

**REGISTERED NURSE FIRST ASSISTANT SERVICES FEE SCHEDULE
EFFECTIVE JANUARY 1, 2007**

CODE	DESCRIPTION	00-20 MAX FEE	21+ MAX FEE	MAX UNITS
11004	DEBRIDEMENT OF SKIN, SUBCUTANEOUS TISSUE, MUSCLE AND FASCIA FOR NECROTIZING	38.42	36.95	1
12018	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/	21.41	20.59	1
12047	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; OVE	29.82	28.68	1
12057	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME	36.59	35.19	1
15002	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUN	21.59	20.76	1
15003	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUN	4.78	4.60	1
15004	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUN	26.06	25.06	1
15005	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUN	8.10	7.79	1
15731	FOREHEAD FLAP WITH PRESERVATION OF VASCULAR PEDICLE (EG, AXIAL PATTERN FLAP	71.96	69.20	1
15732	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; HEAD AND NECK (EG, TEMPORALI	95.86	92.18	1
15734	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; TRUNK	99.97	96.13	1
15738	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; LOWER EXTREMITY	93.64	90.04	1
15750	FLAP; NEUROVASCULAR PEDICLE	60.63	58.30	1
15756	FREE MUSCLE OR MYOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS	157.53	151.48	1
15757	FREE SKIN FLAP WITH MICROVASCULAR ANASTOMOSIS	151.44	145.62	1
15758	FREE FASCIAL FLAP WITH MICROVASCULAR ANASTOMOSIS	151.26	145.45	1
15770	GRAFT; DERMA-FAT-FASCIA	42.98	41.33	1
15830	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY); ABDO	78.37	75.36	1
15841	GRAFT FOR FACIAL NERVE PARALYSIS; FREE MUSCLE GRAFT (INCLUDING OBTAINING GR	108.68	104.50	1
15842	GRAFT FOR FACIAL NERVE PARALYSIS; FREE MUSCLE FLAP BY MICROSURGICAL TECHNIQ	175.84	169.08	1
15845	GRAFT FOR FACIAL NERVE PARALYSIS; REGIONAL MUSCLE TRANSFER	62.08	59.70	1
15847	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY), ABDO	39.18	37.68	1
15922	EXCISION, COCCYGEAL PRESSURE ULCER, WITH COCCYGECTOMY; WITH FLAP CLOSURE	49.04	47.16	1
15935	EXCISION, SACRAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE; WITH OSTECTOMY	73.25	70.44	1
15937	EXCISION, SACRAL PRESSURE ULCER, WITH MUSCLE OR MYOCUTANEOUS FLAP CLOSURE;	68.52	65.89	1
15946	EXCISION, ISCHIAL PRESSURE ULCER, WITH OSTECTOMY, IN PREPARATION FOR MUSCLE	107.78	103.64	1
15952	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH SKIN FLAP CLOSURE;	56.57	54.40	1
15958	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH MUSCLE OR MYOCUTANEOUS FLAP CLO	76.57	73.63	1
17311	MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL	45.04	43.31	1
17312	MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL	27.06	26.02	1

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17313	MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL	41.12	39.54	1
17314	MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL	25.07	24.11	1
17315	MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL	5.35	5.15	1
19260	EXCISION OF CHEST WALL TUMOR INCLUDING RIBS	78.42	75.41	1
19271	EXCISION OF CHEST WALL TUMOR INVOLVING RIBS, WITH PLASTIC RECONSTRUCTION; W	105.53	101.48	1
19272	EXCISION OF CHEST WALL TUMOR INVOLVING RIBS, WITH PLASTIC RECONSTRUCTION; W	117.14	112.64	1
19357	BREAST RECONSTRUCTION, IMMEDIATE OR DELAYED, WITH TISSUE EXPANDER, INCLUDIN	103.05	99.09	1
19361	BREAST RECONSTRUCTION WITH LATISSIMUS DORSI FLAP, WITHOUT PROSTHETIC IMPLAN	113.46	109.10	1
20102	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); ABDOMEN/FLANK/BACK	29.61	28.48	1
20251	BIOPSY, VERTEBRAL BODY, OPEN; LUMBAR OR CERVICAL	28.10	27.02	1
20692	APPLICATION OF A MULTIPLANE (PINS OR WIRES IN MORE THAN ONE PLANE), UNILATE	28.10	27.02	1
20816	REPLANTATION, DIGIT, EXCLUDING THUMB (INCLUDES METACARPOPHALANGEAL JOINT TO	159.21	153.09	1
20822	REPLANTATION, DIGIT, EXCLUDING THUMB (INCLUDES DISTAL TIP TO SUBLIMIS TENDO	138.95	133.61	1
20900	BONE GRAFT, ANY DONOR AREA; MINOR OR SMALL (EG, DOWEL OR BUTTON)	41.86	40.25	1
20902	BONE GRAFT, ANY DONOR AREA; MAJOR OR LARGE	39.60	38.08	1
20922	FASCIA LATA GRAFT; BY INCISION AND AREA EXPOSURE, COMPLEX OR SHEET	39.49	37.98	1
20924	TENDON GRAFT, FROM A DISTANCE (EG, PALMARIS, TOE EXTENSOR, PLANTARIS)	33.12	31.85	1
20955	BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; FIBULA	165.80	159.43	1
20956	BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; ILIAC CREST	180.15	173.23	1
20957	BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; METATARSAL	180.52	173.58	1
20962	BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN FIBULA, ILIAC CREST,	175.79	169.03	1
20969	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN ILIAC C	184.83	177.73	1
20970	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; ILIAC CREST	186.66	179.49	1
20972	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; METATARSAL	176.05	169.28	1
20973	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; GREAT TOE WITH WEB	177.01	170.21	1
20975	ELECTRICAL STIMULATION TO AID BONE HEALING; INVASIVE (OPERATIVE)	12.02	11.56	1
21034	EXCISION OF MALIGNANT TUMOR OF MAXILLA OR ZYGOMA	84.17	80.94	1
21044	EXCISION OF MALIGNANT TUMOR OF MANDIBLE;	55.76	53.62	1
21045	EXCISION OF MALIGNANT TUMOR OF MANDIBLE; RADICAL RESECTION	77.98	74.99	1
21046	EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING INTRA-ORAL OSTEOTOM	72.03	69.26	1
21048	EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING INTRA-ORAL OSTEOTOMY	72.46	69.68	1
21049	EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING EXTRA-ORAL OSTEOTOMY	78.21	75.21	1
21121	GENIOPLASTY; SLIDING OSTEOTOMY, SINGLE PIECE	50.27	48.34	1
21125	AUGMENTATION, MANDIBULAR BODY OR ANGLE; PROSTHETIC MATERIAL	48.65	46.78	1

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21127	AUGMENTATION, MANDIBULAR BODY OR ANGLE; WITH BONE GRAFT, ONLAY OR INTERPOSI	56.91	54.73	1
21141	RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIR	87.11	83.76	1
21142	RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY DIREC	86.29	82.98	1
21143	RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN	81.59	78.46	1
21145	RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIR	102.51	98.57	1
21146	RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY DIREC	96.21	92.51	1
21147	RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN	109.12	104.93	1
21150	RECONSTRUCTION MIDFACE, LEFORT II; ANTERIOR INTRUSION (EG, TREACHER-COLLINS	108.21	104.05	1
21151	RECONSTRUCTION MIDFACE, LEFORT II; ANY DIRECTION, REQUIRING BONE GRAFTS (IN	111.68	107.39	1
21154	RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE	144.62	139.06	1
21155	RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE	143.58	138.06	1
21159	RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD A	173.06	166.41	1
21160	RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD A	196.70	189.14	1
21172	RECONSTRUCTION SUPERIOR-LATERAL ORBITAL RIM AND LOWER FOREHEAD, ADVANCEMENT	118.97	114.40	1
21175	RECONSTRUCTION, BIFRONTAL, SUPERIOR-LATERAL ORBITAL RIMS AND LOWER FOREHEAD	134.48	129.31	1
21179	RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS; WI	95.45	91.78	1
21180	RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS; WI	109.09	104.90	1
21182	RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW	129.83	124.84	1
21183	RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW	145.41	139.82	1
21184	RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOW	171.57	164.98	1
21188	RECONSTRUCTION MIDFACE, OSTEOTOMIES (OTHER THAN LEFORT TYPE) AND BONE GRAFT	103.53	99.55	1
21193	RECONSTRUCTION OF MANDIBULAR RAMI, HORIZONTAL, VERTICAL, "C", OR "L" OS	80.57	77.48	1
21194	RECONSTRUCTION OF MANDIBULAR RAMUS, HORIZONTAL, VERTICAL, "C", OR "L" O	91.63	88.11	1
21195	RECONSTRUCTION OF MANDIBULAR RAMI AND/OR BODY, SAGITTAL SPLIT; WITHOUT INTE	88.85	85.44	1
21196	RECONSTRUCTION OF MANDIBULAR RAMI, SAGITTAL SPLIT; WITH INTERNAL RIGID FIX	94.22	90.60	1
21198	OSTEOTOMY, MANDIBLE, SEGMENTAL	73.53	70.71	1
21199	OSTEOTOMY, MANDIBLE, SEGMENTAL; WITH GENIOGLOSSUS ADVANCEMENT	65.28	62.77	1
21206	OSTEOTOMY, MAXILLA, SEGMENTAL (EG, WASSMUND OR SCHUCHARD)	73.04	70.24	1
21244	RECONSTRUCTION OF MANDIBLE, EXTRAORAL, WITH TRANSOSTEAL BONE PLATE (EG, MAN	67.11	64.53	1
21245	RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; PARTIAL	72.03	69.26	1
21246	RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; COMPLETE	54.74	52.64	1
21247	RECONSTRUCTION OF MANDIBULAR CONDYLE WITH BONE AND CARTILAGE AUTOGRAFTS (IN	101.96	98.04	1
21255	RECONSTRUCTION OF ZYGOMATIC ARCH AND GLENOID FOSSA WITH BONE AND CARTILAGE	88.99	85.57	1
21256	RECONSTRUCTION OF ORBIT WITH OSTEOTOMIES (EXTRACRANIAL) AND WITH BONE GRAFT	75.55	72.65	1

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21260	PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; EXTRAC	73.46	70.64	1
21261	PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; COMBIN	135.68	130.47	1
21263	PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; WITH F	123.76	119.00	1
21267	ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFT	100.65	96.78	1
21268	ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFT	121.51	116.84	1
21270	MALAR AUGMENTATION, PROSTHETIC MATERIAL	58.74	56.49	1
21275	SECONDARY REVISION OF ORBITOCRANIOFACIAL RECONSTRUCTION	53.64	51.58	1
21339	OPEN TREATMENT OF NASOETHMOID FRACTURE; WITH EXTERNAL FIXATION	52.67	50.65	1
21343	OPEN TREATMENT OF DEPRESSED FRONTAL SINUS FRACTURE	73.88	71.04	1
21344	OPEN TREATMENT OF COMPLICATED (EG, COMMUNUTED OR INVOLVING POSTERIOR WALL)	97.17	93.44	1
21347	OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); REQUIRIN	69.46	66.79	1
21348	OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH BON	68.33	65.71	1
21360	OPEN TREATMENT OF DEPRESSED MALAR FRACTURE, INCLUDING ZYGOMATIC ARCH AND MA	34.29	32.98	1
21365	OPEN TREATMENT OF COMPLICATED (EG, COMMUNUTED OR INVOLVING CRANIAL NERVE FO	71.44	68.70	1
21366	OPEN TREATMENT OF COMPLICATED (EG, COMMUNUTED OR INVOLVING CRANIAL NERVE FO	82.08	78.93	1
21385	OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; TRANSANTRAL APPROACH	45.59	43.84	1
21386	OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH	42.58	40.95	1
21387	OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; COMBINED APPROACH	48.26	46.41	1
21390	OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH,	50.03	48.11	1
21395	OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH	62.79	60.38	1
21401	CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH MANIPULATIO	29.25	28.13	1
21406	OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITHOUT IMPLANT	34.53	33.21	1
21407	OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH IMPLANT	41.41	39.82	1
21408	OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH BONE GRAFTING	58.01	55.78	1
21422	OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE);	43.10	41.45	1
21423	OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); COMPLICATE	50.68	48.74	1
21431	CLOSED TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE) USING INTERDE	46.64	44.85	1
21432	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); WITH WIRING AN	44.00	42.31	1
21433	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED (E	108.44	104.27	1
21435	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED, U	85.59	82.30	1
21436	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED, M	124.34	119.56	1
21445	OPEN TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEPARATE	50.48	48.54	1
21461	OPEN TREATMENT OF MANDIBULAR FRACTURE; WITHOUT INTERDENTAL FIXATION	133.87	128.73	1
21462	OPEN TREATMENT OF MANDIBULAR FRACTURE; WITH INTERDENTAL FIXATION	142.22	136.75	1

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21465	OPEN TREATMENT OF MANDIBULAR CONDYLAR FRACTURE	59.60	57.31	1
21470	OPEN TREATMENT OF COMPLICATED MANDIBULAR FRACTURE BY MULTIPLE SURGICAL APPR	77.04	74.08	1
21495	OPEN TREATMENT OF HYOID FRACTURE	43.55	41.88	1
21502	INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT TISSUES OF NECK OR TH	34.45	33.13	1
21557	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF NECK OR	37.77	36.32	1
21600	EXCISION OF RIB, PARTIAL	36.47	35.07	1
21610	COSTOTRANSVERSECTOMY (SEPARATE PROCEDURE)	70.72	68.00	1
21620	OSTECTOMY OF STERNUM, PARTIAL	34.09	32.78	1
21627	STERNAL DEBRIDEMENT	36.18	34.79	1
21630	RADICAL RESECTION OF STERNUM;	84.57	81.32	1
21632	RADICAL RESECTION OF STERNUM; WITH MEDIASTINAL LYMPHADENECTOMY	83.00	79.81	1
21685	HYOID MYOTOMY AND SUSPENSION	62.58	60.18	1
21700	DIVISION OF SCALENUS ANTICUS; WITHOUT RESECTION OF CERVICAL RIB	27.66	26.60	1
21705	DIVISION OF SCALENUS ANTICUS; WITH RESECTION OF CERVICAL RIB	41.75	40.15	1
21720	DIVISION OF STERNOCLEIDOMASTOID FOR TORTICOLLIS, OPEN OPERATION; WITHOUT CA	28.73	27.63	1
21725	DIVISION OF STERNOCLEIDOMASTOID FOR TORTICOLLIS, OPEN OPERATION; WITH CAST	33.74	32.45	1
21740	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; OPEN	75.00	72.12	1
21742	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; MINIMALLY INVASIVE	65.63	63.11	1
21743	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; MINIMALLY INVASIVE	65.63	63.11	1
21750	CLOSURE OF MEDIAN STERNOTOMY SEPARATION WITH OR WITHOUT DEBRIDEMENT (SEPARA	48.13	46.28	1
21810	TREATMENT OF RIB FRACTURE REQUIRING EXTERNAL FIXATION ("FLAIL CHEST")	34.17	32.86	1
21825	OPEN TREATMENT OF STERNUM FRACTURE WITH OR WITHOUT SKELETAL FIXATION	37.18	35.75	1
22100	PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT (EG, SPINOUS PROCESS, LAM	54.98	52.87	1
22101	PARTIAL RESECTION OF VERTEBRAL COMPONENT, SPINOUS PROCESSES; THORACIC	54.40	52.31	1
22102	PARTIAL RESECTION OF VERTEBRAL COMPONENT, SPINOUS PROCESSES; LUMBAR	52.36	50.35	1
22103	PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT (EG, SPINOUS PROCESS, LAM	9.62	9.25	1
22110	PARTIAL EXCISION OF VERTEBRAL BODY, FOR INTRINSIC BONY LESION, WITHOUT DECO	67.29	64.71	1
22112	PARTIAL EXCISION OF VERTEBRAE (EG, FOR OSTEOMYELITIS); THORACIC	66.45	63.90	1
22114	PARTIAL EXCISION OF VERTEBRAE (EG, FOR OSTEOMYELITIS); LUMBAR	67.00	64.43	1
22116	PARTIAL EXCISION OF VERTEBRAL BODY, FOR INTRINSIC BONY LESION, WITHOUT DECO	9.70	9.33	1
22210	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, ONE VERTEBRAL SEG	118.82	114.25	1
22212	OSTEOTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE	97.25	93.51	1
22214	OSTEOTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE	97.67	93.92	1
22220	OSTEOTOMY OF SPINE, INCLUDING DISKECTOMY, ANTERIOR APPROACH, SINGLE VERTEBR	108.05	103.90	1

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22224	OSTEOTOMY OF SPINE, ANTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE	105.31	101.26	1
22318	OPEN TREATMENT AND/OR REDUCTION OF ODONTOID FRACTURE(S) AND OR DISLOCATION(	107.86	103.72	1
22319	OPEN TREATMENT AND/OR REDUCTION OF ODONTOID FRACTURE(S) AND OR DISLOCATION(	118.64	114.08	1
22325	OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURE(S) AND/ OR DISLOCATIO	93.06	89.49	1
22326	OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURE(S) AND/ OR DISLOCATIO	97.54	93.79	1
22327	OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURE(S) AND/ OR DISLOCATIO	96.41	92.71	1
22328	OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURE(S) AND/OR DISLOCATION	19.27	18.53	4
22532	ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY	115.24	110.81	1
22533	ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY	107.95	103.80	1
22534	ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY	25.07	24.11	5
22548	ARTHRODESIS, ANTERIOR TRANSORAL OR EXTRAORAL TECHNIQUE, CLIVUS-C1-C2 (ATLAS	124.93	120.13	1
22554	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO	85.85	82.55	1
22556	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO	109.80	105.58	1
22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO	99.49	95.67	1
22585	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO	23.24	22.35	5
22590	ARTHRODESIS, POSTERIOR TECHNIQUE, CRANIOCERVICAL (OCCIPUT-C2)	103.50	99.52	1
22595	ARTHRODESIS, POSTERIOR TECHNIQUE, ATLAS-AXIS (C1-C2)	98.26	94.49	1
22600	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; CERVICAL	84.44	81.20	1
22610	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; THORACIC	82.53	79.36	1
22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; LUMBAR (W	106.06	101.99	1
22614	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; EACH ADDI	27.02	25.99	4
22630	ARTHRODESIS, POSTERIOR INTERBODY TECHNIQUE, INCLUDING LAMINECTOMY AND/OR	102.92	98.97	1
22632	ARTHRODESIS, POSTERIOR INTERBODY TECHNIQUE, SINGLE INTERSPACE; EACH ADDITIO	22.01	21.17	3
22800	ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; UP TO 6	89.61	86.17	1
22802	ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 7 TO 12	142.11	136.65	1
22804	ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 13 OR M	163.73	157.44	1
22808	ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 2 TO 3 V	120.73	116.09	1
22810	ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 4 TO 7 V	134.51	129.34	1
22812	ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 8 OR MOR	146.93	141.28	1
22818	KYPHECTOMY, CIRCUMFERENTIAL EXPOSURE OF SPINE AND RESECTION OF VERTEBRAL SE	150.06	144.29	1
22819	KYPHECTOMY, CIRCUMFERENTIAL EXPOSURE OF SPINE AND RESECTION OF VERTEBRAL SE	173.75	167.07	1
22830	EXPLORATION OF SPINAL FUSION	53.79	51.73	1
22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE), PED	52.86	50.83	1
22842	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH M	52.91	50.88	1

CODE	DESCRIPTION	00-20 MAX FEE	21+ MAX FEE	MAX UNITS
22843	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH M	56.52	54.35	1
22844	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH M	68.36	65.74	1
22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS	50.77	48.82	1
22846	ANTERIOR INSTRUMENTATION; 4 TO 7 VERTEBRAL SEGMENTS	52.70	50.68	1
22847	ANTERIOR INSTRUMENTATION; 8 OR MORE VERTEBRAL SEGMENTS	58.04	55.81	1
22848	PELVIC FIXATION (ATTACHMENT OF CAUDAL END OF INSTRUMENTATION TO PELVIC BONY	24.91	23.96	1
22849	REINSERTION OF SPINAL FIXATION DEVICE	87.18	83.83	1
22850	REMOVAL OF POSTERIOR NONSEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD)	47.94	46.10	1
22851	APPLICATION OF INTERVERTEBRAL BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE(S)	28.25	27.17	6
22852	REMOVAL OF POSTERIOR SEGMENTAL INSTRUMENTATION	45.62	43.87	1
22855	REMOVAL OF ANTERIOR INSTRUMENTATION	74.95	72.07	1
22899	UNLISTED PROCEDURE, SPINE	0.00	0.00	1
22900	EXCISION, ABDOMINAL WALL TUMOR, SUBFASCIAL (EG, DESMOID)	27.26	26.22	1
23000	REMOVAL OF SUBDELTOID CALCAREOUS DEPOSITS, OPEN	33.62	32.33	1
23120	CLAVICULECTOMY; PARTIAL	36.52	35.12	1
23395	MUSCLE TRANSFER, ANY TYPE, SHOULDER OR UPPER ARM; SINGLE	85.09	81.82	1
23397	MUSCLE TRANSFER, ANY TYPE FOR PARALYSIS OF SHOULDER OR UPPER ARM; MULTIPLE	76.10	73.18	1
23405	TENOTOMY, SHOULDER AREA; SINGLE TENDON	41.48	39.89	1
23406	TENOTOMY, SHOULDER AREA; MULTIPLE TENDONS THROUGH SAME INCISION	51.65	49.67	1
23410	REPAIR OF RUPTURED MUSCULOTENDINOUS CUFF (EG, ROTATOR CUFF) OPEN; ACUTE	59.26	56.99	1
23802	ARTHRODESIS, GLENOHUMERAL JOINT; WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING	83.55	80.34	1
23900	INTERTHORACOSCAPULAR AMPUTATION (FOREQUARTER)	90.16	86.70	1
23920	DISARTICULATION OF SHOULDER;	73.46	70.64	1
23929	UNLISTED PROCEDURE, SHOULDER	0.00	0.00	1
24301	MUSCLE OR TENDON TRANSFER, ANY TYPE, UPPER ARM OR ELBOW, SINGLE (EXCLUDING	49.22	47.33	1
24320	TENOPLASTY, WITH MUSCLE TRANSFER, WITH OR WITHOUT FREE GRAFT, ELBOW TO SHOUL	51.32	49.35	1
25109	EXCISION OF TENDON, FOREARM AND/OR WRIST, FLEXOR OR EXTENSOR, EACH	34.22	32.91	1
25215	CARPPECTOMY; ALL BONES OF PROXIMAL ROW	42.06	40.45	1
25251	REMOVAL OF WRIST PROSTHESIS; COMPLICATED, INCLUDING "TOTAL WRIST"	46.35	44.57	1
25263	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; SECONDARY, SINGLE,	47.26	45.45	1
25265	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; SECONDARY, WITH FRE	56.23	54.07	1
25310	TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, FOREARM AND/OR WRIS	47.89	46.05	1
25312	TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, FOREARM AND/OR WRIS	54.27	52.19	1
25607	OPEN TREATMENT OF DISTAL RADIAL EXTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEPA	46.97	45.17	1

CODE	DESCRIPTION	00-20 MAX FEE	21+ MAX FEE	MAX UNITS
25608	OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEPA	53.79	51.73	1
25609	OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEPA	68.68	66.04	1
25652	OPEN TREATMENT OF ULNAR STYLOID FRACTURE	40.20	38.66	1
25671	PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIOULNAR DISLOCATION	33.64	32.35	1
26255	RADICAL RESECTION (OSTECTOMY) FOR TUMOR, METACARPAL; WITH AUTOGRAFT (INCLUD	60.13	57.82	1
26260	RADICAL RESECTION, PROXIMAL OR MIDDLE PHALANX OF FINGER (EG, TUMOR);	35.31	33.96	1
26261	RADICAL RESECTION (OSTECTOMY) FOR TUMOR, PROXIMAL OR MIDDLE PHALANX OF FING	45.67	43.92	1
26262	RADICAL RESECTION, DISTAL PHALANX OF FINGER (EG, TUMOR)	29.54	28.41	1
26352	FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE, NOT IN "NO MAN'S LAND"; SECO	49.49	47.59	1
26357	REPAIR OR ADVANCEMENT, FLEXOR TENDON, IN ZONE 2 DIGITAL FLEXOR TENDON SHEAT	52.96	50.93	1
26358	FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE, IN "NO MAN'S LAND"; SECONDAR	56.07	53.92	1
26372	REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON, WITH INTACT SUPERFICIALIS TENDON	54.40	52.31	1
26373	REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON, WITH INTACT SUPERFICIALIS TENDON	51.50	49.52	1
26390	EXCISION FLEXOR TENDON, WITH IMPLANTATION OF SYNTHETIC ROD FOR DELAYED TEND	51.86	49.87	1
26392	REMOVAL OF SYNTHETIC ROD AND INSERTION OF FLEXOR TENDON GRAFT, HAND OR FING	60.18	57.87	1
26420	EXTENSOR TENDON REPAIR, DORSUM OF FINGER, SINGLE, PRIMARY OR SECONDARY; WIT	43.52	41.85	1
26434	EXTENSOR TENDON REPAIR, DISTAL INSERTION ("MALLEET FINGER"), OPEN, PRIMARY	39.16	37.66	1
26474	TENODESIS; OF DISTAL JOINT, EACH JOINT	35.66	34.29	1
26479	SHORTENING OF TENDON, FLEXOR, HAND OR FINGER, EACH TENDON	37.72	36.27	1
26483	TENDON TRANSFER OR TRANSPLANT, CARPOMETACARPAL AREA OR DORSUM OF HAND, SING	51.86	49.87	1
26485	TRANSFER OR TRANSPLANT OF TENDON, PALMAR; WITHOUT FREE TENDON GRAFT, EACH T	49.35	47.46	1
26492	OPPONENSPLASTY; TENDON TRANSFER WITH GRAFT (INCLUDES OBTAINING GRAFT), EACH	54.69	52.59	1
26494	OPPONENSPLASTY; HYPOTHENAR MUSCLE TRANSFER	49.25	47.36	1
26497	TRANSFER OF TENDON TO RESTORE INTRINSIC FUNCTION; RING AND SMALL FINGER	53.62	51.56	1
26498	TENDON TRANSFER TO RESTORE INTRINSIC FUNCTION; ALL FOUR FINGERS	72.57	69.78	1
26499	CORRECTION CLAW FINGER, OTHER METHODS	50.19	48.26	1
26502	TENDON PULLEY RECONSTRUCTION; WITH TENDON OR FASCIAL GRAFT (INCLUDES OBTAIN	43.71	42.03	1
26517	CAPSULODESIS FOR M-P JOINT STABILIZATION; TWO DIGITS	51.37	49.40	1
26518	CAPSULODESIS FOR M-P JOINT STABILIZATION; THREE OR FOUR DIGITS	51.58	49.60	1
26530	ARTHROPLASTY, METACARPOPHALANGEAL JOINT; EACH JOINT	34.69	33.36	1
26531	ARTHROPLASTY, METACARPOPHALANGEAL JOINT; WITH PROSTHETIC IMPLANT, EACH JOIN	40.20	38.66	1
26541	RECONSTRUCTION, COLLATERAL LIGAMENT, METACARPOPHALANGEAL JOINT, SINGLE, WIT	49.80	47.89	1
26550	POLLICIZATION OF A DIGIT	103.20	99.24	1
26551	TRANSFER, TOE-TO-HAND WITH MICROVASCULAR ANASTOMOSIS; GREAT TOE WRAP-AROU	203.68	195.85	1

