

Physician Anesthesia Fee Schedule
Effective January 1, 2010

Anesthesia Reimbursement Method:

Calculate your reimbursement by dividing the total minutes of anesthesia by 15, rounded down. Multiply this number by the conversion factor of \$14.50. Add this to the base fee listed below for the procedure code. Example: 100 minutes of anesthesia for code 00120 = \$159.49. (100 min. divided by 15 = 6.67, rounded down to 6. 6 X \$14.50 = \$87.00. \$87.00 + \$72.49 = \$159.49.) \$159.49 is reimbursement for 100 minutes of anesthesia to an adult, age 21 or over, for code 00120.

Note: For recipients under age 21, the total reimbursement is increased by 4%, then by 24% for provider types 25 and 26 with a specialty code of 03 (anesthesiology). Example: Follow the steps above, then multiply \$159.49 X 1.04 = \$165.87 X 1.24 = \$205.68. \$205.68 is reimbursement for 100 minutes of anesthesia to a child, under age 21, for code 00120. Fees are rounded to the nearest hundredth.

Code	Description	Base Fee	Hysterectomy	Sterilization	Abortion
00100	ANESTHESIA FOR PROCEDURES ON SALIVARY GLANDS, INCLUDING BIOPSY	72.49			
00102	ANESTHESIA FOR PROCEDURES ON PLASTIC REPAIR OF CLEFT LIP	86.99			
00103	ANESTHESIA FOR RECONSTRUCTIVE PROCEDURES OF EYELID (EG, BLEPHAROPLASTY, PTOSIS SURGERY)	72.49			
00104	ANESTHESIA FOR ELECTROCONVULSIVE THERAPY	57.99			
00120	ANESTHESIA FOR PROCEDURES ON EXTERNAL, MIDDLE, AND INNER EAR INCLUDING BIOPSY, NOT OTHERWISE SPECIFIED	72.49			
00124	ANESTHESIA FOR PROCEDURES ON EXTERNAL, MIDDLE, AND INNER EAR INCLUDING BIOPSY, OTOSCOPY	57.99			
00126	ANESTHESIA FOR PROCEDURES ON EXTERNAL, MIDDLE, AND INNER EAR INCLUDING BIOPSY, TYMPANOTOMY	57.99			
00140	ANESTHESIA FOR PROCEDURES ON EYE; NOT OTHERWISE SPECIFIED	72.49			
00142	ANESTHESIA FOR PROCEDURES ON EYE; LENS SURGERY	86.99			
00144	ANESTHESIA FOR PROCEDURES ON EYE; CORNEAL TRANSPLANT	86.99			
00145	ANESTHESIA FOR PROCEDURES ON EYE; VITREORETINAL SURGERY	86.99			
00148	ANESTHESIA FOR PROCEDURES ON EYE; OPHTHALMOSCOPY	57.99			

Code	Description	Base Fee	Hysterectomy	Sterilization	Abortion
00160	ANESTHESIA FOR PROCEDURES ON NOSE AND ACCESSORY SINUSES; NOT OTHERWISE SPECIFIED	72.49			
00162	ANESTHESIA FOR PROCEDURES ON NOSE AND ACCESSORY SINUSES; RADICAL SURGERY	101.48			
00164	ANESTHESIA FOR PROCEDURES ON NOSE AND ACCESSORY SINUSES; BIOPSY, SOFT TISSUE	57.99			
00170	ANESTHESIA FOR INTRAORAL PROCEDURES, INCLUDING BIOPSY; NOT OTHERWISE SPECIFIED	72.49			
00172	ANESTHESIA FOR INTRAORAL PROCEDURES, INCLUDING BIOPSY; REPAIR OF CLEFT PALATE	86.99			
00174	ANESTHESIA FOR INTRAORAL PROCEDURES, INCLUDING BIOPSY; EXCISION OF RETROPHARYNGEAL TUMOR	86.99			
00176	ANESTHESIA FOR INTRAORAL PROCEDURES, INCLUDING BIOPSY; RADICAL SURGERY	101.48			
00190	ANESTHESIA FOR PROCEDURES ON FACIAL BONES OR SKULL; NOT OTHERWISE SPECIFIED	72.49			
00192	ANESTHESIA FOR PROCEDURES ON FACIAL BONES; RADICAL SURGERY (INCLUDING PROGNATHISM)	101.48			
00210	ANESTHESIA FOR INTRACRANIAL PROCEDURES; NOT OTHERWISE SPECIFIED	159.47			
00211	ANESTHESIA FOR INTRACRANIAL PROCEDURES; CRANIOTOMY OR CRANIECTOMY FOR EVACUATION OF HEMATOMA	130.48			
00212	ANESTHESIA FOR INTRACRANIAL PROCEDURES; SUBDURAL TAPS	72.49			
00214	ANESTHESIA FOR INTRACRANIAL PROCEDURES; BURR HOLES, INCLUDING VENTRICULOGRAPHY	130.48			
00215	ANESTHESIA FOR INTRACRANIAL PROCEDURES; CRANIOPLASTY OR ELEVATION OF DEPRESSED SKULL FRACTURE	130.48			
00216	ANESTHESIA FOR INTRACRANIAL PROCEDURES; VASCULAR PROCEDURES	217.46			
00218	ANESTHESIA FOR INTRACRANIAL PROCEDURES; PROCEDURES IN SITTING POSITION	188.47			
00220	ANESTHESIA FOR INTRACRANIAL PROCEDURES; CEREBROSPINAL FLUID SHUNTING PROCEDURES	144.98			
00222	ANESTHESIA FOR INTRACRANIAL PROCEDURES; ELECTROCOAGULATION OF INTRACRANIAL NERVES	86.99			
00300	ANESTHESIA FOR ALL PROCEDURES ON THE INTEGUMENTARY SYSTEM, MUSCLES AND NERVES	72.49			
00320	ANESTHESIA FOR ALL PROCEDURES ON ESOPHAGUS, THYROID, LARYNX, TRACHEA AND LYMPHATIC SYSTEM, AGE 1 YEAR & OLDER	86.99			
00322	ANESTHESIA FOR ALL PROCEDURES ON ESOPHAGUS, THYROID, LARYNX, TRACHEA AND LYMPHATIC SYSTEM, NEEDLE BIOPSY OF THYROID	43.49			

