILEOSTOMY	119.30	114.71	90	1	AS
45160		EXCISION OF RECTAL TUMOR BY PROCTOTOMY, TRANSACRAL OR TRANSCOCCYGEAL APPROA	64.39	61.91	90	1	AS

45190	DESTRUCTION OF RECTAL TUMOR (EG, ELECTRODESSICATION, ELECTROSURGERY, LASER	44.38	42.67	90	1	AS
45395	LAPAROSCOPY, SURGICAL; PROCTECTOMY, COMPLETE, COMBINED ABDOMINOPERINEAL, WI	130.16	125.16	90	1	AS
45397	LAPAROSCOPY, SURGICAL; PROCTECTOMY, COMBINED ABDOMINOPERINEAL PULL-THROUGH	140.69	135.28	90	1	AS
45400	LAPAROSCOPY, SURGICAL; PROCTOPEXY (FOR PROLAPSE)	74.81	71.94	90	1	AS
45402	LAPAROSCOPY, SURGICAL; PROCTOPEXY (FOR PROLAPSE), WITH SIGMOID RESECTION	100.01	96.17	90	1	AS
45540	PROCTOPEXY (EG, FOR PROLAPSE); ABDOMINAL APPROACH	69.21	66.55	90	1	AS
45541	PROCTOPEXY FOR PROLAPSE; PERINEAL APPROACH	60.07	57.75	90	1	AS
45550	PROCTOPEXY (EG, FOR PROLAPSE); WITH SIGMOID RESECTION, ABDOMINAL APPROACH	95.40	91.73	90	1	AS
45560	REPAIR OF RECTOCELE (SEPARATE PROCEDURE)	47.48	45.65	90	1	AS
45562	EXPLORATION, REPAIR, AND PRESACRAL DRAINAGE FOR RECTAL INJURY;	73.12	70.31	90	1	AS
45563	EXPLORATION, REPAIR, AND PRESACRAL DRAINAGE FOR RECTAL INJURY; WITH COLOSTO	105.30	101.25	90	1	AS
45800	CLOSURE OF RECTOVESICAL FISTULA;	82.29	79.13	90	1	AS
45805	CLOSURE OF RECTOVESICAL FISTULA; WITH COLOSTOMY	91.62	88.10	90	1	AS
45820	CLOSURE OF RECTOURETHRAL FISTULA;	81.22	78.10	90	1	AS
45825	CLOSURE OF RECTOURETHRAL FISTULA; WITH COLOSTOMY	97.67	93.91	90	1	AS
46705	ANOPLASTY, PLASTIC OPERATION FOR STRICTURE; INFANT	34.63	33.30	90	1	AS
46710	REPAIR OF ILEOANAL POUCH FISTULA/SINUS (EG, PERINEAL OR VAGINAL), POUCH ADV	69.39	66.72	90	1	AS
46712	REPAIR OF ILEOANAL POUCH FISTULA/SINUS (EG, PERINEAL OR VAGINAL), POUCH ADV	141.05	135.63	90	1	AS
46715	REPAIR OF LOW IMPERFORATE ANUS; WITH ANOPERINEAL FISTULA ("CUT-BACK" PROC	33.98	32.67	90	1	AS
46716	REPAIR OF LOW IMPERFORATE ANUS; WITH TRANSPOSITION OF ANOPERINEAL OR ANOVES	74.02	71.17	90	1	AS
46730	REPAIR OF HIGH IMPERFORATE ANUS WITHOUT FISTULA; PERINEAL OR SACROPERINEAL	124.61	119.82	90	1	AS
46735	REPAIR OF HIGH IMPERFORATE ANUS WITHOUT FISTULA; COMBINED TRANSABDOMINAL AN	145.64	140.04	90	1	AS
46740	REPAIR OF HIGH IMPERFORATE ANUS WITH RECTOURETHRAL OR RECTOVAGINAL FISTULA;	132.38	127.29	90	1	AS
46742	REPAIR OF HIGH IMPERFORATE ANUS WITH RECTOURETHRAL OR RECTOVAGINAL FISTULA;	154.92	148.96	90	1	AS
46744	REPAIR OF CLOACAL ANOMALY BY ANORECTOVAGINOPLASTY AND URETHROPLASTY, SACROP	222.96	214.38	90	1	AS
46746	REPAIR OF CLOACAL ANOMALY BY ANORECTOVAGINOPLASTY AND URETHROPLASTY, COMBIN	259.46	249.48	90	1	AS
46748	REPAIR OF CLOACAL ANOMALY BY ANORECTOVAGINOPLASTY AND URETHROPLASTY, COMBIN	268.97	258.63	90	1	AS
46750	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE OR PROLAPSE; ADULT	49.77	47.86	90	1	AS
46751	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE OR PROLAPSE; CHILD	41.04	39.46	90	1	AS
46760	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT; MUSCLE TRANSPLANT	70.31	67.60	90	1	AS
46761	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT; LEVATOR MUSCLE IMBRICATION	60.66	58.33	90	1	AS

46762		SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT; IMPLANTATION ARTIFICIAL SP	60.35	58.03	90	1	AS
46900		DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILOMA, MOLLUSCUM CONTAG	93.48	89.89	10	1	
46924		DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILOMA, MOLLUSCUM CONTAGI	203.74	195.90	10	1	
46930		DESTRUCTION OF INTERNAL HEMORRHOID(S) BY THERMAL ENERGY (EG, INFRARED COAGULATION	12.35	11.88	90		
47010		HEPATOTOMY; FOR OPEN DRAINAGE OF ABSCESS OR CYST, ONE OR TWO STAGES	77.24	74.27	90	1	AS
47011		HEPATOTOMY; FOR PERCUTANEOUS DRAINAGE OF ABSCESS OR CYST, ONE OR TWO STAGES	14.02	13.48	0	1	AS
47015		LAPAROTOMY, WITH ASPIRATION AND/OR INJECTION OF HEPATIC PARASITIC (EG, AMOE	73.64	70.81	90	1	AS
47100		BIOPSY OF LIVER, WEDGE	54.18	52.09	90	1	AS
47120		HEPATECTOMY, RESECTION OF LIVER; PARTIAL LOBECTOMY	151.53	145.70	90	1	AS
47122		HEPATECTOMY, RESECTION OF LIVER; TRISEGMENTECTOMY	225.04	216.39	90	1	AS
47125		HEPATECTOMY, RESECTION OF LIVER; TOTAL LEFT LOBECTOMY	201.54	193.78	90	1	AS
47130		HEPATECTOMY, RESECTION OF LIVER; TOTAL RIGHT LOBECTOMY	216.54	208.22	90	1	AS
47135		LIVER ALLOTRANSPLANTATION; ORTHOTOPIC, PARTIAL OR WHOLE, FROM CADAVER OR LI	318.72	306.46	90	1	AS
47136		LIVER ALLOTRANSPLANTATION; HETEROTOPIC, PARTIAL OR WHOLE, FROM CADAVER OR L	272.28	261.81	90	1	AS
47300		MARSUPIALIZATION OF CYST OR ABSCESS OF LIVER	72.70	69.91	90	1	AS
47350		MANAGEMENT OF LIVER HEMORRHAGE; SIMPLE SUTURE OF LIVER WOUND OR INJURY	89.02	85.59	90	1	AS
47360		MANAGEMENT OF LIVER HEMORRHAGE; COMPLEX SUTURE OF LIVER WOUND OR INJURY, WI	120.86	116.21	90	1	AS
47361		MANAGEMENT OF LIVER HEMORRHAGE; EXPLORATION OF HEPATIC WOUND, EXTENSIVE DEB	198.07	190.45	90	1	AS
47362		MANAGEMENT OF LIVER HEMORRHAGE; RE-EXPLORATION OF HEPATIC WOUND FOR REMOVAL	92.53	88.97	90	1	AS
47370		LAPAROSCOPY, SURGICAL, ABLATION OF ONE OR MORE LIVER TUMOR(S); RADIOFREQUEN	81.25	78.12	90	1	AS
47371		LAPAROSCOPY, SURGICAL, ABLATION OF ONE OR MORE LIVER TUMOR(S); CRYOSURGICAL	83.23	80.03	90	1	AS
47379	R	UNLISTED LAPAROSCOPIC PROCEDURE, LIVER			0	1	AS
47380		ABLATION, OPEN, OF ONE OR MORE LIVER TUMOR(S); RADIOFREQUENCY	94.83	91.18	90	1	AS
47381		ABLATION, OPEN, OF ONE OR MORE LIVER TUMOR(S); CRYOSURGICAL	96.78	93.06	90	1	AS
47382		ABLATION, ONE OR MORE LIVER TUMOR(S), PERCUTANEOUS, RADIOFREQUENCY	59.83	57.53	10	1	AS
47399	R	UNLISTED PROCEDURE, LIVER			90	1	AS
47400		HEPATICOTOMY OR HEPATICOSTOMY WITH EXPLORATION, DRAINAGE, OR REMOVAL OF CAL	136.86	131.59	90	1	AS
47420		CHOLEDOCHOTOMY OR CHOLEDOCHOSTOMY WITH EXPLORATION, DRAINAGE, OR REMOVAL OF	87.11	83.76	90	1	AS
47425		CHOLEDOCHOTOMY OR CHOLEDOCHOSTOMY WITH EXPLORATION, DRAINAGE, OR REMOVAL OF	87.95	84.56	90	1	AS
47460		TRANSDUODENAL SPHINCTEROTOMY OR SPHINCTEROPLASTY, WITH OR WITHOUT TRANSDUOD	83.41	80.20	90	1	AS
47480		CHOLECYSTOTOMY OR CHOLECYSTOSTOMY WITH EXPLORATION, DRAINAGE, OR REMOVAL OF	55.69	53.54	90	1	AS

47550		BILIARY ENDOSCOPY, INTRAOPERATIVE (CHOLEDOCHOSCOPY) (LIST SEPARATELY IN ADD	11.13	10.70	0	1	AS
47562		LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY	48.23	46.38	90	1	AS
47563		LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY WITH CHOLANGIOGRAPHY	49.12	47.23	90	1	AS
47564		LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT	56.63	54.45	90	1	AS
47570		LAPAROSCOPY, SURGICAL; CHOLECYSTOENTEROSTOMY	50.61	48.66	90	1	AS
47579	R	UNLISTED LAPAROSCOPY PROCEDURE, BILIARY TRACT			0	1	AS
47600		CHOLECYSTECTOMY;	69.34	66.67	90	1	AS
47605		CHOLECYSTECTOMY; WITH CHOLANGIOGRAPHY	63.71	61.26	90	1	AS
47610		CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT;	81.59	78.45	90	1	AS
47612		CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT; WITH CHOLEDOCHOENTEROSTOMY	82.47	79.30	90	1	AS
47620		CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT; WITH TRANSDUODENAL SPHINCT	89.48	86.04	90	1	AS
47700		EXPLORATION FOR CONGENITAL ATRESIA OF BILE DUCTS, WITHOUT REPAIR, WITH OR W	68.09	65.47	90	1	AS
47711		EXCISION OF BILE DUCT TUMOR, WITH OR WITHOUT PRIMARY REPAIR OF BILE DUCT; E	101.29	97.39	90	1	AS
47712		EXCISION OF BILE DUCT TUMOR, WITH OR WITHOUT PRIMARY REPAIR OF BILE DUCT; I	129.41	124.43	90	1	AS
47715		EXCISION OF CHOLEDOCHAL CYST	85.26	81.98	90	1	AS
47720		CHOLECYSTOENTEROSTOMY; DIRECT	73.75	70.91	90	1	AS
47721		CHOLECYSTOENTEROSTOMY; WITH GASTROENTEROSTOMY	86.90	83.56	90	1	AS
47740		CHOLECYSTOENTEROSTOMY; ROUX-EN-Y	83.91	80.68	90	1	AS
47741		CHOLECYSTOENTEROSTOMY; ROUX-EN-Y WITH GASTROENTEROSTOMY	95.11	91.45	90	1	AS
47760		ANASTOMOSIS, OF EXTRAHEPATIC BILIARY DUCTS AND GASTROINTESTINAL TRACT	143.92	138.38	90	1	AS
47765		ANASTOMOSIS, OF INTRAHEPATIC DUCTS AND GASTROINTESTINAL TRACT	191.09	183.74	90	1	AS
47780		ANASTOMOSIS, ROUX-EN-Y, OF EXTRAHEPATIC BILIARY DUCTS AND GASTROINTESTINAL	157.47	151.41	90	1	AS
47785		ANASTOMOSIS, ROUX-EN-Y, OF INTRAHEPATIC BILIARY DUCTS AND GASTROINTESTINAL	205.63	197.72	90	1	AS
47800		RECONSTRUCTION, PLASTIC, OF EXTRAHEPATIC BILIARY DUCTS WITH END-TO-END ANAS	102.23	98.30	90	1	AS
47801		PLACEMENT OF CHOLEDOCHAL STENT	71.97	69.20	90	1	AS
47802		U-TUBE HEPATICOENTEROSTOMY	98.29	94.51	90	1	AS
47900		SUTURE OF EXTRAHEPATIC BILIARY DUCT FOR PRE-EXISTING INJURY (SEPARATE PROCE	88.52	85.12	90	1	AS
47999	R	UNLISTED PROCEDURE, BILIARY TRACT			90	1	AS
48000		PLACEMENT OF DRAINS, PERIPANCREATIC, FOR ACUTE PANCREATITIS;	122.50	117.79	90	1	AS
48001		PLACEMENT OF DRAINS, PERIPANCREATIC, FOR ACUTE PANCREATITIS; WITH CHOLECYST	150.51	144.72	90	1	AS
48020		REMOVAL OF PANCREATIC CALCULUS	75.99	73.06	90	1	AS

48100		BIOPSY OF PANCREAS, OPEN (EG, FINE NEEDLE ASPIRATION, NEEDLE CORE BIOPSY, W	57.64	55.42	90	1	AS
48105		RESECTION OR DEBRIDEMENT OF PANCREAS AND PERIPANCREATIC TISSUE FOR ACUTE NE	185.64	178.50	90	1	AS
48120		EXCISION OF LESION OF PANCREAS (EG, CYST, ADENOMA)	71.82	69.05	90	1	AS
48140		PANCREATECTOMY, DISTAL SUBTOTAL, WITH OR WITHOUT SPLENECTOMY; WITHOUT PANCR	101.60	97.69	90	1	AS
48145		PANCREATECTOMY, DISTAL SUBTOTAL, WITH OR WITHOUT SPLENECTOMY; WITH PANCREAT	105.54	101.48	90	1	AS
48146		PANCREATECTOMY, DISTAL, NEAR-TOTAL WITH PRESERVATION OF DUODENUM (CHILD-TYP	120.36	115.73	90	1	AS
48148		EXCISION OF AMPULLA OF VATER	80.16	77.07	90	1	AS
48150		PANCREATECTOMY, PROXIMAL SUBTOTAL WITH TOTAL DUODENECTOMY, PARTIAL GASTRECT	202.73	194.94	90	1	AS
48152		PANCREATECTOMY, PROXIMAL SUBTOTAL WITH TOTAL DUODENECTOMY, PARTIAL GASTRECT	187.49	180.28	90	1	AS
48153		PANCREATECTOMY, PROXIMAL SUBTOTAL WITH NEAR-TOTAL DUODENECTOMY, CHOLEDOCHOE	202.37	194.59	90	1	AS
48154		PANCREATECTOMY, PROXIMAL SUBTOTAL WITH NEAR-TOTAL DUODENECTOMY, CHOLEDOCHOE	187.88	180.65	90	1	AS
48155		PANCREATECTOMY, TOTAL	116.90	112.40	90	1	AS
48500		MARSUPIALIZATION OF PANCREATIC CYST	73.48	70.66	90	1	AS
48510		EXTERNAL DRAINAGE, PSEUDOCYST OF PANCREAS; OPEN	69.42	66.75	90	1	AS
48511		EXTERNAL DRAINAGE, PSEUDOCYST OF PANCREAS; PERCUTANEOUS	14.79	14.22	0	1	AS
48520		INTERNAL ANASTOMOSIS OF PANCREATIC CYST TO GASTROINTESTINAL TRACT; DIRECT	71.09	68.35	90	1	AS
48540		INTERNAL ANASTOMOSIS OF PANCREATIC CYST TO GASTROINTESTINAL TRACT; ROUX-EN-	84.66	81.41	90	1	AS
48545		PANCREATORRHAPHY FOR INJURY	85.89	82.59	90	1	AS
48547		DUODENAL EXCLUSION WITH GASTROJEJUNOSTOMY FOR PANCREATIC INJURY	115.73	111.27	90	1	AS
48548		PANCREATICOJEJUNOSTOMY, SIDE-TO-SIDE ANASTOMOSIS (PUESTOW-TYPE OPERATION)	108.46	104.28	90	1	AS
48554		TRANSPLANTATION OF PANCREATIC ALLOGRAFT	162.24	156.00	0	1	AS
48556		REMOVAL OF TRANSPLANTED PANCREATIC ALLOGRAFT	81.04	77.93	90	1	AS
48999	R	UNLISTED PROCEDURE, PANCREAS			90	1	AS
49000		EXPLORATORY LAPAROTOMY, EXPLORATORY CELIOTOMY WITH OR WITHOUT BIOPSY(S) (SE	50.45	48.51	90	1	AS
49002		REOPENING OF RECENT LAPAROTOMY	66.63	64.07	90	1	AS
49010		EXPLORATION, RETROPERITONEAL AREA WITH OR WITHOUT BIOPSY(S) (SEPARATE PROCE	62.57	60.16	90	1	AS
49020		DRAINAGE OF PERITONEAL ABSCESS OR LOCALIZED PERITONITIS, EXCLUSIVE OF APPEN	103.24	99.27	90	1	AS
49040		DRAINAGE OF SUBDIAPHRAGMATIC OR SUBPHRENIC ABSCESS; OPEN	64.81	62.31	90	1	AS
49041		DRAINAGE OF SUBDIAPHRAGMATIC OR SUBPHRENIC ABSCESS; PERCUTANEOUS	14.79	14.22	0	1	AS
49061		DRAINAGE OF RETROPERITONEAL ABSCESS; PERCUTANEOUS	13.70	13.17	0	1	AS
49062		DRAINAGE OF EXTRAPERITONEAL LYMPHOCELE TO PERITONEAL CAVITY, OPEN	49.20	47.31	90	1	AS

49215		EXCISION OF PRESACRAL OR SACROCOCCYGEAL TUMOR	144.39	138.84	90	1	AS
49220		STAGING LAPAROTOMY FOR HODGKINS DISEASE OR LYMPHOMA (INCLUDES SPLENECTOMY,	63.01	60.59	90	1	AS
49255		OMENECTOMY, EPIPLOECTOMY, RESECTION OF OMENTUM (SEPARATE PROCEDURE)	51.15	49.19	90	1	AS
49320		LAPAROSCOPY, ABDOMEN, PERITONEUM, AND OMENTUM, DIAGNOSTIC, WITH OR WITHOUT	21.50	20.67	10	1	AS
49321		LAPAROSCOPY, SURGICAL; WITH BIOPSY (SINGLE OR MULTIPLE)	22.72	21.85	10	1	AS
49322		LAPAROSCOPY, SURGICAL, ABDOMEN, PERITONEUM, AND OMENTUM; WITH ASPIRATION OF	24.50	23.55	10	1	AS
49323		LAPAROSCOPY, SURGICAL, ABDOMEN, PERITONEUM, AND OMENTUM; WITH DRAINAGE OF L	42.08	40.47	90	1	AS
49324		LAPAROSCOPY, SURGICAL; WITH INSERTION OF INTRAPERITONEAL CANNULA OR CATHETE	25.67	24.68	10	1	AS
49325		LAPAROSCOPY, SURGICAL; WITH REVISION OF PREVIOUSLY PLACED INTRAPERITONEAL C	27.62	26.56	10	1	AS
49326		LAPAROSCOPY, SURGICAL; WITH OMENTOPEXY (OMENTAL TACKING PROCEDURE) (LIST SE	12.74	12.25	0	1	AS
49329	R	UNLISTED LAPAROSCOPY PROCEDURE, ABDOMEN, PERITONEUM AND OMENTUM			0	1	AS
49425		INSERTION OF PERITONEAL-VENOUS SHUNT	50.03	48.11	90	1	AS
49435		INSERTION OF SUBCUTANEOUS EXTENSION TO INTRAPERITONEAL CANNULA OR CATHETER	8.16	7.84	0	1	AS
49436		DELAYED CREATION OF EXIT SITE FROM EMBEDDED SUBCUTANEOUS SEGMENT OF INTRAPE	11.93	11.48	10	1	AS
49491		REPAIR, INITIAL INGUINAL HERNIA, PRETERM INFANT (LESS THAN 37 WEEKS GESTATI	50.55	48.61	90	1	AS
49492		REPAIR, INITIAL INGUINAL HERNIA, PRETERM INFANT (LESS THAN 37 WEEKS GESTATI	61.71	59.33	90	1	AS
49495		REPAIR, INITIAL INGUINAL HERNIA, FULL TERM INFANT UNDER AGE 6 MONTHS, OR PR	25.54	24.56	90	1	AS
49496		REPAIR INITIAL INGUINAL HERNIA, UNDER AGE 6 MONTHS, WITH OR WITHOUT HYDROCE	38.96	37.46	90	1	AS
49500		REPAIR INITIAL INGUINAL HERNIA, AGE 6 MONTHS TO UNDER 5 YEARS, WITH OR WITH	25.59	24.61	90	1	AS
49501		REPAIR INITIAL INGUINAL HERNIA, AGE 6 MONTHS TO UNDER 5 YEARS, WITH OR WITH	38.70	37.21	90	1	AS
49505		REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OVER; REDUCIBLE	33.56	32.27	90	1	AS
49507		REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OVER; INCARCERATED OR STRANG	41.25	39.66	90	1	AS
49520		REPAIR RECURRENT INGUINAL HERNIA, ANY AGE; REDUCIBLE	40.91	39.34	90	1	AS
49521		REPAIR RECURRENT INGUINAL HERNIA, ANY AGE; INCARCERATED OR STRANGULATED	49.80	47.88	90	1	AS
49525		REPAIR INGUINAL HERNIA, SLIDING, ANY AGE	37.03	35.60	90	1	AS
49540		REPAIR LUMBAR HERNIA	43.70	42.02	90	1	AS
49550		REPAIR INITIAL FEMORAL HERNIA, ANY AGE, REDUCIBLE;	37.19	35.76	90	1	AS
49553		REPAIR INITIAL FEMORAL HERNIA, ANY AGE; INCARCERATED OR STRANGULATED	40.68	39.11	90	1	AS
49555		REPAIR RECURRENT FEMORAL HERNIA; REDUCIBLE	38.67	37.18	90	1	AS
49557		REPAIR RECURRENT FEMORAL HERNIA; INCARCERATED OR STRANGULATED	46.93	45.13	90	1	AS
49560		REPAIR INITIAL INCISIONAL OR VENTRAL HERNIA; REDUCIBLE	47.95	46.10	90	1	AS