CODE	DESCRIPTION	00-20 MAX FEE	21+ MAX FEE	MAX UNITS
26553	TOE-TO-HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE,	185.70	178.56	1
26554	TOE-TO-HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE,	223.57	214.98	1
26555	TRANSFER, FINGER TO ANOTHER POSITION WITHOUT MICROVASCULAR ANASTOMOSIS	87.26	83.91	1
26556	TRANSFER, FREE TOE JOINT, WITH MICROVASCULAR ANASTOMOSIS	182.58	175.56	1
26560	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; WITH SKIN FLAPS	34.97	33.63	1
26561	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; WITH SKIN FLAPS AND GRAFT	57.28	55.08	1
26562	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; COMPLEX (EG, INVOLVING BO	85.64	82.35	1
26565	OSTEOTOMY; METACARPAL, EACH	41.06	39.49	1
26568	OSTEOPLASTY, LENGTHENING, METACARPAL OR PHALANX	54.43	52.34	1
26580	REPAIR CLEFT HAND	86.66	83.33	1
26587	RECONSTRUCTION OF POLYDACTYLOUS DIGIT, SOFT TISSUE AND BONE	63.74	61.29	1
26590	REPAIR MACRODACTYLIA, EACH DIGIT	83.15	79.96	1
26596	EXCISION OF CONSTRICTING RING OF FINGER, WITH MULTIPLE Z-PLASTIES	46.92	45.12	1
26686	OPEN TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB (BENNETT FR	40.46	38.91	1
26820	FUSION IN OPPOSITION, THUMB, WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAF	47.94	46.10	1
26842	ARTHRODESIS, CARPOMETACARPAL JOINT, THUMB, WITH OR WITHOUT INTERNAL FIXATIO	48.78	46.91	1
26843	ARTHRODESIS, CARPOMETACARPAL JOINT, DIGIT, OTHER THAN THUMB, EACH;	44.47	42.76	1
26844	ARTHRODESIS, CARPOMETACARPAL JOINT, DIGITS, OTHER THAN THUMB; WITH AUTOGRAF	50.63	48.69	1
26852	ARTHRODESIS, METACARPOPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION;	49.61	47.71	1
26862	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; WITH	45.12	43.39	1
26863	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; WITH	15.83	15.23	5
27075	RADICAL RESECTION OF TUMOR OR INFECTION; WING OF ILIUM, ONE PUBIC OR ISCHIA	154.68	148.74	1
27076	RADICAL RESECTION FOR TUMOR OR INFECTION; ILIUM, INCLUDING ACETABULUM, BOTH	106.64	102.54	1
27077	RADICAL RESECTION FOR TUMOR OR INFECTION; INNOMINATE BONE, TOTAL	179.81	172.90	1
27078	RADICAL RESECTION FOR TUMOR OR INFECTION; ISCHIAL TUBEROSITY AND GREATER TR	67.02	64.45	1
27079	RADICAL RESECTION FOR TUMOR OR INFECTION; ISCHIAL TUBEROSITY AND GREATER TR	63.68	61.24	1
27080	COCCYGECTOMY, PRIMARY	32.62	31.37	1
27158	OSTEOTOMY, PELVIS, BILATERAL (EG, CONGENITAL MALFORMATION)	81.51	78.38	1
27165	OSTEOTOMY, INTERTROCHANTERIC OR SUBTROCHANTERIC INCLUDING INTERNAL OR EXTER	91.34	87.83	1
27202	OPEN TREATMENT OF COCCYGEAL FRACTURE	50.84	48.89	1
27215	OPEN TREATMENT OF ILIAC SPINE(S), TUBEROSITY AVULSION, OR ILIAC WING FRACTU	49.61	47.71	1
27216	PERCUTANEOUS SKELETAL FIXATION OF POSTERIOR PELVIC RING FRACTURE AND/OR DIS	72.31	69.53	1
27217	OPEN TREATMENT OF ANTERIOR RING FRACTURE AND/OR DISLOCATION WITH INTERNAL F	67.47	64.88	1
27218	OPEN TREATMENT OF POSTERIOR RING FRACTURE AND/OR DISLOCATION WITH INTERNAL	93.77	90.17	1

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27282	ARTHRODESIS, SYMPHYSIS PUBIS (INCLUDING OBTAINING GRAFT)	56.05	53.90	1
27290	INTERPELVIA ABDOMINAL AMPUTATION (HINDQUARTER AMPUTATION)	105.57	101.51	1
27295	DISARTICULATION OF HIP	84.52	81.27	1
27325	NEURECTOMY, HAMSTRING MUSCLE	35.63	34.26	1
27326	NEURECTOMY, POPLITEAL (GASTROCNEMIUS)	31.86	30.64	1
27390	TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; SINGLE TENDON	28.57	27.48	1
27392	TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; MULTIPLE TENDONS, BILATERAL	46.64	44.85	1
27393	LENGTHENING OF HAMSTRING TENDON; SINGLE TENDON	32.98	31.72	1
27394	LENGTHENING OF HAMSTRING TENDON; MULTIPLE TENDONS, ONE LEG	42.77	41.13	1
27395	LENGTHENING OF HAMSTRING TENDON; MULTIPLE TENDONS, BILATERAL	57.95	55.73	1
27396	TRANSPLANT, HAMSTRING TENDON TO PATELLA; SINGLE TENDON	40.05	38.51	1
27397	TRANSPLANT, HAMSTRING TENDON TO PATELLA; MULTIPLE TENDONS	59.42	57.14	1
27658	REPAIR, FLEXOR TENDON, LEG; PRIMARY, WITHOUT GRAFT, EACH TENDON	25.45	24.48	1
27659	REPAIR, FLEXOR TENDON, LEG; SECONDARY, WITH OR WITHOUT GRAFT, EACH TENDON	33.95	32.65	1
27665	REPAIR, EXTENSOR TENDON, LEG; SECONDARY, WITH OR WITHOUT GRAFT, EACH TENDON	28.36	27.27	1
28055	NEURECTOMY, INTRINSIC MUSCULATURE OF FOOT	27.37	26.32	1
28104	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL, E	34.43	33.11	1
28106	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL BO	33.25	31.98	1
28107	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL BO	37.28	35.85	1
28171	RADICAL RESECTION OF TUMOR, BONE; TARSAL (EXCEPT TALUS OR CALCANEUS)	43.42	41.75	1
28202	REPAIR OR SUTURE OF TENDON, FOOT, FLEXOR, SINGLE; SECONDARY WITH FREE GRAFT	41.62	40.02	1
28210	REPAIR OR SUTURE OF TENDON, FOOT, EXTENSOR, SINGLE; SECONDARY WITH FREE GRA	38.77	37.28	1
28305	OSTEOTOMY, TARSAL BONES, OTHER THAN CALCANEUS OR TALUS; WITH AUTOGRAFT (INC	46.00	44.24	1
28308	OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTION, M	36.64	35.24	1
28320	REPAIR, NONUNION OR MALUNION; TARSAL BONES	43.16	41.50	1
28322	REPAIR OF NONUNION OR MALUNION; METATARSAL, WITH OR WITHOUT BONE GRAFT (INC	51.53	49.55	1
28360	RECONSTRUCTION, CLEFT FOOT	60.86	58.52	1
28555	OPEN TREATMENT OF TARSAL BONE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTE	45.17	43.44	1
28585	OPEN TREATMENT OF TALOTARSAL JOINT DISLOCATION, WITH OR WITHOUT INTERNAL OR	50.66	48.72	1
28705	ARTHRODESIS; PANTALAR	89.04	85.62	1
28715	ARTHRODESIS; TRIPLE	65.74	63.22	1
28725	ARTHRODESIS; SUBTALAR	54.48	52.39	1
28730	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR TRANSVERSE;	56.91	54.73	1
28735	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR TRANSVERSE; WITH OST	54.27	52.19	1

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28737	ARTHRODESIS, WITH TENDON LENGTHENING AND ADVANCEMENT, MIDTARSAL, TARSAL NAV	48.31	46.46	1
28740	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, SINGLE JOINT	55.62	53.49	1
29827	ARTHROSCOPY, SHOULDER, SURGICAL; WITH ROTATOR CUFF REPAIR	71.99	69.23	1
29899	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; WITH ANKL	70.48	67.77	1
30118	EXCISION OR DESTRUCTION, ANY METHOD (INCLUDING LASER), INTRANASAL LESION; E	48.21	46.36	1
30125	EXCISION DERMOID CYST, NOSE; COMPLEX, UNDER BONE OR CARTILAGE	38.87	37.38	1
30160	RHINECTOMY; TOTAL	49.59	47.69	1
30460	RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP AND/OR PA	48.39	46.53	1
30462	RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP AND/OR PA	97.25	93.51	1
30540	REPAIR CHOANAL ATRESIA; INTRANASAL	40.62	39.06	1
30545	REPAIR CHOANAL ATRESIA; TRANSPALATINE	61.06	58.72	1
31300	LARYNGOTOMY (THYROTOMY, LARYNGOFISSURE); WITH REMOVAL OF TUMOR OR LARYNGOCE	79.66	76.60	1
31360	LARYNGECTOMY; TOTAL, WITHOUT RADICAL NECK DISSECTION	128.81	123.86	1
31365	LARYNGECTOMY; TOTAL, WITH RADICAL NECK DISSECTION	160.42	154.25	1
31367	LARYNGECTOMY; SUBTOTAL SUPRAGLOTTIC, WITHOUT RADICAL NECK DISSECTION	137.24	131.97	1
31368	LARYNGECTOMY; SUBTOTAL SUPRAGLOTTIC, WITH RADICAL NECK DISSECTION	152.94	147.06	1
31370	PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY); HORIZONTAL	129.07	124.11	1
31375	PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY); LATEROVERTICAL	122.48	117.77	1
31380	PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY); ANTEROVERTICAL	120.54	115.91	1
31382	PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY); ANTERO-LATERO-VERTICAL	132.25	127.17	1
31390	PHARYNGOLARYNGECTOMY, WITH RADICAL NECK DISSECTION; WITHOUT RECONSTRUCTION	177.90	171.06	1
31395	PHARYNGOLARYNGECTOMY, WITH RADICAL NECK DISSECTION; WITH RECONSTRUCTION	188.00	180.77	1
31400	ARYTENOIDECTOMY OR ARYTENOIDOPEXY, EXTERNAL APPROACH	62.34	59.95	1
31420	EPIGLOTTIDECTOMY	52.52	50.50	1
31580	LARYNGOPLASTY; FOR LARYNGEAL WEB, TWO STAGE, WITH KEEL INSERTION AND REMOVA	75.68	72.77	1
31584	LARYNGOPLASTY; WITH OPEN REDUCTION OF FRACTURE	95.13	91.48	1
31587	LARYNGOPLASTY, CRICOID SPLIT	63.10	60.68	1
31588	LARYNGOPLASTY, NOT OTHERWISE SPECIFIED (EG, FOR BURNS, RECONSTRUCTION AFTER	70.95	68.23	1
31590	LARYNGEAL REINNERVATION BY NEUROMUSCULAR PEDICLE	53.77	51.71	1
31595	SECTION RECURRENT LARYNGEAL NERVE, THERAPEUTIC (SEPARATE PROCEDURE), UNILAT	48.02	46.18	1
31601	TRACHEOSTOMY, PLANNED (SEPARATE PROCEDURE); UNDER TWO YEARS	16.91	16.26	1
31611	CONSTRUCTION OF TRACHEOESOPHAGEAL FISTULA AND SUBSEQUENT INSERTION OF AN AL	33.67	32.38	1
31750	TRACHEOPLASTY; CERVICAL	84.83	81.57	1
31755	TRACHEOPLASTY; TRACHEOPHARYNGEAL FISTULIZATION, EACH STAGE	106.61	102.51	1

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31760	TRACHEOPLASTY; INTRATHORACIC	94.29	90.67	1
31766	CARINAL RECONSTRUCTION	124.36	119.58	1
31770	BRONCHOPLASTY; GRAFT REPAIR	91.82	88.29	1
31775	BRONCHOPLASTY; EXCISION STENOSIS AND ANASTOMOSIS	95.26	91.60	1
31780	EXCISION TRACHEAL STENOSIS AND ANASTOMOSIS; CERVICAL	77.04	74.08	1
31781	EXCISION TRACHEAL STENOSIS AND ANASTOMOSIS; CERVICOTHORACIC	94.90	91.25	1
31785	EXCISION OF TRACHEAL TUMOR OR CARCINOMA; CERVICAL	66.61	64.05	1
31786	EXCISION OF TRACHEAL TUMOR OR CARCINOMA; THORACIC	100.47	96.61	1
31805	SUTURE OF EXTERNAL TRACHEAL WOUND OR INJURY; INTRATHORACIC	56.18	54.02	1
32035	THORACOSTOMY; WITH RIB RESECTION FOR EMPYEMA	48.44	46.58	1
32036	THORACOSTOMY; WITH OPEN FLAP DRAINAGE FOR EMPYEMA	52.39	50.38	1
32095	THORACOTOMY LIMITED, FOR BIOPSY OF LUNG OR PLEURA	43.05	41.40	1
32100	THORACOTOMY, MAJOR; WITH EXPLORATION AND BIOPSY	66.35	63.80	1
32110	THORACOTOMY, MAJOR; WITH CONTROL OF TRAUMATIC HEMORRHAGE AND/OR REPAIR OF L	100.28	96.43	1
32120	THORACOTOMY, MAJOR; FOR POSTOPERATIVE COMPLICATIONS	59.55	57.26	1
32124	THORACOTOMY, MAJOR; WITH OPEN INTRAPLEURAL PNEUMONOLYSIS	63.48	61.04	1
32140	THORACOTOMY, MAJOR; WITH CYST(S) REMOVAL, WITH OR WITHOUT A PLEURAL PROCEDU	67.83	65.23	1
32141	THORACOTOMY, MAJOR; WITH EXCISION-PLICATION OF BULLAE, WITH OR WITHOUT ANY	103.13	99.17	1
32150	THORACOTOMY, MAJOR; WITH REMOVAL OF INTRAPLEURAL FOREIGN BODY OR FIBRIN DEP	68.52	65.89	1
32151	THORACOTOMY, MAJOR; WITH REMOVAL OF INTRAPULMONARY FOREIGN BODY	72.18	69.41	1
32160	THORACOTOMY, MAJOR; WITH CARDIAC MASSAGE	52.78	50.75	1
32200	PNEUMONOSTOMY, WITH OPEN DRAINAGE OF ABSCESS OR CYST	76.83	73.88	1
32201	PNEUMONOSTOMY; WITH PERCUTANEOUS DRAINAGE OF ABSCESS OR CYST	14.00	13.47	1
32215	PLEURAL SCARIFICATION FOR REPEAT PNEUMOTHORAX	54.93	52.82	1
32220	DECORTICATION, PULMONARY, (SEPARATE PROCEDURE); TOTAL	109.92	105.70	1
32225	DECORTICATION, PULMONARY, (SEPARATE PROCEDURE); PARTIAL	68.52	65.89	1
32310	PLEURECTOMY, PARIETAL (SEPARATE PROCEDURE)	63.00	60.58	1
32320	DECORTICATION AND PARIETAL PLEURECTOMY	110.16	105.93	1
32402	BIOPSY, PLEURA; OPEN	38.53	37.05	1
32440	REMOVAL OF LUNG, TOTAL PNEUMONECTOMY;	109.64	105.43	1
32442	REMOVAL OF LUNG, TOTAL PNEUMONECTOMY; WITH RESECTION OF SEGMENT OF TRACHEA	205.96	198.04	1
32445	REMOVAL OF LUNG, TOTAL PNEUMONECTOMY; EXTRAPLEURAL	236.15	227.07	1
32480	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; SINGLE LOBE (LOBECTOMY)	103.39	99.42	1
32482	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; TWO LOBES (BILOBECTOMY)	110.11	105.88	1

CODE	DESCRIPTION	00-20 MAX FEE	21+ MAX FEE	MAX UNITS
32484	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; SINGLE SEGMENT (SEGMENTECT	99.28	95.47	1
32486	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; WITH CIRCUMFERENTIAL RESEC	160.85	154.67	1
32488	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; ALL REMAINING LUNG FOLLOWI	162.95	156.69	1
32500	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; WEDGE RESECTION, SINGLE OR	99.68	95.85	1
32540	EXTRAPLEURAL ENUCLEATION OF EMPYEMA (EMPYEMECTOMY)	116.33	111.86	1
32650	THORACOSCOPY, SURGICAL; WITH PLEURODESIS (EG, MECHANICAL OR CHEMICAL)	46.11	44.34	1
32651	THORACOSCOPY, SURGICAL; WITH PARTIAL PULMONARY DECORTICATION	74.03	71.19	1
32652	THORACOSCOPY, SURGICAL; WITH TOTAL PULMONARY DECORTICATION, INCLUDING INTRA	112.30	107.99	1
32653	THORACOSCOPY, SURGICAL; WITH REMOVAL OF INTRAPLEURAL FOREIGN BODY OR FIBRIN	71.76	69.00	1
32654	THORACOSCOPY, SURGICAL; WITH CONTROL OF TRAUMATIC HEMORRHAGE	78.56	75.54	1
32655	THORACOSCOPY, SURGICAL; WITH EXCISION-PLICATION OF BULLAE, INCLUDING ANY PL	65.41	62.90	1
32656	THORACOSCOPY, SURGICAL; WITH PARIETAL PLEURECTOMY	55.14	53.02	1
32657	THORACOSCOPY, SURGICAL; WITH WEDGE RESECTION OF LUNG, SINGLE OR MULTIPLE	54.69	52.59	1
32658	THORACOSCOPY, SURGICAL; WITH REMOVAL OF CLOT OR FOREIGN BODY FROM PERICARDI	49.56	47.66	1
32659	THORACOSCOPY, SURGICAL; WITH CREATION OF PERICARDIAL WINDOW OR PARTIAL RESE	50.74	48.79	1
32660	THORACOSCOPY, SURGICAL; WITH TOTAL PERICARDECTOMY	71.24	68.50	1
32661	THORACOSCOPY, SURGICAL; WITH EXCISION OF PERICARDIAL CYST, TUMOR, OR MASS	55.95	53.80	1
32662	THORACOSCOPY, SURGICAL; WITH EXCISION OF MEDIASTINAL CYST, TUMOR, OR MASS	62.22	59.83	1
32663	THORACOSCOPY, SURGICAL; WITH LOBECTOMY, TOTAL OR SEGMENTAL	96.10	92.41	1
32665	THORACOSCOPY, SURGICAL; WITH ESOPHAGOMYOTOMY (HELLER TYPE)	84.34	81.10	1
32800	REPAIR LUNG HERNIA THROUGH CHEST WALL	64.52	62.04	1
32810	CLOSURE OF CHEST WALL FOLLOWING OPEN FLAP DRAINAGE FOR EMPYEMA (CLAGETT TYP	62.41	60.01	1
32815	OPEN CLOSURE OF MAJOR BRONCHIAL FISTULA	188.28	181.04	1
32820	MAJOR RECONSTRUCTION, CHEST WALL (POST-TRAUMATIC)	95.89	92.21	1
32851	LUNG TRANSPLANT, SINGLE; WITHOUT CARDIOPULMONARY BYPASS	176.25	169.48	1
32852	LUNG TRANSPLANT, SINGLE; WITH CARDIOPULMONARY BYPASS	194.51	187.03	1
32853	LUNG TRANSPLANT, DOUBLE (BILATERAL SEQUENTIAL OR EN BLOC); WITHOUT CARDIOPU	210.38	202.29	1
32854	LUNG TRANSPLANT, DOUBLE (BILATERAL SEQUENTIAL OR EN BLOC); WITH CARDIOPULMO	229.07	220.26	1
32900	RESECTION OF RIBS, EXTRAPLEURAL, ALL STAGES	95.21	91.55	1
32905	THORACOPLASTY, SCHEDE TYPE OR EXTRAPLEURAL (ALL STAGES);	93.98	90.37	1
32906	THORACOPLASTY, SCHEDE TYPE OR EXTRAPLEURAL (ALL STAGES); WITH CLOSURE OF BR	116.28	111.81	1
32940	PNEUMONOLYSIS, EXTRAPERIOSTEAL, INCLUDING FILLING OR PACKING PROCEDURES	85.57	82.28	1
32998	ABLATION THERAPY FOR REDUCTION OR ERADICATION OF ONE OR MORE PULMONARY TUMO	195.23	187.73	1
32999	UNLISTED PROCEDURE, LUNGS AND PLEURA	0.00	0.00	1

CODE	DESCRIPTION	00-20 MAX FEE	21+ MAX FEE	MAX UNITS
33020	PERICARDIOTOMY FOR REMOVAL OF CLOT OR FOREIGN BODY (PRIMARY PROCEDURE)	60.60	58.27	1
33025	CREATION OF PERICARDIAL WINDOW OR PARTIAL RESECTION FOR DRAINAGE	56.00	53.85	1
33030	PERICARDIECTOMY, SUBTOTAL OR COMPLETE; WITHOUT CARDIOPULMONARY BYPASS	89.75	86.30	1
33031	PERICARDIECTOMY, SUBTOTAL OR COMPLETE; WITH CARDIOPULMONARY BYPASS	100.30	96.45	1
33050	EXCISION OF PERICARDIAL CYST OR TUMOR	69.49	66.82	1
33120	EXCISION OF INTRACARDIAC TUMOR, RESECTION WITH CARDIOPULMONARY BYPASS	109.23	105.03	1
33130	RESECTION OF EXTERNAL CARDIAC TUMOR	95.45	91.78	1
33140	TRANSMYOCARDIAL LASER REVASCULARIZATION, BY THORACOTOMY (SEPARATE PROCEDURE)	109.20	105.00	1
33141	TRANSMYOCARDIAL LASER REVASCULARIZATION, BY THORACOTOMY; PERFORMED AT THE T	10.53	10.13	1
33243	REMOVAL OF SINGLE OR DUAL CHAMBER PACING CARDIOVERTER-DEFIBRILLATOR	95.52	91.85	1
33250	OPERATIVE ABLATION OF SUPRAVENTRICULAR ARRHYTHMOGENIC FOCUS OR PATHWAY (EG,	102.19	98.26	1
33251	OPERATIVE ABLATION OF SUPRAVENTRICULAR ARRHYTHMOGENIC FOCUS OR PATHWAY (EG,	113.69	109.32	1
33254	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, LIMITED (EG, MODIFIE	96.38	92.68	1
33255	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, EXTENSIVE (EG, MAZE	116.12	111.66	1
33256	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, EXTENSIVE (EG, MAZE	138.79	133.46	1
33261	OPERATIVE ABLATION OF VENTRICULAR ARRHYTHMOGENIC FOCUS WITH CARDIOPULMONARY	113.88	109.50	1
33265	ENDOSCOPY, SURGICAL; OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA,	96.38	92.68	1
33266	ENDOSCOPY, SURGICAL; OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA,	132.04	126.97	1
33300	REPAIR OF CARDIAC WOUND; WITHOUT BYPASS	165.12	158.77	1
33305	REPAIR OF CARDIAC WOUND; WITH CARDIOPULMONARY BYPASS	274.97	264.40	1
33310	CARDIOTOMY, EXPLORATORY (INCLUDES REMOVAL OF FOREIGN BODY, ATRIAL OR VENTRI	82.63	79.46	1
33315	CARDIOTOMY, EXPLORATORY (INCLUDES REMOVAL OF FOREIGN BODY); WITH CARDIOPULM	103.91	99.92	1
33320	SUTURE REPAIR OF AORTA OR GREAT VESSELS; WITHOUT SHUNT OR CARDIOPULMONARY B	76.47	73.53	1
33321	SUTURE REPAIR OF AORTA OR GREAT VESSELS; WITH SHUNT BYPASS	88.70	85.29	1
33322	SUTURE REPAIR OF AORTA OR GREAT VESSELS; WITH CARDIOPULMONARY BYPASS	96.59	92.88	1
33330	INSERTION OF GRAFT, AORTA OR GREAT VESSELS; WITHOUT SHUNT, OR CARDIOPULMONA	98.66	94.87	1
33332	INSERTION OF GRAFT, AORTA OR GREAT VESSELS; WITH SHUNT BYPASS	96.93	93.21	1
33335	INSERTION OF GRAFT, AORTA OR GREAT VESSELS; WITH CARDIOPULMONARY BYPASS	133.38	128.25	1
33400	VALVULOPLASTY, AORTIC VALVE; OPEN, WITH CARDIOPULMONARY BYPASS	158.53	152.44	1
33401	VALVULOPLASTY, AORTIC VALVE; OPEN, WITH INFLOW OCCLUSION	98.66	94.87	1
33403	VALVULOPLASTY, AORTIC VALVE; USING TRANSVENTRICULAR DILATION, WITH CARDIOPU	103.05	99.09	1
33404	CONSTRUCTION OF APICAL-AORTIC CONDUIT	124.96	120.16	1
33405	REPLACEMENT, AORTIC VALVE, WITH CARDIOPULMONARY BYPASS; WITH PROSTHETIC VAL	161.95	155.73	1
33406	REPLACEMENT, AORTIC VALVE, WITH CARDIOPULMONARY BYPASS; WITH ALLOGRAFT VALV	200.69	192.98	1

CODE	DESCRIPTION	00-20 MAX FEE	21+ MAX FEE	MAX UNITS
33410	REPLACEMENT, AORTIC VALVE, WITH CARDIOPULMONARY BYPASS; WITH STENTLESS TISS	177.41	170.59	1
33411	REPLACEMENT, AORTIC VALVE; WITH AORTIC ANNULUS ENLARGEMENT, NONCORONARY CUS	232.54	223.60	1
33412	REPLACEMENT, AORTIC VALVE; WITH TRANSVENTRICULAR AORTIC ANNULUS ENLARGEMENT	174.25	167.55	1
33413	REPLACEMENT, AORTIC VALVE; BY TRANSLOCATION OF AUTOLOGOUS PULMONARY VALVE W	227.03	218.30	1
33414	REPAIR OF LEFT VENTRICULAR OUTFLOW TRACT OBSTRUCTION BY PATCH ENLARGEMENT O	154.42	148.49	1
33415	RESECTION OR INCISION OF SUBVALVULAR TISSUE FOR DISCRETE SUBVALVULAR AORTIC	141.92	136.47	1
33416	VENTRICULOMYOTOMY (-MYECTOMY) FOR IDIOPATHIC HYPERTROPHIC SUBAORTIC STENOSI	142.71	137.23	1
33417	AORTOPLASTY (GUSSET) FOR SUPRAVALVULAR STENOSIS	118.61	114.05	1
33422	VALVOTOMY, MITRAL VALVE; OPEN HEART, WITH CARDIOPULMONARY BYPASS	120.26	115.64	1
33425	VALVULOPLASTY, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS;	187.70	180.49	1
33426	VALVULOPLASTY, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS; WITH PROSTHETIC R	167.86	161.41	1
33427	VALVULOPLASTY, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS; RADICAL RECONSTRU	174.66	167.95	1
33430	REPLACEMENT, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS	195.60	188.08	1
33460	VALVECTOMY, TRICUSPID VALVE, WITH CARDIOPULMONARY BYPASS	166.19	159.80	1
33463	VALVULOPLASTY, TRICUSPID VALVE; WITHOUT RING INSERTION	210.66	202.56	1
33464	VALVULOPLASTY, TRICUSPID VALVE; WITH RING INSERTION	169.59	163.07	1
33465	REPLACEMENT, TRICUSPID VALVE, WITH CARDIOPULMONARY BYPASS	190.19	182.88	1
33468	TRICUSPID VALVE REPOSITIONING AND PLICATION FOR EBSTEIN ANOMALY	136.62	131.37	1
33470	VALVOTOMY, PULMONARY VALVE, CLOSED HEART; TRANSVENTRICULAR	81.17	78.05	1
33472	VALVOTOMY, PULMONARY VALVE, OPEN HEART; WITH INFLOW OCCLUSION	87.99	84.61	1
33474	VALVOTOMY, PULMONARY VALVE, OPEN HEART; WITH CARDIOPULMONARY BYPASS	156.15	150.15	1
33475	REPLACEMENT, PULMONARY VALVE	164.49	158.17	1
33476	RIGHT VENTRICULAR RESECTION FOR INFUNDIBULAR STENOSIS, WITH OR WITHOUT COMM	105.25	101.21	1
33478	OUTFLOW TRACT AUGMENTATION (GUSSET), WITH OR WITHOUT COMMISSUROTOMY OR INFU	110.45	106.21	1
33496	REPAIR OF NON-STRUCTURAL PROSTHETIC VALVE DYSFUNCTION WITH CARDIOPULMONARY	118.45	113.90	1
33500	REPAIR OF CORONARY ARTERIOVENOUS OR ARTERIOCARDIAC CHAMBER FISTULA; WITH CA	111.73	107.44	1
33501	REPAIR OF CORONARY ARTERIOVENOUS OR ARTERIOCARDIAC CHAMBER FISTULA; WITHOUT	77.40	74.43	1
33502	REPAIR OF ANOMALOUS CORONARY ARTERY FROM PULMONARY ARTERY ORIGIN; BY LIGATI	88.78	85.37	1
33504	REPAIR OF ANOMALOUS CORONARY ARTERY; BY GRAFT, WITH CARDIOPULMONARY BYPASS	101.44	97.54	1
33505	REPAIR OF ANOMALOUS CORONARY ARTERY; WITH CONSTRUCTION OF INTRAPULMONARY AR	138.09	132.78	1
33506	REPAIR OF ANOMALOUS CORONARY ARTERY; BY TRANSLOCATION FROM PULMONARY ARTERY	151.68	145.85	1
33507	REPAIR OF ANOMALOUS (EG, INTRAMURAL) AORTIC ORIGIN OF CORONARY ARTERY BY UN	123.32	118.58	1
33508	ENDOSCOPY, SURGICAL, INCLUDING VIDEO-ASSISTED HARVEST OF VEIN(S) FOR CORONA	1.17	1.13	1
33510	CORONARY ARTERY BYPASS, VEIN ONLY; SINGLE CORONARY VENOUS GRAFT	137.17	131.90	1

