Registered Nurse First Assistant Fee Schedule Effective July 1, 2013

Note: The base fee below is reimbursed for services to adults age 21 and over. For services provided to children under the age of 21, there is a 4% increase over the adult fee. To calculate reimbursement for services to children, multiply the base fee by 1.04. Example: \$38.82 X 1.04 = \$40.37. Fees are rounded to the nearest hundredth.

					Hyster-				
Code	 Description	Base Fee	UNOS	FUD	ectomy	zation	tion	PA	
11004	Debridement Of Skin, Subcutaneous Tissue, Muscle And Fascia For Necrotizing	38.82	1	0					AS
12018	Simple Repair Of Superficial Wounds Of Face, Ears, Eyelids, Nose, Lips And/	17.03	1	0					AS
12047	Layer Closure Of Wounds Of Neck, Hands, Feet And/Or External Genitalia; Ove	35.32	1	10					AS
12057	Layer Closure Of Wounds Of Face, Ears, Eyelids, Nose, Lips And/Or Mucous Me	38.00	1	10					AS
15002	Surgical Preparation Or Creation Of Recipient Site By Excision Of Open Woun	23.99	1	0					AS
15003	Surgical Preparation Or Creation Of Recipient Site By Excision Of Open Woun	5.25	20						AS
15004	Surgical Preparation Or Creation Of Recipient Site By Excision Of Open Woun	27.57	1	0					AS
15005	Surgical Preparation Or Creation Of Recipient Site By Excision Of Open Woun	8.52	20						AS
15731	Forehead Flap With Preservation Of Vascular Pedicle (Eg, Axial Pattern Flap	77.64	1	90					AS
15732	Muscle, Myocutaneous, Or Fasciocutaneous Flap; Head And Neck (Eg, Temporali	89.01	1	90					AS
15734	Muscle, Myocutaneous, Or Fasciocutaneous Flap; Trunk	102.72	1	90					AS
15738	Muscle, Myocutaneous, Or Fasciocutaneous Flap; Lower Extremity	96.39	1	90					AS
15750	Flap; Neurovascular Pedicle	62.50	1	90					AS
15756	Free Muscle Or Myocutaneous Flap With Microvascular Anastomosis	159.35	1	90					AS
15757	Free Skin Flap With Microvascular Anastomosis	157.31	1	90					AS
15758	Free Fascial Flap With Microvascular Anastomosis	157.12	1	90					AS
15770	Graft; Derma-Fat-Fascia	46.50	1	90					AS
15830	Excision, Excessive Skin And Subcutaneous Tissue (Includes Lipectomy); Abdo	80.03	1	90				Υ	AS
15832	Excision, Excessive Skin And Subcutaneous Tissue; thigh	61.68	1	90				Υ	AS
15834	Excision, Excessive Skin And Subcutaneous Tissue; hip	58.86	1	90				Υ	AS
15835	Excision, Excessive Skin And Subcutaneous Tissue; buttock	62.10	1	90				Υ	AS
15841	Graft For Facial Nerve Paralysis; Free Muscle Graft (Including Obtaining Gr	109.09	1	90					AS
15842	Graft For Facial Nerve Paralysis; Free Muscle Flap By Microsurgical Techniq	180.25	1	90					AS
15845	Graft For Facial Nerve Paralysis; Regional Muscle Transfer	69.74	1	90					AS
15847	Excision, Excessive Skin And Subcutaneous Tissue (Includes Lipectomy), Abdo	37.68	1	90				Υ	AS
15922	Excision, Coccygeal Pressure Ulcer, With Coccygectomy; With Flap Closure	53.86	1	90					AS

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					Hyster-				
Code Spec		Base Fee	UNOS			zation	tion	PA	_
15935	Excision, Sacral Pressure Ulcer, With Skin Flap Closure; With Ostectomy	75.61	1	90					AS
15937	Excision, Sacral Pressure Ulcer, With Muscle Or Myocutaneous Flap Closure;	71.11	1	90					AS
15946	Excision, Ischial Pressure Ulcer, With Ostectomy, In Preparation For Muscle	112.02	1	90					AS
15952	Excision, Trochanteric Pressure Ulcer, With Skin Flap Closure;	62.73	1	90					AS
15958	Excision, Trochanteric Pressure Ulcer, With Muscle Or Myocutaneous Flap Clo	80.60	1	90					AS
17311	Mohs Micrographic Technique, Including Removal Of All Gross Tumor, Surgical	44.76	1	0					AS
17312	Mohs Micrographic Technique, Including Removal Of All Gross Tumor, Surgical	26.79	1						AS
17313	Mohs Micrographic Technique, Including Removal Of All Gross Tumor, Surgical	40.84	1	0					AS
17314	Mohs Micrographic Technique, Including Removal Of All Gross Tumor, Surgical	24.84	1						AS
17315	Mohs Micrographic Technique, Including Removal Of All Gross Tumor, Surgical	5.32	1						AS
19260	Excision Of Chest Wall Tumor Including Ribs	83.03	1	90					AS
19271	Excision Of Chest Wall Tumor Involving Ribs, With Plastic Reconstruction; W	112.09	1	90					AS
19272	Excision Of Chest Wall Tumor Involving Ribs, With Plastic Reconstruction; W	123.98	1	90					AS
19300	Mastectomy For Gynecomastia	35.93	1	90					AS
19301	Mastectomy, Partial (Eg, Lumpectomy, Tylectomy, Quadrantectomy, Segmentecto	44.14	1	90					AS
19302	Mastectomy, Partial (Eg, Lumpectomy, Tylectomy, Quadrantectomy, Segmentecto	60.82	1	90					AS
19303	Mastectomy, Simple, Complete	68.34	1	90					AS
19304	Mastectomy, Subcutaneous	39.21	1	90					AS
19305	Mastectomy, Radical, Including Pectoral Muscles, Axillary Lymph Nodes	76.55	1	90					AS
19306	Mastectomy, Radical, Including Pectoral Muscles, Axillary And Internal Mamm	81.40	1	90					AS
19307	Mastectomy, Modified Radical, Including Axillary Lymph Nodes, With Or Witho	81.06	1	90					AS
19316 R	Mastopexy	52.62	1	90					AS
19318	Reduction Mammaplasty	75.90	1	90				Υ	AS
19325	Mammaplasty, Augmentation; With Prosthetic Implant	44.46	1	90				Υ	AS
19357 R	Breast Reconstruction, Immediate Or Delayed, With Tissue Expander, Includin	104.25	1	90					AS
19361 R	Breast Reconstruction With Latissimus Dorsi Flap, Without Prosthetic Implan	108.47	1	90					AS
19364 R	Breast Reconstruction With Free Flap	189.12	1	90					AS
19366 R	Breast Reconstruction With Other Technique	95.04	1	90					AS
19367 R	Breast Reconstruction With Transverse Rectus Abdominis Myocutaneous Flap (T	123.02	1	90					AS
19368 R	Breast Reconstruction With Transverse Rectus Abdominis Myocutaneous Flap (T	151.28	1	90					AS

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					Hyster-				
Code Spec	·	Base Fee	UNOS			zation	tion	PA	
19369 R	Breast Reconstruction With Transverse Rectus Abdominis Myocutaneous Flap (T	140.42	1	90					AS
20100	Exploration Of Penetrating Wound (Separate Procedure); Neck	40.68	1	10					AS
20102	Exploration Of Penetrating Wound (Separate Procedure); Abdomen/Flank/Back	34.24	1	10					AS
20150	Excision Of Epiphyseal Bar, With Or Without Autogenous Soft Tissue Graft Ob	68.46	1	90					AS
20251	Biopsy, Vertebral Body, Open; Lumbar Or Cervical	28.56	1	0					AS
20692	Application Of A Multiplane (Pins Or Wires In More Than One Plane), Unilate	76.04	1	0					AS
20802	Replantation, Arm (Includes Surgical Neck Of Humerus Through Elbow Joint);	155.59	1	90					AS
20805	Replantation, Forearm (Includes Radius And Ulna To Radial Carpal Joint); Co	208.14	1	90					AS
20808	Replantation, Hand (Includes Hand Through Metacarpophalangeal Joints); Comp	245.70	1	90					AS
20816	Replantation, Digit, Excluding Thumb (Includes Metacarpophalangeal Joint To	134.43	1	90					AS
20822	Replantation, Digit, Excluding Thumb (Includes Distal Tip To Sublimis Tendo	124.08	1	90					AS
20824	Replantation, Thumb (Includes Carpometacarpal Joint To Mp Joint); Complete	145.14	1	90					AS
20827	Replantation, Thumb (Includes Distal Tip To Mp Joint); Complete Amputation	127.49	1	90					AS
20838	Replantation, Foot; Complete Amputation	176.33	1	90					AS
20900	Bone Graft, Any Donor Area; Minor Or Small (Eg, Dowel Or Button)	32.45	1	90					AS
20902	Bone Graft, Any Donor Area; Major Or Large	31.06	1	90					AS
20922	Fascia Lata Graft; By Incision And Area Exposure, Complex Or Sheet	42.10	1	90					AS
20924	Tendon Graft, From A Distance (Eg, Palmaris, Toe Extensor, Plantaris)	34.49	1	90					AS
20937	Autograft For Spine Surgery Only (Includes Harvesting The Graft); Morselize	11.30	1	90					AS
20938	Autograft For Spine Surgery Only (Includes Harvesting The Graft); Structura	12.42	1	90					AS
20955	Bone Graft With Microvascular Anastomosis; Fibula	170.74	1	90					AS
20956	Bone Graft With Microvascular Anastomosis; Iliac Crest	179.28	1	90					AS
20957	Bone Graft With Microvascular Anastomosis; Metatarsal	163.54	1	90					AS
20962 R	Bone Graft With Microvascular Anastomosis; Other Than Fibula, Iliac Crest,	147.54	1	90					AS
20969	Free Osteocutaneous Flap With Microvascular Anastomosis; Other Than Iliac C	189.99	1	90					AS
20970	Free Osteocutaneous Flap With Microvascular Anastomosis; Iliac Crest	186.11	1	90					AS
20972	Free Osteocutaneous Flap With Microvascular Anastomosis; Metatarsal	147.15	1	90					AS
20973	Free Osteocutaneous Flap With Microvascular Anastomosis; Great Toe With Web	190.68	1	90					AS
20975	Electrical Stimulation To Aid Bone Healing; Invasive (Operative)	12.01	1	0					AS
21011	Excision, Tumor, Soft Tissue Of Face Or Scalp, Subcutaneous; Less Than 2 Cm	24.11	1	90					AS

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Description Description Base Fee UNOS FUD ectomy zation tion PA AS 21012 Excision, Tumor, Soft Tissue Of Face Or Scalp, Subctaneous; 2 Cm Or Greater 2.2.96 1 90 AS 21013 Excision, Tumor, Soft Tissue Of Face And Scalp, Subfascial (Eg. Subgaleal, 35.77 1 90 AS 21014 Excision, Tumor, Soft Tissue Of Face And Scalp, Subfascial (Eg. Subgaleal, 35.48 1 90 AS 21016 Radical Resection Of Tumor (Eg., Malignant Neoplasm), Soft Tissue Of Face Or 70.49 1 90 AS 21044 Excision Of Malignant Tumor Of Maxilla Or Zygoma 90.94 1 90 AS 21044 Excision Of Malignant Tumor Of Mandible; 60.53 1 90 AS 21044 Excision Of Malignant Tumor Of Mandible; Requiring intra-Oral Osteotom 75.83 1 90 AS 21045 Excision Of Benign Tumor Or Cyst Of Mandible; Requiring intra-Oral Osteotom 75.83 1 90 AS 21048 Excision Of Benign Tumor Or Cyst Of Mandible; Requiring intra-Oral Osteotomy 77.81 1 90 AS 21049 Excision Of Benign Tumor Or Cyst Of Maxilla; Requiring Extra-Oral Osteotomy 83.08 1 90 AS 21049 Excision Of Benign Tumor Or Cyst Of Maxilla; Requiring Extra-Oral Osteotomy 83.08 1 90 AS 21049 Excision Of Benign Tumor Or Cyst Of Maxilla; Requiring Extra-Oral Osteotomy 83.08 1 90 AS 21121 R Genioplasty; Sliding Osteotomy, Single Piece 53.12 1 90 AS 21121 R Genioplasty; Sliding Osteotomy, Single Piece 53.12 1 90 AS 21121 Augmentation, Mandibular Body Or Angle; With Bone Graft, Onlay Or Interposi 64.65 1 90 AS 21122 Augmentation, Mandibular Body Or Angle; With Bone Graft, Onlay Or Interposi 64.65 1 90 AS 21124 Reconstruction Midface, Lefort I; Two Pieces, Segment Movement In Any Dire 92.98 1 90 AS 21144 Reconstruction Midface, Lefort I; Two Pieces, Segment Movement In Any Dire 95.57 1 90 AS 21144 Reconstruction Midface, Lefort I; Trive Pieces, Segment Movement In Any Dire 102.03 1 90 AS 21144 Reconstruction Midface, Lefort I; Three Or More Pieces, S						Hyster-	I			
2013		,					zation	tion	PA	_
20114 Excision, Tumor, Soft Tissue Of Face And Scalp, Subfascial (Eg., Subgaleal, 35.48 1 90										
2016 Radical Resection Of Tumor (Eg. Malignant Neoplasm), Soft Tissue Of Face Or 70.49 1 90 8 8 8 1 90 8 8 8 1 90 8 8 8 8 1 90 8 8 8 8 1 90 8 8 8 8 1 90 8 8 8 8 8 8 1 90 8 8 8 8 8 8 8 8 8				•						
20134 Excision Of Malignant Tumor Of Maxilla Or Zygoma 90.94 1 90										
Excision Of Malignant Tumor Of Mandible; Radical Resection Sa.67 1 90				1						
20045 Excision Of Malignant Tumor Of Mandible; Radical Resection 83.67 1 90		Excision Of Malignant Tumor Of Maxilla Or Zygoma	90.94	1	90					
21046 Excision Of Benign Tumor Or Cyst Of Mandible; Requiring Intra-Oral Osteotom 75.83 1 90 AS	21044	Excision Of Malignant Tumor Of Mandible;	60.53	1	90					
Excision Of Benign Tumor Or Cyst Of Maxilla; Requiring Intra-Oral Osteotomy 77.81 1 90	21045	Excision Of Malignant Tumor Of Mandible; Radical Resection	83.67	1	90					AS
Excision Of Benign Tumor Or Cyst Of Maxilla; Requiring Extra-Oral Osteotomy Meniscectomy, Partial Or Complete, Temporomandibular Joint (Separate Proced Meniscectomy, Partial Or Complete, Temporomandibular Body Or Angle; Prosthetic Material Massey State	21046	Excision Of Benign Tumor Or Cyst Of Mandible; Requiring Intra-Oral Osteotom	75.83	1	90					AS
21060 Meniscectomy, Partial Or Complete, Temporomandibular Joint (Separate Proced 56.47 1 90 AS 21121 R Genioplasty; Sliding Osteotomy, Single Piece 53.12 1 90 AS 21125 Augmentation, Mandibular Body Or Angle; Prosthetic Material 54.43 1 90 AS 21127 Augmentation, Mandibular Body Or Angle; With Bone Graft, Onlay Or Interposi 64.65 1 90 AS 21141 Reconstruction Midface, Lefort I; Single Piece, Segment Movement In Any Dir 92.98 1 90 AS 21142 Reconstruction Midface, Lefort I; Two Pieces, Segment Movement In Any Dire 95.57 1 90 AS 21143 Reconstruction Midface, Lefort I; Three Or More Pieces, Segment Movement In Any Dir 102.03 1 90 AS 21145 Reconstruction Midface, Lefort I; Two Pieces, Segment Movement In Any Dire 109.87 1 90 AS 21146 Reconstruction Midface, Lefort I; Three Or More Pieces, Segment Movement In Any Direc 109.87 1 90 AS 21147 Reconstruction Midface, Lefort Ii; (Extracanial, Any Type, Requiring Bone	21048	Excision Of Benign Tumor Or Cyst Of Maxilla; Requiring Intra-Oral Osteotomy	77.81	1	90					AS
21121 R Genioplasty; Silding Osteotomy, Single Piece 53.12 1 90 21125 Augmentation, Mandibular Body Or Angle; Prosthetic Material 54.43 1 90 21127 Augmentation, Mandibular Body Or Angle; With Bone Graft, Onlay Or Interposi 64.65 1 90 21141 Reconstruction Midface, Lefort I; Single Piece, Segment Movement In Any Dir 92.98 1 90 21142 Reconstruction Midface, Lefort I; Two Pieces, Segment Movement In Any Direc 95.57 1 90 21143 Reconstruction Midface, Lefort I; Three Or More Pieces, Segment Movement In Any Direc 95.57 1 90 21144 Reconstruction Midface, Lefort I; Single Piece, Segment Movement In Any Direc 102.03 1 90 21145 Reconstruction Midface, Lefort I; Two Pieces, Segment Movement In Any Direc 109.87 1 90 21146 Reconstruction Midface, Lefort I; Two Pieces, Segment Movement In Any Direc 109.87 1 90 21147 Reconstruction Midface, Lefort I; Three Or More Pieces, Segment Movement In 117.98 1 90 21150 Reconstruction Midface, Lefort Ii; Anterior Intrusion (Eg, Treacher-Collins 104.00 1 90 21151 Reconstruction Midface, Lefort Ii; Any Direction, Requiring Bone Grafts (In 126.87 1 90 21154 Reconstruction Midface, Lefort Iii (Extracranial), Any Type, Requiring Bone 136.34 1 90 21155 Reconstruction Midface, Lefort Iii (Extracranial), Any Type, Requiring Bone 136.34 1 90 21159 Reconstruction Midface, Lefort Iii (Extracranial) With Forehead A 174.59 1 90 21160 Reconstruction Midface, Lefort Iii (Extracranial) With Forehead A 176.74 1 90 21161 Reconstruction Superior-Lateral Orbital Rim And Lower Forehead, Advancement 127.35 1 90 21172 Reconstruction, Bifrontal, Superior-Lateral Orbital Rims And Lower Forehead 164.71 1 90 21175 Reconstruction, Entire Or Majority Of Forehead And/Or Supraorbital Rims; Wi	21049	Excision Of Benign Tumor Or Cyst Of Maxilla; Requiring Extra-Oral Osteotomy	83.08	1	90					AS
21125 Augmentation, Mandibular Body Or Angle; Prosthetic Material 54.43 1 90 AS 21127 Augmentation, Mandibular Body Or Angle; With Bone Graft, Onlay Or Interposi 64.65 1 90 AS 21141 Reconstruction Midface, Lefort I; Single Piece, Segment Movement In Any Dir 92.98 1 90 AS 21142 Reconstruction Midface, Lefort I; Two Pieces, Segment Movement In Any Dire 95.57 1 90 AS 21143 Reconstruction Midface, Lefort I; Three Or More Pieces, Segment Movement In Any Dir 102.03 1 90 AS 21145 Reconstruction Midface, Lefort I; Two Pieces, Segment Movement In Any Dire 102.03 1 90 AS 21146 Reconstruction Midface, Lefort I; Two Pieces, Segment Movement In Any Direc 109.87 1 90 AS 21147 Reconstruction Midface, Lefort I; Three Or More Pieces, Segment Movement In 117.98 1 90 AS 21150 Reconstruction Midface, Lefort Ii; Any Direction, Requiring Bone Grafts (In 117.98 1 90 AS 21151 Reconstruction Midface, Lefort Iii (Extra And Intrac	21060	Meniscectomy, Partial Or Complete, Temporomandibular Joint (Separate Proced	56.47	1	90					AS
Augmentation, Mandibular Body Or Angle; With Bone Graft, Onlay Or Interposi Reconstruction Midface, Lefort I; Single Piece, Segment Movement In Any Dir Reconstruction Midface, Lefort I; Two Pieces, Segment Movement In Any Direc Reconstruction Midface, Lefort I; Three Or More Pieces, Segment Movement In Reconstruction Midface, Lefort I; Single Piece, Segment Movement In Reconstruction Midface, Lefort I; Single Piece, Segment Movement In Reconstruction Midface, Lefort I; Single Piece, Segment Movement In Any Dir Reconstruction Midface, Lefort I; Two Pieces, Segment Movement In Any Dire Reconstruction Midface, Lefort I; Two Pieces, Segment Movement In Reconstruction Midface, Lefort I; Three Or More Pieces, Segment Movement In Reconstruction Midface, Lefort Ii; Anterior Intrusion (Eg, Treacher-Collins Reconstruction Midface, Lefort Ii; Any Direction, Requiring Bone Grafts (In Reconstruction Midface, Lefort Iii (Extracranial), Any Type, Requiring Bone Reconstruction Midface, Lefort Iii (Extracranial), Any Type, Requiring Bone Reconstruction Midface, Lefort Iii (Extracranial), Any Type, Requiring Bone Reconstruction Midface, Lefort Iii (Extra And Intracranial)) With Forehead A Reconstruction Midface, Lefort Iii (Extra And Intracranial)) With Forehead A Reconstruction Superior-Lateral Orbital Rim And Lower Forehead, Advancement Reconstruction, Bifrontal, Superior-Lateral Orbital Rims And Lower Forehead Reconstruction, Entire Or Majority Of Forehead And/Or Supraorbital Rims; Wi	21121 R	Genioplasty; Sliding Osteotomy, Single Piece	53.12	1	90					AS
Reconstruction Midface, Lefort I; Single Piece, Segment Movement In Any Dir 92.98 1 90 95.57 1 90 14.58 14.50	21125	Augmentation, Mandibular Body Or Angle; Prosthetic Material	54.43	1	90					AS
Reconstruction Midface, Lefort I; Two Pieces, Segment Movement In Any Direc 21143 Reconstruction Midface, Lefort I; Three Or More Pieces, Segment Movement In 21145 Reconstruction Midface, Lefort I; Single Piece, Segment Movement In Any Dir 21146 Reconstruction Midface, Lefort I; Two Pieces, Segment Movement In Any Direc 21147 Reconstruction Midface, Lefort I; Three Or More Pieces, Segment Movement In 21150 Reconstruction Midface, Lefort Ii; Anterior Intrusion (Eg, Treacher-Collins 21151 Reconstruction Midface, Lefort Ii; Any Direction, Requiring Bone Grafts (In 21154 Reconstruction Midface, Lefort Iii (Extracranial), Any Type, Requiring Bone 21155 Reconstruction Midface, Lefort Iii (Extracranial), Any Type, Requiring Bone 21159 Reconstruction Midface, Lefort Iii (Extra And Intracranial) With Forehead A 21160 Reconstruction Midface, Lefort Iii (Extra And Intracranial) With Forehead A 21172 Reconstruction Superior-Lateral Orbital Rim And Lower Forehead, Advancement 21175 Reconstruction, Bifrontal, Superior-Lateral Orbital Rims And Lower Forehead 21176 Reconstruction, Entire Or Majority Of Forehead And/Or Supraorbital Rims; Wi 21177 Reconstruction, Entire Or Majority Of Forehead And/Or Supraorbital Rims; Wi	21127	Augmentation, Mandibular Body Or Angle; With Bone Graft, Onlay Or Interposi	64.65	1	90					AS
Reconstruction Midface, Lefort I; Three Or More Pieces, Segment Movement In 101.14 1 90 AS 1145 Reconstruction Midface, Lefort I; Single Piece, Segment Movement In Any Dir 102.03 1 90 AS 1146 Reconstruction Midface, Lefort I; Two Pieces, Segment Movement In Any Direc 109.87 1 90 AS 1147 Reconstruction Midface, Lefort I; Three Or More Pieces, Segment Movement In 117.98 1 90 AS 1150 Reconstruction Midface, Lefort Ii; Anterior Intrusion (Eg, Treacher-Collins 104.00 1 90 AS 1151 Reconstruction Midface, Lefort Ii; Any Direction, Requiring Bone Grafts (In 126.87 1 90 AS 1154 Reconstruction Midface, Lefort Iii (Extracranial), Any Type, Requiring Bone 136.34 1 90 AS 1155 Reconstruction Midface, Lefort Iii (Extracranial), Any Type, Requiring Bone 146.40 1 90 AS 1159 Reconstruction Midface, Lefort Iii (Extra And Intracranial) With Forehead A 174.59 1 90 AS 1160 Reconstruction Midface, Lefort Iii (Extra And Intracranial) With Forehead A 176.74 1 90 AS 1172 Reconstruction Superior-Lateral Orbital Rim And Lower Forehead, Advancement 127.35 1 90 AS 1175 Reconstruction, Bifrontal, Superior-Lateral Orbital Rims And Lower Forehead 164.71 1 90 AS 1175 Reconstruction, Entire Or Majority Of Forehead And/Or Supraorbital Rims; Wi	21141	Reconstruction Midface, Lefort I; Single Piece, Segment Movement In Any Dir	92.98	1	90					AS
Reconstruction Midface, Lefort I; Single Piece, Segment Movement In Any Dir Reconstruction Midface, Lefort I; Two Pieces, Segment Movement In Any Direc 109.87 1 90 AS Reconstruction Midface, Lefort I; Three Or More Pieces, Segment Movement In 117.98 1 90 AS Reconstruction Midface, Lefort Ii; Anterior Intrusion (Eg, Treacher-Collins 104.00 1 90 AS Reconstruction Midface, Lefort Ii; Any Direction, Requiring Bone Grafts (In 126.87 1 90 AS Reconstruction Midface, Lefort Iii (Extracranial), Any Type, Requiring Bone 136.34 1 90 AS Reconstruction Midface, Lefort Iii (Extracranial), Any Type, Requiring Bone 136.34 1 90 AS Reconstruction Midface, Lefort Iii (Extracranial), Any Type, Requiring Bone 146.40 1 90 AS Reconstruction Midface, Lefort Iii (Extra And Intracranial) With Forehead A 174.59 1 90 AS Reconstruction Midface, Lefort Iii (Extra And Intracranial) With Forehead A 176.74 1 90 AS Reconstruction Superior-Lateral Orbital Rim And Lower Forehead, Advancement 127.35 1 90 AS Reconstruction, Bifrontal, Superior-Lateral Orbital Rims And Lower Forehead 164.71 1 90 AS Reconstruction, Entire Or Majority Of Forehead And/Or Supraorbital Rims; Wi	21142	Reconstruction Midface, Lefort I; Two Pieces, Segment Movement In Any Direc	95.57	1	90					AS
21146 Reconstruction Midface, Lefort I; Two Pieces, Segment Movement In Any Direc 21147 Reconstruction Midface, Lefort I; Three Or More Pieces, Segment Movement In 21150 Reconstruction Midface, Lefort Ii; Anterior Intrusion (Eg, Treacher-Collins 21151 Reconstruction Midface, Lefort Ii; Any Direction, Requiring Bone Grafts (In 21154 Reconstruction Midface, Lefort Iii (Extracranial), Any Type, Requiring Bone 21155 Reconstruction Midface, Lefort Iii (Extracranial), Any Type, Requiring Bone 21156 Reconstruction Midface, Lefort Iii (Extracranial), Any Type, Requiring Bone 21157 Reconstruction Midface, Lefort Iii (Extra And Intracranial) With Forehead A 21160 Reconstruction Midface, Lefort Iii (Extra And Intracranial) With Forehead A 21172 Reconstruction Superior-Lateral Orbital Rim And Lower Forehead, Advancement 21175 Reconstruction, Bifrontal, Superior-Lateral Orbital Rims And Lower Forehead 21176 Reconstruction, Entire Or Majority Of Forehead And/Or Supraorbital Rims; Wi 300 310 3178 318 300 3190 3190 3190 321177 321178 321179 3211	21143	Reconstruction Midface, Lefort I; Three Or More Pieces, Segment Movement In	101.14	1	90					AS
Reconstruction Midface, Lefort I; Three Or More Pieces, Segment Movement In 117.98 1 90 Reconstruction Midface, Lefort Ii; Anterior Intrusion (Eg, Treacher-Collins 104.00 1 90 AS Reconstruction Midface, Lefort Ii; Anterior Intrusion (Eg, Treacher-Collins 104.00 1 90 AS Reconstruction Midface, Lefort Ii; Any Direction, Requiring Bone Grafts (In 126.87 1 90 AS 21154 Reconstruction Midface, Lefort Iii (Extracranial), Any Type, Requiring Bone 136.34 1 90 AS 21155 Reconstruction Midface, Lefort Iii (Extracranial), Any Type, Requiring Bone 146.40 1 90 AS 21159 Reconstruction Midface, Lefort Iii (Extra And Intracranial) With Forehead A 21160 Reconstruction Midface, Lefort Iii (Extra And Intracranial) With Forehead A 21172 Reconstruction Superior-Lateral Orbital Rim And Lower Forehead, Advancement 127.35 1 90 AS 21175 Reconstruction, Bifrontal, Superior-Lateral Orbital Rims And Lower Forehead AS AS AS AS AS AS AS AS AS A	21145	Reconstruction Midface, Lefort I; Single Piece, Segment Movement In Any Dir	102.03	1	90					AS
Reconstruction Midface, Lefort Ii; Anterior Intrusion (Eg, Treacher-Collins 104.00 1 90 Reconstruction Midface, Lefort Ii; Any Direction, Requiring Bone Grafts (In 126.87 1 90 AS Reconstruction Midface, Lefort Iii (Extracranial), Any Type, Requiring Bone 136.34 1 90 AS Reconstruction Midface, Lefort Iii (Extracranial), Any Type, Requiring Bone 146.40 1 90 AS Reconstruction Midface, Lefort Iii (Extra And Intracranial) With Forehead A 174.59 1 90 AS Reconstruction Midface, Lefort Iii (Extra And Intracranial) With Forehead A 176.74 1 90 AS Reconstruction Midface, Lefort Iii (Extra And Intracranial) With Forehead A 176.74 1 90 AS Reconstruction Superior-Lateral Orbital Rim And Lower Forehead, Advancement 127.35 1 90 AS Reconstruction, Bifrontal, Superior-Lateral Orbital Rims And Lower Forehead 164.71 1 90 AS Reconstruction, Entire Or Majority Of Forehead And/Or Supraorbital Rims; Wi	21146	Reconstruction Midface, Lefort I; Two Pieces, Segment Movement In Any Direc	109.87	1	90					AS
Reconstruction Midface, Lefort Ii; Any Direction, Requiring Bone Grafts (In 126.87 1 90 21154 Reconstruction Midface, Lefort Iii (Extracranial), Any Type, Requiring Bone 136.34 1 90 21155 Reconstruction Midface, Lefort Iii (Extracranial), Any Type, Requiring Bone 146.40 1 90 21159 Reconstruction Midface, Lefort Iii (Extra And Intracranial) With Forehead A 174.59 1 90 21160 Reconstruction Midface, Lefort Iii (Extra And Intracranial) With Forehead A 176.74 1 90 21172 Reconstruction Superior-Lateral Orbital Rim And Lower Forehead, Advancement 127.35 1 90 21175 Reconstruction, Bifrontal, Superior-Lateral Orbital Rims And Lower Forehead 164.71 1 90 21179 Reconstruction, Entire Or Majority Of Forehead And/Or Supraorbital Rims; Wi 96.62 1 90 21179 21179 21179 Reconstruction, Entire Or Majority Of Forehead And/Or Supraorbital Rims; Wi	21147	Reconstruction Midface, Lefort I; Three Or More Pieces, Segment Movement In	117.98	1	90					AS
Reconstruction Midface, Lefort li; Any Direction, Requiring Bone Grafts (In 126.87 1 90 21154 Reconstruction Midface, Lefort lii (Extracranial), Any Type, Requiring Bone 136.34 1 90 21155 Reconstruction Midface, Lefort lii (Extracranial), Any Type, Requiring Bone 146.40 1 90 21159 Reconstruction Midface, Lefort lii (Extra And Intracranial) With Forehead A 174.59 1 90 21160 Reconstruction Midface, Lefort lii (Extra And Intracranial) With Forehead A 176.74 1 90 21172 Reconstruction Superior-Lateral Orbital Rim And Lower Forehead, Advancement 127.35 1 90 21175 Reconstruction, Bifrontal, Superior-Lateral Orbital Rims And Lower Forehead 164.71 1 90 21179 Reconstruction, Entire Or Majority Of Forehead And/Or Supraorbital Rims; Wi 96.62 1 90 21179	21150	Reconstruction Midface, Lefort Ii; Anterior Intrusion (Eg, Treacher-Collins	104.00	1	90					AS
Reconstruction Midface, Lefort lii (Extracranial), Any Type, Requiring Bone 136.34 1 90 Reconstruction Midface, Lefort lii (Extracranial), Any Type, Requiring Bone 146.40 1 90 AS Reconstruction Midface, Lefort lii (Extra And Intracranial) With Forehead A 174.59 1 90 AS Reconstruction Midface, Lefort lii (Extra And Intracranial) With Forehead A 176.74 1 90 AS 21172 Reconstruction Superior-Lateral Orbital Rim And Lower Forehead, Advancement 127.35 1 90 AS 21175 Reconstruction, Bifrontal, Superior-Lateral Orbital Rims And Lower Forehead Reconstruction, Entire Or Majority Of Forehead And/Or Supraorbital Rims; Wi AS AS	21151	Reconstruction Midface, Lefort Ii; Any Direction, Requiring Bone Grafts (In	126.87	1	90					AS
Reconstruction Midface, Lefort lii (Extracranial), Any Type, Requiring Bone 146.40 190 Reconstruction Midface, Lefort lii (Extra And Intracranial) With Forehead A 174.59 190 AS Reconstruction Midface, Lefort lii (Extra And Intracranial) With Forehead A 176.74 190 AS 21172 Reconstruction Superior-Lateral Orbital Rim And Lower Forehead, Advancement 127.35 190 AS 21175 Reconstruction, Bifrontal, Superior-Lateral Orbital Rims And Lower Forehead 164.71 190 AS AS AS AS AS AS AS AS AS A	21154	·	136.34	1	90					
Reconstruction Midface, Lefort lii (Extra And Intracranial) With Forehead A 21160 Reconstruction Midface, Lefort lii (Extra And Intracranial) With Forehead A 21172 Reconstruction Superior-Lateral Orbital Rim And Lower Forehead, Advancement 21175 Reconstruction, Bifrontal, Superior-Lateral Orbital Rims And Lower Forehead 21176 Reconstruction, Entire Or Majority Of Forehead And/Or Supraorbital Rims; Wi 21177 Reconstruction, Entire Or Majority Of Forehead And/Or Supraorbital Rims; Wi 21178 Reconstruction, Entire Or Majority Of Forehead And/Or Supraorbital Rims; Wi 21179 Reconstruction, Entire Or Majority Of Forehead And/Or Supraorbital Rims; Wi 21179 Reconstruction, Entire Or Majority Of Forehead And/Or Supraorbital Rims; Wi				1						
21160 Reconstruction Midface, Lefort lii (Extra And Intracranial) With Forehead A 21172 Reconstruction Superior-Lateral Orbital Rim And Lower Forehead, Advancement 21175 Reconstruction, Bifrontal, Superior-Lateral Orbital Rims And Lower Forehead 21179 Reconstruction, Entire Or Majority Of Forehead And/Or Supraorbital Rims; Wi AS AS AS			174.59	1						
21172 Reconstruction Superior-Lateral Orbital Rim And Lower Forehead, Advancement 127.35 1 90 AS 21175 Reconstruction, Bifrontal, Superior-Lateral Orbital Rims And Lower Forehead 164.71 1 90 AS 21179 Reconstruction, Entire Or Majority Of Forehead And/Or Supraorbital Rims; Wi 96.62 1 90 AS				1						
21175 Reconstruction, Bifrontal, Superior-Lateral Orbital Rims And Lower Forehead 164.71 1 90 AS 21179 Reconstruction, Entire Or Majority Of Forehead And/Or Supraorbital Rims; Wi 96.62 1 90 AS				1						
21179 Reconstruction, Entire Or Majority Of Forehead And/Or Supraorbital Rims; Wi 96.62 1 90 AS		·								
		·		1						
ZTIBU RECONSTRUCTION. Entire Or Majority Of Forenead And/Or Supraorbital Rims: Wi 104.23 1 901 I I LAS	21180	Reconstruction, Entire Or Majority Of Forehead And/Or Supraorbital Rims; Wi	104.23	1	90					AS

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Code Spec	· ·	Base Fee	UNOS			zation	tion	PA	_
21182	Reconstruction Of Orbital Walls, Rims, Forehead, Nasoethmoid Complex Follow	143.53	1	90					AS
21183	Reconstruction Of Orbital Walls, Rims, Forehead, Nasoethmoid Complex Follow	162.00	1	90					AS
21184	Reconstruction Of Orbital Walls, Rims, Forehead, Nasoethmoid Complex Follow	149.40	1	90					AS
21188	Reconstruction Midface, Osteotomies (Other Than Lefort Type) And Bone Graft	107.80	1	90					AS
21193	Reconstruction Of Mandibular Rami, Horizontal, Vertical, "C", Or "L" Os	85.05	1	90					AS
21194	Reconstruction Of Mandibular Ramus, Horizontal, Vertical, "C", Or "L" O	93.16	1	90					AS
21195	Reconstruction Of Mandibular Rami And/Or Body, Sagittal Split; Without Inte	91.76	1	90					AS
21196	Reconstruction Of Mandibular Rami, Sagittal Split; With Internal Rigid Fix	100.77	1	90					AS
21198	Osteotomy, Mandible, Segmental	79.57	1	90					AS
21199	Osteotomy, Mandible, Segmental; With Genioglossus Advancement	68.55	1	90					AS
21206	Osteotomy, Maxilla, Segmental (Eg, Wassmund Or Schuchard)	86.35	1	90					AS
21240	Arthroplasty, Temporomandibular Joint, With Or Without Autograft (Includes	75.12	1	90					AS
21242	Arthroplasty, Temporomandibular Joint, With Allograft	68.71	1	90					AS
21243	Arthroplasty, Temporomandibular Joint, With Prosthetic Joint Replacement	113.72	1	90					AS
21244	Reconstruction Of Mandible, Extraoral, With Transosteal Bone Plate (Eg, Man	73.52	1	90					AS
21245	Reconstruction Of Mandible Or Maxilla, Subperiosteal Implant; Partial	77.26	1	90					AS
21246	Reconstruction Of Mandible Or Maxilla, Subperiosteal Implant; Complete	56.13	1	90					AS
21247	Reconstruction Of Mandibular Condyle With Bone And Cartilage Autografts (In	108.24	1	90					AS
21255	Reconstruction Of Zygomatic Arch And Glenoid Fossa With Bone And Cartilage	91.12	1	90					AS
21256	Reconstruction Of Orbit With Osteotomies (Extracranial) And With Bone Graft	83.92	1	90					AS
21260	Periorbital Osteotomies For Orbital Hypertelorism, With Bone Grafts; Extrac	84.38	1	90					AS
21261	Periorbital Osteotomies For Orbital Hypertelorism, With Bone Grafts; Combin	147.70	1	90					AS
21263	Periorbital Osteotomies For Orbital Hypertelorism, With Bone Grafts; With F	127.49	1	90					AS
21267	Orbital Repositioning, Periorbital Osteotomies, Unilateral, With Bone Graft	114.41	1	90					AS
21268	Orbital Repositioning, Periorbital Osteotomies, Unilateral, With Bone Graft	122.01	1	90					AS
21270	Malar Augmentation, Prosthetic Material	67.61	1	90					AS
21275	Secondary Revision Of Orbitocraniofacial Reconstruction	57.78	1	90					AS
21339	Open Treatment Of Nasoethmoid Fracture; With External Fixation	59.20	1	90					AS
21343	Open Treatment Of Depressed Frontal Sinus Fracture	84.45	1	90					AS
21344	Open Treatment Of Complicated (Eg, Comminuted Or Involving Posterior Wall)	106.41	1	90					AS

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Code Spec	· ·	Base Fee	UNOS			zation	tion	PA	AS
21347	Open Treatment Of Nasomaxillary Complex Fracture (Lefort li Type); Requirin	76.45	1	90					AS
21348	Open Treatment Of Nasomaxillary Complex Fracture (Lefort li Type); With Bon	80.65	1	90					AS
21360	Open Treatment Of Depressed Malar Fracture, Including Zygomatic Arch And Ma	36.55	1	90					AS
21365	Open Treatment Of Complicated (Eg, Comminuted Or Involving Cranial Nerve Fo	76.15	1	90					AS
21366	Open Treatment Of Complicated (Eg, Comminuted Or Involving Cranial Nerve Fo	87.96	1	90					AS
21385	Open Treatment Of Orbital Floor "Blowout" Fracture; Transantral Approach	47.05	1	90					AS
21386	Open Treatment Of Orbital Floor "Blowout" Fracture; Periorbital Approach	48.13	1	90					AS
21387	Open Treatment Of Orbital Floor "Blowout" Fracture; Combined Approach	50.60	1	90					AS
21390	Open Treatment Of Orbital Floor "Blowout" Fracture; Periorbital Approach,	55.35	1	90					AS
21395	Open Treatment Of Orbital Floor "Blowout" Fracture; Periorbital Approach	67.24	1	90					AS
21401	Closed Treatment Of Fracture Of Orbit, Except "Blowout"; With Manipulatio	32.82	1	90					AS
21406	Open Treatment Of Fracture Of Orbit, Except "Blowout"; Without Implant	38.52	1	90					AS
21407	Open Treatment Of Fracture Of Orbit, Except "Blowout"; With Implant	45.03	1	90					AS
21408	Open Treatment Of Fracture Of Orbit, Except "Blowout"; With Bone Grafting	61.17	1	90					AS
21422	Open Treatment Of Palatal Or Maxillary Fracture (Lefort I Type);	45.68	1	90					AS
21423	Open Treatment Of Palatal Or Maxillary Fracture (Lefort I Type); Complicate	57.11	1	90					AS
21431	Closed Treatment Of Craniofacial Separation (Lefort lii Type) Using Interde	49.59	1	90					AS
21432	Open Treatment Of Craniofacial Separation (Lefort lii Type); With Wiring An	49.48	1	90					AS
21433	Open Treatment Of Craniofacial Separation (Lefort lii Type); Complicated (E	119.97	1	90					AS
21435	Open Treatment Of Craniofacial Separation (Lefort lii Type); Complicated, U	93.78	1	90					AS
21436	Open Treatment Of Craniofacial Separation (Lefort lii Type); Complicated, M	123.93	1	90					AS
21445	Open Treatment Of Mandibular Or Maxillary Alveolar Ridge Fracture (Separate	53.47	1	90					AS
21461	Open Treatment Of Mandibular Fracture; Without Interdental Fixation	152.01	1	90					AS
21462	Open Treatment Of Mandibular Fracture; With Interdental Fixation	159.76	1	90					AS
21465	Open Treatment Of Mandibular Condylar Fracture	64.47	1	90					AS
21470	Open Treatment Of Complicated Mandibular Fracture By Multiple Surgical Appr	82.60	1	90					AS
21490	Open Treatment Of Temporomandibular Dislocation	63.64	1	90					AS
21495	Open Treatment Of Hyoid Fracture	49.91	1	90					AS
21502	Incision And Drainage, Deep Abscess Or Hematoma, Soft Tissues Of Neck Or Th	34.40	1	90					AS
21552	Biopsy, Soft Tissue Of Neck Or Thorax 3 Cm Or Greater	30.41	1	90					AS

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Code Spec	·	Base Fee	UNOS			zation	tion	PA	
21554	Biopsy, Soft Tissue Of Neck Or Thorax 5 Cm Or Greater	49.59	1	90					AS
21557	Radical Resection Of Tumor (Eg, Malignant Neoplasm), Soft Tissue Of Neck Or	44.42	1	90					AS
21558	Radical Resection Of Tumor (Eg, Malignant Neoplasm), Soft Tissue Of Neck Or	91.10	1	90					AS
21600	Excision Of Rib, Partial	38.80	1	90					AS
21610	Costotransversectomy (Separate Procedure)	77.32	1	90					AS
21615	Excision First And/Or Cervical Rib;	43.86	1	90					AS
21616	Excision First And/Or Cervical Rib For Outlet Compression Syndrome Or Other	57.34	1	90					AS
21620	Ostectomy Of Sternum, Partial	35.16	1	90					AS
21627	Sternal Debridement	37.58	1	90					AS
21630	Radical Resection Of Sternum;	83.51	1	90					AS
21632	Radical Resection Of Sternum; With Mediastinal Lymphadenectomy	83.54	1	90					AS
21685	Hyoid Myotomy And Suspension	68.29	1	90					AS
21700	Division Of Scalenus Anticus; Without Resection Of Cervical Rib	25.51	1	90					AS
21705	Division Of Scalenus Anticus; With Resection Of Cervical Rib	37.93	1	90					AS
21720	Division Of Sternocleidomastoid For Torticollis, Open Operation; Without Ca	33.23	1	90					AS
21725	Division Of Sternocleidomastoid For Torticollis, Open Operation; With Cast	33.53	1	90					AS
21740	Reconstructive Repair Of Pectus Excavatum Or Carinatum; Open	82.73	1	90					AS
21742	Reconstructive Repair Of Pectus Excavatum Or Carinatum; Minimally Invasive	63.11	1	90					AS
21743	Reconstructive Repair Of Pectus Excavatum Or Carinatum; Minimally Invasive	63.11	1	90					AS
21750	Closure Of Median Sternotomy Separation With Or Without Debridement (Separa	47.16	1	90					AS
21810	Treatment Of Rib Fracture Requiring External Fixation ("Flail Chest")	35.75	1	90					AS
21825	Open Treatment Of Sternum Fracture With Or Without Skeletal Fixation	37.63	1	90					AS
21931	Excision, Tumor, Soft Tissue Of Back Or Flank, Subcutaneous; 3 Cm Or Greater	32.06	1	90					AS
21932	Excision, Tumor, Soft Tissue Of Back Or Flank, Subfascial	45.01	1	90					AS
21933	Excision, Tumor, Soft Tissue Of Back Or Flank, Subfascial (Eg, Intramuscular)	50.17	1	90					AS
21936	Radical Resection Of Tumor (Eg, Malignant Neoplasm), Soft Tissue Of Back Or	95.61	1	90					AS
22100	Partial Excision Of Posterior Vertebral Component (Eg, Spinous Process, Lam	63.53	1	90					AS
22101	Partial Resection Of Vertebral Component, Spinous Processes; Thoracic	59.88	1	90					AS
22102	Partial Resection Of Vertebral Component, Spinous Processes; Lumbar	54.93	1	90					AS
22103	Partial Excision Of Posterior Vertebral Component (Eg, Spinous Process, Lam	9.53	1	90					AS