49561		REPAIR INITIAL INCISIONAL HERNIA; INCARCERATED OR STRANGULATED	60.48	58.16	90	1	AS
49565		REPAIR RECURRENT INCISIONAL OR VENTRAL HERNIA; REDUCIBLE	49.75	47.83	90	1	AS
49566		REPAIR RECURRENT INCISIONAL HERNIA; INCARCERATED OR STRANGULATED	61.08	58.73	90	1	AS
49568		IMPLANTATION OF MESH OR OTHER PROSTHESIS FOR INCISIONAL OR VENTRAL HERNIA R	17.85	17.16	0	1	AS
49570		REPAIR EPIGASTRIC HERNIA (EG, PREPERITONEAL FAT); REDUCIBLE (SEPARATE PROCE	26.45	25.43	90	1	AS
49572		REPAIR EPIGASTRIC HERNIA (EG, PREPERITONEAL FAT); INCARCERATED OR STRANGULA	32.78	31.52	90	1	AS
49580		REPAIR UMBILICAL HERNIA, UNDER AGE 5 YEARS; REDUCIBLE	20.72	19.92	90	1	AS
49582		REPAIR UMBILICAL HERNIA, UNDER AGE 5 YEARS; INCARCERATED OR STRANGULATED	30.64	29.47	90	1	AS
49585		REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OVER; REDUCIBLE	28.43	27.34	90	1	AS
49587		REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OVER; INCARCERATED OR STRANGULATED	33.64	32.35	90	1	AS
49590		REPAIR SPIGELIAN HERNIA	36.87	35.45	90	1	AS
49600		REPAIR OF SMALL OMPHALOCELE, WITH PRIMARY CLOSURE	47.43	45.60	90	1	AS
49605		REPAIR OF LARGE OMPHALOCELE OR GASTROSCHISIS; WITH OR WITHOUT PROSTHESIS	327.68	315.08	90	1	AS
49606		REPAIR OF LARGE OMPHALOCELE OR GASTROSCHISIS; WITH REMOVAL OF PROSTHESIS, F	73.93	71.08	90	1	AS
49610		REPAIR OF OMPHALOCELE (GROSS TYPE OPERATION); FIRST STAGE	43.67	41.99	90	1	AS
49611		REPAIR OF OMPHALOCELE (GROSS TYPE OPERATION); SECOND STAGE	37.76	36.31	90	1	AS
49650		LAPAROSCOPY, SURGICAL; REPAIR INITIAL INGUINAL HERNIA	27.73	26.66	90	1	AS
49651		LAPAROSCOPY, SURGICAL; REPAIR RECURRENT INGUINAL HERNIA	35.80	34.43	90	1	AS
49652		LAPAROSCOPY, SURGICAL, REPAIR, VENTRAL, UMBILICAL, SPIGELIAN OR EPIGASTRIC HERNIA (INCL	51.78	49.79	90	1	AS
49653		LAPAROSCOPY, SURGICAL, REPAIR, VENTRAL, UMBILICAL, SPIGELIAN OR EPIGASTRIC HERNIA (INCL	64.62	62.14	90	1	AS
49654		LAPAROSCOPY, SURGICAL, REPAIR, INCISIONAL HERNIA (INCLUDES MESH INSERTION, WHEN PERF	59.41	57.13	90	1	AS
49655		LAPAROSCOPY, SURGICAL, REPAIR, INCISIONAL HERNIA (INCLUDES MESH INSERTION, WHEN PERF	71.53	68.78	90	1	AS
49656		LAPAROSCOPY, SURGICAL, REPAIR, RECURRENT INCISIONAL HERNIA (INCLUDES MESH INSERTION,	59.65	57.35	90	1	AS
49657		LAPAROSCOPY, SURGICAL, REPAIR, RECURRENT INCISIONAL HERNIA (INCLUDES MESH INSERTION,	86.12	82.81	90	1	AS
49659	R	UNLISTED LAPAROSCOPY PROCEDURE, HERNIOPLASTY, HERNIORRHAPHY, HERNIOTOMY			0	1	AS
49900		SUTURE, SECONDARY, OF ABDOMINAL WALL FOR EVISCERATION OR DEHISCENCE	52.98	50.94	90	1	AS
49904		OMENTAL FLAP, EXTRA-ABDOMINAL (EG, FOR RECONSTRUCTION OF STERNAL AND CHEST	96.18	92.48	90	1	Y AS
49905		OMENTAL FLAP, INTRA-ABDOMINAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIM	23.71	22.80	0	1	AS
49999	R	UNLISTED PROCEDURE, ABDOMEN, PERITONEUM AND OMENTUM			90	1	AS
50010		RENAL EXPLORATION, NOT NECESSITATING OTHER SPECIFIC PROCEDURES	52.35	50.34	90	1	AS
50021		DRAINAGE OF PERIRENAL OR RENAL ABSCESS; PERCUTANEOUS	12.52	12.04	0	1	AS

50045	NEPHROTOMY, WITH EXPLORATION	71.27	68.53	90	1	AS
50060	NEPHROLITHOTOMY; REMOVAL OF CALCULUS	87.74	84.36	90	1	AS
50065	NEPHROLITHOTOMY; SECONDARY SURGICAL OPERATION FOR CALCULUS	93.84	90.23	90	1	AS
50070	NEPHROLITHOTOMY; COMPLICATED BY CONGENITAL KIDNEY ABNORMALITY	91.70	88.17	90	1	AS
50075	NEPHROLITHOTOMY; REMOVAL OF LARGE STAGHORN CALCULUS FILLING RENAL PELVIS AN	112.65	108.32	90	1	AS
50081	PERCUTANEOUS NEPHROSTOLITHOTOMY OR PYELOSTOLITHOTOMY, WITH OR WITHOUT DILAT	98.47	94.69	90	1	AS
50100	TRANSECTION OR REPOSITIONING OF ABERRANT RENAL VESSELS (SEPARATE PROCEDURE)	70.46	67.75	90	1	AS
50120	PYELOTOMY; WITH EXPLORATION	72.57	69.78	90	1	AS
50125	PYELOTOMY; WITH DRAINAGE, PYEOSTOMY	75.07	72.19	90	1	AS
50130	PYELOTOMY; WITH REMOVAL OF CALCULUS (PYEOLITHOTOMY, PELVIOLITHOTOMY, INCLU	79.61	76.55	90	1	AS
50135	PYELOTOMY; COMPLICATED (EG, SECONDARY OPERATION, CONGENITAL KIDNEY ABNORMAL	85.99	82.69	90	1	AS
50205	RENAL BIOPSY; BY SURGICAL EXPOSURE OF KIDNEY	50.03	48.11	90	1	AS
50220	NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY, ANY OPEN APPROACH INCLUDING RI	78.07	75.07	90	1	AS
50225	NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY, ANY APPROACH INCLUDING RIB RES	90.37	86.89	90	1	AS
50230	NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY, ANY APPROACH INCLUDING RIB RES	98.11	94.34	90	1	AS
50234	NEPHRECTOMY WITH TOTAL URETERECTOMY AND BLADDER CUFF; THROUGH SAME INCISION	99.62	95.79	90	1	AS
50236	NEPHRECTOMY WITH TOTAL URETERECTOMY AND BLADDER CUFF; THROUGH SEPARATE INCI	112.83	108.49	90	1	AS
50240	NEPHRECTOMY, PARTIAL	101.50	97.59	90	1	AS
50250	ABLATION, OPEN, ONE OR MORE RENAL MASS LESION(S), CRYOSURGICAL, INCLUDING I	93.65	90.05	90	1	AS
50280	EXCISION OR UNROOFING OF CYST(S) OF KIDNEY	72.31	69.53	90	1	AS
50290	EXCISION OF PERINEPHRIC CYST	66.21	63.67	90	1	AS
50340	RECIPIENT NEPHRECTOMY (SEPARATE PROCEDURE)	60.51	58.18	90	1	AS
50360	RENAL ALLOTRANSPLANTATION, IMPLANTATION OF GRAFT; WITHOUT RECIPIENT NEPHREC	165.50	159.13	90	1	AS
50365	RENAL ALLOTRANSPLANTATION, IMPLANTATION OF GRAFT; WITH RECIPIENT NEPHRECTOM	185.72	178.58	90	1	AS
50370	REMOVAL OF TRANSPLANTED RENAL ALLOGRAFT	77.63	74.64	90	1	AS
50380	RENAL AUTOTRANSPLANTATION, REIMPLANTATION OF KIDNEY	133.08	127.96	90	1	AS
50400	PYELOPLASTY (FOLEY Y-PYELOPLASTY), PLASTIC OPERATION ON RENAL PELVIS, WITH	88.49	85.09	90	1	AS
50405	PYELOPLASTY (FOLEY Y-PYELOPLASTY), PLASTIC OPERATION ON RENAL PELVIS, WITH	107.78	103.63	90	1	AS
50500	NEPHRORRHAPHY, SUTURE OF KIDNEY WOUND OR INJURY	84.64	81.38	90	1	AS
50520	CLOSURE OF NEPHROCUTANEOUS OR PYELOCUTANEOUS FISTULA	79.32	76.27	90	1	AS
50525	CLOSURE OF NEPHROVISCERAL FISTULA (EG, RENOCOLIC), INCLUDING VISCERAL REPAI	98.60	94.81	90	1	AS

50526	CLOSURE OF NEPHROVISCERAL FISTULA (EG, RENOCOLIC), INCLUDING VISCERAL REPAIR	102.15	98.22	90	1	AS
50540	SYMPHYSIOTOMY FOR HORSESHOE KIDNEY WITH OR WITHOUT PYELOPLASTY AND/OR OTHER	85.94	82.64	90	1	AS
50541	LAPAROSCOPY, SURGICAL; ABLATION OF RENAL CYSTS	70.59	67.88	90	1	AS
50542	LAPAROSCOPY, SURGICAL; ABLATION OF RENAL MASS LESION(S)	89.69	86.24	90	1	AS
50543	LAPAROSCOPY, SURGICAL; PARTIAL NEPHRECTOMY	114.50	110.10	90	1	AS
50544	LAPAROSCOPY, SURGICAL; PYELOPLASTY	96.23	92.53	90	1	AS
50545	LAPAROSCOPY, SURGICAL; RADICAL NEPHRECTOMY (INCLUDES REMOVAL OF GEROTA±S FA	103.32	99.35	90	1	AS
50546	LAPAROSCOPY, SURGICAL; NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY	91.83	88.30	90	1	AS
50548	LAPAROSCOPY, SURGICAL; NEPHRECTOMY WITH TOTAL URETERECTOMY	104.13	100.12	90	1	AS
50562	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITH	45.13	43.40	90	1	AS
50592	ABLATION, ONE OR MORE RENAL TUMOR(S), PERCUTANEOUS, UNILATERAL, RADIOFREQUE	26.66	25.63	10	1	AS
50600	URETEROTOMY WITH EXPLORATION OR DRAINAGE (SEPARATE PROCEDURE)	71.56	68.80	90	1	AS
50605	URETEROTOMY FOR INSERTION OF INDWELLING STENT, ALL TYPES	68.53	65.90	90	1	AS
50610	URETEROLITHOTOMY; UPPER ONE-THIRD OF URETER	73.22	70.41	90	1	AS
50620	URETEROLITHOTOMY; MIDDLE ONE-THIRD OF URETER	69.55	66.87	90	1	AS
50630	URETEROLITHOTOMY; LOWER ONE-THIRD OF URETER	67.54	64.95	90	1	AS
50650	URETERECTOMY, WITH BLADDER CUFF (SEPARATE PROCEDURE)	79.22	76.17	90	1	AS
50660	URETERECTOMY, TOTAL, ECTOPIC URETER, COMBINATION ABDOMINAL, VAGINAL AND/OR	87.40	84.04	90	1	AS
50700	URETEROPLASTY, PLASTIC OPERATION ON URETER (EG, STRICTURE)	70.59	67.88	90	1	AS
50715	URETEROLYSIS, WITH OR WITHOUT REPOSITIONING OF URETER FOR RETROPERITONEAL F	82.40	79.23	90	1	AS
50722	URETEROLYSIS FOR OVARIAN VEIN SYNDROME	71.50	68.75	90	1	AS
50725	URETEROLYSIS FOR RETROCAVAL URETER, WITH REANASTOMOSIS OF UPPER URINARY TRA	82.71	79.53	90	1	AS
50727	REVISION OF URINARY-CUTANEOUS ANASTOMOSIS (ANY TYPE UROSTOMY);	38.41	36.93	90	1	AS
50728	REVISION OF URINARY-CUTANEOUS ANASTOMOSIS (ANY TYPE UROSTOMY); WITH REPAIR	52.51	50.49	90	1	AS
50740	URETEROPYELOSTOMY, ANASTOMOSIS OF URETER AND RENAL PELVIS	81.51	78.38	90	1	AS
50750	URETEROCALYCOSTOMY, ANASTOMOSIS OF URETER TO RENAL CALYX	89.17	85.74	90	1	AS
50760	URETEROURETEROSTOMY	82.81	79.63	90	1	AS
50770	TRANSURETEROURETEROSTOMY, ANASTOMOSIS OF URETER TO CONTRALATERAL URETER	85.55	82.26	90	1	AS
50780	URETERONEOCYSTOSTOMY; ANASTOMOSIS OF SINGLE URETER TO BLADDER	83.31	80.10	90	1	AS
50782	URETERONEOCYSTOSTOMY; ANASTOMOSIS OF DUPLICATED URETER TO BLADDER	80.60	77.50	90	1	AS
50783	URETERONEOCYSTOSTOMY; WITH EXTENSIVE URETERAL TAILORING	84.19	80.96	90	1	AS

50785		URETERONEOCYSTOSTOMY; WITH VESICO-PSOAS HITCH OR BLADDER FLAP	92.38	88.82	90	1	AS
50800		URETEROENTEROSTOMY, DIRECT ANASTOMOSIS OF URETER TO INTESTINE	70.57	67.85	90	1	AS
50810		URETEROSIGMOIDOSTOMY, WITH CREATION OF SIGMOID BLADDER AND ESTABLISHMENT OF	91.49	87.97	90	1	AS
50815		URETEROCOLON CONDUIT, INCLUDING INTESTINE ANASTOMOSIS	93.86	90.25	90	1	AS
50820		URETEROILEAL CONDUIT (ILEAL BLADDER), INCLUDING INTESTINE ANASTOMOSIS (BRIC	99.96	96.12	90	1	AS
50825		CONTINENT DIVERSION, INCLUDING INTESTINE ANASTOMOSIS USING ANY SEGMENT OF S	126.46	121.60	90	1	AS
50830		URINARY UNDIVERSION (EG, TAKING DOWN OF URETEROILEAL CONDUIT, URETEROSIGMOI	136.78	131.52	90	1	AS
50840		REPLACEMENT OF ALL OR PART OF URETER BY INTESTINE SEGMENT, INCLUDING INTEST	94.54	90.90	90	1	AS
50845		CUTANEOUS APPENDICO-VESICOSTOMY	95.87	92.18	90	1	AS
50860		URETEROSTOMY, TRANSPLANTATION OF URETER TO SKIN	72.65	69.86	90	1	AS
50900		URETERORRHAPHY, SUTURE OF URETER (SEPARATE PROCEDURE)	63.63	61.19	90	1	AS
50920		CLOSURE OF URETEROCUTANEOUS FISTULA	67.28	64.70	90	1	AS
50930		CLOSURE OF URETEROVISCERAL FISTULA (INCLUDING VISCERAL REPAIR)	80.39	77.30	90	1	AS
50940		DELIGATION OF URETER	67.91	65.30	90	1	AS
50945		LAPAROSCOPY, SURGICAL, URETEROLITHOTOMY	75.07	72.19	0	1	AS
50947		LAPAROSCOPY, SURGICAL; URETERONEOCYSTOSTOMY WITH CYSTOSCOPY AND URETERAL ST	106.45	102.35	90	1	AS
50948		LAPAROSCOPY, SURGICAL; URETERONEOCYSTOSTOMY WITHOUT CYSTOSCOPY AND URETERAL	99.10	95.29	90	1	AS
50949	R	UNLISTED LAPAROSCOPY PROCEDURE, URETER			90	1	AS
51020		CYSTOTOMY OR CYSTOSTOMY; WITH FULGURATION AND/OR INSERTION OF RADIOACTIVE M	35.67	34.30	90	1	AS
51040		CYSTOSTOMY, CYSTOTOMY WITH DRAINAGE	22.25	21.40	90	1	AS
51045		CYSTOTOMY, WITH INSERTION OF URETERAL CATHETER OR STENT (SEPARATE PROCEDURE	35.36	34.00	90	1	AS
51050		CYSTOLITHOTOMY, CYSTOTOMY WITH REMOVAL OF CALCULUS, WITHOUT VESICAL NECK RE	36.27	34.88	90	1	AS
51060		TRANSVESICAL URETEROLITHOTOMY	44.56	42.85	90	1	AS
51080		DRAINAGE OF PERIVESICAL OR PREVESICAL SPACE ABSCESS	30.83	29.64	90	1	AS
51500		EXCISION OF URACHAL CYST OR SINUS, WITH OR WITHOUT UMBILICAL HERNIA REPAIR	47.19	45.38	90	1	AS
51520		CYSTOTOMY; FOR SIMPLE EXCISION OF VESICAL NECK (SEPARATE PROCEDURE)	44.59	42.87	90	1	AS
51525		CYSTOTOMY; FOR EXCISION OF BLADDER DIVERTICULUM, SINGLE OR MULTIPLE (SEPARA	65.82	63.29	90	1	AS
51530		CYSTOTOMY; FOR EXCISION OF BLADDER TUMOR	58.48	56.23	90	1	AS
51535		CYSTOTOMY FOR EXCISION, INCISION, OR REPAIR OF URETEROCELE	59.26	56.98	90	1	AS
51550		CYSTEATOMY, PARTIAL; SIMPLE	72.16	69.38	90	1	AS
51555		CYSTEATOMY, PARTIAL; COMPLICATED (EG, POSTRADIATION, PREVIOUS SURGERY, DIFF	95.92	92.23	90	1	AS

51565	CYSTECTOMY, PARTIAL, WITH REIMPLANTATION OF URETER(S) INTO BLADDER (URETERO	98.01	94.24	90	1	AS
51570	CYSTECTOMY, COMPLETE; (SEPARATE PROCEDURE)	111.84	107.54	90	1	AS
51575	CYSTECTOMY, COMPLETE; WITH BILATERAL PELVIC LYMPHADENECTOMY, INCLUDING EXTE	140.12	134.73	90	1	AS
51580	CYSTECTOMY, COMPLETE, WITH URETEROSIGMOIDOSTOMY OR URETEROCUTANEOUS TRANSPL	146.29	140.67	90	1	AS
51585	CYSTECTOMY, COMPLETE, WITH URETEROSIGMOIDOSTOMY OR URETEROCUTANEOUS TRANSPL	162.92	156.65	90	1	AS
51590	CYSTECTOMY, COMPLETE, WITH URETEROILEAL CONDUIT OR SIGMOID BLADDER, INCLUDI	148.06	142.37	90	1	AS
51595	CYSTECTOMY, COMPLETE, WITH URETEROILEAL CONDUIT OR SIGMOID BLADDER, INCLUDI	168.44	161.96	90	1	AS
51596	CYSTECTOMY, COMPLETE, WITH CONTINENT DIVERSION, ANY OPEN TECHNIQUE, USING A	181.21	174.24	90	1	AS
51597	PELVIC EXENTERATION, COMPLETE, FOR VESICAL, PROSTATIC OR URETHRAL MALIGNANC	174.49	167.78	90	1	AS
51701	INSERTION OF NON-INDWELLING BLADDER CATHETER (EG, STRAIGHT CATHETERIZATION	25.57	24.58	0	1	
51702	INSERTION OF TEMPORARY INDWELLING BLADDER CATHETER; SIMPLE (EG, FOLEY)	33.39	32.10	0	1	
51800	CYSTOPLASTY OR CYSTOURETHROPLASTY, PLASTIC OPERATION ON BLADDER AND/OR VESI	79.74	76.67	90	1	AS
51820	CYSTOURETHROPLASTY WITH UNILATERAL OR BILATERAL URETERONEOCYSTOSTOMY	80.55	77.45	90	1	AS
51840	ANTERIOR VESICourethroPEXY, OR UREthroPEXY (EG, MARSHALL-MARCHETTI-KRANTZ,	47.87	46.03	90	1	AS
51841	ANTERIOR VESICourethroPEXY, OR UREthroPEXY (MARSHALL-MARCHETTI-KRANTZ TYPE)	56.81	54.62	90	1	AS
51845	ABDOMINO-VAGINAL VESICAL NECK SUSPENSION, WITH OR WITHOUT ENDOSCOPIC CONTRO	44.09	42.39	90	1	AS
51860	CYSTORRHAPHY, SUTURE OF BLADDER WOUND, INJURY OR RUPTURE; SIMPLE	53.78	51.72	90	1	AS
51865	CYSTORRHAPHY, SUTURE OF BLADDER WOUND, INJURY OR RUPTURE; COMPLICATED	66.81	64.24	90	1	AS
51880	CLOSURE OF CYSTOSTOMY (SEPARATE PROCEDURE)	35.00	33.65	90	1	AS
51900	CLOSURE OF VESICOVAGINAL FISTULA, ABDOMINAL APPROACH	62.15	59.76	90	1	AS
51920	CLOSURE OF VESICOUTERINE FISTULA;	57.56	55.35	90	1	AS
51925	CLOSURE OF VESICOUTERINE FISTULA; WITH HYSTERECTOMY	83.14	79.94	90	1 Y	AS
51940	CLOSURE, EXSTROPHY OF BLADDER	120.86	116.21	90	1	AS
51960	ENTEROCYSTOPLASTY, INCLUDING INTESTINAL ANASTOMOSIS	106.06	101.98	90	1	AS
51980	CUTANEOUS VESICOSTOMY	54.41	52.32	90	1	AS
51990	LAPAROSCOPY, SURGICAL; URETHRAL SUSPENSION FOR STRESS INCONTINENCE	55.06	52.94	90	1	AS
51992	LAPAROSCOPY, SURGICAL; SLING OPERATION FOR STRESS INCONTINENCE (EG, FASCIA	60.19	57.88	90	1	AS
53085	DRAINAGE OF PERINEAL URINARY EXTRAVASATION; COMPLICATED	44.40	42.70	90	1	AS
53210	URETHRECTOMY, TOTAL, INCLUDING CYSTOSTOMY; FEMALE	58.76	56.50	90	1	AS
53215	URETHRECTOMY, TOTAL, INCLUDING CYSTOSTOMY; MALE	71.61	68.85	90	1	AS
53230	EXCISION OF URETHRAL DIVERTICULUM (SEPARATE PROCEDURE); FEMALE	45.84	44.07	90	1	AS