CODE	DESCRIPTION	00-20 MAX FEE	21+ MAX FEE	MAX UNITS
33511	CORONARY ARTERY BYPASS, VEIN ONLY; TWO CORONARY VENOUS GRAFTS	149.95	144.19	1
33512	CORONARY ARTERY BYPASS, VEIN ONLY; THREE CORONARY VENOUS GRAFTS	169.35	162.84	1
33513	CORONARY ARTERY BYPASS, VEIN ONLY; FOUR CORONARY VENOUS GRAFTS	175.05	168.32	1
33514	CORONARY ARTERY BYPASS, VEIN ONLY; FIVE CORONARY VENOUS GRAFTS	183.99	176.92	1
33516	CORONARY ARTERY BYPASS, VEIN ONLY; SIX OR MORE CORONARY VENOUS GRAFTS	191.76	184.39	1
33517	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); SINGLE	13.36	12.85	1
33518	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); TWO VE	28.99	27.88	1
33519	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); THREE	38.53	37.05	1
33521	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); FOUR V	46.64	44.85	1
33522	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); FIVE V	52.91	50.88	1
33523	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); SIX OR	60.58	58.25	1
33530	REOPERATION, CORONARY ARTERY BYPASS PROCEDURE OR VALVE PROCEDURE, MORE THAN	36.88	35.47	1
33533	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); SINGLE ARTERIAL GRAFT	133.35	128.23	1
33534	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); TWO CORONARY ARTERIAL GRAF	155.42	149.45	1
33535	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); THREE CORONARY ARTERIAL GR	173.28	166.62	1
33536	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); FOUR OR MORE CORONARY ARTE	186.43	179.26	1
33542	MYOCARDIAL RESECTION (EG, VENTRICULAR ANEURYSMECTOMY)	182.92	175.89	1
33545	REPAIR OF POSTINFARCTION VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT MYOCARD	216.10	207.79	1
33548	SURGICAL VENTRICULAR RESTORATION PROCEDURE, INCLUDES PROSTHETIC PATCH, WHEN	207.91	199.92	1
33572	CORONARY ENDARTERECTOMY, OPEN, ANY METHOD, OF LEFT ANTERIOR DESCENDING, CIR	16.80	16.16	1
33600	CLOSURE OF ATRIOVENTRICULAR VALVE (MITRAL OR TRICUSPID) BY SUTURE OR PATCH	122.92	118.20	1
33602	CLOSURE OF SEMILUNAR VALVE (AORTIC OR PULMONARY) BY SUTURE OR PATCH	121.82	117.14	1
33606	ANASTOMOSIS OF PULMONARY ARTERY TO AORTA (DAMUS-KAYE-STANSEL PROCEDURE)	125.17	120.36	1
33608	REPAIR OF COMPLEX CARDIAC ANOMALY OTHER THAN PULMONARY ATRESIA WITH VENTRIC	130.35	125.34	1
33610	REPAIR OF COMPLEX CARDIAC ANOMALIES (EG, SINGLE VENTRICLE WITH SUBAORTIC OB	123.08	118.35	1
33611	REPAIR OF DOUBLE OUTLET RIGHT VENTRICLE WITH INTRAVENTRICULAR TUNNEL REPAIR	137.07	131.80	1
33612	REPAIR OF DOUBLE OUTLET RIGHT VENTRICLE WITH INTRAVENTRICULAR TUNNEL REPAIR	143.01	137.51	1
33615	REPAIR OF COMPLEX CARDIAC ANOMALIES (EG, TRICUSPID ATRESIA) BY CLOSURE OF A	137.54	132.25	1
33617	REPAIR OF COMPLEX CARDIAC ANOMALIES (EG, SINGLE VENTRICLE) BY MODIFIED FONT	159.55	153.42	1
33619	REPAIR OF SINGLE VENTRICLE WITH AORTIC OUTFLOW OBSTRUCTION AND AORTIC ARCH	191.66	184.29	1
33641	REPAIR ATRIAL SEPTAL DEFECT, SECUNDUM, WITH CARDIOPULMONARY BYPASS, WITH OR	114.37	109.98	1
33645	DIRECT OR PATCH CLOSURE, SINUS VENOSUS, WITH OR WITHOUT ANOMALOUS PULMONARY	111.75	107.46	1
33647	REPAIR OF ATRIAL SEPTAL DEFECT AND VENTRICULAR SEPTAL DEFECT, WITH DIRECT O	117.62	113.10	1
33660	REPAIR OF INCOMPLETE OR PARTIAL ATRIOVENTRICULAR CANAL (OSTIUM PRIMUM ATRIA	124.67	119.88	1

CODE	DESCRIPTION	00-20 MAX FEE	21+ MAX FEE	MAX UNITS
33665	REPAIR OF INTERMEDIATE OR TRANSITIONAL ATRIOVENTRICULAR CANAL, WITH OR WITH	133.82	128.68	1
33670	REPAIR OF COMPLETE ATRIOVENTRICULAR CANAL, WITH OR WITHOUT PROSTHETIC VALVE	139.81	134.44	1
33675	CLOSURE OF MULTIPLE VENTRICULAR SEPTAL DEFECTS;	153.30	147.41	1
33676	CLOSURE OF MULTIPLE VENTRICULAR SEPTAL DEFECTS; WITH PULMONARY VALVOTOMY OR	158.11	152.03	1
33677	CLOSURE OF MULTIPLE VENTRICULAR SEPTAL DEFECTS; WITH REMOVAL OF PULMONARY A	164.36	158.04	1
33681	CLOSURE OF SINGLE VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT PATCH;	130.32	125.31	1
33684	CLOSURE OF VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT PATCH WITH PULMONARY	149.90	144.14	1
33688	CLOSURE OF VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT PATCH WITH REMOVAL OF	127.60	122.70	1
33690	BANDING OF PULMONARY ARTERY	80.44	77.35	1
33692	COMPLETE REPAIR TETRALOGY OF FALLOT WITHOUT PULMONARY ATRESIA;	118.06	113.52	1
33694	COMPLETE REPAIR TETRALOGY OF FALLOT WITHOUT PULMONARY ATRESIA; WITH TRANSAN	132.89	127.78	1
33697	COMPLETE REPAIR TETRALOGY OF FALLOT WITH PULMONARY ATRESIA INCLUDING CONSTR	166.08	159.70	1
33702	REPAIR SINUS OF VALSALVA FISTULA, WITH CARDIOPULMONARY BYPASS;	110.45	106.21	1
33710	REPAIR SINUS OF VALSALVA FISTULA, WITH CARDIOPULMONARY BYPASS; WITH REPAIR	121.20	116.54	1
33720	REPAIR SINUS OF VALSALVA ANEURYSM, WITH CARDIOPULMONARY BYPASS	110.06	105.83	1
33722	CLOSURE OF AORTICO-LEFT VENTRICULAR TUNNEL	101.98	98.06	1
33724	REPAIR OF ISOLATED PARTIAL ANOMALOUS PULMONARY VENOUS RETURN (EG, SCIMITAR	110.09	105.86	1
33726	REPAIR OF PULMONARY VENOUS STENOSIS	145.17	139.59	1
33730	COMPLETE REPAIR OF ANOMALOUS VENOUS RETURN (SUPRACARDIAC, INTRACARDIAC, OR	142.03	136.57	1
33732	REPAIR OF COR TRIATRIATUM OR SUPRAVALVULAR MITRAL RING BY RESECTION OF LEFT	123.65	118.90	1
33735	ATRIAL SEPTECTOMY OR SEPTOSTOMY; CLOSED HEART (BLALOCK-HANLON TYPE OPERATIO	87.34	83.99	1
33736	ATRIAL SEPTECTOMY OR SEPTOSTOMY; OPEN HEART WITH CARDIOPULMONARY BYPASS	99.32	95.50	1
33737	ATRIAL SEPTECTOMY OR SEPTOSTOMY; OPEN HEART, WITH INFLOW OCCLUSION	86.59	83.26	1
33750	SHUNT; SUBCLAVIAN TO PULMONARY ARTERY (BLALOCK-TAUSSIG TYPE OPERATION)	90.51	87.03	1
33755	SHUNT; ASCENDING AORTA TO PULMONARY ARTERY (WATERSTON TYPE OPERATION)	87.52	84.16	1
33762	SHUNT; DESCENDING AORTA TO PULMONARY ARTERY (POTTS-SMITH TYPE OPERATION)	85.51	82.23	1
33764	SHUNT; CENTRAL, WITH PROSTHETIC GRAFT	90.63	87.15	1
33766	SHUNT; SUPERIOR VENA CAVA TO PULMONARY ARTERY FOR FLOW TO ONE LUNG (CLASSIC	93.17	89.59	1
33767	SHUNT; SUPERIOR VENA CAVA TO PULMONARY ARTERY FOR FLOW TO BOTH LUNGS (BIDIR	100.33	96.48	1
33768	ANASTOMOSIS, CAVOPULMONARY, SECOND SUPERIOR VENA CAVA (LIST SEPARATELY IN A	29.80	28.66	1
33770	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES WITH VENTRICULAR SEPTAL DEFEC	144.62	139.06	1
33771	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES WITH VENTRICULAR SEPTAL DEFEC	148.52	142.81	1
33774	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE (EG,	127.40	122.50	1
33775	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE (EG,	125.27	120.46	1

CODE	DESCRIPTION	00-20 MAX FEE	21+ MAX FEE	MAX UNITS
33776	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE (EG,	138.40	133.08	1
33777	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE (EG,	129.07	124.11	1
33778	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, AORTIC PULMONARY ARTERY RECO	167.34	160.91	1
33779	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, AORTIC PULMONARY ARTERY RECO	150.16	144.39	1
33780	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, AORTIC PULMONARY ARTERY RECO	154.79	148.84	1
33781	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, AORTIC PULMONARY ARTERY RECO	165.46	159.10	1
33786	TOTAL REPAIR, TRUNCUS ARTERIOSUS (RASTELLI TYPE OPERATION)	153.90	147.99	1
33788	REIMPLANTATION OF AN ANOMALOUS PULMONARY ARTERY	107.16	103.04	1
33800	AORTIC SUSPENSION (AORTOPEXY) FOR TRACHEAL DECOMPRESSION (EG, FOR TRACHEOMA	70.56	67.85	1
33802	DIVISION OF ABERRANT VESSEL (VASCULAR RING);	73.30	70.49	1
33803	DIVISION OF ABERRANT VESSEL (VASCULAR RING); WITH REANASTOMOSIS	81.85	78.71	1
33813	OBLITERATION OF AORTOPULMONARY SEPTAL DEFECT; WITHOUT CARDIOPULMONARY BYPAS	87.11	83.76	1
33814	OBLITERATION OF AORTOPULMONARY SEPTAL DEFECT; WITH CARDIOPULMONARY BYPASS	106.40	102.31	1
33820	REPAIR OF PATENT DUCTUS ARTERIOSUS; BY LIGATION	71.55	68.80	1
33822	REPAIR OF PATENT DUCTUS ARTERIOSUS; BY DIVISION, UNDER 18 YEARS	68.59	65.96	1
33824	REPAIR OF PATENT DUCTUS ARTERIOSUS; BY DIVISION, 18 YEARS AND OLDER	82.51	79.34	1
33840	EXCISION OF COARCTATION OF AORTA, WITH OR WITHOUT ASSOCIATED PATENT DUCTUS	84.50	81.25	1
33845	EXCISION OF COARCTATION OF AORTA, WITH OR WITHOUT ASSOCIATED PATENT DUCTUS	92.96	89.39	1
33851	EXCISION OF COARCTATION OF AORTA, WITH OR WITHOUT ASSOCIATED PATENT DUCTUS	89.28	85.85	1
33852	REPAIR OF HYPOPLASTIC OR INTERRUPTED AORTIC ARCH USING AUTOGENOUS OR PROSTH	94.87	91.23	1
33853	REPAIR OF HYPOPLASTIC OR INTERRUPTED AORTIC ARCH USING AUTOGENOUS OR PROSTH	130.27	125.26	1
33860	ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS, WITH OR WITHOUT VALVE S	223.97	215.36	1
33861	ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS, WITH OR WITHOUT VALVE S	173.54	166.87	1
33863	ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS, WITH OR WITHOUT VALVE S	222.95	214.38	1
33870	TRANSVERSE ARCH GRAFT, WITH CARDIOPULMONARY BYPASS	180.88	173.93	1
33875	DESCENDING THORACIC AORTA GRAFT, WITH OR WITHOUT BYPASS	140.36	134.97	1
33877	REPAIR OF THORACOABDOMINAL AORTIC ANEURYSM WITH GRAFT, WITH OR WITHOUT CARD	252.38	242.68	1
33880	ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA (EG, ANEURYSM, PSEUDOANEUR	124.77	119.98	1
33881	ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA (EG, ANEURYSM, PSEUDOANEUR	107.40	103.27	1
33883	PLACEMENT OF PROXIMAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF DESCE	78.56	75.54	1
33884	PLACEMENT OF PROXIMAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF DESCE	28.91	27.80	4
33886	PLACEMENT OF DISTAL EXTENSION PROSTHESIS(S) DELAYED AFTER ENDOVASCULAR REPA	67.94	65.33	1
33889	OPEN SUBCLAVIAN TO CAROTID ARTERY TRANSPOSITION PERFORMED IN CONJUNCTION WI	58.16	55.93	1
33891	BYPASS GRAFT, WITH OTHER THAN VEIN, TRANSCERVICAL RETROPHARYNGEAL CAROTID-C	75.89	72.98	1

CODE	DESCRIPTION	00-20 MAX FEE	21+ MAX FEE	MAX UNITS
33910	PULMONARY ARTERY EMBOLECTOMY; WITH CARDIOPULMONARY BYPASS	116.52	112.04	1
33915	PULMONARY ARTERY EMBOLECTOMY; WITHOUT CARDIOPULMONARY BYPASS	93.27	89.69	1
33916	PULMONARY ENDARTERECTOMY, WITH OR WITHOUT EMBOLECTOMY, WITH CARDIOPULMONARY	111.99	107.69	1
33917	REPAIR OF PULMONARY ARTERY STENOSIS BY RECONSTRUCTION WITH PATCH OR GRAFT	102.53	98.59	1
33920	REPAIR OF PULMONARY ATRESIA WITH VENTRICULAR SEPTAL DEFECT, BY CONSTRUCTION	126.22	121.37	1
33922	TRANSECTION OF PULMONARY ARTERY WITH CARDIOPULMONARY BYPASS	101.06	97.18	1
33924	LIGATION AND TAKEDOWN OF A SYSTEMIC-TO-PULMONARY ARTERY SHUNT, PERFORMED IN	22.08	21.24	1
33925	REPAIR OF PULMONARY ARTERY ARBORIZATION ANOMALIES BY UNIFOCALIZATION; WITHO	120.31	115.69	1
33926	REPAIR OF PULMONARY ARTERY ARBORIZATION ANOMALIES BY UNIFOCALIZATION; WITH	170.50	163.95	1
33935	HEART-LUNG TRANSPLANT WITH RECIPIENT CARDIECTOMY-PNEUMONECTOMY	245.70	236.25	1
33945	HEART TRANSPLANT, WITH OR WITHOUT RECIPIENT CARDIECTOMY	329.77	317.09	1
33960	PROLONGED EXTRACORPOREAL CIRCULATION FOR CARDIOPULMONARY INSUFFICIENCY; INI	72.23	69.46	1
33961	PROLONGED EXTRACORPOREAL CIRCULATION FOR CARDIOPULMONARY INSUFFICIENCY; EAC	38.53	37.05	1
33970	INSERTION OF INTRA-AORTIC BALLOON ASSIST DEVICE THROUGH THE FEMORAL ARTERY,	26.45	25.44	1
33973	INSERTION OF INTRA-AORTIC BALLOON ASSIST DEVICE THROUGH THE ASCENDING AORTA	39.03	37.53	1
33975	INSERTION OF VENTRICULAR ASSIST DEVICE; EXTRACORPOREAL, SINGLE VENTRICLE	80.20	77.12	1
33976	INSERTION OF VENTRICULAR ASSIST DEVICE; EXTRACORPOREAL, BIVENTRICULAR	89.28	85.85	1
33977	REMOVAL OF VENTRICULAR ASSIST DEVICE; EXTRACORPOREAL, SINGLE VENTRICLE	84.28	81.04	1
33978	REMOVAL OF VENTRICULAR ASSIST DEVICE; EXTRACORPOREAL, BIVENTRICULAR	94.87	91.23	1
33999	UNLISTED PROCEDURE, CARDIAC SURGERY	0.00	0.00	1
34502	RECONSTRUCTION OF VENA CAVA, ANY METHOD	110.45	106.21	1
34802	ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM OR DISSECTION;	89.46	86.02	1
34803	ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM OR DISSECTION;	91.08	87.58	1
34805	ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM OR DISSECTION;	83.21	80.01	1
34833	OPEN ILIAC ARTERY EXPOSURE WITH CREATION OF CONDUIT FOR DELIVERY OF AORTIC	44.36	42.66	1
34834	OPEN BRACHIAL ARTERY EXPOSURE TO ASSIST IN THE DEPLOYMENT OF AORTIC OR ILIA	20.13	19.36	1
35081	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	126.60	121.74	1
35082	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	158.14	152.06	1
35180	REPAIR, CONGENITAL ARTERIOVENOUS FISTULA; HEAD AND NECK	56.88	54.70	1
35182	REPAIR, CONGENITAL ARTERIOVENOUS FISTULA; THORAX AND ABDOMEN	124.67	119.88	1
35184	REPAIR, CONGENITAL ARTERIOVENOUS FISTULA; EXTREMITIES	73.62	70.79	1
35188	REPAIR, ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA; HEAD AND NECK	61.27	58.92	1
35189	REPAIR, ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA; THORAX AND ABDOMEN	114.93	110.51	1
35190	REPAIR, ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA; EXTREMITIES	53.43	51.38	1

CODE	DESCRIPTION	00-20 MAX FEE	21+ MAX FEE	MAX UNITS
35302	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; SUPERFICIAL FEM	82.06	78.91	1
35303	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; POPLITEAL ARTER	90.19	86.73	1
35304	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; TIBIOPERONEAL T	93.86	90.25	1
35305	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; TIBIAL OR PERON	90.19	86.73	1
35306	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; EACH ADDITIONAL	33.90	32.60	3
35459	TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN; TIBIOPERONEAL TRUNK AND BRANCHES	32.29	31.05	1
35480	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN; RENAL OR OTHER VISCERAL ARTERY	42.67	41.03	1
35481	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN; AORTIC	29.32	28.20	1
35482	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN; ILIAC	25.23	24.26	1
35483	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN; FEMORAL-POPLITEAL	31.42	30.22	1
35484	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN; BRACHIOCEPHALIC TRUNK OR BRANCHE	38.53	37.05	1
35485	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN; TIBIOPERONEAL TRUNK AND BRANCHES	36.12	34.74	1
35490	TRANSLUMINAL PERIPHERAL ATHERECTOMY, PERCUTANEOUS; RENAL OR OTHER VISCERAL	47.32	45.50	1
35491	TRANSLUMINAL PERIPHERAL ATHERECTOMY, PERCUTANEOUS; AORTIC	32.15	30.92	1
35492	TRANSLUMINAL PERIPHERAL ATHERECTOMY, PERCUTANEOUS; ILIAC	27.99	26.92	1
35537	BYPASS GRAFT, WITH VEIN; AORTOILIAC	158.66	152.56	1
35538	BYPASS GRAFT, WITH VEIN; AORTOBI-ILIAC	177.27	170.46	1
35539	BYPASS GRAFT, WITH VEIN; AORTOFEMORAL	166.60	160.20	1
35540	BYPASS GRAFT, WITH VEIN; AORTOBIFEMORAL	185.77	178.63	1
35548	BYPASS GRAFT, WITH VEIN; AORTOILIOFEMORAL, UNILATERAL	87.34	83.99	1
35549	BYPASS GRAFT, WITH VEIN; AORTOILIOFEMORAL, BILATERAL	96.17	92.48	1
35572	HARVEST OF FEMOROPOPLITEAL VEIN, ONE SEGMENT, FOR VASCULAR RECONSTRUCTION P	25.30	24.33	1
35600	HARVEST OF UPPER EXTREMITY ARTERY, ONE SEGMENT, FOR CORONARY ARTERY BYPASS	18.84	18.12	1
35646	BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOBIFEMORAL	125.51	120.69	1
35697	REIMPLANTATION, VISCERAL ARTERY TO INFRARENAL AORTIC PROSTHESIS, EACH ARTER	10.93	10.51	1
35800	EXPLORATION FOR POSTOPERATIVE HEMORRHAGE, THROMBOSIS OR INFECTION; NECK	33.69	32.40	1
35820	EXPLORATION FOR POSTOPERATIVE HEMORRHAGE, THROMBOSIS OR INFECTION; CHEST	135.84	130.62	1
35840	EXPLORATION FOR POSTOPERATIVE HEMORRHAGE, THROMBOSIS OR INFECTION; ABDOMEN	44.62	42.91	1
35860	EXPLORATION FOR POSTOPERATIVE HEMORRHAGE, THROMBOSIS OR INFECTION; EXTREMIT	28.68	27.58	1
35870	REPAIR OF GRAFT-ENTERIC FISTULA	93.04	89.47	1
35876	THROMBECTOMY OF ARTERIAL OR VENOUS GRAFT; WITH REVISION OF ARTERIAL OR VENO	68.65	66.01	1
35879	REVISION, LOWER EXTREMITY ARTERIAL BYPASS, WITHOUT THROMBECTOMY, OPEN; WITH	67.13	64.55	1
35881	REVISION, LOWER EXTREMITY ARTERIAL BYPASS, WITHOUT THROMBECTOMY, OPEN; WITH	74.40	71.54	1
35883	REVISION, FEMORAL ANASTOMOSIS OF SYNTHETIC ARTERIAL BYPASS GRAFT IN GROIN,	92.08	88.54	1

CODE	DESCRIPTION	00-20 MAX FEE	21+ MAX FEE	MAX UNITS
35884	REVISION, FEMORAL ANASTOMOSIS OF SYNTHETIC ARTERIAL BYPASS GRAFT IN GROIN,	97.80	94.04	1
35901	EXCISION OF INFECTED GRAFT; NECK	35.81	34.44	1
35903	EXCISION OF INFECTED GRAFT; EXTREMITY	40.34	38.79	1
35905	EXCISION OF INFECTED GRAFT; THORAX	126.93	122.05	1
35907	EXCISION OF INFECTED GRAFT; ABDOMEN	139.45	134.09	1
36261	REVISION OF IMPLANTED INTRA-ARTERIAL INFUSION PUMP	24.67	23.73	1
36460	TRANSFUSION, INTRAUTERINE, FETAL	23.69	22.78	1
36819	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM BASILIC VEIN TRANSPOSITION	56.38	54.22	1
36820	INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE; ARTERIOVENOUS, INTERN	56.59	54.42	1
36821	ARTERIOVENOUS ANASTOMOSIS, OPEN; DIRECT, ANY SITE (EG, CIMINO TYPE) (SEPARA	37.61	36.17	1
36825	CREATION OF ARTERIOVENOUS FISTULA BY OTHER THAN DIRECT ARTERIOVENOUS ANASTO	40.94	39.37	1
36830	CREATION OF ARTERIOVENOUS FISTULA BY OTHER THAN DIRECT ARTERIOVENOUS ANASTO	46.76	44.97	1
36831	THROMBECTOMY, OPEN, ARTERIOVENOUS FISTULA WITHOUT REVISION, AUTOGENOUS OR N	32.29	31.05	1
36832	REVISION, OPEN, ARTERIOVENOUS FISTULA; WITHOUT THROMBECTOMY, AUTOGENOUS OR	41.25	39.67	1
36833	REVISION, ARTERIOVENOUS FISTULA; WITH THROMBECTOMY, AUTOGENOUS OR NONAUTOGE	46.61	44.82	1
36834	PLASTIC REPAIR OF ARTERIOVENOUS ANEURYSM (SEPARATE PROCEDURE)	43.95	42.26	1
37145	VENOUS ANASTOMOSIS; RENOPORTAL	100.52	96.66	1
37160	VENOUS ANASTOMOSIS; CAVAL-MESENTERIC	89.04	85.62	1
37180	VENOUS ANASTOMOSIS; SPLENORENAL, PROXIMAL	100.47	96.61	1
37181	ANASTOMOSIS; SPLENORENAL, DISTAL (SELECTIVE DECOMPRESSION OF ESOPHAGOGASTRI	107.16	103.04	1
37182	INSERTION OF TRANSVENOUS INTRAHEPATIC PORTOSYSTEMIC SHUNT(S) (TIPS) (INCLUD	60.34	58.02	1
37183	REVISION OF TRANSVENOUS INTRAHEPATIC PORTOSYSTEMIC SHUNT(S) (TIPS) (INCLUDE	28.68	27.58	1
37207	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), (NON-CORONARY VESSEL)	31.03	29.84	1
37208	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), (NON-CORONARY VESSEL)	15.05	14.48	1
37600	LIGATION; EXTERNAL CAROTID ARTERY	48.52	46.66	1
37605	LIGATION; INTERNAL OR COMMON CAROTID ARTERY	56.88	54.70	1
37606	LIGATION; INTERNAL OR COMMON CAROTID ARTERY, WITH GRADUAL OCCLUSION, AS WIT	38.79	37.30	1
37615	LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE); NECK	32.44	31.20	1
37616	LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE); CHEST	76.18	73.25	1
37617	LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE); ABDOMEN	90.40	86.93	1
37618	LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE); EXTREMITY	26.11	25.11	1
37660	LIGATION OF COMMON ILIAC VEIN	85.51	82.23	1
37760	LIGATION OF PERFORATOR VEINS, SUBFASCIAL, RADICAL (LINTON TYPE), WITH OR WI	43.55	41.88	1
38100	SPLENECTOMY; TOTAL (SEPARATE PROCEDURE)	73.96	71.12	1