Code	Description	Base Fee	Hysterectomy	Sterilization	Abortion
00326	ANESTHESIA FOR ALL PROCEDURES ON THE LARYNX AND TRACHEA IN CHILDREN LESS THAN 1 YEAR OF AGE	116.00			
00350	ANESTHESIA FOR PROCEDURES ON MAJOR VESSELS OF NECK; NOT OTHERWISE SPECIFIED	144.98			
00352	ANESTHESIA FOR PROCEDURES ON MAJOR VESSELS OF NECK; SIMPLE LIGATION	72.49			
00400	ANESTHESIA FOR PROCEDURES ON THE INTEGUMENTARY SYSTEM ON THE EXTREMITIES,	43.49			
00402	ANESTHESIA FOR PROCEDURES ON ANTERIOR INTEGUMENTARY SYSTEM OF CHEST, RECONSTRUCTIVE PROCEDURES ON BREAST (EG, REDUCTION OR AUGMENTATION MAMMOPLASTY, MUSCLE FLAPS)	72.49			
00404	ANESTHESIA FOR PROCEDURES ON ANTERIOR INTEGUMENTARY SYSTEM OF CHEST, RADICAL OR MODIFIED RADICAL PROCEDURES ON BREAST	72.49			
00406	ANESTHESIA FOR PROCEDURES ON ANTERIOR INTEGUMENTARY SYSTEM OF CHEST, RADICAL OR MODIFIED RADICAL PROCEDURES ON BREAST WITH INTERNAL MAMMARY NODE DISSECTION	188.47			
00410	ANESTHESIA FOR PROCEDURES ON ANTERIOR INTEGUMENTARY SYSTEM OF CHEST, ELECTRICAL CONVERSION OF ARRHYTHMIAS	57.99			
00450	ANESTHESIA FOR PROCEDURES ON CLAVICLE AND SCAPULA; NOT OTHERWISE SPECIFIED	72.49			
00452	ANESTHESIA FOR PROCEDURES ON CLAVICLE AND SCAPULA; RADICAL SURGERY	86.99			
00454	ANESTHESIA FOR PROCEDURES ON CLAVICLE AND SCAPULA; BIOPSY OF CLAVICLE	43.49			
00470	ANESTHESIA FOR PARTIAL RIB RESECTION; NOT OTHERWISE SPECIFIED	86.99			
00472	ANESTHESIA FOR PARTIAL RIB RESECTION; THORACOPLASTY (ANY TYPE)	144.98			
00474	ANESTHESIA FOR PARTIAL RIB RESECTION; RADICAL PROCEDURES (EG, PECTUS EXCAVATUM)	188.47			
00500	ANESTHESIA FOR ALL PROCEDURES ON ESOPHAGUS	217.46			
00520	ANESTHESIA FOR CLOSED CHEST PROCEDURES; (INCLUDING BRONCHOSCOPY) NOT OTHERWISE SPECIFIED	86.99			
00522	ANESTHESIA FOR CLOSED CHEST PROCEDURES ;NEEDLE BIOPSY OF PLEURA	57.99			
00524	ANESTHESIA FOR CLOSED CHEST PROCEDURES ;PNEUMOCENTESIS	57.99			
00528	ANESTHESIA FOR CLOSED CHEST PROCEDURES; MEDIASTINOSCOPY AND DIAGNOSTIC THORACOSCOPY NOT UTILIZING 1 LUNG VENTILATION	115.98			

Code	Description	Base Fee	Hysterectomy	Sterilization	Abortion
00529	ANESTHESIA FOR CLOSED CHEST PROCEDURES; MEDIASTINOSCOPY AND DIAGNOSTIC THORACOSCOPY UTILIZING 1 LUNG VENTILATION	159.50			
00530	ANESTHESIA FOR PERMANENT TRANSVENOUS PACEMAKER INSERTION	57.99			
00532	ANESTHESIA FOR ACCESS TO CENTRAL VENOUS CIRCULATION	57.99			
00534	ANESTHESIA FOR TRANSVENOUS INSERTION OR REPLACEMENT OF PACING CARDIOVERTER-DEFIBRILLATOR	101.48			
00537	ANESTHESIA FOR CARDIAC ELECTROPHYSIOLOGIC PROCEDURES INCLUDING RADIOFREQUENCY ABLATION	144.98			
00539	ANESTHESIA FOR TRACHEOBRONCHIAL RECONSTRUCTION	261.00			
00540	ANESTHESIA FOR THORACOTOMY PROCEDURES INVOLVING LUNGS, PLEURA, DIAPHRAGM, MEDIASTINUM (INCLUDING SURGICAL THORACOSCOPY); NOT OTHERWISE SPECIFIED	174.00			
00541	ANESTHESIA FOR THORACOTOMY PROCEDURES INVOLVING LUNGS, PLEURA, DIAPHRAGM, AND MEDIASTINUM (INCLUDING SURGICAL THORACOSCOPY); UTILIZING 1 LUNG VENTILATION	217.50			
00542	ANESTHESIA FOR THORACOTOMY PROCEDURES INVOLVING LUNGS, PLEURA, DIAPHRAGM, AND MEDIASTINUM (INCLUDING SURGICAL THORACOSCOPY); DECORTICATION	217.50			
00546	ANESTHESIA FOR THORACOTOMY PROCEDURES INVOLVING LUNGS, PLEURA, DIAPHRAGM, AND MEDIASTINUM (INCLUDING SURGICAL THORACOSCOPY); PULMONARY RESECTION WITH THORACOPLASTY	217.50			
00548	ANESTHESIA FOR THORACOTOMY PROCEDURES INVOLVING LUNGS, PLEURA, DIAPHRAGM, AND MEDIASTINUM (INCLUDING SURGICAL THORACOSCOPY); INTRATHORACIC PROCEDURES ON THE TRACHEA AND BRONCHI	246.50			
00550	ANESTHESIA FOR STERNAL DEBRIDEMENT	144.98			
00560	ANESTHESIA FOR PROCEDURES ON HEART, PERICARDIAL SAC, AND GREAT VESSELS OF CHEST; WITHOUT PUMP OXYGENATOR	217.46			
00561	ANESTHESIA FOR PROCEDURES ON HEART, PERICARDIAL SAC, AND GREAT VESSELS OF CHEST; WITH PUMP OXYGENATOR, YOUNGER THAN 1 YEAR OF AGE	217.46			