53235	EXCISION OF URETHRAL DIVERTICULUM (SEPARATE PROCEDURE); MALE	48.96	47.08	90	1	AS
53400	URETHROPLASTY; FIRST STAGE, FOR FISTULA, DIVERTICULUM, OR STRICTURE (EG, JO	61.32	58.96	90	1	AS
53405	URETHROPLASTY; SECOND STAGE (FORMATION OF URETHRA), INCLUDING URINARY DIVER	67.70	65.10	90	1	AS
53410	URETHROPLASTY, ONE-STAGE RECONSTRUCTION OF MALE ANTERIOR URETHRA	75.34	72.44	90	1	AS
53415	URETHROPLASTY, TRANSPUBIC OR PERINEAL, ONE STAGE, FOR RECONSTRUCTION OR REP	87.30	83.94	90	1	AS
53425	URETHROPLASTY, TWO-STAGE RECONSTRUCTION OR REPAIR OF PROSTATIC OR MEMBRANOU	72.44	69.66	90	1	AS
53430	URETHROPLASTY, RECONSTRUCTION OF FEMALE URETHRA	71.79	69.03	90	1	AS
53431	URETHROPLASTY WITH TUBULARIZATION OF POSTERIOR URETHRA AND/OR LOWER BLADDER	88.73	85.32	90	1	AS
53440	SLING OPERATION FOR CORRECTION OF MALE URINARY INCONTINENCE (EG, FASCIA OR	67.75	65.15	90	1	AS
53442	REMOVAL OR REVISION OF SLING FOR MALE URINARY INCONTINENCE (EG, FASCIA OR S	59.70	57.40	90	1	AS
53444	INSERTION OF TANDEM CUFF (DUAL CUFF)	61.18	58.83	90	1	AS
53445	INSERTION OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER, INCLUDING PLACEMEN	67.31	64.72	90	1	AS
53446	REMOVAL OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER, INCLUDING PUMP, RESE	49.35	47.46	90	1	AS
53447	REMOVAL AND REPLACEMENT OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER INCLU	62.28	59.88	90	1	AS
53448	REMOVAL AND REPLACEMENT OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER INCLU	98.53	94.74	90	1	AS
53500	URETHROLYSIS, TRANSVAGINAL, SECONDARY, OPEN, INCLUDING CYSTOURETHROSCOPY (E	348.69	335.28	90	1	
53505	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PENILE	37.39	35.96	90	1	AS
53510	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PERINEAL	48.36	46.50	90	1	AS
53515	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PROSTATOMEMBRANOUS	61.11	58.76	90	1	AS
54110	EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE);	47.79	45.95	90	1	AS
54111	EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE); WITH GRAFT TO 5 CM IN LENGTH	61.81	59.43	90	1	AS
54112	EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE); WITH GRAFT GREATER THAN 5 CM	72.44	69.66	90	1	AS
54115	REMOVAL FOREIGN BODY FROM DEEP PENILE TISSUE (EG, PLASTIC IMPLANT)	34.45	33.12	90	1	AS
54120	AMPUTATION OF PENIS; PARTIAL	48.49	46.63	90	1	AS
54125	AMPUTATION OF PENIS; COMPLETE	62.33	59.93	90	1	AS
54130	AMPUTATION OF PENIS, RADICAL; WITH BILATERAL INGUINOFEMORAL LYMPHADENECTOMY	92.40	88.85	90	1	AS
54135	AMPUTATION OF PENIS, RADICAL; IN CONTINUITY WITH BILATERAL PELVIC LYMPHADEN	117.03	112.53	90	1	AS
54150	CIRCUMCISION, USING CLAMP OR OTHER DEVICE WITH REGIONAL DORSAL PENILE OR RI	71.66	68.90	0	1	
54205	INJECTION PROCEDURE FOR PEYRONIE DISEASE; WITH SURGICAL EXPOSURE OF PLAQUE	40.94	39.36	90	1	AS
54300	PLASTIC OPERATION OF PENIS FOR STRAIGHTENING OF CHORDEE (EG, HYPOSPADIAS),	49.46	47.56	90	1	AS
54304	PLASTIC OPERATION ON PENIS FOR CORRECTION OF CHORDEE OR FOR FIRST STAGE HYP	57.95	55.72	90	1	AS

54308	URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY DIVERS	47.28	45.46	90	1	AS
54312	URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY DIVERS	63.92	61.46	90	1	AS
54316	URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY DIVERS	77.21	74.24	90	1	AS
54318	URETHROPLASTY FOR THIRD STAGE HYPOSPADIAS REPAIR TO RELEASE PENIS FROM SCRO	48.35	46.49	90	1	AS
54322	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISIO	60.32	58.00	90	1	AS
54324	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISIO	74.84	71.96	90	1	AS
54326	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISIO	69.55	66.87	90	1	AS
54328	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISIO	71.43	68.68	90	1	AS
54332	ONE STAGE PROXIMAL PENILE OR PENOSCROTAL HYPOSPADIAS REPAIR REQUIRING EXTEN	78.41	75.39	90	1	AS
54336	ONE STAGE PERINEAL HYPOSPADIAS REPAIR REQUIRING EXTENSIVE DISSECTION TO COR	87.14	83.79	90	1	AS
54340	REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICULA);	42.81	41.17	90	1	AS
54344	REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICULA);	74.34	71.49	90	1	AS
54348	REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICULA);	78.46	75.44	90	1	AS
54352	REPAIR OF HYPOSPADIAS CRIPPLE REQUIRING EXTENSIVE DISSECTION AND EXCISION O	110.98	106.71	90	1	AS
54360	PLASTIC OPERATION ON PENIS TO CORRECT ANGULATION	55.61	53.47	90	1	AS
54380	PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER;	61.68	59.31	90	1	AS
54385	PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER; WIT	74.76	71.89	90	1	AS
54390	PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER; WIT	88.94	85.52	90	1	AS
54406	REMOVAL OF ALL COMPONENTS OF A MULTI-COMPONENT, INFLATABLE PENILE PROSTHESI	56.31	54.15	90	1	AS
54415	REMOVAL OF NON-INFLATABLE (SEMI-RIGID) OR INFLATABLE (SELF-CONTAINED) PENIL	40.55	38.99	90	1	AS
54420	CORPORA CAVERNOSA-SAPHENOUS VEIN SHUNT (PRIAPISM OPERATION), UNILATERAL OR	54.41	52.32	90	1	AS
54430	CORPORA CAVERNOSA-CORPUS SPONGIOSUM SHUNT (PRIAPISM OPERATION), UNILATERAL	49.38	47.48	90	1	AS
54440	PLASTIC OPERATION OF PENIS FOR INJURY	18.41	17.70	90	1	AS
54512	EXCISION OF EXTRAPARENCHYMAL LESION OF TESTIS	41.12	39.54	90	1	AS
54522	ORCHIECTOMY, PARTIAL	44.22	42.52	90	1	AS
54530	ORCHIECTOMY, RADICAL, FOR TUMOR; INGUINAL APPROACH	38.93	37.43	90	1	AS
54535	ORCHIECTOMY, RADICAL, FOR TUMOR; WITH ABDOMINAL EXPLORATION	56.18	54.02	90	1	AS
54550	EXPLORATION FOR UNDESCENDED TESTIS (INGUINAL OR SCROTAL AREA)	37.52	36.08	90	1	AS
54560	EXPLORATION FOR UNDESCENDED TESTIS WITH ABDOMINAL EXPLORATION	50.63	48.68	90	1	AS
54650	ORCHIOPEXY, ABDOMINAL APPROACH, FOR INTRA-ABDOMINAL TESTIS (EG, FOWLER-STEP	54.67	52.57	90	1	AS
54680	TRANSPLANTATION OF TESTIS(ES) TO THIGH (BECAUSE OF SCROTAL DESTRUCTION)	59.80	57.50	90	1	AS

54690	LAPAROSCOPY, SURGICAL; ORCHIECTOMY	47.97	46.13	90	1	AS
55150	RESECTION OF SCROTUM	37.26	35.83	90	1	AS
55520	EXCISION OF LESION OF SPERMATIC CORD (SEPARATE PROCEDURE)	29.19	28.06	90	1	AS
55535	EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; ABDOM	32.76	31.50	90	1	AS
55540	EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; WITH	35.28	33.93	90	1	AS
55550	LAPAROSCOPY, SURGICAL, WITH LIGATION OF SPERMATIC VEINS FOR VARICOCELE	32.42	31.17	90	1	AS
55559	R UNLISTED LAPAROSCOPY PROCEDURE, SPERMATIC CORD			0	1	AS
55650	VESICULECTOMY, ANY APPROACH	54.75	52.64	90	1	AS
55720	PROSTATOTOMY, EXTERNAL DRAINAGE OF PROSTATIC ABSCESS, ANY APPROACH; SIMPLE	35.62	34.25	90	1	AS
55725	PROSTATOTOMY, EXTERNAL DRAINAGE OF PROSTATIC ABSCESS, ANY APPROACH; COMPLIC	45.24	43.50	90	1	AS
55801	PROSTATECTOMY, PERINEAL, SUBTOTAL (INCLUDING CONTROL OF POSTOPERATIVE BLEED	83.54	80.33	90	1	AS
55810	PROSTATECTOMY, PERINEAL RADICAL;	100.92	97.04	90	1	AS
55812	PROSTATECTOMY, PERINEAL RADICAL; WITH LYMPH NODE BIOPSY(S) (LIMITED PELVIC	124.04	119.27	90	1	AS
55815	PROSTATECTOMY, PERINEAL RADICAL; WITH BILATERAL PELVIC LYMPHADENECTOMY, INC	136.00	130.77	90	1	AS
55821	PROSTATECTOMY (INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, VASECTOMY, MEAT	67.28	64.70	90	1	AS
55831	PROSTATECTOMY (INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, VASECTOMY, MEAT	72.86	70.06	90	1	AS
55840	PROSTATECTOMY, RETROPUBIC RADICAL, WITH OR WITHOUT NERVE SPARING;	103.01	99.05	90	1	AS
55842	PROSTATECTOMY, RETROPUBIC RADICAL, WITH OR WITHOUT NERVE SPARING; WITH LYMP	110.41	106.16	90	1	AS
55845	PROSTATECTOMY, RETROPUBIC RADICAL, WITH OR WITHOUT NERVE SPARING; WITH BILA	126.20	121.35	90	1	AS
55862	EXPOSURE OF PROSTATE, ANY APPROACH, FOR INSERTION OF RADIOACTIVE SUBSTANCE;	85.26	81.98	90	1	AS
55865	EXPOSURE OF PROSTATE, ANY APPROACH, FOR INSERTION OF RADIOACTIVE SUBSTANCE;	103.22	99.25	90	1	AS
55866	LAPAROSCOPY, SURGICAL PROSTATECTOMY, RETROPUBIC RADICAL, INCLUDING NERVE SP	134.17	129.01	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	94.13	90.51	10	1	
56620	VULVECTOMY SIMPLE; PARTIAL	33.77	32.47	90	1	AS
56625	VULVECTOMY SIMPLE; COMPLETE	40.36	38.81	90	1	AS
56630	VULVECTOMY, RADICAL, PARTIAL;	59.18	56.90	90	1	AS
56631	VULVECTOMY, RADICAL, PARTIAL; WITH UNILATERAL INGUINOFEMORAL LYMPHADENECTOM	75.10	72.21	90	1	AS
56632	VULVECTOMY, RADICAL, PARTIAL; WITH BILATERAL INGUINOFEMORAL LYMPHADENECTOMY	87.76	84.39	90	1	AS
56633	VULVECTOMY, RADICAL, COMPLETE;	77.21	74.24	90	1	AS
56634	VULVECTOMY, RADICAL, COMPLETE; WITH UNILATERAL INGUINOFEMORAL LYMPHADENECTO	81.35	78.22	90	1	AS

56637		VULVECTOMY, RADICAL, COMPLETE; WITH BILATERAL INGUINFEMORAL LYMPHADENECTOM	95.92	92.23	90	1		AS
56640		VULVECTOMY, RADICAL, COMPLETE, WITH INGUINFEMORAL, ILIAC, AND PELVIC LYMPH	95.95	92.26	90	1		AS
56700		PARTIAL HYMENECTOMY OR REVISION OF HYMENAL RING	12.69	12.20	10	1		AS
56800	R	PLASTIC REPAIR OF INTROITUS	16.65	16.01	10	1		AS
56805		CLITOROPLASTY FOR INTERSEX STATE	77.97	74.97	90	1	Y	AS
56810		PERINEOPLASTY, REPAIR OF PERINEUM, NON-OBSTETRICAL (SEPARATE PROCEDURE)	17.88	17.19	10	1		AS
57061		DESTRUCTION OF VAGINAL LESION(S); SIMPLE (EG, LASER SURGERY, ELECTROSURGERY	47.72	45.89	10	1		
57065		DESTRUCTION OF VAGINAL LESION(S); EXTENSIVE (EG, LASER SURGERY, ELECTRO SURG	81.10	77.98	10	1		
57106		VAGINECTOMY, PARTIAL REMOVAL OF VAGINAL WALL;	32.52	31.27	90	1		AS
57107		VAGINECTOMY, PARTIAL REMOVAL OF VAGINAL WALL; WITH REMOVAL OF PARAVAGINAL T	95.63	91.96	90	1		AS
57109		VAGINECTOMY, PARTIAL REMOVAL OF VAGINAL WALL; WITH REMOVAL OF PARAVAGINAL T	109.68	105.46	90	1		AS
57110		VAGINECTOMY, COMPLETE REMOVAL OF VAGINAL WALL;	61.42	59.06	90	1		AS
57111		VAGINECTOMY, COMPLETE REMOVAL OF VAGINAL WALL; WITH REMOVAL OF PARAVAGINAL	109.99	105.76	90	1		AS
57112		VAGINECTOMY, COMPLETE REMOVAL OF VAGINAL WALL; WITH REMOVAL OF PARAVAGINAL	117.50	112.98	90	1		AS
57120		COLPOCLEISIS (LE FORT TYPE)	34.89	33.55	90	1		AS
57130		EXCISION OF VAGINAL SEPTUM	12.30	11.83	10	1		AS
57150		IRRIGATION OF VAGINA AND /OR APPLICATION OF MEDICAMENT FOR TREATMENT OF	19.71	18.95	0	1		
57160		FITTING AND INSERTION OF PESSARY OR OTHER INTRAVAGINAL SUPPORT DEVICE	33.22	31.94	0	1		
57170		DIAPHRAGM OR CERVICAL CAP FITTING WITH INSTRUCTIONS	26.06	25.06	0	1		
57200		COLPORRHAPHY, SUTURE OF INJURY OF VAGINA (NONOBSTETRICAL)	20.33	19.54	90	1		AS
57210		COLPOPERINEORRHAPHY, SUTURE OF INJURY OF VAGINA AND/OR PERINEUM (NONOBSTETR	25.12	24.15	90	1		AS
57220		PLASTIC OPERATION ON URETHRAL SPHINCTER, VAGINAL APPROACH (EG, KELLY URETHR	21.84	21.00	90	1		AS
57230		PLASTIC REPAIR OF URETHROCELE	27.47	26.41	90	1		AS
57240		ANTERIOR COLPORRHAPHY, REPAIR OF CYSTOCELE WITH OR WITHOUT REPAIR OF URETHR	46.25	44.47	90	1		AS
57250		POSTERIOR COLPORRHAPHY, REPAIR OF RECTOCELE WITH OR WITHOUT PERINEORRHAPHY	45.16	43.42	90	1		AS
57260		COMBINED ANTEROPOSTERIOR COLPORRHAPHY;	55.90	53.75	90	1		AS
57265		COMBINED ANTEROPOSTERIOR COLPORRHAPHY; WITH ENTEROCELE REPAIR	62.12	59.73	90	1		AS
57267		INSERTION OF MESH OR OTHER PROSTHESIS FOR REPAIR OF PELVIC FLOOR DEFECT, EA	18.61	17.89	90	1		AS
57268		REPAIR OF ENTEROCELE, VAGINAL APPROACH (SEPARATE PROCEDURE)	33.12	31.85	90	1		AS
57270		REPAIR OF ENTEROCELE, ABDOMINAL APPROACH (SEPARATE PROCEDURE)	54.57	52.47	90	1		AS
57280		COLPOPEXY, ABDOMINAL APPROACH	66.47	63.92	90	1		AS

57282		COLPOPEXY, VAGINAL; EXTRA-PERITONEAL APPROACH (SACROSPINOUS, ILIOCOCCYGEUS)	35.20	33.85	90	1	AS
57283		COLPOPEXY, VAGINAL; INTRA-PERITONEAL APPROACH (UTEROSACRAL, LEVATOR MYORRHA	46.64	44.85	90	1	AS
57284		PARAVAGINAL DEFECT REPAIR (INCLUDING REPAIR OF CYSTOCELE, STRESS URINARY IN	57.07	54.87	90	1	AS
57285		PARAVAGINAL DEFECT REPAIR (INCLUDING REPAIR OF CYSTOCELE, IF PERFORMED); VA	45.63	43.87	90	1	AS
57287		REMOVAL OR REVISION OF SLING FOR STRESS INCONTINENCE (EG, FASCIA OR SYNTHET	49.25	47.36	90	1	AS
57288		SLING OPERATION FOR STRESS INCONTINENCE (EG, FASCIA OR SYNTHETIC)	57.89	55.66	90	1	AS
57289		PEREYRA PROCEDURE, INCLUDING ANTERIOR COLPORRHAPHY	53.97	51.89	90	1	AS
57291	R	CONSTRUCTION OF ARTIFICIAL VAGINA; WITHOUT GRAFT	37.11	35.68	90	1	AS
57292	R	CONSTRUCTION OF ARTIFICIAL VAGINA; WITH GRAFT	56.65	54.47	90	1	AS
57295		REVISION (INCLUDING REMOVAL) OF PROSTHETIC VAGINAL GRAFT, VAGINAL APPROACH	33.85	32.55	90	1	AS
57296		REVISION (INCLUDING REMOVAL) OF PROSTHETIC VAGINAL GRAFT; OPEN ABDOMINAL AP	65.20	62.69	90	1	AS
57300		CLOSURE OF RECTOVAGINAL FISTULA; VAGINAL OR TRANSANAL APPROACH	36.53	35.13	90	1	AS
57305		CLOSURE OF RECTOVAGINAL FISTULA; ABDOMINAL APPROACH	61.08	58.73	90	1	AS
57307		CLOSURE OF RECTOVAGINAL FISTULA; ABDOMINAL APPROACH, WITH CONCOMITANT COLOS	68.40	65.77	90	1	AS
57308		CLOSURE OF RECTOVAGINAL FISTULA; TRANSPERINEAL APPROACH, WITH PERINEAL BODY	43.44	41.77	90	1	AS
57310		CLOSURE OF URETHROVAGINAL FISTULA;	34.58	33.25	90	1	AS
57311		CLOSURE OF URETHROVAGINAL FISTULA; WITH BULBOCAVERNOSUS TRANSPLANT	39.56	38.04	90	1	AS
57320		CLOSURE OF VESICOVAGINAL FISTULA; VAGINAL APPROACH	39.19	37.68	90	1	AS
57330		CLOSURE OF VESICOVAGINAL FISTULA; TRANSVESICAL AND VAGINAL APPROACH	55.50	53.37	90	1	AS
57335		VAGINOPLASTY FOR INTERSEX STATE	79.74	76.67	90	1	AS
57415		REMOVAL OF IMPACTED VAGINAL FOREIGN BODY (SEPARATE PROCEDURE) UNDER ANESTHE	68.89	66.24	10	1	
57423		PARAVAGINAL DEFECT REPAIR (INCLUDING REPAIR OF CYSTOCELE, IF PERFORMED), LA	63.74	61.29	90	1	AS
57425		LAPAROSCOPY, SURGICAL, COLPOPEXY (SUSPENSION OF VAGINAL APEX)	67.60	65.00	90	1	AS
57452		COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA;	46.74	44.94	0	1	
57454		COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH BIOPSY(S) OF	65.64	63.11	0	1	
57510		CAUTERY OF CERVIX; ELECTRO OR THERMAL	56.18	54.02	10	1	
57511		CAUTERIZATION OF CERVIX; CRYOCAUTERY, INITIAL OR REPEAT	61.24	58.88	10	1	
57513		CAUTERIZATION OF CERVIX; LASER ABLATION	60.91	58.57	10	1	
57522		CONIZATION OF CERVIX, WITH OR WITHOUT FULGURATION, WITH OR WITHOUT DILATION	111.07	106.80	90	1	
57530		TRACHELECTOMY (CERVICECTOMY), AMPUTATION OF CERVIX (SEPARATE PROCEDURE)	23.40	22.50	90	1	AS
57531		RADICAL TRACHELECTOMY, WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND PARA	115.59	111.15	90	1	AS