CODE	DESCRIPTION	00-20 MAX FEE	21+ MAX FEE	MAX UNITS
38101	SPLENECTOMY; PARTIAL (SEPARATE PROCEDURE)	75.36	72.47	1
38102	SPLENECTOMY; TOTAL, EN BLOC FOR EXTENSIVE DISEASE, IN CONJUNCTION WITH OTHE	17.46	16.79	1
38115	REPAIR OF RUPTURED SPLEEN (SPLENORRHAPHY) WITH OR WITHOUT PARTIAL SPLENECTO	82.22	79.06	1
38129	UNLISTED LAPAROSCOPY PROCEDURE, SPLEEN	0.00	0.00	1
38308	LYMPHANGIOTOMY OR OTHER OPERATIONS ON LYMPHATIC CHANNELS	29.06	27.95	1
38380	SUTURE AND/OR LIGATION OF THORACIC DUCT; CERVICAL APPROACH	36.02	34.64	1
38381	SUTURE AND/OR LIGATION OF THORACIC DUCT; THORACIC APPROACH	55.55	53.42	1
38382	SUTURE AND/OR LIGATION OF THORACIC DUCT; ABDOMINAL APPROACH	45.30	43.56	1
38555	EXCISION OF CYSTIC HYGROMA, AXILLARY OR CERVICAL; WITH DEEP NEUROVASCULAR D	63.91	61.46	1
38562	LIMITED LYMPHADENECTOMY FOR STAGING (SEPARATE PROCEDURE); PELVIC AND PARA-A	46.76	44.97	1
38564	LIMITED LYMPHADENECTOMY FOR STAGING (SEPARATE PROCEDURE); RETROPERITONEAL (	46.64	44.85	1
38570	LAPAROSCOPY, SURGICAL; WITH RETROPERITONEAL LYMPH NODE SAMPLING (BIOPSY), S	37.64	36.20	1
38571	LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY	59.60	57.31	1
38572	LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND PERI	65.30	62.79	1
38589	UNLISTED LAPAROSCOPY PROCEDURE, LYMPHATIC SYSTEM	0.00	0.00	1
38740	AXILLARY LYMPHADENECTOMY; SUPERFICIAL	44.21	42.51	1
38745	AXILLARY LYMPHADENECTOMY; COMPLETE	56.23	54.07	1
38746	THORACIC LYMPHADENECTOMY, REGIONAL, INCLUDING MEDIASTINAL AND PERITRACHEAL	18.42	17.72	1
38747	ABDOMINAL LYMPHADENECTOMY, REGIONAL, INCLUDING CELIAC, GASTRIC, PORTAL, PER	17.75	17.07	1
38780	RETROPERITONEAL TRANSABDOMINAL LYMPHADENECTOMY, EXTENSIVE, INCLUDING PELVIC	71.81	69.05	1
38999	UNLISTED PROCEDURE, HEMIC OR LYMPHATIC SYSTEM	0.00	0.00	1
39000	MEDIASTINOTOMY WITH EXPLORATION, DRAINAGE, REMOVAL OF FOREIGN BODY, OR BIOP	33.25	31.98	1
39010	MEDIASTINOTOMY WITH EXPLORATION, DRAINAGE, REMOVAL OF FOREIGN BODY, OR BIOP	54.93	52.82	1
39200	EXCISION OF MEDIASTINAL CYST	60.99	58.65	1
39220	EXCISION OF MEDIASTINAL TUMOR	78.40	75.39	1
39499	UNLISTED PROCEDURE, MEDIASTINUM	0.00	0.00	1
39501	REPAIR, LACERATION OF DIAPHRAGM, ANY APPROACH	56.44	54.27	1
39502	REPAIR, PARAESOPHAGEAL HIATUS HERNIA, TRANSABDOMINAL, WITH OR WITHOUT FUNDO	67.68	65.08	1
39503	REPAIR, NEONATAL DIAPHRAGMATIC HERNIA, WITH OR WITHOUT CHEST TUBE INSERTION	393.38	378.25	1
39520	REPAIR, DIAPHRAGMATIC HERNIA (ESOPHAGEAL HIATAL); TRANSTHORACIC	67.37	64.78	1
39530	REPAIR, DIAPHRAGMATIC HERNIA (ESOPHAGEAL HIATAL); COMBINED, THORACOABDOMINA	64.62	62.14	1
39531	REPAIR, DIAPHRAGMATIC HERNIA (ESOPHAGEAL HIATAL); COMBINED, THORACOABDOMINA	68.07	65.46	1
39540	REPAIR, DIAPHRAGMATIC HERNIA (OTHER THAN NEONATAL), TRAUMATIC; ACUTE	57.33	55.13	1
39541	REPAIR, DIAPHRAGMATIC HERNIA (OTHER THAN NEONATAL), TRAUMATIC; CHRONIC	62.17	59.78	1

CODE	DESCRIPTION	00-20 MAX FEE	21+ MAX FEE	MAX UNITS
39545	IMBRICATION OF DIAPHRAGM FOR EVENTRATION, TRANSTHORACIC OR TRANSABDOMINAL,	61.77	59.40	1
39560	RESECTION, DIAPHRAGM; WITH SIMPLE REPAIR (EG, PRIMARY SUTURE)	52.55	50.53	1
39561	RESECTION, DIAPHRAGM; WITH COMPLEX REPAIR (EG, PROSTHETIC MATERIAL, LOCAL M	82.48	79.31	1
39599	UNLISTED PROCEDURE, DIAPHRAGM	0.00	0.00	1
40701	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY BILATERAL, ONE STAGE P	78.74	75.72	1
40702	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY BILATERAL, ONE OF TWO	59.18	56.91	1
40799	UNLISTED PROCEDURE, LIPS	0.00	0.00	1
40840	VESTIBULOPLASTY; ANTERIOR	52.72	50.70	1
40843	VESTIBULOPLASTY; POSTERIOR, BILATERAL	67.52	64.93	1
40844	VESTIBULOPLASTY; ENTIRE ARCH	87.45	84.09	1
41120	GLOSSECTOMY; LESS THAN ONE-HALF TONGUE	65.38	62.87	1
41130	GLOSSECTOMY; HEMIGLOSSECTOMY	81.35	78.23	1
41135	GLOSSECTOMY; PARTIAL, WITH UNILATERAL RADICAL NECK DISSECTION	135.60	130.39	1
41140	GLOSSECTOMY; COMPLETE OR TOTAL, WITH OR WITHOUT TRACHEOSTOMY, WITHOUT RADIC	137.62	132.33	1
41145	GLOSSECTOMY; COMPLETE OR TOTAL, WITH OR WITHOUT TRACHEOSTOMY, WITH UNILATER	174.53	167.82	1
41150	GLOSSECTOMY; COMPOSITE PROCEDURE WITH RESECTION FLOOR OF MOUTH AND MANDIBUL	138.11	132.80	1
41153	GLOSSECTOMY; COMPOSITE PROCEDURE WITH RESECTION FLOOR OF MOUTH, WITH SUPRAH	150.11	144.34	1
41155	GLOSSECTOMY; COMPOSITE PROCEDURE WITH RESECTION FLOOR OF MOUTH, MANDIBULAR	187.70	180.49	1
42120	RESECTION OF PALATE OR EXTENSIVE RESECTION OF LESION	62.03	59.65	1
42200	PALATOPLASTY FOR CLEFT PALATE, SOFT AND/OR HARD PALATE ONLY	57.35	55.15	1
42205	PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; SOFT TISSUE	59.47	57.19	1
42210	PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; WITH BONE GR	70.46	67.75	1
42215	PALATOPLASTY FOR CLEFT PALATE; MAJOR REVISION	45.83	44.07	1
42220	PALATOPLASTY FOR CLEFT PALATE; SECONDARY LENGTHENING PROCEDURE	38.16	36.70	1
42225	PALATOPLASTY FOR CLEFT PALATE; ATTACHMENT PHARYNGEAL FLAP	59.18	56.91	1
42226	LENGTHENING OF PALATE, AND PHARYNGEAL FLAP	59.32	57.04	1
42227	LENGTHENING OF PALATE, WITH ISLAND FLAP	53.77	51.71	1
42235	REPAIR OF ANTERIOR PALATE, INCLUDING VOMER FLAP	49.61	47.71	1
42260	REPAIR OF NASOLABIAL FISTULA	54.93	52.82	1
42299	UNLISTED PROCEDURE, PALATE, UVULA	0.00	0.00	1
42409	MARSUPIALIZATION OF SUBLINGUAL SALIVARY CYST (RANULA)	21.41	20.59	1
42410	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITHOUT NERVE DIS	40.15	38.61	1
42415	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITH DISSECTION A	71.34	68.60	1
42420	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH DISSECTION AND PRES	81.67	78.53	1

CODE	DESCRIPTION	00-20 MAX FEE	21+ MAX FEE	MAX UNITS
42425	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, EN BLOC REMOVAL WITH SAC	53.67	51.61	1
42426	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH UNILATERAL RADICAL	87.13	83.78	1
42440	EXCISION OF SUBMANDIBULAR (SUBMAXILLARY) GLAND	29.20	28.08	1
42507	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE);	32.93	31.67	1
42508	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE); WITH EXCISION OF	46.59	44.80	1
42510	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE); WITH LIGATION OF	40.13	38.59	1
42699	UNLISTED PROCEDURE, SALIVARY GLANDS OR DUCTS	0.00	0.00	1
42725	INCISION AND DRAINAGE ABSCESS; RETROPHARYNGEAL OR PARAPHARYNGEAL, EXTERNAL	51.97	49.98	1
42810	EXCISION BRANCHIAL CLEFT CYST OR VESTIGE, CONFINED TO SKIN AND SUBCUTANEOUS	24.41	23.48	1
42815	EXCISION BRANCHIAL CLEFT CYST, VESTIGE, OR FISTULA, EXTENDING BENEATH SUBCU	35.57	34.21	1
42844	RADICAL RESECTION OF TONSIL, TONSILLAR PILLARS, AND/OR RETROMOLAR TRIGONE;	86.00	82.70	1
42845	RADICAL RESECTION OF TONSIL, TONSILLAR PILLARS, AND/OR RETROMOLAR TRIGONE;	140.20	134.81	1
42890	LIMITED PHARYNGECTOMY	88.75	85.34	1
42892	RESECTION OF LATERAL PHARYNGEAL WALL OR PYRIFORM SINUS, DIRECT CLOSURE BY A	116.70	112.22	1
42894	RESECTION OF PHARYNGEAL WALL REQUIRING CLOSURE WITH MYOCUTANEOUS FLAP	148.60	142.89	1
42950	PHARYNGOPLASTY (PLASTIC OR RECONSTRUCTIVE OPERATION ON PHARYNX)	50.14	48.22	1
42953	PHARYNGOESOPHAGEAL REPAIR	60.60	58.27	1
42955	PHARYNGOSTOMY (FISTULIZATION OF PHARYNX, EXTERNAL FOR FEEDING)	47.21	45.40	1
42961	CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POSTTONSILLECTO	26.90	25.87	1
42962	CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POSTTONSILLECTO	33.09	31.82	1
42971	CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POSTADENOID	29.27	28.15	1
42972	CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POSTADENOID	33.07	31.80	1
43020	ESOPHAGOTOMY, CERVICAL APPROACH; WITH REMOVAL OF FOREIGN BODY	34.92	33.58	1
43030	CRICOPHARYNGEAL MYOTOMY	33.48	32.20	1
43045	ESOPHAGOTOMY, THORACIC APPROACH, WITH REMOVAL OF FOREIGN BODY	89.80	86.35	1
43100	EXCISION OF LESION, ESOPHAGUS, WITH PRIMARY REPAIR; CERVICAL APPROACH	40.73	39.17	1
43101	EXCISION OF LESION, ESOPHAGUS, WITH PRIMARY REPAIR; THORACIC OR ABDOMINAL A	69.35	66.69	1
43107	TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITHOUT THORACOTOMY; WITH PHARYNGOGASTRO	171.97	165.36	1
43108	TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITHOUT THORACOTOMY; WITH COLON INTERPOS	293.98	282.68	1
43112	TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITH THORACOTOMY; WITH PHARYNGOGASTROSTO	183.42	176.37	1
43113	TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITH THORACOTOMY; WITH COLON INTERPOSITI	293.07	281.80	1
43116	PARTIAL ESOPHAGECTOMY, CERVICAL, WITH FREE INTESTINAL GRAFT, INCLUDING MICR	326.19	313.65	1
43117	PARTIAL ESOPHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY AND SEPARATE ABD	167.39	160.96	1
43118	PARTIAL ESOPHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY AND SEPARATE ABD	241.38	232.10	1

CODE	DESCRIPTION	00-20 MAX FEE	21+ MAX FEE	MAX UNITS
43121	PARTIAL ESOPHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY ONLY, WITH OR WI	191.92	184.54	1
43122	PARTIAL ESOPHAGECTOMY, THORACOABDOMINAL OR ABDOMINAL APPROACH, WITH OR WITH	170.24	163.70	1
43123	PARTIAL ESOPHAGECTOMY, THORACOABDOMINAL OR ABDOMINAL APPROACH, WITH OR WITH	295.31	283.96	1
43124	TOTAL OR PARTIAL ESOPHAGECTOMY, WITHOUT RECONSTRUCTION (ANY APPROACH), WITH	252.38	242.68	1
43130	DIVERTICULECTOMY OF HYPOPHARYNX OR ESOPHAGUS, WITH OR WITHOUT MYOTOMY; CERV	51.18	49.22	1
43135	DIVERTICULECTOMY OF HYPOPHARYNX OR ESOPHAGUS, WITH OR WITHOUT MYOTOMY; THOR	100.44	96.58	1
43280	LAPAROSCOPY, SURGICAL, ESOPHAGOGASTRIC FUNDOPLASTY (EG, NISSEN, TOUPET PROC	70.53	67.82	1
43289	UNLISTED LAPAROSCOPY PROCEDURE, ESOPHAGUS	0.00	0.00	1
43300	ESOPHAGOPLASTY, (PLASTIC REPAIR OR RECONSTRUCTION), CERVICAL APPROACH; WITH	40.60	39.04	1
43305	ESOPHAGOPLASTY, (PLASTIC REPAIR OR RECONSTRUCTION), CERVICAL APPROACH; WITH	71.03	68.30	1
43310	ESOPHAGOPLASTY, (PLASTIC REPAIR OR RECONSTRUCTION), THORACIC APPROACH; WITH	104.29	100.28	1
43312	ESOPHAGOPLASTY, (PLASTIC REPAIR OR RECONSTRUCTION), THORACIC APPROACH; WITH	112.96	108.62	1
43313	ESOPHAGOPLASTY FOR CONGENITAL DEFECT, (PLASTIC REPAIR OR RECONSTRUCTION), T	185.41	178.28	1
43314	ESOPHAGOPLASTY FOR CONGENITAL DEFECT, (PLASTIC REPAIR OR RECONSTRUCTION), T	204.36	196.50	1
43320	ESOPHAGOGASTROSTOMY (CARDIOPLASTY), WITH OR WITHOUT VAGOTOMY AND PYLOROPLAS	90.84	87.35	1
43324	ESOPHAGOGASTRIC FUNDOPLASTY (EG, NISSEN, BELSEY IV, HILL PROCEDURES)	88.92	85.50	1
43325	ESOPHAGOGASTRIC FUNDOPLASTY; WITH FUNDIC PATCH (THAL-NISSEN PROCEDURE)	87.42	84.06	1
43326	ESOPHAGOGASTRIC FUNDOPLASTY; WITH GASTROPLASTY (EG, COLLIS)	89.75	86.30	1
43330	ESOPHAGOMYOTOMY (HELLER TYPE); ABDOMINAL APPROACH	86.06	82.75	1
43331	ESOPHAGOMYOTOMY ((HELLER TYPE), WITH OR WITHOUT HIATAL HERNIA REPAIR); THOR	92.57	89.01	1
43340	ESOPHAGOJEJUNOSTOMY (WITHOUT TOTAL GASTRECTOMY); ABDOMINAL APPROACH	89.96	86.50	1
43341	ESOPHAGOJEJUNOSTOMY (WITHOUT TOTAL GASTRECTOMY); THORACIC APPROACH	96.99	93.26	1
43350	ESOPHAGOSTOMY, FISTULIZATION OF ESOPHAGUS, EXTERNAL; ABDOMINAL APPROACH	75.16	72.27	1
43351	ESOPHAGOSTOMY, FISTULIZATION OF ESOPHAGUS, EXTERNAL; THORACIC APPROACH	88.70	85.29	1
43352	ESOPHAGOSTOMY, FISTULIZATION OF ESOPHAGUS, EXTERNAL; CERVICAL APPROACH	72.96	70.16	1
43360	GASTROINTESTINAL RECONSTRUCTION FOR PREVIOUS ESOPHAGECTOMY, FOR OBSTRUCTING	158.64	152.54	1
43361	GASTROINTESTINAL RECONSTRUCTION FOR PREVIOUS ESOPHAGECTOMY, FOR OBSTRUCTING	174.87	168.15	1
43400	LIGATION, DIRECT, ESOPHAGEAL VARICES	107.60	103.47	1
43401	TRANSECTION OF ESOPHAGUS WITH REPAIR, FOR ESOPHAGEAL VARICES	101.56	97.66	1
43405	LIGATION OR STAPLING AT GASTROESOPHAGEAL JUNCTION FOR PRE-EXISTING ESOPHAGE	98.71	94.92	1
43410	SUTURE OF ESOPHAGEAL WOUND OR INJURY; CERVICAL APPROACH	66.79	64.23	1
43415	SUTURE OF ESOPHAGEAL WOUND OR INJURY; TRANSTHORACIC OR TRANSABDOMINAL APPRO	115.45	111.01	1
43425	CLOSURE OF ESOPHAGOSTOMY OR FISTULA; TRANSTHORACIC OR TRANSABDOMINAL APPROA	100.15	96.30	1
43499	UNLISTED PROCEDURE, ESOPHAGUS	0.00	0.00	1

CODE	DESCRIPTION	00-20 MAX FEE	21+ MAX FEE	MAX UNITS
43500	GASTROTOMY; WITH EXPLORATION OR FOREIGN BODY REMOVAL	50.72	48.77	1
43501	GASTROTOMY; WITH SUTURE REPAIR OF BLEEDING ULCER	86.92	83.58	1
43502	GASTROTOMY; WITH SUTURE REPAIR OF PRE-EXISTING ESOPHAGOGASTRIC LACERATION (	98.50	94.72	1
43510	GASTROTOMY; WITH ESOPHAGEAL DILATION AND INSERTION OF PERMANENT INTRALUMINA	61.04	58.70	1
43520	PYLOROMYOTOMY, CUTTING OF PYLORIC MUSCLE (FREDET-RAMSTEDT TYPE OPERATION)	45.54	43.79	1
43605	BIOPSY OF STOMACH; BY LAPAROTOMY	53.98	51.91	1
43610	EXCISION, LOCAL; ULCER OR BENIGN TUMOR OF STOMACH	63.48	61.04	1
43611	EXCISION, LOCAL; MALIGNANT TUMOR OF STOMACH	78.85	75.82	1
43620	GASTRECTOMY, TOTAL; WITH ESOPHAGOENTEROSTOMY	128.00	123.08	1
43621	GASTRECTOMY, TOTAL; WITH ROUX-EN-Y RECONSTRUCTION	146.17	140.55	1
43622	GASTRECTOMY, TOTAL; WITH FORMATION OF INTESTINAL POUCH, ANY TYPE	148.54	142.83	1
43631	GASTRECTOMY, PARTIAL, DISTAL; WITH GASTRODUODENOSTOMY	94.12	90.50	1
43632	GASTRECTOMY, PARTIAL, DISTAL; WITH GASTROJEJUNOSTOMY	129.04	124.08	1
43633	GASTRECTOMY, PARTIAL, DISTAL; WITH ROUX-EN-Y RECONSTRUCTION	122.68	117.97	1
43634	GASTRECTOMY, PARTIAL, DISTAL; WITH FORMATION OF INTESTINAL POUCH	135.21	130.01	1
43635	VAGOTOMY WHEN PERFORMED WITH PARTIAL DISTAL GASTRECTOMY (LIST SEPARATELY IN	7.47	7.19	1
43640	VAGOTOMY INCLUDING PYLOROPLASTY, WITH OR WITHOUT GASTROSTOMY; TRUNCAL OR SE	75.97	73.05	1
43641	VAGOTOMY INCLUDING PYLOROPLASTY, WITH OR WITHOUT GASTROSTOMY; PARIETAL CELL	77.51	74.53	1
43644	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS A	111.44	107.16	1
43645	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS A	120.39	115.76	1
43651	LAPAROSCOPY, SURGICAL; TRANSECTION OF VAGUS NERVES, TRUNCAL	42.06	40.45	1
43652	LAPAROSCOPY, SURGICAL; TRANSECTION OF VAGUS NERVES, SELECTIVE OR HIGHLY SEL	49.30	47.41	1
43653	LAPAROSCOPY, SURGICAL; GASTROSTOMY, WITHOUT CONSTRUCTION OF GASTRIC TUBE (E	36.02	34.64	1
43659	UNLISTED LAPAROSCOPY PROCEDURE, STOMACH	0.00	0.00	1
43770	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; PLACEMENT OF ADJUSTAB	71.91	69.15	1
43771	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REVISION OF ADJUSTABL	81.96	78.81	1
43772	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTABLE	61.53	59.17	1
43773	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL AND REPLACEME	81.98	78.83	1
43774	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTABLE	61.82	59.45	1
43800	PYLOROPLASTY	60.25	57.94	1
43810	GASTRODUODENOSTOMY	65.41	62.90	1
43820	GASTROJEJUNOSTOMY; WITHOUT VAGOTOMY	85.17	81.90	1
43825	GASTROJEJUNOSTOMY; WITH VAGOTOMY, ANY TYPE	83.89	80.67	1
43830	GASTROSTOMY, OPEN; WITHOUT CONSTRUCTION OF GASTRIC TUBE (EG, STAMM PROCEDUR	44.93	43.21	1

CODE	DESCRIPTION	00-20 MAX FEE	21+ MAX FEE	MAX UNITS
43831	GASTROSTOMY, TEMPORARY (TUBE, RUBBER OR PLASTIC) (SEPARATE PROCEDURE); NEON	38.06	36.60	1
43832	GASTROSTOMY, OPEN; WITH CONSTRUCTION OF GASTRIC TUBE (EG, JANEWAY PROCEDURE	68.96	66.31	1
43840	GASTRORRHAPHY, SUTURE OF PERFORATED DUODENAL OR GASTRIC ULCER, WOUND, OR IN	86.22	82.91	1
43842	GASTRIC RESTRICTIVE PROCEDURE, WITHOUT GASTRIC BYPASS, FOR MORBID OBESITY;	78.69	75.67	1
43843	GASTRIC RESTRICTIVE PROCEDURE, WITHOUT GASTRIC BYPASS, FOR MORBID OBESITY;	81.96	78.81	1
43846	GASTRIC RESTRICTIVE PROCEDURE, WITH GASTRIC BYPASS FOR MORBID OBESITY; WITH	105.79	101.73	1
43847	GASTRIC RESTRICTIVE PROCEDURE, WITH GASTRIC BYPASS FOR MORBID OBESITY; WITH	115.89	111.44	1
43848	REVISION, OPEN, OF GASTRIC RESTRICTIVE PROCEDURE FOR MORBID OBESITY, OTHER	124.96	120.16	1
43850	REVISION OF GASTRODUODENAL ANASTOMOSIS (GASTRODUODENOSTOMY) WITH RECONSTRUC	105.01	100.98	1
43855	REVISION OF GASTRODUODENAL ANASTOMOSIS (GASTRODUODENOSTOMY) WITH RECONSTRUC	109.30	105.10	1
43860	REVISION OF GASTROJEJUNAL ANASTOMOSIS (GASTROJEJUNOSTOMY) WITH RECONSTRUCTI	106.14	102.06	1
43865	REVISION OF GASTROJEJUNAL ANASTOMOSIS (GASTROJEJUNOSTOMY) WITH RECONSTRUCTI	111.23	106.96	1
43870	CLOSURE OF GASTROSTOMY, SURGICAL	46.19	44.42	1
43880	CLOSURE OF GASTROCOLIC FISTULA	103.76	99.77	1
43886	GASTRIC RESTRICTIVE PROCEDURE, OPEN; REVISION OF SUBCUTANEOUS PORT COMPONENT	21.36	20.54	1
43887	GASTRIC RESTRICTIVE PROCEDURE, OPEN; REMOVAL OF SUBCUTANEOUS PORT COMPONENT	20.10	19.33	1
43888	GASTRIC RESTRICTIVE PROCEDURE, OPEN; REMOVAL AND REPLACEMENT OF SUBCUTANEOU	28.49	27.40	1
44005	ENTEROLYSIS (FREEING OF INTESTINAL ADHESION) (SEPARATE PROCEDURE)	71.03	68.30	1
44010	DUODENOTOMY, FOR EXPLORATION, BIOPSY(S), OR FOREIGN BODY REMOVAL	55.86	53.72	1
44015	TUBE OR NEEDLE CATHETER JEJUNOSTOMY FOR ENTERAL ALIMENTATION, INTRAOPERATIV	9.56	9.20	1
44020	ENTEROTOMY, SMALL INTESTINE, OTHER THAN DUODENUM; FOR EXPLORATION, BIOPSY(S	62.82	60.41	1
44021	ENTEROTOMY, SMALL BOWEL, OTHER THAN DUODENUM; FOR DECOMPRESSION (EG, BAKER	63.81	61.36	1
44025	COLOTOMY, FOR EXPLORATION, BIOPSY(S), OR FOREIGN BODY REMOVAL	64.02	61.56	1
44050	REDUCTION OF VOLVULUS, INTUSSUSCEPTION, INTERNAL HERNIA, BY LAPAROTOMY	60.54	58.22	1
44055	CORRECTION OF MALROTATION BY LYSIS OF DUODENAL BANDS AND/OR REDUCTION OF MI	96.73	93.01	1
44110	EXCISION OF ONE OR MORE LESIONS OF SMALL OR LARGE INTESTINE NOT REQUIRING A	55.08	52.97	1
44111	EXCISION OF ONE OR MORE LESIONS OF SMALL OR LARGE BOWEL NOT REQUIRING ANAST	64.02	61.56	1
44120	ENTERECTOMY, RESECTION OF SMALL INTESTINE; SINGLE RESECTION AND ANASTOMOSIS	78.95	75.92	1
44121	ENTERECTOMY, RESECTION OF SMALL INTESTINE; EACH ADDITIONAL RESECTION AND AN	16.10	15.49	10
44125	ENTERECTOMY, RESECTION OF SMALL INTESTINE; WITH ENTEROSTOMY	76.54	73.60	1
44126	ENTERECTOMY, RESECTION OF SMALL INTESTINE FOR CONGENITAL ATRESIA, SINGLE RE	158.48	152.39	1
44127	ENTERECTOMY, RESECTION OF SMALL INTESTINE FOR CONGENITAL ATRESIA, SINGLE RE	182.11	175.11	1
44128	ENTERECTOMY, RESECTION OF SMALL INTESTINE FOR CONGENITAL ATRESIA, SINGLE RE	15.94	15.33	1
44130	ENTEROENTEROSTOMY, ANASTOMOSIS OF INTESTINE, WITH OR WITHOUT CUTANEOUS ENTE	83.34	80.14	1

