

**Physician Assistant Fee Schedule
Effective 2010**

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD Units	Hysterectomy Sterilization Abortion	PA	AS
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		
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		
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	41.21	39.62	0	1		
11740		EVACUATION OF SUBUNGUAL HEMATOMA	19.22	18.48	30	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		
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 METACARPOPHALANGEAL 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
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
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	
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
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
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
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 DISCECTOM	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, INCLUDES INTERNAL FI	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 (FOREQQUARTER)	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 SHO	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 (	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	AS

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
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
26358	FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE, IN "NO MAN'S LAND"; SECONDAR	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 ("MALLEET 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
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
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, METACARPPOPHALANGEAL 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
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
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
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	67.28	64.70	90	1	AS
27513	OPEN TREATMENT OF FEMORAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE WITH INT	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 OSTEOTOMY	33.77	32.47	90	1	AS
27676	REPAIR FOR DISLOCATING PERONEAL TENDONS; WITH FIBULAR OSTEOTOMY	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 RECESSION (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
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
29999	R	UNLISTED PROCEDURE, ARTHROSCOPY			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
30160		RHINECTOMY; TOTAL	51.05	49.09	90	1	AS
30300		REMOVAL FOREIGN BODY, INTRANASAL; OFFICE TYPE PROCEDURE	87.29	83.94	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	42.02	40.40	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
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 PNEUMOTHORA	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)	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
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
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	90	1	AS
33258		OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, PERFORMED AT THE TIM	45.89	44.12	90	1	AS
33259		OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, PERFORMED AT THE TIM	60.19	57.88	90	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 CARDIOPULMONAF	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		1	AS
33982		REPLACEMENT OF VENTRICULAR ASSIST DEVICE PUMP(S); IMPLANTABLE INTRACORPOR	46.54	44.75		1	AS
33983		REPLACEMENT OF VENTRICULAR ASSIST DEVICE PUMP(S); IMPLANTABLE INTRACORPOR	54.83	52.72		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 AORTOILIOFEMOF	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	1	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-TIBI	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
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
36147	INTRODUCTION OF NEEDLE AND/OR CATHETER, ARTERIOVENOUS SHUNT CREATED FOR DIAL	55.45	53.32		1	AS

36148	INTRODUCTION OF NEEDLE AND/OR CATHETER, ARTERIOVENOUS SHUNT CREATED FOR DIAL	17.46	16.79		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	
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	
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-MESENTERIC	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
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
42962		CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POSTTONSILLECTI	34.42	33.10	90	1	AS
42971		CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POSTADENOII	30.33	29.16	90	1	AS
42972		CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POSTADENOII	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 PHARYNGOGASTR	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 PHARYNGOGASTROST	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 PYLOROPLA:	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 RECONSTR	105.12	101.08	90	1	AS
43855		REVISION OF GASTRODUODENAL ANASTOMOSIS (GASTRODUODENOSTOMY) WITH RECONSTR	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 PLICATION (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 COAGULA	77.20	74.23	90	1	
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 C	87.11	83.76	90	1	AS
47425		CHOLEDOCHOTOMY OR CHOLEDOCHOSTOMY WITH EXPLORATION, DRAINAGE, OR REMOVAL C	87.95	84.56	90	1	AS
47460		TRANSDUODENAL SPHINCTEROTOMY OR SPHINCTEROPLASTY, WITH OR WITHOUT TRANSDUOI	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 CHOLEDOCHOENTEROSTO	82.47	79.30	90	1	AS
47620		CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT; WITH TRANSDUODENAL SPHINC1	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, CHOLEDOCHO	202.37	194.59	90	1	AS
48154		PANCREATECTOMY, PROXIMAL SUBTOTAL WITH NEAR-TOTAL DUODENECTOMY, CHOLEDOCHO	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 SACROCOCYGEAL 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 (	51.78	49.79	90	1	AS
49653	LAPAROSCOPY, SURGICAL, REPAIR, VENTRAL, UMBILICAL, SPIGELIAN OR EPIGASTRIC HERNIA (	64.62	62.14	90	1	AS
49654	LAPAROSCOPY, SURGICAL, REPAIR, INCISIONAL HERNIA (INCLUDES MESH INSERTION, WHEN PI	59.41	57.13	90	1	AS
49655	LAPAROSCOPY, SURGICAL, REPAIR, INCISIONAL HERNIA (INCLUDES MESH INSERTION, WHEN PI	71.53	68.78	90	1	AS
49656	LAPAROSCOPY, SURGICAL, REPAIR, RECURRENT INCISIONAL HERNIA (INCLUDES MESH INSERT	59.65	57.35	90	1	AS
49657	LAPAROSCOPY, SURGICAL, REPAIR, RECURRENT INCISIONAL HERNIA (INCLUDES MESH INSERT	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, PYELOSTOMY	75.07	72.19	90	1		AS
50130	PYELOTOMY; WITH REMOVAL OF CALCULUS (PYELOLITHOTOMY, 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 REPAI	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 S	106.45	102.35	90	1	AS
50948	LAPAROSCOPY, SURGICAL; URETERONEOCYSTOSTOMY WITHOUT CYSTOSCOPY AND URETER/	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	CYSTOTOMY, 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	CYSTECTOMY, PARTIAL; SIMPLE	72.16	69.38	90	1	AS
51555	CYSTECTOMY, 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 TRANSI	146.29	140.67	90	1	AS
51585	CYSTECTOMY, COMPLETE, WITH URETEROSIGMOIDOSTOMY OR URETEROCUTANEOUS TRANSI	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 MEMBRANOL	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
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
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 INGUINFEMORAL LYMPHADENECTOM	75.10	72.21	90	1	AS
56632		VULVECTOMY, RADICAL, PARTIAL; WITH BILATERAL INGUINFEMORAL 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 INGUINFEMORAL 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, ELECTROSURG	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, ILIOCOCYGEUS)	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
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
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
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		
59899	R	UNLISTED PROCEDURE, MATERNITY CARE AND DELIVERY			0	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		
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
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		
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	
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
64405	INJECTION, ANESTHETIC AGENT; GREATER OCCIPITAL NERVE	41.53	39.94	0	1	
64455	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, PLANTAR COMMON DIGITAL NERVE(S) (E	22.15	21.30	0	1	
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	
64517	INJECTION, ANESTHETIC AGENT; SUPERIOR HYPOGASTRIC PLEXUS	10.63	10.22	0	1	AS
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
64632	DESTRUCTION BY NEUROLYTIC AGENT; PLANTAR COMMON DIGITAL NERVE	35.83	34.46	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	

