

Advanced Registered Nurse Practitioner Fee Schedule
Effective March 2, 2009

Anesthesia Reimbursement Method:

Divide the total minutes of anesthesia by 15 (rounded down). Multiply this number by the conversion factor of \$14.50. Add this to the max fee listed for the procedure code.

Example: 100 minutes of anesthesia as code 00120 = \$159.49. (100 / 15 = 6.67, rounded down to 6. 6 X \$14.50 = \$87.00. \$87.00 + \$72.49 = \$159.49.)

For services provided to children under the age of 21, reimbursement is increased by 4%. The exceptions are: RPICC, NCG, OBCG, injectable medications, supplies, devices, and laboratory/pathology services.

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

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
00190		ANESTHESIA FOR PROCEDURES ON FACIAL BONES OR SKULL; NOT OTHERWISE SPECIFIED	72.49	72.49			
00192		ANESTHESIA FOR PROCEDURES ON FACIAL BONES; RADICAL SURGERY (INCLUDING PROGN	101.48	101.48			
00210		ANESTHESIA FOR INTRACRANIAL PROCEDURES; NOT OTHERWISE SPECIFIED	159.47	159.47			
00211		ANESTHESIA FOR INTRACRANIAL PROCEDURES; CRANIOTOMY OR CRANIECTOMY FOR EVACUATION OF	130.48	130.48			
00212		ANESTHESIA FOR INTRACRANIAL PROCEDURES; SUBDURAL TAPS	72.49	72.49			
00214		ANESTHESIA FOR INTRACRANIAL PROCEDURES; BURR HOLES, INCLUDING VENTRICULOGRA	130.48	130.48			
00215		ANESTHESIA FOR INTRACRANIAL PROCEDURES; CRANIOPLASTY OR ELEVATION OF DEPRES	130.48	130.48			
00216		ANESTHESIA FOR INTRACRANIAL PROCEDURES; VASCULAR PROCEDURES	217.46	217.46			
00218		ANESTHESIA FOR INTRACRANIAL PROCEDURES; PROCEDURES IN SITTING POSITION	188.47	188.47			
00220		ANESTHESIA FOR INTRACRANIAL PROCEDURES; CEREBROSPINAL FLUID SHUNTING PROCED	144.98	144.98			
00222		ANESTHESIA FOR INTRACRANIAL PROCEDURES; ELECTROCOAGULATION OF INTRACRANIAL	86.99	86.99			
00300		ANESTHESIA FOR ALL PROCEDURES ON THE INTEGUMENTARY SYSTEM, MUSCLES AND NERV	72.49	72.49			
00320		ANESTHESIA FOR ALL PROCEDURES ON ESOPHAGUS, THYROID, LARYNX, TRACHEA AND LY	86.99	86.99			
00322		ANESTHESIA FOR ALL PROCEDURES ON ESOPHAGUS, THYROID, LARYNX, TRACHEA AND LY	43.49	43.49			
00326		ANESTHESIA FOR ALL PROCEDURES ON THE LARYNX AND TRACHEA IN CHILDREN LESS	116.00	116.00			
00350		ANESTHESIA FOR PROCEDURES ON MAJOR VESSELS OF NECK; NOT OTHERWISE SPECIFIED	144.98	144.98			
00352		ANESTHESIA FOR PROCEDURES ON MAJOR VESSELS OF NECK; SIMPLE LIGATION	72.49	72.49			
00400		ANESTHESIA FOR PROCEDURES ON THE INTEGUMENTARY SYSTEM ON THE EXTREMITIES,	43.49	43.49			
00402		ANESTHESIA FOR PROCEDURES ON ANTERIOR INTEGUMENTARY SYSTEM OF CHEST, INCLUD	72.49	72.49			
00404		ANESTHESIA FOR PROCEDURES ON ANTERIOR INTEGUMENTARY SYSTEM OF CHEST, INCLUD	72.49	72.49			
00406		ANESTHESIA FOR PROCEDURES ON ANTERIOR INTEGUMENTARY SYSTEM OF CHEST, INCLUD	188.47	188.47			
00410		ANESTHESIA FOR PROCEDURES ON ANTERIOR INTEGUMENTARY SYSTEM OF CHEST, INCLUD	57.99	57.99			
00450		ANESTHESIA FOR PROCEDURES ON CLAVICLE AND SCAPULA; NOT OTHERWISE SPECIFIED	72.49	72.49			
00452		ANESTHESIA FOR PROCEDURES ON CLAVICLE AND SCAPULA; RADICAL SURGERY	86.99	86.99			
00454		ANESTHESIA FOR PROCEDURES ON CLAVICLE AND SCAPULA; BIOPSY OF CLAVICLE	43.49	43.49			
00470		ANESTHESIA FOR PARTIAL RIB RESECTION; NOT OTHERWISE SPECIFIED	86.99	86.99			
00472		ANESTHESIA FOR PARTIAL RIB RESECTION; THORACOPLASTY (ANY TYPE)	144.98	144.98			
00474		ANESTHESIA FOR PARTIAL RIB RESECTION; RADICAL PROCEDURES (EG, PECTUS EXCAVA	188.47	188.47			
00500		ANESTHESIA FOR ALL PROCEDURES ON ESOPHAGUS	217.46	217.46			

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
00520		ANESTHESIA FOR CLOSED CHEST PROCEDURES; (INCLUDING BRONCHOSCOPY) NOT OTHERW	86.99	86.99			
00522		ANESTHESIA FOR CLOSED CHEST PROCEDURES (INCLUDING ESOPHAGOSCOPY, BRONCHOSCO	57.99	57.99			
00524		ANESTHESIA FOR CLOSED CHEST PROCEDURES (INCLUDING ESOPHAGOSCOPY, BRONCHOSCO	57.99	57.99			
00528		ANESTHESIA FOR CLOSED CHEST PROCEDURES; MEDIASTINOSCOPY AND DIAGNOSTIC THOR	115.98	115.98			
00529		ANESTHESIA FOR CLOSED CHEST PROCEDURES; MEDIASTINOSCOPY AND DIAGNOSTIC THOR	159.50	159.50			
00530		ANESTHESIA FOR PERMANENT TRANSVENOUS PACEMAKER INSERTION	57.99	57.99			
00532		ANESTHESIA FOR ACCESS TO CENTRAL VENOUS CIRCULATION	57.99	57.99			
00534		ANESTHESIA FOR TRANSVENOUS INSERTION OR REPLACEMENT OF PACING CARDIOVERTER-	101.48	101.48			
00537		ANESTHESIA FOR CARDIAC ELECTROPHYSIOLOGIC PROCEDURES INCLUDING RADIOFREQUEN	144.98	144.98			
00539		ANESTHESIA FOR TRACHEOBRONCHIAL RECONSTRUCTION	261.00	261.00			
00540		ANESTHESIA FOR THORACOTOMY PROCEDURES INVOLVING LUNGS, PLEURA, DIAPHRAGM, A	174.00	174.00			
00541		ANESTHESIA FOR THORACOTOMY PROCEDURES INVOLVING LUNGS, PLEURA, DIAPHRAGM, A	217.50	217.50			
00542		ANESTHESIA FOR THORACOTOMY PROCEDURES INVOLVING LUNGS, PLEURA, DIAPHRAGM, A	217.50	217.50			
00546		ANESTHESIA FOR THORACOTOMY PROCEDURES INVOLVING LUNGS, PLEURA, DIAPHRAGM, A	217.50	217.50			
00548		ANESTHESIA FOR THORACOTOMY PROCEDURES INVOLVING LUNGS, PLEURA, DIAPHRAGM, A	246.50	246.50			
00550		ANESTHESIA FOR STERNAL DEBRIDEMENT	144.98	144.98			
00560		ANESTHESIA FOR PROCEDURES ON HEART, PERICARDIAL SAC, AND GREAT VESSELS OF C	217.46	217.46			
00561		ANESTHESIA FOR PROCEDURES ON HEART, PERICARDIAL SAC, AND GREAT VESSELS OF C	217.46	217.46			
00562		ANESTHESIA FOR PROCEDURES ON HEART, PERICARDIUM, AND GREAT VESSELS OF CHEST	289.95	289.95			
00563		ANESTHESIA FOR PROCEDURES ON HEART, PERICARDIUM, AND GREAT VESSELS OF CHEST	362.44	362.44			
00566		ANESTHESIA FOR DIRECT CORONARY ARTERY BYPASS GRAFTING WITHOUT PUMP OXYGENAT	362.44	362.44			
00580		ANESTHESIA FOR HEART TRANSPLANT OR HEART/LUNG TRANSPLANT	289.95	289.95			
00600		ANESTHESIA FOR PROCEDURES ON CERVICAL SPINE AND CORD; NOT OTHERWISE SPECIFI	144.98	144.98			
00604		ANESTHESIA FOR PROCEDURES ON CERVICAL SPINE AND CORD; PROCEDURES WITH PATIE	188.47	188.47			
00620		ANESTHESIA FOR PROCEDURES ON THORACIC SPINE AND CORD; NOT OTHERWISE SPECIFI	144.98	144.98			
00622		ANESTHESIA FOR PROCEDURES ON THORACIC SPINE AND CORD; THORACOLUMBAR SYMPATH	188.47	188.47			
00625		ANESTHESIA FOR PROCEDURES ON THE THORACIC SPINE AND CORD, VIA AN ANTERIOR T	144.98	144.98			
00626		ANESTHESIA FOR PROCEDURES ON THE THORACIC SPINE AND CORD, VIA AN ANTERIOR T	144.98	144.98			
00630		ANESTHESIA FOR PROCEDURES IN LUMBAR REGION; NOT OTHERWISE SPECIFIED	115.98	115.98			

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
00632		ANESTHESIA FOR PROCEDURES IN LUMBAR REGION; LUMBAR SYMPATHECTOMY	101.48	101.48			
00634		ANESTHESIA FOR PROCEDURES IN LUMBAR REGION; CHEMONUCLEOLYSIS	144.98	144.98			
00635		ANESTHESIA FOR PROCEDURES IN LUMBAR REGION; DIAGNOSTIC OR THERAPEUTIC LUMBAR PUNCTURE	58.00	58.00			
00640		ANESTHESIA FOR MANIPULATION OF THE SPINE OR FOR CLOSED PROCEDURES ON THE CE	43.50	43.50			
00670		ANESTHESIA FOR EXTENSIVE SPINE AND SPINAL CORD PROCEDURES (EG, SPINAL INSTR	188.47	188.47			
00700		ANESTHESIA FOR PROCEDURES ON UPPER ANTERIOR ABDOMINAL WALL; NOT OTHERWISE S	58.00	58.00			
00702		ANESTHESIA FOR PROCEDURES ON UPPER ANTERIOR ABDOMINAL WALL; PERCUTANEOUS LI	57.99	57.99			
00730		ANESTHESIA FOR PROCEDURES ON UPPER POSTERIOR ABDOMINAL WALL	72.49	72.49			
00740		ANESTHESIA FOR UPPER GASTROINTESTINAL ENDOSCOPIC PROCEDURES ENDOSCOPE INTRODUCED P	72.49	72.49			
00750		ANESTHESIA FOR HERNIA REPAIRS IN UPPER ABDOMEN; NOT OTHERWISE SPECIFIED	57.99	57.99			
00752		ANESTHESIA FOR HERNIA REPAIRS IN UPPER ABDOMEN; LUMBAR AND VENTRAL (INCISIO	86.99	86.99			
00754		ANESTHESIA FOR HERNIA REPAIRS IN UPPER ABDOMEN; OMPHALOCELE	101.48	101.48			
00756		ANESTHESIA FOR HERNIA REPAIRS IN UPPER ABDOMEN; TRANSABDOMINAL REPAIR OF DI	101.48	101.48			
00770		ANESTHESIA FOR ALL PROCEDURES ON MAJOR ABDOMINAL BLOOD VESSELS	217.46	217.46			
00790		ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN UPPER ABDOMEN INCLUDING LAPARO	101.48	101.48			
00792		ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN UPPER ABDOMEN INCLUDING LAPARO	188.47	188.47			
00794		ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN UPPER ABDOMEN INCLUDING LAPARO	115.98	115.98			
00796		ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN UPPER ABDOMEN INCLUDING LAPARO	434.93	434.93			
00797		ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN UPPER ABDOMEN INCLUDING LAPARO	145.00	145.00			
00800		ANESTHESIA FOR PROCEDURES ON LOWER ANTERIOR ABDOMINAL WALL; NOT OTHERWISE S	58.00	58.00			
00802		ANESTHESIA FOR PROCEDURES ON LOWER ANTERIOR ABDOMINAL WALL; PANNICULECTOMY	72.49	72.49			
00810		ANESTHESIA FOR LOWER INTESTINAL ENDOSCOPIC PROCEDURES; ENDOSCOPE INTRODUCED DISTAL T	72.50	72.50			
00820		ANESTHESIA FOR PROCEDURES ON LOWER POSTERIOR ABDOMINAL WALL	72.49	72.49			
00830		ANESTHESIA FOR HERNIA REPAIRS IN LOWER ABDOMEN; NOT OTHERWISE SPECIFIED	57.99	57.99			
00832		ANESTHESIA FOR HERNIA REPAIRS IN LOWER ABDOMEN; VENTRAL AND INCISIONAL HERN	86.99	86.99			
00834		ANESTHESIA FOR HERNIA REPAIRS IN THE LOWER ABDOMEN NOT OTHERWISE SPECIFIED,	72.50	72.50			
00836		ANESTHESIA FOR HERNIA REPAIRS IN THE LOWER ABDOMEN NOT OTHERWISE SPECIFIED,	87.00	87.00			
00840		ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDING LAPARO	86.99	86.99			
00842		ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDING LAPARO	57.99	57.99			

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
00844		ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDING LAPARO	101.48	101.48			
00846		ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDING LAPARO	115.98	115.98			
00848		ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDING LAPARO	115.98	115.98			
00851		ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDING LAPARO	87.00	87.00			
00860		ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN, INCLUDING URINA	86.99	86.99			
00862		ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN, INCLUDING URINA	101.48	101.48			
00864		ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN, INCLUDING URINA	115.98	115.98			
00865		ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN, INCLUDING URINA	101.48	101.48			
00866		ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN, INCLUDING URINA	144.98	144.98			
00868		ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN, INCLUDING URINA	144.98	144.98			
00870		ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN, INCLUDING URINA	72.49	72.49			
00872		ANESTHESIA FOR LITHOTRIPSY, EXTRACORPOREAL SHOCK WAVE; WITH WATER BATH	101.48	101.48			
00873		ANESTHESIA FOR LITHOTRIPSY, EXTRACORPOREAL SHOCK WAVE; WITHOUT WATER BATH	72.49	72.49			
00880		ANESTHESIA FOR PROCEDURES ON MAJOR LOWER ABDOMINAL VESSELS; NOT OTHERWISE S	217.46	217.46			
00882		ANESTHESIA FOR PROCEDURES ON MAJOR LOWER ABDOMINAL VESSELS; INFERIOR VENA C	144.98	144.98			
00902		ANESTHESIA FOR; ANORECTAL PROCEDURE	72.50	72.50			
00904		ANESTHESIA FOR PROCEDURES ON PERINEAL INTEGUMENTARY SYSTEM (INCLUDING BIOPS	101.48	101.48			
00906		ANESTHESIA FOR PROCEDURES ON PERINEAL INTEGUMENTARY SYSTEM (INCLUDING BIOPS	57.99	57.99			
00908		ANESTHESIA FOR PROCEDURES ON PERINEAL INTEGUMENTARY SYSTEM (INCLUDING BIOPS	86.99	86.99			
00910		ANESTHESIA FOR TRANSURETHRAL PROCEDURES (INCLUDING URETHROCYSTOSCOPY); NOT	43.49	43.49			
00912		ANESTHESIA FOR TRANSURETHRAL PROCEDURES (INCLUDING URETHROCYSTOSCOPY); TRAN	72.49	72.49			
00914		ANESTHESIA FOR TRANSURETHRAL PROCEDURES (INCLUDING URETHROCYSTOSCOPY); TRAN	72.49	72.49			
00916		ANESTHESIA FOR TRANSURETHRAL PROCEDURES (INCLUDING URETHROCYSTOSCOPY); POST	72.49	72.49			
00918		ANESTHESIA FOR TRANSURETHRAL PROCEDURES (INCLUDING URETHROCYSTOSCOPY); WITH	72.49	72.49			
00920		ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRAL PROCED	43.49	43.49			
00921		ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRAL PROCED	43.50	43.50			S
00922		ANESTHESIA FOR PROCEDURES ON MALE EXTERNAL GENITALIA; SEMINAL VESICLES	86.99	86.99			
00924		ANESTHESIA FOR PROCEDURES ON MALE EXTERNAL GENITALIA; UNDESCENDED TESTIS, U	57.99	57.99			
00926		ANESTHESIA FOR PROCEDURES ON MALE EXTERNAL GENITALIA; RADICAL ORCHIECTOMY,	57.99	57.99			

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
00928		ANESTHESIA FOR PROCEDURES ON MALE EXTERNAL GENITALIA; RADICAL ORCHIECTOMY,	86.99	86.99			
00930		ANESTHESIA FOR PROCEDURES ON MALE EXTERNAL GENITALIA; ORCHIOPEXY, UNILATERA	57.99	57.99			
00932		ANESTHESIA FOR PROCEDURES ON MALE EXTERNAL GENITALIA; COMPLETE AMPUTATION O	57.99	57.99			
00934		ANESTHESIA FOR PROCEDURES ON MALE EXTERNAL GENITALIA; RADICAL AMPUTATION OF	86.99	86.99			
00936		ANESTHESIA FOR PROCEDURES ON MALE EXTERNAL GENITALIA; RADICAL AMPUTATION OF	115.98	115.98			
00940		ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA, VAGINA, CERVI	43.49	43.49			
00942		ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA, VAGINA, CERVI	57.99	57.99			
00944		ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA, VAGINA, CERVI	86.99	86.99			S
00948		ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA, VAGINA, CERVI	57.99	57.99			
00950		ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA, VAGINA, CERVI	72.49	72.49			
00952		ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA, VAGINA, CERVI	57.99	57.99			
01112		ANESTHESIA FOR BONE MARROW ASPIRATION AND/OR BIOPSY, ANTERIOR OR POSTERIOR	72.49	72.49			
01120		ANESTHESIA FOR PROCEDURES ON BONY PELVIS	86.99	86.99			
01130		ANESTHESIA FOR BODY CAST APPLICATION OR REVISION	43.49	43.49			
01140		ANESTHESIA FOR INTERPELVIABDOMINAL (HINDQUARTER) AMPUTATION	217.46	217.46			
01150		ANESTHESIA FOR RADICAL PROCEDURES FOR TUMOR OF PELVIS, EXCEPT HINDQUARTER A	145.00	145.00			
01160		ANESTHESIA FOR CLOSED PROCEDURES INVOLVING SYMPHYSIS PUBIS OR SACROILIAC JO	57.99	57.99			
01170		ANESTHESIA FOR OPEN PROCEDURES INVOLVING SYMPHYSIS PUBIS OR SACROILIAC JOIN	115.98	115.98			
01173		ANESTHESIA FOR OPEN REPAIR OF FRACTURE DISRUPTION OF PELVIS OR COLUMN FRACT	174.00	174.00			
01180		ANESTHESIA FOR OBTURATOR NEURECTOMY; EXTRAPELVIC	43.49	43.49			
01190		ANESTHESIA FOR OBTURATOR NEURECTOMY; INTRAPELVIC	57.99	57.99			
01200		ANESTHESIA FOR ALL CLOSED PROCEDURES INVOLVING HIP JOINT	57.99	57.99			
01202		ANESTHESIA FOR ARTHROSCOPIC PROCEDURES OF HIP JOINT	57.99	57.99			
01210		ANESTHESIA FOR OPEN PROCEDURES INVOLVING HIP JOINT; NOT OTHERWISE SPECIFIED	86.99	86.99			
01212		ANESTHESIA FOR OPEN PROCEDURES INVOLVING HIP JOINT; HIP DISARTICULATION	144.98	144.98			
01214		ANESTHESIA FOR OPEN PROCEDURES INVOLVING HIP JOINT; TOTAL HIP ARTHROPLASTY	116.00	116.00			
01215		ANESTHESIA FOR OPEN PROCEDURES INVOLVING HIP JOINT; REVISION OF TOTAL HIP A	144.98	144.98			
01220		ANESTHESIA FOR ALL CLOSED PROCEDURES INVOLVING UPPER 2/3 OF FEMUR	57.99	57.99			
01230		ANESTHESIA FOR OPEN PROCEDURES INVOLVING UPPER 2/3 OF FEMUR; NOT OTHERWISE	86.99	86.99			

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
01232		ANESTHESIA FOR OPEN PROCEDURES INVOLVING UPPER 2/3 OF FEMUR; AMPUTATION	72.49	72.49			
01234		ANESTHESIA FOR OPEN PROCEDURES INVOLVING UPPER 2/3 OF FEMUR; RADICAL RESECT	115.98	115.98			
01250		ANESTHESIA FOR ALL PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURS	57.99	57.99			
01260		ANESTHESIA FOR ALL PROCEDURES INVOLVING VEINS OF UPPER LEG, INCLUDING EXPLO	115.98	115.98			
01270		ANESTHESIA FOR PROCEDURES INVOLVING ARTERIES OF UPPER LEG, INCLUDING BYPASS	116.48	116.48			
01272		ANESTHESIA FOR PROCEDURES INVOLVING ARTERIES OF UPPER LEG, INCLUDING BYPASS	57.99	57.99			
01274		ANESTHESIA FOR PROCEDURES INVOLVING ARTERIES OF UPPER LEG, INCLUDING BYPASS	86.99	86.99			
01320		ANESTHESIA FOR ALL PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURS	57.99	57.99			
01340		ANESTHESIA FOR ALL CLOSED PROCEDURES ON LOWER 1/3 OF FEMUR	57.99	57.99			
01360		ANESTHESIA FOR ALL OPEN PROCEDURES ON LOWER 1/3 OF FEMUR	72.49	72.49			
01380		ANESTHESIA FOR ALL CLOSED PROCEDURES ON KNEE JOINT	43.49	43.49			
01382		ANESTHESIA FOR DIAGNOSTIC ARTHROSCOPIC PROCEDURES OF KNEE JOINT	43.49	43.49			
01390		ANESTHESIA FOR ALL CLOSED PROCEDURES ON UPPER ENDS OF TIBIA, FIBULA, AND/OR	43.49	43.49			
01392		ANESTHESIA FOR ALL OPEN PROCEDURES ON UPPER ENDS OF TIBIA, FIBULA, AND/OR P	57.99	57.99			
01400		ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES ON KNEE JOINT; NOT	57.99	57.99			
01402		ANESTHESIA FOR OPEN PROCEDURES ON KNEE JOINT; TOTAL KNEE ARTHROPLASTY	101.48	101.48			
01404		ANESTHESIA FOR OPEN PROCEDURES ON KNEE JOINT; DISARTICULATION AT KNEE	72.49	72.49			
01420		ANESTHESIA FOR ALL CAST APPLICATIONS, REMOVAL, OR REPAIR INVOLVING KNEE JOI	43.49	43.49			
01430		ANESTHESIA FOR PROCEDURES ON VEINS OF KNEE AND POPLITEAL AREA; NOT OTHERWIS	43.49	43.49			
01432		ANESTHESIA FOR PROCEDURES ON VEINS OF KNEE AND POPLITEAL AREA; ARTERIOVENOU	87.00	87.00			
01440		ANESTHESIA FOR PROCEDURES ON ARTERIES OF KNEE AND POPLITEAL AREA; NOT OTHER	116.00	116.00			
01442		ANESTHESIA FOR PROCEDURES ON ARTERIES OF KNEE AND POPLITEAL AREA; POPLITEAL	115.98	115.98			
01444		ANESTHESIA FOR PROCEDURES ON ARTERIES OF KNEE AND POPLITEAL AREA; POPLITEAL	115.98	115.98			
01462		ANESTHESIA FOR ALL CLOSED PROCEDURES ON LOWER LEG, ANKLE, AND FOOT	43.49	43.49			
01464		ANESTHESIA FOR ARTHROSCOPIC PROCEDURES OF ANKLE AND/OR FOOT	43.49	43.49			
01470		ANESTHESIA FOR PROCEDURES ON NERVES, MUSCLES, TENDONS, AND FASCIA OF LOWER	43.49	43.49			
01472		ANESTHESIA FOR PROCEDURES ON NERVES, MUSCLES, TENDONS, AND FASCIA OF LOWER	72.49	72.49			
01474		ANESTHESIA FOR PROCEDURES ON NERVES, MUSCLES, TENDONS, AND FASCIA OF LOWER	72.49	72.49			
01480		ANESTHESIA FOR OPEN PROCEDURES ON BONES OF LOWER LEG, ANKLE, AND FOOT; NOT	43.49	43.49			

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
01482		ANESTHESIA FOR OPEN PROCEDURES ON BONES OF LOWER LEG, ANKLE, AND FOOT; RADI	57.99	57.99			
01484		ANESTHESIA FOR OPEN PROCEDURES ON BONES OF LOWER LEG, ANKLE, AND FOOT; OSTE	57.99	57.99			
01486		ANESTHESIA FOR OPEN PROCEDURES ON BONES OF LOWER LEG, ANKLE, AND FOOT; TOTA	101.48	101.48			
01490		ANESTHESIA FOR LOWER LEG CAST APPLICATION, REMOVAL, OR REPAIR	43.49	43.49			
01500		ANESTHESIA FOR PROCEDURES ON ARTERIES OF LOWER LEG, INCLUDING BYPASS GRAFT;	115.98	115.98			
01502		ANESTHESIA FOR PROCEDURES ON ARTERIES OF LOWER LEG, INCLUDING BYPASS GRAFT;	86.99	86.99			
01520		ANESTHESIA FOR PROCEDURES ON VEINS OF LOWER LEG; NOT OTHERWISE SPECIFIED	43.49	43.49			
01522		ANESTHESIA FOR PROCEDURES ON VEINS OF LOWER LEG; VENOUS THROMBECTOMY, DIREC	72.49	72.49			
01610		ANESTHESIA FOR ALL PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURS	72.49	72.49			
01620		ANESTHESIA FOR ALL CLOSED PROCEDURES ON HUMERAL HEAD AND NECK, STERNOCLAVIC	57.99	57.99			
01622		ANESTHESIA FOR DIAGNOSTIC ARTHROSCOPIC PROCEDURES OF SHOULDER JOINT	57.99	57.99			
01630		ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES ON HUMERAL HEAD AND	72.49	72.49			
01632		ANESTHESIA FOR OPEN PROCEDURES ON HUMERAL HEAD AND NECK, STERNOCLAVICULAR J	86.99	86.99			
01634		ANESTHESIA FOR OPEN PROCEDURES ON HUMERAL HEAD AND NECK, STERNOCLAVICULAR J	130.48	130.48			
01636		ANESTHESIA FOR OPEN PROCEDURES ON HUMERAL HEAD AND NECK, STERNOCLAVICULAR J	217.46	217.46			
01638		ANESTHESIA FOR OPEN PROCEDURES ON HUMERAL HEAD AND NECK, STERNOCLAVICULAR J	144.98	144.98			
01650		ANESTHESIA FOR PROCEDURES ON ARTERIES OF SHOULDER AND AXILLA; NOT OTHERWISE	86.99	86.99			
01652		ANESTHESIA FOR PROCEDURES ON ARTERIES OF SHOULDER AND AXILLA; AXILLARY-BRAC	144.98	144.98			
01654		ANESTHESIA FOR PROCEDURES ON ARTERIES OF SHOULDER AND AXILLA; BYPASS GRAFT	115.98	115.98			
01656		ANESTHESIA FOR PROCEDURES ON ARTERIES OF SHOULDER AND AXILLA; AXILLARY-FEMO	144.98	144.98			
01670		ANESTHESIA FOR ALL PROCEDURES ON VEINS OF SHOULDER AND AXILLA	57.99	57.99			
01680		ANESTHESIA FOR SHOULDER CAST APPLICATION, REMOVAL OR REPAIR; NOT OTHERWISE	43.49	43.49			
01682		ANESTHESIA FOR SHOULDER CAST APPLICATION, REMOVAL OR REPAIR; SHOULDER SPICA	57.99	57.99			
01710		ANESTHESIA FOR PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURSAE O	43.49	43.49			
01712		ANESTHESIA FOR PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURSAE O	72.49	72.49			
01714		ANESTHESIA FOR PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURSAE O	72.49	72.49			
01716		ANESTHESIA FOR PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURSAE O	72.49	72.49			
01730		ANESTHESIA FOR ALL CLOSED PROCEDURES ON HUMERUS AND ELBOW	43.49	43.49			
01732		ANESTHESIA FOR DIAGNOSTIC ARTHROSCOPIC PROCEDURES OF ELBOW JOINT	43.49	43.49			

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
01740		ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES OF THE ELBOW; NOT O	57.99	57.99			
01742		ANESTHESIA FOR OPEN PROCEDURES ON HUMERUS AND ELBOW; OSTEOTOMY OF HUMERUS	72.49	72.49			
01744		ANESTHESIA FOR OPEN PROCEDURES ON HUMERUS AND ELBOW; REPAIR OF NONUNION OR	72.49	72.49			
01756		ANESTHESIA FOR OPEN PROCEDURES ON HUMERUS AND ELBOW; RADICAL PROCEDURES	86.99	86.99			
01758		ANESTHESIA FOR OPEN PROCEDURES ON HUMERUS AND ELBOW; EXCISION OF CYST OR TU	72.49	72.49			
01760		ANESTHESIA FOR OPEN PROCEDURES ON HUMERUS AND ELBOW; TOTAL ELBOW REPLACEMEN	101.48	101.48			
01770		ANESTHESIA FOR PROCEDURES ON ARTERIES OF UPPER ARM AND ELBOW; NOT OTHERWISE	87.00	87.00			
01772		ANESTHESIA FOR PROCEDURES ON ARTERIES OF UPPER ARM AND ELBOW; EMBOLECTOMY	86.99	86.99			
01780		ANESTHESIA FOR PROCEDURES ON VEINS OF UPPER ARM AND ELBOW; NOT OTHERWISE SP	43.49	43.49			
01782		ANESTHESIA FOR PROCEDURES ON VEINS OF UPPER ARM AND ELBOW; PHLEBORRHAPHY	57.99	57.99			
01810		ANESTHESIA FOR ALL PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURS	43.49	43.49			
01820		ANESTHESIA FOR ALL CLOSED PROCEDURES ON RADIUS, ULNA, WRIST, OR HAND BONES	43.49	43.49			
01829		ANESTHESIA FOR DIAGNOSTIC ARTHROSCOPIC PROCEDURES ON THE WRIST	43.50	43.50			
01830		ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC/ENDOSCOPIC PROCEDURES ON DISTA	43.49	43.49			
01832		ANESTHESIA FOR OPEN PROCEDURES ON RADIUS, ULNA, WRIST, OR HAND BONES; TOTAL	86.99	86.99			
01840		ANESTHESIA FOR PROCEDURES ON ARTERIES OF FOREARM, WRIST, AND HAND; NOT OTHE	86.99	86.99			
01842		ANESTHESIA FOR PROCEDURES ON ARTERIES OF FOREARM, WRIST, AND HAND; EMBOLECT	86.99	86.99			
01844		ANESTHESIA FOR VASCULAR SHUNT, OR SHUNT REVISION, ANY TYPE (EG, DIALYSIS)	86.99	86.99			
01850		ANESTHESIA FOR PROCEDURES ON VEINS OF FOREARM, WRIST, AND HAND; NOT OTHERWI	43.49	43.49			
01852		ANESTHESIA FOR PROCEDURES ON VEINS OF FOREARM, WRIST, AND HAND; PHLEBORRHAP	57.99	57.99			
01860		ANESTHESIA FOR FOREARM, WRIST, OR HAND CAST APPLICATION, REMOVAL, OR REPAIR	43.49	43.49			
01916		ANESTHESIA FOR DIAGNOSTIC ARTERIOGRAPHY/VENOGRAPHY	72.49	72.49			
01920		ANESTHESIA FOR CARDIAC CATHETERIZATION INCLUDING CORONARY ANGIOGRAPHY AND V	101.48	101.48			
01922		ANESTHESIA FOR NON-INVASIVE IMAGING OR RADIATION THERAPY	101.48	101.48			
01924		ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES INVOLVING T	87.00	87.00			
01925		ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES INVOLVING T	116.00	116.00			
01926		ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES INVOLVING T	145.00	145.00			
01930		ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES INVOLVING T	72.50	72.50			
01931		ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES INVOLVING T	101.50	101.50			

