

Registered Nurse First Assistant Fee Schedule
Effective January 1, 2011

Note: The base fee below is reimbursed for services to adults age 21 and over. For services provided to children under the age of 21, there is a 4% increase over the adult fee. To calculate reimbursement for services to children, multiply the base fee by 1.04. Example: \$37.33 X 1.04 = \$38.83. Fees are rounded to the nearest hundredth.

Code	Spec	Description	Base Fee	FUD	UNOS	Hysterectomy Sterilization Abortion	PA	AS
11004		DEBRIDEMENT OF SKIN, SUBCUTANEOUS TISSUE, MUSCLE AND FASCIA FOR NECROTIZING	37.33	0	1			AS
12018		SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/	21.02	10	1			AS
12047		LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; OVE	29.19	10	1			AS
12057		LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME	35.45	10	1			AS
15002		SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUN	20.85	0	1			AS
15003		SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUN	4.54	0	1			AS
15004		SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUN	25.31	0	1			AS
15005		SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUN	7.64	0	1			AS
15731		FOREHEAD FLAP WITH PRESERVATION OF VASCULAR PEDICLE (EG, AXIAL PATTERN FLAP	70.63	0	1			AS
15732		MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; HEAD AND NECK (EG, TEMPORA	91.63	90	1			AS
15734		MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; TRUNK	95.21	90	1			AS
15738		MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; LOWER EXTREMITY	89.07	90	1			AS
15750		FLAP; NEUROVASCULAR PEDICLE	57.65	90	1			AS
15756		FREE MUSCLE OR MYOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS	152.02	90	1			AS
15757		FREE SKIN FLAP WITH MICROVASCULAR ANASTOMOSIS	148.78	90	1			AS
15758		FREE FASCIAL FLAP WITH MICROVASCULAR ANASTOMOSIS	149.23	90	1			AS
15770		GRAFT; DERMA-FAT-FASCIA	41.49	90	1			AS
15830		EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY); ABDO	75.07	90	1		Y	AS
15841		GRAFT FOR FACIAL NERVE PARALYSIS; FREE MUSCLE GRAFT (INCLUDING OBTAINING GR	106.66	90	1			AS
15842		GRAFT FOR FACIAL NERVE PARALYSIS; FREE MUSCLE FLAP BY MICROSURGICAL TECHNIC	169.28	90	1			AS
15845		GRAFT FOR FACIAL NERVE PARALYSIS; REGIONAL MUSCLE TRANSFER	59.21	90	1			AS

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15847		EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY), ABDO	37.68	90	1		Y	AS
15922		EXCISION, COCCYGEAL PRESSURE ULCER, WITH COCCYGECTOMY; WITH FLAP CLOSURE	47.11	90	1			AS
15935		EXCISION, SACRAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE; WITH OSTECTOMY	68.68	90	1			AS
15937		EXCISION, SACRAL PRESSURE ULCER, WITH MUSCLE OR MYOCUTANEOUS FLAP CLOSURE	65.32	90	1			AS
15946		EXCISION, ISCHIAL PRESSURE ULCER, WITH OSTECTOMY, IN PREPARATION FOR MUSCLE	103.23	90	1			AS
15952		EXCISION, TROCHANTERIC PRESSURE ULCER, WITH SKIN FLAP CLOSURE;	54.00	90	1			AS
15958		EXCISION, TROCHANTERIC PRESSURE ULCER, WITH MUSCLE OR MYOCUTANEOUS FLAP C	73.59	90	1			AS
17311		MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGIC	42.82	0	1			AS
17312		MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGIC	25.66	0	1			AS
17313		MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGIC	39.09	0	1			AS
17314		MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGIC	23.78	0	1			AS
17315		MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGIC	5.11	0	1			AS
19260		EXCISION OF CHEST WALL TUMOR INCLUDING RIBS	75.39	90	1			AS
19271		EXCISION OF CHEST WALL TUMOR INVOLVING RIBS, WITH PLASTIC RECONSTRUCTION; W	101.85	90	1			AS
19272		EXCISION OF CHEST WALL TUMOR INVOLVING RIBS, WITH PLASTIC RECONSTRUCTION; W	113.13	90	1			AS
19300		MASTECTOMY FOR GYNECOMASTIA	35.06	90	1			AS
19301		MASTECTOMY, PARTIAL (EG, LUMPECTOMY, TYLECTOMY, QUADRANTECTOMY, SEGMENTE	38.94	90	1			AS
19302		MASTECTOMY, PARTIAL (EG, LUMPECTOMY, TYLECTOMY, QUADRANTECTOMY, SEGMENTE	55.17	90	1			AS
19303		MASTECTOMY, SIMPLE, COMPLETE	60.26	90	1			AS
19304		MASTECTOMY, SUBCUTANEOUS	34.65	90	1			AS
19305		MASTECTOMY, RADICAL, INCLUDING PECTORAL MUSCLES, AXILLARY LYMPH NODES	68.70	90	1			AS
19306		MASTECTOMY, RADICAL, INCLUDING PECTORAL MUSCLES, AXILLARY AND INTERNAL MAMI	72.31	90	1			AS
19307		MASTECTOMY, MODIFIED RADICAL, INCLUDING AXILLARY LYMPH NODES, WITH OR WITHO	72.81	90	1			AS
19316	R	MASTOPEXY	49.11	90	1			AS
19318		REDUCTION MAMMAPLASTY	72.61	90	1		Y	AS
19325		MAMMAPLASTY, AUGMENTATION; WITH PROSTHETIC IMPLANT	40.97	90	1		Y	AS
19357	R	BREAST RECONSTRUCTION, IMMEDIATE OR DELAYED, WITH TISSUE EXPANDER, INCLUDIN	97.99	90	1			AS

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19361	R	BREAST RECONSTRUCTION WITH LATISSIMUS DORSI FLAP, WITHOUT PROSTHETIC IMPLAI	107.89	90	1			AS
19364	R	BREAST RECONSTRUCTION WITH FREE FLAP	180.05	90	1			AS
19366	R	BREAST RECONSTRUCTION WITH OTHER TECHNIQUE	88.25	90	1			AS
19367	R	BREAST RECONSTRUCTION WITH TRANSVERSE RECTUS ABDOMINIS MYOCUTANEOUS FL/	116.01	90	1			AS
19368	R	BREAST RECONSTRUCTION WITH TRANSVERSE RECTUS ABDOMINIS MYOCUTANEOUS FL/	144.82	90	1			AS
19369	R	BREAST RECONSTRUCTION WITH TRANSVERSE RECTUS ABDOMINIS MYOCUTANEOUS FL/	130.54	90	1			AS
20100		EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); NECK	37.46	10	1			AS
20102		EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); ABDOMEN/FLANK/BAC	28.31	10	1			AS
20150		EXCISION OF EPIPHYSEAL BAR, WITH OR WITHOUT AUTOGENOUS SOFT TISSUE GRAFT OE	62.89	90	1			AS
20251		BIOPSY, VERTEBRAL BODY, OPEN; LUMBAR OR CERVICAL	26.96	0	1			AS
20692		APPLICATION OF A MULTIPLANE (PINS OR WIRES IN MORE THAN ONE PLANE), UNILATE	68.35	0	1			AS
20802		REPLANTATION, ARM (INCLUDES SURGICAL NECK OF HUMERUS THROUGH ELBOW JOINT);	155.35	90	1			AS
20805		REPLANTATION, FOREARM (INCLUDES RADIUS AND ULNA TO RADIAL CARPAL JOINT); CO	183.79	90	1			AS
20808		REPLANTATION, HAND (INCLUDES HAND THROUGH METACARPOPHALANGEAL JOINTS); CC	258.60	90	1			AS
20816		REPLANTATION, DIGIT, EXCLUDING THUMB (INCLUDES METACARPOPHALANGEAL JOINT TC	133.93	90	1			AS
20822		REPLANTATION, DIGIT, EXCLUDING THUMB (INCLUDES DISTAL TIP TO SUBLIMIS TENDO	112.00	90	1			AS
20824		REPLANTATION, THUMB (INCLUDES CARPOMETACARPAL JOINT TO MP JOINT); COMPLETE	134.20	90	1			AS
20827		REPLANTATION, THUMB (INCLUDES DISTAL TIP TO MP JOINT); COMPLETE AMPUTATION	116.01	90	1			AS
20838		REPLANTATION, FOOT; COMPLETE AMPUTATION	155.42	90	1			AS
20900		BONE GRAFT, ANY DONOR AREA; MINOR OR SMALL (EG, DOWEL OR BUTTON)	40.06	90	1			AS
20902		BONE GRAFT, ANY DONOR AREA; MAJOR OR LARGE	38.35	90	1			AS
20922		FASCIA LATA GRAFT; BY INCISION AND AREA EXPOSURE, COMPLEX OR SHEET	38.54	90	1			AS
20924		TENDON GRAFT, FROM A DISTANCE (EG, PALMARIS, TOE EXTENSOR, PLANTARIS)	31.92	90	1			AS
20937		AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); MORSELIZ	11.23	90	1			AS
20938		AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); STRUCTUF	12.25	90	1			AS
20955		BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; FIBULA	163.09	90	1			AS
20956		BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; ILIAC CREST	172.04	90	1			AS

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20957		BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; METATARSAL	165.20	90	1			AS
20962	R	BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN FIBULA, ILIAC CREST,	167.35	90	1			AS
20969		FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN ILIAC	179.95	90	1			AS
20970		FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; ILIAC CREST	183.49	90	1			AS
20972		FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; METATARSAL	165.95	90	1			AS
20973		FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; GREAT TOE WITH '	170.63	90	1			AS
20975		ELECTRICAL STIMULATION TO AID BONE HEALING; INVASIVE (OPERATIVE)	11.60	0	1			AS
21011		EXCISION, TUMOR, SOFT TISSUE OF FACE OR SCALP, SUBCUTANEOUS; LESS THAN 2 CM	21.27	90	1			AS
21012		EXCISION, TUMOR, SOFT TISSUE OF FACE OR SCALP, SUBCUTANEOUS; 2 CM OR GREATER	22.78	90	1			AS
21013		EXCISION, TUMOR, SOFT TISSUE OF FACE AND SCALP, SUBFASCIAL (EG, SUBGALEAL,	30.05	90	1			AS
21014		EXCISION, TUMOR, SOFT TISSUE OF FACE AND SCALP, SUBFASCIAL (EG, SUBGALEAL,	35.18	90	1			AS
21016		RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FACE OR	70.73	90	1			AS
21034		EXCISION OF MALIGNANT TUMOR OF MAXILLA OR ZYGOMA	82.71	90	1			AS
21044		EXCISION OF MALIGNANT TUMOR OF MANDIBLE;	55.15	90	1			AS
21045		EXCISION OF MALIGNANT TUMOR OF MANDIBLE; RADICAL RESECTION	77.00	90	1			AS
21046		EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING INTRA-ORAL OSTEOTOM	69.33	90	1			AS
21048		EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING INTRA-ORAL OSTEOTOMY	69.86	90	1			AS
21049		EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING EXTRA-ORAL OSTEOTOM'	79.13	90	1			AS
21060		MENISCECTOMY, PARTIAL OR COMPLETE, TEMPOROMANDIBULAR JOINT (SEPARATE PROC	49.79	90	1			AS
21121	R	GENIOPLASTY; SLIDING OSTEOTOMY, SINGLE PIECE	49.01	90	1			AS
21125		AUGMENTATION, MANDIBULAR BODY OR ANGLE; PROSTHETIC MATERIAL	44.98	90	1			AS
21127		AUGMENTATION, MANDIBULAR BODY OR ANGLE; WITH BONE GRAFT, ONLAY OR INTERPOS	53.43	90	1			AS
21141		RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIR	85.82	90	1			AS
21142		RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY DIREC	84.49	90	1			AS
21143		RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT II	86.59	90	1			AS
21145		RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIR	98.70	90	1			AS
21146		RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY DIREC	92.53	90	1			AS

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21147		RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT II	108.19	90	1			AS
21150		RECONSTRUCTION MIDFACE, LEFORT II; ANTERIOR INTRUSION (EG, TREACHER-COLLINS	106.21	90	1			AS
21151		RECONSTRUCTION MIDFACE, LEFORT II; ANY DIRECTION, REQUIRING BONE GRAFTS (IN	107.46	90	1			AS
21154		RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE	127.81	90	1			AS
21155		RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE	148.13	90	1			AS
21159		RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD A	178.47	90	1			AS
21160		RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD A	181.83	90	1			AS
21172		RECONSTRUCTION SUPERIOR-LATERAL ORBITAL RIM AND LOWER FOREHEAD, ADVANCEN	115.48	90	1			AS
21175		RECONSTRUCTION, BIFRONTAL, SUPERIOR-LATERAL ORBITAL RIMS AND LOWER FOREHE,	139.09	90	1			AS
21179		RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS; V	93.91	90	1			AS
21180		RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS; V	107.99	90	1			AS
21182		RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLL	129.19	90	1			AS
21183		RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLL	146.00	90	1			AS
21184		RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLL	156.18	90	1			AS
21188		RECONSTRUCTION MIDFACE, OSTEOTOMIES (OTHER THAN LEFORT TYPE) AND BONE GRA	101.83	90	1			AS
21193		RECONSTRUCTION OF MANDIBULAR RAMI, HORIZONTAL, VERTICAL, "C", OR "L" OS	78.40	90	1			AS
21194		RECONSTRUCTION OF MANDIBULAR RAMUS, HORIZONTAL, VERTICAL, "C", OR "L" O	89.73	90	1			AS
21195		RECONSTRUCTION OF MANDIBULAR RAMI AND/OR BODY, SAGITTAL SPLIT; WITHOUT INTE	83.99	90	1			AS
21196		RECONSTRUCTION OF MANDIBULAR RAMI, SAGITTAL SPLIT; WITH INTERNAL RIGID FIX	92.01	90	1			AS
21198		OSTEOTOMY, MANDIBLE, SEGMENTAL	72.66	90	1			AS
21199		OSTEOTOMY, MANDIBLE, SEGMENTAL; WITH GENIOGLOSSUS ADVANCEMENT	65.27	90	1			AS
21206		OSTEOTOMY, MAXILLA, SEGMENTAL (EG, WASSMUND OR SCHUCHARD)	71.36	90	1			AS
21240		ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH OR WITHOUT AUTOGRAFT (INCLUDE	69.86	90	1			AS
21242		ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH ALLOGRAFT	63.67	90	1			AS
21243		ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH PROSTHETIC JOINT REPLACEMENT	105.31	90	1			AS
21244		RECONSTRUCTION OF MANDIBLE, EXTRAORAL, WITH TRANSOSTEAL BONE PLATE (EG, MA	65.87	90	1			AS
21245		RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; PARTIAL	71.23	90	1			AS

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21246		RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; COMPLETE	53.34	90	1			AS
21247		RECONSTRUCTION OF MANDIBULAR CONDYLE WITH BONE AND CARTILAGE AUTOGRAFTS	101.38	90	1			AS
21255		RECONSTRUCTION OF ZYGOMATIC ARCH AND GLENOID FOSSA WITH BONE AND CARTILAC	92.08	90	1			AS
21256		RECONSTRUCTION OF ORBIT WITH OSTEOTOMIES (EXTRACRANIAL) AND WITH BONE GRAI	73.64	90	1			AS
21260		PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; EXTRA	85.12	90	1			AS
21261		PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; COMBI	140.72	90	1			AS
21263		PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; WITH F	128.49	90	1			AS
21267		ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFT	95.66	90	1			AS
21268		ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFT	109.52	90	1			AS
21270		MALAR AUGMENTATION, PROSTHETIC MATERIAL	56.53	90	1			AS
21275		SECONDARY REVISION OF ORBITOCRANIOFACIAL RECONSTRUCTION	50.99	90	1			AS
21339		OPEN TREATMENT OF NASOETHMOID FRACTURE; WITH EXTERNAL FIXATION	49.01	90	1			AS
21343		OPEN TREATMENT OF DEPRESSED FRONTAL SINUS FRACTURE	70.96	90	1			AS
21344		OPEN TREATMENT OF COMPLICATED (EG, COMMUNUTED OR INVOLVING POSTERIOR WALL	94.01	90	1			AS
21347		OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); REQUIRIN	67.23	90	1			AS
21348		OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH BON	73.72	90	1			AS
21360		OPEN TREATMENT OF DEPRESSED MALAR FRACTURE, INCLUDING ZYGOMATIC ARCH AND	33.20	90	1			AS
21365		OPEN TREATMENT OF COMPLICATED (EG, COMMUNUTED OR INVOLVING CRANIAL NERVE F	69.38	90	1			AS
21366		OPEN TREATMENT OF COMPLICATED (EG, COMMUNUTED OR INVOLVING CRANIAL NERVE F	77.75	90	1			AS
21385		OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; TRANSANTRAL APPROACH	44.62	90	1			AS
21386		OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH	41.62	90	1			AS
21387		OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; COMBINED APPROACH	46.18	90	1			AS
21390		OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH,	48.31	90	1			AS
21395		OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH	61.09	90	1			AS
21401		CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH MANIPULATIO	28.89	90	1			AS
21406		OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITHOUT IMPLANT	33.73	90	1			AS
21407		OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH IMPLANT	40.04	90	1			AS

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21408		OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH BONE GRAFTING	55.15	90	1			AS
21422		OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE);	41.79	90	1			AS
21423		OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); COMPLICATE	49.49	90	1			AS
21431		CLOSED TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE) USING INTERDE	46.50	90	1			AS
21432		OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); WITH WIRING AN	41.49	90	1			AS
21433		OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED (E	107.06	90	1			AS
21435		OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED, U	85.09	90	1			AS
21436		OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED, M	125.18	90	1			AS
21445		OPEN TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEPAR/	48.28	90	1			AS
21461		OPEN TREATMENT OF MANDIBULAR FRACTURE; WITHOUT INTERDENTAL FIXATION	128.24	90	1			AS
21462		OPEN TREATMENT OF MANDIBULAR FRACTURE; WITH INTERDENTAL FIXATION	136.81	90	1			AS
21465		OPEN TREATMENT OF MANDIBULAR CONDYLAR FRACTURE	57.13	90	1			AS
21470		OPEN TREATMENT OF COMPLICATED MANDIBULAR FRACTURE BY MULTIPLE SURGICAL AF	74.84	90	1			AS
21490		OPEN TREATMENT OF TEMPOROMANDIBULAR DISLOCATION	58.56	90	1			AS
21495		OPEN TREATMENT OF HYOID FRACTURE	43.65	90	1			AS
21502		INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT TISSUES OF NECK OR TH	32.67	90	1			AS
21552		BIOPSY, SOFT TISSUE OF NECK OR THORAX 3 CM OR GREATER	30.42	90	1			AS
21554		BIOPSY, SOFT TISSUE OF NECK OR THORAX 5 CM OR GREATER	49.92	90	1			AS
21557		RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF NECK OR	36.71	90	1			AS
21558		RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF NECK OR	93.79	90	1			AS
21600		EXCISION OF RIB, PARTIAL	35.30	90	1			AS
21610		COSTOTRANSVERSECTOMY (SEPARATE PROCEDURE)	69.20	90	1			AS
21615		EXCISION FIRST AND/OR CERVICAL RIB;	42.37	90	1			AS
21616		EXCISION FIRST AND/OR CERVICAL RIB FOR OUTLET COMPRESSION SYNDROME OR OTHE	55.10	90	1			AS
21620		OSTECTOMY OF STERNUM, PARTIAL	32.80	90	1			AS
21627		STERNAL DEBRIDEMENT	34.75	90	1			AS
21630		RADICAL RESECTION OF STERNUM;	81.26	90	1			AS

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21632		RADICAL RESECTION OF STERNUM; WITH MEDIASTINAL LYMPHADENECTOMY	80.28	90	1			AS
21685		HYOID MYOTOMY AND SUSPENSION	62.49	90	1			AS
21700		DIVISION OF SCALENUS ANTICUS; WITHOUT RESECTION OF CERVICAL RIB	26.43	90	1			AS
21705		DIVISION OF SCALENUS ANTICUS; WITH RESECTION OF CERVICAL RIB	41.69	90	1			AS
21720		DIVISION OF STERNOCLEIDOMASTOID FOR TORTICOLLIS, OPEN OPERATION; WITHOUT CA	27.46	90	1			AS
21725		DIVISION OF STERNOCLEIDOMASTOID FOR TORTICOLLIS, OPEN OPERATION; WITH CAST	34.05	90	1			AS
21740		RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; OPEN	70.43	90	1			AS
21742		RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; MINIMALLY INVASIVE	63.11	90	1			AS
21743		RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; MINIMALLY INVASIVE	63.11	90	1			AS
21750		CLOSURE OF MEDIAN STERNOTOMY SEPARATION WITH OR WITHOUT DEBRIDEMENT (SEP	46.53	90	1			AS
21810		TREATMENT OF RIB FRACTURE REQUIRING EXTERNAL FIXATION ("FLAIL CHEST")	31.87	90	1			AS
21825		OPEN TREATMENT OF STERNUM FRACTURE WITH OR WITHOUT SKELETAL FIXATION	35.78	90	1			AS
21931		EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK, SUBCUTANEOUS; 3 CM OR GREATER	31.85	90	1			AS
21932		EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK, SUBFASCIAL	45.78	90	1			AS
21933		EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK, SUBFASCIAL (EG, INTRAMUSCULAR)	50.49	90	1			AS
21936		RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF BACK OR	97.70	90	1			AS
22100		PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT (EG, SPINOUS PROCESS, LAM	52.89	90	1			AS
22101		PARTIAL RESECTION OF VERTEBRAL COMPONENT, SPINOUS PROCESSES; THORACIC	52.39	90	1			AS
22102		PARTIAL RESECTION OF VERTEBRAL COMPONENT, SPINOUS PROCESSES; LUMBAR	51.84	90	1			AS
22103		PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT (EG, SPINOUS PROCESS, LAM	9.40	90	1			AS
22110		PARTIAL EXCISION OF VERTEBRAL BODY, FOR INTRINSIC BONY LESION, WITHOUT DECO	65.55	90	1			AS
22112		PARTIAL EXCISION OF VERTEBRAE (EG, FOR OSTEOMYELITIS); THORACIC	62.64	90	1			AS
22114		PARTIAL EXCISION OF VERTEBRAE (EG, FOR OSTEOMYELITIS); LUMBAR	64.84	90	1			AS
22116		PARTIAL EXCISION OF VERTEBRAL BODY, FOR INTRINSIC BONY LESION, WITHOUT DECO	9.40	90	1			AS
22206		OSTEOTOMY OF SPINE FOR CORRECTION FIXED DEFORMITY,	153.19	90	1			AS
22207		OSTEOTOMY OF SPINE FOR CORRECTION FIXED DEFORMITY,	151.23	90	1			AS
22208		OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, THREE COLUMNS,	39.39	0	1			AS

Code	Spec	Description	Base Fee	FUD	UNOS	Hysterectomy Sterilization Abortion	PA	AS
22210		OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, ONE VERTEBRAL :	114.43	90	1			AS
22212		OSTEOTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGL	94.11	90	1			AS
22214		OSTEOTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGL	94.41	90	1			AS
22216		OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, ONE VERTEBRAL :	24.58	0	6			AS
22220		OSTEOTOMY OF SPINE, INCLUDING DISKECTOMY, ANTERIOR APPROACH, SINGLE VERTEB	103.23	90	1			AS
22224		OSTEOTOMY OF SPINE, ANTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE	101.00	90	1			AS
22226		OSTEOTOMY OF SPINE, INCLUDING DISKECTOMY, ANTERIOR APPROACH, SINGLE VERTEB	24.48	90	4			AS
22318		OPEN TREATMENT AND/OR REDUCTION OF ODONTOID FRACTURE(S) AND OR DISLOCATIO	103.46	90	1			AS
22319		OPEN TREATMENT AND/OR REDUCTION OF ODONTOID FRACTURE(S) AND OR DISLOCATIO	113.43	90	1			AS
22325		OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURE(S) AND/ OR DISLOCATI	90.25	90	1			AS
22326		OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURE(S) AND/ OR DISLOCATI	93.89	90	1			AS
22327		OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURE(S) AND/ OR DISLOCATI	93.23	90	1			AS
22328		OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURE(S) AND/OR DISLOCATI	18.57	90	4			AS
22532		ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY	111.20	90	1			AS
22533		ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY	104.63	90	1			AS
22534		ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY	24.28	0	5			AS
22548		ARTHRODESIS, ANTERIOR TRANSORAL OR EXTRAORAL TECHNIQUE, CLIVUS-C1-C2 (ATLAS	119.19	90	1			AS
22551		NECK SPINE FUSE & REMOVE ADDL	128.30	90	1			AS
22552		ADDL NECK SPINE FUSION	29.89	0	1			AS
22554		ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO	82.36	90	1			AS
22556		ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO	105.76	90	1			AS
22558		ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO	96.47	90	1			AS
22585		ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO	22.45	90	5			AS
22590		ARTHRODESIS, POSTERIOR TECHNIQUE, CRANIOCERVICAL (OCCIPUT-C2)	99.55	90	1			AS
22595		ARTHRODESIS, POSTERIOR TECHNIQUE, ATLAS-AXIS (C1-C2)	94.39	90	1			AS
22600		ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; CERVICAL	81.03	90	1			AS
22610		ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; THORACIC	79.55	90	1			AS

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22612		ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; LUMBAR (1	102.33	90	1			AS
22614		ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; EACH ADD	26.13	90	4			AS
22630		ARTHRODESIS, POSTERIOR INTERBODY TECHNIQUE, INCLUDING LAMINECTOMY AND/OR	99.05	90	1			AS
22632		ARTHRODESIS, POSTERIOR INTERBODY TECHNIQUE, SINGLE INTERSPACE; EACH ADDITIO	21.27	90	3			AS
22800		ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; UP TO 6	86.84	90	1			AS
22802		ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 7 TO 12	137.63	90	1			AS
22804		ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 13 OR M	158.53	90	1			AS
22808		ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 2 TO 3 V	117.19	90	1			AS
22810		ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 4 TO 7 V	129.72	90	1			AS
22812		ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 8 OR MOR	142.14	90	1			AS
22818	R	KYPHECTOMY, CIRCUMFERENTIAL EXPOSURE OF SPINE AND RESECTION OF VERTEBRAL	144.75	90	1			AS
22819	R	KYPHECTOMY, CIRCUMFERENTIAL EXPOSURE OF SPINE AND RESECTION OF VERTEBRAL	168.40	90	1			AS
22830		EXPLORATION OF SPINAL FUSION	51.84	90	1			AS
22840		POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE), PI	51.11	0	1			AS
22842		POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH M	51.19	0	1			AS
22843		POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH M	54.70	0	1			AS
22844		POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH M	66.42	0	1			AS
22845		ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS	49.06	0	1			AS
22846		ANTERIOR INSTRUMENTATION; 4 TO 7 VERTEBRAL SEGMENTS	50.91	0	1			AS
22847		ANTERIOR INSTRUMENTATION; 8 OR MORE VERTEBRAL SEGMENTS	56.03	0	1			AS
22848		PELVIC FIXATION (ATTACHMENT OF CAUDAL END OF INSTRUMENTATION TO PELVIC BONY	24.18	90	1			AS
22849		REINSERTION OF SPINAL FIXATION DEVICE	84.16	90	1			AS
22850		REMOVAL OF POSTERIOR NONSEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD)	46.00	90	1			AS
22851		APPLICATION OF INTERVERTEBRAL BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE(S	27.31	90	6			AS
22852		REMOVAL OF POSTERIOR SEGMENTAL INSTRUMENTATION	43.92	90	1			AS
22855		REMOVAL OF ANTERIOR INSTRUMENTATION	71.89	90	1			AS
22899	R	UNLISTED PROCEDURE, SPINE		90	1			AS

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22900		EXCISION, ABDOMINAL WALL TUMOR, SUBFASCIAL (EG, DESMOID)	26.33	90	1			AS
22901		EXCISION, TUMOR, SOFT TISSUE OF ABDOMINAL WALL, SUBFASCIAL (EG, INTRAMUSCULAI	45.05	90	1			AS
22902		EXCISION, TUMOR, SOFT TISSUE OF ABDOMINAL WALL, SUBCUTANEOUS; LESS THAN 3 CM	28.41	90	1			AS
22903		EXCISION, TUMOR, SOFT TISSUE OF ABDOMINAL WALL, SUBCUTANEOUS; 3 CM OR GREATI	29.76	90	1			AS
22904		RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF	70.56	90	1			AS
22905		RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF	91.46	90	1			AS
23000		REMOVAL OF SUBDELTOID CALCAREOUS DEPOSITS, OPEN	32.57	90	1			AS
23020		CAPSULAR CONTRACTURE RELEASE (EG, SEVER TYPE PROCEDURE)	43.70	90	1			AS
23035		INCISION, BONE CORTEX (EG, OSTEOMYELITIS OR BONE ABSCESS), SHOULDER AREA	42.80	90	1			AS
23040		ARTHROTOMY, GLENOHUMERAL JOINT, INCLUDING EXPLORATION, DRAINAGE, OR REMOV	45.50	90	1			AS
23071		BIOPSY, SOFT TISSUE OF SHOULDER AREA; 3 CM OR GREATER	28.29	90	1			AS
23073		BIOPSY, SOFT TISSUE OF SHOULDER AREA; 5 CM OR GREATER	46.91	90	1			AS
23077		RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF SHOULDE	75.87	90	1			AS
23078		RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM),	95.17	90	1			AS
23105		ARTHROTOMY; GLENOHUMERAL JOINT, WITH SYNOVECTOMY, WITH OR WITHOUT BIOPSY	40.22	90	1			AS
23107		ARTHROTOMY, GLENOHUMERAL JOINT, WITH JOINT EXPLORATION, WITH OR WITHOUT RE	41.77	90	1			AS
23120		CLAVICULECTOMY; PARTIAL	36.31	90	1			AS
23125		CLAVICULECTOMY; TOTAL	44.47	90	1			AS
23145		EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA;	43.72	90	1			AS
23150		EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS;	41.42	90	1			AS
23155		EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; W	50.26	90	1			AS
23156		EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; W	42.52	90	1			AS
23172		SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SCAPULA	33.95	90	1			AS
23174		SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), HUMERAL HEAD TO SI	47.58	90	1			AS
23182		PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG,	40.94	90	1			AS
23184		PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG,	46.38	90	1			AS
23190		OSTECTOMY OF SCAPULA, PARTIAL (EG, SUPERIOR MEDIAL ANGLE)	35.05	90	1			AS

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23195		RESECTION HUMERAL HEAD	47.91	90	1			AS
23200		RADICAL RESECTION FOR TUMOR; CLAVICLE	56.33	90	1			AS
23210		RADICAL RESECTION FOR TUMOR; SCAPULA	59.16	90	1			AS
23220		RADICAL RESECTION OF BONE TUMOR, PROXIMAL HUMERUS;	68.13	90	1			AS
23332		REMOVAL OF FOREIGN BODY, SHOULDER; COMPLICATED (EG, TOTAL SHOULDER)	56.35	90	1			AS
23395		MUSCLE TRANSFER, ANY TYPE, SHOULDER OR UPPER ARM; SINGLE	82.28	90	1			AS
23397		MUSCLE TRANSFER, ANY TYPE FOR PARALYSIS OF SHOULDER OR UPPER ARM; MULTIPLE	73.64	90	1			AS
23400		SCAPULOPEXY (EG, SPRENGEL'S DEFORMITY OR FOR PARALYSIS)	62.36	90	1			AS
23405		TENOTOMY, SHOULDER AREA; SINGLE TENDON	40.01	90	1			AS
23406		TENOTOMY, SHOULDER AREA; MULTIPLE TENDONS THROUGH SAME INCISION	50.01	90	1			AS
23410		REPAIR OF RUPTURED MUSCULOTENDINOUS CUFF (EG, ROTATOR CUFF) OPEN; ACUTE	52.94	90	1			AS
23412		REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINC	55.27	90	1			AS
23420		RECONSTRUCTION OF COMPLETE SHOULDER (ROTATOR) CUFF AVULSION, CHRONIC (INC	61.94	90	1			AS
23430		TENODESIS OF LONG TENDON OF BICEPS	47.03	90	1			AS
23440		RESECTION OR TRANSPLANTATION OF LONG TENDON OF BICEPS	48.46	90	1			AS
23450		CAPSULORRHAPHY, ANTERIOR; PUTTI-PLATT PROCEDURE OR MAGNUSON TYPE OPERATI	60.91	90	1			AS
23455		CAPSULORRHAPHY, ANTERIOR; WITH LABRAL REPAIR (EG, BANKART PROCEDURE)	64.97	90	1			AS
23460		CAPSULORRHAPHY, ANTERIOR, ANY TYPE; WITH BONE BLOCK	70.31	90	1			AS
23462		CAPSULORRHAPHY FOR RECURRENT DISLOCATION, ANTERIOR, ANY TYPE; WITH CORACC	69.13	90	1			AS
23465		CAPSULORRHAPHY, GLENOHUMERAL JOINT, POSTERIOR, WITH OR WITHOUT BONE BLOC	72.26	90	1			AS
23466		CAPSULORRHAPHY, GLENOHUMERAL JOINT, ANY TYPE MULTI-DIRECTIONAL INSTABILITY	71.18	90	1			AS
23470		ARTHROPLASTY, GLENOHUMERAL JOINT; HEMIARTHROPLASTY	78.38	90	1			AS
23472		ARTHROPLASTY, GLENOHUMERAL JOINT; TOTAL SHOULDER (GLENOID AND PROXIMAL HU	97.29	90	1			AS
23485		OSTEOTOMY, CLAVICLE, WITH OR WITHOUT INTERNAL FIXATION; WITH BONE GRAFT FOR	61.91	90	1			AS
23490		PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOU	53.09	90	1			AS
23491		PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOU	65.05	90	1			AS
23515		OPEN TREATMENT OF CLAVICULAR FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERN,	45.15	90	1			AS

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23530		OPEN TREATMENT OF STERNOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC;	33.83	90	1			AS
23532		OPEN TREATMENT OF STERNOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC; WITH FAS	39.16	90	1			AS
23550		OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC;	36.11	90	1			AS
23552		OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC; WITH FA	41.54	90	1			AS
23585		OPEN TREATMENT OF SCAPULAR FRACTURE (BODY, GLENOID OR ACROMION) WITH OR W	61.24	90	1			AS
23615		OPEN TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURI	55.27	90	1			AS
23616		OPEN TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURI	82.11	90	1			AS
23630		OPEN TREATMENT OF GREATER HUMERAL TUBEROSITY FRACTURE, WITH OR WITHOUT IN	48.23	90	1			AS
23660		OPEN TREATMENT OF ACUTE SHOULDER DISLOCATION	36.73	90	1			AS
23670		OPEN TREATMENT OF SHOULDER DISLOCATION, WITH FRACTURE OF GREATER HUMERAL	54.32	90	1			AS
23680		OPEN TREATMENT OF SHOULDER DISLOCATION, WITH SURGICAL OR ANATOMICAL NECK F	58.43	90	1			AS
23800		ARTHRODESIS, GLENOHUMERAL JOINT;	65.65	90	1			AS
23802		ARTHRODESIS, GLENOHUMERAL JOINT; WITH AUTOGENOUS GRAFT (INCLUDES OBTAININC	81.36	90	1			AS
23900		INTERTHORACOSCAPULAR AMPUTATION (FOREQUARTER)	85.22	90	1			AS
23920		DISARTICULATION OF SHOULDER;	69.18	90	1			AS
23929	R	UNLISTED PROCEDURE, SHOULDER		90	1			AS
24006		ARTHROTOMY OF THE ELBOW, WITH CAPSULAR EXCISION FOR CAPSULAR RELEASE (SEP,	44.83	90	1			AS
24071		BIOPSY, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; 3 CM OR GREATER	27.46	90	1			AS
24073		BIOPSY, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; 5 CM OR GREATER	47.13	90	1			AS
24077		RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF UPPER A	51.72	90	1			AS
24079		RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF UPPER A	87.75	90	1			AS
24100		ARTHROTOMY, ELBOW; WITH SYNOVIAL BIOPSY ONLY	25.48	90	1			AS
24101		ARTHROTOMY, ELBOW; WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR	31.07	90	1			AS
24102		ARTHROTOMY, ELBOW; WITH SYNOVECTOMY	38.61	90	1			AS
24115		EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS; WITH AUTOGRA	40.21	90	1			AS
24116		EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS; WITH ALLOGRAI	54.97	90	1			AS
24125		EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADI	38.14	90	1			AS

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24126		EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADI	40.12	90	1			AS
24134		SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SHAFT OR DISTAL HUM	47.08	90	1			AS
24138		SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), OLECRANON PROCES	41.49	90	1			AS
24140		PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG,	44.42	90	1			AS
24149		RADICAL RESECTION OF CAPSULE, SOFT TISSUE, AND HETEROTOPIC BONE, ELBOW, WIT	73.56	90	1			AS
24150		RADICAL RESECTION FOR TUMOR, SHAFT OR DISTAL HUMERUS;	62.14	90	1			AS
24152		RADICAL RESECTION FOR TUMOR, RADIAL HEAD OR NECK;	46.50	90	1			AS
24155		RESECTION OF ELBOW JOINT (ARTHRECTOMY)	54.27	90	1			AS
24301		MUSCLE OR TENDON TRANSFER, ANY TYPE, UPPER ARM OR ELBOW, SINGLE (EXCLUDING	47.63	90	1			AS
24320		TENOPLASTY, WITH MUSCLE TRANSFER, WITH OR WITHOUT FREE GRAFT, ELBOW TO SHO	49.66	90	1			AS
24330		FLEXOR-PLASTY, ELBOW (EG, STEINDLER TYPE ADVANCEMENT);	45.25	90	1			AS
24331		FLEXOR-PLASTY, ELBOW (EG, STEINDLER TYPE ADVANCEMENT); WITH EXTENSOR ADVAN	49.96	90	1			AS
24340		TENODESIS OF BICEPS TENDON AT ELBOW (SEPARATE PROCEDURE)	38.59	90	1			AS
24341		REPAIR, TENDON OR MUSCLE, UPPER ARM OR ELBOW, EACH TENDON OR MUSCLE, PRIM	45.73	90	1			AS
24342		REINSERTION OF RUPTURED BICEPS OR TRICEPS TENDON, DISTAL, WITH OR WITHOUT T	49.81	90	1			AS
24343		REPAIR LATERAL COLLATERAL LIGAMENT, ELBOW, WITH LOCAL TISSUE	44.07	90	1			AS
24344		RECONSTRUCTION LATERAL COLLATERAL LIGAMENT, ELBOW, WITH TENDON GRAFT (INCL	69.00	90	1			AS
24345		REPAIR MEDIAL COLLATERAL LIGAMENT, ELBOW, WITH LOCAL TISSUE	43.80	90	1			AS
24346		RECONSTRUCTION MEDIAL COLLATERAL LIGAMENT, ELBOW, WITH TENDON GRAFT (INCLL	69.36	90	1			AS
24357		TENOTOMY, ELBOW, LATERAL OR MEDIAL (EG, EPICONDYLITIS, TENNIS ELBOW, GOLFER	27.46	90	1			AS
24361		ARTHROPLASTY, ELBOW; WITH DISTAL HUMERAL PROSTHETIC REPLACEMENT	64.14	90	1			AS
24362		ARTHROPLASTY, ELBOW; WITH IMPLANT AND FASCIA LATA LIGAMENT RECONSTRUCTION	68.83	90	1			AS
24363		ARTHROPLASTY, ELBOW; WITH DISTAL HUMERUS AND PROXIMAL ULNAR PROSTHETIC REI	95.71	90	1			AS
24365		ARTHROPLASTY, RADIAL HEAD;	40.29	90	1			AS
24366		ARTHROPLASTY, RADIAL HEAD; WITH IMPLANT	43.22	90	1			AS
24400		OSTEOTOMY, HUMERUS, WITH OR WITHOUT INTERNAL FIXATION	52.42	90	1			AS
24410		MULTIPLE OSTEOTOMIES WITH REALIGNMENT ON INTRAMEDULLARY ROD, HUMERAL SHAI	67.30	90	1			AS

