114.3 CMR 16.00: SURGERY AND ANESTHESIA SERVICES

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16.01: General Provisions

(1) Scope, Purpose and Effective Date.

(a) 114.3 CMR 16.00 governs the rates of payment used by all governmental units for surgery and anesthesia services rendered to publicly aided patients by eligible providers. 114.3 CMR 16.00 is effective July 1, 2008. Rates for services rendered to individuals covered by M.G.L. c. 152 (the Workers' Compensation Act) are set forth at 114.3 CMR 40.00.

(b) The following laboratory services have a professional and technical component. These are codes: 83020, 83912, 84165, 84166, 84181, 84182, 85390, 85576, 86255, 86256, 86320, 86325, 86327, 86334, 86335, 87164, 87207, 88371, 88372 and 89060. The professional component is contained herein. The technical component for these codes is contained in 114.3 CMR 20.00 *Clinical Laboratory Services.*

(2) Coverage. 114.3 CMR 16.00 and the rates of payment contained herein for actual surgical and anesthesia services rendered shall apply to the following situations:

(a) Surgical and anesthesia services rendered to registered bed patients in a licensed health care facility by an eligible provider who is not under contractual arrangement with the licensed health care facility for medical services and who bills separately and apart from the health care facility for medical services rendered.

(b) Surgical and anesthesia services rendered to ambulatory patients in a private medical office, freestanding ambulatory surgical center, licensed clinic facility, hospital outpatient department, independent diagnostic testing facility, or other appropriate setting by an eligible provider who bills for the medical services rendered and receives no other compensation for medical services rendered.

The rates of payment under 114.3 CMR 16.00 are full compensation for patient care rendered, as well as for any related administrative or supervisory duties in connection with patient care and all associated overhead expenses, without regard to where the care is rendered.

(3) Disclaimer of Authorization of Services. 114.3 CMR 16.00 is not authorization for or approval of the procedures for which rates are determined pursuant to 114.3 CMR

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16.00. Governmental units that purchase care are responsible for the definition, authorization, and approval of care and services extended to publicly aided clients.

(4) Coding Updates and Corrections. The Division may publish procedure code updates and corrections in the form of an Informational Bulletin. Updates may reference coding systems including but not limited to the American Medical Association's *Current Procedural Terminology* (CPT). The publication of such updates and corrections will list:

(a) codes for which only the code numbers change, with the corresponding cross references between existing and new codes;
(b) deleted codes for which there are no corresponding new codes; and
(c) codes for entirely new services that require pricing. The Division will list these codes and apply individual consideration (I.C.) reimbursement for these codes until appropriate rates can be developed.
d) for entirely new codes that require new pricing and have Medicare assigned relative value units (RVUs), the Division may list these codes and price them according to the rate methodology used in setting physician rates. When RVUS are not available, the Division may apply Individual Consideration in reimbursing for these new codes until appropriate rates can be developed.

(5) Administrative Bulletins. The Division may issue Administrative Bulletins to clarify its policy on and understanding of substantive provisions of 114.3 CMR 16.00.

16.02: General Definitions

Meaning of Terms The descriptions and five-digit codes included in 114.3 CMR 16.00 utilize the Healthcare Common Procedure Code System (HCPCS) for Level I and Level II coding. Level I CPT-4 codes are obtained from the Physicians' *Current Procedural Terminology,* copyright 2007 by the American Medical Association (CPT) unless otherwise specified. Level II codes are obtained from 2008 HCPCS maintained jointly by the Centers for Medicare and Medicaid Services (CMS), the Blue Cross and Blue Shield Association, and the Health Insurance Association of America. HCPCS is a listing of descriptive terms and identifying codes and modifiers for reporting medical services and procedures performed by physicians and other healthcare professionals, as well as associated non-physician services. No fee schedules, basic unit value, relative value guides, conversion factors or scales are included in any part of the Physicians' *Current Procedure Terminology.*

114.3 CMR 16.00 includes only HCPCS numeric and alpha-numeric identifying codes and modifiers for reporting medical services and procedures that were selected by the Massachusetts Division of Health Care Finance and Policy. Any use of CPT outside the fee schedule should refer to the Physicians' *Current Procedural Terminology*. All rights reserved.

In addition, terms used in 114.3 CMR 16.00 shall have the meanings set forth in 114.3 CMR 16.02.

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Eligible Provider. Shall mean a licensed physician, licensed osteopath, licensed podiatrist, or licensed dentist other than an intern, resident, fellow or house officer who also meets such conditions of participation as adopted from time to time by a governmental unit.

A provider of diagnostic surgical services who must provide such services in accordance with generally accepted professional standards and in accordance with state licensing requirements and/or certification by national credentialing bodies. Such surgical diagnostic services may be rendered by eligible providers such as, but not limited to, Independent Diagnostic Testing Facilities,. These eligible providers must be physically and financially independent of a hospital or a physician's office. The provider's eligibility is limited to those procedures specified by the governmental unit purchasing such services, and must meet such conditions of participation as may have been or may be adopted from time to time by a governmental unit.

A provider of radiation oncology services, who must provide such services in accordance with generally accepted professional standards and in accordance with state licensing requirements and/or certification by national credentialing bodies, as required by law. Radiation oncology services may be rendered by eligible providers such as, but not limited to, independent radiation oncology centers. These eligible providers must be physically and financially independent of a hospital or a physician's office. The provider's eligibility is limited to those procedures specified by the governmental unit purchasing such services, and must meet such conditions of participation as may have been or may be adopted from time to time by a governmental unit.

A clinic licensed by the Massachusetts Department of Public Health in accordance with regulation 105 CMR 140.000 to provide surgical diagnostic services. The provider's eligibility is limited to those procedures specified by the governmental unit purchasing such services, and must meet such conditions of participation as may have been or may be adopted from time to time by a governmental unit.

Eligible Mid-Level Practitioner.

A licensed registered nurse who is authorized by the Board of Registration in Nursing to practice as a nurse midwife, whose eligibility is limited to those procedures specified by the governmental unit purchasing such services, and who also meets such conditions of participation as may have been or may be adopted from time to time by a governmental unit.

A licensed registered nurse who is authorized by the Board of Registration in Nursing to practice as a nurse practitioner, whose eligibility is limited to those procedures specified by the governmental unit purchasing such services, and who also meets such conditions of participation as may have been or may be adopted from time to time by a governmental unit.

A licensed physician assistant, who is authorized by the Board of Registration for Physician Assistants to practice as a physician assistant, whose eligibility is limited to those procedures specified by the governmental unit purchasing such services, and who also meets such conditions of participation as may have been or may be adopted from time to time by a governmental unit.

Facility Setting. Payments for services provided in a hospital, including without limitation a hospital inpatient department, outpatient department, emergency department, and hospital

licensed health center, or skilled nursing facility or freestanding ambulatory surgical center (ASC) will be made according to a facility fee when an applicable facility fee has been established for that procedure.

Global Delivery. Includes direct provision and supervision of case management, maternal education (including but not limited to nutrition, pregnancy and childbirth, and reproductive health) and obstetrical risk assessment and monitoring, in addition to pelvic delivery (or Cesarean-section delivery by physicians only), all routine prenatal visits and one Postpartum visit.

Governmental Unit. The Commonwealth, any department, agency, board or commission of the Commonwealth and any political subdivision of the Commonwealth.

Individual Consideration (I.C.). Surgical procedures which are authorized but not listed herein, surgical procedures performed in unusual circumstances and services designated "I.C." are individually considered items. The governmental unit or purchaser shall analyze the eligible provider's report of services rendered and charges submitted under the appropriate unlisted services or procedures category. Determination of appropriate payment for procedures designated I.C. shall be in accordance with the following standards and criteria:

(a) the amount of time required to perform the service;
(b) the degree of skill required to perform the service;;
(c) the severity or complexity of the patient's disease, disorder or disability;
(d) any applicable relative-value studies;
(e) any complications or other circumstances that may be deemed relevant;
(f) the policies, procedures and practices of other third party insurers; ;
(g) the payment rate for prescribed drugs as set forth in 114.3 CMR 31.00; and
(h) a copy of the current invoice from the supplier.

Modifiers. Listed services may be modified under certain circumstances. When applicable, the modifying circumstances should be identified by the addition of the appropriate two-digit number or letters to the procedure code.

Primary Care Clinician (PCC) Plan — a managed care option administered by the MassHealth agency through which enrolled members receive primary care and certain other medical services.

Publicly Aided Individual. A person who receives health care and services for which a governmental unit is in whole or in part liable under a statutory program of public assistance.

Separate Procedure. Some of the listed procedures are commonly carried out as an integral part of a total service, and as such do not warrant a separate identification. When, however, such a procedure is performed independently of, and is not immediately related to, other services, it may be listed as a separate procedure in the procedure description. Thus, when a procedure that

is ordinarily a component of a larger procedure is performed alone for a specific purpose, it may be considered to be a separate procedure.

Special Report. A service that is rarely provided, unusual, variable, or new may require a special report in determining medical appropriateness of the service. Pertinent information should include an adequate definition or description of the nature, extent, and need for the procedure; and the time, effort and equipment necessary to provide the service.

Surgical Team Fee. Reimbursement for highly complex surgical procedures requiring the expertise of several physicians (usually of different specialties) and other highly skilled, specially-trained personnel. More than one surgeon may be performing parts of the procedure simultaneously. The unit fee is payable to the 'director' of the surgical team and includes all assistant surgeon fees; there are no separate payments for assisting surgical services. The director of the surgical team is expected to distribute the unit fee to the members of the surgical team.

Unlisted Procedure or Service. A service or procedure may be provided that is not listed in Regulation 114.3 CMR 16.05. When reporting such a service, the appropriate "Unlisted Procedure" code may be used to indicate the service, identifying it by "Special Report."

16.03: General Rate Provisions

(1) Rate Determination. Rates of payment to which 114.3 CMR 16.00 applies shall be the lowest of:

(a) The eligible provider's usual fee to patients other than publicly-aided patients; or

(b) The eligible provider's actual charge submitted; or

(c) The schedule of allowable fees set forth in 114.3 CMR 16.04 and 16.05 in accordance with 114.3 CMR 16.03.

(2) Supplemental Payment

(a) Eligibility. An eligible provider may receive a supplemental payment for services to publicly aided individuals eligible under Titles XIX and XXI of the Social Security Act if the following conditions are met:

1. the eligible provider is employed by a non-profit group practice that was established in accordance with St.1997 c.163 and is affiliated with a Commonwealth-owned medical school;

2. such non-profit group practice shall have been established on or before January 1, 2000 in order to support the purposes of a teaching hospital affiliated with and appurtenant to a Commonwealth-owned medical school; and

3. the services are provided at a teaching hospital affiliated with and appurtenant to a Commonwealth-owned medical school.

(b) Payment Method. This supplemental payment may not exceed the difference between:

1. payments to the eligible provider made pursuant to the rates applicable under 114.3 CMR 16.03(1), and
2. the Federal upper payment limit set forth in 42 CFR 447.325.

(3) Rate Variations Based on Practice Site. Payments for certain services that can be routinely furnished in physicians' offices are reduced when such services are furnished in facility settings. 114.3 CMR 16.05 establishes facility setting fees applied to services rendered in a facility when a practice site differential is warranted.

(4) Allowable Mid-Level Fee for Qualified Mid-Level Practitioners. Payments for services provided by eligible licensed nurse practitioners, eligible licensed nurse midwives and eligible licensed physician assistants as specified in 114.3 CMR 16.02 shall be 85% of the fees contained in 114.3 CMR 16.00.

(5) Preoperative and Postoperative Care. All allowable fees are maximum amounts to be paid and apply primarily to services rendered to registered bed patients in licensed hospitals and freestanding ambulatory surgical centers. The maximum allowable fees for surgical services include the following: routine preoperative care; the operation *per se*, including local infiltration, metacarpal/digital block or topical anesthesia when used, and the normal, uncomplicated follow-up care. This concept is referred to as a "package" for surgical procedures.

(6) Obstetrical Services. Obstetrical fees contained in 114.3 CMR 16.05 are intended to include only the procedure or procedures performed and care to the publicly-aided patient while hospitalized with the exception of global delivery (59400, 59510, 59610, 59618). Outpatient antepartum and postpartum obstetrical care may be billed under the appropriate medical procedure code in accordance with 114.3 CMR 17.00 *Medicine*. Medical problems complicating labor and delivery management or medical complications of pregnancy may require additional resources or services and should be identified by utilizing the appropriate procedure codes in 114.3 CMR 17.00 in addition to the procedure codes for maternity care listed herein.

(7) Casts and Appliances. All maximum allowable fees include the initial application of a cast, traction device or similar appliance.

(8) CPT Category III Codes. All surgery related CPT category III codes are included as a part of this regulation and have an assigned fee of I.C.

(9) PCC Plan Enhanced Fee. PCCs receive an enhanced rate for certain types of primary and preventive care visits provided to their PCC Plan members. The $10.00 enhanced fee is added to the procedure code billed. The MassHealth agency pays PCCs an

enhanced fee for primary care services, in accordance with the terms of the PCC provider contract.

16.04: Maximum Allowable Fees - Anesthesia Services

(1) Rate Determination. The administration of anesthesia is reported by the use of the anesthesia five-digit procedure code (00100-01999) listed in 114.3 CMR 16.05(4). Payment for anesthesia services is determined by a system of base anesthesia units and time units. The number of base units plus time units is multiplied by the anesthesia unit fee to derive the total anesthesia reimbursement. In addition, each quarter hour, or fraction thereof greater than five minutes, of anesthesia services provided during surgery will be reimbursed at the rate of one unit per 15 minutes of service. The time period for which anesthesia services will be reimbursed shall begin when the anesthesiologist begins to prepare the patient for the induction of anesthesia in the operating room or in an equivalent area and ends when the anesthesiologist is no longer in personal attendance, that is, when the patient may be safely placed under postoperative supervision. The time at which anesthesia services begin and end must be specified on the billing form.

(2) Anesthesia Services. Anesthesia services may include but are not limited to general, regional, supplementation of local anesthesia, or other supportive services in order to afford the patient the anesthesia care deemed optimal by the anesthesiologist during any procedure. These services include the usual preoperative and postoperative visits, the anesthesia care during the procedure, the administration of fluids, and/or blood incident to the anesthesia or surgery, and the usual monitoring procedures. Unusual forms of monitoring (e.g., intra-arterial, central venous and Swan-Ganz) are not included.

(3) Maximum Unit Fee. The maximum allowable fee for anesthesia services provided under 114.3 CMR 16.00 is $20.25 per unit.

(4) Nurse-Anesthetist Services. Upon submission of a suitable bill by an eligible provider, the rates of payment set forth above shall apply to anesthesia service rendered by a nurse-anesthetist only if the following conditions exist:

(a) The nurse-anesthetist is a full-time employee of the eligible physician provider and is not a salaried employee of the hospital;
(b) The nurse-anesthetist is authorized by law to perform the services for which payment is sought;
(c) The nurse-anesthetist performs the services under the direct, personal and continuous supervision of the eligible physician provider; and
(d) The eligible physician provider customarily includes the charges in his bill to patients other than publiclyaided and industrial accident patients. To be providing direct, personal and continuous supervision, the eligible physician provider need not be in the room where the services are being performed at all times, but must be within the hospital or other medical facility and available to provide immediate

personal assistance and direction. Availability by telephone shall not constitute direct, personal and continuous supervision.

16.05: Maximum Allowable Fees - Surgical Services

(1) Surgical and Obstetrical Services. The allowable fees for surgical and obstetrical services shall be the fees listed in 114.3 CMR 16.05(4).

(2) Unless otherwise specified, guidelines, notes and definitions provided in the 2008 CPT coding Handbook are applicable to the use of the procedure codes and descriptions listed below.

(3) Modifiers

-26: Professional Component.The component of a service or procedure representing the physicians' work interpreting or performing the service or procedure. When the physician component is reported separately, the addition of the modifier '-26' to the procedure code will allow the professional component allowable fee (PC Fee) contained in 114.3 CMR 16.05(4) to be paid.

-50: Bilateral Procedures. Unless otherwise identified in the procedure code listing, Bilateral procedures performed at the same operative session must be identified by the appropriate service code describing the first procedure. The second bilateral procedure is identified by adding the modifier '-50' to the end of the service code. The addition of the modifier '-50' to the second bilateral codes allows 50% of the allowable fee contained in 114.3 CMR 16.05(4) to be paid to the eligible provider for the second bilateral procedure.

-51: Multiple Procedures. This modifier must be used to report multiple procedures performed at the same session. The service code for the major procedure or service must be reported without a modifier. The secondary, additional or lesser procedure(s) must be identified by adding the modifier '-51' to the end of the service code for the secondary procedure(s). The addition of the modifier '-51' to the second and subsequent procedure codes allows 50% of the allowable fee contained in 114.3 CMR 16.05(4) to be paid to the eligible provider.

NOTE: This modifier should not be used with designated "add-on" codes or with codes in which the narrative begins with "each additional".

-52: Reduced Services. Under certain circumstances, a service or procedure is partially reduced or eliminated at the physician's election. Under these circumstances, the service provided can be identified by its usual procedure number and the addition of the modifier '-52', signifying that the service is

reduced. This provides a means of reporting reduced services without disturbing the identification of the basic service.

-54: Pertains to surgical care only. When one eligible physician performs a surgical procedure and another provides preoperative and/or postoperative management, surgical services may be identified by adding the modifier '-54' to the appropriate procedure code. This allows 85% of the allowable fee contained in 114.3 CMR 16.05(4) to be paid to the physician performing the surgery.

-55: Pertains to postoperative management only. When one eligible physician performs the postoperative management and another physician has performed the surgical procedure, the postoperative component may be identified by adding the modifier '-55' to the appropriate procedure code. This allows 15% of the allowable fee contained in 114.3 CMR 16.05(4) to be paid to the physician.

-59: Distinct Procedural Service. To identify a procedure distinct or independent from other services performed on the same day add the modifier '-59' to the end of the appropriate service code. Modifier '-59' is used to identify services/procedures that are not normally reported together, but are appropriate under certain circumstances, for example, different site or organ system. However when another already established modifier is appropriate it should be used rather than modifier '-59'.

-62: Pertains to two surgeons. When two eligible surgeons work together as primary surgeons performing distinct part(s) of a procedure, each surgeon should report his/her distinct operative work by adding the modifier '-62' to the procedure code and any associated add-on code(s) for that procedure as long as both surgeons continue to work together as primary surgeons. Each surgeon should report the procedure once using the same procedure code. If additional procedure(s) (including add-on procedure(s) are performed during the same surgical session, separate codes(s) may also be reported with the modifier "-62" added. The addition of the modifier '-62'to the procedure code allows 57.5% of the allowable fee contained in 114.3 CMR 16.05(4) to be paid to each surgeon. No separate payment will be made for assisting surgical services in these cases; it is included in the total surgical fee listed.

-66: Pertains to team surgery. This modifier must be used to identify highly complex procedures (requiring the concomitant services of several eligible physicians, often of different specialties, plus other highly skilled, specially trained personnel, and various types of complex equipment) carried out under the "surgical team" concept. The unit fee is payable to the "director" of the surgical team and includes all assistant surgeon fees, there are no

separate payments for assisting surgical services. The director of the surgical team is expected to distribute the unit fee to the eligible members of the surgical team.

-76: Repeat Procedure by Same Physician. The physician may need to indicate that a procedure or service was repeated subsequent to the original procedure or service. This circumstance may be reported by adding the modifier '-76' to the repeated procedure/service or the separate five digit modifier code 09976 may be used.

-77: Repeat Procedure by Another Physician. The physician may need to indicate that a basic procedure or service performed by another physician had to be repeated. This situation may be reported by adding modifier '-77' to the repeated procedure/service or the separate five digit modifier code 09977 may be used.

-78: Return to the Operating Room for a Related Procedure during the Postoperative period. The physician may need to indicate that another procedure was performed during that postoperative period of the initial procedure. When this subsequent procedure is related to the first, and requires the use of the operating room, it may be reported by adding the modifier '-78' to the related procedure, or by using the separate five digit modifier 09978. (For repeat procedures on the same day, see '-76'.)

-79: Unrelated Procedure or Service by the Same Physician during the Postoperative Period. The physician may need to indicate that the performance of a procedure or service during the postoperative period was unrelated to the original procedure. This circumstance may be reported by using the modifier '-79' or by using the separate five digit modifier 09979. (For repeat procedures on the same day, see '-76'.)

-80: Pertains to assistant surgeons. Surgical assistant services may be identified by adding the modifier '-80' to the usual procedure code. This allows 15% of the allowable fee contained in 114.3 CMR 16.05(4) to be paid to the eligible assistant surgeon.

-82: Pertains to assistant surgeons when qualified resident surgeon not available. Surgical assistant services may be identified by adding modifier '-82'to the usual procedure code when a qualified resident surgeon is not available. This allows 15% of the allowable fee contained in 114.3 CMR 16.05(4) to be paid to the eligible assistant surgeon.

-HN: Bachelor's Degree Level. (Use to indicate Physician Assistant) (This modifier is to be applied to service codes billed by a physician which were

performed by a physician assistant employed by the physician or group practice.)

-SA: Nurse Practitioner rendering service in collaboration with a physician. (This modifier is to be applied to service codes billed by a physician which were performed by a non-independent nurse practitioner employed by the physician or group practice.) (An independent nurse practitioner billing under his/her own individual provider number should not use this modifier.)

-SB: Nurse Midwife. (This modifier is to be applied to service codes billed by a physician which were performed by a non-independent nurse midwife employed by the physician or group practice.) (An independent nurse midwife billing under his/her own individual provider number should not use this modifier.)

-TC: Technical Component. The component of a service or procedure representing the cost of rent, equipment, utilities, supplies, administrative and technical salaries and benefits, and other overhead expenses of the service or procedures, excluding the physician's professional component. When the technical component is reported separately the addition of modifier '-TC' to the procedure code will allow the technical component allowable fee (TC Fee) contained in 114.3 CMR 16.05(4) to be paid.

4) Fee Schedules

(a) Anesthesia Services

Code	Units	Description
00100	5	Anesthesia for procedures on salivary glands, including biopsy
00102	6	Anesthesia for procedures involving plastic repair of cleft lip
00103	5	Anesthesia for reconstructive procedures of eyelid (eg, blepharoplasty, ptosis surgery)
00104	4	Anesthesia for electroconvulsive therapy
00120	5	Anesthesia for procedures on external, middle, and inner ear including biopsy; not otherwise specified
00124	4	Anesthesia for procedures on external, middle, and inner ear including biopsy; otoscopy
00126	4	Anesthesia for procedures on external, middle, and inner ear including biopsy; tympanotomy
00140	5	Anesthesia for procedures on eye; not otherwise specified
00142	4	Anesthesia for procedures on eye; lens surgery
00144	6	Anesthesia for procedures on eye; corneal transplant
00145	6	Anesthesia for procedures on eye; vitreoretinal surgery
00147	4	Anesthesia for procedures on eye; iridectomy
00148	4	Anesthesia for procedures on eye; ophthalmoscopy
00160	5	Anesthesia for procedures on nose and accessory sinuses; not otherwise specified
00162	7	Anesthesia for procedures on nose and accessory sinuses; radical surgery
00164	4	Anesthesia for procedures on nose and accessory sinuses; biopsy, soft tissue
00170	5	Anesthesia for intraoral procedures, including biopsy; not otherwise specified
00172	6	Anesthesia for intraoral procedures, including biopsy; repair of cleft palate
00174	6	Anesthesia for intraoral procedures, including biopsy; excision of retropharyngeal tumor

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Code	Units	Description
00176	7	Anesthesia for intraoral procedures, including biopsy; radical surgery
00190	5	Anesthesia for procedures on facial bones or skull; not otherwise specified
00192	7	Anesthesia for procedures on facial bones or skull; radical surgery (including prognathism)
00210	11	Anesthesia for intracranial procedures; not otherwise specified
00212	5	Anesthesia for intracranial procedures; subdural taps
00214	9	Anesthesia for intracranial procedures; burr holes, including ventriculography
00215	9	Anesthesia for intracranial procedures; cranioplasty or elevation of depressed skull fracture, extradural (simple or compound)
00216	15	Anesthesia for intracranial procedures; vascular procedures
00218	13	Anesthesia for intracranial procedures; procedures in sitting position
00220	10	Anesthesia for intracranial procedures; cerebrospinal fluid shunting procedures
00222	6	Anesthesia for intracranial procedures; electrocoagulation of intracranial nerve
00300	5	Anesthesia for all procedures on the integumentary system, muscles and nerves of head, neck, and posterior trunk, not otherwise specified
00320	6	Anesthesia for all procedures on esophagus, thyroid, larynx, trachea and lymphatic system of neck; not otherwise specified, age 1 year or older
00322	3	Anesthesia for all procedures on esophagus, thyroid, larynx, trachea and lymphatic system of neck; needle biopsy of thyroid
00326	7	Anesthesia for all procedures on the larynx and trachea in children younger than 1 year of age
00350	10	Anesthesia for procedures on major vessels of neck; not otherwise specified
00352	5	Anesthesia for procedures on major vessels of neck; simple ligation
00400	3	Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; not otherwise specified
00402	5	Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; reconstructive procedures on breast (eg, reduction or augmentation mammoplasty, muscle flaps)
00404	5	Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; radical or modified radical procedures on breast
00406	13	Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; radical or modified radical procedures on breast with internal mammary node dissection
00410	4	Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; electrical conversion of arrhythmias
00450	5	Anesthesia for procedures on clavicle and scapula; not otherwise specified
00452	6	Anesthesia for procedures on clavicle and scapula; radical surgery
00454	3	Anesthesia for procedures on clavicle and scapula; biopsy of clavicle
00470	6	Anesthesia for partial rib resection; not otherwise specified
00472	10	Anesthesia for partial rib resection; thoracoplasty (any type)
00474	13	Anesthesia for partial rib resection; radical procedures (eg, pectus excavatum)
00500	15	Anesthesia for all procedures on esophagus
00520	6	Anesthesia for closed chest procedures; (including bronchoscopy) not otherwise specified
00522	4	Anesthesia for closed chest procedures; needle biopsy of pleura
00524	4	Anesthesia for closed chest procedures; pneumocentesis
00528	8	Anesthesia for closed chest procedures; mediastinoscopy and diagnostic thoracoscopy not utilizing one lung ventilation
00529	11	Anesthesia for closed chest procedures; mediastinoscopy and diagnostic thoracoscopy utilizing one lung ventilation
00530	4	Anesthesia for permanent transvenous pacemaker insertion

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Code	Units	Description
00532	4	Anesthesia for access to central venous circulation
00534	7	Anesthesia for transvenous insertion or replacement of pacing cardioverter-defibrillator
00537	7	Anesthesia for cardiac electrophysiologic procedures including radiofrequency ablation
00539	18	Anesthesia for tracheobronchial reconstruction
00540	12	Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); not otherwise specified
00541	15	Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); utilizing one lung ventilation
00542	15	Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); decortication
00546	15	Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); pulmonary resection with thoracoplasty
00548	17	Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); intrathoracic procedures on the trachea and bronchi
00550	10	Anesthesia for sternal debridement
00560	15	Anesthesia for procedures on heart, pericardial sac, and great vessels of chest; without pump oxygenator
00561	25	Anesthesia for procedures on heart, pericardial sac, and great vessels of chest; with pump oxygenator, younger than one year of age
00562	20	Anesthesia for procedures on heart, pericardial sac, and great vessels of chest; with pump oxygenator
00563	25	Anesthesia for procedures on heart, pericardial sac, and great vessels of chest; with pump oxygenator with hypothermic circulatory arrest
00566	25	Anesthesia for direct coronary artery bypass grafting without pump oxygenator
00580	20	Anesthesia for heart transplant or heart/lung transplant
00600	10	Anesthesia for procedures on cervical spine and cord; not otherwise specified
00604	13	Anesthesia for procedures on cervical spine and cord; procedures with patient in the sitting position
00620	10	Anesthesia for procedures on thoracic spine and cord; not otherwise specified
00622	13	Anesthesia for procedures on thoracic spine and cord; thoracolumbar sympathectomy
00625	13	Anesthesia for procedures on the thoracic spine and cord, via an anterior transthoracic approach; not utilizing one lung ventilation
00626	15	Anesthesia for procedures on the thoracic spine and cord, via an anterior transthoracic approach; utilizing one lung ventilation
00630	8	Anesthesia for procedures in lumbar region; not otherwise specified
00632	7	Anesthesia for procedures in lumbar region; lumbar sympathectomy
00634	10	Anesthesia for procedures in lumbar region; chemonucleolysis
00635	4	Anesthesia for procedures in lumbar region; diagnostic or therapeutic lumbar puncture
00640	3	Anesthesia for manipulation of the spine or for closed procedures on the cervical, thoracic or lumbar spine
00670	13	Anesthesia for extensive spine and spinal cord procedures (eg, spinal instrumentation or vascular procedures)
00700	4	Anesthesia for procedures on upper anterior abdominal wall; not otherwise specified
00702	4	Anesthesia for procedures on upper anterior abdominal wall; percutaneous liver biopsy
00730	5	Anesthesia for procedures on upper posterior abdominal wall
00740	5	Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum
00750	4	Anesthesia for hernia repairs in upper abdomen; not otherwise specified

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Code	Units	Description
00752	6	Anesthesia for hernia repairs in upper abdomen; lumbar and ventral (incisional) hernias and/or wound dehiscence
00754	7	Anesthesia for hernia repairs in upper abdomen; omphalocele
00756	7	Anesthesia for hernia repairs in upper abdomen; transabdominal repair of diaphragmatic hernia
00770	15	Anesthesia for all procedures on major abdominal blood vessels
00790	7	Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; not otherwise specified
00792	13	Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; partial hepatectomy or management of liver hemorrhage (excluding liver biopsy)
00794	8	Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; pancreatectomy, partial or total (eg, Whipple procedure)
00796	30	Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; liver transplant (recipient)
00797	11	Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; gastric restrictive procedure for morbid obesity
00800	4	Anesthesia for procedures on lower anterior abdominal wall; not otherwise specified
00802	5	Anesthesia for procedures on lower anterior abdominal wall; panniculectomy
00810	5	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum
00820	5	Anesthesia for procedures on lower posterior abdominal wall
00830	4	Anesthesia for hernia repairs in lower abdomen; not otherwise specified
00832	6	Anesthesia for hernia repairs in lower abdomen; ventral and incisional hernias
00834	5	Anesthesia for hernia repairs in the lower abdomen not otherwise specified, younger than 1 year of age
00836	6	Anesthesia for hernia repairs in the lower abdomen not otherwise specified, infants younger than 37 weeks gestational age at birth and younger than 50 weeks gestational age at time of surgery
00840	6	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; not otherwise specified
00842	4	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; amniocentesis
00844	7	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; abdominoperineal resection
00846	8	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; radical hysterectomy
00848	8	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; pelvic exenteration
00851	6	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; tubal ligation/transection
00860	6	Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; not otherwise specified
00862	7	Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; renal procedures, including upper one-third of ureter, or donor nephrectomy
00864	8	Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; total cystectomy
00865	7	Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; radical prostatectomy (suprapubic, retropubic)
00866	10	Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; adrenalectomy

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Code	Units	Description
00868	10	Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; renal transplant (recipient)
00870	5	Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; cystolithotomy
00872	7	Anesthesia for lithotripsy, extracorporeal shock wave; with water bath
00873	5	Anesthesia for lithotripsy, extracorporeal shock wave; without water bath
00880	15	Anesthesia for procedures on major lower abdominal vessels; not otherwise specified
00882	10	Anesthesia for procedures on major lower abdominal vessels; inferior vena cava ligation
00902	5	Anesthesia for; anorectal procedure
00904	7	Anesthesia for; radical perineal procedure
00906	4	Anesthesia for; vulvectomy
00908	6	Anesthesia for; perineal prostatectomy
00910	3	Anesthesia for transurethral procedures (including urethrocystoscopy); not otherwise specified
00912	5	Anesthesia for transurethral procedures (including urethrocystoscopy); transurethral resection of bladder tumor(s)
00914	5	Anesthesia for transurethral procedures (including urethrocystoscopy); transurethral resection of prostate
00916	5	Anesthesia for transurethral procedures (including urethrocystoscopy); post-transurethral resection bleeding
00918	5	Anesthesia for transurethral procedures (including urethrocystoscopy); with fragmentation, manipulation and/or removal of ureteral calculus
00920	3	Anesthesia for procedures on male genitalia (including open urethral procedures); not otherwise specified
00921	3	Anesthesia for procedures on male genitalia (including open urethral procedures); vasectomy, unilateral or bilateral
00922	6	Anesthesia for procedures on male genitalia (including open urethral procedures); seminal vesicles
00924	4	Anesthesia for procedures on male genitalia (including open urethral procedures); undescended testis, unilateral or bilateral
00926	4	Anesthesia for procedures on male genitalia (including open urethral procedures); radical orchiectomy, inguinal
00928	6	Anesthesia for procedures on male genitalia (including open urethral procedures); radical orchiectomy, abdominal
00930	4	Anesthesia for procedures on male genitalia (including open urethral procedures); orchiopexy, unilateral or bilateral
00932	4	Anesthesia for procedures on male genitalia (including open urethral procedures); complete amputation of penis
00934	6	Anesthesia for procedures on male genitalia (including open urethral procedures); radical amputation of penis with bilateral inguinal lymphadenectomy
00936	8	Anesthesia for procedures on male genitalia (including open urethral procedures); radical amputation of penis with bilateral inguinal and iliac lymphadenectomy
00938	4	Anesthesia for procedures on male genitalia (including open urethral procedures); insertion of penile prosthesis (perineal approach)
00940	3	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); not otherwise specified
00942	4	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); colpotomy, vaginectomy, colporrhaphy, and open urethral procedures

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Code	Units	Description
00944	6	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); vaginal hysterectomy
00948	4	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); cervical cerclage
00950	5	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); culdoscopy
00952	4	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); hysteroscopy and/or hysterosalpingography
01112	5	Anesthesia for bone marrow aspiration and/or biopsy, anterior or posterior iliac crest
01120	6	Anesthesia for procedures on bony pelvis
01130	3	Anesthesia for body cast application or revision
01140	15	Anesthesia for interpelviabdominal (hindquarter) amputation
01150	10	Anesthesia for radical procedures for tumor of pelvis, except hindquarter amputation
01160	4	Anesthesia for closed procedures involving symphysis pubis or sacroiliac joint
01170	8	Anesthesia for open procedures involving symphysis pubis or sacroiliac joint
01173	12	Anesthesia for open repair of fracture disruption of pelvis or column fracture involving acetabulum
01180	3	Anesthesia for obturator neurectomy; extrapelvic
01190	4	Anesthesia for obturator neurectomy; intrapelvic
01200	4	Anesthesia for all closed procedures involving hip joint
01202	4	Anesthesia for arthroscopic procedures of hip joint
01210	6	Anesthesia for open procedures involving hip joint; not otherwise specified
01212	10	Anesthesia for open procedures involving hip joint; hip disarticulation
01214	8	Anesthesia for open procedures involving hip joint; total hip arthroplasty
01215	10	Anesthesia for open procedures involving hip joint; revision of total hip arthroplasty
01220	4	Anesthesia for all closed procedures involving upper two-thirds of femur
01230	6	Anesthesia for open procedures involving upper two-thirds of femur; not otherwise specified
01232	5	Anesthesia for open procedures involving upper two-thirds of femur; amputation
01234	8	Anesthesia for open procedures involving upper two-thirds of femur; radical resection
01250	4	Anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursae of upper leg
01260	3	Anesthesia for all procedures involving veins of upper leg, including exploration
01270	8	Anesthesia for procedures involving arteries of upper leg, including bypass graft; not otherwise specified
01272	4	Anesthesia for procedures involving arteries of upper leg, including bypass graft; femoral artery ligation
01274	6	Anesthesia for procedures involving arteries of upper leg, including bypass graft; femoral artery embolectomy
01320	4	Anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursae of knee and/or popliteal area
01340	4	Anesthesia for all closed procedures on lower one-third of femur
01360	5	Anesthesia for all open procedures on lower one-third of femur
01380	3	Anesthesia for all closed procedures on knee joint
01382	3	Anesthesia for diagnostic arthroscopic procedures of knee joint
01390	3	Anesthesia for all closed procedures on upper ends of tibia, fibula, and/or patella
01392	4	Anesthesia for all open procedures on upper ends of tibia, fibula, and/or patella
01400	4	Anesthesia for open or surgical arthroscopic procedures on knee joint; not otherwise specified
01402	7	Anesthesia for open or surgical arthroscopic procedures on knee joint; total knee arthroplasty
01404	5	Anesthesia for open or surgical arthroscopic procedures on knee joint; disarticulation at knee

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Code	Units	Description
01420	3	Anesthesia for all cast applications, removal, or repair involving knee joint
01430	3	Anesthesia for procedures on veins of knee and popliteal area; not otherwise specified
01432	6	Anesthesia for procedures on veins of knee and popliteal area; arteriovenous fistula
01440	8	Anesthesia for procedures on arteries of knee and popliteal area; not otherwise specified
01442	8	Anesthesia for procedures on arteries of knee and popliteal area; popliteal thromboendarterectomy, with or without patch graft
01444	8	Anesthesia for procedures on arteries of knee and popliteal area; popliteal excision and graft or repair for occlusion or aneurysm
01462	3	Anesthesia for all closed procedures on lower leg, ankle, and foot
01464	3	Anesthesia for arthroscopic procedures of ankle and/or foot
01470	3	Anesthesia for procedures on nerves, muscles, tendons, and fascia of lower leg, ankle, and foot; not otherwise specified
01472	5	Anesthesia for procedures on nerves, muscles, tendons, and fascia of lower leg, ankle, and foot; repair of ruptured Achilles tendon, with or without graft
01474	5	Anesthesia for procedures on nerves, muscles, tendons, and fascia of lower leg, ankle, and foot; gastrocnemius recession (eg, Strayer procedure)
01480	3	Anesthesia for open procedures on bones of lower leg, ankle, and foot; not otherwise specified
01482	4	Anesthesia for open procedures on bones of lower leg, ankle, and foot; radical resection (including below knee amputation)
01484	4	Anesthesia for open procedures on bones of lower leg, ankle, and foot; osteotomy or osteoplasty of tibia and/or fibula
01486	7	Anesthesia for open procedures on bones of lower leg, ankle, and foot; total ankle replacement
01490	3	Anesthesia for lower leg cast application, removal, or repair
01500	8	Anesthesia for procedures on arteries of lower leg, including bypass graft; not otherwise specified
01502	6	Anesthesia for procedures on arteries of lower leg, including bypass graft; embolectomy, direct or with catheter
01520	3	Anesthesia for procedures on veins of lower leg; not otherwise specified
01522	5	Anesthesia for procedures on veins of lower leg; venous thrombectomy, direct or with catheter
01610	5	Anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursae of shoulder and axilla
01620	4	Anesthesia for all closed procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint
01622	4	Anesthesia for diagnostic arthroscopic procedures of shoulder joint
01630	5	Anesthesia for open or surgical arthroscopic procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint; not otherwise specified
01632	6	Anesthesia for open or surgical arthroscopic procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint; radical resection
01634	9	Anesthesia for open or surgical arthroscopic procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint; shoulder disarticulation
01636	15	Anesthesia for open or surgical arthroscopic procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint; interthoracoscapular (forequarter) amputation
01638	10	Anesthesia for open or surgical arthroscopic procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint; total shoulder replacement
01650	6	Anesthesia for procedures on arteries of shoulder and axilla; not otherwise specified
01652	10	Anesthesia for procedures on arteries of shoulder and axilla; axillary-brachial aneurysm
01654	8	Anesthesia for procedures on arteries of shoulder and axilla; bypass graft

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Code	Units	Description
01656	10	Anesthesia for procedures on arteries of shoulder and axilla; axillary-femoral bypass graft
01670	4	Anesthesia for all procedures on veins of shoulder and axilla
01680	3	Anesthesia for shoulder cast application, removal or repair; not otherwise specified
01682	4	Anesthesia for shoulder cast application, removal or repair; shoulder spica
01710	3	Anesthesia for procedures on nerves, muscles, tendons, fascia, and bursae of upper arm and elbow; not otherwise specified
01712	5	Anesthesia for procedures on nerves, muscles, tendons, fascia, and bursae of upper arm and elbow; tenotomy, elbow to shoulder, open
01714	5	Anesthesia for procedures on nerves, muscles, tendons, fascia, and bursae of upper arm and elbow; tenoplasty, elbow to shoulder
01716	5	Anesthesia for procedures on nerves, muscles, tendons, fascia, and bursae of upper arm and elbow; tenodesis, rupture of long tendon of biceps
01730	3	Anesthesia for all closed procedures on humerus and elbow
01732	3	Anesthesia for diagnostic arthroscopic procedures of elbow joint
01740	4	Anesthesia for open or surgical arthroscopic procedures of the elbow; not otherwise specified
01742	5	Anesthesia for open or surgical arthroscopic procedures of the elbow; osteotomy of humerus
01744	5	Anesthesia for open or surgical arthroscopic procedures of the elbow; repair of nonunion or malunion of humerus
01756	6	Anesthesia for open or surgical arthroscopic procedures of the elbow; radical procedures
01758	5	Anesthesia for open or surgical arthroscopic procedures of the elbow; excision of cyst or tumor of humerus
01760	7	Anesthesia for open or surgical arthroscopic procedures of the elbow; total elbow replacement
01770	6	Anesthesia for procedures on arteries of upper arm and elbow; not otherwise specified
01772	6	Anesthesia for procedures on arteries of upper arm and elbow; embolectomy
01780	3	Anesthesia for procedures on veins of upper arm and elbow; not otherwise specified
01782	4	Anesthesia for procedures on veins of upper arm and elbow; phleborrhaphy
01810	3	Anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursae of forearm, wrist, and hand
01820	3	Anesthesia for all closed procedures on radius, ulna, wrist, or hand bones
01829	3	Anesthesia for diagnostic arthroscopic procedures on the wrist
01830	3	Anesthesia for open or surgical arthroscopic/endoscopic procedures on distal radius, distal ulna, wrist, or hand joints; not otherwise specified
01832	6	Anesthesia for open or surgical arthroscopic/endoscopic procedures on distal radius, distal ulna, wrist, or hand joints; total wrist replacement
01840	6	Anesthesia for procedures on arteries of forearm, wrist, and hand; not otherwise specified
01842	6	Anesthesia for procedures on arteries of forearm, wrist, and hand; embolectomy
01844	6	Anesthesia for vascular shunt, or shunt revision, any type (eg, dialysis)
01850	3	Anesthesia for procedures on veins of forearm, wrist, and hand; not otherwise specified
01852	4	Anesthesia for procedures on veins of forearm, wrist, and hand; phleborrhaphy
01860	3	Anesthesia for forearm, wrist, or hand cast application, removal, or repair
01916	5	Anesthesia for diagnostic arteriography/venography
01920	7	Anesthesia for cardiac catheterization including coronary angiography and ventriculography (not to include Swan-Ganz catheter)
01922	7	Anesthesia for non-invasive imaging or radiation therapy
01924	5	Anesthesia for therapeutic interventional radiological procedures involving the arterial system; not otherwise specified
01925	7	Anesthesia for therapeutic interventional radiological procedures involving the arterial system; carotid or coronary

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Code	Units	Description
01926	8	Anesthesia for therapeutic interventional radiological procedures involving the arterial system; intracranial, intracardiac, or aortic
01930	5	Anesthesia for therapeutic interventional radiological procedures involving the venous/lymphatic system (not to include access to the central circulation); not otherwise specified
01931	7	Anesthesia for therapeutic interventional radiological procedures involving the venous/lymphatic system (not to include access to the central circulation); intrahepatic or portal circulation (eg, transvenous intrahepatic portosystemic shunt[s] [TIPS])
01932	6	Anesthesia for therapeutic interventional radiological procedures involving the venous/lymphatic system (not to include access to the central circulation); intrathoracic or jugular
01933	7	Anesthesia for therapeutic interventional radiological procedures involving the venous/lymphatic system (not to include access to the central circulation); intracranial
01935	5	Anesthesia for percutaneous image guided procedures on the spine and spinal cord; diagnostic
01936	5	Anesthesia for percutaneous image guided procedures on the spine and spinal cord; therapeutic
01951	3	Anesthesia for second- and third-degree burn excision or debridement with or without skin grafting, any site, for total body surface area (TBSA) treated during anesthesia and surgery; less than 4% total body surface area
01952	5	Anesthesia for second- and third-degree burn excision or debridement with or without skin grafting, any site, for total body surface area (TBSA) treated during anesthesia and surgery; between 4% and 9% of total body surface area
01953	1	Anesthesia for second- and third-degree burn excision or debridement with or without skin grafting, any site, for total body surface area (TBSA) treated during anesthesia and surgery; each additional 9% total body surface area or part thereof (List separately in addition to code for primary procedure)
01958	5	Anesthesia for external cephalic version procedure
01960	5	Anesthesia for vaginal delivery only
01961	7	Anesthesia for cesarean delivery only
01962	8	Anesthesia for urgent hysterectomy following delivery
01963	8	Anesthesia for cesarean hysterectomy without any labor analgesia/anesthesia care
01965	4	Anesthesia for incomplete or missed abortion procedures
01966	4	Anesthesia for induced abortion procedures
01967	5	Neuraxial labor analgesia/anesthesia for planned vaginal delivery (this includes any repeat subarachnoid needle placement and drug injection and/or any necessary replacement of an epidural catheter during labor)
01968	2	Anesthesia for cesarean delivery following neuraxial labor analgesia/anesthesia (List separately in addition to code for primary procedure performed)
01969	5	Anesthesia for cesarean hysterectomy following neuraxial labor analgesia/anesthesia (List separately in addition to code for primary procedure performed)
01990	7	Physiological support for harvesting of organ(s) from brain-dead patient
01991	3	Anesthesia for diagnostic or therapeutic nerve blocks and injections (when block or injection is performed by a different provider); other than the prone position
01992	5	Anesthesia for diagnostic or therapeutic nerve blocks and injections (when block or injection is performed by a different provider); prone position
01996	3	Daily hospital management of epidural or subarachnoid continuous drug administration
01999	0	Unlisted anesthesia procedure(s)

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(b) Surgical Services

NFAC – These amounts apply when service is performed in a non-facility setting

FAC – These amounts apply when service is performed in a facility setting

Global Fee – These amounts apply when no site of service differential rate is specified.

CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
10021	109.44	52.82				Fine needle aspiration; without imaging guidance
10022	114.97	50.74				Fine needle aspiration; with imaging guidance
10040	73.03	63.42				Acne surgery (eg, marsupialization, opening or removal of multiple milia, comedones, cysts, pustules)
10060	80.82	69.23				Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single
10061	137.69	122.79				Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); complicated or multiple
10080	131.26	72.33				Incision and drainage of pilonidal cyst; simple
10081	199.24	122.76				Incision and drainage of pilonidal cyst; complicated
10120	105.11	68.69				Incision and removal of foreign body, subcutaneous tissues; simple
10121	198.94	139.67				Incision and removal of foreign body, subcutaneous tissues; complicated
10140	114.22	90.05				Incision and drainage of hematoma, seroma or fluid collection
10160	94.00	72.81				Puncture aspiration of abscess, hematoma, bulla, or cyst
10180	174.17	133.45				Incision and drainage, complex, postoperative wound infection
11000	39.77	24.54				Debridement of extensive eczematous or infected skin; up to 10% of body surface
11001	16.85	12.54				Debridement of extensive eczematous or infected skin; each additional 10% of the body surface (List separately in addition to code for primary procedure)
11004			433.37			Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia and perineum
11005			572.69			Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; abdominal wall, with or without fascial closure
11006			538.80			Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia, perineum and abdominal wall, with or without fascial closure

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
11008			207.62			Removal of prosthetic material or mesh, abdominal wall for infection (eg, for chronic or recurrent mesh infection or necrotizing soft tissue infection) (List separately in addition to code for primary procedure)
11010	357.58	213.23				Debridement including removal of foreign material associated with open fracture(s) and/or dislocation(s); skin and subcutaneous tissues
11011	405.39	225.95				Debridement including removal of foreign material associated with open fracture(s) and/or dislocation(s); skin, subcutaneous tissue, muscle fascia, and muscle
11012	566.28	331.54				Debridement including removal of foreign material associated with open fracture(s) and/or dislocation(s); skin, subcutaneous tissue, muscle fascia, muscle, and bone
11040	35.11	21.20				Debridement; skin, partial thickness
11041	41.74	27.50				Debridement; skin, full thickness
11042	56.90	36.38				Debridement; skin, and subcutaneous tissue
11043	205.61	177.80				Debridement; skin, subcutaneous tissue, and muscle
11044	277.90	245.46				Debridement; skin, subcutaneous tissue, muscle, and bone
11055	35.59	17.71				Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); single lesion
11056	43.69	24.82				Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); 2 to 4 lesions
11057	52.67	32.47				Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); more than 4 lesions
11100	74.90	35.83				Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; single lesion
11101	24.12	18.16				Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; each separate/additional lesion (List separately in addition to code for primary procedure)
11200	60.32	50.39				Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions
11201	13.82	12.50				Removal of skin tags, multiple fibrocutaneous tags, any area; each additional 10 lesions (List separately in addition to code for primary procedure)
11300	50.97	21.83				Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.5 cm or less
11301	67.96	37.17				Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.6 to 1.0 cm
11302	81.04	45.94				Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 1.1 to 2.0 cm

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
11303	96.04	53.99				Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter over 2.0 cm
11305	51.99	28.15				Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less
11306	70.85	42.38				Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm
11307	82.65	49.21				Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm
11308	94.46	60.03				Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter over 2.0 cm
11310	62.62	31.83				Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less
11311	77.73	46.27				Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm
11312	90.07	52.99				Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm
11313	113.58	71.20				Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 2.0 cm
11400	89.80	55.70				Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.5 cm or less
11401	107.23	73.12				Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.6 to 1.0 cm
11402	118.91	80.17				Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 1.1 to 2.0 cm
11403	136.28	101.85				Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 2.1 to 3.0 cm
11404	154.61	112.56				Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 3.1 to 4.0 cm
11406	212.98	165.64				Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter over 4.0 cm
11420	89.44	60.63				Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
11421	113.84	80.73				Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm
11422	127.29	96.83				Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm
11423	148.03	112.27				Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm
11424	169.43	129.70				Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm
11426	239.41	195.38				Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm
11440	99.71	73.56				Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less
11441	122.79	94.98				Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.6 to 1.0 cm
11442	137.75	105.31				Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 1.1 to 2.0 cm
11443	165.21	129.79				Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 2.1 to 3.0 cm
11444	207.21	165.49				Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 3.1 to 4.0 cm
11446	276.56	232.20				Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter over 4.0 cm
11450	263.13	168.44				Excision of skin and subcutaneous tissue for hidradenitis, axillary; with simple or intermediate repair
11451	347.67	223.18				Excision of skin and subcutaneous tissue for hidradenitis, axillary; with complex repair
11462	261.20	162.54				Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with simple or intermediate repair

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
11463	354.17	226.04				Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with complex repair
11470	285.22	191.86				Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal, or umbilical; with simple or intermediate repair
11471	365.55	242.39				Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal, or umbilical; with complex repair
11600	135.31	81.01				Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.5 cm or less
11601	160.60	103.99				Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.6 to 1.0 cm
11602	175.12	113.21				Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 1.1 to 2.0 cm
11603	198.62	133.72				Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 2.1 to 3.0 cm
11604	219.18	146.34				Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 3.1 to 4.0 cm
11606	304.71	215.98				Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter over 4.0 cm
11620	136.37	81.74				Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less
11621	161.87	105.26				Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm
11622	182.44	120.86				Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm
11623	213.20	148.31				Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm
11624	240.85	169.34				Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm
11626	295.86	215.07				Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm
11640	142.27	87.31				Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.5 cm or less
11641	172.86	114.59				Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.6 to 1.0 cm
11642	198.97	134.75				Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 1.1 to 2.0 cm

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
11643	233.40	167.19				Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 2.1 to 3.0 cm
11644	289.25	209.13				Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 3.1 to 4.0 cm
11646	379.45	295.69				Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter over 4.0 cm
11719	15.44	7.16				Trimming of nondystrophic nails, any number
11720	23.03	13.10				Debridement of nail(s) by any method(s); one to five
11721	32.80	22.20				Debridement of nail(s) by any method(s); six or more
11730	72.78	45.63				Avulsion of nail plate, partial or complete, simple; single
11732	33.64	23.37				Avulsion of nail plate, partial or complete, simple; each additional nail plate (List separately in addition to code for primary procedure)
11740	33.37	24.10				Evacuation of subungual hematoma
11750	156.47	131.97				Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal;
11752	221.52	200.00				Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal; with amputation of tuft of distal phalanx
11755	99.16	64.73				Biopsy of nail unit (eg, plate, bed, matrix, hyponychium, proximal and lateral nail folds) (separate procedure)
11760	148.82	102.47				Repair of nail bed
11762	197.88	155.50				Reconstruction of nail bed with graft
11765	95.37	50.67				Wedge excision of skin of nail fold (eg, for ingrown toenail)
11770	195.38	130.49				Excision of pilonidal cyst or sinus; simple
11771	386.08	298.68				Excision of pilonidal cyst or sinus; extensive
11772	478.16	396.71				Excision of pilonidal cyst or sinus; complicated
11900	40.77	22.56				Injection, intralesional; up to and including 7 lesions
11901	50.45	35.22				Injection, intralesional; more than 7 lesions
11920	150.08	86.18				Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less
11921	169.68	101.81				Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.1 to 20.0 sq cm

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
11922	49.28	23.13				Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; each additional 20.0 sq cm (List separately in addition to code for primary procedure)
11950	58.17	36.98				Subcutaneous injection of filling material (eg, collagen); 1 cc or less
11951	75.31	49.81				Subcutaneous injection of filling material (eg, collagen); 1.1 to 5.0 cc
11952	108.21	74.44				Subcutaneous injection of filling material (eg, collagen); 5.1 to 10.0 cc
11954	127.19	84.48				Subcutaneous injection of filling material (eg, collagen); over 10.0 cc
11960			682.74			Insertion of tissue expander(s) for other than breast, including subsequent expansion
11970			445.55			Replacement of tissue expander with permanent prosthesis
11971	369.94	225.92				Removal of tissue expander(s) without insertion of prosthesis
11975	93.96	59.86				Insertion, implantable contraceptive capsules
11976	111.14	73.39				Removal, implantable contraceptive capsules
11977	170.57	133.49				Removal with reinsertion, implantable contraceptive capsules
11980	79.86	60.99				Subcutaneous hormone pellet implantation (implantation of estradiol and/or testosterone pellets beneath the skin)
11981	103.48	64.74				Insertion, non-biodegradable drug delivery implant
11982	118.89	78.50				Removal, non-biodegradable drug delivery implant
11983	178.49	143.07				Removal with reinsertion, non-biodegradable drug delivery implant
12001	112.81	76.06				Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less
12002	119.69	84.93				Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.6 cm to 7.5 cm
12004	140.43	99.70				Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 7.6 cm to 12.5 cm
12005	174.58	123.60				Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 12.6 cm to 20.0 cm
12006	217.17	156.58				Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 20.1 cm to 30.0 cm
12007	243.80	179.23				Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); over 30.0 cm

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
12011	120.00	78.61				Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less
12013	131.81	90.10				Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm
12014	154.61	107.93				Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm
12015	193.82	134.89				Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm
12016	229.16	164.27				Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm
12017			198.45			Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm
12018			237.57			Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm
12020	204.61	141.05				Treatment of superficial wound dehiscence; simple closure
12021	117.99	102.43				Treatment of superficial wound dehiscence; with packing
12031	166.52	109.58				Layer closure of wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.5 cm or less
12032	222.91	140.48				Layer closure of wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.6 cm to 7.5 cm
12034	216.55	144.37				Layer closure of wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 7.6 cm to 12.5 cm
12035	278.21	174.91				Layer closure of wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 12.6 cm to 20.0 cm
12036	306.56	204.26				Layer closure of wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 20.1 cm to 30.0 cm
12037	344.77	237.50				Layer closure of wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); over 30.0 cm
12041	177.07	118.80				Layer closure of wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less
12042	209.15	139.95				Layer closure of wounds of neck, hands, feet and/or external genitalia; 2.6 cm to 7.5 cm

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
12044	236.69	152.60				Layer closure of wounds of neck, hands, feet and/or external genitalia; 7.6 cm to 12.5 cm
12045	281.19	182.53				Layer closure of wounds of neck, hands, feet and/or external genitalia; 12.6 cm to 20.0 cm
12046	331.79	213.93				Layer closure of wounds of neck, hands, feet and/or external genitalia; 20.1 cm to 30.0 cm
12047	355.07	237.54				Layer closure of wounds of neck, hands, feet and/or external genitalia; over 30.0 cm
12051	195.96	129.75				Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less
12052	215.84	148.30				Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm
12053	235.61	153.17				Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm
12054	252.28	164.21				Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm
12055	307.41	203.45				Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm
12056	379.70	252.57				Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm
12057	408.76	289.24				Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm
13100	233.60	172.35				Repair, complex, trunk; 1.1 cm to 2.5 cm
13101	290.75	208.97				Repair, complex, trunk; 2.6 cm to 7.5 cm
13102	79.12	55.61				Repair, complex, trunk; each additional 5 cm or less (List separately in addition to code for primary procedure)
13120	242.60	179.70				Repair, complex, scalp, arms, and/or legs; 1.1 cm to 2.5 cm
13121	318.43	233.67				Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm
13122	91.09	63.28				Repair, complex, scalp, arms, and/or legs; each additional 5 cm or less (List separately in addition to code for primary procedure)
13131	266.92	203.69				Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.1 cm to 2.5 cm
13132	416.18	338.71				Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 2.6 cm to 7.5 cm
13133	123.59	98.10				Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; each additional 5 cm or less (List separately in addition to code for primary procedure)
13150	272.84	204.64				Repair, complex, eyelids, nose, ears and/or lips; 1.0 cm or less
13151	301.98	236.43				Repair, complex, eyelids, nose, ears and/or lips; 1.1 cm to 2.5 cm

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
13152	410.35	317.32				Repair, complex, eyelids, nose, ears and/or lips; 2.6 cm to 7.5 cm
13153	137.47	107.34				Repair, complex, eyelids, nose, ears and/or lips; each additional 5 cm or less (List separately in addition to code for primary procedure)
13160			598.28			Secondary closure of surgical wound or dehiscence, extensive or complicated
14000	481.41	394.01				Adjacent tissue transfer or rearrangement, trunk; defect 10 sq cm or less
14001	623.92	526.59				Adjacent tissue transfer or rearrangement, trunk; defect 10.1 sq cm to 30.0 sq cm
14020	536.11	449.70				Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10 sq cm or less
14021	701.25	609.87				Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10.1 sq cm to 30.0 sq cm
14040	563.41	483.95				Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less
14041	769.59	667.62				Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10.1 sq cm to 30.0 sq cm
14060	573.68	509.78				Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less
14061	835.56	723.66				Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10.1 sq cm to 30.0 sq cm
14300	803.24	703.25				Adjacent tissue transfer or rearrangement, more than 30 sq cm, unusual or complicated, any area
14350			563.19			Filleted finger or toe flap, including preparation of recipient site
15002	252.11	168.35				Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; first 100 sq cm or 1% of body area of infants and children
15003	54.49	33.30				Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; each additional 100 sq cm or each additional 1% of body area of infants and children (List separately in addition to code for primary procedure)

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
15004	302.71	208.03				Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; first 100 sq cm or 1% of body area of infants and children
15005	90.44	66.93				Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; each additional 100 sq cm or each additional 1% of body area of infants and children (List separately in addition to code for primary procedure)
15040	201.69	97.06				Harvest of skin for tissue cultured skin autograft, 100 sq cm or less
15050	402.82	329.65				Pinch graft, single or multiple, to cover small ulcer, tip of digit, or other minimal open area (except on face), up to defect size 2 cm diameter
15100	669.49	539.38				Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)
15101	155.80	86.60				Split-thickness autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15110	653.29	552.97				Epidermal autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children
15111	92.98	80.39				Epidermal autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15115	642.61	570.44				Epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children
15116	122.88	109.64				Epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
15120	696.33	583.10				Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)
15121	213.69	134.23				Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15130	522.64	424.98				Dermal autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children
15131	74.85	64.92				Dermal autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15135	651.41	582.22				Dermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children
15136	71.65	65.70				Dermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15150	540.64	486.02				Tissue cultured epidermal autograft, trunk, arms, legs; first 25 sq cm or less
15151	97.92	87.00				Tissue cultured epidermal autograft, trunk, arms, legs; additional 1 sq cm to 75 sq cm (List separately in addition to code for primary procedure)
15152	120.33	108.75				Tissue cultured epidermal autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15155	559.31	522.90				Tissue cultured epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 25 sq cm or less
15156	129.18	120.57				Tissue cultured epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; additional 1 sq cm to 75 sq cm (List separately in addition to code for primary procedure)

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
15157	143.76	131.51				Tissue cultured epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15170	308.78	261.11				Acellular dermal replacement, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children
15171	68.53	65.22				Acellular dermal replacement, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15175	404.51	358.82				Acellular dermal replacement, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children
15176	110.04	104.08				Acellular dermal replacement, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15200	591.23	479.33				Full thickness graft, free, including direct closure of donor site, trunk; 20 sq cm or less
15201	116.74	58.80				Full thickness graft, free, including direct closure of donor site, trunk; each additional 20 sq cm (List separately in addition to code for primary procedure)
15220	565.39	461.43				Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; 20 sq cm or less
15221	108.16	54.20				Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; each additional 20 sq cm (List separately in addition to code for primary procedure)
15240	671.22	582.16				Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 20 sq cm or less
15241	139.29	85.33				Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; each additional 20 sq cm (List separately in addition to code for primary procedure)
15260	717.45	629.38				Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; 20 sq cm or less

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
15261	160.78	109.13				Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; each additional 20 sq cm (List separately in addition to code for primary procedure)
15300	250.23	212.82				Allograft skin for temporary wound closure, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children
15301	46.15	42.84				Allograft skin for temporary wound closure, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15320	284.56	243.18				Allograft skin for temporary wound closure, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children
15321	69.22	64.59				Allograft skin for temporary wound closure, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15330	232.47	194.06				Acellular dermal allograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children
15331	46.48	43.50				Acellular dermal allograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15335	249.98	211.24				Acellular dermal allograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children
15336	67.71	62.09				Acellular dermal allograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15340	240.89	203.14				Tissue cultured allogeneic skin substitute; first 25 sq cm or less
15341	35.77	20.87				Tissue cultured allogeneic skin substitute; each additional 25 sq cm
15360	273.21	228.51				Tissue cultured allogeneic dermal substitute, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
15361	52.98	48.02				Tissue cultured allogeneic dermal substitute, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15365	272.40	231.68				Tissue cultured allogeneic dermal substitute, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children
15366	66.64	61.67				Tissue cultured allogeneic dermal substitute, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15400	281.33	261.14				Xenograft, skin (dermal), for temporary wound closure, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children
15401	78.92	43.83				Xenograft, skin (dermal), for temporary wound closure, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15420	316.84	279.42				Xenograft skin (dermal), for temporary wound closure, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children
15421	87.43	64.59				Xenograft skin (dermal), for temporary wound closure, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15430	403.50	389.59				Acellular xenograft implant; first 100 sq cm or less, or 1% of body area of infants and children
15431			I.C.			Acellular xenograft implant; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15570	662.14	523.75				Formation of direct or tubed pedicle, with or without transfer; trunk
15572	622.37	520.40				Formation of direct or tubed pedicle, with or without transfer; scalp, arms, or legs
15574	671.00	565.06				Formation of direct or tubed pedicle, with or without transfer; forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands or feet

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
15576	598.39	498.41				Formation of direct or tubed pedicle, with or without transfer; eyelids, nose, ears, lips, or intraoral
15600	274.10	156.57				Delay of flap or sectioning of flap (division and inset); at trunk
15610	246.02	183.45				Delay of flap or sectioning of flap (division and inset); at scalp, arms, or legs
15620	344.62	237.35				Delay of flap or sectioning of flap (division and inset); at forehead, cheeks, chin, neck, axillae, genitalia, hands, or feet
15630	351.29	257.60				Delay of flap or sectioning of flap (division and inset); at eyelids, nose, ears, or lips
15650	377.24	280.89				Transfer, intermediate, of any pedicle flap (eg, abdomen to wrist, Walking tube), any location
15731	815.58	730.83				Forehead flap with preservation of vascular pedicle (eg, axial pattern flap, paramedian forehead flap)
15732	1134.45	978.84				Muscle, myocutaneous, or fasciocutaneous flap; head and neck (eg, temporalis, masseter muscle, sternocleidomastoid, levator scapulae)
15734	1163.74	1005.15				Muscle, myocutaneous, or fasciocutaneous flap; trunk
15736	1048.85	869.74				Muscle, myocutaneous, or fasciocutaneous flap; upper extremity
15738	1110.96	948.07				Muscle, myocutaneous, or fasciocutaneous flap; lower extremity
15740	729.13	629.14				Flap; island pedicle
15750			682.12			Flap; neurovascular pedicle
15756			1772.60			Free muscle or myocutaneous flap with microvascular anastomosis
15757			1768.63			Free skin flap with microvascular anastomosis
15758			1763.65			Free fascial flap with microvascular anastomosis
15760	627.13	525.49				Graft; composite (eg, full thickness of external ear or nasal ala), including primary closure, donor area
15770			486.71			Graft; derma-fat-fascia
15775	239.28	163.13				Punch graft for hair transplant; 1 to 15 punch grafts
15776	338.99	251.59				Punch graft for hair transplant; more than 15 punch grafts
15780	628.40	496.30				Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis)
15781	402.59	326.77				Dermabrasion; segmental, face
15782	436.57	319.70				Dermabrasion; regional, other than face
15783	371.87	278.50				Dermabrasion; superficial, any site (eg, tattoo removal)
15786	179.76	101.96				Abrasion; single lesion (eg, keratosis, scar)
15787	41.85	14.04				Abrasion; each additional four lesions or less (List separately in addition to code for primary procedure)
15788	328.54	179.89				Chemical peel, facial; epidermal
15789	431.37	317.48				Chemical peel, facial; dermal