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
01932		ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES INVOLVING T	101.50	101.50			
01933		ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES INVOLVING T	116.00	116.00			
01951		ANESTHESIA FOR SECOND AND THIRD DEGREE BURN EXCISION OR DEBRIDEMENT WITH OR	43.49	43.49			
01952		ANESTHESIA FOR SECOND AND THIRD DEGREE BURN EXCISION OR DEBRIDEMENT WITH OR	72.49	72.49			
01953		ANESTHESIA FOR SECOND AND THIRD DEGREE BURN EXCISION OR DEBRIDEMENT WITH OR	14.50	14.50			
01958		ANESTHESIA FOR EXTERNAL CEPHALIC VERSION PROCEDURE	72.50	72.50			
01960		ANESTHESIA FOR; VAGINAL DELIVERY ONLY	72.50	72.50			
01961		ANESTHESIA FOR CESAREAN DELIVERY ONLY	101.50	101.50			
01962		ANESTHESIA FOR URGENT HYSTERECTOMY FOLLOWING DELIVERY	116.00	116.00			
01963		ANESTHESIA FOR CESAREAN HYSTERECTOMY WITHOUT ANY LABOR ANALGESIA/ANESTHESIA	145.00	145.00			
01965		ANESTHESIA FOR INCOMPLETE OR MISSED ABORTION PROCEDURES	58.00	58.00			
01966		ANESTHESIA FOR INDUCED ABORTION PROCEDURES	58.00	58.00			S
01967		NEURAXIAL LABOR ANALGESIA/ANESTHESIA FOR PLANNED VAGINAL DELIVERY (THIS INC	72.50	72.50			
01968		ANESTHESIA FOR CESAREAN DELIVERY FOLLOWING NEURAXIAL LABOR ANALGESIA/ANESTH	43.50	43.50			
01969		ANESTHESIA FOR CESAREAN HYSTERECTOMY FOLLOWING NEURAXIAL LABOR ANALGESIA/AN	72.50	72.50			S
01991		ANESTHESIA FOR DIAGNOSTIC OR THERAPEUTIC NERVE BLOCKS AND INJECTIONS (WHEN	43.50	43.50			
01992		ANESTHESIA FOR DIAGNOSTIC OR THERAPEUTIC NERVE BLOCKS AND INJECTIONS (WHEN	72.50	72.50			
01996		DAILY HOSPITAL MANAGEMENT OF EPIDURAL OR SUBARACHNOID CONTINUOUS DRUG ADMIN	43.49	43.49			
10060		INCISION AND DRAINAGE OF ABSCESS (EG, CARVUNCLE,SUPPURATIVE HIDRADENITIS,	45.44	43.69	10	1	
10061		INCISION AND DRAINAGE OF ABSCESS (EG, CARBUNCLE, SUPPURATIVE HIDRADENITIS,	76.87	73.91	10	1	B
10120		INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES; SIMPLE	53.09	51.05	10	1	
10140		INCISION AND DRAINAGE OF HEMATOMA, SEROMA OR FLUID COLLECTION	64.33	61.86	10	1	
10160		PUNCTURE ASPIRATION OF ABSCESS, HEMATOMA, BULLA, OR CYST	51.79	49.80	10	1	
11004		DEBRIDEMENT OF SKIN, SUBCUTANEOUS TISSUE, MUSCLE AND FASCIA FOR NECROTIZING	38.83	37.33	0	1	AS
11040		DEBRIDEMENT; SKIN, PARTIAL THICKNESS	19.87	19.10	0	1	
11041		DEBRIDEMENT; SKIN, FULL THICKNESS	22.81	21.93	0	1	
11042		DEBRIDEMENT; SKIN, AND SUBCUTANEOUS TISSUE	30.46	29.29	0	1	
11055		PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); SIN	20.52	19.73	0	1	

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
11056		PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); TWO	24.92	23.96	0	1	
11057		PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); MOR	30.13	28.97	0	1	
11100		BIOPSY OF SKIN, SUBCUTANEOUS TISSUE AND/OR MUCOUS MEMBRANE (INCLUDING SIMPL	43.97	42.28	0	1	
11101		BIOPSY OF SKIN, SUBCUTANEOUS TISSUE AND/OR MUCOUS MEMBRANE (INCLUDING SIMPL	13.84	13.31	0	6	
11200		REMOVAL OF SKIN TAGS, MULTIPLE FIBRO CUTANEOUS TAGS, ANY AREA; UP TO AND	33.39	32.10	10	1	
11400		EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED E	45.60	43.85	10	1	B
11401		EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED E	57.49	55.28	10	1	B
11402		EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED E	64.17	61.70	10	1	B
11403		EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED E	73.78	70.94	10	1	
11730		AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; SINGLE	257.56	247.65	0	1	
11740		EVACUATION OF SUBUNGUAL HEMATOMA	19.22	18.48	30	1	
11750		EXCISION OF NAIL AND NAIL MATRIX, PARTIAL OR COMPLETE, (EG, INGROWN OR DEFO	89.42	85.98	10	1	B
11765		WEDGE EXCISION OF SKIN OF NAIL FOLD (EG, FOR INGROWN TOENAIL)	54.72	52.62	10	1	B
11921		TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE PIGMENTS TO CORRECT	78.56	75.54	0	1 R	
11922		TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE PIGMENTS TO CORRECT	23.78	22.86	0	1 R	
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	
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	
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

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
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	PA 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	PA AS
15876		SUCTION ASSISTED LIPECTOMY; HEAD AND NECK			0	1 R	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	

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
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	B AS
19301		MASTECTOMY, PARTIAL (EG, LUMPECTOMY, TYLECTOMY, QUADRANTECTOMY, SEGMENTECTO	253.09	243.36	90	1	B
19302		MASTECTOMY, PARTIAL (EG, LUMPECTOMY, TYLECTOMY, QUADRANTECTOMY, SEGMENTECTO	57.38	55.17	90	1	B AS
19303		MASTECTOMY, SIMPLE, COMPLETE	62.67	60.26	90	1	B AS
19304		MASTECTOMY, SUBCUTANEOUS	36.04	34.65	90	1	B AS
19305		MASTECTOMY, RADICAL, INCLUDING PECTORAL MUSCLES, AXILLARY LYMPH NODES	71.45	68.70	90	1	B AS
19306		MASTECTOMY, RADICAL, INCLUDING PECTORAL MUSCLES, AXILLARY AND INTERNAL MAMM	75.20	72.31	90	1	B AS
19307		MASTECTOMY, MODIFIED RADICAL, INCLUDING AXILLARY LYMPH NODES, WITH OR WITHO	75.73	72.81	90	1	B AS
19316		MASTOPEXY	51.07	49.11	90	1 R	B AS
19316		MASTOPEXY	51.07	49.11	90	1 R	B AS
19318		REDUCTION MAMMAPLASTY	75.52	72.61	90	1	PA B AS
19325		MAMMAPLASTY, AUGMENTATION; WITH PROSTHETIC IMPLANT	42.61	40.97	90	1	PA B AS
19357		BREAST RECONSTRUCTION, IMMEDIATE OR DELAYED, WITH TISSUE EXPANDER, INCLUDIN	101.91	97.99	90	1 R	B AS
19361		BREAST RECONSTRUCTION WITH LATISSIMUS DORSI FLAP, WITHOUT PROSTHETIC IMPLAN	112.21	107.89	90	1 R	B AS

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
19364		BREAST RECONSTRUCTION WITH FREE FLAP	187.26	180.05	90	1 R	B AS
19366		BREAST RECONSTRUCTION WITH OTHER TECHNIQUE	91.78	88.25	90	1 R	B AS
19367		BREAST RECONSTRUCTION WITH TRANSVERSE RECTUS ABDOMINIS MYOCUTANEOUS FLAP (T	120.65	116.01	90	1 R	B AS
19368		BREAST RECONSTRUCTION WITH TRANSVERSE RECTUS ABDOMINIS MYOCUTANEOUS FLAP (T	150.62	144.82	90	1 R	B AS
19369		BREAST RECONSTRUCTION WITH TRANSVERSE RECTUS ABDOMINIS MYOCUTANEOUS FLAP (T	135.76	130.54	90	1 R	B AS
20100		EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); NECK	38.96	37.46	10	1	B 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	B AS
20251		BIOPSY, VERTEBRAL BODY, OPEN; LUMBAR OR CERVICAL	28.04	26.96	10	1	AS
20550		INJECTION(S); SINGLE TENDON SHEATH, OR LIGAMENT, APONEUROSIS (EG, PLANTAR '	23.78	22.86	0	1	
20551		INJECTION(S); SINGLE TENDON ORIGIN/INSERTION	23.78	22.86	0	1	
20552		INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), ONE OR TWO MUSCLE(S)	21.01	20.20	0	1	
20553		INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), THREE OR MORE MUSCLE(S)	23.45	22.55	0	1	
20600		ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; SMALL JOINT OR BURSA (EG, FING	22.81	21.93	0	1	B
20605		ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; INTERMEDIATE JOINT OR BURSA (E	24.27	23.34	0	1	B
20610		ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; MAJOR JOINT OR BURSA (EG, SHO	31.92	30.70	0	1	B
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	B AS
20805		REPLANTATION, FOREARM (INCLUDES RADIUS AND ULNA TO RADIAL CARPAL JOINT); CO	191.14	183.79	90	1	B AS
20808		REPLANTATION, HAND (INCLUDES HAND THROUGH METACARPOPHALANGEAL JOINTS); COMP	268.95	258.60	90	1	B 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	B AS
20827		REPLANTATION, THUMB (INCLUDES DISTAL TIP TO MP JOINT); COMPLETE AMPUTATION	120.65	116.01	90	1	B AS
20838		REPLANTATION, FOOT; COMPLETE AMPUTATION	161.64	155.42	90	1	B AS
20900		BONE GRAFT, ANY DONOR AREA; MINOR OR SMALL (EG, DOWEL OR BUTTON)	41.66	40.06	90	1	AS
20902		BONE GRAFT, ANY DONOR AREA; MAJOR OR LARGE	39.88	38.35	90	1	AS
20922		FASCIA LATA GRAFT; BY INCISION AND AREA EXPOSURE, COMPLEX OR SHEET	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

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
20937		AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); MORSELIZE	11.67	11.23	90	1	B AS
20938		AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); STRUCTURA	12.74	12.25	90	1	B 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		BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN FIBULA, ILIAC CREST,	174.04	167.35	90	1 R	AS
20962		BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN FIBULA, ILIAC CREST,	174.04	167.35	90	1 R	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
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	B AS
21121		GENIOPLASTY; SLIDING OSTEOTOMY, SINGLE PIECE	50.97	49.01	90	1 R	AS
21121		GENIOPLASTY; SLIDING OSTEOTOMY, SINGLE PIECE	50.97	49.01	90	1 R	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

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
21150		RECONSTRUCTION MIDFACE, LEFORT II; ANTERIOR INTRUSION (EG, TREACHER-COLLINS	110.46	106.21	90	1	AS
21151		RECONSTRUCTION MIDFACE, LEFORT II; ANY DIRECTION, REQUIRING BONE GRAFTS (IN	111.76	107.46	90	1	AS
21154		RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE	132.92	127.81	90	1	AS
21155		RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE	154.06	148.13	90	1	AS
21159		RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD A	185.61	178.47	90	1	AS
21160		RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD A	189.11	181.83	90	1	AS
21172		RECONSTRUCTION SUPERIOR-LATERAL ORBITAL RIM AND LOWER FOREHEAD, ADVANCEMENT	120.10	115.48	90	1	AS
21175		RECONSTRUCTION, BIFRONTAL, SUPERIOR-LATERAL ORBITAL RIMS AND LOWER FOREHEAD	144.65	139.09	90	1	AS
21179		RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS; WI	97.67	93.91	90	1	AS
21180		RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS; WI	112.31	107.99	90	1	AS
21182		RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW	134.36	129.19	90	1	AS
21183		RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW	151.84	146.00	90	1	AS
21184		RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW	162.42	156.18	90	1	AS
21188		RECONSTRUCTION MIDFACE, OSTEOTOMIES (OTHER THAN LEFORT TYPE) AND BONE GRAFT	105.90	101.83	90	1	AS
21193		RECONSTRUCTION OF MANDIBULAR RAMI, HORIZONTAL, VERTICAL, "C", OR "L" OS	81.54	78.40	90	1	AS
21194		RECONSTRUCTION OF MANDIBULAR RAMUS, HORIZONTAL, VERTICAL, "C", OR "L" O	93.31	89.73	90	1	AS
21195		RECONSTRUCTION OF MANDIBULAR RAMI AND/OR BODY, SAGITTAL SPLIT; WITHOUT INTE	87.35	83.99	90	1	AS
21196		RECONSTRUCTION OF MANDIBULAR RAMI, SAGITTAL SPLIT; WITH INTERNAL RIGID FIX	95.69	92.01	90	1	AS
21198		OSTEOTOMY, MANDIBLE, SEGMENTAL	75.57	72.66	90	1	AS
21199		OSTEOTOMY, MANDIBLE, SEGMENTAL; WITH GENIOGLOSSUS ADVANCEMENT	67.88	65.27	90	1	AS
21206		OSTEOTOMY, MAXILLA, SEGMENTAL (EG, WASSMUND OR SCHUCHARD)	74.21	71.36	90	1	AS
21240		ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH OR WITHOUT AUTOGRAFT (INCLUDES	72.65	69.86	90	1	B AS
21242		ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH ALLOGRAFT	66.21	63.67	90	1	B AS
21243		ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH PROSTHETIC JOINT REPLACEMENT	109.52	105.31	90	1	B 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

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
21256		RECONSTRUCTION OF ORBIT WITH OSTEOTOMIES (EXTRACRANIAL) AND WITH BONE GRAFT	76.59	73.64	90	1	AS
21260		PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; EXTRAC	88.52	85.12	90	1	AS
21261		PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; COMBIN	146.34	140.72	90	1	AS
21263		PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; WITH F	133.63	128.49	90	1	AS
21267		ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFT	99.49	95.66	90	1	AS
21268		ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFT	113.90	109.52	90	1	AS
21270		MALAR AUGMENTATION, PROSTHETIC MATERIAL	58.79	56.53	90	1	AS
21275		SECONDARY REVISION OF ORBITOCRANIOFACIAL RECONSTRUCTION	53.03	50.99	90	1	AS
21339		OPEN TREATMENT OF NASOETHMOID FRACTURE; WITH EXTERNAL FIXATION	50.97	49.01	90	1	AS
21343		OPEN TREATMENT OF DEPRESSED FRONTAL SINUS FRACTURE	73.80	70.96	90	1	AS
21344		OPEN TREATMENT OF COMPLICATED (EG, COMMUNUTED OR INVOLVING POSTERIOR WALL)	97.77	94.01	90	1	AS
21347		OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); REQUIRIN	69.91	67.23	90	1	AS
21348		OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH BON	76.66	73.72	90	1	AS
21360		OPEN TREATMENT OF DEPRESSED MALAR FRACTURE, INCLUDING ZYGOMATIC ARCH AND MA	34.53	33.20	90	1	AS
21365		OPEN TREATMENT OF COMPLICATED (EG, COMMUNUTED OR INVOLVING CRANIAL NERVE FO	72.16	69.38	90	1	AS
21366		OPEN TREATMENT OF COMPLICATED (EG, COMMUNUTED OR INVOLVING CRANIAL NERVE FO	80.86	77.75	90	1	AS
21385		OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; TRANSANTRAL APPROACH	46.41	44.62	90	1	AS
21386		OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH	43.28	41.62	90	1	AS
21387		OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; COMBINED APPROACH	48.03	46.18	90	1	AS
21390		OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH,	50.24	48.31	90	1	AS
21395		OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH	63.53	61.09	90	1	AS
21401		CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH MANIPULATIO	30.05	28.89	90	1	AS
21406		OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITHOUT IMPLANT	35.07	33.73	90	1	AS
21407		OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH IMPLANT	41.64	40.04	90	1	AS
21408		OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH BONE GRAFTING	57.35	55.15	90	1	AS
21422		OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE);	43.47	41.79	90	1	AS
21423		OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); COMPLICATE	51.47	49.49	90	1	AS
21431		CLOSED TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE) USING INTERDE	48.36	46.50	90	1	AS
21432		OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); WITH WIRING AN	43.15	41.49	90	1	AS

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
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	B 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
21557		RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF NECK OR	38.18	36.71	90	1	AS
21600		EXCISION OF RIB, PARTIAL	36.72	35.30	90	1	AS
21610		COSTOTRANVERSECTOMY (SEPARATE PROCEDURE)	71.97	69.20	90	1	AS
21615		EXCISION FIRST AND/OR CERVICAL RIB;	44.06	42.37	90	1	B AS
21616		EXCISION FIRST AND/OR CERVICAL RIB FOR OUTLET COMPRESSION SYNDROME OR OTHER	57.30	55.10	90	1	B 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

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
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
22100		PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT (EG, SPINOUS PROCESS, LAM	55.01	52.89	90	1	AS
22101		PARTIAL RESECTION OF VERTEBRAL COMPONENT, SPINOUS PROCESSES; THORACIC	54.49	52.39	90	1	AS
22102		PARTIAL RESECTION OF VERTEBRAL COMPONENT, SPINOUS PROCESSES; LUMBAR	53.91	51.84	90	1	AS
22103		PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT (EG, SPINOUS PROCESS, LAM	9.77	9.40	90	1	AS
22110		PARTIAL EXCISION OF VERTEBRAL BODY, FOR INTRINSIC BONY LESION, WITHOUT DECO	68.17	65.55	90	1	AS
22112		PARTIAL EXCISION OF VERTEBRAE (EG, FOR OSTEOMYELITIS); THORACIC	65.15	62.64	90	1	AS
22114		PARTIAL EXCISION OF VERTEBRAE (EG, FOR OSTEOMYELITIS); LUMBAR	67.44	64.84	90	1	AS
22116		PARTIAL EXCISION OF VERTEBRAL BODY, FOR INTRINSIC BONY LESION, WITHOUT DECO	9.77	9.40	90	1	AS
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	B 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	B 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

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
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		KYPHECTOMY, CIRCUMFERENTIAL EXPOSURE OF SPINE AND RESECTION OF VERTEBRAL SE	150.54	144.75	90	1 R	AS
22819		KYPHECTOMY, CIRCUMFERENTIAL EXPOSURE OF SPINE AND RESECTION OF VERTEBRAL SE	175.14	168.40	90	1 R	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

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
22851		APPLICATION OF INTERVERTEBRAL BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE(S	28.40	27.31	90	6	AS
22852		REMOVAL OF POSTERIOR SEGMENTAL INSTRUMENTATION	45.68	43.92	90	1	AS
22855		REMOVAL OF ANTERIOR INSTRUMENTATION	74.76	71.89	90	1	AS
22857		TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY TO PRE	118.42	113.86	90	1	AS
22899		UNLISTED PROCEDURE, SPINE			90	1 R	AS
22900		EXCISION, ABDOMINAL WALL TUMOR, SUBFASCIAL (EG, DESMOID)	27.39	26.33	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	B AS
23035		INCISION, BONE CORTEX (EG, OSTEOMYELITIS OR BONE ABSCESS), SHOULDER AREA	44.51	42.80	90	1	B AS
23040		ARTHROTOMY, GLENOHUMERAL JOINT, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL	47.32	45.50	90	1	B AS
23077		RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF SHOULDE	78.90	75.87	90	1	B AS
23100		ARTHROTOMY, GLENOHUMERAL JOINT, INCLUDING BIOPSY	31.97	30.74	90	1	B AS
23105		ARTHROTOMY; GLENOHUMERAL JOINT, WITH SYNOVECTOMY, WITH OR WITHOUT BIOPSY	41.82	40.22	90	1	B AS
23107		ARTHROTOMY, GLENOHUMERAL JOINT, WITH JOINT EXPLORATION, WITH OR WITHOUT REM	43.44	41.77	90	1	B AS
23120		CLAVICULECTOMY; PARTIAL	37.76	36.31	90	1	AS
23125		CLAVICULECTOMY; TOTAL	46.25	44.47	90	1	B AS
23145		EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA;	45.47	43.72	90	1	B AS
23150		EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS;	43.07	41.42	90	1	B AS
23155		EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; WIT	52.27	50.26	90	1	B AS
23156		EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; WIT	44.22	42.52	90	1	B AS
23172		SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SCAPULA	35.31	33.95	90	1	B AS
23174		SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), HUMERAL HEAD TO SUR	49.48	47.58	90	1	B AS
23182		PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG,	42.58	40.94	90	1	B AS
23184		PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG,	48.23	46.38	90	1	B AS
23190		OSTECTOMY OF SCAPULA, PARTIAL (EG, SUPERIOR MEDIAL ANGLE)	36.46	35.05	90	1	B AS
23195		RESECTION HUMERAL HEAD	49.82	47.91	90	1	B AS
23200		RADICAL RESECTION FOR TUMOR; CLAVICLE	58.58	56.33	90	1	B AS
23210		RADICAL RESECTION FOR TUMOR; SCAPULA	61.52	59.16	90	1	B AS
23220		RADICAL RESECTION OF BONE TUMOR, PROXIMAL HUMERUS;	70.85	68.13	90	1	B AS

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
23221		RADICAL RESECTION FOR TUMOR, PROXIMAL HUMERUS; WITH AUTOGRAFT (INCLUDES OBT	83.10	79.90	90	1	B AS
23222		RADICAL RESECTION FOR TUMOR, PROXIMAL HUMERUS; WITH PROSTHETIC REPLACEMENT	112.91	108.57	90	1	B AS
23332		REMOVAL OF FOREIGN BODY, SHOULDER; COMPLICATED (EG, TOTAL SHOULDER)	58.60	56.35	90	1	B 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	B 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	B AS
23420		RECONSTRUCTION OF COMPLETE SHOULDER (ROTATOR) CUFF AVULSION, CHRONIC (INCLU	64.42	61.94	90	1	B AS
23430		TENODESIS OF LONG TENDON OF BICEPS	48.91	47.03	90	1	B AS
23440		RESECTION OR TRANSPLANTATION OF LONG TENDON OF BICEPS	50.40	48.46	90	1	B AS
23450		CAPSULORRHAPHY, ANTERIOR; PUTTI-PLATT PROCEDURE OR MAGNUSON TYPE OPERATION	63.35	60.91	90	1	B AS
23455		CAPSULORRHAPHY, ANTERIOR; WITH LABRAL REPAIR (EG, BANKART PROCEDURE)	67.57	64.97	90	1	B AS
23460		CAPSULORRHAPHY, ANTERIOR, ANY TYPE; WITH BONE BLOCK	73.12	70.31	90	1	B AS
23462		CAPSULORRHAPHY FOR RECURRENT DISLOCATION, ANTERIOR, ANY TYPE; WITH CORACOID	71.90	69.13	90	1	B AS
23465		CAPSULORRHAPHY, GLENOHUMERAL JOINT, POSTERIOR, WITH OR WITHOUT BONE BLOCK	75.15	72.26	90	1	B AS
23466		CAPSULORRHAPHY, GLENOHUMERAL JOINT, ANY TYPE MULTI-DIRECTIONAL INSTABILITY	74.03	71.18	90	1	B AS
23470		ARTHROPLASTY, GLENOHUMERAL JOINT; HEMIARTHROPLASTY	81.51	78.38	90	1	B AS
23472		ARTHROPLASTY, GLENOHUMERAL JOINT; TOTAL SHOULDER (GLENOID AND PROXIMAL HUME	101.18	97.29	90	1	B AS
23485		OSTEOTOMY, CLAVICLE, WITH OR WITHOUT INTERNAL FIXATION; WITH BONE GRAFT FOR	64.39	61.91	90	1	B AS
23490		PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOU	55.22	53.09	90	1	B AS
23491		PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOU	67.65	65.05	90	1	B AS
23500		CLOSED TREATMENT OF CLAVICULAR FRACTURE; WITHOUT MANIPULATION	82.41	79.24	90	1	B
23515		OPEN TREATMENT OF CLAVICULAR FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL	46.96	45.15	90	1	B AS
23530		OPEN TREATMENT OF STERNOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC;	35.18	33.83	90	1	B AS
23532		OPEN TREATMENT OF STERNOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC; WITH FASC	40.73	39.16	90	1	B AS
23550		OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC;	37.55	36.11	90	1	B AS

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
23552		OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC; WITH FAS	43.21	41.54	90	1	B AS
23585		OPEN TREATMENT OF SCAPULAR FRACTURE (BODY, GLENOID OR ACROMION) WITH OR WIT	63.69	61.24	90	1	B AS
23615		OPEN TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE,	57.49	55.27	90	1	B AS
23616		OPEN TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE,	85.39	82.11	90	1	B AS
23630		OPEN TREATMENT OF GREATER HUMERAL TUBEROSITY FRACTURE, WITH OR WITHOUT INTE	50.16	48.23	90	1	B AS
23660		OPEN TREATMENT OF ACUTE SHOULDER DISLOCATION	38.20	36.73	90	1	B AS
23670		OPEN TREATMENT OF SHOULDER DISLOCATION, WITH FRACTURE OF GREATER HUMERAL TU	56.49	54.32	90	1	B AS
23680		OPEN TREATMENT OF SHOULDER DISLOCATION, WITH SURGICAL OR ANATOMICAL NECK FR	60.77	58.43	90	1	B AS
23800		ARTHRODESIS, GLENOHUMERAL JOINT;	68.27	65.65	90	1	B AS
23802		ARTHRODESIS, GLENOHUMERAL JOINT; WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING	84.61	81.36	90	1	AS
23900		INTERTHORACOSCAPULAR AMPUTATION (FOREQUARTER)	88.62	85.22	90	1	AS
23920		DISARTICULATION OF SHOULDER;	71.95	69.18	90	1	AS
23929		UNLISTED PROCEDURE, SHOULDER			90	1 R	AS
24006		ARTHROTOMY OF THE ELBOW, WITH CAPSULAR EXCISION FOR CAPSULAR RELEASE (SEPAR	46.62	44.83	90	1	B AS
24077		RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF UPPER A	53.78	51.72	90	1	B AS
24100		ARTHROTOMY, ELBOW; WITH SYNOVIAL BIOPSY ONLY	26.50	25.48	90	1	B AS
24101		ARTHROTOMY, ELBOW; WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR	32.31	31.07	90	1	B AS
24102		ARTHROTOMY, ELBOW; WITH SYNOVECTOMY	40.16	38.61	90	1	B AS
24115		EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS; WITH AUTOGRAFT	41.82	40.21	90	1	B AS
24116		EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS; WITH ALLOGRAFT	57.17	54.97	90	1	B AS
24125		EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIU	39.66	38.14	90	1	B AS
24126		EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIU	41.72	40.12	90	1	B AS
24134		SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SHAFT OR DISTAL HUM	48.96	47.08	90	1	B AS
24138		SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), OLECRANON PROCESS	43.15	41.49	90	1	B AS
24140		PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG,	46.20	44.42	90	1	B AS
24149		RADICAL RESECTION OF CAPSULE, SOFT TISSUE, AND HETEROTOPIC BONE, ELBOW, WIT	76.51	73.56	90	1	B AS
24150		RADICAL RESECTION FOR TUMOR, SHAFT OR DISTAL HUMERUS;	64.62	62.14	90	1	B AS
24151		RADICAL RESECTION FOR TUMOR, SHAFT OR DISTAL HUMERUS; WITH AUTOGRAFT (INCLU	73.95	71.11	90	1	B AS
24152		RADICAL RESECTION FOR TUMOR, RADIAL HEAD OR NECK;	48.36	46.50	90	1	B AS

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
24155		RESECTION OF ELBOW JOINT (ARTHRECTOMY)	56.44	54.27	90	1	B AS
24301		MUSCLE OR TENDON TRANSFER, ANY TYPE, UPPER ARM OR ELBOW, SINGLE (EXCLUDING	49.54	47.63	90	1	AS
24320		TENOPLASTY, WITH MUSCLE TRANSFER, WITH OR WITHOUT FREE GRAFT, ELBOW TO SHOUL	51.65	49.66	90	1	AS
24330		FLEXOR-PLASTY, ELBOW (EG, STEINDLER TYPE ADVANCEMENT);	47.06	45.25	90	1	B AS
24331		FLEXOR-PLASTY, ELBOW (EG, STEINDLER TYPE ADVANCEMENT); WITH EXTENSOR ADVANC	51.96	49.96	90	1	B AS
24340		TENODESIS OF BICEPS TENDON AT ELBOW (SEPARATE PROCEDURE)	40.13	38.59	90	1	B AS
24341		REPAIR, TENDON OR MUSCLE, UPPER ARM OR ELBOW, EACH TENDON OR MUSCLE, PRIMAR	47.56	45.73	90	1	B AS
24342		REINSERTION OF RUPTURED BICEPS OR TRICEPS TENDON, DISTAL, WITH OR WITHOUT T	51.80	49.81	90	1	B AS
24343		REPAIR LATERAL COLLATERAL LIGAMENT, ELBOW, WITH LOCAL TISSUE	45.84	44.07	90	1	B AS
24344		RECONSTRUCTION LATERAL COLLATERAL LIGAMENT, ELBOW, WITH TENDON GRAFT (INCLU	71.76	69.00	90	1	B AS
24345		REPAIR MEDIAL COLLATERAL LIGAMENT, ELBOW, WITH LOCAL TISSUE	45.55	43.80	90	1	B AS
24346		RECONSTRUCTION MEDIAL COLLATERAL LIGAMENT, ELBOW, WITH TENDON GRAFT (INCLUD	72.13	69.36	90	1	B AS
24360		ARTHROPLASTY, ELBOW; WITH MEMBRANE (EG, FASCIAL)	59.67	57.38	90	1	B AS
24361		ARTHROPLASTY, ELBOW; WITH DISTAL HUMERAL PROSTHETIC REPLACEMENT	66.71	64.14	90	1	B AS
24362		ARTHROPLASTY, ELBOW; WITH IMPLANT AND FASCIA LATA LIGAMENT RECONSTRUCTION	71.58	68.83	90	1	B AS
24363		ARTHROPLASTY, ELBOW; WITH DISTAL HUMERUS AND PROXIMAL ULNAR PROSTHETIC REPL	99.54	95.71	90	1	B AS
24365		ARTHROPLASTY, RADIAL HEAD;	41.90	40.29	90	1	B AS
24366		ARTHROPLASTY, RADIAL HEAD; WITH IMPLANT	44.95	43.22	90	1	B AS
24400		OSTEOTOMY, HUMERUS, WITH OR WITHOUT INTERNAL FIXATION	54.51	52.42	90	1	B AS
24410		MULTIPLE OSTEOTOMIES WITH REALIGNMENT ON INTRAMEDULLARY ROD, HUMERAL SHAFT	69.99	67.30	90	1	B AS
24420		OSTEOPLASTY, HUMERUS (EG, SHORTENING OR LENGTHENING) (EXCLUDING 64876)	65.33	62.82	90	1	B AS
24430		REPAIR OF NONUNION OR MALUNION, HUMERUS; WITHOUT GRAFT (EG, COMPRESSION TEC	70.05	67.35	90	1	B AS
24435		REPAIR OF NONUNION OR MALUNION, HUMERUS; WITH ILIAC OR OTHER AUTOGRAFT (INC	70.70	67.98	90	1	B AS
24470		HEMIEPIPHYSEAL ARREST (EG, CUBITUS VARUS OR VALGUS, DISTAL HUMERUS)	40.42	38.86	90	1	B AS
24498		PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING), WITH OR WITHO	57.82	55.60	90	1	B AS
24515		OPEN TREATMENT OF HUMERAL SHAFT FRACTURE WITH PLATE/SCREWS, WITH OR WITHOUT	58.03	55.80	90	1	B AS
24516		TREATMENT OF HUMERAL SHAFT FRACTURE, WITH INSERTION OF INTRAMEDULLARY IMPLA	57.35	55.15	90	1	B AS
24545		OPEN TREATMENT OF HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, WITH OR	60.98	58.63	90	1	B AS
24546		OPEN TREATMENT OF HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, WITH OR	70.07	67.38	90	1	B AS