Code	Spec	Description	Base Fee	FUD	UNOS	Hysterectomy Sterilization Abortion	PA	AS
24420		OSTEOPLASTY, HUMERUS (EG, SHORTENING OR LENGTHENING) (EXCLUDING 64876)	62.82	90	1			AS
24430		REPAIR OF NONUNION OR MALUNION, HUMERUS; WITHOUT GRAFT (EG, COMPRESSION TE	67.35	90	1			AS
24435		REPAIR OF NONUNION OR MALUNION, HUMERUS; WITH ILIAC OR OTHER AUTOGRAFT (INC	67.98	90	1			AS
24470		HEMIEPIPHYSEAL ARREST (EG, CUBITUS VARUS OR VALGUS, DISTAL HUMERUS)	38.86	90	1			AS
24498		PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING), WITH OR WITHO	55.60	90	1			AS
24515		OPEN TREATMENT OF HUMERAL SHAFT FRACTURE WITH PLATE/SCREWS, WITH OR WITHC	55.80	90	1			AS
24516		TREATMENT OF HUMERAL SHAFT FRACTURE, WITH INSERTION OF INTRAMEDULLARY IMPL	55.15	90	1			AS
24545		OPEN TREATMENT OF HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, WIT	58.63	90	1			AS
24546		OPEN TREATMENT OF HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, WIT	67.38	90	1			AS
24575		OPEN TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL, WITH OF	46.73	90	1			AS
24579		OPEN TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL, WITH OR W	53.29	90	1			AS
24586		OPEN TREATMENT OF PERIARTICULAR FRACTURE AND/OR DISLOCATION OF THE ELBOW (	70.18	90	1			AS
24587		OPEN TREATMENT OF PERIARTICULAR FRACTURE AND/OR DISLOCATION OF THE ELBOW (	69.91	90	1			AS
24615		OPEN TREATMENT OF ACUTE OR CHRONIC ELBOW DISLOCATION	45.30	90	1			AS
24635		OPEN TREATMENT OF MONTEGGIA TYPE OF FRACTURE DISLOCATION AT ELBOW (FRACTL	65.61	90	1			AS
24665		OPEN TREATMENT OF RADIAL HEAD OR NECK FRACTURE, WITH OR WITHOUT INTERNAL FI	40.77	90	1			AS
24666		OPEN TREATMENT OF RADIAL HEAD OR NECK FRACTURE, WITH OR WITHOUT INTERNAL FI	46.40	90	1			AS
24685		OPEN TREATMENT OF ULNAR FRACTURE PROXIMAL END (OLECRANON PROCESS), WITH C	41.07	90	1			AS
24800		ARTHRODESIS, ELBOW JOINT; LOCAL	49.74	90	1			AS
24802		ARTHRODESIS, ELBOW JOINT; WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAFT)	63.82	90	1			AS
24900		AMPUTATION, ARM THROUGH HUMERUS; WITH PRIMARY CLOSURE	45.78	90	1			AS
24920		AMPUTATION, ARM THROUGH HUMERUS; OPEN, CIRCULAR (GUILLOTINE)	45.55	90	1			AS
24925		AMPUTATION, ARM THROUGH HUMERUS; SECONDARY CLOSURE OR SCAR REVISION	35.23	90	1			AS
24930		AMPUTATION, ARM THROUGH HUMERUS; RE-AMPUTATION	48.31	90	1			AS
24931		AMPUTATION, ARM THROUGH HUMERUS; WITH IMPLANT	54.85	90	1			AS
24940		CINEPLASTY, UPPER EXTREMITY, COMPLETE PROCEDURE	68.16	90	1			AS
25071		BIOPSY, SOFT TISSUE OF FOREARM AND/OR WRIST; 3 CM OR GREATER	28.76	90	1			AS

Code	Spec	Description	Base Fee	FUD	UNOS	Hysterectomy Sterilization Abortion	PA	AS
25073		BIOPSY, SOFT TISSUE OF FOREARM AND/OR WRIST; 3 CM OR GREATER	35.81	90	1			AS
25078		RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FORE	76.62	90	1			AS
25085		CAPSULOTOMY, WRIST (EG, CONTRACTURE)	27.79	90	1			AS
25107		ARTHROTOMY, DISTAL RADIOULNAR JOINT INCLUDING REPAIR OF TRIANGULAR CARTILAG	37.46	90	1			AS
25109		EXCISION OF TENDON, FOREARM AND/OR WRIST, FLEXOR OR EXTENSOR, EACH	33.12	90	1			AS
25119		SYNOVECTOMY, EXTENSOR TENDON SHEATH, WRIST, SINGLE COMPARTMENT; WITH RESI	30.62	90	1			AS
25126		EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA (EXCLI	37.06	90	1			AS
25135		EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES; WITH AI	34.43	90	1			AS
25136		EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES; WITH AI	30.59	90	1			AS
25145		SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), FOREARM AND/OR WF	31.97	90	1			AS
25151		PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION OR DIAPHYSECTOMY) OF BONE (E	36.41	90	1			AS
25170		RADICAL RESECTION FOR TUMOR, RADIUS OR ULNA	52.17	90	1			AS
25215		CARPECTOMY; ALL BONES OF PROXIMAL ROW	38.59	90	1			AS
25250		REMOVAL OF WRIST PROSTHESIS; (SEPARATE PROCEDURE)	32.77	90	1			AS
25251		REMOVAL OF WRIST PROSTHESIS; COMPLICATED, INCLUDING "TOTAL WRIST"	44.55	90	1			AS
25263		REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; SECONDARY, SINGLE,	38.81	90	1			AS
25265		REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; SECONDARY, WITH FRE	46.80	90	1			AS
25300		TENODESIS AT WRIST; FLEXORS OF FINGERS	42.42	90	1			AS
25301		TENODESIS AT WRIST; EXTENSORS OF FINGERS	40.36	90	1			AS
25310		TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, FOREARM AND/OR W	38.59	90	1			AS
25312		TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, FOREARM AND/OR W	45.20	90	1			AS
25315		FLEXOR ORIGIN SLIDE (EG, FOR CEREBRAL PALSY, VOLKMANN CONTRACTURE), FOREARM	48.81	90	1			AS
25316		FLEXOR ORIGIN SLIDE FOR CEREBRAL PALSY, FOREARM AND/OR WRIST; WITH TENDON(S	56.33	90	1			AS
25320		CAPSULORRHAPHY OR RECONSTRUCTION, WRIST, OPEN (EG, CAPSULODESIS, LIGAMENT	60.21	90	1			AS
25332		ARTHROPLASTY, WRIST, WITH OR WITHOUT INTERPOSITION, WITH OR WITHOUT EXTERNA	53.45	90	1			AS
25335		CENTRALIZATION OF WRIST ON ULNA (EG, RADIAL CLUB HAND)	59.58	90	1			AS
25350		OSTEOTOMY, RADIUS; DISTAL THIRD	42.65	90	1			AS

Code	Spec	Description	Base Fee	FUD	UNOS	Hysterectomy Sterilization Abortion	PA	AS
25355		OSTEOTOMY, RADIUS; MIDDLE OR PROXIMAL THIRD	48.63	90	1			AS
25360		OSTEOTOMY; ULNA	41.22	90	1			AS
25365		OSTEOTOMY; RADIUS AND ULNA	57.95	90	1			AS
25370		MULTIPLE OSTEOTOMIES, WITH REALIGNMENT ON INTRAMEDULLARY ROD (SOFIELD TYPE	63.97	90	1			AS
25375		MULTIPLE OSTEOTOMIES, WITH REALIGNMENT ON INTRAMEDULLARY ROD (SOFIELD TYPE	61.01	90	1			AS
25390		OSTEOPLASTY, RADIUS OR ULNA; SHORTENING	48.88	90	1			AS
25391		OSTEOPLASTY, RADIUS OR ULNA; LENGTHENING WITH AUTOGRAFT	63.19	90	1			AS
25392		OSTEOPLASTY, RADIUS AND ULNA; SHORTENING (EXCLUDING 64876)	64.77	90	1			AS
25393		OSTEOPLASTY, RADIUS AND ULNA; LENGTHENING WITH AUTOGRAFT	73.01	90	1			AS
25394		OSTEOPLASTY, CARPAL BONE, SHORTENING	49.34	90	1			AS
25400		REPAIR OF NONUNION OR MALUNION, RADIUS OR ULNA; WITHOUT GRAFT (EG, COMPRESS	58.27	90	1			AS
25405		REPAIR OF NONUNION OR MALUNION, RADIUS OR ULNA; WITH AUTOGRAFT (INCLUDES OB	66.40	90	1			AS
25415		REPAIR OF NONUNION OR MALUNION, RADIUS AND ULNA; WITHOUT GRAFT (EG, COMPRES	62.42	90	1			AS
25420		REPAIR OF NONUNION OR MALUNION, RADIUS AND ULNA; WITH AUTOGRAFT (INCLUDES O	74.92	90	1			AS
25425		REPAIR OF DEFECT WITH AUTOGRAFT; RADIUS OR ULNA	75.01	90	1			AS
25426		REPAIR OF DEFECT WITH AUTOGRAFT; RADIUS AND ULNA	78.83	90	1			AS
25431		REPAIR OF NONUNION OF CARPAL BONE (EXCLUDING CARPAL SCAPHOID (NAVICULAR)) (	49.74	90	1			AS
25440		REPAIR OF NONUNION, SCAPHOID CARPAL (NAVICULAR) BONE, WITH OR WITHOUT RADIA	48.56	90	1			AS
25441		ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL RADIUS	59.78	90	1			AS
25442		ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL ULNA	50.74	90	1			AS
25443		ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; SCAPHOID CARPAL (NAVICULAR)	48.46	90	1			AS
25444		ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; LUNATE	51.99	90	1			AS
25446		ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL RADIUS AND PARTIAL OR ENT	75.09	90	1			AS
25447		ARTHROPLASTY, INTERPOSITION, INTERCARPAL OR CARPOMETACARPAL JOINTS	51.72	90	1			AS
25449		REVISION OF ARTHROPLASTY, INCLUDING REMOVAL OF IMPLANT, WRIST JOINT	65.82	90	1			AS
25490		PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOU	44.07	90	1			AS
25491		PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOU	46.68	90	1			AS

Code	Spec	Description	Base Fee	FUD	UNOS	Hysterectomy Sterilization Abortion	PA	AS
25492		PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOU	57.73	90	1			AS
25515		OPEN TREATMENT OF RADIAL SHAFT FRACTURE, WITH OR WITHOUT INTERNAL OR EXTER	42.30	90	1			AS
25525		OPEN TREATMENT OF RADIAL SHAFT FRACTURE, WITH INTERNAL AND/ OR EXTERNAL FIX	59.33	90	1			AS
25526		OPEN TREATMENT OF RADIAL SHAFT FRACTURE, WITH INTERNAL AND/OR EXTERNAL FIXA	60.56	90	1			AS
25545		OPEN TREATMENT OF ULNAR SHAFT FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERI	39.29	90	1			AS
25574		OPEN TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES, WITH INTERNAL OR EXTER	41.52	90	1			AS
25575		OPEN TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES, WITH INTERNAL OR EXTER	56.48	90	1			AS
25606		PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIAL FRACTURE OR EPIPHYSEAL SEP/	40.57	90	1			AS
25607		OPEN TREATMENT OF DISTAL RADIAL EXTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEP	45.30	90	1			AS
25608		OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEP/	51.92	90	1			AS
25609		OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEP/	66.30	90	1			AS
25628		OPEN TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE, WITH OR WITHOUT INT	45.00	90	1			AS
25645		OPEN TREATMENT OF CARPAL BONE FRACTURE (OTHER THAN CARPAL SCAPHOID (NAVIC	35.30	90	1			AS
25652		OPEN TREATMENT OF ULNAR STYLOID FRACTURE	38.69	90	1			AS
25670		OPEN TREATMENT OF RADIOCARPAL OR INTERCARPAL DISLOCATION, ONE OR MORE BON	38.16	90	1			AS
25671		PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIOULNAR DISLOCATION	32.35	90	1			AS
25676		OPEN TREATMENT OF DISTAL RADIOULNAR DISLOCATION, ACUTE OR CHRONIC	39.56	90	1			AS
25685		OPEN TREATMENT OF TRANS-SCAPHOPERILUNAR TYPE OF FRACTURE DISLOCATION	46.20	90	1			AS
25695		OPEN TREATMENT OF LUNATE DISLOCATION	39.69	90	1			AS
25800		ARTHRODESIS, WRIST; COMPLETE, WITHOUT BONE GRAFT (INCLUDES RADIOCARPAL AND	46.38	90	1			AS
25805		ARTHRODESIS, WRIST JOINT (INCLUDING RADIOCARPAL AND/OR ULNOCARPAL FUSION);	53.52	90	1			AS
25810		ARTHRODESIS, WRIST JOINT (INCLUDING RADIOCARPAL AND/OR ULNOCARPAL FUSION);	54.35	90	1			AS
25820		ARTHRODESIS, WRIST; LIMITED, WITHOUT BONE GRAFT (EG, INTERCARPAL OR RADIOCA	38.09	90	1			AS
25825		INTERCARPAL FUSION; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	47.03	90	1			AS
25830		ARTHRODESIS, DISTAL RADIOULNAR JOINT WITH SEGMENTAL RESECTION OF ULNA, WITH	57.38	90	1			AS
25905		AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; OPEN, CIRCULAR (GUILLOTINE)	43.57	90	1			AS
25907		AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; SECONDARY CLOSURE OR SCAR I	37.41	90	1			AS

Code	Spec	Description	Base Fee	FUD	UNOS	Hysterectomy Sterilization Abortion	PA	AS
25909		AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; RE-AMPUTATION	42.82	90	1			AS
25915		KRUKENBERG PROCEDURE	66.09	90	1			AS
25922		DISARTICULATION THROUGH WRIST; SECONDARY CLOSURE OR SCAR REVISION	36.08	90	1			AS
25924		DISARTICULATION THROUGH WRIST; RE-AMPUTATION	41.74	90	1			AS
25929		TRANSMETACARPAL AMPUTATION; SECONDARY CLOSURE OR SCAR REVISION	35.33	90	1			AS
26185		SESAMOIDECTOMY, THUMB OR FINGER (SEPARATE PROCEDURE)	32.80	90	1			AS
26260		RADICAL RESECTION, PROXIMAL OR MIDDLE PHALANX OF FINGER (EG, TUMOR);	34.03	90	1			AS
26262		RADICAL RESECTION, DISTAL PHALANX OF FINGER (EG, TUMOR)	28.44	90	1			AS
26352		FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE, NOT IN "NO MAN'S LAND"; SECO	47.18	90	1			AS
26357		REPAIR OR ADVANCEMENT, FLEXOR TENDON, IN ZONE 2 DIGITAL FLEXOR TENDON SHEAT	51.14	90	1			AS
26358		FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE, IN "NO MAN'S LAND"; SECONDAR	53.90	90	1			AS
26372		REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON, WITH INTACT SUPERFICIALIS TENDC	52.19	90	1			AS
26373		REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON, WITH INTACT SUPERFICIALIS TENDC	49.44	90	1			AS
26390		EXCISION FLEXOR TENDON, WITH IMPLANTATION OF SYNTHETIC ROD FOR DELAYED TENE	49.61	90	1			AS
26392		REMOVAL OF SYNTHETIC ROD AND INSERTION OF FLEXOR TENDON GRAFT, HAND OR FINI	57.48	90	1			AS
26420		EXTENSOR TENDON REPAIR, DORSUM OF FINGER, SINGLE, PRIMARY OR SECONDARY; WI	41.59	90	1			AS
26434		EXTENSOR TENDON REPAIR, DISTAL INSERTION ("MALLEET FINGER"), OPEN, PRIMARY	37.61	90	1			AS
26474		TENODESIS; OF DISTAL JOINT, EACH JOINT	34.18	90	1			AS
26479		SHORTENING OF TENDON, FLEXOR, HAND OR FINGER, EACH TENDON	36.38	90	1			AS
26483		TENDON TRANSFER OR TRANSPLANT, CARPOMETACARPAL AREA OR DORSUM OF HAND, :	49.94	90	1			AS
26485		TRANSFER OR TRANSPLANT OF TENDON, PALMAR; WITHOUT FREE TENDON GRAFT, EACH	47.63	90	1			AS
26492		OPPONENSPLASTY; TENDON TRANSFER WITH GRAFT (INCLUDES OBTAINING GRAFT), EAC	52.64	90	1			AS
26494		OPPONENSPLASTY; HYPOTHENAR MUSCLE TRANSFER	47.51	90	1			AS
26497		TRANSFER OF TENDON TO RESTORE INTRINSIC FUNCTION; RING AND SMALL FINGER	51.69	90	1			AS
26498		TENDON TRANSFER TO RESTORE INTRINSIC FUNCTION; ALL FOUR FINGERS	69.78	90	1			AS
26499		CORRECTION CLAW FINGER, OTHER METHODS	49.49	90	1			AS
26502		TENDON PULLEY RECONSTRUCTION; WITH TENDON OR FASCIAL GRAFT (INCLUDES OBTAI	41.92	90	1			AS

Code	Spec	Description	Base Fee	FUD	UNOS	Hysterectomy Sterilization Abortion	PA	AS
26517		CAPSULODESIS FOR M-P JOINT STABILIZATION; TWO DIGITS	49.31	90	1			AS
26518		CAPSULODESIS FOR M-P JOINT STABILIZATION; THREE OR FOUR DIGITS	49.86	90	1			AS
26530		ARTHROPLASTY, METACARPOPHALANGEAL JOINT; EACH JOINT	33.35	90	1			AS
26531		ARTHROPLASTY, METACARPOPHALANGEAL JOINT; WITH PROSTHETIC IMPLANT, EACH JOI	38.76	90	1			AS
26541		RECONSTRUCTION, COLLATERAL LIGAMENT, METACARPOPHALANGEAL JOINT, SINGLE, W	47.88	90	1			AS
26546		REPAIR NON-UNION, METACARPAL OR PHALANX, (INCLUDES OBTAINING BONE GRAFT WIT	58.83	90	1			AS
26550		POLLICIZATION OF A DIGIT	91.15	90	1			AS
26551		TRANSFER, TOE-TO-HAND WITH MICROVASCULAR ANASTOMOSIS; GREAT TOE ' WRAP-ARC	184.41	90	1			AS
26553		TOE-TO-HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TO	176.19	90	1			AS
26554		TOE-TO-HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TO	230.77	90	1			AS
26555		TRANSFER, FINGER TO ANOTHER POSITION WITHOUT MICROVASCULAR ANASTOMOSIS	84.54	90	1			AS
26556		TRANSFER, FREE TOE JOINT, WITH MICROVASCULAR ANASTOMOSIS	173.81	90	1			AS
26560		REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; WITH SKIN FLAPS	34.00	90	1			AS
26561		REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; WITH SKIN FLAPS AND GRAFT	55.45	90	1			AS
26562		REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; COMPLEX (EG, INVOLVING BO	68.88	90	1			AS
26565		OSTEOTOMY; METACARPAL, EACH	39.86	90	1			AS
26568		OSTEOPLASTY, LENGTHENING, METACARPAL OR PHALANX	53.42	90	1			AS
26580		REPAIR CLEFT HAND	79.24	90	1			AS
26587		RECONSTRUCTION OF POLYDACTYLOUS DIGIT, SOFT TISSUE AND BONE	59.63	90	1			AS
26590		REPAIR MACRODACTYLIA, EACH DIGIT	78.55	90	1			AS
26596		EXCISION OF CONSTRICTING RING OF FINGER, WITH MULTIPLE Z-PLASTIES	45.70	90	1			AS
26686		OPEN TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB (BENNETT)	38.76	90	1			AS
26820		FUSION IN OPPOSITION, THUMB, WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAF	46.80	90	1			AS
26842		ARTHRODESIS, CARPOMETACARPAL JOINT, THUMB, WITH OR WITHOUT INTERNAL FIXATIC	47.06	90	1			AS
26843		ARTHRODESIS, CARPOMETACARPAL JOINT, DIGIT, OTHER THAN THUMB, EACH;	43.65	90	1			AS
26844		ARTHRODESIS, CARPOMETACARPAL JOINT, DIGITS, OTHER THAN THUMB; WITH AUTOGRA	48.81	90	1			AS
26852		ARTHRODESIS, METACARPOPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION;	47.63	90	1			AS

Code	Spec	Description	Base Fee	FUD	UNOS	Hysterectomy Sterilization Abortion	PA	AS
26862		ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; WITH	43.12	90	1			AS
26863		ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; WITH	15.31	90	5			AS
27001		TENOTOMY, ADDUCTOR OF HIP, OPEN	34.15	90	1			AS
27003		TENOTOMY, ADDUCTOR, SUBCUTANEOUS, OPEN, WITH OBTURATOR NEURECTOMY	36.56	90	1			AS
27005		TENOTOMY, HIP FLEXOR(S), OPEN (SEPARATE PROCEDURE)	46.38	90	1			AS
27006		TENOTOMY, ABDUCTORS AND/OR EXTENSOR(S) OF HIP, OPEN (SEPARATE PROCEDURE)	46.80	90	1			AS
27030		ARTHROTOMY, HIP, WITH DRAINAGE (EG, INFECTION)	60.56	90	1			AS
27033		ARTHROTOMY, HIP, INCLUDING EXPLORATION OR REMOVAL OF LOOSE OR FOREIGN BODY	62.77	90	1			AS
27035		DENERVATION, HIP JOINT, INTRAPELVIC OR EXTRAPELVIC INTRA-ARTICULAR BRANCHES	68.65	90	1			AS
27036		CAPSULECTOMY OR CAPSULOTOMY, HIP, WITH OR WITHOUT EXCISION OF HETEROTOPIC	64.37	90	1			AS
27043		BIOPSY, SOFT TISSUE OF PELVIS AND HIP AREA; 3 CM OR GREATER	31.80	90	1			AS
27045		BIOPSY, SOFT TISSUE OF PELVIS AND HIP AREA; 5 CM OR GREATER	50.56	90	1			AS
27048		EXCISION, TUMOR, PELVIS AND HIP AREA; DEEP, SUBFASCIAL, INTRAMUSCULAR	30.22	90	1			AS
27049		RADICAL RESECTION OF TUMOR, SOFT TISSUE OF PELVIS AND HIP AREA (EG, MALIGNA	64.24	90	1			AS
27052		ARTHROTOMY, FOR BIOPSY; HIP JOINT	35.25	90	1			AS
27054		ARTHROTOMY WITH SYNOVECTOMY, HIP JOINT	43.10	90	1			AS
27059		DECOMPRESSION FASCIOTOMY(IES), PELVIC (BUTTOCK) COMPARTMENT(S) (EG,	123.96	90	1			AS
27065		EXCISION OF BONE CYST OR BENIGN TUMOR; SUPERFICIAL (WING OF ILIUM, SYMPHYSI	31.72	90	1			AS
27066		EXCISION OF BONE CYST OR BENIGN TUMOR; DEEP, WITH OR WITHOUT AUTOGRAFT	51.49	90	1			AS
27067		EXCISION OF BONE CYST OR BENIGN TUMOR; WITH AUTOGRAFT REQUIRING SEPARATE IN	64.77	90	1			AS
27070		PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION) (EG, OSTEOMYELITIS OR BONE	53.75	90	1			AS
27071		PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION) (EG, OSTEOMYELITIS OR BONE	57.45	90	1			AS
27075		RADICAL RESECTION OF TUMOR OR INFECTION; WING OF ILIUM, ONE PUBIC OR ISCHIA	149.63	90	1			AS
27076		RADICAL RESECTION FOR TUMOR OR INFECTION; ILIUM, INCLUDING ACETABULUM, BOTH	103.08	90	1			AS
27077		RADICAL RESECTION FOR TUMOR OR INFECTION; INNOMINATE BONE, TOTAL	172.39	90	1			AS
27078		RADICAL RESECTION FOR TUMOR OR INFECTION; ISCHIAL TUBEROSITY AND GREATER TR	65.10	90	1			AS
27080		COCCYGECTOMY, PRIMARY	31.32	90	1			AS

Code	Spec	Description	Base Fee	FUD	UNOS	Hysterectomy Sterilization Abortion	PA	AS
27087		REMOVAL OF FOREIGN BODY, PELVIS OR HIP; DEEP (SUBFASCIAL OR INTRAMUSCULAR)	40.04	90	1			AS
27090		REMOVAL OF HIP PROSTHESIS; (SEPARATE PROCEDURE)	53.07	90	1			AS
27091		REMOVAL OF HIP PROSTHESIS; COMPLICATED, INCLUDING TOTAL HIP PROSTHESIS, MET	103.93	90	1			AS
27097		RELEASE OR RECESSION, HAMSTRING, PROXIMAL	42.85	90	1			AS
27098		TRANSFER, ADDUCTOR TO ISCHIUM	38.41	90	1			AS
27100		TRANSFER EXTERNAL OBLIQUE MUSCLE TO GREATER TROCHANTER INCLUDING FASCIAL	52.29	90	1			AS
27105		TRANSFER PARASPINAL MUSCLE TO HIP (INCLUDES FASCIAL OR TENDON EXTENSION GR/	54.45	90	1			AS
27110		TRANSFER ILIOPSOAS; TO GREATER TROCHANTER OF FEMUR	61.54	90	1			AS
27111		TRANSFER ILIOPSOAS; TO FEMORAL NECK	53.80	90	1			AS
27120		ACETABULOPLASTY; (EG, WHITMAN, COLONNA, HAYGROVES, OR CUP TYPE)	83.46	90	1			AS
27122		ACETABULOPLASTY; RESECTION, FEMORAL HEAD (EG, GIRDLESTONE PROCEDURE)	71.03	90	1			AS
27125		HEMIARTHROPLASTY, HIP, PARTIAL (EG, FEMORAL STEM PROSTHESIS, BIPOLAR ARTHRO	72.61	90	1			AS
27130		ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TC	93.79	90	1			AS
27132		CONVERSION OF PREVIOUS HIP SURGERY TO TOTAL HIP ARTHROPLASTY, WITH OR WITHC	109.27	90	1			AS
27134		REVISION OF TOTAL HIP ARTHROPLASTY; BOTH COMPONENTS, WITH OR WITHOUT AUTOC	126.68	90	1			AS
27137		REVISION OF TOTAL HIP ARTHROPLASTY; ACETABULAR COMPONENT ONLY, WITH OR WITI	96.57	90	1			AS
27138		REVISION OF TOTAL HIP ARTHROPLASTY; FEMORAL COMPONENT ONLY, WITH OR WITHOU	100.55	90	1			AS
27140		OSTEOTOMY AND TRANSFER OF GREATER TROCHANTER OF FEMUR (SEPARATE PROCED	57.50	90	1			AS
27146		OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE;	81.33	90	1			AS
27147		OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE; WITH OPEN REDUCTION OF HIP	95.51	90	1			AS
27151		OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE; WITH FEMORAL OSTEOTOMY	103.53	90	1			AS
27156		OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE; WITH FEMORAL OSTEOTOMY AN	110.52	90	1			AS
27158		OSTEOTOMY, PELVIS, BILATERAL (EG, CONGENITAL MALFORMATION)	90.43	90	1			AS
27161		OSTEOTOMY, FEMORAL NECK (SEPARATE PROCEDURE)	78.68	90	1			AS
27165		OSTEOTOMY, INTERTROCHANTERIC OR SUBTROCHANTERIC INCLUDING INTERNAL OR EX	88.15	90	1			AS
27170		BONE GRAFT, FEMORAL HEAD, NECK, INTERTROCHANTERIC OR SUBTROCHANTERIC ARE/	76.25	90	1			AS
27176		TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; BY SINGLE OR MULTIPLE PINNING, IN S	58.86	90	1			AS

Code	Spec	Description	Base Fee	FUD	UNOS	Hysterectomy Sterilization Abortion	PA	AS
27177		OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; SINGLE OR MULTIPLE PINNING OR	71.56	90	1			AS
27178		OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; CLOSED MANIPULATION WITH SINGL	58.51	90	1			AS
27179		OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; OSTEOPLASTY OF FEMORAL NECK (	62.21	90	1			AS
27181		OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; OSTEOTOMY AND INTERNAL FIXATIC	69.28	90	1			AS
27187		PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOU	63.82	90	1			AS
27202		OPEN TREATMENT OF COCCYGEAL FRACTURE	48.89	90	1			AS
27215		OPEN TREATMENT OF ILIAC SPINE(S), TUBEROSITY AVULSION, OR ILIAC WING FRACTU	47.61	90	1			AS
27216		PERCUTANEOUS SKELETAL FIXATION OF POSTERIOR PELVIC RING FRACTURE AND/OR DIS	69.78	90	1			AS
27217		OPEN TREATMENT OF ANTERIOR RING FRACTURE AND/OR DISLOCATION WITH INTERNAL	65.32	90	1			AS
27218		OPEN TREATMENT OF POSTERIOR RING FRACTURE AND/OR DISLOCATION WITH INTERNAI	90.58	90	1			AS
27226		OPEN TREATMENT OF POSTERIOR OR ANTERIOR ACETABULAR WALL FRACTURE, WITH IN	68.40	90	1			AS
27227		OPEN TREATMENT OF ACETABULAR FRACTURE(S) INVOLVING ANTERIOR OR POSTERIOR (	108.37	90	1			AS
27228		OPEN TREATMENT OF ACETABULAR FRACTURE(S) INVOLVING ANTERIOR AND POSTERIOR	123.93	90	1			AS
27236		OPEN TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, NECK, INTERNAL FIXATION C	76.92	90	1			AS
27244		TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC, OR SUBTROCHANTERIC FEMO	79.10	90	1			AS
27245		OPEN TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC OR SUBTROCHANTERIC	90.37	90	1			AS
27248		OPEN TREATMENT OF GREATER TROCHANTERIC FRACTURE, WITH OR WITHOUT INTERNA	47.88	90	1			AS
27253		OPEN TREATMENT OF HIP DISLOCATION, TRAUMATIC, WITHOUT INTERNAL FIXATION	60.56	90	1			AS
27254		OPEN TREATMENT OF HIP DISLOCATION, TRAUMATIC, WITH ACETABULAR WALL AND FEMO	82.46	90	1			AS
27258		OPEN TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INCLUDING C	71.33	90	1			AS
27259		OPEN TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INCLUDING C	100.60	90	1			AS
27267		CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, HEAD; WITHOUT MANIPUL	26.43	90	1			AS
27268		CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, HEAD; WITH MANIPULATIC	32.80	90	1			AS
27269		OPEN TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, HEAD, INCLUDES INTERNAL I	79.10	90	1			AS
27280		ARTHRODESIS, SACROILIAC JOINT (INCLUDING OBTAINING GRAFT)	66.17	90	1			AS
27282		ARTHRODESIS, SYMPHYSIS PUBIS (INCLUDING OBTAINING GRAFT)	51.51	90	1			AS
27284		ARTHRODESIS, HIP JOINT (INCLUDING OBTAINING GRAFT);	99.02	90	1			AS

Code	Spec	Description	Base Fee	FUD	UNOS	Hysterectomy Sterilization Abortion	PA	AS
27286		ARTHRODESIS, HIP JOINT (INCLUDES OBTAINING GRAFT); WITH SUBTROCHANTERIC OST	105.31	90	1			AS
27290		INTERPELVIABDOMINAL AMPUTATION (HINDQUARTER AMPUTATION)	101.08	90	1			AS
27295		DISARTICULATION OF HIP	81.86	90	1			AS
27299	R	UNLISTED PROCEDURE, PELVIS OR HIP JOINT		90	1			AS
27303		INCISION, DEEP, WITH OPENING OF BONE CORTEX, FEMUR OR KNEE (EG, OSTEOMYELIT	40.39	90	1			AS
27305		FASCIOTOMY, ILIOTIBIAL (TENOTOMY), OPEN	29.44	90	1			AS
27306		TENOTOMY, PERCUTANEOUS, ADDUCTOR OR HAMSTRING; SINGLE TENDON (SEPARATE P	23.63	90	1			AS
27310		ARTHROTOMY, KNEE, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY (E	46.28	90	1			AS
27325		NEURECTOMY, HAMSTRING MUSCLE	33.83	90	1			AS
27326		NEURECTOMY, POPLITEAL (GASTROCNEMIUS)	30.79	90	1			AS
27329		RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF THIGH O	66.60	90	1			AS
27331		ARTHROTOMY, KNEE; INCLUDING JOINT EXPLORATION, BIOPSY, OR REMOVAL OF LOOSE	29.64	90	1			AS
27332		ARTHROTOMY, WITH EXCISION OF SEMILUNAR CARTILAGE (MENISCECTOMY) KNEE; MEDIA	40.36	90	1			AS
27333		ARTHROTOMY, KNEE, FOR EXCISION OF SEMILUNAR CARTILAGE (MENISCECTOMY); MEDIA	36.48	90	1			AS
27334		ARTHROTOMY, WITH SYNOVECTOMY KNEE; ANTERIOR OR POSTERIOR	42.95	90	1			AS
27335		ARTHROTOMY, KNEE, FOR SYNOVECTOMY; ANTERIOR AND POSTERIOR INCLUDING POPLI	48.63	90	1			AS
27337		ARTHROTOMY, WITH SYNOVECTOMY, KNEE; 3 CM OR GREATER	28.36	90	1			AS
27339		ARTHROTOMY, WITH SYNOVECTOMY, KNEE; 5 CM OR GREATER	51.09	90	1			AS
27345		EXCISION OF SYNOVIAL CYST OF POPLITEAL SPACE (EG, BAKER'S CYST)	30.02	90	1			AS
27347		EXCISION OF LESION OF MENISCUS OR CAPSULE (EG, CYST, GANGLION), KNEE	32.23	90	1			AS
27350		PATELLECTOMY OR HEMIPATELLECTOMY	41.02	90	1			AS
27355		EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR;	37.99	90	1			AS
27356		EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH ALLOGRAF	46.78	90	1			AS
27357		EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH AUTOGRA	51.89	90	1			AS
27358		EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH INTERNAL	18.94	90	1			AS
27360		PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE, FEM	53.67	90	1			AS
27364		PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE,	106.72	90	1			AS

Code	Spec	Description	Base Fee	FUD	UNOS	Hysterectomy Sterilization Abortion	PA	AS
27365		RADICAL RESECTION OF TUMOR, BONE, FEMUR OR KNEE	79.03	90	1			AS
27380		SUTURE OF INFRAPATELLAR TENDON; PRIMARY	36.93	90	1			AS
27381		SUTURE OF INFRAPATELLAR TENDON; SECONDARY RECONSTRUCTION, INCLUDING FASCI	50.64	90	1			AS
27385		SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; PRIMARY	39.61	90	1			AS
27386		SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; SECONDARY RECONSTRUC	52.47	90	1			AS
27390		TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; SINGLE TENDON	27.64	90	1			AS
27392		TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; MULTIPLE TENDONS, BILATERAL	44.35	90	1			AS
27393		LENGTHENING OF HAMSTRING TENDON; SINGLE TENDON	31.85	90	1			AS
27394		LENGTHENING OF HAMSTRING TENDON; MULTIPLE TENDONS, ONE LEG	41.24	90	1			AS
27395		LENGTHENING OF HAMSTRING TENDON; MULTIPLE TENDONS, BILATERAL	56.00	90	1			AS
27396		TRANSPLANT, HAMSTRING TENDON TO PATELLA; SINGLE TENDON	38.64	90	1			AS
27397		TRANSPLANT, HAMSTRING TENDON TO PATELLA; MULTIPLE TENDONS	57.45	90	1			AS
27400		TRANSFER, TENDON OR MUSCLE, HAMSTRINGS TO FEMUR (EG, EGGER'S TYPE PROCEDU	43.27	90	1			AS
27403		ARTHROTOMY WITH MENISCUS REPAIR, KNEE	40.54	90	1			AS
27405		REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; COLLATERAL	42.77	90	1			AS
27407		REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; CRUCIATE	48.71	90	1			AS
27409		REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; COLLATERAL AND CRUCIAT	61.61	0	1			AS
27412		AUTOLOGOUS CHONDROCYTE IMPLANTATION, KNEE	108.12	0	1			AS
27415		OSTEOCHONDRAL ALLOGRAFT, KNEE, OPEN	91.18	90	1			AS
27418		ANTERIOR TIBIAL TUBERCLEPLASTY (EG, MAQUET TYPE PROCEDURE)	53.07	90	1			AS
27420		RECONSTRUCTION OF DISLOCATING PATELLA; (EG, HAUSER TYPE PROCEDURE)	47.51	90	1			AS
27422		RECONSTRUCTION OF DISLOCATING PATELLA; WITH EXTENSOR REALIGNMENT AND/OR M	47.26	90	1			AS
27424		RECONSTRUCTION FOR RECURRENT DISLOCATING PATELLA; WITH PATELLECTOMY	47.43	90	1			AS
27427		LIGAMENOUS RECONSTRUCTION (AUGMENTATION), KNEE; EXTRA-ARTICULAR	45.55	90	1			AS
27428		LIGAMENOUS RECONSTRUCTION (AUGMENTATION), KNEE; INTRA-ARTICULAR (OPEN)	70.48	90	1			AS
27429		LIGAMENOUS RECONSTRUCTION (AUGMENTATION), KNEE; INTRA-ARTICULAR (OPEN) ANI	79.00	90	1			AS
27430		QUADRICEPSPLASTY (EG, BENNETT OR THOMPSON TYPE)	47.03	90	1			AS

Code	Spec	Description	Base Fee	FUD	UNOS	Hysterectomy Sterilization Abortion	PA	AS
27435		CAPSULOTOMY, POSTERIOR CAPSULAR RELEASE, KNEE	50.56	90	1			AS
27438		ARTHROPLASTY, PATELLA; WITH PROSTHESIS	53.82	90	1			AS
27440		ARTHROPLASTY, KNEE, TIBIAL PLATEAU;	50.51	90	1			AS
27441		ARTHROPLASTY, KNEE, TIBIAL PLATEAU; WITH DEBRIDEMENT AND PARTIAL SYNOVECTOM	51.62	90	1			AS
27442		ARTHROPLASTY, FEMORAL CONDYLES OR TIBIAL PLATEAU(S), KNEE;	55.67	90	1			AS
27443		ARTHROPLASTY, KNEE, FEMORAL CONDYLES OR TIBIAL PLATEAUS; WITH DEBRIDEMENT /	51.94	90	1			AS
27445		ARTHROPLASTY, KNEE, HINGE PROSTHESIS (EG, WALLDIUS TYPE)	81.31	90	1			AS
27446		ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL OR LATERAL COMPARTMENT	72.01	90	1			AS
27447		ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS '	100.17	90	1			AS
27448		OSTEOTOMY, FEMUR, SHAFT OR SUPRACONDYLAR; WITHOUT FIXATION	52.39	90	1			AS
27450		OSTEOTOMY, FEMUR, SHAFT OR SUPRACONDYLAR; WITH FIXATION	65.30	90	1			AS
27454		OSTEOTOMY, MULTIPLE, WITH REALIGNMENT ON INTRAMEDULLARY ROD, FEMORAL SHAF	82.56	90	1			AS
27455		OSTEOTOMY, PROXIMAL TIBIA, INCLUDING FIBULAR EXCISION OR OSTEOTOMY (INCLUDE	60.36	90	1			AS
27457		OSTEOTOMY, PROXIMAL TIBIA, INCLUDING FIBULAR EXCISION OR OSTEOTOMY (INCLUDE	62.16	90	1			AS
27465		OSTEOPLASTY, FEMUR; SHORTENING (EXCLUDING 64876)	79.35	90	1			AS
27466		OSTEOPLASTY, FEMUR; LENGTHENING	76.10	90	1			AS
27468		OSTEOPLASTY, FEMUR; COMBINED, LENGTHENING AND SHORTENING WITH FEMORAL SEC	85.92	90	1			AS
27470		REPAIR, NONUNION OR MALUNION, FEMUR, DISTAL TO HEAD AND NECK; WITHOUT GRAFT	75.97	90	1			AS
27472		REPAIR, NONUNION OR MALUNION, FEMUR, DISTAL TO HEAD AND NECK; WITH ILIAC OR	82.03	90	1			AS
27479		EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; COMBINED DISTAL FEMUR, PRO	60.59	90	1			AS
27486		REVISION OF TOTAL KNEE ARTHROPLASTY, WITH OR WITHOUT ALLOGRAFT; ONE COMPO	91.28	90	1			AS
27487		REVISION OF TOTAL KNEE ARTHROPLASTY, WITH OR WITHOUT ALLOGRAFT; FEMORAL AN	115.21	90	1			AS
27488		REMOVAL OF PROSTHESIS, INCLUDING TOTAL KNEE PROSTHESIS, METHYLMETHACRYLAT	77.17	90	1			AS
27495		PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOU	72.94	90	1			AS
27498		DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, MULTIPLE COMPARTMENTS;	37.48	90	1			AS
27499		DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, MULTIPLE COMPARTMENTS; WITH I	41.54	90	1			AS
27506		OPEN TREATMENT OF FEMORAL SHAFT FRACTURE, WITH OR WITHOUT EXTERNAL FIXATIC	85.89	90	1			AS