CODE	DESCRIPTION	00-20 MAX FEE	21+ MAX FEE	MAX UNITS
44139	MOBILIZATION (TAKE-DOWN) OF SPLENIC FLEXURE PERFORMED IN CONJUNCTION WITH P	8.04	7.74	1
44140	COLECTOMY, PARTIAL; WITH ANASTOMOSIS	87.08	83.74	1
44141	COLECTOMY, PARTIAL; WITH SKIN LEVEL CECOSTOMY OR COLOSTOMY	115.50	111.06	1
44143	COLECTOMY, PARTIAL; WITH END COLOSTOMY AND CLOSURE OF DISTAL SEGMENT (HARTM	107.26	103.14	1
44144	COLECTOMY, PARTIAL; WITH RESECTION, WITH COLOSTOMY OR ILEOSTOMY AND CREATIO	113.22	108.87	1
44145	COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)	108.02	103.87	1
44146	COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS), WITH COL	135.86	130.64	1
44147	COLECTOMY, PARTIAL; ABDOMINAL AND TRANSANAL APPROACH	123.32	118.58	1
44150	COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PROCTECTOMY; WITH ILEOSTOMY OR ILEOPRO	119.50	114.91	1
44151	COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PROCTECTOMY; WITH CONTINENT ILEOSTOMY	136.78	131.52	1
44155	COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY; WITH ILEOSTOMY	133.51	128.38	1
44156	COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY; WITH CONTINENT ILEOSTOMY	146.32	140.70	1
44157	COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY; WITH ILEOANAL ANASTOMOSIS, I	144.02	138.49	1
44158	COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY; WITH ILEOANAL ANASTOMOSIS, C	147.76	142.08	1
44160	COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM WITH ILEOCOLOSTOMY	80.30	77.22	1
44180	LAPAROSCOPY, SURGICAL, ENTEROLYSIS (FREEING OF INTESTINAL ADHESION) (SEPARA	59.34	57.06	1
44186	LAPAROSCOPY, SURGICAL; JEJUNOSTOMY (EG, FOR DECOMPRESSION OR FEEDING)	41.82	40.22	1
44187	LAPAROSCOPY, SURGICAL; ILEOSTOMY OR JEJUNOSTOMY, NON-TUBE	71.68	68.93	1
44188	LAPAROSCOPY, SURGICAL, COLOSTOMY OR SKIN LEVEL CECOSTOMY	78.97	75.94	1
44202	LAPAROSCOPY, SURGICAL; ENTERECTOMY, RESECTION OF SMALL INTESTINE, SINGLE RE	90.14	86.68	1
44203	LAPAROSCOPY, SURGICAL; EACH ADDITIONAL SMALL INTESTINE RESECTION AND ANASTO	16.07	15.46	1
44204	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS	100.39	96.53	1
44205	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM W	87.55	84.19	1
44206	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH END COLOSTOMY AND CLOSURE O	114.17	109.78	1
44207	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLOPROCT	119.47	114.88	1
44208	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLOPROCT	130.47	125.46	1
44210	LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PROCTECTOMY, WI	116.52	112.04	1
44211	LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY, WITH	143.49	137.98	1
44212	LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY, WITH	134.40	129.24	1
44213	LAPAROSCOPY, SURGICAL, MOBILIZATION (TAKE-DOWN) OF SPLENIC FLEXURE PERFORME	12.62	12.14	1
44227	LAPAROSCOPY, SURGICAL, CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE, WI	108.38	104.22	1
44238	UNLISTED LAPAROSCOPY PROCEDURE, INTESTINE (EXCEPT RECTUM)	0.00	0.00	1
44300	ENTEROSTOMY OR CECOSTOMY, TUBE (EG, FOR DECOMPRESSION OR FEEDING) (SEPARATE	54.45	52.36	1
44310	ILEOSTOMY OR JEJUNOSTOMY, NON-TUBE	67.78	65.18	1

CODE	DESCRIPTION	00-20 MAX FEE	21+ MAX FEE	MAX UNITS
44314	REVISION OF ILEOSTOMY; COMPLICATED (RECONSTRUCTION IN-DEPTH) (SEPARATE PROC	65.98	63.45	1
44316	CONTINENT ILEOSTOMY (KOCK PROCEDURE) (SEPARATE PROCEDURE)	91.99	88.46	1
44320	COLOSTOMY OR SKIN LEVEL CECOSTOMY;	77.56	74.58	1
44322	COLOSTOMY OR SKIN LEVEL CECOSTOMY; WITH MULTIPLE BIOPSIES (EG, FOR CONGENIT	63.00	60.58	1
44345	REVISION OF COLOSTOMY; COMPLICATED (RECONSTRUCTION IN-DEPTH) (SEPARATE PROC	67.94	65.33	1
44346	REVISION OF COLOSTOMY; WITH REPAIR OF PARACOLOSTOMY HERNIA (SEPARATE PROCED	76.28	73.35	1
44602	SUTURE OF SMALL INTESTINE (ENTERORRHAPHY) FOR PERFORATED ULCER, DIVERTICULU	90.11	86.65	1
44603	SUTURE OF SMALL INTESTINE (ENTERORRHAPHY) FOR PERFORATED ULCER, DIVERTICULU	103.34	99.37	1
44604	SUTURE OF LARGE INTESTINE (COLORRHAPHY) FOR PERFORATED ULCER, DIVERTICULUM,	68.75	66.11	1
44605	SUTURE OF LARGE INTESTINE (COLORRHAPHY) FOR PERFORATED ULCER, DIVERTICULUM,	84.88	81.62	1
44615	INTESTINAL STRICTUROPLASTY (ENTEROTOMY AND ENTERORRHAPHY) WITH OR WITHOUT D	69.96	67.27	1
44620	CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE;	55.95	53.80	1
44625	CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE; WITH RESECTION AND ANASTO	66.09	63.55	1
44626	CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE; WITH RESECTION AND COLORE	104.81	100.78	1
44640	CLOSURE OF INTESTINAL CUTANEOUS FISTULA	91.58	88.06	1
44650	CLOSURE OF ENTEROENTERIC OR ENTEROCOLIC FISTULA	95.03	91.38	1
44660	CLOSURE OF ENTEROVESICAL FISTULA; WITHOUT INTESTINAL OR BLADDER RESECTION	93.48	89.89	1
44661	CLOSURE OF ENTEROVESICAL FISTULA; WITH INTESTINE AND/OR BLADDER RESECTION	103.42	99.45	1
44680	INTESTINAL PLICATION (SEPARATE PROCEDURE)	69.20	66.54	1
44700	EXCLUSION OF SMALL INTESTINE FROM PELVIS BY MESH OR OTHER PROSTHESIS, OR NA	66.74	64.18	1
44701	INTRAOPERATIVE COLONIC LAVAGE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIM	11.10	10.68	1
44799	UNLISTED PROCEDURE, INTESTINE	0.00	0.00	1
44800	EXCISION OF MECKEL'S DIVERTICULUM (DIVERTICULECTOMY) OR OMPHALOMESENTERIC D	49.54	47.64	1
44820	EXCISION OF LESION OF MESENTERY (SEPARATE PROCEDURE)	54.50	52.41	1
44850	SUTURE OF MESENTERY (SEPARATE PROCEDURE)	48.23	46.38	1
44899	UNLISTED PROCEDURE, MECKEL'S DIVERTICULUM AND THE MESENTERY	0.00	0.00	1
44900	INCISION AND DRAINAGE OF APPENDICEAL ABSCESS; OPEN	49.17	47.28	1
44901	INCISION AND DRAINAGE OF APPENDICEAL ABSCESS; PERCUTANEOUS	11.86	11.41	1
44950	APPENDECTOMY;	41.56	39.97	1
44955	APPENDECTOMY; WHEN DONE FOR INDICATED PURPOSE AT TIME OF OTHER MAJOR PROCED	5.59	5.38	1
44960	APPENDECTOMY; FOR RUPTURED APPENDIX WITH ABSCESS OR GENERALIZED PERITONITIS	56.10	53.95	1
44970	LAPAROSCOPY, SURGICAL, APPENDECTOMY	38.42	36.95	1
44979	UNLISTED LAPAROSCOPY PROCEDURE, APPENDIX	0.00	0.00	1
45110	PROCTECTOMY; COMPLETE, COMBINED ABDOMINOPERINEAL, WITH COLOSTOMY	119.99	115.38	1

CODE	DESCRIPTION	00-20 MAX FEE	21+ MAX FEE	MAX UNITS
45111	PROCTECTOMY; PARTIAL RESECTION OF RECTUM, TRANSABDOMINAL APPROACH	70.61	67.90	1
45112	PROCTECTOMY, COMBINED ABDOMINOPERINEAL, PULL-THROUGH PROCEDURE (EG, COLO-AN	122.63	117.92	1
45113	PROCTECTOMY, PARTIAL, WITH RECTAL MUCOSECTOMY, ILEOANAL ANASTOMOSIS, CREATI	126.14	121.29	1
45114	PROCTECTOMY, PARTIAL, WITH ANASTOMOSIS; ABDOMINAL AND TRANSSACRAL APPROACH	116.12	111.66	1
45116	PROCTECTOMY, PARTIAL, WITH ANASTOMOSIS; TRANSACRAL APPROACH ONLY (KRASKE TY	104.29	100.28	1
45119	PROCTECTOMY, COMBINED ABDOMINOPERINEAL PULL-THROUGH PROCEDURE (EG, COLO-ANA	126.79	121.92	1
45120	PROCTECTOMY, COMPLETE (FOR CONGENITAL MEGACOLON), ABDOMINAL AND PERINEAL AP	100.96	97.08	1
45121	PROCTECTOMY, COMPLETE (FOR CONGENITAL MEGACOLON), ABDOMINAL AND PERINEAL AP	111.13	106.86	1
45123	PROCTECTOMY, PARTIAL, WITHOUT ANASTOMOSIS, PERINEAL APPROACH	72.36	69.58	1
45126	PELVIC EXENTERATION FOR COLORECTAL MALIGNANCY, WITH PROCTECTOMY (WITH OR WI	184.56	177.47	1
45130	EXCISION OF RECTAL PROCIDENTIA, WITH ANASTOMOSIS; PERINEAL APPROACH	70.48	67.77	1
45135	EXCISION OF RECTAL PROCIDENTIA, WITH ANASTOMOSIS; ABDOMINAL AND PERINEAL AP	88.52	85.12	1
45136	EXCISION OF ILEOANAL RESERVOIR WITH ILEOSTOMY	118.66	114.10	1
45160	EXCISION OF RECTAL TUMOR BY PROCTOTOMY, TRANSACRAL OR TRANSCOCCYGEAL APPROA	63.94	61.49	1
45170	EXCISION OF RECTAL TUMOR, TRANSANAL APPROACH	50.30	48.37	1
45190	DESTRUCTION OF RECTAL TUMOR (EG, ELECTRODESSICATION, ELECTROSURGERY, LASER	44.50	42.79	1
45395	LAPAROSCOPY, SURGICAL; PROCTECTOMY, COMPLETE, COMBINED ABDOMINOPERINEAL, WI	129.28	124.31	1
45397	LAPAROSCOPY, SURGICAL; PROCTECTOMY, COMBINED ABDOMINOPERINEAL PULL-THROUGH	140.20	134.81	1
45400	LAPAROSCOPY, SURGICAL; PROCTOPEXY (FOR PROLAPSE)	74.64	71.77	1
45402	LAPAROSCOPY, SURGICAL; PROCTOPEXY (FOR PROLAPSE), WITH SIGMOID RESECTION	99.63	95.80	1
45540	PROCTOPEXY (EG, FOR PROLAPSE); ABDOMINAL APPROACH	67.18	64.60	1
45541	PROCTOPEXY FOR PROLAPSE; PERINEAL APPROACH	59.87	57.57	1
45550	PROCTOPEXY (EG, FOR PROLAPSE); WITH SIGMOID RESECTION, ABDOMINAL APPROACH	95.03	91.38	1
45560	REPAIR OF RECTOCELE (SEPARATE PROCEDURE)	47.32	45.50	1
45562	EXPLORATION, REPAIR, AND PRESACRAL DRAINAGE FOR RECTAL INJURY;	72.77	69.98	1
45563	EXPLORATION, REPAIR, AND PRESACRAL DRAINAGE FOR RECTAL INJURY; WITH COLOSTO	105.31	101.26	1
45800	CLOSURE OF RECTOVESICAL FISTULA;	81.93	78.78	1
45805	CLOSURE OF RECTOVESICAL FISTULA; WITH COLOSTOMY	90.16	86.70	1
45820	CLOSURE OF RECTOURETHRAL FISTULA;	81.59	78.46	1
45825	CLOSURE OF RECTOURETHRAL FISTULA; WITH COLOSTOMY	97.72	93.97	1
46705	ANOPLASTY, PLASTIC OPERATION FOR STRICTURE; INFANT	32.07	30.84	1
46710	REPAIR OF ILEOANAL POUCH FISTULA/SINUS (EG, PERINEAL OR VAGINAL), POUCH ADV	68.54	65.91	1
46712	REPAIR OF ILEOANAL POUCH FISTULA/SINUS (EG, PERINEAL OR VAGINAL), POUCH ADV	141.82	136.37	1
46715	REPAIR OF LOW IMPERFORATE ANUS; WITH ANOPERINEAL FISTULA ("CUT-BACK" PROC	31.89	30.67	1

CODE	DESCRIPTION	00-20 MAX FEE	21+ MAX FEE	MAX UNITS
46716	REPAIR OF LOW IMPERFORATE ANUS; WITH TRANSPOSITION OF ANOPERINEAL OR ANOVES	74.01	71.17	1
46730	REPAIR OF HIGH IMPERFORATE ANUS WITHOUT FISTULA; PERINEAL OR SACROPERINEAL	115.52	111.08	1
46735	REPAIR OF HIGH IMPERFORATE ANUS WITHOUT FISTULA; COMBINED TRANSABDOMINAL AN	137.24	131.97	1
46740	REPAIR OF HIGH IMPERFORATE ANUS WITH RECTOURETHRAL OR RECTOVAGINAL FISTULA;	131.78	126.72	1
46742	REPAIR OF HIGH IMPERFORATE ANUS WITH RECTOURETHRAL OR RECTOVAGINAL FISTULA;	154.11	148.19	1
46744	REPAIR OF CLOACAL ANOMALY BY ANORECTOVAGINOPLASTY AND URETHROPLASTY, SACROP	225.44	216.77	1
46746	REPAIR OF CLOACAL ANOMALY BY ANORECTOVAGINOPLASTY AND URETHROPLASTY, COMBIN	241.33	232.05	1
46748	REPAIR OF CLOACAL ANOMALY BY ANORECTOVAGINOPLASTY AND URETHROPLASTY, COMBIN	249.27	239.69	1
46750	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE OR PROLAPSE; ADULT	49.54	47.64	1
46751	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE OR PROLAPSE; CHILD	38.04	36.58	1
46760	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT; MUSCLE TRANSPLANT	70.68	67.97	1
46761	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT; LEVATOR MUSCLE IMBRICATION	60.39	58.07	1
46762	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT; IMPLANTATION ARTIFICIAL SP	59.52	57.24	1
47010	HEPATOTOMY; FOR OPEN DRAINAGE OF ABSCESS OR CYST, ONE OR TWO STAGES	76.41	73.48	1
47011	HEPATOTOMY; FOR PERCUTANEOUS DRAINAGE OF ABSCESS OR CYST, ONE OR TWO STAGES	12.96	12.47	1
47015	LAPAROTOMY, WITH ASPIRATION AND/OR INJECTION OF HEPATIC PARASITIC (EG, AMOE	73.22	70.41	1
47100	BIOPSY OF LIVER, WEDGE	53.95	51.88	1
47120	HEPATECTOMY, RESECTION OF LIVER; PARTIAL LOBECTOMY	150.48	144.70	1
47122	HEPATECTOMY, RESECTION OF LIVER; TRISEGMENTECTOMY	223.23	214.65	1
47125	HEPATECTOMY, RESECTION OF LIVER; TOTAL LEFT LOBECTOMY	199.91	192.23	1
47130	HEPATECTOMY, RESECTION OF LIVER; TOTAL RIGHT LOBECTOMY	214.66	206.41	1
47136	LIVER ALLOTRANSPLANTATION; HETEROTOPIC, PARTIAL OR WHOLE, FROM CADAVER OR L	268.23	257.92	1
47300	MARSUPIALIZATION OF CYST OR ABSCESS OF LIVER	72.34	69.56	1
47350	MANAGEMENT OF LIVER HEMORRHAGE; SIMPLE SUTURE OF LIVER WOUND OR INJURY	88.47	85.07	1
47360	MANAGEMENT OF LIVER HEMORRHAGE; COMPLEX SUTURE OF LIVER WOUND OR INJURY, WI	120.09	115.48	1
47361	MANAGEMENT OF LIVER HEMORRHAGE; EXPLORATION OF HEPATIC WOUND, EXTENSIVE DEB	196.49	188.94	1
47362	MANAGEMENT OF LIVER HEMORRHAGE; RE-EXPLORATION OF HEPATIC WOUND FOR REMOVAL	92.10	88.56	1
47370	LAPAROSCOPY, SURGICAL, ABLATION OF ONE OR MORE LIVER TUMOR(S); RADIOFREQUEN	80.78	77.68	1
47371	LAPAROSCOPY, SURGICAL, ABLATION OF ONE OR MORE LIVER TUMOR(S); CRYOSURGICAL	82.13	78.98	1
47379	UNLISTED LAPAROSCOPIC PROCEDURE, LIVER	0.00	0.00	1
47380	ABLATION, OPEN, OF ONE OR MORE LIVER TUMOR(S); RADIOFREQUENCY	93.64	90.04	1
47381	ABLATION, OPEN, OF ONE OR MORE LIVER TUMOR(S); CRYOSURGICAL	95.63	91.96	1
47382	ABLATION, ONE OR MORE LIVER TUMOR(S), PERCUTANEOUS, RADIOFREQUENCY	55.60	53.47	1
47399	UNLISTED PROCEDURE, LIVER	0.00	0.00	1

CODE	DESCRIPTION	00-20 MAX FEE	21+ MAX FEE	MAX UNITS
47400	HEPATICOTOMY OR HEPATICOSTOMY WITH EXPLORATION, DRAINAGE, OR REMOVAL OF CAL	137.07	131.80	1
47420	CHOLEDOCHOTOMY OR CHOLEDOCHOSTOMY WITH EXPLORATION, DRAINAGE, OR REMOVAL OF	86.74	83.41	1
47425	CHOLEDOCHOTOMY OR CHOLEDOCHOSTOMY WITH EXPLORATION, DRAINAGE, OR REMOVAL OF	87.34	83.99	1
47460	TRANSDUODENAL SPHINCTEROTOMY OR SPHINCTEROPLASTY, WITH OR WITHOUT TRANSDUOD	82.69	79.51	1
47480	CHOLECYSTOTOMY OR CHOLECYSTOSTOMY WITH EXPLORATION, DRAINAGE, OR REMOVAL OF	55.40	53.27	1
47550	BILIARY ENDOSCOPY, INTRAOPERATIVE (CHOLEDOCHOSCOPY) (LIST SEPARATELY IN ADD	10.98	10.56	1
47562	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY	48.04	46.20	1
47563	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY WITH CHOLANGIOGRAPHY	48.89	47.01	1
47564	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT	56.36	54.20	1
47570	LAPAROSCOPY, SURGICAL; CHOLECYSTOENTEROSTOMY	50.32	48.39	1
47579	UNLISTED LAPAROSCOPY PROCEDURE, BILIARY TRACT	0.00	0.00	1
47600	CHOLECYSTECTOMY;	69.01	66.36	1
47605	CHOLECYSTECTOMY; WITH CHOLANGIOGRAPHY	63.41	60.98	1
47610	CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT;	81.20	78.08	1
47612	CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT; WITH CHOLEDOCHOENTEROSTOMY	81.93	78.78	1
47620	CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT; WITH TRANSDUODENAL SPHINCT	88.78	85.37	1
47700	EXPLORATION FOR CONGENITAL ATRESIA OF BILE DUCTS, WITHOUT REPAIR, WITH OR W	67.26	64.68	1
47711	EXCISION OF BILE DUCT TUMOR, WITH OR WITHOUT PRIMARY REPAIR OF BILE DUCT; E	100.42	96.56	1
47712	EXCISION OF BILE DUCT TUMOR, WITH OR WITHOUT PRIMARY REPAIR OF BILE DUCT; I	128.38	123.45	1
47715	EXCISION OF CHOLEDOCHAL CYST	84.96	81.70	1
47719	ANASTOMOSIS, CHOLEDOCHAL CYST, WITHOUT EXCISION	76.31	73.38	1
47720	CHOLECYSTOENTEROSTOMY; DIRECT	73.36	70.54	1
47721	CHOLECYSTOENTEROSTOMY; WITH GASTROENTEROSTOMY	86.29	82.98	1
47740	CHOLECYSTOENTEROSTOMY; ROUX-EN-Y	83.76	80.54	1
47741	CHOLECYSTOENTEROSTOMY; ROUX-EN-Y WITH GASTROENTEROSTOMY	94.58	90.95	1
47760	ANASTOMOSIS, OF EXTRAHEPATIC BILIARY DUCTS AND GASTROINTESTINAL TRACT	143.01	137.51	1
47765	ANASTOMOSIS, OF INTRAHEPATIC DUCTS AND GASTROINTESTINAL TRACT	189.02	181.75	1
47780	ANASTOMOSIS, ROUX-EN-Y, OF EXTRAHEPATIC BILIARY DUCTS AND GASTROINTESTINAL	156.34	150.33	1
47785	ANASTOMOSIS, ROUX-EN-Y, OF INTRAHEPATIC BILIARY DUCTS AND GASTROINTESTINAL	204.07	196.23	1
47800	RECONSTRUCTION, PLASTIC, OF EXTRAHEPATIC BILIARY DUCTS WITH END-TO-END ANAS	101.70	97.79	1
47801	PLACEMENT OF CHOLEDOCHAL STENT	68.57	65.94	1
47802	U-TUBE HEPATICOENTEROSTOMY	97.25	93.51	1
47900	SUTURE OF EXTRAHEPATIC BILIARY DUCT FOR PRE-EXISTING INJURY (SEPARATE PROCE	88.18	84.79	1
47999	UNLISTED PROCEDURE, BILIARY TRACT	0.00	0.00	1

CODE	DESCRIPTION	00-20 MAX FEE	21+ MAX FEE	MAX UNITS
48000	PLACEMENT OF DRAINS, PERIPANCREATIC, FOR ACUTE PANCREATITIS;	120.70	116.06	1
48001	PLACEMENT OF DRAINS, PERIPANCREATIC, FOR ACUTE PANCREATITIS; WITH CHOLECYST	148.99	143.26	1
48020	REMOVAL OF PANCREATIC CALCULUS	75.08	72.20	1
48100	BIOPSY OF PANCREAS, OPEN (EG, FINE NEEDLE ASPIRATION, NEEDLE CORE BIOPSY, W	57.20	55.00	1
48105	RESECTION OR DEBRIDEMENT OF PANCREAS AND PERIPANCREATIC TISSUE FOR ACUTE NE	184.60	177.50	1
48120	EXCISION OF LESION OF PANCREAS (EG, CYST, ADENOMA)	71.53	68.78	1
48140	PANCREATECTOMY, DISTAL SUBTOTAL, WITH OR WITHOUT SPLENECTOMY; WITHOUT PANC	100.96	97.08	1
48145	PANCREATECTOMY, DISTAL SUBTOTAL, WITH OR WITHOUT SPLENECTOMY; WITH PANCREAT	105.09	101.05	1
48146	PANCREATECTOMY, DISTAL, NEAR-TOTAL WITH PRESERVATION OF DUODENUM (CHILD-TYP	119.71	115.11	1
48148	EXCISION OF AMPULLA OF VATER	80.13	77.05	1
48150	PANCREATECTOMY, PROXIMAL SUBTOTAL WITH TOTAL DUODENECTOMY, PARTIAL GASTRECT	201.45	193.71	1
48152	PANCREATECTOMY, PROXIMAL SUBTOTAL WITH TOTAL DUODENECTOMY, PARTIAL GASTRECT	185.41	178.28	1
48153	PANCREATECTOMY, PROXIMAL SUBTOTAL WITH NEAR-TOTAL DUODENECTOMY, CHOLEDOCHOE	201.04	193.31	1
48154	PANCREATECTOMY, PROXIMAL SUBTOTAL WITH NEAR-TOTAL DUODENECTOMY, CHOLEDOCHOE	187.05	179.86	1
48155	PANCREATECTOMY, TOTAL	116.38	111.91	1
48500	MARSUPIALIZATION OF PANCREATIC CYST	73.46	70.64	1
48510	EXTERNAL DRAINAGE, PSEUDOCYST OF PANCREAS; OPEN	69.07	66.42	1
48511	EXTERNAL DRAINAGE, PSEUDOCYST OF PANCREAS; PERCUTANEOUS	14.04	13.50	1
48520	INTERNAL ANASTOMOSIS OF PANCREATIC CYST TO GASTROINTESTINAL TRACT; DIRECT	70.40	67.70	1
48540	INTERNAL ANASTOMOSIS OF PANCREATIC CYST TO GASTROINTESTINAL TRACT; ROUX-EN-	84.26	81.02	1
48545	PANCREATORRHAPHY FOR INJURY	85.20	81.93	1
48547	DUODENAL EXCLUSION WITH GASTROJEJUNOSTOMY FOR PANCREATIC INJURY	115.00	110.58	1
48548	PANCREATICOJEJUNOSTOMY, SIDE-TO-SIDE ANASTOMOSIS (PUSTOW-TYPE OPERATION)	107.62	103.49	1
48554	TRANSPLANTATION OF PANCREATIC ALLOGRAFT	161.46	155.25	1
48556	REMOVAL OF TRANSPLANTED PANCREATIC ALLOGRAFT	80.36	77.27	1
48999	UNLISTED PROCEDURE, PANCREAS	0.00	0.00	1
49000	EXPLORATORY LAPAROTOMY, EXPLORATORY CELIOTOMY WITH OR WITHOUT BIOPSY(S) (SE	50.14	48.22	1
49002	REOPENING OF RECENT LAPAROTOMY	66.30	63.75	1
49010	EXPLORATION, RETROPERITONEAL AREA WITH OR WITHOUT BIOPSY(S) (SEPARATE PROCE	62.29	59.90	1
49020	DRAINAGE OF PERITONEAL ABSCESS OR LOCALIZED PERITONITIS, EXCLUSIVE OF APPEN	102.35	98.42	1
49040	DRAINAGE OF SUBDIAPHRAGMATIC OR SUBPHRENIC ABSCESS; OPEN	64.36	61.89	1
49041	DRAINAGE OF SUBDIAPHRAGMATIC OR SUBPHRENIC ABSCESS; PERCUTANEOUS	14.04	13.50	1
49061	DRAINAGE OF RETROPERITONEAL ABSCESS; PERCUTANEOUS	12.98	12.49	1
49062	DRAINAGE OF EXTRAPERITONEAL LYMPHOCELE TO PERITONEAL CAVITY, OPEN	48.99	47.11	1

