

**Registered Nurse First Assistant Fee Schedule**  
**Effective March 2, 2009**

| Code  | Description   | 00-20<br>Max Fee | 21+<br>Max Fee | Units |
|-------|---|------------------|----------------|-------|
| 11004 | DEBRIDEMENT OF SKIN, SUBCUTANEOUS TISSUE, MUSCLE AND FASCIA FOR NECROTIZING | 38.83            | 37.33          | 1     |
| 12018 | SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/ | 21.86            | 21.02          | 1     |
| 12047 | LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; OVE | 30.36            | 29.19          | 1     |
| 12057 | LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME | 36.87            | 35.45          | 1     |
| 15002 | SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUN | 21.68            | 20.85          | 1     |
| 15003 | SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUN | 4.72             | 4.54           | 1     |
| 15004 | SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUN | 26.32            | 25.31          | 1     |
| 15005 | SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUN | 7.95             | 7.64           | 1     |
| 15731 | FOREHEAD FLAP WITH PRESERVATION OF VASCULAR PEDICLE (EG, AXIAL PATTERN FLAP | 73.46            | 70.63          | 1     |
| 15732 | MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; HEAD AND NECK (EG, TEMPORALI | 95.30            | 91.63          | 1     |
| 15734 | MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; TRUNK                        | 99.02            | 95.21          | 1     |
| 15738 | MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; LOWER EXTREMITY              | 92.64            | 89.07          | 1     |
| 15750 | FLAP; NEUROVASCULAR PEDICLE   | 59.96            | 57.65          | 1     |
| 15756 | FREE MUSCLE OR MYOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS             | 158.10           | 152.02         | 1     |
| 15757 | FREE SKIN FLAP WITH MICROVASCULAR ANASTOMOSIS                               | 154.73           | 148.78         | 1     |
| 15758 | FREE FASCIAL FLAP WITH MICROVASCULAR ANASTOMOSIS                            | 155.20           | 149.23         | 1     |
| 15770 | GRAFT; DERMA-FAT-FASCIA   | 43.15            | 41.49          | 1     |
| 15830 | EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY); ABDO | 78.07            | 75.07          | 1     |
| 15841 | GRAFT FOR FACIAL NERVE PARALYSIS; FREE MUSCLE GRAFT (INCLUDING OBTAINING GR | 110.93           | 106.66         | 1     |
| 15842 | GRAFT FOR FACIAL NERVE PARALYSIS; FREE MUSCLE FLAP BY MICROSURGICAL TECHNIQ | 176.05           | 169.28         | 1     |
| 15845 | GRAFT FOR FACIAL NERVE PARALYSIS; REGIONAL MUSCLE TRANSFER                  | 61.58            | 59.21          | 1     |
| 15847 | EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY), ABDO | 39.19            | 37.68          | 1     |
| 15922 | EXCISION, COCCYGEAL PRESSURE ULCER, WITH COCCYGECTOMY; WITH FLAP CLOSURE    | 48.99            | 47.11          | 1     |
| 15935 | EXCISION, SACRAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE; WITH OSTECTOMY     | 71.43            | 68.68          | 1     |

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| 15937 | EXCISION, SACRAL PRESSURE ULCER, WITH MUSCLE OR MYOCUTANEOUS FLAP CLOSURE;  | 67.93            | 65.32          | 1     |
| 15946 | EXCISION, ISCHIAL PRESSURE ULCER, WITH OSTECTOMY, IN PREPARATION FOR MUSCLE | 107.36           | 103.23         | 1     |
| 15952 | EXCISION, TROCHANTERIC PRESSURE ULCER, WITH SKIN FLAP CLOSURE;              | 56.16            | 54.00          | 1     |
| 15958 | EXCISION, TROCHANTERIC PRESSURE ULCER, WITH MUSCLE OR MYOCUTANEOUS FLAP CLO | 76.53            | 73.59          | 1     |
| 17311 | MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL | 44.53            | 42.82          | 1     |
| 17312 | MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL | 26.68            | 25.66          | 1     |
| 17313 | MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL | 40.65            | 39.09          | 1     |
| 17314 | MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL | 24.73            | 23.78          | 1     |
| 17315 | MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL | 5.32             | 5.11           | 1     |
| 19260 | EXCISION OF CHEST WALL TUMOR INCLUDING RIBS                                 | 78.41            | 75.39          | 1     |
| 19271 | EXCISION OF CHEST WALL TUMOR INVOLVING RIBS, WITH PLASTIC RECONSTRUCTION; W | 105.93           | 101.85         | 1     |
| 19272 | EXCISION OF CHEST WALL TUMOR INVOLVING RIBS, WITH PLASTIC RECONSTRUCTION; W | 117.65           | 113.13         | 1     |
| 19300 | MASTECTOMY FOR GYNECOMASTIA   | 36.46            | 35.06          | 1     |
| 19301 | MASTECTOMY, PARTIAL (EG, LUMPECTOMY, TYLECTOMY, QUADRANTECTOMY, SEGMENTECTO | 40.50            | 38.94          | 1     |
| 19302 | MASTECTOMY, PARTIAL (EG, LUMPECTOMY, TYLECTOMY, QUADRANTECTOMY, SEGMENTECTO | 57.38            | 55.17          | 1     |
| 19303 | MASTECTOMY, SIMPLE, COMPLETE  | 62.67            | 60.26          | 1     |
| 19304 | MASTECTOMY, SUBCUTANEOUS  | 36.04            | 34.65          | 1     |
| 19305 | MASTECTOMY, RADICAL, INCLUDING PECTORAL MUSCLES, AXILLARY LYMPH NODES       | 71.45            | 68.70          | 1     |
| 19306 | MASTECTOMY, RADICAL, INCLUDING PECTORAL MUSCLES, AXILLARY AND INTERNAL MAMM | 75.20            | 72.31          | 1     |
| 19307 | MASTECTOMY, MODIFIED RADICAL, INCLUDING AXILLARY LYMPH NODES, WITH OR WITHO | 75.73            | 72.81          | 1     |
| 19316 | MASTOPEXY   | 51.07            | 49.11          | 1     |
| 19318 | REDUCTION MAMMAPLASTY   | 75.52            | 72.61          | 1     |
| 19325 | MAMMAPLASTY, AUGMENTATION; WITH PROSTHETIC IMPLANT                          | 42.61            | 40.97          | 1     |
| 19357 | BREAST RECONSTRUCTION, IMMEDIATE OR DELAYED, WITH TISSUE EXPANDER, INCLUDIN | 101.91           | 97.99          | 1     |
| 19361 | BREAST RECONSTRUCTION WITH LATISSIMUS DORSI FLAP, WITHOUT PROSTHETIC IMPLAN | 112.21           | 107.89         | 1     |
| 19364 | BREAST RECONSTRUCTION WITH FREE FLAP  | 187.26           | 180.05         | 1     |
| 19366 | BREAST RECONSTRUCTION WITH OTHER TECHNIQUE                                  | 91.78            | 88.25          | 1     |
| 19367 | BREAST RECONSTRUCTION WITH TRANSVERSE RECTUS ABDOMINIS MYOCUTANEOUS FLAP (T | 120.65           | 116.01         | 1     |
| 19368 | BREAST RECONSTRUCTION WITH TRANSVERSE RECTUS ABDOMINIS MYOCUTANEOUS FLAP (T | 150.62           | 144.82         | 1     |

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| 19369 | BREAST RECONSTRUCTION WITH TRANSVERSE RECTUS ABDOMINIS MYOCUTANEOUS FLAP (T | 135.76           | 130.54         | 1     |
| 20100 | EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); NECK                 | 38.96            | 37.46          | 1     |
| 20102 | EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); ABDOMEN/FLANK/BACK   | 29.45            | 28.31          | 1     |
| 20150 | EXCISION OF EPIPHYSEAL BAR, WITH OR WITHOUT AUTOGENOUS SOFT TISSUE GRAFT OB | 65.41            | 62.89          | 1     |
| 20251 | BIOPSY, VERTEBRAL BODY, OPEN; LUMBAR OR CERVICAL                            | 28.04            | 26.96          | 1     |
| 20692 | APPLICATION OF A MULTIPLANE (PINS OR WIRES IN MORE THAN ONE PLANE), UNILATE | 71.09            | 68.35          | 1     |
| 20802 | REPLANTATION, ARM (INCLUDES SURGICAL NECK OF HUMERUS THROUGH ELBOW JOINT);  | 161.56           | 155.35         | 1     |
| 20805 | REPLANTATION, FOREARM (INCLUDES RADIUS AND ULNA TO RADIAL CARPAL JOINT); CO | 191.14           | 183.79         | 1     |
| 20808 | REPLANTATION, HAND (INCLUDES HAND THROUGH METACARPOPHALANGEAL JOINTS); COMP | 268.95           | 258.60         | 1     |
| 20816 | REPLANTATION, DIGIT, EXCLUDING THUMB (INCLUDES METACARPOPHALANGEAL JOINT TO | 139.28           | 133.93         | 1     |
| 20822 | REPLANTATION, DIGIT, EXCLUDING THUMB (INCLUDES DISTAL TIP TO SUBLIMIS TENDO | 116.48           | 112.00         | 1     |
| 20824 | REPLANTATION, THUMB (INCLUDES CARPOMETACARPAL JOINT TO MP JOINT); COMPLETE  | 139.57           | 134.20         | 1     |
| 20827 | REPLANTATION, THUMB (INCLUDES DISTAL TIP TO MP JOINT); COMPLETE AMPUTATION  | 120.65           | 116.01         | 1     |
| 20838 | REPLANTATION, FOOT; COMPLETE AMPUTATION                                     | 161.64           | 155.42         | 1     |
| 20900 | BONE GRAFT, ANY DONOR AREA; MINOR OR SMALL (EG, DOWEL OR BUTTON)            | 41.66            | 40.06          | 1     |
| 20902 | BONE GRAFT, ANY DONOR AREA; MAJOR OR LARGE                                  | 39.88            | 38.35          | 1     |
| 20922 | FASCIA LATA GRAFT; BY INCISION AND AREA EXPOSURE, COMPLEX OR SHEET          | 40.08            | 38.54          | 1     |
| 20924 | TENDON GRAFT, FROM A DISTANCE (EG, PALMARIS, TOE EXTENSOR, PLANTARIS)       | 33.20            | 31.92          | 1     |
| 20937 | AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); MORSELIZE | 11.67            | 11.23          | 1     |
| 20938 | AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); STRUCTURA | 12.74            | 12.25          | 1     |
| 20955 | BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; FIBULA                           | 169.61           | 163.09         | 1     |
| 20956 | BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; ILIAC CREST                      | 178.92           | 172.04         | 1     |
| 20957 | BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; METATARSAL                       | 171.80           | 165.20         | 1     |
| 20962 | BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN FIBULA, ILIAC CREST,  | 174.04           | 167.35         | 1     |
| 20969 | FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN ILIAC C | 187.15           | 179.95         | 1     |
| 20970 | FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; ILIAC CREST        | 190.82           | 183.49         | 1     |
| 20972 | FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; METATARSAL         | 172.58           | 165.95         | 1     |
| 20973 | FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; GREAT TOE WITH WEB | 177.46           | 170.63         | 1     |
| 20975 | ELECTRICAL STIMULATION TO AID BONE HEALING; INVASIVE (OPERATIVE)            | 12.06            | 11.60          | 1     |

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|-------|---|---------|---------|-------|
|       |   | Max Fee | Max Fee |       |
| 21034 | EXCISION OF MALIGNANT TUMOR OF MAXILLA OR ZYGOMA                            | 86.02   | 82.71   | 1     |
| 21044 | EXCISION OF MALIGNANT TUMOR OF MANDIBLE;                                    | 57.35   | 55.15   | 1     |
| 21045 | EXCISION OF MALIGNANT TUMOR OF MANDIBLE; RADICAL RESECTION                  | 80.08   | 77.00   | 1     |
| 21046 | EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING INTRA-ORAL OSTEOTOM | 72.10   | 69.33   | 1     |
| 21048 | EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING INTRA-ORAL OSTEOTOMY | 72.65   | 69.86   | 1     |
| 21049 | EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING EXTRA-ORAL OSTEOTOMY | 82.29   | 79.13   | 1     |
| 21060 | MENISCECTOMY, PARTIAL OR COMPLETE, TEMPOROMANDIBULAR JOINT (SEPARATE PROCED | 51.78   | 49.79   | 1     |
| 21121 | GENIOPLASTY; SLIDING OSTEOTOMY, SINGLE PIECE                                | 50.97   | 49.01   | 1     |
| 21125 | AUGMENTATION, MANDIBULAR BODY OR ANGLE; PROSTHETIC MATERIAL                 | 46.78   | 44.98   | 1     |
| 21127 | AUGMENTATION, MANDIBULAR BODY OR ANGLE; WITH BONE GRAFT, ONLAY OR INTERPOSI | 55.56   | 53.43   | 1     |
| 21141 | RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIR | 89.25   | 85.82   | 1     |
| 21142 | RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY DIREC | 87.87   | 84.49   | 1     |
| 21143 | RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN | 90.06   | 86.59   | 1     |
| 21145 | RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIR | 102.64  | 98.70   | 1     |
| 21146 | RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY DIREC | 96.23   | 92.53   | 1     |
| 21147 | RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN | 112.52  | 108.19  | 1     |
| 21150 | RECONSTRUCTION MIDFACE, LEFORT II; ANTERIOR INTRUSION (EG, TREACHER-COLLINS | 110.46  | 106.21  | 1     |
| 21151 | RECONSTRUCTION MIDFACE, LEFORT II; ANY DIRECTION, REQUIRING BONE GRAFTS (IN | 111.76  | 107.46  | 1     |
| 21154 | RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE | 132.92  | 127.81  | 1     |
| 21155 | RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE | 154.06  | 148.13  | 1     |
| 21159 | RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD A | 185.61  | 178.47  | 1     |
| 21160 | RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD A | 189.11  | 181.83  | 1     |
| 21172 | RECONSTRUCTION SUPERIOR-LATERAL ORBITAL RIM AND LOWER FOREHEAD, ADVANCEMENT | 120.10  | 115.48  | 1     |
| 21175 | RECONSTRUCTION, BIFRONTAL, SUPERIOR-LATERAL ORBITAL RIMS AND LOWER FOREHEAD | 144.65  | 139.09  | 1     |
| 21179 | RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS; WI | 97.67   | 93.91   | 1     |
| 21180 | RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS; WI | 112.31  | 107.99  | 1     |
| 21182 | RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW | 134.36  | 129.19  | 1     |
| 21183 | RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW | 151.84  | 146.00  | 1     |
| 21184 | RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW | 162.42  | 156.18  | 1     |

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|-------|---|---------|---------|-------|
|       |   | Max Fee | Max Fee |       |
| 21188 | RECONSTRUCTION MIDFACE, OSTEOTOMIES (OTHER THAN LEFORT TYPE) AND BONE GRAFT | 105.90  | 101.83  | 1     |
| 21193 | RECONSTRUCTION OF MANDIBULAR RAMI, HORIZONTAL, VERTICAL, "C", OR "L" OS     | 81.54   | 78.40   | 1     |
| 21194 | RECONSTRUCTION OF MANDIBULAR RAMUS, HORIZONTAL, VERTICAL, "C", OR "L" O     | 93.31   | 89.73   | 1     |
| 21195 | RECONSTRUCTION OF MANDIBULAR RAMI AND/OR BODY, SAGITTAL SPLIT; WITHOUT INTE | 87.35   | 83.99   | 1     |
| 21196 | RECONSTRUCTION OF MANDIBULAR RAMI, SAGITTAL SPLIT; WITH INTERNAL RIGID FIX  | 95.69   | 92.01   | 1     |
| 21198 | OSTEOTOMY, MANDIBLE, SEGMENTAL  | 75.57   | 72.66   | 1     |
| 21199 | OSTEOTOMY, MANDIBLE, SEGMENTAL; WITH GENIOGLOSSUS ADVANCEMENT               | 67.88   | 65.27   | 1     |
| 21206 | OSTEOTOMY, MAXILLA, SEGMENTAL (EG, WASSMUND OR SCHUCHARD)                   | 74.21   | 71.36   | 1     |
| 21240 | ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH OR WITHOUT AUTOGRAFT (INCLUDES  | 72.65   | 69.86   | 1     |
| 21242 | ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH ALLOGRAFT                       | 66.21   | 63.67   | 1     |
| 21243 | ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH PROSTHETIC JOINT REPLACEMENT    | 109.52  | 105.31  | 1     |
| 21244 | RECONSTRUCTION OF MANDIBLE, EXTRAORAL, WITH TRANSOSTEAL BONE PLATE (EG, MAN | 68.51   | 65.87   | 1     |
| 21245 | RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; PARTIAL       | 74.08   | 71.23   | 1     |
| 21246 | RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; COMPLETE      | 55.48   | 53.34   | 1     |
| 21247 | RECONSTRUCTION OF MANDIBULAR CONDYLE WITH BONE AND CARTILAGE AUTOGRAFTS (IN | 105.43  | 101.38  | 1     |
| 21255 | RECONSTRUCTION OF ZYGOMATIC ARCH AND GLENOID FOSSA WITH BONE AND CARTILAGE  | 95.76   | 92.08   | 1     |
| 21256 | RECONSTRUCTION OF ORBIT WITH OSTEOTOMIES (EXTRACRANIAL) AND WITH BONE GRAFT | 76.59   | 73.64   | 1     |
| 21260 | PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; EXTRAC | 88.52   | 85.12   | 1     |
| 21261 | PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; COMBIN | 146.34  | 140.72  | 1     |
| 21263 | PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; WITH F | 133.63  | 128.49  | 1     |
| 21267 | ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFT | 99.49   | 95.66   | 1     |
| 21268 | ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFT | 113.90  | 109.52  | 1     |
| 21270 | MALAR AUGMENTATION, PROSTHETIC MATERIAL                                     | 58.79   | 56.53   | 1     |
| 21275 | SECONDARY REVISION OF ORBITOCRANIOFACIAL RECONSTRUCTION                     | 53.03   | 50.99   | 1     |
| 21339 | OPEN TREATMENT OF NASOETHMOID FRACTURE; WITH EXTERNAL FIXATION              | 50.97   | 49.01   | 1     |
| 21343 | OPEN TREATMENT OF DEPRESSED FRONTAL SINUS FRACTURE                          | 73.80   | 70.96   | 1     |
| 21344 | OPEN TREATMENT OF COMPLICATED (EG, COMMUNUTED OR INVOLVING POSTERIOR WALL)  | 97.77   | 94.01   | 1     |
| 21347 | OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); REQUIRIN | 69.91   | 67.23   | 1     |
| 21348 | OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH BON | 76.66   | 73.72   | 1     |

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|       |   | Max Fee | Max Fee |       |
| 21360 | OPEN TREATMENT OF DEPRESSED MALAR FRACTURE, INCLUDING ZYGOMATIC ARCH AND MA | 34.53   | 33.20   | 1     |
| 21365 | OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING CRANIAL NERVE FO | 72.16   | 69.38   | 1     |
| 21366 | OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING CRANIAL NERVE FO | 80.86   | 77.75   | 1     |
| 21385 | OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; TRANSANTRAL APPROACH    | 46.41   | 44.62   | 1     |
| 21386 | OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH    | 43.28   | 41.62   | 1     |
| 21387 | OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; COMBINED APPROACH       | 48.03   | 46.18   | 1     |
| 21390 | OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH,   | 50.24   | 48.31   | 1     |
| 21395 | OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH    | 63.53   | 61.09   | 1     |
| 21401 | CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH MANIPULATIO   | 30.05   | 28.89   | 1     |
| 21406 | OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITHOUT IMPLANT      | 35.07   | 33.73   | 1     |
| 21407 | OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH IMPLANT         | 41.64   | 40.04   | 1     |
| 21408 | OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH BONE GRAFTING   | 57.35   | 55.15   | 1     |
| 21422 | OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE);            | 43.47   | 41.79   | 1     |
| 21423 | OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); COMPLICATE | 51.47   | 49.49   | 1     |
| 21431 | CLOSED TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE) USING INTERDE | 48.36   | 46.50   | 1     |
| 21432 | OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); WITH WIRING AN | 43.15   | 41.49   | 1     |
| 21433 | OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED (E | 111.35  | 107.06  | 1     |
| 21435 | OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED, U | 88.49   | 85.09   | 1     |
| 21436 | OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED, M | 130.19  | 125.18  | 1     |
| 21445 | OPEN TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEPARATE | 50.21   | 48.28   | 1     |
| 21461 | OPEN TREATMENT OF MANDIBULAR FRACTURE; WITHOUT INTERDENTAL FIXATION         | 133.37  | 128.24  | 1     |
| 21462 | OPEN TREATMENT OF MANDIBULAR FRACTURE; WITH INTERDENTAL FIXATION            | 142.28  | 136.81  | 1     |
| 21465 | OPEN TREATMENT OF MANDIBULAR CONDYLAR FRACTURE                              | 59.41   | 57.13   | 1     |
| 21470 | OPEN TREATMENT OF COMPLICATED MANDIBULAR FRACTURE BY MULTIPLE SURGICAL APPR | 77.84   | 74.84   | 1     |
| 21490 | OPEN TREATMENT OF TEMPOROMANDIBULAR DISLOCATION                             | 60.90   | 58.56   | 1     |
| 21495 | OPEN TREATMENT OF HYOID FRACTURE  | 45.39   | 43.65   | 1     |
| 21502 | INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT TISSUES OF NECK OR TH | 33.98   | 32.67   | 1     |
| 21557 | RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF NECK OR | 38.18   | 36.71   | 1     |
| 21600 | EXCISION OF RIB, PARTIAL  | 36.72   | 35.30   | 1     |

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|-------|---|---------|---------|-------|
|       |   | Max Fee | Max Fee |       |
| 21610 | COSTOTRANSVERSECTOMY (SEPARATE PROCEDURE)                                   | 71.97   | 69.20   | 1     |
| 21615 | EXCISION FIRST AND/OR CERVICAL RIB;   | 44.06   | 42.37   | 1     |
| 21616 | EXCISION FIRST AND/OR CERVICAL RIB FOR OUTLET COMPRESSION SYNDROME OR OTHER | 57.30   | 55.10   | 1     |
| 21620 | OSTECTOMY OF STERNUM, PARTIAL   | 34.11   | 32.80   | 1     |
| 21627 | STERNAL DEBRIDEMENT   | 36.14   | 34.75   | 1     |
| 21630 | RADICAL RESECTION OF STERNUM;   | 84.51   | 81.26   | 1     |
| 21632 | RADICAL RESECTION OF STERNUM; WITH MEDIASTINAL LYMPHADENECTOMY              | 83.49   | 80.28   | 1     |
| 21685 | HYOID MYOTOMY AND SUSPENSION  | 64.99   | 62.49   | 1     |
| 21700 | DIVISION OF SCALENUS ANTICUS; WITHOUT RESECTION OF CERVICAL RIB             | 27.49   | 26.43   | 1     |
| 21705 | DIVISION OF SCALENUS ANTICUS; WITH RESECTION OF CERVICAL RIB                | 43.36   | 41.69   | 1     |
| 21720 | DIVISION OF STERNOCLEIDOMASTOID FOR TORTICOLLIS, OPEN OPERATION; WITHOUT CA | 28.56   | 27.46   | 1     |
| 21725 | DIVISION OF STERNOCLEIDOMASTOID FOR TORTICOLLIS, OPEN OPERATION; WITH CAST  | 35.41   | 34.05   | 1     |
| 21740 | RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; OPEN                | 73.25   | 70.43   | 1     |
| 21742 | RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; MINIMALLY INVASIVE  | 65.63   | 63.11   | 1     |
| 21743 | RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; MINIMALLY INVASIVE  | 65.63   | 63.11   | 1     |
| 21750 | CLOSURE OF MEDIAN STERNOTOMY SEPARATION WITH OR WITHOUT DEBRIDEMENT (SEPARA | 48.39   | 46.53   | 1     |
| 21810 | TREATMENT OF RIB FRACTURE REQUIRING EXTERNAL FIXATION ("FLAIL CHEST")       | 33.15   | 31.87   | 1     |
| 21825 | OPEN TREATMENT OF STERNUM FRACTURE WITH OR WITHOUT SKELETAL FIXATION        | 37.21   | 35.78   | 1     |
| 22100 | PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT (EG, SPINOUS PROCESS, LAM | 55.01   | 52.89   | 1     |
| 22101 | PARTIAL RESECTION OF VERTEBRAL COMPONENT, SPINOUS PROCESSES; THORACIC       | 54.49   | 52.39   | 1     |
| 22102 | PARTIAL RESECTION OF VERTEBRAL COMPONENT, SPINOUS PROCESSES; LUMBAR         | 53.91   | 51.84   | 1     |
| 22103 | PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT (EG, SPINOUS PROCESS, LAM | 9.77    | 9.40    | 1     |
| 22110 | PARTIAL EXCISION OF VERTEBRAL BODY, FOR INTRINSIC BONY LESION, WITHOUT DECO | 68.17   | 65.55   | 1     |
| 22112 | PARTIAL EXCISION OF VERTEBRAE (EG, FOR OSTEOMYELITIS); THORACIC             | 65.15   | 62.64   | 1     |
| 22114 | PARTIAL EXCISION OF VERTEBRAE (EG, FOR OSTEOMYELITIS); LUMBAR               | 67.44   | 64.84   | 1     |
| 22116 | PARTIAL EXCISION OF VERTEBRAL BODY, FOR INTRINSIC BONY LESION, WITHOUT DECO | 9.77    | 9.40    | 1     |
| 22210 | OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, ONE VERTEBRAL SEG | 119.01  | 114.43  | 1     |
| 22212 | OSTEOTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE | 97.88   | 94.11   | 1     |
| 22214 | OSTEOTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE | 98.19   | 94.41   | 1     |

| Code  | Description   | 00-20<br>Max Fee | 21+<br>Max Fee | Units |
|-------|---|------------------|----------------|-------|
| 22216 | OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, ONE VERTEBRAL SEG | 25.56            | 24.58          | 6     |
| 22220 | OSTEOTOMY OF SPINE, INCLUDING DISKECTOMY, ANTERIOR APPROACH, SINGLE VERTEBR | 107.36           | 103.23         | 1     |
| 22224 | OSTEOTOMY OF SPINE, ANTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE  | 105.04           | 101.00         | 1     |
| 22226 | OSTEOTOMY OF SPINE, INCLUDING DISKECTOMY, ANTERIOR APPROACH, SINGLE VERTEBR | 25.46            | 24.48          | 4     |
| 22318 | OPEN TREATMENT AND/OR REDUCTION OF ODONTOID FRACTURE(S) AND OR DISLOCATION( | 107.60           | 103.46         | 1     |
| 22319 | OPEN TREATMENT AND/OR REDUCTION OF ODONTOID FRACTURE(S) AND OR DISLOCATION( | 117.97           | 113.43         | 1     |
| 22325 | OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURE(S) AND/ OR DISLOCATIO | 93.86            | 90.25          | 1     |
| 22326 | OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURE(S) AND/ OR DISLOCATIO | 97.64            | 93.89          | 1     |
| 22327 | OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURE(S) AND/ OR DISLOCATIO | 96.96            | 93.23          | 1     |
| 22328 | OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURE(S) AND/OR DISLOCATION | 19.31            | 18.57          | 4     |
| 22532 | ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY  | 115.65           | 111.20         | 1     |
| 22533 | ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY  | 108.82           | 104.63         | 1     |
| 22534 | ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY  | 25.25            | 24.28          | 5     |
| 22548 | ARTHRODESIS, ANTERIOR TRANSORAL OR EXTRAORAL TECHNIQUE, CLIVUS-C1-C2 (ATLAS | 123.96           | 119.19         | 1     |
| 22554 | ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO  | 85.65            | 82.36          | 1     |
| 22556 | ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO  | 109.99           | 105.76         | 1     |
| 22558 | ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO  | 100.32           | 96.47          | 1     |
| 22585 | ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO  | 23.35            | 22.45          | 5     |
| 22590 | ARTHRODESIS, POSTERIOR TECHNIQUE, CRANIOCERVICAL (OCCIPUT-C2)               | 103.53           | 99.55          | 1     |
| 22595 | ARTHRODESIS, POSTERIOR TECHNIQUE, ATLAS-AXIS (C1-C2)                        | 98.16            | 94.39          | 1     |
| 22600 | ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; CERVICAL  | 84.27            | 81.03          | 1     |
| 22610 | ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; THORACIC  | 82.74            | 79.55          | 1     |
| 22612 | ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; LUMBAR (W | 106.42           | 102.33         | 1     |
| 22614 | ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; EACH ADDI | 27.18            | 26.13          | 4     |
| 22630 | ARTHRODESIS, POSTERIOR INTERBODY TECHNIQUE, INCLUDING LAMINECTOMY AND/OR    | 103.01           | 99.05          | 1     |
| 22632 | ARTHRODESIS, POSTERIOR INTERBODY TECHNIQUE, SINGLE INTERSPACE; EACH ADDITIO | 22.12            | 21.27          | 3     |
| 22800 | ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; UP TO 6 | 90.32            | 86.84          | 1     |
| 22802 | ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 7 TO 12 | 143.14           | 137.63         | 1     |
| 22804 | ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 13 OR M | 164.87           | 158.53         | 1     |

| Code  | Description   | 00-20<br>Max Fee | 21+<br>Max Fee | Units |
|-------|---|------------------|----------------|-------|
| 22808 | ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 2 TO 3 V | 121.88           | 117.19         | 1     |
| 22810 | ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 4 TO 7 V | 134.90           | 129.72         | 1     |
| 22812 | ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 8 OR MOR | 147.83           | 142.14         | 1     |
| 22818 | KYPHECTOMY, CIRCUMFERENTIAL EXPOSURE OF SPINE AND RESECTION OF VERTEBRAL SE | 150.54           | 144.75         | 1     |
| 22819 | KYPHECTOMY, CIRCUMFERENTIAL EXPOSURE OF SPINE AND RESECTION OF VERTEBRAL SE | 175.14           | 168.40         | 1     |
| 22830 | EXPLORATION OF SPINAL FUSION  | 53.91            | 51.84          | 1     |
| 22840 | POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE), PED | 53.16            | 51.11          | 1     |
| 22842 | POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH M | 53.24            | 51.19          | 1     |
| 22843 | POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH M | 56.88            | 54.70          | 1     |
| 22844 | POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH M | 69.08            | 66.42          | 1     |
| 22845 | ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS                         | 51.02            | 49.06          | 1     |
| 22846 | ANTERIOR INSTRUMENTATION; 4 TO 7 VERTEBRAL SEGMENTS                         | 52.95            | 50.91          | 1     |
| 22847 | ANTERIOR INSTRUMENTATION; 8 OR MORE VERTEBRAL SEGMENTS                      | 58.27            | 56.03          | 1     |
| 22848 | PELVIC FIXATION (ATTACHMENT OF CAUDAL END OF INSTRUMENTATION TO PELVIC BONY | 25.15            | 24.18          | 1     |
| 22849 | REINSERTION OF SPINAL FIXATION DEVICE                                       | 87.53            | 84.16          | 1     |
| 22850 | REMOVAL OF POSTERIOR NONSEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD)      | 47.84            | 46.00          | 1     |
| 22851 | APPLICATION OF INTERVERTEBRAL BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE(S | 28.40            | 27.31          | 6     |
| 22852 | REMOVAL OF POSTERIOR SEGMENTAL INSTRUMENTATION                              | 45.68            | 43.92          | 1     |
| 22855 | REMOVAL OF ANTERIOR INSTRUMENTATION   | 74.76            | 71.89          | 1     |
| 22900 | EXCISION, ABDOMINAL WALL TUMOR, SUBFASCIAL (EG, DESMOID)                    | 27.39            | 26.33          | 1     |
| 23000 | REMOVAL OF SUBDELTOID CALCAREOUS DEPOSITS, OPEN                             | 33.88            | 32.57          | 1     |
| 23020 | CAPSULAR CONTRACTURE RELEASE (EG, SEVER TYPE PROCEDURE)                     | 45.45            | 43.70          | 1     |
| 23035 | INCISION, BONE CORTEX (EG, OSTEOMYELITIS OR BONE ABSCESS), SHOULDER AREA    | 44.51            | 42.80          | 1     |
| 23040 | ARTHROTOMY, GLENOHUMERAL JOINT, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL | 47.32            | 45.50          | 1     |
| 23077 | RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF SHOULDE | 78.90            | 75.87          | 1     |
| 23100 | ARTHROTOMY, GLENOHUMERAL JOINT, INCLUDING BIOPSY                            | 31.97            | 30.74          | 1     |
| 23105 | ARTHROTOMY; GLENOHUMERAL JOINT, WITH SYNOVECTOMY, WITH OR WITHOUT BIOPSY    | 41.82            | 40.22          | 1     |
| 23107 | ARTHROTOMY, GLENOHUMERAL JOINT, WITH JOINT EXPLORATION, WITH OR WITHOUT REM | 43.44            | 41.77          | 1     |
| 23120 | CLAVICULECTOMY; PARTIAL   | 37.76            | 36.31          | 1     |

| Code  | Description   | 00-20   | 21+     | Units |
|-------|---|---------|---------|-------|
|       |   | Max Fee | Max Fee |       |
| 23125 | CLAVICULECTOMY; TOTAL   | 46.25   | 44.47   | 1     |
| 23145 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA;  | 45.47   | 43.72   | 1     |
| 23150 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS;     | 43.07   | 41.42   | 1     |
| 23155 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; WIT | 52.27   | 50.26   | 1     |
| 23156 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; WIT | 44.22   | 42.52   | 1     |
| 23172 | SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SCAPULA             | 35.31   | 33.95   | 1     |
| 23174 | SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), HUMERAL HEAD TO SUR | 49.48   | 47.58   | 1     |
| 23182 | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG, | 42.58   | 40.94   | 1     |
| 23184 | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG, | 48.23   | 46.38   | 1     |
| 23190 | OSTECTOMY OF SCAPULA, PARTIAL (EG, SUPERIOR MEDIAL ANGLE)                   | 36.46   | 35.05   | 1     |
| 23195 | RESECTION HUMERAL HEAD  | 49.82   | 47.91   | 1     |
| 23200 | RADICAL RESECTION FOR TUMOR; CLAVICLE                                       | 58.58   | 56.33   | 1     |
| 23210 | RADICAL RESECTION FOR TUMOR; SCAPULA  | 61.52   | 59.16   | 1     |
| 23220 | RADICAL RESECTION OF BONE TUMOR, PROXIMAL HUMERUS;                          | 70.85   | 68.13   | 1     |
| 23221 | RADICAL RESECTION FOR TUMOR, PROXIMAL HUMERUS; WITH AUTOGRAFT (INCLUDES OBT | 83.10   | 79.90   | 1     |
| 23222 | RADICAL RESECTION FOR TUMOR, PROXIMAL HUMERUS; WITH PROSTHETIC REPLACEMENT  | 112.91  | 108.57  | 1     |
| 23332 | REMOVAL OF FOREIGN BODY, SHOULDER; COMPLICATED (EG, TOTAL SHOULDER)         | 58.60   | 56.35   | 1     |
| 23395 | MUSCLE TRANSFER, ANY TYPE, SHOULDER OR UPPER ARM; SINGLE                    | 85.58   | 82.28   | 1     |
| 23397 | MUSCLE TRANSFER, ANY TYPE FOR PARALYSIS OF SHOULDER OR UPPER ARM; MULTIPLE  | 76.59   | 73.64   | 1     |
| 23400 | SCAPULOPEXY (EG, SPRENGEL'S DEFORMITY OR FOR PARALYSIS)                     | 64.86   | 62.36   | 1     |
| 23405 | TENOTOMY, SHOULDER AREA; SINGLE TENDON                                      | 41.61   | 40.01   | 1     |
| 23406 | TENOTOMY, SHOULDER AREA; MULTIPLE TENDONS THROUGH SAME INCISION             | 52.01   | 50.01   | 1     |
| 23410 | REPAIR OF RUPTURED MUSCULOTENDINOUS CUFF (EG, ROTATOR CUFF) OPEN; ACUTE     | 55.06   | 52.94   | 1     |
| 23412 | REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS  | 57.49   | 55.27   | 1     |
| 23420 | RECONSTRUCTION OF COMPLETE SHOULDER (ROTATOR) CUFF AVULSION, CHRONIC (INCLU | 64.42   | 61.94   | 1     |
| 23430 | TENODESIS OF LONG TENDON OF BICEPS  | 48.91   | 47.03   | 1     |
| 23440 | RESECTION OR TRANSPLANTATION OF LONG TENDON OF BICEPS                       | 50.40   | 48.46   | 1     |
| 23450 | CAPSULORRHAPHY, ANTERIOR; PUTTI-PLATT PROCEDURE OR MAGNUSON TYPE OPERATION  | 63.35   | 60.91   | 1     |
| 23455 | CAPSULORRHAPHY, ANTERIOR; WITH LABRAL REPAIR (EG, BANKART PROCEDURE)        | 67.57   | 64.97   | 1     |

| Code  | Description   | 00-20   | 21+     | Units |
|-------|---|---------|---------|-------|
|       |   | Max Fee | Max Fee |       |
| 23460 | CAPSULORRHAPHY, ANTERIOR, ANY TYPE; WITH BONE BLOCK                         | 73.12   | 70.31   | 1     |
| 23462 | CAPSULORRHAPHY FOR RECURRENT DISLOCATION, ANTERIOR, ANY TYPE; WITH CORACOID | 71.90   | 69.13   | 1     |
| 23465 | CAPSULORRHAPHY, GLENOHUMERAL JOINT, POSTERIOR, WITH OR WITHOUT BONE BLOCK   | 75.15   | 72.26   | 1     |
| 23466 | CAPSULORRHAPHY, GLENOHUMERAL JOINT, ANY TYPE MULTI-DIRECTIONAL INSTABILITY  | 74.03   | 71.18   | 1     |
| 23470 | ARTHROPLASTY, GLENOHUMERAL JOINT; HEMIARTHROPLASTY                          | 81.51   | 78.38   | 1     |
| 23472 | ARTHROPLASTY, GLENOHUMERAL JOINT; TOTAL SHOULDER (GLENOID AND PROXIMAL HUME | 101.18  | 97.29   | 1     |
| 23485 | OSTEOTOMY, CLAVICLE, WITH OR WITHOUT INTERNAL FIXATION; WITH BONE GRAFT FOR | 64.39   | 61.91   | 1     |
| 23490 | PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOU | 55.22   | 53.09   | 1     |
| 23491 | PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOU | 67.65   | 65.05   | 1     |
| 23515 | OPEN TREATMENT OF CLAVICULAR FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL | 46.96   | 45.15   | 1     |
| 23530 | OPEN TREATMENT OF STERNOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC;           | 35.18   | 33.83   | 1     |
| 23532 | OPEN TREATMENT OF STERNOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC; WITH FASC | 40.73   | 39.16   | 1     |
| 23550 | OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC;          | 37.55   | 36.11   | 1     |
| 23552 | OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC; WITH FAS | 43.21   | 41.54   | 1     |
| 23585 | OPEN TREATMENT OF SCAPULAR FRACTURE (BODY, GLENOID OR ACROMION) WITH OR WIT | 63.69   | 61.24   | 1     |
| 23615 | OPEN TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE,  | 57.49   | 55.27   | 1     |
| 23616 | OPEN TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE,  | 85.39   | 82.11   | 1     |
| 23630 | OPEN TREATMENT OF GREATER HUMERAL TUBEROSITY FRACTURE, WITH OR WITHOUT INTE | 50.16   | 48.23   | 1     |
| 23660 | OPEN TREATMENT OF ACUTE SHOULDER DISLOCATION                                | 38.20   | 36.73   | 1     |
| 23670 | OPEN TREATMENT OF SHOULDER DISLOCATION, WITH FRACTURE OF GREATER HUMERAL TU | 56.49   | 54.32   | 1     |
| 23680 | OPEN TREATMENT OF SHOULDER DISLOCATION, WITH SURGICAL OR ANATOMICAL NECK FR | 60.77   | 58.43   | 1     |
| 23800 | ARTHRODESIS, GLENOHUMERAL JOINT;  | 68.27   | 65.65   | 1     |
| 23802 | ARTHRODESIS, GLENOHUMERAL JOINT; WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING  | 84.61   | 81.36   | 1     |
| 23900 | INTERTHORACOSCAPULAR AMPUTATION (FOREQUARTER)                               | 88.62   | 85.22   | 1     |
| 23920 | DISARTICULATION OF SHOULDER;  | 71.95   | 69.18   | 1     |
| 24006 | ARTHROTOMY OF THE ELBOW, WITH CAPSULAR EXCISION FOR CAPSULAR RELEASE (SEPAR | 46.62   | 44.83   | 1     |
| 24077 | RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF UPPER A | 53.78   | 51.72   | 1     |
| 24100 | ARTHROTOMY, ELBOW; WITH SYNOVIAL BIOPSY ONLY                                | 26.50   | 25.48   | 1     |
| 24101 | ARTHROTOMY, ELBOW; WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR  | 32.31   | 31.07   | 1     |

| Code  | Description   | 00-20   | 21+     | Units |
|-------|---|---------|---------|-------|
|       |   | Max Fee | Max Fee |       |
| 24102 | ARTHROTOMY, ELBOW; WITH SYNOVECTOMY   | 40.16   | 38.61   | 1     |
| 24115 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS; WITH AUTOGRAFT | 41.82   | 40.21   | 1     |
| 24116 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS; WITH ALLOGRAFT | 57.17   | 54.97   | 1     |
| 24125 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIU | 39.66   | 38.14   | 1     |
| 24126 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIU | 41.72   | 40.12   | 1     |
| 24134 | SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SHAFT OR DISTAL HUM | 48.96   | 47.08   | 1     |
| 24138 | SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), OLECRANON PROCESS   | 43.15   | 41.49   | 1     |
| 24140 | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG, | 46.20   | 44.42   | 1     |
| 24149 | RADICAL RESECTION OF CAPSULE, SOFT TISSUE, AND HETEROTOPIC BONE, ELBOW, WIT | 76.51   | 73.56   | 1     |
| 24150 | RADICAL RESECTION FOR TUMOR, SHAFT OR DISTAL HUMERUS;                       | 64.62   | 62.14   | 1     |
| 24151 | RADICAL RESECTION FOR TUMOR, SHAFT OR DISTAL HUMERUS; WITH AUTOGRAFT (INCLU | 73.95   | 71.11   | 1     |
| 24152 | RADICAL RESECTION FOR TUMOR, RADIAL HEAD OR NECK;                           | 48.36   | 46.50   | 1     |
| 24155 | RESECTION OF ELBOW JOINT (ARTHRECTOMY)                                      | 56.44   | 54.27   | 1     |
| 24301 | MUSCLE OR TENDON TRANSFER, ANY TYPE, UPPER ARM OR ELBOW, SINGLE (EXCLUDING  | 49.54   | 47.63   | 1     |
| 24320 | TENOPLASTY, WITH MUSCLE TRANSFER, WITH OR WITHOUT FREE GRAFT, ELBOW TO SHO  | 51.65   | 49.66   | 1     |
| 24330 | FLEXOR-PLASTY, ELBOW (EG, STEINDLER TYPE ADVANCEMENT);                      | 47.06   | 45.25   | 1     |
| 24331 | FLEXOR-PLASTY, ELBOW (EG, STEINDLER TYPE ADVANCEMENT); WITH EXTENSOR ADVANC | 51.96   | 49.96   | 1     |
| 24340 | TENODESIS OF BICEPS TENDON AT ELBOW (SEPARATE PROCEDURE)                    | 40.13   | 38.59   | 1     |
| 24341 | REPAIR, TENDON OR MUSCLE, UPPER ARM OR ELBOW, EACH TENDON OR MUSCLE, PRIMAR | 47.56   | 45.73   | 1     |
| 24342 | REINSERTION OF RUPTURED BICEPS OR TRICEPS TENDON, DISTAL, WITH OR WITHOUT T | 51.80   | 49.81   | 1     |
| 24343 | REPAIR LATERAL COLLATERAL LIGAMENT, ELBOW, WITH LOCAL TISSUE                | 45.84   | 44.07   | 1     |
| 24344 | RECONSTRUCTION LATERAL COLLATERAL LIGAMENT, ELBOW, WITH TENDON GRAFT (INCLU | 71.76   | 69.00   | 1     |
| 24345 | REPAIR MEDIAL COLLATERAL LIGAMENT, ELBOW, WITH LOCAL TISSUE                 | 45.55   | 43.80   | 1     |
| 24346 | RECONSTRUCTION MEDIAL COLLATERAL LIGAMENT, ELBOW, WITH TENDON GRAFT (INCLUD | 72.13   | 69.36   | 1     |
| 24360 | ARTHROPLASTY, ELBOW; WITH MEMBRANE (EG, FASCIAL)                            | 59.67   | 57.38   | 1     |
| 24361 | ARTHROPLASTY, ELBOW; WITH DISTAL HUMERAL PROSTHETIC REPLACEMENT             | 66.71   | 64.14   | 1     |
| 24362 | ARTHROPLASTY, ELBOW; WITH IMPLANT AND FASCIA LATA LIGAMENT RECONSTRUCTION   | 71.58   | 68.83   | 1     |
| 24363 | ARTHROPLASTY, ELBOW; WITH DISTAL HUMERUS AND PROXIMAL ULNAR PROSTHETIC REPL | 99.54   | 95.71   | 1     |
| 24365 | ARTHROPLASTY, RADIAL HEAD;  | 41.90   | 40.29   | 1     |

| Code  | Description   | 00-20   | 21+     | Units |
|-------|---|---------|---------|-------|
|       |   | Max Fee | Max Fee |       |
| 24366 | ARTHROPLASTY, RADIAL HEAD; WITH IMPLANT                                     | 44.95   | 43.22   | 1     |
| 24400 | OSTEOTOMY, HUMERUS, WITH OR WITHOUT INTERNAL FIXATION                       | 54.51   | 52.42   | 1     |
| 24410 | MULTIPLE OSTEOTOMIES WITH REALIGNMENT ON INTRAMEDULLARY ROD, HUMERAL SHAFT  | 69.99   | 67.30   | 1     |
| 24420 | OSTEOPLASTY, HUMERUS (EG, SHORTENING OR LENGTHENING) (EXCLUDING 64876)      | 65.33   | 62.82   | 1     |
| 24430 | REPAIR OF NONUNION OR MALUNION, HUMERUS; WITHOUT GRAFT (EG, COMPRESSION TEC | 70.05   | 67.35   | 1     |
| 24435 | REPAIR OF NONUNION OR MALUNION, HUMERUS; WITH ILIAC OR OTHER AUTOGRAFT (INC | 70.70   | 67.98   | 1     |
| 24470 | HEMIEPIPHYSEAL ARREST (EG, CUBITUS VARUS OR VALGUS, DISTAL HUMERUS)         | 40.42   | 38.86   | 1     |
| 24498 | PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING), WITH OR WITHO | 57.82   | 55.60   | 1     |
| 24515 | OPEN TREATMENT OF HUMERAL SHAFT FRACTURE WITH PLATE/SCREWS, WITH OR WITHOUT | 58.03   | 55.80   | 1     |
| 24516 | TREATMENT OF HUMERAL SHAFT FRACTURE, WITH INSERTION OF INTRAMEDULLARY IMPLA | 57.35   | 55.15   | 1     |
| 24545 | OPEN TREATMENT OF HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, WITH OR  | 60.98   | 58.63   | 1     |
| 24546 | OPEN TREATMENT OF HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, WITH OR  | 70.07   | 67.38   | 1     |
| 24575 | OPEN TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL, WITH OR  | 48.60   | 46.73   | 1     |
| 24579 | OPEN TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL, WITH OR WIT | 55.43   | 53.29   | 1     |
| 24586 | OPEN TREATMENT OF PERIARTICULAR FRACTURE AND/OR DISLOCATION OF THE ELBOW (F | 72.99   | 70.18   | 1     |
| 24587 | OPEN TREATMENT OF PERIARTICULAR FRACTURE AND/OR DISLOCATION OF THE ELBOW (F | 72.70   | 69.91   | 1     |
| 24615 | OPEN TREATMENT OF ACUTE OR CHRONIC ELBOW DISLOCATION                        | 47.11   | 45.30   | 1     |
| 24635 | OPEN TREATMENT OF MONTEGGIA TYPE OF FRACTURE DISLOCATION AT ELBOW (FRACTURE | 68.23   | 65.61   | 1     |
| 24665 | OPEN TREATMENT OF RADIAL HEAD OR NECK FRACTURE, WITH OR WITHOUT INTERNAL FI | 42.40   | 40.77   | 1     |
| 24666 | OPEN TREATMENT OF RADIAL HEAD OR NECK FRACTURE, WITH OR WITHOUT INTERNAL FI | 48.26   | 46.40   | 1     |
| 24685 | OPEN TREATMENT OF ULNAR FRACTURE PROXIMAL END (OLECRANON PROCESS), WITH OR  | 42.71   | 41.07   | 1     |
| 24800 | ARTHRODESIS, ELBOW JOINT; LOCAL   | 51.73   | 49.74   | 1     |
| 24802 | ARTHRODESIS, ELBOW JOINT; WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAFT)  | 66.37   | 63.82   | 1     |
| 24900 | AMPUTATION, ARM THROUGH HUMERUS; WITH PRIMARY CLOSURE                       | 47.61   | 45.78   | 1     |
| 24920 | AMPUTATION, ARM THROUGH HUMERUS; OPEN, CIRCULAR (GUILLotine)                | 47.37   | 45.55   | 1     |
| 24925 | AMPUTATION, ARM THROUGH HUMERUS; SECONDARY CLOSURE OR SCAR REVISION         | 36.64   | 35.23   | 1     |
| 24930 | AMPUTATION, ARM THROUGH HUMERUS; RE-AMPUTATION                              | 50.24   | 48.31   | 1     |
| 24931 | AMPUTATION, ARM THROUGH HUMERUS; WITH IMPLANT                               | 57.04   | 54.85   | 1     |
| 24940 | CINEPLASTY, UPPER EXTREMITY, COMPLETE PROCEDURE                             | 70.88   | 68.16   | 1     |