Code	Spec	Description	Base Fee	FUD	UNOS	Hysterectomy Sterilization Abortion	PA	AS
27507		OPEN TREATMENT OF FEMORAL SHAFT FRACTURE WITH PLATE/SCREWS, WITH OR WITHC	63.37	90	1			AS
27511		OPEN TREATMENT OF FEMORAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE WITH	64.70	90	1			AS
27513		OPEN TREATMENT OF FEMORAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE WITH	81.38	90	1			AS
27514		OPEN TREATMENT OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL CONDYLE,	85.75	90	1			AS
27519		OPEN TREATMENT OF DISTAL FEMORAL EPIPHYSEAL SEPARATION, WITH OR WITHOUT INT	71.09	90	1			AS
27524		OPEN TREATMENT OF PATELLAR FRACTURE, WITH INTERNAL FIXATION AND/OR PARTIAL	47.96	90	1			AS
27535		OPEN TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); UNICONDYLAR, WITH OR	57.70	90	1			AS
27536		OPEN TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); BICONDYLAR, WITH OR	76.47	90	1			AS
27540		OPEN TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(S) OF T	59.78	90	1			AS
27556		OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FI	67.39	90	1			AS
27557		OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FI	77.73	90	1			AS
27558		OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FI	78.43	90	1			AS
27566		OPEN TREATMENT OF PATELLAR DISLOCATION, WITH OR WITHOUT PARTIAL OR TOTAL PA	57.23	90	1			AS
27580		ARTHRODESIS, KNEE, ANY TECHNIQUE	92.63	90	1			AS
27590		AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL;	53.32	90	1			AS
27591		AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; IMMEDIATE FITTING TECHNIQUE IN	58.86	90	1			AS
27592		AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; OPEN, CIRCULAR (GUILLOTINE)	45.18	90	1			AS
27598		DISARTICULATION AT KNEE	48.16	90	1			AS
27599	R	UNLISTED PROCEDURE, FEMUR OR KNEE		90	1			AS
27602		DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL, AND POSTERIOR COM	33.02	90	1			AS
27612		ARTHROTOMY, POSTERIOR CAPSULAR RELEASE, ANKLE, WITH OR WITHOUT ACHILLES TE	36.31	90	1			AS
27616		RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF LEG	87.10	90	1			AS
27620		ARTHROTOMY, ANKLE, WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR	29.16	90	1			AS
27625		ARTHROTOMY, ANKLE, WITH SYNOVECTOMY;	37.81	90	1			AS
27626		ARTHROTOMY, ANKLE, FOR SYNOVECTOMY; INCLUDING TENOSYNOVECTOMY	40.94	90	1			AS
27632		EXCISION OF LESION OF TENDON SHEATH OR CAPSULE (EG, CYST OR GANGLION),	28.01	90	1			AS
27634		EXCISION OF LESION OF TENDON SHEATH OR CAPSULE (EG, CYST OR GANGLION),	45.65	90	1			AS

Code	Spec	Description	Base Fee	FUD	UNOS	Hysterectomy Sterilization Abortion	PA	AS
27637		EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA; WITH A	47.88	90	1			AS
27638		EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA; WITH A	50.01	90	1			AS
27645		RADICAL RESECTION OF TUMOR, BONE; TIBIA	66.30	90	1			AS
27646		RESECTION FOR TUMOR, RADICAL; FIBULA	58.16	90	1			AS
27647		RADICAL RESECTION OF TUMOR, BONE; TALUS OR CALCANEUS	52.29	90	1			AS
27650		REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED ACHILLES TENDON;	43.27	90	1			AS
27654		REPAIR, SECONDARY, ACHILLES TENDON, WITH OR WITHOUT GRAFT	46.73	90	1			AS
27656		REPAIR, FASCIAL DEFECT OF LEG	33.12	90	1			AS
27658		REPAIR, FLEXOR TENDON, LEG; PRIMARY, WITHOUT GRAFT, EACH TENDON	24.33	90	1			AS
27659		REPAIR, FLEXOR TENDON, LEG; SECONDARY, WITH OR WITHOUT GRAFT, EACH TENDON	31.95	90	1			AS
27665		REPAIR, EXTENSOR TENDON, LEG; SECONDARY, WITH OR WITHOUT GRAFT, EACH TENDON	26.61	90	1			AS
27675		REPAIR, DISLOCATING PERONEAL TENDONS; WITHOUT FIBULAR OSTEOTOMY	32.47	90	1			AS
27676		REPAIR FOR DISLOCATING PERONEAL TENDONS; WITH FIBULAR OSTEOTOMY	39.74	90	1			AS
27685		LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE; SINGLE TENDON (SEPARATE	40.49	90	1			AS
27687		GASTROCNEMIUS RECESSON (EG, STRAYER PROCEDURE)	29.52	90	1			AS
27690		TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROU	41.19	90	1			AS
27691		TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROU	48.31	90	1			AS
27692		TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROU	7.34	90	5			AS
27698		REPAIR, SECONDARY DISRUPTED LIGAMENT, ANKLE, COLLATERAL (EG, WATSON-JONES P	42.30	90	1			AS
27700		ARTHROPLASTY, ANKLE;	40.24	90	1			AS
27702		ARTHROPLASTY, ANKLE; WITH IMPLANT ("TOTAL ANKLE")	64.04	90	1			AS
27703		ARTHROPLASTY, ANKLE; REVISION, TOTAL ANKLE	74.62	90	1			AS
27705		OSTEOTOMY; TIBIA	49.19	90	1			AS
27709		OSTEOTOMY; TIBIA AND FIBULA	73.36	90	1			AS
27712		OSTEOTOMY; MULTIPLE, WITH REALIGNMENT ON INTRAMEDULLARY ROD (EG, SOFIELD TY	70.58	90	1			AS
27715		OSTEOPLASTY, TIBIA AND FIBULA, LENGTHENING OR SHORTENING	68.65	90	1			AS
27720		REPAIR OF NONUNION OR MALUNION, TIBIA; WITHOUT GRAFT, (EG, COMPRESSION TECH	56.30	90	1			AS

Code	Spec	Description	Base Fee	FUD	UNOS	Hysterectomy Sterilization Abortion	PA	AS
27722		REPAIR OF NONUNION OR MALUNION, TIBIA; WITH SLIDING GRAFT	56.28	90	1			AS
27724		REPAIR OF NONUNION OR MALUNION, TIBIA; WITH ILIAC OR OTHER AUTOGRAFT (INCLU	82.96	90	1			AS
27725		REPAIR OF NONUNION OR MALUNION, TIBIA; BY SYNOSTOSIS, WITH FIBULA, ANY METH	77.32	90	1			AS
27727		REPAIR OF CONGENITAL PSEUDARTHROSIS, TIBIA	61.64	90	1			AS
27740		ARREST, EPIPHYSEAL (EPIPHYSIODESIS), ANY METHOD, COMBINED, PROXIMAL AND DIS	41.39	90	1			AS
27742		EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING, COMBINED, PROXIMAL AND DIS	45.60	90	1			AS
27745		PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOU	48.28	90	1			AS
27756		PERCUTANEOUS SKELETAL FIXATION OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FI	35.88	90	1			AS
27758		OPEN TREATMENT OF TIBIAL SHAFT FRACTURE, (WITH OR WITHOUT FIBULAR FRACTURE)	56.93	90	1			AS
27759		TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE) BY IN	64.39	90	1			AS
27767		CLOSED TREATMENT OF POSTERIOR MALLEOLUS FRACTURE; WITHOUT MANIPULATION	15.69	90	1			AS
27768		CLOSED TREATMENT OF POSTERIOR MALLEOLUS FRACTURE; WITH MANIPULATION	32.80	90	1			AS
27769		OPEN TREATMENT OF POSTERIOR MALLEOLUS FRACTURE, INCLUDES INTERNAL FIXATION	44.57	90	1			AS
27814		OPEN TREATMENT OF BIMALLEOLAR ANKLE FRACTURE, WITH OR WITHOUT INTERNAL OR	49.51	90	1			AS
27822		OPEN TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE, WITH OR WITHOUT INTERNAL OF	53.50	90	1			AS
27823		OPEN TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE, WITH OR WITHOUT INTERNAL OF	61.16	90	1			AS
27826		OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/ PORTION O	52.07	90	1			AS
27827		OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/ PORTION O	68.78	90	1			AS
27828		OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/ PORTION O	82.66	90	1			AS
27829		OPEN TREATMENT OF DISTAL TIBIOFIBULAR JOINT (SYNDESMSIS) DISRUPTION, WITH	41.84	90	1			AS
27832		OPEN TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION, WITH OR WITHOUT	45.35	90	1			AS
27846		OPEN TREATMENT OF ANKLE DISLOCATION, WITH OR WITHOUT PERCUTANEOUS SKELET#	47.28	90	1			AS
27848		OPEN TREATMENT OF ANKLE DISLOCATION, WITH OR WITHOUT PERCUTANEOUS SKELET#	52.87	90	1			AS
27870		ARTHRODESIS, ANKLE, OPEN	67.58	90	1			AS
27871		ARTHRODESIS, TIBIOFIBULAR JOINT, PROXIMAL OR DISTAL	44.30	90	1			AS
27880		AMPUTATION LEG, THROUGH TIBIA AND FIBULA;	59.88	90	1			AS
27881		AMPUTATION LEG, THROUGH TIBIA AND FIBULA; WITH IMMEDIATE FITTING TECHNIQUE	57.38	90	1			AS

Code	Spec	Description	Base Fee	FUD	UNOS	Hysterectomy Sterilization Abortion	PA	AS
27888		AMPUTATION, ANKLE, THROUGH MALLEOLI OF TIBIA AND FIBULA (EG, SYME, PIROGOFF	45.15	90	1			AS
27894		DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL, AND POSTERIOR COM	54.60	90	1			AS
28039		EXC FOOT/TOE TUM SC > 1.5 CM 1.5 CM OR GREATER	32.20	90	1			AS
28041		EXC FOOT/TOE TUM DEEP >1.5CM	30.29	90	1			AS
28047		RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF	63.79	90	1			AS
28055		NEURECTOMY, INTRINSIC MUSCULATURE OF FOOT	26.08	90	1			AS
28086		SYNOVECTOMY, TENDON SHEATH, FOOT; FLEXOR	32.67	0	1			AS
28100		EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS;	36.51	90	1			AS
28102		EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS; WI	36.61	90	1			AS
28103		EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS; WI	29.49	90	1			AS
28104		EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL, I	32.22	90	1			AS
28106		EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL E	31.27	90	1			AS
28107		EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL E	35.48	90	1			AS
28114		OSTECTOMY, COMPLETE EXCISION; ALL METATARSAL HEADS, WITH PARTIAL PROXIMAL P	65.67	90	1			AS
28118		OSTECTOMY, CALCANEUS;	36.91	90	1			AS
28122		PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR DIAPHYSE	42.17	90	1			AS
28130		TALECTOMY (ASTRAGALECTOMY)	41.34	90	1			AS
28171		RADICAL RESECTION OF TUMOR, BONE; TARSAL (EXCEPT TALUS OR CALCANEUS)	40.87	90	1			AS
28202		REPAIR OR SUTURE OF TENDON, FOOT, FLEXOR, SINGLE; SECONDARY WITH FREE GRAFT	38.76	90	1			AS
28210		REPAIR OR SUTURE OF TENDON, FOOT, EXTENSOR, SINGLE; SECONDARY WITH FREE GR/	36.61	90	1			AS
28238		RECONSTRUCTION (ADVANCEMENT), POSTERIOR TIBIAL TENDON WITH EXCISION OF ACCI	42.92	90	1			AS
28250		DIVISION OF PLANTAR FASCIA AND MUSCLE (EG, STEINDLER STRIPPING) (SEPARATE P	35.81	90	1			AS
28260		CAPSULOTOMY, MIDFOOT; MEDIAL RELEASE ONLY (SEPARATE PROCEDURE)	43.62	90	1			AS
28262		CAPSULOTOMY, MIDFOOT; EXTENSIVE, INCLUDING POSTERIOR TALOTIBIAL CAPSULOTOM	87.37	90	1			AS
28264		CAPSULOTOMY, MIDTARSAL (EG, HEYMAN TYPE PROCEDURE)	56.95	90	1			AS
28289		HALLUX RIGIDUS CORRECTION WITH CHEILECTOMY, DEBRIDEMENT AND CAPSULAR RELE	45.88	90	1			AS
28292		HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; KELLER,	49.46	90	1			AS

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28293		HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTION; RESECTI	65.77	90	1			AS
28294		CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTION; WITH TE	47.51	90	1			AS
28296		HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTION; WITH ME	46.20	90	1			AS
28297		HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTION; LAPIDUS	52.29	90	1			AS
28298		HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTION; BY PHAL	45.58	90	1			AS
28299		CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTION; BY DOU	58.06	90	1			AS
28300		OSTEOTOMY; CALCANEUS (EG, DWYER OR CHAMBERS TYPE PROCEDURE), WITH OR WITH	43.32	90	1			AS
28302		OSTEOTOMY; TALUS	42.90	90	1			AS
28304		OSTEOTOMY, TARSAL BONES, OTHER THAN CALCANEUS OR TALUS;	50.39	90	1			AS
28305		OSTEOTOMY, TARSAL BONES, OTHER THAN CALCANEUS OR TALUS; WITH AUTOGRAFT (IN	45.30	90	1			AS
28306		OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTIO	37.89	90	1			AS
28308		OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTIO	34.65	90	1			AS
28320		REPAIR, NONUNION OR MALUNION; TARSAL BONES	40.79	90	1			AS
28322		REPAIR OF NONUNION OR MALUNION; METATARSAL, WITH OR WITHOUT BONE GRAFT (INC	48.28	90	1			AS
28360		RECONSTRUCTION, CLEFT FOOT	62.29	90	1			AS
28415		OPEN TREATMENT OF CALCANEAL FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNA	72.56	90	1			AS
28420		OPEN TREATMENT OF CALCANEAL FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNA	76.87	90	1			AS
28445		OPEN TREATMENT OF TALUS FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIX	69.28	90	1			AS
28555		OPEN TREATMENT OF TARSAL BONE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTI	53.64	90	1			AS
28585		OPEN TREATMENT OF TALOTARSAL JOINT DISLOCATION, WITH OR WITHOUT INTERNAL OF	59.31	90	1			AS
28615		OPEN TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION, WITH OR WITHOUT INTER	49.89	90	1			AS
28705		ARTHRODESIS; PANTALAR	85.54	90	1			AS
28715		ARTHRODESIS; TRIPLE	63.27	90	1			AS
28725		ARTHRODESIS; SUBTALAR	51.82	90	1			AS
28730		ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR TRANSVERSE;	54.55	90	1			AS
28735		ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR TRANSVERSE; WITH OS	52.12	90	1			AS
28737		ARTHRODESIS, WITH TENDON LENGTHENING AND ADVANCEMENT, MIDTARSAL, TARSAL N.	46.18	90	1			AS

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28740		ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, SINGLE JOINT	52.54	90	1			AS
28760		ARTHRODESIS, WITH EXTENSOR HALLUCIS LONGUS TRANSFER TO FIRST METATARSAL NI	49.59	90	1			AS
28800		AMPUTATION, FOOT; MIDTARSAL (EG, CHOPART TYPE PROCEDURE)	37.11	90	1			AS
29804		ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, SURGICAL	40.12	90	1			AS
29820		ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, PARTIAL	34.23	90	1			AS
29821		ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, COMPLETE	37.36	90	1			AS
29822		ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, LIMITED	36.28	90	1			AS
29823		ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, EXTENSIVE	39.74	90	1			AS
29824		ARTHROSCOPY, SHOULDER, SURGICAL; DISTAL CLAVICULECTOMY INCLUDING DISTAL AR	42.44	90	1			AS
29825		ARTHROSCOPY, SHOULDER, SURGICAL; WITH LYSIS AND RESECTION OF ADHESIONS, WIT	37.03	90	1			AS
29826		ARTHROSCOPY, SHOULDER, SURGICAL; DECOMPRESSION OF SUBACROMIAL SPACE WITH	42.52	90	1			AS
29827		ARTHROSCOPY, SHOULDER, SURGICAL; WITH ROTATOR CUFF REPAIR	69.61	90	1			AS
29834		ARTHROSCOPY, ELBOW, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	31.07	90	1			AS
29835		ARTHROSCOPY, ELBOW, SURGICAL; SYNOVECTOMY, PARTIAL	31.95	90	1			AS
29836		ARTHROSCOPY, ELBOW, SURGICAL; SYNOVECTOMY, COMPLETE	36.58	90	1			AS
29837		ARTHROSCOPY, ELBOW, SURGICAL; DEBRIDEMENT, LIMITED	33.47	90	1			AS
29843		ARTHROSCOPY, WRIST, SURGICAL; FOR INFECTION, LAVAGE AND DRAINAGE	30.04	90	1			AS
29844		ARTHROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, PARTIAL	31.17	90	1			AS
29845		ARTHROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, COMPLETE	35.45	90	1			AS
29847		ARTHROSCOPY, WRIST, SURGICAL; INTERNAL FIXATION FOR FRACTURE OR INSTABILITY	34.05	90	1			AS
29851		ARTHROSCOPICALLY AIDED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROS	59.98	90	1			AS
29855		ARTHROSCOPICALLY AIDED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); UN	50.01	90	1			AS
29856		ARTHROSCOPICALLY AIDED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); BI	64.02	90	1			AS
29860		ARTHROSCOPY, HIP, DIAGNOSTIC WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROC	41.22	90	1			AS
29861		ARTHROSCOPY, HIP, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	45.98	90	1			AS
29862		ARTHROSCOPY, HIP, SURGICAL; WITH DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE	51.14	90	1			AS
29863		ARTHROSCOPY, HIP, SURGICAL; WITH SYNOVECTOMY	50.39	90	1			AS

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29884		ARTHROSCOPY, KNEE, SURGICAL; WITH LYSIS OF ADHESIONS, WITH OR WITHOUT MANIP	38.86	90	1			AS
29885		ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR OSTEOCHONDritis DISSECANS WITH BC	47.21	90	1			AS
29887		ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR INTACT OSTEOCHONDritis DISSECANS	46.93	90	1			AS
29888		ARTHROSCOPICALLY AIDED ANTERIOR CRUCIATE LIGAMENT REPAIR/AUGMENTATION OR	63.72	90	1			AS
29889		ARTHROSCOPICALLY AIDED POSTERIOR CRUCIATE LIGAMENT REPAIR/AUGMENTATION OF	77.93	90	1			AS
29891		ARTHROSCOPY, ANKLE, SURGICAL; EXCISION OF OSTEOCHONDral DEFECT OF TALUS AN	44.12	90	1			AS
29892		ARTHROSCOPICALLY AIDED REPAIR OF LARGE OSTEOCHONDritis DISSECANS LESION, T,	44.75	90	1			AS
29893		ENDOSCOPIC PLANTAR FASCIOTOMY	38.16	90	1			AS
29894		ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; WITH REMO	33.17	90	1			AS
29895		ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; SYNOVECTO	31.90	90	1			AS
29897		ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; DEBRIDEME	33.42	90	1			AS
29898		ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; DEBRIDEME	37.43	90	1			AS
29899		ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; WITH ANKL	67.73	90	1			AS
29904		ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREI	39.66	90	1			AS
29905		ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH SYNOVECTOMY	42.67	90	1			AS
29906		ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH DEBRIDEMENT	44.95	90	1			AS
29907		ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH SUBTALAR ARTHRODESIS	55.25	90	1			AS
29914		ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY (IE, TREATMENT OF CAM LESION)	76.10	90	1			AS
29915		ARTHROSCOPY, HIP, SURGICAL; WITH ACETABULOPLASTY (IE, TREATMENT OF PINCER LE'	77.52	90	1			AS
29916		ARTHROSCOPY, HIP, SURGICAL; WITH LABRAL REPAIR	77.52	90	1			AS
30118		EXCISION OR DESTRUCTION, ANY METHOD (INCLUDING LASER), INTRANASAL LESION; E	48.13	90	1			AS
30125		EXCISION DERMOID CYST, NOSE; COMPLEX, UNDER BONE OR CARTILAGE	38.04	90	1			AS
30160		RHINECTOMY; TOTAL	49.09	90	1			AS
30460		RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP AND/OR P	46.80	90	1			AS
30462		RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP AND/OR P	94.46	90	1			AS
30540		REPAIR CHOANAL ATRESIA; INTRANASAL	41.34	90	1			AS
30545		REPAIR CHOANAL ATRESIA; TRANSPALATINE	61.09	90	1			AS

Code	Spec	Description	Base Fee	FUD	UNOS	Hysterectomy Sterilization Abortion	PA	AS
31075		SINUSOTOMY FRONTAL; TRANSORBITAL, UNILATERAL (FOR MUCOCELE OR OSTEOMA, LY	49.11	90	1			AS
31080		SINUSOTOMY FRONTAL; OBLITERATIVE WITHOUT OSTEOPLASTIC FLAP, BROW INCISION (	62.34	90	1			AS
31081		SINUSOTOMY FRONTAL; OBLITERATIVE, WITHOUT OSTEOPLASTIC FLAP, CORONAL INCISI	79.73	90	1			AS
31084		SINUSOTOMY FRONTAL; OBLITERATIVE, WITH OSTEOPLASTIC FLAP, BROW INCISION	74.57	90	1			AS
31085		SINUSOTOMY FRONTAL; OBLITERATIVE, WITH OSTEOPLASTIC FLAP, CORONAL INCISION	79.43	90	1			AS
31086		SINUSOTOMY FRONTAL; NONOBLITERATIVE, WITH OSTEOPLASTIC FLAP, BROW INCISION	70.01	90	1			AS
31087		SINUSOTOMY FRONTAL; NONOBLITERATIVE, WITH OSTEOPLASTIC FLAP, CORONAL INCISI	69.68	90	1			AS
31205		ETHMOIDECTOMY; EXTRANASAL, TOTAL	52.42	90	1			AS
31225		MAXILLECTOMY; WITHOUT ORBITAL EXENTERATION	116.26	90	1			AS
31230		MAXILLECTOMY; WITH ORBITAL EXENTERATION (EN BLOC)	130.04	90	1			AS
31300		LARYNGOTOMY (THYROTOMY, LARYNGOFISSURE); WITH REMOVAL OF TUMOR OR LARYNK	79.40	90	1			AS
31360		LARYNGECTOMY; TOTAL, WITHOUT RADICAL NECK DISSECTION	128.91	90	1			AS
31365		LARYNGECTOMY; TOTAL, WITH RADICAL NECK DISSECTION	160.68	90	1			AS
31367		LARYNGECTOMY; SUBTOTAL SUPRAGLOTTIC, WITHOUT RADICAL NECK DISSECTION	137.68	90	1			AS
31368		LARYNGECTOMY; SUBTOTAL SUPRAGLOTTIC, WITH RADICAL NECK DISSECTION	152.97	90	1			AS
31370		PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY); HORIZONTAL	129.16	90	1			AS
31375		PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY); LATEROVERTICAL	122.73	90	1			AS
31380		PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY); ANTEROVERTICAL	120.65	90	1			AS
31382		PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY); ANTERO-LATERO-VERTICAL	132.40	90	1			AS
31390		PHARYNGOLARYNGECTOMY, WITH RADICAL NECK DISSECTION; WITHOUT RECONSTRUCT	178.20	90	1			AS
31395		PHARYNGOLARYNGECTOMY, WITH RADICAL NECK DISSECTION; WITH RECONSTRUCTION	188.15	90	1			AS
31400		ARYTENOIDECTOMY OR ARYTENOIDOPEXY, EXTERNAL APPROACH	62.42	90	1			AS
31420		EPIGLOTTIDECTOMY	52.64	90	1			AS
31580		LARYNGOPLASTY; FOR LARYNGEAL WEB, TWO STAGE, WITH KEEL INSERTION AND REMOV	74.87	90	1			AS
31584		LARYNGOPLASTY; WITH OPEN REDUCTION OF FRACTURE	95.51	90	1			AS
31587		LARYNGOPLASTY, CRICOID SPLIT	62.97	90	1			AS
31588		LARYNGOPLASTY, NOT OTHERWISE SPECIFIED (EG, FOR BURNS, RECONSTRUCTION AFTE	71.01	90	1			AS

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31590		LARYNGEAL REINNERVATION BY NEUROMUSCULAR PEDICLE	54.70	90	1			AS
31595		SECTION RECURRENT LARYNGEAL NERVE, THERAPEUTIC (SEPARATE PROCEDURE), UNIL	47.86	90	1			AS
31601		TRACHEOSTOMY, PLANNED (SEPARATE PROCEDURE); UNDER TWO YEARS	17.16	0	1			AS
31611		CONSTRUCTION OF TRACHEOESOPHAGEAL FISTULA AND SUBSEQUENT INSERTION OF AN	33.73	90	1			AS
31750		TRACHEOPLASTY; CERVICAL	84.56	90	1			AS
31755		TRACHEOPLASTY; TRACHEOPHARYNGEAL FISTULIZATION, EACH STAGE	107.01	90	1			AS
31760		TRACHEOPLASTY; INTRATHORACIC	92.86	90	1			AS
31766		CARINAL RECONSTRUCTION	120.72	90	1			AS
31770		BRONCHOPLASTY; GRAFT REPAIR	89.13	90	1			AS
31775		BRONCHOPLASTY; EXCISION STENOSIS AND ANASTOMOSIS	90.95	90	1			AS
31780		EXCISION TRACHEAL STENOSIS AND ANASTOMOSIS; CERVICAL	76.62	90	1			AS
31781		EXCISION TRACHEAL STENOSIS AND ANASTOMOSIS; CERVICOTHORACIC	93.26	90	1			AS
31785		EXCISION OF TRACHEAL TUMOR OR CARCINOMA; CERVICAL	69.91	90	1			AS
31786		EXCISION OF TRACHEAL TUMOR OR CARCINOMA; THORACIC	98.55	90	1			AS
31805		SUTURE OF EXTERNAL TRACHEAL WOUND OR INJURY; INTRATHORACIC	54.85	90	1			AS
32035		THORACOSTOMY; WITH RIB RESECTION FOR EMPYEMA	47.01	90	1			AS
32036		THORACOSTOMY; WITH OPEN FLAP DRAINAGE FOR EMPYEMA	50.86	90	1			AS
32095		THORACOTOMY LIMITED, FOR BIOPSY OF LUNG OR PLEURA	41.64	90	1			AS
32100		THORACOTOMY, MAJOR; WITH EXPLORATION AND BIOPSY	64.42	90	1			AS
32110		THORACOTOMY, MAJOR; WITH CONTROL OF TRAUMATIC HEMORRHAGE AND/OR REPAIR C	97.07	90	1			AS
32120		THORACOTOMY, MAJOR; FOR POSTOPERATIVE COMPLICATIONS	57.70	90	1			AS
32124		THORACOTOMY, MAJOR; WITH OPEN INTRAPLEURAL PNEUMONOLYSIS	61.51	90	1			AS
32140		THORACOTOMY, MAJOR; WITH CYST(S) REMOVAL, WITH OR WITHOUT A PLEURAL PROCEC	65.70	90	1			AS
32141		THORACOTOMY, MAJOR; WITH EXCISION-PLICATION OF BULLAE, WITH OR WITHOUT ANY	100.50	90	1			AS
32150		THORACOTOMY, MAJOR; WITH REMOVAL OF INTRAPLEURAL FOREIGN BODY OR FIBRIN DE	66.27	90	1			AS
32151		THORACOTOMY, MAJOR; WITH REMOVAL OF INTRAPULMONARY FOREIGN BODY	67.83	90	1			AS
32160		THORACOTOMY, MAJOR; WITH CARDIAC MASSAGE	51.16	90	1			AS

Code	Spec	Description	Base Fee	FUD	UNOS	Hysterectomy Sterilization Abortion	PA	AS
32200		PNEUMONOSTOMY, WITH OPEN DRAINAGE OF ABSCESS OR CYST	74.54	90	1			AS
32201		PNEUMONOSTOMY; WITH PERCUTANEOUS DRAINAGE OF ABSCESS OR CYST	14.22	0	1			AS
32215		PLEURAL SCARIFICATION FOR REPEAT PNEUMOTHORAX	53.22	90	1			AS
32220		DECORTICATION, PULMONARY, (SEPARATE PROCEDURE); TOTAL	106.59	90	1			AS
32225		DECORTICATION, PULMONARY, (SEPARATE PROCEDURE); PARTIAL	66.42	90	1			AS
32310		PLEURECTOMY, PARIETAL (SEPARATE PROCEDURE)	61.19	90	1			AS
32320		DECORTICATION AND PARIETAL PLEURECTOMY	106.96	90	1			AS
32402		BIOPSY, PLEURA; OPEN	37.41	90	1			AS
32421		THORACENTESIS, PUNCTURE OF PLEURAL CAVITY FOR ASPIRATION, INITIAL OR SUBSEQU	10.07	0	1			AS
32422		THORACENTESIS WITH INSERTION OF TUBE, INCLUDES WATER SEAL (EG, FOR PNEUMOTH	13.03	0	1			AS
32440		REMOVAL OF LUNG, TOTAL PNEUMONECTOMY;	106.29	90	1			AS
32442		REMOVAL OF LUNG, TOTAL PNEUMONECTOMY; WITH RESECTION OF SEGMENT OF TRACH	199.20	90	1			AS
32445		REMOVAL OF LUNG, TOTAL PNEUMONECTOMY; EXTRAPLEURAL	228.81	90	1			AS
32480		REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; SINGLE LOBE (LOBECTOMY)	100.33	90	1			AS
32482		REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; TWO LOBES (BILOBECTOMY)	107.09	90	1			AS
32484		REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; SINGLE SEGMENT (SEGMENT	96.47	90	1			AS
32486		REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; WITH CIRCUMFERENTIAL RE	155.50	90	1			AS
32488		REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; ALL REMAINING LUNG FOLLC	157.78	90	1			AS
32500		REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; WEDGE RESECTION, SINGLE	96.72	90	1			AS
32501		RESECTION AND REPAIR OF PORTION OF BRONCHUS (BRONCHOPLASTY) WHEN PERFORM	17.06	90	1			AS
32503		RESECTION OF APICAL LUNG TUMOR (EG, PANCOAST TUMOR), INCLUDING CHEST WALL R	122.00	90	1			AS
32504		RESECTION OF APICAL LUNG TUMOR (EG, PANCOAST TUMOR), INCLUDING CHEST WALL R	140.61	90	1			AS
32540		EXTRAPLEURAL ENUCLEATION OF EMPYEMA (EMPYEMECTOMY)	112.45	90	1			AS
32550		INSERTION OF INDWELLING TUNNELED PLEURAL CATHETER WITH CUFF	48.61	0	1			AS
32551		TUBE THORACOSTOMY, INCLUDES WATER SEAL (EG, FOR ABSCESS, HEMOTHORAX, EMPY	11.95	0	1			AS
32552		REMOVAL OF INDWELLING TUNNELED PLEURAL CATHETER WITH CUFF	12.55	10	1			AS
32561		INSTILLATION(S), VIA CHEST TUBE/CATHETER, AGENT FOR FIBRINOLYSIS (EG, FIBRI	6.54	0	1			AS

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32562		INSTILLATION(S), VIA CHEST TUBE/CATHETER, AGENT FOR FIBRINOLYSIS (EG, FIBRI	5.81	0	1			AS
32650		THORACOSCOPY, SURGICAL; WITH PLEURODESIS (EG, MECHANICAL OR CHEMICAL)	44.65	90	1			AS
32651		THORACOSCOPY, SURGICAL; WITH PARTIAL PULMONARY DECORTICATION	71.71	90	1			AS
32652		THORACOSCOPY, SURGICAL; WITH TOTAL PULMONARY DECORTICATION, INCLUDING INTR	109.07	90	1			AS
32653		THORACOSCOPY, SURGICAL; WITH REMOVAL OF INTRAPLEURAL FOREIGN BODY OR FIBRI	69.61	90	1			AS
32654		THORACOSCOPY, SURGICAL; WITH CONTROL OF TRAUMATIC HEMORRHAGE	76.52	90	1			AS
32655		THORACOSCOPY, SURGICAL; WITH EXCISION-PLICATION OF BULLAE, INCLUDING ANY PL	63.24	90	1			AS
32656		THORACOSCOPY, SURGICAL; WITH PARIETAL PLEURECTOMY	53.37	90	1			AS
32657		THORACOSCOPY, SURGICAL; WITH WEDGE RESECTION OF LUNG, SINGLE OR MULTIPLE	52.94	90	1			AS
32658		THORACOSCOPY, SURGICAL; WITH REMOVAL OF CLOT OR FOREIGN BODY FROM PERICAF	48.16	90	1			AS
32659		THORACOSCOPY, SURGICAL; WITH CREATION OF PERICARDIAL WINDOW OR PARTIAL RES	48.88	90	1			AS
32660		THORACOSCOPY, SURGICAL; WITH TOTAL PERICARDECTOMY	68.98	90	1			AS
32661		THORACOSCOPY, SURGICAL; WITH EXCISION OF PERICARDIAL CYST, TUMOR, OR MASS	53.90	90	1			AS
32662		THORACOSCOPY, SURGICAL; WITH EXCISION OF MEDIASTINAL CYST, TUMOR, OR MASS	60.21	90	1			AS
32663		THORACOSCOPY, SURGICAL; WITH LOBECTOMY, TOTAL OR SEGMENTAL	93.48	90	1			AS
32664		THORACOSCOPY, SURGICAL; WITH THORACIC SYMPATHECTOMY	57.88	90	1			AS
32665		THORACOSCOPY, SURGICAL; WITH ESOPHAGOMYOTOMY (HELLER TYPE)	81.68	90	1			AS
32800		REPAIR LUNG HERNIA THROUGH CHEST WALL	62.44	90	1			AS
32810		CLOSURE OF CHEST WALL FOLLOWING OPEN FLAP DRAINAGE FOR EMPYEMA (CLAGETT T	60.36	90	1			AS
32815		OPEN CLOSURE OF MAJOR BRONCHIAL FISTULA	182.21	90	1			AS
32820		MAJOR RECONSTRUCTION, CHEST WALL (POST-TRAUMATIC)	88.82	90	1			AS
32851		LUNG TRANSPLANT, SINGLE; WITHOUT CARDIOPULMONARY BYPASS	170.51	90	1			AS
32852		LUNG TRANSPLANT, SINGLE; WITH CARDIOPULMONARY BYPASS	187.17	90	1			AS
32853		LUNG TRANSPLANT, DOUBLE (BILATERAL SEQUENTIAL OR EN BLOC); WITHOUT CARDIOPU	203.88	90	1			AS
32854		LUNG TRANSPLANT, DOUBLE (BILATERAL SEQUENTIAL OR EN BLOC); WITH CARDIOPULMO	222.40	90	1			AS
32900		RESECTION OF RIBS, EXTRAPLEURAL, ALL STAGES	92.03	90	1			AS
32905		THORACOPLASTY, SCHEDE TYPE OR EXTRAPLEURAL (ALL STAGES);	90.70	90	1			AS

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32906		THORACOPLASTY, SCHEDE TYPE OR EXTRAPLEURAL (ALL STAGES); WITH CLOSURE OF BI	112.73	90	1			AS
32940		PNEUMONOLYSIS, EXTRAPERIOSTEAL, INCLUDING FILLING OR PACKING PROCEDURES	82.96	90	1			AS
32998		ABLATION THERAPY FOR REDUCTION OR ERADICATION OF ONE OR MORE PULMONARY TL	186.04	0	1			AS
32999	R	UNLISTED PROCEDURE, LUNGS AND PLEURA		90	1			AS
33020		PERICARDIOTOMY FOR REMOVAL OF CLOT OR FOREIGN BODY (PRIMARY PROCEDURE)	58.73	90	1			AS
33025		CREATION OF PERICARDIAL WINDOW OR PARTIAL RESECTION FOR DRAINAGE	54.27	90	1			AS
33030		PERICARDIECTOMY, SUBTOTAL OR COMPLETE; WITHOUT CARDIOPULMONARY BYPASS	87.00	90	1			AS
33031		PERICARDIECTOMY, SUBTOTAL OR COMPLETE; WITH CARDIOPULMONARY BYPASS	97.24	90	1			AS
33050		EXCISION OF PERICARDIAL CYST OR TUMOR	67.15	90	1			AS
33120		EXCISION OF INTRACARDIAC TUMOR, RESECTION WITH CARDIOPULMONARY BYPASS	106.21	90	1			AS
33130		RESECTION OF EXTERNAL CARDIAC TUMOR	93.56	90	1			AS
33140		TRANSMYOCARDIAL LASER REVASCULARIZATION, BY THORACOTOMY (SEPARATE PROCE	106.41	90	1			AS
33141		TRANSMYOCARDIAL LASER REVASCULARIZATION, BY THORACOTOMY; PERFORMED AT TH	10.20	90	1			AS
33243		REMOVAL OF SINGLE OR DUAL CHAMBER PACING CARDIOVERTER-DEFIBRILLATOR	92.43	90	1			AS
33250		OPERATIVE ABLATION OF SUPRAVENTRICULAR ARRHYTHMOGENIC FOCUS OR PATHWAY |	99.67	90	1			AS
33251		OPERATIVE ABLATION OF SUPRAVENTRICULAR ARRHYTHMOGENIC FOCUS OR PATHWAY |	110.75	90	1			AS
33254		OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, LIMITED (EG, MODIFIE	93.48	90	1			AS
33255		OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, EXTENSIVE (EG, MAZE	114.23	90	1			AS
33256		OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, EXTENSIVE (EG, MAZE	136.43	90	1			AS
33257		OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, PERFORMED AT THE TIM	39.01	0	1			AS
33258		OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, PERFORMED AT THE TIM	44.12	0	1			AS
33259		OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, PERFORMED AT THE TIM	57.88	0	1			AS
33261		OPERATIVE ABLATION OF VENTRICULAR ARRHYTHMOGENIC FOCUS WITH CARDIOPULMOI	109.90	90	1			AS
33265		ENDOSCOPY, SURGICAL; OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA	93.28	90	1			AS
33266		ENDOSCOPY, SURGICAL; OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA	128.16	90	1			AS
33300		REPAIR OF CARDIAC WOUND; WITHOUT BYPASS	160.06	90	1			AS
33305		REPAIR OF CARDIAC WOUND; WITH CARDIOPULMONARY BYPASS	269.05	90	1			AS

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33310		CARDIOTOMY, EXPLORATORY (INCLUDES REMOVAL OF FOREIGN BODY, ATRIAL OR VENTR	79.15	90	1			AS
33315		CARDIOTOMY, EXPLORATORY (INCLUDES REMOVAL OF FOREIGN BODY); WITH CARDIOPUI	101.45	90	1			AS
33320		SUTURE REPAIR OF AORTA OR GREAT VESSELS; WITHOUT SHUNT OR CARDIOPULMONAR	71.99	90	1			AS
33321		SUTURE REPAIR OF AORTA OR GREAT VESSELS; WITH SHUNT BYPASS	80.96	90	1			AS
33322		SUTURE REPAIR OF AORTA OR GREAT VESSELS; WITH CARDIOPULMONARY BYPASS	94.49	90	1			AS
33330		INSERTION OF GRAFT, AORTA OR GREAT VESSELS; WITHOUT SHUNT, OR CARDIOPULMON	94.96	90	1			AS
33332		INSERTION OF GRAFT, AORTA OR GREAT VESSELS; WITH SHUNT BYPASS	95.29	90	1			AS
33335		INSERTION OF GRAFT, AORTA OR GREAT VESSELS; WITH CARDIOPULMONARY BYPASS	128.84	90	1			AS
33400		VALVULOPLASTY, AORTIC VALVE; OPEN, WITH CARDIOPULMONARY BYPASS	154.67	90	1			AS
33401		VALVULOPLASTY, AORTIC VALVE; OPEN, WITH INFLOW OCCLUSION	102.43	90	1			AS
33403		VALVULOPLASTY, AORTIC VALVE; USING TRANSVENTRICULAR DILATION, WITH CARDIOPU	101.55	90	1			AS
33404		CONSTRUCTION OF APICAL-AORTIC CONDUIT	121.35	90	1			AS
33405		REPLACEMENT, AORTIC VALVE, WITH CARDIOPULMONARY BYPASS; WITH PROSTHETIC VA	157.13	90	1			AS
33406		REPLACEMENT, AORTIC VALVE, WITH CARDIOPULMONARY BYPASS; WITH ALLOGRAFT VAL	194.94	90	1			AS
33410		REPLACEMENT, AORTIC VALVE, WITH CARDIOPULMONARY BYPASS; WITH STENTLESS TIS	172.31	90	1			AS
33411		REPLACEMENT, AORTIC VALVE; WITH AORTIC ANNULUS ENLARGEMENT, NONCORONARY C	225.96	90	1			AS
33412		REPLACEMENT, AORTIC VALVE; WITH TRANSVENTRICULAR AORTIC ANNULUS ENLARGEME	169.78	90	1			AS
33413		REPLACEMENT, AORTIC VALVE; BY TRANSLOCATION OF AUTOLOGOUS PULMONARY VALV	222.27	90	1			AS
33414		REPAIR OF LEFT VENTRICULAR OUTFLOW TRACT OBSTRUCTION BY PATCH ENLARGEMEN	148.98	90	1			AS
33415		RESECTION OR INCISION OF SUBVALVULAR TISSUE FOR DISCRETE SUBVALVULAR AORTIC	138.28	90	1			AS
33416		VENTRICULOMYOTOMY (-MYECTOMY) FOR IDIOPATHIC HYPERTROPHIC SUBAORTIC STENI	138.66	90	1			AS
33417		AORTOPLASTY (GUSSET) FOR SUPRAVALVULAR STENOSIS	114.78	90	1			AS
33422		VALVOTOMY, MITRAL VALVE; OPEN HEART, WITH CARDIOPULMONARY BYPASS	114.93	90	1			AS
33425		VALVULOPLASTY, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS;	182.23	90	1			AS
33426		VALVULOPLASTY, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS; WITH PROSTHETIC F	163.12	90	1			AS
33427		VALVULOPLASTY, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS; RADICAL RECONSTF	169.48	90	1			AS
33430		REPLACEMENT, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS	189.85	90	1			AS