57540	EXCISION OF CERVICAL STUMP, ABDOMINAL APPROACH;	53.16	51.11	90	1		AS
57545	EXCISION OF CERVICAL STUMP, ABDOMINAL APPROACH; WITH PELVIC FLOOR REPAIR	55.90	53.75	90	1		AS
57550	EXCISION OF CERVICAL STUMP, VAGINAL APPROACH;	27.73	26.66	90	1		AS
57555	EXCISION OF CERVICAL STUMP, VAGINAL APPROACH; WITH ANTERIOR AND/OR POSTERIO	40.89	39.31	90	1		AS
57556	EXCISION OF CERVICAL STUMP, VAGINAL APPROACH; WITH REPAIR OF ENTEROCELE	39.11	37.61	90	1		AS
57720	TRACHELORRHAPHY, PLASTIC REPAIR OF UTERINE CERVIX, VAGINAL APPROACH	20.82	20.02	90	1		AS
58100	ENDOMETRIAL SAMPLING(BIOPSY) WITH OR WITHOUT ENDOCERVICAL SAMPLING (BIOPSY	46.58	44.78	0	1		
58140	MYOMECTOMY, EXCISION OF FIBROID TUMOR(S) OF UTERUS, 1 TO 4 INTRAMURAL MYOMA	62.31	59.91	90	1		AS
58145	MYOMECTOMY, EXCISION OF FIBROID TUMOR OF UTERUS, SINGLE OR MULTIPLE (SEPARA	36.85	35.43	90	1		AS
58150	TOTAL ABDOMINAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL O	67.47	64.87	90	1	Y	AS
58152	TOTAL ABDOMINAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL O	84.87	81.61	90	1	Y	AS
58180	SUPRACERVICAL ABDOMINAL HYSTERECTOMY (SUBTOTAL HYSTERECTOMY), WITH OR WITHO	64.55	62.06	90	1	Y	AS
58200	TOTAL ABDOMINAL HYSTERECTOMY, INCLUDING PARTIAL VAGINECTOMY, WITH PARA-AORT	88.91	85.49	90	1	Y	AS
58210	RADICAL ABDOMINAL HYSTERECTOMY, WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY	118.46	113.90	90	1	Y	AS
58240	PELVIC EXENTERATION FOR GYNECOLOGIC MALIGNANCY, WITH TOTAL ABDOMINAL HYSTER	187.99	180.76	90	1	Y	AS
58260	VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS;	56.31	54.15	90	1	Y	AS
58262	VAGINAL HYSTERECTOMY; WITH REMOVAL OF TUBE(S), AND/OR OVARY(S)	62.88	60.46	90	1	Y	AS
58263	VAGINAL HYSTERECTOMY; WITH REMOVAL OF TUBE(S), AND/OR OVARY(S), WITH REPAIR	67.75	65.15	90	1	Y	AS
58267	VAGINAL HYSTERECTOMY; WITH COLPO-URETHROCYSTOPEXY (MARSHALL-MARCHETTI-KRANT	71.95	69.18	90	1	Y	AS
58270	VAGINAL HYSTERECTOMY; WITH REPAIR OF ENTEROCELE	60.27	57.95	90	1	Y	AS
58275	VAGINAL HYSTERECTOMY, WITH TOTAL OR PARTIAL VAGINECTOMY;	67.15	64.57	90	1	Y	AS
58280	VAGINAL HYSTERECTOMY, WITH TOTAL OR PARTIAL COLPECTOMY; WITH REPAIR OF ENTE	71.79	69.03	90	1	Y	AS
58285	VAGINAL HYSTERECTOMY, RADICAL (SCHAUTA TYPE OPERATION)	90.01	86.54	90	1	Y	AS
58290	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS;	78.64	75.62	90	1	Y	AS
58291	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH REMOVAL OF TU	85.45	82.16	90	1	Y	AS
58292	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH REMOVAL OF TU	90.01	86.54	90	1	Y	AS
58293	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH COLPO-URETHRO	93.47	89.88	90	1	Y	AS
58294	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH REPAIR OF ENT	83.00	79.80	90	1	Y	AS
58300	INSERTION OF INTRAUTERINE DEVICE (IUD)	31.11	29.91	0	1		
58301	REMOVAL OF INTRAUTERINE DEVICE (IUD)	40.23	38.68	0	1		
58353	R ENDOMETRIAL ABLATION, THERMAL, WITHOUT HYSTEROSCOPIC GUIDANCE	14.92	14.35	10	1		AS

58356		ENDOMETRIAL CRYOABLATION WITH ULTRASONIC GUIDANCE, INCLUDING ENDOMETRIAL CU	23.60	22.69	10	1		AS
58520		HYSTERORRHAPHY, REPAIR OF RUPTURED UTERUS (NONOBSTETRICAL)	53.50	51.44	90	1		AS
58540		HYSTEROPLASTY, REPAIR OF UTERINE ANOMALY (STRASSMAN TYPE)	62.10	59.71	90	1		AS
58541		LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS	58.94	56.68	90	1	Y	AS
58542		LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS	65.30	62.79	90	1	Y	AS
58543		LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS GREATER THAN	66.40	63.84	90	1	Y	AS
58544		LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS GREATER THAN	71.76	69.00	90	1	Y	AS
58545		LAPAROSCOPY, SURGICAL, MYOMECTOMY, EXCISION; 1 TO 4 INTRAMURAL MYOMAS WITH	60.79	58.46	90	1		AS
58546		LAPAROSCOPY, SURGICAL, MYOMECTOMY, EXCISION; 5 OR MORE INTRAMURAL MYOMAS AN	77.03	74.07	90	1		AS
58548		LAPAROSCOPY, SURGICAL, WITH RADICAL HYSTERECTOMY, WITH BILATERAL TOTAL PELV	121.61	116.94	90	1	Y	AS
58550		LAPAROSCOPY SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LE	60.14	57.83	10	1	Y	AS
58552		LAPAROSCOPY SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LE	66.08	63.54	90	1	Y	AS
58553		LAPAROSCOPY, SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 2	77.42	74.44	90	1	Y	AS
58554		LAPAROSCOPY, SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 2	88.36	84.97	90	1	Y	AS
58560		HYSTEROSCOPY, SURGICAL; WITH DIVISION OR RESECTION OF INTRAUTERINE SEPTUM (	26.66	25.63	0	1		AS
58570		LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS;	63.30	60.86	90	1	Y	AS
58571		LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS; W	69.37	66.70	90	1	Y	AS
58572		LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250	78.72	75.69	90	1	Y	AS
58573		LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250	88.81	85.39	90	1	Y	AS
58578	R	UNLISTED LAPAROSCOPY PROCEDURE, UTERUS			0	1		AS
58579	R	UNLISTED HYSTEROSCOPY PROCEDURE, UTERUS			0	1		AS
58600		LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S), ABDOMINAL OR VAGINAL APPROACH	24.62	23.68	90	1	Y	AS
58605		LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S), ABDOMINAL OR VAGINAL APPROACH	22.38	21.52	90	1	Y	AS
58611		LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S) WHEN DONE AT THE TIME OF CESAR	5.37	5.16	90	1	Y	AS
58615		OCCLUSION OF FALLOPIAN TUBE(S) BY DEVICE (EG, BAND, CLIP, FALOPE RING) VAGI	16.70	16.06	10	1	Y	AS
58660		LAPAROSCOPY, SURGICAL; WITH LYSIS OF ADHESIONS (SALPINGOLYSIS, OVARIOLYSIS)	45.91	44.15	90	1		AS
58661		LAPAROSCOPY, SURGICAL; WITH REMOVAL OF ADNEXAL STRUCTURES (PARTIAL OR TOTAL	43.86	42.17	10	1	Y	AS
58662		LAPAROSCOPY, SURGICAL; WITH FULGURATION OR EXCISION OF LESIONS OF THE OVARY	48.10	46.25	90	1		AS
58672		LAPAROSCOPY, SURGICAL; WITH FIMBRIOPLASTY	50.42	48.48	90	1		AS
58673		LAPAROSCOPY, SURGICAL; WITH SALPINGOSTOMY (SALPINGONEOSTOMY)	54.98	52.87	90	1		AS
58679	R	UNLISTED LAPAROSCOPY PROCEDURE, OVIDUCT, OVARY			0	1		AS

58700		SALPINGECTOMY, COMPLETE OR PARTIAL, UNILATERAL OR BILATERAL (SEPARATE PROCE	52.17	50.16	90	1	Y	AS
58720		SALPINGO-OOPHORECTOMY, COMPLETE OR PARTIAL, UNILATERAL OR BILATERAL (SEPARA	48.86	46.98	90	1	Y	AS
58740		LYSIS OF ADHESIONS (SALPINGOLYSIS, OVARIOLYSIS)	59.46	57.18	90	1		AS
58770		SALPINGOSTOMY (SALPINGONEOSTOMY)	57.09	54.90	90	1		AS
58805		DRAINAGE OF OVARIAN CYST(S), UNILATERAL OR BILATERAL, (SEPARATE PROCEDURE);	27.75	26.68	90	1		AS
58820		DRAINAGE OF OVARIAN ABSCESS; VAGINAL APPROACH, OPEN	21.19	20.37	90	1		AS
58822		DRAINAGE OF OVARIAN ABSCESS; ABDOMINAL APPROACH	48.55	46.68	90	1		AS
58823		DRAINAGE OF PELVIC ABSCESS, TRANSVAGINAL OR TRANSRECTAL APPROACH, PERCUTANE	12.47	11.99	0	1		AS
58825	R	TRANSPOSITION, OVARY(S)	47.37	45.55	90	1		AS
58900		BIOPSY OF OVARY, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	28.27	27.19	90	1		AS
58920		WEDGE RESECTION OR BISECTION OF OVARY, UNILATERAL OR BILATERAL	47.90	46.05	90	1		AS
58925		OVARIAN CYSTECTOMY, UNILATERAL OR BILATERAL	50.03	48.11	90	1		AS
58940		OOPHORECTOMY, PARTIAL OR TOTAL, UNILATERAL OR BILATERAL;	34.37	33.05	90	1	Y	AS
58943		OOPHORECTOMY, PARTIAL OR TOTAL, UNILATERAL OR BILATERAL; FOR OVARIAN, TUBAL	76.04	73.11	90	1	Y	AS
58950		RESECTION (INITIAL) OF OVARIAN, TUBAL OR PRIMARY PERITONEAL MALIGNANCY WITH	72.57	69.78	90	1		AS
58951		RESECTION OF OVARIAN MALIGNANCY WITH BILATERAL SALPINGO-OOPHORECTOMY AND OM	93.37	89.78	90	1	Y	AS
58952		RESECTION OF OVARIAN, TUBAL OR PRIMARY PERITONEAL MALIGNANCY WITH BILATERAL	105.46	101.40	90	1	Y	AS
58953		BILATERAL SALPINGO-OOPHORECTOMY WITH OMENTECTOMY, TOTAL ABDOMINAL HYSTERECT	130.60	125.58	90	1	Y	AS
58954		BILATERAL SALPINGO-OOPHORECTOMY WITH OMENTECTOMY, TOTAL ABDOMINAL HYSTERECT	141.78	136.33	90	1	Y	AS
58956		BILATERAL SALPINGO-OOPHORECTOMY WITH TOTAL OMENTECTOMY, TOTAL ABDOMINAL HYS	92.87	89.30	90	1	Y	AS
58957		RESECTION (TUMOR DEBULKING) OF RECURRENT OVARIAN, TUBAL, PRIMARY PERITONEAL	101.71	97.79	90	1		AS
58958		RESECTION (TUMOR DEBULKING) OF RECURRENT OVARIAN, TUBAL, PRIMARY PERITONEAL	113.04	108.69	90	1		AS
58960		LAPAROTOMY, FOR STAGING OR RESTAGING OF OVARIAN, TUBAL OR PRIMARY PERITONEA	62.72	60.31	90	1		AS
58999	R	UNLISTED PROCEDURE, FEMALE GENITAL SYSTEM (NONOBSTETRICAL)			90	1		AS
59025		FETAL NON-STRESS TEST	21.33	20.51	0	1		
59100		HYSTEROTOMY, ABDOMINAL (EG, FOR HYDATIDIFORM MOLE, ABORTION)	57.02	54.82	90	1	Y	AS
59120		SURGICAL TREATMENT OF ECTOPIC PREGNANCY; TUBAL OR OVARIAN, REQUIRING SALPIN	54.46	52.37	90	1		AS
59121		SURGICAL TREATMENT OF ECTOPIC PREGNANCY; TUBAL OR OVARIAN, WITHOUT SALPINGE	54.67	52.57	90	1		AS
59136		SURGICAL TREATMENT OF ECTOPIC PREGNANCY; INTERSTITIAL, UTERINE PREGNANCY WI	60.53	58.21	90	1		AS
59140		SURGICAL TREATMENT OF ECTOPIC PREGNANCY; CERVICAL, WITH EVACUATION	28.25	27.16	90	1		AS
59150		LAPAROSCOPIC TREATMENT OF ECTOPIC PREGNANCY; WITHOUT SALPINGECTOMY AND/OR O	53.08	51.04	90	1		AS

59151		LAPAROSCOPIC TREATMENT OF ECTOPIC PREGNANCY; WITH SALPINGECTOMY AND/OR OOPH	51.62	49.64	90	1		AS
59350		HYSTERORRHAPHY OF RUPTURED UTERUS	19.34	18.59	0	1		AS
59410		VAGINAL DELIVERY ONLY (WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS); INCLUDIN	692.22	665.60	45	1		
59412		EXTERNAL CEPHALIC VERSION, WITH OR WITHOUT TOCOLYSIS (LIST IN ADDITION TO C	71.82	69.06	0	1		
59414		DELIVERY OF PLACENTA (SEPARATE PROCEDURE)	145.37	139.78	45	1		
59430	TH	POSTPARTUM CARE ONLY (SEPARATE PROCEDURE)	444.26	444.26	0	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	Y	AS
59614		VAGINAL DELIVERY ONLY, AFTER PREVIOUS CESAREAN DELIVERY (WITH OR WITHOUT EP	110.76	106.50	45	1		
59622		CESAREAN DELIVERY ONLY, FOLLOWING ATTEMPTED VAGINAL DELIVERY AFTER PREVIOUS	110.76	106.50	45	1		AS
59866	R	MULTIFETAL PREGNANCY REDUCTION(S) (MPR)	16.63	15.99	10	1	Y	AS
59870		UTERINE EVACUATION AND CURETTAGE FOR HYDATIDIFORM MOLE	32.52	31.27	90	1		AS
59899	R	UNLISTED PROCEDURE, MATERNITY CARE AND DELIVERY			0	1		AS
60200		EXCISION OF CYST OR ADENOMA OF THYROID, OR TRANSECTION OF ISTHMUS	43.21	41.54	90	1		AS
60210		PARTIAL THYROID LOBECTOMY, UNILATERAL; WITH OR WITHOUT ISTHMUSECTOMY	46.38	44.60	90	1		AS
60212		PARTIAL THYROID LOBECTOMY, UNILATERAL; WITH CONTRALATERAL SUBTOTAL LOBECTOM	66.76	64.19	90	1		AS
60220		TOTAL THYROID LOBECTOMY, UNILATERAL; WITH OR WITHOUT ISTHMUSECTOMY	50.81	48.86	90	1		AS
60225		TOTAL THYROID LOBECTOMY, UNILATERAL; WITH CONTRALATERAL SUBTOTAL LOBECTOMY,	61.16	58.81	90	1		AS
60240		THYROIDECTOMY, TOTAL OR COMPLETE	64.44	61.96	90	1		AS
60252		THYROIDECTOMY, TOTAL OR SUBTOTAL FOR MALIGNANCY; WITH LIMITED NECK DISSECTI	87.09	83.74	90	1		AS
60254		THYROIDECTOMY, TOTAL OR SUBTOTAL FOR MALIGNANCY; WITH RADICAL NECK DISSECTI	111.04	106.76	90	1		AS
60260		THYROIDECTOMY, REMOVAL OF ALL REMAINING THYROID TISSUE FOLLOWING PREVIOUS R	72.62	69.83	90	1		AS
60270		THYROIDECTOMY, INCLUDING SUBSTERNAL THYROID; STERNAL SPLIT OR TRANSTHORACIC	91.70	88.17	90	1		AS
60271		THYROIDECTOMY, INCLUDING SUBSTERNAL THYROID GLAND; CERVICAL APPROACH	69.94	67.25	90	1		AS
60280		EXCISION OF THYROGLOSSAL DUCT CYST OR SINUS;	29.03	27.91	90	1		AS
60281		EXCISION OF THYROGLOSSAL DUCT CYST OR SINUS; RECURRENT	38.54	37.06	90	1		AS
60500		PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S);	67.33	64.74	90	1		AS
60502		PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S); RE-EXPLORATION	84.40	81.16	90	1		AS
60505		PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S); WITH MEDIASTINAL EXPLOR	92.27	88.72	90	1		AS
60512		PARATHYROID AUTOTRANSPLANTATION (LIST SEPARATELY IN ADDITION TO CODE FOR PR	16.34	15.71	0	1		AS

60520		THYMECTOMY, PARTIAL OR TOTAL; TRANSCERVICAL APPROACH (SEPARATE PROCEDURE)	68.95	66.30	90	1	AS
60521		THYMECTOMY, PARTIAL OR TOTAL; STERNAL SPLIT OR TRANSTHORACIC APPROACH, WITH	79.66	76.60	90	1	AS
60522		THYMECTOMY, PARTIAL OR TOTAL; STERNAL SPLIT OR TRANSTHORACIC APPROACH, WITH	95.97	92.28	90	1	AS
60540		ADRENALECTOMY, PARTIAL OR COMPLETE, OR EXPLORATION OF ADRENAL GLAND WITH OR	73.67	70.83	90	1	AS
60545		ADRENALECTOMY, PARTIAL OR COMPLETE, OR EXPLORATION OF ADRENAL GLAND WITH OR	83.49	80.28	90	1	AS
60600		EXCISION OF CAROTID BODY TUMOR; WITHOUT EXCISION OF CAROTID ARTERY	95.30	91.63	90	1	AS
60605		EXCISION OF CAROTID BODY TUMOR; WITH EXCISION OF CAROTID ARTERY	120.73	116.08	90	1	AS
60659	R	UNLISTED LAPAROSCOPY PROCEDURE, ENDOCRINE SYSTEM			0	1	AS
60699	R	UNLISTED PROCEDURE, ENDOCRINE SYSTEM			90	1	AS
61140		BURR HOLE(S) OR TREPHINE; WITH BIOPSY OF BRAIN OR INTRACRANIAL LESION	82.87	79.68	90	1	AS
61154		BURR HOLE(S) WITH EVACUATION AND/OR DRAINAGE OF HEMATOMA, EXTRADURAL OR SUB	83.62	80.40	90	1	AS
61156		BURR HOLE(S); WITH ASPIRATION OF HEMATOMA OR CYST, INTRACEREBRAL	82.55	79.38	90	1	AS
61250		BURR HOLE(S) OR TREPHINE, SUPRATENTORIAL, EXPLORATORY, NOT FOLLOWED BY OTHE	55.84	53.69	90	1	AS
61253		BURR HOLE(S) OR TREPHINE, INFRATENTORIAL, UNILATERAL OR BILATERAL	60.48	58.16	90	1	AS
61304		CRANIECTOMY OR CRANIOTOMY, EXPLORATORY; SUPRATENTORIAL	108.74	104.56	90	1	AS
61305		CRANIECTOMY OR CRANIOTOMY, EXPLORATORY; INFRATENTORIAL (POSTERIOR FOSSA)	130.71	125.68	90	1	AS
61312		CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, SUPRATENTORIAL; EXTRA	135.89	130.67	90	1	AS
61313		CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, SUPRATENTORIAL; INTRA	130.37	125.36	90	1	AS
61314		CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, INFRATENTORIAL; EXTRA	121.38	116.71	90	1	AS
61315		CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, INFRATENTORIAL; INTRA	136.99	131.72	90	1	AS
61320		CRANIECTOMY OR CRANIOTOMY, DRAINAGE OF INTRACRANIAL ABSCESS; SUPRATENTORIAL	126.75	121.87	90	1	AS
61321		CRANIECTOMY OR CRANIOTOMY, DRAINAGE OF INTRACRANIAL ABSCESS; INFRATENTORIAL	138.47	133.15	90	1	AS
61322		CRANIECTOMY OR CRANIOTOMY, DECOMPRESSIVE, WITH OR WITHOUT DURAPLASTY, FOR T	155.31	149.34	90	1	AS
61330		DECOMPRESSION OF ORBIT ONLY, TRANSCRANIAL APPROACH	103.82	99.82	90	1	AS
61332		EXPLORATION OF ORBIT (TRANSCRANIAL APPROACH); WITH BIOPSY	121.72	117.04	90	1	AS
61333		EXPLORATION OF ORBIT (TRANSCRANIAL APPROACH); WITH REMOVAL OF LESION	122.55	117.84	90	1	AS
61334		EXPLORATION OF ORBIT (TRANSCRANIAL APPROACH); WITH REMOVAL OF FOREIGN BODY	78.36	75.34	90	1	AS
61340		SUBTEMPORAL CRANIAL DECOMPRESSION (PSEUDOTUMOR CEREBRI, SLIT VENTRICLE SYND	94.51	90.88	90	1	AS
61343		CRANIECTOMY, SUBOCCIPITAL WITH CERVICAL LAMINECTOMY FOR DECOMPRESSION OF ME	145.69	140.09	90	1	AS
61345		OTHER CRANIAL DECOMPRESSION, POSTERIOR FOSSA	135.24	130.04	90	1	AS
61440		CRANIOTOMY FOR SECTION OF TENTORIUM CEREBELLI (SEPARATE PROCEDURE)	133.08	127.96	90	1	AS

61450	CRANIECTOMY, SUBTEMPORAL, FOR SECTION, COMPRESSION, OR DECOMPRESSION OF SEN	124.64	119.84	90	1	AS
61458	CRANIECTOMY, SUBOCCIPITAL; FOR EXPLORATION OR DECOMPRESSION OF CRANIAL NERV	133.55	128.41	90	1	AS
61460	CRANIECTOMY, SUBOCCIPITAL; FOR SECTION OF ONE OR MORE CRANIAL NERVES	133.52	128.39	90	1	AS
61470	CRANIECTOMY, SUBOCCIPITAL; FOR MEDULLARY TRACTOTOMY	125.60	120.77	90	1	AS
61480	CRANIECTOMY, SUBOCCIPITAL; FOR MESENCEPHALIC TRACTOTOMY OR PEDUNCULOTOMY	119.66	115.06	90	1	AS
61490	CRANIOTOMY FOR LOBOTOMY, INCLUDING CINGULOTOMY	126.83	121.95	90	1	AS
61500	CRANIECTOMY; WITH EXCISION OF TUMOR OR OTHER BONE LESION OF SKULL	88.96	85.54	90	1	AS
61501	CRANIECTOMY; FOR OSTEOMYELITIS	76.32	73.39	90	1	AS
61510	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF BRAIN TUMO	144.28	138.74	90	1	AS
61512	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF MENINGIOMA	169.74	163.22	90	1	AS
61514	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF BRAIN ABSC	126.38	121.52	90	1	AS
61516	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OR FENESTRATI	123.15	118.42	90	1	AS
61518	CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR FOSSA;	182.75	175.72	90	1	AS
61519	CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR FOSSA;	196.43	188.87	90	1	AS
61520	CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR FOSSA;	247.84	238.31	90	1	AS
61521	CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR FOSSA;	210.89	202.78	90	1	AS
61522	CRANIECTOMY, INFRATENTORIAL OR POSTERIOR FOSSA; FOR EXCISION OF BRAIN ABSCE	145.43	139.84	90	1	AS
61524	CRANIECTOMY, INFRATENTORIAL OR POSTERIOR FOSSA; FOR EXCISION OR FENESTRATIO	137.07	131.80	90	1	AS
61531	SUBDURAL IMPLANTATION OF STRIP ELECTRODES THROUGH ONE OR MORE BURR OR TREPH	80.18	77.10	90	1	AS
61533	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR SUBDURAL IMPLANTATION OF AN ELE	100.59	96.72	90	1	AS
61534	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR EXCISION OF EPILEPTOGENIC FOCUS	108.72	104.53	90	1	AS
61535	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR REMOVAL OF EPIDURAL OR SUBDURAL	65.43	62.92	90	1	AS
61536	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR EXCISION OF CEREBRAL EPILEPTOGE	172.06	165.45	90	1	AS
61537	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR LOBECTOMY, TEMPORAL LOBE, WITHO	159.48	153.34	90	1	AS
61538	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR LOBECTOMY, TEMPORAL LOBE, WITH	170.94	164.37	90	1	AS
61539	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR LOBECTOMY, OTHER THAN TEMPORAL	155.75	149.76	90	1	AS
61540	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR LOBECTOMY, OTHER THAN TEMPORAL	146.42	140.79	90	1	AS
61541	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR TRANSECTION OF CORPUS CALLOSUM	139.83	134.45	90	1	AS
61542	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR TOTAL HEMISPHERECTOMY	152.05	146.20	90	1	AS
61543	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR PARTIAL OR SUBTOTAL (FUNCTIONAL	141.99	136.53	90	1	AS
61544	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR EXCISION OR COAGULATION OF CHOR	115.44	111.00	90	1	AS

