114.3 CMR 16.00: SURGERY AND ANESTHESIA SERVICES

Section

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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 17, 2005. 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, 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 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.

(5) Administrative Information Bulletins. The Division may issue administrative information 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 numeric codes included in the Regulation 114.3 CMR 16.00 are obtained from the Physicians' *Current Procedural Terminology,* copyright 2004 by the American Medical Association (CPT) unless otherwise specified. CPT is a listing of descriptive terms and numeric identifying codes and modifiers for reporting medical services and procedures performed by physicians. 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 CPT 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*.

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

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 MRI centers, IDTFS, portable x-ray

providers and mammography vans. These eligible providers may not be owned by a hospital, physician or physician group practice. 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.

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. Such procedures are so designated in 114.3 CMR 16.05.

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 Base 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) Individual Consideration. See description under 16.02: *General Definitions.*

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 $18.00 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 2005 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. Such procedures are so designated in 114.3 CMR 16.05(4).
-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 includingbiopsy; not otherwise specified
00124	4	Anesthesia for procedures on external, middle, and inner ear includingbiopsy; otoscopy
00126	4	Anesthesia for procedures on external, middle, and inner ear includingbiopsy; 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 otherwisespecified
00162	7	Anesthesia for procedures on nose and accessory sinuses; radical surgery
00164	4	Anesthesia for procedures on nose and accessory sinuses; biopsy, softtissue
00170	5	Anesthesia for intraoral procedures, including biopsy; not otherwisespecified
00172	6	Anesthesia for intraoral procedures, including biopsy; repair of cleftpalate
00174	6	Anesthesia for intraoral procedures, including biopsy; excision ofretropharyngeal tumor
00176	7	Anesthesia for intraoral procedures, including biopsy; radical surgery
00190	5	Anesthesia for procedures on facial bones or skull; not otherwisespecified

Code	Units	Description
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, includingventriculography
00215	9	Anesthesia for intracranial procedures; cranioplasty or elevation ofdepressed 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 shuntingprocedures
00222	6	Anesthesia for intracranial procedures; electrocoagulation ofintracranial nerve
00300	5	Anesthesia for all procedures on the integumentary system, muscles andnerves of head, neck, and posterior trunk, not otherwise specified
00320	6	Anesthesia for all procedures on esophagus, thyroid, larynx, trachea andlymphatic system of neck; not otherwise specified, age 1 year or older
00322	3	Anesthesia for all procedures on esophagus, thyroid, larynx, trachea andlymphatic system of neck; needle biopsy of thyroid
00326	8	Anesthesia for all procedures on the larynx and trachea in children lessthan 1 year of age
00350	10	Anesthesia for procedures on major vessels of neck; not otherwisespecified
00352	5	Anesthesia for procedures on major vessels of neck; simple ligation
00400	3	Anesthesia for procedures on the integumentary system on theextremities, anterior trunk and perineum; not otherwise specified
00402	5	Anesthesia for procedures on the integumentary system on theextremities, anterior trunk and perineum; reconstructive procedures onbreast (eg, reduction or augmentation mammoplasty, muscle flaps)
00404	5	Anesthesia for procedures on the integumentary system on theextremities, anterior trunk and perineum; radical or modified radicalprocedures on breast
00406	13	Anesthesia for procedures on the integumentary system on theextremities, anterior trunk and perineum; radical or modified radicalprocedures on breast with internal mammary node dissection
00410	4	Anesthesia for procedures on the integumentary system on theextremities, anterior trunk and perineum; electrical conversion ofarrhythmias
00450	5	Anesthesia for procedures on clavicle and scapula; not otherwisespecified
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, pectusexcavatum)
00500	15	Anesthesia for all procedures on esophagus
00520	6	Anesthesia for closed chest procedures; (including bronchoscopy) nototherwise 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 diagnosticthoracoscopy not utilizing one lung ventilation
00529	11	Anesthesia for closed chest procedures; mediastinoscopy and diagnosticthoracoscopy utilizing one lung ventilation
00530	4	Anesthesia for permanent transvenous pacemaker insertion
00532	4	Anesthesia for access to central venous circulation
00534	7	Anesthesia for transvenous insertion or replacement of pacingcardioverter-defibrillator
00537	7	Anesthesia for cardiac electrophysiologic procedures includingradiofrequency ablation
00539	18	Anesthesia for tracheobronchial reconstruction
00540	12	Anesthesia for thoracotomy procedures involving lungs, pleura,diaphragm, and mediastinum (including surgical thoracoscopy); nototherwise specified
00541	15	Anesthesia for thoracotomy procedures involving lungs, pleura,diaphragm, and

Code	Units	Description
		mediastinum (including surgical thoracoscopy); utilizingone lung ventilation
00541	15	Anesthesia for thoracotomy procedures involving lungs, pleura,diaphragm, and mediastinum (including surgical thoracoscopy); utilizingone lung ventilation
00542	5	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); pulmonaryresection 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 vesselsof chest; without pump oxygenator
00561	25	Anesthesia for procedures on heart, pericardial sac, and great vesselsof chest; with pump oxygenator, under one year of age
00562	20	Anesthesia for procedures on heart, pericardial sac, and great vesselsof chest; with pump oxygenator
00563	25	Anesthesia for procedures on heart, pericardial sac, and great vesselsof chest; with pump oxygenator with hypothermic circulatory arrest
00566	25	Anesthesia for direct coronary artery bypass grafting without pumpoxygenator
00580	20	Anesthesia for heart transplant or heart/lung transplant
00600	10	Anesthesia for procedures on cervical spine and cord; not otherwisespecified
00604	13	Anesthesia for procedures on cervical spine and cord; procedures withpatient in the sitting position
00620	10	Anesthesia for procedures on thoracic spine and cord; not otherwisespecified
00622	13	Anesthesia for procedures on thoracic spine and cord; thoracolumbarsympathectomy
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 therapeuticlumbar puncture
00640	3	Anesthesia for manipulation of the spine or for closed procedures on thecervical, thoracic or lumbar spine
00640	3	Anesthesia for manipulation of the spine or for closed procedures on thecervical, thoracic or lumbar spine
00670	13	Anesthesia for extensive spine and spinal cord procedures (eg, spinalinstrumentation or vascular procedures)
00700	4	Anesthesia for procedures on upper anterior abdominal wall; nototherwise specified
00702	4	Anesthesia for procedures on upper anterior abdominal wall; percutaneousliver biopsy
00730	5	Anesthesia for procedures on upper posterior abdominal wall
00740	5	Anesthesia for upper gastrointestinal endoscopic procedures, endoscopeintroduced proximal to duodenum
00750	4	Anesthesia for hernia repairs in upper abdomen; not otherwise specified
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 ofdiaphragmatic hernia
00770	15	Anesthesia for all procedures on major abdominal blood vessels
00790	7	Anesthesia for intraperitoneal procedures in upper abdomen includinglaparoscopy; not otherwise specified
00792	13	Anesthesia for intraperitoneal procedures in upper abdomen includinglaparoscopy; partial hepatectomy or management of liver hemorrhage(excluding liver biopsy)
00794	8	Anesthesia for intraperitoneal procedures in upper abdomen includinglaparoscopy;

Code	Units	Description
		pancreatectomy, partial or total (eg, Whipple procedure)
00796	30	Anesthesia for intraperitoneal procedures in upper abdomen includinglaparoscopy; liver transplant (recipient)
00797	8	Anesthesia for intraperitoneal procedures in upper abdomen includinglaparoscopy; gastric restrictive procedure for morbid obesity
00800	4	Anesthesia for procedures on lower anterior abdominal wall; nototherwise specified
00802	5	Anesthesia for procedures on lower anterior abdominal wall;panniculectomy
00810	5	Anesthesia for lower intestinal endoscopic procedures, endoscopeintroduced 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 incisionalhernias
00834	5	Anesthesia for hernia repairs in the lower abdomen not otherwisespecified, under 1 year of age
00836	6	Anesthesia for hernia repairs in the lower abdomen not otherwisespecified, infants less than 37 weeks gestational age at birth and lessthan 50 weeks gestational age at time of surgery
00840	6	Anesthesia for intraperitoneal procedures in lower abdomen includinglaparoscopy; not otherwise specified
00842	4	Anesthesia for intraperitoneal procedures in lower abdomen includinglaparoscopy; amniocentesis
00844	7	Anesthesia for intraperitoneal procedures in lower abdomen includinglaparoscopy; abdominoperineal resection
00846	8	Anesthesia for intraperitoneal procedures in lower abdomen includinglaparoscopy; radical hysterectomy
00848	8	Anesthesia for intraperitoneal procedures in lower abdomen includinglaparoscopy; pelvic exenteration
00851	6	Anesthesia for intraperitoneal procedures in lower abdomen includinglaparoscopy; tubal ligation/transection
00860	6	Anesthesia for extraperitoneal procedures in lower abdomen, includingurinary tract; not otherwise specified
00862	7	Anesthesia for extraperitoneal procedures in lower abdomen, includingurinary tract; renal procedures, including upper 1/3 of ureter, ordonor nephrectomy
00864	8	Anesthesia for extraperitoneal procedures in lower abdomen, includingurinary tract; total cystectomy
00865	7	Anesthesia for extraperitoneal procedures in lower abdomen, includingurinary tract; radical prostatectomy (suprapubic, retropubic)
00866	10	Anesthesia for extraperitoneal procedures in lower abdomen, includingurinary tract; adrenalectomy
00868	10	Anesthesia for extraperitoneal procedures in lower abdomen, includingurinary tract; renal transplant (recipient)
00870	5	Anesthesia for extraperitoneal procedures in lower abdomen, includingurinary tract; cystolithotomy
00872	7	Anesthesia for lithotripsy, extracorporeal shock wave; with water bath
00873	5	Anesthesia for lithotripsy, extracorporeal shock wave; without waterbath
00880	15	Anesthesia for procedures on major lower abdominal vessels; nototherwise specified
00882	10	Anesthesia for procedures on major lower abdominal vessels; inferiorvena 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

Code	Units	Description
		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 urethralprocedures); not otherwise specified
00921	3	Anesthesia for procedures on male genitalia (including open urethralprocedures); vasectomy, unilateral or bilateral
00922	6	Anesthesia for procedures on male genitalia (including open urethralprocedures); seminal vesicles
00924	4	Anesthesia for procedures on male genitalia (including open urethralprocedures); undescended testis, unilateral or bilateral
00926	4	Anesthesia for procedures on male genitalia (including open urethralprocedures); radical orchiectomy, inguinal
00928	6	Anesthesia for procedures on male genitalia (including open urethralprocedures); radical orchiectomy, abdominal
00930	4	Anesthesia for procedures on male genitalia (including open urethralprocedures); orchiopexy, unilateral or bilateral
00932	4	Anesthesia for procedures on male genitalia (including open urethralprocedures); complete amputation of penis
00934	6	Anesthesia for procedures on male genitalia (including open urethralprocedures); radical amputation of penis with bilateral inguinallymphadenectomy
00936	8	Anesthesia for procedures on male genitalia (including open urethralprocedures); radical amputation of penis with bilateral inguinal andiliac lymphadenectomy
00938	4	Anesthesia for procedures on male genitalia (including open urethralprocedures); 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 openurethral procedures
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 orposterior 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, excepthindquarter amputation
01160	4	Anesthesia for closed procedures involving symphysis pubis or sacroiliacjoint
01170	8	Anesthesia for open procedures involving symphysis pubis or sacroiliacjoint
01173	12	Anesthesia for open repair of fracture disruption of pelvis or columnfracture 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

Code	Units	Description
01202	4	Anesthesia for arthroscopic procedures of hip joint
01210	6	Anesthesia for open procedures involving hip joint; not otherwisespecified
01212	10	Anesthesia for open procedures involving hip joint; hip disarticulation
01214	8	Anesthesia for open procedures involving hip joint; total hiparthroplasty
01215	10	Anesthesia for open procedures involving hip joint; revision of totalhip arthroplasty
01220	4	Anesthesia for all closed procedures involving upper 2/3 of femur
01230	6	Anesthesia for open procedures involving upper 2/3 of femur; nototherwise specified
01232	5	Anesthesia for open procedures involving upper 2/3 of femur; amputation
01234	8	Anesthesia for open procedures involving upper 2/3 of femur; radicalresection
01250	4	Anesthesia for all procedures on nerves, muscles, tendons, fascia, andbursae of upper leg
01260	3	Anesthesia for all procedures involving veins of upper leg, includingexploration
01270	8	Anesthesia for procedures involving arteries of upper leg, includingbypass graft; not otherwise specified
01272	4	Anesthesia for procedures involving arteries of upper leg, includingbypass graft; femoral artery ligation
01274	6	Anesthesia for procedures involving arteries of upper leg, includingbypass graft; femoral artery embolectomy
01320	4	Anesthesia for all procedures on nerves, muscles, tendons, fascia, andbursae of knee and/or popliteal area
01340	4	Anesthesia for all closed procedures on lower 1/3 of femur
01360	5	Anesthesia for all open procedures on lower 1/3 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
01420	3	Anesthesia for all cast applications, removal, or repair involving kneejoint
01430	3	Anesthesia for procedures on veins of knee and popliteal area; nototherwise 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; nototherwise 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 oflower leg, ankle, and foot; not otherwise specified
01472	5	Anesthesia for procedures on nerves, muscles, tendons, and fascia oflower leg, ankle, and foot; repair of ruptured Achilles tendon, with orwithout graft
01474	5	Anesthesia for procedures on nerves, muscles, tendons, and fascia oflower leg, ankle, and foot; gastrocnemius recession (eg, Strayerprocedure)
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

Code	Units	Description
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 bypassgraft; not otherwise specified
01502	6	Anesthesia for procedures on arteries of lower leg, including bypassgraft; 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, andbursae 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 headand neck, sternoclavicular joint, acromioclavicular joint, and shoulderjoint; not otherwise specified
01632	6	Anesthesia for open or surgical arthroscopic procedures on humeral headand neck, sternoclavicular joint, acromioclavicular joint, and shoulderjoint; radical resection
01634	9	Anesthesia for open or surgical arthroscopic procedures on humeral headand neck, sternoclavicular joint, acromioclavicular joint, and shoulderjoint; shoulder disarticulation
01636	15	Anesthesia for open or surgical arthroscopic procedures on humeral headand neck, sternoclavicular joint, acromioclavicular joint, and shoulderjoint; interthoracoscapular (forequarter) amputation
01638	10	Anesthesia for open or surgical arthroscopic procedures on humeral headand neck, sternoclavicular joint, acromioclavicular joint, and shoulderjoint; total shoulder replacement
01650	6	Anesthesia for procedures on arteries of shoulder and axilla; nototherwise 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; bypassgraft
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; nototherwise specified
01682	4	Anesthesia for shoulder cast application, removal or repair; shoulderspica
01710	3	Anesthesia for procedures on nerves, muscles, tendons, fascia, andbursae of upper arm and elbow; not otherwise specified
01712	5	Anesthesia for procedures on nerves, muscles, tendons, fascia, andbursae of upper arm and elbow; tenotomy, elbow to shoulder, open
01714	5	Anesthesia for procedures on nerves, muscles, tendons, fascia, andbursae of upper arm and elbow; tenoplasty, elbow to shoulder
01716	5	Anesthesia for procedures on nerves, muscles, tendons, fascia, andbursae of upper arm and elbow; tenodesis, rupture of long tendon ofbiceps
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

Code	Units	Description
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; nototherwise 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 otherwisespecified
01782	4	Anesthesia for procedures on veins of upper arm and elbow; phleborrhaphy
01810	3	Anesthesia for all procedures on nerves, muscles, tendons, fascia, andbursae of forearm, wrist, and hand
01820	3	Anesthesia for all closed procedures on radius, ulna, wrist, or handbones
01829	3	Anesthesia for diagnostic arthroscopic procedures on the wrist
01830	3	Anesthesia for open or surgical arthroscopic/endoscopic procedures ondistal radius, distal ulna, wrist, or hand joints; not otherwisespecified
01832	6	Anesthesia for open or surgical arthroscopic/endoscopic procedures ondistal radius, distal ulna, wrist, or hand joints; total wristreplacement
01840	6	Anesthesia for procedures on arteries of forearm, wrist, and hand; nototherwise 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; nototherwise 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, orrepair
01905	5	Anesthesia for myelography, diskography, vertebroplasty
01916	6	Anesthesia for diagnostic arteriography/venography
01920	7	Anesthesia for cardiac catheterization including coronary angiographyand ventriculography (not to include Swan-Ganz catheter)
01922	7	Anesthesia for non-invasive imaging or radiation therapy
01924	5	Anesthesia for therapeutic interventional radiologic proceduresinvolving the arterial system; not otherwise specified
01925	7	Anesthesia for therapeutic interventional radiologic proceduresinvolving the arterial system; carotid or coronary
01926	8	Anesthesia for therapeutic interventional radiologic proceduresinvolving the arterial system; intracranial, intracardiac, or aortic
01930	5	Anesthesia for therapeutic interventional radiologic proceduresinvolving the venous/lymphatic system (not to include access to thecentral circulation); not otherwise specified
01931	7	Anesthesia for therapeutic interventional radiologic proceduresinvolving the venous/lymphatic system (not to include access to thecentral circulation); intrahepatic or portal circulation (eg,transcutaneous porto-caval shunt (TIPS))
01932	6	Anesthesia for therapeutic interventional radiologic proceduresinvolving the venous/lymphatic system (not to include access to thecentral circulation); intrathoracic or jugular
01933	7	Anesthesia for therapeutic interventional radiologic proceduresinvolving the venous/lymphatic system (not to include access to thecentral circulation); intracranial
01951	3	Anesthesia for second and third degree burn excision or debridement withor without skin grafting, any site, for total body surface area (TBSA)treated during anesthesia and surgery; less than four percent totalbody surface area
01952	5	Anesthesia for second and third degree burn excision or debridement withor without skin grafting, any site, for total body surface area (TBSA)treated during anesthesia and surgery; between four and nine percent oftotal body surface area
01953	1	Anesthesia for second and third degree burn excision or debridement withor without skin grafting, any site, for total body surface area (TBSA)treated during anesthesia and surgery; each additional nine percenttotal body surface area or part thereof (List separately in addition tocode for primary procedure)
01958	5	Anesthesia for external cephalic version procedure

Code	Units	Description
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 laboranalgesia/anesthesia care
01964	4	Anesthesia for abortion procedures
01967	5	Neuraxial labor analgesia/anesthesia for planned vaginal delivery (thisincludes any repeat subarachnoid needle placement and drug injectionand/or any necessary replacement of an epidural catheter during labor)
01968	2	Anesthesia for cesarean delivery following neuraxial laboranalgesia/anesthesia (List separately in addition to code for primaryprocedure performed)
01969	5	Anesthesia for cesarean hysterectomy following neuraxial laboranalgesia/anesthesia (List separately in addition to code for primaryprocedure 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); otherthan the prone position
01992	5	Anesthesia for diagnostic or therapeutic nerve blocks and injections(when block or injection is performed by a different provider); proneposition
01995	5	Regional intravenous administration of local anesthetic agent or othermedication (upper or lower extremity)
01996	3	Daily hospital management of epidural or subarachnoid continuous drugadministration
01999	I.C.	Unlisted anesthesia procedure(s)

(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	103.01	52.77				Fine needle aspiration; without imaging guidance
10022	114.76	48.59				Fine needle aspiration; with imaging guidance
10040	64.19	57.32				Acne surgery (eg, marsupialization, opening or removal of multiplemilia, comedones, cysts, pustules)
10060	71.45	62.71				Incision and drainage of abscess (eg, carbuncle, suppurativehidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, orparonychia); simple or single
10061	126.19	116.20				Incision and drainage of abscess (eg, carbuncle, suppurativehidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, orparonychia); complicated or multiple
10080	130.22	68.11				Incision and drainage of pilonidal cyst; simple
10081	197.52	117.32				Incision and drainage of pilonidal cyst; complicated
10120	102.74	65.28				Incision and removal of foreign body, subcutaneous tissues; simple
10121	187.93	133.94				Incision and removal of foreign body, subcutaneous tissues; complicated
10140	99.99	85.01				Incision and drainage of hematoma, seroma or fluid collection

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
10160	84.84	68.61				Puncture aspiration of abscess, hematoma, bulla, or cyst
10180	159.90	128.69				Incision and drainage, complex, postoperative wound infection
11000	35.56	24.32				Debridement of extensive eczematous or infected skin; up to 10% of bodysurface
11001	15.80	12.05				Debridement of extensive eczematous or infected skin; each additional10% of the body surface (List separately in addition to code forprimary procedure)
11004			410.23			Debridement of skin, subcutaneous tissue, muscle and fascia fornecrotizing soft tissue infection; external genitalia and perineum
11005			559.72			Debridement of skin, subcutaneous tissue, muscle and fascia fornecrotizing soft tissue infection; abdominal wall, with or withoutfascial closure
11006			514.10			Debridement of skin, subcutaneous tissue, muscle and fascia fornecrotizing soft tissue infection; external genitalia, perineum andabdominal wall, with or without fascial closure
11008			209.06			Removal of prosthetic material or mesh, abdominal wall for necrotizingsoft tissue infection (List separately in addition to code for primaryprocedure)
11010	338.67	206.03				Debridement including removal of foreign material associated with openfracture(s) and/or dislocation(s); skin and subcutaneous tissues
11011	401.02	219.38				Debridement including removal of foreign material associated with openfracture(s) and/or dislocation(s); skin, subcutaneous tissue, musclefascia, and muscle
11012	584.30	326.51				Debridement including removal of foreign material associated with openfracture(s) and/or dislocation(s); skin, subcutaneous tissue, musclefascia, muscle, and bone
11040	30.81	21.13				Debridement; skin, partial thickness
11041	44.54	34.25				Debridement; skin, full thickness
11042	62.84	46.30				Debridement; skin, and subcutaneous tissue
11043	174.99	150.33				Debridement; skin, subcutaneous tissue, and muscle
11044	228.82	206.97				Debridement; skin, subcutaneous tissue, muscle, and bone
11055	29.98	17.81				Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus);single lesion
11056	37.69	24.90				Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus);two to four lesions
11057	46.24	32.51				Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus);more than four lesions
11100	61.41	33.94				Biopsy of skin, subcutaneous tissue and/or mucous membrane (includingsimple closure), unless otherwise listed; single lesion
11101	21.63	17.26				Biopsy of skin, subcutaneous tissue and/or mucous membrane (includingsimple closure), unless

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						otherwise listed; each separate/additionallesion (List separately in addition to code for primary procedure)
11200	54.00	45.27				Removal of skin tags, multiple fibrocutaneous tags, any area; up to andincluding 15 lesions
11201	13.13	11.89				Removal of skin tags, multiple fibrocutaneous tags, any area; eachadditional ten lesions (List separately in addition to code for primaryprocedure)
11300	45.10	20.76				Shaving of epidermal or dermal lesion, single lesion, trunk, arms orlegs; lesion diameter 0.5 cm or less
11301	58.32	35.53				Shaving of epidermal or dermal lesion, single lesion, trunk, arms orlegs; lesion diameter 0.6 to 1.0 cm
11302	69.56	43.35				Shaving of epidermal or dermal lesion, single lesion, trunk, arms orlegs; lesion diameter 1.1 to 2.0 cm
11303	83.78	50.70				Shaving of epidermal or dermal lesion, single lesion, trunk, arms orlegs; lesion diameter over 2.0 cm
11305	45.84	27.74				Shaving of epidermal or dermal lesion, single lesion, scalp, neck,hands, feet, genitalia; lesion diameter 0.5 cm or less
11306	62.37	41.15				Shaving of epidermal or dermal lesion, single lesion, scalp, neck,hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm
11307	72.29	47.32				Shaving of epidermal or dermal lesion, single lesion, scalp, neck,hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm
11308	85.53	58.69				Shaving of epidermal or dermal lesion, single lesion, scalp, neck,hands, feet, genitalia; lesion diameter over 2.0 cm
11310	55.13	30.47				Shaving of epidermal or dermal lesion, single lesion, face, ears,eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less
11311	67.59	44.50				Shaving of epidermal or dermal lesion, single lesion, face, ears,eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm
11312	77.51	50.36				Shaving of epidermal or dermal lesion, single lesion, face, ears,eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm
11313	101.40	67.69				Shaving of epidermal or dermal lesion, single lesion, face, ears,eyelids, nose, lips, mucous membrane; lesion diameter over 2.0 cm
11400	86.21	51.57				Excision, benign lesion including margins, except skin tag (unlesslisted elsewhere), trunk, arms or legs; excised diameter 0.5 cm or less
11401	98.83	66.68				Excision, benign lesion including margins, except skin tag (unlesslisted elsewhere), trunk, arms or legs; excised diameter 0.6 to 1.0 cm
11402	112.22	76.64				Excision, benign lesion including margins, except skin tag (unlesslisted elsewhere), trunk, arms or

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						legs; excised diameter 1.1 to 2.0 cm
11403	125.83	92.44				Excision, benign lesion including margins, except skin tag (unlesslisted elsewhere), trunk, arms or legs; excised diameter 2.1 to 3.0 cm
11404	143.54	102.97				Excision, benign lesion including margins, except skin tag (unlesslisted elsewhere), trunk, arms or legs; excised diameter 3.1 to 4.0 cm
11406	175.75	131.74				Excision, benign lesion including margins, except skin tag (unlesslisted elsewhere), trunk, arms or legs; excised diameter over 4.0 cm
11420	83.13	57.23				Excision, benign lesion including margins, except skin tag (unlesslisted elsewhere), scalp, neck, hands, feet, genitalia; exciseddiameter 0.5 cm or less
11421	104.84	75.19				Excision, benign lesion including margins, except skin tag (unlesslisted elsewhere), scalp, neck, hands, feet, genitalia; exciseddiameter 0.6 to 1.0 cm
11422	116.78	88.07				Excision, benign lesion including margins, except skin tag (unlesslisted elsewhere), scalp, neck, hands, feet, genitalia; exciseddiameter 1.1 to 2.0 cm
11423	138.25	102.99				Excision, benign lesion including margins, except skin tag (unlesslisted elsewhere), scalp, neck, hands, feet, genitalia; exciseddiameter 2.1 to 3.0 cm
11424	157.36	119.91				Excision, benign lesion including margins, except skin tag (unlesslisted elsewhere), scalp, neck, hands, feet, genitalia; exciseddiameter 3.1 to 4.0 cm
11426	217.85	174.78				Excision, benign lesion including margins, except skin tag (unlesslisted elsewhere), scalp, neck, hands, feet, genitalia; exciseddiameter over 4.0 cm
11440	98.56	70.78				Excision, other benign lesion including margins (unless listedelsewhere), face, ears, eyelids, nose, lips, mucous membrane; exciseddiameter 0.5 cm or less
11441	114.86	88.64				Excision, other benign lesion including margins (unless listedelsewhere), face, ears, eyelids, nose, lips, mucous membrane; exciseddiameter 0.6 to 1.0 cm
11442	128.22	97.95				Excision, other benign lesion including margins (unless listedelsewhere), face, ears, eyelids, nose, lips, mucous membrane; exciseddiameter 1.1 to 2.0 cm
11443	156.21	121.88				Excision, other benign lesion including margins (unless listedelsewhere), face, ears, eyelids, nose, lips, mucous membrane; exciseddiameter 2.1 to 3.0 cm
11444	198.00	157.74				Excision, other benign lesion including margins (unless listedelsewhere), face, ears, eyelids, nose, lips, mucous membrane; exciseddiameter 3.1 to 4.0 cm

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
11446	254.21	214.58				Excision, other benign lesion including margins (unless listedelsewhere), face, ears, eyelids, nose, lips, mucous membrane; exciseddiameter over 4.0 cm
11450	236.86	142.92				Excision of skin and subcutaneous tissue for hidradenitis, axillary;with simple or intermediate repair
11451	321.67	194.96				Excision of skin and subcutaneous tissue for hidradenitis, axillary;with complex repair
11462	232.65	135.90				Excision of skin and subcutaneous tissue for hidradenitis, inguinal;with simple or intermediate repair
11463	328.54	199.33				Excision of skin and subcutaneous tissue for hidradenitis, inguinal;with complex repair
11470	252.69	165.31				Excision of skin and subcutaneous tissue for hidradenitis, perianal,perineal, or umbilical; with simple or intermediate repair
11471	337.88	214.92				Excision of skin and subcutaneous tissue for hidradenitis, perianal,perineal, or umbilical; with complex repair
11600	119.06	67.25				Excision, malignant lesion including margins, trunk, arms, or legs;excised diameter 0.5 cm or less
11601	134.70	88.51				Excision, malignant lesion including margins, trunk, arms, or legs;excised diameter 0.6 to 1.0 cm
11602	142.65	93.96				Excision, malignant lesion including margins, trunk, arms, or legs;excised diameter 1.1 to 2.0 cm
11603	157.48	103.17				Excision, malignant lesion including margins, trunk, arms, or legs;excised diameter 2.1 to 3.0 cm
11604	173.28	111.48				Excision, malignant lesion including margins, trunk, arms, or legs;excised diameter 3.1 to 4.0 cm
11606	225.36	152.64				Excision, malignant lesion including margins, trunk, arms, or legs;excised diameter over 4.0 cm
11620	114.62	63.43				Excision, malignant lesion including margins, scalp, neck, hands, feet,genitalia; excised diameter 0.5 cm or less
11621	133.64	88.07				Excision, malignant lesion including margins, scalp, neck, hands, feet,genitalia; excised diameter 0.6 to 1.0 cm
11622	150.95	101.96				Excision, malignant lesion including margins, scalp, neck, hands, feet,genitalia; excised diameter 1.1 to 2.0 cm
11623	177.61	123.00				Excision, malignant lesion including margins, scalp, neck, hands, feet,genitalia; excised diameter 2.1 to 3.0 cm
11624	203.88	142.39				Excision, malignant lesion including margins, scalp, neck, hands, feet,genitalia; excised diameter 3.1 to 4.0 cm
11626	268.00	198.09				Excision, malignant lesion including margins, scalp, neck, hands, feet,genitalia; excised diameter over 4.0 cm
11640	120.75	72.68				Excision, malignant lesion including margins, face, ears, eyelids, nose,lips; excised diameter 0.5

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						cm or less
11641	155.12	108.62				Excision, malignant lesion including margins, face, ears, eyelids, nose,lips; excised diameter 0.6 to 1.0 cm
11642	179.05	126.31				Excision, malignant lesion including margins, face, ears, eyelids, nose,lips; excised diameter 1.1 to 2.0 cm
11643	206.38	148.96				Excision, malignant lesion including margins, face, ears, eyelids, nose,lips; excised diameter 2.1 to 3.0 cm
11644	260.88	191.29				Excision, malignant lesion including margins, face, ears, eyelids, nose,lips; excised diameter 3.1 to 4.0 cm
11646	350.26	279.10				Excision, malignant lesion including margins, face, ears, eyelids, nose,lips; excised diameter over 4.0 cm
11719	12.75	7.13				Trimming of nondystrophic nails, any number
11720	19.98	13.11				Debridement of nail(s) by any method(s); one to five
11721	29.59	22.41				Debridement of nail(s) by any method(s); six or more
11730	65.19	46.47				Avulsion of nail plate, partial or complete, simple; single
11732	30.39	23.52				Avulsion of nail plate, partial or complete, simple; each additionalnail plate (List separately in addition to code for primary procedure)
11740	27.86	21.62				Evacuation of subungual hematoma
11750	121.58	108.79				Excision of nail and nail matrix, partial or complete, (eg, ingrown ordeformed nail) for permanent removal;
11752			171.81			Excision of nail and nail matrix, partial or complete, (eg, ingrown ordeformed nail) for permanent removal; with amputation of tuft of distalphalanx
11755	87.05	62.08				Biopsy of nail unit (eg, plate, bed, matrix, hyponychium, proximal andlateral nail folds) (separate procedure)
11760	128.07	101.85				Repair of nail bed
11762	174.44	157.59				Reconstruction of nail bed with graft
11765	75.61	43.78				Wedge excision of skin of nail fold (eg, for ingrown toenail)
11770	184.65	122.86				Excision of pilonidal cyst or sinus; simple
11771	344.02	271.30				Excision of pilonidal cyst or sinus; extensive
11772	438.26	362.42				Excision of pilonidal cyst or sinus; complicated
11900	34.76	21.02				Injection, intralesional; up to and including seven lesions
11901	42.51	32.84				Injection, intralesional; more than seven lesions
11920	163.21	81.76				Tattooing, intradermal introduction of insoluble opaque pigments tocorrect color defects of skin, including micropigmentation; 6.0 sq cmor less
11921	180.91	96.95				Tattooing, intradermal introduction of insoluble opaque pigments tocorrect color defects of skin, including micropigmentation; 6.1 to 20.0sq cm

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
11922	50.11	22.33				Tattooing, intradermal introduction of insoluble opaque pigments tocorrect color defects of skin, including micropigmentation; eachadditional 20.0 sq cm (List separately in addition to code for primaryprocedure)
11950	59.20	35.79				Subcutaneous injection of filling material (eg, collagen); 1 cc or less
11951	80.50	49.92				Subcutaneous injection of filling material (eg, collagen); 1.1 to 5.0 cc
11952	106.10	69.59				Subcutaneous injection of filling material (eg, collagen); 5.1 to 10.0cc
11954	130.48	82.42				Subcutaneous injection of filling material (eg, collagen); over 10.0 cc
11960			592.86			Insertion of tissue expander(s) for other than breast, includingsubsequent expansion
11970			400.84			Replacement of tissue expander with permanent prosthesis
11971	347.38	181.35				Removal of tissue expander(s) without insertion of prosthesis
11975	87.31	60.79				Insertion, implantable contraceptive capsules
11976	105.51	73.05				Removal, implantable contraceptive capsules
11977	166.52	135.00				Removal with reinsertion, implantable contraceptive capsules
11980	75.85	58.99				Subcutaneous hormone pellet implantation (implantation of estradioland/or testosterone pellets beneath the skin)
11981	94.98	63.15				Insertion, non-biodegradable drug delivery implant
11982	111.52	76.88				Removal, non-biodegradable drug delivery implant
11983	164.05	138.77				Removal with reinsertion, non-biodegradable drug delivery implant
12001	110.43	72.66				Simple repair of superficial wounds of scalp, neck, axillae, externalgenitalia, trunk and/or extremities (including hands and feet); 2.5 cmor less
12002	116.98	81.40				Simple repair of superficial wounds of scalp, neck, axillae, externalgenitalia, trunk and/or extremities (including hands and feet); 2.6 cmto 7.5 cm
12004	136.68	95.80				Simple repair of superficial wounds of scalp, neck, axillae, externalgenitalia, trunk and/or extremities (including hands and feet); 7.6 cmto 12.5 cm
12005	170.06	119.50				Simple repair of superficial wounds of scalp, neck, axillae, externalgenitalia, trunk and/or extremities (including hands and feet); 12.6 cmto 20.0 cm
12006	211.26	152.59				Simple repair of superficial wounds of scalp, neck, axillae, externalgenitalia, trunk and/or extremities (including hands and feet); 20.1 cmto 30.0 cm
12007	237.93	175.20				Simple repair of superficial wounds of scalp, neck, axillae, externalgenitalia, trunk and/or extremities (including hands and feet); over30.0 cm
12011	116.92	74.79				Simple repair of superficial wounds of face, ears, eyelids, nose, lipsand/or mucous membranes; 2.5 cm or less

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
12013	127.83	86.01				Simple repair of superficial wounds of face, ears, eyelids, nose, lipsand/or mucous membranes; 2.6 cm to 5.0 cm
12014	150.55	103.42				Simple repair of superficial wounds of face, ears, eyelids, nose, lipsand/or mucous membranes; 5.1 cm to 7.5 cm
12015	188.94	130.26				Simple repair of superficial wounds of face, ears, eyelids, nose, lipsand/or mucous membranes; 7.6 cm to 12.5 cm
12016	223.17	159.82				Simple repair of superficial wounds of face, ears, eyelids, nose, lipsand/or mucous membranes; 12.6 cm to 20.0 cm
12017			194.46			Simple repair of superficial wounds of face, ears, eyelids, nose, lipsand/or mucous membranes; 20.1 cm to 30.0 cm
12018			230.07			Simple repair of superficial wounds of face, ears, eyelids, nose, lipsand/or mucous membranes; over 30.0 cm
12020	195.31	136.02				Treatment of superficial wound dehiscence; simple closure
12021	110.65	97.86				Treatment of superficial wound dehiscence; with packing
12031	132.18	90.99				Layer closure of wounds of scalp, axillae, trunk and/or extremities(excluding hands and feet); 2.5 cm or less
12032	189.17	125.19				Layer closure of wounds of scalp, axillae, trunk and/or extremities(excluding hands and feet); 2.6 cm to 7.5 cm
12034	182.77	128.47				Layer closure of wounds of scalp, axillae, trunk and/or extremities(excluding hands and feet); 7.6 cm to 12.5 cm
12035	261.06	166.18				Layer closure of wounds of scalp, axillae, trunk and/or extremities(excluding hands and feet); 12.6 cm to 20.0 cm
12036	291.78	197.84				Layer closure of wounds of scalp, axillae, trunk and/or extremities(excluding hands and feet); 20.1 cm to 30.0 cm
12037	327.26	229.57				Layer closure of wounds of scalp, axillae, trunk and/or extremities(excluding hands and feet); over 30.0 cm
12041	146.58	102.57				Layer closure of wounds of neck, hands, feet and/or external genitalia;2.5 cm or less
12042	178.67	122.50				Layer closure of wounds of neck, hands, feet and/or external genitalia;2.6 cm to 7.5 cm
12044	189.89	139.64				Layer closure of wounds of neck, hands, feet and/or external genitalia;7.6 cm to 12.5 cm
12045	269.25	176.25				Layer closure of wounds of neck, hands, feet and/or external genitalia;12.6 cm to 20.0 cm
12046	326.53	209.50				Layer closure of wounds of neck, hands, feet and/or external genitalia;20.1 cm to 30.0 cm
12047	333.24	231.50				Layer closure of wounds of neck, hands, feet and/or external genitalia;over 30.0 cm
12051	172.02	115.22				Layer closure of wounds of face, ears, eyelids,

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						nose, lips and/or mucousmembranes; 2.5 cm or less
12052	178.22	122.36				Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucousmembranes; 2.6 cm to 5.0 cm
12053	189.22	135.86				Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucousmembranes; 5.1 cm to 7.5 cm
12054	209.27	149.04				Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucousmembranes; 7.6 cm to 12.5 cm
12055	266.99	193.34				Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucousmembranes; 12.6 cm to 20.0 cm
12056	361.94	246.47				Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucousmembranes; 20.1 cm to 30.0 cm
12057	361.10	286.82				Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucousmembranes; over 30.0 cm
13100	215.15	160.53				Repair, complex, trunk; 1.1 cm to 2.5 cm
13101	255.41	193.61				Repair, complex, trunk; 2.6 cm to 7.5 cm
13102	72.27	53.55				Repair, complex, trunk; each additional 5 cm or less (List separately inaddition to code for primary procedure)
13120	222.96	166.78				Repair, complex, scalp, arms, and/or legs; 1.1 cm to 2.5 cm
13121	272.45	208.16				Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm
13122	88.63	61.17				Repair, complex, scalp, arms, and/or legs; each additional 5 cm or less(List separately in addition to code for primary procedure)
13131	242.59	190.15				Repair, complex, forehead, cheeks, chin, mouth, neck, axillae,genitalia, hands and/or feet; 1.1 cm to 2.5 cm
13132	349.59	295.28				Repair, complex, forehead, cheeks, chin, mouth, neck, axillae,genitalia, hands and/or feet; 2.6 cm to 7.5 cm
13133	113.90	94.24				Repair, complex, forehead, cheeks, chin, mouth, neck, axillae,genitalia, hands and/or feet; each additional 5 cm or less (Listseparately in addition to code for primary procedure)
13150	260.32	194.47				Repair, complex, eyelids, nose, ears and/or lips; 1.0 cm or less
13151	274.73	222.92				Repair, complex, eyelids, nose, ears and/or lips; 1.1 cm to 2.5 cm
13152	365.25	303.14				Repair, complex, eyelids, nose, ears and/or lips; 2.6 cm to 7.5 cm
13153	128.88	104.22				Repair, complex, eyelids, nose, ears and/or lips; each additional 5 cmor less (List separately in addition to code for primary procedure)
13160			533.51			Secondary closure of surgical wound or dehiscence, extensive orcomplicated
14000	413.99	339.40				Adjacent tissue transfer or rearrangement, trunk;

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						defect 10 sq cm orless
14001	536.42	463.39				Adjacent tissue transfer or rearrangement, trunk; defect 10.1 sq cm to30.0 sq cm
14020	457.39	392.48				Adjacent tissue transfer or rearrangement, scalp, arms and/or legs;defect 10 sq cm or less
14021	596.23	543.17				Adjacent tissue transfer or rearrangement, scalp, arms and/or legs;defect 10.1 sq cm to 30.0 sq cm
14040	497.57	447.64				Adjacent tissue transfer or rearrangement, forehead, cheeks, chin,mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm orless
14041	651.79	591.87				Adjacent tissue transfer or rearrangement, forehead, cheeks, chin,mouth, neck, axillae, genitalia, hands and/or feet; defect 10.1 sq cmto 30.0 sq cm
14060	514.34	472.21				Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/orlips; defect 10 sq cm or less
14061	704.80	639.26				Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/orlips; defect 10.1 sq cm to 30.0 sq cm
14300	684.39	623.22				Adjacent tissue transfer or rearrangement, more than 30 sq cm, unusualor complicated, any area
14350			506.38			Filleted finger or toe flap, including preparation of recipient site
15000	234.66	184.42				Surgical preparation or creation of recipient site by excision of openwounds, burn eschar, or scar (including subcutaneous tissues); first100 sq cm or one percent of body area of infants and children
15001	71.72	42.39				Surgical preparation or creation of recipient site by excision of openwounds, burn eschar, or scar (including subcutaneous tissues); eachadditional 100 sq cm or each additional one percent of body area ofinfants and children (List separately in addition to code for primaryprocedure)
15050	341.73	285.55				Pinch graft, single or multiple, to cover small ulcer, tip of digit, orother minimal open area (except on face), up to defect size 2 cmdiameter
15100	659.77	511.21				Split graft, trunk, arms, legs; first 100 sq cm or less, or one percentof body area of infants and children (except 15050)
15101	167.29	87.39				Split graft, trunk, arms, legs; each additional 100 sq cm, or eachadditional one percent of body area of infants and children, or partthereof (List separately in addition to code for primary procedure)
15120	620.32	528.56				Split graft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia,hands, feet and/or multiple digits; first 100 sq cm or less, or onepercent of body area of infants and children (except 15050)
15121	218.94	135.92				Split graft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia,hands, feet and/or multiple digits; each additional 100 sq cm, or eachadditional one percent of body area of infants and children, or partthereof (List separately in addition to code for

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						primary procedure)
15200	527.40	427.53				Full thickness graft, free, including direct closure of donor site,trunk; 20 sq cm or less
15201	118.85	58.30				Full thickness graft, free, including direct closure of donor site,trunk; each additional 20 sq cm (List separately in addition to codefor primary procedure)
15220	513.29	435.26				Full thickness graft, free, including direct closure of donor site,scalp, arms, and/or legs; 20 sq cm or less
15221	107.48	52.55				Full thickness graft, free, including direct closure of donor site,scalp, arms, and/or legs; each additional 20 sq cm (List separately inaddition to code for primary procedure)
15240	578.59	508.37				Full thickness graft, free, including direct closure of donor site,forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/orfeet; 20 sq cm or less
15241	130.32	82.57				Full thickness graft, free, including direct closure of donor site,forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/orfeet; each additional 20 sq cm (List separately in addition to code forprimary procedure)
15260	600.83	549.96				Full thickness graft, free, including direct closure of donor site,nose, ears, eyelids, and/or lips; 20 sq cm or less
15261	147.75	107.49				Full thickness graft, free, including direct closure of donor site,nose, ears, eyelids, and/or lips; each additional 20 sq cm (Listseparately in addition to code for primary procedure)
15342	86.68	46.11				Application of bilaminate skin substitute/neodermis; 25 sq cm
15343			10.10			Application of bilaminate skin substitute/neodermis; each additional 25sq cm (List separately in addition to code for primary procedure)
15350	318.20	236.44				Application of allograft, skin; 100 sq cm or less
15351			40.82			Application of allograft, skin; each additional 100 sq cm (Listseparately in addition to code for primary procedure)
15400			241.10			Application of xenograft, skin; 100 sq cm or less
15401	88.57	43.32				Application of xenograft, skin; each additional 100 sq cm (Listseparately in addition to code for primary procedure)
15570	624.50	482.81				Formation of direct or tubed pedicle, with or without transfer; trunk
15572	567.68	472.81				Formation of direct or tubed pedicle, with or without transfer; scalp,arms, or legs
15574	621.04	530.85				Formation of direct or tubed pedicle, with or without transfer;forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands or feet
15576	553.74	464.17				Formation of direct or tubed pedicle, with or without transfer; eyelids,nose, ears, lips, or

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						intraoral
15600	293.55	151.86				Delay of flap or sectioning of flap (division and inset); at trunk
15610	218.00	178.37				Delay of flap or sectioning of flap (division and inset); at scalp,arms, or legs
15620	328.48	206.77				Delay of flap or sectioning of flap (division and inset); at forehead,cheeks, chin, neck, axillae, genitalia, hands, or feet
15630	313.73	223.54				Delay of flap or sectioning of flap (division and inset); at eyelids,nose, ears, or lips
15650	337.13	245.69				Transfer, intermediate, of any pedicle flap (eg, abdomen to wrist,Walking tube), any location
15732	1078.80	896.85				Muscle, myocutaneous, or fasciocutaneous flap; head and neck (eg,temporalis, masseter muscle, sternocleidomastoid, levator scapulae)
15734	1091.85	912.71				Muscle, myocutaneous, or fasciocutaneous flap; trunk
15736	1052.02	833.24				Muscle, myocutaneous, or fasciocutaneous flap; upper extremity
15738	1092.44	897.38				Muscle, myocutaneous, or fasciocutaneous flap; lower extremity
15740	602.75	544.39				Flap; island pedicle
15750			614.99			Flap; neurovascular pedicle
15756			1674.80			Free muscle or myocutaneous flap with microvascular anastomosis
15757			1693.03			Free skin flap with microvascular anastomosis
15758			1695.59			Free fascial flap with microvascular anastomosis
15760	563.06	476.93				Graft; composite (eg, full thickness of external ear or nasal ala),including primary closure, donor area
15770			430.24			Graft; derma-fat-fascia
15775	248.19	156.74				Punch graft for hair transplant; 1 to 15 punch grafts
15776	329.44	249.86				Punch graft for hair transplant; more than 15 punch grafts
15780	567.47	465.41				Dermabrasion; total face (eg, for acne scarring, fine wrinkling,rhytids, general keratosis)
15781	351.64	303.27				Dermabrasion; segmental, face
15782	429.30	326.31				Dermabrasion; regional, other than face
15783	334.22	250.26				Dermabrasion; superficial, any site, (eg, tattoo removal)
15786	161.32	97.96				Abrasion; single lesion (eg, keratosis, scar)
15787	43.65	14.63				Abrasion; each additional four lesions or less (List separately inaddition to code for primary procedure)
15788	267.78	154.49				Chemical peel, facial; epidermal
15789	387.55	284.87				Chemical peel, facial; dermal
15792	273.52	191.13				Chemical peel, nonfacial; epidermal
15793	299.68	240.38				Chemical peel, nonfacial; dermal
15810			257.89			Salabrasion; 20 sq cm or less
15811	331.53	309.06				Salabrasion; over 20 sq cm
15819			494.02			Cervicoplasty
15820	362.99	318.99				Blepharoplasty, lower eyelid;

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
15821	390.86	339.68				Blepharoplasty, lower eyelid; with extensive herniated fat pad
15822	307.73	265.91				Blepharoplasty, upper eyelid;
15823	442.91	398.59				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
15831			620.49			Excision, excessive skin and subcutaneous tissue (including lipectomy);abdomen (abdominoplasty)
15832			603.07			Excision, excessive skin and subcutaneous tissue (including lipectomy);thigh
15833			569.04			Excision, excessive skin and subcutaneous tissue (including lipectomy);leg
15834			562.25			Excision, excessive skin and subcutaneous tissue (including lipectomy);hip
15835			579.16			Excision, excessive skin and subcutaneous tissue (including lipectomy);buttock
15836			487.96			Excision, excessive skin and subcutaneous tissue (including lipectomy);arm
15837	516.01	479.18				Excision, excessive skin and subcutaneous tissue (including lipectomy);forearm or hand
15838			391.31			Excision, excessive skin and subcutaneous tissue (including lipectomy);submental fat pad
15839	549.70	473.86				Excision, excessive skin and subcutaneous tissue (including lipectomy);other area
15840			691.71			Graft for facial nerve paralysis; free fascia graft (including obtainingfascia)
15841			1140.37			Graft for facial nerve paralysis; free muscle graft (including obtaininggraft)
15842			1827.54			Graft for facial nerve paralysis; free muscle flap by microsurgicaltechnique
15845			641.11			Graft for facial nerve paralysis; regional muscle transfer
15850	70.50	31.18				Removal of sutures under anesthesia (other than local), same surgeon
15851	76.59	33.83				Removal of sutures under anesthesia (other than local), other surgeon
15852	82.22	35.10				Dressing change (for other than burns) under anesthesia (other thanlocal)
15860	83.11	81.55				Intravenous injection of agent (eg, fluorescein) to test vascular flowin 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			406.40			Excision, coccygeal pressure ulcer, with coccygectomy; with primarysuture

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
15922			517.99			Excision, coccygeal pressure ulcer, with coccygectomy; with flap closure
15931			449.05			Excision, sacral pressure ulcer, with primary suture;
15933			564.88			Excision, sacral pressure ulcer, with primary suture; with ostectomy
15934			625.52			Excision, sacral pressure ulcer, with skin flap closure;
15935			752.88			Excision, sacral pressure ulcer, with skin flap closure; with ostectomy
15936			622.26			Excision, sacral pressure ulcer, in preparation for muscle ormyocutaneous flap or skin graft closure;
15937			727.06			Excision, sacral pressure ulcer, in preparation for muscle ormyocutaneous flap or skin graft closure; with ostectomy
15940			468.28			Excision, ischial pressure ulcer, with primary suture;
15941			633.45			Excision, ischial pressure ulcer, with primary suture; with ostectomy(ischiectomy)
15944			607.51			Excision, ischial pressure ulcer, with skin flap closure;
15945			676.10			Excision, ischial pressure ulcer, with skin flap closure; with ostectomy
15946			1087.64			Excision, ischial pressure ulcer, with ostectomy, in preparation formuscle or myocutaneous flap or skin graft closure
15950			390.70			Excision, trochanteric pressure ulcer, with primary suture;
15951			560.88			Excision, trochanteric pressure ulcer, with primary suture; withostectomy
15952			578.26			Excision, trochanteric pressure ulcer, with skin flap closure;
15953			654.01			Excision, trochanteric pressure ulcer, with skin flap closure; withostectomy
15956			794.54			Excision, trochanteric pressure ulcer, in preparation for muscle ormyocutaneous flap or skin graft closure;
15958			802.98			Excision, trochanteric pressure ulcer, in preparation for muscle ormyocutaneous flap or skin graft closure; with ostectomy
15999			I.C.			Unlisted procedure, excision pressure ulcer
16000	52.22	33.49				Initial treatment, first degree burn, when no more than local treatmentis required
16010	45.66	44.72				Dressings and/or debridement, initial or subsequent; under anesthesia,small
16015			105.02			Dressings and/or debridement, initial or subsequent; under anesthesia,medium or large, or with major debridement
16020	63.25	41.09				Dressings and/or debridement, initial or subsequent; without anesthesia,office or hospital, small
16025	108.19	83.22				Dressings and/or debridement, initial or subsequent; without anesthesia,medium (eg, whole

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						face or whole extremity)
16030	128.17	95.40				Dressings and/or debridement, initial or subsequent; without anesthesia,large (eg, more than one extremity)
16035			158.40			Escharotomy; initial incision
16036			62.90			Escharotomy; each additional incision (List separately in addition tocode for primary procedure)
17000	46.87	33.45				Destruction (eg, laser surgery, electrosurgery, cryosurgery,chemosurgery, surgical curettement), all benign or premalignant lesions(eg, actinic keratoses) other than skin tags or cutaneous vascularproliferative lesions; first lesion
17003	7.64	6.39				Destruction (eg, laser surgery, electrosurgery, cryosurgery,chemosurgery, surgical curettement), all benign or premalignant lesions(eg, actinic keratoses) other than skin tags or cutaneous vascularproliferative lesions; second through 14 lesions, each (List separatelyin addition to code for first lesion)
17004	148.76	126.60				Destruction (eg, laser surgery, electrosurgery, cryosurgery,chemosurgery, surgical curettement), all benign or premalignant lesions(eg, actinic keratoses) other than skin tags or cutaneous vascularproliferative lesions, 15 or more lesions
17106	272.85	233.21				Destruction of cutaneous vascular proliferative lesions (eg, lasertechnique); less than 10 sq cm
17107	482.16	427.54				Destruction of cutaneous vascular proliferative lesions (eg, lasertechnique); 10.0 to 50.0 sq cm
17108	657.04	607.11				Destruction of cutaneous vascular proliferative lesions (eg, lasertechnique); over 50.0 sq cm
17110	68.91	40.20				Destruction (eg, laser surgery, electrosurgery, cryosurgery,chemosurgery, surgical curettement), of flat warts, molluscumcontagiosum, or milia; up to 14 lesions
17111	77.65	50.82				Destruction (eg, laser surgery, electrosurgery, cryosurgery,chemosurgery, surgical curettement), of flat warts, molluscumcontagiosum, or milia; 15 or more lesions
17250	52.44	24.98				Chemical cauterization of granulation tissue (proud flesh, sinus orfistula)
17260	65.00	45.97				Destruction, malignant lesion (eg, laser surgery, electrosurgery,cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs;lesion diameter 0.5 cm or less
17261	82.43	58.09				Destruction, malignant lesion (eg, laser surgery, electrosurgery,cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs;lesion diameter 0.6 to 1.0 cm
17262	102.19	75.35				Destruction, malignant lesion (eg, laser surgery, electrosurgery,cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs;lesion diameter 1.1 to 2.0 cm

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
17263	113.29	83.33				Destruction, malignant lesion (eg, laser surgery, electrosurgery,cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs;lesion diameter 2.1 to 3.0 cm
17264	122.59	88.26				Destruction, malignant lesion (eg, laser surgery, electrosurgery,cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs;lesion diameter 3.1 to 4.0 cm
17266	142.82	102.87				Destruction, malignant lesion (eg, laser surgery, electrosurgery,cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs;lesion diameter over 4.0 cm
17270	89.44	63.54				Destruction, malignant lesion (eg, laser surgery, electrosurgery,cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands,feet, genitalia; lesion diameter 0.5 cm or less
17271	96.15	71.49				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	110.89	83.42				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	125.10	94.20				Destruction, malignant lesion (eg, laser surgery, electrosurgery,cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands,feet, genitalia; lesion diameter 2.1 to 3.0 cm
17274	151.34	116.39				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	180.70	141.38				Destruction, malignant lesion (eg, laser surgery, electrosurgery,cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands,feet, genitalia; lesion diameter over 4.0 cm
17280	82.43	57.46				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	106.54	81.26				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	123.28	94.88				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	152.04	119.28				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	179.70	143.19				Destruction, malignant lesion (eg, laser surgery,

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						electrosurgery,cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids,nose, lips, mucous membrane; lesion diameter 3.1 to 4.0 cm
17286	237.91	199.52				Destruction, malignant lesion (eg, laser surgery, electrosurgery,cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids,nose, lips, mucous membrane; lesion diameter over 4.0 cm
17304	465.85	319.79				Chemosurgery (Mohs micrographic technique), including removal of allgross tumor, surgical excision of tissue specimens, mapping, colorcoding of specimens, microscopic examination of specimens by thesurgeon, and complete histopathologic preparation including the firstroutine stain (eg, hematoxylin and eosin, toluidine blue); first stage,fresh tissue technique, up to 5 specimens
17305	199.76	120.18				Chemosurgery (Mohs micrographic technique), including removal of allgross tumor, surgical excision of tissue specimens, mapping, colorcoding of specimens, microscopic examination of specimens by thesurgeon, and complete histopathologic preparation including the firstroutine stain (eg, hematoxylin and eosin, toluidine blue); secondstage, fixed or fresh tissue, up to 5 specimens
17306	200.39	120.49				Chemosurgery (Mohs micrographic technique), including removal of allgross tumor, surgical excision of tissue specimens, mapping, colorcoding of specimens, microscopic examination of specimens by thesurgeon, and complete histopathologic preparation including the firstroutine stain (eg, hematoxylin and eosin, toluidine blue); third stage,fixed or fresh tissue, up to 5 specimens
17307	189.46	120.80				Chemosurgery (Mohs micrographic technique), including removal of allgross tumor, surgical excision of tissue specimens, mapping, colorcoding of specimens, microscopic examination of specimens by thesurgeon, and complete histopathologic preparation including the firstroutine stain (eg, hematoxylin and eosin, toluidine blue); additionalstage(s), up to 5 specimens, each stage
17310	76.46	40.26				Chemosurgery (Mohs micrographic technique), including removal of allgross tumor, surgical excision of tissue specimens, mapping, colorcoding of specimens, microscopic examination of specimens by thesurgeon, and complete histopathologic preparation including the firstroutine stain (eg, hematoxylin and eosin, toluidine blue); eachadditional specimen, after the first 5 specimens, fixed or freshtissue, any stage (List separately in addition to code for

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						primaryprocedure)
17340	32.83	32.52				Cryotherapy (CO2 slush, liquid N2) for acne
17360	84.25	66.46				Chemical exfoliation for acne (eg, acne paste, acid)
17380			I.C.			Electrolysis epilation, each 1/2 hour
17999			I.C.			Unlisted procedure, skin, mucous membrane and subcutaneous tissue
19000	85.84	33.73				Puncture aspiration of cyst of breast;
19001	19.83	16.39				Puncture aspiration of cyst of breast; each additional cyst (Listseparately in addition to code for primary procedure)
19020	301.64	187.42				Mastotomy with exploration or drainage of abscess, deep
19030	131.87	58.22				Injection procedure only for mammary ductogram or galactogram
19100	102.11	50.31				Biopsy of breast; percutaneous, needle core, not using imaging guidance(separate procedure)
19101	233.14	152.31				Biopsy of breast; open, incisional
19102	175.71	76.78				Biopsy of breast; percutaneous, needle core, using imaging guidance
19103	463.14	142.94				Biopsy of breast; percutaneous, automated vacuum assisted or rotatingbiopsy device, using imaging guidance
19110	306.77	215.33				Nipple exploration, with or without excision of a solitary lactiferousduct or a papilloma lactiferous duct
19112	296.73	191.24				Excision of lactiferous duct fistula
19120	304.69	258.50				Excision of cyst, fibroadenoma, or other benign or malignant tumor,aberrant breast tissue, duct lesion, nipple or areolar lesion (except19140), open, male or female, one or more lesions
19125	326.98	280.16				Excision of breast lesion identified by preoperative placement ofradiological marker, open; single lesion
19126			117.26			Excision of breast lesion identified by preoperative placement ofradiological marker, open; each additional lesion separately identifiedby a preoperative radiological marker (List separately in addition tocode for primary procedure)
19140	374.24	257.20				Mastectomy for gynecomastia
19160			282.67			Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy,segmentectomy);
19162			594.71			Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy,segmentectomy); with axillary lymphadenectomy
19180			415.68			Mastectomy, simple, complete
19182			375.80			Mastectomy, subcutaneous
19200			700.27			Mastectomy, radical, including pectoral muscles, axillary lymph nodes
19220			717.60			Mastectomy, radical, including pectoral muscles, axillary and internalmammary lymph nodes (Urban type operation)

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
19240			725.82			Mastectomy, modified radical, including axillary lymph nodes, with orwithout pectoralis minor muscle, but excluding pectoralis major muscle
19260			802.35			Excision of chest wall tumor including ribs
19271			1117.45			Excision of chest wall tumor involving ribs, with plasticreconstruction; without mediastinal lymphadenectomy
19272			1226.64			Excision of chest wall tumor involving ribs, with plasticreconstruction; with mediastinal lymphadenectomy
19290	124.43	48.59				Preoperative placement of needle localization wire, breast;
19291	55.37	24.16				Preoperative placement of needle localization wire, breast; eachadditional lesion (List separately in addition to code for primaryprocedure)
19295			84.17			Image guided placement, metallic localization clip, percutaneous, duringbreast biopsy (List separately in addition to code for primaryprocedure)
19296	4017.56	151.99				Placement of radiotherapy afterloading balloon catheter into the breastfor interstitial radioelement application following partial mastectomy,includes imaging guidance; on date separate from partial mastectomy
19297			69.35			Placement of radiotherapy afterloading balloon catheter into the breastfor interstitial radioelement application following partial mastectomy,includes imaging guidance; concurrent with partial mastectomy (Listseparately in addition to code for primary procedure)
19298	1484.54	243.97				Placement of radiotherapy afterloading brachytherapy catheters (multipletube and button type) into the breast for interstitial radioelementapplication following (at the time of or subsequent to) partialmastectomy, includes imaging guidance
19316			552.37			Mastopexy
19318			824.67			Reduction mammaplasty
19324			325.89			Mammaplasty, augmentation; without prosthetic implant
19325			455.75			Mammaplasty, augmentation; with prosthetic implant
19328			326.72			Removal of intact mammary implant
19330			415.66			Removal of mammary implant material
19340			287.39			Immediate insertion of breast prosthesis following mastopexy, mastectomyor in reconstruction
19342			614.01			Delayed insertion of breast prosthesis following mastopexy, mastectomyor in reconstruction
19350	698.63	490.46				Nipple/areola reconstruction
19355	540.63	367.42				Correction of inverted nipples
19357			1030.52			Breast reconstruction, immediate or delayed, with tissue expander,including subsequent expansion
19361			960.53			Breast reconstruction with latissimus dorsi flap,

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						with or withoutprosthetic implant
19364			1954.58			Breast reconstruction with free flap
19366			994.99			Breast reconstruction with other technique
19367			1288.60			Breast reconstruction with transverse rectus abdominis myocutaneous flap(TRAM), single pedicle, including closure of donor site;
19368			1568.58			Breast reconstruction with transverse rectus abdominis myocutaneous flap(TRAM), single pedicle, including closure of donor site; withmicrovascular anastomosis (supercharging)
19369			1461.22			Breast reconstruction with transverse rectus abdominis myocutaneous flap(TRAM), double pedicle, including closure of donor site
19370			456.33			Open periprosthetic capsulotomy, breast
19371			526.47			Periprosthetic capsulectomy, breast
19380			513.50			Revision of reconstructed breast
19396	97.83	95.02				Preparation of moulage for custom breast implant
19499			I.C.			Unlisted procedure, breast
20000	145.47	115.51				Incision of soft tissue abscess (eg, secondary to osteomyelitis);superficial
20005	209.02	170.32				Incision of soft tissue abscess (eg, secondary to osteomyelitis); deepor complicated
20100			433.26			Exploration of penetrating wound (separate procedure); neck
20101	279.38	145.18				Exploration of penetrating wound (separate procedure); chest
20102	347.82	174.30				Exploration of penetrating wound (separate procedure);abdomen/flank/back
20103	423.65	261.67				Exploration of penetrating wound (separate procedure); extremity
20150			625.95			Excision of epiphyseal bar, with or without autogenous soft tissue graftobtained through same fascial incision
20200	137.88	66.73				Biopsy, muscle; superficial
20205	190.75	106.48				Biopsy, muscle; deep
20206	230.68	47.49				Biopsy, muscle, percutaneous needle
20220	178.01	60.35				Biopsy, bone, trocar, or needle; superficial (eg, ilium, sternum,spinous process, ribs)
20225	817.50	89.70				Biopsy, bone, trocar, or needle; deep (eg, vertebral body, femur)
20240			174.47			Biopsy, bone, open; superficial (eg, ilium, sternum, spinous process,ribs, trochanter of femur)
20245			438.00			Biopsy, bone, open; deep (eg, humerus, ischium, femur)
20250			263.70			Biopsy, vertebral body, open; thoracic
20251			300.97			Biopsy, vertebral body, open; lumbar or cervical
20500	105.81	83.03				Injection of sinus tract; therapeutic (separate procedure)
20501	111.89	28.87				Injection of sinus tract; diagnostic (sinogram)
20520	144.51	108.62				Removal of foreign body in muscle or tendon sheath; simple
20525	388.55	185.07				Removal of foreign body in muscle or tendon

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						sheath; deep or complicated
20526	57.84	43.79				Injection, therapeutic (eg, local anesthetic, corticosteroid), carpaltunnel
20550	43.82	28.84				Injection(s); single tendon sheath, or ligament, aponeurosis (eg,plantar \"fascia\")
20551	42.88	31.96				Injection(s); single tendon origin/insertion
20552	41.09	24.86				Injection(s); single or multiple trigger point(s), one or two muscle(s)
20553	46.61	27.88				Injection(s); single or multiple trigger point(s), three or moremuscle(s)
20600	39.55	30.19				Arthrocentesis, aspiration and/or injection; small joint or bursa (eg,fingers, toes)
20605	43.51	31.03				Arthrocentesis, aspiration and/or injection; intermediate joint or bursa(eg, temporomandibular, acromioclavicular, wrist, elbow or ankle,olecranon bursa)
20610	52.80	36.26				Arthrocentesis, aspiration and/or injection; major joint or bursa (eg,shoulder, hip, knee joint, subacromial bursa)
20612	42.70	31.78				Aspiration and/or injection of ganglion cyst(s) any location
20615	174.46	122.34				Aspiration and injection for treatment of bone cyst
20650	139.59	114.31				Insertion of wire or pin with application of skeletal traction,including removal (separate procedure)
20660	173.71	128.77				Application of cranial tongs, caliper, or stereotactic frame, includingremoval (separate procedure)
20661			306.77			Application of halo, including removal; cranial
20662			345.41			Application of halo, including removal; pelvic
20663			314.78			Application of halo, including removal; femoral
20664			469.74			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	105.79	80.82				Removal of tongs or halo applied by another physician
20670	412.20	117.59				Removal of implant; superficial, (eg, buried wire, pin or rod) (separateprocedure)
20680	374.39	216.48				Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail,rod or plate)
20690			184.09			Application of a uniplane (pins or wires in one plane), unilateral,external fixation system
20692			309.90			Application of a multiplane (pins or wires in more than one plane),unilateral, external fixation system (eg, Ilizarov, Monticelli type)
20693			346.32			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	347.96	251.21				Removal, under anesthesia, of external fixation system
20802			1827.44			Replantation, arm (includes surgical neck of humerus through elbowjoint), complete amputation

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
20805			2501.31			Replantation, forearm (includes radius and ulna to radial carpal joint),complete amputation
20808			3100.47			Replantation, hand (includes hand through metacarpophalangeal joints),complete amputation
20816			2096.95			Replantation, digit, excluding thumb (includes metacarpophalangeal jointto insertion of flexor sublimis tendon), complete amputation
20822			1834.96			Replantation, digit, excluding thumb (includes distal tip to sublimistendon insertion), complete amputation
20824			2059.65			Replantation, thumb (includes carpometacarpal joint to MP joint),complete amputation
20827			1917.15			Replantation, thumb (includes distal tip to MP joint), completeamputation
20838			1818.71			Replantation, foot, complete amputation
20900	430.91	344.77				Bone graft, any donor area; minor or small (eg, dowel or button)
20902			442.63			Bone graft, any donor area; major or large
20910			316.89			Cartilage graft; costochondral
20912			364.50			Cartilage graft; nasal septum
20920			286.13			Fascia lata graft; by stripper
20922	426.03	342.70				Fascia lata graft; by incision and area exposure, complex or sheet
20924			377.40			Tendon graft, from a distance (eg, palmaris, toe extensor, plantaris)
20926			312.37			Tissue grafts, other (eg, paratenon, fat, dermis)
20930			I.C.			Allograft for spine surgery only; morselized
20931			86.15			Allograft for spine surgery only; structural
20936			I.C.			Autograft for spine surgery only (includes harvesting the graft); local(eg, ribs, spinous process, or laminar fragments) obtained from sameincision
20937			131.01			Autograft for spine surgery only (includes harvesting the graft);morselized (through separate skin or fascial incision)
20938			142.27			Autograft for spine surgery only (includes harvesting the graft);structural, bicortical or tricortical (through separate skin or fascialincision)
20950	251.04	68.47				Monitoring of interstitial fluid pressure (includes insertion of device,eg, wick catheter technique, needle manometer technique) in detectionof muscle compartment syndrome
20955			1901.51			Bone graft with microvascular anastomosis; fibula
20956			1960.58			Bone graft with microvascular anastomosis; iliac crest
20957			1820.33			Bone graft with microvascular anastomosis; metatarsal
20962			2002.22			Bone graft with microvascular anastomosis; other than fibula, iliaccrest, or metatarsal
20969			2101.22			Free osteocutaneous flap with microvascular anastomosis; other thaniliac crest, metatarsal, or great toe

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
20970			2075.78			Free osteocutaneous flap with microvascular anastomosis; iliac crest
20972			1897.57			Free osteocutaneous flap with microvascular anastomosis; metatarsal
20973			2119.26			Free osteocutaneous flap with microvascular anastomosis; great toe withweb space
20974	40.16	35.48				Electrical stimulation to aid bone healing; noninvasive (nonoperative)
20975			133.21			Electrical stimulation to aid bone healing; invasive (operative)
20979	43.38	29.03				Low intensity ultrasound stimulation to aid bone healing, noninvasive(nonoperative)
20982	3626.75	300.79				Ablation, bone tumor(s) (eg, osteoid osteoma, metastasis)radiofrequency, percutaneous, including computed tomographic guidance
20999			I.C.			Unlisted procedure, musculoskeletal system, general
21010			512.87			Arthrotomy, temporomandibular joint
21015			311.32			Radical resection of tumor (eg, malignant neoplasm), soft tissue of faceor scalp
21025	677.03	586.84				Excision of bone (eg, for osteomyelitis or bone abscess); mandible
21026	386.86	338.79				Excision of bone (eg, for osteomyelitis or bone abscess); facial bone(s)
21029	517.31	443.66				Removal by contouring of benign tumor of facial bone (eg, fibrousdysplasia)
21030	327.87	287.30				Excision of benign tumor or cyst of maxilla or zygoma by enucleation andcurettage
21031	257.57	209.20				Excision of torus mandibularis
21032	262.66	205.55				Excision of maxillary torus palatinus
21034	962.50	860.76				Excision of malignant tumor of maxilla or zygoma
21040	330.17	278.05				Excision of benign tumor or cyst of mandible, by enucleation and/orcurettage
21044			631.69			Excision of malignant tumor of mandible;
21045			847.66			Excision of malignant tumor of mandible; radical resection
21046			755.73			Excision of benign tumor or cyst of mandible; requiring intra-oralosteotomy (eg, locally aggressive or destructive lesion(s))
21047			962.22			Excision of benign tumor or cyst of mandible; requiring extra-oralosteotomy and partial mandibulectomy (eg, locally aggressive ordestructive lesion(s))
21048			774.50			Excision of benign tumor or cyst of maxilla; requiring intra-oralosteotomy (eg, locally aggressive or destructive lesion(s))
21049			917.82			Excision of benign tumor or cyst of maxilla; requiring extra-oralosteotomy and partial maxillectomy (eg, locally aggressive ordestructive lesion(s))
21050			610.67			Condylectomy, temporomandibular joint (separate procedure)
21060			569.76			Meniscectomy, partial or complete,