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
15792	320.90	204.36				Chemical peel, nonfacial; epidermal
15793	349.08	264.32				Chemical peel, nonfacial; dermal
15819			541.94			Cervicoplasty
15820	399.73	356.69				Blepharoplasty, lower eyelid;
15821	425.99	377.65				Blepharoplasty, lower eyelid; with extensive herniated fat pad
15822	316.91	275.86				Blepharoplasty, upper eyelid;
15823	489.66	444.97				Blepharoplasty, upper eyelid; with excessive skin weighting down lid
15824			I.C.			Rhytidectomy; forehead
15825			I.C.			Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)
15826			I.C.			Rhytidectomy; glabellar frown lines
15828			I.C.			Rhytidectomy; cheek, chin, and neck
15829			I.C.			Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap
15830			859.74			Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy
15832			663.85			Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh
15833			618.79			Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg
15834			631.22			Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip
15835			646.28			Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock
15836			544.80			Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm
15837	572.26	504.72				Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand
15838			428.40			Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad
15839	622.15	527.13				Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area
15840			753.19			Graft for facial nerve paralysis; free fascia graft (including obtaining fascia)
15841			1244.26			Graft for facial nerve paralysis; free muscle graft (including obtaining graft)
15842			1966.91			Graft for facial nerve paralysis; free muscle flap by microsurgical technique
15845			701.95			Graft for facial nerve paralysis; regional muscle transfer
15847			I.C.			Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes umbilical transposition and fascial plication) (List separately in addition to code for primary procedure)

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
15850	68.53	30.79				Removal of sutures under anesthesia (other than local), same surgeon
15851	75.29	34.23				Removal of sutures under anesthesia (other than local), other surgeon
15852			35.54			Dressing change (for other than burns) under anesthesia (other than local)
15860			83.73			Intravenous injection of agent (eg, fluorescein) to test vascular flow in flap or graft
15876			I.C.			Suction assisted lipectomy; head and neck
15877			I.C.			Suction assisted lipectomy; trunk
15878			I.C.			Suction assisted lipectomy; upper extremity
15879			I.C.			Suction assisted lipectomy; lower extremity
15920			430.25			Excision, coccygeal pressure ulcer, with coccygectomy; with primary suture
15922			554.07			Excision, coccygeal pressure ulcer, with coccygectomy; with flap closure
15931			491.24			Excision, sacral pressure ulcer, with primary suture;
15933			607.37			Excision, sacral pressure ulcer, with primary suture; with ostectomy
15934			677.25			Excision, sacral pressure ulcer, with skin flap closure;
15935			802.76			Excision, sacral pressure ulcer, with skin flap closure; with ostectomy
15936			660.88			Excision, sacral pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure;
15937			773.67			Excision, sacral pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure; with ostectomy
15940			508.63			Excision, ischial pressure ulcer, with primary suture;
15941			673.27			Excision, ischial pressure ulcer, with primary suture; with ostectomy (ischiectomy)
15944			655.02			Excision, ischial pressure ulcer, with skin flap closure;
15945			724.07			Excision, ischial pressure ulcer, with skin flap closure; with ostectomy
15946			1197.20			Excision, ischial pressure ulcer, with ostectomy, in preparation for muscle or myocutaneous flap or skin graft closure
15950			422.23			Excision, trochanteric pressure ulcer, with primary suture;
15951			602.09			Excision, trochanteric pressure ulcer, with primary suture; with ostectomy
15952			625.15			Excision, trochanteric pressure ulcer, with skin flap closure;
15953			697.78			Excision, trochanteric pressure ulcer, with skin flap closure; with ostectomy

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
15956			847.10			Excision, trochanteric pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure;
15958			866.04			Excision, trochanteric pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure; with ostectomy
15999			I.C.			Unlisted procedure, excision pressure ulcer
16000	52.71	34.84				Initial treatment, first degree burn, when no more than local treatment is required
16020	63.78	42.92				Dressings and/or debridement of partial-thickness burns, initial or subsequent; small (less than 5% total body surface area)
16025	111.01	85.84				Dressings and/or debridement of partial-thickness burns, initial or subsequent; medium (eg, whole face or whole extremity, or 5% to 10% total body surface area)
16030	133.73	98.64				Dressings and/or debridement of partial-thickness burns, initial or subsequent; large (eg, more than one extremity, or greater than 10% total body surface area)
16035			160.62			Escharotomy; initial incision
16036			63.71			Escharotomy; each additional incision (List separately in addition to code for primary procedure)
17000	57.35	39.14				Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); first lesion
17003	5.81	3.82				Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); second through 14 lesions, each (List separately in addition to code for first lesion)
17004	131.63	102.16				Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses), 15 or more lesions
17106	290.42	246.06				Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm
17107	504.77	442.20				Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm
17108	680.88	613.34				Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm
17110	76.06	45.93				Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
17111	92.20	59.09				Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions
17250	57.29	27.16				Chemical cauterization of granulation tissue (proud flesh, sinus or fistula)
17260	71.18	49.66				Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 0.5 cm or less
17261	102.16	65.74				Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 0.6 to 1.0 cm
17262	124.08	84.02				Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 1.1 to 2.0 cm
17263	136.78	92.75				Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 2.1 to 3.0 cm
17264	147.47	98.80				Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 3.1 to 4.0 cm
17266	167.13	114.16				Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter over 4.0 cm
17270	107.01	70.92				Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less
17271	116.93	79.85				Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm
17272	133.90	92.52				Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm
17273	149.22	104.19				Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 2.1 to 3.0 cm

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
17274	177.30	127.64				Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 3.1 to 4.0 cm
17276	206.54	153.57				Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter over 4.0 cm
17280	100.17	64.75				Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less
17281	126.88	90.13				Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm
17282	146.95	104.24				Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm
17283	177.59	130.57				Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 2.1 to 3.0 cm
17284	207.17	155.52				Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 3.1 to 4.0 cm
17286	263.56	210.92				Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 4.0 cm
17311	532.79	279.19				Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), head, neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; first stage, up to 5 tissue blocks

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
17312	323.01	148.54				Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), head, neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; each additional stage after the first stage, up to 5 tissue blocks (List separately in addition to code for primary procedure)
17313	487.02	250.63				Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), of the trunk, arms, or legs; first stage, up to 5 tissue blocks
17314	298.88	137.65				Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), of the trunk, arms, or legs; each additional stage after the first stage, up to 5 tissue blocks (List separately in addition to code for primary procedure)
17315	62.67	39.16				Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), each additional block after the first 5 tissue blocks, any stage (List separately in addition to code for primary procedure)
17340	34.21	34.54				Cryotherapy (CO2 slush, liquid N2) for acne
17360	96.11	72.60				Chemical exfoliation for acne (eg, acne paste, acid)
17380			I.C.			Electrolysis epilation, each 30 minutes
17999			I.C.			Unlisted procedure, skin, mucous membrane and subcutaneous tissue
19000	89.72	34.76				Puncture aspiration of cyst of breast;
19001	20.86	17.22				Puncture aspiration of cyst of breast; each additional cyst (List separately in addition to code for primary procedure)

114.3 CMR 16.00: SURGERY AND ANESTHESIA SERVICES

CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
19020	328.59	208.74				Mastotomy with exploration or drainage of abscess, deep
19030	136.35	61.85				Injection procedure only for mammary ductogram or galactogram
19100	107.75	51.13				Biopsy of breast; percutaneous, needle core, not using imaging guidance (separate procedure)
19101	244.69	158.94				Biopsy of breast; open, incisional
19102	179.67	81.01				Biopsy of breast; percutaneous, needle core, using imaging guidance
19103	467.00	149.50				Biopsy of breast; percutaneous, automated vacuum assisted or rotating biopsy device, using imaging guidance
19105	1649.29	142.54				Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance, each fibroadenoma
19110	329.98	232.32				Nipple exploration, with or without excision of a solitary lactiferous duct or a papilloma lactiferous duct
19112	317.75	210.48				Excision of lactiferous duct fistula
19120	337.93	284.96				Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion (except 19300), open, male or female, one or more lesions
19125	372.28	316.00				Excision of breast lesion identified by preoperative placement of radiological marker, open; single lesion
19126			118.74			Excision of breast lesion identified by preoperative placement of radiological marker, open; each additional lesion separately identified by a preoperative radiological marker (List separately in addition to code for primary procedure)
19260			889.80			Excision of chest wall tumor including ribs
19271			1226.14			Excision of chest wall tumor involving ribs, with plastic reconstruction; without mediastinal lymphadenectomy
19272			1351.47			Excision of chest wall tumor involving ribs, with plastic reconstruction; with mediastinal lymphadenectomy
19290	131.97	51.19				Preoperative placement of needle localization wire, breast;
19291	57.18	25.40				Preoperative placement of needle localization wire, breast; each additional lesion (List separately in addition to code for primary procedure)
19295			82.65			Image guided placement, metallic localization clip, percutaneous, during breast biopsy (List separately in addition to code for primary procedure)

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
19296	3610.21	154.08				Placement of radiotherapy afterloading balloon catheter into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; on date separate from partial mastectomy
19297			69.54			Placement of radiotherapy afterloading balloon catheter into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; concurrent with partial mastectomy (List separately in addition to code for primary procedure)
19298	1239.47	251.53				Placement of radiotherapy afterloading brachytherapy catheters (multiple tube and button type) into the breast for interstitial radioelement application following (at the time of or subsequent to) partial mastectomy, includes imaging guidance
19300	411.58	280.14				Mastectomy for gynecomastia
19301			429.18			Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy);
19302			632.66			Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy); with axillary lymphadenectomy
19303			661.69			Mastectomy, simple, complete
19304			400.89			Mastectomy, subcutaneous
19305			788.55			Mastectomy, radical, including pectoral muscles, axillary lymph nodes
19306			823.64			Mastectomy, radical, including pectoral muscles, axillary and internal mammary lymph nodes (Urban type operation)
19307			827.84			Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle
19316			581.05			Mastopexy
19318			855.94			Reduction mammaplasty
19324			358.59			Mammaplasty, augmentation; without prosthetic implant
19325			480.57			Mammaplasty, augmentation; with prosthetic implant
19328			362.65			Removal of intact mammary implant
19330			459.88			Removal of mammary implant material
19340			297.16			Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction
19342			681.27			Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction
19350	674.19	508.98				Nipple/areola reconstruction
19355	545.72	408.65				Correction of inverted nipples
19357			1150.77			Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion

114.3 CMR 16.00: SURGERY AND ANESTHESIA SERVICES

CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
19361			1193.66			Breast reconstruction with latissimus dorsi flap, without prosthetic implant
19364			2074.62			Breast reconstruction with free flap
19366			1031.38			Breast reconstruction with other technique
19367			1356.99			Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site;
19368			1668.90			Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site; with microvascular anastomosis (supercharging)
19369			1537.74			Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), double pedicle, including closure of donor site
19370			505.41			Open periprosthetic capsulotomy, breast
19371			582.54			Periprosthetic capsulectomy, breast
19380			569.50			Revision of reconstructed breast
19396	160.04	104.75				Preparation of moulage for custom breast implant
19499			I.C.			Unlisted procedure, breast
20000	155.81	119.06				Incision of soft tissue abscess (eg, secondary to osteomyelitis); superficial
20005	227.49	179.48				Incision of soft tissue abscess (eg, secondary to osteomyelitis); deep or complicated
20100			447.40			Exploration of penetrating wound (separate procedure); neck
20101	306.58	151.30				Exploration of penetrating wound (separate procedure); chest
20102	359.48	182.68				Exploration of penetrating wound (separate procedure); abdomen/flank/back
20103	435.80	266.62				Exploration of penetrating wound (separate procedure); extremity
20150			694.33			Excision of epiphyseal bar, with or without autogenous soft tissue graft obtained through same fascial incision
20200	147.00	69.53				Biopsy, muscle; superficial
20205	200.47	110.42				Biopsy, muscle; deep
20206	223.15	49.00				Biopsy, muscle, percutaneous needle
20220	157.35	61.33				Biopsy, bone, trocar, or needle; superficial (eg, ilium, sternum, spinous process, ribs)
20225	660.48	92.68				Biopsy, bone, trocar, or needle; deep (eg, vertebral body, femur)
20240			175.98			Biopsy, bone, open; superficial (eg, ilium, sternum, spinous process, ribs, trochanter of femur)
20245			476.86			Biopsy, bone, open; deep (eg, humerus, ischium, femur)
20250			284.12			Biopsy, vertebral body, open; thoracic
20251			315.94			Biopsy, vertebral body, open; lumbar or cervical

114.3 CMR 16.00: SURGERY AND ANESTHESIA SERVICES

CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
20500	97.06	77.20				Injection of sinus tract; therapeutic (separate procedure)
20501	109.48	30.68				Injection of sinus tract; diagnostic (sinogram)
20520	148.08	110.01				Removal of foreign body in muscle or tendon sheath; simple
20525	378.09	189.04				Removal of foreign body in muscle or tendon sheath; deep or complicated
20526	58.49	44.26				Injection, therapeutic (eg, local anesthetic, corticosteroid), carpal tunnel
20550	45.05	31.47				Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar fascia)
20551	44.50	32.92				Injection(s); single tendon origin/insertion
20552	41.02	26.78				Injection(s); single or multiple trigger point(s), one or two muscle(s)
20553	45.96	29.74				Injection(s); single or multiple trigger point(s), three or more muscle(s)
20555			248.88			Placement of needles or catheters into muscle and/or soft tissue for subsequent interstitial radioelement application (at the time of or subsequent to the procedure)
20600	41.99	31.07				Arthrocentesis, aspiration and/or injection; small joint or bursa (eg, fingers, toes)
20605	45.53	31.95				Arthrocentesis, aspiration and/or injection; intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa)
20610	57.85	37.99				Arthrocentesis, aspiration and/or injection; major joint or bursa (eg, shoulder, hip, knee joint, subacromial bursa)
20612	44.86	32.94				Aspiration and/or injection of ganglion cyst(s) any location
20615	171.46	122.46				Aspiration and injection for treatment of bone cyst
20650	149.25	119.12				Insertion of wire or pin with application of skeletal traction, including removal (separate procedure)
20660	199.80	175.63				Application of cranial tongs, caliper, or stereotactic frame, including removal (separate procedure)
20661			349.37			Application of halo, including removal; cranial
20662			357.92			Application of halo, including removal; pelvic
20663			337.29			Application of halo, including removal; femoral
20664			558.78			Application of halo, including removal, cranial, 6 or more pins placed, for thin skull osteology (eg, pediatric patients, hydrocephalus, osteogenesis imperfecta), requiring general anesthesia
20665	99.47	79.61				Removal of tongs or halo applied by another physician
20670	355.76	117.71				Removal of implant; superficial (eg, buried wire, pin or rod) (separate procedure)

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
20680	457.13	305.49				Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)
20690			376.94			Application of a uniplane (pins or wires in one plane), unilateral, external fixation system
20692			693.94			Application of a multiplane (pins or wires in more than one plane), unilateral, external fixation system (eg, Ilizarov, Monticelli type)
20693			352.22			Adjustment or revision of external fixation system requiring anesthesia (eg, new pin(s) or wire(s) and/or new ring(s) or bar(s))
20694	338.74	257.62				Removal, under anesthesia, of external fixation system
20802			1828.84			Replantation, arm (includes surgical neck of humerus through elbow joint), complete amputation
20805			2397.65			Replantation, forearm (includes radius and ulna to radial carpal joint), complete amputation
20808			3101.23			Replantation, hand (includes hand through metacarpophalangeal joints), complete amputation
20816			1880.08			Replantation, digit, excluding thumb (includes metacarpophalangeal joint to insertion of flexor sublimis tendon), complete amputation
20822			1649.79			Replantation, digit, excluding thumb (includes distal tip to sublimis tendon insertion), complete amputation
20824			1858.83			Replantation, thumb (includes carpometacarpal joint to MP joint), complete amputation
20827			1687.34			Replantation, thumb (includes distal tip to MP joint), complete amputation
20838			1813.22			Replantation, foot, complete amputation
20900	473.58	356.37				Bone graft, any donor area; minor or small (eg, dowel or button)
20902			463.53			Bone graft, any donor area; major or large
20910			327.81			Cartilage graft; costochondral
20912			371.80			Cartilage graft; nasal septum
20920			307.16			Fascia lata graft; by stripper
20922	455.91	369.17				Fascia lata graft; by incision and area exposure, complex or sheet
20924			386.04			Tendon graft, from a distance (eg, palmaris, toe extensor, plantaris)
20926			330.74			Tissue grafts, other (eg, paratenon, fat, dermis)
20930			I.C.			Allograft for spine surgery only; morselized (List separately in addition to code for primary procedure)
20931			86.24			Allograft for spine surgery only; structural (List separately in addition to code for primary procedure)

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
20936			I.C.			Autograft for spine surgery only (includes harvesting the graft); local (eg, ribs, spinous process, or laminar fragments) obtained from same incision (List separately in addition to code for primary procedure)
20937			131.18			Autograft for spine surgery only (includes harvesting the graft); morselized (through separate skin or fascial incision) (List separately in addition to code for primary procedure)
20938			142.73			Autograft for spine surgery only (includes harvesting the graft); structural, bicortical or tricortical (through separate skin or fascial incision) (List separately in addition to code for primary procedure)
20950	222.88	70.58				Monitoring of interstitial fluid pressure (includes insertion of device, eg, wick catheter technique, needle manometer technique) in detection of muscle compartment syndrome
20955			1931.41			Bone graft with microvascular anastomosis; fibula
20956			2039.95			Bone graft with microvascular anastomosis; iliac crest
20957			1910.04			Bone graft with microvascular anastomosis; metatarsal
20962			2027.75			Bone graft with microvascular anastomosis; other than fibula, iliac crest, or metatarsal
20969			2152.78			Free osteocutaneous flap with microvascular anastomosis; other than iliac crest, metatarsal, or great toe
20970			2144.29			Free osteocutaneous flap with microvascular anastomosis; iliac crest
20972			1935.65			Free osteocutaneous flap with microvascular anastomosis; metatarsal
20973			2081.07			Free osteocutaneous flap with microvascular anastomosis; great toe with web space
20974	47.15	36.55				Electrical stimulation to aid bone healing; noninvasive (nonoperative)
20975			135.83			Electrical stimulation to aid bone healing; invasive (operative)
20979	42.74	28.18				Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative)
20982	3358.02	311.43				Ablation, bone tumor(s) (eg, osteoid osteoma, metastasis) radiofrequency, percutaneous, including computed tomographic guidance
20985			112.86			Computer-assisted surgical navigational procedure for musculoskeletal procedures; image-less (List separately in addition to code for primary procedure)

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
20986			I.C.			Computer-assisted surgical navigational procedure for musculoskeletal procedures; with image guidance based on intraoperatively obtained images (eg, fluoroscopy, ultrasound) (List separately in addition to code for primary procedure)
20987			I.C.			Computer-assisted surgical navigational procedure for musculoskeletal procedures; with image guidance based on preoperative images (List separately in addition to code for primary procedure)
20999			I.C.			Unlisted procedure, musculoskeletal system, general
21010			549.56			Arthrotomy, temporomandibular joint
21015			325.34			Radical resection of tumor (eg, malignant neoplasm), soft tissue of face or scalp
21025	747.86	636.95				Excision of bone (eg, for osteomyelitis or bone abscess); mandible
21026	443.97	370.47				Excision of bone (eg, for osteomyelitis or bone abscess); facial bone(s)
21029	564.27	474.88				Removal by contouring of benign tumor of facial bone (eg, fibrous dysplasia)
21030	369.38	306.48				Excision of benign tumor or cyst of maxilla or zygoma by enucleation and curettage
21031	284.72	218.83				Excision of torus mandibularis
21032	290.36	215.53				Excision of maxillary torus palatinus
21034	1010.81	893.61				Excision of malignant tumor of maxilla or zygoma
21040	370.70	300.52				Excision of benign tumor or cyst of mandible, by enucleation and/or curettage
21044			665.38			Excision of malignant tumor of mandible;
21045			922.07			Excision of malignant tumor of mandible; radical resection
21046			817.23			Excision of benign tumor or cyst of mandible; requiring intra-oral osteotomy (eg, locally aggressive or destructive lesion(s))
21047			990.89			Excision of benign tumor or cyst of mandible; requiring extra-oral osteotomy and partial mandibulectomy (eg, locally aggressive or destructive lesion(s))
21048			831.57			Excision of benign tumor or cyst of maxilla; requiring intra-oral osteotomy (eg, locally aggressive or destructive lesion(s))
21049			952.74			Excision of benign tumor or cyst of maxilla; requiring extra-oral osteotomy and partial maxillectomy (eg, locally aggressive or destructive lesion(s))
21050			646.01			Condylectomy, temporomandibular joint (separate procedure)
21060			595.70			Meniscectomy, partial or complete, temporomandibular joint (separate procedure)

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
21070			486.01			Coronoidectomy (separate procedure)
21073	284.27	178.66				Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (ie, general or monitored anesthesia care)
21076	754.33	660.30				Impression and custom preparation; surgical obturator prosthesis
21077	1862.59	1665.27				Impression and custom preparation; orbital prosthesis
21079	1277.89	1108.71				Impression and custom preparation; interim obturator prosthesis
21080	1453.07	1250.12				Impression and custom preparation; definitive obturator prosthesis
21081	1324.83	1135.45				Impression and custom preparation; mandibular resection prosthesis
21082	1215.81	1046.30				Impression and custom preparation; palatal augmentation prosthesis
21083	1158.11	967.74				Impression and custom preparation; palatal lift prosthesis
21084	1325.05	1115.81				Impression and custom preparation; speech aid prosthesis
21085	530.15	448.70				Impression and custom preparation; oral surgical splint
21086	1381.52	1236.17				Impression and custom preparation; auricular prosthesis
21087	1370.09	1228.06				Impression and custom preparation; nasal prosthesis
21088			I.C.			Impression and custom preparation; facial prosthesis
21089			I.C.			Unlisted maxillofacial prosthetic procedure
21100	571.60	304.75				Application of halo type appliance for maxillofacial fixation, includes removal (separate procedure)
21110	551.80	476.97				Application of interdental fixation device for conditions other than fracture or dislocation, includes removal
21116	137.13	33.17				Injection procedure for temporomandibular joint arthrography
21120	487.21	386.24				Genioplasty; augmentation (autograft, allograft, prosthetic material)
21121	571.61	489.51				Genioplasty; sliding osteotomy, single piece
21122			545.48			Genioplasty; sliding osteotomies, two or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)
21123			638.55			Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)
21125	2289.29	559.40				Augmentation, mandibular body or angle; prosthetic material
21127	2490.87	655.03				Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
21137			562.10			Reduction forehead; contouring only
21138			679.61			Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)
21139			740.19			Reduction forehead; contouring and setback of anterior frontal sinus wall
21141			1010.99			Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without bone graft
21142			988.41			Reconstruction midface, LeFort I; two pieces, segment movement in any direction, without bone graft
21143			1047.20			Reconstruction midface, LeFort I; three or more pieces, segment movement in any direction, without bone graft
21145			1166.00			Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)
21146			1157.42			Reconstruction midface, LeFort I; two pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted unilateral alveolar cleft)
21147			1255.36			Reconstruction midface, LeFort I; three or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted bilateral alveolar cleft or multiple osteotomies)
21150			1332.40			Reconstruction midface, LeFort II; anterior intrusion (eg, Treacher-Collins Syndrome)
21151			1427.01			Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts)
21154			1599.50			Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I
21155			1815.94			Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with LeFort I
21159			2105.82			Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); without LeFort I
21160			2239.30			Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); with LeFort I
21172			1315.15			Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
21175			1555.81			Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (eg, plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts)
21179			1108.99			Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)
21180			1255.37			Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts)
21181			549.21			Reconstruction by contouring of benign tumor of cranial bones (eg, fibrous dysplasia), extracranial
21182			1535.53			Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting less than 40 sq cm
21183			1752.16			Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 40 sq cm but less than 80 sq cm
21184			1819.24			Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 80 sq cm
21188			1249.41			Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)
21193			940.78			Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft
21194			1073.56			Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft)
21195			1024.04			Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation
21196			1109.24			Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation
21198			870.22			Osteotomy, mandible, segmental;
21199			770.19			Osteotomy, mandible, segmental; with genioglossus advancement

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
21206			846.96			Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard)
21208	1253.70	625.97				Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)
21209	611.64	486.82				Osteoplasty, facial bones; reduction
21210	1478.07	627.52				Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)
21215	2485.69	653.16				Graft, bone; mandible (includes obtaining graft)
21230			585.71			Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)
21235	547.55	425.71				Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)
21240			844.39			Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)
21242			778.15			Arthroplasty, temporomandibular joint, with allograft
21243			1263.82			Arthroplasty, temporomandibular joint, with prosthetic joint replacement
21244			790.47			Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate)
21245	858.83	690.97				Reconstruction of mandible or maxilla, subperiosteal implant; partial
21246			658.51			Reconstruction of mandible or maxilla, subperiosteal implant; complete
21247			1229.87			Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (eg, for hemifacial microsomia)
21248	793.17	663.39				Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial
21249	1109.46	941.27				Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); complete
21255			1057.57			Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)
21256			872.69			Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (eg, micro-ophthalmia)
21260			942.08			Periorbital osteotomies for orbital hypertelorism, with bone grafts; extracranial approach
21261			1662.11			Periorbital osteotomies for orbital hypertelorism, with bone grafts; combined intra- and extracranial approach
21263			1462.52			Periorbital osteotomies for orbital hypertelorism, with bone grafts; with forehead advancement
21267			1200.81			Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial approach

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
21268			1378.30			Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; combined intra- and extracranial approach
21270	686.85	526.94				Malar augmentation, prosthetic material
21275			606.48			Secondary revision of orbitocraniofacial reconstruction
21280			393.86			Medial canthopexy (separate procedure)
21282			263.33			Lateral canthopexy
21295			133.03			Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); extraoral approach
21296			308.82			Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); intraoral approach
21299			I.C.			Unlisted craniofacial and maxillofacial procedure
21310	88.11	21.57				Closed treatment of nasal bone fracture without manipulation
21315	201.01	113.28				Closed treatment of nasal bone fracture; without stabilization
21320	191.85	105.11				Closed treatment of nasal bone fracture; with stabilization
21325			378.50			Open treatment of nasal fracture; uncomplicated
21330			457.61			Open treatment of nasal fracture; complicated, with internal and/or external skeletal fixation
21335			564.21			Open treatment of nasal fracture; with concomitant open treatment of fractured septum
21336			497.52			Open treatment of nasal septal fracture, with or without stabilization
21337	300.29	215.20				Closed treatment of nasal septal fracture, with or without stabilization
21338			602.92			Open treatment of nasoethmoid fracture; without external fixation
21339			647.78			Open treatment of nasoethmoid fracture; with external fixation
21340			600.17			Percutaneous treatment of nasoethmoid complex fracture, with splint, wire or headcap fixation, including repair of canthal ligaments and/or the nasolacrimal apparatus
21343			893.54			Open treatment of depressed frontal sinus fracture
21344			1138.25			Open treatment of complicated (eg, comminuted or involving posterior wall) frontal sinus fracture, via coronal or multiple approaches
21345	604.04	494.78				Closed treatment of nasomaxillary complex fracture (LeFort II type), with interdental wire fixation or fixation of denture or splint
21346			722.51			Open treatment of nasomaxillary complex fracture (LeFort II type); with wiring and/or local fixation

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
21347			867.26			Open treatment of nasomaxillary complex fracture (LeFort II type); requiring multiple open approaches
21348			904.19			Open treatment of nasomaxillary complex fracture (LeFort II type); with bone grafting (includes obtaining graft)
21355	328.84	239.45				Percutaneous treatment of fracture of malar area, including zygomatic arch and malar tripod, with manipulation
21356	374.47	283.43				Open treatment of depressed zygomatic arch fracture (eg, Gillies approach)
21360			399.83			Open treatment of depressed malar fracture, including zygomatic arch and malar tripod
21365			827.69			Open treatment of complicated (eg, comminuted or involving cranial nerve foramina) fracture(s) of malar area, including zygomatic arch and malar tripod; with internal fixation and multiple surgical approaches
21366			929.91			Open treatment of complicated (eg, comminuted or involving cranial nerve foramina) fracture(s) of malar area, including zygomatic arch and malar tripod; with bone grafting (includes obtaining graft)
21385			540.14			Open treatment of orbital floor blowout fracture; transantral approach (Caldwell-Luc type operation)
21386			501.40			Open treatment of orbital floor blowout fracture; periorbital approach
21387			574.12			Open treatment of orbital floor blowout fracture; combined approach
21390			573.64			Open treatment of orbital floor blowout fracture; periorbital approach, with alloplastic or other implant
21395			726.70			Open treatment of orbital floor blowout fracture; periorbital approach with bone graft (includes obtaining graft)
21400	131.48	106.98				Closed treatment of fracture of orbit, except blowout; without manipulation
21401	356.78	216.07				Closed treatment of fracture of orbit, except blowout; with manipulation
21406			408.09			Open treatment of fracture of orbit, except blowout; without implant
21407			480.44			Open treatment of fracture of orbit, except blowout; with implant
21408			655.05			Open treatment of fracture of orbit, except blowout; with bone grafting (includes obtaining graft)
21421	538.44	467.59				Closed treatment of palatal or maxillary fracture (LeFort I type), with interdental wire fixation or fixation of denture or splint
21422			512.15			Open treatment of palatal or maxillary fracture (LeFort I type);

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
21423			603.32			Open treatment of palatal or maxillary fracture (LeFort I type); complicated (comminuted or involving cranial nerve foramina), multiple approaches
21431			568.44			Closed treatment of craniofacial separation (LeFort III type) using interdental wire fixation of denture or splint
21432			508.22			Open treatment of craniofacial separation (LeFort III type); with wiring and/or internal fixation
21433			1262.02			Open treatment of craniofacial separation (LeFort III type); complicated (eg, comminuted or involving cranial nerve foramina), multiple surgical approaches
21435			995.51			Open treatment of craniofacial separation (LeFort III type); complicated, utilizing internal and/or external fixation techniques (eg, head cap, halo device, and/or intermaxillary fixation)
21436			1423.66			Open treatment of craniofacial separation (LeFort III type); complicated, multiple surgical approaches, internal fixation, with bone grafting (includes obtaining graft)
21440	384.11	325.17				Closed treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)
21445	550.18	464.10				Open treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)
21450	402.49	347.86				Closed treatment of mandibular fracture; without manipulation
21451	535.74	465.22				Closed treatment of mandibular fracture; with manipulation
21452	484.89	246.51				Percutaneous treatment of mandibular fracture, with external fixation
21453	617.64	565.33				Closed treatment of mandibular fracture with interdental fixation
21454			416.38			Open treatment of mandibular fracture with external fixation
21461	1370.07	696.00				Open treatment of mandibular fracture; without interdental fixation
21462	1497.25	760.60				Open treatment of mandibular fracture; with interdental fixation
21465			688.69			Open treatment of mandibular condylar fracture
21470			891.00			Open treatment of complicated mandibular fracture by multiple surgical approaches including internal fixation, interdental fixation, and/or wiring of dentures or splints
21480	72.94	24.27				Closed treatment of temporomandibular dislocation; initial or subsequent

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
21485	475.16	416.56				Closed treatment of temporomandibular dislocation; complicated (eg, recurrent requiring intermaxillary fixation or splinting), initial or subsequent
21490			692.05			Open treatment of temporomandibular dislocation
21495			505.57			Open treatment of hyoid fracture
21497	477.28	416.36				Interdental wiring, for condition other than fracture
21499			I.C.			Unlisted musculoskeletal procedure, head
21501	332.12	238.76				Incision and drainage, deep abscess or hematoma, soft tissues of neck or thorax;
21502			397.06			Incision and drainage, deep abscess or hematoma, soft tissues of neck or thorax; with partial rib ostectomy
21510			359.81			Incision, deep, with opening of bone cortex (eg, for osteomyelitis or bone abscess), thorax
21550	192.93	119.43				Biopsy, soft tissue of neck or thorax
21555	321.90	244.42				Excision tumor, soft tissue of neck or thorax; subcutaneous
21556			307.50			Excision tumor, soft tissue of neck or thorax; deep, subfascial, intramuscular
21557			435.44			Radical resection of tumor (eg, malignant neoplasm), soft tissue of neck or thorax
21600			414.23			Excision of rib, partial
21610			800.35			Costotransversectomy (separate procedure)
21615			515.23			Excision first and/or cervical rib;
21616			630.86			Excision first and/or cervical rib; with sympathectomy
21620			398.68			Ostectomy of sternum, partial
21627			418.64			Sternal debridement
21630			953.71			Radical resection of sternum;
21632			941.69			Radical resection of sternum; with mediastinal lymphadenectomy
21685			748.59			Hyoid myotomy and suspension
21700			327.10			Division of scalenus anticus; without resection of cervical rib
21705			469.62			Division of scalenus anticus; with resection of cervical rib
21720			288.12			Division of sternocleidomastoid for torticollis, open operation; without cast application
21725			399.63			Division of sternocleidomastoid for torticollis, open operation; with cast application
21740			815.29			Reconstructive repair of pectus excavatum or carinatum; open
21742			I.C.			Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), without thoracoscopy
21743			I.C.			Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), with thoracoscopy

114.3 CMR 16.00: SURGERY AND ANESTHESIA SERVICES

CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
21750			541.17			Closure of median sternotomy separation with or without debridement (separate procedure)
21800	73.98	74.97				Closed treatment of rib fracture, uncomplicated, each
21805			193.58			Open treatment of rib fracture without fixation, each
21810			384.50			Treatment of rib fracture requiring external fixation (flail chest)
21820			100.59			Closed treatment of sternum fracture
21825			432.36			Open treatment of sternum fracture with or without skeletal fixation
21899			I.C.			Unlisted procedure, neck or thorax
21920	188.86	116.68				Biopsy, soft tissue of back or flank; superficial
21925	313.75	248.86				Biopsy, soft tissue of back or flank; deep
21930	350.08	274.26				Excision, tumor, soft tissue of back or flank
21935			865.56			Radical resection of tumor (eg, malignant neoplasm), soft tissue of back or flank
22010			673.60			Incision and drainage, open, of deep abscess (subfascial), posterior spine; cervical, thoracic, or cervicothoracic
22015			669.11			Incision and drainage, open, of deep abscess (subfascial), posterior spine; lumbar, sacral, or lumbosacral
22100			607.95			Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; cervical
22101			607.57			Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; thoracic
22102			609.57			Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; lumbar
22103			109.52			Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; each additional segment (List separately in addition to code for primary procedure)
22110			747.59			Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; cervical
22112			744.73			Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; thoracic
22114			746.42			Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; lumbar

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
22116			109.59			Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure)
22206			1753.50			Osteotomy of spine, posterior or posterolateral approach, three columns, one vertebral segment (eg, pedicle/vertebral body subtraction); thoracic
22207			1732.14			Osteotomy of spine, posterior or posterolateral approach, three columns, one vertebral segment (eg, pedicle/vertebral body subtraction); lumbar
22208			437.56			Osteotomy of spine, posterior or posterolateral approach, three columns, one vertebral segment (eg, pedicle/vertebral body subtraction); each additional vertebral segment (List separately in addition to code for primary procedure)
22210			1314.94			Osteotomy of spine, posterior or posterolateral approach, one vertebral segment; cervical
22212			1088.94			Osteotomy of spine, posterior or posterolateral approach, one vertebral segment; thoracic
22214			1100.25			Osteotomy of spine, posterior or posterolateral approach, one vertebral segment; lumbar
22216			286.39			Osteotomy of spine, posterior or posterolateral approach, one vertebral segment; each additional vertebral segment (List separately in addition to primary procedure)
22220			1189.34			Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; cervical
22222			1083.74			Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; thoracic
22224			1176.74			Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; lumbar
22226			285.07			Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure)
22305	140.26	128.01				Closed treatment of vertebral process fracture(s)
22310	209.74	194.18				Closed treatment of vertebral body fracture(s), without manipulation, requiring and including casting or bracing
22315	640.67	561.21				Closed treatment of vertebral fracture(s) and/or dislocation(s) requiring casting or bracing, with and including casting and/or bracing, with or without anesthesia, by manipulation or traction
22318			1184.25			Open treatment and/or reduction of odontoid fracture(s) and or dislocation(s) (including os odontoideum), anterior approach, including placement of internal fixation; without grafting

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
22319			1298.37			Open treatment and/or reduction of odontoid fracture(s) and or dislocation(s) (including os odontoideum), anterior approach, including placement of internal fixation; with grafting
22325			1032.20			Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, one fractured vertebra or dislocated segment; lumbar
22326			1080.76			Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, one fractured vertebra or dislocated segment; cervical
22327			1067.63			Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, one fractured vertebra or dislocated segment; thoracic
22328			215.12			Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, one fractured vertebra or dislocated segment; each additional fractured vertebra or dislocated segment (List separately in addition to code for primary procedure)
22505			93.69			Manipulation of spine requiring anesthesia, any region
22520	2039.98	453.12				Percutaneous vertebroplasty, one vertebral body, unilateral or bilateral injection; thoracic
22521	1946.67	428.35				Percutaneous vertebroplasty, one vertebral body, unilateral or bilateral injection; lumbar
22522			190.27			Percutaneous vertebroplasty, one vertebral body, unilateral or bilateral injection; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)
22523			469.14			Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, one vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); thoracic
22524			449.44			Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, one vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); lumbar

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
22525			207.93			Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, one vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)
22526	1741.46	262.20				Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level
22527	1434.58	120.20				Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; one or more additional levels (List separately in addition to code for primary procedure)
22532			1287.57			Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic
22533			1204.69			Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar
22534			282.10			Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic or lumbar, each additional vertebral segment (List separately in addition to code for primary procedure)
22548			1379.36			Arthrodesis, anterior transoral or extraoral technique, clivus-C1-C2 (atlas-axis), with or without excision of odontoid process
22554			966.07			Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2
22556			1235.78			Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic
22558			1128.58			Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar
22585			261.36			Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)
22590			1141.98			Arthrodesis, posterior technique, craniocervical (occiput-C2)
22595			1087.33			Arthrodesis, posterior technique, atlas-axis (C1-C2)
22600			930.98			Arthrodesis, posterior or posterolateral technique, single level; cervical below C2 segment

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
22610			920.68			Arthrodesis, posterior or posterolateral technique, single level; thoracic (with or without lateral transverse technique)
22612			1190.87			Arthrodesis, posterior or posterolateral technique, single level; lumbar (with or without lateral transverse technique)
22614			305.12			Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure)
22630			1145.59			Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar
22632			247.75			Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; each additional interspace (List separately in addition to code for primary procedure)
22800			1015.73			Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments
22802			1612.46			Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12 vertebral segments
22804			1867.47			Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments
22808			1371.03			Arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3 vertebral segments
22810			1535.13			Arthrodesis, anterior, for spinal deformity, with or without cast; 4 to 7 vertebral segments
22812			1682.91			Arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more vertebral segments
22818			1680.60			Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); single or 2 segments
22819			1902.87			Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); 3 or more segments
22830			608.68			Exploration of spinal fusion
22840			596.09			Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across one interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) (List separately in addition to code for primary procedure)
22841			I.C.			Internal spinal fixation by wiring of spinous processes (List separately in addition to code for primary procedure)

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
22842			596.68			Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments (List separately in addition to code for primary procedure)
22843			631.21			Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments (List separately in addition to code for primary procedure)
22844			777.76			Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 13 or more vertebral segments (List separately in addition to code for primary procedure)
22845			569.48			Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)
22846			591.75			Anterior instrumentation; 4 to 7 vertebral segments (List separately in addition to code for primary procedure)
22847			651.32			Anterior instrumentation; 8 or more vertebral segments (List separately in addition to code for primary procedure)
22848			283.26			Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum (List separately in addition to code for primary procedure)
22849			978.82			Reinsertion of spinal fixation device
22850			537.70			Removal of posterior nonsegmental instrumentation (eg, Harrington rod)
22851			316.67			Application of intervertebral biomechanical device(s) (eg, synthetic cage(s), threaded bone dowel(s), methylmethacrylate) to vertebral defect or interspace (List separately in addition to code for primary procedure)
22852			514.96			Removal of posterior segmental instrumentation
22855			827.95			Removal of anterior instrumentation
22857			1318.76			Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), lumbar, single interspace
22862			1353.99			Revision including replacement of total disc arthroplasty (artificial disc) anterior approach, lumbar, single interspace
22865			1318.61			Removal of total disc arthroplasty (artificial disc), anterior approach, lumbar, single interspace
22899			I.C.			Unlisted procedure, spine

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
22900			299.60			Excision, abdominal wall tumor, subfascial (eg, desmoid)
22999			I.C.			Unlisted procedure, abdomen, musculoskeletal system
23000	409.23	272.49				Removal of subdeltoid calcareous deposits, open
23020			523.39			Capsular contracture release (eg, Sever type procedure)
23030	334.71	195.99				Incision and drainage, shoulder area; deep abscess or hematoma
23031	324.96	168.69				Incision and drainage, shoulder area; infected bursa
23035			527.56			Incision, bone cortex (eg, osteomyelitis or bone abscess), shoulder area
23040			545.16			Arthrotomy, glenohumeral joint, including exploration, drainage, or removal of foreign body
23044			433.39			Arthrotomy, acromioclavicular, sternoclavicular joint, including exploration, drainage, or removal of foreign body
23065	157.99	123.55				Biopsy, soft tissue of shoulder area; superficial
23066	386.63	256.85				Biopsy, soft tissue of shoulder area; deep
23075	196.40	132.51				Excision, soft tissue tumor, shoulder area; subcutaneous
23076			421.24			Excision, soft tissue tumor, shoulder area; deep, subfascial, or intramuscular
23077			883.32			Radical resection of tumor (eg, malignant neoplasm), soft tissue of shoulder area
23100			368.78			Arthrotomy, glenohumeral joint, including biopsy
23101			341.31			Arthrotomy, acromioclavicular joint or sternoclavicular joint, including biopsy and/or excision of torn cartilage
23105			482.67			Arthrotomy; glenohumeral joint, with synovectomy, with or without biopsy
23106			363.10			Arthrotomy; sternoclavicular joint, with synovectomy, with or without biopsy
23107			502.35			Arthrotomy, glenohumeral joint, with joint exploration, with or without removal of loose or foreign body
23120			425.87			Claviculectomy; partial
23125			531.60			Claviculectomy; total
23130			459.72			Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release
23140			386.71			Excision or curettage of bone cyst or benign tumor of clavicle or scapula;
23145			521.78			Excision or curettage of bone cyst or benign tumor of clavicle or scapula; with autograft (includes obtaining graft)
23146			467.03			Excision or curettage of bone cyst or benign tumor of clavicle or scapula; with allograft

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
23150			491.87			Excision or curettage of bone cyst or benign tumor of proximal humerus;
23155			595.99			Excision or curettage of bone cyst or benign tumor of proximal humerus; with autograft (includes obtaining graft)
23156			509.59			Excision or curettage of bone cyst or benign tumor of proximal humerus; with allograft
23170			404.65			Sequestrectomy (eg, for osteomyelitis or bone abscess), clavicle
23172			417.99			Sequestrectomy (eg, for osteomyelitis or bone abscess), scapula
23174			569.00			Sequestrectomy (eg, for osteomyelitis or bone abscess), humeral head to surgical neck
23180			533.84			Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), clavicle
23182			513.81			Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), scapula
23184			576.25			Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), proximal humerus
23190			420.59			Ostectomy of scapula, partial (eg, superior medial angle)
23195			565.21			Resection, humeral head
23200			658.07			Radical resection for tumor; clavicle
23210			689.34			Radical resection for tumor; scapula
23220			812.94			Radical resection of bone tumor, proximal humerus;
23221			949.37			Radical resection of bone tumor, proximal humerus; with autograft (includes obtaining graft)
23222			1277.27			Radical resection of bone tumor, proximal humerus; with prosthetic replacement
23330	173.89	113.63				Removal of foreign body, shoulder; subcutaneous
23331			446.13			Removal of foreign body, shoulder; deep (eg, Neer hemiarthroplasty removal)
23332			671.33			Removal of foreign body, shoulder; complicated (eg, total shoulder)
23350	131.83	40.46				Injection procedure for shoulder arthrography or enhanced CT/MRI shoulder arthrography
23395			972.25			Muscle transfer, any type, shoulder or upper arm; single
23397			869.36			Muscle transfer, any type, shoulder or upper arm; multiple
23400			740.85			Scapulopexy (eg, Sprengels deformity or for paralysis)
23405			478.98			Tenotomy, shoulder area; single tendon
23406			597.22			Tenotomy, shoulder area; multiple tendons through same incision
23410			683.85			Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
23412			726.98			Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic
23415			560.35			Coracoacromial ligament release, with or without acromioplasty
23420			801.86			Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)
23430			564.20			Tenodesis of long tendon of biceps
23440			582.17			Resection or transplantation of long tendon of biceps
23450			727.70			Capsulorrhaphy, anterior; Putti-Platt procedure or Magnuson type operation
23455			774.32			Capsulorrhaphy, anterior; with labral repair (eg, Bankart procedure)
23460			838.31			Capsulorrhaphy, anterior, any type; with bone block
23462			819.68			Capsulorrhaphy, anterior, any type; with coracoid process transfer
23465			852.86			Capsulorrhaphy, glenohumeral joint, posterior, with or without bone block
23466			840.98			Capsulorrhaphy, glenohumeral joint, any type multi-directional instability
23470			930.11			Arthroplasty, glenohumeral joint; hemiarthroplasty
23472			1145.65			Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))
23480			626.81			Osteotomy, clavicle, with or without internal fixation;
23485			734.77			Osteotomy, clavicle, with or without internal fixation; with bone graft for nonunion or malunion (includes obtaining graft and/or necessary fixation)
23490			623.55			Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; clavicle
23491			776.77			Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; proximal humerus
23500	157.27	152.64				Closed treatment of clavicular fracture; without manipulation
23505	256.87	240.98				Closed treatment of clavicular fracture; with manipulation
23515			517.95			Open treatment of clavicular fracture, includes internal fixation, when performed
23520	162.02	161.36				Closed treatment of sternoclavicular dislocation; without manipulation
23525	256.33	237.79				Closed treatment of sternoclavicular dislocation; with manipulation
23530			417.54			Open treatment of sternoclavicular dislocation, acute or chronic;

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
23532			470.36			Open treatment of sternoclavicular dislocation, acute or chronic; with fascial graft (includes obtaining graft)
23540	161.57	154.29				Closed treatment of acromioclavicular dislocation; without manipulation
23545	231.62	209.77				Closed treatment of acromioclavicular dislocation; with manipulation
23550			432.94			Open treatment of acromioclavicular dislocation, acute or chronic;
23552			498.98			Open treatment of acromioclavicular dislocation, acute or chronic; with fascial graft (includes obtaining graft)
23570	167.38	167.71				Closed treatment of scapular fracture; without manipulation
23575	284.60	266.72				Closed treatment of scapular fracture; with manipulation, with or without skeletal traction (with or without shoulder joint involvement)
23585			693.30			Open treatment of scapular fracture (body, glenoid or acromion) with or without internal fixation
23600	236.74	213.23				Closed treatment of proximal humeral (surgical or anatomical neck) fracture; without manipulation
23605	346.95	316.49				Closed treatment of proximal humeral (surgical or anatomical neck) fracture; with manipulation, with or without skeletal traction
23615			652.84			Open treatment of proximal humeral (surgical or anatomical neck) fracture, includes internal fixation, when performed, includes repair of tuberosity(s), when performed;
23616			994.38			Open treatment of proximal humeral (surgical or anatomical neck) fracture, includes internal fixation, when performed, includes repair of tuberosity(s), when performed; with proximal humeral prosthetic replacement
23620	193.46	178.89				Closed treatment of greater humeral tuberosity fracture; without manipulation
23625	281.03	261.50				Closed treatment of greater humeral tuberosity fracture; with manipulation
23630			549.03			Open treatment of greater humeral tuberosity fracture, includes internal fixation, when performed
23650	219.33	194.83				Closed treatment of shoulder dislocation, with manipulation; without anesthesia
23655			282.05			Closed treatment of shoulder dislocation, with manipulation; requiring anesthesia
23660			438.40			Open treatment of acute shoulder dislocation
23665	310.48	290.62				Closed treatment of shoulder dislocation, with fracture of greater humeral tuberosity, with manipulation

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
23670			611.83			Open treatment of shoulder dislocation, with fracture of greater humeral tuberosity, includes internal fixation, when performed
23675	407.32	374.55				Closed treatment of shoulder dislocation, with surgical or anatomical neck fracture, with manipulation
23680			670.86			Open treatment of shoulder dislocation, with surgical or anatomical neck fracture, includes internal fixation, when performed
23700			147.88			Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)
23800			777.06			Arthrodesis, glenohumeral joint;
23802			919.60			Arthrodesis, glenohumeral joint; with autogenous graft (includes obtaining graft)
23900			1009.14			Interthoracoscapular amputation (forequarter)
23920			817.63			Disarticulation of shoulder;
23921			337.88			Disarticulation of shoulder; secondary closure or scar revision
23929			I.C.			Unlisted procedure, shoulder
23930	278.91	163.03				Incision and drainage, upper arm or elbow area; deep abscess or hematoma
23931	226.71	121.42				Incision and drainage, upper arm or elbow area; bursa
23935			379.98			Incision, deep, with opening of bone cortex (eg, for osteomyelitis or bone abscess), humerus or elbow
24000			356.21			Arthrotomy, elbow, including exploration, drainage, or removal of foreign body
24006			538.43			Arthrotomy of the elbow, with capsular excision for capsular release (separate procedure)
24065	184.10	122.85				Biopsy, soft tissue of upper arm or elbow area; superficial
24066	449.05	297.42				Biopsy, soft tissue of upper arm or elbow area; deep (subfascial or intramuscular)
24075	363.25	232.80				Excision, tumor, soft tissue of upper arm or elbow area; subcutaneous
24076			354.19			Excision, tumor, soft tissue of upper arm or elbow area; deep (subfascial or intramuscular)
24077			612.38			Radical resection of tumor (eg, malignant neoplasm), soft tissue of upper arm or elbow area
24100			299.95			Arthrotomy, elbow; with synovial biopsy only
24101			376.65			Arthrotomy, elbow; with joint exploration, with or without biopsy, with or without removal of loose or foreign body
24102			465.94			Arthrotomy, elbow; with synovectomy
24105			254.92			Excision, olecranon bursa
24110			439.65			Excision or curettage of bone cyst or benign tumor, humerus;

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
24115			506.22			Excision or curettage of bone cyst or benign tumor, humerus; with autograft (includes obtaining graft)
24116			659.69			Excision or curettage of bone cyst or benign tumor, humerus; with allograft
24120			394.66			Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process;
24125			447.91			Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process; with autograft (includes obtaining graft)
24126			478.02			Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process; with allograft
24130			383.20			Excision, radial head
24134			578.01			Sequestrectomy (eg, for osteomyelitis or bone abscess), shaft or distal humerus
24136			476.22			Sequestrectomy (eg, for osteomyelitis or bone abscess), radial head or neck
24138			497.67			Sequestrectomy (eg, for osteomyelitis or bone abscess), olecranon process
24140			555.20			Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), humerus
24145			468.55			Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), radial head or neck
24147			488.88			Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), olecranon process
24149			865.62			Radical resection of capsule, soft tissue, and heterotopic bone, elbow, with contracture release (separate procedure)
24150			738.67			Radical resection for tumor, shaft or distal humerus;
24151			855.92			Radical resection for tumor, shaft or distal humerus; with autograft (includes obtaining graft)
24152			547.69			Radical resection for tumor, radial head or neck;
24153			516.12			Radical resection for tumor, radial head or neck; with autograft (includes obtaining graft)
24155			637.43			Resection of elbow joint (arthrectomy)
24160			458.70			Implant removal; elbow joint
24164			375.87			Implant removal; radial head
24200	155.95	103.31				Removal of foreign body, upper arm or elbow area; subcutaneous
24201	435.81	274.91				Removal of foreign body, upper arm or elbow area; deep (subfascial or intramuscular)
24220	142.57	53.18				Injection procedure for elbow arthrography
24300			301.80			Manipulation, elbow, under anesthesia
24301			570.66			Muscle or tendon transfer, any type, upper arm or elbow, single (excluding 24320-24331)

114.3 CMR 16.00: SURGERY AND ANESTHESIA SERVICES

CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
24305			439.25			Tendon lengthening, upper arm or elbow, each tendon
24310			359.76			Tenotomy, open, elbow to shoulder, each tendon
24320			578.16			Tenoplasty, with muscle transfer, with or without free graft, elbow to shoulder, single (Seddon-Brookes type procedure)
24330			544.62			Flexor-plasty, elbow (eg, Steindler type advancement);
24331			599.41			Flexor-plasty, elbow (eg, Steindler type advancement); with extensor advancement
24332			453.52			Tenolysis, triceps
24340			465.59			Tenodesis of biceps tendon at elbow (separate procedure)
24341			542.70			Repair, tendon or muscle, upper arm or elbow, each tendon or muscle, primary or secondary (excludes rotator cuff)
24342			597.62			Reinsertion of ruptured biceps or triceps tendon, distal, with or without tendon graft
24343			532.26			Repair lateral collateral ligament, elbow, with local tissue
24344			824.30			Reconstruction lateral collateral ligament, elbow, with tendon graft (includes harvesting of graft)
24345			529.49			Repair medial collateral ligament, elbow, with local tissue
24346			822.00			Reconstruction medial collateral ligament, elbow, with tendon graft (includes harvesting of graft)
24357			337.68			Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); percutaneous
24358			395.23			Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); debridement, soft tissue and/or bone, open
24359			482.84			Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); debridement, soft tissue and/or bone, open with tendon repair or reattachment
24360			680.68			Arthroplasty, elbow; with membrane (eg, fascial)
24361			765.48			Arthroplasty, elbow; with distal humeral prosthetic replacement
24362			740.96			Arthroplasty, elbow; with implant and fascia lata ligament reconstruction
24363			1120.77			Arthroplasty, elbow; with distal humerus and proximal ulnar prosthetic replacement (eg, total elbow)
24365			485.98			Arthroplasty, radial head;
24366			520.26			Arthroplasty, radial head; with implant
24400			624.59			Osteotomy, humerus, with or without internal fixation

114.3 CMR 16.00: SURGERY AND ANESTHESIA SERVICES

CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
24410			796.75			Multiple osteotomies with realignment on intramedullary rod, humeral shaft (Sofield type procedure)
24420			741.37			Osteoplasty, humerus (eg, shortening or lengthening) (excluding 64876)
24430			782.49			Repair of nonunion or malunion, humerus; without graft (eg, compression technique)
24435			803.04			Repair of nonunion or malunion, humerus; with iliac or other autograft (includes obtaining graft)
24470			499.17			Hemiepiphyseal arrest (eg, cubitus varus or valgus, distal humerus)
24495			507.96			Decompression fasciotomy, forearm, with brachial artery exploration
24498			664.28			Prophylactic treatment (nailing, pinning, plating or wiring), with or without methylmethacrylate, humeral shaft
24500	256.52	226.72				Closed treatment of humeral shaft fracture; without manipulation
24505	371.58	335.82				Closed treatment of humeral shaft fracture; with manipulation, with or without skeletal traction
24515			666.39			Open treatment of humeral shaft fracture with plate/screws, with or without cerclage
24516			657.93			Treatment of humeral shaft fracture, with insertion of intramedullary implant, with or without cerclage and/or locking screws
24530	276.43	244.98				Closed treatment of supracondylar or transcondylar humeral fracture, with or without intercondylar extension; without manipulation
24535	462.28	426.19				Closed treatment of supracondylar or transcondylar humeral fracture, with or without intercondylar extension; with manipulation, with or without skin or skeletal traction
24538			567.21			Percutaneous skeletal fixation of supracondylar or transcondylar humeral fracture, with or without intercondylar extension
24545			678.98			Open treatment of humeral supracondylar or transcondylar fracture, includes internal fixation, when performed; without intercondylar extension
24546			808.33			Open treatment of humeral supracondylar or transcondylar fracture, includes internal fixation, when performed; with intercondylar extension
24560	231.92	199.14				Closed treatment of humeral epicondylar fracture, medial or lateral; without manipulation
24565	385.31	352.53				Closed treatment of humeral epicondylar fracture, medial or lateral; with manipulation
24566			522.86			Percutaneous skeletal fixation of humeral epicondylar fracture, medial or lateral, with manipulation

114.3 CMR 16.00: SURGERY AND ANESTHESIA SERVICES

CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
24575			560.75			Open treatment of humeral epicondylar fracture, medial or lateral, includes internal fixation, when performed
24576	243.90	214.77				Closed treatment of humeral condylar fracture, medial or lateral; without manipulation
24577	399.11	365.34				Closed treatment of humeral condylar fracture, medial or lateral; with manipulation
24579			632.34			Open treatment of humeral condylar fracture, medial or lateral, includes internal fixation, when performed
24582			594.21			Percutaneous skeletal fixation of humeral condylar fracture, medial or lateral, with manipulation
24586			833.79			Open treatment of periarticular fracture and/or dislocation of the elbow (fracture distal humerus and proximal ulna and/or proximal radius);
24587			827.85			Open treatment of periarticular fracture and/or dislocation of the elbow (fracture distal humerus and proximal ulna and/or proximal radius); with implant arthroplasty
24600	274.55	242.43				Treatment of closed elbow dislocation; without anesthesia
24605			342.80			Treatment of closed elbow dislocation; requiring anesthesia
24615			543.70			Open treatment of acute or chronic elbow dislocation
24620			414.65			Closed treatment of Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna with dislocation of radial head), with manipulation
24635			631.67			Open treatment of Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna with dislocation of radial head), includes internal fixation, when performed
24640	92.58	63.45				Closed treatment of radial head subluxation in child, nursemaid elbow, with manipulation
24650	188.67	164.50				Closed treatment of radial head or neck fracture; without manipulation
24655	324.49	292.37				Closed treatment of radial head or neck fracture; with manipulation
24665			491.80			Open treatment of radial head or neck fracture, includes internal fixation or radial head excision, when performed;
24666			555.28			Open treatment of radial head or neck fracture, includes internal fixation or radial head excision, when performed; with radial head prosthetic replacement
24670	211.16	184.34				Closed treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process[es]); without manipulation

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
24675	339.47	309.01				Closed treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process[es]); with manipulation
24685			494.21			Open treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process[es]), includes internal fixation, when performed
24800			608.47			Arthrodesis, elbow joint; local
24802			751.81			Arthrodesis, elbow joint; with autogenous graft (includes obtaining graft)
24900			536.23			Amputation, arm through humerus; with primary closure
24920			529.11			Amputation, arm through humerus; open, circular (guillotine)
24925			407.92			Amputation, arm through humerus; secondary closure or scar revision
24930			557.77			Amputation, arm through humerus; re-amputation
24931			591.36			Amputation, arm through humerus; with implant
24935			807.16			Stump elongation, upper extremity
24940			I.C.			Cineplasty, upper extremity, complete procedure
24999			I.C.			Unlisted procedure, humerus or elbow
25000			287.60			Incision, extensor tendon sheath, wrist (eg, deQuervains disease)
25001			249.94			Incision, flexor tendon sheath, wrist (eg, flexor carpi radialis)
25020			460.07			Decompression fasciotomy, forearm and/or wrist, flexor OR extensor compartment; without debridement of nonviable muscle and/or nerve
25023			860.95			Decompression fasciotomy, forearm and/or wrist, flexor OR extensor compartment; with debridement of nonviable muscle and/or nerve
25024			566.65			Decompression fasciotomy, forearm and/or wrist, flexor AND extensor compartment; without debridement of nonviable muscle and/or nerve
25025			861.07			Decompression fasciotomy, forearm and/or wrist, flexor AND extensor compartment; with debridement of nonviable muscle and/or nerve
25028			403.04			Incision and drainage, forearm and/or wrist; deep abscess or hematoma
25031			319.24			Incision and drainage, forearm and/or wrist; bursa
25035			555.25			Incision, deep, bone cortex, forearm and/or wrist (eg, osteomyelitis or bone abscess)
25040			441.75			Arthrotomy, radiocarpal or midcarpal joint, with exploration, drainage, or removal of foreign body
25065	184.47	123.55				Biopsy, soft tissue of forearm and/or wrist; superficial
25066			310.85			Biopsy, soft tissue of forearm and/or wrist; deep (subfascial or intramuscular)

114.3 CMR 16.00: SURGERY AND ANESTHESIA SERVICES

CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
25075			269.61			Excision, tumor, soft tissue of forearm and/or wrist area; subcutaneous
25076			380.74			Excision, tumor, soft tissue of forearm and/or wrist area; deep (subfascial or intramuscular)
25077			609.42			Radical resection of tumor (eg, malignant neoplasm), soft tissue of forearm and/or wrist area
25085			367.50			Capsulotomy, wrist (eg, contracture)
25100			272.62			Arthrotomy, wrist joint; with biopsy
25101			317.92			Arthrotomy, wrist joint; with joint exploration, with or without biopsy, with or without removal of loose or foreign body
25105			387.99			Arthrotomy, wrist joint; with synovectomy
25107			471.95			Arthrotomy, distal radioulnar joint including repair of triangular cartilage, complex
25109			384.18			Excision of tendon, forearm and/or wrist, flexor or extensor, each
25110			300.64			Excision, lesion of tendon sheath, forearm and/or wrist
25111			245.13			Excision of ganglion, wrist (dorsal or volar); primary
25112			297.48			Excision of ganglion, wrist (dorsal or volar); recurrent
25115			658.10			Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (eg, tenosynovitis, fungus, Tbc, or other granulomas, rheumatoid arthritis); flexors
25116			549.98			Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (eg, tenosynovitis, fungus, Tbc, or other granulomas, rheumatoid arthritis); extensors, with or without transposition of dorsal retinaculum
25118			301.85			Synovectomy, extensor tendon sheath, wrist, single compartment;
25119			400.45			Synovectomy, extensor tendon sheath, wrist, single compartment; with resection of distal ulna
25120			478.14			Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process);
25125			540.40			Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process); with autograft (includes obtaining graft)
25126			552.49			Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process); with allograft
25130			350.41			Excision or curettage of bone cyst or benign tumor of carpal bones;

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
25135			433.69			Excision or curettage of bone cyst or benign tumor of carpal bones; with autograft (includes obtaining graft)
25136			384.10			Excision or curettage of bone cyst or benign tumor of carpal bones; with allograft
25145			487.21			Sequestrectomy (eg, for osteomyelitis or bone abscess), forearm and/or wrist
25150			454.85			Partial excision (craterization, saucerization, or diaphysectomy) of bone (eg, for osteomyelitis); ulna
25151			540.89			Partial excision (craterization, saucerization, or diaphysectomy) of bone (eg, for osteomyelitis); radius
25170			727.53			Radical resection for tumor, radius or ulna
25210			382.64			Carpectomy; one bone
25215			494.40			Carpectomy; all bones of proximal row
25230			340.47			Radial styloidectomy (separate procedure)
25240			352.14			Excision distal ulna partial or complete (eg, Darrach type or matched resection)
25246	144.71	58.96				Injection procedure for wrist arthrography
25248			368.85			Exploration with removal of deep foreign body, forearm or wrist
25250			395.96			Removal of wrist prosthesis; (separate procedure)
25251			540.48			Removal of wrist prosthesis; complicated, including total wrist
25259			301.16			Manipulation, wrist, under anesthesia
25260			571.89			Repair, tendon or muscle, flexor, forearm and/or wrist; primary, single, each tendon or muscle
25263			566.32			Repair, tendon or muscle, flexor, forearm and/or wrist; secondary, single, each tendon or muscle
25265			664.15			Repair, tendon or muscle, flexor, forearm and/or wrist; secondary, with free graft (includes obtaining graft), each tendon or muscle
25270			470.96			Repair, tendon or muscle, extensor, forearm and/or wrist; primary, single, each tendon or muscle
25272			524.61			Repair, tendon or muscle, extensor, forearm and/or wrist; secondary, single, each tendon or muscle
25274			606.46			Repair, tendon or muscle, extensor, forearm and/or wrist; secondary, with free graft (includes obtaining graft), each tendon or muscle
25275			507.06			Repair, tendon sheath, extensor, forearm and/or wrist, with free graft (includes obtaining graft) (eg, for extensor carpi ulnaris subluxation)
25280			527.67			Lengthening or shortening of flexor or extensor tendon, forearm and/or wrist, single, each tendon
25290			489.46			Tenotomy, open, flexor or extensor tendon, forearm and/or wrist, single, each tendon
25295			495.00			Tenolysis, flexor or extensor tendon, forearm and/or wrist, single, each tendon

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
25300			525.21			Tenodesis at wrist; flexors of fingers
25301			500.17			Tenodesis at wrist; extensors of fingers
25310			570.73			Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; each tendon
25312			643.02			Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; with tendon graft(s) (includes obtaining graft), each tendon
25315			684.91			Flexor origin slide (eg, for cerebral palsy, Volkmann contracture), forearm and/or wrist;
25316			792.02			Flexor origin slide (eg, for cerebral palsy, Volkmann contracture), forearm and/or wrist; with tendon(s) transfer
25320			732.05			Capsulorrhaphy or reconstruction, wrist, open (eg, capsulodesis, ligament repair, tendon transfer or graft) (includes synovectomy, capsulotomy and open reduction) for carpal instability
25332			641.39			Arthroplasty, wrist, with or without interposition, with or without external or internal fixation
25335			740.69			Centralization of wrist on ulna (eg, radial club hand)
25337			680.32			Reconstruction for stabilization of unstable distal ulna or distal radioulnar joint, secondary by soft tissue stabilization (eg, tendon transfer, tendon graft or weave, or tenodesis) with or without open reduction of distal radioulnar joint
25350			618.42			Osteotomy, radius; distal third
25355			681.51			Osteotomy, radius; middle or proximal third
25360			603.94			Osteotomy; ulna
25365			797.46			Osteotomy; radius AND ulna
25370			853.48			Multiple osteotomies, with realignment on intramedullary rod (Sofield type procedure); radius OR ulna
25375			833.57			Multiple osteotomies, with realignment on intramedullary rod (Sofield type procedure); radius AND ulna
25390			689.29			Osteoplasty, radius OR ulna; shortening
25391			860.16			Osteoplasty, radius OR ulna; lengthening with autograft
25392			860.21			Osteoplasty, radius AND ulna; shortening (excluding 64876)
25393			967.39			Osteoplasty, radius AND ulna; lengthening with autograft
25394			581.71			Osteoplasty, carpal bone, shortening
25400			722.59			Repair of nonunion or malunion, radius OR ulna; without graft (eg, compression technique)
25405			899.12			Repair of nonunion or malunion, radius OR ulna; with autograft (includes obtaining graft)
25415			847.23			Repair of nonunion or malunion, radius AND ulna; without graft (eg, compression technique)