| Code  | Description   | 00-20<br>Max Fee | 21+<br>Max Fee | Units |
|-------|---|------------------|----------------|-------|
| 25085 | CAPSULOTOMY, WRIST (EG, CONTRACTURE)  | 28.90            | 27.79          | 1     |
| 25107 | ARTHROTOMY, DISTAL RADIOULNAR JOINT INCLUDING REPAIR OF TRIANGULAR CARTILAG | 38.96            | 37.46          | 1     |
| 25109 | EXCISION OF TENDON, FOREARM AND/OR WRIST, FLEXOR OR EXTENSOR, EACH          | 34.45            | 33.12          | 1     |
| 25119 | SYNOVECTOMY, EXTENSOR TENDON SHEATH, WRIST, SINGLE COMPARTMENT; WITH RESECT | 31.84            | 30.62          | 1     |
| 25126 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA (EXCLU | 38.54            | 37.06          | 1     |
| 25135 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES; WITH AU | 35.80            | 34.43          | 1     |
| 25136 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES; WITH AL | 31.82            | 30.59          | 1     |
| 25145 | SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), FOREARM AND/OR WRIS | 33.25            | 31.97          | 1     |
| 25151 | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION OR DIAPHYSECTOMY) OF BONE (E | 37.86            | 36.41          | 1     |
| 25170 | RADICAL RESECTION FOR TUMOR, RADIUS OR ULNA                                 | 54.25            | 52.17          | 1     |
| 25215 | CARPECTOMY; ALL BONES OF PROXIMAL ROW                                       | 40.13            | 38.59          | 1     |
| 25250 | REMOVAL OF WRIST PROSTHESIS; (SEPARATE PROCEDURE)                           | 34.08            | 32.77          | 1     |
| 25251 | REMOVAL OF WRIST PROSTHESIS; COMPLICATED, INCLUDING "TOTAL WRIST"           | 46.33            | 44.55          | 1     |
| 25263 | REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; SECONDARY, SINGLE,  | 40.36            | 38.81          | 1     |
| 25265 | REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; SECONDARY, WITH FRE | 48.68            | 46.80          | 1     |
| 25300 | TENODESIS AT WRIST; FLEXORS OF FINGERS                                      | 44.12            | 42.42          | 1     |
| 25301 | TENODESIS AT WRIST; EXTENSORS OF FINGERS                                    | 41.98            | 40.36          | 1     |
| 25310 | TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, FOREARM AND/OR WRIS | 40.13            | 38.59          | 1     |
| 25312 | TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, FOREARM AND/OR WRIS | 47.01            | 45.20          | 1     |
| 25315 | FLEXOR ORIGIN SLIDE (EG, FOR CEREBRAL PALSY, VOLKMANN CONTRACTURE), FOREARM | 50.76            | 48.81          | 1     |
| 25316 | FLEXOR ORIGIN SLIDE FOR CEREBRAL PALSY, FOREARM AND/OR WRIST; WITH TENDON(S | 58.58            | 56.33          | 1     |
| 25320 | CAPSULORRHAPHY OR RECONSTRUCTION, WRIST, OPEN (EG, CAPSULODESIS, LIGAMENT R | 62.62            | 60.21          | 1     |
| 25332 | ARTHROPLASTY, WRIST, WITH OR WITHOUT INTERPOSITION, WITH OR WITHOUT EXTERNA | 55.58            | 53.45          | 1     |
| 25335 | CENTRALIZATION OF WRIST ON ULNA (EG, RADIAL CLUB HAND)                      | 61.97            | 59.58          | 1     |
| 25350 | OSTEOTOMY, RADIUS; DISTAL THIRD   | 44.35            | 42.65          | 1     |
| 25355 | OSTEOTOMY, RADIUS; MIDDLE OR PROXIMAL THIRD                                 | 50.58            | 48.63          | 1     |
| 25360 | OSTEOTOMY; ULNA   | 42.87            | 41.22          | 1     |
| 25365 | OSTEOTOMY; RADIUS AND ULNA  | 60.27            | 57.95          | 1     |
| 25370 | MULTIPLE OSTEOTOMIES, WITH REALIGNMENT ON INTRAMEDULLARY ROD (SOFIELD TYPE  | 66.53            | 63.97          | 1     |

| Code  | Description   | 00-20   | 21+     | Units |
|-------|---|---------|---------|-------|
|       |   | Max Fee | Max Fee |       |
| 25375 | MULTIPLE OSTEOTOMIES, WITH REALIGNMENT ON INTRAMEDULLARY ROD (SOFIELD TYPE  | 63.45   | 61.01   | 1     |
| 25390 | OSTEOPLASTY, RADIUS OR ULNA; SHORTENING                                     | 50.84   | 48.88   | 1     |
| 25391 | OSTEOPLASTY, RADIUS OR ULNA; LENGTHENING WITH AUTOGRAFT                     | 65.72   | 63.19   | 1     |
| 25392 | OSTEOPLASTY, RADIUS AND ULNA; SHORTENING (EXCLUDING 64876)                  | 67.36   | 64.77   | 1     |
| 25393 | OSTEOPLASTY, RADIUS AND ULNA; LENGTHENING WITH AUTOGRAFT                    | 75.93   | 73.01   | 1     |
| 25394 | OSTEOPLASTY, CARPAL BONE, SHORTENING  | 51.31   | 49.34   | 1     |
| 25400 | REPAIR OF NONUNION OR MALUNION, RADIUS OR ULNA; WITHOUT GRAFT (EG, COMPRESS | 60.60   | 58.27   | 1     |
| 25405 | REPAIR OF NONUNION OR MALUNION, RADIUS OR ULNA; WITH AUTOGRAFT (INCLUDES OB | 69.05   | 66.40   | 1     |
| 25415 | REPAIR OF NONUNION OR MALUNION, RADIUS AND ULNA; WITHOUT GRAFT (EG, COMPRES | 64.91   | 62.42   | 1     |
| 25420 | REPAIR OF NONUNION OR MALUNION, RADIUS AND ULNA; WITH AUTOGRAFT (INCLUDES O | 77.92   | 74.92   | 1     |
| 25425 | REPAIR OF DEFECT WITH AUTOGRAFT; RADIUS OR ULNA                             | 78.01   | 75.01   | 1     |
| 25426 | REPAIR OF DEFECT WITH AUTOGRAFT; RADIUS AND ULNA                            | 81.99   | 78.83   | 1     |
| 25431 | REPAIR OF NONUNION OF CARPAL BONE (EXCLUDING CARPAL SCAPHOID (NAVICULAR)) ( | 51.73   | 49.74   | 1     |
| 25440 | REPAIR OF NONUNION, SCAPHOID CARPAL (NAVICULAR) BONE, WITH OR WITHOUT RADIA | 50.50   | 48.56   | 1     |
| 25441 | ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL RADIUS                     | 62.18   | 59.78   | 1     |
| 25442 | ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL ULNA                       | 52.77   | 50.74   | 1     |
| 25443 | ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; SCAPHOID CARPAL (NAVICULAR)       | 50.40   | 48.46   | 1     |
| 25444 | ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; LUNATE                            | 54.07   | 51.99   | 1     |
| 25446 | ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL RADIUS AND PARTIAL OR ENTI | 78.10   | 75.09   | 1     |
| 25447 | ARTHROPLASTY, INTERPOSITION, INTERCARPAL OR CARPOMETACARPAL JOINTS          | 53.78   | 51.72   | 1     |
| 25449 | REVISION OF ARTHROPLASTY, INCLUDING REMOVAL OF IMPLANT, WRIST JOINT         | 68.46   | 65.82   | 1     |
| 25490 | PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOU | 45.84   | 44.07   | 1     |
| 25491 | PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOU | 48.55   | 46.68   | 1     |
| 25492 | PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOU | 60.04   | 57.73   | 1     |
| 25515 | OPEN TREATMENT OF RADIAL SHAFT FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERN | 43.99   | 42.30   | 1     |
| 25525 | OPEN TREATMENT OF RADIAL SHAFT FRACTURE, WITH INTERNAL AND/ OR EXTERNAL FIX | 61.70   | 59.33   | 1     |
| 25526 | OPEN TREATMENT OF RADIAL SHAFT FRACTURE, WITH INTERNAL AND/OR EXTERNAL FIXA | 62.98   | 60.56   | 1     |
| 25545 | OPEN TREATMENT OF ULNAR SHAFT FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNA | 40.86   | 39.29   | 1     |
| 25574 | OPEN TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES, WITH INTERNAL OR EXTERN | 43.18   | 41.52   | 1     |

| Code  | Description   | 00-20<br>Max Fee | 21+<br>Max Fee | Units |
|-------|---|------------------|----------------|-------|
| 25575 | OPEN TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES, WITH INTERNAL OR EXTERN | 58.74            | 56.48          | 1     |
| 25606 | PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIAL FRACTURE OR EPIPHYSEAL SEPA | 42.19            | 40.57          | 1     |
| 25607 | OPEN TREATMENT OF DISTAL RADIAL EXTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEPA | 47.11            | 45.30          | 1     |
| 25608 | OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEPA | 53.99            | 51.92          | 1     |
| 25609 | OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEPA | 68.95            | 66.30          | 1     |
| 25628 | OPEN TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE, WITH OR WITHOUT INT | 46.80            | 45.00          | 1     |
| 25645 | OPEN TREATMENT OF CARPAL BONE FRACTURE (OTHER THAN CARPAL SCAPHOID (NAVICUL | 36.72            | 35.30          | 1     |
| 25652 | OPEN TREATMENT OF ULNAR STYLOID FRACTURE                                    | 40.23            | 38.69          | 1     |
| 25670 | OPEN TREATMENT OF RADIOCARPAL OR INTERCARPAL DISLOCATION, ONE OR MORE BONES | 39.69            | 38.16          | 1     |
| 25671 | PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIOULNAR DISLOCATION             | 33.64            | 32.35          | 1     |
| 25676 | OPEN TREATMENT OF DISTAL RADIOULNAR DISLOCATION, ACUTE OR CHRONIC           | 41.15            | 39.56          | 1     |
| 25685 | OPEN TREATMENT OF TRANS-SCAPHOPERILUNAR TYPE OF FRACTURE DISLOCATION        | 48.05            | 46.20          | 1     |
| 25695 | OPEN TREATMENT OF LUNATE DISLOCATION  | 41.28            | 39.69          | 1     |
| 25800 | ARTHRODESIS, WRIST; COMPLETE, WITHOUT BONE GRAFT (INCLUDES RADIOCARPAL AND/ | 48.23            | 46.38          | 1     |
| 25805 | ARTHRODESIS, WRIST JOINT (INCLUDING RADIOCARPAL AND/OR ULNOCARPAL FUSION);  | 55.66            | 53.52          | 1     |
| 25810 | ARTHRODESIS, WRIST JOINT (INCLUDING RADIOCARPAL AND/OR ULNOCARPAL FUSION);  | 56.52            | 54.35          | 1     |
| 25820 | ARTHRODESIS, WRIST; LIMITED, WITHOUT BONE GRAFT (EG, INTERCARPAL OR RADIOCA | 39.61            | 38.09          | 1     |
| 25825 | INTERCARPAL FUSION; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)               | 48.91            | 47.03          | 1     |
| 25830 | ARTHRODESIS, DISTAL RADIOULNAR JOINT WITH SEGMENTAL RESECTION OF ULNA, WITH | 59.67            | 57.38          | 1     |
| 25905 | AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; OPEN, CIRCULAR (GUILLotine)   | 45.32            | 43.57          | 1     |
| 25907 | AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; SECONDARY CLOSURE OR SCAR REV | 38.91            | 37.41          | 1     |
| 25909 | AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; RE-AMPUTATION                 | 44.53            | 42.82          | 1     |
| 25915 | KRUKENBERG PROCEDURE  | 68.74            | 66.09          | 1     |
| 25922 | DISARTICULATION THROUGH WRIST; SECONDARY CLOSURE OR SCAR REVISION           | 37.52            | 36.08          | 1     |
| 25924 | DISARTICULATION THROUGH WRIST; RE-AMPUTATION                                | 43.41            | 41.74          | 1     |
| 25929 | TRANSMETACARPAL AMPUTATION; SECONDARY CLOSURE OR SCAR REVISION              | 36.74            | 35.33          | 1     |
| 26185 | SESAMOIDECTOMY, THUMB OR FINGER (SEPARATE PROCEDURE)                        | 34.11            | 32.80          | 1     |
| 26255 | RADICAL RESECTION (OSTECTOMY) FOR TUMOR, METACARPAL; WITH AUTOGRAFT (INCLUD | 56.99            | 54.80          | 1     |
| 26260 | RADICAL RESECTION, PROXIMAL OR MIDDLE PHALANX OF FINGER (EG, TUMOR);        | 35.39            | 34.03          | 1     |

| Code  | Description   | 00-20   | 21+     | Units |
|-------|---|---------|---------|-------|
|       |   | Max Fee | Max Fee |       |
| 26261 | RADICAL RESECTION (OSTECTOMY) FOR TUMOR, PROXIMAL OR MIDDLE PHALANX OF FING | 44.66   | 42.95   | 1     |
| 26262 | RADICAL RESECTION, DISTAL PHALANX OF FINGER (EG, TUMOR)                     | 29.58   | 28.44   | 1     |
| 26352 | FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE, NOT IN "NO MAN'S LAND"; SECO   | 49.07   | 47.18   | 1     |
| 26357 | REPAIR OR ADVANCEMENT, FLEXOR TENDON, IN ZONE 2 DIGITAL FLEXOR TENDON SHEAT | 53.19   | 51.14   | 1     |
| 26358 | FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE, IN "NO MAN'S LAND"; SECONDAR   | 56.05   | 53.90   | 1     |
| 26372 | REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON, WITH INTACT SUPERFICIALIS TENDON | 54.28   | 52.19   | 1     |
| 26373 | REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON, WITH INTACT SUPERFICIALIS TENDON | 51.41   | 49.44   | 1     |
| 26390 | EXCISION FLEXOR TENDON, WITH IMPLANTATION OF SYNTHETIC ROD FOR DELAYED TEND | 51.60   | 49.61   | 1     |
| 26392 | REMOVAL OF SYNTHETIC ROD AND INSERTION OF FLEXOR TENDON GRAFT, HAND OR FING | 59.78   | 57.48   | 1     |
| 26420 | EXTENSOR TENDON REPAIR, DORSUM OF FINGER, SINGLE, PRIMARY OR SECONDARY; WIT | 43.26   | 41.59   | 1     |
| 26434 | EXTENSOR TENDON REPAIR, DISTAL INSERTION ("MALLETT FINGER"), OPEN, PRIMARY  | 39.11   | 37.61   | 1     |
| 26474 | TENODESIS; OF DISTAL JOINT, EACH JOINT                                      | 35.54   | 34.18   | 1     |
| 26479 | SHORTENING OF TENDON, FLEXOR, HAND OR FINGER, EACH TENDON                   | 37.84   | 36.38   | 1     |
| 26483 | TENDON TRANSFER OR TRANSPLANT, CARPOMETACARPAL AREA OR DORSUM OF HAND, SING | 51.93   | 49.94   | 1     |
| 26485 | TRANSFER OR TRANSPLANT OF TENDON, PALMAR; WITHOUT FREE TENDON GRAFT, EACH T | 49.54   | 47.63   | 1     |
| 26492 | OPPONENSPLASTY; TENDON TRANSFER WITH GRAFT (INCLUDES OBTAINING GRAFT), EACH | 54.75   | 52.64   | 1     |
| 26494 | OPPONENSPLASTY; HYPOTHENAR MUSCLE TRANSFER                                  | 49.41   | 47.51   | 1     |
| 26497 | TRANSFER OF TENDON TO RESTORE INTRINSIC FUNCTION; RING AND SMALL FINGER     | 53.76   | 51.69   | 1     |
| 26498 | TENDON TRANSFER TO RESTORE INTRINSIC FUNCTION; ALL FOUR FINGERS             | 72.57   | 69.78   | 1     |
| 26499 | CORRECTION CLAW FINGER, OTHER METHODS                                       | 51.47   | 49.49   | 1     |
| 26502 | TENDON PULLEY RECONSTRUCTION; WITH TENDON OR FASCIAL GRAFT (INCLUDES OBTAIN | 43.60   | 41.92   | 1     |
| 26517 | CAPSULODESIS FOR M-P JOINT STABILIZATION; TWO DIGITS                        | 51.28   | 49.31   | 1     |
| 26518 | CAPSULODESIS FOR M-P JOINT STABILIZATION; THREE OR FOUR DIGITS              | 51.86   | 49.86   | 1     |
| 26530 | ARTHROPLASTY, METACARPOPHALANGEAL JOINT; EACH JOINT                         | 34.68   | 33.35   | 1     |
| 26531 | ARTHROPLASTY, METACARPOPHALANGEAL JOINT; WITH PROSTHETIC IMPLANT, EACH JOIN | 40.31   | 38.76   | 1     |
| 26541 | RECONSTRUCTION, COLLATERAL LIGAMENT, METACARPOPHALANGEAL JOINT, SINGLE, WIT | 49.80   | 47.88   | 1     |
| 26546 | REPAIR NON-UNION, METACARPAL OR PHALANX, (INCLUDES OBTAINING BONE GRAFT WIT | 61.18   | 58.83   | 1     |
| 26550 | POLLICIZATION OF A DIGIT  | 94.80   | 91.15   | 1     |
| 26551 | TRANSFER, TOE-TO-HAND WITH MICROVASCULAR ANASTOMOSIS; GREAT TOE ' WRAP-AROU | 191.78  | 184.41  | 1     |

| Code  | Description   | 00-20   | 21+     | Units |
|-------|---|---------|---------|-------|
|       |   | Max Fee | Max Fee |       |
| 26553 | TOE-TO-HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE,  | 183.24  | 176.19  | 1     |
| 26554 | TOE-TO-HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE,  | 240.00  | 230.77  | 1     |
| 26555 | TRANSFER, FINGER TO ANOTHER POSITION WITHOUT MICROVASCULAR ANASTOMOSIS      | 87.92   | 84.54   | 1     |
| 26556 | TRANSFER, FREE TOE JOINT, WITH MICROVASCULAR ANASTOMOSIS                    | 180.77  | 173.81  | 1     |
| 26560 | REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; WITH SKIN FLAPS           | 35.36   | 34.00   | 1     |
| 26561 | REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; WITH SKIN FLAPS AND GRAFT | 57.67   | 55.45   | 1     |
| 26562 | REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; COMPLEX (EG, INVOLVING BO | 71.64   | 68.88   | 1     |
| 26565 | OSTEOTOMY; METACARPAL, EACH   | 41.46   | 39.86   | 1     |
| 26568 | OSTEOPLASTY, LENGTHENING, METACARPAL OR PHALANX                             | 55.56   | 53.42   | 1     |
| 26580 | REPAIR CLEFT HAND   | 82.41   | 79.24   | 1     |
| 26587 | RECONSTRUCTION OF POLYDACTYLOUS DIGIT, SOFT TISSUE AND BONE                 | 62.02   | 59.63   | 1     |
| 26590 | REPAIR MACRODACTYLIA, EACH DIGIT  | 81.69   | 78.55   | 1     |
| 26596 | EXCISION OF CONSTRICTING RING OF FINGER, WITH MULTIPLE Z-PLASTIES           | 47.53   | 45.70   | 1     |
| 26686 | OPEN TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB (BENNETT FR | 40.31   | 38.76   | 1     |
| 26820 | FUSION IN OPPOSITION, THUMB, WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAF | 48.68   | 46.80   | 1     |
| 26842 | ARTHRODESIS, CARPOMETACARPAL JOINT, THUMB, WITH OR WITHOUT INTERNAL FIXATIO | 48.94   | 47.06   | 1     |
| 26843 | ARTHRODESIS, CARPOMETACARPAL JOINT, DIGIT, OTHER THAN THUMB, EACH;          | 45.39   | 43.65   | 1     |
| 26844 | ARTHRODESIS, CARPOMETACARPAL JOINT, DIGITS, OTHER THAN THUMB; WITH AUTOGRAF | 50.76   | 48.81   | 1     |
| 26852 | ARTHRODESIS, METACARPOPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION;  | 49.54   | 47.63   | 1     |
| 26862 | ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; WITH | 44.85   | 43.12   | 1     |
| 26863 | ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; WITH | 15.92   | 15.31   | 5     |
| 27001 | TENOTOMY, ADDUCTOR OF HIP, OPEN   | 35.52   | 34.15   | 1     |
| 27003 | TENOTOMY, ADDUCTOR, SUBCUTANEOUS, OPEN, WITH OBTURATOR NEURECTOMY           | 38.02   | 36.56   | 1     |
| 27005 | TENOTOMY, HIP FLEXOR(S), OPEN (SEPARATE PROCEDURE)                          | 48.23   | 46.38   | 1     |
| 27006 | TENOTOMY, ABDUCTORS AND/OR EXTENSOR(S) OF HIP, OPEN (SEPARATE PROCEDURE)    | 48.68   | 46.80   | 1     |
| 27030 | ARTHROTOMY, HIP, WITH DRAINAGE (EG, INFECTION)                              | 62.98   | 60.56   | 1     |
| 27033 | ARTHROTOMY, HIP, INCLUDING EXPLORATION OR REMOVAL OF LOOSE OR FOREIGN BODY  | 65.28   | 62.77   | 1     |
| 27035 | DENERVATION, HIP JOINT, INTRAPELVIC OR EXTRAPELVIC INTRA-ARTICULAR BRANCHES | 71.40   | 68.65   | 1     |
| 27036 | CAPSULECTOMY OR CAPSULOTOMY, HIP, WITH OR WITHOUT EXCISION OF HETEROTOPIC B | 66.94   | 64.37   | 1     |

| Code  | Description   | 00-20<br>Max Fee | 21+<br>Max Fee | Units |
|-------|---|------------------|----------------|-------|
| 27048 | EXCISION, TUMOR, PELVIS AND HIP AREA; DEEP, SUBFASCIAL, INTRAMUSCULAR       | 31.43            | 30.22          | 1     |
| 27049 | RADICAL RESECTION OF TUMOR, SOFT TISSUE OF PELVIS AND HIP AREA (EG, MALIGNA | 66.81            | 64.24          | 1     |
| 27052 | ARTHROTOMY, FOR BIOPSY; HIP JOINT   | 36.66            | 35.25          | 1     |
| 27054 | ARTHROTOMY WITH SYNOVECTOMY, HIP JOINT                                      | 44.82            | 43.10          | 1     |
| 27065 | EXCISION OF BONE CYST OR BENIGN TUMOR; SUPERFICIAL (WING OF ILIUM, SYMPHYSI | 32.99            | 31.72          | 1     |
| 27066 | EXCISION OF BONE CYST OR BENIGN TUMOR; DEEP, WITH OR WITHOUT AUTOGRAFT      | 53.55            | 51.49          | 1     |
| 27067 | EXCISION OF BONE CYST OR BENIGN TUMOR; WITH AUTOGRAFT REQUIRING SEPARATE IN | 67.36            | 64.77          | 1     |
| 27070 | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION) (EG, OSTEOMYELITIS OR BONE  | 55.90            | 53.75          | 1     |
| 27071 | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION) (EG, OSTEOMYELITIS OR BONE  | 59.75            | 57.45          | 1     |
| 27075 | RADICAL RESECTION OF TUMOR OR INFECTION; WING OF ILIUM, ONE PUBIC OR ISCHIA | 155.62           | 149.63         | 1     |
| 27076 | RADICAL RESECTION FOR TUMOR OR INFECTION; ILIUM, INCLUDING ACETABULUM, BOTH | 107.20           | 103.08         | 1     |
| 27077 | RADICAL RESECTION FOR TUMOR OR INFECTION; INNOMINATE BONE, TOTAL            | 179.28           | 172.39         | 1     |
| 27078 | RADICAL RESECTION FOR TUMOR OR INFECTION; ISCHIAL TUBEROSITY AND GREATER TR | 67.70            | 65.10          | 1     |
| 27079 | RADICAL RESECTION FOR TUMOR OR INFECTION; ISCHIAL TUBEROSITY AND GREATER TR | 63.87            | 61.41          | 1     |
| 27080 | COCCYGECTOMY, PRIMARY   | 32.57            | 31.32          | 1     |
| 27087 | REMOVAL OF FOREIGN BODY, PELVIS OR HIP; DEEP (SUBFASCIAL OR INTRAMUSCULAR)  | 41.64            | 40.04          | 1     |
| 27090 | REMOVAL OF HIP PROSTHESIS; (SEPARATE PROCEDURE)                             | 55.19            | 53.07          | 1     |
| 27091 | REMOVAL OF HIP PROSTHESIS; COMPLICATED, INCLUDING TOTAL HIP PROSTHESIS, MET | 108.09           | 103.93         | 1     |
| 27097 | RELEASE OR RECESSION, HAMSTRING, PROXIMAL                                   | 44.56            | 42.85          | 1     |
| 27098 | TRANSFER, ADDUCTOR TO ISCHIUM   | 39.95            | 38.41          | 1     |
| 27100 | TRANSFER EXTERNAL OBLIQUE MUSCLE TO GREATER TROCHANTER INCLUDING FASCIAL OR | 54.38            | 52.29          | 1     |
| 27105 | TRANSFER PARASPINAL MUSCLE TO HIP (INCLUDES FASCIAL OR TENDON EXTENSION GRA | 56.63            | 54.45          | 1     |
| 27110 | TRANSFER ILIOPSOAS; TO GREATER TROCHANTER OF FEMUR                          | 64.00            | 61.54          | 1     |
| 27111 | TRANSFER ILIOPSOAS; TO FEMORAL NECK   | 55.95            | 53.80          | 1     |
| 27120 | ACETABULOPLASTY; (EG, WHITMAN, COLONNA, HAYGROVES, OR CUP TYPE)             | 86.80            | 83.46          | 1     |
| 27122 | ACETABULOPLASTY; RESECTION, FEMORAL HEAD (EG, GIRDLESTONE PROCEDURE)        | 73.87            | 71.03          | 1     |
| 27125 | HEMIARTHROPLASTY, HIP, PARTIAL (EG, FEMORAL STEM PROSTHESIS, BIPOLAR ARTHRO | 75.52            | 72.61          | 1     |
| 27130 | ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL | 97.54            | 93.79          | 1     |
| 27132 | CONVERSION OF PREVIOUS HIP SURGERY TO TOTAL HIP ARTHROPLASTY, WITH OR WITHO | 113.64           | 109.27         | 1     |

| Code  | Description   | 00-20   | 21+     | Units |
|-------|---|---------|---------|-------|
|       |   | Max Fee | Max Fee |       |
| 27134 | REVISION OF TOTAL HIP ARTHROPLASTY; BOTH COMPONENTS, WITH OR WITHOUT AUTOGR | 131.75  | 126.68  | 1     |
| 27137 | REVISION OF TOTAL HIP ARTHROPLASTY; ACETABULAR COMPONENT ONLY, WITH OR WITH | 100.43  | 96.57   | 1     |
| 27138 | REVISION OF TOTAL HIP ARTHROPLASTY; FEMORAL COMPONENT ONLY, WITH OR WITHOUT | 104.57  | 100.55  | 1     |
| 27140 | OSTEOTOMY AND TRANSFER OF GREATER TROCHANTER OF FEMUR (SEPARATE PROCEDURE)  | 59.80   | 57.50   | 1     |
| 27146 | OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE;                            | 84.59   | 81.33   | 1     |
| 27147 | OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE; WITH OPEN REDUCTION OF HIP | 99.33   | 95.51   | 1     |
| 27151 | OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE; WITH FEMORAL OSTEOTOMY     | 107.67  | 103.53  | 1     |
| 27156 | OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE; WITH FEMORAL OSTEOTOMY AND | 114.94  | 110.52  | 1     |
| 27158 | OSTEOTOMY, PELVIS, BILATERAL (EG, CONGENITAL MALFORMATION)                  | 94.05   | 90.43   | 1     |
| 27161 | OSTEOTOMY, FEMORAL NECK (SEPARATE PROCEDURE)                                | 81.82   | 78.68   | 1     |
| 27165 | OSTEOTOMY, INTERTROCHANTERIC OR SUBTROCHANTERIC INCLUDING INTERNAL OR EXTER | 91.67   | 88.15   | 1     |
| 27170 | BONE GRAFT, FEMORAL HEAD, NECK, INTERTROCHANTERIC OR SUBTROCHANTERIC AREA ( | 79.30   | 76.25   | 1     |
| 27176 | TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; BY SINGLE OR MULTIPLE PINNING, IN S | 61.21   | 58.86   | 1     |
| 27177 | OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; SINGLE OR MULTIPLE PINNING OR  | 74.42   | 71.56   | 1     |
| 27178 | OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; CLOSED MANIPULATION WITH SINGL | 60.85   | 58.51   | 1     |
| 27179 | OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; OSTEOPLASTY OF FEMORAL NECK (H | 64.70   | 62.21   | 1     |
| 27181 | OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; OSTEOTOMY AND INTERNAL FIXATIO | 72.05   | 69.28   | 1     |
| 27187 | PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOU | 66.37   | 63.82   | 1     |
| 27202 | OPEN TREATMENT OF COCCYGEAL FRACTURE  | 50.85   | 48.89   | 1     |
| 27215 | OPEN TREATMENT OF ILIAC SPINE(S), TUBEROSITY AVULSION, OR ILIAC WING FRACTU | 49.51   | 47.61   | 1     |
| 27216 | PERCUTANEOUS SKELETAL FIXATION OF POSTERIOR PELVIC RING FRACTURE AND/OR DIS | 72.57   | 69.78   | 1     |
| 27217 | OPEN TREATMENT OF ANTERIOR RING FRACTURE AND/OR DISLOCATION WITH INTERNAL F | 67.93   | 65.32   | 1     |
| 27218 | OPEN TREATMENT OF POSTERIOR RING FRACTURE AND/OR DISLOCATION WITH INTERNAL  | 94.20   | 90.58   | 1     |
| 27226 | OPEN TREATMENT OF POSTERIOR OR ANTERIOR ACETABULAR WALL FRACTURE, WITH INTE | 71.14   | 68.40   | 1     |
| 27227 | OPEN TREATMENT OF ACETABULAR FRACTURE(S) INVOLVING ANTERIOR OR POSTERIOR (O | 112.70  | 108.37  | 1     |
| 27228 | OPEN TREATMENT OF ACETABULAR FRACTURE(S) INVOLVING ANTERIOR AND POSTERIOR ( | 128.88  | 123.93  | 1     |
| 27236 | OPEN TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, NECK, INTERNAL FIXATION O | 80.00   | 76.92   | 1     |
| 27244 | TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC, OR SUBTROCHANTERIC FEMORAL | 82.27   | 79.10   | 1     |
| 27245 | OPEN TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC OR SUBTROCHANTERIC FEM | 93.98   | 90.37   | 1     |

| Code  | Description   | 00-20   | 21+     | Units |
|-------|---|---------|---------|-------|
|       |   | Max Fee | Max Fee |       |
| 27248 | OPEN TREATMENT OF GREATER TROCHANTERIC FRACTURE, WITH OR WITHOUT INTERNAL O | 49.80   | 47.88   | 1     |
| 27253 | OPEN TREATMENT OF HIP DISLOCATION, TRAUMATIC, WITHOUT INTERNAL FIXATION     | 62.98   | 60.56   | 1     |
| 27254 | OPEN TREATMENT OF HIP DISLOCATION, TRAUMATIC, WITH ACETABULAR WALL AND FEMO | 85.76   | 82.46   | 1     |
| 27258 | OPEN TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INCLUDING CON | 74.19   | 71.33   | 1     |
| 27259 | OPEN TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INCLUDING CON | 104.62  | 100.60  | 1     |
| 27280 | ARTHRODESIS, SACROILIAC JOINT (INCLUDING OBTAINING GRAFT)                   | 68.82   | 66.17   | 1     |
| 27282 | ARTHRODESIS, SYMPHYSIS PUBIS (INCLUDING OBTAINING GRAFT)                    | 53.58   | 51.51   | 1     |
| 27284 | ARTHRODESIS, HIP JOINT (INCLUDING OBTAINING GRAFT);                         | 102.98  | 99.02   | 1     |
| 27286 | ARTHRODESIS, HIP JOINT (INCLUDES OBTAINING GRAFT); WITH SUBTROCHANTERIC OST | 109.52  | 105.31  | 1     |
| 27290 | INTERPELVIABDOMINAL AMPUTATION (HINDQUARTER AMPUTATION)                     | 105.12  | 101.08  | 1     |
| 27295 | DISARTICULATION OF HIP  | 85.13   | 81.86   | 1     |
| 27303 | INCISION, DEEP, WITH OPENING OF BONE CORTEX, FEMUR OR KNEE (EG, OSTEOMYELIT | 42.01   | 40.39   | 1     |
| 27305 | FASCIOTOMY, ILIOTIBIAL (TENOTOMY), OPEN                                     | 30.62   | 29.44   | 1     |
| 27306 | TENOTOMY, PERCUTANEOUS, ADDUCTOR OR HAMSTRING; SINGLE TENDON (SEPARATE PROC | 24.57   | 23.63   | 1     |
| 27310 | ARTHROTOMY, KNEE, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY (E | 48.13   | 46.28   | 1     |
| 27325 | NEURECTOMY, HAMSTRING MUSCLE  | 35.18   | 33.83   | 1     |
| 27326 | NEURECTOMY, POPLITEAL (GASTROCNEMIUS)                                       | 32.03   | 30.79   | 1     |
| 27329 | RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF THIGH O | 69.26   | 66.60   | 1     |
| 27331 | ARTHROTOMY, KNEE; INCLUDING JOINT EXPLORATION, BIOPSY, OR REMOVAL OF LOOSE  | 30.83   | 29.64   | 1     |
| 27332 | ARTHROTOMY, WITH EXCISION OF SEMILUNAR CARTILAGE (MENISCECTOMY) KNEE; MEDIA | 41.98   | 40.36   | 1     |
| 27333 | ARTHROTOMY, KNEE, FOR EXCISION OF SEMILUNAR CARTILAGE (MENISCECTOMY); MEDIA | 37.94   | 36.48   | 1     |
| 27334 | ARTHROTOMY, WITH SYNOVECTOMY KNEE; ANTERIOR OR POSTERIOR                    | 44.66   | 42.95   | 1     |
| 27335 | ARTHROTOMY, KNEE, FOR SYNOVECTOMY; ANTERIOR AND POSTERIOR INCLUDING POPLITE | 50.58   | 48.63   | 1     |
| 27345 | EXCISION OF SYNOVIAL CYST OF POPLITEAL SPACE (EG, BAKER'S CYST)             | 31.22   | 30.02   | 1     |
| 27347 | EXCISION OF LESION OF MENISCUS OR CAPSULE (EG, CYST, GANGLION), KNEE        | 33.52   | 32.23   | 1     |
| 27350 | PATELLECTOMY OR HEMIPATELLECTOMY  | 42.66   | 41.02   | 1     |
| 27355 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR;                | 39.50   | 37.99   | 1     |
| 27356 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH ALLOGRAFT | 48.65   | 46.78   | 1     |
| 27357 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH AUTOGRAFT | 53.97   | 51.89   | 1     |

| Code  | Description   | 00-20   | 21+     | Units |
|-------|---|---------|---------|-------|
|       |   | Max Fee | Max Fee |       |
| 27358 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH INTERNAL  | 19.70   | 18.94   | 1     |
| 27360 | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE, FEM | 55.82   | 53.67   | 1     |
| 27365 | RADICAL RESECTION OF TUMOR, BONE, FEMUR OR KNEE                             | 82.19   | 79.03   | 1     |
| 27380 | SUTURE OF INFRAPATELLAR TENDON; PRIMARY                                     | 38.41   | 36.93   | 1     |
| 27381 | SUTURE OF INFRAPATELLAR TENDON; SECONDARY RECONSTRUCTION, INCLUDING FASCIAL | 52.66   | 50.64   | 1     |
| 27385 | SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; PRIMARY                   | 41.20   | 39.61   | 1     |
| 27386 | SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; SECONDARY RECONSTRUCTION, | 54.57   | 52.47   | 1     |
| 27390 | TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; SINGLE TENDON                       | 28.74   | 27.64   | 1     |
| 27392 | TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; MULTIPLE TENDONS, BILATERAL         | 46.12   | 44.35   | 1     |
| 27393 | LENGTHENING OF HAMSTRING TENDON; SINGLE TENDON                              | 33.12   | 31.85   | 1     |
| 27394 | LENGTHENING OF HAMSTRING TENDON; MULTIPLE TENDONS, ONE LEG                  | 42.89   | 41.24   | 1     |
| 27395 | LENGTHENING OF HAMSTRING TENDON; MULTIPLE TENDONS, BILATERAL                | 58.24   | 56.00   | 1     |
| 27396 | TRANSPLANT, HAMSTRING TENDON TO PATELLA; SINGLE TENDON                      | 40.18   | 38.64   | 1     |
| 27397 | TRANSPLANT, HAMSTRING TENDON TO PATELLA; MULTIPLE TENDONS                   | 59.75   | 57.45   | 1     |
| 27400 | TRANSFER, TENDON OR MUSCLE, HAMSTRINGS TO FEMUR (EG, EGGER'S TYPE PROCEDURE | 45.00   | 43.27   | 1     |
| 27403 | ARTHROTOMY WITH MENISCUS REPAIR, KNEE                                       | 42.16   | 40.54   | 1     |
| 27405 | REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; COLLATERAL             | 44.48   | 42.77   | 1     |
| 27407 | REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; CRUCIATE               | 50.66   | 48.71   | 1     |
| 27409 | REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; COLLATERAL AND CRUCIAT | 64.08   | 61.61   | 1     |
| 27412 | AUTOLOGOUS CHONDROCYTE IMPLANTATION, KNEE                                   | 112.44  | 108.12  | 1     |
| 27415 | OSTEOCHONDRAL ALLOGRAFT, KNEE, OPEN   | 94.83   | 91.18   | 1     |
| 27418 | ANTERIOR TIBIAL TUBERCLEPLASTY (EG, MAQUET TYPE PROCEDURE)                  | 55.19   | 53.07   | 1     |
| 27420 | RECONSTRUCTION OF DISLOCATING PATELLA; (EG, HAUSER TYPE PROCEDURE)          | 49.41   | 47.51   | 1     |
| 27422 | RECONSTRUCTION OF DISLOCATING PATELLA; WITH EXTENSOR REALIGNMENT AND/OR MUS | 49.15   | 47.26   | 1     |
| 27424 | RECONSTRUCTION FOR RECURRENT DISLOCATING PATELLA; WITH PATELLECTOMY         | 49.33   | 47.43   | 1     |
| 27427 | LIGAMENOUS RECONSTRUCTION (AUGMENTATION), KNEE; EXTRA-ARTICULAR             | 47.37   | 45.55   | 1     |
| 27428 | LIGAMENOUS RECONSTRUCTION (AUGMENTATION), KNEE; INTRA-ARTICULAR (OPEN)      | 73.30   | 70.48   | 1     |
| 27429 | LIGAMENOUS RECONSTRUCTION (AUGMENTATION), KNEE; INTRA-ARTICULAR (OPEN) AND  | 82.16   | 79.00   | 1     |
| 27430 | QUADRICEPSPLASTY (EG, BENNETT OR THOMPSON TYPE)                             | 48.91   | 47.03   | 1     |

| Code  | Description   | 00-20   | 21+     | Units |
|-------|---|---------|---------|-------|
|       |   | Max Fee | Max Fee |       |
| 27435 | CAPSULOTOMY, POSTERIOR CAPSULAR RELEASE, KNEE                               | 52.59   | 50.56   | 1     |
| 27438 | ARTHROPLASTY, PATELLA; WITH PROSTHESIS                                      | 55.97   | 53.82   | 1     |
| 27440 | ARTHROPLASTY, KNEE, TIBIAL PLATEAU;   | 52.53   | 50.51   | 1     |
| 27441 | ARTHROPLASTY, KNEE, TIBIAL PLATEAU; WITH DEBRIDEMENT AND PARTIAL SYNOVECTOM | 53.68   | 51.62   | 1     |
| 27442 | ARTHROPLASTY, FEMORAL CONDYLES OR TIBIAL PLATEAU(S), KNEE;                  | 57.90   | 55.67   | 1     |
| 27443 | ARTHROPLASTY, KNEE, FEMORAL CONDYLES OR TIBIAL PLATEAUS; WITH DEBRIDEMENT A | 54.02   | 51.94   | 1     |
| 27445 | ARTHROPLASTY, KNEE, HINGE PROSTHESIS (EG, WALLDIUS TYPE)                    | 84.56   | 81.31   | 1     |
| 27446 | ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL OR LATERAL COMPARTMENT      | 74.89   | 72.01   | 1     |
| 27447 | ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WI | 104.18  | 100.17  | 1     |
| 27448 | OSTEOTOMY, FEMUR, SHAFT OR SUPRACONDYLAR; WITHOUT FIXATION                  | 54.49   | 52.39   | 1     |
| 27450 | OSTEOTOMY, FEMUR, SHAFT OR SUPRACONDYLAR; WITH FIXATION                     | 67.91   | 65.30   | 1     |
| 27454 | OSTEOTOMY, MULTIPLE, WITH REALIGNMENT ON INTRAMEDULLARY ROD, FEMORAL SHAFT  | 85.86   | 82.56   | 1     |
| 27455 | OSTEOTOMY, PROXIMAL TIBIA, INCLUDING FIBULAR EXCISION OR OSTEOTOMY (INCLUDE | 62.77   | 60.36   | 1     |
| 27457 | OSTEOTOMY, PROXIMAL TIBIA, INCLUDING FIBULAR EXCISION OR OSTEOTOMY (INCLUDE | 64.65   | 62.16   | 1     |
| 27465 | OSTEOPLASTY, FEMUR; SHORTENING (EXCLUDING 64876)                            | 82.53   | 79.35   | 1     |
| 27466 | OSTEOPLASTY, FEMUR; LENGTHENING   | 79.14   | 76.10   | 1     |
| 27468 | OSTEOPLASTY, FEMUR; COMBINED, LENGTHENING AND SHORTENING WITH FEMORAL SEGME | 89.35   | 85.92   | 1     |
| 27470 | REPAIR, NONUNION OR MALUNION, FEMUR, DISTAL TO HEAD AND NECK; WITHOUT GRAFT | 79.01   | 75.97   | 1     |
| 27472 | REPAIR, NONUNION OR MALUNION, FEMUR, DISTAL TO HEAD AND NECK; WITH ILIAC OR | 85.32   | 82.03   | 1     |
| 27479 | EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; COMBINED DISTAL FEMUR, PRO | 63.01   | 60.59   | 1     |
| 27486 | REVISION OF TOTAL KNEE ARTHROPLASTY, WITH OR WITHOUT ALLOGRAFT; ONE COMPONE | 94.93   | 91.28   | 1     |
| 27487 | REVISION OF TOTAL KNEE ARTHROPLASTY, WITH OR WITHOUT ALLOGRAFT; FEMORAL AND | 119.82  | 115.21  | 1     |
| 27488 | REMOVAL OF PROSTHESIS, INCLUDING TOTAL KNEE PROSTHESIS, METHYLMETHACRYLATE  | 80.26   | 77.17   | 1     |
| 27495 | PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOU | 75.86   | 72.94   | 1     |
| 27498 | DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, MULTIPLE COMPARTMENTS;         | 38.98   | 37.48   | 1     |
| 27499 | DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, MULTIPLE COMPARTMENTS; WITH DE | 43.21   | 41.54   | 1     |
| 27506 | OPEN TREATMENT OF FEMORAL SHAFT FRACTURE, WITH OR WITHOUT EXTERNAL FIXATION | 89.33   | 85.89   | 1     |
| 27507 | OPEN TREATMENT OF FEMORAL SHAFT FRACTURE WITH PLATE/SCREWS, WITH OR WITHOUT | 65.90   | 63.37   | 1     |
| 27511 | OPEN TREATMENT OF FEMORAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE WITHOUT I | 67.28   | 64.70   | 1     |

| Code  | Description   | 00-20   | 21+     | Units |
|-------|---|---------|---------|-------|
|       |   | Max Fee | Max Fee |       |
| 27513 | OPEN TREATMENT OF FEMORAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE WITH INTE | 84.64   | 81.38   | 1     |
| 27514 | OPEN TREATMENT OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL CONDYLE,  | 89.18   | 85.75   | 1     |
| 27519 | OPEN TREATMENT OF DISTAL FEMORAL EPIPHYSEAL SEPARATION, WITH OR WITHOUT INT | 73.93   | 71.09   | 1     |
| 27524 | OPEN TREATMENT OF PATELLAR FRACTURE, WITH INTERNAL FIXATION AND/OR PARTIAL  | 49.88   | 47.96   | 1     |
| 27535 | OPEN TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); UNICONDYLAR, WITH OR | 60.01   | 57.70   | 1     |
| 27536 | OPEN TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); BICONDYLAR, WITH OR  | 79.53   | 76.47   | 1     |
| 27540 | OPEN TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(S) OF T | 62.17   | 59.78   | 1     |
| 27556 | OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FI | 70.09   | 67.39   | 1     |
| 27557 | OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FI | 80.84   | 77.73   | 1     |
| 27558 | OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FI | 81.56   | 78.43   | 1     |
| 27566 | OPEN TREATMENT OF PATELLAR DISLOCATION, WITH OR WITHOUT PARTIAL OR TOTAL PA | 59.52   | 57.23   | 1     |
| 27580 | ARTHRODESIS, KNEE, ANY TECHNIQUE  | 96.34   | 92.63   | 1     |
| 27590 | AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL;                                | 55.45   | 53.32   | 1     |
| 27591 | AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; IMMEDIATE FITTING TECHNIQUE IN | 61.21   | 58.86   | 1     |
| 27592 | AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; OPEN, CIRCULAR (GUILLOTINE)    | 46.98   | 45.18   | 1     |
| 27598 | DISARTICULATION AT KNEE   | 50.08   | 48.16   | 1     |
| 27602 | DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL, AND POSTERIOR COMPA | 34.34   | 33.02   | 1     |
| 27612 | ARTHROTOMY, POSTERIOR CAPSULAR RELEASE, ANKLE, WITH OR WITHOUT ACHILLES TEN | 37.76   | 36.31   | 1     |
| 27620 | ARTHROTOMY, ANKLE, WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR  | 30.33   | 29.16   | 1     |
| 27625 | ARTHROTOMY, ANKLE, WITH SYNOVECTOMY;  | 39.32   | 37.81   | 1     |
| 27626 | ARTHROTOMY, ANKLE, FOR SYNOVECTOMY; INCLUDING TENOSYNOVECTOMY               | 42.58   | 40.94   | 1     |
| 27637 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA; WITH A | 49.80   | 47.88   | 1     |
| 27638 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA; WITH A | 52.01   | 50.01   | 1     |
| 27645 | RADICAL RESECTION OF TUMOR, BONE; TIBIA                                     | 68.95   | 66.30   | 1     |
| 27646 | RESECTION FOR TUMOR, RADICAL; FIBULA  | 60.48   | 58.16   | 1     |
| 27647 | RADICAL RESECTION OF TUMOR, BONE; TALUS OR CALCANEUS                        | 54.38   | 52.29   | 1     |
| 27650 | REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED ACHILLES TENDON;            | 45.00   | 43.27   | 1     |
| 27654 | REPAIR, SECONDARY, ACHILLES TENDON, WITH OR WITHOUT GRAFT                   | 48.60   | 46.73   | 1     |
| 27656 | REPAIR, FASCIAL DEFECT OF LEG   | 34.45   | 33.12   | 1     |

