STATE OF WASHINGTON

DEPARTMENT OF LABOR AND INDUSTRIES

Ambulatory Surgery Center Fee Schedule

Effective for Dates of Service on or After

August 1, 2003

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KEY TO AMBULATORY SURGERY CENTER FEE SCHEDULE

Column Title	Title Explanation	Indicator	Indicator Description
CPT® CODE/ HCPCS CODE			2003 CPT® or HCPCS code
ABBREVIATED DESCRIPTION			Descriptions are abbreviated and are for reference purposes only. For complete descriptions, refer to a 2003 CPT® or HCPCS code book.
PAYMENT GROUP	L&I's ASC Payment Group	Number (1-14)	Indicates L&I's ASC payment group for the procedure code.
		NG	Procedure code is not grouped.
RATE	L&I's ASC Payment Rate. Indicates the maximum allowable fee or other payment method.	Dollar value	Maximum allowable fee.
		AC	Paid at acquisition cost.
		BR	Paid by report.
		BR, UR	Paid by report, UR authorization required.
		Bundled	Payment included in facility payment.
		NC	Not Covered

CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
10040	ACNE SURGERY	11	BR
10060	INCISION DRAINAGE ABSCESS SIMPLE/SINGLE	11	BR
10061	INCISION/DRAINAGE OF ABSCESS, COMPLICATE	11	BR
10080	INCISION DRAINAGE PILONIDAL CYST SIMP	11	BR
10081	DRAINAGE PILONIDAL CYST, COMPLICATED	11	BR
10120	INCISION REMOVAL FOREIGN BODY SUBC SIMP	11	BR
10121	INCISION/REMOVAL FB SUB TIS COMPL	2	$1,054
10140	DRAINAGE HEMATOMA SIMPLE*	11	BR
10160	PUNCTURE ASPIRATION ABSCESS HEMATO CYST	11	BR
10180	INCIS & DRAIN CMPLX POST-OP WOUND INFECT	2	$1,054
11000	DEBRIDEMENT INFECTED SKIN 10% OF BODY	11	BR
11001	DEBRIDE INFECTED SKIN EACH ADD 10% BODY	11	BR
11010	DEBRIDE SKIN, FX	2	$1,054
11011	DEBRIDE SKIN/MUSCLE, FX	2	$1,054
11012	DEBRIDE SKIN/MUSCLE/BONE, FX	2	$1,054
11040	DEBRIDEMENT SKIN: PARTIAL THICKNESS	11	BR
11041	DEBRIDEMENT SKIN: FULL THICKNESS	11	BR
11042	DEBRIDEMENT SKIN: AND SUBCUTANEOUS TISSU	2	$1,054
11043	DEBRIDE SKIN, SUBCUTANEOUS TIS & MUSCLE	2	$1,054
11044	DEBRIDE SKIN, SUCUT TIS, MUSCLE & BONE	2	$1,054
11055	TRIM SKIN LESION	11	BR
11056	TRIM 2 TO 4 SKIN LESIONS	11	BR
11057	TRIM OVER 4 SKIN LESIONS	11	BR
11100	BIOPSY OF SKIN SUBCUT TISS OR MUCO	11	BR
11101	BIOPSY-SKIN EACH ADDITIONAL LESION	11	BR
11200	EXCISION SKIN TAGS MULT FIBRO UP TO 15	11	BR
11201	EXCIS MULT FIBROCUT TAG EA ADDN 10	11	BR
11300	SHAVING OF EPIDERMAL OR DERMAL LESION, S	11	BR
11301	SHAVING OF EPIDERMAL OR DERMAL LESION, S	11	BR
11302	SHAVING OF EPIDERMAL OR DERMAL LESION, S	11	BR
11303	SHAVING OF EPIDERMAL OR DERMAL LESION, S	11	BR
11305	SHAVING OF EPIDERMAL OR DERMAL LESION, S	11	BR
11306	SHAVING OF EPIDERMAL OR DERMAL LESION, S	11	BR
11307	SHAVING OF EPIDERMAL OR DERMAL LESION, S	11	BR
11308	SHAVING OF EPIDERMAL OR DERMAL LESION, S	11	BR
11310	SHAVING OF EPIDERMAL OR DERMAL LESION, S	11	BR
11311	SHAVING OF EPIDERMAL OR DERMAL LESION, S	11	BR
11312	SHAVING OF EPIDERMAL OR DERMAL LESION, S	11	BR

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
11313	SHAVING OF EPIDERMAL OR DERMAL LESION, S	11	BR
11400	EXCIS BENIGN LESION TRNK,LMBS THRU .5CM	11	BR
11401	EXCIS BENIGN LES TRNK LIMBS 0.6-1.0 CM	11	BR
11402	EXCIS BENIGN LESION TRNK LMBS 1.1-2.0CM	11	BR
11403	EXCIS BENIGN LESION TRNK LMB 2.1-3.0CM	11	BR
11404	EXCIS BENIGN LESION TRNK LMB 3..-4.0CM	1	$787
11406	EXCIS BENIGN LESION TRNK LIMB OVER 4 CM	2	$1,054
11420	BENIN LESION SCLP NK HND FT GNIT0 0-.5CM	11	BR
11421	BENIGN LES SCALP NK HND GENIT .6-1 CM	11	BR
11422	BENIGN LES SCALP NK HND GENIT 1.1-2CM	11	BR
11423	BENIGN LES SCALP NK HND GENIT 2.1-3CM	11	BR
11424	BENIGN LES SCALP NK HND GENIT 3.1-4CM	2	$1,054
11426	BENIGN LES SCALP NK HND GENIT OVR 4 CM	2	$1,054
11440	EXCIS BENIN LESION FACE NSE LIPS 0-.5CM	11	BR
11441	EXCIS BENIN LES FACE NSE LIPS .6-1 CM	11	BR
11442	EXCIS BENIN LES FACE NSE LIPS 1.1-2CM	11	BR
11443	EXCIS BENIN LES FACE NSE LIPS 2.1-3CM	11	BR
11444	EXCIS BENIN LES FACE NSE LIPS 3.1-4CM	1	$787
11446	EXCIS BENIGN LES FACE NOSE LIP OVR 4 CM	2	$1,054
11450	EXCIS SKN & SUBCU TISS-HIDRAD,AXIL:W/SUT	2	$1,054
11451	EXCS SKN & SUBCU TIS-HIDRA,AXIL:W/OTH CL	2	$1,054
11462	EXCS SKN & SUBCU TIS-HIDRA,INGNL:W/PR SU	2	$1,054
11463	EXCS SKN & SUBCU TIS-HIDRA,INGL:W/OTH CL	2	$1,054
11470	EXCS SKN, SUBCU TIS-HIDRA,PERI/UMBL:W/SU	2	$1,054
11471	EXCS SKN,SUBCU TIS-HIDR,PERI/UMBL:W/OTH	2	$1,054
11600	MALIGNANT LESION TRNK ARM LEG 0-.5CM	11	BR
11601	MALIG LESION TRNK ARM LG .6-1 CM	11	BR
11602	MALIG LESION TRNK ARM LG 1.1-2CM	11	BR
11603	MALIG LESION TRNK ARM LG 2.1-3CM	11	BR
11604	MALIG LESION TRNK ARM LG 3.1-4CM	2	$1,054
11606	MALIG LESION TRNK ARM LG OVR 4 CM	2	$1,054
11620	EXCIS MALIG LES SCLP NK HND GENI 0-.5CM	11	BR
11621	MALIG LESION SCLP NK HND GENI .6-1 CM	11	BR
11622	MALIG LESION SCLP NK HND GENI 1.1-2CM	11	BR
11623	MALIG LESION SCLP NK HND GENI 2.1-3CM	11	BR
11624	MALIG LESION SCLP NK HND GENI 3.1-4CM	2	$1,054
11626	MALIG LESION SCLP NK HND GENI OVR 4 CM	2	$1,054
11640	EXCIS MALIG LESION FACE NSE LIP 0-.5CM	11	BR

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
11641	MALIG LESION FACE NS LIP EAR EYE .6-1 CM	11	BR
11642	MALIG LESION FCE NS LIP EAR EYE 1.1-2CM	11	BR
11643	MALIG LESION FCE NS LIP EAR EYE 2.1-3CM	11	BR
11644	MALIG LESION FCE NS LIP EAR EYE 3.1-4CM	2	$1,054
11646	MALIG LESION FACE NS LIP EAR EYE OV 4 CM	2	$1,054
11719	TRIM NAIL(S)	11	BR
11720	DEBRIDE NAIL, 1-5	11	BR
11721	DEBRIDE NAIL, 6 OR MORE	11	BR
11730	AVULSION NAIL PLATE PARTL/COMPLETE SIMP	11	BR
11732	AVULSION EACH ADD NAIL PLATE PARTIAL	11	BR
11740	EVACUATION OF SUBUNGUAL HEMATOMA	11	BR
11750	EXCISION NAIL AND MATRIX PART OR COMPLE	11	BR
11752	EXCS NAIL,MATRIX,PARTL/CMPLT W/AMP DSTL	11	BR
11755	BIOPSY OF NAIL UNIT, ANY METHOD (EG, PLA	11	BR
11760	RECONSTRUCTION NAIL BED SIMPLE	11	BR
11762	RESCONSTRUCT NAIL BED COMPLICATED	11	BR
11765	WEDGE EXCISION OF SKIN OF NAIL FOLD	11	BR
11770	EXCISION PILONIDAL CYST OR SINUS. SIMPLE	3	$1,206
11771	EXCISION PILONIDAL CYST OR SINUS, EXTENS	3	$1,206
11772	EXCISION PILONIDAL CYST OR SINUS, COMPLI	3	$1,206
11900	INJECTION INTRALESIONAL 1ST 7 LESIONS	11	BR
11901	INJECTION INTRALESIONAL OVER 7 LESIONS	11	BR
11920	TATTOOING, INCL MICROPIGMNTN 0-6 SQ CM	11	BR
11921	TATTOOING 6.1-20 SQ CM	11	BR
11922	TATTOOING EA ADDL 20 SQ CM	11	BR
11950	SUBCUTANEOUS INJ-FILLING-UP 0-1 CC	11	BR
11951	SUBCUTANEOUS INJ-FILLING 1.1 - 5.0 CC	11	BR
11952	SUBCUTANEOUS INJ-FILLING 5.1 - 10.0 CC	11	BR
11954	SUBCUTANEOUS INJ-FILLING OVER 10.0 CC	11	BR
11960	INSERTION OF TISSUE EXPANDER INCL SUBS E	2	$1,054
11970	REPLACE TISSUE EXPANDER W/PERM PROSTHESI	3	$1,206
11971	REMOVAL TISSUE EXPANDER WO INSRT PROSTH	1	$787
12001	REPAIR WOUND SIMPLE NECK EXT 0-2.5CM	11	BR
12002	REPAIR WOUND SIMPLE NECK TRN 2.6-7.5 CM	11	BR
12004	REPAIR WOUND SIMPLE NECK EX 7.6-12.5CM	11	BR
12005	SIMP RP WOUND SCLP,NK,EX,TRNK-12.6-20CM	2	$1,054
12006	SMPL RP WOUND SCLP,NK,EX,TRNK,20.1-30CM	2	$1,054
12007	SMPL RPR WOUND SCLP,NK,EX,TRN,OVR 30CM	2	$1,054

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
12011	REPAIR WOUND SIMPLE FACE EAR N 0-2.5CM	11	BR
12013	REPAIR WOUND SIMPLE FACE EAR 2.6-5CM	11	BR
12014	SMP RP WOUND FCE,NS,LIP,EAR,5.1-7.5CM	11	BR
12015	SIMP RPR WOUND FACE NS LIP 7.6-12.5 CM	11	BR
12016	SIMP RPR WOUND FACE NS LIP 12.6-20 CM	2	$1,054
12017	SIMP RPR WOUND FACE NS LIP 20.1-30CM	2	$1,054
12018	SIMP RPR SOUND FACE NS LIP OVR 30 CM	2	$1,054
12020	TRT SUPERFICL WND DEHISC:SMPL CLOSURE	1	$787
12021	TRT SUPRFL WND DEHISC: WITH PACKING	1	$787
12031	LAYER CLOSURE SCALP AX EXT TRN 0-2.5CM	11	BR
12032	LAYER CLOSURE SCALP AX EXT TRN 2.6-7.5	11	BR
12034	LAY-CLS WND SCLP,AX,EXT,TRN,7.6-12.5CM	2	$1,054
12035	LAY-CLS WND SCLP,AX,EXT,TRN,12.6-20CM	2	$1,054
12036	LAY-CLS WND SCLP,AX,EXT,TRN,20.1-30CM	2	$1,054
12037	LAYER-CLS WOUND SCLP AX TRNK OVR 30.0 CM	2	$1,054
12041	LAYER CLOSURE NECK HND FT EXT GEN 0-2.5	11	BR
12042	LAY-CLS WND NK,HND,FT,GENTL,2.6-7.5CM	11	BR
12044	LAY-CLS WND NK,HND,FT,GENTL,7.6-12.5CM	2	$1,054
12045	LAY-CLS WND NK,HND,FT,GENTL,12.6-20CM	2	$1,054
12046	LAYER CLS WOUND NK HNDS FEET 20-30 CM	2	$1,054
12047	LAY-CLS WND NK,HND,FT,GENTL,OVER 30CM	2	$1,054
12051	LAYER CLOSURE FACE ER EYLD NS LP 0-2.5	11	BR
12052	LAY-CLS WND FACE,E,EYLD,NS,LP,2.6-5CM	11	BR
12053	LAY-CLS WND FACE,ER,EYLD,NS,LP,5.1-7.5CM	11	BR
12054	LAY-CLS WND FCE,ER,EYLD,NS,LP,7.6-12.5CM	2	$1,054
12055	LAY-CLS WND FCE,ER,EYLD,NS,LP,12.6-20CM	2	$1,054
12056	LAY-CLS WND FCE,ER,EYLD,NS,LP,20.1-30CM	2	$1,054
12057	LAY-CLS WND FCE,ER,EYLD,NS,LIP,OVR 30 CM	2	$1,054
13100	REPAIR-COMPLEX-TRUNK 1.1-2.5CM	2	$1,054
13101	REPAIR COMPLX TRUNK 2.6-7.5 CM	3	$1,206
13102	REPAIR,CMPLX,TRUNK,EA ADD'TL 5CM OR LESS	11	BR
13120	REPAIR-COMPLX SCALP,ARMS,LEGS 1.1-2.5CM	2	$1,054
13121	REPAIR COMPLX SCALP ARM LG 2.6-7.5CM	3	$1,206
13122	REPAIR,CMPLX,SCALP,ARM/LEGS, 5CM OR LESS	11	BR
13131	RP CMP 4-HD,CHK,CHN,MTH,NK,ETC,1.1-2.5CM	2	$1,054
13132	REPAIR COMPLX FOREHEAD ETC 2.6-7.5 CM	3	$1,206
13133	REPAIR,CMPLX,FORHEAD,CHEEKS, 5CM OR LESS	11	BR
13150	RPR-CMPLX EYLD,NS,EAR,LIP, 0-1CM	3	$1,206

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13151	RPR CMPLX EYELDS NOSE EAR 1.1-2.5CM	3	$1,206
13152	REPAIR CMPLX EYELDS NOSE EAR 2.6-7.5 CM	3	$1,206
13153	REPAIR,CMPLX,EYELID,NOSE,EAR 5CM OR LESS	11	BR
13160	SECNDARY CLOSE-SURG VND DEHIS,EXTEN/COMP	2	$1,054
14000	ADJ TISSUE TRANSFER TURNK 0- 10 SQ CM	2	$1,054
14001	ADJ TISSUE TRNSFR TRUNK 10.1-30 SQ CM	3	$1,206
14020	ADJ TISS TRNSFR SCLP,ARM,LG, TO 10 SQ CM	3	$1,206
14021	ADJ TISSU TRNSFR SCLP,ARM,LG 10-30 SQ CM	3	$1,206
14040	ADJ TISSU TRNSFR 4-HD,ETC UP TO 10 SQ CM	2	$1,054
14041	ADJ TSSU TRNSFR FOREHEAD ETC 10-30 SQ CM	3	$1,206
14060	ADJ TSSU TRNSF EYLD,NS,ETC TO 10 SQ CM	3	$1,206
14061	ADJ TSSU TRNSF EYELD NOSE 10-30 SQ CM	3	$1,206
14300	ADJ TSSU TRNSF UNUSUAL/COMP OV 30 SQ CM	4	$1,489
14350	FILLETED FINGER OR TOE FLAP INCL PREP RE	3	$1,206
15000	EXCISIONAL PREP RECIPIENT SITE*	2	$1,054
15001	SURGICAL PREP/CREATION OF RECIPIENT SITE	11	BR
15050	PINCH GRAFT SINGLE MULT DEFECT SZ 2CM	2	$1,054
15100	SPLIT GRAFT 0-100 SQ CM, TRNK,SCLP,EXT	2	$1,054
15101	SPLT GRAFT EACH ADDL 100 SQ CM TRUNK ETC	3	$1,206
15120	SPLIT GRFT 0-100 SQ CM-EYLD,FCE,MTH,NK,E	2	$1,054
15121	SPLT/GRFT EA ADDL 100 SQ CM EYELDS MOUTH	3	$1,206
15200	FL/THCK GRFT FRE W/CLS DNR SITE,0-20 SQ	3	$1,206
15201	FUL/THICK GRFT FRE TRNK EA ADDL 20 SQ CM	2	$1,054
15220	FUL/THICKNS GRFT SCLP-ARM LG 0-20 SQ CM	2	$1,054
15221	FUL/THICKNS GRFT EA ADDL 20 SQ CM SCALP	2	$1,054
15240	FUL/THICK GRAFT FOREHD-CHEEK TO 20 SQ CM	3	$1,206
15241	FUL/THICK GRFT FOREHED EA ADD 20 SQ CM	3	$1,206
15260	FULL/THICK GRFT NOSE-EAR-EYELID TO 20 CM	2	$1,054
15261	FUL/THICK GRFT NOSE EAR EA ADD SQ CM	2	$1,054
15342	APPLICATION OF BILAMINATE SKIN SUBSTITUT	11	BR
15343	APPLICATION OF BILAMINATE SKIN SUBSTITUT	11	BR
15350	APPLICATION OF ALLOGRAFT SKIN	2	$1,054
15351	APPLICATION OF ALLOGRAFT, SKIN; EACH ADD	2	$1,054
15400	APPLICATION OF XENOGRAFT SKIN	2	$1,054
15401	APPLICATION OF XENOGRAFT, SKIN; EACH ADD	2	$1,054
15570	FORMATION PEDICLE,W/WO TRANSFER, SCALP	3	$1,206
15572	FORMATION OF PEDICLE,W/WO TRANSFER,SCLP,	3	$1,206
15574	FORMATION PEDICLE,W/WO TRANS,FOREHEAD,CH	3	$1,206

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15576	FORMATION PEDICLE,W/WO TRANSFER,EYELD,NO	3	$1,206
15600	DELAY FLAP OR SECTIONING OF FLAP AT TRNK	3	$1,206
15610	DELAY FLAP OR SECTIONING OF FLAP,SCLP,AR	3	$1,206
15620	DELAY FLAP FOREHD CHEEKS NECK AX GENITAL	4	$1,489
15630	DELAY FLAP LIDS NOSE EARS OR LIPS	3	$1,206
15650	INTERMEDIATE TRANSFER ANY PEDICLE FLAP A	5	$1,695
15732	MUSCLE,MYOCUTANEOUS,FLAP/HEAD OR NECK	3	$1,206
15734	MUSCLE,MYOCUTANEIOU,OR FASC FLAP/TRUNK	3	$1,206
15736	MUSCLE,MYOCUTANEOUS OR FASC FLAP/UP EXT	3	$1,206
15738	MUSCLE,YOCUTANEOUS OR FASC FLAP/LO EXT	3	$1,206
15740	FLAP; ISLAND PEDICLE	2	$1,054
15750	NEUROVASCULAR PEDICLE	2	$1,054
15756	FREE MUSCLE FLAP, MICROVASC	11	BR
15757	FREE SKIN FLAP, MICROFASC	11	BR
15758	FREE FASCIAL FLAP, MICROVASC	11	BR
15760	GRAFT;COMPOSITE (EXTRNL EAR OR NASAL)	2	$1,054
15770	DERMA FAT FASCIA GRAFT	3	$1,206
15775	PUNCH GR HAIR TRANSPLANT 1-15 GRFTS	3	$1,206
15776	PUNCH GR HAIR TRANSPL OVR 15 GRFTS	3	$1,206
15780	DERMABRASION; TOTAL FACE	11	BR
15781	DERMABRASION, SEGMENTAL, FACE	11	BR
15782	DERMABRASION, REGIONAL, OTHER THAN FACE	11	BR
15783	DERMABRASION, SUPERFICIAL, ANY SITE	11	BR
15786	ABRASION-SINGLE LESION*	11	BR
15787	ABRASION EA ADDL 4 LESIONS OR LESS	11	BR
15788	CHEMICAL PEEL, FACIAL; EPIDERMAL	11	BR
15789	CHEMICAL PEEL, FACIAL; DERMAL	11	BR
15792	CHEMICAL PEEL, NONFACIAL; EPIDERMAL	11	BR
15793	CHEMICAL PEEL, NONFACIAL; DERMAL	11	BR
15810	SALABRASION-20 SQ CM OR LESS	11	BR
15811	SALABRASION-OVER 20 SQ CM	11	BR
15819	CERVICOPLASTY	11	BR
15820	BLEPHAROPLASTY LOWER EYELIDS	3	$1,206
15821	BLEPHAROPLAS W/EXTNSIV HERNIATED FAT PAD	3	$1,206
15822	RHYTIDECTOMY UPPER EYELIDS	3	$1,206
15823	RHYTIDECTOMY UPR/LIDS W/EXC SKIN	5	$1,695
15824	RHYTIDECTOMY FOREHEAD	3	$1,206
15825	RHYTIDECTOMY NECK W PLATYSMAL TIGHTENING	3	$1,206

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15826	RHYTIDECTOMY GLABELLAR FROWN LINES	3	$1,206
15828	RHYTIDECTOMY CHEEK CHIN NECK	3	$1,206
15829	RHYTIDECTMY:SUPRF MUSC SYSTM (SMAS) FLAP	5	$1,695
15831	EXCIS EXCESS SKIN & SUBCUT/TIS ABDOMEN	3	$1,206
15832	EXCIS EXCESS SKIN SUBCUT/TIS THIGHS	3	$1,206
15833	EXCIS EXCESS SKIN SUBCUT/TIS LEGS	3	$1,206
15834	EXCIS EXCESS SKIN SUBCUT/TIS HIPS	3	$1,206
15835	EXCIS EXCESS SKIN SUBCUT/TIS BUTTOCKS	3	$1,206
15836	EXCIS EXCESS SKIN SUBCUT/TIS ARMS	11	BR
15837	EXCIS EXCESS SKIN SUBCUT/TIS FOREARM/ARM	11	BR
15838	EXCI SKN,SUBCU TIS:SUBMENTAL FAT PAD	11	BR
15839	EXCI EXCESS SKN,SUBCU TIS: OTHR AREA	11	BR
15840	FACIAL NERVE PARALYSIS FREE FASCI	4	$1,489
15841	FACIAL NERVE PARALYSIS FREE MUSCLE GRAFT	4	$1,489
15842	FACIAL NRV PARALYS FRE/MUSCL GRFT MICRO	NG	NC
15845	FACIAL NERVE PARALYSIS REANIMATE MUSCLE	4	$1,489
15850	REMOVAL SUTURES UNDER ANESTH - SAME SURG	11	BR
15851	REMOVE SUTURES IN HOSP OR ER UNDER ANES	11	BR
15852	DRESSING CHANGE UNDR ANESTH OTHR THN LOC	11	BR
15860	IV INJECT AGNT-TST BLD FLOW IN FLP/GRFT	11	BR
15876	SUCTION ASSIST LIPECTOMY;HEAD AND NECK	3	$1,206
15877	SUCTION ASSIST LIPECTOMY; TRUNK	3	$1,206
15878	SUCTION ASSIST LIPECTOMY;UPPER EXTREMITY	3	$1,206
15879	SUCTION ASSIST LIPECTOMY;LOWER EXTREMITY	3	$1,206
15920	EXCISION,COCCYGEAL PRESSRE ULCER,W COCCY	3	$1,206
15922	EXCISION COCCYGEAL PRESSR ULCER,W COCCYG	4	$1,489
15931	EXCISE SACRAL DECUB ULCER: W/PRIMARY SUT	3	$1,206
15933	EXCIS SACRAL DECUB/ULC W/OSTECTMY	3	$1,206
15934	EXCISE SACRAL DECUB ULCER:W/SKIN FLAP CL	3	$1,206
15935	EXCIS SACRL PRES ULCR W/FLP CLOS W/OSTEC	4	$1,489
15936	EXCS SACRL PRS ULCR W/OTHR FLAP CLOSE	4	$1,489
15937	EXCS SACRL PRS ULCR W/OTH FLP CLS W/OSTE	4	$1,489
15940	EXCIS ISCHIAL PRESSURE ULCER,PRIMARY SUT	3	$1,206
15941	EXCIS ISCHIAL PRESSUR/ULC WITH OSTECTOMY	3	$1,206
15944	EXCS ISCHL PRS ULC W/SKN FLP CLOSURE	3	$1,206
15945	EXCS ISCHIAL PRESSYRRE ULCER W/OSTECTOMY	4	$1,489
15946	EXCS ISCH PRS ULC W/OSTECT W/MUS/MYOC FL	4	$1,489
15950	EXCIS TROCHANTERIC PRES/ULC W/PRIM SUT	3	$1,206

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
15951	EXCIS TROCH PRES/ULC W/OSTECTOMY	4	$1,489
15952	EXCIS TROCH PRES/ULC W/SKIN FLAP CLOSE	3	$1,206
15953	EXCIS TROCH PRES/ULC SK/FLAP W/OSTECTOMY	4	$1,489
15956	EXCS TROCH PRES ULC W/MUSC/MYOCU FLP CLS	3	$1,206
15958	EXCS TROCH PRES ULC W/MUS/MYO FLP W/OSTE	4	$1,489
15999	UNLISTED PROCEDURE EXCISION PRESSUR ULCE	11	BR
16000	INITIAL TREATMENT 1ST DEGREE BURNS	11	BR
16010	DRESS/DEBRIDE BURN, INTL/SUB SMALL W/ANE	11	BR
16015	DRESS OR DEBRIDE MED/LRG W ANES	2	$1,054
16020	DRESSING DEBRIDEMENT WO ANES OFF HSP SM	11	BR
16025	DRESSING DEBRIDEMENT WO ANES MEDIUM	11	BR
16030	DRESS/DEBRIDE LRG W/O ANESTHESIA	NG	NC
16035	ESCHAROTOMY	13	UR, BR
16036	ESCHAROTOMY; EACH ADDITIONAL INCISION	13	UR, BR
17000	DESTRUCT FACIAL OR PREMALIG/LESION 1ST	11	BR
17003	DESTROY 2-14 LESIONS	11	BR
17004	DESTROY 15 & MORE LESIONS	11	BR
17106	DESTRCT CUTAN VASC PROL LESIONS, < 10 CM	11	BR
17107	DESTRCT CUTA VASC PROF LESIONS 10-50 CM	11	BR
17108	DESTRCT CUTAN VASC PROL LESIONS, > 50 CM	11	BR
17110	DESTRUCT FLAT WART ETC TO 15 LESIONS	11	BR
17111	DESTRUCT LESION, 15 OR MORE	11	BR
17250	CHEMICAL CAUTERIZATION GRANULATION TISSU	11	BR
17260	DESTR MALIGNANT LESION,UP TO .5 CM,TRNK	11	BR
17261	DESTR MALGNANT LESION, 0.6-1.0 CM,TRUNK,	11	BR
17262	DESTR MALIGNANT LESION, 1.1-2.0 CM,TRNK,	11	BR
17263	DESTR MALIGNANT LESION, 2.1-3.0 CM,TRNK,	11	BR
17264	DESTR MALIGNANT LESION, 3.1-4.0 CM,TRNK,	11	BR
17266	DESTR MALIGNANT LESION,OVER 4.0 CM,TRNK,	11	BR
17270	DESTR MALIGNANT LESION, UP TO 0.5 CM,SCA	11	BR
17271	DESTR MALIGNANT LESION, 0.6-1.0 CM, SCLP	11	BR
17272	DESTR MALIGNANT LESION, 1.1-2.0 CM,SCLP,	11	BR
17273	DESTR MALIGNANT LESION, 2.1-3.0 CM,SCLP,	11	BR
17274	DESTR MALIGNANT LESION, 3.1-4.0 CM,SCLP,	11	BR
17276	DESTR MALIGNANT LESION, OVER 4.0 CM,SCLP	11	BR
17280	DESTR MALIGNANT LESION,UP TO 0.5 CM,FAC	11	BR
17281	DESTR MALIGNANT LESION, 0.6-1.0 CM,FACE,	11	BR
17282	DESTR MALIGNANT LESION, 1.1-2.0 CM,FACE,	11	BR

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
17283	DESTR MALIGNANT LESION, 2.1-3.0 CM,FACE,	11	BR
17284	DESTR MALIGNANT LESION, 3.1-4.0 CM,FACE,	11	BR
17286	DESTR MALIGNANT LESION,OVER 4.0 CM,FACE,	11	BR
17304	CHEMOSURG(MOH'S TECH)1ST STAGE,FRSH TIS	11	BR
17305	CHEMOSRG(MOHS TECH)2ND STAGE,FIXD/FRSH T	11	BR
17306	MICROSRG(MOHS TECH)3RD STAGE,FIXD/FRSH T	11	BR
17307	CHEMOSRG(MOHS TECH)ADDL STAGE TO 5 SPEC	11	BR
17310	CHEMOSRG(MOHS TECH)OVR 5 SPEC,FISD/FRSH	11	BR
17999	UNLISTED PROC-SKIN-MUCOUS MEMB-SUBCUT TI	11	BR
19000	PUNCTURE ASPIRATION OF CYST OF BREAST	11	BR
19001	PUNCTURE ASPIR CYST OF BREAST, EA ADD'L	11	BR
19020	MASTOTOMY W/ EXPLORATION OR DRAINAGE ABS	2	$1,054
19030	INJCT PROCEDUR ONLY:FR MAMMARY DUCTGRMGA	11	BR
19100	BIOPSY BREAST NEEDLE SEPARATE PROC	1	$787
19101	BIOPSY OF BREAST INCISIONAL	2	$1,054
19102	BIOPSY OF BREAST; PERCUTANEOUS, NEEDLE C	2	$1,054
19103	BIOPSY OF BREAST, PERCUTANEOUS, AUTOMATE	2	$1,054
19110	NPPLE EXPL W/WO EXCISE SOL DUCT	2	$1,054
19112	EXCISE LACTIFEROUS DUCT FISTULA	3	$1,206
19120	EXCISION OF CYST BENIGN TUMOR BREAST TIS	3	$1,206
19125	EXCISION OF BREAST LESION IDENTIFIED BY	3	$1,206
19126	EXCISION OF BREAST LESION IDENTIFIED BY	3	$1,206
19140	MASTECTOMY FOR GYNECOMASTIA, UNILATERAL	4	$1,489
19160	MASTECTOMY, PARTIAL:	3	$1,206
19162	MASTECTMY,PARTL:W/AXILLARY LYMPHADENECTM	7	$2,352
19180	MASECTOMY SIMPLE COMPLETE	4	$1,489
19182	MASTECTOMY SIMPL SUBCUTANEOUS	4	$1,489
19200	MASTECTOMY RADICAL INCL PECT MUSCLES,AXI	13	UR, BR
19220	MASTECTOMY RADICAL INCL PRCT MUSC,AXILL&	13	UR, BR
19240	MASTEC MOD/RADICAL W/MOD AXIL DISS UNI	11	BR
19260	EXCISION CHEST WALL TUMOR INCLUDING RIBS	NG	NC
19271	EXC CHEST WALL TUMOR INV/RIBS W/RECONSTR	13	UR, BR
19272	EXC CHST/WAL TUM INV/RIBS W/MEDIAS LYMP	13	UR, BR
19290	PREOPERATIVE PLACEMENT OF NEEDLE LOCALIZ	1	$787
19291	PREOPERATIVE PLACEMENT OF NEEDLE LOCALIZ	1	$787
19295	IMAGE GUIDED PLACEMENT, METALLIC LOCALIZ	11	BR
19316	MASTOPEXY	4	$1,489
19318	REDUCTION MAMMAPLASTY	4	$1,489

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
19324	MAMMAPLSTY,AUGMNTATION W/O PROSTHETIC IM	4	$1,489
19325	MAMMAPLSTY AUGMNTATION W/PROSTHETIC IMPL	9	$3,166
19328	REMOVAL OF INTACT MAMMARY IMPLANT	1	$787
19330	REMOVAL MAMMARY IMPLANT	1	$787
19340	IMMEDIATE INSRT BREAST PROSTH AFT MASTOP	2	$1,054
19342	DELAYES INSERT BREAST PROST AFTR MASTOPE	3	$1,206
19350	RECONSTRUCT NIPPLE &/OR AREOLA	4	$1,489
19355	CORRECTION OF INVERTED NIPPLES	4	$1,489
19357	BREAST RECONST,IMMED OR DELAYED,W/TISSUE	5	$1,695
19361	BREAST RECONST,IMMED OR DELAYED,W/WO PRO	13	UR, BR
19364	BREAST RECONSTRCT W/FREE FLAP	NG	NC
19366	BREAST RECONSTRCT W/OTHR TECHNIQUE	5	$1,695
19367	BREAST RECONSTRUCT W/TRANSVERSE RECTUS A	13	UR, BR
19368	BREAST RECONSTRUCT W TRANSVERSE RECTUS A	13	UR, BR
19369	BREAST RECONSTRUCT W/TRANSVERSE RECTUS A	13	UR, BR
19370	OPEN PERIPROSTHETIC CAPSULOTOMY BREAST	4	$1,489
19371	PERIPROSTHETIC CAPSULECTOMY,BREAST	4	$1,489
19380	REVISION OF RECONSTRUCTED BREAST	5	$1,695
19396	PREP OF MOULAGE FOR CUSTOM BREAST IMPLAN	11	BR
19499	UNLISTED PROCEDURE BREAST	11	BR
20000	INCISION ABSCESS SECONDARY OSTEOMY SUPF	11	BR
20005	INCIS ABCES 2ND TO OSTEO DEEP/CMPL	2	$1,054
20100	EXPLORATION OF PENETRATING WOUND (SEP PR	11	BR
20101	EXPLORATION OF PENETRATING WOUND (SEP PR	11	BR
20102	EXPLORATION OF PENETRATING WOUND (SEP PR	11	BR
20103	EXPLORATION OF PENETRATING WOUND (SEP PR	11	BR
20150	EXCISE EPIPHYSEAL BAR	11	BR
20200	EXCISION BIOPSY, MUSCLE, SUPERFICIAL	2	$1,054
20205	EXCISION BIOPSY, MUSCLE, DEEP	3	$1,206
20206	BIOPSY,MUSCLE,PURCUTANEOUS NEEDLE	1	$787
20220	BIOPSY BONE TROCAR OR NEEDLE SUPERFICIAL	1	$787
20225	BIOPSY BONE TROC/NEEDL DEEP VERTEBRL BDY	2	$1,054
20240	EXC BIOP SUPFIC ILIUM/RIBS/ETC	2	$1,054
20245	EXC BIOP DEEP HUMERUS/FEMR}ISH	3	$1,206
20250	EXC BIOP/OPEN VERTEBRAL BODY	3	$1,206
20251	BIOPSY/OPEN LUMBAR OR CERVICAL	3	$1,206
20500	INJECTION SINUS TRACT,THERAPEUTIC (SP)	11	BR
20501	INJECTION SINUS TRACT DX SINOGRAM	11	BR

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
20520	REMOVAL FOREIGN BODY MUSCLE SIMPLE	11	BR
20525	REMOVAL OF FOREIGN BODY IN MUSCLE, DEEP/	3	$1,206
20526	INJECTION, THERAP (EG,LOCAL ANESTH,CORTI	11	BR
20550	INJECTION TENDON SHEATH LIG OR TRIGGER	11	BR
20551	INJECTION; TENDON ORIGIN/INSERTION	11	BR
20552	INJECTION;TENDON SNGL OR MULT TRIG POINT	11	BR
20553	INJECTION;TENDON SNGL OR MULT TRIG POINT	11	BR
20600	ARTHROCENTESIS ASPIR INJEC SML JNT BURS	11	BR
20605	ARTHROCENTESIS ASPIR INJEC INTERM JNT B	11	BR
20610	ARTHROCENTESIS ASPIR INJEC MAJOR JNT BU	11	BR
20615	ASPIRATE/INJECT:FR TRT BONE CYST	11	BR
20650	INSERTION WIRE PIN W SKEL TRCT INCL RMV	3	$1,206
20660	APPLICATION CRANIAL TONGS,CALIPER OR STE	11	BR
20661	APPL OF HALO INCLD REMOVL, CRANIAL	11	BR
20662	APPL OF HALO,INCLD REMOVL:PELVIC	11	BR
20663	APPL OIF HALO INCLUD REMOVL:FEMORAL	11	BR
20664	HALO BRACE APPLICATION	13	UR, BR
20665	REMOVAL TONGS HALO APPLIED BY OTHR PHY	11	BR
20670	REMOVAL WIRE PIN ROD SUPERFICIAL*	1	$787
20680	REMOVAL PIN SCREW ROD NAIL DEEP	3	$1,206
20690	APPLY UNIPLANE EXTERNL FIXATION SYSTEM,	2	$1,054
20692	APPLY MULTIPLANE,UNILATRL,EXTERNAL FIX S	3	$1,206
20693	ADJUST/REVISE EXTERNL FIX REQ ANESTH,	3	$1,206
20694	REVAL EXTERNAL FIXATION SYSTEM, ANESTHES	1	$787
20802	REPLNTATE ARM,INC SRG NK HUM-ELB:COMPLE	13	UR, BR
20805	REPLNT 4-ARM(INCS RAD ULNA-RAD CRP:COMPL	13	UR, BR
20808	REPLNT HAND(INCS HND-METOCRP:COMPLETE	13	UR, BR
20816	REPLNT DIGIT(EXC THMB(INCMETCRP:COMPLETE	13	UR, BR
20822	RPLNT DIGIT,EXC THMB(INC DSTLTIP.:COMPLE	13	UR, BR
20824	REPLNT THMB(INC CARPOMT-MP JNT:COMPLETE	13	UR, BR
20827	REPLNT THMB(INC DSTL TIP-MP JNT:COMPLETE	13	UR, BR
20838	REPLANTATION FOOT: COMPLETE AMPUTATION	13	UR, BR
20900	OBTAIN SMALL BONE GRAFT, ANY DONOR AREA	3	$1,206
20902	OBTAIN LARGE BONE GRAFT, ANY DONOR AREA	4	$1,489
20910	OBTAIN COSTOCHONDRAL CARTILAGE GRAFT	3	$1,206
20912	CARTILAGE GRAFT, NASAL SEPTUM	3	$1,206
20920	OBTAIN FASCIA LATA GRAFT BY STRIPPER	4	$1,489
20922	OBTAIN FASCIA LATA GRAFT BY INCISION	3	$1,206

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20924	OBTAIN TENDON GRAFT FORM DISTANT AREA	4	$1,489
20926	TISSUE GRAFTS,OTHER (E.G. PARETNON,FAT,D	4	$1,489
20930	ALLOGRAFT FOR SPINE SURGERY ONLY;MORSELI	13	UR, BR
20931	ALLOGRAFT FOR SPINE SURGERY ONLY;STRUCTU	13	UR, BR
20936	ALLOGRAFT FOR SPINE SURGERY ONLY (INCL A	13	UR, BR
20937	AUTOGRAFT FOR SPINE SURGERY ONLY(INCL HA	13	UR, BR
20938	AUTOGRAFT FOR SPINE SURGERY ONLY(INCL HA	13	UR, BR
20950	MONITORING INTERSTITIAL FLUID PRESSURE	11	BR
20955	FIBULA GRAFT W/MICROVASCULAR ANASTOMOSIS	NG	NC
20956	ILIAC BONE GRAFT, MICROVASC	13	UR, BR
20957	METATARSAL BONE GRAFT, MICROVASC	13	UR, BR
20962	OTHER BONE GRAFT (SPECIFY)	11	BR
20969	FREE OSTEOCUT FLAP W MICROVASC ANASTOMOS	11	BR
20970	FREE OSCUTANE FLAP W/MICROVAS ANAS:ILIAC	11	BR
20972	OSCUTANE FLAP W/MICROVASC ANAST: METATAR	11	BR
20973	OSTEOCUTA FLAP W/MICROVASC ANAS:GR TOE W	11	BR
20974	ELEC STIM TO AID BONE HEALING(NONOPERAT)	11	BR
20975	ELEC STIM TO AID BONE HEALING(OPERATIVE)	2	$1,054
20979	LOW INTENSE ULTRASOUND AID BONE HEALING	11	BR
20999	UNLISTED PROCEDURE-MUSCULOSKELETAL SYSTE	11	BR
21010	ARTHROTOMY TEMPOROMANPIBULAR JOINT-UNILA	2	$1,054
21015	RADICAL RESECTION TUMOR,SOFT TISSUE FACE	3	$1,206
21025	EXCISION OF BONE, MANDIBLE	2	$1,054
21026	EXCISION OF FACIAL BONE(S)	2	$1,054
21029	REMOVAL BENIGN TUMOR,FACIAL BONE, CONTOU	2	$1,054
21030	EXC BENIGN/TUMR FACE BONE OTHR THN MA	11	BR
21031	EXCISION OF TORUS MANDIBULARIS	11	BR
21032	EXCISION MAXILLARY TORUS PALATINUS	11	BR
21034	EXC MALIG TUMR FACE BONE OTHR THN MA	3	$1,206
21040	EXC BENIGN CYST/OR TUMOR MANDIBLE, SIMPL	2	$1,054
21041	EXC BENIGN CYST/OR TUMOR MANDIBLE, COMPL	11	BR
21044	EXC MALIGNANT TUMOR-MANDIBLE	2	$1,054
21045	EXC MALIG TUMOR-MANDIBLE RADICAL RESECT	13	UR, BR
21046	REMOVE MANDIBLE CYST COMPLEX	2	$1,054
21047	EXCISE LWR JAW CYST W/REPAIR	2	$1,054
21050	CONDYLECTOMY, TMJ (SEPARATE PROCEDURE)	3	$1,206
21060	MENISCECTOMY,PARTL/COMPL,TMJ,SEP PROC	2	$1,054
21070	CORONOIDECTOMY (SEP PROCEDURE)	3	$1,206

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
21076	IMPRESSION & CUSTOM PREP;SURGICAL OBTURA	11	BR
21077	IMPRESSION & CUSTOM PREP;ORBITAL PROSTHE	11	BR
21079	IMPRESSION/CUSTOM PREP INTERIM OBTUR PRO	11	BR
21080	IMPRESSION/CUSTOM PREP DEFIN OBTUR PROST	11	BR
21081	IMPRESSION/CUSTOM PREP MANDIB RESECT PRO	11	BR
21082	IMPRESSION/CUSTOM PREP PALATAL AUGM PROS	11	BR
21083	IMPRESSION/CUSTOM PREP PALATAL LIFT PROS	11	BR
21084	IMPRESSION/CUSTOM PREP SPEECH AID PROSTH	11	BR
21085	IMPRESSION/CUSTOM PREP ORAL SURG SPLINT	11	BR
21086	IMPRESSION/CUSTOM PREP AURICAL PROSTHESI	11	BR
21087	IMPRESSION/CUSTOM PREP NASAL PROSTHESIS	11	BR
21088	IMPRESSION/CUSTOM PREP FACIAL PROSTHESIS	11	BR
21089	UNLISTED MAXILLOFACIAL PROSTHETIC PROCED	11	BR
21100	APPLICATION REMOVAL HALO MAXILLOFAC FIX	2	$1,054
21110	APPL INTERDENTAL FIXATION DEVICE	11	BR
21116	INJECTION ONLY:FR TMPMANDIB ARTHROMOTOGR	11	BR
21120	GENIOPLASTY;AUGMENTATION(AUTOGRFT,ALLOGR	11	BR
21121	GENIOPLASTY;SLIDING OSTEOTOMY,SINGLE PC	7	$2,352
21122	GENIOPLASTY;SLITING OSTEOT,2 OR MORE OST	7	$2,352
21123	GENIOPLASTY;SLIDING,AUGMENTATION W INTER	7	$2,352
21125	AUGMENTATION,MANDIBULAR BODY OR ANGLE,PR	11	BR
21127	AUGMENTATION,MANDIBULAR BODY OR ANGLE,W	9	$3,166
21137	REDUCTION FOREHEAD, CONTOURING ONLY	11	BR
21138	REDUCTION FOREHEAD;CONTOURING & APPL PRO	11	BR
21139	REDUCTION FOREHEAD;CONTOURING & SETBACK	11	BR
21141	RECONSTRUCTION MIDFACE,LEFORT 1;SINGLE P	13	UR, BR
21142	RECONSTRUCTION MIDFCE,LEFORT 1;TWO PIECE	13	UR, BR
21143	RECONSTRUCTION MIDFACE,LEFORT 1;THREE OR	13	UR, BR
21145	RECONSTRUCTION MIDFACE,LEFORT I,SNGL PC,	13	UR, BR
21146	RECONSTRUCTION FIDFACE,LEFORT I,2 PC,REQ	13	UR, BR
21147	RECONSTRUCTION MIDFACE,LEFORT I;3+ PC,RE	13	UR, BR
21150	RECONSTRUCTION MIDFACE,LEFORT II;ANT INT	13	UR, BR
21151	RECONSTRUCTION MIDFACE,LEFORT II;REQ BON	13	UR, BR
21154	RECONSTRUCTION MIDFACE,LEFORT III;W/O LE	13	UR, BR
21155	RECONSTRUCTION MIDFACE,LEFORT III,W LEFO	13	UR, BR
21159	RECONSTRUCTION MIDFACE,LEFORT III W FORE	13	UR, BR
21160	RECONSTRUCTION MIDFACE,LEFORT III;W LEFO	13	UR, BR
21172	RECONSTRUCTION SUPERIOR-LATERAL ORBITAL	13	UR, BR

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21175	RECONSTRUCTION,BIFRONTAL,SUPERIOR-LATERA	13	UR, BR
21179	RECONSTRUCTION,ENTIRE/MAJOR FOREHEAD A/O	13	UR, BR
21180	RECONSTRUCTION,ENTIRE/MAJOR FOREHEAD,W A	13	UR, BR
21181	REMOVAL BY CONTOURING BENIGN TUMOR CRANI	7	$2,352
21182	RECONSTRUCTION ORBITAL WALLS ETC UPTO 40	13	UR, BR
21183	RECONSTRUCTION ORBITAL WALLS ETC,40-80 C	13	UR, BR
21184	RECONSTRUCTION ORBITAL WALLS ETC,OVER 80	13	UR, BR
21188	RECONSTRUCTION MIDFACE,OSTEOTOMIES & BON	13	UR, BR
21193	RECONSTRUCT MANDIBULAR RAMUS,W/O BONE GR	13	UR, BR
21194	RECONSTRUCT MANDIBULAR RAMUS, W BONE GRA	13	UR, BR
21195	RECONSTRUCT MANDIBLE RAMUS W/O INTERN RI	13	UR, BR
21196	RECONSTRUCT MANDIBULAR RAMUS,W INT RIGID	13	UR, BR
21198	OSTEOTOMY, MANDIBLE, SEGMENTAL	11	BR
21199	OSTEOTOMY, MANDIBLE, SEGMENTAL; W/ GENIO	11	BR
21206	OSTEOTOMY, MAXILLA, SEGMENTAL	5	$1,695
21208	OSTEOPLASTY, FACIAL BONES: AUGMENTATION	7	$2,352
21209	OSTEOPLASTY, FACIAL BONES: REDUCTION	5	$1,695
21210	BON/GRFT NASL/MAX/MAL AREA INCL OBT GRFT	7	$2,352
21215	BONE GRAFT MANDIBLE	7	$2,352
21230	RIB CARTILAG GRAFT FACE/NOSE/OR EAR INC	7	$2,352
21235	EAR CARTILAGE GRAFT TO NOSE/OR EAR INC O	7	$2,352
21240	ARTHROPLASTY TMJ, W OR WO AUTOGRAFT	4	$1,489
21242	ARTHROPLSTY,TMPOROMANDIBLR JOINT W/ALPLA	5	$1,695
21243	ARTHROPLASTY, TMJ, W PROSTH JOINT REPLAC	5	$1,695
21244	RECONST OF MANDIBLE, EXTRAMURAL, W TRANS	7	$2,352
21245	RECNST MANDIBLE OR MAXILLA, PART IMPLANT	7	$2,352
21246	RECONST MANDIBLE OR MAXILLA, IMPLANT COM	7	$2,352
21247	RECONSTRUCT MANDIBULAR CONDYLE W AUTOGRA	13	UR, BR
21248	RECONST MANDIBLE/MAXILLA, IMPLANT PARTIA	7	$2,352
21249	RECONST MANDIBLE/MAXILLA, IMPLANT COMPLE	7	$2,352
21255	RECONSTRUCT ZYGOMATIC ARCH & GLENOID FOS	13	UR, BR
21256	RECONSTRUCT ORBIT W OSTEOTOMIES & W BONE	13	UR, BR
21260	PERIORBITAL OSTEOTOMIES FR ORBTL HYPRTNS	11	BR
21261	ORBITAL HYPERTEL/OSTEOTOMY W/COMBINED AP	11	BR
21263	PERIORBITAL OSTEOTOMIES W BONE GRFTS, W	11	BR
21267	ORBITAL REPOSIT EXTRACANIAL APPROAC UNI	7	$2,352
21268	ORBITAL REPOSITION COMBINED APP UNI	13	UR, BR
21270	MALAR AUGMENTATION,PROSTHETIC MATERIAL	5	$1,695

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21275	SEC REV-ORBITOCRANIOFACIAL RECONSTRUCTIO	7	$2,352
21280	MEDIAL CANTHOPLASTY (SEPARATE PROCEDURE)	5	$1,695
21282	LATERAL CANTHOPEXY	5	$1,695
21295	REDUCTION MASSETER MUSCL:EXTRAORAL APPRO	1	$787
21296	REDUCTION MASSETER MUSCL:INTRAORAL APPRO	1	$787
21299	UNLIATED CRANIOFACIAL & MAXILLOFACIAL PR	11	BR
21300	TREATMNT OF SKULL FRACTURE NON OPERATIVE	2	$1,054
21310	TRTMNT NASAL FX CLSD/OPEN W/O MANIPULATE	2	$1,054
21315	MANIPULATIVE TREATMENT NASAL FX WO STAB	2	$1,054
21320	MANIP/TRTMNT NASAL FX W/STABILIZATION	2	$1,054
21325	OPEN/TRTMNT NASAL FX UNCOMPLICATD	4	$1,489
21330	OPEN/TRT NASAL FX W/FIXATION	5	$1,695
21335	OPEN/TRT NASAL FX W/COCOM OPN/TRT FX/SEP	7	$2,352
21336	OPEN TREATMENT OF NASAL SEPTAL FRACTURE,	4	$1,489
21337	TREATMENT OF CLOSED NASAL SEPTAL FRACTUR	2	$1,054
21338	OPEN TRTMNT NASOETHMOID FX W/O FIXATION	4	$1,489
21339	OPEN/TRT NASOETHMOID FX W/FIXATION	5	$1,695
21340	TREATMENT CL/OPEN NASOETHMOID COMPLEX FR	4	$1,489
21343	OPEN TRTMT CLOSED/OPEN DEPRS FRONTAL SIN	11	BR
21344	OPEN TREATMENT OF COMPLICATED (EG, COMMI	13	UR, BR
21345	TRTMT NASOMAXILLARY COMP FRACTURE	7	$2,352
21346	OPEN TRTMT NASOMAXILLARY COMPL FRACTURE-	13	UR, BR
21347	OPEN/TRT NASOMAX FX COMPLX W/MULT APPRO	13	UR, BR
21348	OPEN TREATMENT OF NASOMAXILLARY COMPLEX	13	UR, BR
21355	MANIPULATIVE TREATMENT MALAR CLSD OPEN	3	$1,206
21356	OPEN TREATMENT OF DEPRESSED ZYGOMATIC AR	13	UR, BR
21360	MALAR AREA FRACTURE DEPRESSED, OPEN REDU	11	BR
21365	MALAR AREA FRAC OPEN REDUCT W/FIXATION	13	BR
21366	OPEN TREATMENT OF COMPLICATED (EG, COMMI	13	UR, BR
21385	OPEN ORB/FLR BLOWOUT/FX TRANSANTRAL APPR	11	BR
21386	OPEN ORB/FLR BLOWOUT/FX PERIORBITAL APP	11	BR
21387	OPEN ORB/FLR BLOWOUT/FX COMBINED APPR	11	BR
21390	ORBITAL/FLR FX PERIORBITAL W/IMPLANT	NG	NC
21395	ORBITAL FLOOR FRACTURE WITH BONE GRAFT	11	BR
21400	TRTMNT ORBIT FX EXCPT/BLOWOUT W/O MANIP	2	$1,054
21401	KTRTMNT ORBIT FX EXCPT/BLOWOUT W/MANIP	3	$1,206
21406	OPEN/TRT ORBIT FX EXCP/BLOWOUT W/O IMP	NG	NC
21407	OPEN/TRT ORBIT FX EXCPT/BLOWOUT W/IMPL	NG	NC

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
21408	OPEN TREATMENT OF FRACTURE OF ORBIT, EXC	13	UR, BR
21421	TRTMT PALATAL/ALVEOLAR RIDGE FX CLSD	4	$1,489
21422	TRTMT PALATAL/ALVEOLR RIDGE OPEN	11	BR
21423	OPEN TREATMENT OF PALATAL OR MAXILLARY F	13	UR, BR
21431	TRTMT CRANIOFACIAL SEPARATION W/FIX	13	UR, BR
21432	OPEN TREATMENT OF CRANIOFACIAL W/FIX	13	UR, BR
21433	OPEN/TRT CRANIOFACIAL SEP W/FIX COMPLICA	13	UR, BR
21435	OPEN/TRT CRANIOFAC/SEP COMPL/FIX INTERN	13	UR, BR
21436	OPEN TREATMENT OF CRANIOFACIAL SEPARATIO	13	UR, BR
21440	MANIP/TRT ALVEOLAR RIDGE FRACTUR SEP PRO	3	$1,206
21445	OPEN/TRT ALVEOLAR RIDGE FRACTURE SEP PRO	4	$1,489
21450	TRT MANDIBULAR FRAC OPEN/CLOSD W/O MANIP	3	$1,206
21451	TRT MANDIBULAR FX W/MANIP MAY INC FIX	4	$1,489
21452	TRT OPEN MANDIBULAR FRACTURE W/O MANIP	2	$1,054
21453	TRT OPEN MANDIBULAR FX W/MANIP	3	$1,206
21454	OPEN TRT OPEN/CLOS MANDIBU/FX W/EXTR FIX	5	$1,695
21461	OPEN TRT CL/OPEN MANDIBUL FX W/OR W/O	4	$1,489
21462	OPEN TRT CL/OPEN MANDIBUL FX W/INTER FIX	5	$1,695
21465	OPN TRTMNT OF MANDIBULR CONDYLR FX	4	$1,489
21470	OPEN TRT MANDIBUL/FX BY MULTI SURGS	NG	NC
21480	UNCOMPLICATED TEMPORO/MANDIBULAR DISLOC	1	$787
21485	COMPLICATED TEMPORO/MANDIBULAR DISLOC	2	$1,054
21490	OPEN TRTMNT TEMPORO/MANDIBULAR DISLOC	3	$1,206
21493	TRT CL/OPEN HYOID FRACTURE W/O MANIP	3	$1,206
21494	TRT CL/OPEN HYOID FRAC W/MANIP	4	$1,489
21495	OPEN TRT CL/OPEN HYOID FRACTURE	11	BR
21497	INTERDENTAL WIRING FOR CONDITION OTHER	2	$1,054
21499	UNLISTED MUSCULOSKELETAR PROCEDURE-HEAD	11	BR
21501	INCISION/DRAINAGE-DEEP ABSCESS/HEMAOTOMA	2	$1,054
21502	INCIS/DRAIN DEEP ABCES/HEMA W/PART RIB O	2	$1,054
21510	INCISION DEEP W/OPEN OF BONE CORTEX,THOR	11	BR
21550	BIOPSY, SOFT TISSUE OF NECK OR THROAT	NG	NC
21555	EXCISION TUMOR, SOFT TISSUE NECK/THORAX	2	$1,054
21556	EXCISION BENIGN TUMOR-DEEP	2	$1,054
21557	RADICAL RESECT TUMOR,SOFT TISS NECK/THOR	13	UR, BR
21600	EXCISION OF RIB, PARTIAL	2	$1,054
21610	COSTOTRANSVERSECTOMY SEP/PROC	2	$1,054
21615	EXC FIRST AND/OR CERVICAL RIB FOR OUTLET	13	UR, BR