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Code Spec	<u> </u>	Base Fee	UNOS			zation	tion	PA	_
22110	Partial Excision Of Vertebral Body, For Intrinsic Bony Lesion, Without Deco	73.59	1	90					AS
22112	Partial Excision Of Vertebrae (Eg, For Osteomyelitis); Thoracic	72.88	1	90					AS
22114	Partial Excision Of Vertebrae (Eg, For Osteomyelitis); Lumbar	68.02	1	90					AS
22116	Partial Excision Of Vertebral Body, For Intrinsic Bony Lesion, Without Deco	9.40	1	90					AS
22206	Osteotomy Of Spine For Correction Fixed Deformity,	159.85	1	90					AS
22207	Osteotomy Of Spine For Correction Fixed Deformity,	162.05	1	90					AS
22208	Osteotomy Of Spine, Posterior Or Posterolateral Approach, Three Columns, On	39.72	1	0					AS
22210	Osteotomy Of Spine, Posterior Or Posterolateral Approach, One Vertebral Seg	120.48	1	90					AS
22212	Osteotomy Of Spine, Posterior Approach, For Correction Of Deformity, Single	100.33	1	90					AS
22214	Osteotomy Of Spine, Posterior Approach, For Correction Of Deformity, Single	100.84	1	90					AS
22216	Osteotomy Of Spine, Posterior Or Posterolateral Approach, One Vertebral Seg	24.57	6	0					AS
22220	Osteotomy Of Spine, Including Diskectomy, Anterior Approach, Single Vertebr	110.69	1	90					AS
22224	Osteotomy Of Spine, Anterior Approach, For Correction Of Deformity, Single	107.97	1	90					AS
22226	Osteotomy Of Spine, Including Diskectomy, Anterior Approach, Single Vertebr	24.61	4	90					AS
22318	Open Treatment And/Or Reduction Of Odontoid Fracture(S) And Or Dislocation(111.27	1	90					AS
22319	Open Treatment And/Or Reduction Of Odontoid Fracture(S) And Or Dislocation(124.24	1	90					AS
22325	Open Treatment And/Or Reduction Of Vertebral Fracture(S) And/ Or Dislocatio	98.25	1	90					AS
22326	Open Treatment And/Or Reduction Of Vertebral Fracture(S) And/ Or Dislocatio	101.36	1	90					AS
22327	Open Treatment And/Or Reduction Of Vertebral Fracture(S) And/ Or Dislocatio	101.30	1	90					AS
22328	Open Treatment And/Or Reduction Of Vertebral Fracture(S) And/Or Dislocation	19.11	4	90					AS
22532	Arthrodesis, Lateral Extracavitary Technique, Including Minimal Diskectomy	121.37	1	90					AS
22533	Arthrodesis, Lateral Extracavitary Technique, Including Minimal Diskectomy	114.01	1	90					AS
22534	Arthrodesis, Lateral Extracavitary Technique, Including Minimal Diskectomy	24.52	3	0					AS
22548	Arthrodesis, Anterior Transoral Or Extraoral Technique, Clivus-C1-C2 (Atlas	133.52	1	90					AS
22551	Neck Spine Fuse & Remove Addl	116.77	1	90					AS
22552	Addl Neck Spine Fusion	26.65	1	0					AS
22554	Arthrodesis, Anterior Interbody Technique, Including Minimal Diskectomy To	86.63	1	90					AS
22556	Arthrodesis, Anterior Interbody Technique, Including Minimal Diskectomy To	113.28	1	90					AS
22558	Arthrodesis, Anterior Interbody Technique, Including Minimal Diskectomy To	104.85	1	90					AS
22585	Arthrodesis, Anterior Interbody Technique, Including Minimal Diskectomy To	22.64	5	90					AS

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Code S 22586	· · · · · · · · · · · · · · · · · · ·	Base Fee		90	ectomy	zation	tion	PA	AS
22300	Fusion of spine bones with removal of disc at lower spinal column with posterior instrumentation and image guidance	103.70	1	90					AS
22590	Arthrodesis, Posterior Technique, Craniocervical (Occiput-C2)	107.69	1	90					AS
22595	Arthrodesis, Posterior Technique, Atlas-Axis (C1-C2)	102.58	1	90					AS
22600	Arthrodesis, Posterior Or Posterolateral Technique, Single Level; Cervical	88.10	1	90					AS
22610	Arthrodesis, Posterior Or Posterolateral Technique, Single Level; Thoracic	86.12	1	90					AS
22612	Arthrodesis, Posterior Or Posterolateral Technique, Single Level; Lumbar (W	108.54	1	90					AS
22614	Arthrodesis, Posterior Or Posterolateral Technique, Single Level; Each Addi	26.45	4	90					AS
22630	Arthrodesis, Posterior Interbody Technique, Including Laminectomy And/Or	105.26	1	90					AS
22632	Arthrodesis, Posterior Interbody Technique, Single Interspace; Each Additio	21.61	3	90					AS
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	125.02	1	90					AS
22634	Interspace And Segment; Lumbar 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)	33.55	1	90					AS
22800	Arthrodesis, Posterior, For Spinal Deformity, With Or Without Cast; Up To 6	92.38	1	90					AS
22802	Arthrodesis, Posterior, For Spinal Deformity, With Or Without Cast; 7 To 12	142.36	1	90					AS
22804	Arthrodesis, Posterior, For Spinal Deformity, With Or Without Cast; 13 Or M	163.75	1	90					AS
22808	Arthrodesis, Anterior, For Spinal Deformity, With Or Without Cast; 2 To 3 V	124.12	1	90					AS
22810	Arthrodesis, Anterior, For Spinal Deformity, With Or Without Cast; 4 To 7 V	138.01	1	90					AS
22812	Arthrodesis, Anterior, For Spinal Deformity, With Or Without Cast; 8 Or Mor	150.00	1	90					AS
22818 F	Kyphectomy, Circumferential Exposure Of Spine And Resection Of Vertebral Se	149.15	1	90					AS
22819 F	Kyphectomy, Circumferential Exposure Of Spine And Resection Of Vertebral Se	186.27	1	90					AS
22830	Exploration Of Spinal Fusion	55.44	1	90					AS
22840	Posterior Non-Segmental Instrumentation (Eg, Harrington Rod Technique), Ped	51.59	1	0					AS
22842	Posterior Segmental Instrumentation (Eg, Pedicle Fixation, Dual Rods With M	51.63	1	0					AS
22843	Posterior Segmental Instrumentation (Eg, Pedicle Fixation, Dual Rods With M	54.91	1	0					AS
22844	Posterior Segmental Instrumentation (Eg, Pedicle Fixation, Dual Rods With M	66.05	1	0					AS
22845	Anterior Instrumentation; 2 To 3 Vertebral Segments	49.85	1	0					AS

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Code Spec 22846	Description Anterior Instrumentation; 4 To 7 Vertebral Segments	Base Fee 51.70	UNUS	0 0		zation	tion	PA	AS AS
22847	Anterior Instrumentation; 8 Or More Vertebral Segments	58.99	1	0					AS
22848	Pelvic Fixation (Attachment Of Caudal End Of Instrumentation To Pelvic Bony	24.15	1	90					AS
22849	Reinsertion Of Spinal Fixation Device	88.49	1	90					AS
22850	Removal Of Posterior Nonsegmental Instrumentation (Eg, Harrington Rod)	49.41	1	90					AS
22851	Application Of Intervertebral Biomechanical Device(S) (Eg, Synthetic Cage(S	27.64	6	90					AS
22852	Removal Of Posterior Segmental Instrumentation	47.30	1	90					AS
22855	Removal Of Anterior Instrumentation	76.36	1	90					AS
22899 R	Unlisted Procedure, Spine	70.30	1	90					AS
22999 K 22900	Excision, Abdominal Wall Tumor, Subfascial (Eg, Desmoid)	31.86	1	90					AS
22900	Excision, Tumor, Soft Tissue Of Abdominal Wall, Subfascial (Eg, Intramuscular);	45.10	1	90					AS
22901	Excision, Tumor, Soft Tissue Of Abdominal Wall, Subcutaneous; Less Than 3 Cm	29.95	1	90					AS
22902	Excision, Tumor, Soft Tissue Of Abdominal Wall, Subcutaneous; 3 Cm Or Greater	29.63	1	90					AS
22903	Radical Resection Of Tumor (Eg, Malignant Neoplasm), Soft Tissue Of	71.46	1	90					AS
22904	Radical Resection Of Tumor (Eg, Malignant Neoplasm), Soft Tissue Of	90.23	1	90					AS
23000	Removal Of Subdeltoid Calcareous Deposits, Open	39.41	1	90					AS
23020	Capsular Contracture Release (Eg, Sever Type Procedure)	46.94	1	90					AS
23035	Incision, Bone Cortex (Eg, Osteomyelitis Or Bone Abscess), Shoulder Area	46.36	1	90					AS
23040	Arthrotomy, Glenohumeral Joint, Including Exploration, Drainage, Or Removal	49.00	1	90					AS
23040	Biopsy, Soft Tissue Of Shoulder Area; 3 Cm Or Greater	28.60	1	90					AS
23073	Biopsy, Soft Tissue Of Shoulder Area; 5 Cm Or Greater	47.03	1	90					AS
23073	• •	77.28	1	90					AS
23078	Radical Resection Of Tumor (Eg, Malignant Neoplasm), Soft Tissue Of Shoulde	97.58	1	90					AS
23105	Radical Resection Of Tumor (Eg, Malignant Neoplasm),	43.52	1	90					AS
23105	Arthrotomy; Glenohumeral Joint, With Synovectomy, With Or Without Biopsy		-						
	Arthrotomy, Glenohumeral Joint, With Joint Exploration, With Or Without Rem	45.06	1	90					AS
23120	Claviculectomy; Partial	40.04	1	90					AS
23125	Claviculectomy; Total	48.17	1	90					AS
23145	Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Clavicle Or Scapula;	47.23	1	90					AS
23150	Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Proximal Humerus;	44.99	1	90					AS
23155	Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Proximal Humerus; Wit	53.90	1	90					AS

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Code Spec		Base Fee	UNOS			zation	tion	PA	
23156	Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Proximal Humerus; Wit	46.11	1	90					AS
23172	Sequestrectomy (Eg, For Osteomyelitis Or Bone Abscess), Scapula	38.62	1	90					AS
23174	Sequestrectomy (Eg, For Osteomyelitis Or Bone Abscess), Humeral Head To Sur	51.61	1	90					AS
23182	Partial Excision (Craterization, Saucerization, Or Diaphysectomy) Bone (Eg,	45.15	1	90					AS
23184	Partial Excision (Craterization, Saucerization, Or Diaphysectomy) Bone (Eg,	50.01	1	90					AS
23190	Ostectomy Of Scapula, Partial (Eg, Superior Medial Angle)	38.82	1	90					AS
23195	Resection Humeral Head	51.34	1	90					AS
23200	Radical Resection For Tumor; Clavicle	68.15	1	90					AS
23210	Radical Resection For Tumor; Scapula	71.58	1	90					AS
23220	Radical Resection Of Bone Tumor, Proximal Humerus;	82.44	1	90					AS
23332	Removal Of Foreign Body, Shoulder; Complicated (Eg, Total Shoulder)	60.04	1	90					AS
23395	Muscle Transfer, Any Type, Shoulder Or Upper Arm; Single	87.48	1	90					AS
23397	Muscle Transfer, Any Type For Paralysis Of Shoulder Or Upper Arm; Multiple	77.37	1	90					AS
23400	Scapulopexy (Eg, Sprengel'S Deformity Or For Paralysis)	65.89	1	90					AS
23405	Tenotomy, Shoulder Area; Single Tendon	42.74	1	90					AS
23406	Tenotomy, Shoulder Area; Multiple Tendons Through Same Incision	52.46	1	90					AS
23410	Repair Of Ruptured Musculotendinous Cuff (Eg, Rotator Cuff) Open; Acute	55.97	1	90					AS
23412	Repair Of Ruptured Supraspinatus Tendon (Rotator Cuff) Or Musculotendinous	58.05	1	90					AS
23420	Reconstruction Of Complete Shoulder (Rotator) Cuff Avulsion, Chronic (Inclu	66.00	1	90					AS
23430	Tenodesis Of Long Tendon Of Biceps	51.06	1	90					AS
23440	Resection Or Transplantation Of Long Tendon Of Biceps	51.43	1	90					AS
23450	Capsulorrhaphy, Anterior; Putti-Platt Procedure Or Magnuson Type Operation	64.38	1	90					AS
23455	Capsulorrhaphy, Anterior; With Labral Repair (Eg, Bankart Procedure)	68.09	1	90					AS
23460	Capsulorrhaphy, Anterior, Any Type; With Bone Block	73.93	1	90					AS
23462	Capsulorrhaphy For Recurrent Dislocation, Anterior, Any Type; With Coracoid	72.47	1	90					AS
23465	Capsulorrhaphy, Glenohumeral Joint, Posterior, With Or Without Bone Block	75.90	1	90					AS
23466	Capsulorrhaphy, Glenohumeral Joint, Any Type Multi-Directional Instability	76.45	1	90					AS
23470	Arthroplasty, Glenohumeral Joint; Hemiarthroplasty	81.91	1	90					AS
23472	Arthroplasty, Glenohumeral Joint; Total Shoulder (Glenoid And Proximal Hume	99.33	1	90					AS
23473	Repair of shoulder	110.62	1	90					AS

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Code Spec 23474	·	Base Fee	UNOS	FUD 90		zation	tion	PA	AS AS
	Repair of shoulder	119.52	1						
23485	Osteotomy, Clavicle, With Or Without Internal Fixation; With Bone Graft For	65.09	1	90					AS
23490	Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Withou	58.53	1	90					AS
23491	Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Withou	68.84	1	90					AS
23515	Open Treatment Of Clavicular Fracture, With Or Without Internal Or External	49.18	1	90					AS
23530	Open Treatment Of Sternoclavicular Dislocation, Acute Or Chronic;	38.98	1	90					AS
23532	Open Treatment Of Sternoclavicular Dislocation, Acute Or Chronic; With Fasc	42.47	1	90					AS
23550	Open Treatment Of Acromioclavicular Dislocation, Acute Or Chronic;	38.85	1	90					AS
23552	Open Treatment Of Acromioclavicular Dislocation, Acute Or Chronic; With Fas	44.78	1	90					AS
23585	Open Treatment Of Scapular Fracture (Body, Glenoid Or Acromion) With Or Wit	66.85	1	90					AS
23615	Open Treatment Of Proximal Humeral (Surgical Or Anatomical Neck) Fracture,	60.32	1	90					AS
23616	Open Treatment Of Proximal Humeral (Surgical Or Anatomical Neck) Fracture,	84.38	1	90					AS
23630	Open Treatment Of Greater Humeral Tuberosity Fracture, With Or Without Inte	53.42	1	90					AS
23660	Open Treatment Of Acute Shoulder Dislocation	39.83	1	90					AS
23670	Open Treatment Of Shoulder Dislocation, With Fracture Of Greater Humeral Tu	59.82	1	90					AS
23680	Open Treatment Of Shoulder Dislocation, With Surgical Or Anatomical Neck Fr	63.21	1	90					AS
23800	Arthrodesis, Glenohumeral Joint;	69.62	1	90					AS
23802	Arthrodesis, Glenohumeral Joint; With Autogenous Graft (Includes Obtaining	87.16	1	90					AS
23900	Interthoracoscapular Amputation (Forequarter)	94.08	1	90					AS
23920	Disarticulation Of Shoulder;	76.50	1	90					AS
23929 R	Unlisted Procedure, Shoulder		1	90					AS
24006	Arthrotomy Of The Elbow, With Capsular Excision For Capsular Release (Separ	48.42	1	90					AS
24071	Biopsy, Soft Tissue Of Upper Arm Or Elbow Area; 3 Cm Or Greater	27.69	1	90					AS
24073	Biopsy, Soft Tissue Of Upper Arm Or Elbow Area; 5 Cm Or Greater	46.87	1	90					AS
24077	Radical Resection Of Tumor (Eg, Malignant Neoplasm), Soft Tissue Of Upper A	62.58	1	90					AS
24079	Radical Resection Of Tumor (Eg, Malignant Neoplasm), Soft Tissue Of Upper A	89.95	1	90					AS
24100	Arthrotomy, Elbow; With Synovial Biopsy Only	28.56	1	90					AS
24101	Arthrotomy, Elbow; With Joint Exploration, With Or Without Biopsy, With Or	34.10	1	90					AS
24102	Arthrotomy, Elbow; With Synovectomy	41.87	1	90					AS
24115	Excision Or Curettage Of Bone Cyst Or Benign Tumor, Humerus; With Autograft	48.65	1	90					AS

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Code		Description	Base Fee	UNOS			zation	tion	PA	_
24116	•	ne Cyst Or Benign Tumor, Humerus; With Allograft	58.49	1	90					AS
24125	<u> </u>	ne Cyst Or Benign Tumor Of Head Or Neck Of Radiu	42.21	1	90					AS
24126		ne Cyst Or Benign Tumor Of Head Or Neck Of Radiu	44.14	1	90					AS
24134	· · · · ·	steomyelitis Or Bone Abscess), Shaft Or Distal Hum	50.76	1	90					AS
24138	, , , ,	steomyelitis Or Bone Abscess), Olecranon Process	46.02	1	90					AS
24140	,	n, Saucerization, Or Diaphysectomy) Bone (Eg,	47.69	1	90					AS
25078		(Eg, Malignant Neoplasm), Soft Tissue Of Fore	79.43	1	90					AS
24149	•	le, Soft Tissue, And Heterotopic Bone, Elbow, Wit	79.62	1	90					AS
24150	Radical Resection For Tumo		75.19	1	90					AS
24152	Radical Resection For Tumo		56.27	1	90					AS
24155	Resection Of Elbow Joint (A	• /	57.91	1	90					AS
24301	•	Any Type, Upper Arm Or Elbow, Single (Excluding	50.76	1	90					AS
24320	•	ansfer, With Or Without Free Graft, Elbow To Shou	53.03	1	90					AS
24330	Flexor-Plasty, Elbow (Eg, St	eindler Type Advancement);	48.77	1	90					AS
24331	Flexor-Plasty, Elbow (Eg, St	eindler Type Advancement); With Extensor Advanc	53.40	1	90					AS
24340	Tenodesis Of Biceps Tendor	n At Elbow (Separate Procedure)	41.92	1	90					AS
24341	Repair, Tendon Or Muscle, I	Jpper Arm Or Elbow, Each Tendon Or Muscle, Primar	51.13	1	90					AS
24342	Reinsertion Of Ruptured Bio	eps Or Triceps Tendon, Distal, With Or Without T	52.85	1	90					AS
24343	Repair Lateral Collateral Liga	ament, Elbow, With Local Tissue	48.04	1	90					AS
24344	Reconstruction Lateral Colla	teral Ligament, Elbow, With Tendon Graft (Inclu	74.60	1	90					AS
24345	Repair Medial Collateral Liga	ament, Elbow, With Local Tissue	47.78	1	90					AS
24346	Reconstruction Medial Colla	teral Ligament, Elbow, With Tendon Graft (Includ	74.69	1	90					AS
24357	Tenotomy, Elbow, Lateral O	r Medial (Eg, Epicondylitis, Tennis Elbow, Golfer	30.09	1	90					AS
24361	Arthroplasty, Elbow; With Dis	stal Humeral Prosthetic Replacement	68.25	1	90					AS
24362	Arthroplasty, Elbow; With Im	plant And Fascia Lata Ligament Reconstruction	71.92	1	90					AS
24363	Arthroplasty, Elbow; With Dis	stal Humerus And Proximal Ulnar Prosthetic Repl	98.68	1	90					AS
24365	Arthroplasty, Radial Head;		43.43	1	90					AS
24366	Arthroplasty, Radial Head; V	Vith Implant	46.18	1	90					AS
24370	Revision of total elbow repai	r	104.55	1	90					AS
24371	Revision of total elbow repai	r	120.46	1	90					AS

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Code Spec	· ·	Base Fee	UNOS			zation	tion	РΑ	AS
24400	Osteotomy, Humerus, With Or Without Internal Fixation	55.92	1	90					AS
24410	Multiple Osteotomies With Realignment On Intramedullary Rod, Humeral Shaft	69.18	1	90					AS
24420	Osteoplasty, Humerus (Eg, Shortening Or Lengthening) (Excluding 64876)	67.49	1	90					AS
24430	Repair Of Nonunion Or Malunion, Humerus; Without Graft (Eg, Compression Tec	71.89	1	90					AS
24435	Repair Of Nonunion Or Malunion, Humerus; With Iliac Or Other Autograft (Inc	73.29	1	90					AS
24470	Hemiepiphyseal Arrest (Eg, Cubitus Varus Or Valgus, Distal Humerus)	39.56	1	90					AS
24498	Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring), With Or Witho	58.94	1	90					AS
24515	Open Treatment Of Humeral Shaft Fracture With Plate/Screws, With Or Without	59.65	1	90					AS
24516	Treatment Of Humeral Shaft Fracture, With Insertion Of Intramedullary Impla	58.49	1	90					AS
24545	Open Treatment Of Humeral Supracondylar Or Transcondylar Fracture, With Or	63.21	1	90					AS
24546	Open Treatment Of Humeral Supracondylar Or Transcondylar Fracture, With Or	70.72	1	90					AS
24575	Open Treatment Of Humeral Epicondylar Fracture, Medial Or Lateral, With Or	50.03	1	90					AS
24579	Open Treatment Of Humeral Condylar Fracture, Medial Or Lateral, With Or Wit	56.90	1	90					AS
24586	Open Treatment Of Periarticular Fracture And/Or Dislocation Of The Elbow (F	73.45	1	90					AS
24587	Open Treatment Of Periarticular Fracture And/Or Dislocation Of The Elbow (F	73.57	1	90					AS
24615	Open Treatment Of Acute Or Chronic Elbow Dislocation	48.40	1	90					AS
24635	Open Treatment Of Monteggia Type Of Fracture Dislocation At Elbow (Fracture	53.14	1	90					AS
24665	Open Treatment Of Radial Head Or Neck Fracture, With Or Without Internal Fi	44.44	1	90					AS
24666	Open Treatment Of Radial Head Or Neck Fracture, With Or Without Internal Fi	49.89	1	90					AS
24685	Open Treatment Of Ulnar Fracture Proximal End (Olecranon Process), With Or	44.69	1	90					AS
24800	Arthrodesis, Elbow Joint; Local	56.35	1	90					AS
24802	Arthrodesis, Elbow Joint; With Autogenous Graft (Includes Obtaining Graft)	67.95	1	90					AS
24900	Amputation, Arm Through Humerus; With Primary Closure	49.89	1	90					AS
24920	Amputation, Arm Through Humerus; Open, Circular (Guillotine)	45.38	1	90					AS
24925	Amputation, Arm Through Humerus; Secondary Closure Or Scar Revision	38.52	1	90					AS
24930	Amputation, Arm Through Humerus; Re-Amputation	52.55	1	90					AS
24931	Amputation, Arm Through Humerus; With Implant	52.00	1	90					AS
24940	Cineplasty, Upper Extremity, Complete Procedure	68.16	1	90					AS
25071	Biopsy, Soft Tissue Of Forearm And/Or Wrist; 3 Cm Or Greater	29.01	1	90					AS
25073	Biopsy, Soft Tissue Of Forearm And/Or Wrist; 3 Cm Or Greater	36.19	1	90					AS

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	D			E	Hyster-				
Code Spe		Base Fee	UNOS	FUD 90		zation	tion	PA	AS AS
25085	Capsulotomy, Wrist (Eg, Contracture)	30.73	1						
25107	Arthrotomy, Distal Radioulnar Joint Including Repair Of Triangular Cartilag	41.85	1	90					AS
25109	Excision Of Tendon, Forearm And/Or Wrist, Flexor Or Extensor, Each	36.51	1	90					AS
25119	Synovectomy, Extensor Tendon Sheath, Wrist, Single Compartment; With Resect	33.83	1	90					AS
25126	Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Radius Or Ulna (Exclu	40.63	1	90					AS
25135	Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Carpal Bones; With Au	38.00	1	90					AS
25136	Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Carpal Bones; With Al	33.62	1	90					AS
25145	Sequestrectomy (Eg, For Osteomyelitis Or Bone Abscess), Forearm And/Or Wris	35.20	1	90					AS
25151	Partial Excision (Craterization, Saucerization Or Diaphysectomy) Of Bone (E	39.81	1	90					AS
25170	Radical Resection For Tumor, Radius Or Ulna	63.12	1	90					AS
25215	Carpectomy; All Bones Of Proximal Row	41.78	1	90					AS
25250	Removal Of Wrist Prosthesis; (Separate Procedure)	36.07	1	90					AS
25251	Removal Of Wrist Prosthesis; Complicated, Including "Total Wrist"	48.86	1	90					AS
25263	Repair, Tendon Or Muscle, Flexor, Forearm And/Or Wrist; Secondary, Single,	42.86	1	90					AS
25265	Repair, Tendon Or Muscle, Flexor, Forearm And/Or Wrist; Secondary, With Fre	50.83	1	90					AS
25300	Tenodesis At Wrist; Flexors Of Fingers	46.87	1	90					AS
25301	Tenodesis At Wrist; Extensors Of Fingers	43.68	1	90					AS
25310	Tendon Transplantation Or Transfer, Flexor Or Extensor, Forearm And/Or Wris	41.96	1	90					AS
25312	Tendon Transplantation Or Transfer, Flexor Or Extensor, Forearm And/Or Wris	48.77	1	90					AS
25315	Flexor Origin Slide (Eg, For Cerebral Palsy, Volkmann Contracture), Forearm	52.30	1	90					AS
25316	Flexor Origin Slide For Cerebral Palsy, Forearm And/Or Wrist; With Tendon(S	60.62	1	90					AS
25320	Capsulorrhaphy Or Reconstruction, Wrist, Open (Eg, Capsulodesis, Ligament R	67.15	1	90					AS
25332	Arthroplasty, Wrist, With Or Without Interposition, With Or Without Externa	57.29	1	90					AS
25335	Centralization Of Wrist On Ulna (Eg, Radial Club Hand)	61.51	1	90					AS
25350	Osteotomy, Radius; Distal Third	45.68	1	90					AS
25355	Osteotomy, Radius; Middle Or Proximal Third	52.02	1	90					AS
25360	Osteotomy; Ulna	44.48	1	90					AS
25365	Osteotomy; Radius And Ulna	62.06	1	90					AS
25370	Multiple Osteotomies, With Realignment On Intramedullary Rod (Sofield Type	65.72	1	90					AS
25375	Multiple Osteotomies, With Realignment On Intramedullary Rod (Sofield Type	60.40	1	90					AS

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Code Spe	· ·	Base Fee	UNOS			zation	tion	РА	AS
25390	Osteoplasty, Radius Or Ulna; Shortening	52.07	1	90					AS
25391	Osteoplasty, Radius Or Ulna; Lengthening With Autograft	67.54	1	90					AS
25392	Osteoplasty, Radius And Ulna; Shortening (Excluding 64876)	68.75	1	90					AS
25393	Osteoplasty, Radius And Ulna; Lengthening With Autograft	76.59	1	90					AS
25394	Osteoplasty, Carpal Bone, Shortening	53.21	1	90					AS
25400	Repair Of Nonunion Or Malunion, Radius Or Ulna; Without Graft (Eg, Compress	54.43	1	90					AS
25405	Repair Of Nonunion Or Malunion, Radius Or Ulna; With Autograft (Includes Ob	70.13	1	90					AS
25415	Repair Of Nonunion Or Malunion, Radius And Ulna; Without Graft (Eg, Compres	65.59	1	90					AS
25420	Repair Of Nonunion Or Malunion, Radius And Ulna; With Autograft (Includes O	79.18	1	90					AS
25425	Repair Of Defect With Autograft; Radius Or Ulna	65.29	1	90					AS
25426	Repair Of Defect With Autograft; Radius And Ulna	76.11	1	90					AS
25431	Repair Of Nonunion Of Carpal Bone (Excluding Carpal Scaphoid (Navicular)) (53.58	1	90					AS
25440	Repair Of Nonunion, Scaphoid Carpal (Navicular) Bone, With Or Without Radia	52.07	1	90					AS
25441	Arthroplasty With Prosthetic Replacement; Distal Radius	62.08	1	90					AS
25442	Arthroplasty With Prosthetic Replacement; Distal Ulna	53.24	1	90					AS
25443	Arthroplasty With Prosthetic Replacement; Scaphoid Carpal (Navicular)	53.05	1	90					AS
25444	Arthroplasty With Prosthetic Replacement; Lunate	53.33	1	90					AS
25446	Arthroplasty With Prosthetic Replacement; Distal Radius And Partial Or Enti	78.81	1	90					AS
25447	Arthroplasty, Interposition, Intercarpal Or Carpometacarpal Joints	56.08	1	90					AS
25449	Revision Of Arthroplasty, Including Removal Of Implant, Wrist Joint	70.52	1	90					AS
25490	Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Withou	47.33	1	90					AS
25491	Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Withou	50.21	1	90					AS
25492	Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Withou	55.05	1	90					AS
25515	Open Treatment Of Radial Shaft Fracture, With Or Without Internal Or Extern	45.61	1	90					AS
25525	Open Treatment Of Radial Shaft Fracture, With Internal And/ Or External Fix	53.17	1	90					AS
25526	Open Treatment Of Radial Shaft Fracture, With Internal And/Or External Fixa	64.90	1	90					AS
25545	Open Treatment Of Ulnar Shaft Fracture, With Or Without Internal Or Externa	42.47	1	90					AS
25574	Open Treatment Of Radial And Ulnar Shaft Fractures, With Internal Or Extern	45.93	1	90					AS
25575	Open Treatment Of Radial And Ulnar Shaft Fractures, With Internal Or Extern	61.21	1	90					AS
25606	Percutaneous Skeletal Fixation Of Distal Radial Fracture Or Epiphyseal Sepa	45.15	1	90					AS

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Code Spec		Base Fee	UNOS			zation	tion	PA	AS
25607	Open Treatment Of Distal Radial Extra-Articular Fracture Or Epiphyseal Sepa	50.07	1	90					AS
25608	Open Treatment Of Distal Radial Intra-Articular Fracture Or Epiphyseal Sepa	55.99	1	90					AS
25609	Open Treatment Of Distal Radial Intra-Articular Fracture Or Epiphyseal Sepa	71.11	1	90					AS
25628	Open Treatment Of Carpal Scaphoid (Navicular) Fracture, With Or Without Int	48.79	1	90					AS
25645	Open Treatment Of Carpal Bone Fracture (Other Than Carpal Scaphoid (Navicul	38.73	1	90					AS
25652	Open Treatment Of Ulnar Styloid Fracture	42.28	1	90					AS
25670	Open Treatment Of Radiocarpal Or Intercarpal Dislocation, One Or More Bones	41.00	1	90					AS
25671	Percutaneous Skeletal Fixation Of Distal Radioulnar Dislocation	36.26	1	90					AS
25676	Open Treatment Of Distal Radioulnar Dislocation, Acute Or Chronic	42.83	1	90					AS
25685	Open Treatment Of Trans-Scaphoperilunar Type Of Fracture Dislocation	49.94	1	90					AS
25695	Open Treatment Of Lunate Dislocation	42.99	1	90					AS
25800	Arthrodesis, Wrist; Complete, Without Bone Graft (Includes Radiocarpal And/	49.62	1	90					AS
25805	Arthrodesis, Wrist Joint (Including Radiocarpal And/Or Ulnocarpal Fusion);	57.32	1	90					AS
25810	Arthrodesis, Wrist Joint (Including Radiocarpal And/Or Ulnocarpal Fusion);	58.81	1	90					AS
25820	Arthrodesis, Wrist; Limited, Without Bone Graft (Eg, Intercarpal Or Radioca	41.92	1	90					AS
25825	Intercarpal Fusion; With Autograft (Includes Obtaining Graft)	51.43	1	90					AS
25830	Arthrodesis, Distal Radioulnar Joint With Segmental Resection Of Ulna, With	65.38	1	90					AS
25905	Amputation, Forearm, Through Radius And Ulna; Open, Circular (Guillotine)	47.62	1	90					AS
25907	Amputation, Forearm, Through Radius And Ulna; Secondary Closure Or Scar Rev	41.51	1	90					AS
25909	Amputation, Forearm, Through Radius And Ulna; Re-Amputation	46.52	1	90					AS
25915	Krukenberg Procedure	69.94	1	90					AS
25922	Disarticulation Through Wrist; Secondary Closure Or Scar Revision	39.44	1	90					AS
25924	Disarticulation Through Wrist; Re-Amputation	45.98	1	90					AS
25929	Transmetacarpal Amputation; Secondary Closure Or Scar Revision	40.59	1	90					AS
26185	Sesamoidectomy, Thumb Or Finger (Separate Procedure)	37.54	1	90					AS
26260	Radical Resection, Proximal Or Middle Phalanx Of Finger (Eg, Tumor);	41.17	1	90					AS
26262	Radical Resection, Distal Phalanx Of Finger (Eg, Tumor)	34.41	1	90					AS
26352	Flexor Tendon Repair Or Advancement, Single, Not In "No Man'S Land"; Seco	55.71	1	90					AS
26357	Repair Or Advancement, Flexor Tendon, In Zone 2 Digital Flexor Tendon Sheat	59.24	1	90					AS
26358	Flexor Tendon Repair Or Advancement, Single, In "No Man'S Land"; Secondar	62.50	1	90					AS

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Code S	spec		Base Fee	UNOS			zation	tion	PA	_
26372		Repair Or Advancement Of Profundus Tendon, With Intact Superficialis Tendon	60.25	1	90					AS
26373		Repair Or Advancement Of Profundus Tendon, With Intact Superficialis Tendon	57.84	1	90					AS
26390		Excision Flexor Tendon, With Implantation Of Synthetic Rod For Delayed Tend	56.35	1	90					AS
26392		Removal Of Synthetic Rod And Insertion Of Flexor Tendon Graft, Hand Or Fing	65.54	1	90					AS
26420		Extensor Tendon Repair, Dorsum Of Finger, Single, Primary Or Secondary; Wit	48.22	1	90					AS
26434		Extensor Tendon Repair, Distal Insertion ("Mallet Finger"), Open, Primary	44.09	1	90					AS
26474		Tenodesis; Of Distal Joint, Each Joint	33.83	1	90					AS
26479		Shortening Of Tendon, Flexor, Hand Or Finger, Each Tendon	41.94	1	90					AS
26483		Tendon Transfer Or Transplant, Carpometacarpal Area Or Dorsum Of Hand, Sing	57.18	1	90					AS
26485		Transfer Or Transplant Of Tendon, Palmar; Without Free Tendon Graft, Each T	54.80	1	90					AS
26492		Opponensplasty; Tendon Transfer With Graft (Includes Obtaining Graft), Each	59.82	1	90					AS
26494		Opponensplasty; Hypothenar Muscle Transfer	54.25	1	90					AS
26497		Transfer Of Tendon To Restore Intrinsic Function; Ring And Small Finger	58.30	1	90					AS
26498		Tendon Transfer To Restore Intrinsic Function; All Four Fingers	77.19	1	90					AS
26499		Correction Claw Finger, Other Methods	55.90	1	90					AS
26502		Tendon Pulley Reconstruction; With Tendon Or Fascial Graft (Includes Obtain	48.31	1	90					AS
26517		Capsulodesis For M-P Joint Stabilization; Two Digits	55.55	1	90					AS
26518		Capsulodesis For M-P Joint Stabilization; Three Or Four Digits	56.70	1	90					AS
26530		Arthroplasty, Metacarpophalangeal Joint; Each Joint	36.39	1	90					AS
26531		Arthroplasty, Metacarpophalangeal Joint; With Prosthetic Implant, Each Join	42.21	1	90					AS
26541		Reconstruction, Collateral Ligament, Metacarpophalangeal Joint, Single, Wit	54.02	1	90					AS
26546		Repair Non-Union, Metacarpal Or Phalanx, (Includes Obtaining Bone Graft Wit	67.29	1	90					AS
26550		Pollicization Of A Digit	110.30	1	90					AS
26551		Transfer, Toe-To-Hand With Microvascular Anastomosis; Great Toe 'Wrap-Arou	197.76	1	90					AS
26553		Toe-To-Hand Transfer With Microvascular Anastomosis; Other Than Great Toe,	182.54	1	90					AS
26554		Toe-To-Hand Transfer With Microvascular Anastomosis; Other Than Great Toe,	213.46	1	90					AS
26555		Transfer, Finger To Another Position Without Microvascular Anastomosis	92.79	1	90					AS
26556		Transfer, Free Toe Joint, With Microvascular Anastomosis	196.50	1	90					AS
26560		Repair Of Syndactyly (Web Finger) Each Web Space; With Skin Flaps	40.29	1	90					AS
26561		Repair Of Syndactyly (Web Finger) Each Web Space; With Skin Flaps And Graft	64.01	1	90					AS

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Cada	Description	Ресе Бее	LINIOC	- LID	 Sterili-		Π.	A C
Code S 26562	Description Repair Of Syndactyly (Web Finger) Each Web Space; Complex (Eg, Involving Bo	Base Fee 83.35	UNUS 1	90 90	 zation	tion	PA	AS AS
26565	Osteotomy; Metacarpal, Each	46.18	1	90				AS
26568	Osteoplasty, Lengthening, Metacarpal Or Phalanx	61.26	1	90				AS
26580	Repair Cleft Hand	95.87	1	90				AS
26587	Reconstruction Of Polydactylous Digit, Soft Tissue And Bone	68.09	1	90				AS
26590	Repair Macrodactylia, Each Digit	86.61	1	90				AS
26596	Excision Of Constricting Ring Of Finger, With Multiple Z-Plasties	51.59	1	90				AS
26686	Open Treatment Of Carpometacarpal Dislocation, Other Than Thumb (Bennett Fr	42.42	1	90				AS
26820	Fusion In Opposition, Thumb, With Autogenous Graft (Includes Obtaining Graf	53.44	1	90				AS
26842	Arthrodesis, Carpometacarpal Joint, Thumb, With Or Without Internal Fixatio	53.28	1	90				AS
26843	Arthrodesis, Carpometacarpal Joint, Digit, Other Than Thumb, Each;	50.14	1	90				AS
26844	Arthrodesis, Carpometacarpal Joint, Digits, Other Than Thumb; With Autograf	55.14	1	90				AS
26852	Arthrodesis, Metacarpophalangeal Joint, With Or Without Internal Fixation;	53.54	1	90				AS
26862	Arthrodesis, Interphalangeal Joint, With Or Without Internal Fixation; With	49.00	1	90				AS
26863	Arthrodesis, Interphalangeal Joint, With Or Without Internal Fixation; With	15.91	5	90				AS
27001	Tenotomy, Adductor Of Hip, Open	37.01	1	90				AS
27003	Tenotomy, Adductor, Subcutaneous, Open, With Obturator Neurectomy	40.56	1	90				AS
27005	Tenotomy, Hip Flexor(S), Open (Separate Procedure)	49.41	1	90				AS
27006	Tenotomy, Abductors And/Or Extensor(S) Of Hip, Open (Separate Procedure)	50.23	1	90				AS
27030	Arthrotomy, Hip, With Drainage (Eg, Infection)	61.42	1	90				AS
27033	Arthrotomy, Hip, Including Exploration Or Removal Of Loose Or Foreign Body	66.09	1	90				AS
27035	Denervation, Hip Joint, Intrapelvic Or Extrapelvic Intra-Articular Branches	68.07	1	90				AS
27036	Capsulectomy Or Capsulotomy, Hip, With Or Without Excision Of Heterotopic B	68.62	1	90				AS
27043	Biopsy, Soft Tissue Of Pelvis And Hip Area; 3 Cm Or Greater	32.08	1	90				AS
27045	Biopsy, Soft Tissue Of Pelvis And Hip Area; 5 Cm Or Greater	50.63	1	90				AS
27048	Excision, Tumor, Pelvis And Hip Area; Deep, Subfascial, Intramuscular	36.56	1	90				AS
27049	Radical Resection Of Tumor, Soft Tissue Of Pelvis And Hip Area (Eg, Maligna	77.74	1	90				AS
27052	Arthrotomy, For Biopsy; Hip Joint	39.53	1	90				AS
27054	Arthrotomy With Synovectomy, Hip Joint	46.73	1	90				AS
27059	Decompression Fasciotomy(les), Pelvic (Buttock) Compartment(S) (Eg,	122.11	1	90				AS

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Code Spec	·	Base Fee	UNOS			zation	tion	PA	
27065	Excision Of Bone Cyst Or Benign Tumor; Superficial (Wing Of Ilium, Symphysi	35.27	1	90					AS
27066	Excision Of Bone Cyst Or Benign Tumor; Deep, With Or Without Autograft	55.26	1	90					AS
27067	Excision Of Bone Cyst Or Benign Tumor; With Autograft Requiring Separate In	70.22	1	90					AS
27070	Partial Excision (Craterization, Saucerization) (Eg, Osteomyelitis Or Bone	57.75	1	90					AS
27071	Partial Excision (Craterization, Saucerization) (Eg, Osteomyelitis Or Bone	62.50	1	90					AS
27075	Radical Resection Of Tumor Or Infection; Wing Of Ilium, One Pubic Or Ischia	142.18	1	90					AS
27076	Radical Resection For Tumor Or Infection; Ilium, Including Acetabulum, Both	124.73	1	90					AS
27077	Radical Resection For Tumor Or Infection; Innominate Bone, Total	191.87	1	90					AS
27078	Radical Resection For Tumor Or Infection; Ischial Tuberosity And Greater Tr	78.77	1	90					AS
27080	Coccygectomy, Primary	35.09	1	90					AS
27087	Removal Of Foreign Body, Pelvis Or Hip; Deep (Subfascial Or Intramuscular)	42.83	1	90					AS
27090	Removal Of Hip Prosthesis; (Separate Procedure)	56.49	1	90					AS
27091	Removal Of Hip Prosthesis; Complicated, Including Total Hip Prosthesis, Met	108.56	1	90					AS
27097	Release Or Recession, Hamstring, Proximal	46.11	1	90					AS
27098	Transfer, Adductor To Ischium	46.48	1	90					AS
27100	Transfer External Oblique Muscle To Greater Trochanter Including Fascial Or	56.10	1	90					AS
27105	Transfer Paraspinal Muscle To Hip (Includes Fascial Or Tendon Extension Gra	58.81	1	90					AS
27110	Transfer Iliopsoas; To Greater Trochanter Of Femur	65.75	1	90					AS
27111	Transfer Iliopsoas; To Femoral Neck	61.03	1	90					AS
27120	Acetabuloplasty; (Eg, Whitman, Colonna, Haygroves, Or Cup Type)	87.59	1	90					AS
27122	Acetabuloplasty; Resection, Femoral Head (Eg, Girdlestone Procedure)	74.73	1	90					AS
27125	Hemiarthroplasty, Hip, Partial (Eg, Femoral Stem Prosthesis, Bipolar Arthro	77.05	1	90					AS
27130	Arthroplasty, Acetabular And Proximal Femoral Prosthetic Replacement (Total	97.97	1	90					AS
27132	Conversion Of Previous Hip Surgery To Total Hip Arthroplasty, With Or Witho	113.90	1	90					AS
27134	Revision Of Total Hip Arthroplasty; Both Components, With Or Without Autogr	130.10	1	90					AS
27137	Revision Of Total Hip Arthroplasty; Acetabular Component Only, With Or With	100.10	1	90					AS
27138	Revision Of Total Hip Arthroplasty; Femoral Component Only, With Or Without	104.07	1	90					AS
27140	Osteotomy And Transfer Of Greater Trochanter Of Femur (Separate Procedure)	60.96	1	90					AS
27146	Osteotomy, Iliac, Acetabular Or Innominate Bone;	87.20	1	90					AS
27147	Osteotomy, Iliac, Acetabular Or Innominate Bone; With Open Reduction Of Hip	99.67	1	90					AS