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33460		VALVECTOMY, TRICUSPID VALVE, WITH CARDIOPULMONARY BYPASS	162.09	90	1			AS
33463		VALVULOPLASTY, TRICUSPID VALVE; WITHOUT RING INSERTION	205.34	90	1			AS
33464		VALVULOPLASTY, TRICUSPID VALVE; WITH RING INSERTION	164.32	90	1			AS
33465		REPLACEMENT, TRICUSPID VALVE, WITH CARDIOPULMONARY BYPASS	184.96	90	1			AS
33468		TRICUSPID VALVE REPOSITIONING AND PPLICATION FOR EBSTEIN ANOMALY	129.44	90	1			AS
33470		VALVOTOMY, PULMONARY VALVE, CLOSED HEART; TRANSVENTRICULAR	79.05	90	1			AS
33472		VALVOTOMY, PULMONARY VALVE, OPEN HEART; WITH INFLOW OCCLUSION	90.83	90	1			AS
33474		VALVOTOMY, PULMONARY VALVE, OPEN HEART; WITH CARDIOPULMONARY BYPASS	141.32	90	1			AS
33475		REPLACEMENT, PULMONARY VALVE	158.63	90	1			AS
33476		RIGHT VENTRICULAR RESECTION FOR INFUNDIBULAR STENOSIS, WITH OR WITHOUT COM	98.65	90	1			AS
33478		OUTFLOW TRACT AUGMENTATION (GUSSET), WITH OR WITHOUT COMMISSUROTOMY OR II	107.19	90	1			AS
33496		REPAIR OF NON-STRUCTURAL PROSTHETIC VALVE DYSFUNCTION WITH CARDIOPULMONA	115.26	90	1			AS
33500		REPAIR OF CORONARY ARTERIOVENOUS OR ARTERIOCARDIAC CHAMBER FISTULA; WITH	108.64	90	1			AS
33501		REPAIR OF CORONARY ARTERIOVENOUS OR ARTERIOCARDIAC CHAMBER FISTULA; WITHC	74.79	90	1			AS
33502		REPAIR OF ANOMALOUS CORONARY ARTERY FROM PULMONARY ARTERY ORIGIN; BY LIG/	86.07	90	1			AS
33504		REPAIR OF ANOMALOUS CORONARY ARTERY; BY GRAFT, WITH CARDIOPULMONARY BYPA	98.45	90	1			AS
33505		REPAIR OF ANOMALOUS CORONARY ARTERY; WITH CONSTRUCTION OF INTRAPULMONAR	134.38	90	1			AS
33506		REPAIR OF ANOMALOUS CORONARY ARTERY; BY TRANSLOCATION FROM PULMONARY AR	140.69	90	1			AS
33507		REPAIR OF ANOMALOUS (EG, INTRAMURAL) AORTIC ORIGIN OF CORONARY ARTERY BY UN	118.47	90	1			AS
33508		ENDOSCOPY, SURGICAL, INCLUDING VIDEO-ASSISTED HARVEST OF VEIN(S) FOR CORONA	1.13	0	1			AS
33510		CORONARY ARTERY BYPASS, VEIN ONLY; SINGLE CORONARY VENOUS GRAFT	133.07	90	1			AS
33511		CORONARY ARTERY BYPASS, VEIN ONLY; TWO CORONARY VENOUS GRAFTS	145.58	90	1			AS
33512		CORONARY ARTERY BYPASS, VEIN ONLY; THREE CORONARY VENOUS GRAFTS	164.54	90	1			AS
33513		CORONARY ARTERY BYPASS, VEIN ONLY; FOUR CORONARY VENOUS GRAFTS	167.88	90	1			AS
33514		CORONARY ARTERY BYPASS, VEIN ONLY; FIVE CORONARY VENOUS GRAFTS	178.47	90	1			AS
33516		CORONARY ARTERY BYPASS, VEIN ONLY; SIX OR MORE CORONARY VENOUS GRAFTS	185.79	90	1			AS
33517		CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); SINGLE	12.98	90	1			AS

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33518		CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); TWO VE	28.19	90	1			AS
33519		CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); THREE	37.51	90	1			AS
33521		CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); FOUR V	45.33	90	1			AS
33522		CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); FIVE V	51.49	90	1			AS
33523		CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); SIX OR	58.73	90	1			AS
33530		REOPERATION, CORONARY ARTERY BYPASS PROCEDURE OR VALVE PROCEDURE, MORE	35.86	90	1			AS
33533		CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); SINGLE ARTERIAL GRAFT	129.47	90	1			AS
33534		CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); TWO CORONARY ARTERIAL GR/	151.01	90	1			AS
33535		CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); THREE CORONARY ARTERIAL G	168.43	90	1			AS
33536		CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); FOUR OR MORE CORONARY AR	180.98	90	1			AS
33542		MYOCARDIAL RESECTION (EG, VENTRICULAR ANEURYSMECTOMY)	176.65	90	1			AS
33545		REPAIR OF POSTINFARCTION VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT MYOCAF	208.02	90	1			AS
33548		SURGICAL VENTRICULAR RESTORATION PROCEDURE, INCLUDES PROSTHETIC PATCH, WI	202.65	90	1			AS
33572		CORONARY ENDARTERECTOMY, OPEN, ANY METHOD, OF LEFT ANTERIOR DESCENDING, C	16.36	90	1			AS
33600		CLOSURE OF ATRIOVENTRICULAR VALVE (MITRAL OR TRICUSPID) BY SUTURE OR PATCH	117.84	90	1			AS
33602		CLOSURE OF SEMILUNAR VALVE (AORTIC OR PULMONARY) BY SUTURE OR PATCH	111.30	90	1			AS
33606		ANASTOMOSIS OF PULMONARY ARTERY TO AORTA (DAMUS-KAYE-STANSEL PROCEDURE)	121.60	90	1			AS
33608		REPAIR OF COMPLEX CARDIAC ANOMALY OTHER THAN PULMONARY ATRESIA WITH VENTI	125.28	90	1			AS
33610		REPAIR OF COMPLEX CARDIAC ANOMALIES (EG, SINGLE VENTRICLE WITH SUBAORTIC OB	122.10	90	1			AS
33611		REPAIR OF DOUBLE OUTLET RIGHT VENTRICLE WITH INTRAVENTRICULAR TUNNEL REPAIF	133.65	90	1			AS
33612		REPAIR OF DOUBLE OUTLET RIGHT VENTRICLE WITH INTRAVENTRICULAR TUNNEL REPAIF	137.93	90	1			AS
33615		REPAIR OF COMPLEX CARDIAC ANOMALIES (EG, TRICUSPID ATRESIA) BY CLOSURE OF A	139.41	90	1			AS
33617		REPAIR OF COMPLEX CARDIAC ANOMALIES (EG, SINGLE VENTRICLE) BY MODIFIED FONT	147.71	90	1			AS
33619		REPAIR OF SINGLE VENTRICLE WITH AORTIC OUTFLOW OBSTRUCTION AND AORTIC ARCH	179.05	90	1			AS
33620		APPLICATION OF RIGHT AND LEFT PULMONARY ARTERY BANDS (EG, HYBRID APPROACH S	127.61	90	1			AS
33621		TRANSTHORACIC INSERTION OF CATHETER FOR STENT PLACEMENT WITH CATHET	68.53	90	1			AS
33622		REDO COMPL CARDIAC ANOMALY	268.76	90	1			AS

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33641		REPAIR ATRIAL SEPTAL DEFECT, SECUNDUM, WITH CARDIOPULMONARY BYPASS, WITH OI	111.17	90	1			AS
33645		DIRECT OR PATCH CLOSURE, SINUS VENOSUS, WITH OR WITHOUT ANOMALOUS PULMONA	108.72	90	1			AS
33647		REPAIR OF ATRIAL SEPTAL DEFECT AND VENTRICULAR SEPTAL DEFECT, WITH DIRECT O	114.76	90	1			AS
33660		REPAIR OF INCOMPLETE OR PARTIAL ATRIOVENTRICULAR CANAL (OSTIUM PRIMUM ATRIA	120.37	90	1			AS
33665		REPAIR OF INTERMEDIATE OR TRANSITIONAL ATRIOVENTRICULAR CANAL, WITH OR WITH	130.29	90	1			AS
33670		REPAIR OF COMPLETE ATRIOVENTRICULAR CANAL, WITH OR WITHOUT PROSTHETIC VALV	136.23	90	1			AS
33675		CLOSURE OF MULTIPLE VENTRICULAR SEPTAL DEFECTS;	136.36	90	1			AS
33676		CLOSURE OF MULTIPLE VENTRICULAR SEPTAL DEFECTS; WITH PULMONARY VALVOTOMY	142.19	90	1			AS
33677		CLOSURE OF MULTIPLE VENTRICULAR SEPTAL DEFECTS; WITH REMOVAL OF PULMONARY	147.81	90	1			AS
33681		CLOSURE OF SINGLE VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT PATCH;	125.18	90	1			AS
33684		CLOSURE OF VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT PATCH WITH PULMONAR	127.21	90	1			AS
33688		CLOSURE OF VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT PATCH WITH REMOVAL C	130.57	90	1			AS
33690		BANDING OF PULMONARY ARTERY	77.93	90	1			AS
33692		COMPLETE REPAIR TETRALOGY OF FALLOT WITHOUT PULMONARY ATRESIA;	139.60	90	1			AS
33694		COMPLETE REPAIR TETRALOGY OF FALLOT WITHOUT PULMONARY ATRESIA; WITH TRANS	137.11	90	1			AS
33697		COMPLETE REPAIR TETRALOGY OF FALLOT WITH PULMONARY ATRESIA INCLUDING CONS	148.33	90	1			AS
33702		REPAIR SINUS OF VALSALVA FISTULA, WITH CARDIOPULMONARY BYPASS;	104.33	90	1			AS
33710		REPAIR SINUS OF VALSALVA FISTULA, WITH CARDIOPULMONARY BYPASS; WITH REPAIR	115.53	90	1			AS
33720		REPAIR SINUS OF VALSALVA ANEURYSM, WITH CARDIOPULMONARY BYPASS	106.49	90	1			AS
33722		CLOSURE OF AORTICO-LEFT VENTRICULAR TUNNEL	102.03	90	1			AS
33724		REPAIR OF ISOLATED PARTIAL ANOMALOUS PULMONARY VENOUS RETURN (EG, SCIMITAR	108.69	90	1			AS
33726		REPAIR OF PULMONARY VENOUS STENOSIS	141.74	90	1			AS
33730		COMPLETE REPAIR OF ANOMALOUS VENOUS RETURN (SUPRACARDIAC, INTRACARDIAC, C	134.10	90	1			AS
33732		REPAIR OF COR TRIARIATUM OR SUPRAVALVULAR MITRAL RING BY RESECTION OF LEFT	111.65	90	1			AS
33735		ATRIAL SEPTECTOMY OR SEPTOSTOMY; CLOSED HEART (BLALOCK-HANLON TYPE OPERA	85.74	90	1			AS
33736		ATRIAL SEPTECTOMY OR SEPTOSTOMY; OPEN HEART WITH CARDIOPULMONARY BYPASS	94.71	90	1			AS
33737		ATRIAL SEPTECTOMY OR SEPTOSTOMY; OPEN HEART, WITH INFLOW OCCLUSION	88.70	90	1			AS

Code	Spec	Description	Base Fee	FUD	UNOS	Hysterectomy Sterilization Abortion	PA	AS
33750		SHUNT; SUBCLAVIAN TO PULMONARY ARTERY (BLALOCK-TAUSSIG TYPE OPERATION)	89.88	90	1			AS
33755		SHUNT; ASCENDING AORTA TO PULMONARY ARTERY (WATERSTON TYPE OPERATION)	89.70	90	1			AS
33762		SHUNT; DESCENDING AORTA TO PULMONARY ARTERY (POTTS-SMITH TYPE OPERATION)	88.35	90	1			AS
33764		SHUNT; CENTRAL, WITH PROSTHETIC GRAFT	86.52	90	1			AS
33766		SHUNT; SUPERIOR VENA CAVA TO PULMONARY ARTERY FOR FLOW TO ONE LUNG (CLASS	96.29	90	1			AS
33767		SHUNT; SUPERIOR VENA CAVA TO PULMONARY ARTERY FOR FLOW TO BOTH LUNGS (BIDI	96.07	90	1			AS
33768		ANASTOMOSIS, CAVOPULMONARY, SECOND SUPERIOR VENA CAVA (LIST SEPARATELY IN	29.74	0	1			AS
33770		REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES WITH VENTRICULAR SEPTAL DEFEC	147.93		1			AS
33771		REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES WITH VENTRICULAR SEPTAL DEFEC	153.24	90	1			AS
33774		REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE (EG,	124.08	90	1			AS
33775		REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE (EG,	129.31	90	1			AS
33776		REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE (EG,	136.01	90	1			AS
33777		REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE (EG,	133.10	90	1			AS
33778		REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, AORTIC PULMONARY ARTERY REC	164.44	90	1			AS
33779		REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, AORTIC PULMONARY ARTERY REC	155.52	90	1			AS
33780		REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, AORTIC PULMONARY ARTERY REC	160.18	90	1			AS
33781		REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, AORTIC PULMONARY ARTERY REC	162.59	90	1			AS
33782		AORTIC ROOT TRANSLOCATION WITH VENTRICULAR SEPTAL DEFECT AND PULMONARY S	227.81	90	1			AS
33783		AORTIC ROOT TRANSLOCATION WITH VENTRICULAR SEPTAL DEFECT AND PULMONARY S	246.26	90	1			AS
33786		TOTAL REPAIR, TRUNCUS ARTERIOSUS (RASTELLI TYPE OPERATION)	157.50	90	1			AS
33788		REIMPLANTATION OF AN ANOMALOUS PULMONARY ARTERY	106.69	90	1			AS
33800		AORTIC SUSPENSION (AORTOPEXY) FOR TRACHEAL DECOMPRESSION (EG, FOR TRACHEC	66.27	90	1			AS
33802		DIVISION OF ABERRANT VESSEL (VASCULAR RING);	71.01	90	1			AS
33803		DIVISION OF ABERRANT VESSEL (VASCULAR RING); WITH REANASTOMOSIS	77.35	90	1			AS
33813		OBLITERATION OF AORTOPULMONARY SEPTAL DEFECT; WITHOUT CARDIOPULMONARY B'	89.32	90	1			AS
33814		OBLITERATION OF AORTOPULMONARY SEPTAL DEFECT; WITH CARDIOPULMONARY BYPAS	104.13	90	1			AS
33820		REPAIR OF PATENT DUCTUS ARTERIOSUS; BY LIGATION	66.72	90	1			AS

Code	Spec	Description	Base Fee	FUD	UNOS	Hysterectomy Sterilization Abortion	PA	AS
33822		REPAIR OF PATENT DUCTUS ARTERIOSUS; BY DIVISION, UNDER 18 YEARS	70.86	90	1			AS
33824		REPAIR OF PATENT DUCTUS ARTERIOSUS; BY DIVISION, 18 YEARS AND OLDER	80.05	90	1			AS
33840		EXCISION OF COARCTATION OF AORTA, WITH OR WITHOUT ASSOCIATED PATENT DUCTUS	79.68	90	1			AS
33845		EXCISION OF COARCTATION OF AORTA, WITH OR WITHOUT ASSOCIATED PATENT DUCTUS	94.21	90	1			AS
33851		EXCISION OF COARCTATION OF AORTA, WITH OR WITHOUT ASSOCIATED PATENT DUCTUS	85.59	90	1			AS
33852		REPAIR OF HYPOPLASTIC OR INTERRUPTED AORTIC ARCH USING AUTOGENOUS OR PROS	103.56	90	1			AS
33853		REPAIR OF HYPOPLASTIC OR INTERRUPTED AORTIC ARCH USING AUTOGENOUS OR PROS	129.54	90	1			AS
33860		ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS, WITH OR WITHOUT VALVE	217.81	90	1			AS
33863		ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS, WITH OR WITHOUT VALVE	216.49	90	1			AS
33864		ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS WITH VALVE SUSPENSION	221.07	90	1			AS
33875		DESCENDING THORACIC AORTA GRAFT, WITH OR WITHOUT BYPASS	136.33	90	1			AS
33877		REPAIR OF THORACOABDOMINAL AORTIC ANEURYSM WITH GRAFT, WITH OR WITHOUT CA	244.02	90	1			AS
33880		ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA (EG, ANEURYSM, PSEUDOAN	123.10	90	1			AS
33881		ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA (EG, ANEURYSM, PSEUDOAN	105.46	0	1			AS
33883		PLACEMENT OF PROXIMAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF DE:	77.25	90	1			AS
33884		PLACEMENT OF PROXIMAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF DE:	28.46	0	4			AS
33886		PLACEMENT OF DISTAL EXTENSION PROSTHESIS(S) DELAYED AFTER ENDOVASCULAR RE	66.12	90	1			AS
33889		OPEN SUBCLAVIAN TO CAROTID ARTERY TRANSPOSITION PERFORMED IN CONJUNCTION	56.05	0	1			AS
33891		BYPASS GRAFT, WITH OTHER THAN VEIN, TRANSCERVICAL RETROPHARYNGEAL CAROTID	69.63	0	1			AS
33910		PULMONARY ARTERY EMBOLECTOMY; WITH CARDIOPULMONARY BYPASS	114.53	90	1			AS
33915		PULMONARY ARTERY EMBOLECTOMY; WITHOUT CARDIOPULMONARY BYPASS	89.68	90	1			AS
33916		PULMONARY ENDARTERECTOMY, WITH OR WITHOUT EMBOLECTOMY, WITH CARDIOPULM	116.01	90	1			AS
33917		REPAIR OF PULMONARY ARTERY STENOSIS BY RECONSTRUCTION WITH PATCH OR GRAF	103.93	90	1			AS
33920		REPAIR OF PULMONARY ATRESIA WITH VENTRICULAR SEPTAL DEFECT, BY CONSTRUCTIC	124.15	90	1			AS
33922		TRANSECTION OF PULMONARY ARTERY WITH CARDIOPULMONARY BYPASS	93.99	90	1			AS
33924		LIGATION AND TAKEDOWN OF A SYSTEMIC-TO-PULMONARY ARTERY SHUNT, PERFORMED	19.94	90	1			AS
33925		REPAIR OF PULMONARY ARTERY ARBORIZATION ANOMALIES BY UNIFOCALIZATION; WITHC	120.32	90	1			AS

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33926		REPAIR OF PULMONARY ARTERY ARBORIZATION ANOMALIES BY UNIFOCALIZATION; WITH	158.83	90	1			AS
33935	R	HEART-LUNG TRANSPLANT WITH RECIPIENT CARDIECTOMY-PNEUMONECTOMY	236.68	90	1			AS
33945		HEART TRANSPLANT, WITH OR WITHOUT RECIPIENT CARDIECTOMY	320.92	90	1			AS
33960		PROLONGED EXTRACORPOREAL CIRCULATION FOR CARDIOPULMONARY INSUFFICIENCY;	70.26	0	1			AS
33961		PROLONGED EXTRACORPOREAL CIRCULATION FOR CARDIOPULMONARY INSUFFICIENCY;	38.11	0	1			AS
33968		REMOVAL OF INTRA-AORTIC BALLOON ASSIST DEVICE, PERCUTANEOUS	2.46	0	1			AS
33970		INSERTION OF INTRA-AORTIC BALLOON ASSIST DEVICE THROUGH THE FEMORAL ARTERY	25.78	0	1			AS
33973		INSERTION OF INTRA-AORTIC BALLOON ASSIST DEVICE THROUGH THE ASCENDING AORTA	37.66	0	1			AS
33975		INSERTION OF VENTRICULAR ASSIST DEVICE; EXTRACORPOREAL, SINGLE VENTRICLE	77.77	90	1			AS
33976		INSERTION OF VENTRICULAR ASSIST DEVICE; EXTRACORPOREAL, BIVENTRICULAR	86.22	90	1			AS
33977		REMOVAL OF VENTRICULAR ASSIST DEVICE; EXTRACORPOREAL, SINGLE VENTRICLE	82.11	90	1			AS
33978		REMOVAL OF VENTRICULAR ASSIST DEVICE; EXTRACORPOREAL, BIVENTRICULAR	90.45	90	1			AS
33981		REPLACEMENT OF EXTRACORPOREAL VENTRICULAR ASSIST DEVICE, SINGLE OR BIV	44.75	0	1			AS
33982		REPLACEMENT OF VENTRICULAR ASSIST DEVICE PUMP(S); IMPLANTABLE INTRACORPOR	44.75	0	1			AS
33983		REPLACEMENT OF VENTRICULAR ASSIST DEVICE PUMP(S); IMPLANTABLE INTRACORPOR	52.72	90	1			AS
33999	R	UNLISTED PROCEDURE, CARDIAC SURGERY		90	1			AS
34001		EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; CAROTID, SUBCLAVI	66.37	90	1			AS
34051		EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; INNOMINATE, SUBCL	66.60	90	1			AS
34101		EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; AXILLARY, BRACHIAL	41.84	90	1			AS
34111		EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; RADIAL OR ULNAR A	41.84	90	1			AS
34151		EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; RENAL, CELIAC, MES	97.47	90	1			AS
34201		EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; FEMOROPLOPLITEAL	69.31	90	1			AS
34203		EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; POPLITEAL-TIBIO-PE	67.02	90	1			AS
34401		THROMBECTOMY, DIRECT OR WITH CATHETER; VENA CAVA, ILIAC VEIN, BY ABDOMINAL	101.13	90	1			AS
34421		THROMBECTOMY, DIRECT OR WITH CATHETER; VENA CAVA, ILIAC, FEMOROPLOPLITEAL VE	50.69	90	1			AS
34451		THROMBECTOMY, DIRECT OR WITH CATHETER; VENA CAVA, ILIAC, FEMOROPLOPLITEAL VE	105.16	90	1			AS
34501		VALVULOPLASTY, FEMORAL VEIN	65.30	90	1			AS

Code	Spec	Description	Base Fee	FUD	UNOS	Hysterectomy Sterilization Abortion	PA	AS
34502		RECONSTRUCTION OF VENA CAVA, ANY METHOD	106.19	90	1			AS
34510		VENOUS VALVE TRANSPOSITION, ANY VEIN DONOR	73.54	90	1			AS
34520		CROSS-OVER VEIN GRAFT TO VENOUS SYSTEM	71.11	90	1			AS
34530		SAPHENOPOPLITEAL VEIN ANASTOMOSIS	66.30	90	1			AS
34802		ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM OR DISSECTION	86.79	90	1			AS
34803		ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM OR DISSECTION	88.12	0	1			AS
34805		ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM OR DISSECTION	80.73	0	1			AS
34806		TRANSCATHETER PLACEMENT OF WIRELESS PHYSIOLOGIC SENSOR IN ANEURYSMAL SAC	7.52	0	1			AS
34833		OPEN ILIAC ARTERY EXPOSURE WITH CREATION OF CONDUIT FOR DELIVERY OF AORTIC	43.07	0	1			AS
34834		OPEN BRACHIAL ARTERY EXPOSURE TO ASSIST IN THE DEPLOYMENT OF AORTIC OR ILIA	19.44	0	1			AS
34900		ENDOVASCULAR GRAFT REPLACEMENT FOR REPAIR OF ILIAC ARTERY (EG, ANEURYSM, P	63.24	90	1			AS
35001		DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	79.05	90	1			AS
35002		DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	83.59	90	1			AS
35005		DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	72.21	90	1			AS
35011		DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	69.46	90	1			AS
35013		DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	86.19	90	1			AS
35021		DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	85.06	90	1			AS
35022		DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	96.22	90	1			AS
35045		DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	67.78	90	1			AS
35081		DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	121.97	90	1			AS
35082		DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	152.49	90	1			AS
35091		DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	128.01	90	1			AS
35092		DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	182.01	90	1			AS
35102		DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	132.27	90	1			AS
35103		DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	157.45	90	1			AS
35111		DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	96.97	90	1			AS
35112		DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	119.14	90	1			AS

Code	Spec	Description	Base Fee	FUD	UNOS	Hysterectomy Sterilization Abortion	PA	AS
35121		DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	114.91	90	1			AS
35122		DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	138.16	90	1			AS
35131		DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	98.32	90	1			AS
35132		DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	118.64	90	1			AS
35141		DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	77.62	90	1			AS
35142		DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	93.01	90	1			AS
35151		DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	87.47	90	1			AS
35152		DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) A	101.65	90	1			AS
35180		REPAIR, CONGENITAL ARTERIOVENOUS FISTULA; HEAD AND NECK	58.23	90	1			AS
35182		REPAIR, CONGENITAL ARTERIOVENOUS FISTULA; THORAX AND ABDOMEN	120.74	90	1			AS
35184		REPAIR, CONGENITAL ARTERIOVENOUS FISTULA; EXTREMITIES	70.38	90	1			AS
35188		REPAIR, ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA; HEAD AND NECK	59.03	90	1			AS
35189		REPAIR, ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA; THORAX AND ABDOMEN	110.65	90	1			AS
35190		REPAIR, ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA; EXTREMITIES	51.51	90	1			AS
35201		REPAIR BLOOD VESSEL, DIRECT; NECK	64.70	90	1			AS
35206		REPAIR BLOOD VESSEL, DIRECT; UPPER EXTREMITY	52.84	90	1			AS
35211		REPAIR BLOOD VESSEL, DIRECT; INTRATHORACIC, WITH BYPASS	94.64	90	1			AS
35216		REPAIR BLOOD VESSEL, DIRECT; INTRATHORACIC, WITHOUT BYPASS	133.95	90	1			AS
35221		REPAIR BLOOD VESSEL, DIRECT; INTRA-ABDOMINAL	97.14	90	1			AS
35226		REPAIR BLOOD VESSEL, DIRECT; LOWER EXTREMITY	58.13	90	1			AS
35231		REPAIR BLOOD VESSEL WITH VEIN GRAFT; NECK	81.36	90	1			AS
35236		REPAIR BLOOD VESSEL WITH VEIN GRAFT; UPPER EXTREMITY	67.70	90	1			AS
35241		REPAIR BLOOD VESSEL WITH VEIN GRAFT; INTRATHORACIC, WITH BYPASS	98.95	90	1			AS
35246		REPAIR BLOOD VESSEL WITH VEIN GRAFT; INTRATHORACIC, WITHOUT BYPASS	107.77	90	1			AS
35251		REPAIR BLOOD VESSEL WITH VEIN GRAFT; INTRA-ABDOMINAL	115.33	90	1			AS
35256		REPAIR BLOOD VESSEL WITH VEIN GRAFT; LOWER EXTREMITY	71.06	90	1			AS
35261		REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; NECK	72.44	90	1			AS

Code	Spec	Description	Base Fee	FUD	UNOS	Hysterectomy Sterilization Abortion	PA	AS
35266		REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; UPPER EXTREMITY	59.63	90	1			AS
35271		REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRATHORACIC, WITH BYPASS	94.54	90	1			AS
35276		REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRATHORACIC, WITHOUT BYPA	99.12	90	1			AS
35281		REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRA-ABDOMINAL	110.25	90	1			AS
35286		REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; LOWER EXTREMITY	65.17	90	1			AS
35301		THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; CAROTID, VERT	73.26	90	1			AS
35302		THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; SUPERFICIAL F	79.00	90	1			AS
35303		THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; POPLITEAL ART	86.92	90	1			AS
35304		THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; TIBIOPERONEA	90.40	90	1			AS
35305		THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; TIBIAL OR PERC	86.82	90	1			AS
35306		THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; EACH ADDITION	32.57	0	3			AS
35311		THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; SUBCLAVIAN, INNOMINA	104.73	90	1			AS
35321		THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; AXILLARY-BRACHIAL	62.21	90	1			AS
35331		THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; ABDOMINAL AORTA	103.21	90	1			AS
35341		THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; MESENTERIC, CELIAC, C	96.87	90	1			AS
35351		THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; ILIAC	90.15	90	1			AS
35355		THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; ILIOFEMORAL	73.09	90	1			AS
35361		THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; COMBINED AORTOILIAC	111.17	90	1			AS
35363		THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; COMBINED AORTOILIOF	121.65	90	1			AS
35371		THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; COMMON FEMORAL	57.45	90	1			AS
35372		THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; DEEP (PROFUNDA) FEMO	69.03	90	1			AS
35390		REOPERATION, CAROTID, THROMBOENDARTERECTOMY, MORE THAN ONE MONTH AFTER	11.35	0	1			AS
35450		TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN; RENAL OR OTHER VISCERAL ARTERY	36.31	0	1			AS
35452		TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN; AORTIC	25.16	0	1			AS
35458		TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN; BRACHIOCEPHALIC TRUNK OR BRANCHE	34.28	0	1			AS
35500		HARVEST OF UPPER EXTREMITY VEIN, ONE SEGMENT, FOR LOWER EXTREMITY OR CORO	22.78	0	1			AS
35501		BYPASS GRAFT, WITH VEIN; COMMON CAROTID-IPSILATERAL INTERNAL CAROTID	112.73	90	1			AS

Code	Spec	Description	Base Fee	FUD	UNOS	Hysterectomy Sterilization Abortion	PA	AS
35506		BYPASS GRAFT, WITH VEIN; CAROTID-SUBCLAVIAN OR SUBCLAVIAN-CAROTID	93.33	90	1			AS
35508		BYPASS GRAFT, WITH VEIN; CAROTID-VERTEBRAL	96.74	90	1			AS
35509		BYPASS GRAFT, WITH VEIN; CAROTID-CONTRALATERAL CAROTID	107.69	90	1			AS
35510		BYPASS GRAFT, WITH VEIN; CAROTID-BRACHIAL	86.97	90	1			AS
35511		BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-SUBCLAVIAN	82.89	90	1			AS
35512		BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-BRACHIAL	84.61	90	1			AS
35515		BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-VERTEBRAL	92.46	90	1			AS
35516		BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-AXILLARY	85.77	90	1			AS
35518		BYPASS GRAFT, WITH VEIN; AXILLARY-AXILLARY	84.79	90	1			AS
35521		BYPASS GRAFT, WITH VEIN; AXILLARY-FEMORAL	88.67	90	1			AS
35522		BYPASS GRAFT, WITH VEIN; AXILLARY-BRACHIAL	82.89	90	1			AS
35523		BYPASS GRAFT, WITH VEIN; BRACHIAL-ULNAR OR -RADIAL	88.97	90	1			AS
35525		BYPASS GRAFT, WITH VEIN; BRACHIAL-BRACHIAL	77.65	90	1			AS
35526		BYPASS GRAFT, WITH VEIN; AORTOSUBCLAVIAN OR CAROTID	116.21	90	1			AS
35531		BYPASS GRAFT, WITH VEIN; AORTOCELIAC OR AORTOMESENTERIC	142.07	90	1			AS
35533		BYPASS GRAFT, WITH VEIN; AXILLARY-FEMORAL-FEMORAL	109.87	90	1			AS
35535		BYPASS GRAFT, WITH VEIN; HEPATORENAL	142.34	90				AS
35536		BYPASS GRAFT, WITH VEIN; SPLENORENAL	122.12	90	1			AS
35537		BYPASS GRAFT, WITH VEIN; AORTOILIAC	153.44	90	1			AS
35538		BYPASS GRAFT, WITH VEIN; AORTOBI-ILIAC	172.21	90	1			AS
35539		BYPASS GRAFT, WITH VEIN; AORTOFEMORAL	159.73	90	1			AS
35540		BYPASS GRAFT, WITH VEIN; AORTOBIFEMORAL	178.95	90	1			AS
35548		BYPASS GRAFT, WITH VEIN; AORTOILIOFEMORAL, UNILATERAL	84.16	90	1			AS
35549		BYPASS GRAFT, WITH VEIN; AORTOILIOFEMORAL, BILATERAL	91.55	90	1			AS
35551		BYPASS GRAFT, WITH VEIN; AORTOFEMORAL-POPLITEAL	104.63	90	1			AS
35556		BYPASS GRAFT, WITH VEIN; FEMORAL-POPLITEAL	97.09	90	1			AS
35558		BYPASS GRAFT, WITH VEIN; FEMORAL-FEMORAL	85.82	90	1			AS

Code	Spec	Description	Base Fee	FUD	UNOS	Hysterectomy Sterilization Abortion	PA	AS
35560		BYPASS GRAFT, WITH VEIN; AORTORENAL	125.00	90	1			AS
35563		BYPASS GRAFT, WITH VEIN; ILIOILIAC	95.51	90	1			AS
35565		BYPASS GRAFT, WITH VEIN; ILIOFEMORAL	92.71	90	1			AS
35566		BYPASS GRAFT, WITH VEIN; FEMORAL-ANTERIOR TIBIAL, POSTERIOR TIBIAL, PERONEA	116.56	90	1			AS
35570		BYPASS GRAFT, WITH VEIN; TIBIAL-TIBIAL, PERONEAL-TIBIAL, OR TIBIAL/PERONEAL TRUNK	109.90	90				AS
35571		BYPASS GRAFT, WITH VEIN; POPLITEAL-TIBIAL, -PERONEAL ARTERY OR OTHER DISTAL	93.58	90	1			AS
35572		HARVEST OF FEMOROPOPLITEAL VEIN, ONE SEGMENT, FOR VASCULAR RECONSTRUCTIO	24.78	0	1			AS
35583		IN-SITU VEIN BYPASS; FEMORAL-POPLITEAL	100.07	90	1			AS
35585		IN-SITU VEIN BYPASS; FEMORAL-ANTERIOR TIBIAL, POSTERIOR TIBIAL, OR PERONEAL	117.09	90	1			AS
35587		IN-SITU VEIN BYPASS; POPLITEAL-TIBIAL, PERONEAL	96.37	90	1			AS
35600		HARVEST OF UPPER EXTREMITY ARTERY, ONE SEGMENT, FOR CORONARY ARTERY BYPA	18.32	0	1			AS
35601		BYPASS GRAFT, WITH OTHER THAN VEIN; COMMON CAROTID-IPSILATERAL INTERNAL CAR	103.33	90	1			AS
35606		BYPASS GRAFT, WITH OTHER THAN VEIN; CAROTID-SUBCLAVIAN	81.98	90	1			AS
35612		BYPASS GRAFT, WITH OTHER THAN VEIN; SUBCLAVIAN-SUBCLAVIAN	64.19	90	1			AS
35616		BYPASS GRAFT, WITH OTHER THAN VEIN; SUBCLAVIAN-AXILLARY	78.53	90	1			AS
35621		BYPASS GRAFT, WITH OTHER THAN VEIN; AXILLARY-FEMORAL	77.60	90	1			AS
35623		BYPASS GRAFT, WITH OTHER THAN VEIN; AXILLARY-POPLITEAL OR -TIBIAL	95.24	90	1			AS
35626		BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOSUBCLAVIAN OR CAROTID	109.97	90	1			AS
35631		BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOCELIAC, AORTOMESENTERIC, AORTOREN	130.29	90	1			AS
35632		BYPASS GRAFT, WITH OTHER THAN VEIN; ILIO-CELIAC	135.15	90	1			AS
35633		BYPASS GRAFT, WITH OTHER THAN VEIN; ILIO-MESENTERIC	145.95	90	1			AS
35634		BYPASS GRAFT, WITH OTHER THAN VEIN; ILIORENAL	132.27	90	1			AS
35636		BYPASS GRAFT, WITH OTHER THAN VEIN; SPLENORENAL (SPLENIC TO RENAL ARTERIAL	115.78	90	1			AS
35642		BYPASS GRAFT, WITH OTHER THAN VEIN; CAROTID-VERTEBRAL	72.46	90	1			AS
35645		BYPASS GRAFT, WITH OTHER THAN VEIN; SUBCLAVIAN-VERTEBRAL	68.35	90	1			AS
35646		BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOBIFEMORAL	120.85	90	1			AS
35647		BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOFEMORAL	109.54	90	1			AS

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35650		BYPASS GRAFT, WITH OTHER THAN VEIN; AXILLARY-AXILLARY	74.82	90	1			AS
35651		BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOFEMORAL-POPLITEAL	96.94	90	1			AS
35654		BYPASS GRAFT, WITH OTHER THAN VEIN; AXILLARY-FEMORAL-FEMORAL	96.44	90	1			AS
35656		BYPASS GRAFT, WITH OTHER THAN VEIN; FEMORAL-POPLITEAL	76.04	90	1			AS
35661		BYPASS GRAFT, WITH OTHER THAN VEIN; FEMORAL-FEMORAL	76.02	90	1			AS
35663		BYPASS GRAFT, WITH OTHER THAN VEIN; ILIOILIAC	88.12	90	1			AS
35665		BYPASS GRAFT, WITH OTHER THAN VEIN; ILIOFEMORAL	82.56	90	1			AS
35666		BYPASS GRAFT, WITH OTHER THAN VEIN; FEMORAL-ANTERIOR TIBIAL, POSTERIOR TIBI	89.02	90	1			AS
35671		BYPASS GRAFT, WITH OTHER THAN VEIN; POPLITEAL-TIBIAL OR -PERONEAL ARTERY	78.50	90	1			AS
35681		BYPASS GRAFT; COMPOSITE, PROSTHETIC AND VEIN (LIST SEPARATELY IN ADDITION T	5.69	90	1			AS
35682		BYPASS GRAFT; AUTOGENOUS COMPOSITE, TWO SEGMENTS OF VEINS FROM TWO LOCA1	25.26	0	1			AS
35683		BYPASS GRAFT; AUTOGENOUS COMPOSITE, THREE OR MORE SEGMENTS OF VEIN FROM	29.79	0	1			AS
35685		PLACEMENT OF VEIN PATCH OR CUFF AT DISTAL ANASTOMOSIS OF BYPASS GRAFT, SYNT	14.18	0	1			AS
35686		CREATION OF DISTAL ARTERIOVENOUS FISTULA DURING LOWER EXTREMITY BYPASS SUF	11.90	0	1			AS
35691		TRANSPOSITION AND/OR REIMPLANTATION; VERTEBRAL TO CAROTID ARTERY	69.00	90	1			AS
35693		TRANSPOSITION AND/OR REIMPLANTATION; VERTEBRAL TO SUBCLAVIAN ARTERY	61.49	90	1			AS
35694		TRANSPOSITION AND/OR REIMPLANTATION; SUBCLAVIAN TO CAROTID ARTERY	71.18	90	1			AS
35695		TRANSPOSITION AND/OR REIMPLANTATION; CAROTID TO SUBCLAVIAN ARTERY	74.49	90	1			AS
35697		REIMPLANTATION, VISCERAL ARTERY TO INFRARENAL AORTIC PROSTHESIS, EACH ARTER	10.55	0	1			AS
35700		REOPERATION, FEMORAL-POPLITEAL OR FEMORAL (POPLITEAL) -ANTERIOR TIBIAL, POS	10.90	0	1			AS
35701		EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR), WITH OR WITHOUT LYSIS OF ART	36.98	90	1			AS
35721		EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR), WITH OR WITHOUT LYSIS OF ART	31.47	90	1			AS
35741		EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR), WITH OR WITHOUT LYSIS OF ART	34.43	90	1			AS
35761		EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR), WITH OR WITHOUT LYSIS OF ART	25.41	90	1			AS
35800		EXPLORATION FOR POSTOPERATIVE HEMORRHAGE, THROMBOSIS OR INFECTION; NECK	32.65	90	1			AS
35820		EXPLORATION FOR POSTOPERATIVE HEMORRHAGE, THROMBOSIS OR INFECTION; CHEST	131.77	90	1			AS
35840		EXPLORATION FOR POSTOPERATIVE HEMORRHAGE, THROMBOSIS OR INFECTION; ABDOM	42.97	90	1			AS