61545	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR EXCISION OF CRANIOPHARYNGIOMA	208.73	200.70	90	1	AS
61546	CRANIOTOMY FOR HYPOPHYSECTOMY OR EXCISION OF PITUITARY TUMOR, INTRACRANIAL	151.50	145.68	90	1	AS
61548	HYPOPHYSECTOMY OR EXCISION OF PITUITARY TUMOR, TRANSNASAL OR TRANSSEPTAL AP	100.90	97.02	90	1	AS
61550	CRANIECTOMY FOR CRANIOSYNOSTOSIS; SINGLE CRANIAL SUTURE	57.68	55.46	90	1	AS
61552	CRANIECTOMY FOR CRANIOSYNOSTOSIS; MULTIPLE CRANIAL SUTURES	87.82	84.44	90	1	AS
61556	CRANIOTOMY FOR CRANIOSYNOSTOSIS; FRONTAL OR PARIETAL BONE FLAP	108.58	104.41	90	1	AS
61557	CRANIOTOMY FOR CRANIOSYNOSTOSIS; BIFRONTAL BONE FLAP	111.71	107.42	90	1	AS
61558	EXTENSIVE CRANIECTOMY FOR MULTIPLE CRANIAL SUTURE CRANIOSYNOSTOSIS (EG, CLO	111.40	107.12	90	1	AS
61559	EXTENSIVE CRANIECTOMY FOR MULTIPLE CRANIAL SUTURE CRANIOSYNOSTOSIS (EG, CLO	159.40	153.27	90	1	AS
61563	EXCISION, INTRA AND EXTRACRANIAL, BENIGN TUMOR OF CRANIAL BONE (EG, FIBROUS	126.90	122.02	90	1	AS
61564	EXCISION, INTRA AND EXTRACRANIAL, BENIGN TUMOR OF CRANIAL BONE (EG, FIBROUS	161.04	154.85	90	1	AS
61566	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR SELECTIVE AMYGDALOHIPPOCAMPECTO	147.18	141.52	90	1	AS
61567	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR MULTIPLE SUBPIAL TRANSECTIONS,	164.19	157.88	90	1	AS
61570	CRANIECTOMY OR CRANIOTOMY; WITH EXCISION OF FOREIGN BODY FROM BRAIN	121.04	116.39	90	1	AS
61571	CRANIECTOMY OR CRANIOTOMY; WITH TREATMENT OF PENETRATING WOUND OF BRAIN	131.93	126.86	90	1	AS
61575	TRANSORAL APPROACH TO SKULL BASE, BRAIN STEM OR UPPER SPINAL CORD FOR BIOPS	152.57	146.70	90	1	AS
61576	TRANSORAL APPROACH TO SKULL BASE, BRAIN STEM OR UPPER SPINAL CORD FOR BIOPS	243.07	233.72	90	1	AS
61580	CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA; EXTRADURAL, INCLUDING LATE	158.98	152.87	90	1	AS
61582	CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA; EXTRADURAL, INCLUDING UNIL	189.99	182.68	90	1	AS
61583	CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA; INTRADURAL, INCLUDING UNIL	192.10	184.71	90	1	AS
61584	ORBITOCRANIAL APPROACH TO ANTERIOR CRANIAL FOSSA, EXTRADURAL, INCLUDING SUP	186.60	179.43	90	1	AS
61585	ORBITOCRANIAL APPROACH TO ANTERIOR CRANIAL FOSSA, EXTRADURAL, INCLUDING SUP	194.58	187.09	90	1	AS
61586	BICORONAL, TRANSZYGOMATIC AND/OR LEFORT I OSTEOTOMY APPROACH TO ANTERIOR CR	139.93	134.55	90	1	AS
61590	INFRATEMPORAL PRE-AURICULAR APPROACH TO MIDDLE CRANIAL FOSSA (PARAPHARYNGEA	203.28	195.46	90	1	AS
61591	INFRATEMPORAL POST-AURICULAR APPROACH TO MIDDLE CRANIAL FOSSA (INTERNAL AUD	204.45	196.59	90	1	AS
61592	ORBITOCRANIAL ZYGOMATIC APPROACH TO MIDDLE CRANIAL FOSSA (CAVERNOUS SINUS A	210.66	202.55	90	1	AS
61595	TRANSTEMPORAL APPROACH TO POSTERIOR CRANIAL FOSSA, JUGULAR FORAMEN OR MIDLI	154.87	148.91	90	1	AS
61596	TRANSCOCHLEAR APPROACH TO POSTERIOR CRANIAL FOSSA, JUGULAR FORAMEN OR MIDLI	167.95	161.49	90	1	AS
61597	TRANSCONDYLAR (FAR LATERAL) APPROACH TO POSTERIOR CRANIAL FOSSA, JUGULAR FO	190.28	182.96	90	1	AS
61598	TRANSPETROSAL APPROACH TO POSTERIOR CRANIAL FOSSA, CLIVUS OR FORAMEN MAGNUM	165.50	159.13	90	1	AS
61600	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF BASE	140.14	134.75	90	1	AS

61601	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF BASE	156.12	150.11	90	1	AS
61605	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF INFRA	144.36	138.81	90	1	AS
61606	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF INFRA	199.45	191.78	90	1	AS
61607	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF PARAS	182.49	175.47	90	1	AS
61608	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF PARAS	215.69	207.39	90	1	AS
61609	TRANSECTION OR LIGATION, CAROTID ARTERY IN CAVERNOUS SINUS; WITHOUT REPAIR	41.04	39.46	0	1	AS
61610	TRANSECTION OR LIGATION, CAROTID ARTERY IN CAVERNOUS SINUS; WITH REPAIR BY	127.79	122.87	0	1	AS
61611	TRANSECTION OR LIGATION, CAROTID ARTERY IN PETROUS CANAL; WITHOUT REPAIR (L	28.78	27.67	0	1	AS
61612	TRANSECTION OR LIGATION, CAROTID ARTERY IN PETROUS CANAL; WITH REPAIR BY AN	110.12	105.89	0	1	AS
61613	OBLITERATION OF CAROTID ANEURYSM, ARTERIOVENOUS MALFORMATION, OR CAROTID-CA	208.08	200.07	90	1	AS
61615	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF BASE	162.32	156.07	90	1	AS
61616	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF BASE	214.80	206.54	90	1	AS
61618	SECONDARY REPAIR OF DURA FOR CEREBROSPINAL FLUID LEAK, ANTERIOR, MIDDLE OR	85.63	82.33	90	1	AS
61619	SECONDARY REPAIR OF DURA FOR CSF LEAK, ANTERIOR, MIDDLE OR POSTERIOR CRANIA	97.90	94.14	90	1	AS
61680	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; SUPRATENTORIAL, SIMPLE	150.43	144.65	90	1	AS
61682	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; SUPRATENTORIAL, COMPLEX	281.25	270.43	90	1	AS
61684	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; INFRATENTORIAL, SIMPLE	187.26	180.05	90	1	AS
61686	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; INFRATENTORIAL, COMPLEX	301.21	289.62	90	1	AS
61690	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; DURAL, SIMPLE	142.54	137.06	90	1	AS
61692	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; DURAL, COMPLEX	243.72	234.35	90	1	AS
61697	SURGERY OF COMPLEX INTRACRANIAL ANEURYSM, INTRACRANIAL APPROACH; CAROTID CI	276.14	265.52	90	1	AS
61698	SURGERY OF COMPLEX INTRACRANIAL ANEURYSM, INTRACRANIAL APPROACH; VERTEBROBA	298.58	287.09	90	1	AS
61700	SURGERY OF SIMPLE INTRACRANIAL ANEURYSM, INTRACRANIAL APPROACH; CAROTID CIR	229.78	220.94	90	1	AS
61702	SURGERY OF INTRACRANIAL ANEURYSM, INTRACRANIAL APPROACH; VERTEBRAL-BASILAR	257.87	247.96	90	1	AS
61703	SURGERY OF INTRACRANIAL ANEURYSM, CERVICAL APPROACH BY APPLICATION OF OCCLU	88.73	85.32	90	1	AS
61705	SURGERY OF ANEURYSM, VASCULAR MALFORMATION OR CAROTID-CAVERNOUS FISTULA; BY	169.33	162.81	90	1	AS
61708	SURGERY OF ANEURYSM, VASCULAR MALFORMATION OR CAROTID-CAVERNOUS FISTULA; BY	142.70	137.21	90	1	AS
61711	ANASTOMOSIS, ARTERIAL, EXTRACRANIAL-INTRACRANIAL (EG, MIDDLE CEREBRAL/CORTI	173.00	166.35	90	1	AS
61850	TWIST DRILL OR BURR HOLE(S) FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES;	64.91	62.42	90	1	AS
61860	CRANIECTOMY OR CRANIOTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, C	102.59	98.65	90	1	AS
61863	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC IMPLAN	100.51	96.64	90	1	AS

61864	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC IMPLAN	30.46	29.29	0	1	AS
61867	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC IMPLAN	144.57	139.01	90	1	AS
61868	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC IMPLAN	42.84	41.19	90	1	AS
61870	CRANIECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, CEREBELLAR; COR	78.12	75.12	90	1	AS
61875	CRANIECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, CEREBELLAR; SUB	64.40	61.92	90	1	AS
61880	REVISION OR REMOVAL OF INTRACRANIAL NEUROSTIMULATOR ELECTRODES	36.40	35.00	90	1	AS
62005	ELEVATION OF DEPRESSED SKULL FRACTURE; COMPOUND OR COMMUNUTED, EXTRADURAL	82.47	79.30	90	1	AS
62010	ELEVATION OF DEPRESSED SKULL FRACTURE; WITH REPAIR OF DURA AND/OR DEBRIDEME	100.12	96.27	90	1	AS
62100	CRANIOTOMY FOR REPAIR OF DURAL/CEREBROSPINAL FLUID LEAK, INCLUDING SURGERY	105.51	101.45	90	1	AS
62115	REDUCTION OF CRANIOMEGALIC SKULL (EG, TREATED HYDROCEPHALUS); NOT REQUIRING	110.06	105.82	90	1	AS
62116	REDUCTION OF CRANIOMEGALIC SKULL (EG, TREATED HYDROCEPHALUS); WITH SIMPLE C	117.84	113.30	90	1	AS
62117	REDUCTION OF CRANIOMEGALIC SKULL (EG, TREATED HYDROCEPHALUS); REQUIRING CRA	124.59	119.79	90	1	AS
62120	REPAIR OF ENCEPHALOCELE, SKULL VAULT, INCLUDING CRANIOPLASTY	117.05	112.55	90	1	AS
62121	CRANIOTOMY FOR REPAIR OF ENCEPHALOCELE, SKULL BASE	107.88	103.73	90	1	AS
62140	CRANIOPLASTY FOR SKULL DEFECT; UP TO 5 CM DIAMETER	69.34	66.67	90	1	AS
62141	CRANIOPLASTY FOR SKULL DEFECT; LARGER THAN 5 CM DIAMETER	76.14	73.21	90	1	AS
62142	REMOVAL OF BONE FLAP OR PROSTHETIC PLATE OF SKULL	58.29	56.05	90	1	AS
62143	REPLACEMENT OF BONE FLAP OR PROSTHETIC PLATE OF SKULL	68.19	65.57	90	1	AS
62145	CRANIOPLASTY FOR SKULL DEFECT WITH REPARATIVE BRAIN SURGERY	92.87	89.30	90	1	AS
62146	CRANIOPLASTY WITH AUTOGRAFT (INCLUDES OBTAINING BONE GRAFTS); UP TO 5 CM DI	79.35	76.30	90	1	AS
62147	CRANIOPLASTY WITH AUTOGRAFT (INCLUDES OBTAINING BONE GRAFTS); LARGER THAN 5	94.20	90.58	90	1	AS
62161	NEUROENDOSCOPY, INTRACRANIAL; WITH DISSECTION OF ADHESIONS, FENESTRATION OF	100.01	96.17	90	1	AS
62162	NEUROENDOSCOPY, INTRACRANIAL; WITH FENESTRATION OR EXCISION OF COLLOID CYST	123.99	119.22	90	1	AS
62163	NEUROENDOSCOPY, INTRACRANIAL; WITH RETRIEVAL OF FOREIGN BODY	80.86	77.75	90	1	AS
62164	NEUROENDOSCOPY, INTRACRANIAL; WITH EXCISION OF BRAIN TUMOR, INCLUDING PLACE	131.99	126.91	90	1	AS
62165	NEUROENDOSCOPY, INTRACRANIAL; WITH EXCISION OF PITUITARY TUMOR, TRANSNASAL	100.19	96.34	90	1	AS
62180	VENTRICULOCISTERNOSTOMY (TORKILDSEN TYPE OPERATION)	104.68	100.65	90	1	AS
62192	CREATION OF SHUNT; SUBARACHNOID/SUBDURAL-PERITONEAL, -PLEURAL, OTHER TERMIN	63.66	61.21	90	1	AS
62200	VENTRICULOCISTERNOSTOMY, THIRD VENTRICLE;	90.66	87.17	90	1	AS
62220	CREATION OF SHUNT; VENTRICULO-ATRIAL, -JUGULAR, -AURICULAR	66.89	64.32	90	1	AS
62223	CREATION OF SHUNT; VENTRICULO-PERITONEAL, -PLEURAL, OTHER TERMINUS	68.98	66.32	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	43.16	41.50	0	1	
62256	REMOVAL OF COMPLETE CEREBROSPINAL FLUID SHUNT SYSTEM; WITHOUT REPLACEMENT	38.91	37.41	90	1	AS
62258	REMOVAL OF COMPLETE CSF SHUNT SYSTEM; WITH REPLACEMENT BY SIMILAR OR OTHER	74.53	71.66	90	1	AS
62270	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	62.22	59.82	0	1	
62273	INJECTION, EPIDURAL, OF BLOOD OR CLOT PATCH	64.82	62.33	0	1	
62280	INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED SALIN	117.10	112.59	10	1	
62282	INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED SALIN	58.97	56.70	10	1	
62310	INJECTION, SINGLE (NOT VIA INDWELLING CATHETER), NOT INCLUDING NEUROLYTIC S	42.31	40.68	0	1	
62311	INJECTION, SINGLE (NOT VIA INDWELLING CATHETER), NOT INCLUDING NEUROLYTIC S	70.03	67.34	0	1	
62318	INJECTION, INCLUDING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTEN	42.31	40.68	0	1	
62319	INJECTION, INCLUDING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTEN	39.53	38.01	0	1	
62351	IMPLANTATION, REVISION OR REPOSITIONING OF INTRATHECAL OR EPIDURAL CATHETER	55.95	53.80	90	1	AS
63001	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAU	81.59	78.45	90	1	AS
63003	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAU	81.80	78.65	90	1	AS
63005	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAU	77.50	74.52	90	1	AS
63011	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAU	73.95	71.11	90	1	AS
63012	LAMINECTOMY WITH REMOVAL OF ABNORMAL FACETS AND/OR PARS INTER-ARTICULARIS W	78.75	75.72	90	1	AS
63015	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAU	98.01	94.24	90	1	AS
63016	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAU	100.48	96.62	90	1	AS
63017	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAU	81.88	78.73	90	1	AS
63020	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDIN	77.84	74.84	90	1	AS
63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDIN	64.60	62.11	90	1	AS
63035	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDIN	13.58	13.05	90	11	AS
63040	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDIN	94.20	90.58	90	1	AS
63042	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDIN	87.95	84.56	90	1	AS
63043	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDIN	15.76	15.15	90	5	AS
63044	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDIN	15.76	15.15	90	4	AS
63045	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DEC	84.35	81.11	90	1	AS
63046	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DEC	80.23	77.15	90	1	AS
63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DEC	73.07	70.26	90	1	AS

63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DEC	14.57	14.01	90	23	AS
63050	LAMINOPLASTY, CERVICAL, WITH DECOMPRESSION OF THE SPINAL CORD, TWO OR MORE	101.45	97.54	90	1	AS
63051	LAMINOPLASTY, CERVICAL, WITH DECOMPRESSION OF THE SPINAL CORD, TWO OR MORE	113.69	109.32	90	1	AS
63055	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NE	108.30	104.13	90	1	AS
63056	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NE	99.49	95.66	90	1	AS
63057	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NE	22.33	21.47	90	16	AS
63064	COSTOVERTEBRAL APPROACH WITH DECOMPRESSION OF SPINAL CORD OR NERVE ROOT(S),	117.91	113.38	90	1	AS
63066	COSTOVERTEBRAL APPROACH WITH DECOMPRESSION OF SPINAL CORD OR NERVE ROOT(S),	13.71	13.18	90	11	AS
63075	DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/ OR NERVE ROOT(	92.19	88.65	90	1	AS
63076	DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/ OR NERVE ROOT(	17.25	16.59	90	3	AS
63077	DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/ OR NERVE ROOT(	99.96	96.12	90	1	AS
63078	DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/ OR NERVE ROOT(	13.63	13.10	90	11	AS
63081	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, ANTER	118.51	113.96	90	1	AS
63082	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, ANTER	18.58	17.86	90	6	AS
63085	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, TRANS	124.74	119.94	90	1	AS
63086	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, TRANS	13.08	12.58	90	11	AS
63087	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, COMBI	159.71	153.57	90	1	AS
63088	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, COMBI	17.95	17.26	90	16	AS
63090	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, TRANS	130.24	125.23	90	1	AS
63091	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, TRANS	12.30	11.83	90	17	AS
63101	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, LATER	149.78	144.02	90	1	AS
63102	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, LATER	148.95	143.22	90	1	AS
63103	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, LATER	19.47	18.72	90	2	AS
63170	LAMINECTOMY WITH MYELOTOMY (EG, BISCHOF OR DREZ TYPE), CERVICAL, THORACIC,	102.12	98.20	90	1	AS
63172	LAMINECTOMY WITH DRAINAGE OF INTRAMEDULLARY CYST/SYRINX; TO SUBARACHNOID SP	92.19	88.65	90	1	AS
63173	LAMINECTOMY WITH DRAINAGE OF INTRAMEDULLARY CYST/SYRINX; TO PERITONEAL OR P	114.03	109.65	90	1	AS
63180	LAMINECTOMY AND SECTION OF DENTATE LIGAMENTS, WITH OR WITHOUT DURAL GRAFT,	91.65	88.12	90	1	AS
63182	LAMINECTOMY AND SECTION OF DENTATE LIGAMENTS, WITH OR WITHOUT DURAL GRAFT,	98.40	94.61	90	1	AS
63185	LAMINECTOMY WITH RHIZOTOMY; ONE OR TWO SEGMENTS	75.44	72.54	90	1	AS
63190	LAMINECTOMY WITH RHIZOTOMY; MORE THAN TWO SEGMENTS	86.04	82.74	90	1	AS
63191	LAMINECTOMY WITH SECTION OF SPINAL ACCESSORY NERVE	94.22	90.60	90	1	AS

63194	LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF ONE SPINOTHALAMIC TRACT, ONE ST	96.94	93.21	90	1	AS
63195	LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF ONE SPINOTHALAMIC TRACT, ONE ST	99.91	96.07	90	1	AS
63196	LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF BOTH SPINOTHALAMIC TRACTS, ONE	117.39	112.88	90	1	AS
63197	LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF BOTH SPINOTHALAMIC TRACTS, ONE	112.36	108.04	90	1	AS
63198	LAMINECTOMY WITH CORDOTOMY WITH SECTION OF BOTH SPINOTHALAMIC TRACTS, TWO S	126.23	121.37	90	1	AS
63199	LAMINECTOMY WITH CORDOTOMY WITH SECTION OF BOTH SPINOTHALAMIC TRACTS, TWO S	109.80	105.57	90	1	AS
63200	LAMINECTOMY, WITH RELEASE OF TETHERED SPINAL CORD, LUMBAR	100.30	96.44	90	1	AS
63250	LAMINECTOMY FOR EXCISION OR OCCLUSION OF ARTERIOVENOUS MALFORMATION OF SPIN	193.95	186.49	90	1	AS
63251	LAMINECTOMY FOR EXCISION OR OCCLUSION OF ARTERIOVENOUS MALFORMATION OF SPIN	200.73	193.01	90	1	AS
63252	LAMINECTOMY FOR EXCISION OR OCCLUSION OF ARTERIOVENOUS MALFORMATION OF SPIN	201.27	193.53	90	1	AS
63265	LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THAN NEO	110.75	106.49	90	1	AS
63266	LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THAN NEO	113.61	109.24	90	1	AS
63267	LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THAN NEO	91.52	88.00	90	1	AS
63268	LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THAN NEO	91.88	88.35	90	1	AS
63270	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM, INTRADU	136.05	130.82	90	1	AS
63271	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM, INTRADU	136.96	131.70	90	1	AS
63272	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM, INTRADU	125.89	121.05	90	1	AS
63273	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM, INTRADU	117.99	113.45	90	1	AS
63275	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; EXTRADURAL, CERVIC	118.62	114.06	90	1	AS
63276	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; EXTRADURAL, THORAC	118.28	113.73	90	1	AS
63277	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; EXTRADURAL, LUMBAR	103.53	99.55	90	1	AS
63278	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; EXTRADURAL, SACRAL	100.98	97.09	90	1	AS
63280	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, EXTRAM	140.59	135.18	90	1	AS
63281	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, EXTRAM	138.92	133.57	90	1	AS
63282	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, EXTRAM	131.20	126.16	90	1	AS
63283	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, SACRAL	124.06	119.29	90	1	AS
63285	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, INTRAM	171.86	165.25	90	1	AS
63286	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, INTRAM	171.54	164.94	90	1	AS
63287	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, INTRAM	181.03	174.06	90	1	AS
63290	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; COMBINED EXTRADURA	182.85	175.82	90	1	AS
63295	OSTEOPLASTIC RECONSTRUCTION OF DORSAL SPINAL ELEMENTS, FOLLOWING PRIMARY IN	21.65	20.82	90	1	AS