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
21616	EXC FIRST AND/OR CERV RIV W/SYMPATHECTMY	13	UR, BR
21620	OSTECTOMY STERNUM PARTIAL	11	BR
21627	STERNAL DEBRIDEMENT	13	UR, BR
21630	RADICAL RESECTION OF STERNUM FOR TUMOR	13	UR, BR
21632	RADICAL RESEC STERNUM TUMR W/MEDIAS LYMP	13	UR, BR
21700	DIVISION SCALENUS ANTICUS W/OUT RIB RESE	2	$1,054
21705	DIVISION SCALEN ANTICUSUS WITH RIB RESEC	13	UR, BR
21720	DIVIS STERNOCLEIDOMASTOID OPEN W/O CASE	3	$1,206
21725	DIVIS STERNOCLEIDOMASTOID OPN W/CASE APP	3	$1,206
21740	RECONSTRCT REPAIR PECTUS EXCAVATUM	13	UR, BR
21750	CLOSURE STERNOTOMY SEP W/WO DEB (SEP PRO	13	UR, BR
21800	TRT RIB FRAC CLOSD UNCOMPLICATED EA	1	$787
21805	TRT RIB FRAC OPEN OR COMPLICATD EA	2	$1,054
21810	RIB FRAC CLOSD/OPEN REQ EXTERNA FIX	11	BR
21820	TRTMNT STERNUM FRACTURE CLOSED	1	$787
21825	TRTMNT STERNUM FRAC OPEN	13	UR, BR
21899	UNLISTED PROCEDURE/NECK OR THORAX	11	BR
21920	BIOPSY,SOFT TISSUE OF BACK/FLANK,SUPRFCL	NG	NC
21925	BIOPSY,SOFT TISSUE BACK/FLANK,DEEP	2	$1,054
21930	EXCISION,TUMOR,SOFT TISSUE BACK/FLANK	2	$1,054
21935	RADICAL RESECTION TUMOR,SOFT TISS BK/FLN	3	$1,206
22100	PARTIAL RESECTION VERTEBRAL/COMPO CERV	NG	NC
22101	PARTIAL RESECT VERTEBRL/COMP THORACIC	NG	NC
22102	PARTIAL RESECT VERTEBRL/COMP LUMBAR	NG	NC
22103	PARTIAL EXCISION OF POSTERIOR VERTEBRAL	NG	NC
22110	PARTIAL EXC VERTE FOR OSTEOMYELITIS CERT	13	UR, BR
22112	PARTIAL EXC VERTEBR FR OSTEO THORACIC	13	UR, BR
22114	PARTIAL EXC VERTEBRAE-OSTEOMYELITIS	13	UR, BR
22116	PARTIAL EXCISION OF VERTEBRAL BODY,FOR I	13	UR, BR
22210	OSTEOTOMY SPINE, POST APPR,SNGL SEG,CERV	13	UR, BR
22212	OSTEOTOMY SPINE, POST APPR,SNGL SEG,THOR	13	UR, BR
22214	OSTEOTOMY SPINE, POST APPR,SNGL SEG,LUMB	13	UR, BR
22216	OSTEOTOMY OF SPINE,POSTERIOR OR POSTEROL	13	UR, BR
22220	OSTEOTOMY SPINE,ANTER APPR,SNGL SEG,CERV	13	UR, BR
22222	OSTEOTOMY SPINE,ANT APPR,SNGL SECT,THORA	13	UR, BR
22224	OSTEOTOMY SPINE,ANTER APPR,SNGL SEC,LUMB	13	UR, BR
22226	OSTEOTOMY OF SPINE,INCL DISKECTOMY,ANTER	13	UR, BR
22305	TREAT VERTEBRAL PROCESS FRAC EA	1	$787

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
22310	TREAT VERTE BDY FRAC/DISLOC W/O REDUC EA	1	$787
22315	CLOSED TREATMENT,VERTEBRL FRCTR/DISLOCTN	2	$1,054
22318	TREATMNT/REDUCTION ODONTOID FX W/O GRAFT	13	UR, BR
22319	TREATMNT/REDUCTION ODONTOID FX W/GRAFT	13	UR, BR
22325	OPEN TRT VERTE-BDY FRAC/DISLO LMBAR EA	11	BR
22326	OPEN TRT VERTE-BDY FRAC/DISLO CERV EA	11	BR
22327	OPEN TRT VERTE-BDY FRAC/DISLO THOR EA	11	BR
22328	OPEN TREATMENT AND/OR REDUCTION OF VERTE	11	BR
22505	MANIPULATION SPINE REQUIRING ANESTHESIA	2	$1,054
22548	ARTHRODESIS,ANTER W BONE GRFT, W/WO EXCI	13	UR, BR
22554	ARTHRODESIS,CERV,ANT INBDY TECH W BONE G	13	UR, BR
22556	ARTHRODISIS,THOR,ANT INTBDY TCH,W BONE G	13	UR, BR
22558	ARTHRODESIS,LUMB,ANT INTBDY TCH,W BONE G	13	UR, BR
22585	ARTHRODESIS,ANT/ANTROLTRL,EA ADDL INTRSP	13	UR, BR
22590	ARTHRODESIS,POST TCH,CRANIOCERV,W BONE G	13	UR, BR
22595	ARTHRODESIS,POST TCH,ATLAS-AXIS W BONE G	13	UR, BR
22600	ARTHRODESIS,POSTERIOR TECHN,CERV BELW C2	13	UR, BR
22610	ARTHRODESIS,THOR,POST/POSTROLTRL TCH,W B	13	UR, BR
22612	ARTHRODESIS,LUMB,POST/POSTRLTRL TCH,W BO	11	BR
22614	ARTHRODESIS,POSTERIOR OR POSTEROLATERAL	11	BR
22630	ARTHRODESIS,LUMB,POST INTRBDY TCH,W BONE	13	UR, BR
22632	ARTHRODESIS,POSTERIOR INTERBODY TECHNIQU	13	UR, BR
22800	ARTHRODESIS,POSTERIOR,SPINAL DEFORMTY, 6	13	UR, BR
22802	ARTHRODESIS,POSTERIOR,SPINAL DEFORMTY,7>	13	UR, BR
22804	ARTHRODESIS,POSTERIOR,FOR SPINAL DEFORMI	13	UR, BR
22808	ARTHRODESIS,ANTERIOR,FOR SPINAL DEFORMIT	13	UR, BR
22810	ARTHRODESIS,ANT,W/WO CST,W BN GRFT,4-7 V	13	UR, BR
22812	ARTHRODESIS,ANT,W/WO CST,W BN GRFT,8> VE	13	UR, BR
22818	KYPHECTOMY, 1-2 SEGMENTS	13	UR, BR
22819	KYPHECTOMY, 3 & MORE SEGMENT	13	UR, BR
22830	EXPLORATION OF SPINAL FUSION	13	UR, BR
22840	POSTERIOR INSTRUMNTATION(EG HARRINGTON	13	UR, BR
22841	INTERNAL SPINAL FIXATION BY WIRING OF SP	13	UR, BR
22842	POSTERIOR INSTRUMNTATION:SEGMNTAL FXATN,	13	UR, BR
22843	POSTERIOR SEGMENTAL INSTRUMENTATION (EG	13	UR, BR
22844	POSTERIOR SEGMENTAL INSTRUMENTATION (EG	13	UR, BR
22845	ANTERIOR INSTRUMNTATION(E.G. DWYER INSTR	13	UR, BR
22846	ANTERIOR INSTRUMENTATION;4 TO 7 VERTEBRA	13	UR, BR

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
22847	ANTERIOR INSTRUMENTATION;8 OR MORE VERTE	13	UR, BR
22848	PELVIC FIXATION (ATTACHMENT OF CAUDAL EN	13	UR, BR
22849	REINSERTION OF SPINAL FIXATION DEVICE	13	UR, BR
22850	REMOVAL POSTERIOR INSTRUMENTATION	13	UR, BR
22851	APPLICATION OF PROSTH DEVICE(EG METAL CA	13	UR, BR
22852	REMOVAL OF POSTERIOR SEGMENTAL INSTRUMEN	13	UR, BR
22855	REMOVAL ANTERIOR INSTRUMENTATION	13	UR, BR
22899	UNLISTED PROCEDURE-SPINE	11	BR
22900	3XCISION ABDOMINAL WALL TUMOR (SUBFASCIA	4	$1,489
22999	UNLISTD PROC, ABDOMEN:MUSCULOSKEL SYSTEM	11	BR
23000	REMOVAL SUB-DELTOID CALCAREOUS DEPOSITS	2	$1,054
23020	CAPSULAR CONTRACTURE RELEASE SHOULDER	2	$1,054
23030	INCIS/DRAIN DEEP ABCESS-HEMA SHLD	1	$787
23031	INCIS/DRAIN INFECTED BURSA SHLD	3	$1,206
23035	INCISON DEEP W/OPENING OF CORTEX SHLD	3	$1,206
23040	ARTHROTOMY,ACROMIOCLAVCLR,STRNOCLVCLR JT	3	$1,206
23044	ARTHROTOMY,ACROMIOCLVCLR,STRNOCLVCLR JT,	4	$1,489
23065	BIOPSY SOFT TISSUE-SUPERFICIAL SHDLD	NG	NC
23066	BIOPSY SOFT TISSUE DEEP SHLD	2	$1,054
23075	EXC BENIGN TUMOR-SUBCUTANEOUS SHLD	2	$1,054
23076	EXC BENIGN TUMOR DEEP SHLD	2	$1,054
23077	RADICAL RESCTN OF TUMOR,SHLDR AREA SFT T	3	$1,206
23100	ARTHROTOMY FOR BIOPSY-GLENOHUMERAL JOINT	2	$1,054
23101	ARTHROTOMY FOR BIOPSY OR EXC TORN CARTI	7	$2,352
23105	ARTHROTOMY FOR SYNOVECTOMY GLENO JOINT	4	$1,489
23106	ARTHROTMY FOR SYNOVEC ACROMIO/STENOCL	4	$1,489
23107	ARTHROTOMY,GLENOHUMERAL JT W JT EXPL, W/	4	$1,489
23120	CLAVICULECTOMY PARTIAL	5	$1,695
23125	CLAVICULECTOMY TOTAL	5	$1,695
23130	ACROMIOPLASTY OR ACROMIONECTOMY,PARTIAL	5	$1,695
23140	EXC OF BONE CYST/TUMOR OF CLAVICL/SCAPUL	4	$1,489
23145	EXC BONE CYST TUMOR CLAVI/SCAPULA W/GR	5	$1,695
23146	EXC BONE CYST/TUMOR CLAV/SCAP HONDG	5	$1,695
23150	EXC/CURRET BONE CYST/TUMR HUMERERUS	4	$1,489
23155	EXC/CURRET BONE CYST/TUMR HUME W/AUTO	5	$1,695
23156	EXC/CURRET BONE CYST/TUMR HUME W/AUTO	5	$1,695
23170	SEQUESTRECTOMY-CLAVICLE	2	$1,054
23172	SEQUESTRECTOMY-SCAPULA	2	$1,054

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
23174	SEQUESTRECTOMY-HUMERAL HEAD TO SURG NECK	2	$1,054
23180	PART EXC BONE FOR OSTEO CLAVICLE	4	$1,489
23182	PART/EXC BONE FR OSTEO SCAPULA	4	$1,489
23184	PART/EXC BONE FR OSTEO PROX-HUMERUS	4	$1,489
23190	OSTECTOMY OF SCAPULA, PARTIAL	4	$1,489
23195	RESECTION HUMERAL HEAD	5	$1,695
23200	RADICAL RESECTION FOR TUMOR OF CLAVICLE	13	UR, BR
23210	RADICAL RESECTION FOR TUMOR OF SCAPULA	13	UR, BR
23220	RADICAL RESECT FOR TUMOR PROX/HUMERUS	13	UR, BR
23221	RADICAL RESECT TUMOR PROX-HUMR W/GRFT	13	UR, BR
23222	RADICAL RESEC TUMOR PROX-HUMR W/PROSTHE	13	UR, BR
23330	REMOVAL FOREIGN BODY-SUBCUTANEOUS SHLD	1	$787
23331	REMOVAL F B (PROSTHETIC) DEEP SHLD	1	$787
23332	REMOV FB COMPLICATED INCL 'TOT SHOULDR'	13	UR, BR
23350	INJECTION PROCEDURE FOR SHOULDER ARTHROG	11	BR
23395	MUSCLE TRANSFER SHLD, UP-ARM, SINGLE	5	$1,695
23397	MUSCLE TRANSFR SHLD, UP-ARM MULTIPLE	7	$2,352
23400	SCAPULOPEXY	7	$2,352
23405	TENOMYOTOMY SINGLE	2	$1,054
23406	TENOMYOTOMY MULTIPLE THRU SAME INCISION	2	$1,054
23410	ROTATOR CUFF REPAIR ACUTE	5	$1,695
23412	ROTATOR CUFF REPAIR CHRONIC	7	$2,352
23415	CORACOACROMIAL LIGAMENT RELEASE W/WO ACR	5	$1,695
23420	REPAIR SHOULDER COMPLETE CHRONIC	7	$2,352
23430	TENODESIS FR RUPTURE LONG TNEDON BICEP	4	$1,489
23440	RESECTION/TRANSPLANT LONG BICEPS TENDON	4	$1,489
23450	CAPSULORRHAPHY FOR RECURRENT DISLOC,ANTE	5	$1,695
23455	BANKART TYPE OPERATION W/WO STAPLING	7	$2,352
23460	CAPSULORAPHY ANTERIOR W/BONE-BLK	5	$1,695
23462	CAPSULORAPHY W/CORACOID PROCESS TRANSFER	7	$2,352
23465	CAPSULOR RECUR DISLO SHLD POSTERIOR W/WO	5	$1,695
23466	CAPSLORHPHYFR RECUR DISL W/MULTI INSTALI	7	$2,352
23470	ARTHROPLASTY W/PROX-HUMR IMPLANT	11	BR
23472	ARTHROPLASTY W/REPLACEMENT (TOTAL SHOULD	13	UR, BR
23480	OSTEOTOMY, CLAVICLE, W/WO INTERNAL FIXAT	4	$1,489
23485	OSTEOTOMY, CLAVICLE, W BONE GRAFT	7	$2,352
23490	PROPHYLCTC TRT(NAIL,PN,PLTE,WIRE):CLAVIC	3	$1,206
23491	PROPHYLCTC TRT(NAIL,PN,PLT,WIR:PROX HUM	3	$1,206

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
23500	TREAT CLOSD CLAVICULAR FRAC, W/O MANIP	1	$787
23505	TREAT CLOSD CLAFICULAR FRAC, W/MANIP	1	$787
23515	OPEN/TRT CL/OPEN CLAVICUL FRAC W/WO FIXA	3	$1,206
23520	TRT CLOSD STERNCLAVICUL DISLOC W/O MANIP	1	$787
23525	TRT CLOSD TERNOCLAVICUL DISLOC W/MANIP	1	$787
23530	OPEN/TRT CL/OPEN STERNOCLAV DISLOC	3	$1,206
23532	OPEN/TRT CL/OPEN STERNOCL/DISLO W/GRAFT	4	$1,489
23540	TRT CLOSD ACROMIOCLAV DISLOC W/O MANIP	1	$787
23545	TRT CLOSD ACROMIOCLAV DISLOC W/MANIP	1	$787
23550	OPEN TRT CL/OPEN ACROMIOCLAV DISLOC	3	$1,206
23552	OPEN TRT CL/OPN ACROMIOCL DISLO W/GRFT	4	$1,489
23570	TRT CLOSD SCAPULAR FRACTURE W/O MANIP	1	$787
23575	TRT CLOSD SCAPULAR FRACTURE W/MANIP	1	$787
23585	OPEN TRT CL/OPEN SCAPULAR FRAC JUXTAARTI	3	$1,206
23600	TRTMT CLOSED HUMERAL FRACTURE W/O MANIP	1	$787
23605	TRTMT CLOSD HUMERAL FRAC W/MANIP	2	$1,054
23615	TRT OPEN/CLSD HUMR FX SRG/NK W/WO FIX	4	$1,489
23616	OPEN TREATMENT OF PROXIMAL HUMERAL (SURG	4	$1,489
23620	TRT CLSD GR/TUBEROSITY FX W/O MANIP	1	$787
23625	TRT CLSD GR/TUBEROSITY FX W/MANIP	2	$1,054
23630	OPEN TRT CL/OPEN GR/TUBEROS FX W/WO FIX	5	$1,695
23650	TRT CLOSD SHLDR DISLOC W/MANIP W/O ANES	1	$787
23655	TREATMENT CLOSED SHOULDER DISLO MAN ANE	1	$787
23660	OPEN TRT CL/OPEN SHOULDER DISLOCATION	3	$1,206
23665	TRT CLOSD SHOULD DISLO W/FX GR/TUBER MAN	2	$1,054
23670	OPEN TRT CL/OPN SHOUL DISLO W/FX GR/TUBR	3	$1,206
23675	TRT CLSD SHOULD DISLO W SRG/NK FX W/MANI	2	$1,054
23680	OPEN TRT CL/OPN SHOULD DISLO W SRG/NK FX	3	$1,206
23700	SHOULDER MANIPULATION UND ANES W APPL FI	1	$787
23800	ARTHRODESIS SHOULD JOINT W/WO BONE GRAFT	4	$1,489
23802	ARTHRODESIS SHOULD JOINT W/AUTO GRFT	7	$2,352
23900	AMPUTATION INTERTHORACOSCAPULAR(FOREQUAR	13	UR, BR
23920	DISARTICULATION OF SHOULDER	13	UR, BR
23921	DISARTICULATE SHOULD W/2NDARY CLOSE	3	$1,206
23929	UNLISTED PROCEDURE-SHOULDER	11	BR
23930	INCIS/DRAIN DEEP ABCESS/HEMA HUMR-ELB	1	$787
23931	INCIS/DRAIN INF BURSA HUMERUS/ELB	2	$1,054
23935	INCIS-W/OPENING CORTEX HUMR/ELB	2	$1,054

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
24000	ARTHROTOMY EBLOW W EXPL/DRAIN/REMOV FB	4	$1,489
24006	ARTHROTOMY OF THE ELBOW, WITH CAPSULAR E	4	$1,489
24065	BIOPSY SOFT TISSUES-SUPERFICIAL UP-ARM/E	NG	NC
24066	BIOPSY SOFT TISSUE-DEEP UP-ARM/ELBOW	2	$1,054
24075	EXC BENIGN TUMOR-SUBCUTANEOUS UP-ARM	2	$1,054
24076	EXC BENIGN TUMOR DEEP UPR-ARM	2	$1,054
24077	RADICAL RESCTN TUMOR,UPP ARM/ELBOW,SFT T	3	$1,206
24100	ARTHROTOMY ELB FR SYNOVIAL BIOPSY ONLY	1	$787
24101	ARTHROTOMY WITH JOINT EXPLORATION ELB	4	$1,489
24102	ARTHROTOMY ELBOW FOR SYNOVECTOMY	4	$1,489
24105	EXCISION OLECRANON BURSA	3	$1,206
24110	EXCISION BONE CYST/BENIGN TUMOR HUMERUS	2	$1,054
24115	EXCISION BONE CYST/TUMOR HUMERUS W AUTO	3	$1,206
24116	EXC BONE CYST/TUMR HUMERUS W/ALLOGRAFT	3	$1,206
24120	EXC CYST/TUMOR HEAD/NECK OF RADIUS/OLECR	3	$1,206
24125	EXC CYST/TUMOR HEAD/NECK RADIUS W AUTO G	3	$1,206
24126	EXC CYST/TUMOR HD/NK RADIUS W ALLOGRAFT	3	$1,206
24130	EXCISION RADIAL HEAD	3	$1,206
24134	SEQUESTRECTOMY-OSTEO SHAFT OR DIS-RADIUS	2	$1,054
24136	SEQUESTRECTOMY-OSTEOMYELITIS-RADIAL HEAD	2	$1,054
24138	SEQUESTRECTOMY-OSTEOMYLITIS-OLECRANON PR	2	$1,054
24140	PARTIAL EXC BONE-OSTEOMYELITIS-HUMERUS	3	$1,206
24145	PART/EXC BONE OSTEO RADIAL HD/NK	3	$1,206
24147	PART/EX BONE OSTEO OLECRA PROCESS	2	$1,054
24149	RADICAL RESECTION OF ELBOW	13	UR, BR
24150	RADICAL RESECTION-TUMOR-SHAFT/DISTAL HUM	NG	NC
24151	RADICAL/RES TUMOR SHFT/DIST/HUM W/AUTO	NG	NC
24152	RADICAL/RES TUMOR RADIAL HD/NK	NG	NC
24153	RADICAL/RES TUMR RADIAL H W/GRFT	NG	NC
24155	RESECTION ELBOW JOINT ARTHRECTMY	3	$1,206
24160	IMPLANT REMOVAL-ELBOW JOINT	2	$1,054
24164	IMPLANT REMOVAL RADIAL HEAD	3	$1,206
24200	3EMOVAL OF FOREIGN BODY-SUBCUTANEOUS	11	BR
24201	REMOVAL FOREIGN BODY - DEEP	2	$1,054
24220	INJ PROC FOR ELBOW ARTHOGRAPHY	11	BR
24300	MANIPULATION, ELBOW UNDER ANESTHESIA	11	BR
24301	MUSCLE/TENDON TRANSFER-SINGLE UP-ARM	4	$1,489
24305	TENDON LENGTHENING UPR-ARM SINGL EA	4	$1,489

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
24310	TENOTOMY OPEN ELBOW TO SHOULDER SINGL EA	3	$1,206
24320	TENOPLASTY TRANSPL/OR FREE GRFT ELBOW-SH	3	$1,206
24330	FLEX-PLASTY, ELBOW(E.G. STEINDLER TYPE)	3	$1,206
24331	FLEXORPLASTY- WITH EXTENSOR ADVANCEMENT	3	$1,206
24332	TENOLYSIS, TRICEPS	11	BR
24340	TENODESIS FOR RUPTURE BICEPS TENDON ELB	3	$1,206
24341	REPAIR TENDON/MUSCLE ARM	3	$1,206
24342	REINSCRTION OF RUPTURED BICEPS TENDON	3	$1,206
24343	REPAIR LATERAL COLLATERAL LIGAMENT, ELBO	11	BR
24344	RECONSTRUCT LAT COLL LIG ELBOW W/TENDON	11	BR
24345	REPR ELBW MED LIGMNT W/TISSU	2	$1,054
24346	RECONSTRUCT MEDIAL COLL LIG ELBOW W/TEND	11	BR
24350	FASCIOTOMY, LATERAL/MEDIAL(E.G.,TENNIS E	3	$1,206
24351	FASCIOTMY W/EXTENSOR ORGIN DETACHMENT	3	$1,206
24352	FASCIOTMY W/ANNULAR LIGAMENT RESECT	3	$1,206
24354	FASCIATOMY WITH STRIPPING	3	$1,206
24356	FASCIATOMY W/PARTIAL OSTECTOMY	3	$1,206
24360	ARTHROPLASTY-ELBOW-W/MEMBRANE	5	$1,695
24361	ARTHROPLASTY ELBOW W PROSTHETIC REPLMT	5	$1,695
24362	ARTHROPLASTY ELBOW W IMPL FASC LATA LIG	5	$1,695
24363	ARTHROPLASTY ELBOW REPLACEMENT TOTAL	7	$2,352
24365	ARTHROPLASTY- RADIAL HEAD	5	$1,695
24366	ARTHROPLASTY RADIAL HEAD W IMPLANT	5	$1,695
24400	OSTEOTOMY, HUMERUS, W/WOUT INTERNAL FIXA	4	$1,489
24410	MULT OSTEOTOMIES W REALIGNMENT INTRA-MED	4	$1,489
24420	OSTEOPLSTY,HUMR,SHRTNG/LNGTHNG,EXC 64876	3	$1,206
24430	REPAIR NON-UNION/MALUNION, HUMERUS, WOUT	3	$1,206
24435	REPAIR NON-/MALUNION,HUMERUS,W ILIAC/AUT	4	$1,489
24470	HEMI EPIPHYSEAL ARREST HUMERUS	3	$1,206
24495	DECOMPRESSION FASCIOTOMY FOREARM	2	$1,054
24498	PROPHYLCTC TRT(NAIL,PN,PLT,WIR:HUMERUS	3	$1,206
24500	TRT CLOSED HUMERAL SHAFT FRAC W/O MANIP	1	$787
24505	TRT CLSD HUMERL/SHFT FRAC W/MANIP	1	$787
24515	OPEN/TRT HUMERAL-SHFT FRAC W/WO FIX	4	$1,489
24516	OPEN TREATMENT OF HUMERAL SHAFT FRACTURE	4	$1,489
24530	TRT CLOSD SUPRA/TRANSCONDY FX W/O MANIP	1	$787
24535	TT CLSD SUPR HU/TRANSCONDYLAR FX W/MANIP	1	$787
24538	TRT CLSD SUPR/TRNSCONDYL FX W/PERC FIX	2	$1,054

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
24545	TRT SUPR/TRANSCONDYLA FX OPEN/CLOSED	4	$1,489
24546	OPEN TREATMENT OF HUMERAL SUPRACONDYLAR	5	$1,695
24560	TRT CLSD HUMERL EPICONDYLAR FX W/O MANIP	1	$787
24565	TRT CLOSD HUMERAL EPICONDYLAR FX W/MANIP	2	$1,054
24566	PERCUTANEOUS SKELETAL FIXATION OF HUMERA	2	$1,054
24575	OPEN/TRT HU EPICONDYLAR FX W/WO FIXATION	3	$1,206
24576	TRT CLOSD CONDYLAR FX W/O MANIP	1	$787
24577	TRT CLOSD CONDYLAR FX W/MANIP	1	$787
24579	OPEN/TRT CONDYLAR FX W/WO FIXATION	3	$1,206
24582	PERCUTANEOUS SKELETAL FIXATION OF HUMERA	2	$1,054
24586	OPEN/TRT ELBOW FX W/RESECTION	4	$1,489
24587	OPEN/TRT ELBOW FX W/IMPLANT	5	$1,695
24600	TRT CLSD ELBOW DISLOC W/O ANESTHESIA	1	$787
24605	TREATMENT CLOSED ELBOW DISLO W ANES	2	$1,054
24615	OPEN TRTMT-OPEN/CLOSED ELBOW DISLOCATION	3	$1,206
24620	TRT CLOSD MONTEGGIA TYP FRAC/DISLOC R	2	$1,054
24635	OPEN/TRT MONTEGGIA TYP FX W/WO FIX	3	$1,206
24640	TREATMENT RADIAL HEAD SUBL CHILD W MANI	11	BR
24650	TRT CLOSD RADIAL HEAD/NK FX W/O MANIP	11	BR
24655	TRT CLOSD RADIAL HD/NK FX W/MANIP	1	$787
24665	OPEN/TRT RADIAL HD/NK FX W/WO FIXA	4	$1,489
24666	OPEN/TRT RADIAL HD/NK FX W/IMPLANT	4	$1,489
24670	TRT CLOSD ULNAR FRAC PROX W/O MANIP	1	$787
24675	TRT CLOSD ULNAR FRAC PROX W/MANIP	1	$787
24685	OPEN TRT ULNAR FRAC PROX W/WO FIXATION	3	$1,206
24800	ARTHRODESIS ELBOW, W/WO AUTO/ALLOGRAFT	4	$1,489
24802	ARTHRODESIS ELBOW W/AUTOGRAFT	5	$1,695
24900	AMPUTATE ARM THRU HUMER W/PRIMARY CLOSE	13	UR, BR
24920	AMPUTATION ARM THRU HUMERUS, OPEN, FLAP/	13	UR, BR
24925	AMPUTATION ARM THRU HUMERUS, SECONDARY C	3	$1,206
24930	RE-AMPUTATION ARM THRU HUMERUS	13	UR, BR
24931	RE-AMPUATAION ARM THRU HUMER W/IMPLANT	13	UR, BR
24935	STUMP ELONGATION UPPER ARM	11	BR
24940	CINEPLASTY, UPP EXTREMITY, COMPLETE PROC	13	UR, BR
24999	UNLISTED PROCEDURE HUMERUS OR ELBOW	11	BR
25000	TENDON-SHETH REV RADIAL STYLOID FR DEQUE	3	$1,206
25001	INCISION, FLEXOR TENDON SHEATH WRIST (EG	11	BR
25020	DECOMPRESSION FASCIOTOMY FLEX/EXT CMPT	3	$1,206

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
25023	DECOMPRES FASCIOTMY FLEX/EXT W/DEBRIDENT	3	$1,206
25024	DECOMPRESS FOREARM 2 SPACES	3	$1,206
25025	DECOMPRESS FOREARM 2 SPACES	3	$1,206
25028	INCIS-DRAINAGE-DEEP ABSCES/HEMA FOREARM	1	$787
25031	INCIS-DRAIN INFECTED BURSA FOREARM	2	$1,054
25035	INCIS-DEEP-W/OPEN CORTEX FOREARM	2	$1,054
25040	ARTHROTOMY,RADIOCARPAL/MEDIOCRPL JT,INFC	5	$1,695
25065	BIOPSY SOFT TISS-SUPERFICL FOREARM/WRIST	NG	NC
25066	BIOPSY SOFT TISSUE-DEEP FOREARM/WRIST	2	$1,054
25075	EXC BENIGN TUMOR-SUBCUTANEOUS FOREARM	2	$1,054
25076	EXC BENIGN TUMOR-DEEP FOREARM	3	$1,206
25077	RADICAL RESECTN TUMOR,FOREARM/WRIST,SFT	3	$1,206
25085	CAPSULOTOMY WRIST	3	$1,206
25100	ARTHROTOMY WRIST FOR BIOPSY	2	$1,054
25101	ARTHROTOMY WRIST W/JOINT EXPLORATION	3	$1,206
25105	ARTHROTOMY WRIST FOR SYNOVECTOMY	4	$1,489
25107	ARTHROTOMY-DISTAL RADIOULNAR JOINT	3	$1,206
25110	EXC LESION TENDON SHEATH FOREARM	3	$1,206
25111	EXC OF GANGLION-WRIST	3	$1,206
25112	EXC OF GANGLION-WRIST RECURRENT	4	$1,489
25115	RADICAL EXC BURSA HAND, WRIST FLEXORS	4	$1,489
25116	RADICAL EXC BURSA HAND WRIST EXTENSORS	4	$1,489
25118	SYNOVECTMY FLEXOR/EXTENSOR TNDON/SH WRST	2	$1,054
25119	SYNOVECTMY FLEX/EXT TENDN SH W/RESECT UL	3	$1,206
25120	EXCISION OF BONE CYST/BENIGN TUMOR OF RA	3	$1,206
25125	EXC BONE CYST/BENIGN TUMOR RAD/ULN W/AUT	3	$1,206
25126	EXC BNE CYST/BENIGN TUMR RAD/ULN W/ALLOG	3	$1,206
25130	EXC CYST/BENIGN-TUMR CARPAL BONE	3	$1,206
25135	EXC CYST/BENIGN-TUMR CARPL-BONE W/AUTOGR	3	$1,206
25136	EXC CYST/BENIGN-TUMR CARPL-BONE W/ALLOGR	3	$1,206
25145	SEQUESTRECTOMY FOR BONE ABSCESS FOREARM	2	$1,054
25150	PART EXC OF BONE-ULNA	2	$1,054
25151	PART EXC OF BONE-RADIUS	2	$1,054
25170	RADICAL RESECT TUMOR RADIUS/ULNA	NG	NC
25210	CARPECTOMY ONE BONE	3	$1,206
25215	CARPECTOMY, ALL BONES OR PROXIMAL ROW	4	$1,489
25230	RADIAL STYLOIDECTOMY SEPARATE-PROC	4	$1,489
25240	EXCISION DISTAL ULNA(DARRACH TYPE PROCED	4	$1,489

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
25246	INJ PROCEDURE WRIST ARTHOGRAPHY	11	BR
25248	EXPL REMOVAL OF DEEP FOREIGN BODY	2	$1,054
25250	REMOVAL WRIST PROSTHESIS (SEP PROCEDURE)	1	$787
25251	REMOV WRIST PROSTHE:COMPLX INC TOT WRST	1	$787
25259	MANIPULATION WRIST UNDER ANESTHESIA	11	BR
25260	REPAIR TENDON/MUSCL FLEX FOREARM EA	4	$1,489
25263	REPAIR TENDN/MUSCL FLEX 2NDARY EA	2	$1,054
25265	REPARI TEND/MUSCL FLEX 2NCRY W/GR EA	3	$1,206
25270	REPAIR TENDN/MUSCL EXTE FOREARM EA	4	$1,489
25272	REPAIR-2NDARY TEND/MUSCL EXTNSOR EA	3	$1,206
25274	REPAIR-2NDARY TEND/MUSCL EXT W/GR EA	4	$1,489
25275	REPAIR FOREARM TENDON SHEATH	4	$1,489
25280	LENGTH/SHORTNING FLEX/EXT TENDON EA	4	$1,489
25290	TENOTOMY OPN FLEX/EXT EACH	3	$1,206
25295	TENOLYSIS FLEXOR/EXTENSOR TEND EACH	3	$1,206
25300	TENODESIS WRIST-FINGER FLEXORS	3	$1,206
25301	TENODESIS WRIST-FINGER EXTENSORS	3	$1,206
25310	TENDON TRANSPL/TRANSF FLX/EXT EACH	3	$1,206
25312	TENDON TRANSP/TRANSF FLX/EXT W/GR EACH	4	$1,489
25315	FLEXOR ORIGIN SLIDE FOR CEREB/PALSY	3	$1,206
25316	FLEX ORIGIN SLIDE W/TENDN TRANSFER	3	$1,206
25320	CAPSULORRHAPHY/RECONSTRUCTION WRIST	3	$1,206
25332	ARTHROPLASTY WRST PSEUDARTHROSIS W/FIXA	5	$1,695
25335	CENTRILIZATN OF WRST ON ULNA(RAD CLB HND	3	$1,206
25337	RECONSTRUCT ULNA/RADIOUL FOR STABILIZATI	5	$1,695
25350	OSTEOTOMY, RADIUS, DISTAL THIRD	3	$1,206
25355	OSTEOTOMY, RADIUS, DISTAL THIRD	3	$1,206
25360	OSTEOTOMY ULNA	3	$1,206
25365	OSTEOTOMY RADIUS AND ULNA	3	$1,206
25370	MULTIPLE OSTEOTOMIES, RADIUS OR ULNA	3	$1,206
25375	MULTIPLE OSTEOTOMIES, RADIUS AND ULNA	4	$1,489
25390	OSTEOPLASTY SHORTENING RADIUS OR ULNA	3	$1,206
25391	OSTEOPLSTY LENTHEN RADIUS OR ULNA W/AUTO	4	$1,489
25392	OSTEOPLSTY SHRTNG RADIUS & ULN(EXC 64876	3	$1,206
25393	OSTEOPLSTY LENGTHEN RADIUS & ULNA W/GRFT	4	$1,489
25394	OSTEOPLASTY, CARPAL BONE, SHORTENING	11	BR
25400	REPAIR NON/MAL/UNION RADIUS OR ULN WO/GR	3	$1,206
25405	REPAIR NON/MAL/UNION RADIUS/ULN W/AUTOGR	4	$1,489

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
25415	REP NON/MAL/UNION RADIUS & ULNA WO/GR	3	$1,206
25420	REP NON/MAL/UNION RADIUS & ULNA W/GR	4	$1,489
25425	REPAIR DEFECT W/GRFT RADIUS OR ULNA	3	$1,206
25426	REPAIR DEFECT W/GRFT RADIUS AND ULNA	4	$1,489
25430	INSERTION OF VASCULAR PEDICLE INTO CARPA	11	BR
25431	REPAIR NONUNION CARPAL BONE (EXCLUD CARP	11	BR
25440	REP N}UNION NAVIC BONE W GRAFT	4	$1,489
25441	ARTHROPLASTY W/PROSTHETIC-DISTAL RADIUS	5	$1,695
25442	ARTHROPLASTY W/PROSTHETIC DISTAL ULNA	5	$1,695
25443	ARTHROPLSTY W/PROSTHTIC SCAPHOID-NAVIC	5	$1,695
25444	ARTHROPLASTY W/PROTHETIC LUNATE	5	$1,695
25445	ARTHROPLASTY W/PROSTHETIC TRAPEZIUM	5	$1,695
25446	ARTHROPLSTY DIST-RADIUS-CARP TOTAL WRST	7	$2,352
25447	INTRPOS ARTHRPLSTY:INTR/CARP0 METACARPL	5	$1,695
25449	ARTHROPLASTY W/REMOVAL OF IMPLANT	5	$1,695
25450	EPIPHYSEAL ARREST DIST-RADIUS OR ULNA	3	$1,206
25455	EPIPHYSEAL ARREST DIST-RADIUS AND ULNA	3	$1,206
25490	PROPHYLCTC TRT(NAIL,PN,PLT,WIRE:RADIUS	3	$1,206
25491	PROPHYLCTC TRT(NAIL,PN,PLT,WIRE:ULNA	3	$1,206
25492	PROPHYLCTC TRT(NAIL,PN,PLT,WR:RADIUS,ULN	3	$1,206
25500	TRT CLOSD RADIAL-SHFT FX W/O MANIP	11	BR
25505	TRT CLOSD RADIAL-SHFT FX W/MANIP	1	$787
25515	OPEN TRT FX RADIAL SHAFT W/WO FIXATION	3	$1,206
25520	CLOSED TREATMENT OF RADIAL SHAFT FRACTUR	1	$787
25525	OPEN TREATMENT OF RADIAL SHAFT FRACTURE,	4	$1,489
25526	OPEN TREATMENT OF RADIAL SHAFT FRACTURE,	5	$1,695
25530	TRT CLOSD ULNAR SHAFT FX W/O MANIP	11	BR
25535	TRT CLOSD FX ULNAR SHAFT W/MANIP	1	$787
25545	OPEN TREATMENT/ULNAR SHAFT W/WO FIXATION	3	$1,206
25560	TRT CLOS RADIA & ULN SHFT FX W/O MANIP	11	BR
25565	TRT CLOS RADIA & ULN SHFT FX W/MANIP	2	$1,054
25574	OPEN TREATMENT OF RADIAL AND ULNAR SHAFT	3	$1,206
25575	OPEN TRT RADIA & ULN SHFT FX W/WO FIX	3	$1,206
25600	TRT CLOS DIST-RADIAL FX (COLLES) W/O MAN	11	BR
25605	TRT CLOS DIST-RADIAL FX (COLLES) W/MANIP	3	$1,206
25611	TRT COMPLX DIS-RADIAL FX W/MANIP & PINN	3	$1,206
25620	OPEN TRT DIS-RADIAL FX W/WO FIXATION	5	$1,695
25622	TRTMT CLOSED CARPAL-NAVIC FX W/O MANIP	11	BR

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
25624	TRT CLOSED CARPAL-NAVIC FX W/MANIP	2	$1,054
25628	OPEN TRTMT CARPAL-NAVIC FX W/WO FIXATION	3	$1,206
25630	TRT CLOSED CARPAL BONE FX W/O MANIP	11	BR
25635	TRT CLOSED CARPAL BONE FX W/MANIP	1	$787
25645	OPEN TRT CARPAL FX EACH BONE	3	$1,206
25650	TREATMENT OF CLOSED ULNAR STYLOID FRACTU	11	BR
25651	PERCUTANEOUS SKELETAL FIXATION ULNAR STY	11	BR
25652	OPEN TREATMENT OF ULNAR STYLOID FRACTURE	11	BR
25660	TRT CLSD RADIO/INTE-CARPL DISLOC W/MANIP	1	$787
25670	OPEN TRT RADIO-INTE-CARPL DISLOC	3	$1,206
25671	PIN RADIOULNAR DISLOCATION	1	$787
25675	TRT CLOS DIST-RADILUNR DISLOC W/MANIP	1	$787
25676	OPEN TRT DIST-RADILUNR DISLOC	2	$1,054
25680	TRT CLOS TRANSCAPH PERILUNR FX-DISL W/MA	2	$1,054
25685	OPEN TRT TRANSCAPHPERILUNR FX-DISL	3	$1,206
25690	TRT LUNATE DISLOC W/MANIP	1	$787
25695	OPEN REDUCTION LUNATE DISLOCATION	2	$1,054
25800	ARTHRODESIS WRIST W/O BONE GRAFT	4	$1,489
25805	ARTHRODESIS WRIST W/SLIDING GRAFT	5	$1,695
25810	ARTHRODESIS WRIST ILIAC/OTHER AUTOGRAFT	5	$1,695
25820	INTRCARPL FUSION, W/O BONE GRAFT	4	$1,489
25825	INTRCARPL FUSION, W/AUTOGN BONE GRFT	5	$1,695
25830	DISTAL RADIOULNAR JOINT ARTHROD & SEGMEN	5	$1,695
25900	AMPUTATION FOREARM THRU RADIUS AND ULNA	13	UR, BR
25905	AMPUTA FOREARM THRU RADIUS & ULNA OPN CI	13	UR, BR
25907	AMPUTA FOREARM THRU RADIUS & ULNA 2NDARY	3	$1,206
25909	RE-AMPUTATION FOREARM THRU RADIUS AND UL	13	UR, BR
25915	AMPUTATION FOREARM KRUKENBRG PROC	13	UR, BR
25920	DISARTICULATION THROUGH WRIST	13	UR, BR
25922	DISARTICULATION THRU WRIST,2NDARY CLOS/S	3	$1,206
25924	DISARTICULATION THRU WRIST; REAMPUTATION	13	UR, BR
25927	TRANSMETACARPAL AMPUTATION	13	UR, BR
25929	TRANSMETACARPL AMP SECONDARY CLOSURE	3	$1,206
25931	TRANSMETACARPL REAMPUTATION	13	UR, BR
25999	UNLISTED PROCEDURE-FOREARM/WRIST	11	BR
26010	INCISION DRAINAGE FINGER TIP ABCES SIMP	11	BR
26011	DRAINAGE FINGER TIP ABSCESS COMPLICATED	1	$787
26020	DTAIN TENDON SHEATH-ONE FGR AND/OR PALM	2	$1,054

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
26025	DRAIN PALMR-BURSA SINGL ULNA/RADIAL	1	$787
26030	DRAIN PALMR-BURSA MULTI ULNA/RADIAL	2	$1,054
26034	INCISION DEEP W/OPENING OF CORTEX HAND	2	$1,054
26035	DECOMPRES FINGERS AND/OR HAND, INJ INJUR	NG	NC
26037	DECOMPRESSIVE FASCIOTOMY HAND	NG	NC
26040	FASCIOTOMY PALMAR CLOSED (SUBCUTANEOUS)	4	$1,489
26045	FASCIOTOMY PALMER OPEN PARTIAL	3	$1,206
26055	TENDON-SHTH INCIS FOR TRG FNGR	2	$1,054
26060	TENOTOMY FINGER SUBCUTANEOUS SINGLE EA	2	$1,054
26070	ARTHROTOMY, FR INFCT,W/EXPLOR:CARPOMETCR	2	$1,054
26075	ARTHROTOMY METACARPO-PHALANGEAL JOINT	4	$1,489
26080	ARTHROTOMY INTERPHALANGEAL JOINT	4	$1,489
26100	ARTHROTOMY SYNOVIAL BIOPSY, CARPO-METACA	2	$1,054
26105	ARTHROTOMY SYNOVIAL BIOPSY, METACARPO-PH	1	$787
26110	ARTHROTOMY SYNOVIAL BIOP INTERPHALANG EA	1	$787
26115	EXCISION TUMOR OR VASC MALFRMTN,HAND/FNG	2	$1,054
26116	EXC BENIGN/TUMR DEEP HAND	2	$1,054
26117	RADICAL RESCTN TUMOR,HAND/FNGR,SOFT TISS	3	$1,206
26121	FASCIECTOMY PALMAR W/WO Z-PLASTY,OTHR LO	4	$1,489
26123	FASCIECTOMY,PART EXCIS W RELEASE SINGL D	4	$1,489
26125	FASCIECTOMY,PART EXCIS W RELEASE EA ADDL	4	$1,489
26130	SYNOVECTOMY, CARPO-METACARPAL JOINT	3	$1,206
26135	SYNOVECTOMY METACARPOPHALANGEAL JOINT	4	$1,489
26140	SYNOVECTOMY PROX-INTERPHALANGEAL JOINT	2	$1,054
26145	SYNOVEC TENDON SHEATH FLEXOR PALM/FINGER	3	$1,206
26160	EXCISION OF LESION OF TENDON SHEATH/CAPS	3	$1,206
26170	EXCIS TENDON PALM FLEXOR SINGLE EACH	3	$1,206
26180	EXCIS TENDON FINGER FLEXOR IND PROC	3	$1,206
26185	REMOVE FINGER BONE	4	$1,489
26200	EXC/CURET CYST/TUMOR METACARPL	2	$1,054
26205	EXC/CURET CYST/TUMOR METACARPAL W/AUTOGR	3	$1,206
26210	EXC/CURET CYST/TUMR PROX/MID/DIS-PHALANX	2	$1,054
26215	EXC/CUR CYST/TUMR PR/MID/DIS-PHALNX W/AU	3	$1,206
26230	PART/EXC BONE FR OSTEO METACRPL	7	$2,352
26235	PART/EXC BONE FR OSTEO PROX/MID PHALNX	3	$1,206
26236	PART/EXC BONE FR OSTEO DISTL-PHALNX	3	$1,206
26250	RADICAL RESEC FOR TUMOR METACARP	3	$1,206
26255	RADICAL RESEC FR TUMOR METACARP W/GRF	3	$1,206

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26260	RADICAL RESECTION FOR TUMOR-PHALANX	3	$1,206
26261	RADICAL RESEC FR TUMOR PHALNX W/GRFT	3	$1,206
26262	RADICAL RESEC TUMOR DISTAL-PHALNX	2	$1,054
26320	REMOVAL OF IMPLANT FROM FINGER OR HAND	2	$1,054
26340	MANIPULATION FINGER JOINT UNDER ANESTHES	11	BR
26350	FLEXOR TENDN RPR W/O GRAFT, EACH	1	$787
26352	FLEXOR TENDN RPR W/GRAFT, EACH	4	$1,489
26356	FLEXOR TEND RPR 'NO MANSLND', EACH	4	$1,489
26357	FLEXOR TNDN REPAIR/ADVNCMNT,2NDRY,EA TND	4	$1,489
26358	FLEXOR TEND RPR 'NO MANSLND' W/GRFT, EA	4	$1,489
26370	PROFUNDUS TENDON RPR PRIMARY	4	$1,489
26372	PROFUNDUS TEND RPR W/GRFT SECONDARY	4	$1,489
26373	PROFUNDUS TEND RPR W/O GRFT SECONDARY	3	$1,206
26390	FLEXOR TEND RPR IMPLANT TUBE/ROD	4	$1,489
26392	REMOVAL TUBE/ROD & INSERT TENDON GRFT	3	$1,206
26410	EXTENSOR TND RPR HAND SINGL W/O GRFT, EA	3	$1,206
26412	EXTENSOR TND RPR HAND W/GRFT, EACH	3	$1,206
26415	EXTENSION TNDN EXCSN,IMPLNT,HAND/FINGER	4	$1,489
26416	REMOVAL TUBE/ROD,INSRTN GRFT,HAND/FINGER	3	$1,206
26418	EXTENSOR TND RPR FGR SINGL W/O GRFT, EA	4	$1,489
26420	EXTENSOR TND RPR FGR SINGL W/GRFT, EA	4	$1,489
26426	EXTENSOR TND RPR CENTRAL-SLP	3	$1,206
26428	EXTENSOR TND RPR CENTRAL-SLP W/GRFT	3	$1,206
26432	EXTENSOR TND RPR DISTAL/INSRT CLOSD	3	$1,206
26433	EXTENSOR TENDON REPR,DISTAL INSRT,WO GRF	3	$1,206
26434	EXTENSOR TND RPR OPEN W/GRFT	3	$1,206
26437	EXTENSR TENDON REALIGN FOR ARTHRITIS	3	$1,206
26440	TENOLYSIS FLEX/TND PALM OR FGR, EACH	3	$1,206
26442	TENOLYSIS FLEX/TND PALM AND FGR EA	3	$1,206
26445	TENOLYSIS EXTENSOR/TND SIMPLE, EA	3	$1,206
26449	TENLYSIS EXTENSR/TND COMPLX HND FGR 4ARM	3	$1,206
26450	TENOTOMY FLEXOR OPEN PALM SINGLE, EA	3	$1,206
26455	TENOTOMY FLEXOR FINGER SINGLE OPEN, EA	3	$1,206
26460	TENOTOMY EXTENSOR HAND/FINGER SINGLE EA	3	$1,206
26471	TENODESIS-PROXIMAL JOINT	2	$1,054
26474	TENODESIS DISTAL JOINT	2	$1,054
26476	TENDON LENGTHENING-EXTENSOR SINGLE	1	$787
26477	TENDON SHORTENING EXTENSOR SINGLE	1	$787

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
26478	TENDON LNGTHNG,FLEXOR,HAND/FGR,SNGL,EA	1	$787
26479	TENDON SHORTNG,FLEXOR,HAND/FGR,SINGLE,EA	1	$787
26480	TEND TRANSF/TRANSPL DORSUM HAND W/O GRFT	3	$1,206
26483	TEND TRANSF/TRANSPL DORSUM HAND W/GRFT	3	$1,206
26485	TEND TRANSF/TRANSP PALMAR SINGL W/O GRFT	2	$1,054
26489	TEND TRANSF/TRANSP PALMAR W/GRFT	3	$1,206
26490	OPPONENS PLASTY SUBLIMIS TENDON TRANSFER	3	$1,206
26492	OPPONENS PLASTY TENDON TRANSFER WITH GRA	3	$1,206
26494	OPPONENS PLASTY HYPOTHENAR MUSCLE TRANSF	3	$1,206
26496	OPPONENS PLASTY OTHER METHODS	3	$1,206
26497	TNDN TRNSF-RESTR INTRNS FUNC:RNG&SML FGR	3	$1,206
26498	TNDN TRNSF-RSTR INTNSC FUNC:ALL 4 FNGRS	4	$1,489
26499	CORRECTION-CLAW FINGER-OTHER METHODS	3	$1,206
26500	TENDON PULLEY RECONSTRUCTION W/LOCAL TIS	4	$1,489
26502	TENDON PULLEY RECONSTRUCT W/TEND/FASCIAL	4	$1,489
26504	TENDON PULLEY RECONST W PROST (SEP PROC)	4	$1,489
26508	THENAR MUSCLE RELEASE FOR THMB CONTRACT	3	$1,206
26510	CROSS INTRINSIC TRANSFER	3	$1,206
26516	CAPSULODESIS FOR M-P JOINT STABLIZATION	1	$787
26517	CAPSULODESIS TWO DIGITS	3	$1,206
26518	CAPSULODESIS THREE OR FOUR DIGITS	3	$1,206
26520	CAPSULECTOMY/METACARPOPHALANGEAL JNT	3	$1,206
26525	CAPSULTECTOMY INTERPHALANGEAL JNT	3	$1,206
26530	ARTHROPLASTY METACARPO PHALANGEAL JOINT	3	$1,206
26531	ARTHROPLASTY METACAR PHALANGEAL W IMPL	7	$2,352
26535	ARTHROPLASTY INTERPHALANGEAL JOINT SNGL	5	$1,695
26536	ARTHROPLASTY INTERPHALANGEAL W IMPLANT	5	$1,695
26540	PRIMARY REP COLL LIGAMENT METACARP-PHAL	4	$1,489
26541	RECONSTUCT COLL/LIG METACARP-PHAL W/GRFT	7	$2,352
26542	PRIMARY REP COLATL LIG,METACRPL JNT W/LO	4	$1,489
26545	RECONSTRC COLLAT LIG INTRPHAL W/GRFT	4	$1,489
26546	REPAIR NON-UNION HAND	4	$1,489
26548	REPAIR/RECON,FNGR,VOLAR PLATE,INTRPHL JT	4	$1,489
26550	POLLICIZATION OF A DIGIT	2	$1,054
26551	GREAT TOE-HAND TRANSFER	13	UR, BR
26553	SINGLE TOE-HAND TRANSFER	13	UR, BR
26554	DOUBLE TOE-HAND TRANSFER	13	UR, BR
26555	POLLICAZA POSITION CHG OTHER FINGER	3	$1,206

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
26556	TOE JOINT TRANSFER	13	UR, BR
26560	REPAIR SYNDACTYLY (WEBBFGR) W SKIN FLAP	2	$1,054
26561	REP SYNDACTYLY W SK FLAP & GRAFTS	3	$1,206
26562	REP SYNDACTYL (WEBB FGR) COMPLEX	4	$1,489
26565	OSTEOTOMY METACARPAL DEFORMITY	5	$1,695
26567	OSTEOTOMY PHALANX OF FINGER DEFORMITY	5	$1,695
26568	OSTEOPLSTY-LENTH METACRPL/PHALANX	3	$1,206
26580	REPAIR CLEFT HAND	5	$1,695
26585	REPAIR BIFID DIGIT	11	BR
26587	RECONST SUPERNUMERARY DIGT,SFT TISS/BONE	5	$1,695
26590	REPAIR MACRODACTYLIA	5	$1,695
26591	REPAIR INTRNS MUSCLS OF HAND	3	$1,206
26593	RELEASE INTRINSC MUSCLS OF HAND	3	$1,206
26596	EXCISE CONSTRCTNG RNG W/MULT Z-PLSTIES	2	$1,054
26597	RELEASE SCAR CONTRCTR,FLX/EXTNS W/GRFT	11	BR
26600	CLOSD TRT METACARP FX,SINGL W/O MANIP EA	11	BR
26605	CLOSD TRT METACARP FX,SINGL W/MANIP EA	2	$1,054
26607	CLOSD TRT METACARP FX,SINGL W/MNP&FIXA	2	$1,054
26608	PERCUTANEOUS SKELETAL FIXATION OF METACA	4	$1,489
26615	OPEN TRT FX METACARP OPEN/CLOSD W/WO FIX	4	$1,489
26641	TRT METACARPAL DISL THUMB W/MANIP	11	BR
26645	TRT CLOSD CARPO-METACAR DISLO THMB W/MAN	1	$787
26650	CARPO-METACAR DISLOC THUMB CLOSD W/FIXA	2	$1,054
26665	OPEN TRT CARPO META DISL THUMB BENET FX	4	$1,489
26670	TREATMENT CLOSED CARPOMETA DISL WO ANES	11	BR
26675	CLOSD CARPO-META DISLO W/MANIP W/ANES	2	$1,054
26676	CLSD CARPOMETA DISL W/MANIP:W/PERC PINN	2	$1,054
26685	OPEN TRT CARPO-META DISL NOT BENET	3	$1,206
26686	OPEN TRT CARPO-MET NOT BENET COMPLEX	3	$1,206
26700	TREATMENT CLOSED METACARPO DISL WO ANES	11	BR
26705	CLOSD METACARPO DISL W/MANIP W/ANES	2	$1,054
26706	CLSD METACARPPHL DISL,W/MANIP:W/PERC PIN	2	$1,054
26715	OPEN TRT METACARPO OPN/CLSD W/WO FIX	4	$1,489
26720	CLOSD PHALANGL-SHFT FX W/O MANIP, EA	11	BR
26725	CLOSD PHALANGL-SHFT FX W/MANIP, EA	11	BR
26727	UNSTABLE PHALANGL-SHFT W/MANIP TRCT/FIX	7	$2,352
26735	OPEN TRT PHALANGL-SHF FX OPN/CLSD	4	$1,489
26740	CLOSD ARTICULAR FX W/O MANIPULATION EA	11	BR

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
26742	CLOSD ARTICULAR FX W/MANIP EA	2	$1,054
26746	OPEN TRT ARTICULAR FX OPN/CLSD EA	5	$1,695
26750	CLOSD DISTAL PHALANG FX W/O MANIP	11	BR
26755	TREATMENT CLOSED DISTAL PHALAN FX MANIP	11	BR
26756	CLSD DISTL PHALNG FX,FGR/THMB:W PERC, EA	2	$1,054
26765	OPEN TRT DISTL-PHALANG FX OPN/CLSD	4	$1,489
26770	TREATMENT CLOSED INTRAPH JNT DISL WO AN	11	BR
26775	CLOSD INTERPHAL JNT DISLO W/MANIP & ANES	11	BR
26776	+X CLSD INTRPHLNGL JT DISL,SNGL,W PERC P	2	$1,054
26785	OPEN TRT INTERPHAL JNT DISL OPN/CLSD	2	$1,054
26820	FUSION THUMB W/GRFT	5	$1,695
26841	ARTHRODESIS CARPOMETACARPUL JOINT THUMB	4	$1,489
26842	ARHTRODES CARPOMETA JNT THMB W/GRFT	4	$1,489
26843	ARTHRODESIS - CARPOMETACARPAL FGT	3	$1,206
26844	ARTHRODES CARPOMETA JNT FGR W/GRFT	3	$1,206
26850	ARTHRODESIS METACARPO-PHAL JNT W/WO FIX	4	$1,489
26852	ARTHRODESIS METACARPO-PHAL JOINT W/GRFT	4	$1,489
26860	ARTHRODESIS INTERPHALANGEAL JNT W/WO FIX	3	$1,206
26861	ARTHRODES INTRPHLANG JNT EA ADDN JNT	2	$1,054
26862	ARTHRODESIS INTERPHALANGEAL JOINT W GRFT	4	$1,489
26863	ARTHRODES INTERPHANG EA ADDN JNT W/GRFT	3	$1,206
26910	AMPUTATION METACARPAL, W/FINGER OR THUMB	3	$1,206
26951	AMPUTATION FGR/THMB PRIMARY OR SECONDARY	2	$1,054
26952	AMPUTATE FGR/THMB W/LOCL ADV FLAP	4	$1,489
26989	UNLISTED PROCEDURE-HANDS/FINGERS	11	BR
26990	INC/DR DEEP ABSCESS-HMEATOMA PELVIS/HIP	1	$787
26991	INC/DR INFECTED BURSA PELVIS/HIP	1	$787
26992	INC DEEP W/OPENING OF CORTEX PELV/HIP	13	UR, BR
27000	TENOTOMY CLOSED HIP ADDUCTOR SUBCUT SEP	2	$1,054
27001	TENOTOMY ADDUCTOR SUBCUT OPEN UNILAT	3	$1,206
27003	TENOTOMY ADD/SUBCUT W/OBD-NEUR	3	$1,206
27005	TENOTOMY ILIOPSOAS OPEN (SEP/PROCD)	13	UR, BR
27006	TENOTOMY ABDUCTORS OPEN (SEP PROCD)	13	UR, BR
27025	FASCIOTOMY, HIP OR THIGH, ANY TYPE	13	UR, BR
27030	ARTHROTOMY HIP FOR INFECTION W/DRAINAGE	13	UR, BR
27033	ARTHROTOMY HIP EXPL/REMOV LOOSE BODY	3	$1,206
27035	HIP JOINT DENERVATION, INTRAPELVIC OR EX	4	$1,489
27036	EXCISION OF HIP JOINT/MUSCLE	13	UR, BR