CODE	DESCRIPTION	00-20 MAX FEE	21+ MAX FEE	MAX UNITS
49200	EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL OR RETROPERITONEAL TUMORS OR	44.55	42.84	1
49201	EXCISION OR DESTRUCTION BY ANY METHOD OF INTRA-ABDOMINAL OR RETROPERITONEAL	62.77	60.36	1
49215	EXCISION OF PRESACRAL OR SACROCOCCYGEAL TUMOR	143.29	137.78	1
49220	STAGING LAPAROTOMY FOR HODGKINS DISEASE OR LYMPHOMA (INCLUDES SPLENECTOMY,	62.34	59.95	1
49255	OMENTECTOMY, EPIPLOECTOMY, RESECTION OF OMENTUM (SEPARATE PROCEDURE)	50.94	48.99	1
49320	LAPAROSCOPY, ABDOMEN, PERITONEUM, AND OMENTUM, DIAGNOSTIC, WITH OR WITHOUT	21.41	20.59	1
49321	LAPAROSCOPY, SURGICAL; WITH BIOPSY (SINGLE OR MULTIPLE)	22.60	21.74	1
49322	LAPAROSCOPY, SURGICAL, ABDOMEN, PERITONEUM, AND OMENTUM; WITH ASPIRATION OF	24.33	23.40	1
49323	LAPAROSCOPY, SURGICAL, ABDOMEN, PERITONEUM, AND OMENTUM; WITH DRAINAGE OF L	41.88	40.27	1
49324	LAPAROSCOPY, SURGICAL; WITH INSERTION OF INTRAPERITONEAL CANNULA OR CATHETE	25.61	24.63	1
49325	LAPAROSCOPY, SURGICAL; WITH REVISION OF PREVIOUSLY PLACED INTRAPERITONEAL C	27.61	26.55	1
49326	LAPAROSCOPY, SURGICAL; WITH OMENTOPEXY (OMENTAL TACKING PROCEDURE) (LIST SE	12.70	12.22	1
49329	UNLISTED LAPAROSCOPY PROCEDURE, ABDOMEN, PERITONEUM AND OMENTUM	0.00	0.00	1
49425	INSERTION OF PERITONEAL-VENOUS SHUNT	49.51	47.61	1
49435	INSERTION OF SUBCUTANEOUS EXTENSION TO INTRAPERITONEAL CANNULA OR CATHETER	8.18	7.87	1
49436	DELAYED CREATION OF EXIT SITE FROM EMBEDDED SUBCUTANEOUS SEGMENT OF INTRAPE	12.02	11.56	1
49580	REPAIR UMBILICAL HERNIA, UNDER AGE 5 YEARS; REDUCIBLE	20.72	19.93	1
49582	REPAIR UMBILICAL HERNIA, UNDER AGE 5 YEARS; INCARCERATED OR STRANGULATED	30.19	29.03	1
49585	REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OVER; REDUCIBLE	28.36	27.27	1
49587	REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OVER; INCARCERATED OR STRANGULATED	33.54	32.25	1
49600	REPAIR OF SMALL OMPHALOCELE, WITH PRIMARY CLOSURE	47.00	45.20	1
49605	REPAIR OF LARGE OMPHALOCELE OR GASTROSCHISIS; WITH OR WITHOUT PROSTHESIS	320.75	308.42	1
49606	REPAIR OF LARGE OMPHALOCELE OR GASTROSCHISIS; WITH REMOVAL OF PROSTHESIS, F	73.25	70.44	1
49610	REPAIR OF OMPHALOCELE (GROSS TYPE OPERATION); FIRST STAGE	43.39	41.73	1
49611	REPAIR OF OMPHALOCELE (GROSS TYPE OPERATION); SECOND STAGE	35.73	34.36	1
49650	LAPAROSCOPY, SURGICAL; REPAIR INITIAL INGUINAL HERNIA	27.66	26.60	1
49651	LAPAROSCOPY, SURGICAL; REPAIR RECURRENT INGUINAL HERNIA	35.71	34.34	1
49659	UNLISTED LAPAROSCOPY PROCEDURE, HERNIOPLASTY, HERNIORRHAPHY, HERNIOTOMY	0.00	0.00	1
49900	SUTURE, SECONDARY, OF ABDOMINAL WALL FOR EVISCERATION OR DEHISCENCE	52.75	50.73	1
49904	OMENTAL FLAP, EXTRA-ABDOMINAL (EG, FOR RECONSTRUCTION OF STERNAL AND CHEST	97.25	93.51	1
49905	OMENTAL FLAP, INTRA-ABDOMINAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIM	23.63	22.73	1
49999	UNLISTED PROCEDURE, ABDOMEN, PERITONEUM AND OMENTUM	0.00	0.00	1
50010	RENAL EXPLORATION, NOT NECESSITATING OTHER SPECIFIC PROCEDURES	52.29	50.28	1
50021	DRAINAGE OF PERIRENAL OR RENAL ABSCESS; PERCUTANEOUS	11.86	11.41	1

CODE	DESCRIPTION	00-20 MAX FEE	21+ MAX FEE	MAX UNITS
50045	NEPHROTOMY, WITH EXPLORATION	69.18	66.52	1
50060	NEPHROLITHOTOMY; REMOVAL OF CALCULUS	87.31	83.96	1
50065	NEPHROLITHOTOMY; SECONDARY SURGICAL OPERATION FOR CALCULUS	93.06	89.49	1
50070	NEPHROLITHOTOMY; COMPLICATED BY CONGENITAL KIDNEY ABNORMALITY	90.94	87.45	1
50075	NEPHROLITHOTOMY; REMOVAL OF LARGE STAGHORN CALCULUS FILLING RENAL PELVIS AN	111.63	107.34	1
50081	PERCUTANEOUS NEPHROSTOLITHOTOMY OR PYELOSTOLITHOTOMY, WITH OR WITHOUT DILAT	97.59	93.84	1
50100	TRANSECTION OR REPOSITIONING OF ABERRANT RENAL VESSELS (SEPARATE PROCEDURE)	69.46	66.79	1
50120	PYELOTOMY; WITH EXPLORATION	71.06	68.33	1
50125	PYELOTOMY; WITH DRAINAGE, PYELOSTOMY	76.00	73.08	1
50130	PYELOTOMY; WITH REMOVAL OF CALCULUS (PYEOLITHOTOMY, PELVIOLITHOTOMY, INCLU	78.76	75.74	1
50135	PYELOTOMY; COMPLICATED (EG, SECONDARY OPERATION, CONGENITAL KIDNEY ABNORMAL	85.57	82.28	1
50225	NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY, ANY APPROACH INCLUDING RIB RES	90.19	86.73	1
50230	NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY, ANY APPROACH INCLUDING RIB RES	97.22	93.49	1
50234	NEPHRECTOMY WITH TOTAL URETERECTOMY AND BLADDER CUFF; THROUGH SAME INCISION	98.95	95.15	1
50236	NEPHRECTOMY WITH TOTAL URETERECTOMY AND BLADDER CUFF; THROUGH SEPARATE INCI	111.87	107.57	1
50240	NEPHRECTOMY, PARTIAL	100.63	96.76	1
50250	ABLATION, OPEN, ONE OR MORE RENAL MASS LESION(S), CRYOSURGICAL, INCLUDING I	89.51	86.07	1
50280	EXCISION OR UNROOFING OF CYST(S) OF KIDNEY	72.10	69.33	1
50290	EXCISION OF PERINEPHRIC CYST	67.13	64.55	1
50360	RENAL ALLOTRANSPLANTATION, IMPLANTATION OF GRAFT; WITHOUT RECIPIENT NEPHREC	165.04	158.70	1
50370	REMOVAL OF TRANSPLANTED RENAL ALLOGRAFT	77.56	74.58	1
50380	RENAL AUTOTRANSPLANTATION, REIMPLANTATION OF KIDNEY	127.03	122.15	1
50400	PYELOPLASTY (FOLEY Y-PYELOPLASTY), PLASTIC OPERATION ON RENAL PELVIS, WITH	88.26	84.87	1
50405	PYELOPLASTY (FOLEY Y-PYELOPLASTY), PLASTIC OPERATION ON RENAL PELVIS, WITH	106.69	102.59	1
50500	NEPHRORRHAPHY, SUTURE OF KIDNEY WOUND OR INJURY	84.72	81.47	1
50520	CLOSURE OF NEPHROCATANEOUS OR PYELOCUTANEOUS FISTULA	77.75	74.76	1
50525	CLOSURE OF NEPHROVISCERAL FISTULA (EG, RENOCOLIC), INCLUDING VISCERAL REPAI	97.02	93.29	1
50526	CLOSURE OF NEPHROVISCERAL FISTULA (EG, RENOCOLIC), INCLUDING VISCERAL REPAI	94.77	91.13	1
50540	SYMPHYSIOTOMY FOR HORSESHOE KIDNEY WITH OR WITHOUT PYELOPLASTY AND/OR OTHER	86.87	83.53	1
50541	LAPAROSCOPY, SURGICAL; ABLATION OF RENAL CYSTS	70.01	67.32	1
50542	LAPAROSCOPY, SURGICAL; ABLATION OF RENAL MASS LESION(S)	88.62	85.22	1
50543	LAPAROSCOPY, SURGICAL; PARTIAL NEPHRECTOMY	113.41	109.05	1
50544	LAPAROSCOPY, SURGICAL; PYELOPLASTY	95.45	91.78	1
50545	LAPAROSCOPY, SURGICAL; RADICAL NEPHRECTOMY (INCLUDES REMOVAL OF GEROTA±S FA	102.35	98.42	1

CODE	DESCRIPTION	00-20 MAX FEE	21+ MAX FEE	MAX UNITS
50546	LAPAROSCOPY, SURGICAL; NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY	90.92	87.43	1
50548	LAPAROSCOPY, SURGICAL; NEPHRECTOMY WITH TOTAL URETERECTOMY	103.08	99.12	1
50562	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITH	44.73	43.01	1
50592	ABLATION, ONE OR MORE RENAL TUMOR(S), PERCUTANEOUS, UNILATERAL, RADIOFREQUE	25.75	24.76	1
50650	URETERECTOMY, WITH BLADDER CUFF (SEPARATE PROCEDURE)	78.87	75.84	1
50660	URETERECTOMY, TOTAL, ECTOPIC URETER, COMBINATION ABDOMINAL, VAGINAL AND/OR	86.92	83.58	1
50700	URETEROPLASTY, PLASTIC OPERATION ON URETER (EG, STRICTURE)	68.54	65.91	1
50722	URETEROLYSIS FOR OVARIAN VEIN SYNDROME	72.55	69.76	1
50725	URETEROLYSIS FOR RETROCAVAL URETER, WITH REANASTOMOSIS OF UPPER URINARY TRA	81.93	78.78	1
50727	REVISION OF URINARY-CUTANEOUS ANASTOMOSIS (ANY TYPE UROSTOMY);	38.09	36.63	1
50728	REVISION OF URINARY-CUTANEOUS ANASTOMOSIS (ANY TYPE UROSTOMY); WITH REPAIR	52.93	50.90	1
50740	URETEROPYELOSTOMY, ANASTOMOSIS OF URETER AND RENAL PELVIS	80.94	77.83	1
50750	URETEROCALYCOSTOMY, ANASTOMOSIS OF URETER TO RENAL CALYX	84.57	81.32	1
50760	URETEROURETEROSTOMY	82.03	78.88	1
50770	TRANSURETEROURETEROSTOMY, ANASTOMOSIS OF URETER TO CONTRALATERAL URETER	87.18	83.83	1
50810	URETEROSIGMOIDOSTOMY, WITH CREATION OF SIGMOID BLADDER AND ESTABLISHMENT OF	89.80	86.35	1
50825	CONTINENT DIVERSION, INCLUDING INTESTINE ANASTOMOSIS USING ANY SEGMENT OF S	125.07	120.26	1
50830	URINARY UNDIVERSION (EG, TAKING DOWN OF URETEROILEAL CONDUIT, URETEROSIGMOI	136.10	130.87	1
50845	CUTANEOUS APPENDICO-VESICOSTOMY	95.03	91.38	1
50900	URETERORRHAPHY, SUTURE OF URETER (SEPARATE PROCEDURE)	63.29	60.86	1
50920	CLOSURE OF URETEROCUTANEOUS FISTULA	65.80	63.27	1
50930	CLOSURE OF URETEROVISCERAL FISTULA (INCLUDING VISCERAL REPAIR)	82.87	79.69	1
50945	LAPAROSCOPY, SURGICAL, URETEROLITHOTOMY	73.51	70.69	1
50947	LAPAROSCOPY, SURGICAL; URETERONEOCYSTOSTOMY WITH CYSTOSCOPY AND URETERAL ST	105.74	101.68	1
50948	LAPAROSCOPY, SURGICAL; URETERONEOCYSTOSTOMY WITHOUT CYSTOSCOPY AND URETERAL	98.24	94.47	1
50949	UNLISTED LAPAROSCOPY PROCEDURE, URETER	0.00	0.00	1
51020	CYSTOTOMY OR CYSTOSTOMY; WITH FULGURATION AND/OR INSERTION OF RADIOACTIVE M	35.02	33.68	1
51040	CYSTOSTOMY, CYSTOTOMY WITH DRAINAGE	22.17	21.32	1
51045	CYSTOTOMY, WITH INSERTION OF URETERAL CATHETER OR STENT (SEPARATE PROCEDURE	35.21	33.86	1
51050	CYSTOLITHOTOMY, CYSTOTOMY WITH REMOVAL OF CALCULUS, WITHOUT VESICAL NECK RE	36.04	34.66	1
51060	TRANSVESICAL URETEROLITHOTOMY	44.26	42.56	1
51080	DRAINAGE OF PERIVESICAL OR PREVESICAL SPACE ABSCESS	29.59	28.46	1
51500	EXCISION OF URACHAL CYST OR SINUS, WITH OR WITHOUT UMBILICAL HERNIA REPAIR	46.56	44.77	1
51520	CYSTOTOMY; FOR SIMPLE EXCISION OF VESICAL NECK (SEPARATE PROCEDURE)	45.35	43.61	1

CODE	DESCRIPTION	00-20 MAX FEE	21+ MAX FEE	MAX UNITS
51525	CYSTOTOMY; FOR EXCISION OF BLADDER DIVERTICULUM, SINGLE OR MULTIPLE (SEPARA	65.46	62.95	1
51530	CYSTOTOMY; FOR EXCISION OF BLADDER TUMOR	57.56	55.35	1
51550	CYSTECTOMY, PARTIAL; SIMPLE	71.65	68.90	1
51555	CYSTECTOMY, PARTIAL; COMPLICATED (EG, POSTRADIATION, PREVIOUS SURGERY, DIFF	95.08	91.43	1
51565	CYSTECTOMY, PARTIAL, WITH REIMPLANTATION OF URETER(S) INTO BLADDER (URETERO	97.64	93.89	1
51570	CYSTECTOMY, COMPLETE; (SEPARATE PROCEDURE)	111.32	107.04	1
51575	CYSTECTOMY, COMPLETE; WITH BILATERAL PELVIC LYMPHADENECTOMY, INCLUDING EXTE	139.07	133.73	1
51580	CYSTECTOMY, COMPLETE, WITH URETEROSIGMOIDOSTOMY OR URETEROCUTANEOUS TRANSPL	144.46	138.91	1
51585	CYSTECTOMY, COMPLETE, WITH URETEROSIGMOIDOSTOMY OR URETEROCUTANEOUS TRANSPL	161.59	155.38	1
51590	CYSTECTOMY, COMPLETE, WITH URETEROILEAL CONDUIT OR SIGMOID BLADDER, INCLUDI	146.74	141.10	1
51595	CYSTECTOMY, COMPLETE, WITH URETEROILEAL CONDUIT OR SIGMOID BLADDER, INCLUDI	166.74	160.33	1
51596	CYSTECTOMY, COMPLETE, WITH CONTINENT DIVERSION, ANY OPEN TECHNIQUE, USING A	178.97	172.09	1
51597	PELVIC EXENTERATION, COMPLETE, FOR VESICAL, PROSTATIC OR URETHRAL MALIGNANC	172.02	165.41	1
51800	CYSTOPLASTY OR CYSTOURETHROPLASTY, PLASTIC OPERATION ON BLADDER AND/OR VESI	79.13	76.09	1
51820	CYSTOURETHROPLASTY WITH UNILATERAL OR BILATERAL URETERONEOCYSTOSTOMY	83.15	79.96	1
51840	ANTERIOR VESICourethroPEXY, OR URETHROPEXY (EG, MARSHALL-MARCHETTI-KRANTZ,	47.45	45.63	1
51841	ANTERIOR VESICourethroPEXY, OR URETHROPEXY (MARSHALL-MARCHETTI-KRANTZ TYPE)	56.75	54.57	1
51845	ABDOMINO-VAGINAL VESICAL NECK SUSPENSION, WITH OR WITHOUT ENDOSCOPIC CONTRO	43.86	42.18	1
51860	CYSTORRHAPHY, SUTURE OF BLADDER WOUND, INJURY OR RUPTURE; SIMPLE	53.64	51.58	1
51865	CYSTORRHAPHY, SUTURE OF BLADDER WOUND, INJURY OR RUPTURE; COMPLICATED	66.61	64.05	1
51880	CLOSURE OF CYSTOSTOMY (SEPARATE PROCEDURE)	34.74	33.41	1
51900	CLOSURE OF VESICOVAGINAL FISTULA, ABDOMINAL APPROACH	62.22	59.83	1
51920	CLOSURE OF VESICOUTERINE FISTULA;	58.30	56.06	1
51925	CLOSURE OF VESICOUTERINE FISTULA; WITH HYSTERECTOMY	77.83	74.84	1
51940	CLOSURE, EXSTROPHY OF BLADDER	115.41	110.98	1
51960	ENTEROCYSTOPLASTY, INCLUDING INTESTINAL ANASTOMOSIS	104.93	100.90	1
51980	CUTANEOUS VESICOSTOMY	54.00	51.93	1
51990	LAPAROSCOPY, SURGICAL; URETHRAL SUSPENSION FOR STRESS INCONTINENCE	53.93	51.86	1
51992	LAPAROSCOPY, SURGICAL; SLING OPERATION FOR STRESS INCONTINENCE (EG, FASCIA	59.71	57.42	1
53085	DRAINAGE OF PERINEAL URINARY EXTRAVASATION; COMPLICATED	43.31	41.65	1
53210	URETHRECTOMY, TOTAL, INCLUDING CYSTOSTOMY; FEMALE	58.45	56.21	1
53215	URETHRECTOMY, TOTAL, INCLUDING CYSTOSTOMY; MALE	71.01	68.28	1
53230	EXCISION OF URETHRAL DIVERTICULUM (SEPARATE PROCEDURE); FEMALE	45.98	44.22	1
53235	EXCISION OF URETHRAL DIVERTICULUM (SEPARATE PROCEDURE); MALE	48.68	46.81	1

CODE	DESCRIPTION	00-20 MAX FEE	21+ MAX FEE	MAX UNITS
53400	URETHROPLASTY; FIRST STAGE, FOR FISTULA, DIVERTICULUM, OR STRICTURE (EG, JO	60.84	58.50	1
53405	URETHROPLASTY; SECOND STAGE (FORMATION OF URETHRA), INCLUDING URINARY DIVER	67.13	64.55	1
53410	URETHROPLASTY, ONE-STAGE RECONSTRUCTION OF MALE ANTERIOR URETHRA	74.93	72.05	1
53415	URETHROPLASTY, TRANSPUBIC OR PERINEAL, ONE STAGE, FOR RECONSTRUCTION OR REP	86.43	83.11	1
53425	URETHROPLASTY, TWO-STAGE RECONSTRUCTION OR REPAIR OF PROSTATIC OR MEMBRANOU	71.86	69.10	1
53430	URETHROPLASTY, RECONSTRUCTION OF FEMALE URETHRA	71.27	68.53	1
53431	URETHROPLASTY WITH TUBULARIZATION OF POSTERIOR URETHRA AND/OR LOWER BLADDER	87.97	84.59	1
53440	SLING OPERATION FOR CORRECTION OF MALE URINARY INCONTINENCE (EG, FASCIA OR	67.16	64.58	1
53442	REMOVAL OR REVISION OF SLING FOR MALE URINARY INCONTINENCE (EG, FASCIA OR S	59.26	56.99	1
53444	INSERTION OF TANDEM CUFF (DUAL CUFF)	60.60	58.27	1
53445	INSERTION OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER, INCLUDING PLACEMEN	65.78	63.25	1
53446	REMOVAL OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER, INCLUDING PUMP, RESE	49.09	47.21	1
53447	REMOVAL AND REPLACEMENT OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER INCLU	61.91	59.53	1
53448	REMOVAL AND REPLACEMENT OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER INCLU	97.88	94.12	1
53505	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PENILE	37.12	35.70	1
53510	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PERINEAL	48.15	46.30	1
53515	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PROSTATOMEMBRANOUS	60.39	58.07	1
54110	EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE);	47.47	45.65	1
54111	EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE); WITH GRAFT TO 5 CM IN LENGTH	61.36	59.00	1
54112	EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE); WITH GRAFT GREATER THAN 5 CM	71.84	69.08	1
54115	REMOVAL FOREIGN BODY FROM DEEP PENILE TISSUE (EG, PLASTIC IMPLANT)	34.38	33.06	1
54120	AMPUTATION OF PENIS; PARTIAL	48.23	46.38	1
54125	AMPUTATION OF PENIS; COMPLETE	62.03	59.65	1
54130	AMPUTATION OF PENIS, RADICAL; WITH BILATERAL INGUINOFEMORAL LYMPHADENECTOMY	90.82	87.33	1
54135	AMPUTATION OF PENIS, RADICAL; IN CONTINUITY WITH BILATERAL PELVIC LYMPHADEN	116.02	111.56	1
54205	INJECTION PROCEDURE FOR PEYRONIE DISEASE; WITH SURGICAL EXPOSURE OF PLAQUE	40.73	39.17	1
54300	PLASTIC OPERATION OF PENIS FOR STRAIGHTENING OF CHORDEE (EG, HYPOSPADIAS),	48.91	47.03	1
54304	PLASTIC OPERATION ON PENIS FOR CORRECTION OF CHORDEE OR FOR FIRST STAGE HYP	57.54	55.33	1
54308	URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY DIVERS	54.87	52.76	1
54312	URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY DIVERS	63.48	61.04	1
54316	URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY DIVERS	76.62	73.68	1
54318	URETHROPLASTY FOR THIRD STAGE HYPOSPADIAS REPAIR TO RELEASE PENIS FROM SCRO	52.10	50.10	1
54322	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISIO	59.58	57.29	1
54324	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISIO	74.50	71.64	1

CODE	DESCRIPTION	00-20 MAX FEE	21+ MAX FEE	MAX UNITS
54326	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISIO	72.51	69.73	1
54328	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISIO	72.13	69.36	1
54332	ONE STAGE PROXIMAL PENILE OR PENOSCROTAL HYPOSPADIAS REPAIR REQUIRING EXTEN	77.80	74.81	1
54336	ONE STAGE PERINEAL HYPOSPADIAS REPAIR REQUIRING EXTENSIVE DISSECTION TO COR	93.27	89.69	1
54340	REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICULA);	43.69	42.01	1
54344	REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICULA);	74.19	71.34	1
54348	REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICULA);	67.26	64.68	1
54352	REPAIR OF HYPOSPADIAS CRIPPLE REQUIRING EXTENSIVE DISSECTION AND EXCISION O	110.06	105.83	1
54360	PLASTIC OPERATION ON PENIS TO CORRECT ANGULATION	55.21	53.09	1
54380	PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER;	53.93	51.86	1
54385	PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER; WIT	67.05	64.48	1
54390	PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER; WIT	82.46	79.29	1
54406	REMOVAL OF ALL COMPONENTS OF A MULTI-COMPONENT, INFLATABLE PENILE PROSTHESI	55.97	53.82	1
54415	REMOVAL OF NON-INFLATABLE (SEMI-RIGID) OR INFLATABLE (SELF-CONTAINED) PENIL	40.39	38.84	1
54420	CORPORA CAVERNOSA-SAPHENOUS VEIN SHUNT (PRIAPISM OPERATION), UNILATERAL OR	54.27	52.19	1
54430	CORPORA CAVERNOSA-CORPUS SPONGIOSUM SHUNT (PRIAPISM OPERATION), UNILATERAL	48.91	47.03	1
54440	PLASTIC OPERATION OF PENIS FOR INJURY	18.40	17.70	1
54512	EXCISION OF EXTRAPARENCHYMAL LESION OF TESTIS	40.96	39.39	1
54522	ORCHIECTOMY, PARTIAL	44.07	42.38	1
54690	LAPAROSCOPY, SURGICAL; ORCHIECTOMY	49.30	47.41	1
55150	RESECTION OF SCROTUM	36.85	35.44	1
55520	EXCISION OF LESION OF SPERMATIC CORD (SEPARATE PROCEDURE)	29.12	28.00	1
55535	EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; ABDOM	32.62	31.37	1
55540	EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; WITH	35.14	33.79	1
55550	LAPAROSCOPY, SURGICAL, WITH LIGATION OF SPERMATIC VEINS FOR VARICOCELE	32.07	30.84	1
55559	UNLISTED LAPAROSCOPY PROCEDURE, SPERMATIC CORD	0.00	0.00	1
55720	PROSTATOTOMY, EXTERNAL DRAINAGE OF PROSTATIC ABSCESS, ANY APPROACH; SIMPLE	35.26	33.91	1
55725	PROSTATOTOMY, EXTERNAL DRAINAGE OF PROSTATIC ABSCESS, ANY APPROACH; COMPLIC	44.36	42.66	1
55801	PROSTATECTOMY, PERINEAL, SUBTOTAL (INCLUDING CONTROL OF POSTOPERATIVE BLEED	83.03	79.84	1
55810	PROSTATECTOMY, PERINEAL RADICAL;	100.39	96.53	1
55812	PROSTATECTOMY, PERINEAL RADICAL; WITH LYMPH NODE BIOPSY(S) (LIMITED PELVIC	122.87	118.15	1
55815	PROSTATECTOMY, PERINEAL RADICAL; WITH BILATERAL PELVIC LYMPHADENECTOMY, INC	135.03	129.84	1
55821	PROSTATECTOMY (INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, VASECTOMY, MEAT	66.74	64.18	1
55831	PROSTATECTOMY (INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, VASECTOMY, MEAT	72.29	69.51	1

CODE	DESCRIPTION	00-20 MAX FEE	21+ MAX FEE	MAX UNITS
55840	PROSTATECTOMY, RETROPUBIC RADICAL, WITH OR WITHOUT NERVE SPARING;	102.08	98.16	1
55842	PROSTATECTOMY, RETROPUBIC RADICAL, WITH OR WITHOUT NERVE SPARING; WITH LYMP	109.51	105.30	1
55845	PROSTATECTOMY, RETROPUBIC RADICAL, WITH OR WITHOUT NERVE SPARING; WITH BILA	125.07	120.26	1
55862	EXPOSURE OF PROSTATE, ANY APPROACH, FOR INSERTION OF RADIOACTIVE SUBSTANCE;	84.60	81.35	1
55865	EXPOSURE OF PROSTATE, ANY APPROACH, FOR INSERTION OF RADIOACTIVE SUBSTANCE;	102.37	98.44	1
55866	LAPAROSCOPY, SURGICAL PROSTATECTOMY, RETROPUBIC RADICAL, INCLUDING NERVE SP	132.80	127.70	1
56620	VULVECTOMY SIMPLE; PARTIAL	35.95	34.57	1
56625	VULVECTOMY SIMPLE; COMPLETE	40.13	38.59	1
56630	VULVECTOMY, RADICAL, PARTIAL;	58.74	56.49	1
56631	VULVECTOMY, RADICAL, PARTIAL; WITH UNILATERAL INGUINOFEMORAL LYMPHADENECTOM	74.60	71.74	1
56632	VULVECTOMY, RADICAL, PARTIAL; WITH BILATERAL INGUINOFEMORAL LYMPHADENECTOMY	87.21	83.86	1
56633	VULVECTOMY, RADICAL, COMPLETE;	76.52	73.58	1
56634	VULVECTOMY, RADICAL, COMPLETE; WITH UNILATERAL INGUINOFEMORAL LYMPHADENECTO	80.70	77.60	1
56637	VULVECTOMY, RADICAL, COMPLETE; WITH BILATERAL INGUINOFEMORAL LYMPHADENECTOM	95.31	91.65	1
56700	PARTIAL HYMENECTOMY OR REVISION OF HYMENAL RING	12.67	12.19	1
56800	PLASTIC REPAIR OF INTROITUS	16.54	15.91	1
56805	CLITOROPLASTY FOR INTERSEX STATE	81.59	78.46	1
56810	PERINEOPLASTY, REPAIR OF PERINEUM, NON-OBSTETRICAL (SEPARATE PROCEDURE)	17.77	17.09	1
57106	VAGINECTOMY, PARTIAL REMOVAL OF VAGINAL WALL;	32.24	31.00	1
57107	VAGINECTOMY, PARTIAL REMOVAL OF VAGINAL WALL; WITH REMOVAL OF PARAVAGINAL T	94.77	91.13	1
57109	VAGINECTOMY, PARTIAL REMOVAL OF VAGINAL WALL; WITH REMOVAL OF PARAVAGINAL T	109.46	105.25	1
57110	VAGINECTOMY, COMPLETE REMOVAL OF VAGINAL WALL;	61.01	58.67	1
57111	VAGINECTOMY, COMPLETE REMOVAL OF VAGINAL WALL; WITH REMOVAL OF PARAVAGINAL	108.99	104.80	1
57112	VAGINECTOMY, COMPLETE REMOVAL OF VAGINAL WALL; WITH REMOVAL OF PARAVAGINAL	117.95	113.42	1
57120	COLPOCLEISIS (LE FORT TYPE)	34.61	33.28	1
57130	EXCISION OF VAGINAL SEPTUM	12.28	11.81	1
57200	COLPORRHAPHY, SUTURE OF INJURY OF VAGINA (NONOBSTETRICAL)	20.20	19.43	1
57210	COLPOPERINEORRHAPHY, SUTURE OF INJURY OF VAGINA AND/OR PERINEUM (NONOBSTETR	24.83	23.88	1
57220	PLASTIC OPERATION ON URETHRAL SPHINCTER, VAGINAL APPROACH (EG, KELLY URETHR	21.64	20.81	1
57230	PLASTIC REPAIR OF URETHROCELE	27.52	26.47	1
57240	ANTERIOR COLPORRHAPHY, REPAIR OF CYSTOCELE WITH OR WITHOUT REPAIR OF URETHR	45.74	43.99	1
57250	POSTERIOR COLPORRHAPHY, REPAIR OF RECTOCELE WITH OR WITHOUT PERINEORRHAPHY	44.65	42.94	1
57260	COMBINED ANTEROPOSTERIOR COLPORRHAPHY;	55.29	53.17	1
57265	COMBINED ANTEROPOSTERIOR COLPORRHAPHY; WITH ENTEROCELE REPAIR	61.36	59.00	1