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Carla Craa	Description	Daga Faa	LINOC	- LID	Hyster-				A C
Code Spe 27151	Description Osteotomy, Iliac, Acetabular Or Innominate Bone; With Femoral Osteotomy	Base Fee 107.85	UNUS 1	90 90	_	zation	tion	PA	AS AS
27151	Osteotomy, Iliac, Acetabular Or Innominate Bone, With Femoral Osteotomy And	116.19	1	90					AS
27158	Osteotomy, Pelvis, Bilateral (Eg, Congenital Malformation)	86.12	1	90					AS
27161	Osteotomy, Femoral Neck (Separate Procedure)	82.50	1	90					AS
27165	Osteotomy, Intertrochanteric Or Subtrochanteric Including Internal Or Exter	93.46	1	90					AS
27170	Bone Graft, Femoral Head, Neck, Intertrochanteric Or Subtrochanteric Area (79.94	1	90					AS
27176	Treatment Of Slipped Femoral Epiphysis; By Single Or Multiple Pinning, In S	62.38	1	90					AS
27177	Open Treatment Of Slipped Femoral Epiphysis; Single Or Multiple Pinning Or	75.61	1	90					AS
27178	Open Treatment Of Slipped Femoral Epiphysis; Closed Manipulation With Singl	62.38	1	90					AS
27179	Open Treatment Of Slipped Femoral Epiphysis; Osteoplasty Of Femoral Neck (H	66.23	1	90					AS
27179	Open Treatment Of Slipped Femoral Epiphysis; Osteotomy And Internal Fixatio	76.32	1	90					AS
27187	Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Withou	67.47	1	90					AS
27107	Open Treatment Of Coccygeal Fracture	39.60	1	90					AS
27202	Open Treatment Of Coccygeal Fracture Open Treatment Of Iliac Spine(S), Tuberosity Avulsion, Or Iliac Wing Fractu	40.52	1	90					AS
27216	Percutaneous Skeletal Fixation Of Posterior Pelvic Ring Fracture And/Or Dis	60.04	1	90					AS
27217	Open Treatment Of Anterior Ring Fracture And/Or Dislocation With Internal F	56.38	1	90					AS
27217	Open Treatment Of Posterior Ring Fracture And/Or Dislocation With Internal	77.62	1	90					AS
27226	Open Treatment Of Posterior Or Anterior Acetabular Wall Fracture, With Inte	71.78	1	90					AS
27227	Open Treatment Of Acetabular Fracture(S) Involving Anterior Or Posterior (O	112.66	1	90					AS
27228	•	128.16	1	90					AS
27236	Open Treatment Of Acetabular Fracture(S) Involving Anterior And Posterior (Open Treatment Of Femoral Fracture, Proximal End, Neck, Internal Fixation O	81.40	1	90					AS
27244	Treatment Of Intertrochanteric, Pertrochanteric, Or Subtrochanteric Femoral	83.67	1	90					AS
272 44 27245		83.70	1	90					AS AS
27243 27248	Open Treatment Of Intertrochanteric, Pertrochanteric Or Subtrochanteric Fem	50.51	1	90					AS AS
	Open Treatment Of Greater Trochanteric Fracture, With Or Without Internal O								
27253	Open Treatment Of Hip Dislocation, Traumatic, Without Internal Fixation	64.03	1	90					AS
27254	Open Treatment Of Hip Dislocation, Traumatic, With Acetabular Wall And Femo	85.62	1	90					AS
27258	Open Treatment Of Spontaneous Hip Dislocation (Developmental, Including Con	75.22	1	90					AS
27259	Open Treatment Of Spontaneous Hip Dislocation (Developmental, Including Con	105.24	1	90					AS
27267	Closed Treatment Of Femoral Fracture, Proximal End, Head; Without Manipulat	29.93	1	90					AS
27268	Closed Treatment Of Femoral Fracture, Proximal End, Head; With Manipulation	36.62	1	90	l				AS

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Code Spec	·	Base Fee	UNOS			zation	tion	PA	
27269	Open Treatment Of Femoral Fracture, Proximal End, Head, Includes Internal F	84.31	1	90					AS
27280	Arthrodesis, Sacroiliac Joint (Including Obtaining Graft)	70.93	1	90					AS
27282	Arthrodesis, Symphysis Pubis (Including Obtaining Graft)	58.05	1	90					AS
27284	Arthrodesis, Hip Joint (Including Obtaining Graft);	109.62	1	90					AS
27286	Arthrodesis, Hip Joint (Includes Obtaining Graft); With Subtrochanteric Ost	112.02	1	90					AS
27290	Interpelviabdominal Amputation (Hindquarter Amputation)	110.12	1	90					AS
27295	Disarticulation Of Hip	85.67	1	90					AS
27299 R	Unlisted Procedure, Pelvis Or Hip Joint		1	90					AS
27303	Incision, Deep, With Opening Of Bone Cortex, Femur Or Knee (Eg, Osteomyelit	43.50	1	90					AS
27305	Fasciotomy, Iliotibial (Tenotomy), Open	33.00	1	90					AS
27306	Tenotomy, Percutaneous, Adductor Or Hamstring; Single Tendon (Separate Proc	24.82	1	90					AS
27310	Arthrotomy, Knee, With Exploration, Drainage, Or Removal Of Foreign Body (E	49.80	1	90					AS
27325	Neurectomy, Hamstring Muscle	37.75	1	90					AS
27326	Neurectomy, Popliteal (Gastrocnemius)	35.04	1	90					AS
27329	Radical Resection Of Tumor (Eg, Malignant Neoplasm), Soft Tissue Of Thigh O	70.24	1	90					AS
27331	Arthrotomy, Knee; Including Joint Exploration, Biopsy, Or Removal Of Loose	32.54	1	90					AS
27332	Arthrotomy, With Excision Of Semilunar Cartilage (Meniscectomy) Knee; Media	43.68	1	90					AS
27333	Arthrotomy, Knee, For Excision Of Semilunar Cartilage (Meniscectomy); Media	39.92	1	90					AS
27334	Arthrotomy, With Synovectomy Knee; Anterior Or Posterior	46.66	1	90					AS
27335	Arthrotomy, Knee, For Synovectomy; Anterior And Posterior Including Poplite	52.05	1	90					AS
27337	Arthrotomy, With Synovectomy, Knee; 3 Cm Or Greater	28.62	1	90					AS
27339	Arthrotomy, With Synovectomy, Knee; 5 Cm Or Greater	51.11	1	90					AS
27345	Excision Of Synovial Cyst Of Popliteal Space (Eg, Baker'S Cyst)	32.82	1	90					AS
27347	Excision Of Lesion Of Meniscus Or Capsule (Eg, Cyst, Ganglion), Knee	36.12	1	90					AS
27350	Patellectomy Or Hemipatellectomy	44.51	1	90					AS
27355	Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Femur;	41.09	1	90					AS
27356	Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Femur; With Allograft	50.23	1	90					AS
27357	Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Femur; With Autograft	55.37	1	90					AS
27358	Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Femur; With Internal	18.75	1	90					AS
27360	Partial Excision (Craterization, Saucerization, Or Diaphysectomy) Bone, Fem	58.19	1	90					AS

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Code Spec	· · · · · · · · · · · · · · · · · · ·	Base Fee	UNOS			zation	tion	PA	AS
27364	Partial Excision (Craterization, Saucerization, Or Diaphysectomy) Bone,	105.56	1	90					AS
27365	Radical Resection Of Tumor, Bone, Femur Or Knee	95.62	1	90					AS
27380	Suture Of Infrapatellar Tendon; Primary	40.66	1	90					AS
27381	Suture Of Infrapatellar Tendon; Secondary Reconstruction, Including Fascial	54.41	1	90					AS
27385	Suture Of Quadriceps Or Hamstring Muscle Rupture; Primary	39.49	1	90					AS
27386	Suture Of Quadriceps Or Hamstring Muscle Rupture; Secondary Reconstruction,	56.84	1	90					AS
27390	Tenotomy, Open, Hamstring, Knee To Hip; Single Tendon	30.62	1	90					AS
27392	Tenotomy, Open, Hamstring, Knee To Hip; Multiple Tendons, Bilateral	48.42	1	90					AS
27393	Lengthening Of Hamstring Tendon; Single Tendon	34.77	1	90					AS
27394	Lengthening Of Hamstring Tendon; Multiple Tendons, One Leg	44.37	1	90					AS
27395	Lengthening Of Hamstring Tendon; Multiple Tendons, Bilateral	59.65	1	90					AS
27396	Transplant, Hamstring Tendon To Patella; Single Tendon	41.89	1	90					AS
27397	Transplant, Hamstring Tendon To Patella; Multiple Tendons	62.27	1	90					AS
27400	Transfer, Tendon Or Muscle, Hamstrings To Femur (Eg, Egger'S Type Procedure	47.23	1	90					AS
27403	Arthrotomy With Meniscus Repair, Knee	43.64	1	90					AS
27405	Repair, Primary, Torn Ligament And/Or Capsule, Knee; Collateral	46.20	1	90					AS
27407	Repair, Primary, Torn Ligament And/Or Capsule, Knee; Cruciate	53.86	1	90					AS
27409	Repair, Primary, Torn Ligament And/Or Capsule, Knee; Collateral And Cruciat	65.52	1	0					AS
27412	Autologous Chondrocyte Implantation, Knee	112.20	1	0					AS
27415	Osteochondral Allograft, Knee, Open	93.30	1	90					AS
27418	Anterior Tibial Tubercleplasty (Eg, Maquet Type Procedure)	56.65	1	90					AS
27420	Reconstruction Of Dislocating Patella; (Eg, Hauser Type Procedure)	49.55	1	90					AS
27422	Reconstruction Of Dislocating Patella; With Extensor Realignment And/Or Mus	50.65	1	90					AS
27424	Reconstruction For Recurrent Dislocating Patella; With Patellectomy	50.81	1	90					AS
27427	Ligamentous Reconstruction (Augmentation), Knee; Extra-Articular	48.84	1	90					AS
27428	Ligamentous Reconstruction (Augmentation), Knee; Intra-Articular (Open)	75.79	1	90					AS
27429	Ligamentous Reconstruction (Augmentation), Knee; Intra-Articular (Open) And	84.96	1	90					AS
27430	Quadricepsplasty (Eg, Bennett Or Thompson Type)	50.49	1	90					AS
27435	Capsulotomy, Posterior Capsular Release, Knee	55.23	1	90					AS
27438	Arthroplasty, Patella; With Prosthesis	57.29	1	90					AS

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Code 3		·	Base Fee 54.20			_ ,	zation	tion	PA	AS
27440		Arthroplasty, Knee, Tibial Plateau;	54.20 55.97	1	90 90					AS
27441		Arthroplasty, Knee, Tibial Plateau; With Debridement And Partial Synovectom	59.15	1	90					AS
27442		Arthroplasty, Femoral Condules Or Tibial Plateau(S), Knee;	55.48		90					AS
		Arthroplasty, Knee, Femoral Condyles Or Tibial Plateaus; With Debridement A								
27445		Arthroplasty, Knee, Hinge Prosthesis (Eg, Walldius Type)	85.14		90					AS
27446		Arthroplasty, Knee, Condyle And Plateau; Medial Or Lateral Compartment	75.15		90					AS
27447		Arthroplasty, Knee, Condyle And Plateau; Medial And Lateral Compartments Wi	104.60		90					AS
27448		Osteotomy, Femur, Shaft Or Supracondylar; Without Fixation	55.97		90					AS
27450		Osteotomy, Femur, Shaft Or Supracondylar; With Fixation	69.12		90					AS
27454		Osteotomy, Multiple, With Realignment On Intramedullary Rod, Femoral Shaft	88.16		90					AS
27455		Osteotomy, Proximal Tibia, Including Fibular Excision Or Osteotomy (Include	63.96		90					AS
27457		Osteotomy, Proximal Tibia, Including Fibular Excision Or Osteotomy (Include	65.25		90					AS
27465		Osteoplasty, Femur; Shortening (Excluding 64876)	84.89		90					AS
27466		Osteoplasty, Femur; Lengthening	80.17	1	90					AS
27468		Osteoplasty, Femur; Combined, Lengthening And Shortening With Femoral Segme	91.01	1	90					AS
27470		Repair, Nonunion Or Malunion, Femur, Distal To Head And Neck; Without Graft	80.07	1	90					AS
27472		Repair, Nonunion Or Malunion, Femur, Distal To Head And Neck; With Iliac Or	86.01	1	90					AS
27479		Epiphyseal Arrest By Epiphysiodesis Or Stapling; Combined Distal Femur, Pro	58.65	1	90					AS
27486		Revision Of Total Knee Arthroplasty, With Or Without Allograft; One Compone	95.73		90					AS
27487		Revision Of Total Knee Arthroplasty, With Or Without Allograft; Femoral And	119.52	1	90					AS
27488		Removal Of Prosthesis, Including Total Knee Prosthesis, Methylmethacrylate	81.79	1	90					AS
27495		Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Withou	76.71	1	90					AS
27498		Decompression Fasciotomy, Thigh And/Or Knee, Multiple Compartments;	44.53	1	90					AS
27499		Decompression Fasciotomy, Thigh And/Or Knee, Multiple Compartments; With De	47.52	1	90					AS
27506		Open Treatment Of Femoral Shaft Fracture, With Or Without External Fixation	91.03	1	90					AS
27507		Open Treatment Of Femoral Shaft Fracture With Plate/Screws, With Or Without	66.12	1	90					AS
27511		Open Treatment Of Femoral Supracondylar Or Transcondylar Fracture Without I	67.70	1	90					AS
27513		Open Treatment Of Femoral Supracondylar Or Transcondylar Fracture With Inte	84.18	1	90					AS
27514		Open Treatment Of Femoral Fracture, Distal End, Medial Or Lateral Condyle,	69.46	1	90					AS
27519		Open Treatment Of Distal Femoral Epiphyseal Separation, With Or Without Int	60.39	1	90					AS

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27524 Open Treatment Of Patellar Fracture, With Internal Fixation And/Or Partial 51.31 1 90 AS 27535 Open Treatment Of Tibial Fracture, Proximal (Plateau); Unicondylar, With Or 60.94 1 90 AS 27536 Open Treatment Of Initial Fracture, Proximal (Plateau); Unicondylar, With Or 80.97 1 90 AS 27540 Open Treatment Of Intercondylar Spine(S) And/Or Tuberosity Fracture(S) Of T 55.23 1 90 AS 27556 Open Treatment Of Knee Dislocation, With Or Without Internal Or External Fi 59.43 1 90 AS 27557 Open Treatment Of Knee Dislocation, With Or Without Internal Or External Fi 70.95 1 90 AS 27558 Open Treatment Of Knee Dislocation, With Or Without Partial Or Total Pa 60.69 1 90 AS 27560 Open Treatment Of Patellar Dislocation, With Or Without Partial Or Total Pa 80.69 1 90 AS 27580 Arthrodesis, Knee, Any Technique 97.88 1 90 AS 27591 Amputation, Thigh, Through Femur, Any Level; Dena, Circular (Guillotine) 47.6	0-1-0-	Description	D	LINOO	Hyster-			D.4	
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27658	Repair, Flexor Tendon, Leg; Primary, Without Graft, Each Tendon	25.87	1	90					AS
27659	Repair, Flexor Tendon, Leg; Secondary, With Or Without Graft, Each Tendon	33.25	1	90					AS
27665	Repair, Extensor Tendon, Leg; Secondary, With Or Without Graft, Each Tendon	28.46	1	90					AS
27675	Repair, Dislocating Peroneal Tendons; Without Fibular Osteotomy	33.48	1	90					AS
27676	Repair For Dislocating Peroneal Tendons; With Fibular Osteotomy	42.58	1	90					AS
27685	Lengthening Or Shortening Of Tendon, Leg Or Ankle; Single Tendon (Separate	46.02	1	90					AS
27687	Gastrocnemius Recession (Eg, Strayer Procedure)	31.30	1	90					AS
27690	Transfer Or Transplant Of Single Tendon (With Muscle Redirection Or Rerouti	43.18	1	90					AS
27691	Transfer Or Transplant Of Single Tendon (With Muscle Redirection Or Rerouti	51.43	1	90					AS
27692	Transfer Or Transplant Of Single Tendon (With Muscle Redirection Or Rerouti	7.20	5	90					AS
27698	Repair, Secondary Disrupted Ligament, Ankle, Collateral (Eg, Watson-Jones P	43.89	1	90					AS
27700	Arthroplasty, Ankle;	40.27	1	90					AS
27702	Arthroplasty, Ankle; With Implant ("Total Ankle")	66.26	1	90					AS
27703	Arthroplasty, Ankle; Revision, Total Ankle	77.03	1	90					AS
27705	Osteotomy; Tibia	51.75	1	90					AS
27709	Osteotomy; Tibia And Fibula	79.55	1	90					AS
27712	Osteotomy; Multiple, With Realignment On Intramedullary Rod (Eg, Sofield Ty	75.10	1	90					AS
27715	Osteoplasty, Tibia And Fibula, Lengthening Or Shortening	72.28	1	90					AS
27720	Repair Of Nonunion Or Malunion, Tibia; Without Graft, (Eg, Compression Tech	59.84	1	90					AS
27722	Repair Of Nonunion Or Malunion, Tibia; With Sliding Graft	60.48	1	90					AS
27724	Repair Of Nonunion Or Malunion, Tibia; With Iliac Or Other Autograft (Inclu	86.12	1	90					AS
27725	Repair Of Nonunion Or Malunion, Tibia; By Synostosis, With Fibula, Any Meth	82.94	1	90					AS
27727	Repair Of Congenital Pseudarthrosis, Tibia	70.40	1	90					AS
27740	Arrest, Epiphyseal (Epiphysiodesis), Any Method, Combined, Proximal And Dis	41.89	1	90					AS
27742	Epiphyseal Arrest By Epiphysiodesis Or Stapling, Combined, Proximal And Dis	46.09	1	90					AS
27745	Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Withou	51.66	1	90					AS
27756	Percutaneous Skeletal Fixation Of Tibial Shaft Fracture (With Or Without Fi	39.56	1	90					AS
27758	Open Treatment Of Tibial Shaft Fracture, (With Or Without Fibular Fracture)	60.71	1	90					AS
27759	Treatment Of Tibial Shaft Fracture (With Or Without Fibular Fracture) By In	67.93	1	90					AS
27767	Closed Treatment Of Posterior Malleolus Fracture; Without Manipulation	18.98	1	90					AS

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Code Spec	·	Base Fee	UNOS			zation	tion	PA	_
27768	Closed Treatment Of Posterior Malleolus Fracture; With Manipulation	30.16	1	90					AS
27769	Open Treatment Of Posterior Malleolus Fracture, Includes Internal Fixation,	50.01	1	90					AS
27814	Open Treatment Of Bimalleolar Ankle Fracture, With Or Without Internal Or E	52.76	1	90					AS
27822	Open Treatment Of Trimalleolar Ankle Fracture, With Or Without Internal Or	57.57	1	90					AS
27823	Open Treatment Of Trimalleolar Ankle Fracture, With Or Without Internal Or	65.18	1	90					AS
27826	Open Treatment Of Fracture Of Weight Bearing Articular Surface/ Portion Of	57.29	1	90					AS
27827	Open Treatment Of Fracture Of Weight Bearing Articular Surface/ Portion Of	74.09	1	90					AS
27828	Open Treatment Of Fracture Of Weight Bearing Articular Surface/ Portion Of	88.30	1	90					AS
27829	Open Treatment Of Distal Tibiofibular Joint (Syndesmosis) Disruption, With	46.96	1	90					AS
27832	Open Treatment Of Proximal Tibiofibular Joint Dislocation, With Or Without	51.47	1	90					AS
27846	Open Treatment Of Ankle Dislocation, With Or Without Percutaneous Skeletal	49.96	1	90					AS
27848	Open Treatment Of Ankle Dislocation, With Or Without Percutaneous Skeletal	55.14	1	90					AS
27870	Arthrodesis, Ankle, Open	70.59	1	90					AS
27871	Arthrodesis, Tibiofibular Joint, Proximal Or Distal	46.98	1	90					AS
27880	Amputation Leg, Through Tibia And Fibula;	63.25	1	90					AS
27881	Amputation Leg, Through Tibia And Fibula; With Immediate Fitting Technique	60.87	1	90					AS
27888	Amputation, Ankle, Through Malleoli Of Tibia And Fibula (Eg, Syme, Pirogoff	46.48	1	90					AS
27894	Decompression Fasciotomy, Leg; Anterior And/Or Lateral, And Posterior Compa	59.63	1	90					AS
28039	Exc Foot/Toe Tum Sc > 1.5 Cm 1.5 Cm Or Greater	36.14	1	90					AS
28041	Exc Foot/Toe Tum Deep >1.5Cm	31.56	1	90					AS
28047	Radical Resection Of Tumor (Eg, Malignant Neoplasm), Soft Tissue Of	68.98	1	90					AS
28055	Neurectomy, Intrinsic Musculature Of Foot	25.55	1	90					AS
28086	Synovectomy, Tendon Sheath, Foot; Flexor	38.34	1	0					AS
28100	Excision Or Curettage Of Bone Cyst Or Benign Tumor, Talus Or Calcaneus;	42.79	1	90					AS
28102	Excision Or Curettage Of Bone Cyst Or Benign Tumor, Talus Or Calcaneus; Wit	36.24	1	90					AS
28103	Excision Or Curettage Of Bone Cyst Or Benign Tumor, Talus Or Calcaneus; Wit	26.56	1	90					AS
28104	Excision Or Curettage Of Bone Cyst Or Benign Tumor, Tarsal Or Metatarsal, E	36.21	1	90					AS
28106	Excision Or Curettage Of Bone Cyst Or Benign Tumor, Tarsal Or Metatarsal Bo	30.89	1	90					AS
28107	Excision Or Curettage Of Bone Cyst Or Benign Tumor, Tarsal Or Metatarsal Bo	35.77	1	90					AS
28114	Ostectomy, Complete Excision; All Metatarsal Heads, With Partial Proximal P	74.57	1	90					AS

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Code S 28118	Description Ostectomy, Calcaneus;	Base Fee 41.53	UNOS	FUD 90		zation	tion	PA	AS AS
28122	Partial Excision (Craterization, Saucerization, Sequestrectomy, Or Diaphyse	41.53	1	90					AS
28130		49.54	1	90					AS
28171	Talectomy (Astragalectomy) Radical Resection Of Tumor, Bone; Tarsal (Except Talus Or Calcaneus)	49.45	1	90					AS
28202	Repair Or Suture Of Tendon, Foot, Flexor, Single; Secondary With Free Graft	49.45	1	90					AS
28210		40.24	1						AS
	Repair Or Suture Of Tendon, Foot, Extensor, Single; Secondary With Free Gra	46.22	1	90 90					AS
28238	Reconstruction (Advancement), Posterior Tibial Tendon With Excision Of Acce		•						
28250	Division Of Plantar Fascia And Muscle (Eg, Steindler Stripping) (Separate P	40.31	1	90					AS AS
28260	Capsulotomy, Midfoot; Medial Release Only (Separate Procedure)	46.82	1	90					
28262	Capsulotomy, Midfoot; Extensive, Including Posterior Talotibial Capsulotomy	100.49	1 1	90					AS
28264	Capsulotomy, Midtarsal (Eg, Heyman Type Procedure)	66.97	•	90					AS
28289	Hallux Rigidus Correction With Cheilectomy, Debridement And Capsular Releas	51.27	1	90					AS
28292	Hallux Valgus (Bunion) Correction, With Or Without Sesamoidectomy; Keller,	54.75	1	90					AS
28293	Hallux Valgus (Bunion) Correction, With Or Without Sesamoidectomy; Resectio	72.37	1	90					AS
28294	Correction, Hallux Valgus (Bunion), With Or Without Sesamoidectomy; With Te	51.79	1	90					AS
28296	Hallux Valgus (Bunion) Correction, With Or Without Sesamoidectomy; With Met	49.32	1	90					AS
28297	Hallux Valgus (Bunion) Correction, With Or Without Sesamoidectomy; Lapidus	56.84	1	90					AS
28298	Hallux Valgus (Bunion) Correction, With Or Without Sesamoidectomy; By Phala	50.14	1	90					AS
28299	Correction, Hallux Valgus (Bunion), With Or Without Sesamoidectomy; By Doub	61.58	1	90					AS
28300	Osteotomy; Calcaneus (Eg, Dwyer Or Chambers Type Procedure), With Or Withou	44.92	1	90					AS
28302	Osteotomy; Talus	48.68	1	90					AS
28304	Osteotomy, Tarsal Bones, Other Than Calcaneus Or Talus;	56.29	1	90					AS
28305	Osteotomy, Tarsal Bones, Other Than Calcaneus Or Talus; With Autograft (Inc	44.30	1	90					AS
28306	Osteotomy, With Or Without Lengthening, Shortening Or Angular Correction, M	43.13	1	90					AS
28308	Osteotomy, With Or Without Lengthening, Shortening Or Angular Correction, M	39.30	1	90					AS
28320	Repair, Nonunion Or Malunion; Tarsal Bones	41.89	1	90					AS
28322	Repair Of Nonunion Or Malunion; Metatarsal, With Or Without Bone Graft (Inc	54.89	1	90					AS
28360	Reconstruction, Cleft Foot	74.39	1	90					AS
28415	Open Treatment Of Calcaneal Fracture, With Or Without Internal Or External	75.81	1	90					AS
28420	Open Treatment Of Calcaneal Fracture, With Or Without Internal Or External	85.37	1	90					AS

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Code Spec	<u>'</u>	Base Fee				zation	tion	РΑ	AS
28445	Open Treatment Of Talus Fracture, With Or Without Internal Or External Fixa	72.63	1	90					AS
28555	Open Treatment Of Tarsal Bone Dislocation, With Or Without Internal Or Exte	61.24	1	90					AS
28585	Open Treatment Of Talotarsal Joint Dislocation, With Or Without Internal Or	60.66	1	90					AS
28615	Open Treatment Of Tarsometatarsal Joint Dislocation, With Or Without Intern	54.04	1	90					AS
28705	Arthrodesis; Pantalar	87.55	1	90					AS
28715	Arthrodesis; Triple	63.87	1	90					AS
28725	Arthrodesis; Subtalar	52.96	1	90					AS
28730	Arthrodesis, Midtarsal Or Tarsometatarsal, Multiple Or Transverse;	50.19	1	90					AS
28735	Arthrodesis, Midtarsal Or Tarsometatarsal, Multiple Or Transverse; With Ost	53.37	1	90					AS
28737	Arthrodesis, With Tendon Lengthening And Advancement, Midtarsal, Tarsal Nav	47.07	1	90					AS
28740	Arthrodesis, Midtarsal Or Tarsometatarsal, Single Joint	59.06	1	90					AS
28760	Arthrodesis, With Extensor Hallucis Longus Transfer To First Metatarsal Nec	54.22	1	90					AS
28800	Amputation, Foot; Midtarsal (Eg, Chopart Type Procedure)	37.63	1	90					AS
29804	Arthroscopy, Temporomandibular Joint, Surgical	44.44	1	90					AS
29820	Arthroscopy, Shoulder, Surgical; Synovectomy, Partial	36.90	1	90					AS
29821	Arthroscopy, Shoulder, Surgical; Synovectomy, Complete	40.24	1	90					AS
29822	Arthroscopy, Shoulder, Surgical; Debridement, Limited	39.33	1	90					AS
29823	Arthroscopy, Shoulder, Surgical; Debridement, Extensive	42.90	1	90					AS
29824	Arthroscopy, Shoulder, Surgical; Distal Claviculectomy Including Distal Art	46.34	1	90					AS
29825	Arthroscopy, Shoulder, Surgical; With Lysis And Resection Of Adhesions, Wit	40.04	1	90					AS
29826	Arthroscopy, Shoulder, Surgical; Decompression Of Subacromial Space With Pa	34.44	1	90					AS
29827	Arthroscopy, Shoulder, Surgical; With Rotator Cuff Repair	73.18	1	90					AS
29834	Arthroscopy, Elbow, Surgical; With Removal Of Loose Body Or Foreign Body	33.53	1	90					AS
29835	Arthroscopy, Elbow, Surgical; Synovectomy, Partial	34.63	1	90					AS
29836	Arthroscopy, Elbow, Surgical; Synovectomy, Complete	39.30	1	90					AS
29837	Arthroscopy, Elbow, Surgical; Debridement, Limited	36.16	1	90					AS
29843	Arthroscopy, Wrist, Surgical; For Infection, Lavage And Drainage	33.07	1	90					AS
29844	Arthroscopy, Wrist, Surgical; Synovectomy, Partial	33.94	1	90					AS
29845	Arthroscopy, Wrist, Surgical; Synovectomy, Complete	39.44	1	90					AS
29847	Arthroscopy, Wrist, Surgical; Internal Fixation For Fracture Or Instability	37.06	1	90					AS

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Code	Spec	<u>'</u>	Base Fee				zation	tion	_	AS
29851		Arthroscopically Aided Treatment Of Intercondylar Spine(S) And/Or Tuberosit	63.37	1	90					AS
29855		Arthroscopically Aided Treatment Of Tibial Fracture, Proximal (Plateau); Un	53.65	1	90					AS
29856		Arthroscopically Aided Treatment Of Tibial Fracture, Proximal (Plateau); Bi	67.74	1	90					AS
29860		Arthroscopy, Hip, Diagnostic With Or Without Synovial Biopsy (Separate Proc	45.49	1	90					AS
29861		Arthroscopy, Hip, Surgical; With Removal Of Loose Body Or Foreign Body	49.59	1	90					AS
29862		Arthroscopy, Hip, Surgical; With Debridement/Shaving Of Articular Cartilage	55.87	1	90					AS
29863		Arthroscopy, Hip, Surgical; With Synovectomy	55.92	1	90					AS
29884		Arthroscopy, Knee, Surgical; With Lysis Of Adhesions, With Or Without Manip	42.47	1	90					AS
29885		Arthroscopy, Knee, Surgical; Drilling For Osteochondritis Dissecans With Bo	51.29	1	90					AS
29887		Arthroscopy, Knee, Surgical; Drilling For Intact Osteochondritis Dissecans	51.11	1	90					AS
29888		Arthroscopically Aided Anterior Cruciate Ligament Repair/Augmentation Or Re	67.38	1	90					AS
29889		Arthroscopically Aided Posterior Cruciate Ligament Repair/Augmentation Or R	83.14	1	90					AS
29891		Arthroscopy, Ankle, Surgical; Excision Of Osteochondral Defect Of Talus And	46.45	1	90					AS
29892		Arthroscopically Aided Repair Of Large Osteochondritis Dissecans Lesion, Ta	42.01	1	90					AS
29893		Endoscopic Plantar Fasciotomy	42.47	1	90					AS
29894		Arthroscopy, Ankle (Tibiotalar And Fibulotalar Joints), Surgical; With Remo	35.48	1	90					AS
29895		Arthroscopy, Ankle (Tibiotalar And Fibulotalar Joints), Surgical; Synovecto	32.91	1	90					AS
29897		Arthroscopy, Ankle (Tibiotalar And Fibulotalar Joints), Surgical; Debrideme	35.13	1	90					AS
29898		Arthroscopy, Ankle (Tibiotalar And Fibulotalar Joints), Surgical; Debrideme	38.66	1	90					AS
29899		Arthroscopy, Ankle (Tibiotalar And Fibulotalar Joints), Surgical; With Ankl	71.62	1	90					AS
29904		Arthroscopy, Subtalar Joint, Surgical; With Removal Of Loose Body Or Foreig	43.45	1	90					AS
29905		Arthroscopy, Subtalar Joint, Surgical; With Synovectomy	47.12	1	90					AS
29906		Arthroscopy, Subtalar Joint, Surgical; With Debridement	48.20	1	90					AS
29907		Arthroscopy, Subtalar Joint, Surgical; With Subtalar Arthrodesis	59.65	1	90					AS
29914		Arthroscopy, Hip, Surgical; With Femoroplasty (le, Treatment Of Cam Lesion)	68.82	1	90					AS
29915		Arthroscopy, Hip, Surgical; With Acetabuloplasty (le, Treatment Of Pincer Lesion)	70.20	1	90					AS
29916		Arthroscopy, Hip, Surgical; With Labral Repair	70.27	1	90					AS
30118		Excision Or Destruction, Any Method (Including Laser), Intranasal Lesion; E	52.53	1	90					AS
30125		Excision Dermoid Cyst, Nose; Complex, Under Bone Or Cartilage	42.03	1	90					AS
30160		Rhinectomy; Total	53.26	1	90					AS

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Code Sp	· · · · · · · · · · · · · · · · · · ·	Base Fee	UNOS			zation	tion	PA	_
30460	Rhinoplasty For Nasal Deformity Secondary To Congenital Cleft Lip And/Or Pa	56.10	1	90					AS
30462	Rhinoplasty For Nasal Deformity Secondary To Congenital Cleft Lip And/Or Pa	98.84	1	90					AS
30540	Repair Choanal Atresia; Intranasal	47.60	1	90					AS
30545	Repair Choanal Atresia; Transpalatine	58.05	1	90					AS
31075	Sinusotomy Frontal; Transorbital, Unilateral (For Mucocele Or Osteoma, Lync	53.88	1	90					AS
31080	Sinusotomy Frontal; Obliterative Without Osteoplastic Flap, Brow Incision (70.98	1	90					AS
31081	Sinusotomy Frontal; Obliterative, Without Osteoplastic Flap, Coronal Incisi	96.47	1	90					AS
31084	Sinusotomy Frontal; Obliterative, With Osteoplastic Flap, Brow Incision	79.23	1	90					AS
31085	Sinusotomy Frontal; Obliterative, With Osteoplastic Flap, Coronal Incision	96.11	1	90					AS
31086	Sinusotomy Frontal; Nonobliterative, With Osteoplastic Flap, Brow Incision	77.05	1	90					AS
31087	Sinusotomy Frontal; Nonobliterative, With Osteoplastic Flap, Coronal Incisi	74.07	1	90					AS
31205	Ethmoidectomy; Extranasal, Total	62.61	1	90					AS
31225	Maxillectomy; Without Orbital Exenteration	127.97	1	90					AS
31230	Maxillectomy; With Orbital Exenteration (En Bloc)	141.63	1	90					AS
31300	Laryngotomy (Thyrotomy, Laryngofissure); With Removal Of Tumor Or Laryngoce	86.68	1	90					AS
31360	Laryngectomy; Total, Without Radical Neck Dissection	142.27	1	90					AS
31365	Laryngectomy; Total, With Radical Neck Dissection	175.82	1	90					AS
31367	Laryngectomy; Subtotal Supraglottic, Without Radical Neck Dissection	151.30	1	90					AS
31368	Laryngectomy; Subtotal Supraglottic, With Radical Neck Dissection	167.39	1	90					AS
31370	Partial Laryngectomy (Hemilaryngectomy); Horizontal	142.32	1	90					AS
31375	Partial Laryngectomy (Hemilaryngectomy); Laterovertical	135.14	1	90					AS
31380	Partial Laryngectomy (Hemilaryngectomy); Anterovertical	133.29	1	90					AS
31382	Partial Laryngectomy (Hemilaryngectomy); Antero-Latero-Vertical	146.10	1	90					AS
31390	Pharyngolaryngectomy, With Radical Neck Dissection; Without Reconstruction	195.58	1	90					AS
31395	Pharyngolaryngectomy, With Radical Neck Dissection; With Reconstruction	205.57	1	90					AS
31400	Arytenoidectomy Or Arytenoidopexy, External Approach	68.91	1	90					AS
31420	Epiglottidectomy	57.32	1	90					AS
31580	Laryngoplasty; For Laryngeal Web, Two Stage, With Keel Insertion And Remova	84.31	1	90					AS
31584	Laryngoplasty; With Open Reduction Of Fracture	103.54	1	90					AS
31587	Laryngoplasty, Cricoid Split	68.46	1	90					AS

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Code Spec	·	Base Fee				zation	tion	PA	AS
31588	Laryngoplasty, Not Otherwise Specified (Eg, For Burns, Reconstruction After	78.61	1	90					AS
31590	Laryngeal Reinnervation By Neuromuscular Pedicle	62.20	1	90					AS
31595	Section Recurrent Laryngeal Nerve, Therapeutic (Separate Procedure), Unilat	52.83	1	90					AS
31601	Tracheostomy, Planned (Separate Procedure); Under Two Years	17.65	1	0					AS
31611	Construction Of Tracheoesophageal Fistula And Subsequent Insertion Of An Al	37.54	1	90					AS
31750	Tracheoplasty; Cervical	95.48	1	90					AS
31755	Tracheoplasty; Tracheopharyngeal Fistulization, Each Stage	120.18	1	90					AS
31760	Tracheoplasty; Intrathoracic	93.92	1	90					AS
31766	Carinal Reconstruction	121.46	1	90					AS
31770	Bronchoplasty; Graft Repair	91.03	1	90					AS
31775	Bronchoplasty; Excision Stenosis And Anastomosis	93.53	1	90					AS
31780	Excision Tracheal Stenosis And Anastomosis; Cervical	80.74	1	90					AS
31781	Excision Tracheal Stenosis And Anastomosis; Cervicothoracic	104.66	1	90					AS
31785	Excision Of Tracheal Tumor Or Carcinoma; Cervical	73.61	1	90					AS
31786	Excision Of Tracheal Tumor Or Carcinoma; Thoracic	98.62	1	90					AS
31805	Suture Of External Tracheal Wound Or Injury; Intrathoracic	56.01	1	90					AS
32035	Thoracostomy; With Rib Resection For Empyema	49.82	1	90					AS
32036	Thoracostomy; With Open Flap Drainage For Empyema	53.63	1	90					AS
32096	Thoracotomy, With Diagnostic Biopsy(les) Of Lung Infiltrate(S) (Eg, Wedge, Incisional), Unilateral	55.62	1	90					AS
32097	Thoracotomy, With Diagnostic Biopsy(les) Of Lung Nodule(S) Or Mass(Es) (Eg, Wedge, Incisional), Unilateral	55.62	1	90					AS
32098	Thoracotomy, With Biopsy(les) Of Pleura	53.93	1	90					AS
32100	Thoracotomy, Major; With Exploration And Biopsy	56.10	1	90					AS
32110	Thoracotomy, Major; With Control Of Traumatic Hemorrhage And/Or Repair Of L	100.40	1	90					AS
32120	Thoracotomy, Major; For Postoperative Complications	60.00	1	90					AS
32124	Thoracotomy, Major; With Open Intrapleural Pneumonolysis	63.92	1	90					AS
32140	Thoracotomy, Major; With Cyst(S) Removal, With Or Without A Pleural Procedu	68.09	1	90					AS
32141	Thoracotomy, Major; With Excision-Plication Of Bullae, With Or Without Any	104.50	1	90					AS
32150	Thoracotomy, Major; With Removal Of Intrapleural Foreign Body Or Fibrin Dep	68.98	1	90					AS
32151	Thoracotomy, Major; With Removal Of Intrapulmonary Foreign Body	69.12	1	90					AS

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	Spec	·	Base Fee				zation	tion	РА	AS
32160		Thoracotomy, Major; With Cardiac Massage	54.25	1	90					AS
32200		Pneumonostomy, With Open Drainage Of Abscess Or Cyst	77.81	1	90					AS
32201		Pneumonostomy; With Percutaneous Drainage Of Abscess Or Cyst	17.21	1	0					AS
32215		Pleural Scarification For Repeat Pneumothorax	55.12	1	90					AS
32220		Decortication, Pulmonary, (Separate Procedure); Total	109.22	1	90					AS
32225		Decortication, Pulmonary, (Separate Procedure); Partial	68.41	1	90					AS
32310		Pleurectomy, Parietal (Separate Procedure)	63.05	1	90					AS
32320		Decortication And Parietal Pleurectomy	109.78	1	90					AS
32440		Removal Of Lung, Total Pneumonectomy;	107.32	1	90					AS
32442		Removal Of Lung, Total Pneumonectomy; With Resection Of Segment Of Trachea	208.99	1	90					AS
32445		Removal Of Lung, Total Pneumonectomy; Extrapleural	241.41	1	90					AS
32480		Removal Of Lung, Other Than Total Pneumonectomy; Single Lobe (Lobectomy)	101.53	1	90					AS
32482		Removal Of Lung, Other Than Total Pneumonectomy; Two Lobes (Bilobectomy)	108.68	1	90					AS
32484		Removal Of Lung, Other Than Total Pneumonectomy; Single Segment (Segmentect	98.45	1	90					AS
32486		Removal Of Lung, Other Than Total Pneumonectomy; With Circumferential Resec	160.77	1	90					AS
32488		Removal Of Lung, Other Than Total Pneumonectomy; All Remaining Lung Followi	163.04	1	90					AS
32501		Resection And Repair Of Portion Of Bronchus (Bronchoplasty) When Performed	16.66	1	90					AS
32503		Resection Of Apical Lung Tumor (Eg, Pancoast Tumor), Including Chest Wall R	123.94	1	90					AS
32504		Resection Of Apical Lung Tumor (Eg, Pancoast Tumor), Including Chest Wall R	139.96	1	90					AS
32505		Thoracotomy; With Therapeutic Wedge Resection (Eg, Mass, Nodule), Initial	65.80	1	90					AS
32506		Thoracotomy; With Therapeutic Wedge Resection (Eg, Mass, Nodule), Initial	11.30	1	90					AS
32507		Thoracotomy; With Diagnostic Wedge Resection Followed By Anatomic Lung Resection (List Separately In Addition To Code For Primary Procedure)	11.30	1	90					AS
32540		Extrapleural Enucleation Of Empyema (Empyemectomy)	118.28	1	90					AS
32550		Insertion Of Indwelling Tunneled Pleural Catheter With Cuff	55.76	1	0					AS
32551		Tube Thoracostomy, Includes Water Seal (Eg, For Abscess, Hemothorax, Empyema), When Performed (Separate Procedure)	11.99	1	0					AS
32552		Removal Of Indwelling Tunneled Pleural Catheter With Cuff	13.25	1	10					AS
32561		Instillation(S), Via Chest Tube/Catheter, Agent For Fibrinolysis (Eg, Fibri	6.51	1	0					AS
32562		Instillation(S), Via Chest Tube/Catheter, Agent For Fibrinolysis (Eg, Fibri	5.89	1	0					AS

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Code	·	Base Fee				zation	tion	PA	AS
32650	Thoracoscopy, Surgical; With Pleurodesis (Eg, Mechanical Or Chemical)	45.90	1	90					AS
32651	Thoracoscopy, Surgical; With Partial Pulmonary Decortication	75.12	1	90					AS
32652	Thoracoscopy, Surgical; With Total Pulmonary Decortication, Including Intra	113.76	1	90					AS
32653	Thoracoscopy, Surgical; With Removal Of Intrapleural Foreign Body Or Fibrin	72.42	1	90					AS
32654	Thoracoscopy, Surgical; With Control Of Traumatic Hemorrhage	80.78	1	90					AS
32655	Thoracoscopy, Surgical; With Excision-Plication Of Bullae, Including Any Pl	65.82	1	90					AS
32656	Thoracoscopy, Surgical; With Parietal Pleurectomy	54.82	1	90					AS
32658	Thoracoscopy, Surgical; With Removal Of Clot Or Foreign Body From Pericardi	49.07	1	90					AS
32659	Thoracoscopy, Surgical; With Creation Of Pericardial Window Or Partial Rese	50.10	1	90					AS
32661	Thoracoscopy, Surgical; With Excision Of Pericardial Cyst, Tumor, Or Mass	54.84	1	90					AS
32662	Thoracoscopy, Surgical; With Excision Of Mediastinal Cyst, Tumor, Or Mass	61.17	1	90					AS
32663	Thoracoscopy, Surgical; With Lobectomy, Total Or Segmental	95.93	1	90					AS
32664	Thoracoscopy, Surgical; With Thoracic Sympathectomy	58.23	1	90					AS
32665	Thoracoscopy, Surgical; With Esophagomyotomy (Heller Type)	83.42	1	90					AS
32666	Thoracoscopy, Surgical; With Therapeutic Wedge Resection (Eg, Mass, Nodule), Initial Unilateral	61.26	1	90					AS
32667	Thoracoscopy, Surgical; With Therapeutic Wedge Resection (Eg, Mass Or Nodule), Each Additional Resection,	11.30	1	90					AS
32668	Ipsilateral (List Separately In Addition To Code For Primary Procedure) Thoracoscopy, Surgical; With Diagnostic Wedge Resection Followed By Anatomic Lung Resection (List	11.34	1	90					AS
32000	Separately In Addition To Code For Primary Procedure)	11.34	1	90					AS
32669	Thoracoscopy, Surgical; With Removal Of A Single Lung Segment (Segmentectomy)	92.11	1	90					AS
32670	Thoracoscopy, Surgical; With Removal Of Two Lobes (Bilobectomy)	109.82	1	90					AS
32671	Thoracoscopy, Surgical; With Removal Of Lung (Pneumonectomy)	121.72	1	90					AS
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	104.18	1	90					AS
32673	Thoracoscopy, Surgical; With Resection Of Thymus, Unilateral Or Bilateral	82.07	1	90					AS
32674	Thoracoscopy, Surgical; With Mediastinal And Regional Lymphadenectomy (List Separately In Addition To	14.71	1	90					AS
	Code For Primary Procedure)	0.4.70							
32800	Repair Lung Hernia Through Chest Wall	64.79	1	90					AS
32810	Closure Of Chest Wall Following Open Flap Drainage For Empyema (Clagett Typ	61.95	1	90					AS
32815	Open Closure Of Major Bronchial Fistula	192.21	1	90					AS
32820	Major Reconstruction, Chest Wall (Post-Traumatic)	96.69	1	90	l				AS