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
27040	BIOPSY SOFT TISSUE SUPERFICAIL PELV/HIP	1	$787
27041	BIOPSY SOFT TISSUE DEEP PELV/HIP	2	$1,054
27047	EXC BENIGN TUMOR SUBCUT PELV/HIP	2	$1,054
27048	EXC BENIGN TUMR DEEP HIP/PELV	3	$1,206
27049	RADICAL RESCTN TUMOR,PELVIS/HIP,SOFT TIS	3	$1,206
27050	ARTHROTOMY FOR BIOPSY, SACROILIAC JOINT	3	$1,206
27052	ARTHROTOMY, FOR BIOPSY, HIP JOINT	3	$1,206
27054	ARTHROTOMY FOR SYNOVECTOMY HIP JOINT	13	UR, BR
27060	EXCISION ISCHIAL BURSA	5	$1,695
27062	EXCISION TROCHANTERIC BURSA OR CALCIFICA	5	$1,695
27065	EXCISION CYST/TUMOR, SUPERFICIAL	5	$1,695
27066	EXCISION CYST/TUMOR, DEEP(E.G. ILIUM, ET	5	$1,695
27067	EXC CYST/TUMR DEEP W/BONE GRFT	5	$1,695
27070	PARTIAL EXC FOR OSTEOMYELITIS SUPERFICIA	13	UR, BR
27071	PARTIAL EXCISION FOR OSTEOMYELITIS DEEP	13	UR, BR
27075	RADICAL RESECT INF/TUMR ILIUM PUBIC RAMU	13	UR, BR
27076	RADICAL RESEC ILIUM ACETABULM PUB/RAM	13	UR, BR
27077	RADICAL RESEC INNOMINAT BONE/TOTAL	13	UR, BR
27078	RADICAL RESEC ISCHIAL TUBER & GR-TROCH	13	UR, BR
27079	RADICAL/RESEC ISCH-TUBR & TROCH W/SK FLA	13	UR, BR
27080	COCCYGECTOMY PRIMARY	2	$1,054
27086	REMOVAL FOREIGN BODY SUBCUT PELV/HIP	1	$787
27087	REMOVE FOREIGN BODY DEEP PELV/HIP	3	$1,206
27090	REMOVAL HIP PROSTHESIS (SEP PROC)	13	UR, BR
27091	REMOVE HIP PROSTHES COMPLICATED	13	UR, BR
27093	INJECT PROC FOR HIP ARTHOGRAPHY W/O ANES	11	BR
27095	INJECT PROC FOR HIP ARTHROGRAPHY W/ANES	11	BR
27096	INJECTION SACROLILIAC JNT, ARTHROGRAPHY	11	BR
27097	HAMSTRING RECESSION PROXIMAL	3	$1,206
27098	ABDUCTOR TRANSFER TO ISCHIUM	3	$1,206
27100	TRANSFER EXT OBLIQUE MUSCLE TO GREATER T	4	$1,489
27105	TRANSFER PARASPINAL MUSCLE TO HIP(INC F/	4	$1,489
27110	TRANSFER ILIOPSOAS TO GREATER TROCHANTER	4	$1,489
27111	3RANSF ILIOPSOAS TO FEMORAL NECK	4	$1,489
27120	ACETABULOPLASTY WHITTMAN OR COLONA TY	13	UR, BR
27122	ACETABULOPLSTY GIRDLESTONE TYPE PROC	13	UR, BR
27125	PARTIAL HIP REPLCMNT,HEMIARTHR,PROSTHESI	13	UR, BR
27130	ARTHROPLSTY ACETAB-PROX (TOTAL HIP) W/WO	13	UR, BR

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
27132	CONVRSN PREV HIP SRG TO TOTL HIP REPLACM	13	UR, BR
27134	REVSION TOTL HIP ARTHRPLSTY:BOTH COMPONE	13	UR, BR
27137	REVISN TOTL HIP ARTHRPLSTY:ACETABULR COM	13	UR, BR
27138	REVISN TOTL HIP ARTHRPLSTY:FEMORL COMPON	13	UR, BR
27140	OSTEOTOMY AND TRANSFERENCE OF GREATER TR	13	UR, BR
27146	OSTEOTOMY-ILIAC/ACETABULAR/INNOM	13	UR, BR
27147	OSTEOTOMY-ILIAC ETC W/OPN REDUC HIP	13	UR, BR
27151	OSTEOTOMY-ILIAC ETC W/FEMORAL OSTEOTOMY	13	UR, BR
27156	OSTEOTMY-ILIAC W/FEML OSTEOT & OPN/REDUC	13	UR, BR
27158	OSTEOTOMY PELVIS BILATERAL	13	UR, BR
27161	OSTEOTOMY FEMORAL NECK	13	UR, BR
27165	OSTEOTOMY INTER-OR SUBTROCHANTERIC W/FIX	13	UR, BR
27170	BONE GRAFT NON-UNION FEMORAL HD/NK/SUBTR	13	UR, BR
27175	SLIPPED FEMORAL EPIPHYSIS W/TRACTION	13	UR, BR
27176	SLIPPED FEMORAL EPIPHYSIS PINNING	13	UR, BR
27177	OPN TRT SLIPPD FEML-EPIPHYSIS PIN/GRFT	13	UR, BR
27178	CL MANIP FEML-EPIPHYSIS W/SNGL MULT PIN	13	UR, BR
27179	SLIPPED FEM EPIPHYSIS OSTEOPLASTY OF FEM	13	UR, BR
27181	SLIPPED FEM EPIPHYSIS OSTEOTOMY AND FIX	13	UR, BR
27185	EPIPHYSEAL ARREST BY EPIPHYSIODESIS/STAP	13	UR, BR
27187	PROPHYLCTC TRT(NAIL,PN,PLT,WR:FEM NK PRX	13	UR, BR
27193	CLOSED TREATMENT OF PELVIC RING FRACTURE	1	$787
27194	CLOSED TREATMENT OF PELVIC RING FRACTURE	2	$1,054
27200	CLSD COCCYX, FRACTURE	11	BR
27202	OPEN REDUCT COCCYX FX OPN/CLOSD	2	$1,054
27215	OPEN TREATMENT OF ILIAC SPINE(S), TUBERO	13	UR, BR
27216	PERCUTANEOUS SKELETAL FIXATION OF POSTER	11	BR
27217	OPEN TREATMENT OF ANTERIOR RING FRACTURE	13	UR, BR
27218	OPEN TREATMENT OF POSTERIOR RING FRACTUR	13	UR, BR
27220	CLOSD ACETABULU(HIP SOCKET) FX W/O MANIP	11	BR
27222	CLOSD ACETABULUM FRAC W/MANIP W/WO TRCT	13	UR, BR
27226	OPEN TREATMENT OF POSTERIOR OR ANTERIOR	13	UR, BR
27227	OPEN TREATMENT OF ACETABULAR FRACTURE(S)	13	UR, BR
27228	OPEN TREATMENT OF ACETABULAR FRACTURE(S)	13	UR, BR
27230	CLOSD FEMUR FX PROX-END NECK W/O MANIP	1	$787
27232	CLSD FEMUR FX PROX END NECK W/MANIP-TRCT	13	UR, BR
27235	FEMORLFX PINNING	11	BR
27236	OPN TR FEMUR FX PRX-END NK W/FIX OR PROS	13	UR, BR

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
27238	CLSD INTR,PER/SUB TROCHNTRIC FML FX:W/O	1	$787
27240	CLSD INTER/PERTROCH FEML FX W/MANIP-TRCT	13	UR, BR
27244	OPN TRT INTR/PER/SUB TROCH FML FX:W/FIXA	13	UR, BR
27245	OPEN TREATMENT OF INTERTROCHANTERIC, PER	13	UR, BR
27246	CLOSD GREATER TROCHANGER FX W/O MANIP	1	$787
27248	OPEN TRT GR TROCHANGER FRAC W/WO FIXA	13	UR, BR
27250	CLOSD HIP DISLOC W/O ANESTHESIA	1	$787
27252	OPEN HIP DISLOC W/ANESTHESIA	2	$1,054
27253	OPEN REDUCTION HIP DISLOC W/O FIXA	13	UR, BR
27254	OPEN TRT HIP DISLOC W/ACETABLR FIX	13	UR, BR
27256	DISLOCATION HIP CONGENITAL SPLINT TRAC	11	BR
27257	DISLOCATION HIP CONGENITAL W MANIP ANES	3	$1,206
27258	OPEN TRT HIP DISLOC CONGEN REPLACE FEM	13	UR, BR
27259	OPEN TRT HIP DISLO CONGEN SHORTEN FEMORA	13	UR, BR
27265	TX ATRAUMATIC HIP DISLOC, WO ANESTH	1	$787
27266	TX ATRAUMATIC HIP DISLOC,REQ GEN ANESTH	2	$1,054
27275	HIP JOINT MANIPULATION REQ GENERAL	2	$1,054
27280	ARTHRODESIS SACROILIAC JNT W/GRFT UNILAT	13	UR, BR
27282	ARTHRODESIS SYMPHYSIS PUBIS INC OBTAIN	13	UR, BR
27284	ARTHRODESIS HIP JOINT (INCL OBTAIN GRFT	13	UR, BR
27286	ARTHRODESIS HIP JNT W SUBTROC OSTEOTMY	13	UR, BR
27290	AMPUTATION INTERPELVIABDOMINAL	13	UR, BR
27295	AMPUTATION DISARTICULATION OF HIP	13	UR, BR
27299	UNLISTED PROCEDURE-PELVIS-HIP JOINT	11	BR
27301	INC-DRAIN DEEP ABCES-INF BURSA/HEMA	3	$1,206
27303	INC-DEEP W/OPENING BONE CORTEX THIGH/KNE	13	UR, BR
27305	ILIO-TIBIAL FASCIOTOMY(TENOTOMY),OPEN	2	$1,054
27306	TENOTOMY SUBCUTAN CLOSED ADDUCTR SINGLE	3	$1,206
27307	TENOTOMY SUBCUTAN CLOSED ADDUCTR MULTIPL	3	$1,206
27310	ARTHROT KNEE FR INFCT W/EXPL/DR/REM FB	4	$1,489
27315	HAMSTRING MUSCLE NEURECTOMY	2	$1,054
27320	POPLITEAL(GASTROCNEMIUS) NEURECTOMY	2	$1,054
27323	BIOPSY SOFT TISSUE SUPERFICIAL THI/KNEE	1	$787
27324	BIOPSY SOFT TISSUE DEEP THIGH/KNEE	1	$787
27327	EXC BENIGN TUMOR-SUBCUTAN THIGH-KNEE	2	$1,054
27328	EXC BENIGN TUMOR DEEP SUBFAS THIGH/KNEE	3	$1,206
27329	RADICAL RESCTN TUMOR,THIGH/KNEE,SOFT TIS	4	$1,489
27330	ARTHROTOMY KNEE SYNOVIAL BIOPSY	4	$1,489

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27331	ARTHROTOMY KNEE W JOINT EXPLORATION	4	$1,489
27332	ARTHROTOMY KNEE MENISCECTOMY MED O LAT	4	$1,489
27333	ARTHROTOMY KNEE MENISCECTOMY MED AND LAT	4	$1,489
27334	ARTHROTOMY KNEE SYNOVECTOMY ANT O POST	4	$1,489
27335	ARTHROTOMY KNEE SYNOVECTOMY ANT AND POST	4	$1,489
27340	EXCISION PREPATELLAR BURSA	3	$1,206
27345	EXCISION OF SYNOVIAL CYST OF POPLITEAL S	4	$1,489
27347	EXCISION LESION OF MENISCUS/CAPSULE,KNEE	4	$1,489
27350	PATELLECTOMY OR HEMIPATELLECTOMY	4	$1,489
27355	EXC/CURET BONE CYST/TUMR FEMUR	3	$1,206
27356	EXC/CURET BONE CYST/TUMR FEMUR W/AUTO GR	4	$1,489
27357	EXC/CURET BONE CYST/TUMR FEMUR W/AUTOGRA	5	$1,695
27358	EXC/CUR BONE CYST/TMR FEMUR ADD FOR FIXA	5	$1,695
27360	PARTIAL EXC FEMUR/PROX TIBIA/OR FIBULA F	5	$1,695
27365	RADICAL RESECTION FOR FUMOR THIGH/KNEE	13	UR, BR
27370	INJECTION PROCEDURE FOR KNEE ARTHROGRAPH	11	BR
27372	REMOVAL FOREIGN BODY DEEP KNEE/THIGH	7	$2,352
27380	SUTURE OF INFRAPATELLAR TENDON PRIMARY	1	$787
27381	SUTURE SECONDARY RECONSTRUCT INFRAPATEL	3	$1,206
27385	SUTURE HAMS/QUADRICEPS MUSCLE RUPTURE	3	$1,206
27386	SUTURE HAM/QUAD MUSC RUP 2NDARY W/GRF	3	$1,206
27390	TENOTMY OPEN HAMSTRING KNE TO HIP SINGL	1	$787
27391	TENOTMY OPN HAMST KNE-HIP MULTIPL UNILAT	2	$1,054
27392	TENOTMY OPN HAMST KNE-HIP MULTIPL BILAT	3	$1,206
27393	LENGTHENING OF HAMSTRING TENDON SINGLE	2	$1,054
27394	LENGTHEN HAMSTRING TEND MULTIPLE UNILAT	3	$1,206
27395	LENGTHEN HAMSTRING TEND MULTIPL BILAT	3	$1,206
27396	TRANSPLANT HAMSTRING TENDN TO PATELLA	3	$1,206
27397	MULTIPL HAMSTRING TNDN TRANSPLANTS PATEL	3	$1,206
27400	TRANSF TEND/MUSCL HAMS TO FEMUR (EGGERS)	3	$1,206
27403	ARTHROTOMY W OPEN MENISCUS REPAIR	4	$1,489
27405	REPAIR KNEE TORN LIGMNT CAPSL COLLATERAL	4	$1,489
27407	REPAIR KNEE TORN LIGMNT CAPSL CRUCIATE	4	$1,489
27409	REPAIR KNEE TORN LIGMT CAPSL COLL A CRUC	4	$1,489
27418	ANTERIOR TIBIA TUBERCLPLSTY(MARQUET PROC	3	$1,206
27420	RECUR DSL PATELLA HAUSER TYPE	3	$1,206
27422	RECUR DSL PATELLA W EXTN ALIGN	7	$2,352
27424	RECUR DSL PATELLA W PATELLECTM	3	$1,206

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27425	LATERAL RETINACULAR RELEASE	7	$2,352
27427	RECONSTRUCTION KNEE EXTRA ARTICULAR	3	$1,206
27428	RECONSTRUCTION KNEE INTRA ARTICULAR OPEN	4	$1,489
27429	RECONSTRUCTION KNEE INTRA A EXTRA ARTC	4	$1,489
27430	QUADRICEPSPLASTY BENNET/THOMPS TYPE	4	$1,489
27435	CAPSULOTOMY KNEE POSTERIOR RELEASE	4	$1,489
27437	ARTHROPLASTY PATELLA WO PROSTHESIS	4	$1,489
27438	ARTHROPLASTY PATELLA W PROSTHESIS	5	$1,695
27440	ARTHROPLASTY KNEE TIBIAL PLATEAU	NG	NC
27441	ARTHROPLASTY TIBIAL PLATEAU W/SYNOVECTMY	5	$1,695
27442	ARTHPLAS KNEE FEM CONDYLES	5	$1,695
27443	ARTHROPLASTY FEMORAL CONDYLES W SYNOVEC	5	$1,695
27445	ARTHROPLSTY,KNEE,CONSTRAINED PROSTHESIS	13	UR, BR
27446	ARTHRPLSTY KNE,CONDYL&PLAT:MED/LAT COMP	11	BR
27447	ARTHRPLSTY KNE,CNDYL&PLT,MED&LAT(TOT KNE	13	UR, BR
27448	OSTEOTOMY FEMUR W/O FIXATION UNILAT	13	UR, BR
27450	OSTEOT FEMUR-SHFT/SUPRACONDYL W/FIX	13	UR, BR
27454	OSTEOTOMY MULTIPLE FEMORAL SHAFT ON ROD	13	UR, BR
27455	OSTEOT PROX TIBIA UNILAT BEFOR EPIP-CLOS	13	UR, BR
27457	OSTEOT PROX-TIBIA UNILAT AFTR EPIP-CLOSE	13	UR, BR
27465	OSTEOPLSTY FEMUR:SHORTNING(EXCL 67846)	13	UR, BR
27466	OSTEOPLASTY FEMUR LENGTHENING	13	UR, BR
27468	OSTEOPLASTY FEMUR SHORTENING AND LENGTHE	13	UR, BR
27470	REPAIR NONUNION/MALUNION FEMUR W/O GRFT	13	UR, BR
27472	REPAIR NONUNION/MALUNION FEMUR W/GRFT	13	UR, BR
27475	EPIPHYSEAL ARREST, DISTAL FEMUR	13	UR, BR
27477	EPIPHYSEAL ARREST, TIBIA AND FIBULA, PRO	13	UR, BR
27479	EPIPHYS ARREST COMBINED DISTAL FEMUR/TIB	13	UR, BR
27485	HEMI-EPIPHYS ARREST DISTAL FEMUR OR PROX	13	UR, BR
27486	REVISION OF TOTL KNE ARTHROPLST:1 COMPON	13	UR, BR
27487	REVISION OF TOTL KNE ARTHRPLST:ALL COMPO	13	UR, BR
27488	REMOV KNEE PROTHESIS INCL TOTAL KNEE	13	UR, BR
27495	PROPHYLCTC TRT(NAIL,PN,PLT,WR)FEMUR	13	UR, BR
27496	DECOMPRESSION FASCIOTOMY, THIGH AND/OR K	5	$1,695
27497	DECOMPRESSION FASCIOTOMY, THIGH AND/OR K	3	$1,206
27498	DECOMPRESSION FASCIOTOMY, THIGH AND/OR K	3	$1,206
27499	DECOMPRESSION FASCIOTOMY, THIGH AND/OR K	3	$1,206
27500	CLSD FRAC FEMUR SHAFT W/O MANIP	1	$787

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
27501	CLOSED TREATMENT OF SUPRACONDYLAR OR TRA	2	$1,054
27502	CLOSD FRAC FEMUR SHAFT W/MANIP	2	$1,054
27503	CLOSED TREATMENT OF SUPRACONDYLAR OR TRA	3	$1,206
27506	OPEN TRT FRAC FEMUR SHAFT W/WO FIXA	13	UR, BR
27507	OPEN TREATMENT OF FEMORAL SHAFT FRACTURE	11	BR
27508	CLOSD FRAC FEMUR DISTAL END W/O MANIP	1	$787
27509	PERCUTANEOUS SKELETAL FIXATION OF SUPRAC	3	$1,206
27510	CLOSD FRAC FEMUR DISTAL END W/MANIP	1	$787
27511	OPEN TREATMENT OF FEMORAL SUPRACONDYLAR	11	BR
27513	OPEN TREATMENT OF FEMORAL SUPRACONDYLAR	11	BR
27514	OPEN TRT FRAC FEMUR DISTAL END W/WO FIX	13	UR, BR
27516	CLOSD DISTL-FEMORAL EPIPHYS W/TRCT	1	$787
27517	CLOSD DISTL-FEMORAL EPIPHYS W/MANIP	1	$787
27519	OPEN TRT DISTL-FEMORL EPIPHYS W/WO FIX	13	UR, BR
27520	CLOSD PAPELLA FRAC W/O MANIP	1	$787
27524	OPEN TRT PATELLA FX W/REPAIR AND /OR EXC	NG	NC
27530	CLOSD TIBIA FX PROX W/O MANIP	1	$787
27532	CLOSD TIBIA FX PROX W/MANIP	1	$787
27535	OPEN TREATMENT OF TIBIAL FRACTURE, PROXI	11	BR
27536	OPEN TRT TIBIA FX PROX W/WO FIX	13	UR, BR
27538	CLOSD FRAC TIBIA INTERCONDYLAR SPINE	1	$787
27540	OPEN TRT FRAC TIBIA INTERCONDYL SP W/FIX	13	UR, BR
27550	CLOSD KNEE DISLOC MANIP W/O ANES	1	$787
27552	CLOSD KNEE DISLOC MANIP W/ANES	1	$787
27556	OPEN TRT KNEE DISLOC W/WO FIX W/O LIG RP	13	UR, BR
27557	OPEN TRT KNEE DISLOC W/LIG REPAIR	13	UR, BR
27558	OPEN TREATMENT OF KNEE DISLOCATION, WITH	13	UR, BR
27560	CLOSD PATELLA DISLOC W/O ANES	1	$787
27562	CLOSD PATELLA DISLOC W/ANES	1	$787
27566	OPEN TRT PATELLA DISLO W/WO PATELCTMY	2	$1,054
27570	MANIPULATION KNEE JNT GEN ANES W TRCT F	1	$787
27580	FUSION OF KNEE	13	UR, BR
27590	AMPUTATION THIGH THROUGH FEMUR, ANY LEVE	13	UR, BR
27591	AMP THIGH THRU FEMUR IMMED FITTING	13	UR, BR
27592	AMPUTATION THIGH THRU FEMUR OPEN CIRCULA	13	UR, BR
27594	AMP THIGH THRU FEMR 2NDRY CLS/SCAR REV	3	$1,206
27596	REAMPUTATION THIGH THROUGH FEMUR	13	UR, BR
27598	DISARTICULATION AT KNEE	13	UR, BR

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
27599	UNLISTED PROCEDURE FEMUR/KNEE	11	BR
27600	DECOMPRESION FASCIOTOMY, LEG;ANTERIOR CO	3	$1,206
27601	FASCIOTMY,LG,POSTERIOR COMPTMNT ONLY	3	$1,206
27602	FASCIOTMY LEG ANTERIOR & POSTERIOR COMPR	3	$1,206
27603	INC-DR-DEEP ABSCESS-HMATOMA LG/ANK	2	$1,054
27604	INFECTED BURSA LG/ANK	2	$1,054
27605	TENOTOMY ACHILLES TENDON W LOCAL ANES	1	$787
27606	TENATOMY ACHILLES W/GENERAL ANSETH	1	$787
27607	INCISION DEEP W/OPENING OF BONE CORTEX	2	$1,054
27610	ARTHROTOMY ANKLE W EXPLOR/DRAIN/REMOV FO	2	$1,054
27612	ARTHROTOMY ANKLE POSTERIOR CAPSULAR RELE	3	$1,206
27613	BIOPSY SOFT TISSUE SUPERFICIAL ANK/LG	NG	NC
27614	BIOPSY SOFT TISSUE DEEP LEG/ANK	2	$1,054
27615	RADICAL RESCTN TUMOR,LEG/ANKLE,SOFT TISS	3	$1,206
27618	EXC BENIGN TUMOR SUBCUTANEOUS LG/ANK	2	$1,054
27619	EXC BENIGN TUMOR DEEP LEG/ANK	3	$1,206
27620	ARTHROTOMY,ANKLE,W JOINT EXPLOR,W/WO BIO	4	$1,489
27625	ARTHROTOMY(CAPSULOTOMY), ANKLE, FOR SYNO	4	$1,489
27626	ARTHROTMY ANK FR SYNOVEC INC TENOSYNOVEC	4	$1,489
27630	EXCISION LESION OF TENDON, SHEATH OR	3	$1,206
27635	EXCISION BONE CYST/BENIGN TUMOR TIBIA/FI	3	$1,206
27637	EXCISION CYST/TUMOR TIBIA/FIBULA W/AUTO	3	$1,206
27638	EXCISION BONE CYST TIBIA FIBULA W/HOMOG	3	$1,206
27640	PARTIAL EXCISION BONE TIBIA FOR OSTEO	2	$1,054
27641	PART/EXC BONE OSTEOMYLITIS FIBULA	2	$1,054
27645	RESECTION RADICAL FOR TUMOR TIBIA	13	UR, BR
27646	RESECTION RADICAL FOR TUMOR FIBULA	13	UR, BR
27647	RESECTION FOR TUMOR TALUS OR CALCAN	3	$1,206
27648	INJ PROC FOR ANKLE ARTHOGRAPHY	11	BR
27650	SUTURE PRIMARY RUP ACHILLES TENDON	3	$1,206
27652	SUT PRIMARY RUP ARCHILLES TENDON W GR	3	$1,206
27654	SUTURE SECONDARY RUPTURED ACHILLES TENDO	3	$1,206
27656	REPAIR-FASCIAL DEFECT LEG	2	$1,054
27658	REPAIR/SUTURE FLEX TEND LEG PRIMA W/O GR	1	$787
27659	REPAIR/SUT FLEX TEND LG 2NDARY W/WO GRFT	2	$1,054
27664	REPAIR/SUT EXTENSOR TEND LEG PRIM W/O GR	2	$1,054
27665	REPAIR/SUT EXT TEND LEG 2NDARY W/WO GR	2	$1,054
27675	REPAIR DISLOC PERONEAL TEND W/O OSTEOT	2	$1,054

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
27676	REPAIR DISLOC PERONEAL TEND W/OSTEOT	3	$1,206
27680	TENOLYSIS TIBIA FIBULA ANK SINGL	3	$1,206
27681	TENOLYSIS TIBIA FIBULA ANK MULTI	2	$1,054
27685	LENGTHEN OR SHORTEN TENDON SINGL	3	$1,206
27686	LENGTHEN OR SHORTEN TENDON MULTI EA	3	$1,206
27687	GASTROCMENIUS RECESSION	3	$1,206
27690	TRANSF/TRANSPLANT TEND W/MUSCL REDIRECT	4	$1,489
27691	TRNSF/TRANSPL TENDON ANT/POST TIBIAL	4	$1,489
27692	TRNSF/TRNSPLA TENDON EACH ADDNL TENDON	3	$1,206
27695	SUT PRIAMRY TORN/RUP COLLATERAL LIG	2	$1,054
27696	SUT BOTH COLLAT LIG ANKLE PRIM	2	$1,054
27698	SUT COLLAT LIG ANKLE 2NDRY REP	2	$1,054
27700	ARTHROPLASTY ANKLE	5	$1,695
27702	ARTHROPLASTY ANKLE TOTAL W IMPLANT	13	UR, BR
27703	ARTHROPLSTY,ANKL:2NDARY RECNSTRCT,TOTL A	13	UR, BR
27704	REMOVAL OF ANKLE IMPLANT	2	$1,054
27705	OSTEOTOMY TIBIA	2	$1,054
27707	OSTEOTOMY FIBULA	2	$1,054
27709	OSTEOTOMY TIBIA AND FIBULA	2	$1,054
27712	OSTEOTOMY MULT W/REALIGNMT ON ROD	13	UR, BR
27715	OSTEOPLAS TIB FIB LNGTHENING	13	UR, BR
27720	REP NON/MAL/UNION TIBIA WO GRFT	13	UR, BR
27722	REP NON/MAL/UNION TIB W SLIDING GFT	13	UR, BR
27724	REP NON/MAL/UNION TIB W AUTOG GRAFT	13	UR, BR
27725	REP NON/UNION TIB BY SYNOSTOSIS W/FIBULA	13	UR, BR
27727	REPAIR CONGENITAL PSEUDARTHROSIS TIBIA	13	UR, BR
27730	EPIPHYSEAL ARREST DSTL TIBIA	2	$1,054
27732	EPIPHYSEAL ARREST DSTL FIBULA	2	$1,054
27734	EPIPHYSEAL ARREST DISTAL TIB & FIB	2	$1,054
27740	EPIPHYSEAL ARST PROXIMAL & DST TB FIB	2	$1,054
27742	EPIPHYS/AR PROX-DSTL TIB FIB FEMUR	2	$1,054
27745	PROPHYLCTC TRT(NAIL,PN,PLT,WIR)TIBIA	3	$1,206
27750	CLOSD TIBIA SHAFT FX W/O MANIP	1	$787
27752	CLOSD TIBIA SHAFT FX W/MANIP	1	$787
27756	OPEN TRT FX TIBIA SHAFT W/FIXA SIMPL	3	$1,206
27758	OPEN TRT FX TIBIA SHFT W/FIXA COMPLICATD	4	$1,489
27759	OPEN TREATMENT OF TIBIAL SHAFT FRACTURE	4	$1,489
27760	CLOSD MEDIA MALLEOLUS FX W/O MANIP	1	$787

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
27762	CLOSD MEDIAL MALLEOL FX W/MANIP	1	$787
27766	OPEN TRT FX MED MALLEOL W/FIXATION	3	$1,206
27780	CLOSD FX FIBULA PROX/SHFT W/O MANIP	1	$787
27781	CLOSD FX FIBULA PROX/SHAFT W/MANIP	1	$787
27784	OPEN TRT FX FIB PROX/SHFT W/WO FIXA	3	$1,206
27786	CLOSD FX LATERAL MALLEOL W/O MANIP	1	$787
27788	CLOSD FX LATRL MALLEOL W/MANIP	1	$787
27792	OPEN TRT FX LATRL MALLEOL W/FIXA	3	$1,206
27808	CLOSD FX BI-MALLEOLAR ANK W/O MANIP	1	$787
27810	CLOSD FX BI MALLEOLAR ANK W/MANIP	1	$787
27814	OPEN TRT FX BI MALLEOLAR ANK W/WO FIXA	3	$1,206
27816	CLOSD FX TRI-MALLEOLAR ANK W/O MANIP	1	$787
27818	CLOSD FX TRI-MALLEOLAR ANK W/MANIP	1	$787
27822	OPEN TRT FX TRI-MALLEOL ANK W/WO FIXA	3	$1,206
27823	OPEN TRT TRI-MALLEOL ANK FX W/FIXA	3	$1,206
27824	CLOSED TREATMENT OF FRACTURE OF WEIGHT B	1	$787
27825	CLOSED TREATMENT OF FRACTURE OF WEIGHT B	2	$1,054
27826	OPEN TREATMENT OF FRACTURE OF WEIGHT BEA	3	$1,206
27827	OPEN TREATMENT OF FRACTURE OF WEIGHT BEA	3	$1,206
27828	OPEN TREATMENT OF FRACTURE OF WEIGHT BEA	4	$1,489
27829	OPEN TREATMENT OF DISTAL TIBIOFIBULAR JO	2	$1,054
27830	PROX TIBIOFIBULR JNT DISLO W/O ANES	1	$787
27831	PROX TIBIOFIBULAR JNT DISLOC W/ANES	1	$787
27832	OPEN TRT PROX TIBIOFIBULR JNT W/FIX/EXT	2	$1,054
27840	ANKLE DISLOC MANIP W/O ANES	1	$787
27842	DISLOCATION ANKLE MANIPULATION W ANES	1	$787
27846	OPEN TRT ANKLE ANK DISLOC	3	$1,206
27848	OPEN TRT ANK DISLOC W/FIXATION	3	$1,206
27860	MANIPULATION ANKLE GEN ANES W TRCT FIX	1	$787
27870	ARHTRODESIS ANKLE	4	$1,489
27871	ARTHRODESIS TIBIOFIBULAR JNT PROX/DISTAL	4	$1,489
27880	AMPUTATE LEG THRU TIB-FIB	13	UR, BR
27881	AMP LEG THRU TIB-FIB W/IMMEDIATE FITTING	13	UR, BR
27882	AMP LEG THRU TIB-FIB OPEN CIRCULAR (GUIL	13	UR, BR
27884	AMPUTATION LEG SECONDARY CLOS SCAR REV	3	$1,206
27886	RE AMPUTATE LEG THRU TIB FIB	13	UR, BR
27888	AMPUTATE ANKLE SYME PIROGF TYP	13	UR, BR
27889	ANKLE DISARTICULATION	3	$1,206

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
27892	DECOMPRESSION FASCIOTOMY, LEG;	3	$1,206
27893	DECOMPRESSION FASCIOTOMY, LEG;	3	$1,206
27894	DECOMPRESSION FASCIOTOMY, LEG;	3	$1,206
27899	UNLISTED PROCEDURE LEG/ANKLE	11	BR
28001	INCISION DRAINAGE BURSA INFECTED	11	BR
28002	INCISION INFECTION DEEP BELOW FASCIA	3	$1,206
28003	DEEP INF BELO FASCIA FOOT DISECT MUTLI	3	$1,206
28005	INC DEEP W/OPENING BONE CORTEX FT	3	$1,206
28008	FASCIOTOMY, FOOT AND/OR	3	$1,206
28010	TENOTOMY TOE SUBCUTANEOUS SINGLE	11	BR
28011	TENOTOMY TOE SUBCUTANEOUS MULTIPLE	3	$1,206
28020	ARTHROTOMY INTER OR TARSOMETARSL JNT	2	$1,054
28022	ARTHROTOMY METATARSOPHALNG JNT	2	$1,054
28024	ARTHROTOMY INTERPHALANGL JOINT	2	$1,054
28030	NEURECT INTRINS MUSCLATUR FOOT	4	$1,489
28035	TARSAL TUNNEL RELEASE	4	$1,489
28043	EXC BENIGN TUMOR SUBCUTANEOUS FOOT	2	$1,054
28045	EXC BENIGN TUMOR SUBFASCIAL FOOT	3	$1,206
28046	RADICAL RESECTION TURMOR,FOOT,SOFT TISSU	3	$1,206
28050	ARTHROT BIOP INTER OR TARSMETATARSAL JT	2	$1,054
28052	ARTHROT BIOP METATARSPHLANG JT	2	$1,054
28054	ARTHROT BIOP INTRPHALANG JOINT	2	$1,054
28060	FASCIECTOMY PARTIAL (SEPARATE PROCEDURE)	2	$1,054
28062	FACIETOMY-RADICAL (SEP PROC)	3	$1,206
28070	SYNOVECTOMY INTER OR TARSOMETARS JNT EA	3	$1,206
28072	SYNOVECT METATARSPHALANGL JNT EA	3	$1,206
28080	EXC MORTONS NEUROMA SINGLE EA	3	$1,206
28086	SYNOVECTOMY TENDON SHEATH FLEXOR	2	$1,054
28088	SYNOVECTOMY TENDON SHEATH EXTENSOR	2	$1,054
28090	EXC LES TEND/SHTH/CAPSL INC SYNOVEC FT	3	$1,206
28092	EXC LES TEND/SHTH/CAPSL INC SYNOVEC TOE	3	$1,206
28100	EXC/CURET BONE CYST/TUMR TALUS/CALCAN	2	$1,054
28102	EXC/CURET BONE CYST/TUMR TALUS/CAL W/ILI	3	$1,206
28103	EXC/CURET BONE CYST/TUM TALUS CAL W/ALLO	3	$1,206
28104	EXC/CURET BONE CYST/TUMR TARS/MEATARSLS	2	$1,054
28106	EXC/CURET BONE CYST/TUMR TARS/METAT W IL	3	$1,206
28107	EXC/CURET BONE CYST/TUM TARS/ETAT W/HO	3	$1,206
28108	EXC/CURET BONE CYST/TUMR PHALANGES	11	BR

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
28110	OSTECTOMY PARTIAL FIFTH METATARSAL HEAD	3	$1,206
28111	OSTECTOMY COMPLETE FIRST METATARSL HEAD	3	$1,206
28112	OSTECTOMY COMPLETE OTHR METATARSL HD	3	$1,206
28113	OSTECTOMY COMPLETE FIFTH METATARSAL HEAD	3	$1,206
28114	OSTECTOMY ALL METATARSAL HEADS W/PROX P	3	$1,206
28116	OSTECTOMY TARSAL COALITION	3	$1,206
28118	OSTECTOMY, CALCANEUS:PARTIAL	4	$1,489
28119	OSTECTMY CALCAN SPUR W/WO PLANT FASC REL	4	$1,489
28120	PART EXC BONE FOR OSTEO TALUS/CALCANEOUS	7	$2,352
28122	PART EXC BONE TARS/METATARS FR OSTEO	3	$1,206
28124	PART EXC BONE PHALANX OF TOE FOR OSTEO	11	BR
28126	COMDYLECTOMY PHALANGEAL BASE SINGLE TOE	3	$1,206
28130	TALECTOMY	3	$1,206
28140	METATARSECTOMY	3	$1,206
28150	PHALANGECTOMY SINGLE EA	3	$1,206
28153	RESECTION HEAD OF PHALANX	3	$1,206
28160	HEMIPHALANGECTOMY/INTRPHALNJ JNT EXC EA	3	$1,206
28171	RADICAL RESECTION TUMOR TARSAL	3	$1,206
28173	RADICAL RESECT TUMOR METATARSAL	3	$1,206
28175	RADICAL RESECT TUMOR PHALANX	3	$1,206
28190	REMOVAL FOREIGN BODY FOOT SUBCUTANEOUS	11	BR
28192	REMOVE FOREIGN BODY DEEP FOOT	2	$1,054
28193	REMOVE FOREIGN BODY COMPLICATED FOOT	4	$1,489
28200	SUT FLEX TEND FOOT PRIME/2NDRY W/O GRFT	3	$1,206
28202	SUT FLEX TEND FOOT 2NDRY W/GRFT	3	$1,206
28208	SUT EXTENSOR TND FOOT PRIME/2NDRY W/O GR	3	$1,206
28210	SUT EXT TEND FOOT 2NDRY W/GRFT	3	$1,206
28220	TENOLYSIS FLEX TEND FOOT SNGL	11	BR
28222	TENOLYSIS FLEXOR,MULTIPLE(THRU SAME INCI	1	$787
28225	TENOLYSIS EXT TEND FOOT SNGLE	1	$787
28226	TENOLYSIS EXT TEND FT MULTI THRU SAME IN	1	$787
28230	TENOTOMY FLEXOR FOOT SING/MULT (SEP PRO)	11	BR
28232	TENOTOMY FLEXOR TOE SINGL (SEP PRO)	11	BR
28234	TENOTOMY EXTENSOR FOOT OR TOE	2	$1,054
28238	ADVANCE POSTERIOR TIBIAL TND W/EXC NAVIC	3	$1,206
28240	TENOTOMY/REL ABDUCTOR HALLUCS MUSC	2	$1,054
28250	DIV PLANTAR FASCIA AND MUSLCE	3	$1,206
28260	CAPSULOTOMY MIDFOOT MEDIAL-RELEASE (SEP)	3	$1,206

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
28261	CAPSULOT MIDFOOT MEDIAL-REL W/TND LENGTH	3	$1,206
28262	CAPSULOT MDFOOT MEDIAL-REL EXT TND-LNGTH	4	$1,489
28264	CAPSULOTOMY MIDTARSAL	1	$787
28270	CAPSULOT CONTRCT METTARSOPHALN (SEP PROC	3	$1,206
28272	CAPSULOT CONTRCT INTRPHALANG (SEP PROC)	11	BR
28280	WEBBING OPER SYNDACTYLISM TOES	2	$1,054
28285	HAMMERTOE OPERATION ONE TOE	3	$1,206
28286	HAMMER OPR FOR COCK-UP 5TH TOE	4	$1,489
28288	OSTECTOMY-PART SINGL 2-5TH METATARSA EA	3	$1,206
28289	HALLUX RIGIDUS CORRECT W/CHEILECTOMY,	3	$1,206
28290	HALLUX VALGUS W/WO SESAMOIDEC SILVER TY	2	$1,054
28292	HALLUX VALG KELLER MCBRID MAYO TYPE	2	$1,054
28293	HALLUX VALG CORRECTION RESECT JNT W/IMPL	3	$1,206
28294	HALLUX VALG W TND TRANSPLANT (JOPLIN TYP	3	$1,206
28296	HALX VALG W METTARSAL OSTEOTMY	3	$1,206
28297	LAPIDUS TYPE PROCEDURE	3	$1,206
28298	LAPIDUS TYPE PROCEDURE BY PHALANX OSTEOT	3	$1,206
28299	HALLUX VALG CORRCTION BY OTHER METHODS	5	$1,695
28300	OSTEOTOMY CALCAN W/WO FIXA	2	$1,054
28302	OSTEOTOMY TALUS	2	$1,054
28304	OSTEOTOMY MDTARSAL BONES	2	$1,054
28305	OSTEOTOMY MDTARSAL BONES W/GRFT	3	$1,206
28306	OSTEOT BASE 1ST METATARSL ANG/CORR/SHORT	4	$1,489
28307	OSTEOTOMY,1ST METATRSL,W/WO LNGTH,W ATOG	4	$1,489
28308	OSTEOT BASE OTHR METATRSLS SINGLE	2	$1,054
28309	OSTEOT OTHR METATRSLS FR CAVUS DEFORM	4	$1,489
28310	OSTEOT PROX PHLNX 1ST TOE (SEP PROC)	3	$1,206
28312	OSTEOT OTHER PHALANGES ANY TOE	3	$1,206
28313	RECONST ANGULAR DEFORMITY TOE,SOFT TISSU	2	$1,054
28315	SESAMOIDECTOMY 1ST TOE (SEP PROC)	4	$1,489
28320	REP NON/MAL/UNION TARSAL BONES	4	$1,489
28322	REP NON/MAL/UNION METARSLS W/WO GRFT	4	$1,489
28340	RECONST,TOE,MACRODACTYLY,SOFT TISS RESEC	4	$1,489
28341	RECONST,TOE,MACRODACTYLY,REQ BONE RESECT	4	$1,489
28344	RECONST TOE(S), POLYDACTYLY	4	$1,489
28345	RECONST TOE(S),SYNDACTYLY,W/WO SKN GFT,E	4	$1,489
28360	RECONST, CLEFT FOOT	11	BR
28400	CLOSD FX CALCANEOUS W/O MANIP	1	$787

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
28405	CLOSD FX CALCANEOUS W/MANIP	2	$1,054
28406	CLOSD CALCANEAL FX W/MANIP-FIXA	2	$1,054
28415	OPEN TRT CALCANEAL FX W/WO FIXA	3	$1,206
28420	OPEN TRT CALCANEAL FX W/WO FIX W/GRFT	4	$1,489
28430	CLOSD TALUS FX W/O MANIP	11	BR
28435	CLOSD TALUS FX W/MANIP	2	$1,054
28436	TRT CLSD TALUS FX:W/MANIP & PERCU PINNG	2	$1,054
28445	OPEN TRT TALUS FX W/WO FIXA	3	$1,206
28450	CLOSD TARSAL BONE FX W/O MANIP	11	BR
28455	CLOSD FX TARSAL BONE W/MANIP	11	BR
28456	TRT CLSD TARSL BN FX:W/MANIP PER P	2	$1,054
28465	OPEN TRT FX TARSAL BONE W/WO FIXA	3	$1,206
28470	CLOSD FX METATRSL FX W/O MANIP	11	BR
28475	CLOSD FX METARSAL W/MANIP	11	BR
28476	TRT CLSD METATRSL FX:W/MANIP & PERC PIN	2	$1,054
28485	OPEN TRT FX METARSAL W/WO FIXA	4	$1,489
28490	CLOSD FX GREAT TOE W/O MANIP	11	BR
28495	CLOSD FX GREAT TOE W/MANIP	11	BR
28496	TRT CLSD FX GR TOE, PHLNX/PHAL:W/O MANIP	2	$1,054
28505	OPEN TRT FX GREAT TOE W/WO FIXA	3	$1,206
28510	CLOSD FX TOE (NT GRT) W/O MANIP	11	BR
28515	CLOSD FX TOE (NT GRT) W/MANIP	11	BR
28525	OPEN TRT FX TOE (NT GRT) W/WO FIXA	3	$1,206
28530	TX OF CLOSED SESAMOLD FRACTURE	11	BR
28531	OPEN TREATMENT OF SESAMOID FRACTURE, WIT	3	$1,206
28540	TREATMENT TARSAL DISL MANIP WO ANES	11	BR
28545	CLOSD TARSAL DISLOC MANIP W/ANES	1	$787
28546	CLOSD TARSAL BONE DISLOC W/FIXAT	2	$1,054
28555	OPEN TRT TARSAL DISLOC W/WO FIXA	2	$1,054
28570	TREATMENT CLOSED TALOTAR JNT DISL WO AN	11	BR
28575	CLOSD TALOTARSL DISLOC MANIP W/ANES	1	$787
28576	PERCUTANEOUS SKELETAL FIXATION OF TALOTA	3	$1,206
28585	OPEN TRT TALOTARSL DISLOC W/WO FIXA	3	$1,206
28600	CLOSD TARSOMETATR DSLOC MANIP W/O ANES	11	BR
28605	CLOSD TARSOMETA DSLOC MANIP W/ANES	1	$787
28606	CLOSD TARSOMETATARSAL DSLOC W/FIXA	2	$1,054
28615	OPEN TRT TARSOMETATR DSLOC W/WO FIXA	3	$1,206
28630	TREATMENT CLOSED METATAR JNT DISL WO AN	11	BR

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
28635	CLOSD METATR-PHAL DSLOC W/ANES	1	$787
28636	PERCUTANEOUS SKELETAL FIXATION OF METATA	3	$1,206
28645	OPEN TRT METATR-PHAL DSLOC MANIP	3	$1,206
28660	TREATMENT CLOSED INTERPH JNT DISL WO AN	11	BR
28665	CLOSD INTRPHAL DSLOC MANIP W/ANES	1	$787
28666	PERCUTANEOUS SKELETAL FIXATION OF INTERP	3	$1,206
28675	OPEN TRT INTRPHALNGL JOINT DSLOC	3	$1,206
28705	PANTALAR ARTHRODESIS FOOT	4	$1,489
28715	TRIPLE ARTHRODESIS FOOT	4	$1,489
28725	SUBTALAR ARTHRODESIS	4	$1,489
28730	ARTHRODESIS MID/TARSO-METATRS TRN/MUL	4	$1,489
28735	ARTHRODES W/OSTEOT MID/TARSO-METATRSL	4	$1,489
28737	ARTHRODES MIDTARSL NAVIC-CUNEIF W/TENDON	5	$1,695
28740	ARTHRODES MIDTARSL/TARSOMETRSL JNT	4	$1,489
28750	ARTHRODES GREAT TOE METATRSLPHLANG JNT	4	$1,489
28755	ARTHRODESIS GREAT TOE INTERPHALANG JNT	4	$1,489
28760	ARHTRODES GR TOE INTRPHLANG JNT W/EXTENS	4	$1,489
28800	AMPUTATE FOOT MIDTARSAL (CHOPART PROC)	13	UR, BR
28805	AMPUTATE FOOT TRNSMETATARSAL	13	UR, BR
28810	AMPUTATE METATARSL W TOE SINGL	2	$1,054
28820	AMPUTATE TOE METATRSOPHLANG JNT	2	$1,054
28825	AMPUTATE TOE INTRPHALANGEAL JNT	2	$1,054
28899	UNLISTED PROCEDURE FOOT/TOES	11	BR
29000	APPLY HALO TYP BODY CAST	11	BR
29010	APPLY RISSER JACKET, BODY ONLY	11	BR
29015	APPLY RISSER JACKET INCLUDING HEAD	11	BR
29020	APPLY TURNBUCKLE JACKET, BODY ONLY	11	BR
29025	APPLY TURNBUCKLE JACKET INCLD HEAD	11	BR
29035	APPLY BODY CAST SHOULDER TO HIPS	11	BR
29040	APPLY BOCY CAST SHLD-HIPS INCLD HEAD	11	BR
29044	APPLY BODY CAST INCLUDING ONE THIGH	11	BR
29046	APPLY BODY CAST INCLD BOTH THIGHS	11	BR
29049	APPLY PLASTER FIGURE 8	11	BR
29055	APPLY SHOULDER SPICA	11	BR
29058	APPLY PLASTER VELPEAU	11	BR
29065	APPLY SHOULDER TO HAND (LONG ARM) CAST	11	BR
29075	APPLY ELBOW TO FINGER (SHORT ARM) CAST	11	BR
29085	APPLY HAND-LOWER FOREARM (GAUNTLET) CAST	11	BR

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29086	APPLICATION CAST FINGER (EG CONTRACTURE)	11	BR
29105	APPLY LONG ARM SPLINT	11	BR
29125	APPLY SHORT ARM SPLINT-STATIC	11	BR
29126	APPLY SHORT ARM SPLINT DYNAMIC	11	BR
29130	APPLICATION OF FINGER SPLINT-STATIC	11	BR
29131	APPLICATION OF FINGER SPLINT DYNAMIC	11	BR
29200	STRAPPING-THORAX	11	BR
29220	STRAPPING LOW BACK	11	BR
29240	STRAPPING SHOULDER (EG, VELPEAU)	11	BR
29260	STARPPING ELBOW OR WRIST	11	BR
29280	STRAPPING HAND OR FINGER	11	BR
29305	APPLY HIP SPICA CAST, ONE LEG	11	BR
29325	APPLY HIP SPICA CAST;ONE/ONE-HALF SPICA	11	BR
29345	APPLICATION OF LONG LEG CAST	11	BR
29355	APPLY LON GLEG CAST WALKER-AMBULATORY	11	BR
29358	APPLICATION OF LONG LEG CAST BRACE	11	BR
29365	APPLICATION CYLINDER CAST (THIGH-ANKLE)	11	BR
29405	APPLICATON OF SHORT LEG CAST	11	BR
29425	APPLY SHORT LEG CAST WALKING/AMBULAT	11	BR
29435	APPLICAT OF PATELLAR TENDON BEARING CAST	11	BR
29440	ADD WALKER TO PREVIOUSLY APPLIED CAST	11	BR
29445	APPLY RIGID TOTAL CONTACT LEG CAST	11	BR
29450	APPLICATION OF CLUBFOOT CAST	11	BR
29505	APPLICATION OF LONG LEG SPLINT	11	BR
29515	APPLICATION OF SHORT LEG SPLINT	11	BR
29520	STRAPPING HIP	11	BR
29530	STRAPPING KNEE	11	BR
29540	STRAPPING ANKLE	11	BR
29550	STRAPPING TOES	11	BR
29580	UNNA BOOT	11	BR
29590	DENIS BROWNE SPLINT STAPPING	11	BR
29700	REMOVE/BIVALV GAUNTLT/BOOT/BODY CAST	11	BR
29705	REMOVE/BIVALV FULL ARM/LEG CAST	11	BR
29710	REM/BIVALV SPICA/RISSER/MINERVA CASTS	11	BR
29715	REM/BIVALVE TURNBUCKLE JACKET	11	BR
29720	REPAIR SPICA/BODY CAST/JACKET	11	BR
29730	WINDOWING CAST	11	BR
29740	WEDGE CAST EXCPT CLUB FOOT	11	BR

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
29750	WEDGE CLUBFOOT CAST	11	BR
29799	UNLISTED PROCEDURE CASTING/STRAPPING	11	BR
29800	ARTHSCPY,TMJ,DIAG,W OR W/O SYN BIO(SEP)	3	$1,206
29804	ARTHROSCOPY, TMJ, SURGICAL	3	$1,206
29805	SHOULDER ARTHROSCOPY, DX	3	$1,206
29806	SHOULDER ARTHROSCOPY/SURGERY	3	$1,206
29807	SHOULDER ARTHROSCOPY/SURGERY	3	$1,206
29815	ARTHROSCOPY SHOULDER DIAGNOSTIC	11	BR
29819	ARTHROSCOPY SHOULDER W REMOVAL OF BODY	3	$1,206
29820	ARTHROSCOPY SHOULDER SYNOVECTOMY PARTIAL	3	$1,206
29821	ARTHROSCOPY SHOULDER SYNOVECTOMY CMPLT	3	$1,206
29822	ARTHROSCOPY SHOULDER DEBRIDEMENT LIMITED	3	$1,206
29823	ARTHROSCOPY SHOULDER DEBRIDEMENT EXTNSV	3	$1,206
29824	SHOULDER ARTHROSCOPY/SURGERY	5	$1,695
29825	ARTHROSCOPY SHOULDER W LYSIS & RESCT ADH	3	$1,206
29826	ARTHROSCOPY,DECOMPRESSION OF SUBACROMIAL	3	$1,206
29827	CT PERFUSION W/CONTRAST, CBF	5	$1,695
29830	ARTHROSCOPY ELBOW DIAGNOSTIC	3	$1,206
29834	ARTHROSCOPY ELBOW W REMOVAL OF BODY	3	$1,206
29835	ARTHROSCOPY ELBOW SYNOVECTOMY PARTIAL	3	$1,206
29836	ARTHROSCOPY ELBOW SYNOVECTOMY COMPLETE	3	$1,206
29837	ARTHROSCOPY ELBOW DEBRIDEMENT LIMITED	3	$1,206
29838	ARTHROSCOPY ELBOW DEBRIDEMENT EXTENSIVE	3	$1,206
29840	ARTHROSCOPY,WRIST,DX,W/WO SYNOVIAL BIOPS	3	$1,206
29843	ARTHROSCOPY,WRIST,SURGCL:INFECT,LAVAGE,D	3	$1,206
29844	ARTHROSCOPY WRIST,SYNOVECTOMY PARTIAL	3	$1,206
29845	ARTHROSCOPY WRIST, SYNOVECTOMY COMPLETE	3	$1,206
29846	ARTHROSCOPY WRIST,EXCIS FIBROCART A/O JT	3	$1,206
29847	ARTHROSCOPY WRIST, INTERN FIXAT FX/INSTA	3	$1,206
29848	ARTHSCPY,WRIST,SURG,W/REL TRANS CRPL LIG	9	$3,166
29850	ARTHROSCOPICALLY AIDED TREATMENT OF INTE	4	$1,489
29851	ARTHROSCOPICALLY AIDED TREATMENT OF INTE	4	$1,489
29855	ARTHROSCOPICALLY AIDED TREATMENT OF TIBI	4	$1,489
29856	ARTHROSCOPICALLY AIDED TREATMENT OF TIBI	4	$1,489
29860	HIP ARTHROSCOPY, DX	4	$1,489
29861	HIP ARTHROSCOPY, SURG, REMOVAL FOREIGN	4	$1,489
29862	HIP ARTHROSCOPY, SURG, DEBRIDEMENT	9	$3,166
29863	HIP ARTHROSCOPY, SURG, SYNOVECTOMY	4	$1,489

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
29870	ARTHROSCOPY KNEE DIAGNOSTIC	3	$1,206
29871	ARTHROSCOPY KNEE INFCT LVG DRNG	3	$1,206
29874	ARTHROSCOPY KNEE REMOVAL LOOSE FRGN BODY	3	$1,206
29875	ARTHROSCOPY KNEE SYNOVECTOMY LIMITED	4	$1,489
29876	ARTHROSCOPY KNEE SYNOVECTOMY MAJ 2 O MR	4	$1,489
29877	ARTHROSCOPY KNEE DEBRIDEMENT ARTC CARTLG	4	$1,489
29879	ARTHROSCOPY KNEE ABRASION ARTHROPLASTY	3	$1,206
29880	ARTHROSCOPY KNEE,W MENISCECT (MED & LAT)	4	$1,489
29881	ARTHROSCOPY KNEE W MENISCECTOMY	4	$1,489
29882	ARTHROSCOPY KNEE W MENISCUS REPAIR	3	$1,206
29883	ARTHROSCOPY KNEE,W MENISCUS REP(MED & LA	3	$1,206
29884	ARTHROSCOPY KNEE W LYSIS ADH W WO MANIP	3	$1,206
29885	ARTHROSCOPY KNEE,DRILLING W BONE GRFT,W/	3	$1,206
29886	ARTHROSCOPY KNEE DRILL FOR INTACT OSTEO	3	$1,206
29887	ARTHROSCOPY KNEE DRL INTCT OSTEO LSN FIX	3	$1,206
29888	ARTHROSCOPY AIDED ANT CRUC LIG REP/AUGM	3	$1,206
29889	ARTHROSCOPY AIDED POST CRUC LIG REP/AUGM	3	$1,206
29891	ANKLE ARTHROSCOPY/SURGERY	3	$1,206
29892	ANKLE ARTHROSCOPY/SURGERY	3	$1,206
29893	SCOPE, PLANTAR FASCIOTOMY	9	$3,166
29894	ARTHROSCOPY ANKLE (TIBIOTALAR/FIBULOTALA	3	$1,206
29895	ARTHROSCOPY ANKLE SYNOVECTOMY PARTIAL	3	$1,206
29897	ARTHROSCOPY ANKLE DEBRIDGEMENT LIMITED	3	$1,206
29898	ARTHROSCOPY ANKLE DEBRIDEMENT EXTENSIVE	3	$1,206
29899	ANKLE ARTHROSCOPY/SURGERY	3	$1,206
29900	MCP JOINT ARTHROSCOPY, DX	3	$1,206
29901	MCP JOINT ARTHROSCOPY, SURG	3	$1,206
29902	MCP JOINT ARTHROSCOPY, SURG	3	$1,206
30000	DRAINAGE NASAL ABSCESS HEMATOMA INTERN	11	BR
30020	INCISION DRAINAGE SEPTAL ABSCESS O HEMO	11	BR
30100	BIOPSY INTRANASAL	11	BR
30110	EXCIS POLYPS NASAL, SIMPLE, UNI	11	BR
30115	EXC NASAL POLYPS EXTENSIVE UNILAT	2	$1,054
30117	EXCISION INTRANASAL LESION INTERNAL AP	3	$1,206
30118	EXC INTRNASAL LES EXT APP (CLATERL RHINO	3	$1,206
30120	EXCISION/SURGICAL PLANNNG-SKIN OF NOSE	1	$787
30124	EXC DERMOID CYST NOSE SIMPLE, SKIN	NG	NC
30125	EXCISION DERMOLD CYST NOSE COMPLEX	2	$1,054

