

**Advanced Registered Nurse Practitioner Fee Schedule
Effective July 1, 2012**

Anesthesia Reimbursement Method: Calculate your reimbursement by dividing the total minutes of anesthesia by 15. Multiply this number by the conversion factor of \$14.50. Add the base fee listed below for the procedure code (00120). Example: 100 minutes of anesthesia for code 00120 = \$159.49. (100 min. divided by 15 = 6.67, rounded down to 6. 6 X \$14.50 = \$87.00. \$87.00 + \$72.49 anesthesia base fee = \$159.49.) (CRNA reimbursement is 80% of total reimbursement of \$159.49. Example: \$159.49 X .80 = \$127.59.)

* For age 0-20, the total reimbursement is increased by 4%

***See Physician Injectable Fee Schedule for J Code pricing

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
00100		Anesthesia For Procedures On Salivary Glands, Including Biopsy	72.49	72.49						
00102		Anesthesia For Procedures On Plastic Repair Of Cleft Lip	86.99	86.99						
00103		Anesthesia For Reconstructive Procedures Of Eyelid (Eg, Blepharoplasty, Pto	72.49	72.49						
00104		Anesthesia For Electroconvulsive Therapy	57.99	57.99						
00120		Anesthesia For Procedures On External, Middle, And Inner Ear Including Biop	72.49	72.49						
00124		Anesthesia For Procedures On External, Middle, And Inner Ear Including Biop	57.99	57.99						
00126		Anesthesia For Procedures On External, Middle, And Inner Ear Including Biop	57.99	57.99						
00140		Anesthesia For Procedures On Eye; Not Otherwise Specified	72.49	72.49						
00142		Anesthesia For Procedures On Eye; Lens Surgery	86.99	86.99						
00144		Anesthesia For Procedures On Eye; Corneal Transplant	86.99	86.99						
00145		Anesthesia For Procedures On Eye; Vitreoretinal Surgery	86.99	86.99						
00148		Anesthesia For Procedures On Eye; Ophthalmoscopy	57.99	57.99						
00160		Anesthesia For Procedures On Nose And Accessory Sinuses; Not Otherwise Spec	72.49	72.49						
00162		Anesthesia For Procedures On Nose And Accessory Sinuses; Radical Surgery	101.48	101.48						
00164		Anesthesia For Procedures On Nose And Accessory Sinuses; Biopsy, Soft Tissu	57.99	57.99						

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
00170		Anesthesia For Intraoral Procedures, Including Biopsy; Not Otherwise Specif	72.49	72.49						
00172		Anesthesia For Intraoral Procedures, Including Biopsy; Repair Of Cleft Pala	86.99	86.99						
00174		Anesthesia For Intraoral Procedures, Including Biopsy; Excision Of Retropha	86.99	86.99						
00176		Anesthesia For Intraoral Procedures, Including Biopsy; Radical Surgery	101.48	101.48						
00190		Anesthesia For Procedures On Facial Bones Or Skull; Not Otherwise Specified	72.49	72.49						
00192		Anesthesia For Procedures On Facial Bones; Radical Surgery (Including Progn	101.48	101.48						
00210		Anesthesia For Intracranial Procedures; Not Otherwise Specified	159.47	159.47						
00211		Anesthesia For Intracranial Procedures; Craniotomy Or Craniectomy For Evacuation Of Hematoma	130.48	130.48						
00212		Anesthesia For Intracranial Procedures; Subdural Taps	72.49	72.49						
00214		Anesthesia For Intracranial Procedures; Burr Holes, Including Ventriculogra	130.48	130.48						
00215		Anesthesia For Intracranial Procedures; Cranioplasty Or Elevation Of Depres	130.48	130.48						
00216		Anesthesia For Intracranial Procedures; Vascular Procedures	217.46	217.46						
00218		Anesthesia For Intracranial Procedures; Procedures In Sitting Position	188.47	188.47						
00220		Anesthesia For Intracranial Procedures; Cerebrospinal Fluid Shunting Proced	144.98	144.98						
00222		Anesthesia For Intracranial Procedures; Electrocoagulation Of Intracranial	86.99	86.99						
00300		Anesthesia For All Procedures On The Integumentary System, Muscles And Nerv	72.49	72.49						
00320		Anesthesia For All Procedures On Esophagus, Thyroid, Larynx, Trachea And Ly	86.99	86.99						
00322		Anesthesia For All Procedures On Esophagus, Thyroid, Larynx, Trachea And Ly	43.49	43.49						
00326		Anesthesia For All Procedures On The Larynx And Trachea In Children Less	116.00	116.00						
00350		Anesthesia For Procedures On Major Vessels Of Neck; Not Otherwise Specified	144.98	144.98						
00352		Anesthesia For Procedures On Major Vessels Of Neck; Simple Ligation	72.49	72.49						
00400		Anesthesia For Procedures On The Integumentary System On The Extremities,	43.49	43.49						
00402		Anesthesia For Procedures On Anterior Integumentary System Of Chest, Includ	72.49	72.49						
00404		Anesthesia For Procedures On Anterior Integumentary System Of Chest, Includ	72.49	72.49						

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
00406		Anesthesia For Procedures On Anterior Integumentary System Of Chest, Includ	188.47	188.47						
00410		Anesthesia For Procedures On Anterior Integumentary System Of Chest, Includ	57.99	57.99						
00450		Anesthesia For Procedures On Clavicle And Scapula; Not Otherwise Specified	72.49	72.49						
00452		Anesthesia For Procedures On Clavicle And Scapula; Radical Surgery	86.99	86.99						
00454		Anesthesia For Procedures On Clavicle And Scapula; Biopsy Of Clavicle	43.49	43.49						
00470		Anesthesia For Partial Rib Resection; Not Otherwise Specified	86.99	86.99						
00472		Anesthesia For Partial Rib Resection; Thoracoplasty (Any Type)	144.98	144.98						
00474		Anesthesia For Partial Rib Resection; Radical Procedures (Eg, Pectus Excava	188.47	188.47						
00500		Anesthesia For All Procedures On Esophagus	217.46	217.46						
00520		Anesthesia For Closed Chest Procedures; (Including Bronchoscopy) Not Otherw	86.99	86.99						
00522		Anesthesia For Closed Chest Procedures (Including Esophagoscopy, Bronchosco	57.99	57.99						
00524		Anesthesia For Closed Chest Procedures (Including Esophagoscopy, Bronchosco	57.99	57.99						
00528		Anesthesia For Closed Chest Procedures; Mediastinoscopy And Diagnostic Thor	115.98	115.98						
00529		Anesthesia For Closed Chest Procedures; Mediastinoscopy And Diagnostic Thor	159.50	159.50						
00530		Anesthesia For Permanent Transvenous Pacemaker Insertion	57.99	57.99						
00532		Anesthesia For Access To Central Venous Circulation	57.99	57.99						
00534		Anesthesia For Transvenous Insertion Or Replacement Of Pacing Cardioverter-	101.48	101.48						
00537		Anesthesia For Cardiac Electrophysiologic Procedures Including Radiofrequen	144.98	144.98						
00539		Anesthesia For Tracheobronchial Reconstruction	261.00	261.00						
00540		Anesthesia For Thoracotomy Procedures Involving Lungs, Pleura, Diaphragm, A	174.00	174.00						
00541		Anesthesia For Thoracotomy Procedures Involving Lungs, Pleura, Diaphragm, A	217.50	217.50						
00542		Anesthesia For Thoracotomy Procedures Involving Lungs, Pleura, Diaphragm, A	217.50	217.50						
00546		Anesthesia For Thoracotomy Procedures Involving Lungs, Pleura, Diaphragm, A	217.50	217.50						
00548		Anesthesia For Thoracotomy Procedures Involving Lungs, Pleura, Diaphragm, A	246.50	246.50						
00550		Anesthesia For Sternal Debridement	144.98	144.98						

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
00560		Anesthesia For Procedures On Heart, Pericardial Sac, And Great Vessels Of C	217.46	217.46						
00561		Anesthesia For Procedures On Heart, Pericardial Sac, And Great Vessels Of C	217.46	217.46						
00562		Anesthesia For Procedures On Heart, Pericardium, And Great Vessels Of Chest	289.95	289.95						
00563		Anesthesia For Procedures On Heart, Pericardium, And Great Vessels Of Chest	362.44	362.44						
00566		Anesthesia For Direct Coronary Artery Bypass Grafting Without Pump Oxygenat	362.44	362.44						
00567		Anesthesia For Direct Coronary Artery Bypass Grafting With Pump Oxygenator	362.44	362.44						
00580		Anesthesia For Heart Transplant Or Heart/Lung Transplant	289.95	289.95						
00600		Anesthesia For Procedures On Cervical Spine And Cord; Not Otherwise Specifi	144.98	144.98						
00604		Anesthesia For Procedures On Cervical Spine And Cord; Procedures With Patie	188.47	188.47						
00620		Anesthesia For Procedures On Thoracic Spine And Cord; Not Otherwise Specifi	144.98	144.98						
00622		Anesthesia For Procedures On Thoracic Spine And Cord; Thoracolumbar Sympath	188.47	188.47						
00625		Anesthesia For Procedures On The Thoracic Spine And Cord, Via An Anterior T	144.98	144.98						
00626		Anesthesia For Procedures On The Thoracic Spine And Cord, Via An Anterior T	144.98	144.98						
00630		Anesthesia For Procedures In Lumbar Region; Not Otherwise Specified	115.98	115.98						
00632		Anesthesia For Procedures In Lumbar Region; Lumbar Sympathectomy	101.48	101.48						
00634		Anesthesia For Procedures In Lumbar Region; Chemonucleolysis	144.98	144.98						
00635		Anesthesia For Procedures In Lumbar Region; Diagnostic Or Therapeutic Lumbar Puncture	58.00	58.00						
00640		Anesthesia For Manipulation Of The Spine Or For Closed Procedures On The Ce	43.50	43.50						
00670		Anesthesia For Extensive Spine And Spinal Cord Procedures (Eg, Spinal Instr	188.47	188.47						
00700		Anesthesia For Procedures On Upper Anterior Abdominal Wall; Not Otherwise S	58.00	58.00						
00702		Anesthesia For Procedures On Upper Anterior Abdominal Wall; Percutaneous Li	57.99	57.99						
00730		Anesthesia For Procedures On Upper Posterior Abdominal Wall	72.49	72.49						
00740		Anesthesia For Upper Gastrointestinal Endoscopic Procedures Endoscope Introduced Proximal To Duodenum	72.49	72.49						
00750		Anesthesia For Hernia Repairs In Upper Abdomen; Not Otherwise Specified	57.99	57.99						

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
00752		Anesthesia For Hernia Repairs In Upper Abdomen; Lumbar And Ventral (Incisio	86.99	86.99						
00754		Anesthesia For Hernia Repairs In Upper Abdomen; Omphalocele	101.48	101.48						
00756		Anesthesia For Hernia Repairs In Upper Abdomen; Transabdominal Repair Of Di	101.48	101.48						
00770		Anesthesia For All Procedures On Major Abdominal Blood Vessels	217.46	217.46						
00790		Anesthesia For Intraperitoneal Procedures In Upper Abdomen Including Laparo	101.48	101.48						
00792		Anesthesia For Intraperitoneal Procedures In Upper Abdomen Including Laparo	188.47	188.47						
00794		Anesthesia For Intraperitoneal Procedures In Upper Abdomen Including Laparo	115.98	115.98						
00796		Anesthesia For Intraperitoneal Procedures In Upper Abdomen Including Laparo	434.93	434.93						
00797		Anesthesia For Intraperitoneal Procedures In Upper Abdomen Including Laparo	145.00	145.00						
00800		Anesthesia For Procedures On Lower Anterior Abdominal Wall; Not Otherwise S	58.00	58.00						
00802		Anesthesia For Procedures On Lower Anterior Abdominal Wall; Panniculectomy	72.49	72.49						
00810		Anesthesia For Lower Intestinal Endoscopic Procedures; Endoscope Introduced Distal To Duodenum	72.50	72.50						
00820		Anesthesia For Procedures On Lower Posterior Abdominal Wall	72.49	72.49						
00830		Anesthesia For Hernia Repairs In Lower Abdomen; Not Otherwise Specified	57.99	57.99						
00832		Anesthesia For Hernia Repairs In Lower Abdomen; Ventral And Incisional Hern	86.99	86.99						
00834		Anesthesia For Hernia Repairs In The Lower Abdomen Not Otherwise Specified,	72.50	72.50						
00836		Anesthesia For Hernia Repairs In The Lower Abdomen Not Otherwise Specified,	87.00	87.00						
00840		Anesthesia For Intraperitoneal Procedures In Lower Abdomen Including Laparo	86.99	86.99						
00842		Anesthesia For Intraperitoneal Procedures In Lower Abdomen Including Laparo	57.99	57.99						
00844		Anesthesia For Intraperitoneal Procedures In Lower Abdomen Including Laparo	101.48	101.48						
00846		Anesthesia For Intraperitoneal Procedures In Lower Abdomen Including Laparo	115.98	115.98			Y			
00848		Anesthesia For Intraperitoneal Procedures In Lower Abdomen Including Laparo	115.98	115.98						
00851		Anesthesia For Intraperitoneal Procedures In Lower Abdomen Including Laparo	87.00	87.00				Y		
00860		Anesthesia For Extraperitoneal Procedures In Lower Abdomen, Including Urina	86.99	86.99						

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
00862		Anesthesia For Extraperitoneal Procedures In Lower Abdomen, Including Urina	101.48	101.48						
00864		Anesthesia For Extraperitoneal Procedures In Lower Abdomen, Including Urina	115.98	115.98						
00865		Anesthesia For Extraperitoneal Procedures In Lower Abdomen, Including Urina	101.48	101.48						
00866		Anesthesia For Extraperitoneal Procedures In Lower Abdomen, Including Urina	144.98	144.98						
00868		Anesthesia For Extraperitoneal Procedures In Lower Abdomen, Including Urina	144.98	144.98						
00870		Anesthesia For Extraperitoneal Procedures In Lower Abdomen, Including Urina	72.49	72.49						
00872		Anesthesia For Lithotripsy, Extracorporeal Shock Wave; With Water Bath	101.48	101.48						
00873		Anesthesia For Lithotripsy, Extracorporeal Shock Wave; Without Water Bath	72.49	72.49						
00880		Anesthesia For Procedures On Major Lower Abdominal Vessels; Not Otherwise S	217.46	217.46						
00882		Anesthesia For Procedures On Major Lower Abdominal Vessels; Inferior Vena C	144.98	144.98						
00902		Anesthesia For; Anorectal Procedure	72.50	72.50						
00904		Anesthesia For Procedures On Perineal Integumentary System (Including Biops	101.48	101.48						
00906		Anesthesia For Procedures On Perineal Integumentary System (Including Biops	57.99	57.99						
00908		Anesthesia For Procedures On Perineal Integumentary System (Including Biops	86.99	86.99						
00910		Anesthesia For Transurethral Procedures (Including Urethrocystoscopy); Not	43.49	43.49						
00912		Anesthesia For Transurethral Procedures (Including Urethrocystoscopy); Tran	72.49	72.49						
00914		Anesthesia For Transurethral Procedures (Including Urethrocystoscopy); Tran	72.49	72.49						
00916		Anesthesia For Transurethral Procedures (Including Urethrocystoscopy); Post	72.49	72.49						
00918		Anesthesia For Transurethral Procedures (Including Urethrocystoscopy); With	72.49	72.49						
00920		Anesthesia For Procedures On Male Genitalia (Including Open Urethral Proced	43.49	43.49						
00921		Anesthesia For Procedures On Male Genitalia (Including Open Urethral Proced	43.50	43.50				Y		
00922		Anesthesia For Procedures On Male External Genitalia; Seminal Vesicles	86.99	86.99						
00924		Anesthesia For Procedures On Male External Genitalia; Undescended Testis, U	57.99	57.99						
00926		Anesthesia For Procedures On Male External Genitalia; Radical Orchiectomy,	57.99	57.99						
00928		Anesthesia For Procedures On Male External Genitalia; Radical Orchiectomy,	86.99	86.99						

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
00930		Anesthesia For Procedures On Male External Genitalia; Orchiopexy, Unilatera	57.99	57.99						
00932		Anesthesia For Procedures On Male External Genitalia; Complete Amputation O	57.99	57.99						
00934		Anesthesia For Procedures On Male External Genitalia; Radical Amputation Of	86.99	86.99						
00936		Anesthesia For Procedures On Male External Genitalia; Radical Amputation Of	115.98	115.98						
00940		Anesthesia For Vaginal Procedures (Including Biopsy Of Labia, Vagina, Cervi	43.49	43.49						
00942		Anesthesia For Vaginal Procedures (Including Biopsy Of Labia, Vagina, Cervi	57.99	57.99						
00944		Anesthesia For Vaginal Procedures (Including Biopsy Of Labia, Vagina, Cervi	86.99	86.99			Y			
00948		Anesthesia For Vaginal Procedures (Including Biopsy Of Labia, Vagina, Cervi	57.99	57.99						
00950		Anesthesia For Vaginal Procedures (Including Biopsy Of Labia, Vagina, Cervi	72.49	72.49						
00952		Anesthesia For Vaginal Procedures (Including Biopsy Of Labia, Vagina, Cervi	57.99	57.99						
01112		Anesthesia For Bone Marrow Aspiration And/Or Biopsy, Anterior Or Posterior	72.49	72.49						
01120		Anesthesia For Procedures On Bony Pelvis	86.99	86.99						
01130		Anesthesia For Body Cast Application Or Revision	43.49	43.49						
01140		Anesthesia For Interpelviabdominal (Hindquarter) Amputation	217.46	217.46						
01150		Anesthesia For Radical Procedures For Tumor Of Pelvis, Except Hindquarter A	145.00	145.00						
01160		Anesthesia For Closed Procedures Involving Symphysis Pubis Or Sacroiliac Jo	57.99	57.99						
01170		Anesthesia For Open Procedures Involving Symphysis Pubis Or Sacroiliac Join	115.98	115.98						
01173		Anesthesia For Open Repair Of Fracture Disruption Of Pelvis Or Column Fract	174.00	174.00						
01180		Anesthesia For Obturator Neurectomy; Extrapelvic	43.49	43.49						
01190		Anesthesia For Obturator Neurectomy; Intrapelvic	57.99	57.99						
01200		Anesthesia For All Closed Procedures Involving Hip Joint	57.99	57.99						
01202		Anesthesia For Arthroscopic Procedures Of Hip Joint	57.99	57.99						
01210		Anesthesia For Open Procedures Involving Hip Joint; Not Otherwise Specified	86.99	86.99						
01212		Anesthesia For Open Procedures Involving Hip Joint; Hip Disarticulation	144.98	144.98						
01214		Anesthesia For Open Procedures Involving Hip Joint; Total Hip Arthroplasty	116.00	116.00						

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
01215		Anesthesia For Open Procedures Involving Hip Joint; Revision Of Total Hip A	144.98	144.98						
01220		Anesthesia For All Closed Procedures Involving Upper 2/3 Of Femur	57.99	57.99						
01230		Anesthesia For Open Procedures Involving Upper 2/3 Of Femur; Not Otherwise	86.99	86.99						
01232		Anesthesia For Open Procedures Involving Upper 2/3 Of Femur; Amputation	72.49	72.49						
01234		Anesthesia For Open Procedures Involving Upper 2/3 Of Femur; Radical Resect	115.98	115.98						
01250		Anesthesia For All Procedures On Nerves, Muscles, Tendons, Fascia, And Burs	57.99	57.99						
01260		Anesthesia For All Procedures Involving Veins Of Upper Leg, Including Explo	115.98	115.98						
01270		Anesthesia For Procedures Involving Arteries Of Upper Leg, Including Bypass	116.48	116.48						
01272		Anesthesia For Procedures Involving Arteries Of Upper Leg, Including Bypass	57.99	57.99						
01274		Anesthesia For Procedures Involving Arteries Of Upper Leg, Including Bypass	86.99	86.99						
01320		Anesthesia For All Procedures On Nerves, Muscles, Tendons, Fascia, And Burs	57.99	57.99						
01340		Anesthesia For All Closed Procedures On Lower 1/3 Of Femur	57.99	57.99						
01360		Anesthesia For All Open Procedures On Lower 1/3 Of Femur	72.49	72.49						
01380		Anesthesia For All Closed Procedures On Knee Joint	43.49	43.49						
01382		Anesthesia For Diagnostic Arthroscopic Procedures Of Knee Joint	43.49	43.49						
01390		Anesthesia For All Closed Procedures On Upper Ends Of Tibia, Fibula, And/Or	43.49	43.49						
01392		Anesthesia For All Open Procedures On Upper Ends Of Tibia, Fibula, And/Or P	57.99	57.99						
01400		Anesthesia For Open Or Surgical Arthroscopic Procedures On Knee Joint; Not	57.99	57.99						
01402		Anesthesia For Open Procedures On Knee Joint; Total Knee Arthroplasty	101.48	101.48						
01404		Anesthesia For Open Procedures On Knee Joint; Disarticulation At Knee	72.49	72.49						
01420		Anesthesia For All Cast Applications, Removal, Or Repair Involving Knee Joi	43.49	43.49						
01430		Anesthesia For Procedures On Veins Of Knee And Popliteal Area; Not Otherwis	43.49	43.49						
01432		Anesthesia For Procedures On Veins Of Knee And Popliteal Area; Arteriovenou	87.00	87.00						
01440		Anesthesia For Procedures On Arteries Of Knee And Popliteal Area; Not Other	116.00	116.00						
01442		Anesthesia For Procedures On Arteries Of Knee And Popliteal Area; Popliteal	115.98	115.98						

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
01444		Anesthesia For Procedures On Arteries Of Knee And Popliteal Area; Popliteal	115.98	115.98						
01462		Anesthesia For All Closed Procedures On Lower Leg, Ankle, And Foot	43.49	43.49						
01464		Anesthesia For Arthroscopic Procedures Of Ankle And/Or Foot	43.49	43.49						
01470		Anesthesia For Procedures On Nerves, Muscles, Tendons, And Fascia Of Lower	43.49	43.49						
01472		Anesthesia For Procedures On Nerves, Muscles, Tendons, And Fascia Of Lower	72.49	72.49						
01474		Anesthesia For Procedures On Nerves, Muscles, Tendons, And Fascia Of Lower	72.49	72.49						
01480		Anesthesia For Open Procedures On Bones Of Lower Leg, Ankle, And Foot; Not	43.49	43.49						
01482		Anesthesia For Open Procedures On Bones Of Lower Leg, Ankle, And Foot; Radi	57.99	57.99						
01484		Anesthesia For Open Procedures On Bones Of Lower Leg, Ankle, And Foot; Oste	57.99	57.99						
01486		Anesthesia For Open Procedures On Bones Of Lower Leg, Ankle, And Foot; Tota	101.48	101.48						
01490		Anesthesia For Lower Leg Cast Application, Removal, Or Repair	43.49	43.49						
01500		Anesthesia For Procedures On Arteries Of Lower Leg, Including Bypass Graft;	115.98	115.98						
01502		Anesthesia For Procedures On Arteries Of Lower Leg, Including Bypass Graft;	86.99	86.99						
01520		Anesthesia For Procedures On Veins Of Lower Leg; Not Otherwise Specified	43.49	43.49						
01522		Anesthesia For Procedures On Veins Of Lower Leg; Venous Thrombectomy, Direc	72.49	72.49						
01610		Anesthesia For All Procedures On Nerves, Muscles, Tendons, Fascia, And Burs	72.49	72.49						
01620		Anesthesia For All Closed Procedures On Humeral Head And Neck, Sternoclavic	57.99	57.99						
01622		Anesthesia For Diagnostic Arthroscopic Procedures Of Shoulder Joint	57.99	57.99						
01630		Anesthesia For Open Or Surgical Arthroscopic Procedures On Humeral Head And	72.49	72.49						
01634		Anesthesia For Open Procedures On Humeral Head And Neck, Sternoclavicular J	130.48	130.48						
01636		Anesthesia For Open Procedures On Humeral Head And Neck, Sternoclavicular J	217.46	217.46						
01638		Anesthesia For Open Procedures On Humeral Head And Neck, Sternoclavicular J	144.98	144.98						
01650		Anesthesia For Procedures On Arteries Of Shoulder And Axilla; Not Otherwise	86.99	86.99						
01652		Anesthesia For Procedures On Arteries Of Shoulder And Axilla; Axillary-Brac	144.98	144.98						
01654		Anesthesia For Procedures On Arteries Of Shoulder And Axilla; Bypass Graft	115.98	115.98						

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
01656		Anesthesia For Procedures On Arteries Of Shoulder And Axilla; Axillary-Femo	144.98	144.98						
01670		Anesthesia For All Procedures On Veins Of Shoulder And Axilla	57.99	57.99						
01680		Anesthesia For Shoulder Cast Application, Removal Or Repair; Not Otherwise	43.49	43.49						
01682		Anesthesia For Shoulder Cast Application, Removal Or Repair; Shoulder Spica	57.99	57.99						
01710		Anesthesia For Procedures On Nerves, Muscles, Tendons, Fascia, And Bursae O	43.49	43.49						
01712		Anesthesia For Procedures On Nerves, Muscles, Tendons, Fascia, And Bursae O	72.49	72.49						
01714		Anesthesia For Procedures On Nerves, Muscles, Tendons, Fascia, And Bursae O	72.49	72.49						
01716		Anesthesia For Procedures On Nerves, Muscles, Tendons, Fascia, And Bursae O	72.49	72.49						
01730		Anesthesia For All Closed Procedures On Humerus And Elbow	43.49	43.49						
01732		Anesthesia For Diagnostic Arthroscopic Procedures Of Elbow Joint	43.49	43.49						
01740		Anesthesia For Open Or Surgical Arthroscopic Procedures Of The Elbow; Not O	57.99	57.99						
01742		Anesthesia For Open Procedures On Humerus And Elbow; Osteotomy Of Humerus	72.49	72.49						
01744		Anesthesia For Open Procedures On Humerus And Elbow; Repair Of Nonunion Or	72.49	72.49						
01756		Anesthesia For Open Procedures On Humerus And Elbow; Radical Procedures	86.99	86.99						
01758		Anesthesia For Open Procedures On Humerus And Elbow; Excision Of Cyst Or Tu	72.49	72.49						
01760		Anesthesia For Open Procedures On Humerus And Elbow; Total Elbow Replacemen	101.48	101.48						
01770		Anesthesia For Procedures On Arteries Of Upper Arm And Elbow; Not Otherwise	87.00	87.00						
01772		Anesthesia For Procedures On Arteries Of Upper Arm And Elbow; Embolectomy	86.99	86.99						
01780		Anesthesia For Procedures On Veins Of Upper Arm And Elbow; Not Otherwise Sp	43.49	43.49						
01782		Anesthesia For Procedures On Veins Of Upper Arm And Elbow; Phleborrhaphy	57.99	57.99						
01810		Anesthesia For All Procedures On Nerves, Muscles, Tendons, Fascia, And Burs	43.49	43.49						
01820		Anesthesia For All Closed Procedures On Radius, Ulna, Wrist, Or Hand Bones	43.49	43.49						
01829		Anesthesia For Diagnostic Arthroscopic Procedures On The Wrist	43.50	43.50						
01830		Anesthesia For Open Or Surgical Arthroscopic/Endoscopic Procedures On Dista	43.49	43.49						
01832		Anesthesia For Open Procedures On Radius, Ulna, Wrist, Or Hand Bones; Total	86.99	86.99						

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
01840		Anesthesia For Procedures On Arteries Of Forearm, Wrist, And Hand; Not Othe	86.99	86.99						
01842		Anesthesia For Procedures On Arteries Of Forearm, Wrist, And Hand; Embolect	86.99	86.99						
01844		Anesthesia For Vascular Shunt, Or Shunt Revision, Any Type (Eg, Dialysis)	86.99	86.99						
01850		Anesthesia For Procedures On Veins Of Forearm, Wrist, And Hand; Not Otherwi	43.49	43.49						
01852		Anesthesia For Procedures On Veins Of Forearm, Wrist, And Hand; Phleborrhap	57.99	57.99						
01860		Anesthesia For Forearm, Wrist, Or Hand Cast Application, Removal, Or Repair	43.49	43.49						
01916		Anesthesia For Diagnostic Arteriography/Venography	72.49	72.49						
01920		Anesthesia For Cardiac Catheterization Including Coronary Angiography And V	101.48	101.48						
01922		Anesthesia For Non-Invasive Imaging Or Radiation Therapy	101.48	101.48						
01924		Anesthesia For Therapeutic Interventional Radiologic Procedures Involving T	87.00	87.00						
01925		Anesthesia For Therapeutic Interventional Radiologic Procedures Involving T	116.00	116.00						
01926		Anesthesia For Therapeutic Interventional Radiologic Procedures Involving T	145.00	145.00						
01930		Anesthesia For Therapeutic Interventional Radiologic Procedures Involving T	72.50	72.50						
01931		Anesthesia For Therapeutic Interventional Radiologic Procedures Involving T	101.50	101.50						
01932		Anesthesia For Therapeutic Interventional Radiologic Procedures Involving T	101.50	101.50						
01933		Anesthesia For Therapeutic Interventional Radiologic Procedures Involving T	116.00	116.00						
01951		Anesthesia For Second And Third Degree Burn Excision Or Debridement With Or	43.49	43.49						
01952		Anesthesia For Second And Third Degree Burn Excision Or Debridement With Or	72.49	72.49						
01953		Anesthesia For Second And Third Degree Burn Excision Or Debridement With Or	14.50	14.50						
01958		Anesthesia For External Cephalic Version Procedure	72.50	72.50						
01960		Anesthesia For; Vaginal Delivery Only	72.50	72.50						
01961		Anesthesia For Cesarean Delivery Only	101.50	101.50						
01962		Anesthesia For Urgent Hysterectomy Following Delivery	116.00	116.00			Y			
01963		Anesthesia For Cesarean Hysterectomy Without Any Labor Analgesia/Anesthesia	145.00	145.00			Y			
01965		Anesthesia For Incomplete Or Missed Abortion Procedures	58.00	58.00						