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
24575		OPEN TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL, WITH OR	48.60	46.73	90	1	B AS
24579		OPEN TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL, WITH OR WIT	55.43	53.29	90	1	B AS
24586		OPEN TREATMENT OF PERIARTICULAR FRACTURE AND/OR DISLOCATION OF THE ELBOW (F	72.99	70.18	90	1	B AS
24587		OPEN TREATMENT OF PERIARTICULAR FRACTURE AND/OR DISLOCATION OF THE ELBOW (F	72.70	69.91	90	1	B AS
24615		OPEN TREATMENT OF ACUTE OR CHRONIC ELBOW DISLOCATION	47.11	45.30	90	1	B AS
24635		OPEN TREATMENT OF MONTEGGIA TYPE OF FRACTURE DISLOCATION AT ELBOW (FRACTURE	68.23	65.61	90	1	B AS
24665		OPEN TREATMENT OF RADIAL HEAD OR NECK FRACTURE, WITH OR WITHOUT INTERNAL FI	42.40	40.77	90	1	B AS
24666		OPEN TREATMENT OF RADIAL HEAD OR NECK FRACTURE, WITH OR WITHOUT INTERNAL FI	48.26	46.40	90	1	B AS
24685		OPEN TREATMENT OF ULNAR FRACTURE PROXIMAL END (OLECRANON PROCESS), WITH OR	42.71	41.07	90	1	B AS
24800		ARTHRODESIS, ELBOW JOINT; LOCAL	51.73	49.74	90	1	B AS
24802		ARTHRODESIS, ELBOW JOINT; WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAFT)	66.37	63.82	90	1	B AS
24900		AMPUTATION, ARM THROUGH HUMERUS; WITH PRIMARY CLOSURE	47.61	45.78	90	1	B AS
24920		AMPUTATION, ARM THROUGH HUMERUS; OPEN, CIRCULAR (GUILLotine)	47.37	45.55	90	1	B AS
24925		AMPUTATION, ARM THROUGH HUMERUS; SECONDARY CLOSURE OR SCAR REVISION	36.64	35.23	90	1	B AS
24930		AMPUTATION, ARM THROUGH HUMERUS; RE-AMPUTATION	50.24	48.31	90	1	B AS
24931		AMPUTATION, ARM THROUGH HUMERUS; WITH IMPLANT	57.04	54.85	90	1	B AS
24940		CINEPLASTY, UPPER EXTREMITY, COMPLETE PROCEDURE	70.88	68.16	90	1	B AS
25085		CAPSULOTOMY, WRIST (EG, CONTRACTURE)	28.90	27.79	90	1	B AS
25107		ARTHROTOMY, DISTAL RADIOULNAR JOINT INCLUDING REPAIR OF TRIANGULAR CARTILAG	38.96	37.46	90	1	B AS
25109		EXCISION OF TENDON, FOREARM AND/OR WRIST, FLEXOR OR EXTENSOR, EACH	34.45	33.12	90	1	B AS
25119		SYNOVECTOMY, EXTENSOR TENDON SHEATH, WRIST, SINGLE COMPARTMENT; WITH RESECT	31.84	30.62	90	1	B AS
25126		EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA (EXCLU	38.54	37.06	90	1	B AS
25135		EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES; WITH AU	35.80	34.43	90	1	B AS
25136		EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES; WITH AL	31.82	30.59	90	1	B AS
25145		SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), FOREARM AND/OR WRIS	33.25	31.97	90	1	B AS
25151		PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION OR DIAPHYSECTOMY) OF BONE (E	37.86	36.41	90	1	B AS
25170		RADICAL RESECTION FOR TUMOR, RADIUS OR ULNA	54.25	52.17	90	1	B 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	B AS

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
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	B AS
25301		TENODESIS AT WRIST; EXTENSORS OF FINGERS	41.98	40.36	90	1	B 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	B AS
25316		FLEXOR ORIGIN SLIDE FOR CEREBRAL PALSY, FOREARM AND/OR WRIST; WITH TENDON(S	58.58	56.33	90	1	B AS
25320		CAPSULORRHAPHY OR RECONSTRUCTION, WRIST, OPEN (EG, CAPSULODESIS, LIGAMENT R	62.62	60.21	90	1	B AS
25332		ARTHROPLASTY, WRIST, WITH OR WITHOUT INTERPOSITION, WITH OR WITHOUT EXTERNA	55.58	53.45	90	1	B AS
25335		CENTRALIZATION OF WRIST ON ULNA (EG, RADIAL CLUB HAND)	61.97	59.58	90	1	B AS
25350		OSTEOTOMY, RADIUS; DISTAL THIRD	44.35	42.65	90	1	B AS
25355		OSTEOTOMY, RADIUS; MIDDLE OR PROXIMAL THIRD	50.58	48.63	90	1	B AS
25360		OSTEOTOMY; ULNA	42.87	41.22	90	1	B AS
25365		OSTEOTOMY; RADIUS AND ULNA	60.27	57.95	90	1	B AS
25370		MULTIPLE OSTEOTOMIES, WITH REALIGNMENT ON INTRAMEDULLARY ROD (SOFIELD TYPE	66.53	63.97	90	1	B AS
25375		MULTIPLE OSTEOTOMIES, WITH REALIGNMENT ON INTRAMEDULLARY ROD (SOFIELD TYPE	63.45	61.01	90	1	B AS
25390		OSTEOPLASTY, RADIUS OR ULNA; SHORTENING	50.84	48.88	90	1	B AS
25391		OSTEOPLASTY, RADIUS OR ULNA; LENGTHENING WITH AUTOGRAFT	65.72	63.19	90	1	B AS
25392		OSTEOPLASTY, RADIUS AND ULNA; SHORTENING (EXCLUDING 64876)	67.36	64.77	90	1	B AS
25393		OSTEOPLASTY, RADIUS AND ULNA; LENGTHENING WITH AUTOGRAFT	75.93	73.01	90	1	B AS
25394		OSTEOPLASTY, CARPAL BONE, SHORTENING	51.31	49.34	90	1	B AS
25400		REPAIR OF NONUNION OR MALUNION, RADIUS OR ULNA; WITHOUT GRAFT (EG, COMPRESS	60.60	58.27	90	1	B AS
25405		REPAIR OF NONUNION OR MALUNION, RADIUS OR ULNA; WITH AUTOGRAFT (INCLUDES OB	69.05	66.40	90	1	B AS
25415		REPAIR OF NONUNION OR MALUNION, RADIUS AND ULNA; WITHOUT GRAFT (EG, COMPRES	64.91	62.42	90	1	B AS
25420		REPAIR OF NONUNION OR MALUNION, RADIUS AND ULNA; WITH AUTOGRAFT (INCLUDES O	77.92	74.92	90	1	B AS
25425		REPAIR OF DEFECT WITH AUTOGRAFT; RADIUS OR ULNA	78.01	75.01	90	1	B AS
25426		REPAIR OF DEFECT WITH AUTOGRAFT; RADIUS AND ULNA	81.99	78.83	90	1	B AS

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
25431		REPAIR OF NONUNION OF CARPAL BONE (EXCLUDING CARPAL SCAPHOID (NAVICULAR)) (	51.73	49.74	90	1	B AS
25440		REPAIR OF NONUNION, SCAPHOID CARPAL (NAVICULAR) BONE, WITH OR WITHOUT RADIA	50.50	48.56	90	1	B AS
25441		ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL RADIUS	62.18	59.78	90	1	B AS
25442		ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL ULNA	52.77	50.74	90	1	B AS
25443		ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; SCAPHOID CARPAL (NAVICULAR)	50.40	48.46	90	1	B AS
25444		ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; LUNATE	54.07	51.99	90	1	B AS
25446		ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL RADIUS AND PARTIAL OR ENTI	78.10	75.09	90	1	B AS
25447		ARTHROPLASTY, INTERPOSITION, INTERCARPAL OR CARPOMETACARPAL JOINTS	53.78	51.72	90	1	B AS
25449		REVISION OF ARTHROPLASTY, INCLUDING REMOVAL OF IMPLANT, WRIST JOINT	68.46	65.82	90	1	B AS
25490		PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOU	45.84	44.07	90	1	B AS
25491		PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOU	48.55	46.68	90	1	B AS
25492		PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOU	60.04	57.73	90	1	B AS
25515		OPEN TREATMENT OF RADIAL SHAFT FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERN	43.99	42.30	90	1	B AS
25525		OPEN TREATMENT OF RADIAL SHAFT FRACTURE, WITH INTERNAL AND/ OR EXTERNAL FIX	61.70	59.33	90	1	B AS
25526		OPEN TREATMENT OF RADIAL SHAFT FRACTURE, WITH INTERNAL AND/OR EXTERNAL FIXA	62.98	60.56	90	1	B AS
25545		OPEN TREATMENT OF ULNAR SHAFT FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNA	40.86	39.29	90	1	B AS
25574		OPEN TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES, WITH INTERNAL OR EXTERN	43.18	41.52	90	1	B AS
25575		OPEN TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES, WITH INTERNAL OR EXTERN	58.74	56.48	90	1	B AS
25606		PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIAL FRACTURE OR EPIPHYSEAL SEPA	263.68	253.54	90	1	B
25607		OPEN TREATMENT OF DISTAL RADIAL EXTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEPA	47.11	45.30	90	1	B AS
25608		OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEPA	53.99	51.92	90	1	B AS
25609		OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEPA	68.95	66.30	90	1	B AS
25628		OPEN TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE, WITH OR WITHOUT INT	46.80	45.00	90	1	B AS
25645		OPEN TREATMENT OF CARPAL BONE FRACTURE (OTHER THAN CARPAL SCAPHOID (NAVICUL	36.72	35.30	90	1	B AS
25652		OPEN TREATMENT OF ULNAR STYLOID FRACTURE	40.23	38.69	90	1	AS
25670		OPEN TREATMENT OF RADIOCARPAL OR INTERCARPAL DISLOCATION, ONE OR MORE BONES	39.69	38.16	90	1	B 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	B AS
25685		OPEN TREATMENT OF TRANS-SCAPHOPERILUNAR TYPE OF FRACTURE DISLOCATION	48.05	46.20	90	1	B AS

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
25695		OPEN TREATMENT OF LUNATE DISLOCATION	41.28	39.69	90	1	B AS
25800		ARTHRODESIS, WRIST; COMPLETE, WITHOUT BONE GRAFT (INCLUDES RADIOCARPAL AND/	48.23	46.38	90	1	B AS
25805		ARTHRODESIS, WRIST JOINT (INCLUDING RADIOCARPAL AND/OR ULNOCARPAL FUSION);	55.66	53.52	90	1	B AS
25810		ARTHRODESIS, WRIST JOINT (INCLUDING RADIOCARPAL AND/OR ULNOCARPAL FUSION);	56.52	54.35	90	1	B AS
25820		ARTHRODESIS, WRIST; LIMITED, WITHOUT BONE GRAFT (EG, INTERCARPAL OR RADIOCA	39.61	38.09	90	1	B AS
25825		INTERCARPAL FUSION; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	48.91	47.03	90	1	B AS
25830		ARTHRODESIS, DISTAL RADIOULNAR JOINT WITH SEGMENTAL RESECTION OF ULNA, WITH	59.67	57.38	90	1	B AS
25905		AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; OPEN, CIRCULAR (GUILLotine)	45.32	43.57	90	1	B AS
25907		AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; SECONDARY CLOSURE OR SCAR REV	38.91	37.41	90	1	B AS
25909		AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; RE-AMPUTATION	44.53	42.82	90	1	B AS
25915		KRUKENBERG PROCEDURE	68.74	66.09	90	1	B AS
25922		DISARTICULATION THROUGH WRIST; SECONDARY CLOSURE OR SCAR REVISION	37.52	36.08	90	1	B AS
25924		DISARTICULATION THROUGH WRIST; RE-AMPUTATION	43.41	41.74	90	1	B AS
25929		TRANSMETACARPAL AMPUTATION; SECONDARY CLOSURE OR SCAR REVISION	36.74	35.33	90	1	B AS
26185		SESAMOIDECTOMY, THUMB OR FINGER (SEPARATE PROCEDURE)	34.11	32.80	90	1	B AS
26255		RADICAL RESECTION (OSTECTOMY) FOR TUMOR, METACARPAL; WITH AUTOGRAFT (INCLUD	56.99	54.80	90	1	AS
26260		RADICAL RESECTION, PROXIMAL OR MIDDLE PHALANX OF FINGER (EG, TUMOR);	35.39	34.03	90	1	AS
26261		RADICAL RESECTION (OSTECTOMY) FOR TUMOR, PROXIMAL OR MIDDLE PHALANX OF FING	44.66	42.95	90	1	AS
26262		RADICAL RESECTION, DISTAL PHALANX OF FINGER (EG, TUMOR)	29.58	28.44	90	1	AS
26352		FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE, NOT IN "NO MAN'S LAND"; SECO	49.07	47.18	90	1	AS
26357		REPAIR OR ADVANCEMENT, FLEXOR TENDON, IN ZONE 2 DIGITAL FLEXOR TENDON SHEAT	53.19	51.14	90	1	AS
26358		FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE, IN "NO MAN'S LAND"; 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

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
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	B AS
26550		POLLICIZATION OF A DIGIT	94.80	91.15	90	1	AS
26551		TRANSFER, TOE-TO-HAND WITH MICROVASCULAR ANASTOMOSIS; GREAT TOE ' WRAP-AROU	191.78	184.41	90	1	AS
26553		TOE-TO-HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE,	183.24	176.19	90	1	AS
26554		TOE-TO-HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE,	240.00	230.77	90	1	AS
26555		TRANSFER, FINGER TO ANOTHER POSITION WITHOUT MICROVASCULAR ANASTOMOSIS	87.92	84.54	90	1	AS
26556		TRANSFER, FREE TOE JOINT, WITH MICROVASCULAR ANASTOMOSIS	180.77	173.81	90	1	AS
26560		REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; WITH SKIN FLAPS	35.36	34.00	90	1	AS
26561		REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; WITH SKIN FLAPS AND GRAFT	57.67	55.45	90	1	AS
26562		REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; COMPLEX (EG, INVOLVING BO	71.64	68.88	90	1	AS
26565		OSTEOTOMY; METACARPAL, EACH	41.46	39.86	90	1	AS
26568		OSTEOPLASTY, LENGTHENING, METACARPAL OR PHALANX	55.56	53.42	90	1	AS
26580		REPAIR CLEFT HAND	82.41	79.24	90	1	AS
26587		RECONSTRUCTION OF POLYDACTYLOUS DIGIT, SOFT TISSUE AND BONE	62.02	59.63	90	1	AS
26590		REPAIR MACRODACTYLIA, EACH DIGIT	81.69	78.55	90	1	AS

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
26596		EXCISION OF CONSTRICTING RING OF FINGER, WITH MULTIPLE Z-PLASTIES	47.53	45.70	90	1	AS
26686		OPEN TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB (BENNETT FR	40.31	38.76	90	1	AS
26820		FUSION IN OPPOSITION, THUMB, WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAF	48.68	46.80	90	1	AS
26842		ARTHRODESIS, CARPOMETACARPAL JOINT, THUMB, WITH OR WITHOUT INTERNAL FIXATIO	48.94	47.06	90	1	AS
26843		ARTHRODESIS, CARPOMETACARPAL JOINT, DIGIT, OTHER THAN THUMB, EACH;	45.39	43.65	90	1	AS
26844		ARTHRODESIS, CARPOMETACARPAL JOINT, DIGITS, OTHER THAN THUMB; WITH AUTOGRAF	50.76	48.81	90	1	AS
26852		ARTHRODESIS, METACARPOPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION;	49.54	47.63	90	1	AS
26862		ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; WITH	44.85	43.12	90	1	AS
26863		ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; WITH	15.92	15.31	90	5	AS
27001		TENOTOMY, ADDUCTOR OF HIP, OPEN	35.52	34.15	90	1	B AS
27003		TENOTOMY, ADDUCTOR, SUBCUTANEOUS, OPEN, WITH OBTURATOR NEURECTOMY	38.02	36.56	90	1	B AS
27005		TENOTOMY, HIP FLEXOR(S), OPEN (SEPARATE PROCEDURE)	48.23	46.38	90	1	B AS
27006		TENOTOMY, ABDUCTORS AND/OR EXTENSOR(S) OF HIP, OPEN (SEPARATE PROCEDURE)	48.68	46.80	90	1	B AS
27030		ARTHROTOMY, HIP, WITH DRAINAGE (EG, INFECTION)	62.98	60.56	90	1	B AS
27033		ARTHROTOMY, HIP, INCLUDING EXPLORATION OR REMOVAL OF LOOSE OR FOREIGN BODY	65.28	62.77	90	1	B AS
27035		DENERVATION, HIP JOINT, INTRAPELVIC OR EXTRAPELVIC INTRA-ARTICULAR BRANCHES	71.40	68.65	90	1	B AS
27036		CAPSULECTOMY OR CAPSULOTOMY, HIP, WITH OR WITHOUT EXCISION OF HETEROTOPIC B	66.94	64.37	90	1	B AS
27048		EXCISION, TUMOR, PELVIS AND HIP AREA; DEEP, SUBFASCIAL, INTRAMUSCULAR	31.43	30.22	90	1	B AS
27049		RADICAL RESECTION OF TUMOR, SOFT TISSUE OF PELVIS AND HIP AREA (EG, MALIGNA	66.81	64.24	90	1	B AS
27052		ARTHROTOMY, FOR BIOPSY; HIP JOINT	36.66	35.25	90	1	B AS
27054		ARTHROTOMY WITH SYNOVECTOMY, HIP JOINT	44.82	43.10	90	1	B AS
27065		EXCISION OF BONE CYST OR BENIGN TUMOR; SUPERFICIAL (WING OF ILIUM, SYMPHYSI	32.99	31.72	90	1	B AS
27066		EXCISION OF BONE CYST OR BENIGN TUMOR; DEEP, WITH OR WITHOUT AUTOGRAFT	53.55	51.49	90	1	B AS
27067		EXCISION OF BONE CYST OR BENIGN TUMOR; WITH AUTOGRAFT REQUIRING SEPARATE IN	67.36	64.77	90	1	B AS
27070		PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION) (EG, OSTEOMYELITIS OR BONE	55.90	53.75	90	1	B AS
27071		PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION) (EG, OSTEOMYELITIS OR BONE	59.75	57.45	90	1	B 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

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
27078		RADICAL RESECTION FOR TUMOR OR INFECTION; ISCHIAL TUBEROSITY AND GREATER TR	67.70	65.10	90	1	AS
27079		RADICAL RESECTION FOR TUMOR OR INFECTION; ISCHIAL TUBEROSITY AND GREATER TR	63.87	61.41	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	B AS
27090		REMOVAL OF HIP PROSTHESIS; (SEPARATE PROCEDURE)	55.19	53.07	90	1	B AS
27091		REMOVAL OF HIP PROSTHESIS; COMPLICATED, INCLUDING TOTAL HIP PROSTHESIS, MET	108.09	103.93	90	1	B AS
27097		RELEASE OR RECESSION, HAMSTRING, PROXIMAL	44.56	42.85	90	1	B AS
27098		TRANSFER, ADDUCTOR TO ISCHIUM	39.95	38.41	90	1	B AS
27100		TRANSFER EXTERNAL OBLIQUE MUSCLE TO GREATER TROCHANTER INCLUDING FASCIAL OR	54.38	52.29	90	1	B AS
27105		TRANSFER PARASPINAL MUSCLE TO HIP (INCLUDES FASCIAL OR TENDON EXTENSION GRA	56.63	54.45	90	1	B AS
27110		TRANSFER ILIOPSOAS; TO GREATER TROCHANTER OF FEMUR	64.00	61.54	90	1	B AS
27111		TRANSFER ILIOPSOAS; TO FEMORAL NECK	55.95	53.80	90	1	B AS
27120		ACETABULOPLASTY; (EG, WHITMAN, COLONNA, HAYGROVES, OR CUP TYPE)	86.80	83.46	90	1	B AS
27122		ACETABULOPLASTY; RESECTION, FEMORAL HEAD (EG, GIRDLESTONE PROCEDURE)	73.87	71.03	90	1	B AS
27125		HEMIARTHROPLASTY, HIP, PARTIAL (EG, FEMORAL STEM PROSTHESIS, BIPOLAR ARTHRO	75.52	72.61	90	1	B AS
27130		ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL	97.54	93.79	90	1	B AS
27132		CONVERSION OF PREVIOUS HIP SURGERY TO TOTAL HIP ARTHROPLASTY, WITH OR WITHO	113.64	109.27	90	1	B AS
27134		REVISION OF TOTAL HIP ARTHROPLASTY; BOTH COMPONENTS, WITH OR WITHOUT AUTOGR	131.75	126.68	90	1	B AS
27137		REVISION OF TOTAL HIP ARTHROPLASTY; ACETABULAR COMPONENT ONLY, WITH OR WITH	100.43	96.57	90	1	B AS
27138		REVISION OF TOTAL HIP ARTHROPLASTY; FEMORAL COMPONENT ONLY, WITH OR WITHOUT	104.57	100.55	90	1	B AS
27140		OSTEOTOMY AND TRANSFER OF GREATER TROCHANTER OF FEMUR (SEPARATE PROCEDURE)	59.80	57.50	90	1	B AS
27146		OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE;	84.59	81.33	90	1	B AS
27147		OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE; WITH OPEN REDUCTION OF HIP	99.33	95.51	90	1	B AS
27151		OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE; WITH FEMORAL OSTEOTOMY	107.67	103.53	90	1	B AS
27156		OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE; WITH FEMORAL OSTEOTOMY AND	114.94	110.52	90	1	B 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	B 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	B AS

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
27176		TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; BY SINGLE OR MULTIPLE PINNING, IN S	61.21	58.86	90	1	B AS
27177		OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; SINGLE OR MULTIPLE PINNING OR	74.42	71.56	90	1	B AS
27178		OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; CLOSED MANIPULATION WITH SINGL	60.85	58.51	90	1	B AS
27179		OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; OSTEOPLASTY OF FEMORAL NECK (H	64.70	62.21	90	1	B AS
27181		OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; OSTEOTOMY AND INTERNAL FIXATIO	72.05	69.28	90	1	B AS
27187		PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOU	66.37	63.82	90	1	B AS
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	B AS
27227		OPEN TREATMENT OF ACETABULAR FRACTURE(S) INVOLVING ANTERIOR OR POSTERIOR (O	112.70	108.37	90	1	B AS
27228		OPEN TREATMENT OF ACETABULAR FRACTURE(S) INVOLVING ANTERIOR AND POSTERIOR (	128.88	123.93	90	1	B AS
27236		OPEN TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, NECK, INTERNAL FIXATION O	80.00	76.92	90	1	B AS
27244		TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC, OR SUBTROCHANTERIC FEMORAL	82.27	79.10	90	1	B AS
27245		OPEN TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC OR SUBTROCHANTERIC FEM	93.98	90.37	90	1	B AS
27248		OPEN TREATMENT OF GREATER TROCHANTERIC FRACTURE, WITH OR WITHOUT INTERNAL O	49.80	47.88	90	1	B AS
27253		OPEN TREATMENT OF HIP DISLOCATION, TRAUMATIC, WITHOUT INTERNAL FIXATION	62.98	60.56	90	1	B AS
27254		OPEN TREATMENT OF HIP DISLOCATION, TRAUMATIC, WITH ACETABULAR WALL AND FEMO	85.76	82.46	90	1	B AS
27258		OPEN TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INCLUDING CON	74.19	71.33	90	1	B AS
27259		OPEN TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INCLUDING CON	104.62	100.60	90	1	B AS
27280		ARTHRODESIS, SACROILIAC JOINT (INCLUDING OBTAINING GRAFT)	68.82	66.17	90	1	B 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	B AS
27286		ARTHRODESIS, HIP JOINT (INCLUDES OBTAINING GRAFT); WITH SUBTROCHANTERIC OST	109.52	105.31	90	1	B 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		UNLISTED PROCEDURE, PELVIS OR HIP JOINT			90	1 R	B AS

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
27303		INCISION, DEEP, WITH OPENING OF BONE CORTEX, FEMUR OR KNEE (EG, OSTEOMYELIT	42.01	40.39	90	1	B AS
27305		FASCIOTOMY, ILIOTIBIAL (TENOTOMY), OPEN	30.62	29.44	90	1	B AS
27306		TENOTOMY, PERCUTANEOUS, ADDUCTOR OR HAMSTRING; SINGLE TENDON (SEPARATE PROC	24.57	23.63	90	1	B AS
27310		ARTHROTOMY, KNEE, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY (E	48.13	46.28	90	1	B AS
27325		NEURECTOMY, HAMSTRING MUSCLE	35.18	33.83	90	1	B AS
27326		NEURECTOMY, POPLITEAL (GASTROCNEMIUS)	32.03	30.79	90	1	B AS
27329		RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF THIGH O	69.26	66.60	90	1	B AS
27331		ARTHROTOMY, KNEE; INCLUDING JOINT EXPLORATION, BIOPSY, OR REMOVAL OF LOOSE	30.83	29.64	90	1	B AS
27332		ARTHROTOMY, WITH EXCISION OF SEMILUNAR CARTILAGE (MENISCECTOMY) KNEE; MEDIA	41.98	40.36	90	1	B AS
27333		ARTHROTOMY, KNEE, FOR EXCISION OF SEMILUNAR CARTILAGE (MENISCECTOMY); MEDIA	37.94	36.48	90	1	B AS
27334		ARTHROTOMY, WITH SYNOVECTOMY KNEE; ANTERIOR OR POSTERIOR	44.66	42.95	90	1	B AS
27335		ARTHROTOMY, KNEE, FOR SYNOVECTOMY; ANTERIOR AND POSTERIOR INCLUDING POPLITE	50.58	48.63	90	1	B AS
27345		EXCISION OF SYNOVIAL CYST OF POPLITEAL SPACE (EG, BAKER'S CYST)	31.22	30.02	90	1	B AS
27347		EXCISION OF LESION OF MENISCUS OR CAPSULE (EG, CYST, GANGLION), KNEE	33.52	32.23	90	1	B AS
27350		PATELLECTOMY OR HEMIPATELLECTOMY	42.66	41.02	90	1	B AS
27355		EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR;	39.50	37.99	90	1	B AS
27356		EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH ALLOGRAFT	48.65	46.78	90	1	B AS
27357		EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH AUTOGRAFT	53.97	51.89	90	1	B AS
27358		EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH INTERNAL	19.70	18.94	90	1	B AS
27360		PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE, FEM	55.82	53.67	90	1	B AS
27365		RADICAL RESECTION OF TUMOR, BONE, FEMUR OR KNEE	82.19	79.03	90	1	B AS
27380		SUTURE OF INFRAPATELLAR TENDON; PRIMARY	38.41	36.93	90	1	B AS
27381		SUTURE OF INFRAPATELLAR TENDON; SECONDARY RECONSTRUCTION, INCLUDING FASCIAL	52.66	50.64	90	1	B AS
27385		SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; PRIMARY	41.20	39.61	90	1	B AS
27386		SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; SECONDARY RECONSTRUCTION,	54.57	52.47	90	1	B 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

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
27395		LENGTHENING OF HAMSTRING TENDON; MULTIPLE TENDONS, BILATERAL	58.24	56.00	90	1	AS
27396		TRANSPLANT, HAMSTRING TENDON TO PATELLA; SINGLE TENDON	40.18	38.64	90	1	AS
27397		TRANSPLANT, HAMSTRING TENDON TO PATELLA; MULTIPLE TENDONS	59.75	57.45	90	1	AS
27400		TRANSFER, TENDON OR MUSCLE, HAMSTRINGS TO FEMUR (EG, EGGER'S TYPE PROCEDURE	45.00	43.27	90	1	B AS
27403		ARTHROTOMY WITH MENISCUS REPAIR, KNEE	42.16	40.54	90	1	B AS
27405		REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; COLLATERAL	44.48	42.77	90	1	B AS
27407		REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; CRUCIATE	50.66	48.71	90	1	B AS
27409		REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; COLLATERAL AND CRUCIAT	64.08	61.61	90	1	B AS
27412		AUTOLOGOUS CHONDROCYTE IMPLANTATION, KNEE	112.44	108.12	0	1	B AS
27415		OSTEOCHONDRAL ALLOGRAFT, KNEE, OPEN	94.83	91.18	0	1	B AS
27418		ANTERIOR TIBIAL TUBERCLEPLASTY (EG, MAQUET TYPE PROCEDURE)	55.19	53.07	90	1	B AS
27420		RECONSTRUCTION OF DISLOCATING PATELLA; (EG, HAUSER TYPE PROCEDURE)	49.41	47.51	90	1	B AS
27422		RECONSTRUCTION OF DISLOCATING PATELLA; WITH EXTENSOR REALIGNMENT AND/OR MUS	49.15	47.26	90	1	B AS
27424		RECONSTRUCTION FOR RECURRENT DISLOCATING PATELLA; WITH PATELLECTOMY	49.33	47.43	90	1	B AS
27427		LIGAMENOUS RECONSTRUCTION (AUGMENTATION), KNEE; EXTRA-ARTICULAR	47.37	45.55	90	1	B AS
27428		LIGAMENOUS RECONSTRUCTION (AUGMENTATION), KNEE; INTRA-ARTICULAR (OPEN)	73.30	70.48	90	1	B AS
27429		LIGAMENOUS RECONSTRUCTION (AUGMENTATION), KNEE; INTRA-ARTICULAR (OPEN) AND	82.16	79.00	90	1	B AS
27430		QUADRICEPSPLASTY (EG, BENNETT OR THOMPSON TYPE)	48.91	47.03	90	1	B AS
27435		CAPSULOTOMY, POSTERIOR CAPSULAR RELEASE, KNEE	52.59	50.56	90	1	B AS
27438		ARTHROPLASTY, PATELLA; WITH PROSTHESIS	55.97	53.82	90	1	B AS
27440		ARTHROPLASTY, KNEE, TIBIAL PLATEAU;	52.53	50.51	90	1	B AS
27441		ARTHROPLASTY, KNEE, TIBIAL PLATEAU; WITH DEBRIDEMENT AND PARTIAL SYNOVECTOM	53.68	51.62	90	1	B AS
27442		ARTHROPLASTY, FEMORAL CONDYLES OR TIBIAL PLATEAU(S), KNEE;	57.90	55.67	90	1	B AS
27443		ARTHROPLASTY, KNEE, FEMORAL CONDYLES OR TIBIAL PLATEAUS; WITH DEBRIDEMENT A	54.02	51.94	90	1	B AS
27445		ARTHROPLASTY, KNEE, HINGE PROSTHESIS (EG, WALLDIUS TYPE)	84.56	81.31	90	1	B AS
27446		ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL OR LATERAL COMPARTMENT	74.89	72.01	90	1	B AS
27447		ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WI	104.18	100.17	90	1	B AS
27448		OSTEOTOMY, FEMUR, SHAFT OR SUPRACONDYLAR; WITHOUT FIXATION	54.49	52.39	90	1	B AS
27450		OSTEOTOMY, FEMUR, SHAFT OR SUPRACONDYLAR; WITH FIXATION	67.91	65.30	90	1	B AS