Code	Description	Base Fee	Hysterectomy	Sterilization	Abortion
00562	ANESTHESIA FOR PROCEDURES ON HEART, PERICARDIUM, AND GREAT VESSELS OF CHEST WITH PUMP OXYGENATOR, AGE 1 YEAR OR OLDER, FOR ALL NON-CORONARY BYPASS PROCEDURES (EG, VALVE PROCEDURES) OR FOR RE-OPERATION	289.95			
00563	ANESTHESIA FOR PROCEDURES ON HEART, PERICARDIUM, AND GREAT VESSELS OF CHEST WITH PUMP OXYGENATOR WITH HYPOTHERMIC CIRCULATORY ARREST	362.44			
00566	ANESTHESIA FOR DIRECT CORONARY ARTERY BYPASS GRAFTING WITHOUT PUMP OXYGENATOR	362.44			
00567	ANESTHESIA FOR DIRECT CORONARY ARTERY BYPASS GRAFTING WITH PUMP OXYGENATOR	362.44			
00580	ANESTHESIA FOR HEART TRANSPLANT OR HEART/LUNG TRANSPLANT	289.95			
00600	ANESTHESIA FOR PROCEDURES ON CERVICAL SPINE AND CORD; NOT OTHERWISE SPECIFIED	144.98			
00604	ANESTHESIA FOR PROCEDURES ON CERVICAL SPINE AND CORD; PROCEDURES WITH PATIENT IN THE SITTING POSITION	188.47			
00620	ANESTHESIA FOR PROCEDURES ON THORACIC SPINE AND CORD; NOT OTHERWISE SPECIFIED	144.98			
00622	ANESTHESIA FOR PROCEDURES ON THORACIC SPINE AND CORD; THORACOLUMBAR SYMPATHECTOMY	188.47			
00625	ANESTHESIA FOR PROCEDURES ON THE THORACIC SPINE AND CORD, VIA AN ANTERIOR T	144.98			
00626	ANESTHESIA FOR PROCEDURES ON THE THORACIC SPINE AND CORD, VIA AN ANTERIOR T	144.98			
00630	ANESTHESIA FOR PROCEDURES IN LUMBAR REGION; NOT OTHERWISE SPECIFIED	115.98			
00632	ANESTHESIA FOR PROCEDURES IN LUMBAR REGION; LUMBAR SYMPATHECTOMY	101.48			
00634	ANESTHESIA FOR PROCEDURES IN LUMBAR REGION; CHEMONUCLEOLYSIS	144.98			
00635	ANESTHESIA FOR PROCEDURES IN LUMBAR REGION; DIAGNOSTIC OR THERAPEUTIC LUMBAR PUNCTURE	58.00			
00640	ANESTHESIA FOR MANIPULATION OF THE SPINE OR FOR CLOSED PROCEDURES ON THE CERVICAL, THORACIC OR LUMBAR SPINE	43.50			
00670	ANESTHESIA FOR EXTENSIVE SPINE AND SPINAL CORD PROCEDURES (EG, SPINAL INSTRUMENTATION OR VASCULAR PROCEDURES)	188.47			
00700	ANESTHESIA FOR PROCEDURES ON UPPER ANTERIOR ABDOMINAL WALL; NOT OTHERWISE SPECIFIED	58.00			

Code	Description	Base Fee	Hysterectomy	Sterilization	Abortion
00702	ANESTHESIA FOR PROCEDURES ON UPPER ANTERIOR ABDOMINAL WALL; PERCUTANEOUS LIVER BIOPSY	57.99			
00730	ANESTHESIA FOR PROCEDURES ON UPPER POSTERIOR ABDOMINAL WALL	72.49			
00740	ANESTHESIA FOR UPPER GASTROINTESTINAL ENDOSCOPIC PROCEDURES ENDOSCOPE INTRODUCED PROXIMAL TO DUODENUM	72.49			
00750	ANESTHESIA FOR HERNIA REPAIRS IN UPPER ABDOMEN; NOT OTHERWISE SPECIFIED	57.99			
00752	ANESTHESIA FOR HERNIA REPAIRS IN UPPER ABDOMEN; LUMBAR AND VENTRAL(INCISIONAL) HERNIAS AND/OR WOUND DEHISCENCE	86.99			
00754	ANESTHESIA FOR HERNIA REPAIRS IN UPPER ABDOMEN; OMPHALOCELE	101.48			
00756	ANESTHESIA FOR HERNIA REPAIRS IN UPPER ABDOMEN; TRANSABDOMINAL REPAIR OF DIAPHRAGMATIC HERNIA	101.48			
00770	ANESTHESIA FOR ALL PROCEDURES ON MAJOR ABDOMINAL BLOOD VESSELS	217.46			
00790	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN UPPER ABDOMEN INCLUDING LAPAROSCOPY ; NOT OTHERWISE SPECIFIED	101.48			
00792	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN UPPER ABDOMEN INCLUDING LAPAROSCOPY ;PARTIAL HEPATECTOMY OR MANAGEMENT OF LIVER HEMORRHAGE (EXCLUDING LIVER BIOPSY)	188.47			
00794	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN UPPER ABDOMEN INCLUDING LAPAROSCOPY;PANCREATECTOMY, PARTIAL OR TOTAL (EG, WHIPPLE PROCEDURE)	115.98			
00796	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN UPPER ABDOMEN INCLUDING LAPAROSCOPY;LIVER TRANSPLANT (RECIPIENT)	434.93			
00797	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN UPPER ABDOMEN INCLUDING LAPAROSCOPY;GASTRIC RESTRICTIVE PROCEDURE FOR MORBID OBESITY	145.00			
00800	ANESTHESIA FOR PROCEDURES ON LOWER ANTERIOR ABDOMINAL WALL; NOT OTHERWISE SPECIFIED	58.00			
00802	ANESTHESIA FOR PROCEDURES ON LOWER ANTERIOR ABDOMINAL WALL; PANNICULECTOMY	72.49			
00810	ANESTHESIA FOR LOWER INTESTINAL ENDOSCOPIC PROCEDURES; ENDOSCOPE INTRODUCED DISTAL TO DUODENUM	72.50			
00820	ANESTHESIA FOR PROCEDURES ON LOWER POSTERIOR ABDOMINAL WALL	72.49			