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						temporomandibular joint (separateprocedure)
21070			466.35			Coronoidectomy (separate procedure)
21076	783.73	710.39				Impression and custom preparation; surgical obturator prosthesis
21077	1970.50	1804.15				Impression and custom preparation; orbital prosthesis
21079	1329.57	1193.81				Impression and custom preparation; interim obturator prosthesis
21080	1508.64	1348.54				Impression and custom preparation; definitive obturator prosthesis
21081	1371.68	1221.56				Impression and custom preparation; mandibular resection prosthesis
21082	1223.71	1111.04				Impression and custom preparation; palatal augmentation prosthesis
21083	1159.87	1023.79				Impression and custom preparation; palatal lift prosthesis
21084	1345.77	1198.15				Impression and custom preparation; speech aid prosthesis
21085	523.69	476.57				Impression and custom preparation; oral surgical splint
21086	1481.30	1346.79				Impression and custom preparation; auricular prosthesis
21087	1461.38	1333.74				Impression and custom preparation; nasal prosthesis
21088			I.C.			Impression and custom preparation; facial prosthesis
21089			I.C.			Unlisted maxillofacial prosthetic procedure
21100	479.29	267.38				Application of halo type appliance for maxillofacial fixation, includesremoval (separate procedure)
21110	450.56	413.10				Application of interdental fixation device for conditions other thanfracture or dislocation, includes removal
21116	157.96	33.12				Injection procedure for temporomandibular joint arthrography
21120	473.87	377.44				Genioplasty; augmentation (autograft, allograft, prosthetic material)
21121	525.83	466.22				Genioplasty; sliding osteotomy, single piece
21122			518.23			Genioplasty; sliding osteotomies, two or more osteotomies (eg, wedgeexcision or bone wedge reversal for asymmetrical chin)
21123			663.27			Genioplasty; sliding, augmentation with interpositional bone grafts(includes obtaining autografts)
21125	2021.74	558.03				Augmentation, mandibular body or angle; prosthetic material
21127	1663.47	622.64				Augmentation, mandibular body or angle; with bone graft, onlay orinterpositional (includes obtaining autograft)
21137			530.38			Reduction forehead; contouring only
21138			657.87			Reduction forehead; contouring and application of prosthetic material orbone graft (includes obtaining autograft)

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
21139			758.42			Reduction forehead; contouring and setback of anterior frontal sinuswall
21141			956.41			Reconstruction midface, LeFort I; single piece, segment movement in anydirection (eg, for Long Face Syndrome), without bone graft
21142			950.24			Reconstruction midface, LeFort I; two pieces, segment movement in anydirection, without bone graft
21143			1001.81			Reconstruction midface, LeFort I; three or more pieces, segment movementin any direction, without bone graft
21145			1023.42			Reconstruction midface, LeFort I; single piece, segment movement in anydirection, requiring bone grafts (includes obtaining autografts)
21146			1093.87			Reconstruction midface, LeFort I; two pieces, segment movement in anydirection, requiring bone grafts (includes obtaining autografts) (eg,ungrafted unilateral alveolar cleft)
21147			1087.00			Reconstruction midface, LeFort I; three or more pieces, segment movementin any direction, requiring bone grafts (includes obtaining autografts)(eg, ungrafted bilateral alveolar cleft or multiple osteotomies)
21150			1247.36			Reconstruction midface, LeFort II; anterior intrusion (eg,Treacher-Collins Syndrome)
21151			1516.57			Reconstruction midface, LeFort II; any direction, requiring bone grafts(includes obtaining autografts)
21154			1584.49			Reconstruction midface, LeFort III (extracranial), any type, requiringbone grafts (includes obtaining autografts); without LeFort I
21155			1801.86			Reconstruction midface, LeFort III (extracranial), any type, requiringbone grafts (includes obtaining autografts); with LeFort I
21159			2206.99			Reconstruction midface, LeFort III (extra and intracranial) withforehead advancement (eg, mono bloc), requiring bone grafts (includesobtaining autografts); without LeFort I
21160			2177.97			Reconstruction midface, LeFort III (extra and intracranial) withforehead advancement (eg, mono bloc), requiring bone grafts (includesobtaining autografts); with LeFort I
21172			1242.47			Reconstruction superior-lateral orbital rim and lower forehead,advancement or alteration, with or without grafts (includes obtainingautografts)
21175			1538.49			Reconstruction, bifrontal, superior-lateral orbital rims and lowerforehead, advancement or alteration (eg, plagiocephaly, trigonocephaly,brachycephaly), with or without grafts (includes obtaining autografts)
21179			1091.17			Reconstruction, entire or majority of forehead and/or supraorbital rims;with grafts (allograft or prosthetic material)

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
21180			1222.65			Reconstruction, entire or majority of forehead and/or supraorbital rims;with autograft (includes obtaining grafts)
21181			524.08			Reconstruction by contouring of benign tumor of cranial bones (eg,fibrous dysplasia), extracranial
21182			1511.67			Reconstruction of orbital walls, rims, forehead, nasoethmoid complexfollowing intra- and extracranial excision of benign tumor of cranialbone (eg, fibrous dysplasia), with multiple autografts (includesobtaining grafts); total area of bone grafting less than 40 sq cm
21183			1682.79			Reconstruction of orbital walls, rims, forehead, nasoethmoid complexfollowing intra- and extracranial excision of benign tumor of cranialbone (eg, fibrous dysplasia), with multiple autografts (includesobtaining grafts); total area of bone grafting greater than 40 sq cmbut less than 80 sq cm
21184			1820.98			Reconstruction of orbital walls, rims, forehead, nasoethmoid complexfollowing intra- and extracranial excision of benign tumor of cranialbone (eg, fibrous dysplasia), with multiple autografts (includesobtaining grafts); total area of bone grafting greater than 80 sq cm
21188			1221.14			Reconstruction midface, osteotomies (other than LeFort type) and bonegrafts (includes obtaining autografts)
21193			897.15			Reconstruction of mandibular rami, horizontal, vertical, C, or Losteotomy; without bone graft
21194			998.74			Reconstruction of mandibular rami, horizontal, vertical, C, or Losteotomy; with bone graft (includes obtaining graft)
21195			954.86			Reconstruction of mandibular rami and/or body, sagittal split; withoutinternal rigid fixation
21196			1035.84			Reconstruction of mandibular rami and/or body, sagittal split; withinternal rigid fixation
21198			803.20			Osteotomy, mandible, segmental;
21199			739.66			Osteotomy, mandible, segmental; with genioglossus advancement
21206			796.85			Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard)
21208	991.74	593.83				Osteoplasty, facial bones; augmentation (autograft, allograft, orprosthetic implant)
21209	534.33	449.13				Osteoplasty, facial bones; reduction
21210	1074.87	590.50				Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)
21215	1625.45	610.53				Graft, bone; mandible (includes obtaining graft)
21230			564.19			Graft; rib cartilage, autogenous, to face, chin, nose or ear (includesobtaining graft)
21235	498.59	391.55				Graft; ear cartilage, autogenous, to nose or ear (includes obtaininggraft)
21240			796.90			Arthroplasty, temporomandibular joint, with or without autograft(includes obtaining graft)

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
21242			740.95			Arthroplasty, temporomandibular joint, with allograft
21243			1164.11			Arthroplasty, temporomandibular joint, with prosthetic joint replacement
21244			719.36			Reconstruction of mandible, extraoral, with transosteal bone plate (eg,mandibular staple bone plate)
21245	789.74	647.74				Reconstruction of mandible or maxilla, subperiosteal implant; partial
21246			641.89			Reconstruction of mandible or maxilla, subperiosteal implant; complete
21247			1202.41			Reconstruction of mandibular condyle with bone and cartilage autografts(includes obtaining grafts) (eg, for hemifacial microsomia)
21248	716.28	631.08				Reconstruction of mandible or maxilla, endosteal implant (eg, blade,cylinder); partial
21249	1039.58	913.81				Reconstruction of mandible or maxilla, endosteal implant (eg, blade,cylinder); complete
21255			997.97			Reconstruction of zygomatic arch and glenoid fossa with bone andcartilage (includes obtaining autografts)
21256			834.00			Reconstruction of orbit with osteotomies (extracranial) and with bonegrafts (includes obtaining autografts) (eg, micro-ophthalmia)
21260			857.77			Periorbital osteotomies for orbital hypertelorism, with bone grafts;extracranial approach
21261			1664.84			Periorbital osteotomies for orbital hypertelorism, with bone grafts;combined intra- and extracranial approach
21263			1405.73			Periorbital osteotomies for orbital hypertelorism, with bone grafts;with forehead advancement
21267			1154.77			Orbital repositioning, periorbital osteotomies, unilateral, with bonegrafts; extracranial approach
21268			1358.15			Orbital repositioning, periorbital osteotomies, unilateral, with bonegrafts; combined intra- and extracranial approach
21270	650.51	513.19				Malar augmentation, prosthetic material
21275			580.44			Secondary revision of orbitocraniofacial reconstruction
21280			353.84			Medial canthopexy (separate procedure)
21282			237.93			Lateral canthopexy
21295			123.07			Reduction of masseter muscle and bone (eg, for treatment of benignmasseteric hypertrophy); extraoral approach
21296			273.27			Reduction of masseter muscle and bone (eg, for treatment of benignmasseteric hypertrophy); intraoral approach
21299			I.C.			Unlisted craniofacial and maxillofacial procedure
21300	95.37	29.83				Closed treatment of skull fracture without operation
21310	87.87	21.39				Closed treatment of nasal bone fracture without manipulation
21315	175.17	101.83				Closed treatment of nasal bone fracture; without

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						stabilization
21320	175.08	103.61				Closed treatment of nasal bone fracture; with stabilization
21325			375.65			Open treatment of nasal fracture; uncomplicated
21330			457.95			Open treatment of nasal fracture; complicated, with internal and/orexternal skeletal fixation
21335			544.77			Open treatment of nasal fracture; with concomitant open treatment offractured septum
21336			463.75			Open treatment of nasal septal fracture, with or without stabilization
21337	268.79	189.21				Closed treatment of nasal septal fracture, with or without stabilization
21338			625.99			Open treatment of nasoethmoid fracture; without external fixation
21339			669.01			Open treatment of nasoethmoid fracture; with external fixation
21340			572.43			Percutaneous treatment of nasoethmoid complex fracture, with splint,wire or headcap fixation, including repair of canthal ligaments and/orthe nasolacrimal apparatus
21343			858.54			Open treatment of depressed frontal sinus fracture
21344			1088.65			Open treatment of complicated (eg, comminuted or involving posteriorwall) frontal sinus fracture, via coronal or multiple approaches
21345	543.52	460.19				Closed treatment of nasomaxillary complex fracture (LeFort II type),with interdental wire fixation or fixation of denture or splint
21346			687.84			Open treatment of nasomaxillary complex fracture (LeFort II type); withwiring and/or local fixation
21347			873.24			Open treatment of nasomaxillary complex fracture (LeFort II type);requiring multiple open approaches
21348			842.64			Open treatment of nasomaxillary complex fracture (LeFort II type); withbone grafting (includes obtaining graft)
21355	301.70	215.87				Percutaneous treatment of fracture of malar area, including zygomaticarch and malar tripod, with manipulation
21356	342.15	261.94				Open treatment of depressed zygomatic arch fracture (eg, Gilliesapproach)
21360			372.01			Open treatment of depressed malar fracture, including zygomatic arch andmalar tripod
21365			770.77			Open treatment of complicated (eg, comminuted or involving cranial nerveforamina) fracture(s) of malar area, including zygomatic arch and malartripod; with internal fixation and multiple surgical approaches
21366			878.44			Open treatment of complicated (eg, comminuted or involving cranial nerveforamina) fracture(s) of malar area, including zygomatic arch and malartripod; with bone grafting (includes obtaining graft)
21385			522.28			Open treatment of orbital floor blowout fracture;

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						transantral approach(Caldwell-Luc type operation)
21386			484.95			Open treatment of orbital floor blowout fracture; periorbital approach
21387			559.70			Open treatment of orbital floor blowout fracture; combined approach
21390			531.98			Open treatment of orbital floor blowout fracture; periorbital approach,with alloplastic or other implant
21395			649.42			Open treatment of orbital floor blowout fracture; periorbital approachwith bone graft (includes obtaining graft)
21400	121.68	98.59				Closed treatment of fracture of orbit, except blowout; withoutmanipulation
21401	344.19	203.75				Closed treatment of fracture of orbit, except blowout; with manipulation
21406			391.31			Open treatment of fracture of orbit, except blowout; without implant
21407			463.13			Open treatment of fracture of orbit, except blowout; with implant
21408			636.43			Open treatment of fracture of orbit, except blowout; with bone grafting(includes obtaining graft)
21421	442.37	410.54				Closed treatment of palatal or maxillary fracture (LeFort I type), withinterdental wire fixation or fixation of denture or splint
21422			494.35			Open treatment of palatal or maxillary fracture (LeFort I type);
21423			593.44			Open treatment of palatal or maxillary fracture (LeFort I type);complicated (comminuted or involving cranial nerve foramina), multipleapproaches
21431			499.31			Closed treatment of craniofacial separation (LeFort III type) usinginterdental wire fixation of denture or splint
21432			497.58			Open treatment of craniofacial separation (LeFort III type); with wiringand/or internal fixation
21433			1243.76			Open treatment of craniofacial separation (LeFort III type); complicated(eg, comminuted or involving cranial nerve foramina), multiple surgicalapproaches
21435			896.24			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			1378.73			Open treatment of craniofacial separation (LeFort III type);complicated, multiple surgical approaches, internal fixation, with bonegrafting (includes obtaining graft)
21440	301.31	271.97				Closed treatment of mandibular or maxillary alveolar ridge fracture(separate procedure)
21445	463.36	420.29				Open treatment of mandibular or maxillary alveolar ridge fracture(separate procedure)
21450	315.94	300.02				Closed treatment of mandibular fracture; without

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						manipulation
21451	433.89	404.24				Closed treatment of mandibular fracture; with manipulation
21452	464.78	202.31				Percutaneous treatment of mandibular fracture, with external fixation
21453	497.87	497.56				Closed treatment of mandibular fracture with interdental fixation
21454			384.23			Open treatment of mandibular fracture with external fixation
21461	999.01	630.74				Open treatment of mandibular fracture; without interdental fixation
21462	1148.52	683.50				Open treatment of mandibular fracture; with interdental fixation
21465			654.24			Open treatment of mandibular condylar fracture
21470			824.06			Open treatment of complicated mandibular fracture by multiple surgicalapproaches including internal fixation, interdental fixation, and/orwiring of dentures or splints
21480	72.75	23.44				Closed treatment of temporomandibular dislocation; initial or subsequent
21485	373.08	355.60				Closed treatment of temporomandibular dislocation; complicated (eg,recurrent requiring intermaxillary fixation or splinting), initial orsubsequent
21490			658.80			Open treatment of temporomandibular dislocation
21493			53.51			Closed treatment of hyoid fracture; without manipulation
21494			289.42			Closed treatment of hyoid fracture; with manipulation
21495			423.67			Open treatment of hyoid fracture
21497	376.80	351.52				Interdental wiring, for condition other than fracture
21499			I.C.			Unlisted musculoskeletal procedure, head
21501	310.83	229.69				Incision and drainage, deep abscess or hematoma, soft tissues of neck orthorax;
21502			385.76			Incision and drainage, deep abscess or hematoma, soft tissues of neck orthorax; with partial rib ostectomy
21510			345.50			Incision, deep, with opening of bone cortex (eg, for osteomyelitis orbone abscess), thorax
21550	170.15	112.10				Biopsy, soft tissue of neck or thorax
21555	298.93	226.53				Excision tumor, soft tissue of neck or thorax; subcutaneous
21556			289.94			Excision tumor, soft tissue of neck or thorax; deep, subfascial,intramuscular
21557			425.96			Radical resection of tumor (eg, malignant neoplasm), soft tissue of neckor thorax
21600			382.34			Excision of rib, partial
21610			723.58			Costotransversectomy (separate procedure)
21615			501.50			Excision first and/or cervical rib;
21616			609.54			Excision first and/or cervical rib; with sympathectomy
21620			387.17			Ostectomy of sternum, partial

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
21627			398.64			Sternal debridement
21630			884.84			Radical resection of sternum;
21632			883.13			Radical resection of sternum; with mediastinal lymphadenectomy
21685			679.02			Hyoid myotomy and suspension
21700			312.54			Division of scalenus anticus; without resection of cervical rib
21705			459.78			Division of scalenus anticus; with resection of cervical rib
21720			246.39			Division of sternocleidomastoid for torticollis, open operation; withoutcast application
21725			381.08			Division of sternocleidomastoid for torticollis, open operation; withcast application
21740			754.45			Reconstructive repair of pectus excavatum or carinatum; open
21742			I.C.			Reconstructive repair of pectus excavatum or carinatum; minimallyinvasive approach (Nuss procedure), without thoracoscopy
21743			I.C.			Reconstructive repair of pectus excavatum or carinatum; minimallyinvasive approach (Nuss procedure), with thoracoscopy
21750			509.74			Closure of median sternotomy separation with or without debridement(separate procedure)
21800			69.28			Closed treatment of rib fracture, uncomplicated, each
21805			181.13			Open treatment of rib fracture without fixation, each
21810			357.39			Treatment of rib fracture requiring external fixation (flail chest)
21820	94.05	92.18				Closed treatment of sternum fracture
21825			419.12			Open treatment of sternum fracture with or without skeletal fixation
21899			I.C.			Unlisted procedure, neck or thorax
21920	160.36	103.87				Biopsy, soft tissue of back or flank; superficial
21925	293.12	232.88				Biopsy, soft tissue of back or flank; deep
21930	324.60	252.51				Excision, tumor, soft tissue of back or flank
21935			828.20			Radical resection of tumor (eg, malignant neoplasm), soft tissue of backor flank
22100			537.79			Partial excision of posterior vertebral component (eg, spinous process,lamina or facet) for intrinsic bony lesion, single vertebral segment;cervical
22101			538.65			Partial excision of posterior vertebral component (eg, spinous process,lamina or facet) for intrinsic bony lesion, single vertebral segment;thoracic
22102			549.68			Partial excision of posterior vertebral component (eg, spinous process,lamina or facet) for intrinsic bony lesion, single vertebral segment;lumbar
22103			108.77			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 forprimary procedure)
22110			681.93			Partial excision of vertebral body, for intrinsic

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						bony lesion, withoutdecompression of spinal cord or nerve root(s), single vertebralsegment; cervical
22112			681.66			Partial excision of vertebral body, for intrinsic bony lesion, withoutdecompression of spinal cord or nerve root(s), single vertebralsegment; thoracic
22114			682.10			Partial excision of vertebral body, for intrinsic bony lesion, withoutdecompression of spinal cord or nerve root(s), single vertebralsegment; lumbar
22116			108.27			Partial excision of vertebral body, for intrinsic bony lesion, withoutdecompression of spinal cord or nerve root(s), single vertebralsegment; each additional vertebral segment (List separately in additionto code for primary procedure)
22210			1227.82			Osteotomy of spine, posterior or posterolateral approach, one vertebralsegment; cervical
22212			1009.62			Osteotomy of spine, posterior or posterolateral approach, one vertebralsegment; thoracic
22214			1029.20			Osteotomy of spine, posterior or posterolateral approach, one vertebralsegment; lumbar
22216			285.44			Osteotomy of spine, posterior or posterolateral approach, one vertebralsegment; each additional vertebral segment (List separately in additionto primary procedure)
22220			1100.01			Osteotomy of spine, including diskectomy, anterior approach, singlevertebral segment; cervical
22222			992.25			Osteotomy of spine, including diskectomy, anterior approach, singlevertebral segment; thoracic
22224			1101.75			Osteotomy of spine, including diskectomy, anterior approach, singlevertebral segment; lumbar
22226			283.12			Osteotomy of spine, including diskectomy, anterior approach, singlevertebral segment; each additional vertebral segment (List separatelyin addition to code for primary procedure)
22305	134.10	121.93				Closed treatment of vertebral process fracture(s)
22310	167.07	153.02				Closed treatment of vertebral body fracture(s), without manipulation,requiring and including casting or bracing
22315	575.23	501.89				Closed treatment of vertebral fracture(s) and/or dislocation(s)requiring casting or bracing, with and including casting and/orbracing, with or without anesthesia, by manipulation or traction
22318			1098.54			Open treatment and/or reduction of odontoid fracture(s) and ordislocation(s) (including os odontoideum), anterior approach, includingplacement of internal fixation; without grafting
22319			1223.18			Open treatment and/or reduction of odontoid fracture(s) and ordislocation(s) (including os odontoideum), anterior approach, includingplacement of internal fixation; with grafting

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
22325			943.03			Open treatment and/or reduction of vertebral fracture(s) and/ordislocation(s), posterior approach, one fractured vertebrae ordislocated segment; lumbar
22326			1007.48			Open treatment and/or reduction of vertebral fracture(s) and/ordislocation(s), posterior approach, one fractured vertebrae ordislocated segment; cervical
22327			978.58			Open treatment and/or reduction of vertebral fracture(s) and/ordislocation(s), posterior approach, one fractured vertebrae ordislocated segment; thoracic
22328			212.77			Open treatment and/or reduction of vertebral fracture(s) and/ordislocation(s), posterior approach, one fractured vertebrae ordislocated segment; each additional fractured vertebrae or dislocatedsegment (List separately in addition to code for primary procedure)
22505			85.49			Manipulation of spine requiring anesthesia, any region
22520	2191.43	426.24				Percutaneous vertebroplasty, one vertebral body, unilateral or bilateralinjection; thoracic
22521	1996.76	404.47				Percutaneous vertebroplasty, one vertebral body, unilateral or bilateralinjection; lumbar
22522			181.55			Percutaneous vertebroplasty, one vertebral body, unilateral or bilateralinjection; each additional thoracic or lumbar vertebral body (Listseparately in addition to code for primary procedure)
22532			1186.80			Arthrodesis, lateral extracavitary technique, including minimaldiskectomy to prepare interspace (other than for decompression);thoracic
22533			1100.88			Arthrodesis, lateral extracavitary technique, including minimaldiskectomy to prepare interspace (other than for decompression); lumbar
22534			279.11			Arthrodesis, lateral extracavitary technique, including minimaldiskectomy to prepare interspace (other than for decompression);thoracic or lumbar, each additional vertebral segment (List separatelyin addition to code for primary procedure)
22548			1297.25			Arthrodesis, anterior transoral or extraoral technique, clivus-C1-C2(atlas-axis), with or without excision of odontoid process
22554			972.16			Arthrodesis, anterior interbody technique, including minimal diskectomyto prepare interspace (other than for decompression); cervical below C2
22556			1169.63			Arthrodesis, anterior interbody technique, including minimal diskectomyto prepare interspace (other than for decompression); thoracic
22558			1069.17			Arthrodesis, anterior interbody technique, including minimal diskectomyto prepare interspace (other than for decompression); lumbar

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
22585			259.12			Arthrodesis, anterior interbody technique, including minimal diskectomyto prepare interspace (other than for decompression); each additionalinterspace (List separately in addition to code for primary procedure)
22590			1059.43			Arthrodesis, posterior technique, craniocervical (occiput-C2)
22595			1006.65			Arthrodesis, posterior technique, atlas-axis (C1-C2)
22600			855.60			Arthrodesis, posterior or posterolateral technique, single level;cervical below C2 segment
22610			855.00			Arthrodesis, posterior or posterolateral technique, single level;thoracic (with or without lateral transverse technique)
22612			1094.14			Arthrodesis, posterior or posterolateral technique, single level; lumbar(with or without lateral transverse technique)
22614			304.65			Arthrodesis, posterior or posterolateral technique, single level; eachadditional vertebral segment (List separately in addition to code forprimary procedure)
22630			1076.09			Arthrodesis, posterior interbody technique, including laminectomy and/ordiskectomy to prepare interspace (other than for decompression), singleinterspace; lumbar
22632			246.23			Arthrodesis, posterior interbody technique, including laminectomy and/ordiskectomy to prepare interspace (other than for decompression), singleinterspace; each additional interspace (List separately in addition tocode for primary procedure)
22800			961.19			Arthrodesis, posterior, for spinal deformity, with or without cast; upto 6 vertebral segments
22802			1561.38			Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to12 vertebral segments
22804			1819.23			Arthrodesis, posterior, for spinal deformity, with or without cast; 13or more vertebral segments
22808			1308.55			Arthrodesis, anterior, for spinal deformity, with or without cast; 2 to3 vertebral segments
22810			1478.73			Arthrodesis, anterior, for spinal deformity, with or without cast; 4 to7 vertebral segments
22812			1606.68			Arthrodesis, anterior, for spinal deformity, with or without cast; 8 ormore vertebral segments
22818			1568.67			Kyphectomy, circumferential exposure of spine and resection of vertebralsegment(s) (including body and posterior elements); single or 2segments
22819			1755.92			Kyphectomy, circumferential exposure of spine and resection of vertebralsegment(s) (including body and posterior elements); 3 or more segments
22830			584.37			Exploration of spinal fusion
22840			593.50			Posterior non-segmental instrumentation (eg, Harrington rod technique,pedicle fixation across one interspace, atlantoaxial transarticularscrew

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						fixation, sublaminar wiring at C1, facet screw fixation)
22841			I.C.			Internal spinal fixation by wiring of spinous processes
22842			593.59			Posterior segmental instrumentation (eg, pedicle fixation, dual rodswith multiple hooks and sublaminar wires); 3 to 6 vertebral segments
22843			623.11			Posterior segmental instrumentation (eg, pedicle fixation, dual rodswith multiple hooks and sublaminar wires); 7 to 12 vertebral segments
22844			776.73			Posterior segmental instrumentation (eg, pedicle fixation, dual rodswith multiple hooks and sublaminar wires); 13 or more vertebralsegments
22845			566.03			Anterior instrumentation; 2 to 3 vertebral segments
22846			588.74			Anterior instrumentation; 4 to 7 vertebral segments
22847			648.89			Anterior instrumentation; 8 or more vertebral segments
22848			282.94			Pelvic fixation (attachment of caudal end of instrumentation to pelvicbony structures) other than sacrum
22849			938.86			Reinsertion of spinal fixation device
22850			513.86			Removal of posterior nonsegmental instrumentation (eg, Harrington rod)
22851			314.29			Application of intervertebral biomechanical device(s) (eg, syntheticcage(s), threaded bone dowel(s), methylmethacrylate) to vertebraldefect or interspace
22852			490.84			Removal of posterior segmental instrumentation
22855			776.07			Removal of anterior instrumentation
22899			I.C.			Unlisted procedure, spine
22900			270.52			Excision, abdominal wall tumor, subfascial (eg, desmoid)
22999			I.C.			Unlisted procedure, abdomen, musculoskeletal system
23000	395.81	267.54				Removal of subdeltoid calcareous deposits, open
23020			505.68			Capsular contracture release (eg, Sever type procedure)
23030	332.93	192.80				Incision and drainage, shoulder area; deep abscess or hematoma
23031	327.59	167.17				Incision and drainage, shoulder area; infected bursa
23035			517.62			Incision, bone cortex (eg, osteomyelitis or bone abscess), shoulder area
23040			523.08			Arthrotomy, glenohumeral joint, including exploration, drainage, orremoval of foreign body
23044			415.44			Arthrotomy, acromioclavicular, sternoclavicular joint, includingexploration, drainage, or removal of foreign body
23065	142.05	115.21				Biopsy, soft tissue of shoulder area; superficial
23066	362.79	247.63				Biopsy, soft tissue of shoulder area; deep
23075	184.63	125.96				Excision, soft tissue tumor, shoulder area;

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						subcutaneous
23076			399.39			Excision, soft tissue tumor, shoulder area; deep, subfascial, orintramuscular
23077			794.79			Radical resection of tumor (eg, malignant neoplasm), soft tissue ofshoulder area
23100			358.47			Arthrotomy, glenohumeral joint, including biopsy
23101			334.59			Arthrotomy, acromioclavicular joint or sternoclavicular joint, includingbiopsy and/or excision of torn cartilage
23105			470.77			Arthrotomy; glenohumeral joint, with synovectomy, with or without biopsy
23106			356.88			Arthrotomy; sternoclavicular joint, with synovectomy, with or withoutbiopsy
23107			491.06			Arthrotomy, glenohumeral joint, with joint exploration, with or withoutremoval of loose or foreign body
23120			416.32			Claviculectomy; partial
23125			519.41			Claviculectomy; total
23130			450.64			Acromioplasty or acromionectomy, partial, with or without coracoacromialligament release
23140			368.13			Excision or curettage of bone cyst or benign tumor of clavicle orscapula;
23145			505.55			Excision or curettage of bone cyst or benign tumor of clavicle orscapula; with autograft (includes obtaining graft)
23146			458.75			Excision or curettage of bone cyst or benign tumor of clavicle orscapula; with allograft
23150			468.39			Excision or curettage of bone cyst or benign tumor of proximal humerus;
23155			572.78			Excision or curettage of bone cyst or benign tumor of proximal humerus;with autograft (includes obtaining graft)
23156			492.78			Excision or curettage of bone cyst or benign tumor of proximal humerus;with allograft
23170			392.51			Sequestrectomy (eg, for osteomyelitis or bone abscess), clavicle
23172			400.84			Sequestrectomy (eg, for osteomyelitis or bone abscess), scapula
23174			548.43			Sequestrectomy (eg, for osteomyelitis or bone abscess), humeral head tosurgical neck
23180			537.96			Partial excision (craterization, saucerization, or diaphysectomy) bone(eg, osteomyelitis), clavicle
23182			511.34			Partial excision (craterization, saucerization, or diaphysectomy) bone(eg, osteomyelitis), scapula
23184			573.77			Partial excision (craterization, saucerization, or diaphysectomy) bone(eg, osteomyelitis), proximal humerus
23190			409.87			Ostectomy of scapula, partial (eg, superior medial angle)
23195			537.82			Resection, humeral head
23200			630.95			Radical resection for tumor; clavicle
23210			654.35			Radical resection for tumor; scapula
23220			776.36			Radical resection of bone tumor, proximal

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						humerus;
23221			901.59			Radical resection of bone tumor, proximal humerus; with autograft(includes obtaining graft)
23222			1211.21			Radical resection of bone tumor, proximal humerus; with prostheticreplacement
23330	168.97	112.79				Removal of foreign body, shoulder; subcutaneous
23331			434.44			Removal of foreign body, shoulder; deep (eg, Neer hemiarthroplastyremoval)
23332			641.51			Removal of foreign body, shoulder; complicated (eg, total shoulder)
23350	135.86	38.18				Injection procedure for shoulder arthrography or enhanced CT/MRIshoulder arthrography
23395			908.57			Muscle transfer, any type, shoulder or upper arm; single
23397			839.98			Muscle transfer, any type, shoulder or upper arm; multiple
23400			722.40			Scapulopexy (eg, Sprengels deformity or for paralysis)
23405			468.68			Tenotomy, shoulder area; single tendon
23406			585.65			Tenotomy, shoulder area; multiple tendons through same incision
23410			669.08			Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute
23412			710.45			Repair of ruptured musculotendinous cuff (eg, rotator cuff) open;chronic
23415			550.61			Coracoacromial ligament release, with or without acromioplasty
23420			740.05			Reconstruction of complete shoulder (rotator) cuff avulsion, chronic(includes acromioplasty)
23430			554.31			Tenodesis of long tendon of biceps
23440			574.26			Resection or transplantation of long tendon of biceps
23450			711.93			Capsulorrhaphy, anterior; Putti-Platt procedure or Magnuson typeoperation
23455			759.87			Capsulorrhaphy, anterior; with labral repair (eg, Bankart procedure)
23460			819.34			Capsulorrhaphy, anterior, any type; with bone block
23462			796.85			Capsulorrhaphy, anterior, any type; with coracoid process transfer
23465			827.89			Capsulorrhaphy, glenohumeral joint, posterior, with or without boneblock
23466			784.26			Capsulorrhaphy, glenohumeral joint, any type multi-directionalinstability
23470			900.08			Arthroplasty, glenohumeral joint; hemiarthroplasty
23472			1086.88			Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximalhumeral replacement (eg, total shoulder))
23480			611.58			Osteotomy, clavicle, with or without internal fixation;
23485			714.50			Osteotomy, clavicle, with or without internal fixation; with bone graftfor nonunion or malunion

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						(includes obtaining graft and/or necessaryfixation)
23490			617.32			Prophylactic treatment (nailing, pinning, plating or wiring) with orwithout methylmethacrylate; clavicle
23491			764.04			Prophylactic treatment (nailing, pinning, plating or wiring) with orwithout methylmethacrylate; proximal humerus
23500	151.09	140.17				Closed treatment of clavicular fracture; without manipulation
23505	248.12	230.33				Closed treatment of clavicular fracture; with manipulation
23515			428.39			Open treatment of clavicular fracture, with or without internal orexternal fixation
23520	153.24	149.80				Closed treatment of sternoclavicular dislocation; without manipulation
23525	246.58	227.85				Closed treatment of sternoclavicular dislocation; with manipulation
23530			404.88			Open treatment of sternoclavicular dislocation, acute or chronic;
23532			459.81			Open treatment of sternoclavicular dislocation, acute or chronic; withfascial graft (includes obtaining graft)
23540	154.34	138.73				Closed treatment of acromioclavicular dislocation; without manipulation
23545	224.47	198.57				Closed treatment of acromioclavicular dislocation; with manipulation
23550			417.18			Open treatment of acromioclavicular dislocation, acute or chronic;
23552			483.93			Open treatment of acromioclavicular dislocation, acute or chronic; withfascial graft (includes obtaining graft)
23570	160.73	156.99				Closed treatment of scapular fracture; without manipulation
23575	271.99	254.20				Closed treatment of scapular fracture; with manipulation, with orwithout skeletal traction (with or without shoulder joint involvement)
23585			509.19			Open treatment of scapular fracture (body, glenoid or acromion) with orwithout internal fixation
23600	229.76	198.56				Closed treatment of proximal humeral (surgical or anatomical neck)fracture; without manipulation
23605	338.30	305.84				Closed treatment of proximal humeral (surgical or anatomical neck)fracture; with manipulation, with or without skeletal traction
23615			558.20			Open treatment of proximal humeral (surgical or anatomical neck)fracture, with or without internal or external fixation, with orwithout repair of tuberosity(s);
23616			1083.83			Open treatment of proximal humeral (surgical or anatomical neck)fracture, with or without internal or external fixation, with orwithout repair of tuberosity(s); with proximal humeral prostheticreplacement
23620	184.62	164.96				Closed treatment of greater humeral tuberosity

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						fracture; withoutmanipulation
23625	271.69	251.09				Closed treatment of greater humeral tuberosity fracture; withmanipulation
23630			428.86			Open treatment of greater humeral tuberosity fracture, with or withoutinternal or external fixation
23650	213.96	182.44				Closed treatment of shoulder dislocation, with manipulation; withoutanesthesia
23655			265.32			Closed treatment of shoulder dislocation, with manipulation; requiringanesthesia
23660			425.21			Open treatment of acute shoulder dislocation
23665	299.72	280.68				Closed treatment of shoulder dislocation, with fracture of greaterhumeral tuberosity, with manipulation
23670			451.66			Open treatment of shoulder dislocation, with fracture of greater humeraltuberosity, with or without internal or external fixation
23675	394.33	363.12				Closed treatment of shoulder dislocation, with surgical or anatomicalneck fracture, with manipulation
23680			556.49			Open treatment of shoulder dislocation, with surgical or anatomical neckfracture, with or without internal or external fixation
23700			143.94			Manipulation under anesthesia, shoulder joint, including application offixation apparatus (dislocation excluded)
23800			748.86			Arthrodesis, glenohumeral joint;
23802			815.67			Arthrodesis, glenohumeral joint; with autogenous graft (includesobtaining graft)
23900			955.64			Interthoracoscapular amputation (forequarter)
23920			747.88			Disarticulation of shoulder;
23921			320.75			Disarticulation of shoulder; secondary closure or scar revision
23929			I.C.			Unlisted procedure, shoulder
23930	284.20	159.05				Incision and drainage, upper arm or elbow area; deep abscess or hematoma
23931	237.61	120.89				Incision and drainage, upper arm or elbow area; bursa
23935			367.96			Incision, deep, with opening of bone cortex (eg, for osteomyelitis orbone abscess), humerus or elbow
24000			343.68			Arthrotomy, elbow, including exploration, drainage, or removal offoreign body
24006			520.86			Arthrotomy of the elbow, with capsular excision for capsular release(separate procedure)
24065	159.13	113.26				Biopsy, soft tissue of upper arm or elbow area; superficial
24066	433.25	283.44				Biopsy, soft tissue of upper arm or elbow area; deep (subfascial orintramuscular)
24075	344.92	221.65				Excision, tumor, soft tissue of upper arm or elbow area; subcutaneous
24076			338.64			Excision, tumor, soft tissue of upper arm or elbow area; deep(subfascial or intramuscular)

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
24077			589.08			Radical resection of tumor (eg, malignant neoplasm), soft tissue ofupper arm or elbow area
24100			288.60			Arthrotomy, elbow; with synovial biopsy only
24101			369.86			Arthrotomy, elbow; with joint exploration, with or without biopsy, withor without removal of loose or foreign body
24102			454.77			Arthrotomy, elbow; with synovectomy
24105			245.59			Excision, olecranon bursa
24110			430.65			Excision or curettage of bone cyst or benign tumor, humerus;
24115			516.37			Excision or curettage of bone cyst or benign tumor, humerus; withautograft (includes obtaining graft)
24116			640.05			Excision or curettage of bone cyst or benign tumor, humerus; withallograft
24120			384.67			Excision or curettage of bone cyst or benign tumor of head or neck ofradius or olecranon process;
24125			424.49			Excision or curettage of bone cyst or benign tumor of head or neck ofradius or olecranon process; with autograft (includes obtaining graft)
24126			464.64			Excision or curettage of bone cyst or benign tumor of head or neck ofradius or olecranon process; with allograft
24130			375.86			Excision, radial head
24134			569.36			Sequestrectomy (eg, for osteomyelitis or bone abscess), shaft or distalhumerus
24136			467.08			Sequestrectomy (eg, for osteomyelitis or bone abscess), radial head orneck
24138			484.87			Sequestrectomy (eg, for osteomyelitis or bone abscess), olecranonprocess
24140			559.97			Partial excision (craterization, saucerization, or diaphysectomy) bone(eg, osteomyelitis), humerus
24145			479.18			Partial excision (craterization, saucerization, or diaphysectomy) bone(eg, osteomyelitis), radial head or neck
24147			495.83			Partial excision (craterization, saucerization, or diaphysectomy) bone(eg, osteomyelitis), olecranon process
24149			788.97			Radical resection of capsule, soft tissue, and heterotopic bone, elbow,with contracture release (separate procedure)
24150			712.29			Radical resection for tumor, shaft or distal humerus;
24151			828.23			Radical resection for tumor, shaft or distal humerus; with autograft(includes obtaining graft)
24152			539.92			Radical resection for tumor, radial head or neck;
24153			496.02			Radical resection for tumor, radial head or neck; with autograft(includes obtaining graft)
24155			614.23			Resection of elbow joint (arthrectomy)
24160			450.17			Implant removal; elbow joint
24164			367.32			Implant removal; radial head
24200	157.29	101.74				Removal of foreign body, upper arm or elbow area; subcutaneous

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
24201	441.29	267.14				Removal of foreign body, upper arm or elbow area; deep (subfascial orintramuscular)
24220	150.05	50.50				Injection procedure for elbow arthrography
24300			290.93			Manipulation, elbow, under anesthesia
24301			559.82			Muscle or tendon transfer, any type, upper arm or elbow, single(excluding 24320-24331)
24305			431.45			Tendon lengthening, upper arm or elbow, each tendon
24310			353.03			Tenotomy, open, elbow to shoulder, each tendon
24320			552.11			Tenoplasty, with muscle transfer, with or without free graft, elbow toshoulder, single (Seddon-Brookes type procedure)
24330			534.77			Flexor-plasty, elbow (eg, Steindler type advancement);
24331			590.94			Flexor-plasty, elbow (eg, Steindler type advancement); with extensoradvancement
24332			435.46			Tenolysis, triceps
24340			455.86			Tenodesis of biceps tendon at elbow (separate procedure)
24341			485.46			Repair, tendon or muscle, upper arm or elbow, each tendon or muscle,primary or secondary (excludes rotator cuff)
24342			585.89			Reinsertion of ruptured biceps or triceps tendon, distal, with orwithout tendon graft
24343			514.08			Repair lateral collateral ligament, elbow, with local tissue
24344			781.17			Reconstruction lateral collateral ligament, elbow, with tendon graft(includes harvesting of graft)
24345			509.81			Repair medial collateral ligament, elbow, with local tissue
24346			775.12			Reconstruction medial collateral ligament, elbow, with tendon graft(includes harvesting of graft)
24350			331.90			Fasciotomy, lateral or medial (eg, tennis elbow or epicondylitis);
24351			363.06			Fasciotomy, lateral or medial (eg, tennis elbow or epicondylitis); withextensor origin detachment
24352			387.14			Fasciotomy, lateral or medial (eg, tennis elbow or epicondylitis); withannular ligament resection
24354			386.89			Fasciotomy, lateral or medial (eg, tennis elbow or epicondylitis); withstripping
24356			397.63			Fasciotomy, lateral or medial (eg, tennis elbow or epicondylitis); withpartial ostectomy
24360			666.20			Arthroplasty, elbow; with membrane (eg, fascial)
24361			750.32			Arthroplasty, elbow; with distal humeral prosthetic replacement
24362			766.66			Arthroplasty, elbow; with implant and fascia lata ligamentreconstruction
24363			982.14			Arthroplasty, elbow; with distal humerus and proximal ulnar prostheticreplacement (eg, total elbow)
24365			477.73			Arthroplasty, radial head;
24366			510.16			Arthroplasty, radial head; with implant
24400			609.60			Osteotomy, humerus, with or without internal

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						fixation
24410			769.92			Multiple osteotomies with realignment on intramedullary rod, humeralshaft (Sofield type procedure)
24420			731.84			Osteoplasty, humerus (eg, shortening or lengthening) (excluding 64876)
24430			690.55			Repair of nonunion or malunion, humerus; without graft (eg, compressiontechnique)
24435			736.77			Repair of nonunion or malunion, humerus; with iliac or other autograft(includes obtaining graft)
24470			504.77			Hemiepiphyseal arrest (eg, cubitus varus or valgus, distal humerus)
24495			513.27			Decompression fasciotomy, forearm, with brachial artery exploration
24498			648.69			Prophylactic treatment (nailing, pinning, plating or wiring), with orwithout methylmethacrylate, humeral shaft
24500	247.00	210.49				Closed treatment of humeral shaft fracture; without manipulation
24505	361.39	323.63				Closed treatment of humeral shaft fracture; with manipulation, with orwithout skeletal traction
24515			644.40			Open treatment of humeral shaft fracture with plate/screws, with orwithout cerclage
24516			636.18			Treatment of humeral shaft fracture, with insertion of intramedullaryimplant, with or without cerclage and/or locking screws
24530	266.87	230.67				Closed treatment of supracondylar or transcondylar humeral fracture,with or without intercondylar extension; without manipulation
24535	451.72	413.65				Closed treatment of supracondylar or transcondylar humeral fracture,with or without intercondylar extension; with manipulation, with orwithout skin or skeletal traction
24538			555.63			Percutaneous skeletal fixation of supracondylar or transcondylar humeralfracture, with or without intercondylar extension
24545			579.66			Open treatment of humeral supracondylar or transcondylar fracture, withor without internal or external fixation; without intercondylarextension
24546			827.15			Open treatment of humeral supracondylar or transcondylar fracture, withor without internal or external fixation; with intercondylar extension
24560	223.05	182.79				Closed treatment of humeral epicondylar fracture, medial or lateral;without manipulation
24565	373.15	339.13				Closed treatment of humeral epicondylar fracture, medial or lateral;with manipulation
24566			489.17			Percutaneous skeletal fixation of humeral epicondylar fracture, medialor lateral, with manipulation
24575			584.06			Open treatment of humeral epicondylar fracture, medial or lateral, withor without internal or external fixation
24576	234.03	201.26				Closed treatment of humeral condylar fracture,

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						medial or lateral;without manipulation
24577	390.11	356.09				Closed treatment of humeral condylar fracture, medial or lateral; withmanipulation
24579			625.90			Open treatment of humeral condylar fracture, medial or lateral, with orwithout internal or external fixation
24582			542.88			Percutaneous skeletal fixation of humeral condylar fracture, medial orlateral, with manipulation
24586			809.65			Open treatment of periarticular fracture and/or dislocation of the elbow(fracture distal humerus and proximal ulna and/or proximal radius);
24587			800.05			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	273.96	231.51				Treatment of closed elbow dislocation; without anesthesia
24605			329.77			Treatment of closed elbow dislocation; requiring anesthesia
24615			528.11			Open treatment of acute or chronic elbow dislocation
24620			402.46			Closed treatment of Monteggia type of fracture dislocation at elbow(fracture proximal end of ulna with dislocation of radial head), withmanipulation
24635			836.88			Open treatment of Monteggia type of fracture dislocation at elbow(fracture proximal end of ulna with dislocation of radial head), withor without internal or external fixation
24640	91.90	59.45				Closed treatment of radial head subluxation in child, nursemaid elbow,with manipulation
24650	182.47	150.33				Closed treatment of radial head or neck fracture; without manipulation
24655	316.99	280.79				Closed treatment of radial head or neck fracture; with manipulation
24665			480.12			Open treatment of radial head or neck fracture, with or without internalfixation or radial head excision;
24666			537.99			Open treatment of radial head or neck fracture, with or without internalfixation or radial head excision; with radial head prostheticreplacement
24670	204.16	171.71				Closed treatment of ulnar fracture, proximal end (olecranon process);without manipulation
24675	328.99	296.84				Closed treatment of ulnar fracture, proximal end (olecranon process);with manipulation
24685			500.55			Open treatment of ulnar fracture proximal end (olecranon process), withor without internal or external fixation
24800			604.75			Arthrodesis, elbow joint; local
24802			735.85			Arthrodesis, elbow joint; with autogenous graft (includes obtaininggraft)
24900			507.25			Amputation, arm through humerus; with primary closure
24920			503.84			Amputation, arm through humerus; open, circular

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						(guillotine)
24925			401.90			Amputation, arm through humerus; secondary closure or scar revision
24930			532.67			Amputation, arm through humerus; re-amputation
24931			556.49			Amputation, arm through humerus; with implant
24935			708.93			Stump elongation, upper extremity
24940			I.C.			Cineplasty, upper extremity, complete procedure
24999			I.C.			Unlisted procedure, humerus or elbow
25000			315.37			Incision, extensor tendon sheath, wrist (eg, deQuervains disease)
25001			232.76			Incision, flexor tendon sheath, wrist (eg, flexor carpi radialis)
25020			475.43			Decompression fasciotomy, forearm and/or wrist, flexor OR extensorcompartment; without debridement of nonviable muscle and/or nerve
25023			852.33			Decompression fasciotomy, forearm and/or wrist, flexor OR extensorcompartment; with debridement of nonviable muscle and/or nerve
25024			513.54			Decompression fasciotomy, forearm and/or wrist, flexor AND extensorcompartment; without debridement of nonviable muscle and/or nerve
25025			787.28			Decompression fasciotomy, forearm and/or wrist, flexor AND extensorcompartment; with debridement of nonviable muscle and/or nerve
25028			410.49			Incision and drainage, forearm and/or wrist; deep abscess or hematoma
25031			369.85			Incision and drainage, forearm and/or wrist; bursa
25035			645.28			Incision, deep, bone cortex, forearm and/or wrist (eg, osteomyelitis orbone abscess)
25040			442.68			Arthrotomy, radiocarpal or midcarpal joint, with exploration, drainage,or removal of foreign body
25065	156.84	115.64				Biopsy, soft tissue of forearm and/or wrist; superficial
25066			343.17			Biopsy, soft tissue of forearm and/or wrist; deep (subfascial orintramuscular)
25075			293.93			Excision, tumor, soft tissue of forearm and/or wrist area; subcutaneous
25076			443.93			Excision, tumor, soft tissue of forearm and/or wrist area; deep(subfascial or intramuscular)
25077			665.40			Radical resection of tumor (eg, malignant neoplasm), soft tissue offorearm and/or wrist area
25085			385.97			Capsulotomy, wrist (eg, contracture)
25100			280.33			Arthrotomy, wrist joint; with biopsy
25101			324.33			Arthrotomy, wrist joint; with joint exploration, with or without biopsy,with or without removal of loose or foreign body
25105			402.61			Arthrotomy, wrist joint; with synovectomy
25107			451.99			Arthrotomy, distal radioulnar joint including repair of triangularcartilage, complex
25110			337.06			Excision, lesion of tendon sheath, forearm and/or wrist
25111			247.70			Excision of ganglion, wrist (dorsal or volar); primary

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
25112			299.03			Excision of ganglion, wrist (dorsal or volar); recurrent
25115			699.97			Radical excision of bursa, synovia of wrist, or forearm tendon sheaths(eg, tenosynovitis, fungus, Tbc, or other granulomas, rheumatoidarthritis); flexors
25116			622.44			Radical excision of bursa, synovia of wrist, or forearm tendon sheaths(eg, tenosynovitis, fungus, Tbc, or other granulomas, rheumatoidarthritis); extensors, with or without transposition of dorsalretinaculum
25118			309.64			Synovectomy, extensor tendon sheath, wrist, single compartment;
25119			417.45			Synovectomy, extensor tendon sheath, wrist, single compartment; withresection of distal ulna
25120			559.93			Excision or curettage of bone cyst or benign tumor of radius or ulna(excluding head or neck of radius and olecranon process);
25125			622.06			Excision or curettage of bone cyst or benign tumor of radius or ulna(excluding head or neck of radius and olecranon process); withautograft (includes obtaining graft)
25126			633.72			Excision or curettage of bone cyst or benign tumor of radius or ulna(excluding head or neck of radius and olecranon process); withallograft
25130			357.10			Excision or curettage of bone cyst or benign tumor of carpal bones;
25135			438.53			Excision or curettage of bone cyst or benign tumor of carpal bones; withautograft (includes obtaining graft)
25136			386.21			Excision or curettage of bone cyst or benign tumor of carpal bones; withallograft
25145			566.92			Sequestrectomy (eg, for osteomyelitis or bone abscess), forearm and/orwrist
25150			469.12			Partial excision (craterization, saucerization, or diaphysectomy) ofbone (eg, for osteomyelitis); ulna
25151			618.49			Partial excision (craterization, saucerization, or diaphysectomy) ofbone (eg, for osteomyelitis); radius
25170			803.37			Radical resection for tumor, radius or ulna
25210			388.49			Carpectomy; one bone
25215			508.10			Carpectomy; all bones of proximal row
25230			347.13			Radial styloidectomy (separate procedure)
25240			371.25			Excision distal ulna partial or complete (eg, Darrach type or matchedresection)
25246	147.85	55.47				Injection procedure for wrist arthrography
25248			417.09			Exploration with removal of deep foreign body, forearm or wrist
25250			386.60			Removal of wrist prosthesis; (separate procedure)
25251			528.16			Removal of wrist prosthesis; complicated, including total wrist
25259			290.82			Manipulation, wrist, under anesthesia

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
25260			647.60			Repair, tendon or muscle, flexor, forearm and/or wrist; primary, single,each tendon or muscle
25263			645.92			Repair, tendon or muscle, flexor, forearm and/or wrist; secondary,single, each tendon or muscle
25265			740.54			Repair, tendon or muscle, flexor, forearm and/or wrist; secondary, withfree graft (includes obtaining graft), each tendon or muscle
25270			554.64			Repair, tendon or muscle, extensor, forearm and/or wrist; primary,single, each tendon or muscle
25272			609.44			Repair, tendon or muscle, extensor, forearm and/or wrist; secondary,single, each tendon or muscle
25274			686.17			Repair, tendon or muscle, extensor, forearm and/or wrist; secondary,with free graft (includes obtaining graft), each tendon or muscle
25275			490.38			Repair, tendon sheath, extensor, forearm and/or wrist, with free graft(includes obtaining graft) (eg, for extensor carpi ulnaris subluxation)
25280			608.59			Lengthening or shortening of flexor or extensor tendon, forearm and/orwrist, single, each tendon
25290			625.57			Tenotomy, open, flexor or extensor tendon, forearm and/or wrist, single,each tendon
25295			574.51			Tenolysis, flexor or extensor tendon, forearm and/or wrist, single, eachtendon
25300			524.44			Tenodesis at wrist; flexors of fingers
25301			501.84			Tenodesis at wrist; extensors of fingers
25310			648.75			Tendon transplantation or transfer, flexor or extensor, forearm and/orwrist, single; each tendon
25312			719.46			Tendon transplantation or transfer, flexor or extensor, forearm and/orwrist, single; with tendon graft(s) (includes obtaining graft), eachtendon
25315			753.52			Flexor origin slide (eg, for cerebral palsy, Volkmann contracture),forearm and/or wrist;
25316			870.60			Flexor origin slide (eg, for cerebral palsy, Volkmann contracture),forearm and/or wrist; with tendon(s) transfer
25320			675.16			Capsulorrhaphy or reconstruction, wrist, open (eg, capsulodesis,ligament repair, tendon transfer or graft) (includes synovectomy,capsulotomy and open reduction) for carpal instability
25332			627.82			Arthroplasty, wrist, with or without interposition, with or withoutexternal or internal fixation
25335			744.37			Centralization of wrist on ulna (eg, radial club hand)
25337			649.53			Reconstruction for stabilization of unstable distal ulna or distalradioulnar joint, secondary by soft tissue stabilization (eg, tendontransfer, tendon graft or weave, or tenodesis) with or without openreduction of distal radioulnar joint
25350			699.82			Osteotomy, radius; distal third
25355			762.70			Osteotomy, radius; middle or proximal third
25360			686.75			Osteotomy; ulna
25365			862.92			Osteotomy; radius AND ulna
25370			904.87			Multiple osteotomies, with realignment on

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						intramedullary rod (Sofieldtype procedure); radius OR ulna
25375			906.64			Multiple osteotomies, with realignment on intramedullary rod (Sofieldtype procedure); radius AND ulna
25390			765.95			Osteoplasty, radius OR ulna; shortening
25391			926.06			Osteoplasty, radius OR ulna; lengthening with autograft
25392			913.27			Osteoplasty, radius AND ulna; shortening (excluding 64876)
25393			1028.59			Osteoplasty, radius AND ulna; lengthening with autograft
25394			561.40			Osteoplasty, carpal bone, shortening
25400			802.24			Repair of nonunion or malunion, radius OR ulna; without graft (eg,compression technique)
25405			969.66			Repair of nonunion or malunion, radius OR ulna; with autograft (includesobtaining graft)
25415			915.55			Repair of nonunion or malunion, radius AND ulna; without graft (eg,compression technique)
25420			1059.36			Repair of nonunion or malunion, radius AND ulna; with autograft(includes obtaining graft)
25425			1056.85			Repair of defect with autograft; radius OR ulna
25426			990.62			Repair of defect with autograft; radius AND ulna
25430			501.76			Insertion of vascular pedicle into carpal bone (eg, Hori procedure)
25431			579.71			Repair of nonunion of carpal bone (excluding carpal scaphoid(navicular)) (includes obtaining graft and necessary fixation), eachbone
25440			604.71			Repair of nonunion, scaphoid carpal (navicular) bone, with or withoutradial styloidectomy (includes obtaining graft and necessary fixation)
25441			697.63			Arthroplasty with prosthetic replacement; distal radius
25442			597.89			Arthroplasty with prosthetic replacement; distal ulna
25443			578.58			Arthroplasty with prosthetic replacement; scaphoid carpal (navicular)
25444			613.97			Arthroplasty with prosthetic replacement; lunate
25445			539.74			Arthroplasty with prosthetic replacement; trapezium
25446			864.03			Arthroplasty with prosthetic replacement; distal radius and partial orentire carpus (total wrist)
25447			579.23			Arthroplasty, interposition, intercarpal or carpometacarpal joints
25449			764.25			Revision of arthroplasty, including removal of implant, wrist joint
25450			555.94			Epiphyseal arrest by epiphysiodesis or stapling; distal radius OR ulna
25455			611.37			Epiphyseal arrest by epiphysiodesis or stapling; distal radius AND ulna
25490			712.54			Prophylactic treatment (nailing, pinning, plating or wiring) with orwithout methylmethacrylate; radius
25491			749.70			Prophylactic treatment (nailing, pinning, plating or

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						wiring) with orwithout methylmethacrylate; ulna
25492			850.24			Prophylactic treatment (nailing, pinning, plating or wiring) with orwithout methylmethacrylate; radius AND ulna
25500	183.63	156.79				Closed treatment of radial shaft fracture; without manipulation
25505	359.73	324.77				Closed treatment of radial shaft fracture; with manipulation
25515			509.85			Open treatment of radial shaft fracture, with or without internal orexternal fixation
25520	402.13	377.17				Closed treatment of radial shaft fracture and closed treatment ofdislocation of distal radioulnar joint (Galeazzi fracture/dislocation)
25525			679.55			Open treatment of radial shaft fracture, with internal and/ or externalfixation and closed treatment of dislocation of distal radioulnar joint(Galeazzi fracture/dislocation), with or without percutaneous skeletalfixation
25526			811.56			Open treatment of radial shaft fracture, with internal and/or externalfixation and open treatment, with or without internal or externalfixation of distal radioulnar joint (Galeazzi fracture/dislocation),includes repair of triangular fibrocartilage complex
25530	179.77	151.69				Closed treatment of ulnar shaft fracture; without manipulation
25535	341.97	319.50				Closed treatment of ulnar shaft fracture; with manipulation
25545			507.36			Open treatment of ulnar shaft fracture, with or without internal orexternal fixation
25560	187.11	153.09				Closed treatment of radial and ulnar shaft fractures; withoutmanipulation
25565	377.60	337.66				Closed treatment of radial and ulnar shaft fractures; with manipulation
25574			436.54			Open treatment of radial AND ulnar shaft fractures, with internal orexternal fixation; of radius OR ulna
25575			611.83			Open treatment of radial AND ulnar shaft fractures, with internal orexternal fixation; of radius AND ulna
25600	206.15	171.19				Closed treatment of distal radial fracture (eg, Colles or Smith type) orepiphyseal separation, with or without fracture of ulnar styloid;without manipulation
25605	400.21	368.69				Closed treatment of distal radial fracture (eg, Colles or Smith type) orepiphyseal separation, with or without fracture of ulnar styloid; withmanipulation
25611			514.25			Percutaneous skeletal fixation of distal radial fracture (eg, Colles orSmith type) or epiphyseal separation, with or without fracture of ulnarstyloid, requiring manipulation, with or without external fixation

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
25620			483.86			Open treatment of distal radial fracture (eg, Colles or Smith type) orepiphyseal separation, with or without fracture of ulnar styloid, withor without internal or external fixation
25622	211.02	174.50				Closed treatment of carpal scaphoid (navicular) fracture; withoutmanipulation
25624	332.44	294.06				Closed treatment of carpal scaphoid (navicular) fracture; withmanipulation
25628			497.08			Open treatment of carpal scaphoid (navicular) fracture, with or withoutinternal or external fixation
25630	216.25	177.55				Closed treatment of carpal bone fracture (excluding carpal scaphoid(navicular)); without manipulation, each bone
25635	317.06	253.39				Closed treatment of carpal bone fracture (excluding carpal scaphoid(navicular)); with manipulation, each bone
25645			424.92			Open treatment of carpal bone fracture (other than carpal scaphoid(navicular)), each bone
25650	224.82	189.25				Closed treatment of ulnar styloid fracture
25651			330.85			Percutaneous skeletal fixation of ulnar styloid fracture
25652			445.99			Open treatment of ulnar styloid fracture
25660			285.51			Closed treatment of radiocarpal or intercarpal dislocation, one or morebones, with manipulation
25670			455.47			Open treatment of radiocarpal or intercarpal dislocation, one or morebones
25671			372.20			Percutaneous skeletal fixation of distal radioulnar dislocation
25675	312.67	281.46				Closed treatment of distal radioulnar dislocation with manipulation
25676			469.84			Open treatment of distal radioulnar dislocation, acute or chronic
25680			322.80			Closed treatment of trans-scaphoperilunar type of fracture dislocation,with manipulation
25685			536.63			Open treatment of trans-scaphoperilunar type of fracture dislocation
25690			336.05			Closed treatment of lunate dislocation, with manipulation
25695			471.04			Open treatment of lunate dislocation
25800			575.93			Arthrodesis, wrist; complete, without bone graft (includes radiocarpaland/or intercarpal and/or carpometacarpal joints)
25805			657.43			Arthrodesis, wrist; with sliding graft
25810			624.63			Arthrodesis, wrist; with iliac or other autograft (includes obtaininggraft)
25820			468.74			Arthrodesis, wrist; limited, without bone graft (eg, intercarpal orradiocarpal)
25825			564.28			Arthrodesis, wrist; with autograft (includes obtaining graft)
25830			749.68			Arthrodesis, distal radioulnar joint with segmental resection of ulna,with or without bone graft (eg, Sauve-Kapandji procedure)

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
25900			658.72			Amputation, forearm, through radius and ulna;
25905			655.36			Amputation, forearm, through radius and ulna; open, circular(guillotine)
25907			597.72			Amputation, forearm, through radius and ulna; secondary closure or scarrevision
25909			650.48			Amputation, forearm, through radius and ulna; re-amputation
25915			1104.92			Krukenberg procedure
25920			504.23			Disarticulation through wrist;
25922			441.05			Disarticulation through wrist; secondary closure or scar revision
25924			505.45			Disarticulation through wrist; re-amputation
25927			625.24			Transmetacarpal amputation;
25929			409.17			Transmetacarpal amputation; secondary closure or scar revision
25931			589.70			Transmetacarpal amputation; re-amputation
25999			I.C.			Unlisted procedure, forearm or wrist
26010	218.11	95.46				Drainage of finger abscess; simple
26011	340.04	137.49				Drainage of finger abscess; complicated (eg, felon)
26020			306.30			Drainage of tendon sheath, digit and/or palm, each
26025			303.76			Drainage of palmar bursa; single, bursa
26030			355.42			Drainage of palmar bursa; multiple bursa
26034			384.35			Incision, bone cortex, hand or finger (eg, osteomyelitis or boneabscess)
26035			528.64			Decompression fingers and/or hand, injection injury (eg, grease gun)
26037			413.75			Decompressive fasciotomy, hand (excludes 26035)
26040			226.30			Fasciotomy, palmar (eg, Dupuytren's contracture); percutaneous
26045			343.30			Fasciotomy, palmar (eg, Dupuytren's contracture); open, partial
26055	528.59	203.70				Tendon sheath incision (eg, for trigger finger)
26060			193.69			Tenotomy, percutaneous, single, each digit
26070			212.57			Arthrotomy, with exploration, drainage, or removal of loose or foreignbody; carpometacarpal joint
26075			229.41			Arthrotomy, with exploration, drainage, or removal of loose or foreignbody; metacarpophalangeal joint, each
26080			277.55			Arthrotomy, with exploration, drainage, or removal of loose or foreignbody; interphalangeal joint, each
26100			236.93			Arthrotomy with biopsy; carpometacarpal joint, each
26105			242.82			Arthrotomy with biopsy; metacarpophalangeal joint, each
26110			231.04			Arthrotomy with biopsy; interphalangeal joint, each
26115	523.33	263.66				Excision, tumor or vascular malformation, soft tissue of hand or finger;subcutaneous

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
26116			351.81			Excision, tumor or vascular malformation, soft tissue of hand or finger;deep (subfascial or intramuscular)
26117			473.98			Radical resection of tumor (eg, malignant neoplasm), soft tissue of handor finger
26121			442.29			Fasciectomy, palm only, with or without Z-plasty, other local tissuerearrangement, or skin grafting (includes obtaining graft)
26123			553.38			Fasciectomy, partial palmar with release of single digit includingproximal interphalangeal joint, with or without Z-plasty, other localtissue rearrangement, or skin grafting (includes obtaining graft);
26125			213.46			Fasciectomy, partial palmar with release of single digit includingproximal interphalangeal joint, with or without Z-plasty, other localtissue rearrangement, or skin grafting (includes obtaining graft); eachadditional digit (List separately in addition to code for primaryprocedure)
26130			330.64			Synovectomy, carpometacarpal joint
26135			409.12			Synovectomy, metacarpophalangeal joint including intrinsic release andextensor hood reconstruction, each digit
26140			371.79			Synovectomy, proximal interphalangeal joint, including extensorreconstruction, each interphalangeal joint
26145			377.16			Synovectomy, tendon sheath, radical (tenosynovectomy), flexor tendon,palm and/or finger, each tendon
26160	480.10	222.62				Excision of lesion of tendon sheath or joint capsule (eg, cyst, mucouscyst, or ganglion), hand or finger
26170			295.74			Excision of tendon, palm, flexor, single (separate procedure), each
26180			323.02			Excision of tendon, finger, flexor (separate procedure), each tendon
26185			344.45			Sesamoidectomy, thumb or finger (separate procedure)
26200			331.42			Excision or curettage of bone cyst or benign tumor of metacarpal;
26205			445.00			Excision or curettage of bone cyst or benign tumor of metacarpal; withautograft (includes obtaining graft)
26210			322.32			Excision or curettage of bone cyst or benign tumor of proximal, middle,or distal phalanx of finger;
26215			406.24			Excision or curettage of bone cyst or benign tumor of proximal, middle,or distal phalanx of finger; with autograft (includes obtaining graft)
26235			365.79			Partial excision (craterization, saucerization, or diaphysectomy) bone(eg, osteomyelitis); proximal or middle phalanx of finger
26236			324.15			Partial excision (craterization, saucerization, or

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						diaphysectomy) bone(eg, osteomyelitis); distal phalanx of finger
26250			424.09			Radical resection, metacarpal (eg, tumor);
26255			657.98			Radical resection, metacarpal (eg, tumor); with autograft (includesobtaining graft)
26260			400.53			Radical resection, proximal or middle phalanx of finger (eg, tumor);
26261			458.21			Radical resection, proximal or middle phalanx of finger (eg, tumor);with autograft (includes obtaining graft)
26262			335.70			Radical resection, distal phalanx of finger (eg, tumor)
26320			252.50			Removal of implant from finger or hand
26340			226.92			Manipulation, finger joint, under anesthesia, each joint
26350			634.47			Repair or advancement, flexor tendon, not in zone 2 digital flexortendon sheath (eg, no man's land); primary or secondary without freegraft, each tendon
26352			707.31			Repair or advancement, flexor tendon, not in zone 2 digital flexortendon sheath (eg, no man's land); secondary with free graft (includesobtaining graft), each tendon
26356			813.34			Repair or advancement, flexor tendon, in zone 2 digital flexor tendonsheath (eg, no man's land); primary, without free graft, each tendon
26357			743.95			Repair or advancement, flexor tendon, in zone 2 digital flexor tendonsheath (eg, no man's land); secondary, without free graft, each tendon
26358			791.44			Repair or advancement, flexor tendon, in zone 2 digital flexor tendonsheath (eg, no man's land); secondary, with free graft (includesobtaining graft), each tendon
26370			683.92			Repair or advancement of profundus tendon, with intact superficialistendon; primary, each tendon
26372			778.33			Repair or advancement of profundus tendon, with intact superficialistendon; secondary with free graft (includes obtaining graft), eachtendon
26373			743.65			Repair or advancement of profundus tendon, with intact superficialistendon; secondary without free graft, each tendon
26390			688.33			Excision flexor tendon, with implantation of synthetic rod for delayedtendon graft, hand or finger, each rod
26392			826.66			Removal of synthetic rod and insertion of flexor tendon graft, hand orfinger (includes obtaining graft), each rod
26410			510.69			Repair, extensor tendon, hand, primary or secondary; without free graft,each tendon
26412			602.23			Repair, extensor tendon, hand, primary or secondary; with free graft(includes obtaining graft), each tendon
26415			609.92			Excision of extensor tendon, with implantation of

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						synthetic rod fordelayed tendon graft, hand or finger, each rod
26416			721.16			Removal of synthetic rod and insertion of extensor tendon graft(includes obtaining graft), hand or finger, each rod
26418			510.95			Repair, extensor tendon, finger, primary or secondary; without freegraft, each tendon
26420			627.84			Repair, extensor tendon, finger, primary or secondary; with free graft(includes obtaining graft) each tendon
26426			593.90			Repair of extensor tendon, central slip, secondary (eg, boutonnieredeformity); using local tissue(s), including lateral band(s), eachfinger
26428			647.14			Repair of extensor tendon, central slip, secondary (eg, boutonnieredeformity); with free graft (includes obtaining graft), each finger
26432			440.11			Closed treatment of distal extensor tendon insertion, with or withoutpercutaneous pinning (eg, mallet finger)
26433			472.94			Repair of extensor tendon, distal insertion, primary or secondary;without graft (eg, mallet finger)
26434			541.74			Repair of extensor tendon, distal insertion, primary or secondary; withfree graft (includes obtaining graft)
26437			534.64			Realignment of extensor tendon, hand, each tendon
26440			568.21			Tenolysis, flexor tendon; palm OR finger, each tendon
26442			739.46			Tenolysis, flexor tendon; palm AND finger, each tendon
26445			538.14			Tenolysis, extensor tendon, hand OR finger, each tendon
26449			700.53			Tenolysis, complex, extensor tendon, finger, including forearm, eachtendon
26450			338.51			Tenotomy, flexor, palm, open, each tendon
26455			335.94			Tenotomy, flexor, finger, open, each tendon
26460			326.14			Tenotomy, extensor, hand or finger, open, each tendon
26471			521.52			Tenodesis; of proximal interphalangeal joint, each joint
26474			512.73			Tenodesis; of distal joint, each joint
26476			495.08			Lengthening of tendon, extensor, hand or finger, each tendon
26477			498.98			Shortening of tendon, extensor, hand or finger, each tendon
26478			542.54			Lengthening of tendon, flexor, hand or finger, each tendon
26479			532.63			Shortening of tendon, flexor, hand or finger, each tendon
26480			668.64			Transfer or transplant of tendon, carpometacarpal area or dorsum ofhand; without free graft, each tendon

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
26483			730.90			Transfer or transplant of tendon, carpometacarpal area or dorsum ofhand; with free tendon graft (includes obtaining graft), each tendon
26485			708.06			Transfer or transplant of tendon, palmar; without free tendon graft,each tendon
26489			655.55			Transfer or transplant of tendon, palmar; with free tendon graft(includes obtaining graft), each tendon
26490			649.17			Opponensplasty; superficialis tendon transfer type, each tendon
26492			709.97			Opponensplasty; tendon transfer with graft (includes obtaining graft),each tendon
26494			657.16			Opponensplasty; hypothenar muscle transfer
26496			698.48			Opponensplasty; other methods
26497			707.49			Transfer of tendon to restore intrinsic function; ring and small finger
26498			920.84			Transfer of tendon to restore intrinsic function; all four fingers
26499			674.19			Correction claw finger, other methods
26500			534.31			Reconstruction of tendon pulley, each tendon; with local tissues(separate procedure)
26502			588.71			Reconstruction of tendon pulley, each tendon; with tendon or fascialgraft (includes obtaining graft) (separate procedure)
26504			617.54			Reconstruction of tendon pulley, each tendon; with tendon prosthesis(separate procedure)
26508			544.63			Release of thenar muscle(s) (eg, thumb contracture)
26510			514.95			Cross intrinsic transfer, each tendon
26516			594.68			Capsulodesis, metacarpophalangeal joint; single digit
26517			685.84			Capsulodesis, metacarpophalangeal joint; two digits
26518			685.53			Capsulodesis, metacarpophalangeal joint; three or four digits
26520			591.08			Capsulectomy or capsulotomy; metacarpophalangeal joint, each joint
25670			455.47			Open treatment of radiocarpal or intercarpal dislocation, one or morebones
25671			372.20			Percutaneous skeletal fixation of distal radioulnar dislocation
25675	312.67	281.46				Closed treatment of distal radioulnar dislocation with manipulation
25676			469.84			Open treatment of distal radioulnar dislocation, acute or chronic
25680			322.80			Closed treatment of trans-scaphoperilunar type of fracture dislocation,with manipulation
25685			536.63			Open treatment of trans-scaphoperilunar type of fracture dislocation
25690			336.05			Closed treatment of lunate dislocation, with manipulation
25695			471.04			Open treatment of lunate dislocation
25800			575.93			Arthrodesis, wrist; complete, without bone graft (includes radiocarpaland/or intercarpal and/or