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
01966		Anesthesia For Induced Abortion Procedures	58.00	58.00					Y	
01967		Neuraxial Labor Analgesia/Anesthesia For Planned Vaginal Delivery (This Inc	72.50	72.50						
01968		Anesthesia For Cesarean Delivery Following Neuraxial Labor Analgesia/Anesth	43.50	43.50						
01969		Anesthesia For Cesarean Hysterectomy Following Neuraxial Labor Analgesia/An	72.50	72.50			Y			
01991		Anesthesia For Diagnostic Or Therapeutic Nerve Blocks And Injections (When	43.50	43.50						
01992		Anesthesia For Diagnostic Or Therapeutic Nerve Blocks And Injections (When	72.50	72.50						
01996		Daily Hospital Management Of Epidural Or Subarachnoid Continuous Drug Admin	43.49	43.49						
01999	R	Unlisted Anesthesia Procedure								
10060		Incision And Drainage Of Abscess (Eg, Carbuncle, Suppurative Hidradenitis,	49.98	48.06	10	1				
10061		Incision And Drainage Of Abscess (Eg, Carbuncle, Suppurative Hidradenitis,	84.56	81.30	10	1				
10120		Incision And Removal Of Foreign Body, Subcutaneous Tissues; Simple	58.41	56.16	10	1				
10140		Incision And Drainage Of Hematoma, Seroma Or Fluid Collection	70.77	68.05	10	1				
10160		Puncture Aspiration Of Abscess, Hematoma, Bulla, Or Cyst	56.98	54.78	10	1				
11004		Debridement Of Skin, Subcutaneous Tissue, Muscle And Fascia For Necrotizing	40.80	39.23	0	1				
11042		Debridement; Skin, And Subcutaneous Tissue	33.50	32.22	0	1				
11045		Deb Subq Tissue Add-On	16.31	15.68	0	5				
11055		Paring Or Cutting Of Benign Hyperkeratotic Lesion (Eg, Corn Or Callus); Sin	22.23	21.38	0	1				
11056		Paring Or Cutting Of Benign Hyperkeratotic Lesion (Eg, Corn Or Callus); Two	25.07	24.10	0	1				
11057		Paring Or Cutting Of Benign Hyperkeratotic Lesion (Eg, Corn Or Callus); Mor	31.03	29.84	0	1				
11100		Biopsy Of Skin, Subcutaneous Tissue And/Or Mucous Membrane (Including Simpl	45.65	43.90	0	1				
11101		Biopsy Of Skin, Subcutaneous Tissue And/Or Mucous Membrane (Including Simpl	14.33	13.78	0	6				
11200		Removal Of Skin Tags, Multiple Fibrocutaneous Tags, Any Area; Up To And	36.73	35.32	10	1				
11400		Excision, Benign Lesion Including Margins, Except Skin Tag (Unless Listed E	50.16	48.23	10	1				
11401		Excision, Benign Lesion Including Margins, Except Skin Tag (Unless Listed E	63.24	60.81	10	1				
11402		Excision, Benign Lesion Including Margins, Except Skin Tag (Unless Listed E	70.59	67.87	10	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
11403		Excision, Benign Lesion Including Margins, Except Skin Tag (Unless Listed E	81.16	78.04	10	1				
11730		Avulsion Of Nail Plate, Partial Or Complete, Simple; Single	42.67	41.03	0	1				
11740		Evacuation Of Subungual Hematoma	21.14	20.33	0	1				
11750		Excision Of Nail And Nail Matrix, Partial Or Complete, (Eg, Ingrown Or Defo	97.13	93.39	10	1				
11765		Wedge Excision Of Skin Of Nail Fold (Eg, For Ingrown Toenail)	60.20	57.88	10	1				
11921	R	Tattooing, Intradermal Introduction Of Insoluble Opaque Pigments To Correct	86.71	83.38	0	1				
11922	R	Tattooing, Intradermal Introduction Of Insoluble Opaque Pigments To Correct	26.16	25.15	0	1				
11976		Removal, Implantable Contraceptive Capsules	63.71	61.26	0	1				
11981		Insertion, Non-Biodegradable Drug Delivery Implant	59.23	56.95	0	1				
11982		Removal, Non-Biodegradable Drug Delivery Implant	66.54	63.98	0	1				
11983		Removal With Reinsertion, Non-Biodegradable Drug Delivery Implant	92.35	88.80	0	1				
12001		Simple Repair Of Superficial Wounds Of Scalp, Neck, Axillae, External Geni	52.32	50.31	10	1				
12002		Simple Repair Of Superficial Wounds Of Scalp, Neck, Axillae, External Geni	55.84	53.70	10	1				
12004		Simple Repair Of Superficial Wounds Of Scalp, Neck, Axillae, External Geni	65.96	63.42	10	1				
12011		Simple Repair Of Superficial Wounds Of Face, Ears, Eyelids, Nose, Lips And	55.55	53.42	10	1				
12013		Simple Repair Of Superficial Wounds Of Face, Ears, Eyelids, Nose, Lips And	61.57	59.20	10	1				
12018		Simple Repair Of Superficial Wounds Of Face, Ears, Eyelids, Nose, Lips And/	19.68	18.92	10	1				
12031		Layer Closure Of Wounds Of Scalp, Axillae, Trunk And/Or Extremities (Exclu	104.44	100.42	10	1				
12032		Layer Closure Of Wounds Of Scalp, Axillae, Trunk And/Or Extremities (Exclu	133.83	128.68	10	1				
12034		Layer Closure Of Wounds Of Scalp, Axillae, Trunk And/Or Extremities (Exclud	137.41	132.13	10	1				
12035		Layer Closure Of Wounds Of Scalp, Axillae, Trunk And/Or Extremities (Exclud	162.49	156.24	10	1				
12047		Layer Closure Of Wounds Of Neck, Hands, Feet And/Or External Genitalia; Ove	33.39	32.11	10	1				
12057		Layer Closure Of Wounds Of Face, Ears, Eyelids, Nose, Lips And/Or Mucous Me	40.56	39.00	10	1				
15002		Surgical Preparation Or Creation Of Recipient Site By Excision Of Open Woun	23.85	22.93	0	1				
15003		Surgical Preparation Or Creation Of Recipient Site By Excision Of Open Woun	5.19	4.99	0	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
15004		Surgical Preparation Or Creation Of Recipient Site By Excision Of Open Woun	28.10	27.02	0	1				
15005		Surgical Preparation Or Creation Of Recipient Site By Excision Of Open Woun	8.74	8.41	0	1				
15271		Allograft Skin For Temporary Wound Closure, Trunk, Arms, Legs; First 100 Sq Cm Or Less, Or 1% Of Body Area Of Infants And Children	63.26	60.82	0	1				
15272		Application Of Skin Substitute Graft To Trunk, Arms, Legs, Total Wound Surface Area Up To 100 Sq Cm; Each Additional 25 Sq Cm Wound Surface Area, Or Part Thereof (List Separately In Addition To Code For Primary Procedure)	11.94	11.48	0	3				
15273		Application Of Skin Substitute Graft To Trunk, Arms, Legs, Total Wound Surface Area Greater Than Or Equal To 100 Sq Cm; First 100 Sq Cm Wound Surface Area, Or 1% Of Body Area Of Infants And Children	129.95	124.95	0	1				
15274		Application Of Skin Substitute Graft To Trunk, Arms, Legs, Total Wound Surface Area Greater Than Or Equal To 100 Sq Cm; Each Additional 100 Sq Cm Wound Surface Area, Or Part Thereof, Or Each Additional 1% Of Body Area Of Infants And Children, Or Part Thereof (List Separately In Addition To Code For Primary Procedure)	30.58	29.41	0	20				
15275		Application Of Skin Substitute Graft To Face, Scalp, Eyelids, Mouth, Neck, Ears, Orbits, Genitalia, Hands, Feet, And/Or Multiple Digits, Total Wound Surface Area Up To 100 Sq Cm; First 25 Sq Cm Or Less Wound Surface Area	67.88	65.27	0	1				
15276		Application Of Skin Substitute Graft To Face, Scalp, Eyelids, Mouth, Neck, Ears, Orbits, Genitalia, Hands, Feet, And/Or Multiple Digits, Total Wound Surface Area Up To 100 Sq Cm; Each Additional 25 Sq Cm Wound Surface Area, Or Part Thereof (List Separately In Addition To Code For Primary Procedure)	14.77	14.20	0	3				
15277		Application Of Skin Substitute Graft To Face, Scalp, Eyelids, Mouth, Neck, Ears, Orbits, Genitalia, Hands, Feet, And/Or Multiple Digits, Total Wound Surface Area Greater Than Or Equal To 100 Sq Cm; First 100 Sq Cm Wound Surface Area, Or 1% Of Body Area Of Infants And Children	130.70	125.67	0	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
15278		Application Of Skin Substitute Graft To Face, Scalp, Eyelids, Mouth, Neck, Ears, Orbits, Genitalia, Hands, Feet, And/Or Multiple Digits, Total Wound Surface Area Greater Than Or Equal To 100 Sq Cm; Each Additional 100 Sq Cm Wound Surface Area, Or Part Thereof, Or Each Additional 1% Of Body Area Of Infants And Children, Or Part Thereof (List Separately In Addition To Code For Primary Procedure)	36.11	34.72	0	20				
15731		Forehead Flap With Preservation Of Vascular Pedicle (Eg, Axial Pattern Flap	80.81	77.70	0	1				
15732		Muscle, Myocutaneous, Or Fasciocutaneous Flap; Head And Neck (Eg, Temporal)	92.57	89.01	90	1				
15734		Muscle, Myocutaneous, Or Fasciocutaneous Flap; Trunk	107.95	103.80	90	1				
15738		Muscle, Myocutaneous, Or Fasciocutaneous Flap; Lower Extremity	101.22	97.32	90	1				
15750		Flap; Neurovascular Pedicle	65.55	63.03	90	1				
15756		Free Muscle Or Myocutaneous Flap With Microvascular Anastomosis	169.75	163.22	90	1				
15757		Free Skin Flap With Microvascular Anastomosis	166.29	159.89	90	1				
15758		Free Fascial Flap With Microvascular Anastomosis	166.84	160.42	90	1				
15770		Graft; Derma-Fat-Fascia	47.47	45.64	90	1				
15777		Implantation Of Biologic Implant (Eg, Acellular Dermal Matrix) For Soft Tissue Reinforcement (Eg, Breast, Trunk) (List Separately In Addition To Code For Primary Procedure)	93.84	90.23	0	1				
15830		Excision, Excessive Skin And Subcutaneous Tissue (Includes Lipectomy); Abdo	83.93	80.70	90	1				Y
15841		Graft For Facial Nerve Paralysis; Free Muscle Graft (Including Obtaining Gr	115.37	110.93	90	1				
15842		Graft For Facial Nerve Paralysis; Free Muscle Flap By Microsurgical Techniq	175.93	169.17	90	1				
15845		Graft For Facial Nerve Paralysis; Regional Muscle Transfer	67.73	65.13	90	1				
15847		Excision, Excessive Skin And Subcutaneous Tissue (Includes Lipectomy), Abdo	39.19	37.68	90	1				Y
15922		Excision, Coccygeal Pressure Ulcer, With Coccygectomy; With Flap Closure	53.89	51.82	90	1				
15935		Excision, Sacral Pressure Ulcer, With Skin Flap Closure; With Ostectomy	78.57	75.55	90	1				
15937		Excision, Sacral Pressure Ulcer, With Muscle Or Myocutaneous Flap Closure;	74.58	71.71	90	1				
15946		Excision, Ischial Pressure Ulcer, With Ostectomy, In Preparation For Muscle	118.00	113.46	90	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
15952		Excision, Trochanteric Pressure Ulcer, With Skin Flap Closure;	61.77	59.40	90	1				
15958		Excision, Trochanteric Pressure Ulcer, With Muscle Or Myocutaneous Flap Clo	84.19	80.95	90	1				
16020		Dressings And/Or Debridement Of Partial-Thickness Burns, Initial Or Subsequ	35.11	33.76	0	1				
17000		Destruction (Eg, Laser Surgery, Electrosurgery, Cryosurgery, Chemosurgery,	35.81	34.43	10	1				
17003		Destruction By Any Method, Including Laser, With Or Without Surgical Curett	2.99	2.87	0	13				
17004		Destruction (Eg, Laser Surgery, Electrosurgery, Cryosurgery, Chemosurgery,	75.05	72.16	10	1				
17110		Destruction (Eg, Laser Surgery, Electrosurgery, Cryosurgery, Chemosurgery,	45.09	43.36	10	1				
17111		Destruction By Any Method Of Flat Warts, Molluscum Contagiosum, Or Milia; 1	57.89	55.66	10	1				
17250		Chemical Cauterization Of Granulation Tissue (Proud Flesh,Sinus Or Fistul	33.14	31.86	0	1				
17260		Destruction, Malignant Lesion (Eg, Laser Surgery, Electrosurgery, Cryosurge	41.48	39.88	10	1				
17261		Destruction, Malignant Lesion, Any Method, Trunk, Arms Or Legs; Lesion Diam	63.41	60.97	10	1				
17262		Destruction, Malignant Lesion, Any Method, Trunk, Arms Or Legs; Lesion Diam	77.28	74.31	10	1				
17263		Destruction, Malignant Lesion, Any Method, Trunk, Arms Or Legs; Lesion Diam	84.30	81.06	10	1				
17311		Mohs Micrographic Technique, Including Removal Of All Gross Tumor, Surgical	46.00	44.23	0	1				
17312		Mohs Micrographic Technique, Including Removal Of All Gross Tumor, Surgical	27.43	26.37	0	1				
17313		Mohs Micrographic Technique, Including Removal Of All Gross Tumor, Surgical	41.97	40.35	0	1				
17314		Mohs Micrographic Technique, Including Removal Of All Gross Tumor, Surgical	25.42	24.45	0	1				
17315		Mohs Micrographic Technique, Including Removal Of All Gross Tumor, Surgical	5.54	5.32	0	1				
19260		Excision Of Chest Wall Tumor Including Ribs	85.17	81.90	90	1				
19271		Excision Of Chest Wall Tumor Involving Ribs, With Plastic Reconstruction; W	115.92	111.46	90	1				
19272		Excision Of Chest Wall Tumor Involving Ribs, With Plastic Reconstruction; W	127.47	122.57	90	1				
19300		Mastectomy For Gynecomastia	36.79	35.37	90	1				
19301		Mastectomy, Partial (Eg, Lumpectomy, Tylectomy, Quadrantectomy, Segmentecto	278.40	267.70	90	1				
19302		Mastectomy, Partial (Eg, Lumpectomy, Tylectomy, Quadrantectomy, Segmentecto	63.02	60.60	90	1				
19303		Mastectomy, Simple, Complete	68.94	66.28	90	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
19304		Mastectomy, Subcutaneous	39.64	38.12	90	1				
19305		Mastectomy, Radical, Including Pectoral Muscles, Axillary Lymph Nodes	78.60	75.58	90	1				
19306		Mastectomy, Radical, Including Pectoral Muscles, Axillary And Internal Mamm	82.72	79.54	90	1				
19307		Mastectomy, Modified Radical, Including Axillary Lymph Nodes, With Or Witho	83.30	80.09	90	1				
19316	R	Mastopexy	55.57	53.43	90	1				
19318		Reduction Mammoplasty	80.21	77.12	90	1				Y
19325		Mammoplasty, Augmentation; With Prosthetic Implant	46.81	45.01	90	1				Y
19357	R	Breast Reconstruction, Immediate Or Delayed, With Tissue Expander, Includin	109.48	105.26	90	1				
19361	R	Breast Reconstruction With Latissimus Dorsi Flap, Without Prosthetic Implan	114.73	110.31	90	1				
19364	R	Breast Reconstruction With Free Flap	200.43	192.72	90	1				
19366	R	Breast Reconstruction With Other Technique	98.61	94.82	90	1				
19367	R	Breast Reconstruction With Transverse Rectus Abdominis Myocutaneous Flap (T	130.15	125.14	90	1				
19368	R	Breast Reconstruction With Transverse Rectus Abdominis Myocutaneous Flap (T	160.58	154.41	90	1				
19369	R	Breast Reconstruction With Transverse Rectus Abdominis Myocutaneous Flap (T	149.01	143.27	90	1				
20100		Exploration Of Penetrating Wound (Separate Procedure); Neck	42.71	41.06	10	1				
20102		Exploration Of Penetrating Wound (Separate Procedure); Abdomen/Flank/Back	32.39	31.14	10	1				
20150		Excision Of Epiphyseal Bar, With Or Without Autogenous Soft Tissue Graft Ob	71.14	68.40	90	1				
20251		Biopsy, Vertebral Body, Open; Lumbar Or Cervical	29.29	28.16	10	1				
20526		Injection, Therapeutic (Eg, Local Anesthetic, Corticosteroid), Carpal Tunnel	33.12	31.85	0	1				
20527		Injection, Enzyme (Eg, Collagenase), Palmar Fascial Cord (Ie, Dupuytren's Contracture)	33.27	31.99	0	1				
20550		Injection(S); Single Tendon Sheath, Or Ligament, Aponeurosis (Eg, Plantar '	25.22	24.25	0	1				
20551		Injection(S); Single Tendon Origin/Insertion	26.11	25.10	0	1				
20552		Injection(S); Single Or Multiple Trigger Point(S), One Or Two Muscle(S)	23.11	22.22	0	1				
20553		Injection(S); Single Or Multiple Trigger Point(S), Three Or More Muscle(S)	25.80	24.81	0	1				
20600		Arthrocentesis, Aspiration And/Or Injection; Small Joint Or Bursa (Eg, Fing	23.87	22.95	0	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
20605		Arthrocentesis, Aspiration And/Or Injection; Intermediate Joint Or Bursa (E	25.07	24.10	0	1				
20610		Arthrocentesis, Aspiration And/Or Injection; Major Joint Or Bursa (Eg, Sho	29.84	28.69	0	1				
20650		Insertion Of Wire Or Pin With Application Of Skeletal Traction, Including Removal	88.47	85.07	10	1				
20692		Application Of A Multiplane (Pins Or Wires In More Than One Plane), Unilate	78.20	75.19	0	1				
20802		Replantation, Arm (Includes Surgical Neck Of Humerus Through Elbow Joint);	161.44	155.23	90	1				
20805		Replantation, Forearm (Includes Radius And Ulna To Radial Carpal Joint); Co	199.61	191.94	90	1				
20808		Replantation, Hand (Includes Hand Through Metacarpophalangeal Joints); Comp	280.08	269.31	90	1				
20816		Replantation, Digit, Excluding Thumb (Includes Metacarpophalangeal Joint To	148.22	142.52	90	1				
20822		Replantation, Digit, Excluding Thumb (Includes Distal Tip To Sublimis Tendo	125.23	120.41	90	1				
20824		Replantation, Thumb (Includes Carpometacarpal Joint To Mp Joint); Complete	153.53	147.62	90	1				
20827		Replantation, Thumb (Includes Distal Tip To Mp Joint); Complete Amputation	128.62	123.67	90	1				
20838		Replantation, Foot; Complete Amputation	177.80	170.97	90	1				
20900		Bone Graft, Any Donor Area; Minor Or Small (Eg, Dowel Or Button)	37.49	36.05	90	1				
20902		Bone Graft, Any Donor Area; Major Or Large	35.89	34.51	90	1				
20922		Fascia Lata Graft; By Incision And Area Exposure, Complex Or Sheet	42.35	40.72	90	1				
20924		Tendon Graft, From A Distance (Eg, Palmaris, Toe Extensor, Plantaris)	35.88	34.50	90	1				
20937		Autograft For Spine Surgery Only (Includes Harvesting The Graft); Morselize	11.86	11.41	90	1				
20938		Autograft For Spine Surgery Only (Includes Harvesting The Graft); Structura	13.06	12.56	90	1				
20955		Bone Graft With Microvascular Anastomosis; Fibula	180.59	173.64	90	1				
20956		Bone Graft With Microvascular Anastomosis; Iliac Crest	187.06	179.86	90	1				
20957		Bone Graft With Microvascular Anastomosis; Metatarsal	188.98	181.72	90	1				
20962	R	Bone Graft With Microvascular Anastomosis; Other Than Fibula, Iliac Crest,	156.64	150.61	90	1				
20969		Free Osteocutaneous Flap With Microvascular Anastomosis; Other Than Iliac C	200.31	192.60	90	1				
20970		Free Osteocutaneous Flap With Microvascular Anastomosis; Iliac Crest	197.15	189.57	90	1				
20972		Free Osteocutaneous Flap With Microvascular Anastomosis; Metatarsal	155.33	149.35	90	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
20973		Free Osteocutaneous Flap With Microvascular Anastomosis; Great Toe With Web	195.20	187.70	90	1				
20975		Electrical Stimulation To Aid Bone Healing; Invasive (Operative)	12.51	12.03	0	1				
21011		Excision, Tumor, Soft Tissue Of Face Or Scalp, Subcutaneous; Less Than 2 Cm	24.34	23.40	90	1				
21012		Excision, Tumor, Soft Tissue Of Face Or Scalp, Subcutaneous; 2 Cm Or Greater	23.90	22.98	90	1				
21013		Excision, Tumor, Soft Tissue Of Face And Scalp, Subfascial (Eg, Subgaleal,	37.24	35.81	90	1				
21014		Excision, Tumor, Soft Tissue Of Face And Scalp, Subfascial (Eg, Subgaleal,	37.02	35.60	90	1				
21016		Radical Resection Of Tumor (Eg, Malignant Neoplasm), Soft Tissue Of Face Or	73.81	70.97	90	1				
21034		Excision Of Malignant Tumor Of Maxilla Or Zygoma	94.62	90.98	90	1				
21044		Excision Of Malignant Tumor Of Mandible;	63.09	60.66	90	1				
21045		Excision Of Malignant Tumor Of Mandible; Radical Resection	88.08	84.70	90	1				
21046		Excision Of Benign Tumor Or Cyst Of Mandible; Requiring Intra-Oral Osteotom	78.49	75.47	90	1				
21048		Excision Of Benign Tumor Or Cyst Of Maxilla; Requiring Intra-Oral Osteotomy	79.92	76.84	90	1				
21049		Excision Of Benign Tumor Or Cyst Of Maxilla; Requiring Extra-Oral Osteotomy	87.80	84.42	90	1				
21060		Meniscectomy, Partial Or Complete, Temporomandibular Joint (Separate Proced	56.96	54.77	90	1				
21121	R	Genioplasty; Sliding Osteotomy, Single Piece	54.02	51.94	90	1				
21125		Augmentation, Mandibular Body Or Angle; Prosthetic Material	51.46	49.48	90	1				
21127		Augmentation, Mandibular Body Or Angle; With Bone Graft, Onlay Or Interposi	61.12	58.77	90	1				
21141		Reconstruction Midface, Lefort I; Single Piece, Segment Movement In Any Dir	98.17	94.40	90	1				
21142		Reconstruction Midface, Lefort I; Two Pieces, Segment Movement In Any Direc	96.65	92.94	90	1				
21143		Reconstruction Midface, Lefort I; Three Or More Pieces, Segment Movement In	99.06	95.25	90	1				
21145		Reconstruction Midface, Lefort I; Single Piece, Segment Movement In Any Dir	110.33	106.09	90	1				
21146		Reconstruction Midface, Lefort I; Two Pieces, Segment Movement In Any Direc	105.85	101.78	90	1				
21147		Reconstruction Midface, Lefort I; Three Or More Pieces, Segment Movement In	117.09	112.59	90	1				
21150		Reconstruction Midface, Lefort Ii; Anterior Intrusion (Eg, Treacher-Collins	118.26	113.71	90	1				
21151		Reconstruction Midface, Lefort Ii; Any Direction, Requiring Bone Grafts (In	122.93	118.20	90	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
21154		Reconstruction Midface, Lefort Iii (Extracranial), Any Type, Requiring Bone	146.22	140.59	90	1				
21155		Reconstruction Midface, Lefort Iii (Extracranial), Any Type, Requiring Bone	154.76	148.81	90	1				
21159		Reconstruction Midface, Lefort Iii (Extra And Intracranial) With Forehead A	174.67	167.95	90	1				
21160		Reconstruction Midface, Lefort Iii (Extra And Intracranial) With Forehead A	183.09	176.05	90	1				
21172		Reconstruction Superior-Lateral Orbital Rim And Lower Forehead, Advancement	130.67	125.65	90	1				
21175		Reconstruction, Bifrontal, Superior-Lateral Orbital Rims And Lower Forehead	159.11	152.99	90	1				
21179		Reconstruction, Entire Or Majority Of Forehead And/Or Supraorbital Rims; Wi	102.24	98.31	90	1				
21180		Reconstruction, Entire Or Majority Of Forehead And/Or Supraorbital Rims; Wi	110.41	106.16	90	1				
21182		Reconstruction Of Orbital Walls, Rims, Forehead, Nasoethmoid Complex Follow	138.05	132.74	90	1				
21183		Reconstruction Of Orbital Walls, Rims, Forehead, Nasoethmoid Complex Follow	166.65	160.24	90	1				
21184		Reconstruction Of Orbital Walls, Rims, Forehead, Nasoethmoid Complex Follow	168.37	161.89	90	1				
21188		Reconstruction Midface, Osteotomies (Other Than Lefort Type) And Bone Graft	113.53	109.17	90	1				
21193		Reconstruction Of Mandibular Rami, Horizontal, Vertical, "C", Or "L" Os	89.69	86.24	90	1				
21194		Reconstruction Of Mandibular Ramus, Horizontal, Vertical, "C", Or "L" O	98.49	94.71	90	1				
21195		Reconstruction Of Mandibular Rami And/Or Body, Sagittal Split; Without Inte	96.08	92.39	90	1				
21196		Reconstruction Of Mandibular Rami, Sagittal Split; With Internal Rigid Fix	105.26	101.21	90	1				
21198		Osteotomy, Mandible, Segmental	83.10	79.90	90	1				
21199		Osteotomy, Mandible, Segmental; With Genioglossus Advancement	72.59	69.80	90	1				
21206		Osteotomy, Maxilla, Segmental (Eg, Wassmund Or Schuchard)	81.64	78.50	90	1				
21240		Arthroplasty, Temporomandibular Joint, With Or Without Autograft (Includes	78.06	75.06	90	1				
21242		Arthroplasty, Temporomandibular Joint, With Allograft	71.49	68.74	90	1				
21243		Arthroplasty, Temporomandibular Joint, With Prosthetic Joint Replacement	119.29	114.70	90	1				
21244		Reconstruction Of Mandible, Extraoral, With Transosteal Bone Plate (Eg, Man	75.36	72.46	90	1				
21245		Reconstruction Of Mandible Or Maxilla, Subperiosteal Implant; Partial	80.71	77.61	90	1				
21246		Reconstruction Of Mandible Or Maxilla, Subperiosteal Implant; Complete	59.27	56.99	90	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
21247		Reconstruction Of Mandibular Condyle With Bone And Cartilage Autografts (In	115.98	111.51	90	1				
21255		Reconstruction Of Zygomatic Arch And Glenoid Fossa With Bone And Cartilage	98.90	95.10	90	1				
21256		Reconstruction Of Orbit With Osteotomies (Extracranial) And With Bone Graft	84.24	81.00	90	1				
21260		Periorbital Osteotomies For Orbital Hypertelorism, With Bone Grafts; Extrac	85.96	82.65	90	1				
21261		Periorbital Osteotomies For Orbital Hypertelorism, With Bone Grafts; Combin	152.49	146.63	90	1				
21263		Periorbital Osteotomies For Orbital Hypertelorism, With Bone Grafts; With F	131.44	126.38	90	1				
21267		Orbital Repositioning, Periorbital Osteotomies, Unilateral, With Bone Graft	109.44	105.23	90	1				
21268		Orbital Repositioning, Periorbital Osteotomies, Unilateral, With Bone Graft	125.29	120.47	90	1				
21270		Malar Augmentation, Prosthetic Material	64.67	62.18	90	1				
21275		Secondary Revision Of Orbitocraniofacial Reconstruction	58.33	56.09	90	1				
21339		Open Treatment Of Nasoethmoid Fracture; With External Fixation	56.07	53.91	90	1				
21343		Open Treatment Of Depressed Frontal Sinus Fracture	81.18	78.06	90	1				
21344		Open Treatment Of Complicated (Eg, Comminuted Or Involving Posterior Wall)	107.55	103.41	90	1				
21347		Open Treatment Of Nasomaxillary Complex Fracture (Lefort Ii Type); Requirin	76.91	73.95	90	1				
21348		Open Treatment Of Nasomaxillary Complex Fracture (Lefort Ii Type); With Bon	78.42	75.40	90	1				
21360		Open Treatment Of Depressed Malar Fracture, Including Zygomatic Arch And Ma	37.98	36.52	90	1				
21365		Open Treatment Of Complicated (Eg, Comminuted Or Involving Cranial Nerve Fo	79.37	76.32	90	1				
21366		Open Treatment Of Complicated (Eg, Comminuted Or Involving Cranial Nerve Fo	85.77	82.47	90	1				
21385		Open Treatment Of Orbital Floor "Blowout" Fracture; Transantral Approach	49.44	47.54	90	1				
21386		Open Treatment Of Orbital Floor "Blowout" Fracture; Periorbital Approach	46.69	44.90	90	1				
21387		Open Treatment Of Orbital Floor "Blowout" Fracture; Combined Approach	52.83	50.80	90	1				
21390		Open Treatment Of Orbital Floor "Blowout" Fracture; Periorbital Approach,	55.26	53.14	90	1				
21395		Open Treatment Of Orbital Floor "Blowout" Fracture; Periorbital Approach	69.88	67.19	90	1				
21401		Closed Treatment Of Fracture Of Orbit, Except "Blowout"; With Manipulatio	33.05	31.78	90	1				
21406		Open Treatment Of Fracture Of Orbit, Except "Blowout"; Without Implant	38.58	37.10	90	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
21407		Open Treatment Of Fracture Of Orbit, Except "Blowout"; With Implant	45.81	44.04	90	1				
21408		Open Treatment Of Fracture Of Orbit, Except "Blowout"; With Bone Grafting	63.09	60.66	90	1				
21422		Open Treatment Of Palatal Or Maxillary Fracture (Lefort I Type);	47.81	45.97	90	1				
21423		Open Treatment Of Palatal Or Maxillary Fracture (Lefort I Type); Complicate	56.61	54.43	90	1				
21431		Closed Treatment Of Craniofacial Separation (Lefort Iii Type) Using Interde	46.88	45.08	90	1				
21432		Open Treatment Of Craniofacial Separation (Lefort Iii Type); With Wiring An	47.47	45.64	90	1				
21433		Open Treatment Of Craniofacial Separation (Lefort Iii Type); Complicated (E	117.35	112.84	90	1				
21435		Open Treatment Of Craniofacial Separation (Lefort Iii Type); Complicated, U	97.34	93.60	90	1				
21436		Open Treatment Of Craniofacial Separation (Lefort Iii Type); Complicated, M	143.21	137.70	90	1				
21445		Open Treatment Of Mandibular Or Maxillary Alveolar Ridge Fracture (Separate	54.16	52.08	90	1				
21461		Open Treatment Of Mandibular Fracture; Without Interdental Fixation	146.70	141.06	90	1				
21462		Open Treatment Of Mandibular Fracture; With Interdental Fixation	156.51	150.49	90	1				
21465		Open Treatment Of Mandibular Condylar Fracture	65.35	62.84	90	1				
21470		Open Treatment Of Complicated Mandibular Fracture By Multiple Surgical Appr	85.62	82.33	90	1				
21490		Open Treatment Of Temporomandibular Dislocation	66.20	63.65	90	1				
21495		Open Treatment Of Hyoid Fracture	49.93	48.01	90	1				
21502		Incision And Drainage, Deep Abscess Or Hematoma, Soft Tissues Of Neck Or Th	37.38	35.94	90	1				
21552		Biopsy, Soft Tissue Of Neck Or Thorax 3 Cm Or Greater	31.49	30.28	90	1				
21554		Biopsy, Soft Tissue Of Neck Or Thorax 5 Cm Or Greater	51.54	49.56	90	1				
21557		Radical Resection Of Tumor (Eg, Malignant Neoplasm), Soft Tissue Of Neck Or	41.99	40.38	90	1				
21558		Radical Resection Of Tumor (Eg, Malignant Neoplasm), Soft Tissue Of Neck Or	95.30	91.63	90	1				
21600		Excision Of Rib, Partial	40.39	38.83	90	1				
21610		Costotransversectomy (Separate Procedure)	79.17	76.13	90	1				
21615		Excision First And/Or Cervical Rib;	45.74	43.98	90	1				
21616		Excision First And/Or Cervical Rib For Outlet Compression Syndrome Or Other	59.63	57.34	90	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
21620		Ostectomy Of Sternum, Partial	36.69	35.28	90	1				
21627		Sternal Debridement	39.20	37.69	90	1				
21630		Radical Resection Of Sternum;	88.92	85.50	90	1				
21632		Radical Resection Of Sternum; With Mediastinal Lymphadenectomy	86.94	83.60	90	1				
21685		Hyoid Myotomy And Suspension	71.49	68.74	90	1				
21700		Division Of Scalenus Anticus; Without Resection Of Cervical Rib	26.62	25.59	90	1				
21705		Division Of Scalenus Anticus; With Resection Of Cervical Rib	43.80	42.12	90	1				
21720		Division Of Sternocleidomastoid For Torticollis, Open Operation; Without Ca	31.42	30.21	90	1				
21725		Division Of Sternocleidomastoid For Torticollis, Open Operation; With Cast	32.82	31.56	90	1				
21740		Reconstructive Repair Of Pectus Excavatum Or Carinatum; Open	80.58	77.48	90	1				
21742		Reconstructive Repair Of Pectus Excavatum Or Carinatum; Minimally Invasive	65.63	63.11	90	1				
21743		Reconstructive Repair Of Pectus Excavatum Or Carinatum; Minimally Invasive	65.63	63.11	90	1				
21750		Closure Of Median Sternotomy Separation With Or Without Debridement (Separa	49.32	47.42	90	1				
21800		Closed Treatment Of Rib Fracture, Uncomplicated, Each	42.99	41.34	90	1				
21810		Treatment Of Rib Fracture Requiring External Fixation ("Flail Chest")	36.46	35.06	90	1				
21825		Open Treatment Of Sternum Fracture With Or Without Skeletal Fixation	39.13	37.62	90	1				
21931		Excision, Tumor, Soft Tissue Of Back Or Flank, Subcutaneous; 3 Cm Or Greater	33.16	31.88	90	1				
21932		Excision, Tumor, Soft Tissue Of Back Or Flank, Subfascial	46.60	44.81	90	1				
21933		Excision, Tumor, Soft Tissue Of Back Or Flank, Subfascial (Eg, Intramuscular)	52.16	50.15	90	1				
21936		Radical Resection Of Tumor (Eg, Malignant Neoplasm), Soft Tissue Of Back Or	99.14	95.33	90	1				
22100		Partial Excision Of Posterior Vertebral Component (Eg, Spinous Process, Lam	60.51	58.18	90	1				
22101		Partial Resection Of Vertebral Component, Spinous Processes; Thoracic	59.94	57.63	90	1				
22102		Partial Resection Of Vertebral Component, Spinous Processes; Lumbar	57.74	55.52	90	1				
22103		Partial Excision Of Posterior Vertebral Component (Eg, Spinous Process, Lam	10.05	9.66	90	1				
22110		Partial Excision Of Vertebral Body, For Intrinsic Bony Lesion, Without Deco	74.98	72.10	90	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
22112		Partial Excision Of Vertebrae (Eg, For Osteomyelitis); Thoracic	71.66	68.90	90	1				
22114		Partial Excision Of Vertebrae (Eg, For Osteomyelitis); Lumbar	70.54	67.83	90	1				
22116		Partial Excision Of Vertebral Body, For Intrinsic Bony Lesion, Without Deco	9.93	9.55	90	1				
22206		Osteotomy Of Spine For Correction Fixed Deformity,	164.04	157.73	90	1				
22207		Osteotomy Of Spine For Correction Fixed Deformity,	161.94	155.71	90	1				
22208		Osteotomy Of Spine, Posterior Or Posterolateral Approach, Three Columns, On	41.73	40.12	0	1				
22210		Osteotomy Of Spine, Posterior Or Posterolateral Approach, One Vertebral Seg	125.37	120.55	90	1				
22212		Osteotomy Of Spine, Posterior Approach, For Correction Of Deformity, Single	104.15	100.15	90	1				
22214		Osteotomy Of Spine, Posterior Approach, For Correction Of Deformity, Single	104.87	100.83	90	1				
22216		Osteotomy Of Spine, Posterior Or Posterolateral Approach, One Vertebral Seg	25.78	24.79	0	6				
22220		Osteotomy Of Spine, Including Diskectomy, Anterior Approach, Single Vertebr	115.01	110.59	90	1				
22224		Osteotomy Of Spine, Anterior Approach, For Correction Of Deformity, Single	112.00	107.70	90	1				
22226		Osteotomy Of Spine, Including Diskectomy, Anterior Approach, Single Vertebr	25.85	24.86	90	4				
22318		Open Treatment And/Or Reduction Of Odontoid Fracture(S) And Or Dislocation(	115.90	111.44	90	1				
22319		Open Treatment And/Or Reduction Of Odontoid Fracture(S) And Or Dislocation(	129.72	124.73	90	1				
22325		Open Treatment And/Or Reduction Of Vertebral Fracture(S) And/ Or Dislocatio	102.15	98.22	90	1				
22326		Open Treatment And/Or Reduction Of Vertebral Fracture(S) And/ Or Dislocatio	105.46	101.41	90	1				
22327		Open Treatment And/Or Reduction Of Vertebral Fracture(S) And/ Or Dislocatio	105.27	101.22	90	1				
22328		Open Treatment And/Or Reduction Of Vertebral Fracture(S) And/Or Dislocation	20.10	19.33	90	4				
22532		Arthrodesis, Lateral Extracavitary Technique, Including Minimal Diskectomy	126.49	121.63	90	1				
22533		Arthrodesis, Lateral Extracavitary Technique, Including Minimal Diskectomy	119.17	114.58	90	1				
22534		Arthrodesis, Lateral Extracavitary Technique, Including Minimal Diskectomy	25.71	24.72	0	5				
22548		Arthrodesis, Anterior Transoral Or Extraoral Technique, Clivus-C1-C2 (Atlas	136.36	131.11	90	1				
22551		Neck Spine Fuse & Remove Addl	121.70	117.02	90	1				
22552		Addl Neck Spine Fusion	27.98	26.90	0	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
22554		Arthrodesis, Anterior Interbody Technique, Including Minimal Discectomy To	90.52	87.04	90	1				
22556		Arthrodesis, Anterior Interbody Technique, Including Minimal Discectomy To	117.93	113.39	90	1				
22558		Arthrodesis, Anterior Interbody Technique, Including Minimal Discectomy To	109.33	105.13	90	1				
22585		Arthrodesis, Anterior Interbody Technique, Including Minimal Discectomy To	23.87	22.95	90	5				
22590		Arthrodesis, Posterior Technique, Craniocervical (Occiput-C2)	112.12	107.81	90	1				
22595		Arthrodesis, Posterior Technique, Atlas-Axis (C1-C2)	106.85	102.74	90	1				
22600		Arthrodesis, Posterior Or Posterolateral Technique, Single Level; Cervical	91.57	88.05	90	1				
22610		Arthrodesis, Posterior Or Posterolateral Technique, Single Level; Thoracic	89.40	85.96	90	1				
22612		Arthrodesis, Posterior Or Posterolateral Technique, Single Level; Lumbar (W	113.15	108.80	90	1				
22614		Arthrodesis, Posterior Or Posterolateral Technique, Single Level; Each Addi	27.76	26.69	90	4				
22630		Arthrodesis, Posterior Interbody Technique, Including Laminectomy And/OR	109.64	105.42	90	1				
22632		Arthrodesis, Posterior Interbody Technique, Single Interspace; Each Additio	22.68	21.81	90	3				
22633		Arthrodesis, Combined Posterior Or Posterolateral Technique With Posterior Interbody Technique Including Laminectomy And/ Or Discectomy Sufficient To Prepare Interspace (Other Than For Decompression), Single Interspace And Segment; Lumbar	130.72	125.69	90	1				
22634		Arthrodesis, Combined Posterior Or Posterolateral Technique With Posterior Interbody Technique Including Laminectomy And/ Or Discectomy Sufficient To Prepare Interspace (Other Than For Decompression), Single Interspace And Segment; Each Additional Interspace And Segment (List Separately In Addition To Code For Primary Procedure)	35.26	33.90	90	1				
22800		Arthrodesis, Posterior, For Spinal Deformity, With Or Without Cast; Up To 6	95.99	92.30	90	1				
22802		Arthrodesis, Posterior, For Spinal Deformity, With Or Without Cast; 7 To 12	148.70	142.98	90	1				
22804		Arthrodesis, Posterior, For Spinal Deformity, With Or Without Cast; 13 Or M	170.87	164.30	90	1				
22808		Arthrodesis, Anterior, For Spinal Deformity, With Or Without Cast; 2 To 3 V	128.88	123.93	90	1				
22810		Arthrodesis, Anterior, For Spinal Deformity, With Or Without Cast; 4 To 7 V	143.78	138.25	90	1				
22812		Arthrodesis, Anterior, For Spinal Deformity, With Or Without Cast; 8 Or Mor	156.43	150.41	90	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
22818	R	Kyphectomy, Circumferential Exposure Of Spine And Resection Of Vertebral Se	153.59	147.68	90	1				
22819	R	Kyphectomy, Circumferential Exposure Of Spine And Resection Of Vertebral Se	192.65	185.24	90	1				
22830		Exploration Of Spinal Fusion	57.53	55.32	90	1				
22840		Posterior Non-Segmental Instrumentation (Eg, Harrington Rod Technique), Ped	54.14	52.06	0	1				
22842		Posterior Segmental Instrumentation (Eg, Pedicle Fixation, Dual Rods With M	54.21	52.13	0	1				
22843		Posterior Segmental Instrumentation (Eg, Pedicle Fixation, Dual Rods With M	57.63	55.41	0	1				
22844		Posterior Segmental Instrumentation (Eg, Pedicle Fixation, Dual Rods With M	69.32	66.66	0	1				
22845		Anterior Instrumentation; 2 To 3 Vertebral Segments	52.30	50.29	0	1				
22846		Anterior Instrumentation; 4 To 7 Vertebral Segments	54.28	52.20	0	1				
22847		Anterior Instrumentation; 8 Or More Vertebral Segments	62.76	60.34	0	1				
22848		Pelvic Fixation (Attachment Of Caudal End Of Instrumentation To Pelvic Bony	25.38	24.40	90	1				
22849		Reinsertion Of Spinal Fixation Device	92.29	88.74	90	1				
22850		Removal Of Posterior Nonsegmental Instrumentation (Eg, Harrington Rod)	51.28	49.30	90	1				
22851		Application Of Intervertebral Biomechanical Device(S) (Eg, Synthetic Cage(S	29.00	27.89	90	6				
22852		Removal Of Posterior Segmental Instrumentation	49.03	47.15	90	1				
22855		Removal Of Anterior Instrumentation	79.54	76.48	90	1				
22857		Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Including Discectomy To Prepare Interspace (Other Than For Decompression), Single Interspace, Lumbar	115.94	111.48	90	1				
22899	R	Unlisted Procedure, Spine			90	1				
22900		Excision, Abdominal Wall Tumor, Subfascial (Eg, Desmoid)	30.13	28.97	90	1				
22901		Excision, Tumor, Soft Tissue Of Abdominal Wall, Subfascial (Eg, Intramuscular);	46.93	45.13	90	1				
22902		Excision, Tumor, Soft Tissue Of Abdominal Wall, Subcutaneous; Less Than 3 Cm	30.58	29.40	90	1				
22903		Excision, Tumor, Soft Tissue Of Abdominal Wall, Subcutaneous; 3 Cm Or Greater	30.67	29.50	90	1				
22904		Radical Resection Of Tumor (Eg, Malignant Neoplasm), Soft Tissue Of	74.19	71.34	90	1				
22905		Radical Resection Of Tumor (Eg, Malignant Neoplasm), Soft Tissue Of	94.15	90.53	90	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
23000		Removal Of Subdeltoid Calcareous Deposits, Open	37.26	35.83	90	1				
23020		Capsular Contracture Release (Eg, Sever Type Procedure)	48.75	46.87	90	1				
23035		Incision, Bone Cortex (Eg, Osteomyelitis Or Bone Abscess), Shoulder Area	48.03	46.18	90	1				
23040		Arthrotomy, Glenohumeral Joint, Including Exploration, Drainage, Or Removal	50.77	48.82	90	1				
23071		Biopsy, Soft Tissue Of Shoulder Area; 3 Cm Or Greater	29.48	28.35	90	1				
23073		Biopsy, Soft Tissue Of Shoulder Area; 5 Cm Or Greater	48.82	46.94	90	1				
23077		Radical Resection Of Tumor (Eg, Malignant Neoplasm), Soft Tissue Of Shoulde	81.26	78.13	90	1				
23078		Radical Resection Of Tumor (Eg, Malignant Neoplasm),	100.19	96.34	90	1				
23100		Arthrotomy, Glenohumeral Joint, Including Biopsy	35.17	33.82	90	1				
23105		Arthrotomy; Glenohumeral Joint, With Synovectomy, With Or Without Biopsy	45.02	43.29	90	1				
23107		Arthrotomy, Glenohumeral Joint, With Joint Exploration, With Or Without Rem	46.60	44.81	90	1				
23120		Claviculectomy; Partial	41.39	39.80	90	1				
23125		Claviculectomy; Total	49.91	47.99	90	1				
23145		Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Clavicle Or Scapula;	48.94	47.05	90	1				
23150		Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Proximal Humerus;	46.53	44.74	90	1				
23155		Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Proximal Humerus; Wit	55.86	53.71	90	1				
23156		Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Proximal Humerus; Wit	47.74	45.91	90	1				
23172		Sequestrectomy (Eg, For Osteomyelitis Or Bone Abscess), Scapula	38.84	37.35	90	1				
23174		Sequestrectomy (Eg, For Osteomyelitis Or Bone Abscess), Humeral Head To Sur	53.40	51.35	90	1				
23182		Partial Excision (Craterization, Saucerization, Or Diaphysectomy) Bone (Eg,	46.31	44.53	90	1				
23184		Partial Excision (Craterization, Saucerization, Or Diaphysectomy) Bone (Eg,	51.82	49.83	90	1				
23190		Ostectomy Of Scapula, Partial (Eg, Superior Medial Angle)	40.10	38.56	90	1				
23195		Resection Humeral Head	53.19	51.14	90	1				
23200		Radical Resection For Tumor; Clavicle	64.44	61.96	90	1				
23210		Radical Resection For Tumor; Scapula	67.68	65.07	90	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
23220		Radical Resection Of Bone Tumor, Proximal Humerus;	77.94	74.94	90	1				
23332		Removal Of Foreign Body, Shoulder; Complicated (Eg, Total Shoulder)	62.33	59.93	90	1				
23395		Muscle Transfer, Any Type, Shoulder Or Upper Arm; Single	91.02	87.52	90	1				
23397		Muscle Transfer, Any Type For Paralysis Of Shoulder Or Upper Arm; Multiple	80.47	77.38	90	1				
23400		Scapulopexy (Eg, Sprengel's Deformity Or For Paralysis)	68.42	65.78	90	1				
23405		Tenotomy, Shoulder Area; Single Tendon	44.38	42.67	90	1				
23406		Tenotomy, Shoulder Area; Multiple Tendons Through Same Incision	54.83	52.72	90	1				
23410		Repair Of Ruptured Musculotendinous Cuff (Eg, Rotator Cuff) Open; Acute	58.03	55.80	90	1				
23412		Repair Of Ruptured Supraspinatus Tendon (Rotator Cuff) Or Musculotendinous	60.25	57.93	90	1				
23420		Reconstruction Of Complete Shoulder (Rotator) Cuff Avulsion, Chronic (Inclu	68.46	65.83	90	1				
23430		Tenodesis Of Long Tendon Of Biceps	52.92	50.89	90	1				
23440		Resection Or Transplantation Of Long Tendon Of Biceps	53.40	51.35	90	1				
23450		Capsulorrhaphy, Anterior; Putti-Platt Procedure Or Magnuson Type Operation	66.86	64.29	90	1				
23455		Capsulorrhaphy, Anterior; With Labral Repair (Eg, Bankart Procedure)	70.78	68.06	90	1				
23460		Capsulorrhaphy, Anterior, Any Type; With Bone Block	76.84	73.89	90	1				
23462		Capsulorrhaphy For Recurrent Dislocation, Anterior, Any Type; With Coracoid	75.65	72.74	90	1				
23465		Capsulorrhaphy, Glenohumeral Joint, Posterior, With Or Without Bone Block	79.11	76.07	90	1				
23466		Capsulorrhaphy, Glenohumeral Joint, Any Type Multi-Directional Instability	79.44	76.39	90	1				
23470		Arthroplasty, Glenohumeral Joint; Hemiarthroplasty	85.34	82.06	90	1				
23472		Arthroplasty, Glenohumeral Joint; Total Shoulder (Glenoid And Proximal Hume	105.68	101.61	90	1				
23485		Osteotomy, Clavicle, With Or Without Internal Fixation; With Bone Graft For	67.75	65.14	90	1				
23490		Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Withou	60.74	58.40	90	1				
23491		Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Withou	71.49	68.74	90	1				
23500		Closed Treatment Of Clavicular Fracture; Without Manipulation	90.65	87.16	90	1				
23515		Open Treatment Of Clavicular Fracture, With Or Without Internal Or External	50.96	49.00	90	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
23530		Open Treatment Of Sternoclavicular Dislocation, Acute Or Chronic;	38.70	37.21	90	1				
23532		Open Treatment Of Sternoclavicular Dislocation, Acute Or Chronic; With Fasc	43.92	42.23	90	1				
23550		Open Treatment Of Acromioclavicular Dislocation, Acute Or Chronic;	40.15	38.61	90	1				
23552		Open Treatment Of Acromioclavicular Dislocation, Acute Or Chronic; With Fas	46.45	44.67	90	1				
23570		Closed Treatment Of Scapular Fracture; Without Manipulation	97.28	93.54	90	1				
23585		Open Treatment Of Scapular Fracture (Body, Glenoid Or Acromion) With Or Wit	69.63	66.96	90	1				
23600		Closed Treatment Of Proximal Humeral (Surgical Or Anatomical Neck) Fracture	135.08	129.89	90	1				
23615		Open Treatment Of Proximal Humeral (Surgical Or Anatomical Neck) Fracture,	62.59	60.18	90	1				
23616		Open Treatment Of Proximal Humeral (Surgical Or Anatomical Neck) Fracture,	87.87	84.49	90	1				
23620		Closed Treatment Of Greater Humeral Tuberosity Fracture; Without Manipulati	112.15	107.84	90	1				
23630		Open Treatment Of Greater Humeral Tuberosity Fracture, With Or Without Inte	55.18	53.06	90	1				
23660		Open Treatment Of Acute Shoulder Dislocation	41.23	39.64	90	1				
23670		Open Treatment Of Shoulder Dislocation, With Fracture Of Greater Humeral Tu	61.76	59.38	90	1				
23680		Open Treatment Of Shoulder Dislocation, With Surgical Or Anatomical Neck Fr	65.67	63.14	90	1				
23800		Arthrodesis, Glenohumeral Joint;	72.33	69.55	90	1				
23802		Arthrodesis, Glenohumeral Joint; With Autogenous Graft (Includes Obtaining	90.52	87.04	90	1				
23900		Interthoracoscapular Amputation (Forequarter)	97.49	93.74	90	1				
23920		Disarticulation Of Shoulder;	79.14	76.10	90	1				
23929	R	Unlisted Procedure, Shoulder			90	1				
24006		Arthrotomy Of The Elbow, With Capsular Excision For Capsular Release (Separ	50.39	48.45	90	1				
24071		Biopsy, Soft Tissue Of Upper Arm Or Elbow Area; 3 Cm Or Greater	28.67	27.57	90	1				
24073		Biopsy, Soft Tissue Of Upper Arm Or Elbow Area; 5 Cm Or Greater	48.86	46.98	90	1				
24077		Radical Resection Of Tumor (Eg, Malignant Neoplasm), Soft Tissue Of Upper A	59.16	56.89	90	1				
24079		Radical Resection Of Tumor (Eg, Malignant Neoplasm), Soft Tissue Of Upper A	93.84	90.23	90	1				
24100		Arthrotomy, Elbow; With Synovial Biopsy Only	29.15	28.03	90	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
24101		Arthrotomy, Elbow; With Joint Exploration, With Or Without Biopsy, With Or	35.23	33.88	90	1				
24102		Arthrotomy, Elbow; With Synovectomy	43.47	41.80	90	1				
24115		Excision Or Curettage Of Bone Cyst Or Benign Tumor, Humerus; With Autograft	46.00	44.23	90	1				
24116		Excision Or Curettage Of Bone Cyst Or Benign Tumor, Humerus; With Allograft	60.73	58.39	90	1				
24125		Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Head Or Neck Of Radiu	43.63	41.95	90	1				
24126		Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Head Or Neck Of Radiu	45.67	43.91	90	1				
24134		Sequestrectomy (Eg, For Osteomyelitis Or Bone Abscess), Shaft Or Distal Hum	52.59	50.57	90	1				
24138		Sequestrectomy (Eg, For Osteomyelitis Or Bone Abscess), Olecranon Process	47.47	45.64	90	1				
24140		Partial Excision (Craterization, Saucerization, Or Diaphysectomy) Bone (Eg,	49.68	47.77	90	1				
24149		Radical Resection Of Capsule, Soft Tissue, And Heterotopic Bone, Elbow, Wit	83.07	79.88	90	1				
24150		Radical Resection For Tumor, Shaft Or Distal Humerus;	71.09	68.35	90	1				
24152		Radical Resection For Tumor, Radial Head Or Neck;	53.20	51.15	90	1				
24155		Resection Of Elbow Joint (Arthrectomy)	60.11	57.80	90	1				
24301		Muscle Or Tendon Transfer, Any Type, Upper Arm Or Elbow, Single (Excluding	53.16	51.12	90	1				
24320		Tenoplasty, With Muscle Transfer, With Or Without Free Graft, Elbow To Shou	55.00	52.88	90	1				
24330		Flexor-Plasty, Elbow (Eg, Steindler Type Advancement);	50.51	48.57	90	1				
24331		Flexor-Plasty, Elbow (Eg, Steindler Type Advancement); With Extensor Advanc	50.82	48.87	90	1				
24340		Tenodesis Of Biceps Tendon At Elbow (Separate Procedure)	43.40	41.73	90	1				
24341		Repair, Tendon Or Muscle, Upper Arm Or Elbow, Each Tendon Or Muscle, Primar	52.31	50.30	90	9				
24342		Reinsertion Of Ruptured Biceps Or Triceps Tendon, Distal, With Or Without T	54.95	52.84	90	1				
24343		Repair Lateral Collateral Ligament, Elbow, With Local Tissue	49.82	47.90	90	1				
24344		Reconstruction Lateral Collateral Ligament, Elbow, With Tendon Graft (Inclu	77.94	74.94	90	1				
24345		Repair Medial Collateral Ligament, Elbow, With Local Tissue	49.56	47.65	90	1				
24346		Reconstruction Medial Collateral Ligament, Elbow, With Tendon Graft (Includ	77.44	74.46	90	1				
24357		Tenotomy, Elbow, Lateral Or Medial (Eg, Epicondylitis, Tennis Elbow, Golfer	31.30	30.09	90	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
24360		Arthroplasty, Elbow; With Membrane (Eg, Fascial)	63.31	60.87	90	1				
24361		Arthroplasty, Elbow; With Distal Humeral Prosthetic Replacement	70.87	68.15	90	1				
24362		Arthroplasty, Elbow; With Implant And Fascia Lata Ligament Reconstruction	74.72	71.84	90	1				
24363		Arthroplasty, Elbow; With Distal Humerus And Proximal Ulnar Prosthetic Repl	105.92	101.84	90	1				
24365		Arthroplasty, Radial Head;	44.97	43.24	90	1				
24366		Arthroplasty, Radial Head; With Implant	48.10	46.25	90	1				
24400		Osteotomy, Humerus, With Or Without Internal Fixation	58.01	55.78	90	1				
24410		Multiple Osteotomies With Realignment On Intramedullary Rod, Humeral Shaft	65.41	62.89	90	1				
24420		Osteoplasty, Humerus (Eg, Shortening Or Lengthening) (Excluding 64876)	69.85	67.16	90	1				
24430		Repair Of Nonunion Or Malunion, Humerus; Without Graft (Eg, Compression Tec	74.91	72.03	90	1				
24435		Repair Of Nonunion Or Malunion, Humerus; With Iliac Or Other Autograft (Inc	76.27	73.34	90	1				
24470		Hemiepiphyseal Arrest (Eg, Cubitus Varus Or Valgus, Distal Humerus)	44.46	42.75	90	1				
24498		Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring), With Or Witho	61.14	58.78	90	1				
24500		Closed Treatment Of Humeral Shaft Fracture; Without Manipulation	147.44	141.77	90	1				
24515		Open Treatment Of Humeral Shaft Fracture With Plate/Screws, With Or Without	61.92	59.54	90	1				
24516		Treatment Of Humeral Shaft Fracture, With Insertion Of Intramedullary Impl	60.73	58.39	90	1				
24530		Closed Treatment Of Supracondylar Or Transcondylar Humeral Fracture, With O	158.73	152.62	90	1				
24545		Open Treatment Of Humeral Supracondylar Or Transcondylar Fracture, With Or	65.74	63.21	90	1				
24546		Open Treatment Of Humeral Supracondylar Or Transcondylar Fracture, With Or	73.50	70.67	90	1				
24560		Closed Treatment Of Humeral Epicondylar Fracture, Medial Or Lateral; Withou	132.04	126.96	90	1				
24575		Open Treatment Of Humeral Epicondylar Fracture, Medial Or Lateral, With Or	51.82	49.83	90	1				
24579		Open Treatment Of Humeral Condylar Fracture, Medial Or Lateral, With Or Wit	59.03	56.76	90	1				
24586		Open Treatment Of Periarticular Fracture And/Or Dislocation Of The Elbow (F	76.75	73.79	90	1				
24587		Open Treatment Of Periarticular Fracture And/Or Dislocation Of The Elbow (F	76.39	73.45	90	1				
24615		Open Treatment Of Acute Or Chronic Elbow Dislocation	50.11	48.18	90	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
24635		Open Treatment Of Monteggia Type Of Fracture Dislocation At Elbow (Fracture	61.41	59.05	90	1				
24640		Closed Treatment Of Radial Head Subluxation In Child, Nursemaid Elbow, With Manipulation	49.98	48.06	10	1				
24650		Closed Treatment Of Radial Head Or Neck Fracture; Without Manipulation	107.14	103.02	90	1				
24665		Open Treatment Of Radial Head Or Neck Fracture, With Or Without Internal Fi	46.00	44.23	90	1				
24666		Open Treatment Of Radial Head Or Neck Fracture, With Or Without Internal Fi	51.75	49.76	90	1				
24670		Closed Treatment Of Ulnar Fracture, Proximal End (Eg, Olecranon Or Coronoid	120.57	115.93	90	1				
24685		Open Treatment Of Ulnar Fracture Proximal End (Olecranon Process), With Or	46.22	44.44	90	1				
24800		Arthrodesis, Elbow Joint; Local	56.90	54.71	90	1				
24802		Arthrodesis, Elbow Joint; With Autogenous Graft (Includes Obtaining Graft)	70.56	67.85	90	1				
24900		Amputation, Arm Through Humerus; With Primary Closure	51.42	49.44	90	1				
24920		Amputation, Arm Through Humerus; Open, Circular (Guillotine)	47.03	45.22	90	1				
24925		Amputation, Arm Through Humerus; Secondary Closure Or Scar Revision	39.79	38.26	90	1				
24930		Amputation, Arm Through Humerus; Re-Amputation	54.52	52.42	90	1				
24931		Amputation, Arm Through Humerus; With Implant	53.76	51.69	90	1				
24940		Cineplasty, Upper Extremity, Complete Procedure	70.88	68.16	90	1				
25071		Biopsy, Soft Tissue Of Forearm And/Or Wrist; 3 Cm Or Greater	30.08	28.92	90	1				
25073		Biopsy, Soft Tissue Of Forearm And/Or Wrist; 3 Cm Or Greater	37.60	36.15	90	1				
25078		Radical Resection Of Tumor (Eg, Malignant Neoplasm), Soft Tissue Of Fore	82.83	79.65	90	1				
25085		Capsulotomy, Wrist (Eg, Contracture)	31.79	30.57	90	1				
25107		Arthrotomy, Distal Radioulnar Joint Including Repair Of Triangular Cartilag	42.85	41.20	90	1				
25109		Excision Of Tendon, Forearm And/Or Wrist, Flexor Or Extensor, Each	37.89	36.44	90	1				
25119		Synovectomy, Extensor Tendon Sheath, Wrist, Single Compartment; With Resect	35.03	33.68	90	1				
25126		Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Radius Or Ulna (Exclu	41.99	40.38	90	1				
25135		Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Carpal Bones; With Au	39.38	37.87	90	1				
25136		Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Carpal Bones; With Al	34.69	33.35	90	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
25145		Sequestrectomy (Eg, For Osteomyelitis Or Bone Abscess), Forearm And/Or Wris	36.33	34.94	90	1				
25151		Partial Excision (Craterization, Saucerization Or Diaphysectomy) Of Bone (E	41.39	39.80	90	1				
25170		Radical Resection For Tumor, Radius Or Ulna	59.68	57.38	90	1				
25215		Carpectomy; All Bones Of Proximal Row	43.61	41.94	90	1				
25250		Removal Of Wrist Prosthesis; (Separate Procedure)	37.24	35.81	90	1				
25251		Removal Of Wrist Prosthesis; Complicated, Including "Total Wrist"	50.63	48.68	90	1				
25263		Repair, Tendon Or Muscle, Flexor, Forearm And/Or Wrist; Secondary, Single,	44.09	42.39	90	1				
25265		Repair, Tendon Or Muscle, Flexor, Forearm And/Or Wrist; Secondary, With Fre	52.64	50.61	90	1				
25300		Tenodesis At Wrist; Flexors Of Fingers	48.53	46.66	90	1				
25301		Tenodesis At Wrist; Extensors Of Fingers	45.50	43.75	90	1				
25310		Tendon Transplantation Or Transfer, Flexor Or Extensor, Forearm And/Or Wris	43.83	42.14	90	1				
25312		Tendon Transplantation Or Transfer, Flexor Or Extensor, Forearm And/Or Wris	50.89	48.94	90	1				
25315		Flexor Origin Slide (Eg, For Cerebral Palsy, Volkmann Contracture), Forearm	54.24	52.15	90	1				
25316		Flexor Origin Slide For Cerebral Palsy, Forearm And/Or Wrist; With Tendon(S	62.11	59.72	90	1				
25320		Capsulorrhaphy Or Reconstruction, Wrist, Open (Eg, Capsulodesis, Ligament R	68.88	66.23	90	1				
25332		Arthroplasty, Wrist, With Or Without Interposition, With Or Without Externa	59.92	57.61	90	1				
25335		Centralization Of Wrist On Ulna (Eg, Radial Club Hand)	62.35	59.95	90	1				
25350		Osteotomy, Radius; Distal Third	47.62	45.79	90	1				
25355		Osteotomy, Radius; Middle Or Proximal Third	53.90	51.83	90	1				
25360		Osteotomy; Ulna	46.22	44.44	90	1				
25365		Osteotomy; Radius And Ulna	64.43	61.95	90	1				
25370		Multiple Osteotomies, With Realignment On Intramedullary Rod (Sofield Type	62.14	59.75	90	1				
25375		Multiple Osteotomies, With Realignment On Intramedullary Rod (Sofield Type	57.11	54.91	90	1				
25390		Osteoplasty, Radius Or Ulna; Shortening	54.38	52.29	90	1				
25391		Osteoplasty, Radius Or Ulna; Lengthening With Autograft	70.16	67.46	90	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
25392		Osteoplasty, Radius And Ulna; Shortening (Excluding 64876)	71.42	68.68	90	1				
25393		Osteoplasty, Radius And Ulna; Lengthening With Autograft	79.66	76.60	90	1				
25394		Osteoplasty, Carpal Bone, Shortening	55.17	53.05	90	1				
25400		Repair Of Nonunion Or Malunion, Radius Or Ulna; Without Graft (Eg, Compress	56.86	54.68	90	1				
25405		Repair Of Nonunion Or Malunion, Radius Or Ulna; With Autograft (Includes Ob	73.12	70.31	90	1				
25415		Repair Of Nonunion Or Malunion, Radius And Ulna; Without Graft (Eg, Compres	68.11	65.49	90	1				
25420		Repair Of Nonunion Or Malunion, Radius And Ulna; With Autograft (Includes O	82.31	79.14	90	1				
25425		Repair Of Defect With Autograft; Radius Or Ulna	70.21	67.51	90	1				
25426		Repair Of Defect With Autograft; Radius And Ulna	79.16	76.11	90	1				
25431		Repair Of Nonunion Of Carpal Bone (Excluding Carpal Scaphoid (Navicular)) (	55.55	53.41	90	1				
25440		Repair Of Nonunion, Scaphoid Carpal (Navicular) Bone, With Or Without Radia	54.43	52.33	90	1				
25441		Arthroplasty With Prosthetic Replacement; Distal Radius	63.62	61.17	90	1				
25442		Arthroplasty With Prosthetic Replacement; Distal Ulna	55.67	53.53	90	1				
25443		Arthroplasty With Prosthetic Replacement; Scaphoid Carpal (Navicular)	54.98	52.86	90	1				
25444		Arthroplasty With Prosthetic Replacement; Lunate	56.60	54.42	90	1				
25446		Arthroplasty With Prosthetic Replacement; Distal Radius And Partial Or Enti	82.76	79.58	90	1				
25447		Arthroplasty, Interposition, Intercarpal Or Carpometacarpal Joints	58.56	56.30	90	1				
25449		Revision Of Arthroplasty, Including Removal Of Implant, Wrist Joint	73.72	70.88	90	1				
25490		Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Withou	46.45	44.67	90	1				
25491		Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Withou	52.04	50.04	90	1				
25492		Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Withou	63.62	61.17	90	1				
25500		Closed Treatment Of Radial Shaft Fracture; Without Manipulation	110.18	105.94	90	1				
25505		Closed Treatment Of Radial Shaft Fracture With Manipulation	216.06	207.75	90	1				
25515		Open Treatment Of Radial Shaft Fracture, With Or Without Internal Or Extern	47.22	45.40	90	1				
25525		Open Treatment Of Radial Shaft Fracture, With Internal And/ Or External Fix	55.53	53.39	90	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
25526		Open Treatment Of Radial Shaft Fracture, With Internal And/Or External Fixa	67.27	64.68	90	1				
25530		Closed Treatment Of Ulnar Shaft Fracture; Without Manipulation	106.60	102.50	90	1				
25535		Closed Treatment Of Ulnar Shaft Fracture; With Manipulation	210.68	202.58						
25545		Open Treatment Of Ulnar Shaft Fracture, With Or Without Internal Or Externa	43.99	42.30	90	1				
25560		Closed Treatment Of Radial And Ulnar Shaft Fractures; Without Manipulation	111.44	107.15	90	1				
25565		Closed Treatment Of Radial And Ulnar Shaft Fractures; With Manipulation	225.91	217.22	90	1				
25574		Open Treatment Of Radial And Ulnar Shaft Fractures, With Internal Or Extern	47.41	45.59	90	1				
25575		Open Treatment Of Radial And Ulnar Shaft Fractures, With Internal Or Extern	63.45	61.01	90	1				
25600		Closed Treatment Of Distal Radial Fracture (Eg, Colles Or Smith Type) Or Ep	121.47	116.80	90	1				
25605		Closed Treatment Of Distal Radial Fracture (Eg, Colles Or Smith Type)	242.89	233.55	90	1				
25606		Percutaneous Skeletal Fixation Of Distal Radial Fracture Or Epiphyseal Sepa	290.04	278.89	90	1				
25607		Open Treatment Of Distal Radial Extra-Articular Fracture Or Epiphyseal Sepa	51.82	49.83	90	1				
25608		Open Treatment Of Distal Radial Intra-Articular Fracture Or Epiphyseal Sepa	58.20	55.96	90	1				
25609		Open Treatment Of Distal Radial Intra-Articular Fracture Or Epiphyseal Sepa	74.05	71.20	90	1				
25622		Closed Treatment Of Carpal Scaphoid (Navicular) Fracture; Without Manipulat	124.52	119.73	90	1				
25628		Open Treatment Of Carpal Scaphoid (Navicular) Fracture, With Or Without Int	50.89	48.94	90	1				
25630		Closed Treatment Of Carpal Bone Fracture (Excluding Carpal Scaphoid (Navicu	127.55	122.65	90	1				
25645		Open Treatment Of Carpal Bone Fracture (Other Than Carpal Scaphoid (Navicul	40.03	38.49	90	1				
25650		Closed Treatment Of Ulnar Styloid Fracture	132.75	127.64	90	1				
25652		Open Treatment Of Ulnar Styloid Fracture	43.95	42.26	90	1				
25660		Closed Treatment Of Radiocarpal Or Intercarpal Dislocation, 1 Or More Bones,	174.50	167.78	90	1				
25670		Open Treatment Of Radiocarpal Or Intercarpal Dislocation, One Or More Bones	42.56	40.93	90	1				
25671		Percutaneous Skeletal Fixation Of Distal Radioulnar Dislocation	37.00	35.58	90	1				
25676		Open Treatment Of Distal Radioulnar Dislocation, Acute Or Chronic	44.38	42.67	90	1				
25685		Open Treatment Of Trans-Scaphoperilunar Type Of Fracture Dislocation	51.75	49.76	90	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
25695		Open Treatment Of Lunate Dislocation	44.52	42.81	90	1				
25800		Arthrodesis, Wrist; Complete, Without Bone Graft (Includes Radiocarpal And/	51.66	49.67	90	1				
25805		Arthrodesis, Wrist Joint (Including Radiocarpal And/Or Ulnocarpal Fusion);	59.44	57.15	90	1				
25810		Arthrodesis, Wrist Joint (Including Radiocarpal And/Or Ulnocarpal Fusion);	61.47	59.11	90	1				
25820		Arthrodesis, Wrist; Limited, Without Bone Graft (Eg, Intercarpal Or Radioca	43.56	41.89	90	1				
25825		Intercarpal Fusion; With Autograft (Includes Obtaining Graft)	53.64	51.58	90	1				
25830		Arthrodesis, Distal Radioulnar Joint With Segmental Resection Of Ulna, With	65.64	63.12	90	1				
25905		Amputation, Forearm, Through Radius And Ulna; Open, Circular (Guillotine)	49.37	47.47	90	1				
25907		Amputation, Forearm, Through Radius And Ulna; Secondary Closure Or Scar Rev	39.25	37.74	90	1				
25909		Amputation, Forearm, Through Radius And Ulna; Re-Amputation	48.20	46.34	90	1				
25915		Krukenberg Procedure	70.71	67.99	90	1				
25922		Disarticulation Through Wrist; Secondary Closure Or Scar Revision	40.65	39.09	90	1				
25924		Disarticulation Through Wrist; Re-Amputation	43.47	41.80	90	1				
25929		Transmetacarpal Amputation; Secondary Closure Or Scar Revision	40.42	38.86	90	1				
26111		Arthrotomy With Biopsy; 1.5 Cm Or Greater	29.60	28.46	90	1				
26113		Arthrotomy With Biopsy; 1.5 Cm Or Greater	38.82	37.32	90	1				
26118		Radical Resection Of Tumor (Eg, Malignant Neoplasm), Soft	75.22	72.33	90	1				
26185		Sesamoidectomy, Thumb Or Finger (Separate Procedure)	37.52	36.08	90	1				
26260		Radical Resection, Proximal Or Middle Phalanx Of Finger (Eg, Tumor);	38.93	37.43	90	1				
26262		Radical Resection, Distal Phalanx Of Finger (Eg, Tumor)	32.53	31.28	90	1				
26341		Manipulation, Palmar Fascial Cord (Ie, Dupuytren's Cord), Post Enzyme Injection (Eg, Collagenase), Single Cord	43.26	41.60	10	1				
26352		Flexor Tendon Repair Or Advancement, Single, Not In "No Man's Land"; Seco	53.97	51.90	90	1				
26357		Repair Or Advancement, Flexor Tendon, In Zone 2 Digital Flexor Tendon Sheat	58.50	56.25	90	1				
26358		Flexor Tendon Repair Or Advancement, Single, In "No Man's Land"; Secondar	61.66	59.29	90	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
26372		Repair Or Advancement Of Profundus Tendon, With Intact Superficialis Tendon	59.71	57.41	90	1				
26373		Repair Or Advancement Of Profundus Tendon, With Intact Superficialis Tendon	56.56	54.38	90	1				
26390		Excision Flexor Tendon, With Implantation Of Synthetic Rod For Delayed Tend	56.76	54.57	90	1				
26392		Removal Of Synthetic Rod And Insertion Of Flexor Tendon Graft, Hand Or Fing	65.76	63.23	90	1				
26420		Extensor Tendon Repair, Dorsum Of Finger, Single, Primary Or Secondary; Wit	47.58	45.75	90	1				
26434		Extensor Tendon Repair, Distal Insertion ("Mallet Finger"), Open, Primary	43.02	41.37	90	1				
26474		Tenodesis; Of Distal Joint, Each Joint	31.99	30.76	90	1				
26479		Shortening Of Tendon, Flexor, Hand Or Finger, Each Tendon	41.62	40.02	90	1				
26483		Tendon Transfer Or Transplant, Carpometacarpal Area Or Dorsum Of Hand, Sing	57.13	54.93	90	1				
26485		Transfer Or Transplant Of Tendon, Palmar; Without Free Tendon Graft, Each T	54.49	52.39	90	1				
26492		Opponensplasty; Tendon Transfer With Graft (Includes Obtaining Graft), Each	60.22	57.91	90	1				
26494		Opponensplasty; Hypothenar Muscle Transfer	54.35	52.26	90	1				
26497		Transfer Of Tendon To Restore Intrinsic Function; Ring And Small Finger	59.13	56.86	90	1				
26498		Tendon Transfer To Restore Intrinsic Function; All Four Fingers	79.64	76.57	90	1				
26499		Correction Claw Finger, Other Methods	56.61	54.43	90	1				
26502		Tendon Pulley Reconstruction; With Tendon Or Fascial Graft (Includes Obtain	47.95	46.11	90	1				
26517		Capsulodesis For M-P Joint Stabilization; Two Digits	56.41	54.24	90	1				
26518		Capsulodesis For M-P Joint Stabilization; Three Or Four Digits	57.04	54.85	90	1				
26530		Arthroplasty, Metacarpophalangeal Joint; Each Joint	37.96	36.50	90	1				
26531		Arthroplasty, Metacarpophalangeal Joint; With Prosthetic Implant, Each Join	44.09	42.39	90	1				
26541		Reconstruction, Collateral Ligament, Metacarpophalangeal Joint, Single, Wit	54.78	52.67	90	1				
26546		Repair Non-Union, Metacarpal Or Phalanx, (Includes Obtaining Bone Graft Wit	67.30	64.71	90	1				
26550		Pollicization Of A Digit	104.28	100.27	90	1				
26551		Transfer, Toe-To-Hand With Microvascular Anastomosis; Great Toe ' Wrap-Arou	204.77	196.89	90	1				
26553		Toe-To-Hand Transfer With Microvascular Anastomosis; Other Than Great Toe,	188.94	181.68	90	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
26554		Toe-To-Hand Transfer With Microvascular Anastomosis; Other Than Great Toe,	221.12	212.62	90	1				
26555		Transfer, Finger To Another Position Without Microvascular Anastomosis	95.70	92.02	90	1				
26556		Transfer, Free Toe Joint, With Microvascular Anastomosis	198.84	191.19	90	1				
26560		Repair Of Syndactyly (Web Finger) Each Web Space; With Skin Flaps	38.90	37.40	90	1				
26561		Repair Of Syndactyly (Web Finger) Each Web Space; With Skin Flaps And Graft	63.43	60.99	90	1				
26562		Repair Of Syndactyly (Web Finger) Each Web Space; Complex (Eg, Involving Bo	78.80	75.77	90	1				
26565		Osteotomy; Metacarpal, Each	45.60	43.85	90	1				
26568		Osteoplasty, Lengthening, Metacarpal Or Phalanx	61.11	58.76	90	1				
26580		Repair Cleft Hand	90.65	87.16	90	1				
26587		Reconstruction Of Polydactylous Digit, Soft Tissue And Bone	64.38	61.90	90	1				
26590		Repair Macrodactylia, Each Digit	89.57	86.12	90	1				
26596		Excision Of Constricting Ring Of Finger, With Multiple Z-Plasties	52.28	50.27	90	1				
26600		Closed Treatment Of Metacarpal Fracture, Single; Without Manipulation, Each	118.24	113.70	90	1				
26605		Closed Treatment Of Metacarpal Fracture, Single; With Manipulation, Each Bo	134.00	128.85	90	1				
26608		Percutaneous Skeletal Fixation Of Metacarpal Fracture, Each Bone	208.00	200.00	90	1				
26686		Open Treatment Of Carpometacarpal Dislocation, Other Than Thumb (Bennett Fr	43.85	42.17	90	1				
26700		Closed Treatment Of Metacarpophalangeal Dislocation, Single, With Manipulation; Without Anesthesia	131.49	126.43	90	1				
26720		Closed Treatment Of Phalangeal Shaft Fracture, Proximal Or Middle Phalanx,	80.44	77.34	0	1				
26740		Closed Treatment Of Articular Fracture, Involving Metacarpophalangeal Or In	94.24	90.62	90	1				
26750		Closed Treatment Of Distal Phalangeal Fracture, Finger Or Thumb; Without Ma	74.88	72.00	90	1				
26820		Fusion In Opposition, Thumb, With Autogenous Graft (Includes Obtaining Graf	53.54	51.49	90	1				
26842		Arthrodesis, Carpometacarpal Joint, Thumb, With Or Without Internal Fixatio	53.83	51.76	90	1				
26843		Arthrodesis, Carpometacarpal Joint, Digit, Other Than Thumb, Each;	49.93	48.01	90	1				
26844		Arthrodesis, Carpometacarpal Joint, Digits, Other Than Thumb; With Autograf	55.84	53.69	90	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
26852		Arthrodesis, Metacarpophalangeal Joint, With Or Without Internal Fixation;	54.49	52.39	90	1				
26862		Arthrodesis, Interphalangeal Joint, With Or Without Internal Fixation; With	49.33	47.43	90	1				
26863		Arthrodesis, Interphalangeal Joint, With Or Without Internal Fixation; With	16.16	15.54	90	5				
27001		Tenotomy, Adductor Of Hip, Open	38.27	36.79	90	1				
27003		Tenotomy, Adductor, Subcutaneous, Open, With Obturator Neurectomy	41.82	40.21	90	1				
27005		Tenotomy, Hip Flexor(S), Open (Separate Procedure)	51.32	49.35	90	1				
27006		Tenotomy, Abductors And/Or Extensor(S) Of Hip, Open (Separate Procedure)	52.04	50.04	90	1				
27030		Arthrotomy, Hip, With Drainage (Eg, Infection)	65.81	63.28	90	1				
27033		Arthrotomy, Hip, Including Exploration Or Removal Of Loose Or Foreign Body	68.75	66.11	90	1				
27035		Denervation, Hip Joint, Intrapelvic Or Extrapelvic Intra-Articular Branches	71.04	68.31	90	1				
27036		Capsulectomy Or Capsulotomy, Hip, With Or Without Excision Of Heterotopic B	71.26	68.52	90	1				
27043		Biopsy, Soft Tissue Of Pelvis And Hip Area; 3 Cm Or Greater	33.18	31.91	90	1				
27045		Biopsy, Soft Tissue Of Pelvis And Hip Area; 5 Cm Or Greater	52.85	50.82	90	1				
27048		Excision, Tumor, Pelvis And Hip Area; Deep, Subfascial, Intramuscular	34.57	33.24	90	1				
27049		Radical Resection Of Tumor, Soft Tissue Of Pelvis And Hip Area (Eg, Maligna	73.50	70.67	90	1				
27052		Arthrotomy, For Biopsy; Hip Joint	40.33	38.78	90	1				
27054		Arthrotomy With Synovectomy, Hip Joint	48.29	46.43	90	1				
27059		Decompression Fasciotomy(les), Pelvic (Buttock) Compartment(S) (Eg,	126.80	121.93	90	1				
27065		Excision Of Bone Cyst Or Benign Tumor; Superficial (Wing Of Ilium, Symphysis	36.07	34.68	90	1				
27066		Excision Of Bone Cyst Or Benign Tumor; Deep, With Or Without Autograft	57.31	55.11	90	1				
27067		Excision Of Bone Cyst Or Benign Tumor; With Autograft Requiring Separate In	72.90	70.10	90	1				
27070		Partial Excision (Craterization, Saucerization) (Eg, Osteomyelitis Or Bone	60.25	57.93	90	1				
27071		Partial Excision (Craterization, Saucerization) (Eg, Osteomyelitis Or Bone	64.74	62.25	90	1				
27075		Radical Resection Of Tumor Or Infection; Wing Of Ilium, One Pubic Or Ischia	148.38	142.68	90	1				
27076		Radical Resection For Tumor Or Infection; Ilium, Including Acetabulum, Both	117.93	113.39	90	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
27077		Radical Resection For Tumor Or Infection; Innominate Bone, Total	197.21	189.63	90	1				
27078		Radical Resection For Tumor Or Infection; Ischial Tuberosity And Greater Tr	74.47	71.61	90	1				
27080		Coccygectomy, Primary	35.83	34.45	90	1				
27087		Removal Of Foreign Body, Pelvis Or Hip; Deep (Subfascial Or Intramuscular)	44.62	42.90	90	1				
27090		Removal Of Hip Prosthesis; (Separate Procedure)	58.58	56.33	90	1				
27091		Removal Of Hip Prosthesis; Complicated, Including Total Hip Prosthesis, Met	113.13	108.78	90	1				
27097		Release Or Recession, Hamstring, Proximal	47.98	46.14	90	1				
27098		Transfer, Adductor To Ischium	43.94	42.25	90	1				
27100		Transfer External Oblique Muscle To Greater Trochanter Including Fascial Or	58.15	55.91	90	1				
27105		Transfer Paraspinal Muscle To Hip (Includes Fascial Or Tendon Extension Gra	60.99	58.65	90	1				
27110		Transfer Iliopsoas; To Greater Trochanter Of Femur	68.27	65.65	90	1				
27111		Transfer Iliopsoas; To Femoral Neck	57.74	55.52	90	1				
27120		Acetabuloplasty; (Eg, Whitman, Colonna, Haygroves, Or Cup Type)	91.33	87.82	90	1				
27122		Acetabuloplasty; Resection, Femoral Head (Eg, Girdlestone Procedure)	77.82	74.83	90	1				
27125		Hemiarthroplasty, Hip, Partial (Eg, Femoral Stem Prosthesis, Bipolar Arthro	80.09	77.01	90	1				
27130		Arthroplasty, Acetabular And Proximal Femoral Prosthetic Replacement (Total	102.03	98.10	90	1				
27132		Conversion Of Previous Hip Surgery To Total Hip Arthroplasty, With Or Witho	118.71	114.15	90	1				
27134		Revision Of Total Hip Arthroplasty; Both Components, With Or Without Autogr	135.81	130.58	90	1				
27137		Revision Of Total Hip Arthroplasty; Acetabular Component Only, With Or With	104.32	100.31	90	1				
27138		Revision Of Total Hip Arthroplasty; Femoral Component Only, With Or Without	108.54	104.37	90	1				
27140		Osteotomy And Transfer Of Greater Trochanter Of Femur (Separate Procedure)	63.16	60.73	90	1				
27146		Osteotomy, Iliac, Acetabular Or Innominate Bone;	90.69	87.20	90	1				
27147		Osteotomy, Iliac, Acetabular Or Innominate Bone; With Open Reduction Of Hip	103.77	99.78	90	1				
27151		Osteotomy, Iliac, Acetabular Or Innominate Bone; With Femoral Osteotomy	112.36	108.04	90	1				
27156		Osteotomy, Iliac, Acetabular Or Innominate Bone; With Femoral Osteotomy And	121.10	116.44	90	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
27158		Osteotomy, Pelvis, Bilateral (Eg, Congenital Malformation)	98.92	95.12	90	1				
27161		Osteotomy, Femoral Neck (Separate Procedure)	85.82	82.52	90	1				
27165		Osteotomy, Intertrochanteric Or Subtrochanteric Including Internal Or Exter	97.13	93.40	90	1				
27170		Bone Graft, Femoral Head, Neck, Intertrochanteric Or Subtrochanteric Area (	83.14	79.95	90	1				
27176		Treatment Of Slipped Femoral Epiphysis; By Single Or Multiple Pinning, In S	64.74	62.25	90	1				
27177		Open Treatment Of Slipped Femoral Epiphysis; Single Or Multiple Pinning Or	78.56	75.54	90	1				
27178		Open Treatment Of Slipped Femoral Epiphysis; Closed Manipulation With Singl	64.74	62.25	90	1				
27179		Open Treatment Of Slipped Femoral Epiphysis; Osteoplasty Of Femoral Neck (H	68.80	66.15	90	1				
27181		Open Treatment Of Slipped Femoral Epiphysis; Osteotomy And Internal Fixatio	79.26	76.21	90	1				
27187		Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Withou	70.04	67.34	90	1				
27193		Closed Treatment Of Pelvic Ring Fracture, Dislocation, Diastasis Or Subluxa	207.83	199.84	90	1				
27202		Open Treatment Of Coccygeal Fracture	45.76	44.00	90	1				
27215		Open Treatment Of Iliac Spine(S), Tuberosity Avulsion, Or Iliac Wing Fractu	44.56	42.85	90	1				
27216		Percutaneous Skeletal Fixation Of Posterior Pelvic Ring Fracture And/Or Dis	65.32	62.80	90	1				
27217		Open Treatment Of Anterior Ring Fracture And/Or Dislocation With Internal F	61.14	58.79	90	1				
27218		Open Treatment Of Posterior Ring Fracture And/Or Dislocation With Internal	84.78	81.52	90	1				
27226		Open Treatment Of Posterior Or Anterior Acetabular Wall Fracture, With Inte	74.89	72.01	90	1				
27227		Open Treatment Of Acetabular Fracture(S) Involving Anterior Or Posterior (O	117.35	112.84	90	1				
27228		Open Treatment Of Acetabular Fracture(S) Involving Anterior And Posterior (	133.89	128.74	90	1				
27236		Open Treatment Of Femoral Fracture, Proximal End, Neck, Internal Fixation O	84.65	81.39	90	1				
27244		Treatment Of Intertrochanteric, Pertrochanteric, Or Subtrochanteric Femoral	87.04	83.69	90	1				
27245		Open Treatment Of Intertrochanteric, Pertrochanteric Or Subtrochanteric Fem	87.08	83.73	90	1				
27248		Open Treatment Of Greater Trochanteric Fracture, With Or Without Internal O	52.52	50.50	90	1				
27253		Open Treatment Of Hip Dislocation, Traumatic, Without Internal Fixation	66.48	63.92	90	1				
27254		Open Treatment Of Hip Dislocation, Traumatic, With Acetabular Wall And Femo	89.83	86.37	90	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
27258		Open Treatment Of Spontaneous Hip Dislocation (Developmental, Including Con	78.32	75.31	90	1				
27259		Open Treatment Of Spontaneous Hip Dislocation (Developmental, Including Con	109.57	105.36	90	1				
27267		Closed Treatment Of Femoral Fracture, Proximal End, Head; Without Manipulat	30.24	29.08	90	1				
27268		Closed Treatment Of Femoral Fracture, Proximal End, Head; With Manipulation	37.52	36.08	90	1				
27269		Open Treatment Of Femoral Fracture, Proximal End, Head, Includes Internal F	87.80	84.42	90	1				
27280		Arthrodesis, Sacroiliac Joint (Including Obtaining Graft)	73.05	70.24	90	1				
27282		Arthrodesis, Symphysis Pubis (Including Obtaining Graft)	58.93	56.67	90	1				
27284		Arthrodesis, Hip Joint (Including Obtaining Graft);	113.28	108.93	90	1				
27286		Arthrodesis, Hip Joint (Includes Obtaining Graft); With Subtrochanteric Ost	116.73	112.24	90	1				
27290		Interpelviabdominal Amputation (Hindquarter Amputation)	114.70	110.29	90	1				
27295		Disarticulation Of Hip	88.87	85.46	90	1				
27299	R	Unlisted Procedure, Pelvis Or Hip Joint			90	1				
27303		Incision, Deep, With Opening Of Bone Cortex, Femur Or Knee (Eg, Osteomyelit	45.12	43.38	90	1				
27305		Fasciotomy, Iliotibial (Tenotomy), Open	33.68	32.39	90	1				
27306		Tenotomy, Percutaneous, Adductor Or Hamstring; Single Tendon (Separate Proc	24.71	23.76	90	1				
27310		Arthrotomy, Knee, With Exploration, Drainage, Or Removal Of Foreign Body (E	51.66	49.67	90	1				
27325		Neurectomy, Hamstring Muscle	35.69	34.32	90	1				
27326		Neurectomy, Popliteal (Gastrocnemius)	35.23	33.87	90	1				
27329		Radical Resection Of Tumor (Eg, Malignant Neoplasm), Soft Tissue Of Thigh O	73.57	70.74	90	1				
27331		Arthrotomy, Knee; Including Joint Exploration, Biopsy, Or Removal Of Loose	33.59	32.30	90	1				
27332		Arthrotomy, With Excision Of Semilunar Cartilage (Meniscectomy) Knee; Media	45.19	43.45	90	1				
27333		Arthrotomy, Knee, For Excision Of Semilunar Cartilage (Meniscectomy); Media	41.25	39.66	90	1				
27334		Arthrotomy, With Synovectomy Knee; Anterior Or Posterior	48.29	46.43	90	1				
27335		Arthrotomy, Knee, For Synovectomy; Anterior And Posterior Including Poplite	53.97	51.90	90	1				
27337		Arthrotomy, With Synovectomy, Knee; 3 Cm Or Greater	29.65	28.51	90	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
27339		Arthrotomy, With Synovectomy, Knee; 5 Cm Or Greater	52.88	50.84	90	1				
27345		Excision Of Synovial Cyst Of Popliteal Space (Eg, Baker's Cyst)	34.04	32.73	90	1				
27347		Excision Of Lesion Of Meniscus Or Capsule (Eg, Cyst, Ganglion), Knee	36.87	35.45	90	1				
27350		Patellectomy Or Hemipatellectomy	46.02	44.25	90	1				
27355		Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Femur;	42.54	40.90	90	1				
27356		Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Femur; With Allograft	52.04	50.04	90	1				
27357		Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Femur; With Autograft	57.39	55.18	90	1				
27358		Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Femur; With Internal	19.65	18.89	90	1				
27360		Partial Excision (Craterization, Saucerization, Or Diaphysectomy) Bone, Fem	60.30	57.98	90	1				
27364		Partial Excision (Craterization, Saucerization, Or Diaphysectomy) Bone,	110.00	105.77	90	1				
27365		Radical Resection Of Tumor, Bone, Femur Or Knee	90.41	86.93	90	1				
27380		Suture Of Infrapatellar Tendon; Primary	41.99	40.38	90	1				
27381		Suture Of Infrapatellar Tendon; Secondary Reconstruction, Including Fascial	56.41	54.24	90	1				
27385		Suture Of Quadriceps Or Hamstring Muscle Rupture; Primary	40.68	39.11	90	1				
27386		Suture Of Quadriceps Or Hamstring Muscle Rupture; Secondary Reconstruction,	58.68	56.42	90	1				
27390		Tenotomy, Open, Hamstring, Knee To Hip; Single Tendon	31.58	30.37	90	1				
27392		Tenotomy, Open, Hamstring, Knee To Hip; Multiple Tendons, Bilateral	50.13	48.20	90	1				
27393		Lengthening Of Hamstring Tendon; Single Tendon	35.93	34.54	90	1				
27394		Lengthening Of Hamstring Tendon; Multiple Tendons, One Leg	45.93	44.16	90	1				
27395		Lengthening Of Hamstring Tendon; Multiple Tendons, Bilateral	61.88	59.50	90	1				
27396		Transplant, Hamstring Tendon To Patella; Single Tendon	43.35	41.68	90	1				
27397		Transplant, Hamstring Tendon To Patella; Multiple Tendons	64.55	62.07	90	1				
27400		Transfer, Tendon Or Muscle, Hamstrings To Femur (Eg, Egger's Type Procedure	48.91	47.03	90	1				
27403		Arthrotomy With Meniscus Repair, Knee	45.24	43.50	90	1				
27405		Repair, Primary, Torn Ligament And/Or Capsule, Knee; Collateral	47.81	45.98	90	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
27407		Repair, Primary, Torn Ligament And/Or Capsule, Knee; Cruciate	55.72	53.58	90	1				
27409		Repair, Primary, Torn Ligament And/Or Capsule, Knee; Collateral And Cruciat	68.03	65.42	90	1				
27412		Autologous Chondrocyte Implantation, Knee	116.80	112.31	0	1				
27415		Osteochondral Allograft, Knee, Open	96.99	93.26	0	1				
27418		Anterior Tibial Tubercleplasty (Eg, Maquet Type Procedure)	58.82	56.56	90	1				
27420		Reconstruction Of Dislocating Patella; (Eg, Hauser Type Procedure)	52.35	50.34	90	1				
27422		Reconstruction Of Dislocating Patella; With Extensor Realignment And/Or Mus	52.49	50.47	90	1				
27424		Reconstruction For Recurrent Dislocating Patella; With Patellectomy	52.66	50.64	90	1				
27427		Ligamentous Reconstruction (Augmentation), Knee; Extra-Articular	50.77	48.82	90	1				
27428		Ligamentous Reconstruction (Augmentation), Knee; Intra-Articular (Open)	78.75	75.72	90	1				
27429		Ligamentous Reconstruction (Augmentation), Knee; Intra-Articular (Open) And	88.40	85.00	90	1				
27430		Quadricepsplasty (Eg, Bennett Or Thompson Type)	52.28	50.27	90	1				
27435		Capsulotomy, Posterior Capsular Release, Knee	57.15	54.95	90	1				
27438		Arthroplasty, Patella; With Prosthesis	59.46	57.18	90	1				
27440		Arthroplasty, Knee, Tibial Plateau;	56.19	54.03	90	1				
27441		Arthroplasty, Knee, Tibial Plateau; With Debridement And Partial Synovectom	58.05	55.82	90	1				
27442		Arthroplasty, Femoral Condyles Or Tibial Plateau(S), Knee;	61.42	59.06	90	1				
27443		Arthroplasty, Knee, Femoral Condyles Or Tibial Plateaus; With Debridement A	57.55	55.34	90	1				
27445		Arthroplasty, Knee, Hinge Prosthesis (Eg, Walldius Type)	88.47	85.06	90	1				
27446		Arthroplasty, Knee, Condyle And Plateau; Medial Or Lateral Compartment	78.18	75.17	90	1				
27447		Arthroplasty, Knee, Condyle And Plateau; Medial And Lateral Compartments Wi	108.93	104.74	90	1				
27448		Osteotomy, Femur, Shaft Or Supracondylar; Without Fixation	57.84	55.62	90	1				
27450		Osteotomy, Femur, Shaft Or Supracondylar; With Fixation	71.80	69.04	90	1				
27454		Osteotomy, Multiple, With Realignment On Intramedullary Rod, Femoral Shaft	91.71	88.19	90	1				
27455		Osteotomy, Proximal Tibia, Including Fibular Excision Or Osteotomy (Include	66.41	63.86	90	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
27457		Osteotomy, Proximal Tibia, Including Fibular Excision Or Osteotomy (Include	67.84	65.23	90	1				
27465		Osteoplasty, Femur; Shortening (Excluding 64876)	88.23	84.84	90	1				
27466		Osteoplasty, Femur; Lengthening	83.38	80.18	90	1				
27468		Osteoplasty, Femur; Combined, Lengthening And Shortening With Femoral Segme	94.72	91.08	90	1				
27470		Repair, Nonunion Or Malunion, Femur, Distal To Head And Neck; Without Graft	83.34	80.13	90	1				
27472		Repair, Nonunion Or Malunion, Femur, Distal To Head And Neck; With Iliac Or	89.52	86.07	90	1				
27479		Epiphyseal Arrest By Epiphysiodesis Or Stapling; Combined Distal Femur, Pro	60.90	58.55	90	1				
27486		Revision Of Total Knee Arthroplasty, With Or Without Allograft; One Compone	99.64	95.81	90	1				
27487		Revision Of Total Knee Arthroplasty, With Or Without Allograft; Femoral And	124.59	119.79	90	1				
27488		Removal Of Prosthesis, Including Total Knee Prosthesis, Methylmethacrylate	85.03	81.76	90	1				
27495		Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Withou	79.73	76.66	90	1				
27498		Decompression Fasciotomy, Thigh And/Or Knee, Multiple Compartments;	42.88	41.23	90	1				
27499		Decompression Fasciotomy, Thigh And/Or Knee, Multiple Compartments; With De	44.93	43.20	90	1				
27500		Closed Treatment Of Femoral Shaft Fracture, Without Manipulation	227.52	218.77	90	1				
27506		Open Treatment Of Femoral Shaft Fracture, With Or Without External Fixation	94.70	91.06	90	1				
27507		Open Treatment Of Femoral Shaft Fracture With Plate/Screws, With Or Without	68.85	66.20	90	1				
27508		Closed Treatment Of Femoral Fracture, Distal End, Medial Or Lateral Condyle	228.78	219.98	90	1				
27511		Open Treatment Of Femoral Supracondylar Or Transcondylar Fracture Without I	70.56	67.85	90	1				
27513		Open Treatment Of Femoral Supracondylar Or Transcondylar Fracture With Inte	87.85	84.47	90	1				
27514		Open Treatment Of Femoral Fracture, Distal End, Medial Or Lateral Condyle,	80.26	77.17	90	1				
27516		Closed Treatment Of Distal Femoral Epiphyseal Separation; Without Manipulat	213.37	205.16	90	1				
27519		Open Treatment Of Distal Femoral Epiphyseal Separation, With Or Without Int	66.54	63.98	90	1				
27520		Closed Treatment Of Patellar Fracture, Without Manipulation	134.00	128.85	90	1				
27524		Open Treatment Of Patellar Fracture, With Internal Fixation And/Or Partial	53.16	51.12	90	1				
27530		Closed Treatment Of Tibial Fracture, Proximal (Plateau); Without Manipulati	138.37	133.05	90	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
27535		Open Treatment Of Tibial Fracture, Proximal (Plateau); Unicondylar, With Or	63.45	61.01	90	1				
27536		Open Treatment Of Tibial Fracture, Proximal (Plateau); Bicondylar, With Or	84.22	80.98	90	1				
27540		Open Treatment Of Intercondylar Spine(S) And/Or Tuberosity Fracture(S) Of T	57.48	55.27	90	1				
27556		Open Treatment Of Knee Dislocation, With Or Without Internal Or External Fi	63.08	60.66	90	1				
27557		Open Treatment Of Knee Dislocation, With Or Without Internal Or External Fi	73.93	71.09	90	1				
27558		Open Treatment Of Knee Dislocation, With Or Without Internal Or External Fi	84.29	81.05	90	1				
27566		Open Treatment Of Patellar Dislocation, With Or Without Partial Or Total Pa	62.95	60.53	90	1				
27580		Arthrodesis, Knee, Any Technique	101.72	97.80	90	1				
27590		Amputation, Thigh, Through Femur, Any Level;	58.37	56.12	90	1				
27591		Amputation, Thigh, Through Femur, Any Level; Immediate Fitting Technique In	61.42	59.06	90	1				
27592		Amputation, Thigh, Through Femur, Any Level; Open, Circular (Guillotine)	49.46	47.56	90	1				
27598		Disarticulation At Knee	52.90	50.86	90	1				
27599	R	Unlisted Procedure, Femur Or Knee			90	1				
27602		Decompression Fasciotomy, Leg; Anterior And/Or Lateral, And Posterior Compa	35.85	34.48	90	1				
27612		Arthrotomy, Posterior Capsular Release, Ankle, With Or Without Achilles Ten	39.39	37.87	90	1				
27616		Radical Resection Of Tumor (Eg, Malignant Neoplasm), Soft Tissue Of Leg	89.73	86.28	90	1				
27620		Arthrotomy, Ankle, With Joint Exploration, With Or Without Biopsy, With Or	32.23	30.99	90	1				
27625		Arthrotomy, Ankle, With Synovectomy;	40.34	38.79	90	1				
27626		Arthrotomy, Ankle, For Synovectomy; Including Tenosynovectomy	44.85	43.13	90	1				
27632		Excision Of Lesion Of Tendon Sheath Or Capsule (Eg, Cyst Or Ganglion),	29.50	28.37	90	1				
27634		Excision Of Lesion Of Tendon Sheath Or Capsule (Eg, Cyst Or Ganglion),	48.58	46.71	90	1				
27637		Excision Or Curettage Of Bone Cyst Or Benign Tumor, Tibia Or Fibula; With A	53.81	51.74	90	1				
27638		Excision Or Curettage Of Bone Cyst Or Benign Tumor, Tibia Or Fibula; With A	54.57	52.47	90	1				
27645		Radical Resection Of Tumor, Bone; Tibia	75.85	72.93	90	1				
27646		Resection For Tumor, Radical; Fibula	66.53	63.97	90	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
27647		Radical Resection Of Tumor, Bone; Talus Or Calcaneus	59.82	57.52	90	1				
27650		Repair, Primary, Open Or Percutaneous, Ruptured Achilles Tendon;	47.17	45.36	90	1				
27654		Repair, Secondary, Achilles Tendon, With Or Without Graft	50.03	48.11	90	1				
27656		Repair, Fascial Defect Of Leg	37.89	36.44	90	1				
27658		Repair, Flexor Tendon, Leg; Primary, Without Graft, Each Tendon	26.38	25.36	90	1				
27659		Repair, Flexor Tendon, Leg; Secondary, With Or Without Graft, Each Tendon	34.64	33.31	90	1				
27665		Repair, Extensor Tendon, Leg; Secondary, With Or Without Graft, Each Tendon	29.41	28.28	90	1				
27675		Repair, Dislocating Peroneal Tendons; Without Fibular Osteotomy	34.42	33.10	90	1				
27676		Repair For Dislocating Peroneal Tendons; With Fibular Osteotomy	43.64	41.96	90	1				
27685		Lengthening Or Shortening Of Tendon, Leg Or Ankle; Single Tendon (Separate	46.32	44.54	90	1				
27687		Gastrocnemius Recession (Eg, Strayer Procedure)	32.30	31.06	90	1				
27690		Transfer Or Transplant Of Single Tendon (With Muscle Redirection Or Rerouti	44.71	42.99	90	1				
27691		Transfer Or Transplant Of Single Tendon (With Muscle Redirection Or Rerouti	53.21	51.16	90	1				
27692		Transfer Or Transplant Of Single Tendon (With Muscle Redirection Or Rerouti	7.57	7.28	90	5				
27695		Repair, Primary, Disrupted Ligament, Ankle; Collateral	34.06	32.75	90	1				
27698		Repair, Secondary Disrupted Ligament, Ankle, Collateral (Eg, Watson-Jones P	45.40	43.66	90	1				
27700		Arthroplasty, Ankle;	41.70	40.10	90	1				
27702		Arthroplasty, Ankle; With Implant ("Total Ankle")	68.63	65.99	90	1				
27703		Arthroplasty, Ankle; Revision, Total Ankle	80.33	77.24	90	1				
27705		Osteotomy; Tibia	53.95	51.87	90	1				
27709		Osteotomy; Tibia And Fibula	83.43	80.22	90	1				
27712		Osteotomy; Multiple, With Realignment On Intramedullary Rod (Eg, Sofield Ty	78.01	75.01	90	1				
27715		Osteoplasty, Tibia And Fibula, Lengthening Or Shortening	74.98	72.10	90	1				
27720		Repair Of Nonunion Or Malunion, Tibia; Without Graft, (Eg, Compression Tech	62.02	59.63	90	1				
27722		Repair Of Nonunion Or Malunion, Tibia; With Sliding Graft	62.73	60.32	90	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
27724		Repair Of Nonunion Or Malunion, Tibia; With Iliac Or Other Autograft (Inclu	89.78	86.33	90	1				
27725		Repair Of Nonunion Or Malunion, Tibia; By Synostosis, With Fibula, Any Meth	86.13	82.82	90	1				
27727		Repair Of Congenital Pseudarthrosis, Tibia	70.51	67.80	90	1				
27740		Arrest, Epiphyseal (Epiphysiodesis), Any Method, Combined, Proximal And Dis	43.23	41.57	90	1				
27742		Epiphyseal Arrest By Epiphysiodesis Or Stapling, Combined, Proximal And Dis	52.17	50.16	90	1				
27745		Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Withou	53.52	51.46	90	1				
27750		Closed Treatment Of Tibial Shaft Fracture (With Or Without Fibular Fracture	145.28	139.70	90	1				
27756		Percutaneous Skeletal Fixation Of Tibial Shaft Fracture (With Or Without Fi	40.82	39.25	90	1				
27758		Open Treatment Of Tibial Shaft Fracture, (With Or Without Fibular Fracture)	63.00	60.57	90	1				
27759		Treatment Of Tibial Shaft Fracture (With Or Without Fibular Fracture) By In	70.66	67.94	90	1				
27760		Closed Treatment Of Medial Malleolus Fracture; Without Manipulation	139.74	134.37	90	1				
27767		Closed Treatment Of Posterior Malleolus Fracture; Without Manipulation	17.94	17.25	90	1				
27768		Closed Treatment Of Posterior Malleolus Fracture; With Manipulation	29.24	28.11	90	1				
27769		Open Treatment Of Posterior Malleolus Fracture, Includes Internal Fixation,	50.99	49.03	90	1				
27780		Closed Treatment Of Proximal Fibula Or Shaft Fracture; Without Manipulation	125.23	120.42	90	1				
27786		Closed Treatment Of Distal Fibular Fracture (Lateral Malleolus); Without Ma	132.40	127.30	90	1				
27808		Closed Treatment Of Bimalleolar Ankle Fracture (Eg, Lateral And Medial Mall	138.49	133.16	90	1				
27814		Open Treatment Of Bimalleolar Ankle Fracture, With Or Without Internal Or E	54.69	52.59	90	1				
27816		Closed Treatment Of Trimalleolar Ankle Fracture; Without Manipulation	130.96	125.92	90	1				
27818		Closed Treatment Of Trimalleolar Ankle Fracture; With Manipulation	33.60	32.30	90	1				
27822		Open Treatment Of Trimalleolar Ankle Fracture, With Or Without Internal Or	59.66	57.36	90	1				
27823		Open Treatment Of Trimalleolar Ankle Fracture, With Or Without Internal Or	67.60	65.00	90	1				
27824		Closed Treatment Of Fracture Of Weight Bearing Articular Portion Of Distal	132.04	126.96	90					
27826		Open Treatment Of Fracture Of Weight Bearing Articular Surface/ Portion Of	58.99	56.72	90	1				
27827		Open Treatment Of Fracture Of Weight Bearing Articular Surface/ Portion Of	76.75	73.79	90	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
27828		Open Treatment Of Fracture Of Weight Bearing Articular Surface/ Portion Of	91.81	88.28	90	1				
27829		Open Treatment Of Distal Tibiofibular Joint (Syndesmosis) Disruption, With	47.87	46.03	90	1				
27832		Open Treatment Of Proximal Tibiofibular Joint Dislocation, With Or Without	51.88	49.89	90	1				
27846		Open Treatment Of Ankle Dislocation, With Or Without Percutaneous Skeletal	51.97	49.97	90	1				
27848		Open Treatment Of Ankle Dislocation, With Or Without Percutaneous Skeletal	57.58	55.36	90	1				
27870		Arthrodesis, Ankle, Open	73.45	70.63	90	1				
27871		Arthrodesis, Tibiofibular Joint, Proximal Or Distal	49.08	47.19	90	1				
27880		Amputation Leg, Through Tibia And Fibula;	66.03	63.49	90	1				
27881		Amputation Leg, Through Tibia And Fibula; With Immediate Fitting Technique	62.59	60.18	90	1				
27888		Amputation, Ankle, Through Malleoli Of Tibia And Fibula (Eg, Syme, Pirogoff	48.39	46.53	90	1				
27894		Decompression Fasciotomy, Leg; Anterior And/Or Lateral, And Posterior Compa	61.54	59.17	90	1				
28039		Exc Foot/Toe Tum Sc > 1.5 Cm 1.5 Cm Or Greater	36.83	35.42	90	1				
28041		Exc Foot/Toe Tum Deep >1.5Cm	33.21	31.93	90	1				
28047		Radical Resection Of Tumor (Eg, Malignant Neoplasm), Soft Tissue Of	72.59	69.80	90	1				
28055		Neurectomy, Intrinsic Musculature Of Foot	26.43	25.41	0	1				
28086		Synovectomy, Tendon Sheath, Foot; Flexor	37.38	35.94	90	1				
28100		Excision Or Curettage Of Bone Cyst Or Benign Tumor, Talus Or Calcaneus;	41.76	40.16	90	1				
28102		Excision Or Curettage Of Bone Cyst Or Benign Tumor, Talus Or Calcaneus; Wit	34.26	32.95	90	1				
28103		Excision Or Curettage Of Bone Cyst Or Benign Tumor, Talus Or Calcaneus; Wit	27.60	26.54	90	1				
28104		Excision Or Curettage Of Bone Cyst Or Benign Tumor, Tarsal Or Metatarsal, E	36.57	35.16	90	1				
28106		Excision Or Curettage Of Bone Cyst Or Benign Tumor, Tarsal Or Metatarsal Bo	30.05	28.90	90	1				
28107		Excision Or Curettage Of Bone Cyst Or Benign Tumor, Tarsal Or Metatarsal Bo	36.40	35.00	90	1				
28114		Ostectomy, Complete Excision; All Metatarsal Heads, With Partial Proximal P	75.13	72.24	90	1				
28118		Ostectomy, Calcaneus;	41.97	40.35	90	1				
28122		Partial Excision (Craterization, Saucerization, Sequestrectomy, Or Diaphyse	42.68	41.04	90	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
28130		Talectomy (Astragalectomy)	46.84	45.03	90	1				
28171		Radical Resection Of Tumor, Bone; Tarsal (Except Talus Or Calcaneus)	46.75	44.95	90	1				
28190		Removal Of Foreign Body, Foot; Subcutaneous	17.49	16.81	10	1				
28202		Repair Or Suture Of Tendon, Foot, Flexor, Single; Secondary With Free Graft	41.54	39.94	90	1				
28210		Repair Or Suture Of Tendon, Foot, Extensor, Single; Secondary With Free Gra	40.27	38.72	90	1				
28238		Reconstruction (Advancement), Posterior Tibial Tendon With Excision Of Acce	48.34	46.48	90	1				
28250		Division Of Plantar Fascia And Muscle (Eg, Steindler Stripping) (Separate P	40.49	38.93	90	1				
28260		Capsulotomy, Midfoot; Medial Release Only (Separate Procedure)	49.90	47.98	90	1				
28262		Capsulotomy, Midfoot; Extensive, Including Posterior Talotibial Capsulotomy	99.95	96.11	90	1				
28264		Capsulotomy, Midtarsal (Eg, Heyman Type Procedure)	65.15	62.65	90	1				
28289		Hallux Rigidus Correction With Cheilectomy, Debridement And Capsular Releas	52.30	50.29	90	1				
28292		Hallux Valgus (Bunion) Correction, With Or Without Sesamoidectomy; Keller,	56.00	53.85	90	1				
28293		Hallux Valgus (Bunion) Correction, With Or Without Sesamoidectomy; Resectio	73.72	70.88	90	1				
28294		Correction, Hallux Valgus (Bunion), With Or Without Sesamoidectomy; With Te	52.97	50.93	90	1				
28296		Hallux Valgus (Bunion) Correction, With Or Without Sesamoidectomy; With Met	50.58	48.64	90	1				
28297		Hallux Valgus (Bunion) Correction, With Or Without Sesamoidectomy; Lapidus	58.25	56.01	90	1				
28298		Hallux Valgus (Bunion) Correction, With Or Without Sesamoidectomy; By Phala	50.92	48.96	90	1				
28299		Correction, Hallux Valgus (Bunion), With Or Without Sesamoidectomy; By Doub	63.24	60.80	90	1				
28300		Osteotomy; Calcaneus (Eg, Dwyer Or Chambers Type Procedure), With Or Withou	46.50	44.71	90	1				
28302		Osteotomy; Talus	49.07	47.19	90	1				
28304		Osteotomy, Tarsal Bones, Other Than Calcaneus Or Talus;	57.60	55.39	90	1				
28305		Osteotomy, Tarsal Bones, Other Than Calcaneus Or Talus; With Autograft (Inc	44.95	43.22	90	1				
28306		Osteotomy, With Or Without Lengthening, Shortening Or Angular Correction, M	43.34	41.67	90	1				
28308		Osteotomy, With Or Without Lengthening, Shortening Or Angular Correction, M	39.64	38.12	90	1				
28320		Repair, Nonunion Or Malunion; Tarsal Bones	43.47	41.80	90	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
28322		Repair Of Nonunion Or Malunion; Metatarsal, With Or Without Bone Graft (Inc	55.24	53.11	90	1				
28360		Reconstruction, Cleft Foot	71.26	68.52	90	1				
28400		Closed Treatment Of Calcaneal Fracture; Without Manipulation	16.83	16.18	90	1				
28415		Open Treatment Of Calcaneal Fracture, With Or Without Internal Or External	78.58	75.56	90	1				
28420		Open Treatment Of Calcaneal Fracture, With Or Without Internal Or External	87.94	84.56	90	1				
28430		Closed Treatment Of Talus Fracture; Without Manipulation	15.68	15.08	90	1				
28445		Open Treatment Of Talus Fracture, With Or Without Internal Or External Fixa	75.82	72.90	90	1				
28455		Treatment Of Tarsal Bone Fracture (Except Talus And Calcaneus); With Manip	127.86	122.94	90	1				
28470		Closed Treatment Of Metatarsal Fracture; Without Manipulation, Each	90.47	86.99	90	1				
28490		Closed Treatment Of Fracture Great Toe, Phalanx Or Phalanges; Without Manip	59.13	56.86	90	1				
28510		Closed Treatment Of Fracture, Phalanx Or Phalanges, Other Than Great Toe; W	8.28	7.96	90	1				
28555		Open Treatment Of Tarsal Bone Dislocation, With Or Without Internal Or Exte	61.37	59.01	90	1				
28585		Open Treatment Of Talotarsal Joint Dislocation, With Or Without Internal Or	62.42	60.02	90	1				
28615		Open Treatment Of Tarsometatarsal Joint Dislocation, With Or Without Intern	56.34	54.17	90	1				
28705		Arthrodesis; Pantalar	90.52	87.04	90	1				
28715		Arthrodesis; Triple	66.53	63.97	90	1				
28725		Arthrodesis; Subtalar	51.68	49.69	90	1				
28730		Arthrodesis, Midtarsal Or Tarsometatarsal, Multiple Or Transverse;	52.85	50.82	90	1				
28735		Arthrodesis, Midtarsal Or Tarsometatarsal, Multiple Or Transverse; With Ost	55.91	53.76	90	1				
28737		Arthrodesis, With Tendon Lengthening And Advancement, Midtarsal, Tarsal Nav	47.96	46.11	90	1				
28740		Arthrodesis, Midtarsal Or Tarsometatarsal, Single Joint	60.11	57.80	90	1				
28760		Arthrodesis, With Extensor Hallucis Longus Transfer To First Metatarsal Nec	55.91	53.76	90	1				
28800		Amputation, Foot; Midtarsal (Eg, Chopart Type Procedure)	38.91	37.41	90	1				
28810		Amputation, Metatarsal, With Toe, Single	31.30	30.09	90	1				
29065		Application; Shoulder To Hand (Long Arm)	41.03	39.46	0	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
29075		Application; Elbow To Finger (Short Arm)	38.16	36.69	0	1				
29085		Application; Hand And Lower Forearm (Gauntlet)	40.67	39.10	0	1				
29105		Application Of Long Arm Splint (Shoulder To Hand)	37.08	35.66	0	1				
29125		Application Of Short Arm Splint (Forearm To Hand); Static	28.50	27.40	0	1				
29126		Application Of Short Arm Splint (Forearm To Hand); Dynamic	32.43	31.18	0	1				
29130		Application Of Finger Splint; Static	17.73	17.05	0	1				
29131		Application Of Finger Splint; Dynamic	21.31	20.49	0	1				
29240		Strapping; Shoulder (Eg, Velpeau)	24.77	23.82	0	1				
29260		Strapping; Elbow Or Wrist	22.21	21.36	0	1				
29305		Application Of Hip Spica Cast; 1 Leg	102.47	98.53	0	1				
29345		Application Of Long Leg Cast (Thigh To Toes);	59.13	56.86	0	1				
29355		Application Of Long Leg Cast (Thigh To Toes); Walker Or Ambulatory Type	61.45	59.09	0	1				
29365		Application Of Cylinder Cast (Thigh To Ankle)	53.02	50.98	0	1				
29405		Application Of Short Leg Cast (Below Knee To Toes);	35.96	34.58	0	1				
29425		Application Of Short Leg Cast (Below Knee To Toes); Walking Or Ambulatory T	34.61	33.28	0	1				
29435		Application Of Patellar Tendon Bearing (Ptb) Cast	51.77	49.78	0	1				
29450		Application Of Clubfoot Cast With Molding Or Manipulation, Long Or Short Le	63.71	61.26	0	1				
29515		Application Of Short Leg Splint (Calf To Foot)	31.35	30.14	0	1				
29530		Strapping; Knee	22.21	21.36	0	1				
29540		Strapping; Ankle And/Or Foot	16.12	15.50	0	1				
29550		Strapping; Toes	15.68	15.08	0	1				
29580		Strapping; Unna Boot	23.13	22.24	0	1				
29581		Application Of Multi-Layer Venous Wound Compression System, Below Knee	35.18	33.82	0	1				
29582		Application Of Multi-Layer Compression System; Thigh And Leg, Including Ankle And Foot, When Performed	30.58	29.41	0	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
29583		Application Of Multi-Layer Compression System; Upper Arm And Forearm	18.94	18.22	0	1				
29584		Application Of Multi-Layer Compression System; Upper Arm, Forearm, Hand, And Fingers	30.58	29.41	0	1				
29590		Denis-Browne Splint Strapping	3.70	3.56	0	1				
29804		Arthroscopy, Temporomandibular Joint, Surgical	45.89	44.13	90	1				
29820		Arthroscopy, Shoulder, Surgical; Synovectomy, Partial	38.19	36.73	90	1				
29821		Arthroscopy, Shoulder, Surgical; Synovectomy, Complete	41.89	40.28	90	1				
29822		Arthroscopy, Shoulder, Surgical; Debridement, Limited	40.75	39.18	90	1				
29823		Arthroscopy, Shoulder, Surgical; Debridement, Extensive	44.47	42.76	90	1				
29824		Arthroscopy, Shoulder, Surgical; Distal Claviclectomy Including Distal Art	48.01	46.16	90	1				
29825		Arthroscopy, Shoulder, Surgical; With Lysis And Resection Of Adhesions, Wit	41.44	39.85	90	1				
29826		Arthroscopy, Shoulder, Surgical; Decompression Of Subacromial Space With Pa	39.80	38.27	90	1				
29827		Arthroscopy, Shoulder, Surgical; With Rotator Cuff Repair	76.15	73.22	90	1				
29834		Arthroscopy, Elbow, Surgical; With Removal Of Loose Body Or Foreign Body	34.88	33.53	90	1				
29835		Arthroscopy, Elbow, Surgical; Synovectomy, Partial	35.78	34.41	90	1				
29836		Arthroscopy, Elbow, Surgical; Synovectomy, Complete	41.23	39.64	90	1				
29837		Arthroscopy, Elbow, Surgical; Debridement, Limited	37.50	36.06	90	1				
29843		Arthroscopy, Wrist, Surgical; For Infection, Lavage And Drainage	34.14	32.82	90	1				
29844		Arthroscopy, Wrist, Surgical; Synovectomy, Partial	35.47	34.11	90	1				
29845		Arthroscopy, Wrist, Surgical; Synovectomy, Complete	40.56	39.00	90	1				
29847		Arthroscopy, Wrist, Surgical; Internal Fixation For Fracture Or Instability	38.31	36.84	90	1				
29851		Arthroscopically Aided Treatment Of Intercondylar Spine(S) And/Or Tuberosit	65.79	63.26	90	1				
29855		Arthroscopically Aided Treatment Of Tibial Fracture, Proximal (Plateau); Un	55.60	53.46	90	1				
29856		Arthroscopically Aided Treatment Of Tibial Fracture, Proximal (Plateau); Bi	70.35	67.64	90	1				
29860		Arthroscopy, Hip, Diagnostic With Or Without Synovial Biopsy (Separate Proc	47.10	45.29	90	1				
29861		Arthroscopy, Hip, Surgical; With Removal Of Loose Body Or Foreign Body	51.39	49.42	90	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
29862		Arthroscopy, Hip, Surgical; With Debridement/Shaving Of Articular Cartilage	57.94	55.71	90	1				
29863		Arthroscopy, Hip, Surgical; With Synovectomy	57.64	55.43	90	1				
29884		Arthroscopy, Knee, Surgical; With Lysis Of Adhesions, With Or Without Manip	43.99	42.30	90	1				
29885		Arthroscopy, Knee, Surgical; Drilling For Osteochondritis Dissecans With Bo	53.11	51.07	90	1				
29887		Arthroscopy, Knee, Surgical; Drilling For Intact Osteochondritis Dissecans	52.90	50.86	90	1				
29888		Arthroscopically Aided Anterior Cruciate Ligament Repair/Augmentation Or Re	70.01	67.32	90	1				
29889		Arthroscopically Aided Posterior Cruciate Ligament Repair/Augmentation Or R	85.51	82.22	90	1				
29891		Arthroscopy, Ankle, Surgical; Excision Of Osteochondral Defect Of Talus And	48.53	46.66	90	1				
29892		Arthroscopically Aided Repair Of Large Osteochondritis Dissecans Lesion, Ta	43.52	41.84	90	1				
29893		Endoscopic Plantar Fasciotomy	43.18	41.52	90	1				
29894		Arthroscopy, Ankle (Tibiotalar And Fibulotalar Joints), Surgical; With Remo	36.33	34.94	90	1				
29895		Arthroscopy, Ankle (Tibiotalar And Fibulotalar Joints), Surgical; Synovecto	34.40	33.08	90	1				
29897		Arthroscopy, Ankle (Tibiotalar And Fibulotalar Joints), Surgical; Debrideme	36.48	35.07	90	1				
29898		Arthroscopy, Ankle (Tibiotalar And Fibulotalar Joints), Surgical; Debrideme	40.30	38.75	90	1				
29899		Arthroscopy, Ankle (Tibiotalar And Fibulotalar Joints), Surgical; With Ankl	73.52	70.70	90	1				
29904		Arthroscopy, Subtalar Joint, Surgical; With Removal Of Loose Body Or Foreign	45.00	43.27	90	1				
29905		Arthroscopy, Subtalar Joint, Surgical; With Synovectomy	48.75	46.87	90	1				
29906		Arthroscopy, Subtalar Joint, Surgical; With Debridement	51.30	49.33	90	1				
29907		Arthroscopy, Subtalar Joint, Surgical; With Subtalar Arthrodesis	61.88	59.50	90	1				
29914		Arthroscopy, Hip, Surgical; With Femoroplasty (Ie, Treatment Of Cam Lesion)	71.78	69.02	90	1				
29915		Arthroscopy, Hip, Surgical; With Acetabuloplasty (Ie, Treatment Of Pincer Lesion)	73.09	70.28	90	1				
29916		Arthroscopy, Hip, Surgical; With Labral Repair	73.09	70.28	90	1				
29999	R	Unlisted Procedure, Arthroscopy			90	1				
30118		Excision Or Destruction, Any Method (Including Laser), Intranasal Lesion; E	55.07	52.95	90	1				
30125		Excision Dermoid Cyst, Nose; Complex, Under Bone Or Cartilage	43.51	41.84	90	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
30160		Rhinectomy; Total	55.79	53.64	90	1				
30300		Removal Foreign Body, Intranasal; Office Type Procedure	15.36	14.77	10	1				
30460		Rhinoplasty For Nasal Deformity Secondary To Congenital Cleft Lip And/Or Pa	53.54	51.49	90	1				
30462		Rhinoplasty For Nasal Deformity Secondary To Congenital Cleft Lip And/Or Pa	108.06	103.91	90	1				
30540		Repair Choanal Atresia; Intranasal	47.30	45.48	90	1				
30545		Repair Choanal Atresia; Transpalatine	66.32	63.76	90	1				
30901		Control Nasal Hemorrhage, Anterior, Simple (Limited Cautery And/Or Packing	6.83	6.57	0	1				
31075		Sinusotomy Frontal; Transorbital, Unilateral (For Mucocele Or Osteoma, Lync	56.18	54.02	90	1				
31080		Sinusotomy Frontal; Obliterative Without Osteoplastic Flap, Brow Incision (	71.32	68.57	90	1				
31081		Sinusotomy Frontal; Obliterative, Without Osteoplastic Flap, Coronal Incisi	91.21	87.70	90	1				
31084		Sinusotomy Frontal; Obliterative, With Osteoplastic Flap, Brow Incision	83.07	79.88	90	1				
31085		Sinusotomy Frontal; Obliterative, With Osteoplastic Flap, Coronal Incision	90.87	87.37	90	1				
31086		Sinusotomy Frontal; Nonobliterative, With Osteoplastic Flap, Brow Incision	80.09	77.01	90	1				
31087		Sinusotomy Frontal; Nonobliterative, With Osteoplastic Flap, Coronal Incisi	77.77	74.78	90	1				
31205		Ethmoidectomy; Extranasal, Total	59.97	57.66	90	1				
31225		Maxillectomy; Without Orbital Exenteration	133.00	127.89	90	1				
31230		Maxillectomy; With Orbital Exenteration (En Bloc)	148.77	143.05	90	1				
31231		Nasal Endoscopy, Diagnostic, Unilateral Or Bilateral (Separate Procedure)	84.56	81.30	0	1				
31237		Nasal/Sinus Endoscopy, Surgical; With Biopsy, Polypectomy Or Debridement (S	23.31	22.41	0	1				
31300		Laryngotomy (Thyrotomy, Laryngofissure); With Removal Of Tumor Or Laryngoce	90.84	87.34	90	1				
31360		Laryngectomy; Total, Without Radical Neck Dissection	147.48	141.80	90	1				
31365		Laryngectomy; Total, With Radical Neck Dissection	183.82	176.75	90	1				
31367		Laryngectomy; Subtotal Supraglottic, Without Radical Neck Dissection	157.51	151.45	90	1				
31368		Laryngectomy; Subtotal Supraglottic, With Radical Neck Dissection	175.00	168.26	90	1				
31370		Partial Laryngectomy (Hemilaryngectomy); Horizontal	147.76	142.08	90	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
31375		Partial Laryngectomy (Hemilaryngectomy); Laterovertical	140.40	135.00	90	1				
31380		Partial Laryngectomy (Hemilaryngectomy); Anterovertical	138.02	132.71	90	1				
31382		Partial Laryngectomy (Hemilaryngectomy); Antero-Latero-Vertical	151.46	145.64	90	1				
31390		Pharyngolaryngectomy, With Radical Neck Dissection; Without Reconstruction	203.86	196.02	90	1				
31395		Pharyngolaryngectomy, With Radical Neck Dissection; With Reconstruction	215.24	206.96	90	1				
31400		Arytenoidectomy Or Arytenoidopexy, External Approach	71.40	68.66	90	1				
31420		Epiglottidectomy	60.22	57.91	90	1				
31500		Intubation, Endotracheal, Emergency Procedure	48.49	46.62	0	1				
31502		Tracheotomy Tube Change Prior To Establishment Of Fistula Tract	15.52	14.92	0	1				
31575		Laryngoscopy, Flexible Fiberoptic; Diagnostic	8.26	7.94	0	1				
31580		Laryngoplasty; For Laryngeal Web, Two Stage, With Keel Insertion And Remova	85.65	82.35	90	1				
31584		Laryngoplasty; With Open Reduction Of Fracture	108.90	104.71	90	1				
31587		Laryngoplasty, Cricoid Split	72.03	69.26	90	1				
31588		Laryngoplasty, Not Otherwise Specified (Eg, For Burns, Reconstruction After	81.23	78.11	90	1				
31590		Laryngeal Reinnervation By Neuromuscular Pedicle	62.57	60.17	90	1				
31595		Section Recurrent Laryngeal Nerve, Therapeutic (Separate Procedure), Unilat	54.75	52.64	90	1				
31601		Tracheostomy, Planned (Separate Procedure); Under Two Years	18.69	17.97	0	1				
31611		Construction Of Tracheoesophageal Fistula And Subsequent Insertion Of An Al	38.58	37.10	90	1				
31750		Tracheoplasty; Cervical	96.74	93.02	90	1				
31755		Tracheoplasty; Tracheopharyngeal Fistulization, Each Stage	122.42	117.72	90	1				
31760		Tracheoplasty; Intrathoracic	98.09	94.32	90	1				
31766		Carinal Reconstruction	133.70	128.56	90	1				
31770		Bronchoplasty; Graft Repair	95.25	91.58	90	1				
31775		Bronchoplasty; Excision Stenosis And Anastomosis	99.83	95.99	90	1				
31780		Excision Tracheal Stenosis And Anastomosis; Cervical	85.20	81.92	90	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
31781		Excision Tracheal Stenosis And Anastomosis; Cervicothoracic	98.97	95.16	90	1				
31785		Excision Of Tracheal Tumor Or Carcinoma; Cervical	77.06	74.09	90	1				
31786		Excision Of Tracheal Tumor Or Carcinoma; Thoracic	103.17	99.20	90	1				
31805		Suture Of External Tracheal Wound Or Injury; Intrathoracic	58.39	56.14	90	1				
32035		Thoracostomy; With Rib Resection For Empyema	51.66	49.67	90	1				
32036		Thoracostomy; With Open Flap Drainage For Empyema	55.88	53.73	90	1				
32096		Thoracotomy, With Diagnostic Biopsy(les) Of Lung Infiltrate(S) (Eg, Wedge, Incisional), Unilateral	57.89	55.66	90	1				
32097		Thoracotomy, With Diagnostic Biopsy(les) Of Lung Nodule(S) Or Mass(Es) (Eg, Wedge, Incisional), Unilateral	57.89	55.66	90	1				
32098		Thoracotomy, With Biopsy(les) Of Pleura	54.40	52.31	90	1				
32100		Thoracotomy, Major; With Exploration And Biopsy	60.30	57.98	90	1				
32110		Thoracotomy, Major; With Control Of Traumatic Hemorrhage And/Or Repair Of L	104.94	100.90	90	1				
32120		Thoracotomy, Major; For Postoperative Complications	62.69	60.28	90	1				
32124		Thoracotomy, Major; With Open Intrapleural Pneumonolysis	66.79	64.22	90	1				
32140		Thoracotomy, Major; With Cyst(S) Removal, With Or Without A Pleural Procedu	71.28	68.54	90	1				
32141		Thoracotomy, Major; With Excision-Plication Of Bullae, With Or Without Any	109.59	105.38	90	1				
32150		Thoracotomy, Major; With Removal Of Intrapleural Foreign Body Or Fibrin Dep	72.07	69.30	90	1				
32151		Thoracotomy, Major; With Removal Of Intrapulmonary Foreign Body	72.12	69.34	90	1				
32160		Thoracotomy, Major; With Cardiac Massage	56.07	53.92	90	1				
32200		Pneumonostomy, With Open Drainage Of Abscess Or Cyst	81.74	78.59	90	1				
32201		Pneumonostomy; With Percutaneous Drainage Of Abscess Or Cyst	16.27	15.65	0	1				
32215		Pleural Scarification For Repeat Pneumothorax	57.17	54.97	90	1				
32220		Decortication, Pulmonary, (Separate Procedure); Total	113.89	109.51	90	1				
32225		Decortication, Pulmonary, (Separate Procedure); Partial	71.49	68.74	90	1				
32310		Pleurectomy, Parietal (Separate Procedure)	66.12	63.58	90	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
32320		Decortication And Parietal Pleurectomy	114.54	110.13	90	1				
32421		Thoracentesis, Puncture Of Pleural Cavity For Aspiration, Initial Or Subsequent	10.53	10.12	0	1				
32422		Thoracentesis With Insertion Of Tube, Includes Water Seal (Eg, For Pneumothorax), When Performed (Separate Procedure)	13.34	12.83	0	1				
32440		Removal Of Lung, Total Pneumonectomy;	112.20	107.88	90	1				
32442		Removal Of Lung, Total Pneumonectomy; With Resection Of Segment Of Trachea	219.16	210.73	90	1				
32445		Removal Of Lung, Total Pneumonectomy; Extrapleural	252.89	243.17	90	1				
32480		Removal Of Lung, Other Than Total Pneumonectomy; Single Lobe (Lobectomy)	106.11	102.03	90	1				
32482		Removal Of Lung, Other Than Total Pneumonectomy; Two Lobes (Bilobectomy)	113.60	109.24	90	1				
32484		Removal Of Lung, Other Than Total Pneumonectomy; Single Segment (Segmentect	102.96	99.00	90	1				
32486		Removal Of Lung, Other Than Total Pneumonectomy; With Circumferential Resec	168.99	162.49	90	1				
32488		Removal Of Lung, Other Than Total Pneumonectomy; All Remaining Lung Followi	171.09	164.51	90	1				
32501		Resection And Repair Of Portion Of Bronchus (Bronchoplasty) When Performed	17.55	16.87	90	1				
32503		Resection Of Apical Lung Tumor (Eg, Pancoast Tumor), Including Chest Wall R	130.67	125.65	90	1				
32504		Resection Of Apical Lung Tumor (Eg, Pancoast Tumor), Including Chest Wall R	146.52	140.89	90	1				
32505		Thoracotomy; With Therapeutic Wedge Resection (Eg, Mass, Nodule), Initial	66.79	64.22	90	1				
32506		Thoracotomy; With Therapeutic Wedge Resection (Eg, Mass, Nodule), Initial	11.27	10.83	90	1				
32507		Thoracotomy; With Diagnostic Wedge Resection Followed By Anatomic Lung Resection (List Separately In Addition To Code For Primary Procedure)	11.27	10.83	90	1				
32540		Extrapleural Enucleation Of Empyema (Empyemectomy)	123.44	118.69	90	1				
32550		Insertion Of Indwelling Tunneled Pleural Catheter With Cuff	55.53	53.39	0	1				
32551		Tube Thoracostomy, Includes Water Seal (Eg, For Abscess, Hemothorax, Empyema), When Performed (Separate Procedure)	11.98	11.52	0	1				
32552		Removal Of Indwelling Tunneled Pleural Catheter With Cuff	13.58	13.06	10	1				
32561		Instillation(S), Via Chest Tube/Catheter, Agent For Fibrinolysis (Eg, Fibri	41.48	39.88	0	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
32562		Instillation(S), Via Chest Tube/Catheter, Agent For Fibrinolysis (Eg, Fibri	5.99	5.76	0	1				
32650		Thoracoscopy, Surgical; With Pleurodesis (Eg, Mechanical Or Chemical)	47.77	45.93	90	1				
32651		Thoracoscopy, Surgical; With Partial Pulmonary Decortication	78.25	75.24	90	1				
32652		Thoracoscopy, Surgical; With Total Pulmonary Decortication, Including Intra	118.64	114.08	90	1				
32653		Thoracoscopy, Surgical; With Removal Of Intrapleural Foreign Body Or Fibrin	75.60	72.69	90	1				
32654		Thoracoscopy, Surgical; With Control Of Traumatic Hemorrhage	84.27	81.03	90	1				
32655		Thoracoscopy, Surgical; With Excision-Plication Of Bullae, Including Any Pl	68.56	65.92	90	1				
32656		Thoracoscopy, Surgical; With Parietal Pleurectomy	57.15	54.95	90	1				
32658		Thoracoscopy, Surgical; With Removal Of Clot Or Foreign Body From Pericardi	51.16	49.19	90	1				
32659		Thoracoscopy, Surgical; With Creation Of Pericardial Window Or Partial Rese	52.42	50.41	90	1				
32661		Thoracoscopy, Surgical; With Excision Of Pericardial Cyst, Tumor, Or Mass	57.20	55.00	90	1				
32662		Thoracoscopy, Surgical; With Excision Of Mediastinal Cyst, Tumor, Or Mass	63.98	61.52	90	1				
32663		Thoracoscopy, Surgical; With Lobectomy, Total Or Segmental	100.38	96.52	90	1				
32664		Thoracoscopy, Surgical; With Thoracic Sympathectomy	60.78	58.44	90	1				
32665		Thoracoscopy, Surgical; With Esophagomyotomy (Heller Type)	87.23	83.87	90	1				
32666		Thoracoscopy, Surgical; With Therapeutic Wedge Resection (Eg, Mass, Nodule), Initial Unilateral	62.47	60.07	90	1				
32667		Thoracoscopy, Surgical; With Therapeutic Wedge Resection (Eg, Mass Or Nodule), Each Additional Resection, Ipsilateral (List Separately In Addition To Code For Primary Procedure)	11.27	10.83	90	1				
32668		Thoracoscopy, Surgical; With Diagnostic Wedge Resection Followed By Anatomic Lung Resection (List Separately In Addition To Code For Primary Procedure)	11.34	10.90	90	1				
32669		Thoracoscopy, Surgical; With Removal Of A Single Lung Segment (Segmentectomy)	96.20	92.50	90	1				
32670		Thoracoscopy, Surgical; With Removal Of Two Lobes (Bilobectomy)	114.80	110.38	90	1				
32671		Thoracoscopy, Surgical; With Removal Of Lung (Pneumonectomy)	127.47	122.57	90	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
32672		Thoracoscopy, Surgical; With Resection-Plication For Emphysematous Lung (Bullous Or Non-Bullous) For Lung Volume Reduction (Lvrs), Unilateral Includes Any Pleural Procedure, When Performed	109.02	104.83	90	1				
32673		Thoracoscopy, Surgical; With Resection Of Thymus, Unilateral Or Bilateral	85.91	82.61	90	1				
32674		Thoracoscopy, Surgical; With Mediastinal And Regional Lymphadenectomy (List Separately In Addition To Code For Primary Procedure)	15.44	14.85	90	1				
32800		Repair Lung Hernia Through Chest Wall	67.60	65.00	90	1				
32810		Closure Of Chest Wall Following Open Flap Drainage For Empyema (Clagett Typ	64.60	62.11	90	1				
32815		Open Closure Of Major Bronchial Fistula	200.83	193.11	90	1				
32820		Major Reconstruction, Chest Wall (Post-Traumatic)	95.32	91.65	90	1				
32851		Lung Transplant, Single; Without Cardiopulmonary Bypass	195.06	187.56	90	1				
32852		Lung Transplant, Single; With Cardiopulmonary Bypass	214.12	205.89	90	1				
32853		Lung Transplant, Double (Bilateral Sequential Or En Bloc); Without Cardiopu	233.24	224.27	90	1				
32854		Lung Transplant, Double (Bilateral Sequential Or En Bloc); With Cardiopulmo	254.42	244.64	90	1				
32900		Resection Of Ribs, Extrapleural, All Stages	99.83	95.99	90	1				
32905		Thoracoplasty, Schede Type Or Extrapleural (All Stages);	95.68	92.00	90	1				
32906		Thoracoplasty, Schede Type Or Extrapleural (All Stages); With Closure Of Br	118.16	113.62	90	1				
32940		Pneumonolysis, Extraperiosteal, Including Filling Or Packing Procedures	88.37	84.97	90	1				
32998		Ablation Therapy For Reduction Or Eradication Of One Or More Pulmonary Tumo	203.12	195.31	0	1				
32999	R	Unlisted Procedure, Lungs And Pleura			90	1				
33020		Pericardiotomy For Removal Of Clot Or Foreign Body (Primary Procedure)	62.90	60.48	90	1				
33025		Creation Of Pericardial Window Or Partial Resection For Drainage	57.41	55.20	90	1				
33030		Pericardiectomy, Subtotal Or Complete; Without Cardiopulmonary Bypass	99.52	95.70	90	1				
33031		Pericardiectomy, Subtotal Or Complete; With Cardiopulmonary Bypass	111.25	106.97	90	1				
33050		Excision Of Pericardial Cyst Or Tumor	72.23	69.46	90	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
33120		Excision Of Intracardiac Tumor, Resection With Cardiopulmonary Bypass	121.51	116.83	90	1				
33130		Resection Of External Cardiac Tumor	99.90	96.06	90	1				
33140		Transmyocardial Laser Revascularization, By Thoracotomy (Separate Procedure	113.82	109.44	90	1				
33141		Transmyocardial Laser Revascularization, By Thoracotomy; Performed At The T	9.55	9.18	90	1				
33243		Removal Of Single Or Dual Chamber Pacing Cardioverter-Defibrillator	97.49	93.74	90	1				
33250		Operative Ablation Of Supraventricular Arrhythmogenic Focus Or Pathway (Eg,	105.23	101.18	90	1				
33251		Operative Ablation Of Supraventricular Arrhythmogenic Focus Or Pathway (Eg,	117.19	112.68	90	1				
33254		Operative Tissue Ablation And Reconstruction Of Atria, Limited (Eg, Modifie	98.68	94.89	90	1				
33255		Operative Tissue Ablation And Reconstruction Of Atria, Extensive (Eg, Maze	118.09	113.55	90	1				
33256		Operative Tissue Ablation And Reconstruction Of Atria, Extensive (Eg, Maze	141.10	135.68	90	1				
33257		Operative Tissue Ablation And Reconstruction Of Atria, Performed At The Tim	42.09	40.47	0	1				
33258		Operative Tissue Ablation And Reconstruction Of Atria, Performed At The Tim	47.17	45.36	0	1				
33259		Operative Tissue Ablation And Reconstruction Of Atria, Performed At The Tim	61.06	58.71	0	1				
33261		Operative Ablation Of Ventricular Arrhythmogenic Focus With Cardiopulmonary	117.83	113.30	90	1				
33265		Endoscopy, Surgical; Operative Tissue Ablation And Reconstruction Of Atria,	97.54	93.79	90	1				
33266		Endoscopy, Surgical; Operative Tissue Ablation And Reconstruction Of Atria,	133.06	127.94	90	1				
33300		Repair Of Cardiac Wound; Without Bypass	176.39	169.60	90	1				
33305		Repair Of Cardiac Wound; With Cardiopulmonary Bypass	295.67	284.30	90	1				
33310		Cardiotomy, Exploratory (Includes Removal Of Foreign Body, Atrial Or Ventri	83.86	80.63	90	1				
33315		Cardiotomy, Exploratory (Includes Removal Of Foreign Body); With Cardiopulm	116.06	111.60	90	1				
33320		Suture Repair Of Aorta Or Great Vessels; Without Shunt Or Cardiopulmonary B	76.58	73.63	90	1				
33321		Suture Repair Of Aorta Or Great Vessels; With Shunt Bypass	86.03	82.72	90	1				
33322		Suture Repair Of Aorta Or Great Vessels; With Cardiopulmonary Bypass	100.05	96.20	90	1				
33330		Insertion Of Graft, Aorta Or Great Vessels; Without Shunt, Or Cardiopulmona	102.93	98.97	90	1				
33332		Insertion Of Graft, Aorta Or Great Vessels; With Shunt Bypass	100.90	97.02	90	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
33335		Insertion Of Graft, Aorta Or Great Vessels; With Cardiopulmonary Bypass	135.97	130.74	90	1				
33400		Valvuloplasty, Aortic Valve; Open, With Cardiopulmonary Bypass	163.97	157.67	90	1				
33401		Valvuloplasty, Aortic Valve; Open, With Inflow Occlusion	100.09	96.24	90	1				
33403		Valvuloplasty, Aortic Valve; Using Transventricular Dilation, With Cardiopu	107.59	103.45	90	1				
33404		Construction Of Apical-Aortic Conduit	126.42	121.56	90	1				
33405		Replacement, Aortic Valve, With Cardiopulmonary Bypass; With Prosthetic Val	164.74	158.40	90	1				
33406		Replacement, Aortic Valve, With Cardiopulmonary Bypass; With Allograft Valv	207.23	199.26	90	1				
33410		Replacement, Aortic Valve, With Cardiopulmonary Bypass; With Stentless Tiss	183.36	176.30	90	1				
33411		Replacement, Aortic Valve; With Aortic Annulus Enlargement, Noncoronary Cus	242.56	233.23	90	1				
33412		Replacement, Aortic Valve; With Transventricular Aortic Annulus Enlargement	194.23	186.76	90	1				
33413		Replacement, Aortic Valve; By Translocation Of Autologous Pulmonary Valve W	233.08	224.12	90	1				
33414		Repair Of Left Ventricular Outflow Tract Obstruction By Patch Enlargement O	155.33	149.36	90	1				
33415		Resection Or Incision Of Subvalvular Tissue For Discrete Subvalvular Aortic	148.91	143.18	90	1				
33416		Ventriculomyotomy (-Myectomy) For Idiopathic Hypertrophic Subaortic Stenosi	146.81	141.16	90	1				
33417		Aortoplasty (Gusset) For Supravalvular Stenosis	119.72	115.11	90	1				
33422		Valvotomy, Mitral Valve; Open Heart, With Cardiopulmonary Bypass	121.43	116.76	90	1				
33425		Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass;	197.15	189.57	90	1				
33426		Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass; With Prosthetic R	172.09	165.47	90	1				
33427		Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass; Radical Reconstru	176.60	169.81	90	1				
33430		Replacement, Mitral Valve, With Cardiopulmonary Bypass	202.81	195.01	90	1				
33460		Valvectomy, Tricuspid Valve, With Cardiopulmonary Bypass	175.41	168.66	90	1				
33463		Valvuloplasty, Tricuspid Valve; Without Ring Insertion	223.10	214.52	90	1				
33464		Valvuloplasty, Tricuspid Valve; With Ring Insertion	176.62	169.83	90	1				
33465		Replacement, Tricuspid Valve, With Cardiopulmonary Bypass	199.33	191.66	90	1				
33468		Tricuspid Valve Repositioning And Plication For Ebstein Anomaly	148.08	142.38	90	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
33470		Valvotomy, Pulmonary Valve, Closed Heart; Transventricular	88.68	85.27	90	1				
33472		Valvotomy, Pulmonary Valve, Open Heart; With Inflow Occlusion	97.42	93.67	90	1				
33474		Valvotomy, Pulmonary Valve, Open Heart; With Cardiopulmonary Bypass	155.98	149.98	90	1				
33475		Replacement, Pulmonary Valve	168.89	162.39	90	1				
33476		Right Ventricular Resection For Infundibular Stenosis, With Or Without Comm	110.07	105.84	90	1				
33478		Outflow Tract Augmentation (Gusset), With Or Without Commissurotomy Or Infu	113.72	109.35	90	1				
33496		Repair Of Non-Structural Prosthetic Valve Dysfunction With Cardiopulmonary	120.34	115.71	90	1				
33500		Repair Of Coronary Arteriovenous Or Arteriocardiac Chamber Fistula; With Ca	113.84	109.46	90	1				
33501		Repair Of Coronary Arteriovenous Or Arteriocardiac Chamber Fistula; Without	81.43	78.29	90	1				
33502		Repair Of Anomalous Coronary Artery From Pulmonary Artery Origin; By Ligati	92.14	88.60	90	1				
33504		Repair Of Anomalous Coronary Artery; By Graft, With Cardiopulmonary Bypass	106.25	102.17	90	1				
33505		Repair Of Anomalous Coronary Artery; With Construction Of Intrapulmonary Ar	149.15	143.41	90	1				
33506		Repair Of Anomalous Coronary Artery; By Translocation From Pulmonary Artery	147.43	141.76	90	1				
33507		Repair Of Anomalous (Eg, Intramural) Aortic Origin Of Coronary Artery By Un	123.44	118.69	90	1				
33508		Endoscopy, Surgical, Including Video-Assisted Harvest Of Vein(S) For Corona	1.15	1.10	0	1				
33510		Coronary Artery Bypass, Vein Only; Single Coronary Venous Graft	139.70	134.32	90	1				
33511		Coronary Artery Bypass, Vein Only; Two Coronary Venous Grafts	153.49	147.59	90	1				
33512		Coronary Artery Bypass, Vein Only; Three Coronary Venous Grafts	174.40	167.70	90	1				
33513		Coronary Artery Bypass, Vein Only; Four Coronary Venous Grafts	179.44	172.54	90	1				
33514		Coronary Artery Bypass, Vein Only; Five Coronary Venous Grafts	189.35	182.07	90	1				
33516		Coronary Artery Bypass, Vein Only; Six Or More Coronary Venous Grafts	197.30	189.71	90	1				
33517		Coronary Artery Bypass, Using Venous Graft(S) And Arterial Graft(S); Single	13.51	12.99	90	1				
33518		Coronary Artery Bypass, Using Venous Graft(S) And Arterial Graft(S); Two Ve	29.77	28.62	90	1				
33519		Coronary Artery Bypass, Using Venous Graft(S) And Arterial Graft(S); Three	39.34	37.83	90	1				
33521		Coronary Artery Bypass, Using Venous Graft(S) And Arterial Graft(S); Four V	47.29	45.47	90	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
33522		Coronary Artery Bypass, Using Venous Graft(S) And Arterial Graft(S); Five V	53.09	51.05	90	1				
33523		Coronary Artery Bypass, Using Venous Graft(S) And Arterial Graft(S); Six Or	60.32	58.00	90	1				
33530		Reoperation, Coronary Artery Bypass Procedure Or Valve Procedure, More Than	37.96	36.50	90	1				
33533		Coronary Artery Bypass, Using Arterial Graft(S); Single Arterial Graft	135.11	129.92	90	1				
33534		Coronary Artery Bypass, Using Arterial Graft(S); Two Coronary Arterial Graf	158.75	152.64	90	1				
33535		Coronary Artery Bypass, Using Arterial Graft(S); Three Coronary Arterial Gr	176.96	170.15	90	1				
33536		Coronary Artery Bypass, Using Arterial Graft(S); Four Or More Coronary Arte	191.02	183.67	90	1				
33542		Myocardial Resection (Eg, Ventricular Aneurysmectomy)	189.97	182.66	90	1				
33545		Repair Of Postinfarction Ventricular Septal Defect, With Or Without Myocard	223.48	214.89	90	1				
33548		Surgical Ventricular Restoration Procedure, Includes Prosthetic Patch, When	214.72	206.47	90	1				
33572		Coronary Endarterectomy, Open, Any Method, Of Left Anterior Descending, Cir	16.69	16.04	90	1				
33600		Closure Of Atrioventricular Valve (Mitral Or Tricuspid) By Suture Or Patch	123.37	118.62	90	1				
33602		Closure Of Semilunar Valve (Aortic Or Pulmonary) By Suture Or Patch	118.31	113.76	90	1				
33606		Anastomosis Of Pulmonary Artery To Aorta (Damus-Kaye-Stansel Procedure)	132.70	127.60	90	1				
33608		Repair Of Complex Cardiac Anomaly Other Than Pulmonary Atresia With Ventric	128.95	123.99	90	1				
33610		Repair Of Complex Cardiac Anomalies (Eg, Single Ventricle With Subaortic Ob	127.47	122.57	90	1				
33611		Repair Of Double Outlet Right Ventricle With Intraventricular Tunnel Repair	146.62	140.98	90	1				
33612		Repair Of Double Outlet Right Ventricle With Intraventricular Tunnel Repair	142.15	136.69	90	1				
33615		Repair Of Complex Cardiac Anomalies (Eg, Tricuspid Atresia) By Closure Of A	143.35	137.83	90	1				
33617		Repair Of Complex Cardiac Anomalies (Eg, Single Ventricle) By Modified Font	155.31	149.34	90	1				
33619		Repair Of Single Ventricle With Aortic Outflow Obstruction And Aortic Arch	195.29	187.78	90	1				
33620		Application Of Right And Left Pulmonary Artery Bands (Eg, Hybrid Approach St	119.45	114.85	90	1				
33621		Transthoracic Insertion Of Catheter For Stent Placement With Cathet	64.14	61.68	90	1				
33622		Redo Compl Cardiac Anomaly	251.56	241.88	90	1				
33641		Repair Atrial Septal Defect, Secundum, With Cardiopulmonary Bypass, With Or	118.14	113.60	90	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
33645		Direct Or Patch Closure, Sinus Venosus, With Or Without Anomalous Pulmonary	124.37	119.59	90	1				
33647		Repair Of Atrial Septal Defect And Ventricular Septal Defect, With Direct O	131.28	126.23	90	1				
33660		Repair Of Incomplete Or Partial Atrioventricular Canal (Ostium Primum Atria	127.09	122.20	90	1				
33665		Repair Of Intermediate Or Transitional Atrioventricular Canal, With Or With	138.53	133.20	90	1				
33670		Repair Of Complete Atrioventricular Canal, With Or Without Prosthetic Valve	143.04	137.54	90	1				
33675		Closure Of Multiple Ventricular Septal Defects;	142.68	137.19	90	1				
33676		Closure Of Multiple Ventricular Septal Defects; With Pulmonary Valvotomy Or	152.44	146.58	90	1				
33677		Closure Of Multiple Ventricular Septal Defects; With Removal Of Pulmonary A	158.41	152.32	90	1				
33681		Closure Of Single Ventricular Septal Defect, With Or Without Patch;	132.25	127.16	90	1				
33684		Closure Of Ventricular Septal Defect, With Or Without Patch With Pulmonary	136.95	131.68	90	1				
33688		Closure Of Ventricular Septal Defect, With Or Without Patch With Removal Of	136.59	131.34	90	1				
33690		Banding Of Pulmonary Artery	86.03	82.72	90	1				
33692		Complete Repair Tetralogy Of Fallot Without Pulmonary Atresia;	142.01	136.55	90	1				
33694		Complete Repair Tetralogy Of Fallot Without Pulmonary Atresia; With Transan	141.18	135.75	90	1				
33697		Complete Repair Tetralogy Of Fallot With Pulmonary Atresia Including Constr	146.43	140.80	90	1				
33702		Repair Sinus Of Valsalva Fistula, With Cardiopulmonary Bypass;	112.08	107.77	90	1				
33710		Repair Sinus Of Valsalva Fistula, With Cardiopulmonary Bypass; With Repair	132.16	127.08	90	1				
33720		Repair Sinus Of Valsalva Aneurysm, With Cardiopulmonary Bypass	111.12	106.85	90	1				
33722		Closure Of Aortico-Left Ventricular Tunnel	116.72	112.23	90	1				
33724		Repair Of Isolated Partial Anomalous Pulmonary Venous Return (Eg, Scimitar	110.55	106.30	90	1				
33726		Repair Of Pulmonary Venous Stenosis	147.62	141.94	90	1				
33730		Complete Repair Of Anomalous Venous Return (Supracardiac, Intracardiac, Or	152.73	146.86	90	1				
33732		Repair Of Cor Triatriatum Or Supravalvular Mitral Ring By Resection Of Left	119.45	114.86	90	1				
33735		Atrial Septectomy Or Septostomy; Closed Heart (Blalock-Hanlon Type Operatio	92.00	88.46	90	1				
33736		Atrial Septectomy Or Septostomy; Open Heart With Cardiopulmonary Bypass	101.69	97.78	90	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
33737		Atrial Septectomy Or Septostomy; Open Heart, With Inflow Occlusion	95.63	91.95	90	1				
33750		Shunt; Subclavian To Pulmonary Artery (Blalock-Taussig Type Operation)	96.94	93.21	90	1				
33755		Shunt; Ascending Aorta To Pulmonary Artery (Waterston Type Operation)	95.99	92.30	90	1				
33762		Shunt; Descending Aorta To Pulmonary Artery (Potts-Smith Type Operation)	97.92	94.15	90	1				
33764		Shunt; Central, With Prosthetic Graft	93.53	89.93	90	1				
33766		Shunt; Superior Vena Cava To Pulmonary Artery For Flow To One Lung (Classic	97.63	93.88	90	1				
33767		Shunt; Superior Vena Cava To Pulmonary Artery For Flow To Both Lungs (Bidir	103.10	99.14	90	1				
33768		Anastomosis, Cavopulmonary, Second Superior Vena Cava (List Separately In A	31.61	30.39	0	1				
33770		Repair Of Transposition Of The Great Arteries With Ventricular Septal Defec	158.01	151.93	90	1				
33771		Repair Of Transposition Of The Great Arteries With Ventricular Septal Defec	159.77	153.63	90	1				
33774		Repair Of Transposition Of The Great Arteries, Atrial Baffle Procedure (Eg,	130.43	125.42	90	1				
33775		Repair Of Transposition Of The Great Arteries, Atrial Baffle Procedure (Eg,	138.62	133.29	90	1				
33776		Repair Of Transposition Of The Great Arteries, Atrial Baffle Procedure (Eg,	146.43	140.80	90	1				
33777		Repair Of Transposition Of The Great Arteries, Atrial Baffle Procedure (Eg,	141.96	136.50	90	1				
33778		Repair Of Transposition Of The Great Arteries, Aortic Pulmonary Artery Reco	170.28	163.73	90	1				
33779		Repair Of Transposition Of The Great Arteries, Aortic Pulmonary Artery Reco	175.88	169.12	90	1				
33780		Repair Of Transposition Of The Great Arteries, Aortic Pulmonary Artery Reco	178.96	172.08	90	1				
33781		Repair Of Transposition Of The Great Arteries, Aortic Pulmonary Artery Reco	167.70	161.25	90	1				
33782		Aortic Root Translocation With Ventricular Septal Defect And Pulmonary Sten	231.24	222.35	90	1				
33783		Aortic Root Translocation With Ventricular Septal Defect And Pulmonary Sten	250.39	240.76	90	1				
33786		Total Repair, Truncus Arteriosus (Rastelli Type Operation)	164.88	158.54	90	1				
33788		Reimplantation Of An Anomalous Pulmonary Artery	110.88	106.62	90	1				
33800		Aortic Suspension (Aortopexy) For Tracheal Decompression (Eg, For Tracheoma	66.24	63.70	90	1				
33802		Division Of Aberrant Vessel (Vascular Ring);	78.66	75.63	90	1				
33803		Division Of Aberrant Vessel (Vascular Ring); With Reanastomosis	87.25	83.90	90	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
33813		Obliteration Of Aortopulmonary Septal Defect; Without Cardiopulmonary Bypas	89.11	85.68	90	1				
33814		Obliteration Of Aortopulmonary Septal Defect; With Cardiopulmonary Bypass	116.23	111.76	90	1				
33820		Repair Of Patent Ductus Arteriosus; By Ligation	70.13	67.44	90	1				
33822		Repair Of Patent Ductus Arteriosus; By Division, Under 18 Years	76.03	73.11	90	1				
33824		Repair Of Patent Ductus Arteriosus; By Division, 18 Years And Older	84.58	81.32	90	1				
33840		Excision Of Coarctation Of Aorta, With Or Without Associated Patent Ductus	91.15	87.65	90	1				
33845		Excision Of Coarctation Of Aorta, With Or Without Associated Patent Ductus	96.73	93.01	90	1				
33851		Excision Of Coarctation Of Aorta, With Or Without Associated Patent Ductus	97.06	93.33	90	1				
33852		Repair Of Hypoplastic Or Interrupted Aortic Arch Using Autogenous Or Prosth	99.90	96.06	90	1				
33853		Repair Of Hypoplastic Or Interrupted Aortic Arch Using Autogenous Or Prosth	132.58	127.48	90	1				
33860		Ascending Aorta Graft, With Cardiopulmonary Bypass, With Or Without Valve S	231.67	222.76	90	1				
33863		Ascending Aorta Graft, With Cardiopulmonary Bypass, With Or Without Valve S	227.23	218.49	90	1				
33864		Ascending Aorta Graft, With Cardiopulmonary Bypass With Valve Suspension, W	232.15	223.22	90	1				
33870		Transverse Arch Graft, With Cardiopulmonary Bypass	181.73	174.74	90	1				
33875		Descending Thoracic Aorta Graft, With Or Without Bypass	155.96	149.96	90	1				
33877		Repair Of Thoracoabdominal Aortic Aneurysm With Graft, With Or Without Card	261.75	251.68	90	1				
33880		Endovascular Repair Of Descending Thoracic Aorta (Eg, Aneurysm, Pseudoaneur	130.79	125.76	90	1				
33881		Endovascular Repair Of Descending Thoracic Aorta (Eg, Aneurysm, Pseudoaneur	112.67	108.34	0	1				
33883		Placement Of Proximal Extension Prosthesis For Endovascular Repair Of Desce	81.66	78.52	90	1				
33884		Placement Of Proximal Extension Prosthesis For Endovascular Repair Of Desce	29.84	28.69	0	4				
33886		Placement Of Distal Extension Prosthesis(S) Delayed After Endovascular Repa	70.92	68.19	90	1				
33889		Open Subclavian To Carotid Artery Transposition Performed In Conjunction Wi	58.25	56.01	0	1				
33891		Bypass Graft, With Other Than Vein, Transcervical Retropharyngeal Carotid-C	71.33	68.58	0	1				
33910		Pulmonary Artery Embolectomy; With Cardiopulmonary Bypass	131.02	125.99	90	1				
33915		Pulmonary Artery Embolectomy; Without Cardiopulmonary Bypass	98.76	94.96	90	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
33916		Pulmonary Endarterectomy, With Or Without Embolectomy, With Cardiopulmonary	132.72	127.61	90	1				
33917		Repair Of Pulmonary Artery Stenosis By Reconstruction With Patch Or Graft	104.44	100.42	90	1				
33920		Repair Of Pulmonary Atresia With Ventricular Septal Defect, By Construction	130.84	125.81	90	1				
33922		Transection Of Pulmonary Artery With Cardiopulmonary Bypass	105.97	101.89	90	1				
33924		Ligation And Takedown Of A Systemic-To-Pulmonary Artery Shunt, Performed In	20.48	19.69	90	1				
33925		Repair Of Pulmonary Artery Arborization Anomalies By Unifocalization; Witho	123.06	118.32	90	1				
33926		Repair Of Pulmonary Artery Arborization Anomalies By Unifocalization; With	176.31	169.53	90	1				
33935	R	Heart-Lung Transplant With Recipient Cardiectomy-Pneumonectomy	270.76	260.35	90	1				
33945		Heart Transplant, With Or Without Recipient Cardiectomy	350.22	336.75	90	1				
33960		Prolonged Extracorporeal Circulation For Cardiopulmonary Insufficiency; Ini	71.47	68.72	0	1				
33961		Prolonged Extracorporeal Circulation For Cardiopulmonary Insufficiency; Eac	39.17	37.67	0	1				
33968		Removal Of Intra-Aortic Balloon Assist Device, Percutaneous	2.41	2.32	0	1				
33970		Insertion Of Intra-Aortic Balloon Assist Device Through The Femoral Artery,	25.40	24.42	0	1				
33973		Insertion Of Intra-Aortic Balloon Assist Device Through The Ascending Aorta	36.83	35.42	0	1				
33975		Insertion Of Ventricular Assist Device; Extracorporeal, Single Ventricle	88.97	85.55	90	1				
33976		Insertion Of Ventricular Assist Device; Extracorporeal, Biventricular	98.63	94.84	90	1				
33977		Removal Of Ventricular Assist Device; Extracorporeal, Single Ventricle	81.40	78.27	90	1				
33978		Removal Of Ventricular Assist Device; Extracorporeal, Biventricular	97.25	93.51	90	1				
33981		Replacement Of Extracorporeal Ventricular Assist Device, Single Or Biv	51.19	49.22	0	1				
33982		Replacement Of Ventricular Assist Device Pump(S); Implantable Intracorpor	51.19	49.22	0	1				
33983		Replacement Of Ventricular Assist Device Pump(S); Implantable Intracorpor	60.31	57.99	0	1				
33999	R	Unlisted Procedure, Cardiac Surgery			90	1				
34001		Embolectomy Or Thrombectomy, With Or Without Catheter; Carotid, Subclavian	71.33	68.58	90	1				
34051		Embolectomy Or Thrombectomy, With Or Without Catheter; Innominate, Subclavi	66.39	63.83	90	1				
34101		Embolectomy Or Thrombectomy, With Or Without Catheter; Axillary, Brachial,	44.57	42.85	90	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
34111		Embolectomy Or Thrombectomy, With Or Without Catheter; Radial Or Ulnar Arte	44.64	42.92	90	1				
34151		Embolectomy Or Thrombectomy, With Or Without Catheter; Renal, Celiac, Mesen	103.08	99.11	90	1				
34201		Embolectomy Or Thrombectomy, With Or Without Catheter; Femoropopliteal, Aor	76.36	73.43	90	1				
34203		Embolectomy Or Thrombectomy, With Or Without Catheter; Popliteal-Tibio-Pero	70.75	68.03	90	1				
34401		Thrombectomy, Direct Or With Catheter; Vena Cava, Iliac Vein, By Abdominal	105.15	101.11	90	1				
34421		Thrombectomy, Direct Or With Catheter; Vena Cava, Iliac, Femoropopliteal Ve	53.93	51.85	90	1				
34451		Thrombectomy, Direct Or With Catheter; Vena Cava, Iliac, Femoropopliteal Ve	106.25	102.17	90	1				
34501		Valvuloplasty, Femoral Vein	66.15	63.60	90	1				
34502		Reconstruction Of Vena Cava, Any Method	110.91	106.64	90	1				
34510		Venous Valve Transposition, Any Vein Donor	84.13	80.89	90	1				
34520		Cross-Over Vein Graft To Venous System	73.19	70.37	90	1				
34530		Saphenopopliteal Vein Anastomosis	68.46	65.83	90	1				
34802		Endovascular Repair Of Infrarenal Abdominal Aortic Aneurysm Or Dissection;	91.09	87.59	90	1				
34803		Endovascular Repair Of Infrarenal Abdominal Aortic Aneurysm Or Dissection;	93.89	90.28	0	1				
34805		Endovascular Repair Of Infrarenal Abdominal Aortic Aneurysm Or Dissection;	87.37	84.01	90	1				
34806		Transcatheter Placement Of Wireless Physiologic Sensor In Aneurysmal Sac Du	7.47	7.18	0	1				
34833		Open Iliac Artery Exposure With Creation Of Conduit For Delivery Of Aortic	44.57	42.85	0	1				
34834		Open Brachial Artery Exposure To Assist In The Deployment Of Aortic Or Iliac	20.08	19.30	0	1				
34900		Endovascular Graft Replacement For Repair Of Iliac Artery (Eg, Aneurysm, Ps	65.07	62.57	90	1				
35001		Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) A	83.45	80.24	90	1				
35002		Direct Repair Of Aneurysm, False Aneurysm, Or Excision (Partial Or Total) A	93.98	90.37	90	1				
35005		Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) A	78.32	75.31	90	1				
35011		Direct Repair Of Aneurysm, False Aneurysm, Or Excision (Partial Or Total) A	73.74	70.90	90	1				
35013		Direct Repair Of Aneurysm, False Aneurysm, Or Excision (Partial Or Total) A	91.28	87.77	90	1				
35021		Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) A	89.45	86.01	90	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
35022		Direct Repair Of Aneurysm, False Aneurysm, Or Excision (Partial Or Total) A	104.18	100.17	90	1				
35045		Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) A	72.23	69.46	90	1				
35081		Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) A	129.48	124.50	90	1				
35082		Direct Repair Of Aneurysm, False Aneurysm, Or Excision (Partial Or Total) A	161.56	155.35	90	1				
35091		Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) A	132.22	127.14	90	1				
35092		Direct Repair Of Aneurysm, False Aneurysm, Or Excision (Partial Or Total) A	192.07	184.68	90	1				
35102		Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) A	139.55	134.18	90	1				
35103		Direct Repair Of Aneurysm, False Aneurysm, Or Excision (Partial Or Total) A	165.26	158.91	90	1				
35111		Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) A	96.75	93.03	90	1				
35112		Direct Repair Of Aneurysm, False Aneurysm, Or Excision (Partial Or Total) A	133.94	128.79	90	1				
35121		Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) A	120.36	115.73	90	1				
35122		Direct Repair Of Aneurysm, False Aneurysm, Or Excision (Partial Or Total) A	154.52	148.58	90	1				
35131		Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) A	102.91	98.95	90	1				
35132		Direct Repair Of Aneurysm, False Aneurysm, Or Excision (Partial Or Total) A	126.09	121.24	90	1				
35141		Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) A	81.86	78.71	90	1				
35142		Direct Repair Of Aneurysm, False Aneurysm, Or Excision (Partial Or Total) A	98.16	94.38	90	1				
35151		Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) A	92.31	88.76	90	1				
35152		Direct Repair Of Aneurysm, False Aneurysm, Or Excision (Partial Or Total) A	103.41	99.43	90	1				
35180		Repair, Congenital Arteriovenous Fistula; Head And Neck	66.32	63.76	90	1				
35182		Repair, Congenital Arteriovenous Fistula; Thorax And Abdomen	126.69	121.81	90	1				
35184		Repair, Congenital Arteriovenous Fistula; Extremities	75.84	72.92	90	1				
35188		Repair, Acquired Or Traumatic Arteriovenous Fistula; Head And Neck	67.53	64.94	90	1				
35189		Repair, Acquired Or Traumatic Arteriovenous Fistula; Thorax And Abdomen	112.58	108.25	90	1				
35190		Repair, Acquired Or Traumatic Arteriovenous Fistula; Extremities	55.72	53.57	90	1				
35201		Repair Blood Vessel, Direct; Neck	68.73	66.08	90	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
35206		Repair Blood Vessel, Direct; Upper Extremity	56.81	54.63	90	1				
35211		Repair Blood Vessel, Direct; Intrathoracic, With Bypass	100.16	96.31	90	1				
35216		Repair Blood Vessel, Direct; Intrathoracic, Without Bypass	147.31	141.64	90	1				
35221		Repair Blood Vessel, Direct; Intra-Abdominal	104.89	100.86	90	1				
35226		Repair Blood Vessel, Direct; Lower Extremity	61.33	58.97	90	1				
35231		Repair Blood Vessel With Vein Graft; Neck	90.00	86.53	90	1				
35236		Repair Blood Vessel With Vein Graft; Upper Extremity	72.19	69.41	90	1				
35241		Repair Blood Vessel With Vein Graft; Intrathoracic, With Bypass	104.84	100.81	90	1				
35246		Repair Blood Vessel With Vein Graft; Intrathoracic, Without Bypass	105.70	101.64	90	1				
35251		Repair Blood Vessel With Vein Graft; Intra-Abdominal	123.65	118.90	90	1				
35256		Repair Blood Vessel With Vein Graft; Lower Extremity	74.91	72.03	90	1				
35261		Repair Blood Vessel With Graft Other Than Vein; Neck	77.61	74.62	90	1				
35266		Repair Blood Vessel With Graft Other Than Vein; Upper Extremity	63.69	61.24	90	1				
35271		Repair Blood Vessel With Graft Other Than Vein; Intrathoracic, With Bypass	100.50	96.63	90	1				
35276		Repair Blood Vessel With Graft Other Than Vein; Intrathoracic, Without Bypa	105.11	101.06	90	1				
35281		Repair Blood Vessel With Graft Other Than Vein; Intra-Abdominal	118.24	113.69	90	1				
35286		Repair Blood Vessel With Graft Other Than Vein; Lower Extremity	68.89	66.24	90	1				
35301		Thromboendarterectomy, Including Patch Graft, If Performed; Carotid, Verteb	77.51	74.53	90	1				
35302		Thromboendarterectomy, Including Patch Graft, If Performed; Superficial Fem	83.45	80.24	90	1				
35303		Thromboendarterectomy, Including Patch Graft, If Performed; Popliteal Arter	91.86	88.33	90	1				
35304		Thromboendarterectomy, Including Patch Graft, If Performed; Tibioperoneal T	94.39	90.76	90	1				
35305		Thromboendarterectomy, Including Patch Graft, If Performed; Tibial Or Peron	91.16	87.66	90	1				
35306		Thromboendarterectomy, Including Patch Graft, If Performed; Each Additional	32.97	31.70	0	3				
35311		Thromboendarterectomy, With Or Without Patch Graft; Subclavian, Innominate,	112.79	108.45	90	1				
35321		Thromboendarterectomy, With Or Without Patch Graft; Axillary-Brachial	66.00	63.47	90	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
35331		Thromboendarterectomy, With Or Without Patch Graft; Abdominal Aorta	107.40	103.27	90	1				
35341		Thromboendarterectomy, With Or Without Patch Graft; Mesenteric, Celiac, Or	101.48	97.57	90	1				
35351		Thromboendarterectomy, With Or Without Patch Graft; Iliac	94.72	91.08	90	1				
35355		Thromboendarterectomy, With Or Without Patch Graft; Iliofemoral	76.91	73.96	90	1				
35361		Thromboendarterectomy, With Or Without Patch Graft; Combined Aortoiliac	112.63	108.29	90	1				
35363		Thromboendarterectomy, With Or Without Patch Graft; Combined Aortoiliofemor	128.19	123.26	90	1				
35371		Thromboendarterectomy, With Or Without Patch Graft; Common Femoral	60.71	58.37	90	1				
35372		Thromboendarterectomy, With Or Without Patch Graft; Deep (Profunda) Femoral	72.50	69.71	90	1				
35390		Reoperation, Carotid, Thromboendarterectomy, More Than One Month After Orig	11.70	11.25	0	1				
35450		Transluminal Balloon Angioplasty, Open; Renal Or Other Visceral Artery	37.57	36.13	0	1				
35452		Transluminal Balloon Angioplasty, Open; Aortic	26.02	25.02	0	1				
35458		Transluminal Balloon Angioplasty, Open; Brachiocephalic Trunk Or Branches,	35.97	34.59	0	1				
35500		Harvest Of Upper Extremity Vein, One Segment, For Lower Extremity Or Corona	23.54	22.63	0	1				
35501		Bypass Graft, With Vein; Common Carotid-Ipsilateral Internal Carotid	111.65	107.35	90	1				
35506		Bypass Graft, With Vein; Carotid-Subclavian Or Subclavian-Carotid	98.64	94.84	90	1				
35508		Bypass Graft, With Vein; Carotid-Vertebral	99.16	95.35	90	1				
35509		Bypass Graft, With Vein; Carotid-Contralateral Carotid	104.70	100.67	90	1				
35510		Bypass Graft, With Vein; Carotid-Brachial	91.07	87.57	90	1				
35511		Bypass Graft, With Vein; Subclavian-Subclavian	93.55	89.95	90	1				
35512		Bypass Graft, With Vein; Subclavian-Brachial	89.33	85.89	90	1				
35515		Bypass Graft, With Vein; Subclavian-Vertebral	98.37	94.59	90	1				
35516		Bypass Graft, With Vein; Subclavian-Axillary	90.33	86.86	90	1				
35518		Bypass Graft, With Vein; Axillary-Axillary	84.58	81.32	90	1				
35521		Bypass Graft, With Vein; Axillary-Femoral	90.81	87.31	90	1				
35522		Bypass Graft, With Vein; Axillary-Brachial	86.63	83.30	90	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
35523		Bypass Graft, With Vein; Brachial-Ulnar Or -Radial	94.27	90.64	90	1				
35525		Bypass Graft, With Vein; Brachial-Brachial	84.50	81.25	90	1				
35526		Bypass Graft, With Vein; Aortosubclavian Or Carotid	126.23	121.38	90	1				
35531		Bypass Graft, With Vein; Aortoceliac Or Aortomesenteric	148.38	142.68	90	1				
35533		Bypass Graft, With Vein; Axillary-Femoral-Femoral	111.46	107.17	90	1				
35535		Bypass Graft, With Vein; Hepatorenal	133.23	128.11	90					
35536		Bypass Graft, With Vein; Splenorenal	125.06	120.25	90	1				
35537		Bypass Graft, With Vein; Aortoiliac	154.30	148.37	90	1				
35538		Bypass Graft, With Vein; Aortobi-Iliac	172.73	166.09	90	1				
35539		Bypass Graft, With Vein; Aortofemoral	162.28	156.04	90	1				
35540		Bypass Graft, With Vein; Aortobifemoral	189.28	182.00	90	1				
35556		Bypass Graft, With Vein; Femoral-Popliteal	103.89	99.89	90	1				
35558		Bypass Graft, With Vein; Femoral-Femoral	91.74	88.21	90	1				
35560		Bypass Graft, With Vein; Aortorenal	126.11	121.26	90	1				
35563		Bypass Graft, With Vein; Ilioliac	109.27	105.06	90	1				
35565		Bypass Graft, With Vein; Iliofemoral	97.90	94.13	90	1				
35566		Bypass Graft, With Vein; Femoral-Anterior Tibial, Posterior Tibial, Peronea	123.96	119.20	90	1				
35570		Bypass Graft, With Vein; Tibial-Tibial, Peroneal-Tibial, Or Tibial/Peroneal Trunk-Tibial	102.86	98.91	90	1				
35571		Bypass Graft, With Vein; Popliteal-Tibial, -Peroneal Artery Or Other Distal	98.68	94.89	90	1				
35572		Harvest Of Femoropopliteal Vein, One Segment, For Vascular Reconstruction P	25.35	24.38	0	1				
35583		In-Situ Vein Bypass; Femoral-Popliteal	106.78	102.67	90	1				
35585		In-Situ Vein Bypass; Femoral-Anterior Tibial, Posterior Tibial, Or Peroneal	124.49	119.70	90	1				
35587		In-Situ Vein Bypass; Popliteal-Tibial, Peroneal	101.76	97.85	90	1				
35600		Harvest Of Upper Extremity Artery, One Segment, For Coronary Artery Bypass	18.57	17.86	0	1				
35601		Bypass Graft, With Other Than Vein; Common Carotid-Ipsilateral Internal Car	104.13	100.12	90	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
35606		Bypass Graft, With Other Than Vein; Carotid-Subclavian	86.82	83.48	90	1				
35612		Bypass Graft, With Other Than Vein; Subclavian-Subclavian	73.44	70.61	90	1				
35616		Bypass Graft, With Other Than Vein; Subclavian-Axillary	80.33	77.24	90	1				
35621		Bypass Graft, With Other Than Vein; Axillary-Femoral	81.62	78.48	90	1				
35623		Bypass Graft, With Other Than Vein; Axillary-Popliteal Or -Tibial	97.16	93.42	90	1				
35626		Bypass Graft, With Other Than Vein; Aortosubclavian Or Carotid	114.32	109.92	90	1				
35631		Bypass Graft, With Other Than Vein; Aortoceliac, Aortomesenteric, Aortorena	136.24	131.00	90	1				
35632		Bypass Graft, With Other Than Vein; Ilio-Celiac	126.50	121.64	90	1				
35633		Bypass Graft, With Other Than Vein; Ilio-Mesenteric	136.61	131.36	90	1				
35634		Bypass Graft, With Other Than Vein; Iliorenal	123.81	119.05	90	1				
35636		Bypass Graft, With Other Than Vein; Splenorenal (Splenic To Renal Arterial	118.00	113.46	90	1				
35642		Bypass Graft, With Other Than Vein; Carotid-Vertebral	82.90	79.71	90	1				
35645		Bypass Graft, With Other Than Vein; Subclavian-Vertebral	70.59	67.87	90	1				
35646		Bypass Graft, With Other Than Vein; Aortobifemoral	127.23	122.34	90	1				
35647		Bypass Graft, With Other Than Vein; Aortofemoral	114.46	110.06	90	1				
35650		Bypass Graft, With Other Than Vein; Axillary-Axillary	79.23	76.18	90	1				
35654		Bypass Graft, With Other Than Vein; Axillary-Femoral-Femoral	101.36	97.46	90	1				
35656		Bypass Graft, With Other Than Vein; Femoral-Popliteal	80.21	77.12	90	1				
35661		Bypass Graft, With Other Than Vein; Femoral-Femoral	80.57	77.47	90	1				
35663		Bypass Graft, With Other Than Vein; Ilioliac	93.39	89.79	90	1				
35665		Bypass Graft, With Other Than Vein; Iliofemoral	87.01	83.66	90	1				
35666		Bypass Graft, With Other Than Vein; Femoral-Anterior Tibial, Posterior Tibi	94.29	90.67	90	1				
35671		Bypass Graft, With Other Than Vein; Popliteal-Tibial Or -Peroneal Artery	83.17	79.97	90	1				
35681		Bypass Graft; Composite, Prosthetic And Vein (List Separately In Addition T	5.90	5.67	90	1				
35682		Bypass Graft; Autogenous Composite, Two Segments Of Veins From Two Location	26.16	25.16	0	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
35683		Bypass Graft; Autogenous Composite, Three Or More Segments Of Vein From Two	30.24	29.08	0	1				
35685		Placement Of Vein Patch Or Cuff At Distal Anastomosis Of Bypass Graft, Synt	14.68	14.12	0	1				
35686		Creation Of Distal Arteriovenous Fistula During Lower Extremity Bypass Surg	12.17	11.71	0	1				
35691		Transposition And/Or Reimplantation; Vertebral To Carotid Artery	69.97	67.28	90	1				
35693		Transposition And/Or Reimplantation; Vertebral To Subclavian Artery	70.34	67.64	90	1				
35694		Transposition And/Or Reimplantation; Subclavian To Carotid Artery	73.05	70.24	90	1				
35695		Transposition And/Or Reimplantation; Carotid To Subclavian Artery	75.84	72.92	90	1				
35697		Reimplantation, Visceral Artery To Infrarenal Aortic Prosthesis, Each Arter	10.89	10.47	0	1				
35700		Reoperation, Femoral-Popliteal Or Femoral (Popliteal) -Anterior Tibial, Pos	11.27	10.83	0	1				
35701		Exploration (Not Followed By Surgical Repair), With Or Without Lysis Of Art	41.66	40.05	90	1				
35721		Exploration (Not Followed By Surgical Repair), With Or Without Lysis Of Art	33.32	32.04	90	1				
35741		Exploration (Not Followed By Surgical Repair), With Or Without Lysis Of Art	37.86	36.40	90	1				
35761		Exploration (Not Followed By Surgical Repair), With Or Without Lysis Of Art	28.45	27.36	90	1				
35800		Exploration For Postoperative Hemorrhage, Thrombosis Or Infection; Neck	37.35	35.91	90	1				
35820		Exploration For Postoperative Hemorrhage, Thrombosis Or Infection; Chest	145.07	139.49	90	1				
35840		Exploration For Postoperative Hemorrhage, Thrombosis Or Infection; Abdomen	49.16	47.27	90	1				
35860		Exploration For Postoperative Hemorrhage, Thrombosis Or Infection; Extremit	31.50	30.29	90	1				
35870		Repair Of Graft-Enteric Fistula	92.10	88.55	90	1				
35876		Thrombectomy Of Arterial Or Venous Graft; With Revision Of Arterial Or Veno	70.28	67.58	90	1				
35879		Revision, Lower Extremity Arterial Bypass, Without Thrombectomy, Open; With	68.70	66.06	90	1				
35881		Revision, Lower Extremity Arterial Bypass, Without Thrombectomy, Open; With	75.79	72.88	90	1				
35883		Revision, Femoral Anastomosis Of Synthetic Arterial Bypass Graft In Groin,	89.45	86.01	90	1				
35884		Revision, Femoral Anastomosis Of Synthetic Arterial Bypass Graft In Groin,	91.83	88.30	0	1				
35901		Excision Of Infected Graft; Neck	36.81	35.39	90	1				
35903		Excision Of Infected Graft; Extremity	41.82	40.21	90	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
35905		Excision Of Infected Graft; Thorax	124.30	119.52	90	1				
35907		Excision Of Infected Graft; Abdomen	141.29	135.86	90	1				
36000		Introduction Of Needle Or Intracatheter, Vein	1.79	1.72	0	1				
36147		Introduction Of Needle And/Or Catheter, Arteriovenous Shunt Created For Dial	61.00	58.65	0	1				
36148		Introduction Of Needle And/Or Catheter, Arteriovenous Shunt Created For Dial	18.93	18.20	0	1				
36261		Revision Of Implanted Intra-Arterial Infusion Pump	27.40	26.35	90	1				
36420		Venipuncture, Cutdown; Under Age 1 Year	22.98	22.10	0	1				
36425		Venipuncture, Cutdown; Age 1 Or Over	17.75	17.07	0	1				
36430		Transfusion, Blood Or Blood Components	14.36	13.81	0	1				
36440		Push Transfusion, Blood, 2 Years Or Under	25.22	24.25	0	1				
36450		Exchange Transfusion, Blood; Newborn	47.93	46.09	0	1				
36455		Exchange Transfusion, Blood; Other Than Newborn	8.19	7.87	0	1				
36460		Transfusion, Intrauterine, Fetal	25.40	24.42	0	1				Y
36468		Single Or Multiple Injections Of Sclerosing Solutions, Spider Veins (Telang	3.81	3.67	0	1				
36555		Insertion Of Non-Tunneled Centrally Inserted Central Venous Catheter; Under	60.74	58.40	0	1				
36556		Insertion Of Non-Tunneled Centrally Inserted Central Venous Catheter; Age 5	58.22	55.98	0	1				
36568		Insertion Of Peripherally Inserted Central Venous Catheter (Picc), Without	47.07	45.26	0	1				
36569		Insertion Of Peripherally Inserted Central Venous Catheter (Picc), Without	48.16	46.31	0	1				
36580		Replacement, Complete, Of A Non-Tunneled Centrally Inserted Central Venous	34.68	33.34	0	1				
36584		Replacement, Complete, Of A Peripherally Inserted Central Venous Catheter (	35.94	34.56	0	1				
36593		Declotting By Thrombolytic Agent Of Implanted Vascular Access Device Or Cat	17.30	16.63	0	1				
36600		Arterial Puncture, Withdrawal Of Blood For Diagnosis	13.43	12.91	0	1				
36620		Arterial Catheterization Or Cannulation For Sampling, Monitoring Or Transfu	22.83	21.95	0	1				
36625		Arterial Catheterization Or Cannulation For Sampling, Monitoring Or Transfu	47.59	45.76	0	1				
36660		Catheterization, Umbilical Artery, Newborn, For Diagnosis Or Therapy	5.19	4.99	0	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
36819		Arteriovenous Anastomosis, Open; By Upper Arm Basilic Vein Transposition	53.93	51.85	90	1				
36820		Insertion Of Cannula For Hemodialysis, Other Purpose; Arteriovenous, Intern	58.89	56.63	0	1				
36821		Arteriovenous Anastomosis, Open; Direct, Any Site (Eg, Cimino Type) (Separa	41.17	39.59	90	1				
36825		Creation Of Arteriovenous Fistula By Other Than Direct Arteriovenous Anasto	45.12	43.38	90	1				
36830		Creation Of Arteriovenous Fistula By Other Than Direct Arteriovenous Anasto	48.08	46.23	90	1				
36831		Thrombectomy, Open, Arteriovenous Fistula Without Revision, Autogenous Or N	33.44	32.16	90	1				
36832		Revision, Open, Arteriovenous Fistula; Without Thrombectomy, Autogenous Or	42.42	40.79	90	1				
36833		Revision, Arteriovenous Fistula; With Thrombectomy, Autogenous Or Nonautoge	47.93	46.09	90	1				
36838		Distal Revascularization And Interval Ligation (Dril), Upper Extremity Hemo	84.22	80.98	90	1				
37145		Venous Anastomosis; Renoportal	113.94	109.56	90	1				
37160		Venous Anastomosis; Caval-Mesenteric	98.83	95.03	90	1				
37180		Venous Anastomosis; Splenorenal, Proximal	110.61	106.36	90	1				
37181		Anastomosis; Splenorenal, Distal (Selective Decompression Of Esophagogastri	119.61	115.01	90	1				
37182	R	Insertion Of Transvenous Intrahepatic Portosystemic Shunt(S) (Tips) (Includ	58.63	56.38	0	1				
37183	R	Revision Of Transvenous Intrahepatic Portosystemic Shunt(S) (Tips) (Include	34.05	32.74	0	1				
37207		Transcatheter Placement Of An Intravascular Stent(S), (Non-Coronary Vessel)	31.03	29.84	0	1				
37208		Transcatheter Placement Of An Intravascular Stent(S), (Non-Coronary Vessel)	14.97	14.39	0	1				
37220		Revascularization, Endovascular, Open Or Percutaneous, Iliac Artery, Unilate	33.49	32.20	0	1				
37221		Revascularization, Endovascular, Open Or Percutaneous, Iliac Artery, Unila	40.76	39.19	0	1				
37222		Revascularization, Endovascular, Open Or Percutaneous, Iliac Artery, Each A	15.19	14.61	0	1				
37223		Revascularization, Endovascular, Open Or Percutaneous, Iliac Artery, Each A	17.25	16.59	0	1				
37224		Revascularization, Endovascular, Open Or Percutaneous, Femoral/Popliteal	36.87	35.45	0	1				
37225		Revascularization, Endovascular, Open Or Percutaneous, Femoral/Popliteal	49.67	47.76	0	1				
37226		Revascularization, Endovascular, Open Or Percutaneous, Femoral/Popliteal	40.94	39.36	0	1				
37227		Revascularization, Endovascular, Open Or Percutaneous, Femoral/Popliteal	59.99	57.68	0	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
37228		Revascularization, Endovascular, Open Or Percutaneous, Tibial/Peroneal	45.06	43.32	0	1				
37229		Revascularization, Endovascular, Open Or Percutaneous, Tibial/Peroneal	58.16	55.93	0	1				
37230		Revascularization, Endovascular, Open Or Percutaneous, Tibial/Peroneal	56.13	53.97	0	1				
37231		Revascularization, Endovascular, Open Or Percutaneous, Tibial/Peroneal	61.00	58.66	0	1				
37232		Revascularization, Endovascular, Open Or Percutaneous, Tibial/Peroneal	16.26	15.64	0	1				
37233		Revascularization, Endovascular, Open Or Percutaneous, Tibial/Peroneal	26.79	25.76	0	1				
37234		Revascularization, Endovascular, Open Or Percutaneous, Tibial/Peroneal	22.33	21.47	0	1				
37235		Revascularization, Endovascular, Open Or Percutaneous, Tibial/Peroneal	31.69	30.47	0	1				
37500		Vascular Endoscopy,Surgical,With Ligation Of Perforator Veins,Subfascial	314.95	302.84	90	1				
37600		Ligation; External Carotid Artery	51.30	49.33	90	1				
37605		Ligation; Internal Or Common Carotid Artery	58.75	56.49	90	1				
37606		Ligation; Internal Or Common Carotid Artery, With Gradual Occlusion, As Wit	41.05	39.47	90	1				
37615		Ligation, Major Artery (Eg, Post-Traumatic, Rupture); Neck	36.12	34.73	90	1				
37616		Ligation, Major Artery (Eg, Post-Traumatic, Rupture); Chest	78.56	75.54	90	1				
37617		Ligation, Major Artery (Eg, Post-Traumatic, Rupture); Abdomen	95.63	91.95	90	1				
37618		Ligation, Major Artery (Eg, Post-Traumatic, Rupture); Extremity	28.03	26.95	90	1				
37660		Ligation Of Common Iliac Vein	92.57	89.01	90	1				
37735		Ligation And Division And Complete Stripping Of Long Or Short Saphenous Vei	45.88	44.12	90	1				
37760		Ligation Of Perforator Veins, Subfascial, Radical (Linton Type), With Or Wi	45.86	44.09	90	1				
37761		Ligation Of Perforator Vein(S), Subfascial, Open, Including Ultrasound Guid	40.30	38.75	90	1				
38100		Splenectomy; Total (Separate Procedure)	81.16	78.04	90	1				
38101		Splenectomy; Partial (Separate Procedure)	82.02	78.87	90	1				
38102		Splenectomy; Total, En Bloc For Extensive Disease, In Conjunction With Othe	18.43	17.72	0	1				
38115		Repair Of Ruptured Spleen (Splenorrhaphy) With Or Without Partial Splenecto	89.49	86.05	90	1				
38129	R	Unlisted Laparoscopy Procedure, Spleen			0	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
38220		Bone Marrow; Aspiration Only	68.26	65.63	0	1				
38221		Bone Marrow; Biopsy, Needle Or Trocar	11.34	10.90	0	1				
38308		Lymphangiomy Or Other Operations On Lymphatic Channels	31.77	30.55	90	1				
38380		Suture And/Or Ligation Of Thoracic Duct; Cervical Approach	40.73	39.16	90	1				
38381		Suture And/Or Ligation Of Thoracic Duct; Thoracic Approach	57.22	55.02	90	1				
38382		Suture And/Or Ligation Of Thoracic Duct; Abdominal Approach	49.76	47.85	90	1				
38530		Biopsy Or Excision Of Lymph Node(S); Open, Internal Mammary Node(S)	38.98	37.48	90	1				
38542		Dissection, Deep Jugular Node(S)	30.62	29.44	90	1				
38555		Excision Of Cystic Hygroma, Axillary Or Cervical; With Deep Neurovascular D	70.61	67.90	90	1				
38562		Limited Lymphadenectomy For Staging (Separate Procedure); Pelvic And Para-A	49.22	47.33	90	1				
38564		Limited Lymphadenectomy For Staging (Separate Procedure); Retroperitoneal (	49.44	47.54	90	1				
38570		Laparoscopy, Surgical; With Retroperitoneal Lymph Node Sampling (Biopsy), S	37.29	35.85	10	1				
38571		Laparoscopy, Surgical; With Bilateral Total Pelvic Lymphadenectomy	54.74	52.63	10	1				
38572		Laparoscopy, Surgical; With Bilateral Total Pelvic Lymphadenectomy And Peri	66.96	64.38	10	1				
38589	R	Unlisted Laparoscopy Procedure, Lymphatic System			0	1				
38700		Suprahyoid Lymphadenectomy	57.73	55.51	90	1				
38720		Cervical Lymphadenectomy (Complete)	96.14	92.44	90	1				
38724		Cervical Lymphadenectomy (Modified Radical Neck Dissection)	104.40	100.38	90	1				
38740		Axillary Lymphadenectomy; Superficial	48.63	46.76	90	1				
38745		Axillary Lymphadenectomy; Complete	61.56	59.20	90	1				
38746		Thoracic Lymphadenectomy, Regional, Including Mediastinal And Peritracheal	16.77	16.12	0	1				
38747		Abdominal Lymphadenectomy, Regional, Including Celiac, Gastric, Portal, Per	18.69	17.97	0	1				
38760		Inguinofemoral Lymphadenectomy, Superficial, Including Cloquet's Node (Sepa	59.32	57.04	90	1				
38765		Inguinofemoral Lymphadenectomy, Superficial, In Continuity With Pelvic Lymph	90.33	86.86	90	1				
38770		Pelvic Lymphadenectomy, Including External Iliac, Hypogastric, And Obturato	55.86	53.71	90	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
38780		Retroperitoneal Transabdominal Lymphadenectomy, Extensive, Including Pelvic	71.90	69.14	90	1				
38900		Intraoperative Identification (Eg, Mapping) Of Sentinel Lymph Node(S), Includes	9.50	9.13	0	1				
38999	R	Unlisted Procedure, Hemic Or Lymphatic System			90	1				
39000		Mediastinotomy With Exploration, Drainage, Removal Of Foreign Body, Or Biop	35.90	34.52	90	1				
39010		Mediastinotomy With Exploration, Drainage, Removal Of Foreign Body, Or Biop	56.79	54.61	90	1				
39200		Excision Of Mediastinal Cyst	63.07	60.64	90	1				
39220		Excision Of Mediastinal Tumor	81.43	78.29	90	1				
39499	R	Unlisted Procedure, Mediastinum			90	1				
39501		Repair, Laceration Of Diaphragm, Any Approach	60.25	57.93	90	1				
39503		Repair, Neonatal Diaphragmatic Hernia, With Or Without Chest Tube Insertion	432.60	415.96	90	1				
39540		Repair, Diaphragmatic Hernia (Other Than Neonatal), Traumatic; Acute	61.49	59.13	90	1				
39541		Repair, Diaphragmatic Hernia (Other Than Neonatal), Traumatic; Chronic	66.91	64.34	90	1				
39545		Imbrication Of Diaphragm For Eventration, Transthoracic Or Transabdominal,	64.26	61.79	90	1				
39560		Resection, Diaphragm; With Simple Repair (Eg, Primary Suture)	55.88	53.73	90	1				
39561		Resection, Diaphragm; With Complex Repair (Eg, Prosthetic Material, Local M	88.42	85.02	90	1				
39599	R	Unlisted Procedure, Diaphragm			90	1				
40701		Plastic Repair Of Cleft Lip/Nasal Deformity; Primary Bilateral, One Stage P	76.19	73.26	90	1				
40702		Plastic Repair Of Cleft Lip/Nasal Deformity; Primary Bilateral, One Of Two	57.63	55.41	90	1				
40799	R	Unlisted Procedure, Lips			90	1				
40840		Vestibuloplasty; Anterior	57.17	54.97	90	1				
40843		Vestibuloplasty; Posterior, Bilateral	74.41	71.55	90	1				
40844		Vestibuloplasty; Entire Arch	97.63	93.88	90	1				
41120		Glossectomy; Less Than One-Half Tongue	74.81	71.94	90	1				
41130		Glossectomy; Hemiglossectomy	92.87	89.30	90	1				
41135		Glossectomy; Partial, With Unilateral Radical Neck Dissection	154.70	148.75	90	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
41140		Glossectomy; Complete Or Total, With Or Without Tracheostomy, Without Radic	158.37	152.28	90	1				
41145		Glossectomy; Complete Or Total, With Or Without Tracheostomy, With Unilater	199.50	191.83	90	1				
41150		Glossectomy; Composite Procedure With Resection Floor Of Mouth And Mandibul	157.42	151.37	90	1				
41153		Glossectomy; Composite Procedure With Resection Floor Of Mouth, With Suprah	171.10	164.52	90	1				
41155		Glossectomy; Composite Procedure With Resection Floor Of Mouth, Mandibular	214.29	206.05	90	1				
42120		Resection Of Palate Or Extensive Resection Of Lesion	70.31	67.61	90	1				
42200		Palatoplasty For Cleft Palate, Soft And/Or Hard Palate Only	62.07	59.68	90	1				
42205		Palatoplasty For Cleft Palate, With Closure Of Alveolar Ridge; Soft Tissue	61.90	59.52	90	1				
42210		Palatoplasty For Cleft Palate, With Closure Of Alveolar Ridge; With Bone Gr	78.05	75.05	90	1				
42215		Palatoplasty For Cleft Palate; Major Revision	48.63	46.76	90	1				
42220		Palatoplasty For Cleft Palate; Secondary Lengthening Procedure	37.88	36.43	90	1				
42225		Palatoplasty For Cleft Palate; Attachment Pharyngeal Flap	64.52	62.04	90	1				
42226		Lengthening Of Palate, And Pharyngeal Flap	65.57	63.05	90	1				
42227		Lengthening Of Palate, With Island Flap	61.47	59.11	90	1				
42235		Repair Of Anterior Palate, Including Vomer Flap	52.31	50.30	90	1				
42260		Repair Of Nasolabial Fistula	59.42	57.13	90	1				
42299	R	Unlisted Procedure, Palate, Uvula			90	1				
42409		Marsupialization Of Sublingual Salivary Cyst (Ranula)	23.93	23.01	90	1				
42410		Excision Of Parotid Tumor Or Parotid Gland; Lateral Lobe, Without Nerve Dis	45.12	43.38	90	1				
42415		Excision Of Parotid Tumor Or Parotid Gland; Lateral Lobe, With Dissection A	76.65	73.70	90	1				
42420		Excision Of Parotid Tumor Or Parotid Gland; Total, With Dissection And Pres	86.08	82.77	90	1				
42425		Excision Of Parotid Tumor Or Parotid Gland; Total, En Bloc Removal With Sac	60.63	58.30	90	1				
42426		Excision Of Parotid Tumor Or Parotid Gland; Total, With Unilateral Radical	97.85	94.09	90	1				
42440		Excision Of Submandibular (Submaxillary) Gland	29.96	28.81	90	1				
42507		Parotid Duct Diversion, Bilateral (Wilke Type Procedure);	37.47	36.02	90	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
42508		Parotid Duct Diversion, Bilateral (Wilke Type Procedure); With Excision Of	52.21	50.20	90	1				
42510		Parotid Duct Diversion, Bilateral (Wilke Type Procedure); With Ligation Of	45.75	43.99	90	1				
42699	R	Unlisted Procedure, Salivary Glands Or Ducts			90	1				
42725		Incision And Drainage Abscess; Retropharyngeal Or Parapharyngeal, External	58.75	56.49	90	1				
42810		Excision Branchial Cleft Cyst Or Vestige, Confined To Skin And Subcutaneous	27.72	26.65	90	1				
42815		Excision Branchial Cleft Cyst, Vestige, Or Fistula, Extending Beneath Subcu	40.59	39.03	90	1				
42844		Radical Resection Of Tonsil, Tonsillar Pillars, And/Or Retromolar Trigone;	98.75	94.95	90	1				
42845		Radical Resection Of Tonsil, Tonsillar Pillars, And/Or Retromolar Trigone;	161.09	154.90	90	1				
42890		Limited Pharyngectomy	101.61	97.71	90	1				
42892		Resection Of Lateral Pharyngeal Wall Or Pyriform Sinus, Direct Closure By A	133.63	128.49	90	1				
42894		Resection Of Pharyngeal Wall Requiring Closure With Myocutaneous Flap	170.67	164.10	90	1				
42950		Pharyngoplasty (Plastic Or Reconstructive Operation On Pharynx)	57.13	54.93	90	1				
42953		Pharyngoesophageal Repair	68.36	65.73	90	1				
42955		Pharyngostomy (Fistulization Of Pharynx, External For Feeding)	54.06	51.98	90	1				
42961		Control Oropharyngeal Hemorrhage, Primary Or Secondary (Eg, Posttonsillecto	30.61	29.44	90	1				
42962		Control Oropharyngeal Hemorrhage, Primary Or Secondary (Eg, Posttonsillecto	37.81	36.36	90	1				
42971		Control Of Nasopharyngeal Hemorrhage, Primary Or Secondary (Eg, Postadenoid	33.37	32.08	90	1				
42972		Control Of Nasopharyngeal Hemorrhage, Primary Or Secondary (Eg, Postadenoid	37.35	35.91	90	1				
43020		Esophagotomy, Cervical Approach; With Removal Of Foreign Body	38.50	37.02	90	1				
43030		Cricopharyngeal Myotomy	37.57	36.13	90	1				
43045		Esophagotomy, Thoracic Approach, With Removal Of Foreign Body	93.29	89.70	90	1				
43100		Excision Of Lesion, Esophagus, With Primary Repair; Cervical Approach	45.64	43.89	90	1				
43101		Excision Of Lesion, Esophagus, With Primary Repair; Thoracic Or Abdominal A	72.14	69.36	90	1				
43107		Total Or Near Total Esophagectomy, Without Thoracotomy; With Pharyngogastro	180.64	173.69	90	1				
43108		Total Or Near Total Esophagectomy, Without Thoracotomy; With Colon Interpos	314.32	302.23	90	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
43112		Total Or Near Total Esophagectomy, With Thoracotomy; With Pharyngogastrosto	191.86	184.48	90	1				
43113		Total Or Near Total Esophagectomy, With Thoracotomy; With Colon Interpositi	323.53	311.09	90	1				
43116		Partial Esophagectomy, Cervical, With Free Intestinal Graft, Including Micr	371.17	356.90	90	1				
43117		Partial Esophagectomy, Distal Two-Thirds, With Thoracotomy And Separate Abd	175.29	168.55	90	1				
43118		Partial Esophagectomy, Distal Two-Thirds, With Thoracotomy And Separate Abd	268.12	257.81	90	1				
43121		Partial Esophagectomy, Distal Two-Thirds, With Thoracotomy Only, With Or Wi	204.84	196.96	90	1				
43122		Partial Esophagectomy, Thoracoabdominal Or Abdominal Approach, With Or With	181.30	174.33	90	1				
43123		Partial Esophagectomy, Thoracoabdominal Or Abdominal Approach, With Or With	328.49	315.86	90	1				
43124		Total Or Partial Esophagectomy, Without Reconstruction (Any Approach), With	272.97	262.47	90	1				
43130		Diverticulectomy Of Hypopharynx Or Esophagus, With Or Without Myotomy; Cerv	56.86	54.68	90	1				
43135		Diverticulectomy Of Hypopharynx Or Esophagus, With Or Without Myotomy; Thor	105.89	101.82	90	1				
43280		Laparoscopy, Surgical, Esophagogastric Fundoplasty (Eg, Nissen, Toupet Proc	76.41	73.47	90	1				
43281		Laparoscopy, Surgical, Repair Of Paraesophageal Hernia, Includes Fundopl	109.05	104.85	90	1				
43282		Laparoscopy, Surgical, Repair Of Paraesophageal Hernia, Includes Fundopl	122.63	117.91	90	1				
43283		Laparoscopy, Surgical, Esophageal Lengthening Procedure (Eg, Collis	11.35	10.91	0	1				
43289	R	Unlisted Laparoscopy Procedure, Esophagus			0	1				
43300		Esophagoplasty, (Plastic Repair Or Reconstruction), Cervical Approach; With	44.85	43.13	90	1				
43305		Esophagoplasty, (Plastic Repair Or Reconstruction), Cervical Approach; With	79.21	76.16	90	1				
43310		Esophagoplasty, (Plastic Repair Or Reconstruction), Thoracic Approach; With	106.25	102.17	90	1				
43312		Esophagoplasty, (Plastic Repair Or Reconstruction), Thoracic Approach; With	114.37	109.97	90	1				
43313		Esophagoplasty For Congenital Defect, (Plastic Repair Or Reconstruction), T	201.42	193.68	90	1				
43314		Esophagoplasty For Congenital Defect, (Plastic Repair Or Reconstruction), T	204.89	197.01	90	1				
43320		Esophagogastrostomy (Cardioplasty), With Or Without Vagotomy And Pyloroplas	97.73	93.97	90	1				
43325		Esophagogastric Fundoplasty; With Fundic Patch (Thal-Nissen Procedure)	95.65	91.97	90	1				
43327		Esophagogastric Fundoplasty Partial Or Complete; Laparotomy	57.70	55.48	90	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
43328		Esophagogastric Fundoplasty Partial Or Complete; Thoracotomy	84.48	81.23	90	1				
43330		Esophagomyotomy (Heller Type); Abdominal Approach	92.43	88.88	90	1				
43331		Esophagomyotomy ((Heller Type), With Or Without Hiatal Hernia Repair); Thor	96.13	92.43	90	1				
43332		Repair, Paraesophageal Hiatal Hernia (Including Fundoplication), Via La	82.14	78.98	90	1				
43333		Repair, Paraesophageal Hiatal Hernia (Including Fundoplication), Via La	89.14	85.71	90	1				
43334		Repair, Paraesophageal Hiatal Hernia (Including Fundoplication), Via	89.88	86.42	90	1				
43335		Repair, Paraesophageal Hiatal Hernia (Including Fundoplication), Via	96.80	93.08	90	1				
43336		Repair, Paraesophageal Hiatal Hernia, (Including Fundoplication), Via	106.20	102.12	90	1				
43337		Repair, Paraesophageal Hiatal Hernia, (Including Fundoplication), Via	116.25	111.78	90	1				
43338		Esophageal Lengthening Procedure (Eg, Collis Gastroplasty Or Wedge	9.40	9.04	90	1				
43340		Esophagojejunostomy (Without Total Gastrectomy); Abdominal Approach	97.13	93.40	90	1				
43341		Esophagojejunostomy (Without Total Gastrectomy); Thoracic Approach	100.52	96.66	90	1				
43350		Esophagostomy, Fistulization Of Esophagus, External; Abdominal Approach	83.33	80.12	90	1				
43351		Esophagostomy, Fistulization Of Esophagus, External; Thoracic Approach	94.41	90.78	90	1				
43352		Esophagostomy, Fistulization Of Esophagus, External; Cervical Approach	76.51	73.57	90	1				
43360		Gastrointestinal Reconstruction For Previous Esophagectomy, For Obstructing	169.99	163.45	90	1				
43361		Gastrointestinal Reconstruction For Previous Esophagectomy, For Obstructing	189.73	182.43	90	1				
43400		Ligation, Direct, Esophageal Varices	103.17	99.20	90	1				
43401		Transection Of Esophagus With Repair, For Esophageal Varices	108.59	104.41	90	1				
43405		Ligation Or Stapling At Gastroesophageal Junction For Pre-Existing Esophage	103.20	99.23	90	1				
43410		Suture Of Esophageal Wound Or Injury; Cervical Approach	74.90	72.02	90	1				
43415		Suture Of Esophageal Wound Or Injury; Transthoracic Or Transabdominal Appro	127.87	122.95	90	1				
43425		Closure Of Esophagostomy Or Fistula; Transthoracic Or Transabdominal Approa	102.31	98.38	90	1				
43499	R	Unlisted Procedure, Esophagus			90	1				
43500		Gastrotomy; With Exploration Or Foreign Body Removal	55.43	53.30	90	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
43501		Gastrotomy; With Suture Repair Of Bleeding Ulcer	95.06	91.40	90	1				
43502		Gastrotomy; With Suture Repair Of Pre-Existing Esophagogastric Laceration (	107.40	103.27	90	1				
43510		Gastrotomy; With Esophageal Dilation And Insertion Of Permanent Intralumina	68.25	65.62	90	1				
43520		Pyloromyotomy, Cutting Of Pyloric Muscle (Fredet-Ramstedt Type Operation)	48.70	46.82	90	1				
43605		Biopsy Of Stomach; By Laparotomy	59.06	56.79	90	1				
43610		Excision, Local; Ulcer Or Benign Tumor Of Stomach	69.11	66.45	90	1				
43611		Excision, Local; Malignant Tumor Of Stomach	85.65	82.36	90	1				
43620		Gastrectomy, Total; With Esophagoenterostomy	138.34	133.02	90	1				
43621		Gastrectomy, Total; With Roux-En-Y Reconstruction	159.20	153.08	90	1				
43622		Gastrectomy, Total; With Formation Of Intestinal Pouch, Any Type	161.90	155.67	90	1				
43631		Gastrectomy, Partial, Distal; With Gastroduodenostomy	102.19	98.26	90	1				
43632		Gastrectomy, Partial, Distal; With Gastrojejunostomy	142.83	137.34	90	1				
43633		Gastrectomy, Partial, Distal; With Roux-En-Y Reconstruction	135.14	129.94	90	1				
43634		Gastrectomy, Partial, Distal; With Formation Of Intestinal Pouch	149.72	143.96	90	1				
43635		Vagotomy When Performed With Partial Distal Gastrectomy (List Separately In	7.90	7.60	90	1				
43640		Vagotomy Including Pyloroplasty, With Or Without Gastrostomy; Truncal Or Se	83.05	79.85	90	1				
43641		Vagotomy Including Pyloroplasty, With Or Without Gastrostomy; Parietal Cell	84.56	81.31	90	1				
43644		Laparoscopy, Surgical, Gastric Restrictive Procedure; With Gastric Bypass A	122.06	117.36	0	1				
43645		Laparoscopy, Surgical, Gastric Restrictive Procedure; With Gastric Bypass A	130.67	125.65	0	1				
43651		Laparoscopy, Surgical; Transection Of Vagus Nerves, Truncal	46.22	44.44	90	1				
43652		Laparoscopy, Surgical; Transection Of Vagus Nerves, Selective Or Highly Sel	53.95	51.87	90	1				
43653		Laparoscopy, Surgical; Gastrostomy, Without Construction Of Gastric Tube (E	39.99	38.45	90	1				
43659	R	Unlisted Laparoscopy Procedure, Stomach			0	1				
43760		Change Of Gastrostomy Tube	125.42	120.59	0	1				
43761		Repositioning Of The Gastric Feeding Tube, Any Method, Through The Duodenum	51.03	49.06	0	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
43770		Laparoscopy, Surgical, Gastric Restrictive Procedure; Placement Of Adjustab	78.87	75.84	90	1				
43771		Laparoscopy, Surgical, Gastric Restrictive Procedure; Revision Of Adjustabl	89.59	86.14	90	1				
43772		Laparoscopy, Surgical, Gastric Restrictive Procedure; Removal Of Adjustable	67.29	64.71	90	1				
43773		Laparoscopy, Surgical, Gastric Restrictive Procedure; Removal And Replaceme	89.52	86.07	90	1				
43774		Laparoscopy, Surgical, Gastric Restrictive Procedure; Removal Of Adjustable	67.77	65.16	90	1				
43775		Laparoscopy, Surgical, Gastric Restrictive Procedure; Longitudinal	90.11	86.65	90	1				
43800		Pyloroplasty	65.50	62.98	90	1				
43810		Gastroduodenostomy	71.71	68.95	90	1				
43820		Gastrojejunostomy; Without Vagotomy	94.25	90.62	90	1				
43825		Gastrojejunostomy; With Vagotomy, Any Type	91.90	88.37	90	1				
43830		Gastrostomy, Open; Without Construction Of Gastric Tube (Eg, Stamm Procedur	49.34	47.44	90	1				
43831		Gastrostomy, Temporary (Tube, Rubber Or Plastic) (Separate Procedure); Neon	41.71	40.10	90	1				
43832		Gastrostomy, Open; With Construction Of Gastric Tube (Eg, Janeway Procedure	74.15	71.29	90	1				
43840		Gastrorrhaphy, Suture Of Perforated Duodenal Or Gastric Ulcer, Wound, Or In	95.36	91.70	90	1				
43842		Gastric Restrictive Procedure, Without Gastric Bypass, For Morbid Obesity;	80.35	77.26	90	1				
43843		Gastric Restrictive Procedure, Without Gastric Bypass, For Morbid Obesity;	90.23	86.76	90	1				
43846		Gastric Restrictive Procedure, With Gastric Bypass For Morbid Obesity; With	114.61	110.20	90	1				
43847		Gastric Restrictive Procedure, With Gastric Bypass For Morbid Obesity; With	126.97	122.09	90	1				
43848		Revision, Open, Of Gastric Restrictive Procedure For Morbid Obesity, Other	135.88	130.65	90	1				
43850		Revision Of Gastroduodenal Anastomosis (Gastroduodenostomy) With Reconstruc	114.73	110.31	90	1				
43855		Revision Of Gastroduodenal Anastomosis (Gastroduodenostomy) With Reconstruc	119.00	114.42	90	1				
43860		Revision Of Gastrojejunal Anastomosis (Gastrojejunostomy) With Reconstructi	114.89	110.47	90	1				
43865		Revision Of Gastrojejunal Anastomosis (Gastrojejunostomy) With Reconstructi	120.38	115.75	90	1				
43870		Closure Of Gastrostomy, Surgical	50.25	48.32	90	1				
43880		Closure Of Gastrocolic Fistula	112.34	108.02	90	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
43886		Gastric Restrictive Procedure, Open; Revision Of Subcutaneous Port Componen	23.71	22.79	90	1				
43887		Gastric Restrictive Procedure, Open; Removal Of Subcutaneous Port Component	22.53	21.66	90	1				
43888	R	Gastric Restrictive Procedure, Open; Removal And Replacement Of Subcutaneou	31.56	30.34	90	1				
44005		Enterolysis (Freeing Of Intestinal Adhesion) (Separate Procedure)	77.13	74.16	90	1				
44010		Duodenotomy, For Exploration, Biopsy(S), Or Foreign Body Removal	61.09	58.74	90	1				
44015		Tube Or Needle Catheter Jejunostomy For Enteral Alimentation, Intraoperativ	10.00	9.62	0	1				
44020		Enterotomy, Small Intestine, Other Than Duodenum; For Exploration, Biopsy(S	68.70	66.06	90	1				
44021		Enterotomy, Small Bowel, Other Than Duodenum; For Decompression (Eg, Baker	69.18	66.52	90	1				
44025		Colotomy, For Exploration, Biopsy(S), Or Foreign Body Removal	69.75	67.07	90	1				
44050		Reduction Of Volvulus, Intussusception, Internal Hernia, By Laparotomy	65.96	63.42	90	1				
44055		Correction Of Malrotation By Lysis Of Duodenal Bands And/Or Reduction Of Mi	105.56	101.50	90	1				
44110		Excision Of One Or More Lesions Of Small Or Large Intestine Not Requiring A	59.92	57.61	90	1				
44111		Excision Of One Or More Lesions Of Small Or Large Bowel Not Requiring Anast	69.32	66.66	90	1				
44120		Enterectomy, Resection Of Small Intestine; Single Resection And Anastomosis	86.20	82.89	90	1				
44121		Enterectomy, Resection Of Small Intestine; Each Additional Resection And An	17.00	16.34	0	10				
44125		Enterectomy, Resection Of Small Intestine; With Enterostomy	83.34	80.13	90	1				
44126		Enterectomy, Resection Of Small Intestine For Congenital Atresia, Single Re	173.71	167.03	90	1				
44127		Enterectomy, Resection Of Small Intestine For Congenital Atresia, Single Re	200.78	193.06	90	1				
44128		Enterectomy, Resection Of Small Intestine For Congenital Atresia, Single Re	17.12	16.46	0	1				
44130		Enteroenterostomy, Anastomosis Of Intestine, With Or Without Cutaneous Ente	92.21	88.67	90	1				
44139		Mobilization (Take-Down) Of Splenic Flexure Performed In Conjunction With P	8.52	8.19	0	1				
44140		Colectomy, Partial; With Anastomosis	94.63	90.99	90	1				
44141		Colectomy, Partial; With Skin Level Cecostomy Or Colostomy	127.61	122.70	90	1				
44143		Colectomy, Partial; With End Colostomy And Closure Of Distal Segment (Hartm	117.59	113.07	90	1				
44144		Colectomy, Partial; With Resection, With Colostomy Or Ileostomy And Creatio	125.01	120.21	90	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
44145		Colectomy, Partial; With Coloproctostomy (Low Pelvic Anastomosis)	117.19	112.68	90	1				
44146		Colectomy, Partial; With Coloproctostomy (Low Pelvic Anastomosis), With Col	149.82	144.06	90	1				
44147		Colectomy, Partial; Abdominal And Transanal Approach	136.10	130.86	90	1				
44150		Colectomy, Total, Abdominal, Without Proctectomy; With Ileostomy Or Ileopro	131.94	126.87	90	1				
44151		Colectomy, Total, Abdominal, Without Proctectomy; With Continent Ileostomy	150.72	144.92	90	1				
44155		Colectomy, Total, Abdominal, With Proctectomy; With Ileostomy	147.25	141.58	90	1				
44156		Colectomy, Total, Abdominal, With Proctectomy; With Continent Ileostomy	161.95	155.72	90	1				
44157		Colectomy, Total, Abdominal, With Proctectomy; With Ileoanal Anastomosis, I	153.80	147.89	90	1				
44158		Colectomy, Total, Abdominal, With Proctectomy; With Ileoanal Anastomosis, C	157.74	151.67	90	1				
44160		Colectomy, Partial, With Removal Of Terminal Ileum With Ileocolostomy	87.70	84.33	90	1				
44180		Laparoscopy, Surgical, Enterolysis (Freeing Of Intestinal Adhesion) (Separa	64.88	62.39	90	1				
44186		Laparoscopy, Surgical; Jejunostomy (Eg, For Decompression Or Feeding)	46.05	44.28	90	1				
44187		Laparoscopy, Surgical; Ileostomy Or Jejunostomy, Non-Tube	78.49	75.47	90	1				
44188		Laparoscopy, Surgical, Colostomy Or Skin Level Cecostomy	86.84	83.50	90	1				
44202		Laparoscopy, Surgical; Enterectomy, Resection Of Small Intestine, Single Re	97.92	94.15	90	1				
44203		Laparoscopy, Surgical; Each Additional Small Intestine Resection And Anasto	17.09	16.44	0	1				
44204		Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis	108.83	104.64	90	1				
44205		Laparoscopy, Surgical; Colectomy, Partial, With Removal Of Terminal Ileum W	94.67	91.03	90	1				
44206		Laparoscopy, Surgical; Colectomy, Partial, With End Colostomy And Closure O	124.23	119.45	90	1				
44207		Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis, With Coloproct	129.34	124.36	90	1				
44208		Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis, With Coloproct	140.77	135.36	90	1				
44210		Laparoscopy, Surgical; Colectomy, Total, Abdominal, Without Proctectomy, Wi	127.23	122.34	90	1				
44211		Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With	157.74	151.67	90	1				
44212		Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With	146.38	140.75	90	1				
44213		Laparoscopy, Surgical, Mobilization (Take-Down) Of Splenic Flexure Performe	13.32	12.81	0	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
44227		Laparoscopy, Surgical, Closure Of Enterostomy, Large Or Small Intestine, Wi	118.02	113.48	90	1				
44238	R	Unlisted Laparoscopy Procedure, Intestine (Except Rectum)			0	1				
44300		Enterostomy Or Cecostomy, Tube (Eg, For Decompression Or Feeding) (Separate	59.46	57.18	90	1				
44310		Ileostomy Or Jejunostomy, Non-Tube	73.76	70.93	90	1				
44314		Revision Of Ileostomy; Complicated (Reconstruction In-Depth) (Separate Proc	71.21	68.47	90	1				
44316		Continent Ileostomy (Kock Procedure) (Separate Procedure)	99.35	95.53	90	1				
44320		Colostomy Or Skin Level Cecostomy;	84.96	81.69	90	1				
44322		Colostomy Or Skin Level Cecostomy; With Multiple Biopsies (Eg, For Congenit	68.36	65.73	90	1				
44345		Revision Of Colostomy; Complicated (Reconstruction In-Depth) (Separate Proc	74.46	71.59	90	1				
44346		Revision Of Colostomy; With Repair Of Paracolostomy Hernia (Separate Proced	83.65	80.43	90	1				
44602		Suture Of Small Intestine (Enterorrhaphy) For Perforated Ulcer, Diverticulu	99.30	95.49	90	1				
44603		Suture Of Small Intestine (Enterorrhaphy) For Perforated Ulcer, Diverticulu	114.13	109.74	90	1				
44604		Suture Of Large Intestine (Colorrhaphy) For Perforated Ulcer, Diverticulum,	74.53	71.66	90	1				
44605		Suture Of Large Intestine (Colorrhaphy) For Perforated Ulcer, Diverticulum,	92.55	88.99	90	1				
44615		Intestinal Strictureplasty (Enterotomy And Enterorrhaphy) With Or Without D	75.96	73.04	90	1				
44620		Closure Of Enterostomy, Large Or Small Intestine;	61.35	58.99	90	1				
44625		Closure Of Enterostomy, Large Or Small Intestine; With Resection And Anasto	72.21	69.43	90	1				
44626		Closure Of Enterostomy, Large Or Small Intestine; With Resection And Colore	113.32	108.96	90	1				
44640		Closure Of Intestinal Cutaneous Fistula	99.07	95.26	90	1				
44650		Closure Of Enteroenteric Or Enterocolic Fistula	102.34	98.40	90	1				
44660		Closure Of Enterovesical Fistula; Without Intestinal Or Bladder Resection	93.48	89.89	90	1				
44661		Closure Of Enterovesical Fistula; With Intestine And/Or Bladder Resection	109.28	105.08	90	1				
44680		Intestinal Plication (Separate Procedure)	76.01	73.08	90	1				
44700		Exclusion Of Small Intestine From Pelvis By Mesh Or Other Prosthesis, Or Na	72.09	69.32	90	1				
44701		Intraoperative Colonic Lavage (List Separately In Addition To Code For Prim	11.82	11.36	0	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
44799	R	Unlisted Procedure, Intestine			90	1				
44800		Excision Of Meckel's Diverticulum (Diverticulectomy) Or Omphalomesenteric D	53.97	51.90	90	1				
44820		Excision Of Lesion Of Mesentery (Separate Procedure)	59.25	56.97	90	1				
44850		Suture Of Mesentery (Separate Procedure)	52.97	50.94	90	1				
44899	R	Unlisted Procedure, Meckel's Diverticulum And The Mesentery			90	1				
44900		Incision And Drainage Of Appendiceal Abscess; Open	54.55	52.45	90	1				
44901		Incision And Drainage Of Appendiceal Abscess; Percutaneous	13.77	13.24	0	1				
44950		Appendectomy;	45.28	43.54	90	1				
44955		Appendectomy; When Done For Indicated Purpose At Time Of Other Major Proced	5.90	5.67	90	1				
44960		Appendectomy; For Ruptured Appendix With Abscess Or Generalized Peritonitis	61.68	59.31	90	1				
44970		Laparoscopy, Surgical, Appendectomy	42.35	40.72	90	1				
44979	R	Unlisted Laparoscopy Procedure, Appendix			0	1				
45110		Proctectomy; Complete, Combined Abdominoperineal, With Colostomy	131.20	126.15	90	1				
45111		Proctectomy; Partial Resection Of Rectum, Transabdominal Approach	77.10	74.14	90	1				
45112		Proctectomy, Combined Abdominoperineal, Pull-Through Procedure (Eg, Colo-An	133.32	128.19	90	1				
45113		Proctectomy, Partial, With Rectal Mucosectomy, Ileoanal Anastomosis, Creati	139.68	134.31	90	1				
45114		Proctectomy, Partial, With Anastomosis; Abdominal And Transsacral Approach	127.81	122.90	90	1				
45116		Proctectomy, Partial, With Anastomosis; Transsacral Approach Only (Kraske Ty	111.48	107.19	90	1				
45119		Proctectomy, Combined Abdominoperineal Pull-Through Procedure (Eg, Colo-Ana	138.34	133.02	90	1				
45120		Proctectomy, Complete (For Congenital Megacolon), Abdominal And Perineal Ap	111.50	107.22	90	1				
45121		Proctectomy, Complete (For Congenital Megacolon), Abdominal And Perineal Ap	122.37	117.66	90	1				
45123		Proctectomy, Partial, Without Anastomosis, Perineal Approach	79.23	76.18	90	1				
45126	R	Pelvic Exenteration For Colorectal Malignancy, With Proctectomy (With Or Wi	201.57	193.82	90	1				
45130		Excision Of Rectal Procidentia, With Anastomosis; Perineal Approach	77.44	74.46	90	1				
45135		Excision Of Rectal Procidentia, With Anastomosis; Abdominal And Perineal Ap	95.45	91.78	90	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
45136		Excision Of Ileoanal Reservoir With Ileostomy	128.81	123.86	90	1				
45160		Excision Of Rectal Tumor By Proctotomy, Transacral Or Transcoccygeal Approa	70.83	68.10	90	1				
45190		Destruction Of Rectal Tumor (Eg, Electrodessication, Electrosurgery, Laser	48.82	46.94	90	1				
45395		Laparoscopy, Surgical; Proctectomy, Complete, Combined Abdominoperineal, Wi	140.94	135.52	90	1				
45397		Laparoscopy, Surgical; Proctectomy, Combined Abdominoperineal Pull-Through	152.28	146.42	90	1				
45400		Laparoscopy, Surgical; Proctopexy (For Prolapse)	81.76	78.62	90	1				
45402		Laparoscopy, Surgical; Proctopexy (For Prolapse), With Sigmoid Resection	108.35	104.19	90	1				
45540		Proctopexy (Eg, For Prolapse); Abdominal Approach	75.00	72.12	90	1				
45541		Proctopexy For Prolapse; Perineal Approach	65.79	63.26	90	1				
45550		Proctopexy (Eg, For Prolapse); With Sigmoid Resection, Abdominal Approach	103.79	99.80	90	1				
45560		Repair Of Rectocele (Separate Procedure)	49.41	47.51	90	1				
45562		Exploration, Repair, And Presacral Drainage For Rectal Injury;	78.35	75.33	90	1				
45563		Exploration, Repair, And Presacral Drainage For Rectal Injury; With Colosto	115.83	111.38	90	1				
45800		Closure Of Rectovesical Fistula;	84.08	80.84	90	1				
45805		Closure Of Rectovesical Fistula; With Colostomy	100.78	96.91	90	1				
45820		Closure Of Rectourethral Fistula;	82.57	79.40	90	1				
45825		Closure Of Rectourethral Fistula; With Colostomy	103.58	99.59	90	1				
46705		Anoplasty, Plastic Operation For Stricture; Infant	36.33	34.94	90	1				
46710		Repair Of Ileoanal Pouch Fistula/Sinus (Eg, Perineal Or Vaginal), Pouch Adv	76.33	73.40	90	1				
46712		Repair Of Ileoanal Pouch Fistula/Sinus (Eg, Perineal Or Vaginal), Pouch Adv	143.59	138.06	90	1				
46715		Repair Of Low Imperforate Anus; With Anoperineal Fistula ("Cut-Back" Proc	34.83	33.49	90	1				
46716		Repair Of Low Imperforate Anus; With Transposition Of Anoperineal Or Anoves	79.21	76.16	90	1				
46730		Repair Of High Imperforate Anus Without Fistula; Perineal Or Sacroperineal	126.45	121.58	90	1				
46735		Repair Of High Imperforate Anus Without Fistula; Combined Transabdominal An	142.13	136.66	90	1				
46740		Repair Of High Imperforate Anus With Rectourethral Or Rectovaginal Fistula;	145.61	140.01	90	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
46742		Repair Of High Imperforate Anus With Rectourethral Or Rectovaginal Fistula;	169.87	163.34	90	1				
46744		Repair Of Cloacal Anomaly By Anorectovaginoplasty And Urethroplasty, Sacrop	236.61	227.51	90	1				
46746		Repair Of Cloacal Anomaly By Anorectovaginoplasty And Urethroplasty, Combin	245.80	236.35	90	1				
46748		Repair Of Cloacal Anomaly By Anorectovaginoplasty And Urethroplasty, Combin	266.93	256.66	90	1				
46750		Sphincteroplasty, Anal, For Incontinence Or Prolapse; Adult	54.09	52.01	90	1				
46751		Sphincteroplasty, Anal, For Incontinence Or Prolapse; Child	42.32	40.70	90	1				
46760		Sphincteroplasty, Anal, For Incontinence, Adult; Muscle Transplant	77.34	74.36	90	1				
46761		Sphincteroplasty, Anal, For Incontinence, Adult; Levator Muscle Imbrication	66.15	63.60	90	1				
46762		Sphincteroplasty, Anal, For Incontinence, Adult; Implantation Artificial Sp	65.36	62.85	90	1				
46900		Destruction Of Lesion(S), Anus (Eg, Condyloma, Papilloma, Molluscum Contag	102.84	98.88	10	1				
46924		Destruction Of Lesion(S), Anus (Eg, Condyloma, Papilloma, Molluscum Contagi	224.12	215.50	10	1				
46930		Destruction Of Internal Hemorrhoid(S) By Thermal Energy (Eg, Infrared Coagulation, Cautery, Radiofrequency)	13.59	13.06	90					
47010		Hepatotomy; For Open Drainage Of Abscess Or Cyst, One Or Two Stages	84.22	80.98	90	1				
47011		Hepatotomy; For Percutaneous Drainage Of Abscess Or Cyst, One Or Two Stages	12.65	12.17	0	1				
47015		Laparotomy, With Aspiration And/Or Injection Of Hepatic Parasitic (Eg, Amoe	81.00	77.89	90	1				
47100		Biopsy Of Liver, Wedge	59.49	57.20	90	1				
47120		Hepatectomy, Resection Of Liver; Partial Lobectomy	163.14	156.86	90	1				
47122		Hepatectomy, Resection Of Liver; Trisegmentectomy	240.03	230.80	90	1				
47125		Hepatectomy, Resection Of Liver; Total Left Lobectomy	214.92	206.65	90	1				
47130		Hepatectomy, Resection Of Liver; Total Right Lobectomy	231.05	222.17	90	1				
47135		Liver Allotransplantation; Orthotopic, Partial Or Whole, From Cadaver Or Li	344.59	331.33	90	1				
47136		Liver Allotransplantation; Heterotopic, Partial Or Whole, From Cadaver Or L	289.99	278.84	90	1				
47300		Marsupialization Of Cyst Or Abscess Of Liver	79.92	76.85	90	1				
47350		Management Of Liver Hemorrhage; Simple Suture Of Liver Wound Or Injury	96.68	92.96	90	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
47360		Management Of Liver Hemorrhage; Complex Suture Of Liver Wound Or Injury, Wi	130.91	125.88	90	1				
47361		Management Of Liver Hemorrhage; Exploration Of Hepatic Wound, Extensive Deb	211.60	203.46	90	1				
47362		Management Of Liver Hemorrhage; Re-Exploration Of Hepatic Wound For Removal	101.79	97.87	90	1				
47370		Laparoscopy, Surgical, Ablation Of One Or More Liver Tumor(S); Radiofrequen	86.65	83.32	90	1				
47371		Laparoscopy, Surgical, Ablation Of One Or More Liver Tumor(S); Cryosurgical	88.52	85.11	90	1				
47379	R	Unlisted Laparoscopic Procedure, Liver			0	1				
47380		Ablation, Open, Of One Or More Liver Tumor(S); Radiofrequency	100.26	96.40	90	1				
47381		Ablation, Open, Of One Or More Liver Tumor(S); Cryosurgical	104.27	100.26	90	1				
47382		Ablation, One Or More Liver Tumor(S), Percutaneous, Radiofrequency	65.81	63.28	10	1				
47399	R	Unlisted Procedure, Liver			90	1				
47400		Hepaticotomy Or Hepaticostomy With Exploration, Drainage, Or Removal Of Cal	150.54	144.75	90	1				
47420		Choledochotomy Or Choledochostomy With Exploration, Drainage, Or Removal Of	94.51	90.87	90	1				
47425		Choledochotomy Or Choledochostomy With Exploration, Drainage, Or Removal Of	96.35	92.64	90	1				
47460		Transduodenal Sphincterotomy Or Sphincteroplasty, With Or Without Transduod	89.42	85.98	90	1				
47480		Cholecystotomy Or Cholecystostomy With Exploration, Drainage, Or Removal Of	61.26	58.90	90	1				
47550		Biliary Endoscopy, Intraoperative (Choledochoscopy) (List Separately In Add	11.63	11.18	0	1				
47562		Laparoscopy, Surgical; Cholecystectomy	52.95	50.91	90	1				
47563		Laparoscopy, Surgical; Cholecystectomy With Cholangiography	50.37	48.43	90	1				
47564		Laparoscopy, Surgical; Cholecystectomy With Exploration Of Common Duct	62.29	59.89	90	1				
47570		Laparoscopy, Surgical; Cholecystoenterostomy	54.62	52.52	90	1				
47579	R	Unlisted Laparoscopy Procedure, Biliary Tract			0	1				
47600		Cholecystectomy;	76.28	73.34	90	1				
47605		Cholecystectomy; With Cholangiography	69.23	66.57	90	1				
47610		Cholecystectomy With Exploration Of Common Duct;	88.37	84.97	90	1				
47612		Cholecystectomy With Exploration Of Common Duct; With Choledochenterostomy	89.26	85.82	90	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
47620		Cholecystectomy With Exploration Of Common Duct; With Transduodenal Sphinct	96.42	92.71	90	1				
47700		Exploration For Congenital Atresia Of Bile Ducts, Without Repair, With Or W	74.24	71.38	90	1				
47711		Excision Of Bile Duct Tumor, With Or Without Primary Repair Of Bile Duct; E	109.52	105.31	90	1				
47712		Excision Of Bile Duct Tumor, With Or Without Primary Repair Of Bile Duct; I	140.82	135.40	90	1				
47715		Excision Of Choledochal Cyst	93.79	90.18	90	1				
47720		Cholecystoenterostomy; Direct	81.12	78.00	90	1				
47721		Cholecystoenterostomy; With Gastroenterostomy	95.51	91.84	90	1				
47740		Cholecystoenterostomy; Roux-En-Y	92.30	88.75	90	1				
47741		Cholecystoenterostomy; Roux-En-Y With Gastroenterostomy	104.06	100.05	90	1				
47760		Anastomosis, Of Extrahepatic Biliary Ducts And Gastrointestinal Tract	158.27	152.18	90	1				
47765		Anastomosis, Of Intrahepatic Ducts And Gastrointestinal Tract	210.19	202.11	90	1				
47780		Anastomosis, Roux-En-Y, Of Extrahepatic Biliary Ducts And Gastrointestinal	173.22	166.55	90	1				
47785		Anastomosis, Roux-En-Y, Of Intrahepatic Biliary Ducts And Gastrointestinal	226.19	217.49	90	1				
47800		Reconstruction, Plastic, Of Extrahepatic Biliary Ducts With End-To-End Anas	111.31	107.03	90	1				
47801		Placement Of Choledochal Stent	71.02	68.29	90	1				
47802		U-Tube Hepaticoenterostomy	107.59	103.45	90	1				
47900		Suture Of Extrahepatic Biliary Duct For Pre-Existing Injury (Separate Proce	95.87	92.18	90	1				
47999	R	Unlisted Procedure, Biliary Tract			90	1				
48000		Placement Of Drains, Peripancreatic, For Acute Pancreatitis;	129.74	124.75	90	1				
48001		Placement Of Drains, Peripancreatic, For Acute Pancreatitis; With Cholecyst	162.61	156.36	90	1				
48020		Removal Of Pancreatic Calculus	83.03	79.83	90	1				
48100		Biopsy Of Pancreas, Open (Eg, Fine Needle Aspiration, Needle Core Biopsy, W	62.45	60.05	90	1				
48105		Resection Or Debridement Of Pancreas And Peripancreatic Tissue For Acute Ne	200.95	193.22	90	1				
48120		Excision Of Lesion Of Pancreas (Eg, Cyst, Adenoma)	77.51	74.53	90	1				
48140		Pancreatectomy, Distal Subtotal, With Or Without Splenectomy; Without Pancr	109.55	105.33	90	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
48145		Pancreatectomy, Distal Subtotal, With Or Without Splenectomy; With Pancreat	115.04	110.61	90	1				
48146		Pancreatectomy, Distal, Near-Total With Preservation Of Duodenum (Child-Typ	132.40	127.31	90	1				
48148		Excision Of Ampulla Of Vater	88.01	84.63	90	1				
48150		Pancreatectomy, Proximal Subtotal With Total Duodenectomy, Partial Gastrect	217.40	209.04	90	1				
48152		Pancreatectomy, Proximal Subtotal With Total Duodenectomy, Partial Gastrect	203.36	195.54	90	1				
48153		Pancreatectomy, Proximal Subtotal With Near-Total Duodenectomy, Choledochoe	217.11	208.76	90	1				
48154		Pancreatectomy, Proximal Subtotal With Near-Total Duodenectomy, Choledochoe	204.24	196.39	90	1				
48155		Pancreatectomy, Total	127.76	122.85	90	1				
48500		Marsupialization Of Pancreatic Cyst	80.83	77.72	90	1				
48510		External Drainage, Pseudocyst Of Pancreas; Open	76.17	73.24	90	1				
48511		External Drainage, Pseudocyst Of Pancreas; Percutaneous	16.27	15.65	0	1				
48520		Internal Anastomosis Of Pancreatic Cyst To Gastrointestinal Tract; Direct	77.18	74.21	90	1				
48540		Internal Anastomosis Of Pancreatic Cyst To Gastrointestinal Tract; Roux-En-	92.33	88.78	90	1				
48545		Pancreatorrhaphy For Injury	94.48	90.84	90	1				
48547		Duodenal Exclusion With Gastrojejunostomy For Pancreatic Injury	126.26	121.40	90	1				
48548		Pancreaticojejunostomy, Side-To-Side Anastomosis (Puestow-Type Operation)	117.09	112.59	90	1				
48554		Transplantation Of Pancreatic Allograft	178.46	171.60	0	1				
48556		Removal Of Transplanted Pancreatic Allograft	89.15	85.72	90	1				
48999	R	Unlisted Procedure, Pancreas			90	1				
49000		Exploratory Laparotomy, Exploratory Celiotomy With Or Without Biopsy(S) (Se	54.28	52.20	90	1				
49002		Reopening Of Recent Laparotomy	73.30	70.48	90	1				
49010		Exploration, Retroperitoneal Area With Or Without Biopsy(S) (Separate Proce	66.20	63.65	90	1				
49020		Drainage Of Peritoneal Abscess Or Localized Peritonitis, Exclusive Of Appen	111.96	107.65	90	1				
49040		Drainage Of Subdiaphragmatic Or Subphrenic Abscess; Open	70.71	67.99	90	1				
49041		Drainage Of Subdiaphragmatic Or Subphrenic Abscess; Percutaneous	16.27	15.65	0	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
49061		Drainage Of Retroperitoneal Abscess; Percutaneous	15.06	14.48	0	1				
49062		Drainage Of Extraperitoneal Lymphocele To Peritoneal Cavity, Open	52.28	50.27	90	1				
49215		Excision Of Presacral Or Sacrococcygeal Tumor	155.14	149.17	90	1				
49220		Staging Laparotomy For Hodgkins Disease Or Lymphoma (Includes Splenectomy,	68.46	65.83	90	1				
49255		Omentectomy, Epiploectomy, Resection Of Omentum (Separate Procedure)	55.84	53.69	90	1				
49320		Laparoscopy, Abdomen, Peritoneum, And Omentum, Diagnostic, With Or Without	23.11	22.22	10	1				
49321		Laparoscopy, Surgical; With Biopsy (Single Or Multiple)	24.47	23.53	10	1				
49322		Laparoscopy, Surgical, Abdomen, Peritoneum, And Omentum; With Aspiration Of	26.19	25.18	10	1				
49323		Laparoscopy, Surgical, Abdomen, Peritoneum, And Omentum; With Drainage Of L	45.64	43.89	90	1				
49324		Laparoscopy, Surgical; With Insertion Of Intraperitoneal Cannula Or Cathete	27.86	26.79	10	1				
49325		Laparoscopy, Surgical; With Revision Of Previously Placed Intraperitoneal C	29.74	28.60	10	1				
49326		Laparoscopy, Surgical; With Omentopexy (Omental Tacking Procedure) (List Se	13.32	12.81	0	1				
49329	R	Unlisted Laparoscopy Procedure, Abdomen, Peritoneum And Omentum			0	1				
49425		Insertion Of Peritoneal-Venous Shunt	53.07	51.03	90	1				
49435		Insertion Of Subcutaneous Extension To Intraperitoneal Cannula Or Catheter	8.50	8.17	0	1				
49436		Delayed Creation Of Exit Site From Embedded Subcutaneous Segment Of Intrape	13.11	12.60	10	1				
49491		Repair, Initial Inguinal Hernia, Preterm Infant (Less Than 37 Weeks Gestati	54.00	51.92	90	1				
49492		Repair, Initial Inguinal Hernia, Preterm Infant (Less Than 37 Weeks Gestati	67.39	64.80	90	1				
49495		Repair, Initial Inguinal Hernia, Full Term Infant Under Age 6 Months, Or Pr	28.09	27.01	90	1				
49496		Repair Initial Inguinal Hernia, Under Age 6 Months, With Or Without Hydroce	41.99	40.38	90	1				
49500		Repair Initial Inguinal Hernia, Age 6 Months To Under 5 Years, With Or With	28.15	27.07	90	1				
49501		Repair Initial Inguinal Hernia, Age 6 Months To Under 5 Years, With Or With	42.57	40.93	90	1				
49505		Repair Initial Inguinal Hernia, Age 5 Years Or Over; Reducible	36.69	35.28	90	1				
49507		Repair Initial Inguinal Hernia, Age 5 Years Or Over; Incarcerated Or Strang	41.27	39.69	90	1				
49520		Repair Recurrent Inguinal Hernia, Any Age; Reducible	44.54	42.83	90	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
49521		Repair Recurrent Inguinal Hernia, Any Age; Incarcerated Or Strangulated	50.42	48.48	90	1				
49525		Repair Inguinal Hernia, Sliding, Any Age	40.41	38.86	90	1				
49540		Repair Lumbar Hernia	47.34	45.52	90	1				
49550		Repair Initial Femoral Hernia, Any Age, Reducible;	40.61	39.04	90	1				
49553		Repair Initial Femoral Hernia, Any Age; Incarcerated Or Strangulated	44.57	42.85	90	1				
49555		Repair Recurrent Femoral Hernia; Reducible	42.25	40.63	90	1				
49557		Repair Recurrent Femoral Hernia; Incarcerated Or Strangulated	50.96	49.00	90	1				
49560		Repair Initial Incisional Or Ventral Hernia; Reducible	51.92	49.92	90	1				
49561		Repair Initial Incisional Hernia; Incarcerated Or Strangulated	65.50	62.98	90	1				
49565		Repair Recurrent Incisional Or Ventral Hernia; Reducible	54.16	52.08	90	1				
49566		Repair Recurrent Incisional Hernia; Incarcerated Or Strangulated	66.24	63.70	90	1				
49568		Implantation Of Mesh Or Other Prosthesis For Incisional Or Ventral Hernia R	18.81	18.09	0	1				
49570		Repair Epigastric Hernia (Eg, Preperitoneal Fat); Reducible (Separate Proce	29.09	27.98	90	1				
49572		Repair Epigastric Hernia (Eg, Preperitoneal Fat); Incarcerated Or Strangula	36.06	34.67	90	1				
49580		Repair Umbilical Hernia, Under Age 5 Years; Reducible	22.79	21.91	90	1				
49582		Repair Umbilical Hernia, Under Age 5 Years; Incarcerated Or Strangulated	33.71	32.41	90	1				
49585		Repair Umbilical Hernia, Age 5 Years Or Over; Reducible	31.27	30.07	90	1				
49587		Repair Umbilical Hernia, Age 5 Years Or Over; Incarcerated Or Strangulated	33.56	32.27	90	1				
49590		Repair Spigelian Hernia	40.32	38.77	90	1				
49600		Repair Of Small Omphalocele, With Primary Closure	51.44	49.46	90	1				
49605		Repair Of Large Omphalocele Or Gastroschisis; With Or Without Prosthesis	347.16	333.81	90	1				
49606		Repair Of Large Omphalocele Or Gastroschisis; With Removal Of Prosthesis, F	79.73	76.66	90	1				
49610		Repair Of Omphalocele (Gross Type Operation); First Stage	48.04	46.19	90	1				
49611		Repair Of Omphalocele (Gross Type Operation); Second Stage	37.81	36.36	90	1				
49650		Laparoscopy, Surgical; Repair Initial Inguinal Hernia	30.20	29.04	90	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
49651		Laparoscopy, Surgical; Repair Recurrent Inguinal Hernia	39.34	37.83	90	1				
49652		Laparoscopy, Surgical, Repair, Ventral, Umbilical, Spigelian Or Epigastric Hernia (Includes Mesh Insertion, When Performed); Reducible	48.44	46.57	90	1				
49653		Laparoscopy, Surgical, Repair, Ventral, Umbilical, Spigelian Or Epigastric Hernia (Includes Mesh Insertion, When Performed); Incarcerated Or Strangulated	60.51	58.19	90	1				
49654		Laparoscopy, Surgical, Repair, Incisional Hernia (Includes Mesh Insertion, When Performed); Reducible	54.98	52.86	90	1				
49655		Laparoscopy, Surgical, Repair, Incisional Hernia (Includes Mesh Insertion, When Performed); Incarcerated Or Strangulated	67.20	64.61	90	1				
49656		Laparoscopy, Surgical, Repair, Recurrent Incisional Hernia (Includes Mesh Insertion, When Performed); Reducible	59.70	57.41	90	1				
49657		Laparoscopy, Surgical, Repair, Recurrent Incisional Hernia (Includes Mesh Insertion, When Performed); Incarcerated Or Strangulated	85.72	82.43	90	1				
49659	R	Unlisted Laparoscopy Procedure, Hernioplasty, Herniorrhaphy, Herniotomy			0	1				
49900		Suture, Secondary, Of Abdominal Wall For Evisceration Or Dehiscence	57.48	55.27	90	1				Y
49904		Omental Flap, Extra-Abdominal (Eg, For Reconstruction Of Sternal And Chest	102.60	98.65	90	1				
49905		Omental Flap, Intra-Abdominal (List Separately In Addition To Code For Prim	24.78	23.83	0	1				
49999	R	Unlisted Procedure, Abdomen, Peritoneum And Omentum			90	1				
50010		Renal Exploration, Not Necessitating Other Specific Procedures	51.30	49.33	90	1				
50021		Drainage Of Perirenal Or Renal Abscess; Percutaneous	13.77	13.24	0	1				
50045		Nephrotomy, With Exploration	64.38	61.90	90	1				
50060		Nephrolithotomy; Removal Of Calculus	78.96	75.93	90	1				
50065		Nephrolithotomy; Secondary Surgical Operation For Calculus	84.45	81.20	90	1				
50070		Nephrolithotomy; Complicated By Congenital Kidney Abnormality	84.77	81.51	90	1				
50075		Nephrolithotomy; Removal Of Large Staghorn Calculus Filling Renal Pelvis An	101.38	97.48	90	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
50081		Percutaneous Nephrostolithotomy Or Pyelostolithotomy, With Or Without Dilat	88.63	85.22	90	1				
50100		Transection Or Repositioning Of Aberrant Renal Vessels (Separate Procedure)	63.42	60.98	90	1				
50120		Pyelotomy; With Exploration	65.57	63.05	90	1				
50125		Pyelotomy; With Drainage, Pyelostomy	72.43	69.64	90	1				
50130		Pyelotomy; With Removal Of Calculus (Pyelolithotomy, Pelviolithotomy, Inclu	71.65	68.89	90	1				
50135		Pyelotomy; Complicated (Eg, Secondary Operation, Congenital Kidney Abnormal	77.51	74.53	90	1				
50205		Renal Biopsy; By Surgical Exposure Of Kidney	52.95	50.91	90	1				
50220		Nephrectomy, Including Partial Ureterectomy, Any Open Approach Including Ri	72.50	69.71	90	1				
50225		Nephrectomy, Including Partial Ureterectomy, Any Approach Including Rib Res	82.93	79.74	90	1				
50230		Nephrectomy, Including Partial Ureterectomy, Any Approach Including Rib Res	88.64	85.23	90	1				
50234		Nephrectomy With Total Ureterectomy And Bladder Cuff; Through Same Incision	89.97	86.51	90	1				
50236		Nephrectomy With Total Ureterectomy And Bladder Cuff; Through Separate Inci	101.55	97.64	90	1				
50240		Nephrectomy, Partial	91.55	88.03	90	1				
50250		Ablation, Open, One Or More Renal Mass Lesion(S), Cryosurgical, Including I	84.31	81.07	90	1				
50280		Excision Or Unroofing Of Cyst(S) Of Kidney	66.22	63.67	90	1				
50290		Excision Of Perinephric Cyst	62.07	59.68	90	1				
50340		Recipient Nephrectomy (Separate Procedure)	66.56	64.00	90	1				
50360		Renal Allotransplantation, Implantation Of Graft; Without Recipient Nephrec	181.07	174.10	90	1				
50365		Renal Allotransplantation, Implantation Of Graft; With Recipient Nephrectom	202.64	194.85	90	1				
50370		Removal Of Transplanted Renal Allograft	84.31	81.07	90	1				
50380		Renal Autotransplantation, Reimplantation Of Kidney	141.29	135.86	90	1				
50400		Pyeloplasty (Foley Y-Pyeloplasty), Plastic Operation On Renal Pelvis, With	80.11	77.03	90	1				
50405		Pyeloplasty (Foley Y-Pyeloplasty), Plastic Operation On Renal Pelvis, With	97.00	93.27	90	1				
50500		Nephrorrhaphy, Suture Of Kidney Wound Or Injury	89.78	86.33	90	1				
50520		Closure Of Nephrocutaneous Or Pyelocutaneous Fistula	71.59	68.84	90	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
50525		Closure Of Nephrovisceral Fistula (Eg, Renocolic), Including Visceral Repai	97.92	94.15	90	1				
50526		Closure Of Nephrovisceral Fistula (Eg, Renocolic), Including Visceral Repai	99.54	95.72	90	1				
50540		Symphysiotomy For Horseshoe Kidney With Or Without Pyeloplasty And/Or Other	79.28	76.23	90	1				
50541		Laparoscopy, Surgical; Ablation Of Renal Cysts	63.62	61.17	90	1				
50542		Laparoscopy, Surgical; Ablation Of Renal Mass Lesion(S)	80.72	77.62	90	1				
50543		Laparoscopy, Surgical; Partial Nephrectomy	103.05	99.09	90	1				
50544		Laparoscopy, Surgical; Pyeloplasty	86.61	83.28	90	1				
50545		Laparoscopy, Surgical; Radical Nephrectomy (Includes Removal Of Gerota±S Fa	92.99	89.41	90	1				
50546		Laparoscopy, Surgical; Nephrectomy, Including Partial Ureterectomy	83.19	79.99	90	1				
50548		Laparoscopy, Surgical; Nephrectomy With Total Ureterectomy	93.72	90.11	90	1				
50562		Renal Endoscopy Through Established Nephrostomy Or Pyelostomy, With Or With	40.62	39.06	90	1				
50592		Ablation, One Or More Renal Tumor(S), Percutaneous, Unilateral, Radiofreque	29.33	28.20	10	1				
50600		Ureterotomy With Exploration Or Drainage (Separate Procedure)	64.88	62.39	90	1				
50605		Ureterotomy For Insertion Of Indwelling Stent, All Types	68.27	65.65	90	1				
50610		Ureterolithotomy; Upper One-Third Of Ureter	65.90	63.37	90	1				
50620		Ureterolithotomy; Middle One-Third Of Ureter	62.60	60.19	90	1				
50630		Ureterolithotomy; Lower One-Third Of Ureter	61.71	59.33	90	1				
50650		Ureterectomy, With Bladder Cuff (Separate Procedure)	71.64	68.88	90	1				
50660		Ureterectomy, Total, Ectopic Ureter, Combination Abdominal, Vaginal And/Or	79.01	75.98	90	1				
50700		Ureteroplasty, Plastic Operation On Ureter (Eg, Stricture)	64.00	61.54	90	1				
50715		Ureterolysis, With Or Without Repositioning Of Ureter For Retroperitoneal F	83.62	80.41	90	1				
50722		Ureterolysis For Ovarian Vein Syndrome	74.67	71.80	90	1				
50725		Ureterolysis For Retrocaval Ureter, With Reanastomosis Of Upper Urinary Tra	76.15	73.22	90	1				
50727		Revision Of Urinary-Cutaneous Anastomosis (Any Type Urostomy);	35.11	33.76	90	1				
50728		Revision Of Urinary-Cutaneous Anastomosis (Any Type Urostomy); With Repair	48.24	46.39	90	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
50740		Ureteropyelostomy, Anastomosis Of Ureter And Renal Pelvis	86.13	82.82	90	1				
50750		Ureterocalycostomy, Anastomosis Of Ureter To Renal Calyx	80.26	77.17	90	1				
50760		Ureteroureterostomy	78.54	75.52	90	1				
50770		Transureteroureterostomy, Anastomosis Of Ureter To Contralateral Ureter	79.68	76.62	90	1				
50780		Ureteroneocystostomy; Anastomosis Of Single Ureter To Bladder	76.79	73.84	90	1				
50782		Ureteroneocystostomy; Anastomosis Of Duplicated Ureter To Bladder	79.75	76.69	90	1				
50783		Ureteroneocystostomy; With Extensive Ureteral Tailoring	77.89	74.90	90	1				
50785		Ureteroneocystostomy; With Vesico-Psoas Hitch Or Bladder Flap	83.74	80.52	90	1				
50800		Ureteroenterostomy, Direct Anastomosis Of Ureter To Intestine	64.09	61.63	90	1				
50810		Ureterosigmoidostomy, With Creation Of Sigmoid Bladder And Establishment Of	98.45	94.66	90	1				
50815		Ureterocolon Conduit, Including Intestine Anastomosis	84.48	81.23	90	1				
50820		Ureteroileal Conduit (Ileal Bladder), Including Intestine Anastomosis (Bric	91.38	87.87	90	1				
50825		Continent Diversion, Including Intestine Anastomosis Using Any Segment Of S	114.89	110.47	90	1				
50830		Urinary Undiversion (Eg, Taking Down Of Ureteroileal Conduit, Ureterosigmoi	124.61	119.82	90	1				
50840		Replacement Of All Or Part Of Ureter By Intestine Segment, Including Intest	85.09	81.81	90	1				
50845		Cutaneous Appendico-Vesicostomy	86.39	83.07	90	1				
50860		Ureterostomy, Transplantation Of Ureter To Skin	65.39	62.87	90	1				
50900		Ureterorrhaphy, Suture Of Ureter (Separate Procedure)	58.84	56.58	90	1				
50920		Closure Of Ureterocutaneous Fistula	60.90	58.55	90	1				
50930		Closure Of Ureterovisceral Fistula (Including Visceral Repair)	86.56	83.23	90	1				
50940		Deligation Of Ureter	61.33	58.97	90	1				
50945		Laparoscopy, Surgical, Ureterolithotomy	67.57	64.97	0	1				
50947		Laparoscopy, Surgical; Ureteroneocystostomy With Cystoscopy And Ureteral St	95.80	92.12	90	1				
50948		Laparoscopy, Surgical; Ureteroneocystostomy Without Cystoscopy And Ureteral	89.19	85.76	90	1				
50949	R	Unlisted Laparoscopy Procedure, Ureter			90	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
51020		Cystotomy Or Cystostomy; With Fulguration And/Or Insertion Of Radioactive M	32.47	31.22	90	1				
51040		Cystostomy, Cystotomy With Drainage	20.03	19.26	90	1				
51045		Cystotomy, With Insertion Of Ureteral Catheter Or Stent (Separate Procedure	34.18	32.87	90	1				
51050		Cystolithotomy, Cystotomy With Removal Of Calculus, Without Vesical Neck Re	32.65	31.39	90	1				
51060		Transvesical Ureterolithotomy	40.18	38.63	90	1				
51080		Drainage Of Perivesical Or Prevesical Space Abscess	28.22	27.13	90	1				
51500		Excision Of Urachal Cyst Or Sinus, With Or Without Umbilical Hernia Repair	47.70	45.86	90	1				
51520		Cystotomy; For Simple Excision Of Vesical Neck (Separate Procedure)	41.04	39.46	90	1				
51525		Cystotomy; For Excision Of Bladder Diverticulum, Single Or Multiple (Separa	59.51	57.22	90	1				
51530		Cystotomy; For Excision Of Bladder Tumor	54.64	52.54	90	1				
51535		Cystotomy For Excision, Incision, Or Repair Of Ureterocele	53.81	51.74	90	1				
51550		Cystectomy, Partial; Simple	67.22	64.64	90	1				
51555		Cystectomy, Partial; Complicated (Eg, Postradiation, Previous Surgery, Diff	88.16	84.77	90	1				
51565		Cystectomy, Partial, With Reimplantation Of Ureter(S) Into Bladder (Uretero	89.85	86.40	90	1				
51570		Cystectomy, Complete; (Separate Procedure)	102.36	98.42	90	1				
51575		Cystectomy, Complete; With Bilateral Pelvic Lymphadenectomy, Including Exte	126.10	121.25	90	1				
51580		Cystectomy, Complete, With Ureterosigmoidostomy Or Ureterocutaneous Transpl	131.66	126.60	90	1				
51585		Cystectomy, Complete, With Ureterosigmoidostomy Or Ureterocutaneous Transpl	146.63	140.99	90	1				
51590		Cystectomy, Complete, With Ureteroileal Conduit Or Sigmoid Bladder, Includi	133.75	128.61	90	1				
51595		Cystectomy, Complete, With Ureteroileal Conduit Or Sigmoid Bladder, Includi	151.60	145.77	90	1				
51596		Cystectomy, Complete, With Continent Diversion, Any Open Technique, Using A	163.09	156.82	90	1				
51597		Pelvic Exenteration, Complete, For Vesical, Prostatic Or Urethral Malignanc	159.03	152.92	90	1				
51701		Insertion Of Non-Indwelling Bladder Catheter (Eg, Straight Catheterization	23.57	22.66	0	1				
51702		Insertion Of Temporary Indwelling Bladder Catheter; Simple (Eg, Foley)	30.28	29.12	0	1				
51800		Cystoplasty Or Cystourethroplasty, Plastic Operation On Bladder And/Or Vesi	72.31	69.53	90	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
51820		Cystourethroplasty With Unilateral Or Bilateral Ureteroneocystostomy	74.84	71.96	90	1				
51840		Anterior Vesicourethropexy, Or Urethropexy (Eg, Marshall-Marchetti-Krantz,	46.55	44.76	90	1				
51841		Anterior Vesicourethropexy, Or Urethropexy (Marshall-Marchetti-Krantz Type)	55.33	53.21	90	1				
51845		Abdomino-Vaginal Vesical Neck Suspension, With Or Without Endoscopic Contro	41.06	39.48	90	1				
51860		Cystorrhaphy, Suture Of Bladder Wound, Injury Or Rupture; Simple	52.47	50.45	90	1				
51865		Cystorrhaphy, Suture Of Bladder Wound, Injury Or Rupture; Complicated	62.38	59.98	90	1				
51880		Closure Of Cystostomy (Separate Procedure)	32.70	31.45	90	1				
51900		Closure Of Vesicovaginal Fistula, Abdominal Approach	57.74	55.52	90	1				
51920		Closure Of Vesicouterine Fistula;	52.68	50.66	90	1	Y			
51925		Closure Of Vesicouterine Fistula; With Hysterectomy	74.82	71.95	90	1				
51940		Closure, Exstrophy Of Bladder	113.46	109.10	90	1				
51960		Enterocystoplasty, Including Intestinal Anastomosis	96.30	92.59	90	1				
51980		Cutaneous Vesicostomy	49.25	47.35	90	1				
51990		Laparoscopy, Surgical; Urethral Suspension For Stress Incontinence	53.31	51.26	90	1				
51992		Laparoscopy, Surgical; Sling Operation For Stress Incontinence (Eg, Fascia	60.59	58.26	90	1				
53085		Drainage Of Perineal Urinary Extravasation; Complicated	45.71	43.96	90	1				
53210		Urethrectomy, Total, Including Cystostomy; Female	53.64	51.58	90	1				
53215		Urethrectomy, Total, Including Cystostomy; Male	64.45	61.97	90	1				
53230		Excision Of Urethral Diverticulum (Separate Procedure); Female	42.35	40.72	90	1				
53235		Excision Of Urethral Diverticulum (Separate Procedure); Male	44.07	42.37	90	1				
53400		Urethroplasty; First Stage, For Fistula, Diverticulum, Or Stricture (Eg, Jo	55.67	53.53	90	1				
53405		Urethroplasty; Second Stage (Formation Of Urethra), Including Urinary Diver	60.93	58.59	90	1				
53410		Urethroplasty, One-Stage Reconstruction Of Male Anterior Urethra	67.80	65.19	90	1				
53415		Urethroplasty, Transpubic Or Perineal, One Stage, For Reconstruction Or Rep	78.57	75.54	90	1				
53425		Urethroplasty, Two-Stage Reconstruction Or Repair Of Prostatic Or Membranou	65.20	62.69	90	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
53430		Urethroplasty, Reconstruction Of Female Urethra	67.34	64.75	90	1				
53431		Urethroplasty With Tubularization Of Posterior Urethra And/Or Lower Bladder	79.85	76.78	90	1				
53440		Sling Operation For Correction Of Male Urinary Incontinence (Eg, Fascia Or	60.98	58.63	90	1				
53442		Removal Or Revision Of Sling For Male Urinary Incontinence (Eg, Fascia Or S	54.07	51.99	90	1				
53444		Insertion Of Tandem Cuff (Dual Cuff)	55.07	52.95	90	1				
53445		Insertion Of Inflatable Urethral/Bladder Neck Sphincter, Including Placemen	60.58	58.25	90	1				
53446		Removal Of Inflatable Urethral/Bladder Neck Sphincter, Including Pump, Rese	44.42	42.71	90	1				
53447		Removal And Replacement Of Inflatable Urethral/Bladder Neck Sphincter Inclu	56.05	53.90	90	1				
53448		Removal And Replacement Of Inflatable Urethral/Bladder Neck Sphincter Inclu	88.67	85.26	90	1				
53500		Urethrolisis, Transvaginal, Secondary, Open, Including Cystourethroscopy (E	326.89	314.32	90	1				
53505		Urethrorrhaphy, Suture Of Urethral Wound Or Injury; Penile	33.65	32.36	90	1				
53510		Urethrorrhaphy, Suture Of Urethral Wound Or Injury; Perineal	43.59	41.91	90	1				
53515		Urethrorrhaphy, Suture Of Urethral Wound Or Injury; Prostatomembranous	55.00	52.88	90	1				
54110		Excision Of Penile Plaque (Peyronie Disease);	43.11	41.45	90	1				
54111		Excision Of Penile Plaque (Peyronie Disease); With Graft To 5 Cm In Length	55.63	53.49	90	1				
54112		Excision Of Penile Plaque (Peyronie Disease); With Graft Greater Than 5 Cm	65.20	62.69	90	1				
54115		Removal Foreign Body From Deep Penile Tissue (Eg, Plastic Implant)	31.10	29.91	90	1				
54120		Amputation Of Penis; Partial	43.68	42.00	90	1				
54125		Amputation Of Penis; Complete	56.22	54.06	90	1				
54130		Amputation Of Penis, Radical; With Bilateral Inguinofemoral Lymphadenectomy	83.16	79.96	90	1				
54135		Amputation Of Penis, Radical; In Continuity With Bilateral Pelvic Lymphaden	108.09	103.93	90	1				
54150		Circumcision, Using Clamp Or Other Device With Regional Dorsal Penile Or Ri	67.73	65.13	0	1				
54205		Injection Procedure For Peyronie Disease; With Surgical Exposure Of Plaque	36.84	35.43	90	1				
54300		Plastic Operation Of Penis For Straightening Of Chordee (Eg, Hypospadias),	44.51	42.80	90	1				
54304		Plastic Operation On Penis For Correction Of Chordee Or For First Stage Hyp	52.16	50.15	90	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
54308		Urethroplasty For Second Stage Hypospadias Repair (Including Urinary Divers	51.23	49.26	90	1				
54312		Urethroplasty For Second Stage Hypospadias Repair (Including Urinary Divers	57.53	55.32	90	1				
54316		Urethroplasty For Second Stage Hypospadias Repair (Including Urinary Divers	71.40	68.65	90	1				
54318		Urethroplasty For Third Stage Hypospadias Repair To Release Penis From Scro	48.32	46.46	90	1				
54322		One Stage Distal Hypospadias Repair (With Or Without Chordee Or Circumcisio	54.29	52.20	90	1				
54324		One Stage Distal Hypospadias Repair (With Or Without Chordee Or Circumcisio	67.36	64.77	90	1				
54326		One Stage Distal Hypospadias Repair (With Or Without Chordee Or Circumcisio	65.36	62.85	90	1				
54328		One Stage Distal Hypospadias Repair (With Or Without Chordee Or Circumcisio	64.91	62.41	90	1				
54332		One Stage Proximal Penile Or Penoscrotal Hypospadias Repair Requiring Exten	70.57	67.85	90	1				
54336		One Stage Perineal Hypospadias Repair Requiring Extensive Dissection To Cor	82.21	79.05	90	1				
54340		Repair Of Hypospadias Complications (Ie, Fistula, Stricture, Diverticula);	39.34	37.83	90	1				
54344		Repair Of Hypospadias Complications (Ie, Fistula, Stricture, Diverticula);	66.91	64.34	90	1				
54348		Repair Of Hypospadias Complications (Ie, Fistula, Stricture, Diverticula);	70.62	67.90	90	1				
54352		Repair Of Hypospadias Cripple Requiring Extensive Dissection And Excision O	99.88	96.04	90	1				
54360		Plastic Operation On Penis To Correct Angulation	50.05	48.12	90	1				
54380		Plastic Operation On Penis For Epispadias Distal To External Sphincter;	63.07	60.64	90	1				
54385		Plastic Operation On Penis For Epispadias Distal To External Sphincter; Wit	68.42	65.78	90	1				
54390		Plastic Operation On Penis For Epispadias Distal To External Sphincter; Wit	88.73	85.32	90	1				
54406		Removal Of All Components Of A Multi-Component, Inflatable Penile Prosthesi	50.68	48.73	90	1				
54415		Removal Of Non-Inflatable (Semi-Rigid) Or Inflatable (Self-Contained) Penil	36.52	35.12	90	1				
54420		Corpora Cavernosa-Saphenous Vein Shunt (Priapism Operation), Unilateral Or	48.97	47.09	90	1				
54430		Corpora Cavernosa-Corpus Spongiosum Shunt (Priapism Operation), Unilateral	44.44	42.73	90	1				
54440		Plastic Operation Of Penis For Injury	18.41	17.70	90	1				
54512		Excision Of Extraparenchymal Lesion Of Testis	37.41	35.97	90	1				
54522		Orchiectomy, Partial	40.80	39.23	90	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
54530		Orchiectomy, Radical, For Tumor; Inguinal Approach	35.04	33.69	90	1				
54535		Orchiectomy, Radical, For Tumor; With Abdominal Exploration	51.42	49.44	90	1				
54550		Exploration For Undescended Testis (Inguinal Or Scrotal Area)	34.02	32.71	90	1				
54560		Exploration For Undescended Testis With Abdominal Exploration	51.20	49.24	90	1				
54650		Orchiopexy, Abdominal Approach, For Intra-Abdominal Testis (Eg, Fowler-Step	49.20	47.31	90	1				
54680		Transplantation Of Testis(Es) To Thigh (Because Of Scrotal Destruction)	54.38	52.29	90	1				
54690		Laparoscopy, Surgical; Orchiectomy	52.06	50.06	90	1				
55150		Resection Of Scrotum	34.06	32.75	90	1				
55520		Excision Of Lesion Of Spermatic Cord (Separate Procedure)	31.99	30.76	90	1				
55535		Excision Of Varicocele Or Ligation Of Spermatic Veins For Varicocele; Abdom	29.72	28.58	90	1				
55540		Excision Of Varicocele Or Ligation Of Spermatic Veins For Varicocele; With	37.98	36.52	90	1				
55550		Laparoscopy, Surgical, With Ligation Of Spermatic Veins For Varicocele	29.58	28.44	90	1				
55559	R	Unlisted Laparoscopy Procedure, Spermatic Cord			0	1				
55650		Vesiculectomy, Any Approach	49.60	47.70	90	1				
55720		Prostatotomy, External Drainage Of Prostatic Abscess, Any Approach; Simple	32.06	30.83	90	1				
55725		Prostatotomy, External Drainage Of Prostatic Abscess, Any Approach; Complic	41.01	39.43	90	1				
55801		Prostatectomy, Perineal, Subtotal (Including Control Of Postoperative Bleed	75.58	72.67	90	1				
55810		Prostatectomy, Perineal Radical;	91.14	87.64	90	1				
55812		Prostatectomy, Perineal Radical; With Lymph Node Biopsy(S) (Limited Pelvic	111.63	107.34	90	1				
55815		Prostatectomy, Perineal Radical; With Bilateral Pelvic Lymphadenectomy, Inc	122.40	117.69	90	1				
55821		Prostatectomy (Including Control Of Postoperative Bleeding, Vasectomy, Meat	60.55	58.23	90	1				
55831		Prostatectomy (Including Control Of Postoperative Bleeding, Vasectomy, Meat	65.57	63.05	90	1				
55840		Prostatectomy, Retropubic Radical, With Or Without Nerve Sparing;	92.71	89.14	90	1				
55842		Prostatectomy, Retropubic Radical, With Or Without Nerve Sparing; With Lymph	99.37	95.55	90	1				
55845		Prostatectomy, Retropubic Radical, With Or Without Nerve Sparing; With Bila	113.58	109.21	90	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
55862		Exposure Of Prostate, Any Approach, For Insertion Of Radioactive Substance;	76.74	73.79	90	1				
55865		Exposure Of Prostate, Any Approach, For Insertion Of Radioactive Substance;	92.90	89.32	90	1				
55866		Laparoscopy, Surgical Prostatectomy, Retropubic Radical, Including Nerve Sp	120.76	116.11	90	1				
56501		Destruction Of Lesion(S), Vulva; Simple (Eg, Laser Surgery, Electrosurgery,	58.19	55.95	10	1				
56515		Destruction Of Lesion(S), Vulva; Extensive (Eg, Laser Surgery, Electrosurge	99.82	95.98	10	1				
56620		Vulvectomy Simple; Partial	36.19	34.80	90	1				
56625		Vulvectomy Simple; Complete	43.33	41.66	90	1				
56630		Vulvectomy, Radical, Partial;	63.93	61.47	90	1				
56631		Vulvectomy, Radical, Partial; With Unilateral Inguinofemoral Lymphadenectom	81.09	77.97	90	1				
56632		Vulvectomy, Radical, Partial; With Bilateral Inguinofemoral Lymphadenectomy	94.39	90.76	90	1				
56633		Vulvectomy, Radical, Complete;	83.10	79.90	90	1				
56634		Vulvectomy, Radical, Complete; With Unilateral Inguinofemoral Lymphadenecto	88.28	84.88	90	1				
56637		Vulvectomy, Radical, Complete; With Bilateral Inguinofemoral Lymphadenectom	103.27	99.30	90	1				
56640		Vulvectomy, Radical, Complete, With Inguinofemoral, Iliac, And Pelvic Lymph	103.22	99.25	90	1				
56700		Partial Hymenectomy Or Revision Of Hymenal Ring	13.42	12.90	10	1				
56800	R	Plastic Repair Of Introitus	17.16	16.50	10	1				
56805		Clitoroplasty For Intersex State	82.33	79.17	90	1				
56810		Perineoplasty, Repair Of Perineum, Non-Obstetrical (Separate Procedure)	18.55	17.83	10	1				
57061		Destruction Of Vaginal Lesion(S); Simple (Eg, Laser Surgery, Electrosurgery	50.43	48.49	10	1				
57065		Destruction Of Vaginal Lesion(S); Extensive (Eg, Laser Surgery, Electrosurg	85.49	82.20	10	1				
57106		Vaginectomy, Partial Removal Of Vaginal Wall;	34.52	33.19	90	1				
57107		Vaginectomy, Partial Removal Of Vaginal Wall; With Removal Of Paravaginal T	100.76	96.89	90	1				
57109		Vaginectomy, Partial Removal Of Vaginal Wall; With Removal Of Paravaginal T	115.32	110.89	90	1				
57110		Vaginectomy, Complete Removal Of Vaginal Wall;	64.33	61.86	90	1				
57111		Vaginectomy, Complete Removal Of Vaginal Wall; With Removal Of Paravaginal	115.32	110.89	90	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
57112		Vaginectomy, Complete Removal Of Vaginal Wall; With Removal Of Paravaginal	116.95	112.45	90	1				
57120		Colpocleisis (Le Fort Type)	36.52	35.12	90	1				
57130		Excision Of Vaginal Septum	12.65	12.17	10	1				
57150		Irrigation Of Vagina And /Or Application Of Medicament For Treatment Of	19.99	19.22	0	1				
57160		Fitting And Insertion Of Pessary Or Other Intravaginal Support Device	33.87	32.57	0	1				
57170		Diaphragm Or Cervical Cap Fitting With Instructions	27.01	25.97	0	1				
57200		Colporrhaphy, Suture Of Injury Of Vagina (Nonobstetrical)	21.27	20.45	90	1				
57210		Colpoperineorrhaphy, Suture Of Injury Of Vagina And/Or Perineum (Nonobstetr	26.12	25.11	90	1				
57220		Plastic Operation On Urethral Sphincter, Vaginal Approach (Eg, Kelly Urethr	22.80	21.92	90	1				
57230		Plastic Repair Of Urethrocele	28.34	27.25	90	1				
57240		Anterior Colporrhaphy, Repair Of Cystocele With Or Without Repair Of Urethr	47.41	45.59	90	1				
57250		Posterior Colporrhaphy, Repair Of Rectocele With Or Without Perineorrhaphy	48.39	46.53	90	1				
57260		Combined Anteroposterior Colporrhaphy;	59.58	57.29	90	1				
57265		Combined Anteroposterior Colporrhaphy; With Enterocele Repair	65.24	62.73	90	1				
57267		Insertion Of Mesh Or Other Prosthesis For Repair Of Pelvic Floor Defect, Ea	18.26	17.56	90	1				
57268		Repair Of Enterocele, Vaginal Approach (Separate Procedure)	34.47	33.14	90	1				
57270		Repair Of Enterocele, Abdominal Approach (Separate Procedure)	57.15	54.95	90	1				
57280		Colpopexy, Abdominal Approach	67.99	65.37	90	1				
57282		Colpopexy, Vaginal; Extra-Peritoneal Approach (Sacrospinous, Iliococcygeus)	35.64	34.27	90	1				
57283		Colpopexy, Vaginal; Intra-Peritoneal Approach (Uterosacral, Levator Myorrha	49.34	47.44	90	1				
57284		Paravaginal Defect Repair (Including Repair Of Cystocele, Stress Urinary In	58.01	55.78	90	1				
57285		Paravaginal Defect Repair (Including Repair Of Cystocele, If Performed); Va	47.98	46.14	90	1				
57287		Removal Or Revision Of Sling For Stress Incontinence (Eg, Fascia Or Synthet	47.84	46.00	90	1				
57288		Sling Operation For Stress Incontinence (Eg, Fascia Or Synthetic)	52.10	50.10	90	1				
57289		Pereyra Procedure, Including Anterior Colporrhaphy	50.34	48.41	90	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
57291	R	Construction Of Artificial Vagina; Without Graft	40.82	39.25	90	1				
57292	R	Construction Of Artificial Vagina; With Graft	58.63	56.37	90	1				
57295		Revision (Including Removal) Of Prosthetic Vaginal Graft, Vaginal Approach	34.02	32.71	90	1				
57296		Revision (Including Removal) Of Prosthetic Vaginal Graft; Open Abdominal Ap	68.20	65.58	90	1				
57300		Closure Of Rectovaginal Fistula; Vaginal Or Transanal Approach	39.75	38.22	90	1				
57305		Closure Of Rectovaginal Fistula; Abdominal Approach	66.00	63.47	90	1				
57307		Closure Of Rectovaginal Fistula; Abdominal Approach, With Concomitant Colos	75.24	72.35	90	1				
57308		Closure Of Rectovaginal Fistula; Transperineal Approach, With Perineal Body	45.95	44.19	90	1				
57310		Closure Of Urethrovaginal Fistula;	31.77	30.55	90	1				
57311		Closure Of Urethrovaginal Fistula; With Bulbocavernosus Transplant	36.16	34.77	90	1				
57320		Closure Of Vesicovaginal Fistula; Vaginal Approach	37.14	35.72	90	1				
57330		Closure Of Vesicovaginal Fistula; Transvesical And Vaginal Approach	51.04	49.07	90	1				
57335		Vaginoplasty For Intersex State	79.54	76.48	90	1				
57415		Removal Of Impacted Vaginal Foreign Body (Separate Procedure) Under Anesthe	71.02	68.29	10	1				
57423		Paravaginal Defect Repair (Including Repair Of Cystocele, If Performed), La	65.74	63.21	90	1				
57425		Laparoscopy, Surgical, Colpopexy (Suspension Of Vaginal Apex)	69.32	66.66	90	1				
57452		Colposcopy Of The Cervix Including Upper/Adjacent Vagina;	48.19	46.34	0	1				
57454		Colposcopy Of The Cervix Including Upper/Adjacent Vagina; With Biopsy(S) Of	68.33	65.70	0	1				
57510		Cautery Of Cervix; Electro Or Thermal	58.34	56.10	10	1				
57511		Cauterization Of Cervix; Cryocautery, Initial Or Repeat	64.75	62.26	10	1				
57513		Cauterization Of Cervix; Laser Ablation	64.16	61.69	10	1				
57522		Conization Of Cervix, With Or Without Fulguration, With Or Without Dilation	117.27	112.76	90	1				
57530		Trachelectomy (Cervicectomy), Amputation Of Cervix (Separate Procedure)	24.64	23.69	90	1				
57531		Radical Trachelectomy, With Bilateral Total Pelvic Lymphadenectomy And Para	124.68	119.88	90	1				
57540		Excision Of Cervical Stump, Abdominal Approach;	55.91	53.76	90	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
57545		Excision Of Cervical Stump, Abdominal Approach; With Pelvic Floor Repair	58.99	56.72	90	1				
57550		Excision Of Cervical Stump, Vaginal Approach;	29.24	28.12	90	1				
57555		Excision Of Cervical Stump, Vaginal Approach; With Anterior And/Or Posterio	43.09	41.43	90	1				
57556		Excision Of Cervical Stump, Vaginal Approach; With Repair Of Enterocele	40.27	38.72	90	1				
57720		Trachelorrhaphy, Plastic Repair Of Uterine Cervix, Vaginal Approach	21.99	21.14	90	1				
58100		Endometrial Sampling(Biopsy) With Or Without Endocervical Sampling (Biopsy	48.64	46.77	0	1				
58140		Myomectomy, Excision Of Fibroid Tumor(S) Of Uterus, 1 To 4 Intramural Myoma	65.98	63.44	90	1				
58145		Myomectomy, Excision Of Fibroid Tumor Of Uterus, Single Or Multiple (Separa	39.01	37.51	90	1	Y			
58150		Total Abdominal Hysterectomy (Corpus And Cervix), With Or Without Removal O	71.59	68.84	90	1	Y			
58152		Total Abdominal Hysterectomy (Corpus And Cervix), With Or Without Removal O	89.49	86.05	90	1	Y			
58180		Supracervical Abdominal Hysterectomy (Subtotal Hysterectomy), With Or Witho	68.68	66.04	90	1	Y			
58200		Total Abdominal Hysterectomy, Including Partial Vaginectomy, With Para-Aort	94.56	90.92	90	1	Y			
58210		Radical Abdominal Hysterectomy, With Bilateral Total Pelvic Lymphadenectomy	126.80	121.93	90	1	Y			
58240		Pelvic Exenteration For Gynecologic Malignancy, With Total Abdominal Hyster	201.12	193.38	90	1	Y			
58260		Vaginal Hysterectomy, For Uterus 250 Grams Or Less;	59.32	57.04	90	1	Y			
58262		Vaginal Hysterectomy; With Removal Of Tube(S), And/Or Ovary(S)	66.17	63.63	90	1	Y			
58263		Vaginal Hysterectomy; With Removal Of Tube(S), And/Or Ovary(S), With Repair	71.14	68.40	90	1	Y			
58267		Vaginal Hysterectomy; With Colpo-Urethrocystopexy (Marshall-Marchetti-Krant	75.84	72.92	90	1	Y			
58270		Vaginal Hysterectomy; With Repair Of Enterocele	63.24	60.80	90	1	Y			
58275		Vaginal Hysterectomy, With Total Or Partial Vaginectomy;	70.64	67.92	90	1	Y			
58280		Vaginal Hysterectomy, With Total Or Partial Colpectomy; With Repair Of Ente	75.63	72.72	90	1	Y			
58285		Vaginal Hysterectomy, Radical (Schauta Type Operation)	94.17	90.55	90	1	Y			
58290		Vaginal Hysterectomy, For Uterus Greater Than 250 Grams;	82.55	79.37	90	1	Y			
58291		Vaginal Hysterectomy, For Uterus Greater Than 250 Grams; With Removal Of Tu	89.40	85.96	90	1	Y			
58292		Vaginal Hysterectomy, For Uterus Greater Than 250 Grams; With Removal Of Tu	94.41	90.78	90	1	Y			