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Code Spec	<u> </u>	Base Fee	UNOS			zation	tion	PA	AS
32851	Lung Transplant, Single; Without Cardiopulmonary Bypass	206.32	1	90					AS
32852	Lung Transplant, Single; With Cardiopulmonary Bypass	226.47	1	90					AS
32853	Lung Transplant, Double (Bilateral Sequential Or En Bloc); Without Cardiopu	246.70	1	90					AS
32854	Lung Transplant, Double (Bilateral Sequential Or En Bloc); With Cardiopulmo	269.10	1	90					AS
32900	Resection Of Ribs, Extrapleural, All Stages	95.29	1	90					AS
32905	Thoracoplasty, Schede Type Or Extrapleural (All Stages);	91.51	1	90					AS
32906	Thoracoplasty, Schede Type Or Extrapleural (All Stages); With Closure Of Br	112.92	1	90					AS
32940	Pneumonolysis, Extraperiosteal, Including Filling Or Packing Procedures	84.63	1	90					AS
32998	Ablation Therapy For Reduction Or Eradication Of One Or More Pulmonary Tumo	208.02	1	0					AS
32999 R	Unlisted Procedure, Lungs And Pleura		1	90					AS
33020	Pericardiotomy For Removal Of Clot Or Foreign Body (Primary Procedure)	60.16	1	90					AS
33025	Creation Of Pericardial Window Or Partial Resection For Drainage	55.03	1	90					AS
33030	Pericardiectomy, Subtotal Or Complete; Without Cardiopulmonary Bypass	105.26	1	90					AS
33031	Pericardiectomy, Subtotal Or Complete; With Cardiopulmonary Bypass	117.66	1	90					AS
33050	Excision Of Pericardial Cyst Or Tumor	68.78	1	90					AS
33120	Excision Of Intracardiac Tumor, Resection With Cardiopulmonary Bypass	128.52	1	90					AS
33130	Resection Of External Cardiac Tumor	95.54	1	90					AS
33140	Transmyocardial Laser Revascularization, By Thoracotomy (Separate Procedure	108.84	1	90					AS
33141	Transmyocardial Laser Revascularization, By Thoracotomy; Performed At The T	9.05	1	90					AS
33243	Removal Of Single Or Dual Chamber Pacing Cardioverter-Defibrillator	93.80	1	90					AS
33250	Operative Ablation Of Supraventricular Arrhythmogenic Focus Or Pathway (Eg,	101.62	1	90					AS
33251	Operative Ablation Of Supraventricular Arrhythmogenic Focus Or Pathway (Eg,	111.98	1	90					AS
33254	Operative Tissue Ablation And Reconstruction Of Atria, Limited (Eg, Modifie	94.54	1	90					AS
33255	Operative Tissue Ablation And Reconstruction Of Atria, Extensive (Eg, Maze	113.53	1	90					AS
33256	Operative Tissue Ablation And Reconstruction Of Atria, Extensive (Eg, Maze	134.71	1	90					AS
33257	Operative Tissue Ablation And Reconstruction Of Atria, Performed At The Tim	40.40	1	0					AS
33258	Operative Tissue Ablation And Reconstruction Of Atria, Performed At The Tim	45.47	1	0					AS
33259	Operative Tissue Ablation And Reconstruction Of Atria, Performed At The Tim	58.65	1	0					AS
33261	Operative Ablation Of Ventricular Arrhythmogenic Focus With Cardiopulmonary	112.48	1	90					AS
33265	Endoscopy, Surgical; Operative Tissue Ablation And Reconstruction Of Atria,	93.66	1	90					AS

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Code Spec	·	Base Fee	UNOS			zation	tion	PA	AS
33266	Endoscopy, Surgical; Operative Tissue Ablation And Reconstruction Of Atria,	127.72	1	90					AS
33300	Repair Of Cardiac Wound; Without Bypass	168.26	1	90					AS
33305	Repair Of Cardiac Wound; With Cardiopulmonary Bypass	281.52	1	90					AS
33310	Cardiotomy, Exploratory (Includes Removal Of Foreign Body, Atrial Or Ventri	80.44	1	90					AS
33315	Cardiotomy, Exploratory (Includes Removal Of Foreign Body); With Cardiopulm	122.76	1	90					AS
33320	Suture Repair Of Aorta Or Great Vessels; Without Shunt Or Cardiopulmonary B	72.53	1	90					AS
33321	Suture Repair Of Aorta Or Great Vessels; With Shunt Bypass	82.32	1	90					AS
33322	Suture Repair Of Aorta Or Great Vessels; With Cardiopulmonary Bypass	96.05	1	90					AS
33330	Insertion Of Graft, Aorta Or Great Vessels; Without Shunt, Or Cardiopulmona	105.19	1	90					AS
33332	Insertion Of Graft, Aorta Or Great Vessels; With Shunt Bypass	96.48	1	90					AS
33335	Insertion Of Graft, Aorta Or Great Vessels; With Cardiopulmonary Bypass	129.64	1	90					AS
33400	Valvuloplasty, Aortic Valve; Open, With Cardiopulmonary Bypass	157.15	1	90					AS
33401	Valvuloplasty, Aortic Valve; Open, With Inflow Occlusion	97.93	1	90					AS
33403	Valvuloplasty, Aortic Valve; Using Transventricular Dilation, With Cardiopu	103.22	1	90					AS
33404	Construction Of Apical-Aortic Conduit	120.96	1	90					AS
33405	Replacement, Aortic Valve, With Cardiopulmonary Bypass; With Prosthetic Val	155.89	1	90					AS
33406	Replacement, Aortic Valve, With Cardiopulmonary Bypass; With Allograft Valv	198.49	1	90					AS
33410	Replacement, Aortic Valve, With Cardiopulmonary Bypass; With Stentless Tiss	175.18	1	90					AS
33411	Replacement, Aortic Valve; With Aortic Annulus Enlargement, Noncoronary Cus	231.40	1	90					AS
33412	Replacement, Aortic Valve; With Transventricular Aortic Annulus Enlargement	205.43	1	90					AS
33413	Replacement, Aortic Valve; By Translocation Of Autologous Pulmonary Valve W	222.58	1	90					AS
33414	Repair Of Left Ventricular Outflow Tract Obstruction By Patch Enlargement O	148.51	1	90					AS
33415	Resection Or Incision Of Subvalvular Tissue For Discrete Subvalvular Aortic	140.60	1	90					AS
33416	Ventriculomyotomy (-Myectomy) For Idiopathic Hypertrophic Subaortic Stenosi	140.30	1	90					AS
33417	Aortoplasty (Gusset) For Supravalvular Stenosis	114.79	1	90					AS
33422	Valvotomy, Mitral Valve; Open Heart, With Cardiopulmonary Bypass	116.38	1	90					AS
33425	Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass;	188.77	1	90					AS
33426	Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass; With Prosthetic R	164.53	1	90					AS
33427	Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass; Radical Reconstru	168.58	1	90					AS
33430	Replacement, Mitral Valve, With Cardiopulmonary Bypass	192.30	1	90					AS

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Cada	C	Description	Dana 500	LINIOC	- LID	Hyster-			DA	A C
33460	Spec	Description Valvectomy, Tricuspid Valve, With Cardiopulmonary Bypass	Base Fee 167.48	<u>UNUS</u>	90		Zation	tion	PA	AS
33463		Valvuloplasty, Tricuspid Valve; Without Ring Insertion	212.86	1	90					AS
33464		Valvuloplasty, Tricuspid Valve; With Ring Insertion	168.81	1	90					AS
33465		Replacement, Tricuspid Valve, With Cardiopulmonary Bypass	190.28	1	90					AS
33468		Tricuspid Valve Repositioning And Plication For Ebstein Anomaly	156.62	1	90					AS
33470		Valvotomy, Pulmonary Valve, Closed Heart; Transventricular	89.75	1	90					AS
33472		Valvotomy, Pulmonary Valve, Open Heart; With Inflow Occlusion	90.34	1	90					AS
33474		Valvotomy, Pulmonary Valve, Open Heart; With Cardiopulmonary Bypass	149.10	1	90					AS
33475		Replacement, Pulmonary Valve	162.19	1	90					AS
33476		Right Ventricular Resection For Infundibular Stenosis, With Or Without Comm	105.42	1	90					AS
33478		Outflow Tract Augmentation (Gusset), With Or Without Commissurotomy Or Infu	108.90	1	90					AS
33496		Repair Of Non-Structural Prosthetic Valve Dysfunction With Cardiopulmonary	115.25	1	90					AS
33500		Repair Of Coronary Arteriovenous Or Arteriocardiac Chamber Fistula; With Ca	108.95	1	90					AS
33501		Repair Of Coronary Arteriovenous Or Arteriocardiac Chamber Fistula; Without	78.01	1	90					AS
33502		Repair Of Anomalous Coronary Artery From Pulmonary Artery Origin; By Ligati	88.60	1	90					AS
33504		Repair Of Anomalous Coronary Artery; By Graft, With Cardiopulmonary Bypass	101.55	1	90					AS
33505		Repair Of Anomalous Coronary Artery; With Construction Of Intrapulmonary Ar	142.48	1	90					AS
33506		Repair Of Anomalous Coronary Artery; By Translocation From Pulmonary Artery	140.62	1	90					AS
33507		Repair Of Anomalous (Eg, Intramural) Aortic Origin Of Coronary Artery By Un	117.96	1	90					AS
33508		Endoscopy, Surgical, Including Video-Assisted Harvest Of Vein(S) For Corona	1.10	1	0					AS
33510		Coronary Artery Bypass, Vein Only; Single Coronary Venous Graft	133.59	1	90					AS
33511		Coronary Artery Bypass, Vein Only; Two Coronary Venous Grafts	146.70	1	90					AS
33512		Coronary Artery Bypass, Vein Only; Three Coronary Venous Grafts	166.66	1	90					AS
33513		Coronary Artery Bypass, Vein Only; Four Coronary Venous Grafts	171.42	1	90					AS
33514		Coronary Artery Bypass, Vein Only; Five Coronary Venous Grafts	180.75	1	90					AS
33516		Coronary Artery Bypass, Vein Only; Six Or More Coronary Venous Grafts	188.52	1	90					AS
33517		Coronary Artery Bypass, Using Venous Graft(S) And Arterial Graft(S); Single	12.88	1	90					AS
33518		Coronary Artery Bypass, Using Venous Graft(S) And Arterial Graft(S); Two Ve	28.33	1	90					AS
33519		Coronary Artery Bypass, Using Venous Graft(S) And Arterial Graft(S); Three	37.45	1	90					AS
33521		Coronary Artery Bypass, Using Venous Graft(S) And Arterial Graft(S); Four V	45.01	1	90					AS

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CodeSpecDescriptionBase FeeUNOSFUDectomyzationt33522Coronary Artery Bypass, Using Venous Graft(S) And Arterial Graft(S); Five V50.5319033523Coronary Artery Bypass, Using Venous Graft(S) And Arterial Graft(S); Six Or57.4119033530Reoperation, Coronary Artery Bypass Procedure Or Valve Procedure, More Than36.1419033533Coronary Artery Bypass, Using Arterial Graft(S); Single Arterial Graft128.4119033534Coronary Artery Bypass, Using Arterial Graft(S); Two Coronary Arterial Graf151.8119033535Coronary Artery Bypass, Using Arterial Graft(S); Three Coronary Arterial Gr169.1319033536Coronary Artery Bypass, Using Arterial Graft(S); Four Or More Coronary Arte181.1019033542Myocardial Resection (Eg, Ventricular Aneurysmectomy)181.3919033545Repair Of Postinfarction Ventricular Septal Defect, With Or Without Myocard212.7719033548Surgical Ventricular Restoration Procedure, Includes Prosthetic Patch, When204.6819033572Coronary Endarterectomy, Open, Any Method, Of Left Anterior Descending, Cir15.8819033600Closure Of Atrioventricular Valve (Mitral Or Tricuspid) By Suture Or Patch117.93190	Abor-	
Coronary Artery Bypass, Using Venous Graft(S) And Arterial Graft(S); Six Or Reoperation, Coronary Artery Bypass Procedure Or Valve Procedure, More Than Coronary Artery Bypass, Using Arterial Graft(S); Single Arterial Graft Coronary Artery Bypass, Using Arterial Graft(S); Two Coronary Arterial Graft Coronary Artery Bypass, Using Arterial Graft(S); Two Coronary Arterial Graft Coronary Artery Bypass, Using Arterial Graft(S); Three Coronary Arterial Graft Coronary Artery Bypass, Using Arterial Graft(S); Four Or More Coronary Arterial Graft Myocardial Resection (Eg, Ventricular Aneurysmectomy) Repair Of Postinfarction Ventricular Septal Defect, With Or Without Myocard Surgical Ventricular Restoration Procedure, Includes Prosthetic Patch, When Coronary Endarterectomy, Open, Any Method, Of Left Anterior Descending, Cir	tion P	A AS
Reoperation, Coronary Artery Bypass Procedure Or Valve Procedure, More Than 36.14 1 90 3533 Coronary Artery Bypass, Using Arterial Graft(S); Single Arterial Graft 36.14 1 90 3534 Coronary Artery Bypass, Using Arterial Graft(S); Two Coronary Arterial Graf 3535 Coronary Artery Bypass, Using Arterial Graft(S); Three Coronary Arterial Gr 36.14 1 90 3535 Coronary Artery Bypass, Using Arterial Graft(S); Two Coronary Arterial Graf 36.14 1 90 3554 Coronary Artery Bypass, Using Arterial Graft(S); Two Coronary Arterial Gr 36.18 1 90 36.19 1 90 3755 Coronary Artery Bypass, Using Arterial Graft(S); Four Or More Coronary Arterial Graft 36.14 1 90 36.14 1 90 36.14 1 90 36.14 1 90 3758 Coronary Artery Bypass, Using Arterial Graft(S); Four Or More Coronary Arterial Gr 3758 Myocardial Resection (Eg, Ventricular Aneurysmectomy) 3759 Repair Of Postinfarction Ventricular Septal Defect, With Or Without Myocard 3759 Surgical Ventricular Restoration Procedure, Includes Prosthetic Patch, When 3759 Coronary Endarterectomy, Open, Any Method, Of Left Anterior Descending, Cir		AS
Coronary Artery Bypass, Using Arterial Graft(S); Single Arterial Graft Coronary Artery Bypass, Using Arterial Graft(S); Two Coronary Arterial Graft Coronary Artery Bypass, Using Arterial Graft(S); Three Coronary Arterial Graft Coronary Artery Bypass, Using Arterial Graft(S); Three Coronary Arterial Graft Coronary Artery Bypass, Using Arterial Graft(S); Four Or More Coronary Arte Myocardial Resection (Eg, Ventricular Aneurysmectomy) Repair Of Postinfarction Ventricular Septal Defect, With Or Without Myocard Surgical Ventricular Restoration Procedure, Includes Prosthetic Patch, When Coronary Endarterectomy, Open, Any Method, Of Left Anterior Descending, Cir		AS
Coronary Artery Bypass, Using Arterial Graft(S); Two Coronary Arterial Graft Coronary Artery Bypass, Using Arterial Graft(S); Three Coronary Arterial Gr Coronary Artery Bypass, Using Arterial Graft(S); Four Or More Coronary Arterial Graft Myocardial Resection (Eg, Ventricular Aneurysmectomy) Repair Of Postinfarction Ventricular Septal Defect, With Or Without Myocard Surgical Ventricular Restoration Procedure, Includes Prosthetic Patch, When Coronary Endarterectomy, Open, Any Method, Of Left Anterior Descending, Cir		AS
Coronary Artery Bypass, Using Arterial Graft(S); Three Coronary Arterial Gr 33536 Coronary Artery Bypass, Using Arterial Graft(S); Four Or More Coronary Arte 33542 Myocardial Resection (Eg, Ventricular Aneurysmectomy) 33545 Repair Of Postinfarction Ventricular Septal Defect, With Or Without Myocard 33548 Surgical Ventricular Restoration Procedure, Includes Prosthetic Patch, When 33572 Coronary Endarterectomy, Open, Any Method, Of Left Anterior Descending, Cir 169.13 1 90 181.10 1 90 212.77 1 90 204.68 1 90 33572		AS
Coronary Artery Bypass, Using Arterial Graft(S); Four Or More Coronary Arte Myocardial Resection (Eg, Ventricular Aneurysmectomy) Repair Of Postinfarction Ventricular Septal Defect, With Or Without Myocard Surgical Ventricular Restoration Procedure, Includes Prosthetic Patch, When Coronary Endarterectomy, Open, Any Method, Of Left Anterior Descending, Cir 181.10 1 90 212.77 1 90 204.68 1 90		AS
Myocardial Resection (Eg, Ventricular Aneurysmectomy) Repair Of Postinfarction Ventricular Septal Defect, With Or Without Myocard Surgical Ventricular Restoration Procedure, Includes Prosthetic Patch, When Coronary Endarterectomy, Open, Any Method, Of Left Anterior Descending, Cir 181.39 212.77 1 90 204.68 1 90 33572 Coronary Endarterectomy, Open, Any Method, Of Left Anterior Descending, Cir		AS
Repair Of Postinfarction Ventricular Septal Defect, With Or Without Myocard Surgical Ventricular Restoration Procedure, Includes Prosthetic Patch, When Coronary Endarterectomy, Open, Any Method, Of Left Anterior Descending, Cir 212.77 1 90 204.68 1 90 15.88 1 90		AS
33548 Surgical Ventricular Restoration Procedure, Includes Prosthetic Patch, When 204.68 1 90 33572 Coronary Endarterectomy, Open, Any Method, Of Left Anterior Descending, Cir 15.88 1 90		AS
Coronary Endarterectomy, Open, Any Method, Of Left Anterior Descending, Cir 15.88 1 90		AS
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33600 Closure Of Atrioventricular Valve (Mitral Or Tricuspid) By Suture Or Patch 117.93 1 90		AS
		AS
33602 Closure Of Semilunar Valve (Aortic Or Pulmonary) By Suture Or Patch 113.12 1 90		AS
33606 Anastomosis Of Pulmonary Artery To Aorta (Damus-Kaye-Stansel Procedure) 120.36 1 90		AS
33608 Repair Of Complex Cardiac Anomaly Other Than Pulmonary Atresia With Ventric 123.55 1 90		AS
33610 Repair Of Complex Cardiac Anomalies (Eg, Single Ventricle With Subaortic Ob 126.53 1 90		AS
33611 Repair Of Double Outlet Right Ventricle With Intraventricular Tunnel Repair 134.89 1 90		AS
33612 Repair Of Double Outlet Right Ventricle With Intraventricular Tunnel Repair 135.81 1 90		AS
33615 Repair Of Complex Cardiac Anomalies (Eg, Tricuspid Atresia) By Closure Of A 136.77 1 90		AS
33617 Repair Of Complex Cardiac Anomalies (Eg, Single Ventricle) By Modified Font 148.12 1 90		AS
33619 Repair Of Single Ventricle With Aortic Outflow Obstruction And Aortic Arch 186.78 1 90		AS
33620 Application Of Right And Left Pulmonary Artery Bands (Eg, Hybrid Approach St 103.37 1 90		AS
33621 Transthoracic Insertion Of Catheter For Stent Placement With Cathet 59.70 1 90		AS
33622 Redo Compl Cardiac Anomaly 234.79 1 90		AS
33641 Repair Atrial Septal Defect, Secundum, With Cardiopulmonary Bypass, With Or 112.92 1 90		AS
33645 Direct Or Patch Closure, Sinus Venosus, With Or Without Anomalous Pulmonary 119.77 1 90		AS
33647 Repair Of Atrial Septal Defect And Ventricular Septal Defect, With Direct O 125.66 1 90		AS
33660 Repair Of Incomplete Or Partial Atrioventricular Canal (Ostium Primum Atria 121.49 1 90		AS
33665 Repair Of Intermediate Or Transitional Atrioventricular Canal, With Or With 132.37 1 90		AS
33670 Repair Of Complete Atrioventricular Canal, With Or Without Prosthetic Valve 136.38 1 90		AS

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Code Spec 33675	Description Closure Of Multiple Ventricular Septal Defects;	Base Fee 136.31	UNOS	FUD 90		zation	tion	PΑ	AS AS
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33676 33677	Closure Of Multiple Ventricular Septal Defects; With Pulmonary Valvotomy Or	146.65 145.76	1	90					AS AS
	Closure Of Multiple Ventricular Septal Defects; With Removal Of Pulmonary A		1	90					
33681	Closure Of Single Ventricular Septal Defect, With Or Without Patch;	126.73	1	90					AS
33684	Closure Of Ventricular Septal Defect, With Or Without Patch With Pulmonary	130.72	1	90					AS
33688	Closure Of Ventricular Septal Defect, With Or Without Patch With Removal Of	130.29	1	90					AS
33690	Banding Of Pulmonary Artery	82.53	1	90					AS
33692	Complete Repair Tetralogy Of Fallot Without Pulmonary Atresia;	141.91	1	90					AS
33694	Complete Repair Tetralogy Of Fallot Without Pulmonary Atresia; With Transan	141.06	1	90					AS
33697	Complete Repair Tetralogy Of Fallot With Pulmonary Atresia Including Constr	140.92	1	90					AS
33702	Repair Sinus Of Valsalva Fistula, With Cardiopulmonary Bypass;	107.16	1	90					AS
33710	Repair Sinus Of Valsalva Fistula, With Cardiopulmonary Bypass; With Repair	139.78	1	90					AS
33720	Repair Sinus Of Valsalva Aneurysm, With Cardiopulmonary Bypass	106.22	1	90					AS
33722	Closure Of Aortico-Left Ventricular Tunnel	112.41	1	90					AS
33724	Repair Of Isolated Partial Anomalous Pulmonary Venous Return (Eg, Scimitar	105.47	1	90					AS
33726	Repair Of Pulmonary Venous Stenosis	147.02	1	90					AS
33730	Complete Repair Of Anomalous Venous Return (Supracardiac, Intracardiac, Or	138.68	1	90					AS
33732	Repair Of Cor Triatriatum Or Supravalvular Mitral Ring By Resection Of Left	114.25	1	90					AS
33735	Atrial Septectomy Or Septostomy; Closed Heart (Blalock-Hanlon Type Operatio	88.81	1	90					AS
33736	Atrial Septectomy Or Septostomy; Open Heart With Cardiopulmonary Bypass	97.45	1	90					AS
33737	Atrial Septectomy Or Septostomy; Open Heart, With Inflow Occlusion	92.27	1	90					AS
33750	Shunt; Subclavian To Pulmonary Artery (Blalock-Taussig Type Operation)	97.95	1	90					AS
33755	Shunt; Ascending Aorta To Pulmonary Artery (Waterston Type Operation)	92.68	1	90					AS
33762	Shunt; Descending Aorta To Pulmonary Artery (Potts-Smith Type Operation)	92.34	1	90					AS
33764	Shunt; Central, With Prosthetic Graft	89.42	1	90					AS
33766	Shunt; Superior Vena Cava To Pulmonary Artery For Flow To One Lung (Classic	94.08	1	90					AS
33767	Shunt; Superior Vena Cava To Pulmonary Artery For Flow To Both Lungs (Bidir	98.43	1	90					AS
33768	Anastomosis, Cavopulmonary, Second Superior Vena Cava (List Separately In A	30.16	1	0					AS
33770	Repair Of Transposition Of The Great Arteries With Ventricular Septal Defec	151.92	1						AS
33771	Repair Of Transposition Of The Great Arteries With Ventricular Septal Defec	158.36	1	90					AS

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			2.6		Hyster-				
Code Spec	L L	Base Fee				zation	tion	РΑ	AS
33774	Repair Of Transposition Of The Great Arteries, Atrial Baffle Procedure (Eg,	124.70	1	90					AS
33775	Repair Of Transposition Of The Great Arteries, Atrial Baffle Procedure (Eg,	133.54	1	90					AS
33776	Repair Of Transposition Of The Great Arteries, Atrial Baffle Procedure (Eg,	141.08	1	90					AS
33777	Repair Of Transposition Of The Great Arteries, Atrial Baffle Procedure (Eg,	136.63	1	90					AS
33778	Repair Of Transposition Of The Great Arteries, Aortic Pulmonary Artery Reco	162.88	1	90					AS
33779	Repair Of Transposition Of The Great Arteries, Aortic Pulmonary Artery Reco	169.02	1	90					AS
33780	Repair Of Transposition Of The Great Arteries, Aortic Pulmonary Artery Reco	172.00	1	90					AS
33781	Repair Of Transposition Of The Great Arteries, Aortic Pulmonary Artery Reco	168.22	1	90					AS
33782	Aortic Root Translocation With Ventricular Septal Defect And Pulmonary Sten	220.67	1	90					AS
33783	Aortic Root Translocation With Ventricular Septal Defect And Pulmonary Sten	238.41	1	90					AS
33786	Total Repair, Truncus Arteriosus (Rastelli Type Operation)	157.47	1	90					AS
33788	Reimplantation Of An Anomalous Pulmonary Artery	112.04	1	90					AS
33800	Aortic Suspension (Aortopexy) For Tracheal Decompression (Eg, For Tracheoma	63.18	1	90					AS
33802	Division Of Aberrant Vessel (Vascular Ring);	79.75	1	90					AS
33803	Division Of Aberrant Vessel (Vascular Ring); With Reanastomosis	79.64	1	90					AS
33813	Obliteration Of Aortopulmonary Septal Defect; Without Cardiopulmonary Bypas	88.10	1	90					AS
33814	Obliteration Of Aortopulmonary Septal Defect; With Cardiopulmonary Bypass	105.65	1	90					AS
33820	Repair Of Patent Ductus Arteriosus; By Ligation	67.22	1	90					AS
33822	Repair Of Patent Ductus Arteriosus; By Division, Under 18 Years	73.36	1	90					AS
33824	Repair Of Patent Ductus Arteriosus; By Division, 18 Years And Older	81.08	1	90					AS
33840	Excision Of Coarctation Of Aorta, With Or Without Associated Patent Ductus	85.90	1	90					AS
33845	Excision Of Coarctation Of Aorta, With Or Without Associated Patent Ductus	92.50	1	90					AS
33851	Excision Of Coarctation Of Aorta, With Or Without Associated Patent Ductus	88.26	1	90					AS
33852	Repair Of Hypoplastic Or Interrupted Aortic Arch Using Autogenous Or Prosth	96.90	1	90					AS
33853	Repair Of Hypoplastic Or Interrupted Aortic Arch Using Autogenous Or Prosth	126.87	1	90					AS
33860	Ascending Aorta Graft, With Cardiopulmonary Bypass, With Or Without Valve S	221.38	1	90					AS
33863	Ascending Aorta Graft, With Cardiopulmonary Bypass, With Or Without Valve S	216.78	1	90					AS
33864	Ascending Aorta Graft, With Cardiopulmonary Bypass With Valve Suspension, W	221.41	1	90					AS
33875	Descending Thoracic Aorta Graft, With Or Without Bypass	164.96	1	90					AS
33877	Repair Of Thoracoabdominal Aortic Aneurysm With Graft, With Or Without Card	251.48	1	90					AS

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Code Spec	·	Base Fee	UNOS			zation	tion	PA	
33880	Endovascular Repair Of Descending Thoracic Aorta (Eg, Aneurysm, Pseudoaneur	125.18	1	90					AS
33881	Endovascular Repair Of Descending Thoracic Aorta (Eg, Aneurysm, Pseudoaneur	107.46	1	0					AS
33883	Placement Of Proximal Extension Prosthesis For Endovascular Repair Of Desce	77.83	1	90					AS
33884	Placement Of Proximal Extension Prosthesis For Endovascular Repair Of Desce	28.37	3	0					AS
33886	Placement Of Distal Extension Prosthesis(S) Delayed After Endovascular Repa	67.84	1	90					AS
33889	Open Subclavian To Carotid Artery Transposition Performed In Conjunction Wi	55.09	1	0					AS
33891	Bypass Graft, With Other Than Vein, Transcervical Retropharyngeal Carotid-C	67.77	1	0					AS
33910	Pulmonary Artery Embolectomy; With Cardiopulmonary Bypass	138.58	1	90					AS
33915	Pulmonary Artery Embolectomy; Without Cardiopulmonary Bypass	94.33	1	90					AS
33916	Pulmonary Endarterectomy, With Or Without Embolectomy, With Cardiopulmonary	140.37	1	90					AS
33917	Repair Of Pulmonary Artery Stenosis By Reconstruction With Patch Or Graft	100.17	1	90					AS
33920	Repair Of Pulmonary Atresia With Ventricular Septal Defect, By Construction	125.08	1	90					AS
33922	Transection Of Pulmonary Artery With Cardiopulmonary Bypass	96.32	1	90					AS
33924	Ligation And Takedown Of A Systemic-To-Pulmonary Artery Shunt, Performed In	19.48	1	90					AS
33925	Repair Of Pulmonary Artery Arborization Anomalies By Unifocalization; Witho	117.70	1	90					AS
33926	Repair Of Pulmonary Artery Arborization Anomalies By Unifocalization; With	166.86	1	90					AS
33935 R	Heart-Lung Transplant With Recipient Cardiectomy-Pneumonectomy	286.38	1	90					AS
33945	Heart Transplant, With Or Without Recipient Cardiectomy	333.80	1	90					AS
33960	Prolonged Extracorporeal Circulation For Cardiopulmonary Insufficiency; Ini	67.79	1	0					AS
33961	Prolonged Extracorporeal Circulation For Cardiopulmonary Insufficiency; Eac	37.68	1	0					AS
33968	Removal Of Intra-Aortic Balloon Assist Device, Percutaneous	2.29	1	0					AS
33970	Insertion Of Intra-Aortic Balloon Assist Device Through The Femoral Artery,	24.22	1	0					AS
33973	Insertion Of Intra-Aortic Balloon Assist Device Through The Ascending Aorta	35.22	1	0					AS
33975	Insertion Of Ventricular Assist Device; Extracorporeal, Single Ventricle	90.71	1	90					AS
33976	Insertion Of Ventricular Assist Device; Extracorporeal, Biventricular	104.32	1	90					AS
33977	Removal Of Ventricular Assist Device; Extracorporeal, Single Ventricle	77.71	1	90					AS
33978	Removal Of Ventricular Assist Device; Extracorporeal, Biventricular	92.82	1	90					AS
33981	Replacement Of Extracorporeal Ventricular Assist Device, Single Or Biv	54.15	1	0					AS
33982	Replacement Of Ventricular Assist Device Pump(S); Implantable Intracorpor	54.15	1	0					AS
33983	Replacement Of Ventricular Assist Device Pump(S); Implantable Intracorpor	63.79	1	90					AS

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	5			FUE	Hyster-			D.	
Code Spec		Base Fee	UNOS			zation	tion	РА	AS
33990	Insertion of lower heart chamber blood flow assist device	29.63	1	0					AS
33991	Insertion of lower heart chamber blood flow assist device	43.18	1	0					AS
33992	Removal of lower heart chamber blood flow assist device	14.09	1	0					AS
33993	Repositioning of lower heart chamber blood flow assist device with imaging guidance	12.38	1	0					AS
33999 R	Unlisted Procedure, Cardiac Surgery	07.00	1	90					AS
34001	Embolectomy Or Thrombectomy, With Or Without Catheter; Carotid, Subclavian	67.86	1	90					AS
34051	Embolectomy Or Thrombectomy, With Or Without Catheter; Innominate, Subclavi	69.19	1	90					AS
34101	Embolectomy Or Thrombectomy, With Or Without Catheter; Axillary, Brachial,	42.28	1	90					AS
34111	Embolectomy Or Thrombectomy, With Or Without Catheter; Radial Or Ulnar Arte	42.31	1	90					AS
34151	Embolectomy Or Thrombectomy, With Or Without Catheter; Renal, Celiac, Mesen	98.32	1	90					AS
34201	Embolectomy Or Thrombectomy, With Or Without Catheter; Femoropopliteal, Aor	72.63	1	90					AS
34203	Embolectomy Or Thrombectomy, With Or Without Catheter; Popliteal-Tibio-Pero	67.38	1	90					AS
34401	Thrombectomy, Direct Or With Catheter; Vena Cava, Iliac Vein, By Abdominal	100.77	1	90					AS
34421	Thrombectomy, Direct Or With Catheter; Vena Cava, Iliac, Femoropopliteal Ve	51.22	1	90					AS
34451	Thrombectomy, Direct Or With Catheter; Vena Cava, Iliac, Femoropopliteal Ve	112.38	1	90					AS
34501	Valvuloplasty, Femoral Vein	63.18	1	90					AS
34502	Reconstruction Of Vena Cava, Any Method	105.99	1	90					AS
34510	Venous Valve Transposition, Any Vein Donor	81.31	1	90					AS
34520	Cross-Over Vein Graft To Venous System	69.81	1	90					AS
34530	Saphenopopliteal Vein Anastomosis	65.34	1	90					AS
34802	Endovascular Repair Of Infrarenal Abdominal Aortic Aneurysm Or Dissection;	86.79	1	90					AS
34803	Endovascular Repair Of Infrarenal Abdominal Aortic Aneurysm Or Dissection;	89.63	1	0					AS
34805	Endovascular Repair Of Infrarenal Abdominal Aortic Aneurysm Or Dissection;	83.17	1	0					AS
34806	Transcatheter Placement Of Wireless Physiologic Sensor In Aneurysmal Sac Du	7.08	1	0					AS
34833	Open Iliac Artery Exposure With Creation Of Conduit For Delivery Of Aortic	42.47	1	0					AS
34834	Open Brachial Artery Exposure To Assist In The Deployment Of Aortic Or Ilia	19.18	1	0					AS
34900	Endovascular Graft Replacement For Repair Of Iliac Artery (Eg, Aneurysm, Ps	62.24	1	90					AS
35001	Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) A	79.73	1	90					AS
35002	Direct Repair Of Aneurysm, False Aneurysm, Or Excision (Partial Or Total) A	81.33	1	90					AS
35005	Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) A	80.42	1	90					AS

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						Hyster-	I			
Code	Spec	Description	Base Fee				zation	tion	PA	AS
35011		Direct Repair Of Aneurysm, False Aneurysm, Or Excision (Partial Or Total) A	69.99		90					AS
35013		Direct Repair Of Aneurysm, False Aneurysm, Or Excision (Partial Or Total) A	87.57	1	90					AS
35021		Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) A	87.06		90					AS
35022		Direct Repair Of Aneurysm, False Aneurysm, Or Excision (Partial Or Total) A	99.49		90					AS
35045		Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) A	69.19	1	90					AS
35081		Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) A	123.18	1	90					AS
35082		Direct Repair Of Aneurysm, False Aneurysm, Or Excision (Partial Or Total) A	153.43	1	90					AS
35091		Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) A	125.68	1	90					AS
35092		Direct Repair Of Aneurysm, False Aneurysm, Or Excision (Partial Or Total) A	182.52	1	90					AS
35102		Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) A	133.06	1	90					AS
35103		Direct Repair Of Aneurysm, False Aneurysm, Or Excision (Partial Or Total) A	157.47	1	90					AS
35111		Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) A	92.18	1	90					AS
35112		Direct Repair Of Aneurysm, False Aneurysm, Or Excision (Partial Or Total) A	128.39	1	90					AS
35121		Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) A	115.28	1	90					AS
35122		Direct Repair Of Aneurysm, False Aneurysm, Or Excision (Partial Or Total) A	148.00	1	90					AS
35131		Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) A	97.40	1	90					AS
35132		Direct Repair Of Aneurysm, False Aneurysm, Or Excision (Partial Or Total) A	114.47	1	90					AS
35141		Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) A	78.10	1	90					AS
35142		Direct Repair Of Aneurysm, False Aneurysm, Or Excision (Partial Or Total) A	93.16	1	90					AS
35151		Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) A	87.59	1	90					AS
35152		Direct Repair Of Aneurysm, False Aneurysm, Or Excision (Partial Or Total) A	98.50	1	90					AS
35180		Repair, Congenital Arteriovenous Fistula; Head And Neck	63.76	1	90					AS
35182		Repair, Congenital Arteriovenous Fistula; Thorax And Abdomen	120.94	1	90					AS
35184		Repair, Congenital Arteriovenous Fistula; Extremities	73.18	1	90					AS
35188		Repair, Acquired Or Traumatic Arteriovenous Fistula; Head And Neck	63.83	1	90					AS
35189		Repair, Acquired Or Traumatic Arteriovenous Fistula; Thorax And Abdomen	107.26	1	90					AS
35190		Repair, Acquired Or Traumatic Arteriovenous Fistula; Extremities	53.17	1	90					AS
35201		Repair Blood Vessel, Direct; Neck	65.91	1	90					AS
35206		Repair Blood Vessel, Direct; Upper Extremity	54.34	1	90					AS
35211		Repair Blood Vessel, Direct; Intrathoracic, With Bypass	95.34	1	90					AS