63300	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR E	122.08	117.39	90	1	AS
63301	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR E	135.58	130.37	90	1	AS
63302	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR E	134.67	129.49	90	1	AS
63303	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR E	139.20	133.85	90	1	AS
63304	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR E	150.43	144.65	90	1	AS
63305	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR E	151.37	145.55	90	1	AS
63306	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR E	162.86	156.60	90	1	AS
63307	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR E	147.91	142.22	90	1	AS
63308	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR E	22.44	21.57	90	3	AS
63655	LAMINECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, PLATE/PADDLE, E	56.44	54.27	90	1	AS
63661	REMOVAL OF SPINAL NEUROSTIMULATOR ELECTRODE PERCUTANEOUS ARRAY(S), INCLU	38.62	37.13	10	1	AS
63662	REMOVAL OF SPINAL NEUROSTIMULATOR ELECTRODE PLATE/PADDLE(S) PLACED VIA	49.62	47.71	90	1	AS
63663	REVISION INCLUDING REPLACEMENT, WHEN PERFORMED, OF SPINAL NEUROSTIMULATO	57.22	55.02	10	1	AS
63664	REVISION INCLUDING REPLACEMENT, WHEN PERFORMED, OF SPINAL NEUROSTIMULATO	51.65	49.66	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	81.04	77.93	90	1	AS
63702	REPAIR OF MENINGOCELE; LARGER THAN 5 CM DIAMETER	91.88	88.35	90	1	AS
63704	REPAIR OF MYELOMENINGOCELE; LESS THAN 5 CM DIAMETER	101.11	97.22	90	1	AS
63706	REPAIR OF MYELOMENINGOCELE; LARGER THAN 5 CM DIAMETER	120.02	115.41	90	1	AS
63707	REPAIR OF DURAL/CEREBROSPINAL FLUID LEAK, NOT REQUIRING LAMINECTOMY	60.04	57.73	90	1	AS
63709	REPAIR OF DURAL/CEREBROSPINAL FLUID LEAK OR PSEUDOMENINGOCELE, WITH LAMINEC	72.62	69.83	90	1	AS
63710	DURAL GRAFT, SPINAL	73.15	70.33	90	1	AS
63740	CREATION OF SHUNT, LUMBAR, SUBARACHNOID-PERITONEAL, -PLEURAL, OR OTHER; INC	62.80	60.39	90	1	AS
63741	CREATION OF SHUNT, LUMBAR, SUBARACHNOID-PERITONEAL, -PLEURAL, OR OTHER; PER	39.92	38.39	90	1	AS
63744	REPLACEMENT, IRRIGATION OR REVISION OF LUMBOSUBARACHNOID SHUNT	42.32	40.69	90	1	AS
64400	INJECTION, ANESTHETIC AGENT; TRIGEMINAL NERVE, ANY DIVISION OR BRANCH	42.18	40.56	0	1	
64402	INJECTION, ANESTHETIC AGENT; FACIAL NERVE	44.46	42.75	0	1	
64405	INJECTION, ANESTHETIC AGENT; GREATER OCCIPITAL NERVE	41.53	39.94	0	1	
64408	INJECTION, ANESTHETIC AGENT; VAGUS NERVE	49.19	47.30	0	1	
64410	INJECTION, ANESTHETIC AGENT; PHRENIC NERVE	54.72	52.62	0	1	
64412	INJECTION, ANESTHETIC AGENT; SPINAL ACCESSORY NERVE	54.89	52.78	0	1	

64413	INJECTION, ANESTHETIC AGENT; CERVICAL PLEXUS	45.44	43.69	0	1	
64415	INJECTION, ANESTHETIC AGENT; BRACHIAL PLEXUS, SINGLE	48.37	46.51	0	1	
64417	INJECTION, ANESTHETIC AGENT; AXILLARY NERVE	48.05	46.20	0	1	
64418	INJECTION, ANESTHETIC AGENT; SUPRASCAPULAR NERVE	52.12	50.11	0	1	
64420	INJECTION, ANESTHETIC AGENT; INTERCOSTAL NERVE, SINGLE	60.10	57.78	0	1	
64421	INJECTION, ANESTHETIC AGENT; INTERCOSTAL NERVES, MULTIPLE, REGIONAL BLOCK	87.14	83.78	0	1	
64425	INJECTION, ANESTHETIC AGENT; ILIOINGUINAL, ILIOHYPOGASTRIC NERVES	51.95	49.95	0	1	
64430	INJECTION, ANESTHETIC AGENT; PUDENDAL NERVE	64.33	61.86	0	1	
64435	INJECTION, ANESTHETIC AGENT; PARACERVICAL (UTERINE) NERVE	58.31	56.06	0	1	
64445	INJECTION, ANESTHETIC AGENT; SCIATIC NERVE, SINGLE	51.79	49.80	0	1	
64450	INJECTION, ANESTHETIC AGENT; OTHER PERIPHERAL NERVE OR BRANCH	43.16	41.50	0	1	
64455	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, PLANTAR COMMON DIGITAL NERVE(S) (EG, M	22.15	21.30		8	
64479	INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL; CERVIC	144.93	139.36	0	1	
64480	INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL; CERVIC	67.65	65.05	0	2	
64483	INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL; LUMBAR	144.93	139.36	0	1	
64484	INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL; LUMBAR	69.77	67.09	0	2	
64490	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET	73.78	70.94	0	1	
64491	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET	36.32	34.92	0	1	
64492	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET	36.81	35.39	0	1	
64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET	66.78	64.21	0	1	
64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET	32.58	31.33	0	1	
64495	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET	33.06	31.80	0	1	
64505	*INJECTION, ANESTHETIC AGENT; SPHENOPALATINE GANGLION	41.86	40.25	0	1	
64508	INJECTION, ANESTHETIC AGENT; CAROTID SINUS (SEPARATE PROCEDURE)	53.75	51.68	0	1	
64510	INJECTION, ANESTHETIC AGENT; STELLATE GANGLION (CERVICAL SYMPATHETIC)	52.12	50.11	0	1	
64517	INJECTION, ANESTHETIC AGENT; SUPERIOR HYPOGASTRIC PLEXUS	10.63	10.22	0	1	AS
64520	INJECTION, ANESTHETIC AGENT; LUMBAR OR THORACIC (PARAVERTEBRAL SYMPATHETIC	66.29	63.74	0	1	
64530	INJECTION, ANESTHETIC AGENT; CELIAC PLEXUS, WITH OR WITHOUT RADIOLOGIC MON	71.98	69.22	0	1	
64580	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; NEUROMUSCULAR	19.13	18.39	90	1	AS
64585	REVISION OR REMOVAL OF PERIPHERAL NEUROSTIMULATOR ELECTRODES	11.94	11.48	10	1	AS
64590	INSERTION OR REPLACEMENT OF PERIPHERAL OR GASTRIC NEUROSTIMULATOR PULSE GEN	23.57	22.67	10	1	AS

64600	DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SUPRAORBITAL, INFRAORBIT	150.48	144.70	10	1	
64605	DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SECOND AND THIRD DIVISIO	228.01	219.24	10	1	
64610	DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SECOND AND THIRD DIVISIO	291.69	280.47	10	1	
64620	DESTRUCTION BY NEUROLYTIC AGENT; INTERCOSTAL NERVE	105.21	101.17	10	1	
64626	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE; CERVICAL	96.21	92.51	10	1	
64627	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE; CERVICAL	24.18	23.25	0	2	
64630	DESTRUCTION BY NEUROLYTIC AGENT; PUDENDAL NERVE	97.07	93.34	10	1	
64632	DESTRUCTION BY NEUROLYTIC AGENT; PLANTAR COMMON DIGITAL NERVE	35.83	34.46		8	
64640	DESTRUCTION BY NEUROLYTIC AGENT; OTHER PERIPHERAL NERVE OR BRANCH	88.60	85.19	10	1	
64650	CHEMODENERVATION OF ECCRINE GLANDS; BOTH AXILLAE	24.18	23.25	0	1	
64653	CHEMODENERVATION OF ECCRINE GLANDS; OTHER AREA(S) (EG, SCALP, FACE, NECK),	27.93	26.86	0	1	
64680	DESTRUCTION BY NEUROLYTIC AGENT, WITH OR WITHOUT RADIOLOGIC MONITORING; CEL	116.94	112.44	10	1	
64681	DESTRUCTION BY NEUROLYTIC AGENT, WITH OR WITHOUT RADIOLOGIC MONITORING; SUP	13.93	13.39	10	1	AS
64704	NEUROPLASTY; NERVE OF HAND OR FOOT	22.46	21.60	90	1	AS
64708	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; OTHER THAN SPECIFIED	31.84	30.62	90	1	AS
64712	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; SCIATIC NERVE	36.35	34.95	90	1	AS
64713	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; BRACHIAL PLEXUS	51.75	49.76	90	1	AS
64714	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; LUMBAR PLEXUS	44.12	42.42	90	1	AS
64716	NEUROPLASTY AND/OR TRANSPOSITION; CRANIAL NERVE (SPECIFY)	34.06	32.75	90	1	AS
64722	DECOMPRESSION; UNSPECIFIED NERVE(S) (SPECIFY)	22.20	21.35	90	1	AS
64732	TRANSECTION OR AVULSION OF; SUPRAORBITAL NERVE	26.03	25.03	90	1	AS
64736	TRANSECTION OR AVULSION OF; MENTAL NERVE	25.82	24.83	90	1	AS
64738	TRANSECTION OR AVULSION OF; INFERIOR ALVEOLAR NERVE BY OSTEOTOMY	30.59	29.42	90	1	AS
64740	TRANSECTION OR AVULSION OF; LINGUAL NERVE	30.10	28.94	90	1	AS
64742	TRANSECTION OR AVULSION OF; FACIAL NERVE, DIFFERENTIAL OR COMPLETE	30.80	29.62	90	1	AS
64746	TRANSECTION OR AVULSION OF; PHRENIC NERVE	29.11	27.99	90	1	AS
64752	TRANSECTION OR AVULSION OF; VAGUS NERVE (VAGOTOMY), TRANSTHORACIC	33.38	32.10	90	1	AS
64755	TRANSECTION OR AVULSION OF; VAGUS NERVES LIMITED TO PROXIMAL STOMACH (SELEC	59.83	57.53	90	1	AS
64760	TRANSECTION OR AVULSION OF; VAGUS NERVE (VAGOTOMY), ABDOMINAL	31.71	30.49	90	1	AS
64761	TRANSECTION OR AVULSION OF; PUDENDAL NERVE	29.89	28.74	90	1	AS
64763	TRANSECTION OR AVULSION OF OBTURATOR NERVE, EXTRAPELVIC, WITH OR WITHOUT AD	32.17	30.94	90	1	AS

64766	TRANSECTION OR AVULSION OF OBTURATOR NERVE, INTRAPELVIC, WITH OR WITHOUT AD	41.82	40.22	90	1	AS
64771	TRANSECTION OR AVULSION OF OTHER CRANIAL NERVE, EXTRADURAL	39.45	37.94	90	1	AS
64772	TRANSECTION OR AVULSION OF OTHER SPINAL NERVE, EXTRADURAL	38.36	36.88	90	1	AS
64786	EXCISION OF NEUROMA; SCIATIC NERVE	71.56	68.80	90	1	AS
64792	EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; EXTENSIVE (INCLUDING MALIGNANT TY	71.69	68.93	90	1	AS
64802	SYMPATHECTOMY, CERVICAL	39.30	37.78	90	1	AS
64804	SYMPATHECTOMY, CERVICOTHORACIC	60.35	58.03	90	1	AS
64809	SYMPATHECTOMY, THORACOLUMBAR	57.54	55.32	90	1	AS
64818	SYMPATHECTOMY, LUMBAR	44.09	42.39	90	1	AS
64835	SUTURE OF ONE NERVE, HAND OR FOOT; MEDIAN MOTOR THENAR	53.65	51.59	90	1	AS
64836	SUTURE OF ONE NERVE, HAND OR FOOT; ULNAR MOTOR	53.60	51.54	90	1	AS
64837	SUTURE OF EACH ADDITIONAL NERVE, HAND OR FOOT (LIST SEPARATELY IN ADDITION	25.93	24.93	90	4	AS
64840	SUTURE OF POSTERIOR TIBIAL NERVE	60.61	58.28	90	1	AS
64857	SUTURE OF MAJOR PERIPHERAL NERVE, ARM OR LEG, EXCEPT SCIATIC; WITHOUT TRANS	70.51	67.80	90	1	AS
64858	SUTURE OF SCIATIC NERVE	82.19	79.03	90	1	AS
64859	SUTURE OF EACH ADDITIONAL MAJOR PERIPHERAL NERVE (LIST SEPARATELY IN ADDITI	17.56	16.89	90	3	AS
64861	SUTURE OF; BRACHIAL PLEXUS	92.40	88.85	90	1	AS
64862	SUTURE OF; LUMBAR PLEXUS	89.67	86.22	90	1	AS
64864	SUTURE OF FACIAL NERVE; EXTRACRANIAL	57.30	55.10	90	1	AS
64865	SUTURE OF FACIAL NERVE; INFRATEMPORAL, WITH OR WITHOUT GRAFTING	75.62	72.71	90	1	AS
64866	ANASTOMOSIS; FACIAL-SPINAL ACCESSORY	79.43	76.37	90	1	AS
64868	ANASTOMOSIS; FACIAL-HYPOGLOSSAL	69.29	66.62	90	1	AS
64870	ANASTOMOSIS; FACIAL-PHRENIC	67.41	64.82	90	1	AS
64872	SUTURE OF NERVE; REQUIRING SECONDARY OR DELAYED SUTURE (LIST SEPARATELY IN	8.18	7.87	90	1	AS
64874	SUTURE OF NERVE; REQUIRING EXTENSIVE MOBILIZATION, OR TRANSPOSITION OF NERV	12.04	11.58	90	1	AS
64876	SUTURE OF NERVE; REQUIRING SHORTENING OF BONE OF EXTREMITY (LIST SEPARATELY	12.95	12.45	90	1	AS
64885	NERVE GRAFT (INCLUDES OBTAINING GRAFT), HEAD OR NECK; UP TO 4 CM IN LENGTH	74.32	71.46	90	1	AS
64886	NERVE GRAFT (INCLUDES OBTAINING GRAFT), HEAD OR NECK; MORE THAN 4 CM IN LEN	88.44	85.04	90	1	AS
64890	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, HAND OR FOOT; UP TO	72.65	69.86	90	1	AS
64891	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, HAND OR FOOT; MORE T	76.59	73.64	90	1	AS
64892	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, ARM OR LEG; UP TO 4	71.56	68.80	90	1	AS

64893	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, ARM OR LEG; MORE THA	74.55	71.69	90	1	AS
64895	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), HAND OR F	88.39	84.99	90	1	AS
64896	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), HAND OR F	97.85	94.09	90	1	AS
64897	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), ARM OR LE	84.77	81.51	90	1	AS
64898	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), ARM OR LE	92.45	88.90	90	1	AS
64901	NERVE GRAFT, EACH ADDITIONAL NERVE; SINGLE STRAND (LIST SEPARATELY IN ADDIT	40.83	39.26	90	3	AS
64902	NERVE GRAFT, EACH ADDITIONAL NERVE; MULTIPLE STRANDS (CABLE) (LIST SEPARATE	46.90	45.10	90	1	AS
64905	NERVE PEDICLE TRANSFER; FIRST STAGE	68.25	65.62	90	1	AS
64907	NERVE PEDICLE TRANSFER; SECOND STAGE	76.89	73.93	90	1	AS
65105	ENUCLEATION OF EYE; WITH IMPLANT, MUSCLES ATTACHED TO IMPLANT	49.90	47.98	90	1	AS
65110	EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL OF ORBITAL CON	73.01	70.21	90	1	AS
65112	EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL OF ORBITAL CON	86.04	82.74	90	1	AS
65114	EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL OF ORBITAL CON	89.35	85.92	90	1	AS
65210	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CONJUNCTIVAL EMBEDDED (INCLUDES CON	26.22	25.22	0	1	
65220	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CORNEAL, WITHOUT SLIT LAMP	22.15	21.30	0	1	
65260	REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM POSTERIOR SEGMENT, MAGNETIC EXTR	57.20	55.00	90	1	AS
65265	REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM POSTERIOR SEGMENT, NONMAGNETIC E	64.39	61.91	90	1	AS
65285	REPAIR OF LACERATION; CORNEA AND/OR SCLERA, PERFORATING, WITH REPOSITION OR	62.33	59.93	90	1	AS
65710	KERATOPLASTY (CORNEAL TRANSPLANT); LAMELLAR	65.80	63.27	90	1	AS
65730	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (EXCEPT IN APHAKIA)	73.30	70.48	90	1	AS
65750	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (IN APHAKIA)	74.16	71.31	90	1	AS
65755	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (IN PSEUDOPHAKIA)	73.75	70.91	90	1	AS
65756	KERATOPLASTY (CORNEAL TRANSPLANT); ENDOTHELIAL	72.66	69.86		1	AS
65770	KERATOPROSTHESIS	84.79	81.53	90	1	AS
65900	REMOVAL OF EPITHELIAL DOWNGROWTH, ANTERIOR CHAMBER OF EYE	57.30	55.10	90	1	AS
66165	FISTULIZATION OF SCLERA FOR GLAUCOMA; IRIDENCLEISIS OR IRIDOTASIS	50.19	48.26	90	1	AS
66170	FISTULIZATION OF SCLERA FOR GLAUCOMA; TRABECULECTOMY AB EXTERNO IN ABSENCE	70.67	67.95	90	1	AS
66172	FISTULIZATION OF SCLERA FOR GLAUCOMA; TRABECULECTOMY AB EXTERNO WITH SCARRI	88.99	85.57	90	1	AS
66180	AQUEOUS SHUNT TO EXTRAOCULAR RESERVOIR, (EG, MOLTENO, SCHOCKET, DENVER-KRUP	70.15	67.45	90	1	AS
66185	REVISION OF AQUEOUS SHUNT TO EXTRAOCULAR RESERVOIR	44.48	42.77	90	1	AS
66220	REPAIR OF SCLERAL STAPHYLOMA; WITHOUT GRAFT	43.70	42.02	90	1	AS

66225		REPAIR OF SCLERAL STAPHYLOMA; WITH GRAFT	55.82	53.67	90	1	AS
67010		REMOVAL OF VITREOUS, ANTERIOR APPROACH (OPEN SKY TECHNIQUE OR LIMBAL INCISI	32.52	31.27	90	1	AS
67027		IMPLANTATION OF INTRAVITREAL DRUG DELIVERY SYSTEM (EG, GANCICLOVIR IMPLANT)	51.28	49.31	90	1	AS
67030		DISCISSION OF VITREOUS STRANDS (WITHOUT REMOVAL), PARS PLANA APPROACH	31.01	29.82	90	1	AS
67036		VITRECTOMY, MECHANICAL, PARS PLANA APPROACH;	57.67	55.45	90	1	AS
67039		VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH FOCAL ENDOLASER PHOTOCOAG	73.77	70.93	90	1	AS
67040		VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH ENDOLASER PANRETINAL PHOT	85.13	81.86	90	1	AS
67107		REPAIR OF RETINAL DETACHMENT; SCLERAL BUCKLING (SUCH AS LAMELLAR SCLERAL DI	72.78	69.98	90	1	AS
67108		REPAIR OF RETINAL DETACHMENT; WITH VITRECTOMY, ANY METHOD, WITH OR WITHOUT	96.83	93.11	90	1	AS
67112		REPAIR OF RETINAL DETACHMENT; BY SCLERAL BUCKLING OR VITRECTOMY, ON PATIENT	80.03	76.95	90	1	AS
67113		REPAIR OF COMPLEX RETINAL DETACHMENT (EG, PROLIFERATIVE VITREORETINOPATHY,	95.11	91.45	90	1	AS
67121		REMOVAL OF IMPLANTED MATERIAL, POSTERIOR SEGMENT; INTRAOCULAR	54.33	52.24	90	1	AS
67255		SCLERAL REINFORCEMENT (SEPARATE PROCEDURE); WITH GRAFT	49.80	47.88	90	1	AS
67332		STRABISMUS SURGERY ON PATIENT WITH SCARRING OF EXTRAOCULAR MUSCLES (EG, PRI	20.74	19.94	90	1	AS
67340		STRABISMUS SURGERY INVOLVING EXPLORATION AND/OR REPAIR OF DETACHED EXTRAOCU	22.41	21.55	90	1	AS
67343		RELEASE OF EXTENSIVE SCAR TISSUE WITHOUT DETACHING EXTRAOCULAR MUSCLE (SEPA	38.91	37.41	90	1	AS
67399	R	UNLISTED PROCEDURE, OCULAR MUSCLE			90	1	AS
67400		ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); FOR E	55.30	53.17	90	1	AS
67405		ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH	47.19	45.38	90	1	AS
67412		ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH	50.74	48.78	90	1	AS
67413		ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH	51.00	49.03	90	1	AS
67414		ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH	79.84	76.77	90	1	AS
67420		ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH	98.03	94.26	90	1	AS
67430		ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH	74.37	71.51	90	1	AS
67440		ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH	71.63	68.88	90	1	AS
67445		ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH	84.98	81.71	90	1	AS
67450		ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); FOR	74.40	71.54	90	1	AS
67500		RETROBULBAR INJECTION; MEDICATION (SEPARATE PROCEDURE, DOES NOT INCLUDE SU	34.20	32.89	0	1	
67570		OPTIC NERVE DECOMPRESSION (EG, INCISION OR FENESTRATION OF OPTIC NERVE SHEA	68.87	66.22	90	1	AS
67599	R	UNLISTED PROCEDURE, ORBIT			90	1	AS
67971		RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL F	43.96	42.27	90	1	AS