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
27454		OSTEOTOMY, MULTIPLE, WITH REALIGNMENT ON INTRAMEDULLARY ROD, FEMORAL SHAFT	85.86	82.56	90	1	B AS
27455		OSTEOTOMY, PROXIMAL TIBIA, INCLUDING FIBULAR EXCISION OR OSTEOTOMY (INCLUDE	62.77	60.36	90	1	B AS
27457		OSTEOTOMY, PROXIMAL TIBIA, INCLUDING FIBULAR EXCISION OR OSTEOTOMY (INCLUDE	64.65	62.16	90	1	B AS
27465		OSTEOPLASTY, FEMUR; SHORTENING (EXCLUDING 64876)	82.53	79.35	90	1	B AS
27466		OSTEOPLASTY, FEMUR; LENGTHENING	79.14	76.10	90	1	B AS
27468		OSTEOPLASTY, FEMUR; COMBINED, LENGTHENING AND SHORTENING WITH FEMORAL SEGME	89.35	85.92	90	1	B AS
27470		REPAIR, NONUNION OR MALUNION, FEMUR, DISTAL TO HEAD AND NECK; WITHOUT GRAFT	79.01	75.97	90	1	B AS
27472		REPAIR, NONUNION OR MALUNION, FEMUR, DISTAL TO HEAD AND NECK; WITH ILIAC OR	85.32	82.03	90	1	B AS
27479		EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; COMBINED DISTAL FEMUR, PRO	63.01	60.59	90	1	B AS
27486		REVISION OF TOTAL KNEE ARTHROPLASTY, WITH OR WITHOUT ALLOGRAFT; ONE COMPONE	94.93	91.28	90	1	B AS
27487		REVISION OF TOTAL KNEE ARTHROPLASTY, WITH OR WITHOUT ALLOGRAFT; FEMORAL AND	119.82	115.21	90	1	B AS
27488		REMOVAL OF PROSTHESIS, INCLUDING TOTAL KNEE PROSTHESIS, METHYLMETHACRYLATE	80.26	77.17	90	1	B AS
27495		PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOU	75.86	72.94	90	1	B AS
27498		DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, MULTIPLE COMPARTMENTS;	38.98	37.48	90	1	B AS
27499		DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, MULTIPLE COMPARTMENTS; WITH DE	43.21	41.54	90	1	B AS
27506		OPEN TREATMENT OF FEMORAL SHAFT FRACTURE, WITH OR WITHOUT EXTERNAL FIXATION	89.33	85.89	90	1	B AS
27507		OPEN TREATMENT OF FEMORAL SHAFT FRACTURE WITH PLATE/SCREWS, WITH OR WITHOUT	65.90	63.37	90	1	B AS
27511		OPEN TREATMENT OF FEMORAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE WITHOUT I	67.28	64.70	90	1	B AS
27513		OPEN TREATMENT OF FEMORAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE WITH INTE	84.64	81.38	90	1	B AS
27514		OPEN TREATMENT OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL CONDYLE,	89.18	85.75	90	1	B AS
27519		OPEN TREATMENT OF DISTAL FEMORAL EPIPHYSEAL SEPARATION, WITH OR WITHOUT INT	73.93	71.09	90	1	B AS
27524		OPEN TREATMENT OF PATELLAR FRACTURE, WITH INTERNAL FIXATION AND/OR PARTIAL	49.88	47.96	90	1	B AS
27535		OPEN TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); UNICONDYLAR, WITH OR	60.01	57.70	90	1	B AS
27536		OPEN TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); BICONDYLAR, WITH OR	79.53	76.47	90	1	B AS
27540		OPEN TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(S) OF T	62.17	59.78	90	1	B AS
27556		OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FI	70.09	67.39	90	1	B AS
27557		OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FI	80.84	77.73	90	1	B AS
27558		OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FI	81.56	78.43	90	1	B AS
27566		OPEN TREATMENT OF PATELLAR DISLOCATION, WITH OR WITHOUT PARTIAL OR TOTAL PA	59.52	57.23	90	1	B AS

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
27580		ARTHRODESIS, KNEE, ANY TECHNIQUE	96.34	92.63	90	1	B AS
27590		AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL;	55.45	53.32	90	1	B AS
27591		AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; IMMEDIATE FITTING TECHNIQUE IN	61.21	58.86	90	1	B AS
27592		AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; OPEN, CIRCULAR (GUILLotine)	46.98	45.18	90	1	B AS
27598		DISARTICULATION AT KNEE	50.08	48.16	90	1	B AS
27599		UNLISTED PROCEDURE, FEMUR OR KNEE			90	1 R	B AS
27602		DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL, AND POSTERIOR COMPA	34.34	33.02	90	1	B AS
27612		ARTHROTOMY, POSTERIOR CAPSULAR RELEASE, ANKLE, WITH OR WITHOUT ACHILLES TEN	37.76	36.31	90	1	B AS
27620		ARTHROTOMY, ANKLE, WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR	30.33	29.16	90	1	B AS
27625		ARTHROTOMY, ANKLE, WITH SYNOVECTOMY;	39.32	37.81	90	1	B AS
27626		ARTHROTOMY, ANKLE, FOR SYNOVECTOMY; INCLUDING TENOSYNOVECTOMY	42.58	40.94	90	1	B AS
27637		EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA; WITH A	49.80	47.88	90	1	B AS
27638		EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA; WITH A	52.01	50.01	90	1	B AS
27645		RADICAL RESECTION OF TUMOR, BONE; TIBIA	68.95	66.30	90	1	B AS
27646		RESECTION FOR TUMOR, RADICAL; FIBULA	60.48	58.16	90	1	B AS
27647		RADICAL RESECTION OF TUMOR, BONE; TALUS OR CALCANEUS	54.38	52.29	90	1	B AS
27650		REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED ACHILLES TENDON;	45.00	43.27	90	1	B AS
27654		REPAIR, SECONDARY, ACHILLES TENDON, WITH OR WITHOUT GRAFT	48.60	46.73	90	1	B AS
27656		REPAIR, FASCIAL DEFECT OF LEG	34.45	33.12	90	1	B 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	B AS
27676		REPAIR FOR DISLOCATING PERONEAL TENDONS; WITH FIBULAR OSTEOTOMY	41.33	39.74	90	1	B AS
27685		LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE; SINGLE TENDON (SEPARATE	42.11	40.49	90	1	B AS
27687		GASTROCNEMIUS RECESSIO (EG, STRAYER PROCEDURE)	30.70	29.52	90	1	B AS
27690		TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTI	42.84	41.19	90	1	B AS
27691		TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTI	50.24	48.31	90	1	B AS
27692		TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTI	7.64	7.34	90	5	B AS

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
27698		REPAIR, SECONDARY DISRUPTED LIGAMENT, ANKLE, COLLATERAL (EG, WATSON-JONES P	43.99	42.30	90	1	B AS
27700		ARTHROPLASTY, ANKLE;	41.85	40.24	90	1	B AS
27702		ARTHROPLASTY, ANKLE; WITH IMPLANT ("TOTAL ANKLE")	66.61	64.04	90	1	B AS
27703		ARTHROPLASTY, ANKLE; REVISION, TOTAL ANKLE	77.60	74.62	90	1	B AS
27705		OSTEOTOMY; TIBIA	51.15	49.19	90	1	B AS
27709		OSTEOTOMY; TIBIA AND FIBULA	76.30	73.36	90	1	B AS
27712		OSTEOTOMY; MULTIPLE, WITH REALIGNMENT ON INTRAMEDULLARY ROD (EG, SOFIELD TY	73.41	70.58	90	1	B AS
27715		OSTEOPLASTY, TIBIA AND FIBULA, LENGTHENING OR SHORTENING	71.40	68.65	90	1	B AS
27720		REPAIR OF NONUNION OR MALUNION, TIBIA; WITHOUT GRAFT, (EG, COMPRESSION TECH	58.55	56.30	90	1	B AS
27722		REPAIR OF NONUNION OR MALUNION, TIBIA; WITH SLIDING GRAFT	58.53	56.28	90	1	B AS
27724		REPAIR OF NONUNION OR MALUNION, TIBIA; WITH ILIAC OR OTHER AUTOGRAFT (INCLU	86.28	82.96	90	1	B AS
27725		REPAIR OF NONUNION OR MALUNION, TIBIA; BY SYNOSTOSIS, WITH FIBULA, ANY METH	80.42	77.32	90	1	B AS
27727		REPAIR OF CONGENITAL PSEUDARTHROSIS, TIBIA	64.10	61.64	90	1	B AS
27740		ARREST, EPIPHYSEAL (EPIPHYSIODESIS), ANY METHOD, COMBINED, PROXIMAL AND DIS	43.05	41.39	90	1	B AS
27742		EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING, COMBINED, PROXIMAL AND DIS	47.43	45.60	90	1	B AS
27745		PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOU	50.21	48.28	90	1	B AS
27756		PERCUTANEOUS SKELETAL FIXATION OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FI	37.32	35.88	90	1	B AS
27758		OPEN TREATMENT OF TIBIAL SHAFT FRACTURE, (WITH OR WITHOUT FIBULAR FRACTURE)	59.21	56.93	90	1	B AS
27759		TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE) BY IN	66.97	64.39	90	1	B AS
27814		OPEN TREATMENT OF BIMALLEOLAR ANKLE FRACTURE, WITH OR WITHOUT INTERNAL OR E	51.49	49.51	90	1	B AS
27822		OPEN TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE, WITH OR WITHOUT INTERNAL OR	55.63	53.50	90	1	B AS
27823		OPEN TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE, WITH OR WITHOUT INTERNAL OR	63.61	61.16	90	1	B AS
27826		OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/ PORTION OF	54.15	52.07	90	1	B AS
27827		OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/ PORTION OF	71.53	68.78	90	1	B AS
27828		OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/ PORTION OF	85.97	82.66	90	1	B AS
27829		OPEN TREATMENT OF DISTAL TIBIOFIBULAR JOINT (SYNDESMOSIS) DISRUPTION, WITH	43.52	41.84	90	1	B AS
27832		OPEN TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION, WITH OR WITHOUT	47.17	45.35	90	1	B AS
27846		OPEN TREATMENT OF ANKLE DISLOCATION, WITH OR WITHOUT PERCUTANEOUS SKELETAL	49.17	47.28	90	1	B AS
27848		OPEN TREATMENT OF ANKLE DISLOCATION, WITH OR WITHOUT PERCUTANEOUS SKELETAL	54.98	52.87	90	1	B AS

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
27870		ARTHRODESIS, ANKLE, OPEN	70.28	67.58	90	1	B AS
27871		ARTHRODESIS, TIBIOFIBULAR JOINT, PROXIMAL OR DISTAL	46.07	44.30	90	1	B AS
27880		AMPUTATION LEG, THROUGH TIBIA AND FIBULA;	62.28	59.88	90	1	B AS
27881		AMPUTATION LEG, THROUGH TIBIA AND FIBULA; WITH IMMEDIATE FITTING TECHNIQUE	59.67	57.38	90	1	B AS
27888		AMPUTATION, ANKLE, THROUGH MALLEOLI OF TIBIA AND FIBULA (EG, SYME, PIROGOFF	46.96	45.15	90	1	B AS
27894		DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL, AND POSTERIOR COMPA	56.78	54.60	90	1	B AS
28055		NEURECTOMY, INTRINSIC MUSCULATURE OF FOOT	27.13	26.08	0	1	B AS
28086		SYNOVECTOMY, TENDON SHEATH, FOOT; FLEXOR	33.98	32.67	90	1	B AS
28100		EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS;	37.97	36.51	90	1	B AS
28102		EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS; WIT	38.07	36.61	90	1	B AS
28103		EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS; WIT	30.67	29.49	90	1	B 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	B AS
28118		OSTECTOMY, CALCANEUS;	38.38	36.91	90	1	B AS
28122		PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR DIAPHYSE	43.86	42.17	90	1	B AS
28130		TALECTOMY (ASTRAGALECTOMY)	43.00	41.34	90	1	B 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	B
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	B AS
28250		DIVISION OF PLANTAR FASCIA AND MUSCLE (EG, STEINDLER STRIPPING) (SEPARATE P	37.24	35.81	90	1	B AS
28260		CAPSULOTOMY, MIDFOOT; MEDIAL RELEASE ONLY (SEPARATE PROCEDURE)	45.37	43.62	90	1	B AS
28262		CAPSULOTOMY, MIDFOOT; EXTENSIVE, INCLUDING POSTERIOR TALOTIBIAL CAPSULOTOMY	90.87	87.37	90	1	B AS
28264		CAPSULOTOMY, MIDTARSAL (EG, HEYMAN TYPE PROCEDURE)	59.23	56.95	90	1	B AS
28289		HALLUX RIGIDUS CORRECTION WITH CHEILECTOMY, DEBRIDEMENT AND CAPSULAR RELEAS	47.71	45.88	90	1	B AS
28292		HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; KELLER,	51.44	49.46	90	1	B AS

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
28293		HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; RESECTIO	68.40	65.77	90	1	B AS
28294		CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; WITH TE	49.41	47.51	90	1	B AS
28296		HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; WITH MET	48.05	46.20	90	1	B AS
28297		HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; LAPIDUS	54.38	52.29	90	1	B AS
28298		HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; BY PHALA	47.40	45.58	90	1	B AS
28299		CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; BY DOUB	60.38	58.06	90	1	B AS
28300		OSTEOTOMY; CALCANEUS (EG, DWYER OR CHAMBERS TYPE PROCEDURE), WITH OR WITHOU	45.05	43.32	90	1	B AS
28302		OSTEOTOMY; TALUS	44.61	42.90	90	1	B AS
28304		OSTEOTOMY, TARSAL BONES, OTHER THAN CALCANEUS OR TALUS;	52.40	50.39	90	1	B 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	B 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
28415		OPEN TREATMENT OF CALCANEAL FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL	75.46	72.56	90	1	B AS
28420		OPEN TREATMENT OF CALCANEAL FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL	79.95	76.87	90	1	B AS
28445		OPEN TREATMENT OF TALUS FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXA	72.05	69.28	90	1	B AS
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	B 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	B AS

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
28800		AMPUTATION, FOOT; MIDTARSAL (EG, CHOPART TYPE PROCEDURE)	38.59	37.11	90	1	B AS
29065		APPLICATION; SHOULDER TO HAND (LONG ARM)	37.30	35.86	0	1	B
29075		APPLICATION; ELBOW TO FINGER (SHORT ARM)	34.69	33.35	0	1	B
29085		APPLICATION; HAND AND LOWER FOREARM (GAUNTLET)	36.97	35.55	0	1	B
29105		APPLICATION OF LONG ARM SPLINT (SHOULDER TO HAND)	33.71	32.42	0	1	B
29125		APPLICATION OF SHORT ARM SPLINT (FOREARM TO HAND); STATIC	26.22	25.22	0	1	B
29126		APPLICATION OF SHORT ARM SPLINT (FOREARM TO HAND); DYNAMIC	29.48	28.34	0	1	B
29130		APPLICATION OF FINGER SPLINT; STATIC	16.12	15.50	0	1	B
29131		APPLICATION OF FINGER SPLINT; DYNAMIC	19.38	18.63	0	1	B
29240		STRAPPING; SHOULDER (EG, VELPEAU)	23.13	22.24	0	1	
29260		STRAPPING; ELBOW OR WRIST	20.19	19.42	0	1	B
29345		APPLICATION OF LONG LEG CAST (THIGH TO TOES);	53.75	51.68	0	1	B
29365		APPLICATION OF CYLINDER CAST (THIGH TO ANKLE)	48.21	46.35	0	1	B
29405		APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES);	35.34	33.98	0	1	B
29425		APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES); WALKING OR AMBULATORY T	38.44	36.96	0	1	B
29530		STRAPPING; KNEE	20.19	19.42	0	1	
29540		STRAPPING; ANKLE AND/OR FOOT	17.91	17.22	0	1	B
29550		STRAPPING; TOES	17.43	16.76	0	1	
29580		STRAPPING; UNNA BOOT	21.50	20.67	0	1	B
29590		DENIS-BROWNE SPLINT STRAPPING	23.29	22.39	0	1	
29804		ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, SURGICAL	41.72	40.12	90	1	B AS
29820		ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, PARTIAL	35.60	34.23	90	1	B AS
29821		ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, COMPLETE	38.85	37.36	90	1	B AS
29822		ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, LIMITED	37.73	36.28	90	1	B AS
29823		ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, EXTENSIVE	41.33	39.74	90	1	B AS
29824		ARTHROSCOPY, SHOULDER, SURGICAL; DISTAL CLAVICULECTOMY INCLUDING DISTAL ART	44.14	42.44	90	1	B AS
29825		ARTHROSCOPY, SHOULDER, SURGICAL; WITH LYSIS AND RESECTION OF ADHESIONS, WIT	38.51	37.03	90	1	B AS
29826		ARTHROSCOPY, SHOULDER, SURGICAL; DECOMPRESSION OF SUBACROMIAL SPACE WITH PA	44.22	42.52	90	1	B AS
29827		ARTHROSCOPY, SHOULDER, SURGICAL; WITH ROTATOR CUFF REPAIR	72.39	69.61	90	1	B AS

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
29834		ARTHROSCOPY, ELBOW, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	32.31	31.07	90	1	B AS
29835		ARTHROSCOPY, ELBOW, SURGICAL; SYNOVECTOMY, PARTIAL	33.22	31.95	90	1	B AS
29836		ARTHROSCOPY, ELBOW, SURGICAL; SYNOVECTOMY, COMPLETE	38.05	36.58	90	1	B AS
29837		ARTHROSCOPY, ELBOW, SURGICAL; DEBRIDEMENT, LIMITED	34.81	33.47	90	1	B AS
29843		ARTHROSCOPY, WRIST, SURGICAL; FOR INFECTION, LAVAGE AND DRAINAGE	31.24	30.04	90	1	B AS
29844		ARTHROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, PARTIAL	32.42	31.17	90	1	B AS
29845		ARTHROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, COMPLETE	36.87	35.45	90	1	B AS
29847		ARTHROSCOPY, WRIST, SURGICAL; INTERNAL FIXATION FOR FRACTURE OR INSTABILITY	35.41	34.05	90	1	B AS
29851		ARTHROSCOPICALLY AIDED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSIT	62.38	59.98	90	1	B AS
29855		ARTHROSCOPICALLY AIDED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); UN	52.01	50.01	90	1	B AS
29856		ARTHROSCOPICALLY AIDED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); BI	66.58	64.02	90	1	B AS
29860		ARTHROSCOPY, HIP, DIAGNOSTIC WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROC	42.87	41.22	90	1	B AS
29861		ARTHROSCOPY, HIP, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	47.82	45.98	90	1	B AS
29862		ARTHROSCOPY, HIP, SURGICAL; WITH DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE	53.19	51.14	90	1	B AS
29863		ARTHROSCOPY, HIP, SURGICAL; WITH SYNOVECTOMY	52.40	50.39	90	1	B AS
29884		ARTHROSCOPY, KNEE, SURGICAL; WITH LYSIS OF ADHESIONS, WITH OR WITHOUT MANIP	40.42	38.86	90	1	B AS
29885		ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR OSTEOCHONDRITIS DISSECANS WITH BO	49.09	47.21	90	1	B AS
29887		ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR INTACT OSTEOCHONDRITIS DISSECANS	48.81	46.93	90	1	B AS
29888		ARTHROSCOPICALLY AIDED ANTERIOR CRUCIATE LIGAMENT REPAIR/AUGMENTATION OR RE	66.27	63.72	90	1	B AS
29889		ARTHROSCOPICALLY AIDED POSTERIOR CRUCIATE LIGAMENT REPAIR/AUGMENTATION OR R	81.04	77.93	90	1	B AS
29891		ARTHROSCOPY, ANKLE, SURGICAL; EXCISION OF OSTEOCHONDRAL DEFECT OF TALUS AND	45.89	44.12	90	1	B AS
29892		ARTHROSCOPICALLY AIDED REPAIR OF LARGE OSTEOCHONDRITIS DISSECANS LESION, TA	46.54	44.75	90	1	B AS
29893		ENDOSCOPIC PLANTAR FASCIOTOMY	39.69	38.16	90	1	B AS
29894		ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; WITH REMO	34.50	33.17	90	1	B AS
29895		ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; SYNOVECTO	33.17	31.90	90	1	B AS
29897		ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; DEBRIDEME	34.76	33.42	90	1	B AS
29898		ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; DEBRIDEME	38.93	37.43	90	1	B AS
29899		ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; WITH ANKL	70.44	67.73	90	1	B AS
29999		UNLISTED PROCEDURE, ARTHROSCOPY			90	1 R	B AS

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
30118		EXCISION OR DESTRUCTION, ANY METHOD (INCLUDING LASER), INTRANASAL LESION; E	50.06	48.13	90	1	AS
30125		EXCISION DERMOID CYST, NOSE; COMPLEX, UNDER BONE OR CARTILAGE	39.56	38.04	90	1	AS
30160		RHINECTOMY; TOTAL	51.05	49.09	90	1	AS
30300		REMOVAL FOREIGN BODY, INTRANASAL; OFFICE TYPE PROCEDURE	13.97	13.43	10	1	
30450		RHINOPLASTY, SECONDARY; MAJOR REVISION (NASAL TIP WORK AND OSTEOTOMIES)			45	1 D	AS
30460		RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP AND/OR PA	48.68	46.80	90	1	AS
30462		RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP AND/OR PA	98.24	94.46	90	1	AS
30540		REPAIR CHOANAL ATRESIA; INTRANASAL	43.00	41.34	90	1	AS
30545		REPAIR CHOANAL ATRESIA; TRANSPALATINE	63.53	61.09	90	1	AS
30901		CONTROL NASAL HEMORRHAGE, ANTERIOR, SIMPLE (LIMITED CAUTERY AND/OR PACKING	6.72	6.46	0	1	B
31075		SINUSOTOMY FRONTAL; TRANSORBITAL, UNILATERAL (FOR MUCOCELE OR OSTEOMA, LYNC	51.07	49.11	90	1	B AS
31080		SINUSOTOMY FRONTAL; OBLITERATIVE WITHOUT OSTEOPLASTIC FLAP, BROW INCISION (	64.83	62.34	90	1	B AS
31081		SINUSOTOMY FRONTAL; OBLITERATIVE, WITHOUT OSTEOPLASTIC FLAP, CORONAL INCISI	82.92	79.73	90	1	B AS
31084		SINUSOTOMY FRONTAL; OBLITERATIVE, WITH OSTEOPLASTIC FLAP, BROW INCISION	77.55	74.57	90	1	B AS
31085		SINUSOTOMY FRONTAL; OBLITERATIVE, WITH OSTEOPLASTIC FLAP, CORONAL INCISION	82.60	79.43	90	1	B AS
31086		SINUSOTOMY FRONTAL; NONOBLITERATIVE, WITH OSTEOPLASTIC FLAP, BROW INCISION	72.81	70.01	90	1	B AS
31087		SINUSOTOMY FRONTAL; NONOBLITERATIVE, WITH OSTEOPLASTIC FLAP, CORONAL INCISI	72.47	69.68	90	1	B AS
31205		ETHMOIDECTOMY; EXTRANASAL, TOTAL	54.51	52.42	90	1	B AS
31225		MAXILLECTOMY; WITHOUT ORBITAL EXENTERATION	120.91	116.26	90	1	B AS
31230		MAXILLECTOMY; WITH ORBITAL EXENTERATION (EN BLOC)	135.24	130.04	90	1	B 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	B
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

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
31380		PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY); ANTEROVERTICAL	125.47	120.65	90	1	AS
31382		PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY); ANTERO-LATERO-VERTICAL	137.69	132.40	90	1	AS
31390		PHARYNGOLARYNGECTOMY, WITH RADICAL NECK DISSECTION; WITHOUT RECONSTRUCTION	185.33	178.20	90	1	AS
31395		PHARYNGOLARYNGECTOMY, WITH RADICAL NECK DISSECTION; WITH RECONSTRUCTION	195.67	188.15	90	1	AS
31400		ARYTENOIDECTOMY OR ARYTENOIDOPEXY, EXTERNAL APPROACH	64.91	62.42	90	1	AS
31420		EPIGLOTTIDECTOMY	54.75	52.64	90	1	AS
31500		INTUBATION, ENDOTRACHEAL, EMERGENCY PROCEDURE	47.72	45.89	0	1	
31502		TRACHEOTOMY TUBE CHANGE PRIOR TO ESTABLISHMENT OF FISTULA TRACT	14.98	14.41	0	1	
31575		LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; DIAGNOSTIC	46.91	45.10	0	1	
31580		LARYNGOPLASTY; FOR LARYNGEAL WEB, TWO STAGE, WITH KEEL INSERTION AND REMOVA	77.86	74.87	90	1	AS
31584		LARYNGOPLASTY; WITH OPEN REDUCTION OF FRACTURE	99.33	95.51	90	1	AS
31587		LARYNGOPLASTY, CRICOID SPLIT	65.48	62.97	90	1	AS
31588		LARYNGOPLASTY, NOT OTHERWISE SPECIFIED (EG, FOR BURNS, RECONSTRUCTION AFTER	73.85	71.01	90	1	AS
31590		LARYNGEAL REINNERVATION BY NEUROMUSCULAR PEDICLE	56.88	54.70	90	1	AS
31595		SECTION RECURRENT LARYNGEAL NERVE, THERAPEUTIC (SEPARATE PROCEDURE), UNILAT	49.77	47.86	90	1	AS
31601		TRACHEOSTOMY, PLANNED (SEPARATE PROCEDURE); UNDER TWO YEARS	17.85	17.16	0	1	AS
31611		CONSTRUCTION OF TRACHEOESOPHAGEAL FISTULA AND SUBSEQUENT INSERTION OF AN AL	35.07	33.73	90	1	AS
31750		TRACHEOPLASTY; CERVICAL	87.95	84.56	90	1	AS
31755		TRACHEOPLASTY; TRACHEOPHARYNGEAL FISTULIZATION, EACH STAGE	111.29	107.01	90	1	AS
31760		TRACHEOPLASTY; INTRATHORACIC	96.57	92.86	90	1	AS
31766		CARINAL RECONSTRUCTION	125.55	120.72	90	1	AS
31770		BRONCHOPLASTY; GRAFT REPAIR	92.69	89.13	90	1	AS
31775		BRONCHOPLASTY; EXCISION STENOSIS AND ANASTOMOSIS	94.59	90.95	90	1	AS
31780		EXCISION TRACHEAL STENOSIS AND ANASTOMOSIS; CERVICAL	79.69	76.62	90	1	AS
31781		EXCISION TRACHEAL STENOSIS AND ANASTOMOSIS; CERVICOTHORACIC	96.99	93.26	90	1	AS
31785		EXCISION OF TRACHEAL TUMOR OR CARCINOMA; CERVICAL	72.70	69.91	90	1	AS
31786		EXCISION OF TRACHEAL TUMOR OR CARCINOMA; THORACIC	102.49	98.55	90	1	AS
31805		SUTURE OF EXTERNAL TRACHEAL WOUND OR INJURY; INTRATHORACIC	57.04	54.85	90	1	AS
32035		THORACOSTOMY; WITH RIB RESECTION FOR EMPYEMA	48.89	47.01	90	1	AS

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
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
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	B AS

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
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
32650		THORACOSCOPY, SURGICAL; WITH PLEURODESIS (EG, MECHANICAL OR CHEMICAL)	46.44	44.65	90	1	AS
32651		THORACOSCOPY, SURGICAL; WITH PARTIAL PULMONARY DECORTICATION	74.58	71.71	90	1	AS
32652		THORACOSCOPY, SURGICAL; WITH TOTAL PULMONARY DECORTICATION, INCLUDING INTRA	113.43	109.07	90	1	AS
32653		THORACOSCOPY, SURGICAL; WITH REMOVAL OF INTRAPLEURAL FOREIGN BODY OR FIBRIN	72.39	69.61	90	1	AS
32654		THORACOSCOPY, SURGICAL; WITH CONTROL OF TRAUMATIC HEMORRHAGE	79.58	76.52	90	1	AS
32655		THORACOSCOPY, SURGICAL; WITH EXCISION-PLICATION OF BULLAE, INCLUDING ANY PL	65.77	63.24	90	1	AS
32656		THORACOSCOPY, SURGICAL; WITH PARIETAL PLEURECTOMY	55.50	53.37	90	1	AS
32657		THORACOSCOPY, SURGICAL; WITH WEDGE RESECTION OF LUNG, SINGLE OR MULTIPLE	55.06	52.94	90	1	AS
32658		THORACOSCOPY, SURGICAL; WITH REMOVAL OF CLOT OR FOREIGN BODY FROM PERICARDI	50.08	48.16	90	1	AS
32659		THORACOSCOPY, SURGICAL; WITH CREATION OF PERICARDIAL WINDOW OR PARTIAL RESE	50.84	48.88	90	1	AS
32660		THORACOSCOPY, SURGICAL; WITH TOTAL PERICARDECTOMY	71.74	68.98	90	1	AS
32661		THORACOSCOPY, SURGICAL; WITH EXCISION OF PERICARDIAL CYST, TUMOR, OR MASS	56.05	53.90	90	1	AS
32662		THORACOSCOPY, SURGICAL; WITH EXCISION OF MEDIASTINAL CYST, TUMOR, OR MASS	62.62	60.21	90	1	AS
32663		THORACOSCOPY, SURGICAL; WITH LOBECTOMY, TOTAL OR SEGMENTAL	97.22	93.48	90	1	AS
32664		THORACOSCOPY, SURGICAL; WITH THORACIC SYMPATHECTOMY	60.19	57.88	90	1	B AS
32665		THORACOSCOPY, SURGICAL; WITH ESOPHAGOMYOTOMY (HELLER TYPE)	84.95	81.68	90	1	AS
32800		REPAIR LUNG HERNIA THROUGH CHEST WALL	64.94	62.44	90	1	AS
32810		CLOSURE OF CHEST WALL FOLLOWING OPEN FLAP DRAINAGE FOR EMPYEMA (CLAGETT TYP	62.77	60.36	90	1	AS
32815		OPEN CLOSURE OF MAJOR BRONCHIAL FISTULA	189.50	182.21	90	1	AS
32820		MAJOR RECONSTRUCTION, CHEST WALL (POST-TRAUMATIC)	92.38	88.82	90	1	AS
32851		LUNG TRANSPLANT, SINGLE; WITHOUT CARDIOPULMONARY BYPASS	177.33	170.51	90	1	AS
32852		LUNG TRANSPLANT, SINGLE; WITH CARDIOPULMONARY BYPASS	194.66	187.17	90	1	AS
32853		LUNG TRANSPLANT, DOUBLE (BILATERAL SEQUENTIAL OR EN BLOC); WITHOUT CARDIOPU	212.04	203.88	90	1	AS
32854		LUNG TRANSPLANT, DOUBLE (BILATERAL SEQUENTIAL OR EN BLOC); WITH CARDIOPULMO	231.29	222.40	90	1	AS
32900		RESECTION OF RIBS, EXTRAPLEURAL, ALL STAGES	95.71	92.03	90	1	AS
32905		THORACOPLASTY, SCHEDE TYPE OR EXTRAPLEURAL (ALL STAGES);	94.33	90.70	90	1	AS

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
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		UNLISTED PROCEDURE, LUNGS AND PLEURA			90	1 R	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	B 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
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

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
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 PLICATION 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

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
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

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
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

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
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

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
33781		REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, AORTIC PULMONARY ARTERY RECO	169.09	162.59	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
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	B AS
33891		BYPASS GRAFT, WITH OTHER THAN VEIN, TRANSCERVICAL RETROPHARYNGEAL CAROTID-C	72.42	69.63	0	1	B AS

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
33910		PULMONARY ARTERY EMBOLECTOMY; WITH CARDIOPULMONARY BYPASS	119.11	114.53	90	1	AS
33915		PULMONARY ARTERY EMBOLECTOMY; WITHOUT CARDIOPULMONARY BYPASS	93.26	89.68	90	1	AS
33916		PULMONARY ENDARTERECTOMY, WITH OR WITHOUT EMBOLECTOMY, WITH CARDIOPULMONARY	120.65	116.01	90	1	AS
33917		REPAIR OF PULMONARY ARTERY STENOSIS BY RECONSTRUCTION WITH PATCH OR GRAFT	108.09	103.93	90	1	AS
33920		REPAIR OF PULMONARY ATRESIA WITH VENTRICULAR SEPTAL DEFECT, BY CONSTRUCTION	129.12	124.15	90	1	AS
33922		TRANSECTION OF PULMONARY ARTERY WITH CARDIOPULMONARY BYPASS	97.74	93.99	90	1	AS
33924		LIGATION AND TAKEDOWN OF A SYSTEMIC-TO-PULMONARY ARTERY SHUNT, PERFORMED IN	20.74	19.94	90	1	AS
33925		REPAIR OF PULMONARY ARTERY ARBORIZATION ANOMALIES BY UNIFOCALIZATION; WITHO	125.13	120.32	90	1	AS
33926		REPAIR OF PULMONARY ARTERY ARBORIZATION ANOMALIES BY UNIFOCALIZATION; WITH	165.18	158.83	90	1	AS
33930		DONOR CARDIECTOMY-PNEUMONECTOMY (INCLUDING COLD PRESERVATION)			0	1 D	AS
33935		HEART-LUNG TRANSPLANT WITH RECIPIENT CARDIECTOMY-PNEUMONECTOMY	246.15	236.68	90	1 R	AS
33940		DONOR CARDIECTOMY (INCLUDING COLD PRESERVATION)			0	1 D	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
33999		UNLISTED PROCEDURE, CARDIAC SURGERY			90	1 R	AS
34001		EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; CAROTID, SUBCLAVIAN	69.03	66.37	90	1	B AS
34051		EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; INNOMINATE, SUBCLAVI	69.26	66.60	90	1	B AS
34101		EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; AXILLARY, BRACHIAL,	43.52	41.84	90	1	B AS
34111		EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; RADIAL OR ULNAR ARTE	43.52	41.84	90	1	B AS
34151		EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; RENAL, CELIAC, MESEN	101.37	97.47	90	1	B AS
34201		EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; FEMOROPOPLITEAL, AOR	72.08	69.31	90	1	B AS