CODE	DESCRIPTION	00-20 MAX FEE	21+ MAX FEE	MAX UNITS
57268	REPAIR OF ENTEROCELE, VAGINAL APPROACH (SEPARATE PROCEDURE)	32.78	31.52	1
57270	REPAIR OF ENTEROCELE, ABDOMINAL APPROACH (SEPARATE PROCEDURE)	54.03	51.96	1
57280	COLPOPEXY, ABDOMINAL APPROACH	66.16	63.62	1
57282	COLPOPEXY, VAGINAL; EXTRA-PERITONEAL APPROACH (SACROSPINOUS, ILIOCOCCYGEUS)	34.66	33.33	1
57283	COLPOPEXY, VAGINAL; INTRA-PERITONEAL APPROACH (UTEROSACRAL, LEVATOR MYORRHA	46.56	44.77	1
57284	PARAVAGINAL DEFECT REPAIR (INCLUDING REPAIR OF CYSTOCELE, STRESS URINARY IN	56.64	54.47	1
57287	REMOVAL OR REVISION OF SLING FOR STRESS INCONTINENCE (EG, FASCIA OR SYNTHET	49.38	47.49	1
57288	SLING OPERATION FOR STRESS INCONTINENCE (EG, FASCIA OR SYNTHETIC)	58.19	55.96	1
57289	PEREYRA PROCEDURE, INCLUDING ANTERIOR COLPORRHAPHY	52.57	50.55	1
57291	CONSTRUCTION OF ARTIFICIAL VAGINA; WITHOUT GRAFT	36.18	34.79	1
57292	CONSTRUCTION OF ARTIFICIAL VAGINA; WITH GRAFT	56.33	54.17	1
57295	REVISION (INCLUDING REMOVAL) OF PROSTHETIC VAGINAL GRAFT, VAGINAL APPROACH	33.09	31.82	1
57296	REVISION (INCLUDING REMOVAL) OF PROSTHETIC VAGINAL GRAFT; OPEN ABDOMINAL AP	65.07	62.57	1
57300	CLOSURE OF RECTOVAGINAL FISTULA; VAGINAL OR TRANSANAL APPROACH	36.38	34.99	1
57305	CLOSURE OF RECTOVAGINAL FISTULA; ABDOMINAL APPROACH	60.54	58.22	1
57307	CLOSURE OF RECTOVAGINAL FISTULA; ABDOMINAL APPROACH, WITH CONCOMITANT COLOS	68.13	65.51	1
57308	CLOSURE OF RECTOVAGINAL FISTULA; TRANSPERINEAL APPROACH, WITH PERINEAL BODY	43.19	41.53	1
57310	CLOSURE OF URETHROVAGINAL FISTULA;	34.53	33.21	1
57311	CLOSURE OF URETHROVAGINAL FISTULA; WITH BULBOCAVERNOSUS TRANSPLANT	38.37	36.90	1
57320	CLOSURE OF VESICOVAGINAL FISTULA; VAGINAL APPROACH	38.90	37.41	1
57330	CLOSURE OF VESICOVAGINAL FISTULA; TRANSVESICAL AND VAGINAL APPROACH	56.00	53.85	1
57335	VAGINOPLASTY FOR INTERSEX STATE	80.63	77.53	1
57425	LAPAROSCOPY, SURGICAL, COLPOPEXY (SUSPENSION OF VAGINAL APEX)	67.05	64.48	1
57530	TRACHELECTOMY (CERVICECTOMY), AMPUTATION OF CERVIX (SEPARATE PROCEDURE)	23.16	22.27	1
57531	RADICAL TRACHELECTOMY, WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND PARA	114.67	110.26	1
57540	EXCISION OF CERVICAL STUMP, ABDOMINAL APPROACH;	53.05	51.01	1
57545	EXCISION OF CERVICAL STUMP, ABDOMINAL APPROACH; WITH PELVIC FLOOR REPAIR	56.81	54.63	1
57550	EXCISION OF CERVICAL STUMP, VAGINAL APPROACH;	27.52	26.47	1
57555	EXCISION OF CERVICAL STUMP, VAGINAL APPROACH; WITH ANTERIOR AND/OR POSTERIO	41.01	39.44	1
57556	EXCISION OF CERVICAL STUMP, VAGINAL APPROACH; WITH REPAIR OF ENTEROCELE	38.79	37.30	1
57720	TRACHELORRHAPHY, PLASTIC REPAIR OF UTERINE CERVIX, VAGINAL APPROACH	20.67	19.88	1
58140	MYOMECTOMY, EXCISION OF FIBROID TUMOR(S) OF UTERUS, 1 TO 4 INTRAMURAL MYOMA	62.01	59.63	1
58145	MYOMECTOMY, EXCISION OF FIBROID TUMOR OF UTERUS, SINGLE OR MULTIPLE (SEPARA	36.64	35.24	1
58150	TOTAL ABDOMINAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL O	66.95	64.38	1

CODE	DESCRIPTION	00-20 MAX FEE	21+ MAX FEE	MAX UNITS
58152	TOTAL ABDOMINAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL O	84.52	81.27	1
58180	SUPRACERVICAL ABDOMINAL HYSTERECTOMY (SUBTOTAL HYSTERECTOMY), WITH OR WITHO	64.00	61.54	1
58200	TOTAL ABDOMINAL HYSTERECTOMY, INCLUDING PARTIAL VAGINECTOMY, WITH PARA-AORT	88.18	84.79	1
58210	RADICAL ABDOMINAL HYSTERECTOMY, WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY	117.40	112.89	1
58240	PELVIC EXENTERATION FOR GYNECOLOGIC MALIGNANCY, WITH TOTAL ABDOMINAL HYSTER	185.70	178.56	1
58260	VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS;	55.86	53.72	1
58262	VAGINAL HYSTERECTOMY; WITH REMOVAL OF TUBE(S), AND/OR OVARY(S)	62.37	59.98	1
58263	VAGINAL HYSTERECTOMY; WITH REMOVAL OF TUBE(S), AND/OR OVARY(S), WITH REPAIR	67.11	64.53	1
58267	VAGINAL HYSTERECTOMY; WITH COLPO-URETHROCYSTOPEXY (MARSHALL-MARCHETTI-KRANT	71.39	68.65	1
58270	VAGINAL HYSTERECTOMY; WITH REPAIR OF ENTEROCELE	59.82	57.52	1
58275	VAGINAL HYSTERECTOMY, WITH TOTAL OR PARTIAL VAGINECTOMY;	66.61	64.05	1
58280	VAGINAL HYSTERECTOMY, WITH TOTAL OR PARTIAL COLPECTOMY; WITH REPAIR OF ENTE	71.37	68.63	1
58285	VAGINAL HYSTERECTOMY, RADICAL (SCHAUTA TYPE OPERATION)	89.04	85.62	1
58290	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS;	78.04	75.04	1
58291	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH REMOVAL OF TU	84.44	81.20	1
58292	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH REMOVAL OF TU	89.46	86.02	1
58293	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH COLPO-URETHRO	92.80	89.24	1
58294	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH REPAIR OF ENT	81.27	78.15	1
58520	HYSTERORRHAPHY, REPAIR OF RUPTURED UTERUS (NONOBSTETRICAL)	53.07	51.03	1
58540	HYSTEROPLASTY, REPAIR OF UTERINE ANOMALY (STRASSMAN TYPE)	61.70	59.33	1
58541	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS	58.53	56.28	1
58542	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS	64.78	62.29	1
58543	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS GREATER THAN	65.88	63.35	1
58544	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS GREATER THAN	71.34	68.60	1
58545	LAPAROSCOPY, SURGICAL, MYOMECTOMY, EXCISION; 1 TO 4 INTRAMURAL MYOMAS WITH	60.54	58.22	1
58546	LAPAROSCOPY, SURGICAL, MYOMECTOMY, EXCISION; 5 OR MORE INTRAMURAL MYOMAS AN	76.47	73.53	1
58548	LAPAROSCOPY, SURGICAL, WITH RADICAL HYSTERECTOMY, WITH BILATERAL TOTAL PELV	124.72	119.93	1
58550	LAPAROSCOPY SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LE	59.76	57.47	1
58552	LAPAROSCOPY SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LE	65.62	63.10	1
58553	LAPAROSCOPY, SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 2	76.86	73.91	1
58554	LAPAROSCOPY, SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 2	87.81	84.44	1
58560	HYSTEROSCOPY, SURGICAL; WITH DIVISION OR RESECTION OF INTRAUTERINE SEPTUM (	26.45	25.44	1
58578	UNLISTED LAPAROSCOPY PROCEDURE, UTERUS	0.00	0.00	1
58579	UNLISTED HYSTEROSCOPY PROCEDURE, UTERUS	0.00	0.00	1

CODE	DESCRIPTION	00-20 MAX FEE	21+ MAX FEE	MAX UNITS
58600	LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S), ABDOMINAL OR VAGINAL APPROACH	24.65	23.71	1
58605	LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S), ABDOMINAL OR VAGINAL APPROACH	22.24	21.39	1
58611	LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S) WHEN DONE AT THE TIME OF CESAR	5.30	5.10	1
58615	OCCLUSION OF FALLOPIAN TUBE(S) BY DEVICE (EG, BAND, CLIP, FALOPE RING) VAGI	16.62	15.99	1
58660	LAPAROSCOPY, SURGICAL; WITH LYSIS OF ADHESIONS (SALPINGOLYSIS, OVARIOLYSIS)	45.64	43.89	1
58661	LAPAROSCOPY, SURGICAL; WITH REMOVAL OF ADNEXAL STRUCTURES (PARTIAL OR TOTAL	43.52	41.85	1
58662	LAPAROSCOPY, SURGICAL; WITH FULGURATION OR EXCISION OF LESIONS OF THE OVARY	47.81	45.98	1
58679	UNLISTED LAPAROSCOPY PROCEDURE, OVIDUCT, OVARY	0.00	0.00	1
58700	SALPINGECTOMY, COMPLETE OR PARTIAL, UNILATERAL OR BILATERAL (SEPARATE PROCE	51.97	49.98	1
58720	SALPINGO-OOPHORECTOMY, COMPLETE OR PARTIAL, UNILATERAL OR BILATERAL (SEPARA	48.54	46.68	1
58740	LYSIS OF ADHESIONS (SALPINGOLYSIS, OVARIOLYSIS)	59.03	56.76	1
58805	DRAINAGE OF OVARIAN CYST(S), UNILATERAL OR BILATERAL, (SEPARATE PROCEDURE);	27.26	26.22	1
58820	DRAINAGE OF OVARIAN ABSCESS; VAGINAL APPROACH, OPEN	20.96	20.16	1
58822	DRAINAGE OF OVARIAN ABSCESS; ABDOMINAL APPROACH	46.85	45.05	1
58823	DRAINAGE OF PELVIC ABSCESS, TRANSVAGINAL OR TRANSRECTAL APPROACH, PERCUTANE	11.91	11.46	1
58825	TRANSPOSITION, OVARY(S)	47.06	45.25	1
58900	BIOPSY OF OVARY, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	27.76	26.70	1
58920	WEDGE RESECTION OR BISECTION OF OVARY, UNILATERAL OR BILATERAL	48.44	46.58	1
58925	OVARIAN CYSTECTOMY, UNILATERAL OR BILATERAL	49.70	47.79	1
58940	OOPHORECTOMY, PARTIAL OR TOTAL, UNILATERAL OR BILATERAL;	34.17	32.86	1
58943	OOPHORECTOMY, PARTIAL OR TOTAL, UNILATERAL OR BILATERAL; FOR OVARIAN, TUBAL	75.52	72.62	1
58950	RESECTION (INITIAL) OF OVARIAN, TUBAL OR PRIMARY PERITONEAL MALIGNANCY WITH	72.13	69.36	1
58951	RESECTION OF OVARIAN MALIGNANCY WITH BILATERAL SALPINGO-OOPHORECTOMY AND OM	92.62	89.06	1
58952	RESECTION OF OVARIAN, TUBAL OR PRIMARY PERITONEAL MALIGNANCY WITH BILATERAL	104.65	100.63	1
58956	BILATERAL SALPINGO-OOPHORECTOMY WITH TOTAL OMENTECTOMY, TOTAL ABDOMINAL HYS	92.25	88.71	1
58957	RESECTION (TUMOR DEBULKING) OF RECURRENT OVARIAN, TUBAL, PRIMARY PERITONEAL	101.01	97.13	1
58958	RESECTION (TUMOR DEBULKING) OF RECURRENT OVARIAN, TUBAL, PRIMARY PERITONEAL	111.87	107.57	1
58960	LAPAROTOMY, FOR STAGING OR RESTAGING OF OVARIAN, TUBAL OR PRIMARY PERITONEA	62.14	59.75	1
58999	UNLISTED PROCEDURE, FEMALE GENITAL SYSTEM (NONOBSTETRICAL)	0.00	0.00	1
59100	HYSTEROTOMY, ABDOMINAL (EG, FOR HYDATIDIFORM MOLE, ABORTION)	57.56	55.35	1
59120	SURGICAL TREATMENT OF ECTOPIC PREGNANCY; TUBAL OR OVARIAN, REQUIRING SALPIN	54.14	52.06	1
59121	SURGICAL TREATMENT OF ECTOPIC PREGNANCY; TUBAL OR OVARIAN, WITHOUT SALPINGE	54.38	52.29	1
59136	SURGICAL TREATMENT OF ECTOPIC PREGNANCY; INTERSTITIAL, UTERINE PREGNANCY WI	60.15	57.84	1
59140	SURGICAL TREATMENT OF ECTOPIC PREGNANCY; CERVICAL, WITH EVACUATION	26.21	25.21	1

CODE	DESCRIPTION	00-20 MAX FEE	21+ MAX FEE	MAX UNITS
59150	LAPAROSCOPIC TREATMENT OF ECTOPIC PREGNANCY; WITHOUT SALPINGECTOMY AND/OR O	52.78	50.75	1
59151	LAPAROSCOPIC TREATMENT OF ECTOPIC PREGNANCY; WITH SALPINGECTOMY AND/OR OOPH	51.34	49.37	1
59350	HYSTERORRHAPHY OF RUPTURED UTERUS	19.63	18.88	1
59515	CESAREAN DELIVERY ONLY; INCLUDING POSTPARTUM CARE	110.76	106.50	1
59525	SUBTOTAL OR TOTAL HYSTERECTOMY AFTER CESAREAN DELIVERY (LIST SEPARATELY IN	41.88	40.27	1
59622	CESAREAN DELIVERY ONLY, FOLLOWING ATTEMPTED VAGINAL DELIVERY AFTER PREVIOUS	110.76	106.50	1
59866	MULTIFETAL PREGNANCY REDUCTION(S) (MPR)	15.94	15.33	1
59870	UTERINE EVACUATION AND CURETTAGE FOR HYDATIDIFORM MOLE	31.63	30.42	1
59899	UNLISTED PROCEDURE, MATERNITY CARE AND DELIVERY	0.00	0.00	1
60200	EXCISION OF CYST OR ADENOMA OF THYROID, OR TRANSECTION OF ISTHMUS	42.27	40.65	1
60210	PARTIAL THYROID LOBECTOMY, UNILATERAL; WITH OR WITHOUT ISTHMUSECTOMY	45.57	43.82	1
60212	PARTIAL THYROID LOBECTOMY, UNILATERAL; WITH CONTRALATERAL SUBTOTAL LOBECTOM	65.54	63.02	1
60220	TOTAL THYROID LOBECTOMY, UNILATERAL; WITH OR WITHOUT ISTHMUSECTOMY	49.70	47.79	1
60225	TOTAL THYROID LOBECTOMY, UNILATERAL; WITH CONTRALATERAL SUBTOTAL LOBECTOMY,	60.13	57.82	1
60240	THYROIDECTOMY, TOTAL OR COMPLETE	63.26	60.83	1
60252	THYROIDECTOMY, TOTAL OR SUBTOTAL FOR MALIGNANCY; WITH LIMITED NECK DISSECTI	85.25	81.98	1
60254	THYROIDECTOMY, TOTAL OR SUBTOTAL FOR MALIGNANCY; WITH RADICAL NECK DISSECTI	108.07	103.92	1
60260	THYROIDECTOMY, REMOVAL OF ALL REMAINING THYROID TISSUE FOLLOWING PREVIOUS R	70.95	68.23	1
60270	THYROIDECTOMY, INCLUDING SUBSTERNAL THYROID; STERNAL SPLIT OR TRANSTHORACIC	89.82	86.37	1
60271	THYROIDECTOMY, INCLUDING SUBSTERNAL THYROID GLAND; CERVICAL APPROACH	68.28	65.66	1
60280	EXCISION OF THYROGLOSSAL DUCT CYST OR SINUS;	27.99	26.92	1
60281	EXCISION OF THYROGLOSSAL DUCT CYST OR SINUS; RECURRENT	36.88	35.47	1
60500	PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S);	66.48	63.93	1
60502	PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S); RE-EXPLORATION	83.68	80.47	1
60505	PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S); WITH MEDIASTINAL EXPLOR	90.97	87.48	1
60512	PARATHYROID AUTOTRANSPLANTATION (LIST SEPARATELY IN ADDITION TO CODE FOR PR	16.10	15.49	1
60520	THYMECTOMY, PARTIAL OR TOTAL; TRANSCERVICAL APPROACH (SEPARATE PROCEDURE)	68.49	65.86	1
60521	THYMECTOMY, PARTIAL OR TOTAL; STERNAL SPLIT OR TRANSTHORACIC APPROACH, WITH	78.95	75.92	1
60522	THYMECTOMY, PARTIAL OR TOTAL; STERNAL SPLIT OR TRANSTHORACIC APPROACH, WITH	95.16	91.50	1
60545	ADRENALECTOMY, PARTIAL OR COMPLETE, OR EXPLORATION OF ADRENAL GLAND WITH OR	83.10	79.91	1
60600	EXCISION OF CAROTID BODY TUMOR; WITHOUT EXCISION OF CAROTID ARTERY	94.01	90.40	1
60605	EXCISION OF CAROTID BODY TUMOR; WITH EXCISION OF CAROTID ARTERY	121.80	117.12	1
60659	UNLISTED LAPAROSCOPY PROCEDURE, ENDOCRINE SYSTEM	0.00	0.00	1
60699	UNLISTED PROCEDURE, ENDOCRINE SYSTEM	0.00	0.00	1

CODE	DESCRIPTION	00-20 MAX FEE	21+ MAX FEE	MAX UNITS
61140	BURR HOLE(S) OR TREPHINE; WITH BIOPSY OF BRAIN OR INTRACRANIAL LESION	82.98	79.79	1
61156	BURR HOLE(S); WITH ASPIRATION OF HEMATOMA OR CYST, INTRACEREBRAL	82.63	79.46	1
61253	BURR HOLE(S) OR TREPHINE, INFRATENTORIAL, UNILATERAL OR BILATERAL	62.48	60.08	1
61304	CRANIECTOMY OR CRANIOTOMY, EXPLORATORY; SUPRATENTORIAL	109.09	104.90	1
61305	CRANIECTOMY OR CRANIOTOMY, EXPLORATORY; INFRATENTORIAL (POSTERIOR FOSSA)	130.45	125.44	1
61312	CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, SUPRATENTORIAL; EXTRA	135.94	130.72	1
61313	CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, SUPRATENTORIAL; INTRA	130.95	125.92	1
61314	CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, INFRATENTORIAL; EXTRA	121.51	116.84	1
61315	CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, INFRATENTORIAL; INTRA	137.19	131.92	1
61320	CRANIECTOMY OR CRANIOTOMY, DRAINAGE OF INTRACRANIAL ABSCESS; SUPRATENTORIAL	126.60	121.74	1
61321	CRANIECTOMY OR CRANIOTOMY, DRAINAGE OF INTRACRANIAL ABSCESS; INFRATENTORIAL	136.07	130.84	1
61322	CRANIECTOMY OR CRANIOTOMY, DECOMPRESSIVE, WITH OR WITHOUT DURAPLASTY, FOR T	156.22	150.22	1
61332	EXPLORATION OF ORBIT (TRANSCRANIAL APPROACH); WITH BIOPSY	122.89	118.17	1
61333	EXPLORATION OF ORBIT (TRANSCRANIAL APPROACH); WITH REMOVAL OF LESION	121.96	117.27	1
61334	EXPLORATION OF ORBIT (TRANSCRANIAL APPROACH); WITH REMOVAL OF FOREIGN BODY	79.73	76.67	1
61343	CRANIECTOMY, SUBOCCIPITAL WITH CERVICAL LAMINECTOMY FOR DECOMPRESSION OF ME	145.74	140.14	1
61345	OTHER CRANIAL DECOMPRESSION, POSTERIOR FOSSA	134.92	129.74	1
61440	CRANIOTOMY FOR SECTION OF TENTORIUM CEREBELLI (SEPARATE PROCEDURE)	129.93	124.94	1
61450	CRANIECTOMY, SUBTEMPORAL, FOR SECTION, COMPRESSION, OR DECOMPRESSION OF SEN	120.96	116.31	1
61458	CRANIECTOMY, SUBOCCIPITAL; FOR EXPLORATION OR DECOMPRESSION OF CRANIAL NERV	133.25	128.13	1
61460	CRANIECTOMY, SUBOCCIPITAL; FOR SECTION OF ONE OR MORE CRANIAL NERVES	134.69	129.51	1
61470	CRANIECTOMY, SUBOCCIPITAL; FOR MEDULLARY TRACTOTOMY	122.16	117.47	1
61480	CRANIECTOMY, SUBOCCIPITAL; FOR MESENCEPHALIC TRACTOTOMY OR PEDUNCULOTOMY	111.97	107.67	1
61500	CRANIECTOMY; WITH EXCISION OF TUMOR OR OTHER BONE LESION OF SKULL	88.70	85.29	1
61501	CRANIECTOMY; FOR OSTEOMYELITIS	76.07	73.15	1
61510	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF BRAIN TUMO	144.57	139.01	1
61512	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF MENINGIOMA	169.72	163.20	1
61514	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF BRAIN ABSC	126.48	121.62	1
61516	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OR FENESTRATI	123.65	118.90	1
61518	CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR FOSSA;	183.23	176.19	1
61519	CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR FOSSA;	196.25	188.71	1
61520	CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR FOSSA;	246.30	236.83	1
61521	CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR FOSSA;	211.16	203.04	1
61522	CRANIECTOMY, INFRATENTORIAL OR POSTERIOR FOSSA; FOR EXCISION OF BRAIN ABSCE	143.27	137.76	1

CODE	DESCRIPTION	00-20 MAX FEE	21+ MAX FEE	MAX UNITS
61524	CRANIECTOMY, INFRATENTORIAL OR POSTERIOR FOSSA; FOR EXCISION OR FENESTRATIO	138.38	133.06	1
61531	SUBDURAL IMPLANTATION OF STRIP ELECTRODES THROUGH ONE OR MORE BURR OR TREPH	79.63	76.57	1
61533	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR SUBDURAL IMPLANTATION OF AN ELE	100.44	96.58	1
61534	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR EXCISION OF EPILEPTOGENIC FOCUS	109.04	104.85	1
61535	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR REMOVAL OF EPIDURAL OR SUBDURAL	65.62	63.10	1
61536	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR EXCISION OF CEREBRAL EPILEPTOGE	171.40	164.81	1
61537	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR LOBECTOMY, TEMPORAL LOBE, WITHO	159.71	153.57	1
61538	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR LOBECTOMY, TEMPORAL LOBE, WITH	170.95	164.38	1
61539	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR LOBECTOMY, OTHER THAN TEMPORAL	152.20	146.35	1
61540	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR LOBECTOMY, OTHER THAN TEMPORAL	145.79	140.19	1
61541	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR TRANSECTION OF CORPUS CALLOSUM	140.52	135.12	1
61542	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR TOTAL HEMISPHERECTOMY	150.37	144.59	1
61543	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR PARTIAL OR SUBTOTAL (FUNCTIONAL	144.65	139.09	1
61544	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR EXCISION OR COAGULATION OF CHOR	125.04	120.24	1
61545	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR EXCISION OF CRANIOPHARYNGIOMA	208.05	200.05	1
61546	CRANIOTOMY FOR HYPOPHYSECTOMY OR EXCISION OF PITUITARY TUMOR, INTRACRANIAL	151.28	145.47	1
61548	HYPOPHYSECTOMY OR EXCISION OF PITUITARY TUMOR, TRANSNASAL OR TRANSSEPTAL AP	100.02	96.18	1
61550	CRANIECTOMY FOR CRANIOSYNOSTOSIS; SINGLE CRANIAL SUTURE	57.66	55.45	1
61552	CRANIECTOMY FOR CRANIOSYNOSTOSIS; MULTIPLE CRANIAL SUTURES	73.12	70.31	1
61556	CRANIOTOMY FOR CRANIOSYNOSTOSIS; FRONTAL OR PARIETAL BONE FLAP	108.73	104.55	1
61557	CRANIOTOMY FOR CRANIOSYNOSTOSIS; BIFRONTAL BONE FLAP	112.08	107.77	1
61558	EXTENSIVE CRANIECTOMY FOR MULTIPLE CRANIAL SUTURE CRANIOSYNOSTOSIS (EG, CLO	93.77	90.17	1
61559	EXTENSIVE CRANIECTOMY FOR MULTIPLE CRANIAL SUTURE CRANIOSYNOSTOSIS (EG, CLO	161.38	155.18	1
61563	EXCISION, INTRA AND EXTRACRANIAL, BENIGN TUMOR OF CRANIAL BONE (EG, FIBROUS	125.72	120.89	1
61564	EXCISION, INTRA AND EXTRACRANIAL, BENIGN TUMOR OF CRANIAL BONE (EG, FIBROUS	156.60	150.58	1
61566	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR SELECTIVE AMYGDALOHIPPOCAMPECTO	146.84	141.20	1
61567	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR MULTIPLE SUBPIAL TRANSECTIONS,	158.11	152.03	1
61570	CRANIECTOMY OR CRANIOTOMY; WITH EXCISION OF FOREIGN BODY FROM BRAIN	121.90	117.22	1
61571	CRANIECTOMY OR CRANIOTOMY; WITH TREATMENT OF PENETRATING WOUND OF BRAIN	132.04	126.97	1
61575	TRANSORAL APPROACH TO SKULL BASE, BRAIN STEM OR UPPER SPINAL CORD FOR BIOPS	150.82	145.02	1
61576	TRANSORAL APPROACH TO SKULL BASE, BRAIN STEM OR UPPER SPINAL CORD FOR BIOPS	227.32	218.58	1
61582	CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA; EXTRADURAL, INCLUDING UNIL	190.33	183.01	1
61583	CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA; INTRADURAL, INCLUDING UNIL	192.70	185.29	1
61586	BICORONAL, TRANSZYGOMATIC AND/OR LEFORT I OSTEOTOMY APPROACH TO ANTERIOR CR	145.91	140.30	1