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						carpometacarpal joints)
25805			657.43			Arthrodesis, wrist; with sliding graft
25810			624.63			Arthrodesis, wrist; with iliac or other autograft (includes obtaininggraft)
25820			468.74			Arthrodesis, wrist; limited, without bone graft (eg, intercarpal orradiocarpal)
25825			564.28			Arthrodesis, wrist; with autograft (includes obtaining graft)
25830			749.68			Arthrodesis, distal radioulnar joint with segmental resection of ulna,with or without bone graft (eg, Sauve-Kapandji procedure)
25900			658.72			Amputation, forearm, through radius and ulna;
25905			655.36			Amputation, forearm, through radius and ulna; open, circular(guillotine)
25907			597.72			Amputation, forearm, through radius and ulna; secondary closure or scarrevision
25909			650.48			Amputation, forearm, through radius and ulna; re-amputation
25915			1104.92			Krukenberg procedure
25920			504.23			Disarticulation through wrist;
25922			441.05			Disarticulation through wrist; secondary closure or scar revision
25924			505.45			Disarticulation through wrist; re-amputation
25927			625.24			Transmetacarpal amputation;
25929			409.17			Transmetacarpal amputation; secondary closure or scar revision
25931			589.70			Transmetacarpal amputation; re-amputation
25999			I.C.			Unlisted procedure, forearm or wrist
26010	218.11	95.46				Drainage of finger abscess; simple
26011	340.04	137.49				Drainage of finger abscess; complicated (eg, felon)
26020			306.30			Drainage of tendon sheath, digit and/or palm, each
26025			303.76			Drainage of palmar bursa; single, bursa
26030			355.42			Drainage of palmar bursa; multiple bursa
26034			384.35			Incision, bone cortex, hand or finger (eg, osteomyelitis or boneabscess)
26035			528.64			Decompression fingers and/or hand, injection injury (eg, grease gun)
26037			413.75			Decompressive fasciotomy, hand (excludes 26035)
26040			226.30			Fasciotomy, palmar (eg, Dupuytren's contracture); percutaneous
26045			343.30			Fasciotomy, palmar (eg, Dupuytren's contracture); open, partial
26055	528.59	203.70				Tendon sheath incision (eg, for trigger finger)
26060			193.69			Tenotomy, percutaneous, single, each digit
26070			212.57			Arthrotomy, with exploration, drainage, or removal of loose or foreignbody; carpometacarpal joint
26075			229.41			Arthrotomy, with exploration, drainage, or removal of loose or foreignbody; metacarpophalangeal joint, each

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
26080			277.55			Arthrotomy, with exploration, drainage, or removal of loose or foreignbody; interphalangeal joint, each
26100			236.93			Arthrotomy with biopsy; carpometacarpal joint, each
26105			242.82			Arthrotomy with biopsy; metacarpophalangeal joint, each
26110			231.04			Arthrotomy with biopsy; interphalangeal joint, each
26115	523.33	263.66				Excision, tumor or vascular malformation, soft tissue of hand or finger;subcutaneous
26116			351.81			Excision, tumor or vascular malformation, soft tissue of hand or finger;deep (subfascial or intramuscular)
26117			473.98			Radical resection of tumor (eg, malignant neoplasm), soft tissue of handor finger
26121			442.29			Fasciectomy, palm only, with or without Z-plasty, other local tissuerearrangement, or skin grafting (includes obtaining graft)
26123			553.38			Fasciectomy, partial palmar with release of single digit includingproximal interphalangeal joint, with or without Z-plasty, other localtissue rearrangement, or skin grafting (includes obtaining graft);
26125			213.46			Fasciectomy, partial palmar with release of single digit includingproximal interphalangeal joint, with or without Z-plasty, other localtissue rearrangement, or skin grafting (includes obtaining graft); eachadditional digit (List separately in addition to code for primaryprocedure)
26130			330.64			Synovectomy, carpometacarpal joint
26135			409.12			Synovectomy, metacarpophalangeal joint including intrinsic release andextensor hood reconstruction, each digit
26140			371.79			Synovectomy, proximal interphalangeal joint, including extensorreconstruction, each interphalangeal joint
26145			377.16			Synovectomy, tendon sheath, radical (tenosynovectomy), flexor tendon,palm and/or finger, each tendon
26160	480.10	222.62				Excision of lesion of tendon sheath or joint capsule (eg, cyst, mucouscyst, or ganglion), hand or finger
26170			295.74			Excision of tendon, palm, flexor, single (separate procedure), each
26180			323.02			Excision of tendon, finger, flexor (separate procedure), each tendon
26185			344.45			Sesamoidectomy, thumb or finger (separate procedure)
26200			331.42			Excision or curettage of bone cyst or benign tumor of metacarpal;
26205			445.00			Excision or curettage of bone cyst or benign tumor of metacarpal; withautograft (includes obtaining

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						graft)
26210			322.32			Excision or curettage of bone cyst or benign tumor of proximal, middle,or distal phalanx of finger;
26215			406.24			Excision or curettage of bone cyst or benign tumor of proximal, middle,or distal phalanx of finger; with autograft (includes obtaining graft)
26230			373.70			Partial excision (craterization, saucerization, or diaphysectomy) bone(eg, osteomyelitis); metacarpal
26525			594.59			Capsulectomy or capsulotomy; interphalangeal joint, each joint
26530			391.31			Arthroplasty, metacarpophalangeal joint; each joint
26531			457.34			Arthroplasty, metacarpophalangeal joint; with prosthetic implant, eachjoint
26535			271.00			Arthroplasty, interphalangeal joint; each joint
26536			490.42			Arthroplasty, interphalangeal joint; with prosthetic implant, each joint
26540			562.16			Repair of collateral ligament, metacarpophalangeal or interphalangealjoint
26541			674.04			Reconstruction, collateral ligament, metacarpophalangeal joint, single;with tendon or fascial graft (includes obtaining graft)
26542			577.31			Reconstruction, collateral ligament, metacarpophalangeal joint, single;with local tissue (eg, adductor advancement)
26545			584.58			Reconstruction, collateral ligament, interphalangeal joint, single,including graft, each joint
26546			736.62			Repair non-union, metacarpal or phalanx, (includes obtaining bone graftwith or without external or internal fixation)
26548			639.57			Repair and reconstruction, finger, volar plate, interphalangeal joint
26550			1164.70			Pollicization of a digit
26551			2418.78			Transfer, toe-to-hand with microvascular anastomosis; great toewrap-around with bone graft
26553			1987.78			Transfer, toe-to-hand with microvascular anastomosis; other than greattoe, single
26554			2830.77			Transfer, toe-to-hand with microvascular anastomosis; other than greattoe, double
26555			1061.74			Transfer, finger to another position without microvascular anastomosis
26556			2349.39			Transfer, free toe joint, with microvascular anastomosis
26560			466.63			Repair of syndactyly (web finger) each web space; with skin flaps
26561			706.02			Repair of syndactyly (web finger) each web space; with skin flaps andgrafts
26562			980.80			Repair of syndactyly (web finger) each web space; complex (eg, involvingbone, nails)
26565			574.98			Osteotomy; metacarpal, each
26567			576.09			Osteotomy; phalanx of finger, each

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
26568			754.65			Osteoplasty, lengthening, metacarpal or phalanx
26580			956.94			Repair cleft hand
26587			693.07			Reconstruction of polydactylous digit, soft tissue and bone
26590			970.51			Repair macrodactylia, each digit
26591			396.72			Repair, intrinsic muscles of hand, each muscle
26593			505.00			Release, intrinsic muscles of hand, each muscle
26596			542.54			Excision of constricting ring of finger, with multiple Z-plasties
26600	170.99	141.03				Closed treatment of metacarpal fracture, single; without manipulation,each bone
26605	227.74	199.33				Closed treatment of metacarpal fracture, single; with manipulation, eachbone
26607			356.15			Closed treatment of metacarpal fracture, with manipulation, withexternal fixation, each bone
26608			355.95			Percutaneous skeletal fixation of metacarpal fracture, each bone
26615			325.08			Open treatment of metacarpal fracture, single, with or without internalor external fixation, each bone
26641	255.70	223.24				Closed treatment of carpometacarpal dislocation, thumb, withmanipulation
26645	291.84	261.26				Closed treatment of carpometacarpal fracture dislocation, thumb (Bennettfracture), with manipulation
26650			380.54			Percutaneous skeletal fixation of carpometacarpal fracture dislocation,thumb (Bennett fracture), with manipulation, with or without externalfixation
26665			426.97			Open treatment of carpometacarpal fracture dislocation, thumb (Bennettfracture), with or without internal or external fixation
26670	238.95	197.75				Closed treatment of carpometacarpal dislocation, other than thumb, withmanipulation, each joint; without anesthesia
26675	309.89	278.68				Closed treatment of carpometacarpal dislocation, other than thumb, withmanipulation, each joint; requiring anesthesia
26676			374.15			Percutaneous skeletal fixation of carpometacarpal dislocation, otherthan thumb, with manipulation, each joint
26685			399.88			Open treatment of carpometacarpal dislocation, other than thumb; with orwithout internal or external fixation, each joint
26686			452.55			Open treatment of carpometacarpal dislocation, other than thumb;complex, multiple or delayed reduction
26700	222.70	194.61				Closed treatment of metacarpophalangeal dislocation, single, withmanipulation; without anesthesia
26705	290.56	258.41				Closed treatment of metacarpophalangeal dislocation, single, withmanipulation; requiring anesthesia
26706			311.44			Percutaneous skeletal fixation of

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						metacarpophalangeal dislocation,single, with manipulation
26715			343.82			Open treatment of metacarpophalangeal dislocation, single, with orwithout internal or external fixation
26720	135.61	112.83				Closed treatment of phalangeal shaft fracture, proximal or middlephalanx, finger or thumb; without manipulation, each
26725	247.91	208.27				Closed treatment of phalangeal shaft fracture, proximal or middlephalanx, finger or thumb; with manipulation, with or without skin orskeletal traction, each
26727			351.01			Percutaneous skeletal fixation of unstable phalangeal shaft fracture,proximal or middle phalanx, finger or thumb, with manipulation, each
26735			351.88			Open treatment of phalangeal shaft fracture, proximal or middle phalanx,finger or thumb, with or without internal or external fixation, each
26740	155.48	142.06				Closed treatment of articular fracture, involving metacarpophalangeal orinterphalangeal joint; without manipulation, each
26742	269.84	235.19				Closed treatment of articular fracture, involving metacarpophalangeal orinterphalangeal joint; with manipulation, each
26746			347.03			Open treatment of articular fracture, involving metacarpophalangeal orinterphalangeal joint, with or without internal or external fixation,each
26750	127.10	112.43				Closed treatment of distal phalangeal fracture, finger or thumb; withoutmanipulation, each
26755	228.94	184.63				Closed treatment of distal phalangeal fracture, finger or thumb; withmanipulation, each
26756			309.98			Percutaneous skeletal fixation of distal phalangeal fracture, finger orthumb, each
26765			261.12			Open treatment of distal phalangeal fracture, finger or thumb, with orwithout internal or external fixation, each
26770	193.35	161.52				Closed treatment of interphalangeal joint dislocation, single, withmanipulation; without anesthesia
26775	271.50	228.43				Closed treatment of interphalangeal joint dislocation, single, withmanipulation; requiring anesthesia
26776			330.90			Percutaneous skeletal fixation of interphalangeal joint dislocation,single, with manipulation
26785			266.98			Open treatment of interphalangeal joint dislocation, with or withoutinternal or external fixation, single
26820			659.88			Fusion in opposition, thumb, with autogenous graft (includes obtaininggraft)
26841			627.28			Arthrodesis, carpometacarpal joint, thumb, with or without internalfixation;
26842			664.38			Arthrodesis, carpometacarpal joint, thumb, with or without internalfixation; with autograft (includes

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						obtaining graft)
26843			612.15			Arthrodesis, carpometacarpal joint, digit, other than thumb, each;
26844			677.10			Arthrodesis, carpometacarpal joint, digit, other than thumb, each; withautograft (includes obtaining graft)
26850			588.31			Arthrodesis, metacarpophalangeal joint, with or without internalfixation;
26852			652.89			Arthrodesis, metacarpophalangeal joint, with or without internalfixation; with autograft (includes obtaining graft)
26860			489.10			Arthrodesis, interphalangeal joint, with or without internal fixation;
26861			80.86			Arthrodesis, interphalangeal joint, with or without internal fixation;each additional interphalangeal joint (List separately in addition tocode for primary procedure)
26862			604.18			Arthrodesis, interphalangeal joint, with or without internal fixation;with autograft (includes obtaining graft)
26863			181.28			Arthrodesis, interphalangeal joint, with or without internal fixation;with autograft (includes obtaining graft), each additional joint (Listseparately in addition to code for primary procedure)
26910			576.62			Amputation, metacarpal, with finger or thumb (ray amputation), single,with or without interosseous transfer
26951			453.55			Amputation, finger or thumb, primary or secondary, any joint or phalanx,single, including neurectomies; with direct closure
26952			551.34			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			448.71			Incision and drainage, pelvis or hip joint area; deep abscess orhematoma
26991	548.79	369.96				Incision and drainage, pelvis or hip joint area; infected bursa
26992			715.25			Incision, bone cortex, pelvis and/or hip joint (eg, osteomyelitis orbone abscess)
27000			334.52			Tenotomy, adductor of hip, percutaneous (separate procedure)
27001			400.47			Tenotomy, adductor of hip, open
27003			420.71			Tenotomy, adductor, subcutaneous, open, with obturator neurectomy
27005			536.21			Tenotomy, hip flexor(s), open (separate procedure)
27006			541.95			Tenotomy, abductors and/or extensor(s) of hip, open (separate procedure)
27025			601.40			Fasciotomy, hip or thigh, any type
27030			693.81			Arthrotomy, hip, with drainage (eg, infection)
27033			714.16			Arthrotomy, hip, including exploration or removal

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						of loose or foreignbody
27035			838.46			Denervation, hip joint, intrapelvic or extrapelvic intra-articularbranches of sciatic, femoral, or obturator nerves
27036			701.38			Capsulectomy or capsulotomy, hip, with or without excision ofheterotopic bone, with release of hip flexor muscles (ie, gluteusmedius, gluteus minimus, tensor fascia latae, rectus femoris,sartorius, iliopsoas)
27040	245.32	144.83				Biopsy, soft tissue of pelvis and hip area; superficial
27041			497.79			Biopsy, soft tissue of pelvis and hip area; deep, subfascial orintramuscular
27047	441.15	368.12				Excision, tumor, pelvis and hip area; subcutaneous tissue
27048			335.01			Excision, tumor, pelvis and hip area; deep, subfascial, intramuscular
27049			667.91			Radical resection of tumor, soft tissue of pelvis and hip area (eg,malignant neoplasm)
27050			266.47			Arthrotomy, with biopsy; sacroiliac joint
27052			371.39			Arthrotomy, with biopsy; hip joint
27054			487.16			Arthrotomy with synovectomy, hip joint
27060			297.43			Excision; ischial bursa
27062			324.21			Excision; trochanteric bursa or calcification
27065			346.74			Excision of bone cyst or benign tumor; superficial (wing of ilium,symphysis pubis, or greater trochanter of femur) with or withoutautograft
27066			574.61			Excision of bone cyst or benign tumor; deep, with or without autograft
27067			738.89			Excision of bone cyst or benign tumor; with autograft requiring separateincision
27070			606.08			Partial excision (craterization, saucerization) (eg, osteomyelitis orbone abscess); superficial (eg, wing of ilium, symphysis pubis, orgreater trochanter of femur)
27071			660.51			Partial excision (craterization, saucerization) (eg, osteomyelitis orbone abscess); deep (subfascial or intramuscular)
27075			1646.36			Radical resection of tumor or infection; wing of ilium, one pubic orischial ramus or symphysis pubis
27076			1117.12			Radical resection of tumor or infection; ilium, including acetabulum,both pubic rami, or ischium and acetabulum
27077			1899.24			Radical resection of tumor or infection; innominate bone, total
27078			714.18			Radical resection of tumor or infection; ischial tuberosity and greatertrochanter of femur
27079			703.31			Radical resection of tumor or infection; ischial tuberosity and greatertrochanter of femur, with skin flaps
27080			340.09			Coccygectomy, primary
27086	196.65	111.45				Removal of foreign body, pelvis or hip;

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						subcutaneous tissue
27087			462.52			Removal of foreign body, pelvis or hip; deep (subfascial orintramuscular)
27090			610.88			Removal of hip prosthesis; (separate procedure)
27091			1105.49			Removal of hip prosthesis; complicated, including total hip prosthesis,methylmethacrylate with or without insertion of spacer
27093	176.33	52.12				Injection procedure for hip arthrography; without anesthesia
27095	221.40	59.11				Injection procedure for hip arthrography; with anesthesia
27096	175.13	49.67				Injection procedure for sacroiliac joint, arthrography and/oranesthetic/steroid
27097			466.98			Release or recession, hamstring, proximal
27098			473.97			Transfer, adductor to ischium
27100			602.49			Transfer external oblique muscle to greater trochanter including fascialor tendon extension (graft)
27105			634.73			Transfer paraspinal muscle to hip (includes fascial or tendon extensiongraft)
27110			680.93			Transfer iliopsoas; to greater trochanter of femur
27111			648.61			Transfer iliopsoas; to femoral neck
27120			911.23			Acetabuloplasty; (eg, Whitman, Colonna, Haygroves, or cup type)
27122			797.17			Acetabuloplasty; resection, femoral head (eg, Girdlestone procedure)
27125			775.07			Hemiarthroplasty, hip, partial (eg, femoral stem prosthesis, bipolararthroplasty)
27130			1023.18			Arthroplasty, acetabular and proximal femoral prosthetic replacement(total hip arthroplasty), with or without autograft or allograft
27132			1192.02			Conversion of previous hip surgery to total hip arthroplasty, with orwithout autograft or allograft
27134			1417.03			Revision of total hip arthroplasty; both components, with or withoutautograft or allograft
27137			1074.61			Revision of total hip arthroplasty; acetabular component only, with orwithout autograft or allograft
27138			1118.99			Revision of total hip arthroplasty; femoral component only, with orwithout allograft
27140			662.52			Osteotomy and transfer of greater trochanter of femur (separateprocedure)
27146			904.43			Osteotomy, iliac, acetabular or innominate bone;
27147			1035.78			Osteotomy, iliac, acetabular or innominate bone; with open reduction ofhip
27151			928.97			Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy
27156			1243.11			Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomyand with open reduction of hip
27158			933.50			Osteotomy, pelvis, bilateral (eg, congenital malformation)
27161			882.63			Osteotomy, femoral neck (separate procedure)

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
27165			944.10			Osteotomy, intertrochanteric or subtrochanteric including internal orexternal fixation and/or cast
27170			838.55			Bone graft, femoral head, neck, intertrochanteric or subtrochantericarea (includes obtaining bone graft)
27175			464.12			Treatment of slipped femoral epiphysis; by traction, without reduction
27176			648.20			Treatment of slipped femoral epiphysis; by single or multiple pinning,in situ
27177			796.01			Open treatment of slipped femoral epiphysis; single or multiple pinningor bone graft (includes obtaining graft)
27178			625.19			Open treatment of slipped femoral epiphysis; closed manipulation withsingle or multiple pinning
27179			704.15			Open treatment of slipped femoral epiphysis; osteoplasty of femoral neck(Heyman type procedure)
27181			741.58			Open treatment of slipped femoral epiphysis; osteotomy and internalfixation
27185			529.28			Epiphyseal arrest by epiphysiodesis or stapling, greater trochanter offemur
27187			731.70			Prophylactic treatment (nailing, pinning, plating or wiring) with orwithout methylmethacrylate, femoral neck and proximal femur
27193			326.35			Closed treatment of pelvic ring fracture, dislocation, diastasis orsubluxation; without manipulation
27194			529.78			Closed treatment of pelvic ring fracture, dislocation, diastasis orsubluxation; with manipulation, requiring more than local anesthesia
27200	123.78	121.60				Closed treatment of coccygeal fracture
27202			735.82			Open treatment of coccygeal fracture
27215			529.00			Open treatment of iliac spine(s), tuberosity avulsion, or iliac wingfracture(s) (eg, pelvic fracture(s) which do not disrupt the pelvicring), with internal fixation
27216			759.64			Percutaneous skeletal fixation of posterior pelvic ring fracture and/ordislocation (includes ilium, sacroiliac joint and/or sacrum)
27217			741.45			Open treatment of anterior ring fracture and/or dislocation withinternal fixation (includes pubic symphysis and/or rami)
27218			964.68			Open treatment of posterior ring fracture and/or dislocation withinternal fixation (includes ilium, sacroiliac joint and/or sacrum)
27220	364.85	362.05				Closed treatment of acetabulum (hip socket) fracture(s); withoutmanipulation
27222			693.30			Closed treatment of acetabulum (hip socket) fracture(s); withmanipulation, with or without skeletal traction
27226			692.15			Open treatment of posterior or anterior acetabular wall fracture, withinternal fixation

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
27227			1188.35			Open treatment of acetabular fracture(s) involving anterior or posterior(one) column, or a fracture running transversely across the acetabulum,with internal fixation
27228			1369.78			Open treatment of acetabular fracture(s) involving anterior andposterior (two) columns, includes T-fracture and both column fracturewith complete articular detachment, or single column or transversefracture with associated acetabular wall fracture, with internalfixation
27230	337.22	324.43				Closed treatment of femoral fracture, proximal end, neck; withoutmanipulation
27232			543.21			Closed treatment of femoral fracture, proximal end, neck; withmanipulation, with or without skeletal traction
27235			662.28			Percutaneous skeletal fixation of femoral fracture, proximal end, neck
27236			816.11			Open treatment of femoral fracture, proximal end, neck, internalfixation or prosthetic replacement
27238			325.56			Closed treatment of intertrochanteric, pertrochanteric, orsubtrochanteric femoral fracture; without manipulation
27240			671.52			Closed treatment of intertrochanteric, pertrochanteric, orsubtrochanteric femoral fracture; with manipulation, with or withoutskin or skeletal traction
27244			834.24			Treatment of intertrochanteric, pertrochanteric, or subtrochantericfemoral fracture; with plate/screw type implant, with or withoutcerclage
27245			1042.39			Treatment of intertrochanteric, pertrochanteric, or subtrochantericfemoral fracture; with intramedullary implant, with or withoutinterlocking screws and/or cerclage
27246	281.30	280.05				Closed treatment of greater trochanteric fracture, without manipulation
27248			571.69			Open treatment of greater trochanteric fracture, with or withoutinternal or external fixation
27250			341.80			Closed treatment of hip dislocation, traumatic; without anesthesia
27252			541.90			Closed treatment of hip dislocation, traumatic; requiring anesthesia
27253			695.36			Open treatment of hip dislocation, traumatic, without internal fixation
27254			926.06			Open treatment of hip dislocation, traumatic, with acetabular wall andfemoral head fracture, with or without internal or external fixation
27256	228.57	183.63				Treatment of spontaneous hip dislocation (developmental, includingcongenital or pathological), by abduction, splint or traction; withoutanesthesia, without manipulation
27257			240.80			Treatment of spontaneous hip dislocation (developmental, includingcongenital or pathological), by abduction, splint or traction;

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						withmanipulation, requiring anesthesia
27258			804.48			Open treatment of spontaneous hip dislocation (developmental, includingcongenital or pathological), replacement of femoral head in acetabulum(including tenotomy, etc);
27259			1092.36			Open treatment of spontaneous hip dislocation (developmental, includingcongenital or pathological), replacement of femoral head in acetabulum(including tenotomy, etc); with femoral shaft shortening
27265			296.58			Closed treatment of post hip arthroplasty dislocation; withoutanesthesia
27266			423.96			Closed treatment of post hip arthroplasty dislocation; requiringregional or general anesthesia
27275			134.04			Manipulation, hip joint, requiring general anesthesia
27280			726.69			Arthrodesis, sacroiliac joint (including obtaining graft)
27282			590.30			Arthrodesis, symphysis pubis (including obtaining graft)
27284			1166.45			Arthrodesis, hip joint (including obtaining graft);
27286			1181.47			Arthrodesis, hip joint (including obtaining graft); with subtrochantericosteotomy
27290			1128.15			Interpelviabdominal amputation (hindquarter amputation)
27295			909.78			Disarticulation of hip
27299			I.C.			Unlisted procedure, pelvis or hip joint
27301	508.00	354.14				Incision and drainage, deep abscess, bursa, or hematoma, thigh or kneeregion
27303			467.73			Incision, deep, with opening of bone cortex, femur or knee (eg,osteomyelitis or bone abscess)
27305			339.80			Fasciotomy, iliotibial (tenotomy), open
27306			287.67			Tenotomy, percutaneous, adductor or hamstring; single tendon (separateprocedure)
27307			343.92			Tenotomy, percutaneous, adductor or hamstring; multiple tendons
27310			516.63			Arthrotomy, knee, with exploration, drainage, or removal of foreign body(eg, infection)
27315			362.90			Neurectomy, hamstring muscle
27320			352.97			Neurectomy, popliteal (gastrocnemius)
27323	175.31	124.44				Biopsy, soft tissue of thigh or knee area; superficial
27324			276.12			Biopsy, soft tissue of thigh or knee area; deep (subfascial orintramuscular)
27327	318.82	247.97				Excision, tumor, thigh or knee area; subcutaneous
27328			302.01			Excision, tumor, thigh or knee area; deep, subfascial, or intramuscular
27329			701.73			Radical resection of tumor (eg, malignant neoplasm), soft tissue ofthigh or knee area
27330			292.08			Arthrotomy, knee; with synovial biopsy only
27331			349.78			Arthrotomy, knee; including joint exploration, biopsy, or removal ofloose or foreign bodies

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
27332			472.26			Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee;medial OR lateral
27333			429.00			Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee;medial AND lateral
27334			494.24			Arthrotomy, with synovectomy, knee; anterior OR posterior
27335			559.02			Arthrotomy, with synovectomy, knee; anterior AND posterior includingpopliteal area
27340			268.40			Excision, prepatellar bursa
27345			353.75			Excision of synovial cyst of popliteal space (eg, Baker's cyst)
27347			343.36			Excision of lesion of meniscus or capsule (eg, cyst, ganglion), knee
27350			472.92			Patellectomy or hemipatellectomy
27355			442.49			Excision or curettage of bone cyst or benign tumor of femur;
27356			531.07			Excision or curettage of bone cyst or benign tumor of femur; withallograft
27357			592.11			Excision or curettage of bone cyst or benign tumor of femur; withautograft (includes obtaining graft)
27358			221.98			Excision or curettage of bone cyst or benign tumor of femur; withinternal fixation (List in addition to code for primary procedure)
27360			614.20			Partial excision (craterization, saucerization, or diaphysectomy) bone,femur, proximal tibia and/or fibula (eg, osteomyelitis or bone abscess)
27365			855.09			Radical resection of tumor, bone, femur or knee
27370	143.34	37.23				Injection procedure for knee arthrography
27372	465.12	297.84				Removal of foreign body, deep, thigh region or knee area
27380			443.67			Suture of infrapatellar tendon; primary
27381			595.80			Suture of infrapatellar tendon; secondary reconstruction, includingfascial or tendon graft
27385			472.90			Suture of quadriceps or hamstring muscle rupture; primary
27386			615.83			Suture of quadriceps or hamstring muscle rupture; secondaryreconstruction, including fascial or tendon graft
27390			320.43			Tenotomy, open, hamstring, knee to hip; single tendon
27391			421.62			Tenotomy, open, hamstring, knee to hip; multiple tendons, one leg
27392			514.66			Tenotomy, open, hamstring, knee to hip; multiple tendons, bilateral
27393			374.30			Lengthening of hamstring tendon; single tendon
27394			482.14			Lengthening of hamstring tendon; multiple tendons, one leg
27395			645.51			Lengthening of hamstring tendon; multiple tendons, bilateral
27396			455.47			Transplant, hamstring tendon to patella; single tendon
27397			620.31			Transplant, hamstring tendon to patella; multiple tendons

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
27400			493.91			Transfer, tendon or muscle, hamstrings to femur (eg, Egger's typeprocedure)
27403			475.94			Arthrotomy with meniscus repair, knee
27405			495.41			Repair, primary, torn ligament and/or capsule, knee; collateral
27407			569.10			Repair, primary, torn ligament and/or capsule, knee; cruciate
27409			700.56			Repair, primary, torn ligament and/or capsule, knee; collateral andcruciate ligaments
27412			1172.33			Autologous chondrocyte implantation, knee
27415			976.06			Osteochondral allograft, knee, open
27418			605.79			Anterior tibial tubercleplasty (eg, Maquet type procedure)
27420			549.99			Reconstruction of dislocating patella; (eg, Hauser type procedure)
27422			549.19			Reconstruction of dislocating patella; with extensor realignment and/ormuscle advancement or release (eg, Campbell, Goldwaite type procedure)
27424			549.05			Reconstruction of dislocating patella; with patellectomy
27425			330.09			Lateral retinacular release, open
27427			525.89			Ligamentous reconstruction (augmentation), knee; extra-articular
27428			773.50			Ligamentous reconstruction (augmentation), knee; intra-articular (open)
27429			856.64			Ligamentous reconstruction (augmentation), knee; intra-articular (open)and extra-articular
27430			542.09			Quadricepsplasty (eg, Bennett or Thompson type)
27435			552.50			Capsulotomy, posterior capsular release, knee
27437			482.34			Arthroplasty, patella; without prosthesis
27438			605.94			Arthroplasty, patella; with prosthesis
27440			502.30			Arthroplasty, knee, tibial plateau;
27441			536.00			Arthroplasty, knee, tibial plateau; with debridement and partialsynovectomy
27442			638.04			Arthroplasty, femoral condyles or tibial plateau(s), knee;
27443			602.30			Arthroplasty, femoral condyles or tibial plateau(s), knee; withdebridement and partial synovectomy
27445			920.08			Arthroplasty, knee, hinge prosthesis (eg, Walldius type)
27446			831.50			Arthroplasty, knee, condyle and plateau; medial OR lateral compartment
27447			1106.12			Arthroplasty, knee, condyle and plateau; medial AND lateral compartmentswith or without patella resurfacing (total knee arthroplasty)
27448			602.65			Osteotomy, femur, shaft or supracondylar; without fixation
27450			752.37			Osteotomy, femur, shaft or supracondylar; with fixation
27454			921.57			Osteotomy, multiple, with realignment on intramedullary rod, femoralshaft (eg, Sofield type procedure)

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
27455			696.25			Osteotomy, proximal tibia, including fibular excision or osteotomy(includes correction of genu varus (bowleg) or genu valgus(knock-knee)); before epiphyseal closure
27457			716.39			Osteotomy, proximal tibia, including fibular excision or osteotomy(includes correction of genu varus (bowleg) or genu valgus(knock-knee)); after epiphyseal closure
27465			739.71			Osteoplasty, femur; shortening (excluding 64876)
27466			861.58			Osteoplasty, femur; lengthening
27468			959.09			Osteoplasty, femur; combined, lengthening and shortening with femoralsegment transfer
27470			853.42			Repair, nonunion or malunion, femur, distal to head and neck; withoutgraft (eg, compression technique)
27472			930.80			Repair, nonunion or malunion, femur, distal to head and neck; with iliacor other autogenous bone graft (includes obtaining graft)
27475			483.62			Arrest, epiphyseal, any method (eg, epiphysiodesis); distal femur
27477			539.52			Arrest, epiphyseal, any method (eg, epiphysiodesis); tibia and fibula,proximal
27479			699.57			Arrest, epiphyseal, any method (eg, epiphysiodesis); combined distalfemur, proximal tibia and fibula
27485			498.30			Arrest, hemiepiphyseal, distal femur or proximal tibia or fibula (eg,genu varus or valgus)
27486			1003.72			Revision of total knee arthroplasty, with or without allograft; onecomponent
27487			1280.13			Revision of total knee arthroplasty, with or without allograft; femoraland entire tibial component
27488			840.98			Removal of prosthesis, including total knee prosthesis,methylmethacrylate with or without insertion of spacer, knee
27495			826.02			Prophylactic treatment (nailing, pinning, plating or wiring) with orwithout methylmethacrylate, femur
27496			357.75			Decompression fasciotomy, thigh and/or knee, one compartment (flexor orextensor or adductor);
27497			384.27			Decompression fasciotomy, thigh and/or knee, one compartment (flexor orextensor or adductor); with debridement of nonviable muscle and/ornerve
27498			424.45			Decompression fasciotomy, thigh and/or knee, multiple compartments;
27499			483.17			Decompression fasciotomy, thigh and/or knee, multiple compartments; withdebridement of nonviable muscle and/or nerve
27500	368.71	333.45				Closed treatment of femoral shaft fracture, without manipulation
27501	359.48	346.69				Closed treatment of supracondylar or transcondylar femoral fracture withor without intercondylar extension, without manipulation
27502			570.74			Closed treatment of femoral shaft fracture, with

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						manipulation, with orwithout skin or skeletal traction
27503			578.07			Closed treatment of supracondylar or transcondylar femoral fracture withor without intercondylar extension, with manipulation, with or withoutskin or skeletal traction
27506			925.24			Open treatment of femoral shaft fracture, with or without externalfixation, with insertion of intramedullary implant, with or withoutcerclage and/or locking screws
27507			729.11			Open treatment of femoral shaft fracture with plate/screws, with orwithout cerclage
27508	376.72	346.13				Closed treatment of femoral fracture, distal end, medial or lateralcondyle, without manipulation
27509			481.66			Percutaneous skeletal fixation of femoral fracture, distal end, medialor lateral condyle, or supracondylar or transcondylar, with or withoutintercondylar extension, or distal femoral epiphyseal separation
27510			503.18			Closed treatment of femoral fracture, distal end, medial or lateralcondyle, with manipulation
27511			761.61			Open treatment of femoral supracondylar or transcondylar fracturewithout intercondylar extension, with or without internal or externalfixation
27513			974.64			Open treatment of femoral supracondylar or transcondylar fracture withintercondylar extension, with or without internal or external fixation
27514			939.04			Open treatment of femoral fracture, distal end, medial or lateralcondyle, with or without internal or external fixation
27516	357.41	331.20				Closed treatment of distal femoral epiphyseal separation; withoutmanipulation
27517			491.63			Closed treatment of distal femoral epiphyseal separation; withmanipulation, with or without skin or skeletal traction
27519			814.76			Open treatment of distal femoral epiphyseal separation, with or withoutinternal or external fixation
27520	227.38	193.05				Closed treatment of patellar fracture, without manipulation
27524			559.12			Open treatment of patellar fracture, with internal fixation and/orpartial or complete patellectomy and soft tissue repair
27530	279.25	251.47				Closed treatment of tibial fracture, proximal (plateau); withoutmanipulation
27532	450.10	421.70				Closed treatment of tibial fracture, proximal (plateau); with or withoutmanipulation, with skeletal traction
27535			662.98			Open treatment of tibial fracture, proximal (plateau); unicondylar, withor without internal or external fixation

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
27536			835.35			Open treatment of tibial fracture, proximal (plateau); bicondylar, withor without internal fixation
27538	337.89	308.55				Closed treatment of intercondylar spine(s) and/or tuberosity fracture(s)of knee, with or without manipulation
27540			692.15			Open treatment of intercondylar spine(s) and/or tuberosity fracture(s)of the knee, with or without internal or external fixation
27550	355.89	322.18				Closed treatment of knee dislocation; without anesthesia
27552			455.19			Closed treatment of knee dislocation; requiring anesthesia
27556			798.91			Open treatment of knee dislocation, with or without internal or externalfixation; without primary ligamentous repair oraugmentation/reconstruction
27557			916.49			Open treatment of knee dislocation, with or without internal or externalfixation; with primary ligamentous repair
27558			942.68			Open treatment of knee dislocation, with or without internal or externalfixation; with primary ligamentous repair, withaugmentation/reconstruction
27560	260.93	209.13				Closed treatment of patellar dislocation; without anesthesia
27562			322.27			Closed treatment of patellar dislocation; requiring anesthesia
27566			660.52			Open treatment of patellar dislocation, with or without partial or totalpatellectomy
27570			107.93			Manipulation of knee joint under general anesthesia (includesapplication of traction or other fixation devices)
27580			1046.19			Arthrodesis, knee, any technique
27590			564.36			Amputation, thigh, through femur, any level;
27591			648.05			Amputation, thigh, through femur, any level; immediate fitting techniqueincluding first cast
27592			489.31			Amputation, thigh, through femur, any level; open, circular (guillotine)
27594			366.73			Amputation, thigh, through femur, any level; secondary closure or scarrevision
27596			527.06			Amputation, thigh, through femur, any level; re-amputation
27598			533.04			Disarticulation at knee
27599			I.C.			Unlisted procedure, femur or knee
27600			309.34			Decompression fasciotomy, leg; anterior and/or lateral compartments only
27601			318.21			Decompression fasciotomy, leg; posterior compartment(s) only
27602			378.41			Decompression fasciotomy, leg; anterior and/or lateral, and posteriorcompartment(s)
27603	380.06	276.13				Incision and drainage, leg or ankle; deep abscess or hematoma

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
27604	322.91	256.75				Incision and drainage, leg or ankle; infected bursa
27605	324.78	157.50				Tenotomy, percutaneous, Achilles tendon (separate procedure); localanesthesia
27606			229.25			Tenotomy, percutaneous, Achilles tendon (separate procedure); generalanesthesia
27607			431.85			Incision (eg, osteomyelitis or bone abscess), leg or ankle
27610			469.31			Arthrotomy, ankle, including exploration, drainage, or removal offoreign body
27612			408.70			Arthrotomy, posterior capsular release, ankle, with or without Achillestendon lengthening
27613	163.01	118.38				Biopsy, soft tissue of leg or ankle area; superficial
27614	389.25	305.30				Biopsy, soft tissue of leg or ankle area; deep (subfascial orintramuscular)
27615			664.41			Radical resection of tumor (eg, malignant neoplasm), soft tissue of legor ankle area
27618	337.43	274.39				Excision, tumor, leg or ankle area; subcutaneous tissue
27619	546.24	435.14				Excision, tumor, leg or ankle area; deep (subfascial or intramuscular)
27620			349.50			Arthrotomy, ankle, with joint exploration, with or without biopsy, withor without removal of loose or foreign body
27625			449.46			Arthrotomy, with synovectomy, ankle;
27626			484.11			Arthrotomy, with synovectomy, ankle; including tenosynovectomy
27630	378.95	279.70				Excision of lesion of tendon sheath or capsule (eg, cyst or ganglion),leg and/or ankle
27635			444.59			Excision or curettage of bone cyst or benign tumor, tibia or fibula;
27637			555.50			Excision or curettage of bone cyst or benign tumor, tibia or fibula;with autograft (includes obtaining graft)
27638			577.59			Excision or curettage of bone cyst or benign tumor, tibia or fibula;with allograft
27640			662.98			Partial excision (craterization, saucerization, or diaphysectomy) bone(eg, osteomyelitis or exostosis); tibia
27641			536.77			Partial excision (craterization, saucerization, or diaphysectomy) bone(eg, osteomyelitis or exostosis); fibula
27645			802.66			Radical resection of tumor, bone; tibia
27646			723.39			Radical resection of tumor, bone; fibula
27647			599.71			Radical resection of tumor, bone; talus or calcaneus
27648	137.10	37.54				Injection procedure for ankle arthrography
27650			525.40			Repair, primary, open or percutaneous, ruptured Achilles tendon;
27652			560.74			Repair, primary, open or percutaneous, ruptured Achilles tendon; withgraft (includes obtaining graft)
27654			522.15			Repair, secondary, Achilles tendon, with or without graft

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
27656	401.18	252.62				Repair, fascial defect of leg
27658			291.18			Repair, flexor tendon, leg; primary, without graft, each tendon
27659			379.97			Repair, flexor tendon, leg; secondary, with or without graft, eachtendon
27664			279.85			Repair, extensor tendon, leg; primary, without graft, each tendon
27665			317.28			Repair, extensor tendon, leg; secondary, with or without graft, eachtendon
27675			393.26			Repair, dislocating peroneal tendons; without fibular osteotomy
27676			463.63			Repair, dislocating peroneal tendons; with fibular osteotomy
27680			331.76			Tenolysis, flexor or extensor tendon, leg and/or ankle; single, eachtendon
27681			389.94			Tenolysis, flexor or extensor tendon, leg and/or ankle; multiple tendons(through separate incision(s))
27685	420.86	363.75				Lengthening or shortening of tendon, leg or ankle; single tendon(separate procedure)
27686			427.21			Lengthening or shortening of tendon, leg or ankle; multiple tendons(through same incision), each
27687			352.80			Gastrocnemius recession (eg, Strayer procedure)
27690			457.79			Transfer or transplant of single tendon (with muscle redirection orrerouting); superficial (eg, anterior tibial extensors into midfoot)
27691			541.67			Transfer or transplant of single tendon (with muscle redirection orrerouting); deep (eg, anterior tibial or posterior tibial throughinterosseous space, flexor digitorum longus, flexor hallucis longus, orperoneal tendon to midfoot or hindfoot)
27692			85.60			Transfer or transplant of single tendon (with muscle redirection orrerouting); each additional tendon (List separately in addition to codefor primary procedure)
27695			378.31			Repair, primary, disrupted ligament, ankle; collateral
27696			447.73			Repair, primary, disrupted ligament, ankle; both collateral ligaments
27698			496.70			Repair, secondary, disrupted ligament, ankle, collateral (eg,Watson-Jones procedure)
27700			452.09			Arthroplasty, ankle;
27702			739.74			Arthroplasty, ankle; with implant (total ankle)
27703			830.20			Arthroplasty, ankle; revision, total ankle
27704			403.80			Removal of ankle implant
27705			567.72			Osteotomy; tibia
27707			285.96			Osteotomy; fibula
27709			554.24			Osteotomy; tibia and fibula
27712			766.04			Osteotomy; multiple, with realignment on intramedullary rod (eg, Sofieldtype procedure)
27715			770.49			Osteoplasty, tibia and fibula, lengthening or shortening
27720			649.39			Repair of nonunion or malunion, tibia; without

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						graft, (eg, compressiontechnique)
27722			641.54			Repair of nonunion or malunion, tibia; with sliding graft
27724			935.72			Repair of nonunion or malunion, tibia; with iliac or other autograft(includes obtaining graft)
27725			841.83			Repair of nonunion or malunion, tibia; by synostosis, with fibula, anymethod
27727			746.32			Repair of congenital pseudarthrosis, tibia
27730			433.54			Arrest, epiphyseal (epiphysiodesis), open; distal tibia
27732			311.55			Arrest, epiphyseal (epiphysiodesis), open; distal fibula
27734			450.13			Arrest, epiphyseal (epiphysiodesis), open; distal tibia and fibula
27740			530.66			Arrest, epiphyseal (epiphysiodesis), any method, combined, proximal anddistal tibia and fibula;
27742			484.78			Arrest, epiphyseal (epiphysiodesis), any method, combined, proximal anddistal tibia and fibula; and distal femur
27745			558.62			Prophylactic treatment (nailing, pinning, plating or wiring) with orwithout methylmethacrylate, tibia
27750	244.30	215.90				Closed treatment of tibial shaft fracture (with or without fibularfracture); without manipulation
27752	383.55	352.97				Closed treatment of tibial shaft fracture (with or without fibularfracture); with manipulation, with or without skeletal traction
27756			406.26			Percutaneous skeletal fixation of tibial shaft fracture (with or withoutfibular fracture) (eg, pins or screws)
27758			639.12			Open treatment of tibial shaft fracture, (with or without fibularfracture) with plate/screws, with or without cerclage
27759			737.45			Treatment of tibial shaft fracture (with or without fibular fracture) byintramedullary implant, with or without interlocking screws and/orcerclage
27760	235.74	201.72				Closed treatment of medial malleolus fracture; without manipulation
27762	354.24	321.16				Closed treatment of medial malleolus fracture; with manipulation, withor without skin or skeletal traction
27766			477.77			Open treatment of medial malleolus fracture, with or without internal orexternal fixation
27780	209.49	179.21				Closed treatment of proximal fibula or shaft fracture; withoutmanipulation
27781	303.28	276.75				Closed treatment of proximal fibula or shaft fracture; with manipulation
27784			416.63			Open treatment of proximal fibula or shaft fracture, with or withoutinternal or external fixation
27786	223.92	188.65				Closed treatment of distal fibular fracture (lateral malleolus); withoutmanipulation
27788	309.29	278.39				Closed treatment of distal fibular fracture (lateral malleolus); withmanipulation

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
27792			448.48			Open treatment of distal fibular fracture (lateral malleolus), with orwithout internal or external fixation
27808	234.69	200.36				Closed treatment of bimalleolar ankle fracture, (including Potts);without manipulation
27810	348.02	314.01				Closed treatment of bimalleolar ankle fracture, (including Potts); withmanipulation
27814			589.59			Open treatment of bimalleolar ankle fracture, with or without internalor external fixation
27816	222.33	192.05				Closed treatment of trimalleolar ankle fracture; without manipulation
27818	361.71	324.26				Closed treatment of trimalleolar ankle fracture; with manipulation
27822			664.39			Open treatment of trimalleolar ankle fracture, with or without internalor external fixation, medial and/or lateral malleolus; without fixationof posterior lip
27823			750.45			Open treatment of trimalleolar ankle fracture, with or without internalor external fixation, medial and/or lateral malleolus; with fixation ofposterior lip
27824	212.77	197.16				Closed treatment of fracture of weight bearing articular portion ofdistal tibia (eg, pilon or tibial plafond), with or without anesthesia;without manipulation
27825	391.73	353.65				Closed treatment of fracture of weight bearing articular portion ofdistal tibia (eg, pilon or tibial plafond), with or without anesthesia;with skeletal traction and/or requiring manipulation
27826			533.35			Open treatment of fracture of weight bearing articular surface/portionof distal tibia (eg, pilon or tibial plafond), with internal orexternal fixation; of fibula only
27827			822.75			Open treatment of fracture of weight bearing articular surface/portionof distal tibia (eg, pilon or tibial plafond), with internal orexternal fixation; of tibia only
27828			924.89			Open treatment of fracture of weight bearing articular surface/portionof distal tibia (eg, pilon or tibial plafond), with internal orexternal fixation; of both tibia and fibula
27829			377.45			Open treatment of distal tibiofibular joint (syndesmosis) disruption,with or without internal or external fixation
27830	248.66	231.81				Closed treatment of proximal tibiofibular joint dislocation; withoutanesthesia
27831			275.82			Closed treatment of proximal tibiofibular joint dislocation; requiringanesthesia
27832			385.64			Open treatment of proximal tibiofibular joint dislocation, with orwithout internal or external fixation, or with excision of proximalfibula
27840			248.51			Closed treatment of ankle dislocation; without anesthesia

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
27842			345.43			Closed treatment of ankle dislocation; requiring anesthesia, with orwithout percutaneous skeletal fixation
27846			542.46			Open treatment of ankle dislocation, with or without percutaneousskeletal fixation; without repair or internal fixation
27848			640.59			Open treatment of ankle dislocation, with or without percutaneousskeletal fixation; with repair or internal or external fixation
27860			132.16			Manipulation of ankle under general anesthesia (includes application oftraction or other fixation apparatus)
27870			747.78			Arthrodesis, ankle, open
27871			513.55			Arthrodesis, tibiofibular joint, proximal or distal
27880			574.14			Amputation, leg, through tibia and fibula;
27881			645.25			Amputation, leg, through tibia and fibula; with immediate fittingtechnique including application of first cast
27882			467.11			Amputation, leg, through tibia and fibula; open, circular (guillotine)
27884			423.20			Amputation, leg, through tibia and fibula; secondary closure or scarrevision
27886			480.29			Amputation, leg, through tibia and fibula; re-amputation
27888			523.06			Amputation, ankle, through malleoli of tibia and fibula (eg, Syme,Pirogoff type procedures), with plastic closure and resection of nerves
27889			497.88			Ankle disarticulation
27892			393.83			Decompression fasciotomy, leg; anterior and/or lateral compartmentsonly, with debridement of nonviable muscle and/or nerve
27893			388.92			Decompression fasciotomy, leg; posterior compartment(s) only, withdebridement of nonviable muscle and/or nerve
27894			555.38			Decompression fasciotomy, leg; anterior and/or lateral, and posteriorcompartment(s), with debridement of nonviable muscle and/or nerve
27899			I.C.			Unlisted procedure, leg or ankle
28001	172.88	140.73				Incision and drainage, bursa, foot
28002	291.60	253.52				Incision and drainage below fascia, with or without tendon sheathinvolvement, foot; single bursal space
28003	442.00	410.48				Incision and drainage below fascia, with or without tendon sheathinvolvement, foot; multiple areas
28005			444.11			Incision, bone cortex (eg, osteomyelitis or bone abscess), foot
28008	272.49	230.36				Fasciotomy, foot and/or toe
28010			157.41			Tenotomy, percutaneous, toe; single tendon
28011			225.45			Tenotomy, percutaneous, toe; multiple tendons
28020	335.94	277.27				Arthrotomy, including exploration, drainage, or removal of loose orforeign body; intertarsal or tarsometatarsal joint

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
28022	299.38	257.56				Arthrotomy, including exploration, drainage, or removal of loose orforeign body; metatarsophalangeal joint
28024	291.01	250.75				Arthrotomy, including exploration, drainage, or removal of loose orforeign body; interphalangeal joint
28030			293.46			Neurectomy, intrinsic musculature of foot
28035	332.65	277.72				Release, tarsal tunnel (posterior tibial nerve decompression)
28043	222.63	202.65				Excision, tumor, foot; subcutaneous tissue
28045	306.33	251.09				Excision, tumor, foot; deep, subfascial, intramuscular
28046	572.47	501.00				Radical resection of tumor (eg, malignant neoplasm), soft tissue of foot
28050	278.21	237.64				Arthrotomy with biopsy; intertarsal or tarsometatarsal joint
28052	269.09	222.90				Arthrotomy with biopsy; metatarsophalangeal joint
28054	248.63	202.13				Arthrotomy with biopsy; interphalangeal joint
28060	324.51	274.58				Fasciectomy, plantar fascia; partial (separate procedure)
28062	394.27	316.25				Fasciectomy, plantar fascia; radical (separate procedure)
28070	313.58	269.89				Synovectomy; intertarsal or tarsometatarsal joint, each
28072	308.14	270.07				Synovectomy; metatarsophalangeal joint, each
28080	264.48	219.85				Excision, interdigital (Morton) neuroma, single, each
28086	391.95	288.96				Synovectomy, tendon sheath, foot; flexor
28088	294.68	236.63				Synovectomy, tendon sheath, foot; extensor
28090	290.05	237.31				Excision of lesion, tendon, tendon sheath, or capsule (includingsynovectomy) (eg, cyst or ganglion); foot
28092	269.62	216.88				Excision of lesion, tendon, tendon sheath, or capsule (includingsynovectomy) (eg, cyst or ganglion); toe(s), each
28100	415.80	313.74				Excision or curettage of bone cyst or benign tumor, talus or calcaneus;
28102			415.29			Excision or curettage of bone cyst or benign tumor, talus or calcaneus;with iliac or other autograft (includes obtaining graft)
28103			335.94			Excision or curettage of bone cyst or benign tumor, talus or calcaneus;with allograft
28104	321.90	273.21				Excision or curettage of bone cyst or benign tumor, tarsal ormetatarsal, except talus or calcaneus;
28106			349.16			Excision or curettage of bone cyst or benign tumor, tarsal ormetatarsal, except talus or calcaneus; with iliac or other autograft(includes obtaining graft)
28107	366.91	294.51				Excision or curettage of bone cyst or benign tumor, tarsal ormetatarsal, except talus or calcaneus; with allograft

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
28108	264.95	223.13				Excision or curettage of bone cyst or benign tumor, phalanges of foot
28110	282.39	220.28				Ostectomy, partial excision, fifth metatarsal head (bunionette)(separate procedure)
28111	343.20	261.43				Ostectomy, complete excision; first metatarsal head
28112	313.42	243.82				Ostectomy, complete excision; other metatarsal head (second, third orfourth)
28113	329.41	275.11				Ostectomy, complete excision; fifth metatarsal head
28114	653.34	551.91				Ostectomy, complete excision; all metatarsal heads, with partialproximal phalangectomy, excluding first metatarsal (eg, Clayton typeprocedure)
28116	440.00	389.44				Ostectomy, excision of tarsal coalition
28118	370.95	311.65				Ostectomy, calcaneus;
28119	327.21	274.15				Ostectomy, calcaneus; for spur, with or without plantar fascial release
28120	387.02	297.45				Partial excision (craterization, saucerization, sequestrectomy, ordiaphysectomy) bone (eg, osteomyelitis or bossing); talus or calcaneus
28122	427.73	378.73				Partial excision (craterization, saucerization, sequestrectomy, ordiaphysectomy) bone (eg, osteomyelitis or bossing); tarsal ormetatarsal bone, except talus or calcaneus
28124	296.22	254.40				Partial excision (craterization, saucerization, sequestrectomy, ordiaphysectomy) bone (eg, osteomyelitis or bossing); phalanx of toe
28126	234.36	196.29				Resection, partial or complete, phalangeal base, each toe
28130			451.57			Talectomy (astragalectomy)
28140	428.51	351.74				Metatarsectomy
28150	270.58	222.21				Phalangectomy, toe, each toe
28153	241.64	190.76				Resection, condyle(s), distal end of phalanx, each toe
28160	251.99	213.61				Hemiphalangectomy or interphalangeal joint excision, toe, proximal endof phalanx, each
28171			452.65			Radical resection of tumor, bone; tarsal (except talus or calcaneus)
28173	494.82	419.91				Radical resection of tumor, bone; metatarsal
28175	354.35	291.93				Radical resection of tumor, bone; phalanx of toe
28190	162.63	103.02				Removal of foreign body, foot; subcutaneous
28192	306.47	249.35				Removal of foreign body, foot; deep
28193	342.29	289.86				Removal of foreign body, foot; complicated
28200	293.97	245.91				Repair, tendon, flexor, foot; primary or secondary, without free graft,each tendon
28202	426.13	341.24				Repair, tendon, flexor, foot; secondary with free graft, each tendon(includes obtaining graft)
28208	278.48	231.35				Repair, tendon, extensor, foot; primary or secondary, each tendon
28210	379.96	311.61				Repair, tendon, extensor, foot; secondary with free graft, each tendon(includes obtaining graft)
28220	278.15	239.14				Tenolysis, flexor, foot; single tendon

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
28222	327.39	292.75				Tenolysis, flexor, foot; multiple tendons
28225	240.70	197.63				Tenolysis, extensor, foot; single tendon
28226	282.11	249.34				Tenolysis, extensor, foot; multiple tendons
28230	270.22	239.01				Tenotomy, open, tendon flexor; foot, single or multiple tendon(s)(separate procedure)
28232	240.58	202.82				Tenotomy, open, tendon flexor; toe, single tendon (separate procedure)
28234	244.52	203.32				Tenotomy, open, extensor, foot or toe, each tendon
28238	453.94	381.85				Reconstruction (advancement), posterior tibial tendon with excision ofaccessory tarsal navicular bone (eg, Kidner type procedure)
28240	272.59	236.70				Tenotomy, lengthening, or release, abductor hallucis muscle
28250	350.32	303.82				Division of plantar fascia and muscle (eg, Steindler stripping)(separate procedure)
28260	433.06	391.55				Capsulotomy, midfoot; medial release only (separate procedure)
28261	613.72	572.83				Capsulotomy, midfoot; with tendon lengthening
28262	898.33	815.93				Capsulotomy, midfoot; extensive, including posterior talotibialcapsulotomy and tendon(s) lengthening (eg, resistant clubfootdeformity)
28264	548.91	534.87				Capsulotomy, midtarsal (eg, Heyman type procedure)
28270	292.20	256.00				Capsulotomy; metatarsophalangeal joint, with or without tenorrhaphy,each joint (separate procedure)
28272	241.30	199.79				Capsulotomy; interphalangeal joint, each joint (separate procedure)
28280	348.12	293.19				Syndactylization, toes (eg, webbing or Kelikian type procedure)
28285	286.31	241.37				Correction, hammertoe (eg, interphalangeal fusion, partial or totalphalangectomy)
28286	282.90	234.84				Correction, cock-up fifth toe, with plastic skin closure (eg, Ruiz-Moratype procedure)
28288	324.77	292.00				Ostectomy, partial, exostectomy or condylectomy, metatarsal head, eachmetatarsal head
28289	457.83	388.54				Hallux rigidus correction with cheilectomy, debridement and capsularrelease of the first metatarsophalangeal joint
28290	362.86	315.11				Correction, hallux valgus (bunion), with or without sesamoidectomy;simple exostectomy (eg, Silver type procedure)
28292	439.46	379.23				Correction, hallux valgus (bunion), with or without sesamoidectomy;Keller, McBride, or Mayo type procedure
28293	602.65	457.84				Correction, hallux valgus (bunion), with or without sesamoidectomy;resection of joint with implant
28294	482.80	397.91				Correction, hallux valgus (bunion), with or without sesamoidectomy; withtendon transplants (eg, Joplin type procedure)
28296	523.90	438.38				Correction, hallux valgus (bunion), with or without sesamoidectomy; withmetatarsal

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						osteotomy (eg, Mitchell, Chevron, or concentric typeprocedures)
28297	551.12	467.17				Correction, hallux valgus (bunion), with or without sesamoidectomy;Lapidus type procedure
28298	458.37	389.40				Correction, hallux valgus (bunion), with or without sesamoidectomy; byphalanx osteotomy
28299	583.75	499.49				Correction, hallux valgus (bunion), with or without sesamoidectomy; bydouble osteotomy
28300			505.58			Osteotomy; calcaneus (eg, Dwyer or Chambers type procedure), with orwithout internal fixation
28302			498.81			Osteotomy; talus
28304	518.31	449.34				Osteotomy, tarsal bones, other than calcaneus or talus;
28305			515.60			Osteotomy, tarsal bones, other than calcaneus or talus; with autograft(includes obtaining graft) (eg, Fowler type)
28306	386.71	303.69				Osteotomy, with or without lengthening, shortening or angularcorrection, metatarsal; first metatarsal
28307	531.47	352.33				Osteotomy, with or without lengthening, shortening or angularcorrection, metatarsal; first metatarsal with autograft (other thanfirst toe)
28308	334.53	270.24				Osteotomy, with or without lengthening, shortening or angularcorrection, metatarsal; other than first metatarsal, each
28309			630.67			Osteotomy, with or without lengthening, shortening or angularcorrection, metatarsal; multiple (eg, Swanson type cavus footprocedure)
28310	338.26	269.91				Osteotomy, shortening, angular or rotational correction; proximalphalanx, first toe (separate procedure)
28312	303.68	247.51				Osteotomy, shortening, angular or rotational correction; otherphalanges, any toe
28313	313.06	299.33				Reconstruction, angular deformity of toe, soft tissue procedures only(eg, overlapping second toe, fifth toe, curly toes)
28315	295.07	246.39				Sesamoidectomy, first toe (separate procedure)
28320			483.66			Repair, nonunion or malunion; tarsal bones
28322	534.68	446.04				Repair, nonunion or malunion; metatarsal, with or without bone graft(includes obtaining graft)
28340	404.53	335.87				Reconstruction, toe, macrodactyly; soft tissue resection
28341	462.13	395.97				Reconstruction, toe, macrodactyly; requiring bone resection
28344	303.29	237.44				Reconstruction, toe(s); polydactyly
28345	367.69	320.56				Reconstruction, toe(s); syndactyly, with or without skin graft(s), eachweb
28360			730.19			Reconstruction, cleft foot
28400	177.79	159.69				Closed treatment of calcaneal fracture; without manipulation
28405	287.41	280.86				Closed treatment of calcaneal fracture; with manipulation
28406			402.78			Percutaneous skeletal fixation of calcaneal

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						fracture, with manipulation
28415			894.91			Open treatment of calcaneal fracture, with or without internal orexternal fixation;
28420			903.75			Open treatment of calcaneal fracture, with or without internal orexternal fixation; with primary iliac or other autogenous bone graft(includes obtaining graft)
28430	167.80	141.90				Closed treatment of talus fracture; without manipulation
28435	222.59	218.22				Closed treatment of talus fracture; with manipulation
28436			326.13			Percutaneous skeletal fixation of talus fracture, with manipulation
28445			813.67			Open treatment of talus fracture, with or without internal or externalfixation
28450	153.58	133.61				Treatment of tarsal bone fracture (except talus and calcaneus); withoutmanipulation, each
28455			198.11			Treatment of tarsal bone fracture (except talus and calcaneus); withmanipulation, each
28456			210.20			Percutaneous skeletal fixation of tarsal bone fracture (except talus andcalcaneus), with manipulation, each
28465			406.20			Open treatment of tarsal bone fracture (except talus and calcaneus),with or without internal or external fixation, each
28470	156.50	135.28				Closed treatment of metatarsal fracture; without manipulation, each
28475	192.11	188.37				Closed treatment of metatarsal fracture; with manipulation, each
28476			256.60			Percutaneous skeletal fixation of metatarsal fracture, withmanipulation, each
28485			339.12			Open treatment of metatarsal fracture, with or without internal orexternal fixation, each
28490	94.71	83.17				Closed treatment of fracture great toe, phalanx or phalanges; withoutmanipulation
28495	114.02	110.59				Closed treatment of fracture great toe, phalanx or phalanges; withmanipulation
28496	327.14	169.22				Percutaneous skeletal fixation of fracture great toe, phalanx orphalanges, with manipulation
28505	365.62	234.54				Open treatment of fracture great toe, phalanx or phalanges, with orwithout internal or external fixation
28510			79.52			Closed treatment of fracture, phalanx or phalanges, other than greattoe; without manipulation, each
28515			101.66			Closed treatment of fracture, phalanx or phalanges, other than greattoe; with manipulation, each
28525	332.73	205.40				Open treatment of fracture, phalanx or phalanges, other than great toe,with or without internal or external fixation, each
28530			76.13			Closed treatment of sesamoid fracture
28531	296.35	134.06				Open treatment of sesamoid fracture, with or

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						without internal fixation
28540			134.50			Closed treatment of tarsal bone dislocation, other than talotarsal;without anesthesia
28545			146.10			Closed treatment of tarsal bone dislocation, other than talotarsal;requiring anesthesia
28546	311.88	232.92				Percutaneous skeletal fixation of tarsal bone dislocation, other thantalotarsal, with manipulation
28555	498.50	366.49				Open treatment of tarsal bone dislocation, with or without internal orexternal fixation
28570	124.38	121.57				Closed treatment of talotarsal joint dislocation; without anesthesia
28575			216.11			Closed treatment of talotarsal joint dislocation; requiring anesthesia
28576			255.54			Percutaneous skeletal fixation of talotarsal joint dislocation, withmanipulation
28585	466.99	420.49				Open treatment of talotarsal joint dislocation, with or without internalor external fixation
28600	143.74	139.68				Closed treatment of tarsometatarsal joint dislocation; withoutanesthesia
28605			178.00			Closed treatment of tarsometatarsal joint dislocation; requiringanesthesia
28606			293.96			Percutaneous skeletal fixation of tarsometatarsal joint dislocation,with manipulation
28615			484.89			Open treatment of tarsometatarsal joint dislocation, with or withoutinternal or external fixation
28630	98.27	80.48				Closed treatment of metatarsophalangeal joint dislocation; withoutanesthesia
28635	119.40	104.11				Closed treatment of metatarsophalangeal joint dislocation; requiringanesthesia
28636	203.65	164.63				Percutaneous skeletal fixation of metatarsophalangeal joint dislocation,with manipulation
28645	278.86	226.42				Open treatment of metatarsophalangeal joint dislocation, with or withoutinternal or external fixation
28660	74.82	60.15				Closed treatment of interphalangeal joint dislocation; withoutanesthesia
28665			101.04			Closed treatment of interphalangeal joint dislocation; requiringanesthesia
28666	263.45	160.46				Percutaneous skeletal fixation of interphalangeal joint dislocation,with manipulation
28675	310.12	191.83				Open treatment of interphalangeal joint dislocation, with or withoutinternal or external fixation
28705			952.36			Arthrodesis; pantalar
28715			697.93			Arthrodesis; triple
28725			604.97			Arthrodesis; subtalar
28730			586.22			Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse;
28735			567.80			Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse; withosteotomy (eg, flatfoot correction)

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
28737			499.56			Arthrodesis, with tendon lengthening and advancement, midtarsal, tarsalnavicular-cuneiform (eg, Miller type procedure)
28740	578.05	440.73				Arthrodesis, midtarsal or tarsometatarsal, single joint
28750	589.32	425.47				Arthrodesis, great toe; metatarsophalangeal joint
28755	330.07	256.73				Arthrodesis, great toe; interphalangeal joint
28760	477.25	400.48				Arthrodesis, with extensor hallucis longus transfer to first metatarsalneck, great toe, interphalangeal joint (eg, Jones type procedure)
28800			423.38			Amputation, foot; midtarsal (eg, Chopart type procedure)
28805			423.91			Amputation, foot; transmetatarsal
28810			322.79			Amputation, metatarsal, with toe, single
28820	365.69	248.04				Amputation, toe; metatarsophalangeal joint
28825	324.06	214.51				Amputation, toe; interphalangeal joint
28899			I.C.			Unlisted procedure, foot or toes
29000	160.77	122.39				Application of halo type body cast (see 20661-20663 for insertion)
29010	166.78	119.65				Application of Risser jacket, localizer, body; only
29015	162.99	120.23				Application of Risser jacket, localizer, body; including head
29020	161.35	106.11				Application of turnbuckle jacket, body; only
29025	171.24	130.98				Application of turnbuckle jacket, body; including head
29035	165.73	102.37				Application of body cast, shoulder to hips;
29040	143.52	113.87				Application of body cast, shoulder to hips; including head, Minerva type
29044	187.77	123.17				Application of body cast, shoulder to hips; including one thigh
29046	173.67	138.09				Application of body cast, shoulder to hips; including both thighs
29049	66.81	42.78				Application, cast; figure-of-eight
29055	146.33	99.21				Application, cast; shoulder spica
29058	86.95	60.73				Application, cast; plaster Velpeau
29065	67.64	49.54				Application, cast; shoulder to hand (long arm)
29075	62.37	44.27				Application, cast; elbow to finger (short arm)
29085	65.87	45.58				Application, cast; hand and lower forearm (gauntlet)
29086	47.95	33.28				Application, cast; finger (eg, contracture)
29105	64.09	41.62				Application of long arm splint (shoulder to hand)
29125	49.02	29.36				Application of short arm splint (forearm to hand); static
29126	59.52	36.12				Application of short arm splint (forearm to hand); dynamic
29130	29.25	19.89				Application of finger splint; static
29131	38.58	22.97				Application of finger splint; dynamic
29200	40.61	28.75				Strapping; thorax
29220	40.35	30.05				Strapping; low back
29240	46.48	31.19				Strapping; shoulder (eg, Velpeau)
29260	38.79	25.68				Strapping; elbow or wrist
29280	39.17	24.19				Strapping; hand or finger

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
29305	165.29	115.98				Application of hip spica cast; one leg
29325	180.00	130.69				Application of hip spica cast; one and one-half spica or both legs
29345	97.08	75.23				Application of long leg cast (thigh to toes);
29355	99.19	80.78				Application of long leg cast (thigh to toes); walker or ambulatory type
29358	107.46	77.18				Application of long leg cast brace
29365	87.47	65.31				Application of cylinder cast (thigh to ankle)
29405	63.94	48.02				Application of short leg cast (below knee to toes);
29425	68.46	53.16				Application of short leg cast (below knee to toes); walking orambulatory type
29435	84.35	64.68				Application of patellar tendon bearing (PTB) cast
29440	38.40	25.30				Adding walker to previously applied cast
29445	109.08	82.86				Application of rigid total contact leg cast
29450	106.97	95.11				Application of clubfoot cast with molding or manipulation, long or shortleg
29505	56.67	33.89				Application of long leg splint (thigh to ankle or toes)
29515	48.49	35.70				Application of short leg splint (calf to foot)
29520	41.53	29.67				Strapping; hip
29530	40.67	26.31				Strapping; knee
29540	27.95	24.52				Strapping; ankle and/or foot
29550	26.89	22.52				Strapping; toes
29580	36.94	27.58				Strapping; Unna boot
29590	38.05	31.19				Denis-Browne splint strapping
29700	44.43	25.39				Removal or bivalving; gauntlet, boot or body cast
29705	48.37	34.64				Removal or bivalving; full arm or full leg cast
29710	87.45	61.55				Removal or bivalving; shoulder or hip spica, Minerva, or Risser jacket,etc.
29715	63.65	39.62				Removal or bivalving; turnbuckle jacket
29720	56.64	32.61				Repair of spica, body cast or jacket
29730	47.79	33.44				Windowing of cast
29740	69.31	48.72				Wedging of cast (except clubfoot casts)
29750	70.87	55.89				Wedging of clubfoot cast
29799			I.C.			Unlisted procedure, casting or strapping
29800			409.23			Arthroscopy, temporomandibular joint, diagnostic, with or withoutsynovial biopsy (separate procedure)
29804			483.55			Arthroscopy, temporomandibular joint, surgical
29805			354.73			Arthroscopy, shoulder, diagnostic, with or without synovial biopsy(separate procedure)
29806			782.34			Arthroscopy, shoulder, surgical; capsulorrhaphy
29807			762.61			Arthroscopy, shoulder, surgical; repair of SLAP lesion
29819			441.89			Arthroscopy, shoulder, surgical; with removal of loose body or foreignbody
29820			407.55			Arthroscopy, shoulder, surgical; synovectomy, partial
29821			445.08			Arthroscopy, shoulder, surgical; synovectomy, complete
29822			433.29			Arthroscopy, shoulder, surgical; debridement, limited

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
29823			472.08			Arthroscopy, shoulder, surgical; debridement, extensive
29824			484.31			Arthroscopy, shoulder, surgical; distal claviculectomy including distalarticular surface (Mumford procedure)
29825			440.96			Arthroscopy, shoulder, surgical; with lysis and resection of adhesions,with or without manipulation
29826			506.77			Arthroscopy, shoulder, surgical; decompression of subacromial space withpartial acromioplasty, with or without coracoacromial release
29827			824.07			Arthroscopy, shoulder, surgical; with rotator cuff repair
29830			340.11			Arthroscopy, elbow, diagnostic, with or without synovial biopsy(separate procedure)
29834			371.38			Arthroscopy, elbow, surgical; with removal of loose body or foreign body
29835			379.32			Arthroscopy, elbow, surgical; synovectomy, partial
29836			438.32			Arthroscopy, elbow, surgical; synovectomy, complete
29837			399.00			Arthroscopy, elbow, surgical; debridement, limited
29838			446.98			Arthroscopy, elbow, surgical; debridement, extensive
29840			330.86			Arthroscopy, wrist, diagnostic, with or without synovial biopsy(separate procedure)
29843			354.64			Arthroscopy, wrist, surgical; for infection, lavage and drainage
29844			373.03			Arthroscopy, wrist, surgical; synovectomy, partial
29845			422.83			Arthroscopy, wrist, surgical; synovectomy, complete
29846			390.74			Arthroscopy, wrist, surgical; excision and/or repair of triangularfibrocartilage and/or joint debridement
29847			404.31			Arthroscopy, wrist, surgical; internal fixation for fracture orinstability
29848			337.79			Endoscopy, wrist, surgical, with release of transverse carpal ligament
29850			399.87			Arthroscopically aided treatment of intercondylar spine(s) and/ortuberosity fracture(s) of the knee, with or without manipulation;without internal or external fixation (includes arthroscopy)
29851			703.03			Arthroscopically aided treatment of intercondylar spine(s) and/ortuberosity fracture(s) of the knee, with or without manipulation; withinternal or external fixation (includes arthroscopy)
29855			594.23			Arthroscopically aided treatment of tibial fracture, proximal (plateau);unicondylar, with or without internal or external fixation (includesarthroscopy)
29856			759.43			Arthroscopically aided treatment of tibial fracture, proximal (plateau);bicondylar, with or without internal or external fixation (includesarthroscopy)

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
29860			459.61			Arthroscopy, hip, diagnostic with or without synovial biopsy (separateprocedure)
29861			505.31			Arthroscopy, hip, surgical; with removal of loose body or foreign body
29862			564.61			Arthroscopy, hip, surgical; with debridement/shaving of articularcartilage (chondroplasty), abrasion arthroplasty, and/or resection oflabrum
29863			558.99			Arthroscopy, hip, surgical; with synovectomy
29866			774.27			Arthroscopy, knee, surgical; osteochondral autograft(s) (eg,mosaicplasty) (includes harvesting of the autograft)
29867			923.74			Arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty)
29868			1244.01			Arthroscopy, knee, surgical; meniscal transplantation (includesarthrotomy for meniscal insertion), medial or lateral
29870			304.94			Arthroscopy, knee, diagnostic, with or without synovial biopsy (separateprocedure)
29871			381.09			Arthroscopy, knee, surgical; for infection, lavage and drainage
29873			386.38			Arthroscopy, knee, surgical; with lateral release
29874			399.56			Arthroscopy, knee, surgical; for removal of loose body or foreign body(eg, osteochondritis dissecans fragmentation, chondral fragmentation)
29875			373.23			Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelfresection) (separate procedure)
29876			458.55			Arthroscopy, knee, surgical; synovectomy, major, two or morecompartments (eg, medial or lateral)
29877			432.51			Arthroscopy, knee, surgical; debridement/shaving of articular cartilage(chondroplasty)
29879			465.29			Arthroscopy, knee, surgical; abrasion arthroplasty (includeschondroplasty where necessary) or multiple drilling or microfracture
29880			486.72			Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral,including any meniscal shaving)
29881			451.78			Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral,including any meniscal shaving)
29882			487.39			Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral)
29883			616.53			Arthroscopy, knee, surgical; with meniscus repair (medial AND lateral)
29884			430.73			Arthroscopy, knee, surgical; with lysis of adhesions, with or withoutmanipulation (separate procedure)
29885			523.59			Arthroscopy, knee, surgical; drilling for osteochondritis dissecans withbone grafting, with or without internal fixation (including debridementof base of lesion)
29886			441.64			Arthroscopy, knee, surgical; drilling for intact osteochondritisdissecans lesion