| Code  | Description   | 00-20   | 21+     | Units |
|-------|---|---------|---------|-------|
|       |   | Max Fee | Max Fee |       |
| 27658 | REPAIR, FLEXOR TENDON, LEG; PRIMARY, WITHOUT GRAFT, EACH TENDON             | 25.30   | 24.33   | 1     |
| 27659 | REPAIR, FLEXOR TENDON, LEG; SECONDARY, WITH OR WITHOUT GRAFT, EACH TENDON   | 33.22   | 31.95   | 1     |
| 27665 | REPAIR, EXTENSOR TENDON, LEG; SECONDARY, WITH OR WITHOUT GRAFT, EACH TENDON | 27.67   | 26.61   | 1     |
| 27675 | REPAIR, DISLOCATING PERONEAL TENDONS; WITHOUT FIBULAR OSTEOTOMY             | 33.77   | 32.47   | 1     |
| 27676 | REPAIR FOR DISLOCATING PERONEAL TENDONS; WITH FIBULAR OSTEOTOMY             | 41.33   | 39.74   | 1     |
| 27685 | LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE; SINGLE TENDON (SEPARATE  | 42.11   | 40.49   | 1     |
| 27687 | GASTROCNEMIUS RECESSION (EG, STRAYER PROCEDURE)                             | 30.70   | 29.52   | 1     |
| 27690 | TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTI | 42.84   | 41.19   | 1     |
| 27691 | TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTI | 50.24   | 48.31   | 1     |
| 27692 | TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTI | 7.64    | 7.34    | 5     |
| 27698 | REPAIR, SECONDARY DISRUPTED LIGAMENT, ANKLE, COLLATERAL (EG, WATSON-JONES P | 43.99   | 42.30   | 1     |
| 27700 | ARTHROPLASTY, ANKLE;  | 41.85   | 40.24   | 1     |
| 27702 | ARTHROPLASTY, ANKLE; WITH IMPLANT ("TOTAL ANKLE")                           | 66.61   | 64.04   | 1     |
| 27703 | ARTHROPLASTY, ANKLE; REVISION, TOTAL ANKLE                                  | 77.60   | 74.62   | 1     |
| 27705 | OSTEOTOMY; TIBIA  | 51.15   | 49.19   | 1     |
| 27709 | OSTEOTOMY; TIBIA AND FIBULA   | 76.30   | 73.36   | 1     |
| 27712 | OSTEOTOMY; MULTIPLE, WITH REALIGNMENT ON INTRAMEDULLARY ROD (EG, SOFIELD TY | 73.41   | 70.58   | 1     |
| 27715 | OSTEOPLASTY, TIBIA AND FIBULA, LENGTHENING OR SHORTENING                    | 71.40   | 68.65   | 1     |
| 27720 | REPAIR OF NONUNION OR MALUNION, TIBIA; WITHOUT GRAFT, (EG, COMPRESSION TECH | 58.55   | 56.30   | 1     |
| 27722 | REPAIR OF NONUNION OR MALUNION, TIBIA; WITH SLIDING GRAFT                   | 58.53   | 56.28   | 1     |
| 27724 | REPAIR OF NONUNION OR MALUNION, TIBIA; WITH ILIAC OR OTHER AUTOGRAFT (INCLU | 86.28   | 82.96   | 1     |
| 27725 | REPAIR OF NONUNION OR MALUNION, TIBIA; BY SYNOSTOSIS, WITH FIBULA, ANY METH | 80.42   | 77.32   | 1     |
| 27727 | REPAIR OF CONGENITAL PSEUDARTHROSIS, TIBIA                                  | 64.10   | 61.64   | 1     |
| 27740 | ARREST, EPIPHYSEAL (EPIPHYSIODESIS), ANY METHOD, COMBINED, PROXIMAL AND DIS | 43.05   | 41.39   | 1     |
| 27742 | EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING, COMBINED, PROXIMAL AND DIS | 47.43   | 45.60   | 1     |
| 27745 | PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOU | 50.21   | 48.28   | 1     |
| 27756 | PERCUTANEOUS SKELETAL FIXATION OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FI | 37.32   | 35.88   | 1     |
| 27758 | OPEN TREATMENT OF TIBIAL SHAFT FRACTURE, (WITH OR WITHOUT FIBULAR FRACTURE) | 59.21   | 56.93   | 1     |
| 27759 | TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE) BY IN | 66.97   | 64.39   | 1     |

| Code  | Description   | 00-20   | 21+     | Units |
|-------|---|---------|---------|-------|
|       |   | Max Fee | Max Fee |       |
| 27814 | OPEN TREATMENT OF BIMALLEOLAR ANKLE FRACTURE, WITH OR WITHOUT INTERNAL OR E | 51.49   | 49.51   | 1     |
| 27822 | OPEN TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE, WITH OR WITHOUT INTERNAL OR  | 55.63   | 53.50   | 1     |
| 27823 | OPEN TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE, WITH OR WITHOUT INTERNAL OR  | 63.61   | 61.16   | 1     |
| 27826 | OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/ PORTION OF  | 54.15   | 52.07   | 1     |
| 27827 | OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/ PORTION OF  | 71.53   | 68.78   | 1     |
| 27828 | OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/ PORTION OF  | 85.97   | 82.66   | 1     |
| 27829 | OPEN TREATMENT OF DISTAL TIBIOFIBULAR JOINT (SYNDESOSIS) DISRUPTION, WITH   | 43.52   | 41.84   | 1     |
| 27832 | OPEN TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION, WITH OR WITHOUT  | 47.17   | 45.35   | 1     |
| 27846 | OPEN TREATMENT OF ANKLE DISLOCATION, WITH OR WITHOUT PERCUTANEOUS SKELETAL  | 49.17   | 47.28   | 1     |
| 27848 | OPEN TREATMENT OF ANKLE DISLOCATION, WITH OR WITHOUT PERCUTANEOUS SKELETAL  | 54.98   | 52.87   | 1     |
| 27870 | ARTHRODESIS, ANKLE, OPEN  | 70.28   | 67.58   | 1     |
| 27871 | ARTHRODESIS, TIBIOFIBULAR JOINT, PROXIMAL OR DISTAL                         | 46.07   | 44.30   | 1     |
| 27880 | AMPUTATION LEG, THROUGH TIBIA AND FIBULA;                                   | 62.28   | 59.88   | 1     |
| 27881 | AMPUTATION LEG, THROUGH TIBIA AND FIBULA; WITH IMMEDIATE FITTING TECHNIQUE  | 59.67   | 57.38   | 1     |
| 27888 | AMPUTATION, ANKLE, THROUGH MALLEOLI OF TIBIA AND FIBULA (EG, SYME, PIROGOFF | 46.96   | 45.15   | 1     |
| 27894 | DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL, AND POSTERIOR COMPA | 56.78   | 54.60   | 1     |
| 28055 | NEURECTOMY, INTRINSIC MUSCULATURE OF FOOT                                   | 27.13   | 26.08   | 1     |
| 28086 | SYNOVECTOMY, TENDON SHEATH, FOOT; FLEXOR                                    | 33.98   | 32.67   | 1     |
| 28100 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS;     | 37.97   | 36.51   | 1     |
| 28102 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS; WIT | 38.07   | 36.61   | 1     |
| 28103 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS; WIT | 30.67   | 29.49   | 1     |
| 28104 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL, E | 33.51   | 32.22   | 1     |
| 28106 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL BO | 32.52   | 31.27   | 1     |
| 28107 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL BO | 36.90   | 35.48   | 1     |
| 28114 | OSTECTOMY, COMPLETE EXCISION; ALL METATARSAL HEADS, WITH PARTIAL PROXIMAL P | 68.30   | 65.67   | 1     |
| 28118 | OSTECTOMY, CALCANEUS;   | 38.38   | 36.91   | 1     |
| 28122 | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR DIAPHYSE | 43.86   | 42.17   | 1     |
| 28130 | TALECTOMY (ASTRAGALECTOMY)  | 43.00   | 41.34   | 1     |
| 28171 | RADICAL RESECTION OF TUMOR, BONE; TARSAL (EXCEPT TALUS OR CALCANEUS)        | 42.50   | 40.87   | 1     |

| Code  | Description   | 00-20   | 21+     | Units |
|-------|---|---------|---------|-------|
|       |   | Max Fee | Max Fee |       |
| 28202 | REPAIR OR SUTURE OF TENDON, FOOT, FLEXOR, SINGLE; SECONDARY WITH FREE GRAFT | 40.31   | 38.76   | 1     |
| 28210 | REPAIR OR SUTURE OF TENDON, FOOT, EXTENSOR, SINGLE; SECONDARY WITH FREE GRA | 38.07   | 36.61   | 1     |
| 28238 | RECONSTRUCTION (ADVANCEMENT), POSTERIOR TIBIAL TENDON WITH EXCISION OF ACCE | 44.64   | 42.92   | 1     |
| 28250 | DIVISION OF PLANTAR FASCIA AND MUSCLE (EG, STEINDLER STRIPPING) (SEPARATE P | 37.24   | 35.81   | 1     |
| 28260 | CAPSULOTOMY, MIDFOOT; MEDIAL RELEASE ONLY (SEPARATE PROCEDURE)              | 45.37   | 43.62   | 1     |
| 28262 | CAPSULOTOMY, MIDFOOT; EXTENSIVE, INCLUDING POSTERIOR TALOTIBIAL CAPSULOTOMY | 90.87   | 87.37   | 1     |
| 28264 | CAPSULOTOMY, MIDTARSAL (EG, HEYMAN TYPE PROCEDURE)                          | 59.23   | 56.95   | 1     |
| 28289 | HALLUX RIGIDUS CORRECTION WITH CHEILECTOMY, DEBRIDEMENT AND CAPSULAR RELEAS | 47.71   | 45.88   | 1     |
| 28292 | HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; KELLER,  | 51.44   | 49.46   | 1     |
| 28293 | HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; RESECTIO | 68.40   | 65.77   | 1     |
| 28294 | CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; WITH TE | 49.41   | 47.51   | 1     |
| 28296 | HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; WITH MET | 48.05   | 46.20   | 1     |
| 28297 | HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; LAPIDUS  | 54.38   | 52.29   | 1     |
| 28298 | HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; BY PHALA | 47.40   | 45.58   | 1     |
| 28299 | CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; BY DOUB | 60.38   | 58.06   | 1     |
| 28300 | OSTEOTOMY; CALCANEUS (EG, DWYER OR CHAMBERS TYPE PROCEDURE), WITH OR WITHOU | 45.05   | 43.32   | 1     |
| 28302 | OSTEOTOMY; TALUS  | 44.61   | 42.90   | 1     |
| 28304 | OSTEOTOMY, TARSAL BONES, OTHER THAN CALCANEUS OR TALUS;                     | 52.40   | 50.39   | 1     |
| 28305 | OSTEOTOMY, TARSAL BONES, OTHER THAN CALCANEUS OR TALUS; WITH AUTOGRAFT (INC | 47.11   | 45.30   | 1     |
| 28306 | OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTION, M | 39.40   | 37.89   | 1     |
| 28308 | OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTION, M | 36.04   | 34.65   | 1     |
| 28320 | REPAIR, NONUNION OR MALUNION; TARSAL BONES                                  | 42.42   | 40.79   | 1     |
| 28322 | REPAIR OF NONUNION OR MALUNION; METATARSAL, WITH OR WITHOUT BONE GRAFT (INC | 50.21   | 48.28   | 1     |
| 28360 | RECONSTRUCTION, CLEFT FOOT  | 64.78   | 62.29   | 1     |
| 28415 | OPEN TREATMENT OF CALCANEAL FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL  | 75.46   | 72.56   | 1     |
| 28420 | OPEN TREATMENT OF CALCANEAL FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL  | 79.95   | 76.87   | 1     |
| 28445 | OPEN TREATMENT OF TALUS FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXA | 72.05   | 69.28   | 1     |
| 28555 | OPEN TREATMENT OF TARSAL BONE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTE | 55.79   | 53.64   | 1     |
| 28585 | OPEN TREATMENT OF TALOTARSAL JOINT DISLOCATION, WITH OR WITHOUT INTERNAL OR | 61.68   | 59.31   | 1     |

| Code  | Description   | 00-20   | 21+     | Units |
|-------|---|---------|---------|-------|
|       |   | Max Fee | Max Fee |       |
| 28615 | OPEN TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION, WITH OR WITHOUT INTERN | 51.88   | 49.89   | 1     |
| 28705 | ARTHRODESIS; PANTALAR   | 88.96   | 85.54   | 1     |
| 28715 | ARTHRODESIS; TRIPLE   | 65.80   | 63.27   | 1     |
| 28725 | ARTHRODESIS; SUBTALAR   | 53.89   | 51.82   | 1     |
| 28730 | ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR TRANSVERSE;          | 56.73   | 54.55   | 1     |
| 28735 | ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR TRANSVERSE; WITH OST | 54.20   | 52.12   | 1     |
| 28737 | ARTHRODESIS, WITH TENDON LENGTHENING AND ADVANCEMENT, MIDTARSAL, TARSAL NAV | 48.03   | 46.18   | 1     |
| 28740 | ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, SINGLE JOINT                     | 54.64   | 52.54   | 1     |
| 28760 | ARTHRODESIS, WITH EXTENSOR HALLUCIS LONGUS TRANSFER TO FIRST METATARSAL NEC | 51.57   | 49.59   | 1     |
| 28800 | AMPUTATION, FOOT; MIDTARSAL (EG, CHOPART TYPE PROCEDURE)                    | 38.59   | 37.11   | 1     |
| 29804 | ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, SURGICAL                              | 41.72   | 40.12   | 1     |
| 29820 | ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, PARTIAL                       | 35.60   | 34.23   | 1     |
| 29821 | ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, COMPLETE                      | 38.85   | 37.36   | 1     |
| 29822 | ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, LIMITED                       | 37.73   | 36.28   | 1     |
| 29823 | ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, EXTENSIVE                     | 41.33   | 39.74   | 1     |
| 29824 | ARTHROSCOPY, SHOULDER, SURGICAL; DISTAL CLAVICULECTOMY INCLUDING DISTAL ART | 44.14   | 42.44   | 1     |
| 29825 | ARTHROSCOPY, SHOULDER, SURGICAL; WITH LYSIS AND RESECTION OF ADHESIONS, WIT | 38.51   | 37.03   | 1     |
| 29826 | ARTHROSCOPY, SHOULDER, SURGICAL; DECOMPRESSION OF SUBACROMIAL SPACE WITH PA | 44.22   | 42.52   | 1     |
| 29827 | ARTHROSCOPY, SHOULDER, SURGICAL; WITH ROTATOR CUFF REPAIR                   | 72.39   | 69.61   | 1     |
| 29834 | ARTHROSCOPY, ELBOW, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY    | 32.31   | 31.07   | 1     |
| 29835 | ARTHROSCOPY, ELBOW, SURGICAL; SYNOVECTOMY, PARTIAL                          | 33.22   | 31.95   | 1     |
| 29836 | ARTHROSCOPY, ELBOW, SURGICAL; SYNOVECTOMY, COMPLETE                         | 38.05   | 36.58   | 1     |
| 29837 | ARTHROSCOPY, ELBOW, SURGICAL; DEBRIDEMENT, LIMITED                          | 34.81   | 33.47   | 1     |
| 29843 | ARTHROSCOPY, WRIST, SURGICAL; FOR INFECTION, LAVAGE AND DRAINAGE            | 31.24   | 30.04   | 1     |
| 29844 | ARTHROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, PARTIAL                          | 32.42   | 31.17   | 1     |
| 29845 | ARTHROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, COMPLETE                         | 36.87   | 35.45   | 1     |
| 29847 | ARTHROSCOPY, WRIST, SURGICAL; INTERNAL FIXATION FOR FRACTURE OR INSTABILITY | 35.41   | 34.05   | 1     |
| 29851 | ARTHROSCOPICALLY AIDED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSIT | 62.38   | 59.98   | 1     |
| 29855 | ARTHROSCOPICALLY AIDED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); UN | 52.01   | 50.01   | 1     |

| Code  | Description  | 00-20   | 21+     | Units |
|-------|--|---------|---------|-------|
|       |  | Max Fee | Max Fee |       |
| 29856 | ARTHROSCOPICALLY AIDED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); BI  | 66.58   | 64.02   | 1     |
| 29860 | ARTHROSCOPY, HIP, DIAGNOSTIC WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROC  | 42.87   | 41.22   | 1     |
| 29861 | ARTHROSCOPY, HIP, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY       | 47.82   | 45.98   | 1     |
| 29862 | ARTHROSCOPY, HIP, SURGICAL; WITH DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE  | 53.19   | 51.14   | 1     |
| 29863 | ARTHROSCOPY, HIP, SURGICAL; WITH SYNOVECTOMY                                 | 52.40   | 50.39   | 1     |
| 29884 | ARTHROSCOPY, KNEE, SURGICAL; WITH LYSIS OF ADHESIONS, WITH OR WITHOUT MANIP  | 40.42   | 38.86   | 1     |
| 29885 | ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR OSTEOCHONDritis DISSECANS WITH BO  | 49.09   | 47.21   | 1     |
| 29887 | ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR INTACT OSTEOCHONDritis DISSECANS   | 48.81   | 46.93   | 1     |
| 29888 | ARTHROSCOPICALLY AIDED ANTERIOR CRUCIATE LIGAMENT REPAIR/AUGMENTATION OR RE  | 66.27   | 63.72   | 1     |
| 29889 | ARTHROSCOPICALLY AIDED POSTERIOR CRUCIATE LIGAMENT REPAIR/AUGMENTATION OR R  | 81.04   | 77.93   | 1     |
| 29891 | ARTHROSCOPY, ANKLE, SURGICAL; EXCISION OF OSTEOCHONDRAL DEFECT OF TALUS AND  | 45.89   | 44.12   | 1     |
| 29892 | ARTHROSCOPICALLY AIDED REPAIR OF LARGE OSTEOCHONDritis DISSECANS LESION, TA  | 46.54   | 44.75   | 1     |
| 29893 | ENDOSCOPIC PLANTAR FASCIOTOMY  | 39.69   | 38.16   | 1     |
| 29894 | ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; WITH REMO  | 34.50   | 33.17   | 1     |
| 29895 | ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; SYNOVECTO  | 33.17   | 31.90   | 1     |
| 29897 | ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; DEBRIDEME  | 34.76   | 33.42   | 1     |
| 29898 | ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; DEBRIDEME  | 38.93   | 37.43   | 1     |
| 29899 | ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; WITH ANKL  | 70.44   | 67.73   | 1     |
| 30118 | EXCISION OR DESTRUCTION, ANY METHOD (INCLUDING LASER), INTRANASAL LESION; E  | 50.06   | 48.13   | 1     |
| 30125 | EXCISION DERMOID CYST, NOSE; COMPLEX, UNDER BONE OR CARTILAGE                | 39.56   | 38.04   | 1     |
| 30160 | RHINECTOMY; TOTAL  | 51.05   | 49.09   | 1     |
| 30450 | RHINOPLASTY, SECONDARY; MAJOR REVISION (NASAL TIP WORK AND OSTEOTOMIES)      |         |         | 1     |
| 30460 | RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP AND/OR PA  | 48.68   | 46.80   | 1     |
| 30462 | RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP AND/OR PA  | 98.24   | 94.46   | 1     |
| 30540 | REPAIR CHOANAL ATRESIA; INTRANASAL   | 43.00   | 41.34   | 1     |
| 30545 | REPAIR CHOANAL ATRESIA; TRANSPALATINE  | 63.53   | 61.09   | 1     |
| 31075 | SINUSOTOMY FRONTAL; TRANSORBITAL, UNILATERAL (FOR MUCCOCELE OR OSTEOMA, LYNC | 51.07   | 49.11   | 1     |
| 31080 | SINUSOTOMY FRONTAL; OBLITERATIVE WITHOUT OSTEOPLASTIC FLAP, BROW INCISION (  | 64.83   | 62.34   | 1     |
| 31081 | SINUSOTOMY FRONTAL; OBLITERATIVE, WITHOUT OSTEOPLASTIC FLAP, CORONAL INCISI  | 82.92   | 79.73   | 1     |

| Code  | Description   | 00-20   | 21+     | Units |
|-------|---|---------|---------|-------|
|       |   | Max Fee | Max Fee |       |
| 31084 | SINUSOTOMY FRONTAL; OBLITERATIVE, WITH OSTEOPLASTIC FLAP, BROW INCISION     | 77.55   | 74.57   | 1     |
| 31085 | SINUSOTOMY FRONTAL; OBLITERATIVE, WITH OSTEOPLASTIC FLAP, CORONAL INCISION  | 82.60   | 79.43   | 1     |
| 31086 | SINUSOTOMY FRONTAL; NONOBLITERATIVE, WITH OSTEOPLASTIC FLAP, BROW INCISION  | 72.81   | 70.01   | 1     |
| 31087 | SINUSOTOMY FRONTAL; NONOBLITERATIVE, WITH OSTEOPLASTIC FLAP, CORONAL INCISI | 72.47   | 69.68   | 1     |
| 31205 | ETHMOIDECTOMY; EXTRANASAL, TOTAL  | 54.51   | 52.42   | 1     |
| 31225 | MAXILLECTOMY; WITHOUT ORBITAL EXENTERATION                                  | 120.91  | 116.26  | 1     |
| 31230 | MAXILLECTOMY; WITH ORBITAL EXENTERATION (EN BLOC)                           | 135.24  | 130.04  | 1     |
| 31300 | LARYNGOTOMY (THYROTOMY, LARYNGOFISSURE); WITH REMOVAL OF TUMOR OR LARYNGOCE | 82.58   | 79.40   | 1     |
| 31360 | LARYNGECTOMY; TOTAL, WITHOUT RADICAL NECK DISSECTION                        | 134.07  | 128.91  | 1     |
| 31365 | LARYNGECTOMY; TOTAL, WITH RADICAL NECK DISSECTION                           | 167.11  | 160.68  | 1     |
| 31367 | LARYNGECTOMY; SUBTOTAL SUPRAGLOTTIC, WITHOUT RADICAL NECK DISSECTION        | 143.19  | 137.68  | 1     |
| 31368 | LARYNGECTOMY; SUBTOTAL SUPRAGLOTTIC, WITH RADICAL NECK DISSECTION           | 159.09  | 152.97  | 1     |
| 31370 | PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY); HORIZONTAL                         | 134.33  | 129.16  | 1     |
| 31375 | PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY); LATEROVERTICAL                     | 127.63  | 122.73  | 1     |
| 31380 | PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY); ANTEROVERTICAL                     | 125.47  | 120.65  | 1     |
| 31382 | PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY); ANTERO-LATERO-VERTICAL             | 137.69  | 132.40  | 1     |
| 31390 | PHARYNGOLARYNGECTOMY, WITH RADICAL NECK DISSECTION; WITHOUT RECONSTRUCTION  | 185.33  | 178.20  | 1     |
| 31395 | PHARYNGOLARYNGECTOMY, WITH RADICAL NECK DISSECTION; WITH RECONSTRUCTION     | 195.67  | 188.15  | 1     |
| 31400 | ARYTENOIDECTOMY OR ARYTENOIDOPEXY, EXTERNAL APPROACH                        | 64.91   | 62.42   | 1     |
| 31420 | EPIGLOTTIDECTOMY  | 54.75   | 52.64   | 1     |
| 31580 | LARYNGOPLASTY; FOR LARYNGEAL WEB, TWO STAGE, WITH KEEL INSERTION AND REMOVA | 77.86   | 74.87   | 1     |
| 31584 | LARYNGOPLASTY; WITH OPEN REDUCTION OF FRACTURE                              | 99.33   | 95.51   | 1     |
| 31587 | LARYNGOPLASTY, CRICOID SPLIT  | 65.48   | 62.97   | 1     |
| 31588 | LARYNGOPLASTY, NOT OTHERWISE SPECIFIED (EG, FOR BURNS, RECONSTRUCTION AFTER | 73.85   | 71.01   | 1     |
| 31590 | LARYNGEAL REINNERVATION BY NEUROMUSCULAR PEDICLE                            | 56.88   | 54.70   | 1     |
| 31595 | SECTION RECURRENT LARYNGEAL NERVE, THERAPEUTIC (SEPARATE PROCEDURE), UNILAT | 49.77   | 47.86   | 1     |
| 31601 | TRACHEOSTOMY, PLANNED (SEPARATE PROCEDURE); UNDER TWO YEARS                 | 17.85   | 17.16   | 1     |
| 31611 | CONSTRUCTION OF TRACHEOESOPHAGEAL FISTULA AND SUBSEQUENT INSERTION OF AN AL | 35.07   | 33.73   | 1     |
| 31750 | TRACHEOPLASTY; CERVICAL   | 87.95   | 84.56   | 1     |

| Code  | Description   | 00-20   | 21+     | Units |
|-------|---|---------|---------|-------|
|       |   | Max Fee | Max Fee |       |
| 31755 | TRACHEOPLASTY; TRACHEOPHARYNGEAL FISTULIZATION, EACH STAGE                  | 111.29  | 107.01  | 1     |
| 31760 | TRACHEOPLASTY; INTRATHORACIC  | 96.57   | 92.86   | 1     |
| 31766 | CARINAL RECONSTRUCTION  | 125.55  | 120.72  | 1     |
| 31770 | BRONCHOPLASTY; GRAFT REPAIR   | 92.69   | 89.13   | 1     |
| 31775 | BRONCHOPLASTY; EXCISION STENOSIS AND ANASTOMOSIS                            | 94.59   | 90.95   | 1     |
| 31780 | EXCISION TRACHEAL STENOSIS AND ANASTOMOSIS; CERVICAL                        | 79.69   | 76.62   | 1     |
| 31781 | EXCISION TRACHEAL STENOSIS AND ANASTOMOSIS; CERVICOTHORACIC                 | 96.99   | 93.26   | 1     |
| 31785 | EXCISION OF TRACHEAL TUMOR OR CARCINOMA; CERVICAL                           | 72.70   | 69.91   | 1     |
| 31786 | EXCISION OF TRACHEAL TUMOR OR CARCINOMA; THORACIC                           | 102.49  | 98.55   | 1     |
| 31805 | SUTURE OF EXTERNAL TRACHEAL WOUND OR INJURY; INTRATHORACIC                  | 57.04   | 54.85   | 1     |
| 32035 | THORACOSTOMY; WITH RIB RESECTION FOR EMPYEMA                                | 48.89   | 47.01   | 1     |
| 32036 | THORACOSTOMY; WITH OPEN FLAP DRAINAGE FOR EMPYEMA                           | 52.90   | 50.86   | 1     |
| 32095 | THORACOTOMY LIMITED, FOR BIOPSY OF LUNG OR PLEURA                           | 43.31   | 41.64   | 1     |
| 32100 | THORACOTOMY, MAJOR; WITH EXPLORATION AND BIOPSY                             | 67.00   | 64.42   | 1     |
| 32110 | THORACOTOMY, MAJOR; WITH CONTROL OF TRAUMATIC HEMORRHAGE AND/OR REPAIR OF L | 100.95  | 97.07   | 1     |
| 32120 | THORACOTOMY, MAJOR; FOR POSTOPERATIVE COMPLICATIONS                         | 60.01   | 57.70   | 1     |
| 32124 | THORACOTOMY, MAJOR; WITH OPEN INTRAPLEURAL PNEUMONOLYSIS                    | 63.97   | 61.51   | 1     |
| 32140 | THORACOTOMY, MAJOR; WITH CYST(S) REMOVAL, WITH OR WITHOUT A PLEURAL PROCEDU | 68.33   | 65.70   | 1     |
| 32141 | THORACOTOMY, MAJOR; WITH EXCISION-PLICATION OF BULLAE, WITH OR WITHOUT ANY  | 104.52  | 100.50  | 1     |
| 32150 | THORACOTOMY, MAJOR; WITH REMOVAL OF INTRAPLEURAL FOREIGN BODY OR FIBRIN DEP | 68.92   | 66.27   | 1     |
| 32151 | THORACOTOMY, MAJOR; WITH REMOVAL OF INTRAPULMONARY FOREIGN BODY             | 70.54   | 67.83   | 1     |
| 32160 | THORACOTOMY, MAJOR; WITH CARDIAC MASSAGE                                    | 53.21   | 51.16   | 1     |
| 32200 | PNEUMONOSTOMY, WITH OPEN DRAINAGE OF ABSCESS OR CYST                        | 77.52   | 74.54   | 1     |
| 32201 | PNEUMONOSTOMY; WITH PERCUTANEOUS DRAINAGE OF ABSCESS OR CYST                | 14.79   | 14.22   | 1     |
| 32215 | PLEURAL SCARIFICATION FOR REPEAT PNEUMOTHORAX                               | 55.35   | 53.22   | 1     |
| 32220 | DECORTICATION, PULMONARY, (SEPARATE PROCEDURE); TOTAL                       | 110.85  | 106.59  | 1     |
| 32225 | DECORTICATION, PULMONARY, (SEPARATE PROCEDURE); PARTIAL                     | 69.08   | 66.42   | 1     |
| 32310 | PLEURECTOMY, PARIETAL (SEPARATE PROCEDURE)                                  | 63.63   | 61.19   | 1     |
| 32320 | DECORTICATION AND PARIETAL PLEURECTOMY                                      | 111.24  | 106.96  | 1     |

| Code  | Description   | 00-20   | 21+     | Units |
|-------|---|---------|---------|-------|
|       |   | Max Fee | Max Fee |       |
| 32402 | BIOPSY, PLEURA; OPEN  | 38.91   | 37.41   | 1     |
| 32440 | REMOVAL OF LUNG, TOTAL PNEUMONECTOMY;                                       | 110.54  | 106.29  | 1     |
| 32442 | REMOVAL OF LUNG, TOTAL PNEUMONECTOMY; WITH RESECTION OF SEGMENT OF TRACHEA  | 207.16  | 199.20  | 1     |
| 32445 | REMOVAL OF LUNG, TOTAL PNEUMONECTOMY; EXTRAPLEURAL                          | 237.97  | 228.81  | 1     |
| 32480 | REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; SINGLE LOBE (LOBECTOMY)    | 104.34  | 100.33  | 1     |
| 32482 | REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; TWO LOBES (BILOBECTOMY)    | 111.37  | 107.09  | 1     |
| 32484 | REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; SINGLE SEGMENT (SEGMENTECT | 100.32  | 96.47   | 1     |
| 32486 | REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; WITH CIRCUMFERENTIAL RESEC | 161.72  | 155.50  | 1     |
| 32488 | REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; ALL REMAINING LUNG FOLLOWI | 164.09  | 157.78  | 1     |
| 32500 | REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; WEDGE RESECTION, SINGLE OR | 100.59  | 96.72   | 1     |
| 32501 | RESECTION AND REPAIR OF PORTION OF BRONCHUS (BRONCHOPLASTY) WHEN PERFORMED  | 17.75   | 17.06   | 1     |
| 32503 | RESECTION OF APICAL LUNG TUMOR (EG, PANCOAST TUMOR), INCLUDING CHEST WALL R | 126.88  | 122.00  | 1     |
| 32504 | RESECTION OF APICAL LUNG TUMOR (EG, PANCOAST TUMOR), INCLUDING CHEST WALL R | 146.24  | 140.61  | 1     |
| 32540 | EXTRAPLEURAL ENUCLEATION OF EMPYEMA (EMPYEMECTOMY)                          | 116.95  | 112.45  | 1     |
| 32650 | THORACOSCOPY, SURGICAL; WITH PLEURODESIS (EG, MECHANICAL OR CHEMICAL)       | 46.44   | 44.65   | 1     |
| 32651 | THORACOSCOPY, SURGICAL; WITH PARTIAL PULMONARY DECORTICATION                | 74.58   | 71.71   | 1     |
| 32652 | THORACOSCOPY, SURGICAL; WITH TOTAL PULMONARY DECORTICATION, INCLUDING INTRA | 113.43  | 109.07  | 1     |
| 32653 | THORACOSCOPY, SURGICAL; WITH REMOVAL OF INTRAPLEURAL FOREIGN BODY OR FIBRIN | 72.39   | 69.61   | 1     |
| 32654 | THORACOSCOPY, SURGICAL; WITH CONTROL OF TRAUMATIC HEMORRHAGE                | 79.58   | 76.52   | 1     |
| 32655 | THORACOSCOPY, SURGICAL; WITH EXCISION-PLICATION OF BULLAE, INCLUDING ANY PL | 65.77   | 63.24   | 1     |
| 32656 | THORACOSCOPY, SURGICAL; WITH PARIETAL PLEURECTOMY                           | 55.50   | 53.37   | 1     |
| 32657 | THORACOSCOPY, SURGICAL; WITH WEDGE RESECTION OF LUNG, SINGLE OR MULTIPLE    | 55.06   | 52.94   | 1     |
| 32658 | THORACOSCOPY, SURGICAL; WITH REMOVAL OF CLOT OR FOREIGN BODY FROM PERICARDI | 50.08   | 48.16   | 1     |
| 32659 | THORACOSCOPY, SURGICAL; WITH CREATION OF PERICARDIAL WINDOW OR PARTIAL RESE | 50.84   | 48.88   | 1     |
| 32660 | THORACOSCOPY, SURGICAL; WITH TOTAL PERICARDECTOMY                           | 71.74   | 68.98   | 1     |
| 32661 | THORACOSCOPY, SURGICAL; WITH EXCISION OF PERICARDIAL CYST, TUMOR, OR MASS   | 56.05   | 53.90   | 1     |
| 32662 | THORACOSCOPY, SURGICAL; WITH EXCISION OF MEDIASTINAL CYST, TUMOR, OR MASS   | 62.62   | 60.21   | 1     |
| 32663 | THORACOSCOPY, SURGICAL; WITH LOBECTOMY, TOTAL OR SEGMENTAL                  | 97.22   | 93.48   | 1     |
| 32664 | THORACOSCOPY, SURGICAL; WITH THORACIC SYMPATHECTOMY                         | 60.19   | 57.88   | 1     |

| Code  | Description   | 00-20   | 21+     | Units |
|-------|---|---------|---------|-------|
|       |   | Max Fee | Max Fee |       |
| 32665 | THORACOSCOPY, SURGICAL; WITH ESOPHAGOMYOTOMY (HELLER TYPE)                  | 84.95   | 81.68   | 1     |
| 32800 | REPAIR LUNG HERNIA THROUGH CHEST WALL                                       | 64.94   | 62.44   | 1     |
| 32810 | CLOSURE OF CHEST WALL FOLLOWING OPEN FLAP DRAINAGE FOR EMPYEMA (CLAGETT TYP | 62.77   | 60.36   | 1     |
| 32815 | OPEN CLOSURE OF MAJOR BRONCHIAL FISTULA                                     | 189.50  | 182.21  | 1     |
| 32820 | MAJOR RECONSTRUCTION, CHEST WALL (POST-TRAUMATIC)                           | 92.38   | 88.82   | 1     |
| 32851 | LUNG TRANSPLANT, SINGLE; WITHOUT CARDIOPULMONARY BYPASS                     | 177.33  | 170.51  | 1     |
| 32852 | LUNG TRANSPLANT, SINGLE; WITH CARDIOPULMONARY BYPASS                        | 194.66  | 187.17  | 1     |
| 32853 | LUNG TRANSPLANT, DOUBLE (BILATERAL SEQUENTIAL OR EN BLOC); WITHOUT CARDIOPU | 212.04  | 203.88  | 1     |
| 32854 | LUNG TRANSPLANT, DOUBLE (BILATERAL SEQUENTIAL OR EN BLOC); WITH CARDIOPULMO | 231.29  | 222.40  | 1     |
| 32900 | RESECTION OF RIBS, EXTRAPLEURAL, ALL STAGES                                 | 95.71   | 92.03   | 1     |
| 32905 | THORACOPLASTY, SCHEDE TYPE OR EXTRAPLEURAL (ALL STAGES);                    | 94.33   | 90.70   | 1     |
| 32906 | THORACOPLASTY, SCHEDE TYPE OR EXTRAPLEURAL (ALL STAGES); WITH CLOSURE OF BR | 117.24  | 112.73  | 1     |
| 32940 | PNEUMONOLYSIS, EXTRAPERIOSTEAL, INCLUDING FILLING OR PACKING PROCEDURES     | 86.28   | 82.96   | 1     |
| 32998 | ABLATION THERAPY FOR REDUCTION OR ERADICATION OF ONE OR MORE PULMONARY TUMO | 193.48  | 186.04  | 1     |
| 33020 | PERICARDIOTOMY FOR REMOVAL OF CLOT OR FOREIGN BODY (PRIMARY PROCEDURE)      | 61.08   | 58.73   | 1     |
| 33025 | CREATION OF PERICARDIAL WINDOW OR PARTIAL RESECTION FOR DRAINAGE            | 56.44   | 54.27   | 1     |
| 33030 | PERICARDIECTOMY, SUBTOTAL OR COMPLETE; WITHOUT CARDIOPULMONARY BYPASS       | 90.48   | 87.00   | 1     |
| 33031 | PERICARDIECTOMY, SUBTOTAL OR COMPLETE; WITH CARDIOPULMONARY BYPASS          | 101.13  | 97.24   | 1     |
| 33050 | EXCISION OF PERICARDIAL CYST OR TUMOR                                       | 69.84   | 67.15   | 1     |
| 33120 | EXCISION OF INTRACARDIAC TUMOR, RESECTION WITH CARDIOPULMONARY BYPASS       | 110.46  | 106.21  | 1     |
| 33130 | RESECTION OF EXTERNAL CARDIAC TUMOR   | 97.30   | 93.56   | 1     |
| 33140 | TRANSMYOCARDIAL LASER REVASCULARIZATION, BY THORACOTOMY (SEPARATE PROCEDURE | 110.67  | 106.41  | 1     |
| 33141 | TRANSMYOCARDIAL LASER REVASCULARIZATION, BY THORACOTOMY; PERFORMED AT THE T | 10.61   | 10.20   | 1     |
| 33243 | REMOVAL OF SINGLE OR DUAL CHAMBER PACING CARDIOVERTER-DEFIBRILLATOR         | 96.13   | 92.43   | 1     |
| 33250 | OPERATIVE ABLATION OF SUPRAVENTRICULAR ARRHYTHMOGENIC FOCUS OR PATHWAY (EG, | 103.66  | 99.67   | 1     |
| 33251 | OPERATIVE ABLATION OF SUPRAVENTRICULAR ARRHYTHMOGENIC FOCUS OR PATHWAY (EG, | 115.18  | 110.75  | 1     |
| 33254 | OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, LIMITED (EG, MODIFIE | 97.22   | 93.48   | 1     |
| 33255 | OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, EXTENSIVE (EG, MAZE  | 118.80  | 114.23  | 1     |
| 33256 | OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, EXTENSIVE (EG, MAZE  | 141.89  | 136.43  | 1     |

| Code  | Description   | 00-20   | 21+     | Units |
|-------|---|---------|---------|-------|
|       |   | Max Fee | Max Fee |       |
| 33261 | OPERATIVE ABLATION OF VENTRICULAR ARRHYTHMOGENIC FOCUS WITH CARDIOPULMONARY | 114.29  | 109.90  | 1     |
| 33265 | ENDOSCOPY, SURGICAL; OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, | 97.02   | 93.28   | 1     |
| 33266 | ENDOSCOPY, SURGICAL; OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, | 133.29  | 128.16  | 1     |
| 33300 | REPAIR OF CARDIAC WOUND; WITHOUT BYPASS                                     | 166.46  | 160.06  | 1     |
| 33305 | REPAIR OF CARDIAC WOUND; WITH CARDIOPULMONARY BYPASS                        | 279.81  | 269.05  | 1     |
| 33310 | CARDIOTOMY, EXPLORATORY (INCLUDES REMOVAL OF FOREIGN BODY, ATRIAL OR VENTRI | 82.32   | 79.15   | 1     |
| 33315 | CARDIOTOMY, EXPLORATORY (INCLUDES REMOVAL OF FOREIGN BODY); WITH CARDIOPULM | 105.51  | 101.45  | 1     |
| 33320 | SUTURE REPAIR OF AORTA OR GREAT VESSELS; WITHOUT SHUNT OR CARDIOPULMONARY B | 74.87   | 71.99   | 1     |
| 33321 | SUTURE REPAIR OF AORTA OR GREAT VESSELS; WITH SHUNT BYPASS                  | 84.19   | 80.96   | 1     |
| 33322 | SUTURE REPAIR OF AORTA OR GREAT VESSELS; WITH CARDIOPULMONARY BYPASS        | 98.27   | 94.49   | 1     |
| 33330 | INSERTION OF GRAFT, AORTA OR GREAT VESSELS; WITHOUT SHUNT, OR CARDIOPULMONA | 98.76   | 94.96   | 1     |
| 33332 | INSERTION OF GRAFT, AORTA OR GREAT VESSELS; WITH SHUNT BYPASS               | 99.10   | 95.29   | 1     |
| 33335 | INSERTION OF GRAFT, AORTA OR GREAT VESSELS; WITH CARDIOPULMONARY BYPASS     | 133.99  | 128.84  | 1     |
| 33400 | VALVULOPLASTY, AORTIC VALVE; OPEN, WITH CARDIOPULMONARY BYPASS              | 160.86  | 154.67  | 1     |
| 33401 | VALVULOPLASTY, AORTIC VALVE; OPEN, WITH INFLOW OCCLUSION                    | 106.53  | 102.43  | 1     |
| 33403 | VALVULOPLASTY, AORTIC VALVE; USING TRANSVENTRICULAR DILATION, WITH CARDIOPU | 105.61  | 101.55  | 1     |
| 33404 | CONSTRUCTION OF APICAL-AORTIC CONDUIT                                       | 126.20  | 121.35  | 1     |
| 33405 | REPLACEMENT, AORTIC VALVE, WITH CARDIOPULMONARY BYPASS; WITH PROSTHETIC VAL | 163.41  | 157.13  | 1     |
| 33406 | REPLACEMENT, AORTIC VALVE, WITH CARDIOPULMONARY BYPASS; WITH ALLOGRAFT VALV | 202.73  | 194.94  | 1     |
| 33410 | REPLACEMENT, AORTIC VALVE, WITH CARDIOPULMONARY BYPASS; WITH STENTLESS TISS | 179.20  | 172.31  | 1     |
| 33411 | REPLACEMENT, AORTIC VALVE; WITH AORTIC ANNULUS ENLARGEMENT, NONCORONARY CUS | 234.99  | 225.96  | 1     |
| 33412 | REPLACEMENT, AORTIC VALVE; WITH TRANSVENTRICULAR AORTIC ANNULUS ENLARGEMENT | 176.57  | 169.78  | 1     |
| 33413 | REPLACEMENT, AORTIC VALVE; BY TRANSLOCATION OF AUTOLOGOUS PULMONARY VALVE W | 231.16  | 222.27  | 1     |
| 33414 | REPAIR OF LEFT VENTRICULAR OUTFLOW TRACT OBSTRUCTION BY PATCH ENLARGEMENT O | 154.94  | 148.98  | 1     |
| 33415 | RESECTION OR INCISION OF SUBVALVULAR TISSUE FOR DISCRETE SUBVALVULAR AORTIC | 143.82  | 138.28  | 1     |
| 33416 | VENTRICULOMYOTOMY (-MYECTOMY) FOR IDIOPATHIC HYPERTROPHIC SUBAORTIC STENOSI | 144.21  | 138.66  | 1     |
| 33417 | AORTOPLASTY (GUSSET) FOR SUPRAVALVULAR STENOSIS                             | 119.37  | 114.78  | 1     |
| 33422 | VALVOTOMY, MITRAL VALVE; OPEN HEART, WITH CARDIOPULMONARY BYPASS            | 119.53  | 114.93  | 1     |
| 33425 | VALVULOPLASTY, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS;                   | 189.52  | 182.23  | 1     |

| Code  | Description   | 00-20   | 21+     | Units |
|-------|---|---------|---------|-------|
|       |   | Max Fee | Max Fee |       |
| 33426 | VALVULOPLASTY, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS; WITH PROSTHETIC R | 169.64  | 163.12  | 1     |
| 33427 | VALVULOPLASTY, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS; RADICAL RECONSTRU | 176.26  | 169.48  | 1     |
| 33430 | REPLACEMENT, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS                      | 197.44  | 189.85  | 1     |
| 33460 | VALVECTOMY, TRICUSPID VALVE, WITH CARDIOPULMONARY BYPASS                    | 168.57  | 162.09  | 1     |
| 33463 | VALVULOPLASTY, TRICUSPID VALVE; WITHOUT RING INSERTION                      | 213.55  | 205.34  | 1     |
| 33464 | VALVULOPLASTY, TRICUSPID VALVE; WITH RING INSERTION                         | 170.89  | 164.32  | 1     |
| 33465 | REPLACEMENT, TRICUSPID VALVE, WITH CARDIOPULMONARY BYPASS                   | 192.36  | 184.96  | 1     |
| 33468 | TRICUSPID VALVE REPOSITIONING AND PLICATION FOR EBSTEIN ANOMALY             | 134.62  | 129.44  | 1     |
| 33470 | VALVOTOMY, PULMONARY VALVE, CLOSED HEART; TRANSVENTRICULAR                  | 82.21   | 79.05   | 1     |
| 33472 | VALVOTOMY, PULMONARY VALVE, OPEN HEART; WITH INFLOW OCCLUSION               | 94.46   | 90.83   | 1     |
| 33474 | VALVOTOMY, PULMONARY VALVE, OPEN HEART; WITH CARDIOPULMONARY BYPASS         | 146.97  | 141.32  | 1     |
| 33475 | REPLACEMENT, PULMONARY VALVE  | 164.98  | 158.63  | 1     |
| 33476 | RIGHT VENTRICULAR RESECTION FOR INFUNDIBULAR STENOSIS, WITH OR WITHOUT COMM | 102.59  | 98.65   | 1     |
| 33478 | OUTFLOW TRACT AUGMENTATION (GUSSET), WITH OR WITHOUT COMMISSUROTOMY OR INFU | 111.48  | 107.19  | 1     |
| 33496 | REPAIR OF NON-STRUCTURAL PROSTHETIC VALVE DYSFUNCTION WITH CARDIOPULMONARY  | 119.87  | 115.26  | 1     |
| 33500 | REPAIR OF CORONARY ARTERIOVENOUS OR ARTERIOCARDIAC CHAMBER FISTULA; WITH CA | 112.99  | 108.64  | 1     |
| 33501 | REPAIR OF CORONARY ARTERIOVENOUS OR ARTERIOCARDIAC CHAMBER FISTULA; WITHOUT | 77.78   | 74.79   | 1     |
| 33502 | REPAIR OF ANOMALOUS CORONARY ARTERY FROM PULMONARY ARTERY ORIGIN; BY LIGATI | 89.51   | 86.07   | 1     |
| 33504 | REPAIR OF ANOMALOUS CORONARY ARTERY; BY GRAFT, WITH CARDIOPULMONARY BYPASS  | 102.38  | 98.45   | 1     |
| 33505 | REPAIR OF ANOMALOUS CORONARY ARTERY; WITH CONSTRUCTION OF INTRAPULMONARY AR | 139.75  | 134.38  | 1     |
| 33506 | REPAIR OF ANOMALOUS CORONARY ARTERY; BY TRANSLOCATION FROM PULMONARY ARTERY | 146.32  | 140.69  | 1     |
| 33507 | REPAIR OF ANOMALOUS (EG, INTRAMURAL) AORTIC ORIGIN OF CORONARY ARTERY BY UN | 123.20  | 118.47  | 1     |
| 33508 | ENDOSCOPY, SURGICAL, INCLUDING VIDEO-ASSISTED HARVEST OF VEIN(S) FOR CORONA | 1.17    | 1.13    | 1     |
| 33510 | CORONARY ARTERY BYPASS, VEIN ONLY; SINGLE CORONARY VENOUS GRAFT             | 138.40  | 133.07  | 1     |
| 33511 | CORONARY ARTERY BYPASS, VEIN ONLY; TWO CORONARY VENOUS GRAFTS               | 151.40  | 145.58  | 1     |
| 33512 | CORONARY ARTERY BYPASS, VEIN ONLY; THREE CORONARY VENOUS GRAFTS             | 171.13  | 164.54  | 1     |
| 33513 | CORONARY ARTERY BYPASS, VEIN ONLY; FOUR CORONARY VENOUS GRAFTS              | 174.59  | 167.88  | 1     |
| 33514 | CORONARY ARTERY BYPASS, VEIN ONLY; FIVE CORONARY VENOUS GRAFTS              | 185.61  | 178.47  | 1     |
| 33516 | CORONARY ARTERY BYPASS, VEIN ONLY; SIX OR MORE CORONARY VENOUS GRAFTS       | 193.22  | 185.79  | 1     |