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
30130	EXCISION TURBINATE, PARTIAL OR COMPL	3	$1,206
30140	2UBMUCOUS RESECT TURBINATES	2	$1,054
30150	RHINECTOMY PARTIAL	3	$1,206
30160	RHINECTOMY TOTAL	4	$1,489
30200	INJECTION TURBINATES THERAPEUTIC	11	BR
30210	DISPLACEMENT THERAPY	11	BR
30220	INSERTION NASAL SEPTAL PROSTHESIS	11	BR
30300	REMOVAL FOREIGN BODY INTRANASAL OFF PRO	11	BR
30310	REMOVE NASAL F B REQ GEN ANES	1	$787
30320	REMOVE NASAL F B BY LATERL RHINOTOMY	2	$1,054
30400	RHINOPLASTY/PRIMARY LAT ALAR CART NOSE	4	$1,489
30410	RHINOPLASTY COMPLETE EXT PARTS	5	$1,695
30420	RHINOPLASTY INCL MAJOR SEPTAL REPAIR	5	$1,695
30430	RHINOPLAS/SECONDARY MINOR REVISION	3	$1,206
30435	RHINOPLASTY INTERMEDIATE REVISION	5	$1,695
30450	RHINOPLASTY MAJOR REVISION	7	$2,352
30460	RHINOPLASTY FOR NASAL DEFORMITY SECONDAR	7	$2,352
30462	RHINOPLASTY FOR NASAL DEFORMITY SECONDAR	9	$3,166
30465	REPAIR OF NASAL VESTIBULAR STENOSIS (EG	9	$3,166
30520	SEPTOPLASTY W/WO CARILAGE SCRNG,CNT,REPL	4	$1,489
30540	REPAIR, CHOANAL ATRESIA, INRANASAL	5	$1,695
30545	REPAIR, CHOANAL ATRESIA, TRANSPALATINE	5	$1,695
30560	REPAIR LYSIS INTRANASAL SYNECHIA	2	$1,054
30580	REPAIR OROMAXILLARY FISTULA	4	$1,489
30600	REPAIR ORONASAL FISTULA	4	$1,489
30620	RECONSTRUCTION FUNCTIONAL INTERNAL NOSE	7	$2,352
30630	REPAIR NASAL SEPTAL PERFORATIONS	7	$2,352
30801	CAUTERIZATION A/OR ABLATION;SUPERFIC,SEP	1	$787
30802	CAUTERIZATION A/OR ABLATION,INTRAM,SEP P	1	$787
30901	CAUTERIZATION NASAL HEMOR ANT SIMP	11	BR
30903	CAUTERIZATION NASAL HEMOR ANT CMPLX	1	$787
30905	CONTROL NASAL HEMORRHAGE W POST PK INTL	1	$787
30906	CONTROL NASAL HEMORRHAGE W POST PKS SUB	1	$787
30915	LIGATION ETHMOIDAL ARTERIES	2	$1,054
30920	LIGATE INTRNL MAXILLARY ARTERY TRANS	3	$1,206
30930	FRAC NASAL TURBINATE THERAPEUTIC	4	$1,489
30999	UNLISTED PROCEDURE NOSE	11	BR
31000	LAVAGE BY CANN MAXILLARY SINUS	11	BR

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31002	LAVAGE BY CANNUL SPHENOID SINUS	11	BR
31020	SINUSOTOMY MAX INTRNASAL	2	$1,054
31030	SINUSOTOMY W/OUT REMOVAL ANTROCHOAN POLY	3	$1,206
31032	SINUSOT MAX RADICAL W/REMOV POLYPS	4	$1,489
31040	SURGERY ON PTERYOMAXILLARY FOSSA CONTENT	11	BR
31050	SPHENOID SINUSOTOMY	2	$1,054
31051	SINUSOTOMY,SPHENOID,W MUCOSAL STRIP OR R	4	$1,489
31070	SINUSOTOMY FRONTAL EXTERNAL SIMPLE	2	$1,054
31075	SINUSOTOMY FRONTAL TRANSORBITAL UNILAT	4	$1,489
31080	SINUSOTMY FRONTAL OBLITRTIV BROW INC	4	$1,489
31081	SINOSOTMY FRONTAL OBLITRTIV CORONAL INC	4	$1,489
31084	FRONTAL SINUSOTOMY W/OSTEO FLP BROW INC	4	$1,489
31085	FRONTAL SINUSOTOMY W/OSTEO FLP CORO INC	4	$1,489
31086	SINUSOTMY, FRONTAL NONOBLIT W/FLAP BROW	4	$1,489
31087	SINUSOTMY FRONTAL NONOBLIT W/FLP,CORONAL	4	$1,489
31090	SINUSOTOMY COMB 3 OR MORE SINUSES	5	$1,695
31200	ETHMOIDECTOMY INTRANANSAL, ANTERIOR	2	$1,054
31201	ETHMOIDECTOMY INTRANASAL, TOTAL	5	$1,695
31205	ETHMOIDECTOMY INTRANASAL, TOTAL	3	$1,206
31225	MAXILLECTOMY WITHOUT ORBITAL EXENTERATIO	13	UR, BR
31230	MAXILLCTOMY W/ORBITAL EXTENTERATION	13	UR, BR
31231	NASAL ENDOSCOPY, DIAGNOSTIC, UNILATERAL	11	BR
31233	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WITH M	2	$1,054
31235	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WITH S	1	$787
31237	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH BI	2	$1,054
31238	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH CO	1	$787
31239	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DA	4	$1,489
31240	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH CO	2	$1,054
31254	ENDOSCOPY NASAL,W ETHMOIDECTOMY,PARTIAL	3	$1,206
31255	ENDOSCOPY NASAL W ETHMOIDECTOMY,ANT&POST	5	$1,695
31256	ENDOSCOPY NASAL WITH MAXILLARY ANTROSTOM	3	$1,206
31267	ENDOSCOPY MAX SINUS W REM MUCOUS MEMB A/	3	$1,206
31276	NASAL/SINUS ENDOSCOPY,SURGICAL W/FRONTAL	3	$1,206
31287	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SP	3	$1,206
31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SP	3	$1,206
31290	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH RE	13	UR, BR
31291	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH RE	13	UR, BR
31292	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH ME	13	UR, BR

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31293	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH ME	13	UR, BR
31294	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH OP	13	UR, BR
31299	UNLISTED PROCEDURE ACCESSORY SINUSES	11	BR
31300	LARYNGOTOMY W REMOVAL TUMOR	5	$1,695
31320	LARYNGOTOMY THYROTOMY DIAGNOSTIC	2	$1,054
31360	LARYNGECTOMY TOTAL W/O NECK DISSECTION	13	UR, BR
31365	LARYNGECTOMY TOTAL W/RADICAL NK DISECT	13	UR, BR
31367	LARYNGECTOMY SUBTOTAL SUPR W/O NK DISECT	13	UR, BR
31368	LARYNGECTOMY SUBTOTAL SUPR W/NK DISECT	13	UR, BR
31370	PARTIAL LARYNGECTOMY HORIZONTAL	13	UR, BR
31375	PARTIAL LARYNGECTOMY LATEROVERTICAL	13	UR, BR
31380	PARTIAL LARYNGECTOMY ANTEROVERTICAL	13	UR, BR
31382	PART LARYNGECTOMY ANTERO-LATERO-VERTICAL	13	UR, BR
31390	PHARYNGOLARYNGECTOMY WITHOUT RECONSTRUC	13	UR, BR
31395	PHARYNGOLARYNGECTOMY WITH RECONSTRUCTIO	13	UR, BR
31400	ARYTENOIDECTOMY/ARYTENOIDOPEXY, EXTERNAL	2	$1,054
31420	EPIGLOTIDECTOMY	2	$1,054
31500	ENDOTRACHEAL INTUBATION, EMERGENCY PROCE	11	BR
31502	TRACHEOTMY TBE CHNG PRIOR EST FISTULA TR	11	BR
31505	LARYNGOSCOPY INDIRECT WITHOUT BIOPSY	11	BR
31510	LARYNGOSCOPY, INDIRECT, WITH BIOPSY	2	$1,054
31511	LARYNGOSCOPY INDIRECT REMOVE F B	2	$1,054
31512	LARYNGOSCOPY INDIRECT REMOVE LESION	2	$1,054
31513	LARYNGOSCOPY IND & VOCAL CORD INJECTION	2	$1,054
31515	LARYNGOSCOPY DIRECT FOR ASPIRATION	1	$787
31525	LARYNGOSCOPY, DIAGNOSTIC, EXCEPT NEWBORN	1	$787
31526	LARYNGOSCOPY DIRECT DX W/OPR MICRO	2	$1,054
31527	LARYNGOSCOPY DIRECT W/INSERT OBTURATOR	1	$787
31528	1ARYNGOSCOPY DIRECT W/DILATATION INITIAL	2	$1,054
31529	LARYNGOSCOPY DIRCT W/DILATATION SUBSQ	2	$1,054
31530	LARYNGOSCOPY, OPERATIVE, W/FB REMOVAL	2	$1,054
31531	LARYNGOSCOPY OPERATIV W/FB REMOV-OP-MICR	3	$1,206
31535	LARYNGOSCOPY, OPERATIVE, WITH BIOPSY	2	$1,054
31536	LARYNOGOSCOPY OPERATIV W/BIOPSY OP-MICRO	3	$1,206
31540	LARYNGOS EXC TUMOR VOCAL CORDS	3	$1,206
31541	LARYNGOS EXC TUMOR VOCAL CORD W/OP MICRO	4	$1,489
31560	LARYNGOSCOPY WITH ARYTENOIDECTOMY	5	$1,695
31561	LARYNGOSCOPY W/ARYTENOIDECTOMY OP-MICRO	5	$1,695

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31570	LARYNGOSCOPY W/INJ VOCAL CORDS THERAPEUT	2	$1,054
31571	LARYNGOS W/INJ VOCAL CORDS W/OP-MICRO	2	$1,054
31575	LARYNGOSCOPY FLEXIBLE FIBERSCOPIC	11	BR
31576	LARYNGOSCOPY FLEX FIBER DX W/BIOPSY	2	$1,054
31577	LARYNGOSCOPY FLEX FIBER DX REMOV F B	2	$1,054
31578	LARYNGOSCOPY FLEX-FIBER DX REMOV LESION	2	$1,054
31579	LARYNGOSCOPY,FLEX FIBERCOPIC,DX,W STROBO	11	BR
31580	LARYNGOPLASTY FOR LARYNGEAL WEB	5	$1,695
31582	LARYNGOPLASTY FOR LARYNGEAL STENOSIS	5	$1,695
31584	LARYNGOPLASTY W/OPEN REDUCT FRAC	13	UR, BR
31585	TRTMT CL LARYNGEAL FRACTURE W/O MANIP	1	$787
31586	TRT CLOSD LARYNGEAL FRAC W/MANIP	2	$1,054
31587	LARYNGOPLASTY, CRICOID SPLIT	13	UR, BR
31588	LARYNGOPLASY,NOT OTHERWISE SPECIFIED	5	$1,695
31590	LARYNGEAL REINNERVATION BY NEUROMUSCULAR	5	$1,695
31595	SECTION RECURRENT LARYNGEAL NERVE THERA	2	$1,054
31599	UNLISTED PROCEDURE LARYNX	11	BR
31600	TRACHEOSTOMY PLANNED	NG	NC
31603	TRACHEOSTOMY EMERGENCY PROCEDURE TRANS	11	BR
31605	CRICOTHYROID MEMBRANE	11	BR
31610	TRACHEAL FENESTRATION WITH SKIN FLAPS	11	BR
31611	CONSTR TRACHEO FISTULA/INSERT PROSTHESIS	3	$1,206
31612	TRACHEAL PUNCTURE PERCUTANEOUS FOR MUCUS	1	$787
31613	TRACHEOSTOMA REVISION SIMPLE W/O FLAP RO	2	$1,054
31614	TRACHEOSTOMA REVISION COMPLEX W/FLAP ROT	2	$1,054
31615	TRACHEOBRNCHSCPY THRU ESTBL TRACHEOSTMY	1	$787
31622	BRNCHSCPY:DX,FLX/RIG,W/WO CELL WASH/BRSH	1	$787
31623	BRONCHOSCOPY, W/BRUSHING OR PROCTECTED	2	$1,054
31624	BRONCHOSCOPY,W/BRONCHIAL ALVEOLAR LAVAGE	2	$1,054
31625	BRONCHOSCOPY WITH BIOSPY	2	$1,054
31628	BRONCHOSCPY W/TRNSBRONCH LUNG BIOP,W/WO	2	$1,054
31629	BRONCHSCPY:W/TRNSBRNCHL NEEDLE ASP BIOPS	2	$1,054
31630	BRONCHOSCOPY W/TRACH/DIL/FX RED	2	$1,054
31631	BRONSHSCPY:W/TRACHL DIL & PLC TRACHL STE	2	$1,054
31635	BRONCHOSCOPY, WITH FOREIGN BODY REMOVAL	2	$1,054
31640	BRONCHOSCOPY, WITH TUMOR EXCISION	2	$1,054
31641	BRONCHSCPY:W/DESTRCT TUMR/RELIEF OF STEN	2	$1,054
31643	BRONCHOSCOPY,W/PLCMT OF CATHETER INTRACA	2	$1,054

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
31645	BRONCHOSCOPY W/THERAPEUTIC ASPIRAT INT	1	$787
31646	BRONCHOSCOPY W/THERAPETUCI ASPIRAT SUBSQ	1	$787
31656	BRONCHSCOPY W/INJ CONTRAST MATERIAL	1	$787
31700	CATHETERIZATION TRANSGLOTTIC	1	$787
31708	INSTIL CONTR MAT FR LARYNG/BRONCHO/GRPH	11	BR
31710	CATHERIZATION BRONCHOGRAPHY W/WO MAT	NG	NC
31715	TRANSTRACHEAL INJECTION FOR BRONCHOGRAPH	NG	NC
31717	CATH W/BRONCHIAL BRUSH BIOPSY	1	$787
31720	CATH ASPIRATION/NASOTRACHEOBRONCHIAL	1	$787
31725	CATH ASPIRATE TRACHEOBRONCHIAL W/F-SCOPE	13	UR, BR
31730	TRANSTRACHEAL (PERCUTANEOUS) INTRODUCTIO	1	$787
31750	TRACHEOPLASTY CERVICAL	5	$1,695
31755	TRACHEOPLASTY FISTULIZ ASAI TECHNIQUE	2	$1,054
31760	TRACHEOPLASTY INTRATHORACIC	13	UR, BR
31766	CARINAL RECONSTRUCTION	13	UR, BR
31770	BRONCHOPLASTY GRAFT REPAIR	13	UR, BR
31775	BRONCHOPLASTY, EXCISON STENO & ANSTOMOSI	13	UR, BR
31780	EXC TRACHEAL STENO & ANASTIMO CERV	13	UR, BR
31781	EXC TRACH STENO & ANASTIMO CERICOTHORACI	13	UR, BR
31785	EXC TRACHEAL TUMOR OR CARCINOMA CERV	NG	NC
31786	EXC TRACHEAL TUMOR OR CARCINOMA THOR	13	UR, BR
31800	SUT EXT TRACH WOUND/INJ CERVICAL	13	UR, BR
31805	SUT EXT TRACH WOUND/INJ INTRTHORACIC	13	UR, BR
31820	SRG/CLOS TRACHEOSTOMY/FISTUL W/O PLAS-RP	1	$787
31825	SRG/CLOS TRACHEOSTOMY/FISTUL W/PLAS-RP	2	$1,054
31830	REVISION TRACHEOSTOMY SCAR	2	$1,054
31899	UNLISTED PROCEDURE-TRACHEA-BRONCHI	11	BR
32000	THORACENTESIS PUNCTURE PLEU CAV INI SUB	1	$787
32002	THORACENTESIS W/INSERT. TUBE W/WO WATER	NG	NC
32005	CHEMICAL PLEURODESIS (PNEUMOTHORAX)	NG	NC
32020	THORACOSTOMY TUBE W/WATER SEAL*	NG	NC
32035	THORACOSTOMY W/RIB RESECT FOR EMPYEMA	13	UR, BR
32036	THORACOSTOMY OPN FLAP DRAIN FR EMPYEMA	13	UR, BR
32095	THORACOTOMY LMTD LUNG/PLEURA	13	UR, BR
32100	THORACOTOMY MAJOR W/EXPL & BIOPSY	13	UR, BR
32110	THORACOT MAJOR CONTRL HEM AND/OR LUNG TR	13	UR, BR
32120	THORACOTOMY, FOR POST-OP COMPLICATIONS	13	UR, BR
32124	THORACOT W/OPN INTRAPLEURAL PNEUMONOLYSI	13	UR, BR

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
32140	THORACOT W/CYST(S) REMOV W/WO PLEUR PROC	13	UR, BR
32141	THORACOT W/EXC-PLICA BULLAE W/WO PLEU PR	13	UR, BR
32150	THORACOT W/REM INTRAPLEURAL FOREIGN BOD	13	UR, BR
32151	THORACOT W/REM INTRAPULMON FOREIGN BODY	13	UR, BR
32160	THORACOTOMY, WITH CARDIAC MASSAGE	13	UR, BR
32200	PNEUMOSTOMY W/OPN DRAIN ABS/CYST	13	UR, BR
32201	PERCUT DRAINAGE, LUNG LESION	11	BR
32215	PLEURAL SCARIFICATION/REPEAT PNEUMOTHORA	13	UR, BR
32220	DECORTICATOIN PULMONARY TOTAL SEP PROC	13	UR, BR
32225	DECORTICATION PULMONARY PARTIAL SEP PRO	13	UR, BR
32310	PLEURECTOMY-PARIETAL SEP PROC	13	UR, BR
32320	DECORTICATION & PARIETAL PLEURECTOMY	13	UR, BR
32400	BIOPSY, PLEURA, NEEDLE	1	$787
32402	BIOPSY PLEURA OPEN	13	UR, BR
32405	BIOPSY LUNG PERCUTANEOUS NEEDLE	1	$787
32420	PNEUMONCENTESIS LUNG PUNC FOR ASPIR	1	$787
32440	PNEUMONECTOMY TOTAL	13	UR, BR
32442	REMOVAL OF LUNG, TOTAL PNEUMONECTOMY; WI	13	UR, BR
32445	PNEUMONECTOMY EXTRAPLEURAL W/O EMPYEMECT	13	UR, BR
32480	LOBECTOMY, TOTAL OR SEGEMENTAL	13	UR, BR
32482	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMO	13	UR, BR
32484	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMO	13	UR, BR
32486	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMO	13	UR, BR
32488	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMO	13	UR, BR
32491	LUNG VOLUME REDUCTION	13	UR, BR
32500	WEDGE RESECTION LUNG SINGL/MULTI	13	UR, BR
32501	RESECTION & REPAIR OF PORTION OF BRONCHU	13	UR, BR
32520	RESECTION LUNG-RESECTION CHEST WALL	13	UR, BR
32522	RESECT LUNG W/RECONST CHST WALL W/O PROS	13	UR, BR
32525	RES LUNG W/MAJOR RECONST CHST WALL W/PRO	13	UR, BR
32540	EXTRAPLEURAL ENUCLEATION EMPYEMA	13	UR, BR
32601	THORACOSCOPY, DIAGNOSTIC (SEPARATE PROCE	11	BR
32602	THORACOSCOPY, DIAGNOSTIC (SEPARATE PROCE	11	BR
32603	THORACOSCOPY, DIAGNOSTIC (SEPARATE PROCE	11	BR
32604	THORACOSCOPY, DIAGNOSTIC (SEPARATE PROCE	11	BR
32605	THORACOSCOPY, DIAGNOSTIC (SEPARATE PROCE	11	BR
32606	THORACOSCOPY, DIAGNOSTIC (SEPARATE PROCE	11	BR
32650	THORACOSCOPY, SURGICAL; WITH PLEURODESIS	13	UR, BR

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
32651	THORACOSCOPY, SURGICAL; WITH PARTIAL PUL	13	UR, BR
32652	THORACOSCOPY, SURGICAL; WITH TOTAL PULMO	13	UR, BR
32653	THORACOSCOPY, SURGICAL; WITH REMOVAL OF	13	UR, BR
32654	THORACOSCOPY, SURGICAL; WITH CONTROL OF	13	UR, BR
32655	THORACOSCOPY, SURGICAL; WITH EXCISION-PL	13	UR, BR
32656	THORACOSCOPY, SURGICAL; WITH PARIETAL PL	13	UR, BR
32657	THORACOSCOPY, SURGICAL; WITH WEDGE RESEC	13	UR, BR
32658	THORACOSCOPY, SURGICAL; WITH REMOVAL OF	13	UR, BR
32659	THORACOSCOPY, SURGICAL; WITH CREATION OF	13	UR, BR
32660	THORACOSCOPY, SURGICAL; WITH TOTAL PERIC	13	UR, BR
32661	THORACOSCOPY, SURGICAL; WITH EXCISION OF	13	UR, BR
32662	THORACOSCOPY, SURGICAL; WITH EXCISION OF	13	UR, BR
32663	THORACOSCOPY, SURGICAL; WITH LOBECTOMY,	13	UR, BR
32664	THORACOSCOPY, SURGICAL; WITH THORACIC SY	13	UR, BR
32665	THORACOSCOPY, SURGICAL; WITH ESOPHAGOMYO	13	UR, BR
32800	REPAIR LUNG HERNIA THROUGH CHEST WALL	13	UR, BR
32810	CLOSURE CHEST WALL AFTER OPEN FLAP DRAIN	13	UR, BR
32815	OPEN CLOSURE MAJOR BRONCHIAL FISTULA	13	UR, BR
32820	MAJOR RECONSTRUCTION CHEST WALL-POST TRA	13	UR, BR
32850	DONOR PNEUMONECTOMY(IES) WITH PREPARATIO	13	UR, BR
32851	LUNG TRANSPLANT, SINGLE; WITHOUT CARDIOP	13	UR, BR
32852	LUNG TRANSPLANT, SINGLE; WITH CARDIOPULM	13	UR, BR
32853	LUNG TRANSPLANT, DOUBLE (BILATERAL SEQUE	13	UR, BR
32854	LUNG TRANSPLANT, DOUBLE (BILATERAL SEQUE	13	UR, BR
32900	RESECTION RIBS EXTRAPLEURAL ALL STAGES	13	UR, BR
32905	THORACOPLASTY-SCHEDE TYPE/EXTRAPLEURAL	13	UR, BR
32906	THORACOPLAST W/CLOS BRONCHPLEURAL FISTUL	13	UR, BR
32940	PNEUMONOLYSIS EXTRAPERIOSTEAL WITH FILL/	13	UR, BR
32960	PNEUMOTHORAX INTRAPLEURAL INJEC AIR	11	BR
32997	TOTAL LUNG LAVAGE (UNILATERAL)	13	UR, BR
32999	UNLISTED PROCEDURE-LUNGS-PLEURA	11	BR
33010	PERICARDIOCENTESIS INITIAL*	2	$1,054
33011	PERICARDIOCENTESIS SUBSEQUENT*	2	$1,054
33015	TUBE PERICARDIOSTOMY	13	UR, BR
33020	PERICARDIOSTOMY REMOVAL CLOT /F B	13	UR, BR
33025	CREATE PERICARDIAL WINDO/RESECT FR DRAIN	13	UR, BR
33030	PERICARDICTOMY,SUBTOT/COMPL W/O CARDI BY	13	UR, BR
33031	PERICADIECTOMY WITH CARDIPULMONARY BYPAS	13	UR, BR

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
33050	EXCISION PERICARDIAL CYST OR TUMOR	13	UR, BR
33120	EXC INTRACARDIAC TUMOR RESECT W/BYPASS	13	UR, BR
33130	RESECTION EXTERNAL CARDIAC TUMOR	13	UR, BR
33141	TRANSMYOCARDIAL LASER REVASCULARIZATION,	13	UR, BR
33200	INSERT PERM PACEMAKER BY THORACOTOMY	13	UR, BR
33201	INSERT PERM PACEMAKER XIPHOID APPROACH	13	UR, BR
33206	INSRT PRM PACEMAKR W/TRNSV ELECTRD(ATRIA	11	BR
33207	INSRT PRM PACEMKR W/TRNSV ELECTRD(VENTRI	11	BR
33208	INSRT PRM PACEMAKR W/TRNSV ELECTRD(AV-SE	11	BR
33210	INSERT TEMP TRNSVEN ELECTROD/PACEMK CATH	11	BR
33211	INSERTION OR REPLACEMENT OF TEMPORARY TR	11	BR
33212	INSERTION OR REPLACEMENT OF PULSE GENERA	11	BR
33213	INSERTION OR REPLACEMENT OF PACEMAKER PU	11	BR
33214	UPGRADE OF IMPLANTED PACEMAKER SYSTEM, C	11	BR
33216	INSERT-REPLACE/REPOST PERM TRNSV ELECTRD	11	BR
33217	INSERTION, REPLACEMENT OR REPOSITIONING	11	BR
33218	REPAIR PACEMAKER ELECTRODES ONLY	11	BR
33220	REPAIR OF PACEMAKER ELECTRODE(S) ONLY; D	11	BR
33222	REV/RELOC SKIN POCKET FOR PACEMAKER OR A	2	$1,054
33223	REVISION OR RELOCATION OF SKIN POCKET FO	2	$1,054
33233	REMOVAL OF PERMANENT PACEMAKER; PULSE GE	11	BR
33234	REMOVAL OF PERMANENT PACEMAKER; AND TRAN	11	BR
33235	REMOVAL OF PERMANENT PACEMAKER; AND TRAN	11	BR
33236	REMOVAL OF PERMANENT EPICARDIAL PACEMAKE	13	UR, BR
33237	REMOVAL OF PERMANENT EPICARDIAL PACEMAKE	13	UR, BR
33238	REMOVAL OF PERMANENT TRANSVENOUS ELECTRO	13	UR, BR
33240	INSERTION OR REPLACEMENT OF IMPLANTABLE	11	BR
33241	REMOVAL OF IMPLANTABLE CARDIOVERTER-DEFI	11	BR
33243	REMOVAL OF IMPLANTABLE CARDIOVERTER-DEFI	13	UR, BR
33244	REMOVAL OF IMPLANTABLE CARDIOVERTER-DEFI	11	BR
33245	IMPLNT AUTO IMPLAN DEFIBRL PDS...ELCTRDS	13	UR, BR
33246	IMPLANT AIDC W INSRT AUTO IMPLAN PULSE G	13	UR, BR
33249	INSERTION OR REPLACEMENT OF IMPLANTABLE	11	BR
33250	OP ABLATION OF SUPRAVENTRICULAR ARRHYTH	13	UR, BR
33251	OP ABLATION WITH CARDIOPULMONARY BYPASS	13	UR, BR
33253	OPERATIVE INCISIONS & RECONSTRUCT OF ATR	13	UR, BR
33261	OP ABLATION OF ARRHY W/CARDIO BYPASS	13	UR, BR
33282	IMPLANT PAT-ACTIVATED CARDIAC RECORDER	11	BR

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
33284	REMOVE IMPLNT PT-ACTIVATE CARDIAC RECORD	11	BR
33300	REPAIR OF CARDIAC WOUND WITHOUT BYPASS	13	UR, BR
33305	REPAIR CARDIAC WOUND W/CARDIOPULM BYPASS	13	UR, BR
33310	CARDIOTMY EXPLR REMV FB W/O CARDIO BYPAS	13	UR, BR
33315	CARDIOTMY EXPLOR REMOV FB W/CARDIO BYPAS	13	UR, BR
33320	SUTURE RPR AORTA/GR VESLS W/CARDIO BYPAS	13	UR, BR
33321	SUTURE REPAIR OF AORTA OR GREAT VESSELS	13	UR, BR
33322	SUTURE RPR AORTA/GR VESLS W/O CARDIO BYP	13	UR, BR
33330	INSERT GRAFT W/O CARDIOPULMONARY BYPASS	13	UR, BR
33332	INSERTION OF GRAFT,AORTA OR GREAT VESSEL	13	UR, BR
33335	INSERT GRAFT W/CARDIOPULMONARY BYPASS	13	UR, BR
33400	AORTIC VALVULOPLSTY,OPEN,W/CARDIO BYPASS	13	UR, BR
33401	VALVULOPLASTY, AORTIC VALVE; OPEN, WITH	13	UR, BR
33403	VALVULOPLASTY, AORTIC VALVE; USING TRANS	13	UR, BR
33404	CONSTRUCT APICAL-AORTIC CONDUIT	13	UR, BR
33405	REPLACE AORTIC VALV W/CARDIOPULM BYPASS	13	UR, BR
33406	REPLACEMENT, AORTIC VALVE, WITH CARDIOPU	13	UR, BR
33410	REPLACE,AORTIC VALVE W/CARDIOPULMONARY	13	UR, BR
33411	REPLAC AORTC VLV:W/AORTC ANNLS ENLRG NON	13	UR, BR
33412	REPLACE AORTC VLV:W/TRNSVNTRIC AORTC ANL	13	UR, BR
33413	REPLACEMENT, AORTIC VALVE; BY TRANSLOCAT	13	UR, BR
33414	REPAIR OF LEFT VENTRICULAR OUTFLOW TRACT	13	UR, BR
33415	RESECT/INCIS SUBVALVULAR TISS FOR AORTIC	13	UR, BR
33416	VENTRICULOMYOTMY FOR IDIOPATHIC HYPERTRO	13	UR, BR
33417	AORTOPLASTY (GUSSET) FOR SUPRAVALVULAR S	13	UR, BR
33420	VALVOTOMY MITRAL VALVE:CLOSED	13	UR, BR
33422	VALVOTOMY MITRAL VALV:OPN W/CARDIO BYPAS	13	UR, BR
33425	VALVULOPLASTY MITRAL VALV W/CARDIO BYPAS	13	UR, BR
33426	VALVULOPLASTY,WITH PROSTHETIC RING	13	UR, BR
33427	VALVULOPLASTY W/RADICAL RECONSTRUCTION	13	UR, BR
33430	REPLACE MITRAL VALV W/CARDIOPUL BYPASS	13	UR, BR
33460	VALVULOPLSTY/VALVECTOMY TRICUSP VALV W/B	13	UR, BR
33463	VALVULOPLASTY, TRICUSPID VALVE; WITHOUT	13	UR, BR
33464	VALVULOPLASTY, TRICUSPID VALVE; WITH RIN	13	UR, BR
33465	TRICUSPID VALVE REPLACEMENT, WITH BYPASS	13	UR, BR
33468	TRICUSPID VALUE REPOSITIONING AND PLICAT	13	UR, BR
33470	VALVOTOMY PULMNARY VALV:CLOSD	13	UR, BR
33471	VALVOTMY,PULMN VLV:TRNSVN BALLOON METHOD	13	UR, BR

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33472	VALVOTOMY PULMNARY VALV OPEN/INFLO/OCCL	13	UR, BR
33474	VALVOTOMY PULMNARY VALV OPEN W/BYPASS	13	UR, BR
33475	REPLACEMENT, PULMONARY VALVE	13	UR, BR
33476	RIGHT VENTRICUL RESECT FR INFUND/STEN	13	UR, BR
33478	OUTFLO TRACT AUGMENT W/WO COMM/INFUND RE	13	UR, BR
33496	REPAIR, PROSTH VALVE CLOT	13	UR, BR
33500	REPAIR OF CORONARY ARTERIOVENOUS OR ARTE	13	UR, BR
33501	REPAIR OF CORONARY ARTERIOVENOUS OR ARTE	13	UR, BR
33502	ANOMALOUS CORONARY ARTERY-LIGATION	13	UR, BR
33503	ANAMOLUS CORNARY ARTRY GRFT W/O CRDIO BY	13	UR, BR
33504	ANAMOLUS CORNARY ARTRY GRFT W/CRDIO BYPA	13	UR, BR
33505	REPAIR OF ANOMALOUS CORONARY ARTERY; WIT	13	UR, BR
33506	REPAIR OF ANOMALOUS CORONARY ARTERY; BY	13	UR, BR
33510	CORONARY ARTERY BYPASS AUTO-GRFT:1 GRFT	13	UR, BR
33511	CORONARY ARTERY BYPASS AUTO-GRFT:2 GRFTS	13	UR, BR
33512	CORONARY ARTERY BYPASS AUTO-GRFT:3 GRFTS	13	UR, BR
33513	CORONARY ARTER BYPASS AUTO-GRFT:4 GRFTS	13	UR, BR
33514	CORONARY ARTERY BYPASS AUTO-GRFT:5 GRFTS	13	UR, BR
33516	CORONARY ARTERY BYPASS AUTO-GRFT 6/MORE	13	UR, BR
33517	CORONARY ARTERY BYPASS, USING VENOUS GRA	13	UR, BR
33518	CORONARY ARTERY BYPASS, USING VENOUS GRA	13	UR, BR
33519	CORONARY ARTERY BYPASS, USING VENOUS GRA	13	UR, BR
33521	CORONARY ARTERY BYPASS, USING VENOUS GRA	13	UR, BR
33522	CORONARY ARTERY BYPASS, USING VENOUS GRA	13	UR, BR
33523	CORONARY ARTERY BYPASS, USING VENOUS GRA	13	UR, BR
33530	REOP,CORONRY ARTERY BYPASS, >1 MO AFTER	13	UR, BR
33533	CORONARY ARTERY BYPASS, USING ARTERIAL G	13	UR, BR
33534	CORONARY ARTERY BYPASS, USING ARTERIAL G	13	UR, BR
33535	CORONARY ARTERY BYPASS, USING ARTERIAL G	13	UR, BR
33536	CORONARY ARTERY BYPASS, USING ARTERIAL G	13	UR, BR
33542	MYOCARDIAL RESECTION	13	UR, BR
33545	REPAIR POSTINFARC VENTRIC SEP DEF	13	UR, BR
33572	CORONARY ENDARTERECTOMY,OPEN,ANY METHOD	13	UR, BR
33600	CLOSURE OF ATRIOVENTRICULAR VALVE (MITRA	13	UR, BR
33602	CLOSURE OF SEMILUNAR VALVE (AORTIC OR PU	13	UR, BR
33606	ANASTOMOSIS OF PULMONARY ARTERY TO AORTA	13	UR, BR
33608	REPAIR OF COMPLEX CARDIAC ANOMALY OTHER	13	UR, BR
33610	REPAIR OF COMPLEX CARDIAC ANOMALIES (EG,	13	UR, BR

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
33611	REPAIR OF DOUBLE OUTLET RIGHT VENTRICLE	13	UR, BR
33612	REPAIR OF DOUBLE OUTLET RIGHT VENTRICLE	13	UR, BR
33615	REPAIR OF COMPLEX CARDIAC ANOMALIES (EG,	13	UR, BR
33617	REPAIR OF COMPLEX CARDIAC ANOMALIES (EG,	13	UR, BR
33619	REPAIR OF SINGLE VENTRICLE WITH AORTIC O	13	UR, BR
33641	RPR ATRIAL SEPTL DEFCT:SECUNDUM W/BYPASS	13	UR, BR
33645	DIRECT/PATCH CLOS SINUS VENOS W/WO DRAIN	13	UR, BR
33647	RPR ATRIAL SEPTL DEFCT & VNTRICLR SEPTL	13	UR, BR
33660	PATCH CLOS ENDOCARD CUSH DEF W/WO REP MI	13	UR, BR
33665	PATCH CLS ENDOCRD CUSH DEF W/REPAIR VENT	13	UR, BR
33670	REPAIR COMP ATRIOVENTRIC CANA W/WO VALV	13	UR, BR
33681	CLOS VENTRIC SEPTAL DEFECT W/WO PATCH	13	UR, BR
33684	CLOS VENTRIC SEP DEFECT W/PULM VALV/INFU	13	UR, BR
33688	CLOS VENTRIC SEPTAL W/BND	13	UR, BR
33690	BANDING OF PULMONARY ARTERY	13	UR, BR
33692	TOTAL REPAIR TETRALOGY OF FALLOT	13	UR, BR
33694	COMPLETE REPAIR TETRALOGY W/TRANSANNULAR	13	UR, BR
33697	COMPLETE REPAIR TETRALOGY OF FALLOT WITH	13	UR, BR
33702	REPAIR SINUS OF VALSALVA FISTULA	13	UR, BR
33710	REPAIR SINUS VALSALVA FIST W/VENT SEPTAL	13	UR, BR
33720	REPAIR SINUS OF VALSALVA ANEURYSM	13	UR, BR
33722	CLOSURE OF AORTICO-LEFT VENTRICULAR TUNN	13	UR, BR
33730	COMPLETE REPAIR ANOMALOUS VENOUS RETURN	13	UR, BR
33732	REPAIR OF COR TRIATRIATUM OR SUPRAVALVUL	13	UR, BR
33735	ATRIAL SEPTECTOMY/SEPTOSTOMY:CLOSED(BIOL	13	UR, BR
33736	ATRIAL SEPTECTOMY OR SEPTOSTOMY; OPEN HE	13	UR, BR
33737	ATRIAL SEPTECTOMY/SEPTOSTOMY: OPEN	13	UR, BR
33750	SHUNT-SUBCLAVIAN-PULMONARY ARTERY	13	UR, BR
33755	SHUNT ASCENDING AORTA-PULMONARY ARTERY	13	UR, BR
33762	SHUNT DESCENDING AORTA-PULMONARY ARTERY	13	UR, BR
33764	SHNT:CENTRAL,W/PROSTHETIC GRAFT	13	UR, BR
33766	SHUNT VENA CAVA-PULMONARY ARTERY	13	UR, BR
33767	SHUNT; SUPERIOR VENA CAVA TO PULMONARY A	13	UR, BR
33770	REPAIR OF TRANSPOSITION OF THE GREAT ART	13	UR, BR
33771	REPAIR OF TRANSPOSITION OF THE GREAT ART	13	UR, BR
33774	REPAIR OF TRANSPOSITION OF GREAT ARTERIE	13	UR, BR
33775	RPR OF TRANSPOSITION OF ART.W/REM PULMON	13	UR, BR
33776	RPR TRANSPOS ARTERIES W/CLOSURE OF VENTR	13	UR, BR

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33777	RPR TRANSPOS ARTERIES W/RPR SUBPULMONIC	13	UR, BR
33778	RPR TRANSPOS ARTERIES,AORTIC PULM ARTERY	13	UR, BR
33779	RPR TRANSPOS ARTERIES W/REMOVAL PULM BAN	13	UR, BR
33780	RPR TRANSPOS ARTERIES W/CLOSURE VENTRICU	13	UR, BR
33781	RPR TRANSPOS ARTERIES W/RPR SUBPULMONIC	13	UR, BR
33786	TOTAL REPAIR TRUNCUS ARTERIOSUS	13	UR, BR
33788	REPLANT ANOMALOUS PULMONARY ARTERY	13	UR, BR
33800	AORTIC SUSPENSION (AORTOPEXY) FOR TRACHE	13	UR, BR
33802	DIVISION ABERRANT VESSEL	13	UR, BR
33803	DIVISION ABERRANT VESSEL W/REANASTOMOSIS	13	UR, BR
33813	OBLITERATION AORTOPULMONARY SEPTAL DEFEC	13	UR, BR
33814	OBLITERATION AORTOPULM SEPTAL W/CARDIO	13	UR, BR
33820	PATENT DUCTUS ARTERIOSUS	13	UR, BR
33822	PATENT DUCTUS ARTERIOSUS DIV UNDR 18 YRS	13	UR, BR
33824	PATENT DUCTUS ARTERIOSUS DIV 18 YRS/OLDR	13	UR, BR
33840	EXC COARCTATOIN OF AORTA W/DIRECT ANASTO	13	UR, BR
33845	EXCISION COARCTATION OF AORTA W/GRAFT	13	UR, BR
33851	EXCISE COAROTATION AORTA:USING LFT SUBCL	13	UR, BR
33852	RPR HYPOPLASTIC OR INTERUP AORTIC ARCH	13	UR, BR
33853	REPAIR OF HYPOPLASTIC OR INTERRUPTED AOR	13	UR, BR
33860	ASCNDNG AORTA GRFT W/BYPAS:W/O VLV REPLA	13	UR, BR
33861	ASCENDING AORTA GRAFT, WITH CARDIOPULMON	13	UR, BR
33863	ASCENDING AORTA GRAFT, WITH CARDIOPULMON	13	UR, BR
33870	TRANSVERSE ARCH GRAFT W/BYPASS	13	UR, BR
33875	DESCENDING THORACIC AORTA GRAFT	13	UR, BR
33877	REPAIR THORACOABDOMINAL AORTIC ANEURYSM	13	UR, BR
33910	PULMONARY ARTERY EMBOLECTOMY W/BYPASS	13	UR, BR
33915	PULMONARY ARTERY EMBOLECTOMY W/O BYPASS	13	UR, BR
33916	PULMONARY ENDARTERECTOMY W/WO EMBOLECTOM	13	UR, BR
33917	REPAIR OF PULMONARY ARTERY STENOSIS BY R	13	UR, BR
33918	REPAIR OF PULMONARY ATRESIA WITH VENTRIC	13	UR, BR
33919	REPAIR OF PULMONARY ATRESIA WITH VENTRIC	13	UR, BR
33920	REPAIR OF PULMONARY ATRESIA WITH VENTRIC	13	UR, BR
33922	TRANSECTION OF PULMONARY ARTERY WITH CAR	13	UR, BR
33924	LIGATION & TAKEDOWN OF A SYSTEMIC-TO-PUL	13	UR, BR
33930	DONOR CARDIETMY-PNEUMNCTMY,W/PREP & MAIN	13	UR, BR
33935	HEART-LNG TRNSPLNT W.RECIP CARDECTMY-PNE	13	UR, BR
33940	DONOR CARDECTMY,W/PREP & MAINTN HOMOGRFT	13	UR, BR

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
33945	HEART TRNSPLNT,W/WO RECIP CARDIECTOMY	13	UR, BR
33960	PROLONGED EXTRACORPOREAL CIRCULATION	13	UR, BR
33961	PROLONGED EXTRACORPOREAL CIRCULATION FOR	13	UR, BR
33967	INSERTION OF INTRA-AORTIC BALLOON ASSIST	13	UR, BR
33968	REMOVE INTRA-AORTIC ASSIST DEVICE,	13	UR, BR
33970	INTRA-AORTIC BALLOON:INSERTION ONLY	13	UR, BR
33971	INTRA-AORTIC BALLOON:REMOVAL INLD ART RP	13	UR, BR
33973	INSERTION OF INTRA-AORTIC BALLOON ASSIST	13	UR, BR
33974	REMOVAL OF INTRA-AORTIC BALLOON ASSIST D	13	UR, BR
33975	IMPLANTATION OF VENTRICULAR ASSIST DEVIC	13	UR, BR
33976	IMPLANTATION OF VENTRICULAR ASSIST DEVIC	13	UR, BR
33977	REMOVAL OF VENTRICULAR ASSIST DEVICE; SI	13	UR, BR
33978	REMOVAL OF VENTRICULAR ASSIST DEVICE; BI	13	UR, BR
33979	INSERTION OF VENTRICULAR ASSIST DEVICE,I	11	BR
33980	REMOVAL OF VENTRICULAR ASSIST DEVICE,IMP	11	BR
33999	UNLISTED PROCEDURE CARDIAC SURGERY	11	BR
34001	EMBOLECTOMY/THROMBECTOMY:...BY NK INCIS	13	UR, BR
34051	EMBOLECT/THROMBECT SUBCLAV BY THOR INCIS	13	UR, BR
34101	EMBOLECT/THROMBECT AXIL BRACHI/ARM INCIS	NG	NC
34111	EMBOLECTOMY OR THROMBECTOMY:RADIAL/ULNAR	11	BR
34151	EMBOLECT/THROMBECT RENAL CELIA/ABD INCIS	13	UR, BR
34201	EMBOLECT/THROMBECT FEMOROPOPL LEG INCIS	11	BR
34203	EMBOLCTOMY OR THROMBCTMY:POPLITL...BY LG	11	BR
34401	THROMBECTOMY VENA CAVA ILIAC/ABD INCIS	13	UR, BR
34421	THROMBECT VENA CAV IL FEMOROPOP/LG INCIS	11	BR
34451	THROMBECT VENA CAV IL FEMOROPO/ABD INCIS	13	UR, BR
34471	THROMBECTOMY SUBCLAVIAN VEIN/NK INCIS	11	BR
34490	THROMBECTOMY AXILLARY SUBCLAV/ARM INCIS	11	BR
34501	VALVULOPLASTY,FEMORAL VEIN	11	BR
34502	RECONSTRUCTION OF VENA CAVA, ANY METHOD	13	UR, BR
34510	VENOUS VALVE TRNSPOS,ANY VEIN DONOR	11	BR
34520	CROSS-OVER VEIN GRFT TO VENOUS SYSTEM	11	BR
34530	SAPHENOPOPLITEAL VEIN ANASTOMOSIS	11	BR
34800	ENDOVASCULAR REPAIR OF INFRARENAL ABDOMI	13	UR, BR
34802	ENDOVASCULAR REPAIR OF INFRARENAL ABDOMI	13	UR, BR
34804	ENDOVASCULAR REPAIR OF INFRARENAL ABDOMI	13	UR, BR
34808	ENDOVASCULAR PLACEMENT OF ILIAC ARTERY O	13	UR, BR
34812	OPEN FEMORAL ARTERY EXPOSURE FOR DELIVER	13	UR, BR

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34813	PLACEMENT OF FEMORAL-FEMORAL PROSTHETIC	13	UR, BR
34820	OPEN ILIAC ARTERY EXPOSURE FOR DELIVERY	13	UR, BR
34825	PLACEMENT OF PROXIMAL OR DISTAL EXTENSIO	13	UR, BR
34826	PLACEMENT OF PROXIMAL OR DISTAL EXTENSIO	13	UR, BR
34830	OPEN REPAIR OF INFRARENAL AORTIC ANEURYS	13	UR, BR
34831	OPEN REPAIR OF INFRARENAL AORTIC ANEURYS	13	UR, BR
34832	OPEN REPAIR OF INFRARENAL AORTIC ANEURYS	13	UR, BR
35001	DIRECT REPAIR ANEURYSM/NECK INCISION	13	UR, BR
35002	DIRCT RPR RUPT ANEURYS CAROTID SUBCL ART	13	UR, BR
35005	DIRCT RPR ANEURYSM...VERTEBRL ART	13	UR, BR
35011	REPAIR ANEURYSM AXIL-BRACH ART/ARM INCIS	11	BR
35013	DIRCT RPR ANEURYSM AXILLARY BRACH ARTERY	13	UR, BR
35021	REPAIR ANEURYSM INNOM SUBCLAV/THOR INCIS	13	UR, BR
35022	DIRCT RPR RUPT ANEURYSM INNOMSUBCLAV ART	13	UR, BR
35045	DIRCT RPR ANEURYSM/OCL DIS,RADIAL/ULN AR	13	UR, BR
35081	DIRECT REPAIR ANEURYSM/ABDOMINAL AORTA	13	UR, BR
35082	DIRCT RPR RUPT ANEURYSM ABCOMINAL AORTA	13	UR, BR
35091	REPAIR ANEURYSM ABD AORTA INVOL VISC VES	13	UR, BR
35092	RPR RUPT ANEURYSM ABD AORT INVL VISC VES	13	UR, BR
35102	REPAIR ANEURYSM ABD AORTA INVOL ILIA VES	13	UR, BR
35103	RPR RUPT ANEURYSM ABD AORT INVL ILIA VES	13	UR, BR
35111	DIRECT REPAIR ANEURYSM SPLENIC ARTERY	13	UR, BR
35112	RPR RUPT ANEURYSM SPLENIC ARTERY	13	UR, BR
35121	REPAIR ANEURYSM HEPAT CELI RENAL MES ART	13	UR, BR
35122	RPR RUPT ANEURYS HEPAT CELI RENL MES ART	13	UR, BR
35131	DIRECT REPAIR ANEURYSM ILIAC ARTERY	13	UR, BR
35132	DIRCT RPR RUPT ANEURYSM ILIAC ARTERY	13	UR, BR
35141	REPAIR ANEURYSM COMMON FEMORAL ARTERY	13	UR, BR
35142	RPR RUPT ANEURYSM COMMON FEMORAL ARTERY	13	UR, BR
35151	REPAIR ANEURYSM POPLITEAL ARTERY	13	UR, BR
35152	RPR RUPT ANEURYSM POPLITEAL ARTERY	13	UR, BR
35161	DIRECT REPAIR ANEURYSM OTHER ARTERIS	13	UR, BR
35162	DIRCT RPR RUPT ANEURYSM OTHER ARTERIES	13	UR, BR
35180	RPR,CONGNTL ARTRIOVEN FISTULA:HEAD & NK	11	BR
35182	RPR, CONGNTL ARTRIOVEN FISTUL:THORX,ABDO	13	UR, BR
35184	RPR CONGNTL ARTROVEN FISTUL: EXTRIMITIES	11	BR
35188	RPR ACQIRD/TRAUMA ARTROVN FISTUL:HD & NK	4	$1,489
35189	RPR,ACQIRD/TRAUMA ARTRVEN FISTU:THRX,ABD	13	UR, BR

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35190	RPR,ACQIRD/TRAUMA ARTRVEN FISTU:EXTREMIT	11	BR
35201	REPAIR BLOOD VESS/A-V FISTULA DIRECT NK	11	BR
35206	REPAIR BLOOD VESSELS UPPER EXTREMITY	11	BR
35207	REPAIR VESSELS/A-V FISTULA HAND & FINGER	4	$1,489
35211	REPAIR BLOOD VESS INTRATHORACIC W/BYPASS	13	UR, BR
35216	REPAIR BLOOD BES INTRATHORACIC W/O BYPAS	13	UR, BR
35221	REPAIR BLOOD VESSELS INTRA-ABDOMINAL	13	UR, BR
35226	REPAIR BLOOD VESSELS LOWER EXTREMITY	11	BR
35231	REPAIR BLD VESL:W/VEIN GRFT NECK	11	BR
35236	REPAIR BLD VESS W/VEIN GRFT UPPER EXTREM	11	BR
35241	REPAIR BLD VES/VEIN GRFT INTRATHOR W/BYP	13	UR, BR
35246	REPAIR BLD VES/VN GRFT INTRATHOR W/O BYP	13	UR, BR
35251	REPAIR BLOOD BES W/VEIN GRFT INTRA-ABDOM	13	UR, BR
35256	REPAIR BLOOD BES W/VEIN GRFT LWR EXTREM	11	BR
35261	REP BLD VESL W/GRFT OTHR THN VEIN:NECK	11	BR
35266	REP BLD VES/FIS W/GRF OTHR THN VN/UP EXT	11	BR
35271	BLD VS/FIS W/BYP-GRF OTH THN VN INTRTHOR	13	UR, BR
35276	BLD BES/FIS W/GRF OTHR THN VN INTRATHOR	13	UR, BR
35281	BLD VES/FIS W/GRFT OTHR THN VN INTRA-ABD	13	UR, BR
35286	BLD BES/FIST W/GRFT OTHR THN VN LWR EXT	11	BR
35301	THROMBOENDARTERECTOMY BY NECK INCISION	13	UR, BR
35311	THROMBOENDARTERECTOMY SUBCL/THORAC INCIS	13	UR, BR
35321	THROMBOENDARTERECTOMY AXILLARY-BRACHIAL	11	BR
35331	THROMBOENDARTERECTOMY ABDOMINAL AORTA	13	UR, BR
35341	THROMBOENDARTERECTOMY MESENT CELI RENAL	13	UR, BR
35351	THROMBOENDARTERECTOMY ILIAC	13	UR, BR
35355	THROMBONDRTRCTMY,W/WO0 PATCH GRFT:ILIOFE	13	UR, BR
35361	THROMBOENDARTERECTOMY COMBINED AORTOILI	13	UR, BR
35363	THROMBNDRTRCTMY,W/WO PTCH GRFT:COMBD AOR	13	UR, BR
35371	THROMBOENDARTERECTOMY COMMON/DEEP FEMOR	13	UR, BR
35372	THROMBOEDARTERECTOMY,W/WO PATCH GRFT,DEE	13	UR, BR
35381	THROMBOENDARTERECTOMY FEM/POPLI/TIBIOPER	13	UR, BR
35390	REOPERATION, CAROTID, THROMBOENDARTERECT	13	UR, BR
35400	ANGIOSCOPY	13	UR, BR
35450	TRNSLUMNL ANGIOPLS,OPEN RENAL	13	UR, BR
35452	TRNSLUM ANGIOPLS,OPEN:AORTIC	13	UR, BR
35454	TRNSLUM ANGIOPLS,OPEN:ILIAC	13	UR, BR
35456	TRNSLUM ANGIOPLS,OPEN:FEMORL-POPLITEAL	13	UR, BR

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35458	TRNSLUM ANGIOPLS,OPEN:BRACHIOCEPHALIC	11	BR
35459	TRNSLUM ANGIOPLS,OPEN:TIBIOPERONEAL TRNK	11	BR
35460	TRNSLUM ANGIOPLS,OPEN:VENOUS	11	BR
35470	TRNSLUM ANGIOPLS,PERC;TIBIOPERO TRUNK &	11	BR
35471	TRANSLUM ANGIOPLS,PERC;RENAL OR VISCERAL	11	BR
35472	TRNSLUM ANGIOPLS, PERC; AORTIC	11	BR
35473	TRNSLUM ANGIOPLS, PERC;ILIAC	11	BR
35474	TRNSLUM ANGIOPLS,PERC; FEMORAL-POPLITEAL	11	BR
35475	TRNSLUM ANGIOPLS, PERC;BRACHIOCEPHALIC	11	BR
35476	TRNSLUM ANGIOPLS,PERC; VENOUS	11	BR
35480	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPE	13	UR, BR
35481	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPE	11	BR
35482	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPE	13	UR, BR
35483	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPE	13	UR, BR
35484	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPE	11	BR
35485	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPE	11	BR
35490	TRANSLUMINAL PERIPHERAL ATHERECTOMY, PER	11	BR
35491	TRANSLUMINAL PERIPHERAL ATHERECTOMY, PER	11	BR
35492	TRANSLUMINAL PERIPHERAL ATHERECTOMY, PER	11	BR
35493	TRANSLUMINAL PERIPHERAL ATHERECTOMY, PER	11	BR
35494	TRANSLUMINAL PERIPHERAL ATHERECTOMY, PER	11	BR
35495	TRANSLUMINAL PERIPHERAL ATHERECTOMY, PER	11	BR
35500	HARVEST UPPER EXTREM VEIN FOR BYPASS,ONE	11	BR
35501	BYPASS GRAFT VEIN CAROTID	13	UR, BR
35506	BYPASS GRAFT VEIN CAROTID-SUBCLAVIAN	13	UR, BR
35507	BYPASS-GRAFT VEIN SUBCLAVIAN-CAROTID	13	UR, BR
35508	BYPASS GRAFT VEIN:CAROTID-VERTEBRAL	13	UR, BR
35509	BYPASS GRAFT VEIN CAROTID-CAROTID	13	UR, BR
35511	BYPASS GRAFT VEIN SUBCLAVIAN-SUBCLAVIAN	13	UR, BR
35515	BYPASS GRAFT, VEIN:SUBCLAVIAN-VERTEBRAL	13	UR, BR
35516	BYPASS GRAFT VEIN SUBCLAVIAN-AXILLARY	13	UR, BR
35518	BYPASS GRAFT, VEIN:AXILLARY-AXILLARY	13	UR, BR
35521	BYPASS GRAFT VEIN AXILLARY-FEMORAL	13	UR, BR
35526	BYPASS GRAFT VEIN AORTOSUBCLAV/CAROTID	13	UR, BR
35531	BYPASS GRAFT,VEIN:AORTOCELIAC/AORTOMESNT	13	UR, BR
35533	TYPASS GRAFT,VEIN:AXILLARY-FEMORAL-FEMOR	13	UR, BR
35536	BYPASS GRAFT VEIN SPLENORENAL	13	UR, BR
35541	BYPASS GRAFT VEIN AORTOILIAC	13	UR, BR