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35860		EXPLORATION FOR POSTOPERATIVE HEMORRHAGE, THROMBOSIS OR INFECTION; EXTRE	27.54	90	1			AS
35870		REPAIR OF GRAFT-ENTERIC FISTULA	89.58	90	1			AS
35876		THROMBECTOMY OF ARTERIAL OR VENOUS GRAFT; WITH REVISION OF ARTERIAL OR VEN	66.17	90	1			AS
35879		REVISION, LOWER EXTREMITY ARTERIAL BYPASS, WITHOUT THROMBECTOMY, OPEN; WITI	64.52	90	1			AS
35881		REVISION, LOWER EXTREMITY ARTERIAL BYPASS, WITHOUT THROMBECTOMY, OPEN; WITI	71.61	90	1			AS
35883		REVISION, FEMORAL ANASTOMOSIS OF SYNTHETIC ARTERIAL BYPASS GRAFT IN GROIN,	85.06	90	1			AS
35884		REVISION, FEMORAL ANASTOMOSIS OF SYNTHETIC ARTERIAL BYPASS GRAFT IN GROIN,	89.75	0	1			AS
35901		EXCISION OF INFECTED GRAFT; NECK	34.43	90	1			AS
35903		EXCISION OF INFECTED GRAFT; EXTREMITY	38.69	90	1			AS
35905		EXCISION OF INFECTED GRAFT; THORAX	121.87	90	1			AS
35907		EXCISION OF INFECTED GRAFT; ABDOMEN	134.25	90	1			AS
36147		INTRODUCTION OF NEEDLE AND/OR CATHETER, ARTERIOVENOUS SHUNT CREATED FOR I	53.32	0	1			AS
36148		INTRODUCTION OF NEEDLE AND/OR CATHETER, ARTERIOVENOUS SHUNT CREATED FOR I	16.79	0	1			AS
36261		REVISION OF IMPLANTED INTRA-ARTERIAL INFUSION PUMP	23.95	0	1			AS
36460		TRANSFUSION, INTRAUTERINE, FETAL	23.00	0	1			AS
36819		ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM BASILIC VEIN TRANSPOSITION	54.40	0	1			AS
36820		INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE; ARTERIOVENOUS, INTERI	54.62	0	1			AS
36821		ARTERIOVENOUS ANASTOMOSIS, OPEN; DIRECT, ANY SITE (EG, CIMINO TYPE) (SEPARA	35.99	90	1			AS
36825		CREATION OF ARTERIOVENOUS FISTULA BY OTHER THAN DIRECT ARTERIOVENOUS ANAS	39.44	90	1			AS
36830		CREATION OF ARTERIOVENOUS FISTULA BY OTHER THAN DIRECT ARTERIOVENOUS ANAS	45.05	90	1			AS
36831		THROMBECTOMY, OPEN, ARTERIOVENOUS FISTULA WITHOUT REVISION, AUTOGENOUS OI	31.07	90	1			AS
36832		REVISION, OPEN, ARTERIOVENOUS FISTULA; WITHOUT THROMBECTOMY, AUTOGENOUS C	39.71	90	1			AS
36833		REVISION, ARTERIOVENOUS FISTULA; WITH THROMBECTOMY, AUTOGENOUS OR NONAUTI	44.90	90	1			AS
36834		PLASTIC REPAIR OF ARTERIOVENOUS ANEURYSM (SEPARATE PROCEDURE)	42.27	90	1			AS
36838		DISTAL REVASCULARIZATION AND INTERVAL LIGATION (DRIL), UPPER EXTREMITY HEMO	79.93	90	1			AS
37145		VENOUS ANASTOMOSIS; RENOPORTAL	99.60	90	1			AS
37160		VENOUS ANASTOMOSIS; CAVAL-MESENTERIC	86.39	90	1			AS

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37180		VENOUS ANASTOMOSIS; SPLENORENAL, PROXIMAL	96.69	90	1			AS
37181		ANASTOMOSIS; SPLENORENAL, DISTAL (SELECTIVE DECOMPRESSION OF ESOPHAGOGAS	104.56	90	1			AS
37182	R	INSERTION OF TRANSVENOUS INTRAHEPATIC PORTOSYSTEMIC SHUNT(S) (TIPS) (INCLUD	62.64	0	1			AS
37183	R	REVISION OF TRANSVENOUS INTRAHEPATIC PORTOSYSTEMIC SHUNT(S) (TIPS) (INCLUDE	29.77	0	1			AS
37207		TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), (NON-CORONARY VESSI	30.02	0	1			AS
37208		TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), (NON-CORONARY VESSI	14.56	0	1			AS
37220		REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC ARTERY, UNILA	32.20	0	1			AS
37221		REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC ARTERY, UNILA	39.19	0	1			AS
37222		REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC ARTERY, EACH	14.61	0	1			AS
37223		REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC ARTERY, EACH	16.59	0	1			AS
37224		REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, FEMORAL/POPLITEAL	35.45	0	1			AS
37225		REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, FEMORAL/POPLITEAL	47.76	0	1			AS
37226		REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, FEMORAL/POPLITEAL	39.36	0	1			AS
37227		REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, FEMORAL/POPLITEAL	57.68	0	1			AS
37228		REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL	43.32	0	1			AS
37229		REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL	55.93	0	1			AS
37230		REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL	53.97	0	1			AS
37231		REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL	58.66	0	1			AS
37232		REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL	15.64	0	1			AS
37233		REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL	25.76	0	1			AS
37234		REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL	21.47	0	1			AS
37235		REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL	30.47	0	1			AS
37500		VASCULAR ENDOSCOPY,SURGICAL,WITH LIGATION OF PERFORATOR VEINS,SUBFASCIAL	46.58	90	1			AS
37600		LIGATION; EXTERNAL CAROTID ARTERY	47.01	90	1			AS
37605		LIGATION; INTERNAL OR COMMON CAROTID ARTERY	54.40	90	1			AS
37606		LIGATION; INTERNAL OR COMMON CAROTID ARTERY, WITH GRADUAL OCCLUSION, AS WIT	35.88	90	1			AS
37615		LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE); NECK	31.57	90	1			AS

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37616		LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE); CHEST	74.04	90	1			AS
37617		LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE); ABDOMEN	87.47	90	1			AS
37618		LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE); EXTREMITY	25.18	90	1			AS
37660		LIGATION OF COMMON ILIAC VEIN	81.43	90	1			AS
37735		LIGATION AND DIVISION AND COMPLETE STRIPPING OF LONG OR SHORT SAPHENOUS VEI	42.80	90	1			AS
37760		LIGATION OF PERFORATOR VEINS, SUBFASCIAL, RADICAL (LINTON TYPE), WITH OR WI	42.14	90	1			AS
37761		LIGATION OF PERFORATOR VEIN(S), SUBFASCIAL, OPEN, INCLUDING ULTRASOUND GUID	39.87	90	1			AS
38100		SPLENECTOMY; TOTAL (SEPARATE PROCEDURE)	71.54	90	1			AS
38101		SPLENECTOMY; PARTIAL (SEPARATE PROCEDURE)	71.79	90	1			AS
38102		SPLENECTOMY; TOTAL, EN BLOC FOR EXTENSIVE DISEASE, IN CONJUNCTION WITH OTHE	16.91	0	1			AS
38115		REPAIR OF RUPTURED SPLEEN (SPLENORRHAPHY) WITH OR WITHOUT PARTIAL SPLENEC	79.60	90	1			AS
38129	R	UNLISTED LAPAROSCOPY PROCEDURE, SPLEEN		0	1			AS
38308		LYMPHANGIOTOMY OR OTHER OPERATIONS ON LYMPHATIC CHANNELS	28.04	90	1			AS
38380		SUTURE AND/OR LIGATION OF THORACIC DUCT; CERVICAL APPROACH	35.60	90	1			AS
38381		SUTURE AND/OR LIGATION OF THORACIC DUCT; THORACIC APPROACH	53.80	90	1			AS
38382		SUTURE AND/OR LIGATION OF THORACIC DUCT; ABDOMINAL APPROACH	43.50	90	1			AS
38530		BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, INTERNAL MAMMARY NODE(S)	34.25	90	1			AS
38542		DISSECTION, DEEP JUGULAR NODE(S)	26.76	90	1			AS
38555		EXCISION OF CYSTIC HYGROMA, AXILLARY OR CERVICAL; WITH DEEP NEUROVASCULAR D	62.42	90	1			AS
38562		LIMITED LYMPHADENECTOMY FOR STAGING (SEPARATE PROCEDURE); PELVIC AND PARA	45.30	90	1			AS
38564		LIMITED LYMPHADENECTOMY FOR STAGING (SEPARATE PROCEDURE); RETROPERITONEA	44.93	90	1			AS
38570		LAPAROSCOPY, SURGICAL; WITH RETROPERITONEAL LYMPH NODE SAMPLING (BIOPSY), S	36.88	10	1			AS
38571		LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY	58.21	10	1			AS
38572		LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND PEF	62.77	10	1			AS
38589	R	UNLISTED LAPAROSCOPY PROCEDURE, LYMPHATIC SYSTEM		0	1			AS
38700		SUPRAHYOID LYMPHADENECTOMY	50.46	90	1			AS
38720		CERVICAL LYMPHADENECTOMY (COMPLETE)	84.04	90	1			AS

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38724		CERVICAL LYMPHADENECTOMY (MODIFIED RADICAL NECK DISSECTION)	91.26	90	1			AS
38740		AXILLARY LYMPHADENECTOMY; SUPERFICIAL	42.72	90	1			AS
38745		AXILLARY LYMPHADENECTOMY; COMPLETE	54.32	90	1			AS
38746		THORACIC LYMPHADENECTOMY, REGIONAL, INCLUDING MEDIASTINAL AND PERITRACHEA	17.91	0	1			AS
38747		ABDOMINAL LYMPHADENECTOMY, REGIONAL, INCLUDING CELIAC, GASTRIC, PORTAL, PER	17.24	0	1			AS
38760		INGUINOFEMORAL LYMPHADENECTOMY, SUPERFICIAL, INCLUDING CLOQUET'S NODE (SEF	53.52	90	1			AS
38765		INGUINOFEMORAL LYMPHADENECTOMY, SUPERFICIAL, IN CONTINUITY WITH PELVIC LYMPH	83.04	90	1			AS
38770		PELVIC LYMPHADENECTOMY, INCLUDING EXTERNAL ILIAC, HYPOGASTRIC, AND OBTURATO	56.33	90	1			AS
38780		RETROPERITONEAL TRANSABDOMINAL LYMPHADENECTOMY, EXTENSIVE, INCLUDING PEL	70.23	90	1			AS
38999	R	UNLISTED PROCEDURE, HEMIC OR LYMPHATIC SYSTEM		90	1			AS
38900		INTRAOPERATIVE IDENTIFICATION (EG, MAPPING) OF SENTINEL LYMPH NODE(S), INCLUDE	10.15	0	1			AS
39000		MEDIASTINOTOMY WITH EXPLORATION, DRAINAGE, REMOVAL OF FOREIGN BODY, OR BIOI	32.27	90	1			AS
39010		MEDIASTINOTOMY WITH EXPLORATION, DRAINAGE, REMOVAL OF FOREIGN BODY, OR BIOI	53.09	90	1			AS
39200		EXCISION OF MEDIASTINAL CYST	59.08	90	1			AS
39220		EXCISION OF MEDIASTINAL TUMOR	76.25	90	1			AS
39499	R	UNLISTED PROCEDURE, MEDIASTINUM		90	1			AS
39501		REPAIR, LACERATION OF DIAPHRAGM, ANY APPROACH	54.42	90	1			AS
39503		REPAIR, NEONATAL DIAPHRAGMATIC HERNIA, WITH OR WITHOUT CHEST TUBE INSERTION	379.30	90	1			AS
39540		REPAIR, DIAPHRAGMATIC HERNIA (OTHER THAN NEONATAL), TRAUMATIC; ACUTE	55.60	90	1			AS
39541		REPAIR, DIAPHRAGMATIC HERNIA (OTHER THAN NEONATAL), TRAUMATIC; CHRONIC	60.06	90	1			AS
39545		IMBRICATION OF DIAPHRAGM FOR EVENTRATION, TRANSTHORACIC OR TRANSABDOMINAL	59.08	90	1			AS
39560		RESECTION, DIAPHRAGM; WITH SIMPLE REPAIR (EG, PRIMARY SUTURE)	50.86	90	1			AS
39561		RESECTION, DIAPHRAGM; WITH COMPLEX REPAIR (EG, PROSTHETIC MATERIAL, LOCAL M	79.85	90	1			AS
39599	R	UNLISTED PROCEDURE, DIAPHRAGM		90	1			AS
40701		PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY BILATERAL, ONE STAGE P	66.60	90	1			AS
40702		PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY BILATERAL, ONE OF TWO	56.53	90	1			AS
40799	R	UNLISTED PROCEDURE, LIPS		90	1			AS

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40840		VESTIBULOPLASTY; ANTERIOR	50.91	90	1			AS
40843		VESTIBULOPLASTY; POSTERIOR, BILATERAL	65.05	90	1			AS
40844		VESTIBULOPLASTY; ENTIRE ARCH	86.54	90	1			AS
41120		GLOSSECTOMY; LESS THAN ONE-HALF TONGUE	65.40	90	1			AS
41130		GLOSSECTOMY; HEMIGLOSSECTOMY	81.18	90	1			AS
41135		GLOSSECTOMY; PARTIAL, WITH UNILATERAL RADICAL NECK DISSECTION	135.23	90	1			AS
41140		GLOSSECTOMY; COMPLETE OR TOTAL, WITH OR WITHOUT TRACHEOSTOMY, WITHOUT RA	138.43	90	1			AS
41145		GLOSSECTOMY; COMPLETE OR TOTAL, WITH OR WITHOUT TRACHEOSTOMY, WITH UNILAT	174.39	90	1			AS
41150		GLOSSECTOMY; COMPOSITE PROCEDURE WITH RESECTION FLOOR OF MOUTH AND MANI	137.61	90	1			AS
41153		GLOSSECTOMY; COMPOSITE PROCEDURE WITH RESECTION FLOOR OF MOUTH, WITH SUF	149.56	90	1			AS
41155		GLOSSECTOMY; COMPOSITE PROCEDURE WITH RESECTION FLOOR OF MOUTH, MANDIBU	187.32	90	1			AS
42120		RESECTION OF PALATE OR EXTENSIVE RESECTION OF LESION	61.46	90	1			AS
42200		PALATOPLASTY FOR CLEFT PALATE, SOFT AND/OR HARD PALATE ONLY	55.95	90	1			AS
42205		PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; SOFT TISSUE	60.11	90	1			AS
42210		PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; WITH BONE GR	68.23	90	1			AS
42215		PALATOPLASTY FOR CLEFT PALATE; MAJOR REVISION	44.22	90	1			AS
42220		PALATOPLASTY FOR CLEFT PALATE; SECONDARY LENGTHENING PROCEDURE	34.35	90	1			AS
42225		PALATOPLASTY FOR CLEFT PALATE; ATTACHMENT PHARYNGEAL FLAP	56.60	90	1			AS
42226		LENGTHENING OF PALATE, AND PHARYNGEAL FLAP	57.58	90	1			AS
42227		LENGTHENING OF PALATE, WITH ISLAND FLAP	55.05	90	1			AS
42235		REPAIR OF ANTERIOR PALATE, INCLUDING VOMER FLAP	45.73	90	1			AS
42260		REPAIR OF NASOLABIAL FISTULA	52.52	90	1			AS
42299	R	UNLISTED PROCEDURE, PALATE, UVULA		90	1			AS
42409		MARSUPIALIZATION OF SUBLINGUAL SALIVARY CYST (RANULA)	20.92	90	1			AS
42410		EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITHOUT NERVE DIS	39.76	90	1			AS
42415		EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITH DISSECTION A	71.23	90	1			AS
42420		EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH DISSECTION AND PRES	81.51	90	1			AS

Code	Spec	Description	Base Fee	FUD	UNOS	Hysterectomy Sterilization Abortion	PA	AS
42425		EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, EN BLOC REMOVAL WITH SAC	53.64	90	1			AS
42426		EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH UNILATERAL RADICAL	87.24	90	1			AS
42440		EXCISION OF SUBMANDIBULAR (SUBMAXILLARY) GLAND	29.89	90	1			AS
42507		PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE);	32.75	90	1			AS
42508		PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE); WITH EXCISION OF	47.08	90	1			AS
42510		PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE); WITH LIGATION OF	39.99	90	1			AS
42699	R	UNLISTED PROCEDURE, SALIVARY GLANDS OR DUCTS		90	1			AS
42725		INCISION AND DRAINAGE ABSCESS; RETROPHARYNGEAL OR PARAPHARYNGEAL, EXTERN	51.74	90	1			AS
42810		EXCISION BRANCHIAL CLEFT CYST OR VESTIGE, CONFINED TO SKIN AND SUBCUTANEOUS	24.23	90	1			AS
42815		EXCISION BRANCHIAL CLEFT CYST, VESTIGE, OR FISTULA, EXTENDING BENEATH SUBCU	35.48	90	1			AS
42844		RADICAL RESECTION OF TONSIL, TONSILLAR PILLARS, AND/OR RETROMOLAR TRIGONE;	86.32	90	1			AS
42845		RADICAL RESECTION OF TONSIL, TONSILLAR PILLARS, AND/OR RETROMOLAR TRIGONE;	140.82	90	1			AS
42890		LIMITED PHARYNGECTOMY	88.82	90	1			AS
42892		RESECTION OF LATERAL PHARYNGEAL WALL OR PYRIFORM SINUS, DIRECT CLOSURE BY ,	116.81	90	1			AS
42894		RESECTION OF PHARYNGEAL WALL REQUIRING CLOSURE WITH MYOCUTANEOUS FLAP	149.18	90	1			AS
42950		PHARYNGOPLASTY (PLASTIC OR RECONSTRUCTIVE OPERATION ON PHARYNX)	49.94	90	1			AS
42953		PHARYNGOESOPHAGEAL REPAIR	59.76	90	1			AS
42955		PHARYNGOSTOMY (FISTULIZATION OF PHARYNX, EXTERNAL FOR FEEDING)	47.26	90	1			AS
42961		CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POSTTONSILI	26.76	90	1			AS
42962		CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POSTTONSILI	33.10	90	1			AS
42971		CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POSTADI	29.16	90	1			AS
42972		CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POSTADI	32.65	90	1			AS
43020		ESOPHAGOTOMY, CERVICAL APPROACH; WITH REMOVAL OF FOREIGN BODY	33.65	90	1			AS
43030		CRICOPHARYNGEAL MYOTOMY	33.32	90	1			AS
43045		ESOPHAGOTOMY, THORACIC APPROACH, WITH REMOVAL OF FOREIGN BODY	86.04	90	1			AS
43100		EXCISION OF LESION, ESOPHAGUS, WITH PRIMARY REPAIR; CERVICAL APPROACH	40.04	90	1			AS
43101		EXCISION OF LESION, ESOPHAGUS, WITH PRIMARY REPAIR; THORACIC OR ABDOMINAL A	67.68	90	1			AS

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43107		TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITHOUT THORACOTOMY; WITH PHARYNGOG,	166.52	90	1			AS
43108		TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITHOUT THORACOTOMY; WITH COLON INTER	285.31	90	1			AS
43112		TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITH THORACOTOMY; WITH PHARYNGOGASTI	177.92	90	1			AS
43113		TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITH THORACOTOMY; WITH COLON INTERPOS	286.87	90	1			AS
43116		PARTIAL ESOPHAGECTOMY, CERVICAL, WITH FREE INTESTINAL GRAFT, INCLUDING MICR	324.45	90	1			AS
43117		PARTIAL ESOPHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY AND SEPARATE A	162.81	90	1			AS
43118		PARTIAL ESOPHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY AND SEPARATE A	234.37	90	1			AS
43121		PARTIAL ESOPHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY ONLY, WITH OR V	185.79	90	1			AS
43122		PARTIAL ESOPHAGECTOMY, THORACOABDOMINAL OR ABDOMINAL APPROACH, WITH OR V	164.79	90	1			AS
43123		PARTIAL ESOPHAGECTOMY, THORACOABDOMINAL OR ABDOMINAL APPROACH, WITH OR V	287.14	90	1			AS
43124		TOTAL OR PARTIAL ESOPHAGECTOMY, WITHOUT RECONSTRUCTION (ANY APPROACH), WI	246.43	90	1			AS
43130		DIVERTICULECTOMY OF HYPOPHARYNX OR ESOPHAGUS, WITH OR WITHOUT MYOTOMY; C	50.71	90	1			AS
43135		DIVERTICULECTOMY OF HYPOPHARYNX OR ESOPHAGUS, WITH OR WITHOUT MYOTOMY; T	97.39	90	1			AS
43280		LAPAROSCOPY, SURGICAL, ESOPHAGOGASTRIC FUNDOPLASTY (EG, NISSEN, TOUPET PRO	68.20	90	1			AS
43281		LAPAROSCOPY, SURGICAL, REPAIR OF PARAESOPHAGEAL HERNIA, INCLUDES FUNDOPL	107.02	90	1			AS
43282		LAPAROSCOPY, SURGICAL, REPAIR OF PARAESOPHAGEAL HERNIA, INCLUDES FUNDOPL	120.37	90	1			AS
43283		LAPAROSCOPY, SURGICAL, ESOPHAGEAL LENGTHENING PROCEDURE (EG, COLLIS	12.13	0	1			AS
43289	R	UNLISTED LAPAROSCOPY PROCEDURE, ESOPHAGUS		0	1			AS
43300		ESOPHAGOPLASTY, (PLASTIC REPAIR OR RECONSTRUCTION), CERVICAL APPROACH; WITI	39.91	90	1			AS
43305		ESOPHAGOPLASTY, (PLASTIC REPAIR OR RECONSTRUCTION), CERVICAL APPROACH; WITI	70.66	90	1			AS
43310		ESOPHAGOPLASTY, (PLASTIC REPAIR OR RECONSTRUCTION), THORACIC APPROACH; WIT	101.18	90	1			AS
43312		ESOPHAGOPLASTY, (PLASTIC REPAIR OR RECONSTRUCTION), THORACIC APPROACH; WIT	111.70	90	1			AS
43313		ESOPHAGOPLASTY FOR CONGENITAL DEFECT, (PLASTIC REPAIR OR RECONSTRUCTION),	176.07	90	1			AS
43314		ESOPHAGOPLASTY FOR CONGENITAL DEFECT, (PLASTIC REPAIR OR RECONSTRUCTION),	205.89	90	1			AS
43320		ESOPHAGOGASTROSTOMY (CARDIOPLASTY), WITH OR WITHOUT VAGOTOMY AND PYLORC	89.02	90	1			AS
43325		ESOPHAGOGASTRIC FUNDOPLASTY; WITH FUNDIC PATCH (THAL-NISSEN PROCEDURE)	84.64	90	1			AS
43327		ESOPHAGOGASTRIC FUNDOPLASTY PARTIAL OR COMPLETE; LAPAROTOMY	61.01	90	1			AS

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43328		ESOPHAGOGASTRIC FUNDOPLASTY PARTIAL OR COMPLETE; THORACOTOMY	89.58	90	1			AS
43330		ESOPHAGOMYOTOMY (HELLER TYPE); ABDOMINAL APPROACH	83.11	90	1			AS
43331		ESOPHAGOMYOTOMY ((HELLER TYPE), WITH OR WITHOUT HIATAL HERNIA REPAIR); THOR	90.60	90	1			AS
43332		REPAIR, PARAESOPHAGEAL HIATAL HERNIA (INCLUDING FUNDOPLICATION), VIA LA	87.48	90	1			AS
43333		REPAIR, PARAESOPHAGEAL HIATAL HERNIA (INCLUDING FUNDOPLICATION), VIA LA	94.84	90	1			AS
43334		REPAIR, PARAESOPHAGEAL HIATAL HERNIA (INCLUDING FUNDOPLICATION), VIA	95.87	90	1			AS
43335		REPAIR, PARAESOPHAGEAL HIATAL HERNIA (INCLUDING FUNDOPLICATION), VIA	103.28	90	1			AS
43336		REPAIR, PARAESOPHAGEAL HIATAL HERNIA, (INCLUDING FUNDOPLICATION), VIA	113.18	90	1			AS
43337		REPAIR, PARAESOPHAGEAL HIATAL HERNIA, (INCLUDING FUNDOPLICATION), VIA	123.55	90	1			AS
43338		ESOPHAGEAL LENGTHENING PROCEDURE (EG, COLLIS GASTROPLASTY OR WEDGE	10.05	90	1			AS
43340		ESOPHAGOJEJUNOSTOMY (WITHOUT TOTAL GASTRECTOMY); ABDOMINAL APPROACH	86.17	90	1			AS
43341		ESOPHAGOJEJUNOSTOMY (WITHOUT TOTAL GASTRECTOMY); THORACIC APPROACH	95.79	90	1			AS
43350		ESOPHAGOSTOMY, FISTULIZATION OF ESOPHAGUS, EXTERNAL; ABDOMINAL APPROACH	72.84	90	1			AS
43351		ESOPHAGOSTOMY, FISTULIZATION OF ESOPHAGUS, EXTERNAL; THORACIC APPROACH	86.62	90	1			AS
43352		ESOPHAGOSTOMY, FISTULIZATION OF ESOPHAGUS, EXTERNAL; CERVICAL APPROACH	70.73	90	1			AS
43360		GASTROINTESTINAL RECONSTRUCTION FOR PREVIOUS ESOPHAGECTOMY, FOR OBSTRU	152.09	90	1			AS
43361		GASTROINTESTINAL RECONSTRUCTION FOR PREVIOUS ESOPHAGECTOMY, FOR OBSTRU	168.70	90	1			AS
43400		LIGATION, DIRECT, ESOPHAGEAL VARICES	106.89	90	1			AS
43401		TRANSECTION OF ESOPHAGUS WITH REPAIR, FOR ESOPHAGEAL VARICES	98.82	90	1			AS
43405		LIGATION OR STAPLING AT GASTROESOPHAGEAL JUNCTION FOR PRE-EXISTING ESOPHAC	96.34	90	1			AS
43410		SUTURE OF ESOPHAGEAL WOUND OR INJURY; CERVICAL APPROACH	65.47	90	1			AS
43415		SUTURE OF ESOPHAGEAL WOUND OR INJURY; TRANSTHORACIC OR TRANSABDOMINAL AF	111.78	90	1			AS
43425		CLOSURE OF ESOPHAGOSTOMY OR FISTULA; TRANSTHORACIC OR TRANSABDOMINAL API	98.80	90	1			AS
43499	R	UNLISTED PROCEDURE, ESOPHAGUS		90	1			AS
43500		GASTROTOMY; WITH EXPLORATION OR FOREIGN BODY REMOVAL	49.06	90	1			AS
43501		GASTROTOMY; WITH SUTURE REPAIR OF BLEEDING ULCER	84.09	90	1			AS
43502		GASTROTOMY; WITH SUTURE REPAIR OF PRE-EXISTING ESOPHAGOGASTRIC LACERATION	95.09	90	1			AS

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43510		GASTROTOMY; WITH ESOPHAGEAL DILATION AND INSERTION OF PERMANENT INTRALUMII	60.84	90	1			AS
43520		PYLOROMYOTOMY, CUTTING OF PYLORIC MUSCLE (FREDET-RAMSTEDT TYPE OPERATION	44.05	90	1			AS
43605		BIOPSY OF STOMACH; BY LAPAROTOMY	51.94	90	1			AS
43610		EXCISION, LOCAL; ULCER OR BENIGN TUMOR OF STOMACH	61.34	90	1			AS
43611		EXCISION, LOCAL; MALIGNANT TUMOR OF STOMACH	76.37	90	1			AS
43620		GASTRECTOMY, TOTAL; WITH ESOPHAGOENTEROSTOMY	124.08	90	1			AS
43621		GASTRECTOMY, TOTAL; WITH ROUX-EN-Y RECONSTRUCTION	141.64	90	1			AS
43622		GASTRECTOMY, TOTAL; WITH FORMATION OF INTESTINAL POUCH, ANY TYPE	143.50	90	1			AS
43631		GASTRECTOMY, PARTIAL, DISTAL; WITH GASTRODUODENOSTOMY	91.05	90	1			AS
43632		GASTRECTOMY, PARTIAL, DISTAL; WITH GASTROJEJUNOSTOMY	124.86	90	1			AS
43633		GASTRECTOMY, PARTIAL, DISTAL; WITH ROUX-EN-Y RECONSTRUCTION	118.67	90	1			AS
43634		GASTRECTOMY, PARTIAL, DISTAL; WITH FORMATION OF INTESTINAL POUCH	131.17	90	1			AS
43635		VAGOTOMY WHEN PERFORMED WITH PARTIAL DISTAL GASTRECTOMY (LIST SEPARATELY	7.24	90	1			AS
43640		VAGOTOMY INCLUDING PYLOROPLASTY, WITH OR WITHOUT GASTROSTOMY; TRUNCAL OF	73.41	90	1			AS
43641		VAGOTOMY INCLUDING PYLOROPLASTY, WITH OR WITHOUT GASTROSTOMY; PARIETAL CE	73.92	90	1			AS
43644		LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS /	107.77	0	1			AS
43645		LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS /	115.26	0	1			AS
43651		LAPAROSCOPY, SURGICAL; TRANSECTION OF VAGUS NERVES, TRUNCAL	40.82	90	1			AS
43652		LAPAROSCOPY, SURGICAL; TRANSECTION OF VAGUS NERVES, SELECTIVE OR HIGHLY SEI	47.36	90	1			AS
43653		LAPAROSCOPY, SURGICAL; GASTROSTOMY, WITHOUT CONSTRUCTION OF GASTRIC TUBE	34.95	90	1			AS
43659	R	UNLISTED LAPAROSCOPY PROCEDURE, STOMACH		0	1			AS
43770		LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; PLACEMENT OF ADJUST,	69.51	90	1			AS
43771		LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REVISION OF ADJUSTABI	79.20	90	1			AS
43772		LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTAB	59.96	90	1			AS
43773		LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL AND REPLACE	79.30	90	1			AS
43774		LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTAB	59.86	90	1			AS
43775		LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL	89.85	90	1			AS

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43800		PYLOROPLASTY	58.23	90	1			AS
43810		GASTRODUODENOSTOMY	63.12	90	1			AS
43820		GASTROJEJUNOSTOMY; WITHOUT VAGOTOMY	82.38	90	1			AS
43825		GASTROJEJUNOSTOMY; WITH VAGOTOMY, ANY TYPE	81.16	90	1			AS
43830		GASTROSTOMY, OPEN; WITHOUT CONSTRUCTION OF GASTRIC TUBE (EG, STAMM PROCEI	43.40	90	1			AS
43831		GASTROSTOMY, TEMPORARY (TUBE, RUBBER OR PLASTIC) (SEPARATE PROCEDURE); NEC	36.46	90	1			AS
43832		GASTROSTOMY, OPEN; WITH CONSTRUCTION OF GASTRIC TUBE (EG, JANEWAY PROCEDL	66.65	90	1			AS
43840		GASTRORRHAPHY, SUTURE OF PERFORATED DUODENAL OR GASTRIC ULCER, WOUND, OI	83.36	90	1			AS
43842		GASTRIC RESTRICTIVE PROCEDURE, WITHOUT GASTRIC BYPASS, FOR MORBID OBESITY;	81.38	90	1			AS
43843		GASTRIC RESTRICTIVE PROCEDURE, WITHOUT GASTRIC BYPASS, FOR MORBID OBESITY;	79.15	90	1			AS
43846		GASTRIC RESTRICTIVE PROCEDURE, WITH GASTRIC BYPASS FOR MORBID OBESITY; WITH	102.03	90	1			AS
43847		GASTRIC RESTRICTIVE PROCEDURE, WITH GASTRIC BYPASS FOR MORBID OBESITY; WITH	111.25	90	1			AS
43848		REVISION, OPEN, OF GASTRIC RESTRICTIVE PROCEDURE FOR MORBID OBESITY, OTHER	120.82	90	1			AS
43850		REVISION OF GASTRODUODENAL ANASTOMOSIS (GASTRODUODENOSTOMY) WITH RECON	101.08	90	1			AS
43855		REVISION OF GASTRODUODENAL ANASTOMOSIS (GASTRODUODENOSTOMY) WITH RECON	105.74	90	1			AS
43860		REVISION OF GASTROJEJUNAL ANASTOMOSIS (GASTROJEJUNOSTOMY) WITH RECONSTR	102.75	90	1			AS
43865		REVISION OF GASTROJEJUNAL ANASTOMOSIS (GASTROJEJUNOSTOMY) WITH RECONSTR	106.74	90	1			AS
43870		CLOSURE OF GASTROSTOMY, SURGICAL	44.27	90	1			AS
43880		CLOSURE OF GASTROCOLIC FISTULA	100.35	90	1			AS
43886		GASTRIC RESTRICTIVE PROCEDURE, OPEN; REVISION OF SUBCUTANEOUS PORT COMPO	20.72	90	1			AS
43887		GASTRIC RESTRICTIVE PROCEDURE, OPEN; REMOVAL OF SUBCUTANEOUS PORT COMPO	19.69	90	1			AS
43888		GASTRIC RESTRICTIVE PROCEDURE, OPEN; REMOVAL AND REPLACEMENT OF SUBCUTAN	27.59	90	1			AS
44005		ENTEROLYSIS (FREEING OF INTESTINAL ADHESION) (SEPARATE PROCEDURE)	68.68	90	1			AS
44010		DUODENOTOMY, FOR EXPLORATION, BIOPSY(S), OR FOREIGN BODY REMOVAL	54.10	90	1			AS
44015		TUBE OR NEEDLE CATHETER JEJUNOSTOMY FOR ENTERAL ALIMENTATION, INTRAOPERAT	9.30	0	1			AS
44020		ENTEROTOMY, SMALL INTESTINE, OTHER THAN DUODENUM; FOR EXPLORATION, BIOPSY(:	60.79	90	1			AS
44021		ENTEROTOMY, SMALL BOWEL, OTHER THAN DUODENUM; FOR DECOMPRESSION (EG, BAK	61.61	90	1			AS

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44025		COLOTOMY, FOR EXPLORATION, BIOPSY(S), OR FOREIGN BODY REMOVAL	61.89	90	1			AS
44050		REDUCTION OF VOLVULUS, INTUSSUSCEPTION, INTERNAL HERNIA, BY LAPAROTOMY	58.51	90	1			AS
44055		CORRECTION OF MALROTATION BY LYSIS OF DUODENAL BANDS AND/OR REDUCTION OF I	93.63	90	1			AS
44110		EXCISION OF ONE OR MORE LESIONS OF SMALL OR LARGE INTESTINE NOT REQUIRING A	53.07	90	1			AS
44111		EXCISION OF ONE OR MORE LESIONS OF SMALL OR LARGE BOWEL NOT REQUIRING ANAS	61.61	90	1			AS
44120		ENTERECTOMY, RESECTION OF SMALL INTESTINE; SINGLE RESECTION AND ANASTOMOSI	76.35	90	1			AS
44121		ENTERECTOMY, RESECTION OF SMALL INTESTINE; EACH ADDITIONAL RESECTION AND AN	15.59	0	10			AS
44125		ENTERECTOMY, RESECTION OF SMALL INTESTINE; WITH ENTEROSTOMY	74.02	90	1			AS
44126		ENTERECTOMY, RESECTION OF SMALL INTESTINE FOR CONGENITAL ATRESIA, SINGLE RE	152.82	90	1			AS
44127		ENTERECTOMY, RESECTION OF SMALL INTESTINE FOR CONGENITAL ATRESIA, SINGLE RE	178.45	90	1			AS
44128		ENTERECTOMY, RESECTION OF SMALL INTESTINE FOR CONGENITAL ATRESIA, SINGLE RE	15.69	0	1			AS
44130		ENTEROENTEROSTOMY, ANASTOMOSIS OF INTESTINE, WITH OR WITHOUT CUTANEOUS EI	80.61	90	1			AS
44139		MOBILIZATION (TAKE-DOWN) OF SPLENIC FLEXURE PERFORMED IN CONJUNCTION WITH P	7.79	0	1			AS
44140		COLECTOMY, PARTIAL; WITH ANASTOMOSIS	84.19	90	1			AS
44141		COLECTOMY, PARTIAL; WITH SKIN LEVEL CECOSTOMY OR COLOSTOMY	111.55	90	1			AS
44143		COLECTOMY, PARTIAL; WITH END COLOSTOMY AND CLOSURE OF DISTAL SEGMENT (HART	103.68	90	1			AS
44144		COLECTOMY, PARTIAL; WITH RESECTION, WITH COLOSTOMY OR ILEOSTOMY AND CREATI	109.47	90	1			AS
44145		COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)	104.43	90	1			AS
44146		COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS), WITH CC	131.34	90	1			AS
44147		COLECTOMY, PARTIAL; ABDOMINAL AND TRANSANAL APPROACH	118.97	90	1			AS
44150		COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PROCTECTOMY; WITH ILEOSTOMY OR ILEOPF	115.33	90	1			AS
44151		COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PROCTECTOMY; WITH CONTINENT ILEOSTOM	131.75	90	1			AS
44155		COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY; WITH ILEOSTOMY	128.71	90	1			AS
44156		COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY; WITH CONTINENT ILEOSTOMY	141.57	90	1			AS
44157		COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY; WITH ILEOANAL ANASTOMOSIS, I	134.50	90	1			AS
44158		COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY; WITH ILEOANAL ANASTOMOSIS, C	137.88	90	1			AS
44160		COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM WITH ILEOCOLOSTOMY	77.65	90	1			AS

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44180		LAPAROSCOPY, SURGICAL, ENTEROLYSIS (FREEING OF INTESTINAL ADHESION) (SEPARA	57.83	90	1			AS
44186		LAPAROSCOPY, SURGICAL; JEJUNOSTOMY (EG, FOR DECOMPRESSION OR FEEDING)	40.82	90	1			AS
44187		LAPAROSCOPY, SURGICAL; ILEOSTOMY OR JEJUNOSTOMY, NON-TUBE	68.68	90	1			AS
44188		LAPAROSCOPY, SURGICAL, COLOSTOMY OR SKIN LEVEL CECOSTOMY	76.15	90	1			AS
44202		LAPAROSCOPY, SURGICAL; ENTERECTOMY, RESECTION OF SMALL INTESTINE, SINGLE RE	87.12	90	1			AS
44203		LAPAROSCOPY, SURGICAL; EACH ADDITIONAL SMALL INTESTINE RESECTION AND ANASTC	15.51	0	1			AS
44204		LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS	96.99	90	1			AS
44205		LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM W	84.64	90	1			AS
44206		LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH END COLOSTOMY AND CLOSURE	110.25	90	1			AS
44207		LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLOPROC	115.48	90	1			AS
44208		LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLOPROC	125.66	90	1			AS
44210		LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PROCTECTOMY, \	112.55	90	1			AS
44211		LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY, WITH	137.88	90	1			AS
44212		LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY, WITH	129.59	90	1			AS
44213		LAPAROSCOPY, SURGICAL, MOBILIZATION (TAKE-DOWN) OF SPLENIC FLEXURE PERFORMI	12.18	0	1			AS
44227		LAPAROSCOPY, SURGICAL, CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE, W	105.09	90	1			AS
44238	R	UNLISTED LAPAROSCOPY PROCEDURE, INTESTINE (EXCEPT RECTUM)		0	1			AS
44300		ENTEROSTOMY OR CECOSTOMY, TUBE (EG, FOR DECOMPRESSION OR FEEDING) (SEPARA/	52.62	90	1			AS
44310		ILEOSTOMY OR JEJUNOSTOMY, NON-TUBE	65.55	90	1			AS
44314		REVISION OF ILEOSTOMY; COMPLICATED (RECONSTRUCTION IN-DEPTH) (SEPARATE PROC	63.67	90	1			AS
44316		CONTINENT ILEOSTOMY (KOCK PROCEDURE) (SEPARATE PROCEDURE)	86.84	90	1			AS
44320		COLOSTOMY OR SKIN LEVEL CECOSTOMY;	74.92	90	1			AS
44322		COLOSTOMY OR SKIN LEVEL CECOSTOMY; WITH MULTIPLE BIOPSIES (EG, FOR CONGENIT	59.76	90	1			AS
44345		REVISION OF COLOSTOMY; COMPLICATED (RECONSTRUCTION IN-DEPTH) (SEPARATE PRC	65.65	90	1			AS
44346		REVISION OF COLOSTOMY; WITH REPAIR OF PARACOLOSTOMY HERNIA (SEPARATE PROC	73.64	90	1			AS
44602		SUTURE OF SMALL INTESTINE (ENTERORRHAPHY) FOR PERFORATED ULCER, DIVERTICUL	86.92	90	1			AS
44603		SUTURE OF SMALL INTESTINE (ENTERORRHAPHY) FOR PERFORATED ULCER, DIVERTICUL	99.87	90	1			AS