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
58293		Vaginal Hysterectomy, For Uterus Greater Than 250 Grams; With Colpo-Urethro	98.21	94.43	90	1	Y			
58294		Vaginal Hysterectomy, For Uterus Greater Than 250 Grams; With Repair Of Ent	87.56	84.19	90	1				
58300		Insertion Of Intrauterine Device (Iud)	30.14	28.98	0	1				
58301		Removal Of Intrauterine Device (Iud)	42.37	40.74	0	1				
58353	R	Endometrial Ablation, Thermal, Without Hysteroscopic Guidance	16.42	15.78	10	1				
58356		Endometrial Cryoablation With Ultrasonic Guidance, Including Endometrial Cu	25.96	24.96	10	1				
58520		Hysterorrhaphy, Repair Of Ruptured Uterus (Nonobstetrical)	58.01	55.78	90	1				
58540		Hysteroplasty, Repair Of Uterine Anomaly (Strassman Type)	65.24	62.73	90	1	Y			
58541		Laparoscopy, Surgical, Supracervical Hysterectomy, For Uterus 250 G Or Less	61.99	59.61	90	1	Y			
58542		Laparoscopy, Surgical, Supracervical Hysterectomy, For Uterus 250 G Or Less	69.28	66.61	90	1	Y			
58543		Laparoscopy, Surgical, Supracervical Hysterectomy, For Uterus Greater Than	70.42	67.71	90	1	Y			
58544		Laparoscopy, Surgical, Supracervical Hysterectomy, For Uterus Greater Than	76.32	73.38	90	1				
58545		Laparoscopy, Surgical, Myomectomy, Excision; 1 To 4 Intramural Myomas With	64.21	61.74	90	1				
58546		Laparoscopy, Surgical, Myomectomy, Excision; 5 Or More Intramural Myomas An	80.92	77.81	90	1	Y			
58548		Laparoscopy, Surgical, With Radical Hysterectomy, With Bilateral Total Pelv	130.27	125.26	90	1	Y			
58550		Laparoscopy Surgical, With Vaginal Hysterectomy, For Uterus 250 Grams Or Le	63.33	60.89	10	1	Y			
58552		Laparoscopy Surgical, With Vaginal Hysterectomy, For Uterus 250 Grams Or Le	70.40	67.69	90	1	Y			
58553		Laparoscopy, Surgical, With Vaginal Hysterectomy, For Uterus Greater Than 2	81.50	78.36	90	1	Y			
58554		Laparoscopy, Surgical, With Vaginal Hysterectomy, For Uterus Greater Than 2	94.32	90.69	90	1				
58560		Hysteroscopy, Surgical; With Division Or Resection Of Intrauterine Septum (	27.79	26.72	0	1	Y			
58570		Laparoscopy, Surgical, With Total Hysterectomy, For Uterus 250 G Or Less;	66.70	64.13	90	1	Y			
58571		Laparoscopy, Surgical, With Total Hysterectomy, For Uterus 250 G Or Less; W	74.31	71.45	90	1	Y			
58572		Laparoscopy, Surgical, With Total Hysterectomy, For Uterus Greater Than 250	83.14	79.95	90	1	Y			
58573		Laparoscopy, Surgical, With Total Hysterectomy, For Uterus Greater Than 250	95.20	91.54	90	1				
58578	R	Unlisted Laparoscopy Procedure, Uterus			0	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
58579	R	Unlisted Hysteroscopy Procedure, Uterus			0	1		Y		
58600		Ligation Or Transection Of Fallopian Tube(S), Abdominal Or Vaginal Approach	26.16	25.16	90	1		Y		
58605		Ligation Or Transection Of Fallopian Tube(S), Abdominal Or Vaginal Approach	23.58	22.68	90	1		Y		
58611		Ligation Or Transection Of Fallopian Tube(S) When Done At The Time Of Cesar	5.56	5.35	90	1		Y		
58615		Occlusion Of Fallopian Tube(S) By Device (Eg, Band, Clip, Falope Ring) Vagi	17.50	16.82	10	1				
58660		Laparoscopy, Surgical; With Lysis Of Adhesions (Salpingolysis, Ovariolysis)	48.22	46.37	90	1		Y		
58661		Laparoscopy, Surgical; With Removal Of Adnexal Structures (Partial Or Total	46.17	44.39	10	1				
58662		Laparoscopy, Surgical; With Fulguration Or Excision Of Lesions Of The Ovary	50.56	48.62	90	1				
58672		Laparoscopy, Surgical; With Fimbrioplasty	52.83	50.80	90	1				
58673		Laparoscopy, Surgical; With Salpingostomy (Salpingoneostomy)	57.39	55.18	90	1				
58679	R	Unlisted Laparoscopy Procedure, Oviduct, Ovary			0	1		Y		
58700		Salpingectomy, Complete Or Partial, Unilateral Or Bilateral (Separate Proce	55.64	53.50	90	1		Y		
58720		Salpingo-Oophorectomy, Complete Or Partial, Unilateral Or Bilateral (Separa	51.80	49.81	90	1				
58740		Lysis Of Adhesions (Salpingolysis, Ovariolysis)	62.83	60.41	90	1				
58770		Salpingostomy (Salpingoneostomy)	61.18	58.83	90	1				
58805		Drainage Of Ovarian Cyst(S), Unilateral Or Bilateral, (Separate Procedure);	28.74	27.64	90	1				
58820		Drainage Of Ovarian Abscess; Vaginal Approach, Open	22.34	21.48	90	1				
58822		Drainage Of Ovarian Abscess; Abdominal Approach	53.04	51.00	90	1				
58823		Drainage Of Pelvic Abscess, Transvaginal Or Transrectal Approach, Percutane	13.71	13.19	0	1				
58825	R	Transposition, Ovary(S)	51.04	49.07	90	1				
58900		Biopsy Of Ovary, Unilateral Or Bilateral (Separate Procedure)	31.10	29.90	90	1				
58920		Wedge Resection Or Bisection Of Ovary, Unilateral Or Bilateral	50.23	48.29	90	1				
58925		Ovarian Cystectomy, Unilateral Or Bilateral	53.07	51.03	90	1		Y		
58940		Oophorectomy, Partial Or Total, Unilateral Or Bilateral;	37.22	35.78	90	1		Y		
58943		Oophorectomy, Partial Or Total, Unilateral Or Bilateral; For Ovarian, Tubal	81.35	78.22	90	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
58950		Resection (Initial) Of Ovarian, Tubal Or Primary Peritoneal Malignancy With	77.84	74.85	90	1	Y			
58951		Resection Of Ovarian Malignancy With Bilateral Salpingo-Oophorectomy And Om	100.00	96.15	90	1		Y		
58952		Resection Of Ovarian, Tubal Or Primary Peritoneal Malignancy With Bilateral	113.05	108.71	90	1	Y			
58953		Bilateral Salpingo-Oophorectomy With Omentectomy, Total Abdominal Hysterect	139.79	134.42	90	1	Y			
58954		Bilateral Salpingo-Oophorectomy With Omentectomy, Total Abdominal Hysterect	151.49	145.66	90	1	Y			
58956		Bilateral Salpingo-Oophorectomy With Total Omentectomy, Total Abdominal Hys	95.44	91.77	90	1				
58957		Resection (Tumor Debulking) Of Recurrent Ovarian, Tubal, Primary Peritoneal	109.33	105.13	90	1				
58958		Resection (Tumor Debulking) Of Recurrent Ovarian, Tubal, Primary Peritoneal	120.10	115.48	90	1				
58960		Laparotomy, For Staging Or Restaging Of Ovarian, Tubal Or Primary Peritonea	66.65	64.09	90	1				
58999	R	Unlisted Procedure, Female Genital System (Nonobstetrical)			90	1				
59025		Fetal Non-Stress Test	21.48	20.66	0	1			Y	
59100		Hysterotomy, Abdominal (Eg, For Hydatidiform Mole, Abortion)	60.28	57.96	90	1				
59120		Surgical Treatment Of Ectopic Pregnancy; Tubal Or Ovarian, Requiring Salpin	57.43	55.23	90	1				
59121		Surgical Treatment Of Ectopic Pregnancy; Tubal Or Ovarian, Without Salpinge	57.46	55.25	90	1				
59136		Surgical Treatment Of Ectopic Pregnancy; Interstitial, Uterine Pregnancy Wi	62.95	60.53	90	1				
59140		Surgical Treatment Of Ectopic Pregnancy; Cervical, With Evacuation	25.81	24.81	90	1				
59150		Laparoscopic Treatment Of Ectopic Pregnancy; Without Salpingectomy And/Or O	55.62	53.48	90	1				
59151		Laparoscopic Treatment Of Ectopic Pregnancy; With Salpingectomy And/Or Ooph	54.07	51.99	90	1				
59350		Hysterorrhaphy Of Ruptured Uterus	20.41	19.62	0	1				
59410		Vaginal Delivery Only (With Or Without Episiotomy And/Or Forceps); Includin	692.22	665.60	45	1				
59412		External Cephalic Version, With Or Without Tocolysis (List In Addition To C	71.82	69.06	0	1				
59414		Delivery Of Placenta (Separate Procedure)	145.37	139.78	45	1				
59430	TH	Postpartum Care Only (Separate Procedure)	444.26	444.26	0	1				
59430		Postpartum Care Only (Separate Procedure)	43.26	41.60	0	1				
59515		Cesarean Delivery Only; Including Postpartum Care	110.76	106.50	45	1	Y			