Code	Description	Base Fee	Hysterectomy	Sterilization	Abortion
00830	ANESTHESIA FOR HERNIA REPAIRS IN LOWER ABDOMEN; NOT OTHERWISE SPECIFIED	57.99			
00832	ANESTHESIA FOR HERNIA REPAIRS IN LOWER ABDOMEN; VENTRAL AND INCISIONAL HERNIAS	86.99			
00834	ANESTHESIA FOR HERNIA REPAIRS IN THE LOWER ABDOMEN NOT OTHERWISE SPECIFIED,YOUNGER THAN 1 YEAR OF AGE	72.50			
00836	ANESTHESIA FOR HERNIA REPAIRS IN THE LOWER ABDOMEN NOT OTHERWISE SPECIFIED,INFANTS YOUNGER THAN 37 WEEKS GESTATIONAL AGE AT BIRTH AND YOUNGER THAN 50 WEEKS GESTATIONAL AGE AT TIME OF SURGERY	87.00			
00840	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDING LAPAROSCOPY;NOT OTHERWISE SPECIFIED	86.99			
00842	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDING LAPAROSCOPY;AMNIOCENTESIS	57.99			
00844	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDING LAPAROSCOPY;ABDOMINOPERINEAL RESECTION	101.48			
00846	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDING LAPAROSCOPY;RADICAL HYSTERECTOMY	115.98	Y		
00848	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDING LAPAROSCOPY;PELVIC EXENTERATION	115.98			
00851	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDING LAPAROSCOPY;TUBAL LIGATION/TRANSECTION	87.00		Y	
00860	ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN, INCLUDING URINARY TRACT; NOT OTHERWISE SPECIFIED	86.99			
00862	ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN, INCLUDING URINARY TRACT; RENAL PROCEDURES, INCLUDING UPPER ONE-THIRD OF URETER, OR DONOR NEPHRECTOMY	101.48			
00864	ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN, INCLUDING URINARY TRACT; TOTAL CYSTECTOMY	115.98			

Code	Description	Base Fee	Hysterectomy	Sterilization	Abortion
00865	ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN, INCLUDING URINARY TRACT; RADICAL PROSTATECTOMY (SUPRAPUBIC, RETROPUBIC)	101.48			
00866	ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN, INCLUDING URINARY TRACT; ADRENALECTOMY	144.98			
00868	ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN, INCLUDING URINARY TRACT; RENAL TRANSPLANT (RECIPIENT)	144.98			
00870	ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN, INCLUDING URINARY TRACT; NOT OTHERWISE SPECIFIED	72.49			
00872	ANESTHESIA FOR LITHOTRIPSY, EXTRACORPOREAL SHOCK WAVE; WITH WATER BATH	101.48			
00873	ANESTHESIA FOR LITHOTRIPSY, EXTRACORPOREAL SHOCK WAVE; WITHOUT WATER BATH	72.49			
00880	ANESTHESIA FOR PROCEDURES ON MAJOR LOWER ABDOMINAL VESSELS; NOT OTHERWISE SPECIFIED	217.46			
00882	ANESTHESIA FOR PROCEDURES ON MAJOR LOWER ABDOMINAL VESSELS; INFERIOR VENA CAVA LIGATION	144.98			
00902	ANESTHESIA FOR; ANORECTAL PROCEDURE	72.50			
00904	ANESTHESIA FOR PROCEDURES ON PERINEAL INTEGUMENTARY SYSTEM;RADICAL PERINEAL PROCEDURE	101.48			
00906	ANESTHESIA FOR PROCEDURES ON PERINEAL INTEGUMENTARY SYSTEM;VULVECTOMY	57.99			
00908	ANESTHESIA FOR PROCEDURES ON PERINEAL INTEGUMENTARY SYSTEM;PERINEAL PROSTATECTOMY	86.99			
00910	ANESTHESIA FOR TRANSURETHRAL PROCEDURES (INCLUDING URETHROCYSTOSCOPY); NOT OTHERWISE SPECIFIED	43.49			
00912	ANESTHESIA FOR TRANSURETHRAL PROCEDURES (INCLUDING URETHROCYSTOSCOPY);TRANSURETHRAL RESECTION OF BLADDER TUMOR(S)	72.49			
00914	ANESTHESIA FOR TRANSURETHRAL PROCEDURES (INCLUDING URETHROCYSTOSCOPY); TRANSURETHRAL RESECTION OF PROSTATE	72.49			
00916	ANESTHESIA FOR TRANSURETHRAL PROCEDURES (INCLUDING URETHROCYSTOSCOPY); POST-TRANSURETHRAL RESECTION BLEEDING	72.49			
00918	ANESTHESIA FOR TRANSURETHRAL PROCEDURES (INCLUDING URETHROCYSTOSCOPY); WITH FRAGMENTATION, MANIPULATION AND/OR REMOVAL OF URETERAL CALCULUS	72.49			