Code	Spec	Description	Base Fee	FUD	UNOS	Hysterectomy Sterilization Abortion	PA	AS
44604		SUTURE OF LARGE INTESTINE (COLORRHAPHY) FOR PERFORATED ULCER, DIVERTICULUM	66.47	90	1			AS
44605		SUTURE OF LARGE INTESTINE (COLORRHAPHY) FOR PERFORATED ULCER, DIVERTICULUM	81.83	90	1			AS
44615		INTESTINAL STRICTUROPLASTY (ENTEROTOMY AND ENTERORRHAPHY) WITH OR WITHOUT	67.65	90	1			AS
44620		CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE;	54.05	90	1			AS
44625		CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE; WITH RESECTION AND ANAST	63.87	90	1			AS
44626		CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE; WITH RESECTION AND COLOF	101.38	90	1			AS
44640		CLOSURE OF INTESTINAL CUTANEOUS FISTULA	88.55	90	1			AS
44650		CLOSURE OF ENTEROENTERIC OR ENTEROCOLIC FISTULA	92.13	90	1			AS
44660		CLOSURE OF ENTEROVESICAL FISTULA; WITHOUT INTESTINAL OR BLADDER RESECTION	89.83	90	1			AS
44661		CLOSURE OF ENTEROVESICAL FISTULA; WITH INTESTINE AND/OR BLADDER RESECTION	100.12	90	1			AS
44680		INTESTINAL PLICATION (SEPARATE PROCEDURE)	66.87	90	1			AS
44700		EXCLUSION OF SMALL INTESTINE FROM PELVIS BY MESH OR OTHER PROSTHESIS, OR NA	64.29	90	1			AS
44701		INTRAOPERATIVE COLONIC LAVAGE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIM	10.75	0	1			AS
44799	R	UNLISTED PROCEDURE, INTESTINE		90	1			AS
44800		EXCISION OF MECKEL'S DIVERTICULUM (DIVERTICULECTOMY) OR OMPHALOMESENTERIC	47.71	90	1			AS
44820		EXCISION OF LESION OF MESENTERY (SEPARATE PROCEDURE)	52.67	90	1			AS
44850		SUTURE OF MESENTERY (SEPARATE PROCEDURE)	46.30	90	1			AS
44899	R	UNLISTED PROCEDURE, MECKEL'S DIVERTICULUM AND THE MESENTERY		90	1			AS
44900		INCISION AND DRAINAGE OF APPENDICEAL ABSCESS; OPEN	47.68	90	1			AS
44901		INCISION AND DRAINAGE OF APPENDICEAL ABSCESS; PERCUTANEOUS	12.04	0	1			AS
44950		APPENDECTOMY;	40.17	90	1			AS
44955		APPENDECTOMY; WHEN DONE FOR INDICATED PURPOSE AT TIME OF OTHER MAJOR PRO	5.41	90	1			AS
44960		APPENDECTOMY; FOR RUPTURED APPENDIX WITH ABSCESS OR GENERALIZED PERITONIT	54.25	90	1			AS
44970		LAPAROSCOPY, SURGICAL, APPENDECTOMY	37.11	90	1			AS
44979	R	UNLISTED LAPAROSCOPY PROCEDURE, APPENDIX		0	1			AS
45110		PROCTECTOMY; COMPLETE, COMBINED ABDOMINOPERINEAL, WITH COLOSTOMY	115.78	90	1			AS
45111		PROCTECTOMY; PARTIAL RESECTION OF RECTUM, TRANSABDOMINAL APPROACH	68.18	90	1			AS

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45112		PROCTECTOMY, COMBINED ABDOMINOPERINEAL, PULL-THROUGH PROCEDURE (EG, COLC	118.82	90	1			AS
45113		PROCTECTOMY, PARTIAL, WITH RECTAL MUCOSECTOMY, ILEOANAL ANASTOMOSIS, CREA	122.10	90	1			AS
45114		PROCTECTOMY, PARTIAL, WITH ANASTOMOSIS; ABDOMINAL AND TRANSSACRAL APPROAC	111.72	90	1			AS
45116		PROCTECTOMY, PARTIAL, WITH ANASTOMOSIS; TRANSACRAL APPROACH ONLY (KRASKE	100.10	90	1			AS
45119		PROCTECTOMY, COMBINED ABDOMINOPERINEAL PULL-THROUGH PROCEDURE (EG, COLC	122.17	90	1			AS
45120		PROCTECTOMY, COMPLETE (FOR CONGENITAL MEGACOLON), ABDOMINAL AND PERINEAL	97.92	90	1			AS
45121		PROCTECTOMY, COMPLETE (FOR CONGENITAL MEGACOLON), ABDOMINAL AND PERINEAL	106.96	90	1			AS
45123		PROCTECTOMY, PARTIAL, WITHOUT ANASTOMOSIS, PERINEAL APPROACH	69.61	90	1			AS
45126	R	PELVIC EXENTERATION FOR COLORECTAL MALIGNANCY, WITH PROCTECTOMY (WITH OR	180.08	90	1			AS
45130		EXCISION OF RECTAL PROCIDENTIA, WITH ANASTOMOSIS; PERINEAL APPROACH	67.93	90	1			AS
45135		EXCISION OF RECTAL PROCIDENTIA, WITH ANASTOMOSIS; ABDOMINAL AND PERINEAL AP	83.44	90	1			AS
45136		EXCISION OF ILEOANAL RESERVOIR WITH ILEOSTOMY	114.71	90	1			AS
45160		EXCISION OF RECTAL TUMOR BY PROCTOTOMY, TRANSACRAL OR TRANSCOCCYGEAL API	61.91	90	1			AS
45190		DESTRUCTION OF RECTAL TUMOR (EG, ELECTRODESSICATION, ELECTROSURGERY, LASE	42.67	90	1			AS
45395		LAPAROSCOPY, SURGICAL; PROCTECTOMY, COMPLETE, COMBINED ABDOMINOPERINEAL,	125.16	90	1			AS
45397		LAPAROSCOPY, SURGICAL; PROCTECTOMY, COMBINED ABDOMINOPERINEAL PULL-THROL	135.28	90	1			AS
45400		LAPAROSCOPY, SURGICAL; PROCTOPEXY (FOR PROLAPSE)	71.94	90	1			AS
45402		LAPAROSCOPY, SURGICAL; PROCTOPEXY (FOR PROLAPSE), WITH SIGMOID RESECTION	96.17	90	1			AS
45540		PROCTOPEXY (EG, FOR PROLAPSE); ABDOMINAL APPROACH	66.55	90	1			AS
45541		PROCTOPEXY FOR PROLAPSE; PERINEAL APPROACH	57.75	90	1			AS
45550		PROCTOPEXY (EG, FOR PROLAPSE); WITH SIGMOID RESECTION, ABDOMINAL APPROACH	91.73	90	1			AS
45560		REPAIR OF RECTOCELE (SEPARATE PROCEDURE)	45.65	90	1			AS
45562		EXPLORATION, REPAIR, AND PRESACRAL DRAINAGE FOR RECTAL INJURY;	70.31	90	1			AS
45563		EXPLORATION, REPAIR, AND PRESACRAL DRAINAGE FOR RECTAL INJURY; WITH COLOSTC	101.25	90	1			AS
45800		CLOSURE OF RECTOVESICAL FISTULA;	79.13	90	1			AS
45805		CLOSURE OF RECTOVESICAL FISTULA; WITH COLOSTOMY	88.10	90	1			AS
45820		CLOSURE OF RECTOURETHRAL FISTULA;	78.10	90	1			AS

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45825		CLOSURE OF RECTOURETHRAL FISTULA; WITH COLOSTOMY	93.91	90	1			AS
46705		ANOPLASTY, PLASTIC OPERATION FOR STRICTURE; INFANT	33.30	90	1			AS
46710		REPAIR OF ILEOANAL POUCH FISTULA/SINUS (EG, PERINEAL OR VAGINAL), POUCH ADV	66.72	90	1			AS
46712		REPAIR OF ILEOANAL POUCH FISTULA/SINUS (EG, PERINEAL OR VAGINAL), POUCH ADV	135.63	90	1			AS
46715		REPAIR OF LOW IMPERFORATE ANUS; WITH ANOPERINEAL FISTULA ("CUT-BACK" PROC	32.67	90	1			AS
46716		REPAIR OF LOW IMPERFORATE ANUS; WITH TRANSPOSITION OF ANOPERINEAL OR ANOVE	71.17	90	1			AS
46730		REPAIR OF HIGH IMPERFORATE ANUS WITHOUT FISTULA; PERINEAL OR SACROPERINEAL	119.82	90	1			AS
46735		REPAIR OF HIGH IMPERFORATE ANUS WITHOUT FISTULA; COMBINED TRANSABDOMINAL A	140.04	90	1			AS
46740		REPAIR OF HIGH IMPERFORATE ANUS WITH RECTOURETHRAL OR RECTOVAGINAL FISTUL	127.29	90	1			AS
46742		REPAIR OF HIGH IMPERFORATE ANUS WITH RECTOURETHRAL OR RECTOVAGINAL FISTUL	148.96	90	1			AS
46744		REPAIR OF CLOACAL ANOMALY BY ANORECTOVAGINOPLASTY AND URETHROPLASTY, SAC	214.38	90	1			AS
46746		REPAIR OF CLOACAL ANOMALY BY ANORECTOVAGINOPLASTY AND URETHROPLASTY, COI	249.48	90	1			AS
46748		REPAIR OF CLOACAL ANOMALY BY ANORECTOVAGINOPLASTY AND URETHROPLASTY, COI	258.63	90	1			AS
46750		SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE OR PROLAPSE; ADULT	47.86	90	1			AS
46751		SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE OR PROLAPSE; CHILD	39.46	90	1			AS
46760		SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT; MUSCLE TRANSPLANT	67.60	90	1			AS
46761		SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT; LEVATOR MUSCLE IMBRICATION	58.33	90	1			AS
46762		SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT; IMPLANTATION ARTIFICIAL SP	58.03	90	1			AS
47010		HEPATOTOMY; FOR OPEN DRAINAGE OF ABSCESS OR CYST, ONE OR TWO STAGES	74.27	90	1			AS
47011		HEPATOTOMY; FOR PERCUTANEOUS DRAINAGE OF ABSCESS OR CYST, ONE OR TWO STA	13.48	0	1			AS
47015		LAPAROTOMY, WITH ASPIRATION AND/OR INJECTION OF HEPATIC PARASITIC (EG, AMOE	70.81	90	1			AS
47100		BIOPSY OF LIVER, WEDGE	52.09	90	1			AS
47120		HEPATECTOMY, RESECTION OF LIVER; PARTIAL LOBECTOMY	145.70	90	1			AS
47122		HEPATECTOMY, RESECTION OF LIVER; TRISEGMENTECTOMY	216.39	90	1			AS
47125		HEPATECTOMY, RESECTION OF LIVER; TOTAL LEFT LOBECTOMY	193.78	90	1			AS
47130		HEPATECTOMY, RESECTION OF LIVER; TOTAL RIGHT LOBECTOMY	208.22	90	1			AS
47135		LIVER ALLOTRANSPLANTATION; ORTHOTOPIC, PARTIAL OR WHOLE, FROM CADAVER OR LI	306.46	90	1			AS

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47136		LIVER ALLOTRANSPLANTATION; HETEROTOPIC, PARTIAL OR WHOLE, FROM CADAVER OR I	261.81	90	1			AS
47300		MARSUPIALIZATION OF CYST OR ABSCESS OF LIVER	69.91	90	1			AS
47350		MANAGEMENT OF LIVER HEMORRHAGE; SIMPLE SUTURE OF LIVER WOUND OR INJURY	85.59	90	1			AS
47360		MANAGEMENT OF LIVER HEMORRHAGE; COMPLEX SUTURE OF LIVER WOUND OR INJURY,	116.21	90	1			AS
47361		MANAGEMENT OF LIVER HEMORRHAGE; EXPLORATION OF HEPATIC WOUND, EXTENSIVE [	190.45	90	1			AS
47362		MANAGEMENT OF LIVER HEMORRHAGE; RE-EXPLORATION OF HEPATIC WOUND FOR REMO	88.97	90	1			AS
47370		LAPAROSCOPY, SURGICAL, ABLATION OF ONE OR MORE LIVER TUMOR(S); RADIOFREQUEI	78.12	90	1			AS
47371		LAPAROSCOPY, SURGICAL, ABLATION OF ONE OR MORE LIVER TUMOR(S); CRYOSURGICAL	80.03	90	1			AS
47379	R	UNLISTED LAPAROSCOPIC PROCEDURE, LIVER		0	1			AS
47380		ABLATION, OPEN, OF ONE OR MORE LIVER TUMOR(S); RADIOFREQUENCY	91.18	90	1			AS
47381		ABLATION, OPEN, OF ONE OR MORE LIVER TUMOR(S); CRYOSURGICAL	93.06	90	1			AS
47382		ABLATION, ONE OR MORE LIVER TUMOR(S), PERCUTANEOUS, RADIOFREQUENCY	57.53	10	1			AS
47399	R	UNLISTED PROCEDURE, LIVER		90	1			AS
47400		HEPATICOTOMY OR HEPATICOSTOMY WITH EXPLORATION, DRAINAGE, OR REMOVAL OF C	131.59	90	1			AS
47420		CHOLEDOCHOTOMY OR CHOLEDOCHOSTOMY WITH EXPLORATION, DRAINAGE, OR REMO	83.76	90	1			AS
47425		CHOLEDOCHOTOMY OR CHOLEDOCHOSTOMY WITH EXPLORATION, DRAINAGE, OR REMO	84.56	90	1			AS
47460		TRANSDUODENAL SPHINCTEROTOMY OR SPHINCTEROPLASTY, WITH OR WITHOUT TRANS	80.20	90	1			AS
47480		CHOLECYSTOTOMY OR CHOLECYSTOSTOMY WITH EXPLORATION, DRAINAGE, OR REMOV	53.54	90	1			AS
47550		BILIARY ENDOSCOPY, INTRAOPERATIVE (CHOLEDOCHOSCOPY) (LIST SEPARATELY IN ADD	10.70	0	1			AS
47562		LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY	46.38	90	1			AS
47563		LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY WITH CHOLANGIOGRAPHY	47.23	90	1			AS
47564		LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT	54.45	90	1			AS
47570		LAPAROSCOPY, SURGICAL; CHOLECYSTOENTEROSTOMY	48.66	90	1			AS
47579	R	UNLISTED LAPAROSCOPY PROCEDURE, BILIARY TRACT		0	1			AS
47600		CHOLECYSTECTOMY;	66.67	90	1			AS
47605		CHOLECYSTECTOMY; WITH CHOLANGIOGRAPHY	61.26	90	1			AS
47610		CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT;	78.45	90	1			AS

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47612		CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT; WITH CHOLEDOCHOENTERO	79.30	90	1			AS
47620		CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT; WITH TRANSDUODENAL SPI	86.04	90	1			AS
47700		EXPLORATION FOR CONGENITAL ATRESIA OF BILE DUCTS, WITHOUT REPAIR, WITH OR W	65.47	90	1			AS
47711		EXCISION OF BILE DUCT TUMOR, WITH OR WITHOUT PRIMARY REPAIR OF BILE DUCT; E	97.39	90	1			AS
47712		EXCISION OF BILE DUCT TUMOR, WITH OR WITHOUT PRIMARY REPAIR OF BILE DUCT; I	124.43	90	1			AS
47715		EXCISION OF CHOLEDOCHAL CYST	81.98	90	1			AS
47720		CHOLECYSTOENTEROSTOMY; DIRECT	70.91	90	1			AS
47721		CHOLECYSTOENTEROSTOMY; WITH GASTROENTEROSTOMY	83.56	90	1			AS
47740		CHOLECYSTOENTEROSTOMY; ROUX-EN-Y	80.68	90	1			AS
47741		CHOLECYSTOENTEROSTOMY; ROUX-EN-Y WITH GASTROENTEROSTOMY	91.45	90	1			AS
47760		ANASTOMOSIS, OF EXTRAHEPATIC BILIARY DUCTS AND GASTROINTESTINAL TRACT	138.38	90	1			AS
47765		ANASTOMOSIS, OF INTRAHEPATIC DUCTS AND GASTROINTESTINAL TRACT	183.74	90	1			AS
47780		ANASTOMOSIS, ROUX-EN-Y, OF EXTRAHEPATIC BILIARY DUCTS AND GASTROINTESTINAL	151.41	90	1			AS
47785		ANASTOMOSIS, ROUX-EN-Y, OF INTRAHEPATIC BILIARY DUCTS AND GASTROINTESTINAL	197.72	90	1			AS
47800		RECONSTRUCTION, PLASTIC, OF EXTRAHEPATIC BILIARY DUCTS WITH END-TO-END ANAS	98.30	90	1			AS
47801		PLACEMENT OF CHOLEDOCHAL STENT	69.20	90	1			AS
47802		U-TUBE HEPATICOENTEROSTOMY	94.51	90	1			AS
47900		SUTURE OF EXTRAHEPATIC BILIARY DUCT FOR PRE-EXISTING INJURY (SEPARATE PROCE	85.12	90	1			AS
47999	R	UNLISTED PROCEDURE, BILIARY TRACT		90	1			AS
48000		PLACEMENT OF DRAINS, PERIPANCREATIC, FOR ACUTE PANCREATITIS;	117.79	90	1			AS
48001		PLACEMENT OF DRAINS, PERIPANCREATIC, FOR ACUTE PANCREATITIS; WITH CHOLECYST	144.72	90	1			AS
48020		REMOVAL OF PANCREATIC CALCULUS	73.06	90	1			AS
48100		BIOPSY OF PANCREAS, OPEN (EG, FINE NEEDLE ASPIRATION, NEEDLE CORE BIOPSY, W	55.42	90	1			AS
48105		RESECTION OR DEBRIDEMENT OF PANCREAS AND PERIPANCREATIC TISSUE FOR ACUTE I	178.50	90	1			AS
48120		EXCISION OF LESION OF PANCREAS (EG, CYST, ADENOMA)	69.05	90	1			AS
48140		PANCREATECTOMY, DISTAL SUBTOTAL, WITH OR WITHOUT SPLENECTOMY; WITHOUT PAN	97.69	90	1			AS
48145		PANCREATECTOMY, DISTAL SUBTOTAL, WITH OR WITHOUT SPLENECTOMY; WITH PANCRE	101.48	90	1			AS

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48146		PANCREATECTOMY, DISTAL, NEAR-TOTAL WITH PRESERVATION OF DUODENUM (CHILD-TY	115.73	90	1			AS
48148		EXCISION OF AMPULLA OF VATER	77.07	90	1			AS
48150		PANCREATECTOMY, PROXIMAL SUBTOTAL WITH TOTAL DUODENECTOMY, PARTIAL GASTR	194.94	90	1			AS
48152		PANCREATECTOMY, PROXIMAL SUBTOTAL WITH TOTAL DUODENECTOMY, PARTIAL GASTR	180.28	90	1			AS
48153		PANCREATECTOMY, PROXIMAL SUBTOTAL WITH NEAR-TOTAL DUODENECTOMY, CHOLEDC	194.59	90	1			AS
48154		PANCREATECTOMY, PROXIMAL SUBTOTAL WITH NEAR-TOTAL DUODENECTOMY, CHOLEDC	180.65	90	1			AS
48155		PANCREATECTOMY, TOTAL	112.40	90	1			AS
48500		MARSUPIALIZATION OF PANCREATIC CYST	70.66	90	1			AS
48510		EXTERNAL DRAINAGE, PSEUDOCYST OF PANCREAS; OPEN	66.75	90	1			AS
48511		EXTERNAL DRAINAGE, PSEUDOCYST OF PANCREAS; PERCUTANEOUS	14.22	0	1			AS
48520		INTERNAL ANASTOMOSIS OF PANCREATIC CYST TO GASTROINTESTINAL TRACT; DIRECT	68.35	90	1			AS
48540		INTERNAL ANASTOMOSIS OF PANCREATIC CYST TO GASTROINTESTINAL TRACT; ROUX-EN	81.41	90	1			AS
48545		PANCREATORRHAPHY FOR INJURY	82.59	90	1			AS
48547		DUODENAL EXCLUSION WITH GASTROJEJUNOSTOMY FOR PANCREATIC INJURY	111.27	90	1			AS
48548		PANCREATICOJEJUNOSTOMY, SIDE-TO-SIDE ANASTOMOSIS (PUESTOW-TYPE OPERATION)	104.28	90	1			AS
48554		TRANSPLANTATION OF PANCREATIC ALLOGRAFT	156.00	0	1			AS
48556		REMOVAL OF TRANSPLANTED PANCREATIC ALLOGRAFT	77.93	90	1			AS
48999	R	UNLISTED PROCEDURE, PANCREAS		90	1			AS
49000		EXPLORATORY LAPAROTOMY, EXPLORATORY CELIOTOMY WITH OR WITHOUT BIOPSY(S) (	48.51	90	1			AS
49002		REOPENING OF RECENT LAPAROTOMY	64.07	90	1			AS
49010		EXPLORATION, RETROPERITONEAL AREA WITH OR WITHOUT BIOPSY(S) (SEPARATE PROC	60.16	90	1			AS
49020		DRAINAGE OF PERITONEAL ABSCESS OR LOCALIZED PERITONITIS, EXCLUSIVE OF APPEN	99.27	90	1			AS
49040		DRAINAGE OF SUBDIAPHRAGMATIC OR SUBPHRENIC ABSCESS; OPEN	62.31	90	1			AS
49041		DRAINAGE OF SUBDIAPHRAGMATIC OR SUBPHRENIC ABSCESS; PERCUTANEOUS	14.22	0	1			AS
49061		DRAINAGE OF RETROPERITONEAL ABSCESS; PERCUTANEOUS	13.17	0	1			AS
49062		DRAINAGE OF EXTRAPERITONEAL LYMPHOCELE TO PERITONEAL CAVITY, OPEN	47.31	90	1			AS
49215		EXCISION OF PRESACRAL OR SACROCOCCYGEAL TUMOR	138.84	90	1			AS

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49220		STAGING LAPAROTOMY FOR HODGKINS DISEASE OR LYMPHOMA (INCLUDES SPLENECTOMY AND OMENTECTOMY, EPIPLOECTOMY, RESECTION OF OMENTUM (SEPARATE PROCEDURE))	60.59	90	1			AS
49255		OMENTECTOMY, EPIPLOECTOMY, RESECTION OF OMENTUM (SEPARATE PROCEDURE)	49.19	90	1			AS
49320		LAPAROSCOPY, ABDOMEN, PERITONEUM, AND OMENTUM, DIAGNOSTIC, WITH OR WITHOUT SURGICAL MANIPULATION	20.67	10	1			AS
49321		LAPAROSCOPY, SURGICAL; WITH BIOPSY (SINGLE OR MULTIPLE)	21.85	10	1			AS
49322		LAPAROSCOPY, SURGICAL, ABDOMEN, PERITONEUM, AND OMENTUM; WITH ASPIRATION CYST	23.55	10	1			AS
49323		LAPAROSCOPY, SURGICAL, ABDOMEN, PERITONEUM, AND OMENTUM; WITH DRAINAGE OF CYST	40.47	90	1			AS
49324		LAPAROSCOPY, SURGICAL; WITH INSERTION OF INTRAPERITONEAL CANNULA OR CATHETER	24.68	10	1			AS
49325		LAPAROSCOPY, SURGICAL; WITH REVISION OF PREVIOUSLY PLACED INTRAPERITONEAL CANNULA OR CATHETER	26.56	10	1			AS
49326		LAPAROSCOPY, SURGICAL; WITH OMENTOPEXY (OMENTAL TACKING PROCEDURE) (LIST SEPARATELY)	12.25	0	1			AS
49329	R	UNLISTED LAPAROSCOPY PROCEDURE, ABDOMEN, PERITONEUM AND OMENTUM		0	1			AS
49425		INSERTION OF PERITONEAL-VENOUS SHUNT	48.11	90	1			AS
49435		INSERTION OF SUBCUTANEOUS EXTENSION TO INTRAPERITONEAL CANNULA OR CATHETER	7.84	0	1			AS
49436		DELAYED CREATION OF EXIT SITE FROM EMBEDDED SUBCUTANEOUS SEGMENT OF INTRAPERITONEAL CANNULA OR CATHETER	11.48	10	1			AS
49491		REPAIR, INITIAL INGUINAL HERNIA, PRETERM INFANT (LESS THAN 37 WEEKS GESTATION)	48.61	90	1			AS
49492		REPAIR, INITIAL INGUINAL HERNIA, PRETERM INFANT (LESS THAN 37 WEEKS GESTATION)	59.33	90	1			AS
49495		REPAIR, INITIAL INGUINAL HERNIA, FULL TERM INFANT UNDER AGE 6 MONTHS, OR PRETERM INFANT	24.56	90	1			AS
49496		REPAIR INITIAL INGUINAL HERNIA, UNDER AGE 6 MONTHS, WITH OR WITHOUT HYDROCELE	37.46	90	1			AS
49500		REPAIR INITIAL INGUINAL HERNIA, AGE 6 MONTHS TO UNDER 5 YEARS, WITH OR WITHOUT HYDROCELE	24.61	90	1			AS
49501		REPAIR INITIAL INGUINAL HERNIA, AGE 6 MONTHS TO UNDER 5 YEARS, WITH OR WITHOUT HYDROCELE	37.21	90	1			AS
49505		REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OVER; REDUCIBLE	32.27	90	1			AS
49507		REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OVER; INCARCERATED OR STRANGULATED	39.66	90	1			AS
49520		REPAIR RECURRENT INGUINAL HERNIA, ANY AGE; REDUCIBLE	39.34	90	1			AS
49521		REPAIR RECURRENT INGUINAL HERNIA, ANY AGE; INCARCERATED OR STRANGULATED	47.88	90	1			AS
49525		REPAIR INGUINAL HERNIA, SLIDING, ANY AGE	35.60	90	1			AS
49540		REPAIR LUMBAR HERNIA	42.02	90	1			AS
49550		REPAIR INITIAL FEMORAL HERNIA, ANY AGE, REDUCIBLE;	35.76	90	1			AS
49553		REPAIR INITIAL FEMORAL HERNIA, ANY AGE; INCARCERATED OR STRANGULATED	39.11	90	1			AS

Code	Spec	Description	Base Fee	FUD	UNOS	Hysterectomy Sterilization Abortion	PA	AS
49555		REPAIR RECURRENT FEMORAL HERNIA; REDUCIBLE	37.18	90	1			AS
49557		REPAIR RECURRENT FEMORAL HERNIA; INCARCERATED OR STRANGULATED	45.13	90	1			AS
49560		REPAIR INITIAL INCISIONAL OR VENTRAL HERNIA; REDUCIBLE	46.10	90	1			AS
49561		REPAIR INITIAL INCISIONAL HERNIA; INCARCERATED OR STRANGULATED	58.16	90	1			AS
49565		REPAIR RECURRENT INCISIONAL OR VENTRAL HERNIA; REDUCIBLE	47.83	90	1			AS
49566		REPAIR RECURRENT INCISIONAL HERNIA; INCARCERATED OR STRANGULATED	58.73	90	1			AS
49568		IMPLANTATION OF MESH OR OTHER PROSTHESIS FOR INCISIONAL OR VENTRAL HERNIA R	17.16	0	1			AS
49570		REPAIR EPIGASTRIC HERNIA (EG, PREPERITONEAL FAT); REDUCIBLE (SEPARATE PROCE	25.43	90	1			AS
49572		REPAIR EPIGASTRIC HERNIA (EG, PREPERITONEAL FAT); INCARCERATED OR STRANGULA	31.52	90	1			AS
49580		REPAIR UMBILICAL HERNIA, UNDER AGE 5 YEARS; REDUCIBLE	19.92	90	1			AS
49582		REPAIR UMBILICAL HERNIA, UNDER AGE 5 YEARS; INCARCERATED OR STRANGULATED	29.47	90	1			AS
49585		REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OVER; REDUCIBLE	27.34	90	1			AS
49587		REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OVER; INCARCERATED OR STRANGULATED	32.35	90	1			AS
49590		REPAIR SPIGELIAN HERNIA	35.45	90	1			AS
49600		REPAIR OF SMALL OMPHALOCELE, WITH PRIMARY CLOSURE	45.60	90	1			AS
49605		REPAIR OF LARGE OMPHALOCELE OR GASTROSCHISIS; WITH OR WITHOUT PROSTHESIS	315.08	90	1			AS
49606		REPAIR OF LARGE OMPHALOCELE OR GASTROSCHISIS; WITH REMOVAL OF PROSTHESIS,	71.08	90	1			AS
49610		REPAIR OF OMPHALOCELE (GROSS TYPE OPERATION); FIRST STAGE	41.99	90	1			AS
49611		REPAIR OF OMPHALOCELE (GROSS TYPE OPERATION); SECOND STAGE	36.31	90	1			AS
49650		LAPAROSCOPY, SURGICAL; REPAIR INITIAL INGUINAL HERNIA	26.66	90	1			AS
49651		LAPAROSCOPY, SURGICAL; REPAIR RECURRENT INGUINAL HERNIA	34.43	90	1			AS
49652		LAPAROSCOPY, SURGICAL, REPAIR, VENTRAL, UMBILICAL, SPIGELIAN OR EPIGASTRIC HEF	49.79	90	1			AS
49653		LAPAROSCOPY, SURGICAL, REPAIR, VENTRAL, UMBILICAL, SPIGELIAN OR EPIGASTRIC HEF	62.14	90	1			AS
49654		LAPAROSCOPY, SURGICAL, REPAIR, INCISIONAL HERNIA (INCLUDES MESH INSERTION, WH	57.13	90	1			AS
49655		LAPAROSCOPY, SURGICAL, REPAIR, INCISIONAL HERNIA (INCLUDES MESH INSERTION, WH	68.78	90	1			AS
49656		LAPAROSCOPY, SURGICAL, REPAIR, RECURRENT INCISIONAL HERNIA (INCLUDES MESH IN	57.35	90	1			AS
49657		LAPAROSCOPY, SURGICAL, REPAIR, RECURRENT INCISIONAL HERNIA (INCLUDES MESH IN	82.81	90	1			AS

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49900		SUTURE, SECONDARY, OF ABDOMINAL WALL FOR EVISCERATION OR DEHISCENCE	50.94	90	1			AS
49904		OMENTAL FLAP, EXTRA-ABDOMINAL (EG, FOR RECONSTRUCTION OF STERNAL AND CHEST	92.48	90	1		Y	AS
49905		OMENTAL FLAP, INTRA-ABDOMINAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIM	22.80	0	1			AS
49999	R	UNLISTED PROCEDURE, ABDOMEN, PERITONEUM AND OMENTUM		90	1			AS
50010		RENAL EXPLORATION, NOT NECESSITATING OTHER SPECIFIC PROCEDURES	50.34	90	1			AS
50021		DRAINAGE OF PERIRENAL OR RENAL ABSCESS; PERCUTANEOUS	12.04	0	1			AS
50045		NEPHROTOMY, WITH EXPLORATION	68.53	90	1			AS
50060		NEPHROLITHOTOMY; REMOVAL OF CALCULUS	84.36	90	1			AS
50065		NEPHROLITHOTOMY; SECONDARY SURGICAL OPERATION FOR CALCULUS	90.23	90	1			AS
50070		NEPHROLITHOTOMY; COMPLICATED BY CONGENITAL KIDNEY ABNORMALITY	88.17	90	1			AS
50075		NEPHROLITHOTOMY; REMOVAL OF LARGE STAGHORN CALCULUS FILLING RENAL PELVIS /	108.32	90	1			AS
50081		PERCUTANEOUS NEPHROSTOLITHOTOMY OR PYEOSTOLITHOTOMY, WITH OR WITHOUT I	94.69	90	1			AS
50100		TRANSECTION OR REPOSITIONING OF ABERRANT RENAL VESSELS (SEPARATE PROCEDUI	67.75	90	1			AS
50120		PYELOTOMY; WITH EXPLORATION	69.78	90	1			AS
50125		PYELOTOMY; WITH DRAINAGE, PYEOSTOMY	72.19	90	1			AS
50130		PYELOTOMY; WITH REMOVAL OF CALCULUS (PYEOLITHOTOMY, PELVIOLITHOTOMY, INCL	76.55	90	1			AS
50135		PYELOTOMY; COMPLICATED (EG, SECONDARY OPERATION, CONGENITAL KIDNEY ABNORM	82.69	90	1			AS
50205		RENAL BIOPSY; BY SURGICAL EXPOSURE OF KIDNEY	48.11	90	1			AS
50220		NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY, ANY OPEN APPROACH INCLUDING	75.07	90	1			AS
50225		NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY, ANY APPROACH INCLUDING RIB RE	86.89	90	1			AS
50230		NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY, ANY APPROACH INCLUDING RIB RE	94.34	90	1			AS
50234		NEPHRECTOMY WITH TOTAL URETERECTOMY AND BLADDER CUFF; THROUGH SAME INCIS	95.79	90	1			AS
50236		NEPHRECTOMY WITH TOTAL URETERECTOMY AND BLADDER CUFF; THROUGH SEPARATE	108.49	90	1			AS
50240		NEPHRECTOMY, PARTIAL	97.59	90	1			AS
50250		ABLATION, OPEN, ONE OR MORE RENAL MASS LESION(S), CRYOSURGICAL, INCLUDING I	90.05	90	1			AS
50280		EXCISION OR UNROOFING OF CYST(S) OF KIDNEY	69.53	90	1			AS
50290		EXCISION OF PERINEPHRIC CYST	63.67	90	1			AS

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50340		RECIPIENT NEPHRECTOMY (SEPARATE PROCEDURE)	58.18	90	1			AS
50360		RENAL ALLOTRANSPLANTATION, IMPLANTATION OF GRAFT; WITHOUT RECIPIENT NEPHRE	159.13	90	1			AS
50365		RENAL ALLOTRANSPLANTATION, IMPLANTATION OF GRAFT; WITH RECIPIENT NEPHRECTO	178.58	90	1			AS
50370		REMOVAL OF TRANSPLANTED RENAL ALLOGRAFT	74.64	90	1			AS
50380		RENAL AUTOTRANSPLANTATION, REIMPLANTATION OF KIDNEY	127.96	90	1			AS
50400		PYELOPLASTY (FOLEY Y-PYELOPLASTY), PLASTIC OPERATION ON RENAL PELVIS, WITH	85.09	90	1			AS
50405		PYELOPLASTY (FOLEY Y-PYELOPLASTY), PLASTIC OPERATION ON RENAL PELVIS, WITH	103.63	90	1			AS
50500		NEPHRORRHAPHY, SUTURE OF KIDNEY WOUND OR INJURY	81.38	90	1			AS
50520		CLOSURE OF NEPHROCUTANEOUS OR PYELOCUTANEOUS FISTULA	76.27	90	1			AS
50525		CLOSURE OF NEPHROVISCERAL FISTULA (EG, RENOCOLIC), INCLUDING VISCERAL REPAI	94.81	90	1			AS
50526		CLOSURE OF NEPHROVISCERAL FISTULA (EG, RENOCOLIC), INCLUDING VISCERAL REPAI	98.22	90	1			AS
50540		SYMPHYSIOTOMY FOR HORSESHOE KIDNEY WITH OR WITHOUT PYELOPLASTY AND/OR OT	82.64	90	1			AS
50541		LAPAROSCOPY, SURGICAL; ABLATION OF RENAL CYSTS	67.88	90	1			AS
50542		LAPAROSCOPY, SURGICAL; ABLATION OF RENAL MASS LESION(S)	86.24	90	1			AS
50543		LAPAROSCOPY, SURGICAL; PARTIAL NEPHRECTOMY	110.10	90	1			AS
50544		LAPAROSCOPY, SURGICAL; PYELOPLASTY	92.53	90	1			AS
50545		LAPAROSCOPY, SURGICAL; RADICAL NEPHRECTOMY (INCLUDES REMOVAL OF GEROTA±S	99.35	90	1			AS
50546		LAPAROSCOPY, SURGICAL; NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY	88.30	90	1			AS
50548		LAPAROSCOPY, SURGICAL; NEPHRECTOMY WITH TOTAL URETERECTOMY	100.12	90	1			AS
50562		RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR	43.40	90	1			AS
50592		ABLATION, ONE OR MORE RENAL TUMOR(S), PERCUTANEOUS, UNILATERAL, RADIOFREQU	25.63	10	1			AS
50600		URETEROTOMY WITH EXPLORATION OR DRAINAGE (SEPARATE PROCEDURE)	68.80	90	1			AS
50605		URETEROTOMY FOR INSERTION OF INDWELLING STENT, ALL TYPES	65.90	90	1			AS
50610		URETEROLITHOTOMY; UPPER ONE-THIRD OF URETER	70.41	90	1			AS
50620		URETEROLITHOTOMY; MIDDLE ONE-THIRD OF URETER	66.87	90	1			AS
50630		URETEROLITHOTOMY; LOWER ONE-THIRD OF URETER	64.95	90	1			AS
50650		URETERECTOMY, WITH BLADDER CUFF (SEPARATE PROCEDURE)	76.17	90	1			AS

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50660		URETERECTOMY, TOTAL, ECTOPIC URETER, COMBINATION ABDOMINAL, VAGINAL AND/OR	84.04	90	1			AS
50700		URETEROPLASTY, PLASTIC OPERATION ON URETER (EG, STRICTURE)	67.88	90	1			AS
50715		URETEROLYSIS, WITH OR WITHOUT REPOSITIONING OF URETER FOR RETROPERITONEAL	79.23	90	1			AS
50722		URETEROLYSIS FOR OVARIAN VEIN SYNDROME	68.75	90	1			AS
50725		URETEROLYSIS FOR RETROCAVAL URETER, WITH REANASTOMOSIS OF UPPER URINARY T	79.53	90	1			AS
50727		REVISION OF URINARY-CUTANEOUS ANASTOMOSIS (ANY TYPE UROSTOMY);	36.93	90	1			AS
50728		REVISION OF URINARY-CUTANEOUS ANASTOMOSIS (ANY TYPE UROSTOMY); WITH REPAIR	50.49	90	1			AS
50740		URETEROPYELOSTOMY, ANASTOMOSIS OF URETER AND RENAL PELVIS	78.38	90	1			AS
50750		URETEROCALYCOSTOMY, ANASTOMOSIS OF URETER TO RENAL CALYX	85.74	90	1			AS
50760		URETEROURETEROSTOMY	79.63	90	1			AS
50770		TRANSURETEROURETEROSTOMY, ANASTOMOSIS OF URETER TO CONTRALATERAL URETEI	82.26	90	1			AS
50780		URETERONEOCYSTOSTOMY; ANASTOMOSIS OF SINGLE URETER TO BLADDER	80.10	90	1			AS
50782		URETERONEOCYSTOSTOMY; ANASTOMOSIS OF DUPLICATED URETER TO BLADDER	77.50	90	1			AS
50783		URETERONEOCYSTOSTOMY; WITH EXTENSIVE URETERAL TAILORING	80.96	90	1			AS
50785		URETERONEOCYSTOSTOMY; WITH VESICO-PSOAS HITCH OR BLADDER FLAP	88.82	90	1			AS
50800		URETEROENTEROSTOMY, DIRECT ANASTOMOSIS OF URETER TO INTESTINE	67.85	90	1			AS
50810		URETEROSIGMOIDOSTOMY, WITH CREATION OF SIGMOID BLADDER AND ESTABLISHMENT	87.97	90	1			AS
50815		URETEROCOLON CONDUIT, INCLUDING INTESTINE ANASTOMOSIS	90.25	90	1			AS
50820		URETEROILEAL CONDUIT (ILEAL BLADDER), INCLUDING INTESTINE ANASTOMOSIS (BRIC	96.12	90	1			AS
50825		CONTINENT DIVERSION, INCLUDING INTESTINE ANASTOMOSIS USING ANY SEGMENT OF S	121.60	90	1			AS
50830		URINARY UNDIVERSION (EG, TAKING DOWN OF URETEROILEAL CONDUIT, URETEROSIGMC	131.52	90	1			AS
50840		REPLACEMENT OF ALL OR PART OF URETER BY INTESTINE SEGMENT, INCLUDING INTEST	90.90	90	1			AS
50845		CUTANEOUS APPENDICO-VESICOSTOMY	92.18	90	1			AS
50860		URETEROSTOMY, TRANSPLANTATION OF URETER TO SKIN	69.86	90	1			AS
50900		URETERORRHAPHY, SUTURE OF URETER (SEPARATE PROCEDURE)	61.19	90	1			AS
50920		CLOSURE OF URETEROCUTANEOUS FISTULA	64.70	90	1			AS
50930		CLOSURE OF URETEROVISCERAL FISTULA (INCLUDING VISCERAL REPAIR)	77.30	90	1			AS