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
59525		Subtotal Or Total Hysterectomy After Cesarean Delivery (List Separately In	41.88	40.27	90	1				
59614		Vaginal Delivery Only, After Previous Cesarean Delivery (With Or Without Ep	110.76	106.50	45	1				
59622		Cesarean Delivery Only, Following Attempted Vaginal Delivery After Previous	110.76	106.50	45	1			Y	
59866	R	Multifetal Pregnancy Reduction(S) (Mpr)	15.11	14.53	10	1				
59870		Uterine Evacuation And Curettage For Hydatidiform Mole	33.97	32.66	90	1				
59899	R	Unlisted Procedure, Maternity Care And Delivery			0	1				
60200		Excision Of Cyst Or Adenoma Of Thyroid, Or Transection Of Isthmus	47.19	45.38	90	1				
60210		Partial Thyroid Lobectomy, Unilateral; With Or Without Isthmusectomy	50.56	48.62	90	1				
60212		Partial Thyroid Lobectomy, Unilateral; With Contralateral Subtotal Lobectom	72.23	69.46	90	1				
60220		Total Thyroid Lobectomy, Unilateral; With Or Without Isthmusectomy	50.58	48.64	90	1				
60225		Total Thyroid Lobectomy, Unilateral; With Contralateral Subtotal Lobectomy,	66.34	63.79	90	1				
60240		Thyroidectomy, Total Or Complete	65.55	63.03	90	1				
60252		Thyroidectomy, Total Or Subtotal For Malignancy; With Limited Neck Dissecti	93.77	90.16	90	1				
60254		Thyroidectomy, Total Or Subtotal For Malignancy; With Radical Neck Dissecti	118.95	114.38	90	1				
60260		Thyroidectomy, Removal Of All Remaining Thyroid Tissue Following Previous R	78.18	75.17	90	1				
60270		Thyroidectomy, Including Substernal Thyroid; Sternal Split Or Transthoracic	97.01	93.28	90	1				
60271		Thyroidectomy, Including Substernal Thyroid Gland; Cervical Approach	75.31	72.42	90	1				
60280		Excision Of Thyroglossal Duct Cyst Or Sinus;	31.93	30.70	90	1				
60281		Excision Of Thyroglossal Duct Cyst Or Sinus; Recurrent	42.39	40.76	90	1				
60500		Parathyroidectomy Or Exploration Of Parathyroid(S);	68.46	65.83	90	1				
60502		Parathyroidectomy Or Exploration Of Parathyroid(S); Re-Exploration	90.78	87.29	90	1				
60505		Parathyroidectomy Or Exploration Of Parathyroid(S); With Mediastinal Explor	99.73	95.90	90	1				
60512		Parathyroid Autotransplantation (List Separately In Addition To Code For Pr	17.19	16.53	0	1				
60520		Thymectomy, Partial Or Total; Transcervical Approach (Separate Procedure)	73.12	70.31	90	1				
60521		Thymectomy, Partial Or Total; Sternal Split Or Transthoracic Approach, With	80.35	77.26	90	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
60522		Thymectomy, Partial Or Total; Sternal Split Or Transthoracic Approach, With	97.92	94.15	90	1				
60540		Adrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or	73.88	71.04	90	1				
60545		Adrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or	85.01	81.74	90	1				
60600		Excision Of Carotid Body Tumor; Without Excision Of Carotid Artery	101.33	97.44	90	1				
60605		Excision Of Carotid Body Tumor; With Excision Of Carotid Artery	112.94	108.59	90	1				
60659	R	Unlisted Laparoscopy Procedure, Endocrine System			0	1				
60699	R	Unlisted Procedure, Endocrine System			90	1				
61140		Burr Hole(S) Or Trephine; With Biopsy Of Brain Or Intracranial Lesion	89.73	86.28	90	1				
61154		Burr Hole(S) With Evacuation And/Or Drainage Of Hematoma, Extradural Or Sub	90.54	87.06	90	1				
61156		Burr Hole(S); With Aspiration Of Hematoma Or Cyst, Intracerebral	88.40	85.00	90	1				
61250		Burr Hole(S) Or Trephine, Supratentorial, Exploratory, Not Followed By Othe	61.43	59.06	90	1				
61253		Burr Hole(S) Or Trephine, Infratentorial, Unilateral Or Bilateral	59.06	56.79	90	1				
61304		Craniectomy Or Craniotomy, Exploratory; Supratentorial	116.71	112.22	90	1				
61305		Craniectomy Or Craniotomy, Exploratory; Infratentorial (Posterior Fossa)	142.92	137.42	90	1				
61312		Craniectomy Or Craniotomy For Evacuation Of Hematoma, Supratentorial; Extra	147.86	142.17	90	1				
61313		Craniectomy Or Craniotomy For Evacuation Of Hematoma, Supratentorial; Intra	141.25	135.81	90	1				
61314		Craniectomy Or Craniotomy For Evacuation Of Hematoma, Infratentorial; Extra	130.03	125.03	90	1				
61315		Craniectomy Or Craniotomy For Evacuation Of Hematoma, Infratentorial; Intra	147.12	141.46	90	1				
61320		Craniectomy Or Craniotomy, Drainage Of Intracranial Abscess; Supratentorial	135.21	130.01	90	1				
61321		Craniectomy Or Craniotomy, Drainage Of Intracranial Abscess; Infratentorial	151.46	145.64	90	1				
61322		Craniectomy Or Craniotomy, Decompressive, With Or Without Duraplasty, For T	168.91	162.42	90	1				
61330		Decompression Of Orbit Only, Transcranial Approach	114.20	109.81	90	1				
61332		Exploration Of Orbit (Transcranial Approach); With Biopsy	133.89	128.74	90	1				
61333		Exploration Of Orbit (Transcranial Approach); With Removal Of Lesion	134.81	129.62	90	1				
61334		Exploration Of Orbit (Transcranial Approach); With Removal Of Foreign Body	85.67	82.38	90	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
61340		Subtemporal Cranial Decompression (Pseudotumor Cerebri, Slit Ventricle Synd	102.93	98.97	90	1				
61343		Craniectomy, Suboccipital With Cervical Laminectomy For Decompression Of Me	155.86	149.86	90	1				
61345		Other Cranial Decompression, Posterior Fossa	145.04	139.46	90	1				
61440		Craniotomy For Section Of Tentorium Cerebelli (Separate Procedure)	142.47	136.99	90	1				
61450		Craniectomy, Subtemporal, For Section, Compression, Or Decompression Of Sen	136.69	131.43	90	1				
61458		Craniectomy, Suboccipital; For Exploration Or Decompression Of Cranial Nerv	142.54	137.05	90	1				
61460		Craniectomy, Suboccipital; For Section Of One Or More Cranial Nerves	146.88	141.23	90	1				
61470		Craniectomy, Suboccipital; For Medullary Tractotomy	123.87	119.11	90	1				
61480		Craniectomy, Suboccipital; For Mesencephalic Tractotomy Or Pedunculotomy	118.57	114.01	90	1				
61490		Craniotomy For Lobotomy, Including Cingulotomy	134.63	129.46	90	1				
61500		Craniectomy; With Excision Of Tumor Or Other Bone Lesion Of Skull	95.20	91.54	90	1				
61501		Craniectomy; For Osteomyelitis	82.60	79.42	90	1				
61510		Craniectomy, Trephination, Bone Flap Craniotomy; For Excision Of Brain Tumo	155.50	149.52	90	1				
61512		Craniectomy, Trephination, Bone Flap Craniotomy; For Excision Of Meningioma	181.33	174.35	90	1				
61514		Craniectomy, Trephination, Bone Flap Craniotomy; For Excision Of Brain Absc	135.47	130.26	90	1				
61516		Craniectomy, Trephination, Bone Flap Craniotomy; For Excision Or Fenestrati	132.03	126.96	90	1				
61518		Craniectomy For Excision Of Brain Tumor, Infratentorial Or Posterior Fossa;	196.20	188.65	90	1				
61519		Craniectomy For Excision Of Brain Tumor, Infratentorial Or Posterior Fossa;	209.40	201.35	90	1				
61520		Craniectomy For Excision Of Brain Tumor, Infratentorial Or Posterior Fossa;	266.48	256.23	90	1				
61521		Craniectomy For Excision Of Brain Tumor, Infratentorial Or Posterior Fossa;	226.16	217.46	90	1				
61522		Craniectomy, Infratentorial Or Posterior Fossa; For Excision Of Brain Absce	155.43	149.45	90	1				
61524		Craniectomy, Infratentorial Or Posterior Fossa; For Excision Or Fenestratio	148.03	142.33	90	1				
61531		Subdural Implantation Of Strip Electrodes Through One Or More Burr Or Treph	87.08	83.73	90	1				
61533		Craniotomy With Elevation Of Bone Flap; For Subdural Implantation Of An Ele	108.35	104.19	90	1				
61534		Craniotomy With Elevation Of Bone Flap; For Excision Of Epileptogenic Focus	117.04	112.54	90	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
61535		Craniotomy With Elevation Of Bone Flap; For Removal Of Epidural Or Subdural	71.26	68.52	90	1				
61536		Craniotomy With Elevation Of Bone Flap; For Excision Of Cerebral Epileptoge	183.24	176.19	90	1				
61537		Craniotomy With Elevation Of Bone Flap; For Lobectomy, Temporal Lobe, Witho	174.81	168.09	90	1				
61538		Craniotomy With Elevation Of Bone Flap; For Lobectomy, Temporal Lobe, With	188.04	180.81	90	1				
61539		Craniotomy With Elevation Of Bone Flap; For Lobectomy, Other Than Temporal	167.74	161.29	90	1				
61540		Craniotomy With Elevation Of Bone Flap; For Lobectomy, Other Than Temporal	155.19	149.22	90	1				
61541		Craniotomy With Elevation Of Bone Flap; For Transection Of Corpus Callosum	152.75	146.88	90	1				
61542		Craniotomy With Elevation Of Bone Flap; For Total Hemispherectomy	153.97	148.05	90	1				
61543		Craniotomy With Elevation Of Bone Flap; For Partial Or Subtotal (Functional	154.38	148.44	90	1				
61544		Craniotomy With Elevation Of Bone Flap; For Excision Or Coagulation Of Chor	126.98	122.10	90	1				
61545		Craniotomy With Elevation Of Bone Flap; For Excision Of Craniopharyngioma	226.28	217.57	90	1				
61546		Craniotomy For Hypophysectomy Or Excision Of Pituitary Tumor, Intracranial	163.95	157.64	90	1				
61548		Hypophysectomy Or Excision Of Pituitary Tumor, Transnasal Or Transseptal Ap	110.84	106.57	90	1				
61550		Craniectomy For Craniosynostosis; Single Cranial Suture	63.45	61.01	90	1				
61552		Craniectomy For Craniosynostosis; Multiple Cranial Sutures	91.31	87.80	90	1				
61556		Craniotomy For Craniosynostosis; Frontal Or Parietal Bone Flap	119.44	114.85	90	1				
61557		Craniotomy For Craniosynostosis; Bifrontal Bone Flap	119.62	115.02	90	1				
61558		Extensive Craniectomy For Multiple Cranial Suture Craniosynostosis (Eg, Clo	122.54	117.83	90	1				
61559		Extensive Craniectomy For Multiple Cranial Suture Craniosynostosis (Eg, Clo	143.46	137.94	90	1				
61563		Excision, Intra And Extracranial, Benign Tumor Of Cranial Bone (Eg, Fibrous	139.59	134.23	90	1				
61564		Excision, Intra And Extracranial, Benign Tumor Of Cranial Bone (Eg, Fibrous	170.99	164.41	90	1				
61566		Craniotomy With Elevation Of Bone Flap; For Selective Amygdalohippocampecto	159.77	153.63	90	1				
61567		Craniotomy With Elevation Of Bone Flap; For Multiple Subpial Transections,	180.61	173.67	90	1				
61570		Craniectomy Or Craniotomy; With Excision Of Foreign Body From Brain	132.80	127.69	90	1				
61571		Craniectomy Or Craniotomy; With Treatment Of Penetrating Wound Of Brain	141.37	135.93	90	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
61575		Transoral Approach To Skull Base, Brain Stem Or Upper Spinal Cord For Biops	167.83	161.37	90	1				
61576		Transoral Approach To Skull Base, Brain Stem Or Upper Spinal Cord For Biops	267.38	257.10	90	1				
61580		Craniofacial Approach To Anterior Cranial Fossa; Extradural, Including Late	174.88	168.15	90	1				
61582		Craniofacial Approach To Anterior Cranial Fossa; Extradural, Including Unil	208.99	200.95	90	1				
61583		Craniofacial Approach To Anterior Cranial Fossa; Intradural, Including Unil	206.78	198.82	90	1				
61584		Orbitocranial Approach To Anterior Cranial Fossa, Extradural, Including Sup	203.81	195.98	90	1				
61585		Orbitocranial Approach To Anterior Cranial Fossa, Extradural, Including Sup	214.03	205.80	90	1				
61586		Bicoronal, Transzygomatic And/Or Lefort I Osteotomy Approach To Anterior Cr	153.93	148.01	90	1				
61590		Infratemporal Pre-Auricular Approach To Middle Cranial Fossa (Parapharyngea	219.16	210.73	90	1				
61591		Infratemporal Post-Auricular Approach To Middle Cranial Fossa (Internal Aud	221.98	213.44	90	1				
61592		Orbitocranial Zygomatic Approach To Middle Cranial Fossa (Cavernous Sinus A	225.78	217.09	90	1				
61595		Transtemporal Approach To Posterior Cranial Fossa, Jugular Foramen Or Midli	169.34	162.83	90	1				
61596		Transcochlear Approach To Posterior Cranial Fossa, Jugular Foramen Or Midli	177.46	170.64	90	1				
61597		Transcondylar (Far Lateral) Approach To Posterior Cranial Fossa, Jugular Fo	206.82	198.87	90	1				
61598		Transpetrosal Approach To Posterior Cranial Fossa, Clivus Or Foramen Magnum	182.05	175.04	90	1				
61600		Resection Or Excision Of Neoplastic, Vascular Or Infectious Lesion Of Base	153.52	147.61	90	1				
61601		Resection Or Excision Of Neoplastic, Vascular Or Infectious Lesion Of Base	171.64	165.03	90	1				
61605		Resection Or Excision Of Neoplastic, Vascular Or Infectious Lesion Of Infra	157.46	151.40	90	1				
61606		Resection Or Excision Of Neoplastic, Vascular Or Infectious Lesion Of Infra	213.22	205.02	90	1				
61607		Resection Or Excision Of Neoplastic, Vascular Or Infectious Lesion Of Paras	200.74	193.02	90	1				
61608		Resection Or Excision Of Neoplastic, Vascular Or Infectious Lesion Of Paras	230.91	222.03	90	1				
61609		Transection Or Ligation, Carotid Artery In Cavernous Sinus; Without Repair	41.66	40.05	0	1				
61610		Transection Or Ligation, Carotid Artery In Cavernous Sinus; With Repair By	124.90	120.09	0	1				
61611		Transection Or Ligation, Carotid Artery In Petrous Canal; Without Repair (L	26.12	25.11	0	1				
61612		Transection Or Ligation, Carotid Artery In Petrous Canal; With Repair By An	99.11	95.30	0	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
61613		Obliteration Of Carotid Aneurysm, Arteriovenous Malformation, Or Carotid-Ca	228.88	220.08	90	1				
61615		Resection Or Excision Of Neoplastic, Vascular Or Infectious Lesion Of Base	163.35	157.07	90	1				
61616		Resection Or Excision Of Neoplastic, Vascular Or Infectious Lesion Of Base	236.28	227.19	90	1				
61618		Secondary Repair Of Dura For Cerebrospinal Fluid Leak, Anterior, Middle Or	92.76	89.20	90	1				
61619		Secondary Repair Of Dura For Csf Leak, Anterior, Middle Or Posterior Crania	105.51	101.45	90	1				
61680		Surgery Of Intracranial Arteriovenous Malformation; Supratentorial, Simple	160.68	154.50	90	1				
61682		Surgery Of Intracranial Arteriovenous Malformation; Supratentorial, Complex	297.32	285.88	90	1				
61684		Surgery Of Intracranial Arteriovenous Malformation; Infratentorial, Simple	202.07	194.30	90	1				
61686		Surgery Of Intracranial Arteriovenous Malformation; Infratentorial, Complex	319.64	307.35	90	1				
61690		Surgery Of Intracranial Arteriovenous Malformation; Dural, Simple	155.43	149.45	90	1				
61692		Surgery Of Intracranial Arteriovenous Malformation; Dural, Complex	260.03	250.03	90	1				
61697		Surgery Of Complex Intracranial Aneurysm, Intracranial Approach; Carotid Ci	299.99	288.45	90	1				
61698		Surgery Of Complex Intracranial Aneurysm, Intracranial Approach; Vertebroba	328.43	315.80	90	1				
61700		Surgery Of Simple Intracranial Aneurysm, Intracranial Approach; Carotid Cir	242.68	233.34	90	1				
61702		Surgery Of Intracranial Aneurysm, Intracranial Approach; Vertebral-Basilar	283.66	272.75	90	1				
61703		Surgery Of Intracranial Aneurysm, Cervical Approach By Application Of Occlu	96.70	92.98	90	1				
61705		Surgery Of Aneurysm, Vascular Malformation Or Carotid-Cavernous Fistula; By	184.96	177.84	90	1				
61708		Surgery Of Aneurysm, Vascular Malformation Or Carotid-Cavernous Fistula; By	147.19	141.53	90	1				
61711		Anastomosis, Arterial, Extracranial-Intracranial (Eg, Middle Cerebral/Corti	185.43	178.30	90	1				
61850		Twist Drill Or Burr Hole(S) For Implantation Of Neurostimulator Electrodes;	69.94	67.25	90	1				
61860		Craniectomy Or Craniotomy For Implantation Of Neurostimulator Electrodes, C	111.26	106.98	90	1				
61863		Twist Drill, Burr Hole, Craniotomy, Or Craniectomy With Stereotactic Implan	106.94	102.83	90	1				
61864		Twist Drill, Burr Hole, Craniotomy, Or Craniectomy With Stereotactic Implan	27.42	26.36	0	1				
61867		Twist Drill, Burr Hole, Craniotomy, Or Craniectomy With Stereotactic Implan	159.03	152.91	90	1				
61868		Twist Drill, Burr Hole, Craniotomy, Or Craniectomy With Stereotactic Implan	38.56	37.07	90	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
61870		Craniectomy For Implantation Of Neurostimulator Electrodes, Cerebellar; Cor	84.22	80.98	90	1				
61875		Craniectomy For Implantation Of Neurostimulator Electrodes, Cerebellar; Sub	70.84	68.11	90	1				
61880		Revision Or Removal Of Intracranial Neurostimulator Electrodes	40.04	38.50	90	1				
62005		Elevation Of Depressed Skull Fracture; Compound Or Comminuted, Extradural	90.43	86.95	90	1				
62010		Elevation Of Depressed Skull Fracture; With Repair Of Dura And/Or Debrideme	108.93	104.74	90	1				
62100		Craniotomy For Repair Of Dural/Cerebrospinal Fluid Leak, Including Surgery	114.27	109.88	90	1				
62115		Reduction Of Craniomegalic Skull (Eg, Treated Hydrocephalus); Not Requiring	99.05	95.24	90	1				
62116		Reduction Of Craniomegalic Skull (Eg, Treated Hydrocephalus); With Simple C	126.11	121.26	90	1				
62117		Reduction Of Craniomegalic Skull (Eg, Treated Hydrocephalus); Requiring Cra	112.13	107.81	90	1				
62120		Repair Of Encephalocele, Skull Vault, Including Cranioplasty	120.91	116.26	90	1				
62121		Craniotomy For Repair Of Encephalocele, Skull Base	118.67	114.11	90	1				
62140		Cranioplasty For Skull Defect; Up To 5 Cm Diameter	74.31	71.45	90	1				
62141		Cranioplasty For Skull Defect; Larger Than 5 Cm Diameter	81.40	78.27	90	1				
62142		Removal Of Bone Flap Or Prosthetic Plate Of Skull	63.47	61.03	90	1				
62143		Replacement Of Bone Flap Or Prosthetic Plate Of Skull	74.36	71.50	90	1				
62145		Cranioplasty For Skull Defect With Reparative Brain Surgery	100.50	96.63	90	1				
62146		Cranioplasty With Autograft (Includes Obtaining Bone Grafts); Up To 5 Cm Di	87.28	83.92	90	1				
62147		Cranioplasty With Autograft (Includes Obtaining Bone Grafts); Larger Than 5	103.62	99.64	90	1				
62161		Neuroendoscopy, Intracranial; With Dissection Of Adhesions, Fenestration Of	107.71	103.57	90	1				
62162		Neuroendoscopy, Intracranial; With Fenestration Or Excision Of Colloid Cyst	134.40	129.23	90	1				
62163		Neuroendoscopy, Intracranial; With Retrieval Of Foreign Body	87.18	83.83	90	1				
62164		Neuroendoscopy, Intracranial; With Excision Of Brain Tumor, Including Place	145.18	139.60	90	1				
62165		Neuroendoscopy, Intracranial; With Excision Of Pituitary Tumor, Transnasal	110.21	105.97	90	1				
62180		Ventriculocisternostomy (Torkildsen Type Operation)	113.84	109.46	90	1				
62192		Creation Of Shunt; Subarachnoid/Subdural-Peritoneal, -Pleural, Other Termin	69.61	66.93	90	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
62200		Ventriculocisternostomy, Third Ventricle;	97.90	94.13	90	1				
62220		Creation Of Shunt; Ventriculo-Atrial, -Jugular, -Auricular	72.95	70.15	90	1				
62223		Creation Of Shunt; Ventriculo-Peritoneal, -Pleural, Other Terminus	75.31	72.42	90	1				
62230		Replacement Or Revision Of Cerebrospinal Fluid Shunt, Obstructed Valve, Or	60.04	57.73	90	1				
62252		Reprogramming Of Programmable Cerebrospinal Shunt	38.85	37.35	0	1				
62256		Removal Of Complete Cerebrospinal Fluid Shunt System; Without Replacement	42.78	41.13	90	1				
62258		Removal Of Complete Csf Shunt System; With Replacement By Similar Or Other	80.16	77.08	90	1				
62270		Spinal Puncture, Lumbar, Diagnostic	68.18	65.56	0	1				
62273		Injection, Epidural, Of Blood Or Clot Patch	71.30	68.56	0	1				
62280		Injection/Infusion Of Neurolytic Substance (Eg, Alcohol, Phenol, Iced Salin	128.81	123.86	10	1				
62282		Injection/Infusion Of Neurolytic Substance (Eg, Alcohol, Phenol, Iced Salin	64.86	62.37	10	1				
62310		Injection, Single (Not Via Indwelling Catheter), Not Including Neurolytic S	46.53	44.74	0	1				
62311		Injection, Single (Not Via Indwelling Catheter), Not Including Neurolytic S	77.03	74.06	0	1				
62318		Injection, Including Catheter Placement, Continuous Infusion Or Intermitten	46.53	44.74	0	1				
62319		Injection, Including Catheter Placement, Continuous Infusion Or Intermitten	43.48	41.81	0	1				
62351		Implantation, Revision Or Repositioning Of Intrathecal Or Epidural Catheter	61.54	59.18	90	1				
63001		Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cau	87.99	84.61	90	1				
63003		Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cau	88.04	84.65	90	1				
63005		Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cau	83.72	80.50	90	1				
63011		Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cau	77.22	74.25	90	1				
63012		Laminectomy With Removal Of Abnormal Facets And/Or Pars Inter-Articularis W	84.72	81.46	90	1				
63015		Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cau	105.61	101.55	90	1				
63016		Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cau	107.78	103.63	90	1				
63017		Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cau	88.87	85.46	90	1				
63020		Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Includin	83.29	80.08	90	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
63030		Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Includin	68.94	66.29	90	1				
63035		Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Includin	13.61	13.08	90	11				
63040		Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Includin	100.02	96.17	90	1				
63042		Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Includin	92.48	88.92	90	1				
63043		Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Includin	15.76	15.15	90	5				
63044		Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Includin	15.76	15.15	90	4				
63045		Laminectomy, Facetectomy And Foraminotomy (Unilateral Or Bilateral With Dec	90.66	87.18	90	1				
63046		Laminectomy, Facetectomy And Foraminotomy (Unilateral Or Bilateral With Dec	86.08	82.77	90	1				
63047		Laminectomy, Facetectomy And Foraminotomy (Unilateral Or Bilateral With Dec	78.44	75.43	90	1				
63048		Laminectomy, Facetectomy And Foraminotomy (Unilateral Or Bilateral With Dec	15.11	14.53	90	23				
63050		Laminoplasty, Cervical, With Decompression Of The Spinal Cord, Two Or More	110.21	105.98	90	1				
63051		Laminoplasty, Cervical, With Decompression Of The Spinal Cord, Two Or More	121.77	117.09	90	1				
63055		Transpedicular Approach With Decompression Of Spinal Cord, Equina And/Or Ne	115.49	111.05	90	1				
63056		Transpedicular Approach With Decompression Of Spinal Cord, Equina And/Or Ne	105.25	101.20	90	1				
63057		Transpedicular Approach With Decompression Of Spinal Cord, Equina And/Or Ne	22.82	21.94	90	16				
63064		Costovertebral Approach With Decompression Of Spinal Cord Or Nerve Root(S),	125.80	120.96	90	1				
63066		Costovertebral Approach With Decompression Of Spinal Cord Or Nerve Root(S),	14.68	14.12	90	11				
63075		Diskectomy, Anterior, With Decompression Of Spinal Cord And/ Or Nerve Root(	97.75	93.99	90	1				
63076		Diskectomy, Anterior, With Decompression Of Spinal Cord And/ Or Nerve Root(	17.74	17.05	90	3				
63077		Diskectomy, Anterior, With Decompression Of Spinal Cord And/ Or Nerve Root(	106.08	102.00	90	1				
63078		Diskectomy, Anterior, With Decompression Of Spinal Cord And/ Or Nerve Root(	13.73	13.20	90	11				
63081		Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Anter	125.80	120.96	90	1				
63082		Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Anter	19.05	18.32	90	6				
63085		Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Trans	134.47	129.30	90	1				
63086		Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Trans	13.56	13.04	90	11				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
63087		Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Combi	169.01	162.51	90	1				
63088		Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Combi	18.24	17.54	90	16				
63090		Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Trans	139.29	133.93	90	1				
63091		Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Trans	12.65	12.17	90	17				
63101		Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Later	164.76	158.42	90	1				
63102		Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Later	158.94	152.82	90	1				
63103		Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Later	20.65	19.85	90	2				
63170		Laminectomy With Myelotomy (Eg, Bischof Or Drez Type), Cervical, Thoracic,	112.33	108.01	90	1				
63172		Laminectomy With Drainage Of Intramedullary Cyst/Syrinx; To Subarachnoid Sp	100.24	96.38	90	1				
63173		Laminectomy With Drainage Of Intramedullary Cyst/Syrinx; To Peritoneal Or P	122.82	118.10	90	1				
63180		Laminectomy And Section Of Dentate Ligaments, With Or Without Dural Graft,	100.81	96.94	90	1				
63182		Laminectomy And Section Of Dentate Ligaments, With Or Without Dural Graft,	108.24	104.07	90	1				
63185		Laminectomy With Rhizotomy; One Or Two Segments	82.98	79.79	90	1				
63190		Laminectomy With Rhizotomy; More Than Two Segments	89.69	86.24	90	1				
63191		Laminectomy With Section Of Spinal Accessory Nerve	90.83	87.34	90	1				
63194		Laminectomy With Cordotomy, With Section Of One Spinothalamic Tract, One St	87.58	84.22	90	1				
63195		Laminectomy With Cordotomy, With Section Of One Spinothalamic Tract, One St	109.33	105.13	90	1				
63196		Laminectomy With Cordotomy, With Section Of Both Spinothalamic Tracts, One	105.65	101.59	90	1				
63197		Laminectomy With Cordotomy, With Section Of Both Spinothalamic Tracts, One	121.77	117.09	90	1				
63198		Laminectomy With Cordotomy With Section Of Both Spinothalamic Tracts, Two S	113.60	109.24	90	1				
63199		Laminectomy With Cordotomy With Section Of Both Spinothalamic Tracts, Two S	120.78	116.13	90	1				
63200		Laminectomy, With Release Of Tethered Spinal Cord, Lumbar	108.81	104.62	90	1				
63250		Laminectomy For Excision Or Occlusion Of Arteriovenous Malformation Of Spin	210.88	202.77	90	1				
63251		Laminectomy For Excision Or Occlusion Of Arteriovenous Malformation Of Spin	215.61	207.32	90	1				
63252		Laminectomy For Excision Or Occlusion Of Arteriovenous Malformation Of Spin	215.58	207.29	90	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
63265		Laminectomy For Excision Or Evacuation Of Intraspinal Lesion Other Than Neo	118.76	114.19	90	1				
63266		Laminectomy For Excision Or Evacuation Of Intraspinal Lesion Other Than Neo	122.46	117.75	90	1				
63267		Laminectomy For Excision Or Evacuation Of Intraspinal Lesion Other Than Neo	98.09	94.32	90	1				
63268		Laminectomy For Excision Or Evacuation Of Intraspinal Lesion Other Than Neo	101.07	97.18	90	1				
63270		Laminectomy For Excision Of Intraspinal Lesion Other Than Neoplasm, Intradu	147.64	141.97	90	1				
63271		Laminectomy For Excision Of Intraspinal Lesion Other Than Neoplasm, Intradu	147.07	141.42	90	1				
63272		Laminectomy For Excision Of Intraspinal Lesion Other Than Neoplasm, Intradu	135.40	130.19	90	1				
63273		Laminectomy For Excision Of Intraspinal Lesion Other Than Neoplasm, Intradu	129.79	124.80	90	1				
63275		Laminectomy For Biopsy/Excision Of Intraspinal Neoplasm; Extradural, Cervic	127.93	123.01	90	1				
63276		Laminectomy For Biopsy/Excision Of Intraspinal Neoplasm; Extradural, Thorac	126.92	122.04	90	1				
63277		Laminectomy For Biopsy/Excision Of Intraspinal Neoplasm; Extradural, Lumbar	110.50	106.25	90	1				
63278		Laminectomy For Biopsy/Excision Of Intraspinal Neoplasm; Extradural, Sacral	111.08	106.80	90	1				
63280		Laminectomy For Biopsy/Excision Of Intraspinal Neoplasm; Intradural, Extram	149.94	144.17	90	1				
63281		Laminectomy For Biopsy/Excision Of Intraspinal Neoplasm; Intradural, Extram	148.98	143.25	90	1				
63282		Laminectomy For Biopsy/Excision Of Intraspinal Neoplasm; Intradural, Extram	140.13	134.74	90	1				
63283		Laminectomy For Biopsy/Excision Of Intraspinal Neoplasm; Intradural, Sacral	135.14	129.94	90	1				
63285		Laminectomy For Biopsy/Excision Of Intraspinal Neoplasm; Intradural, Intram	185.96	178.81	90	1				
63286		Laminectomy For Biopsy/Excision Of Intraspinal Neoplasm; Intradural, Intram	182.02	175.02	90	1				
63287		Laminectomy For Biopsy/Excision Of Intraspinal Neoplasm; Intradural, Intram	195.10	187.60	90	1				
63290		Laminectomy For Biopsy/Excision Of Intraspinal Neoplasm; Combined Extradura	198.42	190.79	90	1				
63295		Osteoplastic Reconstruction Of Dorsal Spinal Elements, Following Primary In	23.61	22.70	90	1				
63300		Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, For E	130.60	125.58	90	1				
63301		Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, For E	149.14	143.40	90	1				
63302		Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, For E	148.14	142.44	90	1				
63303		Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, For E	153.12	147.23	90	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
63304		Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, For E	165.48	159.11	90	1				
63305		Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, For E	166.51	160.11	90	1				
63306		Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, For E	151.46	145.64	90	1				
63307		Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, For E	162.70	156.44	90	1				
63308		Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, For E	22.68	21.81	90	3				
63655		Laminectomy For Implantation Of Neurostimulator Electrodes, Plate/Paddle, E	59.01	56.74	90	1				
63661		Removal Of Spinal Neurostimulator Electrode Percutaneous Array(S), Inclu	42.18	40.56	10	1				
63662		Removal Of Spinal Neurostimulator Electrode Plate/Paddle(S) Placed Via	54.58	52.48	90	1				
63663		Revision Including Replacement, When Performed, Of Spinal Neurostimulato	59.99	57.68	10	1				
63664		Revision Including Replacement, When Performed, Of Spinal Neurostimulato	56.46	54.28	90	1				
63685		Insertion Or Replacement Of Spinal Neurostimulator Pulse Generator Or Recei	29.57	28.43	90	1				
63700		Repair Of Meningocele; Less Than 5 Cm Diameter	89.15	85.72	90	1				
63702		Repair Of Meningocele; Larger Than 5 Cm Diameter	101.07	97.18	90	1				
63704		Repair Of Myelomeningocele; Less Than 5 Cm Diameter	111.22	106.94	90	1				
63706		Repair Of Myelomeningocele; Larger Than 5 Cm Diameter	130.60	125.58	90	1				
63707		Repair Of Dural/Cerebrospinal Fluid Leak, Not Requiring Laminectomy	65.05	62.55	90	1				
63709		Repair Of Dural/Cerebrospinal Fluid Leak Or Pseudomeningocele, With Laminec	78.23	75.22	90	1				
63710		Dural Graft, Spinal	78.68	75.65	90	1				
63740		Creation Of Shunt, Lumbar, Subarachnoid-Peritoneal, -Pleural, Or Other; Inc	67.32	64.73	90	1				
63741		Creation Of Shunt, Lumbar, Subarachnoid-Peritoneal, -Pleural, Or Other; Per	43.91	42.22	90	1				
63744		Replacement, Irrigation Or Revision Of Lumbosubarachnoid Shunt	46.55	44.76	90	1				
64400		Injection, Anesthetic Agent; Trigeminal Nerve, Any Division Or Branch	46.40	44.62	0	1				
64402		Injection, Anesthetic Agent; Facial Nerve	48.90	47.02	0	1				
64405		Injection, Anesthetic Agent; Greater Occipital Nerve	43.56	41.89	0	1				
64408		Injection, Anesthetic Agent; Vagus Nerve	45.65	43.90	0	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
64410		Injection, Anesthetic Agent; Phrenic Nerve	60.20	57.88	0	1				
64412		Injection, Anesthetic Agent; Spinal Accessory Nerve	60.37	58.05	0	1				
64413		Injection, Anesthetic Agent; Cervical Plexus	49.98	48.06	0	1				
64415		Injection, Anesthetic Agent; Brachial Plexus, Single	53.21	51.16	0	1				
64417		Injection, Anesthetic Agent; Axillary Nerve	52.86	50.82	0	1				
64418		Injection, Anesthetic Agent; Suprascapular Nerve	57.32	55.12	0	1				
64420		Injection, Anesthetic Agent; Intercostal Nerve, Single	54.09	52.01	0	1				
64421		Injection, Anesthetic Agent; Intercostal Nerves, Multiple, Regional Block	78.42	75.41	0	1				
64425		Injection, Anesthetic Agent; Ilioinguinal, Iliohypogastric Nerves	57.15	54.95	0	1				
64430		Injection, Anesthetic Agent; Pudendal Nerve	59.38	57.10	0	1				
64435		Injection, Anesthetic Agent; Paracervical (Uterine) Nerve	60.87	58.53	0	1				
64445		Injection, Anesthetic Agent; Sciatic Nerve, Single	56.98	54.78	0	1				
64450		Injection, Anesthetic Agent; Other Peripheral Nerve Or Branch	47.15	45.34	0	1				
64455		Injection(S), Anesthetic Agent And/Or Steroid, Plantar Common Digital Nerve(S) (Eg, Morton's Neuroma)	20.89	20.09		8				
64479		Injection, Anesthetic Agent And/Or Steroid, Transforaminal Epidural; Cervic	130.44	125.42	0	1				
64480		Injection, Anesthetic Agent And/Or Steroid, Transforaminal Epidural; Cervic	60.89	58.54	0	2				
64483		Injection, Anesthetic Agent And/Or Steroid, Transforaminal Epidural; Lumbar	130.44	125.42	0	1				
64484		Injection, Anesthetic Agent And/Or Steroid, Transforaminal Epidural; Lumbar	62.79	60.38	0	2				
64490		Injection(S), Diagnostic Or Therapeutic Agent, Paravertebral Facet	81.16	78.04	0	1				
64491		Injection(S), Diagnostic Or Therapeutic Agent, Paravertebral Facet	39.94	38.41	0	1				
64492		Injection(S), Diagnostic Or Therapeutic Agent, Paravertebral Facet	40.49	38.94	0	1				
64493		Injection(S), Diagnostic Or Therapeutic Agent, Paravertebral Facet	73.45	70.62	0	1				
64494		Injection(S), Diagnostic Or Therapeutic Agent, Paravertebral Facet	35.83	34.46	0	1				
64495		Injection(S), Diagnostic Or Therapeutic Agent, Paravertebral Facet	36.37	34.97	0	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
64505		*Injection, Anesthetic Agent; Sphenopalatine Ganglion	44.46	42.75	0	1				
64508		Injection, Anesthetic Agent; Carotid Sinus (Separate Procedure)	48.37	46.51	0	1				
64510		Injection, Anesthetic Agent; Stellate Ganglion (Cervical Sympathetic)	57.32	55.12	0	1				
64517		Injection, Anesthetic Agent; Superior Hypogastric Plexus	11.70	11.25	0	1				
64520		Injection, Anesthetic Agent; Lumbar Or Thoracic (Paravertebral Sympathetic	72.92	70.11	0	1				
64530		Injection, Anesthetic Agent; Celiac Plexus, With Or Without Radiologic Mon	79.18	76.14	0	1				
64580		Incision For Implantation Of Neurostimulator Electrodes; Neuromuscular	21.04	20.23	90	1				
64585		Revision Or Removal Of Peripheral Neurostimulator Electrodes	13.14	12.63	10	1				
64590		Insertion Or Replacement Of Peripheral Or Gastric Neurostimulator Pulse Gen	21.22	20.40	10	1				
64600		Destruction By Neurolytic Agent, Trigeminal Nerve; Supraorbital, Infraorbit	165.53	159.16	10	1				
64605		Destruction By Neurolytic Agent, Trigeminal Nerve; Second And Third Divisio	250.81	241.17	10	1				
64610		Destruction By Neurolytic Agent, Trigeminal Nerve; Second And Third Divisio	320.86	308.52	10	1				
64620		Destruction By Neurolytic Agent; Intercostal Nerve	94.70	91.06	10	1				
64630		Destruction By Neurolytic Agent; Pudendal Nerve	101.15	97.26	10	1				
64632		Destruction By Neurolytic Agent; Plantar Common Digital Nerve	37.15	35.72	10	8				
64633		Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Cervical Or Thoracic, Single Facet Joint	198.28	190.66	10	4				
64634		Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Cervical Or Thoracic, Each Additional Facet Joint (List Separately In Addition To Code For Primary Procedure)	90.86	87.37	0	4				
64640		Destruction By Neurolytic Agent; Other Peripheral Nerve Or Branch	96.08	92.38	10	1				
64650		Chemodenervation Of Eccrine Glands; Both Axillae	26.59	25.57	0	1				
64653		Chemodenervation Of Eccrine Glands; Other Area(S) (Eg, Scalp, Face, Neck),	30.73	29.54	0	1				
64680		Destruction By Neurolytic Agent, With Or Without Radiologic Monitoring; Cel	128.63	123.68	10	1				
64681		Destruction By Neurolytic Agent, With Or Without Radiologic Monitoring; Sup	15.32	14.73	10	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
64704		Neuroplasty; Nerve Of Hand Or Foot	22.08	21.23	90	1				
64708		Neuroplasty, Major Peripheral Nerve, Arm Or Leg; Other Than Specified	35.03	33.68	90	1				
64712		Neuroplasty, Major Peripheral Nerve, Arm Or Leg; Sciatic Nerve	39.75	38.22	90	1				
64713		Neuroplasty, Major Peripheral Nerve, Arm Or Leg; Brachial Plexus	53.90	51.83	90	1				
64714		Neuroplasty, Major Peripheral Nerve, Arm Or Leg; Lumbar Plexus	47.70	45.86	90	1				
64716		Neuroplasty And/Or Transposition; Cranial Nerve (Specify)	37.47	36.02	90	1				
64722		Decompression; Unspecified Nerve(S) (Specify)	24.42	23.48	90	1				
64732		Transection Or Avulsion Of; Supraorbital Nerve	28.64	27.54	90	1				
64736		Transection Or Avulsion Of; Mental Nerve	28.41	27.31	90	1				
64738		Transection Or Avulsion Of; Inferior Alveolar Nerve By Osteotomy	33.65	32.36	90	1				
64740		Transection Or Avulsion Of; Lingual Nerve	33.11	31.83	90	1				
64742		Transection Or Avulsion Of; Facial Nerve, Differential Or Complete	33.06	31.79	90	1				
64746		Transection Or Avulsion Of; Phrenic Nerve	30.84	29.66	90	1				
64752		Transection Or Avulsion Of; Vagus Nerve (Vagotomy), Transthoracic	36.72	35.31	90	1				
64755		Transection Or Avulsion Of; Vagus Nerves Limited To Proximal Stomach (Selec	64.71	62.23	90	1				
64760		Transection Or Avulsion Of; Vagus Nerve (Vagotomy), Abdominal	34.89	33.54	90	1				
64761		Transection Or Avulsion Of; Pudendal Nerve	32.73	31.47	90	1				
64763		Transection Or Avulsion Of Obturator Nerve, Extrapelvic, With Or Without Ad	35.39	34.03	90	1				
64766		Transection Or Avulsion Of Obturator Nerve, Intrapelvic, With Or Without Ad	41.51	39.92	90	1				
64771		Transection Or Avulsion Of Other Cranial Nerve, Extradural	42.87	41.22	90	1				
64772		Transection Or Avulsion Of Other Spinal Nerve, Extradural	41.39	39.80	90	1				
64786		Excision Of Neuroma; Sciatic Nerve	76.32	73.38	90	1				
64792		Excision Of Neurofibroma Or Neurolemmoma; Extensive (Including Malignant Ty	78.85	75.82	90	1				
64802		Sympathectomy, Cervical	37.93	36.47	90	1				
64804		Sympathectomy, Cervicothoracic	55.26	53.14	90	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
64809		Sympathectomy, Thoracolumbar	51.78	49.79	90	1				
64818		Sympathectomy, Lumbar	47.81	45.98	90	1				
64835		Suture Of One Nerve, Hand Or Foot; Median Motor Thenar	57.43	55.23	90	1				
64836		Suture Of One Nerve, Hand Or Foot; Ulnar Motor	57.43	55.23	90	1				
64837		Suture Of Each Additional Nerve, Hand Or Foot (List Separately In Addition	24.92	23.96	90	4				
64840		Suture Of Posterior Tibial Nerve	62.26	59.86	90	1				
64857		Suture Of Major Peripheral Nerve, Arm Or Leg, Except Sciatic; Without Trans	75.03	72.14	90	1				
64858		Suture Of Sciatic Nerve	74.84	71.96	90	1				
64859		Suture Of Each Additional Major Peripheral Nerve (List Separately In Additi	18.95	18.22	90	3				
64861		Suture Of; Brachial Plexus	93.91	90.30	90	1				
64862		Suture Of; Lumbar Plexus	98.63	94.84	90	1				
64864		Suture Of Facial Nerve; Extracranial	62.95	60.53	90	1				
64865		Suture Of Facial Nerve; Infratemporal, With Or Without Grafting	80.52	77.42	90	1				
64866		Anastomosis; Facial-Spinal Accessory	80.57	77.47	90	1				
64868		Anastomosis; Facial-Hypoglossal	73.74	70.90	90	1				
64870		Anastomosis; Facial-Phrenic	74.15	71.30	90	1				
64872		Suture Of Nerve; Requiring Secondary Or Delayed Suture (List Separately In	8.40	8.08	90	1				
64874		Suture Of Nerve; Requiring Extensive Mobilization, Or Transposition Of Nerv	11.89	11.43	90	1				
64876		Suture Of Nerve; Requiring Shortening Of Bone Of Extremity (List Separately	12.87	12.37	90	1				
64885		Nerve Graft (Includes Obtaining Graft), Head Or Neck; Up To 4 Cm In Length	78.70	75.68	90	1				
64886		Nerve Graft (Includes Obtaining Graft), Head Or Neck; More Than 4 Cm In Len	91.62	88.09	90	1				
64890		Nerve Graft (Includes Obtaining Graft), Single Strand, Hand Or Foot; Up To	79.92	76.84	90	1				
64891		Nerve Graft (Includes Obtaining Graft), Single Strand, Hand Or Foot; More T	78.63	75.61	90	1				
64892		Nerve Graft (Includes Obtaining Graft), Single Strand, Arm Or Leg; Up To 4	77.87	74.87	90	1				
64893		Nerve Graft (Includes Obtaining Graft), Single Strand, Arm Or Leg; More Tha	82.01	78.85	90	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
64895		Nerve Graft (Includes Obtaining Graft), Multiple Strands (Cable), Hand Or F	97.23	93.49	90	1				
64896		Nerve Graft (Includes Obtaining Graft), Multiple Strands (Cable), Hand Or F	107.64	103.50	90	1				
64897		Nerve Graft (Includes Obtaining Graft), Multiple Strands (Cable), Arm Or Le	93.25	89.66	90	1				
64898		Nerve Graft (Includes Obtaining Graft), Multiple Strands (Cable), Arm Or Le	101.70	97.79	90	1				
64901		Nerve Graft, Each Additional Nerve; Single Strand (List Separately In Addit	44.92	43.19	90	3				
64902		Nerve Graft, Each Additional Nerve; Multiple Strands (Cable) (List Separate	51.60	49.61	90	1				
64905		Nerve Pedicle Transfer; First Stage	74.26	71.41	90	1				
64907		Nerve Pedicle Transfer; Second Stage	76.25	73.31	90	1				
65105		Enucleation Of Eye; With Implant, Muscles Attached To Implant	54.89	52.78	90	1				
65110		Exenteration Of Orbit (Does Not Include Skin Graft), Removal Of Orbital Con	80.32	77.23	90	1				
65112		Exenteration Of Orbit (Does Not Include Skin Graft), Removal Of Orbital Con	94.65	91.01	90	1				
65114		Exenteration Of Orbit (Does Not Include Skin Graft), Removal Of Orbital Con	98.29	94.51	90	1				
65210		Removal Of Foreign Body, External Eye; Conjunctival Embedded (Includes Con	28.85	27.74	0	1				
65220		Removal Of Foreign Body, External Eye; Corneal, Without Slit Lamp	24.37	23.43	0	1				
65260		Removal Of Foreign Body, Intraocular; From Posterior Segment, Magnetic Extr	62.92	60.50	90	1				
65265		Removal Of Foreign Body, Intraocular; From Posterior Segment, Nonmagnetic E	70.83	68.10	90	1				
65285		Repair Of Laceration; Cornea And/Or Sclera, Perforating, With Reposition Or	68.56	65.93	90	1				
65710		Keratoplasty (Corneal Transplant); Lamellar	72.38	69.59	90	1				
65730		Keratoplasty (Corneal Transplant); Penetrating (Except In Aphakia)	80.63	77.53	90	1				
65750		Keratoplasty (Corneal Transplant); Penetrating (In Aphakia)	81.58	78.44	90	1				
65755		Keratoplasty (Corneal Transplant); Penetrating (In Pseudophakia)	81.12	78.00	90	1				
65756		Keratoplasty (Corneal Transplant); Endothelial	79.92	76.85		1				
65770		Keratoprosthesis	93.27	89.69	90	1				
65900		Removal Of Epithelial Downgrowth, Anterior Chamber Of Eye	63.03	60.61	90	1				
66165		Fistulization Of Sclera For Glaucoma; Iridencleisis Or Iridotaxis	55.21	53.08	90	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
66170		Fistulization Of Sclera For Glaucoma; Trabeculectomy Ab Externo In Absence	77.74	74.75	90	1				
66172		Fistulization Of Sclera For Glaucoma; Trabeculectomy Ab Externo With Scarri	97.89	94.12	90	1				
66180		Aqueous Shunt To Extraocular Reservoir, (Eg, Molteno, Schocket, Denver-Krup	77.16	74.20	90	1				
66185		Revision Of Aqueous Shunt To Extraocular Reservoir	48.93	47.05	90	1				
66220		Repair Of Scleral Staphyloma; Without Graft	48.07	46.22	90	1				
66225		Repair Of Scleral Staphyloma; With Graft	61.40	59.04	90	1				
67010		Removal Of Vitreous, Anterior Approach (Open Sky Technique Or Limbal Incisi	35.77	34.40	90	1				
67027		Implantation Of Intravitreal Drug Delivery System (Eg, Ganciclovir Implant)	56.41	54.24	90	1				
67030		Discission Of Vitreous Strands (Without Removal), Pars Plana Approach	34.11	32.80	90	1				
67036		Vitrectomy, Mechanical, Pars Plana Approach;	63.43	60.99	90	1				
67039		Vitrectomy, Mechanical, Pars Plana Approach; With Focal Endolaser Photocoag	81.15	78.03	90	1				
67040		Vitrectomy, Mechanical, Pars Plana Approach; With Endolaser Panretinal Phot	93.65	90.04	90	1				
67107		Repair Of Retinal Detachment; Scleral Buckling (Such As Lamellar Scleral Di	80.06	76.98	90	1				
67108		Repair Of Retinal Detachment; With Vitrectomy, Any Method, With Or Without	106.52	102.42	90	1				
67112		Repair Of Retinal Detachment; By Scleral Buckling Or Vitrectomy, On Patient	88.03	84.64	90	1				
67113		Repair Of Complex Retinal Detachment (Eg, Proliferative Vitreoretinopathy,	104.62	100.59	90	1				
67121		Removal Of Implanted Material, Posterior Segment; Intraocular	59.76	57.47	90	1				
67255		Scleral Reinforcement (Separate Procedure); With Graft	54.78	52.67	90	1				
67332		Strabismus Surgery On Patient With Scarring Of Extraocular Muscles (Eg, Pri	22.82	21.94	90	1				
67340		Strabismus Surgery Involving Exploration And/Or Repair Of Detached Extraocu	24.65	23.70	90	1				
67343		Release Of Extensive Scar Tissue Without Detaching Extraocular Muscle (Sepa	42.80	41.15	90	1				
67399	R	Unlisted Procedure, Ocular Muscle			90	1				
67400		Orbitotomy Without Bone Flap (Frontal Or Transconjunctival Approach); For E	60.82	58.48	90	1				
67405		Orbitotomy Without Bone Flap (Frontal Or Transconjunctival Approach); With	51.91	49.92	90	1				
67412		Orbitotomy Without Bone Flap (Frontal Or Transconjunctival Approach); With	55.81	53.66	90	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
67413		Orbitotomy Without Bone Flap (Frontal Or Transconjunctival Approach); With	56.10	53.94	90	1				
67414		Orbitotomy Without Bone Flap (Frontal Or Transconjunctival Approach); With	87.83	84.45	90	1				
67420		Orbitotomy With Bone Flap Or Window, Lateral Approach (Eg, Kroenlein); With	107.84	103.69	90	1				
67430		Orbitotomy With Bone Flap Or Window, Lateral Approach (Eg, Kroenlein); With	81.81	78.66	90	1				
67440		Orbitotomy With Bone Flap Or Window, Lateral Approach (Eg, Kroenlein); With	78.80	75.77	90	1				
67445		Orbitotomy With Bone Flap Or Window, Lateral Approach (Eg, Kroenlein); With	93.47	89.88	90	1				
67450		Orbitotomy With Bone Flap Or Window, Lateral Approach (Eg, Kroenlein); For	81.84	78.69	90	1				
67500		Retrolbulbar Injection; Medication (Separate Procedure, Does Not Include Su	35.96	34.58	0	1				
67570		Optic Nerve Decompression (Eg, Incision Or Fenestration Of Optic Nerve Shea	75.76	72.85	90	1				
67599	R	Unlisted Procedure, Orbit			90	1				
67971		Reconstruction Of Eyelid, Full Thickness By Transfer Of Tarsconjunctival F	48.36	46.50	90	1				
67973		Reconstruction Of Eyelid, Full Thickness By Transfer Of Tarsconjunctival F	62.63	60.22	90	1				
67974		Reconstruction Of Eyelid, Full Thickness By Transfer Of Tarsconjunctival F	62.37	59.97	90	1				
68720		Dacryocystorhinostomy (Fistulization Of Lacrimal Sac To Nasal Cavity)	49.85	47.93	90	1				
68745		Conjunctivorhinostomy (Fistulization Of Conjunctiva To Nasal Cavity); Witho	50.25	48.31	90	1				
68750		Conjunctivorhinostomy (Fistulization Of Conjunctiva To Nasal Cavity); With	51.51	49.53	90	1				
69155		Radical Excision External Auditory Canal Lesion; With Neck Dissection	121.00	116.35	90	1				
69210		Removal Impacted Cerumen (Separate Procedure), One Or Both Ears	22.21	21.36	0	1				
69220		Debridement, Mastoidectomy Cavity, Simple (Eg, Routine Cleaning)	61.28	58.92	0	1				
69320		Reconstruction External Auditory Canal For Congenital Atresia, Single Stage	110.56	106.31	90	1				
69530		Petrous Apicectomy Including Radical Mastoidectomy	119.73	115.12	90	1				
69550		Excision Aural Glomus Tumor; Transcanal	74.96	72.07	90	1				
69552		Excision Aural Glomus Tumor; Transmastoid	113.57	109.20	90	1				
69554		Excision Aural Glomus Tumor; Extended (Extratemporal)	178.26	171.41	90	1				
69605		Revision Mastoidectomy; With Apicectomy	113.05	108.70	90	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
69670		Mastoid Obliteration (Separate Procedure)	68.13	65.51	90	1				
69725		Decompression Facial Nerve, Intratemporal; Including Medial To Geniculate G	136.55	131.29	90	1				
69740		Suture Facial Nerve, Intratemporal, With Or Without Graft Or Decompression;	84.86	81.60	90	1				
69745		Suture Facial Nerve, Intratemporal, With Or Without Graft Or Decompression;	80.47	77.37	90	1				
69805		Endolymphatic Sac Operation; Without Shunt	76.56	73.62	90	1				
69820		Fenestration Semicircular Canal	62.34	59.95	90	1				
69840		Revision Fenestration Operation	64.71	62.23	90	1				
69915		Vestibular Nerve Section, Translabyrinthine Approach	111.79	107.49	90	1				
69950		Vestibular Nerve Section, Transcranial Approach	129.22	124.25	90	1				
69955		Total Facial Nerve Decompression And/Or Repair (May Include Graft)	143.66	138.13	90	1				
69960		Decompression Internal Auditory Canal	139.60	134.23	90	1				
69970		Removal Of Tumor, Temporal Bone	155.45	149.47	90	1				
80047		Basic Metabolic Panel (Calcium, Ionized)	10.00	10.00		1				
80048		Basic Metabolic Panel	6.40	6.40	0	1				
80069		Renal Function Panel	6.40	6.40	0	1				
80074		Acute Hepatitis Panel	36.80	36.80	0	1				
80076		Hepatic Function Panel	6.00	6.00	0	1				
81000		Urinalysis, By Dip Stick Or Tablet Reagent For Bilirubin, Glucose, Hemoglob	2.40	2.40	0	4				
81001		Urinalysis, By Dip Stick Or Tablet Reagent For Bilirubin, Glucose, Hemoglob	2.62	2.62	0	4				
81002		Urinalysis, By Dip Stick Or Tablet Reagent For Bilirubin, Glucose, Hemoglob	1.60	1.60	0	1				
81015		Urinalysis; Microscopic Only	1.60	1.60	0	1				
81025		Urine Pregnancy Test, By Visual Color Comparison Methods	5.20	5.20	0	1				
82270		Blood, Occult, By Peroxidase Activity (Eg, Guaiac), Qualitative; Feces, Con	1.60	1.60	0	1				
82274		Blood, Occult, By Fecal Hemoglobin Determination By Immunoassay, Qualitativ	1.60	1.60	0	1				
82947		Glucose; Quantitative, Blood (Except Reagent Strip)	2.80	2.80	0	10				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
82948		Glucose; Blood, Reagent Strip	2.40	2.40	0	10				
82950		Glucose; Post Glucose Dose (Includes Glucose)	3.20	3.20	0	1				
82951		Glucose; Tolerance Test (Gtt), Three Specimens (Includes Glucose)	10.40	10.40	0	1				
82962		Glucose, Blood By Glucose Monitoring Device(S) Cleared By The Fda Specifica	2.20	2.20	0	1				
83026		Hemoglobin; By Copper Sulfate Method, Non-Automated	2.00	2.00	0	1				
83655		Lead	8.40	8.40	0	1				
83721		Lipoprotein, Direct Measurement; Ldl Cholesterol	8.80	8.80		1				
84702		Gonadotropin, Chorionic (Hcg); Quantitative	12.40	12.40	0	1				
84703		Gonadotropin, Chorionic (Hcg); Qualitative	5.60	5.60	0	1				
84704		Gonadotropin, Chorionic (Hcg); Free Beta Chain	11.80	11.80		1				
85002		Bleeding Time	3.60	3.60	0	1				
85004		Blood Count; Automated Differential Wbc Count	4.80	4.80	0	1				
85007		Blood Count; Blood Smear, Microscopic Examination With Manual Differential	2.80	2.80	0	10				
85013		Blood Count; Spun Microhematocrit	2.00	2.00	0	1				
85014		Blood Count; Hematocrit (Hct)	1.60	1.60	0	10				
85018		Blood Count; Hemoglobin (Hgb)	1.60	1.60	0	10				
85025		Blood Count; Complete (Cbc), Automated (Hgb, Hct, Rbc, Wbc And Platelet Cou	6.40	6.40	0	4				
85049		Blood Count; Platelet, Automated	3.20	3.20	0	1				
85651		Sedimentation Rate, Erythrocyte, Non-Automated	2.80	2.80	0	1				
85660		Sickling Of Rbc, Reduction	3.20	3.20	0	1				
86318		Immunoassay For Infectious Agent Antibody, Qualitative Or Semiquantitative,	11.20	11.20	0	1				
86403		Particle Agglutination; Screen, Each Antibody	8.80	8.80	0	1				
86580		Skin Test; Tuberculosis, Intradermal	3.05	2.93	0	1				
86592		Syphilis Test; Qualitative (Eg, Vdrl, Rpr, Art)	3.20	3.20	0	1				
87040		Culture, Bacterial; Blood, Aerobic, With Isolation And Presumptive Identifi	8.40	8.40	0	3				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
87210		Smear, Primary Source With Interpretation; Wet Mount For Infectious Agents	3.20	3.20	0	1				
87220		Tissue Examination By Koh Slide Of Samples From Skin, Hair, Or Nails For Fu	3.20	3.20	0	1				
87430		Infectious Agent Antigen Detection By Enzyme Immunoassay Technique, Qual	9.20	9.20		1				
87650		Infectious Agent Detection By Nucleic Acid (Dna Or Rna); Streptococcus, Gro	9.60	9.60	0	1				
87804		Infectious Agent Antigen Detection By Immunoassay With Direct Optical	9.20	9.20		2				
87880		Infectious Agent Detection By Immunoassay With Direct Optical Observation;	9.20	9.20	0	1				
89190		Nasal Smear For Eosinophils	3.60	3.60	0	1				
90472		Each Additional Vaccine (Single Or Combination Vaccine/Toxoid) (List	4.00		0	5				
90632		Hepatitis A Vaccine, Adult Dosage, For Intramuscular Use	49.70	49.70	0	1				
90633		Hepatitis A Vaccine, Pediatric/Adolescent Dosage-2 Dose Schedule, For	8.00		0	1				
90634		Hepatitis A Vaccine, Pediatric/Adolescent Dosage-3 Dose Schedule, For	8.00		0	1				
90647		Hemophilus Influenza B Vaccine (Hib), Prp-Omp Conjugate (3 Dose Schedule),	8.00		0	1				
90648		Hemophilus Influenza B Vaccine (Hib), Prp-T Conjugate (4 Dose Schedule), Fo	8.00		0	1				
90649		Human Papilloma Virus (Hpv) Vaccine, Types 6, 11, 16, 18 (Quadrivalent), 3	8.00		0	1				
90649	HA	Human Papilloma Virus (Hpv) Vaccine, Types 6,11,16,18 (Quadrivalent), 3	114.25		0	1				
90655		Influenza Virus Vaccine, Split Virus, Preservative Free, When Administered	8.00		0	1				
90656		Influenza Virus Vaccine, Split Virus, Preservative Free, When Administered	8.00		0	1				
90656	HA	Influenza Virus Vaccine, Split Virus, Preservative Free, For Use In	20.71		0	1				
90657		Influenza Virus Vaccine, Split Virus, When Administered To Children 6-35 Mo	8.00		0	1				
90658		Influenza Virus Vaccine, Split Virus, When Administered To 3 Years Of Age A	8.00		0	1				
90658	HA	Influenza Virus Vaccine, Split Virus, 3 Years And Above Dosage, For	20.71		0	1				
90660		Influenza Virus Vaccine, Live, For Intranasal Use	8.00		0	1				
90669		Pneumococcal Conjugate Vaccine, Polyvalent, When Administered To Children Y	8.00		0	1				
90680		Rotavirus Vaccine, Pentavalent, 3 Dose Schedule, Live, For Oral Use	8.00		0	1				
90700		Diphtheria, Tetanus Toxoids, And Acellular Pertussis Vaccine (Dtap), When A	8.00		0	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
90704		Mumps Virus Vaccine, Live, For Subcutaneous Use	8.00		0	1				
90704	HA	Mumps Virus Vaccine, Live, For Subcutaneous Or Jet Injection Use	26.47		0	1				
90707		Measles, Mumps And Rubella Virus Vaccine (Mmr), Live, For Subcutaneous Use	8.00		0	1				
90707	HA	Measles, Mumps And Rubella Virus Vaccine (Mmr), Live, For Subcutaneous Or J	44.12		0	1				
90710		Measles, Mumps, Rubella, And Varicella Vaccine (Mmr), Live, For Subcutaneo	8.00		0	1				
90713		Poliovirus Vaccine, Inactivated, (Ipv), For Subcutaneous Or Intramuscular U	8.00		0	1				
90714		Tetanus And Diphtheria Toxoids (Td) Adsorbed, Preservative Free, When Admin	8.00		0	1				
90714	HA	Tetanus And Diphtheria Toxoids(Td) Adsorbed,Preservative Free, For Use In	23.75		0	1				
90715		Tetanus, Diphtheria Toxoids And Acellular Pertussis Vaccine (Tdap), When Ad	8.00		0	1				
90715	HA	Tetanus, Diphtheria Toxoids And Acellular Pertussis Vaccine (Tdap),	38.92		0	1				
90716		Varicella Virus Vaccine, Live, For Subcutaneous Use	8.00		0	1				
90716	HA	Varicella Virus Vaccine, Live, For Subcutaneous Use	75.84		0	1				
90718		Tetanus And Diphtheria Toxoids (Td) Adsorbed When Administered To 7 Years O	8.00		0	1				
90718	HA	Tetanus And Diphtheria Toxoids (Td) Adsorbed For Use In Individuals Seven Y	13.03		0	1				
90721		Diphtheria, Tetanus Toxoids, And Acellular Pertussis Vaccine And Hemophilus	8.00		0	1				
90723		Diphtheria, Tetanus Toxoids, Acellular Pertussis Vaccine, Hepatitis B, And	8.00		0	1				
90732		Pneumococcal Polysaccharide Vaccine, 23-Valent, Adult Or Immunosuppressed P	8.00		0	1				
90732	HA	Pneumococcal Polysaccharide Vaccine, 23-Valent, Adult Or Immunosuppressed P	55.96		0	1				
90734		Meningococcal Conjugate Vaccine, Serogroups A, C, Y And W-135 (Tetravalent)	8.00		0	1				
90734	HA	Meningococcal Conjugate Vaccine, Serogroups A, C, Y And W-135	86.35		0	1				
90743		Hepatitis B Vaccine, Adolescent (2 Dose Schedule), For Intramuscular Use	8.00		0	1				
90744		Hepatitis B Vaccine, Pediatric/Adolescent Dosage (3 Dose Schedule), For Int	8.00		0	1				
90746		Hepatitis B Vaccine, Adult Dosage, For Intramuscular Use	57.91		0	1				
90748		Hepatitis B And Hemophilus Influenza B Vaccine (Hepb-Hib), For Intramuscula	8.00		0	1				
90749	R	Unlisted Vaccine/Toxoid			0	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
90801		Psychiatric Diagnostic Interview Examination	66.09	63.55	0	1				
90802		Interactive Psychiatric Diagnostic Interview Examination Using Play Equipme	72.66	69.86	0	1				
90804		Individual Psychotherapy, Insight Oriented, Behavior Modifying And/Or Suppo	26.71	25.68	0	1				
90805		Individual Psychotherapy, Insight Oriented, Behavior Modifying And/Or Suppo	31.48	30.27	0	1				
90806		Individual Psychotherapy, Insight Oriented, Behavior Modifying And/Or Suppo	35.62	34.25	0	1				
90807		Individual Psychotherapy, Insight Oriented, Behavior Modifying And/Or Suppo	43.26	41.60	0	1				
90810		Individual Psychotherapy, Interactive, Using Play Equipment, Physical Devic	27.71	26.64	0	1				
90811		Individual Psychotherapy, Interactive, Using Play Equipment, Physical Devic	35.81	34.43	0	1				
90812		Individual Psychotherapy, Interactive, Using Play Equipment, Physical Devic	38.85	37.35	0	1				
90813		Individual Psychotherapy, Interactive, Using Play Equipment, Physical Devic	47.00	45.19	0	1				
90816		Individual Psychotherapy, Insight Oriented, Behavior Modifying And/Or Suppo	23.60	22.70	0	1				
90817		Individual Psychotherapy, Insight Oriented, Behavior Modifying And/Or Suppo	27.46	26.40	0	1				
90818		Individual Psychotherapy, Insight Oriented, Behavior Modifying And/Or Suppo	34.89	33.54	0	1				
90819		Individual Psychotherapy, Insight Oriented, Behavior Modifying And/Or Suppo	39.24	37.73	0	1				
90823		Individual Psychotherapy, Interactive, Using Play Equipment, Physical Devic	25.50	24.52	0	1				
90824		Individual Psychotherapy, Interactive, Using Play Equipment, Physical Devic	29.69	28.55	0	1				
90826		Individual Psychotherapy, Interactive, Using Play Equipment, Physical Devic	36.93	35.51	0	1				
90827		Individual Psychotherapy, Interactive, Using Play Equipment, Physical Devic	40.88	39.30	0	1				
90862		Pharmacologic Management, Including Prescription, Use, And Review Of Medica	25.81	24.82	0	1				
90951		(Esrd) Related Services Monthly, For Patients Younger Than 2 Years Of Age To Include Monitoring For The Adequacy Of Nutrition, Assessment Of Growth And Development, And Counseling Of Parents; With 4 Or More Face-To-Face Physician Visits Per Month	400.74	385.33						
90952		(Esrd) Related Services Monthly, For Patients Younger Than 2 Years Of Age To Include Monitoring For The Adequacy Of Nutrition, Assessment Of Growth And Development, And Counseling Of Parents; With 2-3 Face-To-Face Physician Visits Per Month	198.21	190.58						