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35216 Repair Blood Vessel, Direct, Intrathoracic, Without Bypass 141.08 1 90 AS 35221 Repair Blood Vessel, Direct, Lower Extremity 58 67 1 90 AS 35221 Repair Blood Vessel, With Vein Graft; User Extremity 58 67 1 90 AS 35231 Repair Blood Vessel With Vein Graft; User Extremity 68 89 1 90 AS 35234 Repair Blood Vessel With Vein Graft; User Extremity 68 89 1 90 AS 35241 Repair Blood Vessel With Vein Graft; Intrathoracic, Without Bypass 100.72 1 90 AS 35246 Repair Blood Vessel With Vein Graft; Lower Extremity 71.57 1 90 AS 35251 Repair Blood Vessel With Graft Other Than Vein; Neck 73.45 1 90 AS 35261 Repair Blood Vessel With Graft Other Than Vein; User Extremity 71.57 1 90 AS 35276 Repair Blood Vessel With Graft Other Than Vein; Intrathoracic, With Bypass 96.09 1 90 AS 35276 Repair Blood Ves							Hyster-				
35221 Repair Blood Vessel, Direct; Intra-Abdominal 100.10 1 90 AS 35226 Repair Blood Vessel, Wirth Vein Graft; Neck 83.42 1 90 AS 35231 Repair Blood Vessel With Vein Graft; Lower Extremity 68.89 1 90 AS 35241 Repair Blood Vessel With Vein Graft; Intrathoracic, With Bypass 99.78 1 90 AS 35241 Repair Blood Vessel With Vein Graft; Intrathoracic, Without Bypass 100.72 1 90 AS 35241 Repair Blood Vessel With Vein Graft; Intra-Abdominal 117.91 1 90 AS 35251 Repair Blood Vessel With Graft Other Than Vein; Neck 73.45 1 90 AS 35261 Repair Blood Vessel With Graft Other Than Vein; Upper Extremity 60.25 1 90 AS 35271 Repair Blood Vessel With Graft Other Than Vein; Intrathoracic, With Bypass 96.09 1 90 AS 35276 Repair Blood Vessel With Graft Other Than Vein; Intrathoracic, Without Bypa 100.72 1 90 AS 35286		Spec	·					zation	tion	PA	_
35226 Repair Blood Vessel, Direct; Lower Extremity 58.67 1 90 4 AS 35231 Repair Blood Vessel With Vein Graft; Upper Extremity 68.89 1 90 4S 35234 Repair Blood Vessel With Vein Graft; Upper Extremity 68.89 1 90 4S 35241 Repair Blood Vessel With Vein Graft; Intrathoracic, Without Bypass 99.78 1 90 4S 35246 Repair Blood Vessel With Vein Graft; Intrathoracic, Without Bypass 100.72 1 90 4S 35251 Repair Blood Vessel With Vein Graft; Lower Extremity 71.57 1 90 4S 35261 Repair Blood Vessel With Graft Other Than Vein; Neck 73.45 1 90 4S 35261 Repair Blood Vessel With Graft Other Than Vein; Neck 73.45 1 90 4S 35271 Repair Blood Vessel With Graft Other Than Vein; Intrathoracic, Without Bypas 90.07 1 90 35276 Repair Blood Vessel With Graft Other Than Vein; Intrathoracic, Without Bypa 100.72 1 90 4S 35281			•								
35231 Repair Blood Vessel With Vein Graft; Neck 83.42 1 90 AS 35236 Repair Blood Vessel With Vein Graft; Intrathoracic, With Bypass 99.78 1 90 AS 35241 Repair Blood Vessel With Vein Graft; Intrathoracic, Without Bypass 190.72 1 90 AS 35251 Repair Blood Vessel With Vein Graft; Intrathoracic, Without Bypass 100.72 1 90 AS 35251 Repair Blood Vessel With Vein Graft; Intrathoracic, Without Bypass 71.57 1 90 AS 35261 Repair Blood Vessel With Graft Other Than Vein; Neck 73.45 1 90 AS 35261 Repair Blood Vessel With Graft Other Than Vein; Upper Extremity 60.25 1 90 AS 35271 Repair Blood Vessel With Graft Other Than Vein; Intrathoracic, Without Bypas 90.09 1 90 AS 35271 Repair Blood Vessel With Graft Other Than Vein; Intrathoracic, Without Bypa 100.72 1 90 AS 35286 Repair Blood Vessel With Graft Other Than Vein; Intrathoracic, Without Bypa 100.72 1 90			•								
35236 Repair Blood Vessel With Vein Graft; Upper Extremity 68.89 1 90 4 AS 35241 Repair Blood Vessel With Vein Graft; Intrathoracic, With Bypass 99.78 1 90 4 AS 35246 Repair Blood Vessel With Vein Graft; Intrathoracic, Without Bypass 107.72 1 90 4 AS 35256 Repair Blood Vessel With Vein Graft; Lower Extremity 71.57 1 90 4 AS 35256 Repair Blood Vessel With Graft Other Than Vein; Neck 73.45 1 90 4 AS 35261 Repair Blood Vessel With Graft Other Than Vein; Upper Extremity 60.25 1 90 4 AS 35266 Repair Blood Vessel With Graft Other Than Vein; Intrathoracic, Without Bypas 96.09 1 90 4 AS 35271 Repair Blood Vessel With Graft Other Than Vein; Intrathoracic, Without Bypa 100.72 1 90 4 AS 35276 Repair Blood Vessel With Graft Other Than Vein; Intrathoracic, Without Bypa 100.72 1 90 4 AS <			•		-						
35241 Repair Blood Vessel With Vein Graft; Intrathoracic, With Bypass 99.78 1 90 AS 35246 Repair Blood Vessel With Vein Graft; Intrathoracic, Without Bypass 100.72 1 90 AS 35251 Repair Blood Vessel With Vein Graft; Intra-Abdominal 117.91 1 90 AS 35256 Repair Blood Vessel With Vein Graft; Lower Extremity 71.57 1 90 AS 35261 Repair Blood Vessel With Graft Other Than Vein; Neck 73.45 1 90 AS 35266 Repair Blood Vessel With Graft Other Than Vein; Intrathoracic, With Bypass 96.09 1 90 AS 35271 Repair Blood Vessel With Graft Other Than Vein; Intrathoracic, Without Bypas 100.72 1 90 AS 35276 Repair Blood Vessel With Graft Other Than Vein; Intrathoracic, Without Bypas 100.72 1 90 AS 35276 Repair Blood Vessel With Graft Other Than Vein; Intrathoracic, Without Bypa 100.72 1 90 AS 35281 Repair Blood Vessel With Graft Other Than Vein; Intrathoracic, Without Bypa 100.72 1 90 AS 35281 Repair Blood Vessel With Graft Other Than Vein; Intrathoracic, Without Bypa			•								
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AS 35251 Repair Blood Vessel With Vein Graft; Intra-Abdominal 117.91 1 90 90 90 90 90 90 90			• • • • • • • • • • • • • • • • • • • •								
35256 Repair Blood Vessel With Vein Graft; Lower Extremity 71.57 1 90 4 AS 35261 Repair Blood Vessel With Graft Other Than Vein; Neck 73.45 1 90 4 AS 35266 Repair Blood Vessel With Graft Other Than Vein; Intrathoracic, With Bypass 96.09 1 90 4 AS 35271 Repair Blood Vessel With Graft Other Than Vein; Intrathoracic, With Bypass 96.09 1 90 4 AS 35276 Repair Blood Vessel With Graft Other Than Vein; Intrathoracic, Without Bypa 100.72 1 90 4 AS 35281 Repair Blood Vessel With Graft Other Than Vein; Lower Extremity 65.54 1 90 4 AS 35286 Repair Blood Vessel With Graft Other Than Vein; Lower Extremity 65.54 1 90 4 AS 35202 Thromboendarterectomy, Including Patch Graft, if Performed; Superficial Fem 79.41 1 90 4 AS 35303 Thromboendarterectomy, Including Patch Graft, if Performed; Fibioperoneal T 90.27 1 90 AS	35246		Repair Blood Vessel With Vein Graft; Intrathoracic, Without Bypass	100.72	1	90					AS
35261 Repair Blood Vessel With Graft Other Than Vein; Neck 73.45 1 90 AS 35266 Repair Blood Vessel With Graft Other Than Vein; Upper Extremity 60.25 1 90 AS 35271 Repair Blood Vessel With Graft Other Than Vein; Intrathoracic, Without Bypas 96.09 1 90 AS 35276 Repair Blood Vessel With Graft Other Than Vein; Intrathoracic, Without Bypa 100.72 1 90 AS 35281 Repair Blood Vessel With Graft Other Than Vein; Intrathoracic, Without Bypa 100.72 1 90 AS 35286 Repair Blood Vessel With Graft Other Than Vein; Lower Extremity 65.54 1 90 AS 35301 Thromboendarterectomy, Including Patch Graft, If Performed; Carotid, Verteb 73.84 1 90 AS 35302 Thromboendarterectomy, Including Patch Graft, If Performed; Experimed; Thromboendarterectomy, Including Patch Graft, If Performed; Thromboendarterectomy, Including Patch Graft, If Performed; Tach Additional 36.7 1 90 AS 35305 Thromboendarterectomy, Including Patch Graft, If Performed; Each Additional 31.33 2 0 AS <t< td=""><td>35251</td><td></td><td>Repair Blood Vessel With Vein Graft; Intra-Abdominal</td><td>117.91</td><td>1</td><td>90</td><td></td><td></td><td></td><td></td><td>AS</td></t<>	35251		Repair Blood Vessel With Vein Graft; Intra-Abdominal	117.91	1	90					AS
35266 Repair Blood Vessel With Graft Other Than Vein; Upper Extremity 60.25 1 90 AS 35271 Repair Blood Vessel With Graft Other Than Vein; Intrathoracic, With Bypass 96.09 1 90 AS 35276 Repair Blood Vessel With Graft Other Than Vein; Intrathoracic, Without Bypa 100.72 1 90 AS 35281 Repair Blood Vessel With Graft Other Than Vein; Lower Extremity 65.54 1 90 AS 35286 Repair Blood Vessel With Graft Other Than Vein; Lower Extremity 65.54 1 90 AS 35301 Thromboendarterectomy, Including Patch Graft, If Performed; Carotid, Verteb 73.84 1 90 AS 35302 Thromboendarterectomy, Including Patch Graft, If Performed; Superficial Fem 79.41 1 90 AS 35303 Thromboendarterectomy, Including Patch Graft, If Performed; Popliteal Arter 87.64 1 90 AS 35304 Thromboendarterectomy, Including Patch Graft, If Performed; Tibial Or Peron 86.77 1 90 AS 35305 Thromboendarterectomy, With Or Without Patch Graft; Subclavian, Innominate, 107.44 1 90 AS 35311 Thromboendarterectomy, With Or With	35256		Repair Blood Vessel With Vein Graft; Lower Extremity	71.57	1	90					AS
35271 Repair Blood Vessel With Graft Other Than Vein; Intrathoracic, With Bypass 96.09 1 90 35276 Repair Blood Vessel With Graft Other Than Vein; Intrathoracic, Without Bypa 100.72 1 90 35281 Repair Blood Vessel With Graft Other Than Vein; Intra-Abdominal 113.60 1 90 35286 Repair Blood Vessel With Graft Other Than Vein; Lower Extremity 65.54 1 90 35301 Thromboendarterectomy, Including Patch Graft, If Performed; Carotid, Verteb 73.84 1 90 35302 Thromboendarterectomy, Including Patch Graft, If Performed; Superficial Fem 79.41 1 90 35303 Thromboendarterectomy, Including Patch Graft, If Performed; Popliteal Arter 87.64 1 90 35304 Thromboendarterectomy, Including Patch Graft, If Performed; Pibilal Or Peron 86.77 1 90 35305 Thromboendarterectomy, Including Patch Graft, If Performed; Each Additional 31.33 2 0 35306 Thromboendarterectomy, With Or Without Patch Graft; Subclavian, Innominate, 107.44 1 90 35311 Thromboendarterectomy, With Or Without Patch Graft; Axillary-Brachial 62.52 1 90 35321 Thromboendarterectomy, With Or Without Patch Graft; Mesenteric, Celiac, Or 96.76 1 90 35331 Thromboendarterectomy, With Or Without Patch Graft; Mesenteric, Celiac, Or 96.76 1 90 35351 Thromboendarterectomy, With Or Without Patch Graft; Iliac 90.11 1 90 35361 Thromboendarterectomy, With Or Without Patch Graft; Iliac 90.11 1 90 35363 Thromboendarterectomy, With Or Without Patch Graft; Combined Aortoiliac 107.28 1 90 35363 Thromboendarterectomy, With Or Without Patch Graft; Combined Aortoiliac 107.28 1 90 35363 Thromboendarterectomy, With Or Without Patch Graft; Combined Aortoiliac 107.28 1 90 35363 Thromboendarterectomy, With Or Without Patch Graft; Combined Aortoiliac 107.28 1 90	35261		Repair Blood Vessel With Graft Other Than Vein; Neck	73.45	1	90					AS
35276 Repair Blood Vessel With Graft Other Than Vein; Intrathoracic, Without Bypa 100.72 1 90 AS 35281 Repair Blood Vessel With Graft Other Than Vein; Intra-Abdominal 113.60 1 90 AS 35286 Repair Blood Vessel With Graft Other Than Vein; Lower Extremity 65.54 1 90 AS 35301 Thromboendarterectomy, Including Patch Graft, If Performed; Carotid, Verteb 73.84 1 90 AS 35302 Thromboendarterectomy, Including Patch Graft, If Performed; Superficial Fem 79.41 1 90 AS 35303 Thromboendarterectomy, Including Patch Graft, If Performed; Popliteal Arter 87.64 1 90 AS 35304 Thromboendarterectomy, Including Patch Graft, If Performed; Tibial Or Peron 86.77 1 90 AS 35305 Thromboendarterectomy, With Or Without Patch Graft; Subclavian, Innominate, 31.33 2 0 AS 35311 Thromboendarterectomy, With Or Without Patch Graft; Abdominal Aorta 102.51 1 90 AS 35331 Thromboendarterectomy, With Or Without Patch Graft; Mesenteric, Celiac, Or <td>35266</td> <td></td> <td>Repair Blood Vessel With Graft Other Than Vein; Upper Extremity</td> <td>60.25</td> <td>1</td> <td>90</td> <td></td> <td></td> <td></td> <td></td> <td>AS</td>	35266		Repair Blood Vessel With Graft Other Than Vein; Upper Extremity	60.25	1	90					AS
35281Repair Blood Vessel With Graft Other Than Vein; Intra-Abdominal113.601 90AS35286Repair Blood Vessel With Graft Other Than Vein; Lower Extremity65.541 90AS35301Thromboendarterectomy, Including Patch Graft, If Performed; Carotid, Verteb73.841 90AS35302Thromboendarterectomy, Including Patch Graft, If Performed; Superficial Fem79.411 90AS35303Thromboendarterectomy, Including Patch Graft, If Performed; Popliteal Arter87.641 90AS35304Thromboendarterectomy, Including Patch Graft, If Performed; Tibioperoneal T90.271 90AS35305Thromboendarterectomy, Including Patch Graft, If Performed; Tibial Or Peron86.771 90AS35306Thromboendarterectomy, Including Patch Graft, If Performed; Each Additional31.332 0AS35311Thromboendarterectomy, With Or Without Patch Graft; Subclavian, Innominate,107.441 90AS35321Thromboendarterectomy, With Or Without Patch Graft; Abdominal Aorta102.511 90AS35331Thromboendarterectomy, With Or Without Patch Graft; Mesenteric, Celiac, Or96.761 90AS35351Thromboendarterectomy, With Or Without Patch Graft; Iliac90.111 90AS35355Thromboendarterectomy, With Or Without Patch Graft; Iliofemoral72.951 90AS35361Thromboendarterectomy, With Or Without Patch Graft; Combined Aortoiliac107.281 90AS35363Thromboendarterectomy, With Or Without Patch Graft	35271		Repair Blood Vessel With Graft Other Than Vein; Intrathoracic, With Bypass	96.09	1	90					AS
35286 Repair Blood Vessel With Graft Other Than Vein; Lower Extremity 65.54 1 90 AS 35301 Thromboendarterectomy, Including Patch Graft, If Performed; Carotid, Verteb 73.84 1 90 AS 35302 Thromboendarterectomy, Including Patch Graft, If Performed; Superficial Fem 79.41 1 90 AS 35303 Thromboendarterectomy, Including Patch Graft, If Performed; Popliteal Arter 87.64 1 90 AS 35304 Thromboendarterectomy, Including Patch Graft, If Performed; Tibiolor Peron 86.77 1 90 AS 35306 Thromboendarterectomy, Including Patch Graft, If Performed; Each Additional 31.33 2 0 AS 35311 Thromboendarterectomy, With Or Without Patch Graft; Subclavian, Innominate, 107.44 1 90 AS 35331 Thromboendarterectomy, With Or Without Patch Graft; Abdominal Aorta 102.51 1 90 AS 35341 Thromboendarterectomy, With Or Without Patch Graft; Mesenteric, Celiac, Or 96.76 1 90 AS 35355 Thromboendarterectomy, With Or Without Patch Graft; Iliac	35276		Repair Blood Vessel With Graft Other Than Vein; Intrathoracic, Without Bypa	100.72	1	90					AS
Thromboendarterectomy, Including Patch Graft, If Performed; Carotid, Verteb Thromboendarterectomy, Including Patch Graft, If Performed; Superficial Fem Thromboendarterectomy, Including Patch Graft, If Performed; Superficial Fem Thromboendarterectomy, Including Patch Graft, If Performed; Popliteal Arter Thromboendarterectomy, Including Patch Graft, If Performed; Tibioperoneal T Thromboendarterectomy, Including Patch Graft, If Performed; Tibioperoneal T Thromboendarterectomy, Including Patch Graft, If Performed; Tibial Or Peron Thromboendarterectomy, Including Patch Graft, If Performed; Tibial Or Peron Thromboendarterectomy, Including Patch Graft, If Performed; Each Additional Thromboendarterectomy, With Or Without Patch Graft; Subclavian, Innominate, Thromboendarterectomy, With Or Without Patch Graft; Subclavian, Innominate, Thromboendarterectomy, With Or Without Patch Graft; Axillary-Brachial Thromboendarterectomy, With Or Without Patch Graft; Abdominal Aorta Thromboendarterectomy, With Or Without Patch Graft; Mesenteric, Celiac, Or Thromboendarterectomy, With Or Without Patch Graft; Iliac Thromboendarterectomy, With Or Without Patch Graft; Combined Aortoiliac Thromboendarterectomy, With Or Without Patch Graft; Combined Aortoiliac Thromboendarterectomy, With Or Without Patch Graft; Combined Aortoiliac Thromboendarterectomy, With Or Without Patch Graft; Combined Aortoiliac	35281		Repair Blood Vessel With Graft Other Than Vein; Intra-Abdominal	113.60	1	90					AS
Thromboendarterectomy, Including Patch Graft, If Performed; Superficial Fem 79.41 1 90 Thromboendarterectomy, Including Patch Graft, If Performed; Popliteal Arter 87.64 1 90 Thromboendarterectomy, Including Patch Graft, If Performed; Tibioperoneal T 90.27 1 90 AS 35304 Thromboendarterectomy, Including Patch Graft, If Performed; Tibioperoneal T 90.27 1 90 AS 35305 Thromboendarterectomy, Including Patch Graft, If Performed; Tibial Or Peron 86.77 1 90 AS 35306 Thromboendarterectomy, Including Patch Graft, If Performed; Each Additional 31.33 2 0 AS 35311 Thromboendarterectomy, With Or Without Patch Graft; Subclavian, Innominate, 107.44 1 90 AS 35321 Thromboendarterectomy, With Or Without Patch Graft; Axillary-Brachial 62.52 1 90 AS 35331 Thromboendarterectomy, With Or Without Patch Graft; Abdominal Aorta 102.51 1 90 AS 35341 Thromboendarterectomy, With Or Without Patch Graft; Mesenteric, Celiac, Or 96.76 1 90 AS 35351 Thromboendarterectomy, With Or Without Patch Graft; Iliac 90.11 1 90 AS 35355 Thromboendarterectomy, With Or Without Patch Graft; Iliofemoral 72.95 1 90 AS 35361 Thromboendarterectomy, With Or Without Patch Graft; Combined Aortoiliac 107.28 1 90 AS 35363 Thromboendarterectomy, With Or Without Patch Graft; Combined Aortoiliac 107.28 1 90 AS 35363 Thromboendarterectomy, With Or Without Patch Graft; Combined Aortoiliac 107.28 1 90 AS 35363 Thromboendarterectomy, With Or Without Patch Graft; Combined Aortoiliac 107.28 1 90 AS 35363 Thromboendarterectomy, With Or Without Patch Graft; Combined Aortoiliac 107.28 1 90	35286		Repair Blood Vessel With Graft Other Than Vein; Lower Extremity	65.54	1	90					AS
Thromboendarterectomy, Including Patch Graft, If Performed; Popliteal Arter 35304 Thromboendarterectomy, Including Patch Graft, If Performed; Tibioperoneal T 35305 Thromboendarterectomy, Including Patch Graft, If Performed; Tibial Or Peron 35306 Thromboendarterectomy, Including Patch Graft, If Performed; Tibial Or Peron 35311 Thromboendarterectomy, With Or Without Patch Graft; Subclavian, Innominate, 35311 Thromboendarterectomy, With Or Without Patch Graft; Subclavian, Innominate, 35321 Thromboendarterectomy, With Or Without Patch Graft; Axillary-Brachial 35331 Thromboendarterectomy, With Or Without Patch Graft; Abdominal Aorta 35341 Thromboendarterectomy, With Or Without Patch Graft; Mesenteric, Celiac, Or 35351 Thromboendarterectomy, With Or Without Patch Graft; Iliac 35351 Thromboendarterectomy, With Or Without Patch Graft; Iliac 35352 Thromboendarterectomy, With Or Without Patch Graft; Iliofemoral 35363 Thromboendarterectomy, With Or Without Patch Graft; Combined Aortoiliac 35363 Thromboendarterectomy, With Or Without Patch Graft; Combined Aortoiliac 35363 Thromboendarterectomy, With Or Without Patch Graft; Combined Aortoiliofemor	35301		Thromboendarterectomy, Including Patch Graft, If Performed; Carotid, Verteb	73.84	1	90					AS
Thromboendarterectomy, Including Patch Graft, If Performed; Tibioperoneal T 35304 Thromboendarterectomy, Including Patch Graft, If Performed; Tibial Or Peron 35306 Thromboendarterectomy, Including Patch Graft, If Performed; Each Additional 35311 Thromboendarterectomy, With Or Without Patch Graft; Subclavian, Innominate, 35321 Thromboendarterectomy, With Or Without Patch Graft; Axillary-Brachial 35331 Thromboendarterectomy, With Or Without Patch Graft; Abdominal Aorta 35331 Thromboendarterectomy, With Or Without Patch Graft; Abdominal Aorta 35341 Thromboendarterectomy, With Or Without Patch Graft; Mesenteric, Celiac, Or 35351 Thromboendarterectomy, With Or Without Patch Graft; Iliac 35351 Thromboendarterectomy, With Or Without Patch Graft; Iliofemoral 35361 Thromboendarterectomy, With Or Without Patch Graft; Combined Aortoiliac 35363 Thromboendarterectomy, With Or Without Patch Graft; Combined Aortoiliofemor 36364 AS 36365 Thromboendarterectomy, With Or Without Patch Graft; Combined Aortoiliofemor	35302		Thromboendarterectomy, Including Patch Graft, If Performed; Superficial Fem	79.41	1	90					AS
Thromboendarterectomy, Including Patch Graft, If Performed; Tibial Or Peron 35306 Thromboendarterectomy, Including Patch Graft, If Performed; Each Additional 31.33 2 0 35311 Thromboendarterectomy, With Or Without Patch Graft; Subclavian, Innominate, 35321 Thromboendarterectomy, With Or Without Patch Graft; Axillary-Brachial 35331 Thromboendarterectomy, With Or Without Patch Graft; Abdominal Aorta 35331 Thromboendarterectomy, With Or Without Patch Graft; Abdominal Aorta 35341 Thromboendarterectomy, With Or Without Patch Graft; Mesenteric, Celiac, Or 35351 Thromboendarterectomy, With Or Without Patch Graft; Iliac 35355 Thromboendarterectomy, With Or Without Patch Graft; Iliofemoral 35361 Thromboendarterectomy, With Or Without Patch Graft; Combined Aortoiliac 35363 Thromboendarterectomy, With Or Without Patch Graft; Combined Aortoiliac 36363 Thromboendarterectomy, With Or Without Patch Graft; Combined Aortoiliofemor 372.95 1 90 AS AS AS AS AS AS AS AS AS A	35303		Thromboendarterectomy, Including Patch Graft, If Performed; Popliteal Arter	87.64	1	90					AS
Thromboendarterectomy, Including Patch Graft, If Performed; Each Additional 31.33 2 0 35311 Thromboendarterectomy, With Or Without Patch Graft; Subclavian, Innominate, 107.44 1 90 AS 35321 Thromboendarterectomy, With Or Without Patch Graft; Axillary-Brachial 52.52 1 90 AS 35331 Thromboendarterectomy, With Or Without Patch Graft; Abdominal Aorta 102.51 1 90 AS 35341 Thromboendarterectomy, With Or Without Patch Graft; Mesenteric, Celiac, Or 35351 Thromboendarterectomy, With Or Without Patch Graft; Iliac 35351 Thromboendarterectomy, With Or Without Patch Graft; Iliofemoral 31.33 2 0 AS AS AS AS AS Thromboendarterectomy, With Or Without Patch Graft; Combined Aortoiliac 31.33 2 0 AS AS AS AS AS AS Thromboendarterectomy, With Or Without Patch Graft; Combined Aortoiliac 31.33 2 0 AS AS AS AS AS AS Thromboendarterectomy, With Or Without Patch Graft; Combined Aortoiliac 31.33 2 0 AS AS AS AS AS AS Thromboendarterectomy, With Or Without Patch Graft; Combined Aortoiliac 31.33 2 0 AS AS AS AS AS AS AS Thromboendarterectomy, With Or Without Patch Graft; Combined Aortoiliac 31.33 2 0 AS AS AS AS AS AS AS AS AS Thromboendarterectomy, With Or Without Patch Graft; Combined Aortoiliac 31.33 2 0 AS AS AS AS AS AS AS AS AS A	35304		Thromboendarterectomy, Including Patch Graft, If Performed; Tibioperoneal T	90.27	1	90					AS
Thromboendarterectomy, With Or Without Patch Graft; Subclavian, Innominate, Thromboendarterectomy, With Or Without Patch Graft; Axillary-Brachial Thromboendarterectomy, With Or Without Patch Graft; Axillary-Brachial Thromboendarterectomy, With Or Without Patch Graft; Abdominal Aorta Thromboendarterectomy, With Or Without Patch Graft; Mesenteric, Celiac, Or Thromboendarterectomy, With Or Without Patch Graft; Iliac Thromboendarterectomy, With Or Without Patch Graft; Iliac Thromboendarterectomy, With Or Without Patch Graft; Iliofemoral Thromboendarterectomy, With Or Without Patch Graft; Combined Aortoiliac Thromboendarterectomy, With Or Without Patch Graft; Combined Aortoiliac Thromboendarterectomy, With Or Without Patch Graft; Combined Aortoiliofemor Thromboendarterectomy, With Or Without Patch Graft; Combined Aortoiliofemor	35305		Thromboendarterectomy, Including Patch Graft, If Performed; Tibial Or Peron	86.77	1	90					AS
Thromboendarterectomy, With Or Without Patch Graft; Axillary-Brachial Thromboendarterectomy, With Or Without Patch Graft; Abdominal Aorta Thromboendarterectomy, With Or Without Patch Graft; Mesenteric, Celiac, Or Thromboendarterectomy, With Or Without Patch Graft; Mesenteric, Celiac, Or Thromboendarterectomy, With Or Without Patch Graft; Iliac Thromboendarterectomy, With Or Without Patch Graft; Iliofemoral Thromboendarterectomy, With Or Without Patch Graft; Iliofemoral Thromboendarterectomy, With Or Without Patch Graft; Combined Aortoiliac Thromboendarterectomy, With Or Without Patch Graft; Combined Aortoiliofemor Thromboendarterectomy, With Or Without Patch Graft; Combined Aortoiliofemor Thromboendarterectomy, With Or Without Patch Graft; Combined Aortoiliofemor	35306		Thromboendarterectomy, Including Patch Graft, If Performed; Each Additional	31.33	2	0					AS
Thromboendarterectomy, With Or Without Patch Graft; Abdominal Aorta 102.51 1 90 AS Thromboendarterectomy, With Or Without Patch Graft; Mesenteric, Celiac, Or Thromboendarterectomy, With Or Without Patch Graft; Iliac Thromboendarterectomy, With Or Without Patch Graft; Iliac Thromboendarterectomy, With Or Without Patch Graft; Iliofemoral Thromboendarterectomy, With Or Without Patch Graft; Combined Aortoiliac Thromboendarterectomy, With Or Without Patch Graft; Combined Aortoiliac Thromboendarterectomy, With Or Without Patch Graft; Combined Aortoiliofemor Thromboendarterectomy, With Or Without Patch Graft; Combined Aortoiliofemor Thromboendarterectomy, With Or Without Patch Graft; Combined Aortoiliofemor	35311		Thromboendarterectomy, With Or Without Patch Graft; Subclavian, Innominate,	107.44	1	90					AS
Thromboendarterectomy, With Or Without Patch Graft; Abdominal Aorta 102.51 1 90 AS Thromboendarterectomy, With Or Without Patch Graft; Mesenteric, Celiac, Or 35341 Thromboendarterectomy, With Or Without Patch Graft; Iliac 35351 Thromboendarterectomy, With Or Without Patch Graft; Iliac 35355 Thromboendarterectomy, With Or Without Patch Graft; Iliofemoral 72.95 1 90 AS 35361 Thromboendarterectomy, With Or Without Patch Graft; Combined Aortoiliac 107.28 1 90 AS AS AS Thromboendarterectomy, With Or Without Patch Graft; Combined Aortoiliofemor 120.71 1 90 AS	35321		Thromboendarterectomy, With Or Without Patch Graft; Axillary-Brachial	62.52	1	90					AS
Thromboendarterectomy, With Or Without Patch Graft; Mesenteric, Celiac, Or 35341 Thromboendarterectomy, With Or Without Patch Graft; Iliac 35351 Thromboendarterectomy, With Or Without Patch Graft; Iliac 35355 Thromboendarterectomy, With Or Without Patch Graft; Iliofemoral 72.95 1 90 AS 35361 Thromboendarterectomy, With Or Without Patch Graft; Combined Aortoiliac 107.28 1 90 AS AS 35363 Thromboendarterectomy, With Or Without Patch Graft; Combined Aortoiliofemor 120.71 1 90 AS	35331			102.51	1	90					AS
Thromboendarterectomy, With Or Without Patch Graft; Iliac 35351 Thromboendarterectomy, With Or Without Patch Graft; Iliofemoral 72.95 1 90 AS AS 35361 Thromboendarterectomy, With Or Without Patch Graft; Combined Aortoiliac 75.95 1 90 AS AS AS Thromboendarterectomy, With Or Without Patch Graft; Combined Aortoiliofemor 75.95 1 90 AS AS AS	35341		•	96.76	1	90					AS
Thromboendarterectomy, With Or Without Patch Graft; Iliofemoral 72.95 1 90 35351 Thromboendarterectomy, With Or Without Patch Graft; Combined Aortoiliac 107.28 1 90 AS AS 35363 Thromboendarterectomy, With Or Without Patch Graft; Combined Aortoiliofemor 120.71 1 90 AS	35351			90.11	1	90					
Thromboendarterectomy, With Or Without Patch Graft; Combined Aortoiliac 107.28 1 90 AS Thromboendarterectomy, With Or Without Patch Graft; Combined Aortoiliofemor 120.71 1 90 AS				72.95	1						
35363 Thromboendarterectomy, With Or Without Patch Graft; Combined Aortoiliofemor 120.71 1 90 AS			•								
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	35371		Thromboendarterectomy, With Or Without Patch Graft; Common Femoral	57.82	1	90					AS

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Code Spec	· '	Base Fee				zation	tion	РΑ	AS
35372	Thromboendarterectomy, With Or Without Patch Graft; Deep (Profunda) Femoral	69.07	1	90					AS
35390	Reoperation, Carotid, Thromboendarterectomy, More Than One Month After Orig	11.14	1	0					AS
35450	Transluminal Balloon Angioplasty, Open; Renal Or Other Visceral Artery	35.66	1	0					AS
35452	Transluminal Balloon Angioplasty, Open; Aortic	24.98	1	0					AS
35458	Transluminal Balloon Angioplasty, Open; Brachiocephalic Trunk Or Branches,	34.24	1	0					AS
35500	Harvest Of Upper Extremity Vein, One Segment, For Lower Extremity Or Corona	22.41	1	0					AS
35501	Bypass Graft, With Vein; Common Carotid-Ipsilateral Internal Carotid	105.97	1	90					AS
35506	Bypass Graft, With Vein; Carotid-Subclavian Or Subclavian-Carotid	94.19	1	90					AS
35508	Bypass Graft, With Vein; Carotid-Vertebral	94.54	1	90					AS
35509	Bypass Graft, With Vein; Carotid-Contralateral Carotid	99.71	1	90					AS
35510	Bypass Graft, With Vein; Carotid-Brachial	86.74	1	90					AS
35511	Bypass Graft, With Vein; Subclavian-Subclavian	89.72	1	90					AS
35512	Bypass Graft, With Vein; Subclavian-Brachial	85.09	1	90					AS
35515	Bypass Graft, With Vein; Subclavian-Vertebral	93.78	1	90					AS
35516	Bypass Graft, With Vein; Subclavian-Axillary	86.06	1	90					AS
35518	Bypass Graft, With Vein; Axillary-Axillary	89.46	1	90					AS
35521	Bypass Graft, With Vein; Axillary-Femoral	96.05	1	90					AS
35522	Bypass Graft, With Vein; Axillary-Brachial	87.36	1	90					AS
35523	Bypass Graft, With Vein; Brachial-Ulnar Or -Radial	89.81	1	90					AS
35525	Bypass Graft, With Vein; Brachial-Brachial	80.21	1	90					AS
35526	Bypass Graft, With Vein; Aortosubclavian Or Carotid	120.80	1	90					AS
35531	Bypass Graft, With Vein; Aortoceliac Or Aortomesenteric	142.00	1	90					AS
35533	Bypass Graft, With Vein; Axillary-Femoral-Femoral	106.15	1	90					AS
35535	Bypass Graft, With Vein; Hepatorenal	119.54	1	90					AS
35536	Bypass Graft, With Vein; Splenorenal	132.28	1	90					AS
35537	Bypass Graft, With Vein; Aortoiliac	146.86	1	90					AS
35538	Bypass Graft, With Vein; Aortobi-Iliac	164.39	1	90					AS
35539	Bypass Graft, With Vein; Aortofemoral	154.44	1	90					AS
35540	Bypass Graft, With Vein; Aortobifemoral	180.16	1	90					AS
35556	Bypass Graft, With Vein; Femoral-Popliteal	98.91	1	90					AS

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35558	Bypass Graft, With Vein; Femoral-Femoral	120.09	1						
35560	Bypass Graft, With Vein; Aortorenal		1	90					AS
35563	Bypass Graft, With Vein; Ilioiliac	94.56	1	90					AS
35565	Bypass Graft, With Vein; Iliofemoral	92.77	1	90					AS
35566	Bypass Graft, With Vein; Femoral-Anterior Tibial, Posterior Tibial, Peronea	117.93	1	90					AS
35570	Bypass Graft, With Vein; Tibial-Tibial, Peroneal-Tibial, Or Tibial/Peroneal Trunk-Tibial	95.84	4	90					AS
35571	Bypass Graft, With Vein; Popliteal-Tibial, -Peroneal Artery Or Other Distal	93.66	1	90					AS
35572	Harvest Of Femoropopliteal Vein, One Segment, For Vascular Reconstruction P	24.11	1	0					AS
35583	In-Situ Vein Bypass; Femoral-Popliteal	101.73	1	90					AS
35585	In-Situ Vein Bypass; Femoral-Anterior Tibial, Posterior Tibial, Or Peroneal	118.28	1	90					AS
35587	In-Situ Vein Bypass; Popliteal-Tibial, Peroneal	96.25	1	90					AS
35600	Harvest Of Upper Extremity Artery, One Segment, For Coronary Artery Bypass	17.69	1	0					AS
35601	Bypass Graft, With Other Than Vein; Common Carotid-Ipsilateral Internal Car	99.39	1	90					AS
35606	Bypass Graft, With Other Than Vein; Carotid-Subclavian	82.89	1	90					AS
35612	Bypass Graft, With Other Than Vein; Subclavian-Subclavian	73.75	1	90					AS
35616	Bypass Graft, With Other Than Vein; Subclavian-Axillary	76.52	1	90					AS
35621	Bypass Graft, With Other Than Vein; Axillary-Femoral	77.48	1	90					AS
35623	Bypass Graft, With Other Than Vein; Axillary-Popliteal Or -Tibial	92.59	1	90					AS
35626	Bypass Graft, With Other Than Vein; Aortosubclavian Or Carotid	109.91	1	90					AS
35631	Bypass Graft, With Other Than Vein; Aortoceliac, Aortomesenteric, Aortorena	129.71	1	90					AS
35632	Bypass Graft, With Other Than Vein; Ilio-Celiac	113.53	1	90					AS
35633	Bypass Graft, With Other Than Vein; Ilio-Mesenteric	126.50	1	90					AS
35634	Bypass Graft, With Other Than Vein; Iliorenal	111.11	1	90					AS
35636	Bypass Graft, With Other Than Vein; Splenorenal (Splenic To Renal Arterial	112.36	1	90					AS
35642	Bypass Graft, With Other Than Vein; Carotid-Vertebral	71.74	1	90					AS
35645	Bypass Graft, With Other Than Vein; Subclavian-Vertebral	74.66	1	90					AS
35646	Bypass Graft, With Other Than Vein; Aortobifemoral	120.84	1	90					AS
35647	Bypass Graft, With Other Than Vein; Aortofemoral	109.73	1	90					AS
35650	Bypass Graft, With Other Than Vein; Axillary-Axillary	74.94	1	90					AS
35654	Bypass Graft, With Other Than Vein; Axillary-Femoral-Femoral	96.16	1	90					AS

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Code Spec	· · · · · · · · · · · · · · · · · · ·	Base Fee	UNOS			zation	tion	PA	_
35656	Bypass Graft, With Other Than Vein; Femoral-Popliteal	76.43	1	90					AS
35661	Bypass Graft, With Other Than Vein; Femoral-Femoral	76.71	1	90					AS
35663	Bypass Graft, With Other Than Vein; Ilioiliac	88.78	1	90					AS
35665	Bypass Graft, With Other Than Vein; Iliofemoral	82.87	1	90					AS
35666	Bypass Graft, With Other Than Vein; Femoral-Anterior Tibial, Posterior Tibi	89.79	1	90					AS
35671	Bypass Graft, With Other Than Vein; Popliteal-Tibial Or -Peroneal Artery	79.34	1	90					AS
35681	Bypass Graft; Composite, Prosthetic And Vein (List Separately In Addition T	5.59	1	90					AS
35682	Bypass Graft; Autogenous Composite, Two Segments Of Veins From Two Location	24.71	1	0					AS
35683	Bypass Graft; Autogenous Composite, Three Or More Segments Of Vein From Two	28.72	1	0					AS
35685	Placement Of Vein Patch Or Cuff At Distal Anastomosis Of Bypass Graft, Synt	13.98	1	0					AS
35686	Creation Of Distal Arteriovenous Fistula During Lower Extremity Bypass Surg	11.55	1	0					AS
35691	Transposition And/Or Reimplantation; Vertebral To Carotid Artery	66.71	1	90					AS
35693	Transposition And/Or Reimplantation; Vertebral To Subclavian Artery	60.87	1	90					AS
35694	Transposition And/Or Reimplantation; Subclavian To Carotid Artery	69.65	1	90					AS
35695	Transposition And/Or Reimplantation; Carotid To Subclavian Artery	72.30	1	90					AS
35697	Reimplantation, Visceral Artery To Infrarenal Aortic Prosthesis, Each Arter	10.36	1	0					AS
35700	Reoperation, Femoral-Popliteal Or Femoral (Popliteal) -Anterior Tibial, Pos	10.73	1	0					AS
35701	Exploration (Not Followed By Surgical Repair), With Or Without Lysis Of Art	39.58	1	90					AS
35721	Exploration (Not Followed By Surgical Repair), With Or Without Lysis Of Art	31.95	1	90					AS
35741	Exploration (Not Followed By Surgical Repair), With Or Without Lysis Of Art	35.93	1	90					AS
35761	Exploration (Not Followed By Surgical Repair), With Or Without Lysis Of Art	27.27	1	90					AS
35800	Exploration For Postoperative Hemorrhage, Thrombosis Or Infection; Neck	39.50	1	90					AS
35820	Exploration For Postoperative Hemorrhage, Thrombosis Or Infection; Chest	138.65	1	90					AS
35840	Exploration For Postoperative Hemorrhage, Thrombosis Or Infection; Abdomen	51.99	1	90					AS
35860	Exploration For Postoperative Hemorrhage, Thrombosis Or Infection; Extremit	33.32	1	90					AS
35870	Repair Of Graft-Enteric Fistula	87.77	1	90					AS
35876	Thrombectomy Of Arterial Or Venous Graft; With Revision Of Arterial Or Veno	66.74	1	90					AS
35879	Revision, Lower Extremity Arterial Bypass, Without Thrombectomy, Open; With	65.45	1	90					AS
35881	Revision, Lower Extremity Arterial Bypass, Without Thrombectomy, Open; With	72.17	1	90					AS
35883	Revision, Femoral Anastomosis Of Synthetic Arterial Bypass Graft In Groin,	85.28	1	90					AS

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Code Spec 35884	Description Revision, Femoral Anastomosis Of Synthetic Arterial Bypass Graft In Groin,	Base Fee 87.45	UNUS 1	0 1		zation	tion	PA	AS AS
35901	Excision Of Infected Graft; Neck	35.22	1	90					AS
35903	Excision Of Infected Graft; Extremity	40.11	1	90					AS
35905	Excision Of Infected Graft; Thorax	118.37	1	90					AS
35907	Excision Of Infected Graft; Abdomen	134.53	1	90					AS
36147	Introduction Of Needle And/Or Catheter, Arteriovenous Shunt Created For Dial	59.54	1	0					AS
36148	Introduction Of Needle And/Or Catheter, Arteriovenous Shunt Created For Dial	18.56	1	0					AS
36261	Revision Of Implanted Intra-Arterial Infusion Pump	27.75	1	0					AS
36460	Transfusion, Intrauterine, Fetal	24.73	1	0					AS
36819	Arteriovenous Anastomosis, Open; By Upper Arm Basilic Vein Transposition	51.47	1	0					AS
36820	Insertion Of Cannula For Hemodialysis, Other Purpose; Arteriovenous, Intern	56.33	1	0					AS
36821	Arteriovenous Anastomosis, Open; Direct, Any Site (Eg, Cimino Type) (Separa	43.54	1	90					AS
36825	Creation Of Arteriovenous Fistula By Other Than Direct Arteriovenous Anasto	47.72	1	90					AS
36830	Creation Of Arteriovenous Fistula By Other Than Direct Arteriovenous Anasto	45.79	1	90					AS
36831	Thrombectomy, Open, Arteriovenous Fistula Without Revision, Autogenous Or N	31.81	1	90					AS
36832	Revision, Open, Arteriovenous Fistula; Without Thrombectomy, Autogenous Or	40.40	1	90					AS
36833	Revision, Arteriovenous Fistula; With Thrombectomy, Autogenous Or Nonautoge	45.68	1	90					AS
36838	Distal Revascularization And Interval Ligation (Dril), Upper Extremity Hemo	80.35	1	90					AS
37145	Venous Anastomosis; Renoportal	120.51	1	90					AS
37160	Venous Anastomosis; Caval-Mesenteric	104.54	1	90					AS
37180	Venous Anastomosis; Splenorenal, Proximal	117.00	1	90					AS
37181	Anastomosis; Splenorenal, Distal (Selective Decompression Of Esophagogastri	126.52	1	90					AS
37182 R	Insertion Of Transvenous Intrahepatic Portosystemic Shunt(S) (Tips) (Includ	56.56	1	0					AS
37183 R	Revision Of Transvenous Intrahepatic Portosystemic Shunt(S) (Tips) (Include	36.02	1	0					AS
37207	Transcatheter Placement Of An Intravascular Stent(S), (Non-Coronary Vessel)	29.66	1	0					AS
37208	Transcatheter Placement Of An Intravascular Stent(S), (Non-Coronary Vessel)	14.21	1	0					AS
37220	Revascularization, Endovascular, Open Or Percutaneous, Iliac Artery, Unilate	161.87	1	0					AS
37221	Revascularization, Endovascular, Open Or Percutaneous, Iliac Artery, Unila	176.56	1	0					AS
37222	Revascularization, Endovascular, Open Or Percutaneous, Iliac Artery, Each A	121.33	1	0					AS
37223	Revascularization, Endovascular, Open Or Percutaneous, Iliac Artery, Each A	151.69	1	0					AS

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37224	Revascularization, Endovascular, Open Or Percutaneous, Femoral/Popliteal	172.45	1	0					AS
37225	Revascularization, Endovascular, Open Or Percutaneous, Femoral/Popliteal	185.98	1	0					AS
37226	Revascularization, Endovascular, Open Or Percutaneous, Femoral/Popliteal	171.43	1	0					AS
37227	Revascularization, Endovascular, Open Or Percutaneous, Femoral/Popliteal	153.05	1	0					AS
37228	Revascularization, Endovascular, Open Or Percutaneous, Tibial/Peroneal	182.91	1	0					AS
37229	Revascularization, Endovascular, Open Or Percutaneous, Tibial/Peroneal	216.40	1	0					AS
37230	Revascularization, Endovascular, Open Or Percutaneous, Tibial/Peroneal	166.77	1	0					AS
37231	Revascularization, Endovascular, Open Or Percutaneous, Tibial/Peroneal	207.27	1	0					AS
37232	Revascularization, Endovascular, Open Or Percutaneous, Tibial/Peroneal	136.35	1	0					AS
37233	Revascularization, Endovascular, Open Or Percutaneous, Tibial/Peroneal	145.71	1	0					AS
37234	Revascularization, Endovascular, Open Or Percutaneous, Tibial/Peroneal	103.26	1	0					AS
37235	Revascularization, Endovascular, Open Or Percutaneous, Tibial/Peroneal	239.36	1	0					AS
37500	Vascular Endoscopy, Surgical, With Ligation Of Perforator Veins, Subfascial	44.87	1	90					AS
37600	Ligation; External Carotid Artery	48.91	1	90					AS
37605	Ligation; Internal Or Common Carotid Artery	56.26	1	90					AS
37606	Ligation; Internal Or Common Carotid Artery, With Gradual Occlusion, As Wit	39.74	1	90					AS
37615	Ligation, Major Artery (Eg, Post-Traumatic, Rupture); Neck	35.68	1	90					AS
37616	Ligation, Major Artery (Eg, Post-Traumatic, Rupture); Chest	75.06	1	90					AS
37617	Ligation, Major Artery (Eg, Post-Traumatic, Rupture); Abdomen	92.11	1	90					AS
37618	Ligation, Major Artery (Eg, Post-Traumatic, Rupture); Extremity	27.04	1	90					AS
37660	Ligation Of Common Iliac Vein	80.11	1	90					AS
37735	Ligation And Division And Complete Stripping Of Long Or Short Saphenous Vei	44.71	1	90					AS
37760	Ligation Of Perforator Veins, Subfascial, Radical (Linton Type), With Or Wi	42.33	1	90					AS
37761	Ligation Of Perforator Vein(S), Subfascial, Open, Including Ultrasound Guid	38.32	1	90					AS
38100	Splenectomy; Total (Separate Procedure)	77.94	1	90					AS
38101	Splenectomy; Partial (Separate Procedure)	78.70	1	90					AS
38102	Splenectomy; Total, En Bloc For Extensive Disease, In Conjunction With Othe	17.58	1	0					AS
38115	Repair Of Ruptured Spleen (Splenorrhaphy) With Or Without Partial Splenecto	85.90	1	90					AS
38129 R	Unlisted Laparoscopy Procedure, Spleen		1	0					AS
38308	Lymphangiotomy Or Other Operations On Lymphatic Channels	30.89	1	90					AS

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Code S	· · · · · · · · · · · · · · · · · · ·	Base Fee	UNOS			zation	tion	PA	
38380	Suture And/Or Ligation Of Thoracic Duct; Cervical Approach	39.30	1	90					AS
38381	Suture And/Or Ligation Of Thoracic Duct; Thoracic Approach	54.93	1	90					AS
38382	Suture And/Or Ligation Of Thoracic Duct; Abdominal Approach	45.88	1	90					AS
38530	Biopsy Or Excision Of Lymph Node(S); Open, Internal Mammary Node(S)	37.61	1	90					AS
38542	Dissection, Deep Jugular Node(S)	32.39	1	90					AS
38555	Excision Of Cystic Hygroma, Axillary Or Cervical; With Deep Neurovascular D	64.49	1	90					AS
38562	Limited Lymphadenectomy For Staging (Separate Procedure); Pelvic And Para-A	47.44	1	90					AS
38564	Limited Lymphadenectomy For Staging (Separate Procedure); Retroperitoneal (47.44	1	90					AS
38570	Laparoscopy, Surgical; With Retroperitoneal Lymph Node Sampling (Biopsy), S	35.73	1	10					AS
38571	Laparoscopy, Surgical; With Bilateral Total Pelvic Lymphadenectomy	52.28	1	10					AS
38572	Laparoscopy, Surgical; With Bilateral Total Pelvic Lymphadenectomy And Peri	64.12	1	10					AS
38589 R	Unlisted Laparoscopy Procedure, Lymphatic System		1	0					AS
38700	Suprahyoid Lymphadenectomy	55.23	1	90					AS
38720	Cervical Lymphadenectomy (Complete)	91.88	1	90					AS
38724	Cervical Lymphadenectomy (Modified Radical Neck Dissection)	99.37	1	90					AS
38740	Axillary Lymphadenectomy; Superficial	47.05	1	90					AS
38745	Axillary Lymphadenectomy; Complete	59.49	1	90					AS
38746	Thoracic Lymphadenectomy, Regional, Including Mediastinal And Peritracheal	14.71	1	0					AS
38747	Abdominal Lymphadenectomy, Regional, Including Celiac, Gastric, Portal, Per	17.90	1	0					AS
38760	Inguinofemoral Lymphadenectomy, Superficial, Including Cloquet'S Node (Sepa	57.09	1	90					AS
38765	Inguinofemoral Lymphadenectomy, Superficial, In Continuity With Pelvic Lymp	86.93	1	90					AS
38770	Pelvic Lymphadenectomy, Including External Iliac, Hypogastric, And Obturato	53.63	1	90					AS
38780	Retroperitoneal Transabdominal Lymphadenectomy, Extensive, Including Pelvic	68.80	1	90					AS
38900	Intraoperative Identification (Eg, Mapping) Of Sentinel Lymph Node(S), Includes	9.24	1	0					AS
38999 R	Unlisted Procedure, Hemic Or Lymphatic System		1	90					AS
39000	Mediastinotomy With Exploration, Drainage, Removal Of Foreign Body, Or Biop	34.44	1	90					AS
39010	Mediastinotomy With Exploration, Drainage, Removal Of Foreign Body, Or Biop	54.45	1	90					AS
39200	Excision Of Mediastinal Cyst	60.00	1	90					AS
39220	Excision Of Mediastinal Tumor	78.29	1	90					AS
39499 R	Unlisted Procedure, Mediastinum	10.20	1	90					AS
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39501	Repair, Laceration Of Diaphragm, Any Approach	57.87	1	90					AS
39503	Repair, Neonatal Diaphragmatic Hernia, With Or Without Chest Tube Insertion	413.71	1	90					AS
39540	Repair, Diaphragmatic Hernia (Other Than Neonatal), Traumatic; Acute	58.92	1	90					AS
39541	Repair, Diaphragmatic Hernia (Other Than Neonatal), Traumatic; Chronic	63.96	1	90					AS
39545	Imbrication Of Diaphragm For Eventration, Transthoracic Or Transabdominal,	61.42	1	90					AS
39560	Resection, Diaphragm; With Simple Repair (Eg, Primary Suture)	53.81	1	90					AS
39561	Resection, Diaphragm; With Complex Repair (Eg, Prosthetic Material, Local M	85.16	1	90					AS
39599 R	Unlisted Procedure, Diaphragm		1	90					AS
40701	Plastic Repair Of Cleft Lip/Nasal Deformity; Primary Bilateral, One Stage P	73.86	1	90					AS
40702	Plastic Repair Of Cleft Lip/Nasal Deformity; Primary Bilateral, One Of Two	60.95	1	90					AS
40799 R	Unlisted Procedure, Lips		1	90					AS
40840	Vestibuloplasty; Anterior	56.31	1	90					AS
40843	Vestibuloplasty; Posterior, Bilateral	76.27	1	90					AS
40844	Vestibuloplasty; Entire Arch	93.23	1	90					AS
41120	Glossectomy; Less Than One-Half Tongue	73.59	1	90					AS
41130	Glossectomy; Hemiglossectomy	90.69	1	90					AS
41135	Glossectomy; Partial, With Unilateral Radical Neck Dissection	148.64	1	90					AS
41140	Glossectomy; Complete Or Total, With Or Without Tracheostomy, Without Radic	150.96	1	90					AS
41145	Glossectomy; Complete Or Total, With Or Without Tracheostomy, With Unilater	190.56	1	90					AS
41150	Glossectomy; Composite Procedure With Resection Floor Of Mouth And Mandibul	151.28	1	90					AS
41153	Glossectomy; Composite Procedure With Resection Floor Of Mouth, With Suprah	164.02	1	90					AS
41155	Glossectomy; Composite Procedure With Resection Floor Of Mouth, Mandibular	205.66	1	90					AS
42120	Resection Of Palate Or Extensive Resection Of Lesion	69.58	1	90					AS
42200	Palatoplasty For Cleft Palate, Soft And/Or Hard Palate Only	58.94	1	90					AS
42205	Palatoplasty For Cleft Palate, With Closure Of Alveolar Ridge; Soft Tissue	61.35	1	90					AS
42210	Palatoplasty For Cleft Palate, With Closure Of Alveolar Ridge; With Bone Gr	70.70	1	90					AS
42215	Palatoplasty For Cleft Palate; Major Revision	50.53	1	90					AS
42220	Palatoplasty For Cleft Palate; Secondary Lengthening Procedure	36.12	1	90					AS
42225	Palatoplasty For Cleft Palate; Attachment Pharyngeal Flap	61.69	1	90					AS
42226	Lengthening Of Palate, And Pharyngeal Flap	62.61	1	90					AS