67973	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL F	56.94	54.75	90	1	AS
67974	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL F	56.70	54.52	90	1	AS
68720	DACRYOCYSTORHINOSTOMY (FISTULIZATION OF LACRIMAL SAC TO NASAL CAVITY)	45.32	43.57	90	1	AS
68745	CONJUNCTIVORHINOSTOMY (FISTULIZATION OF CONJUNCTIVA TO NASAL CAVITY); WITHO	45.68	43.92	90	1	AS
68750	CONJUNCTIVORHINOSTOMY (FISTULIZATION OF CONJUNCTIVA TO NASAL CAVITY); WITH	46.83	45.03	90	1	AS
69155	RADICAL EXCISION EXTERNAL AUDITORY CANAL LESION; WITH NECK DISSECTION	110.88	106.61	90	1	AS
69210	REMOVAL IMPACTED CERUMEN (SEPARATE PROCEDURE), ONE OR BOTH EARS	20.19	19.42	0	1	
69220	DEBRIDEMENT, MASTOIDECTOMY CAVITY, SIMPLE (EG, ROUTINE CLEANING)	55.70	53.56	0	1	
69320	RECONSTRUCTION EXTERNAL AUDITORY CANAL FOR CONGENITAL ATRESIA, SINGLE STAGE	100.51	96.64	90	1	AS
69530	PETROUS APICECTOMY INCLUDING RADICAL MASTOIDECTOMY	108.85	104.66	90	1	AS
69550	EXCISION AURAL GLOMUS TUMOR; TRANSCANAL	68.14	65.52	90	1	AS
69552	EXCISION AURAL GLOMUS TUMOR; TRANSMASTOID	103.24	99.27	90	1	AS
69554	EXCISION AURAL GLOMUS TUMOR; EXTENDED (EXTRATEMPORAL)	162.06	155.82	90	1	AS
69605	REVISION MASTOIDECTOMY; WITH APICECTOMY	102.77	98.82	90	1	AS
69670	MASTOID OBLITERATION (SEPARATE PROCEDURE)	61.94	59.56	90	1	AS
69725	DECOMPRESSION FACIAL NERVE, INTRATEMPORAL; INCLUDING MEDIAL TO GENICULATE G	126.02	121.17	90	1	AS
69740	SUTURE FACIAL NERVE, INTRATEMPORAL, WITH OR WITHOUT GRAFT OR DECOMPRESSION;	77.65	74.67	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	68.90	66.25	90	1	AS
69805	ENDOLYMPHATIC SAC OPERATION; WITHOUT SHUNT	69.60	66.92	90	1	AS
69820	FENESTRATION SEMICIRCULAR CANAL	56.68	54.50	90	1	AS
69840	REVISION FENESTRATION OPERATION	58.84	56.58	90	1	AS
69915	VESTIBULAR NERVE SECTION, TRANSLABYRINTHINE APPROACH	102.12	98.20	90	1	AS
69950	VESTIBULAR NERVE SECTION, TRANSCRANIAL APPROACH	121.02	116.36	90	1	AS
69955	TOTAL FACIAL NERVE DECOMPRESSION AND/OR REPAIR (MAY INCLUDE GRAFT)	132.43	127.34	90	1	AS
69960	DECOMPRESSION INTERNAL AUDITORY CANAL	128.10	123.18	90	1	AS
69970	REMOVAL OF TUMOR, TEMPORAL BONE	142.67	137.18	90	1	AS
80047	BASIC METABOLIC PANEL (CALCIUM, IONIZED)	10.00	10.00		1	
80048	BASIC METABOLIC PANEL	6.40	6.40		1	
80069	RENAL FUNCTION PANEL	6.40	6.40		1	
80074	ACUTE HEPATITIS PANEL	36.80	36.80		1	

80076	HEPATIC FUNCTION PANEL	6.00	6.00	1
81000	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOB	2.40	2.40	4
81001	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOB	2.62	2.62	4
81002	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOB	1.60	1.60	1
81015	URINALYSIS; MICROSCOPIC ONLY	1.60	1.60	1
81025	URINE PREGNANCY TEST, BY VISUAL COLOR COMPARISON METHODS	5.20	5.20	1
82270	BLOOD, OCCULT, BY PEROXIDASE ACTIVITY (EG, GUAIAIC), QUALITATIVE; FECES, CON	1.60	1.60	1
82274	BLOOD, OCCULT, BY FECAL HEMOGLOBIN DETERMINATION BY IMMUNOASSAY, QUALITATIV	1.60	1.60	1
82947	GLUCOSE; QUANTITATIVE, BLOOD (EXCEPT REAGENT STRIP)	2.80	2.80	10
82948	GLUCOSE; BLOOD, REAGENT STRIP	2.40	2.40	10
82950	GLUCOSE; POST GLUCOSE DOSE (INCLUDES GLUCOSE)	3.20	3.20	1
82951	GLUCOSE; TOLERANCE TEST (GTT), THREE SPECIMENS (INCLUDES GLUCOSE)	10.40	10.40	1
82962	GLUCOSE, BLOOD BY GLUCOSE MONITORING DEVICE(S) CLEARED BY THE FDA SPECIFICA	2.20	2.20	1
83026	HEMOGLOBIN; BY COPPER SULFATE METHOD, NON-AUTOMATED	2.00	2.00	1
83655	LEAD	8.40	8.40	1
83721	LIPOPROTEIN, DIRECT MEASUREMENT; LDL CHOLESTEROL	8.80	8.80	1
84702	GONADOTROPIN, CHORIONIC (HCG); QUANTITATIVE	12.40	12.40	1
84703	GONADOTROPIN, CHORIONIC (HCG); QUALITATIVE	5.60	5.60	1
84704	GONADOTROPIN, CHORIONIC (HCG); FREE BETA CHAIN	11.80	11.80	1
85002	BLEEDING TIME	3.60	3.60	1
85004	BLOOD COUNT; AUTOMATED DIFFERENTIAL WBC COUNT	4.80	4.80	1
85007	BLOOD COUNT; BLOOD SMEAR, MICROSCOPIC EXAMINATION WITH MANUAL DIFFERENTIAL	2.80	2.80	10
85013	BLOOD COUNT; SPUN MICROHEMATOCRIT	2.00	2.00	1
85014	BLOOD COUNT; HEMATOCRIT (HCT)	1.60	1.60	10
85018	BLOOD COUNT; HEMOGLOBIN (HGB)	1.60	1.60	10
85025	BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC, WBC AND PLATELET COU	6.40	6.40	4
85049	BLOOD COUNT; PLATELET, AUTOMATED	3.20	3.20	1
85651	SEDIMENTATION RATE, ERYTHROCYTE, NON-AUTOMATED	2.80	2.80	1
85660	SICKLING OF RBC, REDUCTION	3.20	3.20	1
86318	IMMUNOASSAY FOR INFECTIOUS AGENT ANTIBODY, QUALITATIVE OR SEMIQUANTITATIVE,	11.20	11.20	1
86403	PARTICLE AGGLUTINATION; SCREEN, EACH ANTIBODY	8.80	8.80	1

86580		SKIN TEST; TUBERCULOSIS, INTRADERMAL	2.77	2.77	1
86592		SYPHILIS TEST; QUALITATIVE (EG, VDRL, RPR, ART)	3.20	3.20	1
87040		CULTURE, BACTERIAL; BLOOD, AEROBIC, WITH ISOLATION AND PRESUMPTIVE IDENTIFI	8.40	8.40	3
87210		SMEAR, PRIMARY SOURCE WITH INTERPRETATION; WET MOUNT FOR INFECTIOUS AGENTS	3.20	3.20	1
87220		TISSUE EXAMINATION BY KOH SLIDE OF SAMPLES FROM SKIN, HAIR, OR NAILS FOR FU	3.20	3.20	1
87430		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUAL	9.20	9.20	1
87650		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); STREPTOCOCCUS, GRO	9.60	9.60	1
87804		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL	9.20	9.20	2
87880		INFECTIOUS AGENT DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATION;	9.20	9.20	1
89130		GASTRIC INTUBATION AND ASPIRATION, DIAGNOSTIC, EACH SPECIMEN, FOR CHEMICAL	108.37	104.20	2
89190		NASAL SMEAR FOR EOSINOPHILS	3.60	3.60	1
90470		IMMUNE ADMIN H1N1 IM/NASAL	4.16	4.00	1
90472		EACH ADDITIONAL VACCINE (SINGLE OR COMBINATION VACCINE/TOXOID) (LIST	4.00		5
90632		HEPATITIS A VACCINE, ADULT DOSAGE, FOR INTRAMUSCULAR USE	57.53		1
90633		HEPATITIS A VACCINE, PEDIATRIC/ADOLESCENT DOSAGE-2 DOSE SCHEDULE, FOR	8.00		1
90634		HEPATITIS A VACCINE, PEDIATRIC/ADOLESCENT DOSAGE-3 DOSE SCHEDULE, FOR	8.00		1
90645		HEMOPHILUS INFLUENZA B VACCINE (HIB), HBOC CONJUGATE (4 DOSE SCHEDULE), FOR	8.00		1
90647		HEMOPHILUS INFLUENZA B VACCINE (HIB), PRP-OMP CONJUGATE (3 DOSE SCHEDULE),	8.00		1
90648		HEMOPHILUS INFLUENZA B VACCINE (HIB), PRP-T CONJUGATE (4 DOSE SCHEDULE), FO	8.00		1
90649	R	HUMAN PAPILOMA VIRUS (HPV) VACCINE, TYPES 6, 11, 16, 18 (QUADRIVALENT), 3	8.00		1
90649	HA	HUMAN PAPILOMA VIRUS (HPV) VACCINE, TYPES 6,11,16,18 (QUADRIVALENT), 3	114.25		1
90655		INFLUENZA VIRUS VACCINE, SPLIT VIRUS, PRESERVATIVE FREE, WHEN ADMINISTERED	8.00		1
90656	HA	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, PRESERVATIVE FREE, FOR USE IN	20.71		1
90656		INFLUENZA VIRUS VACCINE, SPLIT VIRUS, PRESERVATIVE FREE, WHEN ADMINISTERED	8.00		1
90657		INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO CHILDREN 6-35 MO	8.00		1
90658		INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO 3 YEARS OF AGE A	8.00		1
90658	HA	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, 3 YEARS AND ABOVE DOSAGE, FOR	20.71		1
90660		INFLUENZA VIRUS VACCINE, LIVE, FOR INTRANASAL USE	23.51		1
90669		PNEUMOCOCCAL CONJUGATE VACCINE, POLYVALENT, WHEN ADMINISTERED TO CHILDREN Y	8.00		1
90680		ROTAVIRUS VACCINE, PENTAVALENT, 3 DOSE SCHEDULE, LIVE, FOR ORAL USE	8.00		1
90700		DIPHTHERIA, TETANUS TOXOIDS, AND ACELLULAR PERTUSSIS VACCINE (DTAP), WHEN A	8.00		1

90702		DIPHTHERIA AND TETANUS TOXOIDS (DT) ADSORBED WHEN ADMINISTERED TO YOUNGER T	8.00		1
90704	HA	MUMPS VIRUS VACCINE, LIVE, FOR SUBCUTANEOUS OR JET INJECTION USE	26.47		1
90704		MUMPS VIRUS VACCINE, LIVE, FOR SUBCUTANEOUS USE	8.00		1
90707		MEASLES, MUMPS AND RUBELLA VIRUS VACCINE (MMR), LIVE, FOR SUBCUTANEOUS USE	8.00		1
90707	HA	MEASLES, MUMPS AND RUBELLA VIRUS VACCINE (MMR), LIVE, FOR SUBCUTANEOUS OR J	44.12		1
90708		MEASLES AND RUBELLA VIRUS VACCINE, LIVE, FOR SUBCUTANEOUS USE	8.00		1
90710		MEASLES, MUMPS, RUBELLA, AND VARICELLA VACCINE (MMRV), LIVE, FOR SUBCUTANEO	8.00		1
90713		POLIOVIRUS VACCINE, INACTIVATED, (IPV), FOR SUBCUTANEOUS OR INTRAMUSCULAR U	8.00		1
90714		TETANUS AND DIPHTHERIA TOXOIDS (TD) ADSORBED, PRESERVATIVE FREE, WHEN ADMIN	8.00		1
90714	HA	TETANUS AND DIPHTHERIA TOXOIDS(TD) ADSORBED,PRESERVATIVE FREE, FOR USE IN	23.75		1
90715		TETANUS, DIPHTHERIA TOXOIDS AND ACELLULAR PERTUSSIS VACCINE (TDAP), WHEN AD	8.00		1
90715	HA	TETANUS, DIPHTHERIA TOXOIDS AND ACELLULAR PERTUSSIS VACCINE (TDAP),	38.92		1
90716		VARICELLA VIRUS VACCINE, LIVE, FOR SUBCUTANEOUS USE	8.00		1
90716	HA	VARICELLA VIRUS VACCINE, LIVE, FOR SUBCUTANEOUS USE	75.84		1
90718	HA	TETANUS AND DIPHTHERIA TOXOIDS (TD) ADSORBED FOR USE IN INDIVIDUALS SEVEN Y	13.03		1
90718		TETANUS AND DIPHTHERIA TOXOIDS (TD) ADSORBED WHEN ADMINISTERED TO 7 YEARS O	8.00		1
90721		DIPHTHERIA, TETANUS TOXOIDS, AND ACELLULAR PERTUSSIS VACCINE AND HEMOPHILUS	8.00		1
90723		DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCINE, HEPATITIS B, AND	8.00		1
90732	HA	PNEUMOCOCCAL POLYSACCHARIDE VACCINE, 23-VALENT, ADULT OR IMMUNOSUPPRESSED P	55.96		1
90732		PNEUMOCOCCAL POLYSACCHARIDE VACCINE, 23-VALENT, ADULT OR IMMUNOSUPPRESSED P	8.00		1
90733		MENINGOCOCCAL POLYSACCHARIDE VACCINE (ANY GROUP(S)), FOR SUBCUTANEOUS USE	87.86		1
90734		MENINGOCOCCAL CONJUGATE VACCINE, SEROGROUPS A, C, Y AND W-135 (TETRAVALENT)	8.00		1
90734	HA	MENINGOCOCCAL CONJUGATE VACCINE, SEROGROUPS A, C, Y AND W-135	86.35		1
90743		HEPATITIS B VACCINE, ADOLESCENT (2 DOSE SCHEDULE), FOR INTRAMUSCULAR USE	8.00		1
90744		HEPATITIS B VACCINE, PEDIATRIC/ADOLESCENT DOSAGE (3 DOSE SCHEDULE), FOR INT	8.00		1
90746		HEPATITIS B VACCINE, ADULT DOSAGE, FOR INTRAMUSCULAR USE	57.91		1
90748		HEPATITIS B AND HEMOPHILUS INFLUENZA B VACCINE (HEPB-HIB), FOR INTRAMUSCULA	8.00		1
90749	R	UNLISTED VACCINE/TOXOID		NA	1
90801		PSYCHIATRIC DIAGNOSTIC INTERVIEW EXAMINATION	70.20	67.50	1
90802		INTERACTIVE PSYCHIATRIC DIAGNOSTIC INTERVIEW EXAMINATION USING PLAY EQUIPME	74.76	71.88	1
90804		INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPO	28.99	27.87	1

90805	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPO	32.41	31.16	1
90806	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPO	39.58	38.06	1
90807	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPO	45.11	43.38	1
90810	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVIC	30.78	29.60	1
90811	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVIC	36.16	34.77	1
90812	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVIC	43.16	41.50	1
90813	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVIC	48.86	46.98	1
90816	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPO	26.22	25.22	1
90817	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPO	29.32	28.19	1
90818	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPO	38.76	37.27	1
90819	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPO	41.86	40.25	1
90823	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVIC	28.34	27.25	1
90824	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVIC	31.60	30.38	1
90826	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVIC	41.04	39.46	1
90827	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVIC	43.97	42.28	1
90862	PHARMACOLOGIC MANAGEMENT, INCLUDING PRESCRIPTION, USE, AND REVIEW OF MEDICA	25.73	24.74	1
90951	(ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS YOUNGER THAN 2 YEARS OF AGE TO INCLUD	428.99	412.49	
90952	(ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS YOUNGER THAN 2 YEARS OF AGE TO INCLUD	198.21	190.58	
90953	(ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS YOUNGER THAN 2 YEARS OF AGE TO INCLUD	131.60	126.54	
90954	(ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 2-11 YEARS OF AGE TO INCLUDE MONITORIN	358.79	344.99	
90955	(ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 2-11 YEARS OF AGE TO INCLUDE MONITORIN	198.21	190.58	
90956	(ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 2-11 YEARS OF AGE TO INCLUDE MONITORIN	131.60	126.54	
90957	(ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 12-19 YEARS OF AGE TO INCLUDE MONITORII	286.81	275.78	
90958	(ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 12-19 YEARS OF AGE TO INCLUDE MONITORII	190.39	183.06	
90959	(ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 12-19 YEARS OF AGE TO INCLUDE MONITORII	121.82	117.14	
90960	(ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 20 YEARS OF AGE AND OLDER; WITH 4 OR MC	124.76	119.96	
90961	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 20 YEARS OF AC	99.84	96.00	
90962	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 20 YEARS OF AC	70.84	68.12	
90963	(ESRD) RELATED SERVICES FOR HOME DIALYSIS PER FULL MONTH, FOR PATIENTS YOUNGER THAN	228.99	220.18	
90964	(ESRD) RELATED SERVICES FOR HOME DIALYSIS PER FULL MONTH, FOR PATIENTS 2-11 YEARS OF /	199.67	191.99	
90965	(ESRD) RELATED SERVICES FOR HOME DIALYSIS PER FULL MONTH, FOR PATIENTS 12-19 YEARS OF	190.23	182.91	

90966	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR HOME DIALYSIS PER FULL MONTH, FC	98.37	94.58			
90967	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR DIALYSIS LESS THAN A FULL MONTH (	8.47	8.14			
90968	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR DIALYSIS LESS THAN A FULL MONTH (	6.84	6.58			
90969	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR DIALYSIS LESS THAN A FULL MONTH (	6.68	6.42			
90970	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR DIALYSIS LESS THAN A FULL MONTH (	3.42	3.29			
91000	ESOPHAGEAL INTUBATION AND COLLECTION OF WASHINGS FOR CYTOLOGY, INCLUDING PR	46.58	44.78		1	
91105	GASTRIC INTUBATION, AND ASPIRATION OR LAVAGE FOR TREATMENT (EG, FOR INGESTE	32.74	31.48		1	
92504	BINOCULAR MICROSCOPY (SEPARATE DIAGNOSTIC PROCEDURE)	12.70	12.22		1	
92526	TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING	35.02	33.67		1	
92567	TYMPANOMETRY (IMPEDANCE TESTING)	8.99	8.64		1	
92950	CARDIOPULMONARY RESUSCITATION (EG, IN CARDIAC ARREST)	117.43	112.91		1	
92992	ATRIAL SEPTECTOMY OR SEPTOSTOMY; TRANSVENOUS METHOD, BALLOON (EG, RASHKIND	64.44	61.97	90	1	AS
92993	ATRIAL SEPTECTOMY OR SEPTOSTOMY; BLADE METHOD (PARK SEPTOSTOMY) (INCLUDES C	38.76	37.27	90	1	AS
93000	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; WITH INTERPRETATION	8.63	8.30		1	
94010	SPIROMETRY, INCLUDING GRAPHIC RECORD, TOTAL AND TIMED VITAL CAPACITY, EXPIR	14.98	14.41		1	
94011	MEASUREMENT OF SPIROMETRIC FORCED EXPIRATORY FLOWS IN AN INFANT OR CHILD	43.49	41.82		1	
94012	MEASUREMENT OF SPIROMETRIC FORCED EXPIRATORY FLOWS, BEFORE AND AFTER B	66.93	64.36		1	
94013	MEASUREMENT OF LUNG VOLUMES (IE, FUNCTIONAL RESIDUAL CAPACITY [FRC], FORCED	14.18	13.62		1	
94060	BRONCHODILATION RESPONSIVENESS, SPIROMETRY AS IN 94010, PRE- AND POST-BRONC	26.87	25.84		1	
94070	BRONCHOSPASM PROVOCATION EVALUATION, MULTIPLE SPIROMETRIC DETERMINATIONS AS	27.85	26.78		1	
94150	VITAL CAPACITY, TOTAL (SEPARATE PROCEDURE)	9.31	8.95		1	
94200	MAXIMUM BREATHING CAPACITY, MAXIMAL VOLUNTARY VENTILATION	10.42	10.02		1	
94240	FUNCTIONAL RESIDUAL CAPACITY OR RESIDUAL VOLUME: HELIUM METHOD, NITROGEN OP	18.08	17.38		1	
94250	EXPIRED GAS COLLECTION, QUANTITATIVE, SINGLE PROCEDURE (SEPARATE PROCEDURE)	10.42	10.02		1	
94260	THORACIC GAS VOLUME	14.82	14.25		1	
94350	DETERMINATION OF MALDISTRIBUTION OF INSPIRED GAS: MULTIPLE BREATH NITROGEN	15.14	14.56		1	
94360	DETERMINATION OF RESISTANCE TO AIRFLOW, OSCILLATORY OR PLETHYSMOGRAPHIC MET	20.36	19.58		1	
94370	DETERMINATION OF AIRWAY CLOSING VOLUME, SINGLE BREATH TESTS	14.49	13.94		1	
94375	RESPIRATORY FLOW VOLUME LOOP	16.94	16.29		1	
94400	BREATHING RESPONSE TO CO2 (CO2 RESPONSE CURVE)	24.27	23.34		1	
94450	BREATHING RESPONSE TO HYPOXIA (HYPOXIA RESPONSE CURVE)	23.29	22.39		1	