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50940		DELIGATION OF URETER	65.30	90	1			AS
50945		LAPAROSCOPY, SURGICAL, URETEROLITHOTOMY	72.19	0	1			AS
50947		LAPAROSCOPY, SURGICAL; URETERONEOCYSTOSTOMY WITH CYSTOSCOPY AND URETER	102.35	90	1			AS
50948		LAPAROSCOPY, SURGICAL; URETERONEOCYSTOSTOMY WITHOUT CYSTOSCOPY AND URE	95.29	90	1			AS
50949	R	UNLISTED LAPAROSCOPY PROCEDURE, URETER		90	1			AS
51020		CYSTOTOMY OR CYSTOSTOMY; WITH FULGURATION AND/OR INSERTION OF RADIOACTIVE	34.30	90	1			AS
51040		CYSTOSTOMY, CYSTOTOMY WITH DRAINAGE	21.40	90	1			AS
51045		CYSTOTOMY, WITH INSERTION OF URETERAL CATHETER OR STENT (SEPARATE PROCEDL	34.00	90	1			AS
51050		CYSTOLITHOTOMY, CYSTOTOMY WITH REMOVAL OF CALCULUS, WITHOUT VESICAL NECK	34.88	90	1			AS
51060		TRANSVESICAL URETEROLITHOTOMY	42.85	90	1			AS
51080		DRAINAGE OF PERIVESICAL OR PREVESICAL SPACE ABSCESS	29.64	90	1			AS
51500		EXCISION OF URACHAL CYST OR SINUS, WITH OR WITHOUT UMBILICAL HERNIA REPAIR	45.38	90	1			AS
51520		CYSTOTOMY; FOR SIMPLE EXCISION OF VESICAL NECK (SEPARATE PROCEDURE)	42.87	90	1			AS
51525		CYSTOTOMY; FOR EXCISION OF BLADDER DIVERTICULUM, SINGLE OR MULTIPLE (SEPARA	63.29	90	1			AS
51530		CYSTOTOMY; FOR EXCISION OF BLADDER TUMOR	56.23	90	1			AS
51535		CYSTOTOMY FOR EXCISION, INCISION, OR REPAIR OF URETEROCELE	56.98	90	1			AS
51550		CYSTEATOMY, PARTIAL; SIMPLE	69.38	90	1			AS
51555		CYSTEATOMY, PARTIAL; COMPLICATED (EG, POSTRADIATION, PREVIOUS SURGERY, DIFF	92.23	90	1			AS
51565		CYSTEATOMY, PARTIAL, WITH REIMPLANTATION OF URETER(S) INTO BLADDER (URETERO	94.24	90	1			AS
51570		CYSTEATOMY, COMPLETE; (SEPARATE PROCEDURE)	107.54	90	1			AS
51575		CYSTEATOMY, COMPLETE; WITH BILATERAL PELVIC LYMPHADENECTOMY, INCLUDING EXT	134.73	90	1			AS
51580		CYSTEATOMY, COMPLETE, WITH URETEROSIGMOIDOSTOMY OR URETEROCUTANEOUS TF	140.67	90	1			AS
51585		CYSTEATOMY, COMPLETE, WITH URETEROSIGMOIDOSTOMY OR URETEROCUTANEOUS TF	156.65	90	1			AS
51590		CYSTEATOMY, COMPLETE, WITH URETEROILEAL CONDUIT OR SIGMOID BLADDER, INCLUD	142.37	90	1			AS
51595		CYSTEATOMY, COMPLETE, WITH URETEROILEAL CONDUIT OR SIGMOID BLADDER, INCLUD	161.96	90	1			AS
51596		CYSTEATOMY, COMPLETE, WITH CONTINENT DIVERSION, ANY OPEN TECHNIQUE, USING A	174.24	90	1			AS
51597		PELVIC EXENTERATION, COMPLETE, FOR VESICAL, PROSTATIC OR URETHRAL MALIGNANC	167.78	90	1			AS

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51800		CYSTOPLASTY OR CYSTOURETHROPLASTY, PLASTIC OPERATION ON BLADDER AND/OR VI	76.67	90	1			AS
51820		CYSTOURETHROPLASTY WITH UNILATERAL OR BILATERAL URETERONEOCYSTOSTOMY	77.45	90	1			AS
51840		ANTERIOR VESICourethroPEXY, OR UREthroPEXY (EG, MARSHALL-MARCHETTI-KRANT	46.03	90	1			AS
51841		ANTERIOR VESICourethroPEXY, OR UREthroPEXY (MARSHALL-MARCHETTI-KRANTZ T)	54.62	90	1			AS
51845		ABDOMINO-VAGINAL VESICAL NECK SUSPENSION, WITH OR WITHOUT ENDOSCOPIC CONT	42.39	90	1			AS
51860		CYSTORRHAPHY, SUTURE OF BLADDER WOUND, INJURY OR RUPTURE; SIMPLE	51.72	90	1			AS
51865		CYSTORRHAPHY, SUTURE OF BLADDER WOUND, INJURY OR RUPTURE; COMPLICATED	64.24	90	1			AS
51880		CLOSURE OF CYSTOSTOMY (SEPARATE PROCEDURE)	33.65	90	1			AS
51900		CLOSURE OF VESICOVAGINAL FISTULA, ABDOMINAL APPROACH	59.76	90	1			AS
51920		CLOSURE OF VESICOUTERINE FISTULA;	55.35	90	1			AS
51925		CLOSURE OF VESICOUTERINE FISTULA; WITH HYSTERECTOMY	79.94	90	1	Y		AS
51940		CLOSURE, EXSTROPHY OF BLADDER	116.21	90	1			AS
51960		ENTEROCYSTOPLASTY, INCLUDING INTESTINAL ANASTOMOSIS	101.98	90	1			AS
51980		CUTANEOUS VESICOSTOMY	52.32	90	1			AS
51990		LAPAROSCOPY, SURGICAL; URETHRAL SUSPENSION FOR STRESS INCONTINENCE	52.94	90	1			AS
51992		LAPAROSCOPY, SURGICAL; SLING OPERATION FOR STRESS INCONTINENCE (EG, FASCIA	57.88	90	1			AS
53085		DRAINAGE OF PERINEAL URINARY EXTRAVASATION; COMPLICATED	42.70	90	1			AS
53210		URETHRECTOMY, TOTAL, INCLUDING CYSTOSTOMY; FEMALE	56.50	90	1			AS
53215		URETHRECTOMY, TOTAL, INCLUDING CYSTOSTOMY; MALE	68.85	90	1			AS
53230		EXCISION OF URETHRAL DIVERTICULUM (SEPARATE PROCEDURE); FEMALE	44.07	90	1			AS
53235		EXCISION OF URETHRAL DIVERTICULUM (SEPARATE PROCEDURE); MALE	47.08	90	1			AS
53400		URETHROPLASTY; FIRST STAGE, FOR FISTULA, DIVERTICULUM, OR STRICTURE (EG, JO	58.96	90	1			AS
53405		URETHROPLASTY; SECOND STAGE (FORMATION OF URETHRA), INCLUDING URINARY DIVE	65.10	90	1			AS
53410		URETHROPLASTY, ONE-STAGE RECONSTRUCTION OF MALE ANTERIOR URETHRA	72.44	90	1			AS
53415		URETHROPLASTY, TRANSPUBIC OR PERINEAL, ONE STAGE, FOR RECONSTRUCTION OR R	83.94	90	1			AS
53425		URETHROPLASTY, TWO-STAGE RECONSTRUCTION OR REPAIR OF PROSTATIC OR MEMBR	69.66	90	1			AS
53430		URETHROPLASTY, RECONSTRUCTION OF FEMALE URETHRA	69.03	90	1			AS

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53431		URETHROPLASTY WITH TUBULARIZATION OF POSTERIOR URETHRA AND/OR LOWER BLAD	85.32	90	1			AS
53440		SLING OPERATION FOR CORRECTION OF MALE URINARY INCONTINENCE (EG, FASCIA OR	65.15	90	1			AS
53442		REMOVAL OR REVISION OF SLING FOR MALE URINARY INCONTINENCE (EG, FASCIA OR S	57.40	90	1			AS
53444		INSERTION OF TANDEM CUFF (DUAL CUFF)	58.83	90	1			AS
53445		INSERTION OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER, INCLUDING PLACEMEI	64.72	90	1			AS
53446		REMOVAL OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER, INCLUDING PUMP, RES	47.46	90	1			AS
53447		REMOVAL AND REPLACEMENT OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER INC	59.88	90	1			AS
53448		REMOVAL AND REPLACEMENT OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER INC	94.74	90	1			AS
53500		URETHROLYSIS, TRANSVAGINAL, SECONDARY, OPEN, INCLUDING CYSTOURETHROSCOPY	53.64	90	1			AS
53505		URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PENILE	35.96	90	1			AS
53510		URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PERINEAL	46.50	90	1			AS
53515		URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PROSTATOMEMBRANOU'	58.76	90	1			AS
54110		EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE);	45.95	90	1			AS
54111		EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE); WITH GRAFT TO 5 CM IN LENGTH	59.43	90	1			AS
54112		EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE); WITH GRAFT GREATER THAN 5 CM	69.66	90	1			AS
54115		REMOVAL FOREIGN BODY FROM DEEP PENILE TISSUE (EG, PLASTIC IMPLANT)	33.12	90	1			AS
54120		AMPUTATION OF PENIS; PARTIAL	46.63	90	1			AS
54125		AMPUTATION OF PENIS; COMPLETE	59.93	90	1			AS
54130		AMPUTATION OF PENIS, RADICAL; WITH BILATERAL INGUINOFEMORAL LYMPHADENECTOM	88.85	90	1			AS
54135		AMPUTATION OF PENIS, RADICAL; IN CONTINUITY WITH BILATERAL PELVIC LYMPHADEN	112.53	90	1			AS
54205		INJECTION PROCEDURE FOR PEYRONIE DISEASE; WITH SURGICAL EXPOSURE OF PLAQUE	39.36	90	1			AS
54300		PLASTIC OPERATION OF PENIS FOR STRAIGHTENING OF CHORDEE (EG, HYPOSPADIAS),	47.56	90	1			AS
54304		PLASTIC OPERATION ON PENIS FOR CORRECTION OF CHORDEE OR FOR FIRST STAGE HY	55.72	90	1			AS
54308		URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY DIVEI	45.46	90	1			AS
54312		URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY DIVEI	61.46	90	1			AS
54316		URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY DIVEI	74.24	90	1			AS
54318		URETHROPLASTY FOR THIRD STAGE HYPOSPADIAS REPAIR TO RELEASE PENIS FROM SCI	46.49	90	1			AS

Code	Spec	Description	Base Fee	FUD	UNOS	Hysterectomy Sterilization Abortion	PA	AS
54322		ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISK	58.00	90	1			AS
54324		ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISK	71.96	90	1			AS
54326		ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISK	66.87	90	1			AS
54328		ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISK	68.68	90	1			AS
54332		ONE STAGE PROXIMAL PENILE OR PENOSCROTAL HYPOSPADIAS REPAIR REQUIRING EXTI	75.39	90	1			AS
54336		ONE STAGE PERINEAL HYPOSPADIAS REPAIR REQUIRING EXTENSIVE DISSECTION TO COF	83.79	90	1			AS
54340		REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICULA);	41.17	90	1			AS
54344		REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICULA);	71.49	90	1			AS
54348		REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICULA);	75.44	90	1			AS
54352		REPAIR OF HYPOSPADIAS CRIPPLE REQUIRING EXTENSIVE DISSECTION AND EXCISION O	106.71	90	1			AS
54360		PLASTIC OPERATION ON PENIS TO CORRECT ANGULATION	53.47	90	1			AS
54380		PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER;	59.31	90	1			AS
54385		PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER; WIT	71.89	90	1			AS
54390		PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER; WIT	85.52	90	1			AS
54406		REMOVAL OF ALL COMPONENTS OF A MULTI-COMPONENT, INFLATABLE PENILE PROSTHE!	54.15	90	1			AS
54415		REMOVAL OF NON-INFLATABLE (SEMI-RIGID) OR INFLATABLE (SELF-CONTAINED) PENIL	38.99	90	1			AS
54420		CORPORA CAVERNOSA-SAPHENOUS VEIN SHUNT (PRIAPISM OPERATION), UNILATERAL OI	52.32	90	1			AS
54430		CORPORA CAVERNOSA-CORPUS SPONGIOSUM SHUNT (PRIAPISM OPERATION), UNILATER	47.48	90	1			AS
54440		PLASTIC OPERATION OF PENIS FOR INJURY	17.70	90	1			AS
54512		EXCISION OF EXTRAPARENCHYMAL LESION OF TESTIS	39.54	90	1			AS
54522		ORCHIECTOMY, PARTIAL	42.52	90	1			AS
54530		ORCHIECTOMY, RADICAL, FOR TUMOR; INGUINAL APPROACH	37.43	90	1			AS
54535		ORCHIECTOMY, RADICAL, FOR TUMOR; WITH ABDOMINAL EXPLORATION	54.02	90	1			AS
54550		EXPLORATION FOR UNDESCENDED TESTIS (INGUINAL OR SCROTAL AREA)	36.08	90	1			AS
54560		EXPLORATION FOR UNDESCENDED TESTIS WITH ABDOMINAL EXPLORATION	48.68	90	1			AS
54650		ORCHIOPEXY, ABDOMINAL APPROACH, FOR INTRA-ABDOMINAL TESTIS (EG, FOWLER-STEF	52.57	90	1			AS
54680		TRANSPLANTATION OF TESTIS(ES) TO THIGH (BECAUSE OF SCROTAL DESTRUCTION)	57.50	90	1			AS

Code	Spec	Description	Base Fee	FUD	UNOS	Hysterectomy Sterilization Abortion	PA	AS
54690		LAPAROSCOPY, SURGICAL; ORCHIECTOMY	46.13	90	1			AS
55150		RESECTION OF SCROTUM	35.83	90	1			AS
55520		EXCISION OF LESION OF SPERMATIC CORD (SEPARATE PROCEDURE)	28.06	90	1			AS
55535		EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; ABDOM	31.50	90	1			AS
55540		EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; WITH	33.93	90	1			AS
55550		LAPAROSCOPY, SURGICAL, WITH LIGATION OF SPERMATIC VEINS FOR VARICOCELE	31.17	90	1			AS
55559	R	UNLISTED LAPAROSCOPY PROCEDURE, SPERMATIC CORD		0	1			AS
55650		VESICULECTOMY, ANY APPROACH	52.64	90	1			AS
55720		PROSTATOTOMY, EXTERNAL DRAINAGE OF PROSTATIC ABSCESS, ANY APPROACH; SIMPL	34.25	90	1			AS
55725		PROSTATOTOMY, EXTERNAL DRAINAGE OF PROSTATIC ABSCESS, ANY APPROACH; COMP	43.50	90	1			AS
55801		PROSTATECTOMY, PERINEAL, SUBTOTAL (INCLUDING CONTROL OF POSTOPERATIVE BLEE	80.33	90	1			AS
55810		PROSTATECTOMY, PERINEAL RADICAL;	97.04	90	1			AS
55812		PROSTATECTOMY, PERINEAL RADICAL; WITH LYMPH NODE BIOPSY(S) (LIMITED PELVIC	119.27	90	1			AS
55815		PROSTATECTOMY, PERINEAL RADICAL; WITH BILATERAL PELVIC LYMPHADENECTOMY, INC	130.77	90	1			AS
55821		PROSTATECTOMY (INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, VASECTOMY, MI	64.70	90	1			AS
55831		PROSTATECTOMY (INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, VASECTOMY, MI	70.06	90	1			AS
55840		PROSTATECTOMY, RETROPUBIC RADICAL, WITH OR WITHOUT NERVE SPARING;	99.05	90	1			AS
55842		PROSTATECTOMY, RETROPUBIC RADICAL, WITH OR WITHOUT NERVE SPARING; WITH LYM	106.16	90	1			AS
55845		PROSTATECTOMY, RETROPUBIC RADICAL, WITH OR WITHOUT NERVE SPARING; WITH BILA	121.35	90	1			AS
55862		EXPOSURE OF PROSTATE, ANY APPROACH, FOR INSERTION OF RADIOACTIVE SUBSTANCI	81.98	90	1			AS
55865		EXPOSURE OF PROSTATE, ANY APPROACH, FOR INSERTION OF RADIOACTIVE SUBSTANCI	99.25	90	1			AS
55866		LAPAROSCOPY, SURGICAL PROSTATECTOMY, RETROPUBIC RADICAL, INCLUDING NERVE :	129.01	90	1			AS
56620		VULVECTOMY SIMPLE; PARTIAL	32.47	90	1			AS
56625		VULVECTOMY SIMPLE; COMPLETE	38.81	90	1			AS
56630		VULVECTOMY, RADICAL, PARTIAL;	56.90	90	1			AS
56631		VULVECTOMY, RADICAL, PARTIAL; WITH UNILATERAL INGUINOFEMORAL LYMPHADENECTC	72.21	90	1			AS
56632		VULVECTOMY, RADICAL, PARTIAL; WITH BILATERAL INGUINOFEMORAL LYMPHADENECTOM	84.39	90	1			AS

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56633		VULVECTOMY, RADICAL, COMPLETE;	74.24	90	1			AS
56634		VULVECTOMY, RADICAL, COMPLETE; WITH UNILATERAL INGUINFEMORAL LYMPHADENEC	78.22	90	1			AS
56637		VULVECTOMY, RADICAL, COMPLETE; WITH BILATERAL INGUINFEMORAL LYMPHADENECT	92.23	90	1			AS
56640		VULVECTOMY, RADICAL, COMPLETE, WITH INGUINFEMORAL, ILIAC, AND PELVIC LYMPH	92.26	90	1			AS
56700		PARTIAL HYMENECTOMY OR REVISION OF HYMENAL RING	12.20	10	1			AS
56800		PLASTIC REPAIR OF INTROITUS	16.01	10	1			AS
56805		CLITOROPLASTY FOR INTERSEX STATE	74.97	90	1		Y	AS
56810		PERINEOPLASTY, REPAIR OF PERINEUM, NON-OBSTETRICAL (SEPARATE PROCEDURE)	17.19	10	1			AS
57106		VAGINECTOMY, PARTIAL REMOVAL OF VAGINAL WALL;	31.27	90	1			AS
57107		VAGINECTOMY, PARTIAL REMOVAL OF VAGINAL WALL; WITH REMOVAL OF PARAVAGINAL T	91.96	90	1			AS
57109		VAGINECTOMY, PARTIAL REMOVAL OF VAGINAL WALL; WITH REMOVAL OF PARAVAGINAL T	105.46	90	1			AS
57110		VAGINECTOMY, COMPLETE REMOVAL OF VAGINAL WALL;	59.06	90	1			AS
57111		VAGINECTOMY, COMPLETE REMOVAL OF VAGINAL WALL; WITH REMOVAL OF PARAVAGINA	105.76	90	1			AS
57112		VAGINECTOMY, COMPLETE REMOVAL OF VAGINAL WALL; WITH REMOVAL OF PARAVAGINA	112.98	90	1			AS
57120		COLPOCLEISIS (LE FORT TYPE)	33.55	90	1			AS
57130		EXCISION OF VAGINAL SEPTUM	11.83	10	1			AS
57200		COLPORRHAPHY, SUTURE OF INJURY OF VAGINA (NONOBSTETRICAL)	19.54	90	1			AS
57210		COLPOPERINEORRHAPHY, SUTURE OF INJURY OF VAGINA AND/OR PERINEUM (NONOBSTE	24.15	90	1			AS
57220		PLASTIC OPERATION ON URETHRAL SPHINCTER, VAGINAL APPROACH (EG, KELLY URETHF	21.00	90	1			AS
57230		PLASTIC REPAIR OF URETHROCELE	26.41	90	1			AS
57240		ANTERIOR COLPORRHAPHY, REPAIR OF CYSTOCELE WITH OR WITHOUT REPAIR OF URETI	44.47	90	1			AS
57250		POSTERIOR COLPORRHAPHY, REPAIR OF RECTOCELE WITH OR WITHOUT PERINEORRHAF	43.42	90	1			AS
57260		COMBINED ANTEROPOSTERIOR COLPORRHAPHY;	53.75	90	1			AS
57265		COMBINED ANTEROPOSTERIOR COLPORRHAPHY; WITH ENTEROCELE REPAIR	59.73	90	1			AS
57267		INSERTION OF MESH OR OTHER PROSTHESIS FOR REPAIR OF PELVIC FLOOR DEFECT, EA	17.89	90	1			AS
57268		REPAIR OF ENTEROCELE, VAGINAL APPROACH (SEPARATE PROCEDURE)	31.85	90	1			AS
57270		REPAIR OF ENTEROCELE, ABDOMINAL APPROACH (SEPARATE PROCEDURE)	52.47	90	1			AS

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57280		COLPOPEXY, ABDOMINAL APPROACH	63.92	90	1			AS
57282		COLPOPEXY, VAGINAL; EXTRA-PERITONEAL APPROACH (SACROSPINOUS, ILIOCOCYGEU	33.85	90	1			AS
57283		COLPOPEXY, VAGINAL; INTRA-PERITONEAL APPROACH (UTEROSACRAL, LEVATOR MYORR	44.85	90	1			AS
57284		PARAVAGINAL DEFECT REPAIR (INCLUDING REPAIR OF CYSTOCELE, STRESS URINARY IN	54.87	90	1			AS
57285		PARAVAGINAL DEFECT REPAIR (INCLUDING REPAIR OF CYSTOCELE, IF PERFORMED); VA	43.87	90	1			AS
57287		REMOVAL OR REVISION OF SLING FOR STRESS INCONTINENCE (EG, FASCIA OR SYNTHET	47.36	90	1			AS
57288		SLING OPERATION FOR STRESS INCONTINENCE (EG, FASCIA OR SYNTHETIC)	55.66	90	1			AS
57289		PEREYRA PROCEDURE, INCLUDING ANTERIOR COLPORRHAPHY	51.89	90	1			AS
57291	R	CONSTRUCTION OF ARTIFICIAL VAGINA; WITHOUT GRAFT	35.68	90	1			AS
57292	R	CONSTRUCTION OF ARTIFICIAL VAGINA; WITH GRAFT	54.47	90	1			AS
57295		REVISION (INCLUDING REMOVAL) OF PROSTHETIC VAGINAL GRAFT, VAGINAL APPROACH	32.55	90	1			AS
57296		REVISION (INCLUDING REMOVAL) OF PROSTHETIC VAGINAL GRAFT; OPEN ABDOMINAL AP	62.69	90	1			AS
57300		CLOSURE OF RECTOVAGINAL FISTULA; VAGINAL OR TRANSANAL APPROACH	35.13	90	1			AS
57305		CLOSURE OF RECTOVAGINAL FISTULA; ABDOMINAL APPROACH	58.73	90	1			AS
57307		CLOSURE OF RECTOVAGINAL FISTULA; ABDOMINAL APPROACH, WITH CONCOMITANT COL	65.77	90	1			AS
57308		CLOSURE OF RECTOVAGINAL FISTULA; TRANSPERINEAL APPROACH, WITH PERINEAL BOD	41.77	90	1			AS
57310		CLOSURE OF URETHROVAGINAL FISTULA;	33.25	90	1			AS
57311		CLOSURE OF URETHROVAGINAL FISTULA; WITH BULBOCAVERNOSUS TRANSPLANT	38.04	90	1			AS
57320		CLOSURE OF VESICOVAGINAL FISTULA; VAGINAL APPROACH	37.68	90	1			AS
57330		CLOSURE OF VESICOVAGINAL FISTULA; TRANSVESICAL AND VAGINAL APPROACH	53.37	90	1			AS
57335		VAGINOPLASTY FOR INTERSEX STATE	76.67	90	1			AS
57423		PARAVAGINAL DEFECT REPAIR (INCLUDING REPAIR OF CYSTOCELE, IF PERFORMED), LA	61.29	90	1			AS
57425		LAPAROSCOPY, SURGICAL, COLPOPEXY (SUSPENSION OF VAGINAL APEX)	65.00	90	1			AS
57530		TRACHELECTOMY (CERVICECTOMY), AMPUTATION OF CERVIX (SEPARATE PROCEDURE)	22.50	90	1			AS
57531		RADICAL TRACHELECTOMY, WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND PA	111.15	90	1			AS
57540		EXCISION OF CERVICAL STUMP, ABDOMINAL APPROACH;	51.11	90	1			AS
57545		EXCISION OF CERVICAL STUMP, ABDOMINAL APPROACH; WITH PELVIC FLOOR REPAIR	53.75	90	1			AS

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57550		EXCISION OF CERVICAL STUMP, VAGINAL APPROACH;	26.66	90	1			AS
57555		EXCISION OF CERVICAL STUMP, VAGINAL APPROACH; WITH ANTERIOR AND/OR POSTERIO	39.31	90	1			AS
57556		EXCISION OF CERVICAL STUMP, VAGINAL APPROACH; WITH REPAIR OF ENTEROCELE	37.61	90	1			AS
57720		TRACHELORRHAPHY, PLASTIC REPAIR OF UTERINE CERVIX, VAGINAL APPROACH	20.02	90	1			AS
58140		MYOMECTOMY, EXCISION OF FIBROID TUMOR(S) OF UTERUS, 1 TO 4 INTRAMURAL MYOMA	59.91	90	1			AS
58145		MYOMECTOMY, EXCISION OF FIBROID TUMOR OF UTERUS, SINGLE OR MULTIPLE (SEPARA	35.43	90	1			AS
58150		TOTAL ABDOMINAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL	64.87	90	1	Y		AS
58152		TOTAL ABDOMINAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL	81.61	90	1	Y		AS
58180		SUPRACERVICAL ABDOMINAL HYSTERECTOMY (SUBTOTAL HYSTERECTOMY), WITH OR WI	62.06	90	1	Y		AS
58200		TOTAL ABDOMINAL HYSTERECTOMY, INCLUDING PARTIAL VAGINECTOMY, WITH PARA-AOF	85.49	90	1	Y		AS
58210		RADICAL ABDOMINAL HYSTERECTOMY, WITH BILATERAL TOTAL PELVIC LYMPHADENECTO	113.90	90	1	Y		AS
58240		PELVIC EXENTERATION FOR GYNECOLOGIC MALIGNANCY, WITH TOTAL ABDOMINAL HYSTI	180.76	90	1	Y		AS
58260		VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS;	54.15	90	1	Y		AS
58262		VAGINAL HYSTERECTOMY; WITH REMOVAL OF TUBE(S), AND/OR OVARY(S)	60.46	90	1	Y		AS
58263		VAGINAL HYSTERECTOMY; WITH REMOVAL OF TUBE(S), AND/OR OVARY(S), WITH REPAIR	65.15	90	1	Y		AS
58267		VAGINAL HYSTERECTOMY; WITH COLPO-URETHROCYSTOPEXY (MARSHALL-MARCHETTI-K	69.18	90	1	Y		AS
58270		VAGINAL HYSTERECTOMY; WITH REPAIR OF ENTEROCELE	57.95	90	1	Y		AS
58275		VAGINAL HYSTERECTOMY, WITH TOTAL OR PARTIAL VAGINECTOMY;	64.57	90	1	Y		AS
58280		VAGINAL HYSTERECTOMY, WITH TOTAL OR PARTIAL COLPECTOMY; WITH REPAIR OF ENTE	69.03	90	1	Y		AS
58285		VAGINAL HYSTERECTOMY, RADICAL (SCHAUTA TYPE OPERATION)	86.54	90	1	Y		AS
58290		VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS;	75.62	90	1	Y		AS
58291		VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH REMOVAL OF	82.16	90	1	Y		AS
58292		VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH REMOVAL OF	86.54	90	1	Y		AS
58293		VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH COLPO-URETH-	89.88	90	1	Y		AS
58294		VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH REPAIR OF EN	79.80	90	1	Y		AS
58353	R	ENDOMETRIAL ABLATION, THERMAL, WITHOUT HYSTEROSCOPIC GUIDANCE	14.35	10	1			AS
58356		ENDOMETRIAL CRYOABLATION WITH ULTRASONIC GUIDANCE, INCLUDING ENDOMETRIAL (22.69	10	1			AS

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58520		HYSTERORRHAPHY, REPAIR OF RUPTURED UTERUS (NONOBSTETRICAL)	51.44	90	1			AS
58540		HYSTEROPLASTY, REPAIR OF UTERINE ANOMALY (STRASSMAN TYPE)	59.71	90	1			AS
58541		LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS	56.68	90	1	Y		AS
58542		LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS	62.79	90	1	Y		AS
58543		LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G	63.84	90	1	Y		AS
58544		LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G	69.00	90	1	Y		AS
58545		LAPAROSCOPY, SURGICAL, MYOMECTOMY, EXCISION; 1 TO 4 INTRAMURAL MYOMAS WITH MAXIMUM DIAMETER 2 CM	58.46	90	1			AS
58546		LAPAROSCOPY, SURGICAL, MYOMECTOMY, EXCISION; 5 OR MORE INTRAMURAL MYOMAS WITH MAXIMUM DIAMETER 2 CM	74.07	90	1			AS
58548		LAPAROSCOPY, SURGICAL, WITH RADICAL HYSTERECTOMY, WITH BILATERAL TOTAL PELVIC EXCISION	116.94	90	1	Y		AS
58550		LAPAROSCOPY SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS	57.83	10	1	Y		AS
58552		LAPAROSCOPY SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS	63.54	90	1	Y		AS
58553		LAPAROSCOPY, SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G	74.44	90	1	Y		AS
58554		LAPAROSCOPY, SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G	84.97	90	1	Y		AS
58560		HYSTEROSCOPY, SURGICAL; WITH DIVISION OR RESECTION OF INTRAUTERINE SEPTUM (MUCOPOLYPSACCHARIDIC)	25.63	0	1	Y		AS
58570		LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS; WITH BILATERAL SALPINGECTOMY	60.86	90	1	Y		AS
58571		LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS; WITH BILATERAL SALPINGECTOMY	66.70	90	1	Y		AS
58572		LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G	75.69	90	1	Y		AS
58573		LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G	85.39	90	1	Y		AS
58578	R	UNLISTED LAPAROSCOPY PROCEDURE, UTERUS		0	1			AS
58579	R	UNLISTED HYSTEROSCOPY PROCEDURE, UTERUS		0	1			AS
58600		LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S), ABDOMINAL OR VAGINAL APPROACH	23.68	90	1	Y		AS
58605		LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S), ABDOMINAL OR VAGINAL APPROACH	21.52	90	1	Y		AS
58611		LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S) WHEN DONE AT THE TIME OF CESAREAN SECTION	5.16	90	1	Y		AS
58615		OCCLUSION OF FALLOPIAN TUBE(S) BY DEVICE (EG, BAND, CLIP, FALLOPE RING) VAGINAL APPROACH	16.06	10	1	Y		AS
58660		LAPAROSCOPY, SURGICAL; WITH LYSIS OF ADHESIONS (SALPINGOLYSIS, OVARIOLYSIS)	44.15	90	1			AS
58661		LAPAROSCOPY, SURGICAL; WITH REMOVAL OF ADNEXAL STRUCTURES (PARTIAL OR TOTAL)	42.17	10	1	Y		AS
58662		LAPAROSCOPY, SURGICAL; WITH FULGURATION OR EXCISION OF LESIONS OF THE OVARY	46.25	90	1			AS

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58672		LAPAROSCOPY, SURGICAL; WITH FIMBRIOPLASTY	48.48	90	1			AS
58673		LAPAROSCOPY, SURGICAL; WITH SALPINGOSTOMY (SALPINGONEOSTOMY)	52.87	90	1			AS
58679	R	UNLISTED LAPAROSCOPY PROCEDURE, OVIDUCT, OVARY		0	1			AS
58700		SALPINGECTOMY, COMPLETE OR PARTIAL, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	50.16	90	1	Y		AS
58720		SALPINGO-OOPHORECTOMY, COMPLETE OR PARTIAL, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	46.98	90	1	Y		AS
58740		LYSIS OF ADHESIONS (SALPINGOLYSIS, OVARIOLYSIS)	57.18	90	1			AS
58770		SALPINGOSTOMY (SALPINGONEOSTOMY)	54.90	90	1			AS
58805		DRAINAGE OF OVARIAN CYST(S), UNILATERAL OR BILATERAL, (SEPARATE PROCEDURE);	26.68	90	1			AS
58820		DRAINAGE OF OVARIAN ABSCESS; VAGINAL APPROACH, OPEN	20.37	90	1			AS
58822		DRAINAGE OF OVARIAN ABSCESS; ABDOMINAL APPROACH	46.68	90	1			AS
58823		DRAINAGE OF PELVIC ABSCESS, TRANSVAGINAL OR TRANSRECTAL APPROACH, PERCUTANEOUS	11.99	0	1			AS
58825	R	TRANSPOSITION, OVARY(S)	45.55	90	1			AS
58900		BIOPSY OF OVARY, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	27.19	90	1			AS
58920		WEDGE RESECTION OR BISECTION OF OVARY, UNILATERAL OR BILATERAL	46.05	90	1			AS
58925		OVARIAN CYSTECTOMY, UNILATERAL OR BILATERAL	48.11	90	1			AS
58940		OOPHORECTOMY, PARTIAL OR TOTAL, UNILATERAL OR BILATERAL;	33.05	90	1			AS
58943		OOPHORECTOMY, PARTIAL OR TOTAL, UNILATERAL OR BILATERAL; FOR OVARIAN, TUBAL	73.11	90	1			AS
58950		RESECTION (INITIAL) OF OVARIAN, TUBAL OR PRIMARY PERITONEAL MALIGNANCY WITH	69.78	90	1			AS
58951		RESECTION OF OVARIAN MALIGNANCY WITH BILATERAL SALPINGO-OOPHORECTOMY AND	89.78	90	1	Y		AS
58952		RESECTION OF OVARIAN, TUBAL OR PRIMARY PERITONEAL MALIGNANCY WITH BILATERAL	101.40	90	1	Y		AS
58953		BILATERAL SALPINGO-OOPHORECTOMY WITH OMENTECTOMY, TOTAL ABDOMINAL HYSTERECTOMY	125.58	90	1	Y		AS
58954		BILATERAL SALPINGO-OOPHORECTOMY WITH OMENTECTOMY, TOTAL ABDOMINAL HYSTERECTOMY	136.33	90	1	Y		AS
58956		BILATERAL SALPINGO-OOPHORECTOMY WITH TOTAL OMENTECTOMY, TOTAL ABDOMINAL HYSTERECTOMY	89.30	90	1	Y		AS
58957		RESECTION (TUMOR DEBULKING) OF RECURRENT OVARIAN, TUBAL, PRIMARY PERITONEAL MALIGNANCY	97.79	90	1			AS
58958		RESECTION (TUMOR DEBULKING) OF RECURRENT OVARIAN, TUBAL, PRIMARY PERITONEAL MALIGNANCY	108.69	90	1			AS
58960		LAPAROTOMY, FOR STAGING OR RESTAGING OF OVARIAN, TUBAL OR PRIMARY PERITONEAL MALIGNANCY	60.31	90	1			AS
58999	R	UNLISTED PROCEDURE, FEMALE GENITAL SYSTEM (NONOBSTETRICAL)		90	1			AS

Code	Spec	Description	Base Fee	FUD	UNOS	Hysterectomy Sterilization Abortion	PA	AS
59100		HYSTEROTOMY, ABDOMINAL (EG, FOR HYDATIDIFORM MOLE, ABORTION)	54.82	90	1	Y		AS
59120		SURGICAL TREATMENT OF ECTOPIC PREGNANCY; TUBAL OR OVARIAN, REQUIRING SALPIN	52.37	90	1			AS
59121		SURGICAL TREATMENT OF ECTOPIC PREGNANCY; TUBAL OR OVARIAN, WITHOUT SALPING	52.57	90	1			AS
59136		SURGICAL TREATMENT OF ECTOPIC PREGNANCY; INTERSTITIAL, UTERINE PREGNANCY W	58.21	90	1			AS
59140		SURGICAL TREATMENT OF ECTOPIC PREGNANCY; CERVICAL, WITH EVACUATION	27.16	90	1			AS
59150		LAPAROSCOPIC TREATMENT OF ECTOPIC PREGNANCY; WITHOUT SALPINGECTOMY AND/C	51.04	90	1			AS
59151		LAPAROSCOPIC TREATMENT OF ECTOPIC PREGNANCY; WITH SALPINGECTOMY AND/OR O	49.64	90	1			AS
59350		HYSTERORRHAPHY OF RUPTURED UTERUS	18.59	0	1			AS
59515		CESAREAN DELIVERY ONLY; INCLUDING POSTPARTUM CARE	106.50	45	1			AS
59525		SUBTOTAL OR TOTAL HYSTERECTOMY AFTER CESAREAN DELIVERY (LIST SEPARATELY IN	40.27	90	1	Y		AS
59622		CESAREAN DELIVERY ONLY, FOLLOWING ATTEMPTED VAGINAL DELIVERY AFTER PREVIO	106.50	45	1			AS
59866	R	MULTIFETAL PREGNANCY REDUCTION(S) (MPR)	15.99	10	1		Y	AS
59870		UTERINE EVACUATION AND CURETTAGE FOR HYDATIDIFORM MOLE	31.27	90	1			AS
59899	R	UNLISTED PROCEDURE, MATERNITY CARE AND DELIVERY		0	1			AS
60200		EXCISION OF CYST OR ADENOMA OF THYROID, OR TRANSECTION OF ISTHMUS	41.54	90	1			AS
60210		PARTIAL THYROID LOBECTOMY, UNILATERAL; WITH OR WITHOUT ISTHMUSECTOMY	44.60	90	1			AS
60212		PARTIAL THYROID LOBECTOMY, UNILATERAL; WITH CONTRALATERAL SUBTOTAL LOBECT	64.19	90	1			AS
60220		TOTAL THYROID LOBECTOMY, UNILATERAL; WITH OR WITHOUT ISTHMUSECTOMY	48.86	90	1			AS
60225		TOTAL THYROID LOBECTOMY, UNILATERAL; WITH CONTRALATERAL SUBTOTAL LOBECTOM	58.81	90	1			AS
60240		THYROIDECTOMY, TOTAL OR COMPLETE	61.96	90	1			AS
60252		THYROIDECTOMY, TOTAL OR SUBTOTAL FOR MALIGNANCY; WITH LIMITED NECK DISSECTI	83.74	90	1			AS
60254		THYROIDECTOMY, TOTAL OR SUBTOTAL FOR MALIGNANCY; WITH RADICAL NECK DISSECT	106.76	90	1			AS
60260		THYROIDECTOMY, REMOVAL OF ALL REMAINING THYROID TISSUE FOLLOWING PREVIOUS	69.83	90	1			AS
60270		THYROIDECTOMY, INCLUDING SUBSTERNAL THYROID; STERNAL SPLIT OR TRANSTHORAC	88.17	90	1			AS
60271		THYROIDECTOMY, INCLUDING SUBSTERNAL THYROID GLAND; CERVICAL APPROACH	67.25	90	1			AS
60280		EXCISION OF THYROGLOSSAL DUCT CYST OR SINUS;	27.91	90	1			AS
60281		EXCISION OF THYROGLOSSAL DUCT CYST OR SINUS; RECURRENT	37.06	90	1			AS

Code	Spec	Description	Base Fee	FUD	UNOS	Hysterectomy Sterilization Abortion	PA	AS
60500		PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S);	64.74	90	1			AS
60502		PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S); RE-EXPLORATION	81.16	90	1			AS
60505		PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S); WITH MEDIASTINAL EXPLC	88.72	90	1			AS
60512		PARATHYROID AUTOTRANSPLANTATION (LIST SEPARATELY IN ADDITION TO CODE FOR PF	15.71	90	1			AS
60520		THYMECTOMY, PARTIAL OR TOTAL; TRANSCERVICAL APPROACH (SEPARATE PROCEDURE	66.30	90	1			AS
60521		THYMECTOMY, PARTIAL OR TOTAL; STERNAL SPLIT OR TRANSTHORACIC APPROACH, WITI	76.60	90	1			AS
60522		THYMECTOMY, PARTIAL OR TOTAL; STERNAL SPLIT OR TRANSTHORACIC APPROACH, WITI	92.28	90	1			AS
60540		ADRENALECTOMY, PARTIAL OR COMPLETE, OR EXPLORATION OF ADRENAL GLAND WITH (	70.83	90	1			AS
60545		ADRENALECTOMY, PARTIAL OR COMPLETE, OR EXPLORATION OF ADRENAL GLAND WITH (	80.28	90	1			AS
60600		EXCISION OF CAROTID BODY TUMOR; WITHOUT EXCISION OF CAROTID ARTERY	91.63	90	1			AS
60605		EXCISION OF CAROTID BODY TUMOR; WITH EXCISION OF CAROTID ARTERY	116.08	90	1			AS
60659	R	UNLISTED LAPAROSCOPY PROCEDURE, ENDOCRINE SYSTEM		0	1			AS
60699	R	UNLISTED PROCEDURE, ENDOCRINE SYSTEM		90	1			AS
61140		BURR HOLE(S) OR TREPHINE; WITH BIOPSY OF BRAIN OR INTRACRANIAL LESION	79.68	90	1			AS
61154		BURR HOLE(S) WITH EVACUATION AND/OR DRAINAGE OF HEMATOMA, EXTRADURAL OR SI	80.40	90	1			AS
61156		BURR HOLE(S); WITH ASPIRATION OF HEMATOMA OR CYST, INTRACEREBRAL	79.38	90	1			AS
61250		BURR HOLE(S) OR TREPHINE, SUPRATENTORIAL, EXPLORATORY, NOT FOLLOWED BY OTH	53.69	90	1			AS
61253		BURR HOLE(S) OR TREPHINE, INFRATENTORIAL, UNILATERAL OR BILATERAL	58.16	90	1			AS
61304		CRANIECTOMY OR CRANIOTOMY, EXPLORATORY; SUPRATENTORIAL	104.56	90	1			AS
61305		CRANIECTOMY OR CRANIOTOMY, EXPLORATORY; INFRATENTORIAL (POSTERIOR FOSSA)	125.68	90	1			AS
61312		CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, SUPRATENTORIAL; EX	130.67	90	1			AS
61313		CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, SUPRATENTORIAL; IN	125.36	90	1			AS
61314		CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, INFRATENTORIAL; EX	116.71	90	1			AS
61315		CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, INFRATENTORIAL; INT	131.72	90	1			AS
61320		CRANIECTOMY OR CRANIOTOMY, DRAINAGE OF INTRACRANIAL ABSCESS; SUPRATENTOR	121.87	90	1			AS
61321		CRANIECTOMY OR CRANIOTOMY, DRAINAGE OF INTRACRANIAL ABSCESS; INFRATENTORI	133.15	90	1			AS
61322		CRANIECTOMY OR CRANIOTOMY, DECOMPRESSIVE, WITH OR WITHOUT DURAPLASTY, FOI	149.34	90	1			AS