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Code Spec 42227	Description Lengthening Of Palate, With Island Flap	Base Fee 58.69	UNOS	90 90		zation	tion	PA	AS
42227	Repair Of Anterior Palate, Including Vomer Flap	51.66	1	90					AS
42255	Repair Of Nasolabial Fistula	58.69	1	90					AS
42200 42299 R	Unlisted Procedure, Palate, Uvula	30.03	1	90					AS
42409	Marsupialization Of Sublingual Salivary Cyst (Ranula)	23.86	1	90					AS
42409	Excision Of Parotid Tumor Or Parotid Gland; Lateral Lobe, Without Nerve Dis	42.99	1	90					AS
42415	Excision Of Parotid Tumor Or Parotid Gland; Lateral Lobe, With Dissection A	72.58	1	90					AS
42413	Excision Of Parotid Tumor Or Parotid Gland; Total, With Dissection And Pres	81.43	1	90					AS
42425	Excision Of Parotid Tumor Or Parotid Gland; Total, With Dissection And Fres Excision Of Parotid Tumor Or Parotid Gland; Total, En Bloc Removal With Sac	57.57	1	90					AS
42425	Excision Of Parotid Tumor Or Parotid Gland; Total, With Unilateral Radical	92.56	1	90					AS
42440	Excision Of Parolia Turnor Of Parolia Gland, Total, With Offilateral Radical Excision Of Submandibular (Submaxillary) Gland	28.53	1	90					AS
42507	Parotid Duct Diversion, Bilateral (Wilke Type Procedure);	36.07	1	90					AS
42507	Parotid Duct Diversion, Bilateral (Wilke Type Procedure); With Excision Of	49.85	1	90					AS
42500	Parotid Duct Diversion, Bilateral (Wilke Type Procedure); With Ligation Of	43.93	1	90					AS
42699 R	Unlisted Procedure, Salivary Glands Or Ducts	40.30	1	90					AS
42099 K 42725	Incision And Drainage Abscess; Retropharyngeal Or Parapharyngeal, External	55.90	1	90					AS
42723	Excision Branchial Cleft Cyst Or Vestige, Confined To Skin And Subcutaneous	27.75	1	90					AS
42815	Excision Branchial Cleft Cyst, Vestige, Or Fistula, Extending Beneath Subcu	39.07	1	90					AS
42844	Radical Resection Of Tonsil, Tonsillar Pillars, And/Or Retromolar Trigone;	95.13	1	90					AS
42845	Radical Resection Of Tonsil, Tonsillar Pillars, And/Or Retromolar Trigone;	153.11	1	90					AS
42890	Limited Pharyngectomy	98.13	1	90					AS
42892	Resection Of Lateral Pharyngeal Wall Or Pyriform Sinus, Direct Closure By A	130.06	1	90					AS
42894		163.65	1	90					AS
42094 42950	Resection Of Pharyngeal Wall Requiring Closure With Myocutaneous Flap	55.85	1	90					AS
	Pharyngoplasty (Plastic Or Reconstructive Operation On Pharynx)								AS
42953	Pharyngoesophageal Repair	66.87	1	90					
42955	Pharyngostomy (Fistulization Of Pharynx, External For Feeding)	53.01	1	90					AS
42961	Control Oronham magal Hamorrhage, Primary Or Secondary (Eg. Posttonsillecto	29.47	1	90					AS
42962	Control Oropharyngeal Hemorrhage, Primary Or Secondary (Eg, Posttonsillecto	36.00	1	90					AS
42971	Control Of Nasopharyngeal Hemorrhage, Primary Or Secondary (Eg, Postadenoid	31.76	1	90					AS
42972	Control Of Nasopharyngeal Hemorrhage, Primary Or Secondary (Eg, Postadenoid	35.50	1	90	ĺ				AS

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Code Spec	· · · · · · · · · · · · · · · · · · ·	Base Fee	UNOS			zation	tion	PA	_
43020	Esophagotomy, Cervical Approach; With Removal Of Foreign Body	36.42	1	90					AS
43030	Cricopharyngeal Myotomy	35.87	1	90					AS
43045	Esophagotomy, Thoracic Approach, With Removal Of Foreign Body	89.38	1	90					AS
43100	Excision Of Lesion, Esophagus, With Primary Repair; Cervical Approach	43.29	1	90					AS
43101	Excision Of Lesion, Esophagus, With Primary Repair; Thoracic Or Abdominal A	69.07	1	90					AS
43107	Total Or Near Total Esophagectomy, Without Thoracotomy; With Pharyngogastro	173.40	1	90					AS
43108	Total Or Near Total Esophagectomy, Without Thoracotomy; With Colon Interpos	316.47	1	90					AS
43112	Total Or Near Total Esophagectomy, With Thoracotomy; With Pharyngogastrosto	182.79	1	90					AS
43113	Total Or Near Total Esophagectomy, With Thoracotomy; With Colon Interpositi	293.62		90					AS
43116	Partial Esophagectomy, Cervical, With Free Intestinal Graft, Including Micr	356.19	1	90					AS
43117	Partial Esophagectomy, Distal Two-Thirds, With Thoracotomy And Separate Abd	167.78	1	90					AS
43118	Partial Esophagectomy, Distal Two-Thirds, With Thoracotomy And Separate Abd	258.21	1	90					AS
43121	Partial Esophagectomy, Distal Two-Thirds, With Thoracotomy Only, With Or Wi	195.60	1	90					AS
43122	Partial Esophagectomy, Thoracoabdominal Or Abdominal Approach, With Or With	173.97	1	90					AS
43123	Partial Esophagectomy, Thoracoabdominal Or Abdominal Approach, With Or With	304.30	1	90					AS
43124	Total Or Partial Esophagectomy, Without Reconstruction (Any Approach), With	260.53	1	90					AS
43130	Diverticulectomy Of Hypopharynx Or Esophagus, With Or Without Myotomy; Cerv	54.13	1	90					AS
43135	Diverticulectomy Of Hypopharynx Or Esophagus, With Or Without Myotomy; Thor	101.59	1	90					AS
43280	Laparoscopy, Surgical, Esophagogastric Fundoplasty (Eg, Nissen, Toupet Proc	73.31	1	90					AS
43281	Laparoscopy, Surgical, Repair Of Paraesophageal Hernia, Includes Fundopl	104.46	1	90					AS
43282	Laparoscopy, Surgical, Repair Of Paraesophageal Hernia, Includes Fundopl	117.38	1	90					AS
43283	Laparoscopy, Surgical, Esophageal Lengthening Procedure (Eg, Collis	10.59	1	0					AS
43289 R	Unlisted Laparoscopy Procedure, Esophagus		1	0					AS
43300	Esophagoplasty, (Plastic Repair Or Reconstruction), Cervical Approach; With	42.54	1	90					AS
43305	Esophagoplasty, (Plastic Repair Or Reconstruction), Cervical Approach; With	74.85	1	90					AS
43310	Esophagoplasty, (Plastic Repair Or Reconstruction), Thoracic Approach; With	101.57	1	90					AS
43312	Esophagoplasty, (Plastic Repair Or Reconstruction), Thoracic Approach; With	109.11	1	90					AS
43313	Esophagoplasty For Congenital Defect, (Plastic Repair Or Reconstruction), T	211.21	1	90					AS
43314	Esophagoplasty For Congenital Defect, (Plastic Repair Or Reconstruction), T	197.16	1	90					AS
43320	Esophagogastrostomy (Cardioplasty), With Or Without Vagotomy And Pyloroplas	94.44	1	90					AS

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Code Spe		Base Fee	UNOS			zation	tion	PA	_
43325	Esophagogastric Fundoplasty; With Fundic Patch (Thal-Nissen Procedure)	90.96	1	90					AS
43327	Esophagogastric Fundoplasty Partial Or Complete; Laparotomy	55.35	1	90					AS
43328	Esophagogastric Fundoplasty Partial Or Complete; Thoracotomy	79.04	1	90					AS
43330	Esophagomyotomy (Heller Type); Abdominal Approach	90.41	1	90					AS
43331	Esophagomyotomy ((Heller Type), With Or Without Hiatal Hernia Repair); Thor	92.01	1	90					AS
43332	Repair, Paraesophageal Hiatal Hernia (Including Fundoplication), Via La	78.79	1	90					AS
43333	Repair, Paraesophageal Hiatal Hernia (Including Fundoplication), Via La	85.64	1	90					AS
43334	Repair, Paraesophageal Hiatal Hernia (Including Fundoplication), Via	84.91	1	90					AS
43335	Repair, Paraesophageal Hiatal Hernia (Including Fundoplication), Via	90.50	1	90					AS
43336	Repair, Paraesophageal Hiatal Hernia, (Including Fundoplication), Via	103.50	1	90					AS
43337	Repair, Paraesophageal Hiatal Hernia, (Including Fundoplication), Via	111.49	1	90					AS
43338	Esophageal Lengthening Procedure (Eg, Collis Gastroplasty Or Wedge	8.14	1	90					AS
43340	Esophagojejunostomy (Without Total Gastrectomy); Abdominal Approach	93.23	1	90					AS
43341	Esophagojejunostomy (Without Total Gastrectomy); Thoracic Approach	101.75	1	90					AS
43350	Esophagostomy, Fistulization Of Esophagus, External; Abdominal Approach	82.02	1	90					AS
43351	Esophagostomy, Fistulization Of Esophagus, External; Thoracic Approach	90.36	1	90					AS
43352	Esophagostomy, Fistulization Of Esophagus, External; Cervical Approach	73.34	1	90					AS
43360	Gastrointestinal Reconstruction For Previous Esophagectomy, For Obstructing	154.42	1	90					AS
43361	Gastrointestinal Reconstruction For Previous Esophagectomy, For Obstructing	172.23	1	90					AS
43400	Ligation, Direct, Esophageal Varices	106.13	1	90					AS
43401	Transection Of Esophagus With Repair, For Esophageal Varices	106.15	1	90					AS
43405	Ligation Or Stapling At Gastroesophageal Junction For Pre-Existing Esophage	98.82	1	90					AS
43410	Suture Of Esophageal Wound Or Injury; Cervical Approach	74.85	1	90					AS
43415	Suture Of Esophageal Wound Or Injury; Transthoracic Or Transabdominal Appro	135.25	1	90					AS
43425	Closure Of Esophagostomy Or Fistula; Transthoracic Or Transabdominal Approa	97.88	1	90					AS
43499 R	Unlisted Procedure, Esophagus		1	90					AS
43500	Gastrotomy; With Exploration Or Foreign Body Removal	53.35	1	90					AS
43501	Gastrotomy; With Suture Repair Of Bleeding Ulcer	91.12	1	90					AS
43502	Gastrotomy; With Suture Repair Of Pre-Existing Esophagogastric Laceration (103.04	1	90					AS
43510	Gastrotomy; With Esophageal Dilation And Insertion Of Permanent Intralumina	61.85	1	90					AS

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Code	Spec		Base Fee	UNOS			zation	tion	PA	
43520		Pyloromyotomy, Cutting Of Pyloric Muscle (Fredet-Ramstedt Type Operation)	46.71	1	90					AS
43605		Biopsy Of Stomach; By Laparotomy	56.68	1	90					AS
43610		Excision, Local; Ulcer Or Benign Tumor Of Stomach	66.42	1	90					AS
43611		Excision, Local; Malignant Tumor Of Stomach	82.66	1	90					AS
43620		Gastrectomy, Total; With Esophagoenterostomy	132.35	1	90					AS
43621		Gastrectomy, Total; With Roux-En-Y Reconstruction	152.79	1	90					AS
43622		Gastrectomy, Total; With Formation Of Intestinal Pouch, Any Type	154.92	1	90					AS
43631		Gastrectomy, Partial, Distal; With Gastroduodenostomy	98.16	1	90					AS
43632		Gastrectomy, Partial, Distal; With Gastrojejunostomy	137.03	1	90					AS
43633		Gastrectomy, Partial, Distal; With Roux-En-Y Reconstruction	129.71	1	90					AS
43634		Gastrectomy, Partial, Distal; With Formation Of Intestinal Pouch	143.42	1	90					AS
43635		Vagotomy When Performed With Partial Distal Gastrectomy (List Separately In	7.54	1	90					AS
43640		Vagotomy Including Pyloroplasty, With Or Without Gastrostomy; Truncal Or Se	79.85	1	90					AS
43641		Vagotomy Including Pyloroplasty, With Or Without Gastrostomy; Parietal Cell	81.36	1	90					AS
43644		Laparoscopy, Surgical, Gastric Restrictive Procedure; With Gastric Bypass A	117.13	1	0					AS
43645		Laparoscopy, Surgical, Gastric Restrictive Procedure; With Gastric Bypass A	124.92	1	0					AS
43651		Laparoscopy, Surgical; Transection Of Vagus Nerves, Truncal	44.55	1	90					AS
43652		Laparoscopy, Surgical; Transection Of Vagus Nerves, Selective Or Highly Sel	51.93	1	90					AS
43653		Laparoscopy, Surgical; Gastrostomy, Without Construction Of Gastric Tube (E	39.21	1	90					AS
43659	R	Unlisted Laparoscopy Procedure, Stomach		1	0					AS
43770		Laparoscopy, Surgical, Gastric Restrictive Procedure; Placement Of Adjustab	75.93	1	90					AS
43771		Laparoscopy, Surgical, Gastric Restrictive Procedure; Revision Of Adjustabl	86.22	1	90					AS
43772		Laparoscopy, Surgical, Gastric Restrictive Procedure; Removal Of Adjustable	64.61	1	90					AS
43773		Laparoscopy, Surgical, Gastric Restrictive Procedure; Removal And Replaceme	86.12	1	90					AS
43774		Laparoscopy, Surgical, Gastric Restrictive Procedure; Removal Of Adjustable	65.13	1	90					AS
43775		Laparoscopy, Surgical, Gastric Restrictive Procedure; Longitudinal	86.65	1	90					AS
43800		Pyloroplasty	63.02	1	90					AS
43810		Gastroduodenostomy	68.84	1	90					AS
43820		Gastrojejunostomy; Without Vagotomy	90.69	1	90					AS
43825		Gastrojejunostomy; With Vagotomy, Any Type	87.45	1	90					AS

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Code Spec	· ·	Base Fee	UNOS			zation	tion	PA	AS
43830	Gastrostomy, Open; Without Construction Of Gastric Tube (Eg, Stamm Procedur	47.60	1	90					AS
43831	Gastrostomy, Temporary (Tube, Rubber Or Plastic) (Separate Procedure); Neon	40.77	1	90					AS
43832	Gastrostomy, Open; With Construction Of Gastric Tube (Eg, Janeway Procedure	70.86	1	90					AS
43840	Gastrorrhaphy, Suture Of Perforated Duodenal Or Gastric Ulcer, Wound, Or In	91.95	1	90					AS
43842	Gastric Restrictive Procedure, Without Gastric Bypass, For Morbid Obesity;	77.48	1	90					AS
43843	Gastric Restrictive Procedure, Without Gastric Bypass, For Morbid Obesity;	86.65	1	90					AS
43846	Gastric Restrictive Procedure, With Gastric Bypass For Morbid Obesity; With	110.00	1	90					AS
43847	Gastric Restrictive Procedure, With Gastric Bypass For Morbid Obesity; With	121.83	1	90					AS
43848	Revision, Open, Of Gastric Restrictive Procedure For Morbid Obesity, Other	130.33	1	90					AS
43850	Revision Of Gastroduodenal Anastomosis (Gastroduodenostomy) With Reconstruc	110.03	1	90					AS
43855	Revision Of Gastroduodenal Anastomosis (Gastroduodenostomy) With Reconstruc	114.11	1	90					AS
43860	Revision Of Gastrojejunal Anastomosis (Gastrojejunostomy) With Reconstructi	110.44	1	90					AS
43865	Revision Of Gastrojejunal Anastomosis (Gastrojejunostomy) With Reconstructi	115.44	1	90					AS
43870	Closure Of Gastrostomy, Surgical	48.42	1	90					AS
43880	Closure Of Gastrocolic Fistula	107.76	1	90					AS
43886	Gastric Restrictive Procedure, Open; Revision Of Subcutaneous Port Componen	25.05	1	90					AS
43887	Gastric Restrictive Procedure, Open; Removal Of Subcutaneous Port Component	22.53	1	90					AS
43888	Gastric Restrictive Procedure, Open; Removal And Replacement Of Subcutaneou	31.49	1	90					AS
44005	Enterolysis (Freeing Of Intestinal Adhesion) (Separate Procedure)	74.07	1	90					AS
44010	Duodenotomy, For Exploration, Biopsy(S), Or Foreign Body Removal	59.04	1	90					AS
44015	Tube Or Needle Catheter Jejunostomy For Enteral Alimentation, Intraoperativ	9.58	1	0					AS
44020	Enterotomy, Small Intestine, Other Than Duodenum; For Exploration, Biopsy(S	66.00	1	90					AS
44021	Enterotomy, Small Bowel, Other Than Duodenum; For Decompression (Eg, Baker	66.16	1	90					AS
44025	Colotomy, For Exploration, Biopsy(S), Or Foreign Body Removal	67.10	1	90					AS
44050	Reduction Of Volvulus, Intussusception, Internal Hernia, By Laparotomy	63.39	1	90					AS
44055	Correction Of Malrotation By Lysis Of Duodenal Bands And/Or Reduction Of Mi	101.25	1	90					AS
44110	Excision Of One Or More Lesions Of Small Or Large Intestine Not Requiring A	57.68	1	90					AS
44111	Excision Of One Or More Lesions Of Small Or Large Bowel Not Requiring Anast	66.87	1	90					AS
44120	Enterectomy, Resection Of Small Intestine; Single Resection And Anastomosis	82.76	1	90					AS
44121	Enterectomy, Resection Of Small Intestine; Each Additional Resection And An	16.25	10	0					AS

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Cada	Casa	Description	Ресс Гос	LINIOC	CUD	1 '	Sterili-		DA	A C
Code 44125	Spec	Description Enterectomy, Resection Of Small Intestine; With Enterostomy	Base Fee 80.05	<u>01005</u>	90	-	Zation	tion	PA	AS
44126		Enterectomy, Resection Of Small Intestine For Congenital Atresia, Single Re	166.47	1	90					AS
44127		Enterectomy, Resection Of Small Intestine For Congenital Atresia, Single Re	192.30	1	90					AS
44128		Enterectomy, Resection Of Small Intestine For Congenital Atresia, Single Re	16.34	1	0					AS
44130		Enteroenterostomy, Anastomosis Of Intestine, With Or Without Cutaneous Ente	89.04	1	90					AS
44139		Mobilization (Take-Down) Of Splenic Flexure Performed In Conjunction With P	8.14	1	0					AS
44140		Colectomy, Partial; With Anastomosis	90.87	1	90					AS
44141		Colectomy, Partial; With Skin Level Cecostomy Or Colostomy	124.08	1	90					AS
44143		Colectomy, Partial; With End Colostomy And Closure Of Distal Segment (Hartm	112.98	1	90					AS
44144		Colectomy, Partial; With Resection, With Colostomy Or Ileostomy And Creatio	120.18	1	90					AS
44145		Colectomy, Partial; With Coloproctostomy (Low Pelvic Anastomosis)	112.43	1	90					AS
44146		Colectomy, Partial; With Coloproctostomy (Low Pelvic Anastomosis), With Col	144.04	1	90					AS
44147		Colectomy, Partial; Abdominal And Transanal Approach	131.46	1	90					AS
44150		Colectomy, Total, Abdominal, Without Proctectomy; With Ileostomy Or Ileopro	127.58	1	90					AS
44151		Colectomy, Total, Abdominal, Without Proctectomy; With Continent Ileostomy	145.89	1	90					AS
44155		Colectomy, Total, Abdominal, With Proctectomy; With Ileostomy	141.75	1	90					AS
44156		Colectomy, Total, Abdominal, With Proctectomy; With Continent Ileostomy	157.10	1	90					AS
44157		Colectomy, Total, Abdominal, With Proctectomy; With Ileoanal Anastomosis, I	147.68	1	90					AS
44158		Colectomy, Total, Abdominal, With Proctectomy; With Ileoanal Anastomosis, C	151.60	1	90					AS
44160		Colectomy, Partial, With Removal Of Terminal Ileum With Ileocolostomy	84.20	1	90					AS
44180		Laparoscopy, Surgical, Enterolysis (Freeing Of Intestinal Adhesion) (Separa	62.31	1	90					AS
44186		Laparoscopy, Surgical; Jejunostomy (Eg, For Decompression Or Feeding)	44.37	1	90					AS
44187		Laparoscopy, Surgical; Ileostomy Or Jejunostomy, Non-Tube	75.90	1	90					AS
44188		Laparoscopy, Surgical, Colostomy Or Skin Level Cecostomy	83.90	1	90					AS
44202		Laparoscopy, Surgical; Enterectomy, Resection Of Small Intestine, Single Re	93.99	1	90					AS
44203		Laparoscopy, Surgical; Each Additional Small Intestine Resection And Anasto	16.27	1	0					AS
44204		Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis	104.50	1	90					AS
44205		Laparoscopy, Surgical; Colectomy, Partial, With Removal Of Terminal Ileum W	90.96	1	90					AS
44206		Laparoscopy, Surgical; Colectomy, Partial, With End Colostomy And Closure O	119.33	1	90					AS
44207		Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis, With Coloproct	124.03	1	90					AS

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Cada	December	D	LINIOO	רויר	Hyster-			D.4	10
Code Spec 44208	Description Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis, With Coloproct	Base Fee 135.49	UNUS	90		zation	tion	PA	AS AS
44210		122.40	1	90					AS
44210	Laparoscopy, Surgical; Colectomy, Total, Abdominal, Without Proctectomy, With	152.59	1	90					AS
	Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With		1						AS
44212	Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With	140.97	•	90					
44213	Laparoscopy, Surgical, Mobilization (Take-Down) Of Splenic Flexure Performe	12.74	1	0					AS
44227	Laparoscopy, Surgical, Closure Of Enterostomy, Large Or Small Intestine, Wi	113.28	1	90					AS
44238 R	Unlisted Laparoscopy Procedure, Intestine (Except Rectum)		1	0					AS
44300	Enterostomy Or Cecostomy, Tube (Eg, For Decompression Or Feeding) (Separate	57.27	1	90					AS
44310	Ileostomy Or Jejunostomy, Non-Tube	70.93	1	90					AS
44314	Revision Of Ileostomy; Complicated (Reconstruction In-Depth) (Separate Proc	68.50	1	90					AS
44316	Continent Ileostomy (Kock Procedure) (Separate Procedure)	95.66	1	90					AS
44320	Colostomy Or Skin Level Cecostomy;	81.75	1	90					AS
44322	Colostomy Or Skin Level Cecostomy; With Multiple Biopsies (Eg, For Congenit	69.05	1	90					AS
44345	Revision Of Colostomy; Complicated (Reconstruction In-Depth) (Separate Proc	71.71	1	90					AS
44346	Revision Of Colostomy; With Repair Of Paracolostomy Hernia (Separate Proced	80.58	1	90					AS
44602	Suture Of Small Intestine (Enterorrhaphy) For Perforated Ulcer, Diverticulu	95.25	1	90					AS
44603	Suture Of Small Intestine (Enterorrhaphy) For Perforated Ulcer, Diverticulu	109.46	1	90					AS
44604	Suture Of Large Intestine (Colorrhaphy) For Perforated Ulcer, Diverticulum,	71.50	1	90					AS
44605	Suture Of Large Intestine (Colorrhaphy) For Perforated Ulcer, Diverticulum,	88.35	1	90					AS
44615	Intestinal Stricturoplasty (Enterotomy And Enterorrhaphy) With Or Without D	72.92	1	90					AS
44620	Closure Of Enterostomy, Large Or Small Intestine;	58.99	1	90					AS
44625	Closure Of Enterostomy, Large Or Small Intestine; With Resection And Anasto	69.37	1	90					AS
44626	Closure Of Enterostomy, Large Or Small Intestine; With Resection And Colore	108.65	1	90					AS
44640	Closure Of Intestinal Cutaneous Fistula	95.02	1	90					AS
44650	Closure Of Enteroenteric Or Enterocolic Fistula	98.34	1	90					AS
44660	Closure Of Enterovesical Fistula; Without Intestinal Or Bladder Resection	89.81	1	90					AS
44661	Closure Of Enterovesical Fistula; With Intestine And/Or Bladder Resection	104.76	1	90					AS
44680	Intestinal Plication (Separate Procedure)	72.51	1	90					AS
44700	Exclusion Of Small Intestine From Pelvis By Mesh Or Other Prosthesis, Or Na	69.30	1	90					AS
44701	Intraoperative Colonic Lavage (List Separately In Addition To Code For Prim	11.28	1	0					AS

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Code Spec 44799 R	Unlisted Procedure, Intestine	Base Fee	UNOS	90 90		zation	tion	PA	AS
44799 K 44800	Excision Of Meckel'S Diverticulum (Diverticulectomy) Or Omphalomesenteric D	51.98	1 1	90					AS
44820	,	57.02	1	90					AS
44850	Excision Of Lesion Of Mesentery (Separate Procedure)	51.18	1	90					AS
44899 R	Suture Of Mesentery (Separate Procedure)	31.10	1						AS
	Unlisted Procedure, Meckel'S Diverticulum And The Mesentery	E0 60	•	90					
44900	Incision And Drainage Of Appendiceal Abscess; Open	52.62	1	90					AS
44901	Incision And Drainage Of Appendiceal Abscess; Percutaneous	14.56	1	0					AS
44950	Appendectomy;	43.50	1	90					AS
44955	Appendectomy; When Done For Indicated Purpose At Time Of Other Major Proced	5.64	1	90					AS
44960	Appendectomy; For Ruptured Appendix With Abscess Or Generalized Peritonitis	59.17	1	90					AS
44970	Laparoscopy, Surgical, Appendectomy	40.84	1	90					AS
44979 R	Unlisted Laparoscopy Procedure, Appendix		1	0					AS
45110	Proctectomy; Complete, Combined Abdominoperineal, With Colostomy	126.32	1	90					AS
45111	Proctectomy; Partial Resection Of Rectum, Transabdominal Approach	74.18	1	90					AS
45112	Proctectomy, Combined Abdominoperineal, Pull-Through Procedure (Eg, Colo-An	128.25	1	90					AS
45113	Proctectomy, Partial, With Rectal Mucosectomy, Ileoanal Anastomosis, Creati	135.51	1	90					AS
45114	Proctectomy, Partial, With Anastomosis; Abdominal And Transsacral Approach	122.79	1	90					AS
45116	Proctectomy, Partial, With Anastomosis; Transacral Approach Only (Kraske Ty	106.96	1	90					AS
45119	Proctectomy, Combined Abdominoperineal Pull-Through Procedure (Eg, Colo-Ana	132.99	1	90					AS
45120	Proctectomy, Complete (For Congenital Megacolon), Abdominal And Perineal Ap	107.32	1	90					AS
45121	Proctectomy, Complete (For Congenital Megacolon), Abdominal And Perineal Ap	117.52	1	90					AS
45123	Proctectomy, Partial, Without Anastomosis, Perineal Approach	76.52	1	90					AS
45126 R	Pelvic Exenteration For Colorectal Malignancy, With Proctectomy (With Or Wi	194.00	1	90					AS
45130	Excision Of Rectal Procidentia, With Anastomosis; Perineal Approach	74.55	1	90					AS
45135	Excision Of Rectal Procidentia, With Anastomosis; Abdominal And Perineal Ap	92.93	1	90					AS
45136	Excision Of Ileoanal Reservoir With Ileostomy	124.26	1	90					AS
45160	Excision Of Rectal Tumor By Proctotomy, Transacral Or Transcoccygeal Approa	69.42	1	90					AS
45190	Destruction Of Rectal Tumor (Eg, Electrodessication, Electrosurgery, Laser	47.21	1	90					AS
45395	Laparoscopy, Surgical; Proctectomy, Complete, Combined Abdominoperineal, Wi	135.54	1	90					AS
45397	Laparoscopy, Surgical; Proctectomy, Combined Abdominoperineal Pull-Through	146.92	1	90					AS

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Code Spe	<u>'</u>	Base Fee	UNOS		<u> </u>	zation	tion	РА	AS
45400	Laparoscopy, Surgical, Proctopexy (For Prolapse)	78.77 104.25	1	90					AS
45402	Laparoscopy, Surgical; Proctopexy (For Prolapse), With Sigmoid Resection		1	90					AS
45540	Proctopexy (Eg, For Prolapse); Abdominal Approach	72.12	1	90					AS
45541	Proctopexy For Prolapse; Perineal Approach	63.50	1	90					AS
45550	Proctopexy (Eg, For Prolapse); With Sigmoid Resection, Abdominal Approach	99.83	1	90					AS
45560	Repair Of Rectocele (Separate Procedure)	47.44	1	90					AS
45562	Exploration, Repair, And Presacral Drainage For Rectal Injury;	76.06	1	90					AS
45563	Exploration, Repair, And Presacral Drainage For Rectal Injury; With Colosto	111.79	1	90					AS
45800	Closure Of Rectovesical Fistula;	80.78	1	90					AS
45805	Closure Of Rectovesical Fistula; With Colostomy	99.19	1	90					AS
45820	Closure Of Rectourethral Fistula;	74.57	1	90					AS
45825	Closure Of Rectourethral Fistula; With Colostomy	99.74	1	90					AS
46705	Anoplasty, Plastic Operation For Stricture; Infant	35.32	1	90					AS
46710	Repair Of Ileoanal Pouch Fistula/Sinus (Eg, Perineal Or Vaginal), Pouch Adv	75.12	1	90					AS
46712	Repair Of Ileoanal Pouch Fistula/Sinus (Eg, Perineal Or Vaginal), Pouch Adv	138.38	1	90					AS
46715	Repair Of Low Imperforate Anus; With Anoperineal Fistula ("Cut-Back" Proc	33.87	1	90					AS
46716	Repair Of Low Imperforate Anus; With Transposition Of Anoperineal Or Anoves	75.65	1	90					AS
46730	Repair Of High Imperforate Anus Without Fistula; Perineal Or Sacroperineal	123.18	1	90					AS
46735	Repair Of High Imperforate Anus Without Fistula; Combined Transabdominal An	137.32	1	90					AS
46740	Repair Of High Imperforate Anus With Rectourethral Or Rectovaginal Fistula;	135.28	1	90					AS
46742	Repair Of High Imperforate Anus With Rectourethral Or Rectovaginal Fistula;	163.95	1	90					AS
46744	Repair Of Cloacal Anomaly By Anorectovaginoplasty And Urethroplasty, Sacrop	228.21	1	90					AS
46746	Repair Of Cloacal Anomaly By Anorectovaginoplasty And Urethroplasty, Combin	236.78	1	90					AS
46748	Repair Of Cloacal Anomaly By Anorectovaginoplasty And Urethroplasty, Combin	260.32	1	90					AS
46750	Sphincteroplasty, Anal, For Incontinence Or Prolapse; Adult	52.07	1	90					AS
46751	Sphincteroplasty, Anal, For Incontinence Or Prolapse; Child	41.09	1	90					AS
46760	Sphincteroplasty, Anal, For Incontinence, Adult; Muscle Transplant	74.99	1	90					AS
46761	Sphincteroplasty, Anal, For Incontinence, Adult; Levator Muscle Imbrication	63.37	1	90					AS
46762	Sphincteroplasty, Anal, For Incontinence, Adult; Implantation Artificial Sp	63.25	1	90					AS
47010	Hepatotomy; For Open Drainage Of Abscess Or Cyst, One Or Two Stages	81.59	1	90					AS

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Code Cree	Description	Daga Faa	LINIOC	LIID	Hyster-			DA	A.C.
Code Spec 47011	Description Hepatotomy; For Percutaneous Drainage Of Abscess Or Cyst, One Or Two Stages	Base Fee 12.22	0NOS 1	0		Zation	tion	PA	AS
47015	Laparotomy, With Aspiration And/Or Injection Of Hepatic Parasitic (Eg, Amoe	78.91	1	90					AS
47100	Biopsy Of Liver, Wedge	57.55	1	90					AS
47120	Hepatectomy, Resection Of Liver; Partial Lobectomy	157.28	1	90					AS
47122	Hepatectomy, Resection Of Liver; Trisegmentectomy	230.64	1	90					AS
47125	Hepatectomy, Resection Of Liver; Total Left Lobectomy	207.20	1	90					AS
47130	Hepatectomy, Resection Of Liver; Total Right Lobectomy	221.98	1	90					AS
47135	Liver Allotransplantation; Orthotopic, Partial Or Whole, From Cadaver Or Li	330.47	1	90					AS
47136	Liver Allotransplantation; Heterotopic, Partial Or Whole, From Cadaver Or L	283.49	1	90					AS
47300	Marsupialization Of Cyst Or Abscess Of Liver	76.96	1	90					AS
47350	Management Of Liver Hemorrhage; Simple Suture Of Liver Wound Or Injury	92.86	1	90					AS
47360	Management Of Liver Hemorrhage; Complex Suture Of Liver Wound Or Injury, Wi	126.92	1	90					AS
47361	Management Of Liver Hemorrhage; Exploration Of Hepatic Wound, Extensive Deb	203.97	1	90					AS
47362	Management Of Liver Hemorrhage; Re-Exploration Of Hepatic Wound For Removal	98.11	1	90					AS
47370	Laparoscopy, Surgical, Ablation Of One Or More Liver Tumor(S); Radiofrequen	83.76	1	90					AS
47371	Laparoscopy, Surgical, Ablation Of One Or More Liver Tumor(S); Cryosurgical	85.00	1	90					AS
47379 R	Unlisted Laparoscopic Procedure, Liver		1	0					AS
47380	Ablation, Open, Of One Or More Liver Tumor(S); Radiofrequency	96.99	1	90					AS
47381	Ablation, Open, Of One Or More Liver Tumor(S); Cryosurgical	100.06	1	90					AS
47382	Ablation, One Or More Liver Tumor(S), Percutaneous, Radiofrequency	69.61	1	10					AS
47399 R	Unlisted Procedure, Liver		1	90					AS
47400	Hepaticotomy Or Hepaticostomy With Exploration, Drainage, Or Removal Of Cal	145.53	1	90					AS
47420	Choledochotomy Or Choledochostomy With Exploration, Drainage, Or Removal Of	91.21	1	90					AS
47425	Choledochotomy Or Choledochostomy With Exploration, Drainage, Or Removal Of	92.61	1	90					AS
47460	Transduodenal Sphincterotomy Or Sphincteroplasty, With Or Without Transduod	85.99	1	90					AS
47480	Cholecystotomy Or Cholecystostomy With Exploration, Drainage, Or Removal Of	59.75	1	90					AS
47550	Biliary Endoscopy, Intraoperative (Choledochoscopy) (List Separately In Add	11.12	1	0					AS
47562	Laparoscopy, Surgical; Cholecystectomy	45.82	1	90					AS
47563	Laparoscopy, Surgical; Cholecystectomy With Cholangiography	48.49	1	90					AS
47564	Laparoscopy, Surgical; Cholecystectomy With Exploration Of Common Duct	65.88	1	90					AS

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Code Spe		Base Fee				zation	tion	РА	AS
47570	Laparoscopy, Surgical; Cholecystoenterostomy	52.53	1	90					AS
47579 R	Unlisted Laparoscopy Procedure, Biliary Tract	70.40	1	0					AS
47600	Cholecystectomy;	72.42	1	90					AS
47605	Cholecystectomy; With Cholangiography	73.22	1	90					AS
47610	Cholecystectomy With Exploration Of Common Duct;	84.93	1	90					AS
47612	Cholecystectomy With Exploration Of Common Duct; With Choledochoenterostomy	85.73	1	90					AS
47620	Cholecystectomy With Exploration Of Common Duct; With Transduodenal Sphinct	93.25	1	90					AS
47700	Exploration For Congenital Atresia Of Bile Ducts, Without Repair, With Or W	71.53	1	90					AS
47711	Excision Of Bile Duct Tumor, With Or Without Primary Repair Of Bile Duct; E	104.89	1	90					AS
47712	Excision Of Bile Duct Tumor, With Or Without Primary Repair Of Bile Duct; I	135.10	1	90					AS
47715	Excision Of Choledochal Cyst	90.20	1	90					AS
47720	Cholecystoenterostomy; Direct	78.29	1	90					AS
47721	Cholecystoenterostomy; With Gastroenterostomy	91.83	1	90					AS
47740	Cholecystoenterostomy; Roux-En-Y	88.99	1	90					AS
47741	Cholecystoenterostomy; Roux-En-Y With Gastroenterostomy	99.99	1	90					AS
47760	Anastomosis, Of Extrahepatic Biliary Ducts And Gastrointestinal Tract	152.13	1	90					AS
47765	Anastomosis, Of Intrahepatic Ducts And Gastrointestinal Tract	205.07	1	90					AS
47780	Anastomosis, Roux-En-Y, Of Extrahepatic Biliary Ducts And Gastrointestinal	166.84	1	90					AS
47785	Anastomosis, Roux-En-Y, Of Intrahepatic Biliary Ducts And Gastrointestinal	218.57	1	90					AS
47800	Reconstruction, Plastic, Of Extrahepatic Biliary Ducts With End-To-End Anas	107.07	1	90					AS
47801	Placement Of Choledochal Stent	68.75	1	90					AS
47802	U-Tube Hepaticoenterostomy	103.43	1	90					AS
47900	Suture Of Extrahepatic Biliary Duct For Pre-Existing Injury (Separate Proce	93.23	1	90					AS
47999 R	Unlisted Procedure, Biliary Tract		1	90					AS
48000	Placement Of Drains, Peripancreatic, For Acute Pancreatitis;	125.08	1	90					AS
48001	Placement Of Drains, Peripancreatic, For Acute Pancreatitis; With Cholecyst	155.82	1	90					AS
48020	Removal Of Pancreatic Calculus	79.85	1	90					AS
48100	Biopsy Of Pancreas, Open (Eg, Fine Needle Aspiration, Needle Core Biopsy, W	60.07	1	90					AS
48105	Resection Or Debridement Of Pancreas And Peripancreatic Tissue For Acute Ne	192.46	1	90					AS
48120	Excision Of Lesion Of Pancreas (Eg, Cyst, Adenoma)	75.15	1	90					AS

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Code Spec	· · · · · · · · · · · · · · · · · · ·	Base Fee	UNOS			zation	tion	PA	
48140	Pancreatectomy, Distal Subtotal, With Or Without Splenectomy; Without Pancr	105.51	1	90					AS
48145	Pancreatectomy, Distal Subtotal, With Or Without Splenectomy; With Pancreat	110.39	1	90					AS
48146	Pancreatectomy, Distal, Near-Total With Preservation Of Duodenum (Child-Typ	126.44	1	90					AS
48148	Excision Of Ampulla Of Vater	84.59	1	90					AS
48150	Pancreatectomy, Proximal Subtotal With Total Duodenectomy, Partial Gastrect	209.51	1	90					AS
48152	Pancreatectomy, Proximal Subtotal With Total Duodenectomy, Partial Gastrect	195.10	1	90					AS
48153	Pancreatectomy, Proximal Subtotal With Near-Total Duodenectomy, Choledochoe	208.76	1	90					AS
48154	Pancreatectomy, Proximal Subtotal With Near-Total Duodenectomy, Choledochoe	195.95	1	90					AS
48155	Pancreatectomy, Total	123.16	1	90					AS
48500	Marsupialization Of Pancreatic Cyst	78.22	1	90					AS
48510	External Drainage, Pseudocyst Of Pancreas; Open	73.50	1	90					AS
48511	External Drainage, Pseudocyst Of Pancreas; Percutaneous	17.21	1	0					AS
48520	Internal Anastomosis Of Pancreatic Cyst To Gastrointestinal Tract; Direct	74.07	1	90					AS
48540	Internal Anastomosis Of Pancreatic Cyst To Gastrointestinal Tract; Roux-En-	88.60	1	90					AS
48545	Pancreatorrhaphy For Injury	91.10	1	90					AS
48547	Duodenal Exclusion With Gastrojejunostomy For Pancreatic Injury	121.07	1	90					AS
48548	Pancreaticojejunostomy, Side-To-Side Anastomosis (Puestow-Type Operation)	112.41	1	90					AS
48554	Transplantation Of Pancreatic Allograft	174.84	1	0					AS
48556	Removal Of Transplanted Pancreatic Allograft	86.84	1	90					AS
48999 R	Unlisted Procedure, Pancreas		1	90					AS
49000	Exploratory Laparotomy, Exploratory Celiotomy With Or Without Biopsy(S) (Se	52.25	1	90					AS
49002	Reopening Of Recent Laparotomy	70.79	1	90					AS
49010	Exploration, Retroperitoneal Area With Or Without Biopsy(S) (Separate Proce	63.34	1	90					AS
49020	Drainage Of Peritoneal Abscess Or Localized Peritonitis, Exclusive Of Appen	107.64	1	90					AS
49040	Drainage Of Subdiaphragmatic Or Subphrenic Abscess; Open	68.09	1	90					AS
49041	Drainage Of Subdiaphragmatic Or Subphrenic Abscess; Percutaneous	17.21	1	0					AS
49061	Drainage Of Retroperitoneal Abscess; Percutaneous	15.93	1	0					AS
49062	Drainage Of Extraperitoneal Lymphocele To Peritoneal Cavity, Open	50.05	1	90					AS
49215	Excision Of Presacral Or Sacrococygeal Tumor	149.06	1	90					AS
49220	Staging Laparotomy For Hodgkins Disease Or Lymphoma (Includes Splenectomy,	64.33	1	90					AS

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Code Spec 49255	Description Omentectomy, Epiploectomy, Resection Of Omentum (Separate Procedure)	Base Fee 53.86	UNUS	90		zation	tion	PA	AS AS
49233	Laparoscopy, Abdomen, Peritoneum, And Omentum, Diagnostic, With Or Without	22.30	1	10					AS
49320		23.63	1	10					AS
49321	Laparoscopy, Surgical, Abdomon, Poritonoum, And Omentum: With Assiration Of	25.23	1	10					AS
49322	Laparoscopy, Surgical, Abdomen, Peritoneum, And Omentum; With Aspiration Of	44.05	•						AS
	Laparoscopy, Surgical, Abdomen, Peritoneum, And Omentum; With Drainage Of L		1	90					
49324	Laparoscopy, Surgical; With Insertion Of Intraperitoneal Cannula Or Cathete	26.79	1	10					AS
49325	Laparoscopy, Surgical; With Revision Of Previously Placed Intraperitoneal C	28.60	1	10					AS
49326	Laparoscopy, Surgical; With Omentopexy (Omental Tacking Procedure) (List Se	12.70	1	0					AS
49329 R	Unlisted Laparoscopy Procedure, Abdomen, Peritoneum And Omentum	54.40	1	0					AS
49425	Insertion Of Peritoneal-Venous Shunt	51.18	1	90					AS
49435	Insertion Of Subcutaneous Extension To Intraperitoneal Cannula Or Catheter	8.04	1	0					AS
49436	Delayed Creation Of Exit Site From Embedded Subcutaneous Segment Of Intrape	12.83	1	10					AS
49491	Repair, Initial Inguinal Hernia, Preterm Infant (Less Than 37 Weeks Gestati	53.86	1	90					AS
49492	Repair, Initial Inguinal Hernia, Preterm Infant (Less Than 37 Weeks Gestati	63.14	1	90					AS
49495	Repair, Initial Inguinal Hernia, Full Term Infant Under Age 6 Months, Or Pr	26.79	1	90					AS
49496	Repair Initial Inguinal Hernia, Under Age 6 Months, With Or Without Hydroce	38.82	1	90					AS
49500	Repair Initial Inguinal Hernia, Age 6 Months To Under 5 Years, With Or With	25.42	1	90					AS
49501	Repair Initial Inguinal Hernia, Age 6 Months To Under 5 Years, With Or With	41.14	1	90					AS
49505	Repair Initial Inguinal Hernia, Age 5 Years Or Over; Reducible	35.41	1	90					AS
49507	Repair Initial Inguinal Hernia, Age 5 Years Or Over; Incarcerated Or Strang	39.81	1	90					AS
49520	Repair Recurrent Inguinal Hernia, Any Age; Reducible	42.88	1	90					AS
49521	Repair Recurrent Inguinal Hernia, Any Age; Incarcerated Or Strangulated	48.54	1	90					AS
49525	Repair Inguinal Hernia, Sliding, Any Age	38.89	1	90					AS
49540	Repair Lumbar Hernia	45.86	1	90					AS
49550	Repair Initial Femoral Hernia, Any Age, Reducible;	39.14	1	90					AS
49553	Repair Initial Femoral Hernia, Any Age; Incarcerated Or Strangulated	42.86	1	90					AS
49555	Repair Recurrent Femoral Hernia; Reducible	40.52	1	90					AS
49557	Repair Recurrent Femoral Hernia; Incarcerated Or Strangulated	48.98	1	90					AS
49560	Repair Initial Incisional Or Ventral Hernia; Reducible	49.96	1	90					AS
49561	Repair Initial Incisional Hernia; Incarcerated Or Strangulated	62.95	1	90					AS