94610	INTRAPULMONARY SURFACTANT ADMINISTRATION BY A PHYSICIAN THROUGH ENDOTRACHEA	29.15	28.03	1
94640	PRESSURIZED OR NONPRESSURIZED INHALATION TREATMENT FOR ACUTE AIRWAY OBSTRUC	6.35	6.10	3
94644	CONTINUOUS INHALATION TREATMENT WITH AEROSOL MEDICATION FOR ACUTE AIRWAY OB	15.31	14.72	1
94645	CONTINUOUS INHALATION TREATMENT WITH AEROSOL MEDICATION FOR ACUTE AIRWAY OB	6.02	5.79	1
94664	DEMONSTRATION AND/OR EVALUATION OF PATIENT UTILIZATION OF AN AEROSOL GENERA	7.01	6.74	1
94667	MANIPULATION CHEST WALL, SUCH AS CUPPING, PERCUSSING, AND VIBRATION TO FACI	9.29	8.93	1
94680	OXYGEN UPTAKE, EXPIRED GAS ANALYSIS; REST AND EXERCISE, DIRECT, SIMPLE	22.47	21.61	1
94681	OXYGEN UPTAKE, EXPIRED GAS ANALYSIS; INCLUDING CO2 OUTPUT, PERCENTAGE OXYGE	22.31	21.46	1
94690	OXYGEN UPTAKE, EXPIRED GAS ANALYSIS; REST, INDIRECT (SEPARATE PROCEDURE)	18.73	18.01	1
94720	CARBON MONOXIDE DIFFUSING CAPACITY (EG, SINGLE BREATH, STEADY STATE)	23.61	22.70	1
94725	MEMBRANE DIFFUSION CAPACITY	22.15	21.30	1
94750	PULMONARY COMPLIANCE STUDY (EG, PLETHYSMOGRAPHY, VOLUME AND PRESSURE MEASUR	33.55	32.26	1
94770	CARBON DIOXIDE, EXPIRED GAS DETERMINATION BY INFRARED ANALYZER	16.94	16.29	1
95115	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY NOT INCLUDING PROVISION	3.91	3.76	1
95117	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY NOT INCLUDING PROVISION	4.88	4.70	1
95806	SLEEP STUDY, SIMULTANEOUS RECORDING OF VENTILATION, RESPIRATORY EFFORT, ECG	96.41	92.70	1
95992	CANALITH REPOSITIONING PROCEDURE(S) (EG, EPLEY MANEUVER, SEMONT MANEUVER), PER DAY	18.40	17.70	
96101	PSYCHOLOGICAL TESTING (INCLUDES PSYCHODIAGNOSTIC ASSESSMENT OF EMOTIONALITY	36.97	35.55	4
96102	PSYCHOLOGICAL TESTING (INCLUDES PSYCHODIAGNOSTIC ASSESSMENT OF EMOTIONALITY	24.59	23.65	1
96103	PSYCHOLOGICAL TESTING (INCLUDES PSYCHODIAGNOSTIC ASSESSMENT OF EMOTIONALITY	23.61	22.70	1
96116	NEUROBEHAVIORAL STATUS EXAM (CLINICAL ASSESSMENT OF THINKING, REASONING AND	42.02	40.40	3
96118	NEUROPSYCHOLOGICAL TESTING (EG, HALSTEAD-REITAN NEUROPSYCHOLOGICAL BATTERY,	46.58	44.78	3
96119	NEUROPSYCHOLOGICAL TESTING (EG, HALSTEAD-REITAN NEUROPSYCHOLOGICAL BATTERY,	35.18	33.82	3
96120	NEUROPSYCHOLOGICAL TESTING (EG, WISCONSIN CARD SORTING TEST), ADMINISTERED	34.36	33.04	1
96401	CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; NON-HORMONAL AN	33.06	31.79	1
96402	CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; HORMONAL ANTI-N	15.48	14.88	1
96409	CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS, PUSH TECHNIQUE, SINGLE OR INITIAL	49.67	47.76	1
96411	CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS, PUSH TECHNIQUE, EACH ADDITIONAL S	28.34	27.25	1
96413	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; UP TO 1 HOUR,	63.84	61.38	1
96415	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONA	14.66	14.10	7
96416	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; INITIATION OF	70.03	67.34	1

96417		CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONA	32.25	31.01	1
96523		IRRIGATION OF IMPLANTED VENOUS ACCESS DEVICE FOR DRUG DELIVERY SYSTEMS	11.07	10.65	1
97602		REMOVAL OF DEVITALIZED TISSUE FROM WOUND; NON-SELECTIVE DEBRIDEMENT, WITHOU	17.22	16.56	1
99050		SERVICES PROVIDED IN THE OFFICE AT TIMES OTHER THAN REGULARLY SCHEDULED OFF	6.06	5.82	1
99070	R	SUPPLIES AND MATERIALS (EXCEPT SPECTACLES), PROVIDED BY THE PHYSICIAN OVER			1
99143		MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 00	44.40	42.69	1
99144		MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 00	44.40	42.69	1
99145		MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 00	22.20	21.34	4
99148		MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 00	44.40	42.69	1
99149		MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 00	44.40	42.69	1
99150		MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES	22.20	21.34	4
99195		PHLEBOTOMY, THERAPEUTIC (SEPARATE PROCEDURE)	39.74	38.21	1
99201		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	25.96	24.96	1
99202		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	27.21	26.17	1
99203		OFFICE AND OUTPATIENT VISIT FOR A NEW PATIENT MUST INCLUDE A DETAILED	40.50	38.94	1
99204		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	57.27	55.07	1
99205		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	72.78	69.98	1
99211	FP	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES	8.17	7.86	1
99211		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES	10.38	9.98	1
99212		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES	18.17	17.47	1
99213		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES	22.14	21.29	1
99214		OFFICE OR OUTPATIENT VISIT FOR THE EVAL AND MANAGEMENT OF AN EST. PATIENT,	34.49	33.17	1
99215		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES	50.15	48.22	1
99217		OBSERVATION CARE DISCHARGE DAY MANAGEMENT (THIS CODE IS TO BE UTILIZED BY T	29.97	28.82	1
99218		INITIAL OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P	28.17	27.09	1
99219		INITIAL OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P	46.58	44.78	1
99221		INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATI	40.88	39.30	1
99222		INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATI	55.38	53.25	1
99223		INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATI	81.76	78.62	1
99231		SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P	16.94	16.29	1
99232		SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P	30.46	29.29	1

99233	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P	43.65	41.97	1
99234	OBSERVATION OR INPATIENT HOSPITAL CARE, FOR THE EVALUATION AND MANAGEMENT O	57.17	54.97	1
99235	OBSERVATION OR INPATIENT HOSPITAL CARE, FOR THE EVALUATION AND MANAGEMENT O	74.76	71.88	1
99238	HOSPITAL DISCHARGE DAY MANAGEMENT, 30 MINUTES OR LESS	29.80	28.66	1
99239	HOSPITAL DISCHARGE DAY MANAGEMENT, MORE THAN 30 MINUTES	43.16	41.50	1
99241	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE	21.99	21.14	1
99242	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE	41.37	39.78	1
99243	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE	56.52	54.34	1
99244	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE	83.72	80.50	1
99251	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THE	22.31	21.46	1
99252	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THE	34.36	33.04	1
99253	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THE	52.44	50.42	1
99254	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THE	75.73	72.82	1
99281	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT,	11.84	11.38	1
99282	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT,	18.34	17.63	1
99283	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT,	33.80	32.50	1
99284	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT,	51.75	49.76	1
99285	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT,	81.54	78.41	1
99304	INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT O	36.64	35.23	1
99305	INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT O	50.98	49.02	1
99306	INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT O	65.64	63.11	1
99307	SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMEN	18.08	17.38	1
99308	SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMEN	27.36	26.31	1
99309	SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMEN	36.32	34.92	1
99310	SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMEN	54.07	51.99	1
99318	EVALUATION AND MANAGEMENT OF A PATIENT INVOLVING AN ANNUAL NURSING FACILITY	38.11	36.65	1
99324	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW P	24.27	23.34	1
99325	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW P	35.02	33.67	1
99326	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW P	58.14	55.90	1
99327	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW P	75.73	72.82	1
99328	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW P	88.92	85.50	1

99334		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTA	25.24	24.27	1
99335		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTA	38.92	37.42	1
99336		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTA	54.56	52.46	1
99337		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTA	78.01	75.01	1
99339		INDIVIDUAL PHYSICIAN SUPERVISION OF A PATIENT (PATIENT NOT PRESENT) IN HOME	33.39	32.10	1
99340		INDIVIDUAL PHYSICIAN SUPERVISION OF A PATIENT (PATIENT NOT PRESENT) IN HOME	46.58	44.78	1
99341		HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIR	24.27	23.34	1
99342		HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIR	35.02	33.67	1
99343		HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIR	56.52	54.34	1
99344		HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIR	74.26	71.41	1
99347		HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHI	23.94	23.02	1
99348		HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHI	35.67	34.30	1
99349		HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHI	51.79	49.80	1
99350		HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHI	71.83	69.06	1
99354		PROLONGED PHYSICIAN SERVICE IN THE OFFICE OR OTHER OUTPATIENT SETTING REQUI	41.21	39.62	1
99355		PROLONGED PHYSICIAN SERVICE IN THE OFFICE OR OTHER OUTPATIENT SETTING REQUI	40.55	38.99	1
99356		PROLONGED PHYSICIAN SERVICE IN THE INPATIENT SETTING, REQUIRING DIRECT (FAC	37.46	36.02	1
99357		PROLONGED PHYSICIAN SERVICE IN THE INPATIENT SETTING, REQUIRING DIRECT (FAC	37.62	36.18	1
99381		INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN I	57.27		1
99382		INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPR	57.27		1
99383		INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPR	57.27		1
99383	FP	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN	39.70		1
99384		INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPR	57.27		1
99384	FP	INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPR	43.30		1
99385		INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPR	57.27	55.07	1
99385	EP	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN	57.27	55.07	1
99385	FP	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN	43.30	41.63	1
99386	FP	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN		48.54	1
99386		INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPR		52.62	1
99387		INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPR		57.94	1
99391		PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF A	57.27		1

99392		PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A CO	57.27		1
99393		PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A CO	57.27		1
99393	FP	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF A	34.80		1
99394		PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A CO	57.27		1
99394	FP	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF A	38.24		1
99395	FP	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF A	38.24	36.77	1
99395	EP	PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A	57.27	55.07	1
99395		PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A CO	57.27	55.07	1
99396		PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A CO		43.69	1
99396	FP	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF A		40.22	1
99397		PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A CO		49.02	1
99401		PREVENTIVE MEDICINE COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S)	15.14	14.56	1
99402		COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S) PROVIDED TO A HEALT	26.06	25.06	1
99403	FP	COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S) PROVIDED TO A HEALT	33.99	32.68	1
99460		INITIAL HOSPITAL OR BIRTHING CENTER CARE, PER DAY, FOR EVALUATION AND MANAGEMENT OF I	25.24		1
99461		INITIAL CARE, PER DAY, FOR EVALUATION AND MANAGEMENT OF NORMAL NEWBORN INFANT SEEN	41.37		1
99462		SUBSEQUENT HOSPITAL CARE, PER DAY, FOR EVALUATION AND MANAGEMENT OF NORMAL NEWBC	13.52		1
99463		INITIAL HOSPITAL OR BIRTHING CENTER CARE, PER DAY, FOR EVALUATION AND MANAGEMENT OF I	33.55		1
99464		ATTENDANCE AT DELIVERY (WHEN REQUESTED BY THE DELIVERING PHYSICIAN) AND INITIAL STABI	30.88		1
99465		DELIVERY/BIRTHING ROOM RESUSCITATION, PROVISION OF POSITIVE PRESSURE VENTILATION ANC	65.64		1
99468		INITIAL INPATIENT NEONATAL CRITICAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT	388.27		1
99469		SUBSEQUENT INPATIENT NEONATAL CRITICAL CARE, PER DAY, FOR THE EVALUATION AND MANAGE	169.38		1
A4261		CERVICAL CAP FOR CONTRACEPTIVE USE	45.76	44.00	1
G0101		CERVICAL OR VAGINAL CANCER SCREENING; PELVIC AND CLINICAL BREAST EXAMINATIO	15.48	14.88	1
G9141		INFLUENZA A H1N1,ADMIN W COU	8.32	8.00	1
H0004		INDIVIDUAL/FAMILY THERAPY-45 MINUTES	45.76	44.00	1
H1000		PRENATAL CARE, AT RISK ASSESSMENT	43.26	41.60	1
H1001		PRENATAL CARE,AT-RISK ENHANCED SERVICES; ANTEPARTUM MANAGEMENT	86.53	83.20	1
H1001	TG	PRENATAL CARE,AT-RISK ENHANCED SERVICE,ANTEPARTUM MANAGEMENT	129.79	124.80	1
J0170		INJECTION, ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE	0.22	0.22	1
J0207		INJECTION, AMIFOSTINE, 500 MG	512.25	512.25	3

J0290	INJECTION, AMPICILLIN SODIUM, 500 MG	3.69	3.69	14
J0295	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	7.52	7.52	2
J0560	INJECTION, PENICILLIN G BENZATHINE, UP TO 600,000 UNITS	24.56	24.56	1
J0570	INJECTION, PENICILLIN G BENZATHINE, UP TO 1,200,000 UNITS	42.54	42.54	1
J0580	INJECTION, PENICILLIN G BENZATHINE, UP TO 2,400,000 UNITS	87.14	87.14	1
J0690	INJECTION, CEFAZOLIN SODIUM, 500 MG	1.82	1.82	4
J0696	INJECTION, CEFTRIAZONE SODIUM, PER 250 MG	2.36	2.36	16
J0698	CEFOTAXIME SODIUM, PER GM	5.10	5.10	2
J0740	INJECTION, CIDOFOVIR, 375 MG	742.37	742.37	1
J0881	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	4.93	4.93	500
J0882	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (FOR ESRD ON DIALYSIS)	4.93	4.93	500
J0885	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	13.72	13.72	80
J0886	INJECTION, EPOETIN ALFA, 1000 UNITS (FOR ESRD ON DIALYSIS)	13.72	13.72	500
J1000	INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 MG	6.54	6.54	1
J1020	INJECTION, METHYLPREDNISOLONE ACETATE, 20 MG	3.14	3.14	2
J1030	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	5.32	5.32	2
J1040	INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG	9.68	9.68	2
J1051	INJECTION, MEDROXYPROGESTERONE ACETATE, 50 MG	4.38	4.38	20
J1055	INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150 MG	40.37	40.37	1
J1056	INJECTION, MEDROXYPROGESTERONE ACETATE / ESTRADIOL CYPIONATE, 5MG / 25MG	22.56	22.56	1
J1100	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	0.33	0.33	20
J1200	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	1.10	1.10	1
J1325	INJECTION, EPOPROSTENOL, 0.5 MG	18.60	18.60	1
J1364	INJECTION, ERYTHROMYCIN LACTOBIONATE, PER 500 MG	8.85	8.85	2
J1440	INJECTION, FILGRASTIM (G-CSF), 300 MCG	215.43	215.43	2
J1441	INJECTION, FILGRASTIM (G-CSF), 480 MCG	343.13	343.13	1
J1570	INJECTION, GANCICLOVIR SODIUM, 500 MG	55.85	55.85	1
J1626	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG	13.90	13.90	20
J1642	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	0.65	0.65	6
J1825	INJECTION, INTERFERON BETA-1A, 33 MCG	461.63	461.63	1
J1885	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	5.87	5.87	4

J1940		INJECTION, FUROSEMIDE, UP TO 20 MG	0.65	0.65	2
J1950		INJECTION, LEUPROLIDE ACETATE PER 3.75 MG.	571.39	571.39	3
J2060		INJECTION, LORAZEPAM, 2 MG	1.18	1.18	2
J2210		INJECTION, METHYLERGONOVINE MALEATE, UP TO 0.2 MG	5.63	5.63	1
J2550		INJECTION, PROMETHAZINE HCL, UP TO 50 MG	1.14	1.14	1
J2590		INJECTION, OXYTOCIN, UP TO 10 UNITS	3.82	3.82	2
J2790		INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MCG	98.61	98.61	1
J2820		INJECTION, SARGRAMOSTIM (GM-CSF), 50 MCG	31.81	31.81	10
J2930		INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	2.85	2.85	24
J2950		INJECTION, PROMAZINE HCL, UP TO 25 MG	0.17	0.17	6
J3030		INJECTION, SUMATRIPTAN SUCCINATE, 6 MG (CODE MAY BE USED FOR MEDICARE WHEN	154.21	154.21	1
J3105		INJECTION, TERBUTALINE SULFATE, UP TO 1 MG	26.07	26.07	1
J3301		INJECTION TRIAMCINOLONE ACETONIDE, PER 10MG	32.40	32.40	8
J3410		INJECTION, HYDROXYZINE HCL, UP TO 25 MG	0.54	0.54	4
J3430		INJECTION, PHYTONADIONE (VITAMIN K), PER 1 MG	3.56	3.56	3
J3490	R	UNCLASSIFIED DRUGS	1.00	1.00	
J7030		INFUSION, NORMAL SALINE SOLUTION , 1000 CC	6.07	6.07	1
J7040		INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	7.62	7.62	1
J7042		5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)	7.50	7.50	1
J7050		INFUSION, NORMAL SALINE SOLUTION , 250 CC	5.76	5.76	12
J7060		5% DEXTROSE/WATER (500 ML = 1 UNIT)	8.18	8.18	1
J7070		INFUSION, D5W, 1000 CC	9.04	9.04	1
J7120		RINGERS LACTATE INFUSION, UP TO 1000 CC	6.50	6.50	1
J7130		HYPERTONIC SALINE SOLUTION, 50 OR 100 MEQ, 20 CC VIAL	0.62	0.62	1
J7300		INTRAUTERINE COPPER CONTRACEPTIVE	410.62	410.62	1
J7302		LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, 52 MG	489.80	489.80	1
J9201		GEMCITABINE HCL, 200 MG	137.21	137.21	15
J9206		IRINOTECAN, 20 MG	128.25	128.25	38
J9260		METHOTREXATE SODIUM, 50 MG	2.63	2.63	25
J9350		TOPOTECAN, 4 MG.	973.76	973.76	2
J9600	R	PORFIMER SODIUM, 75 MG	2291.23	2291.23	1

Q0111	WET MOUNTS, INCLUDING PREPARATIONS OF VAGINAL, CERVICAL OR SKIN SPECIMENS	3.33	3.20	1
Q0112	ALL POTASSIUM HYDROXIDE (KOH) PREPARATIONS	3.33	3.20	1
Q0113	PINWORM EXAMINATIONS	4.16	4.00	
Q0114	FERN TEST	3.33	3.20	1
Q4003	CAST SUPPLIES, SHOULDER CAST, ADULT (11 YEARS +), PLASTER	18.05	18.05	1
Q4004	CAST SUPPLIES, SHOULDER CAST, ADULT (11 YEARS +), FIBERGLASS	62.48	62.48	1
Q4005	CAST SUPPLIES, LONG ARM CAST, ADULT (11 YEARS +), PLASTER	6.65	6.65	1
Q4006	CAST SUPPLIES, LONG ARM CAST, ADULT (11 YEARS +), FIBERGLASS	14.99	14.99	1
Q4007	CAST SUPPLIES, LONG ARM CAST, PEDIATRIC (0-10 YEARS), PLASTER	3.33	3.33	1
Q4008	CAST SUPPLIES, LONG ARM CAST, PEDIATRIC (0-10 YEARS), FIBERGLASS	7.50	7.50	1
Q4009	CAST SUPPLIES, SHORT ARM CAST, ADULT (11 YEARS +), PLASTER	4.44	4.44	1
Q4010	CAST SUPPLIES, SHORT ARM CAST, ADULT (11 YEARS +), FIBERGLASS	10.00	10.00	1
Q4011	CAST SUPPLIES, SHORT ARM CAST, PEDIATRIC (0-10 YEARS), PLASTER	2.22	2.22	1
Q4012	CAST SUPPLIES, SHORT ARM CAST, PEDIATRIC (0-10 YEARS), FIBERGLASS	5.00	5.00	1
Q4013	CAST SUPPLIES, GAUNTLET CAST (INCLUDES LOWER FOREARM AND HAND), ADULT (11 Y	8.08	8.08	1
Q4014	CAST SUPPLIES, GAUNTLET CAST (INCLUDES LOWER FOREARM AND HAND), ADULT (11 Y	13.64	13.64	1
Q4015	CAST SUPPLIES, GAUNTLET CAST (INCLUDES LOWER FOREARM AND HAND), PEDIATRIC (	4.04	4.04	1
Q4016	CAST SUPPLIES, GAUNTLET CAST (INCLUDES LOWER FOREARM AND HAND), PEDIATRIC (	6.82	6.82	1
Q4017	CAST SUPPLIES, LONG ARM SPLINT, ADULT (11 YEARS +), PLASTER	4.68	4.68	1
Q4018	CAST SUPPLIES, LONG ARM SPLINT, ADULT (11 YEARS +), FIBERGLASS	7.46	7.46	1
Q4019	CAST SUPPLIES, LONG ARM SPLINT, PEDIATRIC (0-10 YEARS), PLASTER	2.34	2.34	1
Q4020	CAST SUPPLIES, LONG ARM SPLINT, PEDIATRIC (0-10 YEARS), FIBERGLASS	3.73	3.73	1
Q4021	CAST SUPPLIES, SHORT ARM SPLINT, ADULT (11 YEARS +), PLASTER	3.46	3.46	1
Q4022	CAST SUPPLIES, SHORT ARM SPLINT, ADULT (11 YEARS +), FIBERGLASS	6.24	6.24	1
Q4023	CAST SUPPLIES, SHORT ARM SPLINT, PEDIATRIC (0-10 YEARS), PLASTER	1.74	1.74	1
Q4032	CAST SUPPLIES, LONG LEG CAST, PEDIATRIC (0-10 YEARS), FIBERGLASS	19.52	19.52	2
Q4037	CAST SUPPLIES, SHORT LEG CAST, ADULT (11 YEARS +), PLASTER	8.44	8.44	1
Q4038	CAST SUPPLIES, SHORT LEG CAST, ADULT (11 YEARS +), FIBERGLASS	21.15	21.15	1
Q4039	CAST SUPPLIES, SHORT LEG CAST, PEDIATRIC (0-10 YEARS), PLASTER	4.23	4.23	1
Q4040	CAST SUPPLIES, SHORT LEG CAST, PEDIATRIC (0-10 YEARS), FIBERGLASS	10.58	10.58	1
Q4045	CAST SUPPLIES, SHORT LEG SPLINT, ADULT (11 YEARS +), PLASTER	5.96	5.96	1

Q4046		CAST SUPPLIES, SHORT LEG SPLINT, ADULT (11 YEARS +), FIBERGLASS	9.58	9.58	1
Q4047		CAST SUPPLIES, SHORT LEG SPLINT, PEDIATRIC (0-10 YEARS), PLASTER	2.98	2.98	1
Q4048		CAST SUPPLIES, SHORT LEG SPLINT, PEDIATRIC (0-10 YEARS), FIBERGLASS	4.80	4.80	1
Q4049		FINGER SPLINT, STATIC	1.09	1.09	1
Q4050	R	CAST SUPPLIES, FOR UNLISTED TYPES AND MATERIALS OF CASTS			1
Q4051	R	SPLINT SUPPLIES, MISCELLANEOUS (INCLUDES THERMOPLASTICS, STRAPPING, FASTENE			1
S0195		PNEUMOCOCCAL CONJUGATE VACCINE, POLYVALENT, INTRAMUSCULAR, FOR CHILDREN FRO	10.00	10.00	1
S4005		LABOR MANAGEMENT FEE	200.00	200.00	1
S4989		PROGESTASERT INTRAUTERINE DEVICE	106.86	106.86	1
S8415		SUPPLIES FOR HOME DELIVERY OF INFANT	45.00	45.00	1