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
90953		(Esrd) Related Services Monthly, For Patients Younger Than 2 Years Of Age To Include Monitoring For The Adequacy Of Nutrition, Assessment Of Growth And Development, And Counseling Of Parents; With 1 Face-To-Face Physician Visit Per Month	131.60	126.54						
90954		(Esrd) Related Services Monthly, For Patients 2-11 Years Of Age To Include Monitoring For The Adequacy Of Nutrition, Assessment Of Growth And Development, And Counseling Of Parents; With 4 Or More Face-To-Face Physician Visits Per Month	347.63	334.26						
90955		(Esrd) Related Services Monthly, For Patients 2-11 Years Of Age To Include Monitoring For The Adequacy Of Nutrition, Assessment Of Growth And Development, And Counseling Of Parents; With 2-3 Face-To-Face Physician Visits Per Month	196.04	188.50						
90956		(Esrd) Related Services Monthly, For Patients 2-11 Years Of Age To Include Monitoring For The Adequacy Of Nutrition, Assessment Of Growth And Development, And Counseling Of Parents; With 1 Face-To-Face Physician Visit Per Month	136.36	131.12						
90957		(Esrd) Related Services Monthly, For Patients 12-19 Years Of Age To Include Monitoring For The Adequacy Of Nutrition, Assessment Of Growth And Development, And Counseling Of Parents; With 4 Or More Face-To-Face Physician Visits Per Month	276.76	266.11						
90958		(Esrd) Related Services Monthly, For Patients 12-19 Years Of Age To Include Monitoring For The Adequacy Of Nutrition, Assessment Of Growth And Development, And Counseling Of Parents; With 2-3 Face-To-Face Physician Visits Per Month	187.69	180.47						
90959		(Esrd) Related Services Monthly, For Patients 12-19 Years Of Age To Include Monitoring For The Adequacy Of Nutrition, Assessment Of Growth And Development, And Counseling Of Parents; With 1 Face-To-Face Physician Visit Per Month	127.11	122.22						
90960		(Esrd) Related Services Monthly, For Patients 20 Years Of Age And Older; With 4 Or More Face-To-Face Physician Visits Per Month	122.49	117.78						
90961		End-Stage Renal Disease (Esrd) Related Services Monthly, For Patients 20 Years Of Age And Older; With 2-3 Face-To-Face Physician Visits Per Month	103.09	99.13						