Code	Description	Base Fee	Hysterectomy	Sterilization	Abortion
00920	ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRAL PROCEDURES)); NOT OTHERWISE SPECIFIED	43.49			
00921	ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRAL PROCEDURES);VASECTOMY, UNILATERAL OR BILATERAL	43.50		Y	
00922	ANESTHESIA FOR PROCEDURES ON MALE EXTERNAL GENITALIA; SEMINAL VESICLES	86.99			
00924	ANESTHESIA FOR PROCEDURES ON MALE EXTERNAL GENITALIA; UNDESCENDED TESTIS, UNILATERAL OR BILATERAL	57.99			
00926	ANESTHESIA FOR PROCEDURES ON MALE EXTERNAL GENITALIA; RADICAL ORCHIECTOMY,INGUINAL	57.99		Y	
00928	ANESTHESIA FOR PROCEDURES ON MALE EXTERNAL GENITALIA; RADICAL ORCHIECTOMY,ABDOMINAL	86.99		Y	
00930	ANESTHESIA FOR PROCEDURES ON MALE EXTERNAL GENITALIA; ORCHIOPEXY, UNILATERAL OR BILATERAL	57.99			
00932	ANESTHESIA FOR PROCEDURES ON MALE EXTERNAL GENITALIA; COMPLETE AMPUTATION OF PENIS	57.99			
00934	ANESTHESIA FOR PROCEDURES ON MALE EXTERNAL GENITALIA; RADICAL AMPUTATION OF PENIS WITH BILATERAL INGUINAL LYMPHADENECTOMY	86.99			
00936	ANESTHESIA FOR PROCEDURES ON MALE EXTERNAL GENITALIA; RADICAL AMPUTATION OF PENIS WITH BILATERAL INGUINAL AND ILIAC LYMPHADENECTOMY	115.98			
00940	ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA, VAGINA, CERVIX OR ENDOMETRIUM); NOT OTHERWISE SPECIFIED	43.49			
00942	ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA, VAGINA, CERVIX OR ENDOMETRIUM); COLPOTOMY, VAGINECTOMY, COLPORRHAPHY, AND OPEN URETHRAL PROCEDURES	57.99			
00944	ANESTHESIA FOR VAGINAL PROCEDURES; VAGINAL HYSTERECTOMY	86.99	Y		
00948	ANESTHESIA FOR VAGINAL PROCEDURES ;CERVICAL CERCLAGE	57.99			
00950	ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA, VAGINA, CERVIX); CULDOSCOPY	72.49			
00952	ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA, VAGINA, CERVIX OR ENDOMETRIUM); HYSTEROSCOPY AND/OR HYSTEROSALPINGOGRAPHY	57.99			
01112	ANESTHESIA FOR BONE MARROW ASPIRATION AND/OR BIOPSY, ANTERIOR OR POSTERIOR	72.49			

Code	Description	Base Fee	Hysterectomy	Sterilization	Abortion
01120	ANESTHESIA FOR PROCEDURES ON BONY PELVIS	86.99			
01130	ANESTHESIA FOR BODY CAST APPLICATION OR REVISION	43.49			
01140	ANESTHESIA FOR INTERPELVIABDOMINAL (HINDQUARTER) AMPUTATION	217.46			
01150	ANESTHESIA FOR RADICAL PROCEDURES FOR TUMOR OF PELVIS, EXCEPT HINDQUARTER AMPUTATION	145.00			
01160	ANESTHESIA FOR CLOSED PROCEDURES INVOLVING SYMPHYSIS PUBIS OR SACROILIAC JOINT	57.99			
01170	ANESTHESIA FOR OPEN PROCEDURES INVOLVING SYMPHYSIS PUBIS OR SACROILIAC JOINT	115.98			
01173	ANESTHESIA FOR OPEN REPAIR OF FRACTURE DISRUPTION OF PELVIS OR COLUMN FRACTURE INVOLVING ACETABULUM	174.00			
01180	ANESTHESIA FOR OBTURATOR NEURECTOMY; EXTRAPELVIC	43.49			
01190	ANESTHESIA FOR OBTURATOR NEURECTOMY; INTRAPELVIC	57.99			
01200	ANESTHESIA FOR ALL CLOSED PROCEDURES INVOLVING HIP JOINT	57.99			
01202	ANESTHESIA FOR ARTHROSCOPIC PROCEDURES OF HIP JOINT	57.99			
01210	ANESTHESIA FOR OPEN PROCEDURES INVOLVING HIP JOINT; NOT OTHERWISE SPECIFIED	86.99			
01212	ANESTHESIA FOR OPEN PROCEDURES INVOLVING HIP JOINT; HIP DISARTICULATION	144.98			
01214	ANESTHESIA FOR OPEN PROCEDURES INVOLVING HIP JOINT; TOTAL HIP ARTHROPLASTY	116.00			
01215	ANESTHESIA FOR OPEN PROCEDURES INVOLVING HIP JOINT; REVISION OF TOTAL HIP ARTHROPLASTY	144.98			
01220	ANESTHESIA FOR ALL CLOSED PROCEDURES INVOLVING UPPER 2/3 OF FEMUR	57.99			
01230	ANESTHESIA FOR OPEN PROCEDURES INVOLVING UPPER 2/3 OF FEMUR; NOT OTHERWISE SPECIFIED	86.99			
01232	ANESTHESIA FOR OPEN PROCEDURES INVOLVING UPPER 2/3 OF FEMUR; AMPUTATION	72.49			
01234	ANESTHESIA FOR OPEN PROCEDURES INVOLVING UPPER 2/3 OF FEMUR; RADICAL RESECTION	115.98			
01250	ANESTHESIA FOR ALL PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURSAE OF UPPER LEG	57.99			
01260	ANESTHESIA FOR ALL PROCEDURES INVOLVING VEINS OF UPPER LEG, INCLUDING EXPLORATION	115.98			
01270	ANESTHESIA FOR PROCEDURES INVOLVING ARTERIES OF UPPER LEG, INCLUDING BYPASS GRAFT; NOT OTHERWISE SPECIFIED	116.48			