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
34203		EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; POPLITEAL-TIBIO-PERO	69.71	67.02	90	1	B AS
34401		THROMBECTOMY, DIRECT OR WITH CATHETER; VENA CAVA, ILIAC VEIN, BY ABDOMINAL	105.17	101.13	90	1	B AS
34421		THROMBECTOMY, DIRECT OR WITH CATHETER; VENA CAVA, ILIAC, FEMOROPOPLITEAL VE	52.72	50.69	90	1	B AS
34451		THROMBECTOMY, DIRECT OR WITH CATHETER; VENA CAVA, ILIAC, FEMOROPOPLITEAL VE	109.37	105.16	90	1	B AS
34501		VALVULOPLASTY, FEMORAL VEIN	67.91	65.30	90	1	B 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	B AS
34520		CROSS-OVER VEIN GRAFT TO VENOUS SYSTEM	73.95	71.11	90	1	B AS
34530		SAPHENOPOPLITEAL VEIN ANASTOMOSIS	68.95	66.30	90	1	B 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
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	B AS
35001		DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	82.21	79.05	90	1	B AS
35002		DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	86.93	83.59	90	1	B AS
35005		DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	75.10	72.21	90	1	B AS
35011		DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	72.23	69.46	90	1	B AS
35013		DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	89.64	86.19	90	1	B AS
35021		DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	88.47	85.06	90	1	B AS
35022		DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	100.06	96.22	90	1	B AS
35045		DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	70.49	67.78	90	1	B 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	B AS
35092		DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	189.29	182.01	90	1	B AS
35102		DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	137.56	132.27	90	1	B AS
35103		DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	163.75	157.45	90	1	B AS

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
35111		DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	100.85	96.97	90	1	B AS
35112		DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	123.91	119.14	90	1	B AS
35121		DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	119.50	114.91	90	1	B AS
35122		DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	143.69	138.16	90	1	B AS
35131		DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	102.25	98.32	90	1	B AS
35132		DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	123.39	118.64	90	1	B AS
35141		DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	80.73	77.62	90	1	B AS
35142		DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	96.73	93.01	90	1	B AS
35151		DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	90.97	87.47	90	1	B AS
35152		DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	105.72	101.65	90	1	B 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	B AS
35206		REPAIR BLOOD VESSEL, DIRECT; UPPER EXTREMITY	54.96	52.84	90	1	B AS
35211		REPAIR BLOOD VESSEL, DIRECT; INTRATHORACIC, WITH BYPASS	98.42	94.64	90	1	B AS
35216		REPAIR BLOOD VESSEL, DIRECT; INTRATHORACIC, WITHOUT BYPASS	139.31	133.95	90	1	B AS
35221		REPAIR BLOOD VESSEL, DIRECT; INTRA-ABDOMINAL	101.03	97.14	90	1	B AS
35226		REPAIR BLOOD VESSEL, DIRECT; LOWER EXTREMITY	60.46	58.13	90	1	B AS
35231		REPAIR BLOOD VESSEL WITH VEIN GRAFT; NECK	84.61	81.36	90	1	B AS
35236		REPAIR BLOOD VESSEL WITH VEIN GRAFT; UPPER EXTREMITY	70.41	67.70	90	1	B AS
35241		REPAIR BLOOD VESSEL WITH VEIN GRAFT; INTRATHORACIC, WITH BYPASS	102.90	98.95	90	1	B AS
35246		REPAIR BLOOD VESSEL WITH VEIN GRAFT; INTRATHORACIC, WITHOUT BYPASS	112.08	107.77	90	1	B AS
35251		REPAIR BLOOD VESSEL WITH VEIN GRAFT; INTRA-ABDOMINAL	119.95	115.33	90	1	B AS
35256		REPAIR BLOOD VESSEL WITH VEIN GRAFT; LOWER EXTREMITY	73.90	71.06	90	1	B AS
35261		REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; NECK	75.34	72.44	90	1	B AS

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
35266		REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; UPPER EXTREMITY	62.02	59.63	90	1	B AS
35271		REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRATHORACIC, WITH BYPASS	98.32	94.54	90	1	B AS
35276		REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRATHORACIC, WITHOUT BYPA	103.09	99.12	90	1	B AS
35281		REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRA-ABDOMINAL	114.66	110.25	90	1	B AS
35286		REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; LOWER EXTREMITY	67.78	65.17	90	1	B AS
35301		THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; CAROTID, VERTEB	76.20	73.26	90	1	B AS
35302		THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; SUPERFICIAL FEM	82.16	79.00	90	1	B AS
35303		THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; POPLITEAL ARTER	90.40	86.92	90	1	B AS
35304		THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; TIBIOPERONEAL T	94.02	90.40	90	1	B AS
35305		THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; TIBIAL OR PERON	90.29	86.82	90	1	B 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	B AS
35321		THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; AXILLARY-BRACHIAL	64.70	62.21	90	1	B AS
35331		THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; ABDOMINAL AORTA	107.33	103.21	90	1	B AS
35341		THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; MESENTERIC, CELIAC, OR	100.74	96.87	90	1	B AS
35351		THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; ILIAC	93.76	90.15	90	1	B AS
35355		THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; ILIOFEMORAL	76.01	73.09	90	1	B AS
35361		THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; COMBINED AORTOILIAC	115.62	111.17	90	1	B AS
35363		THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; COMBINED AORTOILIOFEMOR	126.51	121.65	90	1	B AS
35371		THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; COMMON FEMORAL	59.75	57.45	90	1	B AS
35372		THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; DEEP (PROFUNDA) FEMORAL	71.79	69.03	90	1	B AS
35390		REOPERATION, CAROTID, THROMBOENDARTERECTOMY, MORE THAN ONE MONTH AFTER ORIG	11.81	11.35	0	1	B AS
35450		TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN; RENAL OR OTHER VISCERAL ARTERY	37.76	36.31	0	1	B AS
35452		TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN; AORTIC	26.16	25.16	0	1	B AS
35454		TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN; ILIAC	22.98	22.10	0	1	B AS
35456		TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN; FEMORAL-POPLITEAL	27.78	26.71	0	1	B AS
35458		TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN; BRACHIOCEPHALIC TRUNK OR BRANCHES,	35.65	34.28	0	1	B AS
35459		TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN; TIBIOPERONEAL TRUNK AND BRANCHES	32.86	31.60	0	1	B AS
35480		TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN; RENAL OR OTHER VISCERAL ARTERY	40.65	39.09	0	1	AS

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
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	B AS
35501		BYPASS GRAFT, WITH VEIN; COMMON CAROTID-IPSI LATERAL INTERNAL CAROTID	117.24	112.73	90	1	B AS
35506		BYPASS GRAFT, WITH VEIN; CAROTID-SUBCLAVIAN OR SUBCLAVIAN-CAROTID	97.07	93.33	90	1	B AS
35508		BYPASS GRAFT, WITH VEIN; CAROTID-VERTEBRAL	100.61	96.74	90	1	B AS
35509		BYPASS GRAFT, WITH VEIN; CAROTID-CONTRALATERAL CAROTID	112.00	107.69	90	1	B AS
35510		BYPASS GRAFT, WITH VEIN; CAROTID-BRACHIAL	90.45	86.97	90	1	B AS
35511		BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-SUBCLAVIAN	86.20	82.89	90	1	B AS
35512		BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-BRACHIAL	88.00	84.61	90	1	B AS
35515		BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-VERTEBRAL	96.16	92.46	90	1	B AS
35516		BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-AXILLARY	89.20	85.77	90	1	B AS
35518		BYPASS GRAFT, WITH VEIN; AXILLARY-AXILLARY	88.18	84.79	90	1	B AS
35521		BYPASS GRAFT, WITH VEIN; AXILLARY-FEMORAL	92.22	88.67	90	1	B AS
35522		BYPASS GRAFT, WITH VEIN; AXILLARY-BRACHIAL	86.20	82.89	90	1	B AS
35525		BYPASS GRAFT, WITH VEIN; BRACHIAL-BRACHIAL	80.75	77.65	90	1	B AS
35526		BYPASS GRAFT, WITH VEIN; AORTOSUBCLAVIAN OR CAROTID	120.86	116.21	90	1	B AS
35531		BYPASS GRAFT, WITH VEIN; AORTOCELIAC OR AORTOMESENTERIC	147.75	142.07	90	1	B AS
35533		BYPASS GRAFT, WITH VEIN; AXILLARY-FEMORAL-FEMORAL	114.27	109.87	90	1	B AS
35535		BYPASS GRAFT, WITH VEIN; HEPATORENAL	148.04	142.34			B AS
35536		BYPASS GRAFT, WITH VEIN; SPLENORENAL	127.01	122.12	90	1	B 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

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
35539		BYPASS GRAFT, WITH VEIN; AORTOFEMORAL	166.12	159.73	90	1	B AS
35540		BYPASS GRAFT, WITH VEIN; AORTOBIFEMORAL	186.11	178.95	90	1	B 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	B AS
35556		BYPASS GRAFT, WITH VEIN; FEMORAL-POPLITEAL	100.98	97.09	90	1	B AS
35558		BYPASS GRAFT, WITH VEIN; FEMORAL-FEMORAL	89.25	85.82	90	1	B AS
35560		BYPASS GRAFT, WITH VEIN; AORTORENAL	130.00	125.00	90	1	B AS
35563		BYPASS GRAFT, WITH VEIN; ILIOILIAC	99.33	95.51	90	1	B AS
35565		BYPASS GRAFT, WITH VEIN; ILIOFEMORAL	96.42	92.71	90	1	B AS
35566		BYPASS GRAFT, WITH VEIN; FEMORAL-ANTERIOR TIBIAL, POSTERIOR TIBIAL, PERONEA	121.22	116.56	90	1	B AS
35570		BYPASS GRAFT, WITH VEIN; TIBIAL-TIBIAL, PERONEAL-TIBIAL, OR TIBIAL/PERONEAL TRUNK-TIBIAL	114.29	109.90			B AS
35571		BYPASS GRAFT, WITH VEIN; POPLITEAL-TIBIAL, -PERONEAL ARTERY OR OTHER DISTAL	97.33	93.58	90	1	B AS
35572		HARVEST OF FEMOROPOPLITEAL VEIN, ONE SEGMENT, FOR VASCULAR RECONSTRUCTION P	25.77	24.78	0	1	AS
35583		IN-SITU VEIN BYPASS; FEMORAL-POPLITEAL	104.08	100.07	90	1	B AS
35585		IN-SITU VEIN BYPASS; FEMORAL-ANTERIOR TIBIAL, POSTERIOR TIBIAL, OR PERONEAL	121.77	117.09	90	1	B AS
35587		IN-SITU VEIN BYPASS; POPLITEAL-TIBIAL, PERONEAL	100.22	96.37	90	1	B AS
35600		HARVEST OF UPPER EXTREMITY ARTERY, ONE SEGMENT, FOR CORONARY ARTERY BYPASS	19.05	18.32	0	1	B AS
35601		BYPASS GRAFT, WITH OTHER THAN VEIN; COMMON CAROTID-IPSILATERAL INTERNAL CAR	107.47	103.33	90	1	B AS
35606		BYPASS GRAFT, WITH OTHER THAN VEIN; CAROTID-SUBCLAVIAN	85.26	81.98	90	1	B AS
35612		BYPASS GRAFT, WITH OTHER THAN VEIN; SUBCLAVIAN-SUBCLAVIAN	66.76	64.19	90	1	B AS
35616		BYPASS GRAFT, WITH OTHER THAN VEIN; SUBCLAVIAN-AXILLARY	81.67	78.53	90	1	B AS
35621		BYPASS GRAFT, WITH OTHER THAN VEIN; AXILLARY-FEMORAL	80.70	77.60	90	1	B AS
35623		BYPASS GRAFT, WITH OTHER THAN VEIN; AXILLARY-POPLITEAL OR -TIBIAL	99.05	95.24	90	1	B AS
35626		BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOSUBCLAVIAN OR CAROTID	114.37	109.97	90	1	B AS
35631		BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOCELIAC, AORTOMESENTERIC, AORTORENA	135.50	130.29	90	1	B AS
35632		BYPASS GRAFT, WITH OTHER THAN VEIN; ILIO-CELIAC	140.56	135.15	90		B AS
35633		BYPASS GRAFT, WITH OTHER THAN VEIN; ILIO-MESENTERIC	151.79	145.95	90		B AS
35634		BYPASS GRAFT, WITH OTHER THAN VEIN; ILIORENAL	137.56	132.27	90		B AS

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
35636		BYPASS GRAFT, WITH OTHER THAN VEIN; SPLENORENAL (SPLENIC TO RENAL ARTERIAL	120.42	115.78	90	1	B AS
35642		BYPASS GRAFT, WITH OTHER THAN VEIN; CAROTID-VERTEBRAL	75.36	72.46	90	1	B AS
35645		BYPASS GRAFT, WITH OTHER THAN VEIN; SUBCLAVIAN-VERTEBRAL	71.09	68.35	90	1	B 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	B AS
35650		BYPASS GRAFT, WITH OTHER THAN VEIN; AXILLARY-AXILLARY	77.81	74.82	90	1	B AS
35651		BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOFEMORAL-POPLITEAL	100.82	96.94	90	1	B AS
35654		BYPASS GRAFT, WITH OTHER THAN VEIN; AXILLARY-FEMORAL-FEMORAL	100.30	96.44	90	1	B AS
35656		BYPASS GRAFT, WITH OTHER THAN VEIN; FEMORAL-POPLITEAL	79.09	76.04	90	1	B AS
35661		BYPASS GRAFT, WITH OTHER THAN VEIN; FEMORAL-FEMORAL	79.06	76.02	90	1	B AS
35663		BYPASS GRAFT, WITH OTHER THAN VEIN; ILIOILIAC	91.65	88.12	90	1	B AS
35665		BYPASS GRAFT, WITH OTHER THAN VEIN; ILIOFEMORAL	85.86	82.56	90	1	B AS
35666		BYPASS GRAFT, WITH OTHER THAN VEIN; FEMORAL-ANTERIOR TIBIAL, POSTERIOR TIBI	92.58	89.02	90	1	B AS
35671		BYPASS GRAFT, WITH OTHER THAN VEIN; POPLITEAL-TIBIAL OR -PERONEAL ARTERY	81.64	78.50	90	1	B AS
35681		BYPASS GRAFT; COMPOSITE, PROSTHETIC AND VEIN (LIST SEPARATELY IN ADDITION T	5.92	5.69	90	1	B AS
35682		BYPASS GRAFT; AUTOGENOUS COMPOSITE, TWO SEGMENTS OF VEINS FROM TWO LOCATION	26.27	25.26	0	1	B AS
35683		BYPASS GRAFT; AUTOGENOUS COMPOSITE, THREE OR MORE SEGMENTS OF VEIN FROM TWO	30.98	29.79	0	1	B AS
35685		PLACEMENT OF VEIN PATCH OR CUFF AT DISTAL ANASTOMOSIS OF BYPASS GRAFT, SYNT	14.75	14.18	0	1	B AS
35686		CREATION OF DISTAL ARTERIOVENOUS FISTULA DURING LOWER EXTREMITY BYPASS SURG	12.38	11.90	0	1	B AS
35691		TRANSPOSITION AND/OR REIMPLANTATION; VERTEBRAL TO CAROTID ARTERY	71.76	69.00	90	1	B AS
35693		TRANSPOSITION AND/OR REIMPLANTATION; VERTEBRAL TO SUBCLAVIAN ARTERY	63.95	61.49	90	1	B AS
35694		TRANSPOSITION AND/OR REIMPLANTATION; SUBCLAVIAN TO CAROTID ARTERY	74.03	71.18	90	1	B AS
35695		TRANSPOSITION AND/OR REIMPLANTATION; CAROTID TO SUBCLAVIAN ARTERY	77.47	74.49	90	1	B 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	B AS
35701		EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR), WITH OR WITHOUT LYSIS OF ART	38.46	36.98	90	1	B AS
35721		EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR), WITH OR WITHOUT LYSIS OF ART	32.73	31.47	90	1	B AS
35741		EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR), WITH OR WITHOUT LYSIS OF ART	35.80	34.43	90	1	B AS
35761		EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR), WITH OR WITHOUT LYSIS OF ART	26.42	25.41	90	1	B AS

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
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	B AS
35881		REVISION, LOWER EXTREMITY ARTERIAL BYPASS, WITHOUT THROMBECTOMY, OPEN; WITH	74.48	71.61	90	1	B AS
35883		REVISION, FEMORAL ANASTOMOSIS OF SYNTHETIC ARTERIAL BYPASS GRAFT IN GROIN,	88.47	85.06	90	1	B AS
35884		REVISION, FEMORAL ANASTOMOSIS OF SYNTHETIC ARTERIAL BYPASS GRAFT IN GROIN,	93.34	89.75	0	1	B AS
35901		EXCISION OF INFECTED GRAFT; NECK	35.80	34.43	90	1	AS
35903		EXCISION OF INFECTED GRAFT; EXTREMITY	40.23	38.69	90	1	AS
35905		EXCISION OF INFECTED GRAFT; THORAX	126.75	121.87	90	1	AS
35907		EXCISION OF INFECTED GRAFT; ABDOMEN	139.62	134.25	90	1	AS
36000		INTRODUCTION OF NEEDLE OR INTRACATHETER, VEIN	10.42	10.02	0	1	B
36261		REVISION OF IMPLANTED INTRA-ARTERIAL INFUSION PUMP	24.91	23.95	90	1	AS
36420		VENIPUNCTURE, CUTDOWN; UNDER AGE 1 YEAR	21.50	20.67	0	1	
36425		VENIPUNCTURE, CUTDOWN; AGE 1 OR OVER	17.10	16.44	0	1	
36430		TRANSFUSION, BLOOD OR BLOOD COMPONENTS	15.96	15.34	0	1	
36440		PUSH TRANSFUSION, BLOOD, 2 YEARS OR UNDER	22.96	22.08	0	1	
36450		EXCHANGE TRANSFUSION, BLOOD; NEWBORN	53.26	51.21	0	1	
36455		EXCHANGE TRANSFUSION, BLOOD; OTHER THAN NEWBORN	56.84	54.66	0	1	
36460		TRANSFUSION, INTRAUTERINE, FETAL	23.92	23.00	0	1	AS
36468		SINGLE OR MULTIPLE INJECTIONS OF SCLEROSING SOLUTIONS, SPIDER VEINS (TELANG	3.81	3.67	0	1	PA AS
36555		INSERTION OF NON-TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER; UNDER	55.21	53.09	0	1	
36556		INSERTION OF NON-TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER; AGE 5	52.92	50.89	0	1	
36568		INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER (PICC), WITHOUT	42.80	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	

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
36584		REPLACEMENT, COMPLETE, OF A PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER (	32.67	31.42	0	1	
36600		ARTERIAL PUNCTURE, WITHDRAWAL OF BLOOD FOR DIAGNOSIS	13.35	12.84	0	1	
36620		ARTERIAL CATHETERIZATION OR CANNULATION FOR SAMPLING, MONITORING OR TRANSFU	22.31	21.46	0	1	
36625		ARTERIAL CATHETERIZATION OR CANNULATION FOR SAMPLING, MONITORING OR TRANSFU	47.72	45.89	0	1	
36660		CATHETERIZATION, UMBILICAL ARTERY, NEWBORN, FOR DIAGNOSIS OR THERAPY	29.48	28.34	0	1	
36819		ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM BASILIC VEIN TRANSPOSITION	56.57	54.40	90	1	AS
36820		INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE; ARTERIOVENOUS, INTERN	56.81	54.62	0	1	AS
36821		ARTERIOVENOUS ANASTOMOSIS, OPEN; DIRECT, ANY SITE (EG, CIMINO TYPE) (SEPARA	37.43	35.99	90	1	AS
36825		CREATION OF ARTERIOVENOUS FISTULA BY OTHER THAN DIRECT ARTERIOVENOUS ANASTO	41.02	39.44	90	1	AS
36830		CREATION OF ARTERIOVENOUS FISTULA BY OTHER THAN DIRECT ARTERIOVENOUS ANASTO	46.85	45.05	90	1	AS
36831		THROMBECTOMY, OPEN, ARTERIOVENOUS FISTULA WITHOUT REVISION, AUTOGENOUS OR N	32.31	31.07	90	1	AS
36832		REVISION, OPEN, ARTERIOVENOUS FISTULA; WITHOUT THROMBECTOMY, AUTOGENOUS OR	41.30	39.71	90	1	AS
36833		REVISION, ARTERIOVENOUS FISTULA; WITH THROMBECTOMY, AUTOGENOUS OR NONAUTOGE	46.70	44.90	90	1	AS
36834		PLASTIC REPAIR OF ARTERIOVENOUS ANEURYSM (SEPARATE PROCEDURE)	43.96	42.27	90	1	AS
36838		DISTAL REVASCULARIZATION AND INTERVAL LIGATION (DRIL), UPPER EXTREMITY HEMO	83.13	79.93	90	1	B 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		INSERTION OF TRANSVENOUS INTRAHEPATIC PORTOSYSTEMIC SHUNT(S) (TIPS) (INCLUD	65.15	62.64	0	1 R	AS
37183		REVISION OF TRANSVENOUS INTRAHEPATIC PORTOSYSTEMIC SHUNT(S) (TIPS) (INCLUDE	30.96	29.77	0	1 R	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	B
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

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
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	B AS
37760		LIGATION OF PERFORATOR VEINS, SUBFASCIAL, RADICAL (LINTON TYPE), WITH OR WI	43.83	42.14	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		UNLISTED LAPAROSCOPY PROCEDURE, SPLEEN			0	1 R	AS
38220		BONE MARROW; ASPIRATION ONLY	62.05	59.66	0	1	B
38221		BONE MARROW; BIOPSY, NEEDLE OR TROCAR	69.06	66.40	0	1	B
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	B AS
38542		DISSECTION, DEEP JUGULAR NODE(S)	27.83	26.76	90	1	B AS
38555		EXCISION OF CYSTIC HYGROMA, AXILLARY OR CERVICAL; WITH DEEP NEUROVASCULAR D	64.91	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		UNLISTED LAPAROSCOPY PROCEDURE, LYMPHATIC SYSTEM			0	1 R	B AS
38700		SUPRAHYOID LYMPHADENECTOMY	52.48	50.46	90	1	B AS
38720		CERVICAL LYMPHADENECTOMY (COMPLETE)	87.40	84.04	90	1	B AS
38724		CERVICAL LYMPHADENECTOMY (MODIFIED RADICAL NECK DISSECTION)	94.91	91.26	90	1	B AS
38740		AXILLARY LYMPHADENECTOMY; SUPERFICIAL	44.43	42.72	90	1	AS

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
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	B AS
38765		INGUINOFEMORAL LYMPHADENECTOMY, SUPERFICIAL, IN CONTINUITY WITH PELVIC LYMP	86.36	83.04	90	1	B AS
38770		PELVIC LYMPHADENECTOMY, INCLUDING EXTERNAL ILIAC, HYPOGASTRIC, AND OBTURATO	58.58	56.33	90	1	B AS
38780		RETROPERITONEAL TRANSABDOMINAL LYMPHADENECTOMY, EXTENSIVE, INCLUDING PELVIC	73.04	70.23	90	1	AS
38999		UNLISTED PROCEDURE, HEMIC OR LYMPHATIC SYSTEM			90	1 R	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		UNLISTED PROCEDURE, MEDIASTINUM			90	1 R	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		UNLISTED PROCEDURE, DIAPHRAGM			90	1 R	AS
40701		PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY BILATERAL, ONE STAGE P	69.26	66.60	90	1	AS
40702		PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY BILATERAL, ONE OF TWO	58.79	56.53	90	1	AS
40799		UNLISTED PROCEDURE, LIPS			90	1 R	AS
40840		VESTIBULOPLASTY; ANTERIOR	52.95	50.91	90	1	AS

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
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		UNLISTED PROCEDURE, PALATE, UVULA			90	1 R	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

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
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		UNLISTED PROCEDURE, SALIVARY GLANDS OR DUCTS			90	1 R	AS
42725		INCISION AND DRAINAGE ABSCESS; RETROPHARYNGEAL OR PARAPHARYNGEAL, EXTERNAL	53.81	51.74	90	1	AS
42810		EXCISION BRANCHIAL CLEFT CYST OR VESTIGE, CONFINED TO SKIN AND SUBCUTANEOUS	25.20	24.23	90	1	AS
42815		EXCISION BRANCHIAL CLEFT CYST, VESTIGE, OR FISTULA, EXTENDING BENEATH SUBCU	36.90	35.48	90	1	AS
42844		RADICAL RESECTION OF TONSIL, TONSILLAR PILLARS, AND/OR RETROMOLAR TRIGONE;	89.77	86.32	90	1	AS
42845		RADICAL RESECTION OF TONSIL, TONSILLAR PILLARS, AND/OR RETROMOLAR TRIGONE;	146.45	140.82	90	1	AS
42890		LIMITED PHARYNGECTOMY	92.38	88.82	90	1	AS
42892		RESECTION OF LATERAL PHARYNGEAL WALL OR PYRIFORM SINUS, DIRECT CLOSURE BY A	121.48	116.81	90	1	AS
42894		RESECTION OF PHARYNGEAL WALL REQUIRING CLOSURE WITH MYOCUTANEOUS FLAP	155.15	149.18	90	1	AS
42950		PHARYNGOPLASTY (PLASTIC OR RECONSTRUCTIVE OPERATION ON PHARYNX)	51.93	49.94	90	1	AS
42953		PHARYNGOESOPHAGEAL REPAIR	62.15	59.76	90	1	AS
42955		PHARYNGOSTOMY (FISTULIZATION OF PHARYNX, EXTERNAL FOR FEEDING)	49.15	47.26	90	1	AS
42961		CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POSTTONSILLECTO	27.83	26.76	90	1	AS
42962		CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POSTTONSILLECTO	34.42	33.10	90	1	AS
42971		CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POSTADENOID	30.33	29.16	90	1	AS
42972		CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POSTADENOID	33.95	32.65	90	1	AS
43020		ESOPHAGOTOMY, CERVICAL APPROACH; WITH REMOVAL OF FOREIGN BODY	35.00	33.65	90	1	AS
43030		CRICOPHARYNGEAL MYOTOMY	34.66	33.32	90	1	AS
43045		ESOPHAGOTOMY, THORACIC APPROACH, WITH REMOVAL OF FOREIGN BODY	89.48	86.04	90	1	AS
43100		EXCISION OF LESION, ESOPHAGUS, WITH PRIMARY REPAIR; CERVICAL APPROACH	41.64	40.04	90	1	AS
43101		EXCISION OF LESION, ESOPHAGUS, WITH PRIMARY REPAIR; THORACIC OR ABDOMINAL A	70.38	67.68	90	1	AS
43107		TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITHOUT THORACOTOMY; WITH PHARYNGOGASTRO	173.18	166.52	90	1	AS
43108		TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITHOUT THORACOTOMY; WITH COLON INTERPOS	296.73	285.31	90	1	AS
43112		TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITH THORACOTOMY; WITH PHARYNGOGASTROSTO	185.04	177.92	90	1	AS
43113		TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITH THORACOTOMY; WITH COLON INTERPOSITI	298.34	286.87	90	1	AS
43116		PARTIAL ESOPHAGECTOMY, CERVICAL, WITH FREE INTESTINAL GRAFT, INCLUDING MICR	337.43	324.45	90	1	AS

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
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
43289		UNLISTED LAPAROSCOPY PROCEDURE, ESOPHAGUS			0	1 R	AS
43300		ESOPHAGOPLASTY, (PLASTIC REPAIR OR RECONSTRUCTION), CERVICAL APPROACH; WITH	41.51	39.91	90	1	AS
43305		ESOPHAGOPLASTY, (PLASTIC REPAIR OR RECONSTRUCTION), CERVICAL APPROACH; WITH	73.48	70.66	90	1	AS
43310		ESOPHAGOPLASTY, (PLASTIC REPAIR OR RECONSTRUCTION), THORACIC APPROACH; WITH	105.22	101.18	90	1	AS
43312		ESOPHAGOPLASTY, (PLASTIC REPAIR OR RECONSTRUCTION), THORACIC APPROACH; WITH	116.17	111.70	90	1	AS
43313		ESOPHAGOPLASTY FOR CONGENITAL DEFECT, (PLASTIC REPAIR OR RECONSTRUCTION), T	183.11	176.07	90	1	AS
43314		ESOPHAGOPLASTY FOR CONGENITAL DEFECT, (PLASTIC REPAIR OR RECONSTRUCTION), T	214.12	205.89	90	1	AS
43320		ESOPHAGOGASTROSTOMY (CARDIOPLASTY), WITH OR WITHOUT VAGOTOMY AND PYLOROPLAS	92.58	89.02	90	1	AS
43324		ESOPHAGOGASTRIC FUNDOPLASTY (EG, NISSEN, BELSEY IV, HILL PROCEDURES)	89.59	86.14	90	1	AS
43325		ESOPHAGOGASTRIC FUNDOPLASTY; WITH FUNDIC PATCH (THAL-NISSEN PROCEDURE)	88.03	84.64	90	1	AS
43326		ESOPHAGOGASTRIC FUNDOPLASTY; WITH GASTROPLASTY (EG, COLLIS)	90.21	86.74	90	1	AS
43330		ESOPHAGOMYOTOMY (HELLER TYPE); ABDOMINAL APPROACH	86.44	83.11	90	1	AS
43331		ESOPHAGOMYOTOMY ((HELLER TYPE), WITH OR WITHOUT HIATAL HERNIA REPAIR); THOR	94.23	90.60	90	1	AS
43340		ESOPHAGOJEJUNOSTOMY (WITHOUT TOTAL GASTRECTOMY); ABDOMINAL APPROACH	89.62	86.17	90	1	AS
43341		ESOPHAGOJEJUNOSTOMY (WITHOUT TOTAL GASTRECTOMY); THORACIC APPROACH	99.62	95.79	90	1	AS
43350		ESOPHAGOSTOMY, FISTULIZATION OF ESOPHAGUS, EXTERNAL; ABDOMINAL APPROACH	75.75	72.84	90	1	AS
43351		ESOPHAGOSTOMY, FISTULIZATION OF ESOPHAGUS, EXTERNAL; THORACIC APPROACH	90.08	86.62	90	1	AS
43352		ESOPHAGOSTOMY, FISTULIZATION OF ESOPHAGUS, EXTERNAL; CERVICAL APPROACH	73.56	70.73	90	1	AS
43360		GASTROINTESTINAL RECONSTRUCTION FOR PREVIOUS ESOPHAGECTOMY, FOR OBSTRUCTING	158.17	152.09	90	1	AS
43361		GASTROINTESTINAL RECONSTRUCTION FOR PREVIOUS ESOPHAGECTOMY, FOR OBSTRUCTING	175.45	168.70	90	1	AS

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
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		UNLISTED PROCEDURE, ESOPHAGUS			90	1 R	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	PA AS
43645		LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS A	119.87	115.26	0	1	PA 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