| Code  | Description   | 00-20   | 21+     | Units |
|-------|---|---------|---------|-------|
|       |   | Max Fee | Max Fee |       |
| 33517 | CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); SINGLE | 13.50   | 12.98   | 1     |
| 33518 | CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); TWO VE | 29.32   | 28.19   | 1     |
| 33519 | CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); THREE  | 39.01   | 37.51   | 1     |
| 33521 | CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); FOUR V | 47.14   | 45.33   | 1     |
| 33522 | CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); FIVE V | 53.55   | 51.49   | 1     |
| 33523 | CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); SIX OR | 61.08   | 58.73   | 1     |
| 33530 | REOPERATION, CORONARY ARTERY BYPASS PROCEDURE OR VALVE PROCEDURE, MORE THAN | 37.29   | 35.86   | 1     |
| 33533 | CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); SINGLE ARTERIAL GRAFT      | 134.64  | 129.47  | 1     |
| 33534 | CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); TWO CORONARY ARTERIAL GRAF | 157.05  | 151.01  | 1     |
| 33535 | CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); THREE CORONARY ARTERIAL GR | 175.16  | 168.43  | 1     |
| 33536 | CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); FOUR OR MORE CORONARY ARTE | 188.22  | 180.98  | 1     |
| 33542 | MYOCARDIAL RESECTION (EG, VENTRICULAR ANEURYSMECTOMY)                       | 183.71  | 176.65  | 1     |
| 33545 | REPAIR OF POSTINFARCTION VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT MYOCARD | 216.34  | 208.02  | 1     |
| 33548 | SURGICAL VENTRICULAR RESTORATION PROCEDURE, INCLUDES PROSTHETIC PATCH, WHEN | 210.76  | 202.65  | 1     |
| 33572 | CORONARY ENDARTERECTOMY, OPEN, ANY METHOD, OF LEFT ANTERIOR DESCENDING, CIR | 17.02   | 16.36   | 1     |
| 33600 | CLOSURE OF ATRIOVENTRICULAR VALVE (MITRAL OR TRICUSPID) BY SUTURE OR PATCH  | 122.55  | 117.84  | 1     |
| 33602 | CLOSURE OF SEMILUNAR VALVE (AORTIC OR PULMONARY) BY SUTURE OR PATCH         | 115.75  | 111.30  | 1     |
| 33606 | ANASTOMOSIS OF PULMONARY ARTERY TO AORTA (DAMUS-KAYE-STANSEL PROCEDURE)     | 126.46  | 121.60  | 1     |
| 33608 | REPAIR OF COMPLEX CARDIAC ANOMALY OTHER THAN PULMONARY ATRESIA WITH VENTRIC | 130.29  | 125.28  | 1     |
| 33610 | REPAIR OF COMPLEX CARDIAC ANOMALIES (EG, SINGLE VENTRICLE WITH SUBAORTIC OB | 126.98  | 122.10  | 1     |
| 33611 | REPAIR OF DOUBLE OUTLET RIGHT VENTRICLE WITH INTRAVENTRICULAR TUNNEL REPAIR | 139.00  | 133.65  | 1     |
| 33612 | REPAIR OF DOUBLE OUTLET RIGHT VENTRICLE WITH INTRAVENTRICULAR TUNNEL REPAIR | 143.45  | 137.93  | 1     |
| 33615 | REPAIR OF COMPLEX CARDIAC ANOMALIES (EG, TRICUSPID ATRESIA) BY CLOSURE OF A | 144.99  | 139.41  | 1     |
| 33617 | REPAIR OF COMPLEX CARDIAC ANOMALIES (EG, SINGLE VENTRICLE) BY MODIFIED FONT | 153.61  | 147.71  | 1     |
| 33619 | REPAIR OF SINGLE VENTRICLE WITH AORTIC OUTFLOW OBSTRUCTION AND AORTIC ARCH  | 186.21  | 179.05  | 1     |
| 33641 | REPAIR ATRIAL SEPTAL DEFECT, SECUNDUM, WITH CARDIOPULMONARY BYPASS, WITH OR | 115.62  | 111.17  | 1     |
| 33645 | DIRECT OR PATCH CLOSURE, SINUS VENOSUS, WITH OR WITHOUT ANOMALOUS PULMONARY | 113.07  | 108.72  | 1     |
| 33647 | REPAIR OF ATRIAL SEPTAL DEFECT AND VENTRICULAR SEPTAL DEFECT, WITH DIRECT O | 119.35  | 114.76  | 1     |
| 33660 | REPAIR OF INCOMPLETE OR PARTIAL ATRIOVENTRICULAR CANAL (OSTIUM PRIMUM ATRIA | 125.18  | 120.37  | 1     |

| Code  | Description   | 00-20   | 21+     | Units |
|-------|---|---------|---------|-------|
|       |   | Max Fee | Max Fee |       |
| 33665 | REPAIR OF INTERMEDIATE OR TRANSITIONAL ATRIOVENTRICULAR CANAL, WITH OR WITH | 135.50  | 130.29  | 1     |
| 33670 | REPAIR OF COMPLETE ATRIOVENTRICULAR CANAL, WITH OR WITHOUT PROSTHETIC VALVE | 141.68  | 136.23  | 1     |
| 33675 | CLOSURE OF MULTIPLE VENTRICULAR SEPTAL DEFECTS;                             | 141.81  | 136.36  | 1     |
| 33676 | CLOSURE OF MULTIPLE VENTRICULAR SEPTAL DEFECTS; WITH PULMONARY VALVOTOMY OR | 147.88  | 142.19  | 1     |
| 33677 | CLOSURE OF MULTIPLE VENTRICULAR SEPTAL DEFECTS; WITH REMOVAL OF PULMONARY A | 153.72  | 147.81  | 1     |
| 33681 | CLOSURE OF SINGLE VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT PATCH;         | 130.19  | 125.18  | 1     |
| 33684 | CLOSURE OF VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT PATCH WITH PULMONARY  | 132.30  | 127.21  | 1     |
| 33688 | CLOSURE OF VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT PATCH WITH REMOVAL OF | 135.79  | 130.57  | 1     |
| 33690 | BANDING OF PULMONARY ARTERY   | 81.04   | 77.93   | 1     |
| 33692 | COMPLETE REPAIR TETRALOGY OF FALLOT WITHOUT PULMONARY ATRESIA;              | 145.18  | 139.60  | 1     |
| 33694 | COMPLETE REPAIR TETRALOGY OF FALLOT WITHOUT PULMONARY ATRESIA; WITH TRANSAN | 142.59  | 137.11  | 1     |
| 33697 | COMPLETE REPAIR TETRALOGY OF FALLOT WITH PULMONARY ATRESIA INCLUDING CONSTR | 154.27  | 148.33  | 1     |
| 33702 | REPAIR SINUS OF VALSALVA FISTULA, WITH CARDIOPULMONARY BYPASS;              | 108.51  | 104.33  | 1     |
| 33710 | REPAIR SINUS OF VALSALVA FISTULA, WITH CARDIOPULMONARY BYPASS; WITH REPAIR  | 120.15  | 115.53  | 1     |
| 33720 | REPAIR SINUS OF VALSALVA ANEURYSM, WITH CARDIOPULMONARY BYPASS              | 110.75  | 106.49  | 1     |
| 33722 | CLOSURE OF AORTICO-LEFT VENTRICULAR TUNNEL                                  | 106.11  | 102.03  | 1     |
| 33724 | REPAIR OF ISOLATED PARTIAL ANOMALOUS PULMONARY VENOUS RETURN (EG, SCIMITAR  | 113.04  | 108.69  | 1     |
| 33726 | REPAIR OF PULMONARY VENOUS STENOSIS   | 147.41  | 141.74  | 1     |
| 33730 | COMPLETE REPAIR OF ANOMALOUS VENOUS RETURN (SUPRACARDIAC, INTRACARDIAC, OR  | 139.46  | 134.10  | 1     |
| 33732 | REPAIR OF COR TRIATRIATUM OR SUPRAVALVULAR MITRAL RING BY RESECTION OF LEFT | 116.12  | 111.65  | 1     |
| 33735 | ATRIAL SEPTECTOMY OR SEPTOSTOMY; CLOSED HEART (BLALOCK-HANLON TYPE OPERATIO | 89.17   | 85.74   | 1     |
| 33736 | ATRIAL SEPTECTOMY OR SEPTOSTOMY; OPEN HEART WITH CARDIOPULMONARY BYPASS     | 98.50   | 94.71   | 1     |
| 33737 | ATRIAL SEPTECTOMY OR SEPTOSTOMY; OPEN HEART, WITH INFLOW OCCLUSION          | 92.25   | 88.70   | 1     |
| 33750 | SHUNT; SUBCLAVIAN TO PULMONARY ARTERY (BLALOCK-TAUSSIG TYPE OPERATION)      | 93.47   | 89.88   | 1     |
| 33755 | SHUNT; ASCENDING AORTA TO PULMONARY ARTERY (WATERSTON TYPE OPERATION)       | 93.29   | 89.70   | 1     |
| 33762 | SHUNT; DESCENDING AORTA TO PULMONARY ARTERY (POTTS-SMITH TYPE OPERATION)    | 91.88   | 88.35   | 1     |
| 33764 | SHUNT; CENTRAL, WITH PROSTHETIC GRAFT                                       | 89.98   | 86.52   | 1     |
| 33766 | SHUNT; SUPERIOR VENA CAVA TO PULMONARY ARTERY FOR FLOW TO ONE LUNG (CLASSIC | 100.14  | 96.29   | 1     |
| 33767 | SHUNT; SUPERIOR VENA CAVA TO PULMONARY ARTERY FOR FLOW TO BOTH LUNGS (BIDIR | 99.91   | 96.07   | 1     |

| Code  | Description   | 00-20   | 21+     | Units |
|-------|---|---------|---------|-------|
|       |   | Max Fee | Max Fee |       |
| 33768 | ANASTOMOSIS, CAVOPULMONARY, SECOND SUPERIOR VENA CAVA (LIST SEPARATELY IN A | 30.93   | 29.74   | 1     |
| 33770 | REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES WITH VENTRICULAR SEPTAL DEFEC | 153.85  | 147.93  | 1     |
| 33771 | REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES WITH VENTRICULAR SEPTAL DEFEC | 159.37  | 153.24  | 1     |
| 33774 | REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE (EG, | 129.04  | 124.08  | 1     |
| 33775 | REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE (EG, | 134.49  | 129.31  | 1     |
| 33776 | REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE (EG, | 141.45  | 136.01  | 1     |
| 33777 | REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE (EG, | 138.42  | 133.10  | 1     |
| 33778 | REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, AORTIC PULMONARY ARTERY RECO | 171.02  | 164.44  | 1     |
| 33779 | REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, AORTIC PULMONARY ARTERY RECO | 161.74  | 155.52  | 1     |
| 33780 | REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, AORTIC PULMONARY ARTERY RECO | 166.59  | 160.18  | 1     |
| 33781 | REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, AORTIC PULMONARY ARTERY RECO | 169.09  | 162.59  | 1     |
| 33786 | TOTAL REPAIR, TRUNCUS ARTERIOSUS (RASTELLI TYPE OPERATION)                  | 163.80  | 157.50  | 1     |
| 33788 | REIMPLANTATION OF AN ANOMALOUS PULMONARY ARTERY                             | 110.96  | 106.69  | 1     |
| 33800 | AORTIC SUSPENSION (AORTOPEXY) FOR TRACHEAL DECOMPRESSION (EG, FOR TRACHEOMA | 68.92   | 66.27   | 1     |
| 33802 | DIVISION OF ABERRANT VESSEL (VASCULAR RING);                                | 73.85   | 71.01   | 1     |
| 33803 | DIVISION OF ABERRANT VESSEL (VASCULAR RING); WITH REANASTOMOSIS             | 80.44   | 77.35   | 1     |
| 33813 | OBLITERATION OF AORTOPULMONARY SEPTAL DEFECT; WITHOUT CARDIOPULMONARY BYPAS | 92.90   | 89.32   | 1     |
| 33814 | OBLITERATION OF AORTOPULMONARY SEPTAL DEFECT; WITH CARDIOPULMONARY BYPASS   | 108.30  | 104.13  | 1     |
| 33820 | REPAIR OF PATENT DUCTUS ARTERIOSUS; BY LIGATION                             | 69.39   | 66.72   | 1     |
| 33822 | REPAIR OF PATENT DUCTUS ARTERIOSUS; BY DIVISION, UNDER 18 YEARS             | 73.69   | 70.86   | 1     |
| 33824 | REPAIR OF PATENT DUCTUS ARTERIOSUS; BY DIVISION, 18 YEARS AND OLDER         | 83.26   | 80.05   | 1     |
| 33840 | EXCISION OF COARCTATION OF AORTA, WITH OR WITHOUT ASSOCIATED PATENT DUCTUS  | 82.87   | 79.68   | 1     |
| 33845 | EXCISION OF COARCTATION OF AORTA, WITH OR WITHOUT ASSOCIATED PATENT DUCTUS  | 97.98   | 94.21   | 1     |
| 33851 | EXCISION OF COARCTATION OF AORTA, WITH OR WITHOUT ASSOCIATED PATENT DUCTUS  | 89.02   | 85.59   | 1     |
| 33852 | REPAIR OF HYPOPLASTIC OR INTERRUPTED AORTIC ARCH USING AUTOGENOUS OR PROSTH | 107.70  | 103.56  | 1     |
| 33853 | REPAIR OF HYPOPLASTIC OR INTERRUPTED AORTIC ARCH USING AUTOGENOUS OR PROSTH | 134.72  | 129.54  | 1     |
| 33860 | ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS, WITH OR WITHOUT VALVE S | 226.52  | 217.81  | 1     |
| 33861 | ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS, WITH OR WITHOUT VALVE S | 174.90  | 168.18  | 1     |
| 33863 | ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS, WITH OR WITHOUT VALVE S | 225.14  | 216.49  | 1     |

| Code  | Description   | 00-20   | 21+     | Units |
|-------|---|---------|---------|-------|
|       |   | Max Fee | Max Fee |       |
| 33870 | TRANSVERSE ARCH GRAFT, WITH CARDIOPULMONARY BYPASS                          | 182.62  | 175.59  | 1     |
| 33875 | DESCENDING THORACIC AORTA GRAFT, WITH OR WITHOUT BYPASS                     | 141.78  | 136.33  | 1     |
| 33877 | REPAIR OF THORACOABDOMINAL AORTIC ANEURYSM WITH GRAFT, WITH OR WITHOUT CARD | 253.78  | 244.02  | 1     |
| 33880 | ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA (EG, ANEURYSM, PSEUDOANEUR | 128.02  | 123.10  | 1     |
| 33881 | ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA (EG, ANEURYSM, PSEUDOANEUR | 109.68  | 105.46  | 1     |
| 33883 | PLACEMENT OF PROXIMAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF DESCE | 80.34   | 77.25   | 1     |
| 33884 | PLACEMENT OF PROXIMAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF DESCE | 29.60   | 28.46   | 4     |
| 33886 | PLACEMENT OF DISTAL EXTENSION PROSTHESIS(S) DELAYED AFTER ENDOVASCULAR REPA | 68.77   | 66.12   | 1     |
| 33889 | OPEN SUBCLAVIAN TO CAROTID ARTERY TRANSPOSITION PERFORMED IN CONJUNCTION WI | 58.29   | 56.05   | 1     |
| 33891 | BYPASS GRAFT, WITH OTHER THAN VEIN, TRANSCERVICAL RETROPHARYNGEAL CAROTID-C | 72.42   | 69.63   | 1     |
| 33910 | PULMONARY ARTERY EMBOLECTOMY; WITH CARDIOPULMONARY BYPASS                   | 119.11  | 114.53  | 1     |
| 33915 | PULMONARY ARTERY EMBOLECTOMY; WITHOUT CARDIOPULMONARY BYPASS                | 93.26   | 89.68   | 1     |
| 33916 | PULMONARY ENDARTERECTOMY, WITH OR WITHOUT EMBOLECTOMY, WITH CARDIOPULMONARY | 120.65  | 116.01  | 1     |
| 33917 | REPAIR OF PULMONARY ARTERY STENOSIS BY RECONSTRUCTION WITH PATCH OR GRAFT   | 108.09  | 103.93  | 1     |
| 33920 | REPAIR OF PULMONARY ATRESIA WITH VENTRICULAR SEPTAL DEFECT, BY CONSTRUCTION | 129.12  | 124.15  | 1     |
| 33922 | TRANSECTION OF PULMONARY ARTERY WITH CARDIOPULMONARY BYPASS                 | 97.74   | 93.99   | 1     |
| 33924 | LIGATION AND TAKEDOWN OF A SYSTEMIC-TO-PULMONARY ARTERY SHUNT, PERFORMED IN | 20.74   | 19.94   | 1     |
| 33925 | REPAIR OF PULMONARY ARTERY ARBORIZATION ANOMALIES BY UNIFOCALIZATION; WITHO | 125.13  | 120.32  | 1     |
| 33926 | REPAIR OF PULMONARY ARTERY ARBORIZATION ANOMALIES BY UNIFOCALIZATION; WITH  | 165.18  | 158.83  | 1     |
| 33930 | DONOR CARDIECTOMY-PNEUMONECTOMY (INCLUDING COLD PRESERVATION)               |         |         | 1     |
| 33935 | HEART-LUNG TRANSPLANT WITH RECIPIENT CARDIECTOMY-PNEUMONECTOMY              | 246.15  | 236.68  | 1     |
| 33940 | DONOR CARDIECTOMY (INCLUDING COLD PRESERVATION)                             |         |         | 1     |
| 33945 | HEART TRANSPLANT, WITH OR WITHOUT RECIPIENT CARDIECTOMY                     | 333.76  | 320.92  | 1     |
| 33960 | PROLONGED EXTRACORPOREAL CIRCULATION FOR CARDIOPULMONARY INSUFFICIENCY; INI | 73.07   | 70.26   | 1     |
| 33961 | PROLONGED EXTRACORPOREAL CIRCULATION FOR CARDIOPULMONARY INSUFFICIENCY; EAC | 39.64   | 38.11   | 1     |
| 33968 | REMOVAL OF INTRA-AORTIC BALLOON ASSIST DEVICE, PERCUTANEOUS                 | 2.55    | 2.46    | 1     |
| 33970 | INSERTION OF INTRA-AORTIC BALLOON ASSIST DEVICE THROUGH THE FEMORAL ARTERY, | 26.81   | 25.78   | 1     |
| 33973 | INSERTION OF INTRA-AORTIC BALLOON ASSIST DEVICE THROUGH THE ASCENDING AORTA | 39.17   | 37.66   | 1     |
| 33975 | INSERTION OF VENTRICULAR ASSIST DEVICE; EXTRACORPOREAL, SINGLE VENTRICLE    | 80.89   | 77.77   | 1     |

| Code  | Description   | 00-20<br>Max Fee | 21+<br>Max Fee | Units |
|-------|---|------------------|----------------|-------|
| 33976 | INSERTION OF VENTRICULAR ASSIST DEVICE; EXTRACORPOREAL, BIVENTRICULAR       | 89.67            | 86.22          | 1     |
| 33977 | REMOVAL OF VENTRICULAR ASSIST DEVICE; EXTRACORPOREAL, SINGLE VENTRICLE      | 85.39            | 82.11          | 1     |
| 33978 | REMOVAL OF VENTRICULAR ASSIST DEVICE; EXTRACORPOREAL, BIVENTRICULAR         | 94.07            | 90.45          | 1     |
| 34001 | EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; CAROTID, SUBCLAVIAN  | 69.03            | 66.37          | 1     |
| 34051 | EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; INNOMINATE, SUBCLAVI | 69.26            | 66.60          | 1     |
| 34101 | EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; AXILLARY, BRACHIAL,  | 43.52            | 41.84          | 1     |
| 34111 | EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; RADIAL OR ULNAR ARTE | 43.52            | 41.84          | 1     |
| 34151 | EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; RENAL, CELIAC, MESEN | 101.37           | 97.47          | 1     |
| 34201 | EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; FEMOROPOPLITEAL, AOR | 72.08            | 69.31          | 1     |
| 34203 | EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; POPLITEAL-TIBIO-PERO | 69.71            | 67.02          | 1     |
| 34401 | THROMBECTOMY, DIRECT OR WITH CATHETER; VENA CAVA, ILIAC VEIN, BY ABDOMINAL  | 105.17           | 101.13         | 1     |
| 34421 | THROMBECTOMY, DIRECT OR WITH CATHETER; VENA CAVA, ILIAC, FEMOROPOPLITEAL VE | 52.72            | 50.69          | 1     |
| 34451 | THROMBECTOMY, DIRECT OR WITH CATHETER; VENA CAVA, ILIAC, FEMOROPOPLITEAL VE | 109.37           | 105.16         | 1     |
| 34501 | VALVULOPLASTY, FEMORAL VEIN   | 67.91            | 65.30          | 1     |
| 34502 | RECONSTRUCTION OF VENA CAVA, ANY METHOD                                     | 110.44           | 106.19         | 1     |
| 34510 | VENOUS VALVE TRANSPOSITION, ANY VEIN DONOR                                  | 76.48            | 73.54          | 1     |
| 34520 | CROSS-OVER VEIN GRAFT TO VENOUS SYSTEM                                      | 73.95            | 71.11          | 1     |
| 34530 | SAPHENOPOPLITEAL VEIN ANASTOMOSIS   | 68.95            | 66.30          | 1     |
| 34802 | ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM OR DISSECTION;  | 90.27            | 86.79          | 1     |
| 34803 | ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM OR DISSECTION;  | 91.65            | 88.12          | 1     |
| 34805 | ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM OR DISSECTION;  | 83.96            | 80.73          | 1     |
| 34833 | OPEN ILIAC ARTERY EXPOSURE WITH CREATION OF CONDUIT FOR DELIVERY OF AORTIC  | 44.79            | 43.07          | 1     |
| 34834 | OPEN BRACHIAL ARTERY EXPOSURE TO ASSIST IN THE DEPLOYMENT OF AORTIC OR ILIA | 20.22            | 19.44          | 1     |
| 34900 | ENDOVASCULAR GRAFT REPLACEMENT FOR REPAIR OF ILIAC ARTERY (EG, ANEURYSM, PS | 65.77            | 63.24          | 1     |
| 35001 | DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A | 82.21            | 79.05          | 1     |
| 35002 | DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A | 86.93            | 83.59          | 1     |
| 35005 | DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A | 75.10            | 72.21          | 1     |
| 35011 | DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A | 72.23            | 69.46          | 1     |
| 35013 | DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A | 89.64            | 86.19          | 1     |

| Code  | Description   | 00-20   | 21+     | Units |
|-------|---|---------|---------|-------|
|       |   | Max Fee | Max Fee |       |
| 35021 | DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A | 88.47   | 85.06   | 1     |
| 35022 | DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A | 100.06  | 96.22   | 1     |
| 35045 | DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A | 70.49   | 67.78   | 1     |
| 35081 | DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A | 126.85  | 121.97  | 1     |
| 35082 | DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A | 158.59  | 152.49  | 1     |
| 35091 | DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A | 133.13  | 128.01  | 1     |
| 35092 | DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A | 189.29  | 182.01  | 1     |
| 35102 | DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A | 137.56  | 132.27  | 1     |
| 35103 | DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A | 163.75  | 157.45  | 1     |
| 35111 | DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A | 100.85  | 96.97   | 1     |
| 35112 | DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A | 123.91  | 119.14  | 1     |
| 35121 | DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A | 119.50  | 114.91  | 1     |
| 35122 | DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A | 143.69  | 138.16  | 1     |
| 35131 | DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A | 102.25  | 98.32   | 1     |
| 35132 | DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A | 123.39  | 118.64  | 1     |
| 35141 | DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A | 80.73   | 77.62   | 1     |
| 35142 | DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A | 96.73   | 93.01   | 1     |
| 35151 | DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A | 90.97   | 87.47   | 1     |
| 35152 | DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A | 105.72  | 101.65  | 1     |
| 35180 | REPAIR, CONGENITAL ARTERIOVENOUS FISTULA; HEAD AND NECK                     | 60.56   | 58.23   | 1     |
| 35182 | REPAIR, CONGENITAL ARTERIOVENOUS FISTULA; THORAX AND ABDOMEN                | 125.57  | 120.74  | 1     |
| 35184 | REPAIR, CONGENITAL ARTERIOVENOUS FISTULA; EXTREMITIES                       | 73.20   | 70.38   | 1     |
| 35188 | REPAIR, ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA; HEAD AND NECK          | 61.39   | 59.03   | 1     |
| 35189 | REPAIR, ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA; THORAX AND ABDOMEN     | 115.07  | 110.65  | 1     |
| 35190 | REPAIR, ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA; EXTREMITIES            | 53.58   | 51.51   | 1     |
| 35201 | REPAIR BLOOD VESSEL, DIRECT; NECK   | 67.28   | 64.70   | 1     |
| 35206 | REPAIR BLOOD VESSEL, DIRECT; UPPER EXTREMITY                                | 54.96   | 52.84   | 1     |
| 35211 | REPAIR BLOOD VESSEL, DIRECT; INTRATHORACIC, WITH BYPASS                     | 98.42   | 94.64   | 1     |
| 35216 | REPAIR BLOOD VESSEL, DIRECT; INTRATHORACIC, WITHOUT BYPASS                  | 139.31  | 133.95  | 1     |

| Code  | Description   | 00-20<br>Max Fee | 21+<br>Max Fee | Units |
|-------|---|------------------|----------------|-------|
| 35221 | REPAIR BLOOD VESSEL, DIRECT; INTRA-ABDOMINAL                                | 101.03           | 97.14          | 1     |
| 35226 | REPAIR BLOOD VESSEL, DIRECT; LOWER EXTREMITY                                | 60.46            | 58.13          | 1     |
| 35231 | REPAIR BLOOD VESSEL WITH VEIN GRAFT; NECK                                   | 84.61            | 81.36          | 1     |
| 35236 | REPAIR BLOOD VESSEL WITH VEIN GRAFT; UPPER EXTREMITY                        | 70.41            | 67.70          | 1     |
| 35241 | REPAIR BLOOD VESSEL WITH VEIN GRAFT; INTRATHORACIC, WITH BYPASS             | 102.90           | 98.95          | 1     |
| 35246 | REPAIR BLOOD VESSEL WITH VEIN GRAFT; INTRATHORACIC, WITHOUT BYPASS          | 112.08           | 107.77         | 1     |
| 35251 | REPAIR BLOOD VESSEL WITH VEIN GRAFT; INTRA-ABDOMINAL                        | 119.95           | 115.33         | 1     |
| 35256 | REPAIR BLOOD VESSEL WITH VEIN GRAFT; LOWER EXTREMITY                        | 73.90            | 71.06          | 1     |
| 35261 | REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; NECK                        | 75.34            | 72.44          | 1     |
| 35266 | REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; UPPER EXTREMITY             | 62.02            | 59.63          | 1     |
| 35271 | REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRATHORACIC, WITH BYPASS  | 98.32            | 94.54          | 1     |
| 35276 | REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRATHORACIC, WITHOUT BYPA | 103.09           | 99.12          | 1     |
| 35281 | REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRA-ABDOMINAL             | 114.66           | 110.25         | 1     |
| 35286 | REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; LOWER EXTREMITY             | 67.78            | 65.17          | 1     |
| 35301 | THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; CAROTID, VERTEB | 76.20            | 73.26          | 1     |
| 35302 | THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; SUPERFICIAL FEM | 82.16            | 79.00          | 1     |
| 35303 | THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; POPLITEAL ARTER | 90.40            | 86.92          | 1     |
| 35304 | THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; TIBIOPERONEAL T | 94.02            | 90.40          | 1     |
| 35305 | THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; TIBIAL OR PERON | 90.29            | 86.82          | 1     |
| 35306 | THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; EACH ADDITIONAL | 33.88            | 32.57          | 3     |
| 35311 | THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; SUBCLAVIAN, INNOMINATE, | 108.92           | 104.73         | 1     |
| 35321 | THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; AXILLARY-BRACHIAL       | 64.70            | 62.21          | 1     |
| 35331 | THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; ABDOMINAL AORTA         | 107.33           | 103.21         | 1     |
| 35341 | THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; MESENTERIC, CELIAC, OR  | 100.74           | 96.87          | 1     |
| 35351 | THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; ILIAC                   | 93.76            | 90.15          | 1     |
| 35355 | THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; ILIOFEMORAL             | 76.01            | 73.09          | 1     |
| 35361 | THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; COMBINED AORTOILIAC     | 115.62           | 111.17         | 1     |
| 35363 | THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; COMBINED AORTOILIOFEMOR | 126.51           | 121.65         | 1     |
| 35371 | THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; COMMON FEMORAL          | 59.75            | 57.45          | 1     |

| Code  | Description   | 00-20   | 21+     | Units |
|-------|---|---------|---------|-------|
|       |   | Max Fee | Max Fee |       |
| 35372 | THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; DEEP (PROFUNDA) FEMORAL | 71.79   | 69.03   | 1     |
| 35390 | REOPERATION, CAROTID, THROMBOENDARTERECTOMY, MORE THAN ONE MONTH AFTER ORIG | 11.81   | 11.35   | 1     |
| 35450 | TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN; RENAL OR OTHER VISCERAL ARTERY      | 37.76   | 36.31   | 1     |
| 35452 | TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN; AORTIC                              | 26.16   | 25.16   | 1     |
| 35454 | TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN; ILIAC                               | 22.98   | 22.10   | 1     |
| 35456 | TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN; FEMORAL-POPLITEAL                   | 27.78   | 26.71   | 1     |
| 35458 | TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN; BRACHIOCEPHALIC TRUNK OR BRANCHES,  | 35.65   | 34.28   | 1     |
| 35459 | TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN; TIBIOPERONEAL TRUNK AND BRANCHES    | 32.86   | 31.60   | 1     |
| 35480 | TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN; RENAL OR OTHER VISCERAL ARTERY   | 40.65   | 39.09   | 1     |
| 35481 | TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN; AORTIC                           | 29.71   | 28.56   | 1     |
| 35482 | TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN; ILIAC                            | 25.93   | 24.93   | 1     |
| 35483 | TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN; FEMORAL-POPLITEAL                | 31.30   | 30.09   | 1     |
| 35484 | TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN; BRACHIOCEPHALIC TRUNK OR BRANCHE | 38.64   | 37.16   | 1     |
| 35485 | TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN; TIBIOPERONEAL TRUNK AND BRANCHES | 36.17   | 34.78   | 1     |
| 35490 | TRANSLUMINAL PERIPHERAL ATHERECTOMY, PERCUTANEOUS; RENAL OR OTHER VISCERAL  | 44.92   | 43.20   | 1     |
| 35491 | TRANSLUMINAL PERIPHERAL ATHERECTOMY, PERCUTANEOUS; AORTIC                   | 29.94   | 28.79   | 1     |
| 35492 | TRANSLUMINAL PERIPHERAL ATHERECTOMY, PERCUTANEOUS; ILIAC                    | 27.13   | 26.08   | 1     |
| 35500 | HARVEST OF UPPER EXTREMITY VEIN, ONE SEGMENT, FOR LOWER EXTREMITY OR CORONA | 23.69   | 22.78   | 1     |
| 35501 | BYPASS GRAFT, WITH VEIN; COMMON CAROTID-IPSILATERAL INTERNAL CAROTID        | 117.24  | 112.73  | 1     |
| 35506 | BYPASS GRAFT, WITH VEIN; CAROTID-SUBCLAVIAN OR SUBCLAVIAN-CAROTID           | 97.07   | 93.33   | 1     |
| 35508 | BYPASS GRAFT, WITH VEIN; CAROTID-VERTEBRAL                                  | 100.61  | 96.74   | 1     |
| 35509 | BYPASS GRAFT, WITH VEIN; CAROTID-CONTRALATERAL CAROTID                      | 112.00  | 107.69  | 1     |
| 35510 | BYPASS GRAFT, WITH VEIN; CAROTID-BRACHIAL                                   | 90.45   | 86.97   | 1     |
| 35511 | BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-SUBCLAVIAN                              | 86.20   | 82.89   | 1     |
| 35512 | BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-BRACHIAL                                | 88.00   | 84.61   | 1     |
| 35515 | BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-VERTEBRAL                               | 96.16   | 92.46   | 1     |
| 35516 | BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-AXILLARY                                | 89.20   | 85.77   | 1     |
| 35518 | BYPASS GRAFT, WITH VEIN; AXILLARY-AXILLARY                                  | 88.18   | 84.79   | 1     |
| 35521 | BYPASS GRAFT, WITH VEIN; AXILLARY-FEMORAL                                   | 92.22   | 88.67   | 1     |

| Code  | Description  | 00-20   | 21+     | Units |
|-------|--|---------|---------|-------|
|       |  | Max Fee | Max Fee |       |
| 35522 | BYPASS GRAFT, WITH VEIN; AXILLARY-BRACHIAL   | 86.20   | 82.89   | 1     |
| 35525 | BYPASS GRAFT, WITH VEIN; BRACHIAL-BRACHIAL   | 80.75   | 77.65   | 1     |
| 35526 | BYPASS GRAFT, WITH VEIN; AORTOSUBCLAVIAN OR CAROTID                                      | 120.86  | 116.21  | 1     |
| 35531 | BYPASS GRAFT, WITH VEIN; AORTOCELIAC OR AORTOMESENTERIC                                  | 147.75  | 142.07  | 1     |
| 35533 | BYPASS GRAFT, WITH VEIN; AXILLARY-FEMORAL-FEMORAL  | 114.27  | 109.87  | 1     |
| 35535 | BYPASS GRAFT, WITH VEIN; HEPATORENAL   | 148.04  | 142.34  |       |
| 35536 | BYPASS GRAFT, WITH VEIN; SPLENORENAL   | 127.01  | 122.12  | 1     |
| 35537 | BYPASS GRAFT, WITH VEIN; AORTOILIAC  | 159.58  | 153.44  | 1     |
| 35538 | BYPASS GRAFT, WITH VEIN; AORTOBI-ILIAC   | 179.10  | 172.21  | 1     |
| 35539 | BYPASS GRAFT, WITH VEIN; AORTOFEMORAL  | 166.12  | 159.73  | 1     |
| 35540 | BYPASS GRAFT, WITH VEIN; AORTOBIFEMORAL  | 186.11  | 178.95  | 1     |
| 35548 | BYPASS GRAFT, WITH VEIN; AORTOILIOFEMORAL, UNILATERAL                                    | 87.53   | 84.16   | 1     |
| 35549 | BYPASS GRAFT, WITH VEIN; AORTOILIOFEMORAL, BILATERAL                                     | 95.22   | 91.55   | 1     |
| 35551 | BYPASS GRAFT, WITH VEIN; AORTOFEMORAL-POPLITEAL  | 108.82  | 104.63  | 1     |
| 35556 | BYPASS GRAFT, WITH VEIN; FEMORAL-POPLITEAL   | 100.98  | 97.09   | 1     |
| 35558 | BYPASS GRAFT, WITH VEIN; FEMORAL-FEMORAL   | 89.25   | 85.82   | 1     |
| 35560 | BYPASS GRAFT, WITH VEIN; AORTORENAL  | 130.00  | 125.00  | 1     |
| 35563 | BYPASS GRAFT, WITH VEIN; ILIOILIAC   | 99.33   | 95.51   | 1     |
| 35565 | BYPASS GRAFT, WITH VEIN; ILIOFEMORAL   | 96.42   | 92.71   | 1     |
| 35566 | BYPASS GRAFT, WITH VEIN; FEMORAL-ANTERIOR TIBIAL, POSTERIOR TIBIAL, PERONEA              | 121.22  | 116.56  | 1     |
| 35570 | BYPASS GRAFT, WITH VEIN; TIBIAL-TIBIAL, PERONEAL-TIBIAL, OR TIBIAL/PERONEAL TRUNK-TIBIAL | 114.29  | 109.90  |       |
| 35571 | BYPASS GRAFT, WITH VEIN; POPLITEAL-TIBIAL, -PERONEAL ARTERY OR OTHER DISTAL              | 97.33   | 93.58   | 1     |
| 35572 | HARVEST OF FEMOROPOPLITEAL VEIN, ONE SEGMENT, FOR VASCULAR RECONSTRUCTION P              | 25.77   | 24.78   | 1     |
| 35583 | IN-SITU VEIN BYPASS; FEMORAL-POPLITEAL   | 104.08  | 100.07  | 1     |
| 35585 | IN-SITU VEIN BYPASS; FEMORAL-ANTERIOR TIBIAL, POSTERIOR TIBIAL, OR PERONEAL              | 121.77  | 117.09  | 1     |
| 35587 | IN-SITU VEIN BYPASS; POPLITEAL-TIBIAL, PERONEAL  | 100.22  | 96.37   | 1     |
| 35600 | HARVEST OF UPPER EXTREMITY ARTERY, ONE SEGMENT, FOR CORONARY ARTERY BYPASS               | 19.05   | 18.32   | 1     |
| 35601 | BYPASS GRAFT, WITH OTHER THAN VEIN; COMMON CAROTID-IPSILATERAL INTERNAL CAR              | 107.47  | 103.33  | 1     |
| 35606 | BYPASS GRAFT, WITH OTHER THAN VEIN; CAROTID-SUBCLAVIAN                                   | 85.26   | 81.98   | 1     |

| Code  | Description   | 00-20   | 21+     | Units |
|-------|---|---------|---------|-------|
|       |   | Max Fee | Max Fee |       |
| 35612 | BYPASS GRAFT, WITH OTHER THAN VEIN; SUBCLAVIAN-SUBCLAVIAN                   | 66.76   | 64.19   | 1     |
| 35616 | BYPASS GRAFT, WITH OTHER THAN VEIN; SUBCLAVIAN-AXILLARY                     | 81.67   | 78.53   | 1     |
| 35621 | BYPASS GRAFT, WITH OTHER THAN VEIN; AXILLARY-FEMORAL                        | 80.70   | 77.60   | 1     |
| 35623 | BYPASS GRAFT, WITH OTHER THAN VEIN; AXILLARY-POPLITEAL OR -TIBIAL           | 99.05   | 95.24   | 1     |
| 35626 | BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOSUBCLAVIAN OR CAROTID              | 114.37  | 109.97  | 1     |
| 35631 | BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOCELIAC, AORTOMESENTERIC, AORTORENA | 135.50  | 130.29  | 1     |
| 35632 | BYPASS GRAFT, WITH OTHER THAN VEIN; ILIO-CELIAC                             | 140.56  | 135.15  | 1     |
| 35633 | BYPASS GRAFT, WITH OTHER THAN VEIN; ILIO-MESENERIC                          | 151.79  | 145.95  | 1     |
| 35634 | BYPASS GRAFT, WITH OTHER THAN VEIN; ILIORENAL                               | 137.56  | 132.27  | 1     |
| 35636 | BYPASS GRAFT, WITH OTHER THAN VEIN; SPLENORENAL (SPLENIC TO RENAL ARTERIAL  | 120.42  | 115.78  | 1     |
| 35642 | BYPASS GRAFT, WITH OTHER THAN VEIN; CAROTID-VERTEBRAL                       | 75.36   | 72.46   | 1     |
| 35645 | BYPASS GRAFT, WITH OTHER THAN VEIN; SUBCLAVIAN-VERTEBRAL                    | 71.09   | 68.35   | 1     |
| 35646 | BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOBIFEMORAL                          | 125.68  | 120.85  | 1     |
| 35647 | BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOFEMORAL                            | 113.93  | 109.54  | 1     |
| 35650 | BYPASS GRAFT, WITH OTHER THAN VEIN; AXILLARY-AXILLARY                       | 77.81   | 74.82   | 1     |
| 35651 | BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOFEMORAL-POPLITEAL                  | 100.82  | 96.94   | 1     |
| 35654 | BYPASS GRAFT, WITH OTHER THAN VEIN; AXILLARY-FEMORAL-FEMORAL                | 100.30  | 96.44   | 1     |
| 35656 | BYPASS GRAFT, WITH OTHER THAN VEIN; FEMORAL-POPLITEAL                       | 79.09   | 76.04   | 1     |
| 35661 | BYPASS GRAFT, WITH OTHER THAN VEIN; FEMORAL-FEMORAL                         | 79.06   | 76.02   | 1     |
| 35663 | BYPASS GRAFT, WITH OTHER THAN VEIN; ILIOILIAC                               | 91.65   | 88.12   | 1     |
| 35665 | BYPASS GRAFT, WITH OTHER THAN VEIN; ILIOFEMORAL                             | 85.86   | 82.56   | 1     |
| 35666 | BYPASS GRAFT, WITH OTHER THAN VEIN; FEMORAL-ANTERIOR TIBIAL, POSTERIOR TIBI | 92.58   | 89.02   | 1     |
| 35671 | BYPASS GRAFT, WITH OTHER THAN VEIN; POPLITEAL-TIBIAL OR -PERONEAL ARTERY    | 81.64   | 78.50   | 1     |
| 35681 | BYPASS GRAFT; COMPOSITE, PROSTHETIC AND VEIN (LIST SEPARATELY IN ADDITION T | 5.92    | 5.69    | 1     |
| 35682 | BYPASS GRAFT; AUTOGENOUS COMPOSITE, TWO SEGMENTS OF VEINS FROM TWO LOCATION | 26.27   | 25.26   | 1     |
| 35683 | BYPASS GRAFT; AUTOGENOUS COMPOSITE, THREE OR MORE SEGMENTS OF VEIN FROM TWO | 30.98   | 29.79   | 1     |
| 35685 | PLACEMENT OF VEIN PATCH OR CUFF AT DISTAL ANASTOMOSIS OF BYPASS GRAFT, SYNT | 14.75   | 14.18   | 1     |
| 35686 | CREATION OF DISTAL ARTERIOVENOUS FISTULA DURING LOWER EXTREMITY BYPASS SURG | 12.38   | 11.90   | 1     |
| 35691 | TRANSPOSITION AND/OR REIMPLANTATION; VERTEBRAL TO CAROTID ARTERY            | 71.76   | 69.00   | 1     |

| Code  | Description   | 00-20   | 21+     | Units |
|-------|---|---------|---------|-------|
|       |   | Max Fee | Max Fee |       |
| 35693 | TRANSPOSITION AND/OR REIMPLANTATION; VERTEBRAL TO SUBCLAVIAN ARTERY         | 63.95   | 61.49   | 1     |
| 35694 | TRANSPOSITION AND/OR REIMPLANTATION; SUBCLAVIAN TO CAROTID ARTERY           | 74.03   | 71.18   | 1     |
| 35695 | TRANSPOSITION AND/OR REIMPLANTATION; CAROTID TO SUBCLAVIAN ARTERY           | 77.47   | 74.49   | 1     |
| 35697 | REIMPLANTATION, VISCERAL ARTERY TO INFRARENAL AORTIC PROSTHESIS, EACH ARTER | 10.97   | 10.55   | 1     |
| 35700 | REOPERATION, FEMORAL-POPLITEAL OR FEMORAL (POPLITEAL) -ANTERIOR TIBIAL, POS | 11.34   | 10.90   | 1     |
| 35701 | EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR), WITH OR WITHOUT LYSIS OF ART | 38.46   | 36.98   | 1     |
| 35721 | EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR), WITH OR WITHOUT LYSIS OF ART | 32.73   | 31.47   | 1     |
| 35741 | EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR), WITH OR WITHOUT LYSIS OF ART | 35.80   | 34.43   | 1     |
| 35761 | EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR), WITH OR WITHOUT LYSIS OF ART | 26.42   | 25.41   | 1     |
| 35800 | EXPLORATION FOR POSTOPERATIVE HEMORRHAGE, THROMBOSIS OR INFECTION; NECK     | 33.95   | 32.65   | 1     |
| 35820 | EXPLORATION FOR POSTOPERATIVE HEMORRHAGE, THROMBOSIS OR INFECTION; CHEST    | 137.04  | 131.77  | 1     |
| 35840 | EXPLORATION FOR POSTOPERATIVE HEMORRHAGE, THROMBOSIS OR INFECTION; ABDOMEN  | 44.69   | 42.97   | 1     |
| 35860 | EXPLORATION FOR POSTOPERATIVE HEMORRHAGE, THROMBOSIS OR INFECTION; EXTREMIT | 28.64   | 27.54   | 1     |
| 35870 | REPAIR OF GRAFT-ENTERIC FISTULA   | 93.16   | 89.58   | 1     |
| 35876 | THROMBECTOMY OF ARTERIAL OR VENOUS GRAFT; WITH REVISION OF ARTERIAL OR VENO | 68.82   | 66.17   | 1     |
| 35879 | REVISION, LOWER EXTREMITY ARTERIAL BYPASS, WITHOUT THROMBECTOMY, OPEN; WITH | 67.10   | 64.52   | 1     |
| 35881 | REVISION, LOWER EXTREMITY ARTERIAL BYPASS, WITHOUT THROMBECTOMY, OPEN; WITH | 74.48   | 71.61   | 1     |
| 35883 | REVISION, FEMORAL ANASTOMOSIS OF SYNTHETIC ARTERIAL BYPASS GRAFT IN GROIN,  | 88.47   | 85.06   | 1     |
| 35884 | REVISION, FEMORAL ANASTOMOSIS OF SYNTHETIC ARTERIAL BYPASS GRAFT IN GROIN,  | 93.34   | 89.75   | 1     |
| 35901 | EXCISION OF INFECTED GRAFT; NECK  | 35.80   | 34.43   | 1     |
| 35903 | EXCISION OF INFECTED GRAFT; EXTREMITY                                       | 40.23   | 38.69   | 1     |
| 35905 | EXCISION OF INFECTED GRAFT; THORAX  | 126.75  | 121.87  | 1     |
| 35907 | EXCISION OF INFECTED GRAFT; ABDOMEN   | 139.62  | 134.25  | 1     |
| 36261 | REVISION OF IMPLANTED INTRA-ARTERIAL INFUSION PUMP                          | 24.91   | 23.95   | 1     |
| 36460 | TRANSFUSION, INTRAUTERINE, FETAL  | 23.92   | 23.00   | 1     |
| 36819 | ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM BASILIC VEIN TRANSPOSITION    | 56.57   | 54.40   | 1     |
| 36820 | INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE; ARTERIOVENOUS, INTERN | 56.81   | 54.62   | 1     |
| 36821 | ARTERIOVENOUS ANASTOMOSIS, OPEN; DIRECT, ANY SITE (EG, CIMINO TYPE) (SEPARA | 37.43   | 35.99   | 1     |
| 36825 | CREATION OF ARTERIOVENOUS FISTULA BY OTHER THAN DIRECT ARTERIOVENOUS ANASTO | 41.02   | 39.44   | 1     |