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
25420			994.84			Repair of nonunion or malunion, radius AND ulna; with autograft (includes obtaining graft)
25425			918.55			Repair of defect with autograft; radius OR ulna
25426			936.42			Repair of defect with autograft; radius AND ulna
25430			532.43			Insertion of vascular pedicle into carpal bone (eg, Hori procedure)
25431			598.64			Repair of nonunion of carpal bone (excluding carpal scaphoid (navicular)) (includes obtaining graft and necessary fixation), each bone
25440			599.58			Repair of nonunion, scaphoid carpal (navicular) bone, with or without radial styloidectomy (includes obtaining graft and necessary fixation)
25441			711.66			Arthroplasty with prosthetic replacement; distal radius
25442			610.81			Arthroplasty with prosthetic replacement; distal ulna
25443			587.91			Arthroplasty with prosthetic replacement; scaphoid carpal (navicular)
25444			624.58			Arthroplasty with prosthetic replacement; lunate
25445			549.04			Arthroplasty with prosthetic replacement; trapezium
25446			895.08			Arthroplasty with prosthetic replacement; distal radius and partial or entire carpus (total wrist)
25447			614.00			Arthroplasty, interposition, intercarpal or carpometacarpal joints
25449			785.88			Revision of arthroplasty, including removal of implant, wrist joint
25450			483.24			Epiphyseal arrest by epiphysiodesis or stapling; distal radius OR ulna
25455			581.07			Epiphyseal arrest by epiphysiodesis or stapling; distal radius AND ulna
25490			635.31			Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; radius
25491			666.25			Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; ulna
25492			786.95			Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; radius AND ulna
25500	191.46	169.94				Closed treatment of radial shaft fracture; without manipulation
25505	372.19	339.42				Closed treatment of radial shaft fracture; with manipulation
25515			506.06			Open treatment of radial shaft fracture, includes internal fixation, when performed
25520	408.35	385.83				Closed treatment of radial shaft fracture and closed treatment of dislocation of distal radioulnar joint (Galeazzi fracture/dislocation)

114.3 CMR 16.00: SURGERY AND ANESTHESIA SERVICES

CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
25525			623.55			Open treatment of radial shaft fracture, includes internal fixation, when performed, and closed treatment of distal radioulnar joint dislocation (Galeazzi fracture/ dislocation), includes percutaneous skeletal fixation, when performed
25526			776.47			Open treatment of radial shaft fracture, includes internal fixation, when performed, and open treatment of distal radioulnar joint dislocation (Galeazzi fracture/ dislocation), includes internal fixation, when performed, includes repair of triangular fibrocartilage complex
25530	187.16	163.99				Closed treatment of ulnar shaft fracture; without manipulation
25535	356.50	332.67				Closed treatment of ulnar shaft fracture; with manipulation
25545			480.10			Open treatment of ulnar shaft fracture, includes internal fixation, when performed
25560	194.17	167.68				Closed treatment of radial and ulnar shaft fractures; without manipulation
25565	388.25	350.84				Closed treatment of radial and ulnar shaft fractures; with manipulation
25574			494.92			Open treatment of radial AND ulnar shaft fractures, with internal fixation, when performed; of radius OR ulna
25575			672.79			Open treatment of radial AND ulnar shaft fractures, with internal fixation, when performed; of radius AND ulna
25600	212.89	185.74				Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, includes closed treatment of fracture of ulnar styloid, when performed; without manipulation
25605	450.82	422.02				Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, includes closed treatment of fracture of ulnar styloid, when performed; with manipulation
25606			512.37			Percutaneous skeletal fixation of distal radial fracture or epiphyseal separation
25607			528.55			Open treatment of distal radial extra-articular fracture or epiphyseal separation, with internal fixation
25608			600.87			Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 2 fragments
25609			765.04			Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 3 or more fragments
25622	219.02	190.55				Closed treatment of carpal scaphoid (navicular) fracture; without manipulation

114.3 CMR 16.00: SURGERY AND ANESTHESIA SERVICES

CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
25624	342.92	308.16				Closed treatment of carpal scaphoid (navicular) fracture; with manipulation
25628			537.87			Open treatment of carpal scaphoid (navicular) fracture, includes internal fixation, when performed
25630	223.16	194.36				Closed treatment of carpal bone fracture (excluding carpal scaphoid (navicular)); without manipulation, each bone
25635	323.74	277.06				Closed treatment of carpal bone fracture (excluding carpal scaphoid (navicular)); with manipulation, each bone
25645			431.76			Open treatment of carpal bone fracture (other than carpal scaphoid (navicular)), each bone
25650	231.83	206.33				Closed treatment of ulnar styloid fracture
25651			353.14			Percutaneous skeletal fixation of ulnar styloid fracture
25652			464.89			Open treatment of ulnar styloid fracture
25660			297.19			Closed treatment of radiocarpal or intercarpal dislocation, one or more bones, with manipulation
25670			462.44			Open treatment of radiocarpal or intercarpal dislocation, one or more bones
25671			391.55			Percutaneous skeletal fixation of distal radioulnar dislocation
25675	317.72	288.92				Closed treatment of distal radioulnar dislocation with manipulation
25676			479.30			Open treatment of distal radioulnar dislocation, acute or chronic
25680			337.42			Closed treatment of trans-scaphoperilunar type of fracture dislocation, with manipulation
25685			551.34			Open treatment of trans-scaphoperilunar type of fracture dislocation
25690			346.14			Closed treatment of lunate dislocation, with manipulation
25695			479.66			Open treatment of lunate dislocation
25800			574.64			Arthrodesis, wrist; complete, without bone graft (includes radiocarpal and/or intercarpal and/or carpometacarpal joints)
25805			659.34			Arthrodesis, wrist; with sliding graft
25810			661.34			Arthrodesis, wrist; with iliac or other autograft (includes obtaining graft)
25820			472.15			Arthrodesis, wrist; limited, without bone graft (eg, intercarpal or radiocarpal)
25825			576.31			Arthrodesis, wrist; with autograft (includes obtaining graft)
25830			745.51			Arthrodesis, distal radioulnar joint with segmental resection of ulna, with or without bone graft (eg, Sauve-Kapandji procedure)
25900			611.78			Amputation, forearm, through radius and ulna;

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
25905			598.93			Amputation, forearm, through radius and ulna; open, circular (guillotine)
25907			536.71			Amputation, forearm, through radius and ulna; secondary closure or scar revision
25909			595.94			Amputation, forearm, through radius and ulna; re-amputation
25915			959.76			Krukenberg procedure
25920			517.00			Disarticulation through wrist;
25922			455.33			Disarticulation through wrist; secondary closure or scar revision
25924			506.57			Disarticulation through wrist; re-amputation
25927			614.62			Transmetacarpal amputation;
25929			430.71			Transmetacarpal amputation; secondary closure or scar revision
25931			573.80			Transmetacarpal amputation; re-amputation
25999			I.C.			Unlisted procedure, forearm or wrist
26010	206.66	99.39				Drainage of finger abscess; simple
26011	318.40	139.62				Drainage of finger abscess; complicated (eg, felon)
26020			321.59			Drainage of tendon sheath, digit and/or palm, each
26025			314.18			Drainage of palmar bursa; single, bursa
26030			369.15			Drainage of palmar bursa; multiple bursa
26034			400.49			Incision, bone cortex, hand or finger (eg, osteomyelitis or bone abscess)
26035			607.36			Decompression fingers and/or hand, injection injury (eg, grease gun)
26037			428.71			Decompressive fasciotomy, hand (excludes 26035)
26040			232.53			Fasciotomy, palmar (eg, Dupuytren's contracture); percutaneous
26045			351.31			Fasciotomy, palmar (eg, Dupuytren's contracture); open, partial
26055	480.33	221.43				Tendon sheath incision (eg, for trigger finger)
26060			197.80			Tenotomy, percutaneous, single, each digit
26070			220.69			Arthrotomy, with exploration, drainage, or removal of loose or foreign body; carpometacarpal joint
26075			236.81			Arthrotomy, with exploration, drainage, or removal of loose or foreign body; metacarpophalangeal joint, each
26080			287.83			Arthrotomy, with exploration, drainage, or removal of loose or foreign body; interphalangeal joint, each
26100			244.27			Arthrotomy with biopsy; carpometacarpal joint, each
26105			248.44			Arthrotomy with biopsy; metacarpophalangeal joint, each
26110			237.83			Arthrotomy with biopsy; interphalangeal joint, each
26115	501.83	271.07				Excision, tumor or vascular malformation, soft tissue of hand or finger; subcutaneous

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
26116			362.01			Excision, tumor or vascular malformation, soft tissue of hand or finger; deep (subfascial or intramuscular)
26117			487.16			Radical resection of tumor (eg, malignant neoplasm), soft tissue of hand or finger
26121			451.08			Fasciectomy, palm only, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft)
26123			610.15			Fasciectomy, partial palmar with release of single digit including proximal interphalangeal joint, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft);
26125			214.94			Fasciectomy, partial palmar with release of single digit including proximal interphalangeal joint, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft); each additional digit (List separately in addition to code for primary procedure)
26130			342.65			Synovectomy, carpometacarpal joint
26135			416.57			Synovectomy, metacarpophalangeal joint including intrinsic release and extensor hood reconstruction, each digit
26140			379.38			Synovectomy, proximal interphalangeal joint, including extensor reconstruction, each interphalangeal joint
26145			384.97			Synovectomy, tendon sheath, radical (tenosynovectomy), flexor tendon, palm and/or finger, each tendon
26160	461.68	240.52				Excision of lesion of tendon sheath or joint capsule (eg, cyst, mucous cyst, or ganglion), hand or finger
26170			303.63			Excision of tendon, palm, flexor or extensor, single, each tendon
26180			330.53			Excision of tendon, finger, flexor or extensor, each tendon
26185			388.80			Sesamoidectomy, thumb or finger (separate procedure)
26200			338.30			Excision or curettage of bone cyst or benign tumor of metacarpal;
26205			454.93			Excision or curettage of bone cyst or benign tumor of metacarpal; with autograft (includes obtaining graft)
26210			330.57			Excision or curettage of bone cyst or benign tumor of proximal, middle, or distal phalanx of finger;
26215			417.22			Excision or curettage of bone cyst or benign tumor of proximal, middle, or distal phalanx of finger; with autograft (includes obtaining graft)

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
26230			379.54			Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); metacarpal
26235			372.69			Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); proximal or middle phalanx of finger
26236			331.16			Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); distal phalanx of finger
26250			436.68			Radical resection, metacarpal (eg, tumor);
26255			685.90			Radical resection, metacarpal (eg, tumor); with autograft (includes obtaining graft)
26260			412.60			Radical resection, proximal or middle phalanx of finger (eg, tumor);
26261			497.05			Radical resection, proximal or middle phalanx of finger (eg, tumor); with autograft (includes obtaining graft)
26262			345.41			Radical resection, distal phalanx of finger (eg, tumor)
26320			258.96			Removal of implant from finger or hand
26340			238.43			Manipulation, finger joint, under anesthesia, each joint
26350			589.34			Repair or advancement, flexor tendon, not in zone 2 digital flexor tendon sheath (eg, no man's land); primary or secondary without free graft, each tendon
26352			661.71			Repair or advancement, flexor tendon, not in zone 2 digital flexor tendon sheath (eg, no man's land); secondary with free graft (includes obtaining graft), each tendon
26356			842.62			Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); primary, without free graft, each tendon
26357			700.40			Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, without free graft, each tendon
26358			744.20			Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, with free graft (includes obtaining graft), each tendon
26370			631.73			Repair or advancement of profundus tendon, with intact superficialis tendon; primary, each tendon
26372			726.48			Repair or advancement of profundus tendon, with intact superficialis tendon; secondary with free graft (includes obtaining graft), each tendon
26373			691.84			Repair or advancement of profundus tendon, with intact superficialis tendon; secondary without free graft, each tendon

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
26390			662.38			Excision flexor tendon, with implantation of synthetic rod for delayed tendon graft, hand or finger, each rod
26392			785.29			Removal of synthetic rod and insertion of flexor tendon graft, hand or finger (includes obtaining graft), each rod
26410			470.43			Repair, extensor tendon, hand, primary or secondary; without free graft, each tendon
26412			561.16			Repair, extensor tendon, hand, primary or secondary; with free graft (includes obtaining graft), each tendon
26415			574.33			Excision of extensor tendon, with implantation of synthetic rod for delayed tendon graft, hand or finger, each rod
26416			672.12			Removal of synthetic rod and insertion of extensor tendon graft (includes obtaining graft), hand or finger, each rod
26418			474.27			Repair, extensor tendon, finger, primary or secondary; without free graft, each tendon
26420			585.08			Repair, extensor tendon, finger, primary or secondary; with free graft (includes obtaining graft) each tendon
26426			496.34			Repair of extensor tendon, central slip, secondary (eg, boutonniere deformity); using local tissue(s), including lateral band(s), each finger
26428			609.66			Repair of extensor tendon, central slip, secondary (eg, boutonniere deformity); with free graft (includes obtaining graft), each finger
26432			409.75			Closed treatment of distal extensor tendon insertion, with or without percutaneous pinning (eg, mallet finger)
26433			439.12			Repair of extensor tendon, distal insertion, primary or secondary; without graft (eg, mallet finger)
26434			514.10			Repair of extensor tendon, distal insertion, primary or secondary; with free graft (includes obtaining graft)
26437			504.05			Realignment of extensor tendon, hand, each tendon
26440			520.81			Tenolysis, flexor tendon; palm OR finger, each tendon
26442			750.80			Tenolysis, flexor tendon; palm AND finger, each tendon
26445			489.58			Tenolysis, extensor tendon, hand OR finger, each tendon
26449			637.28			Tenolysis, complex, extensor tendon, finger, including forearm, each tendon
26450			323.48			Tenotomy, flexor, palm, open, each tendon
26455			321.10			Tenotomy, flexor, finger, open, each tendon

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
26460			312.45			Tenotomy, extensor, hand or finger, open, each tendon
26471			495.69			Tenodesis; of proximal interphalangeal joint, each joint
26474			481.01			Tenodesis; of distal joint, each joint
26476			466.16			Lengthening of tendon, extensor, hand or finger, each tendon
26477			471.38			Shortening of tendon, extensor, hand or finger, each tendon
26478			507.68			Lengthening of tendon, flexor, hand or finger, each tendon
26479			501.13			Shortening of tendon, flexor, hand or finger, each tendon
26480			619.80			Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; without free graft, each tendon
26483			686.49			Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; with free tendon graft (includes obtaining graft), each tendon
26485			663.03			Transfer or transplant of tendon, palmar; without free tendon graft, each tendon
26489			678.00			Transfer or transplant of tendon, palmar; with free tendon graft (includes obtaining graft), each tendon
26490			622.22			Opponensplasty; superficialis tendon transfer type, each tendon
26492			688.83			Opponensplasty; tendon transfer with graft (includes obtaining graft), each tendon
26494			633.68			Opponensplasty; hypothenar muscle transfer
26496			678.52			Opponensplasty; other methods
26497			682.07			Transfer of tendon to restore intrinsic function; ring and small finger
26498			898.88			Transfer of tendon to restore intrinsic function; all four fingers
26499			644.12			Correction claw finger, other methods
26500			505.19			Reconstruction of tendon pulley, each tendon; with local tissues (separate procedure)
26502			562.27			Reconstruction of tendon pulley, each tendon; with tendon or fascial graft (includes obtaining graft) (separate procedure)
26508			512.94			Release of thenar muscle(s) (eg, thumb contracture)
26510			484.39			Cross intrinsic transfer, each tendon
26516			565.21			Capsulodesis, metacarpophalangeal joint; single digit
26517			653.16			Capsulodesis, metacarpophalangeal joint; two digits
26518			654.53			Capsulodesis, metacarpophalangeal joint; three or four digits
26520			543.88			Capsulectomy or capsulotomy; metacarpophalangeal joint, each joint

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
26525			546.59			Capsulectomy or capsulotomy; interphalangeal joint, each joint
26530			402.38			Arthroplasty, metacarpophalangeal joint; each joint
26531			468.30			Arthroplasty, metacarpophalangeal joint; with prosthetic implant, each joint
26535			292.96			Arthroplasty, interphalangeal joint; each joint
26536			513.23			Arthroplasty, interphalangeal joint; with prosthetic implant, each joint
26540			532.49			Repair of collateral ligament, metacarpophalangeal or interphalangeal joint
26541			642.83			Reconstruction, collateral ligament, metacarpophalangeal joint, single; with tendon or fascial graft (includes obtaining graft)
26542			547.87			Reconstruction, collateral ligament, metacarpophalangeal joint, single; with local tissue (eg, adductor advancement)
26545			558.66			Reconstruction, collateral ligament, interphalangeal joint, single, including graft, each joint
26546			763.18			Repair non-union, metacarpal or phalanx (includes obtaining bone graft with or without external or internal fixation)
26548			610.41			Repair and reconstruction, finger, volar plate, interphalangeal joint
26550			1186.08			Pollicization of a digit
26551			2339.26			Transfer, toe-to-hand with microvascular anastomosis; great toe wrap-around with bone graft
26553			2218.52			Transfer, toe-to-hand with microvascular anastomosis; other than great toe, single
26554			3000.85			Transfer, toe-to-hand with microvascular anastomosis; other than great toe, double
26555			1059.33			Transfer, finger to another position without microvascular anastomosis
26556			2285.96			Transfer, free toe joint, with microvascular anastomosis
26560			442.29			Repair of syndactyly (web finger) each web space; with skin flaps
26561			699.47			Repair of syndactyly (web finger) each web space; with skin flaps and grafts
26562			934.93			Repair of syndactyly (web finger) each web space; complex (eg, involving bone, nails)
26565			545.00			Osteotomy; metacarpal, each
26567			546.77			Osteotomy; phalanx of finger, each
26568			720.10			Osteoplasty, lengthening, metacarpal or phalanx
26580			980.81			Repair cleft hand
26587			719.06			Reconstruction of polydactylous digit, soft tissue and bone
26590			1013.03			Repair macrodactylia, each digit
26591			364.63			Repair, intrinsic muscles of hand, each muscle

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
26593			480.45			Release, intrinsic muscles of hand, each muscle
26596			552.63			Excision of constricting ring of finger, with multiple Z-plasties
26600	199.16	177.30				Closed treatment of metacarpal fracture, single; without manipulation, each bone
26605	235.05	210.55				Closed treatment of metacarpal fracture, single; with manipulation, each bone
26607			354.15			Closed treatment of metacarpal fracture, with manipulation, with external fixation, each bone
26608			360.50			Percutaneous skeletal fixation of metacarpal fracture, each bone
26615			398.73			Open treatment of metacarpal fracture, single, includes internal fixation, when performed, each bone
26641	262.66	235.18				Closed treatment of carpometacarpal dislocation, thumb, with manipulation
26645	301.05	273.57				Closed treatment of carpometacarpal fracture dislocation, thumb (Bennett fracture), with manipulation
26650			356.74			Percutaneous skeletal fixation of carpometacarpal fracture dislocation, thumb (Bennett fracture), with manipulation
26665			450.69			Open treatment of carpometacarpal fracture dislocation, thumb (Bennett fracture), includes internal fixation, when performed
26670	243.21	211.76				Closed treatment of carpometacarpal dislocation, other than thumb, with manipulation, each joint; without anesthesia
26675	325.79	296.65				Closed treatment of carpometacarpal dislocation, other than thumb, with manipulation, each joint; requiring anesthesia
26676			378.80			Percutaneous skeletal fixation of carpometacarpal dislocation, other than thumb, with manipulation, each joint
26685			416.91			Open treatment of carpometacarpal dislocation, other than thumb; includes internal fixation, when performed, each joint
26686			466.46			Open treatment of carpometacarpal dislocation, other than thumb; complex, multiple, or delayed reduction
26700	228.78	207.92				Closed treatment of metacarpophalangeal dislocation, single, with manipulation; without anesthesia
26705	299.94	271.13				Closed treatment of metacarpophalangeal dislocation, single, with manipulation; requiring anesthesia

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
26706			324.48			Percutaneous skeletal fixation of metacarpophalangeal dislocation, single, with manipulation
26715			401.99			Open treatment of metacarpophalangeal dislocation, single, includes internal fixation, when performed
26720	141.33	124.78				Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; without manipulation, each
26725	252.67	220.55				Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; with manipulation, with or without skin or skeletal traction, each
26727			355.01			Percutaneous skeletal fixation of unstable phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, with manipulation, each
26735			416.39			Open treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, includes internal fixation, when performed, each
26740	163.84	151.92				Closed treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint; without manipulation, each
26742	274.60	244.47				Closed treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint; with manipulation, each
26746			498.44			Open treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint, includes internal fixation, when performed, each
26750	131.76	124.14				Closed treatment of distal phalangeal fracture, finger or thumb; without manipulation, each
26755	232.02	195.27				Closed treatment of distal phalangeal fracture, finger or thumb; with manipulation, each
26756			314.87			Percutaneous skeletal fixation of distal phalangeal fracture, finger or thumb, each
26765			336.49			Open treatment of distal phalangeal fracture, finger or thumb, includes internal fixation, when performed, each
26770	196.77	173.59				Closed treatment of interphalangeal joint dislocation, single, with manipulation; without anesthesia
26775	279.66	244.57				Closed treatment of interphalangeal joint dislocation, single, with manipulation; requiring anesthesia
26776			334.56			Percutaneous skeletal fixation of interphalangeal joint dislocation, single, with manipulation
26785			364.86			Open treatment of interphalangeal joint dislocation, includes internal fixation, when performed, single
26820			628.25			Fusion in opposition, thumb, with autogenous graft (includes obtaining graft)

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
26841			590.77			Arthrodesis, carpometacarpal joint, thumb, with or without internal fixation;
26842			632.77			Arthrodesis, carpometacarpal joint, thumb, with or without internal fixation; with autograft (includes obtaining graft)
26843			585.08			Arthrodesis, carpometacarpal joint, digit, other than thumb, each;
26844			648.98			Arthrodesis, carpometacarpal joint, digit, other than thumb, each; with autograft (includes obtaining graft)
26850			558.00			Arthrodesis, metacarpophalangeal joint, with or without internal fixation;
26852			630.81			Arthrodesis, metacarpophalangeal joint, with or without internal fixation; with autograft (includes obtaining graft)
26860			458.76			Arthrodesis, interphalangeal joint, with or without internal fixation;
26861			81.51			Arthrodesis, interphalangeal joint, with or without internal fixation; each additional interphalangeal joint (List separately in addition to code for primary procedure)
26862			579.25			Arthrodesis, interphalangeal joint, with or without internal fixation; with autograft (includes obtaining graft)
26863			181.85			Arthrodesis, interphalangeal joint, with or without internal fixation; with autograft (includes obtaining graft), each additional joint (List separately in addition to code for primary procedure)
26910			561.79			Amputation, metacarpal, with finger or thumb (ray amputation), single, with or without interosseous transfer
26951			485.77			Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with direct closure
26952			522.32			Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with local advancement flaps (V-Y, hood)
26989			I.C.			Unlisted procedure, hands or fingers
26990			467.18			Incision and drainage, pelvis or hip joint area; deep abscess or hematoma
26991	545.81	389.21				Incision and drainage, pelvis or hip joint area; infected bursa
26992			730.99			Incision, bone cortex, pelvis and/or hip joint (eg, osteomyelitis or bone abscess)
27000			341.25			Tenotomy, adductor of hip, percutaneous (separate procedure)
27001			410.79			Tenotomy, adductor of hip, open

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
27003			441.26			Tenotomy, adductor, subcutaneous, open, with obturator neurectomy
27005			551.87			Tenotomy, hip flexor(s), open (separate procedure)
27006			559.34			Tenotomy, abductors and/or extensor(s) of hip, open (separate procedure)
27025			670.53			Fasciotomy, hip or thigh, any type
27030			719.34			Arthrotomy, hip, with drainage (eg, infection)
27033			743.78			Arthrotomy, hip, including exploration or removal of loose or foreign body
27035			854.40			Denervation, hip joint, intrapelvic or extrapelvic intra-articular branches of sciatic, femoral, or obturator nerves
27036			758.06			Capsulectomy or capsulotomy, hip, with or without excision of heterotopic bone, with release of hip flexor muscles (ie, gluteus medius, gluteus minimus, tensor fascia latae, rectus femoris, sartorius, iliopsoas)
27040	259.29	150.69				Biopsy, soft tissue of pelvis and hip area; superficial
27041			515.00			Biopsy, soft tissue of pelvis and hip area; deep, subfascial or intramuscular
27047	465.81	385.02				Excision, tumor, pelvis and hip area; subcutaneous tissue
27048			355.11			Excision, tumor, pelvis and hip area; deep, subfascial, intramuscular
27049			743.17			Radical resection of tumor, soft tissue of pelvis and hip area (eg, malignant neoplasm)
27050			265.83			Arthrotomy, with biopsy; sacroiliac joint
27052			417.14			Arthrotomy, with biopsy; hip joint
27054			514.39			Arthrotomy with synovectomy, hip joint
27060			323.19			Excision; ischial bursa
27062			340.18			Excision; trochanteric bursa or calcification
27065			374.26			Excision of bone cyst or benign tumor; superficial (wing of ilium, symphysis pubis, or greater trochanter of femur) with or without autograft
27066			610.23			Excision of bone cyst or benign tumor; deep, with or without autograft
27067			769.53			Excision of bone cyst or benign tumor; with autograft requiring separate incision
27070			641.28			Partial excision (craterization, saucerization) (eg, osteomyelitis or bone abscess); superficial (eg, wing of ilium, symphysis pubis, or greater trochanter of femur)
27071			691.59			Partial excision (craterization, saucerization) (eg, osteomyelitis or bone abscess); deep (subfascial or intramuscular)
27075			1733.19			Radical resection of tumor or infection; wing of ilium, one pubic or ischial ramus or symphysis pubis

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
27076			1209.43			Radical resection of tumor or infection; ilium, including acetabulum, both pubic rami, or ischium and acetabulum
27077			2024.73			Radical resection of tumor or infection; innominate bone, total
27078			764.27			Radical resection of tumor or infection; ischial tuberosity and greater trochanter of femur
27079			748.72			Radical resection of tumor or infection; ischial tuberosity and greater trochanter of femur, with skin flaps
27080			365.71			Coccygectomy, primary
27086	194.19	112.75				Removal of foreign body, pelvis or hip; subcutaneous tissue
27087			476.32			Removal of foreign body, pelvis or hip; deep (subfascial or intramuscular)
27090			632.98			Removal of hip prosthesis; (separate procedure)
27091			1202.36			Removal of hip prosthesis; complicated, including total hip prosthesis, methylmethacrylate with or without insertion of spacer
27093	165.22	54.97				Injection procedure for hip arthrography; without anesthesia
27095	201.14	61.76				Injection procedure for hip arthrography; with anesthesia
27096	154.69	51.72				Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid
27097			500.61			Release or recession, hamstring, proximal
27098			474.84			Transfer, adductor to ischium
27100			619.01			Transfer external oblique muscle to greater trochanter including fascial or tendon extension (graft)
27105			642.77			Transfer paraspinal muscle to hip (includes fascial or tendon extension graft)
27110			715.50			Transfer iliopsoas; to greater trochanter of femur
27111			674.71			Transfer iliopsoas; to femoral neck
27120			974.57			Acetabuloplasty; (eg, Whitman, Colonna, Haygroves, or cup type)
27122			840.47			Acetabuloplasty; resection, femoral head (eg, Girdlestone procedure)
27125			848.90			Hemiarthroplasty, hip, partial (eg, femoral stem prosthesis, bipolar arthroplasty)
27130			1093.71			Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft
27132			1279.82			Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft
27134			1485.27			Revision of total hip arthroplasty; both components, with or without autograft or allograft

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
27137			1133.53			Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft
27138			1179.00			Revision of total hip arthroplasty; femoral component only, with or without allograft
27140			685.26			Osteotomy and transfer of greater trochanter of femur (separate procedure)
27146			964.37			Osteotomy, iliac, acetabular or innominate bone;
27147			1105.78			Osteotomy, iliac, acetabular or innominate bone; with open reduction of hip
27151			1096.80			Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy
27156			1310.46			Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy and with open reduction of hip
27158			1023.60			Osteotomy, pelvis, bilateral (eg, congenital malformation)
27161			930.63			Osteotomy, femoral neck (separate procedure)
27165			1032.26			Osteotomy, intertrochanteric or subtrochanteric including internal or external fixation and/or cast
27170			896.51			Bone graft, femoral head, neck, intertrochanteric or subtrochanteric area (includes obtaining bone graft)
27175			486.65			Treatment of slipped femoral epiphysis; by traction, without reduction
27176			689.32			Treatment of slipped femoral epiphysis; by single or multiple pinning, in situ
27177			841.19			Open treatment of slipped femoral epiphysis; single or multiple pinning or bone graft (includes obtaining graft)
27178			673.07			Open treatment of slipped femoral epiphysis; closed manipulation with single or multiple pinning
27179			742.12			Open treatment of slipped femoral epiphysis; osteoplasty of femoral neck (Heyman type procedure)
27181			810.16			Open treatment of slipped femoral epiphysis; osteotomy and internal fixation
27185			555.84			Epiphyseal arrest by epiphysiodesis or stapling, greater trochanter of femur
27187			759.23			Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate, femoral neck and proximal femur
27193	348.43	350.42				Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; without manipulation
27194			552.84			Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; with manipulation, requiring more than local anesthesia
27200	129.39	130.71				Closed treatment of coccygeal fracture
27202			585.67			Open treatment of coccygeal fracture

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
27215			559.99			Open treatment of iliac spine(s), tuberosity avulsion, or iliac wing fracture(s) (eg, pelvic fracture(s) which do not disrupt the pelvic ring), with internal fixation
27216			805.96			Percutaneous skeletal fixation of posterior pelvic ring fracture and/or dislocation (includes ilium, sacroiliac joint and/or sacrum)
27217			771.75			Open treatment of anterior ring fracture and/or dislocation with internal fixation (includes pubic symphysis and/or rami)
27218			1035.56			Open treatment of posterior ring fracture and/or dislocation with internal fixation (includes ilium, sacroiliac joint and/or sacrum)
27220	392.30	388.99				Closed treatment of acetabulum (hip socket) fracture(s); without manipulation
27222			743.41			Closed treatment of acetabulum (hip socket) fracture(s); with manipulation, with or without skeletal traction
27226			761.81			Open treatment of posterior or anterior acetabular wall fracture, with internal fixation
27227			1267.25			Open treatment of acetabular fracture(s) involving anterior or posterior (one) column, or a fracture running transversely across the acetabulum, with internal fixation
27228			1451.01			Open treatment of acetabular fracture(s) involving anterior and posterior (two) columns, includes T-fracture and both column fracture with complete articular detachment, or single column or transverse fracture with associated acetabular wall fracture, with internal fixation
27230	352.37	344.09				Closed treatment of femoral fracture, proximal end, neck; without manipulation
27232			585.22			Closed treatment of femoral fracture, proximal end, neck; with manipulation, with or without skeletal traction
27235			693.72			Percutaneous skeletal fixation of femoral fracture, proximal end, neck
27236			895.85			Open treatment of femoral fracture, proximal end, neck, internal fixation or prosthetic replacement
27238			338.76			Closed treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; without manipulation
27240			720.54			Closed treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with manipulation, with or without skin or skeletal traction
27244			882.73			Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with plate/screw type implant, with or without cerclage

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
27245			1079.95			Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with intramedullary implant, with or without interlocking screws and/or cerclage
27246			288.36			Closed treatment of greater trochanteric fracture, without manipulation
27248			577.75			Open treatment of greater trochanteric fracture, includes internal fixation, when performed
27250			362.22			Closed treatment of hip dislocation, traumatic; without anesthesia
27252			570.87			Closed treatment of hip dislocation, traumatic; requiring anesthesia
27253			721.31			Open treatment of hip dislocation, traumatic, without internal fixation
27254			966.48			Open treatment of hip dislocation, traumatic, with acetabular wall and femoral head fracture, with or without internal or external fixation
27256	228.49	186.44				Treatment of spontaneous hip dislocation (developmental, including congenital or pathological), by abduction, splint or traction; without anesthesia, without manipulation
27257			252.87			Treatment of spontaneous hip dislocation (developmental, including congenital or pathological), by abduction, splint or traction; with manipulation, requiring anesthesia
27258			841.64			Open treatment of spontaneous hip dislocation (developmental, including congenital or pathological), replacement of femoral head in acetabulum (including tenotomy, etc);
27259			1168.62			Open treatment of spontaneous hip dislocation (developmental, including congenital or pathological), replacement of femoral head in acetabulum (including tenotomy, etc); with femoral shaft shortening
27265			301.12			Closed treatment of post hip arthroplasty dislocation; without anesthesia
27266			438.11			Closed treatment of post hip arthroplasty dislocation; requiring regional or general anesthesia
27267			314.95			Closed treatment of femoral fracture, proximal end, head; without manipulation
27268			386.49			Closed treatment of femoral fracture, proximal end, head; with manipulation
27269			913.69			Open treatment of femoral fracture, proximal end, head, includes internal fixation, when performed
27275			137.85			Manipulation, hip joint, requiring general anesthesia
27280			776.15			Arthrodesis, sacroiliac joint (including obtaining graft)

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
27282			628.22			Arthrodesis, symphysis pubis (including obtaining graft)
27284			1222.98			Arthrodesis, hip joint (including obtaining graft);
27286			1234.63			Arthrodesis, hip joint (including obtaining graft); with subtrochanteric osteotomy
27290			1187.73			Interpelviabdominal amputation (hindquarter amputation)
27295			954.93			Disarticulation of hip
27299			I.C.			Unlisted procedure, pelvis or hip joint
27301	511.11	370.40				Incision and drainage, deep abscess, bursa, or hematoma, thigh or knee region
27303			483.38			Incision, deep, with opening of bone cortex, femur or knee (eg, osteomyelitis or bone abscess)
27305			354.89			Fasciotomy, iliotibial (tenotomy), open
27306			293.99			Tenotomy, percutaneous, adductor or hamstring; single tendon (separate procedure)
27307			356.49			Tenotomy, percutaneous, adductor or hamstring; multiple tendons
27310			548.05			Arthrotomy, knee, with exploration, drainage, or removal of foreign body (eg, infection)
27323	197.15	132.59				Biopsy, soft tissue of thigh or knee area; superficial
27324			286.70			Biopsy, soft tissue of thigh or knee area; deep (subfascial or intramuscular)
27325			385.84			Neurectomy, hamstring muscle
27326			371.78			Neurectomy, popliteal (gastrocnemius)
27327	339.21	260.75				Excision, tumor, thigh or knee area; subcutaneous
27328			314.62			Excision, tumor, thigh or knee area; deep, subfascial, or intramuscular
27329			773.51			Radical resection of tumor (eg, malignant neoplasm), soft tissue of thigh or knee area
27330			304.92			Arthrotomy, knee; with synovial biopsy only
27331			358.25			Arthrotomy, knee; including joint exploration, biopsy, or removal of loose or foreign bodies
27332			482.66			Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial OR lateral
27333			439.04			Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial AND lateral
27334			514.69			Arthrotomy, with synovectomy, knee; anterior OR posterior
27335			580.98			Arthrotomy, with synovectomy, knee; anterior AND posterior including popliteal area
27340			275.89			Excision, prepatellar bursa
27345			362.53			Excision of synovial cyst of popliteal space (eg, Baker's cyst)
27347			381.50			Excision of lesion of meniscus or capsule (eg, cyst, ganglion), knee
27350			492.12			Patellectomy or hemipatellectomy

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
27355			456.81			Excision or curettage of bone cyst or benign tumor of femur;
27356			556.72			Excision or curettage of bone cyst or benign tumor of femur; with allograft
27357			617.51			Excision or curettage of bone cyst or benign tumor of femur; with autograft (includes obtaining graft)
27358			221.47			Excision or curettage of bone cyst or benign tumor of femur; with internal fixation (List in addition to code for primary procedure)
27360			647.71			Partial excision (craterization, saucerization, or diaphysectomy) bone, femur, proximal tibia and/or fibula (eg, osteomyelitis or bone abscess)
27365			926.42			Radical resection of tumor, bone, femur or knee
27370	139.76	39.77				Injection procedure for knee arthrography
27372	464.87	305.29				Removal of foreign body, deep, thigh region or knee area
27380			452.33			Suture of infrapatellar tendon; primary
27381			611.42			Suture of infrapatellar tendon; secondary reconstruction, including fascial or tendon graft
27385			483.26			Suture of quadriceps or hamstring muscle rupture; primary
27386			635.39			Suture of quadriceps or hamstring muscle rupture; secondary reconstruction, including fascial or tendon graft
27390			330.18			Tenotomy, open, hamstring, knee to hip; single tendon
27391			433.03			Tenotomy, open, hamstring, knee to hip; multiple tendons, one leg
27392			535.21			Tenotomy, open, hamstring, knee to hip; multiple tendons, bilateral
27393			383.83			Lengthening of hamstring tendon; single tendon
27394			495.33			Lengthening of hamstring tendon; multiple tendons, one leg
27395			667.47			Lengthening of hamstring tendon; multiple tendons, bilateral
27396			465.73			Transplant, hamstring tendon to patella; single tendon
27397			675.11			Transplant, hamstring tendon to patella; multiple tendons
27400			512.98			Transfer, tendon or muscle, hamstrings to femur (eg, Egger's type procedure)
27403			487.29			Arthrotomy with meniscus repair, knee
27405			512.28			Repair, primary, torn ligament and/or capsule, knee; collateral
27407			588.33			Repair, primary, torn ligament and/or capsule, knee; cruciate
27409			728.69			Repair, primary, torn ligament and/or capsule, knee; collateral and cruciate ligaments

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
27412			1249.41			Autologous chondrocyte implantation, knee
27415			1048.91			Osteochondral allograft, knee, open
27416			718.35			Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft[s])
27418			633.26			Anterior tibial tubercleplasty (eg, Maquet type procedure)
27420			568.60			Reconstruction of dislocating patella; (eg, Hauser type procedure)
27422			566.65			Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release (eg, Campbell, Goldwaite type procedure)
27424			567.49			Reconstruction of dislocating patella; with patellectomy
27425			336.21			Lateral retinacular release, open
27427			544.94			Ligamentous reconstruction (augmentation), knee; extra-articular
27428			832.66			Ligamentous reconstruction (augmentation), knee; intra-articular (open)
27429			931.38			Ligamentous reconstruction (augmentation), knee; intra-articular (open) and extra-articular
27430			562.40			Quadricepsplasty (eg, Bennett or Thompson type)
27435			600.79			Capsulotomy, posterior capsular release, knee
27437			500.66			Arthroplasty, patella; without prosthesis
27438			636.13			Arthroplasty, patella; with prosthesis
27440			560.47			Arthroplasty, knee, tibial plateau;
27441			592.41			Arthroplasty, knee, tibial plateau; with debridement and partial synovectomy
27442			661.14			Arthroplasty, femoral condyles or tibial plateau(s), knee;
27443			622.32			Arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement and partial synovectomy
27445			960.37			Arthroplasty, knee, hinge prosthesis (eg, Walldius type)
27446			854.53			Arthroplasty, knee, condyle and plateau; medial OR lateral compartment
27447			1174.61			Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)
27448			625.83			Osteotomy, femur, shaft or supracondylar; without fixation
27450			777.54			Osteotomy, femur, shaft or supracondylar; with fixation
27454			981.40			Osteotomy, multiple, with realignment on intramedullary rod, femoral shaft (eg, Sofield type procedure)

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
27455			719.14			Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus (bowleg) or genu valgus (knock-knee)); before epiphyseal closure
27457			739.61			Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus (bowleg) or genu valgus (knock-knee)); after epiphyseal closure
27465			907.63			Osteoplasty, femur; shortening (excluding 64876)
27466			900.35			Osteoplasty, femur; lengthening
27468			1013.96			Osteoplasty, femur; combined, lengthening and shortening with femoral segment transfer
27470			897.31			Repair, nonunion or malunion, femur, distal to head and neck; without graft (eg, compression technique)
27472			970.82			Repair, nonunion or malunion, femur, distal to head and neck; with iliac or other autogenous bone graft (includes obtaining graft)
27475			497.54			Arrest, epiphyseal, any method (eg, epiphysiodesis); distal femur
27477			554.70			Arrest, epiphyseal, any method (eg, epiphysiodesis); tibia and fibula, proximal
27479			730.12			Arrest, epiphyseal, any method (eg, epiphysiodesis); combined distal femur, proximal tibia and fibula
27485			510.08			Arrest, hemiepiphyseal, distal femur or proximal tibia or fibula (eg, genu varus or valgus)
27486			1072.44			Revision of total knee arthroplasty, with or without allograft; one component
27487			1351.13			Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component
27488			908.23			Removal of prosthesis, including total knee prosthesis, methylmethacrylate with or without insertion of spacer, knee
27495			864.12			Prophylactic treatment (nailing, pinning, plating, or wiring) with or without methylmethacrylate, femur
27496			382.29			Decompression fasciotomy, thigh and/or knee, one compartment (flexor or extensor or adductor);
27497			412.10			Decompression fasciotomy, thigh and/or knee, one compartment (flexor or extensor or adductor); with debridement of nonviable muscle and/or nerve
27498			449.40			Decompression fasciotomy, thigh and/or knee, multiple compartments;
27499			503.31			Decompression fasciotomy, thigh and/or knee, multiple compartments; with debridement of nonviable muscle and/or nerve
27500	385.60	353.82				Closed treatment of femoral shaft fracture, without manipulation

114.3 CMR 16.00: SURGERY AND ANESTHESIA SERVICES

CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
27501	377.86	369.58				Closed treatment of supracondylar or transcondylar femoral fracture with or without intercondylar extension, without manipulation
27502			600.14			Closed treatment of femoral shaft fracture, with manipulation, with or without skin or skeletal traction
27503			606.97			Closed treatment of supracondylar or transcondylar femoral fracture with or without intercondylar extension, with manipulation, with or without skin or skeletal traction
27506			1007.26			Open treatment of femoral shaft fracture, with or without external fixation, with insertion of intramedullary implant, with or without cerclage and/or locking screws
27507			751.46			Open treatment of femoral shaft fracture with plate/screws, with or without cerclage
27508	391.83	365.01				Closed treatment of femoral fracture, distal end, medial or lateral condyle, without manipulation
27509			492.66			Percutaneous skeletal fixation of femoral fracture, distal end, medial or lateral condyle, or supracondylar or transcondylar, with or without intercondylar extension, or distal femoral epiphyseal separation
27510			528.17			Closed treatment of femoral fracture, distal end, medial or lateral condyle, with manipulation
27511			788.76			Open treatment of femoral supracondylar or transcondylar fracture without intercondylar extension, includes internal fixation, when performed
27513			991.93			Open treatment of femoral supracondylar or transcondylar fracture with intercondylar extension, includes internal fixation, when performed
27514			819.84			Open treatment of femoral fracture, distal end, medial or lateral condyle, includes internal fixation, when performed
27516	369.48	344.98				Closed treatment of distal femoral epiphyseal separation; without manipulation
27517			506.61			Closed treatment of distal femoral epiphyseal separation; with manipulation, with or without skin or skeletal traction
27519			735.08			Open treatment of distal femoral epiphyseal separation, includes internal fixation, when performed
27520	234.90	207.09				Closed treatment of patellar fracture, without manipulation
27524			574.96			Open treatment of patellar fracture, with internal fixation and/or partial or complete patellectomy and soft tissue repair

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
27530	292.62	268.45				Closed treatment of tibial fracture, proximal (plateau); without manipulation
27532	462.22	434.41				Closed treatment of tibial fracture, proximal (plateau); with or without manipulation, with skeletal traction
27535			704.23			Open treatment of tibial fracture, proximal (plateau); unicondylar, includes internal fixation, when performed
27536			899.84			Open treatment of tibial fracture, proximal (plateau); bicondylar, with or without internal fixation
27538	349.22	323.39				Closed treatment of intercondylar spine(s) and/or tuberosity fracture(s) of knee, with or without manipulation
27540			640.21			Open treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, includes internal fixation, when performed
27550	365.39	335.59				Closed treatment of knee dislocation; without anesthesia
27552			469.47			Closed treatment of knee dislocation; requiring anesthesia
27556			726.04			Open treatment of knee dislocation, includes internal fixation, when performed; without primary ligamentous repair or augmentation/reconstruction
27557			861.11			Open treatment of knee dislocation, includes internal fixation, when performed; with primary ligamentous repair
27558			945.55			Open treatment of knee dislocation, includes internal fixation, when performed; with primary ligamentous repair, with augmentation/reconstruction
27560	267.20	231.11				Closed treatment of patellar dislocation; without anesthesia
27562			339.02			Closed treatment of patellar dislocation; requiring anesthesia
27566			682.20			Open treatment of patellar dislocation, with or without partial or total patellectomy
27570			111.85			Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)
27580			1102.88			Arthrodesis, knee, any technique
27590			620.43			Amputation, thigh, through femur, any level;
27591			694.19			Amputation, thigh, through femur, any level; immediate fitting technique including first cast
27592			526.61			Amputation, thigh, through femur, any level; open, circular (guillotine)
27594			385.91			Amputation, thigh, through femur, any level; secondary closure or scar revision

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
27596			556.82			Amputation, thigh, through femur, any level; re-amputation
27598			563.53			Disarticulation at knee
27599			I.C.			Unlisted procedure, femur or knee
27600			321.99			Decompression fasciotomy, leg; anterior and/or lateral compartments only
27601			332.29			Decompression fasciotomy, leg; posterior compartment(s) only
27602			394.76			Decompression fasciotomy, leg; anterior and/or lateral, and posterior compartment(s)
27603	399.49	292.22				Incision and drainage, leg or ankle; deep abscess or hematoma
27604	348.95	262.87				Incision and drainage, leg or ankle; infected bursa
27605	302.02	156.68				Tenotomy, percutaneous, Achilles tendon (separate procedure); local anesthesia
27606			229.64			Tenotomy, percutaneous, Achilles tendon (separate procedure); general anesthesia
27607			462.32			Incision (eg, osteomyelitis or bone abscess), leg or ankle
27610			498.73			Arthrotomy, ankle, including exploration, drainage, or removal of foreign body
27612			434.56			Arthrotomy, posterior capsular release, ankle, with or without Achilles tendon lengthening
27613	183.62	124.68				Biopsy, soft tissue of leg or ankle area; superficial
27614	422.78	314.85				Biopsy, soft tissue of leg or ankle area; deep (subfascial or intramuscular)
27615			676.53			Radical resection of tumor (eg, malignant neoplasm), soft tissue of leg or ankle area
27618	365.19	288.05				Excision, tumor, leg or ankle area; subcutaneous tissue
27619	586.38	449.32				Excision, tumor, leg or ankle area; deep (subfascial or intramuscular)
27620			355.62			Arthrotomy, ankle, with joint exploration, with or without biopsy, with or without removal of loose or foreign body
27625			459.09			Arthrotomy, with synovectomy, ankle;
27626			492.66			Arthrotomy, with synovectomy, ankle; including tenosynovectomy
27630	408.51	286.67				Excision of lesion of tendon sheath or capsule (eg, cyst or ganglion), leg and/or ankle
27635			453.85			Excision or curettage of bone cyst or benign tumor, tibia or fibula;
27637			571.12			Excision or curettage of bone cyst or benign tumor, tibia or fibula; with autograft (includes obtaining graft)
27638			597.06			Excision or curettage of bone cyst or benign tumor, tibia or fibula; with allograft

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
27640			672.64			Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis or exostosis); tibia
27641			541.97			Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis or exostosis); fibula
27645			808.82			Radical resection of tumor, bone; tibia
27646			722.17			Radical resection of tumor, bone; fibula
27647			630.86			Radical resection of tumor, bone; talus or calcaneus
27648	134.46	39.77				Injection procedure for ankle arthrography
27650			538.04			Repair, primary, open or percutaneous, ruptured Achilles tendon;
27652			573.61			Repair, primary, open or percutaneous, ruptured Achilles tendon; with graft (includes obtaining graft)
27654			539.49			Repair, secondary, Achilles tendon, with or without graft
27656	416.91	265.60				Repair, fascial defect of leg
27658			297.07			Repair, flexor tendon, leg; primary, without graft, each tendon
27659			389.34			Repair, flexor tendon, leg; secondary, with or without graft, each tendon
27664			285.54			Repair, extensor tendon, leg; primary, without graft, each tendon
27665			325.46			Repair, extensor tendon, leg; secondary, with or without graft, each tendon
27675			398.41			Repair, dislocating peroneal tendons; without fibular osteotomy
27676			476.33			Repair, dislocating peroneal tendons; with fibular osteotomy
27680			335.20			Tenolysis, flexor or extensor tendon, leg and/or ankle; single, each tendon
27681			400.82			Tenolysis, flexor or extensor tendon, leg and/or ankle; multiple tendons (through separate incision(s))
27685	470.39	370.41				Lengthening or shortening of tendon, leg or ankle; single tendon (separate procedure)
27686			434.88			Lengthening or shortening of tendon, leg or ankle; multiple tendons (through same incision), each
27687			359.54			Gastrocnemius recession (eg, Strayer procedure)
27690			472.66			Transfer or transplant of single tendon (with muscle redirection or rerouting); superficial (eg, anterior tibial extensors into midfoot)
27691			560.85			Transfer or transplant of single tendon (with muscle redirection or rerouting); deep (eg, anterior tibial or posterior tibial through interosseous space, flexor digitorum longus, flexor hallucis longus, or peroneal tendon to midfoot or hindfoot)

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
27692			86.21			Transfer or transplant of single tendon (with muscle redirection or rerouting); each additional tendon (List separately in addition to code for primary procedure)
27695			384.32			Repair, primary, disrupted ligament, ankle; collateral
27696			457.30			Repair, primary, disrupted ligament, ankle; both collateral ligaments
27698			508.67			Repair, secondary, disrupted ligament, ankle, collateral (eg, Watson-Jones procedure)
27700			474.63			Arthroplasty, ankle;
27702			766.19			Arthroplasty, ankle; with implant (total ankle)
27703			876.08			Arthroplasty, ankle; revision, total ankle
27704			427.65			Removal of ankle implant
27705			589.26			Osteotomy; tibia
27707			302.60			Osteotomy; fibula
27709			820.42			Osteotomy; tibia and fibula
27712			825.02			Osteotomy; multiple, with realignment on intramedullary rod (eg, Sofield type procedure)
27715			810.50			Osteoplasty, tibia and fibula, lengthening or shortening
27720			672.14			Repair of nonunion or malunion, tibia; without graft, (eg, compression technique)
27722			669.57			Repair of nonunion or malunion, tibia; with sliding graft
27724			978.52			Repair of nonunion or malunion, tibia; with iliac or other autograft (includes obtaining graft)
27725			909.55			Repair of nonunion or malunion, tibia; by synostosis, with fibula, any method
27726			681.32			Repair of fibula nonunion and/or malunion with internal fixation
27727			783.89			Repair of congenital pseudarthrosis, tibia
27730			443.34			Arrest, epiphyseal (epiphysiodesis), open; distal tibia
27732			317.06			Arrest, epiphyseal (epiphysiodesis), open; distal fibula
27734			478.64			Arrest, epiphyseal (epiphysiodesis), open; distal tibia and fibula
27740			541.35			Arrest, epiphyseal (epiphysiodesis), any method, combined, proximal and distal tibia and fibula;
27742			499.63			Arrest, epiphyseal (epiphysiodesis), any method, combined, proximal and distal tibia and fibula; and distal femur
27745			578.19			Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate, tibia
27750	253.11	228.28				Closed treatment of tibial shaft fracture (with or without fibular fracture); without manipulation

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
27752	401.92	371.79				Closed treatment of tibial shaft fracture (with or without fibular fracture); with manipulation, with or without skeletal traction
27756			432.00			Percutaneous skeletal fixation of tibial shaft fracture (with or without fibular fracture) (eg, pins or screws)
27758			674.97			Open treatment of tibial shaft fracture (with or without fibular fracture), with plate/screws, with or without cerclage
27759			765.26			Treatment of tibial shaft fracture (with or without fibular fracture) by intramedullary implant, with or without interlocking screws and/or cerclage
27760	244.88	216.74				Closed treatment of medial malleolus fracture; without manipulation
27762	362.69	331.57				Closed treatment of medial malleolus fracture; with manipulation, with or without skin or skeletal traction
27766			467.84			Open treatment of medial malleolus fracture, includes internal fixation, when performed
27767	196.07	197.06				Closed treatment of posterior malleolus fracture; without manipulation
27768			298.89			Closed treatment of posterior malleolus fracture; with manipulation
27769			511.55			Open treatment of posterior malleolus fracture, includes internal fixation, when performed
27780	217.82	192.65				Closed treatment of proximal fibula or shaft fracture; without manipulation
27781	312.27	287.77				Closed treatment of proximal fibula or shaft fracture; with manipulation
27784			512.35			Open treatment of proximal fibula or shaft fracture, includes internal fixation, when performed
27786	232.14	203.00				Closed treatment of distal fibular fracture (lateral malleolus); without manipulation
27788	317.85	289.05				Closed treatment of distal fibular fracture (lateral malleolus); with manipulation
27792			523.01			Open treatment of distal fibular fracture (lateral malleolus), includes internal fixation, when performed
27808	243.40	213.60				Closed treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli or medial and posterior malleoli); without manipulation
27810	355.77	323.32				Closed treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli or medial and posterior malleoli); with manipulation

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
27814			593.45			Open treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli, or medial and posterior malleoli), includes internal fixation, when performed
27816	230.57	203.42				Closed treatment of trimalleolar ankle fracture; without manipulation
27818	368.08	332.32				Closed treatment of trimalleolar ankle fracture; with manipulation
27822			661.30			Open treatment of trimalleolar ankle fracture, includes internal fixation, when performed, medial and/or lateral malleolus; without fixation of posterior lip
27823			748.85			Open treatment of trimalleolar ankle fracture, includes internal fixation, when performed, medial and/or lateral malleolus; with fixation of posterior lip
27824	226.78	215.52				Closed treatment of fracture of weight bearing articular portion of distal tibia (eg, pilon or tibial plafond), with or without anesthesia; without manipulation
27825	411.06	373.98				Closed treatment of fracture of weight bearing articular portion of distal tibia (eg, pilon or tibial plafond), with or without anesthesia; with skeletal traction and/or requiring manipulation
27826			618.44			Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal fixation, when performed; of fibula only
27827			838.86			Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal fixation, when performed; of tibia only
27828			991.00			Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal fixation, when performed; of both tibia and fibula
27829			489.34			Open treatment of distal tibiofibular joint (syndesmosis) disruption, includes internal fixation, when performed
27830	259.43	241.89				Closed treatment of proximal tibiofibular joint dislocation; without anesthesia
27831			285.67			Closed treatment of proximal tibiofibular joint dislocation; requiring anesthesia
27832			516.71			Open treatment of proximal tibiofibular joint dislocation, includes internal fixation, when performed, or with excision of proximal fibula
27840			262.50			Closed treatment of ankle dislocation; without anesthesia

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
27842			363.31			Closed treatment of ankle dislocation; requiring anesthesia, with or without percutaneous skeletal fixation
27846			563.64			Open treatment of ankle dislocation, with or without percutaneous skeletal fixation; without repair or internal fixation
27848			646.61			Open treatment of ankle dislocation, with or without percutaneous skeletal fixation; with repair or internal or external fixation
27860			135.16			Manipulation of ankle under general anesthesia (includes application of traction or other fixation apparatus)
27870			800.21			Arthrodesis, ankle, open
27871			530.81			Arthrodesis, tibiofibular joint, proximal or distal
27880			691.28			Amputation, leg, through tibia and fibula;
27881			683.35			Amputation, leg, through tibia and fibula; with immediate fitting technique including application of first cast
27882			486.32			Amputation, leg, through tibia and fibula; open, circular (guillotine)
27884			447.13			Amputation, leg, through tibia and fibula; secondary closure or scar revision
27886			507.12			Amputation, leg, through tibia and fibula; re-amputation
27888			541.77			Amputation, ankle, through malleoli of tibia and fibula (eg, Syme, Pirogoff type procedures), with plastic closure and resection of nerves
27889			527.89			Ankle disarticulation
27892			419.02			Decompression fasciotomy, leg; anterior and/or lateral compartments only, with debridement of nonviable muscle and/or nerve
27893			416.24			Decompression fasciotomy, leg; posterior compartment(s) only, with debridement of nonviable muscle and/or nerve
27894			632.39			Decompression fasciotomy, leg; anterior and/or lateral, and posterior compartment(s), with debridement of nonviable muscle and/or nerve
27899			I.C.			Unlisted procedure, leg or ankle
28001	199.39	142.78				Incision and drainage, bursa, foot
28002	367.45	295.93				Incision and drainage below fascia, with or without tendon sheath involvement, foot; single bursal space
28003	505.94	435.76				Incision and drainage below fascia, with or without tendon sheath involvement, foot; multiple areas
28005			476.18			Incision, bone cortex (eg, osteomyelitis or bone abscess), foot
28008	315.30	240.48				Fasciotomy, foot and/or toe
28010	175.14	166.53				Tenotomy, percutaneous, toe; single tendon
28011	247.15	234.57				Tenotomy, percutaneous, toe; multiple tendons

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
28020	378.18	284.49				Arthrotomy, including exploration, drainage, or removal of loose or foreign body; intertarsal or tarsometatarsal joint
28022	345.69	263.91				Arthrotomy, including exploration, drainage, or removal of loose or foreign body; metatarsophalangeal joint
28024	331.11	252.64				Arthrotomy, including exploration, drainage, or removal of loose or foreign body; interphalangeal joint
28035	376.02	284.97				Release, tarsal tunnel (posterior tibial nerve decompression)
28043	252.16	207.47				Excision, tumor, foot; subcutaneous tissue
28045	351.94	259.90				Excision, tumor, foot; deep, subfascial, intramuscular
28046	640.51	526.29				Radical resection of tumor (eg, malignant neoplasm), soft tissue of foot
28050	328.90	246.79				Arthrotomy with biopsy; intertarsal or tarsometatarsal joint
28052	308.20	226.76				Arthrotomy with biopsy; metatarsophalangeal joint
28054	289.05	206.94				Arthrotomy with biopsy; interphalangeal joint
28055			306.48			Neurectomy, intrinsic musculature of foot
28060	370.60	285.51				Fasciectomy, plantar fascia; partial (separate procedure)
28062	438.86	331.26				Fasciectomy, plantar fascia; radical (separate procedure)
28070	367.67	281.26				Synovectomy; intertarsal or tarsometatarsal joint, each
28072	360.69	274.61				Synovectomy; metatarsophalangeal joint, each
28080	351.44	270.33				Excision, interdigital (Morton) neuroma, single, each
28086	413.68	291.84				Synovectomy, tendon sheath, foot; flexor
28088	333.18	239.16				Synovectomy, tendon sheath, foot; extensor
28090	334.48	247.07				Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (eg, cyst or ganglion); foot
28092	306.87	221.45				Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (eg, cyst or ganglion); toe(s), each
28100	443.12	320.95				Excision or curettage of bone cyst or benign tumor, talus or calcaneus;
28102			420.97			Excision or curettage of bone cyst or benign tumor, talus or calcaneus; with iliac or other autograft (includes obtaining graft)
28103			345.67			Excision or curettage of bone cyst or benign tumor, talus or calcaneus; with allograft
28104	369.90	281.50				Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus;

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
28106			365.99			Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus; with iliac or other autograft (includes obtaining graft)
28107	408.15	302.87				Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus; with allograft
28108	309.99	232.19				Excision or curettage of bone cyst or benign tumor, phalanges of foot
28110	327.84	230.83				Ostectomy, partial excision, fifth metatarsal head (bunionette) (separate procedure)
28111	377.11	269.18				Ostectomy, complete excision; first metatarsal head
28112	355.02	252.71				Ostectomy, complete excision; other metatarsal head (second, third or fourth)
28113	416.36	325.31				Ostectomy, complete excision; fifth metatarsal head
28114	768.72	630.66				Ostectomy, complete excision; all metatarsal heads, with partial proximal phalangectomy, excluding first metatarsal (eg, Clayton type procedure)
28116	540.48	445.79				Ostectomy, excision of tarsal coalition
28118	420.80	324.46				Ostectomy, calcaneus;
28119	376.39	287.99				Ostectomy, calcaneus; for spur, with or without plantar fascial release
28120	428.55	312.68				Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); talus or calcaneus
28122	485.33	398.26				Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); tarsal or metatarsal bone, except talus or calcaneus
28124	343.77	266.96				Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); phalanx of toe
28126	277.55	202.72				Resection, partial or complete, phalangeal base, each toe
28130			499.85			Talectomy (astragalectomy)
28140	464.94	362.97				Metatarsectomy
28150	312.34	230.56				Phalangectomy, toe, each toe
28153	287.79	206.02				Resection, condyle(s), distal end of phalanx, each toe
28160	296.41	219.93				Hemiphalangectomy or interphalangeal joint excision, toe, proximal end of phalanx, each
28171			480.28			Radical resection of tumor, bone; tarsal (except talus or calcaneus)
28173	546.81	439.21				Radical resection of tumor, bone; metatarsal
28175	400.77	309.40				Radical resection of tumor, bone; phalanx of toe
28190	182.49	106.67				Removal of foreign body, foot; subcutaneous
28192	345.96	257.23				Removal of foreign body, foot; deep
28193	391.49	302.43				Removal of foreign body, foot; complicated

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
28200	341.20	255.12				Repair, tendon, flexor, foot; primary or secondary, without free graft, each tendon
28202	461.78	353.19				Repair, tendon, flexor, foot; secondary with free graft, each tendon (includes obtaining graft)
28208	326.19	243.09				Repair, tendon, extensor, foot; primary or secondary, each tendon
28210	425.41	328.08				Repair, tendon, extensor, foot; secondary with free graft, each tendon (includes obtaining graft)
28220	323.49	247.68				Tenolysis, flexor, foot; single tendon
28222	374.70	296.57				Tenolysis, flexor, foot; multiple tendons
28225	283.66	206.18				Tenolysis, extensor, foot; single tendon
28226	333.64	256.17				Tenolysis, extensor, foot; multiple tendons
28230	312.37	239.53				Tenotomy, open, tendon flexor; foot, single or multiple tendon(s) (separate procedure)
28232	278.34	204.18				Tenotomy, open, tendon flexor; toe, single tendon (separate procedure)
28234	286.62	211.46				Tenotomy, open, extensor, foot or toe, each tendon
28238	500.77	395.82				Reconstruction (advancement), posterior tibial tendon with excision of accessory tarsal navicular bone (eg, Kidner type procedure)
28240	317.03	241.87				Tenotomy, lengthening, or release, abductor hallucis muscle
28250	402.42	316.01				Division of plantar fascia and muscle (eg, Steindler stripping) (separate procedure)
28260	494.67	408.92				Capsulotomy, midfoot; medial release only (separate procedure)
28261	713.21	619.85				Capsulotomy, midfoot; with tendon lengthening
28262	1012.32	872.61				Capsulotomy, midfoot; extensive, including posterior talotibial capsulotomy and tendon(s) lengthening (eg, resistant clubfoot deformity)
28264	625.94	546.15				Capsulotomy, midtarsal (eg, Heyman type procedure)
28270	343.18	266.70				Capsulotomy; metatarsophalangeal joint, with or without tenorrhaphy, each joint (separate procedure)
28272	282.93	208.10				Capsulotomy; interphalangeal joint, each joint (separate procedure)
28280	386.07	294.69				Syndactylization, toes (eg, webbing or Kelikian type procedure)
28285	334.15	254.69				Correction, hammertoe (eg, interphalangeal fusion, partial or total phalangectomy)
28286	328.30	245.53				Correction, cock-up fifth toe, with plastic skin closure (eg, Ruiz-Mora type procedure)
28288	416.82	334.71				Ostectomy, partial, exostectomy or condylectomy, metatarsal head, each metatarsal head
28289	536.64	432.01				Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
28290	416.30	320.95				Correction, hallux valgus (bunion), with or without sesamoidectomy; simple exostectomy (eg, Silver type procedure)
28292	557.92	456.61				Correction, hallux valgus (bunion), with or without sesamoidectomy; Keller, McBride, or Mayo type procedure
28293	751.57	549.62				Correction, hallux valgus (bunion), with or without sesamoidectomy; resection of joint with implant
28294	544.04	421.21				Correction, hallux valgus (bunion), with or without sesamoidectomy; with tendon transplants (eg, Joplin type procedure)
28296	579.08	454.26				Correction, hallux valgus (bunion), with or without sesamoidectomy; with metatarsal osteotomy (eg, Mitchell, Chevron, or concentric type procedures)
28297	609.68	480.23				Correction, hallux valgus (bunion), with or without sesamoidectomy; Lapidus-type procedure
28298	519.59	404.70				Correction, hallux valgus (bunion), with or without sesamoidectomy; by phalanx osteotomy
28299	667.15	542.67				Correction, hallux valgus (bunion), with or without sesamoidectomy; by double osteotomy
28300			517.82			Osteotomy; calcaneus (eg, Dwyer or Chambers type procedure), with or without internal fixation
28302			515.86			Osteotomy; talus
28304	576.26	465.68				Osteotomy, tarsal bones, other than calcaneus or talus;
28305			531.23			Osteotomy, tarsal bones, other than calcaneus or talus; with autograft (includes obtaining graft) (eg, Fowler type)
28306	435.61	316.42				Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal
28307	533.73	356.93				Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal with autograft (other than first toe)
28308	390.76	288.79				Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; other than first metatarsal, each
28309			692.57			Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; multiple (eg, Swanson type cavus foot procedure)
28310	388.15	283.53				Osteotomy, shortening, angular or rotational correction; proximal phalanx, first toe (separate procedure)
28312	354.14	255.48				Osteotomy, shortening, angular or rotational correction; other phalanges, any toe
28313	364.83	296.62				Reconstruction, angular deformity of toe, soft tissue procedures only (eg, overlapping second toe, fifth toe, curly toes)
28315	342.27	259.17				Sesamoidectomy, first toe (separate procedure)