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
29887			520.80			Arthroscopy, knee, surgical; drilling for intact osteochondritisdissecans lesion with internal fixation
29888			738.38			Arthroscopically aided anterior cruciate ligament repair/augmentation orreconstruction
29889			871.32			Arthroscopically aided posterior cruciate ligament repair/augmentationor reconstruction
29891			487.03			Arthroscopy, ankle, surgical, excision of osteochondral defect of talusand/or tibia, including drilling of the defect
29892			510.81			Arthroscopically aided repair of large osteochondritis dissecans lesion,talar dome fracture, or tibial plafond fracture, with or withoutinternal fixation (includes arthroscopy)
29893	348.46	276.99				Endoscopic plantar fasciotomy
29894			386.58			Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; withremoval of loose body or foreign body
29895			379.88			Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical;synovectomy, partial
29897			399.22			Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical;debridement, limited
29898			441.35			Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical;debridement, extensive
29899			748.83			Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; withankle arthrodesis
29900			346.66			Arthroscopy, metacarpophalangeal joint, diagnostic, includes synovialbiopsy
29901			380.81			Arthroscopy, metacarpophalangeal joint, surgical; with debridement
29902			405.99			Arthroscopy, metacarpophalangeal joint, surgical; with reduction ofdisplaced ulnar collateral ligament (eg, Stenar lesion)
29999			I.C.			Unlisted procedure, arthroscopy
30000	167.62	83.98				Drainage abscess or hematoma, nasal, internal approach
30020	142.65	86.47				Drainage abscess or hematoma, nasal septum
30100	87.98	52.09				Biopsy, intranasal
30110	147.46	95.34				Excision, nasal polyp(s), simple
30115			303.95			Excision, nasal polyp(s), extensive
30117	499.69	234.10				Excision or destruction (eg, laser), intranasal lesion; internalapproach
30118			561.78			Excision or destruction (eg, laser), intranasal lesion; externalapproach (lateral rhinotomy)
30120	353.56	338.26				Excision or surgical planing of skin of nose for rhinophyma
30124			200.45			Excision dermoid cyst, nose; simple, skin, subcutaneous
30125			463.71			Excision dermoid cyst, nose; complex, under bone or cartilage
30130			270.93			Excision turbinate, partial or complete, any method
30140			291.84			Submucous resection turbinate, partial or

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						complete, any method
30150			605.67			Rhinectomy; partial
30160			592.62			Rhinectomy; total
30200	72.59	45.12				Injection into turbinate(s), therapeutic
30210	96.19	71.53				Displacement therapy (Proetz type)
30220	175.75	91.49				Insertion, nasal septal prosthesis (button)
30300	173.87	88.98				Removal foreign body, intranasal; office type procedure
30310			152.51			Removal foreign body, intranasal; requiring general anesthesia
30320			347.99			Removal foreign body, intranasal; by lateral rhinotomy
30400			766.62			Rhinoplasty, primary; lateral and alar cartilages and/or elevation ofnasal tip
30410			948.14			Rhinoplasty, primary; complete, external parts including bony pyramid,lateral and alar cartilages, and/or elevation of nasal tip
30420			1011.97			Rhinoplasty, primary; including major septal repair
30430			707.61			Rhinoplasty, secondary; minor revision (small amount of nasal tip work)
30435			940.24			Rhinoplasty, secondary; intermediate revision (bony work withosteotomies)
30450			1219.64			Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)
30460			596.86			Rhinoplasty for nasal deformity secondary to congenital cleft lip and/orpalate, including columellar lengthening; tip only
30462			1205.02			Rhinoplasty for nasal deformity secondary to congenital cleft lip and/orpalate, including columellar lengthening; tip, septum, osteotomies
30465			705.06			Repair of nasal vestibular stenosis (eg, spreader grafting, lateralnasal wall reconstruction)
30520			369.23			Septoplasty or submucous resection, with or without cartilage scoring,contouring or replacement with graft
30540			509.69			Repair choanal atresia; intranasal
30545			709.44			Repair choanal atresia; transpalatine
30560	184.52	102.12				Lysis intranasal synechia
30580	439.19	377.39				Repair fistula; oromaxillary (combine with 31030 if antrotomy isincluded)
30600	409.07	331.05				Repair fistula; oronasal
30620			446.27			Septal or other intranasal dermatoplasty (does not include obtaininggraft)
30630			450.24			Repair nasal septal perforations
30801	159.81	90.83				Cautery and/or ablation, mucosa of turbinates, unilateral or bilateral,any method, (separate procedure); superficial
30802	201.50	131.28				Cautery and/or ablation, mucosa of turbinates, unilateral or bilateral,any method, (separate procedure); intramural
30901	76.98	44.52				Control nasal hemorrhage, anterior, simple (limited cautery and/orpacking) any method

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
30903	128.31	59.34				Control nasal hemorrhage, anterior, complex (extensive cautery and/orpacking) any method
30905	165.57	79.75				Control nasal hemorrhage, posterior, with posterior nasal packs and/orcautery, any method; initial
30906	190.84	106.88				Control nasal hemorrhage, posterior, with posterior nasal packs and/orcautery, any method; subsequent
30915			412.62			Ligation arteries; ethmoidal
30920			558.21			Ligation arteries; internal maxillary artery, transantral
30930			86.63			Fracture nasal turbinate(s), therapeutic
30999			I.C.			Unlisted procedure, nose
31000	121.14	76.20				Lavage by cannulation; maxillary sinus (antrum puncture or naturalostium)
31002			155.33			Lavage by cannulation; sphenoid sinus
31020	350.60	246.05				Sinusotomy, maxillary (antrotomy); intranasal
31030	528.48	377.43				Sinusotomy, maxillary (antrotomy); radical (Caldwell-Luc) withoutremoval of antrochoanal polyps
31032			412.93			Sinusotomy, maxillary (antrotomy); radical (Caldwell-Luc) with removalof antrochoanal polyps
31040			574.91			Pterygomaxillary fossa surgery, any approach
31050			349.67			Sinusotomy, sphenoid, with or without biopsy;
31051			459.67			Sinusotomy, sphenoid, with or without biopsy; with mucosal stripping orremoval of polyp(s)
31070			307.18			Sinusotomy frontal; external, simple (trephine operation)
31075			564.11			Sinusotomy frontal; transorbital, unilateral (for mucocele or osteoma,Lynch type)
31080			750.03			Sinusotomy frontal; obliterative without osteoplastic flap, browincision (includes ablation)
31081			827.68			Sinusotomy frontal; obliterative, without osteoplastic flap, coronalincision (includes ablation)
31084			806.82			Sinusotomy frontal; obliterative, with osteoplastic flap, brow incision
31085			848.73			Sinusotomy frontal; obliterative, with osteoplastic flap, coronalincision
31086			779.24			Sinusotomy frontal; nonobliterative, with osteoplastic flap, browincision
31087			770.78			Sinusotomy frontal; nonobliterative, with osteoplastic flap, coronalincision
31090			664.74			Sinusotomy, unilateral, three or more paranasal sinuses (frontal,maxillary, ethmoid, sphenoid)
31200			425.76			Ethmoidectomy; intranasal, anterior
31201			526.06			Ethmoidectomy; intranasal, total
31205			657.10			Ethmoidectomy; extranasal, total
31225			1102.90			Maxillectomy; without orbital exenteration
31230			1225.60			Maxillectomy; with orbital exenteration (en bloc)
31231	136.67	58.64				Nasal endoscopy, diagnostic, unilateral or bilateral

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						(separateprocedure)
31233	196.45	108.44				Nasal/sinus endoscopy, diagnostic with maxillary sinusoscopy (viainferior meatus or canine fossa puncture)
31235	229.01	129.45				Nasal/sinus endoscopy, diagnostic with sphenoid sinusoscopy (viapuncture of sphenoidal face or cannulation of ostium)
31237	247.22	143.91				Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement(separate procedure)
31238	255.70	157.70				Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage
31239			494.04			Nasal/sinus endoscopy, surgical; with dacryocystorhinostomy
31240			128.54			Nasal/sinus endoscopy, surgical; with concha bullosa resection
31254			221.97			Nasal/sinus endoscopy, surgical; with ethmoidectomy, partial (anterior)
31255			328.71			Nasal/sinus endoscopy, surgical; with ethmoidectomy, total (anterior andposterior)
31256			160.62			Nasal/sinus endoscopy, surgical, with maxillary antrostomy;
31267			259.38			Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removalof tissue from maxillary sinus
31276			414.35			Nasal/sinus endoscopy, surgical with frontal sinus exploration, with orwithout removal of tissue from frontal sinus
31287			188.79			Nasal/sinus endoscopy, surgical, with sphenoidotomy;
31288			219.07			Nasal/sinus endoscopy, surgical, with sphenoidotomy; with removal oftissue from the sphenoid sinus
31290			865.63			Nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluidleak; ethmoid region
31291			907.85			Nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluidleak; sphenoid region
31292			749.01			Nasal/sinus endoscopy, surgical; with medial or inferior orbital walldecompression
31293			813.74			Nasal/sinus endoscopy, surgical; with medial orbital wall and inferiororbital wall decompression
31294			940.26			Nasal/sinus endoscopy, surgical; with optic nerve decompression
31299			I.C.			Unlisted procedure, accessory sinuses
31300			872.25			Laryngotomy (thyrotomy, laryngofissure); with removal of tumor orlaryngocele, cordectomy
31320			470.91			Laryngotomy (thyrotomy, laryngofissure); diagnostic
31360			1005.19			Laryngectomy; total, without radical neck dissection
31365			1320.07			Laryngectomy; total, with radical neck dissection
31367			1302.43			Laryngectomy; subtotal supraglottic, without radical neck dissection
31368			1562.59			Laryngectomy; subtotal supraglottic, with radical

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						neck dissection
31370			1301.21			Partial laryngectomy (hemilaryngectomy); horizontal
31375			1207.15			Partial laryngectomy (hemilaryngectomy); laterovertical
31380			1215.73			Partial laryngectomy (hemilaryngectomy); anterovertical
31382			1255.92			Partial laryngectomy (hemilaryngectomy); antero-latero-vertical
31390			1542.22			Pharyngolaryngectomy, with radical neck dissection; withoutreconstruction
31395			1762.60			Pharyngolaryngectomy, with radical neck dissection; with reconstruction
31400			721.58			Arytenoidectomy or arytenoidopexy, external approach
31420			586.96			Epiglottidectomy
31500			83.19			Intubation, endotracheal, emergency procedure
31502	28.03	27.09				Tracheotomy tube change prior to establishment of fistula tract
31505	62.55	36.33				Laryngoscopy, indirect; diagnostic (separate procedure)
31510	157.47	93.49				Laryngoscopy, indirect; with biopsy
31511	158.88	94.59				Laryngoscopy, indirect; with removal of foreign body
31512	158.77	101.34				Laryngoscopy, indirect; with removal of lesion
31513			105.05			Laryngoscopy, indirect; with vocal cord injection
31515	161.34	83.95				Laryngoscopy direct, with or without tracheoscopy; for aspiration
31520			121.04			Laryngoscopy direct, with or without tracheoscopy; diagnostic, newborn
31525	188.04	126.24				Laryngoscopy direct, with or without tracheoscopy; diagnostic, exceptnewborn
31526			126.52			Laryngoscopy direct, with or without tracheoscopy; diagnostic, withoperating microscope
31527			150.88			Laryngoscopy direct, with or without tracheoscopy; with insertion ofobturator
31528			112.87			Laryngoscopy direct, with or without tracheoscopy; with dilation,initial
31529			129.35			Laryngoscopy direct, with or without tracheoscopy; with dilation,subsequent
31530			156.95			Laryngoscopy, direct, operative, with foreign body removal;
31531			172.25			Laryngoscopy, direct, operative, with foreign body removal; withoperating microscope
31535			151.70			Laryngoscopy, direct, operative, with biopsy;
31536			170.83			Laryngoscopy, direct, operative, with biopsy; with operating microscope
31540			196.11			Laryngoscopy, direct, operative, with excision of tumor and/or strippingof vocal cords or epiglottis;
31541			214.88			Laryngoscopy, direct, operative, with excision of tumor and/or strippingof vocal cords or epiglottis; with operating microscope

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
31545			283.75			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			430.55			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			252.44			Laryngoscopy, direct, operative, with arytenoidectomy;
31561			274.74			Laryngoscopy, direct, operative, with arytenoidectomy; with operatingmicroscope
31570	286.24	183.56				Laryngoscopy, direct, with injection into vocal cord(s), therapeutic;
31571			201.71			Laryngoscopy, direct, with injection into vocal cord(s), therapeutic;with operating microscope
31575	90.48	58.95				Laryngoscopy, flexible fiberoptic; diagnostic
31576	169.82	95.86				Laryngoscopy, flexible fiberoptic; with biopsy
31577	187.53	117.93				Laryngoscopy, flexible fiberoptic; with removal of foreign body
31578	214.02	127.88				Laryngoscopy, flexible fiberoptic; with removal of lesion
31579	182.14	110.36				Laryngoscopy, flexible or rigid fiberoptic, with stroboscopy
31580			847.06			Laryngoplasty; for laryngeal web, two stage, with keel insertion andremoval
31582			1416.58			Laryngoplasty; for laryngeal stenosis, with graft or core mold,including tracheotomy
31584			1124.32			Laryngoplasty; with open reduction of fracture
31585			339.83			Treatment of closed laryngeal fracture; without manipulation
31586			566.33			Treatment of closed laryngeal fracture; with closed manipulativereduction
31587			629.36			Laryngoplasty, cricoid split
31588			795.55			Laryngoplasty, not otherwise specified (eg, for burns, reconstructionafter partial laryngectomy)
31590			686.89			Laryngeal reinnervation by neuromuscular pedicle
31595			565.54			Section recurrent laryngeal nerve, therapeutic (separate procedure),unilateral
31599			I.C.			Unlisted procedure, larynx
31600			307.35			Tracheostomy, planned (separate procedure);
31601			201.54			Tracheostomy, planned (separate procedure); under two years
31603			172.88			Tracheostomy, emergency procedure; transtracheal
31605			140.21			Tracheostomy, emergency procedure; cricothyroid membrane
31610			507.60			Tracheostomy, fenestration procedure with skin flaps
31611			380.11			Construction of tracheoesophageal fistula and subsequent insertion of analaryngeal speech prosthesis (eg, voice button, Blom-Singer

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						prosthesis)
31612	60.24	36.84				Tracheal puncture, percutaneous with transtracheal aspiration and/orinjection
31613			318.16			Tracheostoma revision; simple, without flap rotation
31614			474.18			Tracheostoma revision; complex, with flap rotation
31615	140.05	96.67				Tracheobronchoscopy through established tracheostomy incision
31620	215.60	56.75				Endobronchial ultrasound (EBUS) during bronchoscopic diagnostic ortherapeutic intervention(s) (List separately in addition to code forprimary procedure(s))
31622	254.54	111.29				Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance;diagnostic, with or without cell washing (separate procedure)
31623	280.37	112.78				Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance;with brushing or protected brushings
31624	260.09	112.78				Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance;with bronchial alveolar lavage
31625	274.96	131.40				Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance;with bronchial or endobronchial biopsy(s), single or multiple sites
31628	324.21	145.69				Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance;with transbronchial lung biopsy(s), single lobe
31629	557.13	156.10				Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance;with transbronchial needle aspiration biopsy(s), trachea, main stemand/or lobar bronchus(i)
31630			162.28			Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance;with tracheal/bronchial dilation or closed reduction of fracture
31631			178.58			Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance;with placement of tracheal stent(s) (includes tracheal/bronchialdilation as required)
31632	56.74	41.13				Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance;with transbronchial lung biopsy(s), each additional lobe (Listseparately in addition to code for primary procedure)
31633	67.45	51.22				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	293.85	147.79				Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance;with removal of foreign body
31636			175.91			Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance;with placement of bronchial

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						stent(s) (includes tracheal/bronchialdilation as required), initial bronchus
31637			62.28			Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance;each additional major bronchus stented (List separately in addition tocode for primary procedure)
31638			195.96			Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance;with revision of tracheal or bronchial stent inserted at previoussession (includes tracheal/bronchial dilation as required)
31640			205.55			Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance;with excision of tumor
31641			200.30			Bronchoscopy, (rigid or flexible); with destruction of tumor or reliefof stenosis by any method other than excision (eg, laser therapy,cryotherapy)
31643			135.48			Bronchoscopy, (rigid or flexible); with placement of catheter(s) forintracavitary radioelement application
31645	248.52	123.05				Bronchoscopy, (rigid or flexible); with therapeutic aspiration oftracheobronchial tree, initial (eg, drainage of lung abscess)
31646	227.43	106.97				Bronchoscopy, (rigid or flexible); with therapeutic aspiration oftracheobronchial tree, subsequent
31656	288.65	87.03				Bronchoscopy, (rigid or flexible); with injection of contrast materialfor segmental bronchography (fiberscope only)
31700	104.87	59.00				Catheterization, transglottic (separate procedure)
31708	102.35	53.35				Instillation of contrast material for laryngography or bronchography,without catheterization
31710			50.15			Catheterization for bronchography, with or without instillation ofcontrast material
31715			41.63			Transtracheal injection for bronchography
31717	316.85	84.03				Catheterization with bronchial brush biopsy
31720			39.99			Catheter aspiration (separate procedure); nasotracheal
31725	75.62	73.43				Catheter aspiration (separate procedure); tracheobronchial withfiberscope, bedside
31730	149.06	111.92				Transtracheal (percutaneous) introduction of needle wire dilator/stentor indwelling tube for oxygen therapy
31750			917.40			Tracheoplasty; cervical
31755			1216.38			Tracheoplasty; tracheopharyngeal fistulization, each stage
31760			987.31			Tracheoplasty; intrathoracic
31766			1330.00			Carinal reconstruction
31770			977.32			Bronchoplasty; graft repair
31775			1056.67			Bronchoplasty; excision stenosis and anastomosis
31780			850.61			Excision tracheal stenosis and anastomosis; cervical
31781			1050.22			Excision tracheal stenosis and anastomosis; cervicothoracic
31785			809.14			Excision of tracheal tumor or carcinoma; cervical
31786			1114.94			Excision of tracheal tumor or carcinoma; thoracic

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
31800			502.39			Suture of tracheal wound or injury; cervical
31805			612.39			Suture of tracheal wound or injury; intrathoracic
31820	304.13	241.40				Surgical closure tracheostomy or fistula; without plastic repair
31825	431.88	360.41				Surgical closure tracheostomy or fistula; with plastic repair
31830	308.58	253.03				Revision of tracheostomy scar
31899			I.C.			Unlisted procedure, trachea, bronchi
32000	138.07	57.86				Thoracentesis, puncture of pleural cavity for aspiration, initial orsubsequent
32002	161.42	94.32				Thoracentesis with insertion of tube with or without water seal (eg, forpneumothorax) (separate procedure)
32005	264.25	84.79				Chemical pleurodesis (eg, for recurrent or persistent pneumothorax)
32019	742.82	171.38				Insertion of indwelling tunneled pleural catheter with cuff
32020			156.70			Tube thoracostomy with or without water seal (eg, for abscess,hemothorax, empyema) (separate procedure)
32035			438.98			Thoracostomy; with rib resection for empyema
32036			487.37			Thoracostomy; with open flap drainage for empyema
32095			414.37			Thoracotomy, limited, for biopsy of lung or pleura
32100			695.03			Thoracotomy, major; with exploration and biopsy
32110			1012.71			Thoracotomy, major; with control of traumatic hemorrhage and/or repairof lung tear
32120			561.46			Thoracotomy, major; for postoperative complications
32124			602.34			Thoracotomy, major; with open intrapleural pneumonolysis
32140			651.33			Thoracotomy, major; with cyst(s) removal, with or without a pleuralprocedure
32141			649.78			Thoracotomy, major; with excision-plication of bullae, with or withoutany pleural procedure
32150			654.90			Thoracotomy, major; with removal of intrapleural foreign body or fibrindeposit
32151			668.12			Thoracotomy, major; with removal of intrapulmonary foreign body
32160			437.96			Thoracotomy, major; with cardiac massage
32200			716.09			Pneumonostomy; with open drainage of abscess or cyst
32201	757.27	151.81				Pneumonostomy; with percutaneous drainage of abscess or cyst
32215			549.50			Pleural scarification for repeat pneumothorax
32220			1114.31			Decortication, pulmonary (separate procedure); total
32225			651.62			Decortication, pulmonary (separate procedure); partial
32310			628.61			Pleurectomy, parietal (separate procedure)
32320			1088.92			Decortication and parietal pleurectomy
32400	115.11	66.11				Biopsy, pleura; percutaneous needle

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
32402			382.52			Biopsy, pleura; open
32405	74.59	73.34				Biopsy, lung or mediastinum, percutaneous needle
32420			82.19			Pneumocentesis, puncture of lung for aspiration
32440			1142.24			Removal of lung, total pneumonectomy;
32442			1238.93			Removal of lung, total pneumonectomy; with resection of segment oftrachea followed by broncho-tracheal anastomosis (sleeve pneumonectomy)
32445			1182.43			Removal of lung, total pneumonectomy; extrapleural
32480			1079.25			Removal of lung, other than total pneumonectomy; single lobe (lobectomy)
32482			1142.22			Removal of lung, other than total pneumonectomy; two lobes (bilobectomy)
32484			967.50			Removal of lung, other than total pneumonectomy; single segment(segmentectomy)
32486			1122.73			Removal of lung, other than total pneumonectomy; with circumferentialresection of segment of bronchus followed by broncho-bronchialanastomosis (sleeve lobectomy)
32488			1191.04			Removal of lung, other than total pneumonectomy; all remaining lungfollowing previous removal of a portion of lung (completionpneumonectomy)
32491			1021.09			Removal of lung, other than total pneumonectomy; excision-plication ofemphysematous lung(s) (bullous or non-bullous) for lung volumereduction, sternal split or transthoracic approach, with or without anypleural procedure
32500			1036.89			Removal of lung, other than total pneumonectomy; wedge resection, singleor multiple
32501			186.43			Resection and repair of portion of bronchus (bronchoplasty) whenperformed at time of lobectomy or segmentectomy (List separately inaddition to code for primary procedure)
32520			993.78			Resection of lung; with resection of chest wall
32522			1090.94			Resection of lung; with reconstruction of chest wall, without prosthesis
32525			1182.75			Resection of lung; with major reconstruction of chest wall, withprosthesis
32540			733.00			Extrapleural enucleation of empyema (empyemectomy)
32601			234.97			Thoracoscopy, diagnostic (separate procedure); lungs and pleural space,without biopsy
32602			254.85			Thoracoscopy, diagnostic (separate procedure); lungs and pleural space,with biopsy
32603			325.75			Thoracoscopy, diagnostic (separate procedure); pericardial sac, withoutbiopsy
32604			367.22			Thoracoscopy, diagnostic (separate procedure); pericardial sac, withbiopsy
32605			295.29			Thoracoscopy, diagnostic (separate procedure);

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						mediastinal space,without biopsy
32606			352.73			Thoracoscopy, diagnostic (separate procedure); mediastinal space, withbiopsy
32650			528.42			Thoracoscopy, surgical; with pleurodesis (eg, mechanical or chemical)
32651			607.38			Thoracoscopy, surgical; with partial pulmonary decortication
32652			867.54			Thoracoscopy, surgical; with total pulmonary decortication, includingintrapleural pneumonolysis
32653			597.56			Thoracoscopy, surgical; with removal of intrapleural foreign body orfibrin deposit
32654			599.96			Thoracoscopy, surgical; with control of traumatic hemorrhage
32655			612.74			Thoracoscopy, surgical; with excision-plication of bullae, including anypleural procedure
32656			629.54			Thoracoscopy, surgical; with parietal pleurectomy
32657			643.67			Thoracoscopy, surgical; with wedge resection of lung, single or multiple
32658			572.81			Thoracoscopy, surgical; with removal of clot or foreign body frompericardial sac
32659			574.65			Thoracoscopy, surgical; with creation of pericardial window or partialresection of pericardial sac for drainage
32660			802.67			Thoracoscopy, surgical; with total pericardiectomy
32661			633.90			Thoracoscopy, surgical; with excision of pericardial cyst, tumor, ormass
32662			758.15			Thoracoscopy, surgical; with excision of mediastinal cyst, tumor, ormass
32663			883.12			Thoracoscopy, surgical; with lobectomy, total or segmental
32664			665.08			Thoracoscopy, surgical; with thoracic sympathectomy
32665			712.04			Thoracoscopy, surgical; with esophagomyotomy (Heller type)
32800			634.60			Repair lung hernia through chest wall
32810			621.22			Closure of chest wall following open flap drainage for empyema (Clagetttype procedure)
32815			1026.33			Open closure of major bronchial fistula
32820			1003.64			Major reconstruction, chest wall (posttraumatic)
32850			I.C.			Donor pneumonectomy (including cold preservation), from cadaver donor
32851			2003.44			Lung transplant, single; without cardiopulmonary bypass
32852			2272.45			Lung transplant, single; with cardiopulmonary bypass
32853			2407.05			Lung transplant, double (bilateral sequential or en bloc); withoutcardiopulmonary bypass
32854			2590.72			Lung transplant, double (bilateral sequential or en bloc); withcardiopulmonary bypass
32855			I.C.			Backbench standard preparation of cadaver donor lung allograft prior totransplantation, including dissection of allograft from surroundingsoft tissues to prepare pulmonary venous/atrial cuff,

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						pulmonary artery,and bronchus; unilateral
32856			I.C.			Backbench standard preparation of cadaver donor lung allograft prior totransplantation, including dissection of allograft from surroundingsoft tissues to prepare pulmonary venous/atrial cuff, pulmonary artery,and bronchus; bilateral
32900			908.44			Resection of ribs, extrapleural, all stages
32905			932.01			Thoracoplasty, Schede type or extrapleural (all stages);
32906			1168.97			Thoracoplasty, Schede type or extrapleural (all stages); with closure ofbronchopleural fistula
32940			870.31			Pneumonolysis, extraperiosteal, including filling or packing procedures
32960	106.35	69.83				Pneumothorax, therapeutic, intrapleural injection of air
32997			230.46			Total lung lavage (unilateral)
32999			I.C.			Unlisted procedure, lungs and pleura
33010			87.12			Pericardiocentesis; initial
33011			88.49			Pericardiocentesis; subsequent
33015			348.75			Tube pericardiostomy
33020			583.65			Pericardiotomy for removal of clot or foreign body (primary procedure)
33025			555.97			Creation of pericardial window or partial resection for drainage
33030			852.30			Pericardiectomy, subtotal or complete; without cardiopulmonary bypass
33031			958.04			Pericardiectomy, subtotal or complete; with cardiopulmonary bypass
33050			670.54			Excision of pericardial cyst or tumor
33120			1089.87			Excision of intracardiac tumor, resection with cardiopulmonary bypass
33130			944.98			Resection of external cardiac tumor
33140			930.76			Transmyocardial laser revascularization, by thoracotomy; (separateprocedure)
33141			192.52			Transmyocardial laser revascularization, by thoracotomy; performed atthe time of other open cardiac procedure(s) (List separately inaddition to code for primary procedure)
33200			580.56			Insertion of permanent pacemaker with epicardial electrode(s); bythoracotomy
33201			504.22			Insertion of permanent pacemaker with epicardial electrode(s); byxiphoid approach
33206			327.43			Insertion or replacement of permanent pacemaker with transvenouselectrode(s); atrial
33207			372.03			Insertion or replacement of permanent pacemaker with transvenouselectrode(s); ventricular
33208			377.43			Insertion or replacement of permanent pacemaker with transvenouselectrode(s); atrial and ventricular
33210			130.83			Insertion or replacement of temporary transvenous single chamber cardiacelectrode or pacemaker catheter (separate procedure)
33211			135.96			Insertion or replacement of temporary transvenous dual chamber pacingelectrodes (separate

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						procedure)
33212			261.24			Insertion or replacement of pacemaker pulse generator only; singlechamber, atrial or ventricular
33213			295.50			Insertion or replacement of pacemaker pulse generator only; dual chamber
33214			370.86			Upgrade of implanted pacemaker system, conversion of single chambersystem to dual chamber system (includes removal of previously placedpulse generator, testing of existing lead, insertion of new lead,insertion of new pulse generator)
33215			233.48			Repositioning of previously implanted transvenous pacemaker or pacingcardioverter-defibrillator (right atrial or right ventricular)electrode
33216			293.08			Insertion of a transvenous electrode; single chamber (one electrode)permanent pacemaker or single chamber pacing cardioverter-defibrillator
33217			293.43			Insertion of a transvenous electrode; dual chamber (two electrodes)permanent pacemaker or dual chamber pacing cardioverter-defibrillator
33218			286.95			Repair of single transvenous electrode for a single chamber, permanentpacemaker or single chamber pacing cardioverter-defibrillator
33220			288.14			Repair of two transvenous electrodes for a dual chamber permanentpacemaker or dual chamber pacing cardioverter-defibrillator
33222			274.51			Revision or relocation of skin pocket for pacemaker
33223			324.41			Revision of skin pocket for single or dual chamber pacingcardioverter-defibrillator
33224			377.44			Insertion of pacing electrode, cardiac venous system, for leftventricular pacing, with attachment to previously placed pacemaker orpacing cardioverter-defibrillator pulse generator (including revisionof pocket, removal, insertion and/or replacement of generator)
33225			333.22			Insertion of pacing electrode, cardiac venous system, for leftventricular pacing, at time of insertion of pacingcardioverter-defibrillator or pacemaker pulse generator (includingupgrade to dual chamber system) (List separately in addition to codefor primary procedure)
33226			363.10			Repositioning of previously implanted cardiac venous system (leftventricular) electrode (including removal, insertion and/or replacementof generator)
33233			194.47			Removal of permanent pacemaker pulse generator
33234			373.34			Removal of transvenous pacemaker electrode(s); single lead system,atrial or ventricular
33235			478.29			Removal of transvenous pacemaker electrode(s); dual lead system
33236			601.95			Removal of permanent epicardial pacemaker and

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						electrodes by thoracotomy;single lead system, atrial or ventricular
33237			640.25			Removal of permanent epicardial pacemaker and electrodes by thoracotomy;dual lead system
33238			701.86			Removal of permanent transvenous electrode(s) by thoracotomy
33240			355.05			Insertion of single or dual chamber pacing cardioverter-defibrillatorpulse generator
33241			183.03			Subcutaneous removal of single or dual chamber pacingcardioverter-defibrillator pulse generator
33243			1003.87			Removal of single or dual chamber pacing cardioverter-defibrillatorelectrode(s); by thoracotomy
33244			664.24			Removal of single or dual chamber pacing cardioverter-defibrillatorelectrode(s); by transvenous extraction
33245			668.68			Insertion of epicardial single or dual chamber pacingcardioverter-defibrillator electrodes by thoracotomy;
33246			926.21			Insertion of epicardial single or dual chamber pacingcardioverter-defibrillator electrodes by thoracotomy; with insertion ofpulse generator
33249			656.56			Insertion or repositioning of electrode lead(s) for single or dualchamber pacing cardioverter-defibrillator and insertion of pulsegenerator
33250			989.68			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
33251			1099.17			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
33253			1351.20			Operative incisions and reconstruction of atria for treatment of atrialfibrillation or atrial flutter (eg, maze procedure)
33261			1100.24			Operative ablation of ventricular arrhythmogenic focus withcardiopulmonary bypass
33282			241.44			Implantation of patient-activated cardiac event recorder
33284			179.86			Removal of an implantable, patient-activated cardiac event recorder
33300			818.60			Repair of cardiac wound; without bypass
33305			966.19			Repair of cardiac wound; with cardiopulmonary bypass
33310			845.21			Cardiotomy, exploratory (includes removal of foreign body, atrial orventricular thrombus); without bypass
33315			1002.78			Cardiotomy, exploratory (includes removal of foreign body, atrial orventricular thrombus); with cardiopulmonary bypass

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
33320			745.69			Suture repair of aorta or great vessels; without shunt orcardiopulmonary bypass
33321			903.03			Suture repair of aorta or great vessels; with shunt bypass
33322			930.81			Suture repair of aorta or great vessels; with cardiopulmonary bypass
33330			947.73			Insertion of graft, aorta or great vessels; without shunt, orcardiopulmonary bypass
33332			1028.11			Insertion of graft, aorta or great vessels; with shunt bypass
33335			1302.42			Insertion of graft, aorta or great vessels; with cardiopulmonary bypass
33400			1332.04			Valvuloplasty, aortic valve; open, with cardiopulmonary bypass
33401			1131.65			Valvuloplasty, aortic valve; open, with inflow occlusion
33403			1182.25			Valvuloplasty, aortic valve; using transventricular dilation, withcardiopulmonary bypass
33404			1303.50			Construction of apical-aortic conduit
33405			1609.18			Replacement, aortic valve, with cardiopulmonary bypass; with prostheticvalve other than homograft or stentless valve
33406			1707.51			Replacement, aortic valve, with cardiopulmonary bypass; with allograftvalve (freehand)
33410			1478.00			Replacement, aortic valve, with cardiopulmonary bypass; with stentlesstissue valve
33411			1660.75			Replacement, aortic valve; with aortic annulus enlargement, noncoronarycusp
33412			1886.60			Replacement, aortic valve; with transventricular aortic annulusenlargement (Konno procedure)
33413			1942.66			Replacement, aortic valve; by translocation of autologous pulmonaryvalve with allograft replacement of pulmonary valve (Ross procedure)
33414			1342.00			Repair of left ventricular outflow tract obstruction by patchenlargement of the outflow tract
33415			1177.40			Resection or incision of subvalvular tissue for discrete subvalvularaortic stenosis
33416			1322.55			Ventriculomyotomy (-myectomy) for idiopathic hypertrophic subaorticstenosis (eg, asymmetric septal hypertrophy)
33417			1269.07			Aortoplasty (gusset) for supravalvular stenosis
33420			940.17			Valvotomy, mitral valve; closed heart
33422			1195.24			Valvotomy, mitral valve; open heart, with cardiopulmonary bypass
33425			1207.91			Valvuloplasty, mitral valve, with cardiopulmonary bypass;
33426			1512.95			Valvuloplasty, mitral valve, with cardiopulmonary bypass; withprosthetic ring
33427			1790.90			Valvuloplasty, mitral valve, with cardiopulmonary bypass; radicalreconstruction, with or without ring
33430			1532.95			Replacement, mitral valve, with cardiopulmonary bypass
33460			1051.75			Valvectomy, tricuspid valve, with

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						cardiopulmonary bypass
33463			1162.56			Valvuloplasty, tricuspid valve; without ring insertion
33464			1232.43			Valvuloplasty, tricuspid valve; with ring insertion
33465			1258.48			Replacement, tricuspid valve, with cardiopulmonary bypass
33468			1311.91			Tricuspid valve repositioning and plication for Ebstein anomaly
33470			908.27			Valvotomy, pulmonary valve, closed heart; transventricular
33471			966.89			Valvotomy, pulmonary valve, closed heart; via pulmonary artery
33472			1036.38			Valvotomy, pulmonary valve, open heart; with inflow occlusion
33474			1019.52			Valvotomy, pulmonary valve, open heart; with cardiopulmonary bypass
33475			1457.80			Replacement, pulmonary valve
33476			1108.65			Right ventricular resection for infundibular stenosis, with or withoutcommissurotomy
33478			1199.71			Outflow tract augmentation (gusset), with or without commissurotomy orinfundibular resection
33496			1207.03			Repair of non-structural prosthetic valve dysfunction withcardiopulmonary bypass (separate procedure)
33500			1114.38			Repair of coronary arteriovenous or arteriocardiac chamber fistula; withcardiopulmonary bypass
33501			769.82			Repair of coronary arteriovenous or arteriocardiac chamber fistula;without cardiopulmonary bypass
33502			967.56			Repair of anomalous coronary artery; by ligation
33503			921.87			Repair of anomalous coronary artery; by graft, without cardiopulmonarybypass
33504			1094.36			Repair of anomalous coronary artery; by graft, with cardiopulmonarybypass
33505			1161.73			Repair of anomalous coronary artery; with construction of intrapulmonaryartery tunnel (Takeuchi procedure)
33506			1496.01			Repair of anomalous coronary artery; by translocation from pulmonaryartery to aorta
33508			12.22			Endoscopy, surgical, including video-assisted harvest of vein(s) forcoronary artery bypass procedure (List separately in addition to codefor primary procedure)
33510			1369.46			Coronary artery bypass, vein only; single coronary venous graft
33511			1422.78			Coronary artery bypass, vein only; two coronary venous grafts
33512			1491.85			Coronary artery bypass, vein only; three coronary venous grafts
33513			1503.64			Coronary artery bypass, vein only; four coronary venous grafts
33514			1533.08			Coronary artery bypass, vein only; five coronary venous grafts
33516			1623.60			Coronary artery bypass, vein only; six or more

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						coronary venous grafts
33517			102.48			Coronary artery bypass, using venous graft(s) and arterial graft(s);single vein graft (List separately in addition to code for arterialgraft)
33518			193.00			Coronary artery bypass, using venous graft(s) and arterial graft(s); twovenous grafts (List separately in addition to code for arterial graft)
33519			283.53			Coronary artery bypass, using venous graft(s) and arterial graft(s);three venous grafts (List separately in addition to code for arterialgraft)
33521			374.41			Coronary artery bypass, using venous graft(s) and arterial graft(s);four venous grafts (List separately in addition to code for arterialgraft)
33522			464.89			Coronary artery bypass, using venous graft(s) and arterial graft(s);five venous grafts (List separately in addition to code for arterialgraft)
33523			555.91			Coronary artery bypass, using venous graft(s) and arterial graft(s); sixor more venous grafts (List separately in addition to code for arterialgraft)
33530			233.37			Reoperation, coronary artery bypass procedure or valve procedure, morethan one month after original operation (List separately in addition tocode for primary procedure)
33533			1403.10			Coronary artery bypass, using arterial graft(s); single arterial graft
33534			1504.64			Coronary artery bypass, using arterial graft(s); two coronary arterialgrafts
33535			1587.68			Coronary artery bypass, using arterial graft(s); three coronary arterialgrafts
33536			1679.25			Coronary artery bypass, using arterial graft(s); four or more coronaryarterial grafts
33542			1261.02			Myocardial resection (eg, ventricular aneurysmectomy)
33545			1573.78			Repair of postinfarction ventricular septal defect, with or withoutmyocardial resection
33572			177.02			Coronary endarterectomy, open, any method, of left anterior descending,circumflex, or right coronary artery performed in conjunction withcoronary artery bypass graft procedure, each vessel (List separately inaddition to primary procedure)
33600			1267.87			Closure of atrioventricular valve (mitral or tricuspid) by suture orpatch
33602			1227.05			Closure of semilunar valve (aortic or pulmonary) by suture or patch
33606			1336.30			Anastomosis of pulmonary artery to aorta (Damus-Kaye-Stansel procedure)
33608			1365.88			Repair of complex cardiac anomaly other than pulmonary atresia withventricular septal defect by construction or replacement of conduitfrom right or left ventricle to pulmonary artery
33610			1333.87			Repair of complex cardiac anomalies (eg, single ventricle with subaorticobstruction) by surgical

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						enlargement of ventricular septal defect
33611			1436.49			Repair of double outlet right ventricle with intraventricular tunnelrepair;
33612			1514.18			Repair of double outlet right ventricle with intraventricular tunnelrepair; with repair of right ventricular outflow tract obstruction
33615			1404.10			Repair of complex cardiac anomalies (eg, tricuspid atresia) by closureof atrial septal defect and anastomosis of atria or vena cava topulmonary artery (simple Fontan procedure)
33617			1601.02			Repair of complex cardiac anomalies (eg, single ventricle) by modifiedFontan procedure
33619			1980.74			Repair of single ventricle with aortic outflow obstruction and aorticarch hypoplasia (hypoplastic left heart syndrome) (eg, Norwoodprocedure)
33641			933.05			Repair atrial septal defect, secundum, with cardiopulmonary bypass, withor without patch
33645			1104.00			Direct or patch closure, sinus venosus, with or without anomalouspulmonary venous drainage
33647			1261.62			Repair of atrial septal defect and ventricular septal defect, withdirect or patch closure
33660			1312.67			Repair of incomplete or partial atrioventricular canal (ostium primumatrial septal defect), with or without atrioventricular valve repair
33665			1275.88			Repair of intermediate or transitional atrioventricular canal, with orwithout atrioventricular valve repair
33670			1439.12			Repair of complete atrioventricular canal, with or without prostheticvalve
33681			1364.79			Closure of ventricular septal defect, with or without patch;
33684			1286.54			Closure of ventricular septal defect, with or without patch; withpulmonary valvotomy or infundibular resection (acyanotic)
33688			1240.09			Closure of ventricular septal defect, with or without patch; withremoval of pulmonary artery band, with or without gusset
33690			877.70			Banding of pulmonary artery
33692			1348.22			Complete repair tetralogy of Fallot without pulmonary atresia;
33694			1458.14			Complete repair tetralogy of Fallot without pulmonary atresia; withtransannular patch
33697			1506.78			Complete repair tetralogy of Fallot with pulmonary atresia includingconstruction of conduit from right ventricle to pulmonary artery andclosure of ventricular septal defect
33702			1174.61			Repair sinus of Valsalva fistula, with cardiopulmonary bypass;
33710			1318.44			Repair sinus of Valsalva fistula, with cardiopulmonary bypass; withrepair of ventricular septal defect
33720			1168.97			Repair sinus of Valsalva aneurysm, with cardiopulmonary bypass

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
33722			1214.51			Closure of aortico-left ventricular tunnel
33730			1456.31			Complete repair of anomalous venous return (supracardiac, intracardiac,or infracardiac types)
33732			1243.28			Repair of cor triatriatum or supravalvular mitral ring by resection ofleft atrial membrane
33735			887.80			Atrial septectomy or septostomy; closed heart (Blalock-Hanlon typeoperation)
33736			1059.51			Atrial septectomy or septostomy; open heart with cardiopulmonary bypass
33737			987.69			Atrial septectomy or septostomy; open heart, with inflow occlusion
33750			912.03			Shunt; subclavian to pulmonary artery (Blalock-Taussig type operation)
33755			922.22			Shunt; ascending aorta to pulmonary artery (Waterston type operation)
33762			961.79			Shunt; descending aorta to pulmonary artery (Potts-Smith type operation)
33764			961.19			Shunt; central, with prosthetic graft
33766			1047.22			Shunt; superior vena cava to pulmonary artery for flow to one lung(classical Glenn procedure)
33767			1097.35			Shunt; superior vena cava to pulmonary artery for flow to both lungs(bidirectional Glenn procedure)
33770			1561.85			Repair of transposition of the great arteries with ventricular septaldefect and subpulmonary stenosis; without surgical enlargement ofventricular septal defect
33771			1426.99			Repair of transposition of the great arteries with ventricular septaldefect and subpulmonary stenosis; with surgical enlargement ofventricular septal defect
33774			1381.71			Repair of transposition of the great arteries, atrial baffle procedure(eg, Mustard or Senning type) with cardiopulmonary bypass;
33775			1428.52			Repair of transposition of the great arteries, atrial baffle procedure(eg, Mustard or Senning type) with cardiopulmonary bypass; with removalof pulmonary band
33776			1504.44			Repair of transposition of the great arteries, atrial baffle procedure(eg, Mustard or Senning type) with cardiopulmonary bypass; with closureof ventricular septal defect
33777			1492.08			Repair of transposition of the great arteries, atrial baffle procedure(eg, Mustard or Senning type) with cardiopulmonary bypass; with repairof subpulmonic obstruction
33778			1720.45			Repair of transposition of the great arteries, aortic pulmonary arteryreconstruction (eg, Jatene type);
33779			1503.14			Repair of transposition of the great arteries, aortic pulmonary arteryreconstruction (eg, Jatene type); with removal of pulmonary band
33780			1782.04			Repair of transposition of the great arteries, aortic pulmonary arteryreconstruction (eg, Jatene type); with closure of ventricular septaldefect

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
33781			1510.71			Repair of transposition of the great arteries, aortic pulmonary arteryreconstruction (eg, Jatene type); with repair of subpulmonicobstruction
33786			1678.18			Total repair, truncus arteriosus (Rastelli type operation)
33788			1165.40			Reimplantation of an anomalous pulmonary artery
33800			736.45			Aortic suspension (aortopexy) for tracheal decompression (eg, fortracheomalacia) (separate procedure)
33802			804.53			Division of aberrant vessel (vascular ring);
33803			892.87			Division of aberrant vessel (vascular ring); with reanastomosis
33813			954.98			Obliteration of aortopulmonary septal defect; without cardiopulmonarybypass
33814			1160.05			Obliteration of aortopulmonary septal defect; with cardiopulmonarybypass
33820			744.52			Repair of patent ductus arteriosus; by ligation
33822			796.05			Repair of patent ductus arteriosus; by division, under 18 years
33824			890.98			Repair of patent ductus arteriosus; by division, 18 years and older
33840			914.76			Excision of coarctation of aorta, with or without associated patentductus arteriosus; with direct anastomosis
33845			1009.73			Excision of coarctation of aorta, with or without associated patentductus arteriosus; with graft
33851			965.36			Excision of coarctation of aorta, with or without associated patentductus arteriosus; repair using either left subclavian artery orprosthetic material as gusset for enlargement
33852			1029.58			Repair of hypoplastic or interrupted aortic arch using autogenous orprosthetic material; without cardiopulmonary bypass
33853			1399.32			Repair of hypoplastic or interrupted aortic arch using autogenous orprosthetic material; with cardiopulmonary bypass
33860			1640.69			Ascending aorta graft, with cardiopulmonary bypass, with or withoutvalve suspension;
33861			1797.94			Ascending aorta graft, with cardiopulmonary bypass, with or withoutvalve suspension; with coronary reconstruction
33863			1916.60			Ascending aorta graft, with cardiopulmonary bypass, with or withoutvalve suspension; with aortic root replacement using compositeprosthesis and coronary reconstruction
33870			1876.27			Transverse arch graft, with cardiopulmonary bypass
33875			1418.81			Descending thoracic aorta graft, with or without bypass
33877			1763.78			Repair of thoracoabdominal aortic aneurysm with graft, with or withoutcardiopulmonary bypass
33910			1087.06			Pulmonary artery embolectomy; with cardiopulmonary bypass

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
33915			894.26			Pulmonary artery embolectomy; without cardiopulmonary bypass
33916			1117.65			Pulmonary endarterectomy, with or without embolectomy, withcardiopulmonary bypass
33917			1108.93			Repair of pulmonary artery stenosis by reconstruction with patch orgraft
33918			1167.20			Repair of pulmonary atresia with ventricular septal defect, byunifocalization of pulmonary arteries; without cardiopulmonary bypass
33919			1734.88			Repair of pulmonary atresia with ventricular septal defect, byunifocalization of pulmonary arteries; with cardiopulmonary bypass
33920			1372.73			Repair of pulmonary atresia with ventricular septal defect, byconstruction or replacement of conduit from right or left ventricle topulmonary artery
33922			1030.08			Transection of pulmonary artery with cardiopulmonary bypass
33924			220.97			Ligation and takedown of a systemic-to-pulmonary artery shunt, performedin conjunction with a congenital heart procedure (List separately inaddition to code for primary procedure)
33930			I.C.			Donor cardiectomy-pneumonectomy (including cold preservation)
33933			I.C.			Backbench standard preparation of cadaver donor heart/lung allograftprior to transplantation, including dissection of allograft fromsurrounding soft tissues to prepare aorta, superior vena cava, inferiorvena cava, and trachea for implantation
33935			2708.16			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 totransplantation, including dissection of allograft from surroundingsoft tissues to prepare aorta, superior vena cava, inferior vena cava,pulmonary artery, and left atrium for implantation
33945			1915.66			Heart transplant, with or without recipient cardiectomy
33960			722.93			Prolonged extracorporeal circulation for cardiopulmonary insufficiency;initial 24 hours
33961			422.06			Prolonged extracorporeal circulation for cardiopulmonary insufficiency;each additional 24 hours (List separately in addition to code forprimary procedure)
33967			193.63			Insertion of intra-aortic balloon assist device, percutaneous
33968			25.70			Removal of intra-aortic balloon assist device, percutaneous
33970			267.94			Insertion of intra-aortic balloon assist device through the femoralartery, open approach
33971			470.57			Removal of intra-aortic balloon assist device including repair offemoral artery, with or without

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						graft
33973			388.70			Insertion of intra-aortic balloon assist device through the ascendingaorta
33974			664.56			Removal of intra-aortic balloon assist device from the ascending aorta,including repair of the ascending aorta, with or without graft
33975			817.64			Insertion of ventricular assist device; extracorporeal, single ventricle
33976			914.96			Insertion of ventricular assist device; extracorporeal, biventricular
33977			916.95			Removal of ventricular assist device; extracorporeal, single ventricle
33978			1012.27			Removal of ventricular assist device; extracorporeal, biventricular
33979			1832.60			Insertion of ventricular assist device, implantable intracorporeal,single ventricle
33980			2460.16			Removal of ventricular assist device, implantable intracorporeal, singleventricle
33999			I.C.			Unlisted procedure, cardiac surgery
34001			590.08			Embolectomy or thrombectomy, with or without catheter; carotid,subclavian or innominate artery, by neck incision
34051			693.41			Embolectomy or thrombectomy, with or without catheter; innominate,subclavian artery, by thoracic incision
34101			462.17			Embolectomy or thrombectomy, with or without catheter; axillary,brachial, innominate, subclavian artery, by arm incision
34111			461.53			Embolectomy or thrombectomy, with or without catheter; radial or ulnarartery, by arm incision
34151			1062.61			Embolectomy or thrombectomy, with or without catheter; renal, celiac,mesentery, aortoiliac artery, by abdominal incision
34201			465.43			Embolectomy or thrombectomy, with or without catheter; femoropopliteal,aortoiliac artery, by leg incision
34203			739.24			Embolectomy or thrombectomy, with or without catheter;popliteal-tibio-peroneal artery, by leg incision
34401			1059.38			Thrombectomy, direct or with catheter; vena cava, iliac vein, byabdominal incision
34421			547.85			Thrombectomy, direct or with catheter; vena cava, iliac, femoropoplitealvein, by leg incision
34451			1153.17			Thrombectomy, direct or with catheter; vena cava, iliac, femoropoplitealvein, by abdominal and leg incision
34471			459.99			Thrombectomy, direct or with catheter; subclavian vein, by neck incision
34490			459.56			Thrombectomy, direct or with catheter; axillary and subclavian vein, byarm incision
34501			736.79			Valvuloplasty, femoral vein
34502			1175.59			Reconstruction of vena cava, any method
34510			845.40			Venous valve transposition, any vein donor

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
34520			786.92			Cross-over vein graft to venous system
34530			747.29			Saphenopopliteal vein anastomosis
34800			886.11			Endovascular repair of infrarenal abdominal aortic aneurysm ordissection; using aorto-aortic tube prosthesis
34802			964.22			Endovascular repair of infrarenal abdominal aortic aneurysm ordissection; using modular bifurcated prosthesis (one docking limb)
34803			999.47			Endovascular repair of infrarenal abdominal aortic aneurysm ordissection; using modular bifurcated prosthesis (two docking limbs)
34804			964.42			Endovascular repair of infrarenal abdominal aortic aneurysm ordissection; using unibody bifurcated prosthesis
34805			924.50			Endovascular repair of infrarenal abdominal aortic aneurysm ordissection; using aorto-uniiliac or aorto-unifemoral prosthesis
34808			163.66			Endovascular placement of iliac artery occlusion device (List separatelyin addition to code for primary procedure)
34812			273.45			Open femoral artery exposure for delivery of endovascular prosthesis, bygroin incision, unilateral
34813			190.08			Placement of femoral-femoral prosthetic graft during endovascular aorticaneurysm repair (List separately in addition to code for primaryprocedure)
34820			390.00			Open iliac artery exposure for delivery of endovascular prosthesis oriliac occlusion during endovascular therapy, by abdominal orretroperitoneal incision, unilateral
34825			537.18			Placement of proximal or distal extension prosthesis for endovascularrepair of infrarenal abdominal aortic or iliac aneurysm, falseaneurysm, or dissection; initial vessel
34826			161.52			Placement of proximal or distal extension prosthesis for endovascularrepair of infrarenal abdominal aortic or iliac aneurysm, falseaneurysm, or dissection; each additional vessel (List separately inaddition to code for primary procedure)
34830			1389.33			Open repair of infrarenal aortic aneurysm or dissection, plus repair ofassociated arterial trauma, following unsuccessful endovascular repair;tube prosthesis
34831			1402.79			Open repair of infrarenal aortic aneurysm or dissection, plus repair ofassociated arterial trauma, following unsuccessful endovascular repair;aorto-bi-iliac prosthesis
34832			1495.13			Open repair of infrarenal aortic aneurysm or dissection, plus repair ofassociated arterial trauma, following unsuccessful endovascular repair;aorto-bifemoral prosthesis

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
34833			491.73			Open iliac artery exposure with creation of conduit for delivery ofinfrarenal aortic or iliac endovascular prosthesis, by abdominal orretroperitoneal incision, unilateral
34834			226.41			Open brachial artery exposure to assist in the deployment of infrarenalaortic or iliac endovascular prosthesis by arm incision, unilateral
34900			712.29			Endovascular graft placement for repair of iliac artery (eg, aneurysm,pseudoaneurysm, arteriovenous malformation, trauma)
35001			877.97			Direct repair of aneurysm, pseudoaneurysm, or excision (partial ortotal) and graft insertion, with or without patch graft; for aneurysmand associated occlusive disease, carotid, subclavian artery, by neckincision
35002			924.28			Direct repair of aneurysm, pseudoaneurysm, or excision (partial ortotal) and graft insertion, with or without patch graft; for rupturedaneurysm, carotid, subclavian artery, by neck incision
35005			794.41			Direct repair of aneurysm, pseudoaneurysm, or excision (partial ortotal) and graft insertion, with or without patch graft; for aneurysm,pseudoaneurysm, and associated occlusive disease, vertebral artery
35011			780.00			Direct repair of aneurysm, pseudoaneurysm, or excision (partial ortotal) and graft insertion, with or without patch graft; for aneurysmand associated occlusive disease, axillary-brachial artery, by armincision
35013			951.11			Direct repair of aneurysm, pseudoaneurysm, or excision (partial ortotal) and graft insertion, with or without patch graft; for rupturedaneurysm, axillary-brachial artery, by arm incision
35021			874.51			Direct repair of aneurysm, pseudoaneurysm, or excision (partial ortotal) and graft insertion, with or without patch graft; for aneurysm,pseudoaneurysm, and associated occlusive disease, innominate,subclavian artery, by thoracic incision
35022			990.03			Direct repair of aneurysm, pseudoaneurysm, or excision (partial ortotal) and graft insertion, with or without patch graft; for rupturedaneurysm, innominate, subclavian artery, by thoracic incision
35045			752.09			Direct repair of aneurysm, pseudoaneurysm, or excision (partial ortotal) and graft insertion, with or without patch graft; for aneurysm,pseudoaneurysm, and associated occlusive disease, radial or ulnarartery
35081			1185.15			Direct repair of aneurysm, pseudoaneurysm, or excision (partial ortotal) and graft insertion, with or without patch graft; for aneurysm,pseudoaneurysm, and associated occlusive disease, abdominal aorta

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
35082			1613.29			Direct repair of aneurysm, pseudoaneurysm, or excision (partial ortotal) and graft insertion, with or without patch graft; for rupturedaneurysm, abdominal aorta
35091			1471.13			Direct repair of aneurysm, pseudoaneurysm, or excision (partial ortotal) and graft insertion, with or without patch graft; for aneurysm,pseudoaneurysm, and associated occlusive disease, abdominal aortainvolving visceral vessels (mesenteric, celiac, renal)
35092			1878.17			Direct repair of aneurysm, pseudoaneurysm, or excision (partial ortotal) and graft insertion, with or without patch graft; for rupturedaneurysm, abdominal aorta involving visceral vessels (mesenteric,celiac, renal)
35102			1296.06			Direct repair of aneurysm, pseudoaneurysm, or excision (partial ortotal) and graft insertion, with or without patch graft; for aneurysm,pseudoaneurysm, and associated occlusive disease, abdominal aortainvolving iliac vessels (common, hypogastric, external)
35103			1691.56			Direct repair of aneurysm, pseudoaneurysm, or excision (partial ortotal) and graft insertion, with or without patch graft; for rupturedaneurysm, abdominal aorta involving iliac vessels (common, hypogastric,external)
35111			1062.12			Direct repair of aneurysm, pseudoaneurysm, or excision (partial ortotal) and graft insertion, with or without patch graft; for aneurysm,pseudoaneurysm, and associated occlusive disease, splenic artery
35112			1256.46			Direct repair of aneurysm, pseudoaneurysm, or excision (partial ortotal) and graft insertion, with or without patch graft; for rupturedaneurysm, splenic artery
35121			1272.58			Direct repair of aneurysm, pseudoaneurysm, or excision (partial ortotal) and graft insertion, with or without patch graft; for aneurysm,pseudoaneurysm, and associated occlusive disease, hepatic, celiac,renal, or mesenteric artery
35122			1460.49			Direct repair of aneurysm, pseudoaneurysm, or excision (partial ortotal) and graft insertion, with or without patch graft; for rupturedaneurysm, hepatic, celiac, renal, or mesenteric artery
35131			1078.14			Direct repair of aneurysm, pseudoaneurysm, or excision (partial ortotal) and graft insertion, with or without patch graft; for aneurysm,pseudoaneurysm, and associated occlusive disease, iliac artery (common,hypogastric, external)
35132			1274.17			Direct repair of aneurysm, pseudoaneurysm, or excision (partial ortotal) and graft insertion, with

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						or without patch graft; for rupturedaneurysm, iliac artery (common, hypogastric, external)
35141			869.49			Direct repair of aneurysm, pseudoaneurysm, or excision (partial ortotal) and graft insertion, with or without patch graft; for aneurysm,pseudoaneurysm, and associated occlusive disease, common femoral artery(profunda femoris, superficial femoral)
35142			1012.35			Direct repair of aneurysm, pseudoaneurysm, or excision (partial ortotal) and graft insertion, with or without patch graft; for rupturedaneurysm, common femoral artery (profunda femoris, superficial femoral)
35151			980.80			Direct repair of aneurysm, pseudoaneurysm, or excision (partial ortotal) and graft insertion, with or without patch graft; for aneurysm,pseudoaneurysm, and associated occlusive disease, popliteal artery
35152			1111.08			Direct repair of aneurysm, pseudoaneurysm, or excision (partial ortotal) and graft insertion, with or without patch graft; for rupturedaneurysm, popliteal artery
35180			599.66			Repair, congenital arteriovenous fistula; head and neck
35182			1288.14			Repair, congenital arteriovenous fistula; thorax and abdomen
35184			789.89			Repair, congenital arteriovenous fistula; extremities
35188			662.93			Repair, acquired or traumatic arteriovenous fistula; head and neck
35189			1200.39			Repair, acquired or traumatic arteriovenous fistula; thorax and abdomen
35190			578.12			Repair, acquired or traumatic arteriovenous fistula; extremities
35201			726.41			Repair blood vessel, direct; neck
35206			595.63			Repair blood vessel, direct; upper extremity
35207			529.59			Repair blood vessel, direct; hand, finger
35211			985.99			Repair blood vessel, direct; intrathoracic, with bypass
35216			833.63			Repair blood vessel, direct; intrathoracic, without bypass
35221			1027.43			Repair blood vessel, direct; intra-abdominal
35226			659.33			Repair blood vessel, direct; lower extremity
35231			895.16			Repair blood vessel with vein graft; neck
35236			751.50			Repair blood vessel with vein graft; upper extremity
35241			1035.13			Repair blood vessel with vein graft; intrathoracic, with bypass
35246			1137.71			Repair blood vessel with vein graft; intrathoracic, without bypass
35251			1256.42			Repair blood vessel with vein graft; intra-abdominal
35256			803.48			Repair blood vessel with vein graft; lower

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						extremity
35261			776.91			Repair blood vessel with graft other than vein; neck
35266			658.31			Repair blood vessel with graft other than vein; upper extremity
35271			982.23			Repair blood vessel with graft other than vein; intrathoracic, withbypass
35276			1065.27			Repair blood vessel with graft other than vein; intrathoracic, withoutbypass
35281			1191.95			Repair blood vessel with graft other than vein; intra-abdominal
35286			729.67			Repair blood vessel with graft other than vein; lower extremity
35301			816.94			Thromboendarterectomy, with or without patch graft; carotid, vertebral,subclavian, by neck incision
35311			1155.68			Thromboendarterectomy, with or without patch graft; subclavian,innominate, by thoracic incision
35321			702.79			Thromboendarterectomy, with or without patch graft; axillary-brachial
35331			1125.77			Thromboendarterectomy, with or without patch graft; abdominal aorta
35341			1085.02			Thromboendarterectomy, with or without patch graft; mesenteric, celiac,or renal
35351			980.77			Thromboendarterectomy, with or without patch graft; iliac
35355			799.63			Thromboendarterectomy, with or without patch graft; iliofemoral
35361			1198.76			Thromboendarterectomy, with or without patch graft; combined aortoiliac
35363			1285.78			Thromboendarterectomy, with or without patch graft; combinedaortoiliofemoral
35371			652.34			Thromboendarterectomy, with or without patch graft; common femoral
35372			784.23			Thromboendarterectomy, with or without patch graft; deep (profunda)femoral
35381			710.31			Thromboendarterectomy, with or without patch graft; femoral and/orpopliteal, and/or tibioperoneal
35390			127.54			Reoperation, carotid, thromboendarterectomy, more than one month afteroriginal operation (List separately in addition to code for primaryprocedure)
35400			123.41			Angioscopy (non-coronary vessels or grafts) during therapeuticintervention (List separately in addition to code for primaryprocedure)
35450			404.90			Transluminal balloon angioplasty, open; renal or other visceral artery
35452			283.90			Transluminal balloon angioplasty, open; aortic
35454			250.43			Transluminal balloon angioplasty, open; iliac
35456			302.95			Transluminal balloon angioplasty, open; femoral-popliteal
35458			386.72			Transluminal balloon angioplasty, open; brachiocephalic trunk orbranches, each vessel

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
35459			353.21			Transluminal balloon angioplasty, open; tibioperoneal trunk and branches
35460			248.75			Transluminal balloon angioplasty, open; venous
35470	3017.89	349.19				Transluminal balloon angioplasty, percutaneous; tibioperoneal trunk orbranches, each vessel
35471	3411.49	405.73				Transluminal balloon angioplasty, percutaneous; renal or visceral artery
35472	2204.64	281.85				Transluminal balloon angioplasty, percutaneous; aortic
35473	2039.04	247.01				Transluminal balloon angioplasty, percutaneous; iliac
35474	2946.07	298.28				Transluminal balloon angioplasty, percutaneous; femoral-popliteal
35475	2016.85	377.12				Transluminal balloon angioplasty, percutaneous; brachiocephalic trunk orbranches, each vessel
35476	1564.69	242.04				Transluminal balloon angioplasty, percutaneous; venous
35480			447.60			Transluminal peripheral atherectomy, open; renal or other visceralartery
35481			315.22			Transluminal peripheral atherectomy, open; aortic
35482			275.52			Transluminal peripheral atherectomy, open; iliac
35483			333.15			Transluminal peripheral atherectomy, open; femoral-popliteal
35484			422.15			Transluminal peripheral atherectomy, open; brachiocephalic trunk orbranches, each vessel
35485			390.31			Transluminal peripheral atherectomy, open; tibioperoneal trunk andbranches
35490			457.07			Transluminal peripheral atherectomy, percutaneous; renal or othervisceral artery
35491			320.62			Transluminal peripheral atherectomy, percutaneous; aortic
35492			286.41			Transluminal peripheral atherectomy, percutaneous; iliac
35493			346.15			Transluminal peripheral atherectomy, percutaneous; femoral-popliteal
35494			431.70			Transluminal peripheral atherectomy, percutaneous; brachiocephalic trunkor branches, each vessel
35495			404.31			Transluminal peripheral atherectomy, percutaneous; tibioperoneal trunkand branches
35500			253.56			Harvest of upper extremity vein, one segment, for lower extremity orcoronary artery bypass procedure (List separately in addition to codefor primary procedure)
35501			831.55			Bypass graft, with vein; carotid
35506			877.03			Bypass graft, with vein; carotid-subclavian
35507			876.85			Bypass graft, with vein; subclavian-carotid
35508			850.35			Bypass graft, with vein; carotid-vertebral
35509			808.99			Bypass graft, with vein; carotid-carotid
35510			973.18			Bypass graft, with vein; carotid-brachial
35511			914.71			Bypass graft, with vein; subclavian-subclavian
35512			954.58			Bypass graft, with vein; subclavian-brachial

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
35515			843.43			Bypass graft, with vein; subclavian-vertebral
35516			695.34			Bypass graft, with vein; subclavian-axillary
35518			906.06			Bypass graft, with vein; axillary-axillary
35521			961.20			Bypass graft, with vein; axillary-femoral
35522			927.10			Bypass graft, with vein; axillary-brachial
35525			885.19			Bypass graft, with vein; brachial-brachial
35526			1262.35			Bypass graft, with vein; aortosubclavian or carotid
35531			1520.38			Bypass graft, with vein; aortoceliac or aortomesenteric
35533			1188.50			Bypass graft, with vein; axillary-femoral-femoral
35536			1340.76			Bypass graft, with vein; splenorenal
35541			1111.84			Bypass graft, with vein; aortoiliac or bi-iliac
35546			1094.32			Bypass graft, with vein; aortofemoral or bifemoral
35548			929.73			Bypass graft, with vein; aortoiliofemoral, unilateral
35549			1013.30			Bypass graft, with vein; aortoiliofemoral, bilateral
35551			1142.53			Bypass graft, with vein; aortofemoral-popliteal
35556			946.28			Bypass graft, with vein; femoral-popliteal
35558			923.21			Bypass graft, with vein; femoral-femoral
35560			1364.78			Bypass graft, with vein; aortorenal
35563			1043.58			Bypass graft, with vein; ilioiliac
35565			1001.65			Bypass graft, with vein; iliofemoral
35566			1150.88			Bypass graft, with vein; femoral-anterior tibial, posterior tibial,peroneal artery or other distal vessels
35571			1049.63			Bypass graft, with vein; popliteal-tibial, -peroneal artery or otherdistal vessels
35572			271.98			Harvest of femoropopliteal vein, one segment, for vascularreconstruction procedure (eg, aortic, vena caval, coronary, peripheralartery) (List separately in addition to code for primary procedure)
35583			977.85			In-situ vein bypass; femoral-popliteal
35585			1219.95			In-situ vein bypass; femoral-anterior tibial, posterior tibial, orperoneal artery
35587			1088.51			In-situ vein bypass; popliteal-tibial, peroneal
35600			197.34			Harvest of upper extremity artery, one segment, for coronary arterybypass procedure
35601			787.54			Bypass graft, with other than vein; carotid
35606			834.24			Bypass graft, with other than vein; carotid-subclavian
35612			707.95			Bypass graft, with other than vein; subclavian-subclavian
35616			715.36			Bypass graft, with other than vein; subclavian-axillary
35621			862.86			Bypass graft, with other than vein; axillary-femoral
35623			1037.97			Bypass graft, with other than vein; axillary-popliteal or -tibial
35626			1194.79			Bypass graft, with other than vein; aortosubclavian or carotid
35631			1438.47			Bypass graft, with other than vein; aortoceliac, aortomesenteric,aortorenal

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
35636			1253.89			Bypass graft, with other than vein; splenorenal (splenic to renalarterial anastomosis)
35641			1071.34			Bypass graft, with other than vein; aortoiliac or bi-iliac
35642			796.40			Bypass graft, with other than vein; carotid-vertebral
35645			774.75			Bypass graft, with other than vein; subclavian-vertebral
35646			1325.00			Bypass graft, with other than vein; aortobifemoral
35647			1194.56			Bypass graft, with other than vein; aortofemoral
35650			822.31			Bypass graft, with other than vein; axillary-axillary
35651			1068.30			Bypass graft, with other than vein; aortofemoral-popliteal
35654			1070.62			Bypass graft, with other than vein; axillary-femoral-femoral
35656			845.39			Bypass graft, with other than vein; femoral-popliteal
35661			839.79			Bypass graft, with other than vein; femoral-femoral
35663			960.90			Bypass graft, with other than vein; ilioiliac
35665			915.62			Bypass graft, with other than vein; iliofemoral
35666			987.93			Bypass graft, with other than vein; femoral-anterior tibial, posteriortibial, or peroneal artery
35671			863.58			Bypass graft, with other than vein; popliteal-tibial or -peroneal artery
35681			63.80			Bypass graft; composite, prosthetic and vein (List separately inaddition to code for primary procedure)
35682			287.31			Bypass graft; autogenous composite, two segments of veins from twolocations (List separately in addition to code for primary procedure)
35683			339.47			Bypass graft; autogenous composite, three or more segments of vein fromtwo or more locations (List separately in addition to code for primaryprocedure)
35685			161.98			Placement of vein patch or cuff at distal anastomosis of bypass graft,synthetic conduit (List separately in addition to code for primaryprocedure)
35686			134.15			Creation of distal arteriovenous fistula during lower extremity bypasssurgery (non-hemodialysis) (List separately in addition to code forprimary procedure)
35691			797.01			Transposition and/or reimplantation; vertebral to carotid artery
35693			695.96			Transposition and/or reimplantation; vertebral to subclavian artery
35694			834.27			Transposition and/or reimplantation; subclavian to carotid artery
35695			833.56			Transposition and/or reimplantation; carotid to subclavian artery

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
35697			120.39			Reimplantation, visceral artery to infrarenal aortic prosthesis, eachartery (List separately in addition to code for primary procedure)
35700			122.94			Reoperation, femoral-popliteal or femoral (popliteal)-anterior tibial,posterior tibial, peroneal artery or other distal vessels, more thanone month after original operation (List separately in addition to codefor primary procedure)
35701			410.26			Exploration (not followed by surgical repair), with or without lysis ofartery; carotid artery
35721			350.76			Exploration (not followed by surgical repair), with or without lysis ofartery; femoral artery
35741			381.24			Exploration (not followed by surgical repair), with or without lysis ofartery; popliteal artery
35761			283.53			Exploration (not followed by surgical repair), with or without lysis ofartery; other vessels
35800			351.87			Exploration for postoperative hemorrhage, thrombosis or infection; neck
35820			606.50			Exploration for postoperative hemorrhage, thrombosis or infection; chest
35840			452.37			Exploration for postoperative hemorrhage, thrombosis or infection;abdomen
35860			289.58			Exploration for postoperative hemorrhage, thrombosis or infection;extremity
35870			955.87			Repair of graft-enteric fistula
35875			460.05			Thrombectomy of arterial or venous graft (other than hemodialysis graftor fistula);
35876			736.18			Thrombectomy of arterial or venous graft (other than hemodialysis graftor fistula); with revision of arterial or venous graft
35879			713.33			Revision, lower extremity arterial bypass, without thrombectomy, open;with vein patch angioplasty
35881			802.30			Revision, lower extremity arterial bypass, without thrombectomy, open;with segmental vein interposition
35901			407.34			Excision of infected graft; neck
35903			468.99			Excision of infected graft; extremity
35905			1334.57			Excision of infected graft; thorax
35907			1474.94			Excision of infected graft; abdomen
36000	22.79	6.56				Introduction of needle or intracatheter, vein
36002	145.02	86.03				Injection procedures (eg, thrombin) for percutaneous treatment ofextremity pseudoaneurysm
36005	265.30	36.22				Injection procedure for extremity venography (including introduction ofneedle or intracatheter)
36010	671.02	93.34				Introduction of catheter, superior or inferior vena cava
36011	957.73	122.58				Selective catheter placement, venous system; first order branch (eg,renal vein, jugular vein)
36012	689.89	135.62				Selective catheter placement, venous system; second order, or moreselective, branch (eg, left adrenal vein, petrosal sinus)
36013	738.57	93.47				Introduction of catheter, right heart or main