| Code  | Description   | 00-20   | 21+     | Units |
|-------|---|---------|---------|-------|
|       |   | Max Fee | Max Fee |       |
| 36830 | CREATION OF ARTERIOVENOUS FISTULA BY OTHER THAN DIRECT ARTERIOVENOUS ANASTO | 46.85   | 45.05   | 1     |
| 36831 | THROMBECTOMY, OPEN, ARTERIOVENOUS FISTULA WITHOUT REVISION, AUTOGENOUS OR N | 32.31   | 31.07   | 1     |
| 36832 | REVISION, OPEN, ARTERIOVENOUS FISTULA; WITHOUT THROMBECTOMY, AUTOGENOUS OR  | 41.30   | 39.71   | 1     |
| 36833 | REVISION, ARTERIOVENOUS FISTULA; WITH THROMBECTOMY, AUTOGENOUS OR NONAUTOGE | 46.70   | 44.90   | 1     |
| 36834 | PLASTIC REPAIR OF ARTERIOVENOUS ANEURYSM (SEPARATE PROCEDURE)               | 43.96   | 42.27   | 1     |
| 36838 | DISTAL REVASCULARIZATION AND INTERVAL LIGATION (DRIL), UPPER EXTREMITY HEMO | 83.13   | 79.93   | 1     |
| 37145 | VENOUS ANASTOMOSIS; RENOPORTAL  | 103.58  | 99.60   | 1     |
| 37160 | VENOUS ANASTOMOSIS; CAVAL-MESENTERIC  | 89.85   | 86.39   | 1     |
| 37180 | VENOUS ANASTOMOSIS; SPLENORENAL, PROXIMAL                                   | 100.56  | 96.69   | 1     |
| 37181 | ANASTOMOSIS; SPLENORENAL, DISTAL (SELECTIVE DECOMPRESSION OF ESOPHAGOGASTRI | 108.74  | 104.56  | 1     |
| 37182 | INSERTION OF TRANSVENOUS INTRAHEPATIC PORTOSYSTEMIC SHUNT(S) (TIPS) (INCLUD | 65.15   | 62.64   | 1     |
| 37183 | REVISION OF TRANSVENOUS INTRAHEPATIC PORTOSYSTEMIC SHUNT(S) (TIPS) (INCLUDE | 30.96   | 29.77   | 1     |
| 37207 | TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), (NON-CORONARY VESSEL) | 31.22   | 30.02   | 1     |
| 37208 | TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), (NON-CORONARY VESSEL) | 15.14   | 14.56   | 1     |
| 37500 | VASCULAR ENDOSCOPY,SURGICAL,WITH LIGATION OF PERFORATOR VEINS,SUBFASCIAL    | 48.44   | 46.58   | 1     |
| 37600 | LIGATION; EXTERNAL CAROTID ARTERY   | 48.89   | 47.01   | 1     |
| 37605 | LIGATION; INTERNAL OR COMMON CAROTID ARTERY                                 | 56.57   | 54.40   | 1     |
| 37606 | LIGATION; INTERNAL OR COMMON CAROTID ARTERY, WITH GRADUAL OCCLUSION, AS WIT | 37.32   | 35.88   | 1     |
| 37615 | LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE); NECK                  | 32.83   | 31.57   | 1     |
| 37616 | LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE); CHEST                 | 77.00   | 74.04   | 1     |
| 37617 | LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE); ABDOMEN               | 90.97   | 87.47   | 1     |
| 37618 | LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE); EXTREMITY             | 26.19   | 25.18   | 1     |
| 37660 | LIGATION OF COMMON ILIAC VEIN   | 84.69   | 81.43   | 1     |
| 37735 | LIGATION AND DIVISION AND COMPLETE STRIPPING OF LONG OR SHORT SAPHENOUS VEI | 44.51   | 42.80   | 1     |
| 37760 | LIGATION OF PERFORATOR VEINS, SUBFASCIAL, RADICAL (LINTON TYPE), WITH OR WI | 43.83   | 42.14   | 1     |
| 38100 | SPLENECTOMY; TOTAL (SEPARATE PROCEDURE)                                     | 74.40   | 71.54   | 1     |
| 38101 | SPLENECTOMY; PARTIAL (SEPARATE PROCEDURE)                                   | 74.66   | 71.79   | 1     |
| 38102 | SPLENECTOMY; TOTAL, EN BLOC FOR EXTENSIVE DISEASE, IN CONJUNCTION WITH OTHE | 17.59   | 16.91   | 1     |
| 38115 | REPAIR OF RUPTURED SPLEEN (SPLENORRHAPHY) WITH OR WITHOUT PARTIAL SPLENECTO | 82.79   | 79.60   | 1     |

| Code  | Description   | 00-20   | 21+     | Units |
|-------|---|---------|---------|-------|
|       |   | Max Fee | Max Fee |       |
| 38308 | LYMPHANGIOTOMY OR OTHER OPERATIONS ON LYMPHATIC CHANNELS                    | 29.16   | 28.04   | 1     |
| 38380 | SUTURE AND/OR LIGATION OF THORACIC DUCT; CERVICAL APPROACH                  | 37.03   | 35.60   | 1     |
| 38381 | SUTURE AND/OR LIGATION OF THORACIC DUCT; THORACIC APPROACH                  | 55.95   | 53.80   | 1     |
| 38382 | SUTURE AND/OR LIGATION OF THORACIC DUCT; ABDOMINAL APPROACH                 | 45.24   | 43.50   | 1     |
| 38530 | BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, INTERNAL MAMMARY NODE(S)         | 35.62   | 34.25   | 1     |
| 38542 | DISSECTION, DEEP JUGULAR NODE(S)  | 27.83   | 26.76   | 1     |
| 38555 | EXCISION OF CYSTIC HYGROMA, AXILLARY OR CERVICAL; WITH DEEP NEUROVASCULAR D | 64.91   | 62.42   | 1     |
| 38562 | LIMITED LYMPHADENECTOMY FOR STAGING (SEPARATE PROCEDURE); PELVIC AND PARA-A | 47.11   | 45.30   | 1     |
| 38564 | LIMITED LYMPHADENECTOMY FOR STAGING (SEPARATE PROCEDURE); RETROPERITONEAL ( | 46.72   | 44.93   | 1     |
| 38570 | LAPAROSCOPY, SURGICAL; WITH RETROPERITONEAL LYMPH NODE SAMPLING (BIOPSY), S | 38.36   | 36.88   | 1     |
| 38571 | LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY          | 60.53   | 58.21   | 1     |
| 38572 | LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND PERI | 65.28   | 62.77   | 1     |
| 38700 | SUPRAHYOID LYMPHADENECTOMY  | 52.48   | 50.46   | 1     |
| 38720 | CERVICAL LYMPHADENECTOMY (COMPLETE)   | 87.40   | 84.04   | 1     |
| 38724 | CERVICAL LYMPHADENECTOMY (MODIFIED RADICAL NECK DISSECTION)                 | 94.91   | 91.26   | 1     |
| 38740 | AXILLARY LYMPHADENECTOMY; SUPERFICIAL                                       | 44.43   | 42.72   | 1     |
| 38745 | AXILLARY LYMPHADENECTOMY; COMPLETE  | 56.49   | 54.32   | 1     |
| 38746 | THORACIC LYMPHADENECTOMY, REGIONAL, INCLUDING MEDIASTINAL AND PERITRACHEAL  | 18.63   | 17.91   | 1     |
| 38747 | ABDOMINAL LYMPHADENECTOMY, REGIONAL, INCLUDING CELIAC, GASTRIC, PORTAL, PER | 17.93   | 17.24   | 1     |
| 38760 | INGUINOFEMORAL LYMPHADENECTOMY, SUPERFICIAL, INCLUDING CLOQUET'S NODE (SEPA | 55.66   | 53.52   | 1     |
| 38765 | INGUINOFEMORAL LYMPHADENECTOMY, SUPERFICIAL, IN CONTINUITY WITH PELVIC LYMP | 86.36   | 83.04   | 1     |
| 38770 | PELVIC LYMPHADENECTOMY, INCLUDING EXTERNAL ILIAC, HYPOGASTRIC, AND OBTURATO | 58.58   | 56.33   | 1     |
| 38780 | RETROPERITONEAL TRANSABDOMINAL LYMPHADENECTOMY, EXTENSIVE, INCLUDING PELVIC | 73.04   | 70.23   | 1     |
| 39000 | MEDIASTINOTOMY WITH EXPLORATION, DRAINAGE, REMOVAL OF FOREIGN BODY, OR BIOP | 33.56   | 32.27   | 1     |
| 39010 | MEDIASTINOTOMY WITH EXPLORATION, DRAINAGE, REMOVAL OF FOREIGN BODY, OR BIOP | 55.22   | 53.09   | 1     |
| 39200 | EXCISION OF MEDIASTINAL CYST  | 61.45   | 59.08   | 1     |
| 39220 | EXCISION OF MEDIASTINAL TUMOR   | 79.30   | 76.25   | 1     |
| 39501 | REPAIR, LACERATION OF DIAPHRAGM, ANY APPROACH                               | 56.60   | 54.42   | 1     |
| 39502 | REPAIR, PARAESOPHAGEAL HIATUS HERNIA, TRANSABDOMINAL, WITH OR WITHOUT FUNDO | 67.99   | 65.37   | 1     |

| Code  | Description   | 00-20   | 21+     | Units |
|-------|---|---------|---------|-------|
|       |   | Max Fee | Max Fee |       |
| 39503 | REPAIR, NEONATAL DIAPHRAGMATIC HERNIA, WITH OR WITHOUT CHEST TUBE INSERTION | 394.47  | 379.30  | 1     |
| 39520 | REPAIR, DIAPHRAGMATIC HERNIA (ESOPHAGEAL HIATAL); TRANSTHORACIC             | 67.62   | 65.02   | 1     |
| 39530 | REPAIR, DIAPHRAGMATIC HERNIA (ESOPHAGEAL HIATAL); COMBINED, THORACOABDOMINA | 64.89   | 62.39   | 1     |
| 39531 | REPAIR, DIAPHRAGMATIC HERNIA (ESOPHAGEAL HIATAL); COMBINED, THORACOABDOMINA | 67.60   | 65.00   | 1     |
| 39540 | REPAIR, DIAPHRAGMATIC HERNIA (OTHER THAN NEONATAL), TRAUMATIC; ACUTE        | 57.82   | 55.60   | 1     |
| 39541 | REPAIR, DIAPHRAGMATIC HERNIA (OTHER THAN NEONATAL), TRAUMATIC; CHRONIC      | 62.46   | 60.06   | 1     |
| 39545 | IMBRICATION OF DIAPHRAGM FOR EVENTRATION, TRANSTHORACIC OR TRANSABDOMINAL,  | 61.45   | 59.08   | 1     |
| 39560 | RESECTION, DIAPHRAGM; WITH SIMPLE REPAIR (EG, PRIMARY SUTURE)               | 52.90   | 50.86   | 1     |
| 39561 | RESECTION, DIAPHRAGM; WITH COMPLEX REPAIR (EG, PROSTHETIC MATERIAL, LOCAL M | 83.05   | 79.85   | 1     |
| 40701 | PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY BILATERAL, ONE STAGE P | 69.26   | 66.60   | 1     |
| 40702 | PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY BILATERAL, ONE OF TWO  | 58.79   | 56.53   | 1     |
| 40840 | VESTIBULOPLASTY; ANTERIOR   | 52.95   | 50.91   | 1     |
| 40843 | VESTIBULOPLASTY; POSTERIOR, BILATERAL                                       | 67.65   | 65.05   | 1     |
| 40844 | VESTIBULOPLASTY; ENTIRE ARCH  | 90.01   | 86.54   | 1     |
| 41120 | GLOSSECTOMY; LESS THAN ONE-HALF TONGUE                                      | 68.01   | 65.40   | 1     |
| 41130 | GLOSSECTOMY; HEMIGLOSSECTOMY  | 84.43   | 81.18   | 1     |
| 41135 | GLOSSECTOMY; PARTIAL, WITH UNILATERAL RADICAL NECK DISSECTION               | 140.64  | 135.23  | 1     |
| 41140 | GLOSSECTOMY; COMPLETE OR TOTAL, WITH OR WITHOUT TRACHEOSTOMY, WITHOUT RADIC | 143.97  | 138.43  | 1     |
| 41145 | GLOSSECTOMY; COMPLETE OR TOTAL, WITH OR WITHOUT TRACHEOSTOMY, WITH UNILATER | 181.37  | 174.39  | 1     |
| 41150 | GLOSSECTOMY; COMPOSITE PROCEDURE WITH RESECTION FLOOR OF MOUTH AND MANDIBUL | 143.11  | 137.61  | 1     |
| 41153 | GLOSSECTOMY; COMPOSITE PROCEDURE WITH RESECTION FLOOR OF MOUTH, WITH SUPRAH | 155.54  | 149.56  | 1     |
| 41155 | GLOSSECTOMY; COMPOSITE PROCEDURE WITH RESECTION FLOOR OF MOUTH, MANDIBULAR  | 194.81  | 187.32  | 1     |
| 42120 | RESECTION OF PALATE OR EXTENSIVE RESECTION OF LESION                        | 63.92   | 61.46   | 1     |
| 42200 | PALATOPLASTY FOR CLEFT PALATE, SOFT AND/OR HARD PALATE ONLY                 | 58.19   | 55.95   | 1     |
| 42205 | PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; SOFT TISSUE  | 62.51   | 60.11   | 1     |
| 42210 | PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; WITH BONE GR | 70.96   | 68.23   | 1     |
| 42215 | PALATOPLASTY FOR CLEFT PALATE; MAJOR REVISION                               | 45.99   | 44.22   | 1     |
| 42220 | PALATOPLASTY FOR CLEFT PALATE; SECONDARY LENGTHENING PROCEDURE              | 35.73   | 34.35   | 1     |
| 42225 | PALATOPLASTY FOR CLEFT PALATE; ATTACHMENT PHARYNGEAL FLAP                   | 58.87   | 56.60   | 1     |

| Code  | Description   | 00-20   | 21+     | Units |
|-------|---|---------|---------|-------|
|       |   | Max Fee | Max Fee |       |
| 42226 | LENGTHENING OF PALATE, AND PHARYNGEAL FLAP                                  | 59.88   | 57.58   | 1     |
| 42227 | LENGTHENING OF PALATE, WITH ISLAND FLAP                                     | 57.25   | 55.05   | 1     |
| 42235 | REPAIR OF ANTERIOR PALATE, INCLUDING VOMER FLAP                             | 47.56   | 45.73   | 1     |
| 42260 | REPAIR OF NASOLABIAL FISTULA  | 54.62   | 52.52   | 1     |
| 42409 | MARSUPIALIZATION OF SUBLINGUAL SALIVARY CYST (RANULA)                       | 21.76   | 20.92   | 1     |
| 42410 | EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITHOUT NERVE DIS | 41.36   | 39.76   | 1     |
| 42415 | EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITH DISSECTION A | 74.08   | 71.23   | 1     |
| 42420 | EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH DISSECTION AND PRES | 84.77   | 81.51   | 1     |
| 42425 | EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, EN BLOC REMOVAL WITH SAC | 55.79   | 53.64   | 1     |
| 42426 | EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH UNILATERAL RADICAL  | 90.73   | 87.24   | 1     |
| 42440 | EXCISION OF SUBMANDIBULAR (SUBMAXILLARY) GLAND                              | 31.09   | 29.89   | 1     |
| 42507 | PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE);                   | 34.06   | 32.75   | 1     |
| 42508 | PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE); WITH EXCISION OF  | 48.96   | 47.08   | 1     |
| 42510 | PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE); WITH LIGATION OF  | 41.59   | 39.99   | 1     |
| 42725 | INCISION AND DRAINAGE ABSCESS; RETROPHARYNGEAL OR PARAPHARYNGEAL, EXTERNAL  | 53.81   | 51.74   | 1     |
| 42810 | EXCISION BRANCHIAL CLEFT CYST OR VESTIGE, CONFINED TO SKIN AND SUBCUTANEOUS | 25.20   | 24.23   | 1     |
| 42815 | EXCISION BRANCHIAL CLEFT CYST, VESTIGE, OR FISTULA, EXTENDING BENEATH SUBCU | 36.90   | 35.48   | 1     |
| 42844 | RADICAL RESECTION OF TONSIL, TONSILLAR PILLARS, AND/OR RETROMOLAR TRIGONE;  | 89.77   | 86.32   | 1     |
| 42845 | RADICAL RESECTION OF TONSIL, TONSILLAR PILLARS, AND/OR RETROMOLAR TRIGONE;  | 146.45  | 140.82  | 1     |
| 42890 | LIMITED PHARYNGECTOMY   | 92.38   | 88.82   | 1     |
| 42892 | RESECTION OF LATERAL PHARYNGEAL WALL OR PYRIFORM SINUS, DIRECT CLOSURE BY A | 121.48  | 116.81  | 1     |
| 42894 | RESECTION OF PHARYNGEAL WALL REQUIRING CLOSURE WITH MYOCUTANEOUS FLAP       | 155.15  | 149.18  | 1     |
| 42950 | PHARYNGOPLASTY (PLASTIC OR RECONSTRUCTIVE OPERATION ON PHARYNX)             | 51.93   | 49.94   | 1     |
| 42953 | PHARYNGOESOPHAGEAL REPAIR   | 62.15   | 59.76   | 1     |
| 42955 | PHARYNGOSTOMY (FISTULIZATION OF PHARYNX, EXTERNAL FOR FEEDING)              | 49.15   | 47.26   | 1     |
| 42961 | CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POSTTONSILLECTO | 27.83   | 26.76   | 1     |
| 42962 | CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POSTTONSILLECTO | 34.42   | 33.10   | 1     |
| 42971 | CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POSTADENOID | 30.33   | 29.16   | 1     |
| 42972 | CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POSTADENOID | 33.95   | 32.65   | 1     |

| Code  | Description   | 00-20   | 21+     | Units |
|-------|---|---------|---------|-------|
|       |   | Max Fee | Max Fee |       |
| 43020 | ESOPHAGOTOMY, CERVICAL APPROACH; WITH REMOVAL OF FOREIGN BODY               | 35.00   | 33.65   | 1     |
| 43030 | CRICOPHARYNGEAL MYOTOMY   | 34.66   | 33.32   | 1     |
| 43045 | ESOPHAGOTOMY, THORACIC APPROACH, WITH REMOVAL OF FOREIGN BODY               | 89.48   | 86.04   | 1     |
| 43100 | EXCISION OF LESION, ESOPHAGUS, WITH PRIMARY REPAIR; CERVICAL APPROACH       | 41.64   | 40.04   | 1     |
| 43101 | EXCISION OF LESION, ESOPHAGUS, WITH PRIMARY REPAIR; THORACIC OR ABDOMINAL A | 70.38   | 67.68   | 1     |
| 43107 | TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITHOUT THORACOTOMY; WITH PHARYNGOGASTRO | 173.18  | 166.52  | 1     |
| 43108 | TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITHOUT THORACOTOMY; WITH COLON INTERPOS | 296.73  | 285.31  | 1     |
| 43112 | TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITH THORACOTOMY; WITH PHARYNGOGASTROSTO | 185.04  | 177.92  | 1     |
| 43113 | TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITH THORACOTOMY; WITH COLON INTERPOSITI | 298.34  | 286.87  | 1     |
| 43116 | PARTIAL ESOPHAGECTOMY, CERVICAL, WITH FREE INTESTINAL GRAFT, INCLUDING MICR | 337.43  | 324.45  | 1     |
| 43117 | PARTIAL ESOPHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY AND SEPARATE ABD | 169.33  | 162.81  | 1     |
| 43118 | PARTIAL ESOPHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY AND SEPARATE ABD | 243.75  | 234.37  | 1     |
| 43121 | PARTIAL ESOPHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY ONLY, WITH OR WI | 193.22  | 185.79  | 1     |
| 43122 | PARTIAL ESOPHAGECTOMY, THORACOABDOMINAL OR ABDOMINAL APPROACH, WITH OR WITH | 171.39  | 164.79  | 1     |
| 43123 | PARTIAL ESOPHAGECTOMY, THORACOABDOMINAL OR ABDOMINAL APPROACH, WITH OR WITH | 298.63  | 287.14  | 1     |
| 43124 | TOTAL OR PARTIAL ESOPHAGECTOMY, WITHOUT RECONSTRUCTION (ANY APPROACH), WITH | 256.28  | 246.43  | 1     |
| 43130 | DIVERTICULECTOMY OF HYPOPHARYNX OR ESOPHAGUS, WITH OR WITHOUT MYOTOMY; CERV | 52.74   | 50.71   | 1     |
| 43135 | DIVERTICULECTOMY OF HYPOPHARYNX OR ESOPHAGUS, WITH OR WITHOUT MYOTOMY; THOR | 101.29  | 97.39   | 1     |
| 43280 | LAPAROSCOPY, SURGICAL, ESOPHAGOGASTRIC FUNDOPLASTY (EG, NISSEN, TOUPET PROC | 70.93   | 68.20   | 1     |
| 43300 | ESOPHAGOPLASTY, (PLASTIC REPAIR OR RECONSTRUCTION), CERVICAL APPROACH; WITH | 41.51   | 39.91   | 1     |
| 43305 | ESOPHAGOPLASTY, (PLASTIC REPAIR OR RECONSTRUCTION), CERVICAL APPROACH; WITH | 73.48   | 70.66   | 1     |
| 43310 | ESOPHAGOPLASTY, (PLASTIC REPAIR OR RECONSTRUCTION), THORACIC APPROACH; WITH | 105.22  | 101.18  | 1     |
| 43312 | ESOPHAGOPLASTY, (PLASTIC REPAIR OR RECONSTRUCTION), THORACIC APPROACH; WITH | 116.17  | 111.70  | 1     |
| 43313 | ESOPHAGOPLASTY FOR CONGENITAL DEFECT, (PLASTIC REPAIR OR RECONSTRUCTION), T | 183.11  | 176.07  | 1     |
| 43314 | ESOPHAGOPLASTY FOR CONGENITAL DEFECT, (PLASTIC REPAIR OR RECONSTRUCTION), T | 214.12  | 205.89  | 1     |
| 43320 | ESOPHAGOGASTROSTOMY (CARDIOPLASTY), WITH OR WITHOUT VAGOTOMY AND PYLOROPLAS | 92.58   | 89.02   | 1     |
| 43324 | ESOPHAGOGASTRIC FUNDOPLASTY (EG, NISSEN, BELSEY IV, HILL PROCEDURES)        | 89.59   | 86.14   | 1     |
| 43325 | ESOPHAGOGASTRIC FUNDOPLASTY; WITH FUNDIC PATCH (THAL-NISSEN PROCEDURE)      | 88.03   | 84.64   | 1     |
| 43326 | ESOPHAGOGASTRIC FUNDOPLASTY; WITH GASTROPLASTY (EG, COLLIS)                 | 90.21   | 86.74   | 1     |

| Code  | Description   | 00-20   | 21+     | Units |
|-------|---|---------|---------|-------|
|       |   | Max Fee | Max Fee |       |
| 43330 | ESOPHAGOMYOTOMY (HELLER TYPE); ABDOMINAL APPROACH                           | 86.44   | 83.11   | 1     |
| 43331 | ESOPHAGOMYOTOMY ((HELLER TYPE), WITH OR WITHOUT HIATAL HERNIA REPAIR); THOR | 94.23   | 90.60   | 1     |
| 43340 | ESOPHAGOJEJUNOSTOMY (WITHOUT TOTAL GASTRECTOMY); ABDOMINAL APPROACH         | 89.62   | 86.17   | 1     |
| 43341 | ESOPHAGOJEJUNOSTOMY (WITHOUT TOTAL GASTRECTOMY); THORACIC APPROACH          | 99.62   | 95.79   | 1     |
| 43350 | ESOPHAGOSTOMY, FISTULIZATION OF ESOPHAGUS, EXTERNAL; ABDOMINAL APPROACH     | 75.75   | 72.84   | 1     |
| 43351 | ESOPHAGOSTOMY, FISTULIZATION OF ESOPHAGUS, EXTERNAL; THORACIC APPROACH      | 90.08   | 86.62   | 1     |
| 43352 | ESOPHAGOSTOMY, FISTULIZATION OF ESOPHAGUS, EXTERNAL; CERVICAL APPROACH      | 73.56   | 70.73   | 1     |
| 43360 | GASTROINTESTINAL RECONSTRUCTION FOR PREVIOUS ESOPHAGECTOMY, FOR OBSTRUCTING | 158.17  | 152.09  | 1     |
| 43361 | GASTROINTESTINAL RECONSTRUCTION FOR PREVIOUS ESOPHAGECTOMY, FOR OBSTRUCTING | 175.45  | 168.70  | 1     |
| 43400 | LIGATION, DIRECT, ESOPHAGEAL VARICES  | 111.16  | 106.89  | 1     |
| 43401 | TRANSECTION OF ESOPHAGUS WITH REPAIR, FOR ESOPHAGEAL VARICES                | 102.77  | 98.82   | 1     |
| 43405 | LIGATION OR STAPLING AT GASTROESOPHAGEAL JUNCTION FOR PRE-EXISTING ESOPHAGE | 100.19  | 96.34   | 1     |
| 43410 | SUTURE OF ESOPHAGEAL WOUND OR INJURY; CERVICAL APPROACH                     | 68.09   | 65.47   | 1     |
| 43415 | SUTURE OF ESOPHAGEAL WOUND OR INJURY; TRANSTHORACIC OR TRANSABDOMINAL APPRO | 116.25  | 111.78  | 1     |
| 43425 | CLOSURE OF ESOPHAGOSTOMY OR FISTULA; TRANSTHORACIC OR TRANSABDOMINAL APPROA | 102.75  | 98.80   | 1     |
| 43500 | GASTROTOMY; WITH EXPLORATION OR FOREIGN BODY REMOVAL                        | 51.02   | 49.06   | 1     |
| 43501 | GASTROTOMY; WITH SUTURE REPAIR OF BLEEDING ULCER                            | 87.45   | 84.09   | 1     |
| 43502 | GASTROTOMY; WITH SUTURE REPAIR OF PRE-EXISTING ESOPHAGOGASTRIC LACERATION ( | 98.89   | 95.09   | 1     |
| 43510 | GASTROTOMY; WITH ESOPHAGEAL DILATION AND INSERTION OF PERMANENT INTRALUMINA | 63.27   | 60.84   | 1     |
| 43520 | PYLOROMYOTOMY, CUTTING OF PYLORIC MUSCLE (FREDET-RAMSTEDT TYPE OPERATION)   | 45.81   | 44.05   | 1     |
| 43605 | BIOPSY OF STOMACH; BY LAPAROTOMY  | 54.02   | 51.94   | 1     |
| 43610 | EXCISION, LOCAL; ULCER OR BENIGN TUMOR OF STOMACH                           | 63.79   | 61.34   | 1     |
| 43611 | EXCISION, LOCAL; MALIGNANT TUMOR OF STOMACH                                 | 79.43   | 76.37   | 1     |
| 43620 | GASTRECTOMY, TOTAL; WITH ESOPHAGOENTEROSTOMY                                | 129.04  | 124.08  | 1     |
| 43621 | GASTRECTOMY, TOTAL; WITH ROUX-EN-Y RECONSTRUCTION                           | 147.31  | 141.64  | 1     |
| 43622 | GASTRECTOMY, TOTAL; WITH FORMATION OF INTESTINAL POUCH, ANY TYPE            | 149.24  | 143.50  | 1     |
| 43631 | GASTRECTOMY, PARTIAL, DISTAL; WITH GASTRODUODENOSTOMY                       | 94.70   | 91.05   | 1     |
| 43632 | GASTRECTOMY, PARTIAL, DISTAL; WITH GASTROJEJUNOSTOMY                        | 129.85  | 124.86  | 1     |
| 43633 | GASTRECTOMY, PARTIAL, DISTAL; WITH ROUX-EN-Y RECONSTRUCTION                 | 123.41  | 118.67  | 1     |

| Code  | Description   | 00-20   | 21+     | Units |
|-------|---|---------|---------|-------|
|       |   | Max Fee | Max Fee |       |
| 43634 | GASTRECTOMY, PARTIAL, DISTAL; WITH FORMATION OF INTESTINAL POUCH            | 136.42  | 131.17  | 1     |
| 43635 | VAGOTOMY WHEN PERFORMED WITH PARTIAL DISTAL GASTRECTOMY (LIST SEPARATELY IN | 7.53    | 7.24    | 1     |
| 43640 | VAGOTOMY INCLUDING PYLOROPLASTY, WITH OR WITHOUT GASTROSTOMY; TRUNCAL OR SE | 76.35   | 73.41   | 1     |
| 43641 | VAGOTOMY INCLUDING PYLOROPLASTY, WITH OR WITHOUT GASTROSTOMY; PARIETAL CELL | 76.87   | 73.92   | 1     |
| 43644 | LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS A | 112.08  | 107.77  | 1     |
| 43645 | LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS A | 119.87  | 115.26  | 1     |
| 43651 | LAPAROSCOPY, SURGICAL; TRANSECTION OF VAGUS NERVES, TRUNCAL                 | 42.45   | 40.82   | 1     |
| 43652 | LAPAROSCOPY, SURGICAL; TRANSECTION OF VAGUS NERVES, SELECTIVE OR HIGHLY SEL | 49.25   | 47.36   | 1     |
| 43653 | LAPAROSCOPY, SURGICAL; GASTROSTOMY, WITHOUT CONSTRUCTION OF GASTRIC TUBE (E | 36.35   | 34.95   | 1     |
| 43770 | LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; PLACEMENT OF ADJUSTAB | 72.29   | 69.51   | 1     |
| 43771 | LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REVISION OF ADJUSTABL | 82.37   | 79.20   | 1     |
| 43772 | LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTABLE | 62.36   | 59.96   | 1     |
| 43773 | LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL AND REPLACEME | 82.47   | 79.30   | 1     |
| 43774 | LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTABLE | 62.25   | 59.86   | 1     |
| 43800 | PYLOROPLASTY  | 60.56   | 58.23   | 1     |
| 43810 | GASTRODUODENOSTOMY  | 65.64   | 63.12   | 1     |
| 43820 | GASTROJEJUNOSTOMY; WITHOUT VAGOTOMY   | 85.68   | 82.38   | 1     |
| 43825 | GASTROJEJUNOSTOMY; WITH VAGOTOMY, ANY TYPE                                  | 84.40   | 81.16   | 1     |
| 43830 | GASTROSTOMY, OPEN; WITHOUT CONSTRUCTION OF GASTRIC TUBE (EG, STAMM PROCEDUR | 45.13   | 43.40   | 1     |
| 43831 | GASTROSTOMY, TEMPORARY (TUBE, RUBBER OR PLASTIC) (SEPARATE PROCEDURE); NEON | 37.92   | 36.46   | 1     |
| 43832 | GASTROSTOMY, OPEN; WITH CONSTRUCTION OF GASTRIC TUBE (EG, JANEWAY PROCEDURE | 69.32   | 66.65   | 1     |
| 43840 | GASTRORRHAPHY, SUTURE OF PERFORATED DUODENAL OR GASTRIC ULCER, WOUND, OR IN | 86.70   | 83.36   | 1     |
| 43842 | GASTRIC RESTRICTIVE PROCEDURE, WITHOUT GASTRIC BYPASS, FOR MORBID OBESITY;  | 84.64   | 81.38   | 1     |
| 43843 | GASTRIC RESTRICTIVE PROCEDURE, WITHOUT GASTRIC BYPASS, FOR MORBID OBESITY;  | 82.32   | 79.15   | 1     |
| 43846 | GASTRIC RESTRICTIVE PROCEDURE, WITH GASTRIC BYPASS FOR MORBID OBESITY; WITH | 106.11  | 102.03  | 1     |
| 43847 | GASTRIC RESTRICTIVE PROCEDURE, WITH GASTRIC BYPASS FOR MORBID OBESITY; WITH | 115.70  | 111.25  | 1     |
| 43848 | REVISION, OPEN, OF GASTRIC RESTRICTIVE PROCEDURE FOR MORBID OBESITY, OTHER  | 125.65  | 120.82  | 1     |
| 43850 | REVISION OF GASTRODUODENAL ANASTOMOSIS (GASTRODUODENOSTOMY) WITH RECONSTRUC | 105.12  | 101.08  | 1     |
| 43855 | REVISION OF GASTRODUODENAL ANASTOMOSIS (GASTRODUODENOSTOMY) WITH RECONSTRUC | 109.97  | 105.74  | 1     |

| Code  | Description  | 00-20   | 21+     | Units |
|-------|--|---------|---------|-------|
|       |  | Max Fee | Max Fee |       |
| 43860 | REVISION OF GASTROJEJUNAL ANASTOMOSIS (GASTROJEJUNOSTOMY) WITH RECONSTRUCTI  | 106.86  | 102.75  | 1     |
| 43865 | REVISION OF GASTROJEJUNAL ANASTOMOSIS (GASTROJEJUNOSTOMY) WITH RECONSTRUCTI  | 111.01  | 106.74  | 1     |
| 43870 | CLOSURE OF GASTROSTOMY, SURGICAL   | 46.04   | 44.27   | 1     |
| 43880 | CLOSURE OF GASTROCOLIC FISTULA   | 104.36  | 100.35  | 1     |
| 43886 | GASTRIC RESTRICTIVE PROCEDURE, OPEN; REVISION OF SUBCUTANEOUS PORT COMPONENT | 21.55   | 20.72   | 1     |
| 43887 | GASTRIC RESTRICTIVE PROCEDURE, OPEN; REMOVAL OF SUBCUTANEOUS PORT COMPONENT  | 20.48   | 19.69   | 1     |
| 43888 | GASTRIC RESTRICTIVE PROCEDURE, OPEN; REMOVAL AND REPLACEMENT OF SUBCUTANEOU  | 28.69   | 27.59   | 1     |
| 44005 | ENTEROLYSIS (FREEING OF INTESTINAL ADHESION) (SEPARATE PROCEDURE)            | 71.43   | 68.68   | 1     |
| 44010 | DUODENOTOMY, FOR EXPLORATION, BIOPSY(S), OR FOREIGN BODY REMOVAL             | 56.26   | 54.10   | 1     |
| 44015 | TUBE OR NEEDLE CATHETER JEJUNOSTOMY FOR ENTERAL ALIMENTATION, INTRAOPERATIV  | 9.67    | 9.30    | 1     |
| 44020 | ENTEROTOMY, SMALL INTESTINE, OTHER THAN DUODENUM; FOR EXPLORATION, BIOPSY(S  | 63.22   | 60.79   | 1     |
| 44021 | ENTEROTOMY, SMALL BOWEL, OTHER THAN DUODENUM; FOR DECOMPRESSION (EG, BAKER   | 64.08   | 61.61   | 1     |
| 44025 | COLOTOMY, FOR EXPLORATION, BIOPSY(S), OR FOREIGN BODY REMOVAL                | 64.36   | 61.89   | 1     |
| 44050 | REDUCTION OF VOLVULUS, INTUSSUSCEPTION, INTERNAL HERNIA, BY LAPAROTOMY       | 60.85   | 58.51   | 1     |
| 44055 | CORRECTION OF MALROTATION BY LYSIS OF DUODENAL BANDS AND/OR REDUCTION OF MI  | 97.38   | 93.63   | 1     |
| 44110 | EXCISION OF ONE OR MORE LESIONS OF SMALL OR LARGE INTESTINE NOT REQUIRING A  | 55.19   | 53.07   | 1     |
| 44111 | EXCISION OF ONE OR MORE LESIONS OF SMALL OR LARGE BOWEL NOT REQUIRING ANAST  | 64.08   | 61.61   | 1     |
| 44120 | ENTERECTOMY, RESECTION OF SMALL INTESTINE; SINGLE RESECTION AND ANASTOMOSIS  | 79.40   | 76.35   | 1     |
| 44121 | ENTERECTOMY, RESECTION OF SMALL INTESTINE; EACH ADDITIONAL RESECTION AND AN  | 16.21   | 15.59   | 10    |
| 44125 | ENTERECTOMY, RESECTION OF SMALL INTESTINE; WITH ENTEROSTOMY                  | 76.98   | 74.02   | 1     |
| 44126 | ENTERECTOMY, RESECTION OF SMALL INTESTINE FOR CONGENITAL ATRESIA, SINGLE RE  | 158.93  | 152.82  | 1     |
| 44127 | ENTERECTOMY, RESECTION OF SMALL INTESTINE FOR CONGENITAL ATRESIA, SINGLE RE  | 185.59  | 178.45  | 1     |
| 44128 | ENTERECTOMY, RESECTION OF SMALL INTESTINE FOR CONGENITAL ATRESIA, SINGLE RE  | 16.31   | 15.69   | 1     |
| 44130 | ENTEROENTEROSTOMY, ANASTOMOSIS OF INTESTINE, WITH OR WITHOUT CUTANEOUS ENTE  | 83.83   | 80.61   | 1     |
| 44139 | MOBILIZATION (TAKE-DOWN) OF SPLENIC FLEXURE PERFORMED IN CONJUNCTION WITH P  | 8.10    | 7.79    | 1     |
| 44140 | COLECTOMY, PARTIAL; WITH ANASTOMOSIS   | 87.56   | 84.19   | 1     |
| 44141 | COLECTOMY, PARTIAL; WITH SKIN LEVEL CECOSTOMY OR COLOSTOMY                   | 116.01  | 111.55  | 1     |
| 44143 | COLECTOMY, PARTIAL; WITH END COLOSTOMY AND CLOSURE OF DISTAL SEGMENT (HARTM  | 107.83  | 103.68  | 1     |
| 44144 | COLECTOMY, PARTIAL; WITH RESECTION, WITH COLOSTOMY OR ILEOSTOMY AND CREATIO  | 113.85  | 109.47  | 1     |

| Code  | Description   | 00-20   | 21+     | Units |
|-------|---|---------|---------|-------|
|       |   | Max Fee | Max Fee |       |
| 44145 | COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)           | 108.61  | 104.43  | 1     |
| 44146 | COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS), WITH COL | 136.60  | 131.34  | 1     |
| 44147 | COLECTOMY, PARTIAL; ABDOMINAL AND TRANSANAL APPROACH                        | 123.73  | 118.97  | 1     |
| 44150 | COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PROCTECTOMY; WITH ILEOSTOMY OR ILEOPRO | 119.95  | 115.33  | 1     |
| 44151 | COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PROCTECTOMY; WITH CONTINENT ILEOSTOMY  | 137.02  | 131.75  | 1     |
| 44155 | COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY; WITH ILEOSTOMY               | 133.86  | 128.71  | 1     |
| 44156 | COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY; WITH CONTINENT ILEOSTOMY     | 147.23  | 141.57  | 1     |
| 44157 | COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY; WITH ILEOANAL ANASTOMOSIS, I | 139.88  | 134.50  | 1     |
| 44158 | COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY; WITH ILEOANAL ANASTOMOSIS, C | 143.40  | 137.88  | 1     |
| 44160 | COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM WITH ILEOCOLOSTOMY       | 80.75   | 77.65   | 1     |
| 44180 | LAPAROSCOPY, SURGICAL, ENTEROLYSIS (FREEING OF INTESTINAL ADHESION) (SEPARA | 60.14   | 57.83   | 1     |
| 44186 | LAPAROSCOPY, SURGICAL; JEJUNOSTOMY (EG, FOR DECOMPRESSION OR FEEDING)       | 42.45   | 40.82   | 1     |
| 44187 | LAPAROSCOPY, SURGICAL; ILEOSTOMY OR JEJUNOSTOMY, NON-TUBE                   | 71.43   | 68.68   | 1     |
| 44188 | LAPAROSCOPY, SURGICAL, COLOSTOMY OR SKIN LEVEL CECOSTOMY                    | 79.19   | 76.15   | 1     |
| 44202 | LAPAROSCOPY, SURGICAL; ENTERECTOMY, RESECTION OF SMALL INTESTINE, SINGLE RE | 90.61   | 87.12   | 1     |
| 44203 | LAPAROSCOPY, SURGICAL; EACH ADDITIONAL SMALL INTESTINE RESECTION AND ANASTO | 16.13   | 15.51   | 1     |
| 44204 | LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS                 | 100.87  | 96.99   | 1     |
| 44205 | LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM W | 88.03   | 84.64   | 1     |
| 44206 | LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH END COLOSTOMY AND CLOSURE O | 114.66  | 110.25  | 1     |
| 44207 | LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLOPROCT | 120.10  | 115.48  | 1     |
| 44208 | LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLOPROCT | 130.68  | 125.66  | 1     |
| 44210 | LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PROCTECTOMY, WI | 117.05  | 112.55  | 1     |
| 44211 | LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY, WITH  | 143.40  | 137.88  | 1     |
| 44212 | LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY, WITH  | 134.77  | 129.59  | 1     |
| 44213 | LAPAROSCOPY, SURGICAL, MOBILIZATION (TAKE-DOWN) OF SPLENIC FLEXURE PERFORME | 12.66   | 12.18   | 1     |
| 44227 | LAPAROSCOPY, SURGICAL, CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE, WI | 109.29  | 105.09  | 1     |
| 44300 | ENTEROSTOMY OR CECOSTOMY, TUBE (EG, FOR DECOMPRESSION OR FEEDING) (SEPARATE | 54.72   | 52.62   | 1     |
| 44310 | ILEOSTOMY OR JEJUNOSTOMY, NON-TUBE  | 68.17   | 65.55   | 1     |
| 44314 | REVISION OF ILEOSTOMY; COMPLICATED (RECONSTRUCTION IN-DEPTH) (SEPARATE PROC | 66.21   | 63.67   | 1     |

| Code  | Description   | 00-20   | 21+     | Units |
|-------|---|---------|---------|-------|
|       |   | Max Fee | Max Fee |       |
| 44316 | CONTINENT ILEOSTOMY (KOCK PROCEDURE) (SEPARATE PROCEDURE)                   | 90.32   | 86.84   | 1     |
| 44320 | COLOSTOMY OR SKIN LEVEL CECOSTOMY;  | 77.92   | 74.92   | 1     |
| 44322 | COLOSTOMY OR SKIN LEVEL CECOSTOMY; WITH MULTIPLE BIOPSIES (EG, FOR CONGENIT | 62.15   | 59.76   | 1     |
| 44345 | REVISION OF COLOSTOMY; COMPLICATED (RECONSTRUCTION IN-DEPTH) (SEPARATE PROC | 68.27   | 65.65   | 1     |
| 44346 | REVISION OF COLOSTOMY; WITH REPAIR OF PARACOLOSTOMY HERNIA (SEPARATE PROCED | 76.59   | 73.64   | 1     |
| 44602 | SUTURE OF SMALL INTESTINE (ENTERORRHAPHY) FOR PERFORATED ULCER, DIVERTICULU | 90.40   | 86.92   | 1     |
| 44603 | SUTURE OF SMALL INTESTINE (ENTERORRHAPHY) FOR PERFORATED ULCER, DIVERTICULU | 103.87  | 99.87   | 1     |
| 44604 | SUTURE OF LARGE INTESTINE (COLORRHAPHY) FOR PERFORATED ULCER, DIVERTICULUM, | 69.13   | 66.47   | 1     |
| 44605 | SUTURE OF LARGE INTESTINE (COLORRHAPHY) FOR PERFORATED ULCER, DIVERTICULUM, | 85.11   | 81.83   | 1     |
| 44615 | INTESTINAL STRICTUROPLASTY (ENTEROTOMY AND ENTERORRHAPHY) WITH OR WITHOUT D | 70.36   | 67.65   | 1     |
| 44620 | CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE;                           | 56.21   | 54.05   | 1     |
| 44625 | CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE; WITH RESECTION AND ANASTO | 66.42   | 63.87   | 1     |
| 44626 | CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE; WITH RESECTION AND COLORE | 105.43  | 101.38  | 1     |
| 44640 | CLOSURE OF INTESTINAL CUTANEOUS FISTULA                                     | 92.09   | 88.55   | 1     |
| 44650 | CLOSURE OF ENTEROENTERIC OR ENTEROCOLIC FISTULA                             | 95.82   | 92.13   | 1     |
| 44660 | CLOSURE OF ENTEROVESICAL FISTULA; WITHOUT INTESTINAL OR BLADDER RESECTION   | 93.42   | 89.83   | 1     |
| 44661 | CLOSURE OF ENTEROVESICAL FISTULA; WITH INTESTINE AND/OR BLADDER RESECTION   | 104.13  | 100.12  | 1     |
| 44680 | INTESTINAL PLICATION (SEPARATE PROCEDURE)                                   | 69.55   | 66.87   | 1     |
| 44700 | EXCLUSION OF SMALL INTESTINE FROM PELVIS BY MESH OR OTHER PROSTHESIS, OR NA | 66.87   | 64.29   | 1     |
| 44701 | INTRAOPERATIVE COLONIC LAVAGE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIM | 11.18   | 10.75   | 1     |
| 44800 | EXCISION OF MECKEL'S DIVERTICULUM (DIVERTICULECTOMY) OR OMPHALOMESENTERIC D | 49.62   | 47.71   | 1     |
| 44820 | EXCISION OF LESION OF MESENTERY (SEPARATE PROCEDURE)                        | 54.77   | 52.67   | 1     |
| 44850 | SUTURE OF MESENTERY (SEPARATE PROCEDURE)                                    | 48.16   | 46.30   | 1     |
| 44900 | INCISION AND DRAINAGE OF APPENDICEAL ABSCESS; OPEN                          | 49.59   | 47.68   | 1     |
| 44901 | INCISION AND DRAINAGE OF APPENDICEAL ABSCESS; PERCUTANEOUS                  | 12.52   | 12.04   | 1     |
| 44950 | APPENDECTOMY;   | 41.77   | 40.17   | 1     |
| 44955 | APPENDECTOMY; WHEN DONE FOR INDICATED PURPOSE AT TIME OF OTHER MAJOR PROCED | 5.63    | 5.41    | 1     |
| 44960 | APPENDECTOMY; FOR RUPTURED APPENDIX WITH ABSCESS OR GENERALIZED PERITONITIS | 56.42   | 54.25   | 1     |
| 44970 | LAPAROSCOPY, SURGICAL, APPENDECTOMY   | 38.59   | 37.11   | 1     |