Code	Description	Base Fee	Hysterectomy	Sterilization	Abortion
01272	ANESTHESIA FOR PROCEDURES INVOLVING ARTERIES OF UPPER LEG, INCLUDING BYPASS GRAFT; FEMORAL ARTERY LIGATION	57.99			
01274	ANESTHESIA FOR PROCEDURES INVOLVING ARTERIES OF UPPER LEG, INCLUDING BYPASS GRAFT; FEMORAL ARTERY EMBOLECTOMY	86.99			
01320	ANESTHESIA FOR ALL PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURSAE OF KNEE AND/OR POPLITEAL AREA	57.99			
01340	ANESTHESIA FOR ALL CLOSED PROCEDURES ON LOWER 1/3 OF FEMUR	57.99			
01360	ANESTHESIA FOR ALL OPEN PROCEDURES ON LOWER 1/3 OF FEMUR	72.49			
01380	ANESTHESIA FOR ALL CLOSED PROCEDURES ON KNEE JOINT	43.49			
01382	ANESTHESIA FOR DIAGNOSTIC ARTHROSCOPIC PROCEDURES OF KNEE JOINT	43.49			
01390	ANESTHESIA FOR ALL CLOSED PROCEDURES ON UPPER ENDS OF TIBIA, FIBULA, AND/OR PATELLA	43.49			
01392	ANESTHESIA FOR ALL OPEN PROCEDURES ON UPPER ENDS OF TIBIA, FIBULA, AND/OR PATELLA	57.99			
01400	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES ON KNEE JOINT; NOT OTHERWISE SPECIFIED	57.99			
01402	ANESTHESIA FOR OPEN PROCEDURES ON KNEE JOINT; TOTAL KNEE ARTHROPLASTY	101.48			
01404	ANESTHESIA FOR OPEN PROCEDURES ON KNEE JOINT; DISARTICULATION AT KNEE	72.49			
01420	ANESTHESIA FOR ALL CAST APPLICATIONS, REMOVAL, OR REPAIR INVOLVING KNEE JOINT	43.49			
01430	ANESTHESIA FOR PROCEDURES ON VEINS OF KNEE AND POPLITEAL AREA; NOT OTHERWISE SPECIFIED	43.49			
01432	ANESTHESIA FOR PROCEDURES ON VEINS OF KNEE AND POPLITEAL AREA; ARTERIOVENOUS FISTULA	87.00			
01440	ANESTHESIA FOR PROCEDURES ON ARTERIES OF KNEE AND POPLITEAL AREA; NOT OTHERWISE SPECIFIED	116.00			
01442	ANESTHESIA FOR PROCEDURES ON ARTERIES OF KNEE AND POPLITEAL AREA; POPLITEAL THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT	115.98			
01444	ANESTHESIA FOR PROCEDURES ON ARTERIES OF KNEE AND POPLITEAL AREA; POPLITEAL EXCISION AND GRAFT OR REPAIR FOR OCCLUSION OR ANEURYSM	115.98			
01462	ANESTHESIA FOR ALL CLOSED PROCEDURES ON LOWER LEG, ANKLE, AND FOOT	43.49			
01464	ANESTHESIA FOR ARTHROSCOPIC PROCEDURES OF ANKLE AND/OR FOOT	43.49			

Code	Description	Base Fee	Hysterectomy	Sterilization	Abortion
01470	ANESTHESIA FOR PROCEDURES ON NERVES, MUSCLES, TENDONS, AND FASCIA OF LOWER LEG, ANKLE, AND FOOT; NOT OTHERWISE SPECIFIED	43.49			
01472	ANESTHESIA FOR PROCEDURES ON NERVES, MUSCLES, TENDONS, AND FASCIA OF LOWER LEG, ANKLE, AND FOOT; REPAIR OF RUPTURED ACHILLES TENDON, WITH OR WITHOUT GRAFT	72.49			
01474	ANESTHESIA FOR PROCEDURES ON NERVES, MUSCLES, TENDONS, AND FASCIA OF LOWER LEG, ANKLE, AND FOOT; GASTROCNEMIUS RECESSIO (EG, STRAYER PROCEDURE)	72.49			
01480	ANESTHESIA FOR OPEN PROCEDURES ON BONES OF LOWER LEG, ANKLE, AND FOOT; NOT OTHERWISE SPEC	43.49			
01482	ANESTHESIA FOR OPEN PROCEDURES ON BONES OF LOWER LEG, ANKLE, AND FOOT; RADICAL RESECTION (INCLUDING BELOW KNEE AMPUTATION)	57.99			
01484	ANESTHESIA FOR OPEN PROCEDURES ON BONES OF LOWER LEG, ANKLE, AND FOOT; OSTEOTOMY OR OSTEOPLASTY OF TIBIA AND/OR FIBULA	57.99			
01486	ANESTHESIA FOR OPEN PROCEDURES ON BONES OF LOWER LEG, ANKLE, AND FOOT; TOTAL ANKLE REPLACEMENT	101.48			
01490	ANESTHESIA FOR LOWER LEG CAST APPLICATION, REMOVAL, OR REPAIR	43.49			
01500	ANESTHESIA FOR PROCEDURES ON ARTERIES OF LOWER LEG, INCLUDING BYPASS GRAFT;NOT OTHERWISE :	115.98			
01502	ANESTHESIA FOR PROCEDURES ON ARTERIES OF LOWER LEG, INCLUDING BYPASS GRAFT;EMBOLECTOMY, DIRECT OR WITH CATHETER	86.99			
01520	ANESTHESIA FOR PROCEDURES ON VEINS OF LOWER LEG; NOT OTHERWISE SPECIFIED	43.49			
01522	ANESTHESIA FOR PROCEDURES ON VEINS OF LOWER LEG; VENOUS THROMBECTOMY, DIRECT OR WITH CATHETER	72.49			
01610	ANESTHESIA FOR ALL PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURSAE OF SHOULDER AND AXILLA	72.49			
01620	ANESTHESIA FOR ALL CLOSED PROCEDURES ON HUMERAL HEAD AND NECK, STERNOCLAVICULAR JOINT, ACROMIOCLAVICULAR JOINT, AND SHOULDER JOINT	57.99			
01622	ANESTHESIA FOR DIAGNOSTIC ARTHROSCOPIC PROCEDURES OF SHOULDER JOINT	57.99			