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
90962		End-Stage Renal Disease (Esrđ) Related Services Monthly, For Patients 20 Years Of Age And Older; With 1 Face-To-Face Physician Visit Per Month	77.93	74.94						
90963		(Esrđ) Related Services For Home Dialysis Per Full Month, For Patients Younger Than 2 Years Of Age To Include Monitoring For The Adequacy Of Nutrition, Assessment Of Growth And Development, And Counseling Of Parents	233.94	224.94						
90964		(Esrđ) Related Services For Home Dialysis Per Full Month, For Patients 2-11 Years Of Age To Include Monitoring For The Adequacy Of Nutrition, Assessment Of Growth And Development, And Counseling Of Parents	203.81	195.97						
90965		(Esrđ) Related Services For Home Dialysis Per Full Month, For Patients 12-19 Years Of Age To Include Monitoring For The Adequacy Of Nutrition, Assessment Of Growth And Development, And Counseling Of Parents	194.26	186.78						
90966		End-Stage Renal Disease (Esrđ) Related Services For Home Dialysis Per Full Month, For Patients 20 Years Of Age And Older	102.94	98.98						
90967		End-Stage Renal Disease (Esrđ) Related Services For Dialysis Less Than A Full Month Of Service, Per Day; For Patients Younger Than 2 Years Of Age	7.62	7.33						
90968		End-Stage Renal Disease (Esrđ) Related Services For Dialysis Less Than A Full Month Of Service, Per Day; For Patients 2-11 Years Of Age	6.56	6.31						
90969		End-Stage Renal Disease (Esrđ) Related Services For Dialysis Less Than A Full Month Of Service, Per Day; For Patients 12-19 Years Of Age	6.41	6.17						
90970		End-Stage Renal Disease (Esrđ) Related Services For Dialysis Less Than A Full Month Of Service, Per Day; For Patients 20 Years Of Age And Older	3.43	3.30						
92504		Binocular Microscopy (Separate Diagnostic Procedure)	13.73	13.20	0	1				
92526		Treatment Of Swallowing Dysfunction And/Or Oral Function For Feeding	31.78	30.56	0	1				
92567		Tympanometry (Impedance Testing)	8.09	7.78	0	1				
92950		Cardiopulmonary Resuscitation (Eg, In Cardiac Arrest)	129.17	124.20	0	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
92992		Atrial Septectomy Or Septostomy; Transvenous Method, Balloon (Eg, Rashkind	64.45	61.97	90	1				
92993		Atrial Septectomy Or Septostomy; Blade Method (Park Septostomy) (Includes C	38.76	37.27	90	1				
93000		Electrocardiogram, Routine Ecg With At Least 12 Leads; With Interpretation	7.76	7.46	0	1				
94010		Spirometry, Including Graphic Record, Total And Timed Vital Capacity, Expir	15.82	15.21	0	1				
94011		Measurement Of Spirometric Forced Expiratory Flows In An Infant Or Child	44.01	42.32		1				
94012		Measurement Of Spirometric Forced Expiratory Flows, Before And After B	69.67	66.99		1				
94013		Measurement Of Lung Volumes (Ie, Functional Residual Capacity [Frc], Forced	14.47	13.91		1				
94060		Bronchodilation Responsiveness, Spirometry As In 94010, Pre- And Post-Bronc	26.56	25.54	0	1				
94070		Bronchospasm Provocation Evaluation, Multiple Spirometric Determinations As	26.56	25.54	0	1				
94150		Vital Capacity, Total (Separate Procedure)	10.24	9.85	0	1				
94200		Maximum Breathing Capacity, Maximal Voluntary Ventilation	11.19	10.76	0	1				
94250		Expired Gas Collection, Quantitative, Single Procedure (Separate Procedure)	11.47	11.03	0	1				
94375		Respiratory Flow Volume Loop	17.16	16.50	0	1				
94400		Breathing Response To Co2 (Co2 Response Curve)	25.07	24.10	0	1				
94450		Breathing Response To Hypoxia (Hypoxia Response Curve)	25.62	24.63	0	1				
94610		Intrapulmonary Surfactant Administration By A Physician Through Endotrachea	26.41	25.39	0	1				
94640		Pressurized Or Nonpressurized Inhalation Treatment For Acute Airway Obstruc	6.99	6.72	0	3				
94644		Continuous Inhalation Treatment With Aerosol Medication For Acute Airway Ob	16.84	16.19	0	1				
94645		Continuous Inhalation Treatment With Aerosol Medication For Acute Airway Ob	6.26	6.02	0	1				
94664		Demonstration And/Or Evaluation Of Patient Utilization Of An Aerosol Genera	7.61	7.32	0	1				
94667		Manipulation Chest Wall, Such As Cupping, Percussing, And Vibration To Faci	10.22	9.82	0	1				
94680		Oxygen Uptake, Expired Gas Analysis; Rest And Exercise, Direct, Simple	24.72	23.77	0	1				
94681		Oxygen Uptake, Expired Gas Analysis; Including Co2 Output, Percentage Oxyge	21.93	21.09	0	1				
94690		Oxygen Uptake, Expired Gas Analysis; Rest, Indirect (Separate Procedure)	20.60	19.81	0	1				
94750		Pulmonary Compliance Study (Eg, Plethysmography, Volume And Pressure Measur	35.36	34.00	0	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
94770		Carbon Dioxide, Expired Gas Determination By Infrared Analyzer	15.25	14.66	0	1				
95115		Professional Services For Allergen Immunotherapy Not Including Provision	4.18	4.02		1				
95117		Professional Services For Allergen Immunotherapy Not Including Provision	4.93	4.74		1				
95992		Canalith Repositioning Procedure(S) (Eg, Epley Maneuver, Semont Maneuver), Per Day	18.50	17.79						
96101		Psychological Testing (Includes Psychodiagnostic Assessment Of Emotionality	35.51	34.14	0	4				
96102		Psychological Testing (Includes Psychodiagnostic Assessment Of Emotionality	27.05	26.01	0	1				
96103		Psychological Testing (Includes Psychodiagnostic Assessment Of Emotionality	25.98	24.98	0	1				
96116		Neurobehavioral Status Exam (Clinical Assessment Of Thinking, Reasoning And	38.64	37.15	0	3				
96118		Neuropsychological Testing (Eg, Halstead-Reitan Neuropsychological Battery,	41.92	40.30	0	3				
96119		Neuropsychological Testing (Eg, Halstead-Reitan Neuropsychological Battery,	31.66	30.44	0	3				
96120		Neuropsychological Testing (Eg, Wisconsin Card Sorting Test), Administered	37.80	36.34	0	1				
96401		Chemotherapy Administration, Subcutaneous Or Intramuscular; Non-Hormonal An	31.48	30.27	0	1				
96402		Chemotherapy Administration, Subcutaneous Or Intramuscular; Hormonal Anti-N	13.93	13.39	0	1				
96409		Chemotherapy Administration; Intravenous, Push Technique, Single Or Initial	46.40	44.62	0	1				
96411		Chemotherapy Administration; Intravenous, Push Technique, Each Additional S	25.96	24.96	0	1				
96413		Chemotherapy Administration, Intravenous Infusion Technique; Up To 1 Hour,	57.46	55.25	0	1				
96415		Chemotherapy Administration, Intravenous Infusion Technique; Each Additiona	13.20	12.69	0	7				
96416		Chemotherapy Administration, Intravenous Infusion Technique; Initiation Of	63.02	60.60	0	1				
96417		Chemotherapy Administration, Intravenous Infusion Technique; Each Additiona	29.54	28.41	0	1				
96523		Irrigation Of Implanted Venous Access Device For Drug Delivery Systems	10.44	10.04	0	1				
97602		Removal Of Devitalized Tissue From Wound; Non-Selective Debridement, Withou	17.19	16.53	0	1				
99050		Services Provided In The Office At Times Other Than Regularly Scheduled Off	6.06	5.82	0	1				
99070	R	Supplies And Materials (Except Spectacles), Provided By The Physician Over			0	1				
99143		Moderate Sedation Services (Other Than Those Services Described By Codes 00	44.40	42.69	0	1				
99144		Moderate Sedation Services (Other Than Those Services Described By Codes 00	44.40	42.69	0	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
99145		Moderate Sedation Services (Other Than Those Services Described By Codes 00	22.20	21.34	0	4				
99148		Moderate Sedation Services (Other Than Those Services Described By Codes 00	44.40	42.69	0	1				
99149		Moderate Sedation Services (Other Than Those Services Described By Codes 00	44.40	42.69	0	1				
99150		Moderate Sedation Services (Other Than Those Services Described By Codes	22.20	21.34	0	4				
99195		Phlebotomy, Therapeutic (Separate Procedure)	42.22	40.60	0	1				
99201		Office Or Other Outpatient Visit For The Evaluation And Management Of A New	25.96	24.96	0	1				
99202		Office Or Other Outpatient Visit For The Evaluation And Management Of A New	27.21	26.17	0	1				
99203		Office And Outpatient Visit For A New Patient Must Include A Detailed	40.50	38.94	0	1				
99204		Office Or Other Outpatient Visit For The Evaluation And Management Of A New	57.27	55.07	0	1				
99205		Office Or Other Outpatient Visit For The Evaluation And Management Of A New	72.78	69.98		1				
99211		Office Or Other Outpatient Visit For The Evaluation And Management Of An Es	10.38	9.98	0	1				
99211	FP	Office Or Other Outpatient Visit For The Evaluation And Management Of An Es	8.17	7.86	0	1				
99212		Office Or Other Outpatient Visit For The Evaluation And Management Of An Es	18.17	17.47	0	1				
99213		Office Or Other Outpatient Visit For The Evaluation And Management Of An Es	22.14	21.29	0	1				
99214		Office Or Outpatient Visit For The Eval And Management Of An Est. Patient,	34.49	33.17	0	1				
99215		Office Or Other Outpatient Visit For The Evaluation And Management Of An Es	50.15	48.22		1				
99217		Observation Care Discharge Day Management (This Code Is To Be Utilized By T	31.03	29.84	0	1				
99218		Initial Observation Care, Per Day, For The Evaluation And Management Of A P	30.99	29.80	0	1				
99219		Initial Observation Care, Per Day, For The Evaluation And Management Of A P	51.23	49.26	0	1				
99221		Initial Hospital Care, Per Day, For The Evaluation And Management Of A Pati	43.56	41.89	0	1				
99222		Initial Hospital Care, Per Day, For The Evaluation And Management Of A Pati	59.08	56.81	0	1				
99223		Initial Hospital Care, Per Day, For The Evaluation And Management Of A Pati	86.84	83.50		1				
99224		Subsequent Observation Care, Per Day, For The Evaluation And Management Of A Patient, Which Requires At Least 2 Of These 3 Key Components: Problem Focused Interval History; Problem	14.68	14.12						