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
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			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; IRIDENCELEISIS 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

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
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
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, GUAIAC), 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	
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	2.66	1
86592	SYPHILIS TEST; QUALITATIVE (EG, VDRL, RPR, ART)	3.20	3.20	1
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	HA HUMAN PAPILLOMA VIRUS (HPV) VACCINE, TYPES 6,11,16,18 (QUADRIVALENT), 3	114.25		1

90649	R	HUMAN PAPILOMA VIRUS (HPV) VACCINE, TYPES 6, 11, 16, 18 (QUADRIVALENT), 3	8.00		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	HA	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, 3 YEARS AND ABOVE DOSAGE, FOR	20.71		1
90658		INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO 3 YEARS OF AGE A	8.00		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		MUMPS VIRUS VACCINE, LIVE, FOR SUBCUTANEOUS USE	8.00		1
90704	HA	MUMPS VIRUS VACCINE, LIVE, FOR SUBCUTANEOUS OR JET INJECTION USE	26.47		1
90707	HA	MEASLES, MUMPS AND RUBELLA VIRUS VACCINE (MMR), LIVE, FOR SUBCUTANEOUS OR J	44.12		1
90707		MEASLES, MUMPS AND RUBELLA VIRUS VACCINE (MMR), LIVE, FOR SUBCUTANEOUS USE	8.00		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		PNEUMOCOCCAL POLYSACCHARIDE VACCINE, 23-VALENT, ADULT OR IMMUNOSUPPRESSED P	8.00		1
90732	HA	PNEUMOCOCCAL POLYSACCHARIDE VACCINE, 23-VALENT, ADULT OR IMMUNOSUPPRESSED P	55.96		1

90733		MENINGOCOCCAL POLYSACCHARIDE VACCINE (ANY GROUP(S)), FOR SUBCUTANEOUS USE	87.86		1
90734	HA	MENINGOCOCCAL CONJUGATE VACCINE, SEROGROUPS A, C, Y AND W-135	86.35		1
90734		MENINGOCOCCAL CONJUGATE VACCINE, SEROGROUPS A, C, Y AND W-135 (TETRAVALENT)	8.00		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			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 INC	428.99	412.49	1
90952		(ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS YOUNGER THAN 2 YEARS OF AGE TO INC	198.21	190.58	1
90953		(ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS YOUNGER THAN 2 YEARS OF AGE TO INC	131.60	126.54	1
90954		(ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 2-11 YEARS OF AGE TO INCLUDE MONITC	358.79	344.99	1