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35546	BYPASS GRAFT,VEIN:AORTOFEMORAL/BIFEMORAL	13	UR, BR
35548	BYPASS GRAFT VEIN AORTOILIOFEMORAL UNILA	13	UR, BR
35549	BYPASS GRAFT VEIN AORTOILIOFEMORAL BILAT	13	UR, BR
35551	BYPASS GRAFT VEIN AORTOFEMORAL-POPLITEAL	13	UR, BR
35556	BYPASS GRAFT VEIN FEMORAL-POPLITEAL	13	UR, BR
35558	BYPASS GRAFT VEIN FEMORAL-FEMORAL	13	UR, BR
35560	BYPASS GRAFT,VEIN:AORTORENAL	13	UR, BR
35563	BYPASS GRAFT VEIN ILIOILIAC	13	UR, BR
35565	BYPASS GRAFT VEIN ILIOFEMORAL	13	UR, BR
35566	BYPASS GRAFT VEIN FEMORAL-ANTERIOR TIBIA	13	UR, BR
35571	BYPASS GRAFT VEIN POPLITEAL-TIBIAL	13	UR, BR
35582	IN-SITU VEIN BYPAS:AORTOFMRL-POPLTL	13	UR, BR
35583	IN-SITU VEIN BYPAS:FEMORAL-POPLITEAL	13	UR, BR
35585	IN-SIT VEIN BYPAS:FEMRL-ANT/PST TIBL/PER	13	UR, BR
35587	IN-SITU VEIN BYPAS:POPLITL-TIBL,PERONEAL	13	UR, BR
35600	HARVEST OF UPPER EXTREMITY ARTERY, ONE	13	UR, BR
35601	BYPASS GRAFT W/OTHER THAN VEIN CAROTID	13	UR, BR
35606	BYPAS GRFT W/OTHR THN VN CAROTID-SUBCLAV	13	UR, BR
35612	BYP GRAFT W/OTHR THN VN SUBCLAV	13	UR, BR
35616	BYP GRAFT W/OTHR THN VN SUBCLAV-AXILLARY	13	UR, BR
35621	BYP GRAFT W/OTHR THN VN AXILLARY-FEMORAL	13	UR, BR
35623	BYPASS GRAFT, WITH OTHER THAN VEIN; AXIL	13	UR, BR
35626	BYP GRF W/OTHR THN VN AORTOSUBCLAV/CAROT	13	UR, BR
35631	BYP GRF W/OTH THN VN AORTOCEL/MESE/RENAL	13	UR, BR
35636	BYPASS GRAFT W/OTHR THN VEIN SPLENORENAL	13	UR, BR
35641	BYPASS GRAFT W/OTHR THN VEIN AORTOILIAC	13	UR, BR
35642	BYPAS GRFT,W/OTH THN VEIN,CAROTD-VERTEBR	13	UR, BR
35645	BYPAS GRFT,W/OTH THN VEIN,SUBCLAV-VERTEB	13	UR, BR
35646	BYPAS GRFT W/OTH THN VEIN,AORTOFEM/BIFEM	13	UR, BR
35647	BYPASS GRAFT W/OTHER THAN VEIN;AORTOBIFE	13	UR, BR
35650	BYPAS GRFT,W/OTH THN VEIN,AXILLARY-AXILL	13	UR, BR
35651	BYP GRAFT W/OTHR THN VN AORTOFEM/POPLITE	13	UR, BR
35654	BYPAS GRFT,W/OTH THN VEIN,AXILARY-FEMRL-	13	UR, BR
35656	BYP GRAFT W/OTHR THN VN FEMORAL/POPLITEA	13	UR, BR
35661	BYP GRAFT W/OTHR THN VN FEMORAL-FEMORAL	13	UR, BR
35663	BYPASS GRAFT W/OTHER THAN VEIN ILIOILIAC	13	UR, BR
35665	BYPASS GRAFT W/OTHR THN VEIN ILIOFEMORAL	13	UR, BR
35666	BYP GRF W/OTH THN VN FEM-ANTERIOR TIBIAL	13	UR, BR

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35671	BYPASS GRAFT W/OTHR THN VN POPLIT/TIBIAL	13	UR, BR
35681	BYPASS GRAFT, COMPOSITE	13	UR, BR
35682	BYPASS GRAFT;AUTOGENOUS COMPOSITE, TWO	13	UR, BR
35683	BYPASS GRAFT;AUTOGENOUS COMPOSITE, THREE	13	UR, BR
35685	PLACEMENT OF VEIN PATCH OR CUFF AT DISTA	11	BR
35686	CREATION OF DISTAL ARTERIOVENOUS FISTULA	11	BR
35691	TRANSPOSITION AND/OR REIMPLANTATION; VER	13	UR, BR
35693	TRANSPOSITION AND/OR REIMPLANTATION; VER	13	UR, BR
35694	TRANSPOSITION AND/OR REIMPLANTATION; SUB	13	UR, BR
35695	TRANSPOSITION AND/OR REIMPLANTATION; CAR	13	UR, BR
35700	REOPERATION, FEMORAL-POPLITEAL OR FEMORA	13	UR, BR
35701	EXPLORATION CAROTID ARTERY	13	UR, BR
35721	EXPLORATION FEMORAL ARTERY	13	UR, BR
35741	EXPLORATION POPLITEAL ARTERY	13	UR, BR
35761	EXPLORATION OTHER VESSELS	11	BR
35800	EXPLORE POST-OP HEMORRHAGE/THROMBOSIS NK	13	UR, BR
35820	EXPLOR POST-OP HEMORRHAG/THROMBOSIS CHST	13	UR, BR
35840	EXPLOR POST-OP HEMORRHAGE/THROMBOSIS ABD	13	UR, BR
35860	EXPLOR POST-OP HEMORRHAG/THROMBOSIS EXTR	11	BR
35870	REPAIR GRAFT-ENTERIC FISTULA	13	UR, BR
35875	THROMBCTMY ARTERIAL GRAFT	9	$3,166
35876	THROMBECTOMY OF ARTERIAL OR VENOUS GRAFT	9	$3,166
35879	REVISION,LWR EXTREM ARTERIAL BYPASS, W/O	11	BR
35881	REVISION,LWR EXTREM ARTERIAL BYPASS, W/O	11	BR
35901	EXCISION OF INFECTED GRAFT; NECK	13	UR, BR
35903	EXCISION OF INFECTED GRAFT; EXTREMITY	11	BR
35905	EXCISION OF INFECTED GRAFT; THORAX	13	UR, BR
35907	EXCISION OF INFECTED GRAFT; ABDOMEN	13	UR, BR
36000	INTRODUCTION-NEEDLE/INTRACATH VEIN	11	BR
36002	INJECTION PROCEDURES (EG THROMBIN) FOR P	11	BR
36005	INJECTION PROCEDURE FOR CONTRAST VENOGRA	11	BR
36010	INTRODUCTION CATH, SUP/INF VENA CAVA	11	BR
36011	SELECT CATH PLCMNT,VENOUS SYS;1ST BRANCH	11	BR
36012	SELECT CATH PLCMNT,VENOUS SYS;2ND/BRANCH	11	BR
36013	INTRO CATH,RIGHT HEART OR MAIN PULMONARY	11	BR
36014	SELECT CATH PLCMNT, LEFT/RIGHT PULMONARY	11	BR
36015	SELECT CATH PLCMNT,SEG/SUBSEG PULMONARY	11	BR
36100	INTRODUC NEEDL/INTRCATH CAR/VERT-ART	11	BR

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36120	INTRODUC NEEDL/INTRCATH RETRO BRACH ART	11	BR
36140	INTRODUC NEEDL/INTRCATH EXTREM ARTERY	11	BR
36145	ARTERIOVENOUS SHUNT FR DIALYSIS(CAN,FIS/	11	BR
36160	INTRODUC NEEDL/INTRCATH AORTIC/TRNSLUMBR	11	BR
36200	INTRODUCTION OF CATHETER,AORTA	11	BR
36215	SLCT CATH,ARTRL SYS;EACH 1ST ORDER THX/B	11	BR
36216	SLCT CATH,ARTRL SYS;INTL 2ND ORDER THRX/	11	BR
36217	SLCT CATH,ARTRL SYS;INTL 3RD ORDER THRX/	11	BR
36218	SLCT CATH,ARTRL SYS;ADDTL 2ND/3RD/OTHER	11	BR
36245	INTRODUC CATH,AORTA/SELECTV:EA ADD ABDM	11	BR
36246	SLCT CATH,ARTRL SYS;INTL 2ND ORDER ABDOM	11	BR
36247	SLCT CATH,ARTRL SYS;INTL 3RD OR MORE	11	BR
36248	SLCT CATH,ARTRL SYS;INTL 2ND,3RD OR MORE	11	BR
36260	INSERT IMPLANTABLE INTRA-ARTRL INFUS PUM	3	$1,206
36261	REVISE IMPLANTED INTRA-ARTRL INFUS PUMP	2	$1,054
36262	REMOVAL OF IMPLANTED INTRA-ARTRL INFUS P	1	$787
36299	UNLISTED PROCEDURE-VASCULAR INJECTION	11	BR
36410	VENIPUNCTURE ADULT FR DX/THERAP SEP PRO	11	BR
36415	VENIPUNCTURE ROUTINE COLLECT SPECIMENS*	11	BR
36425	VENIPUNCTURE CT DOWN, AGE 1 OR OVER	11	BR
36430	BLOOD TRANSFUSION INDIRECT	11	BR
36455	EXCHANGE TRANSFUSION OTHER THAN NEWBORN	11	BR
36460	INTRAUTERINE FETAL TRANSFUSION	11	BR
36468	SINGLE/MULTIPLE INJECT SCLEROSING SOLU	11	BR
36469	SINGLE/MULT INJECT SCHLEROSING SOL,FACE	11	BR
36481	PERCUTANEOUS PORTAL VEIN CATHET ANY METH	11	BR
36488	INSERTION OF CATHETER, VEIN	1	$787
36489	PLACEMENT CENTRAL VEN CATH PERC OVR 2	1	$787
36490	INSERTION OF CATHETER, VEIN	1	$787
36491	CUTDOWN OVER AGE 2	1	$787
36493	REPOSITIONING OF CENTRAL VENOUS CATH UND	11	BR
36500	VENOUS CATH SELEC ORGAN BLD SAMPL	11	BR
36520	THERAPEUTIC APHERESIS(PLSMA &/OR CELL EX	11	BR
36521	THERAPEUTIC APHERESIS W/EXTRACORPOREAL	11	BR
36522	PHOTOPHEREDSIS, EXTRACORPOREAL	11	BR
36530	INSERTION OF IMPLANTABLE INTRAVENOUS INF	3	$1,206
36531	REVISION OF IMPLANTABLE INTRAVENOUS INF	2	$1,054
36532	REMOVAL OF IMPLANTABLE INTRAVENOUS INF	1	$787

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
36533	INSERTION OF IMPLANT VENOUS ACCESS PORT	3	$1,206
36534	REVISION OF IMPLANT VENOUS ACCESS PORT	2	$1,054
36535	REMOVAL OF IMPLANT VENOUS ACCESS PORT	1	$787
36540	COLLECTION OF BLOOD SPECIMEN FROM A PART	11	BR
36550	DECLOT THROMBOLYTIC AGNT OF IMPLANT VASC	11	BR
36600	ARTERIAL PUNCTURE BLOOD WITHDRAWAL DX	13	UR, BR
36620	ART CATH FOR MONTOR/TRANSFUSON, PERCUT	11	BR
36625	ART CATH FR MONTOR/TRNSFUSION, CUTDOWN	11	BR
36640	ART CATH FOR CHEMOTHEPY, CUTDOWN	1	$787
36680	PLACEMENT NEEDLE FOR INTRAOSSEOUS INFUSI	11	BR
36800	CANNULA INSERTION, VEIN TO VEIN	3	$1,206
36810	CANNULA INSERT ARTERIO-VENOUS EXTERNAL	3	$1,206
36815	CANNULA INSERT ARTERIO-VENOUS EXT REVIS	3	$1,206
36819	AV ANASTAMOSIS OPEN BASILIC	3	$1,206
36820	AV FUSION/FOREARM VEIN	3	$1,206
36821	ARTERIOVENOUS ANASTAMOSIS ANY SITE	3	$1,206
36822	INSRTION CANNULA(S) FOR PROLONGED ECMO	13	UR, BR
36823	INSERTION OF ARTERIAL & VENOUS CANNULAS	13	UR, BR
36825	CREATE ARTERIOVEN FISTUL:AUTOGENOUS GRFT	4	$1,489
36830	ARTERIOVENOUS FISTUL NONAUTO GRFT	4	$1,489
36831	THROMBECTOMY,ARTERIOVENOUS FISTULA W/OUT	9	$3,166
36832	REV OF ARTERIOVENOUS FISTULA,W/WO THROMB	4	$1,489
36833	REVISION,ARTERIOVENOUS FISTULA W/THROMBE	4	$1,489
36834	PLASTIC REPAIR OF ARTERIOVENOUS ANEURYSM	11	BR
36835	INSERTION OF THOMAS SHUNT	4	$1,489
36860	CANNULA DECLOTTING W/O BALOON CATH	2	$1,054
36861	CANNULA DECLOTTING W/BALOON CATH	3	$1,206
36870	THROMBECTOMY, PERCUTANEOUS, ARTERIOVENOU	9	$3,166
37140	ANASTOMOSIS PORTOCAVAL	13	UR, BR
37145	ANASTOMOSIS RENOPORTAL	13	UR, BR
37160	CAVAL-MESENTERIC ANASTOMOSIS	13	UR, BR
37180	ANASTAMOSIS SPLENORENAL, PROXIMAL	13	UR, BR
37181	ANASTOMSIS SPLENORENAL, DISTAL	13	UR, BR
37195	THROMBOLYTIC THERAPY, STROKE	13	UR, BR
37200	TRANSCATHETER BIOPSY	11	BR
37201	TRANSCATH THRPY,INFUSION F THROMBOLYSIS	11	BR
37202	TRANSCATH THRPY,INFUSION OTHER THN THROM	11	BR
37203	TRANSCATH RETRIEVAL,PERCUTANUEOUS, OF IN	11	BR

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
37204	TRANSCATH OCCLUSION OR EMBOLIZATION,	11	BR
37205	TRANSCATHETER PLACEMENT OF AN INTRAVASCU	11	BR
37206	TRANSCATHETER PLACEMENT OF AN INTRAVASCU	11	BR
37207	TRANSCATHETER PLACEMENT OF AN INTRAVASCU	11	BR
37208	TRANSCATHETER PLACEMENT OF AN INTRAVASCU	11	BR
37209	EXCHANGE PREVIOUSLY PLACED ARTERIAL CATH	11	BR
37250	INTRAVASCULAR ULTRASOUND, INITIAL VESSEL	11	BR
37251	INTRAVASCULAR ULTRASOUND,EA ADD'L VESSEL	11	BR
37565	LIGATION OF INTERNAL JUGULAR VEIN	11	BR
37600	LIGATION OF EXTERNAL CAROTID ARTERY	11	BR
37605	LIGATION/INTERNAL-COMMON CAROTID ARTERY	11	BR
37606	LIGAT/INTERN-COM CAROT ART W/GRAD OCCLUS	11	BR
37607	LIGATION OR BANDING OF ANGIOACCESS ARTER	3	$1,206
37609	LIGATION OR BIOPSY-TEMPORAL ARTERY	2	$1,054
37615	LIGATION MAJOR ARTERY:NECK	11	BR
37616	LIGATION MAJOR ARTERY:CHEST	13	UR, BR
37617	LIGATION MAJOR ARTERY:ABDOMEN	13	UR, BR
37618	LIGATION MAJOR ARTERY:EXTREMITY	13	UR, BR
37620	INTERRUPTION INFER VENA CAVA BY SUTURE	11	BR
37650	INTERRUPTION FEMORAL VEIN/LIGATURE UNILA	2	$1,054
37660	INTERRUPT COM ILIAC VN LIGATURE INTRAVAS	13	UR, BR
37700	LIGATION/DIV LNG SAPHENOUS VEIN UNILATER	2	$1,054
37720	LIG/DIV/STRIP LNG/SHORT SAPHEN VNS UNILA	3	$1,206
37730	LIG/DIV/STRP LNG & SHORT SAPHEN VNS UNIL	3	$1,206
37735	LIG/DIV/STRP SAPHEN VNS EXCIS ULCER UNIL	3	$1,206
37760	LIGATION PERFORATORS SUBFASCIAL SKN GRFT	3	$1,206
37780	LIG/DIV SAPHEN VEIN SAPHENOPOP JCT/SEPAR	3	$1,206
37785	LIGATION/DIV/EXC VARICOSE VEIN LEG	3	$1,206
37788	PENILE REVASCULARIZATION,ARTERY,W OR W/O	13	UR, BR
37790	PENILE VENOUS OCCLUSIVE PROCEDURE	3	$1,206
37799	UNLISTED PROCEDURE VASCULAR SURGERY	11	BR
38100	SPLENECTOMY, TOTAL	13	UR, BR
38101	SPLENECTOMY, PARTIAL	13	UR, BR
38102	SPLENECTOMY; TOTAL, EN BLOC FOR EXTENSIV	13	UR, BR
38115	RPR RUPT SPLEEN W/WO PARTL SPLENECTOMY	13	UR, BR
38120	LAPAROSCOPY,SURGICAL, SPLENECTOMY	11	BR
38129	UNLISTED LAPAROSCOPY PROCEDURE, SPLEEN	11	BR
38200	INJECTION PROCEDURE FOR SPLENOPORTOGRAPH	11	BR

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
38220	BONE MARROW ASPIRATION	11	BR
38221	BONE MARROW BIOPSY, NEEDLE OR TROCAR	11	BR
38230	BONE MARROW HARVESTING FOR TRANSPLANTAT	11	BR
38231	BLOOD-DERIVED PERIPHERAL STEM CELL HARVE	11	BR
38240	BONE MARROW TRANSPLANTATION;ALLOGENIC	11	BR
38241	BONE MARROW TRANSPLANTATION;AUTOLOGOUS	11	BR
38300	INCISION DRAINAGE LYMPH NODE LMPHYD SIM	1	$787
38305	DRN LUMPH NODE ABSCESS/LUMPHADENIT/EXTEN	2	$1,054
38308	LYMPHANGIOTOMY/OTHR SURG LYMPHATIC CHNLS	2	$1,054
38380	SUTUR/LIGATION THORAC DUCT-CERV APPROACH	13	UR, BR
38381	SUTUR/LIGATION THORAC DUCT-THOR APPROACH	13	UR, BR
38382	SUTURE/LIGATE THORACIC DUCT:ABDOMINL APP	13	UR, BR
38500	BIOPSY EXCISION LYMPH NODES SUPF SEP PRO	2	$1,054
38505	BIOPSY EXCISION LYMPH NODES NEEDLE SUPF	1	$787
38510	BIOPSY EXCISION LYMPH NODE DEEP CERV	2	$1,054
38520	BPSY/EXC CERV NDE W/EXC SCALENE FAT PAD	2	$1,054
38525	BIOPSY EXCISION LYMPH NODES DEEP AXILLAR	2	$1,054
38530	BIOSPY EXCISION LYMPH NODES INTRNL MAMM	2	$1,054
38542	DISSECTION DEEP JUGULAR NODES	2	$1,054
38550	EXC CYST HYGROMA W/O DP NEUROVAS DISSECT	3	$1,206
38555	EXC CYSTIC HYGROMA-COMPLEX	4	$1,489
38562	LMTD LYMPHADNCTMY FR STAGNG(SEP PRO)PELV	13	UR, BR
38564	LMT LYMPHADNCTMY FR STAGNG(SEP PRO)RETRO	13	UR, BR
38570	LAPROSCOPY, LYMPH NODE BIOPSY, SNGL/MULT	9	$3,166
38571	LAPAROSCOPY, W/PELVIC LYMPHADENECTOMY	9	$3,166
38572	LAPAROSCOPY,LYMPHADENECTOMY, PERI-AORTIC	9	$3,166
38589	UNLISTED LAPAROSCOPY PROCEDURE,LYMPHATIC	11	BR
38700	SUPRAHYOID LYMPHADENECTOMY	NG	NC
38720	CERVIAL LYMPHADENECTOMY COMPLETE	11	BR
38724	CERVICAL LYMPHADNCTMY(MODIFIED RAD NK DI	13	UR, BR
38740	AXILLARY LYMPHADENECTOMY SUPERFICIAL	2	$1,054
38745	AXILLARY LYMPHADENECTOMY-COMPLETE	4	$1,489
38746	THORACIC LYMPHADENECTOMY, REGIONAL, INCL	13	UR, BR
38747	ABDOMINAL LYMPHADENECTOMY, REGIONAL, INC	13	UR, BR
38760	INGUINOFEMO LYMPHADENECT SUPRFIC:SEPARA	2	$1,054
38765	INGFEM LYMPHADENECT W/PLVD LYMPH:SEPARA	13	UR, BR
38770	PELVIC LYMPHADENECTOMY UNILATERAL	13	UR, BR
38780	RETROPRITNL TRNSABDMNL LYMPHADNCTMY(SEP	13	UR, BR

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
38790	INJECT PROCEDURE LYMPHANGIOGRAPHY	NG	NC
38792	INJECTION PROCEDURE, IDENT SENTINEL NODE	11	BR
38794	CANNULATION THORACIC DUCT	11	BR
38999	UNLISTED PROCEDURE-HEMIC/LYMPHATIC SYST	11	BR
39000	MEDIASTNOTMY W/EXPLR,REMV FB/DRN:CERV AP	13	UR, BR
39010	MEDIASTINOT TRANSTHORACIC APPROACH	13	UR, BR
39200	EXCISION OF MEDIASTINAL CYST	13	UR, BR
39220	EXCISION OF MEDIASTINAL TUMOR	13	UR, BR
39400	MEDIASTINOSCOPY, W/WO BIOPSY	11	BR
39499	UNLISTED PROCEDURE MEDIASTINUM	13	UR, BR
39501	REPAIR, LACERATION OF DIAPHRAGM	13	UR, BR
39502	REPR PARESOPHGL HERNIA:TRNSABDOM EXCPT N	13	UR, BR
39503	REPR DIAPHRGMAT HERNIA:NEONATL W/WO CHS	13	UR, BR
39520	REPAIR DIAPHRAGMATIC HERNIA TRANSTHORAC	13	UR, BR
39530	REPR DIAPHRAGMATIC HRN CMBD THORACICOABD	13	UR, BR
39531	RPR DIAPHRAGM HRN THORACABD W/DIL STRICT	13	UR, BR
39540	RPR DIAPHRAGMATIC HERNIA TRAUMATIC ACUTE	13	UR, BR
39541	RPR DIAPHRAGMATIC HERNIA TRAUMATIC CHRON	13	UR, BR
39545	IMBRICATION DIAPHRAGM/EVENTRATION-PARALY	13	UR, BR
39560	RESECTION, DIAPHRAGM W/SIMPLE REPAIR	13	UR, BR
39561	RESECTION, DIAPHRAGM W/COMPLEX REPAIR	13	UR, BR
39599	UNLISTED PROCEDURE DIAPHRAGM	13	UR, BR
40490	BIOPSY LIP	11	BR
40500	VERILIONECTOMY W/MUCOSAL ADVANCEMENT	2	$1,054
40510	EXCISION LIP-TRANSVERSE WEDGE EXCISION	2	$1,054
40520	V-EXCIS LIP LESION W/PRIMARY LINEAR CLOS	2	$1,054
40525	EXCISION LIP:FULL THICK RCNSTRCT W/LOC F	2	$1,054
40527	EXCISION LIP:FULL THICK RECNSTRCT W/CROS	2	$1,054
40530	RESECTON OVER 1/4TH LIP W/O RECONSTRUCT	2	$1,054
40650	REPAIR LIP FULL THICKNESS VERMILION ONLY	3	$1,206
40652	REPAIR LIP UP TO HALF VERTICAL HEIGHT	3	$1,206
40654	RPR LIP OVER 1/2 VERT HEIGHT OR COMPLEX	3	$1,206
40700	PLASTIC REPAIR CLEFT LIP PRIMARY-UNILAT	7	$2,352
40701	REPAIR CLEFT LIP PRIMARY BILAT-ONE STAGE	7	$2,352
40702	RPR CLFT LP PRIM-BILAT ONE OF TWO STAGES	11	BR
40720	RPR CLF LP 2NCRY RECREAT DFCT/RECLOS	7	$2,352
40761	RPR CLF LP W/CRS LP PD FLP-SCT/INSRT PED	3	$1,206
40799	UNLISTED PROCEDURE LIPS	11	BR

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
40800	DRAINAGE VESTIBULE OF MOUTH-SIMPLE	11	BR
40801	DRAINAGE VESTIBULE OF MOUTH COMPLICATED	2	$1,054
40804	REMOVAL EMBEDDED FOREIGN BODY-MOUTH SIM	11	BR
40805	REMOVAL EMBEDDED FOREIGN BDY-COMPLICATED	NG	NC
40806	INCISION OF LABIAL FRENUM	NG	NC
40808	BIOPSY VESTIBULE OF MOUTH	11	BR
40810	EXCIS LESION MUCOSA,SUBMUCOSA,MOUTH W/O	11	BR
40812	EXCIS LESION MUCOSA/SUBMUCOSA W/SMPL RPR	11	BR
40814	EXCIS LESION MUCOSA/SUBMUCOSA W/CPLX RPR	2	$1,054
40816	EXC LES MUCOSA,SUBMUCOSA;CMPLX W/EXC UND	2	$1,054
40818	EXCISION MUCOSA, MOUTH AS DONOR DRAFT	1	$787
40819	EXCISON OF FRENUM/LABIAL/BUCCAL	1	$787
40820	DESTRUCTION LESION/SCAR,MOUTH PHSCL METH	NG	NC
40830	CLOSURE OF LACERATION,MOUTH 2.5CM OR LES	11	BR
40831	CLOSURE LACERATION OVR 2.6 CM OR COMPLEX	1	$787
40840	VESTIBULOPLASTY ANTERIOR	2	$1,054
40842	VESTIBULOPLASTY POSTERIOR UNILATERAL	3	$1,206
40843	VESTIBULOPLASTY POSTERIOR BILATERAL	3	$1,206
40844	VESTIBULOPLASTY ENTIRE ARCH	5	$1,695
40845	VESTIBULOPLASTY COMPLEX	5	$1,695
40899	UNLISTED PROCEDURE VESTIBULE OF MOUTH	11	BR
41000	INTRAORAL INCISION & DRAINAGE OR ABCESS*	NG	NC
41005	INCISION DRAINAGE INTRAORAL CYST SUPF	1	$787
41006	I&D INTRAORAL CYST SUBLINGUAL DEEP	1	$787
41007	I&D INTRAORAL CYST SUBMENTAL SPACE	1	$787
41008	I&D INTRAORAL CYST SUBMANDIBULAR SPACE	1	$787
41009	I&D INTRAORAL CYST MASTICATOR SPACE	1	$787
41010	INCISION OF LINGUAL FRENUM	1	$787
41015	EXTRAORAL INCISION & DRAINAGE ABSCESS	1	$787
41016	I&D EXTRAORAL ABSCESS SUBMENTAL	1	$787
41017	I&D EXTRAORAL ABSCESS SUBMANDIBULAR	1	$787
41018	I&D EXTRAORAL ABSCESS MASTICATOR SPACE	1	$787
41100	BIOPSY TONGUE ANTERIOR TWO-THIRDS	11	BR
41105	BIOPSY TONGUE POSTERIOR ONE-THIRD	NG	NC
41108	BIOPSY FLOOR OF MOUTH	11	BR
41110	EXCISION LESION OF TONGUE W/O CLOSURE	NG	NC
41112	EXC LESION TONGUE W/CLOS ANTERIOR 2/3RDS	2	$1,054
41113	EXC LESION TONGUE;POSTERIOR 1/3RD	2	$1,054

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
41114	EXCIS LESION TONGUE:W/LOCAL TONGUE FLAP	2	$1,054
41115	EXCISION OF LINGUAL FRENUM	NG	NC
41116	EXCISION LESION FLOOR OF MOUTH	1	$787
41120	GLOSSECTOMY - LESS THAN 1/2 TONGUE	5	$1,695
41130	HEMIGLOSSECTOMY	13	UR, BR
41135	GLOSSECTOMY PARTIAL W/UNIL RAD NK DISSEC	13	UR, BR
41140	GLOSSECTOMY COMPLETE/TOTAL W/WO TRACHEOT	13	UR, BR
41145	GLOSSECTOMY PART/TOTAL W/UNI RAD NK DISS	13	UR, BR
41150	GLOSSECTOMY W/RESCT FLR MTH/MANDIB RESCT	13	UR, BR
41153	GLOSSECT-RESCT FLR MTH W/SUPRAHY NK DISS	13	UR, BR
41155	GLOSSECT RESCT FLR MTH/MANDIB/RAD NK DIS	13	UR, BR
41250	REP LAC 2.5 CM/LESS:MOUTH FLR/ANT 2/3TNG	2	$1,054
41251	REP LAC 2.5CM/LESS: POSTERIOR 1/3 TONGUE	2	$1,054
41252	REP LAC TNG/FLR MTH OVR 2.6 CM OR COMPLX	2	$1,054
41500	FIXATE TONGUE MECHANIC OTHR THN SUTURE	1	$787
41510	SUTURE TONGUE TO LIP FOR MICROGNATHIA	1	$787
41520	FRENOPLASTY	2	$1,054
41599	UNLISTED PROCEDURE-TONGUE-FLOOR OF MOUTH	11	BR
41800	DRAINAGE ABSCESS-CYST-HEMATOMA FROM DENT	1	$787
41805	REMOVAL EMBED FOREIGN BDY FRM DENTOALVEO	NG	NC
41806	REMOVAL EMBEDDED FOREIGN BODY FROM BONE	NG	NC
41820	GINGIVECTOMY EXCIS GINGIVA EACH QUADRANT	11	BR
41821	OPERCULECTOMY EXCIS PERICORONAL TISSUES	11	BR
41822	EXCISION FIBROUS TUBEROSITIES,DENTOALVEO	11	BR
41823	EXCISION OSSEOUS TUBEROSITIES,DENTOALVEO	11	BR
41825	EXCISION LESION OR TUMOR W/O REPAIR	11	BR
41826	EXCISION LESION OR TUMOR W/SIMPLE REPAIR	11	BR
41827	EXCISION LESION/TUMOR W/COMPLEX REPAIR	2	$1,054
41828	EXC HYPERLASTIC ALVEOL MUCO EA SXT/QUAD	11	BR
41830	ALVEOLECTOMY W/CRTTG OSTEITIS/SEQUESTREC	11	BR
41850	DESTRUCTION OF LESION	11	BR
41870	PERIODONTAL MUCOSAL GRAFTING	11	BR
41872	GINGIVOPLASTY	11	BR
41874	ALVEOPLASTY	11	BR
41899	UNLISTED PROCEDURE DENTOALVEOLAR STRCTRS	11	BR
42000	DRAINAGE ABSCESS PALATE UVULA	2	$1,054
42100	BIOPSY OF PALATE-UVULA	11	BR
42104	EXCISION LESION PALATE UVULA W/O CLOSURE	NG	NC

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
42106	EXCISION LESION PALATE UVULA W/ CLOSURE	NG	NC
42107	6.CIS LES PALAT,UVULA:W/LOC FLAP CLOSE	2	$1,054
42120	RESECTION PALATE/EXTENSIV RESECT LESION	4	$1,489
42140	UVULECTOMY EXCISION OF UVULA	2	$1,054
42145	PALATOPHRYNGPLSTY	5	$1,695
42160	DESTRUCTION OF LESION PALATE OR UVULA	NG	NC
42180	REPAIR LACERATION OF PALATE UP TO 2 CM	1	$787
42182	REPAIR LACERATION PALATE OVR 2CM-COMPLEX	2	$1,054
42200	PALATOPLASTY CLEFT PLAATE SFT/HRD PALATE	5	$1,695
42205	PALATOPLASTY CLFPAL W/CLS ALVEOLAR RIDG	5	$1,695
42210	PALATOPLSTY W/BONE GFT ALVEOLR RDG(INCL	5	$1,695
42215	PALATOPLASTY CLFT PALATE-MAJOR REVISION	7	$2,352
42220	PALATOPLASTY CLF PAL 2NDRY LENGTHEN PROC	5	$1,695
42225	PALATOPLAST CLF PAL-ATTCH PHARYNGEAL FLP	NG	NC
42226	LENGTHEN PALATE & PHARYNGEAL FLAP	5	$1,695
42227	LENGTHEN PALATE W/ISLAND FLAP	11	BR
42235	REPAIR ANTERIOR PALATE INCL VOMER FLAP	5	$1,695
42260	REPAIR NASOLABIAL FISTULA	4	$1,489
42280	MAXILLARY IMPRESSION FR PALATAL PROSTHES	11	BR
42281	INSERT PIN-RETAINED PALATAL PROSTHESIS	NG	NC
42299	UNLISTED PROCEDURE-PALATE UVULA	11	BR
42300	DRAINAGE ABSCESS PAROTID SIMPLE	1	$787
42305	DRAINAGE ABSCESS-PAROTID COMPLICATED	2	$1,054
42310	DRAINAGE ABSCESS SUBMAX SUBLING INTRAOR	1	$787
42320	DRAINAGE ABSCESS SUBMAXILLARY-EXTERNAL	1	$787
42325	FISTULIZATION SUBLINGUAL SALIVARY CYST	2	$1,054
42326	FISTULIZAT SUBLING SALIV CYST W/PROSTHES	11	BR
42330	SIALOLITHOTOMY SUBMANDIBULAR UNCOMPLIC	11	BR
42335	SIALOLITHOTOMY SUBMANDIBULAR COMPLICATED	NG	NC
42340	SIALOLITHOTOMY PAROTID EXTRAORAL OR INTR	2	$1,054
42400	BIOPSY SALIVARY GLAND NEEDLE	11	BR
42405	BIOPSY SALIVARY GLAND INCISIONAL	2	$1,054
42408	EXCISION SUBLINGUAL SALIVARY CYST	3	$1,206
42409	MARSUPIALIZATION SUBLING SALIVARY CYST	3	$1,206
42410	EXC PAROTID TUMOR LAT LBE W/O NRV DESSEC	3	$1,206
42415	EXC PAR TMR LAT LBE W/DIS/PRESERV FAC NV	7	$2,352
42420	EXCIS PAROT TOTAL W/DISS/PRESERV FAC NRV	7	$2,352
42425	EXC PAR TOTL EN BLC REMV W/SACRIF FAC NV	7	$2,352

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42426	EXC PAR TOTL W/UNIL RADICL NK DISSECTION	13	UR, BR
42440	EXCISION OF SUBMANDIBULAR GLAND	3	$1,206
42450	EXCISION OF SUBLINGUAL GLAND	2	$1,054
42500	PLASTIC REPAIR SALIVRY DUCT PRIMAR;SIMPL	3	$1,206
42505	PLASTIC RPR SALIVARY DUCT PRIM COMPLICAT	4	$1,489
42507	PAROTID DUCT DIVERSION-BILATERAL	3	$1,206
42508	PAROT DUCT DIVERS W/EXC 1 SUBMANDIB GLND	4	$1,489
42509	PARO DCT DIVERS W/EXC 2 SUBMANDIB GLNDS	4	$1,489
42510	PAROTD DUCT DIVRS BILAT:W/LIGATE BTH SUB	4	$1,489
42550	INJECTION PROCEDURE FOR SIALOGRAPHY	11	BR
42600	CLOSURE SALIVARY FISTULA	1	$787
42650	DILATION SALIVARY DUCT*	11	BR
42660	DILATION CATHETERIZATION SALIVARY DUCT	11	BR
42665	LIGATION SALIVARY DUCT-INTRAORAL	11	BR
42699	UNLISTED PROCEDURE-SALIVARY GLANDS/DUCST	11	BR
42700	INCISION/DRAINAGE ABSCESS-PERITONSILLAR	1	$787
42720	I&D ABSC RETRO/PARAPHARYN INTRAOR APPROA	1	$787
42725	I&D ABSC RETRO/PARAPHARYN EXTRN APPROACH	2	$1,054
42800	BIOPSY-OROPHARYNX	11	BR
42802	BIOPSY-HYPOPHARYNX	1	$787
42804	BIOPSY-NASOPHARYNX VISIBLE LESION SIMPLE	1	$787
42806	BIOPSY-NASOPHARYNX SRVEY UNKNWN PRIM LES	2	$1,054
42808	EXCISON OR DESTRUCTION LESION PHARYNX	2	$1,054
42809	REMOVAL OF FOREIGN BODY FROM PHARYNX	11	BR
42810	EXC BRANCIAL CLF CYST-SKN SUBCUTAN TISS	3	$1,206
42815	EXC BRANCHIAL CLF CYST/VESTIGE/FISTLA,EX	5	$1,695
42820	TONSILLECTOMY/ADENOIDECTOMY UNDR AGE 12	NG	NC
42821	TONSILLECTOMY/ADENOIDECTOMY AGE 12/OVER	5	$1,695
42825	TONSILLECTOMY PRIMARY/2NDARY UNDR AGE 12	NG	NC
42826	TONSILLECTOMY PRIMARY/2NDARY AGE 12/OVER	4	$1,489
42830	ADENOIDECTOMY PRIMARY UNDER AGE 12	NG	NC
42831	ADENOIDECOTMY PRIMARY AGE 12 OR OVER	4	$1,489
42835	ADENOIDECTOMY SECONDARY UNDER AGE 12	NG	NC
42836	ADENOIDECOMTY SECONDARY AGE 12 OR OVER	4	$1,489
42842	RAD RESCT TONSL,TONS PIL,&/OR TRG W/O CL	11	BR
42844	RAD RESCT TONSL,T PIL,TRG:W/CLOS W/LOC F	11	BR
42845	RAD RESCT TONSL,T PIL,TRG:W/OTHR CLOSE	13	UR, BR
42860	EXCISION OF TONSIL TAGS	3	$1,206

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
42870	EXCISION/DESTRUCT LINGUAL TONSIL,ANY MET	3	$1,206
42890	LIMITED PHARYNGECTOMY W/O RADCL NK DISS	7	$2,352
42892	RESCT LAT PHRYNGL WALL/PYRFRM SIN DIR CL	7	$2,352
42894	RESCT PHRYNGL WALL REQ CLOSE W/MYOCU FLP	13	UR, BR
42900	SUTURE PHARYNX FOR WOUND OR INJURY	1	$787
42950	PHARYNGOPLASTY	2	$1,054
42953	PHARYNGOESOPHAGEAL REPAIR	13	UR, BR
42955	PHARYNGOSTOMY	2	$1,054
42960	CONTRAOL OROPHARYNGEAL HEMORRHAGE-SIMPLE	1	$787
42961	CTRL OROPHARYNG HEMRRHGE-CMPLIC REQ HOSP	13	UR, BR
42962	CTRL OROPHARYN HMRRHG W/2NDRY HOSP INTRV	2	$1,054
42970	CTRL NASOPHARYNGEAL HEMORRHAGE SIMPLE	11	BR
42971	CTRL NASOPHARYNGEAL-CMPLICATED REQ HOSP	13	UR, BR
42972	CTRL NASOPHARYNGEAL W/2NDRY SURG INTRVEN	3	$1,206
42999	UNLISTED PROCEDURE-PHARYNX ADENOIDS TONS	11	BR
43020	ESOPHAGOTOMY-CERV APPROACH W/REMOVAL FB	11	BR
43030	CRICOPHARYNGEAL MYOTOMY	11	BR
43045	ESOPHAGOTOMY-THORAC APPRCH W/REMOVAL FB	13	UR, BR
43100	EXC LOC LES ESOPHAG W/PRM RPR-CRV APPRCH	13	UR, BR
43101	EXC LOC LES ESOPHAG W/PRM RPR-THOR APPRO	13	UR, BR
43107	ESOPHAGECTOMY,TOTAL OR NEAR TOTAL,W/O TH	13	UR, BR
43108	ESOPHAGECTOMY,TOTAL OR NEAR TOTAL,W/O TH	13	UR, BR
43112	ESOPHAGECTOMY,TOTAL OR NEAR TOTAL,W/THOR	13	UR, BR
43113	ESOPHAGECTOMY,TOTAL OR NEAR TOTAL,W/THOR	13	UR, BR
43116	ESOPHAGECTOMY,PARTIAL,CERVICAL,W/FREE IN	13	UR, BR
43117	ESOPHAGECTOMY,PARTIAL,DISTAL 2/3,W/THOU	13	UR, BR
43118	ESOPHAGECTOMY,PARTIAL,DISTAL 2/3,W/THO	13	UR, BR
43121	ESOPHAGECTOMY,PARTIAL,DISTAL 2/3,W/THO	13	UR, BR
43122	ESOPHAGECTOMY,PARTIAL,THORACOABDOMINAL/A	13	UR, BR
43123	PARTIAL REMOVAL OF ESOPHAGUS	13	UR, BR
43124	ESOPHAGECTOMY,TOTAL/PARTIAL,W/O RECONSTR	13	UR, BR
43130	DIVERTICULECTOMY HYPOPARYNX CERV APPRCH	11	BR
43135	DIVERTICULECTOMY HYPOPHARYNX THOR APPRCH	13	UR, BR
43200	ESOPHAGOSCOPY, RIGID/FLEX FIBROPTC:DIAGN	1	$787
43201	ESOPH SCOPE W/SUBMUCOUS INJ	1	$787
43202	ESOPHAGOSCOPY W/BIOPSY/COLL OF SPECIMEN	1	$787
43204	ESOPHAGSCPY W/INJCT SCLEROSIS ESOPH VARI	1	$787
43205	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH B	1	$787

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
43215	ESOPHAGOSCOPY FOR FOREIGN BODY REMOVAL	1	$787
43216	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH R	1	$787
43217	ESOPHAGOSCPY FR/REMOVAL OF POLYP(S)	1	$787
43219	ESOPHAGOSCPY FR/INSRT PLASTCI TUBE/STNT	1	$787
43220	ESOPHAGOSCOPY FOR DILATION, DIRECT	1	$787
43226	ESOPHAGOSCOPY W/INSRT WIRE GUIDE DILA	1	$787
43227	ESOPHAGOSCOPY FR CONTRL HEMM(EG ELEC/LAS	2	$1,054
43228	ESOPHAGOSCOPY FR ABLATION TUMOR OR MUC	2	$1,054
43231	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; W/ END	2	$1,054
43232	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; W/ TRA	2	$1,054
43234	UGI ENDOSCOPY,SMPL PRIM EXM W/FLX FIBRSC	1	$787
43235	UGI ENDOSCOPY INCL ESOPH,STOM . . COMPLX	1	$787
43236	UPPR GI SCOPE W/SUBMUC INJ	2	$1,054
43239	UGI ENDOSCOPY FOR BIOPSY &/OR COLL SPEC	2	$1,054
43240	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDI	2	$1,054
43241	UPPR GI ENDOSCPYW/TRNSNDOSCPC TUBE CATH	2	$1,054
43242	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDI	2	$1,054
43243	ENDOSCOPY, UPPERGASTRO,FOR INJ SCLEROSIS	2	$1,054
43244	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDI	2	$1,054
43245	UGI ENDOSCOPY FOR DILATE GASTR OUTLT FR	2	$1,054
43246	UGI ENDOSCOPY FR DIRCT PLACE PERC GAS TU	2	$1,054
43247	UGI ENDOSCOPY FOR REMOVAL FOREIGN BODY	2	$1,054
43248	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDI	2	$1,054
43249	ENDOSCOPY,UPPER GASTROINTESTINAL,INCL ES	2	$1,054
43250	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDI	2	$1,054
43251	UGI ENCOSCOPY FOR REMOVAL POLYPOID LESIO	2	$1,054
43255	UGI ENDOSCOPY FR CONTRL HEMM(EG ELEC/LAS	2	$1,054
43256	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDI	3	$1,206
43258	UGI ENDOSCOPY FOR ABLATE TUMOR/MUCOSL LE	3	$1,206
43259	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDI	3	$1,206
43260	ENDOSCOPIC RETRO CHOLANGIOPAN (ERCP)W/WO	2	$1,054
43261	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATO	2	$1,054
43262	ENDOSCOPIC RETRO CHOLANGIO(ERCP) FR SPHI	2	$1,054
43263	ENDOSCOPIC RETR CHLANG(ERCP)FR PRESS MEA	2	$1,054
43264	ENSCOPIC RETR CHLANG(ERCP)FR EXTRCT STON	2	$1,054
43265	ENDOSCOPY, UPPERGASTRO, DESTRUCT LITHOTR	2	$1,054
43267	ENDOSCOPIC RETR CHLANG(ERCP)FR INSERT NA	2	$1,054
43268	ENDOSCOPIC RETR CHLNG(ERCP)FR INSRT TUBE	2	$1,054

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
43269	ENDOSCOPY,UPPERGASTRO,FOR REMOVAL A/O CH	2	$1,054
43271	ENDOSCOPIC RETR CHLNG(ERCP)FR BALLOON DI	2	$1,054
43272	ENDOSCOPC RETR CHLNG(ERCP)FR ABLAT TUM/M	2	$1,054
43280	LAPAROSCOPY,ESOPHAGOGASTIC FUNDOPLASTY	11	BR
43289	UNLISTED LAPAROSCOPY PROCEDURE,ESOPHAGUS	11	BR
43300	ESOPHAGOPLASTY-CERVICAL APPROACH	13	UR, BR
43305	ESOPHAGOPLASTY/RPR TRACH-ESOP FSTULA-CRV	13	UR, BR
43310	ESOPHAGOPLASTY-THORACIC APPROACH	13	UR, BR
43312	ESOPHAGOPLAST/RPR TRACH-ESOP FSTULA-THOR	13	UR, BR
43320	ESOPHAGOGASTROSTOMY-ABDOMINAL APPROACH	13	UR, BR
43324	ESOPHAGOGASTRIC FUNDOPLASTY	13	UR, BR
43325	ESPHAGOGASTRIC FUNDOPLAS W/FUNDIC PATCH	13	UR, BR
43326	ESOPHAGOGASTRIC FUNDOPLASTY W/GASTROPLST	13	UR, BR
43330	ESOPHAGOMYOTOMY-ABDOMINAL APPROACH	13	UR, BR
43331	ESOPHAGOMYOTOMY THORACIC APPROACH	13	UR, BR
43340	ESOPHAGOJEJUNOSTOMY-ABDOMINAL APPROACH	13	UR, BR
43341	ESOPHAGOJEJUNOSTOMY THORACIC APPROACH	13	UR, BR
43350	ESOPHAGOSTOMY EXTERNAL-ABDOMINAL APPRCH	13	UR, BR
43351	ESOPHAGOSTOMY EXTERNAL-THORACIC APPROACH	13	UR, BR
43352	ESOPHAGOSTOMY EXTERNAL CERVICAL APPROACH	13	UR, BR
43360	GASTROINTESTINAL RECONSTRUCTION FOR PREV	13	UR, BR
43361	GASTROINTESTINAL RECONSTRUCTION FOR PREV	13	UR, BR
43400	LIGATION DIRECT ESOPHAGEAL VARICES	13	UR, BR
43401	TRNSCT ESOPHAGUS W/REPAIR FR ESOPHAG VAR	13	UR, BR
43405	LIGATION/STAPLING AT GASTROESOPHAGEAL JU	13	UR, BR
43410	SUTURE ESOPHAGEAL WND/INJ-CERV APPROACH	13	UR, BR
43415	SUTURE ESOPHAGEAL WND/INJ-THORAC APPRCH	13	UR, BR
43420	CLOS ESOPHAGOSTOMY FISTULA-CERV APPROACH	13	UR, BR
43425	CLOS ESOPHAGOSTOMY FISTULA-THORAC APPRCH	13	UR, BR
43450	DILATION ESOPHAGUS UNGUIDED SOUND INTL*	1	$787
43453	DILATION ESOPHAGUS OVR GUIDED WIR/STRING	1	$787
43456	DILATE ESOPHAGUS BY BALLOON/STARK:RETROG	2	$1,054
43458	DILATION OF ESOPHAGUS WITH BALLOON (30 M	2	$1,054
43460	ESOPHAGOGASTRIC TAMPONADE WITH BALLOON	13	UR, BR
43496	FREE JEJUNUM FLAP, MICROVASC	13	UR, BR
43499	UNLISTED PROCEDURE ESOPHAGUS	11	BR
43500	GASTROTOMY W/EXPLORATION FB REMOVAL	13	UR, BR
43501	GASTROTOMY:W/SUTR REP BLEEDNG ULCR/ESOPH	13	UR, BR

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
43502	GASTROTOMY	13	UR, BR
43510	GASTROTOM W/ESOPH DILAT/INSRT PLAST TUBE	13	UR, BR
43520	PYLOROMYOTOMY CUTTING OF PYLORIC MUSCLE	13	UR, BR
43600	BIOPSY OF STOMACH-CAPSULE/TUBE/PERORAL	1	$787
43605	BIOPSY STOMACH BY LAPAROTOMY	13	UR, BR
43610	EXCISION, LOCAL OF STOMACH ULCER/TUMOR	13	UR, BR
43611	EXCISION, LOCAL; MALIGNANT TUMOR OF STOM	13	UR, BR
43620	GASTRECTOMY TOTL INCL INTEST ANASTOMOSIS	13	UR, BR
43621	GASTRECTOMY, TOTAL; WITH ROUX-EN-Y RECON	13	UR, BR
43622	GASTRECTOMY, TOTAL; WITH FORMATION OF IN	13	UR, BR
43631	GASTRECTOMY, PARTIAL, DISTAL; WITH GASTR	13	UR, BR
43632	GASTRECTOMY, PARTIAL, DISTAL; WITH GASTR	13	UR, BR
43633	GASTRECTOMY, PARTIAL, DISTAL; WITH ROUX-	13	UR, BR
43634	GASTRECTOMY, PARTIAL, DISTAL; WITH FORMA	13	UR, BR
43635	HEMIGASTRECTOM W/PYLOROPLASTY W/VAGOTOMY	13	UR, BR
43638	HEMIGASTRECTOMY-THORACIC/ABDOM APPROACH	13	UR, BR
43639	GASTRECTOMY, PARTIAL, PROXIMAL, THORACIC	13	UR, BR
43640	VAGOTMY INC PYLORPLSTY...;TRUNCAL/SELECT	13	UR, BR
43641	VAGOTMY UBC PYLORPLST...;PARIETAL CELL	13	UR, BR
43651	LAPAROSCOPY, TRANSECTION VAGUS NERVES	11	BR
43652	LAPAROSCOPY, TRANSECTION VAGUS NERVES	11	BR
43653	LAPAROSCOPY,GASTROSTOMY,W/O CONSTRUCTION	9	$3,166
43659	UNLISTED LAPAROSCOPY PROCEDURE, STOMACH	11	BR
43750	PERCUTANEOUS PLACMNT GASTROSTOMY TUBE	2	$1,054
43752	NASO- OR ORO-GASTRIC TUBE PLACEMENT, NEC	11	BR
43760	CHANGE GASTROSTOMY TUBE SIMPLE*	1	$787
43761	REPOSITION GASTRIC FEEDING TUBE THRU DUO	11	BR
43800	PYLOROPLASTY	13	UR, BR
43810	GASTRODUODENOSTOMY	13	UR, BR
43820	GASTROJEJUNOSTOMY	13	UR, BR
43825	GASTROJEJUNOSTOMY W/VAGOTOMY ANY TYPE	13	UR, BR
43830	GASTROSTOMY TEMPORARY	11	BR
43831	GASTROSTOMY-NEONATAL, FOR FEEDING	11	BR
43832	GASTROSTOMY-PERM W/CONSTRUCT GASTRIC TBE	13	UR, BR
43840	GASTRORRHAPHY SUTURE ULCER/WOUND/INJURY	13	UR, BR
43850	REVISION GASTRODUODENOSTOMY W/O VAGOTOMY	13	UR, BR
43855	REVISION OF GASTREDUODENOSTOMY W/VAGOTOM	13	UR, BR
43860	REVISION GASTROJEJUNOSTOMY W/O VAGOTOMY	13	UR, BR

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
43865	REVISION OF GASTROJEJUNOSTOMY W/VAGOTOMY	13	UR, BR
43870	CLOSURE GASTROSTOMY SURGICAL	1	$787
43880	CLOSURE GASTROCOLIC FISTULA	13	UR, BR
43999	UNLISTED PROCEDURE-STOMACH	11	BR
44005	ENTEROLYSIS, SEPARATE PROCEDURE	13	UR, BR
44010	DUODENOTOMY FOR EXPL,BIOPSY OR FB REMOVE	13	UR, BR
44015	TUBE JEJUNOSTOMY ENTERAL ALIMENTATION,IN	13	UR, BR
44020	ENTEROTOMY,SMALL BOWEL,EXPLORTN,BIOPSY O	13	UR, BR
44021	ENTEROTMY SMALL BOWEL,OTH THN DUOD:DECOM	13	UR, BR
44025	ENTEROTOMY-EXPLOR/REMOVE FB LRG BOWEL	13	UR, BR
44050	REDUCTION OF VOLVULUS BY LAPAROTOMY	13	UR, BR
44055	CORRECT MALROTATION BY LYSIS OF DUODENAL	13	UR, BR
44100	BIOPSY INTESTINE-CAPSULE/TUBE/PERORAL	1	$787
44110	EXC 1/MORE LES SM/LG BWL-SNGL ENTEROTOMY	13	UR, BR
44111	EXC 1/MORE LES SM/LG BWL-MULT ENTEROTOMY	13	UR, BR
44120	ENTERECTOMY-RESECT SML INTESTINE W/ANAST	13	UR, BR
44121	ENTERECTOMY,RESECTION OF SMALL INTESTINE	13	UR, BR
44125	ENTERECTOMY W/DOUBLE-BARREL ENTEROSTOMY	13	UR, BR
44130	ENTEROENTEROSTOMY ANASTOMOSIS INTESTINE	13	UR, BR
44132	DONOR ENTERECTOMY, OPEN W/ PREPARATION	13	UR, BR
44133	DONOR ENTERECTOMY, OPEN W/ PREPARATION	13	UR, BR
44135	INTESTINAL ALLOTRANSPLANTION; FROM CADAV	13	UR, BR
44136	INTESTINAL ALLOTRANSPLANTION; FROM LIVIN	13	UR, BR
44139	MOBILIZATION OF SPLENIC FLEXURE PERFOR	13	UR, BR
44140	COLECTOMY PARTIAL WITH ANASTOMOSIS	13	UR, BR
44141	COLECTOMY W/SKIN LEVEL CECOSTOMY/COLOSTO	13	UR, BR
44143	COLECTOMY W/END COLOSTOMY/CLOS DISTL SEG	13	UR, BR
44144	COLECTOMY W/RESECT-CREATION MUCOFISTULA	13	UR, BR
44145	COLECTOMY WITH COLOPROCTOSTOMY	13	UR, BR
44146	COLECTOMY W/COLOPROCTOSTOMY & COLOSTOMY	13	UR, BR
44147	COLECTOMY,PARTL:ABDOMINL & TRANSANL APPR	13	UR, BR
44150	COLECTOMY TOTL ABD W/O PROCTECTMY,W/ILEO	13	UR, BR
44151	COLECTMY,TOTAL...;W/CONTINENT ILEOSTOMY	13	UR, BR
44152	COLECTOMY,PARTIAL;W RECTAL MUCOSECTMY,IL	13	UR, BR
44153	COLECTOMY,PARTIAL,W RECTAL MUCOSCTMY,ILE	13	UR, BR
44155	COLECTOMY TOTL ABDOMINL,W/PROCTCTMY & IL	13	UR, BR
44156	COLECTOMY,TOTAL ABDMNL,W/CONTINENT ILEOS	13	UR, BR
44160	COLECTOMY W/RMOVL TRM ILEUM/ILEOCOLOSTOM	13	UR, BR

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
44200	LAPAROSCOPY, ENTEROLYSIS	11	BR
44201	LAPAROSCOPY, JEJUNOSTOMY	11	BR
44202	LAPAROSCOPY, INTESTINAL RESECTION W/	13	UR, BR
44203	LAPAROSCOPY SURG EA ADD'L SM INTESTINE R	11	BR
44204	LAPAROSCOPY COLECTOMY PARTIAL W/ANASTOMO	11	BR
44205	LAPAROSCOPY COLECTOMY PARTIAL W/REMOVAL	11	BR
44209	UNLISTED LAPAROSCOPY PROCEDURE,INTESTINE	11	BR
44300	ENTEROSTOMY OR CECOSTOMY,TUBE, SEP PROC	13	UR, BR
44310	ILEOSTOMY/JEJUNOSTOMY,NONTUBE,SEP PROC	13	UR, BR
44312	REVISION OF ILEOSTOMY-SIMPLE	1	$787
44314	REVISION OF ILEOSTOMY-COMPLICATED,SEP PR	13	UR, BR
44316	CONTINENT ILEOSTOMY, SEPARATE PROCEDURE	13	UR, BR
44320	COLOSTOMY OR SKIN LEVEL CECOSTOMY	13	UR, BR
44322	COLOSTOMY/SKIN LEVEL CECOSTMY(SEP PROCED	13	UR, BR
44340	REVISION COLOSTOMY-SMPL(RELEASE SUPRFCL	3	$1,206
44345	REVISION COLOSTOMY-COMPLICATED, SEP PROC	NG	NC
44346	REVISE COLOSTMY,W/REPAIR PARAC HRN,SEP P	NG	NC
44360	SMALL INTESTINAL ENDOSCOPY-DIAGNOSTIC	2	$1,054
44361	SM INTESTIN ENDOSCPY FR/BIOPSY-COLL SPEC	2	$1,054
44363	SM INTESTIN ENDOSCOPY W/REMOVAL FB	2	$1,054
44364	SM INTESTIN ENDOSCOPY W/REMOVAL POLYPOID	2	$1,054
44365	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY	2	$1,054
44366	SM INTESTIN ENDOSCOPY CONTROL HEMORRHAGE	2	$1,054
44369	SM INTESTIN ENDOSCPY FR ABLATE TUM/MUC L	2	$1,054
44370	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY	9	$3,166
44372	ENDOSCOPY,SM INTEST,PLACEMENT PERCUT JEJ	2	$1,054
44373	ENDOSCOPY,SM INTECT, FOR CONVERS OF PERC	2	$1,054
44376	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY	2	$1,054
44377	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY	2	$1,054
44378	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY	2	$1,054
44379	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY	9	$3,166
44380	FIBEROPTIC ILEOSCOPY THROUGH STOMA	1	$787
44382	FIBEROPTIC ILEOSCOPY W/BIOPSY/COLL SPECI	1	$787
44383	ILEOSCOPY, THROUGH STOMA; W/TRANSENDOSCO	9	$3,166
44385	FIBEROPTIC EVAL OF SML INTEST(KOCK)PELV	1	$787
44386	FIBEROPTIC EVAL FR BIOPSY &/OR COLL SPEC	1	$787
44388	FIBEROPTIC COLONOSCOPY THRU COLOSTOMY	1	$787
44389	FIBROPTIC COLONOSCPY THR COLSTMY W/BIOP	1	$787