| Code  | Description   | 00-20   | 21+     | Units |
|-------|---|---------|---------|-------|
|       |   | Max Fee | Max Fee |       |
| 45110 | PROCTECTOMY; COMPLETE, COMBINED ABDOMINOPERINEAL, WITH COLOSTOMY            | 120.42  | 115.78  | 1     |
| 45111 | PROCTECTOMY; PARTIAL RESECTION OF RECTUM, TRANSABDOMINAL APPROACH           | 70.91   | 68.18   | 1     |
| 45112 | PROCTECTOMY, COMBINED ABDOMINOPERINEAL, PULL-THROUGH PROCEDURE (EG, COLO-AN | 123.57  | 118.82  | 1     |
| 45113 | PROCTECTOMY, PARTIAL, WITH RECTAL MUCOSECTOMY, ILEOANAL ANASTOMOSIS, CREATI | 126.98  | 122.10  | 1     |
| 45114 | PROCTECTOMY, PARTIAL, WITH ANASTOMOSIS; ABDOMINAL AND TRANSSACRAL APPROACH  | 116.19  | 111.72  | 1     |
| 45116 | PROCTECTOMY, PARTIAL, WITH ANASTOMOSIS; TRANSACRAL APPROACH ONLY (KRASKE TY | 104.10  | 100.10  | 1     |
| 45119 | PROCTECTOMY, COMBINED ABDOMINOPERINEAL PULL-THROUGH PROCEDURE (EG, COLO-ANA | 127.06  | 122.17  | 1     |
| 45120 | PROCTECTOMY, COMPLETE (FOR CONGENITAL MEGACOLON), ABDOMINAL AND PERINEAL AP | 101.84  | 97.92   | 1     |
| 45121 | PROCTECTOMY, COMPLETE (FOR CONGENITAL MEGACOLON), ABDOMINAL AND PERINEAL AP | 111.24  | 106.96  | 1     |
| 45123 | PROCTECTOMY, PARTIAL, WITHOUT ANASTOMOSIS, PERINEAL APPROACH                | 72.39   | 69.61   | 1     |
| 45126 | PELVIC EXENTERATION FOR COLORECTAL MALIGNANCY, WITH PROCTECTOMY (WITH OR WI | 187.28  | 180.08  | 1     |
| 45130 | EXCISION OF RECTAL PROCIDENTIA, WITH ANASTOMOSIS; PERINEAL APPROACH         | 70.64   | 67.93   | 1     |
| 45135 | EXCISION OF RECTAL PROCIDENTIA, WITH ANASTOMOSIS; ABDOMINAL AND PERINEAL AP | 86.77   | 83.44   | 1     |
| 45136 | EXCISION OF ILEOANAL RESERVOIR WITH ILEOSTOMY                               | 119.30  | 114.71  | 1     |
| 45160 | EXCISION OF RECTAL TUMOR BY PROCTOTOMY, TRANSACRAL OR TRANSCOCYGEAL APPROA  | 64.39   | 61.91   | 1     |
| 45170 | EXCISION OF RECTAL TUMOR, TRANSANAL APPROACH                                | 50.42   | 48.48   | 1     |
| 45190 | DESTRUCTION OF RECTAL TUMOR (EG, ELECTRODESSICATION, ELECTROSURGERY, LASER  | 44.38   | 42.67   | 1     |
| 45395 | LAPAROSCOPY, SURGICAL; PROCTECTOMY, COMPLETE, COMBINED ABDOMINOPERINEAL, WI | 130.16  | 125.16  | 1     |
| 45397 | LAPAROSCOPY, SURGICAL; PROCTECTOMY, COMBINED ABDOMINOPERINEAL PULL-THROUGH  | 140.69  | 135.28  | 1     |
| 45400 | LAPAROSCOPY, SURGICAL; PROCTOPEXY (FOR PROLAPSE)                            | 74.81   | 71.94   | 1     |
| 45402 | LAPAROSCOPY, SURGICAL; PROCTOPEXY (FOR PROLAPSE), WITH SIGMOID RESECTION    | 100.01  | 96.17   | 1     |
| 45540 | PROCTOPEXY (EG, FOR PROLAPSE); ABDOMINAL APPROACH                           | 69.21   | 66.55   | 1     |
| 45541 | PROCTOPEXY FOR PROLAPSE; PERINEAL APPROACH                                  | 60.07   | 57.75   | 1     |
| 45550 | PROCTOPEXY (EG, FOR PROLAPSE); WITH SIGMOID RESECTION, ABDOMINAL APPROACH   | 95.40   | 91.73   | 1     |
| 45560 | REPAIR OF RECTOCELE (SEPARATE PROCEDURE)                                    | 47.48   | 45.65   | 1     |
| 45562 | EXPLORATION, REPAIR, AND PRESACRAL DRAINAGE FOR RECTAL INJURY;              | 73.12   | 70.31   | 1     |
| 45563 | EXPLORATION, REPAIR, AND PRESACRAL DRAINAGE FOR RECTAL INJURY; WITH COLOSTO | 105.30  | 101.25  | 1     |
| 45800 | CLOSURE OF RECTOVESICAL FISTULA;  | 82.29   | 79.13   | 1     |
| 45805 | CLOSURE OF RECTOVESICAL FISTULA; WITH COLOSTOMY                             | 91.62   | 88.10   | 1     |

| Code  | Description   | 00-20   | 21+     | Units |
|-------|---|---------|---------|-------|
|       |   | Max Fee | Max Fee |       |
| 45820 | CLOSURE OF RECTOURETHRAL FISTULA;   | 81.22   | 78.10   | 1     |
| 45825 | CLOSURE OF RECTOURETHRAL FISTULA; WITH COLOSTOMY                            | 97.67   | 93.91   | 1     |
| 46705 | ANOPLASTY, PLASTIC OPERATION FOR STRICTURE; INFANT                          | 34.63   | 33.30   | 1     |
| 46710 | REPAIR OF ILEOANAL POUCH FISTULA/SINUS (EG, PERINEAL OR VAGINAL), POUCH ADV | 69.39   | 66.72   | 1     |
| 46712 | REPAIR OF ILEOANAL POUCH FISTULA/SINUS (EG, PERINEAL OR VAGINAL), POUCH ADV | 141.05  | 135.63  | 1     |
| 46715 | REPAIR OF LOW IMPERFORATE ANUS; WITH ANOPERINEAL FISTULA ("CUT-BACK" PROC   | 33.98   | 32.67   | 1     |
| 46716 | REPAIR OF LOW IMPERFORATE ANUS; WITH TRANSPOSITION OF ANOPERINEAL OR ANOVES | 74.02   | 71.17   | 1     |
| 46730 | REPAIR OF HIGH IMPERFORATE ANUS WITHOUT FISTULA; PERINEAL OR SACROPERINEAL  | 124.61  | 119.82  | 1     |
| 46735 | REPAIR OF HIGH IMPERFORATE ANUS WITHOUT FISTULA; COMBINED TRANSABDOMINAL AN | 145.64  | 140.04  | 1     |
| 46740 | REPAIR OF HIGH IMPERFORATE ANUS WITH RECTOURETHRAL OR RECTOVAGINAL FISTULA; | 132.38  | 127.29  | 1     |
| 46742 | REPAIR OF HIGH IMPERFORATE ANUS WITH RECTOURETHRAL OR RECTOVAGINAL FISTULA; | 154.92  | 148.96  | 1     |
| 46744 | REPAIR OF CLOACAL ANOMALY BY ANORECTOVAGINOPLASTY AND URETHROPLASTY, SACROP | 222.96  | 214.38  | 1     |
| 46746 | REPAIR OF CLOACAL ANOMALY BY ANORECTOVAGINOPLASTY AND URETHROPLASTY, COMBIN | 259.46  | 249.48  | 1     |
| 46748 | REPAIR OF CLOACAL ANOMALY BY ANORECTOVAGINOPLASTY AND URETHROPLASTY, COMBIN | 268.97  | 258.63  | 1     |
| 46750 | SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE OR PROLAPSE; ADULT                 | 49.77   | 47.86   | 1     |
| 46751 | SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE OR PROLAPSE; CHILD                 | 41.04   | 39.46   | 1     |
| 46760 | SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT; MUSCLE TRANSPLANT          | 70.31   | 67.60   | 1     |
| 46761 | SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT; LEVATOR MUSCLE IMBRICATION | 60.66   | 58.33   | 1     |
| 46762 | SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT; IMPLANTATION ARTIFICIAL SP | 60.35   | 58.03   | 1     |
| 47010 | HEPATOTOMY; FOR OPEN DRAINAGE OF ABSCESS OR CYST, ONE OR TWO STAGES         | 77.24   | 74.27   | 1     |
| 47011 | HEPATOTOMY; FOR PERCUTANEOUS DRAINAGE OF ABSCESS OR CYST, ONE OR TWO STAGES | 14.02   | 13.48   | 1     |
| 47015 | LAPAROTOMY, WITH ASPIRATION AND/OR INJECTION OF HEPATIC PARASITIC (EG, AMOE | 73.64   | 70.81   | 1     |
| 47100 | BIOPSY OF LIVER, WEDGE  | 54.18   | 52.09   | 1     |
| 47120 | HEPATECTOMY, RESECTION OF LIVER; PARTIAL LOBECTOMY                          | 151.53  | 145.70  | 1     |
| 47122 | HEPATECTOMY, RESECTION OF LIVER; TRISEGMENTECTOMY                           | 225.04  | 216.39  | 1     |
| 47125 | HEPATECTOMY, RESECTION OF LIVER; TOTAL LEFT LOBECTOMY                       | 201.54  | 193.78  | 1     |
| 47130 | HEPATECTOMY, RESECTION OF LIVER; TOTAL RIGHT LOBECTOMY                      | 216.54  | 208.22  | 1     |
| 47135 | LIVER ALLOTRANSPLANTATION; ORTHOTOPIC, PARTIAL OR WHOLE, FROM CADAVER OR LI | 318.72  | 306.46  | 1     |
| 47136 | LIVER ALLOTRANSPLANTATION; HETEROTOPIC, PARTIAL OR WHOLE, FROM CADAVER OR L | 272.28  | 261.81  | 1     |

| Code  | Description   | 00-20   | 21+     | Units |
|-------|---|---------|---------|-------|
|       |   | Max Fee | Max Fee |       |
| 47300 | MARSUPIALIZATION OF CYST OR ABSCESS OF LIVER                                | 72.70   | 69.91   | 1     |
| 47350 | MANAGEMENT OF LIVER HEMORRHAGE; SIMPLE SUTURE OF LIVER WOUND OR INJURY      | 89.02   | 85.59   | 1     |
| 47360 | MANAGEMENT OF LIVER HEMORRHAGE; COMPLEX SUTURE OF LIVER WOUND OR INJURY, WI | 120.86  | 116.21  | 1     |
| 47361 | MANAGEMENT OF LIVER HEMORRHAGE; EXPLORATION OF HEPATIC WOUND, EXTENSIVE DEB | 198.07  | 190.45  | 1     |
| 47362 | MANAGEMENT OF LIVER HEMORRHAGE; RE-EXPLORATION OF HEPATIC WOUND FOR REMOVAL | 92.53   | 88.97   | 1     |
| 47370 | LAPAROSCOPY, SURGICAL, ABLATION OF ONE OR MORE LIVER TUMOR(S); RADIOFREQUEN | 81.25   | 78.12   | 1     |
| 47371 | LAPAROSCOPY, SURGICAL, ABLATION OF ONE OR MORE LIVER TUMOR(S); CRYOSURGICAL | 83.23   | 80.03   | 1     |
| 47380 | ABLATION, OPEN, OF ONE OR MORE LIVER TUMOR(S); RADIOFREQUENCY               | 94.83   | 91.18   | 1     |
| 47381 | ABLATION, OPEN, OF ONE OR MORE LIVER TUMOR(S); CRYOSURGICAL                 | 96.78   | 93.06   | 1     |
| 47382 | ABLATION, ONE OR MORE LIVER TUMOR(S), PERCUTANEOUS, RADIOFREQUENCY          | 59.83   | 57.53   | 1     |
| 47400 | HEPATICOTOMY OR HEPATICOSTOMY WITH EXPLORATION, DRAINAGE, OR REMOVAL OF CAL | 136.86  | 131.59  | 1     |
| 47420 | CHOLEDOCHOTOMY OR CHOLEDOCHOSTOMY WITH EXPLORATION, DRAINAGE, OR REMOVAL OF | 87.11   | 83.76   | 1     |
| 47425 | CHOLEDOCHOTOMY OR CHOLEDOCHOSTOMY WITH EXPLORATION, DRAINAGE, OR REMOVAL OF | 87.95   | 84.56   | 1     |
| 47460 | TRANSDUODENAL SPHINCTEROTOMY OR SPHINCTEROPLASTY, WITH OR WITHOUT TRANSDUOD | 83.41   | 80.20   | 1     |
| 47480 | CHOLECYSTOTOMY OR CHOLECYSTOSTOMY WITH EXPLORATION, DRAINAGE, OR REMOVAL OF | 55.69   | 53.54   | 1     |
| 47550 | BILIARY ENDOSCOPY, INTRAOPERATIVE (CHOLEDOCHOSCOPY) (LIST SEPARATELY IN ADD | 11.13   | 10.70   | 1     |
| 47562 | LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY                                      | 48.23   | 46.38   | 1     |
| 47563 | LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY WITH CHOLANGIOGRAPHY                 | 49.12   | 47.23   | 1     |
| 47564 | LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT      | 56.63   | 54.45   | 1     |
| 47570 | LAPAROSCOPY, SURGICAL; CHOLECYSTOENTEROSTOMY                                | 50.61   | 48.66   | 1     |
| 47600 | CHOLECYSTECTOMY;  | 69.34   | 66.67   | 1     |
| 47605 | CHOLECYSTECTOMY; WITH CHOLANGIOGRAPHY                                       | 63.71   | 61.26   | 1     |
| 47610 | CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT;                            | 81.59   | 78.45   | 1     |
| 47612 | CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT; WITH CHOLEDOCHOENTEROSTOMY | 82.47   | 79.30   | 1     |
| 47620 | CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT; WITH TRANSDUODENAL SPHINCT | 89.48   | 86.04   | 1     |
| 47700 | EXPLORATION FOR CONGENITAL ATRESIA OF BILE DUCTS, WITHOUT REPAIR, WITH OR W | 68.09   | 65.47   | 1     |
| 47711 | EXCISION OF BILE DUCT TUMOR, WITH OR WITHOUT PRIMARY REPAIR OF BILE DUCT; E | 101.29  | 97.39   | 1     |
| 47712 | EXCISION OF BILE DUCT TUMOR, WITH OR WITHOUT PRIMARY REPAIR OF BILE DUCT; I | 129.41  | 124.43  | 1     |
| 47715 | EXCISION OF CHOLEDOCHAL CYST  | 85.26   | 81.98   | 1     |

| Code  | Description   | 00-20<br>Max Fee | 21+<br>Max Fee | Units |
|-------|---|------------------|----------------|-------|
| 47720 | CHOLECYSTOENTEROSTOMY; DIRECT   | 73.75            | 70.91          | 1     |
| 47721 | CHOLECYSTOENTEROSTOMY; WITH GASTROENTEROSTOMY                               | 86.90            | 83.56          | 1     |
| 47740 | CHOLECYSTOENTEROSTOMY; ROUX-EN-Y  | 83.91            | 80.68          | 1     |
| 47741 | CHOLECYSTOENTEROSTOMY; ROUX-EN-Y WITH GASTROENTEROSTOMY                     | 95.11            | 91.45          | 1     |
| 47760 | ANASTOMOSIS, OF EXTRAHEPATIC BILIARY DUCTS AND GASTROINTESTINAL TRACT       | 143.92           | 138.38         | 1     |
| 47765 | ANASTOMOSIS, OF INTRAHEPATIC DUCTS AND GASTROINTESTINAL TRACT               | 191.09           | 183.74         | 1     |
| 47780 | ANASTOMOSIS, ROUX-EN-Y, OF EXTRAHEPATIC BILIARY DUCTS AND GASTROINTESTINAL  | 157.47           | 151.41         | 1     |
| 47785 | ANASTOMOSIS, ROUX-EN-Y, OF INTRAHEPATIC BILIARY DUCTS AND GASTROINTESTINAL  | 205.63           | 197.72         | 1     |
| 47800 | RECONSTRUCTION, PLASTIC, OF EXTRAHEPATIC BILIARY DUCTS WITH END-TO-END ANAS | 102.23           | 98.30          | 1     |
| 47801 | PLACEMENT OF CHOLEDOCHAL STENT  | 71.97            | 69.20          | 1     |
| 47802 | U-TUBE HEPATICOENTEROSTOMY  | 98.29            | 94.51          | 1     |
| 47900 | SUTURE OF EXTRAHEPATIC BILIARY DUCT FOR PRE-EXISTING INJURY (SEPARATE PROCE | 88.52            | 85.12          | 1     |
| 48000 | PLACEMENT OF DRAINS, PERIPANCREATIC, FOR ACUTE PANCREATITIS;                | 122.50           | 117.79         | 1     |
| 48001 | PLACEMENT OF DRAINS, PERIPANCREATIC, FOR ACUTE PANCREATITIS; WITH CHOLECYST | 150.51           | 144.72         | 1     |
| 48020 | REMOVAL OF PANCREATIC CALCULUS  | 75.99            | 73.06          | 1     |
| 48100 | BIOPSY OF PANCREAS, OPEN (EG, FINE NEEDLE ASPIRATION, NEEDLE CORE BIOPSY, W | 57.64            | 55.42          | 1     |
| 48105 | RESECTION OR DEBRIDEMENT OF PANCREAS AND PERIPANCREATIC TISSUE FOR ACUTE NE | 185.64           | 178.50         | 1     |
| 48120 | EXCISION OF LESION OF PANCREAS (EG, CYST, ADENOMA)                          | 71.82            | 69.05          | 1     |
| 48140 | PANCREATECTOMY, DISTAL SUBTOTAL, WITH OR WITHOUT SPLENECTOMY; WITHOUT PANCR | 101.60           | 97.69          | 1     |
| 48145 | PANCREATECTOMY, DISTAL SUBTOTAL, WITH OR WITHOUT SPLENECTOMY; WITH PANCREAT | 105.54           | 101.48         | 1     |
| 48146 | PANCREATECTOMY, DISTAL, NEAR-TOTAL WITH PRESERVATION OF DUODENUM (CHILD-TYP | 120.36           | 115.73         | 1     |
| 48148 | EXCISION OF AMPULLA OF VATER  | 80.16            | 77.07          | 1     |
| 48150 | PANCREATECTOMY, PROXIMAL SUBTOTAL WITH TOTAL DUODENECTOMY, PARTIAL GASTRECT | 202.73           | 194.94         | 1     |
| 48152 | PANCREATECTOMY, PROXIMAL SUBTOTAL WITH TOTAL DUODENECTOMY, PARTIAL GASTRECT | 187.49           | 180.28         | 1     |
| 48153 | PANCREATECTOMY, PROXIMAL SUBTOTAL WITH NEAR-TOTAL DUODENECTOMY, CHOLEDOCHOE | 202.37           | 194.59         | 1     |
| 48154 | PANCREATECTOMY, PROXIMAL SUBTOTAL WITH NEAR-TOTAL DUODENECTOMY, CHOLEDOCHOE | 187.88           | 180.65         | 1     |
| 48155 | PANCREATECTOMY, TOTAL   | 116.90           | 112.40         | 1     |
| 48500 | MARSUPIALIZATION OF PANCREATIC CYST   | 73.48            | 70.66          | 1     |
| 48510 | EXTERNAL DRAINAGE, PSEUDOCYST OF PANCREAS; OPEN                             | 69.42            | 66.75          | 1     |

| Code  | Description   | 00-20   | 21+     | Units |
|-------|---|---------|---------|-------|
|       |   | Max Fee | Max Fee |       |
| 48511 | EXTERNAL DRAINAGE, PSEUDOCYST OF PANCREAS; PERCUTANEOUS                     | 14.79   | 14.22   | 1     |
| 48520 | INTERNAL ANASTOMOSIS OF PANCREATIC CYST TO GASTROINTESTINAL TRACT; DIRECT   | 71.09   | 68.35   | 1     |
| 48540 | INTERNAL ANASTOMOSIS OF PANCREATIC CYST TO GASTROINTESTINAL TRACT; ROUX-EN- | 84.66   | 81.41   | 1     |
| 48545 | PANCREATORRHAPHY FOR INJURY   | 85.89   | 82.59   | 1     |
| 48547 | DUODENAL EXCLUSION WITH GASTROJEJUNOSTOMY FOR PANCREATIC INJURY             | 115.73  | 111.27  | 1     |
| 48548 | PANCREATICOJEJUNOSTOMY, SIDE-TO-SIDE ANASTOMOSIS (PUESTOW-TYPE OPERATION)   | 108.46  | 104.28  | 1     |
| 48554 | TRANSPLANTATION OF PANCREATIC ALLOGRAFT                                     | 162.24  | 156.00  | 1     |
| 48556 | REMOVAL OF TRANSPLANTED PANCREATIC ALLOGRAFT                                | 81.04   | 77.93   | 1     |
| 49000 | EXPLORATORY LAPAROTOMY, EXPLORATORY CELIOTOMY WITH OR WITHOUT BIOPSY(S) (SE | 50.45   | 48.51   | 1     |
| 49002 | REOPENING OF RECENT LAPAROTOMY  | 66.63   | 64.07   | 1     |
| 49010 | EXPLORATION, RETROPERITONEAL AREA WITH OR WITHOUT BIOPSY(S) (SEPARATE PROCE | 62.57   | 60.16   | 1     |
| 49020 | DRAINAGE OF PERITONEAL ABSCESS OR LOCALIZED PERITONITIS, EXCLUSIVE OF APPEN | 103.24  | 99.27   | 1     |
| 49040 | DRAINAGE OF SUBDIAPHRAGMATIC OR SUBPHRENIC ABSCESS; OPEN                    | 64.81   | 62.31   | 1     |
| 49041 | DRAINAGE OF SUBDIAPHRAGMATIC OR SUBPHRENIC ABSCESS; PERCUTANEOUS            | 14.79   | 14.22   | 1     |
| 49061 | DRAINAGE OF RETROPERITONEAL ABSCESS; PERCUTANEOUS                           | 13.70   | 13.17   | 1     |
| 49062 | DRAINAGE OF EXTRAPERITONEAL LYMPHOCELE TO PERITONEAL CAVITY, OPEN           | 49.20   | 47.31   | 1     |
| 49215 | EXCISION OF PRESACRAL OR SACROCOCCYGEAL TUMOR                               | 144.39  | 138.84  | 1     |
| 49220 | STAGING LAPAROTOMY FOR HODGKINS DISEASE OR LYMPHOMA (INCLUDES SPLENECTOMY,  | 63.01   | 60.59   | 1     |
| 49255 | OMENECTOMY, EPIPLOECTOMY, RESECTION OF OMENTUM (SEPARATE PROCEDURE)         | 51.15   | 49.19   | 1     |
| 49320 | LAPAROSCOPY, ABDOMEN, PERITONEUM, AND OMENTUM, DIAGNOSTIC, WITH OR WITHOUT  | 21.50   | 20.67   | 1     |
| 49321 | LAPAROSCOPY, SURGICAL; WITH BIOPSY (SINGLE OR MULTIPLE)                     | 22.72   | 21.85   | 1     |
| 49322 | LAPAROSCOPY, SURGICAL, ABDOMEN, PERITONEUM, AND OMENTUM; WITH ASPIRATION OF | 24.50   | 23.55   | 1     |
| 49323 | LAPAROSCOPY, SURGICAL, ABDOMEN, PERITONEUM, AND OMENTUM; WITH DRAINAGE OF L | 42.08   | 40.47   | 1     |
| 49324 | LAPAROSCOPY, SURGICAL; WITH INSERTION OF INTRAPERITONEAL CANNULA OR CATHETE | 25.67   | 24.68   | 1     |
| 49325 | LAPAROSCOPY, SURGICAL; WITH REVISION OF PREVIOUSLY PLACED INTRAPERITONEAL C | 27.62   | 26.56   | 1     |
| 49326 | LAPAROSCOPY, SURGICAL; WITH OMENTOPEXY (OMENTAL TACKING PROCEDURE) (LIST SE | 12.74   | 12.25   | 1     |
| 49425 | INSERTION OF PERITONEAL-VENOUS SHUNT  | 50.03   | 48.11   | 1     |
| 49435 | INSERTION OF SUBCUTANEOUS EXTENSION TO INTRAPERITONEAL CANNULA OR CATHETER  | 8.16    | 7.84    | 1     |
| 49436 | DELAYED CREATION OF EXIT SITE FROM EMBEDDED SUBCUTANEOUS SEGMENT OF INTRAPE | 11.93   | 11.48   | 1     |

| Code  | Description   | 00-20   | 21+     | Units |
|-------|---|---------|---------|-------|
|       |   | Max Fee | Max Fee |       |
| 49491 | REPAIR, INITIAL INGUINAL HERNIA, PRETERM INFANT (LESS THAN 37 WEEKS GESTATI | 50.55   | 48.61   | 1     |
| 49492 | REPAIR, INITIAL INGUINAL HERNIA, PRETERM INFANT (LESS THAN 37 WEEKS GESTATI | 61.71   | 59.33   | 1     |
| 49495 | REPAIR, INITIAL INGUINAL HERNIA, FULL TERM INFANT UNDER AGE 6 MONTHS, OR PR | 25.54   | 24.56   | 1     |
| 49496 | REPAIR INITIAL INGUINAL HERNIA, UNDER AGE 6 MONTHS, WITH OR WITHOUT HYDROCE | 38.96   | 37.46   | 1     |
| 49500 | REPAIR INITIAL INGUINAL HERNIA, AGE 6 MONTHS TO UNDER 5 YEARS, WITH OR WITH | 25.59   | 24.61   | 1     |
| 49501 | REPAIR INITIAL INGUINAL HERNIA, AGE 6 MONTHS TO UNDER 5 YEARS, WITH OR WITH | 38.70   | 37.21   | 1     |
| 49505 | REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OVER; REDUCIBLE              | 33.56   | 32.27   | 1     |
| 49507 | REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OVER; INCARCERATED OR STRANG | 41.25   | 39.66   | 1     |
| 49520 | REPAIR RECURRENT INGUINAL HERNIA, ANY AGE; REDUCIBLE                        | 40.91   | 39.34   | 1     |
| 49521 | REPAIR RECURRENT INGUINAL HERNIA, ANY AGE; INCARCERATED OR STRANGULATED     | 49.80   | 47.88   | 1     |
| 49525 | REPAIR INGUINAL HERNIA, SLIDING, ANY AGE                                    | 37.03   | 35.60   | 1     |
| 49540 | REPAIR LUMBAR HERNIA  | 43.70   | 42.02   | 1     |
| 49550 | REPAIR INITIAL FEMORAL HERNIA, ANY AGE, REDUCIBLE;                          | 37.19   | 35.76   | 1     |
| 49553 | REPAIR INITIAL FEMORAL HERNIA, ANY AGE; INCARCERATED OR STRANGULATED        | 40.68   | 39.11   | 1     |
| 49555 | REPAIR RECURRENT FEMORAL HERNIA; REDUCIBLE                                  | 38.67   | 37.18   | 1     |
| 49557 | REPAIR RECURRENT FEMORAL HERNIA; INCARCERATED OR STRANGULATED               | 46.93   | 45.13   | 1     |
| 49560 | REPAIR INITIAL INCISIONAL OR VENTRAL HERNIA; REDUCIBLE                      | 47.95   | 46.10   | 1     |
| 49561 | REPAIR INITIAL INCISIONAL HERNIA; INCARCERATED OR STRANGULATED              | 60.48   | 58.16   | 1     |
| 49565 | REPAIR RECURRENT INCISIONAL OR VENTRAL HERNIA; REDUCIBLE                    | 49.75   | 47.83   | 1     |
| 49566 | REPAIR RECURRENT INCISIONAL HERNIA; INCARCERATED OR STRANGULATED            | 61.08   | 58.73   | 1     |
| 49568 | IMPLANTATION OF MESH OR OTHER PROSTHESIS FOR INCISIONAL OR VENTRAL HERNIA R | 17.85   | 17.16   | 1     |
| 49570 | REPAIR EPIGASTRIC HERNIA (EG, PREPERITONEAL FAT); REDUCIBLE (SEPARATE PROCE | 26.45   | 25.43   | 1     |
| 49572 | REPAIR EPIGASTRIC HERNIA (EG, PREPERITONEAL FAT); INCARCERATED OR STRANGULA | 32.78   | 31.52   | 1     |
| 49580 | REPAIR UMBILICAL HERNIA, UNDER AGE 5 YEARS; REDUCIBLE                       | 20.72   | 19.92   | 1     |
| 49582 | REPAIR UMBILICAL HERNIA, UNDER AGE 5 YEARS; INCARCERATED OR STRANGULATED    | 30.64   | 29.47   | 1     |
| 49585 | REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OVER; REDUCIBLE                     | 28.43   | 27.34   | 1     |
| 49587 | REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OVER; INCARCERATED OR STRANGULATED  | 33.64   | 32.35   | 1     |
| 49590 | REPAIR SPIGELIAN HERNIA   | 36.87   | 35.45   | 1     |
| 49600 | REPAIR OF SMALL OMPHALOCELE, WITH PRIMARY CLOSURE                           | 47.43   | 45.60   | 1     |

| Code  | Description  | 00-20   | 21+     | Units |
|-------|--|---------|---------|-------|
|       |  | Max Fee | Max Fee |       |
| 49605 | REPAIR OF LARGE OMPHALOCELE OR GASTROSCHISIS; WITH OR WITHOUT PROSTHESIS               | 327.68  | 315.08  | 1     |
| 49606 | REPAIR OF LARGE OMPHALOCELE OR GASTROSCHISIS; WITH REMOVAL OF PROSTHESIS, F            | 73.93   | 71.08   | 1     |
| 49610 | REPAIR OF OMPHALOCELE (GROSS TYPE OPERATION); FIRST STAGE                              | 43.67   | 41.99   | 1     |
| 49611 | REPAIR OF OMPHALOCELE (GROSS TYPE OPERATION); SECOND STAGE                             | 37.76   | 36.31   | 1     |
| 49650 | LAPAROSCOPY, SURGICAL; REPAIR INITIAL INGUINAL HERNIA                                  | 27.73   | 26.66   | 1     |
| 49651 | LAPAROSCOPY, SURGICAL; REPAIR RECURRENT INGUINAL HERNIA                                | 35.80   | 34.43   | 1     |
| 49652 | LAPAROSCOPY, SURGICAL, REPAIR, VENTRAL, UMBILICAL, SPIGELIAN OR EPIGASTRIC HERNIA (INC | 51.78   | 49.79   |       |
| 49653 | LAPAROSCOPY, SURGICAL, REPAIR, VENTRAL, UMBILICAL, SPIGELIAN OR EPIGASTRIC HERNIA (INC | 64.62   | 62.14   |       |
| 49654 | LAPAROSCOPY, SURGICAL, REPAIR, INCISIONAL HERNIA (INCLUDES MESH INSERTION, WHEN PERI   | 59.41   | 57.13   |       |
| 49655 | LAPAROSCOPY, SURGICAL, REPAIR, INCISIONAL HERNIA (INCLUDES MESH INSERTION, WHEN PERI   | 71.53   | 68.78   |       |
| 49656 | LAPAROSCOPY, SURGICAL, REPAIR, RECURRENT INCISIONAL HERNIA (INCLUDES MESH INSERTION    | 59.65   | 57.35   |       |
| 49657 | LAPAROSCOPY, SURGICAL, REPAIR, RECURRENT INCISIONAL HERNIA (INCLUDES MESH INSERTION    | 86.12   | 82.81   |       |
| 49900 | SUTURE, SECONDARY, OF ABDOMINAL WALL FOR EVISCERATION OR DEHISCENCE                    | 52.98   | 50.94   | 1     |
| 49904 | OMENTAL FLAP, EXTRA-ABDOMINAL (EG, FOR RECONSTRUCTION OF STERNAL AND CHEST             | 96.18   | 92.48   | 1     |
| 49905 | OMENTAL FLAP, INTRA-ABDOMINAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIM            | 23.71   | 22.80   | 1     |
| 50010 | RENAL EXPLORATION, NOT NECESSITATING OTHER SPECIFIC PROCEDURES                         | 52.35   | 50.34   | 1     |
| 50021 | DRAINAGE OF PERIRENAL OR RENAL ABSCESS; PERCUTANEOUS                                   | 12.52   | 12.04   | 1     |
| 50045 | NEPHROTOMY, WITH EXPLORATION   | 71.27   | 68.53   | 1     |
| 50060 | NEPHROLITHOTOMY; REMOVAL OF CALCULUS   | 87.74   | 84.36   | 1     |
| 50065 | NEPHROLITHOTOMY; SECONDARY SURGICAL OPERATION FOR CALCULUS                             | 93.84   | 90.23   | 1     |
| 50070 | NEPHROLITHOTOMY; COMPLICATED BY CONGENITAL KIDNEY ABNORMALITY                          | 91.70   | 88.17   | 1     |
| 50075 | NEPHROLITHOTOMY; REMOVAL OF LARGE STAGHORN CALCULUS FILLING RENAL PELVIS AN            | 112.65  | 108.32  | 1     |
| 50081 | PERCUTANEOUS NEPHROSTOLITHOTOMY OR PYELOSTOLITHOTOMY, WITH OR WITHOUT DILAT            | 98.47   | 94.69   | 1     |
| 50100 | TRANSECTION OR REPOSITIONING OF ABERRANT RENAL VESSELS (SEPARATE PROCEDURE)            | 70.46   | 67.75   | 1     |
| 50120 | PYELOTOMY; WITH EXPLORATION  | 72.57   | 69.78   | 1     |
| 50125 | PYELOTOMY; WITH DRAINAGE, PYELOSTOMY   | 75.07   | 72.19   | 1     |
| 50130 | PYELOTOMY; WITH REMOVAL OF CALCULUS (PYEOLITHOTOMY, PELVIOLITHOTOMY, INCLU             | 79.61   | 76.55   | 1     |
| 50135 | PYELOTOMY; COMPLICATED (EG, SECONDARY OPERATION, CONGENITAL KIDNEY ABNORMAL            | 85.99   | 82.69   | 1     |
| 50205 | RENAL BIOPSY; BY SURGICAL EXPOSURE OF KIDNEY   | 50.03   | 48.11   | 1     |

| Code  | Description   | 00-20<br>Max Fee | 21+<br>Max Fee | Units |
|-------|---|------------------|----------------|-------|
| 50220 | NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY, ANY OPEN APPROACH INCLUDING RI | 78.07            | 75.07          | 1     |
| 50225 | NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY, ANY APPROACH INCLUDING RIB RES | 90.37            | 86.89          | 1     |
| 50230 | NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY, ANY APPROACH INCLUDING RIB RES | 98.11            | 94.34          | 1     |
| 50234 | NEPHRECTOMY WITH TOTAL URETERECTOMY AND BLADDER CUFF; THROUGH SAME INCISION | 99.62            | 95.79          | 1     |
| 50236 | NEPHRECTOMY WITH TOTAL URETERECTOMY AND BLADDER CUFF; THROUGH SEPARATE INCI | 112.83           | 108.49         | 1     |
| 50240 | NEPHRECTOMY, PARTIAL  | 101.50           | 97.59          | 1     |
| 50250 | ABLATION, OPEN, ONE OR MORE RENAL MASS LESION(S), CRYOSURGICAL, INCLUDING I | 93.65            | 90.05          | 1     |
| 50280 | EXCISION OR UNROOFING OF CYST(S) OF KIDNEY                                  | 72.31            | 69.53          | 1     |
| 50290 | EXCISION OF PERINEPHRIC CYST  | 66.21            | 63.67          | 1     |
| 50340 | RECIPIENT NEPHRECTOMY (SEPARATE PROCEDURE)                                  | 60.51            | 58.18          | 1     |
| 50360 | RENAL ALLOTRANSPLANTATION, IMPLANTATION OF GRAFT; WITHOUT RECIPIENT NEPHREC | 165.50           | 159.13         | 1     |
| 50365 | RENAL ALLOTRANSPLANTATION, IMPLANTATION OF GRAFT; WITH RECIPIENT NEPHRECTOM | 185.72           | 178.58         | 1     |
| 50370 | REMOVAL OF TRANSPLANTED RENAL ALLOGRAFT                                     | 77.63            | 74.64          | 1     |
| 50380 | RENAL AUTOTRANSPLANTATION, REIMPLANTATION OF KIDNEY                         | 133.08           | 127.96         | 1     |
| 50400 | PYELOPLASTY (FOLEY Y-PYELOPLASTY), PLASTIC OPERATION ON RENAL PELVIS, WITH  | 88.49            | 85.09          | 1     |
| 50405 | PYELOPLASTY (FOLEY Y-PYELOPLASTY), PLASTIC OPERATION ON RENAL PELVIS, WITH  | 107.78           | 103.63         | 1     |
| 50500 | NEPHRORRHAPHY, SUTURE OF KIDNEY WOUND OR INJURY                             | 84.64            | 81.38          | 1     |
| 50520 | CLOSURE OF NEPHROCUTANEOUS OR PYELOCUTANEOUS FISTULA                        | 79.32            | 76.27          | 1     |
| 50525 | CLOSURE OF NEPHROVISCERAL FISTULA (EG, RENOCOLIC), INCLUDING VISCERAL REPAI | 98.60            | 94.81          | 1     |
| 50526 | CLOSURE OF NEPHROVISCERAL FISTULA (EG, RENOCOLIC), INCLUDING VISCERAL REPAI | 102.15           | 98.22          | 1     |
| 50540 | SYMPHYSIOTOMY FOR HORSESHOE KIDNEY WITH OR WITHOUT PYELOPLASTY AND/OR OTHER | 85.94            | 82.64          | 1     |
| 50541 | LAPAROSCOPY, SURGICAL; ABLATION OF RENAL CYSTS                              | 70.59            | 67.88          | 1     |
| 50542 | LAPAROSCOPY, SURGICAL; ABLATION OF RENAL MASS LESION(S)                     | 89.69            | 86.24          | 1     |
| 50543 | LAPAROSCOPY, SURGICAL; PARTIAL NEPHRECTOMY                                  | 114.50           | 110.10         | 1     |
| 50544 | LAPAROSCOPY, SURGICAL; PYELOPLASTY  | 96.23            | 92.53          | 1     |
| 50545 | LAPAROSCOPY, SURGICAL; RADICAL NEPHRECTOMY (INCLUDES REMOVAL OF GEROTA±S FA | 103.32           | 99.35          | 1     |
| 50546 | LAPAROSCOPY, SURGICAL; NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY          | 91.83            | 88.30          | 1     |
| 50548 | LAPAROSCOPY, SURGICAL; NEPHRECTOMY WITH TOTAL URETERECTOMY                  | 104.13           | 100.12         | 1     |
| 50562 | RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITH | 45.13            | 43.40          | 1     |

| Code  | Description   | 00-20   | 21+     | Units |
|-------|---|---------|---------|-------|
|       |   | Max Fee | Max Fee |       |
| 50592 | ABLATION, ONE OR MORE RENAL TUMOR(S), PERCUTANEOUS, UNILATERAL, RADIOFREQUE | 26.66   | 25.63   | 1     |
| 50600 | URETEROTOMY WITH EXPLORATION OR DRAINAGE (SEPARATE PROCEDURE)               | 71.56   | 68.80   | 1     |
| 50605 | URETEROTOMY FOR INSERTION OF INDWELLING STENT, ALL TYPES                    | 68.53   | 65.90   | 1     |
| 50610 | URETEROLITHOTOMY; UPPER ONE-THIRD OF URETER                                 | 73.22   | 70.41   | 1     |
| 50620 | URETEROLITHOTOMY; MIDDLE ONE-THIRD OF URETER                                | 69.55   | 66.87   | 1     |
| 50630 | URETEROLITHOTOMY; LOWER ONE-THIRD OF URETER                                 | 67.54   | 64.95   | 1     |
| 50650 | URETERECTOMY, WITH BLADDER CUFF (SEPARATE PROCEDURE)                        | 79.22   | 76.17   | 1     |
| 50660 | URETERECTOMY, TOTAL, ECTOPIC URETER, COMBINATION ABDOMINAL, VAGINAL AND/OR  | 87.40   | 84.04   | 1     |
| 50700 | URETEROPLASTY, PLASTIC OPERATION ON URETER (EG, STRICTURE)                  | 70.59   | 67.88   | 1     |
| 50715 | URETEROLYSIS, WITH OR WITHOUT REPOSITIONING OF URETER FOR RETROPERITONEAL F | 82.40   | 79.23   | 1     |
| 50722 | URETEROLYSIS FOR OVARIAN VEIN SYNDROME                                      | 71.50   | 68.75   | 1     |
| 50725 | URETEROLYSIS FOR RETROCAVAL URETER, WITH REANASTOMOSIS OF UPPER URINARY TRA | 82.71   | 79.53   | 1     |
| 50727 | REVISION OF URINARY-CUTANEOUS ANASTOMOSIS (ANY TYPE UROSTOMY);              | 38.41   | 36.93   | 1     |
| 50728 | REVISION OF URINARY-CUTANEOUS ANASTOMOSIS (ANY TYPE UROSTOMY); WITH REPAIR  | 52.51   | 50.49   | 1     |
| 50740 | URETEROPYELOSTOMY, ANASTOMOSIS OF URETER AND RENAL PELVIS                   | 81.51   | 78.38   | 1     |
| 50750 | URETEROCALYCOSTOMY, ANASTOMOSIS OF URETER TO RENAL CALYX                    | 89.17   | 85.74   | 1     |
| 50760 | URETEROURETEROSTOMY   | 82.81   | 79.63   | 1     |
| 50770 | TRANSURETEROURETEROSTOMY, ANASTOMOSIS OF URETER TO CONTRALATERAL URETER     | 85.55   | 82.26   | 1     |
| 50780 | URETERONEOCYSTOSTOMY; ANASTOMOSIS OF SINGLE URETER TO BLADDER               | 83.31   | 80.10   | 1     |
| 50782 | URETERONEOCYSTOSTOMY; ANASTOMOSIS OF DUPLICATED URETER TO BLADDER           | 80.60   | 77.50   | 1     |
| 50783 | URETERONEOCYSTOSTOMY; WITH EXTENSIVE URETERAL TAILORING                     | 84.19   | 80.96   | 1     |
| 50785 | URETERONEOCYSTOSTOMY; WITH VESICO-PSOAS HITCH OR BLADDER FLAP               | 92.38   | 88.82   | 1     |
| 50800 | URETEROENTEROSTOMY, DIRECT ANASTOMOSIS OF URETER TO INTESTINE               | 70.57   | 67.85   | 1     |
| 50810 | URETEROSIGMOIDOSTOMY, WITH CREATION OF SIGMOID BLADDER AND ESTABLISHMENT OF | 91.49   | 87.97   | 1     |
| 50815 | URETEROCOLON CONDUIT, INCLUDING INTESTINE ANASTOMOSIS                       | 93.86   | 90.25   | 1     |
| 50820 | URETEROILEAL CONDUIT (ILEAL BLADDER), INCLUDING INTESTINE ANASTOMOSIS (BRIC | 99.96   | 96.12   | 1     |
| 50825 | CONTINENT DIVERSION, INCLUDING INTESTINE ANASTOMOSIS USING ANY SEGMENT OF S | 126.46  | 121.60  | 1     |
| 50830 | URINARY UNDIVERSION (EG, TAKING DOWN OF URETEROILEAL CONDUIT, URETEROSIGMOI | 136.78  | 131.52  | 1     |
| 50840 | REPLACEMENT OF ALL OR PART OF URETER BY INTESTINE SEGMENT, INCLUDING INTEST | 94.54   | 90.90   | 1     |

| Code  | Description   | 00-20<br>Max Fee | 21+<br>Max Fee | Units |
|-------|---|------------------|----------------|-------|
| 50845 | CUTANEOUS APPENDICO-VESICOSTOMY   | 95.87            | 92.18          | 1     |
| 50860 | URETEROSTOMY, TRANSPLANTATION OF URETER TO SKIN                             | 72.65            | 69.86          | 1     |
| 50900 | URETERORRHAPHY, SUTURE OF URETER (SEPARATE PROCEDURE)                       | 63.63            | 61.19          | 1     |
| 50920 | CLOSURE OF URETEROCUTANEOUS FISTULA   | 67.28            | 64.70          | 1     |
| 50930 | CLOSURE OF URETEROVISCERAL FISTULA (INCLUDING VISCERAL REPAIR)              | 80.39            | 77.30          | 1     |
| 50940 | DELIGATION OF URETER  | 67.91            | 65.30          | 1     |
| 50945 | LAPAROSCOPY, SURGICAL, URETEROLITHOTOMY                                     | 75.07            | 72.19          | 1     |
| 50947 | LAPAROSCOPY, SURGICAL; URETERONEOCYSTOSTOMY WITH CYSTOSCOPY AND URETERAL ST | 106.45           | 102.35         | 1     |
| 50948 | LAPAROSCOPY, SURGICAL; URETERONEOCYSTOSTOMY WITHOUT CYSTOSCOPY AND URETERAL | 99.10            | 95.29          | 1     |
| 51020 | CYSTOTOMY OR CYSTOSTOMY; WITH FULGURATION AND/OR INSERTION OF RADIOACTIVE M | 35.67            | 34.30          | 1     |
| 51040 | CYSTOSTOMY, CYSTOTOMY WITH DRAINAGE   | 22.25            | 21.40          | 1     |
| 51045 | CYSTOTOMY, WITH INSERTION OF URETERAL CATHETER OR STENT (SEPARATE PROCEDURE | 35.36            | 34.00          | 1     |
| 51050 | CYSTOLITHOTOMY, CYSTOTOMY WITH REMOVAL OF CALCULUS, WITHOUT VESICAL NECK RE | 36.27            | 34.88          | 1     |
| 51060 | TRANSVESICAL URETEROLITHOTOMY   | 44.56            | 42.85          | 1     |
| 51080 | DRAINAGE OF PERIVESICAL OR PREVESICAL SPACE ABSCESS                         | 30.83            | 29.64          | 1     |
| 51500 | EXCISION OF URACHAL CYST OR SINUS, WITH OR WITHOUT UMBILICAL HERNIA REPAIR  | 47.19            | 45.38          | 1     |
| 51520 | CYSTOTOMY; FOR SIMPLE EXCISION OF VESICAL NECK (SEPARATE PROCEDURE)         | 44.59            | 42.87          | 1     |
| 51525 | CYSTOTOMY; FOR EXCISION OF BLADDER DIVERTICULUM, SINGLE OR MULTIPLE (SEPARA | 65.82            | 63.29          | 1     |
| 51530 | CYSTOTOMY; FOR EXCISION OF BLADDER TUMOR                                    | 58.48            | 56.23          | 1     |
| 51535 | CYSTOTOMY FOR EXCISION, INCISION, OR REPAIR OF URETEROCELE                  | 59.26            | 56.98          | 1     |
| 51550 | CYSTEATOMY, PARTIAL; SIMPLE   | 72.16            | 69.38          | 1     |
| 51555 | CYSTEATOMY, PARTIAL; COMPLICATED (EG, POSTRADIATION, PREVIOUS SURGERY, DIFF | 95.92            | 92.23          | 1     |
| 51565 | CYSTEATOMY, PARTIAL, WITH REIMPLANTATION OF URETER(S) INTO BLADDER (URETERO | 98.01            | 94.24          | 1     |
| 51570 | CYSTEATOMY, COMPLETE; (SEPARATE PROCEDURE)                                  | 111.84           | 107.54         | 1     |
| 51575 | CYSTEATOMY, COMPLETE; WITH BILATERAL PELVIC LYMPHADENECTOMY, INCLUDING EXTE | 140.12           | 134.73         | 1     |
| 51580 | CYSTEATOMY, COMPLETE, WITH URETEROSIGMOIDOSTOMY OR URETEROCUTANEOUS TRANSPL | 146.29           | 140.67         | 1     |
| 51585 | CYSTEATOMY, COMPLETE, WITH URETEROSIGMOIDOSTOMY OR URETEROCUTANEOUS TRANSPL | 162.92           | 156.65         | 1     |
| 51590 | CYSTEATOMY, COMPLETE, WITH URETEROILEAL CONDUIT OR SIGMOID BLADDER, INCLUDI | 148.06           | 142.37         | 1     |
| 51595 | CYSTEATOMY, COMPLETE, WITH URETEROILEAL CONDUIT OR SIGMOID BLADDER, INCLUDI | 168.44           | 161.96         | 1     |