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
28320			494.16			Repair, nonunion or malunion; tarsal bones
28322	575.21	455.03				Repair, nonunion or malunion; metatarsal, with or without bone graft (includes obtaining graft)
28340	455.23	352.26				Reconstruction, toe, macrodactyly; soft tissue resection
28341	518.98	414.69				Reconstruction, toe, macrodactyly; requiring bone resection
28344	332.55	239.84				Reconstruction, toe(s); polydactyly
28345	412.86	324.14				Reconstruction, toe(s); syndactyly, with or without skin graft(s), each web
28360			737.40			Reconstruction, cleft foot
28400	185.36	168.47				Closed treatment of calcaneal fracture; without manipulation
28405	298.19	282.30				Closed treatment of calcaneal fracture; with manipulation
28406			408.19			Percutaneous skeletal fixation of calcaneal fracture, with manipulation
28415			892.48			Open treatment of calcaneal fracture, includes internal fixation, when performed;
28420			926.98			Open treatment of calcaneal fracture, includes internal fixation, when performed; with primary iliac or other autogenous bone graft (includes obtaining graft)
28430	174.32	151.47				Closed treatment of talus fracture; without manipulation
28435	238.22	223.98				Closed treatment of talus fracture; with manipulation
28436			327.28			Percutaneous skeletal fixation of talus fracture, with manipulation
28445			828.77			Open treatment of talus fracture, includes internal fixation, when performed
28446			884.06			Open osteochondral autograft, talus (includes obtaining graft[s])
28450	160.43	141.55				Treatment of tarsal bone fracture (except talus and calcaneus); without manipulation, each
28455	215.90	205.30				Treatment of tarsal bone fracture (except talus and calcaneus); with manipulation, each
28456			216.65			Percutaneous skeletal fixation of tarsal bone fracture (except talus and calcaneus), with manipulation, each
28465			469.71			Open treatment of tarsal bone fracture (except talus and calcaneus), includes internal fixation, when performed, each
28470	159.99	141.44				Closed treatment of metatarsal fracture; without manipulation, each
28475	199.28	187.03				Closed treatment of metatarsal fracture; with manipulation, each

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
28476			262.12			Percutaneous skeletal fixation of metatarsal fracture, with manipulation, each
28485			403.44			Open treatment of metatarsal fracture, includes internal fixation, when performed, each
28490	102.14	88.90				Closed treatment of fracture great toe, phalanx or phalanges; without manipulation
28495	126.32	114.73				Closed treatment of fracture great toe, phalanx or phalanges; with manipulation
28496	333.67	176.74				Percutaneous skeletal fixation of fracture great toe, phalanx or phalanges, with manipulation
28505	489.36	359.57				Open treatment of fracture, great toe, phalanx or phalanges, includes internal fixation, when performed
28510	87.57	86.25				Closed treatment of fracture, phalanx or phalanges, other than great toe; without manipulation, each
28515	113.93	107.31				Closed treatment of fracture, phalanx or phalanges, other than great toe; with manipulation, each
28525	421.82	291.38				Open treatment of fracture, phalanx or phalanges, other than great toe, includes internal fixation, when performed, each
28530	83.81	79.17				Closed treatment of sesamoid fracture
28531	306.13	151.85				Open treatment of sesamoid fracture, with or without internal fixation
28540	149.62	142.33				Closed treatment of tarsal bone dislocation, other than talotarsal; without anesthesia
28545	173.68	163.42				Closed treatment of tarsal bone dislocation, other than talotarsal; requiring anesthesia
28546	350.69	235.48				Percutaneous skeletal fixation of tarsal bone dislocation, other than talotarsal, with manipulation
28555	630.21	485.53				Open treatment of tarsal bone dislocation, includes internal fixation, when performed
28570	133.83	122.58				Closed treatment of talotarsal joint dislocation; without anesthesia
28575	241.11	229.53				Closed treatment of talotarsal joint dislocation; requiring anesthesia
28576			276.26			Percutaneous skeletal fixation of talotarsal joint dislocation, with manipulation
28585	644.51	543.86				Open treatment of talotarsal joint dislocation, includes internal fixation, when performed
28600	156.62	143.71				Closed treatment of tarsometatarsal joint dislocation; without anesthesia
28605	202.39	192.13				Closed treatment of tarsometatarsal joint dislocation; requiring anesthesia
28606			302.00			Percutaneous skeletal fixation of tarsometatarsal joint dislocation, with manipulation
28615			587.71			Open treatment of tarsometatarsal joint dislocation, includes internal fixation, when performed

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
28630	108.92	83.76				Closed treatment of metatarsophalangeal joint dislocation; without anesthesia
28635	130.63	106.80				Closed treatment of metatarsophalangeal joint dislocation; requiring anesthesia
28636	223.28	164.02				Percutaneous skeletal fixation of metatarsophalangeal joint dislocation, with manipulation
28645	435.60	346.21				Open treatment of metatarsophalangeal joint dislocation, includes internal fixation, when performed
28660	80.06	63.84				Closed treatment of interphalangeal joint dislocation; without anesthesia
28665	113.70	105.42				Closed treatment of interphalangeal joint dislocation; requiring anesthesia
28666			156.65			Percutaneous skeletal fixation of interphalangeal joint dislocation, with manipulation
28675	416.66	291.18				Open treatment of interphalangeal joint dislocation, includes internal fixation, when performed
28705			1010.33			Arthrodesis; pantalar
28715			750.47			Arthrodesis; triple
28725			623.56			Arthrodesis; subtalar
28730			646.35			Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse;
28735			617.06			Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse; with osteotomy (eg, flatfoot correction)
28737			547.06			Arthrodesis, with tendon lengthening and advancement, midtarsal, tarsal navicular-cuneiform (eg, Miller type procedure)
28740	639.80	486.18				Arthrodesis, midtarsal or tarsometatarsal, single joint
28750	633.33	465.47				Arthrodesis, great toe; metatarsophalangeal joint
28755	368.81	265.19				Arthrodesis, great toe; interphalangeal joint
28760	567.40	450.53				Arthrodesis, with extensor hallucis longus transfer to first metatarsal neck, great toe, interphalangeal joint (eg, Jones type procedure)
28800			444.91			Amputation, foot; midtarsal (eg, Chopart type procedure)
28805			566.66			Amputation, foot; transmetatarsal
28810			341.82			Amputation, metatarsal, with toe, single
28820	401.21	271.09				Amputation, toe; metatarsophalangeal joint
28825	348.03	223.54				Amputation, toe; interphalangeal joint
28890	272.76	173.44				Extracorporeal shock wave, high energy, performed by a physician, requiring anesthesia other than local, including ultrasound guidance, involving the plantar fascia
28899			I.C.			Unlisted procedure, foot or toes

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
29000	187.15	127.56				Application of halo type body cast (see 20661-20663 for insertion)
29010	193.96	123.44				Application of Risser jacket, localizer, body; only
29015	182.20	125.59				Application of Risser jacket, localizer, body; including head
29020	180.78	111.59				Application of turnbuckle jacket, body; only
29025	195.29	136.36				Application of turnbuckle jacket, body; including head
29035	176.59	106.07				Application of body cast, shoulder to hips;
29040	164.71	116.71				Application of body cast, shoulder to hips; including head, Minerva type
29044	191.50	122.64				Application of body cast, shoulder to hips; including one thigh
29046	204.08	142.50				Application of body cast, shoulder to hips; including both thighs
29049	67.69	46.17				Application, cast; figure-of-eight
29055	152.14	100.82				Application, cast; shoulder spica
29058	86.90	63.39				Application, cast; plaster Velpeau
29065	70.54	51.67				Application, cast; shoulder to hand (long arm)
29075	65.67	46.47				Application, cast; elbow to finger (short arm)
29085	69.34	49.14				Application, cast; hand and lower forearm (gauntlet)
29086	52.58	36.02				Application, cast; finger (eg, contracture)
29105	65.26	44.08				Application of long arm splint (shoulder to hand)
29125	50.75	31.55				Application of short arm splint (forearm to hand); static
29126	59.74	38.56				Application of short arm splint (forearm to hand); dynamic
29130	30.14	21.20				Application of finger splint; static
29131	37.85	23.94				Application of finger splint; dynamic
29200	40.85	30.26				Strapping; thorax
29220	41.57	31.30				Strapping; low back
29240	46.27	33.69				Strapping; shoulder (eg, Velpeau)
29260	39.93	28.01				Strapping; elbow or wrist
29280	39.05	26.47				Strapping; hand or finger
29305	173.76	119.13				Application of hip spica cast; one leg
29325	186.90	131.94				Application of hip spica cast; one and one-half spica or both legs
29345	101.18	77.34				Application of long leg cast (thigh to toes);
29355	103.25	82.39				Application of long leg cast (thigh to toes); walker or ambulatory type
29358	112.82	78.39				Application of long leg cast brace
29365	90.86	67.03				Application of cylinder cast (thigh to ankle)
29405	67.07	49.52				Application of short leg cast (below knee to toes);
29425	72.13	54.59				Application of short leg cast (below knee to toes); walking or ambulatory type
29435	88.22	66.03				Application of patellar tendon bearing (PTB) cast
29440	39.81	26.24				Adding walker to previously applied cast

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
29445	111.10	85.94				Application of rigid total contact leg cast
29450	114.51	96.63				Application of clubfoot cast with molding or manipulation, long or short leg
29505	58.39	35.88				Application of long leg splint (thigh to ankle or toes)
29515	52.44	37.54				Application of short leg splint (calf to foot)
29520	40.55	29.62				Strapping; hip
29530	40.82	28.57				Strapping; knee
29540	31.42	25.79				Strapping; ankle and/or foot
29550	30.63	24.01				Strapping; toes
29580	39.37	28.11				Strapping; Unna boot
29590	41.35	32.08				Denis-Browne splint strapping
29700	48.09	26.24				Removal or bivalving; gauntlet, boot or body cast
29705	50.16	36.25				Removal or bivalving; full arm or full leg cast
29710	89.04	62.55				Removal or bivalving; shoulder or hip spica, Minerva, or Risser jacket, etc.
29715	67.57	42.07				Removal or bivalving; turnbuckle jacket
29720	59.96	33.81				Repair of spica, body cast or jacket
29730	49.00	34.77				Windowing of cast
29740	71.21	51.02				Wedging of cast (except clubfoot casts)
29750	74.77	57.89				Wedging of clubfoot cast
29799			I.C.			Unlisted procedure, casting or strapping
29800			401.13			Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure)
29804			493.24			Arthroscopy, temporomandibular joint, surgical
29805			359.53			Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)
29806			810.65			Arthroscopy, shoulder, surgical; capsulorrhaphy
29807			790.51			Arthroscopy, shoulder, surgical; repair of SLAP lesion
29819			448.30			Arthroscopy, shoulder, surgical; with removal of loose body or foreign body
29820			413.64			Arthroscopy, shoulder, surgical; synovectomy, partial
29821			451.97			Arthroscopy, shoulder, surgical; synovectomy, complete
29822			439.82			Arthroscopy, shoulder, surgical; debridement, limited
29823			480.10			Arthroscopy, shoulder, surgical; debridement, extensive
29824			509.42			Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure)
29825			447.97			Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
29826			513.00			Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release
29827			833.60			Arthroscopy, shoulder, surgical; with rotator cuff repair
29828			680.27			Arthroscopy, shoulder, surgical; biceps tenodesis
29830			346.04			Arthroscopy, elbow, diagnostic, with or without synovial biopsy (separate procedure)
29834			377.00			Arthroscopy, elbow, surgical; with removal of loose body or foreign body
29835			386.30			Arthroscopy, elbow, surgical; synovectomy, partial
29836			442.88			Arthroscopy, elbow, surgical; synovectomy, complete
29837			404.10			Arthroscopy, elbow, surgical; debridement, limited
29838			452.70			Arthroscopy, elbow, surgical; debridement, extensive
29840			338.94			Arthroscopy, wrist, diagnostic, with or without synovial biopsy (separate procedure)
29843			361.72			Arthroscopy, wrist, surgical; for infection, lavage and drainage
29844			378.65			Arthroscopy, wrist, surgical; synovectomy, partial
29845			432.80			Arthroscopy, wrist, surgical; synovectomy, complete
29846			397.85			Arthroscopy, wrist, surgical; excision and/or repair of triangular fibrocartilage and/or joint debridement
29847			412.24			Arthroscopy, wrist, surgical; internal fixation for fracture or instability
29848			372.74			Endoscopy, wrist, surgical, with release of transverse carpal ligament
29850			416.72			Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without manipulation; without internal or external fixation (includes arthroscopy)
29851			713.84			Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without manipulation; with internal or external fixation (includes arthroscopy)
29855			601.44			Arthroscopically aided treatment of tibial fracture, proximal (plateau); unicondylar, includes internal fixation, when performed (includes arthroscopy)
29856			766.46			Arthroscopically aided treatment of tibial fracture, proximal (plateau); bicondylar, includes internal fixation, when performed (includes arthroscopy)
29860			494.73			Arthroscopy, hip, diagnostic with or without synovial biopsy (separate procedure)
29861			539.31			Arthroscopy, hip, surgical; with removal of loose body or foreign body

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
29862			608.16			Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum
29863			601.55			Arthroscopy, hip, surgical; with synovectomy
29866			800.35			Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the autograft[s])
29867			968.94			Arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty)
29868			1294.89			Arthroscopy, knee, surgical; meniscal transplantation (includes arthrotomy for meniscal insertion), medial or lateral
29870			310.86			Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)
29871			389.79			Arthroscopy, knee, surgical; for infection, lavage and drainage
29873			393.94			Arthroscopy, knee, surgical; with lateral release
29874			406.75			Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)
29875			378.71			Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)
29876			491.65			Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)
29877			465.53			Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)
29879			497.75			Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture
29880			519.59			Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving)
29881			484.55			Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving)
29882			522.76			Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral)
29883			641.28			Arthroscopy, knee, surgical; with meniscus repair (medial AND lateral)
29884			463.76			Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)
29885			562.19			Arthroscopy, knee, surgical; drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion)
29886			474.24			Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
29887			558.92			Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation
29888			752.55			Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction
29889			920.32			Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction
29891			528.57			Arthroscopy, ankle, surgical, excision of osteochondral defect of talus and/or tibia, including drilling of the defect
29892			545.42			Arthroscopically aided repair of large osteochondritis dissecans lesion, talar dome fracture, or tibial plafond fracture, with or without internal fixation (includes arthroscopy)
29893	433.53	326.59				Endoscopic plantar fasciotomy
29894			396.18			Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with removal of loose body or foreign body
29895			385.87			Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; synovectomy, partial
29897			404.05			Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, limited
29898			450.76			Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, extensive
29899			803.39			Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with ankle arthrodesis
29900			354.88			Arthroscopy, metacarpophalangeal joint, diagnostic, includes synovial biopsy
29901			390.84			Arthroscopy, metacarpophalangeal joint, surgical; with debridement
29902			406.39			Arthroscopy, metacarpophalangeal joint, surgical; with reduction of displaced ulnar collateral ligament (eg, Stenar lesion)
29904			459.09			Arthroscopy, subtalar joint, surgical; with removal of loose body or foreign body
29905			495.41			Arthroscopy, subtalar joint, surgical; with synovectomy
29906			521.95			Arthroscopy, subtalar joint, surgical; with debridement
29907			636.30			Arthroscopy, subtalar joint, surgical; with subtalar arthrodesis
29999			I.C.			Unlisted procedure, arthroscopy
30000	176.80	88.41				Drainage abscess or hematoma, nasal, internal approach
30020	166.21	90.39				Drainage abscess or hematoma, nasal septum
30100	103.23	53.56				Biopsy, intranasal
30110	167.26	99.05				Excision, nasal polyp(s), simple
30115			325.73			Excision, nasal polyp(s), extensive

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
30117	613.37	252.83				Excision or destruction (eg, laser), intranasal lesion; internal approach
30118			584.56			Excision or destruction (eg, laser), intranasal lesion; external approach (lateral rhinotomy)
30120	384.18	343.13				Excision or surgical planing of skin of nose for rhinophyma
30124			213.86			Excision dermoid cyst, nose; simple, skin, subcutaneous
30125			475.33			Excision dermoid cyst, nose; complex, under bone or cartilage
30130			287.90			Excision inferior turbinate, partial or complete, any method
30140			324.82			Submucous resection inferior turbinate, partial or complete, any method
30150			615.53			Rhinectomy; partial
30160			610.84			Rhinectomy; total
30200	83.32	46.57				Injection into turbinate(s), therapeutic
30210	109.11	75.34				Displacement therapy (Proetz type)
30220	212.65	95.12				Insertion, nasal septal prosthesis (button)
30300	178.97	93.88				Removal foreign body, intranasal; office type procedure
30310			158.36			Removal foreign body, intranasal; requiring general anesthesia
30320			357.48			Removal foreign body, intranasal; by lateral rhinotomy
30400			804.66			Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip
30410			971.64			Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip
30420			1054.10			Rhinoplasty, primary; including major septal repair
30430			723.41			Rhinoplasty, secondary; minor revision (small amount of nasal tip work)
30435			949.78			Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)
30450			1225.52			Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)
30460			596.63			Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only
30462			1194.19			Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum, osteotomies
30465			745.02			Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)
30520			444.75			Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
30540			527.70			Repair choanal atresia; intranasal
30545			738.44			Repair choanal atresia; transpalatine
30560	204.41	106.74				Lysis intranasal synechia
30580	471.33	381.28				Repair fistula; oromaxillary (combine with 31030 if antrotomy is included)
30600	436.07	336.75				Repair fistula; oronasal
30620			470.85			Septal or other intranasal dermatoplasty (does not include obtaining graft)
30630			473.07			Repair nasal septal perforations
30801	172.63	99.79				Cautery and/or ablation, mucosa of inferior turbinates, unilateral or bilateral, any method; superficial
30802	219.24	141.44				Cautery and/or ablation, mucosa of inferior turbinates, unilateral or bilateral, any method; intramural
30901	79.84	46.40				Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method
30903	145.10	61.01				Control nasal hemorrhage, anterior, complex (extensive cautery and/or packing) any method
30905	182.13	79.49				Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; initial
30906	208.09	105.12				Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; subsequent
30915			435.74			Ligation arteries; ethmoidal
30920			622.02			Ligation arteries; internal maxillary artery, transantral
30930			92.27			Fracture nasal inferior turbinate(s), therapeutic
30999			I.C.			Unlisted procedure, nose
31000	134.91	79.95				Lavage by cannulation; maxillary sinus (antrum puncture or natural ostium)
31002			155.42			Lavage by cannulation; sphenoid sinus
31020	373.42	267.47				Sinusotomy, maxillary (antrotomy); intranasal
31030	541.82	396.15				Sinusotomy, maxillary (antrotomy); radical (Caldwell-Luc) without removal of antrochoanal polyps
31032			432.89			Sinusotomy, maxillary (antrotomy); radical (Caldwell-Luc) with removal of antrochoanal polyps
31040			573.04			Pterygomaxillary fossa surgery, any approach
31050			371.62			Sinusotomy, sphenoid, with or without biopsy;
31051			488.29			Sinusotomy, sphenoid, with or without biopsy; with mucosal stripping or removal of polyp(s)
31070			329.37			Sinusotomy frontal; external, simple (trephine operation)
31075			593.99			Sinusotomy frontal; transorbital, unilateral (for mucocele or osteoma, Lynch type)
31080			776.37			Sinusotomy frontal; obliterative without osteoplastic flap, brow incision (includes ablation)

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
31081			929.87			Sinusotomy frontal; obliterative, without osteoplastic flap, coronal incision (includes ablation)
31084			874.28			Sinusotomy frontal; obliterative, with osteoplastic flap, brow incision
31085			938.24			Sinusotomy frontal; obliterative, with osteoplastic flap, coronal incision
31086			849.93			Sinusotomy frontal; nonobliterative, with osteoplastic flap, brow incision
31087			833.18			Sinusotomy frontal; nonobliterative, with osteoplastic flap, coronal incision
31090			753.94			Sinusotomy, unilateral, three or more paranasal sinuses (frontal, maxillary, ethmoid, sphenoid)
31200			422.41			Ethmoidectomy; intranasal, anterior
31201			555.53			Ethmoidectomy; intranasal, total
31205			660.88			Ethmoidectomy; extranasal, total
31225			1363.77			Maxillectomy; without orbital exenteration
31230			1534.83			Maxillectomy; with orbital exenteration (en bloc)
31231	148.18	59.78				Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)
31233	206.84	108.18				Nasal/sinus endoscopy, diagnostic with maxillary sinusoscopy (via inferior meatus or canine fossa puncture)
31235	237.53	128.60				Nasal/sinus endoscopy, diagnostic with sphenoid sinusoscopy (via puncture of sphenoidal face or cannulation of ostium)
31237	256.38	143.49				Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)
31238	263.32	156.05				Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage
31239			509.65			Nasal/sinus endoscopy, surgical; with dacryocystorhinostomy
31240			127.67			Nasal/sinus endoscopy, surgical; with concha bullosa resection
31254			218.30			Nasal/sinus endoscopy, surgical; with ethmoidectomy, partial (anterior)
31255			322.23			Nasal/sinus endoscopy, surgical; with ethmoidectomy, total (anterior and posterior)
31256			158.51			Nasal/sinus endoscopy, surgical, with maxillary antrostomy;
31267			254.98			Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus
31276			405.88			Nasal/sinus endoscopy, surgical with frontal sinus exploration, with or without removal of tissue from frontal sinus
31287			186.04			Nasal/sinus endoscopy, surgical, with sphenoidotomy;

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
31288			215.57			Nasal/sinus endoscopy, surgical, with sphenoidotomy; with removal of tissue from the sphenoid sinus
31290			895.72			Nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak; ethmoid region
31291			943.69			Nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak; sphenoid region
31292			775.94			Nasal/sinus endoscopy, surgical; with medial or inferior orbital wall decompression
31293			844.44			Nasal/sinus endoscopy, surgical; with medial orbital wall and inferior orbital wall decompression
31294			970.13			Nasal/sinus endoscopy, surgical; with optic nerve decompression
31299			I.C.			Unlisted procedure, accessory sinuses
31300			953.28			Laryngotomy (thyrotomy, laryngofissure); with removal of tumor or laryngocele, cordectomy
31320			505.44			Laryngotomy (thyrotomy, laryngofissure); diagnostic
31360			1464.50			Laryngectomy; total, without radical neck dissection
31365			1834.40			Laryngectomy; total, with radical neck dissection
31367			1617.54			Laryngectomy; subtotal supraglottic, without radical neck dissection
31368			1821.95			Laryngectomy; subtotal supraglottic, with radical neck dissection
31370			1533.27			Partial laryngectomy (hemilaryngectomy); horizontal
31375			1441.15			Partial laryngectomy (hemilaryngectomy); laterovertical
31380			1426.60			Partial laryngectomy (hemilaryngectomy); anterovertical
31382			1558.03			Partial laryngectomy (hemilaryngectomy); antero-latero-vertical
31390			2059.13			Pharyngolaryngectomy, with radical neck dissection; without reconstruction
31395			2207.44			Pharyngolaryngectomy, with radical neck dissection; with reconstruction
31400			773.29			Arytenoidectomy or arytenoidopexy, external approach
31420			634.07			Epiglottidectomy
31500			84.58			Intubation, endotracheal, emergency procedure
31502			27.49			Tracheotomy tube change prior to establishment of fistula tract
31505	65.78	37.96				Laryngoscopy, indirect; diagnostic (separate procedure)
31510	164.96	94.44				Laryngoscopy, indirect; with biopsy
31511	164.69	98.80				Laryngoscopy, indirect; with removal of foreign body
31512	163.95	101.70				Laryngoscopy, indirect; with removal of lesion

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
31513			104.31			Laryngoscopy, indirect; with vocal cord injection
31515	164.82	85.36				Laryngoscopy direct, with or without tracheoscopy; for aspiration
31520			121.44			Laryngoscopy direct, with or without tracheoscopy; diagnostic, newborn
31525	195.45	125.59				Laryngoscopy direct, with or without tracheoscopy; diagnostic, except newborn
31526			125.24			Laryngoscopy direct, with or without tracheoscopy; diagnostic, with operating microscope or telescope
31527			151.15			Laryngoscopy direct, with or without tracheoscopy; with insertion of obturator
31528			112.28			Laryngoscopy direct, with or without tracheoscopy; with dilation, initial
31529			128.53			Laryngoscopy direct, with or without tracheoscopy; with dilation, subsequent
31530			156.85			Laryngoscopy, direct, operative, with foreign body removal;
31531			170.05			Laryngoscopy, direct, operative, with foreign body removal; with operating microscope or telescope
31535			150.73			Laryngoscopy, direct, operative, with biopsy;
31536			168.55			Laryngoscopy, direct, operative, with biopsy; with operating microscope or telescope
31540			193.27			Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis;
31541			211.58			Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis; with operating microscope or telescope
31545			282.78			Laryngoscopy, direct, operative, with operating microscope or telescope, with submucosal removal of non-neoplastic lesion(s) of vocal cord; reconstruction with local tissue flap(s)
31546			427.38			Laryngoscopy, direct, operative, with operating microscope or telescope, with submucosal removal of non-neoplastic lesion(s) of vocal cord; reconstruction with graft(s) (includes obtaining autograft)
31560			249.09			Laryngoscopy, direct, operative, with arytenoidectomy;
31561			272.07			Laryngoscopy, direct, operative, with arytenoidectomy; with operating microscope or telescope
31570	278.94	181.27				Laryngoscopy, direct, with injection into vocal cord(s), therapeutic;
31571			199.59			Laryngoscopy, direct, with injection into vocal cord(s), therapeutic; with operating microscope or telescope
31575	92.23	60.12				Laryngoscopy, flexible fiberoptic; diagnostic
31576	176.85	96.73				Laryngoscopy, flexible fiberoptic; with biopsy

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
31577	191.65	118.15				Laryngoscopy, flexible fiberoptic; with removal of foreign body
31578	221.27	131.55				Laryngoscopy, flexible fiberoptic; with removal of lesion
31579	176.86	110.32				Laryngoscopy, flexible or rigid fiberoptic, with stroboscopy
31580			917.72			Laryngoplasty; for laryngeal web, two stage, with keel insertion and removal
31582			1477.01			Laryngoplasty; for laryngeal stenosis, with graft or core mold, including tracheotomy
31584			1158.50			Laryngoplasty; with open reduction of fracture
31587			739.50			Laryngoplasty, cricoid split
31588			863.55			Laryngoplasty, not otherwise specified (eg, for burns, reconstruction after partial laryngectomy)
31590			700.14			Laryngeal reinnervation by neuromuscular pedicle
31595			593.22			Section recurrent laryngeal nerve, therapeutic (separate procedure), unilateral
31599			I.C.			Unlisted procedure, larynx
31600			308.02			Tracheostomy, planned (separate procedure);
31601			201.05			Tracheostomy, planned (separate procedure); younger than two years
31603			173.01			Tracheostomy, emergency procedure; transtracheal
31605			141.34			Tracheostomy, emergency procedure; cricothyroid membrane
31610			541.13			Tracheostomy, fenestration procedure with skin flaps
31611			409.19			Construction of tracheoesophageal fistula and subsequent insertion of an alaryngeal speech prosthesis (eg, voice button, Blom-Singer prosthesis)
31612	63.21	37.05				Tracheal puncture, percutaneous with transtracheal aspiration and/or injection
31613			339.22			Tracheostoma revision; simple, without flap rotation
31614			551.81			Tracheostoma revision; complex, with flap rotation
31615	144.21	98.85				Tracheobronchoscopy through established tracheostomy incision
31620	234.46	56.01				Endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) (List separately in addition to code for primary procedure(s))
31622	261.90	113.91				Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; diagnostic, with or without cell washing (separate procedure)
31623	288.45	115.29				Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with brushing or protected brushings

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
31624	267.26	115.29				Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with bronchial alveolar lavage
31625	284.71	134.40				Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with bronchial or endobronchial biopsy(s), single or multiple sites
31628	341.35	149.66				Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with transbronchial lung biopsy(s), single lobe
31629	552.63	159.97				Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i)
31630			162.55			Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with tracheal/bronchial dilation or closed reduction of fracture
31631			181.64			Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required)
31632	60.09	41.55				Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with transbronchial lung biopsy(s), each additional lobe (List separately in addition to code for primary procedure)
31633	71.73	51.87				Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with transbronchial needle aspiration biopsy(s), each additional lobe (List separately in addition to code for primary procedure)
31635	294.98	149.97				Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with removal of foreign body
31636			178.00			Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with placement of bronchial stent(s) (includes tracheal/bronchial dilation as required), initial bronchus
31637			62.78			Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; each additional major bronchus stented (List separately in addition to code for primary procedure)
31638			199.20			Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with revision of tracheal or bronchial stent inserted at previous session (includes tracheal/bronchial dilation as required)
31640			207.08			Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with excision of tumor

114.3 CMR 16.00: SURGERY AND ANESTHESIA SERVICES

CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
31641			203.59			Bronchoscopy (rigid or flexible); with destruction of tumor or relief of stenosis by any method other than excision (eg, laser therapy, cryotherapy)
31643			139.12			Bronchoscopy (rigid or flexible); with placement of catheter(s) for intracavitary radioelement application
31645	254.86	126.07				Bronchoscopy (rigid or flexible); with therapeutic aspiration of tracheobronchial tree, initial (eg, drainage of lung abscess)
31646	232.55	109.39				Bronchoscopy (rigid or flexible); with therapeutic aspiration of tracheobronchial tree, subsequent
31656	278.66	88.95				Bronchoscopy (rigid or flexible); with injection of contrast material for segmental bronchography (fiberscope only)
31715			42.42			Transtracheal injection for bronchography
31717	295.59	87.01				Catheterization with bronchial brush biopsy
31720			41.02			Catheter aspiration (separate procedure); nasotracheal
31725			73.94			Catheter aspiration (separate procedure); tracheobronchial with fiberscope, bedside
31730	546.58	112.86				Transtracheal (percutaneous) introduction of needle wire dilator/stent or indwelling tube for oxygen therapy
31750			1026.25			Tracheoplasty; cervical
31755			1311.03			Tracheoplasty; tracheopharyngeal fistulization, each stage
31760			1054.72			Tracheoplasty; intrathoracic
31766			1398.53			Carinal reconstruction
31770			1027.23			Bronchoplasty; graft repair
31775			1101.89			Bronchoplasty; excision stenosis and anastomosis
31780			914.05			Excision tracheal stenosis and anastomosis; cervical
31781			1100.56			Excision tracheal stenosis and anastomosis; cervicothoracic
31785			840.30			Excision of tracheal tumor or carcinoma; cervical
31786			1154.25			Excision of tracheal tumor or carcinoma; thoracic
31800			540.03			Suture of tracheal wound or injury; cervical
31805			634.12			Suture of tracheal wound or injury; intrathoracic
31820	326.70	250.55				Surgical closure tracheostomy or fistula; without plastic repair
31825	456.50	369.43				Surgical closure tracheostomy or fistula; with plastic repair
31830	329.85	260.98				Revision of tracheostomy scar
31899			I.C.			Unlisted procedure, trachea, bronchi
32035			537.32			Thoracostomy; with rib resection for empyema
32036			582.40			Thoracostomy; with open flap drainage for empyema
32095			480.47			Thoracotomy, limited, for biopsy of lung or pleura
32100			742.58			Thoracotomy, major; with exploration and biopsy

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
32110			1112.46			Thoracotomy, major; with control of traumatic hemorrhage and/or repair of lung tear
32120			662.74			Thoracotomy, major; for postoperative complications
32124			703.42			Thoracotomy, major; with open intrapleural pneumonolysis
32140			753.59			Thoracotomy, major; with cyst(s) removal, with or without a pleural procedure
32141			1093.24			Thoracotomy, major; with excision-plication of bullae, with or without any pleural procedure
32150			759.58			Thoracotomy, major; with removal of intrapleural foreign body or fibrin deposit
32151			776.82			Thoracotomy, major; with removal of intrapulmonary foreign body
32160			575.62			Thoracotomy, major; with cardiac massage
32200			849.47			Pneumonostomy; with open drainage of abscess or cyst
32201	788.28	161.55				Pneumonostomy; with percutaneous drainage of abscess or cyst
32215			614.70			Pleural scarification for repeat pneumothorax
32220			1225.66			Decortication, pulmonary (separate procedure); total
32225			758.91			Decortication, pulmonary (separate procedure); partial
32310			703.14			Pleurectomy, parietal (separate procedure)
32320			1221.32			Decortication and parietal pleurectomy
32400	122.12	69.81				Biopsy, pleura; percutaneous needle
32402			433.34			Biopsy, pleura; open
32405	78.75	78.08				Biopsy, lung or mediastinum, percutaneous needle
32420			86.60			Pneumocentesis, puncture of lung for aspiration
32421	135.09	60.26				Thoracentesis, puncture of pleural cavity for aspiration, initial or subsequent
32422	164.68	98.47				Thoracentesis with insertion of tube, includes water seal (eg, for pneumothorax), when performed (separate procedure)
32440			1231.91			Removal of lung, total pneumonectomy;
32442			2210.62			Removal of lung, total pneumonectomy; with resection of segment of trachea followed by broncho-tracheal anastomosis (sleeve pneumonectomy)
32445			2465.25			Removal of lung, total pneumonectomy; extrapleural
32480			1161.25			Removal of lung, other than total pneumonectomy; single lobe (lobectomy)
32482			1237.86			Removal of lung, other than total pneumonectomy; two lobes (bilobectomy)
32484			1118.41			Removal of lung, other than total pneumonectomy; single segment (segmentectomy)

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
32486			1731.73			Removal of lung, other than total pneumonectomy; with circumferential resection of segment of bronchus followed by broncho-bronchial anastomosis (sleeve lobectomy)
32488			1763.29			Removal of lung, other than total pneumonectomy; all remaining lung following previous removal of a portion of lung (completion pneumonectomy)
32491			1146.24			Removal of lung, other than total pneumonectomy; excision-plication of emphysematous lung(s) (bullous or non-bullous) for lung volume reduction, sternal split or transthoracic approach, with or without any pleural procedure
32500			1128.06			Removal of lung, other than total pneumonectomy; wedge resection, single or multiple
32501			192.26			Resection and repair of portion of bronchus (bronchoplasty) when performed at time of lobectomy or segmentectomy (List separately in addition to code for primary procedure)
32503			1425.94			Resection of apical lung tumor (eg, Pancoast tumor), including chest wall resection, rib(s) resection(s), neurovascular dissection, when performed; without chest wall reconstruction(s)
32504			1624.82			Resection of apical lung tumor (eg, Pancoast tumor), including chest wall resection, rib(s) resection(s), neurovascular dissection, when performed; with chest wall reconstruction
32540			1237.78			Extrapleural enucleation of empyema (empyemectomy)
32550	703.81	177.72				Insertion of indwelling tunneled pleural catheter with cuff
32551			139.47			Tube thoracostomy, includes water seal (eg, for abscess, hemothorax, empyema), when performed (separate procedure)
32560	256.77	87.25				Chemical pleurodesis (eg, for recurrent or persistent pneumothorax)
32601			242.46			Thoracoscopy, diagnostic (separate procedure); lungs and pleural space, without biopsy
32602			263.22			Thoracoscopy, diagnostic (separate procedure); lungs and pleural space, with biopsy
32603			337.87			Thoracoscopy, diagnostic (separate procedure); pericardial sac, without biopsy
32604			379.23			Thoracoscopy, diagnostic (separate procedure); pericardial sac, with biopsy
32605			305.34			Thoracoscopy, diagnostic (separate procedure); mediastinal space, without biopsy
32606			364.66			Thoracoscopy, diagnostic (separate procedure); mediastinal space, with biopsy

114.3 CMR 16.00: SURGERY AND ANESTHESIA SERVICES

CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
32650			533.18			Thoracoscopy, surgical; with pleurodesis (eg, mechanical or chemical)
32651			809.42			Thoracoscopy, surgical; with partial pulmonary decortication
32652			1220.33			Thoracoscopy, surgical; with total pulmonary decortication, including intrapleural pneumonolysis
32653			784.55			Thoracoscopy, surgical; with removal of intrapleural foreign body or fibrin deposit
32654			862.10			Thoracoscopy, surgical; with control of traumatic hemorrhage
32655			723.64			Thoracoscopy, surgical; with excision-plication of bullae, including any pleural procedure
32656			638.77			Thoracoscopy, surgical; with parietal pleurectomy
32657			627.74			Thoracoscopy, surgical; with wedge resection of lung, single or multiple
32658			574.56			Thoracoscopy, surgical; with removal of clot or foreign body from pericardial sac
32659			585.32			Thoracoscopy, surgical; with creation of pericardial window or partial resection of pericardial sac for drainage
32660			821.38			Thoracoscopy, surgical; with total pericardiectomy
32661			640.94			Thoracoscopy, surgical; with excision of pericardial cyst, tumor, or mass
32662			719.23			Thoracoscopy, surgical; with excision of mediastinal cyst, tumor, or mass
32663			1077.86			Thoracoscopy, surgical; with lobectomy, total or segmental
32664			666.11			Thoracoscopy, surgical; with thoracic sympathectomy
32665			921.54			Thoracoscopy, surgical; with esophagomyotomy (Heller type)
32800			715.26			Repair lung hernia through chest wall
32810			695.62			Closure of chest wall following open flap drainage for empyema (Clagett type procedure)
32815			1949.83			Open closure of major bronchial fistula
32820			1054.03			Major reconstruction, chest wall (posttraumatic)
32850			I.C.			Donor pneumonectomy(s) (including cold preservation), from cadaver donor
32851			2055.12			Lung transplant, single; without cardiopulmonary bypass
32852			2298.57			Lung transplant, single; with cardiopulmonary bypass
32853			2453.97			Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary bypass
32854			2661.08			Lung transplant, double (bilateral sequential or en bloc); with cardiopulmonary bypass

114.3 CMR 16.00: SURGERY AND ANESTHESIA SERVICES

CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
32855			I.C.			Backbench standard preparation of cadaver donor lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare pulmonary venous/atrial cuff, pulmonary artery, and bronchus; unilateral
32856			I.C.			Backbench standard preparation of cadaver donor lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare pulmonary venous/atrial cuff, pulmonary artery, and bronchus; bilateral
32900			1046.50			Resection of ribs, extrapleural, all stages
32905			1040.35			Thoracoplasty, Schede type or extrapleural (all stages);
32906			1282.32			Thoracoplasty, Schede type or extrapleural (all stages); with closure of bronchopleural fistula
32940			951.98			Pneumonolysis, extraperiosteal, including filling or packing procedures
32960	110.41	75.32				Pneumothorax, therapeutic, intrapleural injection of air
32997			278.09			Total lung lavage (unilateral)
32998	2492.43	232.15				Ablation therapy for reduction or eradication of one or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, radiofrequency, unilateral
32999			I.C.			Unlisted procedure, lungs and pleura
33010			95.66			Pericardiocentesis; initial
33011			97.86			Pericardiocentesis; subsequent
33015			416.73			Tube pericardiostomy
33020			671.55			Pericardiotomy for removal of clot or foreign body (primary procedure)
33025			621.82			Creation of pericardial window or partial resection for drainage
33030			991.47			Pericardiectomy, subtotal or complete; without cardiopulmonary bypass
33031			1098.38			Pericardiectomy, subtotal or complete; with cardiopulmonary bypass
33050			768.43			Excision of pericardial cyst or tumor
33120			1209.11			Excision of intracardiac tumor, resection with cardiopulmonary bypass
33130			1058.71			Resection of external cardiac tumor
33140			1201.14			Transmyocardial laser revascularization, by thoracotomy; (separate procedure)
33141			124.78			Transmyocardial laser revascularization, by thoracotomy; performed at the time of other open cardiac procedure(s) (List separately in addition to code for primary procedure)

114.3 CMR 16.00: SURGERY AND ANESTHESIA SERVICES

CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
33202			605.05			Insertion of epicardial electrode(s); open incision (eg, thoracotomy, median sternotomy, subxiphoid approach)
33203			621.33			Insertion of epicardial electrode(s); endoscopic approach (eg, thoracoscopy, pericardioscopy)
33206			373.79			Insertion or replacement of permanent pacemaker with transvenous electrode(s); atrial
33207			399.52			Insertion or replacement of permanent pacemaker with transvenous electrode(s); ventricular
33208			427.91			Insertion or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular
33210			144.31			Insertion or replacement of temporary transvenous single chamber cardiac electrode or pacemaker catheter (separate procedure)
33211			147.14			Insertion or replacement of temporary transvenous dual chamber pacing electrodes (separate procedure)
33212			279.90			Insertion or replacement of pacemaker pulse generator only; single chamber, atrial or ventricular
33213			318.62			Insertion or replacement of pacemaker pulse generator only; dual chamber
33214			399.45			Upgrade of implanted pacemaker system, conversion of single chamber system to dual chamber system (includes removal of previously placed pulse generator, testing of existing lead, insertion of new lead, insertion of new pulse generator)
33215			254.68			Repositioning of previously implanted transvenous pacemaker or pacing cardioverter-defibrillator (right atrial or right ventricular) electrode
33216			314.58			Insertion of a transvenous electrode; single chamber (one electrode) permanent pacemaker or single chamber pacing cardioverter-defibrillator
33217			313.06			Insertion of a transvenous electrode; dual chamber (two electrodes) permanent pacemaker or dual chamber pacing cardioverter-defibrillator
33218			325.55			Repair of single transvenous electrode for a single chamber, permanent pacemaker or single chamber pacing cardioverter-defibrillator
33220			326.79			Repair of two transvenous electrodes for a dual chamber permanent pacemaker or dual chamber pacing cardioverter-defibrillator
33222			291.22			Revision or relocation of skin pocket for pacemaker
33223			347.74			Revision of skin pocket for single or dual chamber pacing cardioverter-defibrillator

114.3 CMR 16.00: SURGERY AND ANESTHESIA SERVICES

CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
33224			411.25			Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, with attachment to previously placed pacemaker or pacing cardioverter-defibrillator pulse generator (including revision of pocket, removal, insertion, and/or replacement of generator)
33225			367.98			Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of pacing cardioverter-defibrillator or pacemaker pulse generator (including upgrade to dual chamber system) (List separately in addition to code for primary procedure)
33226			396.65			Repositioning of previously implanted cardiac venous system (left ventricular) electrode (including removal, insertion and/or replacement of generator)
33233			205.93			Removal of permanent pacemaker pulse generator
33234			403.29			Removal of transvenous pacemaker electrode(s); single lead system, atrial or ventricular
33235			525.59			Removal of transvenous pacemaker electrode(s); dual lead system
33236			617.87			Removal of permanent epicardial pacemaker and electrodes by thoracotomy; single lead system, atrial or ventricular
33237			679.48			Removal of permanent epicardial pacemaker and electrodes by thoracotomy; dual lead system
33238			739.25			Removal of permanent transvenous electrode(s) by thoracotomy
33240			384.10			Insertion of single or dual chamber pacing cardioverter-defibrillator pulse generator
33241			193.52			Subcutaneous removal of single or dual chamber pacing cardioverter-defibrillator pulse generator
33243			1069.59			Removal of single or dual chamber pacing cardioverter-defibrillator electrode(s); by thoracotomy
33244			711.16			Removal of single or dual chamber pacing cardioverter-defibrillator electrode(s); by transvenous extraction
33249			742.35			Insertion or repositioning of electrode lead(s) for single or dual chamber pacing cardioverter-defibrillator and insertion of pulse generator
33250			1150.92			Operative ablation of supraventricular arrhythmogenic focus or pathway (eg, Wolff-Parkinson-White, atrioventricular node re-entry), tract(s) and/or focus (foci); without cardiopulmonary bypass

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
33251			1255.94			Operative ablation of supraventricular arrhythmogenic focus or pathway (eg, Wolff-Parkinson-White, atrioventricular node re-entry), tract(s) and/or focus (foci); with cardiopulmonary bypass
33254			1053.55			Operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure)
33255			1267.96			Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); without cardiopulmonary bypass
33256			1511.15			Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); with cardiopulmonary bypass
33257			469.00			Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), limited (eg, modified maze procedure) (List separately in addition to code for primary procedure)
33258			528.75			Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), without cardiopulmonary bypass (List separately in addition to code for primary procedure)
33259			691.13			Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), with cardiopulmonary bypass (List separately in addition to code for primary procedure)
33261			1266.51			Operative ablation of ventricular arrhythmogenic focus with cardiopulmonary bypass
33265			1053.55			Endoscopy, surgical; operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure), without cardiopulmonary bypass
33266			1437.80			Endoscopy, surgical; operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure), without cardiopulmonary bypass
33282			272.86			Implantation of patient-activated cardiac event recorder
33284			202.08			Removal of an implantable, patient-activated cardiac event recorder
33300			1712.34			Repair of cardiac wound; without bypass
33305			2804.21			Repair of cardiac wound; with cardiopulmonary bypass
33310			916.96			Cardiotomy, exploratory (includes removal of foreign body, atrial or ventricular thrombus); without bypass

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
33315			1149.13			Cardiotomy, exploratory (includes removal of foreign body, atrial or ventricular thrombus); with cardiopulmonary bypass
33320			828.42			Suture repair of aorta or great vessels; without shunt or cardiopulmonary bypass
33321			941.15			Suture repair of aorta or great vessels; with shunt bypass
33322			1069.42			Suture repair of aorta or great vessels; with cardiopulmonary bypass
33330			1090.53			Insertion of graft, aorta or great vessels; without shunt, or cardiopulmonary bypass
33332			1078.53			Insertion of graft, aorta or great vessels; with shunt bypass
33335			1462.79			Insertion of graft, aorta or great vessels; with cardiopulmonary bypass
33400			1743.88			Valvuloplasty, aortic valve; open, with cardiopulmonary bypass
33401			1151.63			Valvuloplasty, aortic valve; open, with inflow occlusion
33403			1229.21			Valvuloplasty, aortic valve; using transventricular dilation, with cardiopulmonary bypass
33404			1404.89			Construction of apical-aortic conduit
33405			1817.36			Replacement, aortic valve, with cardiopulmonary bypass; with prosthetic valve other than homograft or stentless valve
33406			2204.89			Replacement, aortic valve, with cardiopulmonary bypass; with allograft valve (freehand)
33410			1940.73			Replacement, aortic valve, with cardiopulmonary bypass; with stentless tissue valve
33411			2506.36			Replacement, aortic valve; with aortic annulus enlargement, noncoronary cusp
33412			1965.43			Replacement, aortic valve; with transventricular aortic annulus enlargement (Konno procedure)
33413			2542.32			Replacement, aortic valve; by translocation of autologous pulmonary valve with allograft replacement of pulmonary valve (Ross procedure)
33414			1665.24			Repair of left ventricular outflow tract obstruction by patch enlargement of the outflow tract
33415			1543.76			Resection or incision of subvalvular tissue for discrete subvalvular aortic stenosis
33416			1557.93			Ventriculomyotomy (-myectomy) for idiopathic hypertrophic subaortic stenosis (eg, asymmetric septal hypertrophy)
33417			1321.36			Aortoplasty (gusset) for supravalvular stenosis
33420			1071.09			Valvotomy, mitral valve; closed heart
33422			1325.24			Valvotomy, mitral valve; open heart, with cardiopulmonary bypass

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
33425			1986.11			Valvuloplasty, mitral valve, with cardiopulmonary bypass;
33426			1857.02			Valvuloplasty, mitral valve, with cardiopulmonary bypass; with prosthetic ring
33427			1959.13			Valvuloplasty, mitral valve, with cardiopulmonary bypass; radical reconstruction, with or without ring
33430			2119.65			Replacement, mitral valve, with cardiopulmonary bypass
33460			1750.24			Valvectomy, tricuspid valve, with cardiopulmonary bypass
33463			2213.33			Valvuloplasty, tricuspid valve; without ring insertion
33464			1817.26			Valvuloplasty, tricuspid valve; with ring insertion
33465			2013.20			Replacement, tricuspid valve, with cardiopulmonary bypass
33468			1481.86			Tricuspid valve repositioning and plication for Ebstein anomaly
33470			925.43			Valvotomy, pulmonary valve, closed heart; transventricular
33471			1063.60			Valvotomy, pulmonary valve, closed heart; via pulmonary artery
33472			1057.41			Valvotomy, pulmonary valve, open heart; with inflow occlusion
33474			1559.88			Valvotomy, pulmonary valve, open heart; with cardiopulmonary bypass
33475			1789.59			Replacement, pulmonary valve
33476			1158.93			Right ventricular resection for infundibular stenosis, with or without commissurotomy
33478			1246.37			Outflow tract augmentation (gusset), with or without commissurotomy or infundibular resection
33496			1312.91			Repair of non-structural prosthetic valve dysfunction with cardiopulmonary bypass (separate procedure)
33500			1232.06			Repair of coronary arteriovenous or arteriocardiac chamber fistula; with cardiopulmonary bypass
33501			852.84			Repair of coronary arteriovenous or arteriocardiac chamber fistula; without cardiopulmonary bypass
33502			1007.85			Repair of anomalous coronary artery from pulmonary artery origin; by ligation
33503			1025.56			Repair of anomalous coronary artery from pulmonary artery origin; by graft, without cardiopulmonary bypass
33504			1149.12			Repair of anomalous coronary artery from pulmonary artery origin; by graft, with cardiopulmonary bypass
33505			1581.95			Repair of anomalous coronary artery from pulmonary artery origin; with construction of intrapulmonary artery tunnel (Takeuchi procedure)

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
33506			1606.71			Repair of anomalous coronary artery from pulmonary artery origin; by translocation from pulmonary artery to aorta
33507			1371.75			Repair of anomalous (eg, intramural) aortic origin of coronary artery by unroofing or translocation
33508			12.82			Endoscopy, surgical, including video-assisted harvest of vein(s) for coronary artery bypass procedure (List separately in addition to code for primary procedure)
33510			1552.34			Coronary artery bypass, vein only; single coronary venous graft
33511			1685.19			Coronary artery bypass, vein only; two coronary venous grafts
33512			1880.31			Coronary artery bypass, vein only; three coronary venous grafts
33513			1933.88			Coronary artery bypass, vein only; four coronary venous grafts
33514			2027.69			Coronary artery bypass, vein only; five coronary venous grafts
33516			2104.82			Coronary artery bypass, vein only; six or more coronary venous grafts
33517			140.92			Coronary artery bypass, using venous graft(s) and arterial graft(s); single vein graft (List separately in addition to code for primary procedure)
33518			302.24			Coronary artery bypass, using venous graft(s) and arterial graft(s); two venous grafts (List separately in addition to code for primary procedure)
33519			405.51			Coronary artery bypass, using venous graft(s) and arterial graft(s); three venous grafts (List separately in addition to code for primary procedure)
33521			494.05			Coronary artery bypass, using venous graft(s) and arterial graft(s); four venous grafts (List separately in addition to code for primary procedure)
33522			565.99			Coronary artery bypass, using venous graft(s) and arterial graft(s); five venous grafts (List separately in addition to code for primary procedure)
33523			648.84			Coronary artery bypass, using venous graft(s) and arterial graft(s); six or more venous grafts (List separately in addition to code for primary procedure)
33530			382.09			Reoperation, coronary artery bypass procedure or valve procedure, more than one month after original operation (List separately in addition to code for primary procedure)
33533			1517.59			Coronary artery bypass, using arterial graft(s); single arterial graft
33534			1748.64			Coronary artery bypass, using arterial graft(s); two coronary arterial grafts

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
33535			1924.10			Coronary artery bypass, using arterial graft(s); three coronary arterial grafts
33536			2055.49			Coronary artery bypass, using arterial graft(s); four or more coronary arterial grafts
33542			1931.01			Myocardial resection (eg, ventricular aneurysmectomy)
33545			2293.52			Repair of postinfarction ventricular septal defect, with or without myocardial resection
33548			2264.83			Surgical ventricular restoration procedure, includes prosthetic patch, when performed (eg, ventricular remodeling, SVR, SAVER, Dor procedures)
33572			183.57			Coronary endarterectomy, open, any method, of left anterior descending, circumflex, or right coronary artery performed in conjunction with coronary artery bypass graft procedure, each vessel (List separately in addition to primary procedure)
33600			1344.99			Closure of atrioventricular valve (mitral or tricuspid) by suture or patch
33602			1287.49			Closure of semilunar valve (aortic or pulmonary) by suture or patch
33606			1394.06			Anastomosis of pulmonary artery to aorta (Damus-Kaye-Stansel procedure)
33608			1433.76			Repair of complex cardiac anomaly other than pulmonary atresia with ventricular septal defect by construction or replacement of conduit from right or left ventricle to pulmonary artery
33610			1419.48			Repair of complex cardiac anomalies (eg, single ventricle with subaortic obstruction) by surgical enlargement of ventricular septal defect
33611			1523.43			Repair of double outlet right ventricle with intraventricular tunnel repair;
33612			1620.31			Repair of double outlet right ventricle with intraventricular tunnel repair; with repair of right ventricular outflow tract obstruction
33615			1537.18			Repair of complex cardiac anomalies (eg, tricuspid atresia) by closure of atrial septal defect and anastomosis of atria or vena cava to pulmonary artery (simple Fontan procedure)
33617			1704.92			Repair of complex cardiac anomalies (eg, single ventricle) by modified Fontan procedure
33619			2137.51			Repair of single ventricle with aortic outflow obstruction and aortic arch hypoplasia (hypoplastic left heart syndrome) (eg, Norwood procedure)
33641			1231.78			Repair atrial septal defect, secundum, with cardiopulmonary bypass, with or without patch
33645			1234.15			Direct or patch closure, sinus venosus, with or without anomalous pulmonary venous drainage

114.3 CMR 16.00: SURGERY AND ANESTHESIA SERVICES

CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
33647			1329.73			Repair of atrial septal defect and ventricular septal defect, with direct or patch closure
33660			1401.75			Repair of incomplete or partial atrioventricular canal (ostium primum atrial septal defect), with or without atrioventricular valve repair
33665			1487.11			Repair of intermediate or transitional atrioventricular canal, with or without atrioventricular valve repair
33670			1597.94			Repair of complete atrioventricular canal, with or without prosthetic valve
33675			1629.26			Closure of multiple ventricular septal defects;
33676			1677.62			Closure of multiple ventricular septal defects; with pulmonary valvotomy or infundibular resection (acyanotic)
33677			1743.51			Closure of multiple ventricular septal defects; with removal of pulmonary artery band, with or without gusset
33681			1449.75			Closure of single ventricular septal defect, with or without patch;
33684			1475.52			Closure of single ventricular septal defect, with or without patch; with pulmonary valvotomy or infundibular resection (acyanotic)
33688			1435.10			Closure of single ventricular septal defect, with or without patch; with removal of pulmonary artery band, with or without gusset
33690			917.33			Banding of pulmonary artery
33692			1529.10			Complete repair tetralogy of Fallot without pulmonary atresia;
33694			1505.89			Complete repair tetralogy of Fallot without pulmonary atresia; with transannular patch
33697			1660.98			Complete repair tetralogy of Fallot with pulmonary atresia including construction of conduit from right ventricle to pulmonary artery and closure of ventricular septal defect
33702			1218.10			Repair sinus of Valsalva fistula, with cardiopulmonary bypass;
33710			1358.11			Repair sinus of Valsalva fistula, with cardiopulmonary bypass; with repair of ventricular septal defect
33720			1220.10			Repair sinus of Valsalva aneurysm, with cardiopulmonary bypass
33722			1244.00			Closure of aortico-left ventricular tunnel
33724			1198.51			Repair of isolated partial anomalous pulmonary venous return (eg, Scimitar Syndrome)
33726			1579.87			Repair of pulmonary venous stenosis
33730			1560.06			Complete repair of anomalous pulmonary venous return (supracardiac, intracardiac, or infracardiac types)

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
33732			1314.27			Repair of cor triatriatum or supravalvular mitral ring by resection of left atrial membrane
33735			987.48			Atrial septectomy or septostomy; closed heart (Blalock-Hanlon type operation)
33736			1136.67			Atrial septectomy or septostomy; open heart with cardiopulmonary bypass
33737			1025.40			Atrial septectomy or septostomy; open heart, with inflow occlusion
33750			965.76			Shunt; subclavian to pulmonary artery (Blalock-Taussig type operation)
33755			971.13			Shunt; ascending aorta to pulmonary artery (Waterston type operation)
33762			1005.97			Shunt; descending aorta to pulmonary artery (Potts-Smith type operation)
33764			1008.47			Shunt; central, with prosthetic graft
33766			1066.58			Shunt; superior vena cava to pulmonary artery for flow to one lung (classical Glenn procedure)
33767			1118.77			Shunt; superior vena cava to pulmonary artery for flow to both lungs (bidirectional Glenn procedure)
33768			323.34			Anastomosis, cavopulmonary, second superior vena cava (List separately in addition to primary procedure)
33770			1652.70			Repair of transposition of the great arteries with ventricular septal defect and subpulmonary stenosis; without surgical enlargement of ventricular septal defect
33771			1676.41			Repair of transposition of the great arteries with ventricular septal defect and subpulmonary stenosis; with surgical enlargement of ventricular septal defect
33774			1428.58			Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass;
33775			1438.99			Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; with removal of pulmonary band
33776			1504.48			Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; with closure of ventricular septal defect
33777			1488.60			Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; with repair of subpulmonic obstruction
33778			1849.80			Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type);

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
33779			1727.96			Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with removal of pulmonary band
33780			1836.65			Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with closure of ventricular septal defect
33781			1737.76			Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with repair of subpulmonic obstruction
33786			1797.83			Total repair, truncus arteriosus (Rastelli type operation)
33788			1181.79			Reimplantation of an anomalous pulmonary artery
33800			781.05			Aortic suspension (aortopexy) for tracheal decompression (eg, for tracheomalacia) (separate procedure)
33802			842.25			Division of aberrant vessel (vascular ring);
33803			899.48			Division of aberrant vessel (vascular ring); with reanastomosis
33813			986.55			Obliteration of aortopulmonary septal defect; without cardiopulmonary bypass
33814			1201.55			Obliteration of aortopulmonary septal defect; with cardiopulmonary bypass
33820			767.68			Repair of patent ductus arteriosus; by ligation
33822			796.28			Repair of patent ductus arteriosus; by division, younger than 18 years
33824			928.33			Repair of patent ductus arteriosus; by division, 18 years and older
33840			963.51			Excision of coarctation of aorta, with or without associated patent ductus arteriosus; with direct anastomosis
33845			1048.02			Excision of coarctation of aorta, with or without associated patent ductus arteriosus; with graft
33851			1001.95			Excision of coarctation of aorta, with or without associated patent ductus arteriosus; repair using either left subclavian artery or prosthetic material as gusset for enlargement
33852			1156.80			Repair of hypoplastic or interrupted aortic arch using autogenous or prosthetic material; without cardiopulmonary bypass
33853			1447.42			Repair of hypoplastic or interrupted aortic arch using autogenous or prosthetic material; with cardiopulmonary bypass
33860			2386.88			Ascending aorta graft, with cardiopulmonary bypass, with or without valve suspension;
33861			1916.45			Ascending aorta graft, with cardiopulmonary bypass, with or without valve suspension; with coronary reconstruction

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
33863			2414.21			Ascending aorta graft, with cardiopulmonary bypass, with or without valve suspension; with aortic root replacement using composite prosthesis and coronary reconstruction
33864			2485.01			Ascending aorta graft, with cardiopulmonary bypass with valve suspension, with coronary reconstruction and valve-sparing aortic annulus remodeling (eg, David Procedure, Yacoub Procedure)
33870			1998.22			Transverse arch graft, with cardiopulmonary bypass
33875			1548.17			Descending thoracic aorta graft, with or without bypass
33877			2667.73			Repair of thoracoabdominal aortic aneurysm with graft, with or without cardiopulmonary bypass
33880			1425.36			Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin
33881			1231.10			Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); not involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin
33883			902.99			Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); initial extension
33884			324.48			Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); each additional proximal extension (List separately in addition to code for primary procedure)
33886			782.14			Placement of distal extension prosthesis(s) delayed after endovascular repair of descending thoracic aorta
33889			642.80			Open subclavian to carotid artery transposition performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision, unilateral

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
33891			828.41			Bypass graft, with other than vein, transcervical retropharyngeal carotid-carotid, performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision
33910			1282.45			Pulmonary artery embolectomy; with cardiopulmonary bypass
33915			1034.52			Pulmonary artery embolectomy; without cardiopulmonary bypass
33916			1235.87			Pulmonary endarterectomy, with or without embolectomy, with cardiopulmonary bypass
33917			1149.30			Repair of pulmonary artery stenosis by reconstruction with patch or graft
33920			1389.12			Repair of pulmonary atresia with ventricular septal defect, by construction or replacement of conduit from right or left ventricle to pulmonary artery
33922			1089.24			Transection of pulmonary artery with cardiopulmonary bypass
33924			227.79			Ligation and takedown of a systemic-to-pulmonary artery shunt, performed in conjunction with a congenital heart procedure (List separately in addition to code for primary procedure)
33925			1486.38			Repair of pulmonary artery arborization anomalies by unifocalization; without cardiopulmonary bypass
33926			1918.65			Repair of pulmonary artery arborization anomalies by unifocalization; with cardiopulmonary bypass
33930			I.C.			Donor cardiectomy-pneumonectomy (including cold preservation)
33933			I.C.			Backbench standard preparation of cadaver donor heart/lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare aorta, superior vena cava, inferior vena cava, and trachea for implantation
33935			2772.63			Heart-lung transplant with recipient cardiectomy-pneumonectomy
33940			I.C.			Donor cardiectomy (including cold preservation)
33944			I.C.			Backbench standard preparation of cadaver donor heart allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare aorta, superior vena cava, inferior vena cava, pulmonary artery, and left atrium for implantation
33945			3478.30			Heart transplant, with or without recipient cardiectomy
33960			765.05			Prolonged extracorporeal circulation for cardiopulmonary insufficiency; initial 24 hours

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
33961			432.67			Prolonged extracorporeal circulation for cardiopulmonary insufficiency; each additional 24 hours (List separately in addition to code for primary procedure)
33967			213.13			Insertion of intra-aortic balloon assist device, percutaneous
33968			27.31			Removal of intra-aortic balloon assist device, percutaneous
33970			285.52			Insertion of intra-aortic balloon assist device through the femoral artery, open approach
33971			558.25			Removal of intra-aortic balloon assist device including repair of femoral artery, with or without graft
33973			419.38			Insertion of intra-aortic balloon assist device through the ascending aorta
33974			712.66			Removal of intra-aortic balloon assist device from the ascending aorta, including repair of the ascending aorta, with or without graft
33975			859.47			Insertion of ventricular assist device; extracorporeal, single ventricle
33976			963.08			Insertion of ventricular assist device; extracorporeal, biventricular
33977			959.88			Removal of ventricular assist device; extracorporeal, single ventricle
33978			1066.53			Removal of ventricular assist device; extracorporeal, biventricular
33979			1898.79			Insertion of ventricular assist device, implantable intracorporeal, single ventricle
33980			2795.01			Removal of ventricular assist device, implantable intracorporeal, single ventricle
33999			I.C.			Unlisted procedure, cardiac surgery
34001			752.52			Embolectomy or thrombectomy, with or without catheter; carotid, subclavian or innominate artery, by neck incision
34051			771.39			Embolectomy or thrombectomy, with or without catheter; innominate, subclavian artery, by thoracic incision
34101			493.03			Embolectomy or thrombectomy, with or without catheter; axillary, brachial, innominate, subclavian artery, by arm incision
34111			492.48			Embolectomy or thrombectomy, with or without catheter; radial or ulnar artery, by arm incision
34151			1129.11			Embolectomy or thrombectomy, with or without catheter; renal, celiac, mesentery, aortoiliac artery, by abdominal incision
34201			770.05			Embolectomy or thrombectomy, with or without catheter; femoropopliteal, aortoiliac artery, by leg incision

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
34203			784.59			Embolectomy or thrombectomy, with or without catheter; popliteal-tibio-peroneal artery, by leg incision
34401			1133.80			Thrombectomy, direct or with catheter; vena cava, iliac vein, by abdominal incision
34421			594.60			Thrombectomy, direct or with catheter; vena cava, iliac, femoropopliteal vein, by leg incision
34451			1220.41			Thrombectomy, direct or with catheter; vena cava, iliac, femoropopliteal vein, by abdominal and leg incision
34471			829.67			Thrombectomy, direct or with catheter; subclavian vein, by neck incision
34490			494.46			Thrombectomy, direct or with catheter; axillary and subclavian vein, by arm incision
34501			764.69			Valvuloplasty, femoral vein
34502			1232.66			Reconstruction of vena cava, any method
34510			883.11			Venous valve transposition, any vein donor
34520			837.14			Cross-over vein graft to venous system
34530			787.95			Saphenopopliteal vein anastomosis
34800			923.62			Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using aorto-aortic tube prosthesis
34802			1009.46			Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using modular bifurcated prosthesis (one docking limb)
34803			1035.64			Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using modular bifurcated prosthesis (two docking limbs)
34804			1007.16			Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using unibody bifurcated prosthesis
34805			953.78			Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using aorto-uniiliac or aorto-unifemoral prosthesis
34806			80.82			Transcatheter placement of wireless physiologic sensor in aneurysmal sac during endovascular repair, including radiological supervision and interpretation, instrument calibration, and collection of pressure data (List separately in addition to code for primary procedure)
34808			167.73			Endovascular placement of iliac artery occlusion device (List separately in addition to code for primary procedure)
34812			278.02			Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
34813			193.11			Placement of femoral-femoral prosthetic graft during endovascular aortic aneurysm repair (List separately in addition to code for primary procedure)
34820			398.09			Open iliac artery exposure for delivery of endovascular prosthesis or iliac occlusion during endovascular therapy, by abdominal or retroperitoneal incision, unilateral
34825			569.58			Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, or dissection; initial vessel
34826			165.83			Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, or dissection; each additional vessel (List separately in addition to code for primary procedure)
34830			1475.35			Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; tube prosthesis
34831			1542.53			Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; aorto-bi-iliac prosthesis
34832			1598.28			Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; aorto-bifemoral prosthesis
34833			498.68			Open iliac artery exposure with creation of conduit for delivery of aortic or iliac endovascular prosthesis, by abdominal or retroperitoneal incision, unilateral
34834			227.61			Open brachial artery exposure to assist in the deployment of aortic or iliac endovascular prosthesis by arm incision, unilateral
34900			736.82			Endovascular graft placement for repair of iliac artery (eg, aneurysm, pseudoaneurysm, arteriovenous malformation, trauma)
35001			923.83			Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm and associated occlusive disease, carotid, subclavian artery, by neck incision
35002			966.88			Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, carotid, subclavian artery, by neck incision

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
35005			861.06			Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, vertebral artery
35011			807.51			Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm and associated occlusive disease, axillary-brachial artery, by arm incision
35013			1000.02			Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, axillary-brachial artery, by arm incision
35021			974.18			Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, innominate, subclavian artery, by thoracic incision
35022			1121.53			Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, innominate, subclavian artery, by thoracic incision
35045			781.46			Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, radial or ulnar artery
35081			1384.68			Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta
35082			1751.98			Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta
35091			1487.38			Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta involving visceral vessels (mesenteric, celiac, renal)
35092			2087.99			Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta involving visceral vessels (mesenteric, celiac, renal)