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
99225		Subsequent Observation Care, Per Day, For The Evaluation And Management Of A Patient, Which Requires At Least 2 Of These 3 Key Components: An Expanded Problem Focused Interval History; An	25.98	24.98						
99231		Subsequent Hospital Care, Per Day, For The Evaluation And Management Of A P	16.86	16.21	0	1				
99232		Subsequent Hospital Care, Per Day, For The Evaluation And Management Of A P	30.88	29.70	0	1				
99233		Subsequent Hospital Care, Per Day, For The Evaluation And Management Of A P	44.31	42.61	0	1				
99234		Observation Or Inpatient Hospital Care, For The Evaluation And Management O	57.89	55.66	0	1				
99235		Observation Or Inpatient Hospital Care, For The Evaluation And Management O	72.51	69.72	0	1				
99238		Hospital Discharge Day Management, 30 Minutes Or Less	30.88	29.70	0	1				
99239		Hospital Discharge Day Management, More Than 30 Minutes	45.80	44.04	0	1				
99241		Office Consultation For A New Or Established Patient, Which Requires These	20.44	19.66	0	1				
99242		Office Consultation For A New Or Established Patient, Which Requires These	38.50	37.02	0	1				
99243		Office Consultation For A New Or Established Patient, Which Requires These	52.52	50.50	0	1				
99244		Office Consultation For A New Or Established Patient, Which Requires These	77.58	74.60	0	1				
99251		Inpatient Consultation For A New Or Established Patient, Which Requires The	20.74	19.94	0	1				
99252		Inpatient Consultation For A New Or Established Patient, Which Requires The	31.93	30.70	0	1				
99253		Inpatient Consultation For A New Or Established Patient, Which Requires The	48.64	46.77	0	1				
99254		Inpatient Consultation For A New Or Established Patient, Which Requires The	70.12	67.42	0	1				
99281		Emergency Department Visit For The Evaluation And Management Of A Patient,	11.84	11.38	0	1				
99282		Emergency Department Visit For The Evaluation And Management Of A Patient,	18.34	17.63	0	1				
99283		Emergency Department Visit For The Evaluation And Management Of A Patient,	33.80	32.50	0	1				
99284		Emergency Department Visit For The Evaluation And Management Of A Patient,	51.75	49.76	0	1				
99285		Emergency Department Visit For The Evaluation And Management Of A Patient,	81.54	78.41	0	1				
99304		Initial Nursing Facility Care, Per Day, For The Evaluation And Management O	40.14	38.59	0	1				
99305		Initial Nursing Facility Care, Per Day, For The Evaluation And Management O	56.07	53.91	0	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
99306		Initial Nursing Facility Care, Per Day, For The Evaluation And Management O	72.20	69.42	0	1				
99307		Subsequent Nursing Facility Care, Per Day, For The Evaluation And Managemen	19.09	18.36	0	1				
99308		Subsequent Nursing Facility Care, Per Day, For The Evaluation And Managemen	29.54	28.41	0	1				
99309		Subsequent Nursing Facility Care, Per Day, For The Evaluation And Managemen	38.79	37.30	0	1				
99310		Subsequent Nursing Facility Care, Per Day, For The Evaluation And Managemen	57.59	55.38	0	1				
99318		Evaluation And Management Of A Patient Involving An Annual Nursing Facility	41.18	39.59	0	1				
99324		Domiciliary Or Rest Home Visit For The Evaluation And Management Of A New P	24.02	23.10	0	1				
99325		Domiciliary Or Rest Home Visit For The Evaluation And Management Of A New P	34.46	33.14	0	1				
99326		Domiciliary Or Rest Home Visit For The Evaluation And Management Of A New P	59.83	57.53	0	1				
99327		Domiciliary Or Rest Home Visit For The Evaluation And Management Of A New P	79.82	76.75	0	1				
99328		Domiciliary Or Rest Home Visit For The Evaluation And Management Of A New P	92.35	88.80	0	1				
99334		Domiciliary Or Rest Home Visit For The Evaluation And Management Of An Esta	25.96	24.96	0	1				
99335		Domiciliary Or Rest Home Visit For The Evaluation And Management Of An Esta	40.58	39.02	0	1				
99336		Domiciliary Or Rest Home Visit For The Evaluation And Management Of An Esta	57.59	55.38	0	1				
99337		Domiciliary Or Rest Home Visit For The Evaluation And Management Of An Esta	82.65	79.47	0	1				
99339		Individual Physician Supervision Of A Patient (Patient Not Present) In Home	33.27	31.99	0	1				
99340		Individual Physician Supervision Of A Patient (Patient Not Present) In Home	46.55	44.76	0	1				
99341		Home Visit For The Evaluation And Management Of A New Patient, Which Requir	23.57	22.66	0	1				
99342		Home Visit For The Evaluation And Management Of A New Patient, Which Requir	34.16	32.85	0	1				
99343		Home Visit For The Evaluation And Management Of A New Patient, Which Requir	56.24	54.08	0	1				
99344		Home Visit For The Evaluation And Management Of A New Patient, Which Requir	78.47	75.46	0	1				
99347		Home Visit For The Evaluation And Management Of An Established Patient, Whi	23.87	22.95	0	1				
99348		Home Visit For The Evaluation And Management Of An Established Patient, Whi	36.11	34.72	0	1				
99349		Home Visit For The Evaluation And Management Of An Established Patient, Whi	54.90	52.79	0	1				
99350		Home Visit For The Evaluation And Management Of An Established Patient, Whi	76.24	73.30	0	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
99354		Prolonged Physician Service In The Office Or Other Outpatient Setting Requi	42.52	40.89	0	1				
99355		Prolonged Physician Service In The Office Or Other Outpatient Setting Requi	41.62	40.02	0	1				
99356		Prolonged Physician Service In The Inpatient Setting, Requiring Direct (Fac	39.39	37.87	0	1				
99357		Prolonged Physician Service In The Inpatient Setting, Requiring Direct (Fac	38.94	37.44	0	1				
99381		Initial Comprehensive Preventive Medicine Evaluation And Management Of An I	57.27		0	1				
99382		Initial Evaluation And Management Of A Healthy Individual Requiring A Compr	57.27		0	1				
99383		Initial Evaluation And Management Of A Healthy Individual Requiring A Compr	57.27		0	1				
99383	FP	Initial Comprehensive Preventive Medicine Evaluation And Management Of An	39.70		0	1				
99384		Initial Evaluation And Management Of A Healthy Individual Requiring A Compr	57.27		0	1				
99384	FP	Initial Evaluation And Management Of A Healthy Individual Requiring A Compr	43.30		0	1				
99385		Initial Evaluation And Management Of A Healthy Individual Requiring A Compr	57.27	55.07	0	1				
99385	EP	Initial Comprehensive Preventive Medicine Evaluation And Management Of An	57.27	55.07	0	1				
99385	FP	Initial Comprehensive Preventive Medicine Evaluation And Management Of An	43.30	41.63	0	1				
99386		Initial Evaluation And Management Of A Healthy Individual Requiring A Compr		57.88	0	1				
99386	FP	Initial Comprehensive Preventive Medicine Evaluation And Management Of An		48.54	0	1				
99387		Initial Evaluation And Management Of A Healthy Individual Requiring A Compr		63.74	0	1				
99391		Periodic Comprehensive Preventive Medicine Reevaluation And Management Of A	57.27		0	1				
99392		Periodic Reevaluation And Management Of A Healthy Individual Requiring A Co	57.27		0	1				
99393		Periodic Reevaluation And Management Of A Healthy Individual Requiring A Co	57.27		0	1				
99393	FP	Periodic Comprehensive Preventive Medicine Reevaluation And Management Of A	34.80		0	1				
99394		Periodic Reevaluation And Management Of A Healthy Individual Requiring A Co	57.27		0	1				
99394	FP	Periodic Comprehensive Preventive Medicine Reevaluation And Management Of A	38.24		0	1				
99395		Periodic Reevaluation And Management Of A Healthy Individual Requiring A Co	57.27	55.07	0	1				
99395	EP	Periodic Reevaluation And Management Of A Healthy Individual Requiring A	57.27	55.07	0	1				
99395	FP	Periodic Comprehensive Preventive Medicine Reevaluation And Management Of A	38.24	36.77	0	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
99396		Periodic Reevaluation And Management Of A Healthy Individual Requiring A Co		48.06	0	1				
99396	FP	Periodic Comprehensive Preventive Medicine Reevaluation And Management Of A		40.22	0	1				
99397		Periodic Reevaluation And Management Of A Healthy Individual Requiring A Co		53.91	0	1				
99401		Preventive Medicine Counseling And/Or Risk Factor Reduction Intervention(S)	15.52	14.92	0	1				
99402		Counseling And/Or Risk Factor Reduction Intervention(S) Provided To A Healt	26.56	25.54	0	1				
99403	FP	Counseling And/Or Risk Factor Reduction Intervention(S) Provided To A Healt	33.99	32.68	0	1				
99460		Initial Hospital Or Birthing Center Care, Per Day, For Evaluation And Management Of Normal Newborn Infant	27.76	26.70		1				
99461		Initial Care, Per Day, For Evaluation And Management Of Normal Newborn Infant Seen In Other Than Hospital Or Birthing Center	41.92	40.31		1				
99462		Subsequent Hospital Care, Per Day, For Evaluation And Management Of Normal Newborn	14.88	14.30		1				
99463		Initial Hospital Or Birthing Center Care, Per Day, For Evaluation And Management Of Normal Newborn Infant Admitted And Discharged On The Same Date	36.90	35.48		1				
99464		Attendance At Delivery (When Requested By The Delivering Physician) And Initial Stabilization Of Newborn	31.63	30.42		1				
99465		Delivery/Birthing Room Resuscitation, Provision Of Positive Pressure Ventilation And/Or Chest Compressions In The Presence Of Acute Inadequate Ventilation And/Or Cardiac Output	62.96	60.54		1				
99468		Initial Inpatient Neonatal Critical Care, Per Day, For The Evaluation And Management Of A Critically Ill Neonate, 28 Days Of Age Or Less	398.50	383.18		1				
99469		Subsequent Inpatient Neonatal Critical Care, Per Day, For The Evaluation And Management Of A Critically Ill Neonate, 28 Days Of Age Or Less	181.13	174.16		1				
99499	SC	Fluoride Varnish	22.46			1				
A4261		Cervical Cap For Contraceptive Use	45.76	44.00	0	1				
G0101		Cervical Or Vaginal Cancer Screening; Pelvic And Clinical Breast Examinatio	15.48	14.88	0	1				
H0004		Individual/Family Therapy-45 Minutes	45.76	44.00	0	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
H1000		Prenatal Care, At Risk Assessment	43.26	41.60	0	1				
H1001		Prenatal Care,At-Risk Enhanced Services; Antepartum Management	86.53	83.20	0	1				
H1001	TG	Prenatal Care,At-Risk Enhanced Service,Antepartum Management	129.79	124.80	0	1				
J0207		Injection, Amifostine, 500 Mg								
J0290		Injection, Ampicillin Sodium, 500 Mg								
J0295		Injection, Ampicillin Sodium/Sulbactam Sodium, Per 1.5 Gm								
J0690		Injection, Cefazolin Sodium, 500 Mg								
J0696		Injection, Ceftriaxone Sodium, Per 250 Mg								
J0698		Cefotaxime Sodium, Per Gm								
J0740		Injection, Cidofovir, 375 Mg								
J0881		Injection, Darbepoetin Alfa, 1 Microgram (Non-Esrd Use)								
J0882		Injection, Darbepoetin Alfa, 1 Microgram (For Esrd On Dialysis)								
J0885		Injection, Epoetin Alfa, (For Non-Esrd Use), 1000 Units								
J0886		Injection, Epoetin Alfa, 1000 Units (For Esrd On Dialysis)								
J1000		Injection, Depo-Estradiol Cypionate, Up To 5 Mg								
J1020		Injection, Methylprednisolone Acetate, 20 Mg								
J1030		Injection, Methylprednisolone Acetate, 40 Mg								
J1040		Injection, Methylprednisolone Acetate, 80 Mg								
J1051		Injection, Medroxyprogesterone Acetate, 50 Mg								
J1055		Injection, Medroxyprogesterone Acetate For Contraceptive Use, 150 Mg								
J1100		Injection, Dexamethasone Sodium Phosphate, 1Mg								
J1200		Injection, Diphenhydramine Hcl, Up To 50 Mg								
J1364		Injection, Erythromycin Lactobionate, Per 500 Mg								
J1440		Injection, Filgrastim (G-Csf), 300 Mcg								
J1441		Injection, Filgrastim (G-Csf), 480 Mcg								