| Code  | Description   | 00-20   | 21+     | Units |
|-------|---|---------|---------|-------|
|       |   | Max Fee | Max Fee |       |
| 51596 | CYSTECTOMY, COMPLETE, WITH CONTINENT DIVERSION, ANY OPEN TECHNIQUE, USING A | 181.21  | 174.24  | 1     |
| 51597 | PELVIC EXENTERATION, COMPLETE, FOR VESICAL, PROSTATIC OR URETHRAL MALIGNANC | 174.49  | 167.78  | 1     |
| 51800 | CYSTOPLASTY OR CYSTOURETHROPLASTY, PLASTIC OPERATION ON BLADDER AND/OR VESI | 79.74   | 76.67   | 1     |
| 51820 | CYSTOURETHROPLASTY WITH UNILATERAL OR BILATERAL URETERONEOCYSTOSTOMY        | 80.55   | 77.45   | 1     |
| 51840 | ANTERIOR VESICourethroPEXY, OR UREthroPEXY (EG, MARSHALL-MARCHETTI-KRANTZ,  | 47.87   | 46.03   | 1     |
| 51841 | ANTERIOR VESICourethroPEXY, OR UREthroPEXY (MARSHALL-MARCHETTI-KRANTZ TYPE) | 56.81   | 54.62   | 1     |
| 51845 | ABDOMINO-VAGINAL VESICAL NECK SUSPENSION, WITH OR WITHOUT ENDOSCOPIC CONTRO | 44.09   | 42.39   | 1     |
| 51860 | CYSTORRHAPHY, SUTURE OF BLADDER WOUND, INJURY OR RUPTURE; SIMPLE            | 53.78   | 51.72   | 1     |
| 51865 | CYSTORRHAPHY, SUTURE OF BLADDER WOUND, INJURY OR RUPTURE; COMPLICATED       | 66.81   | 64.24   | 1     |
| 51880 | CLOSURE OF CYSTOSTOMY (SEPARATE PROCEDURE)                                  | 35.00   | 33.65   | 1     |
| 51900 | CLOSURE OF VESICOVAGINAL FISTULA, ABDOMINAL APPROACH                        | 62.15   | 59.76   | 1     |
| 51920 | CLOSURE OF VESICOUTERINE FISTULA;   | 57.56   | 55.35   | 1     |
| 51925 | CLOSURE OF VESICOUTERINE FISTULA; WITH HYSTERECTOMY                         | 83.14   | 79.94   | 1     |
| 51940 | CLOSURE, EXSTROPHY OF BLADDER   | 120.86  | 116.21  | 1     |
| 51960 | ENTEROCYSTOPLASTY, INCLUDING INTESTINAL ANASTOMOSIS                         | 106.06  | 101.98  | 1     |
| 51980 | CUTANEOUS VESICOSTOMY   | 54.41   | 52.32   | 1     |
| 51990 | LAPAROSCOPY, SURGICAL; URETHRAL SUSPENSION FOR STRESS INCONTINENCE          | 55.06   | 52.94   | 1     |
| 51992 | LAPAROSCOPY, SURGICAL; SLING OPERATION FOR STRESS INCONTINENCE (EG, FASCIA  | 60.19   | 57.88   | 1     |
| 53085 | DRAINAGE OF PERINEAL URINARY EXTRAVASATION; COMPLICATED                     | 44.40   | 42.70   | 1     |
| 53210 | URETHRECTOMY, TOTAL, INCLUDING CYSTOSTOMY; FEMALE                           | 58.76   | 56.50   | 1     |
| 53215 | URETHRECTOMY, TOTAL, INCLUDING CYSTOSTOMY; MALE                             | 71.61   | 68.85   | 1     |
| 53230 | EXCISION OF URETHRAL DIVERTICULUM (SEPARATE PROCEDURE); FEMALE              | 45.84   | 44.07   | 1     |
| 53235 | EXCISION OF URETHRAL DIVERTICULUM (SEPARATE PROCEDURE); MALE                | 48.96   | 47.08   | 1     |
| 53400 | URETHROPLASTY; FIRST STAGE, FOR FISTULA, DIVERTICULUM, OR STRICTURE (EG, JO | 61.32   | 58.96   | 1     |
| 53405 | URETHROPLASTY; SECOND STAGE (FORMATION OF URETHRA), INCLUDING URINARY DIVER | 67.70   | 65.10   | 1     |
| 53410 | URETHROPLASTY, ONE-STAGE RECONSTRUCTION OF MALE ANTERIOR URETHRA            | 75.34   | 72.44   | 1     |
| 53415 | URETHROPLASTY, TRANSPUBIC OR PERINEAL, ONE STAGE, FOR RECONSTRUCTION OR REP | 87.30   | 83.94   | 1     |
| 53425 | URETHROPLASTY, TWO-STAGE RECONSTRUCTION OR REPAIR OF PROSTATIC OR MEMBRANOU | 72.44   | 69.66   | 1     |
| 53430 | URETHROPLASTY, RECONSTRUCTION OF FEMALE URETHRA                             | 71.79   | 69.03   | 1     |

| Code  | Description   | 00-20   | 21+     | Units |
|-------|---|---------|---------|-------|
|       |   | Max Fee | Max Fee |       |
| 53431 | URETHROPLASTY WITH TUBULARIZATION OF POSTERIOR URETHRA AND/OR LOWER BLADDER | 88.73   | 85.32   | 1     |
| 53440 | SLING OPERATION FOR CORRECTION OF MALE URINARY INCONTINENCE (EG, FASCIA OR  | 67.75   | 65.15   | 1     |
| 53442 | REMOVAL OR REVISION OF SLING FOR MALE URINARY INCONTINENCE (EG, FASCIA OR S | 59.70   | 57.40   | 1     |
| 53444 | INSERTION OF TANDEM CUFF (DUAL CUFF)  | 61.18   | 58.83   | 1     |
| 53445 | INSERTION OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER, INCLUDING PLACEMEN | 67.31   | 64.72   | 1     |
| 53446 | REMOVAL OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER, INCLUDING PUMP, RESE | 49.35   | 47.46   | 1     |
| 53447 | REMOVAL AND REPLACEMENT OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER INCLU | 62.28   | 59.88   | 1     |
| 53448 | REMOVAL AND REPLACEMENT OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER INCLU | 98.53   | 94.74   | 1     |
| 53500 | URETHROLYSIS, TRANSVAGINAL, SECONDARY, OPEN, INCLUDING CYSTOURETHROSCOPY (E | 55.79   | 53.64   | 1     |
| 53505 | URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PENILE                  | 37.39   | 35.96   | 1     |
| 53510 | URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PERINEAL                | 48.36   | 46.50   | 1     |
| 53515 | URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PROSTATOMEMBRANOUS      | 61.11   | 58.76   | 1     |
| 54110 | EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE);                               | 47.79   | 45.95   | 1     |
| 54111 | EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE); WITH GRAFT TO 5 CM IN LENGTH  | 61.81   | 59.43   | 1     |
| 54112 | EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE); WITH GRAFT GREATER THAN 5 CM  | 72.44   | 69.66   | 1     |
| 54115 | REMOVAL FOREIGN BODY FROM DEEP PENILE TISSUE (EG, PLASTIC IMPLANT)          | 34.45   | 33.12   | 1     |
| 54120 | AMPUTATION OF PENIS; PARTIAL  | 48.49   | 46.63   | 1     |
| 54125 | AMPUTATION OF PENIS; COMPLETE   | 62.33   | 59.93   | 1     |
| 54130 | AMPUTATION OF PENIS, RADICAL; WITH BILATERAL INGUINOFEMORAL LYMPHADENECTOMY | 92.40   | 88.85   | 1     |
| 54135 | AMPUTATION OF PENIS, RADICAL; IN CONTINUITY WITH BILATERAL PELVIC LYMPHADEN | 117.03  | 112.53  | 1     |
| 54205 | INJECTION PROCEDURE FOR PEYRONIE DISEASE; WITH SURGICAL EXPOSURE OF PLAQUE  | 40.94   | 39.36   | 1     |
| 54300 | PLASTIC OPERATION OF PENIS FOR STRAIGHTENING OF CHORDEE (EG, HYPOSPADIAS),  | 49.46   | 47.56   | 1     |
| 54304 | PLASTIC OPERATION ON PENIS FOR CORRECTION OF CHORDEE OR FOR FIRST STAGE HYP | 57.95   | 55.72   | 1     |
| 54308 | URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY DIVERS | 47.28   | 45.46   | 1     |
| 54312 | URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY DIVERS | 63.92   | 61.46   | 1     |
| 54316 | URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY DIVERS | 77.21   | 74.24   | 1     |
| 54318 | URETHROPLASTY FOR THIRD STAGE HYPOSPADIAS REPAIR TO RELEASE PENIS FROM SCRO | 48.35   | 46.49   | 1     |
| 54322 | ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISIO | 60.32   | 58.00   | 1     |
| 54324 | ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISIO | 74.84   | 71.96   | 1     |

| Code  | Description   | 00-20   | 21+     | Units |
|-------|---|---------|---------|-------|
|       |   | Max Fee | Max Fee |       |
| 54326 | ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISIO | 69.55   | 66.87   | 1     |
| 54328 | ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISIO | 71.43   | 68.68   | 1     |
| 54332 | ONE STAGE PROXIMAL PENILE OR PENOSCROTAL HYPOSPADIAS REPAIR REQUIRING EXTEN | 78.41   | 75.39   | 1     |
| 54336 | ONE STAGE PERINEAL HYPOSPADIAS REPAIR REQUIRING EXTENSIVE DISSECTION TO COR | 87.14   | 83.79   | 1     |
| 54340 | REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICULA);  | 42.81   | 41.17   | 1     |
| 54344 | REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICULA);  | 74.34   | 71.49   | 1     |
| 54348 | REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICULA);  | 78.46   | 75.44   | 1     |
| 54352 | REPAIR OF HYPOSPADIAS CRIPPLE REQUIRING EXTENSIVE DISSECTION AND EXCISION O | 110.98  | 106.71  | 1     |
| 54360 | PLASTIC OPERATION ON PENIS TO CORRECT ANGULATION                            | 55.61   | 53.47   | 1     |
| 54380 | PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER;     | 61.68   | 59.31   | 1     |
| 54385 | PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER; WIT | 74.76   | 71.89   | 1     |
| 54390 | PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER; WIT | 88.94   | 85.52   | 1     |
| 54406 | REMOVAL OF ALL COMPONENTS OF A MULTI-COMPONENT, INFLATABLE PENILE PROSTHESI | 56.31   | 54.15   | 1     |
| 54415 | REMOVAL OF NON-INFLATABLE (SEMI-RIGID) OR INFLATABLE (SELF-CONTAINED) PENIL | 40.55   | 38.99   | 1     |
| 54420 | CORPORA CAVERNOSA-SAPHENOUS VEIN SHUNT (PRIAPISM OPERATION), UNILATERAL OR  | 54.41   | 52.32   | 1     |
| 54430 | CORPORA CAVERNOSA-CORPUS SPONGIOSUM SHUNT (PRIAPISM OPERATION), UNILATERAL  | 49.38   | 47.48   | 1     |
| 54440 | PLASTIC OPERATION OF PENIS FOR INJURY                                       | 18.41   | 17.70   | 1     |
| 54512 | EXCISION OF EXTRAPARENCHYMAL LESION OF TESTIS                               | 41.12   | 39.54   | 1     |
| 54522 | ORCHIECTOMY, PARTIAL  | 44.22   | 42.52   | 1     |
| 54530 | ORCHIECTOMY, RADICAL, FOR TUMOR; INGUINAL APPROACH                          | 38.93   | 37.43   | 1     |
| 54535 | ORCHIECTOMY, RADICAL, FOR TUMOR; WITH ABDOMINAL EXPLORATION                 | 56.18   | 54.02   | 1     |
| 54550 | EXPLORATION FOR UNDESCENDED TESTIS (INGUINAL OR SCROTAL AREA)               | 37.52   | 36.08   | 1     |
| 54560 | EXPLORATION FOR UNDESCENDED TESTIS WITH ABDOMINAL EXPLORATION               | 50.63   | 48.68   | 1     |
| 54650 | ORCHIOPEXY, ABDOMINAL APPROACH, FOR INTRA-ABDOMINAL TESTIS (EG, FOWLER-STEP | 54.67   | 52.57   | 1     |
| 54680 | TRANSPLANTATION OF TESTIS(ES) TO THIGH (BECAUSE OF SCROTAL DESTRUCTION)     | 59.80   | 57.50   | 1     |
| 54690 | LAPAROSCOPY, SURGICAL; ORCHIECTOMY  | 47.97   | 46.13   | 1     |
| 55150 | RESECTION OF SCROTUM  | 37.26   | 35.83   | 1     |
| 55520 | EXCISION OF LESION OF SPERMATIC CORD (SEPARATE PROCEDURE)                   | 29.19   | 28.06   | 1     |
| 55535 | EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; ABDOM | 32.76   | 31.50   | 1     |

| Code  | Description   | 00-20   | 21+     | Units |
|-------|---|---------|---------|-------|
|       |   | Max Fee | Max Fee |       |
| 55540 | EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; WITH  | 35.28   | 33.93   | 1     |
| 55550 | LAPAROSCOPY, SURGICAL, WITH LIGATION OF SPERMATIC VEINS FOR VARICOCELE      | 32.42   | 31.17   | 1     |
| 55650 | VESICULECTOMY, ANY APPROACH   | 54.75   | 52.64   | 1     |
| 55720 | PROSTATOTOMY, EXTERNAL DRAINAGE OF PROSTATIC ABSCESS, ANY APPROACH; SIMPLE  | 35.62   | 34.25   | 1     |
| 55725 | PROSTATOTOMY, EXTERNAL DRAINAGE OF PROSTATIC ABSCESS, ANY APPROACH; COMPLIC | 45.24   | 43.50   | 1     |
| 55801 | PROSTATECTOMY, PERINEAL, SUBTOTAL (INCLUDING CONTROL OF POSTOPERATIVE BLEED | 83.54   | 80.33   | 1     |
| 55810 | PROSTATECTOMY, PERINEAL RADICAL;  | 100.92  | 97.04   | 1     |
| 55812 | PROSTATECTOMY, PERINEAL RADICAL; WITH LYMPH NODE BIOPSY(S) (LIMITED PELVIC  | 124.04  | 119.27  | 1     |
| 55815 | PROSTATECTOMY, PERINEAL RADICAL; WITH BILATERAL PELVIC LYMPHADENECTOMY, INC | 136.00  | 130.77  | 1     |
| 55821 | PROSTATECTOMY (INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, VASECTOMY, MEAT | 67.28   | 64.70   | 1     |
| 55831 | PROSTATECTOMY (INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, VASECTOMY, MEAT | 72.86   | 70.06   | 1     |
| 55840 | PROSTATECTOMY, RETROPUBIC RADICAL, WITH OR WITHOUT NERVE SPARING;           | 103.01  | 99.05   | 1     |
| 55842 | PROSTATECTOMY, RETROPUBIC RADICAL, WITH OR WITHOUT NERVE SPARING; WITH LYMP | 110.41  | 106.16  | 1     |
| 55845 | PROSTATECTOMY, RETROPUBIC RADICAL, WITH OR WITHOUT NERVE SPARING; WITH BILA | 126.20  | 121.35  | 1     |
| 55862 | EXPOSURE OF PROSTATE, ANY APPROACH, FOR INSERTION OF RADIOACTIVE SUBSTANCE; | 85.26   | 81.98   | 1     |
| 55865 | EXPOSURE OF PROSTATE, ANY APPROACH, FOR INSERTION OF RADIOACTIVE SUBSTANCE; | 103.22  | 99.25   | 1     |
| 55866 | LAPAROSCOPY, SURGICAL PROSTATECTOMY, RETROPUBIC RADICAL, INCLUDING NERVE SP | 134.17  | 129.01  | 1     |
| 56620 | VULVECTOMY SIMPLE; PARTIAL  | 33.77   | 32.47   | 1     |
| 56625 | VULVECTOMY SIMPLE; COMPLETE   | 40.36   | 38.81   | 1     |
| 56630 | VULVECTOMY, RADICAL, PARTIAL;   | 59.18   | 56.90   | 1     |
| 56631 | VULVECTOMY, RADICAL, PARTIAL; WITH UNILATERAL INGUINOFEMORAL LYMPHADENECTOM | 75.10   | 72.21   | 1     |
| 56632 | VULVECTOMY, RADICAL, PARTIAL; WITH BILATERAL INGUINOFEMORAL LYMPHADENECTOMY | 87.76   | 84.39   | 1     |
| 56633 | VULVECTOMY, RADICAL, COMPLETE;  | 77.21   | 74.24   | 1     |
| 56634 | VULVECTOMY, RADICAL, COMPLETE; WITH UNILATERAL INGUINOFEMORAL LYMPHADENECTO | 81.35   | 78.22   | 1     |
| 56637 | VULVECTOMY, RADICAL, COMPLETE; WITH BILATERAL INGUINOFEMORAL LYMPHADENECTOM | 95.92   | 92.23   | 1     |
| 56640 | VULVECTOMY, RADICAL, COMPLETE, WITH INGUINOFEMORAL, ILIAC, AND PELVIC LYMPH | 95.95   | 92.26   | 1     |
| 56700 | PARTIAL HYMENECTOMY OR REVISION OF HYMENAL RING                             | 12.69   | 12.20   | 1     |
| 56800 | PLASTIC REPAIR OF INTROITUS   | 16.65   | 16.01   | 1     |
| 56805 | CLITOROPLASTY FOR INTERSEX STATE  | 77.97   | 74.97   | 1     |

| Code  | Description   | 00-20   | 21+     | Units |
|-------|---|---------|---------|-------|
|       |   | Max Fee | Max Fee |       |
| 56810 | PERINEOPLASTY, REPAIR OF PERINEUM, NON-OBSTETRICAL (SEPARATE PROCEDURE)     | 17.88   | 17.19   | 1     |
| 57106 | VAGINECTOMY, PARTIAL REMOVAL OF VAGINAL WALL;                               | 32.52   | 31.27   | 1     |
| 57107 | VAGINECTOMY, PARTIAL REMOVAL OF VAGINAL WALL; WITH REMOVAL OF PARAVAGINAL T | 95.63   | 91.96   | 1     |
| 57109 | VAGINECTOMY, PARTIAL REMOVAL OF VAGINAL WALL; WITH REMOVAL OF PARAVAGINAL T | 109.68  | 105.46  | 1     |
| 57110 | VAGINECTOMY, COMPLETE REMOVAL OF VAGINAL WALL;                              | 61.42   | 59.06   | 1     |
| 57111 | VAGINECTOMY, COMPLETE REMOVAL OF VAGINAL WALL; WITH REMOVAL OF PARAVAGINAL  | 109.99  | 105.76  | 1     |
| 57112 | VAGINECTOMY, COMPLETE REMOVAL OF VAGINAL WALL; WITH REMOVAL OF PARAVAGINAL  | 117.50  | 112.98  | 1     |
| 57120 | COLPOCLEISIS (LE FORT TYPE)   | 34.89   | 33.55   | 1     |
| 57130 | EXCISION OF VAGINAL SEPTUM  | 12.30   | 11.83   | 1     |
| 57200 | COLPORRHAPHY, SUTURE OF INJURY OF VAGINA (NONOBSTETRICAL)                   | 20.33   | 19.54   | 1     |
| 57210 | COLPOPERINEORRHAPHY, SUTURE OF INJURY OF VAGINA AND/OR PERINEUM (NONOBSTETR | 25.12   | 24.15   | 1     |
| 57220 | PLASTIC OPERATION ON URETHRAL SPHINCTER, VAGINAL APPROACH (EG, KELLY URETHR | 21.84   | 21.00   | 1     |
| 57230 | PLASTIC REPAIR OF URETHROCELE   | 27.47   | 26.41   | 1     |
| 57240 | ANTERIOR COLPORRHAPHY, REPAIR OF CYSTOCELE WITH OR WITHOUT REPAIR OF URETHR | 46.25   | 44.47   | 1     |
| 57250 | POSTERIOR COLPORRHAPHY, REPAIR OF RECTOCELE WITH OR WITHOUT PERINEORRHAPHY  | 45.16   | 43.42   | 1     |
| 57260 | COMBINED ANTEROPOSTERIOR COLPORRHAPHY;                                      | 55.90   | 53.75   | 1     |
| 57265 | COMBINED ANTEROPOSTERIOR COLPORRHAPHY; WITH ENTEROCELE REPAIR               | 62.12   | 59.73   | 1     |
| 57267 | INSERTION OF MESH OR OTHER PROSTHESIS FOR REPAIR OF PELVIC FLOOR DEFECT, EA | 18.61   | 17.89   | 1     |
| 57268 | REPAIR OF ENTEROCELE, VAGINAL APPROACH (SEPARATE PROCEDURE)                 | 33.12   | 31.85   | 1     |
| 57270 | REPAIR OF ENTEROCELE, ABDOMINAL APPROACH (SEPARATE PROCEDURE)               | 54.57   | 52.47   | 1     |
| 57280 | COLPOPEXY, ABDOMINAL APPROACH   | 66.47   | 63.92   | 1     |
| 57282 | COLPOPEXY, VAGINAL; EXTRA-PERITONEAL APPROACH (SACROSPINOUS, ILIOCOCCYGEUS) | 35.20   | 33.85   | 1     |
| 57283 | COLPOPEXY, VAGINAL; INTRA-PERITONEAL APPROACH (UTEROSACRAL, LEVATOR MYORRHA | 46.64   | 44.85   | 1     |
| 57284 | PARAVAGINAL DEFECT REPAIR (INCLUDING REPAIR OF CYSTOCELE, STRESS URINARY IN | 57.07   | 54.87   | 1     |
| 57287 | REMOVAL OR REVISION OF SLING FOR STRESS INCONTINENCE (EG, FASCIA OR SYNTHET | 49.25   | 47.36   | 1     |
| 57288 | SLING OPERATION FOR STRESS INCONTINENCE (EG, FASCIA OR SYNTHETIC)           | 57.89   | 55.66   | 1     |
| 57289 | PEREYRA PROCEDURE, INCLUDING ANTERIOR COLPORRHAPHY                          | 53.97   | 51.89   | 1     |
| 57291 | CONSTRUCTION OF ARTIFICIAL VAGINA; WITHOUT GRAFT                            | 37.11   | 35.68   | 1     |
| 57292 | CONSTRUCTION OF ARTIFICIAL VAGINA; WITH GRAFT                               | 56.65   | 54.47   | 1     |

| Code  | Description   | 00-20   | 21+     | Units |
|-------|---|---------|---------|-------|
|       |   | Max Fee | Max Fee |       |
| 57295 | REVISION (INCLUDING REMOVAL) OF PROSTHETIC VAGINAL GRAFT, VAGINAL APPROACH  | 33.85   | 32.55   | 1     |
| 57296 | REVISION (INCLUDING REMOVAL) OF PROSTHETIC VAGINAL GRAFT; OPEN ABDOMINAL AP | 65.20   | 62.69   | 1     |
| 57300 | CLOSURE OF RECTOVAGINAL FISTULA; VAGINAL OR TRANSANAL APPROACH              | 36.53   | 35.13   | 1     |
| 57305 | CLOSURE OF RECTOVAGINAL FISTULA; ABDOMINAL APPROACH                         | 61.08   | 58.73   | 1     |
| 57307 | CLOSURE OF RECTOVAGINAL FISTULA; ABDOMINAL APPROACH, WITH CONCOMITANT COLOS | 68.40   | 65.77   | 1     |
| 57308 | CLOSURE OF RECTOVAGINAL FISTULA; TRANSPERINEAL APPROACH, WITH PERINEAL BODY | 43.44   | 41.77   | 1     |
| 57310 | CLOSURE OF URETHROVAGINAL FISTULA;  | 34.58   | 33.25   | 1     |
| 57311 | CLOSURE OF URETHROVAGINAL FISTULA; WITH BULBOCAVERNOSUS TRANSPLANT          | 39.56   | 38.04   | 1     |
| 57320 | CLOSURE OF VESICOVAGINAL FISTULA; VAGINAL APPROACH                          | 39.19   | 37.68   | 1     |
| 57330 | CLOSURE OF VESICOVAGINAL FISTULA; TRANSVESICAL AND VAGINAL APPROACH         | 55.50   | 53.37   | 1     |
| 57335 | VAGINOPLASTY FOR INTERSEX STATE   | 79.74   | 76.67   | 1     |
| 57425 | LAPAROSCOPY, SURGICAL, COLPOPEXY (SUSPENSION OF VAGINAL APEX)               | 67.60   | 65.00   | 1     |
| 57530 | TRACHELECTOMY (CERVICECTOMY), AMPUTATION OF CERVIX (SEPARATE PROCEDURE)     | 23.40   | 22.50   | 1     |
| 57531 | RADICAL TRACHELECTOMY, WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND PARA | 115.59  | 111.15  | 1     |
| 57540 | EXCISION OF CERVICAL STUMP, ABDOMINAL APPROACH;                             | 53.16   | 51.11   | 1     |
| 57545 | EXCISION OF CERVICAL STUMP, ABDOMINAL APPROACH; WITH PELVIC FLOOR REPAIR    | 55.90   | 53.75   | 1     |
| 57550 | EXCISION OF CERVICAL STUMP, VAGINAL APPROACH;                               | 27.73   | 26.66   | 1     |
| 57555 | EXCISION OF CERVICAL STUMP, VAGINAL APPROACH; WITH ANTERIOR AND/OR POSTERIO | 40.89   | 39.31   | 1     |
| 57556 | EXCISION OF CERVICAL STUMP, VAGINAL APPROACH; WITH REPAIR OF ENTEROCELE     | 39.11   | 37.61   | 1     |
| 57720 | TRACHELORRHAPHY, PLASTIC REPAIR OF UTERINE CERVIX, VAGINAL APPROACH         | 20.82   | 20.02   | 1     |
| 58140 | MYOMECTOMY, EXCISION OF FIBROID TUMOR(S) OF UTERUS, 1 TO 4 INTRAMURAL MYOMA | 62.31   | 59.91   | 1     |
| 58145 | MYOMECTOMY, EXCISION OF FIBROID TUMOR OF UTERUS, SINGLE OR MULTIPLE (SEPARA | 36.85   | 35.43   | 1     |
| 58150 | TOTAL ABDOMINAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL O | 67.47   | 64.87   | 1     |
| 58152 | TOTAL ABDOMINAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL O | 84.87   | 81.61   | 1     |
| 58180 | SUPRACERVICAL ABDOMINAL HYSTERECTOMY (SUBTOTAL HYSTERECTOMY), WITH OR WITHO | 64.55   | 62.06   | 1     |
| 58200 | TOTAL ABDOMINAL HYSTERECTOMY, INCLUDING PARTIAL VAGINECTOMY, WITH PARA-AORT | 88.91   | 85.49   | 1     |
| 58210 | RADICAL ABDOMINAL HYSTERECTOMY, WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY | 118.46  | 113.90  | 1     |
| 58240 | PELVIC EXENTERATION FOR GYNECOLOGIC MALIGNANCY, WITH TOTAL ABDOMINAL HYSTER | 187.99  | 180.76  | 1     |
| 58260 | VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS;                         | 56.31   | 54.15   | 1     |

| Code  | Description   | 00-20   | 21+     | Units |
|-------|---|---------|---------|-------|
|       |   | Max Fee | Max Fee |       |
| 58262 | VAGINAL HYSTERECTOMY; WITH REMOVAL OF TUBE(S), AND/OR OVARY(S)              | 62.88   | 60.46   | 1     |
| 58263 | VAGINAL HYSTERECTOMY; WITH REMOVAL OF TUBE(S), AND/OR OVARY(S), WITH REPAIR | 67.75   | 65.15   | 1     |
| 58267 | VAGINAL HYSTERECTOMY; WITH COLPO-URETHROCYSTOPEXY (MARSHALL-MARCHETTI-KRANT | 71.95   | 69.18   | 1     |
| 58270 | VAGINAL HYSTERECTOMY; WITH REPAIR OF ENTEROCELE                             | 60.27   | 57.95   | 1     |
| 58275 | VAGINAL HYSTERECTOMY, WITH TOTAL OR PARTIAL VAGINECTOMY;                    | 67.15   | 64.57   | 1     |
| 58280 | VAGINAL HYSTERECTOMY, WITH TOTAL OR PARTIAL COLPECTOMY; WITH REPAIR OF ENTE | 71.79   | 69.03   | 1     |
| 58285 | VAGINAL HYSTERECTOMY, RADICAL (SCHAUTA TYPE OPERATION)                      | 90.01   | 86.54   | 1     |
| 58290 | VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS;                    | 78.64   | 75.62   | 1     |
| 58291 | VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH REMOVAL OF TU | 85.45   | 82.16   | 1     |
| 58292 | VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH REMOVAL OF TU | 90.01   | 86.54   | 1     |
| 58293 | VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH COLPO-URETHRO | 93.47   | 89.88   | 1     |
| 58294 | VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH REPAIR OF ENT | 83.00   | 79.80   | 1     |
| 58353 | ENDOMETRIAL ABLATION, THERMAL, WITHOUT HYSTEROSCOPIC GUIDANCE               | 14.92   | 14.35   | 1     |
| 58356 | ENDOMETRIAL CRYOABLATION WITH ULTRASONIC GUIDANCE, INCLUDING ENDOMETRIAL CU | 23.60   | 22.69   | 1     |
| 58520 | HYSTERORRHAPHY, REPAIR OF RUPTURED UTERUS (NONOBSTETRICAL)                  | 53.50   | 51.44   | 1     |
| 58540 | HYSTEROPLASTY, REPAIR OF UTERINE ANOMALY (STRASSMAN TYPE)                   | 62.10   | 59.71   | 1     |
| 58541 | LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS | 58.94   | 56.68   | 1     |
| 58542 | LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS | 65.30   | 62.79   | 1     |
| 58543 | LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS GREATER THAN  | 66.40   | 63.84   | 1     |
| 58544 | LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS GREATER THAN  | 71.76   | 69.00   | 1     |
| 58545 | LAPAROSCOPY, SURGICAL, MYOMECTOMY, EXCISION; 1 TO 4 INTRAMURAL MYOMAS WITH  | 60.79   | 58.46   | 1     |
| 58546 | LAPAROSCOPY, SURGICAL, MYOMECTOMY, EXCISION; 5 OR MORE INTRAMURAL MYOMAS AN | 77.03   | 74.07   | 1     |
| 58548 | LAPAROSCOPY, SURGICAL, WITH RADICAL HYSTERECTOMY, WITH BILATERAL TOTAL PELV | 121.61  | 116.94  | 1     |
| 58550 | LAPAROSCOPY SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LE | 60.14   | 57.83   | 1     |
| 58552 | LAPAROSCOPY SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LE | 66.08   | 63.54   | 1     |
| 58553 | LAPAROSCOPY, SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 2 | 77.42   | 74.44   | 1     |
| 58554 | LAPAROSCOPY, SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 2 | 88.36   | 84.97   | 1     |
| 58560 | HYSTEROSCOPY, SURGICAL; WITH DIVISION OR RESECTION OF INTRAUTERINE SEPTUM ( | 26.66   | 25.63   | 1     |
| 58600 | LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S), ABDOMINAL OR VAGINAL APPROACH | 24.62   | 23.68   | 1     |

| Code  | Description   | 00-20   | 21+     | Units |
|-------|---|---------|---------|-------|
|       |   | Max Fee | Max Fee |       |
| 58605 | LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S), ABDOMINAL OR VAGINAL APPROACH | 22.38   | 21.52   | 1     |
| 58611 | LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S) WHEN DONE AT THE TIME OF CESAR | 5.37    | 5.16    | 1     |
| 58615 | OCCLUSION OF FALLOPIAN TUBE(S) BY DEVICE (EG, BAND, CLIP, FALOPE RING) VAGI | 16.70   | 16.06   | 1     |
| 58660 | LAPAROSCOPY, SURGICAL; WITH LYSIS OF ADHESIONS (SALPINGOLYSIS, OVARIOLYSIS) | 45.91   | 44.15   | 1     |
| 58661 | LAPAROSCOPY, SURGICAL; WITH REMOVAL OF ADNEXAL STRUCTURES (PARTIAL OR TOTAL | 43.86   | 42.17   | 1     |
| 58662 | LAPAROSCOPY, SURGICAL; WITH FULGURATION OR EXCISION OF LESIONS OF THE OVARY | 48.10   | 46.25   | 1     |
| 58672 | LAPAROSCOPY, SURGICAL; WITH FIMBRIOPLASTY                                   | 50.42   | 48.48   | 1     |
| 58673 | LAPAROSCOPY, SURGICAL; WITH SALPINGOSTOMY (SALPINGONEOSTOMY)                | 54.98   | 52.87   | 1     |
| 58700 | SALPINGECTOMY, COMPLETE OR PARTIAL, UNILATERAL OR BILATERAL (SEPARATE PROCE | 52.17   | 50.16   | 1     |
| 58720 | SALPINGO-OOPHORECTOMY, COMPLETE OR PARTIAL, UNILATERAL OR BILATERAL (SEPARA | 48.86   | 46.98   | 1     |
| 58740 | LYSIS OF ADHESIONS (SALPINGOLYSIS, OVARIOLYSIS)                             | 59.46   | 57.18   | 1     |
| 58770 | SALPINGOSTOMY (SALPINGONEOSTOMY)  | 57.09   | 54.90   | 1     |
| 58805 | DRAINAGE OF OVARIAN CYST(S), UNILATERAL OR BILATERAL, (SEPARATE PROCEDURE); | 27.75   | 26.68   | 1     |
| 58820 | DRAINAGE OF OVARIAN ABSCESS; VAGINAL APPROACH, OPEN                         | 21.19   | 20.37   | 1     |
| 58822 | DRAINAGE OF OVARIAN ABSCESS; ABDOMINAL APPROACH                             | 48.55   | 46.68   | 1     |
| 58823 | DRAINAGE OF PELVIC ABSCESS, TRANSVAGINAL OR TRANSRECTAL APPROACH, PERCUTANE | 12.47   | 11.99   | 1     |
| 58825 | TRANSPOSITION, OVARY(S)   | 47.37   | 45.55   | 1     |
| 58900 | BIOPSY OF OVARY, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)               | 28.27   | 27.19   | 1     |
| 58920 | WEDGE RESECTION OR BISECTION OF OVARY, UNILATERAL OR BILATERAL              | 47.90   | 46.05   | 1     |
| 58925 | OVARIAN CYSTECTOMY, UNILATERAL OR BILATERAL                                 | 50.03   | 48.11   | 1     |
| 58940 | OOPHORECTOMY, PARTIAL OR TOTAL, UNILATERAL OR BILATERAL;                    | 34.37   | 33.05   | 1     |
| 58943 | OOPHORECTOMY, PARTIAL OR TOTAL, UNILATERAL OR BILATERAL; FOR OVARIAN, TUBAL | 76.04   | 73.11   | 1     |
| 58950 | RESECTION (INITIAL) OF OVARIAN, TUBAL OR PRIMARY PERITONEAL MALIGNANCY WITH | 72.57   | 69.78   | 1     |
| 58951 | RESECTION OF OVARIAN MALIGNANCY WITH BILATERAL SALPINGO-OOPHORECTOMY AND OM | 93.37   | 89.78   | 1     |
| 58952 | RESECTION OF OVARIAN, TUBAL OR PRIMARY PERITONEAL MALIGNANCY WITH BILATERAL | 105.46  | 101.40  | 1     |
| 58953 | BILATERAL SALPINGO-OOPHORECTOMY WITH OMENTECTOMY, TOTAL ABDOMINAL HYSTERECT | 130.60  | 125.58  | 1     |
| 58954 | BILATERAL SALPINGO-OOPHORECTOMY WITH OMENTECTOMY, TOTAL ABDOMINAL HYSTERECT | 141.78  | 136.33  | 1     |
| 58956 | BILATERAL SALPINGO-OOPHORECTOMY WITH TOTAL OMENTECTOMY, TOTAL ABDOMINAL HYS | 92.87   | 89.30   | 1     |
| 58957 | RESECTION (TUMOR DEBULKING) OF RECURRENT OVARIAN, TUBAL, PRIMARY PERITONEAL | 101.71  | 97.79   | 1     |

| Code  | Description   | 00-20   | 21+     | Units |
|-------|---|---------|---------|-------|
|       |   | Max Fee | Max Fee |       |
| 58958 | RESECTION (TUMOR DEBULKING) OF RECURRENT OVARIAN, TUBAL, PRIMARY PERITONEAL | 113.04  | 108.69  | 1     |
| 58960 | LAPAROTOMY, FOR STAGING OR RESTAGING OF OVARIAN, TUBAL OR PRIMARY PERITONEA | 62.72   | 60.31   | 1     |
| 59100 | HYSTEROTOMY, ABDOMINAL (EG, FOR HYDATIDIFORM MOLE, ABORTION)                | 57.02   | 54.82   | 1     |
| 59120 | SURGICAL TREATMENT OF ECTOPIC PREGNANCY; TUBAL OR OVARIAN, REQUIRING SALPIN | 54.46   | 52.37   | 1     |
| 59121 | SURGICAL TREATMENT OF ECTOPIC PREGNANCY; TUBAL OR OVARIAN, WITHOUT SALPINGE | 54.67   | 52.57   | 1     |
| 59136 | SURGICAL TREATMENT OF ECTOPIC PREGNANCY; INTERSTITIAL, UTERINE PREGNANCY WI | 60.53   | 58.21   | 1     |
| 59140 | SURGICAL TREATMENT OF ECTOPIC PREGNANCY; CERVICAL, WITH EVACUATION          | 28.25   | 27.16   | 1     |
| 59150 | LAPAROSCOPIC TREATMENT OF ECTOPIC PREGNANCY; WITHOUT SALPINGECTOMY AND/OR O | 53.08   | 51.04   | 1     |
| 59151 | LAPAROSCOPIC TREATMENT OF ECTOPIC PREGNANCY; WITH SALPINGECTOMY AND/OR OOPH | 51.62   | 49.64   | 1     |
| 59350 | HYSTERORRHAPHY OF RUPTURED UTERUS   | 19.34   | 18.59   | 1     |
| 59515 | CESAREAN DELIVERY ONLY; INCLUDING POSTPARTUM CARE                           | 110.76  | 106.50  | 1     |
| 59525 | SUBTOTAL OR TOTAL HYSTERECTOMY AFTER CESAREAN DELIVERY (LIST SEPARATELY IN  | 41.88   | 40.27   | 1     |
| 59622 | CESAREAN DELIVERY ONLY, FOLLOWING ATTEMPTED VAGINAL DELIVERY AFTER PREVIOUS | 110.76  | 106.50  | 1     |
| 59866 | MULTIFETAL PREGNANCY REDUCTION(S) (MPR)                                     | 16.63   | 15.99   | 1     |
| 59870 | UTERINE EVACUATION AND CURETTAGE FOR HYDATIDIFORM MOLE                      | 32.52   | 31.27   | 1     |
| 60200 | EXCISION OF CYST OR ADENOMA OF THYROID, OR TRANSECTION OF ISTHMUS           | 43.21   | 41.54   | 1     |
| 60210 | PARTIAL THYROID LOBECTOMY, UNILATERAL; WITH OR WITHOUT ISTHMUSECTOMY        | 46.38   | 44.60   | 1     |
| 60212 | PARTIAL THYROID LOBECTOMY, UNILATERAL; WITH CONTRALATERAL SUBTOTAL LOBECTOM | 66.76   | 64.19   | 1     |
| 60220 | TOTAL THYROID LOBECTOMY, UNILATERAL; WITH OR WITHOUT ISTHMUSECTOMY          | 50.81   | 48.86   | 1     |
| 60225 | TOTAL THYROID LOBECTOMY, UNILATERAL; WITH CONTRALATERAL SUBTOTAL LOBECTOMY, | 61.16   | 58.81   | 1     |
| 60240 | THYROIDECTOMY, TOTAL OR COMPLETE  | 64.44   | 61.96   | 1     |
| 60252 | THYROIDECTOMY, TOTAL OR SUBTOTAL FOR MALIGNANCY; WITH LIMITED NECK DISSECTI | 87.09   | 83.74   | 1     |
| 60254 | THYROIDECTOMY, TOTAL OR SUBTOTAL FOR MALIGNANCY; WITH RADICAL NECK DISSECTI | 111.04  | 106.76  | 1     |
| 60260 | THYROIDECTOMY, REMOVAL OF ALL REMAINING THYROID TISSUE FOLLOWING PREVIOUS R | 72.62   | 69.83   | 1     |
| 60270 | THYROIDECTOMY, INCLUDING SUBSTERNAL THYROID; STERNAL SPLIT OR TRANSTHORACIC | 91.70   | 88.17   | 1     |
| 60271 | THYROIDECTOMY, INCLUDING SUBSTERNAL THYROID GLAND; CERVICAL APPROACH        | 69.94   | 67.25   | 1     |
| 60280 | EXCISION OF THYROGLOSSAL DUCT CYST OR SINUS;                                | 29.03   | 27.91   | 1     |
| 60281 | EXCISION OF THYROGLOSSAL DUCT CYST OR SINUS; RECURRENT                      | 38.54   | 37.06   | 1     |
| 60500 | PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S);                         | 67.33   | 64.74   | 1     |

| Code  | Description   | 00-20   | 21+     | Units |
|-------|---|---------|---------|-------|
|       |   | Max Fee | Max Fee |       |
| 60502 | PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S); RE-EXPLORATION          | 84.40   | 81.16   | 1     |
| 60505 | PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S); WITH MEDIASTINAL EXPLOR | 92.27   | 88.72   | 1     |
| 60512 | PARATHYROID AUTOTRANSPLANTATION (LIST SEPARATELY IN ADDITION TO CODE FOR PR | 16.34   | 15.71   | 1     |
| 60520 | THYMECTOMY, PARTIAL OR TOTAL; TRANSCERVICAL APPROACH (SEPARATE PROCEDURE)   | 68.95   | 66.30   | 1     |
| 60521 | THYMECTOMY, PARTIAL OR TOTAL; STERNAL SPLIT OR TRANSTHORACIC APPROACH, WITH | 79.66   | 76.60   | 1     |
| 60522 | THYMECTOMY, PARTIAL OR TOTAL; STERNAL SPLIT OR TRANSTHORACIC APPROACH, WITH | 95.97   | 92.28   | 1     |
| 60540 | ADRENALECTOMY, PARTIAL OR COMPLETE, OR EXPLORATION OF ADRENAL GLAND WITH OR | 73.67   | 70.83   | 1     |
| 60545 | ADRENALECTOMY, PARTIAL OR COMPLETE, OR EXPLORATION OF ADRENAL GLAND WITH OR | 83.49   | 80.28   | 1     |
| 60600 | EXCISION OF CAROTID BODY TUMOR; WITHOUT EXCISION OF CAROTID ARTERY          | 95.30   | 91.63   | 1     |
| 60605 | EXCISION OF CAROTID BODY TUMOR; WITH EXCISION OF CAROTID ARTERY             | 120.73  | 116.08  | 1     |
| 61140 | BURR HOLE(S) OR TREPHINE; WITH BIOPSY OF BRAIN OR INTRACRANIAL LESION       | 82.87   | 79.68   | 1     |
| 61154 | BURR HOLE(S) WITH EVACUATION AND/OR DRAINAGE OF HEMATOMA, EXTRADURAL OR SUB | 83.62   | 80.40   | 1     |
| 61156 | BURR HOLE(S); WITH ASPIRATION OF HEMATOMA OR CYST, INTRACEREBRAL            | 82.55   | 79.38   | 1     |
| 61250 | BURR HOLE(S) OR TREPHINE, SUPRATENTORIAL, EXPLORATORY, NOT FOLLOWED BY OTHE | 55.84   | 53.69   | 1     |
| 61253 | BURR HOLE(S) OR TREPHINE, INFRATENTORIAL, UNILATERAL OR BILATERAL           | 60.48   | 58.16   | 1     |
| 61304 | CRANIECTOMY OR CRANIOTOMY, EXPLORATORY; SUPRATENTORIAL                      | 108.74  | 104.56  | 1     |
| 61305 | CRANIECTOMY OR CRANIOTOMY, EXPLORATORY; INFRATENTORIAL (POSTERIOR FOSSA)    | 130.71  | 125.68  | 1     |
| 61312 | CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, SUPRATENTORIAL; EXTRA | 135.89  | 130.67  | 1     |
| 61313 | CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, SUPRATENTORIAL; INTRA | 130.37  | 125.36  | 1     |
| 61314 | CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, INFRATENTORIAL; EXTRA | 121.38  | 116.71  | 1     |
| 61315 | CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, INFRATENTORIAL; INTRA | 136.99  | 131.72  | 1     |
| 61320 | CRANIECTOMY OR CRANIOTOMY, DRAINAGE OF INTRACRANIAL ABSCESS; SUPRATENTORIAL | 126.75  | 121.87  | 1     |
| 61321 | CRANIECTOMY OR CRANIOTOMY, DRAINAGE OF INTRACRANIAL ABSCESS; INFRATENTORIAL | 138.47  | 133.15  | 1     |
| 61322 | CRANIECTOMY OR CRANIOTOMY, DECOMPRESSIVE, WITH OR WITHOUT DURAPLASTY, FOR T | 155.31  | 149.34  | 1     |
| 61330 | DECOMPRESSION OF ORBIT ONLY, TRANSCRANIAL APPROACH                          | 103.82  | 99.82   | 1     |
| 61332 | EXPLORATION OF ORBIT (TRANSCRANIAL APPROACH); WITH BIOPSY                   | 121.72  | 117.04  | 1     |
| 61333 | EXPLORATION OF ORBIT (TRANSCRANIAL APPROACH); WITH REMOVAL OF LESION        | 122.55  | 117.84  | 1     |
| 61334 | EXPLORATION OF ORBIT (TRANSCRANIAL APPROACH); WITH REMOVAL OF FOREIGN BODY  | 78.36   | 75.34   | 1     |
| 61340 | SUBTEMPORAL CRANIAL DECOMPRESSION (PSEUDOTUMOR CEREBRI, SLIT VENTRICLE SYND | 94.51   | 90.88   | 1     |

| Code  | Description   | 00-20   | 21+     | Units |
|-------|---|---------|---------|-------|
|       |   | Max Fee | Max Fee |       |
| 61343 | CRANIECTOMY, SUBOCCIPITAL WITH CERVICAL LAMINECTOMY FOR DECOMPRESSION OF ME | 145.69  | 140.09  | 1     |
| 61345 | OTHER CRANIAL DECOMPRESSION, POSTERIOR FOSSA                                | 135.24  | 130.04  | 1     |
| 61440 | CRANIOTOMY FOR SECTION OF TENTORIUM CEREBELLI (SEPARATE PROCEDURE)          | 133.08  | 127.96  | 1     |
| 61450 | CRANIECTOMY, SUBTEMPORAL, FOR SECTION, COMPRESSION, OR DECOMPRESSION OF SEN | 124.64  | 119.84  | 1     |
| 61458 | CRANIECTOMY, SUBOCCIPITAL; FOR EXPLORATION OR DECOMPRESSION OF CRANIAL NERV | 133.55  | 128.41  | 1     |
| 61460 | CRANIECTOMY, SUBOCCIPITAL; FOR SECTION OF ONE OR MORE CRANIAL NERVES        | 133.52  | 128.39  | 1     |
| 61470 | CRANIECTOMY, SUBOCCIPITAL; FOR MEDULLARY TRACTOTOMY                         | 125.60  | 120.77  | 1     |
| 61480 | CRANIECTOMY, SUBOCCIPITAL; FOR MESENCEPHALIC TRACTOTOMY OR PEDUNCULOTOMY    | 119.66  | 115.06  | 1     |
| 61490 | CRANIOTOMY FOR LOBOTOMY, INCLUDING CINGULOTOMY                              | 126.83  | 121.95  | 1     |
| 61500 | CRANIECTOMY; WITH EXCISION OF TUMOR OR OTHER BONE LESION OF SKULL           | 88.96   | 85.54   | 1     |
| 61501 | CRANIECTOMY; FOR OSTEOMYELITIS  | 76.32   | 73.39   | 1     |
| 61510 | CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF BRAIN TUMO | 144.28  | 138.74  | 1     |
| 61512 | CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF MENINGIOMA | 169.74  | 163.22  | 1     |
| 61514 | CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF BRAIN ABSC | 126.38  | 121.52  | 1     |
| 61516 | CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OR FENESTRATI | 123.15  | 118.42  | 1     |
| 61518 | CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR FOSSA; | 182.75  | 175.72  | 1     |
| 61519 | CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR FOSSA; | 196.43  | 188.87  | 1     |
| 61520 | CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR FOSSA; | 247.84  | 238.31  | 1     |
| 61521 | CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR FOSSA; | 210.89  | 202.78  | 1     |
| 61522 | CRANIECTOMY, INFRATENTORIAL OR POSTERIOR FOSSA; FOR EXCISION OF BRAIN ABSCE | 145.43  | 139.84  | 1     |
| 61524 | CRANIECTOMY, INFRATENTORIAL OR POSTERIOR FOSSA; FOR EXCISION OR FENESTRATIO | 137.07  | 131.80  | 1     |
| 61531 | SUBDURAL IMPLANTATION OF STRIP ELECTRODES THROUGH ONE OR MORE BURR OR TREPH | 80.18   | 77.10   | 1     |
| 61533 | CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR SUBDURAL IMPLANTATION OF AN ELE | 100.59  | 96.72   | 1     |
| 61534 | CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR EXCISION OF EPILEPTOGENIC FOCUS | 108.72  | 104.53  | 1     |
| 61535 | CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR REMOVAL OF EPIDURAL OR SUBDURAL | 65.43   | 62.92   | 1     |
| 61536 | CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR EXCISION OF CEREBRAL EPILEPTOGE | 172.06  | 165.45  | 1     |
| 61537 | CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR LOBECTOMY, TEMPORAL LOBE, WITHO | 159.48  | 153.34  | 1     |
| 61538 | CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR LOBECTOMY, TEMPORAL LOBE, WITH  | 170.94  | 164.37  | 1     |
| 61539 | CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR LOBECTOMY, OTHER THAN TEMPORAL  | 155.75  | 149.76  | 1     |