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
35102			1503.01			Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta involving iliac vessels (common, hypogastric, external)
35103			1809.34			Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta involving iliac vessels (common, hypogastric, external)
35111			1119.15			Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, splenic artery
35112			1357.91			Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, splenic artery
35121			1338.85			Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, hepatic, celiac, renal, or mesenteric artery
35122			1575.08			Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, hepatic, celiac, renal, or mesenteric artery
35131			1136.21			Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, iliac artery (common, hypogastric, external)
35132			1373.23			Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, iliac artery (common, hypogastric, external)
35141			906.21			Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, common femoral artery (profunda femoris, superficial femoral)
35142			1079.01			Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, common femoral artery (profunda femoris, superficial femoral)

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
35151			1020.57			Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, popliteal artery
35152			1185.28			Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, popliteal artery
35180			658.94			Repair, congenital arteriovenous fistula; head and neck
35182			1366.40			Repair, congenital arteriovenous fistula; thorax and abdomen
35184			821.83			Repair, congenital arteriovenous fistula; extremities
35188			696.88			Repair, acquired or traumatic arteriovenous fistula; head and neck
35189			1294.05			Repair, acquired or traumatic arteriovenous fistula; thorax and abdomen
35190			604.72			Repair, acquired or traumatic arteriovenous fistula; extremities
35201			757.33			Repair blood vessel, direct; neck
35206			620.55			Repair blood vessel, direct; upper extremity
35207			566.38			Repair blood vessel, direct; hand, finger
35211			1089.25			Repair blood vessel, direct; intrathoracic, with bypass
35216			1448.30			Repair blood vessel, direct; intrathoracic, without bypass
35221			1115.74			Repair blood vessel, direct; intra-abdominal
35226			687.36			Repair blood vessel, direct; lower extremity
35231			940.13			Repair blood vessel with vein graft; neck
35236			787.65			Repair blood vessel with vein graft; upper extremity
35241			1137.82			Repair blood vessel with vein graft; intrathoracic, with bypass
35246			1225.17			Repair blood vessel with vein graft; intrathoracic, without bypass
35251			1329.04			Repair blood vessel with vein graft; intra-abdominal
35256			829.91			Repair blood vessel with vein graft; lower extremity
35261			831.32			Repair blood vessel with graft other than vein; neck
35266			691.29			Repair blood vessel with graft other than vein; upper extremity
35271			1086.08			Repair blood vessel with graft other than vein; intrathoracic, with bypass
35276			1140.46			Repair blood vessel with graft other than vein; intrathoracic, without bypass
35281			1268.27			Repair blood vessel with graft other than vein; intra-abdominal
35286			764.35			Repair blood vessel with graft other than vein; lower extremity

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
35301			852.96			Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision
35302			886.44			Thromboendarterectomy, including patch graft, if performed; superficial femoral artery
35303			973.47			Thromboendarterectomy, including patch graft, if performed; popliteal artery
35304			1012.87			Thromboendarterectomy, including patch graft, if performed; tibioperoneal trunk artery
35305			973.47			Thromboendarterectomy, including patch graft, if performed; tibial or peroneal artery, initial vessel
35306			362.44			Thromboendarterectomy, including patch graft, if performed; each additional tibial or peroneal artery (List separately in addition to code for primary procedure)
35311			1223.40			Thromboendarterectomy, including patch graft, if performed; subclavian, innominate, by thoracic incision
35321			726.98			Thromboendarterectomy, including patch graft, if performed; axillary-brachial
35331			1184.95			Thromboendarterectomy, including patch graft, if performed; abdominal aorta
35341			1126.17			Thromboendarterectomy, including patch graft, if performed; mesenteric, celiac, or renal
35351			1041.99			Thromboendarterectomy, including patch graft, if performed; iliac
35355			848.46			Thromboendarterectomy, including patch graft, if performed; iliofemoral
35361			1282.13			Thromboendarterectomy, including patch graft, if performed; combined aortoiliac
35363			1373.69			Thromboendarterectomy, including patch graft, if performed; combined aortoiliofemoral
35371			674.33			Thromboendarterectomy, including patch graft, if performed; common femoral
35372			807.57			Thromboendarterectomy, including patch graft, if performed; deep (profunda) femoral
35390			130.04			Reoperation, carotid, thromboendarterectomy, more than one month after original operation (List separately in addition to code for primary procedure)
35400			123.10			Angioscopy (non-coronary vessels or grafts) during therapeutic intervention (List separately in addition to code for primary procedure)
35450			415.62			Transluminal balloon angioplasty, open; renal or other visceral artery
35452			289.92			Transluminal balloon angioplasty, open; aortic
35454			254.53			Transluminal balloon angioplasty, open; iliac

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
35456			307.99			Transluminal balloon angioplasty, open; femoral-popliteal
35458			395.62			Transluminal balloon angioplasty, open; brachiocephalic trunk or branches, each vessel
35459			362.92			Transluminal balloon angioplasty, open; tibioperoneal trunk and branches
35460			252.68			Transluminal balloon angioplasty, open; venous
35470	2740.50	367.98				Transluminal balloon angioplasty, percutaneous; tibioperoneal trunk or branches, each vessel
35471	3049.15	437.93				Transluminal balloon angioplasty, percutaneous; renal or visceral artery
35472	2058.09	297.09				Transluminal balloon angioplasty, percutaneous; aortic
35473	1941.26	260.70				Transluminal balloon angioplasty, percutaneous; iliac
35474	2671.02	314.73				Transluminal balloon angioplasty, percutaneous; femoral-popliteal
35475	2013.10	392.80				Transluminal balloon angioplasty, percutaneous; brachiocephalic trunk or branches, each vessel
35476	1531.71	251.43				Transluminal balloon angioplasty, percutaneous; venous
35480			469.94			Transluminal peripheral atherectomy, open; renal or other visceral artery
35481			326.45			Transluminal peripheral atherectomy, open; aortic
35482			280.26			Transluminal peripheral atherectomy, open; iliac
35483			342.87			Transluminal peripheral atherectomy, open; femoral-popliteal
35484			428.69			Transluminal peripheral atherectomy, open; brachiocephalic trunk or branches, each vessel
35485			399.54			Transluminal peripheral atherectomy, open; tibioperoneal trunk and branches
35490			487.50			Transluminal peripheral atherectomy, percutaneous; renal or other visceral artery
35491			346.21			Transluminal peripheral atherectomy, percutaneous; aortic
35492			305.15			Transluminal peripheral atherectomy, percutaneous; iliac
35493			366.29			Transluminal peripheral atherectomy, percutaneous; femoral-popliteal
35494			462.76			Transluminal peripheral atherectomy, percutaneous; brachiocephalic trunk or branches, each vessel
35495			425.76			Transluminal peripheral atherectomy, percutaneous; tibioperoneal trunk and branches
35500			259.65			Harvest of upper extremity vein, one segment, for lower extremity or coronary artery bypass procedure (List separately in addition to code for primary procedure)

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
35501			1220.66			Bypass graft, with vein; common carotid-ipsilateral internal carotid
35506			1060.17			Bypass graft, with vein; carotid-subclavian or subclavian-carotid
35508			1086.73			Bypass graft, with vein; carotid-vertebral
35509			1189.21			Bypass graft, with vein; carotid-contralateral carotid
35510			1019.48			Bypass graft, with vein; carotid-brachial
35511			961.64			Bypass graft, with vein; subclavian-subclavian
35512			998.91			Bypass graft, with vein; subclavian-brachial
35515			1089.38			Bypass graft, with vein; subclavian-vertebral
35516			959.26			Bypass graft, with vein; subclavian-axillary
35518			964.86			Bypass graft, with vein; axillary-axillary
35521			1031.42			Bypass graft, with vein; axillary-femoral
35522			972.95			Bypass graft, with vein; axillary-brachial
35523			1021.09			Bypass graft, with vein; brachial-ulnar or -radial
35525			919.95			Bypass graft, with vein; brachial-brachial
35526			1396.00			Bypass graft, with vein; aortosubclavian or carotid
35531			1628.96			Bypass graft, with vein; aortoceliac or aortomesenteric
35533			1265.43			Bypass graft, with vein; axillary-femoral-femoral
35536			1408.83			Bypass graft, with vein; splenorenal
35537			1721.84			Bypass graft, with vein; aortoiliac
35538			1922.44			Bypass graft, with vein; aortobi-iliac
35539			1802.78			Bypass graft, with vein; aortofemoral
35540			2009.06			Bypass graft, with vein; aortobifemoral
35548			978.02			Bypass graft, with vein; aortoiliofemoral, unilateral
35549			1066.74			Bypass graft, with vein; aortoiliofemoral, bilateral
35551			1199.88			Bypass graft, with vein; aortofemoral-popliteal
35556			1113.50			Bypass graft, with vein; femoral-popliteal
35558			994.75			Bypass graft, with vein; femoral-femoral
35560			1444.50			Bypass graft, with vein; aortorenal
35563			1122.15			Bypass graft, with vein; ilioiliac
35565			1071.59			Bypass graft, with vein; iliofemoral
35566			1333.16			Bypass graft, with vein; femoral-anterior tibial, posterior tibial, peroneal artery or other distal vessels
35571			1095.86			Bypass graft, with vein; popliteal-tibial, -peroneal artery or other distal vessels
35572			280.20			Harvest of femoropopliteal vein, one segment, for vascular reconstruction procedure (eg, aortic, vena caval, coronary, peripheral artery) (List separately in addition to code for primary procedure)
35583			1150.20			In-situ vein bypass; femoral-popliteal
35585			1355.45			In-situ vein bypass; femoral-anterior tibial, posterior tibial, or peroneal artery
35587			1133.93			In-situ vein bypass; popliteal-tibial, peroneal

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
35600			205.54			Harvest of upper extremity artery, one segment, for coronary artery bypass procedure (List separately in addition to code for primary procedure)
35601			1148.73			Bypass graft, with other than vein; common carotid-ipsilateral internal carotid
35606			952.24			Bypass graft, with other than vein; carotid-subclavian
35612			746.35			Bypass graft, with other than vein; subclavian-subclavian
35616			906.32			Bypass graft, with other than vein; subclavian-axillary
35621			903.37			Bypass graft, with other than vein; axillary-femoral
35623			1107.67			Bypass graft, with other than vein; axillary-popliteal or -tibial
35626			1267.21			Bypass graft, with other than vein; aortosubclavian or carotid
35631			1512.45			Bypass graft, with other than vein; aortoceliac, aortomesenteric, aortorenal
35636			1335.12			Bypass graft, with other than vein; splenorenal (splenic to renal arterial anastomosis)
35637			1366.79			Bypass graft, with other than vein; aortoiliac
35638			1388.49			Bypass graft, with other than vein; aortobi-iliac
35642			821.75			Bypass graft, with other than vein; carotid-vertebral
35645			834.75			Bypass graft, with other than vein; subclavian-vertebral
35646			1401.97			Bypass graft, with other than vein; aortobifemoral
35647			1267.33			Bypass graft, with other than vein; aortofemoral
35650			872.15			Bypass graft, with other than vein; axillary-axillary
35651			1118.82			Bypass graft, with other than vein; aortofemoral-popliteal
35654			1121.10			Bypass graft, with other than vein; axillary-femoral-femoral
35656			884.83			Bypass graft, with other than vein; femoral-popliteal
35661			887.31			Bypass graft, with other than vein; femoral-femoral
35663			1027.06			Bypass graft, with other than vein; ilioiliac
35665			963.27			Bypass graft, with other than vein; iliofemoral
35666			1041.79			Bypass graft, with other than vein; femoral-anterior tibial, posterior tibial, or peroneal artery
35671			917.21			Bypass graft, with other than vein; popliteal-tibial or -peroneal artery
35681			65.16			Bypass graft; composite, prosthetic and vein (List separately in addition to code for primary procedure)
35682			290.34			Bypass graft; autogenous composite, two segments of veins from two locations (List separately in addition to code for primary procedure)

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
35683			341.86			Bypass graft; autogenous composite, three or more segments of vein from two or more locations (List separately in addition to code for primary procedure)
35685			163.29			Placement of vein patch or cuff at distal anastomosis of bypass graft, synthetic conduit (List separately in addition to code for primary procedure)
35686			136.09			Creation of distal arteriovenous fistula during lower extremity bypass surgery (non-hemodialysis) (List separately in addition to code for primary procedure)
35691			804.67			Transposition and/or reimplantation; vertebral to carotid artery
35693			713.31			Transposition and/or reimplantation; vertebral to subclavian artery
35694			840.58			Transposition and/or reimplantation; subclavian to carotid artery
35695			868.84			Transposition and/or reimplantation; carotid to subclavian artery
35697			121.67			Reimplantation, visceral artery to infrarenal aortic prosthesis, each artery (List separately in addition to code for primary procedure)
35700			124.88			Reoperation, femoral-popliteal or femoral (popliteal)-anterior tibial, posterior tibial, peroneal artery, or other distal vessels, more than one month after original operation (List separately in addition to code for primary procedure)
35701			434.93			Exploration (not followed by surgical repair), with or without lysis of artery; carotid artery
35721			372.66			Exploration (not followed by surgical repair), with or without lysis of artery; femoral artery
35741			405.41			Exploration (not followed by surgical repair), with or without lysis of artery; popliteal artery
35761			302.27			Exploration (not followed by surgical repair), with or without lysis of artery; other vessels
35800			385.78			Exploration for postoperative hemorrhage, thrombosis or infection; neck
35820			1402.37			Exploration for postoperative hemorrhage, thrombosis or infection; chest
35840			499.37			Exploration for postoperative hemorrhage, thrombosis or infection; abdomen
35860			327.15			Exploration for postoperative hemorrhage, thrombosis or infection; extremity
35870			1038.40			Repair of graft-enteric fistula
35875			484.19			Thrombectomy of arterial or venous graft (other than hemodialysis graft or fistula);

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
35876			769.50			Thrombectomy of arterial or venous graft (other than hemodialysis graft or fistula); with revision of arterial or venous graft
35879			757.40			Revision, lower extremity arterial bypass, without thrombectomy, open; with vein patch angioplasty
35881			842.06			Revision, lower extremity arterial bypass, without thrombectomy, open; with segmental vein interposition
35883			993.83			Revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; with nonautogenous patch graft (eg, Dacron, ePTFE, bovine pericardium)
35884			1054.99			Revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; with autogenous vein patch graft
35901			413.17			Excision of infected graft; neck
35903			469.52			Excision of infected graft; extremity
35905			1421.95			Excision of infected graft; thorax
35907			1557.12			Excision of infected graft; abdomen
36000	22.12	7.23				Introduction of needle or intracatheter, vein
36002	142.78	88.49				Injection procedures (eg, thrombin) for percutaneous treatment of extremity pseudoaneurysm
36005	294.44	39.18				Injection procedure for extremity venography (including introduction of needle or intracatheter)
36010	575.69	98.28				Introduction of catheter, superior or inferior vena cava
36011	879.09	127.54				Selective catheter placement, venous system; first order branch (eg, renal vein, jugular vein)
36012	752.16	143.63				Selective catheter placement, venous system; second order, or more selective, branch (eg, left adrenal vein, petrosal sinus)
36013	740.51	102.52				Introduction of catheter, right heart or main pulmonary artery
36014	735.63	123.80				Selective catheter placement, left or right pulmonary artery
36015	801.72	139.56				Selective catheter placement, segmental or subsegmental pulmonary artery
36100	475.91	128.28				Introduction of needle or intracatheter, carotid or vertebral artery
36120	388.86	79.64				Introduction of needle or intracatheter; retrograde brachial artery
36140	444.58	81.72				Introduction of needle or intracatheter; extremity artery
36145	436.89	80.32				Introduction of needle or intracatheter; arteriovenous shunt created for dialysis (cannula, fistula, or graft)

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
36160	490.43	107.37				Introduction of needle or intracatheter, aortic, translumbar
36200	589.38	122.89				Introduction of catheter, aorta
36215	1013.84	194.08				Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family
36216	1099.98	217.98				Selective catheter placement, arterial system; initial second order thoracic or brachiocephalic branch, within a vascular family
36217	1863.25	261.16				Selective catheter placement, arterial system; initial third order or more selective thoracic or brachiocephalic branch, within a vascular family
36218	176.36	41.61				Selective catheter placement, arterial system; additional second order, third order, and beyond, thoracic or brachiocephalic branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)
36245	1145.47	199.91				Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family
36246	1106.11	218.49				Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family
36247	1753.98	260.15				Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family
36248	149.21	41.61				Selective catheter placement, arterial system; additional second order, third order, and beyond, abdominal, pelvic, or lower extremity artery branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)
36260			459.39			Insertion of implantable intra-arterial infusion pump (eg, for chemotherapy of liver)
36261			281.18			Revision of implanted intra-arterial infusion pump
36262			215.02			Removal of implanted intra-arterial infusion pump
36299			I.C.			Unlisted procedure, vascular injection
36400	20.52	14.23				Venipuncture, younger than age 3 years, necessitating physician's skill, not to be used for routine venipuncture; femoral or jugular vein
36405	18.24	11.95				Venipuncture, younger than age 3 years, necessitating physician's skill, not to be used for routine venipuncture; scalp vein
36406	13.85	6.89				Venipuncture, younger than age 3 years, necessitating physician's skill, not to be used for routine venipuncture; other vein

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
36410	15.17	6.89				Venipuncture, age 3 years or older, necessitating physician's skill (separate procedure), for diagnostic or therapeutic purposes (not to be used for routine venipuncture)
36415			I.C.			Collection of venous blood by venipuncture
36416			I.C.			Collection of capillary blood specimen (eg, finger, heel, ear stick)
36420			37.64			Venipuncture, cutdown; younger than age 1 year
36425			29.45			Venipuncture, cutdown; age 1 or over
36430			33.40			Transfusion, blood or blood components
36440			39.84			Push transfusion, blood, 2 years or younger
36450			91.25			Exchange transfusion, blood; newborn
36455			98.86			Exchange transfusion, blood; other than newborn
36460			267.83			Transfusion, intrauterine, fetal
36468			I.C.			Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); limb or trunk
36469			I.C.			Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); face
36470	117.43	55.84				Injection of sclerosing solution; single vein
36471	142.10	77.87				Injection of sclerosing solution; multiple veins, same leg
36475	1639.02	268.68				Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated
36476	330.29	130.65				Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)
36478	1417.19	271.33				Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated
36479	335.92	132.64				Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)
36481			288.74			Percutaneous portal vein catheterization by any method
36500			145.64			Venous catheterization for selective organ blood sampling
36510	114.68	47.47				Catheterization of umbilical vein for diagnosis or therapy, newborn
36511			71.80			Therapeutic apheresis; for white blood cells
36512			72.47			Therapeutic apheresis; for red blood cells

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
36513			73.41			Therapeutic apheresis; for platelets
36514	505.19	70.81				Therapeutic apheresis; for plasma pheresis
36515	1902.01	69.16				Therapeutic apheresis; with extracorporeal immunoadsorption and plasma reinfusion
36516	2249.03	50.01				Therapeutic apheresis; with extracorporeal selective adsorption or selective filtration and plasma reinfusion
36522	1205.53	80.86				Photopheresis, extracorporeal
36555	235.42	100.01				Insertion of non-tunneled centrally inserted central venous catheter; younger than 5 years of age
36556	214.24	95.38				Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older
36557	755.11	236.64				Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; younger than 5 years of age
36558	740.78	227.94				Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; age 5 years or older
36560	1031.55	282.32				Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; younger than 5 years of age
36561	1038.81	272.69				Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; age 5 years or older
36563	1017.08	283.74				Insertion of tunneled centrally inserted central venous access device with subcutaneous pump
36565	879.23	269.71				Insertion of tunneled centrally inserted central venous access device, requiring two catheters via two separate venous access sites; without subcutaneous port or pump (eg, Tesio type catheter)
36566	2469.45	288.63				Insertion of tunneled centrally inserted central venous access device, requiring two catheters via two separate venous access sites; with subcutaneous port(s)
36568	277.78	75.49				Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; younger than 5 years of age
36569	250.55	75.41				Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; age 5 years or older
36570	1062.21	240.80				Insertion of peripherally inserted central venous access device, with subcutaneous port; younger than 5 years of age
36571	1117.27	245.87				Insertion of peripherally inserted central venous access device, with subcutaneous port; age 5 years or older

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
36575	144.83	31.27				Repair of tunneled or non-tunneled central venous access catheter, without subcutaneous port or pump, central or peripheral insertion site
36576	306.56	150.29				Repair of central venous access device, with subcutaneous port or pump, central or peripheral insertion site
36578	438.43	173.23				Replacement, catheter only, of central venous access device, with subcutaneous port or pump, central or peripheral insertion site
36580	221.08	54.55				Replacement, complete, of a non-tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access
36581	680.10	160.96				Replacement, complete, of a tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access
36582	937.14	237.57				Replacement, complete, of a tunneled centrally inserted central venous access device, with subcutaneous port, through same venous access
36583	939.53	239.63				Replacement, complete, of a tunneled centrally inserted central venous access device, with subcutaneous pump, through same venous access
36584	218.67	56.78				Replacement, complete, of a peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, through same venous access
36585	972.66	223.75				Replacement, complete, of a peripherally inserted central venous access device, with subcutaneous port, through same venous access
36589	136.38	111.88				Removal of tunneled central venous catheter, without subcutaneous port or pump
36590	217.99	157.07				Removal of tunneled central venous access device, with subcutaneous port or pump, central or peripheral insertion
36591			18.09			Collection of blood specimen from a completely implantable venous access device
36592			22.40			Collection of blood specimen using established central or peripheral catheter, venous, not otherwise specified
36593			27.81			Declotting by thrombolytic agent of implanted vascular access device or catheter
36595	569.88	151.39				Mechanical removal of pericatheter obstructive material (eg, fibrin sheath) from central venous device via separate venous access
36596	125.64	37.57				Mechanical removal of intraluminal (intracatheter) obstructive material from central venous device through device lumen

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
36597	108.78	50.18				Repositioning of previously placed central venous catheter under fluoroscopic guidance
36598	102.18	70.07				Contrast injection(s) for radiologic evaluation of existing central venous access device, including fluoroscopy, image documentation and report
36600	25.58	12.01				Arterial puncture, withdrawal of blood for diagnosis
36620			39.89			Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous
36625			81.69			Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); cutdown
36640			95.24			Arterial catheterization for prolonged infusion therapy (chemotherapy), cutdown
36660			55.99			Catheterization, umbilical artery, newborn, for diagnosis or therapy
36680			48.77			Placement of needle for intraosseous infusion
36800			128.48			Insertion of cannula for hemodialysis, other purpose (separate procedure); vein to vein
36810			169.86			Insertion of cannula for hemodialysis, other purpose (separate procedure); arteriovenous, external (Scribner type)
36815			117.06			Insertion of cannula for hemodialysis, other purpose (separate procedure); arteriovenous, external revision, or closure
36818			544.58			Arteriovenous anastomosis, open; by upper arm cephalic vein transposition
36819			634.10			Arteriovenous anastomosis, open; by upper arm basilic vein transposition
36820			636.21			Arteriovenous anastomosis, open; by forearm vein transposition
36821			424.17			Arteriovenous anastomosis, open; direct, any site (eg, Cimino type) (separate procedure)
36822			305.17			Insertion of cannula(s) for prolonged extracorporeal circulation for cardiopulmonary insufficiency (ECMO) (separate procedure)
36823			997.30			Insertion of arterial and venous cannula(s) for isolated extracorporeal circulation including regional chemotherapy perfusion to an extremity, with or without hyperthermia, with removal of cannula(s) and repair of arteriotomy and venotomy sites
36825			461.72			Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); autogenous graft

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
36830			525.53			Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); nonautogenous graft (eg, biological collagen, thermoplastic graft)
36831			365.17			Thrombectomy, open, arteriovenous fistula without revision, autogenous or nonautogenous dialysis graft (separate procedure)
36832			464.04			Revision, open, arteriovenous fistula; without thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)
36833			523.26			Revision, open, arteriovenous fistula; with thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)
36834			488.50			Plastic repair of arteriovenous aneurysm (separate procedure)
36835			361.85			Insertion of Thomas shunt (separate procedure)
36838			939.61			Distal revascularization and interval ligation (DRIL), upper extremity hemodialysis access (steal syndrome)
36860	143.55	79.99				External cannula declotting (separate procedure); without balloon catheter
36861			120.83			External cannula declotting (separate procedure); with balloon catheter
36870	1704.62	248.53				Thrombectomy, percutaneous, arteriovenous fistula, autogenous or nonautogenous graft (includes mechanical thrombus extraction and intra-graft thrombolysis)
37140			1066.00			Venous anastomosis, open; portocaval
37145			1152.26			Venous anastomosis, open; renoportal
37160			990.88			Venous anastomosis, open; caval-mesenteric
37180			1125.39			Venous anastomosis, open; splenorenal, proximal
37181			1190.43			Venous anastomosis, open; splenorenal, distal (selective decompression of esophagogastric varices, any technique)
37182			700.41			Insertion of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract formation/dilatation, stent placement and all associated imaging guidance and documentation)
37183			334.09			Revision of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract recanulization/dilatation, stent placement and all associated imaging guidance and documentation)

114.3 CMR 16.00: SURGERY AND ANESTHESIA SERVICES

CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
37184	2268.47	362.45				Primary percutaneous transluminal mechanical thrombectomy, noncoronary, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); initial vessel
37185	746.63	133.14				Primary percutaneous transluminal mechanical thrombectomy, noncoronary, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); second and all subsequent vessel(s) within the same vascular family (List separately in addition to code for primary mechanical thrombectomy procedure)
37186	1540.69	201.14				Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)
37187	2196.73	336.72				Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance
37188	1893.57	242.48				Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance, repeat treatment on subsequent day during course of thrombolytic therapy
37195			309.38			Thrombolysis, cerebral, by intravenous infusion
37200			185.11			Transcatheter biopsy
37201			227.15			Transcatheter therapy, infusion for thrombolysis other than coronary
37202			273.11			Transcatheter therapy, infusion other than for thrombolysis, any type (eg, spasmolytic, vasoconstrictive)
37203	1189.91	214.55				Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter)
37204			738.23			Transcatheter occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method, non-central nervous system, non-head or neck

114.3 CMR 16.00: SURGERY AND ANESTHESIA SERVICES

CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
37205	2106.37	359.59				Transcatheter placement of an intravascular stent(s) (except coronary, carotid, and vertebral vessel), percutaneous; initial vessel
37206	1246.66	171.31				Transcatheter placement of an intravascular stent(s) (except coronary, carotid, and vertebral vessel), percutaneous; each additional vessel (List separately in addition to code for primary procedure)
37207			347.66			Transcatheter placement of an intravascular stent(s) (non-coronary vessel), open; initial vessel
37208			167.06			Transcatheter placement of an intravascular stent(s) (non-coronary vessel), open; each additional vessel (List separately in addition to code for primary procedure)
37209			91.41			Exchange of a previously placed intravascular catheter during thrombolytic therapy
37210	3066.97	430.59				Uterine fibroid embolization (UFE, embolization of the uterine arteries to treat uterine fibroids, leiomyomata), percutaneous approach inclusive of vascular access, vessel selection, embolization, and all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the procedure
37215			885.11			Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; with distal embolic protection
37216			789.83			Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; without distal embolic protection
37250			88.29			Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; initial vessel (List separately in addition to code for primary procedure)
37251			65.95			Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; each additional vessel (List separately in addition to code for primary procedure)
37500			557.13			Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS)
37501			I.C.			Unlisted vascular endoscopy procedure
37565			540.78			Ligation, internal jugular vein
37600			566.07			Ligation; external carotid artery
37605			643.68			Ligation; internal or common carotid artery
37606			425.74			Ligation; internal or common carotid artery, with gradual occlusion, as with Selverstone or Crutchfield clamp
37607			299.95			Ligation or banding of angioaccess arteriovenous fistula
37609	236.04	154.60				Ligation or biopsy, temporal artery

114.3 CMR 16.00: SURGERY AND ANESTHESIA SERVICES

CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
37615			365.82			Ligation, major artery (eg, post-traumatic, rupture); neck
37616			842.48			Ligation, major artery (eg, post-traumatic, rupture); chest
37617			1008.18			Ligation, major artery (eg, post-traumatic, rupture); abdomen
37618			296.01			Ligation, major artery (eg, post-traumatic, rupture); extremity
37620			524.99			Interruption, partial or complete, of inferior vena cava by suture, ligation, plication, clip, extravascular, intravascular (umbrella device)
37650			404.09			Ligation of femoral vein
37660			948.89			Ligation of common iliac vein
37700			202.08			Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions
37718			324.60			Ligation, division, and stripping, short saphenous vein
37722			378.08			Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below
37735			502.35			Ligation and division and complete stripping of long or short saphenous veins with radical excision of ulcer and skin graft and/or interruption of communicating veins of lower leg, with excision of deep fascia
37760			491.86			Ligation of perforator veins, subfascial, radical (Linton type), with or without skin graft, open
37765			358.69			Stab phlebectomy of varicose veins, one extremity; 10-20 stab incisions
37766			434.30			Stab phlebectomy of varicose veins, one extremity; more than 20 incisions
37780			206.14			Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)
37785	287.14	207.35				Ligation, division, and/or excision of varicose vein cluster(s), one leg
37788			1046.31			Penile revascularization, artery, with or without vein graft
37790			403.88			Penile venous occlusive procedure
37799			I.C.			Unlisted procedure, vascular surgery
38100			800.20			Splenectomy; total (separate procedure)
38101			809.94			Splenectomy; partial (separate procedure)
38102			194.57			Splenectomy; total, en bloc for extensive disease, in conjunction with other procedure (List in addition to code for primary procedure)
38115			886.43			Repair of ruptured spleen (splenorrhaphy) with or without partial splenectomy
38120			759.03			Laparoscopy, surgical, splenectomy
38129			I.C.			Unlisted laparoscopy procedure, spleen

114.3 CMR 16.00: SURGERY AND ANESTHESIA SERVICES

CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
38200			109.47			Injection procedure for splenoportography
38204			72.34			Management of recipient hematopoietic progenitor cell donor search and cell acquisition
38205			63.24			Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; allogenic
38206			63.57			Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; autologous
38207			38.30			Transplant preparation of hematopoietic progenitor cells; cryopreservation and storage
38208			24.34			Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, without washing
38209			10.56			Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, with washing
38210			67.97			Transplant preparation of hematopoietic progenitor cells; specific cell depletion within harvest, T-cell depletion
38211			61.25			Transplant preparation of hematopoietic progenitor cells; tumor cell depletion
38212			40.57			Transplant preparation of hematopoietic progenitor cells; red blood cell removal
38213			10.56			Transplant preparation of hematopoietic progenitor cells; platelet depletion
38214			34.74			Transplant preparation of hematopoietic progenitor cells; plasma (volume) depletion
38215			40.57			Transplant preparation of hematopoietic progenitor cells; cell concentration in plasma, mononuclear, or buffy coat layer
38220	137.16	47.11				Bone marrow; aspiration only
38221	150.98	59.94				Bone marrow; biopsy, needle or trocar
38230			249.57			Bone marrow harvesting for transplantation
38240			97.33			Bone marrow or blood-derived peripheral stem cell transplantation; allogenic
38241			97.66			Bone marrow or blood-derived peripheral stem cell transplantation; autologous
38242			73.62			Bone marrow or blood-derived peripheral stem cell transplantation; allogeneic donor lymphocyte infusions
38300	210.05	136.88				Drainage of lymph node abscess or lymphadenitis; simple
38305			344.74			Drainage of lymph node abscess or lymphadenitis; extensive
38308			326.61			Lymphangiotomy or other operations on lymphatic channels

114.3 CMR 16.00: SURGERY AND ANESTHESIA SERVICES

CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
38380			426.46			Suture and/or ligation of thoracic duct; cervical approach
38381			626.05			Suture and/or ligation of thoracic duct; thoracic approach
38382			508.17			Suture and/or ligation of thoracic duct; abdominal approach
38500	238.63	183.67				Biopsy or excision of lymph node(s); open, superficial
38505	102.62	58.91				Biopsy or excision of lymph node(s); by needle, superficial (eg, cervical, inguinal, axillary)
38510	383.29	311.11				Biopsy or excision of lymph node(s); open, deep cervical node(s)
38520			341.14			Biopsy or excision of lymph node(s); open, deep cervical node(s) with excision scalene fat pad
38525			306.32			Biopsy or excision of lymph node(s); open, deep axillary node(s)
38530			395.64			Biopsy or excision of lymph node(s); open, internal mammary node(s)
38542			322.30			Dissection, deep jugular node(s)
38550			349.74			Excision of cystic hygroma, axillary or cervical; without deep neurovascular dissection
38555			732.72			Excision of cystic hygroma, axillary or cervical; with deep neurovascular dissection
38562			521.60			Limited lymphadenectomy for staging (separate procedure); pelvic and para-aortic
38564			516.62			Limited lymphadenectomy for staging (separate procedure); retroperitoneal (aortic and/or splenic)
38570			415.72			Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple
38571			640.93			Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy
38572			727.14			Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy), single or multiple
38589			I.C.			Unlisted laparoscopy procedure, lymphatic system
38700			580.61			Suprahyoid lymphadenectomy
38720			955.48			Cervical lymphadenectomy (complete)
38724			1033.21			Cervical lymphadenectomy (modified radical neck dissection)
38740			487.92			Axillary lymphadenectomy; superficial
38745			620.66			Axillary lymphadenectomy; complete
38746			201.66			Thoracic lymphadenectomy, regional, including mediastinal and peritracheal nodes (List separately in addition to code for primary procedure)

114.3 CMR 16.00: SURGERY AND ANESTHESIA SERVICES

CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
38747			198.62			Abdominal lymphadenectomy, regional, including celiac, gastric, portal, peripancreatic, with or without para-aortic and vena caval nodes (List separately in addition to code for primary procedure)
38760			612.77			Inguinofemoral lymphadenectomy, superficial, including Cloquets node (separate procedure)
38765			945.23			Inguinofemoral lymphadenectomy, superficial, in continuity with pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes (separate procedure)
38770			626.53			Pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes (separate procedure)
38780			798.56			Retroperitoneal transabdominal lymphadenectomy, extensive, including pelvic, aortic, and renal nodes (separate procedure)
38790			63.63			Injection procedure; lymphangiography
38792			31.03			Injection procedure; for identification of sentinel node
38794			242.34			Cannulation, thoracic duct
38999			I.C.			Unlisted procedure, hemic or lymphatic system
39000			375.83			Mediastinotomy with exploration, drainage, removal of foreign body, or biopsy; cervical approach
39010			633.48			Mediastinotomy with exploration, drainage, removal of foreign body, or biopsy; transthoracic approach, including either transthoracic or median sternotomy
39200			690.83			Excision of mediastinal cyst
39220			883.64			Excision of mediastinal tumor
39400			389.89			Mediastinoscopy, with or without biopsy
39499			I.C.			Unlisted procedure, mediastinum
39501			629.20			Repair, laceration of diaphragm, any approach
39502			751.06			Repair, paraesophageal hiatus hernia, transabdominal, with or without fundoplasty, vagotomy, and/or pyloroplasty, except neonatal
39503			4275.41			Repair, neonatal diaphragmatic hernia, with or without chest tube insertion and with or without creation of ventral hernia
39520			757.93			Repair, diaphragmatic hernia (esophageal hiatal); transthoracic
39530			719.19			Repair, diaphragmatic hernia (esophageal hiatal); combined, thoracoabdominal
39531			759.68			Repair, diaphragmatic hernia (esophageal hiatal); combined, thoracoabdominal, with dilation of stricture (with or without gastroplasty)
39540			640.97			Repair, diaphragmatic hernia (other than neonatal), traumatic; acute

114.3 CMR 16.00: SURGERY AND ANESTHESIA SERVICES

CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
39541			688.39			Repair, diaphragmatic hernia (other than neonatal), traumatic; chronic
39545			686.16			Imbrication of diaphragm for eventration, transthoracic or transabdominal, paralytic or nonparalytic
39560			591.49			Resection, diaphragm; with simple repair (eg, primary suture)
39561			912.76			Resection, diaphragm; with complex repair (eg, prosthetic material, local muscle flap)
39599			I.C.			Unlisted procedure, diaphragm
40490	96.38	54.66				Biopsy of lip
40500	374.57	273.60				Vermilionectomy (lip shave), with mucosal advancement
40510	363.98	269.30				Excision of lip; transverse wedge excision with primary closure
40520	383.32	274.07				Excision of lip; V-excision with primary direct linear closure
40525			423.35			Excision of lip; full thickness, reconstruction with local flap (eg, Estlander or fan)
40527			501.09			Excision of lip; full thickness, reconstruction with cross lip flap (Abbe-Estlander)
40530	418.86	310.27				Resection of lip, more than one-fourth, without reconstruction
40650	322.71	218.09				Repair lip, full thickness; vermilion only
40652	380.05	270.47				Repair lip, full thickness; up to half vertical height
40654	439.22	322.02				Repair lip, full thickness; over one-half vertical height, or complex
40700			703.99			Plastic repair of cleft lip/nasal deformity; primary, partial or complete, unilateral
40701			827.94			Plastic repair of cleft lip/nasal deformity; primary bilateral, one stage procedure
40702			652.44			Plastic repair of cleft lip/nasal deformity; primary bilateral, one of two stages
40720			765.96			Plastic repair of cleft lip/nasal deformity; secondary, by recreation of defect and reclosure
40761			803.72			Plastic repair of cleft lip/nasal deformity; with cross lip pedicle flap (Abbe-Estlander type), including sectioning and inserting of pedicle
40799			I.C.			Unlisted procedure, lips
40800	148.57	96.59				Drainage of abscess, cyst, hematoma, vestibule of mouth; simple
40801	225.72	166.46				Drainage of abscess, cyst, hematoma, vestibule of mouth; complicated
40804	156.39	98.78				Removal of embedded foreign body, vestibule of mouth; simple
40805	242.32	173.79				Removal of embedded foreign body, vestibule of mouth; complicated
40806	80.03	26.07				Incision of labial frenum (frenotomy)

114.3 CMR 16.00: SURGERY AND ANESTHESIA SERVICES

CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
40808	133.13	80.82				Biopsy, vestibule of mouth
40810	148.84	95.87				Excision of lesion of mucosa and submucosa, vestibule of mouth; without repair
40812	207.78	148.52				Excision of lesion of mucosa and submucosa, vestibule of mouth; with simple repair
40814	281.23	230.58				Excision of lesion of mucosa and submucosa, vestibule of mouth; with complex repair
40816	295.28	240.65				Excision of lesion of mucosa and submucosa, vestibule of mouth; complex, with excision of underlying muscle
40818	262.52	208.23				Excision of mucosa of vestibule of mouth as donor graft
40819	223.93	177.25				Excision of frenum, labial or buccal (frenumectomy, frenulectomy, frenectomy)
40820	191.61	127.71				Destruction of lesion or scar of vestibule of mouth by physical methods (eg, laser, thermal, cryo, chemical)
40830	182.22	121.63				Closure of laceration, vestibule of mouth; 2.5 cm or less
40831	240.10	171.57				Closure of laceration, vestibule of mouth; over 2.5 cm or complex
40840	603.33	483.15				Vestibuloplasty; anterior
40842	610.95	482.16				Vestibuloplasty; posterior, unilateral
40843	767.80	606.56				Vestibuloplasty; posterior, bilateral
40844	1018.61	847.78				Vestibuloplasty; entire arch
40845	1125.05	965.14				Vestibuloplasty; complex (including ridge extension, muscle repositioning)
40899			I.C.			Unlisted procedure, vestibule of mouth
41000	120.20	84.78				Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; lingual
41005	165.11	96.24				Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; sublingual, superficial
41006	268.25	198.39				Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; sublingual, deep, supramylohyoid
41007	267.78	189.32				Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; submental space
41008	272.77	203.90				Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; submandibular space
41009	290.19	222.65				Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; masticator space
41010	152.82	83.96				Incision of lingual frenum (frenotomy)
41015	315.21	255.94				Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; sublingual

114.3 CMR 16.00: SURGERY AND ANESTHESIA SERVICES

CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
41016	322.10	263.49				Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; submental
41017	325.08	265.48				Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; submandibular
41018	371.61	308.05				Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; masticator space
41019			368.00			Placement of needles, catheters, or other device(s) into the head and/or neck region (percutaneous, transoral, or transnasal) for subsequent interstitial radioelement application
41100	126.44	84.73				Biopsy of tongue; anterior two-thirds
41105	125.42	84.70				Biopsy of tongue; posterior one-third
41108	108.16	68.76				Biopsy of floor of mouth
41110	155.41	99.79				Excision of lesion of tongue without closure
41112	244.56	190.27				Excision of lesion of tongue with closure; anterior two-thirds
41113	267.30	211.02				Excision of lesion of tongue with closure; posterior one-third
41114			484.41			Excision of lesion of tongue with closure; with local tongue flap
41115	176.81	112.25				Excision of lingual frenum (frenectomy)
41116	238.10	166.58				Excision, lesion of floor of mouth
41120			812.47			Glossectomy; less than one-half tongue
41130			984.26			Glossectomy; hemiglossectomy
41135			1619.78			Glossectomy; partial, with unilateral radical neck dissection
41140			1685.21			Glossectomy; complete or total, with or without tracheostomy, without radical neck dissection
41145			2087.27			Glossectomy; complete or total, with or without tracheostomy, with unilateral radical neck dissection
41150			1656.78			Glossectomy; composite procedure with resection floor of mouth and mandibular resection, without radical neck dissection
41153			1782.88			Glossectomy; composite procedure with resection floor of mouth, with suprahyoid neck dissection
41155			2178.45			Glossectomy; composite procedure with resection floor of mouth, mandibular resection, and radical neck dissection (Commando type)
41250	166.99	103.75				Repair of laceration 2.5 cm or less; floor of mouth and/or anterior two-thirds of tongue
41251	180.55	123.60				Repair of laceration 2.5 cm or less; posterior one-third of tongue
41252	230.06	162.19				Repair of laceration of tongue, floor of mouth, over 2.6 cm or complex
41500			358.81			Fixation of tongue, mechanical, other than suture (eg, K-wire)
41510			339.30			Suture of tongue to lip for micrognathia (Douglas type procedure)

114.3 CMR 16.00: SURGERY AND ANESTHESIA SERVICES

CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
41520	255.94	197.00				Frenoplasty (surgical revision of frenum, eg, with Z-plasty)
41599			I.C.			Unlisted procedure, tongue, floor of mouth
41800	158.85	92.63				Drainage of abscess, cyst, hematoma from dentoalveolar structures
41805	159.69	119.96				Removal of embedded foreign body from dentoalveolar structures; soft tissues
41806	240.08	189.76				Removal of embedded foreign body from dentoalveolar structures; bone
41820			I.C.			Gingivectomy, excision gingiva, each quadrant
41821			I.C.			Operculectomy, excision pericoronal tissues
41822	216.27	133.83				Excision of fibrous tuberosities, dentoalveolar structures
41823	310.39	239.54				Excision of osseous tuberosities, dentoalveolar structures
41825	152.81	102.48				Excision of lesion or tumor (except listed above), dentoalveolar structures; without repair
41826	196.52	149.51				Excision of lesion or tumor (except listed above), dentoalveolar structures; with simple repair
41827	312.64	227.89				Excision of lesion or tumor (except listed above), dentoalveolar structures; with complex repair
41828	227.03	172.40				Excision of hyperplastic alveolar mucosa, each quadrant (specify)
41830	284.89	215.36				Alveolectomy, including curettage of osteitis or sequestrectomy
41850			I.C.			Destruction of lesion (except excision), dentoalveolar structures
41870			I.C.			Periodontal mucosal grafting
41872	270.47	199.29				Gingivoplasty, each quadrant (specify)
41874	270.84	194.69				Alveoloplasty, each quadrant (specify)
41899			I.C.			Unlisted procedure, dentoalveolar structures
42000	120.90	78.19				Drainage of abscess of palate, uvula
42100	112.09	83.29				Biopsy of palate, uvula
42104	151.08	103.07				Excision, lesion of palate, uvula; without closure
42106	191.68	139.36				Excision, lesion of palate, uvula; with simple primary closure
42107	337.44	260.96				Excision, lesion of palate, uvula; with local flap closure
42120			736.02			Resection of palate or extensive resection of lesion
42140	186.24	118.70				Uvulectomy, excision of uvula
42145			530.73			Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)
42160	187.21	120.33				Destruction of lesion, palate or uvula (thermal, cryo or chemical)
42180	181.45	140.40				Repair, laceration of palate; up to 2 cm
42182	245.88	205.49				Repair, laceration of palate; over 2 cm or complex

114.3 CMR 16.00: SURGERY AND ANESTHESIA SERVICES

CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
42200			685.53			Palatoplasty for cleft palate, soft and/or hard palate only
42205			701.39			Palatoplasty for cleft palate, with closure of alveolar ridge; soft tissue only
42210			822.31			Palatoplasty for cleft palate, with closure of alveolar ridge; with bone graft to alveolar ridge (includes obtaining graft)
42215			549.12			Palatoplasty for cleft palate; major revision
42220			444.77			Palatoplasty for cleft palate; secondary lengthening procedure
42225			773.46			Palatoplasty for cleft palate; attachment pharyngeal flap
42226			748.17			Lengthening of palate, and pharyngeal flap
42227			738.17			Lengthening of palate, with island flap
42235			604.35			Repair of anterior palate, including vomer flap
42260	639.05	525.82				Repair of nasolabial fistula
42280	117.15	80.40				Maxillary impression for palatal prosthesis
42281	151.77	117.01				Insertion of pin-retained palatal prosthesis
42299			I.C.			Unlisted procedure, palate, uvula
42300	156.53	116.80				Drainage of abscess; parotid, simple
42305			329.19			Drainage of abscess; parotid, complicated
42310	122.38	95.23				Drainage of abscess; submaxillary or sublingual, intraoral
42320	186.87	136.54				Drainage of abscess; submaxillary, external
42330	174.92	125.59				Sialolithotomy; submandibular (submaxillary), sublingual or parotid, uncomplicated, intraoral
42335	276.53	199.06				Sialolithotomy; submandibular (submaxillary), complicated, intraoral
42340	349.76	261.36				Sialolithotomy; parotid, extraoral or complicated intraoral
42400	83.32	45.57				Biopsy of salivary gland; needle
42405	230.17	174.55				Biopsy of salivary gland; incisional
42408	341.77	251.39				Excision of sublingual salivary cyst (ranula)
42409	248.24	173.08				Marsupialization of sublingual salivary cyst (ranula)
42410			475.61			Excision of parotid tumor or parotid gland; lateral lobe, without nerve dissection
42415			855.64			Excision of parotid tumor or parotid gland; lateral lobe, with dissection and preservation of facial nerve
42420			981.47			Excision of parotid tumor or parotid gland; total, with dissection and preservation of facial nerve
42425			649.65			Excision of parotid tumor or parotid gland; total, en bloc removal with sacrifice of facial nerve
42426			1049.40			Excision of parotid tumor or parotid gland; total, with unilateral radical neck dissection
42440			352.80			Excision of submandibular (submaxillary) gland
42450	342.37	276.15				Excision of sublingual gland

114.3 CMR 16.00: SURGERY AND ANESTHESIA SERVICES

CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
42500	325.28	263.03				Plastic repair of salivary duct, sialodochoplasty; primary or simple
42505	424.08	352.56				Plastic repair of salivary duct, sialodochoplasty; secondary or complicated
42507			395.67			Parotid duct diversion, bilateral (Wilke type procedure);
42508			551.49			Parotid duct diversion, bilateral (Wilke type procedure); with excision of one submandibular gland
42509			661.65			Parotid duct diversion, bilateral (Wilke type procedure); with excision of both submandibular glands
42510			488.07			Parotid duct diversion, bilateral (Wilke type procedure); with ligation of both submandibular (Wharton's) ducts
42550	127.44	50.63				Injection procedure for sialography
42600	362.73	269.70				Closure salivary fistula
42650	62.39	45.51				Dilation salivary duct
42660	79.82	59.96				Dilation and catheterization of salivary duct, with or without injection
42665	228.64	159.44				Ligation salivary duct, intraoral
42699			I.C.			Unlisted procedure, salivary glands or ducts
42700	141.60	103.86				Incision and drainage abscess; peritonsillar
42720	343.17	300.79				Incision and drainage abscess; retropharyngeal or parapharyngeal, intraoral approach
42725			615.57			Incision and drainage abscess; retropharyngeal or parapharyngeal, external approach
42800	118.86	86.41				Biopsy; oropharynx
42802	193.45	108.03				Biopsy; hypopharynx
42804	158.49	90.95				Biopsy; nasopharynx, visible lesion, simple
42806	178.23	106.05				Biopsy; nasopharynx, survey for unknown primary lesion
42808	173.46	127.44				Excision or destruction of lesion of pharynx, any method
42809	130.00	98.22				Removal of foreign body from pharynx
42810	295.99	218.85				Excision branchial cleft cyst or vestige, confined to skin and subcutaneous tissues
42815			424.80			Excision branchial cleft cyst, vestige, or fistula, extending beneath subcutaneous tissues and/or into pharynx
42820			224.69			Tonsillectomy and adenoidectomy; younger than age 12
42821			235.42			Tonsillectomy and adenoidectomy; age 12 or over
42825			202.31			Tonsillectomy, primary or secondary; younger than age 12
42826			195.39			Tonsillectomy, primary or secondary; age 12 or over
42830			159.64			Adenoidectomy, primary; younger than age 12

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
42831			172.53			Adenoidectomy, primary; age 12 or over
42835			139.73			Adenoidectomy, secondary; younger than age 12
42836			188.21			Adenoidectomy, secondary; age 12 or over
42842			732.15			Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; without closure
42844			1040.41			Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; closure with local flap (eg, tongue, buccal)
42845			1680.01			Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; closure with other flap
42860			144.47			Excision of tonsil tags
42870			447.34			Excision or destruction lingual tonsil, any method (separate procedure)
42890			1037.66			Limited pharyngectomy
42892			1349.34			Resection of lateral pharyngeal wall or pyriform sinus, direct closure by advancement of lateral and posterior pharyngeal walls
42894			1732.80			Resection of pharyngeal wall requiring closure with myocutaneous flap
42900			267.14			Suture pharynx for wound or injury
42950			622.97			Pharyngoplasty (plastic or reconstructive operation on pharynx)
42953			794.47			Pharyngoesophageal repair
42955			582.23			Pharyngostomy (fistulization of pharynx, external for feeding)
42960			130.59			Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); simple
42961			324.75			Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); complicated, requiring hospitalization
42962			400.24			Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); with secondary surgical intervention
42970			297.61			Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); simple, with posterior nasal packs, with or without anterior packs and/or cautery
42971			352.74			Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); complicated, requiring hospitalization
42972			400.62			Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); with secondary surgical intervention
42999			I.C.			Unlisted procedure, pharynx, adenoids, or tonsils
43020			411.42			Esophagotomy, cervical approach, with removal of foreign body
43030			401.68			Cricopharyngeal myotomy

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
43045			992.71			Esophagotomy, thoracic approach, with removal of foreign body
43100			475.90			Excision of lesion, esophagus, with primary repair; cervical approach
43101			773.34			Excision of lesion, esophagus, with primary repair; thoracic or abdominal approach
43107			1911.56			Total or near total esophagectomy, without thoracotomy; with pharyngogastrostomy or cervical esophagogastrostomy, with or without pyloroplasty (transhiatal)
43108			3035.44			Total or near total esophagectomy, without thoracotomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation and anastomosis(es)
43112			2046.70			Total or near total esophagectomy, with thoracotomy; with pharyngogastrostomy or cervical esophagogastrostomy, with or without pyloroplasty
43113			2993.99			Total or near total esophagectomy, with thoracotomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)
43116			3434.08			Partial esophagectomy, cervical, with free intestinal graft, including microvascular anastomosis, obtaining the graft and intestinal reconstruction
43117			1863.17			Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with thoracic esophagogastrostomy, with or without pyloroplasty (Ivor Lewis)
43118			2539.12			Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)
43121			2042.66			Partial esophagectomy, distal two-thirds, with thoracotomy only, with or without proximal gastrectomy, with thoracic esophagogastrostomy, with or without pyloroplasty
43122			1890.27			Partial esophagectomy, thoracoabdominal or abdominal approach, with or without proximal gastrectomy; with esophagogastrostomy, with or without pyloroplasty
43123			3064.00			Partial esophagectomy, thoracoabdominal or abdominal approach, with or without proximal gastrectomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
43124			2621.59			Total or partial esophagectomy, without reconstruction (any approach), with cervical esophagostomy
43130			602.06			Diverticulectomy of hypopharynx or esophagus, with or without myotomy; cervical approach
43135			1076.77			Diverticulectomy of hypopharynx or esophagus, with or without myotomy; thoracic approach
43200	177.29	80.94				Esophagoscopy, rigid or flexible; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
43201	231.40	99.63				Esophagoscopy, rigid or flexible; with directed submucosal injection(s), any substance
43202	233.43	87.76				Esophagoscopy, rigid or flexible; with biopsy, single or multiple
43204			169.66			Esophagoscopy, rigid or flexible; with injection sclerosis of esophageal varices
43205			170.78			Esophagoscopy, rigid or flexible; with band ligation of esophageal varices
43215			118.35			Esophagoscopy, rigid or flexible; with removal of foreign body
43216	139.82	109.69				Esophagoscopy, rigid or flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
43217	310.67	128.91				Esophagoscopy, rigid or flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
43219			131.31			Esophagoscopy, rigid or flexible; with insertion of plastic tube or stent
43220			97.03			Esophagoscopy, rigid or flexible; with balloon dilation (less than 30 mm diameter)
43226			107.80			Esophagoscopy, rigid or flexible; with insertion of guide wire followed by dilation over guide wire
43227			159.52			Esophagoscopy, rigid or flexible; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)
43228			169.19			Esophagoscopy, rigid or flexible; with ablation of tumor(s), polyp(s), or other lesion(s), not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
43231			144.63			Esophagoscopy, rigid or flexible; with endoscopic ultrasound examination
43232			201.59			Esophagoscopy, rigid or flexible; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s)
43234	230.59	90.87				Upper gastrointestinal endoscopy, simple primary examination (eg, with small diameter flexible endoscope) (separate procedure)

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
43235	243.94	109.86				Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
43236	303.20	133.36				Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with directed submucosal injection(s), any substance
43237			182.57			Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with endoscopic ultrasound examination limited to the esophagus
43238			224.51			Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), esophagus (includes endoscopic ultrasound examination limited to the esophagus)
43239	279.84	130.19				Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with biopsy, single or multiple
43240			300.89			Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transmural drainage of pseudocyst
43241			118.19			Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transendoscopic intraluminal tube or catheter placement
43242			321.41			Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum and/or jejunum as appropriate)
43243			203.23			Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with injection sclerosis of esophageal and/or gastric varices
43244			225.10			Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with band ligation of esophageal and/or gastric varices

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
43245			142.68			Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with dilation of gastric outlet for obstruction (eg, balloon, guide wire, bougie)
43246			190.79			Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with directed placement of percutaneous gastrostomy tube
43247			152.45			Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with removal of foreign body
43248			143.85			Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with insertion of guide wire followed by dilation of esophagus over guide wire
43249			132.35			Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with balloon dilation of esophagus (less than 30 mm diameter)
43250			143.24			Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
43251			165.51			Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
43255			214.94			Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with control of bleeding, any method
43256			193.56			Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transendoscopic stent placement (includes predilation)
43257			233.09			Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal reflux disease

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
43258			202.67			Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
43259			229.85			Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with endoscopic ultrasound examination, including the esophagus, stomach, and either the duodenum and/or jejunum as appropriate
43260			263.71			Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
43261			277.31			Endoscopic retrograde cholangiopancreatography (ERCP); with biopsy, single or multiple
43262			325.52			Endoscopic retrograde cholangiopancreatography (ERCP); with sphincterotomy/papillotomy
43263			320.74			Endoscopic retrograde cholangiopancreatography (ERCP); with pressure measurement of sphincter of Oddi (pancreatic duct or common bile duct)
43264			390.55			Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde removal of calculus/calculi from biliary and/or pancreatic ducts
43265			438.48			Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde destruction, lithotripsy of calculus/calculi, any method
43267			319.89			Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde insertion of nasobiliary or nasopancreatic drainage tube
43268			329.82			Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde insertion of tube or stent into bile or pancreatic duct
43269			360.62			Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde removal of foreign body and/or change of tube or stent
43271			325.19			Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde balloon dilation of ampulla, biliary and/or pancreatic duct(s)
43272			326.18			Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
43280			781.80			Laparoscopy, surgical, esophagogastric fundoplasty (eg, Nissen, Toupet procedures)
43289			I.C.			Unlisted laparoscopy procedure, esophagus

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
43300			476.45			Esophagoplasty (plastic repair or reconstruction), cervical approach; without repair of tracheoesophageal fistula
43305			850.11			Esophagoplasty (plastic repair or reconstruction), cervical approach; with repair of tracheoesophageal fistula
43310			1153.89			Esophagoplasty (plastic repair or reconstruction), thoracic approach; without repair of tracheoesophageal fistula
43312			1269.13			Esophagoplasty (plastic repair or reconstruction), thoracic approach; with repair of tracheoesophageal fistula
43313			2062.87			Esophagoplasty for congenital defect (plastic repair or reconstruction), thoracic approach; without repair of congenital tracheoesophageal fistula
43314			2194.10			Esophagoplasty for congenital defect (plastic repair or reconstruction), thoracic approach; with repair of congenital tracheoesophageal fistula
43320			1000.82			Esophagogastrostomy (cardioplasty), with or without vagotomy and pyloroplasty, transabdominal or transthoracic approach
43324			980.73			Esophagogastric fundoplasty (eg, Nissen, Belsey IV, Hill procedures)
43325			967.40			Esophagogastric fundoplasty; with fundic patch (Thal-Nissen procedure)
43326			985.69			Esophagogastric fundoplasty; with gastroplasty (eg, Collis)
43330			947.66			Esophagomyotomy (Heller type); abdominal approach
43331			1027.93			Esophagomyotomy (Heller type); thoracic approach
43340			993.16			Esophagojejunostomy (without total gastrectomy); abdominal approach
43341			1061.15			Esophagojejunostomy (without total gastrectomy); thoracic approach
43350			854.20			Esophagostomy, fistulization of esophagus, external; abdominal approach
43351			1005.47			Esophagostomy, fistulization of esophagus, external; thoracic approach
43352			808.20			Esophagostomy, fistulization of esophagus, external; cervical approach
43360			1716.68			Gastrointestinal reconstruction for previous esophagectomy, for obstructing esophageal lesion or fistula, or for previous esophageal exclusion; with stomach, with or without pyloroplasty

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
43361			1946.66			Gastrointestinal reconstruction for previous esophagectomy, for obstructing esophageal lesion or fistula, or for previous esophageal exclusion; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)
43400			1134.40			Ligation, direct, esophageal varices
43401			1116.43			Transection of esophagus with repair, for esophageal varices
43405			1081.60			Ligation or stapling at gastroesophageal junction for pre-existing esophageal perforation
43410			744.61			Suture of esophageal wound or injury; cervical approach
43415			1267.20			Suture of esophageal wound or injury; transthoracic or transabdominal approach
43420			741.76			Closure of esophagostomy or fistula; cervical approach
43425			1098.70			Closure of esophagostomy or fistula; transthoracic or transabdominal approach
43450	128.95	67.70				Dilation of esophagus, by unguided sound or bougie, single or multiple passes
43453	249.45	73.31				Dilation of esophagus, over guide wire
43456	519.34	118.07				Dilation of esophagus, by balloon or dilator, retrograde
43458	315.37	138.24				Dilation of esophagus with balloon (30 mm diameter or larger) for achalasia
43460			166.08			Esophagogastric tamponade, with balloon (Sengstaken type)
43496			1754.62			Free jejunum transfer with microvascular anastomosis
43499			I.C.			Unlisted procedure, esophagus
43500			555.74			Gastrotomy; with exploration or foreign body removal
43501			955.56			Gastrotomy; with suture repair of bleeding ulcer
43502			1085.24			Gastrotomy; with suture repair of pre-existing esophagogastric laceration (eg, Mallory-Weiss)
43510			710.96			Gastrotomy; with esophageal dilation and insertion of permanent intraluminal tube (eg, Celestin or Mousseaux-Barbin)
43520			508.96			Pyloromyotomy, cutting of pyloric muscle (Fredet-Ramstedt type operation)
43600			79.82			Biopsy of stomach; by capsule, tube, peroral (one or more specimens)
43605			590.78			Biopsy of stomach; by laparotomy
43610			697.13			Excision, local; ulcer or benign tumor of stomach
43611			865.19			Excision, local; malignant tumor of stomach
43620			1410.60			Gastrectomy, total; with esophagoenterostomy
43621			1590.06			Gastrectomy, total; with Roux-en-Y reconstruction

114.3 CMR 16.00: SURGERY AND ANESTHESIA SERVICES

CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
43622			1621.51			Gastrectomy, total; with formation of intestinal pouch, any type
43631			1038.69			Gastrectomy, partial, distal; with gastroduodenostomy
43632			1379.76			Gastrectomy, partial, distal; with gastrojejunostomy
43633			1319.48			Gastrectomy, partial, distal; with Roux-en-Y reconstruction
43634			1452.76			Gastrectomy, partial, distal; with formation of intestinal pouch
43635			83.49			Vagotomy when performed with partial distal gastrectomy (List separately in addition to code(s) for primary procedure)
43640			832.54			Vagotomy including pyloroplasty, with or without gastrostomy; truncal or selective
43641			845.92			Vagotomy including pyloroplasty, with or without gastrostomy; parietal cell (highly selective)
43644			1236.92			Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)
43645			1324.07			Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption
43647			I.C.			Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum
43648			I.C.			Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum
43651			466.58			Laparoscopy, surgical; transection of vagus nerves, truncal
43652			553.61			Laparoscopy, surgical; transection of vagus nerves, selective or highly selective
43653			398.61			Laparoscopy, surgical; gastrostomy, without construction of gastric tube (eg, Stamm procedure) (separate procedure)
43659			I.C.			Unlisted laparoscopy procedure, stomach
43752			31.65			Naso- or oro-gastric tube placement, requiring physician's skill and fluoroscopic guidance (includes fluoroscopy, image documentation and report)
43760	160.81	39.97				Change of gastrostomy tube, percutaneous, without imaging or endoscopic guidance
43761	95.31	81.41				Repositioning of the gastric feeding tube, through the duodenum for enteric nutrition
43770			795.54			Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components)
43771			907.63			Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
43772			683.02			Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only
43773			907.52			Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only
43774			687.72			Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components
43800			661.54			Pyloroplasty
43810			714.52			Gastroduodenostomy
43820			908.73			Gastrojejunostomy; without vagotomy
43825			921.81			Gastrojejunostomy; with vagotomy, any type
43830			492.76			Gastrostomy, open; without construction of gastric tube (eg, Stamm procedure) (separate procedure)
43831			412.29			Gastrostomy, open; neonatal, for feeding
43832			754.70			Gastrostomy, open; with construction of gastric tube (eg, Janeway procedure)
43840			924.82			Gastrorrhaphy, suture of perforated duodenal or gastric ulcer, wound, or injury
43842			876.66			Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty
43843			899.44			Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty
43845			1403.28			Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (50 to 100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch)
43846			1159.94			Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy
43847			1271.17			Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption
43848			1375.12			Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure)
43850			1156.43			Revision of gastroduodenal anastomosis (gastroduodenostomy) with reconstruction; without vagotomy
43855			1203.41			Revision of gastroduodenal anastomosis (gastroduodenostomy) with reconstruction; with vagotomy

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
43860			1168.04			Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; without vagotomy
43865			1217.62			Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; with vagotomy
43870			500.95			Closure of gastrostomy, surgical
43880			1142.73			Closure of gastrocolic fistula
43881			I.C.			Implantation or replacement of gastric neurostimulator electrodes, antrum, open
43882			I.C.			Revision or removal of gastric neurostimulator electrodes, antrum, open
43886			241.01			Gastric restrictive procedure, open; revision of subcutaneous port component only
43887			225.64			Gastric restrictive procedure, open; removal of subcutaneous port component only
43888			320.78			Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only
43999			I.C.			Unlisted procedure, stomach
44005			779.35			Enterolysis (freeing of intestinal adhesion) (separate procedure)
44010			612.77			Duodenotomy, for exploration, biopsy(s), or foreign body removal
44015			106.47			Tube or needle catheter jejunostomy for enteral alimentation, intraoperative, any method (List separately in addition to primary procedure)
44020			688.09			Enterotomy, small intestine, other than duodenum; for exploration, biopsy(s), or foreign body removal
44021			693.79			Enterotomy, small intestine, other than duodenum; for decompression (eg, Baker tube)
44025			699.36			Colotomy, for exploration, biopsy(s), or foreign body removal
44050			665.90			Reduction of volvulus, intussusception, internal hernia, by laparotomy
44055			1060.13			Correction of malrotation by lysis of duodenal bands and/or reduction of midgut volvulus (eg, Ladd procedure)
44100			86.57			Biopsy of intestine by capsule, tube, peroral (one or more specimens)
44110			600.72			Excision of one or more lesions of small or large intestine not requiring anastomosis, exteriorization, or fistulization; single enterotomy
44111			700.98			Excision of one or more lesions of small or large intestine not requiring anastomosis, exteriorization, or fistulization; multiple enterotomies

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
44120			862.60			Enterectomy, resection of small intestine; single resection and anastomosis
44121			180.08			Enterectomy, resection of small intestine; each additional resection and anastomosis (List separately in addition to code for primary procedure)
44125			841.41			Enterectomy, resection of small intestine; with enterostomy
44126			1732.43			Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; without tapering
44127			2013.54			Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; with tapering
44128			182.38			Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; each additional resection and anastomosis (List separately in addition to code for primary procedure)
44130			888.94			Enteroenterostomy, anastomosis of intestine, with or without cutaneous enterostomy (separate procedure)
44132			I.C.			Donor enterectomy (including cold preservation), open; from cadaver donor
44133			I.C.			Donor enterectomy (including cold preservation), open; partial, from living donor
44135			I.C.			Intestinal allotransplantation; from cadaver donor
44136			I.C.			Intestinal allotransplantation; from living donor
44137			860.55			Removal of transplanted intestinal allograft, complete
44139			90.11			Mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy (List separately in addition to primary procedure)
44140			961.87			Colectomy, partial; with anastomosis
44141			1247.23			Colectomy, partial; with skin level cecostomy or colostomy
44143			1183.99			Colectomy, partial; with end colostomy and closure of distal segment (Hartmann type procedure)
44144			1226.84			Colectomy, partial; with resection, with colostomy or ileostomy and creation of mucofistula
44145			1200.78			Colectomy, partial; with coloproctostomy (low pelvic anastomosis)
44146			1488.42			Colectomy, partial; with coloproctostomy (low pelvic anastomosis), with colostomy
44147			1314.16			Colectomy, partial; abdominal and transanal approach
44150			1310.24			Colectomy, total, abdominal, without proctectomy; with ileostomy or ileoproctostomy
44151			1496.90			Colectomy, total, abdominal, without proctectomy; with continent ileostomy