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44390	FIBROPTIC COLONOSCPY THR COLSTMY W/FB RM	1	$787
44391	FIBROPTIC COLONOSCPY THR COLSTMY FR CONT	1	$787
44392	FIBROPTIC COLONOSCPY THR COLSTMY W/POLYP	1	$787
44393	FIBEROPTIC COLNOSCPY THR COLOS FR ABLATE	1	$787
44394	COLONOSCOPY THROUGH STOMA; WITH REMOVAL	1	$787
44397	COLONOSCOPY THROUGH STOMA; W/TRANSENDOSC	11	BR
44500	INTRODUCTION OF LONG GASTROINTESTINAL TU	11	BR
44602	SUTURE OF SMALL INTESTINE (ENTERORRHAPHY	13	UR, BR
44603	SUTURE OF SMALL INTESTINE (ENTERORRHAPHY	13	UR, BR
44604	SUTURE OF LARGE INTESTINE (COLORRHAPHY)	13	UR, BR
44605	SUTURE INTESTINE LG/SM-W/COLOSTOMY	13	UR, BR
44615	INTESTINAL STRICTUROPLASTY (ENTEROTOMY A	13	UR, BR
44620	CLOSURE ENTEROSTOMY LG/SM INTESTINE	13	UR, BR
44625	CLOS ENTEROSTOMY W/RESECTION/ANASTOMOSIS	13	UR, BR
44626	REPAIR BOWEL OPENING	13	UR, BR
44640	CLOSURE OF INTESTINAL CUTANEOUS FISTULA	13	UR, BR
44650	CLOSURE OF ENTEROENTERIC/COLIC FISTULA	13	UR, BR
44660	CLOSE ENTEROVESICAL FISTULA	13	UR, BR
44661	CLS ENTEROVESICAL FIST W/BWL-BLAD RESECT	13	UR, BR
44680	INTESTINAL PLICATION, COMPLETE	13	UR, BR
44700	SUSPEND BOWEL W/PROSTHESIS	13	UR, BR
44799	UNLISTED PROCEDURE INTESTINE	11	BR
44800	EXC MECKEL DIVERTICULUM/OMPHALOMESEN DCT	13	UR, BR
44820	EXCISION OF LESION OF MESENTERY SEP PROC	13	UR, BR
44850	SUTURE MESENTERY SEPARATE PROC	13	UR, BR
44899	UNLISTED PROC MECKEL'S DIVERIT/MESENTRY	13	UR, BR
44900	I & D APPENDICEAL ABSCESS-TRANSABDOMINAL	13	UR, BR
44901	DRAIN, APP ABSCESS, PERC	13	UR, BR
44950	APPENDECTOMY	13	UR, BR
44955	APPENDEC WHN DONE TIME OF OTHR MAJ PROC	13	UR, BR
44960	APPENDECT-RUPT APPEND W/ABSC-PERITONITIS	13	UR, BR
45000	TRANSRECTAL DRAINAGE OF PELVIC ABSCESS	1	$787
45005	I & D OF SUBMUCOUS ABSCES-RECTUM	2	$1,054
45020	I&D SUPRALEVAT-PELVIRECT-RETRORECT ABSC	2	$1,054
45100	BIOPSY ANORECTEAL WALL-ANAL APPRCH	1	$787
45108	ANORECTAL MYOMECTOMY	2	$1,054
45110	PROCTECT-ABDOMINOPERIN W/COLOST 1-2 STGE	13	UR, BR
45111	PROCTECTOMY W/PARTIAL RESECTOIN RECTUM	13	UR, BR

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45112	PROCTEC-ABD-PERIN PULL-THRU PROC 1-2 STG	13	UR, BR
45113	PROCTECTOMY,PARTIAL,W/RECTAL MUCOSECTOMY	13	UR, BR
45114	PROCTECT-ABD/TRANSACRAL APPRCH 1-2 STGE	13	UR, BR
45116	PROCTECTOMY TRANSACRAL APPROACH ONLY	13	UR, BR
45119	REMOVE, RECTUM W/ RESERVOIR	13	UR, BR
45120	PROTECTOMY CMPLETE CONGENITAL MEGACOLON	13	UR, BR
45121	PROCTECTOMY,COMPLETE,W COLECTOMY W MULT	13	UR, BR
45123	PROCTECTOMY,PARTIAL,W/O ANASTOMOSIS,PERI	13	UR, BR
45126	PELVIC EXENTERATION FOR COLORECTAL MALIG	13	UR, BR
45130	EXC RECTAL PROCIDENTIA-PERINEAL APPRCH	13	UR, BR
45135	EXC RECTAL PROCIDENTIA ABD/PERIN APPRCH	13	UR, BR
45136	EXCISION OF ILEOANAL RESERVOIR W/ ILEOST	11	BR
45150	DIVISION OF STRICTURE OF RECTUM	2	$1,054
45160	EXC RECTL TMR PROCTOT-TRNSAC-COCC APPRCH	2	$1,054
45170	EXC RECTAL TUMOR SIMPLE-TRANSANAL APPRCH	2	$1,054
45190	DESTRUCTION RECTAL TUMOR,ANY METHOD	9	$3,166
45300	PROCTOSIGMOIDOSCOPY-DIAGNOSTIC	11	BR
45303	PROCTOSIGMOIDOSCPY W/DILAT-INSTRUMENTAL	11	BR
45305	PROCTOSIGMOIDOSCOPY W/ BIOPSY	1	$787
45307	PROCTOSIGMOIDOSCPY W/REMOVAL FB	1	$787
45308	PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL	1	$787
45309	PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL	1	$787
45315	PROCTOSIGMOIDOSCOPY W/REM MULTI POLYPS	1	$787
45317	PROCTOSIGMOIDOSCOPY-W/CONTROL HEMORRHAGE	1	$787
45320	PROCTOSIGMOIDOSCOPY W/ ABLATION OF TUMO	1	$787
45321	PROCTOSGMOIDSCPY:DX W/ DECOMPRES VOLVUL	1	$787
45327	PROCTOSIGMOIDOSCOPY, RIGID; W/TRANSENDOS	11	BR
45330	SIGMOIDOSCOPY FLEXIBLE FIBEROPTIC-DIAG	11	BR
45331	SIGMOIDOSCPY W/BIOPSY &/OR COLL SPECIMN	1	$787
45332	SIGMOIDOSCPY W/REMOVAL FOREIGN BODY	1	$787
45333	SIGMOIDOSCOPY W/REMOV POLYPOID LESION(S)	1	$787
45334	SIGMOIDOSCOPY W/ CONTROL OF HEMORRHAGE	1	$787
45335	SIGMOIDOSCOPE W/SUBMUC INJ	1	$787
45337	SIGMOIDOSCOPY W/ DECOMPRESS OF VOLVULUS	1	$787
45338	SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF	1	$787
45339	SIGMOIDOSCOPY, FLEXIBLE; WITH ABLATION O	1	$787
45340	SIG W/BALLOON DILATION	1	$787
45341	SIGMOIDOSCOPY, FLEXIBLE;W/ENDOSCOPIC ULT	11	BR

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
45342	SIGMOIDOSCOPY, FLEXIBLE;W/TRANSENDOSCOPI	11	BR
45345	SIGMOIDOSCOPY, FLEXIBLE;W/TRANSENDOSCOPI	11	BR
45355	COLONOSCOPY TRANSABDOMINAL VIA COLOTOMY	1	$787
45378	COLONOSC FIBEROPT BEYOND SPLEN FLEX-DIAG	2	$1,054
45379	COLONOSC FIBEROPTIC-SPLEN FLEX W/REM FB	2	$1,054
45380	COLONOSC FIBEROPTIC-SPLEN FLEX W/BIOPSY	2	$1,054
45381	COLONOSCOPE, SUBMUCOUS INJ	2	$1,054
45382	COLONOSC FIBEROP-SPLN FLX/CNTRL HEMRRHGE	2	$1,054
45383	COLNSCPY FIBROPTC OVR 25 CM:ABLATE TUM/L	2	$1,054
45384	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLEN	2	$1,054
45385	COLONOSC FIBEROP-SPL FLX W/REM POLYPOID	2	$1,054
45386	COLONOSCOPE DILATE STRICTURE	2	$1,054
45387	COLONOSCOPY FLEXIBLE, PROXIMAL TO SPLENI	11	BR
45500	PROCTOPLASTY FOR STENOSIS	2	$1,054
45505	PROCTOPLASTY-PROLAPSE OF MUCOUS MEMBRANE	2	$1,054
45520	PERIRECTAL INJ SCLERO SOL-PROLPS	11	BR
45540	PROCTOPEXY FOR PROLAPSE-ABDOMINAL APPRCH	13	UR, BR
45541	PROCTOPEXY FOR PROLAPSE-PERINEAL APPRCH	13	UR, BR
45550	PROCTOPEXY W/SIGMOID RESECT-ABD APPROACH	13	UR, BR
45560	REPAIR OF RECTOCELE SEP PROC	2	$1,054
45562	EXPLORATION/REPAIR/DRAINAGE RECTUM	13	UR, BR
45563	EXPLORATION/REPAIR/DRAINAGE RECTUM	13	UR, BR
45800	CLOSURE RECTOVESICAL FISTULA	13	UR, BR
45805	CLOSURE RECTOVESICAL FISTULA W/COLOSTOMY	13	UR, BR
45820	CLOSURE RECTOURETHRAL FISTULA	13	UR, BR
45825	CLOSE RECTOURETHRAL FISTULA W/COLOSTOMY	13	UR, BR
45900	REDUCTION PROCIDENTIA UNDER ANESTHESIA	1	$787
45905	DILATION ANAL SPHINCTER W ANES NOT LOC	1	$787
45910	DILAT RECTL STRICTRE OTHR THN LCL ANESTH	1	$787
45915	REMOVAL FECAL IMPACTION O FB UNDER ANES	1	$787
45999	UNLISTED PROCEDURE RECTUM	11	BR
46020	PLACEMENT OF SETON	3	$1,206
46030	REMOVAL ANAL SETON, OTHER MARKER	1	$787
46040	I&D ISCHIORECTAL/PERIRECTAL ABSCESS SEP	3	$1,206
46045	I&D ABSCESS-TRANSANAL UNDER ANESTHESIA	2	$1,054
46050	INCISION DRAINAGE PERINAL ABSCESS SUPF	1	$787
46060	I&D ISCHIORECTAL ABSCESS W/FISTULECTOMY	2	$1,054
46080	SPHINCTEROTOMY ANAL DIVISION OF SPHIN	3	$1,206

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
46083	INCISE THROMBSD HEMORRHOID,EXTERNAL	11	BR
46200	FISSURECTOMY, W/WO SPHINCTEROTOMY	2	$1,054
46210	CRYPTECTOMY, SINGLE	2	$1,054
46211	CRYPTECTOMY, MULTIPLE	2	$1,054
46220	PAPILLECTOMY/EXCISION OF SINGLE TAG ANUS	1	$787
46221	HEMORRHOIDECTOMY BY SIMPLE LIGATURE	11	BR
46230	EXC EXT HEMORRHOID TAGS/MULT PAPIL-OFFIC	11	BR
46250	HEMORRHOIDECTOMY, EXTERNAL, COMPLETE	3	$1,206
46255	HEMORRHOIDECTOMY INTERNAL/EXTERNL-SIMPLE	3	$1,206
46257	HEMORRHOIDECTOMY W/FISSURECTOMY-SIMPLE	3	$1,206
46258	HEMORRHOIDECTOMY W/FISTULECTOMY-SIMPLE	3	$1,206
46260	HEMORRHOIDECT INTRNL/EXTRNL-CMPLX/EXTNSV	3	$1,206
46261	HEMORRHOIDECTOMY W/FISSURECTOMY-COMPLEX	4	$1,489
46262	HEMORRHOIDECTOMY W/FISTULECTOMY-COMPLEX	4	$1,489
46270	FISTULECTOMY SUBCUTANEOUS	3	$1,206
46275	FISTULECTOMY SUBMUSCULAR	3	$1,206
46280	FISTULECTOMY COMPLEX/MULTIPLE	4	$1,489
46285	FISTULECTOMY SECOND STAGE	1	$787
46288	CLOSURE ANAL FISTULA W/RECTAL ADVANCEMNT	4	$1,489
46320	ENUCLEATION EXCISION EXTNL THROM HEMMRD	11	BR
46500	INJ SCLEROS SOL HEMORRHOID/MUCOS PROLAPS	11	BR
46600	ANOSCOPY DIAGNOSTIC	11	BR
46604	ANOSCOPY W/DILATION DIRECT INSTURMENTAL	11	BR
46606	ANOSCOPY W/BIOPSY	11	BR
46608	ANOSCOPY W/REMOVAL OF FOREIGN BODY	1	$787
46610	ANOSCOPY W/REMOVAL OF POLYP	1	$787
46611	ANOSCOPY; WITH REMOVAL OF SINGLE TUMOR,	1	$787
46612	ANOSCOPY WITH MULTIPLE POLYP REMOVAL	1	$787
46614	ANOSCOPY W/COAG FR CNTRL OF HEMORRHAGE	11	BR
46615	ANOSCOPY; WITH ABLATION OF TUMOR(S), POL	2	$1,054
46700	ANOPLASTY OPERATION FOR STRICTURE-ADULT	3	$1,206
46715	REPAIR OF CONGENITAL ANOVAGINAL FISTULA	13	UR, BR
46716	PERINEAL TRANSPLANT-ANOVAGINAL FISTULA	13	UR, BR
46730	CONSTRUCT ANUS PERINEAL/SACROCOCC APPRCH	13	UR, BR
46735	CONSTRUCT ANUS-ABDOMINAL/PERINEAL APPRCH	13	UR, BR
46740	CONSTRUCT ANUS W/REPAIR URINARY FISTULA	13	UR, BR
46742	REPAIR OF HIGH IMPERFORATE ANUS WITH REC	13	UR, BR
46744	REPAIR OF CLOACAL ANOMALY BY ANORECTOVAG	13	UR, BR

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
46746	REPAIR OF CLOACAL ANOMALY BY ANORECTOVAG	13	UR, BR
46748	REPAIR OF CLOACAL ANOMALY BY ANORECTOVAG	13	UR, BR
46750	SPHINCTEROPLASTY-ANAL INCONTINENCE-ADULT	3	$1,206
46751	SPHINCTEROPLASTY-ANAL INCONTINENCE-CHILD	13	UR, BR
46753	GRAFT FOR RECTAL INCONTINENCE/PROLAPSE	3	$1,206
46754	REMOVAL OF THIERSCH WIRE OR SUTURE,ANAL	2	$1,054
46760	SPHINCTEROPLASTY ANAL-MUSCLE TRANSPLANT	2	$1,054
46761	SPHINTEROPLASTY,ANAL,LEVATOR MUSCLE IMBR	3	$1,206
46762	SPHINTEROPLASTY,ANAL,IMPLANT ARTIF SPHIN	7	$2,352
46900	DESTRUCTION LESIONS ANUS SIMP CHEMICAL	11	BR
46910	ELECTRODESICCATION	11	BR
46916	DESTRUCT LESIONS(S) ANUS, SIMPL;ELECTROD	11	BR
46917	DESTRUCT LESION(S) ANUS, SIMPLE;LASER SR	1	$787
46922	DESTRUCT LESION(S) ANUS, SMPL;SRG EXCISE	1	$787
46924	DESTRUCT LESION(S) ANUS,EXTENSIVE ANY ME	1	$787
46934	DESTRUCTION OF HEMORRHOIDS;INTERNAL	11	BR
46935	CRYSOURGERY OF HEMORRHOIDS EXTERNAL	11	BR
46936	CRYOSURGERY HEMORRHOIDS-INTERNAL/EXTRNL	11	BR
46937	CRYOSURGERY OF RECTAL TUMOR-BENIGN	2	$1,054
46938	CRYOSURGERY OF RECTAL TUMOR MALIGNANT	2	$1,054
46940	CURET/CAUT ANAL FIS W/DILAT AN SPH-INITI	11	BR
46942	CURET/CAUT ANAL FIS W/DILAT AN SPH SUBSE	11	BR
46945	LIGATION INTRNL HEMORRHOIDS-SINGLE PROC	11	BR
46946	LIGATION INTRNL HEMORRHOIDS-MULTI PROCED	11	BR
46999	UNLISTED PROCEDURE ANUS	11	BR
47000	BIOPSY LIVER PERCUTANEOUS NEEDLE	1	$787
47001	BIOPSY LIVER, PERCUT NEEDLE;WHEN DONE FO	11	BR
47010	HEPATOTOMY-DRAINAGE ABSCESS/CYST 1-2 STG	13	UR, BR
47011	PERCUT DRAIN, LIVER LESION	13	UR, BR
47015	LAPAROTOMY,W/ASPIRATION &/OR INJECT OF H	13	UR, BR
47100	BIOPSY OF LIVER WEDGE	13	UR, BR
47120	HEPATECTOMY-PARTIAL LOBECTOMY	13	UR, BR
47122	HEPATECTOMY,RESECT LIVER,TRISEGMENTECTOM	13	UR, BR
47125	HEPATECTOMY-TOTAL LEFT LOBECTOMY	13	UR, BR
47130	HEPATECTOMY-TOTAL RIGHT LOBECTOMY	13	UR, BR
47133	DONOR HEPATCTMY,W/PREP & MAINT HOMOGRAFT	13	UR, BR
47134	PARTIAL REMOVAL, DONOR LIVER	13	UR, BR
47135	LIVER TRANSPLNT,W/WO RECIPIENT HEPATCTMY	13	UR, BR

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
47136	LIVER ALLOTRANSPLANTATION	13	UR, BR
47300	MARSUPIALIZATION OF CYST/ABSCESS LIVER	13	UR, BR
47350	HEPATORRHAPHY SUTURE LIVER WOUND;SIMPLE	13	UR, BR
47360	HEPATORRHAPHY,SUTURE LIVR WND/INJ;CMPLEX	13	UR, BR
47361	MANAGEMENT OF LIVER HEMORRHAGE;EXPLOR OF	13	UR, BR
47362	MANAGEMENT OF LIVER HEMORRHAGE,RE-EXPLOR	13	UR, BR
47379	UNLISTED LAPAROSCOPIC PROCEDURE, LIVER	11	BR
47399	UNLISTED PROCEDURE LIVER	11	BR
47400	HEPATICOTOMY/OSTOMY W/EXPLORA/REM CALCUL	13	UR, BR
47420	CHOLEDOCHOTOMY/OSTOMY W/WO CHOLECYSTOTOM	13	UR, BR
47425	CHOLEDOCHOTOMY/OSTOMY W/TRANSDUOD SPHINC	13	UR, BR
47460	TRANSDUODENAL SPHINCEROTOMY/SPHINCTEROP	13	UR, BR
47480	CHOLECYSTOTOMY/OSTOMY W/EXPL/REM CALCULU	13	UR, BR
47490	PERCUTANEOUS CHOLECYSTOSTOMY	11	BR
47500	INJ PERCUTANEOUS TRANSHEPAT CHOLANGIOGRA	11	BR
47505	INJECTION PROCEDURE FOR CHOLANGIOGRAPHY	11	BR
47510	INTRODUCT PERC TRNSHEPAT CATH/STENT BIL	2	$1,054
47511	INTRO PERCUT TRANSHEPATIC STENT FOR BILA	9	$3,166
47525	CHANGE PERCUTANEOUS BILIARY DRAIN CATH	1	$787
47530	REVISION &/OR REINSERTION TRANSHEP T-TUB	1	$787
47550	BILIARY ENDSCPY,INTRAOPERATIV	13	UR, BR
47552	BILIARY ENDOSCPY,PERC VIA T-TUB/OTH TRC	2	$1,054
47553	BILIARY ENDSCPY,PERC VIA TUB/TRC FR BIOP	3	$1,206
47554	BILIARY ENDSCPY,PERC VIA TUB/TRC:STONE R	3	$1,206
47555	BILIARY ENDSCPY,PERC FR DILATION BIL DCT	3	$1,206
47556	BILIARY ENDOSCOPY,PERC VIA T-TUBE,BILIAR	9	$3,166
47560	LAPAROSCOPY W/TRANSHEPATIC CHOLANGIO	3	$1,206
47561	LAPAROSCOPY W/CHOLANGIO W/BIOPSY	3	$1,206
47562	LAPAROSCOPY,SURGICAL;CHOLECYSTECTOMY	11	BR
47563	LAPAROSCOPY, CHOLECYSTECTOMY W/CHOLANGIO	11	BR
47564	LAPAROSCOPY, CHOLECYSTECTOMY W/EXPLORE	11	BR
47570	LAPAROSCOPY, CHOLECYSTOENTEROSTOMY	13	UR, BR
47579	UNLISTED LAPAROSCOPY, BILE TRACT	11	BR
47600	CHOLECYSTECTOMY	13	UR, BR
47605	CHOLECYSTECTOMY W/CHOLANGIOGRAPHY	13	UR, BR
47610	CHOLECYSTECTOMY W/EXPLORATION COMMON DCT	13	UR, BR
47612	CHOLECYSTCTMY;WITH CHOLEDOCHOENTEROSTOMY	13	UR, BR
47620	CHOLECYSTECTOMY W/WO CHOLANGIOGRAPHY	13	UR, BR

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
47630	BILIARY DUCT STONE EXTRACTION VIA T-TUBE	3	$1,206
47700	EXLPOR CONGENITAL ATRESIA-BILE DUCTS	13	UR, BR
47701	PORTOENTEROSTOMY	13	UR, BR
47711	EXCISION OF BILE DUCT TUMOR,W OR W/O PRI	13	UR, BR
47712	EXCISION OF BILE DUCT TUMOR,W OR W/O PRI	13	UR, BR
47715	EXCISION OF CHOLEDOCHAL CYST	13	UR, BR
47716	NASTOMOSIS,CHOLEDOCHAL CYST,WO EXCISION	13	UR, BR
47720	CHOLECYSTOENTEROSTOMY:DIRECT	13	UR, BR
47721	CHOLECYSTONETEROSTOMY W/GASTROENTEROSTOM	13	UR, BR
47740	ROUX-EN-Y	13	UR, BR
47741	CHOLECYSTOENTEROSTOMY	13	UR, BR
47760	ANASTOMOSIS DIRECT EXTRAHEPATIC BIL DCTS	13	UR, BR
47765	ANASTOMOSIS DIRECT INTRAHEPATIC DUCTS	13	UR, BR
47780	ANASTOMOSIS ROUX-N-Y EXTRAHEPAT BIL DCT	13	UR, BR
47785	ANASTOMOSIS,ROUX-EN-Y, OF INTRAHEPATIC B	13	UR, BR
47800	RECONSTRUCT EXTRAHEPATIC BILIARY DUCTS	13	UR, BR
47801	PLACEMENT OF CHOLEDOCHAL STENT	13	UR, BR
47802	U-TUBE HEPATICOENTEROSTOMY	13	UR, BR
47900	SUTURE EXTRAHEPATIC BILIARY DUCT FOR PRE	13	UR, BR
47999	UNLISTED PROCEDURE BILIARY TRACT	11	BR
48000	DRAINAGE OF ABDOMEN OF PANCREATITIS	13	UR, BR
48001	PLACEMENT OF DRAINS, PERIPANCREATIC, FOR	13	UR, BR
48005	RESECTION OR DEBRIDEMENT OF PANCREAS AND	13	UR, BR
48020	REMOVAL OF PANCREATIC CALCULUS	13	UR, BR
48100	BIOPSY OF PANCREAS	13	UR, BR
48102	BIOPSY OF PANCREAS,NEEDLE, PERCUTANEOUS	1	$787
48120	EXCISION OF LESION OF PANCREAS	13	UR, BR
48140	PANCREATECTOMY DISTAL W/WO SPLENECTOMY	13	UR, BR
48145	PANCREATECT DISTAL W/PANCREATICOJEJUNOST	13	UR, BR
48146	PANCREATECTOMY, DISTAL, NEAR-TOTAL WITH	13	UR, BR
48148	EXCISION OF AMPULLA OF VATER-SIMPLE	13	UR, BR
48150	PANCREATECT PROX W/PANCREATICODUODENOSTM	13	UR, BR
48152	PANCREATECTOMY, PROXIMAL SUBTOTAL WITH T	13	UR, BR
48153	PANCREATECTOMY, PROXIMAL SUBTOTAL WITH N	13	UR, BR
48154	PANCREATECTOMY, PROXIMAL SUBTOTAL WITH N	13	UR, BR
48155	PANCREATECTOMY-TOTAL	13	UR, BR
48180	PANCREATICOJEJUNOSTOMY ANASTOMOSIS	13	UR, BR
48400	INJECTION PROCEDURE FOR INTRAOPERATIVE P	13	UR, BR

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
48500	MARSUPIALIZATION OF CYST OF PANCREAS	13	UR, BR
48510	EXTERNAL DRAINAGE,SPEUDOCYST OF PANCREAS	13	UR, BR
48511	DRAIN PANCREATIC PSEUDOCYST	11	BR
48520	INTRNL ANASTOM PAN CYST-GASTROINTES TRCT	13	UR, BR
48540	INTRNL ANASTOMOSIS PANCR CYST-ROUX-EN-Y	13	UR, BR
48545	PANCREATORRHAPHY FOR TRAUMA	13	UR, BR
48547	DUODENAL EXCLUSION WITH GASTROJEJUNOSTOM	13	UR, BR
48550	DONOR PANCREATECTOMY, WITH PREPARATION A	11	BR
48554	TRANSPLANTATION OF PANCREATIC ALLOGRAFT	11	BR
48556	REMOVAL OF TRANSPLANTED PANCREATIC ALLOG	13	UR, BR
48999	UNLISTED PROCEDURE PANCREAS	11	BR
49000	EXPLORATORY LAPAROTOMY EXPLORA CELIOTOMY	13	UR, BR
49002	REOPEN RECENT LAPAOTOMY	13	UR, BR
49010	EXPLORATION RETROPERITONEAL AREA SEP PRO	13	UR, BR
49020	DRAIN PERITONEAL ABSCESS/PERITONITIS	13	UR, BR
49021	DRAIN ABDOMINAL ABSCESS, PERCUTANEOUS	13	UR, BR
49040	DRAIN SUBDIAPHRAGMATIC-SUBPHRENIC ABSC	13	UR, BR
49041	PERCUT DRAIN ABDOM ABSCESS	13	UR, BR
49060	DRAINAGE RETROPERITONEAL ABSCESS	13	UR, BR
49061	PERCUT DRAIN RETROPER ABSCESS	13	UR, BR
49062	DRAIN TO PERITONEAL CAVITY	13	UR, BR
49080	PERITONEOCENTESIS ABDOMINAL PARACN INTL	2	$1,054
49081	PERITONEOCENTESIS ABDOMINAL PARACN SUBS	2	$1,054
49085	REMOVAL OF PERITONEAL FOREIGN BODY PERIT	2	$1,054
49180	BIOPSY ABDOMINAL RETROPERITONEAL MASS	1	$787
49200	EXC/DSTR INTR-ABDOMN/RETROPERITNL TUMRS	11	BR
49201	EXC INTRA-ABD/RETOPERITON TUMORS EXTENSV	13	UR, BR
49215	EXCIS PRESACRAL OR SACROCOCCYGEAL TUMOR	13	UR, BR
49220	STAGING CELIOTOMY(LAPAROTOMY)FR HODGKINS	13	UR, BR
49250	UMBILECTOMY OMPHALECTOMY-EXC UMBILICUS	4	$1,489
49255	OMENTECTOMY EPIPLOECTOMY RESECT OMENTUM	13	UR, BR
49320	LAPROSCOPY,ABDOMEN,PERITONEUM & OMENTUM	3	$1,206
49321	LAPROSCOPY, BIOPSY	4	$1,489
49322	LAPROSCOPY, ASPIRATION	4	$1,489
49323	LAPROSCOPY, DRAINAGE LYMPHOCELE	11	BR
49329	UNLISTED LAPAROSCOPY, ABDOMEN & OMENTUM	11	BR
49400	PNEUMOPERITONEUM INITIAL*	NG	NC
49420	INSERTION INTRAPERITONEAL CANNULA TEMP	1	$787

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
49421	INSERT INTRAPERITONEAL CANNULA-PERMANENT	1	$787
49422	REMOVAL OF PERMANENT INTRAPERITONEAL CAN	1	$787
49423	EXCHANGE DRAINAGE CATH	11	BR
49424	ASSESS CYST, CONTRAST INJ	11	BR
49425	PERITONEAL-VENOUS SHUNT	13	UR, BR
49426	REVISION PERITONEAL-VENOUS SHUNT	2	$1,054
49427	INJECTION PROCEDURE (EG, CONTRAST MEDIA)	11	BR
49428	LIGATION OF PERITONEAL-VENOUS SHUNT	13	UR, BR
49429	REMOVAL OF PERITONEAL-VENOUS SHUNT	11	BR
49495	RPR ING HERNIA BABY, REDUC	NG	NC
49496	RPR ING HERNIA BABY, BLOCKED	NG	NC
49500	REPAIR ING HERNIA UNDER AGE 5-W/WO HYDRO	4	$1,489
49501	RPR ING HERNIA, INIT BLOCKED	9	$3,166
49505	REPAIR ING HERNIA OVER AGE 5	4	$1,489
49507	REPAIR INITIAL INGUINAL HERNIA, AGE 5 YE	9	$3,166
49520	REPAIR INGUINAL HERNIA-RECURRENT-ANY AGE	7	$2,352
49521	REPAIR RECURRENT INGUINAL HERNIA, ANY AG	9	$3,166
49525	REPAIR INGUINAL HERNIA-SLIDING	4	$1,489
49540	REPAIR LUMBAR HERNIA	2	$1,054
49550	RPR FEMORAL HERNIA-GROIN INCISION	5	$1,695
49553	REPAIR FEMORAL HERNIA HENRY APPRCH-BILAT	9	$3,166
49555	REPR FEMORAL HERNIA-RECURRENT-ANY APPRCH	5	$1,695
49557	REPAIR RECURRENT FEMORAL HERNIA; INCARCE	9	$3,166
49560	REPAIR VENTRAL INCISIONAL HERNIA SEP PRO	4	$1,489
49561	REPAIR INITIAL INCISIONAL HERNIA; INCARC	9	$3,166
49565	REPAIR VENTRAL HERNIA-RECURRENT	4	$1,489
49566	REPAIR RECURRENT INCISIONAL HERNIA; INCA	9	$3,166
49568	IMPLANTATION OF MESH OR OTHER PROSTHESIS	7	$2,352
49570	REPAIR EPIGASTRIC HERNIA-SIMPLE-SEP PRO	4	$1,489
49572	REPAIR EPIGASTRIC HERNIA (EG, PREPERITON	9	$3,166
49580	RPR UMBIL HERN, REDUC <5 YR	NG	NC
49582	RPR UMBIL HERN, BLOCK < 5 YR	NG	NC
49585	REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR	4	$1,489
49587	REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR	9	$3,166
49590	REPAIR SPIGELIAN HERNIA	3	$1,206
49600	REPAIR OMPHALOCELE SMALL W/PRIMARY CLOS	4	$1,489
49605	RPR OMPHALOCE LRG-GASTROSCHI W/WO PROSTH	13	UR, BR
49606	RPR OMPHALOCELE W/REDUCT UNDR ANESTHESIA	13	UR, BR

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
49610	REPAIR OMPHALOCELE-1ST STAGE	13	UR, BR
49611	REPAIR OMPHALOCELE-2ND STAGE	13	UR, BR
49650	LAPAROSCOPY, REPAIR INGUINAL HERNIA	4	$1,489
49651	LAPAROSCOPY,REPAIR RECUR INGUINAL HERNIA	7	$2,352
49659	UNLISTED LAPAROSCOPY, HEMIOPLASTY,	11	BR
49900	SUT 2NDRY ABD WALL-EVISCERAT-DEHISCENCE	13	UR, BR
49905	OMENTAL FLAP (EG, FOR RECONSTRUCTION OF	13	UR, BR
49906	FREE OMENTAL FLAP, MICROVASC	13	UR, BR
49999	UNLISTED PROCEDURE ABDOMEN-PERITONEUM-OM	11	BR
50010	RENAL EXPLORATION NOT NECESSITATING OTHE	13	UR, BR
50020	DRAINAGE PERIRENAL/RENAL ABCESS SEP PROC	13	UR, BR
50021	PERCUT DRAIN RENAL ABSCESS	11	BR
50040	NEPHROSTOMY NEPHROTOMY WITH DRAINAGE	13	UR, BR
50045	NEPHROTOMY WITH EXPLORATION	13	UR, BR
50060	NEPHROLITHOTOMY, REMOVAL OF CALCULUS	13	UR, BR
50065	NEPHROLITHOTOMY 2NDRY SURG FOR CALC	13	UR, BR
50070	NEPHROLITHOTOMY COMPLICAT CONGENITAL ABN	13	UR, BR
50075	NEPHROLITHOTOMY,STAGHORN CALCULUS	13	UR, BR
50080	PERC NEPHROSTL/PYLOS,W/WO ENDOSCP,TO 2CM	11	BR
50081	PERC NEPHRSTL/PYELS W/WO ENDSCPY OVR 2CM	11	BR
50100	TRANSECT/REPOSITION ABERRANT RENAL VESSL	13	UR, BR
50120	PYELOTOMY WITH EXPLORATION	13	UR, BR
50125	PYELOTOMY WITH DRAINAGE, PYELOSTOMY	13	UR, BR
50130	PYELOTOMY WITH REMOVAL OF CALCULUS	13	UR, BR
50135	PYELOTOMY COMPLICATED	13	UR, BR
50200	RENAL BIOPSY PERCUTANEOUS BY TROCAR OR	1	$787
50205	RENAL BIOPSY PERC BY SURG EXPO KIDNEY	13	UR, BR
50220	NEPHRECTOMY W PART URETERECTOMY ANY APP	13	UR, BR
50225	NEPHREC PART URETEREC COMPLICA PREV SRG	13	UR, BR
50230	NEPHREC URETEREC RADICAL W/REG LYMPHADEN	13	UR, BR
50234	NEPHREC W/TOTAL URETEREC SAME INCISION	13	UR, BR
50236	NEPHREC W/TOTL URETEREC SEP INCISIONS	13	UR, BR
50240	NEPHRECTOMY PARTIAL	13	UR, BR
50280	EXCISION/UNROOFING CYST(S) OF KIDNEY	13	UR, BR
50290	EXC PERINEPHRIC CYST	13	UR, BR
50300	CADAVER DONOR NEPHRECTOMY, UNI/BILATERAL	13	UR, BR
50320	LIVING DONOR NEPHRECTOMY, UNILATERAL	13	UR, BR
50340	RECIPIENT NEPHRECTOMY UNILATERAL SEP PRO	13	UR, BR

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
50360	RENAL HOMOTRANSPLNT EXCLUD NEPHRECTY	13	UR, BR
50365	RENAL HOMOTRNSPLNT RECIP NEPHRECTMY	13	UR, BR
50370	REMOVAL OF TRANSPLANTED HOMOGRAFT	13	UR, BR
50380	RENAL AUTO TRANSPLANT-REIMPLANT OF KIDNE	13	UR, BR
50390	ASPIRATION INJEC RENAL CYST O PELVIS	1	$787
50392	INTRODUC INTRACATH/CATHETER RENAL PELVIS	1	$787
50393	INTRODUC URETERAL CATH/STNT RENAL PELVIS	1	$787
50394	INJECT PROC FR PYELOGRAPH THRU TUBE/CATH	11	BR
50395	INTRO GUIDE INTO RENL PELVIS/URETR W DIL	1	$787
50396	MANOMETRIC STUDIES THRU TUBE/CATH	1	$787
50398	CHANGE NEPHROSTOMY O PYELOSTOMY TUBE	1	$787
50400	PYELOPLSTY W/WO PLSTIC OP URETER/NE;SMPL	13	UR, BR
50405	PYELOPLASTY COMPLICATED	13	UR, BR
50500	50520ORRHAPHY-SUTURE OF KIDNEY WOUND/INJ	13	UR, BR
50520	CLOSURE OF NEPHRO/PYLO-CUTANEOUS FISTULA	13	UR, BR
50525	CLOS NEPHROVISC FISTUL INC PRE ABDM APP	13	UR, BR
50526	CLS NEPHROVISC FISTUL INC REP	13	UR, BR
50540	SYMPHYSIOTOMY W/WO PYELOPLASTY UNI/BILAT	13	UR, BR
50544	LAPAROSCOPY, SURGICAL PYELOPLASTY	11	BR
50546	LAPAROSCOPY, SURGICAL; NEPHRECTOMY	13	UR, BR
50547	LAPAROSCOPY, SURGICAL; DONOR NEPHRECTOMY	13	UR, BR
50548	LAPAROSCOPY ASSISTED NEPHROURETERECTOMY	13	UR, BR
50549	UNLISTED LAPAROSCOPY PROCEDURE, RENAL	11	BR
50551	RENAL ENDOSCOPY ESTABLSH NEPH OFFI	1	$787
50553	RENAL ENDOSCPY ESTA NEPHROS W/CATH	1	$787
50555	RENAL ENDOSCPY ESTA NEPHROS W/BIOP	1	$787
50557	RENAL ENDOSCPY ESTA NEPHROS W/FULG OFF	1	$787
50559	RENAL ENDOSCPY ESTA NEPHROS W/RADIO	1	$787
50561	RENAL ENDOSCOPY ESTA NEPH W/REM FB	1	$787
50570	RENAL ENDOSCOPY THR NEPHROTOMY OR PYELOT	13	UR, BR
50572	RENAL ENDOSCPY THR NEPHROT W/CATH	13	UR, BR
50574	RENAL ENDOSCPY THR NEPHROT W/BIOPSY	13	UR, BR
50575	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PY	13	UR, BR
50576	RENAL ENDOSCPY THR NEPHROT W/FULG	13	UR, BR
50578	RENAL ENDOSCPY THR NEPHROT W/RADIO MAT	13	UR, BR
50580	RENAL ENDOSCPY THR NEPHROT W/REM FB	13	UR, BR
50590	LITHOTRIPSY,EXTRACORPOREAL SHOCK WAVE	11	BR
50600	URETEROTOMY WITH EXPLORATION OR DRAINAGE	13	UR, BR

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
50605	URETEROTOMY FR INSERT INDWELL STENT	13	UR, BR
50610	URETEROLITHOTOMY UPPER ONE-THIRD OF URET	13	UR, BR
50620	URETEROLITHOTOMY-MIDDLE 1/3RD OF URETER	13	UR, BR
50630	URETEROLITHOTMY LOWER 1/3 OF URETER	13	UR, BR
50650	URETERECTOMY WITH BLADDER CUFF SEP PROC	13	UR, BR
50660	URETERECTOMY TOTAL ECTOPIC URETER COMBIN	13	UR, BR
50684	INJECTION PROCEDURE FOR URETEROGRAPHY OR	NG	NC
50686	MANOMETRIC STUDIES THROUGH URETEROSTOMY	11	BR
50688	CHANGE OF URETEROSTOMY TUBE	1	$787
50690	INJ PROC VISUALIZ ILIAL/URETRPYLOGRPHY	NG	NC
50700	URETEROPLASTY, PLASTIC OP OF URETER	13	UR, BR
50715	URETEROLYSIS UNILATERAL	13	UR, BR
50722	URETEROLYSIS FOR OVARIAN VEIN SYNDROME	13	UR, BR
50725	URETEROLYSIS W REANASTOMOSIS FOR RETROCA	13	UR, BR
50727	REVISION OF URINARY-CUTANEOUS ANASTOMOSI	13	UR, BR
50728	REVISION OF URINARY-CUTANEOUS ANASTOMOSI	13	UR, BR
50740	URETRPYLEOSTMY-ANASTOMO URETER/RENAL PEL	13	UR, BR
50750	URETEROCALYCOSTOMY ANASTOMOSIS OF URETER	13	UR, BR
50760	URETEROURETEROSTOMY	13	UR, BR
50770	TRANSURETEROURETEROSTOMY ANASTAMOS	13	UR, BR
50780	URETERONEOCYSTOSTOMY, UNILATERAL	13	UR, BR
50782	URETERONEOCYSTOSTOMY;	13	UR, BR
50783	URETERONEOCYSTOSTOMY;	13	UR, BR
50785	URETERONEOCYSTOSTOMY W/BLADDER FLAP	13	UR, BR
50800	URETEROENTEROSTOMY DIRECT ANASTOMOSIS	13	UR, BR
50810	URETEROSIGMOIDOSTOMY	13	UR, BR
50815	URETERCOLON CONDUIT&BOWEL ANASTOMO	13	UR, BR
50820	URETERO-ILEAL CONDUIT, INCL BOWEL ANASTO	13	UR, BR
50825	CONTINENT DIVERSION, INCL BOWEL ANASTOMO	13	UR, BR
50830	URINARY UNDIVERSION	13	UR, BR
50840	REPLAC ALL/PART URETER BY BOWEL SEG	13	UR, BR
50845	CUTANEOUS APPENDICO-VESICOSTOMY	13	UR, BR
50860	URETEROSTOMY-TRANSPL URETER TO SKIN	13	UR, BR
50900	URETERORRHAPHY - SUTURE OF URETER (IP)	13	UR, BR
50920	CLOSURE OF URETERO-CUTANEOUS FISTULA	13	UR, BR
50930	CLOS URETEROVISCERL FISTULA W/REPAIR	13	UR, BR
50940	DELIGATION OF URETER	13	UR, BR
50947	LAPARO NEW URETER/BLADDER	9	$3,166

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
50948	LAPARO NEW URETER/BLADDER	9	$3,166
50949	UNLISTED LAPAROSCOPY PROCEDURE, URETER	11	BR
50951	ENDOSCOPY THR EST URETEROSTMY	1	$787
50953	ENDOSCOPY THR EST URETERO W/CATH	1	$787
50955	ENDOSCOPY THR EST URETEROS ...:W/BIOPSY	1	$787
50957	ENDOSCOPY THR EST URETEROS W/WO FULG	1	$787
50959	ENDOSCOPY THR EST URETEROS W/INSRT RADIO	1	$787
50961	ENDOSCOPY THR EST URETEROS W/REM FB	1	$787
50970	URETERAL ENDOSCOPY THROUGH URETEROTOMY	1	$787
50972	ENDOSCOPY THR URETEROTMY W/CATH	1	$787
50974	ENDOSCOPY THR URETEROTMY W/BIOPSY	1	$787
50976	ENDOSCOPY THR URETEROTMY W/FULG	1	$787
50978	ENDOSCOPY THR URETEROTMY W/RADIO SUB	1	$787
50980	ENDOSCOPY THR URETEROTMY W/REMOVE FB	1	$787
51000	ASPIRATION OF BLADDER BY NEEDLE	11	BR
51005	ASPIRATION BLADDER BY TROCAR INTRACATH	NG	NC
51010	ASPIRATE BLAD W/INSERT SUPRAPUBIC CATH	1	$787
51020	CYSTOTOMY OR CYSTOSTOMY WITH FULGURATION	4	$1,489
51030	CYSTOTOMY/CYSTOSTOMY W/CRYOSRG DESTRUCT	4	$1,489
51040	CYSTOSTOMY/CYSTOTOMY WITH DRAINAGE	4	$1,489
51045	CYSTOTOMY WITH INSERTION OF URETERAL CAT	4	$1,489
51050	CYSTOLITHOTOMY/CYSTOTOMY W/CALC REMOVAL	4	$1,489
51060	TRANSVESICAL URETEROLITHOTOMY	13	UR, BR
51065	CYSTOTOMY WITH STONE BASKET EXTRACT CALC	4	$1,489
51080	DRAINAGE OF PERI/PREVESICAL SPACE ABSCES	1	$787
51500	EXCIS URACHAL CYST/SINUS W/WO UMBIL HERN	4	$1,489
51520	CYSTOTOMY-SIMPLE EXCISION VESICAL NECK	4	$1,489
51525	CYSTOTOMY-EXCISE BLADDER DIVERTIC,SNGL/M	13	UR, BR
51530	CYSTOTOMY EXC BLADDER TUMOR	13	UR, BR
51535	CYSTOTOMY-EX/INCISION URETEROCELE	13	UR, BR
51550	CYSTECTOMY PARTIAL SIMPLE	13	UR, BR
51555	CYSTECTOMY PARTIAL COMPLICATED	13	UR, BR
51565	CYSTECTOMY,PART,W REIMPLANT URETER(S) TO	13	UR, BR
51570	CYSTECTOMY COMPLETE, SEP RPOC	13	UR, BR
51575	CYSTECTOMY,COMP,W PELVI-BILAT ILIAC LYMP	13	UR, BR
51580	CYSTECTOMY COMP W/URETSIGMOID/URE TRNSPL	13	UR, BR
51585	CYSTECTOMY-COMP W/SIGMOID-BILAT PELV LYM	13	UR, BR
51590	CYSTECTOMY COMP W/URETOILEAL COND/SIGM	13	UR, BR

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
51595	CYSTECTOMY COMP W/UR-ILEAL COND PELV BIL	13	UR, BR
51596	CYSTECTOMY,COMPL,W CONTINENT DIVERSION	13	UR, BR
51597	PELVIC EXENTERATION COMPL FR VESCICL,PRO	13	UR, BR
51600	INJ PROC F CYSTOGRAPHY/VOID URETHOGRPH*	NG	NC
51605	INJ PROC & PLACE CHAIN FR CONTRAST URETH	NG	NC
51610	INJ PROC FOR RETRO-URETHROCYSTOGRAP	NG	NC
51700	BLADDER IRRIGATION SIMPLE LAVAGE INSTIL	11	BR
51705	CHANGE CYSTOSTOMY TUBE SIMPLE	11	BR
51710	CHANGE CYSTOSTOMY TUBE COMPLICATED	1	$787
51715	ENDOSCOPIC INJECTION OF IMPLANT MATERIAL	3	$1,206
51720	BLADDER INSTIL ANTICARCINOGENIC AGENT	11	BR
51725	SIMPLE CYSTOMETROGRAM (CMG)	NG	NC
51726	COMPLEX CYSTOMETROGRAM	1	$787
51736	SIMPLE UROFLOWMETRY (URF)	11	BR
51741	COMPLEX UROFLOWMETRY	11	BR
51772	URETHRAL PRESS PROFILE ANY TECHNIQUE	1	$787
51784	EMG OF ANAL OR URETHRAL	11	BR
51785	ELECTROMYOGRPH STDYS(EMG)ANAL/URET SPHNC	1	$787
51792	STIMULUS EVOKED RESPONSE	11	BR
51795	VODDING PRESS STDY:BLADDR VOID PRESSURE	11	BR
51797	VOIDNG PRESSURE STDY:INTRA-ABDOMINAL,REC	11	BR
51800	CYSTOPLASTY/CYSTOURETHROPLASTY W/RES VES	13	UR, BR
51820	CYSTOURETHROPLASTY W UNI/BI URETERONEOCY	13	UR, BR
51840	ANTERIOR VESICO-URETHROPEXY (MARSHALL-MA	13	UR, BR
51841	ANT VESICOURETHROPEXY 2NDRY CMPLX	13	UR, BR
51845	ABDOMINO-VAG VES NK SUSP W/WO ENDSCP CNT	13	UR, BR
51860	CYSTORRHAPHY SUT BLAD WND/RUPTU SIMPL	13	UR, BR
51865	CYSTORRHAPHY SUT BLAD WND/RUPTU CMPL	13	UR, BR
51880	CLOSURE OF CYSTOSTOMY SEP PROC	1	$787
51900	CLOS VESIGOVAGINAL FISTULA-ABDOMIN APP	13	UR, BR
51920	CLOSURE VESICOUNTERINE FISTULA	13	UR, BR
51925	CLOS VESICOUTERINE FISTULA W/HYSTE	13	UR, BR
51940	CLOSURE OF BLADDER EXSTROPHY	13	UR, BR
51960	ENTEROCYSTOPLASTY INCLUDING BOWEL ANASTO	13	UR, BR
51980	CUTANEOUS VESICOSTOMY	13	UR, BR
51990	LAPAROSCOPY, URETHRAL SUSPENSION STRESS	11	BR
51992	LAPAROSCOPY,SLING OPERATION STRESS INCON	11	BR
52000	DIAGNOSITC CYSTOURETHROSCOPY-OFFICE (IP)	1	$787

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
52001	CYSTOSCOPY, REMOVAL OF CLOTS	2	$1,054
52005	CYSTOURETHROSCPY W/URETER CATH, OFFICE	2	$1,054
52007	CYSTOURETHRSCPY W/BRUSH BIOP URETR &/OR	2	$1,054
52010	CYSTOURETHRSCPY W/EJAC DUCT CATH OFFICE	2	$1,054
52204	CYSTOURETHRSCPY W/BIOPSY	2	$1,054
52214	CYSTOURETHRSCPY W/FULG OF TRIGONE,BLAD N	2	$1,054
52224	CYSTOURETHRSCPY FULG UNDR 0.5 CM	2	$1,054
52234	CYSTOURETHRSCPY FULG 0.5-0.2 CM SMALL BL	2	$1,054
52235	CYSTOURETHRSCPY FULG 2.0-5.0 CM MED BLAD	3	$1,206
52240	CYSTOURETHRSCPY FULG OVER 5.0 CM LRG BLA	3	$1,206
52250	CYSTOURETHRSCPY W/INSERTION RADIOACT SUB	4	$1,489
52260	CYSTOURETHRSCPY W/BLAD DIL GEN/SPINL ANE	2	$1,054
52265	CYSTOURETHRSCPY W/BLAD DIL LOCAL ANES	11	BR
52270	CYSTOURETHRSCPY W/INTRNL URETHROTOMY FEM	2	$1,054
52275	CYSTOURETHRSCPY W/INTRNL URETHROTMY MALE	2	$1,054
52276	CYSTOURETHRSCPY W/DIRCT VISION INT URETH	3	$1,206
52277	CYSTOURETHRSCPY W/RESECT EXT-SPHINCTER	2	$1,054
52281	CYSTOURETHROSCOPY W/CALIBRAT 7/OR DIL	2	$1,054
52282	CYSTOURETHROSCOPY W/INSERT URETHRL STENT	9	$3,166
52283	CYSTOURETHRSCPY W/STEROID INJECT	2	$1,054
52285	CYSTOURETHRSCPY TRT FEMALE URETHRL SYN W	2	$1,054
52290	CYSTOURETHRSCPY URETERAL MEATOTOMY UNIL	2	$1,054
52300	CYSTO W RESECT/FULGAR URETEROCELE-UNI/BI	2	$1,054
52301	CYSTOSCOPY AND TREATMENT	11	BR
52305	CYSTOURETHRSCPY W/INC/RES ORIFICE BLAD D	2	$1,054
52310	CYSTO-REMOV FB/CALC URETHRA/BLADDR SIMPL	2	$1,054
52315	CYSTO-REMOV FB/CALC URETHRA/BLAD COMPL	2	$1,054
52317	LITHOLAPAXY:CRSH/FRAGMNT CALC:SIMPL/SMAL	1	$787
52318	LITHOLAPAXY:CRSH/FRAGMNT CALC:CMPLX/LRG	2	$1,054
52320	CYSTO INCL URETR CATH W/REMV CALCULUS	5	$1,695
52325	CYSTO INCL URETR CATH:W/FRAGMNT URTR CAL	4	$1,489
52327	CYSTOURETHROSCOPY (INCL URETERAL CATHETE	2	$1,054
52330	CYSTO W/MANIP WO REMOVAL OF URETERAL CAL	2	$1,054
52332	CYSTO-INSERT INDWELLING URETERL STENT	2	$1,054
52334	CYSTO W/INSRT URETR GUIDE WIRE THRU KIDN	3	$1,206
52341	CYSTOURETHROSCOPY;W/TRMT OF URETERAL STR	3	$1,206
52342	CYSTOURETHROSCOPY;W/TRMT OF URETEROPELVI	3	$1,206
52343	CYSTOURETHROSCOPY;W/TRMT OF INTRA-RENAL	3	$1,206

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
52344	CYSTOURETHROSCOPY W/ URETEROSCOPY;W/TRMT	3	$1,206
52345	CYSTOURETHROSCOPY W/ URETEROSCOPY;W/TRMT	3	$1,206
52346	CYSTOURETHROSCOPY W/ URETEROSCOPY;W/TRMT	3	$1,206
52347	CYSTOURETHROSCOPY W/ TRANSURETHRAL RESEC	11	BR
52351	CYSTOURETHROSCOPY,W/URETEROSCOPY AND/OR	3	$1,206
52352	CYSTOURETHROSCOPY,W/URETEROSCOPY AND/OR	4	$1,489
52353	CYSTOURETHROSCOPY,W/URETEROSCOPY AND/OR	4	$1,489
52354	CYSTOURETHROSCOPY,W/URETEROSCOPY AND/OR	4	$1,489
52355	CYSTOURETHROSCOPY,W/URETEROSCOPY AND/OR	4	$1,489
52400	CYSTOURETHROSCOPY W/INCISION, FULGURATIO	3	$1,206
52450	TRANSURETHRAL INCISION OF PROSTATE	3	$1,206
52500	TRANSURETHRAL RESECTION OF BLADDER NECK	3	$1,206
52510	TRANSURETHRAL BALLOON DILATION PROSTATIC	3	$1,206
52601	TRANSURETHRAL RESECTION PROSTATE COMPLET	4	$1,489
52606	TRANSURETHRL FULG POST-OP BLEED AFT F-UP	1	$787
52612	TRANSURETHRL RESECT PROSTRATE 1ST STAGE	2	$1,054
52614	TRANSURETHRL RESECT PROSTRATE 2ND STAGE	1	$787
52620	TRANSURETH RESEC RESID OBSTRUC TISSUE-90	1	$787
52630	TRANSURETH RESECT TISSUE REGROW 1 YR PO	2	$1,054
52640	TRANSURETH RESECT PO BLADDER NECK CONTRA	2	$1,054
52647	NON-CONTACT LASER COAGULATION, PROSTATE,	9	$3,166
52648	CONTACT LASER VAPORIZATION,PROSTATE,W OR	9	$3,166
52700	TRANSURETHRAL DRAINAGE OF PROSTATIC ABCE	2	$1,054
53000	URETHROTOMY/OSTOMY EXTRNL, PENDULOUS	1	$787
53010	URETHROTOMY/OSTOMY EXTERNAL (IP)PERINEAL	1	$787
53020	MEATOTOMY EXCEPT INFANT SEP PROC OFFICE	1	$787
53040	DRAINAGE OF DEEP PERIURETHRAL ABCESS	2	$1,054
53060	DRAINAGE OF SKENE'S GLAND ABCESS OR CYST	11	BR
53080	DRAIN PERINEAL URIN EXTRAVASATION,SIMPLE	3	$1,206
53085	DRAIN PERINEAL URIN EXTRAVASATION,COMPLI	13	UR, BR
53200	BIOPSY OF URETHRA	1	$787
53210	URETHRECTOMY-TOTAL-INCL CYSTOSTOMY-FEM	5	$1,695
53215	URETHRECTOMY-TOTAL-INCL CYSTOSTOMY-MALE	5	$1,695
53220	EXCISION/FULG OF CARCINOMA URETHRA	2	$1,054
53230	EXCISION URETHRAL DIVERTICULUM-FEMALE	2	$1,054
53235	EXCISION OF URETHRAL DIVERTICULUM-MALE	3	$1,206
53240	MARSUPIALIZATION OF URETHRAL DIVERTICULU	2	$1,054
53250	EXCISION OF BULBOURETHRAL GLAND	2	$1,054