Code	Spec	Description	Base Fee	FUD	UNOS	Hysterectomy Sterilization Abortion	PA	AS
61330		DECOMPRESSION OF ORBIT ONLY, TRANSCRANIAL APPROACH	99.82	90	1			AS
61332		EXPLORATION OF ORBIT (TRANSCRANIAL APPROACH); WITH BIOPSY	117.04	90	1			AS
61333		EXPLORATION OF ORBIT (TRANSCRANIAL APPROACH); WITH REMOVAL OF LESION	117.84	90	1			AS
61334		EXPLORATION OF ORBIT (TRANSCRANIAL APPROACH); WITH REMOVAL OF FOREIGN BODY	75.34	90	1			AS
61340		SUBTEMPORAL CRANIAL DECOMPRESSION (PSEUDOTUMOR CEREBRI, SLIT VENTRICLE SY	90.88	90	1			AS
61343		CRANIECTOMY, SUBOCCIPITAL WITH CERVICAL LAMINECTOMY FOR DECOMPRESSION OF	140.09	90	1			AS
61345		OTHER CRANIAL DECOMPRESSION, POSTERIOR FOSSA	130.04	90	1			AS
61440		CRANIOTOMY FOR SECTION OF TENTORIUM CEREBELLI (SEPARATE PROCEDURE)	127.96	90	1			AS
61450		CRANIECTOMY, SUBTEMPORAL, FOR SECTION, COMPRESSION, OR DECOMPRESSION OF S	119.84	90	1			AS
61458		CRANIECTOMY, SUBOCCIPITAL; FOR EXPLORATION OR DECOMPRESSION OF CRANIAL NEI	128.41	90	1			AS
61460		CRANIECTOMY, SUBOCCIPITAL; FOR SECTION OF ONE OR MORE CRANIAL NERVES	128.39	90	1			AS
61470		CRANIECTOMY, SUBOCCIPITAL; FOR MEDULLARY TRACTOTOMY	120.77	90	1			AS
61480		CRANIECTOMY, SUBOCCIPITAL; FOR MESENCEPHALIC TRACTOTOMY OR PEDUNCULOTOM	115.06	90	1			AS
61490		CRANIOTOMY FOR LOBOTOMY, INCLUDING CINGULOTOMY	121.95	90	1			AS
61500		CRANIECTOMY; WITH EXCISION OF TUMOR OR OTHER BONE LESION OF SKULL	85.54	90	1			AS
61501		CRANIECTOMY; FOR OSTEOMYELITIS	73.39	90	1			AS
61510		CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF BRAIN TUMO	138.74	90	1			AS
61512		CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF MENINGIOM/	163.22	90	1			AS
61514		CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF BRAIN ABSC	121.52	90	1			AS
61516		CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OR FENESTRATI	118.42	90	1			AS
61518		CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR FOSSA	175.72	90	1			AS
61519		CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR FOSSA	188.87	90	1			AS
61520		CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR FOSSA	238.31	90	1			AS
61521		CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR FOSSA	202.78	90	1			AS
61522		CRANIECTOMY, INFRATENTORIAL OR POSTERIOR FOSSA; FOR EXCISION OF BRAIN ABSCE	139.84	90	1			AS
61524		CRANIECTOMY, INFRATENTORIAL OR POSTERIOR FOSSA; FOR EXCISION OR FENESTRATI	131.80	90	1			AS
61531		SUBDURAL IMPLANTATION OF STRIP ELECTRODES THROUGH ONE OR MORE BURR OR TR	77.10	90	1			AS

Code	Spec	Description	Base Fee	FUD	UNOS	Hysterectomy Sterilization Abortion	PA	AS
61533		CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR SUBDURAL IMPLANTATION OF AN ELE	96.72	90	1			AS
61534		CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR EXCISION OF EPILEPTOGENIC FOCUS	104.53	90	1			AS
61535		CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR REMOVAL OF EPIDURAL OR SUBDUR/	62.92	90	1			AS
61536		CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR EXCISION OF CEREBRAL EPILEPTOGE	165.45	90	1			AS
61537		CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR LOBECTOMY, TEMPORAL LOBE, WITH	153.34	90	1			AS
61538		CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR LOBECTOMY, TEMPORAL LOBE, WITH	164.37	90	1			AS
61539		CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR LOBECTOMY, OTHER THAN TEMPORA	149.76	90	1			AS
61540		CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR LOBECTOMY, OTHER THAN TEMPORA	140.79	90	1			AS
61541		CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR TRANSECTION OF CORPUS CALLOSUI	134.45	90	1			AS
61542		CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR TOTAL HEMISPHERECTOMY	146.20	90	1			AS
61543		CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR PARTIAL OR SUBTOTAL (FUNCTIONAL	136.53	90	1			AS
61544		CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR EXCISION OR COAGULATION OF CHOI	111.00	90	1			AS
61545		CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR EXCISION OF CRANIOPHARYNGIOMA	200.70	90	1			AS
61546		CRANIOTOMY FOR HYPOPHYSECTOMY OR EXCISION OF PITUITARY TUMOR, INTRACRANIA	145.68	90	1			AS
61548		HYPOPHYSECTOMY OR EXCISION OF PITUITARY TUMOR, TRANSNASAL OR TRANSSEPTAL	97.02	90	1			AS
61550		CRANIECTOMY FOR CRANIOSYNOSTOSIS; SINGLE CRANIAL SUTURE	55.46	90	1			AS
61552		CRANIECTOMY FOR CRANIOSYNOSTOSIS; MULTIPLE CRANIAL SUTURES	84.44	90	1			AS
61556		CRANIOTOMY FOR CRANIOSYNOSTOSIS; FRONTAL OR PARIETAL BONE FLAP	104.41	90	1			AS
61557		CRANIOTOMY FOR CRANIOSYNOSTOSIS; BIFRONTAL BONE FLAP	107.42	90	1			AS
61558		EXTENSIVE CRANIECTOMY FOR MULTIPLE CRANIAL SUTURE CRANIOSYNOSTOSIS (EG, CL	107.12	90	1			AS
61559		EXTENSIVE CRANIECTOMY FOR MULTIPLE CRANIAL SUTURE CRANIOSYNOSTOSIS (EG, CL	153.27	90	1			AS
61563		EXCISION, INTRA AND EXTRACRANIAL, BENIGN TUMOR OF CRANIAL BONE (EG, FIBROUS	122.02	90	1			AS
61564		EXCISION, INTRA AND EXTRACRANIAL, BENIGN TUMOR OF CRANIAL BONE (EG, FIBROUS	154.85	90	1			AS
61566		CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR SELECTIVE AMYGDALOHIPPOCAMPEC	141.52	90	1			AS
61567		CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR MULTIPLE SUBPIAL TRANSECTIONS,	157.88	90	1			AS
61570		CRANIECTOMY OR CRANIOTOMY; WITH EXCISION OF FOREIGN BODY FROM BRAIN	116.39	90	1			AS
61571		CRANIECTOMY OR CRANIOTOMY; WITH TREATMENT OF PENETRATING WOUND OF BRAIN	126.86	90	1			AS

Code	Spec	Description	Base Fee	FUD	UNOS	Hysterectomy Sterilization Abortion	PA	AS
61575		TRANSORAL APPROACH TO SKULL BASE, BRAIN STEM OR UPPER SPINAL CORD FOR BIOP:	146.70	90	1			AS
61576		TRANSORAL APPROACH TO SKULL BASE, BRAIN STEM OR UPPER SPINAL CORD FOR BIOP:	233.72	90	1			AS
61580		CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA; EXTRADURAL, INCLUDING LATE	152.87	90	1			AS
61582		CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA; EXTRADURAL, INCLUDING UNIL	182.68	90	1			AS
61583		CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA; INTRADURAL, INCLUDING UNIL	184.71	90	1			AS
61584		ORBITOCRANIAL APPROACH TO ANTERIOR CRANIAL FOSSA, EXTRADURAL, INCLUDING SU	179.43	90	1			AS
61585		ORBITOCRANIAL APPROACH TO ANTERIOR CRANIAL FOSSA, EXTRADURAL, INCLUDING SU	187.09	90	1			AS
61586		BICORONAL, TRANSZYGOMATIC AND/OR LEFORT I OSTEOTOMY APPROACH TO ANTERIOR	134.55	90	1			AS
61590		INFRATEMPORAL PRE-AURICULAR APPROACH TO MIDDLE CRANIAL FOSSA (PARAPHARYN	195.46	90	1			AS
61591		INFRATEMPORAL POST-AURICULAR APPROACH TO MIDDLE CRANIAL FOSSA (INTERNAL AL	196.59	90	1			AS
61592		ORBITOCRANIAL ZYGOMATIC APPROACH TO MIDDLE CRANIAL FOSSA (CAVERNOUS SINUS	202.55	90	1			AS
61595		TRANSTEMPORAL APPROACH TO POSTERIOR CRANIAL FOSSA, JUGULAR FORAMEN OR MI	148.91	90	1			AS
61596		TRANSCOCHLEAR APPROACH TO POSTERIOR CRANIAL FOSSA, JUGULAR FORAMEN OR MI	161.49	90	1			AS
61597		TRANSCONDYLAR (FAR LATERAL) APPROACH TO POSTERIOR CRANIAL FOSSA, JUGULAR F	182.96	90	1			AS
61598		TRANSPETROSAL APPROACH TO POSTERIOR CRANIAL FOSSA, CLIVUS OR FORAMEN MAG	159.13	90	1			AS
61600		RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF BASE	134.75	90	1			AS
61601		RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF BASE	150.11	90	1			AS
61605		RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF INFRA	138.81	90	1			AS
61606		RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF INFRA	191.78	90	1			AS
61607		RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF PARAS	175.47	90	1			AS
61608		RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF PARAS	207.39	90	1			AS
61609		TRANSECTION OR LIGATION, CAROTID ARTERY IN CAVERNOUS SINUS; WITHOUT REPAIR	39.46	0	1			AS
61610		TRANSECTION OR LIGATION, CAROTID ARTERY IN CAVERNOUS SINUS; WITH REPAIR BY	122.87	0	1			AS
61611		TRANSECTION OR LIGATION, CAROTID ARTERY IN PETROUS CANAL; WITHOUT REPAIR (L	27.67	0	1			AS
61612		TRANSECTION OR LIGATION, CAROTID ARTERY IN PETROUS CANAL; WITH REPAIR BY AN	105.89	0	1			AS
61613		OBLITERATION OF CAROTID ANEURYSM, ARTERIOVENOUS MALFORMATION, OR CAROTID-	200.07	90	1			AS
61615		RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF BASE	156.07	90	1			AS

Code	Spec	Description	Base Fee	FUD	UNOS	Hysterectomy Sterilization Abortion	PA	AS
61616		RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF BASE	206.54	90	1			AS
61618		SECONDARY REPAIR OF DURA FOR CEREBROSPINAL FLUID LEAK, ANTERIOR, MIDDLE OR	82.33	90	1			AS
61619		SECONDARY REPAIR OF DURA FOR CSF LEAK, ANTERIOR, MIDDLE OR POSTERIOR CRANIA	94.14	90	1			AS
61680		SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; SUPRATENTORIAL, SIMPL	144.65	90	1			AS
61682		SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; SUPRATENTORIAL, COMF	270.43	90	1			AS
61684		SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; INFRATENTORIAL, SIMPLI	180.05	90	1			AS
61686		SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; INFRATENTORIAL, COMPI	289.62	90	1			AS
61690		SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; DURAL, SIMPLE	137.06	90	1			AS
61692		SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; DURAL, COMPLEX	234.35	90	1			AS
61697		SURGERY OF COMPLEX INTRACRANIAL ANEURYSM, INTRACRANIAL APPROACH; CAROTID	265.52	90	1			AS
61698		SURGERY OF COMPLEX INTRACRANIAL ANEURYSM, INTRACRANIAL APPROACH; VERTEBR	287.09	90	1			AS
61700		SURGERY OF SIMPLE INTRACRANIAL ANEURYSM, INTRACRANIAL APPROACH; CAROTID CII	220.94	90	1			AS
61702		SURGERY OF INTRACRANIAL ANEURYSM, INTRACRANIAL APPROACH; VERTEBRAL-BASILAI	247.96	90	1			AS
61703		SURGERY OF INTRACRANIAL ANEURYSM, CERVICAL APPROACH BY APPLICATION OF OCCI	85.32	90	1			AS
61705		SURGERY OF ANEURYSM, VASCULAR MALFORMATION OR CAROTID-CAVERNOUS FISTULA	162.81	90	1			AS
61708		SURGERY OF ANEURYSM, VASCULAR MALFORMATION OR CAROTID-CAVERNOUS FISTULA	137.21	90	1			AS
61711		ANASTOMOSIS, ARTERIAL, EXTRACRANIAL-INTRACRANIAL (EG, MIDDLE CEREBRAL/CORTI	166.35	90	1			AS
61850		TWIST DRILL OR BURR HOLE(S) FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES	62.42	90	1			AS
61860		CRANIECTOMY OR CRANIOTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODE	98.65	90	1			AS
61863		TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC IMPLAN	96.64	90	1			AS
61864		TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC IMPLAN	29.29	90	1			AS
61867		TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC IMPLAN	139.01	90	1			AS
61868		TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC IMPLAN	41.19	90	1			AS
61870		CRANIECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, CEREBELLAR; (	75.12	90	1			AS
61875		CRANIECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, CEREBELLAR; (	61.92	90	1			AS
61880		REVISION OR REMOVAL OF INTRACRANIAL NEUROSTIMULATOR ELECTRODES	35.00	90	1			AS
62005		ELEVATION OF DEPRESSED SKULL FRACTURE; COMPOUND OR COMMUNUTED, EXTRADUR.	79.30	90	1			AS

Code	Spec	Description	Base Fee	FUD	UNOS	Hysterectomy Sterilization Abortion	PA	AS
62010		ELEVATION OF DEPRESSED SKULL FRACTURE; WITH REPAIR OF DURA AND/OR DEBRIDEM	96.27	90	1			AS
62100		CRANIOTOMY FOR REPAIR OF DURAL/CEREBROSPINAL FLUID LEAK, INCLUDING SURGERY	101.45	90	1			AS
62115		REDUCTION OF CRANIOMEGALIC SKULL (EG, TREATED HYDROCEPHALUS); NOT REQUIRIN	105.82	90	1			AS
62116		REDUCTION OF CRANIOMEGALIC SKULL (EG, TREATED HYDROCEPHALUS); WITH SIMPLE C	113.30	90	1			AS
62117		REDUCTION OF CRANIOMEGALIC SKULL (EG, TREATED HYDROCEPHALUS); REQUIRING CR	119.79	90	1			AS
62120		REPAIR OF ENCEPHALOCELE, SKULL VAULT, INCLUDING CRANIOPLASTY	112.55	90	1			AS
62121		CRANIOTOMY FOR REPAIR OF ENCEPHALOCELE, SKULL BASE	103.73	90	1			AS
62140		CRANIOPLASTY FOR SKULL DEFECT; UP TO 5 CM DIAMETER	66.67	90	1			AS
62141		CRANIOPLASTY FOR SKULL DEFECT; LARGER THAN 5 CM DIAMETER	73.21	90	1			AS
62142		REMOVAL OF BONE FLAP OR PROSTHETIC PLATE OF SKULL	56.05	90	1			AS
62143		REPLACEMENT OF BONE FLAP OR PROSTHETIC PLATE OF SKULL	65.57	90	1			AS
62145		CRANIOPLASTY FOR SKULL DEFECT WITH REPARATIVE BRAIN SURGERY	89.30	90	1			AS
62146		CRANIOPLASTY WITH AUTOGRAFT (INCLUDES OBTAINING BONE GRAFTS); UP TO 5 CM DI	76.30	90	1			AS
62147		CRANIOPLASTY WITH AUTOGRAFT (INCLUDES OBTAINING BONE GRAFTS); LARGER THAN 5	90.58	90	1			AS
62161		NEUROENDOSCOPY, INTRACRANIAL; WITH DISSECTION OF ADHESIONS, FENESTRATION O	96.17	90	1			AS
62162		NEUROENDOSCOPY, INTRACRANIAL; WITH FENESTRATION OR EXCISION OF COLLOID CYS	119.22	90	1			AS
62163		NEUROENDOSCOPY, INTRACRANIAL; WITH RETRIEVAL OF FOREIGN BODY	77.75	90	1			AS
62164		NEUROENDOSCOPY, INTRACRANIAL; WITH EXCISION OF BRAIN TUMOR, INCLUDING PLACE	126.91	90	1			AS
62165		NEUROENDOSCOPY, INTRACRANIAL; WITH EXCISION OF PITUITARY TUMOR, TRANSNASAL	96.34	90	1			AS
62180		VENTRICULOCISTERNOSTOMY (TORKILDSEN TYPE OPERATION)	100.65	90	1			AS
62192		CREATION OF SHUNT; SUBARACHNOID/SUBDURAL-PERITONEAL, -PLEURAL, OTHER TERMI	61.21	90	1			AS
62200		VENTRICULOCISTERNOSTOMY, THIRD VENTRICLE;	87.17	90	1			AS
62220		CREATION OF SHUNT; VENTRICULO-ATRIAL, -JUGULAR, -AURICULAR	64.32	90	1			AS
62223		CREATION OF SHUNT; VENTRICULO-PERITONEAL, -PLEURAL, OTHER TERMINUS	66.32	90	1			AS
62230		REPLACEMENT OR REVISION OF CEREBROSPINAL FLUID SHUNT, OBSTRUCTED VALVE, OR	53.45	90	1			AS
62256		REMOVAL OF COMPLETE CEREBROSPINAL FLUID SHUNT SYSTEM; WITHOUT REPLACEMEN	37.41	90	1			AS
62258		REMOVAL OF COMPLETE CSF SHUNT SYSTEM; WITH REPLACEMENT BY SIMILAR OR OTHEI	71.66	90	1			AS

Code	Spec	Description	Base Fee	FUD	UNOS	Hysterectomy Sterilization Abortion	PA	AS
62351		IMPLANTATION, REVISION OR REPOSITIONING OF INTRATHECAL OR EPIDURAL CATHETER	53.80	90	1			AS
63001		LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR C	78.45	90	1			AS
63003		LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR C	78.65	90	1			AS
63005		LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR C	74.52	90	1			AS
63011		LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR C	71.11	90	1			AS
63012		LAMINECTOMY WITH REMOVAL OF ABNORMAL FACETS AND/OR PARS INTER-ARTICULARIS	75.72	90	1			AS
63015		LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR C	94.24	90	1			AS
63016		LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR C	96.62	90	1			AS
63017		LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR C	78.73	90	1			AS
63020		LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDII	74.84	90	1			AS
63030		LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDII	62.11	90	1			AS
63035		LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDII	13.05	90	11			AS
63040		LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDII	90.58	90	1			AS
63042		LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDII	84.56	90	1			AS
63043		LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDII	15.15	90	5			AS
63044		LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDII	15.15	90	4			AS
63045		LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH D	81.11	90	1			AS
63046		LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH D	77.15	90	1			AS
63047		LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH D	70.26	90	1			AS
63048		LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH D	14.01	90	23			AS
63050		LAMINOPLASTY, CERVICAL, WITH DECOMPRESSION OF THE SPINAL CORD, TWO OR MORE	97.54	90	1			AS
63051		LAMINOPLASTY, CERVICAL, WITH DECOMPRESSION OF THE SPINAL CORD, TWO OR MORE	109.32	90	1			AS
63055		TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR	104.13	90	1			AS
63056		TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR	95.66	90	1			AS
63057		TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR	21.47	90	16			AS
63064		COSTOVERTEBRAL APPROACH WITH DECOMPRESSION OF SPINAL CORD OR NERVE ROOT	113.38	90	1			AS
63066		COSTOVERTEBRAL APPROACH WITH DECOMPRESSION OF SPINAL CORD OR NERVE ROOT	13.18	90	11			AS

Code	Spec	Description	Base Fee	FUD	UNOS	Hysterectomy Sterilization Abortion	PA	AS
63075		DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/ OR NERVE ROOT	88.65	90	1			AS
63076		DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/ OR NERVE ROOT	16.59	90	3			AS
63077		DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/ OR NERVE ROOT	96.12	90	1			AS
63078		DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/ OR NERVE ROOT	13.10	90	11			AS
63081		VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, ANTI	113.96	90	1			AS
63082		VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, ANTI	17.86	90	6			AS
63085		VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, TRAI	119.94	90	1			AS
63086		VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, TRAI	12.58	90	11			AS
63087		VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, COM	153.57	90	1			AS
63088		VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, COM	17.26	90	16			AS
63090		VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, TRAI	125.23	90	1			AS
63091		VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, TRAI	11.83	90	17			AS
63101		VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, LATE	144.02	90	1			AS
63102		VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, LATE	143.22	90	1			AS
63103		VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, LATE	18.72	90	2			AS
63170		LAMINECTOMY WITH MYELOTOMY (EG, BISCHOF OR DREZ TYPE), CERVICAL, THORACIC,	98.20	90	1			AS
63172		LAMINECTOMY WITH DRAINAGE OF INTRAMEDULLARY CYST/SYRINX; TO SUBARACHNOID S	88.65	90	1			AS
63173		LAMINECTOMY WITH DRAINAGE OF INTRAMEDULLARY CYST/SYRINX; TO PERITONEAL OR I	109.65	90	1			AS
63180		LAMINECTOMY AND SECTION OF DENTATE LIGAMENTS, WITH OR WITHOUT DURAL GRAFT,	88.12	90	1			AS
63182		LAMINECTOMY AND SECTION OF DENTATE LIGAMENTS, WITH OR WITHOUT DURAL GRAFT,	94.61	90	1			AS
63185		LAMINECTOMY WITH RHIZOTOMY; ONE OR TWO SEGMENTS	72.54	90	1			AS
63190		LAMINECTOMY WITH RHIZOTOMY; MORE THAN TWO SEGMENTS	82.74	90	1			AS
63191		LAMINECTOMY WITH SECTION OF SPINAL ACCESSORY NERVE	90.60	90	1			AS
63194		LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF ONE SPINOTHALAMIC TRACT, ONE S	93.21	90	1			AS
63195		LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF ONE SPINOTHALAMIC TRACT, ONE S	96.07	90	1			AS
63196		LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF BOTH SPINOTHALAMIC TRACTS, ON	112.88	90	1			AS
63197		LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF BOTH SPINOTHALAMIC TRACTS, ON	108.04	90	1			AS

Code	Spec	Description	Base Fee	FUD	UNOS	Hysterectomy Sterilization Abortion	PA	AS
63198		LAMINECTOMY WITH CORDOTOMY WITH SECTION OF BOTH SPINOTHALAMIC TRACTS, TWO	121.37	90	1			AS
63199		LAMINECTOMY WITH CORDOTOMY WITH SECTION OF BOTH SPINOTHALAMIC TRACTS, TWO	105.57	90	1			AS
63200		LAMINECTOMY, WITH RELEASE OF TETHERED SPINAL CORD, LUMBAR	96.44	90	1			AS
63250		LAMINECTOMY FOR EXCISION OR OCCLUSION OF ARTERIOVENOUS MALFORMATION OF SPINAL	186.49	90	1			AS
63251		LAMINECTOMY FOR EXCISION OR OCCLUSION OF ARTERIOVENOUS MALFORMATION OF SPINAL	193.01	90	1			AS
63252		LAMINECTOMY FOR EXCISION OR OCCLUSION OF ARTERIOVENOUS MALFORMATION OF SPINAL	193.53	90	1			AS
63265		LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THAN NEOPLASM	106.49	90	1			AS
63266		LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THAN NEOPLASM	109.24	90	1			AS
63267		LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THAN NEOPLASM	88.00	90	1			AS
63268		LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THAN NEOPLASM	88.35	90	1			AS
63270		LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM, INTRADURAL	130.82	90	1			AS
63271		LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM, INTRADURAL	131.70	90	1			AS
63272		LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM, INTRADURAL	121.05	90	1			AS
63273		LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM, INTRADURAL	113.45	90	1			AS
63275		LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; EXTRADURAL, CERVICAL	114.06	90	1			AS
63276		LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; EXTRADURAL, THORACIC	113.73	90	1			AS
63277		LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; EXTRADURAL, LUMBAR	99.55	90	1			AS
63278		LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; EXTRADURAL, SACRAL	97.09	90	1			AS
63280		LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, EXTRADURAL	135.18	90	1			AS
63281		LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, EXTRADURAL	133.57	90	1			AS
63282		LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, EXTRADURAL	126.16	90	1			AS
63283		LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, SACRAL	119.29	90	1			AS
63285		LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, INTRADURAL	165.25	90	1			AS
63286		LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, INTRADURAL	164.94	90	1			AS
63287		LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, INTRADURAL	174.06	90	1			AS
63290		LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; COMBINED EXTRADURAL	175.82	90	1			AS
63295		OSTEOPLASTIC RECONSTRUCTION OF DORSAL SPINAL ELEMENTS, FOLLOWING PRIMARY	20.82	90	1			AS

Code	Spec	Description	Base Fee	FUD	UNOS	Hysterectomy Sterilization Abortion	PA	AS
63300		VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR	117.39	90	1			AS
63301		VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR	130.37	90	1			AS
63302		VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR	129.49	90	1			AS
63303		VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR	133.85	90	1			AS
63304		VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR	144.65	90	1			AS
63305		VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR	145.55	90	1			AS
63306		VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR	156.60	90	1			AS
63307		VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR	142.22	90	1			AS
63308		VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR	21.57	90	3			AS
63655		LAMINECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, PLATE/PADDLE	54.27	90	1			AS
63661		REMOVAL OF SPINAL NEUROSTIMULATOR ELECTRODE PERCUTANEOUS ARRAY(S), INCLU	37.13	90	1			AS
63662		REMOVAL OF SPINAL NEUROSTIMULATOR ELECTRODE PLATE/PADDLE(S) PLACED VIA	47.71	90	1			AS
63663		REVISION INCLUDING REPLACEMENT, WHEN PERFORMED, OF SPINAL NEUROSTIMULATO	55.02	90	1			AS
63664		REVISION INCLUDING REPLACEMENT, WHEN PERFORMED, OF SPINAL NEUROSTIMULATO	49.66	90	1			AS
63685		INSERTION OR REPLACEMENT OF SPINAL NEUROSTIMULATOR PULSE GENERATOR OR RE	31.59	90	1			AS
63700		REPAIR OF MENINGOCELE; LESS THAN 5 CM DIAMETER	77.93	90	1			AS
63702		REPAIR OF MENINGOCELE; LARGER THAN 5 CM DIAMETER	88.35	90	1			AS
63704		REPAIR OF MYELOMENINGOCELE; LESS THAN 5 CM DIAMETER	97.22	90	1			AS
63706		REPAIR OF MYELOMENINGOCELE; LARGER THAN 5 CM DIAMETER	115.41	90	1			AS
63707		REPAIR OF DURAL/CEREBROSPINAL FLUID LEAK, NOT REQUIRING LAMINECTOMY	57.73	90	1			AS
63709		REPAIR OF DURAL/CEREBROSPINAL FLUID LEAK OR PSEUDOMENINGOCELE, WITH LAMINE	69.83	90	1			AS
63710		DURAL GRAFT, SPINAL	70.33	90	1			AS
63740		CREATION OF SHUNT, LUMBAR, SUBARACHNOID-PERITONEAL, -PLEURAL, OR OTHER; INC	60.39	90	1			AS
63741		CREATION OF SHUNT, LUMBAR, SUBARACHNOID-PERITONEAL, -PLEURAL, OR OTHER; PER	38.39	90	1			AS
63744		REPLACEMENT, IRRIGATION OR REVISION OF LUMBOSUBARACHNOID SHUNT	40.69	90	1			AS
64580		INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; NEUROMUSCULAR	18.39	90	1			AS
64585		REVISION OR REMOVAL OF PERIPHERAL NEUROSTIMULATOR ELECTRODES	11.48	10	1			AS

Code	Spec	Description	Base Fee	FUD	UNOS	Hysterectomy Sterilization Abortion	PA	AS
64590		INSERTION OR REPLACEMENT OF PERIPHERAL OR GASTRIC NEUROSTIMULATOR PULSE C	22.67	10	1			AS
64704		NEUROPLASTY; NERVE OF HAND OR FOOT	21.60	90	1			AS
64708		NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; OTHER THAN SPECIFIED	30.62	90	1			AS
64712		NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; SCIATIC NERVE	34.95	90	1			AS
64713		NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; BRACHIAL PLEXUS	49.76	90	1			AS
64714		NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; LUMBAR PLEXUS	42.42	90	1			AS
64716		NEUROPLASTY AND/OR TRANSPOSITION; CRANIAL NERVE (SPECIFY)	32.75	90	1			AS
64722		DECOMPRESSION; UNSPECIFIED NERVE(S) (SPECIFY)	21.35	90	1			AS
64732		TRANSECTION OR AVULSION OF; SUPRAORBITAL NERVE	25.03	90	1			AS
64736		TRANSECTION OR AVULSION OF; MENTAL NERVE	24.83	90	1			AS
64738		TRANSECTION OR AVULSION OF; INFERIOR ALVEOLAR NERVE BY OSTEOTOMY	29.42	90	1			AS
64740		TRANSECTION OR AVULSION OF; LINGUAL NERVE	28.94	90	1			AS
64742		TRANSECTION OR AVULSION OF; FACIAL NERVE, DIFFERENTIAL OR COMPLETE	29.62	90	1			AS
64746		TRANSECTION OR AVULSION OF; PHRENIC NERVE	27.99	90	1			AS
64752		TRANSECTION OR AVULSION OF; VAGUS NERVE (VAGOTOMY), TRANSTHORACIC	32.10	90	1			AS
64755		TRANSECTION OR AVULSION OF; VAGUS NERVES LIMITED TO PROXIMAL STOMACH (SELEC	57.53	90	1			AS
64760		TRANSECTION OR AVULSION OF; VAGUS NERVE (VAGOTOMY), ABDOMINAL	30.49	90	1			AS
64761		TRANSECTION OR AVULSION OF; PUDENDAL NERVE	28.74	90	1			AS
64763		TRANSECTION OR AVULSION OF OBTURATOR NERVE, EXTRAPELVIC, WITH OR WITHOUT A	30.94	90	1			AS
64766		TRANSECTION OR AVULSION OF OBTURATOR NERVE, INTRAPELVIC, WITH OR WITHOUT AI	40.22	90	1			AS
64771		TRANSECTION OR AVULSION OF OTHER CRANIAL NERVE, EXTRADURAL	37.94	90	1			AS
64772		TRANSECTION OR AVULSION OF OTHER SPINAL NERVE, EXTRADURAL	36.88	90	1			AS
64786		EXCISION OF NEUROMA; SCIATIC NERVE	68.80	90	1			AS
64792		EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; EXTENSIVE (INCLUDING MALIGNANT	68.93	90	1			AS
64802		SYMPATHECTOMY, CERVICAL	37.78	90	1			AS
64804		SYMPATHECTOMY, CERVICOTHORACIC	58.03	90	1			AS
64809		SYMPATHECTOMY, THORACOLUMBAR	55.32	90	1			AS

Code	Spec	Description	Base Fee	FUD	UNOS	Hysterectomy Sterilization Abortion	PA	AS
64818		SYMPATHECTOMY, LUMBAR	42.39	90	1			AS
64835		SUTURE OF ONE NERVE, HAND OR FOOT; MEDIAN MOTOR THENAR	51.59	90	1			AS
64836		SUTURE OF ONE NERVE, HAND OR FOOT; ULNAR MOTOR	51.54	90	1			AS
64837		SUTURE OF EACH ADDITIONAL NERVE, HAND OR FOOT (LIST SEPARATELY IN ADDITION	24.93	90	4			AS
64840		SUTURE OF POSTERIOR TIBIAL NERVE	58.28	90	1			AS
64857		SUTURE OF MAJOR PERIPHERAL NERVE, ARM OR LEG, EXCEPT SCIATIC; WITHOUT TRANS	67.80	90	1			AS
64858		SUTURE OF SCIATIC NERVE	79.03	90	1			AS
64859		SUTURE OF EACH ADDITIONAL MAJOR PERIPHERAL NERVE (LIST SEPARATELY IN ADDITI	16.89	90	3			AS
64861		SUTURE OF; BRACHIAL PLEXUS	88.85	90	1			AS
64862		SUTURE OF; LUMBAR PLEXUS	86.22	90	1			AS
64864		SUTURE OF FACIAL NERVE; EXTRACRANIAL	55.10	90	1			AS
64865		SUTURE OF FACIAL NERVE; INFRATEMPORAL, WITH OR WITHOUT GRAFTING	72.71	90	1			AS
64866		ANASTOMOSIS; FACIAL-SPINAL ACCESSORY	76.37	90	1			AS
64868		ANASTOMOSIS; FACIAL-HYPOGLOSSAL	66.62	90	1			AS
64870		ANASTOMOSIS; FACIAL-PHRENIC	64.82	90	1			AS
64872		SUTURE OF NERVE; REQUIRING SECONDARY OR DELAYED SUTURE (LIST SEPARATELY IN	7.87	90	1			AS
64874		SUTURE OF NERVE; REQUIRING EXTENSIVE MOBILIZATION, OR TRANSPOSITION OF NERV	11.58	90	1			AS
64876		SUTURE OF NERVE; REQUIRING SHORTENING OF BONE OF EXTREMITY (LIST SEPARATELY	12.45	90	1			AS
64885		NERVE GRAFT (INCLUDES OBTAINING GRAFT), HEAD OR NECK; UP TO 4 CM IN LENGTH	71.46	90	1			AS
64886		NERVE GRAFT (INCLUDES OBTAINING GRAFT), HEAD OR NECK; MORE THAN 4 CM IN LEN	85.04	90	1			AS
64890		NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, HAND OR FOOT; UP TO	69.86	90	1			AS
64891		NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, HAND OR FOOT; MORE T	73.64	90	1			AS
64892		NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, ARM OR LEG; UP TO 4	68.80	90	1			AS
64893		NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, ARM OR LEG; MORE THA	71.69	90	1			AS
64895		NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), HAND OR F	84.99	90	1			AS
64896		NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), HAND OR F	94.09	90	1			AS
64897		NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), ARM OR LE	81.51	90	1			AS

Code	Spec	Description	Base Fee	FUD	UNOS	Hysterectomy Sterilization Abortion	PA	AS
64898		NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), ARM OR LE	88.90	90	1			AS
64901		NERVE GRAFT, EACH ADDITIONAL NERVE; SINGLE STRAND (LIST SEPARATELY IN ADDIT	39.26	90	3			AS
64902		NERVE GRAFT, EACH ADDITIONAL NERVE; MULTIPLE STRANDS (CABLE) (LIST SEPARATE	45.10	90	1			AS
64905		NERVE PEDICLE TRANSFER; FIRST STAGE	65.62	90	1			AS
64907		NERVE PEDICLE TRANSFER; SECOND STAGE	73.93	90	1			AS
65105		ENUCLEATION OF EYE; WITH IMPLANT, MUSCLES ATTACHED TO IMPLANT	47.98	90	1			AS
65110		EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL OF ORBITAL CON	70.21	90	1			AS
65112		EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL OF ORBITAL CON	82.74	90	1			AS
65114		EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL OF ORBITAL CON	85.92	90	1			AS
65260		REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM POSTERIOR SEGMENT, MAGNETIC EX	55.00	90	1			AS
65265		REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM POSTERIOR SEGMENT, NONMAGNETI	61.91	90	1			AS
65285		REPAIR OF LACERATION; CORNEA AND/OR SCLERA, PERFORATING, WITH REPOSITION OR	59.93	90	1			AS
65710		KERATOPLASTY (CORNEAL TRANSPLANT); LAMELLAR	63.27	90	1			AS
65730		KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (EXCEPT IN APHAKIA)	70.48	90	1			AS
65750		KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (IN APHAKIA)	71.31	90	1			AS
65755		KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (IN PSEUDOPHAKIA)	70.91	90	1			AS
65756		KERATOPLASTY (CORNEAL TRANSPLANT); ENDOTHELIAL	69.86	90				AS
65770		KERATOPROSTHESIS	81.53	90	1			AS
65900		REMOVAL OF EPITHELIAL DOWNGROWTH, ANTERIOR CHAMBER OF EYE	55.10	90	1			AS
66165		FISTULIZATION OF SCLERA FOR GLAUCOMA; IRIDENCELEISIS OR IRIDOTASIS	48.26	90	1			AS
66170		FISTULIZATION OF SCLERA FOR GLAUCOMA; TRABECULECTOMY AB EXTERNO IN ABSENCI	67.95	90	1			AS
66172		FISTULIZATION OF SCLERA FOR GLAUCOMA; TRABECULECTOMY AB EXTERNO WITH SCAR	85.57	90	1			AS
66180		AQUEOUS SHUNT TO EXTRAOCULAR RESERVOIR, (EG, MOLTENO, SCHOCKET, DENVER-KF	67.45	90	1			AS
66185		REVISION OF AQUEOUS SHUNT TO EXTRAOCULAR RESERVOIR	42.77	90	1			AS
66220		REPAIR OF SCLERAL STAPHYLOMA; WITHOUT GRAFT	42.02	90	1			AS
66225		REPAIR OF SCLERAL STAPHYLOMA; WITH GRAFT	53.67	90	1			AS
67010		REMOVAL OF VITREOUS, ANTERIOR APPROACH (OPEN SKY TECHNIQUE OR LIMBAL INCISI	31.27	90	1			AS

Code	Spec	Description	Base Fee	FUD	UNOS	Hysterectomy Sterilization Abortion	PA	AS
67027		IMPLANTATION OF INTRAVITREAL DRUG DELIVERY SYSTEM (EG, GANCICLOVIR IMPLANT)	49.31	90	1			AS
67030		DISCISSION OF VITREOUS STRANDS (WITHOUT REMOVAL), PARS PLANA APPROACH	29.82	90	1			AS
67036		VITRECTOMY, MECHANICAL, PARS PLANA APPROACH;	55.45	90	1			AS
67039		VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH FOCAL ENDOLASER PHOTOCO	70.93	90	1			AS
67040		VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH ENDOLASER PANRETINAL PHC	81.86	90	1			AS
67107		REPAIR OF RETINAL DETACHMENT; SCLERAL BUCKLING (SUCH AS LAMELLAR SCLERAL DI	69.98	90	1			AS
67108		REPAIR OF RETINAL DETACHMENT; WITH VITRECTOMY, ANY METHOD, WITH OR WITHOUT	93.11	90	1			AS
67112		REPAIR OF RETINAL DETACHMENT; BY SCLERAL BUCKLING OR VITRECTOMY, ON PATIENT	76.95	90	1			AS
67113		REPAIR OF COMPLEX RETINAL DETACHMENT (EG, PROLIFERATIVE VITREORETINOPATHY,	91.45	90	1			AS
67255		SCLERAL REINFORCEMENT (SEPARATE PROCEDURE); WITH GRAFT	47.88	90	1			AS
67332		STRABISMUS SURGERY ON PATIENT WITH SCARRING OF EXTRAOCULAR MUSCLES (EG, PI	19.94	90	1			AS
67340		STRABISMUS SURGERY INVOLVING EXPLORATION AND/OR REPAIR OF DETACHED EXTRAC	21.55	90	1			AS
67343		RELEASE OF EXTENSIVE SCAR TISSUE WITHOUT DETACHING EXTRAOCULAR MUSCLE (SE	37.41	90	1			AS
67399	R	UNLISTED PROCEDURE, OCULAR MUSCLE		90	1			AS
67400		ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); FOF	53.17	90	1			AS
67405		ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WIT	45.38	90	1			AS
67412		ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WIT	48.78	90	1			AS
67413		ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WIT	49.03	90	1			AS
67414		ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WIT	76.77	90	1			AS
67420		ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH	94.26	90	1			AS
67430		ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH	71.51	90	1			AS