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Code	 <u>'</u>	Base Fee			_ ,	zation	tion	PA	AS
49565	Repair Recurrent Incisional Or Ventral Hernia; Reducible	52.07	1	90					AS
49566	Repair Recurrent Incisional Hernia; Incarcerated Or Strangulated	63.62	1	90					AS
49568	Implantation Of Mesh Or Other Prosthesis For Incisional Or Ventral Hernia R	17.97	1	0					AS
49570	Repair Epigastric Hernia (Eg, Preperitoneal Fat); Reducible (Separate Proce	28.49	1	90					AS
49572	Repair Epigastric Hernia (Eg, Preperitoneal Fat); Incarcerated Or Strangula	35.11	1	90					AS
49580	Repair Umbilical Hernia, Under Age 5 Years; Reducible	22.85	1	90					AS
49582	Repair Umbilical Hernia, Under Age 5 Years; Incarcerated Or Strangulated	32.93	1	90					AS
49585	Repair Umbilical Hernia, Age 5 Years Or Over; Reducible	30.30	1	90					AS
49587	Repair Umbilical Hernia, Age 5 Years Or Over; Incarcerated Or Strangulated	32.43	1	90					AS
49590	Repair Spigelian Hernia	38.94	1	90					AS
49600	Repair Of Small Omphalocele, With Primary Closure	49.55	1	90					AS
49605	Repair Of Large Omphalocele Or Gastroschisis; With Or Without Prosthesis	332.08	1	90					AS
49606	Repair Of Large Omphalocele Or Gastroschisis; With Removal Of Prosthesis, F	76.50	1	90					AS
49610	Repair Of Omphalocele (Gross Type Operation); First Stage	41.94	1	90					AS
49611	Repair Of Omphalocele (Gross Type Operation); Second Stage	34.95	1	90					AS
49650	Laparoscopy, Surgical; Repair Initial Inguinal Hernia	29.20	1	90					AS
49651	Laparoscopy, Surgical; Repair Recurrent Inguinal Hernia	38.00	1	90					AS
49652	Laparoscopy, Surgical, Repair, Ventral, Umbilical, Spigelian Or Epigastric Hernia (Includes Mesh Insertion, When Performed); Reducible	46.66	1	90					AS
49653	Laparoscopy, Surgical, Repair, Ventral, Umbilical, Spigelian Or Epigastric Hernia (Includes Mesh Insertion, When Performed); Incarcerated Or Strangulated	58.19	1	90					AS
49654	Laparoscopy, Surgical, Repair, Incisional Hernia (Includes Mesh Insertion, When Performed); Reducible	52.89	1	90					AS
49655	Laparoscopy, Surgical, Repair, Incisional Hernia (Includes Mesh Insertion, When Performed); Incarcerated Or Strangulated	64.54	1	90					AS
49656	Laparoscopy, Surgical, Repair, Recurrent Incisional Hernia (Includes Mesh Insertion, When Performed); Reducible	57.34	1	90					AS
49657	Laparoscopy, Surgical, Repair, Recurrent Incisional Hernia (Includes Mesh Insertion, When Performed); Incarcerated Or Strangulated	82.27	1	90					AS
49900	Suture, Secondary, Of Abdominal Wall For Evisceration Or Dehiscence	55.60	1	90					AS
49904	Omental Flap, Extra-Abdominal (Eg, For Reconstruction Of Sternal And Chest	99.05	1	90				Υ	AS
49905	Omental Flap, Intra-Abdominal (List Separately In Addition To Code For Prim	23.70	1	0					AS

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Code Spe		Base Fee	UNOS			zation	tion	PA	AS
49999 R	Unlisted Procedure, Abdomen, Peritoneum And Omentum		1	90					AS
50010	Renal Exploration, Not Necessitating Other Specific Procedures	49.34	1	90					AS
50021	Drainage Of Perirenal Or Renal Abscess; Percutaneous	14.56	1	0					AS
50045	Nephrotomy, With Exploration	61.67	1	90					AS
50060	Nephrolithotomy; Removal Of Calculus	75.33	1	90					AS
50065	Nephrolithotomy; Secondary Surgical Operation For Calculus	79.91	1	90					AS
50070	Nephrolithotomy; Complicated By Congenital Kidney Abnormality	78.38	1	90					AS
50075	Nephrolithotomy; Removal Of Large Staghorn Calculus Filling Renal Pelvis An	96.32	1	90					AS
50081	Percutaneous Nephrostolithotomy Or Pyelostolithotomy, With Or Without Dilat	84.50	1	90					AS
50100	Transection Or Repositioning Of Aberrant Renal Vessels (Separate Procedure)	67.07	1	90					AS
50120	Pyelotomy; With Exploration	62.79	1	90					AS
50125	Pyelotomy; With Drainage, Pyelostomy	69.65	1	90					AS
50130	Pyelotomy; With Removal Of Calculus (Pyelolithotomy, Pelviolithotomy, Inclu	68.32	1	90					AS
50135	Pyelotomy; Complicated (Eg, Secondary Operation, Congenital Kidney Abnormal	74.18	1	90					AS
50205	Renal Biopsy; By Surgical Exposure Of Kidney	50.83	1	90					AS
50220	Nephrectomy, Including Partial Ureterectomy, Any Open Approach Including Ri	69.46	1	90					AS
50225	Nephrectomy, Including Partial Ureterectomy, Any Approach Including Rib Res	79.50	1	90					AS
50230	Nephrectomy, Including Partial Ureterectomy, Any Approach Including Rib Res	84.73	1	90					AS
50234	Nephrectomy With Total Ureterectomy And Bladder Cuff; Through Same Incision	86.03	1	90					AS
50236	Nephrectomy With Total Ureterectomy And Bladder Cuff; Through Separate Inci	96.94	1	90					AS
50240	Nephrectomy, Partial	87.61	1	90					AS
50250	Ablation, Open, One Or More Renal Mass Lesion(S), Cryosurgical, Including I	80.67	1	90					AS
50280	Excision Or Unroofing Of Cyst(S) Of Kidney	63.50	1	90					AS
50290	Excision Of Perinephric Cyst	59.47	1	90					AS
50340	Recipient Nephrectomy (Separate Procedure)	64.72	1	90					AS
50360	Renal Allotransplantation, Implantation Of Graft; Without Recipient Nephrec	174.33	1	90					AS
50365	Renal Allotransplantation, Implantation Of Graft; With Recipient Nephrectom	193.65	1	90					AS
50370	Removal Of Transplanted Renal Allograft	81.43	1	90					AS
50380	Renal Autotransplantation, Reimplantation Of Kidney	136.43	1	90					AS
50400	Pyeloplasty (Foley Y-Pyeloplasty), Plastic Operation On Renal Pelvis, With	76.64	1	90					AS

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Code	Spec	·	Base Fee	UNOS			zation	tion	PA	
50405		Pyeloplasty (Foley Y-Pyeloplasty), Plastic Operation On Renal Pelvis, With	92.24	1	90					AS
50500		Nephrorrhaphy, Suture Of Kidney Wound Or Injury	85.48	1	90					AS
50520		Closure Of Nephrocutaneous Or Pyelocutaneous Fistula	68.55	1	90					AS
50525		Closure Of Nephrovisceral Fistula (Eg, Renocolic), Including Visceral Repai	99.23	1	90					AS
50526		Closure Of Nephrovisceral Fistula (Eg, Renocolic), Including Visceral Repai	95.96	1	90					AS
50540		Symphysiotomy For Horseshoe Kidney With Or Without Pyeloplasty And/Or Other	75.86	1	90					AS
50541		Laparoscopy, Surgical; Ablation Of Renal Cysts	60.89	1	90					AS
50542		Laparoscopy, Surgical; Ablation Of Renal Mass Lesion(S)	77.19	1	90					AS
50543		Laparoscopy, Surgical; Partial Nephrectomy	98.55	1	90					AS
50544		Laparoscopy, Surgical; Pyeloplasty	82.41	1	90					AS
50545		Laparoscopy, Surgical; Radical Nephrectomy (Includes Removal Of Gerota±S Fa	88.74	1	90					AS
50546		Laparoscopy, Surgical; Nephrectomy, Including Partial Ureterectomy	79.64	1	90					AS
50548		Laparoscopy, Surgical; Nephrectomy With Total Ureterectomy	89.01	1	90					AS
50562		Renal Endoscopy Through Established Nephrostomy Or Pyelostomy, With Or With	38.46	1	90					AS
50592		Ablation, One Or More Renal Tumor(S), Percutaneous, Unilateral, Radiofreque	31.02	1	10					AS
50600		Ureterotomy With Exploration Or Drainage (Separate Procedure)	62.08	1	90					AS
50605		Ureterotomy For Insertion Of Indwelling Stent, All Types	65.59	1	90					AS
50610		Ureterolithotomy; Upper One-Third Of Ureter	62.52	1	90					AS
50620		Ureterolithotomy; Middle One-Third Of Ureter	59.82	1	90					AS
50630		Ureterolithotomy; Lower One-Third Of Ureter	59.08	1	90					AS
50650		Ureterectomy, With Bladder Cuff (Separate Procedure)	68.62	1	90					AS
50660		Ureterectomy, Total, Ectopic Ureter, Combination Abdominal, Vaginal And/Or	75.61	1	90					AS
50700		Ureteroplasty, Plastic Operation On Ureter (Eg, Stricture)	61.26	1	90					AS
50715		Ureterolysis, With Or Without Repositioning Of Ureter For Retroperitoneal F	80.53	1	90					AS
50722		Ureterolysis For Ovarian Vein Syndrome	71.37	1	90					AS
50725		Ureterolysis For Retrocaval Ureter, With Reanastomosis Of Upper Urinary Tra	72.88	1	90					AS
50727		Revision Of Urinary-Cutaneous Anastomosis (Any Type Urostomy);	33.69	1	90					AS
50728		Revision Of Urinary-Cutaneous Anastomosis (Any Type Urostomy); With Repair	46.29	1	90					AS
50740		Ureteropyelostomy, Anastomosis Of Ureter And Renal Pelvis	82.76	1	90					AS
50750		Ureterocalycostomy, Anastomosis Of Ureter To Renal Calyx	76.25	1	90					AS

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Code Spec	·	Base Fee				zation	tion	РΑ	AS
50760	Ureteroureterostomy	75.33	1	90					AS
50770	Transureteroureterostomy, Anastomosis Of Ureter To Contralateral Ureter	76.25	1	90					AS
50780	Ureteroneocystostomy; Anastomosis Of Single Ureter To Bladder	73.54	1	90					AS
50782	Ureteroneocystostomy; Anastomosis Of Duplicated Ureter To Bladder	81.20	1	90					AS
50783	Ureteroneocystostomy; With Extensive Ureteral Tailoring	74.55	1	90					AS
50785	Ureteroneocystostomy; With Vesico-Psoas Hitch Or Bladder Flap	80.10	1	90					AS
50800	Ureteroenterostomy, Direct Anastomosis Of Ureter To Intestine	61.65	1	90					AS
50810	Ureterosigmoidostomy, With Creation Of Sigmoid Bladder And Establishment Of	88.67	1	90					AS
50815	Ureterocolon Conduit, Including Intestine Anastomosis	80.88	1	90					AS
50820	Ureteroileal Conduit (Ileal Bladder), Including Intestine Anastomosis (Bric	87.45	1	90					AS
50825	Continent Diversion, Including Intestine Anastomosis Using Any Segment Of S	109.84	1	90					AS
50830	Urinary Undiversion (Eg, Taking Down Of Ureteroileal Conduit, Ureterosigmoi	119.08	1	90					AS
50840	Replacement Of All Or Part Of Ureter By Intestine Segment, Including Intest	81.34	1	90					AS
50845	Cutaneous Appendico-Vesicostomy	82.96	1	90					AS
50860	Ureterostomy, Transplantation Of Ureter To Skin	62.54	1	90					AS
50900	Ureterorrhaphy, Suture Of Ureter (Separate Procedure)	56.40	1	90					AS
50920	Closure Of Ureterocutaneous Fistula	58.35	1	90					AS
50930	Closure Of Ureterovisceral Fistula (Including Visceral Repair)	78.24	1	90					AS
50940	Deligation Of Ureter	58.76	1	90					AS
50945	Laparoscopy, Surgical, Ureterolithotomy	64.35	1	0					AS
50947	Laparoscopy, Surgical; Ureteroneocystostomy With Cystoscopy And Ureteral St	91.58	1	90					AS
50948	Laparoscopy, Surgical; Ureteroneocystostomy Without Cystoscopy And Ureteral	84.25	1	90					AS
50949 R	Unlisted Laparoscopy Procedure, Ureter		1	90					AS
51020	Cystotomy Or Cystostomy; With Fulguration And/Or Insertion Of Radioactive M	31.24	1	90					AS
51040	Cystostomy, Cystotomy With Drainage	19.30	1	90					AS
51045	Cystotomy, With Insertion Of Ureteral Catheter Or Stent (Separate Procedure	32.86	1	90					AS
51050	Cystolithotomy, Cystotomy With Removal Of Calculus, Without Vesical Neck Re	31.37	1	90					AS
51060	Transvesical Ureterolithotomy	38.59	1	90					AS
51080	Drainage Of Perivesical Or Prevesical Space Abscess	27.18	1	90					AS
51500	Excision Of Urachal Cyst Or Sinus, With Or Without Umbilical Hernia Repair	42.21	1	90					AS

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Code	Spec		Base Fee				zation	tion	PA	AS
51520		Cystotomy; For Simple Excision Of Vesical Neck (Separate Procedure)	39.42	1	90					AS
51525		Cystotomy; For Excision Of Bladder Diverticulum, Single Or Multiple (Separa	57.00	1	90					AS
51530		Cystotomy; For Excision Of Bladder Tumor	52.64	1	90					AS
51535		Cystotomy For Excision, Incision, Or Repair Of Ureterocele	51.56	1	90					AS
51550		Cystectomy, Partial; Simple	64.42	1	90					AS
51555		Cystectomy, Partial; Complicated (Eg, Postradiation, Previous Surgery, Diff	84.36	1	90					AS
51565		Cystectomy, Partial, With Reimplantation Of Ureter(S) Into Bladder (Uretero	85.87	1	90					AS
51570		Cystectomy, Complete; (Separate Procedure)	97.84	1	90					AS
51575		Cystectomy, Complete; With Bilateral Pelvic Lymphadenectomy, Including Exte	120.25	1	90					AS
51580		Cystectomy, Complete, With Ureterosigmoidostomy Or Ureterocutaneous Transpl	125.27	1	90					AS
51585		Cystectomy, Complete, With Ureterosigmoidostomy Or Ureterocutaneous Transpl	139.43	1	90					AS
51590		Cystectomy, Complete, With Ureteroileal Conduit Or Sigmoid Bladder, Includi	127.74	1	90					AS
51595		Cystectomy, Complete, With Ureteroileal Conduit Or Sigmoid Bladder, Includi	144.70	1	90					AS
51596		Cystectomy, Complete, With Continent Diversion, Any Open Technique, Using A	155.47	1	90					AS
51597		Pelvic Exenteration, Complete, For Vesical, Prostatic Or Urethral Malignanc	151.76	1	90					AS
51800		Cystoplasty Or Cystourethroplasty, Plastic Operation On Bladder And/Or Vesi	69.21	1	90					AS
51820		Cystourethroplasty With Unilateral Or Bilateral Ureteroneocystostomy	71.66	1	90					AS
51840		Anterior Vesicourethropexy, Or Urethropexy (Eg, Marshall-Marchetti-Krantz,	44.53	1	90					AS
51841		Anterior Vesicourethropexy, Or Urethropexy (Marshall-Marchetti-Krantz Type)	52.92	1	90					AS
51845		Abdomino-Vaginal Vesical Neck Suspension, With Or Without Endoscopic Contro	39.28	1	90					AS
51860		Cystorrhaphy, Suture Of Bladder Wound, Injury Or Rupture; Simple	50.17	1	90					AS
51865		Cystorrhaphy, Suture Of Bladder Wound, Injury Or Rupture; Complicated	59.86	1	90					AS
51880		Closure Of Cystostomy (Separate Procedure)	31.35	1	90					AS
51900		Closure Of Vesicovaginal Fistula, Abdominal Approach	55.14	1	90					AS
51920		Closure Of Vesicouterine Fistula;	54.84	1	90					AS
51925		Closure Of Vesicouterine Fistula; With Hysterectomy	71.00	1	90	Υ				AS
51940		Closure, Exstrophy Of Bladder	108.72	1	90					AS
51960		Enterocystoplasty, Including Intestinal Anastomosis	92.22	1	90					AS
51980		Cutaneous Vesicostomy	47.23	1	90					AS
51990		Laparoscopy, Surgical; Urethral Suspension For Stress Incontinence	51.01	1	90					AS

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	5			E1.1E	Hyster-			Б.	
Code Spec		Base Fee	UNOS			zation	tion	РА	AS
51992	Laparoscopy, Surgical; Sling Operation For Stress Incontinence (Eg, Fascia	57.94	1	90					AS
53085	Drainage Of Perineal Urinary Extravasation; Complicated	43.91	1	90					AS
53210	Urethrectomy, Total, Including Cystostomy; Female	51.50	1	90					AS
53215	Urethrectomy, Total, Including Cystostomy; Male	61.35	1	90					AS
53230	Excision Of Urethral Diverticulum (Separate Procedure); Female	40.59	1	90					AS
53235	Excision Of Urethral Diverticulum (Separate Procedure); Male	41.94	1	90					AS
53400	Urethroplasty; First Stage, For Fistula, Diverticulum, Or Stricture (Eg, Jo	53.37	1	90					AS
53405	Urethroplasty; Second Stage (Formation Of Urethra), Including Urinary Diver	57.82	1	90					AS
53410	Urethroplasty, One-Stage Reconstruction Of Male Anterior Urethra	64.88	1	90					AS
53415	Urethroplasty, Transpubic Or Perineal, One Stage, For Reconstruction Or Rep	74.80	1	90					AS
53425	Urethroplasty, Two-Stage Reconstruction Or Repair Of Prostatic Or Membranou	61.95	1	90					AS
53430	Urethroplasty, Reconstruction Of Female Urethra	64.47	1	90					AS
53431	Urethroplasty With Tubularization Of Posterior Urethra And/Or Lower Bladder	76.29	1	90					AS
53440	Sling Operation For Correction Of Male Urinary Incontinence (Eg, Fascia Or	52.77	1	90					AS
53442	Removal Or Revision Of Sling For Male Urinary Incontinence (Eg, Fascia Or S	51.93	1	90					AS
53444	Insertion Of Tandem Cuff (Dual Cuff)	52.53	1	90					AS
53445	Insertion Of Inflatable Urethral/Bladder Neck Sphincter, Including Placemen	52.42	1	90					AS
53446	Removal Of Inflatable Urethral/Bladder Neck Sphincter, Including Pump, Rese	42.65	1	90					AS
53447	Removal And Replacement Of Inflatable Urethral/Bladder Neck Sphincter Inclu	53.58	1	90					AS
53448	Removal And Replacement Of Inflatable Urethral/Bladder Neck Sphincter Inclu	84.66	1	90					AS
53500	Urethrolysis, Transvaginal, Secondary, Open, Including Cystourethroscopy (E	50.12	1	90					AS
53505	Urethrorrhaphy, Suture Of Urethral Wound Or Injury; Penile	32.27	1	90					AS
53510	Urethrorrhaphy, Suture Of Urethral Wound Or Injury; Perineal	41.85	1	90					AS
53515	Urethrorrhaphy, Suture Of Urethral Wound Or Injury; Prostatomembranous	52.64	1	90					AS
54110	Excision Of Penile Plaque (Peyronie Disease);	41.39	1	90					AS
54111	Excision Of Penile Plaque (Peyronie Disease); With Graft To 5 Cm In Length	52.99	1	90					AS
54112	Excision Of Penile Plaque (Peyronie Disease); With Graft Greater Than 5 Cm	62.01	1	90					AS
54115	Removal Foreign Body From Deep Penile Tissue (Eg, Plastic Implant)	30.07	1	90					AS
54120	Amputation Of Penis; Partial	41.92	1	90					AS
54125	Amputation Of Penis; Complete	53.88	1	90					AS

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		5			E1.1E	Hyster-			.	
	Spec		Base Fee	UNOS			zation	tion	PA	_
54130		Amputation Of Penis, Radical; With Bilateral Inguinofemoral Lymphadenectomy	78.93	1	90					AS
54135		Amputation Of Penis, Radical; In Continuity With Bilateral Pelvic Lymphaden	99.92	1	90					AS
54205		Injection Procedure For Peyronie Disease; With Surgical Exposure Of Plaque	35.34	1	90					AS
54300		Plastic Operation Of Penis For Straightening Of Chordee (Eg, Hypospadias),	42.51	1	90					AS
54304		Plastic Operation On Penis For Correction Of Chordee Or For First Stage Hyp	49.66	1	90					AS
54308		Urethroplasty For Second Stage Hypospadias Repair (Including Urinary Divers	47.39	1	90					AS
54312		Urethroplasty For Second Stage Hypospadias Repair (Including Urinary Divers	54.20	1	90					AS
54316		Urethroplasty For Second Stage Hypospadias Repair (Including Urinary Divers	66.03	1	90					AS
54318		Urethroplasty For Third Stage Hypospadias Repair To Release Penis From Scro	46.36	1	90					AS
54322		One Stage Distal Hypospadias Repair (With Or Without Chordee Or Circumcisio	51.70	1	90					AS
54324		One Stage Distal Hypospadias Repair (With Or Without Chordee Or Circumcisio	64.08	1	90					AS
54326		One Stage Distal Hypospadias Repair (With Or Without Chordee Or Circumcisio	62.61	1	90					AS
54328		One Stage Distal Hypospadias Repair (With Or Without Chordee Or Circumcisio	62.18	1	90					AS
54332		One Stage Proximal Penile Or Penoscrotal Hypospadias Repair Requiring Exten	67.10	1	90					AS
54336		One Stage Perineal Hypospadias Repair Requiring Extensive Dissection To Cor	82.16	1	90					AS
54340		Repair Of Hypospadias Complications (le, Fistula, Stricture, Diverticula);	37.81	1	90					AS
54344		Repair Of Hypospadias Complications (le, Fistula, Stricture, Diverticula);	62.75	1	90					AS
54348		Repair Of Hypospadias Complications (le, Fistula, Stricture, Diverticula);	66.00	1	90					AS
54352		Repair Of Hypospadias Cripple Requiring Extensive Dissection And Excision O	93.71	1	90					AS
54360		Plastic Operation On Penis To Correct Angulation	47.76	1	90					AS
54380		Plastic Operation On Penis For Epispadias Distal To External Sphincter;	60.85	1	90					AS
54385		Plastic Operation On Penis For Epispadias Distal To External Sphincter; Wit	66.09	1	90					AS
54390		Plastic Operation On Penis For Epispadias Distal To External Sphincter; Wit	85.60	1	90					AS
54406		Removal Of All Components Of A Multi-Component, Inflatable Penile Prosthesi	48.38	1	90					AS
54415		Removal Of Non-Inflatable (Semi-Rigid) Or Inflatable (Self-Contained) Penil	35.11	1	90					AS
54420		Corpora Cavernosa-Saphenous Vein Shunt (Priapism Operation), Unilateral Or	46.73	1	90					AS
54430		Corpora Cavernosa-Corpus Spongiosum Shunt (Priapism Operation), Unilateral	42.49	1	90					AS
54440		Plastic Operation Of Penis For Injury	17.70	1	90					AS
54512		Excision Of Extraparenchymal Lesion Of Testis	35.80	1	90					AS
54522		Orchiectomy, Partial	40.13	1	90					AS
UTULL		Cromodomy, i aruai	70.13		50	l]			, 10

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Code Spec	· ·	Base Fee	UNOS			zation	tion	PA	_
54530	Orchiectomy, Radical, For Tumor; Inguinal Approach	33.67	1	90					AS
54535	Orchiectomy, Radical, For Tumor; With Abdominal Exploration	49.30	1	90					AS
54550	Exploration For Undescended Testis (Inguinal Or Scrotal Area)	32.68	1	90					AS
54560	Exploration For Undescended Testis With Abdominal Exploration	45.51	1	90					AS
54650	Orchiopexy, Abdominal Approach, For Intra-Abdominal Testis (Eg, Fowler-Step	47.21	1	90					AS
54680	Transplantation Of Testis(Es) To Thigh (Because Of Scrotal Destruction)	52.14	1	90					AS
54690	Laparoscopy, Surgical; Orchiectomy	50.12	1	90					AS
55150	Resection Of Scrotum	32.79	1	90					AS
55520	Excision Of Lesion Of Spermatic Cord (Separate Procedure)	30.92	1	90					AS
55535	Excision Of Varicocele Or Ligation Of Spermatic Veins For Varicocele; Abdom	28.60	1	90					AS
55540	Excision Of Varicocele Or Ligation Of Spermatic Veins For Varicocele; With	36.65	1	90					AS
55550	Laparoscopy, Surgical, With Ligation Of Spermatic Veins For Varicocele	28.46	1	90					AS
55559 R	Unlisted Laparoscopy Procedure, Spermatic Cord		1	0					AS
55650	Vesiculectomy, Any Approach	47.62	1	90					AS
55720	Prostatotomy, External Drainage Of Prostatic Abscess, Any Approach; Simple	29.98	1	90					AS
55725	Prostatotomy, External Drainage Of Prostatic Abscess, Any Approach; Complic	39.42	1	90					AS
55801	Prostatectomy, Perineal, Subtotal (Including Control Of Postoperative Bleed	72.37	1	90					AS
55810	Prostatectomy, Perineal Radical;	87.20	1	90					AS
55812	Prostatectomy, Perineal Radical; With Lymph Node Biopsy(S) (Limited Pelvic	106.38	1	90					AS
55815	Prostatectomy, Perineal Radical; With Bilateral Pelvic Lymphadenectomy, Inc	116.51	1	90					AS
55821	Prostatectomy (Including Control Of Postoperative Bleeding, Vasectomy, Meat	57.87	1	90					AS
55831	Prostatectomy (Including Control Of Postoperative Bleeding, Vasectomy, Meat	62.54	1	90					AS
55840	Prostatectomy, Retropubic Radical, With Or Without Nerve Sparing;	88.46	1	90					AS
55842	Prostatectomy, Retropubic Radical, With Or Without Nerve Sparing; With Lymp	94.74	1	90					AS
55845	Prostatectomy, Retropubic Radical, With Or Without Nerve Sparing; With Bila	108.08	1	90					AS
55862	Exposure Of Prostate, Any Approach, For Insertion Of Radioactive Substance;	72.53	1	90					AS
55865	Exposure Of Prostate, Any Approach, For Insertion Of Radioactive Substance;	88.21	1	90					AS
55866	Laparoscopy, Surgical Prostatectomy, Retropubic Radical, Including Nerve Sp	114.86	1	90					AS
56620	Vulvectomy Simple; Partial	34.95	1	90					AS
56625	Vulvectomy Simple; Complete	41.76	1	90					AS

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				111122		Hyster-			D.4	
Code \$ 56630	Spec	Description Vulvectomy, Radical, Partial;	Base Fee 61.33	UNOS	FUD 90		zation	tion	PΑ	AS AS
56631		••	77.78	1	90					AS
56632		Vulvectomy, Radical, Partial; With Dileteral Inquinofemoral Lymphadenectom	90.71	1	90					AS
56633		Vulvectomy, Radical, Partial; With Bilateral Inguinofemoral Lymphadenectomy	79.69	1	90					AS
56634		Vulvectomy, Radical, Complete;	79.09 84.68							AS
		Vulvectomy, Radical, Complete; With Unilateral Inquinofemoral Lymphadenecto		1	90					AS
56637		Vulvectomy, Radical, Complete; With Bilateral Inguinofemoral Lymphadenectom	98.64	1	90					
56640		Vulvectomy, Radical, Complete, With Inguinofemoral, Iliac, And Pelvic Lymph	96.23	1	90					AS
56700		Partial Hymenectomy Or Revision Of Hymenal Ring	12.90		10					AS
56800		Plastic Repair Of Introitus	16.45		10					AS
56805		Clitoroplasty For Intersex State	78.65		90				Y	AS
56810		Perineoplasty, Repair Of Perineum, Non-Obstetrical (Separate Procedure)	17.78		10					AS
57106		Vaginectomy, Partial Removal Of Vaginal Wall;	33.25		90					AS
57107		Vaginectomy, Partial Removal Of Vaginal Wall; With Removal Of Paravaginal T	96.53		90					AS
57109		Vaginectomy, Partial Removal Of Vaginal Wall; With Removal Of Paravaginal T	113.03	1	90					AS
57110		Vaginectomy, Complete Removal Of Vaginal Wall;	61.51	1	90					AS
57111		Vaginectomy, Complete Removal Of Vaginal Wall; With Removal Of Paravaginal	110.05	1	90					AS
57112		Vaginectomy, Complete Removal Of Vaginal Wall; With Removal Of Paravaginal	111.54	1	90					AS
57120		Colpocleisis (Le Fort Type)	35.02	1	90					AS
57130		Excision Of Vaginal Septum	12.22		10					AS
57200		Colporrhaphy, Suture Of Injury Of Vagina (Nonobstetrical)	20.56		90					AS
57210		Colpoperineorrhaphy, Suture Of Injury Of Vagina And/Or Perineum (Nonobstetr	25.12		90					AS
57220		Plastic Operation On Urethral Sphincter, Vaginal Approach (Eg, Kelly Urethr	22.00	1	90					AS
57230		Plastic Repair Of Urethrocele	27.20	1	90					AS
57240		Anterior Colporrhaphy, Repair Of Cystocele With Or Without Repair Of Urethr	45.38	1	90					AS
57250		Posterior Colporrhaphy, Repair Of Rectocele With Or Without Perineorrhaphy	46.32	1	90					AS
57260		Combined Anteroposterior Colporrhaphy;	56.97	1	90					AS
57265		Combined Anteroposterior Colporrhaphy; With Enterocele Repair	62.38	1	90					AS
57267		Insertion Of Mesh Or Other Prosthesis For Repair Of Pelvic Floor Defect, Ea	17.37	1	90					AS
57268		Repair Of Enterocele, Vaginal Approach (Separate Procedure)	33.12	1	90					AS
57270		Repair Of Enterocele, Abdominal Approach (Separate Procedure)	54.70	1	90					AS

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0.4.0	Description	D., 5	LINIOO	ELID	Hyster-			D.4	
Code Spec 57280	Description Colpopexy, Abdominal Approach	Base Fee 64.97	UNUS	90		zation	tion	PΑ	AS AS
57282	Colpopexy, Vaginal; Extra-Peritoneal Approach (Sacrospinous, Iliococcygeus)	34.24	1	90					AS
57283		47.23	1						AS
	Colpopexy, Vaginal; Intra-Peritoneal Approach (Uterosacral, Levator Myorrha		1	90					
57284	Paravaginal Defect Repair (Including Repair Of Cystocele, Stress Urinary In	55.46	•	90					AS
57285	Paravaginal Defect Repair (Including Repair Of Cystocele, If Performed); Va	45.93	1	90					AS
57287	Removal Or Revision Of Sling For Stress Incontinence (Eg, Fascia Or Synthet	45.93	1	90					AS
57288	Sling Operation For Stress Incontinence (Eg, Fascia Or Synthetic)	48.13	1	90					AS
57289	Pereyra Procedure, Including Anterior Colporrhaphy	48.29	1	90					AS
57291 R	Construction Of Artificial Vagina; Without Graft	36.51	1	90					AS
57292 R	Construction Of Artificial Vagina; With Graft	56.06	1	90					AS
57295	Revision (Including Removal) Of Prosthetic Vaginal Graft, Vaginal Approach	32.61	1	90					AS
57296	Revision (Including Removal) Of Prosthetic Vaginal Graft; Open Abdominal Ap	65.13	1	90					AS
57300	Closure Of Rectovaginal Fistula; Vaginal Or Transanal Approach	38.32	1	90					AS
57305	Closure Of Rectovaginal Fistula; Abdominal Approach	63.64	1	90					AS
57307	Closure Of Rectovaginal Fistula; Abdominal Approach, With Concomitant Colos	72.60	1	90					AS
57308	Closure Of Rectovaginal Fistula; Transperineal Approach, With Perineal Body	44.02	1	90					AS
57310	Closure Of Urethrovaginal Fistula;	30.57	1	90					AS
57311	Closure Of Urethrovaginal Fistula; With Bulbocavernosus Transplant	34.77	1	90					AS
57320	Closure Of Vesicovaginal Fistula; Vaginal Approach	35.57	1	90					AS
57330	Closure Of Vesicovaginal Fistula; Transvesical And Vaginal Approach	48.93	1	90					AS
57335	Vaginoplasty For Intersex State	79.43	1	90					AS
57423	Paravaginal Defect Repair (Including Repair Of Cystocele, If Performed), La	62.82	1	90					AS
57425	Laparoscopy, Surgical, Colpopexy (Suspension Of Vaginal Apex)	66.21	1	90					AS
57530	Trachelectomy (Cervicectomy), Amputation Of Cervix (Separate Procedure)	23.70	1	90					AS
57531	Radical Trachelectomy, With Bilateral Total Pelvic Lymphadenectomy And Para	119.35	1	90					AS
57540	Excision Of Cervical Stump, Abdominal Approach;	53.49	1	90					AS
57545	Excision Of Cervical Stump, Abdominal Approach; With Pelvic Floor Repair	56.40	1	90					AS
57550	Excision Of Cervical Stump, Vaginal Approach;	28.10	1	90					AS
57555	Excision Of Cervical Stump, Vaginal Approach; With Anterior And/Or Posterio	41.30	1	90					AS
57556	Excision Of Cervical Stump, Vaginal Approach; With Repair Of Enterocele	38.73	1	90					AS

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				-	Hyster-				
Code Spec	· ·	Base Fee	UNOS			zation	tion	PA	AS
57720	Trachelorrhaphy, Plastic Repair Of Uterine Cervix, Vaginal Approach	21.18	1	90					AS
58140	Myomectomy, Excision Of Fibroid Tumor(S) Of Uterus, 1 To 4 Intramural Myoma	63.05	1	90					AS
58145	Myomectomy, Excision Of Fibroid Tumor Of Uterus, Single Or Multiple (Separa	37.38	1	90					AS
58150	Total Abdominal Hysterectomy (Corpus And Cervix), With Or Without Removal O	68.50	1	90					AS
58152	Total Abdominal Hysterectomy (Corpus And Cervix), With Or Without Removal O	85.41	1	90					AS
58180	Supracervical Abdominal Hysterectomy (Subtotal Hysterectomy), With Or Witho	65.68	1	90					AS
58200	Total Abdominal Hysterectomy, Including Partial Vaginectomy, With Para-Aort	90.59	1	90					AS
58210	Radical Abdominal Hysterectomy, With Bilateral Total Pelvic Lymphadenectomy	121.40	1	90	Y				AS
58240	Pelvic Exenteration For Gynecologic Malignancy, With Total Abdominal Hyster	193.01	1	90	Y				AS
58260	Vaginal Hysterectomy, For Uterus 250 Grams Or Less;	56.74	1	90	Υ				AS
58262	Vaginal Hysterectomy; With Removal Of Tube(S), And/Or Ovary(S)	63.25	1	90	Υ				AS
58263	Vaginal Hysterectomy; With Removal Of Tube(S), And/Or Ovary(S), With Repair	67.91	1	90	Υ				AS
58267	Vaginal Hysterectomy; With Colpo-Urethrocystopexy (Marshall-Marchetti-Krant	72.33	1	90	Υ				AS
58270	Vaginal Hysterectomy; With Repair Of Enterocele	60.41	1	90	Υ				AS
58275	Vaginal Hysterectomy, With Total Or Partial Vaginectomy;	67.51	1	90	Υ				AS
58280	Vaginal Hysterectomy, With Total Or Partial Colpectomy; With Repair Of Ente	72.28	1	90	Υ				AS
58285	Vaginal Hysterectomy, Radical (Schauta Type Operation)	89.81	1	90	Υ				AS
58290	Vaginal Hysterectomy, For Uterus Greater Than 250 Grams;	78.56	1	90	Υ				AS
58291	Vaginal Hysterectomy, For Uterus Greater Than 250 Grams; With Removal Of Tu	85.46	1	90	Υ				AS
58292	Vaginal Hysterectomy, For Uterus Greater Than 250 Grams; With Removal Of Tu	90.09	1	90	Υ				AS
58293	Vaginal Hysterectomy, For Uterus Greater Than 250 Grams; With Colpo-Urethro	93.71	1	90	Υ				AS
58294	Vaginal Hysterectomy, For Uterus Greater Than 250 Grams; With Repair Of Ent	83.58	1	90	Υ				AS
58353 R	Endometrial Ablation, Thermal, Without Hysteroscopic Guidance	17.36	1	10					AS
58356	Endometrial Cryoablation With Ultrasonic Guidance, Including Endometrial Cu	27.46	1	10					AS
58520	Hysterorrhaphy, Repair Of Ruptured Uterus (Nonobstetrical)	55.46	1	90					AS
58540	Hysteroplasty, Repair Of Uterine Anomaly (Strassman Type)	62.36	1	90					AS
58541	Laparoscopy, Surgical, Supracervical Hysterectomy, For Uterus 250 G Or Less	59.31	1	90	Υ				AS
58542	Laparoscopy, Surgical, Supracervical Hysterectomy, For Uterus 250 G Or Less	66.26	1	90					AS
58543	Laparoscopy, Surgical, Supracervical Hysterectomy, For Uterus Greater Than	67.31	1	90					AS
58544	Laparoscopy, Surgical, Supracervical Hysterectomy, For Uterus Greater Than	72.90	1	90					AS

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Onds O	Descript Form	Dear Tr	LINO		Hyster-	I		D.4	
Code Spec 58545	· ·	Base Fee 61.40	UNOS 1			zation	tion	РА	AS AS
	Laparoscopy, Surgical, Myomectomy, Excision; 1 To 4 Intramural Myomas With		•	90					
58546	Laparoscopy, Surgical, Myomectomy, Excision; 5 Or More Intramural Myomas An	77.23	1	90					AS
58548	Laparoscopy, Surgical, With Radical Hysterectomy, With Bilateral Total Pelv	124.74	1	90					AS
58550	Laparoscopy Surgical, With Vaginal Hysterectomy, For Uterus 250 Grams Or Le	60.57	1	10					AS
58552	Laparoscopy Surgical, With Vaginal Hysterectomy, For Uterus 250 Grams Or Le	67.31	1	90					AS
58553	Laparoscopy, Surgical, With Vaginal Hysterectomy, For Uterus Greater Than 2	77.81	1	90					AS
58554	Laparoscopy, Surgical, With Vaginal Hysterectomy, For Uterus Greater Than 2	90.25	1	90					AS
58560	Hysteroscopy, Surgical; With Division Or Resection Of Intrauterine Septum (26.49		0					AS
58570	Laparoscopy, Surgical, With Total Hysterectomy, For Uterus 250 G Or Less;	63.78		90					AS
58571	Laparoscopy, Surgical, With Total Hysterectomy, For Uterus 250 G Or Less; W	71.16	1	90					AS
58572	Laparoscopy, Surgical, With Total Hysterectomy, For Uterus Greater Than 250	79.34	1	90					AS
58573	Laparoscopy, Surgical, With Total Hysterectomy, For Uterus Greater Than 250	91.05	1	90					AS
58578 R	Unlisted Laparoscopy Procedure, Uterus		1	0					AS
58579 R	Unlisted Hysteroscopy Procedure, Uterus		1	0					AS
58600	Ligation Or Transection Of Fallopian Tube(S), Abdominal Or Vaginal Approach	25.09	1	90		Y			AS
58605	Ligation Or Transection Of Fallopian Tube(S), Abdominal Or Vaginal Approach	22.64	1	90		Y			AS
58611	Ligation Or Transection Of Fallopian Tube(S) When Done At The Time Of Cesar	5.29	1	90		Υ			AS
58615	Occlusion Of Fallopian Tube(S) By Device (Eg, Band, Clip, Falope Ring) Vagi	16.78	1	10		Υ			AS
58660	Laparoscopy, Surgical; With Lysis Of Adhesions (Salpingolysis, Ovariolysis)	46.11	1	90					AS
58661	Laparoscopy, Surgical; With Removal Of Adnexal Structures (Partial Or Total	44.07	1	10		Υ			AS
58662	Laparoscopy, Surgical; With Fulguration Or Excision Of Lesions Of The Ovary	48.36	1	90					AS
58672	Laparoscopy, Surgical; With Fimbrioplasty	50.44	1	90					AS
58673	Laparoscopy, Surgical; With Salpingostomy (Salpingoneostomy)	54.80	1	90					AS
58679 R	Unlisted Laparoscopy Procedure, Oviduct, Ovary		1	0					AS
58700	Salpingectomy, Complete Or Partial, Unilateral Or Bilateral (Separate Proce	53.35	1	90		Υ			AS
58720	Salpingo-Oophorectomy, Complete Or Partial, Unilateral Or Bilateral (Separa	49.71	1	90					AS
58740	Lysis Of Adhesions (Salpingolysis, Ovariolysis)	60.23	1	90					AS
58770	Salpingostomy (Salpingoneostomy)	58.46	1	90					AS
58805	Drainage Of Ovarian Cyst(S), Unilateral Or Bilateral, (Separate Procedure);	27.73	1	90					AS
58820	Drainage Of Ovarian Abscess; Vaginal Approach, Open	21.52	1	90					AS

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Cada	Description	Dana Fra	LINOS	EL ID	Hyster-			DA	
Code Spec 58822	Description Drainage Of Ovarian Abscess; Abdominal Approach	Base Fee 51.11	UNUS	90 90		zation	tion	РА	AS AS
58823	Drainage Of Ovarian Abscess, Abdominia Approach Drainage Of Pelvic Abscess, Transvaginal Or Transrectal Approach, Percutane	14.50	1	90					AS
58825 R	Transposition, Ovary(S)	47.67	1	90					AS
58900	Biopsy Of Ovary, Unilateral Or Bilateral (Separate Procedure)	29.13	1	90					AS
58920	Wedge Resection Or Bisection Of Ovary, Unilateral Or Bilateral	48.04	1	90					AS
58925	· · · · · · · · · · · · · · · · · · ·	50.83	1						AS
58940	Ovarian Cystectomy, Unilateral Or Bilateral	35.75	1	90 90					AS
	Oophorectomy, Partial Or Total, Unilateral Or Bilateral;		•						l
58943	Oophorectomy, Partial Or Total, Unilateral Or Bilateral; For Ovarian, Tubal	77.87	1	90					AS
58950	Resection (Initial) Of Ovarian, Tubal Or Primary Peritoneal Malignancy With	74.71	1	90		V			AS
58951	Resection Of Ovarian Malignancy With Bilateral Salpingo-Oophorectomy And Om	95.77	1	90		Υ			AS
58952	Resection Of Ovarian, Tubal Or Primary Peritoneal Malignancy With Bilateral	108.15	1	90					AS
58953	Bilateral Salpingo-Oophorectomy With Omentectomy, Total Abdominal Hysterect	133.82	1	90					AS
58954	Bilateral Salpingo-Oophorectomy With Omentectomy, Total Abdominal Hysterect	144.98	1	90					AS
58956	Bilateral Salpingo-Oophorectomy With Total Omentectomy, Total Abdominal Hys	91.35	1	90					AS
58957	Resection (Tumor Debulking) Of Recurrent Ovarian, Tubal, Primary Peritoneal	104.83		90					AS
58958	Resection (Tumor Debulking) Of Recurrent Ovarian, Tubal, Primary Peritoneal	114.96	1	90					AS
58960	Laparotomy, For Staging Or Restaging Of Ovarian, Tubal Or Primary Peritonea	64.19	1	90					AS
58999 R	Unlisted Procedure, Female Genital System (Nonobstetrical)		1	90					AS
59100	Hysterotomy, Abdominal (Eg, For Hydatidiform Mole, Abortion)	57.78	1	90			Υ		AS
59120	Surgical Treatment Of Ectopic Pregnancy; Tubal Or Ovarian, Requiring Salpin	54.96	1	90					AS
59121	Surgical Treatment Of Ectopic Pregnancy; Tubal Or Ovarian, Without Salpinge	54.98	1	90					AS
59136	Surgical Treatment Of Ectopic Pregnancy; Interstitial, Uterine Pregnancy Wi	63.16	1	90					AS
59140	Surgical Treatment Of Ectopic Pregnancy; Cervical, With Evacuation	24.80	1	90					AS
59150	Laparoscopic Treatment Of Ectopic Pregnancy; Without Salpingectomy And/Or O	53.21	1	90					AS
59151	Laparoscopic Treatment Of Ectopic Pregnancy; With Salpingectomy And/Or Ooph	51.70	1	90					AS
59350	Hysterorrhaphy Of Ruptured Uterus	19.41	1	0					AS
59515	Cesarean Delivery Only; Including Postpartum Care	106.50	1	45					AS
59525	Subtotal Or Total Hysterectomy After Cesarean Delivery (List Separately In	40.27	1	90					AS
59622	Cesarean Delivery Only, Following Attempted Vaginal Delivery After Previous	106.50	1	45					AS
59866 R	Multifetal Pregnancy Reduction(S) (Mpr)	14.58	1	10			Υ		AS