| Code  | Description  | 00-20   | 21+     | Units |
|-------|--|---------|---------|-------|
|       |  | Max Fee | Max Fee |       |
| 61540 | CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR LOBECTOMY, OTHER THAN TEMPORAL   | 146.42  | 140.79  | 1     |
| 61541 | CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR TRANSECTION OF CORPUS CALLOSUM   | 139.83  | 134.45  | 1     |
| 61542 | CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR TOTAL HEMISPHERECTOMY            | 152.05  | 146.20  | 1     |
| 61543 | CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR PARTIAL OR SUBTOTAL (FUNCTIONAL  | 141.99  | 136.53  | 1     |
| 61544 | CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR EXCISION OR COAGULATION OF CHOR  | 115.44  | 111.00  | 1     |
| 61545 | CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR EXCISION OF CRANIOPHARYNGIOMA    | 208.73  | 200.70  | 1     |
| 61546 | CRANIOTOMY FOR HYPOPHYSECTOMY OR EXCISION OF PITUITARY TUMOR, INTRACRANIAL   | 151.50  | 145.68  | 1     |
| 61548 | HYPOPHYSECTOMY OR EXCISION OF PITUITARY TUMOR, TRANSNASAL OR TRANSSEPTAL AP  | 100.90  | 97.02   | 1     |
| 61550 | CRANIECTOMY FOR CRANIOSYNOSTOSIS; SINGLE CRANIAL SUTURE                      | 57.68   | 55.46   | 1     |
| 61552 | CRANIECTOMY FOR CRANIOSYNOSTOSIS; MULTIPLE CRANIAL SUTURES                   | 87.82   | 84.44   | 1     |
| 61556 | CRANIOTOMY FOR CRANIOSYNOSTOSIS; FRONTAL OR PARIETAL BONE FLAP               | 108.58  | 104.41  | 1     |
| 61557 | CRANIOTOMY FOR CRANIOSYNOSTOSIS; BIFRONTAL BONE FLAP                         | 111.71  | 107.42  | 1     |
| 61558 | EXTENSIVE CRANIECTOMY FOR MULTIPLE CRANIAL SUTURE CRANIOSYNOSTOSIS (EG, CLO  | 111.40  | 107.12  | 1     |
| 61559 | EXTENSIVE CRANIECTOMY FOR MULTIPLE CRANIAL SUTURE CRANIOSYNOSTOSIS (EG, CLO  | 159.40  | 153.27  | 1     |
| 61563 | EXCISION, INTRA AND EXTRACRANIAL, BENIGN TUMOR OF CRANIAL BONE (EG, FIBROUS  | 126.90  | 122.02  | 1     |
| 61564 | EXCISION, INTRA AND EXTRACRANIAL, BENIGN TUMOR OF CRANIAL BONE (EG, FIBROUS  | 161.04  | 154.85  | 1     |
| 61566 | CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR SELECTIVE AMYGDALOHIPPOCAMPECTO  | 147.18  | 141.52  | 1     |
| 61567 | CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR MULTIPLE SUBPIAL TRANSECTIONS,   | 164.19  | 157.88  | 1     |
| 61570 | CRANIECTOMY OR CRANIOTOMY; WITH EXCISION OF FOREIGN BODY FROM BRAIN          | 121.04  | 116.39  | 1     |
| 61571 | CRANIECTOMY OR CRANIOTOMY; WITH TREATMENT OF PENETRATING WOUND OF BRAIN      | 131.93  | 126.86  | 1     |
| 61575 | TRANSORAL APPROACH TO SKULL BASE, BRAIN STEM OR UPPER SPINAL CORD FOR BIOPS  | 152.57  | 146.70  | 1     |
| 61576 | TRANSORAL APPROACH TO SKULL BASE, BRAIN STEM OR UPPER SPINAL CORD FOR BIOPS  | 243.07  | 233.72  | 1     |
| 61580 | CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA; EXTRADURAL, INCLUDING LATE  | 158.98  | 152.87  | 1     |
| 61582 | CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA; EXTRADURAL, INCLUDING UNIL  | 189.99  | 182.68  | 1     |
| 61583 | CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA; INTRADURAL, INCLUDING UNIL  | 192.10  | 184.71  | 1     |
| 61584 | ORBITOCRANIAL APPROACH TO ANTERIOR CRANIAL FOSSA, EXTRADURAL, INCLUDING SUP  | 186.60  | 179.43  | 1     |
| 61585 | ORBITOCRANIAL APPROACH TO ANTERIOR CRANIAL FOSSA, EXTRADURAL, INCLUDING SUP  | 194.58  | 187.09  | 1     |
| 61586 | BICORONAL, TRANSZYGOMATIC AND/OR LEFORT I OSTEOATOMY APPROACH TO ANTERIOR CR | 139.93  | 134.55  | 1     |
| 61590 | INFRATEMPORAL PRE-AURICULAR APPROACH TO MIDDLE CRANIAL FOSSA (PARAPHARYNGEA  | 203.28  | 195.46  | 1     |

| Code  | Description   | 00-20   | 21+     | Units |
|-------|---|---------|---------|-------|
|       |   | Max Fee | Max Fee |       |
| 61591 | INFRATEMPORAL POST-AURICULAR APPROACH TO MIDDLE CRANIAL FOSSA (INTERNAL AUD | 204.45  | 196.59  | 1     |
| 61592 | ORBITOCRANIAL ZYGOMATIC APPROACH TO MIDDLE CRANIAL FOSSA (CAVERNOUS SINUS A | 210.66  | 202.55  | 1     |
| 61595 | TRANSTEMPORAL APPROACH TO POSTERIOR CRANIAL FOSSA, JUGULAR FORAMEN OR MIDLI | 154.87  | 148.91  | 1     |
| 61596 | TRANSCOCHLEAR APPROACH TO POSTERIOR CRANIAL FOSSA, JUGULAR FORAMEN OR MIDLI | 167.95  | 161.49  | 1     |
| 61597 | TRANSCONDYLAR (FAR LATERAL) APPROACH TO POSTERIOR CRANIAL FOSSA, JUGULAR FO | 190.28  | 182.96  | 1     |
| 61598 | TRANSPETROSAL APPROACH TO POSTERIOR CRANIAL FOSSA, CLIVUS OR FORAMEN MAGNUM | 165.50  | 159.13  | 1     |
| 61600 | RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF BASE  | 140.14  | 134.75  | 1     |
| 61601 | RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF BASE  | 156.12  | 150.11  | 1     |
| 61605 | RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF INFRA | 144.36  | 138.81  | 1     |
| 61606 | RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF INFRA | 199.45  | 191.78  | 1     |
| 61607 | RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF PARAS | 182.49  | 175.47  | 1     |
| 61608 | RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF PARAS | 215.69  | 207.39  | 1     |
| 61609 | TRANSECTION OR LIGATION, CAROTID ARTERY IN CAVERNOUS SINUS; WITHOUT REPAIR  | 41.04   | 39.46   | 1     |
| 61610 | TRANSECTION OR LIGATION, CAROTID ARTERY IN CAVERNOUS SINUS; WITH REPAIR BY  | 127.79  | 122.87  | 1     |
| 61611 | TRANSECTION OR LIGATION, CAROTID ARTERY IN PETROUS CANAL; WITHOUT REPAIR (L | 28.78   | 27.67   | 1     |
| 61612 | TRANSECTION OR LIGATION, CAROTID ARTERY IN PETROUS CANAL; WITH REPAIR BY AN | 110.12  | 105.89  | 1     |
| 61613 | OBLITERATION OF CAROTID ANEURYSM, ARTERIOVENOUS MALFORMATION, OR CAROTID-CA | 208.08  | 200.07  | 1     |
| 61615 | RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF BASE  | 162.32  | 156.07  | 1     |
| 61616 | RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF BASE  | 214.80  | 206.54  | 1     |
| 61618 | SECONDARY REPAIR OF DURA FOR CEREBROSPINAL FLUID LEAK, ANTERIOR, MIDDLE OR  | 85.63   | 82.33   | 1     |
| 61619 | SECONDARY REPAIR OF DURA FOR CSF LEAK, ANTERIOR, MIDDLE OR POSTERIOR CRANIA | 97.90   | 94.14   | 1     |
| 61680 | SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; SUPRATENTORIAL, SIMPLE  | 150.43  | 144.65  | 1     |
| 61682 | SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; SUPRATENTORIAL, COMPLEX | 281.25  | 270.43  | 1     |
| 61684 | SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; INFRATENTORIAL, SIMPLE  | 187.26  | 180.05  | 1     |
| 61686 | SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; INFRATENTORIAL, COMPLEX | 301.21  | 289.62  | 1     |
| 61690 | SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; DURAL, SIMPLE           | 142.54  | 137.06  | 1     |
| 61692 | SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; DURAL, COMPLEX          | 243.72  | 234.35  | 1     |
| 61697 | SURGERY OF COMPLEX INTRACRANIAL ANEURYSM, INTRACRANIAL APPROACH; CAROTID CI | 276.14  | 265.52  | 1     |
| 61698 | SURGERY OF COMPLEX INTRACRANIAL ANEURYSM, INTRACRANIAL APPROACH; VERTEBROBA | 298.58  | 287.09  | 1     |

| Code  | Description   | 00-20<br>Max Fee | 21+<br>Max Fee | Units |
|-------|---|------------------|----------------|-------|
| 61700 | SURGERY OF SIMPLE INTRACRANIAL ANEURYSM, INTRACRANIAL APPROACH; CAROTID CIR | 229.78           | 220.94         | 1     |
| 61702 | SURGERY OF INTRACRANIAL ANEURYSM, INTRACRANIAL APPROACH; VERTEBRAL-BASILAR  | 257.87           | 247.96         | 1     |
| 61703 | SURGERY OF INTRACRANIAL ANEURYSM, CERVICAL APPROACH BY APPLICATION OF OCCLU | 88.73            | 85.32          | 1     |
| 61705 | SURGERY OF ANEURYSM, VASCULAR MALFORMATION OR CAROTID-CAVERNOUS FISTULA; BY | 169.33           | 162.81         | 1     |
| 61708 | SURGERY OF ANEURYSM, VASCULAR MALFORMATION OR CAROTID-CAVERNOUS FISTULA; BY | 142.70           | 137.21         | 1     |
| 61711 | ANASTOMOSIS, ARTERIAL, EXTRACRANIAL-INTRACRANIAL (EG, MIDDLE CEREBRAL/CORTI | 173.00           | 166.35         | 1     |
| 61850 | TWIST DRILL OR BURR HOLE(S) FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; | 64.91            | 62.42          | 1     |
| 61860 | CRANIECTOMY OR CRANIOTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, C | 102.59           | 98.65          | 1     |
| 61863 | TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC IMPLAN | 100.51           | 96.64          | 1     |
| 61864 | TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC IMPLAN | 30.46            | 29.29          | 1     |
| 61867 | TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC IMPLAN | 144.57           | 139.01         | 1     |
| 61868 | TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC IMPLAN | 42.84            | 41.19          | 1     |
| 61870 | CRANIECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, CEREBELLAR; COR | 78.12            | 75.12          | 1     |
| 61875 | CRANIECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, CEREBELLAR; SUB | 64.40            | 61.92          | 1     |
| 61880 | REVISION OR REMOVAL OF INTRACRANIAL NEUROSTIMULATOR ELECTRODES              | 36.40            | 35.00          | 1     |
| 62005 | ELEVATION OF DEPRESSED SKULL FRACTURE; COMPOUND OR COMMUNUTED, EXTRADURAL   | 82.47            | 79.30          | 1     |
| 62010 | ELEVATION OF DEPRESSED SKULL FRACTURE; WITH REPAIR OF DURA AND/OR DEBRIDEME | 100.12           | 96.27          | 1     |
| 62100 | CRANIOTOMY FOR REPAIR OF DURAL/CEREBROSPINAL FLUID LEAK, INCLUDING SURGERY  | 105.51           | 101.45         | 1     |
| 62115 | REDUCTION OF CRANIOMEGALIC SKULL (EG, TREATED HYDROCEPHALUS); NOT REQUIRING | 110.06           | 105.82         | 1     |
| 62116 | REDUCTION OF CRANIOMEGALIC SKULL (EG, TREATED HYDROCEPHALUS); WITH SIMPLE C | 117.84           | 113.30         | 1     |
| 62117 | REDUCTION OF CRANIOMEGALIC SKULL (EG, TREATED HYDROCEPHALUS); REQUIRING CRA | 124.59           | 119.79         | 1     |
| 62120 | REPAIR OF ENCEPHALOCELE, SKULL VAULT, INCLUDING CRANIOPLASTY                | 117.05           | 112.55         | 1     |
| 62121 | CRANIOTOMY FOR REPAIR OF ENCEPHALOCELE, SKULL BASE                          | 107.88           | 103.73         | 1     |
| 62140 | CRANIOPLASTY FOR SKULL DEFECT; UP TO 5 CM DIAMETER                          | 69.34            | 66.67          | 1     |
| 62141 | CRANIOPLASTY FOR SKULL DEFECT; LARGER THAN 5 CM DIAMETER                    | 76.14            | 73.21          | 1     |
| 62142 | REMOVAL OF BONE FLAP OR PROSTHETIC PLATE OF SKULL                           | 58.29            | 56.05          | 1     |
| 62143 | REPLACEMENT OF BONE FLAP OR PROSTHETIC PLATE OF SKULL                       | 68.19            | 65.57          | 1     |
| 62145 | CRANIOPLASTY FOR SKULL DEFECT WITH REPARATIVE BRAIN SURGERY                 | 92.87            | 89.30          | 1     |
| 62146 | CRANIOPLASTY WITH AUTOGRAFT (INCLUDES OBTAINING BONE GRAFTS); UP TO 5 CM DI | 79.35            | 76.30          | 1     |

| Code  | Description   | 00-20<br>Max Fee | 21+<br>Max Fee | Units |
|-------|---|------------------|----------------|-------|
| 62147 | CRANIOPLASTY WITH AUTOGRAFT (INCLUDES OBTAINING BONE GRAFTS); LARGER THAN 5 | 94.20            | 90.58          | 1     |
| 62161 | NEUROENDOSCOPY, INTRACRANIAL; WITH DISSECTION OF ADHESIONS, FENESTRATION OF | 100.01           | 96.17          | 1     |
| 62162 | NEUROENDOSCOPY, INTRACRANIAL; WITH FENESTRATION OR EXCISION OF COLLOID CYST | 123.99           | 119.22         | 1     |
| 62163 | NEUROENDOSCOPY, INTRACRANIAL; WITH RETRIEVAL OF FOREIGN BODY                | 80.86            | 77.75          | 1     |
| 62164 | NEUROENDOSCOPY, INTRACRANIAL; WITH EXCISION OF BRAIN TUMOR, INCLUDING PLACE | 131.99           | 126.91         | 1     |
| 62165 | NEUROENDOSCOPY, INTRACRANIAL; WITH EXCISION OF PITUITARY TUMOR, TRANSNASAL  | 100.19           | 96.34          | 1     |
| 62180 | VENTRICULOCISTERNOSTOMY (TORKILDSSEN TYPE OPERATION)                        | 104.68           | 100.65         | 1     |
| 62192 | CREATION OF SHUNT; SUBARACHNOID/SUBDURAL-PERITONEAL, -PLEURAL, OTHER TERMIN | 63.66            | 61.21          | 1     |
| 62200 | VENTRICULOCISTERNOSTOMY, THIRD VENTRICLE;                                   | 90.66            | 87.17          | 1     |
| 62220 | CREATION OF SHUNT; VENTRICULO-ATRIAL, -JUGULAR, -AURICULAR                  | 66.89            | 64.32          | 1     |
| 62223 | CREATION OF SHUNT; VENTRICULO-PERITONEAL, -PLEURAL, OTHER TERMINUS          | 68.98            | 66.32          | 1     |
| 62230 | REPLACEMENT OR REVISION OF CEREBROSPINAL FLUID SHUNT, OBSTRUCTED VALVE, OR  | 55.58            | 53.45          | 1     |
| 62256 | REMOVAL OF COMPLETE CEREBROSPINAL FLUID SHUNT SYSTEM; WITHOUT REPLACEMENT   | 38.91            | 37.41          | 1     |
| 62258 | REMOVAL OF COMPLETE CSF SHUNT SYSTEM; WITH REPLACEMENT BY SIMILAR OR OTHER  | 74.53            | 71.66          | 1     |
| 62351 | IMPLANTATION, REVISION OR REPOSITIONING OF INTRATHECAL OR EPIDURAL CATHETER | 55.95            | 53.80          | 1     |
| 63001 | LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAU | 81.59            | 78.45          | 1     |
| 63003 | LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAU | 81.80            | 78.65          | 1     |
| 63005 | LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAU | 77.50            | 74.52          | 1     |
| 63011 | LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAU | 73.95            | 71.11          | 1     |
| 63012 | LAMINECTOMY WITH REMOVAL OF ABNORMAL FACETS AND/OR PARS INTER-ARTICULARIS W | 78.75            | 75.72          | 1     |
| 63015 | LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAU | 98.01            | 94.24          | 1     |
| 63016 | LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAU | 100.48           | 96.62          | 1     |
| 63017 | LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAU | 81.88            | 78.73          | 1     |
| 63020 | LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDIN | 77.84            | 74.84          | 1     |
| 63030 | LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDIN | 64.60            | 62.11          | 1     |
| 63035 | LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDIN | 13.58            | 13.05          | 11    |
| 63040 | LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDIN | 94.20            | 90.58          | 1     |
| 63042 | LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDIN | 87.95            | 84.56          | 1     |
| 63043 | LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDIN | 15.76            | 15.15          | 5     |

| Code  | Description   | 00-20   | 21+     | Units |
|-------|---|---------|---------|-------|
|       |   | Max Fee | Max Fee |       |
| 63044 | LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDIN | 15.76   | 15.15   | 4     |
| 63045 | LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DEC | 84.35   | 81.11   | 1     |
| 63046 | LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DEC | 80.23   | 77.15   | 1     |
| 63047 | LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DEC | 73.07   | 70.26   | 1     |
| 63048 | LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DEC | 14.57   | 14.01   | 23    |
| 63050 | LAMINOPLASTY, CERVICAL, WITH DECOMPRESSION OF THE SPINAL CORD, TWO OR MORE  | 101.45  | 97.54   | 1     |
| 63051 | LAMINOPLASTY, CERVICAL, WITH DECOMPRESSION OF THE SPINAL CORD, TWO OR MORE  | 113.69  | 109.32  | 1     |
| 63055 | TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NE | 108.30  | 104.13  | 1     |
| 63056 | TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NE | 99.49   | 95.66   | 1     |
| 63057 | TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NE | 22.33   | 21.47   | 16    |
| 63064 | COSTOVERTEBRAL APPROACH WITH DECOMPRESSION OF SPINAL CORD OR NERVE ROOT(S), | 117.91  | 113.38  | 1     |
| 63066 | COSTOVERTEBRAL APPROACH WITH DECOMPRESSION OF SPINAL CORD OR NERVE ROOT(S), | 13.71   | 13.18   | 11    |
| 63075 | DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/ OR NERVE ROOT( | 92.19   | 88.65   | 1     |
| 63076 | DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/ OR NERVE ROOT( | 17.25   | 16.59   | 3     |
| 63077 | DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/ OR NERVE ROOT( | 99.96   | 96.12   | 1     |
| 63078 | DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/ OR NERVE ROOT( | 13.63   | 13.10   | 11    |
| 63081 | VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, ANTER | 118.51  | 113.96  | 1     |
| 63082 | VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, ANTER | 18.58   | 17.86   | 6     |
| 63085 | VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, TRANS | 124.74  | 119.94  | 1     |
| 63086 | VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, TRANS | 13.08   | 12.58   | 11    |
| 63087 | VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, COMBI | 159.71  | 153.57  | 1     |
| 63088 | VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, COMBI | 17.95   | 17.26   | 16    |
| 63090 | VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, TRANS | 130.24  | 125.23  | 1     |
| 63091 | VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, TRANS | 12.30   | 11.83   | 17    |
| 63101 | VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, LATER | 149.78  | 144.02  | 1     |
| 63102 | VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, LATER | 148.95  | 143.22  | 1     |
| 63103 | VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, LATER | 19.47   | 18.72   | 2     |
| 63170 | LAMINECTOMY WITH MYELOTOMY (EG, BISCHOF OR DREZ TYPE), CERVICAL, THORACIC,  | 102.12  | 98.20   | 1     |
| 63172 | LAMINECTOMY WITH DRAINAGE OF INTRAMEDULLARY CYST/SYRINX; TO SUBARACHNOID SP | 92.19   | 88.65   | 1     |

| Code  | Description   | 00-20   | 21+     | Units |
|-------|---|---------|---------|-------|
|       |   | Max Fee | Max Fee |       |
| 63173 | LAMINECTOMY WITH DRAINAGE OF INTRAMEDULLARY CYST/SYRINX; TO PERITONEAL OR P | 114.03  | 109.65  | 1     |
| 63180 | LAMINECTOMY AND SECTION OF DENTATE LIGAMENTS, WITH OR WITHOUT DURAL GRAFT,  | 91.65   | 88.12   | 1     |
| 63182 | LAMINECTOMY AND SECTION OF DENTATE LIGAMENTS, WITH OR WITHOUT DURAL GRAFT,  | 98.40   | 94.61   | 1     |
| 63185 | LAMINECTOMY WITH RHIZOTOMY; ONE OR TWO SEGMENTS                             | 75.44   | 72.54   | 1     |
| 63190 | LAMINECTOMY WITH RHIZOTOMY; MORE THAN TWO SEGMENTS                          | 86.04   | 82.74   | 1     |
| 63191 | LAMINECTOMY WITH SECTION OF SPINAL ACCESSORY NERVE                          | 94.22   | 90.60   | 1     |
| 63194 | LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF ONE SPINOTHALAMIC TRACT, ONE ST | 96.94   | 93.21   | 1     |
| 63195 | LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF ONE SPINOTHALAMIC TRACT, ONE ST | 99.91   | 96.07   | 1     |
| 63196 | LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF BOTH SPINOTHALAMIC TRACTS, ONE  | 117.39  | 112.88  | 1     |
| 63197 | LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF BOTH SPINOTHALAMIC TRACTS, ONE  | 112.36  | 108.04  | 1     |
| 63198 | LAMINECTOMY WITH CORDOTOMY WITH SECTION OF BOTH SPINOTHALAMIC TRACTS, TWO S | 126.23  | 121.37  | 1     |
| 63199 | LAMINECTOMY WITH CORDOTOMY WITH SECTION OF BOTH SPINOTHALAMIC TRACTS, TWO S | 109.80  | 105.57  | 1     |
| 63200 | LAMINECTOMY, WITH RELEASE OF TETHERED SPINAL CORD, LUMBAR                   | 100.30  | 96.44   | 1     |
| 63250 | LAMINECTOMY FOR EXCISION OR OCCLUSION OF ARTERIOVENOUS MALFORMATION OF SPIN | 193.95  | 186.49  | 1     |
| 63251 | LAMINECTOMY FOR EXCISION OR OCCLUSION OF ARTERIOVENOUS MALFORMATION OF SPIN | 200.73  | 193.01  | 1     |
| 63252 | LAMINECTOMY FOR EXCISION OR OCCLUSION OF ARTERIOVENOUS MALFORMATION OF SPIN | 201.27  | 193.53  | 1     |
| 63265 | LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THAN NEO | 110.75  | 106.49  | 1     |
| 63266 | LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THAN NEO | 113.61  | 109.24  | 1     |
| 63267 | LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THAN NEO | 91.52   | 88.00   | 1     |
| 63268 | LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THAN NEO | 91.88   | 88.35   | 1     |
| 63270 | LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM, INTRADU | 136.05  | 130.82  | 1     |
| 63271 | LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM, INTRADU | 136.96  | 131.70  | 1     |
| 63272 | LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM, INTRADU | 125.89  | 121.05  | 1     |
| 63273 | LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM, INTRADU | 117.99  | 113.45  | 1     |
| 63275 | LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; EXTRADURAL, CERVIC | 118.62  | 114.06  | 1     |
| 63276 | LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; EXTRADURAL, THORAC | 118.28  | 113.73  | 1     |
| 63277 | LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; EXTRADURAL, LUMBAR | 103.53  | 99.55   | 1     |
| 63278 | LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; EXTRADURAL, SACRAL | 100.98  | 97.09   | 1     |
| 63280 | LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, EXTRAM | 140.59  | 135.18  | 1     |

| Code  | Description   | 00-20   | 21+     | Units |
|-------|---|---------|---------|-------|
|       |   | Max Fee | Max Fee |       |
| 63281 | LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, EXTRAM | 138.92  | 133.57  | 1     |
| 63282 | LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, EXTRAM | 131.20  | 126.16  | 1     |
| 63283 | LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, SACRAL | 124.06  | 119.29  | 1     |
| 63285 | LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, INTRAM | 171.86  | 165.25  | 1     |
| 63286 | LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, INTRAM | 171.54  | 164.94  | 1     |
| 63287 | LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, INTRAM | 181.03  | 174.06  | 1     |
| 63290 | LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; COMBINED EXTRADURA | 182.85  | 175.82  | 1     |
| 63295 | OSTEOPLASTIC RECONSTRUCTION OF DORSAL SPINAL ELEMENTS, FOLLOWING PRIMARY IN | 21.65   | 20.82   | 1     |
| 63300 | VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR E | 122.08  | 117.39  | 1     |
| 63301 | VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR E | 135.58  | 130.37  | 1     |
| 63302 | VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR E | 134.67  | 129.49  | 1     |
| 63303 | VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR E | 139.20  | 133.85  | 1     |
| 63304 | VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR E | 150.43  | 144.65  | 1     |
| 63305 | VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR E | 151.37  | 145.55  | 1     |
| 63306 | VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR E | 162.86  | 156.60  | 1     |
| 63307 | VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR E | 147.91  | 142.22  | 1     |
| 63308 | VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR E | 22.44   | 21.57   | 3     |
| 63655 | LAMINECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, PLATE/PADDLE, E | 56.44   | 54.27   | 1     |
| 63685 | INSERTION OR REPLACEMENT OF SPINAL NEUROSTIMULATOR PULSE GENERATOR OR RECEI | 32.85   | 31.59   | 1     |
| 63700 | REPAIR OF MENINGOCELE; LESS THAN 5 CM DIAMETER                              | 81.04   | 77.93   | 1     |
| 63702 | REPAIR OF MENINGOCELE; LARGER THAN 5 CM DIAMETER                            | 91.88   | 88.35   | 1     |
| 63704 | REPAIR OF MYELOMENINGOCELE; LESS THAN 5 CM DIAMETER                         | 101.11  | 97.22   | 1     |
| 63706 | REPAIR OF MYELOMENINGOCELE; LARGER THAN 5 CM DIAMETER                       | 120.02  | 115.41  | 1     |
| 63707 | REPAIR OF DURAL/CEREBROSPINAL FLUID LEAK, NOT REQUIRING LAMINECTOMY         | 60.04   | 57.73   | 1     |
| 63709 | REPAIR OF DURAL/CEREBROSPINAL FLUID LEAK OR PSEUDOMENINGOCELE, WITH LAMINEC | 72.62   | 69.83   | 1     |
| 63710 | DURAL GRAFT, SPINAL   | 73.15   | 70.33   | 1     |
| 63740 | CREATION OF SHUNT, LUMBAR, SUBARACHNOID-PERITONEAL, -PLEURAL, OR OTHER; INC | 62.80   | 60.39   | 1     |
| 63741 | CREATION OF SHUNT, LUMBAR, SUBARACHNOID-PERITONEAL, -PLEURAL, OR OTHER; PER | 39.92   | 38.39   | 1     |
| 63744 | REPLACEMENT, IRRIGATION OR REVISION OF LUMBOSUBARACHNOID SHUNT              | 42.32   | 40.69   | 1     |

| Code  | Description   | 00-20   | 21+     | Units |
|-------|---|---------|---------|-------|
|       |   | Max Fee | Max Fee |       |
| 64580 | INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; NEUROMUSCULAR      | 19.13   | 18.39   | 1     |
| 64585 | REVISION OR REMOVAL OF PERIPHERAL NEUROSTIMULATOR ELECTRODES                | 11.94   | 11.48   | 1     |
| 64590 | INSERTION OR REPLACEMENT OF PERIPHERAL OR GASTRIC NEUROSTIMULATOR PULSE GEN | 23.57   | 22.67   | 1     |
| 64704 | NEUROPLASTY; NERVE OF HAND OR FOOT  | 22.46   | 21.60   | 1     |
| 64708 | NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; OTHER THAN SPECIFIED       | 31.84   | 30.62   | 1     |
| 64712 | NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; SCIATIC NERVE              | 36.35   | 34.95   | 1     |
| 64713 | NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; BRACHIAL PLEXUS            | 51.75   | 49.76   | 1     |
| 64714 | NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; LUMBAR PLEXUS              | 44.12   | 42.42   | 1     |
| 64716 | NEUROPLASTY AND/OR TRANSPOSITION; CRANIAL NERVE (SPECIFY)                   | 34.06   | 32.75   | 1     |
| 64722 | DECOMPRESSION; UNSPECIFIED NERVE(S) (SPECIFY)                               | 22.20   | 21.35   | 1     |
| 64732 | TRANSECTION OR AVULSION OF; SUPRAORBITAL NERVE                              | 26.03   | 25.03   | 1     |
| 64736 | TRANSECTION OR AVULSION OF; MENTAL NERVE                                    | 25.82   | 24.83   | 1     |
| 64738 | TRANSECTION OR AVULSION OF; INFERIOR ALVEOLAR NERVE BY OSTEOTOMY            | 30.59   | 29.42   | 1     |
| 64740 | TRANSECTION OR AVULSION OF; LINGUAL NERVE                                   | 30.10   | 28.94   | 1     |
| 64742 | TRANSECTION OR AVULSION OF; FACIAL NERVE, DIFFERENTIAL OR COMPLETE          | 30.80   | 29.62   | 1     |
| 64746 | TRANSECTION OR AVULSION OF; PHRENIC NERVE                                   | 29.11   | 27.99   | 1     |
| 64752 | TRANSECTION OR AVULSION OF; VAGUS NERVE (VAGOTOMY), TRANSTHORACIC           | 33.38   | 32.10   | 1     |
| 64755 | TRANSECTION OR AVULSION OF; VAGUS NERVES LIMITED TO PROXIMAL STOMACH (SELEC | 59.83   | 57.53   | 1     |
| 64760 | TRANSECTION OR AVULSION OF; VAGUS NERVE (VAGOTOMY), ABDOMINAL               | 31.71   | 30.49   | 1     |
| 64761 | TRANSECTION OR AVULSION OF; PUDENDAL NERVE                                  | 29.89   | 28.74   | 1     |
| 64763 | TRANSECTION OR AVULSION OF OBTURATOR NERVE, EXTRAPELVIC, WITH OR WITHOUT AD | 32.17   | 30.94   | 1     |
| 64766 | TRANSECTION OR AVULSION OF OBTURATOR NERVE, INTRAPELVIC, WITH OR WITHOUT AD | 41.82   | 40.22   | 1     |
| 64771 | TRANSECTION OR AVULSION OF OTHER CRANIAL NERVE, EXTRADURAL                  | 39.45   | 37.94   | 1     |
| 64772 | TRANSECTION OR AVULSION OF OTHER SPINAL NERVE, EXTRADURAL                   | 38.36   | 36.88   | 1     |
| 64786 | EXCISION OF NEUROMA; SCIATIC NERVE  | 71.56   | 68.80   | 1     |
| 64792 | EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; EXTENSIVE (INCLUDING MALIGNANT TY | 71.69   | 68.93   | 1     |
| 64802 | SYMPATHECTOMY, CERVICAL   | 39.30   | 37.78   | 1     |
| 64804 | SYMPATHECTOMY, CERVICOTHORACIC  | 60.35   | 58.03   | 1     |
| 64809 | SYMPATHECTOMY, THORACOLUMBAR  | 57.54   | 55.32   | 1     |

| Code  | Description   | 00-20   | 21+     | Units |
|-------|---|---------|---------|-------|
|       |   | Max Fee | Max Fee |       |
| 64818 | SYMPATHECTOMY, LUMBAR   | 44.09   | 42.39   | 1     |
| 64835 | SUTURE OF ONE NERVE, HAND OR FOOT; MEDIAN MOTOR THENAR                      | 53.65   | 51.59   | 1     |
| 64836 | SUTURE OF ONE NERVE, HAND OR FOOT; ULNAR MOTOR                              | 53.60   | 51.54   | 1     |
| 64837 | SUTURE OF EACH ADDITIONAL NERVE, HAND OR FOOT (LIST SEPARATELY IN ADDITION  | 25.93   | 24.93   | 4     |
| 64840 | SUTURE OF POSTERIOR TIBIAL NERVE  | 60.61   | 58.28   | 1     |
| 64857 | SUTURE OF MAJOR PERIPHERAL NERVE, ARM OR LEG, EXCEPT SCIATIC; WITHOUT TRANS | 70.51   | 67.80   | 1     |
| 64858 | SUTURE OF SCIATIC NERVE   | 82.19   | 79.03   | 1     |
| 64859 | SUTURE OF EACH ADDITIONAL MAJOR PERIPHERAL NERVE (LIST SEPARATELY IN ADDITI | 17.56   | 16.89   | 3     |
| 64861 | SUTURE OF; BRACHIAL PLEXUS  | 92.40   | 88.85   | 1     |
| 64862 | SUTURE OF; LUMBAR PLEXUS  | 89.67   | 86.22   | 1     |
| 64864 | SUTURE OF FACIAL NERVE; EXTRACRANIAL  | 57.30   | 55.10   | 1     |
| 64865 | SUTURE OF FACIAL NERVE; INFRATEMPORAL, WITH OR WITHOUT GRAFTING             | 75.62   | 72.71   | 1     |
| 64866 | ANASTOMOSIS; FACIAL-SPINAL ACCESSORY  | 79.43   | 76.37   | 1     |
| 64868 | ANASTOMOSIS; FACIAL-HYPOGLOSSAL   | 69.29   | 66.62   | 1     |
| 64870 | ANASTOMOSIS; FACIAL-PHRENIC   | 67.41   | 64.82   | 1     |
| 64872 | SUTURE OF NERVE; REQUIRING SECONDARY OR DELAYED SUTURE (LIST SEPARATELY IN  | 8.18    | 7.87    | 1     |
| 64874 | SUTURE OF NERVE; REQUIRING EXTENSIVE MOBILIZATION, OR TRANSPOSITION OF NERV | 12.04   | 11.58   | 1     |
| 64876 | SUTURE OF NERVE; REQUIRING SHORTENING OF BONE OF EXTREMITY (LIST SEPARATELY | 12.95   | 12.45   | 1     |
| 64885 | NERVE GRAFT (INCLUDES OBTAINING GRAFT), HEAD OR NECK; UP TO 4 CM IN LENGTH  | 74.32   | 71.46   | 1     |
| 64886 | NERVE GRAFT (INCLUDES OBTAINING GRAFT), HEAD OR NECK; MORE THAN 4 CM IN LEN | 88.44   | 85.04   | 1     |
| 64890 | NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, HAND OR FOOT; UP TO  | 72.65   | 69.86   | 1     |
| 64891 | NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, HAND OR FOOT; MORE T | 76.59   | 73.64   | 1     |
| 64892 | NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, ARM OR LEG; UP TO 4  | 71.56   | 68.80   | 1     |
| 64893 | NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, ARM OR LEG; MORE THA | 74.55   | 71.69   | 1     |
| 64895 | NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), HAND OR F | 88.39   | 84.99   | 1     |
| 64896 | NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), HAND OR F | 97.85   | 94.09   | 1     |
| 64897 | NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), ARM OR LE | 84.77   | 81.51   | 1     |
| 64898 | NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), ARM OR LE | 92.45   | 88.90   | 1     |
| 64901 | NERVE GRAFT, EACH ADDITIONAL NERVE; SINGLE STRAND (LIST SEPARATELY IN ADDIT | 40.83   | 39.26   | 3     |

| Code  | Description   | 00-20   | 21+     | Units |
|-------|---|---------|---------|-------|
|       |   | Max Fee | Max Fee |       |
| 64902 | NERVE GRAFT, EACH ADDITIONAL NERVE; MULTIPLE STRANDS (CABLE) (LIST SEPARATE | 46.90   | 45.10   | 1     |
| 64905 | NERVE PEDICLE TRANSFER; FIRST STAGE   | 68.25   | 65.62   | 1     |
| 64907 | NERVE PEDICLE TRANSFER; SECOND STAGE  | 76.89   | 73.93   | 1     |
| 65105 | ENUCLEATION OF EYE; WITH IMPLANT, MUSCLES ATTACHED TO IMPLANT               | 49.90   | 47.98   | 1     |
| 65110 | EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL OF ORBITAL CON | 73.01   | 70.21   | 1     |
| 65112 | EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL OF ORBITAL CON | 86.04   | 82.74   | 1     |
| 65114 | EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL OF ORBITAL CON | 89.35   | 85.92   | 1     |
| 65260 | REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM POSTERIOR SEGMENT, MAGNETIC EXTR | 57.20   | 55.00   | 1     |
| 65265 | REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM POSTERIOR SEGMENT, NONMAGNETIC E | 64.39   | 61.91   | 1     |
| 65285 | REPAIR OF LACERATION; CORNEA AND/OR SCLERA, PERFORATING, WITH REPOSITION OR | 62.33   | 59.93   | 1     |
| 65710 | KERATOPLASTY (CORNEAL TRANSPLANT); LAMELLAR                                 | 65.80   | 63.27   | 1     |
| 65730 | KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (EXCEPT IN APHAKIA)          | 73.30   | 70.48   | 1     |
| 65750 | KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (IN APHAKIA)                 | 74.16   | 71.31   | 1     |
| 65755 | KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (IN PSEUDOPHAKIA)            | 73.75   | 70.91   | 1     |
| 65756 | KERATOPLASTY (CORNEAL TRANSPLANT); ENDOTHELIAL                              | 72.66   | 69.86   | 1     |
| 65770 | KERATOPROSTHESIS  | 84.79   | 81.53   | 1     |
| 65900 | REMOVAL OF EPITHELIAL DOWNGROWTH, ANTERIOR CHAMBER OF EYE                   | 57.30   | 55.10   | 1     |
| 66165 | FISTULIZATION OF SCLERA FOR GLAUCOMA; IRIDENCELEISIS OR IRIDOTASIS          | 50.19   | 48.26   | 1     |
| 66170 | FISTULIZATION OF SCLERA FOR GLAUCOMA; TRABECULECTOMY AB EXTERNO IN ABSENCE  | 70.67   | 67.95   | 1     |
| 66172 | FISTULIZATION OF SCLERA FOR GLAUCOMA; TRABECULECTOMY AB EXTERNO WITH SCARRI | 88.99   | 85.57   | 1     |
| 66180 | AQUEOUS SHUNT TO EXTRAOCULAR RESERVOIR, (EG, MOLTENO, SCHOCKET, DENVER-KRUP | 70.15   | 67.45   | 1     |
| 66185 | REVISION OF AQUEOUS SHUNT TO EXTRAOCULAR RESERVOIR                          | 44.48   | 42.77   | 1     |
| 66220 | REPAIR OF SCLERAL STAPHYLOMA; WITHOUT GRAFT                                 | 43.70   | 42.02   | 1     |
| 66225 | REPAIR OF SCLERAL STAPHYLOMA; WITH GRAFT                                    | 55.82   | 53.67   | 1     |
| 67010 | REMOVAL OF VITREOUS, ANTERIOR APPROACH (OPEN SKY TECHNIQUE OR LIMBAL INCISI | 32.52   | 31.27   | 1     |
| 67027 | IMPLANTATION OF INTRAVITREAL DRUG DELIVERY SYSTEM (EG, GANCICLOVIR IMPLANT) | 51.28   | 49.31   | 1     |
| 67030 | DISCUSSION OF VITREOUS STRANDS (WITHOUT REMOVAL), PARS PLANA APPROACH       | 31.01   | 29.82   | 1     |
| 67036 | VITRECTOMY, MECHANICAL, PARS PLANA APPROACH;                                | 57.67   | 55.45   | 1     |
| 67039 | VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH FOCAL ENDOLASER PHOTOCOAG | 73.77   | 70.93   | 1     |

| Code  | Description   | 00-20   | 21+     | Units |
|-------|---|---------|---------|-------|
|       |   | Max Fee | Max Fee |       |
| 67040 | VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH ENDOLASER PANRETINAL PHOT | 85.13   | 81.86   | 1     |
| 67107 | REPAIR OF RETINAL DETACHMENT; SCLERAL BUCKLING (SUCH AS LAMELLAR SCLERAL DI | 72.78   | 69.98   | 1     |
| 67108 | REPAIR OF RETINAL DETACHMENT; WITH VITRECTOMY, ANY METHOD, WITH OR WITHOUT  | 96.83   | 93.11   | 1     |
| 67112 | REPAIR OF RETINAL DETACHMENT; BY SCLERAL BUCKLING OR VITRECTOMY, ON PATIENT | 80.03   | 76.95   | 1     |
| 67121 | REMOVAL OF IMPLANTED MATERIAL, POSTERIOR SEGMENT; INTRAOCULAR               | 54.33   | 52.24   | 1     |
| 67255 | SCLERAL REINFORCEMENT (SEPARATE PROCEDURE); WITH GRAFT                      | 49.80   | 47.88   | 1     |
| 67332 | STRABISMUS SURGERY ON PATIENT WITH SCARRING OF EXTRAOCULAR MUSCLES (EG, PRI | 20.74   | 19.94   | 1     |
| 67340 | STRABISMUS SURGERY INVOLVING EXPLORATION AND/OR REPAIR OF DETACHED EXTRAOCU | 22.41   | 21.55   | 1     |
| 67343 | RELEASE OF EXTENSIVE SCAR TISSUE WITHOUT DETACHING EXTRAOCULAR MUSCLE (SEPA | 38.91   | 37.41   | 1     |
| 67400 | ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); FOR E | 55.30   | 53.17   | 1     |
| 67405 | ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH  | 47.19   | 45.38   | 1     |
| 67412 | ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH  | 50.74   | 48.78   | 1     |
| 67413 | ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH  | 51.00   | 49.03   | 1     |
| 67414 | ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH  | 79.84   | 76.77   | 1     |
| 67420 | ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH | 98.03   | 94.26   | 1     |
| 67430 | ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH | 74.37   | 71.51   | 1     |
| 67440 | ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH | 71.63   | 68.88   | 1     |
| 67445 | ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH | 84.98   | 81.71   | 1     |
| 67450 | ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); FOR  | 74.40   | 71.54   | 1     |
| 67570 | OPTIC NERVE DECOMPRESSION (EG, INCISION OR FENESTRATION OF OPTIC NERVE SHEA | 68.87   | 66.22   | 1     |
| 67971 | RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL F | 43.96   | 42.27   | 1     |
| 67973 | RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL F | 56.94   | 54.75   | 1     |
| 67974 | RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL F | 56.70   | 54.52   | 1     |
| 68720 | DACRYOCYSTORHINOSTOMY (FISTULIZATION OF LACRIMAL SAC TO NASAL CAVITY)       | 45.32   | 43.57   | 1     |
| 68745 | CONJUNCTIVORHINOSTOMY (FISTULIZATION OF CONJUNCTIVA TO NASAL CAVITY); WITHO | 45.68   | 43.92   | 1     |
| 68750 | CONJUNCTIVORHINOSTOMY (FISTULIZATION OF CONJUNCTIVA TO NASAL CAVITY); WITH  | 46.83   | 45.03   | 1     |
| 69155 | RADICAL EXCISION EXTERNAL AUDITORY CANAL LESION; WITH NECK DISSECTION       | 110.88  | 106.61  | 1     |
| 69320 | RECONSTRUCTION EXTERNAL AUDITORY CANAL FOR CONGENITAL ATRESIA, SINGLE STAGE | 100.51  | 96.64   | 1     |
| 69530 | PETROUS APICECTOMY INCLUDING RADICAL MASTOIDECTOMY                          | 108.85  | 104.66  | 1     |

| Code  | Description   | 00-20   | 21+     | Units |
|-------|---|---------|---------|-------|
|       |   | Max Fee | Max Fee |       |
| 69550 | EXCISION AURAL GLOMUS TUMOR; TRANSCANAL                                     | 68.14   | 65.52   | 1     |
| 69552 | EXCISION AURAL GLOMUS TUMOR; TRANSMASTOID                                   | 103.24  | 99.27   | 1     |
| 69554 | EXCISION AURAL GLOMUS TUMOR; EXTENDED (EXTRATEMPORAL)                       | 162.06  | 155.82  | 1     |
| 69605 | REVISION MASTOIDECTOMY; WITH APICECTOMY                                     | 102.77  | 98.82   | 1     |
| 69670 | MASTOID OBLITERATION (SEPARATE PROCEDURE)                                   | 61.94   | 59.56   | 1     |
| 69725 | DECOMPRESSION FACIAL NERVE, INTRATEMPORAL; INCLUDING MEDIAL TO GENICULATE G | 126.02  | 121.17  | 1     |
| 69740 | SUTURE FACIAL NERVE, INTRATEMPORAL, WITH OR WITHOUT GRAFT OR DECOMPRESSION; | 77.65   | 74.67   | 1     |
| 69745 | SUTURE FACIAL NERVE, INTRATEMPORAL, WITH OR WITHOUT GRAFT OR DECOMPRESSION; | 73.15   | 70.34   | 1     |
| 69802 | LABYRINTHOTOMY, WITH OR WITHOUT CRYOSURGERY OR OTHER NONEXCISIONAL DESTRUCT | 68.90   | 66.25   | 1     |
| 69805 | ENDOLYMPHATIC SAC OPERATION; WITHOUT SHUNT                                  | 69.60   | 66.92   | 1     |
| 69820 | FENESTRATION SEMICIRCULAR CANAL   | 56.68   | 54.50   | 1     |
| 69840 | REVISION FENESTRATION OPERATION   | 58.84   | 56.58   | 1     |
| 69915 | VESTIBULAR NERVE SECTION, TRANSLABYRINTHINE APPROACH                        | 102.12  | 98.20   | 1     |
| 69950 | VESTIBULAR NERVE SECTION, TRANSCRANIAL APPROACH                             | 121.02  | 116.36  | 1     |
| 69955 | TOTAL FACIAL NERVE DECOMPRESSION AND/OR REPAIR (MAY INCLUDE GRAFT)          | 132.43  | 127.34  | 1     |
| 69960 | DECOMPRESSION INTERNAL AUDITORY CANAL                                       | 128.10  | 123.18  | 1     |
| 69970 | REMOVAL OF TUMOR, TEMPORAL BONE   | 142.67  | 137.18  | 1     |
| 92992 | ATRIAL SEPTECTOMY OR SEPTOSTOMY; TRANSVENOUS METHOD, BALLOON (EG, RASHKIND  | 64.45   | 61.97   | 1     |
| 92993 | ATRIAL SEPTECTOMY OR SEPTOSTOMY; BLADE METHOD (PARK SEPTOSTOMY) (INCLUDES C | 38.76   | 37.27   | 1     |