Code	Description	Base Fee	Hysterectomy	Sterilization	Abortion
01630	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES ON HUMERAL HEAD AND NECK, STERNOCLAVICULAR JOINT, ACROMIOCLAVICULAR JOINT, AND SHOULDER JOINT; NOT OTHERWISE SPECIFIED	72.49			
01634	ANESTHESIA FOR OPEN PROCEDURES ON HUMERAL HEAD AND NECK, STERNOCLAVICULAR JOINT, ACROMIOCLAVICULAR JOINT, AND SHOULDER JOINT; SHOULDER DISARTICULATION	130.48			
01636	ANESTHESIA FOR OPEN PROCEDURES ON HUMERAL HEAD AND NECK, STERNOCLAVICULAR JOINT, ACROMIOCLAVICULAR JOINT, AND SHOULDER JOINT; INTERTHORACOSCAPULAR (FOREQUARTER) AMPUTATION	217.46			
01638	ANESTHESIA FOR OPEN PROCEDURES ON HUMERAL HEAD AND NECK, STERNOCLAVICULAR JOINT, ACROMIOCLAVICULAR JOINT, AND SHOULDER JOINT; TOTAL SHOULDER REPLACEMENT	144.98			
01650	ANESTHESIA FOR PROCEDURES ON ARTERIES OF SHOULDER AND AXILLA; NOT OTHERWISE SPECIFIED	86.99			
01652	ANESTHESIA FOR PROCEDURES ON ARTERIES OF SHOULDER AND AXILLA; AXILLARY--BRACHIAL ANEURYSM	144.98			
01654	ANESTHESIA FOR PROCEDURES ON ARTERIES OF SHOULDER AND AXILLA; BYPASS GRAFT	115.98			
01656	ANESTHESIA FOR PROCEDURES ON ARTERIES OF SHOULDER AND AXILLA; AXILLARY-FEMORAL BYPASS GRAFT	144.98			
01670	ANESTHESIA FOR ALL PROCEDURES ON VEINS OF SHOULDER AND AXILLA	57.99			
01680	ANESTHESIA FOR SHOULDER CAST APPLICATION, REMOVAL OR REPAIR; NOT OTHERWISE SPECIFIED	43.49			
01682	ANESTHESIA FOR SHOULDER CAST APPLICATION, REMOVAL OR REPAIR; SHOULDER SPICA	57.99			
01710	ANESTHESIA FOR PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURSAE OF UPPER ARM AND ELBOW; NOT OTHERWISE SPECIFIED	43.49			
01712	ANESTHESIA FOR PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURSAE OF UPPER ARM AND ELBOW; TENOTOMY, ELBOW TO SHOULDER, OPEN	72.49			
01714	ANESTHESIA FOR PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURSAE OF UPPER ARM AND ELBOW; TENOPLASTY, ELBOW TO SHOULDER	72.49			
01716	ANESTHESIA FOR PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURSAE OF UPPER ARM AND ELBOW; TENODESIS, RUPTURE OF LONG TENDON OF BICEPS	72.49			

Code	Description	Base Fee	Hysterectomy	Sterilization	Abortion
01730	ANESTHESIA FOR ALL CLOSED PROCEDURES ON HUMERUS AND ELBOW	43.49			
01732	ANESTHESIA FOR DIAGNOSTIC ARTHROSCOPIC PROCEDURES OF ELBOW JOINT	43.49			
01740	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES OF THE ELBOW; NOT OTHERWISE SPECIFIED	57.99			
01742	ANESTHESIA FOR OPEN PROCEDURES ON HUMERUS AND ELBOW; OSTEOTOMY OF HUMERUS	72.49			
01744	ANESTHESIA FOR OPEN PROCEDURES ON HUMERUS AND ELBOW; REPAIR OF NONUNION OR MALUNION OF HUMERUS	72.49			
01756	ANESTHESIA FOR OPEN PROCEDURES ON HUMERUS AND ELBOW; RADICAL PROCEDURES	86.99			
01758	ANESTHESIA FOR OPEN PROCEDURES ON HUMERUS AND ELBOW; EXCISION OF CYST OR TUMOR OF HUMERUS	72.49			
01760	ANESTHESIA FOR OPEN PROCEDURES ON HUMERUS AND ELBOW; TOTAL ELBOW REPLACEMENT	101.48			
01770	ANESTHESIA FOR PROCEDURES ON ARTERIES OF UPPER ARM AND ELBOW; NOT OTHERWISE SPECIFIED	87.00			
01772	ANESTHESIA FOR PROCEDURES ON ARTERIES OF UPPER ARM AND ELBOW; EMBOLECTOMY	86.99			
01780	ANESTHESIA FOR PROCEDURES ON VEINS OF UPPER ARM AND ELBOW; NOT OTHERWISE SPECIFIED	43.49			
01782	ANESTHESIA FOR PROCEDURES ON VEINS OF UPPER ARM AND ELBOW; PHLEBORRHAPHY	57.99			
01810	ANESTHESIA FOR ALL PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURSAE OF FOREARM, WRIST, AND HAND	43.49			
01820	ANESTHESIA FOR ALL CLOSED PROCEDURES ON RADIUS, ULNA, WRIST, OR HAND BONES	43.49			
01829	ANESTHESIA FOR DIAGNOSTIC ARTHROSCOPIC PROCEDURES ON THE WRIST	43.50			
01830	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC/ENDOSCOPIC PROCEDURES ON DISTAL RADIUS, DISTAL ULNA, WRIST, OR HAND JOINTS; NOT OTHERWISE SPECIFIED	43.49			
01832	ANESTHESIA FOR OPEN PROCEDURES ON RADIUS, ULNA, WRIST, OR HAND BONES; TOTAL WRIST REPLACEMENT	86.99			
01840	ANESTHESIA FOR PROCEDURES ON ARTERIES OF FOREARM, WRIST, AND HAND; NOT OTHERWISE SPECIFIED	86.99			
01842	ANESTHESIA FOR PROCEDURES ON ARTERIES OF FOREARM, WRIST, AND HAND; EMBOLECTOMY	86.99			