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
43653		LAPAROSCOPY, SURGICAL; GASTROSTOMY, WITHOUT CONSTRUCTION OF GASTRIC TUBE (E	36.35	34.95	90	1	AS
43659		UNLISTED LAPAROSCOPY PROCEDURE, STOMACH			0	1 R	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 R	AS
43772		LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTABLE	62.36	59.96	90	1 R	AS
43773		LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL AND REPLACEME	82.47	79.30	90	1 R	AS
43774		LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTABLE	62.25	59.86	90	1 R	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	PA AS
43843		GASTRIC RESTRICTIVE PROCEDURE, WITHOUT GASTRIC BYPASS, FOR MORBID OBESITY;	82.32	79.15	90	1	PA AS
43846		GASTRIC RESTRICTIVE PROCEDURE, WITH GASTRIC BYPASS FOR MORBID OBESITY; WITH	106.11	102.03	90	1	PA AS
43847		GASTRIC RESTRICTIVE PROCEDURE, WITH GASTRIC BYPASS FOR MORBID OBESITY; WITH	115.70	111.25	90	1	PA AS
43848		REVISION, OPEN, OF GASTRIC RESTRICTIVE PROCEDURE FOR MORBID OBESITY, OTHER	125.65	120.82	90	1	AS
43850		REVISION OF GASTRODUODENAL ANASTOMOSIS (GASTRODUODENOSTOMY) WITH RECONSTRUC	105.12	101.08	90	1	AS
43855		REVISION OF GASTRODUODENAL ANASTOMOSIS (GASTRODUODENOSTOMY) WITH RECONSTRUC	109.97	105.74	90	1	AS
43860		REVISION OF GASTROJEJUNAL ANASTOMOSIS (GASTROJEJUNOSTOMY) WITH RECONSTRUCTI	106.86	102.75	90	1	AS
43865		REVISION OF GASTROJEJUNAL ANASTOMOSIS (GASTROJEJUNOSTOMY) WITH RECONSTRUCTI	111.01	106.74	90	1	AS
43870		CLOSURE OF GASTROSTOMY, SURGICAL	46.04	44.27	90	1	AS
43880		CLOSURE OF GASTROCOLIC FISTULA	104.36	100.35	90	1	AS
43886		GASTRIC RESTRICTIVE PROCEDURE, OPEN; REVISION OF SUBCUTANEOUS PORT COMPONENT	21.55	20.72	90	1 R	AS

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
43887		GASTRIC RESTRICTIVE PROCEDURE, OPEN; REMOVAL OF SUBCUTANEOUS PORT COMPONENT	20.48	19.69	90	1 R	AS
43888		GASTRIC RESTRICTIVE PROCEDURE, OPEN; REMOVAL AND REPLACEMENT OF SUBCUTANEOU	28.69	27.59	90	1 R	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

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
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		UNLISTED LAPAROSCOPY PROCEDURE, INTESTINE (EXCEPT RECTUM)			0	1 R	B 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

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
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		UNLISTED PROCEDURE, INTESTINE			90	1 R	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		UNLISTED PROCEDURE, MECKEL'S DIVERTICULUM AND THE MESENTERY			90	1 R	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		UNLISTED LAPAROSCOPY PROCEDURE, APPENDIX			0	1 R	AS
45110		PROCTECTOMY; COMPLETE, COMBINED ABDOMINOPERINEAL, WITH COLOSTOMY	120.42	115.78	90	1	AS

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
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 TRANSSACRAL 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		PELVIC EXENTERATION FOR COLORECTAL MALIGNANCY, WITH PROCTECTOMY (WITH OR WI	187.28	180.08	90	1 R	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
45170		EXCISION OF RECTAL TUMOR, TRANSANAL APPROACH	50.42	48.48	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

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
45825		CLOSURE OF RECTOURETHRAL FISTULA; WITH COLOSTOMY	97.67	93.91	90	1	AS
46705		ANOPLASTY, PLASTIC OPERATION FOR STRICTURE; INFANT	34.63	33.30	90	1	AS
46710		REPAIR OF ILEOANAL POUCH FISTULA/SINUS (EG, PERINEAL OR VAGINAL), POUCH ADV	69.39	66.72	90	1	AS
46712		REPAIR OF ILEOANAL POUCH FISTULA/SINUS (EG, PERINEAL OR VAGINAL), POUCH ADV	141.05	135.63	90	1	AS
46715		REPAIR OF LOW IMPERFORATE ANUS; WITH ANOPERINEAL FISTULA ("CUT-BACK" PROC	33.98	32.67	90	1	AS
46716		REPAIR OF LOW IMPERFORATE ANUS; WITH TRANSPOSITION OF ANOPERINEAL OR ANOVES	74.02	71.17	90	1	AS
46730		REPAIR OF HIGH IMPERFORATE ANUS WITHOUT FISTULA; PERINEAL OR SACROPERINEAL	124.61	119.82	90	1	AS
46735		REPAIR OF HIGH IMPERFORATE ANUS WITHOUT FISTULA; COMBINED TRANSABDOMINAL AN	145.64	140.04	90	1	AS
46740		REPAIR OF HIGH IMPERFORATE ANUS WITH RECTOURETHRAL OR RECTOVAGINAL FISTULA;	132.38	127.29	90	1	AS
46742		REPAIR OF HIGH IMPERFORATE ANUS WITH RECTOURETHRAL OR RECTOVAGINAL FISTULA;	154.92	148.96	90	1	AS
46744		REPAIR OF CLOACAL ANOMALY BY ANORECTOVAGINOPLASTY AND URETHROPLASTY, SACROP	222.96	214.38	90	1	AS
46746		REPAIR OF CLOACAL ANOMALY BY ANORECTOVAGINOPLASTY AND URETHROPLASTY, COMBIN	259.46	249.48	90	1	AS
46748		REPAIR OF CLOACAL ANOMALY BY ANORECTOVAGINOPLASTY AND URETHROPLASTY, COMBIN	268.97	258.63	90	1	AS
46750		SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE OR PROLAPSE; ADULT	49.77	47.86	90	1	AS
46751		SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE OR PROLAPSE; CHILD	41.04	39.46	90	1	AS
46760		SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT; MUSCLE TRANSPLANT	70.31	67.60	90	1	AS
46761		SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT; LEVATOR MUSCLE IMBRICATION	60.66	58.33	90	1	AS
46762		SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT; IMPLANTATION ARTIFICIAL SP	60.35	58.03	90	1	AS
46900		DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILOMA, MOLLUSCUM CONTAG	93.48	89.89	10	1	
46924		DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILOMA, MOLLUSCUM CONTAGI	203.74	195.90	10	1	
46930		DESTRUCTION OF INTERNAL HEMORRHOID(S) BY THERMAL ENERGY (EG, INFRARED COAGULATION, CAL	12.35	11.88	90		
47010		HEPATOTOMY; FOR OPEN DRAINAGE OF ABSCESS OR CYST, ONE OR TWO STAGES	77.24	74.27	90	1	AS
47011		HEPATOTOMY; FOR PERCUTANEOUS DRAINAGE OF ABSCESS OR CYST, ONE OR TWO STAGES	14.02	13.48	0	1	AS
47015		LAPAROTOMY, WITH ASPIRATION AND/OR INJECTION OF HEPATIC PARASITIC (EG, AMOE	73.64	70.81	90	1	AS
47100		BIOPSY OF LIVER, WEDGE	54.18	52.09	90	1	AS
47120		HEPATECTOMY, RESECTION OF LIVER; PARTIAL LOBECTOMY	151.53	145.70	90	1	AS
47122		HEPATECTOMY, RESECTION OF LIVER; TRISEGMENTECTOMY	225.04	216.39	90	1	AS
47125		HEPATECTOMY, RESECTION OF LIVER; TOTAL LEFT LOBECTOMY	201.54	193.78	90	1	AS
47130		HEPATECTOMY, RESECTION OF LIVER; TOTAL RIGHT LOBECTOMY	216.54	208.22	90	1	AS

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
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		UNLISTED LAPAROSCOPIC PROCEDURE, LIVER			0	1 R	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		UNLISTED PROCEDURE, LIVER			90	1 R	AS
47400		HEPATICOTOMY OR HEPATICOSTOMY WITH EXPLORATION, DRAINAGE, OR REMOVAL OF CAL	136.86	131.59	90	1	AS
47420		CHOLEDOCHOTOMY OR CHOLEDOCHOSTOMY WITH EXPLORATION, DRAINAGE, OR REMOVAL OF	87.11	83.76	90	1	AS
47425		CHOLEDOCHOTOMY OR CHOLEDOCHOSTOMY WITH EXPLORATION, DRAINAGE, OR REMOVAL OF	87.95	84.56	90	1	AS
47460		TRANSDUODENAL SPHINCTEROTOMY OR SPHINCTEROPLASTY, WITH OR WITHOUT TRANSDUOD	83.41	80.20	90	1	AS
47480		CHOLECYSTOTOMY OR CHOLECYSTOSTOMY WITH EXPLORATION, DRAINAGE, OR REMOVAL OF	55.69	53.54	90	1	AS
47550		BILIARY ENDOSCOPY, INTRAOPERATIVE (CHOLEDOCHOSCOPY) (LIST SEPARATELY IN ADD	11.13	10.70	0	1	AS
47562		LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY	48.23	46.38	90	1	AS
47563		LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY WITH CHOLANGIOGRAPHY	49.12	47.23	90	1	AS
47564		LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT	56.63	54.45	90	1	AS
47570		LAPAROSCOPY, SURGICAL; CHOLECYSTOENTEROSTOMY	50.61	48.66	90	1	AS
47579		UNLISTED LAPAROSCOPY PROCEDURE, BILIARY TRACT			0	1 R	AS
47600		CHOLECYSTECTOMY;	69.34	66.67	90	1	AS
47605		CHOLECYSTECTOMY; WITH CHOLANGIOGRAPHY	63.71	61.26	90	1	AS
47610		CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT;	81.59	78.45	90	1	AS
47612		CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT; WITH CHOLEDOCHOENTEROSTOMY	82.47	79.30	90	1	AS

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
47620		CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT; WITH TRANSDUODENAL SPHINCT	89.48	86.04	90	1	AS
47700		EXPLORATION FOR CONGENITAL ATRESIA OF BILE DUCTS, WITHOUT REPAIR, WITH OR W	68.09	65.47	90	1	AS
47711		EXCISION OF BILE DUCT TUMOR, WITH OR WITHOUT PRIMARY REPAIR OF BILE DUCT; E	101.29	97.39	90	1	AS
47712		EXCISION OF BILE DUCT TUMOR, WITH OR WITHOUT PRIMARY REPAIR OF BILE DUCT; I	129.41	124.43	90	1	AS
47715		EXCISION OF CHOLEDOCHAL CYST	85.26	81.98	90	1	AS
47720		CHOLECYSTOENTEROSTOMY; DIRECT	73.75	70.91	90	1	AS
47721		CHOLECYSTOENTEROSTOMY; WITH GASTROENTEROSTOMY	86.90	83.56	90	1	AS
47740		CHOLECYSTOENTEROSTOMY; ROUX-EN-Y	83.91	80.68	90	1	AS
47741		CHOLECYSTOENTEROSTOMY; ROUX-EN-Y WITH GASTROENTEROSTOMY	95.11	91.45	90	1	AS
47760		ANASTOMOSIS, OF EXTRAHEPATIC BILIARY DUCTS AND GASTROINTESTINAL TRACT	143.92	138.38	90	1	AS
47765		ANASTOMOSIS, OF INTRAHEPATIC DUCTS AND GASTROINTESTINAL TRACT	191.09	183.74	90	1	AS
47780		ANASTOMOSIS, ROUX-EN-Y, OF EXTRAHEPATIC BILIARY DUCTS AND GASTROINTESTINAL	157.47	151.41	90	1	AS
47785		ANASTOMOSIS, ROUX-EN-Y, OF INTRAHEPATIC BILIARY DUCTS AND GASTROINTESTINAL	205.63	197.72	90	1	AS
47800		RECONSTRUCTION, PLASTIC, OF EXTRAHEPATIC BILIARY DUCTS WITH END-TO-END ANAS	102.23	98.30	90	1	AS
47801		PLACEMENT OF CHOLEDOCHAL STENT	71.97	69.20	90	1	AS
47802		U-TUBE HEPATICOENTEROSTOMY	98.29	94.51	90	1	AS
47900		SUTURE OF EXTRAHEPATIC BILIARY DUCT FOR PRE-EXISTING INJURY (SEPARATE PROCE	88.52	85.12	90	1	AS
47999		UNLISTED PROCEDURE, BILIARY TRACT			90	1 R	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

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
48152		PANCREATECTOMY, PROXIMAL SUBTOTAL WITH TOTAL DUODENECTOMY, PARTIAL GASTRECT	187.49	180.28	90	1	AS
48153		PANCREATECTOMY, PROXIMAL SUBTOTAL WITH NEAR-TOTAL DUODENECTOMY, CHOLEDOCHOE	202.37	194.59	90	1	AS
48154		PANCREATECTOMY, PROXIMAL SUBTOTAL WITH NEAR-TOTAL DUODENECTOMY, CHOLEDOCHOE	187.88	180.65	90	1	AS
48155		PANCREATECTOMY, TOTAL	116.90	112.40	90	1	AS
48500		MARSUPIALIZATION OF PANCREATIC CYST	73.48	70.66	90	1	AS
48510		EXTERNAL DRAINAGE, PSEUDOCYST OF PANCREAS; OPEN	69.42	66.75	90	1	AS
48511		EXTERNAL DRAINAGE, PSEUDOCYST OF PANCREAS; PERCUTANEOUS	14.79	14.22	0	1	AS
48520		INTERNAL ANASTOMOSIS OF PANCREATIC CYST TO GASTROINTESTINAL TRACT; DIRECT	71.09	68.35	90	1	AS
48540		INTERNAL ANASTOMOSIS OF PANCREATIC CYST TO GASTROINTESTINAL TRACT; ROUX-EN-	84.66	81.41	90	1	AS
48545		PANCREATORRHAPHY FOR INJURY	85.89	82.59	90	1	AS
48547		DUODENAL EXCLUSION WITH GASTROJEJUNOSTOMY FOR PANCREATIC INJURY	115.73	111.27	90	1	AS
48548		PANCREATICOJEJUNOSTOMY, SIDE-TO-SIDE ANASTOMOSIS (PUSTOW-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		UNLISTED PROCEDURE, PANCREAS			90	1 R	AS
49000		EXPLORATORY LAPAROTOMY, EXPLORATORY CELIOTOMY WITH OR WITHOUT BIOPSY(S) (SE	50.45	48.51	90	1	AS
49002		REOPENING OF RECENT LAPAROTOMY	66.63	64.07	90	1	AS
49010		EXPLORATION, RETROPERITONEAL AREA WITH OR WITHOUT BIOPSY(S) (SEPARATE PROCE	62.57	60.16	90	1	AS
49020		DRAINAGE OF PERITONEAL ABSCESS OR LOCALIZED PERITONITIS, EXCLUSIVE OF APPEN	103.24	99.27	90	1	AS
49040		DRAINAGE OF SUBDIAPHRAGMATIC OR SUBPHRENIC ABSCESS; OPEN	64.81	62.31	90	1	AS
49041		DRAINAGE OF SUBDIAPHRAGMATIC OR SUBPHRENIC ABSCESS; PERCUTANEOUS	14.79	14.22	0	1	AS
49061		DRAINAGE OF RETROPERITONEAL ABSCESS; PERCUTANEOUS	13.70	13.17	0	1	AS
49062		DRAINAGE OF EXTRAPERITONEAL LYMPHOCELE TO PERITONEAL CAVITY, OPEN	49.20	47.31	90	1	AS
49215		EXCISION OF PRESACRAL OR SACROCOCCYGEAL TUMOR	144.39	138.84	90	1	AS
49220		STAGING LAPAROTOMY FOR HODGKINS DISEASE OR LYMPHOMA (INCLUDES SPLENECTOMY,	63.01	60.59	90	1	AS
49255		OMENTECTOMY, 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

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
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		UNLISTED LAPAROSCOPY PROCEDURE, ABDOMEN, PERITONEUM AND OMENTUM			0	1 R	AS
49425		INSERTION OF PERITONEAL-VEIN 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	B AS
49492		REPAIR, INITIAL INGUINAL HERNIA, PRETERM INFANT (LESS THAN 37 WEEKS GESTATI	61.71	59.33	90	1	B AS
49495		REPAIR, INITIAL INGUINAL HERNIA, FULL TERM INFANT UNDER AGE 6 MONTHS, OR PR	25.54	24.56	90	1	B AS
49496		REPAIR INITIAL INGUINAL HERNIA, UNDER AGE 6 MONTHS, WITH OR WITHOUT HYDROCE	38.96	37.46	90	1	B AS
49500		REPAIR INITIAL INGUINAL HERNIA, AGE 6 MONTHS TO UNDER 5 YEARS, WITH OR WITH	25.59	24.61	90	1	B AS
49501		REPAIR INITIAL INGUINAL HERNIA, AGE 6 MONTHS TO UNDER 5 YEARS, WITH OR WITH	38.70	37.21	90	1	B AS
49505		REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OVER; REDUCIBLE	33.56	32.27	90	1	B AS
49507		REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OVER; INCARCERATED OR STRANG	41.25	39.66	90	1	B AS
49520		REPAIR RECURRENT INGUINAL HERNIA, ANY AGE; REDUCIBLE	40.91	39.34	90	1	B AS
49521		REPAIR RECURRENT INGUINAL HERNIA, ANY AGE; INCARCERATED OR STRANGULATED	49.80	47.88	90	1	B AS
49525		REPAIR INGUINAL HERNIA, SLIDING, ANY AGE	37.03	35.60	90	1	B AS
49540		REPAIR LUMBAR HERNIA	43.70	42.02	90	1	B AS
49550		REPAIR INITIAL FEMORAL HERNIA, ANY AGE, REDUCIBLE;	37.19	35.76	90	1	B AS
49553		REPAIR INITIAL FEMORAL HERNIA, ANY AGE; INCARCERATED OR STRANGULATED	40.68	39.11	90	1	B AS
49555		REPAIR RECURRENT FEMORAL HERNIA; REDUCIBLE	38.67	37.18	90	1	B AS
49557		REPAIR RECURRENT FEMORAL HERNIA; INCARCERATED OR STRANGULATED	46.93	45.13	90	1	B AS
49560		REPAIR INITIAL INCISIONAL OR VENTRAL HERNIA; REDUCIBLE	47.95	46.10	90	1	B AS
49561		REPAIR INITIAL INCISIONAL HERNIA; INCARCERATED OR STRANGULATED	60.48	58.16	90	1	B AS
49565		REPAIR RECURRENT INCISIONAL OR VENTRAL HERNIA; REDUCIBLE	49.75	47.83	90	1	B AS
49566		REPAIR RECURRENT INCISIONAL HERNIA; INCARCERATED OR STRANGULATED	61.08	58.73	90	1	B AS
49568		IMPLANTATION OF MESH OR OTHER PROSTHESIS FOR INCISIONAL OR VENTRAL HERNIA R	17.85	17.16	0	1	B AS

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
49570		REPAIR EPIGASTRIC HERNIA (EG, PREPERITONEAL FAT); REDUCIBLE (SEPARATE PROCE	26.45	25.43	90	1	B AS
49572		REPAIR EPIGASTRIC HERNIA (EG, PREPERITONEAL FAT); INCARCERATED OR STRANGULA	32.78	31.52	90	1	B AS
49580		REPAIR UMBILICAL HERNIA, UNDER AGE 5 YEARS; REDUCIBLE	20.72	19.92	90	1	PA 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	B 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	B 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 (INCLUDE:	51.78	49.79			B AS
49653		LAPAROSCOPY, SURGICAL, REPAIR, VENTRAL, UMBILICAL, SPIGELIAN OR EPIGASTRIC HERNIA (INCLUDE:	64.62	62.14			B AS
49654		LAPAROSCOPY, SURGICAL, REPAIR, INCISIONAL HERNIA (INCLUDES MESH INSERTION, WHEN PERFORME	59.41	57.13			B AS
49655		LAPAROSCOPY, SURGICAL, REPAIR, INCISIONAL HERNIA (INCLUDES MESH INSERTION, WHEN PERFORME	71.53	68.78			B AS
49656		LAPAROSCOPY, SURGICAL, REPAIR, RECURRENT INCISIONAL HERNIA (INCLUDES MESH INSERTION, WHE	59.65	57.35			B AS
49657		LAPAROSCOPY, SURGICAL, REPAIR, RECURRENT INCISIONAL HERNIA (INCLUDES MESH INSERTION, WHE	86.12	82.81			B AS
49659		UNLISTED LAPAROSCOPY PROCEDURE, HERNIOPLASTY, HERNIORRHAPHY, HERNIOTOMY			0	1 R	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	PA AS
49905		OMENTAL FLAP, INTRA-ABDOMINAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIM	23.71	22.80	0	1	AS
49999		UNLISTED PROCEDURE, ABDOMEN, PERITONEUM AND OMENTUM			90	1 R	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

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
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, PYELOSOTOMY	75.07	72.19	90	1	AS
50130		PYELOTOMY; WITH REMOVAL OF CALCULUS (PYEOLITHOTOMY, PELVIOLITHOTOMY, INCLU	79.61	76.55	90	1	AS
50135		PYELOTOMY; COMPLICATED (EG, SECONDARY OPERATION, CONGENITAL KIDNEY ABNORMAL	85.99	82.69	90	1	AS
50205		RENAL BIOPSY; BY SURGICAL EXPOSURE OF KIDNEY	50.03	48.11	90	1	B AS
50220		NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY, ANY OPEN APPROACH INCLUDING RI	78.07	75.07	90	1	B 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	B 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	B 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	B 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 NEPHRO CUTANEOUS 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

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
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	B 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	B AS
50605		URETEROTOMY FOR INSERTION OF INDWELLING STENT, ALL TYPES	68.53	65.90	90	1	B AS
50610		URETEROLITHOTOMY; UPPER ONE-THIRD OF URETER	73.22	70.41	90	1	B AS
50620		URETEROLITHOTOMY; MIDDLE ONE-THIRD OF URETER	69.55	66.87	90	1	B AS
50630		URETEROLITHOTOMY; LOWER ONE-THIRD OF URETER	67.54	64.95	90	1	B 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	B 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	B AS

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
50782		URETERONEOCYSTOSTOMY; ANASTOMOSIS OF DUPLICATED URETER TO BLADDER	80.60	77.50	90	1	B AS
50783		URETERONEOCYSTOSTOMY; WITH EXTENSIVE URETERAL TAILORING	84.19	80.96	90	1	B AS
50785		URETERONEOCYSTOSTOMY; WITH VESICO-PSOAS HITCH OR BLADDER FLAP	92.38	88.82	90	1	B AS
50800		URETEROENTEROSTOMY, DIRECT ANASTOMOSIS OF URETER TO INTESTINE	70.57	67.85	90	1	B 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	B AS
50820		URETEROILEAL CONDUIT (ILEAL BLADDER), INCLUDING INTESTINE ANASTOMOSIS (BRIC	99.96	96.12	90	1	B 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	B 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	B 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	B AS
50945		LAPAROSCOPY, SURGICAL, URETEROLITHOTOMY	75.07	72.19	0	1	B AS
50947		LAPAROSCOPY, SURGICAL; URETERONEOCYSTOSTOMY WITH CYSTOSCOPY AND URETERAL ST	106.45	102.35	90	1	B AS
50948		LAPAROSCOPY, SURGICAL; URETERONEOCYSTOSTOMY WITHOUT CYSTOSCOPY AND URETERAL	99.10	95.29	90	1	B AS
50949		UNLISTED LAPAROSCOPY PROCEDURE, URETER			90	1 R	B 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

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
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	B 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 TRANSPL	146.29	140.67	90	1	AS
51585		CYSTECTOMY, COMPLETE, WITH URETEROSIGMOIDOSTOMY OR URETEROCUTANEOUS TRANSPL	162.92	156.65	90	1	AS
51590		CYSTECTOMY, COMPLETE, WITH URETEROILEAL CONDUIT OR SIGMOID BLADDER, INCLUDI	148.06	142.37	90	1	AS
51595		CYSTECTOMY, COMPLETE, WITH URETEROILEAL CONDUIT OR SIGMOID BLADDER, INCLUDI	168.44	161.96	90	1	AS
51596		CYSTECTOMY, COMPLETE, WITH CONTINENT DIVERSION, ANY OPEN TECHNIQUE, USING A	181.21	174.24	90	1	AS
51597		PELVIC EXENTERATION, COMPLETE, FOR VESICAL, PROSTATIC OR URETHRAL MALIGNANC	174.49	167.78	90	1	AS
51701		INSERTION OF NON-INDWELLING BLADDER CATHETER (EG, STRAIGHT CATHETERIZATION	25.57	24.58	0	1	
51702		INSERTION OF TEMPORARY INDWELLING BLADDER CATHETER; SIMPLE (EG, FOLEY)	33.39	32.10	0	1	
51800		CYSTOPLASTY OR CYSTOURETHROPLASTY, PLASTIC OPERATION ON BLADDER AND/OR VESI	79.74	76.67	90	1	AS
51820		CYSTOURETHROPLASTY WITH UNILATERAL OR BILATERAL URETERONEOCYSTOSTOMY	80.55	77.45	90	1	AS
51840		ANTERIOR VESICourethroPEXY, OR UREthroPEXY (EG, MARSHALL-MARCHETTI-KRANTZ,	47.87	46.03	90	1	AS
51841		ANTERIOR VESICourethroPEXY, OR UREthroPEXY (MARSHALL-MARCHETTI-KRANTZ TYPE)	56.81	54.62	90	1	AS
51845		ABDOMINO-VAGINAL VESICAL NECK SUSPENSION, WITH OR WITHOUT ENDOSCOPIC CONTRO	44.09	42.39	90	1	AS
51860		CYSTORRHAPHY, SUTURE OF BLADDER WOUND, INJURY OR RUPTURE; SIMPLE	53.78	51.72	90	1	AS
51865		CYSTORRHAPHY, SUTURE OF BLADDER WOUND, INJURY OR RUPTURE; COMPLICATED	66.81	64.24	90	1	AS
51880		CLOSURE OF CYSTOSTOMY (SEPARATE PROCEDURE)	35.00	33.65	90	1	AS
51900		CLOSURE OF VESICOVAGINAL FISTULA, ABDOMINAL APPROACH	62.15	59.76	90	1	AS
51920		CLOSURE OF VESICOUTERINE FISTULA;	57.56	55.35	90	1	AS
51925		CLOSURE OF VESICOUTERINE FISTULA; WITH HYSTERECTOMY	83.14	79.94	90	1	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

Code	Mod	Description	00-20	21+	FUD	Units	Spec
			Max Fee	Max Fee			
51990		LAPAROSCOPY, SURGICAL; URETHRAL SUSPENSION FOR STRESS INCONTINENCE	55.06	52.94	90	1	AS
51992		LAPAROSCOPY, SURGICAL; SLING OPERATION FOR STRESS INCONTINENCE (EG, FASCIA	60.19	57.88	90	1	AS
53085		DRAINAGE OF PERINEAL URINARY EXTRAVASATION; COMPLICATED	44.40	42.70	90	1	AS
53210		URETHRECTOMY, TOTAL, INCLUDING CYSTOSTOMY; FEMALE	58.76	56.50	90	1	AS
53215		URETHRECTOMY, TOTAL, INCLUDING CYSTOSTOMY; MALE	71.61	68.85	90	1	AS
53230		EXCISION OF URETHRAL DIVERTICULUM (SEPARATE PROCEDURE); FEMALE	45.84	44.07	90	1	AS
53235		EXCISION OF URETHRAL DIVERTICULUM (SEPARATE PROCEDURE); MALE	48.96	47.08	90	1	AS
53400		URETHROPLASTY; FIRST STAGE, FOR FISTULA, DIVERTICULUM, OR STRICTURE (EG, JO	61.32	58.96	90	1	AS
53405		URETHROPLASTY; SECOND STAGE (FORMATION OF URETHRA), INCLUDING URINARY DIVER	67.70	65.10	90	1	AS
53410		URETHROPLASTY, ONE-STAGE RECONSTRUCTION OF MALE ANTERIOR URETHRA	75.34	72.44	90	1	AS
53415		URETHROPLASTY, TRANSPUBIC OR PERINEAL, ONE STAGE, FOR RECONSTRUCTION OR REP	87.30	83.94	90	1	AS
53425		URETHROPLASTY, TWO-STAGE RECONSTRUCTION OR REPAIR OF PROSTATIC OR MEMBRANOU	72.44	69.66	90	1	AS
53430		URETHROPLASTY, RECONSTRUCTION OF FEMALE URETHRA	71.79	69.03	90	1	AS
53431		URETHROPLASTY WITH TUBULARIZATION OF POSTERIOR URETHRA AND/OR LOWER BLADDER	88.73	85.32	90	1	AS
53440		SLING OPERATION FOR CORRECTION OF MALE URINARY INCONTINENCE (EG, FASCIA OR	67.75	65.15	90	1	AS
53442		REMOVAL OR REVISION OF SLING FOR MALE URINARY INCONTINENCE (EG, FASCIA OR S	59.70	57.40	90	1	AS
53444		INSERTION OF TANDEM CUFF (DUAL CUFF)	61.18	58.83	90	1	AS
53445		INSERTION OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER, INCLUDING PLACEMEN	67.31	64.72	90	1	AS
53446		REMOVAL OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER, INCLUDING PUMP, RESE	49.35	47.46	90	1	AS
53447		REMOVAL AND REPLACEMENT OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER INCLU	62.28	59.88	90	1	AS
53448		REMOVAL AND REPLACEMENT OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER INCLU	98.53	94.74	90	1	AS
53500		URETHROLYSIS, TRANSVAGINAL, SECONDARY, OPEN, INCLUDING CYSTOURETHROSCOPY (E	348.69	335.28	90	1	B
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

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
54120		AMPUTATION OF PENIS; PARTIAL	48.49	46.63	90	1	AS
54125		AMPUTATION OF PENIS; COMPLETE	62.33	59.93	90	1	AS
54130		AMPUTATION OF PENIS, RADICAL; WITH BILATERAL INGUINOFEMORAL LYMPHADENECTOMY	92.40	88.85	90	1	AS
54135		AMPUTATION OF PENIS, RADICAL; IN CONTINUITY WITH BILATERAL PELVIC LYMPHADEN	117.03	112.53	90	1	AS
54150		CIRCUMCISION, USING CLAMP OR OTHER DEVICE WITH REGIONAL DORSAL PENILE OR RI	71.66	68.90	0	1	
54205		INJECTION PROCEDURE FOR PEYRONIE DISEASE; WITH SURGICAL EXPOSURE OF PLAQUE	40.94	39.36	90	1	AS
54300		PLASTIC OPERATION OF PENIS FOR STRAIGHTENING OF CHORDEE (EG, HYPOSPADIAS),	49.46	47.56	90	1	AS
54304		PLASTIC OPERATION ON PENIS FOR CORRECTION OF CHORDEE OR FOR FIRST STAGE HYP	57.95	55.72	90	1	AS
54308		URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY DIVERS	47.28	45.46	90	1	AS
54312		URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY DIVERS	63.92	61.46	90	1	AS
54316		URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY DIVERS	77.21	74.24	90	1	AS
54318		URETHROPLASTY FOR THIRD STAGE HYPOSPADIAS REPAIR TO RELEASE PENIS FROM SCRO	48.35	46.49	90	1	AS
54322		ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISIO	60.32	58.00	90	1	AS
54324		ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISIO	74.84	71.96	90	1	AS
54326		ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISIO	69.55	66.87	90	1	AS
54328		ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISIO	71.43	68.68	90	1	AS
54332		ONE STAGE PROXIMAL PENILE OR PENOSCROTAL HYPOSPADIAS REPAIR REQUIRING EXTEN	78.41	75.39	90	1	AS
54336		ONE STAGE PERINEAL HYPOSPADIAS REPAIR REQUIRING EXTENSIVE DISSECTION TO COR	87.14	83.79	90	1	AS
54340		REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICULA);	42.81	41.17	90	1	AS
54344		REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICULA);	74.34	71.49	90	1	AS
54348		REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICULA);	78.46	75.44	90	1	AS
54352		REPAIR OF HYPOSPADIAS CRIPPLE REQUIRING EXTENSIVE DISSECTION AND EXCISION O	110.98	106.71	90	1	AS
54360		PLASTIC OPERATION ON PENIS TO CORRECT ANGULATION	55.61	53.47	90	1	AS
54380		PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER;	61.68	59.31	90	1	AS
54385		PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER; WIT	74.76	71.89	90	1	AS
54390		PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER; WIT	88.94	85.52	90	1	AS
54406		REMOVAL OF ALL COMPONENTS OF A MULTI-COMPONENT, INFLATABLE PENILE PROSTHESI	56.31	54.15	90	1	AS
54415		REMOVAL OF NON-INFLATABLE (SEMI-RIGID) OR INFLATABLE (SELF-CONTAINED) PENIL	40.55	38.99	90	1	AS
54420		CORPORA CAVERNOSA-SAPHENOUS VEIN SHUNT (PRIAPISM OPERATION), UNILATERAL OR	54.41	52.32	90	1	AS