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
53260	EXCIS/FULGURAT RETHRAL POLYP(S) DIST	2	$1,054
53265	EXCIS/FULGURATION,URETHRAL CARUNCLE	2	$1,054
53270	EXC/FULG SKENES GLANDS	2	$1,054
53275	EXCIS/FULGURATION URETHRAL PROLAPSE	2	$1,054
53400	URETHROPLASTY 1ST STAGE FOR FISTULA	3	$1,206
53405	URETHROPLASTY 2ND STAGE FOR FISTULA	2	$1,054
53410	URETHROPLASTY-1 STAGE RECONST MALE ANTER	2	$1,054
53415	URETHRPLSTY,TRNSPUB,1 STG,RECNSTRCT/REPR	13	UR, BR
53420	URETHRPLSTY 1ST STG OF 2,REP PROSTATI	3	$1,206
53425	URETHRPLSTY 2ND STG OF 2,REP PROSTATI	2	$1,054
53430	URETHROPLASTY-RECONSTRUCT FEMALE URETHRA	2	$1,054
53431	RECONSTRUCT URETHRA/BLADDER	2	$1,054
53440	CORRECT MALE URIN INCONTINENCE W/WO PROS	2	$1,054
53442	REMOVAL PERINEAL CONTINENCE PROSTHESIS	1	$787
53443	URETHRPLSTY W/TUBRZATION POSTR URET/BLAD	11	BR
53444	INSERT TANDEM CUFF	2	$1,054
53445	CORRECT MALE URINARY INCONTINENCE W/SPH	1	$787
53446	REMOVE URO SPHINCTER	1	$787
53447	REMOVL/RPR INFLATBLE SPHINCTR INCL PMP/,	1	$787
53448	REMOVAL AND REPLACE INFLATABLE URETHRAL/	11	BR
53449	SURG CORRCT HYDRAULIC ABNORM SPH DEVICE	1	$787
53450	URETHRLMEATOPLSTY WITH MUCOSAL ADVANC	1	$787
53460	URETHRALMEATOPLASTY W/PART-EXC DIST-URE	1	$787
53502	URETHRORRHAPHY SUT URETHRL WND FEMALE	2	$1,054
53505	URETHRORRHAPHY SUTURE WND PENILE	2	$1,054
53510	URETHORRHAPHY SUTURE WND PERINEAL	2	$1,054
53515	URETHRORRHAPHY PROSTATOMEBMRANOUS	2	$1,054
53520	CLOS URETHROSTOMY/CUTANEOUS FISTULA-MALE	2	$1,054
53600	DILATION URETHRAL STRIC SOUND MALE INTL	11	BR
53601	DILATION URETHRAL STRIC SOUND MALE SUBS	11	BR
53605	DILATE URETHRAL STRICTURE/VESICA	2	$1,054
53620	DILATION URETHRAL STRIC FLIFRM MALE INT	11	BR
53621	DILATION URETHRAL STRIC FLIFRM MALE SUB	11	BR
53660	DILATION URETHRA FEMALE INCL SUPPO INTL	11	BR
53661	IDILAT FEMALE URETH INC SUPPOS-INS SUBSQ	11	BR
53665	DILATE FEMALE URETH GEN/CONDUCT ANESTESI	1	$787
53670	CATHETERIZATION URETHRA SIMPLE	11	BR
53675	CATHETERIZATION URINARY COMPLICATED	11	BR

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
53850	PROSTATIC MICROWAVE THERMOTX	9	$3,166
53852	PROSTATIC RADIOFREQ THERMO TX	11	BR
53853	TRANSURETHRAL DESTRUCTION OF PROSTATE TI	11	BR
53899	UNLISTED PROCEDURE URINARY SYSTEM	11	BR
54000	SLITTING OF PREPUCE	NG	NC
54001	DORSAL/LATERAL SLIT PREPUCE-EXCEPT NEWBO	2	$1,054
54015	INCISION AND DRAINAGE OF PENIS DEEP	4	$1,489
54050	DESTRUCTION LESIONS PENIS SIMPLE CHEM	11	BR
54055	DESTRUCTION LESIONS PENIS ELECTRODESIC	11	BR
54056	DESTRUCTION LESION(S)PENIS,CRYOSURGERY	11	BR
54057	DESTRUCTION LESION(S) PENIS,LASER SURGER	1	$787
54060	DESTRUCTION LESIONS PENIS SURG EXCISION	1	$787
54065	DESTRUCTION LESION(S) PENIS,EXTENSIV,ANY	1	$787
54100	BIOPSY OF PENIS-CUTANEOUS SEP PROC	1	$787
54105	BIOPSY OF PENIS-DEEP STRUCTURES	1	$787
54110	EXCISION OF PENILE PLAQUE	2	$1,054
54111	EXCISE PENILE PLAQUE W/GRFT TO 5CM LNGTH	2	$1,054
54112	EXCISE PENILE PLAQUE W/GRFT OVR 5CM LGTH	2	$1,054
54115	REMOVE FOREIGN BODY FRM PENIS TISSUE	1	$787
54120	AMPUTATION OF PENIS-PARTIAL	2	$1,054
54125	AMPUTATION OF PENIS-COMPLETE	NG	NC
54130	AMPUTATE PENIS RADICAL W/BILAT INGUINAL	13	UR, BR
54135	AMPUTATE PENIS RADICAL W BILAT ING&ILIAC	13	UR, BR
54150	CIRCUMCISION	NG	NC
54152	CIRCUMCISION CLAMP OR OTHR,NOT NEWBORN	1	$787
54160	CIRCUMCISION	NG	NC
54161	CIRCUMCISION-SURGICAL EXCISION-EXCEPT NE	2	$1,054
54162	LYSIS OR EXCISION OF PENILE POST-CIRC ADHESIONS	2	$1,054
54163	REPAIR INCOMPLETE CIRCUMCISION	2	$1,054
54164	FRENULOTOMY OF PENIS	2	$1,054
54200	INJECTION PEYRONIE DISEASE	11	BR
54205	INJ PROC FR PEYR DIS W/SRG EXPOS PLAQUE	4	$1,489
54220	IRRIGATION CORPORA CAVERNOSA FOR PRIAP	1	$787
54230	INJ PROC FOR CORPORA CAVERNOSOGRAPHY	11	BR
54231	DYNAMIC CAVERNOSOMETRY, INCLUDING INTRAC	11	BR
54235	INJ OF CORPORA CAVERNOSA W PHARMAC AGENT	11	BR
54240	INJ PROCEDURE FOR PENILE PLETHYSMOGRAPHY	11	BR
54250	NOCTURNAL PENILE TUMESCENCE TEST	11	BR

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
54300	STRAIGHTEN CHORDEE W/WO URETHRA MOBILIZA	3	$1,206
54304	PLSTIC OP PENIS-CORCT CHORDEE/1ST STG HY	3	$1,206
54308	URETHRPLSTY-2ND STG HYPSPDIAS RPR TO 3CM	3	$1,206
54312	URETHRPLSTY-2ND STG HYPOSPAD RPR OVR 3CM	3	$1,206
54316	URETHRPLSTY-2ND STG HYPOSPAD RPR W/GRFT	3	$1,206
54318	URETHRPLSTY-3RD STG HYPOSPAD RPR-RELS PE	3	$1,206
54322	1 STG DISTL HYPOSPADIAS RPR:W/SMPL MEATL	3	$1,206
54324	1 STG DIS HYPOSPAD RPR W/URTHPLSTY BY FL	3	$1,206
54326	1 STG DIS HYPSPAD RPR W/URTH BY FLP & MO	3	$1,206
54328	1 STG DIS HYPSPAD RPR W/EXT DISECTION	3	$1,206
54332	1 STG PRX PENILE/SCRTL HYPSPAD RPR W/EX	13	UR, BR
54336	1 STG PERI HYPOSPAD RPR W/EXT DISSCT	13	UR, BR
54340	RPR HYPOSPAD COMPLICATES:CLOSE, INCIS SM	3	$1,206
54344	RPR HYPOSPAD COMP:REUIRE MOBILZE SKN FLP	3	$1,206
54348	RPR HYPOSPAD COMPLICATES REQ EXT DISSECT	3	$1,206
54352	RPR HYPOSPAD CRPPL REQ DISSECT & EXCISIO	3	$1,206
54360	PLASTIC SURG PENIS TO CORRECT ANGULATE	3	$1,206
54380	PLASTIC OP PENIS FR EPISPADIAS	3	$1,206
54385	PLASTIC OP FR EPISPADIAS W/INCONTINENCE	3	$1,206
54390	PLASTIC OP FR EPISPADIAS W/EXTRPHY BLAD	13	UR, BR
54400	INSERTION PENILE PROSTHESIS, NON INFLATB	3	$1,206
54401	INSERTION PENILE PROSTH, INFLATABLE	3	$1,206
54405	INSERT INFLTBL-PENILE PROSTHES INCL PUMP	3	$1,206
54406	REMOVE MULTI-COMP PENIS PROS	3	$1,206
54407	REMOVE, RPR OR REPLACE INFLTBL PENILE PR	11	BR
54408	REPAIR MULTI-COMP PENIS PROS	3	$1,206
54410	REMOVE/REPLACE PENIS PROSTH	3	$1,206
54411	REMOVAL AND REPLACE COMPO OF MULTI-CO IN	13	UR, BR
54415	REMOVE SELF-CONTD PENIS PROS	3	$1,206
54416	REMV/REPL PENIS CONTAIN PROS	3	$1,206
54417	REMOVAL AND REPLACE NON-INFLAT OR INFLAT	13	UR, BR
54420	CORPORA CAV-SAPH VEIN SHUNT UNILAT/BILAT	4	$1,489
54430	CORP CAV-CORP SPONG/GLANS SHUNT,UNI/BIL	13	UR, BR
54435	CORPORA CAVERNOSA-GLANS PENIS FISTUALIZA	4	$1,489
54440	PLASTIC OPERATION OF PENIS FOR INJURY	4	$1,489
54450	FORESKIN MANIP INC LYSIS PREPUTIAL ADHES	1	$787
54500	BIOPSY-TESTIS-NEEDLE SEP PROC	1	$787
54505	BIOPSY-TESTIS-INCISIONAL-SEP PRO	1	$787

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
54512	EXCISION OF EXTRAPARENCHYMAL LESION OF TESTIS	2	$1,054
54520	ORCHIECTMY SIMPL SCROTAL/INGUINAL	3	$1,206
54522	ORCHIECTOMY, PARTIAL	3	$1,206
54530	ORCHIECTOMY RADICAL FR TUMOR	4	$1,489
54535	ORCHIECTOMY RADICAL W/ABDOMEN EXPLOR	13	UR, BR
54550	EXPLOR FR UNDESCND TESTIS (INGUINAL OR	4	$1,489
54560	EXPLOR FR UNDESCND TESTIS W/ABD EXPL	13	UR, BR
54600	SURG REDUCT TESTIS TORSION W/WO FIX CONT	4	$1,489
54620	FIXATION CONTRALATERAL TESTIS SEP PROC	3	$1,206
54640	ORCHIOPEXY-W/WO HERNIA REPAIR-UNILAT	4	$1,489
54650	ORCHIOPEXY, ABDOMINAL APPROACH, FOR INTR	13	UR, BR
54660	INSERT TESTIC-PROTHESIS SEP PROC	2	$1,054
54670	SUTURE OR REPAIR OF TESTICULAR INJURY	3	$1,206
54680	TRANSPLANTATION OF TESTIS TO THIGH	3	$1,206
54690	LAPAROSCOPY, SURGICAL; ORCHIECTOMY	9	$3,166
54699	UNLISTED LAPAROSCOPY PROCEDURE, TESTIS	11	BR
54700	I & D EPIDIDYMIS, TESTIS A/O SCROTAL SPA	2	$1,054
54800	BIOPSY OF EPIDIDYMIS-NEEDLE	1	$787
54820	EXPLORATION OF EPIDIDYMIS W/WO BIOPSY	1	$787
54830	EXCISION OF LOCAL LESION OF EPIDIDYMIS	3	$1,206
54840	EXCISION OF SPERMATOCELE W/WO EPIDIDYMEC	4	$1,489
54860	EPIDIDYMECTOMY UNILATERAL	3	$1,206
54861	EPIDIDYMECTOMY BILATERAL	4	$1,489
54900	EPIDIDYMOVASOSTOMY UNILATERAL	4	$1,489
54901	EPIDIDYMOVASOSTOMY BILATERAL	4	$1,489
55000	PUNC ASPIR HYDROCELE W/WO MEDICATION INJ	11	BR
55040	EXCISION HYDROCELE UNILATERAL	3	$1,206
55041	EXCISION HYDROCELE BILATERAL	5	$1,695
55060	REPAIR HYDROCELE (BOTTLE TYPE)	4	$1,489
55100	DRAINAGE OF SCROTAL WALL ABSCESS	1	$787
55110	SCROTAL EXPLORATION	2	$1,054
55120	REMOVAL OF FOREIGN BODY IN SCROTUM	2	$1,054
55150	RESECTION OF SCROTUM	1	$787
55175	SCROTOPLASTY:SIMPLE	1	$787
55180	SCROTOPLASTY:COMPLICATED	2	$1,054
55200	VASOTOMY-CANNUL W/WO INCIS VAS-UNI/BILAT	2	$1,054
55250	VASECTOMY-UNILATERAL/BILATERAL SEP PROC	2	$1,054
55300	VASOTOMY-VASO/VESICULO/EPIDIDYMOGRAMS	11	BR

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
55400	VASOVASOSTOMY-VASOVASORRHAPHY	1	$787
55450	LIGATE PERC VAS DEFERENS UNI/BIL SEP PRO	11	BR
55500	EXCIS HYDROCELE SPERM-CRD UNILAT SEP PRO	3	$1,206
55520	EXCIS LESION SPERMATIC CORD SEP PRO	4	$1,489
55530	EXCIS VARICOCELE/LIGATE SPERM VEINS SEP	4	$1,489
55535	EXC VARICOCELE/LIGATE SPRM-VEIN ABDM-APP	4	$1,489
55540	EXC VARICOCELE/LIGATE SPRM BEIN W/HRN RP	5	$1,695
55550	LAPAROSCOPY, LIGATION SPERMATIC VEINS	9	$3,166
55559	UNLISTED LAPAROSCOPY, SPERMATIC CORD	11	BR
55600	VESICULOTOMY - UNILATERAL	13	UR, BR
55605	VESICULOTOMY COMPLICATED	13	UR, BR
55650	VESICULECTOMY-ANY APPROACH	13	UR, BR
55680	EXCISION OF MULLERIAN DUCT CYST	1	$787
55700	BIOPSY PROTRATE NEEDLE O PUNCH SNGL MULT	2	$1,054
55705	BIOPSY,PROSTATE,INCISIONAL,ANY APPROACH	2	$1,054
55720	PROSTATOTOMY EXTER-DRAIN ABSCSS SIMPLE	1	$787
55725	PROSTATOTOMY EXTER-DRAIN ABSCS COMPLIC	2	$1,054
55801	PROSTATECTOMY-PERINEAL SUB-TOTAL	13	UR, BR
55810	PROSTATECTOMY-PERINEAL-RADICAL	13	UR, BR
55812	PROSTATCTMY,PERINEAL W/BIOPSY LYMPH NODE	13	UR, BR
55815	PROSTATCTMY,PERINEAL W/BIL LYMPHADNECTO	13	UR, BR
55821	PROSTATECTOMY SUPRAPUBIC SUB-TOTAL	13	UR, BR
55831	30OSTATECTOMY RETROPUBIC SUB-TOTAL	13	UR, BR
55840	PROSTATECTOMY-RETROPUBIC-RADICAL	13	UR, BR
55842	PROSTATCTMY,RETROPUB,RAD W/LYMPH NOD BIO	13	UR, BR
55845	PROSTATCTMY-RADICL W/BIL-PELV LYMPHNDCTM	13	UR, BR
55859	TRANSPERINEAL PLACEMENT OF NEEDLES OR CA	9	$3,166
55860	EXPOSURE PROSTATE FOR INSERTION OF RAD/A	11	BR
55862	EXPOSURE PROTATE W/ LYMPH NODE BIOPSY	13	UR, BR
55865	EXP. PROSTATE W/BILATERAL PELVIC LYMPH	13	UR, BR
55870	ELECTROEJACULATION	11	BR
55899	UNLISTED PROCEDURE MALE GENITAL SYSTM	11	BR
56405	INCISION AND DRAINAGE OF VULVA OR PERINE	NG	NC
56420	INCISION DRAINAGE BARTHOLIN'S GLAND ABS*	11	BR
56440	MARSUPIALIZATION BARTHOLIN'S GLAND CYST	2	$1,054
56441	LYSIS OF LABIAL ADHESIONS	1	$787
56501	DESTRUCTION LESIONS VULVA SIMP ANY METH	11	BR
56515	DESTRUCTION LESION(S)VULVA,EXTENSIV,ANY	3	$1,206

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
56605	BIOPSY OF VULVA OR PERINEUM (SEPARATE PR	NG	NC
56606	BIOPSY OF VULVA OR PERINEUM (SEPARATE PR	11	BR
56620	VULVECTOMY,PART,UNI/BIL LESS THN 80%	5	$1,695
56625	VULVECTOMY-COMPLETE	7	$2,352
56630	VULVECTOMY-RADICAL W/O GRAFT	13	UR, BR
56631	VULVECTOMY, RADICAL, PARTIAL;	13	UR, BR
56632	VULVECTOMY, RADICAL, PARTIAL; WITH BILAT	13	UR, BR
56633	VULVECTOMY, RADICAL, COMPLETE;	13	UR, BR
56634	VULVECTOMY, RADICAL, COMPLETE;	13	UR, BR
56637	VULVECTOMY, RADICAL, COMPLETE;	13	UR, BR
56640	VULVECTMY RAD W/ING ILIAC-PELV LYMP	13	UR, BR
56700	PARTIAL HYMENECTOMY OR REVISION OF HYMEN	1	$787
56720	HYMENOTOMY SIMPLE INCISION*	1	$787
56740	EXCISION OF BARTHOLIN'S GLAND OR CYST	3	$1,206
56800	PLASTIC REPAIR OF INTROITUS	3	$1,206
56805	CLITOROPLASTY FOR INTERSEX STATE	11	BR
56810	PERINEOPLASTY, REPAIR OF PERINEUM, NON-O	5	$1,695
57000	COLPOTOMY W EXPLORATION	1	$787
57010	COLPOTOMY W/EXPLOR-DRAIN PELV ABCESS	2	$1,054
57020	COLPOCENTESIS SEPARATE PROCEDURE	2	$1,054
57022	INCISION & DRAINAGE OF VAGINAL HEMATOMA,	11	BR
57023	INCISION & DRAINAGE OF VAGINAL HEMATOMA,	1	$787
57061	DESTRUCTION VAGINL LESION(S);SMPL,ANY ME	11	BR
57065	DESTRUCTION VAGINAL LESION(S)EXTENSIV,AN	1	$787
57100	BIOPSY VAGINAL MUCOSA SIMPLE SEP PROC	11	BR
57105	BIOSPY VAG MUCOSA EXTENSIVE REQ SUTURE	2	$1,054
57106	VAGINECTOMY,PARTIAL REMOVAL VAGINAL WALL	11	BR
57107	VAGINECTOMY,REMOVE VAGINA TISSUE/PARTIAL	11	BR
57109	VAGINECTOMY PARTIAL W/NODES	11	BR
57110	COLPECTOMY OBLITERATION VAGINA COMPLETE	13	UR, BR
57111	VAGINECTOMY,COMPLETE REMOVAL VAGINALWALL	13	UR, BR
57112	VAGINECTOMY COMPLETE W/NODES	13	UR, BR
57120	COLPOCLEISIS (LE FORT TYPE PROCEDURE)	11	BR
57130	EXCISION OF VAGINAL SEPTUM	2	$1,054
57135	EXC VAGINAL CYST OR TUMOR	2	$1,054
57150	IRRIGATION APPLICATION MEDICAMENT	11	BR
57160	INSERTION PESSARY	11	BR
57170	DIAPHRAGM OR CERVICAL CAP FITTING	11	BR

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
57180	INTRODCT HEMOSTAT AGNT/PCK NON-OBSTET HE	1	$787
57200	COLPORRHAPHY-SUTURE VAGINAL INJURY	1	$787
57210	COLPOPERINEORRHAPHY,SUTURE VAGINA-PERINE	2	$1,054
57220	PLASTIC OPER URETHRAL SPHINCTER,VAG APPR	3	$1,206
57230	PLASTIC REPAIR URETHROCELE	3	$1,206
57240	ANTERIOR COLPORRHAPHY RPR CYSTO W/WO UR	5	$1,695
57250	POSTERIOR COLPORRHAPHY-REPAIR OF RECTOCE	5	$1,695
57260	COMBINED ANTERIOR-POSTERIOR COLPORRHAPHY	5	$1,695
57265	ANT/POST COLPORRHAPHY WITH ENTEROCELE RE	7	$2,352
57268	REPAIR ENTEROCELE VAGINAL APP(SEP PROC)	3	$1,206
57270	ENTEROCELE REPAIR-ABDOMINAL/VAGINAL APPR	13	UR, BR
57280	COLPOPEXY - ABDOMINAL APPROACH	13	UR, BR
57282	SACROSPINOUS LIG FIXAT FR PROLAP VAGINA	13	UR, BR
57284	PARAVAGINAL DEFECT REPAIR(INCL REPAIR OF	11	BR
57287	REMOVAL OR REVISION OF SLING FOR STRESS	11	BR
57288	SLING OPERATION	11	BR
57289	PEREYRE PROC INC ANT COLPORRHAPHY	5	$1,695
57291	CONSTRCT ARTIFICAL VAGINA W/O GRAFT	5	$1,695
57292	CONSTRCT ARTIFICIAL VAGINA W/GRAFT	13	UR, BR
57300	CLOS RECTOVAGINAL FISTULA VAGINAL APPR	3	$1,206
57305	CLOS RECTOVAGINAL FISTULA ABDOMINAL APPR	13	UR, BR
57307	CLOS RECTOVAG FISTUL W/COLOSTMY	13	UR, BR
57308	CLOSE RECTOVAGINAL FISTULA, TRANSPERINEA	13	UR, BR
57310	CLOSURE OF URETHROVAGINAL FISTULA	NG	NC
57311	CLOSURE URETHROVAG FISTULW/BULBO CAVERNO	13	UR, BR
57320	CLOS VESICOVAGINAL FISTULA VAGINAL APPR	NG	NC
57330	VESICOVAGINAL FISTULA TRANSVESICAL & VAG	11	BR
57335	VAGINOPLASTY FOR INTERSEX STATE	13	UR, BR
57400	DILATION VAGINA UNDER ANESTHESIA	2	$1,054
57410	PELVIC EXAM UNDER ANESTHESIA	2	$1,054
57415	REMOVAL OF IMPACTED VAGINAL FOREIGN BODY	2	$1,054
57452	COLPOSCOPY SEPARATE PROCEDURE	11	BR
57454	COLPOSCOPY W BIOPSIES O BIOPSY CERVIX	11	BR
57460	COLPOSCOPY (VAGINOSCOPY);	11	BR
57500	BIOPSY EXCISION LESION W WO FULGUR SEP	11	BR
57505	ENDOCERVICAL CURETTAGE DILATION NOT DONE	11	BR
57510	CAUTERIZATION OF CERVIX-ELECTRO/THERMAL	11	BR
57511	CAUTERIZATION OF CERVIX;INITIAL/REPEAT	11	BR

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
57513	CAUTERIZE CERVIX: LASER ABLATION	2	$1,054
57520	CONIZATION OF CERVIX,W/WO FULGURATION	2	$1,054
57522	CONIZATION OF CERVIX, W OR W/O FULGURATI	2	$1,054
57530	TRACHELECTOMY-CERVICECTMY SEP PROC	3	$1,206
57531	TRACHELECTOMY (CERVICECTOMY), RADICAL	13	UR, BR
57540	EXCISE CERVICAL STUMP,ABDOMINAL APPROACH	13	UR, BR
57545	EXCIS CERVICAL STMP W/PELVIC FLR REPAIR	13	UR, BR
57550	EXCISE CERVICAL STUMP, VAGINAL APPROACH	3	$1,206
57555	EXCIS SERV STMP W/ANT/POST REPAIR	11	BR
57556	EXCIS CERVICAL STMP W/REPAIR ENTEROCELE	5	$1,695
57700	CERLAGE OF UTERINE CERVICX,NONOBSTETRICA	1	$787
57720	TRACHELORRHAPHY PLAS-REPR UTERIN CERVIX	3	$1,206
57800	DILATE CERV CANAL INTRUMNTL SEP PROC	NG	NC
57820	DILATION & CURRETAGE CERVICAL STUMP	3	$1,206
58100	ENDOMETRIAL BIOPSY SUCTION SEP PROC	11	BR
58120	D & C UTERUS,DIAGNOSTIC A/O THERAPEUTIC	2	$1,054
58140	MYOMECTOMY-SINGLE/MULTIPLE-ABDOMINAL APP	13	UR, BR
58145	MYOMECTOMY-SINGLE/MULTIPLE-VAGINA APPROA	5	$1,695
58150	TOTL HYSTERECTOMY W/WO TUBES,A/O OVARIES	13	UR, BR
58152	TOTAL HYSTERECTMY W/COLPO-URETHROCYSTPXY	13	UR, BR
58180	SUPRA CERCIAL HYSTERECTOMY	13	UR, BR
58200	TOTAL HYSTERECTOMY,INC PARTIAL VAGNCTMY,	13	UR, BR
58210	TOTAL HYSTERECT,W RADICAL LYMPHADEN-WERT	13	UR, BR
58240	PELVIC EXNTERATION FR GYNECOLOGIC MALIG	13	UR, BR
58260	VAGINAL HYSTERECTOMY W/WO REMOVAL TUBE	13	UR, BR
58262	VAGINAL HYSTERECTOMY;	13	UR, BR
58263	VAGINAL HYSTERECTOMY;	13	UR, BR
58267	VAG HYSTEREC W/COLPOURETHROCYSTOPEX	13	UR, BR
58270	VAG HYSTEREC W/COLPOURET/EXTEROCELE	13	UR, BR
58275	VAGINAL HYSTEREC W/TOTAL/PART COLPECTOMY	13	UR, BR
58280	VAG HYTEREC W/TOTL/PART COLPEC-ENTERCELE	13	UR, BR
58285	VAGINAL HYSTERECTOMY-RADICAL-SCHAUTA TYP	13	UR, BR
58340	INJECTION HYSTEROSALPINGOGRAPHY	11	BR
58345	TRANSCERVICAL INTRODUCTION OF FALLOPIAN	11	BR
58350	HYDROTUBATION OVIDUCT INC MATERIALS	3	$1,206
58353	ENDOMETRIAL ABLATION, THERMAL, W/OUT HYS	4	$1,489
58400	UTERINE SUSPENSION W/WO LIGAMENT SHORTEN	13	UR, BR
58410	UTERINE SUSPENS W/WO LIG SHORTN W/PRESAC	13	UR, BR

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
58520	HYSTERORRHAPHY-REPAIR RUPTURED UTERUS	13	UR, BR
58540	HYSTEROPLASTY - STRASSMAN TYPE (FOR ANOM	13	UR, BR
58545	LAPAROSCOPIC MYOMECTOMY	9	$3,166
58546	LAPARO-MYOMECTOMY, COMPLEX	9	$3,166
58550	LAPROSCOPIC ASST'D VAGINAL HYSTERECTOMY	9	$3,166
58551	LAPAROSCOPY, REMOVAL LEIOMYOMATA	NG	NC
58555	HYSTEROSCOPY, DIAGNOSTIC	1	$787
58558	HYSTEROSCOPY, BIOPSY	3	$1,206
58559	HYSTEROSCOPY, W/LYSIS INTRAUTERINE ADHES	2	$1,054
58560	HYSTEROSCOPY, W/RESECTION SEPTUM	3	$1,206
58561	HYSTEROSCOPY, REMOVAL OF LEIOMYOMATA	3	$1,206
58562	HYSTEROSCOPY, REMOVAL FOREIGN BODY	3	$1,206
58563	HYSTEROSCOPY, W/ENDOMETRIAL ABLATION	4	$1,489
58578	UNLISTED LAPAROSCOPY PROCEDURE, UTERUS	11	BR
58579	UNLISTED HYSTEROSCOPY PROCEDURE, UTERUS	11	BR
58600	LIGATION OR TRANSECTION OF FALLOPIAN	11	BR
58615	OCCLUSION FALLOPIAN TUBES BY DEVICE	11	BR
58660	LAPROSCOPY W/LYSIS OF ADHESIONS	5	$1,695
58661	LAPROSCOPY W/REMOVAL ADNEXAL STRUCTURES	5	$1,695
58662	LAPROSCOPY W/EXCISION OF LESIONS	5	$1,695
58670	LAPROSCOPY W/FULGURATION OF OVIDUCTS	3	$1,206
58671	LAPROSCOPY W/OCCLUSION OVIDUCTS W/DEVICE	3	$1,206
58672	LAPROSCOPY W/FIMBRIOPLASTY	5	$1,695
58673	LAPROSCOPY W/SALPINGOSTOMY	5	$1,695
58679	UNLISTED LAPAROSCOPY, OVIDUCT, OVARY	11	BR
58700	SALPINGECTOMY COMPLETE/PART UNIL/BILAT	13	UR, BR
58720	SALPINGO-OOPHORECTOMY,COMPL/PART,UNI/BIL	13	UR, BR
58740	LYSIS OF ADHES (SALPRNGO/OVARIO-LYSIS)	13	UR, BR
58750	TUBOTUBAL ANASTOMOSIS	13	UR, BR
58752	TUBOUTERINE IMPLANTATON	13	UR, BR
58760	FIMBRIOPLASTY	13	UR, BR
58770	SALPINGOSTOMY(SALPINGONEOSTOMY)	13	UR, BR
58800	DRAIN OVARIAN CYST(S) UNI/BIL VAG APPR	3	$1,206
58805	DRAIN OVARIAN CYST(S) UNI/BIL ABDM APPR	13	UR, BR
58820	DRAINAGE OF OVARIAN ABSCESS-VAGINAL APPR	3	$1,206
58822	DRAIN OVARIAN ABSCESS ABDOMINAL APPROACH	13	UR, BR
58823	DRAINAGE OF PELVIC ABSCESS, TRANSVAGINAL	11	BR
58825	TRANSPOSITION, OVARY(S)	13	UR, BR

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
58900	BIOPSY OVARY UNIL/BILAT SEP PROC	3	$1,206
58920	WEDGE RESECT/BISECT OVARY UNIL/BILAT	11	BR
58925	OVARIAN CYSTECTOMY UNIL/BILAT	11	BR
58940	OOPHORECTOMY-PARTIAL/TOTAL-UNI/BILATERAL	13	UR, BR
58943	OOPHORECTOMY,PART/TOT,FOR OVARIAN MALIGN	13	UR, BR
58950	RESECTION OVARIAN MALIGNNCY W BILAT SALP	13	UR, BR
58951	RESECTION OVARIAN MALIGNANCY W TOT ABDOM	13	UR, BR
58952	RESECTION OVARIAN MALIGNANCY W RAD DISSE	13	UR, BR
58960	LAPAROTOMY,W/WO OMENTECTOMY,PERITONEAL W	13	UR, BR
58999	UNLISTED PROC FEMALE GENITAL SYSTEM	11	BR
59000	AMNIOCENTESIS, ANY METHOD	11	BR
59001	AMNIOCENTESIS;THERAPEUTIC AMNIOTIC FLUID	11	BR
59012	CORDOCENTESIS(INTRAUTERINE),ANY METHOD	11	BR
59015	CHORIONIC VILLUS SAMPLING,ANY METHOD	11	BR
59020	FETAL CONTRACTION STRESS TEST	11	BR
59025	FETAL NON-STRESS TEST	11	BR
59030	FETAL SCALP BLOOD SAMPLING	11	BR
59050	INTERNAL FETAL MONITOR DURING LABOR(SEP)	11	BR
59051	FETAL MONITORING DURING LABOR BY CONSULT	11	BR
59100	HYSTEROTOMY-ABDOMINAL(FOR HYDATIDIFORM	13	UR, BR
59120	SRG FOR TUBAL PREGNANCY W/SALPING-OOPH	13	UR, BR
59121	SRG FOR TUBAL PREGNANCY W/O SALPINGECTMY	13	UR, BR
59130	ABDOMINAL ECTOPIC PREGNANCY	13	UR, BR
59135	INTERSTIT UTERINE PREG REQ HYSTERCTOMY	13	UR, BR
59136	INTERSTITIAL,UTERINE PREGN W/PART RESECT	13	UR, BR
59140	CERVICAL, WITH EVACUATION	13	UR, BR
59150	LAPAROSCOPIC TX ECTOPIC PREG;W/O SALPING	11	BR
59151	LAPAROSCOPIC TX W/SALPINGECTOMY AND/OR	11	BR
59160	CURETTAGE POSTPARTUM,(SEPARATE PROCEDURE	3	$1,206
59200	INSERT HYGROSCOPC CERVCL DILATOR(SEP PRO	11	BR
59300	EPISIOTOMY/VAG REPAIR.2ND PHYSICIAN	11	BR
59320	CERCLAGE OF CERVIX,DURING PREGN; VAGINAL	1	$787
59325	CERCLAGE OF CERVIX,DURING PREGN;ABDOMINA	13	UR, BR
59350	HYSTERORRHAPHY RUPT UTERUS	13	UR, BR
59400	ROUTINE OB CARE INCL ANTEPARTUM CARE,VAG	4	$1,489
59409	VAGINAL DELIVERY ONLY (WITH OR WITHOUT E	11	BR
59410	VAGINAL DELIVERY ONLY AND/OR FORCEPS	13	UR, BR
59412	EXTERNAL CEPHALIC VERSION,W/WO TOCOLYSIS	11	BR

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59414	DEL PLACENTA (SEPARATE PROCEDURE)	11	BR
59426	ANTEPARTUM CARE ONLY; 7 OR MORE VISITS	11	BR
59430	POST-PARTUM CARE ONLY SEP PROC	11	BR
59514	CAESAREAN DELIVERY ONLY;	13	UR, BR
59525	SUB/TOTAL HYSTERECTOMY AFTER CESAREAN DE	13	UR, BR
59610	ROUTINE OBSTETRIC CARE INCL ANTEPARTUM C	11	BR
59612	VAGINAL DELIVERY ONLY,AFTER PREV CESAREA	11	BR
59614	VAGINAL DELIVERY ONLY, AFTER PREV CESARE	11	BR
59618	ROUTINE OBSTETRIC CARE INCL ANTEPARTUM C	11	BR
59620	CESAREAN DELIVERY ONLY;FOLLOWING ATTEMPT	13	UR, BR
59622	CESAREAN DELIVERY ONLY,FOLLOWING ATTEMPT	11	BR
59812	TX OF SPONTANEOUS ABORT, ANY TRIMESTER	5	$1,695
59820	MED TREATMNT MISSED ABORTION LST TRIMEST	5	$1,695
59821	MED TX MISSED ABORTION, 2ND TRIMESTER	5	$1,695
59830	TX OF SEPTIC ABORTION,COMPL SURGICALLY	13	UR, BR
59840	INDUCED ABORTION,BY D&C	5	$1,695
59841	INDUCED ABORTION BY DILATION AND EVAC	5	$1,695
59850	INDUCED ABORTION, INTRA-AMNIOTIC INJ(S)	13	UR, BR
59851	INDUCED ABORTION W/D&C AND/OR EVACUATION	13	UR, BR
59852	INDUCED ABORTION WITH HYSTEROTOMY	13	UR, BR
59855	ABORTION,INDUCED BY ONE OR MORE VAGINAL	13	UR, BR
59856	ABORTION,INDUCED BY ONE OR MORE VAGINAL	13	UR, BR
59857	ABORTION,INDUCED BY ONE OR MORE VAGINAL	13	UR, BR
59866	ABORTION, MULTIFETAL PREGNANCY REDUCTION	11	BR
59870	UTERINE EVACUTION/CURETTAGE FOR HYDATIDI	5	$1,695
59871	REMOVE CERCLAGE SUTURE	5	$1,695
59898	UNLISTED LAPAROSCOPY, MATERNITY CARE	11	BR
59899	UNLISTED PROCEDURE MATERNITY CARE & DEL	11	BR
60000	INCISION DRAINAGE THYROGLOSSAL CYST INF	1	$787
60001	ASPIRATE AND/OR INJECT THYROID CYST	11	BR
60100	BIOPSY THYROID PERCUTANEOUS NEEDLE	11	BR
60200	EXCIS CYST/ADENO THYROID/TRANSEC ISTHMU	2	$1,054
60210	PARTIAL THYROID LOBECTOMY UNILATERAL	11	BR
60212	PARTIAL THYROID EXCISION	11	BR
60220	TOTAL THYROID LOBECTOMY, UNILATERAL	NG	NC
60225	LOBECTOMY TOTAL THYROID W CONTRAL SUBT	NG	NC
60240	THYROIDECTOMY, TOTAL/COMPLETE	11	BR
60252	THYROIDEC TOTL/SUBTOTL MALIG W/NK DISECT	11	BR

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
60254	THYROIDEC TOTL/SUB MALIG W/RAD NK DISECT	13	UR, BR
60260	THYROIDECTOMY, SECONDARY	11	BR
60270	THYROIDECTOMY INC SUBSTERN THYROID GLAND	13	UR, BR
60271	THROIDECTOMY,INCL SUBSTERNAL THYROID GLA	13	UR, BR
60280	EXCISION THYROGLOSSAL DUCT CYST/SINUS	4	$1,489
60281	EXCISION OF THYROGLOSSL DUCT CYST/SI;REC	4	$1,489
60500	PARATHYROIDECTOMY / EXPLORATION PARATHYR	11	BR
60502	PARATHYROIDCTMY/REEXPLORATION PARATHYROI	13	UR, BR
60505	PARATHYROIDEC W MEDIASTIN EXPLOR,S-SPLIT	13	UR, BR
60512	PARATHYROID AUTOTRANSPLANTATION	11	BR
60520	THYMECTOMY, PARTIAL/TOTAL SEP PROC	13	UR, BR
60521	THYMECTOMY,PARTIAL OR TOTAL	13	UR, BR
60522	THYMECTOMY,PARTIAL OR TOTAL	13	UR, BR
60540	ADRENALEC PRT/TOTL EXPLOR W/WO BIOP	13	UR, BR
60545	ADRENALEC PART/TOT W/EXC RETRO TUMOR UNI	13	UR, BR
60600	EXCIS CAROTID BODY TUMOR WO CAROTID ARTE	13	UR, BR
60605	EXCIS CAROTID BODY TUMOR W CAROTID ARTE	13	UR, BR
60650	LAPAROSCOPY, ADERENALECTOMY	13	UR, BR
60659	UNLISTED LAPAROSCOPY, ENDOCRINE SYSTEM	11	BR
60699	UNLISTED PROC ENDOCRINE SYSTEM	11	BR
61020	VENTRICULAR PUNCTURE PREV BURR WO INJEC	1	$787
61026	VENTRICULAR PUNCTURE PREV BURR W INJEC	1	$787
61050	PUNCTURE CISTERNAL LATERAL WO INJEC CER	1	$787
61055	PUNCTURE CISTERNAL LATERAL W INJEC	1	$787
61070	PUNCTURE SHUNT TUBING ASPIR INJEC PROC	1	$787
61105	TWIST DRILL HOLE NOT FOLLOWED BY SURG	13	UR, BR
61107	TWIST DRILL HOLE FOR IMP VENT CATH DEVIC	13	UR, BR
61108	TWIST DRILL HOLE FOR EVAC A/O DRAIN SUBD	13	UR, BR
61120	BURR HOLES BENTRI PUNC NOT FOLLWD BY SRG	13	UR, BR
61140	BURR HOLES/TREPHINE;W/BIOP BRAIN/INTRATH	13	UR, BR
61150	BURR HOLES W/DRAIN BRAIN ABSCES/CYST	13	UR, BR
61151	BURR HOLE W/SUBSEQ TAPP INTRACRANIAL ABC	13	UR, BR
61154	BURR HOLE EV/DRAIN EXT/SUB-DURL HEM	13	UR, BR
61156	BURR HOLES ASPIRATE HEMA/CYST INTRCEREB	13	UR, BR
61210	BURR HOLES IMPLNT VENTRI CTH/PRES,SEP PR	13	UR, BR
61215	INSRT SUBCUT RES PMP/CONT INFUS SYSTM	3	$1,206
61250	BURR HOLES/TREP SUPRTENT NO F-UP SRG UNI	13	UR, BR
61253	BURR HOLES INFRATENT UNILAT/BILAT	13	UR, BR

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
61304	CRANIECTOMY/OTOMY EXPL SUPRTENTORIAL	13	UR, BR
61305	CRANIECTOMY/OTOMY EXPL INFRATNT ORIAL	13	UR, BR
61312	CRANIECTOMY/OTOMY,SUPRATENT,EXDURAL/SUBD	13	UR, BR
61313	CRANIECTOMY/OTOMY,EVAC HEMATMA,INTRACERE	13	UR, BR
61314	CRANIECTOMY/OTOMY,EXTRADURAL OR SUBDURAL	13	UR, BR
61315	CRANIECTOMY/OTOMY,INFRATEATORIAL,XTRA/SU	13	UR, BR
61320	DRAINAGE INTRACRANIAL ABSCESS SUPRATENTO	13	UR, BR
61321	DRAIN INTRCRANIAL ABSCESS INFRATENTORIAL	13	UR, BR
61330	EXPL/DECOMPRES ORBIT TRNSCRANIAL APP	11	BR
61332	EXPL ORBIT TRNSCRANIAL APP W/BIOP	13	UR, BR
61333	EXPL ORBIT REMOVE LESION TRNSCRANIAL APP	13	UR, BR
61334	EXPL ORBIT REMOVE FB TRNSCRANIAL APP	13	UR, BR
61340	OTHR CRANIAL DECOMPRES SUPRATENT	13	UR, BR
61343	CRANIECTOMY,SUBOCCIPITAL W CERV LAMIN W/	13	UR, BR
61345	OTHER CRANIAL DECOMPRESSION - POST FOSSA	13	UR, BR
61440	CRANIOTOMY FOR SECT OF TENTORIUM CEREBEL	13	UR, BR
61450	CRANIECTOMY FR SEC COMP/DECOMP GAS GANGL	13	UR, BR
61458	CRANIECTOMY SUB-OCCIP FR EXPL-DECOMP NRV	13	UR, BR
61460	CRANIEC SUB-OCCIP FR SECT 1 OR MORE NRVS	13	UR, BR
61470	CRANIECTOMY SUB-OCCIP FR TRACTOTOMY MEDU	13	UR, BR
61480	CRANIECTOMY SUB-OCCIP FR MESENCEPHLIC TR	13	UR, BR
61490	CRANIOTOMY FR LOBOT INC CINGULOT	13	UR, BR
61500	CRANIECTMY:FR TUMOR/OTHR SKULL BONE LESI	13	UR, BR
61501	CRANIECTOMY: FOR OSTEOMYELITIS	13	UR, BR
61510	CRANIECTMY/TRPHN:EXC BRAIN TUMR EXPT MNG	13	UR, BR
61512	CRANIECTMY,TRPHN-EXCISE MENINGIOMA	13	UR, BR
61514	CRANIECTMY FR EXC BRAIN ABSCES SUPRATENT	13	UR, BR
61516	CRANIEC FR EXC/FENESTRAT CYST SUPRATENT	13	UR, BR
61518	CRANIECTOMY FR EXC BRAIN TUMR INFRATENT	13	UR, BR
61519	CRANIECTOMY FR EXC MEINGIOMA INFRTENT	13	UR, BR
61520	CRANIEC FR EXC CEREBELLOPONTIN ANGL TUMR	13	UR, BR
61521	CRANIECTMY TO EXCISE MIDLINE TUMR SKL BA	13	UR, BR
61522	CRANIEC INFRTENT FR EXC CEREBELLA ABSCES	13	UR, BR
61524	CRANIEC INFRTENT FR EXC/FENESTRAT CYST	13	UR, BR
61526	CRANIEC TRNSTEMP FR EXC CEREB ANGL TUMOR	13	UR, BR
61530	CRANIEC TRANSTEMP W/MIP POSTER FOSSA	13	UR, BR
61531	SUBDURAL IMPLANTATION OF STRIP ELECTRODE	13	UR, BR
61533	CRANIECTMY,TRPHN TO INSERT EPIDUR ELECTR	13	UR, BR

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61534	CRANIECTOMY FR EXC CEREB CORTICAL SCAR	13	UR, BR
61535	CRANIECTOMY FOR REM OF EPIDURAL ELECTROD	13	UR, BR
61536	CRANIEC EXC CER/CORT SCAR W/ELECT AT SRG	13	UR, BR
61538	CRANIEC FR LOBECTMY INC ELCTROCRT T-LOBE	13	UR, BR
61539	CRANIEC FR LOBECT INC ELCTROCORT OTHR TH	13	UR, BR
61541	CRANIECTMY,TRPHN TO TRNSECT CORPUS CALLO	13	UR, BR
61542	CRANIECTOMY FOR TOTAL HEMISPHERECTOMY	13	UR, BR
61543	CRANIECTMY,TRPHN:FOR PART/SUB TOT HEMISP	13	UR, BR
61544	CRANIECTOMY FOR EXCISE/COAGULAT CHOROID	13	UR, BR
61545	CRANIECTOMY,EXC OF CRANIOPHARYNGIOMA	13	UR, BR
61546	CRANIECTOMY INTRCRAN AP FR HYPOPHSECTOMY	13	UR, BR
61548	CRANIECTOMY TRANSNASAL AP FR HYPOPHSECTO	13	UR, BR
61550	CRANIECTOMY FR CRANIOSTENOSIS SINGL SUT	13	UR, BR
61552	CRANIECTOMY FR CRANIOSTENOSIS MULTI SUT	13	UR, BR
61556	CRANIOTOMY FOR CRANIOSYNOSTOSIS;FRONTAL	13	UR, BR
61557	CRANIOTOMY;BIFRONTAL BONE FLAP	13	UR, BR
61558	EXTENSIVE CRANIECTOMY/MULTIPLE CRANIAL	13	UR, BR
61559	EXTENSIVE CRANIECTOMY/RECONTOURING	13	UR, BR
61563	EXCISION, INTRA- AND EXTRACRANIAL,BENIGN	13	UR, BR
61564	EXCISION OF SKULL TUMOR	13	UR, BR
61570	CRANIEC/OTOMY FR EXC FB FROM BRAIN	13	UR, BR
61571	CRANIEC/OTOMY W/TRT PENETRAT BRAIN WOUND	13	UR, BR
61575	TRANSORAL APPR SKULL BASE,BRAIN STEM,UPP	13	UR, BR
61576	TRANSORAL APPR SKULL BASE,REQ SPLIT TONG	13	UR, BR
61580	CRANIOFACIAL APPROACH TO ANTERIOR CRANIA	13	UR, BR
61581	CRANIOFACIAL APPROACH TO ANTERIOR CRANIA	13	UR, BR
61582	CRANIOFACIAL APPROACH TO ANTERIOR CRANIA	13	UR, BR
61583	CRANIOFACIAL APPROACH TO ANTERIOR CRANIA	13	UR, BR
61584	ORBITOCRANIAL APPROACH TO ANTERIOR CRANI	13	UR, BR
61585	ORBITOCRANIAL APPROACH TO ANTERIOR CRANI	13	UR, BR
61586	RESECT NASOPHARYNX, SKULL	13	UR, BR
61590	INFRATEMPORAL PRE-AURICULAR APPROACH TO	13	UR, BR
61591	INFRATEMPORAL POST-AURICULAR APPROACH TO	13	UR, BR
61592	ORBITOCRANIAL ZYGOMATIC APPROACH TO MIDD	13	UR, BR
61595	TRANSTEMPORAL APPROACH TO POSTERIOR CRAN	13	UR, BR
61596	TRANSCOCHLEAR APPROACH TO POSTERIOR CRAN	13	UR, BR
61597	TRANSCONDYLAR (FAR LATERAL) APPROACH TO	13	UR, BR
61598	TRANSPETROSAL APPROACH TO POSTERIOR CRAN	13	UR, BR

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
61600	RESECTION OR EXCISION OF NEOPLASTIC, VAS	13	UR, BR
61601	RESECTION OR EXCISION OF NEOPLASTIC, VAS	13	UR, BR
61605	RESECTION OR EXCISION OF NEOPLASTIC, VAS	13	UR, BR
61606	RESECTION OR EXCISION OF NEOPLASTIC, VAS	13	UR, BR
61607	RESECTION OR EXCISION OF NEOPLASTIC, VAS	13	UR, BR
61608	RESECTION OR EXCISION OF NEOPLASTIC, VAS	13	UR, BR
61609	TRANSECTION OR LIGATION, CAROTID ARTERY	13	UR, BR
61610	TRANSECTION OR LIGATION, CAROTID ARTERY	13	UR, BR
61611	TRANSECTION OR LIGATION, CAROTID ARTERY	13	UR, BR
61612	TRANSECTION OR LIGATION, CAROTID ARTERY	13	UR, BR
61613	OBLITERATION OF CAROTID ANEURYSM, ARTERI	13	UR, BR
61615	RESECTION OR EXCISION OF NEOPLASTIC, VAS	13	UR, BR
61616	RESECTION OR EXCISION OF NEOPLASTIC, VAS	13	UR, BR
61618	SECONDARY REPAIR OF DURA FOR CSF LEAK, A	13	UR, BR
61619	SECONDARY REPAIR OF DURA FOR CSF LEAK, A	13	UR, BR
61624	TRANSCATHETER OCCLUSION OR EMBOLIZATION	13	UR, BR
61626	TRANSCATHETER NONCENTRAL NERVOUS SYSTEM	11	BR
61680	SURG INTRACRANIAL MALFORM,SUPRATENT,SIMP	13	UR, BR
61682	SURG INTRACRANIAL MALVORM,SUPRATENT,COMP	13	UR, BR
61684	SURG INTRACRANIAL MALFORM,INFRATENT,SIMP	13	UR, BR
61686	SURG INTRACRANIAL MALFORM,INFRATENT,COMP	13	UR, BR
61690	SURG INTRACRANIAL MALFORM,DURAL,SIMPLE	13	UR, BR
61692	SURG INTRACRANIAL MALFORM,DURAL,COMPLEX	13	UR, BR
61697	SURGERY OF COMPLEX INTRACRANIAL ANEURYSM	13	UR, BR
61698	SURGERY OF COMPLEX INTRACRANIAL ANEURYSM	13	UR, BR
61700	SRG INTRCRAN APPR, ANEURYSM CAROTID CIRC	13	UR, BR
61702	SRG INTRCRAN APPR ANEURYSM VERT-BAS CIRC	13	UR, BR
61703	SRG INTRCRAN ANEURYSM CERV APPR W/CLAMP	13	UR, BR
61705	SRG ANEURYSM VASCULR MALFORM BY ART OCCL	13	UR, BR
61708	SRG ANEURYSM VASCULR MALFORM BY ELECTRO	13	UR, BR
61710	SRG ANEURYSM VASCULR MALFORM BY INJ PROC	13	UR, BR
61711	ARTERIAL ANASTOMOSIS EXTRA/INTRA CRANIAL	13	UR, BR
61720	STERIOTACTIC LESION GLOBUS-PALL/THALAMUS	13	UR, BR
61735	STERIOTACTIC LESION OTHR SUBCORT STRUCTS	13	UR, BR
61750	STERIOTACT BIOP/ASPIRATE EXC INTRCRA LES	13	UR, BR
61751	STERIOTACTC LES BIOP/ASP/EXC W/CAT	13	UR, BR
61760	STEREOTACTIC IMPLANTATION OF DEPTH ELECT	13	UR, BR
61770	STEREOTACTIC LOCALZTIOIN,W/INSRT CATHETE	13	UR, BR

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61790	STERIOTACTIC LESION GAS GANGL, PERCUTAN	3	$1,206
61791	TRIGEMINAL MEDULLARY TRACT	3	$1,206
61793	STEREOTACTIC FOCUSED PROTON BEAM OR GAMM	11	BR
61795	STEREOTACTIC COMPUTER ASISS VOLUMETRIC	11	BR
61850	BURR HOLES FOR NS ELECTRODES CORTICAL	13	UR, BR
61860	CRANIEC FR NS ELECTROD CEREBRAL-CORTICAL	13	UR, BR
61862	TWIST DRILL,BURRHOLE,CRANIOTOMY FOR NS	13	UR, BR
61870	CRANIEC FR NS ELECTROD CEREBELLAR-CORTIC	13	UR, BR
61875	CRANIEC FR NS ELECTROD CEREBELLAR-SUBCOR	13	UR, BR
61880	REVISE/REMOVE NS ELECTRODES, INTRCRANIAL	11	BR
61885	INCISE FR SUBCUT-PLACE NS RECEIVER	2	$1,054
61886	PLACEMENT OF NS PULSE GENERATOR	3	$1,206
61888	REVISE/REMOVE INTRACRANIAL NS RECEIVER	1	$787
62000	ELEVATE DEPRESSED SKULL FRACTURE,SIMPLE,	13	UR, BR
62005	ELEVATE DEPRSSD SKULL FX COMPOUND/COMMIN	13	UR, BR
62010	ELEVATE SKULL FX W/REPR OF DURE &/OR DBR	13	UR, BR
62100	REPAIR CSF/DURAL LEAK,INC RHINORRHEA/OTO	13	UR, BR
62115	REDUCTION OF CRANIOMEGALIC SKULL	13	UR, BR
62116	REDUCTION OF CRANIOMEGALIC SKULL W/CRANI	13	UR, BR
62117	REDUCTION OF CRANIOMEGALIC REQ CRANIOTOM	13	UR, BR
62120	REPAIR ENCEPHALOCELE INC CRANIOPLASTY	13	UR, BR
62121	CRANIOTOMY W/REPAIR OF ENCEPHALOCELE	13	UR, BR
62140	CRANIOPLASTY,SKULL DEFECT,TO 2 INCH(5CM)	13	UR, BR
62141	CRANIOPLASTY,SKULL DEFECT,OVER 2IN (5CM)	13	UR, BR
62142	REMOVL BONE FLP OR PROSTHET SKULL PLATE	13	UR, BR
62143	REPLACEMENT OF BONE FLAP/PROSTH PLATE OF	13	UR, BR
62145	CRANIOPLAS SKULL W/REPR BRAIN	13	UR, BR
62146	CRANIOPLASTY W/AUTOGRAFT	13	UR, BR
62147	CRANIOPLASTY W/AUTOGRAFT (OVER 5CM DIAM)	13	UR, BR
62180	VENTRICULOCISTERNOSTOMY (TORKILDSEN)	13	UR, BR
62190	CREATE SHUNT SUBDURAL/ATRIAL/JUGULAR/AUR	13	UR, BR
62192	CREATE SHUNT SUBDURAL/PERITONEAL/PLEURAL	13	UR, BR
62194	REPLACEMENT/IRRIGATION SUBDURAL CATH	1	$787
62200	VENTRICULOCISTERNOSTOMY, THIRD VENT	13	UR, BR
62201	VENTRICULOCISTERNOSTY,STEREOTACTIC METHO	13	UR, BR
62220	CREATE SHUNT VENTRICULO-ATRIAL/JUGULR/AU	13	UR, BR
62223	CREATE SHUNT VENTRICULO-PERITON/PLEURAL	13	UR, BR
62225	REPLACEMENT/IRRIGATION VENTRICULAR CATH	1	$787

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62230	REPLACE/REVIS SHUNT-OBSTRUCTED VALV/CATH	2	$1,054
62252	REPROGRAMMING OF PROGRAMMABLE CSF SHUNT	11	BR
62256	REMOVE SHUNT SYSTM W/O REPLACMNT	13	UR, BR
62258	REMOVE SHUNT SYSTEM W/REPLACMNT	13	UR, BR
62263	PERCUTANEOUS LYSIS EPIDURAL ADHESIONS	1	$787
62268	PERCUTANEOUS ASPIRATION SPNL CRD CYS SY	1	$787
62269	BIOPSY SPINAL CORD PERCUTANEOUS NEEDLE	1	$787
62270	SPINAL PUNCTURE LUMBAR DIAGNOSTIC	1	$787
62272	SPINAL PUNCTURE THERAPEUTIC DRAIN SPI	1	$787
62273	INJECTION LUMBAR EPIDURL BLD CLOT PATCH	1	$787
62280	INJECTION NEUROLYTIC SUBSTANCE SUBRACH	1	$787
62281	EPIDURAL, CERVICAL OR THORACIC	1	$787
62282	INJECTION NEUROLYTIC SUBST EPIDRL CAUDL	1	$787
62284	INJECTION MYELOGRAPHY SPINAL OR PSTFOS	11	BR
62287	PERCUTANEOUS DISKECTOMY	9	NC
62290	INJECTION DISKOGRAPHY LUMBAR SNGL MULT	11	BR
62291	INJECTION DISKOGRAPHY CERV SNGL MULT	11	BR
62292	INJECTION LUMBAR CHEMONUCLEOLYSIS OVER 1	11	BR
62294	INJECTION ARTERIAL OCCLUSION ARTERIOVEN*	3	$1,206
62310	INJECTION SNGL;CERVICAL OR THORACIC	1	$787
62311	INJECTION SINGLE(NOT VIA INDWELLING CATH	1	$787
62318	INJECTION,INCLUDING CATH PLACEMENT,CONTI	1	$787
62319	INJECTION,INCLUDING CATH PLACEMENT,CONTI	1	$787
62350	IMPLANTATION,REVISION OR REPOSITIONING O	2	$1,054
62351	IMPLANTATION,REVISION OR REPOSITIONING O	NG	NC
62355	REMOVE SPINAL CANAL CATHETER	2	NC
62360	IMPLANTATION OR REPLACEMENT OF DEVICE FO	2	$1,054
62361	IMPLANTATION OR REPLACEMENT OF DEVICE FO	2	$1,054
62362	IMPLANTATION OR REPLACEMENT OF DEVICE FO	2	$1,054
62365	REMOVAL OF SUBCUTANEOUS RESERVOIR OR PUM	2	$1,054
62367	ELECTRONIC ANALYSIS OF PROGRAMMABLE,IMPL	NG	NC
62368	ELECTRONIC ANALYSIS OF PROGRAMMABLE,IMPL	NG	NC
63001	LAMINECTOMY CERVICAL DECOMP 1-2 SEGMENTS	11	BR
63003	LAMINECTOMY THORACIC DECOMP 1-2 SEGMENTS	11	BR
63005	LAMINECTOMY LUMBAR DECOMP EXCPT SPONDY	11	BR
63011	LAMINECTOMY SACRAL DECOMP 1-2 SEGMENTS	11	BR
63012	LAMINENCTOMY W/REM OF ABNORMAL FACETS	11	BR
63015	LAMINECTOMY CERVICAL DECOMP OVER 2 SEG	11	BR