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						pulmonary artery
36014	712.31	116.52				Selective catheter placement, left or right pulmonary artery
36015	836.46	135.19				Selective catheter placement, segmental or subsegmental pulmonary artery
36100	462.78	120.73				Introduction of needle or intracatheter, carotid or vertebral artery
36120	390.60	76.95				Introduction of needle or intracatheter; retrograde brachial artery
36140	455.42	76.85				Introduction of needle or intracatheter; extremity artery
36145	447.91	76.83				Introduction of needle or intracatheter; arteriovenous shunt created fordialysis (cannula, fistula, or graft)
36160	493.06	98.58				Introduction of needle or intracatheter, aortic, translumbar
36200	600.92	117.18				Introduction of catheter, aorta
36215	974.62	181.28				Selective catheter placement, arterial system; each first order thoracicor brachiocephalic branch, within a vascular family
36216	1055.63	203.93				Selective catheter placement, arterial system; initial second orderthoracic or brachiocephalic branch, within a vascular family
36217	1907.35	244.84				Selective catheter placement, arterial system; initial third order ormore selective thoracic or brachiocephalic branch, within a vascularfamily
36218	187.43	39.18				Selective catheter placement, arterial system; additional second order,third order, and beyond, thoracic or brachiocephalic branch, within avascular family (List in addition to code for initial second or thirdorder vessel as appropriate)
36245	1132.75	183.68				Selective catheter placement, arterial system; each first orderabdominal, pelvic, or lower extremity artery branch, within a vascularfamily
36246	1083.52	205.29				Selective catheter placement, arterial system; initial second orderabdominal, pelvic, or lower extremity artery branch, within a vascularfamily
36247	1722.71	244.33				Selective catheter placement, arterial system; initial third order ormore selective abdominal, pelvic, or lower extremity artery branch,within a vascular family
36248	154.66	39.18				Selective catheter placement, arterial system; additional second order,third order, and beyond, abdominal, pelvic, or lower extremity arterybranch, within a vascular family (List in addition to code for initialsecond or third order vessel as appropriate)
36260			437.65			Insertion of implantable intra-arterial infusion pump (eg, forchemotherapy of liver)
36261			273.87			Revision of implanted intra-arterial infusion pump
36262			203.59			Removal of implanted intra-arterial infusion pump
36299			I.C.			Unlisted procedure, vascular injection
36400	19.49	13.56				Venipuncture, under age 3 years, necessitating

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						physicianÆs skill, not tobe used for routine venipuncture; femoral or jugular vein
36405	17.00	11.38				Venipuncture, under age 3 years, necessitating physicianÆs skill, not tobe used for routine venipuncture; scalp vein
36406	13.74	6.56				Venipuncture, under age 3 years, necessitating physicianÆs skill, not tobe used for routine venipuncture; other vein
36410	14.05	6.56				Venipuncture, age 3 years or older, necessitating physician's skill(separate procedure), for diagnostic or therapeutic purposes (not to beused 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	38.97	36.78				Venipuncture, cutdown; under age 1 year
36425			28.36			Venipuncture, cutdown; age 1 or over
36430			32.81			Transfusion, blood or blood components
36440			38.58			Push transfusion, blood, 2 years or under
36450			85.96			Exchange transfusion, blood; newborn
36455			99.57			Exchange transfusion, blood; other than newborn
36460			261.80			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	115.20	54.34				Injection of sclerosing solution; single vein
36471	141.63	75.78				Injection of sclerosing solution; multiple veins, same leg
36475	1790.46	265.58				Endovenous ablation therapy of incompetent vein, extremity, inclusive ofall imaging guidance and monitoring, percutaneous, radiofrequency;first vein treated
36476	339.66	129.31				Endovenous ablation therapy of incompetent vein, extremity, inclusive ofall imaging guidance and monitoring, percutaneous, radiofrequency;second and subsequent veins treated in a single extremity, each throughseparate access sites (List separately in addition to code for primaryprocedure)
36478	1646.28	265.58				Endovenous ablation therapy of incompetent vein, extremity, inclusive ofall imaging guidance and monitoring, percutaneous, laser; first veintreated
36479	343.10	129.31				Endovenous ablation therapy of incompetent vein, extremity, inclusive ofall imaging guidance and monitoring, percutaneous, laser; second andsubsequent veins treated in a single extremity, each through separateaccess sites (List separately in addition to code for primaryprocedure)
36481	376.00	278.01				Percutaneous portal vein catheterization by any method
36500			141.02			Venous catheterization for selective organ blood sampling

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
36510	152.53	50.16				Catheterization of umbilical vein for diagnosis or therapy, newborn
36511			70.77			Therapeutic apheresis; for white blood cells
36512			71.08			Therapeutic apheresis; for red blood cells
36513			72.69			Therapeutic apheresis; for platelets
36514	577.60	70.14				Therapeutic apheresis; for plasma pheresis
36515	2117.15	68.58				Therapeutic apheresis; with extracorporeal immunoadsorption and plasmareinfusion
36516	2657.29	49.14				Therapeutic apheresis; with extracorporeal selective adsorption orselective filtration and plasma reinfusion
36522	1057.43	77.15				Photopheresis, extracorporeal
36540			I.C.			Collection of blood specimen from a completely implantable venous accessdevice
36550			20.09			Declotting by thrombolytic agent of implanted vascular access device orcatheter
36555	253.29	98.80				Insertion of non-tunneled centrally inserted central venous catheter;under 5 years of age
36556	245.94	93.64				Insertion of non-tunneled centrally inserted central venous catheter;age 5 years or older
36557	807.32	230.26				Insertion of tunneled centrally inserted central venous catheter,without subcutaneous port or pump; under 5 years of age
36558	796.22	219.16				Insertion of tunneled centrally inserted central venous catheter,without subcutaneous port or pump; age 5 years or older
36560	1104.12	272.70				Insertion of tunneled centrally inserted central venous access device,with subcutaneous port; under 5 years of age
36561	1094.66	263.56				Insertion of tunneled centrally inserted central venous access device,with subcutaneous port; age 5 years or older
36563	1016.91	275.38				Insertion of tunneled centrally inserted central venous access devicewith subcutaneous pump
36565	942.36	263.56				Insertion of tunneled centrally inserted central venous access device,requiring two catheters via two separate venous access sites; withoutsubcutaneous port or pump (eg, Tesio type catheter)
36566	980.62	281.85				Insertion of tunneled centrally inserted central venous access device,requiring two catheters via two separate venous access sites; withsubcutaneous port(s)
36568	288.63	71.73				Insertion of peripherally inserted central venous catheter (PICC),without subcutaneous port or pump; under 5 years of age
36569	281.54	70.25				Insertion of peripherally inserted central venous catheter (PICC),without subcutaneous port or pump; age 5 years or older
36570	1188.62	238.30				Insertion of peripherally inserted central venous access device, withsubcutaneous port; under 5 years of age
36571	1190.27	237.45				Insertion of peripherally inserted central venous

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						access device, withsubcutaneous port; age 5 years or older
36575	148.71	30.43				Repair of tunneled or non-tunneled central venous access catheter,without subcutaneous port or pump, central or peripheral insertion site
36576	305.70	146.54				Repair of central venous access device, with subcutaneous port or pump,central or peripheral insertion site
36578	444.45	168.87				Replacement, catheter only, of central venous access device, withsubcutaneous port or pump, central or peripheral insertion site
36580	255.50	51.70				Replacement, complete, of a non-tunneled centrally inserted centralvenous catheter, without subcutaneous port or pump, through same venousaccess
36581	703.76	155.42				Replacement, complete, of a tunneled centrally inserted central venouscatheter, without subcutaneous port or pump, through same venous access
36582	954.05	231.56				Replacement, complete, of a tunneled centrally inserted central venousaccess device, with subcutaneous port, through same venous access
36583	956.00	233.51				Replacement, complete, of a tunneled centrally inserted central venousaccess device, with subcutaneous pump, through same venous access
36584	253.51	53.14				Replacement, complete, of a peripherally inserted central venouscatheter (PICC), without subcutaneous port or pump, through same venousaccess
36585	999.90	216.86				Replacement, complete, of a peripherally inserted central venous accessdevice, with subcutaneous port, through same venous access
36589	135.41	108.88				Removal of tunneled central venous catheter, without subcutaneous portor pump
36590	202.14	150.64				Removal of tunneled central venous access device, with subcutaneous portor pump, central or peripheral insertion
36595	638.96	145.86				Mechanical removal of pericatheter obstructive material (eg, fibrinsheath) from central venous device via separate venous access
36596	136.18	36.62				Mechanical removal of intraluminal (intracatheter) obstructive materialfrom central venous device through device lumen
36597	108.79	47.62				Repositioning of previously placed central venous catheter underfluoroscopic guidance
36600	24.23	11.75				Arterial puncture, withdrawal of blood for diagnosis
36620			39.47			Arterial catheterization or cannulation for sampling, monitoring ortransfusion (separate procedure); percutaneous
36625			78.00			Arterial catheterization or cannulation for sampling, monitoring ortransfusion (separate procedure); cutdown

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
36640			92.80			Arterial catheterization for prolonged infusion therapy (chemotherapy),cutdown
36660			53.96			Catheterization, umbilical artery, newborn, for diagnosis or therapy
36680			49.56			Placement of needle for intraosseous infusion
36800			125.93			Insertion of cannula for hemodialysis, other purpose (separateprocedure); vein to vein
36810			167.16			Insertion of cannula for hemodialysis, other purpose (separateprocedure); arteriovenous, external (Scribner type)
36815			113.47			Insertion of cannula for hemodialysis, other purpose (separateprocedure); arteriovenous, external revision, or closure
36818			534.78			Arteriovenous anastomosis, open; by upper arm cephalic veintransposition
36819			611.67			Arteriovenous anastomosis, open; by upper arm basilic veintransposition
36820			611.98			Arteriovenous anastomosis, open; by forearm vein transposition
36821			408.23			Arteriovenous anastomosis, open; direct, any site (eg, Cimino type)(separate procedure)
36822			296.40			Insertion of cannula(s) for prolonged extracorporeal circulation forcardiopulmonary insufficiency (ECMO) (separate procedure)
36823			910.44			Insertion of arterial and venous cannula(s) for isolated extracorporealcirculation including regional chemotherapy perfusion to an extremity,with or without hyperthermia, with removal of cannula(s) and repair ofarteriotomy and venotomy sites
36825			447.48			Creation of arteriovenous fistula by other than direct arteriovenousanastomosis (separate procedure); autogenous graft
36830			516.91			Creation of arteriovenous fistula by other than direct arteriovenousanastomosis (separate procedure); nonautogenous graft (eg, biologicalcollagen, thermoplastic graft)
36831			358.56			Thrombectomy, open, arteriovenous fistula without revision, autogenousor nonautogenous dialysis graft (separate procedure)
36832			456.61			Revision, open, arteriovenous fistula; without thrombectomy, autogenousor nonautogenous dialysis graft (separate procedure)
36833			514.64			Revision, open, arteriovenous fistula; with thrombectomy, autogenous ornonautogenous dialysis graft (separate procedure)
36834			442.40			Plastic repair of arteriovenous aneurysm (separate procedure)
36835			345.67			Insertion of Thomas shunt (separate procedure)
36838			904.55			Distal revascularization and interval ligation (DRIL), upper extremityhemodialysis access (steal syndrome)
36860	111.69	77.67				External cannula declotting (separate procedure);

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						without balloon catheter
36861			119.08			External cannula declotting (separate procedure); with balloon catheter
36870	1799.04	242.33				Thrombectomy, percutaneous, arteriovenous fistula, autogenous ornonautogenous graft (includes mechanical thrombus extraction andintra-graft thrombolysis)
37140			996.19			Venous anastomosis, open; portocaval
37145			1061.24			Venous anastomosis, open; renoportal
37160			921.80			Venous anastomosis, open; caval-mesenteric
37180			1045.38			Venous anastomosis, open; splenorenal, proximal
37181			1123.87			Venous anastomosis, open; splenorenal, distal (selective decompressionof esophagogastric varices, any technique)
37182			661.81			Insertion of transvenous intrahepatic portosystemic shunt(s) (TIPS)(includes venous access, hepatic and portal vein catheterization,portography with hemodynamic evaluation, intrahepatic tractformation/dilatation, stent placement and all associated imagingguidance and documentation)
37183			316.69			Revision of transvenous intrahepatic portosystemic shunt(s) (TIPS)(includes venous access, hepatic and portal vein catheterization,portography with hemodynamic evaluation, intrahepatic tractrecanulization/dilatation, stent placement and all associated imagingguidance and documentation)
37195			262.02			Thrombolysis, cerebral, by intravenous infusion
37200			173.59			Transcatheter biopsy
37201			219.68			Transcatheter therapy, infusion for thrombolysis other than coronary
37202			255.19			Transcatheter therapy, infusion other than for thrombolysis, any type(eg, spasmolytic, vasoconstrictive)
37203	1166.83	204.34				Transcatheter retrieval, percutaneous, of intravascular foreign body(eg, fractured venous or arterial catheter)
37204			698.05			Transcatheter occlusion or embolization (eg, for tumor destruction, toachieve hemostasis, to occlude a vascular malformation), percutaneous,any method, non-central nervous system, non-head or neck
37205			350.01			Transcatheter placement of an intravascular stent(s), (except coronary,carotid, and vertebral vessel), percutaneous; initial vessel
37206			161.04			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			342.73			Transcatheter placement of an intravascular

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						stent(s), (non-coronaryvessel), open; initial vessel
37208			164.83			Transcatheter placement of an intravascular stent(s), (non-coronaryvessel), open; each additional vessel (List separately in addition tocode for primary procedure)
37209			86.89			Exchange of a previously placed arterial catheter during thrombolytictherapy
37215			804.57			Transcatheter placement of intravascular stent(s), cervical carotidartery, percutaneous; with distal embolic protection
37216			775.35			Transcatheter placement of intravascular stent(s), cervical carotidartery, percutaneous; without distal embolic protection
37250			83.75			Intravascular ultrasound (non-coronary vessel) during diagnosticevaluation and/or therapeutic intervention; initial vessel (Listseparately in addition to code for primary procedure)
37251			63.78			Intravascular ultrasound (non-coronary vessel) during diagnosticevaluation and/or therapeutic intervention; each additional vessel(List separately in addition to code for primary procedure)
37500			538.52			Vascular endoscopy, surgical, with ligation of perforator veins,subfascial (SEPS)
37501			I.C.			Unlisted vascular endoscopy procedure
37565			492.66			Ligation, internal jugular vein
37600			535.73			Ligation; external carotid artery
37605			604.97			Ligation; internal or common carotid artery
37606			335.38			Ligation; internal or common carotid artery, with gradual occlusion, aswith Selverstone or Crutchfield clamp
37607			292.42			Ligation or banding of angioaccess arteriovenous fistula
37609	228.14	148.87				Ligation or biopsy, temporal artery
37615			295.36			Ligation, major artery (eg, post-traumatic, rupture); neck
37616			739.17			Ligation, major artery (eg, post-traumatic, rupture); chest
37617			934.74			Ligation, major artery (eg, post-traumatic, rupture); abdomen
37618			255.24			Ligation, major artery (eg, post-traumatic, rupture); extremity
37620			478.40			Interruption, partial or complete, of inferior vena cava by suture,ligation, plication, clip, extravascular, intravascular (umbrelladevice)
37650			374.19			Ligation of femoral vein
37660			892.75			Ligation of common iliac vein
37700			197.13			Ligation and division of long saphenous vein at saphenofemoral junction,or distal interruptions
37720			282.42			Ligation and division and complete stripping of long or short saphenousveins
37730			349.23			Ligation and division and complete stripping of long and short saphenousveins
37735			482.82			Ligation and division and complete stripping of

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						long or short saphenousveins with radical excision of ulcer and skin graft and/or interruptionof communicating veins of lower leg, with excision of deep fascia
37760			474.30			Ligation of perforator veins, subfascial, radical (Linton type), with orwithout skin graft, open
37765			349.65			Stab phlebectomy of varicose veins, one extremity; 10-20 stab incisions
37766			423.35			Stab phlebectomy of varicose veins, one extremity; more than 20incisions
37780			202.14			Ligation and division of short saphenous vein at saphenopoplitealjunction (separate procedure)
37785	274.74	197.66				Ligation, division, and/or excision of varicose vein cluster(s), one leg
37788			915.62			Penile revascularization, artery, with or without vein graft
37790			370.53			Penile venous occlusive procedure
37799			I.C.			Unlisted procedure, vascular surgery
38100			617.86			Splenectomy; total (separate procedure)
38101			652.04			Splenectomy; partial (separate procedure)
38102			191.83			Splenectomy; total, en bloc for extensive disease, in conjunction withother procedure (List in addition to code for primary procedure)
38115			670.20			Repair of ruptured spleen (splenorrhaphy) with or without partialsplenectomy
38120			728.91			Laparoscopy, surgical, splenectomy
38129			I.C.			Unlisted laparoscopy procedure, spleen
38200			101.62			Injection procedure for splenoportography
38204			I.C.			Management of recipient hematopoietic progenitor cell donor search andcell acquisition
38205			62.30			Blood-derived hematopoietic progenitor cell harvesting fortransplantation, per collection; allogenic
38206			62.30			Blood-derived hematopoietic progenitor cell harvesting fortransplantation, per collection; autologous
38207			I.C.			Transplant preparation of hematopoietic progenitor cells;cryopreservation and storage
38208			I.C.			Transplant preparation of hematopoietic progenitor cells; thawing ofpreviously frozen harvest, without washing
38209			I.C.			Transplant preparation of hematopoietic progenitor cells; thawing ofpreviously frozen harvest, with washing
38210			I.C.			Transplant preparation of hematopoietic progenitor cells; specific celldepletion within harvest, T-cell depletion
38211			I.C.			Transplant preparation of hematopoietic progenitor cells; tumor celldepletion
38212			I.C.			Transplant preparation of hematopoietic progenitor cells; red blood cellremoval
38213			I.C.			Transplant preparation of hematopoietic progenitor cells; plateletdepletion

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
38214			I.C.			Transplant preparation of hematopoietic progenitor cells; plasma(volume) depletion
38215			I.C.			Transplant preparation of hematopoietic progenitor cells; cellconcentration in plasma, mononuclear, or buffy coat layer
38220	146.10	46.23				Bone marrow; aspiration only
38221	160.58	58.22				Bone marrow; biopsy, needle or trocar
38230			231.02			Bone marrow harvesting for transplantation
38240			94.28			Bone marrow or blood-derived peripheral stem cell transplantation;allogenic
38241			95.02			Bone marrow or blood-derived peripheral stem cell transplantation;autologous
38242			71.96			Bone marrow or blood-derived peripheral stem cell transplantation;allogeneic donor lymphocyte infusions
38300	192.26	122.04				Drainage of lymph node abscess or lymphadenitis; simple
38305			316.05			Drainage of lymph node abscess or lymphadenitis; extensive
38308			306.17			Lymphangiotomy or other operations on lymphatic channels
38380			392.51			Suture and/or ligation of thoracic duct; cervical approach
38381			595.87			Suture and/or ligation of thoracic duct; thoracic approach
38382			476.30			Suture and/or ligation of thoracic duct; abdominal approach
38500	224.89	174.65				Biopsy or excision of lymph node(s); open, superficial
38505	96.22	56.59				Biopsy or excision of lymph node(s); by needle, superficial (eg,cervical, inguinal, axillary)
38510	359.46	295.17				Biopsy or excision of lymph node(s); open, deep cervical node(s)
38520			321.48			Biopsy or excision of lymph node(s); open, deep cervical node(s) withexcision scalene fat pad
38525			280.95			Biopsy or excision of lymph node(s); open, deep axillary node(s)
38530			372.50			Biopsy or excision of lymph node(s); open, internal mammary node(s)
38542			309.99			Dissection, deep jugular node(s)
38550			324.41			Excision of cystic hygroma, axillary or cervical; without deepneurovascular dissection
38555			679.80			Excision of cystic hygroma, axillary or cervical; with deepneurovascular dissection
38562			484.40			Limited lymphadenectomy for staging (separate procedure); pelvic andpara-aortic
38564			479.26			Limited lymphadenectomy for staging (separate procedure);retroperitoneal (aortic and/or splenic)
38570			393.80			Laparoscopy, surgical; with retroperitoneal lymph node sampling(biopsy), single or multiple
38571			590.70			Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy
38572			701.75			Laparoscopy, surgical; with bilateral total pelvic

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						lymphadenectomy andperi-aortic lymph node sampling (biopsy), single or multiple
38589			I.C.			Unlisted laparoscopy procedure, lymphatic system
38700			429.56			Suprahyoid lymphadenectomy
38720			679.96			Cervical lymphadenectomy (complete)
38724			720.95			Cervical lymphadenectomy (modified radical neck dissection)
38740			448.41			Axillary lymphadenectomy; superficial
38745			573.88			Axillary lymphadenectomy; complete
38746			195.00			Thoracic lymphadenectomy, regional, including mediastinal andperitracheal nodes (List separately in addition to code for primaryprocedure)
38747			195.38			Abdominal lymphadenectomy, regional, including celiac, gastric, portal,peripancreatic, with or without para-aortic and vena caval nodes (Listseparately in addition to code for primary procedure)
38760			570.80			Inguinofemoral lymphadenectomy, superficial, including Cloquets node(separate procedure)
38765			857.82			Inguinofemoral lymphadenectomy, superficial, in continuity with pelviclymphadenectomy, including external iliac, hypogastric, and obturatornodes (separate procedure)
38770			560.61			Pelvic lymphadenectomy, including external iliac, hypogastric, andobturator nodes (separate procedure)
38780			736.58			Retroperitoneal transabdominal lymphadenectomy, extensive, includingpelvic, aortic, and renal nodes (separate procedure)
38790	266.47	60.81				Injection procedure; lymphangiography
38792			28.84			Injection procedure; for identification of sentinel node
38794			232.38			Cannulation, thoracic duct
38999			I.C.			Unlisted procedure, hemic or lymphatic system
39000			325.27			Mediastinotomy with exploration, drainage, removal of foreign body, orbiopsy; cervical approach
39010			584.06			Mediastinotomy with exploration, drainage, removal of foreign body, orbiopsy; transthoracic approach, including either transthoracic ormedian sternotomy
39200			637.55			Excision of mediastinal cyst
39220			805.51			Excision of mediastinal tumor
39400			317.41			Mediastinoscopy, with or without biopsy
39499			I.C.			Unlisted procedure, mediastinum
39501			588.56			Repair, laceration of diaphragm, any approach
39502			702.37			Repair, paraesophageal hiatus hernia, transabdominal, with or withoutfundoplasty, vagotomy, and/or pyloroplasty, except neonatal
39503			3796.71			Repair, neonatal diaphragmatic hernia, with or without chest tubeinsertion and with or without creation of ventral hernia
39520			725.62			Repair, diaphragmatic hernia (esophageal hiatal);

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						transthoracic
39530			676.31			Repair, diaphragmatic hernia (esophageal hiatal); combined,thoracoabdominal
39531			713.32			Repair, diaphragmatic hernia (esophageal hiatal); combined,thoracoabdominal, with dilation of stricture (with or withoutgastroplasty)
39540			585.26			Repair, diaphragmatic hernia (other than neonatal), traumatic; acute
39541			628.70			Repair, diaphragmatic hernia (other than neonatal), traumatic; chronic
39545			629.07			Imbrication of diaphragm for eventration, transthoracic ortransabdominal, paralytic or nonparalytic
39560			547.75			Resection, diaphragm; with simple repair (eg, primary suture)
39561			806.27			Resection, diaphragm; with complex repair (eg, prosthetic material,local muscle flap)
39599			I.C.			Unlisted procedure, diaphragm
40490	84.60	52.77				Biopsy of lip
40500	336.93	257.03				Vermilionectomy (lip shave), with mucosal advancement
40510	341.29	260.14				Excision of lip; transverse wedge excision with primary closure
40520	370.37	263.32				Excision of lip; V-excision with primary direct linear closure
40525			415.32			Excision of lip; full thickness, reconstruction with local flap (eg,Estlander or fan)
40527			493.10			Excision of lip; full thickness, reconstruction with cross lip flap(Abbe-Estlander)
40530	398.85	298.05				Resection of lip, more than one-fourth, without reconstruction
40650	316.58	207.34				Repair lip, full thickness; vermilion only
40652	365.28	256.67				Repair lip, full thickness; up to half vertical height
40654	422.18	307.65				Repair lip, full thickness; over one-half vertical height, or complex
40700			642.99			Plastic repair of cleft lip/nasal deformity; primary, partial orcomplete, unilateral
40701			809.67			Plastic repair of cleft lip/nasal deformity; primary bilateral, onestage procedure
40702			630.26			Plastic repair of cleft lip/nasal deformity; primary bilateral, one oftwo stages
40720			706.56			Plastic repair of cleft lip/nasal deformity; secondary, by recreation ofdefect and reclosure
40761			752.31			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	126.06	88.92				Drainage of abscess, cyst, hematoma, vestibule of mouth; simple
40801	199.38	159.43				Drainage of abscess, cyst, hematoma, vestibule of mouth; complicated
40804	141.13	93.07				Removal of embedded foreign body, vestibule of mouth; simple

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
40805	217.99	165.87				Removal of embedded foreign body, vestibule of mouth; complicated
40806	66.21	24.70				Incision of labial frenum (frenotomy)
40808	110.37	73.86				Biopsy, vestibule of mouth
40810	127.50	89.43				Excision of lesion of mucosa and submucosa, vestibule of mouth; withoutrepair
40812	183.52	142.32				Excision of lesion of mucosa and submucosa, vestibule of mouth; withsimple repair
40814	253.63	220.86				Excision of lesion of mucosa and submucosa, vestibule of mouth; withcomplex repair
40816	267.46	230.94				Excision of lesion of mucosa and submucosa, vestibule of mouth; complex,with excision of underlying muscle
40818	229.94	192.48				Excision of mucosa of vestibule of mouth as donor graft
40819	197.20	166.30				Excision of frenum, labial or buccal (frenumectomy, frenulectomy,frenectomy)
40820	159.05	112.54				Destruction of lesion or scar of vestibule of mouth by physical methods(eg, laser, thermal, cryo, chemical)
40830	166.97	116.10				Closure of laceration, vestibule of mouth; 2.5 cm or less
40831	217.06	166.81				Closure of laceration, vestibule of mouth; over 2.5 cm or complex
40840	559.59	471.89				Vestibuloplasty; anterior
40842	568.97	466.60				Vestibuloplasty; posterior, unilateral
40843	723.73	594.52				Vestibuloplasty; posterior, bilateral
40844	959.24	828.16				Vestibuloplasty; entire arch
40845	1068.32	948.16				Vestibuloplasty; complex (including ridge extension, musclerepositioning)
40899			I.C.			Unlisted procedure, vestibule of mouth
41000	109.23	81.14				Intraoral incision and drainage of abscess, cyst, or hematoma of tongueor floor of mouth; lingual
41005	140.00	89.76				Intraoral incision and drainage of abscess, cyst, or hematoma of tongueor floor of mouth; sublingual, superficial
41006	243.14	192.59				Intraoral incision and drainage of abscess, cyst, or hematoma of tongueor floor of mouth; sublingual, deep, supramylohyoid
41007	249.49	183.32				Intraoral incision and drainage of abscess, cyst, or hematoma of tongueor floor of mouth; submental space
41008	244.40	198.21				Intraoral incision and drainage of abscess, cyst, or hematoma of tongueor floor of mouth; submandibular space
41009	260.16	216.47				Intraoral incision and drainage of abscess, cyst, or hematoma of tongueor floor of mouth; masticator space
41010	136.64	79.84				Incision of lingual frenum (frenotomy)
41015	283.42	244.09				Extraoral incision and drainage of abscess, cyst, or hematoma of floorof mouth; sublingual
41016	294.18	250.80				Extraoral incision and drainage of abscess, cyst, or hematoma of floorof mouth; submental

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
41017	295.02	253.51				Extraoral incision and drainage of abscess, cyst, or hematoma of floorof mouth; submandibular
41018	340.80	292.11				Extraoral incision and drainage of abscess, cyst, or hematoma of floorof mouth; masticator space
41100	122.08	90.87				Biopsy of tongue; anterior two-thirds
41105	112.33	81.74				Biopsy of tongue; posterior one-third
41108	94.67	65.33				Biopsy of floor of mouth
41110	135.94	94.12				Excision of lesion of tongue without closure
41112	218.31	179.30				Excision of lesion of tongue with closure; anterior two-thirds
41113	240.04	200.40				Excision of lesion of tongue with closure; posterior one-third
41114			467.13			Excision of lesion of tongue with closure; with local tongue flap
41115	152.80	107.86				Excision of lingual frenum (frenectomy)
41116	205.57	157.20				Excision, lesion of floor of mouth
41120			755.12			Glossectomy; less than one-half tongue
41130			822.02			Glossectomy; hemiglossectomy
41135			1380.07			Glossectomy; partial, with unilateral radical neck dissection
41140			1557.35			Glossectomy; complete or total, with or without tracheostomy, withoutradical neck dissection
41145			1806.40			Glossectomy; complete or total, with or without tracheostomy, withunilateral radical neck dissection
41150			1426.10			Glossectomy; composite procedure with resection floor of mouth andmandibular resection, without radical neck dissection
41153			1456.21			Glossectomy; composite procedure with resection floor of mouth, withsuprahyoid neck dissection
41155			1624.29			Glossectomy; composite procedure with resection floor of mouth,mandibular resection, and radical neck dissection (Commando type)
41250	140.37	91.69				Repair of laceration 2.5 cm or less; floor of mouth and/or anteriortwo-thirds of tongue
41251	167.13	113.45				Repair of laceration 2.5 cm or less; posterior one-third of tongue
41252	206.59	155.41				Repair of laceration of tongue, floor of mouth, over 2.6 cm or complex
41500			337.32			Fixation of tongue, mechanical, other than suture (eg, K-wire)
41510			342.45			Suture of tongue to lip for micrognathia (Douglas type procedure)
41520	222.56	191.35				Frenoplasty (surgical revision of frenum, eg, with Z-plasty)
41599			I.C.			Unlisted procedure, tongue, floor of mouth
41800	114.51	73.63				Drainage of abscess, cyst, hematoma from dentoalveolar structures
41805	119.09	104.73				Removal of embedded foreign body from dentoalveolar structures; softtissues
41806	190.97	173.80				Removal of embedded foreign body from dentoalveolar structures; bone

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
41820			I.C.			Gingivectomy, excision gingiva, each quadrant
41821			I.C.			Operculectomy, excision pericoronal tissues
41822	189.47	126.43				Excision of fibrous tuberosities, dentoalveolar structures
41823	271.13	222.75				Excision of osseous tuberosities, dentoalveolar structures
41825	133.55	107.96				Excision of lesion or tumor (except listed above), dentoalveolarstructures; without repair
41826	143.69	133.39				Excision of lesion or tumor (except listed above), dentoalveolarstructures; with simple repair
41827	270.14	212.40				Excision of lesion or tumor (except listed above), dentoalveolarstructures; with complex repair
41828	210.18	183.97				Excision of hyperplastic alveolar mucosa, each quadrant (specify)
41830	253.04	211.22				Alveolectomy, including curettage of osteitis or sequestrectomy
41850			I.C.			Destruction of lesion (except excision), dentoalveolar structures
41870			I.C.			Periodontal mucosal grafting
41872	231.97	183.28				Gingivoplasty, each quadrant (specify)
41874	242.64	190.52				Alveoloplasty, each quadrant (specify)
41899			I.C.			Unlisted procedure, dentoalveolar structures
42000	115.17	74.29				Drainage of abscess of palate, uvula
42100	102.53	80.06				Biopsy of palate, uvula
42104	126.31	95.41				Excision, lesion of palate, uvula; without closure
42106	161.69	137.35				Excision, lesion of palate, uvula; with simple primary closure
42107	305.64	250.71				Excision, lesion of palate, uvula; with local flap closure
42120			542.70			Resection of palate or extensive resection of lesion
42140	161.96	111.09				Uvulectomy, excision of uvula
42145			461.48			Palatopharyngoplasty (eg, uvulopalatopharyngoplasty,uvulopharyngoplasty)
42160	184.14	122.97				Destruction of lesion, palate or uvula (thermal, cryo or chemical)
42180	166.79	136.52				Repair, laceration of palate; up to 2 cm
42182	230.93	204.71				Repair, laceration of palate; over 2 cm or complex
42200			664.41			Palatoplasty for cleft palate, soft and/or hard palate only
42205			700.55			Palatoplasty for cleft palate, with closure of alveolar ridge; softtissue only
42210			788.53			Palatoplasty for cleft palate, with closure of alveolar ridge; with bonegraft to alveolar ridge (includes obtaining graft)
42215			545.18			Palatoplasty for cleft palate; major revision
42220			413.43			Palatoplasty for cleft palate; secondary lengthening procedure
42225			804.91			Palatoplasty for cleft palate; attachment pharyngeal flap
42226			746.06			Lengthening of palate, and pharyngeal flap
42227			758.86			Lengthening of palate, with island flap
42235			594.57			Repair of anterior palate, including vomer flap

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
42260	605.12	507.44				Repair of nasolabial fistula
42280	106.19	80.60				Maxillary impression for palatal prosthesis
42281	137.04	113.32				Insertion of pin-retained palatal prosthesis
42299			I.C.			Unlisted procedure, palate, uvula
42300	142.76	111.24				Drainage of abscess; parotid, simple
42305			319.80			Drainage of abscess; parotid, complicated
42310	114.80	92.33				Drainage of abscess; submaxillary or sublingual, intraoral
42320	169.04	132.22				Drainage of abscess; submaxillary, external
42325	222.57	150.48				Fistulization of sublingual salivary cyst (ranula);
42326	290.60	204.77				Fistulization of sublingual salivary cyst (ranula); with prosthesis
42330	160.83	120.26				Sialolithotomy; submandibular (submaxillary), sublingual or parotid,uncomplicated, intraoral
42335	247.37	192.44				Sialolithotomy; submandibular (submaxillary), complicated, intraoral
42340	319.77	253.92				Sialolithotomy; parotid, extraoral or complicated intraoral
42400	73.52	44.50				Biopsy of salivary gland; needle
42405	218.32	169.95				Biopsy of salivary gland; incisional
42408	314.54	242.76				Excision of sublingual salivary cyst (ranula)
42409	221.57	166.64				Marsupialization of sublingual salivary cyst (ranula)
42410			461.71			Excision of parotid tumor or parotid gland; lateral lobe, without nervedissection
42415			818.54			Excision of parotid tumor or parotid gland; lateral lobe, withdissection and preservation of facial nerve
42420			941.96			Excision of parotid tumor or parotid gland; total, with dissection andpreservation of facial nerve
42425			638.60			Excision of parotid tumor or parotid gland; total, en bloc removal withsacrifice of facial nerve
42426			1010.20			Excision of parotid tumor or parotid gland; total, with unilateralradical neck dissection
42440			347.42			Excision of submandibular (submaxillary) gland
42450	315.72	264.22				Excision of sublingual gland
42500	300.13	253.31				Plastic repair of salivary duct, sialodochoplasty; primary or simple
42505	398.27	343.35				Plastic repair of salivary duct, sialodochoplasty; secondary orcomplicated
42507			376.50			Parotid duct diversion, bilateral (Wilke type procedure);
42508			524.27			Parotid duct diversion, bilateral (Wilke type procedure); with excisionof one submandibular gland
42509			644.28			Parotid duct diversion, bilateral (Wilke type procedure); with excisionof both submandibular glands
42510			473.71			Parotid duct diversion, bilateral (Wilke type procedure); with ligationof both submandibular (Wharton's) ducts
42550	134.92	47.54				Injection procedure for sialography

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
42600	342.47	265.70				Closure salivary fistula
42650	56.30	44.13				Dilation salivary duct
42660	74.11	58.50				Dilation and catheterization of salivary duct, with or without injection
42665	202.35	153.03				Ligation salivary duct, intraoral
42699			I.C.			Unlisted procedure, salivary glands or ducts
42700	128.57	98.92				Incision and drainage abscess; peritonsillar
42720	304.67	272.21				Incision and drainage abscess; retropharyngeal or parapharyngeal,intraoral approach
42725			561.63			Incision and drainage abscess; retropharyngeal or parapharyngeal,external approach
42800	107.35	83.01				Biopsy; oropharynx
42802	192.29	108.03				Biopsy; hypopharynx
42804	151.84	89.11				Biopsy; nasopharynx, visible lesion, simple
42806	171.82	105.03				Biopsy; nasopharynx, survey for unknown primary lesion
42808	161.67	125.46				Excision or destruction of lesion of pharynx, any method
42809	124.28	93.07				Removal of foreign body from pharynx
42810	271.05	203.33				Excision branchial cleft cyst or vestige, confined to skin andsubcutaneous tissues
42815			401.07			Excision branchial cleft cyst, vestige, or fistula, extending beneathsubcutaneous tissues and/or into pharynx
42820			213.03			Tonsillectomy and adenoidectomy; under age 12
42821			230.54			Tonsillectomy and adenoidectomy; age 12 or over
42825			194.97			Tonsillectomy, primary or secondary; under age 12
42826			190.17			Tonsillectomy, primary or secondary; age 12 or over
42830			152.52			Adenoidectomy, primary; under age 12
42831			165.41			Adenoidectomy, primary; age 12 or over
42835			142.43			Adenoidectomy, secondary; under age 12
42836			182.51			Adenoidectomy, secondary; age 12 or over
42842			591.09			Radical resection of tonsil, tonsillar pillars, and/or retromolartrigone; without closure
42844			912.01			Radical resection of tonsil, tonsillar pillars, and/or retromolartrigone; closure with local flap (eg, tongue, buccal)
42845			1412.40			Radical resection of tonsil, tonsillar pillars, and/or retromolartrigone; closure with other flap
42860			137.79			Excision of tonsil tags
42870			420.22			Excision or destruction lingual tonsil, any method (separate procedure)
42890			808.52			Limited pharyngectomy
42892			985.19			Resection of lateral pharyngeal wall or pyriform sinus, direct closureby advancement of lateral and posterior pharyngeal walls
42894			1335.75			Resection of pharyngeal wall requiring closure with myocutaneous flap
42900			264.92			Suture pharynx for wound or injury
42950			601.00			Pharyngoplasty (plastic or reconstructive

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						operation on pharynx)
42953			798.12			Pharyngoesophageal repair
42955			546.38			Pharyngostomy (fistulization of pharynx, external for feeding)
42960			127.41			Control oropharyngeal hemorrhage, primary or secondary (eg,post-tonsillectomy); simple
42961			313.03			Control oropharyngeal hemorrhage, primary or secondary (eg,post-tonsillectomy); complicated, requiring hospitalization
42962			386.68			Control oropharyngeal hemorrhage, primary or secondary (eg,post-tonsillectomy); with secondary surgical intervention
42970			282.94			Control of nasopharyngeal hemorrhage, primary or secondary (eg,postadenoidectomy); simple, with posterior nasal packs, with or withoutanterior packs and/or cautery
42971			335.58			Control of nasopharyngeal hemorrhage, primary or secondary (eg,postadenoidectomy); complicated, requiring hospitalization
42972			382.37			Control of nasopharyngeal hemorrhage, primary or secondary (eg,postadenoidectomy); with secondary surgical intervention
42999			I.C.			Unlisted procedure, pharynx, adenoids, or tonsils
43020			402.55			Esophagotomy, cervical approach, with removal of foreign body
43030			390.55			Cricopharyngeal myotomy
43045			922.98			Esophagotomy, thoracic approach, with removal of foreign body
43100			457.94			Excision of lesion, esophagus, with primary repair; cervical approach
43101			725.00			Excision of lesion, esophagus, with primary repair; thoracic orabdominal approach
43107			1739.45			Total or near total esophagectomy, without thoracotomy; withpharyngogastrostomy or cervical esophagogastrostomy, with or withoutpyloroplasty (transhiatal)
43108			1435.69			Total or near total esophagectomy, without thoracotomy; with coloninterposition or small intestine reconstruction, including intestinemobilization, preparation and anastomosis(es)
43112			1880.28			Total or near total esophagectomy, with thoracotomy; withpharyngogastrostomy or cervical esophagogastrostomy, with or withoutpyloroplasty
43113			1501.92			Total or near total esophagectomy, with thoracotomy; with coloninterposition or small intestine reconstruction, including intestinemobilization, preparation, and anastomosis(es)
43116			1414.42			Partial esophagectomy, cervical, with free intestinal graft, includingmicrovascular anastomosis, obtaining the graft and

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						intestinalreconstruction
43117			1709.62			Partial esophagectomy, distal two-thirds, with thoracotomy and separateabdominal incision, with or without proximal gastrectomy; with thoracicesophagogastrostomy, with or without pyloroplasty (Ivor Lewis)
43118			1398.73			Partial esophagectomy, distal two-thirds, with thoracotomy and separateabdominal incision, with or without proximal gastrectomy; with coloninterposition or small intestine reconstruction, including intestinemobilization, preparation, and anastomosis(es)
43121			1284.43			Partial esophagectomy, distal two-thirds, with thoracotomy only, with orwithout proximal gastrectomy, with thoracic esophagogastrostomy, withor without pyloroplasty
43122			1717.22			Partial esophagectomy, thoracoabdominal or abdominal approach, with orwithout proximal gastrectomy; with esophagogastrostomy, with or withoutpyloroplasty
43123			1410.64			Partial esophagectomy, thoracoabdominal or abdominal approach, with orwithout proximal gastrectomy; with colon interposition or smallintestine reconstruction, including intestine mobilization,preparation, and anastomosis(es)
43124			1212.22			Total or partial esophagectomy, without reconstruction (any approach),with cervical esophagostomy
43130			573.13			Diverticulectomy of hypopharynx or esophagus, with or without myotomy;cervical approach
43135			728.68			Diverticulectomy of hypopharynx or esophagus, with or without myotomy;thoracic approach
43200	173.96	78.46				Esophagoscopy, rigid or flexible; diagnostic, with or without collectionof specimen(s) by brushing or washing (separate procedure)
43201	203.50	93.33				Esophagoscopy, rigid or flexible; with directed submucosal injection(s),any substance
43202	226.58	83.02				Esophagoscopy, rigid or flexible; with biopsy, single or multiple
43204			153.85			Esophagoscopy, rigid or flexible; with injection sclerosis of esophagealvarices
43205			153.95			Esophagoscopy, rigid or flexible; with band ligation of esophagealvarices
43215			111.52			Esophagoscopy, rigid or flexible; with removal of foreign body
43216			101.19			Esophagoscopy, rigid or flexible; with removal of tumor(s), polyp(s), orother lesion(s) by hot biopsy forceps or bipolar cautery
43217	299.59	119.82				Esophagoscopy, rigid or flexible; with removal of tumor(s), polyp(s), orother lesion(s) by snare technique
43219			121.73			Esophagoscopy, rigid or flexible; with insertion of plastic tube orstent

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
43220			89.76			Esophagoscopy, rigid or flexible; with balloon dilation (less than 30 mmdiameter)
43226			98.44			Esophagoscopy, rigid or flexible; with insertion of guide wire followedby dilation over guide wire
43227			146.71			Esophagoscopy, rigid or flexible; with control of bleeding (eg,injection, bipolar cautery, unipolar cautery, laser, heater probe,stapler, plasma coagulator)
43228			155.64			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			130.85			Esophagoscopy, rigid or flexible; with endoscopic ultrasound examination
43232			182.64			Esophagoscopy, rigid or flexible; with transendoscopic ultrasound-guidedintramural or transmural fine needle aspiration/biopsy(s)
43234	223.34	84.46				Upper gastrointestinal endoscopy, simple primary examination (eg, withsmall diameter flexible endoscope) (separate procedure)
43235	228.98	99.46				Upper gastrointestinal endoscopy including esophagus, stomach, andeither the duodenum and/or jejunum as appropriate; diagnostic, with orwithout collection of specimen(s) by brushing or washing (separateprocedure)
43236	282.10	120.44				Upper gastrointestinal endoscopy including esophagus, stomach, andeither the duodenum and/or jejunum as appropriate; with directedsubmucosal injection(s), any substance
43237			164.88			Upper gastrointestinal endoscopy including esophagus, stomach, andeither the duodenum and/or jejunum as appropriate; with endoscopicultrasound examination limited to the esophagus
43238			204.08			Upper gastrointestinal endoscopy including esophagus, stomach, andeither the duodenum and/or jejunum as appropriate; with transendoscopicultrasound-guided intramural or transmural fine needleaspiration/biopsy(s), esophagus (includes endoscopic ultrasoundexamination limited to the esophagus)
43239	259.23	118.17				Upper gastrointestinal endoscopy including esophagus, stomach, andeither the duodenum and/or jejunum as appropriate; with biopsy, singleor multiple
43240			275.29			Upper gastrointestinal endoscopy including esophagus, stomach, andeither the duodenum and/or jejunum as appropriate; with transmuraldrainage of pseudocyst
43241			107.70			Upper gastrointestinal endoscopy including esophagus, stomach, andeither the duodenum and/or jejunum as appropriate; with transendoscopicintraluminal tube or catheter

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						placement
43242			290.67			Upper gastrointestinal endoscopy including esophagus, stomach, andeither the duodenum and/or jejunum as appropriate; with transendoscopicultrasound-guided intramural or transmural fine needleaspiration/biopsy(s) (includes endoscopic ultrasound examination of theesophagus, stomach, and either the duodenum and/or jejunum asappropriate)
43243			184.62			Upper gastrointestinal endoscopy including esophagus, stomach, andeither the duodenum and/or jejunum as appropriate; with injectionsclerosis of esophageal and/or gastric varices
43244			203.12			Upper gastrointestinal endoscopy including esophagus, stomach, andeither the duodenum and/or jejunum as appropriate; with band ligationof esophageal and/or gastric varices
43245			130.70			Upper gastrointestinal endoscopy including esophagus, stomach, andeither the duodenum and/or jejunum as appropriate; with dilation ofgastric outlet for obstruction (eg, balloon, guide wire, bougie)
43246			174.90			Upper gastrointestinal endoscopy including esophagus, stomach, andeither the duodenum and/or jejunum as appropriate; with directedplacement of percutaneous gastrostomy tube
43247			138.42			Upper gastrointestinal endoscopy including esophagus, stomach, andeither the duodenum and/or jejunum as appropriate; with removal offoreign body
43248			129.79			Upper gastrointestinal endoscopy including esophagus, stomach, andeither the duodenum and/or jejunum as appropriate; with insertion ofguide wire followed by dilation of esophagus over guide wire
43249			119.59			Upper gastrointestinal endoscopy including esophagus, stomach, andeither the duodenum and/or jejunum as appropriate; with balloondilation of esophagus (less than 30 mm diameter)
43250			131.55			Upper gastrointestinal endoscopy including esophagus, stomach, andeither the duodenum and/or jejunum as appropriate; with removal oftumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolarcautery
43251			150.52			Upper gastrointestinal endoscopy including esophagus, stomach, andeither the duodenum and/or jejunum as appropriate; with removal oftumor(s), polyp(s), or other lesion(s) by snare technique
43255			194.29			Upper gastrointestinal endoscopy including

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						esophagus, stomach, andeither the duodenum and/or jejunum as appropriate; with control ofbleeding, any method
43256			176.06			Upper gastrointestinal endoscopy including esophagus, stomach, andeither the duodenum and/or jejunum as appropriate; with transendoscopicstent placement (includes predilation)
43257			222.63			Upper gastrointestinal endoscopy including esophagus, stomach, andeither the duodenum and/or jejunum as appropriate; with delivery ofthermal energy to the muscle of lower esophageal sphincter and/orgastric cardia, for treatment of gastroesophageal reflux disease
43258			183.56			Upper gastrointestinal endoscopy including esophagus, stomach, andeither the duodenum and/or jejunum as appropriate; with ablation oftumor(s), polyp(s), or other lesion(s) not amenable to removal by hotbiopsy forceps, bipolar cautery or snare technique
43259			207.83			Upper gastrointestinal endoscopy including esophagus, stomach, andeither the duodenum and/or jejunum as appropriate; with endoscopicultrasound examination, including the esophagus, stomach, and eitherthe duodenum and/or jejunum as appropriate
43260			238.80			Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, withor without collection of specimen(s) by brushing or washing (separateprocedure)
43261			250.91			Endoscopic retrograde cholangiopancreatography (ERCP); with biopsy,single or multiple
43262			294.57			Endoscopic retrograde cholangiopancreatography (ERCP); withsphincterotomy/papillotomy
43263			291.29			Endoscopic retrograde cholangiopancreatography (ERCP); with pressuremeasurement of sphincter of Oddi (pancreatic duct or common bile duct)
43264			353.63			Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopicretrograde removal of calculus/calculi from biliary and/or pancreaticducts
43265			396.72			Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopicretrograde destruction, lithotripsy of calculus/calculi, any method
43267			294.79			Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopicretrograde insertion of nasobiliary or nasopancreatic drainage tube
43268			297.70			Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopicretrograde insertion of tube or stent into bile or pancreatic duct
43269			326.93			Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopicretrograde removal of foreign body and/or change of tube or stent

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
43271			294.57			Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopicretrograde balloon dilation of ampulla, biliary and/or pancreaticduct(s)
43272			294.79			Endoscopic retrograde cholangiopancreatography (ERCP); with ablation oftumor(s), polyp(s), or other lesion(s) not amenable to removal by hotbiopsy forceps, bipolar cautery or snare technique
43280			732.98			Laparoscopy, surgical, esophagogastric fundoplasty (eg, Nissen, Toupetprocedures)
43289			I.C.			Unlisted laparoscopy procedure, esophagus
43300			464.50			Esophagoplasty (plastic repair or reconstruction), cervical approach;without repair of tracheoesophageal fistula
43305			829.10			Esophagoplasty (plastic repair or reconstruction), cervical approach;with repair of tracheoesophageal fistula
43310			1091.86			Esophagoplasty (plastic repair or reconstruction), thoracic approach;without repair of tracheoesophageal fistula
43312			1210.54			Esophagoplasty (plastic repair or reconstruction), thoracic approach;with repair of tracheoesophageal fistula
43313			1904.89			Esophagoplasty for congenital defect (plastic repair or reconstruction),thoracic approach; without repair of congenital tracheoesophagealfistula
43314			2074.13			Esophagoplasty for congenital defect (plastic repair or reconstruction),thoracic approach; with repair of congenital tracheoesophageal fistula
43320			870.47			Esophagogastrostomy (cardioplasty), with or without vagotomy andpyloroplasty, transabdominal or transthoracic approach
43324			877.83			Esophagogastric fundoplasty (eg, Nissen, Belsey IV, Hill procedures)
43325			862.11			Esophagogastric fundoplasty; with fundic patch (Thal-Nissen procedure)
43326			873.58			Esophagogastric fundoplasty; with gastroplasty (eg, Collis)
43330			846.38			Esophagomyotomy (Heller type); abdominal approach
43331			900.32			Esophagomyotomy (Heller type); thoracic approach
43340			852.76			Esophagojejunostomy (without total gastrectomy); abdominal approach
43341			927.71			Esophagojejunostomy (without total gastrectomy); thoracic approach
43350			712.69			Esophagostomy, fistulization of esophagus, external; abdominal approach
43351			844.94			Esophagostomy, fistulization of esophagus, external; thoracic approach

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
43352			708.97			Esophagostomy, fistulization of esophagus, external; cervical approach
43360			1521.74			Gastrointestinal reconstruction for previous esophagectomy, forobstructing esophageal lesion or fistula, or for previous esophagealexclusion; with stomach, with or without pyloroplasty
43361			1697.05			Gastrointestinal reconstruction for previous esophagectomy, forobstructing esophageal lesion or fistula, or for previous esophagealexclusion; with colon interposition or small intestine reconstruction,including intestine mobilization, preparation, and anastomosis(es)
43400			898.15			Ligation, direct, esophageal varices
43401			946.93			Transection of esophagus with repair, for esophageal varices
43405			889.38			Ligation or stapling at gastroesophageal junction for pre-existingesophageal perforation
43410			633.26			Suture of esophageal wound or injury; cervical approach
43415			1102.71			Suture of esophageal wound or injury; transthoracic or transabdominalapproach
43420			642.85			Closure of esophagostomy or fistula; cervical approach
43425			932.11			Closure of esophagostomy or fistula; transthoracic or transabdominalapproach
43450	121.13	60.59				Dilation of esophagus, by unguided sound or bougie, single or multiplepasses
43453	231.64	65.29				Dilation of esophagus, over guide wire
43456	501.44	106.95				Dilation of esophagus, by balloon or dilator, retrograde
43458	294.05	126.46				Dilation of esophagus with balloon (30 mm diameter or larger) forachalasia
43460			154.14			Esophagogastric tamponade, with balloon (Sengstaaken type)
43496			1447.07			Free jejunum transfer with microvascular anastomosis
43499			I.C.			Unlisted procedure, esophagus
43500			478.61			Gastrotomy; with exploration or foreign body removal
43501			847.24			Gastrotomy; with suture repair of bleeding ulcer
43502			974.72			Gastrotomy; with suture repair of pre-existing esophagogastriclaceration (eg, Mallory-Weiss)
43510			583.91			Gastrotomy; with esophageal dilation and insertion of permanentintraluminal tube (eg, Celestin or Mousseaux-Barbin)
43520			457.50			Pyloromyotomy, cutting of pyloric muscle (Fredet-Ramstedt typeoperation)
43600			74.39			Biopsy of stomach; by capsule, tube, peroral (one or more specimens)
43605			516.44			Biopsy of stomach; by laparotomy
43610			620.02			Excision, local; ulcer or benign tumor of stomach
43611			759.22			Excision, local; malignant tumor of stomach
43620			1249.17			Gastrectomy, total; with esophagoenterostomy

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
43621			1275.06			Gastrectomy, total; with Roux-en-Y reconstruction
43622			1347.31			Gastrectomy, total; with formation of intestinal pouch, any type
43631			948.43			Gastrectomy, partial, distal; with gastroduodenostomy
43632			948.43			Gastrectomy, partial, distal; with gastrojejunostomy
43633			969.01			Gastrectomy, partial, distal; with Roux-en-Y reconstruction
43634			1052.17			Gastrectomy, partial, distal; with formation of intestinal pouch
43635			82.41			Vagotomy when performed with partial distal gastrectomy (List separatelyin addition to code(s) for primary procedure)
43638			1221.16			Gastrectomy, partial, proximal, thoracic or abdominal approach includingesophagogastrostomy, with vagotomy;
43639			1234.34			Gastrectomy, partial, proximal, thoracic or abdominal approach includingesophagogastrostomy, with vagotomy; with pyloroplasty or pyloromyotomy
43640			725.60			Vagotomy including pyloroplasty, with or without gastrostomy; truncal orselective
43641			734.82			Vagotomy including pyloroplasty, with or without gastrostomy; parietalcell (highly selective)
43644			1156.93			Laparoscopy, surgical, gastric restrictive procedure; with gastricbypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)
43645			1246.67			Laparoscopy, surgical, gastric restrictive procedure; with gastricbypass and small intestine reconstruction to limit absorption
43651			446.41			Laparoscopy, surgical; transection of vagus nerves, truncal
43652			534.99			Laparoscopy, surgical; transection of vagus nerves, selective or highlyselective
43653			357.16			Laparoscopy, surgical; gastrostomy, without construction of gastric tube(eg, Stamm procedure) (separate procedure)
43659			I.C.			Unlisted laparoscopy procedure, stomach
43750			196.69			Percutaneous placement of gastrostomy tube
43752	30.71	30.08				Naso- or oro-gastric tube placement, requiring physician's skill andfluoroscopic guidance (includes fluoroscopy, image documentation andreport)
43760	96.09	45.22				Change of gastrostomy tube
43761	92.96	77.05				Repositioning of the gastric feeding tube, any method, through theduodenum for enteric nutrition
43800			585.45			Pyloroplasty
43810			622.50			Gastroduodenostomy
43820			650.75			Gastrojejunostomy; without vagotomy
43825			814.24			Gastrojejunostomy; with vagotomy, any type
43830			429.90			Gastrostomy, open; without construction of gastric tube (eg, Stammprocedure) (separate procedure)

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
43831			370.17			Gastrostomy, open; neonatal, for feeding
43832			669.10			Gastrostomy, open; with construction of gastric tube (eg, Janewayprocedure)
43840			667.46			Gastrorrhaphy, suture of perforated duodenal or gastric ulcer, wound, orinjury
43842			785.29			Gastric restrictive procedure, without gastric bypass, for morbidobesity; vertical-banded gastroplasty
43843			789.35			Gastric restrictive procedure, without gastric bypass, for morbidobesity; other than vertical-banded gastroplasty
43845			I.C.			Gastric restrictive procedure with partial gastrectomy,pylorus-preserving duodenoileostomy and ileoileostomy (50 to 100 cmcommon channel) to limit absorption (biliopancreatic diversion withduodenal switch)
43846			1018.21			Gastric restrictive procedure, with gastric bypass for morbid obesity;with short limb (150 cm or less) Roux-en-Y gastroenterostomy
43847			1129.81			Gastric restrictive procedure, with gastric bypass for morbid obesity;with small intestine reconstruction to limit absorption
43848			1231.06			Revision of gastric restrictive procedure for morbid obesity (separateprocedure)
43850			1030.54			Revision of gastroduodenal anastomosis (gastroduodenostomy) withreconstruction; without vagotomy
43855			1090.10			Revision of gastroduodenal anastomosis (gastroduodenostomy) withreconstruction; with vagotomy
43860			1044.16			Revision of gastrojejunal anastomosis (gastrojejunostomy) withreconstruction, with or without partial gastrectomy or intestineresection; without vagotomy
43865			1105.51			Revision of gastrojejunal anastomosis (gastrojejunostomy) withreconstruction, with or without partial gastrectomy or intestineresection; with vagotomy
43870			424.50			Closure of gastrostomy, surgical
43880			1031.17			Closure of gastrocolic fistula
43999			I.C.			Unlisted procedure, stomach
44005			685.00			Enterolysis (freeing of intestinal adhesion) (separate procedure)
44010			536.44			Duodenotomy, for exploration, biopsy(s), or foreign body removal
44015			104.41			Tube or needle catheter jejunostomy for enteral alimentation,intraoperative, any method (List separately in addition to primaryprocedure)
44020			594.89			Enterotomy, small intestine, other than duodenum; for exploration,biopsy(s), or foreign body removal
44021			598.22			Enterotomy, small intestine, other than duodenum; for decompression (eg,Baker tube)
44025			605.41			Colotomy, for exploration, biopsy(s), or foreign

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						body removal
44050			597.00			Reduction of volvulus, intussusception, internal hernia, by laparotomy
44055			916.53			Correction of malrotation by lysis of duodenal bands and/or reduction ofmidgut volvulus (eg, Ladd procedure)
44100			79.25			Biopsy of intestine by capsule, tube, peroral (one or more specimens)
44110			508.76			Excision of one or more lesions of small or large intestine notrequiring anastomosis, exteriorization, or fistulization; singleenterotomy
44111			609.03			Excision of one or more lesions of small or large intestine notrequiring anastomosis, exteriorization, or fistulization; multipleenterotomies
44120			718.80			Enterectomy, resection of small intestine; single resection andanastomosis
44121			177.71			Enterectomy, resection of small intestine; each additional resection andanastomosis (List separately in addition to code for primary procedure)
44125			739.64			Enterectomy, resection of small intestine; with enterostomy
44126			1482.82			Enterectomy, resection of small intestine for congenital atresia, singleresection and anastomosis of proximal segment of intestine; withouttapering
44127			1701.01			Enterectomy, resection of small intestine for congenital atresia, singleresection and anastomosis of proximal segment of intestine; withtapering
44128			178.88			Enterectomy, resection of small intestine for congenital atresia, singleresection and anastomosis of proximal segment of intestine; eachadditional resection and anastomosis (List separately in addition tocode for primary procedure)
44130			617.99			Enteroenterostomy, anastomosis of intestine, with or without cutaneousenterostomy (separate procedure)
44132			I.C.			Donor enterectomy (including cold preservation), open; from cadaverdonor
44133			I.C.			Donor enterectomy (including cold preservation), open; partial, fromliving donor
44135			I.C.			Intestinal allotransplantation; from cadaver donor
44136			I.C.			Intestinal allotransplantation; from living donor
44137			I.C.			Removal of transplanted intestinal allograft, complete
44139			89.01			Mobilization (take-down) of splenic flexure performed in conjunctionwith partial colectomy (List separately in addition to primaryprocedure)
44140			884.45			Colectomy, partial; with anastomosis
44141			884.67			Colectomy, partial; with skin level cecostomy or colostomy
44143			1007.03			Colectomy, partial; with end colostomy and closure of distal segment(Hartmann type procedure)

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
44144			930.96			Colectomy, partial; with resection, with colostomy or ileostomy andcreation of mucofistula
44145			1107.93			Colectomy, partial; with coloproctostomy (low pelvic anastomosis)
44146			1204.47			Colectomy, partial; with coloproctostomy (low pelvic anastomosis), withcolostomy
44147			874.56			Colectomy, partial; abdominal and transanal approach
44150			1075.18			Colectomy, total, abdominal, without proctectomy; with ileostomy orileoproctostomy
44151			1205.27			Colectomy, total, abdominal, without proctectomy; with continentileostomy
44152			1175.00			Colectomy, total, abdominal, without proctectomy; with rectalmucosectomy, ileoanal anastomosis, with or without loop ileostomy
44153			1335.96			Colectomy, total, abdominal, without proctectomy; with rectalmucosectomy, ileoanal anastomosis, creation of ileal reservoir (S orJ), with or without loop ileostomy
44155			1224.24			Colectomy, total, abdominal, with proctectomy; with ileostomy
44156			1370.87			Colectomy, total, abdominal, with proctectomy; with continent ileostomy
44160			785.79			Colectomy, partial, with removal of terminal ileum with ileocolostomy
44200			616.25			Laparoscopy, surgical; enterolysis (freeing of intestinal adhesion)(separate procedure)
44201			432.43			Laparoscopy, surgical; jejunostomy (eg, for decompression or feeding)
44202			923.84			Laparoscopy, surgical; enterectomy, resection of small intestine, singleresection and anastomosis
44203			177.09			Laparoscopy, surgical; each additional small intestine resection andanastomosis (List separately in addition to code for primary procedure)
44204			1042.13			Laparoscopy, surgical; colectomy, partial, with anastomosis
44205			924.26			Laparoscopy, surgical; colectomy, partial, with removal of terminalileum with ileocolostomy
44206			1141.03			Laparoscopy, surgical; colectomy, partial, with end colostomy andclosure of distal segment (Hartmann type procedure)
44207			1232.70			Laparoscopy, surgical; colectomy, partial, with anastomosis, withcoloproctostomy (low pelvic anastomosis)
44208			1341.61			Laparoscopy, surgical; colectomy, partial, with anastomosis, withcoloproctostomy (low pelvic anastomosis) with colostomy
44210			1186.55			Laparoscopy, surgical; colectomy, total, abdominal, without proctectomy,with ileostomy or ileoproctostomy
44211			1475.87			Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy,with ileoanal anastomosis, creation of ileal reservoir (S or J),

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						withloop ileostomy, with or without rectal mucosectomy
44212			1368.22			Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy,with ileostomy
44238			I.C.			Unlisted laparoscopy procedure, intestine (except rectum)
44239			I.C.			Unlisted laparoscopy procedure, rectum
44300			525.92			Enterostomy or cecostomy, tube (eg, for decompression or feeding)(separate procedure)
44310			674.15			Ileostomy or jejunostomy, non-tube (separate procedure)
44312			357.44			Revision of ileostomy; simple (release of superficial scar) (separateprocedure)
44314			641.14			Revision of ileostomy; complicated (reconstruction in-depth) (separateprocedure)
44316			877.09			Continent ileostomy (Kock procedure) (separate procedure)
44320			754.78			Colostomy or skin level cecostomy; (separate procedure)
44322			618.26			Colostomy or skin level cecostomy; with multiple biopsies (eg, forcongenital megacolon) (separate procedure)
44340			358.96			Revision of colostomy; simple (release of superficial scar) (separateprocedure)
44345			666.04			Revision of colostomy; complicated (reconstruction in-depth) (separateprocedure)
44346			726.07			Revision of colostomy; with repair of paracolostomy hernia (separateprocedure)
44360			107.27			Small intestinal endoscopy, enteroscopy beyond second portion ofduodenum, not including ileum; diagnostic, with or without collectionof specimen(s) by brushing or washing (separate procedure)
44361			118.27			Small intestinal endoscopy, enteroscopy beyond second portion ofduodenum, not including ileum; with biopsy, single or multiple
44363			141.66			Small intestinal endoscopy, enteroscopy beyond second portion ofduodenum, not including ileum; with removal of foreign body
44364			151.47			Small intestinal endoscopy, enteroscopy beyond second portion ofduodenum, not including ileum; with removal of tumor(s), polyp(s), orother lesion(s) by snare technique
44365			135.60			Small intestinal endoscopy, enteroscopy beyond second portion ofduodenum, not including ileum; with removal of tumor(s), polyp(s), orother lesion(s) by hot biopsy forceps or bipolar cautery
44366			177.85			Small intestinal endoscopy, enteroscopy beyond second portion ofduodenum, not including ileum; with control of bleeding (eg, injection,bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasmacoagulator)
44369			180.99			Small intestinal endoscopy, enteroscopy beyond

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						second portion ofduodenum, not including ileum; with ablation of tumor(s), polyp(s), orother lesion(s) not amenable to removal by hot biopsy forceps, bipolarcautery or snare technique
44370			196.78			Small intestinal endoscopy, enteroscopy beyond second portion ofduodenum, not including ileum; with transendoscopic stent placement(includes predilation)
44372			178.49			Small intestinal endoscopy, enteroscopy beyond second portion ofduodenum, not including ileum; with placement of percutaneousjejunostomy tube
44373			142.91			Small intestinal endoscopy, enteroscopy beyond second portion ofduodenum, not including ileum; with conversion of percutaneousgastrostomy tube to percutaneous jejunostomy tube
44376			211.86			Small intestinal endoscopy, enteroscopy beyond second portion ofduodenum, including ileum; diagnostic, with or without collection ofspecimen(s) by brushing or washing (separate procedure)
44377			221.83			Small intestinal endoscopy, enteroscopy beyond second portion ofduodenum, including ileum; with biopsy, single or multiple
44378			284.64			Small intestinal endoscopy, enteroscopy beyond second portion ofduodenum, including ileum; with control of bleeding (eg, injection,bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasmacoagulator)
44379			302.47			Small intestinal endoscopy, enteroscopy beyond second portion ofduodenum, including ileum; with transendoscopic stent placement(includes predilation)
44380			46.80			Ileoscopy, through stoma; diagnostic, with or without collection ofspecimen(s) by brushing or washing (separate procedure)
44382			56.00			Ileoscopy, through stoma; with biopsy, single or multiple
44383			122.53			Ileoscopy, through stoma; with transendoscopic stent placement (includespredilation)
44385	156.16	75.02				Endoscopic evaluation of small intestinal (abdominal or pelvic) pouch;diagnostic, with or without collection of specimen(s) by brushing orwashing (separate procedure)
44386	267.67	87.91				Endoscopic evaluation of small intestinal (abdominal or pelvic) pouch;with biopsy, single or multiple
44388	239.10	116.45				Colonoscopy through stoma; diagnostic, with or without collection ofspecimen(s) by brushing or washing (separate procedure)
44389	295.62	128.65				Colonoscopy through stoma; with biopsy, single or multiple
44390	330.33	154.94				Colonoscopy through stoma; with removal of foreign body

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
44391	394.04	174.64				Colonoscopy through stoma; with control of bleeding (eg, injection,bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasmacoagulator)
44392	313.95	155.10				Colonoscopy through stoma; with removal of tumor(s), polyp(s), or otherlesion(s) by hot biopsy forceps or bipolar cautery
44393	352.78	195.48				Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or otherlesion(s) not amenable to removal by hot biopsy forceps, bipolarcautery or snare technique
44394	369.42	179.35				Colonoscopy through stoma; with removal of tumor(s), polyp(s), or otherlesion(s) by snare technique
44397			189.20			Colonoscopy through stoma; with transendoscopic stent placement(includes predilation)
44500			18.67			Introduction of long gastrointestinal tube (eg, Miller-Abbott) (separateprocedure)
44602			669.06			Suture of small intestine (enterorrhaphy) for perforated ulcer,diverticulum, wound, injury or rupture; single perforation
44603			773.26			Suture of small intestine (enterorrhaphy) for perforated ulcer,diverticulum, wound, injury or rupture; multiple perforations
44604			670.72			Suture of large intestine (colorrhaphy) for perforated ulcer,diverticulum, wound, injury or rupture (single or multipleperforations); without colostomy
44605			833.49			Suture of large intestine (colorrhaphy) for perforated ulcer,diverticulum, wound, injury or rupture (single or multipleperforations); with colostomy
44615			674.28			Intestinal stricturoplasty (enterotomy and enterorrhaphy) with orwithout dilation, for intestinal obstruction
44620			522.25			Closure of enterostomy, large or small intestine;
44625			635.48			Closure of enterostomy, large or small intestine; with resection andanastomosis other than colorectal
44626			1048.41			Closure of enterostomy, large or small intestine; with resection andcolorectal anastomosis (eg, closure of Hartmann type procedure)
44640			900.62			Closure of intestinal cutaneous fistula
44650			937.33			Closure of enteroenteric or enterocolic fistula
44660			872.89			Closure of enterovesical fistula; without intestinal or bladderresection
44661			1016.47			Closure of enterovesical fistula; with intestine and/or bladderresection
44680			650.44			Intestinal plication (separate procedure)
44700			674.26			Exclusion of small intestine from pelvis by mesh or other prosthesis, ornative tissue (eg, bladder or omentum)
44701			123.44			Intraoperative colonic lavage (List separately in

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						addition to code forprimary procedure)
44715			I.C.			Backbench standard preparation of cadaver or living donor intestineallograft prior to transplantation, including mobilization andfashioning of the superior mesenteric artery and vein
44720			194.25			Backbench reconstruction of cadaver or living donor intestine allograftprior to transplantation; venous anastomosis, each
44721			281.50			Backbench reconstruction of cadaver or living donor intestine allograftprior to transplantation; arterial anastomosis, each
44799			I.C.			Unlisted procedure, intestine
44800			496.41			Excision of Meckel's diverticulum (diverticulectomy) oromphalomesenteric duct
44820			524.75			Excision of lesion of mesentery (separate procedure)
44850			470.44			Suture of mesentery (separate procedure)
44899			I.C.			Unlisted procedure, Meckel's diverticulum and the mesentery
44900			443.10			Incision and drainage of appendiceal abscess; open
44901	964.96	129.18				Incision and drainage of appendiceal abscess; percutaneous
44950			428.00			Appendectomy;
44955			61.61			Appendectomy; when done for indicated purpose at time of other majorprocedure (not as separate procedure) (List separately in addition tocode for primary procedure)
44960			528.43			Appendectomy; for ruptured appendix with abscess or generalizedperitonitis
44970			382.61			Laparoscopy, surgical, appendectomy
44979			I.C.			Unlisted laparoscopy procedure, appendix
45000			223.23			Transrectal drainage of pelvic abscess
45005	184.45	107.37				Incision and drainage of submucosal abscess, rectum
45020			238.86			Incision and drainage of deep supralevator, pelvirectal, or retrorectalabscess
45100			180.24			Biopsy of anorectal wall, anal approach (eg, congenital megacolon)
45108			225.18			Anorectal myomectomy
45110			1201.28			Proctectomy; complete, combined abdominoperineal, with colostomy
45111			704.84			Proctectomy; partial resection of rectum, transabdominal approach
45112			1250.18			Proctectomy, combined abdominoperineal, pull-through procedure (eg,colo-anal anastomosis)
45113			1276.93			Proctectomy, partial, with rectal mucosectomy, ileoanal anastomosis,creation of ileal reservoir (S or J), with or without loop ileostomy
45114			1135.54			Proctectomy, partial, with anastomosis; abdominal and transsacralapproach
45116			1027.59			Proctectomy, partial, with anastomosis; transsacral approach only(Kraske type)