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
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	B AS
54522		ORCHIECTOMY, PARTIAL	44.22	42.52	90	1	B AS
54530		ORCHIECTOMY, RADICAL, FOR TUMOR; INGUINAL APPROACH	38.93	37.43	90	1	B AS
54535		ORCHIECTOMY, RADICAL, FOR TUMOR; WITH ABDOMINAL EXPLORATION	56.18	54.02	90	1	B AS
54550		EXPLORATION FOR UNDESCENDED TESTIS (INGUINAL OR SCROTAL AREA)	37.52	36.08	90	1	B AS
54560		EXPLORATION FOR UNDESCENDED TESTIS WITH ABDOMINAL EXPLORATION	50.63	48.68	90	1	B AS
54650		ORCHIOPEXY, ABDOMINAL APPROACH, FOR INTRA-ABDOMINAL TESTIS (EG, FOWLER-STEP	54.67	52.57	90	1	B AS
54680		TRANSPLANTATION OF TESTIS(ES) TO THIGH (BECAUSE OF SCROTAL DESTRUCTION)	59.80	57.50	90	1	B AS
54690		LAPAROSCOPY, SURGICAL; ORCHIECTOMY	47.97	46.13	90	1	B 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	B AS
55559		UNLISTED LAPAROSCOPY PROCEDURE, SPERMATIC CORD			0	1 R	B AS
55650		VESICULECTOMY, ANY APPROACH	54.75	52.64	90	1	B 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

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
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	B AS
56700		PARTIAL HYMENECTOMY OR REVISION OF HYMENAL RING	12.69	12.20	10	1	AS
56800		PLASTIC REPAIR OF INTROITUS	16.65	16.01	10	1	AS
56805		CLITOROPLASTY FOR INTERSEX STATE	77.97	74.97	90	1	PA 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	

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
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 (NONOBSTETRICAL)	25.12	24.15	90	1	AS
57220		PLASTIC OPERATION ON URETHRAL SPHINCTER, VAGINAL APPROACH (EG, KELLY URETHRAL)	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 URETHRAL	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	B AS
57268		REPAIR OF ENTEROCELE, VAGINAL APPROACH (SEPARATE PROCEDURE)	33.12	31.85	90	1	AS
57270		REPAIR OF ENTEROCELE, ABDOMINAL APPROACH (SEPARATE PROCEDURE)	54.57	52.47	90	1	AS
57280		COLPOPEXY, ABDOMINAL APPROACH	66.47	63.92	90	1	AS
57282		COLPOPEXY, VAGINAL; EXTRA-PERITONEAL APPROACH (SACROSPINOUS, ILIOCOCCYGEUS)	35.20	33.85	90	1	AS
57283		COLPOPEXY, VAGINAL; INTRA-PERITONEAL APPROACH (UTEROSACRAL, LEVATOR MYORRHAPHY)	46.64	44.85	90	1	AS
57284		PARAVAGINAL DEFECT REPAIR (INCLUDING REPAIR OF CYSTOCELE, STRESS URINARY INCONTINENCE)	57.07	54.87	90	1	AS
57287		REMOVAL OR REVISION OF SLING FOR STRESS INCONTINENCE (EG, FASCIA OR SYNTHETIC)	49.25	47.36	90	1	AS
57288		SLING OPERATION FOR STRESS INCONTINENCE (EG, FASCIA OR SYNTHETIC)	57.89	55.66	90	1	AS
57289		PEREYRA PROCEDURE, INCLUDING ANTERIOR COLPORRHAPHY	53.97	51.89	90	1	AS
57291		CONSTRUCTION OF ARTIFICIAL VAGINA; WITHOUT GRAFT	37.11	35.68	90	1 R	AS
57292		CONSTRUCTION OF ARTIFICIAL VAGINA; WITH GRAFT	56.65	54.47	90	1 R	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 APPROACH	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

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
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	
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 S	AS
58152		TOTAL ABDOMINAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL O	84.87	81.61	90	1 S	AS
58180		SUPRACERVICAL ABDOMINAL HYSTERECTOMY (SUBTOTAL HYSTERECTOMY), WITH OR WITHO	64.55	62.06	90	1 S	AS
58200		TOTAL ABDOMINAL HYSTERECTOMY, INCLUDING PARTIAL VAGINECTOMY, WITH PARA-AORT	88.91	85.49	90	1 S	AS
58210		RADICAL ABDOMINAL HYSTERECTOMY, WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY	118.46	113.90	90	1 S	AS
58240		PELVIC EXENTERATION FOR GYNECOLOGIC MALIGNANCY, WITH TOTAL ABDOMINAL HYSTER	187.99	180.76	90	1 S	AS

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
58260		VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS;	56.31	54.15	90	1 S	AS
58262		VAGINAL HYSTERECTOMY; WITH REMOVAL OF TUBE(S), AND/OR OVARY(S)	62.88	60.46	90	1 S	AS
58263		VAGINAL HYSTERECTOMY; WITH REMOVAL OF TUBE(S), AND/OR OVARY(S), WITH REPAIR	67.75	65.15	90	1 S	AS
58267		VAGINAL HYSTERECTOMY; WITH COLPO-URETHROCYSTOPEXY (MARSHALL-MARCHETTI-KRANT	71.95	69.18	90	1 S	AS
58270		VAGINAL HYSTERECTOMY; WITH REPAIR OF ENTEROCELE	60.27	57.95	90	1 S	AS
58275		VAGINAL HYSTERECTOMY, WITH TOTAL OR PARTIAL VAGINECTOMY;	67.15	64.57	90	1 S	AS
58280		VAGINAL HYSTERECTOMY, WITH TOTAL OR PARTIAL COLPECTOMY; WITH REPAIR OF ENTE	71.79	69.03	90	1 S	AS
58285		VAGINAL HYSTERECTOMY, RADICAL (SCHAUTA TYPE OPERATION)	90.01	86.54	90	1 S	AS
58290		VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS;	78.64	75.62	90	1 S	AS
58291		VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH REMOVAL OF TU	85.45	82.16	90	1 S	AS
58292		VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH REMOVAL OF TU	90.01	86.54	90	1 S	AS
58293		VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH COLPO-URETHRO	93.47	89.88	90	1 S	AS
58294		VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH REPAIR OF ENT	83.00	79.80	90	1 S	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		ENDOMETRIAL ABLATION, THERMAL, WITHOUT HYSTEROSCOPIC GUIDANCE	14.92	14.35	10	1 R	B AS
58356		ENDOMETRIAL CRYOABLATION WITH ULTRASONIC GUIDANCE, INCLUDING ENDOMETRIAL CU	23.60	22.69	10	1	B 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	AS
58542		LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS	65.30	62.79	90	1	AS
58543		LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS GREATER THAN	66.40	63.84	90	1	AS
58544		LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS GREATER THAN	71.76	69.00	90	1	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	B AS
58550		LAPAROSCOPY SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LE	60.14	57.83	10	1 S	AS
58552		LAPAROSCOPY SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LE	66.08	63.54	90	1 S	AS
58553		LAPAROSCOPY, SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 2	77.42	74.44	90	1 S	AS

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
58554		LAPAROSCOPY, SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 2	88.36	84.97	90	1 S	AS
58560		HYSTEROSCOPY, SURGICAL; WITH DIVISION OR RESECTION OF INTRAUTERINE SEPTUM (	26.66	25.63	0	1	AS
58578		UNLISTED LAPAROSCOPY PROCEDURE, UTERUS			0	1 R	B AS
58579		UNLISTED HYSTEROSCOPY PROCEDURE, UTERUS			0	1 R	B AS
58600		LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S), ABDOMINAL OR VAGINAL APPROACH	24.62	23.68	90	1 S	AS
58605		LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S), ABDOMINAL OR VAGINAL APPROACH	22.38	21.52	90	1 S	AS
58611		LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S) WHEN DONE AT THE TIME OF CESAR	5.37	5.16	90	1 S	AS
58615		OCCCLUSION OF FALLOPIAN TUBE(S) BY DEVICE (EG, BAND, CLIP, FALOPE RING) VAGI	16.70	16.06	10	1 S	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	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	B AS
58673		LAPAROSCOPY, SURGICAL; WITH SALPINGOSTOMY (SALPINGONEOSTOMY)	54.98	52.87	90	1	B AS
58679		UNLISTED LAPAROSCOPY PROCEDURE, OVIDUCT, OVARY			0	1 R	B AS
58700		SALPINGECTOMY, COMPLETE OR PARTIAL, UNILATERAL OR BILATERAL (SEPARATE PROCE	52.17	50.16	90	1	AS
58720		SALPINGO-OOPHORECTOMY, COMPLETE OR PARTIAL, UNILATERAL OR BILATERAL (SEPARA	48.86	46.98	90	1	AS
58740		LYSIS OF ADHESIONS (SALPINGOLYSIS, OVARIOLYSIS)	59.46	57.18	90	1	AS
58770		SALPINGOSTOMY (SALPINGONEOSTOMY)	57.09	54.90	90	1	B AS
58805		DRAINAGE OF OVARIAN CYST(S), UNILATERAL OR BILATERAL, (SEPARATE PROCEDURE);	27.75	26.68	90	1	AS
58820		DRAINAGE OF OVARIAN ABSCESS; VAGINAL APPROACH, OPEN	21.19	20.37	90	1	AS
58822		DRAINAGE OF OVARIAN ABSCESS; ABDOMINAL APPROACH	48.55	46.68	90	1	AS
58823		DRAINAGE OF PELVIC ABSCESS, TRANSVAGINAL OR TRANSRECTAL APPROACH, PERCUTANE	12.47	11.99	0	1	AS
58825		TRANSPOSITION, OVARY(S)	47.37	45.55	90	1 R	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	AS
58943		OOPHORECTOMY, PARTIAL OR TOTAL, UNILATERAL OR BILATERAL; FOR OVARIAN, TUBAL	76.04	73.11	90	1	AS
58950		RESECTION (INITIAL) OF OVARIAN, TUBAL OR PRIMARY PERITONEAL MALIGNANCY WITH	72.57	69.78	90	1	AS

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
58951		RESECTION OF OVARIAN MALIGNANCY WITH BILATERAL SALPINGO-OOPHORECTOMY AND OM	93.37	89.78	90	1 S	AS
58952		RESECTION OF OVARIAN, TUBAL OR PRIMARY PERITONEAL MALIGNANCY WITH BILATERAL	105.46	101.40	90	1	AS
58953		BILATERAL SALPINGO-OOPHORECTOMY WITH OMENTECTOMY, TOTAL ABDOMINAL HYSTERECT	130.60	125.58	90	1	B AS
58954		BILATERAL SALPINGO-OOPHORECTOMY WITH OMENTECTOMY, TOTAL ABDOMINAL HYSTERECT	141.78	136.33	90	1	B AS
58956		BILATERAL SALPINGO-OOPHORECTOMY WITH TOTAL OMENTECTOMY, TOTAL ABDOMINAL HYS	92.87	89.30	90	1	AS
58957		RESECTION (TUMOR DEBULKING) OF RECURRENT OVARIAN, TUBAL, PRIMARY PERITONEAL	101.71	97.79	90	1	B AS
58958		RESECTION (TUMOR DEBULKING) OF RECURRENT OVARIAN, TUBAL, PRIMARY PERITONEAL	113.04	108.69	90	1	B AS
58960		LAPAROTOMY, FOR STAGING OR RESTAGING OF OVARIAN, TUBAL OR PRIMARY PERITONEA	62.72	60.31	90	1	AS
59025		FETAL NON-STRESS TEST	21.33	20.51	0	1	
59100		HYSTEROTOMY, ABDOMINAL (EG, FOR HYDATIDIFORM MOLE, ABORTION)	57.02	54.82	90	1	AS
59120		SURGICAL TREATMENT OF ECTOPIC PREGNANCY; TUBAL OR OVARIAN, REQUIRING SALPIN	54.46	52.37	90	1	AS
59121		SURGICAL TREATMENT OF ECTOPIC PREGNANCY; TUBAL OR OVARIAN, WITHOUT SALPINGE	54.67	52.57	90	1	AS
59136		SURGICAL TREATMENT OF ECTOPIC PREGNANCY; INTERSTITIAL, UTERINE PREGNANCY WI	60.53	58.21	90	1	AS
59140		SURGICAL TREATMENT OF ECTOPIC PREGNANCY; CERVICAL, WITH EVACUATION	28.25	27.16	90	1	AS
59150		LAPAROSCOPIC TREATMENT OF ECTOPIC PREGNANCY; WITHOUT SALPINGECTOMY AND/OR O	53.08	51.04	90	1	AS
59151		LAPAROSCOPIC TREATMENT OF ECTOPIC PREGNANCY; WITH SALPINGECTOMY AND/OR OOPH	51.62	49.64	90	1	AS
59350		HYSTERORRHAPHY OF RUPTURED UTERUS	19.34	18.59	0	1	AS
59410		VAGINAL DELIVERY ONLY (WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS); INCLUDIN	692.22	665.60	45	1	
59412		EXTERNAL CEPHALIC VERSION, WITH OR WITHOUT TOCOLYSIS (LIST IN ADDITION TO C	71.82	69.06	0	1	
59414		DELIVERY OF PLACENTA (SEPARATE PROCEDURE)	145.37	139.78	45	1	
59430	TH	POSTPARTUM CARE ONLY (SEPARATE PROCEDURE)	444.26	444.26	0	1	
59430		POSTPARTUM CARE ONLY (SEPARATE PROCEDURE)	43.26	41.60	0	1	
59515		CESAREAN DELIVERY ONLY; INCLUDING POSTPARTUM CARE	110.76	106.50	45	1	AS
59525		SUBTOTAL OR TOTAL HYSTERECTOMY AFTER CESAREAN DELIVERY (LIST SEPARATELY IN	41.88	40.27	90	1 S	AS
59614		VAGINAL DELIVERY ONLY, AFTER PREVIOUS CESAREAN DELIVERY (WITH OR WITHOUT EP	110.76	106.50	45	1	
59622		CESAREAN DELIVERY ONLY, FOLLOWING ATTEMPTED VAGINAL DELIVERY AFTER PREVIOUS	110.76	106.50	45	1	AS
59866		MULTIFETAL PREGNANCY REDUCTION(S) (MPR)	16.63	15.99	10	1 R	AS
59870		UTERINE EVACUATION AND CURETTAGE FOR HYDATIDIFORM MOLE	32.52	31.27	90	1	AS
59899		UNLISTED PROCEDURE, MATERNITY CARE AND DELIVERY			0	1 R	AS

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
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	B 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		UNLISTED LAPAROSCOPY PROCEDURE, ENDOCRINE SYSTEM			0	1 R	B AS
60699		UNLISTED PROCEDURE, ENDOCRINE SYSTEM			90	1 R	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	B AS
61156		BURR HOLE(S); WITH ASPIRATION OF HEMATOMA OR CYST, INTRACEREBRAL	82.55	79.38	90	1	AS

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
61250		BURR HOLE(S) OR TREPHINE, SUPRATENTORIAL, EXPLORATORY, NOT FOLLOWED BY OTHE	55.84	53.69	90	1	B 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	B 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	B 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	B 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

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
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

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
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	B 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	B AS
61585		ORBITOCRANIAL APPROACH TO ANTERIOR CRANIAL FOSSA, EXTRADURAL, INCLUDING SUP	194.58	187.09	90	1	B 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	B AS
61591		INFRATEMPORAL POST-AURICULAR APPROACH TO MIDDLE CRANIAL FOSSA (INTERNAL AUD	204.45	196.59	90	1	B AS
61592		ORBITOCRANIAL ZYGOMATIC APPROACH TO MIDDLE CRANIAL FOSSA (CAVERNOUS SINUS A	210.66	202.55	90	1	B AS
61595		TRANSTEMPORAL APPROACH TO POSTERIOR CRANIAL FOSSA, JUGULAR FORAMEN OR MIDLI	154.87	148.91	90	1	B AS
61596		TRANSCOCHLEAR APPROACH TO POSTERIOR CRANIAL FOSSA, JUGULAR FORAMEN OR MIDLI	167.95	161.49	90	1	B AS
61597		TRANSCONDYLAR (FAR LATERAL) APPROACH TO POSTERIOR CRANIAL FOSSA, JUGULAR FO	190.28	182.96	90	1	B 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	B AS

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
61610		TRANSECTION OR LIGATION, CAROTID ARTERY IN CAVERNOUS SINUS; WITH REPAIR BY	127.79	122.87	0	1	B AS
61611		TRANSECTION OR LIGATION, CAROTID ARTERY IN PETROUS CANAL; WITHOUT REPAIR (L	28.78	27.67	0	1	B AS
61612		TRANSECTION OR LIGATION, CAROTID ARTERY IN PETROUS CANAL; WITH REPAIR BY AN	110.12	105.89	0	1	B AS
61613		OBLITERATION OF CAROTID ANEURYSM, ARTERIOVENOUS MALFORMATION, OR CAROTID-CA	208.08	200.07	90	1	B 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

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
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	

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
62256		REMOVAL OF COMPLETE CEREBROSPINAL FLUID SHUNT SYSTEM; WITHOUT REPLACEMENT	38.91	37.41	90	1	AS
62258		REMOVAL OF COMPLETE CSF SHUNT SYSTEM; WITH REPLACEMENT BY SIMILAR OR OTHER	74.53	71.66	90	1	AS
62270		SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	62.22	59.82	0	1	
62273		INJECTION, EPIDURAL, OF BLOOD OR CLOT PATCH	64.82	62.33	0	1	
62280		INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED SALIN	117.10	112.59	10	1	
62282		INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED SALIN	58.97	56.70	10	1	
62310		INJECTION, SINGLE (NOT VIA INDWELLING CATHETER), NOT INCLUDING NEUROLYTIC S	42.31	40.68	0	1	
62311		INJECTION, SINGLE (NOT VIA INDWELLING CATHETER), NOT INCLUDING NEUROLYTIC S	70.03	67.34	0	1	
62318		INJECTION, INCLUDING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTEN	42.31	40.68	0	1	
62319		INJECTION, INCLUDING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTEN	39.53	38.01	0	1	
62351		IMPLANTATION, REVISION OR REPOSITIONING OF INTRATHECAL OR EPIDURAL CATHETER	55.95	53.80	90	1	AS
63001		LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAU	81.59	78.45	90	1	AS
63003		LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAU	81.80	78.65	90	1	AS
63005		LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAU	77.50	74.52	90	1	AS
63011		LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAU	73.95	71.11	90	1	AS
63012		LAMINECTOMY WITH REMOVAL OF ABNORMAL FACETS AND/OR PARS INTER-ARTICULARIS W	78.75	75.72	90	1	AS
63015		LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAU	98.01	94.24	90	1	AS
63016		LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAU	100.48	96.62	90	1	AS
63017		LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAU	81.88	78.73	90	1	AS
63020		LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDIN	77.84	74.84	90	1	B AS
63030		LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDIN	64.60	62.11	90	1	B AS
63035		LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDIN	13.58	13.05	90	11	B AS
63040		LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDIN	94.20	90.58	90	1	B AS
63042		LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDIN	87.95	84.56	90	1	B AS
63043		LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDIN	15.76	15.15	90	5	B AS
63044		LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDIN	15.76	15.15	90	4	B 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

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
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

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
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	B 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

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
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
63685		INSERTION OR REPLACEMENT OF SPINAL NEUROSTIMULATOR PULSE GENERATOR OR RECEI	32.85	31.59	90	1	AS
63700		REPAIR OF MENINGOCELE; LESS THAN 5 CM DIAMETER	81.04	77.93	90	1	AS
63702		REPAIR OF MENINGOCELE; LARGER THAN 5 CM DIAMETER	91.88	88.35	90	1	AS
63704		REPAIR OF MYELOMENINGOCELE; LESS THAN 5 CM DIAMETER	101.11	97.22	90	1	AS
63706		REPAIR OF MYELOMENINGOCELE; LARGER THAN 5 CM DIAMETER	120.02	115.41	90	1	AS
63707		REPAIR OF DURAL/CEREBROSPINAL FLUID LEAK, NOT REQUIRING LAMINECTOMY	60.04	57.73	90	1	AS
63709		REPAIR OF DURAL/CEREBROSPINAL FLUID LEAK OR PSEUDOMENINGOCELE, WITH LAMINEC	72.62	69.83	90	1	AS
63710		DURAL GRAFT, SPINAL	73.15	70.33	90	1	AS
63740		CREATION OF SHUNT, LUMBAR, SUBARACHNOID-PERITONEAL, -PLEURAL, OR OTHER; INC	62.80	60.39	90	1	AS
63741		CREATION OF SHUNT, LUMBAR, SUBARACHNOID-PERITONEAL, -PLEURAL, OR OTHER; PER	39.92	38.39	90	1	AS
63744		REPLACEMENT, IRRIGATION OR REVISION OF LUMBOSUBARACHNOID SHUNT	42.32	40.69	90	1	AS
64400		INJECTION, ANESTHETIC AGENT; TRIGEMINAL NERVE, ANY DIVISION OR BRANCH	42.18	40.56	0	1	
64402		INJECTION, ANESTHETIC AGENT; FACIAL NERVE	44.46	42.75	0	1	
64405		INJECTION, ANESTHETIC AGENT; GREATER OCCIPITAL NERVE	41.53	39.94	0	1	
64408		INJECTION, ANESTHETIC AGENT; VAGUS NERVE	49.19	47.30	0	1	

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
64410		INJECTION, ANESTHETIC AGENT; PHRENIC NERVE	54.72	52.62	0	1	
64412		INJECTION, ANESTHETIC AGENT; SPINAL ACCESSORY NERVE	54.89	52.78	0	1	
64413		INJECTION, ANESTHETIC AGENT; CERVICAL PLEXUS	45.44	43.69	0	1	
64415		INJECTION, ANESTHETIC AGENT; BRACHIAL PLEXUS, SINGLE	48.37	46.51	0	1	
64417		INJECTION, ANESTHETIC AGENT; AXILLARY NERVE	48.05	46.20	0	1	
64418		INJECTION, ANESTHETIC AGENT; SUPRASCAPULAR NERVE	52.12	50.11	0	1	
64420		INJECTION, ANESTHETIC AGENT; INTERCOSTAL NERVE, SINGLE	60.10	57.78	0	1	
64421		INJECTION, ANESTHETIC AGENT; INTERCOSTAL NERVES, MULTIPLE, REGIONAL BLOCK	87.14	83.78	0	1	
64425		INJECTION, ANESTHETIC AGENT; ILIOINGUINAL, ILIOHYPOGASTRIC NERVES	51.95	49.95	0	1	
64430		INJECTION, ANESTHETIC AGENT; PUDENDAL NERVE	64.33	61.86	0	1	
64435		INJECTION, ANESTHETIC AGENT; PARACERVICAL (UTERINE) NERVE	58.31	56.06	0	1	
64445		INJECTION, ANESTHETIC AGENT; SCIATIC NERVE, SINGLE	51.79	49.80	0	1	
64450		INJECTION, ANESTHETIC AGENT; OTHER PERIPHERAL NERVE OR BRANCH	43.16	41.50	0	1	
64455		INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, PLANTAR COMMON DIGITAL NERVE(S) (EG, MORTC	22.15	21.30			
64470		INJECTION, ANESTHETIC AGENT AND/OR STEROID, PARAVERTEBRAL FACET JOINT OR FA	136.11	130.87	0	1	B
64472		INJECTION, ANESTHETIC AGENT AND/OR STEROID, PARAVERTEBRAL FACET JOINT OR FA	55.89	53.74	0	2	B
64475		INJECTION, ANESTHETIC AGENT AND/OR STEROID, PARAVERTEBRAL FACET JOINT OR FA	123.85	119.09	0	1	B
64476		INJECTION, ANESTHETIC AGENT AND/OR STEROID, PARAVERTEBRAL FACET JOINT OR FA	47.55	45.72	0	2	B
64479		INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL; CERVIC	144.93	139.36	0	1	B
64480		INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL; CERVIC	67.65	65.05	0	2	B
64483		INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL; LUMBAR	144.93	139.36	0	1	B
64484		INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL; LUMBAR	69.77	67.09	0	2	B
64505		*INJECTION, ANESTHETIC AGENT; SPHENOPALATINE GANGLION	41.86	40.25	0	1	
64508		INJECTION, ANESTHETIC AGENT; CAROTID SINUS (SEPARATE PROCEDURE)	53.75	51.68	0	1	
64510		INJECTION, ANESTHETIC AGENT; STELLATE GANGLION (CERVICAL SYMPATHETIC)	52.12	50.11	0	1	
64517		INJECTION, ANESTHETIC AGENT; SUPERIOR HYPOGASTRIC PLEXUS	10.63	10.22	0	1	AS
64520		INJECTION, ANESTHETIC AGENT; LUMBAR OR THORACIC (PARAVERTEBRAL SYMPATHETIC	66.29	63.74	0	1	
64530		INJECTION, ANESTHETIC AGENT; CELIAC PLEXUS, WITH OR WITHOUT RADIOLOGIC MON	71.98	69.22	0	1	
64580		INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; NEUROMUSCULAR	19.13	18.39	90	1	AS

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
64585		REVISION OR REMOVAL OF PERIPHERAL NEUROSTIMULATOR ELECTRODES	11.94	11.48	10	1	AS
64590		INSERTION OR REPLACEMENT OF PERIPHERAL OR GASTRIC NEUROSTIMULATOR PULSE GEN	23.57	22.67	10	1	AS
64600		DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SUPRAORBITAL, INFRAORBIT	150.48	144.70	10	1	
64605		DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SECOND AND THIRD DIVISIO	228.01	219.24	10	1	
64610		DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SECOND AND THIRD DIVISIO	291.69	280.47	10	1	
64620		DESTRUCTION BY NEUROLYTIC AGENT; INTERCOSTAL NERVE	105.21	101.17	10	1	
64626		DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE; CERVICAL	96.21	92.51	10	1	
64627		DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE; CERVICAL	24.18	23.25	0	2	
64630		DESTRUCTION BY NEUROLYTIC AGENT; PUDENDAL NERVE	97.07	93.34	10	1	
64632		DESTRUCTION BY NEUROLYTIC AGENT; PLANTAR COMMON DIGITAL NERVE	35.83	34.46			
64640		DESTRUCTION BY NEUROLYTIC AGENT; OTHER PERIPHERAL NERVE OR BRANCH	88.60	85.19	10	1	
64650		CHEMODENERVATION OF ECCRINE GLANDS; BOTH AXILLAE	24.18	23.25	0	1	
64653		CHEMODENERVATION OF ECCRINE GLANDS; OTHER AREA(S) (EG, SCALP, FACE, NECK),	27.93	26.86	0	1	
64680		DESTRUCTION BY NEUROLYTIC AGENT, WITH OR WITHOUT RADIOLOGIC MONITORING; CEL	116.94	112.44	10	1	
64681		DESTRUCTION BY NEUROLYTIC AGENT, WITH OR WITHOUT RADIOLOGIC MONITORING; SUP	13.93	13.39	10	1	AS
64704		NEUROPLASTY; NERVE OF HAND OR FOOT	22.46	21.60	90	1	AS
64708		NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; OTHER THAN SPECIFIED	31.84	30.62	90	1	AS
64712		NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; SCIATIC NERVE	36.35	34.95	90	1	AS
64713		NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; BRACHIAL PLEXUS	51.75	49.76	90	1	AS
64714		NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; LUMBAR PLEXUS	44.12	42.42	90	1	AS
64716		NEUROPLASTY AND/OR TRANSPOSITION; CRANIAL NERVE (SPECIFY)	34.06	32.75	90	1	AS
64722		DECOMPRESSION; UNSPECIFIED NERVE(S) (SPECIFY)	22.20	21.35	90	1	AS
64732		TRANSECTION OR AVULSION OF; SUPRAORBITAL NERVE	26.03	25.03	90	1	AS
64736		TRANSECTION OR AVULSION OF; MENTAL NERVE	25.82	24.83	90	1	AS
64738		TRANSECTION OR AVULSION OF; INFERIOR ALVEOLAR NERVE BY OSTEOTOMY	30.59	29.42	90	1	AS
64740		TRANSECTION OR AVULSION OF; LINGUAL NERVE	30.10	28.94	90	1	AS
64742		TRANSECTION OR AVULSION OF; FACIAL NERVE, DIFFERENTIAL OR COMPLETE	30.80	29.62	90	1	AS
64746		TRANSECTION OR AVULSION OF; PHRENIC NERVE	29.11	27.99	90	1	AS
64752		TRANSECTION OR AVULSION OF; VAGUS NERVE (VAGOTOMY), TRANSTHORACIC	33.38	32.10	90	1	AS

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
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	B AS
64763		TRANSECTION OR AVULSION OF OBTURATOR NERVE, EXTRAPELVIC, WITH OR WITHOUT AD	32.17	30.94	90	1	B AS
64766		TRANSECTION OR AVULSION OF OBTURATOR NERVE, INTRAPELVIC, WITH OR WITHOUT AD	41.82	40.22	90	1	B 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	B AS
64804		SYMPATHECTOMY, CERVICOTHORACIC	60.35	58.03	90	1	B AS
64809		SYMPATHECTOMY, THORACOLUMBAR	57.54	55.32	90	1	B AS
64818		SYMPATHECTOMY, LUMBAR	44.09	42.39	90	1	B 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

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
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	B AS
65110		EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL OF ORBITAL CON	73.01	70.21	90	1	B AS
65112		EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL OF ORBITAL CON	86.04	82.74	90	1	B AS
65114		EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL OF ORBITAL CON	89.35	85.92	90	1	B AS
65210		REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CONJUNCTIVAL EMBEDDED (INCLUDES CON	26.22	25.22	0	1	B
65220		REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CORNEAL, WITHOUT SLIT LAMP	22.15	21.30	0	1	B
65260		REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM POSTERIOR SEGMENT, MAGNETIC EXTR	57.20	55.00	90	1	B AS
65265		REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM POSTERIOR SEGMENT, NONMAGNETIC E	64.39	61.91	90	1	B AS
65285		REPAIR OF LACERATION; CORNEA AND/OR SCLERA, PERFORATING, WITH REPOSITION OR	62.33	59.93	90	1	B AS
65710		KERATOPLASTY (CORNEAL TRANSPLANT); LAMELLAR	65.80	63.27	90	1	B AS
65730		KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (EXCEPT IN APHAKIA)	73.30	70.48	90	1	B AS
65750		KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (IN APHAKIA)	74.16	71.31	90	1	B AS
65755		KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (IN PSEUDOPHAKIA)	73.75	70.91	90	1	B AS
65756		KERATOPLASTY (CORNEAL TRANSPLANT); ENDOTHELIAL	72.66	69.86			B AS

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
65770		KERATOPROSTHESIS	84.79	81.53	90	1	B AS
65900		REMOVAL OF EPITHELIAL DOWNGROWTH, ANTERIOR CHAMBER OF EYE	57.30	55.10	90	1	B AS
66165		FISTULIZATION OF SCLERA FOR GLAUCOMA; IRIDENCELEISIS OR IRIDOTASIS	50.19	48.26	90	1	B AS
66170		FISTULIZATION OF SCLERA FOR GLAUCOMA; TRABECULECTOMY AB EXTERNO IN ABSENCE	70.67	67.95	90	1	B AS
66172		FISTULIZATION OF SCLERA FOR GLAUCOMA; TRABECULECTOMY AB EXTERNO WITH SCARRI	88.99	85.57	90	1	B AS
66180		AQUEOUS SHUNT TO EXTRAOCULAR RESERVOIR, (EG, MOLTENO, SCHOCKET, DENVER-KRUP	70.15	67.45	90	1	B AS
66185		REVISION OF AQUEOUS SHUNT TO EXTRAOCULAR RESERVOIR	44.48	42.77	90	1	B AS
66220		REPAIR OF SCLERAL STAPHYLOMA; WITHOUT GRAFT	43.70	42.02	90	1	B AS
66225		REPAIR OF SCLERAL STAPHYLOMA; WITH GRAFT	55.82	53.67	90	1	B AS
67010		REMOVAL OF VITREOUS, ANTERIOR APPROACH (OPEN SKY TECHNIQUE OR LIMBAL INCISI	32.52	31.27	90	1	B AS
67027		IMPLANTATION OF INTRAVITREAL DRUG DELIVERY SYSTEM (EG, GANCICLOVIR IMPLANT)	51.28	49.31	90	1	B AS
67030		DISCISSION OF VITREOUS STRANDS (WITHOUT REMOVAL), PARS PLANA APPROACH	31.01	29.82	90	1	B AS
67036		VITRECTOMY, MECHANICAL, PARS PLANA APPROACH;	57.67	55.45	90	1	B AS
67039		VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH FOCAL ENDOLASER PHOTOCOAG	73.77	70.93	90	1	B AS
67040		VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH ENDOLASER PANRETINAL PHOT	85.13	81.86	90	1	B AS
67107		REPAIR OF RETINAL DETACHMENT; SCLERAL BUCKLING (SUCH AS LAMELLAR SCLERAL DI	72.78	69.98	90	1	B AS
67108		REPAIR OF RETINAL DETACHMENT; WITH VITRECTOMY, ANY METHOD, WITH OR WITHOUT	96.83	93.11	90	1	B AS
67112		REPAIR OF RETINAL DETACHMENT; BY SCLERAL BUCKLING OR VITRECTOMY, ON PATIENT	80.03	76.95	90	1	B AS
67121		REMOVAL OF IMPLANTED MATERIAL, POSTERIOR SEGMENT; INTRAOCULAR	54.33	52.24	90	1	B AS
67255		SCLERAL REINFORCEMENT (SEPARATE PROCEDURE); WITH GRAFT	49.80	47.88	90	1	B AS
67332		STRABISMUS SURGERY ON PATIENT WITH SCARRING OF EXTRAOCULAR MUSCLES (EG, PRI	20.74	19.94	90	1	B AS
67340		STRABISMUS SURGERY INVOLVING EXPLORATION AND/OR REPAIR OF DETACHED EXTRAOCU	22.41	21.55	90	1	B AS
67343		RELEASE OF EXTENSIVE SCAR TISSUE WITHOUT DETACHING EXTRAOCULAR MUSCLE (SEPA	38.91	37.41	90	1	B AS
67399		UNLISTED PROCEDURE, OCULAR MUSCLE			90	1 R	B AS
67400		ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); FOR E	55.30	53.17	90	1	B AS
67405		ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH	47.19	45.38	90	1	B AS
67412		ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH	50.74	48.78	90	1	B AS
67413		ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH	51.00	49.03	90	1	B AS
67414		ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH	79.84	76.77	90	1	B AS