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
J1570		Injection, Ganciclovir Sodium, 500 Mg								
J1626		Injection, Granisetron Hydrochloride, 100 Mcg								
J1885		Injection, Ketorolac Tromethamine, Per 15 Mg								
J1940		Injection, Furosemide, Up To 20 Mg								
J1950		Injection,Leuprolide Acetate Per 3.75 Mg.								
J2060		Injection, Lorazepam, 2 Mg								
J2210		Injection, Methylergonovine Maleate, Up To 0.2 Mg								
J2550		Injection, Promethazine Hcl, Up To 50 Mg								
J2590		Injection, Oxytocin, Up To 10 Units								
J2790		Injection, Rho D Immune Globulin, Human, Full Dose, 300 Mcg								
J2820		Injection, Sargramostim (Gm-Csf), 50 Mcg								
J2930		Injection, Methylprednisolone Sodium Succinate, Up To 125 Mg								
J3030		Injection, Sumatriptan Succinate, 6 Mg (Code May Be Used For Medicare When								
J3105		Injection, Terbutaline Sulfate, Up To 1 Mg								
J3301		Injection Triamcinolone Acetonide, Per 10Mg								
J3410		Injection, Hydroxyzine Hcl, Up To 25 Mg								
J3430		Injection, Phytonadione (Vitamin K), Per 1 Mg								
J3490	R	Unclassified Drugs								
J7030		Infusion, Normal Saline Solution , 1000 Cc								
J7040		Infusion, Normal Saline Solution, Sterile (500 MI=1 Unit)								
J7042		5% Dextrose/Normal Saline (500 MI = 1 Unit)								
J7050		Infusion, Normal Saline Solution , 250 Cc								
J7060		5% Dextrose/Water (500 MI = 1 Unit)								
J7070		Infusion, D5W, 1000 Cc								
J7120		Ringers Lactate Infusion, Up To 1000 Cc								

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
J7300		Intrauterine Copper Contraceptive								
J7302		Levonorgestrel-Releasing Intrauterine Contraceptive System, 52 Mg								
J7307		Etonogestrel (Contraceptive) Implant System, Including Implant And Supplies								
J9201		Gemcitabine Hcl, 200 Mg								
J9206		Irinotecan, 20 Mg								
J9260		Methotrexate Sodium, 50 Mg								
J9600	R	Porfimer Sodium, 75 Mg								
Q0111		Wet Mounts, Including Preparations Of Vaginal, Cervical Or Skin Specimens	3.33	3.20	0	1				
Q0112		All Potassium Hydroxide (Koh) Preparations	3.33	3.20	0	1				
Q0113		Pinworm Examinations	4.16	4.00	0	0				
Q0114		Fern Test	3.33	3.20	0	1				
Q4003		Cast Supplies, Shoulder Cast, Adult (11 Years +), Plaster	18.05	18.05	0	1				
Q4004		Cast Supplies, Shoulder Cast, Adult (11 Years +), Fiberglass	62.48	62.48	0	1				
Q4005		Cast Supplies, Long Arm Cast, Adult (11 Years +), Plaster	6.65	6.65	0	1				
Q4006		Cast Supplies, Long Arm Cast, Adult (11 Years +), Fiberglass	14.99	14.99	0	1				
Q4007		Cast Supplies, Long Arm Cast, Pediatric (0-10 Years), Plaster	3.33	3.33	0	1				
Q4008		Cast Supplies, Long Arm Cast, Pediatric (0-10 Years), Fiberglass	7.50	7.50	0	1				
Q4009		Cast Supplies, Short Arm Cast, Adult (11 Years +), Plaster	4.44	4.44	0	1				
Q4010		Cast Supplies, Short Arm Cast, Adult (11 Years +), Fiberglass	10.00	10.00	0	1				
Q4011		Cast Supplies, Short Arm Cast, Pediatric (0-10 Years), Plaster	2.22	2.22	0	1				
Q4012		Cast Supplies, Short Arm Cast, Pediatric (0-10 Years), Fiberglass	5.00	5.00	0	1				
Q4013		Cast Supplies, Gauntlet Cast (Includes Lower Forearm And Hand), Adult (11 Y	8.08	8.08	0	1				
Q4014		Cast Supplies, Gauntlet Cast (Includes Lower Forearm And Hand), Adult (11 Y	13.64	13.64	0	1				
Q4015		Cast Supplies, Gauntlet Cast (Includes Lower Forearm And Hand), Pediatric (	4.04	4.04	0	1				
Q4016		Cast Supplies, Gauntlet Cast (Includes Lower Forearm And Hand), Pediatric (	6.82	6.82	0	1				

Code	Spec	Description	00-20 Max Fee	21+ Max Fee	FUD	Units	Hysterectomy	Sterilization	Abortion	PA
Q4017		Cast Supplies, Long Arm Splint, Adult (11 Years +), Plaster	4.68	4.68	0	1				
Q4018		Cast Supplies, Long Arm Splint, Adult (11 Years +), Fiberglass	7.46	7.46	0	1				
Q4019		Cast Supplies, Long Arm Splint, Pediatric (0-10 Years), Plaster	2.34	2.34	0	1				
Q4020		Cast Supplies, Long Arm Splint, Pediatric (0-10 Years), Fiberglass	3.73	3.73	0	1				
Q4021		Cast Supplies, Short Arm Splint, Adult (11 Years +), Plaster	3.46	3.46	0	1				
Q4022		Cast Supplies, Short Arm Splint, Adult (11 Years +), Fiberglass	6.24	6.24	0	1				
Q4023		Cast Supplies, Short Arm Splint, Pediatric (0-10 Years), Plaster	1.74	1.74	0	1				
Q4032		Cast Supplies, Long Leg Cast, Pediatric (0-10 Years), Fiberglass	19.52	19.52	0	2				
Q4037		Cast Supplies, Short Leg Cast, Adult (11 Years +), Plaster	8.44	8.44	0	1				
Q4038		Cast Supplies, Short Leg Cast, Adult (11 Years +), Fiberglass	21.15	21.15	0	1				
Q4039		Cast Supplies, Short Leg Cast, Pediatric (0-10 Years), Plaster	4.23	4.23	0	1				
Q4040		Cast Supplies, Short Leg Cast, Pediatric (0-10 Years), Fiberglass	10.58	10.58	0	1				
Q4045		Cast Supplies, Short Leg Splint, Adult (11 Years +), Plaster	5.96	5.96	0	1				
Q4046		Cast Supplies, Short Leg Splint, Adult (11 Years +), Fiberglass	9.58	9.58	0	1				
Q4047		Cast Supplies, Short Leg Splint, Pediatric (0-10 Years), Plaster	2.98	2.98	0	1				
Q4048		Cast Supplies, Short Leg Splint, Pediatric (0-10 Years), Fiberglass	4.80	4.80	0	1				
Q4049		Finger Splint, Static	1.09	1.09	0	1				
Q4050	R	Cast Supplies, For Unlisted Types And Materials Of Casts			0	1				
Q4051	R	Splint Supplies, Miscellaneous (Includes Thermoplastics, Strapping, Fastene			0	1				
S0195		Pneumococcal Conjugate Vaccine, Polyvalent, Intramuscular, For Children Fro	10.00	10.00	0	1				
S4005		Labor Management Fee	200.00	200.00	0	1				
S4989		Progestasert Intrauterine Device	106.86	106.86	0	1				
S8415		Supplies For Home Delivery Of Infant	45.00	45.00	0	1				

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