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
44155			1468.83			Colectomy, total, abdominal, with proctectomy; with ileostomy
44156			1612.64			Colectomy, total, abdominal, with proctectomy; with continent ileostomy
44157			1641.12			Colectomy, total, abdominal, with proctectomy; with ileoanal anastomosis, includes loop ileostomy, and rectal mucosectomy, when performed
44158			1683.08			Colectomy, total, abdominal, with proctectomy; with ileoanal anastomosis, creation of ileal reservoir (S or J), includes loop ileostomy, and rectal mucosectomy, when performed
44160			883.51			Colectomy, partial, with removal of terminal ileum with ileocolostomy
44180			663.23			Laparoscopy, surgical, enterolysis (freeing of intestinal adhesion) (separate procedure)
44186			470.04			Laparoscopy, surgical; jejunostomy (eg, for decompression or feeding)
44187			795.61			Laparoscopy, surgical; ileostomy or jejunostomy, non-tube
44188			874.03			Laparoscopy, surgical, colostomy or skin level cecostomy
44202			995.81			Laparoscopy, surgical; enterectomy, resection of small intestine, single resection and anastomosis
44203			179.54			Laparoscopy, surgical; each additional small intestine resection and anastomosis (List separately in addition to code for primary procedure)
44204			1112.45			Laparoscopy, surgical; colectomy, partial, with anastomosis
44205			972.90			Laparoscopy, surgical; colectomy, partial, with removal of terminal ileum with ileocolostomy
44206			1261.20			Laparoscopy, surgical; colectomy, partial, with end colostomy and closure of distal segment (Hartmann type procedure)
44207			1323.68			Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis)
44208			1444.90			Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis) with colostomy
44210			1289.17			Laparoscopy, surgical; colectomy, total, abdominal, without proctectomy, with ileostomy or ileoproctostomy
44211			1586.79			Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileoanal anastomosis, creation of ileal reservoir (S or J), with loop ileostomy, includes rectal mucosectomy, when performed

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
44212			1483.14			Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileostomy
44213			141.57			Laparoscopy, surgical, mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy (List separately in addition to primary procedure)
44227			1200.85			Laparoscopy, surgical, closure of enterostomy, large or small intestine, with resection and anastomosis
44238			I.C.			Unlisted laparoscopy procedure, intestine (except rectum)
44300			598.11			Placement, enterostomy or cecostomy, tube open (eg, for feeding or decompression) (separate procedure)
44310			747.76			Ileostomy or jejunostomy, non-tube
44312			423.20			Revision of ileostomy; simple (release of superficial scar) (separate procedure)
44314			722.02			Revision of ileostomy; complicated (reconstruction in-depth) (separate procedure)
44316			994.28			Continent ileostomy (Kock procedure) (separate procedure)
44320			852.40			Colostomy or skin level cecostomy;
44322			692.78			Colostomy or skin level cecostomy; with multiple biopsies (eg, for congenital megacolon) (separate procedure)
44340			428.11			Revision of colostomy; simple (release of superficial scar) (separate procedure)
44345			746.92			Revision of colostomy; complicated (reconstruction in-depth) (separate procedure)
44346			836.16			Revision of colostomy; with repair of paracolostomy hernia (separate procedure)
44360			119.41			Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
44361			131.30			Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with biopsy, single or multiple
44363			156.51			Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of foreign body
44364			167.19			Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
44365			148.86			Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
44366			197.55			Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)
44369			200.84			Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
44370			216.80			Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with transendoscopic stent placement (includes predilation)
44372			194.23			Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with placement of percutaneous jejunostomy tube
44373			155.85			Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with conversion of percutaneous gastrostomy tube to percutaneous jejunostomy tube
44376			230.05			Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
44377			243.78			Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with biopsy, single or multiple
44378			313.86			Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)
44379			334.76			Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with transendoscopic stent placement (includes predilation)
44380			52.55			Ileoscopy, through stoma; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
44382			62.19			Ileoscopy, through stoma; with biopsy, single or multiple
44383			134.25			Ileoscopy, through stoma; with transendoscopic stent placement (includes predilation)
44385	190.76	81.17				Endoscopic evaluation of small intestinal (abdominal or pelvic) pouch; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
44386	283.63	94.92				Endoscopic evaluation of small intestinal (abdominal or pelvic) pouch; with biopsy, single or multiple
44388	269.70	125.68				Colonoscopy through stoma; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
44389	320.61	140.17				Colonoscopy through stoma; with biopsy, single or multiple
44390	369.42	169.78				Colonoscopy through stoma; with removal of foreign body
44391	420.27	192.16				Colonoscopy through stoma; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)
44392	344.74	166.62				Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
44393	391.15	210.05				Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
44394	401.69	194.10				Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
44397			205.11			Colonoscopy through stoma; with transendoscopic stent placement (includes predilation)
44500			19.95			Introduction of long gastrointestinal tube (eg, Miller-Abbott) (separate procedure)
44602			965.35			Suture of small intestine (enterorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture; single perforation
44603			1103.17			Suture of small intestine (enterorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture; multiple perforations
44604			756.86			Suture of large intestine (colorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture (single or multiple perforations); without colostomy
44605			936.67			Suture of large intestine (colorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture (single or multiple perforations); with colostomy
44615			767.93			Intestinal stricturoplasty (enterotomy and enterorrhaphy) with or without dilation, for intestinal obstruction
44620			612.40			Closure of enterostomy, large or small intestine;
44625			726.28			Closure of enterostomy, large or small intestine; with resection and anastomosis other than colorectal

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
44626			1156.28			Closure of enterostomy, large or small intestine; with resection and colorectal anastomosis (eg, closure of Hartmann type procedure)
44640			1007.72			Closure of intestinal cutaneous fistula
44650			1046.55			Closure of enteroenteric or enterocolic fistula
44660			1010.71			Closure of enterovesical fistula; without intestinal or bladder resection
44661			1135.35			Closure of enterovesical fistula; with intestine and/or bladder resection
44680			759.53			Intestinal plication (separate procedure)
44700			737.40			Exclusion of small intestine from pelvis by mesh or other prosthesis, or native tissue (eg, bladder or omentum)
44701			124.60			Intraoperative colonic lavage (List separately in addition to code for primary procedure)
44715			I.C.			Backbench standard preparation of cadaver or living donor intestine allograft prior to transplantation, including mobilization and fashioning of the superior mesenteric artery and vein
44720			196.84			Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; venous anastomosis, each
44721			285.41			Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; arterial anastomosis, each
44799			I.C.			Unlisted procedure, intestine
44800			544.94			Excision of Meckel's diverticulum (diverticulectomy) or omphalomesenteric duct
44820			597.66			Excision of lesion of mesentery (separate procedure)
44850			531.50			Suture of mesentery (separate procedure)
44899			I.C.			Unlisted procedure, Meckel's diverticulum and the mesentery
44900			536.68			Incision and drainage of appendiceal abscess; open
44901	888.74	136.86				Incision and drainage of appendiceal abscess; percutaneous
44950			460.15			Appendectomy;
44955			62.56			Appendectomy; when done for indicated purpose at time of other major procedure (not as separate procedure) (List separately in addition to code for primary procedure)
44960			614.44			Appendectomy; for ruptured appendix with abscess or generalized peritonitis
44970			422.52			Laparoscopy, surgical, appendectomy
44979			I.C.			Unlisted laparoscopy procedure, appendix
45000			292.48			Transrectal drainage of pelvic abscess
45005	194.29	113.50				Incision and drainage of submucosal abscess, rectum

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
45020			376.56			Incision and drainage of deep supralevator, pelvirectal, or retrorectal abscess
45100			205.73			Biopsy of anorectal wall, anal approach (eg, congenital megacolon)
45108			250.68			Anorectal myomectomy
45110			1327.01			Proctectomy; complete, combined abdominoperineal, with colostomy
45111			778.19			Proctectomy; partial resection of rectum, transabdominal approach
45112			1361.64			Proctectomy, combined abdominoperineal, pull-through procedure (eg, colo-anal anastomosis)
45113			1398.81			Proctectomy, partial, with rectal mucosectomy, ileoanal anastomosis, creation of ileal reservoir (S or J), with or without loop ileostomy
45114			1277.70			Proctectomy, partial, with anastomosis; abdominal and transsacral approach
45116			1156.87			Proctectomy, partial, with anastomosis; transsacral approach only (Kraske type)
45119			1400.30			Proctectomy, combined abdominoperineal pull-through procedure (eg, colo-anal anastomosis), with creation of colonic reservoir (eg, J-pouch), with diverting enterostomy when performed
45120			1116.10			Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; with pull-through procedure and anastomosis (eg, Swenson, Duhamel, or Soave type operation)
45121			1227.22			Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; with subtotal or total colectomy, with multiple biopsies
45123			790.33			Proctectomy, partial, without anastomosis, perineal approach
45126			2071.73			Pelvic exenteration for colorectal malignancy, with proctectomy (with or without colostomy), with removal of bladder and ureteral transplantations, and/or hysterectomy, or cervicectomy, with or without removal of tube(s), with or without removal of ovary(s), or any combination thereof
45130			773.87			Excision of rectal procidentia, with anastomosis; perineal approach
45135			950.67			Excision of rectal procidentia, with anastomosis; abdominal and perineal approach
45136			1320.73			Excision of ileoanal reservoir with ileostomy
45150			278.44			Division of stricture of rectum
45160			703.93			Excision of rectal tumor by proctotomy, transsacral or transcoccygeal approach
45170			552.80			Excision of rectal tumor, transanal approach

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
45190			479.33			Destruction of rectal tumor (eg, electrodesiccation, electrosurgery, laser ablation, laser resection, cryosurgery) transanal approach
45300	80.80	35.44				Proctosigmoidoscopy, rigid; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
45303	682.26	59.16				Proctosigmoidoscopy, rigid; with dilation (eg, balloon, guide wire, bougie)
45305	133.60	55.46				Proctosigmoidoscopy, rigid; with biopsy, single or multiple
45307	153.77	69.35				Proctosigmoidoscopy, rigid; with removal of foreign body
45308	130.40	58.56				Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery
45309	151.54	71.42				Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, or other lesion by snare technique
45315	164.04	78.29				Proctosigmoidoscopy, rigid; with removal of multiple tumors, polyps, or other lesions by hot biopsy forceps, bipolar cautery or snare technique
45317	155.06	82.55				Proctosigmoidoscopy, rigid; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)
45320	157.74	77.95				Proctosigmoidoscopy, rigid; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique (eg, laser)
45321			75.14			Proctosigmoidoscopy, rigid; with decompression of volvulus
45327			85.75			Proctosigmoidoscopy, rigid; with transendoscopic stent placement (includes predilation)
45330	107.97	47.05				Sigmoidoscopy, flexible; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
45331	139.31	56.88				Sigmoidoscopy, flexible; with biopsy, single or multiple
45332	227.88	83.19				Sigmoidoscopy, flexible; with removal of foreign body
45333	227.66	82.65				Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
45334			124.86			Sigmoidoscopy, flexible; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)
45335	184.82	69.27				Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
45337			107.46			Sigmoidoscopy, flexible; with decompression of volvulus, any method
45338	253.80	107.14				Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
45339	245.52	141.89				Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
45340	328.12	86.76				Sigmoidoscopy, flexible; with dilation by balloon, 1 or more strictures
45341			118.70			Sigmoidoscopy, flexible; with endoscopic ultrasound examination
45342			180.73			Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)
45345			130.48			Sigmoidoscopy, flexible; with transendoscopic stent placement (includes predilation)
45355			154.70			Colonoscopy, rigid or flexible, transabdominal via colotomy, single or multiple
45378	317.02	164.06				Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression (separate procedure)
45379	399.56	204.89				Colonoscopy, flexible, proximal to splenic flexure; with removal of foreign body
45380	378.81	197.05				Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple
45381	369.05	186.30				Colonoscopy, flexible, proximal to splenic flexure; with directed submucosal injection(s), any substance
45382	503.39	251.44				Colonoscopy, flexible, proximal to splenic flexure; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)
45383	446.68	254.32				Colonoscopy, flexible, proximal to splenic flexure; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
45384	370.82	205.61				Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
45385	424.79	233.43				Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
45386	546.14	201.48				Colonoscopy, flexible, proximal to splenic flexure; with dilation by balloon, 1 or more strictures
45387			260.07			Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic stent placement (includes predilation)

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
45391			226.91			Colonoscopy, flexible, proximal to splenic flexure; with endoscopic ultrasound examination
45392			285.92			Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)
45395			1434.17			Laparoscopy, surgical; proctectomy, complete, combined abdominoperineal, with colostomy
45397			1549.60			Laparoscopy, surgical; proctectomy, combined abdominoperineal pull-through procedure (eg, colo-anal anastomosis), with creation of colonic reservoir (eg, J-pouch), with diverting enterostomy, when performed
45400			829.55			Laparoscopy, surgical; proctopexy (for prolapse)
45402			1107.08			Laparoscopy, surgical; proctopexy (for prolapse), with sigmoid resection
45499			I.C.			Unlisted laparoscopy procedure, rectum
45500			361.78			Proctoplasty; for stenosis
45505			394.67			Proctoplasty; for prolapse of mucous membrane
45520	90.92	29.01				Perirectal injection of sclerosing solution for prolapse
45540			751.94			Proctopexy (eg, for prolapse); abdominal approach
45541			651.73			Proctopexy (eg, for prolapse); perineal approach
45550			1045.79			Proctopexy (eg, for prolapse); with sigmoid resection, abdominal approach
45560			518.16			Repair of rectocele (separate procedure)
45562			786.86			Exploration, repair, and presacral drainage for rectal injury;
45563			1150.89			Exploration, repair, and presacral drainage for rectal injury; with colostomy
45800			877.66			Closure of rectovesical fistula;
45805			1012.67			Closure of rectovesical fistula; with colostomy
45820			875.64			Closure of rectourethral fistula;
45825			1039.14			Closure of rectourethral fistula; with colostomy
45900			141.37			Reduction of procidentia (separate procedure) under anesthesia
45905			120.55			Dilation of anal sphincter (separate procedure) under anesthesia other than local
45910			143.09			Dilation of rectal stricture (separate procedure) under anesthesia other than local
45915	235.68	162.85				Removal of fecal impaction or foreign body (separate procedure) under anesthesia
45990			79.05			Anorectal exam, surgical, requiring anesthesia (general, spinal, or epidural), diagnostic
45999			I.C.			Unlisted procedure, rectum
46020	181.42	158.24				Placement of seton
46030	91.25	62.78				Removal of anal seton, other marker

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
46040	359.44	285.28				Incision and drainage of ischiorectal and/or perirectal abscess (separate procedure)
46045			286.43			Incision and drainage of intramural, intramuscular, or submucosal abscess, transanal, under anesthesia
46050	131.80	66.91				Incision and drainage, perianal abscess, superficial
46060			315.36			Incision and drainage of ischiorectal or intramural abscess, with fistulectomy or fistulotomy, submuscular, with or without placement of seton
46070			153.40			Incision, anal septum (infant)
46080	166.27	113.63				Sphincterotomy, anal, division of sphincter (separate procedure)
46083	123.64	73.98				Incision of thrombosed hemorrhoid, external
46200	273.36	214.76				Fissurectomy, with or without sphincterotomy
46210	263.96	180.85				Cryptectomy; single
46211	350.11	266.02				Cryptectomy; multiple (separate procedure)
46220	135.82	81.52				Papillectomy or excision of single tag, anus (separate procedure)
46221	175.03	131.33				Hemorrhoidectomy, by simple ligature (eg, rubber band)
46230	187.66	122.10				Excision of external hemorrhoid tags and/or multiple papillae
46250	313.10	216.75				Hemorrhoidectomy, external, complete
46255	350.29	246.33				Hemorrhoidectomy, internal and external, simple;
46257			283.52			Hemorrhoidectomy, internal and external, simple; with fissurectomy
46258			309.41			Hemorrhoidectomy, internal and external, simple; with fistulectomy, with or without fissurectomy
46260			322.11			Hemorrhoidectomy, internal and external, complex or extensive;
46261			360.71			Hemorrhoidectomy, internal and external, complex or extensive; with fissurectomy
46262			374.59			Hemorrhoidectomy, internal and external, complex or extensive; with fistulectomy, with or without fissurectomy
46270	332.52	255.71				Surgical treatment of anal fistula (fistulectomy/fistulotomy); subcutaneous
46275	345.77	274.26				Surgical treatment of anal fistula (fistulectomy/fistulotomy); submuscular
46280			313.94			Surgical treatment of anal fistula (fistulectomy/fistulotomy); complex or multiple, with or without placement of seton
46285	328.17	268.57				Surgical treatment of anal fistula (fistulectomy/fistulotomy); second stage
46288			369.39			Closure of anal fistula with rectal advancement flap
46320	124.24	77.55				Enucleation or excision of external thrombotic hemorrhoid
46500	143.90	88.94				Injection of sclerosing solution, hemorrhoids
46505	194.99	160.56				Chemodenervation of internal anal sphincter

114.3 CMR 16.00: SURGERY AND ANESTHESIA SERVICES

CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
46600	65.09	28.34				Anoscopy; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
46604	389.88	49.87				Anoscopy; with dilation (eg, balloon, guide wire, bougie)
46606	162.23	51.98				Anoscopy; with biopsy, single or multiple
46608	174.80	59.92				Anoscopy; with removal of foreign body
46610	168.40	58.81				Anoscopy; with removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery
46611	137.37	62.55				Anoscopy; with removal of single tumor, polyp, or other lesion by snare technique
46612	211.43	76.02				Anoscopy; with removal of multiple tumors, polyps, or other lesions by hot biopsy forceps, bipolar cautery or snare technique
46614	102.73	54.72				Anoscopy; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)
46615	118.81	77.09				Anoscopy; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
46700			445.32			Anoplasty, plastic operation for stricture; adult
46705			351.98			Anoplasty, plastic operation for stricture; infant
46706			118.64			Repair of anal fistula with fibrin glue
46710			757.69			Repair of ileoanal pouch fistula/sinus (eg, perineal or vaginal), pouch advancement; transperineal approach
46712			1573.62			Repair of ileoanal pouch fistula/sinus (eg, perineal or vaginal), pouch advancement; combined transperineal and transabdominal approach
46715			351.38			Repair of low imperforate anus; with anoperineal fistula (cut-back procedure)
46716			803.35			Repair of low imperforate anus; with transposition of anoperineal or anovestibular fistula
46730			1301.04			Repair of high imperforate anus without fistula; perineal or sacroperineal approach
46735			1537.04			Repair of high imperforate anus without fistula; combined transabdominal and sacroperineal approaches
46740			1456.90			Repair of high imperforate anus with rectourethral or rectovaginal fistula; perineal or sacroperineal approach
46742			1691.51			Repair of high imperforate anus with rectourethral or rectovaginal fistula; combined transabdominal and sacroperineal approaches
46744			2419.38			Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, sacroperineal approach

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
46746			2719.92			Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, combined abdominal and sacroperineal approach;
46748			2791.56			Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, combined abdominal and sacroperineal approach; with vaginal lengthening by intestinal graft or pedicle flaps
46750			538.23			Sphincteroplasty, anal, for incontinence or prolapse; adult
46751			449.52			Sphincteroplasty, anal, for incontinence or prolapse; child
46753			405.80			Graft (Thiersch operation) for rectal incontinence and/or prolapse
46754	203.99	148.70				Removal of Thiersch wire or suture, anal canal
46760			765.13			Sphincteroplasty, anal, for incontinence, adult; muscle transplant
46761			660.44			Sphincteroplasty, anal, for incontinence, adult; levator muscle imbrication (Park posterior anal repair)
46762			644.39			Sphincteroplasty, anal, for incontinence, adult; implantation artificial sphincter
46900	160.26	99.67				Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical
46910	168.79	93.97				Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation
46916	169.39	103.84				Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery
46917	353.63	95.72				Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery
46922	180.03	94.61				Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision
46924	385.78	130.52				Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)
46934	288.79	209.00				Destruction of hemorrhoids, any method; internal
46935	194.22	111.45				Destruction of hemorrhoids, any method; external
46936	294.65	195.66				Destruction of hemorrhoids, any method; internal and external
46937	180.67	122.07				Cryosurgery of rectal tumor; benign
46938	302.89	252.89				Cryosurgery of rectal tumor; malignant

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
46940	150.09	105.40				Curettage or cautery of anal fissure, including dilation of anal sphincter (separate procedure); initial
46942	138.11	94.08				Curettage or cautery of anal fissure, including dilation of anal sphincter (separate procedure); subsequent
46945	196.96	153.92				Ligation of internal hemorrhoids; single procedure
46946	216.76	161.80				Ligation of internal hemorrhoids; multiple procedures
46947			265.68			Hemorrhoidopexy (eg, for prolapsing internal hemorrhoids) by stapling
46999			I.C.			Unlisted procedure, anus
47000	233.40	77.46				Biopsy of liver, needle; percutaneous
47001			77.27			Biopsy of liver, needle; when done for indicated purpose at time of other major procedure (List separately in addition to code for primary procedure)
47010			853.51			Hepatotomy; for open drainage of abscess or cyst, one or two stages
47011			149.44			Hepatotomy; for percutaneous drainage of abscess or cyst, one or two stages
47015			811.48			Laparotomy, with aspiration and/or injection of hepatic parasitic (eg, amoebic or echinococcal) cyst(s) or abscess(es)
47100			594.17			Biopsy of liver, wedge
47120			1667.30			Hepatectomy, resection of liver; partial lobectomy
47122			2477.17			Hepatectomy, resection of liver; trisegmentectomy
47125			2223.26			Hepatectomy, resection of liver; total left lobectomy
47130			2389.35			Hepatectomy, resection of liver; total right lobectomy
47133			I.C.			Donor hepatectomy (including cold preservation), from cadaver donor
47135			3519.95			Liver allotransplantation; orthotopic, partial or whole, from cadaver or living donor, any age
47136			3000.11			Liver allotransplantation; heterotopic, partial or whole, from cadaver or living donor, any age
47140			2491.10			Donor hepatectomy (including cold preservation), from living donor; left lateral segment only (segments II and III)
47141			2966.16			Donor hepatectomy (including cold preservation), from living donor; total left lobectomy (segments II, III and IV)
47142			3263.60			Donor hepatectomy (including cold preservation), from living donor; total right lobectomy (segments V, VI, VII and VIII)

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
47143			I.C.			Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; without trisegment or lobe split
47144			I.C.			Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; with trisegment split of whole liver graft into two partial liver grafts (ie, left lateral segment (segments II and III) and right trisegment (segments I and IV through VIII))
47145			I.C.			Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; with lobe split of whole liver graft into two partial liver grafts (ie, left lobe (segments II, III, and IV) and right lobe (segments I and V through VIII))
47146			244.56			Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; venous anastomosis, each
47147			285.07			Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; arterial anastomosis, each
47300			793.40			Marsupialization of cyst or abscess of liver
47350			971.73			Management of liver hemorrhage; simple suture of liver wound or injury
47360			1320.62			Management of liver hemorrhage; complex suture of liver wound or injury, with or without hepatic artery ligation
47361			2185.19			Management of liver hemorrhage; exploration of hepatic wound, extensive debridement, coagulation and/or suture, with or without packing of liver
47362			1005.61			Management of liver hemorrhage; re-exploration of hepatic wound for removal of packing
47370			893.79			Laparoscopy, surgical, ablation of one or more liver tumor(s); radiofrequency
47371			898.50			Laparoscopy, surgical, ablation of one or more liver tumor(s); cryosurgical
47379			I.C.			Unlisted laparoscopic procedure, liver

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
47380			1040.82			Ablation, open, of one or more liver tumor(s); radiofrequency
47381			1064.37			Ablation, open, of one or more liver tumor(s); cryosurgical
47382			647.88			Ablation, one or more liver tumor(s), percutaneous, radiofrequency
47399			I.C.			Unlisted procedure, liver
47400			1515.40			Hepaticotomy or hepaticostomy with exploration, drainage, or removal of calculus
47420			955.01			Choledochotomy or choledochostomy with exploration, drainage, or removal of calculus, with or without cholecystotomy; without transduodenal sphincterotomy or sphincteroplasty
47425			964.93			Choledochotomy or choledochostomy with exploration, drainage, or removal of calculus, with or without cholecystotomy; with transduodenal sphincterotomy or sphincteroplasty
47460			906.83			Transduodenal sphincterotomy or sphincteroplasty, with or without transduodenal extraction of calculus (separate procedure)
47480			604.61			Cholecystotomy or cholecystostomy with exploration, drainage, or removal of calculus (separate procedure)
47490			413.70			Percutaneous cholecystostomy
47500			79.47			Injection procedure for percutaneous transhepatic cholangiography
47505			30.68			Injection procedure for cholangiography through an existing catheter (eg, percutaneous transhepatic or T-tube)
47510			391.08			Introduction of percutaneous transhepatic catheter for biliary drainage
47511			480.61			Introduction of percutaneous transhepatic stent for internal and external biliary drainage
47525	657.95	253.04				Change of percutaneous biliary drainage catheter
47530	1240.37	292.83				Revision and/or reinsertion of transhepatic tube
47550			122.68			Biliary endoscopy, intraoperative (choledochoscopy) (List separately in addition to code for primary procedure)
47552			257.78			Biliary endoscopy, percutaneous via T-tube or other tract; diagnostic, with or without collection of specimen(s) by brushing and/or washing (separate procedure)
47553			256.42			Biliary endoscopy, percutaneous via T-tube or other tract; with biopsy, single or multiple
47554			383.13			Biliary endoscopy, percutaneous via T-tube or other tract; with removal of calculus/calculi

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
47555			306.81			Biliary endoscopy, percutaneous via T-tube or other tract; with dilation of biliary duct stricture(s) without stent
47556			346.72			Biliary endoscopy, percutaneous via T-tube or other tract; with dilation of biliary duct stricture(s) with stent
47560			198.17			Laparoscopy, surgical; with guided transhepatic cholangiography, without biopsy
47561			216.41			Laparoscopy, surgical; with guided transhepatic cholangiography with biopsy
47562			525.81			Laparoscopy, surgical; cholecystectomy
47563			541.20			Laparoscopy, surgical; cholecystectomy with cholangiography
47564			625.26			Laparoscopy, surgical; cholecystectomy with exploration of common duct
47570			557.17			Laparoscopy, surgical; cholecystoenterostomy
47579			I.C.			Unlisted laparoscopy procedure, biliary tract
47600			744.08			Cholecystectomy;
47605			698.88			Cholecystectomy; with cholangiography
47610			893.06			Cholecystectomy with exploration of common duct;
47612			900.60			Cholecystectomy with exploration of common duct; with choledochoenterostomy
47620			976.64			Cholecystectomy with exploration of common duct; with transduodenal sphincterotomy or sphincteroplasty, with or without cholangiography
47630			440.32			Biliary duct stone extraction, percutaneous via T-tube tract, basket, or snare (eg, Burhenne technique)
47700			745.59			Exploration for congenital atresia of bile ducts, without repair, with or without liver biopsy, with or without cholangiography
47701			1244.02			Portoenterostomy (eg, Kasai procedure)
47711			1108.57			Excision of bile duct tumor, with or without primary repair of bile duct; extrahepatic
47712			1420.56			Excision of bile duct tumor, with or without primary repair of bile duct; intrahepatic
47715			933.41			Excision of choledochal cyst
47720			804.87			Cholecystoenterostomy; direct
47721			947.55			Cholecystoenterostomy; with gastroenterostomy
47740			917.35			Cholecystoenterostomy; Roux-en-Y
47741			1039.79			Cholecystoenterostomy; Roux-en-Y with gastroenterostomy
47760			1533.30			Anastomosis, of extrahepatic biliary ducts and gastrointestinal tract
47765			1981.76			Anastomosis, of intrahepatic ducts and gastrointestinal tract
47780			1670.50			Anastomosis, Roux-en-Y, of extrahepatic biliary ducts and gastrointestinal tract

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
47785			2160.58			Anastomosis, Roux-en-Y, of intrahepatic biliary ducts and gastrointestinal tract
47800			1121.05			Reconstruction, plastic, of extrahepatic biliary ducts with end-to-end anastomosis
47801			786.99			Placement of choledochal stent
47802			1074.10			U-tube hepaticoenterostomy
47900			972.95			Suture of extrahepatic biliary duct for pre-existing injury (separate procedure)
47999			I.C.			Unlisted procedure, biliary tract
48000			1333.02			Placement of drains, peripancreatic, for acute pancreatitis;
48001			1645.89			Placement of drains, peripancreatic, for acute pancreatitis; with cholecystostomy, gastrostomy, and jejunostomy
48020			821.60			Removal of pancreatic calculus
48100			627.19			Biopsy of pancreas, open (eg, fine needle aspiration, needle core biopsy, wedge biopsy)
48102	427.33	200.54				Biopsy of pancreas, percutaneous needle
48105			2023.81			Resection or debridement of pancreas and peripancreatic tissue for acute necrotizing pancreatitis
48120			783.50			Excision of lesion of pancreas (eg, cyst, adenoma)
48140			1109.27			Pancreatectomy, distal subtotal, with or without splenectomy; without pancreaticojejunostomy
48145			1149.97			Pancreatectomy, distal subtotal, with or without splenectomy; with pancreaticojejunostomy
48146			1320.20			Pancreatectomy, distal, near-total with preservation of duodenum (Child-type procedure)
48148			876.43			Excision of ampulla of Vater
48150			2226.13			Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple-type procedure); with pancreatojejunostomy
48152			2057.47			Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple-type procedure); without pancreatojejunostomy
48153			2224.03			Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochoenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure); with pancreatojejunostomy
48154			2068.72			Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochoenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure); without pancreatojejunostomy
48155			1278.19			Pancreatectomy, total

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
48160			I.C.			Pancreatectomy, total or subtotal, with autologous transplantation of pancreas or pancreatic islet cells
48400			79.17			Injection procedure for intraoperative pancreatography (List separately in addition to code for primary procedure)
48500			795.15			Marsupialization of pancreatic cyst
48510			764.44			External drainage, pseudocyst of pancreas; open
48511	796.89	161.88				External drainage, pseudocyst of pancreas; percutaneous
48520			772.41			Internal anastomosis of pancreatic cyst to gastrointestinal tract; direct
48540			929.40			Internal anastomosis of pancreatic cyst to gastrointestinal tract; Roux-en-Y
48545			939.44			Pancreatorrhaphy for injury
48547			1261.42			Duodenal exclusion with gastrojejunostomy for pancreatic injury
48548			1182.58			Pancreaticojejunostomy, side-to-side anastomosis (Puestow-type operation)
48550			I.C.			Donor pancreatectomy (including cold preservation), with or without duodenal segment for transplantation
48551			I.C.			Backbench standard preparation of cadaver donor pancreas allograft prior to transplantation, including dissection of allograft from surrounding soft tissues, splenectomy, duodenotomy, ligation of bile duct, ligation of mesenteric vessels, and Y-graft arterial anastomoses from iliac artery to superior mesenteric artery and to splenic artery
48552			169.72			Backbench reconstruction of cadaver donor pancreas allograft prior to transplantation, venous anastomosis, each
48554			1765.83			Transplantation of pancreatic allograft
48556			868.07			Removal of transplanted pancreatic allograft
48999			I.C.			Unlisted procedure, pancreas
49000			555.00			Exploratory laparotomy, exploratory celiotomy with or without biopsy(s) (separate procedure)
49002			707.98			Reopening of recent laparotomy
49010			678.76			Exploration, retroperitoneal area with or without biopsy(s) (separate procedure)
49020			1132.14			Drainage of peritoneal abscess or localized peritonitis, exclusive of appendiceal abscess; open
49021	772.43	136.76				Drainage of peritoneal abscess or localized peritonitis, exclusive of appendiceal abscess; percutaneous
49040			708.74			Drainage of subdiaphragmatic or subphrenic abscess; open
49041	769.74	161.88				Drainage of subdiaphragmatic or subphrenic abscess; percutaneous

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
49060			794.72			Drainage of retroperitoneal abscess; open
49061	759.94	149.77				Drainage of retroperitoneal abscess; percutaneous
49062			542.62			Drainage of extraperitoneal lymphocele to peritoneal cavity, open
49080	150.64	54.96				Peritoneocentesis, abdominal paracentesis, or peritoneal lavage (diagnostic or therapeutic); initial
49081	128.48	52.00				Peritoneocentesis, abdominal paracentesis, or peritoneal lavage (diagnostic or therapeutic); subsequent
49180	142.81	69.97				Biopsy, abdominal or retroperitoneal mass, percutaneous needle
49203			860.58			Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor 5 cm diameter or less
49204			1095.74			Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor 5.1-10.0 cm diameter
49205			1253.02			Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor greater than 10.0 cm diameter
49215			1587.86			Excision of presacral or sacrococcygeal tumor
49220			695.32			Staging laparotomy for Hodgkins disease or lymphoma (includes splenectomy, needle or open biopsies of both liver lobes, possibly also removal of abdominal nodes, abdominal node and/or bone marrow biopsies, ovarian repositioning)
49250			414.81			Umbilectomy, omphalectomy, excision of umbilicus (separate procedure)
49255			563.16			Omentectomy, epiploectomy, resection of omentum (separate procedure)
49320			240.12			Laparoscopy, abdomen, peritoneum, and omentum, diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
49321			251.56			Laparoscopy, surgical; with biopsy (single or multiple)
49322			274.63			Laparoscopy, surgical; with aspiration of cavity or cyst (eg, ovarian cyst) (single or multiple)
49323			460.48			Laparoscopy, surgical; with drainage of lymphocele to peritoneal cavity
49324			283.05			Laparoscopy, surgical; with insertion of intraperitoneal cannula or catheter, permanent

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
49325			303.77			Laparoscopy, surgical; with revision of previously placed intraperitoneal cannula or catheter, with removal of intraluminal obstructive material if performed
49326			137.60			Laparoscopy, surgical; with omentopexy (omental tacking procedure) (List separately in addition to code for primary procedure)
49329			I.C.			Unlisted laparoscopy procedure, abdomen, peritoneum and omentum
49400	147.40	76.22				Injection of air or contrast into peritoneal cavity (separate procedure)
49402			608.25			Removal of peritoneal foreign body from peritoneal cavity
49419			329.49			Insertion of intraperitoneal cannula or catheter, with subcutaneous reservoir, permanent (ie, totally implantable)
49420			103.89			Insertion of intraperitoneal cannula or catheter for drainage or dialysis; temporary
49421			283.69			Insertion of intraperitoneal cannula or catheter for drainage or dialysis; permanent
49422			283.60			Removal of permanent intraperitoneal cannula or catheter
49423	492.62	60.56				Exchange of previously placed abscess or cyst drainage catheter under radiological guidance (separate procedure)
49424	134.64	32.00				Contrast injection for assessment of abscess or cyst via previously placed drainage catheter or tube (separate procedure)
49425			551.74			Insertion of peritoneal-venous shunt
49426			470.10			Revision of peritoneal-venous shunt
49427			36.61			Injection procedure (eg, contrast media) for evaluation of previously placed peritoneal-venous shunt
49428			321.25			Ligation of peritoneal-venous shunt
49429			335.00			Removal of peritoneal-venous shunt
49435			89.34			Insertion of subcutaneous extension to intraperitoneal cannula or catheter with remote chest exit site (List separately in addition to code for primary procedure)
49436			136.05			Delayed creation of exit site from embedded subcutaneous segment of intraperitoneal cannula or catheter
49440	956.88	187.12				Insertion of gastrostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
49441	1136.91	205.91				Insertion of duodenostomy or jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report
49442	926.62	170.77				Insertion of cecostomy or other colonic tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report
49446	949.78	134.33				Conversion of gastrostomy tube to gastro-jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report
49450	667.73	54.25				Replacement of gastrostomy or cecostomy (or other colonic) tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report
49451	706.28	74.91				Replacement of duodenostomy or jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report
49452	862.06	116.80				Replacement of gastro-jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report
49460	709.56	38.13				Mechanical removal of obstructive material from gastrostomy, duodenostomy, jejunostomy, gastro-jejunostomy, or cecostomy (or other colonic) tube, any method, under fluoroscopic guidance including contrast injection(s), if performed, image documentation and report
49465	146.74	25.23				Contrast injection(s) for radiological evaluation of existing gastrostomy, duodenostomy, jejunostomy, gastro-jejunostomy, or cecostomy (or other colonic) tube, from a percutaneous approach including image documentation and report
49491			536.64			Repair, initial inguinal hernia, preterm infant (younger than 37 weeks gestation at birth), performed from birth up to 50 weeks postconception age, with or without hydrocelectomy; reducible
49492			670.75			Repair, initial inguinal hernia, preterm infant (younger than 37 weeks gestation at birth), performed from birth up to 50 weeks postconception age, with or without hydrocelectomy; incarcerated or strangulated

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
49495			287.20			Repair, initial inguinal hernia, full term infant younger than age 6 months, or preterm infant older than 50 weeks postconception age and younger than age 6 months at the time of surgery, with or without hydrocelectomy; reducible
49496			427.46			Repair, initial inguinal hernia, full term infant younger than age 6 months, or preterm infant older than 50 weeks postconception age and younger than age 6 months at the time of surgery, with or without hydrocelectomy; incarcerated or strangulated
49500			287.92			Repair initial inguinal hernia, age 6 months to younger than 5 years, with or without hydrocelectomy; reducible
49501			423.12			Repair initial inguinal hernia, age 6 months to younger than 5 years, with or without hydrocelectomy; incarcerated or strangulated
49505			368.20			Repair initial inguinal hernia, age 5 years or older; reducible
49507			452.88			Repair initial inguinal hernia, age 5 years or older; incarcerated or strangulated
49520			449.76			Repair recurrent inguinal hernia, any age; reducible
49521			548.31			Repair recurrent inguinal hernia, any age; incarcerated or strangulated
49525			407.02			Repair inguinal hernia, sliding, any age
49540			481.24			Repair lumbar hernia
49550			409.58			Repair initial femoral hernia, any age; reducible
49553			447.28			Repair initial femoral hernia, any age; incarcerated or strangulated
49555			425.67			Repair recurrent femoral hernia; reducible
49557			516.22			Repair recurrent femoral hernia; incarcerated or strangulated
49560			528.98			Repair initial incisional or ventral hernia; reducible
49561			663.96			Repair initial incisional or ventral hernia; incarcerated or strangulated
49565			546.18			Repair recurrent incisional or ventral hernia; reducible
49566			670.56			Repair recurrent incisional or ventral hernia; incarcerated or strangulated
49568			197.96			Implantation of mesh or other prosthesis for incisional or ventral hernia repair or mesh for closure of debridement for necrotizing soft tissue infection (List separately in addition to code for the incisional or ventral hernia repair)
49570			291.00			Repair epigastric hernia (eg, preperitoneal fat); reducible (separate procedure)
49572			356.84			Repair epigastric hernia (eg, preperitoneal fat); incarcerated or strangulated

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
49580			225.84			Repair umbilical hernia, younger than age 5 years; reducible
49582			334.20			Repair umbilical hernia, younger than age 5 years; incarcerated or strangulated
49585			311.88			Repair umbilical hernia, age 5 years or older; reducible
49587			369.24			Repair umbilical hernia, age 5 years or older; incarcerated or strangulated
49590			405.53			Repair spigelian hernia
49600			525.62			Repair of small omphalocele, with primary closure
49605			3554.43			Repair of large omphalocele or gastroschisis; with or without prosthesis
49606			820.28			Repair of large omphalocele or gastroschisis; with removal of prosthesis, final reduction and closure, in operating room
49610			498.75			Repair of omphalocele (Gross type operation); first stage
49611			460.29			Repair of omphalocele (Gross type operation); second stage
49650			304.08			Laparoscopy, surgical; repair initial inguinal hernia
49651			392.60			Laparoscopy, surgical; repair recurrent inguinal hernia
49659			I.C.			Unlisted laparoscopy procedure, hernioplasty, herniorrhaphy, herniotomy
49900			584.24			Suture, secondary, of abdominal wall for evisceration or dehiscence
49904			1125.11			Omental flap, extra-abdominal (eg, for reconstruction of sternal and chest wall defects)
49905			264.53			Omental flap, intra-abdominal (List separately in addition to code for primary procedure)
49906			I.C.			Free omental flap with microvascular anastomosis
49999			I.C.			Unlisted procedure, abdomen, peritoneum and omentum
50010			556.53			Renal exploration, not necessitating other specific procedures
50020			796.67			Drainage of perirenal or renal abscess; open
50021	806.54	136.76				Drainage of perirenal or renal abscess; percutaneous
50040			741.01			Nephrostomy, nephrotomy with drainage
50045			735.92			Nephrotomy, with exploration
50060			918.67			Nephrolithotomy; removal of calculus
50065			944.30			Nephrolithotomy; secondary surgical operation for calculus
50070			960.07			Nephrolithotomy; complicated by congenital kidney abnormality
50075			1177.34			Nephrolithotomy; removal of large staghorn calculus filling renal pelvis and calyces (including anatrophic pyelolithotomy)

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
50080			703.70			Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; up to 2 cm
50081			1030.61			Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; over 2 cm
50100			764.04			Transection or repositioning of aberrant renal vessels (separate procedure)
50120			765.03			Pyelotomy; with exploration
50125			800.03			Pyelotomy; with drainage, pyelostomy
50130			832.37			Pyelotomy; with removal of calculus (pyelolithotomy, pelviolithotomy, including coagulum pyelolithotomy)
50135			904.99			Pyelotomy; complicated (eg, secondary operation, congenital kidney abnormality)
50200			117.90			Renal biopsy; percutaneous, by trocar or needle
50205			542.31			Renal biopsy; by surgical exposure of kidney
50220			823.64			Nephrectomy, including partial ureterectomy, any open approach including rib resection;
50225			955.91			Nephrectomy, including partial ureterectomy, any open approach including rib resection; complicated because of previous surgery on same kidney
50230			1028.96			Nephrectomy, including partial ureterectomy, any open approach including rib resection; radical, with regional lymphadenectomy and/or vena caval thrombectomy
50234			1046.88			Nephrectomy with total ureterectomy and bladder cuff; through same incision
50236			1184.31			Nephrectomy with total ureterectomy and bladder cuff; through separate incision
50240			1061.34			Nephrectomy, partial
50250			987.59			Ablation, open, one or more renal mass lesion(s), cryosurgical, including intraoperative ultrasound, if performed
50280			759.27			Excision or unroofing of cyst(s) of kidney
50290			711.93			Excision of perinephric cyst
50300			I.C.			Donor nephrectomy (including cold preservation); from cadaver donor, unilateral or bilateral
50320			1052.63			Donor nephrectomy (including cold preservation); open, from living donor

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
50323			I.C.			Backbench standard preparation of cadaver donor renal allograft prior to transplantation, including dissection and removal of perinephric fat, diaphragmatic and retroperitoneal attachments, excision of adrenal gland, and preparation of ureter(s), renal vein(s), and renal artery(s), ligating branches, as necessary
50325			I.C.			Backbench standard preparation of living donor renal allograft (open or laparoscopic) prior to transplantation, including dissection and removal of perinephric fat and preparation of ureter(s), renal vein(s), and renal artery(s), ligating branches, as necessary
50327			158.27			Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; venous anastomosis, each
50328			139.03			Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; arterial anastomosis, each
50329			134.68			Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; ureteral anastomosis, each
50340			659.01			Recipient nephrectomy (separate procedure)
50360			1776.54			Renal allotransplantation, implantation of graft; without recipient nephrectomy
50365			1992.89			Renal allotransplantation, implantation of graft; with recipient nephrectomy
50370			827.96			Removal of transplanted renal allograft
50380			1349.24			Renal autotransplantation, reimplantation of kidney
50382	1195.77	225.71				Removal (via snare/capture) and replacement of internally dwelling ureteral stent via percutaneous approach, including radiological supervision and interpretation
50384	1071.91	205.15				Removal (via snare/capture) of internally dwelling ureteral stent via percutaneous approach, including radiological supervision and interpretation
50385	1144.15	197.60				Removal (via snare/capture) and replacement of internally dwelling ureteral stent via transurethral approach, without use of cystoscopy, including radiological supervision and interpretation
50386	738.03	149.71				Removal (via snare/capture) of internally dwelling ureteral stent via transurethral approach, without use of cystoscopy, including radiological supervision and interpretation
50387	568.92	81.58				Removal and replacement of externally accessible transnephric ureteral stent (eg, external/internal stent) requiring fluoroscopic guidance, including radiological supervision and interpretation

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
50389	354.01	45.12				Removal of nephrostomy tube, requiring fluoroscopic guidance (eg, with concurrent indwelling ureteral stent)
50390			79.47			Aspiration and/or injection of renal cyst or pelvis by needle, percutaneous
50391	106.71	79.90				Instillation(s) of therapeutic agent into renal pelvis and/or ureter through established nephrostomy, pyelostomy or ureterostomy tube (eg, anticarcinogenic or antifungal agent)
50392			148.68			Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous
50393			180.80			Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous
50394	97.77	42.81				Injection procedure for pyelography (as nephrostogram, pyelostogram, antegrade pyeloureterograms) through nephrostomy or pyelostomy tube, or indwelling ureteral catheter
50395			149.23			Introduction of guide into renal pelvis and/or ureter with dilation to establish nephrostomy tract, percutaneous
50396			96.88			Manometric studies through nephrostomy or pyelostomy tube, or indwelling ureteral catheter
50398	508.84	60.56				Change of nephrostomy or pyelostomy tube
50400			930.68			Pyeloplasty (Foley Y-pyeloplasty), plastic operation on renal pelvis, with or without plastic operation on ureter, nephropexy, nephrostomy, pyelostomy, or ureteral splinting; simple
50405			1118.41			Pyeloplasty (Foley Y-pyeloplasty), plastic operation on renal pelvis, with or without plastic operation on ureter, nephropexy, nephrostomy, pyelostomy, or ureteral splinting; complicated (congenital kidney abnormality, secondary pyeloplasty, solitary kidney, calycoplasty)
50500			914.22			Nephrorrhaphy, suture of kidney wound or injury
50520			830.90			Closure of nephrocutaneous or pyelocutaneous fistula
50525			1059.58			Closure of nephrovisceral fistula (eg, renocolic), including visceral repair; abdominal approach
50526			1069.94			Closure of nephrovisceral fistula (eg, renocolic), including visceral repair; thoracic approach
50540			927.49			Symphysiotomy for horseshoe kidney with or without pyeloplasty and/or other plastic procedure, unilateral or bilateral (one operation)
50541			743.36			Laparoscopy, surgical; ablation of renal cysts
50542			940.84			Laparoscopy, surgical; ablation of renal mass lesion(s)
50543			1199.77			Laparoscopy, surgical; partial nephrectomy

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
50544			1013.85			Laparoscopy, surgical; pyeloplasty
50545			1085.82			Laparoscopy, surgical; radical nephrectomy (includes removal of Gerota's fascia and surrounding fatty tissue, removal of regional lymph nodes, and adrenalectomy)
50546			964.57			Laparoscopy, surgical; nephrectomy, including partial ureterectomy
50547			1182.22			Laparoscopy, surgical; donor nephrectomy (including cold preservation), from living donor
50548			1094.80			Laparoscopy, surgical; nephrectomy with total ureterectomy
50549			I.C.			Unlisted laparoscopy procedure, renal
50551	309.30	241.10				Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;
50553	321.96	254.75				Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter
50555	355.53	280.38				Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy
50557	357.48	283.32				Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy
50561	403.60	323.48				Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus
50562			480.16			Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with resection of tumor
50570			402.44			Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;
50572			436.03			Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
50574			464.94			Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy
50575			586.05			Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with endopyelotomy (includes cystoscopy, ureteroscopy, dilation of ureter and ureteral pelvic junction, incision of ureteral pelvic junction and insertion of endopyelotomy stent)
50576			462.66			Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy
50580			498.28			Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus
50590	771.37	452.54				Lithotripsy, extracorporeal shock wave
50592	3916.55	297.19				Ablation, one or more renal tumor(s), percutaneous, unilateral, radiofrequency
50593	4060.72	380.12				Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy
50600			751.17			Ureterotomy with exploration or drainage (separate procedure)
50605			738.16			Ureterotomy for insertion of indwelling stent, all types
50610			772.43			Ureterolithotomy; upper one-third of ureter
50620			729.89			Ureterolithotomy; middle one-third of ureter
50630			711.93			Ureterolithotomy; lower one-third of ureter
50650			831.92			Ureterectomy, with bladder cuff (separate procedure)
50660			921.38			Ureterectomy, total, ectopic ureter, combination abdominal, vaginal and/or perineal approach
50684	170.28	40.50				Injection procedure for ureterography or ureteropyelography through ureterostomy or indwelling ureteral catheter
50686	139.53	71.66				Manometric studies through ureterostomy or indwelling ureteral catheter
50688			67.88			Change of ureterostomy tube or externally accessible ureteral stent via ileal conduit
50690	88.18	58.05				Injection procedure for visualization of ileal conduit and/or ureteropyelography, exclusive of radiologic service
50700			751.81			Ureteroplasty, plastic operation on ureter (eg, stricture)

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
50715			903.91			Ureterolysis, with or without repositioning of ureter for retroperitoneal fibrosis
50722			787.47			Ureterolysis for ovarian vein syndrome
50725			871.37			Ureterolysis for retrocaval ureter, with reanastomosis of upper urinary tract or vena cava
50727			406.68			Revision of urinary-cutaneous anastomosis (any type urostomy);
50728			560.03			Revision of urinary-cutaneous anastomosis (any type urostomy); with repair of fascial defect and hernia
50740			874.75			Ureteropyelostomy, anastomosis of ureter and renal pelvis
50750			933.25			Ureterocalycostomy, anastomosis of ureter to renal calyx
50760			879.97			Ureteroureterostomy
50770			931.45			Transureteroureterostomy, anastomosis of ureter to contralateral ureter
50780			878.08			Ureteroneocystostomy; anastomosis of single ureter to bladder
50782			888.03			Ureteroneocystostomy; anastomosis of duplicated ureter to bladder
50783			919.08			Ureteroneocystostomy; with extensive ureteral tailoring
50785			969.90			Ureteroneocystostomy; with vesico-psoas hitch or bladder flap
50800			737.47			Ureteroenterostomy, direct anastomosis of ureter to intestine
50810			999.93			Ureterosigmoidostomy, with creation of sigmoid bladder and establishment of abdominal or perineal colostomy, including intestine anastomosis
50815			978.23			Ureterocolon conduit, including intestine anastomosis
50820			1046.97			Ureteroileal conduit (ileal bladder), including intestine anastomosis (Bricker operation)
50825			1326.48			Continent diversion, including intestine anastomosis using any segment of small and/or large intestine (Kock pouch or Camey enterocystoplasty)
50830			1448.30			Urinary undiversion (eg, taking down of ureteroileal conduit, ureterosigmoidostomy or ureteroenterostomy with ureteroureterostomy or ureteroneocystostomy)
50840			987.97			Replacement of all or part of ureter by intestine segment, including intestine anastomosis
50845			1000.60			Cutaneous appendico-vesicostomy
50860			762.46			Ureterostomy, transplantation of ureter to skin
50900			673.83			Ureterorrhaphy, suture of ureter (separate procedure)
50920			708.42			Closure of ureterocutaneous fistula

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
50930			875.87			Closure of ureterovisceral fistula (including visceral repair)
50940			702.24			Deligation of ureter
50945			798.15			Laparoscopy, surgical; ureterolithotomy
50947			1125.83			Laparoscopy, surgical; ureteroneocystostomy with cystoscopy and ureteral stent placement
50948			1027.04			Laparoscopy, surgical; ureteroneocystostomy without cystoscopy and ureteral stent placement
50949			I.C.			Unlisted laparoscopy procedure, ureter
50951	322.50	251.32				Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;
50953	337.74	275.49				Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter
50955	389.80	300.07				Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy
50957	364.10	290.93				Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy
50961	328.03	259.83				Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus
50970			304.53			Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;
50972			293.93			Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter
50974			383.31			Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy
50976			380.77			Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
50980			292.27			Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus
51020			374.06			Cystotomy or cystostomy; with fulguration and/or insertion of radioactive material
51030			373.49			Cystotomy or cystostomy; with cryosurgical destruction of intravesical lesion
51040			237.24			Cystostomy, cystotomy with drainage
51045			375.84			Cystotomy, with insertion of ureteral catheter or stent (separate procedure)
51050			378.51			Cystolithotomy, cystotomy with removal of calculus, without vesical neck resection
51060			468.18			Transvesical ureterolithotomy
51065			463.09			Cystotomy, with calculus basket extraction and/or ultrasonic or electrohydraulic fragmentation of ureteral calculus
51080			328.48			Drainage of perivesical or prevesical space abscess
51100	53.30	31.78				Aspiration of bladder; by needle
51101	110.41	41.87				Aspiration of bladder; by trocar or intracatheter
51102	282.46	203.66				Aspiration of bladder; with insertion of suprapubic catheter
51500			505.03			Excision of urachal cyst or sinus, with or without umbilical hernia repair
51520			477.93			Cystotomy; for simple excision of vesical neck (separate procedure)
51525			689.72			Cystotomy; for excision of bladder diverticulum, single or multiple (separate procedure)
51530			619.11			Cystotomy; for excision of bladder tumor
51535			633.90			Cystotomy for excision, incision, or repair of ureterocele
51550			761.01			Cystectomy, partial; simple
51555			1010.72			Cystectomy, partial; complicated (eg, postradiation, previous surgery, difficult location)
51565			1039.89			Cystectomy, partial, with reimplantation of ureter(s) into bladder (ureteroneocystostomy)
51570			1183.92			Cystectomy, complete; (separate procedure)
51575			1467.05			Cystectomy, complete; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes
51580			1527.08			Cystectomy, complete, with ureterosigmoidostomy or ureterocutaneous transplantations;
51585			1699.09			Cystectomy, complete, with ureterosigmoidostomy or ureterocutaneous transplantations; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes
51590			1552.27			Cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including intestine anastomosis;

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
51595			1761.43			Cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including intestine anastomosis; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes
51596			1890.99			Cystectomy, complete, with continent diversion, any open technique, using any segment of small and/or large intestine to construct neobladder
51597			1829.60			Pelvic exenteration, complete, for vesical, prostatic or urethral malignancy, with removal of bladder and ureteral transplantations, with or without hysterectomy and/or abdominoperineal resection of rectum and colon and colostomy, or any combination thereof
51600	179.47	36.11				Injection procedure for cystography or voiding urethrocystography
51605			31.63			Injection procedure and placement of chain for contrast and/or chain urethrocystography
51610	100.34	52.33				Injection procedure for retrograde urethrocystography
51700	77.17	36.11				Bladder irrigation, simple, lavage and/or instillation
51701	58.19	22.10				Insertion of non-indwelling bladder catheter (eg, straight catheterization for residual urine)
51702	74.74	24.42				Insertion of temporary indwelling bladder catheter; simple (eg, Foley)
51703	125.95	65.69				Insertion of temporary indwelling bladder catheter; complicated (eg, altered anatomy, fractured catheter/balloon)
51705	101.43	54.42				Change of cystostomy tube; simple
51710	144.55	76.34				Change of cystostomy tube; complicated
51715	248.07	161.32				Endoscopic injection of implant material into the submucosal tissues of the urethra and/or bladder neck
51720	100.50	68.38				Bladder instillation of anticarcinogenic agent (including retention time)
51725			208.14	61.94	146.20	Simple cystometrogram (CMG) (eg, spinal manometer)
51726			293.61	70.39	223.23	Complex cystometrogram (eg, calibrated electronic equipment)
51736			43.48	25.38	18.09	Simple uroflowmetry (UFR) (eg, stop-watch flow rate, mechanical uroflowmeter)
51741			68.28	47.33	20.96	Complex uroflowmetry (eg, calibrated electronic equipment)
51772			225.37	66.37	159.00	Urethral pressure profile studies (UPP) (urethral closure pressure profile), any technique
51784			180.23	62.83	117.40	Electromyography studies (EMG) of anal or urethral sphincter, other than needle, any technique
51785			194.91	62.61	132.30	Needle electromyography studies (EMG) of anal or urethral sphincter, any technique

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
51792			217.75	45.45	172.30	Stimulus evoked response (eg, measurement of bulbocavernosus reflex latency time)
51795			279.18	62.83	216.36	Voiding pressure studies (VP); bladder voiding pressure, any technique
51797			162.05	38.48	123.57	Voiding pressure studies (VP); intra-abdominal voiding pressure (AP) (rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)
51798			17.28			Measurement of post-voiding residual urine and/or bladder capacity by ultrasound, non-imaging
51800			837.46			Cystoplasty or cystourethroplasty, plastic operation on bladder and/or vesical neck (anterior Y-plasty, vesical fundus resection), any procedure, with or without wedge resection of posterior vesical neck
51820			877.98			Cystourethroplasty with unilateral or bilateral ureteroneocystostomy
51840			525.00			Anterior vesicourethropexy, or urethropexy (eg, Marshall-Marchetti-Krantz, Burch); simple
51841			625.40			Anterior vesicourethropexy, or urethropexy (eg, Marshall-Marchetti-Krantz, Burch); complicated (eg, secondary repair)
51845			473.84			Abdomino-vaginal vesical neck suspension, with or without endoscopic control (eg, Stamey, Raz, modified Pereyra)
51860			580.45			Cystorrhaphy, suture of bladder wound, injury or rupture; simple
51865			712.66			Cystorrhaphy, suture of bladder wound, injury or rupture; complicated
51880			377.14			Closure of cystostomy (separate procedure)
51900			662.56			Closure of vesicovaginal fistula, abdominal approach
51920			621.91			Closure of vesicouterine fistula;
51925			876.04			Closure of vesicouterine fistula; with hysterectomy
51940			1291.23			Closure, exstrophy of bladder
51960			1111.50			Enterocystoplasty, including intestinal anastomosis
51980			571.62			Cutaneous vesicostomy
51990			599.93			Laparoscopy, surgical; urethral suspension for stress incontinence
51992			653.10			Laparoscopy, surgical; sling operation for stress incontinence (eg, fascia or synthetic)
51999			I.C.			Unlisted laparoscopy procedure, bladder
52000	180.47	99.35				Cystourethroscopy (separate procedure)
52001	327.74	233.71				Cystourethroscopy with irrigation and evacuation of multiple obstructing clots
52005	256.86	107.21				Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
52007	538.62	134.71				Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with brush biopsy of ureter and/or renal pelvis
52010	400.68	134.49				Cystourethroscopy, with ejaculatory duct catheterization, with or without irrigation, instillation, or duct radiography, exclusive of radiologic service
52204	453.70	113.69				Cystourethroscopy, with biopsy(s)
52214	1069.32	161.17				Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands
52224	1011.77	138.06				Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy
52234			200.93			Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)
52235			236.03			Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)
52240			412.31			Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; LARGE bladder tumor(s)
52250			197.42			Cystourethroscopy with insertion of radioactive substance, with or without biopsy or fulguration
52260			170.44			Cystourethroscopy, with dilation of bladder for interstitial cystitis; general or conduction (spinal) anesthesia
52265	431.77	129.49				Cystourethroscopy, with dilation of bladder for interstitial cystitis; local anesthesia
52270	397.90	148.27				Cystourethroscopy, with internal urethrotomy; female
52275	549.52	202.88				Cystourethroscopy, with internal urethrotomy; male
52276			216.65			Cystourethroscopy with direct vision internal urethrotomy
52277			266.14			Cystourethroscopy, with resection of external sphincter (sphincterotomy)
52281	287.39	125.82				Cystourethroscopy, with calibration and/or dilation of urethral stricture or stenosis, with or without meatotomy, with or without injection procedure for cystography, male or female
52282			274.10			Cystourethroscopy, with insertion of urethral stent
52283	242.13	163.33				Cystourethroscopy, with steroid injection into stricture

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
52285	244.13	158.38				Cystourethroscopy for treatment of the female urethral syndrome with any or all of the following: urethral meatotomy, urethral dilation, internal urethrotomy, lysis of urethrovaginal septal fibrosis, lateral incisions of the bladder neck, and fulguration of polyp(s) of urethra, bladder neck, and/or trigone
52290			199.27			Cystourethroscopy; with ureteral meatotomy, unilateral or bilateral
52300			229.92			Cystourethroscopy; with resection or fulguration of orthotopic ureterocele(s), unilateral or bilateral
52301			240.53			Cystourethroscopy; with resection or fulguration of ectopic ureterocele(s), unilateral or bilateral
52305			227.94			Cystourethroscopy; with incision or resection of orifice of bladder diverticulum, single or multiple
52310	226.75	123.45				Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); simple
52315	406.36	224.27				Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); complicated
52317	959.41	285.00				Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; simple or small (less than 2.5 cm)
52318			388.38			Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; complicated or large (over 2.5 cm)
52320			201.56			Cystourethroscopy (including ureteral catheterization); with removal of ureteral calculus
52325			262.22			Cystourethroscopy (including ureteral catheterization); with fragmentation of ureteral calculus (eg, ultrasonic or electro-hydraulic technique)
52327	713.38	216.43				Cystourethroscopy (including ureteral catheterization); with subureteric injection of implant material
52330	1129.11	216.00				Cystourethroscopy (including ureteral catheterization); with manipulation, without removal of ureteral calculus
52332	384.12	126.54				Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)
52334			209.26			Cystourethroscopy with insertion of ureteral guide wire through kidney to establish a percutaneous nephrostomy, retrograde
52341			266.85			Cystourethroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
52342			287.08			Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)
52343			315.63			Cystourethroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)
52344			340.71			Cystourethroscopy with ureteroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)
52345			361.27			Cystourethroscopy with ureteroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)
52346			403.77			Cystourethroscopy with ureteroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)
52351			256.51			Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic
52352			300.94			Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)
52353			346.32			Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)
52354			320.38			Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with biopsy and/or fulguration of ureteral or renal pelvic lesion
52355			381.60			Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with resection of ureteral or renal pelvic tumor
52400			446.37			Cystourethroscopy with incision, fulguration, or resection of congenital posterior urethral valves, or congenital obstructive hypertrophic mucosal folds
52402			219.25			Cystourethroscopy with transurethral resection or incision of ejaculatory ducts
52450			376.20			Transurethral incision of prostate
52500			442.17			Transurethral resection of bladder neck (separate procedure)
52601			664.80			Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)
52606			408.63			Transurethral fulguration for postoperative bleeding occurring after the usual follow-up time
52612			424.43			Transurethral resection of prostate; first stage of two-stage resection (partial resection)
52614			372.65			Transurethral resection of prostate; second stage of two-stage resection (resection completed)

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
52620			336.59			Transurethral resection; of residual obstructive tissue after 90 days postoperative
52630			356.58			Transurethral resection; of regrowth of obstructive tissue longer than one year postoperative
52640			324.57			Transurethral resection; of postoperative bladder neck contracture
52647	2246.16	515.94				Laser coagulation of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included if performed)
52648	2280.11	550.55				Laser vaporization of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)
52649			811.37			Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)
52700			350.33			Transurethral drainage of prostatic abscess
53000			122.59			Urethrotomy or urethrostomy, external (separate procedure); pendulous urethra
53010			238.14			Urethrotomy or urethrostomy, external (separate procedure); perineal urethra, external
53020			79.01			Meatotomy, cutting of meatus (separate procedure); except infant
53025			55.11			Meatotomy, cutting of meatus (separate procedure); infant
53040			320.59			Drainage of deep periurethral abscess
53060	149.17	127.98				Drainage of Skene's gland abscess or cyst
53080			382.29			Drainage of perineal urinary extravasation; uncomplicated (separate procedure)
53085			523.85			Drainage of perineal urinary extravasation; complicated
53200	126.58	114.33				Biopsy of urethra
53210			623.57			Urethrectomy, total, including cystostomy; female
53215			751.20			Urethrectomy, total, including cystostomy; male
53220			364.72			Excision or fulguration of carcinoma of urethra
53230			486.86			Excision of urethral diverticulum (separate procedure); female
53235			514.25			Excision of urethral diverticulum (separate procedure); male
53240			345.04			Marsupialization of urethral diverticulum, male or female

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
53250			316.85			Excision of bulbourethral gland (Cowper's gland)
53260	166.91	143.07				Excision or fulguration; urethral polyp(s), distal urethra
53265	186.16	149.08				Excision or fulguration; urethral caruncle
53270	170.39	149.20				Excision or fulguration; Skene's glands
53275			216.69			Excision or fulguration; urethral prolapse
53400			646.32			Urethroplasty; first stage, for fistula, diverticulum, or stricture (eg, Johannsen type)
53405			704.84			Urethroplasty; second stage (formation of urethra), including urinary diversion
53410			790.99			Urethroplasty, one-stage reconstruction of male anterior urethra
53415			901.31			Urethroplasty, transpubic or perineal, one stage, for reconstruction or repair of prostatic or membranous urethra
53420			662.23			Urethroplasty, two-stage reconstruction or repair of prostatic or membranous urethra; first stage
53425			759.97			Urethroplasty, two-stage reconstruction or repair of prostatic or membranous urethra; second stage
53430			769.12			Urethroplasty, reconstruction of female urethra
53431			932.45			Urethroplasty with tubularization of posterior urethra and/or lower bladder for incontinence (eg, Tenago, Leadbetter procedure)
53440			699.74			Sling operation for correction of male urinary incontinence (eg, fascia or synthetic)
53442			617.00			Removal or revision of sling for male urinary incontinence (eg, fascia or synthetic)
53444			642.73			Insertion of tandem cuff (dual cuff)
53445			708.01			Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff
53446			521.71			Removal of inflatable urethral/bladder neck sphincter, including pump, reservoir, and cuff
53447			660.35			Removal and replacement of inflatable urethral/bladder neck sphincter including pump, reservoir, and cuff at the same operative session
53448			1035.36			Removal and replacement of inflatable urethral/bladder neck sphincter including pump, reservoir, and cuff through an infected field at the same operative session including irrigation and debridement of infected tissue
53449			493.11			Repair of inflatable urethral/bladder neck sphincter, including pump, reservoir, and cuff
53450			328.50			Urethromeatoplasty, with mucosal advancement
53460			368.94			Urethromeatoplasty, with partial excision of distal urethral segment (Richardson type procedure)