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
45119			1278.20			Proctectomy, combined abdominoperineal pull-through procedure (eg,colo-anal anastomosis), with creation of colonic reservoir (eg,J-pouch), with or without proximal diverting ostomy
45120			1030.17			Proctectomy, complete (for congenital megacolon), abdominal and perinealapproach; with pull-through procedure and anastomosis (eg, Swenson,Duhamel, or Soave type operation)
45121			1133.14			Proctectomy, complete (for congenital megacolon), abdominal and perinealapproach; with subtotal or total colectomy, with multiple biopsies
45123			696.52			Proctectomy, partial, without anastomosis, perineal approach
45126			1889.68			Pelvic exenteration for colorectal malignancy, with proctectomy (with orwithout colostomy), with removal of bladder and ureteraltransplantations, and/or hysterectomy, or cervicectomy, with or withoutremoval of tube(s), with or without removal of ovary(s), or anycombination thereof
45130			685.30			Excision of rectal procidentia, with anastomosis; perineal approach
45135			824.47			Excision of rectal procidentia, with anastomosis; abdominal and perinealapproach
45136			1173.35			Excision of ileoanal reservoir with ileostomy
45150			255.52			Division of stricture of rectum
45160			649.63			Excision of rectal tumor by proctotomy, transsacral or transcoccygealapproach
45170			496.93			Excision of rectal tumor, transanal approach
45190			426.27			Destruction of rectal tumor (eg, electrodessication, electrosurgery,laser ablation, laser resection, cryosurgery) transanal approach
45300	58.71	19.70				Proctosigmoidoscopy, rigid; diagnostic, with or without collection ofspecimen(s) by brushing or washing (separate procedure)
45303	595.76	23.07				Proctosigmoidoscopy, rigid; with dilation (eg, balloon, guide wire,bougie)
45305	111.29	44.82				Proctosigmoidoscopy, rigid; with biopsy, single or multiple
45307	121.92	42.33				Proctosigmoidoscopy, rigid; with removal of foreign body
45308	86.10	37.73				Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, orother lesion by hot biopsy forceps or bipolar cautery
45309	145.86	84.38				Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, orother lesion by snare technique
45315	129.70	60.10				Proctosigmoidoscopy, rigid; with removal of multiple tumors, polyps, orother lesions by hot biopsy forceps, bipolar cautery or snare technique
45317	118.94	63.70				Proctosigmoidoscopy, rigid; with control of bleeding (eg, injection,bipolar cautery, unipolar cautery, laser, heater probe, stapler,

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						plasmacoagulator)
45320	136.26	67.60				Proctosigmoidoscopy, rigid; with ablation of tumor(s), polyp(s), orother lesion(s) not amenable to removal by hot biopsy forceps, bipolarcautery or snare technique (eg, laser)
45321			51.37			Proctosigmoidoscopy, rigid; with decompression of volvulus
45327			68.84			Proctosigmoidoscopy, rigid; with transendoscopic stent placement(includes predilation)
45330	98.09	42.85				Sigmoidoscopy, flexible; diagnostic, with or without collection ofspecimen(s) by brushing or washing (separate procedure)
45331	128.32	50.92				Sigmoidoscopy, flexible; with biopsy, single or multiple
45332	207.07	75.99				Sigmoidoscopy, flexible; with removal of foreign body
45333	202.80	75.78				Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or otherlesion(s) by hot biopsy forceps or bipolar cautery
45334			112.67			Sigmoidoscopy, flexible; with control of bleeding (eg, injection,bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasmacoagulator)
45335	141.36	62.71				Sigmoidoscopy, flexible; with directed submucosal injection(s), anysubstance
45337			98.46			Sigmoidoscopy, flexible; with decompression of volvulus, any method
45338	228.89	97.50				Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or otherlesion(s) by snare technique
45339	197.05	129.01				Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or otherlesion(s) not amenable to removal by hot biopsy forceps, bipolarcautery or snare technique
45340	246.03	79.37				Sigmoidoscopy, flexible; with dilation by balloon, 1 or more strictures
45341			106.82			Sigmoidoscopy, flexible; with endoscopic ultrasound examination
45342			162.18			Sigmoidoscopy, flexible; with transendoscopic ultrasound guidedintramural or transmural fine needle aspiration/biopsy(s)
45345			118.78			Sigmoidoscopy, flexible; with transendoscopic stent placement (includespredilation)
45355			143.90			Colonoscopy, rigid or flexible, transabdominal via colotomy, single ormultiple
45378	296.17	150.43				Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with orwithout collection of specimen(s) by brushing or washing, with orwithout colon decompression (separate procedure)
45379	371.86	189.29				Colonoscopy, flexible, proximal to splenic flexure; with removal offoreign body
45380	349.69	179.29				Colonoscopy, flexible, proximal to splenic flexure; with biopsy, singleor multiple

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
45381	340.17	169.77				Colonoscopy, flexible, proximal to splenic flexure; with directedsubmucosal injection(s), any substance
45382	470.47	228.29				Colonoscopy, flexible, proximal to splenic flexure; with control ofbleeding (eg, injection, bipolar cautery, unipolar cautery, laser,heater probe, stapler, plasma coagulator)
45383	413.28	235.39				Colonoscopy, flexible, proximal to splenic flexure; with ablation oftumor(s), polyp(s), or other lesion(s) not amenable to removal by hotbiopsy forceps, bipolar cautery or snare technique
45384	345.08	189.65				Colonoscopy, flexible, proximal to splenic flexure; with removal oftumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolarcautery
45385	393.36	213.29				Colonoscopy, flexible, proximal to splenic flexure; with removal oftumor(s), polyp(s), or other lesion(s) by snare technique
45386	516.87	185.43				Colonoscopy, flexible, proximal to splenic flexure; with dilation byballoon, 1 or more strictures
45387			239.89			Colonoscopy, flexible, proximal to splenic flexure; with transendoscopicstent placement (includes predilation)
45391			205.83			Colonoscopy, flexible, proximal to splenic flexure; with endoscopicultrasound examination
45392			260.31			Colonoscopy, flexible, proximal to splenic flexure; with transendoscopicultrasound guided intramural or transmural fine needleaspiration/biopsy(s)
45500			319.39			Proctoplasty; for stenosis
45505			339.66			Proctoplasty; for prolapse of mucous membrane
45520	66.88	27.24				Perirectal injection of sclerosing solution for prolapse
45540			683.00			Proctopexy for prolapse; abdominal approach
45541			574.37			Proctopexy for prolapse; perineal approach
45550			953.50			Proctopexy combined with sigmoid resection, abdominal approach
45560			462.61			Repair of rectocele (separate procedure)
45562			665.05			Exploration, repair, and presacral drainage for rectal injury;
45563			1016.15			Exploration, repair, and presacral drainage for rectal injury; withcolostomy
45800			742.50			Closure of rectovesical fistula;
45805			892.38			Closure of rectovesical fistula; with colostomy
45820			762.48			Closure of rectourethral fistula;
45825			919.48			Closure of rectourethral fistula; with colostomy
45900			122.64			Reduction of procidentia (separate procedure) under anesthesia
45905			111.57			Dilation of anal sphincter (separate procedure) under anesthesia otherthan local
45910			132.47			Dilation of rectal stricture (separate procedure) under anesthesia otherthan local
45915	224.75	155.15				Removal of fecal impaction or foreign body (separate procedure) underanesthesia
45999			I.C.			Unlisted procedure, rectum

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
46020	156.47	141.49				Placement of seton
46030	77.62	57.65				Removal of anal seton, other marker
46040	315.82	256.21				Incision and drainage of ischiorectal and/or perirectal abscess(separate procedure)
46045			216.15			Incision and drainage of intramural, intramuscular, or submucosalabscess, transanal, under anesthesia
46050	113.70	60.64				Incision and drainage, perianal abscess, superficial
46060			266.29			Incision and drainage of ischiorectal or intramural abscess, withfistulectomy or fistulotomy, submuscular, with or without placement ofseton
46070			136.67			Incision, anal septum (infant)
46080	146.29	107.90				Sphincterotomy, anal, division of sphincter (separate procedure)
46083	119.09	69.15				Incision of thrombosed hemorrhoid, external
46200	218.97	188.07				Fissurectomy, with or without sphincterotomy
46210	237.12	159.41				Cryptectomy; single
46211	291.34	232.05				Cryptectomy; multiple (separate procedure)
46220	116.59	74.77				Papillectomy or excision of single tag, anus (separate procedure)
46221	141.35	113.26				Hemorrhoidectomy, by simple ligature (eg, rubber band)
46230	170.36	114.81				Excision of external hemorrhoid tags and/or multiple papillae
46250	278.65	194.70				Hemorrhoidectomy, external, complete
46255	316.00	222.37				Hemorrhoidectomy, internal and external, simple;
46257			246.39			Hemorrhoidectomy, internal and external, simple; with fissurectomy
46258			268.72			Hemorrhoidectomy, internal and external, simple; with fistulectomy, withor without fissurectomy
46260			284.43			Hemorrhoidectomy, internal and external, complex or extensive;
46261			317.27			Hemorrhoidectomy, internal and external, complex or extensive; withfissurectomy
46262			333.14			Hemorrhoidectomy, internal and external, complex or extensive; withfistulectomy, with or without fissurectomy
46270	264.24	196.83				Surgical treatment of anal fistula (fistulectomy/fistulotomy);subcutaneous
46275	276.63	224.82				Surgical treatment of anal fistula (fistulectomy/fistulotomy);submuscular
46280			274.32			Surgical treatment of anal fistula (fistulectomy/fistulotomy); complexor multiple, with or without placement of seton
46285	235.05	203.22				Surgical treatment of anal fistula (fistulectomy/fistulotomy); secondstage
46288			320.79			Closure of anal fistula with rectal advancement flap
46320	112.83	73.20				Enucleation or excision of external thrombotic hemorrhoid
46500	112.09	82.13				Injection of sclerosing solution, hemorrhoids
46600	63.05	24.98				Anoscopy; diagnostic, with or without collection of specimen(s) bybrushing or washing (separate

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						procedure)
46604	322.03	56.75				Anoscopy; with dilation (eg, balloon, guide wire, bougie)
46606	141.44	36.89				Anoscopy; with biopsy, single or multiple
46608	180.90	63.87				Anoscopy; with removal of foreign body
46610	164.09	57.35				Anoscopy; with removal of single tumor, polyp, or other lesion by hotbiopsy forceps or bipolar cautery
46611	156.13	76.54				Anoscopy; with removal of single tumor, polyp, or other lesion by snaretechnique
46612	229.67	98.59				Anoscopy; with removal of multiple tumors, polyps, or other lesions byhot biopsy forceps, bipolar cautery or snare technique
46614	130.14	83.95				Anoscopy; with control of bleeding (eg, injection, bipolar cautery,unipolar cautery, laser, heater probe, stapler, plasma coagulator)
46615	155.52	111.51				Anoscopy; with ablation of tumor(s), polyp(s), or other lesion(s) notamenable to removal by hot biopsy forceps, bipolar cautery or snaretechnique
46700			393.51			Anoplasty, plastic operation for stricture; adult
46705			317.34			Anoplasty, plastic operation for stricture; infant
46706			108.35			Repair of anal fistula with fibrin glue
46715			322.31			Repair of low imperforate anus; with anoperineal fistula (cut-backprocedure)
46716			682.56			Repair of low imperforate anus; with transposition of anoperineal oranovestibular fistula
46730			1137.87			Repair of high imperforate anus without fistula; perineal orsacroperineal approach
46735			1344.80			Repair of high imperforate anus without fistula; combined transabdominaland sacroperineal approaches
46740			1260.68			Repair of high imperforate anus with rectourethral or rectovaginalfistula; perineal or sacroperineal approach
46742			1560.96			Repair of high imperforate anus with rectourethral or rectovaginalfistula; combined transabdominal and sacroperineal approaches
46744			2191.77			Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty,sacroperineal approach
46746			2493.54			Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty,combined abdominal and sacroperineal approach;
46748			2513.83			Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty,combined abdominal and sacroperineal approach; with vaginal lengtheningby intestinal graft or pedicle flaps
46750			452.98			Sphincteroplasty, anal, for incontinence or prolapse; adult
46751			421.91			Sphincteroplasty, anal, for incontinence or prolapse; child
46753			360.15			Graft (Thiersch operation) for rectal incontinence

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						and/or prolapse
46754	174.61	114.69				Removal of Thiersch wire or suture, anal canal
46760			637.55			Sphincteroplasty, anal, for incontinence, adult; muscle transplant
46761			584.95			Sphincteroplasty, anal, for incontinence, adult; levator muscleimbrication (Park posterior anal repair)
46762			535.75			Sphincteroplasty, anal, for incontinence, adult; implantation artificialsphincter
46900	134.95	94.07				Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscumcontagiosum, herpetic vesicle), simple; chemical
46910	143.82	86.40				Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscumcontagiosum, herpetic vesicle), simple; electrodesiccation
46916	150.13	95.20				Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscumcontagiosum, herpetic vesicle), simple; cryosurgery
46917	338.59	88.91				Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscumcontagiosum, herpetic vesicle), simple; laser surgery
46922	156.01	87.35				Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscumcontagiosum, herpetic vesicle), simple; surgical excision
46924	349.86	121.09				Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscumcontagiosum, herpetic vesicle), extensive (eg, laser surgery,electrosurgery, cryosurgery, chemosurgery)
46934	257.94	191.78				Destruction of hemorrhoids, any method; internal
46935	177.53	107.31				Destruction of hemorrhoids, any method; external
46936	257.13	182.85				Destruction of hemorrhoids, any method; internal and external
46937	160.98	112.61				Cryosurgery of rectal tumor; benign
46938	260.60	231.26				Cryosurgery of rectal tumor; malignant
46940	128.51	100.42				Curettage or cautery of anal fissure, including dilation of analsphincter (separate procedure); initial
46942	115.43	90.15				Curettage or cautery of anal fissure, including dilation of analsphincter (separate procedure); subsequent
46945	154.74	130.08				Ligation of internal hemorrhoids; single procedure
46946	190.27	148.76				Ligation of internal hemorrhoids; multiple procedures
46947			238.91			Hemorrhoidopexy (eg, for prolapsing internal hemorrhoids) by stapling
46999			I.C.			Unlisted procedure, anus
47000	148.91	72.76				Biopsy of liver, needle; percutaneous
47001			75.95			Biopsy of liver, needle; when done for indicated purpose at time ofother major procedure (List separately in addition to code for primaryprocedure)
47010			724.95			Hepatotomy; for open drainage of abscess or cyst,

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						one or two stages
47011			140.60			Hepatotomy; for percutaneous drainage of abscess or cyst, one or twostages
47015			673.04			Laparotomy, with aspiration and/or injection of hepatic parasitic (eg,amoebic or echinococcal) cyst(s) or abscess(es)
47100			530.10			Biopsy of liver, wedge
47120			1512.40			Hepatectomy, resection of liver; partial lobectomy
47122			2285.03			Hepatectomy, resection of liver; trisegmentectomy
47125			2046.88			Hepatectomy, resection of liver; total left lobectomy
47130			2215.44			Hepatectomy, resection of liver; total right lobectomy
47133			I.C.			Donor hepatectomy (including cold preservation), from cadaver donor
47135			3354.30			Liver allotransplantation; orthotopic, partial or whole, from cadaver orliving donor, any age
47136			2843.51			Liver allotransplantation; heterotopic, partial or whole, from cadaveror living donor, any age
47140			2265.31			Donor hepatectomy (including cold preservation), from living donor; leftlateral segment only (segments II and III)
47141			2741.69			Donor hepatectomy (including cold preservation), from living donor;total left lobectomy (segments II, III and IV)
47142			3020.76			Donor hepatectomy (including cold preservation), from living donor;total right lobectomy (segments V, VI, VII and VIII)
47143			I.C.			Backbench standard preparation of cadaver donor whole liver graft priorto allotransplantation, including cholecystectomy, if necessary, anddissection and removal of surrounding soft tissues to prepare the venacava, portal vein, hepatic artery, and common bile duct forimplantation; without trisegment or lobe split
47144			I.C.			Backbench standard preparation of cadaver donor whole liver graft priorto allotransplantation, including cholecystectomy, if necessary, anddissection and removal of surrounding soft tissues to prepare the venacava, portal vein, hepatic artery, and common bile duct forimplantation; with trisegment split of whole liver graft into twopartial 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 priorto allotransplantation, including cholecystectomy, if necessary, anddissection and removal of surrounding soft tissues to prepare the venacava, portal vein, hepatic artery, and common bile duct forimplantation; with lobe split of whole liver graft into two partialliver grafts (ie, left lobe (segments

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						II, III, and IV) and right lobe(segments I and V through VIII))
47146			241.30			Backbench reconstruction of cadaver or living donor liver graft prior toallotransplantation; venous anastomosis, each
47147			281.50			Backbench reconstruction of cadaver or living donor liver graft prior toallotransplantation; arterial anastomosis, each
47300			666.91			Marsupialization of cyst or abscess of liver
47350			849.60			Management of liver hemorrhage; simple suture of liver wound or injury
47360			1146.75			Management of liver hemorrhage; complex suture of liver wound or injury,with or without hepatic artery ligation
47361			1952.81			Management of liver hemorrhage; exploration of hepatic wound, extensivedebridement, coagulation and/or suture, with or without packing ofliver
47362			814.42			Management of liver hemorrhage; re-exploration of hepatic wound forremoval of packing
47370			829.20			Laparoscopy, surgical, ablation of one or more liver tumor(s);radiofrequency
47371			832.08			Laparoscopy, surgical, ablation of one or more liver tumor(s);cryosurgical
47379			I.C.			Unlisted laparoscopic procedure, liver
47380			962.15			Ablation, open, of one or more liver tumor(s); radiofrequency
47381			977.15			Ablation, open, of one or more liver tumor(s); cryosurgical
47382			613.62			Ablation, one or more liver tumor(s), percutaneous, radiofrequency
47399			I.C.			Unlisted procedure, liver
47400			1348.38			Hepaticotomy or hepaticostomy with exploration, drainage, or removal ofcalculus
47420			856.39			Choledochotomy or choledochostomy with exploration, drainage, or removalof calculus, with or without cholecystotomy; without transduodenalsphincterotomy or sphincteroplasty
47425			856.19			Choledochotomy or choledochostomy with exploration, drainage, or removalof calculus, with or without cholecystotomy; with transduodenalsphincterotomy or sphincteroplasty
47460			784.79			Transduodenal sphincterotomy or sphincteroplasty, with or withouttransduodenal extraction of calculus (separate procedure)
47480			501.09			Cholecystotomy or cholecystostomy with exploration, drainage, or removalof calculus (separate procedure)
47490			374.94			Percutaneous cholecystostomy
47500			74.66			Injection procedure for percutaneous transhepatic cholangiography
47505			29.08			Injection procedure for cholangiography through an existing catheter(eg, percutaneous transhepatic or T-tube)

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
47510			374.59			Introduction of percutaneous transhepatic catheter for biliary drainage
47511			450.72			Introduction of percutaneous transhepatic stent for internal andexternal biliary drainage
47525	625.33	241.77				Change of percutaneous biliary drainage catheter
47530	1217.47	279.01				Revision and/or reinsertion of transhepatic tube
47550			120.49			Biliary endoscopy, intraoperative (choledochoscopy) (List separately inaddition to code for primary procedure)
47552			243.52			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			241.45			Biliary endoscopy, percutaneous via T-tube or other tract; with biopsy,single or multiple
47554			365.55			Biliary endoscopy, percutaneous via T-tube or other tract; with removalof calculus/calculi
47555			287.18			Biliary endoscopy, percutaneous via T-tube or other tract; with dilationof biliary duct stricture(s) without stent
47556			325.05			Biliary endoscopy, percutaneous via T-tube or other tract; with dilationof biliary duct stricture(s) with stent
47560			195.59			Laparoscopy, surgical; with guided transhepatic cholangiography, withoutbiopsy
47561			210.79			Laparoscopy, surgical; with guided transhepatic cholangiography withbiopsy
47562			480.63			Laparoscopy, surgical; cholecystectomy
47563			515.47			Laparoscopy, surgical; cholecystectomy with cholangiography
47564			603.08			Laparoscopy, surgical; cholecystectomy with exploration of common duct
47570			536.18			Laparoscopy, surgical; cholecystoenterostomy
47579			I.C.			Unlisted laparoscopy procedure, biliary tract
47600			589.48			Cholecystectomy;
47605			633.76			Cholecystectomy; with cholangiography
47610			799.30			Cholecystectomy with exploration of common duct;
47612			796.89			Cholecystectomy with exploration of common duct; withcholedochoenterostomy
47620			871.46			Cholecystectomy with exploration of common duct; with transduodenalsphincterotomy or sphincteroplasty, with or without cholangiography
47630			408.21			Biliary duct stone extraction, percutaneous via T-tube tract, basket, orsnare (eg, Burhenne technique)
47700			689.03			Exploration for congenital atresia of bile ducts, without repair, withor without liver biopsy, with or without cholangiography
47701			1174.36			Portoenterostomy (eg, Kasai procedure)
47711			985.34			Excision of bile duct tumor, with or without primary repair of bileduct; extrahepatic
47712			1272.67			Excision of bile duct tumor, with or without

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						primary repair of bileduct; intrahepatic
47715			814.37			Excision of choledochal cyst
47716			725.77			Anastomosis, choledochal cyst, without excision
47720			699.90			Cholecystoenterostomy; direct
47721			827.58			Cholecystoenterostomy; with gastroenterostomy
47740			801.85			Cholecystoenterostomy; Roux-en-Y
47741			916.15			Cholecystoenterostomy; Roux-en-Y with gastroenterostomy
47760			1096.49			Anastomosis, of extrahepatic biliary ducts and gastrointestinal tract
47765			1066.35			Anastomosis, of intrahepatic ducts and gastrointestinal tract
47780			1126.29			Anastomosis, Roux-en-Y, of extrahepatic biliary ducts andgastrointestinal tract
47785			1315.52			Anastomosis, Roux-en-Y, of intrahepatic biliary ducts andgastrointestinal tract
47800			995.94			Reconstruction, plastic, of extrahepatic biliary ducts with end-to-endanastomosis
47801			681.75			Placement of choledochal stent
47802			933.81			U-tube hepaticoenterostomy
47900			860.89			Suture of extrahepatic biliary duct for pre-existing injury (separateprocedure)
47999			I.C.			Unlisted procedure, biliary tract
48000			1176.12			Placement of drains, peripancreatic, for acute pancreatitis;
48001			1472.40			Placement of drains, peripancreatic, for acute pancreatitis; withcholecystostomy, gastrostomy, and jejunostomy
48005			1752.68			Resection or debridement of pancreas and peripancreatic tissue for acutenecrotizing pancreatitis
48020			689.44			Removal of pancreatic calculus
48100			532.24			Biopsy of pancreas, open (eg, fine needle aspiration, needle corebiopsy, wedge biopsy)
48102	378.51	190.94				Biopsy of pancreas, percutaneous needle
48120			678.53			Excision of lesion of pancreas (eg, cyst, adenoma)
48140			969.92			Pancreatectomy, distal subtotal, with or without splenectomy; withoutpancreaticojejunostomy
48145			1011.28			Pancreatectomy, distal subtotal, with or without splenectomy; withpancreaticojejunostomy
48146			1148.41			Pancreatectomy, distal, near-total with preservation of duodenum(Child-type procedure)
48148			744.72			Excision of ampulla of Vater
48150			2015.90			Pancreatectomy, proximal subtotal with total duodenectomy, partialgastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple-typeprocedure); with pancreatojejunostomy
48152			1852.46			Pancreatectomy, proximal subtotal with total duodenectomy, partialgastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple-typeprocedure); without pancreatojejunostomy

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
48153			2014.86			Pancreatectomy, proximal subtotal with near-total duodenectomy,choledochoenterostomy and duodenojejunostomy (pylorus-sparing,Whipple-type procedure); with pancreatojejunostomy
48154			1862.70			Pancreatectomy, proximal subtotal with near-total duodenectomy,choledochoenterostomy and duodenojejunostomy (pylorus-sparing,Whipple-type procedure); without pancreatojejunostomy
48155			1086.26			Pancreatectomy, total
48160			I.C.			Pancreatectomy, total or subtotal, with autologous transplantation ofpancreas or pancreatic islet cells
48180			1041.69			Pancreaticojejunostomy, side-to-side anastomosis (Puestow-typeoperation)
48400			75.04			Injection procedure for intraoperative pancreatography (List separatelyin addition to code for primary procedure)
48500			677.07			Marsupialization of pancreatic cyst
48510			650.00			External drainage, pseudocyst of pancreas; open
48511	763.20	152.13				External drainage, pseudocyst of pancreas; percutaneous
48520			666.08			Internal anastomosis of pancreatic cyst to gastrointestinal tract;direct
48540			830.56			Internal anastomosis of pancreatic cyst to gastrointestinal tract;Roux-en-Y
48545			781.05			Pancreatorrhaphy for injury
48547			1083.87			Duodenal exclusion with gastrojejunostomy for pancreatic injury
48550			I.C.			Donor pancreatectomy (including cold preservation), with or withoutduodenal segment for transplantation
48551			I.C.			Backbench standard preparation of cadaver donor pancreas allograft priorto transplantation, including dissection of allograft from surroundingsoft tissues, splenectomy, duodenotomy, ligation of bile duct, ligationof mesenteric vessels, and Y-graft arterial anastomoses from iliacartery to superior mesenteric artery and to splenic artery
48552			166.55			Backbench reconstruction of cadaver donor pancreas allograft prior totransplantation, venous anastomosis, each
48554			1565.31			Transplantation of pancreatic allograft
48556			711.60			Removal of transplanted pancreatic allograft
48999			I.C.			Unlisted procedure, pancreas
49000			509.34			Exploratory laparotomy, exploratory celiotomy with or without biopsy(s)(separate procedure)
49002			463.47			Reopening of recent laparotomy
49010			542.17			Exploration, retroperitoneal area with or without biopsy(s) (separateprocedure)
49020			983.15			Drainage of peritoneal abscess or localized peritonitis, exclusive ofappendiceal abscess; open
49021	750.85	128.54				Drainage of peritoneal abscess or localized peritonitis, exclusive ofappendiceal abscess;

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						percutaneous
49040			594.37			Drainage of subdiaphragmatic or subphrenic abscess; open
49041	720.13	152.13				Drainage of subdiaphragmatic or subphrenic abscess; percutaneous
49060			690.26			Drainage of retroperitoneal abscess; open
49061	715.16	140.60				Drainage of retroperitoneal abscess; percutaneous
49062			500.68			Drainage of extraperitoneal lymphocele to peritoneal cavity, open
49080	162.04	52.18				Peritoneocentesis, abdominal paracentesis, or peritoneal lavage(diagnostic or therapeutic); initial
49081	115.95	48.85				Peritoneocentesis, abdominal paracentesis, or peritoneal lavage(diagnostic or therapeutic); subsequent
49085			526.82			Removal of peritoneal foreign body from peritoneal cavity
49180	145.11	66.15				Biopsy, abdominal or retroperitoneal mass, percutaneous needle
49200			454.40			Excision or destruction, open, intra-abdominal or retroperitoneal tumorsor cysts or endometriomas;
49201			651.08			Excision or destruction, open, intra-abdominal or retroperitoneal tumorsor cysts or endometriomas; extensive
49215			1418.46			Excision of presacral or sacrococcygeal tumor
49220			642.01			Staging laparotomy for Hodgkins disease or lymphoma (includessplenectomy, needle or open biopsies of both liver lobes, possibly alsoremoval of abdominal nodes, abdominal node and/or bone marrow biopsies,ovarian repositioning)
49250			377.64			Umbilectomy, omphalectomy, excision of umbilicus (separate procedure)
49255			500.45			Omentectomy, epiploectomy, resection of omentum (separate procedure)
49320			230.92			Laparoscopy, abdomen, peritoneum, and omentum, diagnostic, with orwithout collection of specimen(s) by brushing or washing (separateprocedure)
49321			240.50			Laparoscopy, surgical; with biopsy (single or multiple)
49322			259.83			Laparoscopy, surgical; with aspiration of cavity or cyst (eg, ovariancyst) (single or multiple)
49323			417.22			Laparoscopy, surgical; with drainage of lymphocele to peritoneal cavity
49329			I.C.			Unlisted laparoscopy procedure, abdomen, peritoneum and omentum
49400	149.02	72.55				Injection of air or contrast into peritoneal cavity (separate procedure)
49419			304.80			Insertion of intraperitoneal cannula or catheter, with subcutaneousreservoir, permanent (ie, totally implantable)
49420			97.55			Insertion of intraperitoneal cannula or catheter for drainage ordialysis; temporary
49421			260.35			Insertion of intraperitoneal cannula or catheter for

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						drainage ordialysis; permanent
49422			273.04			Removal of permanent intraperitoneal cannula or catheter
49423	479.87	56.98				Exchange of previously placed abscess or cyst drainage catheter underradiological guidance (separate procedure)
49424	137.07	30.33				Contrast injection for assessment of abscess or cyst via previouslyplaced drainage catheter or tube (separate procedure)
49425			508.39			Insertion of peritoneal-venous shunt
49426			431.13			Revision of peritoneal-venous shunt
49427			34.53			Injection procedure (eg, contrast media) for evaluation of previouslyplaced peritoneal-venous shunt
49428			300.35			Ligation of peritoneal-venous shunt
49429			324.66			Removal of peritoneal-venous shunt
49491			483.02			Repair, initial inguinal hernia, preterm infant (less than 37 weeksgestation at birth), performed from birth up to 50 weeks postconceptionage, with or without hydrocelectomy; reducible
49492			601.04			Repair, initial inguinal hernia, preterm infant (less than 37 weeksgestation at birth), performed from birth up to 50 weeks postconceptionage, with or without hydrocelectomy; incarcerated or strangulated
49495			264.06			Repair, initial inguinal hernia, full term infant under age 6 months, orpreterm infant over 50 weeks postconception age and under age 6 monthsat the time of surgery, with or without hydrocelectomy; reducible
49496			389.65			Repair, initial inguinal hernia, full term infant under age 6 months, orpreterm infant over 50 weeks postconception age and under age 6 monthsat the time of surgery, with or without hydrocelectomy; incarcerated orstrangulated
49500			257.72			Repair initial inguinal hernia, age 6 months to under 5 years, with orwithout hydrocelectomy; reducible
49501			390.07			Repair initial inguinal hernia, age 6 months to under 5 years, with orwithout hydrocelectomy; incarcerated or strangulated
49505			340.18			Repair initial inguinal hernia, age 5 years or over; reducible
49507			419.86			Repair initial inguinal hernia, age 5 years or over; incarcerated orstrangulated
49520			421.26			Repair recurrent inguinal hernia, any age; reducible
49521			514.40			Repair recurrent inguinal hernia, any age; incarcerated or strangulated
49525			378.41			Repair inguinal hernia, sliding, any age
49540			452.81			Repair lumbar hernia
49550			382.00			Repair initial femoral hernia, any age; reducible
49553			414.73			Repair initial femoral hernia, any age; incarcerated

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						or strangulated
49555			398.08			Repair recurrent femoral hernia; reducible
49557			482.65			Repair recurrent femoral hernia; incarcerated or strangulated
49560			499.67			Repair initial incisional or ventral hernia; reducible
49561			606.83			Repair initial incisional or ventral hernia; incarcerated orstrangulated
49565			502.07			Repair recurrent incisional or ventral hernia; reducible
49566			613.43			Repair recurrent incisional or ventral hernia; incarcerated orstrangulated
49568			195.59			Implantation of mesh or other prosthesis for incisional or ventralhernia repair (List separately in addition to code for the incisionalor ventral hernia repair)
49570			265.51			Repair epigastric hernia (eg, preperitoneal fat); reducible (separateprocedure)
49572			305.52			Repair epigastric hernia (eg, preperitoneal fat); incarcerated orstrangulated
49580			200.56			Repair umbilical hernia, under age 5 years; reducible
49582			303.40			Repair umbilical hernia, under age 5 years; incarcerated or strangulated
49585			285.42			Repair umbilical hernia, age 5 years or over; reducible
49587			338.16			Repair umbilical hernia, age 5 years or over; incarcerated orstrangulated
49590			377.93			Repair spigelian hernia
49600			485.21			Repair of small omphalocele, with primary closure
49605			3106.44			Repair of large omphalocele or gastroschisis; with or without prosthesis
49606			785.31			Repair of large omphalocele or gastroschisis; with removal ofprosthesis, final reduction and closure, in operating room
49610			463.57			Repair of omphalocele (Gross type operation); first stage
49611			471.17			Repair of omphalocele (Gross type operation); second stage
49650			285.72			Laparoscopy, surgical; repair initial inguinal hernia
49651			369.13			Laparoscopy, surgical; repair recurrent inguinal hernia
49659			I.C.			Unlisted laparoscopy procedure, hernioplasty, herniorrhaphy, herniotomy
49900			553.33			Suture, secondary, of abdominal wall for evisceration or dehiscence
49904			1062.04			Omental flap, extra-abdominal (eg, for reconstruction of sternal andchest wall defects)
49905			261.87			Omental flap, intra-abdominal (List separately in addition to code forprimary procedure)
49906			I.C.			Free omental flap with microvascular anastomosis
49999			I.C.			Unlisted procedure, abdomen, peritoneum and omentum

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
50010			474.18			Renal exploration, not necessitating other specific procedures
50020			658.28			Drainage of perirenal or renal abscess; open
50021	769.58	128.23				Drainage of perirenal or renal abscess; percutaneous
50040			631.89			Nephrostomy, nephrotomy with drainage
50045			643.23			Nephrotomy, with exploration
50060			785.61			Nephrolithotomy; removal of calculus
50065			775.33			Nephrolithotomy; secondary surgical operation for calculus
50070			826.40			Nephrolithotomy; complicated by congenital kidney abnormality
50075			1019.98			Nephrolithotomy; removal of large staghorn calculus filling renal pelvisand calyces (including anatrophic pyelolithotomy)
50080			608.59			Percutaneous nephrostolithotomy or pyelostolithotomy, with or withoutdilation, endoscopy, lithotripsy, stenting, or basket extraction; up to2 cm
50081			884.97			Percutaneous nephrostolithotomy or pyelostolithotomy, with or withoutdilation, endoscopy, lithotripsy, stenting, or basket extraction; over2 cm
50100			713.39			Transection or repositioning of aberrant renal vessels (separateprocedure)
50120			659.65			Pyelotomy; with exploration
50125			686.61			Pyelotomy; with drainage, pyelostomy
50130			708.56			Pyelotomy; with removal of calculus (pyelolithotomy, pelviolithotomy,including coagulum pyelolithotomy)
50135			781.07			Pyelotomy; complicated (eg, secondary operation, congenital kidneyabnormality)
50200			113.62			Renal biopsy; percutaneous, by trocar or needle
50205			484.42			Renal biopsy; by surgical exposure of kidney
50220			710.45			Nephrectomy, including partial ureterectomy, any open approach includingrib resection;
50225			823.32			Nephrectomy, including partial ureterectomy, any open approach includingrib resection; complicated because of previous surgery on same kidney
50230			887.60			Nephrectomy, including partial ureterectomy, any open approach includingrib resection; radical, with regional lymphadenectomy and/or vena cavalthrombectomy
50234			904.61			Nephrectomy with total ureterectomy and bladder cuff; through sameincision
50236			1017.07			Nephrectomy with total ureterectomy and bladder cuff; through separateincision
50240			899.16			Nephrectomy, partial
50280			650.13			Excision or unroofing of cyst(s) of kidney
50290			622.23			Excision of perinephric cyst
50300			I.C.			Donor nephrectomy (including cold preservation); from cadaver donor,unilateral or bilateral
50320			972.72			Donor nephrectomy (including cold preservation);

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						open, from living donor
50323			I.C.			Backbench standard preparation of cadaver donor renal allograft prior totransplantation, including dissection and removal of perinephric fat,diaphragmatic and retroperitoneal attachments, excision of adrenalgland, and preparation of ureter(s), renal vein(s), and renalartery(s), ligating branches, as necessary
50325			I.C.			Backbench standard preparation of living donor renal allograft (open orlaparoscopic) prior to transplantation, including dissection andremoval of perinephric fat and preparation of ureter(s), renal vein(s),and renal artery(s), ligating branches, as necessary
50327			154.71			Backbench reconstruction of cadaver or living donor renal allograftprior to transplantation; venous anastomosis, each
50328			135.47			Backbench reconstruction of cadaver or living donor renal allograftprior to transplantation; arterial anastomosis, each
50329			129.44			Backbench reconstruction of cadaver or living donor renal allograftprior to transplantation; ureteral anastomosis, each
50340			560.22			Recipient nephrectomy (separate procedure)
50360			1400.86			Renal allotransplantation, implantation of graft; without recipientnephrectomy
50365			1638.95			Renal allotransplantation, implantation of graft; with recipientnephrectomy
50370			622.47			Removal of transplanted renal allograft
50380			977.99			Renal autotransplantation, reimplantation of kidney
50390			74.66			Aspiration and/or injection of renal cyst or pelvis by needle,percutaneous
50391	104.43	74.78				Instillation(s) of therapeutic agent into renal pelvis and/or ureterthrough established nephrostomy, pyelostomy or ureterostomy tube (eg,anticarcinogenic or antifungal agent)
50392			141.55			Introduction of intracatheter or catheter into renal pelvis for drainageand/or injection, percutaneous
50393			171.26			Introduction of ureteral catheter or stent into ureter through renalpelvis for drainage and/or injection, percutaneous
50394	104.92	41.88				Injection procedure for pyelography (as nephrostogram, pyelostogram,antegrade pyeloureterograms) through nephrostomy or pyelostomy tube, orindwelling ureteral catheter
50395			140.93			Introduction of guide into renal pelvis and/or ureter with dilation toestablish nephrostomy tract, percutaneous
50396			92.07			Manometric studies through nephrostomy or pyelostomy tube, or indwellingureteral catheter
50398	549.77	56.98				Change of nephrostomy or pyelostomy tube
50400			793.34			Pyeloplasty (Foley Y-pyeloplasty), plastic

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						operation on renal pelvis,with or without plastic operation on ureter, nephropexy, nephrostomy,pyelostomy, or ureteral splinting; simple
50405			954.48			Pyeloplasty (Foley Y-pyeloplasty), plastic operation on renal pelvis,with or without plastic operation on ureter, nephropexy, nephrostomy,pyelostomy, or ureteral splinting; complicated (congenital kidneyabnormality, secondary pyeloplasty, solitary kidney, calycoplasty)
50500			823.97			Nephrorrhaphy, suture of kidney wound or injury
50520			720.86			Closure of nephrocutaneous or pyelocutaneous fistula
50525			910.95			Closure of nephrovisceral fistula (eg, renocolic), including visceralrepair; abdominal approach
50526			986.84			Closure of nephrovisceral fistula (eg, renocolic), including visceralrepair; thoracic approach
50540			817.75			Symphysiotomy for horseshoe kidney with or without pyeloplasty and/orother plastic procedure, unilateral or bilateral (one operation)
50541			651.80			Laparoscopy, surgical; ablation of renal cysts
50542			814.54			Laparoscopy, surgical; ablation of renal mass lesion(s)
50543			1034.46			Laparoscopy, surgical; partial nephrectomy
50544			894.39			Laparoscopy, surgical; pyeloplasty
50545			960.91			Laparoscopy, surgical; radical nephrectomy (includes removal of Gerota'sfascia and surrounding fatty tissue, removal of regional lymph nodes,and adrenalectomy)
50546			838.12			Laparoscopy, surgical; nephrectomy, including partial ureterectomy
50547			1082.12			Laparoscopy, surgical; donor nephrectomy (including cold preservation),from living donor
50548			971.23			Laparoscopy, surgical; nephrectomy with total ureterectomy
50549			I.C.			Unlisted laparoscopy procedure, renal
50551	286.64	218.91				Renal endoscopy through established nephrostomy or pyelostomy, with orwithout irrigation, instillation, or ureteropyelography, exclusive ofradiologic service;
50553	303.44	235.10				Renal endoscopy through established nephrostomy or pyelostomy, with orwithout irrigation, instillation, or ureteropyelography, exclusive ofradiologic service; with ureteral catheterization, with or withoutdilation of ureter
50555	333.35	255.95				Renal endoscopy through established nephrostomy or pyelostomy, with orwithout irrigation, instillation, or ureteropyelography, exclusive ofradiologic service; with biopsy
50557	328.78	257.31				Renal endoscopy through established nephrostomy or pyelostomy, with orwithout irrigation, instillation, or ureteropyelography, exclusive

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						ofradiologic service; with fulguration and/or incision, with or withoutbiopsy
50561	371.67	295.52				Renal endoscopy through established nephrostomy or pyelostomy, with orwithout irrigation, instillation, or ureteropyelography, exclusive ofradiologic service; with removal of foreign body or calculus
50562			440.64			Renal endoscopy through established nephrostomy or pyelostomy, with orwithout irrigation, instillation, or ureteropyelography, exclusive ofradiologic service; with resection of tumor
50570			368.17			Renal endoscopy through nephrotomy or pyelotomy, with or withoutirrigation, instillation, or ureteropyelography, exclusive ofradiologic service;
50572			401.92			Renal endoscopy through nephrotomy or pyelotomy, with or withoutirrigation, instillation, or ureteropyelography, exclusive ofradiologic service; with ureteral catheterization, with or withoutdilation of ureter
50574			426.15			Renal endoscopy through nephrotomy or pyelotomy, with or withoutirrigation, instillation, or ureteropyelography, exclusive ofradiologic service; with biopsy
50575			537.14			Renal endoscopy through nephrotomy or pyelotomy, with or withoutirrigation, instillation, or ureteropyelography, exclusive ofradiologic service; with endopyelotomy (includes cystoscopy,ureteroscopy, dilation of ureter and ureteral pelvic junction, incisionof ureteral pelvic junction and insertion of endopyelotomy stent)
50576			422.64			Renal endoscopy through nephrotomy or pyelotomy, with or withoutirrigation, instillation, or ureteropyelography, exclusive ofradiologic service; with fulguration and/or incision, with or withoutbiopsy
50580			457.28			Renal endoscopy through nephrotomy or pyelotomy, with or withoutirrigation, instillation, or ureteropyelography, exclusive ofradiologic service; with removal of foreign body or calculus
50590	642.06	383.65				Lithotripsy, extracorporeal shock wave
50600			654.45			Ureterotomy with exploration or drainage (separate procedure)
50605			651.88			Ureterotomy for insertion of indwelling stent, all types
50610			669.58			Ureterolithotomy; upper one-third of ureter
50620			623.50			Ureterolithotomy; middle one-third of ureter
50630			616.21			Ureterolithotomy; lower one-third of ureter
50650			714.48			Ureterectomy, with bladder cuff (separate procedure)
50660			797.81			Ureterectomy, total, ectopic ureter, combination abdominal, vaginaland/or perineal approach
50684	176.39	35.95				Injection procedure for ureterography or

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						ureteropyelography throughureterostomy or indwelling ureteral catheter
50686	149.87	68.10				Manometric studies through ureterostomy or indwelling ureteral catheter
50688			65.69			Change of ureterostomy tube
50690	89.15	54.82				Injection procedure for visualization of ileal conduit and/orureteropyelography, exclusive of radiologic service
50700			653.24			Ureteroplasty, plastic operation on ureter (eg, stricture)
50715			819.43			Ureterolysis, with or without repositioning of ureter forretroperitoneal fibrosis
50722			717.93			Ureterolysis for ovarian vein syndrome
50725			774.15			Ureterolysis for retrocaval ureter, with reanastomosis of upper urinarytract or vena cava
50727			363.80			Revision of urinary-cutaneous anastomosis (any type urostomy);
50728			513.94			Revision of urinary-cutaneous anastomosis (any type urostomy); withrepair of fascial defect and hernia
50740			772.24			Ureteropyelostomy, anastomosis of ureter and renal pelvis
50750			796.62			Ureterocalycostomy, anastomosis of ureter to renal calyx
50760			762.24			Ureteroureterostomy
50770			798.44			Transureteroureterostomy, anastomosis of ureter to contralateral ureter
50780			756.76			Ureteroneocystostomy; anastomosis of single ureter to bladder
50782			826.04			Ureteroneocystostomy; anastomosis of duplicated ureter to bladder
50783			844.08			Ureteroneocystostomy; with extensive ureteral tailoring
50785			837.00			Ureteroneocystostomy; with vesico-psoas hitch or bladder flap
50800			612.89			Ureteroenterostomy, direct anastomosis of ureter to intestine
50810			865.00			Ureterosigmoidostomy, with creation of sigmoid bladder and establishmentof abdominal or perineal colostomy, including intestine anastomosis
50815			826.85			Ureterocolon conduit, including intestine anastomosis
50820			890.89			Ureteroileal conduit (ileal bladder), including intestine anastomosis(Bricker operation)
50825			1139.89			Continent diversion, including intestine anastomosis using any segmentof small and/or large intestine (Kock pouch or Camey enterocystoplasty)
50830			1260.08			Urinary undiversion (eg, taking down of ureteroileal conduit,ureterosigmoidostomy or ureteroenterostomy with ureteroureterostomy orureteroneocystostomy)
50840			826.16			Replacement of all or part of ureter by intestine

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						segment, includingintestine anastomosis
50845			864.92			Cutaneous appendico-vesicostomy
50860			642.05			Ureterostomy, transplantation of ureter to skin
50900			578.02			Ureterorrhaphy, suture of ureter (separate procedure)
50920			606.89			Closure of ureterocutaneous fistula
50930			772.84			Closure of ureterovisceral fistula (including visceral repair)
50940			611.73			Deligation of ureter
50945			699.79			Laparoscopy, surgical; ureterolithotomy
50947			998.37			Laparoscopy, surgical; ureteroneocystostomy with cystoscopy and ureteralstent placement
50948			904.61			Laparoscopy, surgical; ureteroneocystostomy without cystoscopy andureteral stent placement
50949			I.C.			Unlisted laparoscopy procedure, ureter
50951	297.91	228.00				Ureteral endoscopy through established ureterostomy, with or withoutirrigation, instillation, or ureteropyelography, exclusive ofradiologic service;
50953	312.41	248.74				Ureteral endoscopy through established ureterostomy, with or withoutirrigation, instillation, or ureteropyelography, exclusive ofradiologic service; with ureteral catheterization, with or withoutdilation of ureter
50955	389.56	273.15				Ureteral endoscopy through established ureterostomy, with or withoutirrigation, instillation, or ureteropyelography, exclusive ofradiologic service; with biopsy
50957	333.10	264.75				Ureteral endoscopy through established ureterostomy, with or withoutirrigation, instillation, or ureteropyelography, exclusive ofradiologic service; with fulguration and/or incision, with or withoutbiopsy
50961	305.47	237.43				Ureteral endoscopy through established ureterostomy, with or withoutirrigation, instillation, or ureteropyelography, exclusive ofradiologic service; with removal of foreign body or calculus
50970			277.51			Ureteral endoscopy through ureterotomy, with or without irrigation,instillation, or ureteropyelography, exclusive of radiologic service;
50972			270.44			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			354.04			Ureteral endoscopy through ureterotomy, with or without irrigation,instillation, or ureteropyelography, exclusive of radiologic service;with biopsy
50976			349.55			Ureteral endoscopy through ureterotomy, with or without irrigation,instillation, or

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						ureteropyelography, exclusive of radiologic service;with fulguration and/or incision, with or without biopsy
50980			266.56			Ureteral endoscopy through ureterotomy, with or without irrigation,instillation, or ureteropyelography, exclusive of radiologic service;with removal of foreign body or calculus
51000	82.57	29.52				Aspiration of bladder by needle
51005	175.95	39.88				Aspiration of bladder; by trocar or intracatheter
51010	274.37	157.96				Aspiration of bladder; with insertion of suprapubic catheter
51020			308.82			Cystotomy or cystostomy; with fulguration and/or insertion ofradioactive material
51030			316.08			Cystotomy or cystostomy; with cryosurgical destruction of intravesicallesion
51040			209.73			Cystostomy, cystotomy with drainage
51045			313.88			Cystotomy, with insertion of ureteral catheter or stent (separateprocedure)
51050			307.85			Cystolithotomy, cystotomy with removal of calculus, without vesical neckresection
51060			388.58			Transvesical ureterolithotomy
51065			384.54			Cystotomy, with calculus basket extraction and/or ultrasonic orelectrohydraulic fragmentation of ureteral calculus
51080			278.13			Drainage of perivesical or prevesical space abscess
51500			447.21			Excision of urachal cyst or sinus, with or without umbilical herniarepair
51520			407.30			Cystotomy; for simple excision of vesical neck (separate procedure)
51525			583.59			Cystotomy; for excision of bladder diverticulum, single or multiple(separate procedure)
51530			530.52			Cystotomy; for excision of bladder tumor
51535			550.02			Cystotomy for excision, incision, or repair of ureterocele
51550			654.32			Cystectomy, partial; simple
51555			870.54			Cystectomy, partial; complicated (eg, postradiation, previous surgery,difficult location)
51565			888.99			Cystectomy, partial, with reimplantation of ureter(s) into bladder(ureteroneocystostomy)
51570			986.60			Cystectomy, complete; (separate procedure)
51575			1229.79			Cystectomy, complete; with bilateral pelvic lymphadenectomy, includingexternal iliac, hypogastric, and obturator nodes
51580			1262.18			Cystectomy, complete, with ureterosigmoidostomy or ureterocutaneoustransplantations;
51585			1415.87			Cystectomy, complete, with ureterosigmoidostomy or ureterocutaneoustransplantations; with bilateral pelvic lymphadenectomy, includingexternal iliac, hypogastric, and obturator nodes
51590			1310.09			Cystectomy, complete, with ureteroileal conduit or sigmoid bladder,including intestine anastomosis;
51595			1482.81			Cystectomy, complete, with ureteroileal conduit or sigmoid bladder,including intestine anastomosis;

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						with bilateral pelvic lymphadenectomy,including external iliac, hypogastric, and obturator nodes
51596			1583.86			Cystectomy, complete, with continent diversion, any open technique,using any segment of small and/or large intestine to constructneobladder
51597			1541.33			Pelvic exenteration, complete, for vesical, prostatic or urethralmalignancy, with removal of bladder and ureteral transplantations, withor without hysterectomy and/or abdominoperineal resection of rectum andcolon and colostomy, or any combination thereof
51600	182.29	33.74				Injection procedure for cystography or voiding urethrocystography
51605	206.69	28.80				Injection procedure and placement of chain for contrast and/or chainurethrocystography
51610	100.58	48.15				Injection procedure for retrograde urethrocystography
51700	74.83	33.64				Bladder irrigation, simple, lavage and/or instillation
51701	63.46	20.08				Insertion of non-indwelling bladder catheter (eg, straightcatheterization for residual urine)
51702	79.07	21.64				Insertion of temporary indwelling bladder catheter; simple (eg, Foley)
51703	126.65	58.92				Insertion of temporary indwelling bladder catheter; complicated (eg,altered anatomy, fractured catheter/balloon)
51705	99.47	47.66				Change of cystostomy tube; simple
51710	145.90	66.01				Change of cystostomy tube; complicated
51715	227.11	147.53				Endoscopic injection of implant material into the submucosal tissues ofthe urethra and/or bladder neck
51720	109.42	76.65				Bladder instillation of anticarcinogenic agent (including detentiontime)
51725			218.04	58.02	160.02	Simple cystometrogram (CMG) (eg, spinal manometer)
51726			283.40	65.73	217.66	Complex cystometrogram (eg, calibrated electronic equipment)
51736			35.61	23.53	12.07	Simple uroflowmetry (UFR) (eg, stop-watch flow rate, mechanicaluroflowmeter)
51741			57.33	43.79	13.54	Complex uroflowmetry (eg, calibrated electronic equipment)
51772			221.03	62.98	158.05	Urethral pressure profile studies (UPP) (urethral closure pressureprofile), any technique
51784			168.32	58.86	109.46	Electromyography studies (EMG) of anal or urethral sphincter, other thanneedle, any technique
51785			182.47	58.65	123.82	Needle electromyography studies (EMG) of anal or urethral sphincter, anytechnique
51792			220.48	43.55	176.93	Stimulus evoked response (eg, measurement of bulbocavernosus reflexlatency time)
51795			272.91	58.86	214.05	Voiding pressure studies (VP); bladder voiding pressure, any technique
51797			226.58	61.66	164.92	Voiding pressure studies (VP); intra-abdominal voiding pressure (AP)(rectal, gastric,

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						intraperitoneal)
51798			12.32			Measurement of post-voiding residual urine and/or bladder capacity byultrasound, non-imaging
51800			727.29			Cystoplasty or cystourethroplasty, plastic operation on bladder and/orvesical neck (anterior Y-plasty, vesical fundus resection), anyprocedure, with or without wedge resection of posterior vesical neck
51820			770.39			Cystourethroplasty with unilateral or bilateral ureteroneocystostomy
51840			480.70			Anterior vesicourethropexy, or urethropexy (eg,Marshall-Marchetti-Krantz, Burch); simple
51841			571.74			Anterior vesicourethropexy, or urethropexy (eg,Marshall-Marchetti-Krantz, Burch); complicated (eg, secondary repair)
51845			423.54			Abdomino-vaginal vesical neck suspension, with or without endoscopiccontrol (eg, Stamey, Raz, modified Pereyra)
51860			523.40			Cystorrhaphy, suture of bladder wound, injury or rupture; simple
51865			634.56			Cystorrhaphy, suture of bladder wound, injury or rupture; complicated
51880			342.12			Closure of cystostomy (separate procedure)
51900			559.40			Closure of vesicovaginal fistula, abdominal approach
51920			514.49			Closure of vesicouterine fistula;
51925			725.73			Closure of vesicouterine fistula; with hysterectomy
51940			1177.04			Closure, exstrophy of bladder
51960			946.96			Enterocystoplasty, including intestinal anastomosis
51980			487.56			Cutaneous vesicostomy
51990			553.47			Laparoscopy, surgical; urethral suspension for stress incontinence
51992			595.50			Laparoscopy, surgical; sling operation for stress incontinence (eg,fascia or synthetic)
52000	159.44	80.17				Cystourethroscopy (separate procedure)
52001	311.24	211.06				Cystourethroscopy with irrigation and evacuation of multiple obstructingclots
52005	240.19	94.44				Cystourethroscopy, with ureteral catheterization, with or withoutirrigation, instillation, or ureteropyelography, exclusive ofradiologic service;
52007	598.10	120.91				Cystourethroscopy, with ureteral catheterization, with or withoutirrigation, instillation, or ureteropyelography, exclusive ofradiologic service; with brush biopsy of ureter and/or renal pelvis
52010	420.52	120.91				Cystourethroscopy, with ejaculatory duct catheterization, with orwithout irrigation, instillation, or duct radiography, exclusive ofradiologic service
52204	519.51	94.75				Cystourethroscopy, with biopsy
52214	1293.03	145.47				Cystourethroscopy, with fulguration (including cryosurgery or lasersurgery) of trigone, bladder

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						neck, prostatic fossa, urethra, orperiurethral glands
52224	1225.79	124.10				Cystourethroscopy, with fulguration (including cryosurgery or lasersurgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with orwithout biopsy
52234			181.73			Cystourethroscopy, with fulguration (including cryosurgery or lasersurgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)
52235			213.25			Cystourethroscopy, with fulguration (including cryosurgery or lasersurgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)
52240			375.98			Cystourethroscopy, with fulguration (including cryosurgery or lasersurgery) and/or resection of; LARGE bladder tumor(s)
52250			177.75			Cystourethroscopy with insertion of radioactive substance, with orwithout biopsy or fulguration
52260			154.29			Cystourethroscopy, with dilation of bladder for interstitial cystitis;general or conduction (spinal) anesthesia
52265	499.22	117.53				Cystourethroscopy, with dilation of bladder for interstitial cystitis;local anesthesia
52270	438.73	133.19				Cystourethroscopy, with internal urethrotomy; female
52275	617.09	183.59				Cystourethroscopy, with internal urethrotomy; male
52276			195.74			Cystourethroscopy with direct vision internal urethrotomy
52277			242.51			Cystourethroscopy, with resection of external sphincter (sphincterotomy)
52281	300.01	112.45				Cystourethroscopy, with calibration and/or dilation of urethralstricture or stenosis, with or without meatotomy, with or withoutinjection procedure for cystography, male or female
52282			249.58			Cystourethroscopy, with insertion of urethral stent
52283	227.72	147.83				Cystourethroscopy, with steroid injection into stricture
52285	226.45	142.81				Cystourethroscopy for treatment of the female urethral syndrome with anyor all of the following: urethral meatotomy, urethral dilation,internal urethrotomy, lysis of urethrovaginal septal fibrosis, lateralincisions of the bladder neck, and fulguration of polyp(s) of urethra,bladder neck, and/or trigone
52290			180.14			Cystourethroscopy; with ureteral meatotomy, unilateral or bilateral
52300			208.37			Cystourethroscopy; with resection or fulguration of orthotopicureterocele(s), unilateral or bilateral
52301			217.90			Cystourethroscopy; with resection or fulguration of ectopicureterocele(s), unilateral or bilateral
52305			206.81			Cystourethroscopy; with incision or resection of orifice of bladderdiverticulum, single or multiple
52310	225.38	111.15				Cystourethroscopy, with removal of foreign body, calculus, or ureteralstent from urethra or bladder

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						(separate procedure); simple
52315	416.47	203.32				Cystourethroscopy, with removal of foreign body, calculus, or ureteralstent from urethra or bladder (separate procedure); complicated
52317	1091.91	259.87				Litholapaxy: crushing or fragmentation of calculus by any means inbladder and removal of fragments; simple or small (less than 2.5 cm)
52318			354.47			Litholapaxy: crushing or fragmentation of calculus by any means inbladder and removal of fragments; complicated or large (over 2.5 cm)
52320			182.87			Cystourethroscopy (including ureteral catheterization); with removal ofureteral calculus
52325			238.82			Cystourethroscopy (including ureteral catheterization); withfragmentation of ureteral calculus (eg, ultrasonic or electro-hydraulictechnique)
52327	1138.65	202.37				Cystourethroscopy (including ureteral catheterization); with suburetericinjection of implant material
52330	1353.01	196.08				Cystourethroscopy (including ureteral catheterization); withmanipulation, without removal of ureteral calculus
52332	258.89	112.52				Cystourethroscopy, with insertion of indwelling ureteral stent (eg,Gibbons or double-J type)
52334			189.45			Cystourethroscopy with insertion of ureteral guide wire through kidneyto establish a percutaneous nephrostomy, retrograde
52341			237.47			Cystourethroscopy; with treatment of ureteral stricture (eg, balloondilation, laser, electrocautery, and incision)
52342			255.46			Cystourethroscopy; with treatment of ureteropelvic junction stricture(eg, balloon dilation, laser, electrocautery, and incision)
52343			282.85			Cystourethroscopy; with treatment of intra-renal stricture (eg, balloondilation, laser, electrocautery, and incision)
52344			303.34			Cystourethroscopy with ureteroscopy; with treatment of ureteralstricture (eg, balloon dilation, laser, electrocautery, and incision)
52345			322.28			Cystourethroscopy with ureteroscopy; with treatment of ureteropelvicjunction stricture (eg, balloon dilation, laser, electrocautery, andincision)
52346			361.89			Cystourethroscopy with ureteroscopy; with treatment of intra-renalstricture (eg, balloon dilation, laser, electrocautery, and incision)
52351			231.35			Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic
52352			271.20			Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal ormanipulation of calculus (ureteral catheterization is included)
52353			312.83			Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy(ureteral catheterization is included)

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
52354			289.38			Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with biopsyand/or fulguration of ureteral or renal pelvic lesion
52355			345.76			Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with resectionof ureteral or renal pelvic tumor
52400			388.33			Cystourethroscopy with incision, fulguration, or resection of congenitalposterior urethral valves, or congenital obstructive hypertrophicmucosal folds
52402			201.76			Cystourethroscopy with transurethral resection or incision ofejaculatory ducts
52450			329.00			Transurethral incision of prostate
52500			360.16			Transurethral resection of bladder neck (separate procedure)
52510			285.77			Transurethral balloon dilation of the prostatic urethra
52601			506.21			Transurethral electrosurgical resection of prostate, including controlof postoperative bleeding, complete (vasectomy, meatotomy,cystourethroscopy, urethral calibration and/or dilation, and internalurethrotomy are included)
52606			339.14			Transurethral fulguration for postoperative bleeding occurring after theusual follow-up time
52612			340.56			Transurethral resection of prostate; first stage of two-stage resection(partial resection)
52614			296.14			Transurethral resection of prostate; second stage of two-stage resection(resection completed)
52620			278.58			Transurethral resection; of residual obstructive tissue after 90 dayspostoperative
52630			303.27			Transurethral resection; of regrowth of obstructive tissue longer thanone year postoperative
52640			278.22			Transurethral resection; of postoperative bladder neck contracture
52647	2598.20	431.97				Non-contact laser coagulation of prostate, including control ofpostoperative bleeding, complete (vasectomy, meatotomy,cystourethroscopy, urethral calibration and/or dilation, and internalurethrotomy are included)
52648			463.98			Contact laser vaporization with or without transurethral resection ofprostate, including control of postoperative bleeding, complete(vasectomy, meatotomy, cystourethroscopy, urethral calibration and/ordilation, and internal urethrotomy are included)
52700			290.08			Transurethral drainage of prostatic abscess
53000			112.12			Urethrotomy or urethrostomy, external (separate procedure); pendulousurethra
53010			192.70			Urethrotomy or urethrostomy, external (separate procedure); perinealurethra, external
53020	143.48	70.76				Meatotomy, cutting of meatus (separate

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						procedure); except infant
53025	148.17	47.68				Meatotomy, cutting of meatus (separate procedure); infant
53040			287.04			Drainage of deep periurethral abscess
53060	140.63	118.47				Drainage of Skene's gland abscess or cyst
53080			363.83			Drainage of perineal urinary extravasation; uncomplicated (separateprocedure)
53085			523.00			Drainage of perineal urinary extravasation; complicated
53200	114.57	103.96				Biopsy of urethra
53210			535.60			Urethrectomy, total, including cystostomy; female
53215			644.15			Urethrectomy, total, including cystostomy; male
53220			313.01			Excision or fulguration of carcinoma of urethra
53230			417.11			Excision of urethral diverticulum (separate procedure); female
53235			437.67			Excision of urethral diverticulum (separate procedure); male
53240			292.46			Marsupialization of urethral diverticulum, male or female
53250			269.53			Excision of bulbourethral gland (Cowper's gland)
53260	154.72	129.13				Excision or fulguration; urethral polyp(s), distal urethra
53265	172.68	132.42				Excision or fulguration; urethral caruncle
53270	157.25	136.66				Excision or fulguration; Skene's glands
53275			197.48			Excision or fulguration; urethral prolapse
53400			548.34			Urethroplasty; first stage, for fistula, diverticulum, or stricture (eg,Johannsen type)
53405			604.79			Urethroplasty; second stage (formation of urethra), including urinarydiversion
53410			682.15			Urethroplasty, one-stage reconstruction of male anterior urethra
53415			773.67			Urethroplasty, transpubic or perineal, one stage, for reconstruction orrepair of prostatic or membranous urethra
53420			591.51			Urethroplasty, two-stage reconstruction or repair of prostatic ormembranous urethra; first stage
53425			663.33			Urethroplasty, two-stage reconstruction or repair of prostatic ormembranous urethra; second stage
53430			677.83			Urethroplasty, reconstruction of female urethra
53431			810.40			Urethroplasty with tubularization of posterior urethra and/or lowerbladder for incontinence (eg, Tenago, Leadbetter procedure)
53440			568.74			Sling operation for correction of male urinary incontinence (eg, fasciaor synthetic)
53442			494.38			Removal or revision of sling for male urinary incontinence (eg, fasciaor synthetic)
53444			559.13			Insertion of tandem cuff (dual cuff)
53445			615.73			Insertion of inflatable urethral/bladder neck sphincter, includingplacement of pump, reservoir, and cuff
53446			449.74			Removal of inflatable urethral/bladder neck sphincter, including pump,reservoir, and cuff

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
53447			578.90			Removal and replacement of inflatable urethral/bladder neck sphincterincluding pump, reservoir, and cuff at the same operative session
53448			876.31			Removal and replacement of inflatable urethral/bladder neck sphincterincluding pump, reservoir, and cuff through an infected field at thesame operative session including irrigation and debridement of infectedtissue
53449			419.76			Repair of inflatable urethral/bladder neck sphincter, including pump,reservoir, and cuff
53450			274.90			Urethromeatoplasty, with mucosal advancement
53460			315.37			Urethromeatoplasty, with partial excision of distal urethral segment(Richardson type procedure)
53500			537.14			Urethrolysis, transvaginal, secondary, open, including cystourethroscopy(eg, postsurgical obstruction, scarring)
53502			340.33			Urethrorrhaphy, suture of urethral wound or injury, female
53505			334.66			Urethrorrhaphy, suture of urethral wound or injury; penile
53510			445.84			Urethrorrhaphy, suture of urethral wound or injury; perineal
53515			560.65			Urethrorrhaphy, suture of urethral wound or injury; prostatomembranous
53520			383.55			Closure of urethrostomy or urethrocutaneous fistula, male (separateprocedure)
53600	69.68	47.52				Dilation of urethral stricture by passage of sound or urethral dilator,male; initial
53601	67.19	39.11				Dilation of urethral stricture by passage of sound or urethral dilator,male; subsequent
53605			48.76			Dilation of urethral stricture or vesical neck by passage of sound orurethral dilator, male, general or conduction (spinal) anesthesia
53620	107.76	64.06				Dilation of urethral stricture by passage of filiform and follower,male; initial
53621	102.64	53.33				Dilation of urethral stricture by passage of filiform and follower,male; subsequent
53660	60.84	29.63				Dilation of female urethra including suppository and/or instillation;initial
53661	60.79	29.27				Dilation of female urethra including suppository and/or instillation;subsequent
53665			29.30			Dilation of female urethra, general or conduction (spinal) anesthesia
53850	3200.91	388.34				Transurethral destruction of prostate tissue; by microwave thermotherapy
53852	3047.89	413.84				Transurethral destruction of prostate tissue; by radiofrequencythermotherapy
53853	1874.12	235.95				Transurethral destruction of prostate tissue; by water-inducedthermotherapy
53899			I.C.			Unlisted procedure, urinary system
54000	134.13	72.33				Slitting of prepuce, dorsal or lateral (separate procedure); newborn
54001	160.91	96.31				Slitting of prepuce, dorsal or lateral (separate

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						procedure); exceptnewborn
54015			228.92			Incision and drainage of penis, deep
54050	86.49	66.83				Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscumcontagiosum, herpetic vesicle), simple; chemical
54055	83.15	59.12				Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscumcontagiosum, herpetic vesicle), simple; electrodesiccation
54056	87.00	69.53				Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscumcontagiosum, herpetic vesicle), simple; cryosurgery
54057	103.87	60.81				Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscumcontagiosum, herpetic vesicle), simple; laser surgery
54060	151.07	87.40				Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscumcontagiosum, herpetic vesicle), simple; surgical excision
54065	149.43	105.74				Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscumcontagiosum, herpetic vesicle), extensive (eg, laser surgery,electrosurgery, cryosurgery, chemosurgery)
54100	140.27	78.47				Biopsy of penis; (separate procedure)
54105	231.74	158.39				Biopsy of penis; deep structures
54110			432.94			Excision of penile plaque (Peyronie disease);
54111			560.86			Excision of penile plaque (Peyronie disease); with graft to 5 cm inlength
54112			657.11			Excision of penile plaque (Peyronie disease); with graft greater than 5cm in length
54115	309.30	280.58				Removal foreign body from deep penile tissue (eg, plastic implant)
54120			425.17			Amputation of penis; partial
54125			561.88			Amputation of penis; complete
54130			822.08			Amputation of penis, radical; with bilateral inguinofemorallymphadenectomy
54135			1056.82			Amputation of penis, radical; in continuity with bilateral pelviclymphadenectomy, including external iliac, hypogastric and obturatornodes
54150	187.32	73.40				Circumcision, using clamp or other device; newborn
54152			102.95			Circumcision, using clamp or other device; except newborn
54160	199.22	104.04				Circumcision, surgical excision other than clamp, device or dorsal slit;newborn
54161			140.78			Circumcision, surgical excision other than clamp, device or dorsal slit;except newborn
54162	229.61	129.43				Lysis or excision of penile post-circumcision adhesions
54163			146.91			Repair incomplete circumcision
54164			127.66			Frenulotomy of penis
54200	85.77	60.17				Injection procedure for Peyronie disease;
54205			368.66			Injection procedure for Peyronie disease; with surgical exposure ofplaque

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
54220	188.05	97.86				Irrigation of corpora cavernosa for priapism
54230	71.27	57.22				Injection procedure for corpora cavernosography
54231	100.43	84.83				Dynamic cavernosometry, including intracavernosal injection ofvasoactive drugs (eg, papaverine, phentolamine)
54235	63.53	51.67				Injection of corpora cavernosa with pharmacologic agent(s) (eg,papaverine, phentolamine)
54240			70.41	50.40	20.01	Penile plethysmography
54250			91.29	84.62	6.67	Nocturnal penile tumescence and/or rigidity test
54300			466.09			Plastic operation of penis for straightening of chordee (eg,hypospadias), with or without mobilization of urethra
54304			547.48			Plastic operation on penis for correction of chordee or for first stagehypospadias repair with or without transplantation of prepuce and/orskin flaps
54308			517.74			Urethroplasty for second stage hypospadias repair (including urinarydiversion); less than 3 cm
54312			604.50			Urethroplasty for second stage hypospadias repair (including urinarydiversion); greater than 3 cm
54316			720.19			Urethroplasty for second stage hypospadias repair (including urinarydiversion) with free skin graft obtained from site other than genitalia
54318			508.78			Urethroplasty for third stage hypospadias repair to release penis fromscrotum (eg, third stage Cecil repair)
54322			566.43			One stage distal hypospadias repair (with or without chordee orcircumcision); with simple meatal advancement (eg, Magpi, V-flap)
54324			705.50			One stage distal hypospadias repair (with or without chordee orcircumcision); with urethroplasty by local skin flaps (eg, flip-flap,prepucial flap)
54326			683.76			One stage distal hypospadias repair (with or without chordee orcircumcision); with urethroplasty by local skin flaps and mobilizationof urethra
54328			662.36			One stage distal hypospadias repair (with or without chordee orcircumcision); with extensive dissection to correct chordee andurethroplasty with local skin flaps, skin graft patch, and/or islandflap
54332			720.03			One stage proximal penile or penoscrotal hypospadias repair requiringextensive dissection to correct chordee and urethroplasty by use ofskin graft tube and/or island flap
54336			899.83			One stage perineal hypospadias repair requiring extensive dissection tocorrect chordee and urethroplasty by use of skin graft tube and/orisland flap
54340			407.14			Repair of hypospadias complications (ie, fistula, stricture,diverticula); by closure, incision, or excision, simple
54344			697.67			Repair of hypospadias complications (ie, fistula, stricture,diverticula); requiring mobilization of

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						skin flaps and urethroplastywith flap or patch graft
54348			741.88			Repair of hypospadias complications (ie, fistula, stricture,diverticula); requiring extensive dissection and urethroplasty withflap, patch or tubed graft (includes urinary diversion)
54352			1052.97			Repair of hypospadias cripple requiring extensive dissection andexcision of previously constructed structures including re-release ofchordee and reconstruction of urethra and penis by use of local skin asgrafts and island flaps and skin brought in as flaps or grafts
54360			522.79			Plastic operation on penis to correct angulation
54380			575.85			Plastic operation on penis for epispadias distal to external sphincter;
54385			684.62			Plastic operation on penis for epispadias distal to external sphincter;with incontinence
54390			900.20			Plastic operation on penis for epispadias distal to external sphincter;with exstrophy of bladder
54400			387.95			Insertion of penile prosthesis; non-inflatable (semi-rigid)
54401			466.98			Insertion of penile prosthesis; inflatable (self-contained)
54405			561.39			Insertion of multi-component, inflatable penile prosthesis, includingplacement of pump, cylinders, and reservoir
54406			508.49			Removal of all components of a multi-component, inflatable penileprosthesis without replacement of prosthesis
54408			536.52			Repair of component(s) of a multi-component, inflatable penileprosthesis
54410			641.49			Removal and replacement of all component(s) of a multi-component,inflatable penile prosthesis at the same operative session
54411			668.33			Removal and replacement of all components of a multi-componentinflatable penile prosthesis through an infected field at the sameoperative session, including irrigation and debridement of infectedtissue
54415			360.98			Removal of non-inflatable (semi-rigid) or inflatable (self-contained)penile prosthesis, without replacement of prosthesis
54416			472.29			Removal and replacement of non-inflatable (semi-rigid) or inflatable(self-contained) penile prosthesis at the same operative session
54417			590.47			Removal and replacement of non-inflatable (semi-rigid) or inflatable(self-contained) penile prosthesis through an infected field at thesame operative session, including irrigation and debridement ofinfected tissue
54420			493.80			Corpora cavernosa-saphenous vein shunt (priapism operation), unilateralor bilateral
54430			443.96			Corpora cavernosa-corpus spongiosum shunt (priapism operation),unilateral or bilateral

