

**Registered Nurse First Assistant Fee Schedule
Effective January 1, 2009**

Code	Description	00-20 Max Fee	21+ 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

Code	Description	00-20 Max Fee	21+ Max Fee	Units
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

Code	Description	00-20	21+	Units
		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

Code	Description	00-20	21+	Units
		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 Max Fee	21+ 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 Max Fee	21+ 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 Max Fee	21+ Max Fee	Units
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 Max Fee	21+ Max Fee	Units
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	21+	Units
		Max Fee	Max Fee	
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 Max Fee	21+ 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 Max Fee	21+ Max Fee	Units
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 Max Fee	21+ 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 Max Fee	21+ Max Fee	Units
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 Max Fee	21+ Max Fee	Units
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	21+	Units
		Max Fee	Max Fee	
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 Max Fee	21+ 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 Max Fee	21+ Max Fee	Units
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 TRANSACRAL 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 Max Fee	21+ 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	21+	Units
		Max Fee	Max Fee	
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 Max Fee	21+ Max Fee	Units
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 Max Fee	21+ 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 Max Fee	21+ Max Fee	Units
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 Max Fee	21+ 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 Max Fee	21+ 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	DISCISSION 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 Max Fee	21+ Max Fee	Units
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