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
53500			604.02			Urethrolysis, transvaginal, secondary, open, including cystourethroscopy (eg, postsurgical obstruction, scarring)
53502			391.38			Urethrorrhaphy, suture of urethral wound or injury, female
53505			392.31			Urethrorrhaphy, suture of urethral wound or injury; penile
53510			516.82			Urethrorrhaphy, suture of urethral wound or injury; perineal
53515			645.92			Urethrorrhaphy, suture of urethral wound or injury; prostatomembranous
53520			450.87			Closure of urethrostomy or urethrocutaneous fistula, male (separate procedure)
53600	73.45	52.26				Dilation of urethral stricture by passage of sound or urethral dilator, male; initial
53601	72.56	43.42				Dilation of urethral stricture by passage of sound or urethral dilator, male; subsequent
53605			52.89			Dilation of urethral stricture or vesical neck by passage of sound or urethral dilator, male, general or conduction (spinal) anesthesia
53620	108.83	71.09				Dilation of urethral stricture by passage of filiform and follower, male; initial
53621	104.06	59.03				Dilation of urethral stricture by passage of filiform and follower, male; subsequent
53660	64.26	33.47				Dilation of female urethra including suppository and/or instillation; initial
53661	64.21	32.76				Dilation of female urethra including suppository and/or instillation; subsequent
53665			31.11			Dilation of female urethra, general or conduction (spinal) anesthesia
53850	2666.12	455.18				Transurethral destruction of prostate tissue; by microwave thermotherapy
53852	2551.22	495.55				Transurethral destruction of prostate tissue; by radiofrequency thermotherapy
53853	1561.05	281.76				Transurethral destruction of prostate tissue; by water-induced thermotherapy
53899			I.C.			Unlisted procedure, urinary system
54000	138.61	85.63				Slitting of prepuce, dorsal or lateral (separate procedure); newborn
54001	168.20	110.93				Slitting of prepuce, dorsal or lateral (separate procedure); except newborn
54015			252.28			Incision and drainage of penis, deep
54050	99.13	76.95				Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical
54055	94.65	69.82				Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
54056	103.67	80.49				Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery
54057	117.22	73.52				Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery
54060	159.85	101.92				Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision
54065	169.23	124.20				Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)
54100	157.15	91.27				Biopsy of penis; (separate procedure)
54105	240.07	175.51				Biopsy of penis; deep structures
54110			506.67			Excision of penile plaque (Peyronie disease);
54111			647.92			Excision of penile plaque (Peyronie disease); with graft to 5 cm in length
54112			760.11			Excision of penile plaque (Peyronie disease); with graft greater than 5 cm in length
54115	367.45	338.65				Removal foreign body from deep penile tissue (eg, plastic implant)
54120			507.00			Amputation of penis; partial
54125			653.27			Amputation of penis; complete
54130			963.98			Amputation of penis, radical; with bilateral inguinofemoral lymphadenectomy
54135			1223.55			Amputation of penis, radical; in continuity with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes
54150	160.10	80.64				Circumcision, using clamp or other device with regional dorsal penile or ring block
54160	205.30	116.24				Circumcision, surgical excision other than clamp, device, or dorsal slit; neonate (28 days of age or less)
54161			159.01			Circumcision, surgical excision other than clamp, device, or dorsal slit; older than 28 days of age
54162	239.14	157.03				Lysis or excision of penile post-circumcision adhesions
54163			176.23			Repair incomplete circumcision
54164			155.67			Frenulotomy of penis
54200	95.10	69.61				Injection procedure for Peyronie disease;
54205			436.56			Injection procedure for Peyronie disease; with surgical exposure of plaque
54220	189.72	109.27				Irrigation of corpora cavernosa for priapism
54230	80.39	64.83				Injection procedure for corpora cavernosography
54231	115.67	95.47				Dynamic cavernosometry, including intracavernosal injection of vasoactive drugs (eg, papaverine, phentolamine)

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
54235	73.67	59.10				Injection of corpora cavernosa with pharmacologic agent(s) (eg, papaverine, phentolamine)
54240			81.93	53.82	28.11	Penile plethysmography
54250			100.92	91.22	9.70	Nocturnal penile tumescence and/or rigidity test
54300			528.59			Plastic operation of penis for straightening of chordee (eg, hypospadias), with or without mobilization of urethra
54304			619.68			Plastic operation on penis for correction of chordee or for first stage hypospadias repair with or without transplantation of prepuce and/or skin flaps
54308			544.11			Urethroplasty for second stage hypospadias repair (including urinary diversion); less than 3 cm
54312			689.99			Urethroplasty for second stage hypospadias repair (including urinary diversion); greater than 3 cm
54316			821.59			Urethroplasty for second stage hypospadias repair (including urinary diversion) with free skin graft obtained from site other than genitalia
54318			548.41			Urethroplasty for third stage hypospadias repair to release penis from scrotum (eg, third stage Cecil repair)
54322			644.71			One stage distal hypospadias repair (with or without chordee or circumcision); with simple meatal advancement (eg, Magpi, V-flap)
54324			803.15			One stage distal hypospadias repair (with or without chordee or circumcision); with urethroplasty by local skin flaps (eg, flip-flap, prepucial flap)
54326			775.13			One stage distal hypospadias repair (with or without chordee or circumcision); with urethroplasty by local skin flaps and mobilization of urethra
54328			765.07			One stage distal hypospadias repair (with or without chordee or circumcision); with extensive dissection to correct chordee and urethroplasty with local skin flaps, skin graft patch, and/or island flap
54332			829.20			One stage proximal penile or penoscrotal hypospadias repair requiring extensive dissection to correct chordee and urethroplasty by use of skin graft tube and/or island flap
54336			937.23			One stage perineal hypospadias repair requiring extensive dissection to correct chordee and urethroplasty by use of skin graft tube and/or island flap
54340			469.64			Repair of hypospadias complications (ie, fistula, stricture, diverticula); by closure, incision, or excision, simple
54344			791.11			Repair of hypospadias complications (ie, fistula, stricture, diverticula); requiring mobilization of skin flaps and urethroplasty with flap or patch graft

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
54348			839.16			Repair of hypospadias complications (ie, fistula, stricture, diverticula); requiring extensive dissection and urethroplasty with flap, patch or tubed graft (includes urinary diversion)
54352			1189.45			Repair of hypospadias cripple requiring extensive dissection and excision of previously constructed structures including re-release of chordee and reconstruction of urethra and penis by use of local skin as grafts and island flaps and skin brought in as flaps or grafts
54360			594.27			Plastic operation on penis to correct angulation
54380			653.92			Plastic operation on penis for epispadias distal to external sphincter;
54385			799.46			Plastic operation on penis for epispadias distal to external sphincter; with incontinence
54390			942.37			Plastic operation on penis for epispadias distal to external sphincter; with exstrophy of bladder
54400			434.66			Insertion of penile prosthesis; non-inflatable (semi-rigid)
54401			531.82			Insertion of penile prosthesis; inflatable (self-contained)
54405			654.47			Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir
54406			590.15			Removal of all components of a multi-component, inflatable penile prosthesis without replacement of prosthesis
54408			633.98			Repair of component(s) of a multi-component, inflatable penile prosthesis
54410			747.81			Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session
54411			819.29			Removal and replacement of all components of a multi-component inflatable penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue
54415			425.53			Removal of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis, without replacement of prosthesis
54416			567.68			Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis at the same operative session
54417			719.00			Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue

114.3 CMR 16.00: SURGERY AND ANESTHESIA SERVICES

CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
54420			574.13			Corpora cavernosa-saphenous vein shunt (priapism operation), unilateral or bilateral
54430			520.18			Corpora cavernosa-corpus spongiosum shunt (priapism operation), unilateral or bilateral
54435			338.89			Corpora cavernosa-glans penis fistulization (eg, biopsy needle, Winter procedure, rongeur, or punch) for priapism
54440			I.C.			Plastic operation of penis for injury
54450	62.78	48.21				Foreskin manipulation including lysis of preputial adhesions and stretching
54500			60.56			Biopsy of testis, needle (separate procedure)
54505			174.83			Biopsy of testis, incisional (separate procedure)
54512			434.24			Excision of extraparenchymal lesion of testis
54520			264.87			Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach
54522			475.24			Orchiectomy, partial
54530			444.54			Orchiectomy, radical, for tumor; inguinal approach
54535			590.86			Orchiectomy, radical, for tumor; with abdominal exploration
54550			393.93			Exploration for undescended testis (inguinal or scrotal area)
54560			552.41			Exploration for undescended testis with abdominal exploration
54600			364.76			Reduction of torsion of testis, surgical, with or without fixation of contralateral testis
54620			245.67			Fixation of contralateral testis (separate procedure)
54640			374.92			Orchiopexy, inguinal approach, with or without hernia repair
54650			549.63			Orchiopexy, abdominal approach, for intra-abdominal testis (eg, Fowler-Stephens)
54660			288.38			Insertion of testicular prosthesis (separate procedure)
54670			331.20			Suture or repair of testicular injury
54680			642.27			Transplantation of testis(es) to thigh (because of scrotal destruction)
54690			519.83			Laparoscopy, surgical; orchiectomy
54692			623.50			Laparoscopy, surgical; orchiopexy for intra-abdominal testis
54699			I.C.			Unlisted laparoscopy procedure, testis
54700			173.54			Incision and drainage of epididymis, testis and/or scrotal space (eg, abscess or hematoma)
54800			105.07			Biopsy of epididymis, needle
54830			296.92			Excision of local lesion of epididymis
54840			262.57			Excision of spermatocele, with or without epididymectomy
54860			336.27			Epididymectomy; unilateral

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
54861			455.45			Epididymectomy; bilateral
54865			286.04			Exploration of epididymis, with or without biopsy
54900			594.89			Epididymovasostomy, anastomosis of epididymis to vas deferens; unilateral
54901			865.69			Epididymovasostomy, anastomosis of epididymis to vas deferens; bilateral
55000	107.17	68.10				Puncture aspiration of hydrocele, tunica vaginalis, with or without injection of medication
55040			272.91			Excision of hydrocele; unilateral
55041			407.20			Excision of hydrocele; bilateral
55060			303.23			Repair of tunica vaginalis hydrocele (Bottle type)
55100	189.17	131.23				Drainage of scrotal wall abscess
55110			308.93			Scrotal exploration
55120			283.77			Removal of foreign body in scrotum
55150			389.22			Resection of scrotum
55175			290.50			Scrotoplasty; simple
55180			553.18			Scrotoplasty; complicated
55200	469.40	226.72				Vasotomy, cannulization with or without incision of vas, unilateral or bilateral (separate procedure)
55250	604.86	268.64				Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s)
55300			153.72			Vasotomy for vasograms, seminal vesiculograms, or epididymograms, unilateral or bilateral
55400			408.43			Vasovasostomy, vasovasorrhaphy
55450	334.74	201.98				Ligation (percutaneous) of vas deferens, unilateral or bilateral (separate procedure)
55500			303.14			Excision of hydrocele of spermatic cord, unilateral (separate procedure)
55520			316.08			Excision of lesion of spermatic cord (separate procedure)
55530			286.01			Excision of varicocele or ligation of spermatic veins for varicocele; (separate procedure)
55535			344.06			Excision of varicocele or ligation of spermatic veins for varicocele; abdominal approach
55540			382.15			Excision of varicocele or ligation of spermatic veins for varicocele; with hernia repair
55550			340.20			Laparoscopy, surgical, with ligation of spermatic veins for varicocele
55559			I.C.			Unlisted laparoscopy procedure, spermatic cord
55600			342.26			Vesiculotomy;
55605			401.95			Vesiculotomy; complicated
55650			578.78			Vesiculectomy, any approach
55680			280.34			Excision of Mullerian duct cyst
55700	205.15	106.82				Biopsy, prostate; needle or punch, single or multiple, any approach
55705			219.80			Biopsy, prostate; incisional, any approach

114.3 CMR 16.00: SURGERY AND ANESTHESIA SERVICES

CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
55720			378.50			Prostatotomy, external drainage of prostatic abscess, any approach; simple
55725			469.48			Prostatotomy, external drainage of prostatic abscess, any approach; complicated
55801			873.38			Prostatectomy, perineal, subtotal (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy)
55810			1060.42			Prostatectomy, perineal radical;
55812			1289.55			Prostatectomy, perineal radical; with lymph node biopsy(s) (limited pelvic lymphadenectomy)
55815			1425.21			Prostatectomy, perineal radical; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes
55821			703.94			Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); suprapubic, subtotal, one or two stages
55831			762.67			Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); retropubic, subtotal
55840			1080.54			Prostatectomy, retropubic radical, with or without nerve sparing;
55842			1157.22			Prostatectomy, retropubic radical, with or without nerve sparing; with lymph node biopsy(s) (limited pelvic lymphadenectomy)
55845			1322.22			Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes
55860			707.71			Exposure of prostate, any approach, for insertion of radioactive substance;
55862			894.07			Exposure of prostate, any approach, for insertion of radioactive substance; with lymph node biopsy(s) (limited pelvic lymphadenectomy)
55865			1074.33			Exposure of prostate, any approach, for insertion of radioactive substance; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes
55866			1404.63			Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing
55870	142.00	117.50				Electroejaculation
55873			929.57			Cryosurgical ablation of the prostate (includes ultrasonic guidance for interstitial cryosurgical probe placement)

114.3 CMR 16.00: SURGERY AND ANESTHESIA SERVICES

CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
55875			617.08			Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy
55876	122.83	89.06				Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple
55899			I.C.			Unlisted procedure, male genital system
55920			348.36			Placement of needles or catheters into pelvic organs and/or genitalia (except prostate) for subsequent interstitial radioelement application
55970			I.C.			Intersex surgery; male to female
55980			I.C.			Intersex surgery; female to male
56405	85.79	82.48				Incision and drainage of vulva or perineal abscess
56420	105.70	72.92				Incision and drainage of Bartholin's gland abscess
56440			141.09			Marsupialization of Bartholin's gland cyst
56441	118.11	108.84				Lysis of labial adhesions
56442			37.58			Hymenotomy, simple incision
56501	103.74	87.85				Destruction of lesion(s), vulva; simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)
56515	173.43	150.59				Destruction of lesion(s), vulva; extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)
56605	66.60	46.74				Biopsy of vulva or perineum (separate procedure); one lesion
56606	31.09	23.14				Biopsy of vulva or perineum (separate procedure); each separate additional lesion (List separately in addition to code for primary procedure)
56620			406.87			Vulvectomy simple; partial
56625			455.99			Vulvectomy simple; complete
56630			658.65			Vulvectomy, radical, partial;
56631			841.90			Vulvectomy, radical, partial; with unilateral inguinofemoral lymphadenectomy
56632			966.04			Vulvectomy, radical, partial; with bilateral inguinofemoral lymphadenectomy
56633			857.44			Vulvectomy, radical, complete;
56634			909.91			Vulvectomy, radical, complete; with unilateral inguinofemoral lymphadenectomy
56637			1079.20			Vulvectomy, radical, complete; with bilateral inguinofemoral lymphadenectomy
56640			1072.22			Vulvectomy, radical, complete, with inguinofemoral, iliac, and pelvic lymphadenectomy
56700			143.91			Partial hymenectomy or revision of hymenal ring
56740			227.95			Excision of Bartholin's gland or cyst
56800			187.17			Plastic repair of introitus
56805			I.C.			Clitoroplasty for intersex state
56810			201.27			Perineoplasty, repair of perineum, nonobstetrical (separate procedure)

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
56820	87.12	65.27				Colposcopy of the vulva;
56821	117.22	89.07				Colposcopy of the vulva; with biopsy(s)
57000			147.39			Colpotomy; with exploration
57010			329.18			Colpotomy; with drainage of pelvic abscess
57020	74.21	62.95				Colpocentesis (separate procedure)
57022			129.28			Incision and drainage of vaginal hematoma; obstetrical/postpartum
57023			237.42			Incision and drainage of vaginal hematoma; non-obstetrical (eg, post-trauma, spontaneous bleeding)
57061	91.31	75.75				Destruction of vaginal lesion(s); simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)
57065	151.58	132.37				Destruction of vaginal lesion(s); extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)
57100	70.27	50.41				Biopsy of vaginal mucosa; simple (separate procedure)
57105	107.98	97.38				Biopsy of vaginal mucosa; extensive, requiring suture (including cysts)
57106			360.87			Vaginectomy, partial removal of vaginal wall;
57107			1063.42			Vaginectomy, partial removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy)
57109			1213.56			Vaginectomy, partial removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy) with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy)
57110			689.46			Vaginectomy, complete removal of vaginal wall;
57111			1238.52			Vaginectomy, complete removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy)
57112			1289.92			Vaginectomy, complete removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy) with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy)
57120			393.10			Colpocleisis (Le Fort type)
57130	142.53	123.99				Excision of vaginal septum
57135	152.64	134.10				Excision of vaginal cyst or tumor
57150	44.67	22.81				Irrigation of vagina and/or application of medicament for treatment of bacterial, parasitic, or fungoid disease
57155			332.18			Insertion of uterine tandems and/or vaginal ovoids for clinical brachytherapy
57160	61.09	36.92				Fitting and insertion of pessary or other intravaginal support device
57170	89.14	54.13				Diaphragm or cervical cap fitting with instructions
57180	115.29	84.83				Introduction of any hemostatic agent or pack for spontaneous or traumatic nonobstetrical vaginal hemorrhage (separate procedure)

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
57200			228.35			Colporrhaphy, suture of injury of vagina (nonobstetrical)
57210			281.37			Colpoperineorrhaphy, suture of injury of vagina and/or perineum (nonobstetrical)
57220			245.40			Plastic operation on urethral sphincter, vaginal approach (eg, Kelly urethral plication)
57230			301.75			Plastic repair of urethrocele
57240			486.02			Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele
57250			475.41			Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy
57260			598.44			Combined anteroposterior colporrhaphy;
57265			675.63			Combined anteroposterior colporrhaphy; with enterocele repair
57267			207.56			Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach (List separately in addition to code for primary procedure)
57268			366.50			Repair of enterocele, vaginal approach (separate procedure)
57270			609.22			Repair of enterocele, abdominal approach (separate procedure)
57280			737.35			Colpopexy, abdominal approach
57282			389.71			Colpopexy, vaginal; extra-peritoneal approach (sacrospinous, iliococcygeus)
57283			527.88			Colpopexy, vaginal; intra-peritoneal approach (uterosacral, levator myorrhaphy)
57284			645.54			Paravaginal defect repair (including repair of cystocele, if performed); open abdominal approach
57285			505.91			Paravaginal defect repair (including repair of cystocele, if performed); vaginal approach
57287			536.03			Removal or revision of sling for stress incontinence (eg, fascia or synthetic)
57288			628.97			Sling operation for stress incontinence (eg, fascia or synthetic)
57289			591.08			Pereyra procedure, including anterior colporrhaphy
57291			420.90			Construction of artificial vagina; without graft
57292			634.73			Construction of artificial vagina; with graft
57295			376.62			Revision (including removal) of prosthetic vaginal graft; vaginal approach
57296			716.33			Revision (including removal) of prosthetic vaginal graft; open abdominal approach
57300			402.51			Closure of rectovaginal fistula; vaginal or transanal approach
57305			668.78			Closure of rectovaginal fistula; abdominal approach
57307			748.53			Closure of rectovaginal fistula; abdominal approach, with concomitant colostomy

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
57308			483.53			Closure of rectovaginal fistula; transperineal approach, with perineal body reconstruction, with or without levator plication
57310			369.00			Closure of urethrovaginal fistula;
57311			419.11			Closure of urethrovaginal fistula; with bulbocavernosus transplant
57320			419.46			Closure of vesicovaginal fistula; vaginal approach
57330			602.56			Closure of vesicovaginal fistula; transvesical and vaginal approach
57335			I.C.			Vaginoplasty for intersex state
57400			103.71			Dilation of vagina under anesthesia
57410			82.51			Pelvic examination under anesthesia
57415			121.60			Removal of impacted vaginal foreign body (separate procedure) under anesthesia
57420	91.45	68.93				Colposcopy of the entire vagina, with cervix if present;
57421	124.15	95.01				Colposcopy of the entire vagina, with cervix if present; with biopsy(s) of vagina/cervix
57423			697.88			Paravaginal defect repair (including repair of cystocele, if performed), laparoscopic approach
57425			734.48			Laparoscopy, surgical, colpopexy (suspension of vaginal apex)
57452	86.46	70.56				Colposcopy of the cervix including upper/adjacent vagina;
57454	121.37	105.81				Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix and endocervical curettage
57455	114.00	85.86				Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix
57456	107.68	80.20				Colposcopy of the cervix including upper/adjacent vagina; with endocervical curettage
57460	253.82	127.01				Colposcopy of the cervix including upper/adjacent vagina; with loop electrode biopsy(s) of the cervix
57461	281.34	146.26				Colposcopy of the cervix including upper/adjacent vagina; with loop electrode conization of the cervix
57500	111.56	57.26				Biopsy of cervix, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)
57505	81.40	71.14				Endocervical curettage (not done as part of a dilation and curettage)
57510	105.32	90.09				Cautery of cervix; electro or thermal
57511	115.14	102.23				Cautery of cervix; cryocautery, initial or repeat
57513	112.83	102.89				Cautery of cervix; laser ablation
57520	245.02	212.90				Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
57522	207.84	187.65				Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; loop electrode excision
57530			264.59			Trachelectomy (cervicectomy), amputation of cervix (separate procedure)
57531			1300.82			Radical trachelectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling biopsy, with or without removal of tube(s), with or without removal of ovary(s)
57540			593.50			Excision of cervical stump, abdominal approach;
57545			628.67			Excision of cervical stump, abdominal approach; with pelvic floor repair
57550			311.72			Excision of cervical stump, vaginal approach;
57555			460.95			Excision of cervical stump, vaginal approach; with anterior and/or posterior repair
57556			434.82			Excision of cervical stump, vaginal approach; with repair of enterocele
57558	98.15	87.55				Dilation and curettage of cervical stump
57700			232.21			Cerclage of uterine cervix, nonobstetrical
57720			236.95			Trachelorrhaphy, plastic repair of uterine cervix, vaginal approach
57800	47.92	37.99				Dilation of cervical canal, instrumental (separate procedure)
58100	87.29	68.09				Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)
58110	38.99	32.03				Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure)
58120	189.95	165.78				Dilation and curettage, diagnostic and/or therapeutic (nonobstetrical)
58140			696.85			Myomectomy, excision of fibroid tumor(s) of uterus, 1 to 4 intramural myoma(s) with total weight of 250 g or less and/or removal of surface myomas; abdominal approach
58145			416.05			Myomectomy, excision of fibroid tumor(s) of uterus, 1 to 4 intramural myoma(s) with total weight of 250 g or less and/or removal of surface myomas; vaginal approach
58146			885.79			Myomectomy, excision of fibroid tumor(s) of uterus, 5 or more intramural myomas and/or intramural myomas with total weight greater than 250 g, abdominal approach
58150			752.50			Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
58152			956.09			Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s); with colpo-urethrocystopexy (eg, Marshall-Marchetti-Krantz, Burch)
58180			723.87			Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)
58200			997.01			Total abdominal hysterectomy, including partial vaginectomy, with para-aortic and pelvic lymph node sampling, with or without removal of tube(s), with or without removal of ovary(s)
58210			1327.11			Radical abdominal hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with or without removal of tube(s), with or without removal of ovary(s)
58240			2042.76			Pelvic exenteration for gynecologic malignancy, with total abdominal hysterectomy or cervicectomy, with or without removal of tube(s), with or without removal of ovary(s), with removal of bladder and ureteral transplantations, and/or abdominoperineal resection of rectum and colon and colostomy, or any combination thereof
58260			631.63			Vaginal hysterectomy, for uterus 250 g or less;
58262			705.40			Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)
58263			759.52			Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s), with repair of enterocele
58267			807.22			Vaginal hysterectomy, for uterus 250 g or less; with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control
58270			676.82			Vaginal hysterectomy, for uterus 250 g or less; with repair of enterocele
58275			750.98			Vaginal hysterectomy, with total or partial vaginectomy;
58280			804.06			Vaginal hysterectomy, with total or partial vaginectomy; with repair of enterocele
58285			1004.52			Vaginal hysterectomy, radical (Schauta type operation)
58290			885.17			Vaginal hysterectomy, for uterus greater than 250 g;
58291			960.27			Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58292			1014.06			Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s), with repair of enterocele

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
58293			1053.71			Vaginal hysterectomy, for uterus greater than 250 g; with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control
58294			932.65			Vaginal hysterectomy, for uterus greater than 250 g; with repair of enterocele
58300	93.97	59.44				Insertion of intrauterine device (IUD)
58301	112.61	75.68				Removal of intrauterine device (IUD)
58321	62.26	37.76				Artificial insemination; intra-cervical
58322	70.58	45.41				Artificial insemination; intra-uterine
58323	18.32	9.71				Sperm washing for artificial insemination
58340	114.56	46.69				Catheterization and introduction of saline or contrast material for saline infusion sonohysterography (SIS) or hysterosalpingography
58345			214.31			Transcervical introduction of fallopian tube catheter for diagnosis and/or re-establishing patency (any method), with or without hysterosalpingography
58346			347.61			Insertion of Heyman capsules for clinical brachytherapy
58350	78.34	61.12				Chromotubation of oviduct, including materials
58353	1077.62	171.12				Endometrial ablation, thermal, without hysteroscopic guidance
58356	1930.97	270.28				Endometrial cryoablation with ultrasonic guidance, including endometrial curettage, when performed
58400			342.28			Uterine suspension, with or without shortening of round ligaments, with or without shortening of sacrouterine ligaments; (separate procedure)
58410			611.84			Uterine suspension, with or without shortening of round ligaments, with or without shortening of sacrouterine ligaments; with presacral sympathectomy
58520			595.72			Hysterorrhaphy, repair of ruptured uterus (nonobstetrical)
58540			690.99			Hysteroplasty, repair of uterine anomaly (Strassman type)
58541			645.70			Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;
58542			714.71			Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
58543			726.54			Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;
58544			785.09			Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58545			685.32			Laparoscopy, surgical, myomectomy, excision; 1 to 4 intramural myomas with total weight of 250 g or less and/or removal of surface myomas

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
58546			867.90			Laparoscopy, surgical, myomectomy, excision; 5 or more intramural myomas and/or intramural myomas with total weight greater than 250 g
58548			1366.26			Laparoscopy, surgical, with radical hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with removal of tube(s) and ovary(s), if performed
58550			677.14			Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less;
58552			746.86			Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
58553			871.58			Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g;
58554			998.93			Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58555	183.64	147.55				Hysteroscopy, diagnostic (separate procedure)
58558	240.55	207.78				Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C
58559			266.95			Hysteroscopy, surgical; with lysis of intrauterine adhesions (any method)
58560			302.53			Hysteroscopy, surgical; with division or resection of intrauterine septum (any method)
58561			427.32			Hysteroscopy, surgical; with removal of leiomyomata
58562	256.01	226.54				Hysteroscopy, surgical; with removal of impacted foreign body
58563	1735.29	267.28				Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation)
58565	1738.62	343.12				Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants
58570			692.57			Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;
58571			759.10			Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
58572			858.34			Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;
58573			969.14			Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58578			I.C.			Unlisted laparoscopy procedure, uterus
58579			I.C.			Unlisted hysteroscopy procedure, uterus

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
58600			407.60			Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral
58605			370.21			Ligation or transection of fallopian tube(s), abdominal or vaginal approach, postpartum, unilateral or bilateral, during same hospitalization (separate procedure)
58611			87.25			Ligation or transection of fallopian tube(s) when done at the time of cesarean delivery or intra-abdominal surgery (not a separate procedure) (List separately in addition to code for primary procedure)
58615			286.39			Occlusion of fallopian tube(s) by device (eg, band, clip, Falope ring) vaginal or suprapubic approach
58660			513.73			Laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis) (separate procedure)
58661			494.82			Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)
58662			542.36			Laparoscopy, surgical; with fulguration or excision of lesions of the ovary, pelvic viscera, or peritoneal surface by any method
58670			280.91			Laparoscopy, surgical; with fulguration of oviducts (with or without transection)
58671			281.13			Laparoscopy, surgical; with occlusion of oviducts by device (eg, band, clip, or Falope ring)
58672			575.29			Laparoscopy, surgical; with fimbrioplasty
58673			620.67			Laparoscopy, surgical; with salpingostomy (salpingoneostomy)
58679			I.C.			Unlisted laparoscopy procedure, oviduct, ovary
58700			580.85			Salpingectomy, complete or partial, unilateral or bilateral (separate procedure)
58720			546.80			Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)
58740			667.93			Lysis of adhesions (salpingolysis, ovariolysis)
58750			696.18			Tubotubal anastomosis
58752			687.38			Tubouterine implantation
58760			628.84			Fimbrioplasty
58770			656.96			Salpingostomy (salpingoneostomy)
58800	249.51	228.65				Drainage of ovarian cyst(s), unilateral or bilateral (separate procedure); vaginal approach
58805			307.65			Drainage of ovarian cyst(s), unilateral or bilateral (separate procedure); abdominal approach
58820			242.75			Drainage of ovarian abscess; vaginal approach, open
58822			523.58			Drainage of ovarian abscess; abdominal approach
58823	783.56	136.96				Drainage of pelvic abscess, transvaginal or transrectal approach, percutaneous (eg, ovarian, pericolic)

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
58825			531.04			Transposition, ovary(s)
58900			314.39			Biopsy of ovary, unilateral or bilateral (separate procedure)
58920			537.82			Wedge resection or bisection of ovary, unilateral or bilateral
58925			555.53			Ovarian cystectomy, unilateral or bilateral
58940			380.93			Oophorectomy, partial or total, unilateral or bilateral;
58943			851.81			Oophorectomy, partial or total, unilateral or bilateral; for ovarian, tubal or primary peritoneal malignancy, with para-aortic and pelvic lymph node biopsies, peritoneal washings, peritoneal biopsies, diaphragmatic assessments, with or without salpingectomy(s), with or without omentectomy
58950			812.03			Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy;
58951			1045.94			Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy; with total abdominal hysterectomy, pelvic and limited para-aortic lymphadenectomy
58952			1180.10			Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy; with radical dissection for debulking (ie, radical excision or destruction, intra-abdominal or retroperitoneal tumors)
58953			1464.00			Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking;
58954			1589.13			Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking; with pelvic lymphadenectomy and limited para-aortic lymphadenectomy
58956			1031.17			Bilateral salpingo-oophorectomy with total omentectomy, total abdominal hysterectomy for malignancy
58957			1107.56			Resection (tumor debulking) of recurrent ovarian, tubal, primary peritoneal, uterine malignancy (intra-abdominal, retroperitoneal tumors), with omentectomy, if performed;

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
58958			1224.76			Resection (tumor debulking) of recurrent ovarian, tubal, primary peritoneal, uterine malignancy (intra-abdominal, retroperitoneal tumors), with omentectomy, if performed; with pelvic lymphadenectomy and limited para-aortic lymphadenectomy
58960			701.44			Laparotomy, for staging or restaging of ovarian, tubal, or primary peritoneal malignancy (second look), with or without omentectomy, peritoneal washing, biopsy of abdominal and pelvic peritoneum, diaphragmatic assessment with pelvic and limited para-aortic lymphadenectomy
58970	176.35	153.17				Follicle puncture for oocyte retrieval, any method
58974			I.C.			Embryo transfer, intrauterine
58976	193.19	166.71				Gamete, zygote, or embryo intrafallopian transfer, any method
58999			I.C.			Unlisted procedure, female genital system (nonobstetrical)
59000	153.82	91.46				Amniocentesis; diagnostic
59001			202.86			Amniocentesis; therapeutic amniotic fluid reduction (includes ultrasound guidance)
59012			228.87			Cordocentesis (intrauterine), any method
59015	176.12	149.26				Chorionic villus sampling, any method
59020			78.90	42.22	36.68	Fetal contraction stress test
59025			52.00	34.11	17.89	Fetal non-stress test
59030			124.34			Fetal scalp blood sampling
59050			57.39			Fetal monitoring during labor by consulting physician (ie, non-attending physician) with written report; supervision and interpretation
59051			47.20			Fetal monitoring during labor by consulting physician (ie, non-attending physician) with written report; interpretation only
59070	310.20	219.81				Transabdominal amnioinfusion, including ultrasound guidance
59072			345.74			Fetal umbilical cord occlusion, including ultrasound guidance
59074	287.68	215.84				Fetal fluid drainage (eg, vesicocentesis, thoracocentesis, paracentesis), including ultrasound guidance
59076			345.74			Fetal shunt placement, including ultrasound guidance
59100			632.10			Hysterotomy, abdominal (eg, for hydatidiform mole, abortion)
59120			871.92			Surgical treatment of ectopic pregnancy; tubal or ovarian, requiring salpingectomy and/or oophorectomy, abdominal or vaginal approach

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
59121			877.98			Surgical treatment of ectopic pregnancy; tubal or ovarian, without salpingectomy and/or oophorectomy
59130			681.60			Surgical treatment of ectopic pregnancy; abdominal pregnancy
59135			688.66			Surgical treatment of ectopic pregnancy; interstitial, uterine pregnancy requiring total hysterectomy
59136			946.57			Surgical treatment of ectopic pregnancy; interstitial, uterine pregnancy with partial resection of uterus
59140			282.64			Surgical treatment of ectopic pregnancy; cervical, with evacuation
59150			848.75			Laparoscopic treatment of ectopic pregnancy; without salpingectomy and/or oophorectomy
59151			832.73			Laparoscopic treatment of ectopic pregnancy; with salpingectomy and/or oophorectomy
59160	256.92	209.43				Curettage, postpartum
59200	88.69	50.32				Insertion of cervical dilator (eg, laminaria, prostaglandin) (separate procedure)
59300	219.74	162.18				Episiotomy or vaginal repair, by other than attending physician
59320			172.35			Cerclage of cervix, during pregnancy; vaginal
59325			271.64			Cerclage of cervix, during pregnancy; abdominal
59350			213.99			Hysterorrhaphy of ruptured uterus
59400			2087.66			Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care
59409			861.53			Vaginal delivery only (with or without episiotomy and/or forceps);
59410			996.81			Vaginal delivery only (with or without episiotomy and/or forceps); including postpartum care
59412			80.15			External cephalic version, with or without tocolysis
59414			102.82			Delivery of placenta (separate procedure)
59425	489.37	371.86				Antepartum care only; 4-6 visits
59426	875.86	657.15				Antepartum care only; 7 or more visits
59430	156.84	141.01				Postpartum care only (separate procedure)
59510			2363.02			Routine obstetric care including antepartum care, cesarean delivery, and postpartum care
59514			1018.29			Cesarean delivery only;
59515			1201.58			Cesarean delivery only; including postpartum care
59525			371.99			Subtotal or total hysterectomy after cesarean delivery (List separately in addition to code for primary procedure)
59610			2196.39			Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
59612			965.85			Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps);
59614			1080.55			Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps); including postpartum care
59618			2471.18			Routine obstetric care including antepartum care, cesarean delivery, and postpartum care, following attempted vaginal delivery after previous cesarean delivery
59620			1111.18			Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery;
59622			1304.41			Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; including postpartum care
59812	342.31	324.57				Treatment of incomplete abortion, any trimester, completed surgically
59820	422.63	387.13				Treatment of missed abortion, completed surgically; first trimester
59821	430.10	393.17				Treatment of missed abortion, completed surgically; second trimester
59830			335.45			Treatment of septic abortion, completed surgically
59840	167.46	163.82				Induced abortion, by dilation and curettage
59841	291.35	273.47				Induced abortion, by dilation and evacuation
59850			286.85			Induced abortion, by one or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines;
59851			308.93			Induced abortion, by one or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage and/or evacuation
59852			415.24			Induced abortion, by one or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines; with hysterotomy (failed intra-amniotic injection)
59855			318.80			Induced abortion, by one or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines;

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
59856			376.64			Induced abortion, by one or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage and/or evacuation
59857			441.34			Induced abortion, by one or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines; with hysterotomy (failed medical evacuation)
59866			184.01			Multifetal pregnancy reduction(s) (MPR)
59870			355.79			Uterine evacuation and curettage for hydatidiform mole
59871			103.96			Removal of cerclage suture under anesthesia (other than local)
59897			I.C.			Unlisted fetal invasive procedure, including ultrasound guidance
59898			I.C.			Unlisted laparoscopy procedure, maternity care and delivery
59899			I.C.			Unlisted procedure, maternity care and delivery
60000	119.45	109.19				Incision and drainage of thyroglossal duct cyst, infected
60100	90.72	62.91				Biopsy thyroid, percutaneous core needle
60200			488.33			Excision of cyst or adenoma of thyroid, or transection of isthmus
60210			517.40			Partial thyroid lobectomy, unilateral; with or without isthmusectomy
60212			739.41			Partial thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy
60220			567.05			Total thyroid lobectomy, unilateral; with or without isthmusectomy
60225			681.73			Total thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy
60240			722.97			Thyroidectomy, total or complete
60252			973.30			Thyroidectomy, total or subtotal for malignancy; with limited neck dissection
60254			1265.81			Thyroidectomy, total or subtotal for malignancy; with radical neck dissection
60260			814.95			Thyroidectomy, removal of all remaining thyroid tissue following previous removal of a portion of thyroid
60270			1021.39			Thyroidectomy, including substernal thyroid; sternal split or transthoracic approach

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
60271			787.71			Thyroidectomy, including substernal thyroid; cervical approach
60280			331.76			Excision of thyroglossal duct cyst or sinus;
60281			443.53			Excision of thyroglossal duct cyst or sinus; recurrent
60300	83.87	39.17				Aspiration and/or injection, thyroid cyst
60500			745.06			Parathyroidectomy or exploration of parathyroid(s);
60502			938.60			Parathyroidectomy or exploration of parathyroid(s); re-exploration
60505			1032.73			Parathyroidectomy or exploration of parathyroid(s); with mediastinal exploration, sternal split or transthoracic approach
60512			181.99			Parathyroid autotransplantation (List separately in addition to code for primary procedure)
60520			776.97			Thymectomy, partial or total; transcervical approach (separate procedure)
60521			886.62			Thymectomy, partial or total; sternal split or transthoracic approach, without radical mediastinal dissection (separate procedure)
60522			1068.15			Thymectomy, partial or total; sternal split or transthoracic approach, with radical mediastinal dissection (separate procedure)
60540			799.69			Adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal (separate procedure);
60545			915.15			Adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal (separate procedure); with excision of adjacent retroperitoneal tumor
60600			1072.52			Excision of carotid body tumor; without excision of carotid artery
60605			1346.87			Excision of carotid body tumor; with excision of carotid artery
60650			891.18			Laparoscopy, surgical, with adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal
60659			I.C.			Unlisted laparoscopy procedure, endocrine system
60699			I.C.			Unlisted procedure, endocrine system
61000			82.98			Subdural tap through fontanelle, or suture, infant, unilateral or bilateral; initial
61001			80.45			Subdural tap through fontanelle, or suture, infant, unilateral or bilateral; subsequent taps
61020			98.45			Ventricular puncture through previous burr hole, fontanelle, suture, or implanted ventricular catheter/reservoir; without injection

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
61026			98.62			Ventricular puncture through previous burr hole, fontanelle, suture, or implanted ventricular catheter/reservoir; with injection of medication or other substance for diagnosis or treatment
61050			84.57			Cisternal or lateral cervical (C1-C2) puncture; without injection (separate procedure)
61055			107.62			Cisternal or lateral cervical (C1-C2) puncture; with injection of medication or other substance for diagnosis or treatment (eg, C1-C2)
61070			64.25			Puncture of shunt tubing or reservoir for aspiration or injection procedure
61105			325.40			Twist drill hole for subdural or ventricular puncture
61107			239.15			Twist drill hole(s) for subdural, intracerebral, or ventricular puncture; for implanting ventricular catheter, pressure recording device, or other intracerebral monitoring device
61108			634.53			Twist drill hole(s) for subdural, intracerebral, or ventricular puncture; for evacuation and/or drainage of subdural hematoma
61120			522.37			Burr hole(s) for ventricular puncture (including injection of gas, contrast media, dye, or radioactive material)
61140			901.79			Burr hole(s) or trephine; with biopsy of brain or intracranial lesion
61150			966.12			Burr hole(s) or trephine; with drainage of brain abscess or cyst
61151			708.09			Burr hole(s) or trephine; with subsequent tapping (aspiration) of intracranial abscess or cyst
61154			899.03			Burr hole(s) with evacuation and/or drainage of hematoma, extradural or subdural
61156			899.44			Burr hole(s); with aspiration of hematoma or cyst, intracerebral
61210			278.69			Burr hole(s); for implanting ventricular catheter, reservoir, EEG electrode(s), pressure recording device, or other cerebral monitoring device (separate procedure)
61215			344.37			Insertion of subcutaneous reservoir, pump or continuous infusion system for connection to ventricular catheter
61250			613.67			Burr hole(s) or trephine, supratentorial, exploratory, not followed by other surgery
61253			682.50			Burr hole(s) or trephine, infratentorial, unilateral or bilateral
61304			1191.64			Craniectomy or craniotomy, exploratory; supratentorial
61305			1427.77			Craniectomy or craniotomy, exploratory; infratentorial (posterior fossa)

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
61312			1477.11			Craniectomy or craniotomy for evacuation of hematoma, supratentorial; extradural or subdural
61313			1417.94			Craniectomy or craniotomy for evacuation of hematoma, supratentorial; intracerebral
61314			1304.39			Craniectomy or craniotomy for evacuation of hematoma, infratentorial; extradural or subdural
61315			1499.79			Craniectomy or craniotomy for evacuation of hematoma, infratentorial; intracerebellar
61316			64.85			Incision and subcutaneous placement of cranial bone graft (List separately in addition to code for primary procedure)
61320			1384.75			Craniectomy or craniotomy, drainage of intracranial abscess; supratentorial
61321			1534.85			Craniectomy or craniotomy, drainage of intracranial abscess; infratentorial
61322			1663.98			Craniectomy or craniotomy, decompressive, with or without duraplasty, for treatment of intracranial hypertension, without evacuation of associated intraparenchymal hematoma; without lobectomy
61323			1700.27			Craniectomy or craniotomy, decompressive, with or without duraplasty, for treatment of intracranial hypertension, without evacuation of associated intraparenchymal hematoma; with lobectomy
61330			1170.51			Decompression of orbit only, transcranial approach
61332			1371.97			Exploration of orbit (transcranial approach); with biopsy
61333			1369.81			Exploration of orbit (transcranial approach); with removal of lesion
61334			907.31			Exploration of orbit (transcranial approach); with removal of foreign body
61340			1039.86			Subtemporal cranial decompression (pseudotumor cerebri, slit ventricle syndrome)
61343			1591.65			Craniectomy, suboccipital with cervical laminectomy for decompression of medulla and spinal cord, with or without dural graft (eg, Arnold-Chiari malformation)
61345			1464.30			Other cranial decompression, posterior fossa
61440			1431.81			Craniotomy for section of tentorium cerebelli (separate procedure)
61450			1363.87			Craniectomy, subtemporal, for section, compression, or decompression of sensory root of gasserian ganglion
61458			1455.52			Craniectomy, suboccipital; for exploration or decompression of cranial nerves
61460			1483.28			Craniectomy, suboccipital; for section of one or more cranial nerves
61470			1356.99			Craniectomy, suboccipital; for medullary tractotomy

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
61480			1312.32			Craniectomy, suboccipital; for mesencephalic tractotomy or pedunculotomy
61490			1378.32			Craniotomy for lobotomy, including cingulotomy
61500			975.87			Craniectomy; with excision of tumor or other bone lesion of skull
61501			830.76			Craniectomy; for osteomyelitis
61510			1569.95			Craniectomy, trephination, bone flap craniotomy; for excision of brain tumor, supratentorial, except meningioma
61512			1859.10			Craniectomy, trephination, bone flap craniotomy; for excision of meningioma, supratentorial
61514			1374.57			Craniectomy, trephination, bone flap craniotomy; for excision of brain abscess, supratentorial
61516			1343.41			Craniectomy, trephination, bone flap craniotomy; for excision or fenestration of cyst, supratentorial
61517			65.24			Implantation of brain intracavitary chemotherapy agent (List separately in addition to code for primary procedure)
61518			2000.67			Craniectomy for excision of brain tumor, infratentorial or posterior fossa; except meningioma, cerebellopontine angle tumor, or midline tumor at base of skull
61519			2153.37			Craniectomy for excision of brain tumor, infratentorial or posterior fossa; meningioma
61520			2760.57			Craniectomy for excision of brain tumor, infratentorial or posterior fossa; cerebellopontine angle tumor
61521			2319.70			Craniectomy for excision of brain tumor, infratentorial or posterior fossa; midline tumor at base of skull
61522			1573.35			Craniectomy, infratentorial or posterior fossa; for excision of brain abscess
61524			1503.84			Craniectomy, infratentorial or posterior fossa; for excision or fenestration of cyst
61526			2517.71			Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor;
61530			2137.72			Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor; combined with middle/posterior fossa craniotomy/craniectomy
61531			860.23			Subdural implantation of strip electrodes through one or more burr or trephine hole(s) for long-term seizure monitoring
61533			1092.16			Craniotomy with elevation of bone flap; for subdural implantation of an electrode array, for long-term seizure monitoring

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
61534			1172.91			Craniotomy with elevation of bone flap; for excision of epileptogenic focus without electrocorticography during surgery
61535			698.26			Craniotomy with elevation of bone flap; for removal of epidural or subdural electrode array, without excision of cerebral tissue (separate procedure)
61536			1881.62			Craniotomy with elevation of bone flap; for excision of cerebral epileptogenic focus, with electrocorticography during surgery (includes removal of electrode array)
61537			1689.68			Craniotomy with elevation of bone flap; for lobectomy, temporal lobe, without electrocorticography during surgery
61538			1804.87			Craniotomy with elevation of bone flap; for lobectomy, temporal lobe, with electrocorticography during surgery
61539			1704.58			Craniotomy with elevation of bone flap; for lobectomy, other than temporal lobe, partial or total, with electrocorticography during surgery
61540			1607.82			Craniotomy with elevation of bone flap; for lobectomy, other than temporal lobe, partial or total, without electrocorticography during surgery
61541			1536.36			Craniotomy with elevation of bone flap; for transection of corpus callosum
61542			1667.43			Craniotomy with elevation of bone flap; for total hemispherectomy
61543			1533.53			Craniotomy with elevation of bone flap; for partial or subtotal (functional) hemispherectomy
61544			1354.55			Craniotomy with elevation of bone flap; for excision or coagulation of choroid plexus
61545			2297.62			Craniotomy with elevation of bone flap; for excision of craniopharyngioma
61546			1661.22			Craniotomy for hypophysectomy or excision of pituitary tumor, intracranial approach
61548			1127.07			Hypophysectomy or excision of pituitary tumor, transnasal or transseptal approach, nonstereotactic
61550			660.25			Craniectomy for craniosynostosis; single cranial suture
61552			940.80			Craniectomy for craniosynostosis; multiple cranial sutures
61556			1177.94			Craniotomy for craniosynostosis; frontal or parietal bone flap
61557			1222.22			Craniotomy for craniosynostosis; bifrontal bone flap
61558			1243.09			Extensive craniectomy for multiple cranial suture craniosynostosis (eg, cloverleaf skull); not requiring bone grafts

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
61559			1750.77			Extensive craniectomy for multiple cranial suture craniosynostosis (eg, cloverleaf skull); recontouring with multiple osteotomies and bone autografts (eg, barrel-stave procedure) (includes obtaining grafts)
61563			1371.44			Excision, intra and extracranial, benign tumor of cranial bone (eg, fibrous dysplasia); without optic nerve decompression
61564			1753.23			Excision, intra and extracranial, benign tumor of cranial bone (eg, fibrous dysplasia); with optic nerve decompression
61566			1620.90			Craniotomy with elevation of bone flap; for selective amygdalohippocampectomy
61567			1826.87			Craniotomy with elevation of bone flap; for multiple subpial transections, with electrocorticography during surgery
61570			1325.07			Craniectomy or craniotomy; with excision of foreign body from brain
61571			1428.38			Craniectomy or craniotomy; with treatment of penetrating wound of brain
61575			1723.12			Transoral approach to skull base, brain stem or upper spinal cord for biopsy, decompression or excision of lesion;
61576			2698.28			Transoral approach to skull base, brain stem or upper spinal cord for biopsy, decompression or excision of lesion; requiring splitting of tongue and/or mandible (including tracheostomy)
61580			1832.72			Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, ethmoidectomy, sphenoidectomy, without maxillectomy or orbital exenteration
61581			2018.60			Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, orbital exenteration, ethmoidectomy, sphenoidectomy and/or maxillectomy
61582			2086.58			Craniofacial approach to anterior cranial fossa; extradural, including unilateral or bifrontal craniotomy, elevation of frontal lobe(s), osteotomy of base of anterior cranial fossa
61583			2114.41			Craniofacial approach to anterior cranial fossa; intradural, including unilateral or bifrontal craniotomy, elevation or resection of frontal lobe, osteotomy of base of anterior cranial fossa
61584			2062.69			Orbitocranial approach to anterior cranial fossa, extradural, including supraorbital ridge osteotomy and elevation of frontal and/or temporal lobe(s); without orbital exenteration

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
61585			2190.92			Orbitocranial approach to anterior cranial fossa, extradural, including supraorbital ridge osteotomy and elevation of frontal and/or temporal lobe(s); with orbital exenteration
61586			1604.16			Bicoronal, transzygomatic and/or LeFort I osteotomy approach to anterior cranial fossa with or without internal fixation, without bone graft
61590			2307.21			Infratemporal pre-auricular approach to middle cranial fossa (parapharyngeal space, infratemporal and midline skull base, nasopharynx), with or without disarticulation of the mandible, including parotidectomy, craniotomy, decompression and/or mobilization of the facial nerve and/or petrous carotid artery
61591			2325.98			Infratemporal post-auricular approach to middle cranial fossa (internal auditory meatus, petrous apex, tentorium, cavernous sinus, parasellar area, infratemporal fossa) including mastoidectomy, resection of sigmoid sinus, with or without decompression and/or mobilization of contents of auditory canal or petrous carotid artery
61592			2298.51			Orbitocranial zygomatic approach to middle cranial fossa (cavernous sinus and carotid artery, clivus, basilar artery or petrous apex) including osteotomy of zygoma, craniotomy, extra- or intradural elevation of temporal lobe
61595			1742.55			Transtemporal approach to posterior cranial fossa, jugular foramen or midline skull base, including mastoidectomy, decompression of sigmoid sinus and/or facial nerve, with or without mobilization
61596			1921.77			Transcochlear approach to posterior cranial fossa, jugular foramen or midline skull base, including labyrinthectomy, decompression, with or without mobilization of facial nerve and/or petrous carotid artery
61597			2092.76			Transcondylar (far lateral) approach to posterior cranial fossa, jugular foramen or midline skull base, including occipital condylectomy, mastoidectomy, resection of C1-C3 vertebral body(s), decompression of vertebral artery, with or without mobilization
61598			1890.20			Transpetrosal approach to posterior cranial fossa, clivus or foramen magnum, including ligation of superior petrosal sinus and/or sigmoid sinus
61600			1568.81			Resection or excision of neoplastic, vascular or infectious lesion of base of anterior cranial fossa; extradural

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
61601			1718.56			Resection or excision of neoplastic, vascular or infectious lesion of base of anterior cranial fossa; intradural, including dural repair, with or without graft
61605			1651.75			Resection or excision of neoplastic, vascular or infectious lesion of infratemporal fossa, parapharyngeal space, petrous apex; extradural
61606			2173.36			Resection or excision of neoplastic, vascular or infectious lesion of infratemporal fossa, parapharyngeal space, petrous apex; intradural, including dural repair, with or without graft
61607			2029.12			Resection or excision of neoplastic, vascular or infectious lesion of parasellar area, cavernous sinus, clivus or midline skull base; extradural
61608			2375.43			Resection or excision of neoplastic, vascular or infectious lesion of parasellar area, cavernous sinus, clivus or midline skull base; intradural, including dural repair, with or without graft
61609			464.82			Transection or ligation, carotid artery in cavernous sinus; without repair (List separately in addition to code for primary procedure)
61610			1392.85			Transection or ligation, carotid artery in cavernous sinus; with repair by anastomosis or graft (List separately in addition to code for primary procedure)
61611			338.78			Transection or ligation, carotid artery in petrous canal; without repair (List separately in addition to code for primary procedure)
61612			1196.05			Transection or ligation, carotid artery in petrous canal; with repair by anastomosis or graft (List separately in addition to code for primary procedure)
61613			2323.73			Obliteration of carotid aneurysm, arteriovenous malformation, or carotid-cavernous fistula by dissection within cavernous sinus
61615			1825.09			Resection or excision of neoplastic, vascular or infectious lesion of base of posterior cranial fossa, jugular foramen, foramen magnum, or C1-C3 vertebral bodies; extradural
61616			2403.73			Resection or excision of neoplastic, vascular or infectious lesion of base of posterior cranial fossa, jugular foramen, foramen magnum, or C1-C3 vertebral bodies; intradural, including dural repair, with or without graft

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
61618			944.12			Secondary repair of dura for cerebrospinal fluid leak, anterior, middle or posterior cranial fossa following surgery of the skull base; by free tissue graft (eg, pericranium, fascia, tensor fascia lata, adipose tissue, homologous or synthetic grafts)
61619			1095.12			Secondary repair of dura for cerebrospinal fluid leak, anterior, middle or posterior cranial fossa following surgery of the skull base; by local or regionalized vascularized pedicle flap or myocutaneous flap (including galea, temporalis, frontalis or occipitalis muscle)
61623			429.39			Endovascular temporary balloon arterial occlusion, head or neck (extracranial/intracranial) including selective catheterization of vessel to be occluded, positioning and inflation of occlusion balloon, concomitant neurological monitoring, and radiologic supervision and interpretation of all angiography required for balloon occlusion and to exclude vascular injury post occlusion
61624			838.41			Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method; central nervous system (intracranial, spinal cord)
61626			680.33			Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method; non-central nervous system, head or neck (extracranial, brachiocephalic branch)
61630			972.92			Balloon angioplasty, intracranial (eg, atherosclerotic stenosis), percutaneous
61635			1064.51			Transcatheter placement of intravascular stent(s), intracranial (eg, atherosclerotic stenosis), including balloon angioplasty, if performed
61640			452.82			Balloon dilatation of intracranial vasospasm, percutaneous; initial vessel
61641			159.33			Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in same vascular family (List separately in addition to code for primary procedure)
61642			318.34			Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in different vascular family (List separately in addition to code for primary procedure)
61680			1640.84			Surgery of intracranial arteriovenous malformation; supratentorial, simple
61682			3098.06			Surgery of intracranial arteriovenous malformation; supratentorial, complex

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
61684			2080.97			Surgery of intracranial arteriovenous malformation; infratentorial, simple
61686			3317.43			Surgery of intracranial arteriovenous malformation; infratentorial, complex
61690			1569.88			Surgery of intracranial arteriovenous malformation; dural, simple
61692			2665.74			Surgery of intracranial arteriovenous malformation; dural, complex
61697			2978.42			Surgery of complex intracranial aneurysm, intracranial approach; carotid circulation
61698			3156.25			Surgery of complex intracranial aneurysm, intracranial approach; vertebrobasilar circulation
61700			2545.57			Surgery of simple intracranial aneurysm, intracranial approach; carotid circulation
61702			2789.10			Surgery of simple intracranial aneurysm, intracranial approach; vertebrobasilar circulation
61703			949.14			Surgery of intracranial aneurysm, cervical approach by application of occluding clamp to cervical carotid artery (Selverstone-Crutchfield type)
61705			1872.35			Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intracranial and cervical occlusion of carotid artery
61708			1585.87			Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intracranial electrothrombosis
61710			1421.86			Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intra-arterial embolization, injection procedure, or balloon catheter
61711			1901.69			Anastomosis, arterial, extracranial-intracranial (eg, middle cerebral/cortical) arteries
61720			844.57			Creation of lesion by stereotactic method, including burr hole(s) and localizing and recording techniques, single or multiple stages; globus pallidus or thalamus
61735			1032.08			Creation of lesion by stereotactic method, including burr hole(s) and localizing and recording techniques, single or multiple stages; subcortical structure(s) other than globus pallidus or thalamus
61750			1009.27			Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion;
61751			985.68			Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion; with computed tomography and/or magnetic resonance guidance
61760			1081.12			Stereotactic implantation of depth electrodes into the cerebrum for long-term seizure monitoring

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
61770			1087.54			Stereotactic localization, including burr hole(s), with insertion of catheter(s) or probe(s) for placement of radiation source
61790			607.00			Creation of lesion by stereotactic method, percutaneous, by neurolytic agent (eg, alcohol, thermal, electrical, radiofrequency); gasserian ganglion
61791			784.06			Creation of lesion by stereotactic method, percutaneous, by neurolytic agent (eg, alcohol, thermal, electrical, radiofrequency); trigeminal medullary tract
61793			916.97			Stereotactic radiosurgery (particle beam, gamma ray or linear accelerator), one or more sessions
61795			186.72			Stereotactic computer-assisted volumetric (navigational) procedure, intracranial, extracranial, or spinal (List separately in addition to code for primary procedure)
61850			696.82			Twist drill or burr hole(s) for implantation of neurostimulator electrodes, cortical
61860			1116.47			Craniectomy or craniotomy for implantation of neurostimulator electrodes, cerebral, cortical
61863			1091.05			Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording; first array
61864			307.45			Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording; each additional array (List separately in addition to primary procedure)
61867			1603.78			Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; first array

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
61868			452.58			Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; each additional array (List separately in addition to primary procedure)
61870			857.52			Craniectomy for implantation of neurostimulator electrodes, cerebellar; cortical
61875			750.08			Craniectomy for implantation of neurostimulator electrodes, cerebellar; subcortical
61880			388.63			Revision or removal of intracranial neurostimulator electrodes
61885			444.79			Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array
61886			560.20			Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to two or more electrode arrays
61888			291.89			Revision or removal of cranial neurostimulator pulse generator or receiver
62000			626.30			Elevation of depressed skull fracture; simple, extradural
62005			876.98			Elevation of depressed skull fracture; compound or comminuted, extradural
62010			1094.23			Elevation of depressed skull fracture; with repair of dura and/or debridement of brain
62100			1168.91			Craniotomy for repair of dural/cerebrospinal fluid leak, including surgery for rhinorrhea/otorrhea
62115			1174.96			Reduction of craniomegalic skull (eg, treated hydrocephalus); not requiring bone grafts or cranioplasty
62116			1268.51			Reduction of craniomegalic skull (eg, treated hydrocephalus); with simple cranioplasty
62117			1351.55			Reduction of craniomegalic skull (eg, treated hydrocephalus); requiring craniotomy and reconstruction with or without bone graft (includes obtaining grafts)
62120			1338.14			Repair of encephalocele, skull vault, including cranioplasty
62121			1221.20			Craniotomy for repair of encephalocele, skull base
62140			758.58			Cranioplasty for skull defect; up to 5 cm diameter
62141			830.74			Cranioplasty for skull defect; larger than 5 cm diameter
62142			630.69			Removal of bone flap or prosthetic plate of skull
62143			742.29			Replacement of bone flap or prosthetic plate of skull

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
62145			1004.85			Cranioplasty for skull defect with reparative brain surgery
62146			874.42			Cranioplasty with autograft (includes obtaining bone grafts); up to 5 cm diameter
62147			1036.05			Cranioplasty with autograft (includes obtaining bone grafts); larger than 5 cm diameter
62148			92.62			Incision and retrieval of subcutaneous cranial bone graft for cranioplasty (List separately in addition to code for primary procedure)
62160			143.97			Neuroendoscopy, intracranial, for placement or replacement of ventricular catheter and attachment to shunt system or external drainage (List separately in addition to code for primary procedure)
62161			1101.97			Neuroendoscopy, intracranial; with dissection of adhesions, fenestration of septum pellucidum or intraventricular cysts (including placement, replacement, or removal of ventricular catheter)
62162			1359.64			Neuroendoscopy, intracranial; with fenestration or excision of colloid cyst, including placement of external ventricular catheter for drainage
62163			861.35			Neuroendoscopy, intracranial; with retrieval of foreign body
62164			1443.67			Neuroendoscopy, intracranial; with excision of brain tumor, including placement of external ventricular catheter for drainage
62165			1125.89			Neuroendoscopy, intracranial; with excision of pituitary tumor, transnasal or trans-sphenoidal approach
62180			1141.76			Ventriculocisternostomy (Torkildsen type operation)
62190			636.38			Creation of shunt; subarachnoid/subdural-atrial, -jugular, -auricular
62192			693.58			Creation of shunt; subarachnoid/subdural-peritoneal, -pleural, other terminus
62194			270.66			Replacement or irrigation, subarachnoid/subdural catheter
62200			992.04			Ventriculocisternostomy, third ventricle;
62201			850.30			Ventriculocisternostomy, third ventricle; stereotactic, neuroendoscopic method
62220			737.49			Creation of shunt; ventriculo-atrial, -jugular, -auricular
62223			746.74			Creation of shunt; ventriculo-peritoneal, -pleural, other terminus
62225			358.97			Replacement or irrigation, ventricular catheter
62230			601.77			Replacement or revision of cerebrospinal fluid shunt, obstructed valve, or distal catheter in shunt system
62252			78.80	35.33	43.47	Reprogramming of programmable cerebrospinal shunt

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
62256			416.16			Removal of complete cerebrospinal fluid shunt system; without replacement
62258			812.35			Removal of complete cerebrospinal fluid shunt system; with replacement by similar or other shunt at same operation
62263	554.55	290.02				Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 2 or more days
62264	350.33	173.20				Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 1 day
62268	443.20	206.81				Percutaneous aspiration, spinal cord cyst or syrinx
62269	494.42	205.06				Biopsy of spinal cord, percutaneous needle
62270	129.02	58.83				Spinal puncture, lumbar, diagnostic
62272	153.12	63.40				Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter)
62273	135.31	83.99				Injection, epidural, of blood or clot patch
62280	271.21	115.61				Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; subarachnoid
62281	239.56	110.11				Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic
62282	274.62	102.45				Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, lumbar, sacral (caudal)
62284	190.79	68.95				Injection procedure for myelography and/or computed tomography, spinal (other than C1-C2 and posterior fossa)
62287			423.53			Aspiration or decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method, single or multiple levels, lumbar (eg, manual or automated percutaneous discectomy, percutaneous laser discectomy)
62290	281.36	130.39				Injection procedure for discography, each level; lumbar
62291	255.33	124.88				Injection procedure for discography, each level; cervical or thoracic
62292			394.23			Injection procedure for chemonucleolysis, including discography, intervertebral disc, single or multiple levels, lumbar

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
62294			583.03			Injection procedure, arterial, for occlusion of arteriovenous malformation, spinal
62310	185.01	75.75				Injection, single (not via indwelling catheter), not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), epidural or subarachnoid; cervical or thoracic
62311	170.40	63.46				Injection, single (not via indwelling catheter), not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), epidural or subarachnoid; lumbar, sacral (caudal)
62318	205.52	77.40				Injection, including catheter placement, continuous infusion or intermittent bolus, not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), epidural or subarachnoid; cervical or thoracic
62319	183.35	71.77				Injection, including catheter placement, continuous infusion or intermittent bolus, not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), epidural or subarachnoid; lumbar, sacral (caudal)
62350			377.42			Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy
62351			615.08			Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; with laminectomy
62355			310.04			Removal of previously implanted intrathecal or epidural catheter
62360			207.02			Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir
62361			333.22			Implantation or replacement of device for intrathecal or epidural drug infusion; nonprogrammable pump

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
62362			414.14			Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming
62365			322.69			Removal of subcutaneous reservoir or pump, previously implanted for intrathecal or epidural infusion
62367	31.26	17.68				Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); without reprogramming
62368	43.08	27.85				Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming
63001			888.84			Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; cervical
63003			896.91			Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; thoracic
63005			852.77			Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; lumbar, except for spondylolisthesis
63011			799.07			Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; sacral
63012			871.04			Laminectomy with removal of abnormal facets and/or pars inter-articularis with decompression of cauda equina and nerve roots for spondylolisthesis, lumbar (Gill type procedure)
63015			1072.63			Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; cervical

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
63016			1097.84			Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; thoracic
63017			901.01			Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; lumbar
63020			851.65			Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; one interspace, cervical
63030			710.06			Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; one interspace, lumbar (including open or endoscopically-assisted approach)
63035			150.90			Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (List separately in addition to code for primary procedure)
63040			1036.87			Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; cervical
63042			974.10			Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar
63043			I.C.			Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional cervical interspace (List separately in addition to code for primary procedure)

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
63044			I.C.			Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional lumbar interspace (List separately in addition to code for primary procedure)
63045			925.72			Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; cervical
63046			885.03			Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; thoracic
63047			812.88			Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar
63048			161.64			Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)
63050			1102.64			Laminoplasty, cervical, with decompression of the spinal cord, two or more vertebral segments;
63051			1248.34			Laminoplasty, cervical, with decompression of the spinal cord, two or more vertebral segments; with reconstruction of the posterior bony elements (including the application of bridging bone graft and non-segmental fixation devices (eg, wire, suture, mini-plates), when performed)
63055			1191.05			Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; thoracic
63056			1105.35			Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (eg, far lateral herniated intervertebral disc)

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
63057			249.21			Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; each additional segment, thoracic or lumbar (List separately in addition to code for primary procedure)
63064			1308.36			Costovertebral approach with decompression of spinal cord or nerve root(s) (eg, herniated intervertebral disc), thoracic; single segment
63066			153.15			Costovertebral approach with decompression of spinal cord or nerve root(s) (eg, herniated intervertebral disc), thoracic; each additional segment (List separately in addition to code for primary procedure)
63075			1025.24			Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, single interspace
63076			192.64			Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, each additional interspace (List separately in addition to code for primary procedure)
63077			1115.97			Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; thoracic, single interspace
63078			153.07			Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; thoracic, each additional interspace (List separately in addition to code for primary procedure)
63081			1304.77			Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment
63082			207.82			Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, each additional segment (List separately in addition to code for primary procedure)
63085			1395.73			Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, single segment
63086			147.40			Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, each additional segment (List separately in addition to code for primary procedure)

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
63087			1774.82			Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; single segment
63088			200.43			Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; each additional segment (List separately in addition to code for primary procedure)
63090			1453.63			Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; single segment
63091			137.92			Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; each additional segment (List separately in addition to code for primary procedure)
63101			1670.60			Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); thoracic, single segment
63102			1667.29			Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); lumbar, single segment
63103			219.54			Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); thoracic or lumbar, each additional segment (List separately in addition to code for primary procedure)
63170			1090.00			Laminectomy with myelotomy (eg, Bischof or DREZ type), cervical, thoracic, or thoracolumbar
63172			1004.70			Laminectomy with drainage of intramedullary cyst/syrinx; to subarachnoid space
63173			1233.98			Laminectomy with drainage of intramedullary cyst/syrinx; to peritoneal or pleural space
63180			1017.62			Laminectomy and section of dentate ligaments, with or without dural graft, cervical; one or two segments