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
54435			284.57			Corpora cavernosa-glans penis fistulization (eg, biopsy needle, Winterprocedure, rongeur, or punch) for priapism
54440			I.C.			Plastic operation of penis for injury
54450	61.15	45.23				Foreskin manipulation including lysis of preputial adhesions andstretching
54500	55.80	54.24				Biopsy of testis, needle (separate procedure)
54505			157.13			Biopsy of testis, incisional (separate procedure)
54512			371.04			Excision of extraparenchymal lesion of testis
54520			236.28			Orchiectomy, simple (including subcapsular), with or without testicularprosthesis, scrotal or inguinal approach
54522			423.09			Orchiectomy, partial
54530			374.04			Orchiectomy, radical, for tumor; inguinal approach
54535			516.40			Orchiectomy, radical, for tumor; with abdominal exploration
54550			337.85			Exploration for undescended testis (inguinal or scrotal area)
54560			475.44			Exploration for undescended testis with abdominal exploration
54600			307.76			Reduction of torsion of testis, surgical, with or without fixation ofcontralateral testis
54620			213.80			Fixation of contralateral testis (separate procedure)
54640			313.12			Orchiopexy, inguinal approach, with or without hernia repair
54650			496.79			Orchiopexy, abdominal approach, for intra-abdominal testis (eg,Fowler-Stephens)
54660			238.36			Insertion of testicular prosthesis (separate procedure)
54670			290.21			Suture or repair of testicular injury
54680			552.32			Transplantation of testis(es) to thigh (because of scrotal destruction)
54690			466.41			Laparoscopy, surgical; orchiectomy
54692			538.96			Laparoscopy, surgical; orchiopexy for intra-abdominal testis
54699			I.C.			Unlisted laparoscopy procedure, testis
54700			157.17			Incision and drainage of epididymis, testis and/or scrotal space (eg,abscess or hematoma)
54800	96.22	94.97				Biopsy of epididymis, needle
54820			236.43			Exploration of epididymis, with or without biopsy
54830			245.52			Excision of local lesion of epididymis
54840			232.60			Excision of spermatocele, with or without epididymectomy
54860			280.42			Epididymectomy; unilateral
54861			384.09			Epididymectomy; bilateral
54900			550.79			Epididymovasostomy, anastomosis of epididymis to vas deferens;unilateral
54901			749.40			Epididymovasostomy, anastomosis of epididymis to vas deferens; bilateral
55000	104.67	60.67				Puncture aspiration of hydrocele, tunica vaginalis, with or withoutinjection of medication
55040			241.67			Excision of hydrocele; unilateral

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
55041			341.99			Excision of hydrocele; bilateral
55060			252.18			Repair of tunica vaginalis hydrocele (Bottle type)
55100	174.82	108.97				Drainage of scrotal wall abscess
55110			257.89			Scrotal exploration
55120			235.19			Removal of foreign body in scrotum
55150			323.47			Resection of scrotum
55175			241.06			Scrotoplasty; simple
55180			470.78			Scrotoplasty; complicated
55200	503.52	193.30				Vasotomy, cannulization with or without incision of vas, unilateral orbilateral (separate procedure)
55250	599.86	215.50				Vasectomy, unilateral or bilateral (separate procedure), includingpostoperative semen examination(s)
55300			139.31			Vasotomy for vasograms, seminal vesiculograms, or epididymograms,unilateral or bilateral
55400			365.60			Vasovasostomy, vasovasorrhaphy
55450	333.66	173.55				Ligation (percutaneous) of vas deferens, unilateral or bilateral(separate procedure)
55500			256.50			Excision of hydrocele of spermatic cord, unilateral (separate procedure)
55520			277.05			Excision of lesion of spermatic cord (separate procedure)
55530			253.51			Excision of varicocele or ligation of spermatic veins for varicocele;(separate procedure)
55535			290.47			Excision of varicocele or ligation of spermatic veins for varicocele;abdominal approach
55540			342.10			Excision of varicocele or ligation of spermatic veins for varicocele;with hernia repair
55550			289.33			Laparoscopy, surgical, with ligation of spermatic veins for varicocele
55559			I.C.			Unlisted laparoscopy procedure, spermatic cord
55600			286.50			Vesiculotomy;
55605			358.69			Vesiculotomy; complicated
55650			497.97			Vesiculectomy, any approach
55680			240.19			Excision of Mullerian duct cyst
55700	174.87	64.08				Biopsy, prostate; needle or punch, single or multiple, any approach
55705			199.80			Biopsy, prostate; incisional, any approach
55720			341.93			Prostatotomy, external drainage of prostatic abscess, any approach;simple
55725			385.36			Prostatotomy, external drainage of prostatic abscess, any approach;complicated
55801			738.43			Prostatectomy, perineal, subtotal (including control of postoperativebleeding, vasectomy, meatotomy, urethral calibration and/or dilation,and internal urethrotomy)
55810			912.09			Prostatectomy, perineal radical;
55812			1116.01			Prostatectomy, perineal radical; with lymph node biopsy(s) (limitedpelvic lymphadenectomy)
55815			1225.37			Prostatectomy, perineal radical; with bilateral pelvic lymphadenectomy,including external iliac, hypogastric and obturator nodes

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
55821			593.22			Prostatectomy (including control of postoperative bleeding, vasectomy,meatotomy, urethral calibration and/or dilation, and internalurethrotomy); suprapubic, subtotal, one or two stages
55831			645.84			Prostatectomy (including control of postoperative bleeding, vasectomy,meatotomy, urethral calibration and/or dilation, and internalurethrotomy); retropubic, subtotal
55840			926.05			Prostatectomy, retropubic radical, with or without nerve sparing;
55842			990.13			Prostatectomy, retropubic radical, with or without nerve sparing; withlymph node biopsy(s) (limited pelvic lymphadenectomy)
55845			1141.89			Prostatectomy, retropubic radical, with or without nerve sparing; withbilateral pelvic lymphadenectomy, including external iliac,hypogastric, and obturator nodes
55859			532.98			Transperineal placement of needles or catheters into prostate forinterstitial radioelement application, with or without cystoscopy
55860			604.99			Exposure of prostate, any approach, for insertion of radioactivesubstance;
55862			764.29			Exposure of prostate, any approach, for insertion of radioactivesubstance; with lymph node biopsy(s) (limited pelvic lymphadenectomy)
55865			930.21			Exposure of prostate, any approach, for insertion of radioactivesubstance; with bilateral pelvic lymphadenectomy, including externaliliac, hypogastric and obturator nodes
55866			1227.30			Laparoscopy, surgical prostatectomy, retropubic radical, including nervesparing
55870	119.78	105.74				Electroejaculation
55873			824.99			Cryosurgical ablation of the prostate (includes ultrasonic guidance forinterstitial cryosurgical probe placement)
55899			I.C.			Unlisted procedure, male genital system
55970			I.C.			Intersex surgery; male to female
55980			I.C.			Intersex surgery; female to male
56405	83.44	77.51				Incision and drainage of vulva or perineal abscess
56420	111.23	72.85				Incision and drainage of Bartholin's gland abscess
56440			136.17			Marsupialization of Bartholin's gland cyst
56441	113.16	100.67				Lysis of labial adhesions
56501	99.88	83.03				Destruction of lesion(s), vulva; simple (eg, laser surgery,electrosurgery, cryosurgery, chemosurgery)
56515	159.52	136.73				Destruction of lesion(s), vulva; extensive (eg, laser surgery,electrosurgery, cryosurgery, chemosurgery)
56605	65.43	46.39				Biopsy of vulva or perineum (separate procedure); one lesion
56606	31.42	22.99				Biopsy of vulva or perineum (separate procedure); each separateadditional lesion (List separately in

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						addition to code for primaryprocedure)
56620			366.92			Vulvectomy simple; partial
56625			410.24			Vulvectomy simple; complete
56630			572.78			Vulvectomy, radical, partial;
56631			746.01			Vulvectomy, radical, partial; with unilateral inguinofemorallymphadenectomy
56632			885.44			Vulvectomy, radical, partial; with bilateral inguinofemorallymphadenectomy
56633			746.85			Vulvectomy, radical, complete;
56634			814.48			Vulvectomy, radical, complete; with unilateral inguinofemorallymphadenectomy
56637			982.99			Vulvectomy, radical, complete; with bilateral inguinofemorallymphadenectomy
56640			979.83			Vulvectomy, radical, complete, with inguinofemoral, iliac, and pelviclymphadenectomy
56700			130.55			Partial hymenectomy or revision of hymenal ring
56720			35.71			Hymenotomy, simple incision
56740			212.72			Excision of Bartholin's gland or cyst
56800			180.95			Plastic repair of introitus
56805			I.C.			Clitoroplasty for intersex state
56810			191.31			Perineoplasty, repair of perineum, nonobstetrical (separate procedure)
56820	84.63	64.03				Colposcopy of the vulva;
56821	114.27	88.05				Colposcopy of the vulva; with biopsy(s)
57000			139.30			Colpotomy; with exploration
57010			293.24			Colpotomy; with drainage of pelvic abscess
57020	72.86	61.94				Colpocentesis (separate procedure)
57022			120.14			Incision and drainage of vaginal hematoma; obstetrical/postpartum
57023			218.03			Incision and drainage of vaginal hematoma; non-obstetrical (eg,post-trauma, spontaneous bleeding)
57061	87.95	71.41				Destruction of vaginal lesion(s); simple (eg, laser surgery,electrosurgery, cryosurgery, chemosurgery)
57065	147.51	128.16				Destruction of vaginal lesion(s); extensive (eg, laser surgery,electrosurgery, cryosurgery, chemosurgery)
57100	68.61	49.89				Biopsy of vaginal mucosa; simple (separate procedure)
57105	105.09	93.54				Biopsy of vaginal mucosa; extensive, requiring suture (including cysts)
57106			314.94			Vaginectomy, partial removal of vaginal wall;
57107			994.01			Vaginectomy, partial removal of vaginal wall; with removal ofparavaginal tissue (radical vaginectomy)
57109			1134.94			Vaginectomy, partial removal of vaginal wall; with removal ofparavaginal tissue (radical vaginectomy) with bilateral total pelviclymphadenectomy and para-aortic lymph node sampling (biopsy)
57110			642.54			Vaginectomy, complete removal of vaginal wall;
57111			1178.13			Vaginectomy, complete removal of vaginal wall;

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						with removal ofparavaginal tissue (radical vaginectomy)
57112			1212.52			Vaginectomy, complete removal of vaginal wall; with removal ofparavaginal tissue (radical vaginectomy) with bilateral total pelviclymphadenectomy and para-aortic lymph node sampling (biopsy)
57120			358.97			Colpocleisis (Le Fort type)
57130	137.93	118.89				Excision of vaginal septum
57135	148.17	129.13				Excision of vaginal cyst or tumor
57150	50.24	22.46				Irrigation of vagina and/or application of medicament for treatment ofbacterial, parasitic, or fungoid disease
57155			317.99			Insertion of uterine tandems and/or vaginal ovoids for clinicalbrachytherapy
57160	57.33	36.42				Fitting and insertion of pessary or other intravaginal support device
57170	96.75	49.01				Diaphragm or cervical cap fitting with instructions
57180	113.28	85.19				Introduction of any hemostatic agent or pack for spontaneous ortraumatic nonobstetrical vaginal hemorrhage (separate procedure)
57200			204.34			Colporrhaphy, suture of injury of vagina (nonobstetrical)
57210			257.32			Colpoperineorrhaphy, suture of injury of vagina and/or perineum(nonobstetrical)
57220			221.80			Plastic operation on urethral sphincter, vaginal approach (eg, Kellyurethral plication)
57230			267.60			Plastic repair of urethrocele
57240			293.33			Anterior colporrhaphy, repair of cystocele with or without repair ofurethrocele
57250			272.12			Posterior colporrhaphy, repair of rectocele with or withoutperineorrhaphy
57260			391.16			Combined anteroposterior colporrhaphy;
57265			517.48			Combined anteroposterior colporrhaphy; with enterocele repair
57267			204.95			Insertion of mesh or other prosthesis for repair of pelvic floor defect,each site (anterior, posterior compartment), vaginal approach (Listseparately in addition to code for primary procedure)
57268			326.96			Repair of enterocele, vaginal approach (separate procedure)
57270			546.43			Repair of enterocele, abdominal approach (separate procedure)
57280			664.65			Colpopexy, abdominal approach
57282			344.70			Colpopexy, vaginal; extra-peritoneal approach (sacrospinous,iliococcygeus)
57283			494.54			Colpopexy, vaginal; intra-peritoneal approach (uterosacral, levatormyorrhaphy)
57284			590.21			Paravaginal defect repair (including repair of cystocele, stress urinaryincontinence, and/or incomplete vaginal prolapse)
57287			474.47			Removal or revision of sling for stress incontinence (eg, fascia orsynthetic)

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
57288			553.81			Sling operation for stress incontinence (eg, fascia or synthetic)
57289			521.50			Pereyra procedure, including anterior colporrhaphy
57291			384.60			Construction of artificial vagina; without graft
57292			597.24			Construction of artificial vagina; with graft
57300			354.09			Closure of rectovaginal fistula; vaginal or transanal approach
57305			597.19			Closure of rectovaginal fistula; abdominal approach
57307			682.34			Closure of rectovaginal fistula; abdominal approach, with concomitantcolostomy
57308			447.11			Closure of rectovaginal fistula; transperineal approach, with perinealbody reconstruction, with or without levator plication
57310			311.12			Closure of urethrovaginal fistula;
57311			354.13			Closure of urethrovaginal fistula; with bulbocavernosus transplant
57320			363.37			Closure of vesicovaginal fistula; vaginal approach
57330			528.47			Closure of vesicovaginal fistula; transvesical and vaginal approach
57335			I.C.			Vaginoplasty for intersex state
57400			100.36			Dilation of vagina under anesthesia
57410	112.91	77.95				Pelvic examination under anesthesia
57415			107.16			Removal of impacted vaginal foreign body (separate procedure) underanesthesia
57420	88.53	67.31				Colposcopy of the entire vagina, with cervix if present;
57421	121.49	94.03				Colposcopy of the entire vagina, with cervix if present; with biopsy(s)
57425			662.47			Laparoscopy, surgical, colpopexy (suspension of vaginal apex)
57452	83.48	67.25				Colposcopy of the cervix including upper/adjacent vagina;
57454	119.14	103.85				Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s)of the cervix and endocervical curettage
57455	111.74	85.21				Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s)of the cervix
57456	105.40	79.50				Colposcopy of the cervix including upper/adjacent vagina; withendocervical curettage
57460	264.80	125.60				Colposcopy of the cervix including upper/adjacent vagina; with loopelectrode biopsy(s) of the cervix
57461	290.37	145.87				Colposcopy of the cervix including upper/adjacent vagina; with loopelectrode conization of the cervix
57500	107.42	47.81				Biopsy, single or multiple, or local excision of lesion, with or withoutfulguration (separate procedure)
57505	78.66	67.43				Endocervical curettage (not done as part of a dilation and curettage)
57510	103.92	87.69				Cautery of cervix; electro or thermal
57511	112.04	97.99				Cautery of cervix; cryocautery, initial or repeat

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
57513	109.13	99.14				Cautery of cervix; laser ablation
57520	240.10	207.01				Conization of cervix, with or without fulguration, with or withoutdilation and curettage, with or without repair; cold knife or laser
57522	195.96	174.11				Conization of cervix, with or without fulguration, with or withoutdilation and curettage, with or without repair; loop electrode excision
57530			245.02			Trachelectomy (cervicectomy), amputation of cervix (separate procedure)
57531			1225.10			Radical trachelectomy, with bilateral total pelvic lymphadenectomy andpara-aortic lymph node sampling biopsy, with or without removal oftube(s), with or without removal of ovary(s)
57540			550.54			Excision of cervical stump, abdominal approach;
57545			586.46			Excision of cervical stump, abdominal approach; with pelvic floor repair
57550			280.14			Excision of cervical stump, vaginal approach;
57555			419.19			Excision of cervical stump, vaginal approach; with anterior and/orposterior repair
57556			393.59			Excision of cervical stump, vaginal approach; with repair of enterocele
57700			199.66			Cerclage of uterine cervix, nonobstetrical
57720			216.58			Trachelorrhaphy, plastic repair of uterine cervix, vaginal approach
57800	46.12	37.07				Dilation of cervical canal, instrumental (separate procedure)
57820	94.57	84.27				Dilation and curettage of cervical stump
58100	85.74	67.01				Endometrial sampling (biopsy) with or without endocervical sampling(biopsy), without cervical dilation, any method (separate procedure)
58120	167.09	153.67				Dilation and curettage, diagnostic and/or therapeutic (nonobstetrical)
58140			647.41			Myomectomy, excision of fibroid tumor(s) of uterus, 1 to 4 intramuralmyoma(s) with total weight of 250 grams or less and/or removal ofsurface myomas; abdominal approach
58145			383.58			Myomectomy, excision of fibroid tumor(s) of uterus, 1 to 4 intramuralmyoma(s) with total weight of 250 grams or less and/or removal ofsurface myomas; vaginal approach
58146			833.94			Myomectomy, excision of fibroid tumor(s) of uterus, 5 or more intramuralmyomas and/or intramural myomas with total weight greater than 250grams, abdominal approach
58150			676.93			Total abdominal hysterectomy (corpus and cervix), with or withoutremoval of tube(s), with or without removal of ovary(s);
58152			906.01			Total abdominal hysterectomy (corpus and cervix), with or withoutremoval of tube(s), with or without removal of ovary(s); withcolpo-urethrocystopexy (eg, Marshall-Marchetti-Krantz, Burch)
58180			673.68			Supracervical abdominal hysterectomy (subtotal hysterectomy), with orwithout removal of tube(s),

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						with or without removal of ovary(s)
58200			938.42			Total abdominal hysterectomy, including partial vaginectomy, withpara-aortic and pelvic lymph node sampling, with or without removal oftube(s), with or without removal of ovary(s)
58210			1248.42			Radical abdominal hysterectomy, with bilateral total pelviclymphadenectomy and para-aortic lymph node sampling (biopsy), with orwithout removal of tube(s), with or without removal of ovary(s)
58240			1657.72			Pelvic exenteration for gynecologic malignancy, with total abdominalhysterectomy or cervicectomy, with or without removal of tube(s), withor without removal of ovary(s), with removal of bladder and ureteraltransplantations, and/or abdominoperineal resection of rectum and colonand colostomy, or any combination thereof
58260			586.61			Vaginal hysterectomy, for uterus 250 grams or less;
58262			660.45			Vaginal hysterectomy, for uterus 250 grams or less; with removal oftube(s), and/or ovary(s)
58263			713.57			Vaginal hysterectomy, for uterus 250 grams or less; with removal oftube(s), and/or ovary(s), with repair of enterocele
58267			757.23			Vaginal hysterectomy, for uterus 250 grams or less; withcolpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type)with or without endoscopic control
58270			635.41			Vaginal hysterectomy, for uterus 250 grams or less; with repair ofenterocele
58275			700.88			Vaginal hysterectomy, with total or partial vaginectomy;
58280			751.62			Vaginal hysterectomy, with total or partial vaginectomy; with repair ofenterocele
58285			958.74			Vaginal hysterectomy, radical (Schauta type operation)
58290			837.90			Vaginal hysterectomy, for uterus greater than 250 grams;
58291			913.18			Vaginal hysterectomy, for uterus greater than 250 grams; with removal oftube(s) and/or ovary(s)
58292			966.85			Vaginal hysterectomy, for uterus greater than 250 grams; with removal oftube(s) and/or ovary(s), with repair of enterocele
58293			1003.67			Vaginal hysterectomy, for uterus greater than 250 grams; withcolpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type)with or without endoscopic control
58294			886.21			Vaginal hysterectomy, for uterus greater than 250 grams; with repair ofenterocele
58300	98.08	54.91				Insertion of intrauterine device (IUD)
58301	103.98	69.11				Removal of intrauterine device (IUD)
58321	62.50	38.15				Artificial insemination; intra-cervical
58322	69.49	45.14				Artificial insemination; intra-uterine

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
58323	23.30	9.57				Sperm washing for artificial insemination
58340	123.95	45.61				Catheterization and introduction of saline or contrast material forsaline infusion sonohysterography (SIS) or hysterosalpingography
58345			208.27			Transcervical introduction of fallopian tube catheter for diagnosisand/or re-establishing patency (any method), with or withouthysterosalpingography
58346			313.99			Insertion of Heyman capsules for clinical brachytherapy
58350	75.93	58.14				Chromotubation of oviduct, including materials
58353	1216.31	167.37				Endometrial ablation, thermal, without hysteroscopic guidance
58356	400.15	269.39				Endometrial cryoablation with ultrasonic guidance, including endometrialcurettage, when performed
58400			307.36			Uterine suspension, with or without shortening of round ligaments, withor without shortening of sacrouterine ligaments; (separate procedure)
58410			569.71			Uterine suspension, with or without shortening of round ligaments, withor without shortening of sacrouterine ligaments; with presacralsympathectomy
58520			536.11			Hysterorrhaphy, repair of ruptured uterus (nonobstetrical)
58540			643.36			Hysteroplasty, repair of uterine anomaly (Strassman type)
58545			649.48			Laparoscopy, surgical, myomectomy, excision; 1 to 4 intramural myomaswith total weight of 250 grams or less and/or removal of surface myomas
58546			831.34			Laparoscopy, surgical, myomectomy, excision; 5 or more intramural myomasand/or intramural myomas with total weight greater than 250 grams
58550			640.72			Laparoscopy surgical, with vaginal hysterectomy, for uterus 250 grams orless;
58552			711.33			Laparoscopy surgical, with vaginal hysterectomy, for uterus 250 grams orless; with removal of tube(s) and/or ovary(s)
58553			831.56			Laparoscopy, surgical, with vaginal hysterectomy, for uterus greaterthan 250 grams;
58554			956.45			Laparoscopy, surgical, with vaginal hysterectomy, for uterus greaterthan 250 grams; with removal of tube(s) and/or ovary(s)
58555	165.46	145.49				Hysteroscopy, diagnostic (separate procedure)
58558			205.97			Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/orpolypectomy, with or without D & C
58559			264.64			Hysteroscopy, surgical; with lysis of intrauterine adhesions (anymethod)
58560			299.77			Hysteroscopy, surgical; with division or resection of intrauterineseptum (any method)
58561			424.71			Hysteroscopy, surgical; with removal of leiomyomata

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
58562			224.89			Hysteroscopy, surgical; with removal of impacted foreign body
58563	1933.29	265.48				Hysteroscopy, surgical; with endometrial ablation (eg, endometrialresection, electrosurgical ablation, thermoablation)
58565	1758.88	333.87				Hysteroscopy, surgical; with bilateral fallopian tube cannulation toinduce occlusion by placement of permanent implants
58578			I.C.			Unlisted laparoscopy procedure, uterus
58579			I.C.			Unlisted hysteroscopy procedure, uterus
58600			354.44			Ligation or transection of fallopian tube(s), abdominal or vaginalapproach, unilateral or bilateral
58605			322.38			Ligation or transection of fallopian tube(s), abdominal or vaginalapproach, postpartum, unilateral or bilateral, during samehospitalization (separate procedure)
58611			79.78			Ligation or transection of fallopian tube(s) when done at the time ofcesarean delivery or intra-abdominal surgery (not a separate procedure)(List separately in addition to code for primary procedure)
58615			263.04			Occlusion of fallopian tube(s) by device (eg, band, clip, Falope ring)vaginal or suprapubic approach
58660			493.09			Laparoscopy, surgical; with lysis of adhesions (salpingolysis,ovariolysis) (separate procedure)
58661			481.58			Laparoscopy, surgical; with removal of adnexal structures (partial ortotal oophorectomy and/or salpingectomy)
58662			523.78			Laparoscopy, surgical; with fulguration or excision of lesions of theovary, pelvic viscera, or peritoneal surface by any method
58670			265.05			Laparoscopy, surgical; with fulguration of oviducts (with or withouttransection)
58671			265.05			Laparoscopy, surgical; with occlusion of oviducts by device (eg, band,clip, or Falope ring)
58672			568.68			Laparoscopy, surgical; with fimbrioplasty
58673			605.43			Laparoscopy, surgical; with salpingostomy (salpingoneostomy)
58679			I.C.			Unlisted laparoscopy procedure, oviduct, ovary
58700			538.65			Salpingectomy, complete or partial, unilateral or bilateral (separateprocedure)
58720			510.96			Salpingo-oophorectomy, complete or partial, unilateral or bilateral(separate procedure)
58740			630.03			Lysis of adhesions (salpingolysis, ovariolysis)
58750			662.98			Tubotubal anastomosis
58752			648.80			Tubouterine implantation
58760			596.15			Fimbrioplasty
58770			623.13			Salpingostomy (salpingoneostomy)
58800	232.42	209.32				Drainage of ovarian cyst(s), unilateral or bilateral, (separateprocedure); vaginal approach
58805			279.46			Drainage of ovarian cyst(s), unilateral or bilateral, (separateprocedure); abdominal approach

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
58820			225.76			Drainage of ovarian abscess; vaginal approach, open
58822			456.07			Drainage of ovarian abscess; abdominal approach
58823	760.35	129.92				Drainage of pelvic abscess, transvaginal or transrectal approach,percutaneous (eg, ovarian, pericolic)
58825			500.41			Transposition, ovary(s)
58900			285.00			Biopsy of ovary, unilateral or bilateral (separate procedure)
58920			505.58			Wedge resection or bisection of ovary, unilateral or bilateral
58925			508.58			Ovarian cystectomy, unilateral or bilateral
58940			340.60			Oophorectomy, partial or total, unilateral or bilateral;
58943			806.04			Oophorectomy, partial or total, unilateral or bilateral; for ovarian,tubal or primary peritoneal malignancy, with para-aortic and pelviclymph node biopsies, peritoneal washings, peritoneal biopsies,diaphragmatic assessments, with or without salpingectomy(s), with orwithout omentectomy
58950			754.60			Resection of ovarian, tubal or primary peritoneal malignancy withbilateral salpingo-oophorectomy and omentectomy;
58951			975.61			Resection of ovarian, tubal or primary peritoneal malignancy withbilateral salpingo-oophorectomy and omentectomy; with total abdominalhysterectomy, pelvic and limited para-aortic lymphadenectomy
58952			1094.09			Resection of ovarian, tubal or primary peritoneal malignancy withbilateral salpingo-oophorectomy and omentectomy; with radicaldissection for debulking (ie, radical excision or destruction,intra-abdominal or retroperitoneal tumors)
58953			1383.69			Bilateral salpingo-oophorectomy with omentectomy, total abdominalhysterectomy and radical dissection for debulking;
58954			1507.37			Bilateral salpingo-oophorectomy with omentectomy, total abdominalhysterectomy and radical dissection for debulking; with pelviclymphadenectomy and limited para-aortic lymphadenectomy
58956			959.55			Bilateral salpingo-oophorectomy with total omentectomy, total abdominalhysterectomy for malignancy
58960			656.11			Laparotomy, for staging or restaging of ovarian, tubal or primaryperitoneal malignancy (second look), with or without omentectomy,peritoneal washing, biopsy of abdominal and pelvic peritoneum,diaphragmatic assessment with pelvic and limited para-aorticlymphadenectomy
58970	174.69	149.10				Follicle puncture for oocyte retrieval, any method
58974			I.C.			Embryo transfer, intrauterine

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
58976	195.29	168.45				Gamete, zygote, or embryo intrafallopian transfer, any method
58999			I.C.			Unlisted procedure, female genital system (nonobstetrical)
59000	140.73	82.61				Amniocentesis; diagnostic
59001			184.84			Amniocentesis; therapeutic amniotic fluid reduction (includes ultrasoundguidance)
59012			208.65			Cordocentesis (intrauterine), any method
59015	156.95	135.78				Chorionic villus sampling, any method
59020			63.12	38.69	24.43	Fetal contraction stress test
59025			40.99	30.88	10.12	Fetal non-stress test
59030			115.72			Fetal scalp blood sampling
59050			51.98			Fetal monitoring during labor by consulting physician (ie, non-attendingphysician) with written report; supervision and interpretation
59051			43.05			Fetal monitoring during labor by consulting physician (ie, non-attendingphysician) with written report; interpretation only
59070	306.07	217.43				Transabdominal amnioinfusion, including ultrasound guidance
59072			339.87			Fetal umbilical cord occlusion, including ultrasound guidance
59074	287.97	217.43				Fetal fluid drainage (eg, vesicocentesis, thoracocentesis,paracentesis), including ultrasound guidance
59076			339.87			Fetal shunt placement, including ultrasound guidance
59100			591.48			Hysterotomy, abdominal (eg, for hydatidiform mole, abortion)
59120			740.41			Surgical treatment of ectopic pregnancy; tubal or ovarian, requiringsalpingectomy and/or oophorectomy, abdominal or vaginal approach
59121			752.66			Surgical treatment of ectopic pregnancy; tubal or ovarian, withoutsalpingectomy and/or oophorectomy
59130			598.81			Surgical treatment of ectopic pregnancy; abdominal pregnancy
59135			663.90			Surgical treatment of ectopic pregnancy; interstitial, uterine pregnancyrequiring total hysterectomy
59136			827.94			Surgical treatment of ectopic pregnancy; interstitial, uterine pregnancywith partial resection of uterus
59140			241.51			Surgical treatment of ectopic pregnancy; cervical, with evacuation
59150			738.96			Laparoscopic treatment of ectopic pregnancy; without salpingectomyand/or oophorectomy
59151			733.95			Laparoscopic treatment of ectopic pregnancy; with salpingectomy and/oroophorectomy
59160	250.63	202.48				Curettage, postpartum
59200	82.74	45.80				Insertion of cervical dilator (eg, laminaria, prostaglandin) (separateprocedure)
59300	191.54	141.31				Episiotomy or vaginal repair, by other than

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						attending physician
59320			155.70			Cerclage of cervix, during pregnancy; vaginal
59325			247.10			Cerclage of cervix, during pregnancy; abdominal
59350			214.77			Hysterorrhaphy of ruptured uterus
59400			1852.97			Routine obstetric care including antepartum care, vaginal delivery (withor without episiotomy, and/or forceps) and postpartum care
59409			787.29			Vaginal delivery only (with or without episiotomy and/or forceps);
59410			882.61			Vaginal delivery only (with or without episiotomy and/or forceps);including postpartum care
59412			79.31			External cephalic version, with or without tocolysis
59414			94.33			Delivery of placenta (separate procedure)
59425	282.91	209.57				Antepartum care only; 4-6 visits
59426	496.98	362.15				Antepartum care only; 7 or more visits
59430	105.73	96.68				Postpartum care only (separate procedure)
59510			2099.21			Routine obstetric care including antepartum care, cesarean delivery, andpostpartum care
59514			928.93			Cesarean delivery only;
59515			1054.73			Cesarean delivery only; including postpartum care
59525			371.14			Subtotal or total hysterectomy after cesarean delivery (List separatelyin addition to code for primary procedure)
59610			1954.30			Routine obstetric care including antepartum care, vaginal delivery (withor without episiotomy, and/or forceps) and postpartum care, afterprevious cesarean delivery
59612			884.13			Vaginal delivery only, after previous cesarean delivery (with or withoutepisiotomy and/or forceps);
59614			974.47			Vaginal delivery only, after previous cesarean delivery (with or withoutepisiotomy and/or forceps); including postpartum care
59618			2221.22			Routine obstetric care including antepartum care, cesarean delivery, andpostpartum care, following attempted vaginal delivery after previouscesarean delivery
59620			1017.12			Cesarean delivery only, following attempted vaginal delivery afterprevious cesarean delivery;
59622			1153.65			Cesarean delivery only, following attempted vaginal delivery afterprevious cesarean delivery; including postpartum care
59812			273.66			Treatment of incomplete abortion, any trimester, completed surgically
59820	351.70	316.00				Treatment of missed abortion, completed surgically; first trimester
59821	364.87	328.76				Treatment of missed abortion, completed surgically; second trimester
59830			317.25			Treatment of septic abortion, completed surgically
59840			161.40			Induced abortion, by dilation and curettage
59841	274.33	258.10				Induced abortion, by dilation and evacuation
59850			285.72			Induced abortion, by one or more intra-amniotic

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						injections(amniocentesis-injections), including hospital admission and visits,delivery of fetus and secundines;
59851			301.55			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/orevacuation
59852			414.47			Induced abortion, by one or more intra-amniotic injections(amniocentesis-injections), including hospital admission and visits,delivery of fetus and secundines; with hysterotomy (failedintra-amniotic injection)
59855			303.78			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 andsecundines;
59856			363.03			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 andsecundines; with dilation and curettage and/or evacuation
59857			436.59			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 andsecundines; with hysterotomy (failed medical evacuation)
59866			183.71			Multifetal pregnancy reduction(s) (MPR)
59870			329.77			Uterine evacuation and curettage for hydatidiform mole
59871	121.65	102.61				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	109.72	103.17				Incision and drainage of thyroglossal duct cyst, infected
60001	71.30	37.59				Aspiration and/or injection, thyroid cyst
60100	87.32	60.17				Biopsy thyroid, percutaneous core needle
60200			461.94			Excision of cyst or adenoma of thyroid, or transection of isthmus
60210			490.83			Partial thyroid lobectomy, unilateral; with or without isthmusectomy
60212			706.22			Partial thyroid lobectomy, unilateral; with contralateral subtotallobectomy, including isthmusectomy
60220			536.01			Total thyroid lobectomy, unilateral; with or without isthmusectomy

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
60225			642.66			Total thyroid lobectomy, unilateral; with contralateral subtotallobectomy, including isthmusectomy
60240			702.71			Thyroidectomy, total or complete
60252			910.56			Thyroidectomy, total or subtotal for malignancy; with limited neckdissection
60254			1214.27			Thyroidectomy, total or subtotal for malignancy; with radical neckdissection
60260			774.95			Thyroidectomy, removal of all remaining thyroid tissue followingprevious removal of a portion of thyroid
60270			913.18			Thyroidectomy, including substernal thyroid; sternal split ortransthoracic approach
60271			752.85			Thyroidectomy, including substernal thyroid; cervical approach
60280			312.83			Excision of thyroglossal duct cyst or sinus;
60281			424.15			Excision of thyroglossal duct cyst or sinus; recurrent
60500			704.83			Parathyroidectomy or exploration of parathyroid(s);
60502			885.90			Parathyroidectomy or exploration of parathyroid(s); re-exploration
60505			967.57			Parathyroidectomy or exploration of parathyroid(s); with mediastinalexploration, sternal split or transthoracic approach
60512			180.19			Parathyroid autotransplantation (List separately in addition to code forprimary procedure)
60520			750.97			Thymectomy, partial or total; transcervical approach (separateprocedure)
60521			857.61			Thymectomy, partial or total; sternal split or transthoracic approach,without radical mediastinal dissection (separate procedure)
60522			1033.57			Thymectomy, partial or total; sternal split or transthoracic approach,with radical mediastinal dissection (separate procedure)
60540			726.32			Adrenalectomy, partial or complete, or exploration of adrenal gland withor without biopsy, transabdominal, lumbar or dorsal (separateprocedure);
60545			838.82			Adrenalectomy, partial or complete, or exploration of adrenal gland withor without biopsy, transabdominal, lumbar or dorsal (separateprocedure); with excision of adjacent retroperitoneal tumor
60600			864.94			Excision of carotid body tumor; without excision of carotid artery
60605			972.41			Excision of carotid body tumor; with excision of carotid artery
60650			828.70			Laparoscopy, surgical, with adrenalectomy, partial or complete, orexploration 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

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
61000			74.45			Subdural tap through fontanelle, or suture, infant, unilateral orbilateral; initial
61001			76.13			Subdural tap through fontanelle, or suture, infant, unilateral orbilateral; subsequent taps
61020			88.18			Ventricular puncture through previous burr hole, fontanelle, suture, orimplanted ventricular catheter/reservoir; without injection
61026			94.32			Ventricular puncture through previous burr hole, fontanelle, suture, orimplanted ventricular catheter/reservoir; with injection of medicationor other substance for diagnosis or treatment
61050			82.15			Cisternal or lateral cervical (C1-C2) puncture; without injection(separate procedure)
61055			103.59			Cisternal or lateral cervical (C1-C2) puncture; with injection ofmedication or other substance for diagnosis or treatment (eg, C1-C2)
61070			58.40			Puncture of shunt tubing or reservoir for aspiration or injectionprocedure
61105			286.47			Twist drill hole for subdural or ventricular puncture;
61107			237.98			Twist drill hole for subdural or ventricular puncture; for implantingventricular catheter or pressure recording device
61108			547.44			Twist drill hole for subdural or ventricular puncture; for evacuationand/or drainage of subdural hematoma
61120			460.51			Burr hole(s) for ventricular puncture (including injection of gas,contrast media, dye, or radioactive material)
61140			816.90			Burr hole(s) or trephine; with biopsy of brain or intracranial lesion
61150			881.69			Burr hole(s) or trephine; with drainage of brain abscess or cyst
61151			637.07			Burr hole(s) or trephine; with subsequent tapping (aspiration) ofintracranial abscess or cyst
61154			781.07			Burr hole(s) with evacuation and/or drainage of hematoma, extradural orsubdural
61156			826.94			Burr hole(s); with aspiration of hematoma or cyst, intracerebral
61210			276.89			Burr hole(s); for implanting ventricular catheter, reservoir, EEGelectrode(s) or pressure recording device (separate procedure)
61215			280.29			Insertion of subcutaneous reservoir, pump or continuous infusion systemfor connection to ventricular catheter
61250			548.78			Burr hole(s) or trephine, supratentorial, exploratory, not followed byother surgery
61253			624.53			Burr hole(s) or trephine, infratentorial, unilateral or bilateral
61304			1094.68			Craniectomy or craniotomy, exploratory; supratentorial
61305			1308.10			Craniectomy or craniotomy, exploratory; infratentorial (posterior fossa)

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
61312			1253.13			Craniectomy or craniotomy for evacuation of hematoma, supratentorial;extradural or subdural
61313			1257.78			Craniectomy or craniotomy for evacuation of hematoma, supratentorial;intracerebral
61314			1180.93			Craniectomy or craniotomy for evacuation of hematoma, infratentorial;extradural or subdural
61315			1382.59			Craniectomy or craniotomy for evacuation of hematoma, infratentorial;intracerebellar
61316			62.97			Incision and subcutaneous placement of cranial bone graft (Listseparately in addition to code for primary procedure)
61320			1274.14			Craniectomy or craniotomy, drainage of intracranial abscess;supratentorial
61321			1408.04			Craniectomy or craniotomy, drainage of intracranial abscess;infratentorial
61322			1427.56			Craniectomy or craniotomy, decompressive, with or without duraplasty,for treatment of intracranial hypertension, without evacuation ofassociated intraparenchymal hematoma; without lobectomy
61323			1492.06			Craniectomy or craniotomy, decompressive, with or without duraplasty,for treatment of intracranial hypertension, without evacuation ofassociated intraparenchymal hematoma; with lobectomy
61330			1097.62			Decompression of orbit only, transcranial approach
61332			1309.61			Exploration of orbit (transcranial approach); with biopsy
61333			1309.68			Exploration of orbit (transcranial approach); with removal of lesion
61334			853.84			Exploration of orbit (transcranial approach); with removal of foreignbody
61340			940.72			Subtemporal cranial decompression (pseudotumor cerebri, slit ventriclesyndrome)
61343			1473.31			Craniectomy, suboccipital with cervical laminectomy for decompression ofmedulla and spinal cord, with or without dural graft (eg, Arnold-Chiarimalformation)
61345			1345.55			Other cranial decompression, posterior fossa
61440			1296.46			Craniotomy for section of tentorium cerebelli (separate procedure)
61450			1257.33			Craniectomy, subtemporal, for section, compression, or decompression ofsensory root of gasserian ganglion
61458			1352.55			Craniectomy, suboccipital; for exploration or decompression of cranialnerves
61460			1391.91			Craniectomy, suboccipital; for section of one or more cranial nerves
61470			1248.98			Craniectomy, suboccipital; for medullary tractotomy
61480			1322.93			Craniectomy, suboccipital; for mesencephalic tractotomy or pedunculotomy
61490			1274.84			Craniotomy for lobotomy, including cingulotomy
61500			896.92			Craniectomy; with excision of tumor or other bone

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						lesion of skull
61501			745.66			Craniectomy; for osteomyelitis
61510			1428.14			Craniectomy, trephination, bone flap craniotomy; for excision of braintumor, supratentorial, except meningioma
61512			1733.20			Craniectomy, trephination, bone flap craniotomy; for excision ofmeningioma, supratentorial
61514			1255.01			Craniectomy, trephination, bone flap craniotomy; for excision of brainabscess, supratentorial
61516			1230.92			Craniectomy, trephination, bone flap craniotomy; for excision orfenestration of cyst, supratentorial
61517			63.95			Implantation of brain intracavitary chemotherapy agent (List separatelyin addition to code for primary procedure)
61518			1848.11			Craniectomy for excision of brain tumor, infratentorial or posteriorfossa; except meningioma, cerebellopontine angle tumor, or midlinetumor at base of skull
61519			2021.84			Craniectomy for excision of brain tumor, infratentorial or posteriorfossa; meningioma
61520			2631.94			Craniectomy for excision of brain tumor, infratentorial or posteriorfossa; cerebellopontine angle tumor
61521			2161.73			Craniectomy for excision of brain tumor, infratentorial or posteriorfossa; midline tumor at base of skull
61522			1453.27			Craniectomy, infratentorial or posterior fossa; for excision of brainabscess
61524			1371.10			Craniectomy, infratentorial or posterior fossa; for excision orfenestration of cyst
61526			2451.24			Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excisionof cerebellopontine angle tumor;
61530			2074.72			Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excisionof cerebellopontine angle tumor; combined with middle/posterior fossacraniotomy/craniectomy
61531			752.56			Subdural implantation of strip electrodes through one or more burr ortrephine hole(s) for long term seizure monitoring
61533			988.50			Craniotomy with elevation of bone flap; for subdural implantation of anelectrode array, for long term seizure monitoring
61534			1047.95			Craniotomy with elevation of bone flap; for excision of epileptogenicfocus without electrocorticography during surgery
61535			602.82			Craniotomy with elevation of bone flap; for removal of epidural orsubdural electrode array, without excision of cerebral tissue (separateprocedure)
61536			1746.35			Craniotomy with elevation of bone flap; for excision of cerebralepileptogenic focus, with electrocorticography during surgery

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						(includesremoval of electrode array)
61537			1268.26			Craniotomy with elevation of bone flap; for lobectomy, temporal lobe,without electrocorticography during surgery
61538			1334.18			Craniotomy with elevation of bone flap; for lobectomy, temporal lobe,with electrocorticography during surgery
61539			1581.99			Craniotomy with elevation of bone flap; for lobectomy, other thantemporal lobe, partial or total, with electrocorticography duringsurgery
61540			1510.71			Craniotomy with elevation of bone flap; for lobectomy, other thantemporal lobe, partial or total, without electrocorticography duringsurgery
61541			1411.50			Craniotomy with elevation of bone flap; for transection of corpuscallosum
61542			1549.89			Craniotomy with elevation of bone flap; for total hemispherectomy
61543			1447.50			Craniotomy with elevation of bone flap; for partial or subtotal(functional) hemispherectomy
61544			1235.08			Craniotomy with elevation of bone flap; for excision or coagulation ofchoroid plexus
61545			2130.81			Craniotomy with elevation of bone flap; for excision ofcraniopharyngioma
61546			1536.76			Craniotomy for hypophysectomy or excision of pituitary tumor,intracranial approach
61548			1042.09			Hypophysectomy or excision of pituitary tumor, transnasal or transseptalapproach, nonstereotactic
61550			626.31			Craniectomy for craniosynostosis; single cranial suture
61552			826.36			Craniectomy for craniosynostosis; multiple cranial sutures
61556			1044.15			Craniotomy for craniosynostosis; frontal or parietal bone flap
61557			1142.28			Craniotomy for craniosynostosis; bifrontal bone flap
61558			1150.93			Extensive craniectomy for multiple cranial suture craniosynostosis (eg,cloverleaf skull); not requiring bone grafts
61559			1653.09			Extensive craniectomy for multiple cranial suture craniosynostosis (eg,cloverleaf skull); recontouring with multiple osteotomies and boneautografts (eg, barrel-stave procedure) (includes obtaining grafts)
61563			1297.43			Excision, intra and extracranial, benign tumor of cranial bone (eg,fibrous dysplasia); without optic nerve decompression
61564			1654.38			Excision, intra and extracranial, benign tumor of cranial bone (eg,fibrous dysplasia); with optic nerve decompression
61566			1522.11			Craniotomy with elevation of bone flap; for selectiveamygdalohippocampectomy
61567			1726.72			Craniotomy with elevation of bone flap; for multiple subpialtransections, with

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						electrocorticography during surgery
61570			1201.11			Craniectomy or craniotomy; with excision of foreign body from brain
61571			1317.06			Craniectomy or craniotomy; with treatment of penetrating wound of brain
61575			1634.20			Transoral approach to skull base, brain stem or upper spinal cord forbiopsy, decompression or excision of lesion;
61576			2593.97			Transoral approach to skull base, brain stem or upper spinal cord forbiopsy, decompression or excision of lesion; requiring splitting oftongue and/or mandible (including tracheostomy)
61580			1675.37			Craniofacial approach to anterior cranial fossa; extradural, includinglateral rhinotomy, ethmoidectomy, sphenoidectomy, without maxillectomyor orbital exenteration
61581			1733.16			Craniofacial approach to anterior cranial fossa; extradural, includinglateral rhinotomy, orbital exenteration, ethmoidectomy, sphenoidectomyand/or maxillectomy
61582			1840.51			Craniofacial approach to anterior cranial fossa; extradural, includingunilateral or bifrontal craniotomy, elevation of frontal lobe(s),osteotomy of base of anterior cranial fossa
61583			1923.34			Craniofacial approach to anterior cranial fossa; intradural, includingunilateral or bifrontal craniotomy, elevation or resection of frontallobe, osteotomy of base of anterior cranial fossa
61584			1849.96			Orbitocranial approach to anterior cranial fossa, extradural, includingsupraorbital ridge osteotomy and elevation of frontal and/or temporallobe(s); without orbital exenteration
61585			2000.86			Orbitocranial approach to anterior cranial fossa, extradural, includingsupraorbital ridge osteotomy and elevation of frontal and/or temporallobe(s); with orbital exenteration
61586			1463.59			Bicoronal, transzygomatic and/or LeFort I osteotomy approach to anteriorcranial fossa with or without internal fixation, without bone graft
61590			2113.53			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 mobilizationof the facial nerve and/or petrous carotid artery
61591			2198.30			Infratemporal post-auricular approach to middle cranial fossa (internalauditory meatus, petrous apex, tentorium, cavernous sinus, parasellararea, infratemporal fossa) including mastoidectomy, resection ofsigmoid sinus, with or without decompression and/or mobilization ofcontents of auditory canal or petrous carotid artery

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
61592			2078.86			Orbitocranial zygomatic approach to middle cranial fossa (cavernoussinus and carotid artery, clivus, basilar artery or petrous apex)including osteotomy of zygoma, craniotomy, extra- or intraduralelevation of temporal lobe
61595			1565.43			Transtemporal approach to posterior cranial fossa, jugular foramen ormidline skull base, including mastoidectomy, decompression of sigmoidsinus and/or facial nerve, with or without mobilization
61596			1780.84			Transcochlear approach to posterior cranial fossa, jugular foramen ormidline skull base, including labyrinthectomy, decompression, with orwithout mobilization of facial nerve and/or petrous carotid artery
61597			1903.24			Transcondylar (far lateral) approach to posterior cranial fossa, jugularforamen or midline skull base, including occipital condylectomy,mastoidectomy, resection of C1-C3 vertebral body(s), decompression ofvertebral artery, with or without mobilization
61598			1730.49			Transpetrosal approach to posterior cranial fossa, clivus or foramenmagnum, including ligation of superior petrosal sinus and/or sigmoidsinus
61600			1380.85			Resection or excision of neoplastic, vascular or infectious lesion ofbase of anterior cranial fossa; extradural
61601			1515.79			Resection or excision of neoplastic, vascular or infectious lesion ofbase of anterior cranial fossa; intradural, including dural repair,with or without graft
61605			1524.40			Resection or excision of neoplastic, vascular or infectious lesion ofinfratemporal fossa, parapharyngeal space, petrous apex; extradural
61606			1999.35			Resection or excision of neoplastic, vascular or infectious lesion ofinfratemporal fossa, parapharyngeal space, petrous apex; intradural,including dural repair, with or without graft
61607			1848.54			Resection or excision of neoplastic, vascular or infectious lesion ofparasellar area, cavernous sinus, clivus or midline skull base;extradural
61608			2160.05			Resection or excision of neoplastic, vascular or infectious lesion ofparasellar area, cavernous sinus, clivus or midline skull base;intradural, including dural repair, with or without graft
61609			468.25			Transection or ligation, carotid artery in cavernous sinus; withoutrepair (List separately in addition to code for primary procedure)
61610			1360.71			Transection or ligation, carotid artery in cavernous sinus; with repairby anastomosis or graft (List separately in addition to code forprimary procedure)
61611			356.30			Transection or ligation, carotid artery in petrous

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						canal; without repair(List separately in addition to code for primary procedure)
61612			1247.35			Transection or ligation, carotid artery in petrous canal; with repair byanastomosis or graft (List separately in addition to code for primaryprocedure)
61613			2083.05			Obliteration of carotid aneurysm, arteriovenous malformation, orcarotid-cavernous fistula by dissection within cavernous sinus
61615			1660.10			Resection or excision of neoplastic, vascular or infectious lesion ofbase of posterior cranial fossa, jugular foramen, foramen magnum, orC1-C3 vertebral bodies; extradural
61616			2213.69			Resection or excision of neoplastic, vascular or infectious lesion ofbase of posterior cranial fossa, jugular foramen, foramen magnum, orC1-C3 vertebral bodies; intradural, including dural repair, with orwithout graft
61618			854.32			Secondary repair of dura for cerebrospinal fluid leak, anterior, middleor posterior cranial fossa following surgery of the skull base; by freetissue graft (eg, pericranium, fascia, tensor fascia lata, adiposetissue, homologous or synthetic grafts)
61619			1015.20			Secondary repair of dura for cerebrospinal fluid leak, anterior, middleor posterior cranial fossa following surgery of the skull base; bylocal or regionalized vascularized pedicle flap or myocutaneous flap(including galea, temporalis, frontalis or occipitalis muscle)
61623			414.41			Endovascular temporary balloon arterial occlusion, head or neck(extracranial/intracranial) including selective catheterization ofvessel to be occluded, positioning and inflation of occlusion balloon,concomitant neurological monitoring, and radiologic supervision andinterpretation of all angiography required for balloon occlusion and toexclude vascular injury post occlusion
61624			791.18			Transcatheter permanent occlusion or embolization (eg, for tumordestruction, to achieve hemostasis, to occlude a vascularmalformation), percutaneous, any method; central nervous system(intracranial, spinal cord)
61626			639.94			Transcatheter permanent occlusion or embolization (eg, for tumordestruction, to achieve hemostasis, to occlude a vascularmalformation), percutaneous, any method; non-central nervous system,head or neck (extracranial, brachiocephalic branch)
61680			1521.98			Surgery of intracranial arteriovenous malformation; supratentorial,simple
61682			2971.94			Surgery of intracranial arteriovenous malformation; supratentorial,complex
61684			1961.99			Surgery of intracranial arteriovenous

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						malformation; infratentorial,simple
61686			3141.57			Surgery of intracranial arteriovenous malformation; infratentorial,complex
61690			1447.24			Surgery of intracranial arteriovenous malformation; dural, simple
61692			2519.02			Surgery of intracranial arteriovenous malformation; dural, complex
61697			2481.78			Surgery of complex intracranial aneurysm, intracranial approach; carotidcirculation
61698			2377.03			Surgery of complex intracranial aneurysm, intracranial approach;vertebrobasilar circulation
61700			2478.44			Surgery of simple intracranial aneurysm, intracranial approach; carotidcirculation
61702			2318.76			Surgery of simple intracranial aneurysm, intracranial approach;vertebrobasilar circulation
61703			874.56			Surgery of intracranial aneurysm, cervical approach by application ofoccluding clamp to cervical carotid artery (Selverstone-Crutchfieldtype)
61705			1749.61			Surgery of aneurysm, vascular malformation or carotid-cavernous fistula;by intracranial and cervical occlusion of carotid artery
61708			1463.51			Surgery of aneurysm, vascular malformation or carotid-cavernous fistula;by intracranial electrothrombosis
61710			1309.32			Surgery of aneurysm, vascular malformation or carotid-cavernous fistula;by intra-arterial embolization, injection procedure, or ballooncatheter
61711			1778.79			Anastomosis, arterial, extracranial-intracranial (eg, middlecerebral/cortical) arteries
61720			814.54			Creation of lesion by stereotactic method, including burr hole(s) andlocalizing and recording techniques, single or multiple stages; globuspallidus or thalamus
61735			979.57			Creation of lesion by stereotactic method, including burr hole(s) andlocalizing and recording techniques, single or multiple stages;subcortical structure(s) other than globus pallidus or thalamus
61750			910.64			Stereotactic biopsy, aspiration, or excision, including burr hole(s),for intracranial lesion;
61751			899.42			Stereotactic biopsy, aspiration, or excision, including burr hole(s),for intracranial lesion; with computed tomography and/or magneticresonance guidance
61760			971.78			Stereotactic implantation of depth electrodes into the cerebrum for longterm seizure monitoring
61770			1026.79			Stereotactic localization, including burr hole(s), with insertion ofcatheter(s) or probe(s) for placement of radiation source
61790			530.08			Creation of lesion by stereotactic method, percutaneous, by neurolyticagent (eg, alcohol, thermal, electrical, radiofrequency);

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						gasserianganglion
61791			731.77			Creation of lesion by stereotactic method, percutaneous, by neurolyticagent (eg, alcohol, thermal, electrical, radiofrequency); trigeminalmedullary tract
61793			864.25			Stereotactic radiosurgery (particle beam, gamma ray or linearaccelerator), one or more sessions
61795			187.01			Stereotactic computer assisted volumetric (navigational) procedure,intracranial, extracranial, or spinal (List separately in addition tocode for primary procedure)
61850			636.39			Twist drill or burr hole(s) for implantation of neurostimulatorelectrodes, cortical
61860			1035.46			Craniectomy or craniotomy for implantation of neurostimulatorelectrodes, cerebral, cortical
61863			983.31			Twist drill, burr hole, craniotomy, or craniectomy with stereotacticimplantation of neurostimulator electrode array in subcortical site(eg, thalamus, globus pallidus, subthalamic nucleus, periventricular,periaqueductal gray), without use of intraoperative microelectroderecording; first array
61864			302.08			Twist drill, burr hole, craniotomy, or craniectomy with stereotacticimplantation of neurostimulator electrode array in subcortical site(eg, thalamus, globus pallidus, subthalamic nucleus, periventricular,periaqueductal gray), without use of intraoperative microelectroderecording; each additional array (List separately in addition toprimary procedure)
61867			1506.00			Twist drill, burr hole, craniotomy, or craniectomy with stereotacticimplantation of neurostimulator electrode array in subcortical site(eg, thalamus, globus pallidus, subthalamic nucleus, periventricular,periaqueductal gray), with use of intraoperative microelectroderecording; first array
61868			447.01			Twist drill, burr hole, craniotomy, or craniectomy with stereotacticimplantation of neurostimulator electrode array in subcortical site(eg, thalamus, globus pallidus, subthalamic nucleus, periventricular,periaqueductal gray), with use of intraoperative microelectroderecording; each additional array (List separately in addition toprimary procedure)
61870			781.47			Craniectomy for implantation of neurostimulator electrodes, cerebellar;cortical
61875			729.92			Craniectomy for implantation of neurostimulator electrodes, cerebellar;subcortical
61880			343.45			Revision or removal of intracranial neurostimulator electrodes
61885			351.10			Insertion or replacement of cranial neurostimulator pulse generator orreceiver, direct or inductive coupling; with connection to a singleelectrode

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						array
61886			451.75			Insertion or replacement of cranial neurostimulator pulse generator orreceiver, direct or inductive coupling; with connection to two or moreelectrode arrays
61888			275.42			Revision or removal of cranial neurostimulator pulse generator orreceiver
62000			526.90			Elevation of depressed skull fracture; simple, extradural
62005			783.85			Elevation of depressed skull fracture; compound or comminuted,extradural
62010			994.21			Elevation of depressed skull fracture; with repair of dura and/ordebridement of brain
62100			1084.71			Craniotomy for repair of dural/cerebrospinal fluid leak, includingsurgery for rhinorrhea/otorrhea
62115			1055.35			Reduction of craniomegalic skull (eg, treated hydrocephalus); notrequiring bone grafts or cranioplasty
62116			1172.71			Reduction of craniomegalic skull (eg, treated hydrocephalus); withsimple cranioplasty
62117			1281.88			Reduction of craniomegalic skull (eg, treated hydrocephalus); requiringcraniotomy and reconstruction with or without bone graft (includesobtaining grafts)
62120			1259.98			Repair of encephalocele, skull vault, including cranioplasty
62121			1142.59			Craniotomy for repair of encephalocele, skull base
62140			687.32			Cranioplasty for skull defect; up to 5 cm diameter
62141			752.80			Cranioplasty for skull defect; larger than 5 cm diameter
62142			559.14			Removal of bone flap or prosthetic plate of skull
62143			665.49			Replacement of bone flap or prosthetic plate of skull
62145			931.59			Cranioplasty for skull defect with reparative brain surgery
62146			804.03			Cranioplasty with autograft (includes obtaining bone grafts); up to 5 cmdiameter
62147			956.07			Cranioplasty with autograft (includes obtaining bone grafts); largerthan 5 cm diameter
62148			90.09			Incision and retrieval of subcutaneous cranial bone graft forcranioplasty (List separately in addition to code for primaryprocedure)
62160			143.58			Neuroendoscopy, intracranial, for placement or replacement ofventricular catheter and attachment to shunt system or externaldrainage (List separately in addition to code for primary procedure)
62161			1015.83			Neuroendoscopy, intracranial; with dissection of adhesions, fenestrationof septum pellucidum or intraventricular cysts (including placement,replacement, or removal of ventricular catheter)
62162			1259.08			Neuroendoscopy, intracranial; with fenestration or

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						excision of colloidcyst, including placement of external ventricular catheter for drainage
62163			806.23			Neuroendoscopy, intracranial; with retrieval of foreign body
62164			1310.47			Neuroendoscopy, intracranial; with excision of brain tumor, includingplacement of external ventricular catheter for drainage
62165			1064.97			Neuroendoscopy, intracranial; with excision of pituitary tumor,transnasal or trans-sphenoidal approach
62180			1044.59			Ventriculocisternostomy (Torkildsen type operation)
62190			573.89			Creation of shunt; subarachnoid/subdural-atrial, -jugular, -auricular
62192			625.76			Creation of shunt; subarachnoid/subdural-peritoneal, -pleural, otherterminus
62194			228.38			Replacement or irrigation, subarachnoid/subdural catheter
62200			920.80			Ventriculocisternostomy, third ventricle;
62201			762.24			Ventriculocisternostomy, third ventricle; stereotactic, neuroendoscopicmethod
62220			659.72			Creation of shunt; ventriculo-atrial, -jugular, -auricular
62223			663.52			Creation of shunt; ventriculo-peritoneal, -pleural, other terminus
62225			299.71			Replacement or irrigation, ventricular catheter
62230			536.36			Replacement or revision of cerebrospinal fluid shunt, obstructed valve,or distal catheter in shunt system
62252			69.84	35.08	34.76	Reprogramming of programmable cerebrospinal shunt
62256			356.93			Removal of complete cerebrospinal fluid shunt system; withoutreplacement
62258			734.16			Removal of complete cerebrospinal fluid shunt system; with replacementby similar or other shunt at same operation
62263	568.05	271.56				Percutaneous lysis of epidural adhesions using solution injection (eg,hypertonic saline, enzyme) or mechanical means (eg, catheter) includingradiologic localization (includes contrast when administered), multipleadhesiolysis sessions; 2 or more days
62264	364.57	167.64				Percutaneous lysis of epidural adhesions using solution injection (eg,hypertonic saline, enzyme) or mechanical means (eg, catheter) includingradiologic localization (includes contrast when administered), multipleadhesiolysis sessions; 1 day
62268	494.83	201.78				Percutaneous aspiration, spinal cord cyst or syrinx
62269	599.73	203.06				Biopsy of spinal cord, percutaneous needle
62270	125.08	49.24				Spinal puncture, lumbar, diagnostic
62272	152.20	61.70				Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (byneedle or catheter)

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
62273	144.75	82.33				Injection, epidural, of blood or clot patch
62280	292.85	108.10				Injection/infusion of neurolytic substance (eg, alcohol, phenol, icedsaline solutions), with or without other therapeutic substance;subarachnoid
62281	250.92	102.37				Injection/infusion of neurolytic substance (eg, alcohol, phenol, icedsaline solutions), with or without other therapeutic substance;epidural, cervical or thoracic
62282	326.94	94.74				Injection/infusion of neurolytic substance (eg, alcohol, phenol, icedsaline solutions), with or without other therapeutic substance;epidural, lumbar, sacral (caudal)
62284	198.53	64.96				Injection procedure for myelography and/or computed tomography, spinal(other than C1-C2 and posterior fossa)
62287			401.51			Aspiration or decompression procedure, percutaneous, of nucleus pulposusof intervertebral disk, any method, single or multiple levels, lumbar(eg, manual or automated percutaneous diskectomy, percutaneous laserdiskectomy)
62290	307.65	128.20				Injection procedure for diskography, each level; lumbar
62291	268.02	121.34				Injection procedure for diskography, each level; cervical or thoracic
62292			365.60			Injection procedure for chemonucleolysis, including diskography,intervertebral disk, single or multiple levels, lumbar
62294			514.54			Injection procedure, arterial, for occlusion of arteriovenousmalformation, spinal
62310	203.48	73.65				Injection, single (not via indwelling catheter), not includingneurolytic substances, with or without contrast (for eitherlocalization or epidurography), of diagnostic or therapeuticsubstance(s) (including anesthetic, antispasmodic, opioid, steroid,other solution), epidural or subarachnoid; cervical or thoracic
62311	196.64	61.51				Injection, single (not via indwelling catheter), not includingneurolytic substances, with or without contrast (for eitherlocalization or epidurography), of diagnostic or therapeuticsubstance(s) (including anesthetic, antispasmodic, opioid, steroid,other solution), epidural or subarachnoid; lumbar, sacral (caudal)
62318	235.55	77.32				Injection, including catheter placement, continuous infusion orintermittent bolus, not including neurolytic substances, with orwithout contrast (for either localization or epidurography), ofdiagnostic or therapeutic substance(s) (including anesthetic,antispasmodic, opioid, steroid, other solution), epidural orsubarachnoid; cervical or thoracic
62319	207.72	71.33				Injection, including catheter placement, continuous infusion orintermittent bolus, not including

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						neurolytic substances, with orwithout contrast (for either localization or epidurography), ofdiagnostic or therapeutic substance(s) (including anesthetic,antispasmodic, opioid, steroid, other solution), epidural orsubarachnoid; lumbar, sacral (caudal)
62350			326.37			Implantation, revision or repositioning of tunneled intrathecal orepidural catheter, for long-term medication administration via anexternal pump or implantable reservoir/infusion pump; withoutlaminectomy
62351			534.32			Implantation, revision or repositioning of tunneled intrathecal orepidural catheter, for long-term medication administration via anexternal pump or implantable reservoir/infusion pump; with laminectomy
62355			259.13			Removal of previously implanted intrathecal or epidural catheter
62360			161.02			Implantation or replacement of device for intrathecal or epidural druginfusion; subcutaneous reservoir
62361			282.69			Implantation or replacement of device for intrathecal or epidural druginfusion; non-programmable pump
62362			347.63			Implantation or replacement of device for intrathecal or epidural druginfusion; programmable pump, including preparation of pump, with orwithout programming
62365			273.36			Removal of subcutaneous reservoir or pump, previously implanted forintrathecal or epidural infusion
62367			17.46			Electronic analysis of programmable, implanted pump for intrathecal orepidural drug infusion (includes evaluation of reservoir status, alarmstatus, drug prescription status); without reprogramming
62368			27.16			Electronic analysis of programmable, implanted pump for intrathecal orepidural drug infusion (includes evaluation of reservoir status, alarmstatus, drug prescription status); with reprogramming
63001			795.09			Laminectomy with exploration and/or decompression of spinal cord and/orcauda equina, without facetectomy, foraminotomy or diskectomy, (eg,spinal stenosis), one or two vertebral segments; cervical
63003			809.04			Laminectomy with exploration and/or decompression of spinal cord and/orcauda equina, without facetectomy, foraminotomy or diskectomy, (eg,spinal stenosis), one or two vertebral segments; thoracic
63005			777.38			Laminectomy with exploration and/or decompression of spinal cord and/orcauda equina,

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						without facetectomy, foraminotomy or diskectomy, (eg,spinal stenosis), one or two vertebral segments; lumbar, except forspondylolisthesis
63011			714.54			Laminectomy with exploration and/or decompression of spinal cord and/orcauda equina, without facetectomy, foraminotomy or diskectomy, (eg,spinal stenosis), one or two vertebral segments; sacral
63012			797.82			Laminectomy with removal of abnormal facets and/or parsinter-articularis with decompression of cauda equina and nerve rootsfor spondylolisthesis, lumbar (Gill type procedure)
63015			983.54			Laminectomy with exploration and/or decompression of spinal cord and/orcauda equina, without facetectomy, foraminotomy or diskectomy, (eg,spinal stenosis), more than 2 vertebral segments; cervical
63016			972.68			Laminectomy with exploration and/or decompression of spinal cord and/orcauda equina, without facetectomy, foraminotomy or diskectomy, (eg,spinal stenosis), more than 2 vertebral segments; thoracic
63017			823.82			Laminectomy with exploration and/or decompression of spinal cord and/orcauda equina, without facetectomy, foraminotomy or diskectomy, (eg,spinal stenosis), more than 2 vertebral segments; lumbar
63020			772.16			Laminotomy (hemilaminectomy), with decompression of nerve root(s),including partial facetectomy, foraminotomy and/or excision ofherniated intervertebral disk; one interspace, cervical
63030			643.65			Laminotomy (hemilaminectomy), with decompression of nerve root(s),including partial facetectomy, foraminotomy and/or excision ofherniated intervertebral disk; one interspace, lumbar (including openor endoscopically-assisted approach)
63035			149.87			Laminotomy (hemilaminectomy), with decompression of nerve root(s),including partial facetectomy, foraminotomy and/or excision ofherniated intervertebral disk; each additional interspace, cervical orlumbar (List separately in addition to code for primary procedure)
63040			954.42			Laminotomy (hemilaminectomy), with decompression of nerve root(s),including partial facetectomy, foraminotomy and/or excision ofherniated intervertebral disk, reexploration, single interspace;cervical
63042			905.02			Laminotomy (hemilaminectomy), with decompression of nerve root(s),including partial facetectomy, foraminotomy and/or excision

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						ofherniated intervertebral disk, reexploration, single interspace; lumbar
63043			I.C.			Laminotomy (hemilaminectomy), with decompression of nerve root(s),including partial facetectomy, foraminotomy and/or excision ofherniated intervertebral disk, reexploration, single interspace; eachadditional cervical interspace (List separately in addition to code forprimary procedure)
63044			I.C.			Laminotomy (hemilaminectomy), with decompression of nerve root(s),including partial facetectomy, foraminotomy and/or excision ofherniated intervertebral disk, reexploration, single interspace; eachadditional lumbar interspace (List separately in addition to code forprimary procedure)
63045			844.53			Laminectomy, facetectomy and foraminotomy (unilateral or bilateral withdecompression of spinal cord, cauda equina and/or nerve root(s), (eg,spinal or lateral recess stenosis)), single vertebral segment; cervical
63046			811.62			Laminectomy, facetectomy and foraminotomy (unilateral or bilateral withdecompression of spinal cord, cauda equina and/or nerve root(s), (eg,spinal or lateral recess stenosis)), single vertebral segment; thoracic
63047			764.07			Laminectomy, facetectomy and foraminotomy (unilateral or bilateral withdecompression of spinal cord, cauda equina and/or nerve root(s), (eg,spinal or lateral recess stenosis)), single vertebral segment; lumbar
63048			153.70			Laminectomy, facetectomy and foraminotomy (unilateral or bilateral withdecompression of spinal cord, cauda equina and/or nerve root(s), (eg,spinal or lateral recess stenosis)), single vertebral segment; eachadditional segment, cervical, thoracic, or lumbar (List separately inaddition to code for primary procedure)
63050			1020.63			Laminoplasty, cervical, with decompression of the spinal cord, two ormore vertebral segments;
63051			1164.58			Laminoplasty, cervical, with decompression of the spinal cord, two ormore vertebral segments; with reconstruction of the posterior bonyelements (including the application of bridging bone graft andnon-segmental fixation devices (eg, wire, suture, mini-plates), whenperformed)
63055			1103.56			Transpedicular approach with decompression of spinal cord, equina and/ornerve root(s) (eg, herniated intervertebral disk), single segment;thoracic
63056			1030.44			Transpedicular approach with decompression of spinal cord, equina and/ornerve root(s) (eg, herniated intervertebral disk), single

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						segment;lumbar (including transfacet, or lateral extraforaminal approach) (eg,far lateral herniated intervertebral disk)
63057			246.95			Transpedicular approach with decompression of spinal cord, equina and/ornerve root(s) (eg, herniated intervertebral disk), single segment; eachadditional segment, thoracic or lumbar (List separately in addition tocode for primary procedure)
63064			1220.08			Costovertebral approach with decompression of spinal cord or nerveroot(s), (eg, herniated intervertebral disk), thoracic; single segment
63066			152.84			Costovertebral approach with decompression of spinal cord or nerveroot(s), (eg, herniated intervertebral disk), thoracic; each additionalsegment (List separately in addition to code for primary procedure)
63075			988.48			Diskectomy, anterior, with decompression of spinal cord and/or nerveroot(s), including osteophytectomy; cervical, single interspace
63076			191.32			Diskectomy, anterior, with decompression of spinal cord and/or nerveroot(s), including osteophytectomy; cervical, each additionalinterspace (List separately in addition to code for primary procedure)
63077			1047.71			Diskectomy, anterior, with decompression of spinal cord and/or nerveroot(s), including osteophytectomy; thoracic, single interspace
63078			151.89			Diskectomy, anterior, with decompression of spinal cord and/or nerveroot(s), including osteophytectomy; thoracic, each additionalinterspace (List separately in addition to code for primary procedure)
63081			1191.63			Vertebral corpectomy (vertebral body resection), partial or complete,anterior approach with decompression of spinal cord and/or nerveroot(s); cervical, single segment
63082			206.63			Vertebral corpectomy (vertebral body resection), partial or complete,anterior approach with decompression of spinal cord and/or nerveroot(s); cervical, each additional segment (List separately in additionto code for primary procedure)
63085			1287.09			Vertebral corpectomy (vertebral body resection), partial or complete,transthoracic approach with decompression of spinal cord and/or nerveroot(s); thoracic, single segment
63086			146.23			Vertebral corpectomy (vertebral body resection), partial or complete,transthoracic approach with decompression of spinal cord and/or nerveroot(s); thoracic, each additional segment (List separately in additionto code for primary procedure)
63087			1672.53			Vertebral corpectomy (vertebral body resection), partial or complete,combined thoracolumbar