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
63016	LAMINECTOMY THORACIC DECOMP MR THN 2 SEG	11	BR
63017	LAMINECTOMY LUMBAR DECOMP OVER 2 SEG	11	BR
63020	LAMINOTOMY CERVICAL 1 INTERSPACE UNILT	11	BR
63030	LAMINOTOMY LUMBAR INTERSPACE UNILATERAL	10	$4,800
63035	LAMINOTOMY CERVICAL LUMBAR ADDL INTERSPC	11	BR
63040	LAMINOTOMY CERVICAL EXTENSIVE OR REEXPL	11	BR
63042	LAMINOTOMY LUMBAR EXTENSIVE O REEXPL	11	BR
63043	LAMINOTOMY (HEMILAMINECTOMY), W/DECOMPRE	13	UR, BR
63044	LAMINOTOMY (HEMILAMINECTOMY), W/DECOMPRE	13	UR, BR
63045	LAMINECTOMY,FACECTOMY/OTOMY,CERV,SGL SEG	11	BR
63046	LAMINECTOMY,FACETECTOMY/OTOMY,THOR,SGL S	11	BR
63047	LAMINECTOMY,FACETECTOMY/OTOMY,LUMB,SGL S	11	BR
63048	LAMINECTOMY,CERV,THOR,LUMB,EA ADDL SGMT	11	BR
63055	TRANSPEDICULAR APPR,SGL SEGMENT,THORACIC	11	BR
63056	TRANSPEDICULAR APPR,SGL SEGMENT,LUMBAR	11	BR
63057	TRANSPEDICULAR APPR,EA ADDL SEG,THOR/LUM	11	BR
63064	HEMILAMINECTOMY THORACIC COSTOVERTEBRAL	11	BR
63066	COSTOVERTEBRAL APPR DECOMP,EA ADDL SEGME	11	BR
63075	DISKECTOMY ANTERIOR,CERV, SNGL INTRSPCE	13	UR, BR
63076	DISKECTOMY,ANTERIOR,CERV,EA ADDL INTRSPC	13	UR, BR
63077	DISKECTOMY,ANT,SNGL INTERSPCE,THORACIC	13	UR, BR
63078	DISKECTOMY,ANT,EA ADDL INTRSPCE,THORACIC	13	UR, BR
63081	VERTEBRAL CORPECTOMY,PART/COMP,CERV,SGL	13	UR, BR
63082	VERTEBRAL CORPECTOMY,CERV,EA ADDL SEGMEN	13	UR, BR
63085	VERTEBRAL CORPECTOMY,THORACIC,SNGL SEGME	13	UR, BR
63086	VERTEBRAL CORPECTOMY,THOR,EA ADDL SEGMEN	13	UR, BR
63087	VERTEBRAL CORPECTOMY,LOW THOR/LUMBAR,SGL	13	UR, BR
63088	VERTEBRAL CORPECTOMY,LOW VERT/LUMB,EA AD	13	UR, BR
63090	VERTBRAL CORPCTOMY,LOW THOR,LUMB,SACR,SN	13	UR, BR
63091	VERTBRAL CORPCTOMY,LOW THOR/LUMB/SACR,EA	13	UR, BR
63170	LAMINECTOMY MYELOTOMY THORACIC THORACOL	13	UR, BR
63172	LAMINECTOMY DRAINAGE CYST/SYRINX,SUBARAC	13	UR, BR
63173	LAMINECTOMY DRAINAGE CYST/SYRINX,PERITON	13	UR, BR
63180	LAMINECTOMY CERVICAL SECT DNTATE LIG 1-2	13	UR, BR
63182	LAMINECTOMY CERVICAL SECT DNTATE OVER 2	13	UR, BR
63185	LAMINECTOMY RHIZOTOMY 1-2 SEGMENTS	13	UR, BR
63190	LAMINECTOMY RHIZOTOMY OVER 2 SEGMENTS	13	UR, BR
63191	LAMINECTOMY SPINAL ACCS NERVE	13	UR, BR

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
63194	LAMINECTOMY CERVICAL CORDOTOMY W/SECTION	13	UR, BR
63195	LAMINECTOMY CORDOTOMY CERV UNILT 1 STG	13	UR, BR
63196	LAMINECTOMY CORDOTOMY CERV W/SECTION SPI	13	UR, BR
63197	LAMINECTOMY THORACIC CORDOTOMY BILAT 1 S	13	UR, BR
63198	LAMINECTOMY CERVICAL CORDOTOMY SECTI 2 S	13	UR, BR
63199	LAMINECTOMY THORACIC CORDOTOMY BILAT 2 S	13	UR, BR
63200	LAMINECTOMY,RLEASE TETHERED SPNL CRD,LUM	13	UR, BR
63250	LAMINECTOMY CERVICAL EXC OCCL MALF CORD	13	UR, BR
63251	LAMINECTOMY THORACIC FOR EXC OCC ART MLF	13	UR, BR
63252	LAMINECTOMY THORACOLUMBAR,FR EXC OCC ART	13	UR, BR
63265	LAMINECTOMY,CERVICAL,EXC LESION,EXTRADUR	13	UR, BR
63266	LAMINECTOMY THORACIC,EXC LESION,EXTRADUR	13	UR, BR
63267	LAMINECTOMY LUMBAR,EXC LESION,EXTRADURAL	13	UR, BR
63268	LAMINECTOMY,SACRAL,EXC LESION,EXTRADURAL	13	UR, BR
63270	LAMINECTOMY,CERV,EXC LESION,INTRADURAL	13	UR, BR
63271	LAMINECTOMY,THOR,EXC LESION,INTRADURAL	13	UR, BR
63272	LAMINECTOMY,LUMBAR,EXC LESION,INTRADURAL	13	UR, BR
63273	LAMINECTOMY,SACRAL,EXC LESION,INTRADURAL	13	UR, BR
63275	LAMINECTOMY,CERV,BIOPSY/EXC NEO,EXTRADUR	13	UR, BR
63276	LAMINECTOMY,THOR,BIOPSY/EXC NEOPLSM,EXTR	13	UR, BR
63277	LAMINECTOMY,LUMB,BIOPSY/EXC NEOPLSM,EXTR	13	UR, BR
63278	LAMINECTOMY,SACRAL,BIOPSY/EXC NEO,EXTRAD	13	UR, BR
63280	LAMINECTOMY,CERV,INTRADURAL,EXTRAMEDULLA	13	UR, BR
63281	LAMINECTOMY,THORACIC,INTRADURAL,EXTRAMED	13	UR, BR
63282	LAMINECTOMY,LUMBAR,INTRADURAL,EXTRAMEDUL	13	UR, BR
63283	LAMINECTOMY,SACRAL,INTRADURAL,BIOPSY/EXC	13	UR, BR
63285	LAMINECTOMY,CERV,INTRADURAL,INTRAMEDULLA	13	UR, BR
63286	LAMINECTOMY,THORACIC,INTRADURAL,INTRAMED	13	UR, BR
63287	LAMINECTOMY,THORACOLUMBAR,INTRADUR,INTRA	13	UR, BR
63290	LAMINECTOMY,COMBINED,EXTRA/INTRADURAL,AN	13	UR, BR
63300	VERTEBRAL CORPECTOMY,CERVICAL,EXTRADURAL	13	UR, BR
63301	VERTEBRAL CORPECTOMY,THOR,TRANSTHOR APPR	13	UR, BR
63302	VERTEBRAL CORPECTOMY,THOR,THORACOLUM APP	13	UR, BR
63303	VERTEBRAL CORPECTOMY,LUMB/SACR,TRANSP/RE	13	UR, BR
63304	VERTEBRAL CORPECTOMY,CERVICAL,INTRADURAL	13	UR, BR
63305	VERTEBRAL CORPECTOMY,THOR,TRANSTHOR APPR	13	UR, BR
63306	VERTEBRAL CORPECTOMY,THOR,THORACOLUMB AP	13	UR, BR
63307	VERTEBRAL CORPECTOMY,TRANS/RETROPERITONA	13	UR, BR

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
63308	VERTEBRAL CORPECTOMY,EA ADDL SEGMENT	13	UR, BR
63600	CREATION OF LESION OF SPINAL CORD PERCU	2	$1,054
63610	STEROTACTIC STIMULATE SPINAL CORD	1	$787
63615	STEREOTAC BIOP,ASPIR/EXCS SPINL CRD LES	11	BR
63650	PERCUTAN IMPLANT NS ELECTRODS EPIDURAL	2	$1,054
63660	REVISION/REMOVAL SPINAL NS ELECTRODES	1	$787
63685	INC SUBCUTANEOUS PLACEMENT NS RECEIVER	2	$1,054
63688	REVISION/REMOVAL SPINAL NS RECEIVER	1	$787
63700	REPAIR OF MENINGOCELE LESS THAN 5 CM	13	UR, BR
63702	REPAIR OF MENINGOCELE GREATER THAN 5CM	13	UR, BR
63704	REPAIR OF MENINGOMYELOCELE LESS THAN 5CM	13	UR, BR
63706	REPAIR MENINGOMYELOCELE MORE THAN 5 CM	13	UR, BR
63707	REPAIR DURAL/CFS LEAK, NOT REQ LAMINECTO	13	UR, BR
63709	REPAIR DURAL/CSF LEAK OR PSEUD,W/LAMINEC	13	UR, BR
63710	DURAL GRAFT SPINAL	13	UR, BR
63740	CREATE SHNT LMB SUBARAC/PERITON INC LAMI	13	UR, BR
63741	CREA SHUNT, LMBR, PERC, NOT REQ LAMI	11	BR
63744	REPLACE/REVISE LUMBOSUBARCHNOID SHUNT	3	$1,206
63746	REMOVE LUMB-SUARACHNOID SHUNT	2	$1,054
64400	INJECTION TRIGEMINAL NERVE W ANES	11	BR
64402	INJECTION FACIAL NERVE W ANES	11	BR
64405	INJECTION GREATER OCCIPITAL NRV W ANES	11	BR
64408	INJECTION VAGUS NERVE W ANES	11	BR
64410	INJECTION PHRENIC NERVE W ANES	1	$787
64412	INJECTION SPINAL ACCESSORY NRV W ANES	11	BR
64413	INJECTION CERVICAL PLEXUS W ANES	11	BR
64415	INJECTION BRACHIAL PLEXUS W ANES	1	$787
64417	INJECTION AXILLARY NERVE W ANES	1	$787
64418	INJECTION SUPRASCAPULAR NRV W ANES	11	BR
64420	INJECTION INTERCOSTAL NRV SNGL W ANES	1	$787
64421	INJECTION INTERCOSTAL NRV MULT W ANES	1	$787
64425	INJECTION ILIOINGUINAL ILIOH NRV W ANES	11	BR
64430	INJECTION PUDENDAL NRV W ANES	1	$787
64435	INJECTION PARACERVICAL NRV W ANES	11	BR
64445	INJECTION SCIATICA NERVE W ANES	11	BR
64450	INJECTION PERIPHERAL NRV BRANCH W ANES	11	BR
64470	INJECT,ANESTH AGENT AND/OR STEROID SINGL	1	$787
64472	INJECT,ANESTH AGENT AND/OR STEROID ADDIT	1	$787

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
64475	INJECT,ANESTH AGENT AND/OR STEROID SINGL	1	$787
64476	INJECT,ANESTH AGENT AND/OR STEROID ADDIT	1	$787
64479	INJECT,ANESTH AGENT AND/OR STEROID SINGL	1	$787
64480	INJECT,ANESTH AGENT AND/OR STEROID EA AD	1	$787
64483	INJECT,ANESTH AGENT AND/OR STEROID SINGL	1	$787
64484	INJECT,ANESTH AGENT AND/OR STEROID ADDIT	1	$787
64505	INJECTION SPHENOPALATINE GANGL W ANES	11	BR
64508	INJECTION CAROTID SINUS W ANES SEP PROC	11	BR
64510	INJECTION STELLATE GANGL ANES CERV SYMP	1	$787
64520	INJECTION LUMBAR THORACIC PARAVERT ANES	1	$787
64530	INJECTION CELIAC PLEXUS W O WO RADIOLOG	1	$787
64550	APPLICATION SURFACE TNS	14	BR
64553	PERCUT IMPLANT NS ELECTROD CRANIAL NRV	1	$787
64555	PERCUT IMPLANT NS ELECTROD PERIPHERAL NV	11	BR
64560	PERCUT IMPLANT NS ELECTROD AUTONOMIC NRV	11	BR
64565	PERCUT IMPLANT NS ELECTROD NEUROMUSCULAR	11	BR
64573	INC FOR IMPLANT NS ELCTROD CRANIAL NERVE	1	$787
64575	INC FOR IMPLANT NS ELCTROD PERIPHERAL NV	1	$787
64577	INC FOR IMPLANT NS ELCTROD AUTONOMIC NRV	1	$787
64580	INC FOR IMPLANT NS ELCTROD NEUROMUSCULAR	1	$787
64581	IMPLANT NEUROELECTRODES	11	BR
64585	REMOVAL/REVISION PERIPHERAL NS ELECTRODE	1	$787
64590	INC FOR SUBCUTAN PLACEMENT NS RECIEVER	2	$1,054
64595	REVISION/REMOVAL PERIPHERAL NS RECEIVER	1	$787
64600	DESTRUCT W/NEUROLYT TRIGEMINAL NRV ORBI	1	$787
64605	DESTRUCT W/NEUROLYT 2ND/3RD DIV F/OVAL	1	$787
64610	DESTRUCT W/NEUROLYT 2ND/3RD DIV R/RADIOL	1	$787
64612	DEST NEURO AGENT,BLEPH/HEMI SPASM	11	BR
64613	DEST NEURO AGNT,BLEPH/HEMI SPSM,CERV	11	BR
64620	DESTRUCT W/NEUROLYT AGNT INTERCOSTAL NRV	1	$787
64622	DESTRUCT PARAVERT FACET JNT NV,LMB	1	$787
64623	DESTRCT PARAVERT FACET JNT NV LMB,EA ADD	1	$787
64626	DESTRUCTION BY NEUROLYTIC AGENT SINGLE	1	$787
64627	DESTRUCTION BY NEUROLYTIC AGENT EA ADDIT	1	$787
64630	DESTRUCT W/NEUROLYT AGNT PUDENDAL NERVE	2	$1,054
64640	DESTRUCT W/NEUROLYT AGNT OTHER PERIPH NV	11	BR
64680	DESTRUCTION W/NEUROLYT AGENT CELIAC PLEX	2	$1,054
64702	NEUROLYSIS DIGITAL ONE OR BOTH SAME DIG	1	$787

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
64704	NEUROLYSIS NERVE OF HAND OR FOOT	1	$787
64708	NEUROLYSIS MAJ PERIPH NRV ARM/LEG OTHR	2	$1,054
64712	NEUROLYSIS SCIATIC NERVE	2	$1,054
64713	NEUROLYSIS BRACHIAL PLEXUS	2	$1,054
64714	NEUROLYSIS LUMBAR PLEXUS	2	$1,054
64716	NEUROLYSIS A/O TRANSPOS CRANIAL NERVE	3	$1,206
64718	NEUROLYSIS A/O TRANSPO ULNAR NV AT ELBOW	2	$1,054
64719	NEUROLYS A/O TRANSPOSE ULNAR NV AT WRIST	2	$1,054
64721	NEUROLYS A/O TRANSPOS MEDIAN NV AT CARPL	2	$1,054
64722	DECOMPRESS UNSPECIFIED NERVE(S) SPECIFY	1	$787
64726	DECOMPRESS PLANTAR DIGITAL NERVE	1	$787
64727	INTERNAL NEUROLYSIS REQ MICROSCPE,INCL E	1	$787
64732	TRANSECTION/AVULSION OF SUPRAORBITAL NV	2	$1,054
64734	TRANSECT/AVULSE INFRAORBITAL NERVE	2	$1,054
64736	TRANSECT/AVULSE MENTAL NERVE	2	$1,054
64738	TRANSECT/AVULS INFER ALVEO NV W/OSTEOTMY	2	$1,054
64740	TRANSECT/AVULSE LINGUAL NERVE	2	$1,054
64742	TRANSECT/AVULSE FACIAL NRV	2	$1,054
64744	TRANSECT/AVULSE GREATER OCCIPITAL NERVE	2	$1,054
64746	TRANSECT/AVULSE PHRENIC NERVE	2	$1,054
64752	TRANSECT/AVULSE VAGUS NV TRANSTHORACIC	13	UR, BR
64755	TRANSECT/AVULSE VAGI LMTD TO PROX STOMAC	13	UR, BR
64760	TRANSECT/AVULSE VAGUS NV ABDOMINAL	13	UR, BR
64761	TRANSECT/AVULSE PUDENDAL NV	11	BR
64763	TRANSECT/AVULS OBTURATR NV EXTRPELV UNIL	13	UR, BR
64766	TRNASECT/AVULS OBTURATR NV INTRPELV	13	UR, BR
64771	TRANSECT/AVULS OTHR CRANIAL NV/EXTRDURAL	2	$1,054
64772	TRANSECT/AVULS OTHR SPINAL NV EXTRDURAL	2	$1,054
64774	EXCIS NEUROMA CUTANEOUS NERVE	2	$1,054
64776	EXC NEUROMA DIGITAL NV 1/BOTH SAME DIGIT	3	$1,206
64778	EXC NEUROMA DIGITAL NV EA ADDL DIGIT	2	$1,054
64782	EXC NEUROMA HAND/FOOT EXCPT DIGITAL NV	3	$1,206
64783	EXC NEUROMA HAND/FOOT EA ADDNL NV	2	$1,054
64784	EXC NEUROMA MAJ PERIPH NV EXCPT SCIATIC	3	$1,206
64786	EXC NEUROMA SCIATIC NERVE	3	$1,206
64787	IMPLANTATION NERVE END INTO BONE/MUSCLE	2	$1,054
64788	EXC NEUROFIBROMA/NEUROLEMMOMA CUTAN NV	3	$1,206
64790	EXC NEUROFIBRO/NEUROLEMMOMA MAJ PERIP NV	3	$1,206

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64792	EXC NEUROFIBRO/NEUROLEMMOMA EXTENSIVE	3	$1,206
64795	BIOPSY OF NERVE	2	$1,054
64802	SYMPATHECTOMY CERVICAL	2	$1,054
64804	SYMPATHECTMY CERVICOTHORACI 1 STAGE	13	UR, BR
64809	SYMPATHECTOMY THORACOLUMBAR	13	UR, BR
64818	SYMPATHECTOMY LUMBAR	13	UR, BR
64820	SYMPATHECTOMY,DIGITAL ARTERIES, W/MAGNIF	11	BR
64821	SYMPATHECTOMY;RADIAL ARTERY	4	$1,489
64822	SYMPATHECTOMY;ULNAR ARTERY	11	BR
64823	SYMPATHECTOMY; SUPERFICIAL PALMER ARCH	11	BR
64831	SUTURE DIGITAL NV HAND OR FOOT ONE NV	4	$1,489
64832	SUTURE DIGITAL NV HAND/FOOT EA ADDNL NV	1	$787
64834	SUTURE 1 NV HAND/FOOT SENSORY NERV	2	$1,054
64835	SUT 1 NV HAND/FOOT MEDIAN MOTOR THENAR	3	$1,206
64836	SUT 1 NV HAND/FOOT ULNAR MOTOR NRV	3	$1,206
64837	SUTURE EACH ADDITIONAL NERVE HAND/FOOT	1	$787
64840	SUTURE POSTERIOR TIBIAL NERVE	2	$1,054
64856	SUT-TRNSPOS MAJ PERIPH NV ARM/LG EXCP SC	2	$1,054
64857	SUT MAJ PERIPH NV ARM/LG EXCP SCIATICA	2	$1,054
64858	SUTURE SCIATIC NERVE	2	$1,054
64859	SUTURE EACH ADDNL MAJOR PERIPHERAL NV	1	$787
64861	SUTURE OF BRACHIAL PLEXUS	3	$1,206
64862	SUTURE OF LUMBAR PLEXUS	3	$1,206
64864	SUTURE OF NERVE FACIAL EXTRACRANIAL	3	$1,206
64865	SUTURE FACIAL NV INTRATEMPORAL W/WO GRFT	4	$1,489
64866	ANASTOMOSIS FACIAL SPINAL ACCESSORY	13	UR, BR
64868	ANASTOMOSIS FACIAL HYPOGLOSSAL	13	UR, BR
64870	ANASTOMOSIS FACIAL PHRENIC	4	$1,489
64872	SUTURE NERVE REQ 2NDARY/DELAYED SUT	2	$1,054
64874	SUT NRV REQUIR EXTNSV PROX MOBILIZAT NRV	3	$1,206
64876	SUT NERVE REQUIRING SHORTENING BONE	3	$1,206
64885	NERVE GRFT (INC OBTNG GRFT) HD/NCK 4CM	2	$1,054
64886	NV GRFT (INC OBT GRFT) HD/NK 4+CM	2	$1,054
64890	NRV GRFT SNGL STRAND HND/FOOT UP TO 4 CM	2	$1,054
64891	NV GRF SNGL STRND HND/FOOT MORE THN 4 CM	2	$1,054
64892	NRV GRFT SNGL STRAND ARM/LEG UP TO 4 CM	2	$1,054
64893	NV GRFT SNGL STRND ARM/LEG MORE THN 4 CM	2	$1,054
64895	NRV GRFT MULTI STRND HND/FOOT UP TO 4 CM	3	$1,206

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
64896	NV GRFT MULTI STRND HND/FT MORE THN 4 CM	3	$1,206
64897	NRV GRFT MULTI STRND ARM/LEG UP TO 4 CM	3	$1,206
64898	NV GRF MULTI STRND ARM/LEG MORE THN 4 CM	3	$1,206
64901	NERVE GRAFT-EA ADDL NERVE SINGLE STRAND	2	$1,054
64902	NERVE GRAFT-EA ADDL NERVE-MULTI STRAND	2	$1,054
64905	NERVE PEDICLE TRANSFER-1ST STAGE	2	$1,054
64907	NERVE PEDICLE TRANSFER-2ND STAGE	1	$787
64999	UNLISTED PROC NERVOUS SYSTEM	11	BR
65091	EVISCERATION OCULAR CONTENTS W/O IMPLANT	3	$1,206
65093	EVISCERATION OCULAR CONTENTS W/IMPLANT	3	$1,206
65101	ENUCLEATION EYE W/O IMPLANT	3	$1,206
65103	ENUCLEAT EYE-MSCL NOT ATTCHD TO IMPLANT	3	$1,206
65105	ENUCLEATION EYE-TO IMPLANT,MUSCLES	4	$1,489
65110	EXENTERATION ORBIT-REM ORBITAL CONTENTS	5	$1,695
65112	EXENTERATION ORBIT W/THERAPEUTIC REM BNE	7	$2,352
65114	EXENTERAT ORBT W/MUSCL OR MYOCUTANEOUS F	7	$2,352
65125	MODIFICATION OCULAR IMPLANT,SEP PROC	11	BR
65130	INSRT OC IMPL 2NDRY AFT EVISC SCLER SHLL	3	$1,206
65135	INSRT OC IMPL AFT ENUC MSC NT ATT TO IMP	2	$1,054
65140	INSRT OC IMPL AFT ENUC MSCL ATT TO IMPL	3	$1,206
65150	REINSRT OCUL IMPLNT W/WO CONJUNCT GRAFT	2	$1,054
65155	REINSRT OC IMPLNT W/USE FOREIGN MATERIAL	3	$1,206
65175	REMOVAL OCULAR IMPLANT	1	$787
65205	REMOVAL FOREIGN BODY EYE EXTN CONJ SUPF	11	BR
65210	REMOVAL FOREIGN BODY CONJ EMBED NONPERF	11	BR
65220	REMOVAL FOREIGN BODY CORNEAL WO SLT LMP	11	BR
65222	REMOVAL FOREIGN BODY CORNEAL SLIT LAMP	11	BR
65235	REM FB INTRAOCUL ANT CHM NONMGNET EXTRT	2	$1,054
65260	REM FB INTRAOCUL POST SEGM ANT/POST RTE	3	$1,206
65265	REM FB INTRAOC POST SEGM NONMGNET EXTRCT	4	$1,489
65270	REPAIR CONJUNCTIVA LACERATION LAC SCL	2	$1,054
65272	REPR LAC CONJUNCTIVA W/O HOSPITALIZATION	2	$1,054
65273	REPR LAC CONJUNCTIVA W/HOSPITALIZATION	13	UR, BR
65275	REPR LAC CORNEA NONPERFORATING W/WO FB	4	$1,489
65280	RPR LAC CORNEA/SCL NOT INVOLV UVEAL TISS	4	$1,489
65285	RPR LAC CORNEA/SCLRA W/RESECT UVEAL TISS	4	$1,489
65286	REPAIR LACERAT,CONJUNCTIVA,APPL TISS GLU	11	BR
65290	RPR WND EXTRAOCUL MSCL TENDN/TENON'S CAP	3	$1,206

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
65400	EXCISION LESION CORNEA EXCEPT PTERYGUIM	1	$787
65410	BIOPSY OF CORNEA	2	$1,054
65420	EXC OR TRANSPOSITION PTERYGIUM W/O GRAFT	2	$1,054
65426	EXC OR TRANSPOSITION PTERYGIUM W/GRAFT	5	$1,695
65430	SCRAPING CORNEA DIAGNOSTC-SMEAR/CULT	11	BR
65435	REMOVAL CORNEAL EPITHLIUM W WO CHEMOCAU	11	BR
65436	REM CORNEAL EPITHELIUM W/CHELATING AGENT	11	BR
65450	DESTRUCT LESION CORNEA BY CRYOTHRAPY;;PH	11	BR
65600	TATTOO OF CORNEA, MECHANICAL OR CHEMICAL	11	BR
65710	KERATOPLASTY (CORNEAL TRNSPLNT);LAMELLAR	7	$2,352
65730	KERATOPLASTY,PENETRATING(EXCEPT APHAKIS)	7	$2,352
65750	KERATOPLASTY PENETRATING (IN APHAKIA)	7	$2,352
65755	KERATOPLASTY;PENETRATING(IN PSEUDOPHAKIA	7	$2,352
65760	KERATOMELEUSIS	11	BR
65765	KERATOPHAKIA	11	BR
65767	EPIKERATOPLASTY	11	BR
65770	KERATOPROSTHESIS	7	$2,352
65772	CORNEAL RELAXING INCISION FOR CORRECTN S	4	$1,489
65775	CORNEAL WEDGE RESECTION FOR CORRECT SURG	4	$1,489
65800	PARACENTESIS EYE W/DIAG ASPIRATE AQUEOUS	1	$787
65805	PARACENTES EYE W/THERAPEU RELEAS AQUEOUS	1	$787
65810	PARACENT EYE W/REM VITREOUS W/WO AIR INJ	3	$1,206
65815	PARACENT EYE W/REM BLD W/WO IRRI/AIR INJ	2	$1,054
65820	GONIOTOMY	11	BR
65850	TRABECULOTOMY AB EXTERNO	4	$1,489
65855	TRABECLPLSTY-LASER SRG 1OR MORE SESSIONS	11	BR
65860	SEVERING ADHESIONS OF ANTERIOR SEGMENT,	11	BR
65865	SEVER ADHES ANTER SEG EYE-GONIOSYNECHIAE	1	$787
65870	SEVER ADH EYE ANT SYNECH EXCPT GONIOSYNE	4	$1,489
65875	SEVER ADHESIONS EYE POSTERIOR SYNECHIAE	4	$1,489
65880	SEVER ADHES EYE CORNEOVITREAL ADHESIONS	4	$1,489
65900	REM EPITHELIAL DOWNGROWTH ANT CHMBR EYE	5	$1,695
65920	REM IMPLANTED MATERIAL ANTER SEGMNT EYE	7	$2,352
65930	REMOVAL BLOOD CLOT ANTERIOR SEGMENT EYE	5	$1,695
66020	INJECTION ANTERIOR CHAMBER AIR OR LIQUID	1	$787
66030	INJECTION ANTERIOR CHAMBER MEDICATION	1	$787
66130	EXCISION LESION SCLERA	7	$2,352
66150	FISTUL SCLERA GLAUCOMA-TREPHIN W/IRIDECT	4	$1,489

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
66155	FISTUL SCL GLAUCOMA-THERMOCANT W/IRIDECT	4	$1,489
66160	FIST SCL GLAUC-SCLERECT W/PNCH W/IRIDECT	2	$1,054
66165	FIST SCL GLAUCO-IRIDENCLEISIS IRIDOTASIS	4	$1,489
66170	FIST SCL GLAUCOMA TRABECULECT AB EXTERNO	4	$1,489
66172	FISTULIZATION OF SCLERA FOR GLAUCOMA; TR	4	$1,489
66180	AQUEOUS SHUNT TO EXTRAOCULAR RESERVOIR (	5	$1,695
66185	REVISION AQUEOUS SHUNT TO EXTRAOCULAR RE	2	$1,054
66220	REPAIR SCLERAL STAPHYLOMA W/O GRAFT	3	$1,206
66225	REPAIR SCLERAL STAPHYLOMA W/GRAFT	4	$1,489
66250	RPR OPERATIVE WND ANTER SEGMENT-ANY TYPE	2	$1,054
66500	IRIDOTOMY BY STAB INC EXCEPT TRANSFIXION	1	$787
66505	IRIDOT STAB INC W/TRANSFIXION IRIS BOMBE	1	$787
66600	IRIDECT W/CORNEOSCLERAL SECTION-REM LES	3	$1,206
66605	IRIDECTOMY WITH CYCLECTOMY	3	$1,206
66625	IRIDECTOMY-PERIPHERAL FOR GLAUCOMA	3	$1,206
66630	IRIDECTOMY-SECTOR FOR GLAUCOMA	3	$1,206
66635	IRIDECTOMY- "OPTICAL"	3	$1,206
66680	REPAIR OF IRIS, CILIARY BODY	3	$1,206
66682	SUT IRIS CILIARY BODY W/RETRIEVAL OF SUT	2	$1,054
66700	CILIARY BODY DESTRUCTION;DIATHERMY	2	$1,054
66710	CILIARY BODY DESTRUCTION;CYCLOPHOTOCOAGU	2	$1,054
66720	CRYOTHERAPY	2	$1,054
66740	CYCLODIALYSIS	2	$1,054
66761	IRIDOTOMY BY PHOTOCOAGULATION(1 OR MORE	11	BR
66762	IRIDOPLASTY BY PHOTOCOAGULATION(1 OR MOR	11	BR
66770	DESTRUCT CYST OR LES IRIS/CILIARY BODY	11	BR
66820	DISCISS 2NDRY MEMBRNUS CATARCT,HYLOID;IN	11	BR
66821	DISCISS 2NDRY MEMBRNUS CATARCT/HYALOID,L	2	$1,054
66825	REPOSITIONING OF INTRAOCULAR LENS PROSTH	4	$1,489
66830	REM 2NDRY MEMBR CATARACT W/WO IRIDECTMY	4	$1,489
66840	REM LENS MATERIAL ASPIRATION TECHNIQUE	4	$1,489
66850	REM LENS MATER-PHACOFRAGMENTAT TECHNIQUE	7	$2,352
66852	REMOVAL LENS MATERIAL;PARS PLANA,W/WO VI	4	$1,489
66920	REMOVAL LENS MATERIAL; INTRACAPSULAR	4	$1,489
66930	EXTRACT LENS INTRACAPSUL-DISLOCATED LENS	5	$1,695
66940	EXTRACTION LENS EXTRACAPSULAR	5	$1,695
66982	EXTRACAPSULAR CATARACT REMOVAL W/INSERTI	8	$2,283
66983	INTRACAPSLR CATARCT EXTRACT W/INSRT LENS	8	$2,283

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
66984	EXTRCAPSLR CATARCT REMOVL W/INSRT LENS	8	$2,283
66985	INSRT INTRAOC LNS PROSTH,NOT ASSOC W/CAT	6	$1,936
66986	EXCHANGE OF INTRAOCULAR LENS	6	$1,936
66999	UNLISTED PROCEDURE ANTERIOR SEGMENT EYE	11	BR
67005	REM VITREOUS ANTER APPRCH PARTIAL REMOVL	4	$1,489
67010	REM VITREOUS SUBTOTAL REM W/VITRECTOMY	4	$1,489
67015	ASPIRAT/RELEASE VITREOUS SUBRE FLUID	1	$787
67025	INJ VITREOUS SEBSTITUT PARS PLANA SEP PR	1	$787
67027	IMPLANT/REPLACE INTRAVITREAL DRUG DELIVE	4	$1,489
67028	INTRAVITREAL INJ PHARMACOL AGNT(SEP PROC	11	BR
67030	DISCISS VITREOUS STRND PARS PLANA APPRCH	1	$787
67031	SEVER VITRUS STRNDS,VITRUS FACE ADHES,SH	2	$1,054
67036	VITRECTMY,MECH,PARS PLANA APPROACH	4	$1,489
67038	VITRACTOMY,MECH,W EPIRETINAL MEMB STRPPN	5	$1,695
67039	VITRECTOMY,MECH,PARS PLANA;W/FOCAL ENDOL	7	$2,352
67040	VITRACTOMY,MECH,W ENDOLASER PANRETINAL P	7	$2,352
67101	REPR RETINAL DETACH,;CRYO/DIATHRMY W/WO	11	BR
67105	REP RETINAL DETACH;PHOTOCOAGULATW/DRAINA	11	BR
67107	RPR RETIN DETACH;SCLER BUCKL W/WO IMPLNT	5	$1,695
67108	REPAIR RETINAL DETACHMENT W/VITRECOTMY	7	$2,352
67110	REPAIR RETINAL DETACHMENT BY INJ AIR/OTH	11	BR
67112	RPR RET DETACH PREVIOUS OPERATED UPON	7	$2,352
67115	RELEASE ENCIRCLNG MATERIAL(POSTERIOR SEG	2	$1,054
67120	REMOVE IMPLNT MATERIAL POSTR SEG EXTROCU	2	$1,054
67121	REMOVE IMPLNAT MAT,POSTR SEG EXTROCULAR	2	$1,054
67141	PROPHYLAXIS OF RETINAL DETACH W/O DRAIN	2	$1,054
67145	KPROPHYLAXIS RETNL DETACH;PHOTOCOAG(LASE	11	BR
67208	DESTRUCT LOCALXD LESION RETINA;CRYO/DIAT	11	BR
67210	DESTRCT LOCALZD LES RETINA;PHOTOCOAGULAT	11	BR
67218	DESTRUCT LESION RETINA/CHOROID RADIATION	5	$1,695
67220	DESTRUCTION LOCALIZED LESION OF CHOROID	11	BR
67221	DESTRUCTION OF LOCALIZED LESION OF CHORO	11	BR
67225	DESTRUCTION OF LOCALIZED LESION OF CHORO	11	BR
67227	DESTRCT EXTENSIV/PROGRESV RETINO;CRYP/DI	1	$787
67228	DESTRCT EXTNSV/PROGRSV RETINO;PHOTOCOAGU	11	BR
67250	SCLERAL REINFORCEMENT W/O GRAFT SEP PROC	3	$1,206
67255	SCLERAL REINFORECEMENT W/GRAFT, SEP PROC	3	$1,206
67299	UNLISTED PROC POSTERIOR SEGMENT	11	BR

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
67311	STRABISMUS SRG (NO PREVIOUS SRG) 1 MUSCL	3	$1,206
67312	STRABISMUS SRG (NO PREVIOUS SRG) 2 MUSCL	4	$1,489
67314	STRABISMUS SURG ONE VERTICLE MUSCLE	4	$1,489
67316	STRABISMUS SURG 2 OR MORE VERTICLE MUSC	4	$1,489
67318	STRABISMUS SURGERY, SUPERIOR OBLIQUE MUS	4	$1,489
67320	TRANSPOSITION EXTRAOCULAR MUSCLE	4	$1,489
67331	STABISMUS SURG W/PREVIOUS EYE SURGERY	4	$1,489
67332	STRABISMUS SRG/SCARRING EXTRAOCULAR MUSC	4	$1,489
67334	STRABISMUS SURG BY POSTERIOR FIXATION	4	$1,489
67335	ADJUSTABLE SUTURE TECH DURING STRABISMUS	4	$1,489
67340	STRABISMUS SURG INVOLV EXPLORATION/REPAI	4	$1,489
67343	RELEASE EXTENSIVE SCAR TISSUE W/O DETACH	11	BR
67345	CHEMODENERVATION OF EXTRAOCULAR MUSCLE	11	BR
67350	BIOPSY EXTRAOCULAR MUSCLE	1	$787
67399	UNLISTED PROC OCULAR MUSCLE	11	BR
67400	ORBITOTOMY W/O BONE FLP EXPLOR W/WO BIOP	3	$1,206
67405	ORBITOTOMY W/O BONE FLAP, DRAIN ONLY	4	$1,489
67412	ORBITOTOMY W/O BONE FLAP W/REMOVE LESION	5	$1,695
67413	ORBITOTOMY W/O BONE FLAP W/REMOVE FB	5	$1,695
67414	ORBITOTOMY W/REMOVAL OF BONE DECOMPRESS	11	BR
67415	FINE NEEDLE ASPIRATION ORBITAL CONTENTS	1	$787
67420	ORBITOTOMY W/BONE FLAP LAT APP W/LESION	5	$1,695
67430	ORBITOTOMY W/BONE FLAP LAT APP REMOVE FB	5	$1,695
67440	ORBITOTOMY W/BONE FLP LAT AP DRAIN/DECOM	5	$1,695
67445	ORBITOTOMY W/REMOVAL BONE FOR DECOMPRESS	11	BR
67450	ORBITOTOMY W/BONE FLAP LAT APP W/EXPLOR	5	$1,695
67500	RETROBULBAR INJEC MEDS, SEP PROC	11	BR
67505	RETROBULBAR INJECTION, ALCOHOL	11	BR
67515	INJECT THERAPEUTIC AGENT INTO TENON'S	11	BR
67550	INSRT ORBITAL IMPLANT OUTSIDE MUSCL CONE	4	$1,489
67560	ORBITAL IMPLANT REMOVAL/REVISION	2	$1,054
67570	OPTIC NERVE DECOMPRESSION	11	BR
67599	UNLISTED PROC ORBIT	11	BR
67700	BLEPHAROTOMY DRAINAGE ABSCESS EYELID	11	BR
67710	SEVERING TRASORRHAPHY	11	BR
67715	CANTHOTOMY, SEP PROCEDURE	1	$787
67800	EXCISION CHALAZION, SINGLE	11	BR
67801	EXCISION CHALAZION MULTIPLE SAME LID	11	BR

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
67805	EXCISION CHALAZION, MULTI DIFFERENT LIDS	11	BR
67808	EXCISION CHALAZION UNDER GENERAL ANESTHE	2	$1,054
67810	BIOPSY EYELID	11	BR
67820	CORRECTION TRICHIASIS EPILAT FORCPS ONL	11	BR
67825	CORRECTION TRICHIASIS EPILATION	11	BR
67830	CORRECT TRICHIASIS, INCISION LID MARGIN	2	$1,054
67835	CORRECT TRICHIASIS, INCIS LID MARG W/GRF	2	$1,054
67840	EXCISION REPAIR LESION EYELID	11	BR
67850	DESTRUCTION LESION LID MARGIN TO 1 CM	11	BR
67875	TEMPORARY CLOSURE OF EYELIDS BY SUTURE	11	BR
67880	CONSTR INTRMAR ADHES TARSOR/CANTHR/HAPHY	3	$1,206
67882	TARSR/CANTHR/HPHY W/TRANSPOS TARSAL PLAT	3	$1,206
67900	REPAIR OF BROW PTOSIS(SUPRACILIARY)	4	$1,489
67901	REPR BLEPHROPTOSIS FRONTALIS MUSCL W/SUT	5	$1,695
67902	REPR BLEPHROPTOSIS FRONTAL MUSCL W/SLING	5	$1,695
67903	REPR BELPHROPTOSIS LEVATOR RESCT, INTRNL	4	$1,489
67904	REPR BLEPHAROPTOSIS LEVATOR RESECT, EXT	4	$1,489
67906	REPR BLEPHROPTOSIS SUPERIOR RECTU W/SLNG	5	$1,695
67908	CONJUNCTIVO-TARSO-LEVATOR RESECTION	4	$1,489
67909	REDUCTION OF OVERCORRECTION OF PTOSIS	4	$1,489
67911	CORRECTION OF LID RETRACTION	3	$1,206
67914	REPAIR ECTROPION, SUTURE	3	$1,206
67915	REPAIR ECTROPION, THERMOCAUTERIZATION	11	BR
67916	REPAIR ECTROPION BLEPHAROPLASTY EXCISION	4	$1,489
67917	REPAIR ECTROPION BLEPHAROPLASTY EXTENSIV	4	$1,489
67921	REPAIR ENTROPION, SUTURE	3	$1,206
67922	REPAIR ENTROPIAN, THERMOCAUTERIZATION	11	BR
67923	REPAIR ENTROPAIN BLEPHAROPLASTY EXCISION	4	$1,489
67924	REPAIR ENTROPIAN BLEPHAROPLASTY EXTENSIV	4	$1,489
67930	SUTURE WOUND EYELID PARTIAL THICK	11	BR
67935	SUTURE WOUND EYELID FULL THICKNESS	2	$1,054
67938	REMOVAL EMBEDDED FOREIGN BODY EYELID	11	BR
67950	CANTHOPLASTY	2	$1,054
67961	EXCISION/REPAIR EYELID TO 1/4 MARGIN	3	$1,206
67966	EXCISION/REPAIR EYELID OVER 1/4 MARGIN	3	$1,206
67971	RECONSTRUCT TO 2/3 EYELID-ONE STAGE	3	$1,206
67973	TOTAL EYELID LOWER ONE STAGE	3	$1,206
67974	TOTAL EYELID UPPER ONE OR 1ST STAGE	3	$1,206

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
67975	TOTAL EYELID UPPER SECOND STAGE	3	$1,206
67999	UNLISTED PROC EYELIDS	11	BR
68020	INCISION CONJUNCTIVA DRAINAGE CYST	11	BR
68040	EXPRESSION CONJUNCTIVAL FOLLICLES	11	BR
68100	BIOPSY OF CONJUNCTIVA	11	BR
68110	EXCISION LESION CONJUNCTIVA UP TO 1 CM	11	BR
68115	EXCISION LESION CONJUNCTIVA OVER 1 CM	2	$1,054
68130	EXCISE LESION CONJUNCTIV W/ADJ SCLERA	2	$1,054
68135	DESTRUCTION LESION CONJUNCTIVA	11	BR
68200	SUBCONJUNCTIVAL INJECTION	11	BR
68320	CONJUNCTIVOPLSTY W/CONJ GRFT OR EXTNSIVE	4	$1,489
68325	CONJUNCTIVOPLASTY W/BUCCAL MUCOUS GRAFT	4	$1,489
68326	CONJUNCTIVOPLSTY RECNST CUL-DE-SAC W/CON	4	$1,489
68328	CONJUNCTIVOPLSTY CUL-DE-SAC W/BUCAL GRFT	4	$1,489
68330	REP SYMBLEPHRON CONJUNCTIVPLSTY W/O GRFT	4	$1,489
68335	REPR SYMBLEPHRON CONJUNCTIVPLSTY W/GRFT	4	$1,489
68340	DIVISION SYMBLEPHARON W/WO INSRT CONTACT	4	$1,489
68360	CONJUNCTIVAL FLAP BRIDGE OR PARTIAL	2	$1,054
68362	CONJUNCTIVAL FLAP TOTAL	2	$1,054
68399	UNLISTED PROC CONJUNCTIVE	11	BR
68400	INCISE, DRAIN LACRIMAL GLAND	11	BR
68420	INCISE, DRAIN LACRIMAL SAC (DACRYOCYSTOT	11	BR
68440	SNIP INCISION LACRIMAL PUNCTUM	11	BR
68500	EXCIS LACRIMAL GLAND EXCPT TUMOR, TOTAL	3	$1,206
68505	EXCIS LACRIMAL GLAND, EXCPT TUMOR, PARTL	3	$1,206
68510	BIOPSY LACRIMAL GLAND	1	$787
68520	EXCISION OF LACRIMAL SAC DACRYOCYSTECTO	3	$1,206
68525	BIOPSY LACRIMAL SAC	1	$787
68530	REMOVAL FOREIGN BODY OR DACRYOLITH LACRI	11	BR
68540	EXCIS LACRIMAL GLAND TUMOR FRONTAL APP	3	$1,206
68550	EXCISE LACRIMAL GLAND TUMOR W/OSTEOTOMY	3	$1,206
68700	PLASTIC REPAIR CANALICULI	2	$1,054
68705	CORRECTION EVERTED PUNCTUM CAUTERY	11	BR
68720	DACRYOCYSTORHINOSTOMY	4	$1,489
68745	CONJUNCTIVORHINOSTOMY W/O TUBE	4	$1,489
68750	CONJUNCTIVORHINOSTOMY W/TUBE/STENT	4	$1,489
68760	CLOSURE OF LACRIMAL PUNCTUM	11	BR
68761	CLOSURE OF THE LACRIMAL PUNCTUM;	11	BR

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
68770	CLOSURE LACRIMAL FISTULA, SEP PROC	4	$1,489
68801	DILATE TEAR DUCT OPENING	11	BR
68810	PROBE NASOLACRIMAL DUCT	1	$787
68811	PROBE NASOLACRIMAL DUCT, REQ GEN ANESTH	2	$1,054
68815	PROBE NASOLACRIMAL DUCT,W/INSERT TUBE/ST	2	$1,054
68840	PROBING LACRIMAL CANALICULI W/WO IRRIGAT	11	BR
68850	INJECT CONTRAST MEDIUM FOR DACRYOCYSTOGR	11	BR
68899	UNLISTED PROCEDURE, LACRIMAL SYSTEM	11	BR
69000	DRAIN ABSCES/HEMATOMA EXTERNL EAR SIMPLE	11	BR
69005	DRAIN ABCES/HEMAT EXTRNL EAR COMPLICATED	11	BR
69020	DRAIN EXT AUDITORY CANAL ABCESS	11	BR
69100	BIOPSY EXTERNAL EAR	11	BR
69105	BIOPSY EXTERNAL AUDITORY CANAL	11	BR
69110	EXCISE EXTRNL EAR; PARTIAL, SIMPL REPAIR	1	$787
69120	EXCISE EXTRNL EAR, COMPLETE AMPUTATION	2	$1,054
69140	EXCISE EXOSTOSIS EXTRNL AUD CANAL	2	$1,054
69145	EXCIS SOFT TISSU LESION EXTRNL AUD CANAL	2	$1,054
69150	RADICAL EXC EXTRNL AUD CANAL W/O NK DIS	3	$1,206
69155	RADICAL EXCIS EXTRNL AUD CANAL W/NK DIS	13	UR, BR
69200	REMOVE FB EXTRNL AUD CANAL W/O GEN ANES	11	BR
69205	REMOVE FB EXTRNL AUD CANAL W/GEN ANES	1	$787
69210	REMOVAL IMPACTED CERUMEN ONE/BOTH EARS	11	BR
69220	DEBRIDE MASTOIDECTMY CAVITY SIMPLE,	11	BR
69222	DEBRIDE MASTOIDCTMY CAVITY COMPLEX, UNIL	11	BR
69300	OTOPLASTY EAR W/WO SIZE REDUCT,	3	$1,206
69310	RECNSTRCT EXTRNL AUDITRY CANAL, SEP PROC	3	$1,206
69320	RECNST EXT AUD CAN FOR ATRESIA, SINGL ST	7	$2,352
69399	UNLISTED PROC EXTERNAL EAR	11	BR
69400	EUSTACH TUBE INFLAT W/CATH TRANSNASL	11	BR
69401	EUSTACHIAN TUBE INFLAT W/O CATH TRNSNASL	11	BR
69405	EUSTACHIAN TUBE CATH TRANSTYMPANIC	11	BR
69410	FOCAL APPLIC PHASE CONTROL SUBST MID EAR	11	BR
69420	MYRINGOTMY INCLUD ASPIRAT A/O EUSTA TUBE	11	BR
69421	*MYRINGOTOMY INCL ASPIR A/O EUSTACHIAN T	3	$1,206
69424	VENT TUBE REMOV(INSRT BY OTHR PHYS)	NG	NC
69433	TYMPANOSTOMY LOCAL OR TOPICAL ANESTH	11	BR
69436	TYMPANOSTOMY GENERAL ANESTH	3	$1,206
69440	MIDDLE EAR EXPLORATION THROUGH POSTAURIC	3	$1,206

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69450	TYMPANOLYSIS,TRANSCANAL	1	$787
69501	TRANSMASTOID ANTROTOMY	7	$2,352
69502	MASTOIDECTOMY COMPLETE	7	$2,352
69505	MASTOIDECTOMY, MODIFIED RADICAL	7	$2,352
69511	MASTOIDECTOMY, RADICAL	7	$2,352
69530	PETROUS APICECTOMY INC RAD MASTOID	7	$2,352
69535	RESECTION TEMPORAL BONE EXTERNAL APPROAC	13	UR, BR
69540	EXCISION AURAL POLYP	11	BR
69550	EXCISION AURAL GLOMUS TUMOR TRANSCANAL	5	$1,695
69552	EXCISE AURAL GLOMUS TUMOR TRANSMASTOID	7	$2,352
69554	EXCISE AURAL GLOMUS TUMOR EXTRTEMP	13	UR, BR
69601	REV MASTOIDCTMY W/RESULT COMPLET MASTOID	7	$2,352
69602	REVIS MASTOIDC W/RESULT MOD-RAD MASTOIDE	7	$2,352
69603	REVIS MASTOIDC W/RESULT RAD MASTOIDCTOMY	7	$2,352
69604	REVIS MASTOIDEC W/RESULT TYMPANOPLASTY	7	$2,352
69605	REVISION MASTOIDECTOMY W/APICECTOMY	7	$2,352
69610	TYMPANIC MEMBRANCE REPAIR W/WO SITE PERF	11	BR
69620	MYRINGOPLASTY UNCOMPLICATED	2	$1,054
69631	TYMPANOPLSTY W/O MASTOIDEC/OSS CHAIN REC	5	$1,695
69632	TYMPANOPLASTY W/O MASTOIDEC W/OSS CHAIN	5	$1,695
69633	TYMPANOPLSTY W/O MASTOID W/OSS-CH PROSTH	5	$1,695
69635	TYMPANPLSTY W/ANTRO/MASTOID W/O OS CHAIN	7	$2,352
69636	TYMPANOPLSTY W/ANTRO/MASTOID/OS CHAIN RE	7	$2,352
69637	TYMPANOPLSTY W/ANTRO/MAST/OS CH/PROSTHES	7	$2,352
69641	TYMPANOPLSTY W/MASTOIDECTMY W/O OS CHAIN	7	$2,352
69642	TYMPANOPLSTY W/MASTOIDECTMY OS CHAIN REC	7	$2,352
69643	TYMPANOPLSTY W/INTAC/RECONSTRCT WALL W/O	7	$2,352
69644	TYMPANOPLSTY W/INTAC/RECNSTRC WALL W/OSS	7	$2,352
69645	TYMPANOPLSTY W/MASTOID RADICAL W/O OS CH	7	$2,352
69646	TYMPANOPLSTY W/MASTOID RADICAL W/OSS CH	7	$2,352
69650	STAPES MOBILIZATION	7	$2,352
69660	STAPEDECTOMY W/WO FOREIGN MATERIAL	5	$1,695
69661	STAPEDCTMY W/WO FOREIGN MAT W/FOOT PLATE	5	$1,695
69662	REVISION OF STAPEDECTOMY OR STAPEDOTOMY	5	$1,695
69666	REPAIR OVAL WINDOW FISTULA	4	$1,489
69667	REPAIR ROUND WINDOW FISTULA	4	$1,489
69670	MASTOID OBLITERATION, SEP PROC	3	$1,206
69676	TYMPANIC NEURECTOMY	3	$1,206

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CPT® CODE	ABBREVIATED DESCRIPTION	PAYMENT GROUP	RATE
69700	CLOS POSTAURI FISTULA MASTOID, SEP PROC	3	$1,206
69710	IMPLANT/REPLACEMENT HEARING DEV,ELECTROM	NG	NC
69711	REMOVAL/REPAIR,HEARING DEV,ELECTROMAG BO	1	$787
69714	IMPLANTATION, OSSEOINTEGRATED IMPLANT, T	9	$3,166
69715	IMPLANTATION, OSSEOINTEGRATED IMPLANT, T	9	$3,166
69717	REPLACEMENT (INCLUDING REMOVAL OF EXISTI	9	$3,166
69718	REPLACEMENT (INCLUDING REMOVAL OF EXISTI	9	$3,166
69720	DECOMP FACIAL NRV LATERL-GENIC GANGLION	5	$1,695
69725	DECOMP FACIAL NRV MEDIAL-GENIC GANGLION	5	$1,695
69740	SUTUR FASCIAL NRV W/WO GRFT LATERL-GENIC	5	$1,695
69745	SUTUR FASCIAL NRV W/WO GRT MEDIAL-GENIC	5	$1,695
69799	UNLISTED PROC MIDDLE EAR	11	BR
69801	LABYRINTHOTOMY WITH OR W/O CRYOSURGERY	5	$1,695
69802	LABYRINTHOTOMY W/WO CRYOSRG W/MASTOIDEC	7	$2,352
69805	ENDOLYMPHATIC SAC OPERATION W/O SHUNT	7	$2,352
69806	ENDOLYMPHATIC SAC OPERATION WITH SHUNT	7	$2,352
69820	FENESTRATION SEMICIRC CANAL	5	$1,695
69840	REVISION FENESTRATION OPERATION	5	$1,695
69905	LABYRINTHECTOMY TRANSCANAL	7	$2,352
69910	LABYRINTHECTOMY WITH MASTOIDECTOMY	7	$2,352
69915	VESTIBULAR NRV SECTION TRNSLABYRINTH APP	7	$2,352
69930	COCHLEAR DEVICE IMPLNT,W/WO MASTOIDECTMY	7	$2,352
69949	UNLISTED PROC INNER EAR	11	BR
69950	VESTIBULAR NRV SECTION TRANSCRANIAL APP	13	UR, BR
69955	TOTAL FACIAL NRV DECOMP/RPR W/WO GRFT	11	BR
69960	DECOMPRESSION INTERNAL AUDITORY CANAL	11	BR
69970	REMOVE TUMOR TEMPORAL BONE MID FOSSA APP	13	UR, BR
69979	UNLISTED PROC TEMPORAL BONE MIDDLE FOSSA	11	BR
69990	USE OF OPERATING MICROSCOPE	11	BR
76005	FLUOROSCOPIC GUIDANCE&LOCALIZATION OF NE	14	$67

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HCPCS CODE	*ABBREVIATED DESCRIPTION*	*PAYMENT GROUP*	*RATE*
G0105	COLORECTAL SCRN; HI RISK IND	2	$1,054
G0121	COLORECTAL CANCER SCREENING, COLONOSCOPY	2	$1,054
G0260	INJ FOR SACROILIAC JT ANESTH	1	$787
L8500	ARTIFICIAL LARYNX, ANY TYPE	12	AC
L8501	TRACHEOSTOMY SPEAKING VALVE	12	AC
L8600	IMPLANTABLE BREAST PROSTHESIS, SILICONE	12	AC
L8603	COLLAGEN IMPLANT,URINARY TRACT,PER 2.5CC	14	$355
L8606	INJECTABLE BULKING AGENT, SYNTHETIC IMPL	12	AC
L8610	OCULAR	12	AC
L8612	AQUEOUS SHUNT	12	AC
L8613	OSSICULA	12	AC
L8614	COCHLEAR DEVICE/SYSTEM	12	AC
L8619	COCHLEAR IMPLANT EXTERNAL SPEECH PROCESS	12	AC
L8630	METACARPOPHALANGEAL JOINT	12	AC
L8641	METATARSAL JOINT	12	AC
L8642	HALLUX IMPLANT	12	AC
L8658	INTERPHALANGEAL JOINT	12	AC
L8670	VASCULAR GRAFT MATERIAL, SYNTHETIC	12	AC
L8699	PROSTHETIC IMPLANT, NOT OTHERWISE SPEC	12	AC
Q1001	NEW TECH, INTRAOCULAR LENSE CATEGORY 1	12	Bundled
Q1002	NEW TECH, INTRAOCULAR LENSE CATEGORY 2	12	Bundled
V2630	ANTERIOR CHAMBER INTRAOCULAR LENS	12	Bundled
V2631	IRIS SUPPORTED INTRAOCULAR LENS	12	Bundled
V2632	POSTERIOR CHAMBER INTRAOCULAR LENS	12	Bundled

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