Code	Description	Base Fee	Hysterectomy	Sterilization	Abortion
01844	ANESTHESIA FOR VASCULAR SHUNT, OR SHUNT REVISION, ANY TYPE (EG, DIALYSIS)	86.99			
01850	ANESTHESIA FOR PROCEDURES ON VEINS OF FOREARM, WRIST, AND HAND; NOT OTHERWISE SPECIFIED	43.49			
01852	ANESTHESIA FOR PROCEDURES ON VEINS OF FOREARM, WRIST, AND HAND; PHLEBORRHAPHY	57.99			
01860	ANESTHESIA FOR FOREARM, WRIST, OR HAND CAST APPLICATION, REMOVAL, OR REPAIR	43.49			
01916	ANESTHESIA FOR DIAGNOSTIC ARTERIOGRAPHY/VENOGRAPHY	72.49			
01920	ANESTHESIA FOR CARDIAC CATHETERIZATION INCLUDING CORONARY ANGIOGRAPHY AND VENTRICULOGRAPHY (NOT TO INCLUDE SWAN-GANZ CATHETER)	101.48			
01922	ANESTHESIA FOR NON-INVASIVE IMAGING OR RADIATION THERAPY	101.48			
01924	ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES INVOLVING THE ARTERIAL SYSTEM; NOT OTHERWISE SPECIFIED	87.00			
01925	ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES INVOLVING THE ARTERIAL SYSTEM; CAROTID OR CORONARY	116.00			
01926	ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES INVOLVING THE ARTERIAL SYSTEM; INTRACRANIAL, INTRACARDIAC, OR AORTIC	145.00			
01930	ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES INVOLVING THE VENOUS/LYMPHATIC SYSTEM (NOT TO INCLUDE ACCESS TO THE CENTRAL CIRCULATION); NOT OTHERWISE SPECIFIED	72.50			
01931	ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES INVOLVING THE VENOUS/LYMPHATIC SYSTEM (NOT TO INCLUDE ACCESS TO THE CENTRAL CIRCULATION); INTRAHEPATIC OR PORTAL CIRCULATION (EG, TRANSVENOUS INTRAHEPATIC PORTOSYSTEMIC SHUNT[S] [TIPS])	101.50			
01932	ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES INVOLVING THE VENOUS/LYMPHATIC SYSTEM (NOT TO INCLUDE ACCESS TO THE CENTRAL CIRCULATION); INTRATHORACIC OR JUGULAR	101.50			

Code	Description	Base Fee	Hysterectomy	Sterilization	Abortion
01933	ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES INVOLVING THE VENOUS/LYMPHATIC SYSTEM (NOT TO INCLUDE ACCESS TO THE CENTRAL CIRCULATION); INTRACRANIAL	116.00			
01935	ANESTHESIA FOR PERCUTANEOUS IMAGE GUIDED PROCEDURES ON THE SPINE AND SPINAL CORD; DIAGNOSTIC	101.50			
01936	ANESTHESIA FOR PERCUTANEOUS IMAGE GUIDED PROCEDURES ON THE SPINE AND SPINAL CORD; THERAPEUTIC	101.50			
01951	ANESTHESIA FOR SECOND AND THIRD DEGREE BURN EXCISION OR DEBRIDEMENT WITH OR OR WITHOUT SKIN GRAFTING, ANY SITE, FOR TOTAL BODY SURFACE AREA (TBSA) TREATED DURING ANESTHESIA AND SURGERY; LESS THAN 4% TOTAL	43.49			
01952	ANESTHESIA FOR SECOND AND THIRD DEGREE BURN EXCISION OR DEBRIDEMENT WITH OR OR WITHOUT SKIN GRAFTING, ANY SITE, FOR TOTAL BODY SURFACE AREA (TBSA) TREATED DURING ANESTHESIA AND SURGERY; BETWEEN 4% AND 9% OF TOTAL BODY SURFACE AREA	72.49			
01953	ANESTHESIA FOR SECOND AND THIRD DEGREE BURN EXCISION OR DEBRIDEMENT WITH OR OR WITHOUT SKIN GRAFTING, ANY SITE, (TBSA) TREATED DURING ANESTHESIA AND SURGERY; EACH ADDITIONAL 9% TOTAL BODY SURFACE AREA OR PART THEREOF (IN ADDITION TO PRIMARY CODE)	14.50			
01958	ANESTHESIA FOR EXTERNAL CEPHALIC VERSION PROCEDURE	72.50			
01960	ANESTHESIA FOR; VAGINAL DELIVERY ONLY	72.50			
01961	ANESTHESIA FOR CESAREAN DELIVERY ONLY	101.50			
01962	ANESTHESIA FOR URGENT HYSTERECTOMY FOLLOWING DELIVERY	116.00	Y		
01963	ANESTHESIA FOR CESAREAN HYSTERECTOMY WITHOUT ANY LABOR ANALGESIA/ANESTHESIA	145.00	Y		
01965	ANESTHESIA FOR INCOMPLETE OR MISSED ABORTION PROCEDURES	58.00			
01966	ANESTHESIA FOR INDUCED ABORTION PROCEDURES	58.00			Y
01967	NEURAXIAL LABOR ANALGESIA/ANESTHESIA FOR PLANNED VAGINAL DELIVERY (THIS INCLUDES ANY REPEAT SUBARACHNOID NEEDLE PLACEMENT AND DRUG INJECTION AND/OR ANY NECESSARY REPLACEMENT OF AN EPIDURAL CATHETER DURING LABOR)	72.50			

Code	Description	Base Fee	Hysterectomy	Sterilization	Abortion
01968	ANESTHESIA FOR CESAREAN DELIVERY FOLLOWING NEURAXIAL LABOR ANALGESIA/ANESTHESIA (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE PERFORMED)	43.50			
01969	ANESTHESIA FOR CESAREAN HYSTERECTOMY FOLLOWING NEURAXIAL LABOR ANALGESIA/ANESTHESIA (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE PERFORMED)	72.50	Y		
01991	ANESTHESIA FOR DIAGNOSTIC OR THERAPEUTIC NERVE BLOCKS AND INJECTIONS (WHEN BLOCK OR INJECTION IS PERFORMED BY A DIFFERENT PROVIDER); OTHER THAN THE PRONE POSITION	43.50			
01992	ANESTHESIA FOR DIAGNOSTIC OR THERAPEUTIC NERVE BLOCKS AND INJECTIONS (WHEN BLOCK OR INJECTION IS PERFORMED BY A DIFFERENT PROVIDER); PRONE POSITION	72.50			
01996	DAILY HOSPITAL MANAGEMENT OF EPIDURAL OR SUBARACHNOID CONTINUOUS DRUG ADMINISTRATION	43.49			