90955	(ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 2-11 YEARS OF AGE TO INCLUDE MONITC	198.21	190.58		1	
90956	(ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 2-11 YEARS OF AGE TO INCLUDE MONITC	131.60	126.54		1	
90957	(ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 12-19 YEARS OF AGE TO INCLUDE MONIT	286.81	275.78		1	
90958	(ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 12-19 YEARS OF AGE TO INCLUDE MONIT	190.39	183.06		1	
90959	(ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 12-19 YEARS OF AGE TO INCLUDE MONIT	121.82	117.14		1	
90960	(ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 20 YEARS OF AGE AND OLDER; WITH 4 O	124.76	119.96		1	
90961	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 20 YEARS O	99.84	96.00		1	
90962	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 20 YEARS O	70.84	68.12		1	
90963	(ESRD) RELATED SERVICES FOR HOME DIALYSIS PER FULL MONTH, FOR PATIENTS YOUNGER T	228.99	220.18		1	
90964	(ESRD) RELATED SERVICES FOR HOME DIALYSIS PER FULL MONTH, FOR PATIENTS 2-11 YEARS	199.67	191.99		1	
90965	(ESRD) RELATED SERVICES FOR HOME DIALYSIS PER FULL MONTH, FOR PATIENTS 12-19 YEAR	190.23	182.91		1	
90966	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR HOME DIALYSIS PER FULL MONTH	98.37	94.58		1	
90967	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR DIALYSIS LESS THAN A FULL MON	8.47	8.14		1	
90968	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR DIALYSIS LESS THAN A FULL MON	6.84	6.58		1	
90969	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR DIALYSIS LESS THAN A FULL MON	6.68	6.42		1	
90970	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR DIALYSIS LESS THAN A FULL MON	3.42	3.29		1	
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	
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
93925	DUPLEX SCAN OF LOWER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; COMPLETE	143.49	137.97		1	
94010	SPIROMETRY, INCLUDING GRAPHIC RECORD, TOTAL AND TIMED VITAL CAPACITY, EXPIR	14.98	14.41		1	
94060	BRONCHODILATION RESPONSIVENESS, SPIROMETRY AS IN 94010, PRE- AND POST-BRONC	26.87	25.84		1	
94610	INTRAPULMONARY SURFACTANT ADMINISTRATION BY A PHYSICIAN THROUGH ENDOTRACHEA	29.15	28.03		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	
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
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
95992		CANALITH REPOSITIONING PROCEDURE(S) (EG, EPLEY MANEUVER, SEMONT MANEUVER), PER	18.40	17.70	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
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		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES	10.38	9.98	1
99211	FP	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES	8.17	7.86	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	FP	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN	39.70		1
99383		INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPR	57.27		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		INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPR		52.62	1
99386	FP	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN		48.54	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		PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A CO	57.27	55.07	1
99395	EP	PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A	57.27	55.07	1
99395	FP	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF A	38.24	36.77	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	25.24		1
99461		INITIAL CARE, PER DAY, FOR EVALUATION AND MANAGEMENT OF NORMAL NEWBORN INFANT S	41.37		1
99462		SUBSEQUENT HOSPITAL CARE, PER DAY, FOR EVALUATION AND MANAGEMENT OF NORMAL NE	13.52		1
99463		INITIAL HOSPITAL OR BIRTHING CENTER CARE, PER DAY, FOR EVALUATION AND MANAGEMENT	33.55		1
99464		ATTENDANCE AT DELIVERY (WHEN REQUESTED BY THE DELIVERING PHYSICIAN) AND INITIAL S	30.88		1
99465		DELIVERY/BIRTHING ROOM RESUSCITATION, PROVISION OF POSITIVE PRESSURE VENTILATION	65.64		1
99468		INITIAL INPATIENT NEONATAL CRITICAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMI	388.27		1
99469		SUBSEQUENT INPATIENT NEONATAL CRITICAL CARE, PER DAY, FOR THE EVALUATION AND MAN	169.38		1
A4261		CERVICAL CAP FOR CONTRACEPTIVE USE		55.00	1
G0101		CERVICAL OR VAGINAL CANCER SCREENING; PELVIC AND CLINICAL BREAST EXAMINATIO	15.48	14.88	1

H0004		INDIVIDUAL/FAMILY THERAPY-45 MINUTES	45.76	44.00	1
H1000		PRENATAL CARE, AT RISK ASSESSMENT	43.26	41.60	1
H1001	TG	PRENATAL CARE,AT-RISK ENHANCED SERVICE,ANTEPARTUM MANAGEMENT	129.79	124.80	1
H1001		PRENATAL CARE,AT-RISK ENHANCED SERVICES; ANTEPARTUM MANAGEMENT	86.53	83.20	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
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
J0696		INJECTION, CEFTRIAZONE SODIUM, PER 250 MG	2.36	2.36	16
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
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
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
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
J1825		INJECTION, INTERFERON BETA-1A, 33 MCG	461.63	461.63	1

J1885		INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	5.87	5.87	4
J1950		INJECTION, LEUPROLIDE ACETATE PER 3.75 MG.	571.39	571.39	3
J2060		INJECTION, LORAZEPAM, 2 MG	1.18	1.18	2
J2550		INJECTION, PROMETHAZINE HCL, UP TO 50 MG	1.14	1.14	1
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
J3030		INJECTION, SUMATRIPTAN SUCCINATE, 6 MG (CODE MAY BE USED FOR MEDICARE WHEN	154.21	154.21	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
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
J9350		TOPOTECAN, 4 MG.	973.76	973.76	2
J9600	R	PORFIMER SODIUM, 75 MG	2,291.23	2,291.23	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	1
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
Q4024	CAST SUPPLIES, SHORT ARM SPLINT, PEDIATRIC (0-10 YEARS), FIBERGLASS		3.12	3.12	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	NA			1
Q4051	R SPLINT SUPPLIES, MISCELLANEOUS (INCLUDES THERMOPLASTICS, STRAPPING, FASTENE	NA			1
S0195	PNEUMOCOCCAL CONJUGATE VACCINE, POLYVALENT, INTRAMUSCULAR, FOR CHILDREN FRO		10.00	10.00	1
S4989	PROGESTASERT INTRAUTERINE DEVICE		106.86	106.86	1