CODE	DESCRIPTION	00-20 MAX FEE	21+ MAX FEE	MAX UNITS
61598	TRANSPETROSAL APPROACH TO POSTERIOR CRANIAL FOSSA, CLIVUS OR FORAMEN MAGNUM	165.80	159.43	1
61600	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF BASE	136.55	131.30	1
61601	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF BASE	157.46	151.41	1
61605	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF INFRA	138.97	133.63	1
61606	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF INFRA	197.51	189.92	1
61607	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF PARAS	179.47	172.57	1
61608	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF PARAS	217.20	208.85	1
61615	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF BASE	156.75	150.73	1
61616	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF BASE	213.77	205.55	1
61618	SECONDARY REPAIR OF DURA FOR CEREBROSPINAL FLUID LEAK, ANTERIOR, MIDDLE OR	85.09	81.82	1
61619	SECONDARY REPAIR OF DURA FOR CSF LEAK, ANTERIOR, MIDDLE OR POSTERIOR CRANIA	97.07	93.34	1
61680	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; SUPRATENTORIAL, SIMPLE	150.21	144.44	1
61682	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; SUPRATENTORIAL, COMPLEX	279.73	268.98	1
61684	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; INFRATENTORIAL, SIMPLE	189.77	182.48	1
61686	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; INFRATENTORIAL, COMPLEX	300.20	288.66	1
61690	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; DURAL, SIMPLE	141.82	136.37	1
61692	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; DURAL, COMPLEX	242.92	233.58	1
61697	SURGERY OF COMPLEX INTRACRANIAL ANEURYSM, INTRACRANIAL APPROACH; CAROTID CI	275.45	264.86	1
61698	SURGERY OF COMPLEX INTRACRANIAL ANEURYSM, INTRACRANIAL APPROACH; VERTEBROBA	296.57	285.17	1
61700	SURGERY OF SIMPLE INTRACRANIAL ANEURYSM, INTRACRANIAL APPROACH; CAROTID CIR	229.67	220.84	1
61702	SURGERY OF INTRACRANIAL ANEURYSM, INTRACRANIAL APPROACH; VERTEBRAL-BASILAR	258.98	249.02	1
61703	SURGERY OF INTRACRANIAL ANEURYSM, CERVICAL APPROACH BY APPLICATION OF OCCLU	88.21	84.82	1
61705	SURGERY OF ANEURYSM, VASCULAR MALFORMATION OR CAROTID-CAVERNOUS FISTULA; BY	169.17	162.67	1
61708	SURGERY OF ANEURYSM, VASCULAR MALFORMATION OR CAROTID-CAVERNOUS FISTULA; BY	137.07	131.80	1
61711	ANASTOMOSIS, ARTERIAL, EXTRACRANIAL-INTRACRANIAL (EG, MIDDLE CEREBRAL/CORTI	173.54	166.87	1
61850	TWIST DRILL OR BURR HOLE(S) FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES;	57.80	55.58	1
61860	CRANIECTOMY OR CRANIOTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, C	100.57	96.71	1
61863	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC IMPLAN	100.99	97.11	1
61864	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC IMPLAN	30.46	29.29	1
61867	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC IMPLAN	144.46	138.91	1
61868	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC IMPLAN	42.77	41.13	1
61870	CRANIECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, CEREBELLAR; COR	75.52	72.62	1
61875	CRANIECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, CEREBELLAR; SUB	64.41	61.94	1
61880	REVISION OR REMOVAL OF INTRACRANIAL NEUROSTIMULATOR ELECTRODES	36.75	35.34	1

CODE	DESCRIPTION	00-20 MAX FEE	21+ MAX FEE	MAX UNITS
62005	ELEVATION OF DEPRESSED SKULL FRACTURE; COMPOUND OR COMMINUTED, EXTRADURAL	81.06	77.95	1
62010	ELEVATION OF DEPRESSED SKULL FRACTURE; WITH REPAIR OF DURA AND/OR DEBRIDEME	100.70	96.83	1
62100	CRANIOTOMY FOR REPAIR OF DURAL/CEREBROSPINAL FLUID LEAK, INCLUDING SURGERY	105.33	101.28	1
62115	REDUCTION OF CRANIOMEGALIC SKULL (EG, TREATED HYDROCEPHALUS); NOT REQUIRING	110.77	106.51	1
62116	REDUCTION OF CRANIOMEGALIC SKULL (EG, TREATED HYDROCEPHALUS); WITH SIMPLE C	116.20	111.74	1
62117	REDUCTION OF CRANIOMEGALIC SKULL (EG, TREATED HYDROCEPHALUS); REQUIRING CRA	124.72	119.93	1
62120	REPAIR OF ENCEPHALOCELE, SKULL VAULT, INCLUDING CRANIOPLASTY	113.25	108.90	1
62121	CRANIOTOMY FOR REPAIR OF ENCEPHALOCELE, SKULL BASE	108.02	103.87	1
62140	CRANIOPLASTY FOR SKULL DEFECT; UP TO 5 CM DIAMETER	69.61	66.94	1
62141	CRANIOPLASTY FOR SKULL DEFECT; LARGER THAN 5 CM DIAMETER	76.23	73.30	1
62142	REMOVAL OF BONE FLAP OR PROSTHETIC PLATE OF SKULL	58.21	55.98	1
62143	REPLACEMENT OF BONE FLAP OR PROSTHETIC PLATE OF SKULL	68.78	66.14	1
62145	CRANIOPLASTY FOR SKULL DEFECT WITH REPARATIVE BRAIN SURGERY	91.08	87.58	1
62146	CRANIOPLASTY WITH AUTOGRAFT (INCLUDES OBTAINING BONE GRAFTS); UP TO 5 CM DI	78.45	75.44	1
62147	CRANIOPLASTY WITH AUTOGRAFT (INCLUDES OBTAINING BONE GRAFTS); LARGER THAN 5	93.17	89.59	1
62161	NEUROENDOSCOPY, INTRACRANIAL; WITH DISSECTION OF ADHESIONS, FENESTRATION OF	100.85	96.98	1
62162	NEUROENDOSCOPY, INTRACRANIAL; WITH FENESTRATION OR EXCISION OF COLLOID CYST	121.90	117.22	1
62163	NEUROENDOSCOPY, INTRACRANIAL; WITH RETRIEVAL OF FOREIGN BODY	81.22	78.10	1
62164	NEUROENDOSCOPY, INTRACRANIAL; WITH EXCISION OF BRAIN TUMOR, INCLUDING PLACE	130.19	125.19	1
62165	NEUROENDOSCOPY, INTRACRANIAL; WITH EXCISION OF PITUITARY TUMOR, TRANSNASAL	98.76	94.97	1
62180	VENTRICULOCISTERNOSTOMY (TORKILDSEN TYPE OPERATION)	103.53	99.55	1
62192	CREATION OF SHUNT; SUBARACHNOID/SUBDURAL-PERITONEAL, -PLEURAL, OTHER TERMIN	64.72	62.24	1
62200	VENTRICULOCISTERNOSTOMY, THIRD VENTRICLE;	90.66	87.18	1
62220	CREATION OF SHUNT; VENTRICULO-ATRIAL, -JUGULAR, -AURICULAR	67.55	64.96	1
62223	CREATION OF SHUNT; VENTRICULO-PERITONEAL, -PLEURAL, OTHER TERMINUS	69.44	66.77	1
62230	REPLACEMENT OR REVISION OF CEREBROSPINAL FLUID SHUNT, OBSTRUCTED VALVE, OR	56.00	53.85	1
62256	REMOVAL OF COMPLETE CEREBROSPINAL FLUID SHUNT SYSTEM; WITHOUT REPLACEMENT	39.11	37.61	1
62258	REMOVAL OF COMPLETE CSF SHUNT SYSTEM; WITH REPLACEMENT BY SIMILAR OR OTHER	74.90	72.02	1
62351	IMPLANTATION, REVISION OR REPOSITIONING OF INTRATHECAL OR EPIDURAL CATHETER	56.42	54.25	1
63001	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAU	81.80	78.66	1
63003	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAU	81.77	78.63	1
63005	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAU	77.09	74.13	1
63011	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAU	74.40	71.54	1
63012	LAMINECTOMY WITH REMOVAL OF ABNORMAL FACETS AND/OR PARS INTER-ARTICULARIS W	78.82	75.79	1

CODE	DESCRIPTION	00-20 MAX FEE	21+ MAX FEE	MAX UNITS
63015	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAU	98.35	94.57	1
63016	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAU	100.85	96.98	1
63017	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAU	81.98	78.83	1
63043	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDIN	15.75	15.15	5
63044	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDIN	15.75	15.15	4
63045	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DEC	84.55	81.30	1
63046	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DEC	80.15	77.07	1
63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DEC	73.07	70.26	1
63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DEC	14.48	13.93	23
63050	LAMINOPLASTY, CERVICAL, WITH DECOMPRESSION OF THE SPINAL CORD, TWO OR MORE	92.70	89.14	1
63051	LAMINOPLASTY, CERVICAL, WITH DECOMPRESSION OF THE SPINAL CORD, TWO OR MORE	109.38	105.18	1
63055	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NE	107.86	103.72	1
63056	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NE	99.42	95.60	1
63057	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NE	22.14	21.29	16
63064	COSTOVERTEBRAL APPROACH WITH DECOMPRESSION OF SPINAL CORD OR NERVE ROOT(S),	118.64	114.08	1
63066	COSTOVERTEBRAL APPROACH WITH DECOMPRESSION OF SPINAL CORD OR NERVE ROOT(S),	13.62	13.10	11
63075	DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/ OR NERVE ROOT(	92.39	88.84	1
63076	DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/ OR NERVE ROOT(	17.14	16.49	3
63077	DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/ OR NERVE ROOT(	99.40	95.58	1
63078	DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/ OR NERVE ROOT(	13.48	12.97	11
63081	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, ANTER	118.45	113.90	1
63082	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, ANTER	18.48	17.77	6
63085	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, TRANS	124.75	119.96	1
63086	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, TRANS	12.98	12.49	11
63087	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, COMBI	158.40	152.31	1
63088	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, COMBI	17.77	17.09	16
63090	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, TRANS	128.73	123.78	1
63091	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, TRANS	12.15	11.69	17
63101	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, LATER	149.04	143.31	1
63102	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, LATER	148.28	142.58	1
63103	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, LATER	19.16	18.43	2
63170	LAMINECTOMY WITH MYELOTOMY (EG, BISCHOF OR DREZ TYPE), CERVICAL, THORACIC,	103.91	99.92	1
63172	LAMINECTOMY WITH DRAINAGE OF INTRAMEDULLARY CYST/SYRINX; TO SUBARACHNOID SP	93.04	89.47	1
63173	LAMINECTOMY WITH DRAINAGE OF INTRAMEDULLARY CYST/SYRINX; TO PERITONEAL OR P	113.56	109.20	1

CODE	DESCRIPTION	00-20 MAX FEE	21+ MAX FEE	MAX UNITS
63180	LAMINECTOMY AND SECTION OF DENTATE LIGAMENTS, WITH OR WITHOUT DURAL GRAFT,	92.39	88.84	1
63182	LAMINECTOMY AND SECTION OF DENTATE LIGAMENTS, WITH OR WITHOUT DURAL GRAFT,	91.99	88.46	1
63185	LAMINECTOMY WITH RHIZOTOMY; ONE OR TWO SEGMENTS	76.73	73.78	1
63190	LAMINECTOMY WITH RHIZOTOMY; MORE THAN TWO SEGMENTS	84.36	81.12	1
63194	LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF ONE SPINOTHALAMIC TRACT, ONE ST	89.23	85.80	1
63195	LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF ONE SPINOTHALAMIC TRACT, ONE ST	101.35	97.46	1
63196	LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF BOTH SPINOTHALAMIC TRACTS, ONE	117.64	113.12	1
63197	LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF BOTH SPINOTHALAMIC TRACTS, ONE	112.25	107.94	1
63198	LAMINECTOMY WITH CORDOTOMY WITH SECTION OF BOTH SPINOTHALAMIC TRACTS, TWO S	117.98	113.45	1
63199	LAMINECTOMY WITH CORDOTOMY WITH SECTION OF BOTH SPINOTHALAMIC TRACTS, TWO S	109.83	105.61	1
63200	LAMINECTOMY, WITH RELEASE OF TETHERED SPINAL CORD, LUMBAR	99.87	96.03	1
63250	LAMINECTOMY FOR EXCISION OR OCCLUSION OF ARTERIOVENOUS MALFORMATION OF SPIN	193.98	186.52	1
63251	LAMINECTOMY FOR EXCISION OR OCCLUSION OF ARTERIOVENOUS MALFORMATION OF SPIN	200.36	192.66	1
63252	LAMINECTOMY FOR EXCISION OR OCCLUSION OF ARTERIOVENOUS MALFORMATION OF SPIN	200.62	192.91	1
63265	LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THAN NEO	110.87	106.61	1
63266	LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THAN NEO	113.85	109.48	1
63267	LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THAN NEO	91.63	88.11	1
63268	LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THAN NEO	90.30	86.83	1
63270	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM, INTRADU	137.17	131.90	1
63271	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM, INTRADU	136.67	131.42	1
63272	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM, INTRADU	125.72	120.89	1
63273	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM, INTRADU	120.57	115.94	1
63275	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; EXTRADURAL, CERVIC	118.21	113.67	1
63276	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; EXTRADURAL, THORAC	118.50	113.95	1
63277	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; EXTRADURAL, LUMBAR	103.53	99.55	1
63278	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; EXTRADURAL, SACRAL	101.35	97.46	1
63280	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, EXTRAM	140.33	134.94	1
63281	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, EXTRAM	138.76	133.43	1
63282	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, EXTRAM	131.06	126.02	1
63283	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, SACRAL	123.58	118.83	1
63285	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, INTRAM	173.72	167.04	1
63286	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, INTRAM	171.99	165.38	1
63287	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, INTRAM	180.75	173.80	1
63290	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; COMBINED EXTRADURA	183.26	176.22	1

CODE	DESCRIPTION	00-20 MAX FEE	21+ MAX FEE	MAX UNITS
63295	OSTEOPLASTIC RECONSTRUCTION OF DORSAL SPINAL ELEMENTS, FOLLOWING PRIMARY IN	22.42	21.56	1
63300	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR E	121.25	116.59	1
63301	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR E	136.02	130.79	1
63302	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR E	134.66	129.49	1
63303	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR E	138.29	132.98	1
63304	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR E	150.11	144.34	1
63305	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR E	155.76	149.77	1
63306	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR E	155.70	149.72	1
63307	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR E	149.56	143.81	1
63308	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR E	22.19	21.34	3
63655	LAMINECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, PLATE/PADDLE, E	56.94	54.75	1
63685	INSERTION OR REPLACEMENT OF SPINAL NEUROSTIMULATOR PULSE GENERATOR OR RECEI	33.02	31.75	1
63700	REPAIR OF MENINGOCELE; LESS THAN 5 CM DIAMETER	80.34	77.25	1
63702	REPAIR OF MENINGOCELE; LARGER THAN 5 CM DIAMETER	89.99	86.53	1
63704	REPAIR OF MYELOMENINGOCELE; LESS THAN 5 CM DIAMETER	103.32	99.35	1
63706	REPAIR OF MYELOMENINGOCELE; LARGER THAN 5 CM DIAMETER	122.01	117.32	1
63707	REPAIR OF DURAL/CEREBROSPINAL FLUID LEAK, NOT REQUIRING LAMINECTOMY	60.13	57.82	1
63709	REPAIR OF DURAL/CEREBROSPINAL FLUID LEAK OR PSEUDOMENINGOCELE, WITH LAMINEC	72.57	69.78	1
63710	DURAL GRAFT, SPINAL	73.27	70.46	1
63740	CREATION OF SHUNT, LUMBAR, SUBARACHNOID-PERITONEAL, -PLEURAL, OR OTHER; INC	62.14	59.75	1
63741	CREATION OF SHUNT, LUMBAR, SUBARACHNOID-PERITONEAL, -PLEURAL, OR OTHER; PER	40.60	39.04	1
63744	REPLACEMENT, IRRIGATION OR REVISION OF LUMBOSUBARACHNOID SHUNT	44.12	42.43	1
64580	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; NEUROMUSCULAR	18.79	18.07	1
64585	REVISION OR REMOVAL OF PERIPHERAL NEUROSTIMULATOR ELECTRODES	11.79	11.34	1
64590	INSERTION OR REPLACEMENT OF PERIPHERAL OR GASTRIC NEUROSTIMULATOR PULSE GEN	23.52	22.62	1
64704	NEUROPLASTY; NERVE OF HAND OR FOOT	22.08	21.24	1
64708	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; OTHER THAN SPECIFIED	30.06	28.91	1
64712	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; SCIATIC NERVE	35.26	33.91	1
64713	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; BRACHIAL PLEXUS	51.29	49.32	1
64714	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; LUMBAR PLEXUS	43.29	41.63	1
64716	NEUROPLASTY AND/OR TRANSPOSITION; CRANIAL NERVE (SPECIFY)	33.25	31.98	1
64722	DECOMPRESSION; UNSPECIFIED NERVE(S) (SPECIFY)	21.04	20.24	1
64732	TRANSECTION OR AVULSION OF; SUPRAORBITAL NERVE	26.45	25.44	1
64736	TRANSECTION OR AVULSION OF; MENTAL NERVE	24.99	24.03	1

CODE	DESCRIPTION	00-20 MAX FEE	21+ MAX FEE	MAX UNITS
64738	TRANSECTION OR AVULSION OF; INFERIOR ALVEOLAR NERVE BY OSTEOTOMY	30.37	29.21	1
64740	TRANSECTION OR AVULSION OF; LINGUAL NERVE	29.41	28.28	1
64742	TRANSECTION OR AVULSION OF; FACIAL NERVE, DIFFERENTIAL OR COMPLETE	31.08	29.89	1
64746	TRANSECTION OR AVULSION OF; PHRENIC NERVE	29.15	28.03	1
64752	TRANSECTION OR AVULSION OF; VAGUS NERVE (VAGOTOMY), TRANSTHORACIC	32.83	31.57	1
64755	TRANSECTION OR AVULSION OF; VAGUS NERVES LIMITED TO PROXIMAL STOMACH (SELEC	59.11	56.84	1
64760	TRANSECTION OR AVULSION OF; VAGUS NERVE (VAGOTOMY), ABDOMINAL	31.74	30.52	1
64771	TRANSECTION OR AVULSION OF OTHER CRANIAL NERVE, EXTRADURAL	38.19	36.73	1
64772	TRANSECTION OR AVULSION OF OTHER SPINAL NERVE, EXTRADURAL	37.87	36.42	1
64786	EXCISION OF NEUROMA; SCIATIC NERVE	72.75	69.96	1
64792	EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; EXTENSIVE (INCLUDING MALIGNANT TY	69.80	67.12	1
64835	SUTURE OF ONE NERVE, HAND OR FOOT; MEDIAN MOTOR THENAR	54.27	52.19	1
64836	SUTURE OF ONE NERVE, HAND OR FOOT; ULNAR MOTOR	53.41	51.36	1
64837	SUTURE OF EACH ADDITIONAL NERVE, HAND OR FOOT (LIST SEPARATELY IN ADDITION	26.04	25.04	4
64840	SUTURE OF POSTERIOR TIBIAL NERVE	53.33	51.28	1
64857	SUTURE OF MAJOR PERIPHERAL NERVE, ARM OR LEG, EXCEPT SCIATIC; WITHOUT TRANS	70.56	67.85	1
64858	SUTURE OF SCIATIC NERVE	82.22	79.06	1
64859	SUTURE OF EACH ADDITIONAL MAJOR PERIPHERAL NERVE (LIST SEPARATELY IN ADDITI	17.92	17.24	3
64861	SUTURE OF; BRACHIAL PLEXUS	91.47	87.96	1
64862	SUTURE OF; LUMBAR PLEXUS	83.70	80.49	1
64864	SUTURE OF FACIAL NERVE; EXTRACRANIAL	56.91	54.73	1
64865	SUTURE OF FACIAL NERVE; INFRATEMPORAL, WITH OR WITHOUT GRAFTING	71.94	69.18	1
64866	ANASTOMOSIS; FACIAL-SPINAL ACCESSORY	81.54	78.41	1
64868	ANASTOMOSIS; FACIAL-HYPOGLOSSAL	66.45	63.90	1
64870	ANASTOMOSIS; FACIAL-PHRENIC	70.06	67.37	1
64872	SUTURE OF NERVE; REQUIRING SECONDARY OR DELAYED SUTURE (LIST SEPARATELY IN	8.13	7.82	1
64874	SUTURE OF NERVE; REQUIRING EXTENSIVE MOBILIZATION, OR TRANSPOSITION OF NERV	12.12	11.66	1
64876	SUTURE OF NERVE; REQUIRING SHORTENING OF BONE OF EXTREMITY (LIST SEPARATELY	12.07	11.61	1
64885	NERVE GRAFT (INCLUDES OBTAINING GRAFT), HEAD OR NECK; UP TO 4 CM IN LENGTH	73.64	70.81	1
64886	NERVE GRAFT (INCLUDES OBTAINING GRAFT), HEAD OR NECK; MORE THAN 4 CM IN LEN	85.67	82.38	1
64890	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, HAND OR FOOT; UP TO	72.29	69.51	1
64891	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, HAND OR FOOT; MORE T	75.60	72.70	1
64892	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, ARM OR LEG; UP TO 4	71.06	68.33	1
64893	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, ARM OR LEG; MORE THA	76.44	73.50	1

CODE	DESCRIPTION	00-20 MAX FEE	21+ MAX FEE	MAX UNITS
64895	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), HAND OR F	86.55	83.23	1
64896	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), HAND OR F	96.86	93.14	1
64897	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), ARM OR LE	84.67	81.42	1
64898	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), ARM OR LE	91.75	88.23	1
64901	NERVE GRAFT, EACH ADDITIONAL NERVE; SINGLE STRAND (LIST SEPARATELY IN ADDIT	40.54	38.99	3
64902	NERVE GRAFT, EACH ADDITIONAL NERVE; MULTIPLE STRANDS (CABLE) (LIST SEPARATE	46.38	44.60	1
64905	NERVE PEDICLE TRANSFER; FIRST STAGE	62.74	60.33	1
64907	NERVE PEDICLE TRANSFER; SECOND STAGE	76.91	73.96	1
65755	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (IN PSEUDOPHAKIA)	74.03	71.19	1
66180	AQUEOUS SHUNT TO EXTRAOCULAR RESERVOIR, (EG, MOLTENO, SCHOCKET, DENVER-KRUP	70.35	67.65	1
66185	REVISION OF AQUEOUS SHUNT TO EXTRAOCULAR RESERVOIR	44.70	42.99	1
67039	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH FOCAL ENDOLASER PHOTOCOAG	74.03	71.19	1
67340	STRABISMUS SURGERY INVOLVING EXPLORATION AND/OR REPAIR OF DETACHED EXTRAOCU	22.32	21.47	1
67414	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH	79.87	76.80	1
67445	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH	85.15	81.88	1
67570	OPTIC NERVE DECOMPRESSION (EG, INCISION OR FENESTRATION OF OPTIC NERVE SHEA	68.78	66.14	1
67971	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL F	44.15	42.46	1
67973	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL F	57.12	54.93	1
67974	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL F	57.09	54.90	1
68720	DACRYOCYSTORHINOSTOMY (FISTULIZATION OF LACRIMAL SAC TO NASAL CAVITY)	45.48	43.74	1
68745	CONJUNCTIVORHINOSTOMY (FISTULIZATION OF CONJUNCTIVA TO NASAL CAVITY); WITHO	46.43	44.65	1
68750	CONJUNCTIVORHINOSTOMY (FISTULIZATION OF CONJUNCTIVA TO NASAL CAVITY); WITH	47.11	45.30	1
69320	RECONSTRUCTION EXTERNAL AUDITORY CANAL FOR CONGENITAL ATRESIA, SINGLE STAGE	96.00	92.31	1
69530	PETROUS APICECTOMY INCLUDING RADICAL MASTOIDECTOMY	104.49	100.48	1
69550	EXCISION AURAL GLOMUS TUMOR; TRANSCANAL	65.62	63.10	1
69552	EXCISION AURAL GLOMUS TUMOR; TRANSMASTOID	99.40	95.58	1
69554	EXCISION AURAL GLOMUS TUMOR; EXTENDED (EXTRATEMPORAL)	160.54	154.37	1
69605	REVISION MASTOIDECTOMY; WITH APICECTOMY	98.66	94.87	1
69670	MASTOID OBLITERATION (SEPARATE PROCEDURE)	59.65	57.36	1
69725	DECOMPRESSION FACIAL NERVE, INTRATEMPORAL; INCLUDING MEDIAL TO GENICULATE G	121.51	116.84	1
69740	SUTURE FACIAL NERVE, INTRATEMPORAL, WITH OR WITHOUT GRAFT OR DECOMPRESSION;	75.21	72.32	1
69745	SUTURE FACIAL NERVE, INTRATEMPORAL, WITH OR WITHOUT GRAFT OR DECOMPRESSION;	78.71	75.69	1
69802	LABYRINTHOTOMY, WITH OR WITHOUT CRYOSURGERY OR OTHER NONEXCISIONAL DESTRUCT	65.69	63.17	1
69805	ENDOLYMPHATIC SAC OPERATION; WITHOUT SHUNT	67.00	64.43	1

CODE	DESCRIPTION	00-20 MAX FEE	21+ MAX FEE	MAX UNITS
69820	FENESTRATION SEMICIRCULAR CANAL	55.45	53.32	1
69840	REVISION FENESTRATION OPERATION	59.71	57.42	1
69915	VESTIBULAR NERVE SECTION, TRANSLABYRINTHINE APPROACH	99.18	95.37	1
69950	VESTIBULAR NERVE SECTION, TRANSCRANIAL APPROACH	118.35	113.80	1
69955	TOTAL FACIAL NERVE DECOMPRESSION AND/OR REPAIR (MAY INCLUDE GRAFT)	128.83	123.88	1
69960	DECOMPRESSION INTERNAL AUDITORY CANAL	123.13	118.40	1
69970	REMOVAL OF TUMOR, TEMPORAL BONE	137.80	132.50	1
92992	ATRIAL SEPTECTOMY OR SEPTOSTOMY; TRANSVENOUS METHOD, BALLOON (EG, RASHKIND	64.44	61.97	1
92993	ATRIAL SEPTECTOMY OR SEPTOSTOMY; BLADE METHOD (PARK SEPTOSTOMY) (INCLUDES C	38.76	37.27	1