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
67420		ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH	98.03	94.26	90	1	B AS
67430		ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH	74.37	71.51	90	1	B AS
67440		ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH	71.63	68.88	90	1	B AS
67445		ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH	84.98	81.71	90	1	B AS
67450		ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); FOR	74.40	71.54	90	1	B AS
67500		RETROBULBAR INJECTION; MEDICATION (SEPARATE PROCEDURE, DOES NOT INCLUDE SU	34.20	32.89	0	1	B
67570		OPTIC NERVE DECOMPRESSION (EG, INCISION OR FENESTRATION OF OPTIC NERVE SHEA	68.87	66.22	90	1	B AS
67599		UNLISTED PROCEDURE, ORBIT			90	1 R	B 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	B 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	B
69320		RECONSTRUCTION EXTERNAL AUDITORY CANAL FOR CONGENITAL ATRESIA, SINGLE STAGE	100.51	96.64	90	1	AS
69530		PETROUS APICECTOMY INCLUDING RADICAL MASTOIDECTOMY	108.85	104.66	90	1	AS
69550		EXCISION AURAL GLOMUS TUMOR; TRANSCANAL	68.14	65.52	90	1	AS
69552		EXCISION AURAL GLOMUS TUMOR; TRANSMASTOID	103.24	99.27	90	1	AS
69554		EXCISION AURAL GLOMUS TUMOR; EXTENDED (EXTRATEMPORAL)	162.06	155.82	90	1	AS
69605		REVISION MASTOIDECTOMY; WITH APICECTOMY	102.77	98.82	90	1	AS
69670		MASTOID OBLITERATION (SEPARATE PROCEDURE)	61.94	59.56	90	1	AS
69725		DECOMPRESSION FACIAL NERVE, INTRATEMPORAL; INCLUDING MEDIAL TO GENICULATE G	126.02	121.17	90	1	AS
69740		SUTURE FACIAL NERVE, INTRATEMPORAL, WITH OR WITHOUT GRAFT OR DECOMPRESSION;	77.65	74.67	90	1	AS
69745		SUTURE FACIAL NERVE, INTRATEMPORAL, WITH OR WITHOUT GRAFT OR DECOMPRESSION;	73.15	70.34	90	1	AS
69802		LABYRINTHOTOMY, WITH OR WITHOUT CRYOSURGERY OR OTHER NONEXCISIONAL DESTRUCT	68.90	66.25	90	1	AS
69805		ENDOLYMPHATIC SAC OPERATION; WITHOUT SHUNT	69.60	66.92	90	1	AS

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
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
80048		BASIC METABOLIC PANEL		8.00		1	
80069		RENAL FUNCTION PANEL		8.00		1	
80074		ACUTE HEPATITIS PANEL		46.00		1	
80076		HEPATIC FUNCTION PANEL		7.50		1	
81000		URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOB		3.00		4	
81001		URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOB		3.27		4	
81002		URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOB		2.00		1	
81015		URINALYSIS; MICROSCOPIC ONLY		2.00		1	
81025		URINE PREGNANCY TEST, BY VISUAL COLOR COMPARISON METHODS		6.50		1	
82270		BLOOD, OCCULT, BY PEROXIDASE ACTIVITY (EG, GUAIAC), QUALITATIVE; FECES, CON		2.00		1	
82274		BLOOD, OCCULT, BY FECAL HEMOGLOBIN DETERMINATION BY IMMUNOASSAY, QUALITATIV		2.00		1	
82947		GLUCOSE; QUANTITATIVE, BLOOD (EXCEPT REAGENT STRIP)		3.50		10	
82948		GLUCOSE; BLOOD, REAGENT STRIP		3.00		10	
82950		GLUCOSE; POST GLUCOSE DOSE (INCLUDES GLUCOSE)		4.00		1	
82951		GLUCOSE; TOLERANCE TEST (GTT), THREE SPECIMENS (INCLUDES GLUCOSE)		13.00		1	
82962		GLUCOSE, BLOOD BY GLUCOSE MONITORING DEVICE(S) CLEARED BY THE FDA SPECIFICA		2.75		1	
83026		HEMOGLOBIN; BY COPPER SULFATE METHOD, NON-AUTOMATED		2.50		1	
83655		LEAD		10.50		1	
84702		GONADOTROPIN, CHORIONIC (HCG); QUANTITATIVE		15.50		1	
84703		GONADOTROPIN, CHORIONIC (HCG); QUALITATIVE		7.00		1	
85002		BLEEDING TIME		4.50		1	
85004		BLOOD COUNT; AUTOMATED DIFFERENTIAL WBC COUNT		6.00		1	

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
85007		BLOOD COUNT; BLOOD SMEAR, MICROSCOPIC EXAMINATION WITH MANUAL DIFFERENTIAL		3.50		10	
85013		BLOOD COUNT; SPUN MICROHEMATOCRIT		2.50		1	
85014		BLOOD COUNT; HEMATOCRIT (HCT)		2.00		10	
85018		BLOOD COUNT; HEMOGLOBIN (HGB)		2.00		10	
85025		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC, WBC AND PLATELET COU		8.00		4	
85049		BLOOD COUNT; PLATELET, AUTOMATED		4.00		1	
85651		SEDIMENTATION RATE, ERYTHROCYTE, NON-AUTOMATED		3.50		1	
85660		SICKLING OF RBC, REDUCTION		4.00		1	
86318		IMMUNOASSAY FOR INFECTIOUS AGENT ANTIBODY, QUALITATIVE OR SEMIQUANTITATIVE,		14.00		1	
86403		PARTICLE AGGLUTINATION; SCREEN, EACH ANTIBODY		11.00		1	
86580		SKIN TEST; TUBERCULOSIS, INTRADERMAL	2.77	3.20		1	
86592		SYPHILIS TEST; QUALITATIVE (EG, VDRL, RPR, ART)		4.00		1	
87040		CULTURE, BACTERIAL; BLOOD, AEROBIC, WITH ISOLATION AND PRESUMPTIVE IDENTIFI		10.50		3	
87210		SMEAR, PRIMARY SOURCE WITH INTERPRETATION; WET MOUNT FOR INFECTIOUS AGENTS		4.00		1	
87220		TISSUE EXAMINATION BY KOH SLIDE OF SAMPLES FROM SKIN, HAIR, OR NAILS FOR FU		4.00		1	
87650		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); STREPTOCOCCUS, GRO		12.00		1	
87880		INFECTIOUS AGENT DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATION;		11.50		1	
89130		GASTRIC INTUBATION AND ASPIRATION, DIAGNOSTIC, EACH SPECIMEN, FOR CHEMICAL	112.70	130.25		2	
89190		NASAL SMEAR FOR EOSINOPHILS		4.50		1	
90471		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBCUTANEO		5.00		1	
90472		EACH ADDITIONAL VACCINE (SINGLE OR COMBINATION VACCINE/TOXOID) (LIST		5.00		5	
90632		HEPATITIS A VACCINE, ADULT DOSAGE, FOR INTRAMUSCULAR USE		71.91		1	
90633		HEPATITIS A VACCINE, PEDIATRIC/ADOLESCENT DOSAGE-2 DOSE SCHEDULE, FOR		10.00		1	
90634		HEPATITIS A VACCINE, PEDIATRIC/ADOLESCENT DOSAGE-3 DOSE SCHEDULE, FOR		10.00		1	
90645		HEMOPHILUS INFLUENZA B VACCINE (HIB), HBOC CONJUGATE (4 DOSE SCHEDULE), FOR		10.00		1	
90647		HEMOPHILUS INFLUENZA B VACCINE (HIB), PRP-OMP CONJUGATE (3 DOSE SCHEDULE),		10.00		1	
90648		HEMOPHILUS INFLUENZA B VACCINE (HIB), PRP-T CONJUGATE (4 DOSE SCHEDULE), FO		10.00		1	
90649		HUMAN PAPILLOMA VIRUS (HPV) VACCINE, TYPES 6, 11, 16, 18 (QUADRIVALENT), 3		10.00		1	R
90649	HA	HUMAN PAPILLOMA VIRUS (HPV) VACCINE, TYPES 6,11,16,18 (QUADRIVALENT), 3		142.81		1	

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
90655		INFLUENZA VIRUS VACCINE, SPLIT VIRUS, PRESERVATIVE FREE, WHEN ADMINISTERED		10.00		1	
90656	HA	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, PRESERVATIVE FREE, FOR USE IN		25.89		1	
90656		INFLUENZA VIRUS VACCINE, SPLIT VIRUS, PRESERVATIVE FREE, WHEN ADMINISTERED		10.00		1	
90657		INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO CHILDREN 6-35 MO		10.00		1	
90658		INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO 3 YEARS OF AGE A		10.00		1	
90658	HA	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, 3 YEARS AND ABOVE DOSAGE, FOR		25.89		1	
90660		INFLUENZA VIRUS VACCINE, LIVE, FOR INTRANASAL USE		29.39		1	
90669		PNEUMOCOCCAL CONJUGATE VACCINE, POLYVALENT, WHEN ADMINISTERED TO CHILDREN Y		10.00		1	
90680		ROTAVIRUS VACCINE, PENTAVALENT, 3 DOSE SCHEDULE, LIVE, FOR ORAL USE		10.00		1	
90700		DIPHTHERIA, TETANUS TOXOIDS, AND ACELLULAR PERTUSSIS VACCINE (DTAP), WHEN A		10.00		1	
90702		DIPHTHERIA AND TETANUS TOXOIDS (DT) ADSORBED WHEN ADMINISTERED TO YOUNGER T		10.00		1	
90704	HA	MUMPS VIRUS VACCINE, LIVE, FOR SUBCUTANEOUS OR JET INJECTION USE		33.09		1	
90704		MUMPS VIRUS VACCINE, LIVE, FOR SUBCUTANEOUS USE		10.00		1	
90707		MEASLES, MUMPS AND RUBELLA VIRUS VACCINE (MMR), LIVE, FOR SUBCUTANEOUS USE		10.00		1	
90707	HA	MEASLES, MUMPS AND RUBELLA VIRUS VACCINE (MMR), LIVE, FOR SUBCUTANEOUS OR J		55.15		1	
90708		MEASLES AND RUBELLA VIRUS VACCINE, LIVE, FOR SUBCUTANEOUS USE		10.00		1	
90710		MEASLES, MUMPS, RUBELLA, AND VARICELLA VACCINE (MMRV), LIVE, FOR SUBCUTANEO		10.00		1	
90713		POLIOVIRUS VACCINE, INACTIVATED, (IPV), FOR SUBCUTANEOUS OR INTRAMUSCULAR U		10.00		1	
90714		TETANUS AND DIPHTHERIA TOXOIDS (TD) ADSORBED, PRESERVATIVE FREE, WHEN ADMIN		10.00		1	
90714	HA	TETANUS AND DIPHTHERIA TOXOIDS(TD) ADSORBED,PRESERVATIVE FREE, FOR USE IN		29.69		1	
90715		TETANUS, DIPHTHERIA TOXOIDS AND ACELLULAR PERTUSSIS VACCINE (TDAP), WHEN AD		10.00		1	
90715	HA	TETANUS, DIPHTHERIA TOXOIDS AND ACELLULAR PERTUSSIS VACCINE (TDAP),		48.65		1	
90716		VARICELLA VIRUS VACCINE, LIVE, FOR SUBCUTANEOUS USE		10.00		1	
90716	HA	VARICELLA VIRUS VACCINE, LIVE, FOR SUBCUTANEOUS USE		94.80		1	
90718	HA	TETANUS AND DIPHTHERIA TOXOIDS (TD) ADSORBED FOR USE IN INDIVIDUALS SEVEN Y		16.29		1	
90718		TETANUS AND DIPHTHERIA TOXOIDS (TD) ADSORBED WHEN ADMINISTERED TO 7 YEARS O		10.00		1	
90721		DIPHTHERIA, TETANUS TOXOIDS, AND ACELLULAR PERTUSSIS VACCINE AND HEMOPHILUS		10.00		1	
90723		DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCINE, HEPATITIS B, AND		10.00		1	
90732	HA	PNEUMOCOCCAL POLYSACCHARIDE VACCINE, 23-VALENT, ADULT OR IMMUNOSUPPRESSED P		69.95		1	

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
90732		PNEUMOCOCCAL POLYSACCHARIDE VACCINE, 23-VALENT, ADULT OR IMMUNOSUPPRESSED P		10.00		1	
90733		MENINGOCOCCAL POLYSACCHARIDE VACCINE (ANY GROUP(S)), FOR SUBCUTANEOUS USE		109.83		1	
90734		MENINGOCOCCAL CONJUGATE VACCINE, SEROGROUPS A, C, Y AND W-135 (TETRAVALENT)		10.00		1	
90734	HA	MENINGOCOCCAL CONJUGATE VACCINE, SEROGROUPS A, C, Y AND W-135		107.94		1	
90743		HEPATITIS B VACCINE, ADOLESCENT (2 DOSE SCHEDULE), FOR INTRAMUSCULAR USE		10.00		1	
90744		HEPATITIS B VACCINE, PEDIATRIC/ADOLESCENT DOSAGE (3 DOSE SCHEDULE), FOR INT		10.00		1	
90746		HEPATITIS B VACCINE, ADULT DOSAGE, FOR INTRAMUSCULAR USE		72.39		1	
90748		HEPATITIS B AND HEMOPHILUS INFLUENZA B VACCINE (HEPB-HIB), FOR INTRAMUSCULA		10.00		1	
90749		UNLISTED VACCINE/TOXOID		NA		1	R
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 INCLUDE MC	428.99	412.49			

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
90952		(ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS YOUNGER THAN 2 YEARS OF AGE TO INCLUDE MC	198.21	190.58			
90953		(ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS YOUNGER THAN 2 YEARS OF AGE TO INCLUDE MC	131.60	126.54			
90954		(ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 2-11 YEARS OF AGE TO INCLUDE MONITORING FO	358.79	344.99			
90955		(ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 2-11 YEARS OF AGE TO INCLUDE MONITORING FO	198.21	190.58			
90956		(ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 2-11 YEARS OF AGE TO INCLUDE MONITORING FO	131.60	126.54			
90957		(ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 12-19 YEARS OF AGE TO INCLUDE MONITORING FC	286.81	275.78			
90958		(ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 12-19 YEARS OF AGE TO INCLUDE MONITORING FC	190.39	183.06			
90959		(ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 12-19 YEARS OF AGE TO INCLUDE MONITORING FC	121.82	117.14			
90960		(ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 20 YEARS OF AGE AND OLDER; WITH 4 OR MORE F	124.76	119.96			
90961		END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 20 YEARS OF AGE AN	99.84	96.00			
90962		END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 20 YEARS OF AGE AN	70.84	68.12			
90963		(ESRD) RELATED SERVICES FOR HOME DIALYSIS PER FULL MONTH, FOR PATIENTS YOUNGER THAN 2 YE	228.99	220.18			
90964		(ESRD) RELATED SERVICES FOR HOME DIALYSIS PER FULL MONTH, FOR PATIENTS 2-11 YEARS OF AGE 1	199.67	191.99			
90965		(ESRD) RELATED SERVICES FOR HOME DIALYSIS PER FULL MONTH, FOR PATIENTS 12-19 YEARS OF AGE	190.23	182.91			
90966		END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR HOME DIALYSIS PER FULL MONTH, FOR PA	98.37	94.58			
90967		END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR DIALYSIS LESS THAN A FULL MONTH OF SE	8.47	8.14			
90968		END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR DIALYSIS LESS THAN A FULL MONTH OF SE	6.84	6.58			
90969		END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR DIALYSIS LESS THAN A FULL MONTH OF SE	6.68	6.42			
90970		END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR DIALYSIS LESS THAN A FULL MONTH OF SE	3.42	3.29			
91000		ESOPHAGEAL INTUBATION AND COLLECTION OF WASHINGS FOR CYTOLOGY, INCLUDING PR	46.58	44.78		1	
91105		GASTRIC INTUBATION, AND ASPIRATION OR LAVAGE FOR TREATMENT (EG, FOR INGESTE	32.74	31.48		1	
92504		BINOCULAR MICROSCOPY (SEPARATE DIAGNOSTIC PROCEDURE)	12.70	12.22		1	
92526		TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING	35.02	33.67		1	
92567		TYMPANOMETRY (IMPEDANCE TESTING)	8.99	8.64		1	
92950		CARDIOPULMONARY RESUSCITATION (EG, IN CARDIAC ARREST)	117.43	112.91		1	
92992		ATRIAL SEPTECTOMY OR SEPTOSTOMY; TRANSVENOUS METHOD, BALLOON (EG, RASHKIND	64.44	61.97	90	1	AS
92993		ATRIAL SEPTECTOMY OR SEPTOSTOMY; BLADE METHOD (PARK SEPTOSTOMY) (INCLUDES C	38.76	37.27	90	1	AS
93000		ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; WITH INTERPRETATION	8.63	8.30		1	
94010		SPIROMETRY, INCLUDING GRAPHIC RECORD, TOTAL AND TIMED VITAL CAPACITY, EXPIR	14.98	14.41		1	

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
94060		BRONCHODILATION RESPONSIVENESS, SPIROMETRY AS IN 94010, PRE- AND POST-BRONC	26.87	25.84		1	
94070		BRONCHOSPASM PROVOCATION EVALUATION, MULTIPLE SPIROMETRIC DETERMINATIONS AS	27.85	26.78		1	
94150		VITAL CAPACITY, TOTAL (SEPARATE PROCEDURE)	9.31	8.95		1	
94200		MAXIMUM BREATHING CAPACITY, MAXIMAL VOLUNTARY VENTILATION	10.42	10.02		1	
94240		FUNCTIONAL RESIDUAL CAPACITY OR RESIDUAL VOLUME: HELIUM METHOD, NITROGEN OP	18.08	17.38		1	
94250		EXPIRED GAS COLLECTION, QUANTITATIVE, SINGLE PROCEDURE (SEPARATE PROCEDURE)	10.42	10.02		1	
94260		THORACIC GAS VOLUME	14.82	14.25		1	
94350		DETERMINATION OF MALDISTRIBUTION OF INSPIRED GAS: MULTIPLE BREATH NITROGEN	15.14	14.56		1	
94360		DETERMINATION OF RESISTANCE TO AIRFLOW, OSCILLATORY OR PLETHYSMOGRAPHIC MET	20.36	19.58		1	
94370		DETERMINATION OF AIRWAY CLOSING VOLUME, SINGLE BREATH TESTS	14.49	13.94		1	
94375		RESPIRATORY FLOW VOLUME LOOP	16.94	16.29		1	
94400		BREATHING RESPONSE TO CO2 (CO2 RESPONSE CURVE)	24.27	23.34		1	
94450		BREATHING RESPONSE TO HYPOXIA (HYPOXIA RESPONSE CURVE)	23.29	22.39		1	
94610		INTRAPULMONARY SURFACTANT ADMINISTRATION BY A PHYSICIAN THROUGH ENDOTRACHEA	29.15	28.03		1	
94640		PRESSURIZED OR NONPRESSURIZED INHALATION TREATMENT FOR ACUTE AIRWAY OBSTRUC	6.35	6.10		3	
94644		CONTINUOUS INHALATION TREATMENT WITH AEROSOL MEDICATION FOR ACUTE AIRWAY OB	15.31	14.72		1	
94645		CONTINUOUS INHALATION TREATMENT WITH AEROSOL MEDICATION FOR ACUTE AIRWAY OB	6.02	5.79		1	
94664		DEMONSTRATION AND/OR EVALUATION OF PATIENT UTILIZATION OF AN AEROSOL GENERA	7.01	6.74		1	
94667		MANIPULATION CHEST WALL, SUCH AS CUPPING, PERCUSSING, AND VIBRATION TO FACI	9.29	8.93		1	
94680		OXYGEN UPTAKE, EXPIRED GAS ANALYSIS; REST AND EXERCISE, DIRECT, SIMPLE	22.47	21.61		1	
94681		OXYGEN UPTAKE, EXPIRED GAS ANALYSIS; INCLUDING CO2 OUTPUT, PERCENTAGE OXYGE	22.31	21.46		1	
94690		OXYGEN UPTAKE, EXPIRED GAS ANALYSIS; REST, INDIRECT (SEPARATE PROCEDURE)	18.73	18.01		1	
94720		CARBON MONOXIDE DIFFUSING CAPACITY (EG, SINGLE BREATH, STEADY STATE)	23.61	22.70		1	
94725		MEMBRANE DIFFUSION CAPACITY	22.15	21.30		1	
94750		PULMONARY COMPLIANCE STUDY (EG, PLETHYSMOGRAPHY, VOLUME AND PRESSURE MEASUR	33.55	32.26		1	
94770		CARBON DIOXIDE, EXPIRED GAS DETERMINATION BY INFRARED ANALYZER	16.94	16.29		1	
95806		SLEEP STUDY, SIMULTANEOUS RECORDING OF VENTILATION, RESPIRATORY EFFORT, ECG	96.41	92.70		1	
95992		CANALITH REPOSITIONING PROCEDURE(S) (EG, EPLEY MANEUVER, SEMONT MANEUVER), PER DAY	18.40	17.70			
96101		PSYCHOLOGICAL TESTING (INCLUDES PSYCHODIAGNOSTIC ASSESSMENT OF EMOTIONALITY	36.97	35.55		4	

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
96102		PSYCHOLOGICAL TESTING (INCLUDES PSYCHODIAGNOSTIC ASSESSMENT OF EMOTIONALITY	24.59	23.65		1	
96103		PSYCHOLOGICAL TESTING (INCLUDES PSYCHODIAGNOSTIC ASSESSMENT OF EMOTIONALITY	23.61	22.70		1	
96116		NEUROBEHAVIORAL STATUS EXAM (CLINICAL ASSESSMENT OF THINKING, REASONING AND	42.02	40.40		3	
96118		NEUROPSYCHOLOGICAL TESTING (EG, HALSTEAD-REITAN NEUROPSYCHOLOGICAL BATTERY,	46.58	44.78		3	
96119		NEUROPSYCHOLOGICAL TESTING (EG, HALSTEAD-REITAN NEUROPSYCHOLOGICAL BATTERY,	35.18	33.82		3	
96120		NEUROPSYCHOLOGICAL TESTING (EG, WISCONSIN CARD SORTING TEST), ADMINISTERED	34.36	33.04		1	
96401		CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; NON-HORMONAL AN	33.06	31.79		1	
96402		CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; HORMONAL ANTI-N	15.48	14.88		1	
96409		CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS, PUSH TECHNIQUE, SINGLE OR INITIAL	49.67	47.76		1	
96411		CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS, PUSH TECHNIQUE, EACH ADDITIONAL S	28.34	27.25		1	
96413		CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; UP TO 1 HOUR,	63.84	61.38		1	
96415		CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONA	14.66	14.10		7	
96416		CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; INITIATION OF	70.03	67.34		1	
96417		CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONA	32.25	31.01		1	
96523		IRRIGATION OF IMPLANTED VENOUS ACCESS DEVICE FOR DRUG DELIVERY SYSTEMS	11.07	10.65		1	
97602		REMOVAL OF DEVITALIZED TISSUE FROM WOUND; NON-SELECTIVE DEBRIDEMENT, WITHOU	17.22	16.56		1	
99050		SERVICES PROVIDED IN THE OFFICE AT TIMES OTHER THAN REGULARLY SCHEDULED OFF	6.06	5.82		1	
99070		SUPPLIES AND MATERIALS (EXCEPT SPECTACLES), PROVIDED BY THE PHYSICIAN OVER					R
99143		MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 00	44.40	42.69		1	R
99144		MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 00	44.40	42.69		1	R
99145		MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 00	22.20	21.34		4	R
99148		MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 00	44.40	42.69		1	R
99149		MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 00	44.40	42.69		1	R
99150		MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES	22.20	21.34		4	R
99195		PHLEBOTOMY, THERAPEUTIC (SEPARATE PROCEDURE)	39.74	38.21		1	
99201		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	25.96	24.96		1	
99202		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	27.21	26.17		1	
99203		OFFICE AND OUTPATIENT VISIT FOR A NEW PATIENT MUST INCLUDE A DETAILED	40.50	38.94		1	
99204		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	57.27	55.07		1	

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
99211	FP	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES	8.17	7.86		1	
99211		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES	10.38	9.98		1	
99211	TD	CLINIC VISIT				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	
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	
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	

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
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	

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
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	55.07		1	
99382		INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPR	57.27	55.07		1	
99383		INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPR	57.27	55.07		1	
99383	FP	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN	39.70	38.18		1	
99384	FP	INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPR	43.30	41.63		1	
99384		INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPR	57.27	55.07		1	
99385		INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPR	57.27	55.07		1	
99385	EP	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN	57.27	55.07		1	
99385	FP	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN	43.30	41.63		1	
99386	FP	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN	50.49	48.54		1	
99386		INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPR	54.72	52.62		1	
99387		INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPR	60.26	57.94		1	
99391		PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF A	57.27	55.07		1	
99392		PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A CO	57.27	55.07		1	
99393		PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A CO	57.27	55.07		1	
99393	FP	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF A	34.80	33.46		1	
99394		PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A CO	57.27	55.07		1	
99394	FP	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF A	38.24	36.77		1	
99395	FP	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF A	38.24	36.77		1	
99395	EP	PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A	57.27	55.07		1	
99395		PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A CO	57.27	55.07		1	
99396		PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A CO	45.44	43.69		1	
99396	FP	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF A	41.83	40.22		1	
99397		PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A CO	50.98	49.02		1	
99401		PREVENTIVE MEDICINE COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S)	15.14	14.56		1	

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
99402		COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S) PROVIDED TO A HEALT	26.06	25.06		1	
99403	FP	COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S) PROVIDED TO A HEALT	33.99	32.68		1	
99460		INITIAL HOSPITAL OR BIRTHING CENTER CARE, PER DAY, FOR EVALUATION AND MANAGEMENT OF NORM	25.24	24.27			
99461		INITIAL CARE, PER DAY, FOR EVALUATION AND MANAGEMENT OF NORMAL NEWBORN INFANT SEEN IN O	41.37	39.78			
99462		SUBSEQUENT HOSPITAL CARE, PER DAY, FOR EVALUATION AND MANAGEMENT OF NORMAL NEWBORN	13.52	13.00			
99463		INITIAL HOSPITAL OR BIRTHING CENTER CARE, PER DAY, FOR EVALUATION AND MANAGEMENT OF NORM	33.55	32.26			
99464		ATTENDANCE AT DELIVERY (WHEN REQUESTED BY THE DELIVERING PHYSICIAN) AND INITIAL STABILIZAT	30.88	29.69			
99465		DELIVERY/BIRTHING ROOM RESUSCITATION, PROVISION OF POSITIVE PRESSURE VENTILATION AND/OR	65.64	63.11			
99466		CRITICAL CARE SERVICES DELIVERED BY A PHYSICIAN, FACE-TO-FACE, DURING AN INTERFACILITY TRAN	104.40	100.38			
99467		CRITICAL CARE SERVICES DELIVERED BY A PHYSICIAN, FACE-TO-FACE, DURING AN INTERFACILITY TRAN	51.63	49.64			
99468		INITIAL INPATIENT NEONATAL CRITICAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A	388.27	373.34			
99469		SUBSEQUENT INPATIENT NEONATAL CRITICAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMEN	169.38	162.86			
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		55.00		1	
H1000		PRENATAL CARE, AT RISK ASSESSMENT	43.26	41.60		1	
H1001		PRENATAL CARE,AT-RISK ENHANCED SERVICES; ANTEPARTUM MANAGEMENT	86.53	83.20		1	
H1001	TG	PRENATAL CARE,AT-RISK ENHANCED SERVICE,ANTEPARTUM MANAGEMENT	129.79	124.80		1	
H2019	HR	THERAPEUTIC BEHAVIORAL SERVICES,PER 15 MINUTES(INDIVIDUAL/FAMILY		18.33		4	
J0170		INJECTION, ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE		0.22		1	
J0207		INJECTION, AMIFOSTINE, 500 MG		512.25		3	
J0290		INJECTION, AMPICILLIN SODIUM, 500 MG		3.69		14	
J0295		INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM		7.52		2	
J0530		INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, UP TO 600,000		5.12		1	
J0540		INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, UP TO 1,200,0		15.55		1	
J0550		INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, UP TO 2,400,0		9.84		14	
J0560		INJECTION, PENICILLIN G BENZATHINE, UP TO 600,000 UNITS		24.56		1	
J0570		INJECTION, PENICILLIN G BENZATHINE, UP TO 1,200,000 UNITS		42.54		1	
J0580		INJECTION, PENICILLIN G BENZATHINE, UP TO 2,400,000 UNITS		87.14		1	

Code	Mod	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Spec
J0690		INJECTION, CEFAZOLIN SODIUM, 500 MG		1.82		4	
J0696		INJECTION, CEFTRIAZONE SODIUM, PER 250 MG		2.36		16	
J0698		CEFOTAXIME SODIUM, PER GM		5.10		2	
J0740		INJECTION, CIDOFOVIR, 375 MG		742.37		1	
J0881		INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)		4.93		500	
J0882		INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (FOR ESRD ON DIALYSIS)		4.93		500	
J0885		INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS		13.72		80	
J0886		INJECTION, EPOETIN ALFA, 1000 UNITS (FOR ESRD ON DIALYSIS)		13.72		500	
J1000		INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 MG		6.54		1	
J1020		INJECTION, METHYLPREDNISOLONE ACETATE, 20 MG		3.14		2	
J1030		INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG		5.32		2	
J1040		INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG		9.68		2	
J1051		INJECTION, MEDROXYPROGESTERONE ACETATE, 50 MG		4.38		20	
J1055		INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150 MG		40.37		1	
J1056		INJECTION, MEDROXYPROGESTERONE ACETATE / ESTRADIOL CYPIONATE, 5MG / 25MG		22.56		1	
J1100		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG		0.33		20	
J1200		INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG		1.10		1	
J1325		INJECTION, EPOPROSTENOL, 0.5 MG		18.60		1	
J1364		INJECTION, ERYTHROMYCIN LACTOBIONATE, PER 500 MG		8.85		2	
J1440		INJECTION, FILGRASTIM (G-CSF), 300 MCG		215.43		2	
J1441		INJECTION, FILGRASTIM (G-CSF), 480 MCG		343.13		1	
J1570		INJECTION, GANCICLOVIR SODIUM, 500 MG		55.85		1	
J1626		INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG		13.90		20	
J1642		INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS		0.65		6	
J1825		INJECTION, INTERFERON BETA-1A, 33 MCG		461.63		1	
J1885		INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG		5.87		4	