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Code Spec	<u> </u>	Base Fee	UNOS			zation	tion	AS
59870	Uterine Evacuation And Curettage For Hydatidiform Mole	32.75	1	90				AS
59899 R	Unlisted Procedure, Maternity Care And Delivery	45.00	1	0				AS
60200	Excision Of Cyst Or Adenoma Of Thyroid, Or Transection Of Isthmus	45.22	1	90				AS
60210	Partial Thyroid Lobectomy, Unilateral; With Or Without Isthmusectomy	48.38	1	90				AS
60212	Partial Thyroid Lobectomy, Unilateral; With Contralateral Subtotal Lobectom	68.78	1	90				AS
60220	Total Thyroid Lobectomy, Unilateral; With Or Without Isthmusectomy	48.36	1	90				AS
60225	Total Thyroid Lobectomy, Unilateral; With Contralateral Subtotal Lobectomy,	63.60	1	90				AS
60240	Thyroidectomy, Total Or Complete	62.61	1	90				AS
60252	Thyroidectomy, Total Or Subtotal For Malignancy; With Limited Neck Dissecti	89.72	1	90				AS
60254	Thyroidectomy, Total Or Subtotal For Malignancy; With Radical Neck Dissecti	113.44	1	90				AS
60260	Thyroidectomy, Removal Of All Remaining Thyroid Tissue Following Previous R	74.32	1	90				AS
60270	Thyroidectomy, Including Substernal Thyroid; Sternal Split Or Transthoracic	93.25	1	90				AS
60271	Thyroidectomy, Including Substernal Thyroid Gland; Cervical Approach	71.87	1	90				AS
60280	Excision Of Thyroglossal Duct Cyst Or Sinus;	30.57	1	90				AS
60281	Excision Of Thyroglossal Duct Cyst Or Sinus; Recurrent	40.47	1	90				AS
60500	Parathyroidectomy Or Exploration Of Parathyroid(S);	65.73	1	90				AS
60502	Parathyroidectomy Or Exploration Of Parathyroid(S); Re-Exploration	87.55	1	90				AS
60505	Parathyroidectomy Or Exploration Of Parathyroid(S); With Mediastinal Explor	95.11	1	90				AS
60512	Parathyroid Autotransplantation (List Separately In Addition To Code For Pr	16.39	1	90				AS
60520	Thymectomy, Partial Or Total; Transcervical Approach (Separate Procedure)	70.59	1	90				AS
60521	Thymectomy, Partial Or Total; Sternal Split Or Transthoracic Approach, With	76.98	1	90				AS
60522	Thymectomy, Partial Or Total; Sternal Split Or Transthoracic Approach, With	93.71	1	90				AS
60540	Adrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or	71.21	1	90				AS
60545	Adrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or	81.77	1	90				AS
60600	Excision Of Carotid Body Tumor; Without Excision Of Carotid Artery	94.60	1	90				AS
60605	Excision Of Carotid Body Tumor; With Excision Of Carotid Artery	119.45	1	90				AS
60659 R	Unlisted Laparoscopy Procedure, Endocrine System		1	0				AS
60699 R	Unlisted Procedure, Endocrine System		1	90				AS
61140	Burr Hole(S) Or Trephine; With Biopsy Of Brain Or Intracranial Lesion	86.31	1	90				AS
61154	Burr Hole(S) With Evacuation And/Or Drainage Of Hematoma, Extradural Or Sub	86.95	1	90				AS

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Code Spec	·	Base Fee	UNOS			zation	tion	РА	AS
61156	Burr Hole(S); With Aspiration Of Hematoma Or Cyst, Intracerebral	84.77	1	90					AS
61250	Burr Hole(S) Or Trephine, Supratentorial, Exploratory, Not Followed By Othe	59.33	1	90					AS
61253	Burr Hole(S) Or Trephine, Infratentorial, Unilateral Or Bilateral	51.11	1	90					AS
61304	Craniectomy Or Craniotomy, Exploratory; Supratentorial	111.63	1	90					AS
61305	Craniectomy Or Craniotomy, Exploratory; Infratentorial (Posterior Fossa)	136.68	1	90					AS
61312	Craniectomy Or Craniotomy For Evacuation Of Hematoma, Supratentorial; Extra	141.42	1	90					AS
61313	Craniectomy Or Craniotomy For Evacuation Of Hematoma, Supratentorial; Intra	135.26	1	90					AS
61314	Craniectomy Or Craniotomy For Evacuation Of Hematoma, Infratentorial; Extra	124.47	1	90					AS
61315	Craniectomy Or Craniotomy For Evacuation Of Hematoma, Infratentorial; Intra	140.78	1	90					AS
61320	Craniectomy Or Craniotomy, Drainage Of Intracranial Abscess; Supratentorial	129.42	1	90					AS
61321	Craniectomy Or Craniotomy, Drainage Of Intracranial Abscess; Infratentorial	144.79	1	90					AS
61322	Craniectomy Or Craniotomy, Decompressive, With Or Without Duraplasty, For T	161.59	1	90					AS
61330	Decompression Of Orbit Only, Transcranial Approach	120.79	1	90					AS
61332	Exploration Of Orbit (Transcranial Approach); With Biopsy	128.57	1	90					AS
61333	Exploration Of Orbit (Transcranial Approach); With Removal Of Lesion	142.59	1	90					AS
61334	Exploration Of Orbit (Transcranial Approach); With Removal Of Foreign Body	82.18	1	90					AS
61340	Subtemporal Cranial Decompression (Pseudotumor Cerebri, Slit Ventricle Synd	98.55	1	90					AS
61343	Craniectomy, Suboccipital With Cervical Laminectomy For Decompression Of Me	149.45	1	90					AS
61345	Other Cranial Decompression, Posterior Fossa	138.68	1	90					AS
61440	Craniotomy For Section Of Tentorium Cerebelli (Separate Procedure)	123.85	1	90					AS
61450	Craniectomy, Subtemporal, For Section, Compression, Or Decompression Of Sen	130.68	1	90					AS
61458	Craniectomy, Suboccipital; For Exploration Or Decompression Of Cranial Nerv	136.59	1	90					AS
61460	Craniectomy, Suboccipital; For Section Of One Or More Cranial Nerves	143.01	1	90					AS
61470	Craniectomy, Suboccipital; For Medullary Tractotomy	117.43	1	90					AS
61480	Craniectomy, Suboccipital; For Mesencephalic Tractotomy Or Pedunculotomy	113.24	1	90					AS
61490	Craniotomy For Lobotomy, Including Cingulotomy	128.71	1	90					AS
61500	Craniectomy; With Excision Of Tumor Or Other Bone Lesion Of Skull	90.87	1	90					AS
61501	Craniectomy; For Osteomyelitis	78.29	1	90					AS
61510	Craniectomy, Trephination, Bone Flap Craniotomy; For Excision Of Brain Tumo	148.97	1	90					AS
61512	Craniectomy, Trephination, Bone Flap Craniotomy; For Excision Of Meningioma	173.42	1	90					AS

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	<u> </u>				Hyster-			
Code Spec	<u>'</u>	Base Fee				zation	tion	AS
61514	Craniectomy, Trephination, Bone Flap Craniotomy; For Excision Of Brain Absc	129.76	1	90				AS
61516	Craniectomy, Trephination, Bone Flap Craniotomy; For Excision Or Fenestrati	126.25	1	90				AS
61518	Craniectomy For Excision Of Brain Tumor, Infratentorial Or Posterior Fossa;	187.86	1	90				AS
61519	Craniectomy For Excision Of Brain Tumor, Infratentorial Or Posterior Fossa;	200.16	1	90				AS
61520	Craniectomy For Excision Of Brain Tumor, Infratentorial Or Posterior Fossa;	253.65	1	90				AS
61521	Craniectomy For Excision Of Brain Tumor, Infratentorial Or Posterior Fossa;	215.91	1	90				AS
61522	Craniectomy, Infratentorial Or Posterior Fossa; For Excision Of Brain Absce	148.57	1	90				AS
61524	Craniectomy, Infratentorial Or Posterior Fossa; For Excision Or Fenestratio	141.54	1	90				AS
61531	Subdural Implantation Of Strip Electrodes Through One Or More Burr Or Treph	83.54	1	90				AS
61533	Craniotomy With Elevation Of Bone Flap; For Subdural Implantation Of An Ele	103.93	1	90				AS
61534	Craniotomy With Elevation Of Bone Flap; For Excision Of Epileptogenic Focus	112.07	1	90				AS
61535	Craniotomy With Elevation Of Bone Flap; For Removal Of Epidural Or Subdural	68.43	1	90				AS
61536	Craniotomy With Elevation Of Bone Flap; For Excision Of Cerebral Epileptoge	175.02	1	90				AS
61537	Craniotomy With Elevation Of Bone Flap; For Lobectomy, Temporal Lobe, Witho	167.37	1	90				AS
61538	Craniotomy With Elevation Of Bone Flap; For Lobectomy, Temporal Lobe, With	180.98	1	90				AS
61539	Craniotomy With Elevation Of Bone Flap; For Lobectomy, Other Than Temporal	160.29	1	90				AS
61540	Craniotomy With Elevation Of Bone Flap; For Lobectomy, Other Than Temporal	148.32	1	90				AS
61541	Craniotomy With Elevation Of Bone Flap; For Transection Of Corpus Callosum	146.01	1	90				AS
61542	Craniotomy With Elevation Of Bone Flap; For Total Hemispherectomy	140.30	1	90				AS
61543	Craniotomy With Elevation Of Bone Flap; For Partial Or Subtotal (Functional	147.57	1	90				AS
61544	Craniotomy With Elevation Of Bone Flap; For Excision Or Coagulation Of Chor	116.40	1	90				AS
61545	Craniotomy With Elevation Of Bone Flap; For Excision Of Craniopharyngioma	216.16	1	90				AS
61546	Craniotomy For Hypophysectomy Or Excision Of Pituitary Tumor, Intracranial	156.67	1	90				AS
61548	Hypophysectomy Or Excision Of Pituitary Tumor, Transnasal Or Transseptal Ap	105.74	1	90				AS
61550	Craniectomy For Craniosynostosis; Single Cranial Suture	63.94	1	90				AS
61552	Craniectomy For Craniosynostosis; Multiple Cranial Sutures	79.02	1	90				AS
61556	Craniotomy For Craniosynostosis; Frontal Or Parietal Bone Flap	115.96	1	90				AS
61557	Craniotomy For Craniosynostosis; Bifrontal Bone Flap	114.57	1	90				AS
61558	Extensive Craniectomy For Multiple Cranial Suture Craniosynostosis (Eg, Clo	108.97	1	90				AS
61559	Extensive Craniectomy For Multiple Cranial Suture Craniosynostosis (Eg, Clo	124.15	1	90				AS

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Code S	· · ·	Base Fee	UNOS			zation	tion	PA	_
61563	Excision, Intra And Extracranial, Benign Tumor Of Cranial Bone (Eg, Fibrous	134.57	1	90					AS
61564	Excision, Intra And Extracranial, Benign Tumor Of Cranial Bone (Eg, Fibrous	147.97	1	90					AS
61566	Craniotomy With Elevation Of Bone Flap; For Selective Amygdalohippocampecto	152.68	1	90					AS
61567	Craniotomy With Elevation Of Bone Flap; For Multiple Subpial Transections,	174.13	1	90					AS
61570	Craniectomy Or Craniotomy; With Excision Of Foreign Body From Brain	127.03	1	90					AS
61571	Craniectomy Or Craniotomy; With Treatment Of Penetrating Wound Of Brain	135.19	1	90					AS
61575	Transoral Approach To Skull Base, Brain Stem Or Upper Spinal Cord For Biops	170.05	1	90					AS
61576	Transoral Approach To Skull Base, Brain Stem Or Upper Spinal Cord For Biops	233.94	1	90					AS
61580	Craniofacial Approach To Anterior Cranial Fossa; Extradural, Including Late	169.96	1	90					AS
61582	Craniofacial Approach To Anterior Cranial Fossa; Extradural, Including Unil	210.68	1	90					AS
61583	Craniofacial Approach To Anterior Cranial Fossa; Intradural, Including Unil	198.54	1	90					AS
61584	Orbitocranial Approach To Anterior Cranial Fossa, Extradural, Including Sup	195.44	1	90					AS
61585	Orbitocranial Approach To Anterior Cranial Fossa, Extradural, Including Sup	221.66	1	90					AS
61586	Bicoronal, Transzygomatic And/Or Lefort I Osteotomy Approach To Anterior Cr	162.81	1	90					AS
61590	Infratemporal Pre-Auricular Approach To Middle Cranial Fossa (Parapharyngea	208.87	1	90					AS
61591	Infratemporal Post-Auricular Approach To Middle Cranial Fossa (Internal Aud	211.71	1	90					AS
61592	Orbitocranial Zygomatic Approach To Middle Cranial Fossa (Cavernous Sinus A	217.26	1	90					AS
61595	Transtemporal Approach To Posterior Cranial Fossa, Jugular Foramen Or Midli	162.37	1	90					AS
61596	Transcochlear Approach To Posterior Cranial Fossa, Jugular Foramen Or Midli	167.87	1	90					AS
61597	Transcondylar (Far Lateral) Approach To Posterior Cranial Fossa, Jugular Fo	197.44	1	90					AS
61598	Transpetrosal Approach To Posterior Cranial Fossa, Clivus Or Foramen Magnum	192.55	1	90					AS
61600	Resection Or Excision Of Neoplastic, Vascular Or Infectious Lesion Of Base	146.74	1	90					AS
61601	Resection Or Excision Of Neoplastic, Vascular Or Infectious Lesion Of Base	164.25	1	90					AS
61605	Resection Or Excision Of Neoplastic, Vascular Or Infectious Lesion Of Infra	149.26	1	90					AS
61606	Resection Or Excision Of Neoplastic, Vascular Or Infectious Lesion Of Infra	204.33	1	90					AS
61607	Resection Or Excision Of Neoplastic, Vascular Or Infectious Lesion Of Paras	196.54	1	90					AS
61608	Resection Or Excision Of Neoplastic, Vascular Or Infectious Lesion Of Paras	221.70	1	90					AS
61609	Transection Or Ligation, Carotid Artery In Cavernous Sinus; Without Repair	42.08	1	0					AS
61610	Transection Or Ligation, Carotid Artery In Cavernous Sinus; With Repair By	126.83	1	0					AS
61611	Transection Or Ligation, Carotid Artery In Petrous Canal; Without Repair (L	25.05	1	0					AS

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Code Spec	· · · · · · · · · · · · · · · · · · ·	Base Fee	UNOS			zation	tion	PA	AS
61612	Transection Or Ligation, Carotid Artery In Petrous Canal; With Repair By An	94.15	1	0					AS
61613	Obliteration Of Carotid Aneurysm, Arteriovenous Malformation, Or Carotid-Ca	224.02	1	90					AS
61615	Resection Or Excision Of Neoplastic, Vascular Or Infectious Lesion Of Base	154.63	1	90					AS
61616	Resection Or Excision Of Neoplastic, Vascular Or Infectious Lesion Of Base	226.79	1	90					AS
61618	Secondary Repair Of Dura For Cerebrospinal Fluid Leak, Anterior, Middle Or	89.08	1	90					AS
61619	Secondary Repair Of Dura For Csf Leak, Anterior, Middle Or Posterior Crania	100.33	1	90					AS
61680	Surgery Of Intracranial Arteriovenous Malformation; Supratentorial, Simple	153.87	1	90					AS
61682	Surgery Of Intracranial Arteriovenous Malformation; Supratentorial, Complex	283.38	1	90					AS
61684	Surgery Of Intracranial Arteriovenous Malformation; Infratentorial, Simple	193.01	1	90					AS
61686	Surgery Of Intracranial Arteriovenous Malformation; Infratentorial, Complex	304.87	1	90					AS
61690	Surgery Of Intracranial Arteriovenous Malformation; Dural, Simple	148.62	1	90					AS
61692	Surgery Of Intracranial Arteriovenous Malformation; Dural, Complex	248.11	1	90					AS
61697	Surgery Of Complex Intracranial Aneurysm, Intracranial Approach; Carotid Ci	286.26	1	90					AS
61698	Surgery Of Complex Intracranial Aneurysm, Intracranial Approach; Vertebroba	313.95	1	90					AS
61700	Surgery Of Simple Intracranial Aneurysm, Intracranial Approach; Carotid Cir	231.74	1	90					AS
61702	Surgery Of Intracranial Aneurysm, Intracranial Approach; Vertebral-Basilar	272.90	1	90					AS
61703	Surgery Of Intracranial Aneurysm, Cervical Approach By Application Of Occlu	92.63	1	90					AS
61705	Surgery Of Aneurysm, Vascular Malformation Or Carotid-Cavernous Fistula; By	176.65	1	90					AS
61708	Surgery Of Aneurysm, Vascular Malformation Or Carotid-Cavernous Fistula; By	147.06	1	90					AS
61711	Anastomosis, Arterial, Extracranial-Intracranial (Eg, Middle Cerebral/Corti	177.20	1	90					AS
61850	Twist Drill Or Burr Hole(S) For Implantation Of Neurostimulator Electrodes;	67.06	1	90					AS
61860	Craniectomy Or Craniotomy For Implantation Of Neurostimulator Electrodes, C	106.43	1	90					AS
61863	Twist Drill, Burr Hole, Craniotomy, Or Craniectomy With Stereotactic Implan	102.53	1	90					AS
61864	Twist Drill, Burr Hole, Craniotomy, Or Craniectomy With Stereotactic Implan	23.73	1	90					AS
61867	Twist Drill, Burr Hole, Craniotomy, Or Craniectomy With Stereotactic Implan	155.06	1	90					AS
61868	Twist Drill, Burr Hole, Craniotomy, Or Craniectomy With Stereotactic Implan	33.80	1	90					AS
61870	Craniectomy For Implantation Of Neurostimulator Electrodes, Cerebellar; Cor	80.69	1	90					AS
61875	Craniectomy For Implantation Of Neurostimulator Electrodes, Cerebellar; Sub	65.09	1	90					AS
61880	Revision Or Removal Of Intracranial Neurostimulator Electrodes	39.33	1	90					AS
62005	Elevation Of Depressed Skull Fracture; Compound Or Comminuted, Extradural	86.61	1	90					AS

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Code	Spec	<u>'</u>	Base Fee				zation	tion	PA	AS
62010		Elevation Of Depressed Skull Fracture; With Repair Of Dura And/Or Debrideme	104.30		90					AS
62100		Craniotomy For Repair Of Dural/Cerebrospinal Fluid Leak, Including Surgery	108.77		90					AS
62115		Reduction Of Craniomegalic Skull (Eg, Treated Hydrocephalus); Not Requiring	85.72		90					AS
62116		Reduction Of Craniomegalic Skull (Eg, Treated Hydrocephalus); With Simple C	120.68		90					AS
62117		Reduction Of Craniomegalic Skull (Eg, Treated Hydrocephalus); Requiring Cra	106.66		90					AS
62120		Repair Of Encephalocele, Skull Vault, Including Cranioplasty	114.82		90					AS
62121		Craniotomy For Repair Of Encephalocele, Skull Base	113.10	1	90					AS
62140		Cranioplasty For Skull Defect; Up To 5 Cm Diameter	70.84	1	90					AS
62141		Cranioplasty For Skull Defect; Larger Than 5 Cm Diameter	78.10	1	90					AS
62142		Removal Of Bone Flap Or Prosthetic Plate Of Skull	60.71	1	90					AS
62143		Replacement Of Bone Flap Or Prosthetic Plate Of Skull	71.37	1	90					AS
62145		Cranioplasty For Skull Defect With Reparative Brain Surgery	96.64	1	90					AS
62146		Cranioplasty With Autograft (Includes Obtaining Bone Grafts); Up To 5 Cm Di	85.12	1	90					AS
62147		Cranioplasty With Autograft (Includes Obtaining Bone Grafts); Larger Than 5	99.16	1	90					AS
62161		Neuroendoscopy, Intracranial; With Dissection Of Adhesions, Fenestration Of	103.43	1	90					AS
62162		Neuroendoscopy, Intracranial; With Fenestration Or Excision Of Colloid Cyst	128.57	1	90					AS
62163		Neuroendoscopy, Intracranial; With Retrieval Of Foreign Body	83.60	1	90					AS
62164		Neuroendoscopy, Intracranial; With Excision Of Brain Tumor, Including Place	142.25	1	90					AS
62165		Neuroendoscopy, Intracranial; With Excision Of Pituitary Tumor, Transnasal	105.21	1	90					AS
62180		Ventriculocisternostomy (Torkildsen Type Operation)	108.95	1	90					AS
62192		Creation Of Shunt; Subarachnoid/Subdural-Peritoneal, -Pleural, Other Termin	66.64	1	90					AS
62200		Ventriculocisternostomy, Third Ventricle;	93.73	1	90					AS
62220		Creation Of Shunt; Ventriculo-Atrial, -Jugular, -Auricular	70.40	1	90					AS
62223		Creation Of Shunt; Ventriculo-Peritoneal, -Pleural, Other Terminus	72.28	1	90					AS
62230		Replacement Or Revision Of Cerebrospinal Fluid Shunt, Obstructed Valve, Or	57.82	1	90					AS
62256		Removal Of Complete Cerebrospinal Fluid Shunt System; Without Replacement	41.25	1	90					AS
62258		Removal Of Complete Csf Shunt System; With Replacement By Similar Or Other	76.89	1	90					AS
62351		Implantation, Revision Or Repositioning Of Intrathecal Or Epidural Catheter	60.27	1	90					AS
63001		Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cau	84.41	1	90					AS
63003		Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cau	84.41	1	90					AS

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Code Spec	<u>'</u>	Base Fee				zation	tion	РА	AS
63005	Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cau	80.56	1	90					AS
63011	Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cau	74.48	1	90					AS
63012	Laminectomy With Removal Of Abnormal Facets And/Or Pars Inter-Articularis W	81.36	1	90					AS
63015	Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cau	101.27	1	90					AS
63016	Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cau	103.18	1	90					AS
63017	Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cau	85.60	1	90					AS
63020	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Includin	79.89	1	90					AS
63030	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Includin	66.05	1	90					AS
63035	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Includin	12.97	6	90					AS
63040	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Includin	95.57	1	90					AS
63042	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Includin	88.71	1	90					AS
63043	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Includin	15.15	4	90					AS
63044	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Includin	15.15	4	90					AS
63045	Laminectomy, Facetectomy And Foraminotomy (Unilateral Or Bilateral With Dec	86.90	1	90					AS
63046	Laminectomy, Facetectomy And Foraminotomy (Unilateral Or Bilateral With Dec	82.64	1	90					AS
63047	Laminectomy, Facetectomy And Foraminotomy (Unilateral Or Bilateral With Dec	75.40	1	90					AS
63048	Laminectomy, Facetectomy And Foraminotomy (Unilateral Or Bilateral With Dec	14.39	9	90					AS
63050	Laminoplasty, Cervical, With Decompression Of The Spinal Cord, Two Or More	105.93	1	90					AS
63051	Laminoplasty, Cervical, With Decompression Of The Spinal Cord, Two Or More	116.70	1	90					AS
63055	Transpedicular Approach With Decompression Of Spinal Cord, Equina And/Or Ne	110.71	1	90					AS
63056	Transpedicular Approach With Decompression Of Spinal Cord, Equina And/Or Ne	100.91	1	90					AS
63057	Transpedicular Approach With Decompression Of Spinal Cord, Equina And/Or Ne	21.75	8	90					AS
63064	Costovertebral Approach With Decompression Of Spinal Cord Or Nerve Root(S),	120.23	1	90					AS
63066	Costovertebral Approach With Decompression Of Spinal Cord Or Nerve Root(S),	13.96	3	90					AS
63075	Diskectomy, Anterior, With Decompression Of Spinal Cord And/ Or Nerve Root(93.41	1	90					AS
63076	Diskectomy, Anterior, With Decompression Of Spinal Cord And/ Or Nerve Root(16.89	3	90					AS
63077	Diskectomy, Anterior, With Decompression Of Spinal Cord And/ Or Nerve Root(100.84	1	90					AS
63078	Diskectomy, Anterior, With Decompression Of Spinal Cord And/ Or Nerve Root(13.02	5	90					AS
63081	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Anter	120.50	1	90					AS
63082	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Anter	18.15	6	90					AS

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						Hyster-				
	Spec	<u>'</u>	Base Fee				zation	tion	PA	AS
63085		Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Trans	128.52	1	90					AS
63086		Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Trans	12.83	4	90					AS
63087		Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Combi	162.05	1	90					AS
63088		Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Combi	17.39	5	90					AS
63090		Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Trans	133.50	1	90					AS
63091		Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Trans	12.03	17	90					AS
63101		Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Later	157.72	1	90					AS
63102		Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Later	152.20	1	90					AS
63103		Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Later	19.69	2	90					AS
63170		Laminectomy With Myelotomy (Eg, Bischof Or Drez Type), Cervical, Thoracic,	108.54	1	90					AS
63172		Laminectomy With Drainage Of Intramedullary Cyst/Syrinx; To Subarachnoid Sp	95.75	1	90					AS
63173		Laminectomy With Drainage Of Intramedullary Cyst/Syrinx; To Peritoneal Or P	117.54	1	90					AS
63180		Laminectomy And Section Of Dentate Ligaments, With Or Without Dural Graft,	101.30	1	90					AS
63182		Laminectomy And Section Of Dentate Ligaments, With Or Without Dural Graft,	111.13	1	90					AS
63185		Laminectomy With Rhizotomy; One Or Two Segments	81.36	1	90					AS
63190		Laminectomy With Rhizotomy; More Than Two Segments	85.48	1	90					AS
63191		Laminectomy With Section Of Spinal Accessory Nerve	87.04	1	90					AS
63194		Laminectomy With Cordotomy, With Section Of One Spinothalamic Tract, One St	84.47	1	90					AS
63195		Laminectomy With Cordotomy, With Section Of One Spinothalamic Tract, One St	104.64	1	90					AS
63196		Laminectomy With Cordotomy, With Section Of Both Spinothalamic Tracts, One	91.69	1	90					AS
63197		Laminectomy With Cordotomy, With Section Of Both Spinothalamic Tracts, One	116.56	1	90					AS
63198		Laminectomy With Cordotomy With Section Of Both Spinothalamic Tracts, Two S	107.92	1	90					AS
63199		Laminectomy With Cordotomy With Section Of Both Spinothalamic Tracts, Two S	127.74	1	90					AS
63200		Laminectomy, With Release Of Tethered Spinal Cord, Lumbar	104.69	1	90					AS
63250		Laminectomy For Excision Or Occlusion Of Arteriovenous Malformation Of Spin	201.31	1	90					AS
63251		Laminectomy For Excision Or Occlusion Of Arteriovenous Malformation Of Spin	205.87	1	90					AS
63252		Laminectomy For Excision Or Occlusion Of Arteriovenous Malformation Of Spin	205.85	1	90					AS
63265		Laminectomy For Excision Or Evacuation Of Intraspinal Lesion Other Than Neo	113.95	1	90					AS
63266		Laminectomy For Excision Or Evacuation Of Intraspinal Lesion Other Than Neo	117.32	1	90					AS
63267		Laminectomy For Excision Or Evacuation Of Intraspinal Lesion Other Than Neo	94.05	1	90					AS

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Code Spec	·	Base Fee	UNOS			zation	tion	PA	AS
63268	Laminectomy For Excision Or Evacuation Of Intraspinal Lesion Other Than Neo	99.28	1	90					AS
63270	Laminectomy For Excision Of Intraspinal Lesion Other Than Neoplasm, Intradu	141.15	1	90					AS
63271	Laminectomy For Excision Of Intraspinal Lesion Other Than Neoplasm, Intradu	140.51	1	90					AS
63272	Laminectomy For Excision Of Intraspinal Lesion Other Than Neoplasm, Intradu	129.97	1	90					AS
63273	Laminectomy For Excision Of Intraspinal Lesion Other Than Neoplasm, Intradu	126.87	1	90					AS
63275	Laminectomy For Biopsy/Excision Of Intraspinal Neoplasm; Extradural, Cervic	122.68	1	90					AS
63276	Laminectomy For Biopsy/Excision Of Intraspinal Neoplasm; Extradural, Thorac	121.65	1	90					AS
63277	Laminectomy For Biopsy/Excision Of Intraspinal Neoplasm; Extradural, Lumbar	105.99	1	90					AS
63278	Laminectomy For Biopsy/Excision Of Intraspinal Neoplasm; Extradural, Sacral	108.29	1	90					AS
63280	Laminectomy For Biopsy/Excision Of Intraspinal Neoplasm; Intradural, Extram	144.08	1	90					AS
63281	Laminectomy For Biopsy/Excision Of Intraspinal Neoplasm; Intradural, Extram	142.53	1	90					AS
63282	Laminectomy For Biopsy/Excision Of Intraspinal Neoplasm; Intradural, Extram	134.32	1	90					AS
63283	Laminectomy For Biopsy/Excision Of Intraspinal Neoplasm; Intradural, Sacral	129.32	1	90					AS
63285	Laminectomy For Biopsy/Excision Of Intraspinal Neoplasm; Intradural, Intram	177.66	1	90					AS
63286	Laminectomy For Biopsy/Excision Of Intraspinal Neoplasm; Intradural, Intram	174.70	1	90					AS
63287	Laminectomy For Biopsy/Excision Of Intraspinal Neoplasm; Intradural, Intram	186.37	1	90					AS
63290	Laminectomy For Biopsy/Excision Of Intraspinal Neoplasm; Combined Extradura	189.53	1	90					AS
63295	Osteoplastic Reconstruction Of Dorsal Spinal Elements, Following Primary In	22.46	1	90					AS
63300	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, For E	124.83	1	90					AS
63301	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, For E	145.48	1	90					AS
63302	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, For E	148.09	1	90					AS
63303	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, For E	157.15	1	90					AS
63304	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, For E	159.64	1	90					AS
63305	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, For E	155.13	1	90					AS
63306	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, For E	145.80	1	90					AS
63307	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, For E	163.45	1	90					AS
63308	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, For E	21.70	3	90					AS
63655	Laminectomy For Implantation Of Neurostimulator Electrodes, Plate/Paddle, E	56.74	1	90					AS
63661	Removal Of Spinal Neurostimulator Electrode Percutaneous Array(S), Inclu	40.38	1	90					AS
63662	Removal Of Spinal Neurostimulator Electrode Plate/Paddle(S) Placed Via	53.05	1	90					AS

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Code Spec		Base Fee	UNOS			zation	tion	PA	_
63663	Revision Including Replacement, When Performed, Of Spinal Neurostimulato	56.72	1	90					AS
63664	Revision Including Replacement, When Performed, Of Spinal Neurostimulato	54.31	1	90					AS
63685	Insertion Or Replacement Of Spinal Neurostimulator Pulse Generator Or Recei	25.59	1	90					AS
63700	Repair Of Meningocele; Less Than 5 Cm Diameter	85.85	1	90					AS
63702	Repair Of Meningocele; Larger Than 5 Cm Diameter	97.01	1	90					AS
63704	Repair Of Myelomeningocele; Less Than 5 Cm Diameter	112.55	1	90					AS
63706	Repair Of Myelomeningocele; Larger Than 5 Cm Diameter	125.11	1	90					AS
63707	Repair Of Dural/Cerebrospinal Fluid Leak, Not Requiring Laminectomy	62.59	1	90					AS
63709	Repair Of Dural/Cerebrospinal Fluid Leak Or Pseudomeningocele, With Laminec	75.33	1	90					AS
63710	Dural Graft, Spinal	75.31	1	90					AS
63740	Creation Of Shunt, Lumbar, Subarachnoid-Peritoneal, -Pleural, Or Other; Inc	65.13	1	90					AS
63741	Creation Of Shunt, Lumbar, Subarachnoid-Peritoneal, -Pleural, Or Other; Per	44.19	1	90					AS
63744	Replacement, Irrigation Or Revision Of Lumbosubarachnoid Shunt	46.91	1	90					AS
64580	Incision For Implantation Of Neurostimulator Electrodes; Neuromuscular	20.90	1	90					AS
64585	Revision Or Removal Of Peripheral Neurostimulator Electrodes	13.90	1	10					AS
64590	Insertion Or Replacement Of Peripheral Or Gastric Neurostimulator Pulse Gen	18.36	1	10					AS
64704	Neuroplasty; Nerve Of Hand Or Foot	21.59	1	90					AS
64708	Neuroplasty, Major Peripheral Nerve, Arm Or Leg; Other Than Specified	34.08	1	90					AS
64712	Neuroplasty, Major Peripheral Nerve, Arm Or Leg; Sciatic Nerve	38.69	1	90					AS
64713	Neuroplasty, Major Peripheral Nerve, Arm Or Leg; Brachial Plexus	50.28	1	90					AS
64714	Neuroplasty, Major Peripheral Nerve, Arm Or Leg; Lumbar Plexus	43.54	1	90					AS
64716	Neuroplasty And/Or Transposition; Cranial Nerve (Specify)	36.78	1	90					AS
64722	Decompression; Unspecified Nerve(S) (Specify)	24.89	1	90					AS
64732	Transection Or Avulsion Of; Supraorbital Nerve	30.29	1	90					AS
64736	Transection Or Avulsion Of; Mental Nerve	29.47	1	90					AS
64738	Transection Or Avulsion Of; Inferior Alveolar Nerve By Osteotomy	34.01	1	90					AS
64740	Transection Or Avulsion Of; Lingual Nerve	31.56	1	90					AS
64742	Transection Or Avulsion Of; Facial Nerve, Differential Or Complete	34.38	1	90					AS
64746	Transection Or Avulsion Of; Phrenic Nerve	29.68	1	90					AS
64752	Transection Or Avulsion Of; Vagus Nerve (Vagotomy), Transthoracic	33.67	1	90					AS

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Code Spec		Base Fee				zation	tion	РΑ	AS
64755	Transection Or Avulsion Of; Vagus Nerves Limited To Proximal Stomach (Selec	62.18	1	90					AS
64760	Transection Or Avulsion Of; Vagus Nerve (Vagotomy), Abdominal	35.04	1	90					AS
64761	Transection Or Avulsion Of; Pudendal Nerve	31.65	1	90					AS
64763	Transection Or Avulsion Of Obturator Nerve, Extrapelvic, With Or Without Ad	37.43	1	90					AS
64766	Transection Or Avulsion Of Obturator Nerve, Intrapelvic, With Or Without Ad	40.11	1	90					AS
64771	Transection Or Avulsion Of Other Cranial Nerve, Extradural	39.30	1	90					AS
64772	Transection Or Avulsion Of Other Spinal Nerve, Extradural	39.44	1	90					AS
64786	Excision Of Neuroma; Sciatic Nerve	73.31	1	90					AS
64792	Excision Of Neurofibroma Or Neurolemmoma; Extensive (Including Malignant Ty	81.27	1	90					AS
64802	Sympathectomy, Cervical	35.36	1	90					AS
64804	Sympathectomy, Cervicothoracic	58.07	1	90					AS
64809	Sympathectomy, Thoracolumbar	48.61	1	90					AS
64818	Sympathectomy, Lumbar	43.66	1	90					AS
64835	Suture Of One Nerve, Hand Or Foot; Median Motor Thenar	55.30	1	90					AS
64836	Suture Of One Nerve, Hand Or Foot; Ulnar Motor	56.65	1	90					AS
64837	Suture Of Each Additional Nerve, Hand Or Foot (List Separately In Addition	25.12	3	90					AS
64840	Suture Of Posterior Tibial Nerve	63.00	1	90					AS
64857	Suture Of Major Peripheral Nerve, Arm Or Leg, Except Sciatic; Without Trans	71.55	1	90					AS
64858	Suture Of Sciatic Nerve	79.16	1	90					AS
64859	Suture Of Each Additional Major Peripheral Nerve (List Separately In Additi	17.39	2	90					AS
64861	Suture Of; Brachial Plexus	88.74	1	90					AS
64862	Suture Of; Lumbar Plexus	93.30	1	90					AS
64864	Suture Of Facial Nerve; Extracranial	59.72	1	90					AS
64865	Suture Of Facial Nerve; Infratemporal, With Or Without Grafting	76.52	1	90					AS
64866	Anastomosis; Facial-Spinal Accessory	79.34	1	90					AS
64868	Anastomosis; Facial-Hypoglossal	70.06	1	90					AS
64870	Anastomosis; Facial-Phrenic	74.48	1	90					AS
64872	Suture Of Nerve; Requiring Secondary Or Delayed Suture (List Separately In	7.84	1	90					AS
64874	Suture Of Nerve; Requiring Extensive Mobilization, Or Transposition Of Nerv	11.99	1	90					AS
64876	Suture Of Nerve; Requiring Shortening Of Bone Of Extremity (List Separately	12.33	1	90					AS

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Code Spec	· ·	Base Fee	UNOS			zation	tion	PA	_
64885	Nerve Graft (Includes Obtaining Graft), Head Or Neck; Up To 4 Cm In Length	77.30	1	90					AS
64886	Nerve Graft (Includes Obtaining Graft), Head Or Neck; More Than 4 Cm In Len	88.62	1	90					AS
64890	Nerve Graft (Includes Obtaining Graft), Single Strand, Hand Or Foot; Up To	73.25	1	90					AS
64891	Nerve Graft (Includes Obtaining Graft), Single Strand, Hand Or Foot; More T	80.51	1	90					AS
64892	Nerve Graft (Includes Obtaining Graft), Single Strand, Arm Or Leg; Up To 4	73.52	1	90					AS
64893	Nerve Graft (Includes Obtaining Graft), Single Strand, Arm Or Leg; More Tha	76.09	1	90					AS
64895	Nerve Graft (Includes Obtaining Graft), Multiple Strands (Cable), Hand Or F	91.81	1	90					AS
64896	Nerve Graft (Includes Obtaining Graft), Multiple Strands (Cable), Hand Or F	101.04	1	90					AS
64897	Nerve Graft (Includes Obtaining Graft), Multiple Strands (Cable), Arm Or Le	87.71	1	90					AS
64898	Nerve Graft (Includes Obtaining Graft), Multiple Strands (Cable), Arm Or Le	96.41	1	90					AS
64901	Nerve Graft, Each Additional Nerve; Single Strand (List Separately In Addit	42.72	2	90					AS
64902	Nerve Graft, Each Additional Nerve; Multiple Strands (Cable) (List Separate	45.86	1	90					AS
64905	Nerve Pedicle Transfer; First Stage	70.84	1	90					AS
64907	Nerve Pedicle Transfer; Second Stage	80.65	1	90					AS
65105	Enucleation Of Eye; With Implant, Muscles Attached To Implant	58.06	1	90					AS
65110	Exenteration Of Orbit (Does Not Include Skin Graft), Removal Of Orbital Con	84.70	1	90					AS
65112	Exenteration Of Orbit (Does Not Include Skin Graft), Removal Of Orbital Con	98.16	1	90					AS
65114	Exenteration Of Orbit (Does Not Include Skin Graft), Removal Of Orbital Con	102.92	1	90					AS
65260	Removal Of Foreign Body, Intraocular; From Posterior Segment, Magnetic Extr	64.81	1	90					AS
65265	Removal Of Foreign Body, Intraocular; From Posterior Segment, Nonmagnetic E	74.92	1	90					AS
65285	Repair Of Laceration; Cornea And/Or Sclera, Perforating, With Reposition Or	72.52	1	90					AS
65710	Keratoplasty (Corneal Transplant); Lamellar	76.55	1	90					AS
65730	Keratoplasty (Corneal Transplant); Penetrating (Except In Aphakia)	85.29	1	90					AS
65750	Keratoplasty (Corneal Transplant); Penetrating (In Aphakia)	85.48	1	90					AS
65755	Keratoplasty (Corneal Transplant); Penetrating (In Pseudophakia)	85.39	1	90					AS
65756	Keratoplasty (Corneal Transplant); Endothelial	79.82	1	90					AS
65770	Keratoprosthesis	98.65	1	90					AS
65900	Removal Of Epithelial Downgrowth, Anterior Chamber Of Eye	65.22	1	90					AS
66165	Fistulization Of Sclera For Glaucoma; Iridencleisis Or Iridotasis	58.39	1	90					AS
66170	Fistulization Of Sclera For Glaucoma; Trabeculectomy Ab Externo In Absence	82.22	1	90					AS

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					Hyster-			_	
Code Spec	<u>'</u>	Base Fee				zation	tion	РΑ	AS
66172	Fistulization Of Sclera For Glaucoma; Trabeculectomy Ab Externo With Scarri	103.54	1	90					AS
66180	Aqueous Shunt To Extraocular Reservoir, (Eg, Molteno, Schocket, Denver-Krup	80.81	1	90					AS
66185	Revision Of Aqueous Shunt To Extraocular Reservoir	51.75	1	90					AS
66220	Repair Of Scleral Staphyloma; Without Graft	50.84	1	90					AS
66225	Repair Of Scleral Staphyloma; With Graft	64.94	1	90					AS
67010	Removal Of Vitreous, Anterior Approach (Open Sky Technique Or Limbal Incisi	37.84	1	90					AS
67027	Implantation Of Intravitreal Drug Delivery System (Eg, Ganciclovir Implant)	59.66	1	90					AS
67030	Discission Of Vitreous Strands (Without Removal), Pars Plana Approach	36.08	1	90					AS
67036	Vitrectomy, Mechanical, Pars Plana Approach;	66.71	1	90					AS
67039	Vitrectomy, Mechanical, Pars Plana Approach; With Focal Endolaser Photocoag	85.83	1	90					AS
67040	Vitrectomy, Mechanical, Pars Plana Approach; With Endolaser Panretinal Phot	98.75	1	90					AS
67107	Repair Of Retinal Detachment; Scleral Buckling (Such As Lamellar Scleral Di	84.68	1	90					AS
67108	Repair Of Retinal Detachment; With Vitrectomy, Any Method, With Or Without	111.59	1	90					AS
67112	Repair Of Retinal Detachment; By Scleral Buckling Or Vitrectomy, On Patient	92.22	1	90					AS
67113	Repair Of Complex Retinal Detachment (Eg, Proliferative Vitreoretinopathy,	110.65	1	90					AS
67255	Scleral Reinforcement (Separate Procedure); With Graft	57.94	1	90					AS
67332	Strabismus Surgery On Patient With Scarring Of Extraocular Muscles (Eg, Pri	23.42	1	90					AS
67340	Strabismus Surgery Involving Exploration And/Or Repair Of Detached Extraocu	23.95	1	90					AS
67343	Release Of Extensive Scar Tissue Without Detaching Extraocular Muscle (Sepa	45.26	1	90					AS
67399 R	Unlisted Procedure, Ocular Muscle		1	90					AS
67400	Orbitotomy Without Bone Flap (Frontal Or Transconjunctival Approach); For E	64.33	1	90					AS
67405	Orbitotomy Without Bone Flap (Frontal Or Transconjunctival Approach); With	54.91	1	90					AS
67412	Orbitotomy Without Bone Flap (Frontal Or Transconjunctival Approach); With	59.03	1	90					AS
67413	Orbitotomy Without Bone Flap (Frontal Or Transconjunctival Approach); With	59.33	1	90					AS
67414	Orbitotomy Without Bone Flap (Frontal Or Transconjunctival Approach); With	91.78	1	90					AS
67420	Orbitotomy With Bone Flap Or Window, Lateral Approach (Eg, Kroenlein); With	114.06	1	90					AS
67430	Orbitotomy With Bone Flap Or Window, Lateral Approach (Eg, Kroenlein); With	84.66	1	90					AS
67440	Orbitotomy With Bone Flap Or Window, Lateral Approach (Eg, Kroenlein); With	83.34	1	90					AS
67445	Orbitotomy With Bone Flap Or Window, Lateral Approach (Eg, Kroenlein); With	98.87	1	90					AS
67450	Orbitotomy With Bone Flap Or Window, Lateral Approach (Eg, Kroenlein); For	86.56	1	90					AS

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Codo Cros	Description	Dogo Coo	LINOC	FUD	Hyster-			DΛ	A C
Code Spec	Description Optic Nerve Decompression (Eg, Incision Or Fenestration Of Optic Nerve Shea	Base Fee 80.13	<u>UNUS</u> 1	90 90		Zation	tion	PA	AS
67599 R	Unlisted Procedure, Orbit	00.13	1	90					AS
67971	Reconstruction Of Eyelid, Full Thickness By Transfer Of Tarsoconjunctival F	51.15	1	90					AS
67973	Reconstruction Of Eyelid, Full Thickness By Transfer Of Tarsoconjunctival F	66.25	1	90					AS
67974	Reconstruction Of Eyelid, Full Thickness By Transfer Of Tarsoconjunctival F	65.97	1	90					AS
68720	Dacryocystorhinostomy (Fistulization Of Lacrimal Sac To Nasal Cavity)	52.72	1	90					AS
68745	Conjunctivorhinostomy (Fistulization Of Conjunctiva To Nasal Cavity); Witho	53.15	1	90					AS
68750	Conjunctivorhinostomy (Fistulization Of Conjunctiva To Nasal Cavity); With	54.48	1	90					AS
69155	Radical Excision External Auditory Canal Lesion; With Neck Dissection	115.14	1	90					AS
69320	Reconstruction External Auditory Canal For Congenital Atresia, Single Stage	106.50	1	90					AS
69530	Petrous Apicectomy Including Radical Mastoidectomy	114.70	1	90					AS
69550	Excision Aural Glomus Tumor; Transcanal	72.79	1	90					AS
69552	Excision Aural Glomus Tumor; Transmastoid	108.81	1	90					AS
69554	Excision Aural Glomus Tumor; Extended (Extratemporal)	173.53	1	90					AS
69605	Revision Mastoidectomy; With Apicectomy	108.40	1	90					AS
69670	Mastoid Obliteration (Separate Procedure)	65.80	1	90					AS
69725	Decompression Facial Nerve, Intratemporal; Including Medial To Geniculate G	129.67	1	90					AS
69740	Suture Facial Nerve, Intratemporal, With Or Without Graft Or Decompression;	80.78	1	90					AS
69745	Suture Facial Nerve, Intratemporal, With Or Without Graft Or Decompression;	85.11	1	90					AS
69805	Endolymphatic Sac Operation; Without Shunt	72.97	1	90					AS
69820	Fenestration Semicircular Canal	59.84	1	90					AS
69840	Revision Fenestration Operation	57.98	1	90					AS
69915	Vestibular Nerve Section, Translabyrinthine Approach	106.15	1	90					AS
69950	Vestibular Nerve Section, Transcranial Approach	122.43	1	90					AS
69955	Total Facial Nerve Decompression And/Or Repair (May Include Graft)	136.34	1	90					AS
69960	Decompression Internal Auditory Canal	132.37	1	90					AS
69970	Removal Of Tumor, Temporal Bone	147.45	1	90					AS
92992	Atrial Septectomy Or Septostomy; Transvenous Method, Balloon (Eg, Rashkind	61.97	1	90					AS
92993	Atrial Septectomy Or Septostomy; Blade Method (Park Septostomy) (Includes C	37.27	1	90					AS

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