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
63182			1047.83			Laminectomy and section of dentate ligaments, with or without dural graft, cervical; more than two segments
63185			813.07			Laminectomy with rhizotomy; one or two segments
63190			920.18			Laminectomy with rhizotomy; more than two segments
63191			902.37			Laminectomy with section of spinal accessory nerve
63194			1062.85			Laminectomy with cordotomy, with section of one spinothalamic tract, one stage; cervical
63195			1089.05			Laminectomy with cordotomy, with section of one spinothalamic tract, one stage; thoracic
63196			1275.74			Laminectomy with cordotomy, with section of both spinothalamic tracts, one stage; cervical
63197			1109.78			Laminectomy with cordotomy, with section of both spinothalamic tracts, one stage; thoracic
63198			1256.23			Laminectomy with cordotomy with section of both spinothalamic tracts, two stages within 14 days; cervical
63199			1306.86			Laminectomy with cordotomy with section of both spinothalamic tracts, two stages within 14 days; thoracic
63200			1088.87			Laminectomy, with release of tethered spinal cord, lumbar
63250			2090.74			Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; cervical
63251			2196.63			Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracic
63252			2184.41			Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracolumbar
63265			1204.67			Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; cervical
63266			1240.97			Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; thoracic
63267			1000.79			Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; lumbar
63268			992.50			Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; sacral
63270			1485.19			Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; cervical
63271			1491.58			Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; thoracic
63272			1376.79			Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; lumbar

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
63273			1329.33			Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; sacral
63275			1298.69			Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, cervical
63276			1289.29			Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, thoracic
63277			1137.20			Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, lumbar
63278			1114.28			Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, sacral
63280			1530.81			Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, cervical
63281			1517.65			Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, thoracic
63282			1429.34			Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, lumbar
63283			1363.26			Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, sacral
63285			1885.31			Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, cervical
63286			1883.55			Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracic
63287			1979.59			Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracolumbar
63290			1989.65			Laminectomy for biopsy/excision of intraspinal neoplasm; combined extradural-intradural lesion, any level
63295			236.52			Osteoplastic reconstruction of dorsal spinal elements, following primary intraspinal procedure (List separately in addition to code for primary procedure)
63300			1338.18			Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, cervical
63301			1485.79			Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by transthoracic approach
63302			1475.09			Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by thoracolumbar approach
63303			1561.91			Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, lumbar or sacral by transperitoneal or retroperitoneal approach

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
63304			1655.75			Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, cervical
63305			1710.41			Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by transthoracic approach
63306			1737.47			Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by thoracolumbar approach
63307			1591.35			Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, lumbar or sacral by transperitoneal or retroperitoneal approach
63308			249.44			Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; each additional segment (List separately in addition to codes for single segment)
63600			608.14			Creation of lesion of spinal cord by stereotactic method, percutaneous, any modality (including stimulation and/or recording)
63610	1481.22	323.77				Stereotactic stimulation of spinal cord, percutaneous, separate procedure not followed by other surgery
63615			836.49			Stereotactic biopsy, aspiration, or excision of lesion, spinal cord
63650			323.65			Percutaneous implantation of neurostimulator electrode array, epidural
63655			611.78			Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural
63660			325.04			Revision or removal of spinal neurostimulator electrode percutaneous array(s) or plate/paddle(s)
63685			371.33			Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling
63688			306.57			Revision or removal of implanted spinal neurostimulator pulse generator or receiver
63700			894.61			Repair of meningocele; less than 5 cm diameter
63702			974.22			Repair of meningocele; larger than 5 cm diameter
63704			1125.71			Repair of myelomeningocele; less than 5 cm diameter
63706			1297.69			Repair of myelomeningocele; larger than 5 cm diameter
63707			660.81			Repair of dural/cerebrospinal fluid leak, not requiring laminectomy

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
63709			804.01			Repair of dural/cerebrospinal fluid leak or pseudomeningocele, with laminectomy
63710			801.37			Dural graft, spinal
63740			670.59			Creation of shunt, lumbar, subarachnoid-peritoneal, -pleural, or other; including laminectomy
63741			447.65			Creation of shunt, lumbar, subarachnoid-peritoneal, -pleural, or other; percutaneous, not requiring laminectomy
63744			470.52			Replacement, irrigation or revision of lumbosubarachnoid shunt
63746			391.81			Removal of entire lumbosubarachnoid shunt system without replacement
64400	87.44	47.05				Injection, anesthetic agent; trigeminal nerve, any division or branch
64402	86.82	55.03				Injection, anesthetic agent; facial nerve
64405	81.93	54.45				Injection, anesthetic agent; greater occipital nerve
64408	91.50	67.33				Injection, anesthetic agent; vagus nerve
64410	115.01	58.73				Injection, anesthetic agent; phrenic nerve
64412	113.78	51.54				Injection, anesthetic agent; spinal accessory nerve
64413	93.10	57.02				Injection, anesthetic agent; cervical plexus
64415	113.10	55.82				Injection, anesthetic agent; brachial plexus, single
64416			134.98			Injection, anesthetic agent; brachial plexus, continuous infusion by catheter (including catheter placement) including daily management for anesthetic agent administration
64417	116.39	55.80				Injection, anesthetic agent; axillary nerve
64418	113.17	54.24				Injection, anesthetic agent; suprascapular nerve
64420	138.61	48.89				Injection, anesthetic agent; intercostal nerve, single
64421	208.83	66.47				Injection, anesthetic agent; intercostal nerves, multiple, regional block
64425	100.31	69.18				Injection, anesthetic agent; ilioinguinal, iliohypogastric nerves
64430	124.01	64.75				Injection, anesthetic agent; pudendal nerve
64435	118.73	64.43				Injection, anesthetic agent; paracervical (uterine) nerve
64445	114.64	60.01				Injection, anesthetic agent; sciatic nerve, single
64446			129.56			Injection, anesthetic agent; sciatic nerve, continuous infusion by catheter (including catheter placement), including daily management for anesthetic agent administration
64447			53.73			Injection, anesthetic agent; femoral nerve, single
64448			117.51			Injection, anesthetic agent; femoral nerve, continuous infusion by catheter (including catheter placement) including daily management for anesthetic agent administration

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
64449			116.50			Injection, anesthetic agent; lumbar plexus, posterior approach, continuous infusion by catheter (including catheter placement) including daily management for anesthetic agent administration
64450	79.96	54.13				Injection, anesthetic agent; other peripheral nerve or branch
64470	237.09	77.17				Injection, anesthetic agent and/or steroid, paravertebral facet joint or facet joint nerve; cervical or thoracic, single level
64472	96.66	48.65				Injection, anesthetic agent and/or steroid, paravertebral facet joint or facet joint nerve; cervical or thoracic, each additional level (List separately in addition to code for primary procedure)
64475	215.65	61.37				Injection, anesthetic agent and/or steroid, paravertebral facet joint or facet joint nerve; lumbar or sacral, single level
64476	82.16	36.47				Injection, anesthetic agent and/or steroid, paravertebral facet joint or facet joint nerve; lumbar or sacral, each additional level (List separately in addition to code for primary procedure)
64479	250.05	92.12				Injection, anesthetic agent and/or steroid, transforaminal epidural; cervical or thoracic, single level
64480	117.97	59.37				Injection, anesthetic agent and/or steroid, transforaminal epidural; cervical or thoracic, each additional level (List separately in addition to code for primary procedure)
64483	249.41	81.55				Injection, anesthetic agent and/or steroid, transforaminal epidural; lumbar or sacral, single level
64484	119.95	50.43				Injection, anesthetic agent and/or steroid, transforaminal epidural; lumbar or sacral, each additional level (List separately in addition to code for primary procedure)
64505	79.17	63.28				Injection, anesthetic agent; sphenopalatine ganglion
64508	121.49	54.28				Injection, anesthetic agent; carotid sinus (separate procedure)
64510	124.28	51.12				Injection, anesthetic agent; stellate ganglion (cervical sympathetic)
64517	137.27	89.59				Injection, anesthetic agent; superior hypogastric plexus
64520	167.20	56.95				Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)
64530	166.10	67.77				Injection, anesthetic agent; celiac plexus, with or without radiologic monitoring
64550	13.18	6.89				Application of surface (transcutaneous) neurostimulator

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
64553	159.62	123.53				Percutaneous implantation of neurostimulator electrodes; cranial nerve
64555	165.33	112.36				Percutaneous implantation of neurostimulator electrodes; peripheral nerve (excludes sacral nerve)
64560	154.59	113.20				Percutaneous implantation of neurostimulator electrodes; autonomic nerve
64561	1030.69	316.55				Percutaneous implantation of neurostimulator electrodes; sacral nerve (transforaminal placement)
64565	147.83	94.85				Percutaneous implantation of neurostimulator electrodes; neuromuscular
64573			434.33			Incision for implantation of neurostimulator electrodes; cranial nerve
64575			213.54			Incision for implantation of neurostimulator electrodes; peripheral nerve (excludes sacral nerve)
64577			285.26			Incision for implantation of neurostimulator electrodes; autonomic nerve
64580			226.91			Incision for implantation of neurostimulator electrodes; neuromuscular
64581			615.82			Incision for implantation of neurostimulator electrodes; sacral nerve (transforaminal placement)
64585	347.08	135.52				Revision or removal of peripheral neurostimulator electrodes
64590	295.77	150.09				Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling
64595	331.69	120.80				Revision or removal of peripheral or gastric neurostimulator pulse generator or receiver
64600	348.54	158.17				Destruction by neurolytic agent, trigeminal nerve; supraorbital, infraorbital, mental, or inferior alveolar branch
64605	451.60	247.66				Destruction by neurolytic agent, trigeminal nerve; second and third division branches at foramen ovale
64610	532.68	352.25				Destruction by neurolytic agent, trigeminal nerve; second and third division branches at foramen ovale under radiologic monitoring
64612	124.84	101.66				Chemodenervation of muscle(s); muscle(s) innervated by facial nerve (eg, for blepharospasm, hemifacial spasm)
64613	128.81	96.69				Chemodenervation of muscle(s); neck muscle(s) (eg, for spasmodic torticollis, spasmodic dysphonia)
64614	143.67	106.92				Chemodenervation of muscle(s); extremity(s) and/or trunk muscle(s) (eg, for dystonia, cerebral palsy, multiple sclerosis)
64620	222.51	124.51				Destruction by neurolytic agent, intercostal nerve
64622	283.83	131.53				Destruction by neurolytic agent, paravertebral facet joint nerve; lumbar or sacral, single level

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
64623	105.73	36.20				Destruction by neurolytic agent, paravertebral facet joint nerve; lumbar or sacral, each additional level (List separately in addition to code for primary procedure)
64626	318.17	174.49				Destruction by neurolytic agent, paravertebral facet joint nerve; cervical or thoracic, single level
64627	148.10	42.49				Destruction by neurolytic agent, paravertebral facet joint nerve; cervical or thoracic, each additional level (List separately in addition to code for primary procedure)
64630	180.06	142.65				Destruction by neurolytic agent; pudendal nerve
64640	193.08	137.79				Destruction by neurolytic agent; other peripheral nerve or branch
64650	46.98	28.44				Chemodenervation of eccrine glands; both axillae
64653	53.76	35.88				Chemodenervation of eccrine glands; other area(s) (eg, scalp, face, neck), per day
64680	258.98	120.92				Destruction by neurolytic agent, with or without radiologic monitoring; celiac plexus
64681	345.26	166.81				Destruction by neurolytic agent, with or without radiologic monitoring; superior hypogastric plexus
64702			333.34			Neuroplasty; digital, one or both, same digit
64704			251.03			Neuroplasty; nerve of hand or foot
64708			344.20			Neuroplasty, major peripheral nerve, arm or leg; other than specified
64712			397.75			Neuroplasty, major peripheral nerve, arm or leg; sciatic nerve
64713			551.74			Neuroplasty, major peripheral nerve, arm or leg; brachial plexus
64714			458.98			Neuroplasty, major peripheral nerve, arm or leg; lumbar plexus
64716			394.38			Neuroplasty and/or transposition; cranial nerve (specify)
64718			421.56			Neuroplasty and/or transposition; ulnar nerve at elbow
64719			296.38			Neuroplasty and/or transposition; ulnar nerve at wrist
64721	317.63	316.64				Neuroplasty and/or transposition; median nerve at carpal tunnel
64722			242.59			Decompression; unspecified nerve(s) (specify)
64726			221.81			Decompression; plantar digital nerve
64727			141.20			Internal neurolysis, requiring use of operating microscope (List separately in addition to code for neuroplasty) (Neuroplasty includes external neurolysis)
64732			273.82			Transection or avulsion of; supraorbital nerve
64734			311.61			Transection or avulsion of; infraorbital nerve
64736			282.48			Transection or avulsion of; mental nerve

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
64738			351.21			Transection or avulsion of; inferior alveolar nerve by osteotomy
64740			352.83			Transection or avulsion of; lingual nerve
64742			352.73			Transection or avulsion of; facial nerve, differential or complete
64744			311.78			Transection or avulsion of; greater occipital nerve
64746			336.31			Transection or avulsion of; phrenic nerve
64752			365.58			Transection or avulsion of; vagus nerve (vagotomy), transthoracic
64755			641.76			Transection or avulsion of; vagus nerves limited to proximal stomach (selective proximal vagotomy, proximal gastric vagotomy, parietal cell vagotomy, supra- or highly selective vagotomy)
64760			346.30			Transection or avulsion of; vagus nerve (vagotomy), abdominal
64761			334.87			Transection or avulsion of; pudendal nerve
64763			379.05			Transection or avulsion of obturator nerve, extrapelvic, with or without adductor tenotomy
64766			448.66			Transection or avulsion of obturator nerve, intrapelvic, with or without adductor tenotomy
64771			435.67			Transection or avulsion of other cranial nerve, extradural
64772			412.30			Transection or avulsion of other spinal nerve, extradural
64774			305.10			Excision of neuroma; cutaneous nerve, surgically identifiable
64776			292.89			Excision of neuroma; digital nerve, one or both, same digit
64778			141.38			Excision of neuroma; digital nerve, each additional digit (List separately in addition to code for primary procedure)
64782			339.58			Excision of neuroma; hand or foot, except digital nerve
64783			167.48			Excision of neuroma; hand or foot, each additional nerve, except same digit (List separately in addition to code for primary procedure)
64784			537.63			Excision of neuroma; major peripheral nerve, except sciatic
64786			808.58			Excision of neuroma; sciatic nerve
64787			194.44			Implantation of nerve end into bone or muscle (List separately in addition to neuroma excision)
64788			283.63			Excision of neurofibroma or neurolemmoma; cutaneous nerve
64790			614.14			Excision of neurofibroma or neurolemmoma; major peripheral nerve
64792			775.69			Excision of neurofibroma or neurolemmoma; extensive (including malignant type)
64795			144.51			Biopsy of nerve

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
64802			456.54			Sympathectomy, cervical
64804			704.13			Sympathectomy, cervicothoracic
64809			651.89			Sympathectomy, thoracolumbar
64818			501.20			Sympathectomy, lumbar
64820			561.72			Sympathectomy; digital arteries, each digit
64821			512.90			Sympathectomy; radial artery
64822			510.55			Sympathectomy; ulnar artery
64823			576.84			Sympathectomy; superficial palmar arch
64831			542.60			Suture of digital nerve, hand or foot; one nerve
64832			262.69			Suture of digital nerve, hand or foot; each additional digital nerve (List separately in addition to code for primary procedure)
64834			556.14			Suture of one nerve; hand or foot, common sensory nerve
64835			602.82			Suture of one nerve; median motor thenar
64836			603.85			Suture of one nerve; ulnar motor
64837			291.29			Suture of each additional nerve, hand or foot (List separately in addition to code for primary procedure)
64840			677.77			Suture of posterior tibial nerve
64856			755.41			Suture of major peripheral nerve, arm or leg, except sciatic; including transposition
64857			790.19			Suture of major peripheral nerve, arm or leg, except sciatic; without transposition
64858			902.18			Suture of sciatic nerve
64859			198.23			Suture of each additional major peripheral nerve (List separately in addition to code for primary procedure)
64861			1027.25			Suture of; brachial plexus
64862			1042.40			Suture of; lumbar plexus
64864			667.40			Suture of facial nerve; extracranial
64865			892.52			Suture of facial nerve; infratemporal, with or without grafting
64866			912.07			Anastomosis; facial-spinal accessory
64868			795.07			Anastomosis; facial-hypoglossal
64870			779.13			Anastomosis; facial-phrenic
64872			92.56			Suture of nerve; requiring secondary or delayed suture (List separately in addition to code for primary neurorrhaphy)
64874			138.22			Suture of nerve; requiring extensive mobilization, or transposition of nerve (List separately in addition to code for nerve suture)
64876			156.80			Suture of nerve; requiring shortening of bone of extremity (List separately in addition to code for nerve suture)
64885			863.81			Nerve graft (includes obtaining graft), head or neck; up to 4 cm in length

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
64886			1019.18			Nerve graft (includes obtaining graft), head or neck; more than 4 cm length
64890			813.24			Nerve graft (includes obtaining graft), single strand, hand or foot; up to 4 cm length
64891			801.03			Nerve graft (includes obtaining graft), single strand, hand or foot; more than 4 cm length
64892			786.92			Nerve graft (includes obtaining graft), single strand, arm or leg; up to 4 cm length
64893			846.30			Nerve graft (includes obtaining graft), single strand, arm or leg; more than 4 cm length
64895			963.56			Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; up to 4 cm length
64896			1051.93			Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; more than 4 cm length
64897			943.00			Nerve graft (includes obtaining graft), multiple strands (cable), arm or leg; up to 4 cm length
64898			1025.86			Nerve graft (includes obtaining graft), multiple strands (cable), arm or leg; more than 4 cm length
64901			461.45			Nerve graft, each additional nerve; single strand (List separately in addition to code for primary procedure)
64902			538.72			Nerve graft, each additional nerve; multiple strands (cable) (List separately in addition to code for primary procedure)
64905			717.86			Nerve pedicle transfer; first stage
64907			936.05			Nerve pedicle transfer; second stage
64910			504.53			Nerve repair; with synthetic conduit or vein allograft (eg, nerve tube), each nerve
64911			613.77			Nerve repair; with autogenous vein graft (includes harvest of vein graft), each nerve
64999			I.C.			Unlisted procedure, nervous system
65091			455.52			Evisceration of ocular contents; without implant
65093			457.65			Evisceration of ocular contents; with implant
65101			523.30			Enucleation of eye; without implant
65103			544.76			Enucleation of eye; with implant, muscles not attached to implant
65105			598.26			Enucleation of eye; with implant, muscles attached to implant
65110			863.30			Exenteration of orbit (does not include skin graft), removal of orbital contents; only
65112			1022.70			Exenteration of orbit (does not include skin graft), removal of orbital contents; with therapeutic removal of bone
65114			1056.45			Exenteration of orbit (does not include skin graft), removal of orbital contents; with muscle or myocutaneous flap

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
65125	349.76	204.74				Modification of ocular implant with placement or replacement of pegs (eg, drilling receptacle for prosthesis appendage) (separate procedure)
65130			515.72			Insertion of ocular implant secondary; after evisceration, in scleral shell
65135			524.60			Insertion of ocular implant secondary; after enucleation, muscles not attached to implant
65140			568.49			Insertion of ocular implant secondary; after enucleation, muscles attached to implant
65150			419.12			Reinsertion of ocular implant; with or without conjunctival graft
65155			605.06			Reinsertion of ocular implant; with use of foreign material for reinforcement and/or attachment of muscles to implant
65175			465.10			Removal of ocular implant
65205	40.33	30.39				Removal of foreign body, external eye; conjunctival superficial
65210	49.47	36.89				Removal of foreign body, external eye; conjunctival embedded (includes concretions), subconjunctival, or scleral nonperforating
65220	41.42	30.16				Removal of foreign body, external eye; corneal, without slit lamp
65222	54.30	40.06				Removal of foreign body, external eye; corneal, with slit lamp
65235			476.82			Removal of foreign body, intraocular; from anterior chamber of eye or lens
65260			659.87			Removal of foreign body, intraocular; from posterior segment, magnetic extraction, anterior or posterior route
65265			740.48			Removal of foreign body, intraocular; from posterior segment, nonmagnetic extraction
65270	205.17	98.23				Repair of laceration; conjunctiva, with or without nonperforating laceration sclera, direct closure
65272	361.16	236.01				Repair of laceration; conjunctiva, by mobilization and rearrangement, without hospitalization
65273			260.01			Repair of laceration; conjunctiva, by mobilization and rearrangement, with hospitalization
65275	385.87	306.75				Repair of laceration; cornea, nonperforating, with or without removal foreign body
65280			455.38			Repair of laceration; cornea and/or sclera, perforating, not involving uveal tissue
65285			707.86			Repair of laceration; cornea and/or sclera, perforating, with reposition or resection of uveal tissue
65286	514.26	334.82				Repair of laceration; application of tissue glue, wounds of cornea and/or sclera
65290			335.86			Repair of wound, extraocular muscle, tendon and/or Tenon's capsule

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
65400	470.25	407.35				Excision of lesion, cornea (keratectomy, lamellar, partial), except pterygium
65410	105.11	72.66				Biopsy of cornea
65420	383.08	261.91				Excision or transposition of pterygium; without graft
65426	473.16	326.82				Excision or transposition of pterygium; with graft
65430	81.93	72.99				Scraping of cornea, diagnostic, for smear and/or culture
65435	57.33	49.05				Removal of corneal epithelium; with or without chemocauterization (abrasion, curettage)
65436	266.04	253.79				Removal of corneal epithelium; with application of chelating agent (eg, EDTA)
65450	225.07	221.76				Destruction of lesion of cornea by cryotherapy, photocoagulation or thermocauterization
65600	273.52	228.83				Multiple punctures of anterior cornea (eg, for corneal erosion, tattoo)
65710			759.64			Keratoplasty (corneal transplant); lamellar
65730			841.75			Keratoplasty (corneal transplant); penetrating (except in aphakia)
65750			853.02			Keratoplasty (corneal transplant); penetrating (in aphakia)
65755			848.08			Keratoplasty (corneal transplant); penetrating (in pseudophakia)
65760			I.C.			Keratomileusis
65765			I.C.			Keratophakia
65767			I.C.			Epikeratoplasty
65770			971.98			Keratoprosthesis
65771			I.C.			Radial keratotomy
65772	314.78	276.05				Corneal relaxing incision for correction of surgically induced astigmatism
65775			380.26			Corneal wedge resection for correction of surgically induced astigmatism
65780			618.74			Ocular surface reconstruction; amniotic membrane transplantation
65781			925.55			Ocular surface reconstruction; limbal stem cell allograft (eg, cadaveric or living donor)
65782			799.76			Ocular surface reconstruction; limbal conjunctival autograft (includes obtaining graft)
65800	108.22	91.66				Paracentesis of anterior chamber of eye (separate procedure); with diagnostic aspiration of aqueous
65805	119.47	91.99				Paracentesis of anterior chamber of eye (separate procedure); with therapeutic release of aqueous
65810			318.36			Paracentesis of anterior chamber of eye (separate procedure); with removal of vitreous and/or discission of anterior hyaloid membrane, with or without air injection

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
65815	465.30	323.93				Paracentesis of anterior chamber of eye (separate procedure); with removal of blood, with or without irrigation and/or air injection
65820			526.11			Goniotomy
65850			585.79			Trabeculotomy ab externo
65855	242.06	207.62				Trabeculoplasty by laser surgery, one or more sessions (defined treatment series)
65860	224.08	179.05				Severing adhesions of anterior segment, laser technique (separate procedure)
65865			334.83			Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); goniosynechiae
65870			408.54			Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); anterior synechiae, except goniosynechiae
65875			433.16			Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); posterior synechiae
65880			456.11			Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); corneovitreal adhesions
65900			670.97			Removal of epithelial downgrowth, anterior chamber of eye
65920			539.57			Removal of implanted material, anterior segment of eye
65930			446.52			Removal of blood clot, anterior segment of eye
66020	138.36	91.68				Injection, anterior chamber of eye (separate procedure); air or liquid
66030	123.81	76.80				Injection, anterior chamber of eye (separate procedure); medication
66130	507.93	397.68				Excision of lesion, sclera
66150			595.63			Fistulization of sclera for glaucoma; trephination with iridectomy
66155			593.29			Fistulization of sclera for glaucoma; thermocauterization with iridectomy
66160			672.25			Fistulization of sclera for glaucoma; sclerectomy with punch or scissors, with iridectomy
66165			582.94			Fistulization of sclera for glaucoma; iridencleisis or iridotasis
66170			813.21			Fistulization of sclera for glaucoma; trabeculectomy ab externo in absence of previous surgery
66172			1019.53			Fistulization of sclera for glaucoma; trabeculectomy ab externo with scarring from previous ocular surgery or trauma (includes injection of antifibrotic agents)

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
66180			801.09			Aqueous shunt to extraocular reservoir (eg, Molteno, Schocket, Denver-Krupin)
66185			508.27			Revision of aqueous shunt to extraocular reservoir
66220			495.30			Repair of scleral staphyloma; without graft
66225			636.46			Repair of scleral staphyloma; with graft
66250	546.23	377.38				Revision or repair of operative wound of anterior segment, any type, early or late, major or minor procedure
66500			250.57			Iridotomy by stab incision (separate procedure); except transfixion
66505			273.52			Iridotomy by stab incision (separate procedure); with transfixion as for iris bombe
66600			558.09			Iridectomy, with corneoscleral or corneal section; for removal of lesion
66605			729.49			Iridectomy, with corneoscleral or corneal section; with cyclectomy
66625			298.44			Iridectomy, with corneoscleral or corneal section; peripheral for glaucoma (separate procedure)
66630			387.92			Iridectomy, with corneoscleral or corneal section; sector for glaucoma (separate procedure)
66635			391.42			Iridectomy, with corneoscleral or corneal section; optical (separate procedure)
66680			351.14			Repair of iris, ciliary body (as for iridodialysis)
66682			426.73			Suture of iris, ciliary body (separate procedure) with retrieval of suture through small incision (eg, McCannel suture)
66700	312.26	270.87				Ciliary body destruction; diathermy
66710	307.74	269.33				Ciliary body destruction; cyclophotocoagulation, transscleral
66711			432.59			Ciliary body destruction; cyclophotocoagulation, endoscopic
66720	325.98	290.88				Ciliary body destruction; cryotherapy
66740	305.42	271.65				Ciliary body destruction; cyclodialysis
66761	316.03	280.93				Iridotomy/iridectomy by laser surgery (eg, for glaucoma) (one or more sessions)
66762	329.60	289.87				Iridoplasty by photocoagulation (one or more sessions) (eg, for improvement of vision, for widening of anterior chamber angle)
66770	364.85	327.77				Destruction of cyst or lesion iris or ciliary body (nonexcisional procedure)
66820			286.60			Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); stab incision technique (Ziegler or Wheeler knife)
66821	226.14	211.57				Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (eg, YAG laser) (one or more stages)

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
66825			533.54			Repositioning of intraocular lens prosthesis, requiring an incision (separate procedure)
66830			486.97			Removal of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid) with corneo-scleral section, with or without iridectomy (iridocapsulotomy, iridocapsulectomy)
66840			476.87			Removal of lens material; aspiration technique, one or more stages
66850			541.06			Removal of lens material; phacofragmentation technique (mechanical or ultrasonic) (eg, phacoemulsification), with aspiration
66852			578.83			Removal of lens material; pars plana approach, with or without vitrectomy
66920			517.38			Removal of lens material; intracapsular
66930			586.40			Removal of lens material; intracapsular, for dislocated lens
66940			533.95			Removal of lens material; extracapsular (other than 66840, 66850, 66852)
66982			739.01			Extracapsular cataract removal with insertion of intraocular lens prosthesis (one stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage
66983			496.62			Intracapsular cataract extraction with insertion of intraocular lens prosthesis (one stage procedure)
66984			526.98			Extracapsular cataract removal with insertion of intraocular lens prosthesis (one stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification)
66985			520.67			Insertion of intraocular lens prosthesis (secondary implant), not associated with concurrent cataract removal
66986			640.47			Exchange of intraocular lens
66990			63.85			Use of ophthalmic endoscope (List separately in addition to code for primary procedure)
66999			I.C.			Unlisted procedure, anterior segment of eye
67005			323.33			Removal of vitreous, anterior approach (open sky technique or limbal incision); partial removal
67010			373.50			Removal of vitreous, anterior approach (open sky technique or limbal incision); subtotal removal with mechanical vitrectomy
67015			403.98			Aspiration or release of vitreous, subretinal or choroidal fluid, pars plana approach (posterior sclerotomy)

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
67025	510.83	429.05				Injection of vitreous substitute, pars plana or limbal approach (fluid-gas exchange), with or without aspiration (separate procedure)
67027			584.90			Implantation of intravitreal drug delivery system (eg, ganciclovir implant), includes concomitant removal of vitreous
67028	153.37	117.61				Intravitreal injection of a pharmacologic agent (separate procedure)
67030			359.82			Discission of vitreous strands (without removal), pars plana approach
67031	269.02	241.87				Severing of vitreous strands, vitreous face adhesions, sheets, membranes or opacities, laser surgery (one or more stages)
67036			662.22			Vitrectomy, mechanical, pars plana approach;
67039			851.48			Vitrectomy, mechanical, pars plana approach; with focal endolaser photocoagulation
67040			980.10			Vitrectomy, mechanical, pars plana approach; with endolaser panretinal photocoagulation
67041			892.12			Vitrectomy, mechanical, pars plana approach; with removal of preretinal cellular membrane (eg, macular pucker)
67042			1019.57			Vitrectomy, mechanical, pars plana approach; with removal of internal limiting membrane of retina (eg, for repair of macular hole, diabetic macular edema), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil)
67043			1071.51			Vitrectomy, mechanical, pars plana approach; with removal of subretinal membrane (eg, choroidal neovascularization), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil) and laser photocoagulation
67101	539.67	458.22				Repair of retinal detachment, one or more sessions; cryotherapy or diathermy, with or without drainage of subretinal fluid
67105	497.60	438.66				Repair of retinal detachment, one or more sessions; photocoagulation, with or without drainage of subretinal fluid
67107			830.59			Repair of retinal detachment; scleral buckling (such as lamellar scleral dissection, imbrication or encircling procedure), with or without implant, with or without cryotherapy, photocoagulation, and drainage of subretinal fluid
67108			1102.56			Repair of retinal detachment; with vitrectomy, any method, with or without air or gas tamponade, focal endolaser photocoagulation, cryotherapy, drainage of subretinal fluid, scleral buckling, and/or removal of lens by same technique

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
67110	606.30	526.84				Repair of retinal detachment; by injection of air or other gas (eg, pneumatic retinopexy)
67112			907.91			Repair of retinal detachment; by scleral buckling or vitrectomy, on patient having previous ipsilateral retinal detachment repair(s) using scleral buckling or vitrectomy techniques
67113			1074.79			Repair of complex retinal detachment (eg, proliferative vitreoretinopathy, stage C-1 or greater, diabetic traction retinal detachment, retinopathy of prematurity, retinal tear of greater than 90 degrees), with vitrectomy and membrane peeling, may include air, gas, or silicone oil tamponade, cryotherapy, endolaser photocoagulation, drainage of subretinal fluid, scleral buckling, and/or removal of lens
67115			336.43			Release of encircling material (posterior segment)
67120	463.25	378.49				Removal of implanted material, posterior segment; extraocular
67121			619.13			Removal of implanted material, posterior segment; intraocular
67141	359.45	330.65				Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage, one or more sessions; cryotherapy, diathermy
67145	361.10	337.59				Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage, one or more sessions; photocoagulation (laser or xenon arc)
67208	411.43	393.88				Destruction of localized lesion of retina (eg, macular edema, tumors), one or more sessions; cryotherapy, diathermy
67210	477.02	457.82				Destruction of localized lesion of retina (eg, macular edema, tumors), one or more sessions; photocoagulation
67218			961.23			Destruction of localized lesion of retina (eg, macular edema, tumors), one or more sessions; radiation by implantation of source (includes removal of source)
67220	735.15	694.42				Destruction of localized lesion of choroid (eg, choroidal neovascularization); photocoagulation (eg, laser), one or more sessions
67221	220.44	153.23				Destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy (includes intravenous infusion)
67225	21.49	19.84				Destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy, second eye, at single session (List separately in addition to code for primary eye treatment)
67227	421.32	389.87				Destruction of extensive or progressive retinopathy (eg, diabetic retinopathy), one or more sessions, cryotherapy, diathermy

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
67228	810.26	705.30				Treatment of extensive or progressive retinopathy, one or more sessions; (eg, diabetic retinopathy), photocoagulation
67229			777.02			Treatment of extensive or progressive retinopathy, one or more sessions; preterm infant (less than 37 weeks gestation at birth), performed from birth up to 1 year of age (eg, retinopathy of prematurity), photocoagulation or cryotherapy
67250			552.91			Scleral reinforcement (separate procedure); without graft
67255			591.00			Scleral reinforcement (separate procedure); with graft
67299			I.C.			Unlisted procedure, posterior segment
67311			410.50			Strabismus surgery, recession or resection procedure; one horizontal muscle
67312			488.05			Strabismus surgery, recession or resection procedure; two horizontal muscles
67314			458.37			Strabismus surgery, recession or resection procedure; one vertical muscle (excluding superior oblique)
67316			548.72			Strabismus surgery, recession or resection procedure; two or more vertical muscles (excluding superior oblique)
67318			480.26			Strabismus surgery, any procedure, superior oblique muscle
67320			219.68			Transposition procedure (eg, for paretic extraocular muscle), any extraocular muscle (specify) (List separately in addition to code for primary procedure)
67331			207.95			Strabismus surgery on patient with previous eye surgery or injury that did not involve the extraocular muscles (List separately in addition to code for primary procedure)
67332			226.35			Strabismus surgery on patient with scarring of extraocular muscles (eg, prior ocular injury, strabismus or retinal detachment surgery) or restrictive myopathy (eg, dysthyroid ophthalmopathy) (List separately in addition to code for primary procedure)
67334			204.84			Strabismus surgery by posterior fixation suture technique, with or without muscle recession (List separately in addition to code for primary procedure)
67335			105.40			Placement of adjustable suture(s) during strabismus surgery, including postoperative adjustment(s) of suture(s) (List separately in addition to code for specific strabismus surgery)

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
67340			244.68			Strabismus surgery involving exploration and/or repair of detached extraocular muscle(s) (List separately in addition to code for primary procedure)
67343			447.58			Release of extensive scar tissue without detaching extraocular muscle (separate procedure)
67345	165.62	148.08				Chemodenervation of extraocular muscle
67346			141.27			Biopsy of extraocular muscle
67399			I.C.			Unlisted procedure, ocular muscle
67400			660.55			Orbitotomy without bone flap (frontal or transconjunctival approach); for exploration, with or without biopsy
67405			560.61			Orbitotomy without bone flap (frontal or transconjunctival approach); with drainage only
67412			616.31			Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of lesion
67413			614.84			Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of foreign body
67414			902.23			Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of bone for decompression
67415			73.90			Fine needle aspiration of orbital contents
67420			1151.92			Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of lesion
67430			879.85			Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of foreign body
67440			854.15			Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with drainage
67445			979.93			Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of bone for decompression
67450			883.31			Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); for exploration, with or without biopsy
67500	61.79	53.52				Retrobulbar injection; medication (separate procedure, does not include supply of medication)
67505	58.70	50.10				Retrobulbar injection; alcohol
67515	62.23	56.27				Injection of medication or other substance into Tenon's capsule
67550			686.96			Orbital implant (implant outside muscle cone); insertion
67560			696.15			Orbital implant (implant outside muscle cone); removal or revision
67570			818.46			Optic nerve decompression (eg, incision or fenestration of optic nerve sheath)
67599			I.C.			Unlisted procedure, orbit

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
67700	210.91	80.13				Blepharotomy, drainage of abscess, eyelid
67710	180.41	67.85				Severing of tarsorrhaphy
67715	188.53	76.29				Canthotomy (separate procedure)
67800	89.96	72.42				Excision of chalazion; single
67801	114.94	93.42				Excision of chalazion; multiple, same lid
67805	142.69	115.54				Excision of chalazion; multiple, different lids
67808			251.01			Excision of chalazion; under general anesthesia and/or requiring hospitalization, single or multiple
67810	163.11	65.11				Biopsy of eyelid
67820	37.89	38.22				Correction of trichiasis; epilation, by forceps only
67825	92.56	84.61				Correction of trichiasis; epilation by other than forceps (eg, by electrosurgery, cryotherapy, laser surgery)
67830	207.32	96.41				Correction of trichiasis; incision of lid margin
67835			307.28			Correction of trichiasis; incision of lid margin, with free mucous membrane graft
67840	214.92	110.96				Excision of lesion of eyelid (except chalazion) without closure or with simple direct closure
67850	159.48	97.57				Destruction of lesion of lid margin (up to 1 cm)
67875	133.21	68.65				Temporary closure of eyelids by suture (eg, Frost suture)
67880	328.49	251.01				Construction of intermarginal adhesions, median tarsorrhaphy, or canthorrhaphy;
67882	400.64	322.50				Construction of intermarginal adhesions, median tarsorrhaphy, or canthorrhaphy; with transposition of tarsal plate
67900	467.04	358.11				Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)
67901	458.47	397.22				Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia)
67902			478.41			Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)
67903	457.46	352.51				Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach
67904	522.01	402.83				Repair of blepharoptosis; (tarso) levator resection or advancement, external approach
67906			358.06			Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)
67908	352.50	307.81				Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (eg, Fasanella-Servat type)
67909	394.45	310.03				Reduction of overcorrection of ptosis
67911			375.21			Correction of lid retraction
67912	710.95	350.08				Correction of lagophthalmos, with implantation of upper eyelid lid load (eg, gold weight)
67914	291.10	202.04				Repair of ectropion; suture
67915	263.54	179.78				Repair of ectropion; thermocauterization

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
67916	394.61	303.23				Repair of ectropion; excision tarsal wedge
67917	428.72	334.37				Repair of ectropion; extensive (eg, tarsal strip operations)
67921	278.22	189.49				Repair of entropion; suture
67922	256.33	173.56				Repair of entropion; thermocauterization
67923	413.26	326.19				Repair of entropion; excision tarsal wedge
67924	431.66	314.13				Repair of entropion; extensive (eg, tarsal strip or capsulopalpebral fascia repairs operation)
67930	271.98	170.67				Suture of recent wound, eyelid, involving lid margin, tarsus, and/or palpebral conjunctiva direct closure; partial thickness
67935	436.33	315.81				Suture of recent wound, eyelid, involving lid margin, tarsus, and/or palpebral conjunctiva direct closure; full thickness
67938	191.60	80.02				Removal of embedded foreign body, eyelid
67950	425.13	330.77				Canthoplasty (reconstruction of canthus)
67961	424.17	322.19				Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; up to one-fourth of lid margin
67966	538.80	441.80				Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; over one-fourth of lid margin
67971			509.69			Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; up to two-thirds of eyelid, one stage or first stage
67973			659.92			Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; total eyelid, lower, one stage or first stage
67974			657.10			Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; total eyelid, upper, one stage or first stage
67975			481.35			Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; second stage
67999			I.C.			Unlisted procedure, eyelids
68020	83.79	77.50				Incision of conjunctiva, drainage of cyst
68040	46.44	37.50				Expression of conjunctival follicles (eg, for trachoma)
68100	132.22	68.98				Biopsy of conjunctiva
68110	170.75	103.54				Excision of lesion, conjunctiva; up to 1 cm
68115	239.51	128.60				Excision of lesion, conjunctiva; over 1 cm
68130	398.70	287.13				Excision of lesion, conjunctiva; with adjacent sclera
68135	110.13	105.50				Destruction of lesion, conjunctiva
68200	30.33	24.37				Subconjunctival injection

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
68320	523.91	365.00				Conjunctivoplasty; with conjunctival graft or extensive rearrangement
68325			453.99			Conjunctivoplasty; with buccal mucous membrane graft (includes obtaining graft)
68326			441.23			Conjunctivoplasty, reconstruction cul-de-sac; with conjunctival graft or extensive rearrangement
68328			496.24			Conjunctivoplasty, reconstruction cul-de-sac; with buccal mucous membrane graft (includes obtaining graft)
68330	441.07	313.93				Repair of symblepharon; conjunctivoplasty, without graft
68335			441.90			Repair of symblepharon; with free graft conjunctiva or buccal mucous membrane (includes obtaining graft)
68340	400.49	271.37				Repair of symblepharon; division of symblepharon, with or without insertion of conformer or contact lens
68360	385.10	280.15				Conjunctival flap; bridge or partial (separate procedure)
68362			447.41			Conjunctival flap; total (such as Gunderson thin flap or purse string flap)
68371			293.51			Harvesting conjunctival allograft, living donor
68399			I.C.			Unlisted procedure, conjunctiva
68400	220.28	99.77				Incision, drainage of lacrimal gland
68420	245.57	125.39				Incision, drainage of lacrimal sac (dacryocystotomy or dacryocystostomy)
68440	83.16	68.59				Snip incision of lacrimal punctum
68500			679.26			Excision of lacrimal gland (dacryoadenectomy), except for tumor; total
68505			682.32			Excision of lacrimal gland (dacryoadenectomy), except for tumor; partial
68510	340.92	201.54				Biopsy of lacrimal gland
68520			477.86			Excision of lacrimal sac (dacryocystectomy)
68525			187.69			Biopsy of lacrimal sac
68530	334.42	184.44				Removal of foreign body or dacryolith, lacrimal passages
68540			640.14			Excision of lacrimal gland tumor; frontal approach
68550			780.24			Excision of lacrimal gland tumor; involving osteotomy
68700			411.99			Plastic repair of canaliculi
68705	179.39	116.16				Correction of everted punctum, cautery
68720			526.43			Dacryocystorhinostomy (fistulization of lacrimal sac to nasal cavity)
68745			527.57			Conjunctivorhinostomy (fistulization of conjunctiva to nasal cavity); without tube
68750			544.62			Conjunctivorhinostomy (fistulization of conjunctiva to nasal cavity); with insertion of tube or stent

114.3 CMR 16.00: SURGERY AND ANESTHESIA SERVICES

CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
68760	152.09	101.76				Closure of the lacrimal punctum; by thermocauterization, ligation, or laser surgery
68761	107.68	82.18				Closure of the lacrimal punctum; by plug, each
68770			381.32			Closure of lacrimal fistula (separate procedure)
68801	89.45	75.88				Dilation of lacrimal punctum, with or without irrigation
68810	192.43	164.28				Probing of nasolacrimal duct, with or without irrigation;
68811			144.66			Probing of nasolacrimal duct, with or without irrigation; requiring general anesthesia
68815	336.77	180.83				Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent
68816	509.30	170.27				Probing of nasolacrimal duct, with or without irrigation; with transluminal balloon catheter dilation
68840	88.05	76.47				Probing of lacrimal canaliculi, with or without irrigation
68850	49.67	44.38				Injection of contrast medium for dacryocystography
68899			I.C.			Unlisted procedure, lacrimal system
69000	138.96	88.30				Drainage external ear, abscess or hematoma; simple
69005	161.10	120.38				Drainage external ear, abscess or hematoma; complicated
69020	178.20	110.00				Drainage external auditory canal, abscess
69090			I.C.			Ear piercing
69100	82.18	36.16				Biopsy external ear
69105	107.67	49.73				Biopsy external auditory canal
69110	344.65	250.96				Excision external ear; partial, simple repair
69120			313.07			Excision external ear; complete amputation
69140			677.10			Excision exostosis(es), external auditory canal
69145	290.70	189.06				Excision soft tissue lesion, external auditory canal
69150			814.59			Radical excision external auditory canal lesion; without neck dissection
69155			1290.30			Radical excision external auditory canal lesion; with neck dissection
69200	97.94	41.98				Removal foreign body from external auditory canal; without general anesthesia
69205			78.68			Removal foreign body from external auditory canal; with general anesthesia
69210	37.96	24.72				Removal impacted cerumen (separate procedure), one or both ears
69220	106.12	47.85				Debridement, mastoidectomy cavity, simple (eg, routine cleaning)
69222	171.66	107.77				Debridement, mastoidectomy cavity, complex (eg, with anesthesia or more than routine cleaning)
69300	449.51	357.80				Otoplasty, protruding ear, with or without size reduction

114.3 CMR 16.00: SURGERY AND ANESTHESIA SERVICES

CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
69310			847.51			Reconstruction of external auditory canal (meatoplasty) (eg, for stenosis due to injury, infection) (separate procedure)
69320			1198.70			Reconstruction external auditory canal for congenital atresia, single stage
69399			I.C.			Unlisted procedure, external ear
69400	107.11	46.85				Eustachian tube inflation, transnasal; with catheterization
69401	64.35	39.18				Eustachian tube inflation, transnasal; without catheterization
69405	197.00	149.33				Eustachian tube catheterization, transtympanic
69420	147.31	92.02				Myringotomy including aspiration and/or eustachian tube inflation
69421			118.61			Myringotomy including aspiration and/or eustachian tube inflation requiring general anesthesia
69424	100.05	47.74				Ventilating tube removal requiring general anesthesia
69433	152.05	99.41				Tympanostomy (requiring insertion of ventilating tube), local or topical anesthesia
69436			128.87			Tympanostomy (requiring insertion of ventilating tube), general anesthesia
69440			522.10			Middle ear exploration through postauricular or ear canal incision
69450			408.93			Tympanolysis, transcanal
69501			562.90			Transmastoid antrotomy (simple mastoidectomy)
69502			743.48			Mastoidectomy; complete
69505			939.04			Mastoidectomy; modified radical
69511			962.30			Mastoidectomy; radical
69530			1282.01			Petrous apicectomy including radical mastoidectomy
69535			2075.90			Resection temporal bone, external approach
69540	162.67	99.77				Excision aural polyp
69550			809.97			Excision aural glomus tumor; transcanal
69552			1227.34			Excision aural glomus tumor; transmastoid
69554			1959.30			Excision aural glomus tumor; extended (extratemporal)
69601			802.04			Revision mastoidectomy; resulting in complete mastoidectomy
69602			835.73			Revision mastoidectomy; resulting in modified radical mastoidectomy
69603			993.89			Revision mastoidectomy; resulting in radical mastoidectomy
69604			855.83			Revision mastoidectomy; resulting in tympanoplasty
69605			1216.43			Revision mastoidectomy; with apicectomy
69610	305.14	228.66				Tympanic membrane repair, with or without site preparation of perforation for closure, with or without patch

114.3 CMR 16.00: SURGERY AND ANESTHESIA SERVICES

CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
69620	540.95	377.07				Myringoplasty (surgery confined to drumhead and donor area)
69631			670.78			Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; without ossicular chain reconstruction
69632			823.59			Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; with ossicular chain reconstruction (eg, postfenestration)
69633			793.78			Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; with ossicular chain reconstruction and synthetic prosthesis (eg, partial ossicular replacement prosthesis (PORP), total ossicular replacement prosthesis (TORP))
69635			944.20			Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); without ossicular chain reconstruction
69636			1074.29			Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); with ossicular chain reconstruction
69637			1068.35			Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); with ossicular chain reconstruction and synthetic prosthesis (eg, partial ossicular replacement prosthesis (PORP), total ossicular replacement prosthesis (TORP))
69641			797.03			Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); without ossicular chain reconstruction
69642			1028.27			Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with ossicular chain reconstruction
69643			937.93			Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with intact or reconstructed wall, without ossicular chain reconstruction
69644			1154.68			Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with intact or reconstructed canal wall, with ossicular chain reconstruction

114.3 CMR 16.00: SURGERY AND ANESTHESIA SERVICES

CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
69645			1130.70			Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); radical or complete, without ossicular chain reconstruction
69646			1200.68			Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); radical or complete, with ossicular chain reconstruction
69650			609.91			Stapes mobilization
69660			713.10			Stapedectomy or stapedotomy with reestablishment of ossicular continuity, with or without use of foreign material;
69661			934.77			Stapedectomy or stapedotomy with reestablishment of ossicular continuity, with or without use of foreign material; with footplate drill out
69662			893.90			Revision of stapedectomy or stapedotomy
69666			617.94			Repair oval window fistula
69667			619.21			Repair round window fistula
69670			724.38			Mastoid obliteration (separate procedure)
69676			638.71			Tympanic neurectomy
69700			542.47			Closure postauricular fistula, mastoid (separate procedure)
69710			I.C.			Implantation or replacement of electromagnetic bone conduction hearing device in temporal bone
69711			662.17			Removal or repair of electromagnetic bone conduction hearing device in temporal bone
69714			828.59			Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy
69715			1026.32			Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy
69717			883.78			Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy
69718			1076.28			Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy
69720			904.36			Decompression facial nerve, intratemporal; lateral to geniculate ganglion
69725			1450.54			Decompression facial nerve, intratemporal; including medial to geniculate ganglion

114.3 CMR 16.00: SURGERY AND ANESTHESIA SERVICES

CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
69740			893.06			Suture facial nerve, intratemporal, with or without graft or decompression; lateral to geniculate ganglion
69745			908.99			Suture facial nerve, intratemporal, with or without graft or decompression; including medial to geniculate ganglion
69799			I.C.			Unlisted procedure, middle ear
69801			571.32			Labyrinthotomy, with or without cryosurgery including other nonexcisional destructive procedures or perfusion of vestibuloactive drugs (single or multiple perfusions); transcanal
69802			797.11			Labyrinthotomy, with or without cryosurgery including other nonexcisional destructive procedures or perfusion of vestibuloactive drugs (single or multiple perfusions); with mastoidectomy
69805			807.27			Endolymphatic sac operation; without shunt
69806			725.85			Endolymphatic sac operation; with shunt
69820			665.19			Fenestration semicircular canal
69840			711.58			Revision fenestration operation
69905			701.35			Labyrinthectomy; transcanal
69910			785.92			Labyrinthectomy; with mastoidectomy
69915			1186.84			Vestibular nerve section, translabyrinthine approach
69930			981.98			Cochlear device implantation, with or without mastoidectomy
69949			I.C.			Unlisted procedure, inner ear
69950			1407.37			Vestibular nerve section, transcranial approach
69955			1544.45			Total facial nerve decompression and/or repair (may include graft)
69960			1491.11			Decompression internal auditory canal
69970			1659.84			Removal of tumor, temporal bone
69979			I.C.			Unlisted procedure, temporal bone, middle fossa approach
69990			166.34			Microsurgical techniques, requiring use of operating microscope (List separately in addition to code for primary procedure)
80500	17.16	15.18				Clinical pathology consultation; limited, without review of patient's history and medical records
80502	52.22	51.22				Clinical pathology consultation; comprehensive, for a complex diagnostic problem, with review of patient's history and medical records
83020				14.85		Hemoglobin fractionation and quantitation; electrophoresis (eg, A2, S, C, and/or F)
83912				14.52		Molecular diagnostics; interpretation and report
84165				14.85		Protein; electrophoretic fractionation and quantitation, serum
84166				14.85		Protein; electrophoretic fractionation and quantitation, other fluids with concentration (eg, urine, CSF)

114.3 CMR 16.00: SURGERY AND ANESTHESIA SERVICES

CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
84181				14.85		Protein; Western Blot, with interpretation and report, blood or other body fluid
84182				15.39		Protein; Western Blot, with interpretation and report, blood or other body fluid, immunological probe for band identification, each
85060			18.29			Blood smear, peripheral, interpretation by physician with written report
85097	79.41	38.35				Bone marrow, smear interpretation
85390				14.85		Fibrinolysins or coagulopathy screen, interpretation and report
85396			15.49			Coagulation/fibrinolysis assay, whole blood (eg, viscoelastic clot assessment), including use of any pharmacologic additive(s), as indicated, including interpretation and written report, per day
85576				15.18		Platelet, aggregation (in vitro), each agent
86077	39.79	38.14				Blood bank physician services; difficult cross match and/or evaluation of irregular antibody(s), interpretation and written report
86078	40.79	38.47				Blood bank physician services; investigation of transfusion reaction including suspicion of transmissible disease, interpretation and written report
86079	40.79	38.80				Blood bank physician services; authorization for deviation from standard blood banking procedures (eg, use of outdated blood, transfusion of Rh incompatible units), with written report
86255				14.85		Fluorescent noninfectious agent antibody; screen, each antibody
86256				15.18		Fluorescent noninfectious agent antibody; titer, each antibody
86320				15.18		Immunoelectrophoresis; serum
86325				14.85		Immunoelectrophoresis; other fluids (eg, urine, cerebrospinal fluid) with concentration
86327				17.12		Immunoelectrophoresis; crossed (2-dimensional assay)
86334				14.85		Immunofixation electrophoresis; serum
86335				14.85		Immunofixation electrophoresis; other fluids with concentration (eg, urine, CSF)
86486			4.73			Skin test; unlisted antigen, each
86490			7.38			Skin test; coccidioidomycosis
86510			7.71			Skin test; histoplasmosis
86580			7.05			Skin test; tuberculosis, intradermal
87164				14.52		Dark field examination, any source (eg, penile, vaginal, oral, skin); includes specimen collection
87207				15.18		Smear, primary source with interpretation; special stain for inclusion bodies or parasites (eg, malaria, coccidia, microsporidia, trypanosomes, herpes viruses)

114.3 CMR 16.00: SURGERY AND ANESTHESIA SERVICES

CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
88104			50.26	22.68	27.58	Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears with interpretation
88106			64.16	22.68	41.48	Cytopathology, fluids, washings or brushings, except cervical or vaginal; simple filter method with interpretation
88107			80.89	31.13	49.76	Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears and simple filter preparation with interpretation
88108			60.85	22.68	38.17	Cytopathology, concentration technique, smears and interpretation (eg, Saccomanno technique)
88112			90.74	46.61	44.13	Cytopathology, selective cellular enhancement technique with interpretation (eg, liquid based slide preparation method), except cervical or vaginal
88125			15.63	10.12	5.51	Cytopathology, forensic (eg, sperm)
88141			20.76			Cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician
88160			43.62	20.01	23.60	Cytopathology, smears, any other source; screening and interpretation
88161			47.92	20.34	27.58	Cytopathology, smears, any other source; preparation, screening and interpretation
88162			65.33	31.13	34.20	Cytopathology, smears, any other source; extended study involving over 5 slides and/or multiple stains
88172			43.10	24.46	18.64	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s)
88173			111.81	55.76	56.05	Cytopathology, evaluation of fine needle aspirate; interpretation and report
88182			88.88	29.75	59.13	Flow cytometry, cell cycle or DNA analysis
88184			63.00			Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; first marker
88185			35.85			Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; each additional marker (List separately in addition to code for first marker)
88187			52.08			Flow cytometry, interpretation; 2 to 8 markers
88188			64.27			Flow cytometry, interpretation; 9 to 15 markers
88189			82.65			Flow cytometry, interpretation; 16 or more markers
88199			I.C.	I.C.	I.C.	Unlisted cytopathology procedure
88291			22.23			Cytogenetics and molecular cytogenetics, interpretation and report
88299			I.C.			Unlisted cytogenetic study
88300			19.55	3.44	16.11	Level I - Surgical pathology, gross examination only

114.3 CMR 16.00: SURGERY AND ANESTHESIA SERVICES

CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
88302			42.68	5.50	37.18	Level II - Surgical pathology, gross and microscopic examination Appendix, incidental Fallopian tube, sterilization Fingers/toes, amputation, traumatic Foreskin, newborn Hernia sac, any location Hydrocele sac Nerve Skin, plastic repair Sympathetic ganglion Testis, castration Vaginal mucosa, incidental Vas deferens, sterilization
88304			52.80	8.67	44.13	Level III - Surgical pathology, gross and microscopic examination Abortion, induced Abscess Aneurysm - arterial/ventricular Anus, tag Appendix, other than incidental Artery, atheromatous plaque Bartholin's gland cyst Bone fragment(s), other than pathologic fracture Bursa/synovial cyst Carpal tunnel tissue Cartilage, shavings Cholesteatoma Colon, colostomy stoma Conjunctiva - biopsy/pterygium Cornea Diverticulum - esophagus/small intestine Dupuytren's contracture tissue Femoral head, other than fracture Fissure/fistula Foreskin, other than newborn Gallbladder Ganglion cyst Hematoma Hemorrhoids Hydatid of Morgagni Intervertebral disc Joint, loose body Meniscus Mucocele, salivary Neuroma - Morton's/traumatic Pilonidal cyst/sinus Polyps, inflammatory - nasal/sinusoidal Skin - cyst/tag/debridement Soft tissue, debridement Soft tissue, lipoma Spermatocele Tendon/tendon sheath Testicular appendage Thrombus or embolus Tonsil and/or adenoids Varicocele Vas deferens, other than sterilization Vein, varicosity

114.3 CMR 16.00: SURGERY AND ANESTHESIA SERVICES

CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
88305			87.66	30.19	57.47	Level IV - Surgical pathology, gross and microscopic examination Abortion - spontaneous/missed Artery, biopsy Bone marrow, biopsy Bone exostosis Brain/meninges, other than for tumor resection Breast, biopsy, not requiring microscopic evaluation of surgical margins Breast, reduction mammoplasty Bronchus, biopsy Cell block, any source Cervix, biopsy Colon, biopsy Duodenum, biopsy Endocervix, curettings/biopsy Endometrium, curettings/biopsy Esophagus, biopsy Extremity, amputation, traumatic Fallopian tube, biopsy Fallopian tube, ectopic pregnancy Femoral head, fracture Fingers/toes, amputation, non-traumatic Gingiva/oral mucosa, biopsy Heart valve Joint, resection Kidney, biopsy Larynx, biopsy Leiomyoma(s), uterine myomectomy - without uterus Lip, biopsy/wedge resection Lung, transbronchial biopsy Lymph node, biopsy Muscle, biopsy Nasal mucosa, biopsy Nasopharynx/oropharynx, biopsy Nerve, biopsy Odontogenic/dental cyst Omentum, biopsy Ovary with or without tube, non-neoplastic Ovary, biopsy/wedge resection Parathyroid gland Peritoneum, biopsy Pituitary tumor Placenta, other than third trimester Pleura/pericardium - biopsy/tissue Polyp, cervical/endometrial Polyp, colorectal Polyp, stomach/small intestine Prostate, needle biopsy Prostate, TUR Salivary gland, biopsy Sinus, paranasal biopsy Skin, other than cyst/tag/debridement/plastic repair Small intestine, biopsy Soft tissue, other than tumor/mass/lipoma/debridement Spleen Stomach, biopsy Synovium Testis, other than tumor/biopsy/castration Thyroglossal duct/brachial cleft cyst Tongue, biopsy Tonsil, biopsy Trachea, biopsy Ureter, biopsy Urethra, biopsy Urinary bladder, biopsy Uterus, with or without tubes and ovaries, for prolapse Vagina, biopsy Vulva/labia, biopsy

114.3 CMR 16.00: SURGERY AND ANESTHESIA SERVICES

CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
88307			172.44	64.87	107.56	Level V - Surgical pathology, gross and microscopic examination Adrenal, resection Bone - biopsy/curettings Bone fragment(s), pathologic fracture Brain, biopsy Brain/meninges, tumor resection Breast, excision of lesion, requiring microscopic evaluation of surgical margins Breast, mastectomy - partial/simple Cervix, conization Colon, segmental resection, other than for tumor Extremity, amputation, non-traumatic Eye, enucleation Kidney, partial/total nephrectomy Larynx, partial/total resection Liver, biopsy - needle/wedge Liver, partial resection Lung, wedge biopsy Lymph nodes, regional resection Mediastinum, mass Myocardium, biopsy Odontogenic tumor Ovary with or without tube, neoplastic Pancreas, biopsy Placenta, third trimester Prostate, except radical resection Salivary gland Sentinel lymph node Small intestine, resection, other than for tumor Soft tissue mass (except lipoma) - biopsy/simple excision Stomach - subtotal/total resection, other than for tumor Testis, biopsy Thymus, tumor Thyroid, total/lobe Ureter, resection Urinary bladder, TUR Uterus, with or without tubes and ovaries, other than neoplastic/prolapse
88309			255.97	109.67	146.30	Level VI - Surgical pathology, gross and microscopic examination Bone resection Breast, mastectomy - with regional lymph nodes Colon, segmental resection for tumor Colon, total resection Esophagus, partial/total resection Extremity, disarticulation Fetus, with dissection Larynx, partial/total resection - with regional lymph nodes Lung - total/lobe/segment resection Pancreas, total/subtotal resection Prostate, radical resection Small intestine, resection for tumor Soft tissue tumor, extensive resection Stomach - subtotal/total resection for tumor Testis, tumor Tongue/tonsil - resection for tumor Urinary bladder, partial/total resection Uterus, with or without tubes and ovaries, neoplastic Vulva, total/subtotal resection
88311			14.74	9.56	5.18	Decalcification procedure (List separately in addition to code for surgical pathology examination)
88312			78.62	21.46	57.16	Special stains (List separately in addition to code for primary service); Group I for microorganisms (eg, Gridley, acid fast, methenamine silver), each

114.3 CMR 16.00: SURGERY AND ANESTHESIA SERVICES

CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
88313			60.10	9.56	50.54	Special stains (List separately in addition to code for primary service); Group II, all other (eg, iron, trichrome), except immunocytochemistry and immunoperoxidase stains, each
88314			79.97	18.29	61.68	Special stains (List separately in addition to code for primary service); histochemical staining with frozen section(s)
88318			88.52	17.12	71.40	Determinative histochemistry to identify chemical components (eg, copper, zinc)
88319			125.57	21.51	104.06	Determinative histochemistry or cytochemistry to identify enzyme constituents, each
88321	71.40	63.46				Consultation and report on referred slides prepared elsewhere
88323			118.80	69.37	49.43	Consultation and report on referred material requiring preparation of slides
88325	159.68	98.43				Consultation, comprehensive, with review of records and specimens, with report on referred material
88329	40.98	27.08				Pathology consultation during surgery;
88331			73.34	48.64	24.70	Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen
88332			32.89	24.18	8.71	Pathology consultation during surgery; each additional tissue block with frozen section(s)
88333			74.94	49.25	25.69	Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), initial site
88334			44.08	28.75	15.33	Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), each additional site
88342			81.74	33.97	47.77	Immunohistochemistry (including tissue immunoperoxidase), each antibody
88346			82.69	34.25	48.44	Immunofluorescent study, each antibody; direct method
88347			67.79	33.59	34.20	Immunofluorescent study, each antibody; indirect method
88348			502.16	60.98	441.18	Electron microscopy; diagnostic
88349			237.69	31.13	206.56	Electron microscopy; scanning
88355			253.08	72.34	180.73	Morphometric analysis; skeletal muscle
88356			246.30	117.33	128.97	Morphometric analysis; nerve
88358			62.28	37.93	24.35	Morphometric analysis; tumor (eg, DNA ploidy)
88360			97.97	44.24	53.73	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; manual

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CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
88361			132.93	47.66	85.27	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; using computer-assisted technology
88362			224.36	87.33	137.03	Nerve teasing preparations
88365			124.95	47.38	77.57	In situ hybridization (eg, FISH), each probe
88367			191.16	50.15	141.00	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative) each probe; using computer-assisted technology
88368			163.82	54.60	109.22	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative) each probe; manual
88371				14.52		Protein analysis of tissue by Western Blot, with interpretation and report;
88372				15.18		Protein analysis of tissue by Western Blot, with interpretation and report; immunological probe for band identification, each
88380			134.62	59.28	75.33	Microdissection (ie, sample preparation of microscopically identified target); laser capture
88381			182.65	44.82	137.83	Microdissection (ie, sample preparation of microscopically identified target); manual
88384			I.C.	I.C.	I.C.	Array-based evaluation of multiple molecular probes; 11 through 50 probes
88385			419.23	58.39	360.84	Array-based evaluation of multiple molecular probes; 51 through 250 probes
88386			428.37	73.39	354.98	Array-based evaluation of multiple molecular probes; 251 through 500 probes
88399			I.C.	I.C.	I.C.	Unlisted surgical pathology procedure
88400			I.C.			Bilirubin, total, transcutaneous
89049	158.23	47.98				Caffeine halothane contracture test (CHCT) for malignant hyperthermia susceptibility, including interpretation and report
89060				15.18		Crystal identification by light microscopy with or without polarizing lens analysis, tissue or any body fluid (except urine)
89100	178.63	29.64				Duodenal intubation and aspiration; single specimen (eg, simple bile study or afferent loop culture) plus appropriate test procedure
89105	181.25	24.98				Duodenal intubation and aspiration; collection of multiple fractional specimens with pancreatic or gallbladder stimulation, single or double lumen tube
89130	150.39	21.27				Gastric intubation and aspiration, diagnostic, each specimen, for chemical analyses or cytopathology;
89132	170.06	12.80				Gastric intubation and aspiration, diagnostic, each specimen, for chemical analyses or cytopathology; after stimulation

114.3 CMR 16.00: SURGERY AND ANESTHESIA SERVICES

CODE	NFAC	FAC	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
89135	200.37	38.14				Gastric intubation, aspiration, and fractional collections (eg, gastric secretory study); one hour
89136	133.21	12.04				Gastric intubation, aspiration, and fractional collections (eg, gastric secretory study); 2 hours
89140	164.49	38.68				Gastric intubation, aspiration, and fractional collections (eg, gastric secretory study); 2 hours including gastric stimulation (eg, histalog, pentagastrin)
89141	176.00	37.94				Gastric intubation, aspiration, and fractional collections (eg, gastric secretory study); 3 hours, including gastric stimulation
89220			13.67			Sputum, obtaining specimen, aerosol induced technique (separate procedure)
89230			3.41			Sweat collection by iontophoresis
89240			I.C.			Unlisted miscellaneous pathology test
G0105	459.26	237.68				Colorectal cancer screening; colonoscopy on individual at high risk
G0121	459.26	237.68				Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk
S2260			823.54			Induced abortion, 17 to 24 weeks

16.06: Severability

The provisions of 114.3 CMR 16.00 are hereby declared to be severable and if any such provisions or the application of such provisions to any person or circumstances shall be held to be invalid or unconstitutional, such invalidity shall not be construed to affect the validity or constitutionality of any remaining provisions to eligible providers or circumstances other than those held invalid.

REGULATORY AUTHORITY

114.3 CMR 16.00: M.G.L. c. 118G.