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						approach with decompression of spinal cord,cauda equina or nerve root(s), lower thoracic or lumbar; single segment
63088			199.30			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; eachadditional segment (List separately in addition to code for primaryprocedure)
63090			1334.97			Vertebral corpectomy (vertebral body resection), partial or complete,transperitoneal or retroperitoneal approach with decompression ofspinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, orsacral; single segment
63091			136.20			Vertebral corpectomy (vertebral body resection), partial or complete,transperitoneal or retroperitoneal approach with decompression ofspinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, orsacral; each additional segment (List separately in addition to codefor primary procedure)
63101			1567.70			Vertebral corpectomy (vertebral body resection), partial or complete,lateral extracavitary approach with decompression of spinal cord and/ornerve root(s) (eg, for tumor or retropulsed bone fragments); thoracic,single segment
63102			1567.70			Vertebral corpectomy (vertebral body resection), partial or complete,lateral extracavitary approach with decompression of spinal cord and/ornerve root(s) (eg, for tumor or retropulsed bone fragments); lumbar,single segment
63103			220.54			Vertebral corpectomy (vertebral body resection), partial or complete,lateral extracavitary approach with decompression of spinal cord and/ornerve root(s) (eg, for tumor or retropulsed bone fragments); thoracicor lumbar, each additional segment (List separately in addition to codefor primary procedure)
63170			999.63			Laminectomy with myelotomy (eg, Bischof or DREZ type), cervical,thoracic, or thoracolumbar
63172			894.43			Laminectomy with drainage of intramedullary cyst/syrinx; to subarachnoidspace
63173			1104.18			Laminectomy with drainage of intramedullary cyst/syrinx; to peritonealor pleural space
63180			911.63			Laminectomy and section of dentate ligaments, with or without duralgraft, cervical; one or two segments
63182			998.47			Laminectomy and section of dentate ligaments, with or without duralgraft, cervical; more than two segments
63185			708.84			Laminectomy with rhizotomy; one or two segments
63190			848.10			Laminectomy with rhizotomy; more than two

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						segments
63191			927.03			Laminectomy with section of spinal accessory nerve
63194			944.11			Laminectomy with cordotomy, with section of one spinothalamic tract, onestage; cervical
63195			948.14			Laminectomy with cordotomy, with section of one spinothalamic tract, onestage; thoracic
63196			1132.23			Laminectomy with cordotomy, with section of both spinothalamic tracts,one stage; cervical
63197			1055.41			Laminectomy with cordotomy, with section of both spinothalamic tracts,one stage; thoracic
63198			1073.94			Laminectomy with cordotomy with section of both spinothalamic tracts,two stages within 14 days; cervical
63199			1213.06			Laminectomy with cordotomy with section of both spinothalamic tracts,two stages within 14 days; thoracic
63200			962.85			Laminectomy, with release of tethered spinal cord, lumbar
63250			1895.16			Laminectomy for excision or occlusion of arteriovenous malformation ofspinal cord; cervical
63251			2011.06			Laminectomy for excision or occlusion of arteriovenous malformation ofspinal cord; thoracic
63252			2003.08			Laminectomy for excision or occlusion of arteriovenous malformation ofspinal cord; thoracolumbar
63265			1083.79			Laminectomy for excision or evacuation of intraspinal lesion other thanneoplasm, extradural; cervical
63266			1118.19			Laminectomy for excision or evacuation of intraspinal lesion other thanneoplasm, extradural; thoracic
63267			913.21			Laminectomy for excision or evacuation of intraspinal lesion other thanneoplasm, extradural; lumbar
63268			892.30			Laminectomy for excision or evacuation of intraspinal lesion other thanneoplasm, extradural; sacral
63270			1334.53			Laminectomy for excision of intraspinal lesion other than neoplasm,intradural; cervical
63271			1338.92			Laminectomy for excision of intraspinal lesion other than neoplasm,intradural; thoracic
63272			1259.70			Laminectomy for excision of intraspinal lesion other than neoplasm,intradural; lumbar
63273			1213.89			Laminectomy for excision of intraspinal lesion other than neoplasm,intradural; sacral
63275			1178.17			Laminectomy for biopsy/excision of intraspinal neoplasm; extradural,cervical
63276			1169.03			Laminectomy for biopsy/excision of intraspinal neoplasm; extradural,thoracic
63277			1047.58			Laminectomy for biopsy/excision of intraspinal neoplasm; extradural,lumbar
63278			1026.50			Laminectomy for biopsy/excision of intraspinal

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						neoplasm; extradural,sacral
63280			1411.60			Laminectomy for biopsy/excision of intraspinal neoplasm; intradural,extramedullary, cervical
63281			1396.89			Laminectomy for biopsy/excision of intraspinal neoplasm; intradural,extramedullary, thoracic
63282			1315.83			Laminectomy for biopsy/excision of intraspinal neoplasm; intradural,extramedullary, lumbar
63283			1254.11			Laminectomy for biopsy/excision of intraspinal neoplasm; intradural,sacral
63285			1770.22			Laminectomy for biopsy/excision of intraspinal neoplasm; intradural,intramedullary, cervical
63286			1756.78			Laminectomy for biopsy/excision of intraspinal neoplasm; intradural,intramedullary, thoracic
63287			1799.91			Laminectomy for biopsy/excision of intraspinal neoplasm; intradural,intramedullary, thoracolumbar
63290			1821.80			Laminectomy for biopsy/excision of intraspinal neoplasm; combinedextradural-intradural lesion, any level
63295			228.45			Osteoplastic reconstruction of dorsal spinal elements, following primaryintraspinal procedure (List separately in addition to code for primaryprocedure)
63300			1213.59			Vertebral corpectomy (vertebral body resection), partial or complete,for excision of intraspinal lesion, single segment; extradural,cervical
63301			1322.98			Vertebral corpectomy (vertebral body resection), partial or complete,for excision of intraspinal lesion, single segment; extradural,thoracic by transthoracic approach
63302			1344.57			Vertebral corpectomy (vertebral body resection), partial or complete,for excision of intraspinal lesion, single segment; extradural,thoracic by thoracolumbar approach
63303			1433.29			Vertebral corpectomy (vertebral body resection), partial or complete,for excision of intraspinal lesion, single segment; extradural, lumbaror sacral by transperitoneal or retroperitoneal approach
63304			1480.03			Vertebral corpectomy (vertebral body resection), partial or complete,for excision of intraspinal lesion, single segment; intradural,cervical
63305			1534.60			Vertebral corpectomy (vertebral body resection), partial or complete,for excision of intraspinal lesion, single segment; intradural,thoracic by transthoracic approach
63306			1587.50			Vertebral corpectomy (vertebral body resection), partial or complete,for excision of intraspinal lesion, single segment; intradural,thoracic by thoracolumbar approach
63307			1458.94			Vertebral corpectomy (vertebral body resection), partial or complete,for excision of intraspinal lesion, single segment; intradural, lumbaror sacral by transperitoneal or retroperitoneal approach

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
63308			247.46			Vertebral corpectomy (vertebral body resection), partial or complete,for excision of intraspinal lesion, single segment; each additionalsegment (List separately in addition to codes for single segment)
63600			572.41			Creation of lesion of spinal cord by stereotactic method, percutaneous,any modality (including stimulation and/or recording)
63610	2112.86	320.52				Stereotactic stimulation of spinal cord, percutaneous, separateprocedure not followed by other surgery
63615			777.90			Stereotactic biopsy, aspiration, or excision of lesion, spinal cord
63650			289.46			Percutaneous implantation of neurostimulator electrode array, epidural
63655			538.01			Laminectomy for implantation of neurostimulator electrodes,plate/paddle, epidural
63660			293.12			Revision or removal of spinal neurostimulator electrode percutaneousarray(s) or plate/paddle(s)
63685			337.99			Insertion or replacement of spinal neurostimulator pulse generator orreceiver, direct or inductive coupling
63688			272.06			Revision or removal of implanted spinal neurostimulator pulse generatoror receiver
63700			833.70			Repair of meningocele; less than 5 cm diameter
63702			922.42			Repair of meningocele; larger than 5 cm diameter
63704			1062.52			Repair of myelomeningocele; less than 5 cm diameter
63706			1195.88			Repair of myelomeningocele; larger than 5 cm diameter
63707			590.80			Repair of dural/cerebrospinal fluid leak, not requiring laminectomy
63709			737.97			Repair of dural/cerebrospinal fluid leak or pseudomeningocele, withlaminectomy
63710			726.94			Dural graft, spinal
63740			588.00			Creation of shunt, lumbar, subarachnoid-peritoneal, -pleural, or other;including laminectomy
63741			401.40			Creation of shunt, lumbar, subarachnoid-peritoneal, -pleural, or other;percutaneous, not requiring laminectomy
63744			416.66			Replacement, irrigation or revision of lumbosubarachnoid shunt
63746			320.28			Removal of entire lumbosubarachnoid shunt system without replacement
64400	90.43	44.86				Injection, anesthetic agent; trigeminal nerve, any division or branch
64402	85.41	53.89				Injection, anesthetic agent; facial nerve
64405	82.38	51.17				Injection, anesthetic agent; greater occipital nerve
64408	88.95	66.16				Injection, anesthetic agent; vagus nerve
64410	118.19	54.52				Injection, anesthetic agent; phrenic nerve
64412	115.80	46.51				Injection, anesthetic agent; spinal accessory nerve
64413	96.58	54.76				Injection, anesthetic agent; cervical plexus

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
64415	128.88	55.85				Injection, anesthetic agent; brachial plexus, single
64416			124.10			Injection, anesthetic agent; brachial plexus, continuous infusion bycatheter (including catheter placement) including daily management foranesthetic agent administration
64417	135.21	55.94				Injection, anesthetic agent; axillary nerve
64418	118.58	50.55				Injection, anesthetic agent; suprascapular nerve
64420	154.40	46.41				Injection, anesthetic agent; intercostal nerve, single
64421	237.00	63.47				Injection, anesthetic agent; intercostal nerves, multiple, regionalblock
64425	101.03	66.39				Injection, anesthetic agent; ilioinguinal, iliohypogastric nerves
64430	119.52	58.35				Injection, anesthetic agent; pudendal nerve
64435	120.42	63.30				Injection, anesthetic agent; paracervical (uterine) nerve
64445	124.83	57.10				Injection, anesthetic agent; sciatic nerve, single
64446			122.77			Injection, anesthetic agent; sciatic nerve, continuous infusion bycatheter, (including catheter placement) including daily management foranesthetic agent administration
64447			55.45			Injection, anesthetic agent; femoral nerve, single
64448			109.55			Injection, anesthetic agent; femoral nerve, continuous infusion bycatheter (including catheter placement) including daily management foranesthetic agent administration
64449			113.16			Injection, anesthetic agent; lumbar plexus, posterior approach,continuous infusion by catheter (including catheter placement)including daily management for anesthetic agent administration
64450	75.25	51.54				Injection, anesthetic agent; other peripheral nerve or branch
64470	277.62	74.14				Injection, anesthetic agent and/or steroid, paravertebral facet joint orfacet joint nerve; cervical or thoracic, single level
64472	108.95	46.84				Injection, anesthetic agent and/or steroid, paravertebral facet joint orfacet joint nerve; cervical or thoracic, each additional level (Listseparately in addition to code for primary procedure)
64475	254.57	59.51				Injection, anesthetic agent and/or steroid, paravertebral facet joint orfacet joint nerve; lumbar or sacral, single level
64476	93.72	35.05				Injection, anesthetic agent and/or steroid, paravertebral facet joint orfacet joint nerve; lumbar or sacral, each additional level (Listseparately in addition to code for primary procedure)
64479	295.47	89.49				Injection, anesthetic agent and/or steroid, transforaminal epidural;cervical or thoracic, single level
64480	132.16	58.19				Injection, anesthetic agent and/or steroid, transforaminal epidural;cervical or thoracic, each additional level (List separately inaddition to code

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						for primary procedure)
64483	299.34	79.00				Injection, anesthetic agent and/or steroid, transforaminal epidural;lumbar or sacral, single level
64484	139.66	48.84				Injection, anesthetic agent and/or steroid, transforaminal epidural;lumbar or sacral, each additional level (List separately in addition tocode for primary procedure)
64505	77.01	58.90				Injection, anesthetic agent; sphenopalatine ganglion
64508	134.90	54.38				Injection, anesthetic agent; carotid sinus (separate procedure)
64510	141.61	49.86				Injection, anesthetic agent; stellate ganglion (cervical sympathetic)
64517	145.75	88.01				Injection, anesthetic agent; superior hypogastric plexus
64520	198.03	54.78				Injection, anesthetic agent; lumbar or thoracic (paravertebralsympathetic)
64530	183.04	64.44				Injection, anesthetic agent; celiac plexus, with or without radiologicmonitoring
64550	13.74	6.56				Application of surface (transcutaneous) neurostimulator
64553	153.82	123.23				Percutaneous implantation of neurostimulator electrodes; cranial nerve
64555	161.40	101.79				Percutaneous implantation of neurostimulator electrodes; peripheralnerve (excludes sacral nerve)
64560	149.33	107.20				Percutaneous implantation of neurostimulator electrodes; autonomic nerve
64561	1127.72	276.34				Percutaneous implantation of neurostimulator electrodes; sacral nerve(transforaminal placement)
64565	151.95	88.91				Percutaneous implantation of neurostimulator electrodes; neuromuscular
64573			395.46			Incision for implantation of neurostimulator electrodes; cranial nerve
64575			211.37			Incision for implantation of neurostimulator electrodes; peripheralnerve (excludes sacral nerve)
64577			247.22			Incision for implantation of neurostimulator electrodes; autonomic nerve
64580			227.79			Incision for implantation of neurostimulator electrodes; neuromuscular
64581			548.54			Incision for implantation of neurostimulator electrodes; sacral nerve(transforaminal placement)
64585	411.10	125.54				Revision or removal of peripheral neurostimulator electrodes
64590	291.15	139.47				Insertion or replacement of peripheral neurostimulator pulse generatoror receiver, direct or inductive coupling
64595	374.34	109.99				Revision or removal of peripheral neurostimulator pulse generator orreceiver
64600	390.35	150.04				Destruction by neurolytic agent, trigeminal nerve; supraorbital,infraorbital, mental, or inferior alveolar branch
64605	463.45	233.44				Destruction by neurolytic agent, trigeminal nerve;

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						second and thirddivision branches at foramen ovale
64610	498.33	337.60				Destruction by neurolytic agent, trigeminal nerve; second and thirddivision branches at foramen ovale under radiologic monitoring
64612	132.09	95.89				Chemodenervation of muscle(s); muscle(s) innervated by facial nerve (eg,for blepharospasm, hemifacial spasm)
64613	145.92	92.55				Chemodenervation of muscle(s); cervical spinal muscle(s) (eg, forspasmodic torticollis)
64614	161.35	101.74				Chemodenervation of muscle(s); extremity(s) and/or trunk muscle(s) (eg,for dystonia, cerebral palsy, multiple sclerosis)
64620	237.72	121.31				Destruction by neurolytic agent, intercostal nerve
64622	326.46	127.03				Destruction by neurolytic agent, paravertebral facet joint nerve; lumbaror sacral, single level
64623	120.20	34.69				Destruction by neurolytic agent, paravertebral facet joint nerve; lumbaror sacral, each additional level (List separately in addition to codefor primary procedure)
64626	334.74	153.10				Destruction by neurolytic agent, paravertebral facet joint nerve;cervical or thoracic, single level
64627	173.94	40.99				Destruction by neurolytic agent, paravertebral facet joint nerve;cervical or thoracic, each additional level (List separately inaddition to code for primary procedure)
64630	169.90	128.71				Destruction by neurolytic agent; pudendal nerve
64640	209.84	136.81				Destruction by neurolytic agent; other peripheral nerve or branch
64680	282.94	118.16				Destruction by neurolytic agent, with or without radiologic monitoring;celiac plexus
64681	390.07	164.42				Destruction by neurolytic agent, with or without radiologic monitoring;superior hypogastric plexus
64702			245.75			Neuroplasty; digital, one or both, same digit
64704			237.62			Neuroplasty; nerve of hand or foot
64708			334.28			Neuroplasty, major peripheral nerve, arm or leg; other than specified
64712			381.82			Neuroplasty, major peripheral nerve, arm or leg; sciatic nerve
64713			512.43			Neuroplasty, major peripheral nerve, arm or leg; brachial plexus
64714			430.72			Neuroplasty, major peripheral nerve, arm or leg; lumbar plexus
64716			367.77			Neuroplasty and/or transposition; cranial nerve (specify)
64718			368.23			Neuroplasty and/or transposition; ulnar nerve at elbow
64719			286.26			Neuroplasty and/or transposition; ulnar nerve at wrist
64721			296.51			Neuroplasty and/or transposition; median nerve at carpal tunnel
64722			230.73			Decompression; unspecified nerve(s) (specify)
64726			209.74			Decompression; plantar digital nerve

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
64727			139.31			Internal neurolysis, requiring use of operating microscope (Listseparately in addition to code for neuroplasty) (Neuroplasty includesexternal neurolysis)
64732			246.36			Transection or avulsion of; supraorbital nerve
64734			275.80			Transection or avulsion of; infraorbital nerve
64736			258.65			Transection or avulsion of; mental nerve
64738			318.89			Transection or avulsion of; inferior alveolar nerve by osteotomy
64740			322.95			Transection or avulsion of; lingual nerve
64742			327.45			Transection or avulsion of; facial nerve, differential or complete
64744			280.07			Transection or avulsion of; greater occipital nerve
64746			315.42			Transection or avulsion of; phrenic nerve
64752			340.75			Transection or avulsion of; vagus nerve (vagotomy), transthoracic
64755			573.45			Transection or avulsion of; vagus nerves limited to proximal stomach(selective proximal vagotomy, proximal gastric vagotomy, parietal cellvagotomy, supra- or highly selective vagotomy)
64760			309.19			Transection or avulsion of; vagus nerve (vagotomy), abdominal
64761			291.39			Transection or avulsion of; pudendal nerve
64763			366.12			Transection or avulsion of obturator nerve, extrapelvic, with or withoutadductor tenotomy
64766			416.52			Transection or avulsion of obturator nerve, intrapelvic, with or withoutadductor tenotomy
64771			394.52			Transection or avulsion of other cranial nerve, extradural
64772			372.63			Transection or avulsion of other spinal nerve, extradural
64774			272.80			Excision of neuroma; cutaneous nerve, surgically identifiable
64776			266.36			Excision of neuroma; digital nerve, one or both, same digit
64778			139.15			Excision of neuroma; digital nerve, each additional digit (Listseparately in addition to code for primary procedure)
64782			301.69			Excision of neuroma; hand or foot, except digital nerve
64783			166.69			Excision of neuroma; hand or foot, each additional nerve, except samedigit (List separately in addition to code for primary procedure)
64784			496.94			Excision of neuroma; major peripheral nerve, except sciatic
64786			771.53			Excision of neuroma; sciatic nerve
64787			192.66			Implantation of nerve end into bone or muscle (List separately inaddition to neuroma excision)
64788			244.87			Excision of neurofibroma or neurolemmoma; cutaneous nerve
64790			567.53			Excision of neurofibroma or neurolemmoma; major peripheral nerve
64792			722.01			Excision of neurofibroma or neurolemmoma;

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						extensive (including malignanttype)
64795			139.43			Biopsy of nerve
64802			430.56			Sympathectomy, cervical
64804			656.98			Sympathectomy, cervicothoracic
64809			574.86			Sympathectomy, thoracolumbar
64818			466.41			Sympathectomy, lumbar
64820			529.12			Sympathectomy; digital arteries, each digit
64821			488.04			Sympathectomy; radial artery
64822			485.25			Sympathectomy; ulnar artery
64823			562.14			Sympathectomy; superficial palmar arch
64831			501.17			Suture of digital nerve, hand or foot; one nerve
64832			259.67			Suture of digital nerve, hand or foot; each additional digital nerve(List separately in addition to code for primary procedure)
64834			524.26			Suture of one nerve, hand or foot; common sensory nerve
64835			566.14			Suture of one nerve, hand or foot; median motor thenar
64836			564.99			Suture of one nerve, hand or foot; ulnar motor
64837			287.56			Suture of each additional nerve, hand or foot (List separately inaddition to code for primary procedure)
64840			632.29			Suture of posterior tibial nerve
64856			697.47			Suture of major peripheral nerve, arm or leg, except sciatic; includingtransposition
64857			732.86			Suture of major peripheral nerve, arm or leg, except sciatic; withouttransposition
64858			844.74			Suture of sciatic nerve
64859			195.71			Suture of each additional major peripheral nerve (List separately inaddition to code for primary procedure)
64861			964.87			Suture of; brachial plexus
64862			980.10			Suture of; lumbar plexus
64864			634.43			Suture of facial nerve; extracranial
64865			859.87			Suture of facial nerve; infratemporal, with or without grafting
64866			872.20			Anastomosis; facial-spinal accessory
64868			760.16			Anastomosis; facial-hypoglossal
64870			724.66			Anastomosis; facial-phrenic
64872			92.83			Suture of nerve; requiring secondary or delayed suture (List separatelyin addition to code for primary neurorrhaphy)
64874			135.99			Suture of nerve; requiring extensive mobilization, or transposition ofnerve (List separately in addition to code for nerve suture)
64876			153.98			Suture of nerve; requiring shortening of bone of extremity (Listseparately in addition to code for nerve suture)
64885			863.15			Nerve graft (includes obtaining graft), head or neck; up to 4 cm inlength
64886			1018.52			Nerve graft (includes obtaining graft), head or neck; more than 4 cmlength

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
64890			762.93			Nerve graft (includes obtaining graft), single strand, hand or foot; upto 4 cm length
64891			699.92			Nerve graft (includes obtaining graft), single strand, hand or foot;more than 4 cm length
64892			718.01			Nerve graft (includes obtaining graft), single strand, arm or leg; up to4 cm length
64893			777.69			Nerve graft (includes obtaining graft), single strand, arm or leg; morethan 4 cm length
64895			866.86			Nerve graft (includes obtaining graft), multiple strands (cable), handor foot; up to 4 cm length
64896			953.76			Nerve graft (includes obtaining graft), multiple strands (cable), handor foot; more than 4 cm length
64897			871.82			Nerve graft (includes obtaining graft), multiple strands (cable), arm orleg; up to 4 cm length
64898			944.37			Nerve graft (includes obtaining graft), multiple strands (cable), arm orleg; more than 4 cm length
64901			464.73			Nerve graft, each additional nerve; single strand (List separately inaddition to code for primary procedure)
64902			533.03			Nerve graft, each additional nerve; multiple strands (cable) (Listseparately in addition to code for primary procedure)
64905			679.65			Nerve pedicle transfer; first stage
64907			957.68			Nerve pedicle transfer; second stage
64999			I.C.			Unlisted procedure, nervous system
65091			438.97			Evisceration of ocular contents; without implant
65093			461.96			Evisceration of ocular contents; with implant
65101			491.71			Enucleation of eye; without implant
65103			512.84			Enucleation of eye; with implant, muscles not attached to implant
65105			561.16			Enucleation of eye; with implant, muscles attached to implant
65110			815.05			Exenteration of orbit (does not include skin graft), removal of orbitalcontents; only
65112			968.00			Exenteration of orbit (does not include skin graft), removal of orbitalcontents; with therapeutic removal of bone
65114			997.16			Exenteration of orbit (does not include skin graft), removal of orbitalcontents; with muscle or myocutaneous flap
65125	361.46	199.18				Modification of ocular implant with placement or replacement of pegs(eg, drilling receptacle for prosthesis appendage) (separate procedure)
65130			483.24			Insertion of ocular implant secondary; after evisceration, in scleralshell
65135			493.35			Insertion of ocular implant secondary; after enucleation, muscles notattached to implant
65140			530.25			Insertion of ocular implant secondary; after enucleation, musclesattached to implant
65150			422.01			Reinsertion of ocular implant; with or without conjunctival graft
65155			567.80			Reinsertion of ocular implant; with use of foreign

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						material forreinforcement and/or attachment of muscles to implant
65175			438.67			Removal of ocular implant
65205	39.71	28.79				Removal of foreign body, external eye; conjunctival superficial
65210	48.47	35.05				Removal of foreign body, external eye; conjunctival embedded (includesconcretions), subconjunctival, or scleral nonperforating
65220	39.92	28.69				Removal of foreign body, external eye; corneal, without slit lamp
65222	53.58	37.66				Removal of foreign body, external eye; corneal, with slit lamp
65235			419.74			Removal of foreign body, intraocular; from anterior chamber of eye orlens
65260			604.29			Removal of foreign body, intraocular; from posterior segment, magneticextraction, anterior or posterior route
65265			679.20			Removal of foreign body, intraocular; from posterior segment,nonmagnetic extraction
65270	215.58	96.05				Repair of laceration; conjunctiva, with or without nonperforatinglaceration sclera, direct closure
65272	346.22	208.28				Repair of laceration; conjunctiva, by mobilization and rearrangement,without hospitalization
65273			232.12			Repair of laceration; conjunctiva, by mobilization and rearrangement,with hospitalization
65275	344.88	270.91				Repair of laceration; cornea, nonperforating, with or without removalforeign body
65280			406.00			Repair of laceration; cornea and/or sclera, perforating, not involvinguveal tissue
65285			643.65			Repair of laceration; cornea and/or sclera, perforating, with repositionor resection of uveal tissue
65286	499.71	296.23				Repair of laceration; application of tissue glue, wounds of corneaand/or sclera
65290			298.38			Repair of wound, extraocular muscle, tendon and/or Tenon's capsule
65400	427.28	358.31				Excision of lesion, cornea (keratectomy, lamellar, partial), exceptpterygium
65410	106.44	70.86				Biopsy of cornea
65420	391.32	253.69				Excision or transposition of pterygium; without graft
65426	462.31	298.46				Excision or transposition of pterygium; with graft
65430	80.85	71.17				Scraping of cornea, diagnostic, for smear and/or culture
65435	56.74	47.69				Removal of corneal epithelium; with or without chemocauterization(abrasion, curettage)
65436	243.30	230.19				Removal of corneal epithelium; with application of chelating agent (eg,EDTA)
65450	217.40	213.35				Destruction of lesion of cornea by cryotherapy, photocoagulation orthermocauterization
65600	250.15	198.34				Multiple punctures of anterior cornea (eg, for corneal erosion, tattoo)
65710			690.27			Keratoplasty (corneal transplant); lamellar

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
65730			768.53			Keratoplasty (corneal transplant); penetrating (except in aphakia)
65750			787.77			Keratoplasty (corneal transplant); penetrating (in aphakia)
65755			782.14			Keratoplasty (corneal transplant); penetrating (in pseudophakia)
65760			I.C.			Keratomileusis
65765			I.C.			Keratophakia
65767			I.C.			Epikeratoplasty
65770			896.54			Keratoprosthesis
65771			I.C.			Radial keratotomy
65772	290.90	247.21				Corneal relaxing incision for correction of surgically inducedastigmatism
65775			345.39			Corneal wedge resection for correction of surgically induced astigmatism
65780			602.60			Ocular surface reconstruction; amniotic membrane transplantation
65781			905.14			Ocular surface reconstruction; limbal stem cell allograft (eg, cadavericor living donor)
65782			781.98			Ocular surface reconstruction; limbal conjunctival autograft (includesobtaining graft)
65800	108.58	89.55				Paracentesis of anterior chamber of eye (separate procedure); withdiagnostic aspiration of aqueous
65805	120.44	89.86				Paracentesis of anterior chamber of eye (separate procedure); withtherapeutic release of aqueous
65810			281.06			Paracentesis of anterior chamber of eye (separate procedure); withremoval of vitreous and/or discission of anterior hyaloid membrane,with or without air injection
65815	451.47	289.50				Paracentesis of anterior chamber of eye (separate procedure); withremoval of blood, with or without irrigation and/or air injection
65820			506.94			Goniotomy
65850			553.76			Trabeculotomy ab externo
65855	240.69	202.93				Trabeculoplasty by laser surgery, one or more sessions (definedtreatment series)
65860	224.08	176.01				Severing adhesions of anterior segment, laser technique (separateprocedure)
65865			330.04			Severing adhesions of anterior segment of eye, incisional technique(with or without injection of air or liquid) (separate procedure);goniosynechiae
65870			373.16			Severing adhesions of anterior segment of eye, incisional technique(with or without injection of air or liquid) (separate procedure);anterior synechiae, except goniosynechiae
65875			392.41			Severing adhesions of anterior segment of eye, incisional technique(with or without injection of air or liquid) (separate procedure);posterior synechiae
65880			415.17			Severing adhesions of anterior segment of eye, incisional technique(with or without injection of air or liquid) (separate procedure);corneovitreal adhesions

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
65900			622.22			Removal of epithelial downgrowth, anterior chamber of eye
65920			486.87			Removal of implanted material, anterior segment of eye
65930			418.66			Removal of blood clot, anterior segment of eye
66020	141.37	88.94				Injection, anterior chamber of eye (separate procedure); air or liquid
66030	126.90	74.47				Injection, anterior chamber of eye (separate procedure); medication
66130	512.60	387.45				Excision of lesion, sclera
66150			523.67			Fistulization of sclera for glaucoma; trephination with iridectomy
66155			520.77			Fistulization of sclera for glaucoma; thermocauterization withiridectomy
66160			598.64			Fistulization of sclera for glaucoma; sclerectomy with punch orscissors, with iridectomy
66165			509.68			Fistulization of sclera for glaucoma; iridencleisis or iridotasis
66170			716.84			Fistulization of sclera for glaucoma; trabeculectomy ab externo inabsence of previous surgery
66172			889.64			Fistulization of sclera for glaucoma; trabeculectomy ab externo withscarring from previous ocular surgery or trauma (includes injection ofantifibrotic agents)
66180			737.40			Aqueous shunt to extraocular reservoir (eg, Molteno, Schocket,Denver-Krupin)
66185			455.09			Revision of aqueous shunt to extraocular reservoir
66220			436.94			Repair of scleral staphyloma; without graft
66225			577.33			Repair of scleral staphyloma; with graft
66250	530.02	336.21				Revision or repair of operative wound of anterior segment, any type,early or late, major or minor procedure
66500			247.06			Iridotomy by stab incision (separate procedure); except transfixion
66505			268.25			Iridotomy by stab incision (separate procedure); with transfixion as foriris bombe
66600			496.52			Iridectomy, with corneoscleral or corneal section; for removal of lesion
66605			668.79			Iridectomy, with corneoscleral or corneal section; with cyclectomy
66625			289.13			Iridectomy, with corneoscleral or corneal section; peripheral forglaucoma (separate procedure)
66630			348.17			Iridectomy, with corneoscleral or corneal section; sector for glaucoma(separate procedure)
66635			351.72			Iridectomy, with corneoscleral or corneal section; optical (separateprocedure)
66680			314.65			Repair of iris, ciliary body (as for iridodialysis)
66682			377.80			Suture of iris, ciliary body (separate procedure) with retrieval ofsuture through small incision (eg, McCannel suture)
66700	295.52	254.64				Ciliary body destruction; diathermy
66710	293.12	251.61				Ciliary body destruction; cyclophotocoagulation,

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						transscleral
66711			383.86			Ciliary body destruction; cyclophotocoagulation, endoscopic
66720	313.11	279.72				Ciliary body destruction; cryotherapy
66740	290.63	255.67				Ciliary body destruction; cyclodialysis
66761	286.71	246.76				Iridotomy/iridectomy by laser surgery (eg, for glaucoma) (one or moresessions)
66762	302.78	260.34				Iridoplasty by photocoagulation (one or more sessions) (eg, forimprovement of vision, for widening of anterior chamber angle)
66770	332.80	292.85				Destruction of cyst or lesion iris or ciliary body (nonexcisionalprocedure)
66820			288.57			Discission of secondary membranous cataract (opacified posterior lenscapsule and/or anterior hyaloid); stab incision technique (Ziegler orWheeler knife)
66821	192.49	177.82				Discission of secondary membranous cataract (opacified posterior lenscapsule and/or anterior hyaloid); laser surgery (eg, YAG laser) (one ormore stages)
66825			509.91			Repositioning of intraocular lens prosthesis, requiring an incision(separate procedure)
66830			442.83			Removal of secondary membranous cataract (opacified posterior lenscapsule and/or anterior hyaloid) with corneo-scleral section, with orwithout iridectomy (iridocapsulotomy, iridocapsulectomy)
66840			432.31			Removal of lens material; aspiration technique, one or more stages
66850			489.85			Removal of lens material; phacofragmentation technique (mechanical orultrasonic) (eg, phacoemulsification), with aspiration
66852			528.15			Removal of lens material; pars plana approach, with or withoutvitrectomy
66920			472.59			Removal of lens material; intracapsular
66930			534.50			Removal of lens material; intracapsular, for dislocated lens
66940			483.60			Removal of lens material; extracapsular (other than 66840, 66850, 66852)
66982			679.25			Extracapsular cataract removal with insertion of intraocular lensprosthesis (one stage procedure), manual or mechanical technique (eg,irrigation and aspiration or phacoemulsification), complex, requiringdevices or techniques not generally used in routine cataract surgery(eg, iris expansion device, suture support for intraocular lens, orprimary posterior capsulorrhexis) or performed on patients in theamblyogenic developmental stage
66983			434.20			Intracapsular cataract extraction with insertion of intraocular lensprosthesis (one stage procedure)
66984			512.07			Extracapsular cataract removal with insertion of intraocular lensprosthesis (one stage procedure), manual or mechanical technique (eg,irrigation and

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						aspiration or phacoemulsification)
66985			463.49			Insertion of intraocular lens prosthesis (secondary implant), notassociated with concurrent cataract removal
66986			624.84			Exchange of intraocular lens
66990			63.40			Use of ophthalmic endoscope (List separately in addition to code forprimary procedure)
66999			I.C.			Unlisted procedure, anterior segment of eye
67005			308.98			Removal of vitreous, anterior approach (open sky technique or limbalincision); partial removal
67010			358.55			Removal of vitreous, anterior approach (open sky technique or limbalincision); subtotal removal with mechanical vitrectomy
67015			392.33			Aspiration or release of vitreous, subretinal or choroidal fluid, parsplana approach (posterior sclerotomy)
67025	476.66	383.03				Injection of vitreous substitute, pars plana or limbal approach,(fluid-gas exchange), with or without aspiration (separate procedure)
67027			549.23			Implantation of intravitreal drug delivery system (eg, ganciclovirimplant), includes concomitant removal of vitreous
67028	153.85	115.15				Intravitreal injection of a pharmacologic agent (separate procedure)
67030			316.15			Discission of vitreous strands (without removal), pars plana approach
67031	244.74	214.78				Severing of vitreous strands, vitreous face adhesions, sheets, membranesor opacities, laser surgery (one or more stages)
67036			612.70			Vitrectomy, mechanical, pars plana approach;
67038			1069.72			Vitrectomy, mechanical, pars plana approach; with epiretinal membranestripping
67039			780.92			Vitrectomy, mechanical, pars plana approach; with focal endolaserphotocoagulation
67040			902.53			Vitrectomy, mechanical, pars plana approach; with endolaser panretinalphotocoagulation
67101	492.53	411.69				Repair of retinal detachment, one or more sessions; cryotherapy ordiathermy, with or without drainage of subretinal fluid
67105	456.88	396.64				Repair of retinal detachment, one or more sessions; photocoagulation,with or without drainage of subretinal fluid
67107			762.39			Repair of retinal detachment; scleral buckling (such as lamellar scleraldissection, imbrication or encircling procedure), with or withoutimplant, with or without cryotherapy, photocoagulation, and drainage ofsubretinal fluid
67108			1024.73			Repair of retinal detachment; with vitrectomy, any method, with orwithout air or gas tamponade, focal endolaser photocoagulation,cryotherapy, drainage of subretinal fluid, scleral buckling, and/orremoval of lens by same technique
67110	562.70	474.07				Repair of retinal detachment; by injection of air or

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						other gas (eg,pneumatic retinopexy)
67112			833.90			Repair of retinal detachment; by scleral buckling or vitrectomy, onpatient having previous ipsilateral retinal detachment repair(s) usingscleral buckling or vitrectomy techniques
67115			296.33			Release of encircling material (posterior segment)
67120	432.96	337.77				Removal of implanted material, posterior segment; extraocular
67121			560.77			Removal of implanted material, posterior segment; intraocular
67141	326.16	295.26				Prophylaxis of retinal detachment (eg, retinal break, latticedegeneration) without drainage, one or more sessions; cryotherapy,diathermy
67145	326.83	302.18				Prophylaxis of retinal detachment (eg, retinal break, latticedegeneration) without drainage, one or more sessions; photocoagulation(laser or xenon arc)
67208	375.97	356.93				Destruction of localized lesion of retina (eg, macular edema, tumors),one or more sessions; cryotherapy, diathermy
67210	448.74	427.21				Destruction of localized lesion of retina (eg, macular edema, tumors),one or more sessions; photocoagulation
67218			890.85			Destruction of localized lesion of retina (eg, macular edema, tumors),one or more sessions; radiation by implantation of source (includesremoval of source)
67220	687.74	643.74				Destruction of localized lesion of choroid (eg, choroidalneovascularization); photocoagulation (eg, laser), one or more sessions
67221	245.79	166.83				Destruction of localized lesion of choroid (eg, choroidalneovascularization); photodynamic therapy (includes intravenousinfusion)
67225	20.73	19.48				Destruction of localized lesion of choroid (eg, choroidalneovascularization); photodynamic therapy, second eye, at singlesession (List separately in addition to code for primary eye treatment)
67227	387.13	354.05				Destruction of extensive or progressive retinopathy (eg, diabeticretinopathy), one or more sessions; cryotherapy, diathermy
67228	710.03	618.27				Destruction of extensive or progressive retinopathy (eg, diabeticretinopathy), one or more sessions; photocoagulation (laser or xenonarc)
67250			526.28			Scleral reinforcement (separate procedure); without graft
67255			554.49			Scleral reinforcement (separate procedure); with graft
67299			I.C.			Unlisted procedure, posterior segment
67311			372.38			Strabismus surgery, recession or resection procedure; one horizontalmuscle
67312			446.70			Strabismus surgery, recession or resection procedure; two horizontalmuscles

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
67314			412.48			Strabismus surgery, recession or resection procedure; one verticalmuscle (excluding superior oblique)
67316			501.18			Strabismus surgery, recession or resection procedure; two or morevertical muscles (excluding superior oblique)
67318			433.54			Strabismus surgery, any procedure, superior oblique muscle
67320			180.66			Transposition procedure (eg, for paretic extraocular muscle), anyextraocular muscle (specify) (List separately in addition to code forprimary procedure)
67331			169.31			Strabismus surgery on patient with previous eye surgery or injury thatdid not involve the extraocular muscles (List separately in addition tocode for primary procedure)
67332			187.32			Strabismus surgery on patient with scarring of extraocular muscles (eg,prior ocular injury, strabismus or retinal detachment surgery) orrestrictive myopathy (eg, dysthyroid ophthalmopathy) (List separatelyin addition to code for primary procedure)
67334			165.72			Strabismus surgery by posterior fixation suture technique, with orwithout muscle recession (List separately in addition to code forprimary procedure)
67335			103.95			Placement of adjustable suture(s) during strabismus surgery, includingpostoperative adjustment(s) of suture(s) (List separately in additionto code for specific strabismus surgery)
67340			204.85			Strabismus surgery involving exploration and/or repair of detachedextraocular muscle(s) (List separately in addition to code for primaryprocedure)
67343			406.28			Release of extensive scar tissue without detaching extraocular muscle(separate procedure)
67345	162.87	145.08				Chemodenervation of extraocular muscle
67350			138.11			Biopsy of extraocular muscle
67399			I.C.			Unlisted procedure, ocular muscle
67400			622.90			Orbitotomy without bone flap (frontal or transconjunctival approach);for exploration, with or without biopsy
67405			525.37			Orbitotomy without bone flap (frontal or transconjunctival approach);with drainage only
67412			604.83			Orbitotomy without bone flap (frontal or transconjunctival approach);with removal of lesion
67413			613.34			Orbitotomy without bone flap (frontal or transconjunctival approach);with removal of foreign body
67414			685.33			Orbitotomy without bone flap (frontal or transconjunctival approach);with removal of bone for decompression
67415			72.66			Fine needle aspiration of orbital contents

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
67420			1101.50			Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein);with removal of lesion
67430			839.73			Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein);with removal of foreign body
67440			809.09			Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein);with drainage
67445			836.96			Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein);with removal of bone for decompression
67450			832.83			Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein);for exploration, with or without biopsy
67500	43.20	31.34				Retrobulbar injection; medication (separate procedure, does not includesupply of medication)
67505	44.41	32.55				Retrobulbar injection; alcohol
67515	35.28	28.72				Injection of medication or other substance into Tenon's capsule
67550			638.74			Orbital implant (implant outside muscle cone); insertion
67560			648.83			Orbital implant (implant outside muscle cone); removal or revision
67570			801.33			Optic nerve decompression (eg, incision or fenestration of optic nervesheath)
67599			I.C.			Unlisted procedure, orbit
67700	225.28	77.03				Blepharotomy, drainage of abscess, eyelid
67710	195.79	65.96				Severing of tarsorrhaphy
67715	201.32	73.99				Canthotomy (separate procedure)
67800	88.76	70.65				Excision of chalazion; single
67801	113.09	91.24				Excision of chalazion; multiple, same lid
67805	140.04	112.89				Excision of chalazion; multiple, different lids
67808			222.94			Excision of chalazion; under general anesthesia and/or requiringhospitalization, single or multiple
67810	144.78	62.08				Biopsy of eyelid
67820	43.25	42.00				Correction of trichiasis; epilation, by forceps only
67825	92.19	82.20				Correction of trichiasis; epilation by other than forceps (eg, byelectrosurgery, cryotherapy, laser surgery)
67830	219.72	93.95				Correction of trichiasis; incision of lid margin
67835			297.98			Correction of trichiasis; incision of lid margin, with free mucousmembrane graft
67840	227.10	107.88				Excision of lesion of eyelid (except chalazion) without closure or withsimple direct closure
67850	151.83	92.53				Destruction of lesion of lid margin (up to 1 cm)
67875	140.60	66.95				Temporary closure of eyelids by suture (eg, Frost suture)
67880	311.36	223.66				Construction of intermarginal adhesions, median tarsorrhaphy, orcanthorrhaphy;
67882	378.46	290.46				Construction of intermarginal adhesions, median tarsorrhaphy, orcanthorrhaphy; with transposition of tarsal plate
67900	453.90	335.00				Repair of brow ptosis (supraciliary, mid-forehead

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						or coronal approach)
67901			364.53			Repair of blepharoptosis; frontalis muscle technique with suture orother material
67902			366.72			Repair of blepharoptosis; frontalis muscle technique with fascial sling(includes obtaining fascia)
67903	477.55	351.15				Repair of blepharoptosis; (tarso) levator resection or advancement,internal approach
67904	475.53	338.20				Repair of blepharoptosis; (tarso) levator resection or advancement,external approach
67906	357.74	347.13				Repair of blepharoptosis; superior rectus technique with fascial sling(includes obtaining fascia)
67908	349.28	309.02				Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levatorresection (eg, Fasanella-Servat type)
67909	400.58	304.46				Reduction of overcorrection of ptosis
67911			295.69			Correction of lid retraction
67912	747.56	329.36				Correction of lagophthalmos, with implantation of upper eyelid lid load(eg, gold weight)
67914	299.96	197.28				Repair of ectropion; suture
67915	274.83	175.59				Repair of ectropion; thermocauterization
67916	398.60	295.92				Repair of ectropion; excision tarsal wedge
67917	431.56	325.76				Repair of ectropion; extensive (eg, tarsal strip operations)
67921	287.19	184.20				Repair of entropion; suture
67922	269.03	170.41				Repair of entropion; thermocauterization
67923	416.37	318.06				Repair of entropion; excision tarsal wedge
67924	438.94	306.61				Repair of entropion; extensive (eg, tarsal strip or capsulopalpebralfascia repairs operation)
67930	278.43	167.95				Suture of recent wound, eyelid, involving lid margin, tarsus, and/orpalpebral conjunctiva direct closure; partial thickness
67935	439.39	311.12				Suture of recent wound, eyelid, involving lid margin, tarsus, and/orpalpebral conjunctiva direct closure; full thickness
67938	204.77	76.19				Removal of embedded foreign body, eyelid
67950	431.55	324.81				Canthoplasty (reconstruction of canthus)
67961	429.01	315.09				Excision and repair of eyelid, involving lid margin, tarsus,conjunctiva, canthus, or full thickness, may include preparation forskin graft or pedicle flap with adjacent tissue transfer orrearrangement; up to one-fourth of lid margin
67966	467.31	355.89				Excision and repair of eyelid, involving lid margin, tarsus,conjunctiva, canthus, or full thickness, may include preparation forskin graft or pedicle flap with adjacent tissue transfer orrearrangement; over one-fourth of lid margin
67971			498.62			Reconstruction of eyelid, full thickness by transfer oftarsoconjunctival flap from opposing eyelid; up to two-thirds ofeyelid, one stage or first stage
67973			648.33			Reconstruction of eyelid, full thickness by transfer oftarsoconjunctival flap from opposing eyelid; total eyelid, lower, onestage or first stage

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
67974			645.03			Reconstruction of eyelid, full thickness by transfer oftarsoconjunctival flap from opposing eyelid; total eyelid, upper, onestage or first stage
67975			470.13			Reconstruction of eyelid, full thickness by transfer oftarsoconjunctival flap from opposing eyelid; second stage
67999			I.C.			Unlisted procedure, eyelids
68020	81.94	75.69				Incision of conjunctiva, drainage of cyst
68040	45.62	36.88				Expression of conjunctival follicles (eg, for trachoma)
68100	138.83	67.05				Biopsy of conjunctiva
68110	176.95	100.49				Excision of lesion, conjunctiva; up to 1 cm
68115	251.33	124.94				Excision of lesion, conjunctiva; over 1 cm
68130	408.02	279.75				Excision of lesion, conjunctiva; with adjacent sclera
68135	107.35	102.35				Destruction of lesion, conjunctiva
68200	30.31	23.76				Subconjunctival injection
68320	500.57	320.81				Conjunctivoplasty; with conjunctival graft or extensive rearrangement
68325			408.98			Conjunctivoplasty; with buccal mucous membrane graft (includes obtaininggraft)
68326			398.06			Conjunctivoplasty, reconstruction cul-de-sac; with conjunctival graft orextensive rearrangement
68328			456.34			Conjunctivoplasty, reconstruction cul-de-sac; with buccal mucousmembrane graft (includes obtaining graft)
68330	427.21	280.84				Repair of symblepharon; conjunctivoplasty, without graft
68335			397.76			Repair of symblepharon; with free graft conjunctiva or buccal mucousmembrane (includes obtaining graft)
68340	391.95	243.08				Repair of symblepharon; division of symblepharon, with or withoutinsertion of conformer or contact lens
68360	371.58	251.11				Conjunctival flap; bridge or partial (separate procedure)
68362			402.37			Conjunctival flap; total (such as Gunderson thin flap or purse stringflap)
68371			287.08			Harvesting conjunctival allograft, living donor
68399			I.C.			Unlisted procedure, conjunctiva
68400	231.00	103.67				Incision, drainage of lacrimal gland
68420	256.92	129.27				Incision, drainage of lacrimal sac (dacryocystotomy or dacryocystostomy)
68440	90.98	65.70				Snip incision of lacrimal punctum
68500			607.96			Excision of lacrimal gland (dacryoadenectomy), except for tumor; total
68505			634.97			Excision of lacrimal gland (dacryoadenectomy), except for tumor; partial
68510	356.23	192.69				Biopsy of lacrimal gland
68520			439.79			Excision of lacrimal sac (dacryocystectomy)
68525			185.51			Biopsy of lacrimal sac
68530	356.32	183.74				Removal of foreign body or dacryolith, lacrimal

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						passages
68540			587.46			Excision of lacrimal gland tumor; frontal approach
68550			723.22			Excision of lacrimal gland tumor; involving osteotomy
68700			369.37			Plastic repair of canaliculi
68705	187.06	112.79				Correction of everted punctum, cautery
68720			493.80			Dacryocystorhinostomy (fistulization of lacrimal sac to nasal cavity)
68745			485.45			Conjunctivorhinostomy (fistulization of conjunctiva to nasal cavity);without tube
68750			498.19			Conjunctivorhinostomy (fistulization of conjunctiva to nasal cavity);with insertion of tube or stent
68760	158.41	98.80				Closure of the lacrimal punctum; by thermocauterization, ligation, orlaser surgery
68761	108.51	78.86				Closure of the lacrimal punctum; by plug, each
68770			293.15			Closure of lacrimal fistula (separate procedure)
68801	86.61	72.26				Dilation of lacrimal punctum, with or without irrigation
68810	167.11	136.21				Probing of nasolacrimal duct, with or without irrigation;
68811			140.70			Probing of nasolacrimal duct, with or without irrigation; requiringgeneral anesthesia
68815	346.11	176.65				Probing of nasolacrimal duct, with or without irrigation; with insertionof tube or stent
68840	84.46	69.48				Probing of lacrimal canaliculi, with or without irrigation
68850	49.59	43.35				Injection of contrast medium for dacryocystography
68899			I.C.			Unlisted procedure, lacrimal system
69000	131.01	83.57				Drainage external ear, abscess or hematoma; simple
69005	151.41	117.08				Drainage external ear, abscess or hematoma; complicated
69020	166.45	106.22				Drainage external auditory canal, abscess
69090			I.C.			Ear piercing
69100	75.76	34.57				Biopsy external ear
69105	97.13	48.13				Biopsy external auditory canal
69110	307.98	237.14				Excision external ear; partial, simple repair
69120			308.44			Excision external ear; complete amputation
69140			640.48			Excision exostosis(es), external auditory canal
69145	254.77	177.37				Excision soft tissue lesion, external auditory canal
69150			801.57			Radical excision external auditory canal lesion; without neck dissection
69155			1204.54			Radical excision external auditory canal lesion; with neck dissection
69200	96.04	38.93				Removal foreign body from external auditory canal; without generalanesthesia
69205			76.50			Removal foreign body from external auditory canal; with generalanesthesia
69210	36.95	24.47				Removal impacted cerumen (separate procedure), one or both ears

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
69220	97.22	46.35				Debridement, mastoidectomy cavity, simple (eg, routine cleaning)
69222	159.95	104.09				Debridement, mastoidectomy cavity, complex (eg, with anesthesia or morethan routine cleaning)
69300			315.98			Otoplasty, protruding ear, with or without size reduction
69310			812.90			Reconstruction of external auditory canal (meatoplasty) (eg, forstenosis due to injury, infection) (separate procedure)
69320			1161.79			Reconstruction external auditory canal for congenital atresia, singlestage
69399			I.C.			Unlisted procedure, external ear
69400	90.98	44.48				Eustachian tube inflation, transnasal; with catheterization
69401	56.52	38.11				Eustachian tube inflation, transnasal; without catheterization
69405	183.88	146.74				Eustachian tube catheterization, transtympanic
69410	74.96	24.40				Focal application of phase control substance, middle ear (baffletechnique)
69420	136.03	87.35				Myringotomy including aspiration and/or eustachian tube inflation
69421			116.63			Myringotomy including aspiration and/or eustachian tube inflationrequiring general anesthesia
69424	92.14	45.32				Ventilating tube removal requiring general anesthesia
69433	139.64	94.39				Tympanostomy (requiring insertion of ventilating tube), local or topicalanesthesia
69436			127.66			Tympanostomy (requiring insertion of ventilating tube), generalanesthesia
69440			487.80			Middle ear exploration through postauricular or ear canal incision
69450			376.89			Tympanolysis, transcanal
69501			538.29			Transmastoid antrotomy (simple mastoidectomy)
69502			711.81			Mastoidectomy; complete
69505			904.51			Mastoidectomy; modified radical
69511			927.56			Mastoidectomy; radical
69530			1217.11			Petrous apicectomy including radical mastoidectomy
69535			2018.40			Resection temporal bone, external approach
69540	150.77	95.53				Excision aural polyp
69550			774.76			Excision aural glomus tumor; transcanal
69552			1195.40			Excision aural glomus tumor; transmastoid
69554			1888.92			Excision aural glomus tumor; extended (extratemporal)
69601			769.45			Revision mastoidectomy; resulting in complete mastoidectomy
69602			797.04			Revision mastoidectomy; resulting in modified radical mastoidectomy
69603			969.92			Revision mastoidectomy; resulting in radical mastoidectomy
69604			823.53			Revision mastoidectomy; resulting in

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						tympanoplasty
69605			1176.63			Revision mastoidectomy; with apicectomy
69610	298.46	227.30				Tympanic membrane repair, with or without site preparation ofperforation for closure, with or without patch
69620	513.47	362.73				Myringoplasty (surgery confined to drumhead and donor area)
69631			628.61			Tympanoplasty without mastoidectomy (including canalplasty, atticotomyand/or middle ear surgery), initial or revision; without ossicularchain reconstruction
69632			781.17			Tympanoplasty without mastoidectomy (including canalplasty, atticotomyand/or middle ear surgery), initial or revision; with ossicular chainreconstruction (eg, postfenestration)
69633			749.50			Tympanoplasty without mastoidectomy (including canalplasty, atticotomyand/or middle ear surgery), initial or revision; with ossicular chainreconstruction and synthetic prosthesis (eg, partial ossicularreplacement prosthesis (PORP), total ossicular replacement prosthesis(TORP))
69635			899.72			Tympanoplasty with antrotomy or mastoidotomy (including canalplasty,atticotomy, middle ear surgery, and/or tympanic membrane repair);without ossicular chain reconstruction
69636			1033.09			Tympanoplasty with antrotomy or mastoidotomy (including canalplasty,atticotomy, middle ear surgery, and/or tympanic membrane repair); withossicular chain reconstruction
69637			1027.45			Tympanoplasty with antrotomy or mastoidotomy (including canalplasty,atticotomy, middle ear surgery, and/or tympanic membrane repair); withossicular chain reconstruction and synthetic prosthesis (eg, partialossicular replacement prosthesis (PORP), total ossicular replacementprosthesis (TORP))
69641			758.58			Tympanoplasty with mastoidectomy (including canalplasty, middle earsurgery, tympanic membrane repair); without ossicular chainreconstruction
69642			984.43			Tympanoplasty with mastoidectomy (including canalplasty, middle earsurgery, tympanic membrane repair); with ossicular chain reconstruction
69643			895.93			Tympanoplasty with mastoidectomy (including canalplasty, middle earsurgery, tympanic membrane repair); with intact or reconstructed wall,without ossicular chain reconstruction
69644			1116.47			Tympanoplasty with mastoidectomy (including canalplasty, middle earsurgery, tympanic membrane repair); with intact or reconstructed canalwall, with ossicular chain reconstruction
69645			1088.33			Tympanoplasty with mastoidectomy (including

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						canalplasty, middle earsurgery, tympanic membrane repair); radical or complete, withoutossicular chain reconstruction
69646			1156.76			Tympanoplasty with mastoidectomy (including canalplasty, middle earsurgery, tympanic membrane repair); radical or complete, with ossicularchain reconstruction
69650			582.60			Stapes mobilization
69660			685.39			Stapedectomy or stapedotomy with reestablishment of ossicularcontinuity, with or without use of foreign material;
69661			904.00			Stapedectomy or stapedotomy with reestablishment of ossicularcontinuity, with or without use of foreign material; with footplatedrill out
69662			865.94			Revision of stapedectomy or stapedotomy
69666			587.08			Repair oval window fistula
69667			587.66			Repair round window fistula
69670			690.70			Mastoid obliteration (separate procedure)
69676			605.52			Tympanic neurectomy
69700			521.31			Closure postauricular fistula, mastoid (separate procedure)
69710			I.C.			Implantation or replacement of electromagnetic bone conduction hearingdevice in temporal bone
69711			631.61			Removal or repair of electromagnetic bone conduction hearing device intemporal bone
69714			791.06			Implantation, osseointegrated implant, temporal bone, with percutaneousattachment to external speech processor/cochlear stimulator; withoutmastoidectomy
69715			985.06			Implantation, osseointegrated implant, temporal bone, with percutaneousattachment to external speech processor/cochlear stimulator; withmastoidectomy
69717			868.69			Replacement (including removal of existing device), osseointegratedimplant, temporal bone, with percutaneous attachment to external speechprocessor/cochlear stimulator; without mastoidectomy
69718			1036.74			Replacement (including removal of existing device), osseointegratedimplant, temporal bone, with percutaneous attachment to external speechprocessor/cochlear stimulator; with mastoidectomy
69720			860.29			Decompression facial nerve, intratemporal; lateral to geniculateganglion
69725			1353.90			Decompression facial nerve, intratemporal; including medial togeniculate ganglion
69740			869.59			Suture facial nerve, intratemporal, with or without graft ordecompression; lateral to geniculate ganglion
69745			934.64			Suture facial nerve, intratemporal, with or without graft ordecompression; including medial to

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						geniculate ganglion
69799			I.C.			Unlisted procedure, middle ear
69801			537.38			Labyrinthotomy, with or without cryosurgery including othernonexcisional destructive procedures or perfusion of vestibuloactivedrugs (single or multiple perfusions); transcanal
69802			755.02			Labyrinthotomy, with or without cryosurgery including othernonexcisional destructive procedures or perfusion of vestibuloactivedrugs (single or multiple perfusions); with mastoidectomy
69805			761.72			Endolymphatic sac operation; without shunt
69806			694.06			Endolymphatic sac operation; with shunt
69820			643.87			Fenestration semicircular canal
69840			700.24			Revision fenestration operation
69905			670.71			Labyrinthectomy; transcanal
69910			756.63			Labyrinthectomy; with mastoidectomy
69915			1113.22			Vestibular nerve section, translabyrinthine approach
69930			935.67			Cochlear device implantation, with or without mastoidectomy
69949			I.C.			Unlisted procedure, inner ear
69950			1319.00			Vestibular nerve section, transcranial approach
69955			1437.91			Total facial nerve decompression and/or repair (may include graft)
69960			1389.77			Decompression internal auditory canal
69970			1579.19			Removal of tumor, temporal bone
69979			I.C.			Unlisted procedure, temporal bone, middle fossa approach
69990			165.64			Microsurgical techniques, requiring use of operating microscope (Listseparately in addition to code for primary procedure)
80500	16.61	15.05				Clinical pathology consultation; limited, without review of patient'shistory and medical records
80502			53.51			Clinical pathology consultation; comprehensive, for a complex diagnosticproblem, with review of patient's history and medical records
83020				14.73		Hemoglobin fractionation and quantitation; electrophoresis (eg, A2, S,C, and/or F)
83912				13.80		Molecular diagnostics; interpretation and report
84165				14.42		Protein; electrophoretic fractionation and quantitation, serum
84166				14.42		Protein; electrophoretic fractionation and quantitation, other fluidswith concentration (eg, urine, CSF)
84181				14.42		Protein; Western Blot, with interpretation and report, blood or otherbody fluid
84182				15.26		Protein; Western Blot, with interpretation and report, blood or otherbody fluid, immunological probe for band identification, each
85060			18.01			Blood smear, peripheral, interpretation by physician with written report
85097	85.46	38.65				Bone marrow, smear interpretation

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
85390				14.11		Fibrinolysins or coagulopathy screen, interpretation and report
85396			15.69			Coagulation/fibrinolysis assay, whole blood (eg, viscoelastic clotassessment), including use of any pharmacologic additive(s), asindicated, including interpretation and written report, per day
85576				15.05		Platelet, aggregation (in vitro), each agent
86077			38.03			Blood bank physician services; difficult cross match and/or evaluationof irregular antibody(s), interpretation and written report
86078	40.21	38.34				Blood bank physician services; investigation of transfusion reactionincluding suspicion of transmissible disease, interpretation andwritten report
86079	39.68	38.44				Blood bank physician services; authorization for deviation from standardblood banking procedures (eg, use of outdated blood, transfusion of Rhincompatible units), with written report
86255				14.73		Fluorescent noninfectious agent antibody; screen, each antibody
86256				14.73		Fluorescent noninfectious agent antibody; titer, each antibody
86320				14.73		Immunoelectrophoresis; serum
86325				14.11		Immunoelectrophoresis; other fluids (eg, urine, cerebrospinal fluid)with concentration
86327				17.21		Immunoelectrophoresis; crossed (2-dimensional assay)
86334				14.73		Immunofixation electrophoresis; serum
86335				14.42		Immunofixation electrophoresis; other fluids with concentration (eg,urine, CSF)
86490			9.48			Skin test; coccidioidomycosis
86510			10.42			Skin test; histoplasmosis
86580			8.23			Skin test; tuberculosis, intradermal
86585			6.46			Skin test; tuberculosis, tine test
87164				13.80		Dark field examination, any source (eg, penile, vaginal, oral, skin);includes specimen collection
87207				15.05		Smear, primary source with interpretation; special stain for inclusionbodies or parasites (eg, malaria, coccidia, microsporidia,trypanosomes, herpes viruses
88104			42.28	22.81	19.47	Cytopathology, fluids, washings or brushings, except cervical orvaginal; smears with interpretation
88106			57.88	22.81	35.07	Cytopathology, fluids, washings or brushings, except cervical orvaginal; filter method only with interpretation
88107			69.34	31.15	38.19	Cytopathology, fluids, washings or brushings, except cervical orvaginal; smears and filter preparation with interpretation
88108			53.51	22.81	30.70	Cytopathology, concentration technique, smears and interpretation (eg,Saccomanno technique)
88112			93.72	47.72	45.99	Cytopathology, selective cellular enhancement technique withinterpretation (eg, liquid based slide

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						preparation method), exceptcervical or vaginal
88125			15.14	10.56	4.58	Cytopathology, forensic (eg, sperm)
88141			16.28			Cytopathology, cervical or vaginal (any reporting system), requiringinterpretation by physician (List separately in addition to code fortechnical service)
88160			40.06	20.28	19.78	Cytopathology, smears, any other source; screening and interpretation
88161			43.49	20.28	23.21	Cytopathology, smears, any other source; preparation, screening andinterpretation
88162			53.11	31.15	21.96	Cytopathology, smears, any other source; extended study involving over 5slides and/or multiple stains
88172			39.59	24.50	15.10	Cytopathology, evaluation of fine needle aspirate; immediatecytohistologic study to determine adequacy of specimen(s)
88173			105.25	56.45	48.80	Cytopathology, evaluation of fine needle aspirate; interpretation andreport
88182			83.77	31.42	52.35	Flow cytometry; cell cycle or DNA analysis
88184			41.62			Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technicalcomponent only; first marker
88185			20.40			Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technicalcomponent only; each additional marker (List separately in addition tocode for first marker)
88187			50.42			Flow cytometry, interpretation; 2 to 8 markers
88188			62.95			Flow cytometry, interpretation; 9 to 15 markers
88189			82.92			Flow cytometry, interpretation; 16 or more markers
88199			I.C.			Unlisted cytopathology procedure
88291			19.56			Cytogenetics and molecular cytogenetics, interpretation and report
88299			I.C.			Unlisted cytogenetic study
88300			16.60	3.28	13.32	Level I - Surgical pathology, gross examination only
88302			36.24	5.54	30.70	Level II - Surgical pathology, gross and microscopic examinationAppendix, IncidentalFallopian Tube, SterilizationFingers/Toes, Amputation, TraumaticForeskin, NewbornHernia Sac, Any LocationHydrocele SacNerveSkin, Plastic RepairSympathetic GanglionTestis, CastrationVaginal Mucosa, IncidentalVas Deferens, Sterilization
88304			47.69	8.87	38.82	Level III - Surgical pathology, gross and microscopic examinationAbortion, InducedAbscessAneurysm - Arterial/VentricularAnus, TagAppendix, Other than IncidentalArtery, Atheromatous PlaqueBartholin's Gland CystBone Fragment(s), Other than Pathologic FractureBursa/Synovial CystCarpal Tunnel TissueCartilage, ShavingsCholesteatomaColon, Colostomy StomaConjunctiva -

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						Biopsy/PterygiumCorneaDiverticulum - Esophagus/Small IntestineDupuytren's Contracture TissueFemoral Head, Other than FractureFissure/FistulaForeskin, Other than NewbornGallbladderGanglion CystHematomaHemorrhoidsHydatid of MorgagniIntervertebral DiscJoint, Loose BodyMeniscusMucocele, SalivaryNeuroma - Morton's/TraumaticPilonidal Cyst/SinusPolyps, Inflammatory - Nasal/SinusoidalSkin - Cyst/Tag/DebridementSoft Tissue, DebridementSoft Tissue, LipomaSpermatoceleTendon/Tendon SheathTesticular AppendageThrombus or EmbolusTonsil and/or AdenoidsVaricoceleVas Deferens, Other than SterilizationVein, Varicosity
88305			81.05	30.89	50.17	Level IV - Surgical pathology, gross and microscopic examinationAbortion - Spontaneous/MissedArtery, BiopsyBone Marrow, BiopsyBone ExostosisBrain/Meninges, Other than for Tumor ResectionBreast, Biopsy, Not Requiring Microscopic Evaluation of Surgical MarginsBreast, Reduction MammoplastyBronchus, BiopsyCell Block, Any SourceCervix, BiopsyColon, BiopsyDuodenum, BiopsyEndocervix, Curettings/BiopsyEndometrium, Curettings/BiopsyEsophagus, BiopsyExtremity, Amputation, TraumaticFallopian Tube, BiopsyFallopian Tube, Ectopic PregnancyFemoral Head, FractureFingers/Toes, Amputation, Non-traumaticGingiva/Oral Mucosa, BiopsyHeart ValveJoint, ResectionKidney, BiopsyLarynx, BiopsyLeiomyoma(s), Uterine Myomectomy - without UterusLip, Biopsy/Wedge ResectionLung, Transbronchial BiopsyLymph Node, BiopsyMuscle, BiopsyNasal Mucosa, BiopsyNasopharynx/Oropharynx, BiopsyNerve, BiopsyOdontogenic/Dental CystOmentum, BiopsyOvary with or without Tube, Non-neoplasticOvary, Biopsy/Wedge ResectionParathyroid GlandPeritoneum, BiopsyPituitary TumorPlacenta, Other than Third TrimesterPleura/Pericardium - Biopsy/TissuePolyp, Cervical/EndometrialPolyp, ColorectalPolyp, Stomach/Small IntestineProstate, Needle BiopsyProstate, TURSalivary Gland, BiopsySinus, Paranasal BiopsySkin, Other than Cyst/Tag/Debridement/Plastic RepairSmall Intestine, BiopsySoft Tissue, Other than Tumor/Mass/Lipoma/DebridementSpleenStomach, BiopsySynoviumTestis, Other than Tumor/Biopsy/CastrationThyroglossal Duct/Brachial Cleft CystTongue, BiopsyTonsil,

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						BiopsyTrachea, BiopsyUreter, BiopsyUrethra, BiopsyUrinary Bladder, BiopsyUterus, with or without Tubes and Ovaries, for ProlapseVagina, BiopsyVulva/Labia, Biopsy
88307			143.16	64.79	78.37	Level V - Surgical pathology, gross and microscopic examinationAdrenal, ResectionBone - Biopsy/CurettingsBone Fragment(s), Pathologic FractureBrain, BiopsyBrain/Meninges, Tumor ResectionBreast, Excision of Lesion, Requiring Microscopic Evaluation of SurgicalMarginsBreast, Mastectomy - Partial/SimpleCervix, ConizationColon, Segmental Resection, Other than for TumorExtremity, Amputation, Non-traumaticEye, EnucleationKidney, Partial/Total NephrectomyLarynx, Partial/Total ResectionLiver, Biopsy - Needle/WedgeLiver, Partial ResectionLung, Wedge BiopsyLymph Nodes, Regional ResectionMediastinum, MassMyocardium, BiopsyOdontogenic TumorOvary with or without Tube, NeoplasticPancreas, BiopsyPlacenta, Third TrimesterProstate, Except Radical ResectionSalivary GlandSentinel Lymph NodeSmall Intestine, Resection, Other than for TumorSoft Tissue Mass (except Lipoma) - Biopsy/Simple ExcisionStomach - Subtotal/Total Resection, Other than for TumorTestis, BiopsyThymus, TumorThyroid, Total/LobeUreter, ResectionUrinary Bladder, TURUterus, with or without Tubes and Ovaries, Other thanNeoplastic/Prolapse
88309			200.64	92.62	108.02	Level VI - Surgical pathology, gross and microscopic examinationBone ResectionBreast, Mastectomy - with Regional Lymph NodesColon, Segmental Resection for TumorColon, Total ResectionEsophagus, Partial/Total ResectionExtremity, DisarticulationFetus, with DissectionLarynx, Partial/Total Resection - with Regional Lymph NodesLung - Total/Lobe/Segment ResectionPancreas, Total/Subtotal ResectionProstate, Radical ResectionSmall Intestine, Resection for TumorSoft Tissue Tumor, Extensive ResectionStomach - Subtotal/Total Resection for TumorTestis, TumorTongue/Tonsil - Resection for TumorUrinary Bladder, Partial/Total ResectionUterus, with or without Tubes and Ovaries, NeoplasticVulva, Total/Subtotal Resection
88311			13.99	9.72	4.27	Decalcification procedure (List separately in addition to code forsurgical pathology examination)
88312			62.44	21.97	40.47	Special stains (List separately in addition to code for primaryservice); Group I for microorganisms

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						(eg, Gridley, acid fast,methenamine silver), each
88313			45.82	9.72	36.10	Special stains (List separately in addition to code for primaryservice); Group II, all other, (eg, iron, trichrome), exceptimmunocytochemistry and immunoperoxidase stains, each
88314			77.11	18.32	58.79	Special stains (List separately in addition to code for primaryservice); histochemical staining with frozen section(s)
88318			63.31	17.21	46.09	Determinative histochemistry to identify chemical components (eg,copper, zinc)
88319			121.37	21.39	99.99	Determinative histochemistry or cytochemistry to identify enzymeconstituents, each
88321	60.30	53.12				Consultation and report on referred slides prepared elsewhere
88323			92.95	54.76	38.19	Consultation and report on referred material requiring preparation ofslides
88325	152.41	90.61				Consultation, comprehensive, with review of records and specimens, withreport on referred material
88329	38.75	27.51				Pathology consultation during surgery;
88331			67.69	48.42	19.27	Pathology consultation during surgery; first tissue block, with frozensection(s), single specimen
88332			30.90	23.92	6.98	Pathology consultation during surgery; each additional tissue block withfrozen section(s)
88342			69.24	34.48	34.76	Immunohistochemistry (including tissue immunoperoxidase), each antibody
88346			72.94	34.75	38.19	Immunofluorescent study, each antibody; direct method
88347			63.26	34.44	28.83	Immunofluorescent study, each antibody; indirect method
88348			334.74	61.41	273.33	Electron microscopy; diagnostic
88349			133.24	31.15	102.09	Electron microscopy; scanning
88355			325.68	75.35	250.33	Morphometric analysis; skeletal muscle
88356			214.83	122.20	92.63	Morphometric analysis; nerve
88358			55.33	40.10	15.23	Morphometric analysis; tumor (eg, DNA ploidy)
88360			84.96	45.20	39.75	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu,estrogen receptor/progesterone receptor), quantitative orsemiquantitative, each antibody; manual
88361			129.48	49.03	80.46	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu,estrogen receptor/progesterone receptor), quantitative orsemiquantitative, each antibody; using computer-assisted technology
88362			207.50	88.56	118.94	Nerve teasing preparations
88365			99.46	48.47	50.99	In situ hybridization (eg, FISH), each probe
88367			165.41	52.71	112.70	Morphometric analysis, in situ hybridization, (quantitative orsemi-quantitative) each probe; using computer-assisted technology
88368			149.03	57.24	91.79	Morphometric analysis, in situ hybridization, (quantitative orsemi-quantitative) each probe; manual
88371				14.11		Protein analysis of tissue by Western Blot, with

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
						interpretation andreport;
88372				15.05		Protein analysis of tissue by Western Blot, with interpretation andreport; immunological probe for band identification, each
88380			I.C.			Microdissection (eg, mechanical, laser capture)
88399			I.C.			Unlisted surgical pathology procedure
89060				15.05		Crystal identification by light microscopy with or without polarizinglens analysis, any body fluid (except urine)
89100	73.71	23.15				Duodenal intubation and aspiration; single specimen (eg, simple bilestudy or afferent loop culture) plus appropriate test procedure
89105	83.01	19.03				Duodenal intubation and aspiration; collection of multiple fractionalspecimens with pancreatic or gallbladder stimulation, single or doublelumen tube
89130	66.70	16.45				Gastric intubation and aspiration, diagnostic, each specimen, forchemical analyses or cytopathology;
89132	53.64	7.14				Gastric intubation and aspiration, diagnostic, each specimen, forchemical analyses or cytopathology; after stimulation
89135	80.85	29.67				Gastric intubation, aspiration, and fractional collections (eg, gastricsecretory study); one hour
89136	59.79	8.61				Gastric intubation, aspiration, and fractional collections (eg, gastricsecretory study); two hours
89140	90.77	34.28				Gastric intubation, aspiration, and fractional collections (eg, gastricsecretory study); two hours including gastric stimulation (eg,histalog, pentagastrin)
89141	110.32	33.55				Gastric intubation, aspiration, and fractional collections (eg, gastricsecretory study); three hours, including gastric stimulation
89220			12.60			Sputum, obtaining specimen, aerosol induced technique (separateprocedure)
89230			3.86			Sweat collection by iontophoresis
S2260			676.74			Induced abortion, 17 to 24 weeks, any surgical method

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.